SIERRA COUNTY
MENTAL HEALTH SERVICES ACT
THREE-YEAR PLAN
FY 2023-2026

Overview of the Mental Health Services Act Components

The MHSA has five components:

- *Community Services and Supports*
- *Prevention and Early Intervention*
- *Capital Facilities and Technologies*
- *Workforce Education and Training*
- *Innovation*

Community Services and Supports is the component of the Three-Year Program and Expenditure Plan that refers to service delivery systems for mental health services and supports for children and youth, transition age youth (TAY), adults, and older adults. These services and supports are similar to those found in Welfare and Institutions Code Sections 5800 Adult and Older Adult Systems of Care and 5850 Children's System of Care. Within Community Services and Supports component there are three subsections of services: Full Service Partnership, General System Development, and Outreach and Engagement. Full Service Partnership is best defined as a program that SCBH, in collaboration with the client, and when appropriate the client's family, plans for and provides a full spectrum of community services so that children and youth, transition age youth, adults and older adults can achieve their identified recovery goals. General System Development provides funds to improve SCBH's mental health service delivery system for all clients and/or to pay for outpatient services. SCBH utilized the General Services program to provide these services for all individuals living with the signs and symptoms of severe mental illness which interfere with activities of daily living. The third subsection, Outreach & Engagement, provides activities to reach, identify, and engage unserved individuals and communities in the mental health system and reduces disparities identified by SCBH. SCBH has two programs which fall under Outreach and Engagement: Front Porch/Community Outreach Program and Community Academies.

The Prevention and 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/or families with/or at risk of serious mental illness. See the PEI section to learn more and what programs SCBH offers under this component.

The Capital Facilities and Technological Needs component enhances the ability of SCBH to provide community based services and increase access to services. Capital Facility funds may be utilized to acquire and build upon land, construct building and or renovate, establish repair/replacement reserve for building acquired or constructed. Technology funds may also be used for Electronic Health Records, infrastructure of security and privacy, clinical data management, Client/Family access to computing resources, data warehousing projects, imaging/paper conversion and other technology projects that support MHSA operations. See the Capital Facilities and Technological Needs section to learn what programs SCBH offers under this component.

The Workforce Education and Training (WET) component funds provide training and education for persons employed by SCBH to promote a diverse, racial and ethnic culturally competent workforce to meet the needs of our community members. Funds may also be used to develop or participate in a regional loan assumption or incentive program to address the workforce shortage in county mental health programs. See the WET section to learn of the programs SCBH has created.

The Innovation component is designed to evaluate the effectiveness of new and/or changed practices or strategies in the field of mental health, with a primary focus on learning and process change, rather than filling a program need or gap. As such, Innovation strives to change some aspect of the public behavioral health system that may include system or administrative modifications. SCBH does not currently support an innovative project.

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COUNTY: Sierra
(Check one:)

[X] THREE-YEAR PROGRAM & EXPENDITURE PLAN
FISCAL YEARS 2023 - 2024 through FY 2025 - 2026

[ ]

DESCRIPTION & CHARACTERISTICS OF COUNTY

1. Describe the demographics of the County, including but not limited to, size of the County, threshold languages, unique characteristics, age, gender, race/ethnicity, and cultural groups. Identify the County's underserved/unserved populations. The Sierra County Cultural Competency Plan is in the Appendices and gives further information about County characteristics.

Age Group	% of Total	Race	% of Total	Gender	% of Total	Language Spoken	% of Total	Threshold (Y/N)
0-17 yrs.	20.93	White	92.6	Female	49.3	English	90.17	Y
18-64 yrs.	47.27	Black or African American	0.5	Male	50.7	Spanish	7.82	N
65 & older yrs.	31.8	Asian	1.0			Vietnamese		N
		Native Hawaiian or other Pacific Islander	0.2			Cantonese		N
Military Status	**% of Total**	American Indian or Alaska Native	2.6			Mandarin		N
		Other	.1			Tagalog		N
Veteran	290	More than one race	3.2			Cambodian		N
		Ethnicity	**% of Total**			Hmong		N
						Russian		N
		Hispanic	13.1			Farsi		N
		Non-Hispanic	86.9			Arabic		N
						Other (Specify)	2.01	N

Unserved Populations	Underserved Populations
All Sierra County residents who may be living with the signs and symptoms of severe mental illness and are not engaged in services..	*All Sierra County residents who have been identified as living with the signs and symptoms of severe mental illness and are not fully engaged in available services promoting recovery.*
See below for further explanation of unserved and underserved populations within Siera County.	

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

"Unserved" (Cal. Code Regs., Title 9, Chapter 14, §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 Front Porch Program are able to provide linkage and access to services.

"Underserved" (Cal. Code Regs., Title 9, Chapter 14, §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.

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

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

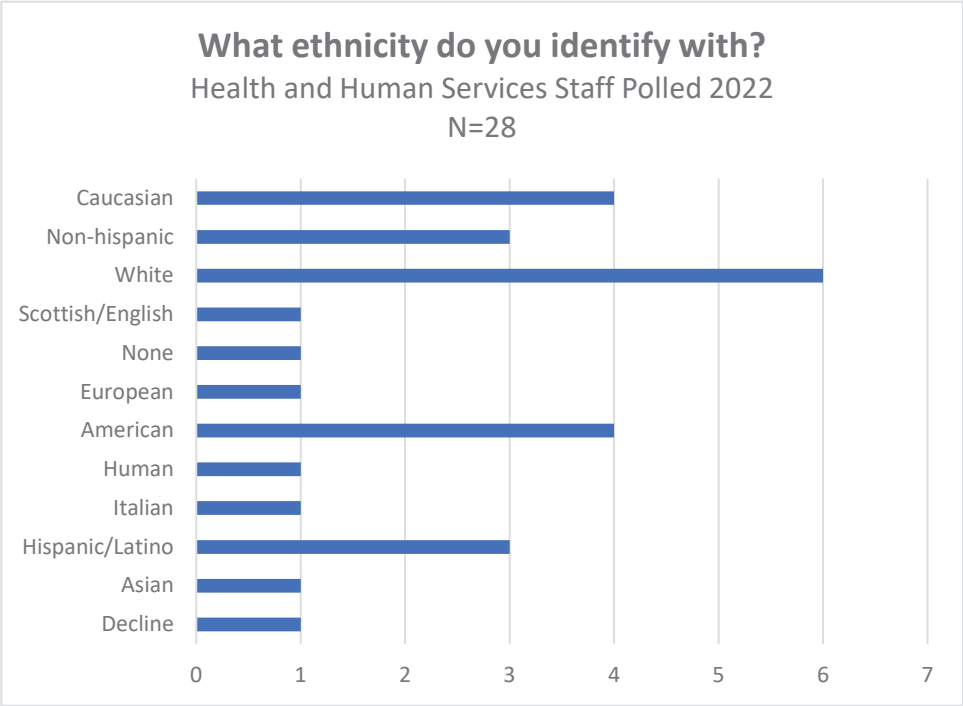
Sierra County Behavioral Health (SCBH) currently recognizes the Spanish speaking population has grown. SCBH provides the following to support this growing population. The Access Line has an interpreter should one be needed. Test calls are conducted in Spanish and English with good outcomes. SCBH utilizes the Tele Language and NorCal for the deaf and hard of hearing. Annual trainings are offered to staff.

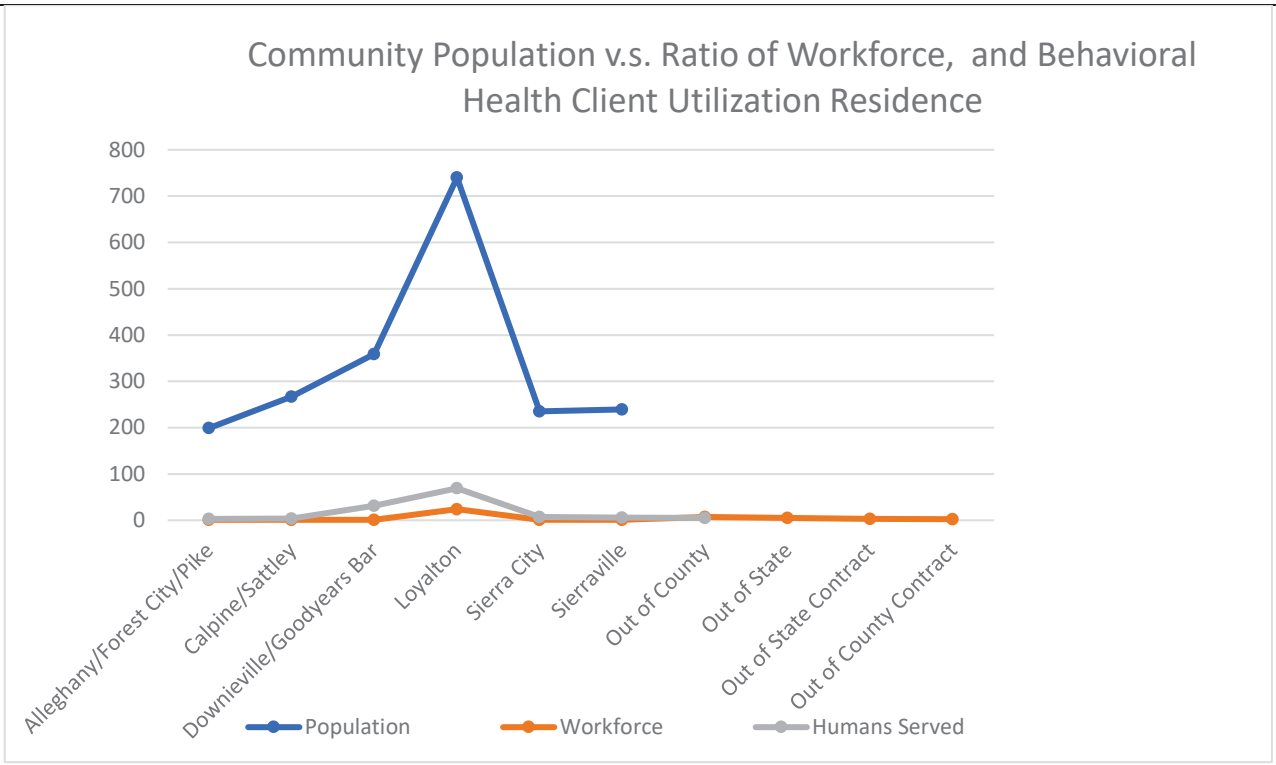
   B. Service Providers' bilingual proficiency in identified threshold language(s).

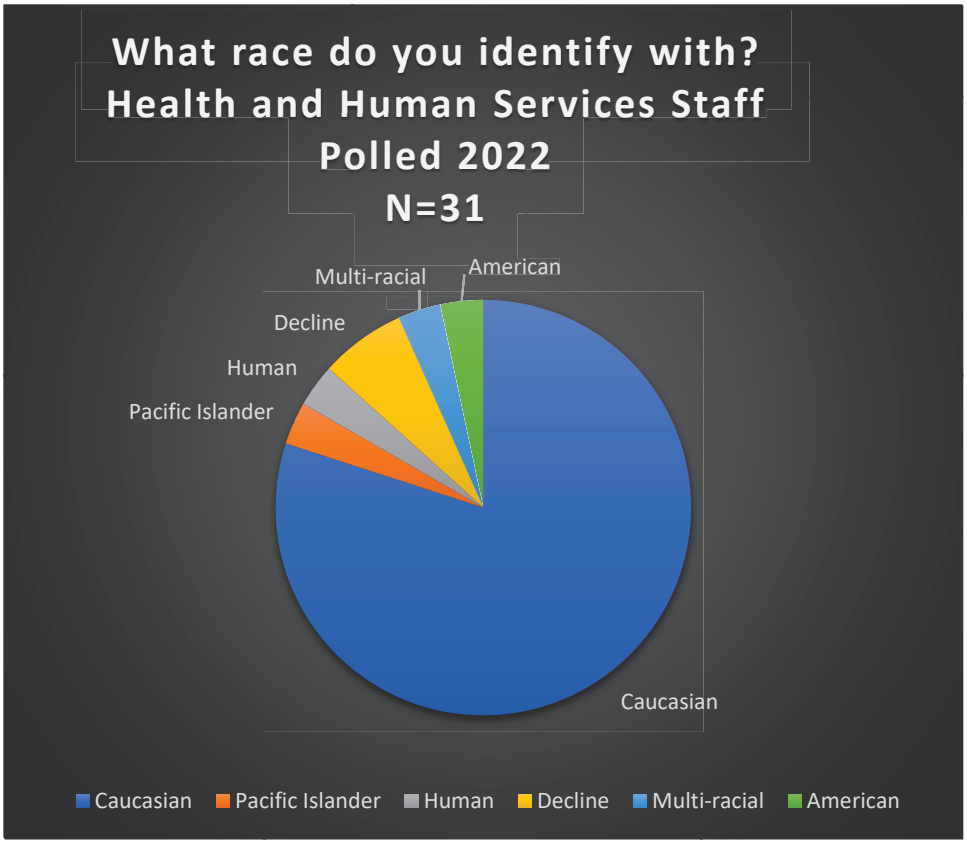
There is no Department of Health Care Services identified threshold language for Sierra County.

Threshold Language	% of Service Providers
English	100%

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




Community Population v.s. Ratio of Workforce, and Behavioral Health Client Utilization Residence
800
700
600
500
400
300
200
100
0
Alleghany/Forest City/Pike
Calpine/Sattley
Downieville/Goodyears Bar
Loyalton
Sierra City
Sierraville
Out of County
Out of State
Out of State Contract
Out of County Contract
Population
Workforce
Humans Served


What race do you identify with?
Health and Human Services Staff
Polled 2022
N=31
Multi-racial
American
Decline
Human
Pacific Islander
Caucasian
Caucasian
Pacific Islander
Human
Decline
Multi-racial
American

For gender, language and disability demographics see demographics under Community Program Planning and Local Review Process.

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

Frontier Counties are so unique from the rest of small counties. The amount of public services are limited to non-existent. For example, Sierra County does not have a pharmacy, has only two gas stations, no traditional public transportation (includes taxi cabs), and a lack of specialized medical care to name a few of the differences.

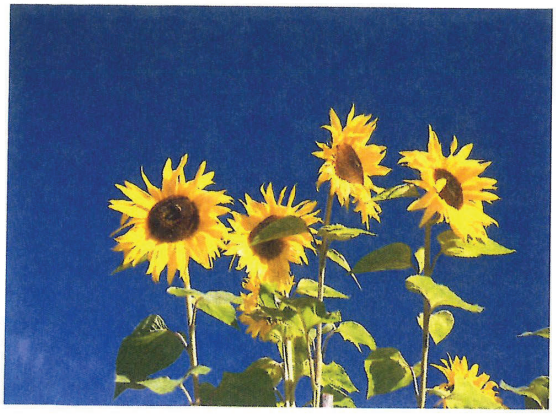
1. Describe the Community Program Planning Process (CPPP) for development of all components included in the draft Three-Year Plan, Annual Update or Update. Include the methods used to obtain stakeholder input, (e.g., surveys, key informant interviews, focus group discussion), methods used to reach out,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

COLLABORATION WITH HIGH SIERRA FAMILY RESOURCE CENTER

SCBH collaborated with the local Family Resource Center to conduct a pen to paper survey activity with a QR code to access the survey online (Appendix). SCBH paid for the survey flier to be advertised in the Sierra Booster (Appendix). The survey flier and survey was also printed in Spanish. The survey purposely did not ask for a lot of personal information as it was thought that more people would participate. One-hundred and nine (109) surveys were collected. With a Behavioral Health Advisory Board member going out and collecting pen to paper surveys.

Survey Flyer Distribution	
Sierra Booster Ad	*2/27/23*
Agencies	
Family Resource Center	*February through May*
Sierra County Wellness Center	*February through May*
HHS Downieville	*February through May*
HHS Loyalton	*February through May*
First 5	*February through May*
Bulletin Boards	
Post Office Downieville	*February through March*
Post Office Loyalton	*February through March*
Leonard's	*February through March*
Hair Faire	*February through March*

Consolidated results of survey are below and imbedded in the Comprehensive Prevention Plan dated August 21, 2023. (Appendix).



Sierra County Strong

Number 1 in:

- **Newborns Not Low Birthweight**
- **Newborns exclusively breastfed in hospital**
- **Students who met at least 4 of 6 fitness standards**
- **12th graders who graduated HS on time**
- **Students who were NOT chronically absent from school**

Challenging Data

Economic Factors

Families living below the Self-Sufficiency Standard ($61,796 for family of 4) is 46.1%
People in poverty 12.1 percent

Per Children Now Scorecard 2023, students experiencing homelessness was 39. (12 in 2018)

Violence

DV calls in Sierra County rose from a low of 3 calls per 1,000 in 2008, and is at the statewide average of 4 calls per 1000.

Mental Health

Very low in Mental Health Providers
Kids Data 2015-2017 Asks 7th, 9th,and 11th grade youth if in the past year, they have felt sad or hopeless almost every day for 2 weeks? Or stopped doing some usual activities.
53.7% of 11th graders reported Yes
20.4% of 9th graders reported Yes
31.1% of 7th graders reported Yes

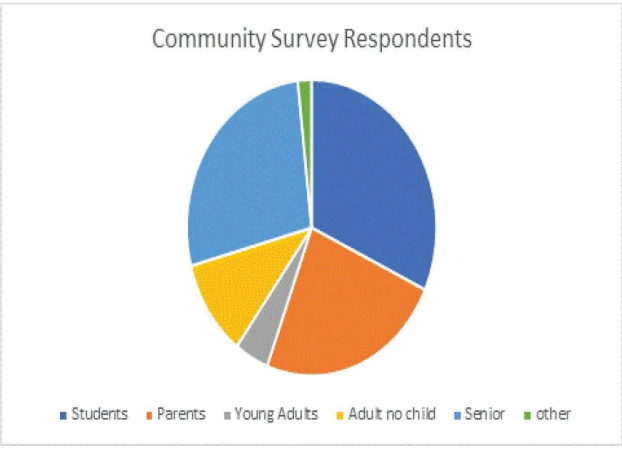
Health

Sierra has Low obesity / overweight stats for children in 5th grade (18.8%) rising significantly by grade 7 to 33.3% .

Infants whose mothers received pre-natal care (2016) in the first trimester is very low 64.5% for Sierra vs. 83.6% for the state.

Community Survey

A community survey was used to capture the voice of the pubic at large. It was made available on multiple web-sites, in the newspaper and flyers using QR codes in both English and Spanish. There were 109 responses. Full Survey detail accessible Sierra Community Survey 8.20.23



High School students and parents make up 61% of the respondents.

When asked what Community Programs have benefited you, over 30% of respondents said:

- Employed in Sierra County (42%)
- Local Medical Clinic (34%)
- Out of County Grocery/Gas (48%)
- Local Grocery/Gas (64%)
- Food Bank (34%, higher for Seniors and Adults without children)
- Sierra Plumas Joint School District (41%)
- Parade/Festival (34%)
- County/Loyalton Parks (33%)
- First 5 (half of parents)
- Social Services (third of parents/adults without children/seniors)

When asked about the major barriers in Sierra County, greater then 40% of respondents said:

- Income: (All respondents, including half of young adults)
- Employment (Every category except seniors)
- Housing (Parents 43%; Young Adults 75%; Adults without children 75%)
- Internet (Parents 70%; Young Adults 50%; Adults without children 66%; Seniors 43%)
- General Recreation (Parents 44% and Young Adults 50%)
- Isolation/Loneliness (Seniors 43%)
- Dental Services (Adults without children 58% and Seniors 50%)
- Medical/Access to Health Services (Adults without children 67% and

Community Survey cont.

When asked what we can do to make our community a better place for people to thrive 67 people replied. Many notable comments align with areas identified by the network to focus on. We so appreciate the publics input; examples are provided below,

Have more community activities

There's not much to do here; we need

More support for young children and school age children for extra curricular

I believe we need a safe spot for kids to go after school and on weekends to access items/services they may not have at home. Meals, snacks, games, tutoring, activities, comraderie, or just anything that helps keep them off drugs/alcohol and out of trouble in general
keep doing what you are doing. so helpful to the community. only thing I can think of is more advertising so people know what is available.

No more drugs

The Sierra County Behavioral Health Coordinator attends local meetings of Community Based Organizations to gain insight into community needs and an understanding of what gaps in services are taking place. The following meetings were attended:

Child Abuse Council Meeting	*5-19-23*
Sierra County Child Care Council	*5-11-23, 6-8-23*
First5 Sierra	*4-20-23*
SPJUSD Student Attendance Review Board	*5-18-23, 3-16-23, 10-29-23*

There were no changes or program suggestions made during these meetings. There is always discussion around transportation, fuel, food, medical and wholesome activity scarcity. These are not topics that MHSA can address as whole, but can be weaved into services and supports offered through MHSA programs.

KEY INFORMANT INTERVIEWS

Key Informant Interviews took place with the following agencies:

Social Services
Sierra County Sheriff's Office
Adult Protective Services
Public Health
High Sierra Family Services
Anthem Managed Care Plan
California Health & Wellness Managed Care Plan
Nor Cal Continuum of Care
Emergency Preparedness
Tobacco Use Reduction Program

The following are questions and responses associated with the Key informant Interviews:

Are you aware of the services/programs provided through MHSA funding in Sierra County?

50% responded with not knowing anything about the program. Of the 50% who knew of programs, none were aware of all of them.

What programs have you or your agency/organizations collaborated with?

Wellness Center/Peer Support
Case Management
Medication Management
Therapy
Housing
Crisis Response

Through your collaboration, what gaps have you encountered?

There is no emergency shelter, transitional housing or permanent supportive housing, rentals or basic housing stock available. Community members, employees and prospective employees have no access to housing.

Transportation to and from medical appointments and even school is not available or consistent. MediCal offers transportation through the managed care plans, however it is not effective and/or non-existent in Sierra County.

Specialized medical care is not available within Sierra County.

Crisis Intervention Services are basically non-existent.

The East side of the County does not have a laundromat.

There are only two gas stations county wide and both are located on the Eastern Side of the County.

No set place or community based organization that provides opportunities for youth and family activities on a regular basis beyond 4-H and a faith based youth group.

Employment opportunities are very limited for both youth and adults within the county.

There are no pharmacies located in the county.

Dental care is limited.

Sierra County is a food desert with only one actual grocery store that accepts EBT cards. This is located on the Eastern side of the county.

Consistent access to health care is limited due to weather conditions.

Internet access (both economically and physical availability of internet) is limited throughout the county.

Not enough supportive services for youth involved in Children and Family Services

When asked, "What has worked well?", the following responses were collected.

Collaboration between Public Health, Adult Protective Services, Loyalton Senior Center, Environmental Services and Peer Support through the Wellness Center.

Peer Support assistance in delivering lunches when Loyalton Senior Center staff is short.

Medication management through Behavioral Health.

Therapy through Behavioral Health.

Behavioral Health Case Management

COMMUNITY PLANNING MEETINGS

Downieville CPPP Meeting	*4-11-23*
Loyalton CPPP Meeting	*7-6-23*

During the two community planning meetings the following needs were identified:

- *Gas Vouchers, especially for the West side*
- *In-person psychiatrist available*
- *Some type of effective Crisis Response strategy*
- *Golden Rays Senior Transportation is not available to travel and utilize on an individual basis*
- *On the West side there are not enough afterschool activities, organized sports, etc.*
- *Youth services after the pandemic are needed*
- *Communication during local emergencies is usually on Facebook, not everyone has internet and participates in Facebook*
- *During prolonged power outages due to an emergency situation there should be a better way to communicate status of emergency*
- *Services during the weekend*

All of the statements above affect community members dealing with mental illness signs and symptoms. At times these gaps in services exacerbate the symptoms individuals are living with and require increased services.

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

   The Behavioral Health Coordinator conducts the Community Program Planning Process. This individual is responsible for the training of others who assist in conducting the CPPP.

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

   No training was provided as the Behavioral Health Coordinator conducts the CPPP.

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

   One training was provided to a Behavioral Health Advisory Board member. This member wanted to assist in the pen-to-paper survey conducted as a collaboration between High Sierras Family Resource Center and SCBH as well as participate in conducting the CPPP meetings.

   Training consisted of going through the Community Planning Meeting MHSA Nuts and Bolts Overview to understand the MHSA components and the importance of the CPPP process.

AFFILIATION/AREA OF INTEREST	CPPP Participants (n=# responses)
Adults and Older Adults with SMI	10

Families of Children, TAY, Adults and Older Adults with SMI	15
Behavioral Health Services Providers	6
Law Enforcement Agencies	2
Education	10
Social Services Agencies	3
Veterans	5
Representatives from Veterans Organizations	2
Providers of Substance Use Disorder Services	2
Health Care Providers and Organizations	2
Representative of Unserved or Underserved Populations	130
Family Members of Unserved or Underserved Populations	70
Other Important Interests: specify	

Demographic	CPPP Participants (n=# responses)	County (n = total population)	Difference
Age Group			
Under 18	40	673	633
18-64	60	1520	827
65 and older	30	1024	994
Race/Ethnicity			
American Indian or Alaskan Native	Unknown	83	
Asian	Unknown	32	
Black or African American	Unknown	16	
Hispanic or Latinx	Unknown	366	
Native Hawaiian or Pacific Islander	Unknown	6	
White (alone)	Unknown	2612	
White (not alone)	Unknown	Unknown	
Multi-racial	Unknown	102	
Gender			
Female	Unknown	1586	
Male	Unknown	1631	
Other	Unknown	Unknown	
Additional Information			
Veteran	4	216	
Disability Under age 65	3	344	
LGBTQ+	Unknown	Unknown	Unknown

Language Spoken at Home			
English	ᵌ 125	Unknown	
Spanish			
Other Language			

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

   The Mental Health Services Act Quick Reference Guide was distributed along with the Nuts and Bolts presentation used during community planning meetings.

6. Describe the ways stakeholder involvement in your local CPPP demonstrates a partnership with constituents and stakeholders throughout the process. Include descriptions of meaningful stakeholder involvement on mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations. Include how stakeholders were involved and had the opportunity to participate in the stakeholder-informed and stakeholder-supported decisions to add new programs or projects, and/or eliminate any programs/projects.

   There were no significant changes to this Three-Year Plan from the previous year. One program shift took place in the Prevention and Early Intervention Component under the Family Strengthening Awareness program (previously named empowering families). This program is now considered only prevention and is working towards strengthening families through a universal campaign process. This program shift was discussed at several meetings, including the Loyalton Community Planning meeting.

8. In the Appendices, documentation that demonstrates stakeholders provided input during the CPPP is included.

   See the Comprehensive Prevention Plan SCBH collaborated on.

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

   Hard copies of the plan were distributed to Public Health, First5 Sierra, Family Resource Center, Behavioral Health, Social Services, Loyalton Senior Center, Adult Education, and Sierra County Wellness Center. There are no radio stations in Sierra County. The Sierra County Board of Supervisors do not allow social media usage for programs.

Behavioral Health Advisory Board members were emailed copies.
In the Appendices, the following documents may be included: newspaper articles, radio ads, flyers, billboards, website postings, email blasts, website screenshots, flyers, notices in social and print media, etc. are examples of methods that were used as described above.

10. LOCAL REVIEW PROCESS

A. 30-DAY PUBLIC COMMENT PERIOD

BEGIN DATE: _*Oct. 19, 2023*___ END DATE:__*Nov. 21, 2023*_____

B. DATE OF PUBLIC HEARING _____*Nov. 21, 2023*_____

Held by County Behavioral Health Advisory Board (BHAB) or Commission at the close of the 30-day comment period on draft Three-Year Plan/Annual Update.

C. The list of substantive comments received during the 30-day Public Comment period and Public Hearing; or the acknowledgement that no substantive comments/recommendations for revision were received.

The need for formalized crisis response between Behavioral Health and the Sheriff's Office.

D. Staff responses to those comments; and

The Behavioral Health Advisory Board created an Ad Hoc committee to research the issue and present possible solutions.

E. Details of any substantive changes made to the proposed Three-Year Plan, Annual Update or Update that was circulated.

There were no substantive changes. It needs to be noted that being a Frontier County with limited funding and resources, employees, and other agencies to contract with the programs currently funded through MHSA are working and changes don't need to be made at this time. The population demographic doesn't change, barriers and challenges living within Sierra County don't change. The ability to address these barriers and challenges doesn't change due to funding regulations and eligibility requirements that preclude Sierra County from participating.

F. The Three-Year Plan/Annual Update is forwarded to the County Board of Supervisors for approval and adoption.

In the Appendices, the following documents are included: copies of the Meeting Notice(s), as well as the Meeting Agenda and Minutes from the County BHAB.

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

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

REPORT ON PRIOR FISCAL YEAR ACTIVITIES
FY 2021-2022

REPORT ON PRIOR FISCAL YEAR ACTIVITIES (FY 2021-22)

COMMUNITY SERVICES AND SUPPORTS (CSS)

[X] **Full Service Partnership Services** [ ] **Non-FSP Services**

PROGRAM NO./NAME: Full Service Partnership (FSP)

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

Homeless	X
Forensic	X
Involved in Social Services System	X
Unserved/Underserved	X
Cultural Population (specify below)	
Geographically Isolated	X
Veterans	X
Other (specify below)	
Primary Health Care	X

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

FY 21/22 Reporting:
Appropriate levels of care and supports for FSP participants were provided, including wrap-around services for participants, providing access to case management and medication support as will 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.

Throughout this templet there is discussion regarding emphasis on reducing ethnic and cultural disparities. As shown above in the county statistics there are few ethnic differences in Sierra County beyond Non-Hispanic. The number of those identified are so small that when emphasizing on a specific population one inadvertently targets and profiles that very population.

It does need to be noted that there are cultural differences between communities and SC Behavioral Health welcomes members from all communities and provides needed transportation to receive services.

There have been no key differences in providing the services under this program. The major challenge has been maintaining workforce capacity around providers. SCBH along with all of California has had trouble hiring and keeping Psychiatrists and Marriage Family Therapists.

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

Since there are no other services available in Sierra County serving the SMI community, this program provides services to all eligible unserved and underserved individuals.

3. Include examples of notable community impact.

The following outcomes were achieved through the FSP program which are of notable community impact within our Frontier County:

- 90% of participants did not experience law enforcement encounters such as arrests, being on probation, or having encounters with police during FY 21/22.
- 80% of participants experienced living in a secured housing situation during FY 21/22.
- 20% of participants continue to experience homelessness by FSP definitions and find it difficult to visualize living anywhere else during FY 21/22.
- 20% of FSP participants experienced a reduction in homelessness or the need to utilize a homeless shelter after enrolling in FSP during FY 21/22.
- 10% of participants experienced recovery to be referred to a lower level of care and live with support in their community during FY 21/22.
- 10% of participants graduated from FSP by meeting their goals.
- 100% of youth served were able to continue living at home and did not experience school suspensions nor involvement with law enforcement.
- 100% of participants maintained a relationship with a primary care physician during FY 21/22.

4. Include the following demographic data, as available, for all individuals served during the fiscal year: **FY 21/22**

Age Group	# of individuals	Race	# of individuals	Sexual Orientation	# of individuals	Gender Identity	# of individuals	Language Spoken	# of individuals
0-15 yrs.	**0**	White	**9**	Lesbian or Gay	**0**	Female	**4**	English	**100**
16-25 yrs.	**1**	African American or Black	**1**	Heterosexual	**9**	Male	**5**	Spanish	**0**
26-59 yrs.	**8**	Asian	**0**	Bisexual	**0**	Transgender woman	**0**	Vietnamese	**0**
60 & older	**1**	Native Hawaiian or Other	**0**	Queer, pansexual,	**0**	Transgender man	**0**	Cantonese	**0**

		Pacific Islander		and/or questioning					
		Alaska Native or Native American	**0**			Genderqueer	**0**	Mandarin	**0**
		Other	**0**	Other	**1**	Other	**1**	Tagalog	**0**
		More Than One Race	**0**	Declined to Answer	**0**	Declined to Answer	**0**		
		Declined to Answer	**0**	**Disability**			**# of individuals**	Cambodian	**0**
Veteran	**# of individuals**	**Ethnicity**	**# of individuals**	**Communication**	**# of individuals**	Mental (not SMI)		Hmong	**0**
				Seeing		Physical/Mobility	**1**	Russian	**0**
Yes		Hispanic	**0**	Hearing or Having Speech Understood		Chronic Health Condition	**1**	Farsi	**0**
No	10	Non-Hispanic	**10**					Arabic	**0**
Declined to Answer		More Than One Ethnicity		Other (specify)		Other (specify)		Other	**0**
				None		Declined to Answer			
Total Number of Individuals Served during the Prior Fiscal Year Period:						**Cost Per Individual:**	**$26,380**		

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

Length of enrollment within FSP is based on participants' level of engagement and their identified goals. Utilizing June 30, 2022 as the end date to determine length of enrollment for FY 21/22, the majority of participants fell within the time frame of 7 months to one year as participation enrollment. The penetration rate into the FSP program decreased slightly during this fiscal year. The FSP program successfully provided 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, greater than three years, and greater than 5 years. Some individuals have met their goals, while others continue to need the full support of the service, and some move to other areas. One individual graduated from FSP this year as they met their goals.

Time Frame	Percent of Participants	Age Group
1-6 months	0	
7 months – 1 year	40%	TAY, Adult
13 months – 2 years	20%	Adult, Older Adult
25 months – 3 years	0	
Greater than 3 years	20%	Adult
Greater than 5 years	20%	Adult, Older Adult

COMMUNITY SERVICES AND SUPPORTS (CSS)

☐ Full Service Partnership Services ☒ Non-FSP Services

PROGRAM NO./NAME: General Services

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

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

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

FY 21/22 Reporting:

Throughout this templet there is discussion regarding emphasis on reducing ethnic and cultural disparities. As shown above in the county statistics there are few ethnic differences in Sierra County beyond non-Hispanic. The number of those identified are so small that when emphasizing on a specific population one inadvertently targets and profiles that very population.

It does need to be noted that there are cultural differences between communities and SC Behavioral Health welcomes members from all communities and provides needed transportation to receive services.

There have been no key differences in providing the services under this program. The major challenge has been maintaining workforce capacity around providers. SCBH along with all of California has had trouble hiring and keeping Psychiatrists and Marriage Family Therapists.

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

The General Services program enables unserved and underserved individuals to receive Specialty Mental Mental Health services. Since Sierra County Behavioral Health does not have the ability to provide programs specific to groups, other issues that arise as needed are addressed; such as homelessness, encounters with law enforcement, incarceration or geographic isolation.

3. Include examples of notable community impact.

Without this program there are no mental health services available to Sierra County residents experiencing the signs and symptoms of severe mental illness. Individuals are able to live in their communities, keep their housing, improve and maintain relationships; as well as, keeping encounters with law enforcement and emergency services to a minimum.

