

Sierra County MHSA Draft Fiscal Year 2019-2020 Annual Up-Date to the Three-Year Program and Expenditure Plan 2017-2020



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PLAN OVERVIEW

The purpose of this three year plan is to provide a program and expenditure plan relevant to FY 2017/18 through 2019/2020. The annual Community Planning Process (CPP) identifies what is working within communities as well as gaps services and supports. This annual update includes information from FY 17/18 and when available FY 18/19,

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

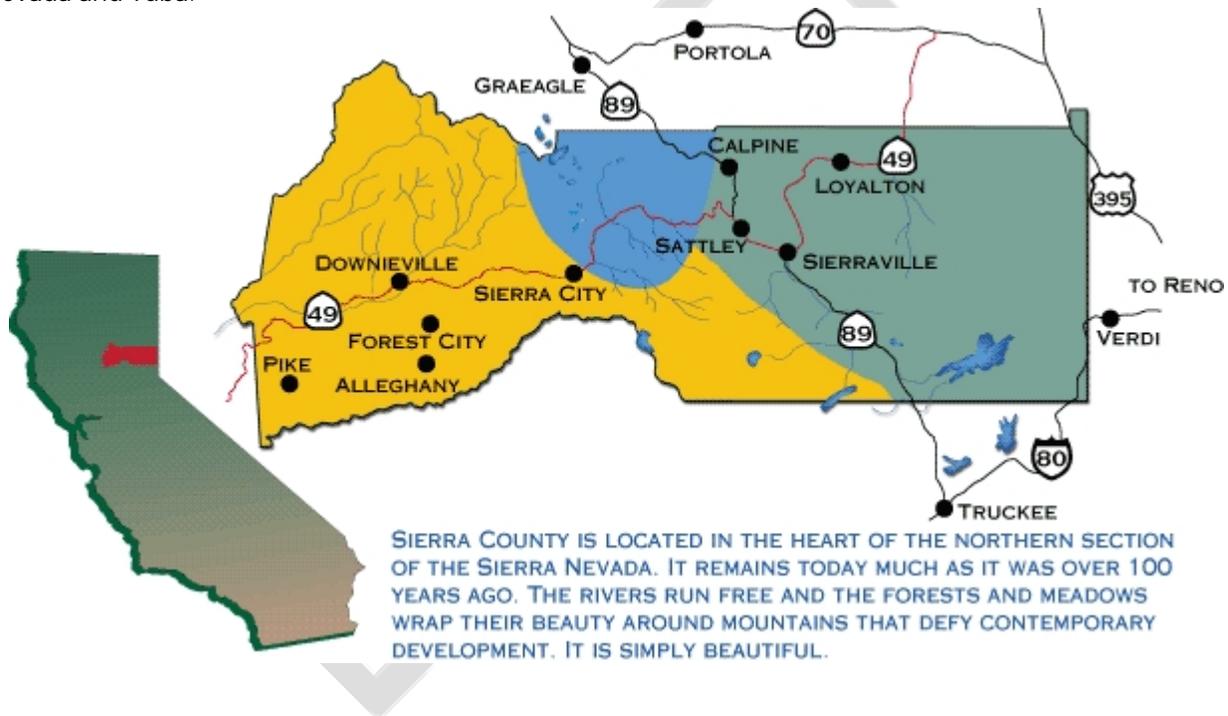
- Community Collaboration
- Cultural Competence
- Consumer/Family Driven
- Wellness, Recovery, and Resilience Focused
- Integrated Service Experiences for Clients and their Families

The above listed values help to enhance programs offered by identifying appropriate service and strategy venues meeting the unique needs of Sierra County community members. Most importantly, these values have enabled Sierra County Behavioral Health (SCBH) to recognize the need to employ a universal service strategy in offering programs so as not to increase stigma, label, or identify individuals being served. Utilizing universal service strategies also progressively increases educational outreach throughout Sierra County's community members and stakeholders as they participate in programs. SCBH continues to improve its workforce, as well as increase collaboration with other providers and organizations as a result of MHSA values continuing to be imbedded within programs and strategies.

WELCOME TO SIERRA COUNTY

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

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



Estimated Population per Community Zip Code* within Sierra County:

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

* 2010 US Census Bureau-FactFinder, Community Facts

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

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

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

* 2010 US Census Bureau-FactFinder, Community Facts

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COMMUNITY PLANNING AND LOCAL REVIEW PROCESS

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

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

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

Sierra County's approved Community Services and Supports Plans, Workforce Education and Training Work Plan, Capital Facilities and Information Technology Needs Plan, Prevention and Early Intervention Plan were developed and are implemented with cross-departmental integration aimed at the delivery of holistic and transformational programs designed to meet Sierra County's community members' needs.

STAKEHOLDER PROCESS

Community Planning Process 2019

Sierra County Behavioral Health held two community planning meetings addressing the FY 19/20 Annual Update. Meetings were advertised and held in two locations. Meetings were open to community members, beneficiaries (individuals receiving services or who have received services), and stakeholders (other community based agencies/organizations Sierra County Behavioral Health collaborates or contracts with). A total of 22 individuals attended the two meetings. Sierra County Behavioral Health was very excited to have this number of individuals attend. In past years there were times when no individuals participated in Community Planning Meetings. Below is information regarding how meeting participants self-identified regarding who they represented, age groups, current gender identity and locations of representation.

Age Group	
Age	Percent
25-39	38%
40-64	59%
65+	9%

Gender Identity	
Gender	Percent
Female	46%
Male	32.0%
Decline to State	9%
Missing	13%

Area Associated with Zipcode	
Sierra City	5%
Sierraville	5%
Calpine	5%
Pike	5%
Out of County	11%
Downieville	14%
Loyalton	46%
Missing	9%

The agenda (appendix __) included MHSA Nuts & Bolts, No Place Like Home Housing Project Presentation, Current Programs, Program Discussion: What is working? What is not working?, Identification of Needs/gaps, and the Innovations Component.

Agenda Item 2 MHSA Nuts & Bolts:

The MHSA Nuts & Bolts was a quick tutorial of the Mental Health Services Act and its intention stated in the Welfare and Institution Code.

Agenda Item 3 No Place Like Home Housing Project Presentation by Housing Tools:

The No Place Like Home Housing Project Presentation was made by Housing Tools. Sierra County Behavioral Health & Plumas County Behavioral Health have contracted with Housing Tools to create a housing needs assessment for the two counties. Housing Tools explained No Place Like Home funding and requirements attached to this MHSA funding category addressing homelessness. **Attach handout**

An open discussion forum of comments and questions took place. Some individuals expressed concern of utilizing No Place Like Home funds to build permanent supportive housing due to their past personal experience of a Section 8 housing complex creating an increased response from Emergency Services, Fire, Law Enforcement. These services were taxed by the housing complex and not as readily available to other community areas.

There was general consensus at both meetings that an opportunity to provide more housing to community members in Sierra County makes sense and is needed. Comments included:

- “Where would you put it?”,
- “Is there a greater need on the Western side of the county than the Eastern side?”, and
- “Can Sierra County partner with either Plumas or Nevada County to provide actual housing and where would it be located?”.

It is obvious there are many challenges such as no housing stock available, the need to provide 24-hour case management on site, being sure a grocery store that accepts EBT cards is within walking distance as well as medical and behavioral health services. However, these challenges, coupled with the need create a reason to further investigate housing needs for homeless individuals as well as those individuals living with severe mental illness who are at risk of losing their housing is reason to look at creating a homeless plan for Sierra County.

Agenda Item 4 Current Programs:

A handout with MHSA Components was distributed which identified programs funded under the components. There was discussion regarding the Front Porch Program and the inability to get it up and running during the past two fiscal years. There was agreement that the Community Outreach Van may be a viable way to infuse some life into this program. It was noted that the Music Together Program is no longer being funded through MHSA monies. Creating a program within Prevention & Early Intervention to provide motivational speakers to youth through school assemblies was well received.