4. Include the following demographic data, as available, for all individuals served during the fiscal year: FY 21/22

Age Group	# of individuals	Race	# of individuals	Sexual Orientation	# of individuals	Gender Identity	# of individuals	Language Spoken	# of individuals
0-15 yrs.	5	White	54	Lesbian or Gay	0	Female	31	English	100
16-25 yrs.	2	African American or Black	0	Heterosexual	54	Male	23	Spanish	0
26-59 yrs.	33	Asian	0	Bisexual	0	Transgender woman	0	Vietnamese	0
60 & older	14	Native Hawaiian or Other Pacific Islander	0	Queer, pansexual, and/or questioning		Transgender man	0	Cantonese	0
		Alaska Native or Native American	0		0	Genderqueer	0	Mandarin	0
		Other	0	Other	0	Other	0	Tagalog	0
		More Than One Race	0	Declined to Answer	0	Declined to Answer	0		
		Declined to Answer	0	Disability			# of individuals	Cambodian	0
Veteran	# of individuals	Ethnicity	# of individuals	Communication	# of individuals	Mental (not SMI)		Hmong	0
				Seeing		Physical/Mobility		Russian	0
Yes		Hispanic	0	Hearing or Having Speech Understood		Chronic Health Condition		Farsi	0
No		Non-Hispanic	51					Arabic	0
Declined to Answer		More Than One Ethnicity	3	Other (specify)		Other (specify)		Other	0

	None		Declined to Answer			
Total Number of Individuals Served during the Prior Fiscal Year Period:			**Cost Per Individual:**	**$5,444**		

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

COMMUNITY SERVICES AND SUPPORTS (CSS)

[X] Full Service Partnership Services [X] Non-FSP Services

PROGRAM NO./NAME: Sierra County Wellness Center

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

Homeless	X
Forensic	X
Involved in Social Services System	X
Unserved/Underserved	X
Cultural Population (specify below)	
Geographically Isolated	X
Veterans	X
Other (specify below)	
Primary Care	X

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

FY 21/22 Reporting:

Peer Support Specialists interacted with FSP partners and GSD individuals supporting them in the goals identified through an Individualized Services and Supports Plan 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 an individua's life affecting daily functioning. Employment endeavors were supported, recovery goals were assisted and in some instances attained, along with building life skills. 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.

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

FSP provides support to those living with the symptoms of severe mental illness. It is the only program available to this population in Sierra County and addresses homelessness, incarceration, reduction in the use of local emergency services and building on strengths to provide employment and educational support.

3. Include examples of notable community impact.

The support of individuals participating in FSP services most notably provides services addressed in Maslow's Hierarchy of Needs. Many individuals who frequent the Wellness Center under this funding stream tend to self isolate as social anxiety and skills become an issue. The Wellness Center provides a safe place for individuals to practice social skills and increase their circle of support during their recovery journey.

4. Include the following demographic data, as available, for all individuals served during the fiscal year:
FY 21/22

Age Group	# of individuals	Race	# of individuals	Sexual Orientation	# of individuals	Gender Identity	# of individuals	Language Spoken	# of individuals
0-15 yrs.	0	White	15	Lesbian or Gay	0	Female	31	English	100
16-25 yrs.	1	African American or Black	1	Heterosexual	15	Male	23	Spanish	0
26-59 yrs.	14	Asian	0	Bisexual	0	Transgender woman	0	Vietnamese	0
60 & older	1	Native Hawaiian or Other Pacific Islander	0	Queer, pansexual, and/or questioning		Transgender man	0	Cantonese	0
		Alaska Native or Native American	0		0	Genderqueer	0	Mandarin	0
		Other	0	Other	1	Other	0	Tagalog	0
		More Than One Race	0	Declined to Answer	0	Declined to Answer	0		
		Declined to Answer	0	Disability			# of individuals	Cambodian	0
Veteran	# of individuals	Ethnicity	# of individuals	Communication	# of individuals	Mental (not SMI)		Hmong	0
				Seeing		Physical/Mobility	1	Russian	0
Yes	0	Hispanic	1	Hearing or Having Speech Understood		Chronic Health Condition	3	Farsi	0
No		Non-Hispanic	14					Arabic	0
Declined to Answer		More Than One Ethnicity	0	Other (specify)		Other (specify)		Other	0
				None	12	Declined to Answer			
Total Number of Individuals Served during the Prior Fiscal Year Period:						Cost Per Individual:	$9,563		

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

Maslow's Hierarchy of Needs Sections	FY 21/22 n=16
Basic Needs:	
Physiological (air, sleep, food, hunger, thirst, warmth)	6
Safety & Security (shelter, protection, safety, stability)	16
Social Needs:	
Love & Belonging (love, affection, family & relationships)	10
Esteem (self-esteem, status, reputation)	16
Self-Actualization (personal fulfilment)	16
Approximate total services hours provided in the Wellness Center	950

COMMUNITY SERVICES AND SUPPORTS (CSS)

☐ Full Service Partnership Services ☒ Non-FSP Services

PROGRAM NO./NAME: Front Porch/Community Outreach Program

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

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

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

FY 21/22 Reporting:
The Front Porch Program under CSS provided an opportunity to visit isolated communities and interact with community members while distributing commodities or visiting elders at the Loyalton Senior Apartments. Visits were intended to build trust and learn what services an individual may need. Access to services was realized for some individuals. Harm Reduction activities also fall under this program.

Throughout this templet there is discussion regarding emphasis on reducing ethnic and cultural disparities. As shown above in the county statistics there are few ethnic differences in Sierra County beyond non-Hispanic. The number of those identified are so small that when emphasizing on a specific population one inadvertently targets and profiles that very population.

It does need to be noted that there are cultural differences between communities and SC Behavioral Health welcomes members from all communities and provides needed transportation to receive services.

There have been no key differences in providing the services under this program. The major challenge has been maintaining workforce capacity around providers. SCBH along with all of California has had trouble hiring and keeping Psychiatrists and Marriage Family Therapists.

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

Individuals living in geographically isolated communities or who are house bound are identified within the Community Planning Process. There are some outlying communities within Sierra County that are located at least an hour from services. Community members express that they feel forgotten by the 'County' and sometimes are given the impression their community is not worthy of services.

5. Include examples of notable community impact.

The outlying communities now know that programs/services falling under Health and Human Services are willing to visit their communities and provide services as possible. Transportation to services is also identified and made available. Building trust in the communities has been the most notable success during FY 21/22. Relationships are the crux outlying community members interacting with government program representatives and then trusting that individual to link the community member to the identified service needed.

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

FY 21/22

Number	Gender				Preferred Language	Veteran	Sexual Orientation
	Male	Female	26-59	60+			Heterosexual or Straight
Senior Apartments Front Porch							
16	7	9	1	15	English	1	16
Harm Reduction Front Porch							
NR Estimate 25	NR	NR	NR	NR	English	NR	NR
Alleghany Commodities							
NR Estimate 30	NR	NR	NR	NR	English	NR	NR

Harm Reduction and Alleghany Commodities activities do not lend to acquiring demographics or outcomes. Both of these activities are meant to build trust within communities of individuals who are wary of government. However, both have some good outcomes reported below.

Average cost per person served: $ 779

Race and Ethnicity:

Of reported race, 93.75% are White/Caucasian, 6.25% reported being multi-race of White/Caucasian and Vietnamese. The largest percentage of identified ethnicity was Not Hispanic at 87.5% while 6.25% identified Mexican/Mexican American and another 6.25% identified Hispanic as their ethnicity.

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

Risk Factor Reduction of Adults and Older Adults through the Front Porch Program	Number
Chronic Medical Conditions	2
Ongoing Stress	17
Poverty	14
Social Inequity	14
Prolonged Isolation	16
Mental Illness	3
Supporting Basic Needs	16
Transport to Medical Appointments	2
Transport to Treatment	1
Substance Abuse	25+

This past year has been a busy yet successful year for Harm Reduction in Sierra County. There were no overdose deaths reported this year with thirty-seven overdoes reversals using Narcan supplied by this office reported. Overdose reversals rendered by the Sierra County Sheriff's office and all county EMS and Volunteer Fire Departments were not reported to this office but should be included in the yearly total as we directly supplied them with Narcan as well.

Prescriber education at local medical clinics and hospitals was instrumental in reducing opioid prescriptions in our county and access to Narcan at several public locations like stores in Sierraville and Camptonville as well as at several county government buildings has made it easily accessible with training to identify and overdose and administer the Narcan available at those locations. A local survey community members participated in was associated with 'stigma' associated with opioid drug use and the use of Harm Reduction strategies to curb infectious disease and death. Sixty-five percent of those surveyed agree with the concept of Harm Reduction and that not all drug users are bad people, they just have substance use issues and need help.

The outreach continued throughout the pandemic. Travel to underserved communities combining outreach with foodbank and commodities functions, home delivers were greatly appreciated by community members who were unable to leave home and relationships were strengthened by meeting people on their own ground, so to speak, by meeting them where they are. Harm Reduction is a tool we use to begin to talk to them about what sobriety might look like for them at some point and what their options are for recovery.

Harm Reduction supplies distributed during this period consisted of:

Item Distributed	Number	Item Distributed	Number
Narcan Kits	2,500 doses	Stem Pipes for meth use	19
Syringes	1,500	'Hammer Pipes' pipes for heroine use	10
Sterile Water	1,500 units	Mouth pieces for pipes 100	
Cotton Ball Filters	1,000	Medical supplies, band aids, ointments, cotton bandages ext.	500 kits
Sterifilt Filters	1,000	Fentanyl Test Strips	2000 kits
Tourniquets	700		
Syringe Disposal Containers			
Small Individual	100		
2 gallon	50		
5 gallon	75		
10 gallon	35		

Trust has been created during our trips to participate in the Alleghany Commodities distribution. A community member called to find out how they could assist an elderly neighbor and indicated during the initial phone call that they were told interaction with the Loyalton Wellness Center was safe to have as well as Peer Support staff following through with indicated action. While this may seem a small, inconsequential statement in most areas of California it is huge in that Alleghany community members are not only willing to ask for help but feel their needs are being met.

Reporting for Access and Linkage to Medically Necessary Care

Number of individuals with serious mental illness referred to treatment and the treatment to which the person was referred:

- One individual was referred to Behavioral Health to receive therapy and/or medication management.

Number of individuals who followed through on the referral and engaged in treatment:
Number of individuals who followed through on the referral and engaged in treatment:

- No individuals followed the referral

Average duration of untreated mental illness:

- Not applicable

Number of individuals referred to Behavioral Health services:

- 27 referrals were made to either mental health or substance use disorder treatment. It is unknown how many participated in services.

Number of individuals who followed through on the referral and engaged in treatment:

- 6 individuals followed through on the referral and engaged in treatment.

Average interval between the referral and participation in treatment:

- Less than 10 days.

Reporting for Timely Access to services for Underserved Populations

Specific underserved populations for whom the county intended to increase timely access to services:

- All individuals living in Sierra County are underserved due to no mental health services besides Sierra County Behavioral Health being available to residents.

Number of referrals of underserved populations to a Prevention Program, an Early Intervention Program, and/or treatment beyond early onset:

- Wellness Center Social Security Assistance – 8
- Wellness Center Peer Support – 9

Number of referrals of members of underserved populations to agencies/organizations providing services to enhance living or social situations providing anxiety and situational relief:

- Marriage Counseling – 4
- Health Department/Clinic -22
- Social Services – 10

Description of ways the Front Porch program encourages access to services and follow-through on referrals:

- Through interactions with individuals motivation interviewing techniques are utilized to assess change readiness and encourage further conversations around identifying appropriate referrals. All staff who participate in Front Porch activities are willing and have accompanied community members to agencies where referrals or services are of benefit.

  Harm Reduction uses a 'meet and greet' with the Drug and Alcohol Program Coordinator to determine if a referral is needed and will be followed through with.

  Front Porch has also been known to transport individuals, as the last resource, or to mitigate circumstances creating increased anxiety or need.

  The Loyalton Senior Center has called on multiple occasions with concerns they encounter while delivering lunches. The Front Porch program allows for home visits or calls to learn of the actual need of the individual and to address the need, therefore reducing risk factors associated with increasing anxiety and/or depression.

COMMUNITY SERVICES AND SUPPORTS (CSS)

☐ Full Service Partnership Services ☒ Non-FSP Services

PROGRAM NO./NAME: Community Academies

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

Homeless	
Forensic	
Involved in Social Services System	
Unserved/Underserved	
Cultural Population (specify below)	
Geographically Isolated	
Veterans	
Other (specify below) Community Members/Agency and Organization Staff	X

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

FY 21/22 Reporting:

No Community Academies took place during FY 21/22.

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

Not applicable during FY 21/22.

7. Include examples of notable community impact.

Not applicable during FY 21/22.

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

FY 21/22

Age Group	# of individuals	Race	# of individuals	Sexual Orientation	# of individuals	Gender Identity	# of individuals	Language Spoken	# of individuals

0-15 yrs.	0	White	0	Lesbian or Gay	0	Female	0	English	0
16-25 yrs.	0	African American or Black	0	Heterosexual	0	Male	0	Spanish	0
26-59 yrs.	0	Asian	0	Bisexual	0	Transgender woman	0	Vietnamese	0
60 & older	0	Native Hawaiian or Other Pacific Islander	0	Queer, pansexual, and/or questioning	0	Transgender man	0	Cantonese	0
		Alaska Native or Native American	0			Genderqueer	0	Mandarin	0
		Other	0	Other	0	Other	0	Tagalog	0
		More Than One Race	0	Unknown	0	Unknown	0		
		Unknown	0	Disability			# of individuals	Cambodian	0
Veteran	# of individuals	Ethnicity	# of individuals	Communication	# of individuals	Mental (not SMI)		Hmong	0
				Seeing		Physical/Mobility		Russian	0
Yes	0	Hispanic	0	Hearing or Having Speech Understood		Chronic Health Condition		Farsi	0
No		Non-Hispanic	0					Arabic	0
Declined to Answer	0	More Than One Ethnicity	0	Other (specify)		Other (specify)		Other	0
				None		Unknown	0		
Total Number of Individuals Served during the Prior Fiscal Year Period:				0		Cost Per Individual:	0		

Prevention and Early Intervention Report on FY 21/22 Activities

It needs to be noted that during FY 21/22 there were no activities which took place under the Front Porch Program funded under PEI it all took place under CSS Outreach and Engagement Front Porch. Also, there were no activities under Applied Suicide Intervention Skills Training (ASSIST), safeTALK Training, and Mental Health First Aid. Trying to provide trainings via video and internet were not successful here in Sierra County as internet services offered within the county are either non-existent or not strong enough to support video.

PREVENTION AND EARLY INTERVENTION

[X] PREVENTION PROGRAM [ ] EARLY INTERVENTION PROGRAM

PROGRAM TYPE(S):

[ ] SUICIDE PREVENTION PROGRAM
[X] PROGRAM TO IMPROVE TIMELY ACCESS TO SERVICES FOR UNDERSERVED POPULATION(S)
[ ] OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS PROGRAM
[X] PEI STIGMA AND DISCRIMINATION REDUCTION PROGRAM
[X] ACCESS AND LINKAGE TO TREATMENT PROGRAM

PRIORITY AREA(S):

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

PROGRAM NO./NAME: SIERRA COUNTY WELLNESS CENTER

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

The Sierra County Wellness Center serves both the SMI population and other community members with needs to reduce stigma. As mentioned before, when a program is created in Sierra County that is meant to serve a focused population it inadvertently targets and profiles that very population due to the lack of anonymity in Sierra County. Therefore, decisions were made to fund the Wellness Center out of Prevention funding as well as CSS funding. This allows for a Universal program setting.

Needs Met Through the Wellness Center	FY 21/22
Basic Needs:	
Physiological (air, sleep, food, hunger, thirst, warmth)	11
Cat & Dog Food	7
Safety & Security (shelter, protection, safety, stability)	4

Laundry	10
Shower	4
Phone, Computer, Fax	7
Support filling out life changing paperwork (i.e. Social Security, unemployment, banking, rental agreements)	15
Social Needs:	
Love & Belonging (love, affection, family & relationships)	10
Supportive Conversation	54
Esteem (self-esteem, status, reputation)	32
Self-Actualization (personal fulfilment)	43
Approximate total prevention services hours provided in the Wellness Center	434

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

There is a definite lack of Behavioral Health services and public places to access in Sierra County. As the Wellness Center is a requirement of MHSA services it is a sound fiscal move to allow the Wellness Center to be accessed by all community members as a way to reduce stigma regarding receiving services and mental illness.

The Wellness Center is the only homeless coordinated entry system access point in Sierra County. A Peer Support Specialist is certified to enter information into the Homeless Management Information System.

3. Include examples of notable community impact.

Community members have been utilizing the public computer, phone and printer to attend court.
The Wellness Center holds community meetings such as AA.

Individuals can come in and shower, do laundry, prepare food, and find supportive conversation. They can be linked to behavioral health services and other community based services.
Veteran Services are housed within the Wellness Center.

Harm Reduction supplies are distributed through the Wellness Center along with the use Motivational Interviewing techniques in the hope of eliciting change in drug use behavior.

Senior citizens know they have support through the Wellness Center when they don't have internet or the technological skill set to access online needs.

The Wellness Center is also known in the community as a place to obtain free COVID tests.

REPORT ON PRIOR FISCAL YEAR ACTIVITIES, continued

PREVENTION AND EARLY INTERVENTION

[X] PREVENTION PROGRAM [ ] EARLY INTERVENTION PROGRAM

PROGRAM TYPE(S):

- [ ] SUICIDE PREVENTION PROGRAM
- [ ] PROGRAM TO IMPROVE TIMELY ACCESS TO SERVICES FOR UNDERSERVED POPULATION(S)
- [ ] OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS PROGRAM
- [ ] PEI STIGMA AND DISCRIMINATION REDUCTION PROGRAM
- [X] ACCESS AND LINKAGE TO TREATMENT PROGRAM

PRIORITY AREA(S):

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

PROGRAM NO./NAME: VETERAN'S ADVOCATE

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

Specific underserved populations for whom the county intended to increase timely access to services:

- *All individuals living in Sierra County are underserved due to no mental health services besides Sierra County Behavioral Health being available to residents.*

Number of referrals of underserved populations to a Prevention Program, an Early Intervention Program, and/or treatment beyond early onset:

- *No referrals were made during this fiscal year.*

Number of referrals of members of underserved populations to agencies/organizations providing services to enhance living or social situations providing anxiety and situational relief:

- *VSO benefits to eligible family members – 2*
- *Medical assistance - 1*

Description of ways the Veteran's Advocate program encourages access to services and follow-through on referrals:

- *Through interactions with individuals, motivation interviewing techniques are utilized to assess change readiness and encourage further conversations around identifying appropriate referrals. The Veteran's Advocate is willing and has accompanied community members to agencies where referrals or services are of benefit.*

One of the goals needing to be met during this fiscal that was a large and heavy lift was Sierra County becoming its own Veteran's Service Office with the Veteran's Advocate training and passing the test to be the Veteran Service Officer. This goal was accomplished at the end of the fiscal year after many hours of hard work and studying.

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

Through the Community Planning process of the FY 2023-26 Three-Year Plan and the Annual Update it was determined to continue on with a Veteran's Advocate and to allow Sierra County Veterans the ability to access Veteran Office Services within Sierra County. This need was achieved.

3. Include examples of notable community impact.

The target populations of Veterans now have representation within Sierra County.

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

Number	Gender				Preferred Language	Veteran	Spouse of Veteran	Sexual Orientation
	Male	Female	26-59	60+				Heterosexual or Straight
8	6	2	2	6	English	6	2	8

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

REPORT ON PRIOR FISCAL YEAR ACTIVITIES, continued

PREVENTION AND EARLY INTERVENTION

[X] PREVENTION PROGRAM [ ] EARLY INTERVENTION PROGRAM

PROGRAM TYPE(S):

- ☐ SUICIDE PREVENTION PROGRAM
- ☐ PROGRAM TO IMPROVE TIMELY ACCESS TO SERVICES FOR UNDERSERVED POPULATION(S)
- ☐ OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS PROGRAM
- ☐ PEI STIGMA AND DISCRIMINATION REDUCTION PROGRAM
- ☐ ACCESS AND LINKAGE TO TREATMENT PROGRAM

PRIORITY AREA(S):

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

PROGRAM NO./NAME: STUDENT/PARENT NAVIGATOR

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

Specific unserved and underserved populations for whom the county intended to increase timely access to services:

- All children and Transitional Age youth in Sierra County are underserved due to the fact that no mental health services besides Sierra County Behavioral Health are available to residents.

Number of referrals of members of unserved and underserved populations to a Prevention Program, and Early Intervention Program, and/or treatment beyond early onset:

- 1 individual accessed counseling.

Average interval between referral and participation in Services:

- Unknown

Number of referrals of members of unserved and underserved populations to agencies/organizations providing services to enhance living or social situations providing anxiety and situational relief:

- Seven individuals were referred to programs such as:
  - Sierra Plumas Joint Unified School District Homeless Liaison and Foster Youth Coordinator
  - High Sierras Family Resource Center

- Tutoring Services

Description of ways the Student Parent Navigator encouraged access to services and follow-through on referrals:

- The Student/Parent Navigator encourages access and linkage to services by utilizing Motivational Interviewing techniques during active listening and supportive conversation to identify needs, strengths, and skills of students and/or family members.

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

Reporting for Access and Linkage to Medically Necessary Care

Number of individuals with serious mental illness referred to treatment and the treatment to which the person was referred:

- *No individuals were referred to Sierra County Behavioral Health for Medically Necessary Care.*

Number of individuals who followed through on the referral and engaged in treatment:

- *Not applicable.*

Average duration of untreated mental illness:

- *Not applicable.*

Average interval between the referral and participation in treatment:

- *Not applicable.*

3. Include examples of notable community impact.

The table below shows areas where reduction of certain risk factors for youth and their families. This is a notable impact in the community of youth who attend school and their families.

Identified Risk Factors Reduced Through Interaction with Student/Parent Navigator	Number
Failing Grades	7
Behavioral	3
Linkage to services	6
Homelessness	10
Attendance	11
Inappropriate Expectations	4
Single Parent Family	3
Incarcerated Parent	5

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

Student/Parent Navigator Participant Demographics FY 21/22							
Number	Gender		Age Group				Preferred Language
	Male	Female	0-15	16-25	26-59	60+	
16	9	7	7	5	2	2	English
The average cost per person served was $1,349.							

Race:
87.5% of individuals served identified as White/Caucasian.
12.5% were of 2 or more mixed races.

Ethnicity:
All identified as Not Hispanic.

Stigma and Discrimination Reduction is an indicated strategy within this service. Below are results for FY 21/22.

As a direct result of participating in the SPN program I am MORE willing to:	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not Applicable
… socialize with someone who had a mental health condition	6	2				
… socialize with someone who is experiencing mental health symptoms	5	3				
… actively and compassionately listen to someone in distress	6	2				
… recognize individuals living with a mental health condition is not rare	6	2				
… recognize recovering from mental health conditions is possible	6	2				
… comeback to the Wellness Center to learn more about mental health conditions	5	1		1		1
… consider seeking services from Sierra County Behavioral Health if I thought I needed it	4	4				

The Student/Parent Navigator:	8					
…made me feel welcome	8					
…listened to my need	8					
…assisted me to meet my need appropriately	8					
…did not pass judgement on what my need was	8					
…made my day a little less stressful	8					

Based on the data displayed above stigma and discrimination reduction is taking place through individuals participating in the Student/Parent Navigator program. One question should be removed as it does not really apply to this program. That question refers to the Wellness Center where the Student/Parent Navigator was housed until October 2021. However, now that the Student/Parent Navigator is housed at the school, this outcome measure should be removed.

REPORT ON PRIOR FISCAL YEAR ACTIVITIES, continued

PREVENTION AND EARLY INTERVENTION

X PREVENTION PROGRAM X EARLY INTERVENTION PROGRAM

PROGRAM TYPE(S):

- ☐ SUICIDE PREVENTION PROGRAM
- ☐ PROGRAM TO IMPROVE TIMELY ACCESS TO SERVICES FOR UNDERSERVED POPULATION(S)
- ☐ OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS PROGRAM
- ☐ PEI STIGMA AND DISCRIMINATION REDUCTION PROGRAM
- [X] ACCESS AND LINKAGE TO TREATMENT PROGRAM

PRIORITY AREA(S):

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

PROGRAM NO./NAME: EMPOWERING FAMILIES

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

It is noteworthy that this is the only family strengthening/parent improvement program offered within Sierra County. As such, the performance of the program is considered successful. Nine individuals participated in the program during FY 21/22.

There were no key differences identified during FY 21/22.

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

Of the nine participants, three received services through Sierra County Behavioral Health. Unserved individuals participated in the program during FY 21/22.

Strengthening Families provides participants self-efficacy of within healthy family parameters. Mental Health risk factors are reduced for children through the reduction of toxic childhood trauma. The nine parents had 26 children between them. When the total youth population of Sierra County falls within the mid-hundreds this program touches between 5 and 10% of elementary school aged youth.

3. Include examples of notable community impact.

Of the nine enrollees, 50% showed an increase in knowledge and self efficacy around skills presented in nurturing. More individuals will be completing the program in FY 22/23.

Families served are referred through many agencies/organizations. The largest referral number is through Child/Family Services to reduce the risk of children being removed from the home, or allowing children to be reunited with parents.

Area of Family Strength	Below Average	Average	Above Average
About me	1	7	1
About my childhood	0	7	2
Father/Mother of my child(ren)	1	1	6
My child(ren)/family	0	1	6
My knowledge of nurturing practices	1	7	1
About my use of nurturing skills	2	4	3

As stated above, of the families who completed the program 50% reduced risk factors within the chart above.

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

Nurturing Parenting	Populations Served FY 21/22
Total Individuals Served	**35**
Demographics of Individuals Served	Percent
Gender at Birth	
Female	7
Male	2
Unknown	26
Current Gender Identity	
Female	0
Male	0
Unknown	35
Sexual Orientation (self-identified)	
Unknown	100%
Race (self-identified)	
White/Caucasian	100%
Hispanic or Latino	
Preferred Language	

English	100%
Military Veteran	
Yes	0
Average cost per person during FY 21/22	$893

REPORT ON PRIOR FISCAL YEAR ACTIVITIES, continued

PREVENTION AND EARLY INTERVENTION

☐ PREVENTION PROGRAM XX EARLY INTERVENTION PROGRAM

PROGRAM TYPE(S):

☐ SUICIDE PREVENTION PROGRAM
☐ PROGRAM TO IMPROVE TIMELY ACCESS TO SERVICES FOR UNDERSERVED POPULATION(S)
☐ OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS PROGRAM
☐ PEI STIGMA AND DISCRIMINATION REDUCTION PROGRAM
☒ ACCESS AND LINKAGE TO TREATMENT PROGRAM

PRIORITY AREA(S):

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

PROGRAM NO./NAME: ACCESS TO YOUTH SERVICES

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

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 are 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.

Reporting for Access and Linkage to Medically Necessary Care

Number of individuals with serious mental illness referred to treatment and the treatment to which the person was referred:

- *Three individuals are continuing services beyond participation in Access to Youth Services. These individuals will discontinue participation in Access to Youth Services and are eligible to receive services under Medically Necessary Care.*

Number of individuals who followed through on the referral and engaged in treatment:

- *Three individuals.*

Average duration of untreated mental illness:

- *One plus years is the average duration of untreated mental illness for these three individuals.*

Average interval between the referral and participation in treatment:

- *Because Sierra County Behavioral Health provides the services for the Youth Access to Treatment program, there is no interval between referral and participation in Medically Necessary services beyond the next scheduled appointment.*

Reporting for Timely Access to services for Underserved Populations

Specific underserved populations for whom the county intended to increase timely access to services:

- *All children and Transitional Age youth in Sierra County are underserved due to the fact that no mental health services besides Sierra County Behavioral Health are available to residents.*

Number of referrals of members of underserved populations to Access to Youth Services:

- *11 individuals accessed services through this program.*

Average interval between referral and participation in Services:

- *6 days is the average interval between the referral and participation in services.*
- *The Outlier is 27 days with a Mode of 1 day.*

Number of referrals of members of underserved populations to agencies/organizations providing services to enhance living or social situations providing anxiety and situational relief:

- *One individual was referred to Therapeutic Behavior Services provided under this early intervention program.*
- *Three individuals were referred to medication management.*
- *Four individuals were referred to case management.*

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

Once again there is a lack of available services in Sierra County. Having the ability to provide services to youth is paramount.

The goal of this program is working towards reduction in the following areas:

- *Suicide*
- *Incarcerations*
- *School failure or dropout*
- *Unemployment*
- *Prolonged suffering*
- *Homelessness*
- *Removal of children from their homes.*

3. Include examples of notable community impact.

Areas of Risk (Frequency Table)		
	0-15	16-25
Suicide/Self Harm		XXXX
Incarceration		XXX
School Failure or Dropout	X	XXX
Removal of Children from Home	XXX	XX
Prolonged Suffering	XXXX	X
Living/Experiencing Trauma	XXXXX	XXXXX

Risk Factor Change				
	Risk Factor Reduced	Risk Factor No Change	Risk Factor Increased	First Assessment
Suicide/Self Harm	XXX			
Incarceration	X			X
School Failure or Dropout	XXX			X

Removal of Children from Home	XXX	X		X
Prolonged Suffering	XXX	X		X

Discharge from Treatment Information:
Four (4) youth started treatment and discharged from treatment during the fiscal year. 50% met their goals, while 50% indicated client withdrew.

Three youth have been receiving treatment for 18 months. They have met the regulation of being able to receive 18 months of treatment under Early Intervention regulations. They will move on to receive Specialty Mental Health Services.

Three youth have been receiving treatment for 18 months. They have met the regulation of being able to receive 18 months of treatment under Early Intervention regulations. They will move on to receive Specialty Mental Health Services.

Average Length of Client Participation within the Fiscal Year Before Discharge	
	Month(s)
Average number of months	6.75
Median (middle value within the data set)	5.5
Mode (most repeated value within the data set)	5
Range (difference of smallest and largest value within the data set)	6
Outlier (considerable smallest or largest value within the data set)	11

Duration of Untreated Mental Illness:
The data below is based on intake information.

Duration	Number
Less than 1 year	1
1-2 years	3
2-3 years	1
3+ years	2
Unknown	2

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

A total of 11 unduplicated youth were provided services through Access to Youth Services. Two youth spanned both age ranges due to a 16th birthday taking place in fiscal year 21/22. Therefore, within the age groups client duplications occur for two youth.

FY 21/22 Youth Access Demographics			
Age Group	Gender	Race	Ethnicity

	Male	Female	White/Caucasian	Unknown	Not Hispanic	Other Hispanic Latino	Mexican/ Mexican American	Unknown
0-15	3	4	4	3	4	1	1	1
16-25	4	2	6	0	0	1	0	0

All youth served indicated English as their preferred language. One caregiver indicated Spanish as their primary and spoken language. Therefore, interpretation was provided.

The average cost per person served under this program was $5,747.

REPORT ON PRIOR FISCAL YEAR ACTIVITIES, continued

PREVENTION AND EARLY INTERVENTION

[X] PREVENTION PROGRAM [ ] EARLY INTERVENTION PROGRAM

PROGRAM TYPE(S):

- [ ] SUICIDE PREVENTION PROGRAM
- [ ] PROGRAM TO IMPROVE TIMELY ACCESS TO SERVICES FOR UNDERSERVED POPULATION(S)
- [ ] OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS PROGRAM
- [X] PEI STIGMA AND DISCRIMINATION REDUCTION PROGRAM
- [ ] ACCESS AND LINKAGE TO TREATMENT PROGRAM

PRIORITY AREA(S):

X	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
	Culturally Competent and Linguistically Appropriate Prevention and Intervention

	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally-identified Priority:_____

PROGRAM NO./NAME: SIERRA WELLNESS ADVOCACY FOR YOUTH

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

   This program was a successful collaborative effort between MHSA and SUD.

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

   All youth can very easily fall into either the unserved or underserved group. This program provided education around identifying and understanding risk factors of mental illness. Three presentations/trainings took place during FY 21/22.

3. Include examples of notable community impact.

   The three presentations/trainings focused on:

   - *how one's environment contributes to resiliency and mental health,*
   - *relationships contribute to resilience and mental health,*
   - *stressful life experiences contribute to reliance and mental health,*
   - *understanding warning signs of mental illness,*
   - *understanding the importance of healthy coping skills for unfavorable emotions.*
   - *understanding that communicating about uncomfortable feelings is a healthy coping skill and important to overall mental wellness,*
   - *risks associated with:*
     - *severe out-of-control risk-taking behaviors*
     - *sudden overwhelming fear for no reason*
     - *drastic changes in mood, behavior or sleeping habits*
     - *increased worries of fear that get in the way of daily activities*
     - *serious attempt to harm or kill oneself or making plans to do so.*

   Through the use of dynamic and engaging speakers youth and adults reported back, via pen-to-paper surveys, their increased understanding of the risk factors stated above.

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

Two hundred, fity-nine youth and adults participated in the three activities. Cost per person served: $32.66.

REPORT ON PRIOR FISCAL YEAR ACTIVITIES, continued

WORKFORCE EDUCATION AND TRAINING (WET) FY 21-22

PROJECT NO./NAME: ELECTRONIC LEARNING MANAGEMENT SYSTEM and LOAN ASSUMPTION PROGRAMS

1. During the prior fiscal year, the County conducted the following activities and major accomplishments in the following areas:

   A. Training and Technical Assistance.

      Relias Learning was utilized during FY 21-22 and available for staff to apply best practices while assisting community members in their recovery goals. $9,810 was the cost of the subscription for FY 21/22.

   B. Mental Health Career Pathway Programs.

   C. Residency and Internship Programs.

      SCBH created a local Loan Assumption Program, there were no applicants.
      SCBH participated in the Regional WET program, again with no applicants.

	D. Financial Incentive Programs. E. Workforce Staffing Support.
2.	(If applicable), the following are the list of issues that have impeded the County's ability to accomplish the objectives identified in the County's WET Component Three-Year Program and Expenditure Plan.

REPORT ON PRIOR FISCAL YEAR ACTIVITIES, continued

CAPITAL FACILITIES & TECHNOLOGICAL NEEDS (CFTN) FY 21-22

PROJECT NO./NAME: 706 Mill Street – Wellness Center Construction

PROJECT TYPE:

X CAPITAL FACILITIES ☐ TECHNOLOGICAL NEEDS

During FY 21-22 there were costs of $7,891 associated with Professional consultation in the form of legal consultation and construction professional fees to address ongoing issues with the construction of the building. The issues have now been addressed.