When asked what is working well, the following statements were made:

- Wellness Center
- A wrap around approach is helpful to our beneficiaries
- Having all HHS services located on the same street works.
- Veteran’s Advocate and the Substance Use Disorders department
- Staff has stayed the same for a period of time. Don’t have to tell your story over and over to new staff or get to know new staff.

Gaps:

- Transportation throughout the county
- More Case Management
- More Peer Support

Agenda Item 5 – Innovations Project

It was explained that to date, Sierra County Behavioral Health has not identified nor implemented an Innovations project. There was a quick overview given of requirements, primary purpose, and steps taken to identify, create and submit an Innovation Plan/Project to the State.

Three ideas were presented during the Community Planning Meetings. The identified needs and challenges and barriers were presented with the ideas.

	Type if Program/Project	Needs	Challenges/Barriers
Mobile Laundry	This project would be a increasing supportive services program.	<ul style="list-style-type: none"> • No laundry facility in Loyalton • Laundry facility in Downieville is only open during summer • No way to clean clothes, towels, bedding, etc. 	<ul style="list-style-type: none"> • Truck with water/propane tanks to run washer and dryer • Difficulty to hire driver • Place to dump dirty water • Only one truck to service entire county
Check In With You iPad	This project would be a systems improvement project.	<ul style="list-style-type: none"> • Increase of quality mental health services • Track measured outcomes • Replace paper self-evaluation form • Track seasonal cancelled and kept appointments for staffing • Outlet for new problems or struggles • Screening forms can be completed online 	<ul style="list-style-type: none"> • Individualizing results and measured outcomes
Home to Health	This project would be providing supportive services to individuals.	<ul style="list-style-type: none"> • Supportive and permanent housing options • Daily living skills (budget, cooking, hygiene) 	<ul style="list-style-type: none"> • Hire staff to teach daily living skills • No homeless shelter or housing currently in Sierra County

		<ul style="list-style-type: none"> • Outreach and engagement workers • Education and peer support • Job seeking and vocational skills • Providing Mobile Mental Health services 	<ul style="list-style-type: none"> • Mobile case manager and clinical services
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Stakeholder Process 2017

The MHSA Coordinator makes a point to attend regular meetings of stakeholder agencies on an ongoing basis. This allows for the ability to have real-time discussions and learn of any perceived or real needs/gaps in services. The MHSA Coordinator is a member of the First 5 Commission, Child Care Coordinating Committee Sierra County Health Coordinating Committee and the Student Attendance Review Board.

The following stakeholder meetings were conducted:

Date	Agency/Organization	Outcome
8-30-2017	Eastern Plumas Healthcare	The need to collaborate with Eastern Plumas Healthcare to provide services to community members with mild to moderate mental illness.
9-21-17	Student Attendance Review Board	The Student/Parent Navigator program is meeting expectations.
9-25-17	Law Enforcement	Interested in implementing Laura's Law.
9-27-17	Child Abuse Council	Build on existing programs, give them a chance to grow.
10-18-17	Child Care Coordinating Committee	Hire a Behavior Intervention Specialist
10-27-17	First 5	Would be nice to collaborate to look at providing services for 0-2 year olds. First 5 identified a gap in services for these children and their families.

Stakeholders also participated in the community survey. Results are included under the Community Input Process 2017 section.

Stakeholder Process 2015 and 2016

Stakeholder surveys targeted children and parent/family concerns. A total of 49 surveys were collected from the following stakeholders:

Health Care Agency representation includes:

- Eastern Plumas Health Care Clinic
- Eastern Plumas Health Care Skilled Nursing Facility
- Western Sierra Medical Clinic

Community Children's Services representation includes:

- Sierra Kids
- Child Care Council
- Child Abuse Council
- Sierra Nevada Children's Services
- Children & Families Commission

Other representation includes:

- Sierra SAFE Program
- Alliance for Workforce Development
- High Sierra Family Resource Center

Survey results were then discussed during stakeholder meetings. The stakeholder meetings included an August 8, 2015 Task Force Committee meeting; an August 28, 2015 First 5 Sierra meeting, a September 1, 2015 Local Child Care Council meeting; a September 17, 2015 Student Attendance Review Board meeting; and an October 21, 2015 Child Abuse Council meeting. During these meetings overwhelming support for implementing family strengthening and parenting classes/trainings/opportunities were voiced to help address many of the areas of concern identified through the stakeholder surveys. Leveraging funding from other agencies and organizations was encouraged to increase the scope and location of the programs offered.

COMMUNITY INPUT PROCESS

Community Input Process 2019

Community Input Process 2017

Two Community Planning meetings were scheduled and held. One was held in Downieville on April 19, 2017 and the other was held on April 25, 2017 in Loyalton. The meetings were advertised in local papers and fliers were distributed within communities. Community members did not attend either meeting.

During the 2017 community planning process 109 surveys were collected with the following demographics:

Self-Identified Race/Ethnicity	Percent
N=102	
White/Caucasian	88.24%
Hispanic/Latino	2.94%
Black/African American	0.0%
Native American/Native Alaskan	1.96%
Asian or Pacific Islander	0.98%
Multi-Race	5.88%

Gender	Percent
N=97	
Male	28.87%
Female	71.13%

While evaluating this Community Planning Process survey it is apparent there are some demographic areas not represented. Surveys from the communities of Calpine, Sierraville and Verdi were not received. The age group of Transitional Age Youth was not represented, as well as, males being underrepresented. The MHSA Coordinator will need to identify key community leaders within these areas where representation was lacking altogether or there was under representation.

Connection to Behavioral Health Services 98 respondents who selected all that apply	Percentage
Community Member	44.90%
County Government Staff	17.35%
Consumer of Behavioral Health	22.45%
Contracted Service Provider or Community Based Organization	11.22%
Family Member of a Consumer of Behavioral Health Services	10.20%
Education Agency Staff	7.14%
Social Services Agency Staff	6.12%
Veteran Organization Staff or Volunteer	3.06%
Medical or Health Care Organization Staff	3.06%
Law Enforcement Staff	2.04%

The following comments were made:

- Child Care Council (4)
- SNCS (1)
- Loyalton Senior Center (2)
- School Volunteer (1)
- Fire Fighter (1)
- EMT (1)
- Foster Parent or Resource Parent (1)
- Online Community Newspaper (1)
- Advocate for child care providers to be able to access behavioral health counselors in our County (1)
- Out of Sierra County every day Team AM Vets 22 (1)
- I take advantage of peer support for supportive conversation and other services relating to my living situation. (1)

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In your opinion, are there specific groups of people in your area who are in particular need for mental health services?	Percent
Adults	57.78%
Seniors	55.56%
Geographically Isolated	47.78%
Transition Age Youth, ages 16-24	42.22%
School Age Children	28.89%
Parents	23.33%
Young Children, ages 0-5	14.44%
Linguistically isolated people	12.22%

Two open ended questions were asked of survey takers during this Community Planning Process. The answers received have been categorized into the most common themes. Both questions produced the following theme categories: access to services, service capacity, crisis intervention, public/community education, recovery oriented services and ambivalent statements.

“What suggestions do you have for improving behavioral health services in Sierra County.”

Seventy-one respondents took the time to provide a comment.

Access to Services – 13 Comments

The needs identified were for services to be provided in remote communities as well as a need for home visits. Accepting insurance other than medi-cal was also identified.

Educating Public/Advertisement of Services – 9 Comments

Many survey respondents commented on a lack of knowledge about Behavioral Health Services and how to access them. More public outreach and advertisement was indicated as a need.

Crisis Intervention – 8 Comments

All comments centered on the need for some type of crisis intervention team and training. Only utilizing law enforcement for wellness checks and 5150’s is stigmatizing and overwhelming for community members who are in distress.

Service and Staff Capacity – 7 Comments

Children and Seniors were populations identified under this category as well as general services needing to be increased or more staff readily available.

Recovery Oriented Services – 3 Comments

An increase in non-traditional services to promote recovery was identified. A Wellness Center in Downieville was identified as well as some services centered around Yoga.