There were no Warming, Cooling and Technologies Charging Stations expenses nor technology expenses.

Community Services and Supports

THREE YEAR PROGRAM PLAN FOR FY 2023-2026

COMMUNITY SERVICES AND SUPPORTS (CSS) FULL SERVICE PARTNERSHIP (FSP) SERVICES

PROGRAM NUMBER/NAME: FULL SERVICE PARTNERSHIP

[X] CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

[ ] NEW

PROJECTED DATE OF IMPLEMENTATION/FIRST DATE OF SERVICES: FY 2023 - 2026

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

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 recovery 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.*

2. The estimated number of individuals proposed to be served by the program and the cost per person during Fiscal Year 2023-24 (July 1, 2023 – June 30, 2024) is:

Age Group	FSP #of Individuals to be served	Estimated Annual Cost per Individual
Child & Youth 0-15	1	
TAY 16-25	1	
Adults 26-59	7	
Older Adults 60+	4	

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

The lack of a Crisis Response Team for all age groups has been identified during this CPPP. The Behavioral Health Advisory Board created an Ad Hoc Crisis Response Committee to learn what current challenges and barriers exist in creating a crisis response team. It has already been noted that Sierra County Behavioral Health can't support the required Mobile Crisis Unit for MediCal billing purposes, however something can be created to work within Sierra County's resources.

The lack of fuel voucher opportunities on the West side of the county is another issue that affects all age groups. There will be work to alleviate this disparity between the East and West side regarding gas vouchers. It needs to be noted there are a total of three gas stations within Sierra County, two of which are located on the Eastern side of the county with the third located close to a mid county location when traveling Est to West.

Both issues listed above are priorities.

4. The population(s) of focus to be served by this FSP program is/are:

Homeless	X
Forensic	X
Involved in Social Services System	X
Unserved/Underserved	X

Cultural Population (specify below)	
Isolation	X
Veterans	X
Other (Specify below)	
School disciplinary problems or academic failure	X
Reduced functioning due to health problems	X

Consideration for services is based on individualized identified goals therefore an individual may fall within multiple populations of focus. Sierra County Behavioral Health does not seek to formally compartmentalize an individual into focused populations as it only serves to target, stigmatize and bring possible unwanted attention to that population.

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

Age Group	# of individuals	Race	# of individuals	Sexual Orientation	# of individuals	Gender Identity	# of individuals	Language Spoken	# of individuals
0-15 yrs.	1	White	12	Lesbian or Gay	1	Female	6	English	13
16-25 yrs.	1	African American or Black	1	Heterosexual	11	Male	6	Spanish	1
26-59 yrs.	7	Asian	1	Bisexual	1	Transgender woman	1	Vietnamese	1
60 & older	4	Native Hawaiian or Other Pacific Islander	1	Queer, pansexual, and/or questioning	1	Transgender man	1	Cantonese	
		Alaska Native or Native American	1			Genderqueer	1	Mandarin	
		Other	1	Other	1	Other	1	Tagalog	
		More Than One Race	1	Declined to Answer		Declined to Answer			
		Declined to Answer		Disability			# of individuals	Cambodian	
Veteran	# of individuals	Ethnicity	# of individuals	Communication	# of individuals	Mental (not SMI)		Hmong	
				Seeing		Physical/Mobility	2	Russian	
Yes	1	Hispanic	1	Hearing or Having Speech Understood		Chronic Health Condition		Farsi	
No	12	Non-Hispanic	12					Arabic	
Declined to Answer		More Than One Ethnicity	1	Other (specify)		Other (specify)		Other	

	None		Declined to Answer		
Total Estimated Number of Individuals to Be Served:	13				

The estimated number of individuals to be served is based on historical data. Other demographic data are estimates based on historical data as well.

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

Historically, 88% of FSP participants were underserved clients with 12% being unserved.

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

Performance Goal	Intended Outcome	Data Source
Implement Individualized Services and Supports Plan	*Improvement or attainment in self-efficacy of identified goals in the Individualized Services and Supports Plan*	*Individualized Services and Supports Plan Goal Attainment*
Provide culturally aware services and supports	• *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*	*DCR*

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

SCBH has not needed to create any strategies within its service delivery addressing any disparities in services between the unserved and underserved populations. We have included providing transportation to individuals wishing to seek services while conducting assessments for MHP participation.

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

The Community Program Planning Process (CPPP) has identified FSP services as an MHSA program that is needed to be offered per regulations. As such the services provided are unique to each individual participating in the program as recovery resources and programs don't exist outside of SCBH. Community members understand and appreciate the individualized services. They also appreciate that individualized services lend to anonymity and are non-stigmatizing, and non-targeting to the client.

10. Provide a description of how the proposed program relates to the General Standards of the MHSA.
    - Community Collaboration: *SCBH communicates and works with the appropriate community members, organization, and agencies to provide the identified service an individual requests for*

recovery. For example, a local restaurant provided a job training opportunity for an FSP member as well as a meal. This came about through collaboration with the FSP team, SCBH, and the restaurant.

- Cultural Competence: *SCBH learns of the culture a client identifies with and then tries to connect the FSP member with the correct cultural services/activities the member wishes to participate in.*
- Client and Family Driven: *The FSP member is encouraged to have family members be a part of their team and their Individualized Services and Supports Plan. The FSP member guides the case manager in creating their own, individual Individualized Services and Supports Plan.*
- Wellness, recovery, and resilience focused: *SCBH utilizes peer support and case managers to provide rehabilitative services while interacting with FSP members to allow the member to meet their identified goals. Strength based activities are applied while promoting wellness.*
- Integrated service experiences for clients and their families, i.e., the client, and when appropriate the client's family, accesses a full range of services provided by multiple agencies, programs and funding sources in a comprehensive manner: *SCBH assists FSP members through a wrap around and whatever it takes approach (within county confines) to provide and connect members to programs, services and funding sources.*

The Domains (Residential, Education, Employment, Sources of Financial Support, Legal Issues/Designations, Emergency Intervention of any Kind, Health Status, and Substance Abuse) of the Individualized Services and Supports Plan have an opportunity to identify resources to meet the need and goal. Thus all of the General Standards of the MHSA can be met, depending on the FSP partner's severity of illness. Sometimes recovery within the folds of SCBH must occur before individuals are willing and able to branch out within the community for services and supports.

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

See County Description section.

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

Sierra County Behavioral Health utilizes a FSP Eligibility Verification derived from MHSA requirements.

First a diagnosis falling within Psychotic, Severe Mood and Personality Disorders is identified. Secondly, substantial actual or potential impairments are identified and described within the domains of Independent Living, Social Relationships, Vocational Skills, and Physical Condition. Thirdly, age category and criteria are indicated within an eligibility rubric created from regulations. The age categories are as follows Children and Youth (0-15), Transitional-Age Youth (16-25), Adults (26-59), and Older Adults (60 and older). Listed above under the description of the FSP program is an overview of some of the criteria within the age categories.

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

There are no changes at this time to service delivery regarding FSP for the next three years.

14. If this is a consolidation of two or more programs, provide the following information:
    a) Names of the programs being consolidated.
    b) The rationale for the decision to consolidate programs.
    c) How existing populations and services will achieve the same outcomes as the previously approved programs.

There is no consolidation of programs around FSP at this time.

PROGRAM PLAN FOR FY 2023-2024

COMMUNITY SERVICES AND SUPPORTS (CSS) NON-FSP SERVICES

PROGRAM NUMBER/NAME: GENERAL SERVICES

[x] CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

[ ] NEW

PROJECTED DATE OF CONTINUED SERVICES: FY 2023-2026

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

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 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 generally not utilized by consumers. 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 Insight Respite Center 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 Director of Behavioral Health and the Behavioral Health Coordinator participate in the NorCal Continuum of Care, Homeless Management Information Systems and Coordinated entry with funds provided through General Services.

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

Transportation or gas vouchers to Mental Health appointments are provided through this program to ensure the disparity of living in isolated communities is mitigated. Transportation will also be provided to those individuals who are first seeking services and actively participating in the assessment process.

The Sierra County Wellness Center provides supports to General Service participants as part of their recovery process.

It is also anticipated that monies may need to be utilized through General Services to allow for contracting with CalMHSA to provide consultation services regarding implementing CalAim and for SCBH to begin billing for services.

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

2. The estimated number of individuals proposed to be served by the program during Fiscal Year 2023-24 (July 1, 2023 – June 30, 2024) and the estimated annual cost per individual is as follows:

Age Group	GSD # individuals to be served	Estimated Annual Cost per Individual	O & E # individuals to be served	Estimated Annual Cost per Individual
Child & Youth 0-15	10	$4,367	N/A	N/A
TAY 16-25	5	$4,367	N/A	N/A
Adults 26-59	33	$4,367	N/A	N/A
Older Adults 60+	12	$4,367	N/A	N/A

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

The lack of a Crisis Response Team for all age groups has been identified during this CPPP. The Behavioral Health Advisory Board created an Ad Hoc Crisis Response Committee to learn what current challenges and barriers exist in creating a crisis response team. It has already been noted that Sierra County Behavioral Health can't support the required Mobile Crisis Unit for MediCal billing purposes, however something can be created to provide a system that aligns within Sierra County's resources.

The lack of fuel voucher opportunities on the West side of the county is another issue that affects all age groups. There will be work to alleviate this disparity between the East and West side regarding gas vouchers. It needs to be noted there are a total of three gas stations within Sierra County, two of which are located on the Eastern side of the county with the third located close to mid county.

There is no racial/ethnic or gender distinction made, resulting in non-equitable services offered. All community members seeking services are assessed and either enrolled in outpatient services or linked to

services. Racial/ethnic and gender disparities are addressed on an individual basis if there are additional needs identified.

4. The population(s) of focus to be served by this program is/are:

These numbers are estimated.

Homeless	3
Forensic	4
Involved in Social Services System	15
Unserved/Underserved	40
Cultural Population (specify below)	
Isolation	20
Veterans	5
Other (Specify below)	
Reduced functioning due to health problems	10

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

Please note: This data is based on annual, non-duplicated projected community members served, derived from historical actuals.

Age Group	# of individuals	Race	# of individuals	Sexual Orientation	# of individuals	Gender Identity	# of individuals	Language Spoken	# of individuals
0-15 yrs.	10	White	53	Lesbian or Gay	1	Female	37	English	58
16-25 yrs.	5	African American or Black	2	Heterosexual	56	Male	19	Spanish	2
26-59 yrs.	33	Asian	1	Bisexual	1	Transgender woman	1	Vietnamese	
60 & older	12	Native Hawaiian or Other Pacific Islander	1	Queer, pansexual, and/or questioning	1	Transgender man	1	Cantonese	
		Alaska Native or Native American	1			Genderqueer	1	Mandarin	
		Other	1	Other	1	Other	1	Tagalog	
		More Than One Race	1	Declined to Answer		Declined to Answer			
		Declined to Answer		Disability			# of individuals	Cambodian	
Veteran	# of individuals	Ethnicity	# of individuals	Communication	# of individuals	Mental (not SMI)		Hmong	
				Seeing		Physical/Mobility	10	Russian	

Yes	5	Hispanic	5	Hearing or Having Speech Understood		Chronic Health Condition	30	Farsi	
No	55	Non-Hispanic	50					Arabic	
Declined to Answer		More Than One Ethnicity	5	Other (specify)		Other (specify)		Other	
				None		Declined to Answer			
Total Estimated Number of Individuals to Be Served:					60				

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

Performance Goal	Intended Outcome	Data Source
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).	*Improvement or attainment of goals, reducing symptoms of Mental Illness or Severe Emotional Disturbance. Improvement in daily functioning.*	*Consumer Perception Survey*

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

Transportation services provided through the MediCal have proven to be virtually nonexistent in Sierra County. Providing transportation to mental health services and mental health assessments when needed to individuals seeking services and determining the appropriate level of care reduces disparities organically occurring between geographically isolated communities for both unserved and underserved populations.

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

The Community Program Planning Process (CPPP) has identified the services provided under General Services is an MHSA program that is offered per regulations. As such the services provided are unique to each individual participating in the program as recovery resources and programs don't exist outside of SCBH. Community members understand and appreciate the individualized services. They also appreciate that individualized services lend to anonymity and are non-stigmatizing, and non-targeting to the client.

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

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

Because services are so individualized for consumers the General Standards of the MHSA can be met within the consumers' identified needs. As consumers realize their recovery goals more community collaboration within other agencies or employment takes place. Sierra County Behavioral Health collaborates with Adult Protective Services, Children and Family Services, Eligibility, the Family Resource Center, Senior Center and Senior Apartments on a regular basis. The General Standards listed above are naturally addressed within the service delivery strategy that is created per the individual served via the problem list and diagnosis. Once again, there is no capacity for SCBH to create specific programs for specific populations.

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

See Community Planning section number 3.

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

Sierra County Behavioral Health has included participation in a Housing Continuum of Care, Homeless Management Information Systems and Coordinated entry with funds provided through General Services due to recent regulations around housing funding.

12. If this is a consolidation of two or more programs, provide the following information:
    a) Names of the programs being consolidated.
    b) The rationale for the decision to consolidate programs.
    c) How existing populations and services will achieve the same outcomes as the previously approved programs.

There is no consolidation within General Services and other CSS programs at this time.

PROGRAM PLAN FOR FY 2023-2024

COMMUNITY SERVICES AND SUPPORTS (CSS) NON-FSP SERVICES AND FSP SERVICES

PROGRAM NUMBER/NAME: SIERRA COUNTY WELLNESS CENTER AND WELLNESS ROOM

[X] CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

[ ] NEW

PROJECTED DATE OF CONTINUED SERVICES: FY 2023-26

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

Sierra County Wellness Center, located in Loyalton, and the Wellness Room, located in Downieville 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' Service Officer is also housed at this site. Peer support staff provide services via the phone, home visits, and on site.

The Wellness Center welcomes all community members with high regard and finds ways to increase the community member's ability to live life at its fullest. Services focus on:

- *Wellness & Recovery Action Plans (WRAP©)*
- *Supportive Conversation*
- *Independent Living Skills*
- *Veterans Service Office/Veteran's 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*
- *Job Coaching Assistance*
- *Social Security Application Support*
- *Access point to Coordinated Entry and HMIS*
- *Shelter from the weather during business hours*
- *Safe space when needed*

The Wellness Center is funded through both Full Service Partnership, General Services and Prevention. This allows for populations to not be inadvertently targeted and helps to reduce stigma related to Sierra County Behavioral Health and does not profile community members participating in services at the Wellness Center.

2. The estimated number of individuals proposed to be served by the program during Fiscal Year 2023-24 (July 1, 2023 – June 30, 2024) and the estimated annual cost per individual is as follows:

Age Group	GSD # individuals to be served	Estimated Annual Cost per Individual
Child & Youth 0-15	10	
TAY 16-25	5	
Adults 26-59	43	
Older Adults 60+	16	

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

The Wellness Center and Wellness Room (located in Downieville) provide Peer Support services where Peer Support Specialists are able to support individuals in their recovery beyond the scope of outpatient services. Thus the following community health issues are addressed through the Wellness Center and Wellness Room for all ages receiving outpatient services and FSP participants:

- *Emotional Support – demonstrate empathy, caring, or concern to bolster an individual's self-esteem and confidence*
- *Informational – sharing knowledge and information and/or provide life or vocational skills training*
- *Instrumental – provide concrete assistance to help others accomplish tasks*
- *Affiliational – facilitate contacts with other people to promote learning of social and recreational skills, create community, and acquire a sense of belonging*

Motivational Interviewing is used to understand any racial/ethnic and gender disparities and individual is experiencing, then provide services and supports in the manner best received by the individual.

4. The population(s) of focus to be served by this program is/are:

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

Veterans	X
Other (Specify below)	
Reduced functioning due to health problems	X

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

Age Group	# of individuals	Race	# of individuals	Sexual Orientation	# of individuals	Gender Identity	# of individuals	Language Spoken	# of individuals
0-15 yrs.	10	White	51	Lesbian or Gay	2	Female	32	English	71
16-25 yrs.	5	African American or Black	2	Heterosexual	55	Male	24	Spanish	2
26-59 yrs.	43	Asian	2	Bisexual	2	Transgender woman	1	Vietnamese	
60 & older	16	Native Hawaiian or Other Pacific Islander	2	Queer, pansexual, and/or questioning	2	Transgender man	1	Cantonese	
		Alaska Native or Native American	2			Genderqueer	2	Mandarin	
		Other	2	Other	2	Other	2	Tagalog	
		More Than One Race	2	Declined to Answer	10	Declined to Answer	10		
		Declined to Answer	10	**Disability**			**# of individuals**	Cambodian	
Veteran	**# of individuals**	**Ethnicity**	**# of individuals**	**Communication**	**# of individuals**	Mental (not SMI)		Hmong	
				Seeing		Physical/Mobility	**10**	Russian	
Yes	7	Hispanic	5	Hearing or Having Speech Understood		Chronic Health Condition	**30**	Farsi	
No	60	Non-Hispanic	63					Arabic	
Declined to Answer	6	More Than One Ethnicity	5	Other (specify)		Other (specify)		Other	
				None		Declined to Answer			
Total Estimated Number of Individuals to Be Served:				**73**					

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

As this portion of the Wellness Center is funded through CSS 100% are underserved clients.

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

Performance Goal	Intended Outcome	Data Source
Assist individuals to succeed in their unique recovery process.	*Increased recovery through decreasing the negative affects mental illness symptoms have on keeping an individual from living their life to its fullest.*	*Observed or self reported successes of recovery goals.*

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

SCBH has not needed to create any strategies within its service delivery addressing any disparities in services between the unserved and underserved populations. We have included providing transportation to individuals wishing to seek services while conducting assessments for MHP participation.

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

In past and current community program planning there has been a need for laundry services, a place to prepare a meal, and personal hygiene accommodations. The Sierra County Wellness Center located in Loyalton provides those services.

Also, having a safe place to spend time in has been identified as a need and is available through the Wellness Center.

The Wellness Center and staff provide extended supportive wrap-around type services to FSP participants. General Service participants are able to receive support needed to assist with issues exacerbated by their symptoms related to behavioral health symptoms.

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

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

Because services are so individualized for consumers the General Standards of the MHSA can be met within the consumers' identified needs. As consumers realize their recovery goals more community collaboration within other agencies or employment takes place. Sierra County Behavioral Health collaborates with Adult Protective Services, Children and Family Services, Eligibility, the Family Resource Center, Senior Center and Senior Apartments on a regular basis. The General Standards listed above are naturally addressed within the service delivery strategy that is created per the individual served via the problem list and diagnosis. Once again, there is no capacity for SCBH to create specific programs for specific populations.

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

See Community Planning Section 3.

SCBH has been fortunate to hire staff who have lived experience within the Behavioral Health System, either as a participant and/or a family member of an individual who experiences behavioral health challenges.

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

There are no changes to this program at this time.

14. If this is a consolidation of two or more programs, provide the following information:
    a) Names of the programs being consolidated.
    b) The rationale for the decision to consolidate programs.
    c) How existing populations and services will achieve the same outcomes as the previously approved programs.

Not applicable, there is no consolidation of two or more programs within this program.

PROGRAM PLAN FOR FY 2023-2024, continued

COMMUNITY SERVICES AND SUPPORTS (CSS) NON-FSP SERVICES

PROGRAM NUMBER/NAME: FRONT PORCH/COMMUNITY OUTREACH PROGRAM O&E

[X] CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

[ ] NEW

PROJECTED DATE OF CONTINUED SERVICES: FY 2023-26

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

The Front Porch program is intended to engage unserved individuals, and when appropriate their families, within Sierra County Behavioral Health (SCBH) mental health services. These individuals will are dealing with the signs and symptoms of serious mental illness. SCBH staff provide activities or visits outside of the office and in 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. Identified needs in services will be shared with other agencies in the hopes of providing unique services to bridge any acknowledged gaps in services. During Front Porch activities/services harm reduction strategies and supplies may be delivered.

Food, clothing, shelter, and transportation to mental health services may be funded through this program with the intent of engaging an individual in mental health services. A $1,000 spending cap per person is in place under these expenditures. Expenditures must be reviewed by fiscal, program manager and director before funds can be released. An engagement plan initiated and created with the client needs to be submitted with the supply order form requesting the funding.

This program is also under the PEI component providing prevention services. There are some differences within the program under the PEI component.

2. The estimated number of individuals proposed to be served by the program during Fiscal Year 2023-24 (July 1, 2023 – June 30, 2024) and the estimated annual cost per individual is as follows:

Age Group	Unserved # individuals to be engaged	Estimated Annual Cost per Individual
Child & Youth 0-15	3	
TAY 16-25	3	
Adults 26-59	5	
Older Adults 60+	3	

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

The lack of transportation that is identified consistently as a barrier to all services and supports within Sierra County during community planning. Geographic isolation and the lack of resources concurrent with Sierra County being a frontier county is another priority issue.

All Sierra County residents who request engagement with Sierra County Services and meet the eligibility criteria are able to access this program. This precludes the need to identify and include a description of any racial/ethnic and gender disparities.

4. The population(s) of focus to be served by this program is/are:

Homeless	X
Forensic	X
Involved in Social Services System	X
Unserved	X
Cultural Population (specify below)	
Geographic Isolation	X
Low Socioeconomic Status	X
Veterans	X
Other (Specify below)	
Reduced functioning due to health problems	X

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

These are estimates and it was decided to use unknown as there is no target population beyond 'all Sierra County residents' as possible recipients of this service. There is no way to estimate in a reliable manner because there is such a small number of individuals served through historical data.

Age Group	# of individuals	Race	# of individuals	Sexual Orientation	# of individuals	Gender Identity	# of individuals	Language Spoken	# of individuals
0-15 yrs.	3	White	12	Lesbian or Gay	Unknown	Female	Unknown	English	Unknown
16-25 yrs.	3	African American or Black	Unknown	Heterosexual	Unknown	Male	Unknown	Spanish	Unknown
26-59 yrs.	5	Asian	Unknown	Bisexual	Unknown	Transgender woman	Unknown	Vietnamese	Unknown
60 & older	3	Native Hawaiian or Other Pacific Islander	Unknown	Queer, pansexual, and/or questioning	Unknown	Transgender man	Unknown	Cantonese	Unknown
		Alaska Native or Native American	Unknown			Genderqueer	Unknown	Mandarin	Unknown
		Other	Unknown	Other	Unknown	Other	Unknown	Tagalog	Unknown
		More Than One Race	Unknown	Declined to Answer	Unknown	Declined to Answer	Unknown		
		Declined to Answer		Disability			# of individuals	Cambodian	Unknown

Veteran	# of individuals	Ethnicity	# of individuals	Communication	# of individuals	Mental (not SMI)		Hmong	Unknown
				Seeing	Unknown	Physical/Mobility	Unknown	Russian	Unknown
Yes	Unknown	Hispanic	Unknown	Hearing or Having Speech Understood	Unknown	Chronic Health Condition	Unknown	Farsi	Unknown
No	Unknown	Non-Hispanic	Unknown					Arabic	Unknown
Declined to Answer	Unknown	More Than One Ethnicity	Unknown	Other (specify)	Unknown	Other (specify)	Unknown	Other	Unknown
				None	Unknown	Declined to Answer	Unknown		
Total Estimated Number of Individuals to Be Served:					**14**				

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

100% of these funds are targeted towards unserved individuals. This is because the whole premise to this program falling under outreach and engagement is to identify and engage those community members not currently engaged within Sierra County Behavioral Health.

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

Performance Goal	Intended Outcome	Data Source
Reach, identify, and engage unserved individuals in SCBH mental health services	*Link to appropriate services*	*Referrals to services*

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

The premise of the Front Porch program under CSS Outreach and Engagement is to identify unserved individuals living in Sierra County who live with mental health challenges. Relationships will be built along with trust to engage the individual in the assessment process and link to appropriate services and supports.

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

Many individuals are reluctant to build trust and be linked to services without fear of a lack of anonymity and having government involved in their lives. The Front Porch program under this component of outreach and engagement allows for individual services and as much anonymity as possible when seeking services. It is also a means of providing and engaging unserved individuals.

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

- Community Collaboration: *There is collaboration with key community leaders in geographically isolated communities to provide this service. There is also collaboration with Public Health and Social Services to successfully engage unserved community members.*
- Cultural Competence: *Activities and supportive conversation provide an organic opportunity to learn about appropriate needs through a community defined culturally aware manner. Through this process there is the opportunity to create equity in service delivery.*
- *Client and Family Driven: The prospective client drives the conversation and identifies the need through supportive conversation and active listening.*
- Wellness, recovery, and resilience focused: *Peer support and the VSO have lived experience and are living in recovery. They provide hope for individuals, and model behavior supporting recovery, wellness and resilience.*
- Integrated service experiences for clients and their families, i.e., the client, and when appropriate the client's family, accesses a full range of services provided by multiple agencies, programs and funding sources in a comprehensive manner: *This platform allows for the VSO, Peer Support, Public Health, and other agencies wishing to participate to interact with individuals during the Front Porch visits and determine what where there is a gap in needs and how, if any, there are ways to address those gaps and engage the individual in services.*

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

See Community Planning section 3.

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

There are no changes at this time.

14. If this is a consolidation of two or more programs, provide the following information:
    a) Names of the programs being consolidated.
    b) The rationale for the decision to consolidate programs.
    c) How existing populations and services will achieve the same outcomes as the previously approved programs.

Not applicable, there is no consolidation of two or more programs within this program. However, this program is also funded within the PEI component with a few differences. The largest is it may serve underserved beneficiaries as well. Funding for shelter, clothes and food is not available through the PEI component.

PROGRAM PLAN FOR FY 2023-2024

COMMUNITY SERVICES AND SUPPORTS (CSS) NON-FSP SERVICES

PROGRAM NUMBER/NAME: COMMUNITY ACADEMIES O&E

[X] CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

[ ] NEW

PROJECTED DATE OF CONTINUED SERVICES: FY 2023-26

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

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.

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.

Snacks or lunch will be provided through this program funding to provide increased program participation and active engagement.

Approximately 4 Community Academy Activities will be offered.

2. The estimated number of individuals proposed to be served by the program during Fiscal Year 2023-24 (July 1, 2023 – June 30, 2024) and the estimated annual cost per individual is as follows:

Age Group	Unserved # individuals to be engaged	Estimated Annual Cost per Individual
Child & Youth 0-15	0	
TAY 16-25	20	
Adults 26-59	90	
Older Adults 60+	60	

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

Community Academies is a vehicle to address and current or emergent mental health issues affecting communities in Sierra County. There are no racial/ethnic and gender disparities taking place while offering these academies. This program has been identified as a priority as community members and other agencies/organizations and community based organizations sending staff members to attend indicate they would like to continue with Community Academies.

4. The population(s) of focus to be served by this program is/are:

Homeless	X
Forensic	X
Involved in Social Services System	X
Unserved	X
Cultural Population (specify below)	
Geographic Isolation	X
Veterans	X
Other (Specify below)	
Community members associated with community based organizations, schools, agencies and volunteers	X

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

These are estimates and it was decided to use unknown as there is no target population beyond 'all Sierra County residents' as possible recipients of this service. There is no way to estimate in a reliable manner.

Age Group	# of individuals	Race	# of individuals	Sexual Orientation	# of individuals	Gender Identity	# of individuals	Language Spoken	# of individuals
0-15 yrs.	0	White	Unknown	Lesbian or Gay	Unknown	Female	Unknown	English	Unknown
16-25 yrs.	20	African American or Black	Unknown	Heterosexual	Unknown	Male	Unknown	Spanish	Unknown
26-59 yrs.	90	Asian	Unknown	Bisexual	Unknown	Transgender woman	Unknown	Vietnamese	Unknown
60 & older	60	Native Hawaiian or Other Pacific Islander	Unknown	Queer, pansexual, and/or questioning	Unknown	Transgender man	Unknown	Cantonese	Unknown
		Alaska Native or Native American	Unknown			Genderqueer	Unknown	Mandarin	Unknown
		Other	Unknown	Other	Unknown	Other	Unknown	Tagalog	Unknown
		More Than One Race	Unknown	Declined to Answer	Unknown	Declined to Answer	Unknown		
		Declined to Answer		Disability			# of individuals	Cambodian	Unknown
Veteran	# of individuals	Ethnicity	# of individuals	Communication	# of individuals	Mental (not SMI)		Hmong	Unknown
				Seeing	Unknown	Physical/Mobility	Unknown	Russian	Unknown
Yes	Unknown	Hispanic	Unknown	Hearing or Having Speech Understood	Unknown	Chronic Health Condition	Unknown	Farsi	Unknown
No	Unknown	Non-Hispanic	Unknown					Arabic	Unknown
Declined to Answer	Unknown	More Than One Ethnicity	Unknown	Other (specify)	Unknown	Other (specify)	Unknown	Other	Unknown

	None	Unknown	Declined to Answer	Unknown	
Total Estimated Number of Individuals to Be Served:	170				

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

This section is not applicable to this program/activity as the recipients are service providers and community members. Not necessarily clients or potential clients.

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

Performance Goal	Intended Outcome	Data Source
Increase community knowledge of available services and supports. *Improve relations between providers, overlapping influences, different cultures and communities.* *Educate community members and other community-based agencies/organizations to help dispel myths about living with severe mental illness and to promote wellness, recover, and resiliency.*	*Increase knowledge and understanding of Behavioral Health Services.* *Increase partner capacity between providers, communities and overlapping influences.* *Increase knowledge and understanding of Mental Illness.*	*Survey results based on the training/ presentation given*

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

Having strategies to be implemented as part of service delivery to address any disparities in services to unserved and underserved populations is not applicable.

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

Community Planning comments are in support of continuing the Community Acadamies.

10. Provide a description of how the proposed program relates to the General Standards of the MHSA.
    - Community Collaboration:
    - Cultural Competence:
    - Client and Family Driven:

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

Community Academy topics will include all or most of the general standards stated above. For example, a Bridges out of Poverty training will include community collaboration, address the low-income culture, address the need to be client and family driven. The end goal of the training is supporting individuals in their wellness, recovery and resiliency to break out of their culture of poverty. The training promotes the need for an integrated service experience.

Other trainings, such as trauma informed care, motivational interviewing, and culturally aware trainings will most likely include the general standards within the material being shared.

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

The Behavioral Health Coordinator is responsible for facilitating these trainings/presentations, survey implementation and reporting.

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

There are no changes at this time. SCBH is excited to start providing in-person activities.

14. If this is a consolidation of two or more programs, provide the following information:
    a) Names of the programs being consolidated.
    b) The rationale for the decision to consolidate programs.
    c) How existing populations and services will achieve the same outcomes as the previously approved programs.

Not applicable, there is no consolidation of two or more programs within this program.

Prevention and Early Intervention

PROGRAM PLAN FOR FY 2023-2024

PREVENTION AND EARLY INTERVENTION (PEI)

PROGRAM NUMBER/NAME: SIERRA COUNTY WELLNESS CENTER and WELLNESS ROOM

[X] CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

[ ] NEW

PROJECTED DATE OF CONTINUED SERVICES: FY 2023-26

[X] PREVENTION PROGRAM [ ] EARLY INTERVENTION PROGRAM

PROGRAM STRATEGIES:

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

PRIORITY AREA(S):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
X	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
X	Other Locally identified Priority: Reduction of risk factors for developing a potential mental illness and building protective factors.

1. Identify the target population for the program.

Under CCR Title 9, Division 1, Chapter 14, Article 4, Sec. 3400(a)(1)(A) the Prevention and Early Intervention component is exempt from providing services and/or supports to individuals/clients with serious mental illness and/or serious

emotional disturbance, and when appropriate their families. Therefore, all community members are served through the prevention component of the Sierra County Wellness Center under a universal approach. Once relationships are built, appropriate referrals are made with the intent of building on or strengthening protective factors for individuals.

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

Problem/Community Need	*Activities*
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*
Stigma Reduction	*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.*
Sierra County has few community based organizations or agencies allowing public access with no eligibility criteria besides the Wellness Center. Sometimes community members have difficulty in getting their basic needs met thus being able to concentrate on continuing to build protective factors or mitigate risk factors of mental illness.	*Provide support, problem solving, and linkage based on the identified need.*

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

a) List the mental health indicators to be used to measure the reduction of prolonged suffering;
Self rating on improvement in functioning in the following areas:

- *Symptoms,*
- *Housing situation,*
- *School/work,*
- *Social situations,*
- *Relations with family,*
- *Dealing with crises,*
- *Control over life,*
- *Dealing with problems.*

These indicators are taken from the California Mental Health, Planning Council Performance Indicators for Evaluating the Mental Health System, January 2010.

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

None at this time.

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

As individuals seek services through the Wellness Center, we will be asking if there are improvements within the indicators listed above as a result of the service they received. Some of the data collected will be through a single encounter while other may be longitudinal. Reporting will occur annually.

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

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

Since the Sierra County Wellness Center is open to all community members, there is the opportunity to access services for underserved populations. Also, when services are available in the home or out of office it improves the potential for individuals to access services.

6. Describe the intended setting(s) for the Program's activities/services.

The Wellness Center is the main setting for services. However, 'out of office' visits are available as well.

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

The portion of the Wellness Center program funded through this Prevention component is not intended to be an Outreach for Increasing Recognition of Early Signs of Mental Illness program. Therefore; the following descriptions are strategies utilized within the Wellness Center Program.

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

The Wellness Center strives to maintain collaboration with community based organizations and agencies to encourage other community based organizations or Health & Human Services Employees to attend trainings, thus increasing the number of potential responders.

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

Mental Health First Aide, SafeTALK, and ASSIST are offered to potential responders. Relias Learning is also available for potential responders to pick courses and enhance their skill set. Staff can also request trainings.

7. For Stigma and Discrimination Reduction Programs:

The Wellness Center as a Prevention program is designed fall within a Stigma and Discrimination Reduction Program.

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

Having the Sierra County Wellness Center open to all residents provides an opportunity for individuals to interact in a safe and positive space. Members of the public who do not experience living with mental health symptoms interact with those who do. Stigma is reduced as relationships build through encounters at the Wellness Center.

Group activities, supportive conversation and modeling non-stigmatizing behavior are meant to reduce stigma.

The validated measurement tool Sierra County chose to use was reviewed and approved by MHSOAC. It addresses a change in knowledge around mental illness. See appendix PEI.1.

9. For Suicide Prevention Programs:

a) Specify the methods and activities to be used to change attitudes and behavior to prevent mental illness-related suicide;

b) Indicate how the County will measure changes in attitude, knowledge, and /or behavior related to reducing mental illness-related suicide including time frames for measurement; and

c) Specify how the proposed method is likely to bring about suicide prevention outcomes selected by the County.

This is not a Suicide Prevention Program.