Anti-Behavioral Health Services – 3 Comments

Derogatory comments were received from survey respondents. These comments were not based on unsatisfactory encounters with behavioral health but more of a lack of understanding about Mental Illness and what Behavioral Health's role is in our communities.

Ambivalent – 14 Comments

Comments such as not sure, not applicable and don't know fall under this category.

There were also outlier comments made which were not relevant to the question.

“In your opinion, what behavioral health services should be improved? Why?”

Fifty-nine (59) surveyors responded.

Categories were again needed to analyze this question. Comments centered on Access to services (16), services for Seniors and Veterans (5) as well as children(2) were recognized as themes. Crisis intervention and 5150 training (2) was also brought up. All of the category comment themes are the same as indicated above. Approximately half of the comments were ambivalent comments (19). The anti-Behavioral Health comments were the same as those indicated above.

Public Hearing 2017

A public hearing was held on December 13, 2017 by the Mental Health Advisory Board. Representation was made up of the following: a quorum of Mental Health Advisory Board members, 5 or fewer community members associated with Behavioral Health, First 5, Social Services, Public Health and Behavioral Health.

The following public comments were made during the hearing:

- The importance of measuring desired outcomes. The MHSA Coordinator explained there are outcome measurements within programs. The measurement tools and methodology is not indicated in this plan. They will be in the annual update.
- Wellness Center services in Downieville need to be destigmatizing and the Wellness Center should not be housed at the satellite Behavioral Health building located in Downieville.
- The need for services in remote areas was brought up. Possibly providing 'bus passes' for these community members to use with the Golden Rays Senior transportation was suggested.
- The need for services to be provided to those living just outside of the Sierra County Border where these individuals identify with the community and culture of Loyalton.
- The need to get the Front Porch program up and going. Possibly hiring an extra-help Peer Specialist to facilitate this program.

Community Input Process 2015 and 2016

One hundred twenty-six (126) community member surveys were collected throughout Sierra County communities. Of the 126 community members surveyed, 38 identified themselves as having utilized services themselves or are a family member of a person who has utilized services.

An attempt to collect surveys was made from as many Sierra County communities as possible. Interestingly enough and quite by chance, the amount of surveys collected were proportionate to the population of each community (Table 1). Ages of survey respondents represent, all age groups with the senior population representing 37% of surveys collected (Table 2).

Cultural proficiency/competency is a crucial component of the development of all services offered. Per QuickFacts from the U.S. Census Bureau, 94.8% of Sierra County residents are white. The Race/Ethnic breakdown (Table 3) of the survey respondents reflect this statistic.

Table 1

Number of Surveys Collected per Community	
Loyalton	70
Downieville	23
Calpine	15
Sierra City	9
Sierraville	6
Pike/Alleghany	2
Verdi	1

Table 2

Age of Survey Respondents	
Under 16	8%
16-25	16%
26-40	18%
41-59	21%
60+	37%

Table 3

A Community Planning meeting was held on December 8, 2016. Flyers were distributed in public places throughout Loyalton and Downieville. E-mails were sent to stakeholders or personal invites were conducted. A quick Community Planning Process presentation took place explaining MHSAs program

philosophy and current programs. Following the presentation, survey results were disseminated and discussed along with appropriate program and service changes.

During the 30-day review process the FY 16/17 MHSA Annual Update proposed draft was distributed to Mental Health Advisory Board members, stakeholders listed above, community members receiving services, and community members not receiving services. The following responses were received:

Date	Representation	Comment Mode	Comment
12/06/16	Downieville Peer Support	Face to Face	<ul style="list-style-type: none"> Peer support staff indicates definite stigma in entering the behavioral health building in Downieville. This is a barrier for peer support staff to overcome by moving to a non-stigmatizing space. Need for Wellness Center Space in Downieville.
12/07/16	Child Care Council, First 5 2 people	Phone	<ul style="list-style-type: none"> Behavior Intervention Specialist is still a need. Implementation needs to take place as soon as possible with data driving the need to increase hours. Make sure available to East and West side of the County. Utilize Nurturing Parenting classes in the home of families who are geographically isolated and have no transportation.
12/07/16	Sierra/Plumas Joint Unified School District	E-mail	<ul style="list-style-type: none"> Really do not have anything pertinent to add to your report but concur that the relationship between our agencies, at least in my 3 1/2 year tenure, has been excellent. We center our work on shared issues and share precious resources as appropriate and wish to continue to work together on behalf of the Sierra County community—Superintendent
12/08/16	Public Health Supervisor	Face to Face	<ul style="list-style-type: none"> Likes plan as it stands at this point in time.
12/08/16	Social Services Social Worker	Community planning meeting	<ul style="list-style-type: none"> Would like to see collaboration between Social Services and MHSA to be able to introduce Trauma Informed Care practices and training. Possibly provide ACES trainings through the Prevention & Early Intervention programs.
12/08/16	3 or fewer Community Members Receiving Services	Community planning meeting	<ul style="list-style-type: none"> Would like to see families dealing with addiction receive support through ALATEEN or ALANON. Especially if parent is involved in Drug Court. Like the idea of parenting supports for those families dealing with addiction and reducing risk factors associated with mental illness.
12/08/16	MHSA Coordinator	Community planning meeting	<ul style="list-style-type: none"> Make sure to include Wellness Center under prevention and early intervention category to capture prevention and early intervention strategies.

12/08/16	MHSA Coordinator	Community planning meeting	<ul style="list-style-type: none"> Make sure to address rent for wellness center space in Downieville.
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On April 5, 2016 the Sierra County Board of Supervisors passed Resolution No. 2016-53 authorizing Sierra County Health & Human Services to employ extra help employees to provide outreach services to veterans within Sierra County. As a result of this resolution an ad hoc Sierra County Veterans Program Committee was established to brainstorm the creation of a Veterans’ Program and how to best fund it through Health & Human Services.

The following meetings took place with stakeholders to determine and recognize the need to provide services and supports to Sierra County veterans.

Date 2016	Meeting Title	Attendee Representation	Outcomes
March 23	Veterans Ad Hoc Meeting	6 community members 1 Sierra County Health & Human Services Employee	Letter to the Sierra County Board of Supervisors and the Mental Health Advisory Board identifying need for Sierra County Veterans and creating an Ad Hoc Committee titled the “Sierra County Veterans Program”
June 17	Sierra County Veterans Program	4 stakeholders 1 Sierra County Government Representative 2 Sierra County Health & Human Services Employees	Present to the Mental Health Advisory Board the needs and rationale behind utilizing MHSA funds to create and fund a Veterans’ Peer Support Specialist
July 7	Mental Health Advisory Board meeting	3 voting members of the MHAB 4 stakeholders 2 Behavioral Health employees	One Extra Help Veterans’ Peer Support Specialist position under Prevention & Early Intervention approved. Create a Volunteer Veterans’ Peer Support Program

During the July 7, 2016 Mental Health Advisory Board meeting it was determined to utilize the March 2016 Community Planning Process information along with attending other stakeholder meetings to identify any new, imperative needs to be included in the FY 2016/17 Annual Update. It was also decided, not include many new programs until the existing approved FY 15/16 Annual Plan Update was implemented and evaluated.

COMMUNITY SERVICES & SUPPORTS (CSS)

	ESTIMATED ANNUAL COST
I Front Porch Program	\$ 6,500
II Community Academies	\$ 30,000
III Ways to Wellness	\$ 5,000
IV Sierra County Wellness Center	\$ 25,000
V Plumas Sierra Crisis Line	\$ 6,000
VI Integrated Primary Care & Mental Health	*
VII Crisis Stabilization Unit	*
VIII Insight Respite Center	*
IX General Services	\$300,000
X Full Service Partnership	\$591,600
XI No Place Like Home	\$ 75,000+
XII Prudent Reserve	\$ 50,000+
XIII Reversion Funds Plan	\$258,980+

IVX Rural Border County Interagency Agreement(s) *

* Cost to be absorbed through General Services or Full Service Partnership funds.

† Identified amounts are associated with these program/component balances to spend as identified in their descriptions.

CSS – Section I FRONT PORCH PROGRAM

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

PROGRAM DESCRIPTION

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

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

Sierra County Behavioral Health hopes to collaborate with Public Health in an effort to look at integrating services and presenting with an added whole health approach.

GOALS & OBJECTIVES

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

OUTCOMES

- Identify underserved and unserved individuals
- Link to appropriate services

Status

While this program is part of the 2017-2020 Three Year Plan, Sierra County Behavioral Health has not been able to successfully implement this program.

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

No individuals were engaged during both fiscal years.

The FY 17/18 Revenue & Expenditure Report shows a cost of \$420. This cost is associated with administrative costs.

Key Activities FY 17/18 and FY 18/19

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

The Behavioral Health Coordinator identified this program as not being successfully implemented at Behavioral Health Advisory Board meetings as well as at Community Planning meetings.

Key Successes FY 17/18 and FY 18/19

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

Barriers or Challenges FY 17/18 and 18/19

Wellness Center growth and the loss of an extra-help peer support specialist lead to this program being put on the back burner.

Planned Activities FY 19/20

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

CSS – Section II COMMUNITY ACADEMIES

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

PROGRAM DESCRIPTION

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

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

Approximately 4 Community Academy Activities will be offered.

GOALS & OBJECTIVES

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

OUTCOMES

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

Status

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

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

None

Key Activities FY 17/18 and FY 18/19

No key activities took place in FY 17/18.

During FY 18/19 a Strengthening Families Workshop took place. During the workshop it was determined that Trauma Informed Care trainings needed to take place.

Key Successes FY 17/18 and FY 18/19

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

Barriers or Challenges FY 17/18 and 18/19

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

Planned Activities FY 19/20

The Behavioral Health Coordinator is currently collaborating with First5 Sierra to provide Trauma Informed Care Trainings through the Community Academy venue.

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

PROGRAM DESCRIPTION

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

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

GOALS & OBJECTIVES

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

OUTCOMES

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

Status

Ways to Wellness was implemented during both fiscal years.

Populations Served FY 17/18 and FY 18/19

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

During FY 17/18 three individuals were served through the Ways to Wellness Program. All participants were female with a preferred language of English and were in the age group of older adults (60+).

During FY 18/19 6 individuals were served. Three of the 4 of the individuals were female and 2 were male. Of the individuals served 83% identified as Caucasian and 17% as Hispanic. The age range served was 67% older adults (60+) with 33% being in the adult (26-59) age range. The preferred language was English.

Key Activities FY 17/18 and 18/19

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

Key Successes FY 17/18 and 18/19

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

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

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

Partners in FY 17/18 and FY 18/19

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

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

Planned Activities FY 19/20

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

CSS – SECTION IV SIERRA COUNTY WELLNESS CENTER

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

PROGRAM DESCRIPTION

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

As peer services have increase along with Wellness Center encounters rising the creation of another permanent part-time peer specialist position has been identified. The Mental Health Advisory Board has approved this additional position. There will now be two permanent part-time peer specialist positions and one extra-help position to provide peer support services.

GOALS & OBJECTIVES

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

OUTCOMES

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

Status

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

Populations Served in FY 17/18 and 18/19

	Populations Served FY 17/18	Populations Served FY 18/19
Number Served	Community Members	Community Members
Average Cost Per Person	\$4,402	Unavailable at this time
Children Aged 0-15	Served under Prevention	Served under Prevention
Transitional Aged Youth 16-25	Served under Prevention	Served under Prevention
Adults 26-59	88%	67%
Older Adults 60+	12%	33%
Total Individuals Served	17	12
Demographics of Individuals Served	Percent	Percent
Gender (self-identified)		
Female	71%	50%
Male	29%	50%
Sexual Orientation (self-identified)		
Gay	0	8%
Race (self-identified)		
White	94%	92%
Latino	6%	8%
Black	0	0
Other	0	0
Unknown	0	0
Preferred Language		
English	94%	100%
Spanish	6%	0
Military Veteran		

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

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

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

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

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

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

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

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

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

Transportation continued to be a barrier for individuals living in isolated communities wishing to access services. This barrier was alleviated, to a degree, with the purchase of the vehicle. The community members living in the West side of the county are still underserved.

Partners in FY 17/18 and FY 18/19

During both fiscal years the Wellness Center worked with various organizations/agencies while providing support to the identified needs of community members seeking services through the Wellness Center.

Planned Activities and Modifications in FY 19/20

Sierra County Behavioral Health will continue to provide supportive services for Full Service Partnership partners and those individuals being provided services through General Service Delivery.

Plans are in the works to have Wellness Center housed in a new building allowing for more peer lead activities and to provide more prevention services to youth. Under Prevention and Early Intervention component please see Wellness Center for more information pertaining to prevention.

CSS – SECTION V PLUMAS SIERRA CRISIS LINE

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

PROGRAM DESCRIPTION

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

GOALS & OBJECTIVES

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

OUTCOMES

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

CSS – SECTION VI INTEGRATED PRIMARY CARE & MENTAL HEALTH

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

PROGRAM DESCRIPTION

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

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

GOALS & OBJECTIVES

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

OUTCOMES

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

Status

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

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

No individuals have been served.

Key Activities FY 17/18 and FY 18/19

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

No activities took place in FY 18/19.

Key Successes FY 17/18 and FY 18/19

There were no key successes in either fiscal year.

Barriers or Challenges FY 17/18 and 18/19

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

Planned Activities FY 19/20

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

CSS – SECTION VII CRISIS STABILIZATION UNIT

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

PROGRAM DESCRIPTION

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

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

GOALS & OBJECTIVES

- Provide crisis stabilization

OUTCOMES

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

Status

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

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

Any Sierra County resident experiencing crisis due to a mental illness has the opportunity to be provided services through the Crisis Stabilization Unit.

Key Activities FY 17/18 and FY 18/19

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

Key Successes FY 17/18 and FY 18/19

Same as above.

Barriers or Challenges FY 17/18 and 18/19

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

Planned Activities FY 19/20

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

CSS – SECTION VIII INSIGHT RESPITE CENTER (IRC)

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

PROGRAM DESCRIPTION

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

GOALS & OBJECTIVES

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

OUTCOMES

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

Status

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

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

Any Sierra County resident meeting the eligibility requirements has the opportunity to be provided services through the Insight Respite Center (IRC).

Key Activities FY 17/18 and FY 18/19

The contract was maintained during both fiscal years should an individual have a need to access this service.

Key Successes FY 17/18 and FY 18/19

There were no key successes in FY 17/18.

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

Barriers or Challenges FY 17/18 and 18/19

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

Planned Activities FY 19/20

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

CSS – SECTION IX GENERAL SERVICES

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

PROGRAM DESCRIPTION

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

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

Sierra County Behavioral Health will continue to utilize and maintain electronic health records. Electronic health records allow for the billing of Medi-Cal, along with analyzing data to drive programs. As such, software to support electronic health records or data mining may be purchased.

GOALS & OBJECTIVES

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

OUTCOMES

- Increased mental health treatment services and supports, including alternative and culturally specific treatments.

Status

Implemented with progress made to achieve its objectives.

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

Since FY 15/16 there has been a 21% increase in individuals seeking services through General Service Delivery. Fifty-seven (57) individuals were served in FY 17/18 and 56 individuals were served in FY 18/19. The table below indicates the populations served. Few Children (0-15) and no Transitional Aged Youth (TAY) (16-25) were served through General Service Delivery. To better utilize Prevention and Early Intervention (PEI) Funds it has been decided in FY 16/17 to fund the first 18 months of children and TAY under the PEI component as regulations allow.

The table below demonstrates populations served.