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

a) How the Program and Strategy within each Program will create Access and Linkage to Treatment for individuals with serious mental illness;

Staff at the wellness center refer individuals to treatment by referral forms. The Wellness Center and outpatient services are located next to each other. Wellness Center staff work closely with case managers.

b) How individuals will be identified as needing assessment or treatment for a serious mental illness or serious emotional disturbance that is beyond the scope of an Early Intervention Program;

As relationships are built and struggles within areas of functioning are recognized peer support staff start to encourage individuals to participate in an assessment for treatment.

c) How individuals, and, as applicable, their parents, caregivers, or other family members, will be linked to county mental health services, a primary care provider, or other mental health treatment; and

When a need is identified staff works to link to all appropriate services.

d) How the Program will follow up with the referral to support engagement in treatment.

Peer Support staff encourage individuals to follow through with treatment. Integrated Care Team meetings take place with case managers and peer support staff to be able to provide wrap-around support to individuals living with serious mental illness who are in treatment.

11. Identify any outcome(s) *in addition to those required by PEI regulation*, how it/these will be measured, and the timelines for measurement, if applicable.

Build protective factors or mitigate risk factors of mental illness. Individuals coming into the wellness center indicate the reason for their visit. We then categorize it through Maslow's Hierarchy of Needs. We are able to then indicate how many unduplicated services per person fall within psychological, safety & security, love & belonging, esteem, self actualization. Basically, reduction of prolonged suffering indicators fall into Maslow's Hierarchy of Needs.

Annual unduplicated outcomes are reported.

12. Describe the specific Non-Stigmatizing and Non-Discriminatory strategies, how they will be used and provide reason(s) why the County believes they will be successful and meet intended outcomes.
The Wellness Center has been successful in providing services in a Non-Stigmatizing and Non-Discriminatory setting through staff modeling the behavior of treating everyone with high regard. Every individual who walks through the door is served with no thought of discrimination or stigma. Each person is encouraged to state their need and staff works hard to address that need. Staff have witnessed Wellness Center visitors interact in each other in a supportive non-stigmatizing and non-discriminatory manner.

13. The estimated total number of individuals to be served by this program and the estimated annual cost per person is:

AGE GROUP	PREVENTION # individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 yrs)	2	none
TAY (16-25 yrs)	2	none
Adults (26-59 yrs)	28	none
Older Adults (60 yrs +)	20	none
Unknown/Unreported	13	none
Annual Total # of individuals to be Served (estimate)	62	none
Cost per Person	$ 4,100	none

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

Sierra County Behavioral Health Staff and contracted staff are able to creatively problem solve to provide the needed support,service or activity. If the need can't be met by the county staff, contracting is considered.

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

There are no changes to service delivery for the upcoming year.

PROGRAM PLAN FOR FY 2023-2024

PREVENTION AND EARLY INTERVENTION (PEI)

PROGRAM NUMBER/NAME: MENTAL HEALTH & SUICIDE AWARENESS

[X] CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

[ ] NEW

PROJECTED DATE OF CONTINUED SERVICES: FY 2023-26

[X] PREVENTION PROGRAM [ ] EARLY INTERVENTION PROGRAM

PROGRAM STRATEGIES:

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

PRIORITY AREA(S):

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

1. Identify the target population for the program.

Under CCR Title 9, Division 1, Chapter 14, Article 4, Sec. 3400(a)(1)(A) the Prevention and Early Intervention component is exempt from providing services and/or supports to individuals/clients with serious mental illness and/or serious emotional disturbance, and when appropriate their families. Applied Suicide Intervention Skills (ASSIST), safeTALK, and Mental Health First Aid (MHFA) trainings are meant to target potential responders. Therefore, all community members are the target population meant to be served under this program.

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

As stated above the trainings are meant to assist in suicide prevention, reducing stigma and discrimination, outreach for identifying recognition of early signs of mental illness through education of community members and potential responders.

Problem/Community Need	Activities
• *Provide community members, agency/organization staff, and Behavioral Health staff a vehicle to de-myth beliefs around suicide and Mental Health challenges. Thus, empowing individuals to have difficult conversations around mental health and suicide.* • *Potential responders providing support to an individual who is experiencing a mental health or suicidal event.*	*Provide the following evidence based trainings:* • *Assist,* • *safeTALK,* • *MHFA* *Trainings will be provided in multiple settings and communities.*

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

   Not applicable to this program. Any reduction in prolonged suffering will not be reported, the trainings apply to potential responders.

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

As these trainings pertain to potential responders and their belief/skill changes there is no formalized measurement tool showing a measurement in reduction of prolonged suffering. However, if there is an instance of a potential responder supporting an individual during a mental health or suicidal crisis prolonged suffering may ease for that individual.

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

Reduction in suicide through the application of this training. Reduction in mental health crisis.

Once again, the target population intended to be reached through these trainings are potential responders, care givers, or family members of individuals experiencing mental illness and suicidal challenges. Therefore, the thought process is that there will be a reduction in suicidal thoughts and attempts. There is no way to measure the intended reduction of an MHSA negative outcome except through personal reporting back to Behavioral Health.

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

Quantitative data obtained during offered trainings will determine if there is an increase in the number of potential responders and the number of settings providing opportunities to connect individuals with thoughts of suicide to intervention resources.

Since the evaluation is evidence based and there is no threshold language in Sierra County the program's evaluation should be adequate and meet cultural needs.

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

Applied Suicide Intervention Skills Training (ASIST) provides a unique, life-assisting intervention model to help caregivers support persons at risk. It also helps caregivers support and 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.

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.

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.

These three trainings have been offered in past years. All have reported positive outcomes from the training's evaluation tool. There has not been a need to translate an evaluation or facilitate the training in another language as Sierra County does not have a threshold language. Should the need arise, every effort will be made to provide the training and evaluation in the appropriate language.

SCBH will ensure fidelity to the training by only engaging with certified trainers and following the certified trainers' guidelines in facilitating the trainings. For example, MHFA suggests a maximum of thirty attendees. Multiple trainings will be offered to ensure fidelity.

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

Potential responders who attend the trainings will be provided a list of services offered in Sierra County and how to access them. As potential responders and settings increase, access to services for underserved populations as well as unserved should improve.

6. Describe the intended setting(s) for the Program's activities/services.

Sierra County Behavioral Health will be offering these trainings in varies venues throughout the county. Agencies/communities can request trainings. SCBH will make every effort to offer them in the setting requested.

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

a) Describe the opportunity the potential responders will have to identify diverse individuals with signs and symptoms of potential suicide:

As community based organizations/agencies, first responders and trained community members interact with individuals who are displaying signs and symptoms of mental health suicidal ideations, referrals or warm handoffs to Behavioral Health can be made.

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

News paper ads, flyers, email blasts will be used. Also, focused conversations with stakeholders to invite them and their staff to trainings will take place.

8. For Stigma and Discrimination Reduction Programs:

a) Identify whom the Program intends to influence; and

Potential responders will have a greater understanding of those who are struggling with suicidal thoughts and interact appropriately to link the community member with appropriate services.

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

Potential responders will be participating in the evidence based training and fill out the survey addressing changes in attitudes or behavior.

9. For Suicide Prevention Programs:

a) Specify the methods and activities to be used to change attitudes and behavior to prevent mental illness-related suicide;

ASSIST, safeTALK©, and MHFA traininings will be offered to all community members.

c) Indicate how the County will measure changes in attitude, knowledge, and /or behavior related to reducing mental illness-related suicide including time frames for measurement; and

As stated above the tools used to measure changes in attitude, knowledge, and/or behavior will be provided through the evidence based program/training offered.

c) Specify how the proposed method is likely to bring about suicide prevention outcomes selected by the County.

The number of potential responders will increase along with their knowledge on the subjects addressed during the training. In turn, suicidal issues should be reduced through appropriate support and linkage to services.

10. For Access and Linkage to Treatment Programs and Strategy with Each PEI Program, provide an explanation for the following:
a) How the Program and Strategy within each Program will create Access and Linkage to Treatment for individuals with serious mental illness;

As community members and potential responders learn of behavioral health services available in the county and where they are accessed it is intended that there will be an organic increase in access and linkage to treatment services.

b) How individuals will be identified as needing assessment or treatment for a serious mental illness or serious emotional disturbance that is beyond the scope of an Early Intervention Program;

Not applicable to this program.

c) How individuals, and, as applicable, their parents, caregivers, or other family members, will be linked to county mental health services, a primary care provider, or other mental health treatment; and

See 10. a. above.

d) How the Program will follow up with the referral to support engagement in treatment.

Not applicable to this program.

11. Identify any outcome(s) *in addition to those required by PEI regulation*, how it/these will be measured, and the timelines for measurement, if applicable.

There are none identified at this time.

12. Describe the specific Non-Stigmatizing and Non-Discriminatory strategies, how they will be used and provide reason(s) why the County believes they will be successful and meet intended outcomes.

The three trainings being offered under this program are evidence based and have shown to reduce stigmatizing and discriminatory beliefs.

13. The estimated total number of potential responders and the estimated annual cost per person is:

AGE GROUP		

	PREVENTION # individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 yrs)	none	none
TAY (16-25 yrs)	10	none
Adults (26-59 yrs)	30	none
Older Adults (60 yrs +)	15	none
Unknown/Unreported	5	none
Annual Total # of individuals to be Served (estimate)	60	none
Cost per Person (estimate)	$109	none

It needs to be noted that each training has a different cost. The estimated cost per person has been calculated as the sum of the costs of providing each training one time divided by the total number of persons served under the program. It may be significantly less or more depending on the number and type of trainings offered.

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

The SCBH has the capacity to provide these trainings through the PEI funding stream and can engage certified trainers.

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

In past plans each training was offered as an independent training/program. In the interest of cutting down in the repetitiveness of the questions above, the trainings are now offered under this one prevention program titled Mental Health & Suicide Awareness as a prevention program.

PROGRAM PLAN FOR FY 2023-2024

PREVENTION AND EARLY INTERVENTION (PEI)

PROGRAM NUMBER/NAME: ACCESS TO YOUTH SERVICES

[X] CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

[ ] NEW

PROJECTED DATE OF IMPLEMENTATION/FIRST DATE OF SERVICES: CONTINUED

[ ] PREVENTION PROGRAM [X] EARLY INTERVENTION PROGRAM

PROGRAM STRATEGIES:

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

PRIORITY AREA(S):

X	Childhood Trauma Prevention and Early Intervention
X	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority: Reduction of risk factors for developing a potential mental illness and building protective factors.

1. Identify the target population for the program.

Under CCR Title 9, Division 1, Chapter 14, Article 4, Sec. 3400(a)(1)(A) the Prevention and Early Intervention component is exempt from providing services and/or supports to individuals/clients with serious mental illness and/or serious emotional disturbance, and when appropriate their families.

Sierra County youth within the age range of 0-25.

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

Problem/Community Need	Activities
• *The need for this program stems from the fact that there is only one other*	*Outpatient treatment will be provided to address and promote recovery.*

provider in Sierra County or within an hour to an hour and a half drive out of county for youth. Youth are underserved and unserved within the county when accessing mental health services.		
• *This program may be used to provide substance use disorder treatment to youth when the individual has a co-occuring Mental Health and Substance use disorder condition.*	*Offer participation in substance use disorder treatment. The dollar amount will be capped at $20,000. This added service is available under Behavioral Health Information Notice 20-057.*	

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

The MHSA negative outcomes Youth Access to Services expects to reduce are:

- *Incarcerations*
- *Removal of Children from their homes*
- *School Failure*
- *Suicide*

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

The following indicators will be utilized:

Parent/caregiver or youth self rating of improvement in child/youth functioning:

- *Coping when things go wrong,*
- *School,*
- *Relations with friends and others,*
- *Relations with family,*
- *Handing daily life.*

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

The MHSA negative outcomes Youth Access to Services expects to reduce are:

- *Incarcerations:*
- *Removal of Children from their homes:*
- *School Failure:*
- *Suicide:*

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

SCBH will be utilizing the Consumer Perception Survey with the Quality of Life questions to determine if intended negative outcomes are reduced. Outcomes will be measured annually during the administration of the Consumer Perception Survey and for three weeks beyond that week. Surveys will be given in-person and over the phone. This evaluation method reflects cultural awareness in that residents do not trust multiple surveys and how they are ultimately used. Being able to combine outcome results through one survey vs. two provides an evaluation method that does not feel as intrusive into the lives of our beneficiaries. This also allows for longitudinal data to be analyzed instead of a 'snapshot' in time.

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

Through successful treatment the above MHSA negative outcomes should be ameliorated.

SCBH has utilized a measurement tool indicating the youth's response to treatment. Four years of outcome data indicate improvement for the youth who participated in Access to Youth Services.

Clinicians provide the service through the best practices standard embedded within the MHP.

As the consumer perception survey tool will be implemented and an increased penetration rate is realized the program's effectiveness will be determined through thorough analysis.

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

Participation in the program either allows for personal improvement or organically creates a seamless process in continuing the needed services after 18 months.

6. Describe the intended setting(s) for the Program's activities/services.

SCBH offers these services in both the Loyalton and Downieville Behavioral Health sites.

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

a) Describe the opportunity the program will have to identify diverse individuals with signs and symptoms of potential suicide:

Clinicians can recognize the signs and symptoms of potential suicide and refer or act accordingly.

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

Not applicable to this program.

8. For Stigma and Discrimination Reduction Programs:
   a) Identify whom the Program intends to influence; and

   This program is not intended as a stand alone Stigma and Discrimination Reduction Program.

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

   Not applicable.

9. For Suicide Prevention Programs:
   This program is not intended as a stand-alone suicide prevention program.

   a) Specify the methods and activities to be used to change attitudes and behavior to prevent mental illness-related suicide;

   Not applicable.

   b) Indicate how the County will measure changes in attitude, knowledge, and /or behavior related to reducing mental illness-related suicide including time frames for measurement; and *Not applicable.*
   c) Specify how the proposed method is likely to bring about suicide prevention outcomes selected by the County.

   Not applicable.

10. For Access and Linkage to Treatment Programs and Strategy with Each PEI Program, provide an explanation for the following:
    a) How the Program and Strategy within each Program will create Access and Linkage to Treatment for individuals with serious mental illness;

Youth who live in Sierra County are historically underserved and unserved through the health disparity of a lack of accessible services. There are no comprehensive primary health care services available in Sierra County. Eastern Plumas Health Care and Western Sierra Medical, both located out-side of the county, have satellite offices staffed with nurse practitioners. Eastern Plumas Health Care's clinic is located in Loyalton while Western Sierra Medical has a clinic located in Downieville. Both clinics do the best they can serving our community members. They are only open 3-4 days a week. Geographic isolation also plays a role in creating health disparities and can contribute as a risk factor to mental illness. Families live in communities with distances prohibiting walking to and from the communities. There is a genuine lack of habitable housing stock, also contributing to the health disparities Sierra County residents live with in comparison to other counties.

Therefore, based on the statements above, youth have a need to access mental health services. This program allows for access to these services without needing to meet any specific eligibility requirements. Through this program they are enrolled in SCBH and can seamlessly transition to a higher level of care with the possibility of not having to change providers.

b) How individuals will be identified as needing assessment or treatment for a serious mental illness or serious emotional disturbance that is beyond the scope of an Early Intervention Program;

The clinicial director determines the eligibility for continuing services under serious mental illness or serious emotional disturbance.

c) How individuals, and, as applicable, their parents, caregivers, or other family members, will be linked to county mental health services, a primary care provider, or other mental health treatment; and

As needs are identified by the clinician, the Student/Parent Navigator, a case manager, or peer support staff referrals will be made to the appropriate service provider.

d) How the Program will follow up with the referral to support engagement in treatment.

If the problem youth present with in this program is not ameliorated or new problems are identified close to the 18 month mark, the youth will be referred to the correct provider. The Student/Parent Navigator, case managers or peer support staff will be following up and supporting engagement in treatment.

11. Identify any outcome(s) *in addition to those required by PEI regulation*, how it/these will be measured, and the timelines for measurement, if applicable.

There are none identified at this time.

12. Describe the specific Non-Stigmatizing and Non-Discriminatory strategies, how they will be used and provide reason(s) why the County believes they will be successful and meet intended outcomes.

SCBH meets individuals where they are at and organically utilizes the no wrong door philosophy presented through CalAim. Based on historical data we have been successful in meeting intended outcomes.

13. The estimated total number of potential responders and the estimated annual cost per person is:

AGE GROUP	PREVENTION # individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 yrs)	none	10
TAY (16-25 yrs)	none	2
Adults (26-59 yrs)	none	none

	Older Adults (60 yrs +)	none	none	
	Unknown/Unreported	none	none	
	Annual Total # of individuals to be Served (estimate)	none	none	
	Cost per Person (estimate)	none	$700	

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

Through telehealth services and the amount of funding budgeted for this program capacity can be met to provide services.

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

No changes are indicated at this time.

PROGRAM PLAN FOR FY 2023-2024

PREVENTION AND EARLY INTERVENTION (PEI)

PROGRAM NUMBER/NAME: SIERRA WELLNESS ADVOCACY FOR YOUTH (SWAY)

[X] CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

[ ] NEW

PROJECTED DATE OF CONTINUED SERVICES: FY 2023-26

[X] PREVENTION PROGRAM [ ] EARLY INTERVENTION PROGRAM

PROGRAM STRATEGIES:

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

PRIORITY AREA(S):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
X	Culturally Competent and Linguistically Appropriate Prevention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
x	Other Locally identified Priority: Reduction of risk factors for developing a potential mental illness and building protective factors.

1. Identify the target population for the program.

School aged youth are the target population served under this program. The program is being offered through a universal strategy in an effort to educate about mental health risk factors.

Under CCR Title 9, Division 1, Chapter 14, Article 4, Sec. 3400(a)(1)(A) the Prevention and Early Intervention component is exempt from providing services and/or supports to individuals/clients with serious mental illness and/or serious emotional disturbance, and when appropriate their families.

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

Problem/Community Need	Activities
• *Culturally appropriate whole health promotions aimed at addressing/reducing local youth mental health risk factors.*	*At least two whole health activities will be offered to youth.*
• *Appropriate training for school district employees to increase their understanding of what risk factors affect our youths' mental health.*	*Provide training to Sierra Plumas Joint Unified School District employees*

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

This universal local program is a multi-component program that focuses on reducing risk factors and improving protective factors. It involves several parts and is applied across different platforms. The components address individual and community risk and protective factors. Educational events are designed to be flexible and interchangeable, so it is flexible, adaptable, and focused on addressing the risk and protective factors of the demographic participating in this strategy. Educational events are pulled from a wide range of effective curricula, workshops, lessons, interactive meetings, and seminars. Seminars in this strategy include interactive breakout sessions with participant discussions and individualized activities. There is no ability to reduce prolonged suffering and MHSA negative outcomes. There is an expectation that early signs of mental illness will be recognized and appropriate referrals will be made.

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

Not applicable. See above.

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

Not applicable. See above.

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

Effectiveness of the trainings or activities provided under this program will be evaluated with the evaluation tool being created through collaboration between the presenter/trainer, community outreach coordinator, and the behavioral health coordinator. The tool will measure risk factor identification and resiliency.

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

desired outcomes. Explain how the County will ensure fidelity to the practice when implementing the Program.

The SWAY program is offered through a historically successful community-based practice of school aged youth attending meaningful school assemblies with dynamic speakers. Past outcomes show this approach is effective for Sierra County youth. Youth who live in Sierra County encounter geographic isolation and do not have other opportunities to expand their learning opportunities. The SWAY coordinator has been working with Sierra County youth as the Community Outreach Coordinator overseeing Friday Night Live. The Community Outreach Coordinator has achieved a high level of trust with the youth and through his work with Friday Night Live understands program fidelity.

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

This program is intended as a universal prevention program to increase knowledge around mental health risk factors. Therefore, improving access to services for underserved populations is not an intentional strategy. The Community Outreach Coordinator or other staff may recognize a need for a youth to receive services and may make a referral or connect the youth through a warm hand-off.

6. Describe the intended setting(s) for the Program's activities/services.

This program is school based and activities will be taking place at the schools.

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

a) Describe the opportunity the program will have to identify diverse individuals with signs and symptoms of potential suicide:

As youth and teachers become more aware about mental health risk factors they may be more apt to engage in services or refer students to services.

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

Not applicable.

8. For Stigma and Discrimination Reduction Programs:

a) Identify whom the Program intends to influence; and

This program is not intended as a stand alone Stigma and Discrimination Reduction Program.

b) Specify the methods and activities to be used to change attitudes, knowledge, and or behavior regarding being diagnosed with mental illness, having mental illness and or seeking mental health services. Identify

the validated method selected by the County to measure changes in attitudes, knowledge, and/or behavior related to mental illness or seeking mental health services.

Not applicable.

8. For Suicide Prevention Programs:

This program is not intended as a stand-alone suicide prevention program.

a) Specify the methods and activities to be used to change attitudes and behavior to prevent mental illness-related suicide;

Not applicable.

c) Indicate how the County will measure changes in attitude, knowledge, and /or behavior related to reducing mental illness-related suicide including time frames for measurement; and

Not applicable.

d) Specify how the proposed method is likely to bring about suicide prevention outcomes selected by the County.

Not applicable.

10. For Access and Linkage to Treatment Programs and Strategy with Each PEI Program, provide an explanation for the following:
a) How the Program and Strategy within each Program will create Access and Linkage to Treatment for individuals with serious mental illness;

Not applicable.

b) How individuals will be identified as needing assessment or treatment for a serious mental illness or serious emotional disturbance that is beyond the scope of an Early Intervention Program;

Not applicable.

c) How individuals, and, as applicable, their parents, caregivers, or other family members, will be linked to county mental health services, a primary care provider, or other mental health treatment; and

The Community Outreach Coordinator and school staff can refer students to Behavioral Health.

e) How the Program will follow up with the referral to support engagement in treatment.

Through the relationship built to identify a need for the referral there can be follow up by inquiring whether or not an appointment was made or attended.

11. Identify any outcome(s) *in addition to those required by PEI regulation*, how it/these will be measured, and the timelines for measurement, if applicable.

There are none identified at this time.

12. Describe the specific Non-Stigmatizing and Non-Discriminatory strategies, how they will be used and provide reason(s) why the County believes they will be successful and meet intended outcomes.

SCBH meets individuals where they are at and organically utilizes the no wrong door philosophy presented through CalAim. Based on historical data we have been successful in meeting intended outcomes.

13. The estimated total number of individuals to be served by this program and the estimated annual cost per person is:

AGE GROUP	PREVENTION # individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 yrs)	307	none
TAY (16-25 yrs)	93	none
Adults (26-59 yrs)	none	none
Older Adults (60 yrs +)	none	none
Unknown/Unreported	none	none
Annual Total # of individuals to be Served (estimate)	400	none
Cost per Person (estimate)	$62.50	none

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

Through current staffing and budgets SCBH has the capacity to provide this service. There are only two school sites within the county.

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

No changes are indicated at this time.

PROGRAM PLAN FOR FY 2023-2024

PREVENTION AND EARLY INTERVENTION (PEI)

PROGRAM NUMBER/NAME: VETERAN'S ADVOCATE

[X] CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

[ ] NEW

PROJECTED DATE OF IMPLEMENTATION/FIRST DATE OF SERVICES: CONTINUED

[X] PREVENTION PROGRAM [ ] EARLY INTERVENTION PROGRAM

PROGRAM STRATEGIES:

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

PRIORITY AREA(S):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
X	Culturally Competent and Linguistically Appropriate Prevention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
X	Other Locally identified Priority: Reduction of risk factors for developing a potential mental illness and building protective factors.

1. Identify the target population for the program.

Veterans and their families are the target population identified to be served under this program.

Under CCR Title 9, Division 1, Chapter 14, Article 4, Sec. 3400(a)(1)(A) the Prevention and Early Intervention component is exempt from providing services and/or supports to individuals/clients with serious mental illness and/or serious emotional disturbance, and when appropriate their families.

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

Problem/Community Need	Activities

	• *Sierra County has not had an active Veteran Service Office for approximately 10 years. Within the last year and a half Sierra County has been recognized by CalVet as a Veteran Service Office.* • *In conjunction with having a Veteran Service Office there is a need to have a Veteran Service Officer. During the previous two and a half years of being recognized as a Veteran Service Office, there has been a significant time frame where there was not a Veteran Service Officer employed.* • *Provide Veteran Peer Support/Advocacy*	• *Maintain Veteran Service Office status and contract with a Veteran Service Officer.* • *Provide opportunities for Sierra County veterans to be connected with services and claims within Sierra County.* • *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 support services 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*

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

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

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

MHSA negative outcomes the Veteran's Advocate intends to reduce are:
Homelessness
Incarcerations
Prolonged Suffering
Suicide
Unemployment

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

Data will be collected through the Sierra County Veterans Service Intake Form. Outcomes will be measured through linked services and the attainment of the goal within the self identified need as well as the resolution of that identified need.

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

SCBH will be utilizing the community-based practice of providing the Veteran or Family with direct contact and referrals to local, state and federal resources. The culture of Veterans lends itself to the Veteran seeking individualized services instead of participating in group settings and formalized government programs.

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

The VSO will be in the Downieville office every other week and in the Loyalton office every other week. Outreach activities will take place community events such as the Stand Down, Veteran's Day and other activities the VSO deems appropriate.

6. Describe the intended setting(s) for the Program's activities/services.

This program is intended to be offered in both Downieville and Loyalton. The VSO will also be visiting geographically isolated communities through outreach activities.

7. For Outreach for Increasing Recognition of Early Signs of Mental Illness Programs and for any Strategy within a Program:
   a) Describe the opportunity the program will have to identify diverse individuals with signs and symptoms of potential suicide:

   The Veteran Service Officer will be given the opportunity to attend Mental Health First Aid classes along with safeTalk and/or ASSIST trainings. While working with veterans there may be an opportunity to utilize the skills learned from the above mentioned trainings.

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

   Not applicable.

8. For Stigma and Discrimination Reduction Programs:
   a) Identify whom the Program intends to influence; and

   This program is not intended as a Stigma and Discrimination Reduction Program.

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

Not applicable.

9. For Suicide Prevention Programs:

This program is not intended as a stand-alone suicide prevention program.

a) Specify the methods and activities to be used to change attitudes and behavior to prevent mental illness-related suicide;

Not applicable.

b) Indicate how the County will measure changes in attitude, knowledge, and /or behavior related to reducing mental illness-related suicide including time frames for measurement; and

Not applicable.

c) Specify how the proposed method is likely to bring about suicide prevention outcomes selected by the County.

Not applicable.

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

a) How the Program and Strategy within each Program will create Access and Linkage to Treatment for individuals with serious mental illness;

This program is funded and housed under Behavioral Health as such the Veteran Service Officer has the ability to assist a veteran through direct access and linkage to treatment.

b) How individuals will be identified as needing assessment or treatment for a serious mental illness or serious emotional disturbance that is beyond the scope of an Early Intervention Program;

The PHQ9 will be administered, scored and the veteran's situation analyzed by the Veteran Service Officer. A referral will then be made to link the individual to the correct service or support.

c) How individuals, and, as applicable, their parents, caregivers, or other family members, will be linked to county mental health services, a primary care provider, or other mental health treatment; and

The same as above.

d) How the Program will follow up with the referral to support engagement in treatment.

Follow-up contact will take place to support engagement in the referred service or support. Transportation will also be determined for the individual to access the referred service or support.

11. Identify any outcome(s) *in addition to those required by PEI regulation*, how it/these will be measured, and the timelines for measurement, if applicable.

The intake form will be used to determine any other outcomes through this program. It will be evaluated annually.

12. Describe the specific Non-Stigmatizing and Non-Discriminatory strategies, how they will be used and provide reason(s) why the County believes they will be successful and meet intended outcomes.

SCBH meets individuals where they are at and organically utilizes the no wrong door philosophy presented through CalAim. Based on historical data we have been successful in meeting intended outcomes and reducing stigma around receiving services.

13. The estimated total number of individuals to be served by this program and the estimated annual cost per person is:

AGE GROUP	PREVENTION # individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 yrs)	none	none
TAY (16-25 yrs)	none	none
Adults (26-59 yrs)	10	none
Older Adults (60 yrs +)	15	none
Unknown/Unreported		none
Annual Total # of individuals to be Served (estimate)	25	none
Cost per Person (estimate)	3,120	none

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

Through current staffing and budgets SCBH has the capacity to provide this service.

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

No changes are indicated at this time.

PROGRAM PLAN FOR FY 2023-2024, continued

PREVENTION AND EARLY INTERVENTION (PEI)

PROGRAM NUMBER/NAME: FAMILY STRENGTHENING AWARENESS

☐ CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

☒ NEW

PROJECTED DATE OF CONTINUED SERVICES: FY 2023-26

☒ PREVENTION PROGRAM ☐ EARLY INTERVENTION PROGRAM

PROGRAM STRATEGIES:

X	Outreach for Increasing Recognition of Early Signs of Mental Illness
	Stigma and Discrimination Reduction
	Suicide Prevention
X	Access and Linkage to Treatment

	X	Program to Improve Timely Access to Services for Underserved Populations

PRIORITY AREA(S):

X	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
X	Culturally Competent and Linguistically Appropriate Prevention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
X	Other Locally identified Priority: Reduction of risk factors for developing a potential mental illness and building protective factors.

1. Identify the target population for the program.

Families are the population focused on under Family Strengthening Awareness.

Under CCR Title 9, Division 1, Chapter 14, Article 4, Sec. 3400(a)(1)(A) the Prevention and Early Intervention component is exempt from providing services and/or supports to individuals/clients with serious mental illness and/or serious emotional disturbance, and when appropriate their families.

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

Problem/Community Need	Activities
Through the community planning process three prevention strategies were identified to benefit our communities: • *Youth Programming* • *Home Visiting* • *Social Emotional Health* *Families living in Sierra County experience gaps in protective factors which improve social and emotional health.*	• *Contract with the High Sierras Family Resource Center under the Child Abuse Council to provide an awareness campaign to increase knowledge of the following protective factors:* *Parental Resilience* *Social Connection* *Concrete Supports in time of need* *Knowledge of Parenting & Child Development* *Social Emotional Competence of Children & Families* • *Identify a culturally responsive and appropriate community evidence based practice to work within our unique communities.*

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

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

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

Removal of children from their homes.

Increase school success.

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

Through collaboration with Social Services compare data on the number of families who have had children removed from the home and the number who have experienced successful reunifications.

Data will be measured annually.

There will be no need to provide any identifying information to maintain anonymity.

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

The awareness and education campaign has been designed through the Sierra County Comprehensive Prevention Plan of which the survey was a collaborative effort between SCBH and High Sierras Family Resource Center. The thrust of the Comprehensive Prevention Plan is to create and identify effective programs to strengthen Sierra County Families. Therefore, the effectiveness should be demonstrated in the identification of community based and evidence based practices.

As this is driven by identified needs and service gaps within our communities it is likely to become a community based practice.

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

Community members will become more aware of mental health risk factors through increasing the knowledge and understanding of protective factors. This creates an organic opportunity to refer individuals to identified services and supports.

10. Describe the intended setting(s) for the Program's activities/services.

The High Sierras Family Resource Center will be the main location where activities and services will be provided. Other community venues may be used depending on the activity and population being served. Activities and services will be in a small group, one on one, and possible public setting.

7. For Outreach for Increasing Recognition of Early Signs of Mental Illness Programs and for any Strategy within a Program:
   a) Describe the opportunity the program will have to identify diverse individuals with signs and symptoms of potential suicide:

   Not applicable.

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

   Not applicable.

8. For Stigma and Discrimination Reduction Programs:
   a) Identify whom the Program intends to influence; and

This program is not intended as a stand-alone Stigma and Discrimination Reduction program.

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

   Not applicable.

9. For Suicide Prevention Programs:

This program is not intended as a stand-alone Suicide Prevention program.

a) Specify the methods and activities to be used to change attitudes and behavior to prevent mental illness-related suicide;

Not applicable.

b) Indicate how the County will measure changes in attitude, knowledge, and /or behavior related to reducing mental illness-related suicide including time frames for measurement; and *Not applicable.*

c) Specify how the proposed method is likely to bring about suicide prevention outcomes selected by the County.

Not applicable.

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

a) How the Program and Strategy within each Program will create Access and Linkage to Treatment for individuals with serious mental illness;

High Sierras Family Resource Center will be creating relationships with families and youth. They will be able to identify needs and make appropriate referrals to Sierra County Behavioral Health. Should there be question as to whether a referral is needed the PHQ9 can be utilized to determine need. The collaboration that has existed between the Sierra County Wellness Center and staff at the High Sierras Family Resource Center has created the perfect setting to provide warm handoffs with referrals.

b) How individuals will be identified as needing assessment or treatment for a serious mental illness or serious emotional disturbance that is beyond the scope of an Early Intervention Program;

Once referred to Sierra County Behavioral Health, the CalAim screening tool or other appropriate tool will be utilized to determine eligibility.

a) How individuals, and, as applicable, their parents, caregivers, or other family members, will be linked to county mental health services, a primary care provider, or other mental health treatment; and

Through the interaction with community members, the Family Resource Center will provide referrals to appropriate services identified above.

d) How the Program will follow up with the referral to support engagement in treatment.

As continued engagement and trust is established and maintained the ability to support engagement in treatment occurs organically.

11. Identify any outcome(s) *in addition to those required by PEI regulation*, how it/these will be measured, and the timelines for measurement, if applicable.

Increased understanding of protective factors, the importance of healthy social emotional health, brain development and neuroscience in childhood development.

Age-appropriate educational materials will be developed and distributed.
Flyers, brochures, posters and media posts will be distributed.
Group presentations, small group activities and community events will take place.

Stated activities above will be logged and materials will be submitted. Attitude changes will be tracked through surveys.

12. Describe the specific Non-Stigmatizing and Non-Discriminatory strategies, how they will be used and provide reason(s) why the County believes they will be successful and meet intended outcomes.

Through the activities to educate about Parental Resilience, Social Connection, Concrete Supports in times of need, Knowledge of Parenting and Child Development, and Social Emotional Competence of Children & Families there will be opportunity to discuss mental illness and to create an opportunity of social norm change towards getting help.

Trainings such as Wrap Around, Trauma Informed Care, and Motivational Interviewing will give providers the tools to provide services in a non-stigmatizing through a non-discriminatory model.

13. The estimated total number of individuals to be served by this program and the estimated annual cost per person is:

AGE GROUP	PREVENTION # individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 yrs)	50	none
TAY (16-25 yrs)	20	none
Adults (26-59 yrs)	20	none
Older Adults (60 yrs +)	15	none
Unknown/Unreported	Unknown	none
Annual Total # of individuals to be Served (estimate)	95	none
Cost per Person (estimate)	$331.57	none

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

This program will be contracted out and the $31,500 will assist in the overall success of primary prevention activities around Social Emotional Health, Brain Development and Neuroscience. Sierra County Behavioral

Health does not have to provide any staffing beyond the Behavioral Health Coordinator monitoring the contract and reporting.

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

Due to the change of direction the Child Abuse Council has taken in providing prevention services and the results of the survey conducted through the MHSA CPP, the focus on prevention instead of early intervention has occurred. The identification of Social Emotional Health, Brain Development and Neuroscience as the prevention focus through this program is the emphasis of this program.

PROGRAM PLAN FOR FY 2023-2024

PREVENTION AND EARLY INTERVENTION (PEI)

PROGRAM NUMBER/NAME: STUDENT/PARENT NAVIGATOR

[X] CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

[ ] NEW

PROJECTED DATE OF IMPLEMENTATION/FIRST DATE OF SERVICES: CONTINUED

[X] PREVENTION PROGRAM [ ] EARLY INTERVENTION PROGRAM

PROGRAM STRATEGIES:

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

PRIORITY AREA(S):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program

	Culturally Competent and Linguistically Appropriate Prevention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
X	Other Locally identified Priority: Reduction of risk factors for developing a potential mental illness and building protective factors.

1. Identify the target population for the program.

School aged children and families are served under the Student/Parent Parent Navigator program.

Under CCR Title 9, Division 1, Chapter 14, Article 4, Sec. 3400(a)(1)(A) the Prevention and Early Intervention component is exempt from providing services and/or supports to individuals/clients with serious mental illness and/or serious emotional disturbance, and when appropriate their families.

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

Problem/Community Need	Activities
There is a need for a liaison to provide advocacy for students and families interacting with the Student Attendance Review Board (SARB). *Also identified is a need for an advocate between students, their families and school staff when students are experiencing challenges with school attendance and behavior problems.*	• *Provide outreach, linkage, and access to supports and services to students and their families.* • *Collaborate with schools and SARB to provide outreach, linkage and access to supports and services for students and their families.*

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

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

Improvement in child/youth functioning:

- *While coping when things go wrong,*
- *School attendance and interactions,*
- *Relations with friends and others,*
- *Housing needs (when able).*

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

School absences and failures and disruptive/harmful behavior.

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

Qualitative data will be gathered through school attendance records and reporting of change in disruptive/harmful behavior by staff, parents and students.

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

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

The Student/Parent Navigator will be creating relationships with students, and/or parents and teachers. As needs are identified, referrals to appropriate services and supports can be made.

6. Describe the intended setting(s) for the Program's activities/services.

The Student Parent Navigator (SPN) is housed at the Loyalton Schools site. This allows for easy access by students and staff. The SPN also travels to the Downieville School site to interact with students and family members. If needed the SPN may visit families where they are most comfortable, some individuals are intimidated going 'back' to school.

7. For Outreach for Increasing Recognition of Early Signs of Mental Illness Programs and for any Strategy within a Program:
   a) Describe the opportunity the program will have to identify diverse individuals with signs and symptoms of potential suicide:

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

   Not applicable.

8. For Stigma and Discrimination Reduction Programs:
   a) Identify whom the Program intends to influence; and

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

Not applicable.

9. For Suicide Prevention Programs:

This program is not intended as a stand-alone suicide prevention program.

a) Specify the methods and activities to be used to change attitudes and behavior to prevent mental illness-related suicide;

Not applicable.

b) Indicate how the County will measure changes in attitude, knowledge, and /or behavior related to reducing mental illness-related suicide including time frames for measurement; and

Not applicable.

d) Specify how the proposed method is likely to bring about suicide prevention outcomes selected by the County.

Not applicable.

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

a) How the Program and Strategy within each Program will create Access and Linkage to Treatment for individuals with serious mental illness;

Youth who live in Sierra County are historically underserved and unserved through the health disparity of a lack of accessible services. There are no comprehensive primary health care services available in Sierra County. Eastern Plumas Health Care and Western Sierra Medical, both located out-side of the county, have satellite offices staffed with nurse practitioners. Eastern Plumas Health Care's clinic is located in Loyalton while Western Sierra Medical has a clinic located in Downieville. Both clinics do the best they can serving our community members. They are only open 3-4 days a week. Geographic isolation also plays a role in creating health disparities and can contribute as a risk factor to mental illness. Families live in communities with distances prohibiting walking to and from the communities. There is a genuine lack of habitable housing stock, also contributing to the health disparities Sierra County residents live with in comparison to other counties.

Therefore, based on the statements above, youth have a need to access mental health and other services and supports.

b) How individuals will be identified as needing assessment or treatment for a serious

mental illness or serious emotional disturbance that is beyond the scope of an Early Intervention Program;

As referrals come into SCBH the clinicial director determines the eligibility for continuing services under serious mental illness or serious emotional disturbance.

c) How individuals, and, as applicable, their parents, caregivers, or other family members, will be linked to county mental health services, a primary care provider, or other mental health treatment; and

As needs are identified by the clinician, the Student/Parent Navigator will make referrals or participate in a warm hand-off to the appropriate service provider.

d) How the Program will follow up with the referral to support engagement in treatment.

The Student/Parent Navigator will continue to interact with students, families and staff to support engagement in treatment.

11. Identify any outcome(s) *in addition to those required by PEI regulation*, how it/these will be measured, and the timelines for measurement, if applicable.

There are none identified at this time.

12. Describe the specific Non-Stigmatizing and Non-Discriminatory strategies, how they will be used and provide reason(s) why the County believes they will be successful and meet intended outcomes.

The Student/Parent Navigator meets individuals where they are at and organically utilizes the no wrong door philosophy presented through CalAim. Based on historical data we have been successful in meeting intended outcomes.

It also bears noting that the Student/Parent Navigator will be working with the Mental Health Student Services Act (MHSSA) grant and will be linking students with school based services funded through MHSSA.

13. The estimated total number of individuals to be served by this program and the estimated annual cost per person is:

AGE GROUP	PREVENTION # individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 yrs)	10	none
TAY (16-25 yrs)	10	none
Adults (26-59 yrs)	none	none
Older Adults (60 yrs +)	none	none
Unknown/Unreported	none	none

	Annual Total # of individuals to be Served (estimate)	none	none	
	Cost per Person (estimate)			

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

Through current staffing and budgets SCBH has the capacity to provide this service. There are only two school sites within the county.

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

No changes are indicated at this time.

PROGRAM PLAN FOR FY 2023-2024

PREVENTION AND EARLY INTERVENTION (PEI)

PROGRAM NUMBER/NAME: FRONT PORCH

[X] CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

[ ] NEW

PROJECTED DATE OF CONTINUED SERVICES: FY 2023-26

[X] PREVENTION PROGRAM [ ] EARLY INTERVENTION PROGRAM

PROGRAM STRATEGIES:

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

PRIORITY AREA(S):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
X	Culturally Competent and Linguistically Appropriate Prevention and Intervention
X	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority: Reduction of risk factors for developing a potential mental illness and building protective factors.

1. Identify the target population for the program.

Under CCR Title 9, Division 1, Chapter 14, Article 4, Sec. 3400(a)(1)(A) the Prevention and Early Intervention component is exempt from providing services and/or supports to individuals/clients with serious mental illness and/or serious emotional disturbance, and when appropriate their families. Therefore, all community members are served through the prevention component of the Sierra County Wellness Center under a universal approach. Once relationships are built, appropriate referrals are made with the intent of building on or strengthening protective factors for individuals.

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

Problem/Community Need	*Activities*
Older Adults are often home bound and not able to take care of basic needs on their own. Sierra County has a definite lack of IHSS workers available. The residents of the Loyalton Senior Apartments are often overlooked as having Mental Health needs.	*Supportive conversation provides an organic opportunity to educate and learn about appropriate service needs along with providing them in a community defined culturally proficient manner. Identified needs in services can be shared with other agencies in the hopes of providing unique services to bridge any acknowledged gaps in services.*
Geographically isolated communities don't have easy access to services.	*Peer Support staff and the Veteran Service Officer provide activities or visits outside of the office and in communities while educating about available services, wellness and recovery. During Front Porch activities/services harm reduction strategies and supplies may be delivered.*

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

This program is intended to reduce prolonged suffering.

d) List the mental health indicators to be used to measure the reduction of prolonged suffering;
Self rating on improvement in functioning in the following areas:

- *Symptoms,*
- *Housing situation,*
- *School/work,*
- *Social situations,*
- *Relations with family,*
- *Dealing with crises,*
- *Control over life,*
- *Dealing with problems.*

These indicators are taken from the California Mental Health, Planning Council Performance Indicators for Evaluating the Mental Health System, January 2010.

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

None at this time.

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

Self reported improvement in functioning. Data will be collected and analyzed annually. The data will be obtained via individual interviews. Many of the target population experience difficulty writing.

An annual pen to paper survey will be utilized in communities where it is culturally competent.

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

Historical success of implementing this program in geographically isolated areas and isolated communities provided the community-based standard in determining the Program's effectiveness.

Individuals served at the Loyalton Senior Apartments are able to receive support in making sure rent is paid, thus keeping their housing. Assistance in obtaining food when unable to physically grocery shop has lessened individuals experiencing hunger. Supportive conversation allows for social interaction.

Visiting geographically isolated communities has assisted SCBH to learn about the needs and barriers in providing services. Trust is built in these isolated communities, community members are then more likely to call and ask for assistance.

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

The recognition of the need for transportation of members of geographically isolated and the Loyalton Senior center has enabled Individuals to access services they would not have previously had access to. Again, as the trust is built individuals are more likely to request the needed service. Some services are able to be accessed within individuals communities or homes.

6. Describe the intended setting(s) for the Program's activities/services.

Services are provided out in the communities and in homes.

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

Not applicable.

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

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

g) For Stigma and Discrimination Reduction Programs:

Not applicable.

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

9. For Suicide Prevention Programs:
a) Specify the methods and activities to be used to change attitudes and behavior to prevent mental illness-related suicide;
b) Indicate how the County will measure changes in attitude, knowledge, and /or behavior related to reducing mental illness-related suicide including time frames for measurement; and
c) Specify how the proposed method is likely to bring about suicide prevention outcomes selected by the County.

This is not a Suicide Prevention Program.

10. For Access and Linkage to Treatment Programs and Strategy with Each PEI Program, provide an explanation for the following:
a) How the Program and Strategy within each Program will create Access and Linkage to Treatment for individuals with serious mental illness;

Staff staff participating in the Front Porch program refer individuals to treatment by referral forms. The Wellness Center and outpatient services are located next to each other. Wellness Center staff work closely with case managers.

b) How individuals will be identified as needing assessment or treatment for a serious mental illness or serious emotional disturbance that is beyond the scope of an Early Intervention Program;

As relationships are built and struggles within areas of functioning are recognized peer support staff start to encourage individuals to participate in an assessment for treatment.

c) How individuals, and, as applicable, their parents, caregivers, or other family members, will be linked to county mental health services, a primary care provider, or other mental health treatment; and

When a need is identified staff works to link to all appropriate services.

d) How the Program will follow up with the referral to support engagement in treatment.

Staff encourages individuals to follow through with treatment. Integrated Care Team meetings take place with case managers and peer support staff to be able to provide wrap-around support to individuals living with serious mental illness who are in treatment.

11. Identify any outcome(s) *in addition to those required by PEI regulation*, how it/these will be measured, and the timelines for measurement, if applicable.

Individuals do not experience the isolation they had previously experienced. Some of their difficulties may be alleviated through linkage to appropriate services. If needed other agencies can be collaborated with to provide the best possible support within the resources available through Sierra County agencies/organizations.

12. Describe the specific Non-Stigmatizing and Non-Discriminatory strategies, how they will be used and provide reason(s) why the County believes they will be successful and meet intended outcomes.

All community members encountered are treated with high regard. Individualized needs are identified and supported.

13. The estimated total number of individuals to be served by this program and the estimated annual cost per person is:

AGE GROUP	PREVENTION # individuals to be served annually	EARLY INTERVENTION # individuals to be served annually
Child & Youth (0-15 yrs)	2	none
TAY (16-25 yrs)	2	none
Adults (26-59 yrs)	15	none
Older Adults (60 yrs +)	25	none
Unknown/Unreported	13	none
Annual Total # of individuals to be Served (estimate)	57	none
Cost per Person		none

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

Currently the County has the workforce capacity to provide this service as well as available funding. This may not be the case from FY 2026/27 on due to decreased funding and MHSA program regulation changes through Behavioral Health Reform.
15. For continuing programs, describe any changes to service delivery for the upcoming year and the rationale for these changes. *There are no changes to service delivery for the upcoming year.*

Capital Facilities and Technological Needs

SECTION E: PROGRAM PLAN FOR FY 2023-2024

CAPITAL FACILITIES & TECHNOLOGICAL NEEDS (CFTN)

CAPITAL FACILITIES:

PROJECT NUMBER/NAME: WARMING, COOLING AND TECHNOLOGY CHARGING STATIONS

[X] CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

[ ] NEW

PROJECTED DATE OF COMPLETION: JUNE 2026

1. Describe the Capital Facilities (CF) project and the array of services to be provided at the new or renovated facility.

This project involves purchasing, installing, and any unforeseen project over-runs to fund a stationary generator to supply power to both the Loyalton Wellness Center (706 Mill Street) and Behavioral Health (704 Mill Street) buildings.

Public power outages occur 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 Senior Center to provide warming and cooling stations. Behavioral Health could continue to provide outpatient services through Tele-Health.

2. Explain how the CF project is consistent with the priorities identified in the Community Program Planning Process.

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 these counties have communities whose children attend school in Loyalton. Loyalton churches also have members who hail from these outlying communities located in the three counties. This need has been identified as a priority through after-action community meetings.

SECTION E: PROGRAM PLAN FOR FY 2023-2026

CAPITAL FACILITIES & TECHNOLOGICAL NEEDS (CFTN)

CAPITAL FACILITIES:

PROJECT NUMBER/NAME: BUILDING MAINTENACE RESERVE

[X] CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

[ ] NEW

PROJECTED DATE OF COMPLETION: JUNE 2026

1. Describe the Capital Facilities (CF) project and the array of services to be provided at the new or renovated facility.

This project provides the availability of funds to repair or maintain any catastrophic damage, or needed structural changes to Behavioral Health owned buildings (706 Mill Street, 704 Mill Street, 207 Front Street) where MHSA services or supports are provided. Any identified safety issues within these buildings will be completed and funded through this project as well.

The Loyalton Wellness Center (706 Mill Street) provides supportive services for FSP, General Services and Prevention individuals. The Loyalton Wellness Center houses Peer Support Staff, the Behavioral Health Coordinator, the Veteran Services Officer, and the SUD Prevention Coordinator.

Behavioral Health Out-Patient Services (704 Mill Street) provides out-patient services. Administrative staff, Health Assistants, Case Managers, SUD Coordinator, Psychologist, and Therapist and Telehealth rooms are housed here.

The Behavioral Health Out-Post (207 Front Street) houses the fiscal team providing support to Behavioral Health Services and the Sierra County HHS Contract Analyst/BH QA&QI Analyst.

Office furniture needing to be maintained or replaced due to wear or breakage can be purchased through Capital Facilities.

With the expansion of services there may be a need to increase staffing. New office furniture may need to be purchased to facilitate expanded staffing. These items can be purchased through Capital Facilities as well.

2. Explain how the CF project is consistent with the priorities identified in the Community Program Planning Process.

Maintaining and repairing buildings which provide direct, support, or indirect BH services is paramount in maintaining BH services and supports.

SECTION E: PROGRAM PLAN FOR FY 2023-2026

CAPITAL FACILITIES & TECHNOLOGICAL NEEDS (CFTN)

TECHNOLOGICAL NEEDS:

PROJECT NUMBER/NAME: TECHNOLOGICAL MAINTENANCE SUPPORTING MHSA OPERATIONS

[X] CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

[ ] NEW

PROJECTED DATE OF COMPLETION: ON GOING

1. Describe the Technological Needs (TN) project and how the project will support MHSA operations.

Sierra County Behavioral Health must maintain electronic health records (EHR). As such Sierra County Behavioral Health currently 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. MHSA provides services to Sierra County residents in which regulations indicate electronic health records must be maintained.

As tele-health services increase there is a need to expand and enhance hardware and software capacity.

Sierra County is in the certification process to become its own Mental Health Plan. There may be a need to change the EHR platform to better facilitate state regulations. As such, expenditures to make this change may be funded through the Technological Needs project.

The purchase of tablets and software to allow beneficiaries to complete intake paperwork, surveys and outcome measurements is needed. Software will need to be purchased and maintained as well.

As Sierra County becomes its own Mental Health Plan there is the need to fund the required Intergovernmental Transfer (IGT) account to support billing for services rendered.

2. Explain how the TN project is consistent with the priorities identified in the Community Program Planning Process.

The ability to maintain and provide services is a priority.

Workforce Education and Training

SECTION E: PROGRAM PLAN FOR FY 2023-2026

WORKFORCE EDUCATION & TRAINING (WET)

PROGRAM NUMBER/NAME: LOAN ASSUMPTION PROGRAM (SUPERIOR REGIONAL PARTNERSHIP & LOCAL)

[X] CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

[ ] NEW

PROJECTED DATE OF IMPLEMENTATION/FIRST DATE OF ACTIVITY: CONTINUING

1. Describe how this program/activity addresses workforce shortages and deficits as identified in the County's Workforce Needs Assessment included in the Appendices.

Both the Local Loan Assumption Program and the Superior Regional Partnership – OSHPD WET Grant are funded through Mental Health Services Act funding. Therefore, Sierra County can only participate in one program. The Behavioral Health Advisory Board voted on February 3, 2022 to utilize the Superior Regional Partnership. Participation in the Superior Regional Partnership allows for a greater hiring pool, the taking over of administrative duties related to loan repayment, educational stipends, peer scholarships, employee retention, and greater versatility of fund use. Sierra County continues to hold a local loan assumption program as the Superior Regional Partnership ends in 2025.

The statewide workforce shortage greatly affects small, rural, geographically isolated and underserved counties. Small counties can't compete with salaries, housing, and amenities that larger counties can offer. Finding perspective employees to move to Sierra County and work is very difficult as well as employee retention.

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

A. Educate the Public Mental Health System workforce on incorporating the MHSA General Standards into its work;

Not applicable.

B. Increase the number of clients/family employed in the behavioral health system via recruitment, employment services, and promotional opportunities;

Not applicable.

C. Promote job retention;

Our local Sierra County Loan Assumption program does not allow for job retention programs.

Through the Regional Partnership, this is a possibility SCBH is working with CalMHSA to achieve. Available funds to support loan assumption have not been drawn down, no applications have been received to do so. SCBH will loose the available funds if the promotion of job retention strategies are not considered.

D. Conduct focused outreach/recruitment for individuals who share same racial/ethnic, cultural and/or linguistic characteristics of clients/family and others who have a Serious Mental Illness or Severe Emotional Disturbance;

Sierra County strives to recruit community members. However, because the population is so small, the amount of individuals to actively recruit from is very limited.

E. Recruit and employ individuals who are culturally and linguistically competent or educated and trained in cultural competence.

Sierra County Behavioral Health provides cultural awareness trainings to employees that pertain to the culture of Sierra County.

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

County Threshold Languages
English

4. In the Appendices, the WET Coordinator position description/duty statement is included.

SECTION E: PROGRAM PLAN FOR FY 2023-2026

WORKFORCE EDUCATION & TRAINING (WET)

PROGRAM NUMBER/NAME: AGENCY WORKFORCE TRAINING

[X] CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

[ ] NEW

PROJECTED DATE OF IMPLEMENTATION/FIRST DATE OF ACTIVITY: CONTINUING

1. Describe how this program/activity addresses workforce shortages and deficits as identified in the County's Workforce Needs Assessment included in the Appendices.

Training will be available to increase staff and contractor 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)*
- *Cultural Awareness training*
- *Peer Certification training and tests*

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 and supervision will also be available to increase capacity in providing services under this program category.

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

F. Educate the Public Mental Health System workforce on incorporating the MHSA General Standards into its work;

Sierra County Behavioral Health will provide information regarding the need to incorporate MHSA General Standards as providers within the programs.

G. Increase the number of clients/family employed in the behavioral health system via recruitment, employment services, and promotional opportunities;

The peer focused trainings provide an opportunity for clients in recovery to become employees when there are opportunities for employment.

H. Promote job retention;

Not applicable.

I. Conduct focused outreach/recruitment for individuals who share same racial/ethnic, cultural and/or linguistic characteristics of clients/family and others who have a Serious Mental Illness or Severe Emotional Disturbance;

SCBH strives to recruit community members. However, because the population is so small, the amount of individuals to actively recruit from is very limited.

J. Recruit and employ individuals who are culturally and linguistically competent or educated and trained in cultural competence.

SCBH provides cultural awareness trainings to employees that pertain to the culture of Sierra County.

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

County Threshold Languages
English

4. In the Appendices, the WET Coordinator position description/duty statement is included.

SECTION E: PROGRAM PLAN FOR FY 2023-2026

WORKFORCE EDUCATION & TRAINING (WET)

PROGRAM NUMBER/NAME: ELECTRONIC LEARNING MANAGEMENT SYSTEM

[X] CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

[ ] NEW

PROJECTED DATE OF IMPLEMENTATION/FIRST DATE OF ACTIVITY: CONTINUING

1. Describe how this program/activity addresses workforce shortages and deficits as identified in the County's Workforce Needs Assessment included in the Appendices.

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.

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

K. Educate the Public Mental Health System workforce on incorporating the MHSA General Standards into its work;

The goals and objectives of this program are to:

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

L. Increase the number of clients/family employed in the behavioral health system via recruitment, employment services, and promotional opportunities;

Not applicable.

M. Promote job retention;

Not applicable.

N. Conduct focused outreach/recruitment for individuals who share same racial/ethnic, cultural and/or linguistic characteristics of clients/family and others who have a Serious Mental Illness or Severe Emotional Disturbance;

Not applicable.

O. Recruit and employ individuals who are culturally and linguistically competent or educated and trained in cultural competence.

This program offers and opportunity for community members, family members and staff to better understand cultural differences, severe mental illness, and to support recovery goals.

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

County Threshold Languages
English

4. In the Appendices, the WET Coordinator position description/duty statement is included.

INNOVATIONS

SECTION E: PROGRAM PLAN FOR FY 2023-2026

INNOVATION (INN)

PROJECT NUMBER/NAME: SCBH does not currently have an Innovation Plan there is conversation and research taking place to start the Innovation Planning Process around

Sierra County utilizing these funds for the purchase of SMART CARE, an EHR facilitated through CalMHSA. SCBH will be billing CalAim for services through the purchase of the EHR.

☐ CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

☐ NEW

A. Expected start and end dates of this INN Project:_____

B. The total time frame (duration) of this INN Project:_____

APPENDICES

SIERRA COUNTY CULTURAL COMPETENCY PLAN UPDATE

2022-2023

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, pharmacies or shopping centers. Two operating gas stations populate Sierra County, one located in Loyalton, another in Sierraville and a seasonal station on the east side of Sierra City. Former gas stations located in Downieville and Sierra City have been closed due to the high cost of environmental restoration regulations and guidelines. 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.

SIERRA COUNTY IS LOCATED IN THE HEART OF THE NORTHERN SECTION OF THE SIERRA NEVADA. IT REMAINS TODAY MUCH AS IT WAS OVER 100 YEARS AGO. THE RIVERS RUN FREE AND THE FORESTS AND MEADOWS WRAP THEIR BEAUTY AROUND MOUNTAINS THAT DEFY CONTEMPORARY DEVELOPMENT. IT IS SIMPLY BEAUTIFUL.

Commitment to Cultural Competence

Goal I: Enhance the community's social and emotional well-being through collaborative partnerships.

Strategy 1: Create partnerships that advance an effective model of integration of mental health, physical health, and substance abuse services to achieve parity in the context of health care reform.

Sierra County has taken steps in 2018-19 to integrate the models of mental health, physical health, and substance abuse services. The Mental Health department merged with the Substance Use Disorder's department to form the Behavioral Health Department which reflects current State unification of the two departments into the Department of Health Care Services. In the process of integrating the SUD department. Sierra County Behavioral Health revised the current mission statement to encompass the following: Mental Health, Substance Use Disorders, Mental Health Services Act, and Cultural Competency. The new name is Behavioral Health Advisory Board which was approved in 2018-19. This merger strengthens the services provided by sustaining health equity within Sierra County communities.

With the lack of medical resources in Sierra County, residents fall into the underserved category in regards to physical health. Due to the remote frontier geography of Sierra County, there are no major medical services available. Residents can access two satellite clinics (provided by out of county entities) housed on either side of the county. These clinics offer a basic level of care, on a part-time basis.

As such, Sierra County Behavioral Health is collaborating with Eastern Plumas Health Care on the eastern side of the county to integrate the whole person care model through Behavioral Health. This collaboration improves access to physical health care for the severe mentally ill population, as well as facilitating bi-lateral referrals for the care of the mild to moderate mentally ill populations. Sierra County Behavioral Health further recognizes the importance of integrating the health care model into wellness and recovery throughout the entire county. Thus, Sierra County Behavioral Health has begun to collaboration with Western Sierra Medical Clinic on the western side of the county. Parity of services for community members throughout the county was challenging, due to collaborating with two distinct and separate out of county medical facilities tasked with their own regulations and governances but was able to be achieved in 2018-19.

Strategy 2: Create, support and enhance partnerships with community based organizations in natural settings such as park and recreational facilities to support the social and emotional well-being of communities.

Providing services to Sierra County's small 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.

As such the Sierra County Wellness Center in collaboration with Sierra County Public Health implemented a universal "Front Porch" Program. The "Front Porch" program is designed to provide outreach and support to isolated community members. Peer Support staff and Community Outreach Coordinators conduct activities in geographically isolated communities which provides education on different services provided, as well as wellness and recovery (social and emotional well-being of communities).

One such culminating activity provided by the "Front Porch" program, is the Sierra County Community Outreach Van. The goal is to build an outreach team consisting of health department staff, oral Health, eligibility case worker, substance use treatment navigator / veterans advocate, case manager and peer counselor to educate and provide services to underserved communities in Sierra County. The plan is for Public Health to provide health services by traveling to those communities with the outreach Van and other county vehicles with qualified team members offering HIV, Hep C, TB testing, flu shots, oral health while providing other health and information services. Harm Reduction services to include syringe disposal, provide free injection supplies, drug take back services to reduce availability of non-needed medications in the home, substance use treatment information, screening for SUD treatment, opioid overdose recognition education, provide naloxone administration training and distribution of Narcan to at risk opioid users and support persons in their lives. Eligibility case workers will assist customers sign up for Medi-Cal insurance, social security, food stamps, cash aid and other services they provide. Case management services to include assistance for transportation needs and scheduling of medical appointments. Peer support staff will be available to assist customers develop WRAP plans, develop and promote art projects, availability for confidential discussion, and provide support for healthy living. Veterans Advocate to provide information and linkage to Veterans Service Officer to access services and benefits. Veterans Advocate available to provide transportation to VSO and medical appointments if needed. By promoting this community outreach collaboration, Sierra County Behavioral health is able to provide services to promote health and wellness to those located in the remote areas of the county.

Sierra County Behavioral Health will continue to look for community-based organizations to further collaborate with to support social and emotional wellbeing within our communities. Over the next three years, the Wellness Center in collaboration with Sierra County Public Health will continue to expand the current Front Porch Program. This expansion will include the development of additional activities to take place in natural and recreational settings.

Goal II: Create and enhance culturally diverse, client and family driven, mental health workforce capable of meeting the needs of our diverse communities.

Strategy 1: Train mental health staff in evidence-based, promising, emerging and community-defined mental health practices.

Currently the Behavioral Health agency offers several different evidence based trainings for the staff. Prevention will continue to offer Mental Health First Aid. Mental Health First Aid is a course designed to help staff learn the risk factors and warning signs for addiction and mental health concerns. This training outlines action plans for someone in either crisis or non-crisis situations.

In 2019 the Sierra County Behavior Health staff was trained in evidenced based practice of Motivational Interviewing. This training provided knowledge of the concepts of Motivational Interviewing and how to use MI to create a culturally responsive and trauma-informed approach to care. Additionally, the four key elements of MI (partnership, acceptance, compassion, and evocation), lay the foundation for client driven practice across diverse community populations.

Additionally, training will be provided on Trauma Informed Care in the near future. This training will provide the five primary principals for trauma informed care. These principals include Safety-creating spaces where people feel culturally, emotionally, and physically safe as well as an awareness of an individual's discomfort or unease. Transparency- full and accurate information about what's happening and what's likely to happen next. Choice- the recognition of the need for an approach that honors the individual's dignity. Collaboration and Mutuality- the recognition that healing happens in relationships and partnerships with shared decision-making. Empowerment- the recognition of an individual's strengths. These strengths are built on and validated.

The Sierra County Community Academy will continue to provide evidenced based culturally competent training to staff, professionals, as well as community members. 'Community Academy' activities provide a universal service strategy, reaching community populations, to address Outreach and Engagement objectives. 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. 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. Cultural Proficiency will

continue to be address through the Community Academy venue. Approximately four Community Academy activities will be offered as identifies through community defined practices.

Strategy 2: Recruit, train, hire and support mental health clients and family members at all levels of the mental health workforce.

In efforts to recruit, train, hire and support mental health clients and family members, Sierra County Behavioral Health with the use of the Mental Health Services Act piloted the Sierra County Wellness Center. The Sierra County Wellness Center is peer run to support wellness and recovery goals for people living with mental illness and their families. The Sierra County Wellness Center's 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. Additionally, the Wellness Center provides Whole Person health support through education classes, peer support, life skills, community building, art and other activities which support wellness, recovery and resiliency.

Furthermore, Sierra County Behavioral Health is strongly committed to recruit, train, hire and support mental health clients and family members across all levels of the workforce. Unfortunately, due to the small population, identifying which positions within Behavioral Health would be a violation of HIPAA (Health Insurance Portability and Accountability Act). Identifying which positions were/are former clients or family members of clients will violate confidentiality. Therefore, in efforts to demonstrate Sierra County's efforts to hire clients and family members, a poll was developed to collect data. As shown in Table One, 31 Health and Human Services staff members responded to the survey. 15 staff members reported that they were former clients or had a family member who accessed services, while 15 staff members did not. Additionally, one staff member declined to state.

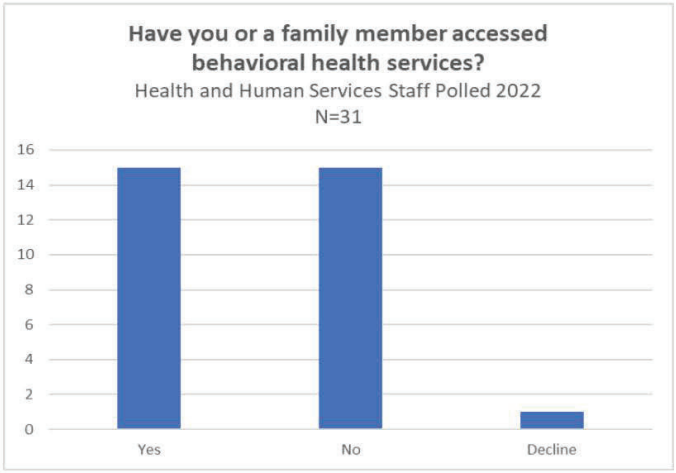


TABLE ONE

Updated Assessment of Service Needs

According to the 2020 Demographic Profile Data from the U.S. Census Bureau, Sierra County's total population is 3,236 persons, as indicated in Attachment A- Profile of General Population.

Races identified below are indicated as only White, Black or African American, American Indian and Alaskan Native, Asian Native Hawaiian and Other Pacific Islander, Some Other Race alone. Hispanic or Latino was identified off the top of Sierra County's total population. Table Two shows Sierra County's populations divided by race and Hispanic or Latino. There are 2,615 persons reported as white, 7 African American/Black persons, 18 American Indian/Alaska Native persons, 7 persons reported as Asian only, 25 persons reported as Some Other Race alone, 377 persons indicated as Hispanic/Latino and 186 persons identified as more than one race. These statistics were located in the vintage 2020 Data Census: Measuring America's People; Hispanic or Latino, and not Hispanic or Latino by Race.

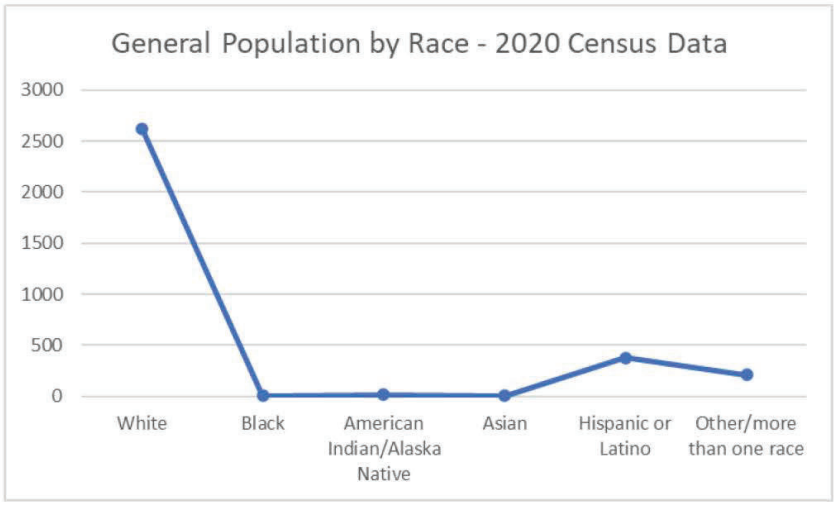


TABLE TWO

Sierra County's Behavioral Health client utilization data was compiled through Sierra County's Electronic Health Record through self-reporting or data being unknown to staff. This data is presented in aggregate form through clients who utilized Mental Health, Substance Use Disorder and Wellness Center services. Two tables are presented below representing both race and ethnicity.

Table three shows utilization by Race. 151 persons identified as White, 8 as unknown, 9 as Other, 1 as Black or African American, 5 as mixed race.