	Populations Served FY 17/18	Populations Served FY 18/19
Number Served	Community Members	Community Members
Average Cost Per Person	\$6,000	
Children Aged 0-15	3	2
Transitional Aged Youth 16-25	Not Served	Not Served
Adults 26-59	39	37
Older Adults 60+	15	17
Total Individuals Served	57	56
Demographics of Individuals Served	Percent	Percent
Gender (self-identified)		
Female	74%	77%
Male	26%	23%
Sexual Orientation (self-identified)		
Gay	Not Served	2%
Race (self-identified)		
White	91%	92%
Native American	3%	4%
Black	2%	Not Served

Other	2%	2%
Unknown	2%	2%
Preferred Language		
English	100%	100%
Military Veteran	2%	Not Served

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

Mental Health Services included medication management, therapy, and case management. Peer support was offered through the Wellness Center. To ensure individualized continuum of care was recognized and acted upon, transportation to mental health services and medical appointments was provided. Medications were also provided, when necessary, to maintain the level of functioning identified within individual treatment plans and to alleviate crisis situations occurring from an interruption in medication management.

Key Successes in FY 17/18 and 18/19

During FY 18/19 a Response to Treatment assessment was created and implemented. The Response to Treatment assessment is based on improvement within an individual’s annual mental health assessment. Outcomes are meant to determine if treatment strategies are being successfully engaged by the client, thereby improving the quality of their life. Twenty-six (26) individuals were assessed or have participated in an initial assessment to date.

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

There were no real barriers during FY 17/18. During FY 18/19 we lost 70% of the behavioral health clinical team due to health concerns. Through teamwork and collaborative efforts, individuals were served as best as possible for approximately 5 months. Currently, we are

back to being fully staffed.

Partners in FY 17/18 and FY 18/19

SCBH contracts with Placer County Behavioral Health to implement the Placer/Sierra County Mental Health Plan. SCBH benefits from partnering with Placer County Behavioral Health in meeting state and Medi-Cal requirements.

Planned Activities and Modifications in FY 19/20

SCBH will continue to provide identified needed services to individuals meeting the MHSA criteria. Individualized and appropriate continuum of care serves will continue to be offered. Continuum of care needs are not always recognized in advance as each individual requires services and supports to meet their unique treatment plans and circumstances. Every effort will be made to provide appropriate continuum of care services.

Increasing service numbers, needs, and modalities of services offered has impacted office space. Office space may be rented and furniture will be purchased to meet these increased needs.

CSS – SECTION X FULL SERVICE PARTNERSHIP

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

PROGRAM DESCRIPTION

The Full Service Partnership (FSP) program is best defined as a collaborative relationship between the county and community members of all ages who live with severe mental illness (SMI) or live with a severe emotional disturbance (SED), and when appropriate the community member’s family, by expanding mental health services and supports and providing the full spectrum of community services so that the community member can achieve their individualized identified goals. Sierra County Behavioral Health staff serve as active partners to FSP partners increasing the coordination of care within the community or need-based, appropriate services which are not offered in Sierra County. The team composed of Sierra County Behavioral Health staff and individuals identified by the FSP partner offers strength-based, client/family-directed, individualized mental health and wrap-around services and supportive funding to:

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

GOALS & OBJECTIVES

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

OUTCOMES

- **Increased attainment of identified goals in the Individual Services and Supports Plan**

Populations served in FY 17/18 & FY 18/19

Full Service Partnerships	Populations Served FY 17/18	Populations Served FY 18/19
Number Served	8 Community Members	11 Community Members
Average Cost Per Person	\$26,660	
Children Aged 0-15	1 Community Member	Not Served
Transitional Aged Youth 16-25	1 Community Member	1 Community Member
Adults 26-59	5 Community Members	8 Community Members
Older Adults 60+	1 Community Member	2 Community Members
Demographics of Individuals Served	Percent	Percent
Gender		
Female	50%	55%
Male	50%	45%
Sexual Orientation (self identified)		
Gay	Not Served	9%
Ethnicity		

Caucasian	100%	91%
Latino	Not Served	9%
Preferred Language		
English	100%	100%
Military Veteran	Not Served	Not Served

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

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

In FY 17/18 key successes can be summed up through the program description of providing higher levels of care to support FSP partners in obtaining their recovery goals, living in their community and living in least restrictive environments. Peer Support and the Wellness Center played a large role in working towards and meeting recovery goals.

In FY 18/19 two individuals met their ISSP goals and graduated from the Full Service Partner program. Other individuals made progress towards their obtaining their ISSP goals.

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

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

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

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

Partners in FY 17/18 and 18/19

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

Planned Activities in FY 19/20

Sierra County Behavioral Health will continue to provide and expand mental health services and supports to community members living with the symptoms of SMI or dealing with SED. Sierra County Behavioral Health staff will continue to remain active participants with FSP partners to increase coordination of services and supports. Individual identified needs will continue to be provided to community members who are FSP partners.

Peer support services and the Wellness Center will continue to be offered to FSP partners. Peer Support services will be provided through the Downieville Satellite office of Behavioral Health as well as in Loyalton.

CSS – Section XI NO PLACE LIKE HOME

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

PROGRAM DESCRIPTION

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

GOALS & OBJECTIVES

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

OUTCOMES

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

Status

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

No actual individuals were served.

Key Activities FY 17/18 and FY 18/19

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

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

Key Successes FY 17/18 and FY 18/19

During FY 18/19 Sierra County Behavioral Health successfully partnered with Plumas County to move forward with establishing a potential contract for NPLH. **Barriers or Challenges FY 17/18 and 18/19**

Partners in FY 17/18 and 18/19

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

Planned Activities FY 19/20

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

DRAFT

CSS – SECTION XII PRUDENT RESERVE

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

PROGRAM DESCRIPTION

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

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

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

GOALS & OBJECTIVES

- Maintain Prudent Reserve fund cap balance.

OUTCOME

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

Status

Sierra County Behavioral Health continues to maintain a Prudent Reserve account.

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

Planned Activities and/or Modifications FY 19/20

Sierra County Behavioral Health will be transferring the identified funds needing to be transferred from Prudent Reserve to Community Services and Supports and Prevention and Early Intervention. These funds will be identified as first dollars to be spent in each component during FY 19/20.

Maintain Prudent Reserve fund cap balance.

DRAFT

CSS – SECTION XIII REVERSION FUNDS PLAN

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

PROGRAM DESCRIPTION

Pursuant to Welfare and Institutions Code (WIC) Section 5892.1, Assembly Bill 114 (Chapter 38,

Statutes of 2017) states that all unspent Mental Health Services Funds subject to reversion as of July 1, 2017 are deemed to have been reverted and reallocated to the county of origin for the purposes for which they were originally made available.

GOALS & OBJECTIVES

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

OUTCOME

- Expend indicated funds as identified above by July 1, 2020
- Funds will have contributed to the building projects associated with 207 Front Street and 704 Mill Street to expand and enhance services

Status

To date no funds have been spent towards the expansion of the Wellness Center located at 207 Front Street nor to build a new Behavioral Health Building to expand and enhance current services.

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

No actual individuals were served.

Key Activities FY 17/18 and FY 18/19

No key activities took place during FY 17/18 or FY 18/19 regarding the Reversion Fund Plan.

Key Successes FY 17/18 and FY 18/19

During FY 18/19 Reversion fund balances were balanced and recognized between the state and Sierra County Behavioral Health's fiscal department.

Barriers or Challenges FY 17/18 and 18/19

Supporting building projects as identified above as part of this reversion fund plan did not come to fruition. Costs to expand the Wellness Center were greater than budgeted. Sierra County received bids which were not within an acceptable project expense range nor time line. It also became apparent that a new Behavioral Health Building could not be built within an acceptable budget.

Partners in FY 17/18 and 18/19

Sierra County Behavioral Health partnered with Sierra County Planning Department to provide Public Works project oversight and accountability.

Planned Activities FY 19/20

Sierra County Behavioral Health will be utilizing the Reversion Funds as last dollar to fund programs within Community Services funding.