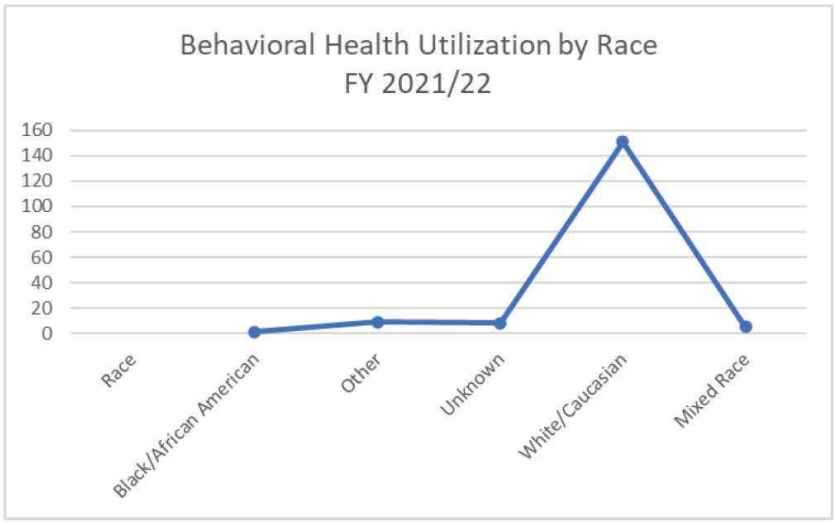


TABLE THREE

Table four shows utilization by Ethnicity which then includes individuals who identify as Hispanic or Latino. One hundred sixty three (163) identified as Not Hispanic, 17 Unknown/Not Reported, 11 Other Hispanic Latino, 7 Mexican/Mexican American, 1 Central American, 1 Declined to State.

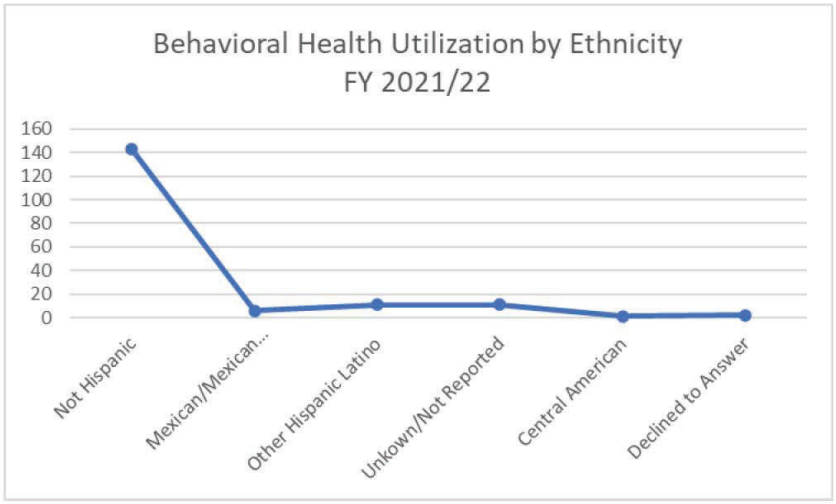


TABLE FOUR

Proportionally, Sierra County Behavioral Health is serving Sierra County Residents as the general population is represented by race. Races not served (through available data) were American Indian and Alaskan Natives. It also needs to be noted that in the General Population data there are 212 individuals where race is not known because they identified as other races

or two or more races, this is proportionate to Behavioral Health Utilization data where data corresponded with unknown/not reported, declined to answer, other and n/a.

Provision of Culturally and Linguistically appropriate services. Identification of disparities and assessment of needs and assets. Implementation of strategies to reduce identified disparities.

Sierra County Behavioral Health embraces a strong commitment to cultural competence, this includes executing more effective data collecting tools to track and identify the groups served.

The electronic health records allow Sierra County Behavioral Health to track and record data across several demographic planes. Language, ethnicity, gender, and age demographics can be straightforwardly identified thus further delineating the different cultures within our population. An important to note at this time, Sierra County Behavioral Health staff have found that at times, the data collected from the EHR has been skewed. But Sierra County has not identified precisely how the data is being skewed.

Furthermore, Sierra County contracts outside agencies such as the Family Resource Center which collects data on groups served. This data is collected per Prevention and Early Intervention regulations, through programs such as Nurturing Parenting. This data includes demographics such as Veteran status, sexual orientation, or identifying gender. Unfortunately, due to our small population and HIPPA laws the data is unreportable. If the data was reported, Sierra County contractors can possible identify the clients thus breaking confidentiality laws.

Due to the lack of resources within Sierra County, currently the Behavioral Health Advisory Board is also designated as the Cultural Competency Committee. This committee convenes once a month to provide on-going, planning, tracking and on-going assessment of the cultural competency needs of the county. With a lack of ethnic diversity within the county, distinct cultures of lower socio-economic status and isolated communities have been identified.

Seniors in Sierra County have been identified as a target population that is in severe need. Partnering with Sierra County Social Services, all Health and Human Services employees were encouraged to attend an Aging Training in 2019. Sierra County in accordance with the Cultural Competency Committee is currently implementing strategies to target these populations to reduce disparities and provide community driven care.

There is no threshold language identified in Sierra County. Within the last 5 years, one family was in need of an interpreter to receive services. An interpreter was provided and services were delivered.

Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.

In the past, Sierra County's Behavioral Health Advisory Board (BHAB) consisted of 11 members. Due to the small population in Sierra County, it was difficult to consistently hold 11 active members on this board. According to Welfare and Institutions Code 5604. (a). "each community mental health service shall have a mental health board consisting of 10 to 15

members, depending on the preference of the county, appointed by a governing body, except that boards in counties with a population of less than 80,000 may have a minimum of five members." On June 7th, 2011, this code was brought before Sierra County's Board of Supervisors for resolution and Sierra County adopted having five persons be the required number of members in Sierra County BHAB.

The BHAB has four members currently, with one seat to fill as a consumer or past consumer of Sierra County Behavioral Health services as outlined in the Behavior Health Advisory By-Laws. One person on this board is a representative from the Board of Supervisors, two are family members, and one is a community member. These Board members identify with different populations. Castilian, Hispanic, and Caucasian are the ethnic cultures identified within the board members.

All information, including scheduled meetings and agendas regarding the BHAB, will be advertised at various locations frequented by populations. Sierra County Behavioral Health continues to encourage people to attend the scheduled meetings, regardless of membership. Community attendance is encouraged to allow individuals the opportunity to see how meetings are conducted and empower people to participate in each meeting.

Sierra County BHAB is aware that there is a need that must be addressed. Currently, all BHAB are being held on the East side of the county in Loyalton, California. This eliminated the ability to work with the community living on the West side of Sierra County.

Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Sierra County embraces a strong commitment to cultural competence. Thus it ensures that staff and other service providers are given access to culturally appropriate trainings beginning at hire throughout employment at the agency. Sierra County is further committed to cultural competence within the community, by offering programming and training to the residents of the county aptly named the Community Academy.

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.

During the November 2021 Behavioral Health Advisory Board meeting two trainings were requested by the Cultural Competency Board. It was determined a training centering on race, biases and what

constitutes racism is needed. Due to the fact that Sierra County falls within the Sexual Exploitation corridor created by Highways 80, 395 and 70 a training from Awaken (a Reno Community Based Organization) was offered in 2022.

Additionally, a refresher training in the evidenced based practice of Motivational Interviewing should be offered by the end of 2023. This training provides knowledge of the concepts of Motivational Interviewing and how to use MI to create a culturally responsive and trauma-informed approach to care. Moreover, the four key elements of MI (partnership, acceptance, compassion, and evocation), lay the foundation for client driven practice across diverse community populations.

Sierra County is now requiring Behavioral Health staff and contractors to attend a minimum of 8 hours identified cultural competency trainings. The minimum 8 hours of training will be indicated in 2023 contracts.

County Mental Health System County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff

Below (Tables1 and 2) is an 'at a glance' general ethnic assessment of all Sierra County Health and Human Services workforce. Sierra County Health and Human Services which includes Behavioral Health is predominantly Caucasian. Hispanic/Latinos are underrepresented in our services delivery system as are other race/ethnicity groups. A comparison of staffing and the population reflects a disparity between the Hispanic/Latino population (8.3% of Sierra County's total population) and Sierra County Health and Human Services provider settings.

Table 6 – Ethnic Identification of Sierra County Health and Human Services (SCHHS) Workforce. Ethnic identification was self-reported through an open-ended question.

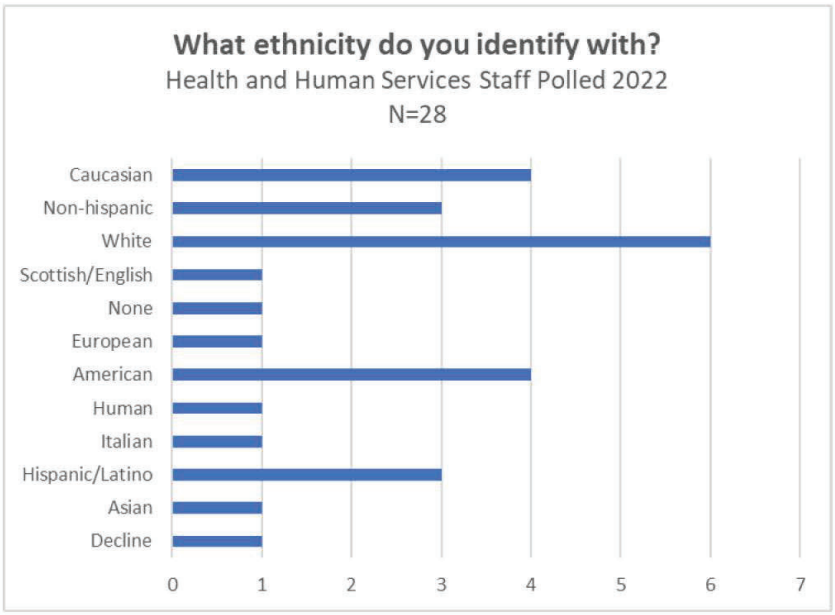
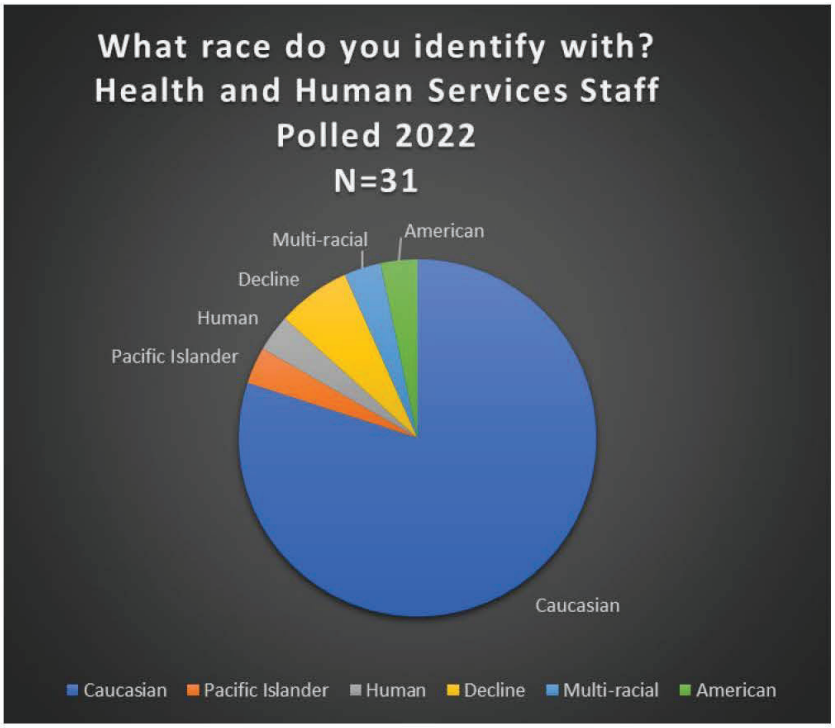


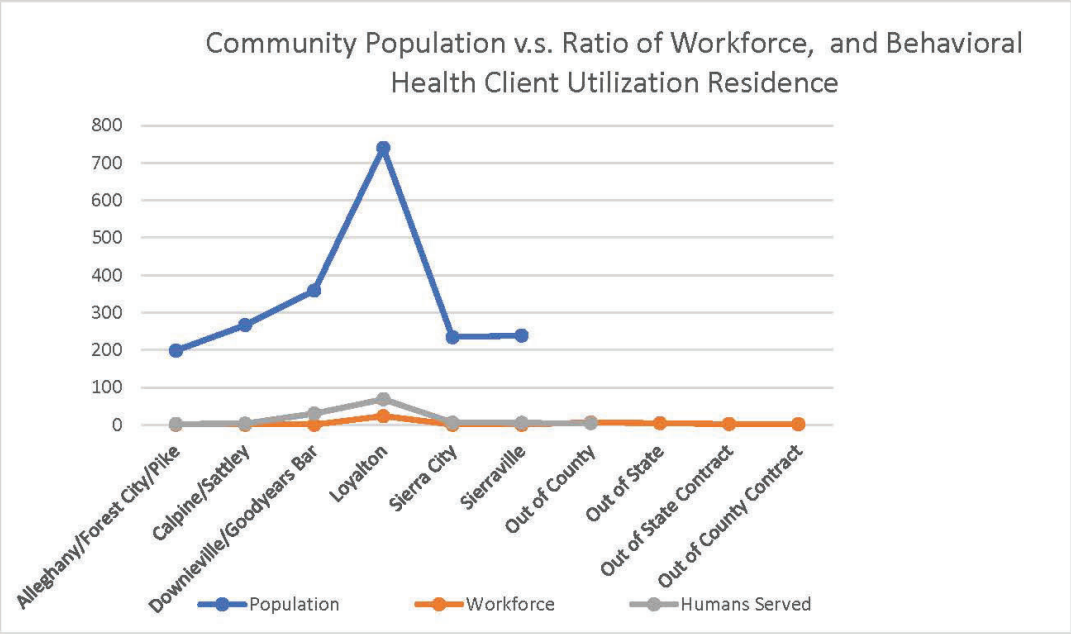
Table 7– Ethnic Identification of Contract Agencies Workforce

Sierra County Health & Human Services contract agencies workforce (2022)	Caucasian	Hispanic/ Latino	African American	Asian	American Indian	Other	Total	%
Contract Agencies	2	1						

Table 8 – Self reported race of Health and Human Services Staff.



Each community in Sierra County has a culture that needs to be recognized. In Table 9, below, Sierra County Behavioral Health is able to demonstrate a degree of cultural awareness based on employee residence vs Behavioral Health utilization residence. The graph below shows the population of communities (some are combined in isolated geographic locations), the amount of staff employed by Sierra County who reside in the communities and the number of humans served by Behavioral Health from each community.



In analyzing the WET Plan assessment data with the general population a disparity that comes to light is the fact that Sierra County Health and Human Services employees predominantly Caucasian employees. This creates a disparity with the Hispanic/Latino population which comprises 8.3% of Sierra County's total population.

A target population that is not identified with an ethnic group is the Low Socio Economic Status population. 26.57% 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 will be two pronged, centering 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 the disparity between Sierra County's workforce and the Hispanic/Latino community.

Goals and strategies are identified below.

Objective	Goal	Strategies
Improve Penetration rates and eliminate	1) Increase cultural awareness of Sierra	1) Provide "Bridges Out of Poverty" training by

disparities associated with the Low Socio Economic Status population.	County Health and Human Services of this target population.	December. 2) Provide training centering on race, biases and what constitutes racism.
	2) Provide outreach and engagement activities/services throughout Sierra County Communities to provide community members with an understanding of services provided through Sierra County Health and Human Services.	1) Distribute informational pamphlets addressing services provided and who can receive services at community events. 2) Utilize the Community Outreach Van to lessen stigma associated with receiving services. 3) Identify and build relationships with key community leaders within the Low Socio Economic Status population. 4) Educate key community leaders regarding services provided and who can receive services. Key community leaders can then educate and build trust within the Low SES population to help break down barriers and stigma associated with Sierra County Health and Human Services. 5) Hold focus groups with identified Key Community Leaders to learn further strategies of engagement with the Low SES population.
Improve penetration rates and reduce disparity associated	1) Sierra County Health and Human Services will identify the aged	1) Provide trainings addressing the culture of the aged population.

with the aged population of 60+.	population as an underserved population.	2) Utilize the Front Porch Program to provide outreach and engagement activities to reach the aged population and understand their unique needs.

From an ethnic standpoint there has been no change in Sierra County Health and Human Services workforce. Thus far targets still need to be reached. Sierra County Health and Human services has an experienced team of administrators and staff associated with Behavioral Health that have been working together for the past three years. It is hoped that current staffing will be maintained for more than a three-year period as this staff is committed to implementing culturally aware practices.

The current staff at Sierra County Health and Human Services is quite diverse within some of the cultures identified during the 2013 Cultural Competency Review: 1) income level, 2) geographic community, 3) church affiliation, and 4) industry affiliation.

Northern California Frontier County demographics lend these counties to geographic isolation and being predominantly populated by Caucasians. Sierra County is a Frontier County and as such has a limited pool of people to employ from. Cultural diversity and disparity in Sierra County is not based on ethnicity. Rather, it is based on such factors as what income level one is at, what community one lives in, what church one attends, whether one is associated with the ranching or timber industry or is a government employee.

Perspective employees, especially licensed ones, often need to be willing to relocate to the area or be willing to commute for a minimum of 45 minutes. Historically, employees new to the County have found it difficult to assimilate into the unique frontier culture of Sierra County.

Hard to fill positions identified in the WET planning and implementation efforts are still identified as hard to fill. Filling these positions with an employee of a specific ethnic culture continues to prove difficult.

County Mental Health System Language Capacity

Currently, there are no threshold languages in the county of Sierra. But Sierra County Behavioral Health has been working diligently to develop the 24/7 telephone line that will meet the culturally linguistic needs of clients. The 24/7 telephone line has successfully gone live on December 11th, 2017. Once the 24/7 phone line is operational for a length of time, Sierra County Behavioral Health should be able to track a variety of data. This data should include how many non-English speaking calls were

placed, as well the number of crisis calls.

Additionally, Sierra County Behavioral Health contracts with Telelanguage.com to provide professional services in language support. Interpreters are on-call 24/7 providing language support in over 300 different languages. Telelanguage.com requires all interpreters to complete the Tele language Interpreter Certification Program (TICP) that targets industries such as Behavioral Health. Additionally, the TICP course covers ethics, interpreter roles, basic skills (from pre-session to post-session), positioning and terminology, modes of interpreting, steps for sight translation, cultural mediation, and other vital skills. Currently, the industry standard is a 30-hour training course for certification. TICP utilizes a 120-hour training course, coupled with a 370-page training manual, for a highly comprehensive learning experience – exceeding industry standards.

In June of 2017, Sierra County Behavioral Health contracted with a Spanish speaking on site interpreter for interpretation services. This collaboration with the Interpreter provides a continuum of care for Sierra County residents and is available upon client request. Additionally, the Interpreter is asked to attend any and all cultural competency training the agency provides.

County Mental Health System Adaptation of Services

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. Additionally, the Wellness Center provides services which are racially, ethnically, culturally, and linguistically specific to Sierra County. 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' Peer Support Specialist is also housed at this site. Peer support staff provide services via the phone, home visits, and on site. Downieville does not currently have a Wellness Center, however a Peer Support Specialist is available at the satellite Health and Human Services building located in Downieville. The same services can be provided at this site through collaboration with the Sierra County Wellness Center. It is Sierra County Behavioral Health's goal to find an appropriate setting to house and facilitate a Wellness Center in Downieville. 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

Also, 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.

Grievance and Appeal Process

Clients who are dissatisfied with their services may file a complaint. Complaints are divided into two categories: informal complaints and formal complaints (grievances). Clients will not be subject to any penalty or discrimination for filing a complaint or grievance and may appeal decisions. Sierra County Systems of Care Complaint process brochures are printed in both English and Spanish and are located in the lobby of the Loyalton, and Downieville Behavioral Health buildings as well as the Loyalton Wellness Center. Sierra County does not have a population whose language represents the need for an identified threshold language, therefore there are no requirements relating to documents being published in other languages.

Invoice

SIERRA BOOSTER NEWSPAPER
P.O. Box 8
Loyalton, CA 96118
(530) 993-4379

FEB 2 7 2023

Bill To
MHSA Community Planning P.O. Box 265 Loyalton, CA 96118

Date	Invoice No.	P.O. Number	Terms	Project
02/27/23			Net 15	

Item	Description	Quantity	Rate	Amount
Advt	2/16/23 Seeks Your Voice	1	103.00	103.00

0703

0515070 5071 5174 MHSA CP

Your business is appreciated! Check out sierrabooster.com	Subtotal	$103.00
	Sales Tax (0.0%)	$0.00
	Total	$103.00

AFFIDAVIT OF PUBLICATION

State of California
County of Sierra

K. Michele Johnston

of said County and State, being duly sworn, says:

That I am over eighteen years of age, and not a party to, nor interested in the publication herein referred to; that I am the printer, publisher and proprietor of the

SIERRA BOOSTER
a newspaper printed and published fortnightly in Loyalton, Sierra County; that the

Seek Your Voice ad

of which the attached is a printed copy, is published in said newspaper in the issue dated:

2/16/23

State of California
County of Sierra

SUBSCRIBED AND SWORN TO (or affirmed) before me this_____day of

_____2023 by

_____,
proved to me on the basis of satisfactory evidence to be the person who appeared before me.

_____

Notary Public in and for the
County of Sierra, State of

HIGH SIERRAS FAMILY RESOURCE CENTER

SEEKS YOUR VOICE AND EXPERIENCE THROUGH A COMMUNITY SURVEY

This survey is open to everyone who would like to anonymously tell us about:

- How you are doing.
- How the network of agencies serving children and families are doing.
- Ideas you might have to boost health and well-being for families and communities.

Please take a moment to answer the 7 questions.

The Survey is currently available through March.

Results will be shared for everyone's review later this Spring.

Look for hard copies in post offices and community organizations/agencies.

QR Codes for English and Spanish available.

English

Visit the High Sierras Family Resource Center website at www.highsierrasfrc.org to complete the survey online.

Resource support provided by Strategies 2.0, the Mental Health Services Act Community Planning efforts and First5 Sierra.

Espanol

Help us learn what inspires and empowers success in our communities.

We want to hear from you!

Date: April 11, 2023
Time: 12 p.m.—1 p.m.
Where: 22 Maiden Lane
Downieville, CA 93936

Snacks provided.

Improving lives by inspiring and empowering success in our communities.

trust
kindness
hope
accountability
compassion
service
family focus
integrity

Sierra County Health and Human Services
behavioral health • public health • social services

What will we be doing?

- **Planning for Mental Health Services Act (MHSA) services:**
  - **What is MHSA?**
- **Sharing results of the Community Survey:**
  - **What are the take aways?**
  - **Community concerns/successes?**
- **What services currently exist?**
  - **What services might be added in the 2023-2026 Three-Year Plan?**
- **After action?**

Questions/Comments?
Contact Laurie Marsh at (530)993-6745 or lmarsh@sierracounty.ca.gov.

Provided through: Sierra County Mental Health Services Act Proposition 63

High Sierras Family Resource Center

Seeks your voice and experience through a community survey

This survey is open to everyone who would like to anonymously tell us about:

* How you are doing.
* How the network of agencies serving children and families are doing.
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Please take a moment to answer the 7 questions.

The Survey is currently available through March.

Results will be shared for everyone's review later this Spring.

Look for hard copies in post offices and community organizations/agencies.

QR Codes for English and Spanish available.

English

Visit the High Sierras Family Resource Center website at www.highsierrasfrc.org to complete the survey online.

Resource support provided by Strategies 2.0, the Mental Health Services Act Community Planning efforts and First5 Sierra.

Espanol

Help us learn what inspires and empowers success in our communities.

We want to hear from you!

Date: July 7, 2023
Time: 9:30-11:00 a.m.
Where: 706 Mill Street
Loyalton, CA 96118

Snacks provided.

Improving lives by inspiring and empowering success in our communities.

trust
kindness
hope
accountability
compassion
service
family focus
integrity

Sierra County Health and Human Services
behavioral health • public health • social services

What will we be doing?

- **Planning for Mental Health Services Act (MHSA) services:**
  - **What is MHSA?**
- **Sharing results of the Community Survey:**
  - **What are the take aways?**
  - **Community concerns/successes?**
- **What services currently exist?**
  - **What services might be added in the 2023-2026 Three-Year Plan?**
- **After action?**

Questions/Comments?
Contact Laurie Marsh at (530)993-6745 or lmarsh@sierracounty.ca.gov.

Provided through: Sierra County Mental Health Services Act Proposition 63

The High Sierras Family Resource Center, as a member of the network of providers that support children and families, is seeking community input around what you need to thrive in our communities. Your input is important. It will help us with planning and making funding recommendations.

Your answers are anonymous, so feel free to be open and share.

If you prefer to complete this survey on-line, please use the QR code below:

1. First, tell us about yourself (check all that apply)
   - ☐ Student
   - ☐ Parent
   - ☐ Young Adult
   - ☐ Adult without school age children
   - ☐ Senior
   - ☐ Other (please specify) _____

2. Check your zip code below
   - ☐ 95910
   - ☐ 95936
   - ☐ 95944
   - ☐ 96118
   - ☐ 96124
   - ☐ 96125
   - ☐ 96126
   - ☐ Out of County zip code (please specify) _____

3. What are the barriers that you face living in Sierra County? (check all that apply)
   - ☐ Income
   - ☐ Employment
   - ☐ Child Care
   - ☐ After School/Summer Youth Programming
   - ☐ Housing
   - ☐ Transportation
   - ☐ Internet Services
   - ☐ Safety
   - ☐ Legal Issues/Access to Legal Services
   - ☐ General Recreation/Access to Parks/Playgrounds/Green Spaces/Community Gardens/Places to Meet
   - ☐ Community Events/Activities
   - ☐ Early Childhood Education
   - ☐ Vocational Education
   - ☐ Higher Education
   - ☐ Language Barriers
   - ☐ Hunger
   - ☐ Access to Healthy Food Choices

☐ Support Systems (Friends and Family)
☐ Isolation/Loneliness
☐ Stress/Access to Mental Health Treatment
☐ Discrimination
☐ Medical Issues/Access to Health Care
☐ Special Needs/Disability Services and Resources
☐ Physical Health and Well-Being/Access to Preventative Health Care/Exercise/Reproductive Health
☐ Dental Issues/Access to Dental Care
☐ Addiction Issues/Access to Substance Abuse Treatment
☐ Other (please specify)_____
_____
_____

4. What community organizations/services/programs/activities have you accessed in the last year? (check all that apply)
☐ Employed in Sierra County
☐ Employed out of County
☐ Workforce Alliance
☐ Social Services - Public Assistance
☐ Social Services - Child and Family Services
☐ Social Services - Adult Services
☐ First 5 Sierra County
☐ Sierra Nevada Children Services
☐ Local Childcare and Development Planning Council Program
☐ Rent/Mortgage Assistance
☐ High Sierras Family Resource Center
☐ Senior Center - Congregate meals
☐ Senior - Transportation
☐ Golden Rays Transportation
☐ Gas Voucher
☐ MediCAL Transportation
☐ Utilities Assistance
☐ Sierra Safe
☐ Probation
☐ Sheriff's Department
☐ 911
☐ Superior Court
☐ National Forest/State Park(s)
☐ Community Center(s)
☐ County/Loyalton Park(s)
☐ Parade/Festival/Concert
☐ Sporting Event/4H/Rodeo/Fair
☐ Library

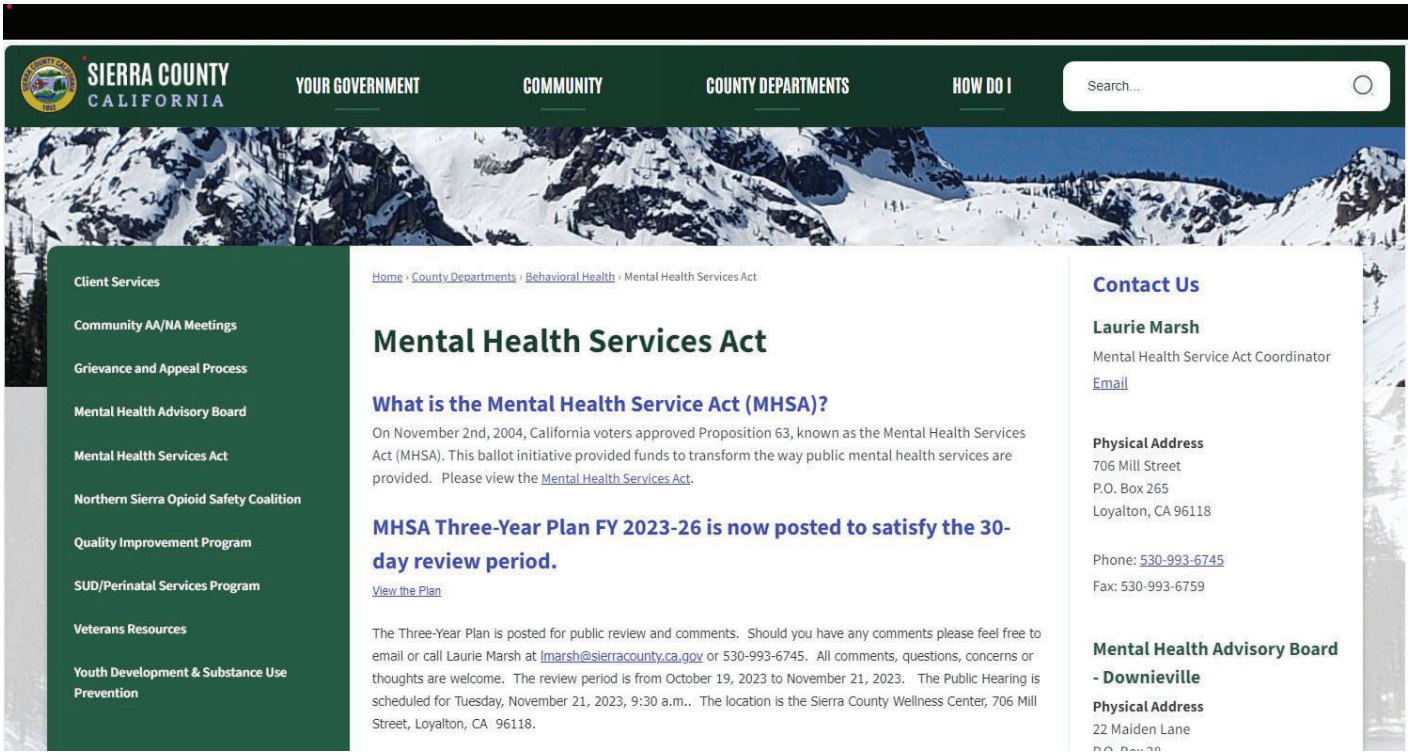
- ☐ Sierra Plumas Joint School District
- ☐ Adult Education
- ☐ College/University
- ☐ Sierra County Licensed Child Care Provider
- ☐ Sierra County Family Friend Child Care
- ☐ Out of County Child Care
- ☐ Food Bank/Commodities
- ☐ Local Grocery/Gas/Convenience Stores
- ☐ Out of County Grocery/Gas/Convenience Stores
- ☐ Local Mental Health Care
- ☐ Out of County Mental Health Care
- ☐ Wellness Center Peer Support
- ☐ Local Substance Abuse Treatment
- ☐ Out of County Substance Abuse Treatment
- ☐ Local Medical Clinic
- ☐ Out of County Medical Clinic
- ☐ Hospital
- ☐ Emergency Room/Urgent Care
- ☐ Public Health Tobacco Reduction Program
- ☐ Public Health Women Infant and Children (WIC)
- ☐ Public Health Vaccination/Immunizations
- ☐ Public Health Family Planning
- ☐ Environmental Health Services
- ☐ Local Dental Care
- ☐ Out of County Dental Care
- ☐ Other (please specify)_____

5. What community programs or services have benefited you and in what way?

6. What can we do to make our community a better place for people to thrive?

7. Would you like someone to reach out to you to discuss any concerns? If yes, please provide your email and/or phone number:

THANK YOU!!


SIERRA COUNTY
CALIFORNIA
YOUR GOVERNMENT
COMMUNITY
COUNTY DEPARTMENTS
HOW DO I
Search...
Client Services
Community AA/NA Meetings
Grievance and Appeal Process
Mental Health Advisory Board
Mental Health Services Act
Northern Sierra Opioid Safety Coalition
Quality Improvement Program
SUD/Perinatal Services Program
Veterans Resources
Youth Development & Substance Use Prevention
Home › County Departments › Behavioral Health › Mental Health Services Act
Mental Health Services Act
What is the Mental Health Service Act (MHSA)?
On November 2nd, 2004, California voters approved Proposition 63, known as the Mental Health Services Act (MHSA). This ballot initiative provided funds to transform the way public mental health services are provided. Please view the Mental Health Services Act.
MHSA Three-Year Plan FY 2023-26 is now posted to satisfy the 30-day review period.
View the Plan
The Three-Year Plan is posted for public review and comments. Should you have any comments please feel free to email or call Laurie Marsh at lmarsh@sierracounty.ca.gov or 530-993-6745. All comments, questions, concerns or thoughts are welcome. The review period is from October 19, 2023 to November 21, 2023. The Public Hearing is scheduled for Tuesday, November 21, 2023, 9:30 a.m.. The location is the Sierra County Wellness Center, 706 Mill Street, Loyalton, CA 96118.
Contact Us
Laurie Marsh
Mental Health Service Act Coordinator
Email
Physical Address
706 Mill Street
P.O. Box 265
Loyalton, CA 96118
Phone: 530-993-6745
Fax: 530-993-6759
Mental Health Advisory Board - Downieville
Physical Address
22 Maiden Lane

PUBLIC HEARING REGARDING THE DRAFT MENTAL HEALTH SERVICES ACT FY 2023-26 THREE-YEAR PLAN

Tuesday, November 21, 2023
9:30 AM

Sierra County Wellness Center
706 Mill Street
Loyalton, CA 96118

The plan can be viewed on the Sierra County Website on the

Mental Health Services Act Page

Request a copy by calling 530-993-6745

or emailing lmarsh@sierracounty.ca.gov

Sierra County Behavioral Health

Sheryll Prinz-McMillan, Director
Kathryn Hill, Clinical Director
Robert Szopa, Substance Use Disorder Program Manager

Mental Health/Substance Use Disorder

704 Mill Street
P.O. Box 265
Loyalton, California 96118
Phone: (530) 993-6746 Fax: (530) 993-6759

Special Meeting Sierra County Behavioral Health Advisory Board

Contact: Laurie Marsh Phone: 530-993-6745 Email: lmarsh@sierracounty.ca.gov

November 21, 2023

9:30 – 11:00 a.m.

In-Person Meeting
Sierra County Wellness Center
706 Mill Street
Loyalton, CA 96118

Video Conferencing Available:
Sierra County Health & Human Services
22 Maiden Lane
Downieville, CA 95936

Agenda

1. **Welcome and Introductions**
2. **Opening of the Behavioral Health Advisory Board Meeting**
    a. **Approval of Agenda**
    b. **Public Comment:** The public has an opportunity at this time to comment on any item not printed for discussion or action on this agenda.
    c. **Public Hearing Regarding the MHSA FY 23-26 Three-Year Plan**
    d. **Mental Health Plan Topics**
        i. **Old Business - None**
        ii. **New Business**
            1. **Action Item: Direction to take the Draft MHSA FY 23-26 Three-Year Plan to the Sierra County Board of Supervisors for approval.**
5. **Adjournment of the Behavioral Health Advisory Board Special Meeting**

The Sierra County Behavioral Health Advisory Board, in partnership with the Board of Supervisors, advocates for responsive services, within the Behavioral Health System, that are easily accessible, person and family centered, strength-based, recovery and wellness oriented, culturally competent and cost effective. The Sierra County Behavioral Health Advisory Board provides the voice of informed perspectives on planning, policies and procedures that impact the recovery, resiliency and rights of the persons served, along with family members. The Sierra County Behavioral Health Advisory Board involves and educates the residents of Sierra County.

2022/2023 MHSA Annual Update Programs
Based on the 2020-2023 MHSA Plan

Program Type	Program Name	Plan Status
CSS Programs		
76% of total funds, 5 years to spend, SMI population served		
O&E	Front Porch	Continuing
O&E	Community Academies	Continuing
GSD & FSP	Sierra County Wellness Center	Continuing
GSD	General Services	Continuing
FSP	Full Service Partnership	Continuing
Housing		
Must participate in NorCal CoC, maintain HMIS CES seat.		

Possible HHAP 3 funds, BB funds, HHIP funds for housing prevention and Navigation

Prevention and Early Intervention		
19% of total funds, 5 years to spend, does not need to serve SMI pop.		
Prevention	Empowering Families	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	Front Porch	Continuing
Prevention	Sierra Wellness Advocacy for Youth (SWAY)	Continuing
Capital Facilities & Technologies		
Funded by unspent funds from CSS transfers, 10 years to spend		
CF	Wellness Center Construction	Continuing
CF	Warming, Cooling and Technology Charging Stations	Continuing
Tech	Tech Maintenance Updates and Improvements	Continuing
Tech	Electronic Health Records	Continuing
Tech	Expantion of Hardware and Software to increase telehealth capacity	New
Workforce Education & Training		
Funded by unspent funds from CSS transfers, 10 years to spend		
Training	Electronic Learning Management System	Continuing
Training	Agency Workforce Training	Continuing
Education	Participation in Regional Loan Assumption Program	New
Education	Loan Assumption Program	Continuing
Innovation		
5% of total funding, 5 years to spend, must be approved by MHOAC		
To be determined		

Community Planning Meetings

Downieville - April 11, 2023
Loyalton - July 7, 2023

MHSA Nuts & Bolts Overview

Historical Perspective

- Proposition 63– a California voters' ballot initiative
  - Grassroots support to get signatures to bring it to ballot
- Passed by majority vote on November 2, 2004
- Became effective as statute, Mental Health Services Act (MHSA) on January 1, 2005

Ballot Summary

- "Almost 40 years ago, California emptied its mental hospitals, promising to fully fund community mental health services. That promise is still unfulfilled."
- There are many who are not receiving needed treatment
  - This results in children failing school and adults on the street or in jail
- The LAO concludes that Prop 63 could save millions annually by reducing expenses for medical care, homeless shelters and law enforcement
- Opposition—Mentally ill need help, however this is a dangerously volatile income source, doubtful of projected savings

MHSA Overview

- 1% tax on personal income in excess of $1M
- Expand mental health services
  - Recovery/wellness
  - Stakeholder involvement
  - Focus on unserved and underserved
- Six components
  - Community Program Planning, Community Services and Supports, Education and Training, Capital/Technology, Prevention/Early Intervention, Innovation

MHSA Overview

Transforms Mental Health Service System

- Funds model programs for adults with disabling mental illness
- Closes gaps in children's funding and helps to keep children and youth at home
- Creates ongoing Prevention and Early Intervention Programs
- Funds for Facilities, Human Resources, Innovations, and Information Technology

MHSA Components

1) Community Program Planning
2) Community Services and Supports
3) Housing
4) Capital Facilities and Technological Needs
5) Education and Training Programs
6) Prevention and Early Intervention
7) Innovation

Mental Health Services Act
What Will It Fund?

Community Services and Supports

- Provide funding for three areas:
  - Full Service Partnerships
  - General System Development
  - Outreach and engagement
- Plan for services for four defined age groups:
  - Children and Youth
  - Transitional Age Youth (16-25)
  - Adults
  - Older Adults

Mental Health Services Act
What Will It Fund?

Education and Training

- Focus—dedicated funding to remedy shortage of qualified workforce
- Overall
  - Expand outreach to multi-cultural communities, increase diversity of workforce, promote web-based technologies and distance learning
  - Training programs to promote inclusion of
    - Consumers and family members in the workforce
    - Cultural competency

Mental Health Services Act
What Will It Fund?

Capital Facilities

- Purchasing land or buildings
- Construction or rehabilitation costs for buildings or office / meeting spaces
- Adequate reserves for projects to cover gaps in operating costs in future years
- Related "soft"costs for development including strategies to build community acceptance for projects

Mental Health Services Act
What Will It Fund?

Capital Facilities Goals

- Produce long-term impacts with lasting benefits for clients, such as reduction in hospitalization, incarceration, and the use of involuntary services, and increase in housing stability
- Increase the number and variety of community-based facilities supporting integrated service experiences for clients and their families
- Support a range of options that promote consumer choice and preferences, independence, and community integration

Mental Health Services Act
What Will It Fund?

Information Technology

- Electronic information capture and distribution to improve services and mental health
  - Using electronic system for improving service delivery, and access/security of mental health information
- Resource Management
  - Allocation, appropriation, funding stream and workforce tracking, cost reporting, Medicaid claiming, billing, etc.
- Performance measurement / Accountability
  - Doing what we should do, and what we said we would do
  - Achieving what we set out to achieve

Mental Health Services Act
What Will It Fund?

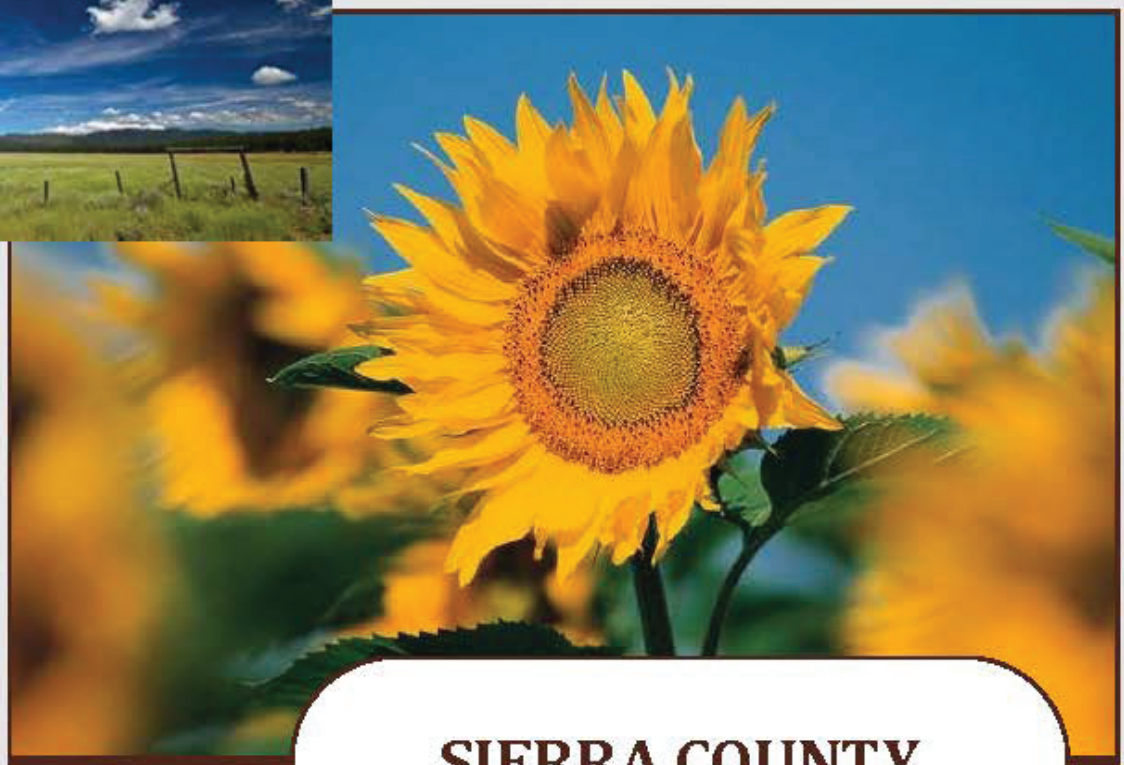
Prevention and Early Intervention

- Elements:
  - Provide outreach and services to identify and treat early signs of mental illness
  - Ensure access to medically necessary care
  - Reduce stigma and discrimination
  - Develop strategies to reduce negative outcomes from untreated mental illness—suicide, incarcerations, school failure, homelessness, etc.
  - Ensure timely access for underserved populations

Mental Health Services Act
What Will It Fund?

Innovation

- 5% set aside from
  - Community Services and Supports
  - Prevention and Early Intervention
- Purpose
  - Increase access to underserved populations
  - Increase quality of services
  - Promote interagency collaboration
  - Increase access to services



SIERRA COUNTY

Comprehensive Prevention Plan

August 21, 2023

Title IV-E Agency Information	
Submitting Authority	Sierra County Social Services
Contact Name	Lori McGee lmcgee@sierracounty.ca.gov
Signature of CWS Representative	Lori McGee Date
Signature of Authorized Probation Representative	Chuck Henson Date
Signature of Authorized Behavioral Health Representative	Sheryll Prinz-McMillan Date

The Sierra County Children and Family Well-being Network is committed to providing services that reduce and prevent child abuse through primary and secondary prevention programs and services that strengthen family and community connections. The Comprehensive Prevention Plan (CPP) provides us the opportunity to work together creatively with common purpose and shared goals that make sense for our county. Thank you.

Dear FFPSA Team,

As one goes through this Comprehensive Prevention Plan we kindly ask you to put it into the context of Sierra County. We are the second smallest county in California with a total population that hovers around 3000 people on 953 square land miles. Over thirty percent of the population is over 65. Sixty percent of the workforce commutes out of county for work. Most of the county is in National Forest which provides lots of opportunities for enjoying outdoor activities and nature.

We have one school district with about 400 students. There are 30-40 homeless students at any given time.

There is one center based preschool and one home licensed preschool in the county, both on the east side. There is only one infant care provider in the County located in a home based preschool on the east side of the county.

We have two small health clinics, one on each side of the county. They are satellites from Nevada and Plumas County operations with very limited services. We have no hospital or pharmacy. One dentist from Grass Valley provides one day a week of basic dentistry in Downieville. Our county is a maternal health desert with no OBGYN or delivery options.

There is one small grocery in the one incorporated town of Loyalton and several more convenience stores scattered across the county, all with limited selections and high prices.

The Yuba pass divides the county geographically and culturally in many ways. The west caters to seasonal tourism and second home owners in historic gold country where the county's largest nugget was mined. The east is home to rural ranching in the nation's largest alpine valley. We are proud to say that there is not one traffic light nor is there a singe golf course here.

As you can imagine, people here must travel out of county for most goods, services, and entertainment. For those with the means and the time that isn't such a bad trade off for living in such a beautiful peaceful place. But for the twenty percent of people who are low income and struggling to make ends meet it is a constant challenge where often times isolation results and needs are neglected.

Sierra County has proud people who are leery of change and government intervention. That doesn't mean that we don't face the same issues and problems plaguing children and families across the State. What it means is that our numbers are very small but very significant to our communities. How programs and policies are developed must be done with cultural sensitivity, patience and creative flexibility in order to be safe and accepted here.

The Sierra County Children and Family Well-Being Network can make a big difference in lots of small ways. As you read through our journey thus far, and plans for future consideration, we hope that you will agree. Thank you.

Table of Contents

Vision—*Sierra Thrives*

Mission

We serve Sierra County by promoting a healthy environment through access to resources and positive activities so that everyone can be healthy, safe, educated and self-reliant

Engaging all of the players in this process is not been easy. All of the public and community agencies were invited to participate in meetings and provided materials. There will need to be effort put towards engaging the School District and law enforcement agencies. Scheduling meetings with community clubs and faith based representative are in process. Improving stakeholder participation will be prioritized for consideration moving forward.

Governance Structure -

The Sierra County Children and Families Well-being network is comprised of a close knit group of organizations (public and private) that share the common vision of working together to support the health and well-being of the county's children and families. We sit on each others' boards, share and leverage resources and training, as well as collaborate and coordinate strategies and interventions servicing children and families.
Sierra County attended the 2019 Summit with a small team representing the smallest of the small counties in California. It was the start of our concentrated efforts towards prevention as a priority. We developed a mission, did a data review, held a local provider planning session and trauma training. We developed our theory of change using the Social Determinants of Health to target population health as a driver to successful prevention work.

COVID and the loss of our CAPC/FRC Director coupled with staffing shortages required this work to be put on hold. The Families First Prevention Service Program has rejuvenated a reboot to the work with many new partners and fresh ideas to move forward.

The Sierra County Child Abuse Prevention Council dba High Sierras Family Resource Center(FRC) is serving as the lead to create the CPP. A small ad hoc group, consisting of representatives from Public Health, the School District, First 5 Sierra, and Behavioral Health has been working with the FRC for the past six months to collect the information, analyze it and prioritize the plan. Information is shared out for the larger group's input and feedback monthly.

Parent, youth and community voice was engaged using a widely distributed community survey. A Spanish language survey was available, but not utilized. Future efforts will include how to engage non-English speaking resident voice. Sierra County does not have any Federally recognized tribes.

Cross-Sector Collaboratiion - Partner Engagement

Everyone contributes at some level. All of the public agencies are actively included in the children and family well-being network. Our goals around increasing the opportunities for engagement across the private and community level groups are a priority.

Public	Private	Community
California State Government	Sierra County Residents/Families	Friends & Neighbors
Sierra County Government		
Loyalton City Government		
Public Health MCAH, WIC, Immunizations, Prevention, Environmental Health	Sierra Nevada Children Services	Faith Based Representatives
Behavioral Health – Peer Support, Clinical & Substance Use Counseling	Sierra Kids & Home Child Care	Businesses
Social Services - Public Asst, Children and Family Services	Senior Center – west and Loyalton	Clubs – 4H, Rotary, Lions, Cattle Women, Republican Women, Arts and Culture
Probation	Charter school	
Public School TK through High School, Adult Education	Eastern Plumas Health Care Clinic and Long-Term Care Facility	
First 5 Sierra		
High Sierras Family Resource Center		
Sierra Safe		
Forest Service		
Sierra County Superior Courts		

Most would agree that we need to do more to enlist the voice of our families and children in our work. Using the excuse that they simply are not engaged is not an option. Being present to listen and learn for the purpose of building trust to work together for the good of all is paramount.

Tribal Consultation and Collaboration

There are no Federally recognized tribes in Sierra County and no ICWA cases here during the tenor of current CWS staff. Should CWS have involvement with a Native American child, and ICWA came into play, the Bureau of Tribal Affairs would be contacted to assist.

A County CWS representative attends the North Central Region County ICWA Point of Contact meeting monthly in order to stay up to date on policies, regulation and resources.

Native American demographics represent the third largest racial/ethnic group after Whites and Latinos.

We have not had any opportunity to obtain specific input from Native Americans in Sierra County. As we move forward with implementation of the programs identified in the plan, we will make special efforts to locate and engage representatives of the Native community in communication plans.

Sierra County embraces the Integrated Core Practice Model. Staff are trained and utilize the tools regularly for secondary and tertiary work. We would like to expand the values to primary prevention efforts that blend and braid interventions and funding targeted to address the Protective Factor needs in the broader populations.

INTEGRATED CORE PRACTICE MODEL (ICPM)

Sierra County's child abuse numbers are generally very small. Our data around referral sources, reason for referrals and those that rise to the level of an open case and/or out of home placements mimic the state's information closely.

The top issues identified include;

- Poverty
- Domestic Violence
- Severe Behavioral Health

For Sierra County, aligning with the movement away from Mandatory Reporting to Community Supporting encourages us to use the screened out referrals to identify target families and children for interventions.

The risk factors and issues faced by these families may include all of the above but seem to cluster around Protective Factor deficiencies.

1. Parental Resilience
2. Social Connections
3. Concrete Supports in Time of Need
4. Knowlegde of Parenting and Child Development
5. Social and Emotional Compentence of Children

TARGET CANDIDACY POPULATION(S) & NEEDS ASSESSMENT

Sierra County's demographics

2020 Census: Population approx. 3,295 (Up from 3,240 based on 2010 census)
Older population—median age in Sierra is 55.5 years, statewide is 35.4
Under 5 years 4.6% of Sierra, 6.7%statewide;
Under 18 years 16.5% Sierra, 24.6% statewide;
65 years and older 32% Sierra and 11.7% statewide
Number of Families:728 average size of 3.27

White Alone, not Hispanic or Latino	Sierra 81.8%	CA 35.2%
Hispanic or Latino	Sierra 13%	CA 40.2%
Black Alone	Sierra 0.6%	CA 6.5%
Native American or Alaskan Native Alone	Sierra 2.6%	CA 1.7%
Asian Alone	Sierra 0.9%	CA 15.9%
Native Hawaiian Island and Pacific Islander Alone	Sierra 0.2%	CA 0.5%
Multi-race:	Sierra 2%	CA 2.7%

Berkley Child Welfare Indicators

Allegations went from a high of 42 in 2014, low of 14 in 2015, 38 in 2018, 41 in 2019, 19 in 2020 and 2021. Last report year, 24 allegations in 2022.

Entries into foster listed as zero 2013-2022.
Cases listed as 11 as of January 1, 2016; 16 in 2021; 13 in 2022 and 18 in 2023

Sierra County's population is very small, which directly relates to the very small number of children entering the Child Welfare System.

TARGET CANDIDACY POPULATION(S) & NEEDS ASSESSMENT Continued

Quantitative Data displayed on state sites is rarely accurate for Sierra County. Most often we cannot report data to the public because the numbers are so small that children or families' identities cannot be protected.

These are the Sierra County CWS stats from January 2022 to June 2023 as reported by the County.

- **Number of referrals = 72**
- **Number screened out = 53**
- **Number of open cases = 16 children**
- **Number of non-court cases= 3 children in 2 households in 2022, decreasing to 1 child in 1 household in 2023.**
- **Number of Out of Home Placements = 16, 3 in county and 13 out of county. All open cases resulted in out of home placements.**
- **The main issues identified in the open cases = domestic violence, substance abuse, and mental illness**

Open case county geographic distribution = even on both sides of the county.

Sierra County County's numbers cannot warrant selecting a narrow candidacy population target. We need to identify the entire group as possible candidates for

Cadidate Populations Selected to include in the County's Comprehensive Prevention Plan

Sierra County Barriers to EBP Implementation

There are a few main issues to consider with this request.

1. **There will not be enough revenue generated by this County's IV-E savings to support a viable program, especially not the EBP's on the State's list. Last year only one family was served as a voluntary or non-court case.**
2. **There are not enough resources, program or administrative, to develop or sustain an EBP currently. All of the current agencies are at capacity with the requirements of current programming demands.**
3. **The small numbers of children served through CPS require us to have the capacity to serve the entire candidate population**
4. **There is evidence to support that limiting ourselves to EBPs is discouraged, especially when they cannot be generalized to communities like Sierra County's. There are components from the state's list and many other EBPs that we will explore for a community pathway that will be culturally responsive to our communities.**
5. **Motivational Interviewing may be the most viable EBP to attempt. Training will be available across the prevention network.**
6. **Consideration of other EBPs will be greatly appreciated. Ie. High Fidelity Wrap Around**

Thank you for your consideration

Service/Asset Mapping

The CPP seeks to capture the current types of prevention services/programs being offered in our communities. Public agencies were asked to complete a Service Array Survey that turned out to be too big of an ask. Telephone calls, emails and experience revealed that everyone is doing prevention on all three levels with the clients that they serve. No one is currently using any of the evidenced based programming identified by the State Plan for Title IV-E funding.

Many Health and Human Services staff and community providers have been trained in Motivational Interviewing and utilize the skills in their day to day work. However, it has been years since that training was completed and no one is using it to fidelity. Updated training for community providers will be offered and ways in which the skills can be interwoven across programs will be explored.

Social Services tried the Parents as Teachers program using funding made possible through CalWORKS. Public Heath was contracted to provide the program and utilized a Public Heath Nurse as the supervisor and a Public Health Educator as the Parent Educator. The training and data collection were cumbersome, but what eventually led to the program being discontinued was the very small number of families willing and able to participate coupled with the lack of sustainable resources, staffing and funding.

The following pages will reveal all the supporting documentation gathered to come to our conclusions thus far.

Provider Survey

In addition to statistical data requests the providers were asked to contemplate two questions.

1.What does your agency/organization need to be successful in the delivery of your services to children and families?

2. Using the lens of strengthening families to prevent child abuse and neglect, what do you see as the biggest needs (services/resources) of the families in Sierra County?

The response came from a variety of disciplines.

Question #1

The ability to utilize funding for engaging after-school and family activities.

Children and families participation in our programs, events.

In a perfect world, if the service is not provided by other means in the community, but we could provide that service, we should be able to do so. Currently, there is substantial criteria to meet for various services for children and families. If we could break down the funding and reporting barriers at our level to be able to provide true wrapa-round, whole-person care, that would be amazing!

Local Foster families, jobs, housing and resources for families.

We need services for our parents and families to be able to access (i.e. parenting classes, more specialized BH services) and we also need housing, access to public transportation, nothing that hasn't already been mentioned before, in order to parents to be able to engage in these services.

Question #2

Positive and pro-social after school and weekend activties.

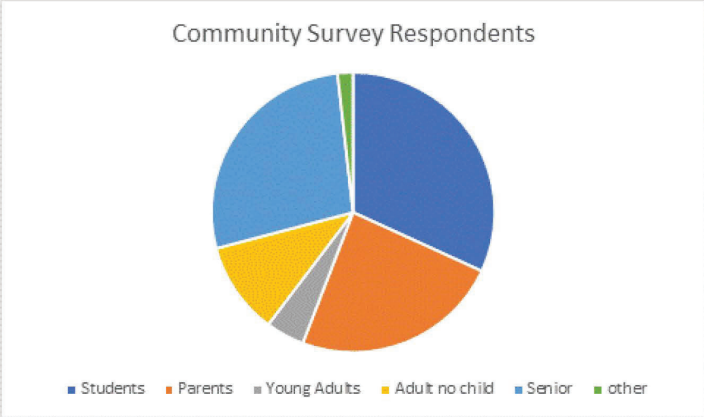
Parent education

Social connections are sometimes non-existent in our rural area unless you have lived here for a long period of time or have prior family/other connections to the area.

Concrete supports in time of need are also connected to the previous comment, as those types of connections are your greatest support in our area, which has limited resources outside of those community dynamics.
The lack of childcare, particularly infant care throughout the county and any kind of care on the West Side of the County is preventing families from finding work and keeping them in poverty.
They need housing, food, affordable medical care, and then we can start looking at more individualized needs, specialized BH services, help with tasks of daily living, etc.

Community Survey

A community survey was used to capture the voice of the pubic at large. It was made available on multiple websites, in the newspaper and flyers using QR codes in both English and Spanish. There were 109 responses. Full Survey detail accessible Sierra Community Survey 8.20.23



High School students and parents make up 61% of the respondents.

When asked what Community Programs have benefited you, over 30% of respondents said:

- Employed in Sierra County (42%)
- Local Medical Clinic (34%)
- Out of County Grocery/Gas (48%)
- Local Grocery/Gas (64%)
- Food Bank (34%, higher for Seniors and Adults without children)
- Sierra Plumas Joint School District (41%)
- Parade/Festival (34%)
- County/Loyalton Parks (33%)
- First 5 (half of parents)
- Social Services (third of parents/adults without children/seniors)

When asked about the major barriers in Sierra County, greater then 40% of respondents said:

- Income: (All respondents, including half of young adults)
- Employment (Every category except seniors)
- Housing (Parents 43%; Young Adults 75%; Adults without children 75%)
- Internet (Parents 70%; Young Adults 50%; Adults without children 66%; Seniors 43%)
- General Recreation (Parents 44% and Young Adults 50%)
- Isolation/Loneliness (Seniors 43%)
- Dental Services (Adults without children 58% and Seniors 50%)
- Medical/Access to Health Services (Adults without children 67% and

Community Survey cont.

When asked what we can do to make our community a better place for people to thrive 67 people replied. Many notable comments align with areas identified by the network to focus on. We so appreciate the publics input; examples are provided below,

Have more community activities

There's not much to do here; we need

More support for young children and school age children for extra curricular

I believe we need a safe spot for kids to go after school and on weekends to access items/services they may not have at home. Meals, snacks, games, tutoring, activities, comraderie, or just anything that helps keep them off drugs/alcohol and out of trouble in general
keep doing what you are doing. so helpful to the community. only thing I can think of is more advertising so people know what is available.

No more drugs

Sierra County Strong

Number 1 in:

- **Newborns Not Low Birthweight**
- **Newborns exclusively breastfed in hospital**
- **Students who met at least 4 of 6 fitness standards**
- **12th graders who graduated HS on time**
- **Students who were NOT chronically absent from school**

Challenging Data

Economic Factors

Families living below the Self-Sufficiency Standard ($61,796 for family of 4) is 46.1%
People in poverty 12.1 percent

Per Children Now Scorecard 2023, students experiencing homelessness was 39. (12 in 2018)

Violence

DV calls in Sierra County rose from a low of 3 calls per 1,000 in 2008, and is at the statewide average of 4 calls per 1000.

Mental Health

Very low in Mental Health Providers
Kids Data 2015-2017 Asks 7th, 9th,and 11th grade youth if in the past year, they have felt sad or hopeless almost every day for 2 weeks? Or stopped doing some usual activities.
53.7% of 11th graders reported Yes
20.4% of 9th graders reported Yes
31.1% of 7th graders reported Yes

Health

Sierra has Low obesity / overweight stats for children in 5th grade (18.8%) rising significantly by grade 7 to 33.3% .

Infants whose mothers received pre-natal care (2016) in the first trimester is very low 64.5% for Sierra vs. 83.6% for the state.

Sierra County Areas for Exploration

The data, surveys and discussions reveal themes in several areas that we are broadly putting into three categories.

YOUTH PROGRAMMING -

Afterschool and outdoor

HOME VISITING -

Pregnant and new parents

SOCIAL EMOTIONAL HEALTH -

Parents, children, providers & community

It is the intent of the Children and Family Well-being network to spend the 2023-24 year looking at these areas in more detail. We will explore program/intervention options in each category with a primary prevention lens. We need to understand the limits and sustainability as well as relevant achievable outcomes. While we are learning we will provide basic training around trauma, empathy, restoration, and ICPM.

SERVICE/ASSET MAPPING CONCLUSIONS

As we assimilate the litany of work;

- Our team attending the San Diego Summit to begin this comprehensive look at a prevention planning
- Looking at the statics
- A community survey
- A Service Array inventory
- Provider surveys
- Partner Needs Assessments

Along with ongoing discussions and analysis, Sierra County's prevention goals have remained fairly consistent.

1) To increase family resilience, while decreasing trauma
2) To increase caregiver, provider and family support
3) To increase interpersonal and community interaction and engagement

Motivational Interviewing and other relevant topics all to create viable Community Pathways for families and providers will be persued.

Sierra County wants to use population data wherever possible to measure success and is planning to work with Strategies TA to develop evaluation strategies appropriate to our desired outcomes.

Theory of Change/Logic Model

If Sierra County provides diverse opportunities for positive social engagement for families, children, providers and community members; including an array of social emotional awareness training that result in enhanced children and family well-being services;

Then children and families will connect with each other to develop natural community supports, empathy and resilience with services that meet children and families where they are, making the county an attractive place for people to work and live.

Thereby promoting an environment where everyone can be healthy, safe and supported.

Spending &

Sustainability Plan

The timeline for this fiscal year is to spend the first half of the year delving into the details of programs and strategies in three general areas. This process is already in progress.

Youth Progamming

Home Visitation

Social Emotional Health

Much of the research will be carried out by the CAPC/High Sierras Family Resource Center who will share results and convene network partners to assess feasibility and sustainability.

The network will identify program(s) to develop an implementation plan which should include:

- **Agency(ies) to deliver**
- **Start up and sustainable funding**
- **Possibility for pilot(s)**
- **Start up and sustainable funding**
- **Training plan**

An attempt to complete the CPP Spending Plan link is in the Appendix. At this point spending is anticipated to only tap the FFPS State Block Grant Funds and CBCAP ARPA funds for this plan. The ability to rollover this funding would be extremely beneficial for the completion of any pilots we are able to launch before the end of the year.

There is a need for some technical assistance from CDSS Financial resources which will be requested as soon as possible.

State of California
Health and Human Services Agency Department of Health Care Services

MENTAL HEALTH SERVICES ACT

PRUDENT RESERVE ASSESSMENT/REASSESSMENT

County/City:_____

Fiscal Year:_____

Local Mental Health Director

Name:_____

Telephone:_____

Email:_____

I hereby certify[1] under penalty of perjury, under the laws of the State of California, that the Prudent Reserve assessment/reassessment is accurate to the best of my knowledge and was completed in accordance with California Code of Regulations, Title 9, section 3420.20 (b).

_____ _____

Local Mental Health Director (PRINT NAME) Signature Date

[1] Welfare and Institutions Code section 5892 (b)(2)

DHCS 1819 (02/19

United States Census Bureau

QuickFacts

Sierra County, California; United States

QuickFacts provides statistics for all states and counties. Also for cities and towns with a ***population of 5,000 or more***.

All Topics	Sierra County, California	United States
Population Estimates, July 1, 2022, (V2022)	⚠ 3,217	⚠ 333,287,557
PEOPLE		
Population		
Population Estimates, July 1, 2022, (V2022)	⚠ 3,217	⚠ 333,287,557
Population estimates base, April 1, 2020, (V2022)	⚠ 3,234	⚠ 331,449,520
Population, percent change - April 1, 2020 (estimates base) to July 1, 2022, (V2022)	⚠ -0.5%	⚠ 0.6%
Population, Census, April 1, 2020	3,236	331,449,281
Population, Census, April 1, 2010	3,240	308,745,538
Age and Sex		
Persons under 5 years, percent	⚠ 4.3%	⚠ 5.6%
Persons under 18 years, percent	⚠ 16.6%	⚠ 21.7%
Persons 65 years and over, percent	⚠ 31.8%	⚠ 17.3%
Female persons, percent	⚠ 49.3%	⚠ 50.4%
Race and Hispanic Origin		
White alone, percent	⚠ 92.6%	⚠ 75.5%
Black or African American alone, percent (a)	⚠ 0.5%	⚠ 13.6%
American Indian and Alaska Native alone, percent (a)	⚠ 2.6%	⚠ 1.3%
Asian alone, percent (a)	⚠ 1.0%	⚠ 6.3%
Native Hawaiian and Other Pacific Islander alone, percent (a)	⚠ 0.2%	⚠ 0.3%
Two or More Races, percent	⚠ 3.2%	⚠ 3.0%
Hispanic or Latino, percent (b)	⚠ 13.1%	⚠ 19.1%
White alone, not Hispanic or Latino, percent	⚠ 81.2%	⚠ 58.9%
Population Characteristics		
Veterans, 2018-2022	218	17,038,807
Foreign born persons, percent, 2018-2022	2.6%	13.7%
Housing		
Housing units, July 1, 2022, (V2022)	2,134	143,786,655
Owner-occupied housing unit rate, 2018-2022	82.8%	64.8%
Median value of owner-occupied housing units, 2018-2022	$289,400	$281,900
Median selected monthly owner costs -with a mortgage, 2018-2022	$1,701	$1,828
Median selected monthly owner costs -without a mortgage, 2018-2022	$551	$584
Median gross rent, 2018-2022	$1,184	$1,268
Building permits, 2022	11	1,665,088
Families & Living Arrangements		
Households, 2018-2022	1,135	125,736,353
Persons per household, 2018-2022	2.51	2.57
Living in same house 1 year ago, percent of persons age 1 year+, 2018-2022	89.7%	86.9%
Language other than English spoken at home, percent of persons age 5 years+, 2018-2022	14.0%	21.7%
Computer and Internet Use		
Households with a computer, percent, 2018-2022	85.7%	94.0%
Households with a broadband Internet subscription, percent, 2018-2022	77.0%	88.3%
Education		
High school graduate or higher, percent of persons age 25 years+, 2018-2022	93.6%	89.1%
Bachelor's degree or higher, percent of persons age 25 years+, 2018-2022	23.9%	34.3%
Health		
With a disability, under age 65 years, percent, 2018-2022	10.7%	8.9%
Persons without health insurance, under age 65 years, percent	⚠ 6.7%	⚠ 9.3%

Economy		
In civilian labor force, total, percent of population age 16 years+, 2018-2022	51.9%	63.0%
In civilian labor force, female, percent of population age 16 years+, 2018-2022	55.1%	58.5%
Total accommodation and food services sales, 2017 ($1,000) (c)	6,862	938,237,077
Total health care and social assistance receipts/revenue, 2017 ($1,000) (c)	D	2,527,903,275
Total transportation and warehousing receipts/revenue, 2017 ($1,000) (c)	NA	895,225,411
Total retail sales, 2017 ($1,000) (c)	D	4,949,601,481
Total retail sales per capita, 2017 (c)	NA	$15,224
Transportation		
Mean travel time to work (minutes), workers age 16 years+, 2018-2022	26.5	26.7
Income & Poverty		
Median household income (in 2022 dollars), 2018-2022	$61,108	$75,149
Per capita income in past 12 months (in 2022 dollars), 2018-2022	$37,692	$41,261
Persons in poverty, percent	⚠ 12.3%	⚠ 11.5%

BUSINESSES

Businesses		
Total employer establishments, 2021	77	8,148,606
Total employment, 2021	226	128,346,299
Total annual payroll, 2021 ($1,000)	9,759	8,278,573,947
Total employment, percent change, 2020-2021	3.2%	-4.3%
Total nonemployer establishments, 2020	234	27,151,987
All employer firms, Reference year 2017	74	5,744,643
Men-owned employer firms, Reference year 2017	S	3,480,438
Women-owned employer firms, Reference year 2017	S	1,134,549
Minority-owned employer firms, Reference year 2017	S	1,014,958
Nonminority-owned employer firms, Reference year 2017	S	4,371,152
Veteran-owned employer firms, Reference year 2017	S	351,237
Nonveteran-owned employer firms, Reference year 2017	S	4,968,606

GEOGRAPHY

Geography		
Population per square mile, 2020	3.4	93.8
Population per square mile, 2010	3.4	87.4
Land area in square miles, 2020	953.17	3,533,038.28
Land area in square miles, 2010	953.21	3,531,905.43
FIPS Code	06091	1

About datasets used in this table

Value Notes

⚠ Estimates are not comparable to other geographic levels due to methodology differences that may exist between different data sources.

Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable.] Click the Quick Info ⓘ icon to the left of each row in T. learn about sampling error.

In Vintage 2022, as a result of the formal request from the state, Connecticut transitioned from eight counties to nine planning regions. For more details, please see the Vintage 2022 release notes available here: Release Notes.

The vintage year (e.g., V2022) refers to the final year of the series (2020 thru 2022). Different vintage years of estimates are not comparable.

Users should exercise caution when comparing 2018-2022 ACS 5-year estimates to other ACS estimates. For more information, please visit the 2022 5-year ACS Comparison Guidance page.

Fact Notes

(a)	Includes persons reporting only one race
(c)	Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data
(b)	Hispanics may be of any race, so also are included in applicable race categories

Value Flags

-	Either no or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest or upper interval of an open ende
F	Fewer than 25 firms
D	Suppressed to avoid disclosure of confidential information
N	Data for this geographic area cannot be displayed because the number of sample cases is too small.
FN	Footnote on this item in place of data
X	Not applicable
S	Suppressed; does not meet publication standards
NA	Not available
Z	Value greater than zero but less than half unit of measure shown

QuickFacts data are derived from: Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Small Area Income and Poverty Estimates, Sta Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

Sierra County
Behavioral Health
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Sierra County

Lea Salas
Administrative Director

Kathryn Hill, LMFT
Clinical Director

SIERRA COUNTY BEHAVORIAL HEALTH SERVICES

SUBJECT: Mental Health Services Act Designated Positions

REVISION DATE: 1-24-18

APPROVED BY: **Lea Salas**

POLICY:

Behavioral Health Coordinator:
Sierra County Behavioral Health designates the position of Behavioral Health Coordinator as the Mental Health Services Act (MHSA) program manager. As such, the Behavioral Health Coordinator is considered the designated staff member to conduct the Community Program Planning Process for all MHSA components. The Behavioral Health Coordinator is designated to oversee & implement all of the program components (Community Services & Supports, Prevention & Early Intervention, Innovations, Workforce Education & Training, Capital Facilities & Technologies) which are not direct clinical treatment. The Behavioral Health Coordinator is also designated to address housing programs.

Case Manager:
Sierra County Behavioral Health designates the position of Case Manager to perform direct service duties as indicated within Mental Health Services Act (MHSA) programs. Specific MHSA duties include, but are not limited to:

1. Case Manager is the key point of contact for Full Service Partnership (FSP) clients and, when appropriate, the client's family.
2. The Case Manager is responsible for developing an Individual Services and Supports Plan (ISSP) with clients and/or client's family.

Behavioral Health Clinical Director:
Sierra County Behavioral Health designates the Behavioral Health Clinical Director as the after-hours point of contact, should the need arise, to respond to after-hours interventions specific to FSP client needs.

Behavioral Health Administrative Director:
Sierra County Behavioral Health designates the Behavioral Health Administrative Director as the after-hours point of contact, should the need arise, to respond to after-hours interventions specific to FSP client needs.

Consumer Perception Survey ADULTS (Age 26-59 years) May 2022		
This survey was offered to a total of 15 adults receiving services. Six (6) individuals refused to take the survey and 1 indicated an impairment. Eight (8) individuals participated in this survey.		
Overall Satisfaction with SCBH services:	**AVERAGE RATING**	**AVERAGE RESPONSE**
I like the services that I received here.	4.75	Agree
If I had other choices, I would still get services from this agency.	4.63	Agree
I would recommend this agency to a friend or family member.	4.63	Agree
Total Average	**4.67**	**Agree**
Satisfaction of Service Delivery:		
The location of services was convenient (parking, public transportation, distance,	**4.63**	Agree
Staff were willing to see me as often as I felt it was necessary.	4.75	Agree
Staff returned my calls within 24 hours.	4.63	Agree
Services were available at times that were good for me.	**4.5**	Agree
I was able to get all the services I thought I needed.	**4.3**	Agree
I was able to see a psychiatrist when I wanted to.	**4.63**	Agree
Staff here believe that I can grow, change, and recover.	**4.75**	Agree
I felt comfortable asking questions about my treatment and medication.	**4.5**	Agree
I felt free to complain.	**4.38**	Agree
I was given information about my rights.	**4.63**	Agree
Total Average	**4.57**	**Agree**
How Staff Interact: - - -		
Staff encouraged me to take responsibility for how I live my life. -	**4.63**	Agree
Staff told me what side effects to watch out for.	4.63	Agree
about my treatment.	4.63	Agree
I, not staff, decided my treatment goals.	**4.25**	Agree
Staff were sensitive to my cultural background (race, religion, language, etc.)	4.5	Agree
Staff helped me obtain the information I needed so that I could take charge of managing my illness. **N=7**	4.71	Agree
I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.). N=7	**4.57**	Agree
Total Average	4.56	**Agree**
As a direct result of services I received:		
I deal more effectively with my daily problems. -	**4.38**	Agree
I am better able to control my life.	**4.25**	Agree
I am better able to deal with crisis.	**4.13**	Agree
I am getting along better with my family.	**4.13**	Agree
I do better in social situations.	**4.25**	Agree
I do better in school and/or work. (l=not applicable)	**4.43**	Agree
My housing situation has improved.	**4.63**	Agree
My symptoms are not bothering me as much	4.5	Agree
I do things that are more meaningful to me.	**4.5**	Agree
I am better able to take care of my needs.	**4.13**	Agree
I am better able to handle things when they go wrong.	**4.13**	Agree
I am better able to do things that I want to do.	**4.25**	Agree

I am happy with the friendships I have.	**4.5**	Agree
I have people with whom I can do enjoyable things.	**4.5**	Agree
I feel I belong in my community.	**4.13**	Agree
In a crisis, I would have the support I need from family or friends.	4.63	Agree
Total **Average**	**4.34**	**Agree**

This survey was offered to a total of 14 older adults receiving services. Three (3) individuals refused to take the survey and 2 indicated impairment. Eight (9) individuals participated in this survey.		
Overall Satisfaction with SCBH services:	**AVERAGE RATING**	**AVERAGE RESPONSE**
I like the services that I received here.	**4.89**	Agree
If I had other choices, I would still get services from this agency.	**4.44**	Agree
I would recommend this agency to a friend or family member.	4.67	Agree
Total Average	**4.67**	**Agree**
Satisfaction of Service Delivery:		
The location of services was convenient (parking, public transportation, distance, etc.).	4.78	Agree
Staff were willing to see me as often as I felt it was necessary.	4.67	Agree
Staff returned my calls within 24 hours. NA=l	4.5	Agree
Services were available at times that were good for me.	4.56	Agree
I was able to get all the services I thought I needed.	4.56	Agree
I was able to see a psychiatrist when I wanted to. NA=l	4	Agree
Staff here believe that I can grow, change, and recover. NA=l	4.63	Agree
I felt comfortable asking questions about my treatment and medication. **NA=l**	4.5	Agree
I felt free to complain.	4.56	Agree
I was given information about my rights.	4.22	Agree
Total **Average**	**4.5**	**Agree**
How Staff Interact: -		
Staff encouraged me to take responsibility for how I live my life. ::: ,	4.25	Agree
Staff told me what side effects to watch out for.	3.88	Neutral
Staff respected my wishes about who is, and who is not to be given information about my treatment.	4.67	Agree
I, not staff, decided my treatment goals.	3.5	Neutral
Staff were sensitive to my cultural background (race, religion, language, etc.) **NA=l**	4.75	Agree
Staff helped me obtain the information I needed so that I could take charge of managing my illness. **NA=l**	**4.38**	Agree
I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.). **NA=l** -	3.25	Agree
Total Average	**4.1**	**Agree**
As a direct result of services I **received:**		
I deal more effectively with my daily problems.	4.22	Agree
I am better able to control my life.	3.77	Neutral
I am better able to deal with crisis.	3.89	Neutral
I am getting along better with my family. **NA=l**	3.25	Neutral
I do better in social situations. NA=2	**4.14**	Agree
I do better in school and/or work. **NA=5**	3.75	Neutral
My housing situation has improved. NA=2	3.43	Neutral
My symptoms are not bothering me as much. **NA=l**	3.43	Neutral
I do things that are more meaningful to me. NA=l	3.63	Neutral
I am better able to take care of my needs.	4.11	Agree
I am better able to handle things when they go wrong. **NA=l**	3.5	Neutral

I am better able to do things that I want to do. NA=l	4	Agree
I am happy with the friendships I have.	**3.78**	Neutral
I have people with whom I can do enjoyable things.	**3.44**	Neutral
I feel I belong in my community.	**3.22**	Neutral
In a crisis, I would have the support I need from family or friends.	3	Neutral
Total Average	**3.66**	Neutral

Consumer Perception Survey YOUTH (Age 16-25) May 2022

This survey was offered to a total of 4 youth receiving services. Two (2) youth refused to take the survey. Two (2) youth participated in this survey.

Overall Satisfaction with SCBH Services:	AVERAGE RATING	AVERAGE RESPONSE
Overall, I am satisfied with the services I received.	3.5	Neutral
I helped to choose my services.	5	Strongly Agree
I helped to choose my treatment goals.	5	Strongly Agree
The people helping me stuck with me no matter what.	4.5	Agree
I felt I had someone to talk to when I was troubled.	4.5	Agree
I participated in my own treatment.	5	Strongly Agree
I received services that were right for me.	5	Strongly Agree
The location of services was convenient for me.	5	Strongly Agree
Services were available at times that were convenient for me.	5	Strongly Agree
I got the help I wanted.	4.5	Agree
I got as much help as I needed. N=1	4	Agree
Total Average	**4.62**	**Agree**
How Staff Interact:		
Staff treated me with respect.	4.5	Agree
Staff respected my religious/spiritual beliefs.	4.5	Agree
Staff spoke with me in a way that I understood.	4.5	Agree
Staff were sensitive to my cultural/ethnic background.	4.5	Agree
Total Average	**4.5**	**Agree**
As a direct result of the services I received…		
I am better at handling daily life.	2.5	Disagree
I get along better with family members.	3.5	Neutral
I get along better with friends and other people.	2.5	Disagree
I am doing better in school and/or work.	2.5	Disagree
I am better able to cope when things go wrong.	3	Neutral
I am satisfied with my family life right now.	2	Disagree
I am better able to do things I want to do.	3.5	Neutral
I know people who will listen and understand me when I need to talk.	4	Agree
I have people that I am comfortable talking with about my problems.	4	Agree
In a crisis, I would have the support I need from family or friends.	3.5	Neutral
I have people with whom I can do enjoyable things.	4	Agree
Total Average	**3.18**	**Neutral**

Consumer Perception Survey FAMILY May 2022
This survey was offered to a total of 6 families receiving services. Two (2) families refused to take the survey. Four (4) families participated in this survey.

	Average Rating	Average Result
Overall Satisfaction with SCBH services:		
Overall, I am satisfied with the services I received.	4.75	Agree
How Staff Interact:		
I helped to choose my child's services.	3.75	Neutral
I helped to choose my child's treatment goals.	4.5	Agree
The people helping my child stuck with me no matter what.	4.75	Agree
I felt my child had someone to talk to when I was troubled.	4.75	Agree
I participated in my child's treatment.	4.25	Agree
The services my child and/or family received were right for us.	4.75	Agree
The location of services was convenient for us.	4.75	Agree
Services were available at times that were convenient for us.	4.75	Agree
My family got the help we wanted for my child.	4.75	Agree
My family got as much help as we needed for my child.	4.75	Agree
Total Average	**4.58**	**Agree**
How Staff Interact:		
Staff treated me with respect.	4.75	Agree
Staff respected my family's religious/spiritual beliefs. NA=1	5	Strongly Agree
Staff spoke with me in a way that I understood.	4.25	Agree
Staff were sensitive to my cultural/ethnic background. NA=1	5	Strongly Agree
Total Average	**4.75**	**Agree**
As a direct result of the services I received…		
My child is better at handling daily life. N=3	4.33	Agree
My child gets along better with family members. N=3	4.33	Agree
My child gets along better with friends and other people. N=3	5	Strongly Agree
My child is doing better in school and/or work. N=3	5	Strongly Agree
My child is better able to cope when things go wrong. N=3	4.33	Agree
I am satisfied with my family life right now. N=2	4	Agree
My child is better able to do things I want to do. N=3	4.33	Agree
I know people who will listen and understand me when I need to talk.	4.25	Agree
I have people that I am comfortable talking with about my child's problem(s).	4.75	Agree
In a crisis, I would have the support I need from family or friends.	4.25	Agree
I have people with whom I can do enjoyable things. N=3	4.33	Agree
Total Average	**4.45**	**Agree**

CSS1

FSP ELIGIBILITY VERIFICATION

Client Name:_____ Date:_____

1. DIAGNOSIS

The client meets criteria for one of the following, and the corresponding DSM-IV diagnosis is documented in their mental health services file. ⇨ Diagnosis:_____

1. Psychotic Disorders
2. Severe Mood Disorders
3. Personality Disorders

2. ACTUAL OR POTENTIAL IMPAIRMENTS

As a result of the mental disorder, the person is substantially impaired or in danger of developing impairments in one or more of the following areas (mark all that apply):

1. Independent Living ☐

   Describe:_____

   _____

   _____

2. Social Relationships ☐

   Describe:_____

   _____

   _____

3. Vocational Skills ☐

   Describe:_____

   _____

   _____

4. Physical Condition ☐

   Describe:_____

   _____

   _____

3. AGE CATEGORY AND CRITERIA

A. Severely Emotionally Disturbed Children (0-15)

SED Children must fall into at least ONE of the following groups:

GROUP 1:

1. As a result of the mental disorder, the child has substantial impairment in at least two of these areas:
   - Self-care..... ☐
   - School functioning..... ☐
   - Family relationships..... ☐
   - Ability to function in the community..... ☐

   AND
2. Either of the following occur:
   - The child is at risk of or has already been removed from the home.... ☐
   - The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment..... ☐

GROUP 2

The child displays at least ONE of the following features:

- Psychotic features..... ☐
- Risk of suicide..... ☐
- Risk of violence due to a mental disorder..... ☐

GROUP 3

- The child meets special education eligibility requirements under Chapter 26.5 of the Government Code..... ☐

Describe:_____

_____

_____

_____

B. Transition Age Youth (16-25)

They fall into at least one of the groups in (A) above..... ☐

AND

They are unserved or underserved and one of the following (mark all that apply):

- Homeless or at risk of being homeless..... ☐
- Aging out of the child and youth mental health system..... ☐

- Aging out of the child welfare systems..... ☐
- Aging out of the juvenile justice system..... ☐
- Involved in the criminal justice system..... ☐
- At risk of involuntary hospitalization or institutionalization..... ☐
- Have experienced a first episode of serious mental illness..... ☐

Describe:_____

_____

_____

_____

C. SMI Adult (26-59) meets ALL of the following.

1. Their mental disorder results in substantial functional impairments or symptoms, or they have a psychiatric history that shows that, without treatment, there is an imminent risk of decompensation with substantial impairments or symptoms as described on page 1.

2. Due to mental functional impairment and circumstances, they are likely to become so disabled as to require public assistance, services, or entitlements as described on page 1.

AND

3. Adults meet the criteria in **either (a) or (b)** below:

   a. They are ***unserved*** and one of the following (mark all that apply):

      - Homeless or at risk of being homeless..... ☐
      - Involved in the criminal justice system..... ☐
      - Frequent users of hospital and/or emergency room services as the primary resource for mental health treatment..... ☐

   b. They are ***underserved*** and at risk of one of the following (mark all that apply):

      - Homelessness..... ☐
      - Involvement in the criminal justice system..... ☐
      - Institutionalization..... ☐

Describe:_____

_____

_____

_____

D. Older Adults (60+) who meet ALL of the following:

1. Their mental disorder results in substantial functional impairments or symptoms, or they have a psychiatric history that shows that, without treatment, there is an imminent risk of decompensation with substantial impairments or symptoms as described on page 1.

2. Due to mental functional impairment and circumstances, they are likely to become so disabled as to require public assistance, services, or entitlements as described on page 1.

AND

a. They are ***unserved*** and one of the following (mark all that apply):

- Experiencing a reduction in personal and/or community functioning..... ☐
- Homeless or at risk of being homeless..... ☐
- At risk of becoming institutionalized..... ☐
- At risk of out-of-home care..... ☐
- At risk of becoming frequent users of hospital and/or emergency room services as the primary resource for mental health treatment..... ☐

They are ***underserved*** and at risk of one of the following (mark all that apply):

- Homelessness..... ☐
- Institutionalization..... ☐
- Nursing home or out-of-home care..... ☐
- Frequently using hospital and/or emergency room services as their primary resource for mental health treatment..... ☐
- Involved in the criminal justice system..... ☐

Describe:_____

_____

_____

_____

4. CLIENT AGREEMENT

The client has agreed to participate in FSP services..... ☐

5. FUNDING RESTRICTIONS

a. MHSA 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.

b. MHSA funded services cannot be provided to individuals incarcerated in state/federal prisons or for parolees from state/federal prisons.

c. The County may use MHSA funds for programs/services provided in juvenile halls and/or county jails *only* for the purpose of facilitating discharge.

d. There must be a signed Full Services Partnership Eligibility Verification in place in the partner file, prior to any expenditure of FSP funds.

e. There must be a relevant, signed, Individual Services and Supports Plan (ISSP) in place, prior to expenditure of FSP funds.

f. At FSP enrollment a completed Partnership Assessment Form must be in the partner file, prior to any expenditure of FSP funds.

g. Quarterly Assessment Forms must be completed every three months and in place in the partner file to continue expenditure of FSP funds.

6. CONTINUED FSP SERVICES CRITERIA

Services are focused on maintaining community based living and improving his/her functioning in order to decrease utilization of more intensive treatment alternatives (e.g., inpatient treatment).

Approval

Client meets FSP criteria: ☐ Client does not meet FSP criteria: ☐

Review Client Continuing Care Criteria on (date):_____

Clinician Signature:_____ Date:_____

Case Manager Signature:_____ Date:_____

Supervisor Signature:_____ Date:_____

Appendix PEI.1

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 in 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

Sierra County Wellness Center
Prevention Participant Questionnaire
Stigma and Discrimination Reduction Program
FY 23/24

Date:_____

Thank you for taking the time to help us improve our program. This survey is anonymous and voluntary. For the purposes of this survey, 'mental health condition' refers to a condition that affects a person's thinking, feeling or mood that may affect someone's ability to relate to others and function each day*. Please select the box that best represents how you feel about your experiences in this program.

As a direct result of visiting the Wellness Center I am MORE willing to:	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not Applicable
… socialize with someone who had a mental health condition						
… socialize with someone who is experiencing mental health symptoms						
… actively and compassionately listen to someone in distress						
… recognize individuals living with a mental health condition is not rare						
… recognize recovering from mental health conditions is possible						
… comeback to the Wellness Center to learn more about mental health conditions						
… consider seeking services from Sierra County Behavioral Health if I thought I needed it						

Staff at the Wellness Center:						
…made me feel welcome						
...listened to my need						
…assisted me to meet my need appropriately						
…did not pass judgement on what my need was						
…made my day a little less stressful						

*https://nami.org/Learn-More/Mental Health-Conditions

Sierra County
Behavioral Health
P.O. Box 265
Loyalton, CA 96118
Phone: (530) 993-6746
Fax: (530) 993-6790

Sierra County

Lea Salas
Administrative Director

Kathryn Hill, LMFT
Clinical Director

SIERRA COUNTY BEHAVORIAL HEALTH SERVICES

SUBJECT: Mental Health Services Act Designated Positions

REVISION DATE: 1-24-18

APPROVED BY: **Lea Salas**

POLICY:

Behavioral Health Coordinator:
Sierra County Behavioral Health designates the position of Behavioral Health Coordinator as the Mental Health Services Act (MHSA) program manager. As such, the Behavioral Health Coordinator is considered the designated staff member to conduct the Community Program Planning Process for all MHSA components. The Behavioral Health Coordinator is designated to oversee & implement all of the program components (Community Services & Supports, Prevention & Early Intervention, Innovations, Workforce Education & Training, Capital Facilities & Technologies) which are not direct clinical treatment. The Behavioral Health Coordinator is also designated to address housing programs.

Case Manager:
Sierra County Behavioral Health designates the position of Case Manager to perform direct service duties as indicated within Mental Health Services Act (MHSA) programs. Specific MHSA duties include, but are not limited to:

1. Case Manager is the key point of contact for Full Service Partnership (FSP) clients and, when appropriate, the client's family.
2. The Case Manager is responsible for developing an Individual Services and Supports Plan (ISSP) with clients and/or client's family.

Behavioral Health Clinical Director:
Sierra County Behavioral Health designates the Behavioral Health Clinical Director as the after-hours point of contact, should the need arise, to respond to after-hours interventions specific to FSP client needs.

Behavioral Health Administrative Director:
Sierra County Behavioral Health designates the Behavioral Health Administrative Director as the after-hours point of contact, should the need arise, to respond to after-hours interventions specific to FSP client needs.

Sierra County
Behavioral Health
P.O. Box 265
Loyalton, CA 96118
Phone: (530) 993-6746
Fax: (530) 993-6790

Sierra County

Lea Salas
Administrative Director

Kathryn Hill, LMFT
Clinical Director

SIERRA COUNTY BEHAVORIAL HEALTH SERVICES

SUBJECT: Workforce Education and Training (WET)
REVISION DATE: 01/03/2018
APPROVED BY: Lea Salas

POLICY: WET funds are used to remedy the shortage of qualified individuals to provide services to address severe mental illness. Sierra County shall use the Community Planning Process, Behavioral Health Advisory Board in conjunction with our Cultural Competency Plan to identify work force needs/shortages of professional and other staff utilized by county mental health programs. Those areas shall be identified in the County's Three-Year Plan. The County will insure that general standards are followed for Community Collaboration, Cultural Competence, Client and Family driven services and Wellness, Recovery, and Resilience Focused.

The County will work establish partnerships with state(s) university systems to promote and increase the diversity of the mental health workforce. Sierra County will, if made available again, use the State's Loan Assumption program or the County may choose to develop a loan assumption or incentive program by utilizing available WET funds in accordance with Welfare and Institutions Code 5822.

WET funds shall be used to provide training and education for persons employed by Sierra County to promote a diverse, racial and ethnic culturally competent workforce to meet the needs of our community members. The county will participate in Superior Region Mental Health Workforce

Education and Training Partnership to connect with workforce grants and information.

Reference: WIC Section 5820,5892 Cal Code Regs. Title 9; 3810,3820,3810(c) 3320(a)

PROCEUDURE: All Behavioral Health staff have access to and may utilize Relias Learning modules to meets the workforce education and training needs.

WET funds are used to promote education and training needs with outside vendors or agencies.

County does a Community Program Planning Process in which needs within the community or shortages of staff are identified. Cultural Competency training is also used to identify community needs or staff shortages. The results from these are used for Client and Family driven services and are included in our Three-Year Plan.

Expenditures shall be reported to the Department of Health Care Service utilizing the Revenue and Expenditure Report and shall be consistent with the approved Three-Year Plan.

Sierra County Veterans Service Intake Form

Veterans Data		Date:
Name		
Address		
City	State	Zip code
Email		
Contact Number		Date of Birth
Marital Status		Do you have Children ☐ Yes ☐ No

Military Service

Branch of Service:

☐ Army ☐ Marines ☐ Merchant Marines
☐ Navy ☐ Space Force
☐ Air Force ☐ Coast Guard

Date of Enlistment:	Date of Separation:

Type of Discharge:

☐ Honorable ☐ Bad Conduct
☐ General ☐ Dishonorable
☐ Other Than Honorable

Do you have a copy of your discharge paperwork? ☐ Yes ☐ No

Homeless

Are you currently homeless? ☐ Yes ☐ No
In the past year how many times have you been homeless? _____
Are you currently at risk of becoming homeless? ☐ Yes ☐ No
Are you currently staying with friends? ☐ Yes ☐ No

VA Benefits

Are you enrolled in the VA Healthcare system? ☐ Yes ☐ No
Do you receive care from a VA hospital/VA Doctor ☐ Yes ☐ No
Do you have a VA service connected disability? ☐ Yes ☐ No
If yes, what percentage are you service connected for? %

Are you receiving any additional veteran benefits: (check all that apply)

☐ Home Loan ☐ State Park Pass ☐ Other: _____
☐ Hunting/Fishing Licence ☐ Federal Park Pass ☐ Other: _____
☐ Education Benefits ☐ Other: _____
☐ Medical Benefits

Veterans Name:	Date:

Demographic Data

Age:

☐ 0-15 ☐ 16-25 ☐ 26-59 ☐ 60+ ☐ Decline to Answer

Please select what sex you were assigned on your original birth certificate:

☐ Male ☐ Female ☐ Decline to Answer ☐ Other:

Which BEST describes your current gender:

☐ Female ☐ Male/Transman/FTM Transgender ☐ Androgynous
☐ Male ☐ Questioning my Gender ☐ Decline to Answer
☐ Female/Transwoman/MTF Transgender

Sexual orientation:

☐ Gay or Lesbian ☐ Bisexual ☐ Another sexual orientation
☐ Heterosexual or Straight ☐ Queer ☐ Decline to Answer
☐ Questioning or unsure of sexual orientation

Please identify your Race:

☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian or other Pacific Islander
☐ White ☐ Other
☐ More than one race ☐ Decline to Answer

Please Identify your Ethnicity:

☐ Non-Hispanic or Non-Latino as follows ☐ Hispanic or Latino as follows

☐ African ☐ Vietnamese ☐ Caribbean
☐ European ☐ Filipino ☐ Central American
☐ Cambodian ☐ Chinese ☐ Mexican/Mexican-American/Chicano
☐ Japanese ☐ Korean ☐ Puerto Rican
☐ Eastern European ☐ Middle Eastern ☐ South American
☐ Asian Indian/South Asian ☐ Other: _____
☐ Other _____

☐ More than one ethnicity
☐ Decline to Answer

Do you identify as having a disability*? If yes, please select all that apply.

(A disability is defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness.)

☐ Communication domain separately by each of the following
☐ Difficulty seeing ☐ Difficulty hearing, or having speech understood
☐ Other (specify): _____

☐ Mental domain not including a mental illness (including but not limited to:)
☐ A learning disability ☐ Developmental disability ☐ Dementia

☐ Physical/mobility domain
☐ Chronic health condition (including, but not limited to, chronic pain)
☐ No, I do not have any of these
☐ Decline to Answer

Veterans Name:	Date:

Services

What services are you currently receiving? (check all that apply)

County Programs	State Programs	Federal Programs
☐ Behavioral Health	☐ Cal Fresh	☐ SSI (Social Security)
☐ Probation	☐ MediCal	☐ SSDI (Social Security Disability)
☐ Social Services	☐ Parole	☐ Parole
☐ Transportation	☐ CalVet	☐ Veterans Affairs (VA)
☐ Other:	☐ Other:	☐ Other:

What Services are you Requesting/Looking for: (check all that apply)

☐ Housing	☐ Mental Health	☐ Veterans	☐ Transportation
☐ Food	☐ Custody	☐ Medical	☐ Court Issues
☐ Drug/Alcohol	☐ Financial assistance		
☐ Other: _____		☐ Other: _____	
☐ Other: _____		☐ Other: _____	
☐ Other:		☐ Other:	

Veterans Name:	Date:
Needs Identified	
Need:	
Plan/Goal:	
Resolution:	
Need:	
Plan/Goal:	
Resolution:	
Need:	
Plan/Goal:	
Resolution:	

Veterans Name Date:

Refferal

Program being reffered to:

- ☐ Behavioral Health ☐ DMV
- ☐ Social Services ☐ Social Security
- ☐ Probation ☐ Sherrif's Office
- ☐ Crisis Ccenter ☐ Public Health
- ☐ Other: ☐ Other:

Behavioral Health Refferal

Reffered Agency: ______________________ Date: __________

Point of Contact for refferal (If known):

Name: ______________________

Contact Number: ______________________

Was Veteran escorted to reffereal? ☐ Yes ☐ No

Had person received treatment previously? ☐ Yes ☐ No

Note:

Refferal

Reffered Agency: ______________________ Date: __________

Point of Contact for refferal (If known):

Name: ______________________

Contact Number: ______________________

Was Veteran escorted to reffereal? ☐ Yes ☐ No

Refferal

Reffered Agency: ______________________ Date: __________

Point of Contact for refferal (If known):

Name: ______________________

Contact Number: ______________________

Was Veteran escorted to reffereal? ☐ Yes ☐ No

Refferal

Reffered Agency: ______________________ Date: __________

Point of Contact for refferal (If known):

Name: ______________________

Contact Number: ______________________

Was Veteran escorted to reffereal? ☐ Yes ☐ No

Refferal

Reffered Agency: ______________________ Date: __________

Point of Contact for refferal (If known):

Name: ______________________

Contact Number: ______________________

Was Veteran escorted to reffereal? ☐ Yes ☐ No

Refferal

Reffered Agency: ______________________ Date: __________

Point of Contact for refferal (If known):

Name: ______________________

Contact Number: ______________________

Was Veteran escorted to reffereal? ☐ Yes ☐ No

Sierra County Veteran's Service Office

Prevention Participant Questionnaire

Stigma and Discrimination Reduction Program

FY 23/24

Thank you for taking the time to help us improve our program. This survey is anonymous and voluntary. For the purposes of this survey, 'mental health condition' refers to a condition that affects a person's thinking, feeling or mood that may affect someone's ability to relate to others and function each day*. Please select the box that best represents how you feel about your experiences in this program.

As a direct result working with the Veteran's Service Officer I am MORE willing to:	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not Applicable
... socialize with someone who had a mental health condition						
... socialize with someone who is experiencing mental health symptoms						
... actively and compassionately listen to someone in distress						
... recognize individuals living with a mental health condition is not rare						
... recognize recovering from mental health conditions is possible						
... comeback to the Wellness Center to learn more about mental health conditions						
... consider seeking services from Sierra County Behavioral Health if I thought I needed it						

The Veteran's Service Officer:						
...made me feel welcome						
...listened to my need						
...assisted me to meet my need appropriately						
...did not pass judgement on what my need was						
...made my day a little less stressful						

*https://nami.org/Learn-More/Mental Health-Conditions

FY 2023-2026 Mental Health Services Act Plan
Community Services and Supports (CSS) Funding

County: Sierra

Date: 11/27/23

	Fiscal Year 2022-2023					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. FSP SERVICES						
FY 23/24	673,200	673,200				
FY 24/25	673,200	673,200				
FY 25/26	673,200	673,200				
2. SIERRA COUNTY WELLNESS CENTER						
FY 23/24	51,000	51,000				
FY 24/25	51,000	51,000				
FY 25/26	51,000	51,000				
Non-FSP Programs						
1. COMMUNITY ACADEMIES						
FY 23/24	18,000	18,000				
FY 24/25	18,000	18,000				
FY 25/26	18,000	18,000				
2. GENERAL SERVICE DELIVERY						
FY 23/24	524,110	524,110				
FY 24/25	524,110	524,110				
FY 25/26	524,110	524,110				
3. SIERRA COUNTY WELLNESS CENTER						
FY 23/24	51,000	51,000				
FY 24/25	51,000	51,000				
FY 25/26	51,000	51,000				
4. FRONT PORCH PROGRAM						
FY 23/24	26,690	26,690				
FY 24/25	26,690	26,690				
FY 25/26	26,690	26,690				
CSS Administration						
FY 23/24	938,210					
FY 24/25	878,210					
FY 25/26	878,210					
CSS MHSA Housing Program Assigned Funds	0	0				
Total CSS Program Estimated Expenditures		1,925,344	0	0	0	0
FY 23/24	2,300,000					
FY 24/25	2,240,000					
FY 25/26	2,240,000					
FSP Programs as Percent of Total	52.5%					

FY 2023-2026 Mental Health Services Act Plan
Prevention and Early Intervention (PEI) Funding

County: SIERRA

Date: 11/27/23

	Fiscal Year 2023-2026					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. SIERRA COUNTY WELLNESS CENTER						
FY 2023-2026	780,000	780,000				
2. MENTAL HEALTH & SUICIDE AWARENESS						
FY 2023-2026	33,000	33,000				
4. VETERAN'S ADVOCATE						
FY 2023-2026	195,000	195,000				
5. STUDENT/PARENT NAVIGATION						
FY 2023-2026	75,000	75,000				
6. FRONT PORCH PROGRAM						
FY 2023-2026	67,500	67,500				
7. SIERRA WELLNESS ADVOCACY FOR YOUTH						
FY 2023-2026	45,000	45,000				
8. FAMILY STRENGTHENING AWARENESS						
FY 2023-2026	115,500	115,500				
PEI Programs - Early Intervention						
10. ACCESS TO YOUTH SERVICES						
FY 2023-2026	227,532	227,532				
11. FAMILY STRENGTHENING AWARENESS						
FY 2023-2026	94,500	94,500				
PEI Administration	112,500	112,500				
PEI Assigned Funds	0	0				
Total PEI Program Estimated Expenditures	1,745,532	1,745,532	0	0	0	0

FY 2023-2026 Mental Health Services Act Plan
Workforce, Education and Training (WET) Funding

County: Sierra

Date: 12/11/23

	Fiscal Year 2023-2026					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. ELECTRONIC LEARNING MANAGEMENT SYSTEM						
FY 2023-2026	36,000	36,000				
2. AGENCY WORKFORCE TRAINING						
FY 2023-2026	11,010	11,010				
3. LOCAL LOAN ASSUMPTION PROGRAM(S)						
FY 2023-2026	20,000	20,000				
WET Administration	114,000	114,000				
Total WET Program Estimated Expe	195,639	181,010	0	0	0	0

FY 2022-2023 Mental Health Services ActAnnual Update
Capital Facilities/Technological Needs (CFTN) Funding

Count Sierra

Date: 12/11/23

	Fiscal Year 2022-2023					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. BUILDING MAINTENANCE						
FY 23-26	150,000	150,000				
Warming, Cooling & Technology Charging Stations						
2. FY 23-26	60,000	60,000				
CFTN Programs - Technological Needs Projects						
3. SIERRA COUNTY TECHNOLOGY CHARGES/UPGRADES						
FY 23-26	171,000	171,000				
CFTN Administration	0	0				
Total CFTN Program Estimated Exp	381,000	381,000	0	0	0	0

FY 2023/2026 Mental Health Services Act Annual Update
Innovations (INN) Funding

County: Sierra

Date: 12/11/23

	Fiscal Year 2023-2026					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Possible program with CalMHSA to						
2. successfully bill CalAim and EHR purchase		0				
3. FY 23-26	700,000					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditu	700,000	0	0	0	0	0