DRAFT

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

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

PROGRAM DESCRIPTION

Due to the rural nature of Sierra County and bordering counties, geographic isolation is a constant

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

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

GOALS & OBJECTIVES

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

OUTCOME

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

Status

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

PREVENTION & EARLY INTERVENTION (PEI)

ESTIMATED ANNUAL COST

I	Music Together	\$ 4,000
II	Nurturing Parenting	\$ 60,000
III	Linkage to Youth Services	\$150,000

IV	Veteran’s Advocate	\$ 22,000
V	Student/Parent Navigation	\$ 7,784
VII	Mental Health First Aid Training	\$ 4,000
VIII	safeTALK© Training	\$ 4,000
IX	Applied Suicide Intervention Skills Training	\$ 7,000
X	Sierra County Wellness Center	\$ 50,000
XI	Reversion Funds Plan	\$771,611

DRAFT

PREVENTION & EARLY INTERVENTION (PEI) Overview

Purpose

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

- at least on Early Intervention program;

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

Definition of Programs

Early Intervention: Treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence. Early intervention shall not exceed 18 months, unless the person is identified as experiencing first onset of a serious mental illness, or emotional disturbance with psychotic features, in which case early intervention services shall not exceed four years. Serious mental illness or emotional disturbance with psychotic features means schizophrenia spectrum, other psychotic disorders, and schizotypal personality disorder. These disorders include abnormalities in one of the five domains: delusions, hallucinations, disorganized thinking (speech), grossly disorganized or abnormal motor behavior (including catatonia, and negative symptoms).

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

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

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

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

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

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

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

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

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

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

Demographic Information:

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

Funding requirement for Prevention and Early Intervention component:

At least fifty-one (51%) of PEI plan budget must be dedicated to individuals who are 25 years old or younger. Programs that serve parents, caregivers, or family members with the goal of addressing MHS outcomes for children or youth at risk of or with early onset of a mental illness can be counted as meeting this requirement. **Small counties may opt out of this requirement by illustrating a need, having**

it go through the Community Planning Process and being approved by the Board of Supervisors. Sierra County's population is over 75% adults. See appendix **GET BOS RESOLUTION**

DRAFT

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

COMPONENT	<input type="checkbox"/> Outreach for Increasing Recognition Early Signs of Mental Illness
	<input checked="" type="checkbox"/> Reduction in Mental Illness Stigma

- Reduction in Discrimination Against Mentally Ill
- Access and Linkage to Medically Necessary Care

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

STRATEGY Universal Selective Indicative

PROGRAM DESCRIPTION

Music Together provides a universal service strategy targeted to children and families to reduce stigma, improve timely access to services for underserved populations. Music Together is an internationally recognized early childhood education music and movement program, the curriculum of which is employed to provide a prevention and early intervention program offered to community members and their young children to increase access and linkage to services while reducing stigma associated with mental illness, as well as accessing supports and service through SCBH.

A Licensed Marriage Family Therapist (LMFT) facilitates Music Together in the pre-school setting every other week during the school year. Modeling from the facilitator not only takes place for the child, it also enables the teachers, parents, aides, and caregivers to apply age-appropriate, positive interaction in school and at home.

The implementation of the Music Together program allowed for SCBH staff to build trust on a personal level with school staff. A direct result of trust being built between the schools and SCBH can be realized in the actions of school staff reaching out to SCBH staff for assistance with students displaying signs of behavior issues.

Within the small communities of Sierra County, building trust on an individual basis equates to the reduction of stigma. The implementation of Music Together permitted both trust building and stigma reduction, allowing Sierra Plumas Joint School District and SCBH a future in collaborative efforts.

GOALS & OBJECTIVES

- Changes in attitudes, knowledge and/or behavior related to seeking mental health services
- Changes in attitudes, knowledge and behaviors towards stigma related to mental illness

OUTCOME REDUCTION

- Stigma reduction
- Increased access & linkage to Behavioral Health Services

Status

Music Together was implemented in FY 17/18. Music Together was not continued in FY 18/19 due to space not being available as well as the MFT no longer able to implement the program.

Populations Served FY 17/18:

Pre-School aged children, parents and grandparents were served during FY 17/18. A total of 25 pre-school aged children were served. There were 17 males and 8 females who participated in the program. Other demographic information was unavailable.

The average cost per person was \$4.40 per month. Time study information was not available to give a more accurate cost per person.

Key Activities FY 17/18:

Music Together sessions were provided to community members with 0-5 year olds during FY 17/18.

Key Successes and/or Outcomes FY 17/18:

With the SCBH MFT implementing the program, there was stigma reduction that took place through meeting a Behavioral Health employee who was not in the Behavioral Health setting.

Barriers and Challenges FY 17/18:

Engaging parents to participate in Music Together was a challenge.

Partners in FY 17/18:

Sierra Kids and First 5 continued to be partners during FY 17/18.

Planned Activities and Modifications in FY 19/20:

Music Together will no longer be implemented through Sierra County Behavioral Health. There has been interest shown by a community member to continue to implement the program. This individual is working with First5 to become certified to facilitate Music Together. Sierra Kids is willing to collaborate with the community member so that the program will become self-sustaining through other community resources.

PEI – SECTION II NURTURING PARENTING

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

COMPONENT	<input type="checkbox"/>	Outreach for Increasing Recognition Early Signs of Mental Illness
	<input checked="" type="checkbox"/>	Reduction in Mental Illness Stigma

- Reduction in Discrimination Against Mentally Ill
- Access and Linkage to Medically Necessary Care

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

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

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

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

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

GOALS & OBJECTIVES

- Improve family relationships
- Improve social functioning

OUTCOME REDUCTION

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

Status

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

Populations Served FY 17/18 and FY 18/19

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

Information for FY 18/19 is not yet available. It will be included in the Prevention and Early Intervention Report for FY 18/19. Families participated in Nurturing Parenting programs.

Key Activities FY 17/18 and FY 18/19

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

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

During FY 18/19 families were engaged in Nurturing Parenting. More information is not available at this time.

Key Successes in FY 17/18 and 18/19

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

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

The results below are derived from Nurturing Parenting Pre and Post assessments. Based on experiencing and observing the assessments facilitators have found there may be some discrepancy

when evaluating the areas of risk factors between the pre-assessment and the post-assessment. During the pre-assessment parents may be unwilling to disclose their true attitudes and beliefs for fear of being negatively judged. When a parent is participating in the post-assessment, they have established a trusting relationship with the facilitator and will tend to participate in the assessment with more honesty.

During FY 18/19 families participated in Nurturing Parenting. Outreach and Engagement activities took place as well. Data collected has not yet been analyzed to include in this report.

Challenges and Barriers in FY 18/19 and FY 18/19

There were no real challenges in implementing this program during both years. However, a barrier that has been encountered is the fact that our communities are so small there is no anonymity when participating in programs. Therefore, many individuals will not participate due to fear of judgement.

Partners in FY 18/19 and FY 19/20

Sierra County Behavioral Health contracted with Sierra County Child Abuse Council to implement and facilitate this program.

Planned activities and modifications in FY 19/20

This program will continue as indicated in the 2017-2020 MHSA Three-Year Plan. Facilitator training will be funded through Sierra County Behavioral Health as staff members within High Sierras Family Center have changed as well as Sierra County Sierra County Health & Human Services. This training needs to take place to ensure fidelity to the program.

PEI – SECTION III LINKAGE TO YOUTH SERVICES

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

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

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

- STRATEGY** Universal Selective Indicative

PROGRAM DESCRIPTION

Under the Early Intervention regulations; identified, appropriate treatment up to 18 months can be funded through Early Intervention. Individuals do not have to be living with Severe Mental Illness or be severely emotionally disturbed to access services through the Prevention and Early Intervention funding stream category. Utilizing services under Early Intervention allows underserved or unserved community members to receive early intervention treatment services.

Underserved/ Unserved definitions

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

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

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

GOALS & OBJECTIVES

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

**OUTCOME
REDUCTION**

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

Status

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

Populations Served in FY 17/18 and 18/19

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

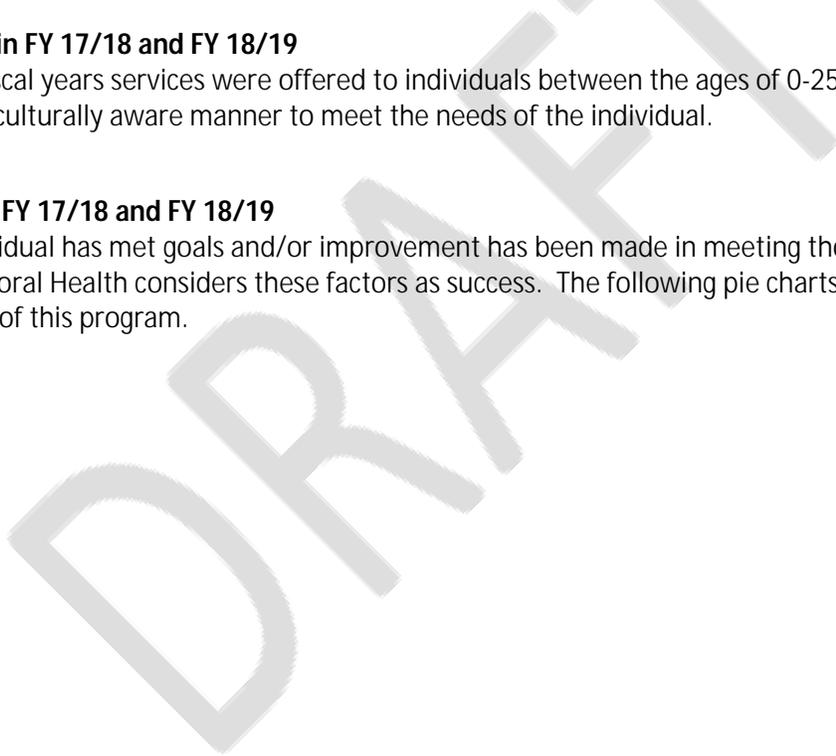
Age Group	Gender		Race				Preferred Language	
	Male	Female	Caucasian	Other	Unknown	African/American	English	Spanish
0-15	5	6	7	1	1	1	8	2
15-25	2	4	4	2	0	0	6	0

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

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

Key Successes FY 17/18 and FY 18/19

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



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

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

Data has not been analyzed for FY 18/19. It will be done and reported through the Prevention and Early Intervention Report due on December 31, 2019.

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

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

Partners FY 17/18 and FY 18/19

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

Planned Activities and/or Modifications during FY 19/20

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

PEI – PROGRAM NAME: VETERAN'S ADVOCATE

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

STRATEGY Universal

Selective

Indicative

PROGRAM DESCRIPTION

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

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

The Veteran's Advocate will:

- communicate, represent, and promote the veterans and family/caregiver perspective within the behavioral health system;
- Identify information and resources (network) in local communities which may be of benefit to local veterans;
- Provide peer mentoring on a one-to-one basis,
- Assist veterans in navigation of the behavioral health system and community resources to ensure that needs are met by the appropriate caregiver

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

GOALS & OBJECTIVES

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

OUTCOME REDUCTION

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

FY 17/18 and FY 18/19 Reporting Information

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

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

Populations Served:

Veterans Served	FY 17/18	FY 18/19
Total Veterans/Family Members Served	5	4
Age Groups Served		
25-59	3	4
60+	2	Ø
Ethnicity		
Filipino	1	1
Other		Unkown
Race		
Native Hawaiian or other Pacific Islander	1	1
Caucasian	4	Unkown
Primary Language		
English	5	4
Sexual Orientation		
Heterosexual or Straight	5	4
Gender-Assigned Sex at Birth		
Male	5	4
Female	Ø	Ø
Current Gender Identity		
Male	5	4
Female	Ø	Ø
Veteran Status		
Veteran	5	4
Non-Veteran	Ø	Ø
Disability		
Communication	Unknown	Unknown

Physical Health	Unknown	Unknown
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The average cost per person served during FY 17/18 was \$2,635 with a total of \$13,177 expended. In FY 18/19 the average cost per person served was [REDACTED]

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

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

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

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

Partners in FY 17/18:

Partners in FY 18/19:

Planned Activities and Modifications in FY 19/20: Through an internal employee shift Sierra County Behavioral Health now has a Veteran's Advocate. This position is intended to have the individual become a Veteran's Service Officer and to implement a Veteran's Service Office located in Sierra County. The position will be funded at a .50 FTE.

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

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

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

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

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

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

GOALS & OBJECTIVES

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

OUTCOME

- Reduction in mental illness stigma

FY 17/18 and FY 18/19 Reporting Information

Status FY 17/18 and FY 18/19:

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

Populations Served:

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

FY 18/19		
Number N=20	Settings of Potential Responders	Type of Potential Responder
2	Behavioral Health	<ul style="list-style-type: none"> • Coordinator • Case Manager
2	BoS	<ul style="list-style-type: none"> • Chairman • Supervisor District 4
1	Forest Service	<ul style="list-style-type: none"> • Fire Prevention/Patrol
1	Business & Career Network	<ul style="list-style-type: none"> • C.C.A.
2	Community Members	<ul style="list-style-type: none"> • Community Members • Volunteer Veteran Advocate
1	Emergency Services	<ul style="list-style-type: none"> • Division Fire Chief/AEMT
1	Public Health	<ul style="list-style-type: none"> • Public Health Nurse
5	SCHHS	<ul style="list-style-type: none"> • Office Manager • Account Tech III • Fiscal Officer • Director • Transporter
2	Social Services	<ul style="list-style-type: none"> • Eligibility Workers
3	Sierra City Volunteer Fire Department	<ul style="list-style-type: none"> • Chief • Firefighter I • Volunteer AEMT

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

Key Successes in FY 17/18 and 18/19:

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

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

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

Partners in FY 17/18 and FY 18/19:

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

Planned Activities and Modifications in FY 19/20:

As indicated in the 2017-2020 MHSA Three-Year Program & Expenditure Plan Mental Health First Aid will continued to be offered to community members and agencies/organizations who serve Sierra County residents.

If Senate Bill 428 is passed Sierra County will be poised to assist and support Sierra Plumas Joint Unified School District in offering Youth Mental Health First Aid to school staff. Senate Bill 428 is an act to add Section 49428.5 to the Education Code, relating to pupil health. Youth Mental Health First Aid (YMHFA) is referred to in the Bill as an evidence based practice designed to equip family members, educators and caregivers with the skills and confidence needed to provide support to adolescents (ages 12-18). YMFA has been shown to broaden knowledge of mental illnesses and addictions, while increasing the likelihood of a trained individual helping someone in distress.

PEI – SECTION VII safeTALK© TRAINING

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

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

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

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

safeTALK is a LivingWorks' program that provides awareness and skills that help to save lives. The

program is part of national, regional and organizational suicide prevention strategies around the world. Whether directly or indirectly, most people with thoughts of suicide invite help to stay safe. safeTalk is a training that prepares participants to recognize these invitations and connect a person with thoughts of suicide to intervention resources.

GOALS & OBJECTIVES

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

OUTCOME

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

Status

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

Populations Served in FY 17/18 and 18/19

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

During FY 18/19 a SafeTalk training was offered in March. There were twenty-four (24) individuals who attended. Further demographics are not available at the writing of this document. Further information will be included in the 2020-2023 MHSA Three Year Plan and the Prevention and Early Intervention Evaluation.

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

No activities took place in FY 18/19.

A SafeTALK training took place in FY 19/20.

Key Successes FY 17/18 and FY 18/19

There were no key successes during FY 17/18.

In March 2019 Sierra County offered a SafeTALK training. The fact that 24 individuals attended the training was in and of itself a great success. Evaluations have not yet been analyzed to determine any change in attitudes toward suicide.

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

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

Partners in FY 17/18 and 18/19

Sierra County Behavioral Health partnered with Plumas Rural Services to provide the training.

Planned Activities and/or Modifications in FY 19/20

Activities should continue to take place during FY 19/20. Further partnering may take place with Plumas Rural Services to allow Sierra County residents to benefit from trainings provided in Plumas County.

PEI – SECTION VI APPLIED SUICIDE INTERVENTION SKILLS TRAINING (ASIST®)

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

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

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

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

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

ASIST participants will be better able to:

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

GOALS & OBJECTIVES

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

OUTCOME

- Increase the number of providers trained in ASIST

Status

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

Populations Served FY 17/18 and FY 18/19

During FY 17/18 no ASIST classes were offered.

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

N=10	Number
Race	
White	5
More than one Race	1
Decline to answer	3
Missing	1
Ethnicity	
Hispanic Mexican/Mex American	1
Non-Hispanic Ethnicity	0
Missing	9
Age	
26-59	8

	Number
Sexual Orientation	
Heterosexual or Straight	6
Decline to answer	4
Disability Status	
Difficulty hearing	1
No disability	4
Decline to Answer	5
Languages proficient in other than English	
Spanish	2
Other	1

60+	1
Decline to answer	1
Veteran	1
Gender at Birth	
Male	1
Female	5
Decline to answer	2
Current Gender Identity	
Male	1
Female	5
Decline to answer	4

Key Activities FY 17/18 and 18/19

No activities took place in FY 17/18.

One ASIST class was offered with 10 individuals attending in FY 18/19.

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

No Key Success took place in FY 17/18.

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

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

Suicide is a difficult topic to address due to stigma and a lack of education regarding suicide. Many individuals are not interested in possibly participating in suicide prevention or early intervention services.

Partners

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

Planned Activities in FY 19/20

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

PEI – SECTION X **SIERRA COUNTY WELLNESS CENTER**

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

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

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

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

Sierra County has one Wellness Center. located in Loyalton. Peer Support provides services in the Downieville office through the Wellness Room once a week. The Wellness Center 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' 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 Behavioral Health, Health and Social Services building located in Downieville. The same services can be provided at this site through collaboration with the Sierra County Wellness Center.

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

GOALS & OBJECTIVES

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

OUTCOME REDUCTION

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

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

Populations Serviced FY 17/18 and 18/19:

	Populations Served FY 17/18	Populations Served FY 18/19
Number Served	Individual Community Members	Individual Community Members
Average Cost Per Person	\$2,111	
Children Aged 0-15	7	4
Transitional Aged Youth 16-25	1	2
Adults 26-59	33	26
Older Adults 60+	3	3
Total Individuals Served	41	35
Demographics of Individuals Served	Percent	Percent
Gender (self-identified)		
Female	24	20
Male	17	15
Sexual Orientation (self-identified)		
Bi-Sexual	1	1
Race (self-identified)		
White	40	34
Latino		
Black	1	1
Other		
Unknown		
Preferred Language		
English	41	35
Spanish		
Military Veteran	Served under VPS Program	Served under VPS Program

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PEI – SECTION VI **PREVENTION AND INTERVENTION REVERSION FUNDS PLAN**

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

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

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

- STRATEGY** Universal Selective Indicative

PROGRAM DESCRIPTION

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

GOALS & OBJECTIVES

- Should the need arise, utilize unspent PEI funds to contribute to Capital Facilities Funds in the building project of expanding the Wellness Center (located at 207 Front Street, Loyalton).
- Develop a plan to expend these funds by July 1, 2020 utilizing the community planning process

OUTCOME

- *Expend indicated funds as identified in a plan by July 1, 2020*
- *Increase capacity to provide prevention services as indicated through the community planning process*

Status

Sierra County Behavioral Health and California Department of Health Care Services were able to balance and identify reversion funds related to Prevention & Early Intervention. These funds need to be expended by June 30, 2020. A challenge that arises with increasing and offering more specialized services comes with a need to hire additional staff.

Planned Activities and/or Modification FY 19/20

Sierra County Behavioral Health will be collaborating with Sierra Plumas Joint Unified School District to contribute \$25,000 to a Behaviorist. The schools are finding a need to offer more specialized behavior interventions to youth. This activity will be considered a prevention activity.

Sierra County Behavioral Health will be collaborating with the Substance Use Disorders Community

Outreach Coordinator who oversees Friday Night Live and facilitates activities within the schools. We are looking to contract with SUDS to provide culturally appropriate whole health activities aimed at addressing/reducing youth risk factors. The contract amount will be \$20,000. This activity will be considered a prevention activity.

WORKFORCE EDUCATION & TRAINING (WET)

ESTIMATED ANNUAL COST

I	Electronic Learning Management System	\$ 10,000
II	Agency Workforce Training	\$ 30,000

WET – Section I | ELECTRONIC LEARNING MANAGEMENT SYSTEM

DESCRIPTION

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

GOALS & OBJECTIVES

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

OUTCOMES

- Increase completed training hours

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

DESCRIPTION

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

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

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

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

GOALS & OBJECTIVES

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

Key Activities FY 18/19 and 19/20

Peer Support staff recertified to provide Wellness Recovery Action Plan services.
Peer Support staff participated in a training to become a certified facilitator.

Activities and/or Modifications FY 19/20

Creating a local loan assumption program has been identified as a need to maintain and increase workforce capacity. Sierra County will continue to research this program, learn appropriate loan assumption amounts and time requirements associated with successful loan assumption programs.

Continue to expend funds as indicated in the @017-2020 MHSA Three-Year Plan.

CAPITAL FACILITIES AND TECHNOLOGIES

	ESTIMATED COST
I Wellness Center Modular Building	\$500,000
II 704 Mill Street: Behavioral Health Building Construction	\$0

CFTN– SECTION I

Wellness Center Modular Building FY 19/20
207 Front Street Addition FY 17/18 and 18/19

DESCRIPTION

Behavioral Health currently owns the property occupied by the Sierra County Wellness Center. The Sierra County Wellness Center is located at 207 Front Street in Loyalton. Services offered through the Wellness Center have increased as well as the number of monthly encounters. Peer Support staff numbers have increased as well to provide the capacity to provide services and meet Wellness Center visitors' needs. The Veterans' Peer Support Specialist is also housed at the Wellness Center.

The addition of office space to the back to the existing building will create a greater space to provide services. The Sierra County Mental Health Advisory Board and the County Finance Committee approved the addition to the Wellness Center.

GOALS & OBJECTIVES

- Increase the square footage of the Wellness Center Building
- Provide services in a more efficient manner within the Wellness Center

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

Planning and/or Modifications during FY 19/20

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

CFTN – SECTION II 704 MILL STREET - BEHAVIORAL HEALTH BUILDING CONSTRUCTION

DESCRIPTION

Sierra County currently owns the land where the proposed new Behavioral Health Building will be constructed. The Sierra County Board of Supervisors and the finance committee were pleased that current resources were being utilized to build on.

The new Behavioral Health Building will provide an opportunity to increase tele-psychiatry services, children's services and a day crisis facility.

GOALS & OBJECTIVES

- Behavioral Health building completed before Capital Facilities funds sunset in 2018.

Plans and/or Modifications FY 19/20

Sierra County Behavioral Health will not be following through with this project. The Wellness Center building will be placed where this building was to be built. There are insufficient funds to build a new building.

INNOVATIONS

ESTIMATED FUND AVAILABILITY

I	INNOVATIONS PLAN	\$ 70,000
II	REVERSION FUNDS PLAN	\$360,264

INN – SECTION I INNOVATION PLAN

DESCRIPTION

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

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

GOALS & OBJECTIVES

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

Status FY 17/18 and FY 18/19

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

Plans and/or Modifications FY 19/20

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

INN – SECTION II INNOVATION REVERSION FUNDS PLAN

DESCRIPTION

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

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

GOALS & OBJECTIVES

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

Status

No progress was made during FY 17/18 and FY 18/19 towards implementation of an innovation plan.

Plans and/or Modifications FY 19/20

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

These two projects being reported on are intertwined, therefore reporting is repeated under each project.

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