

**Sierra County MHS&A Fiscal Year 2022-2023  
Annual Update  
Public Copy: Data Redacted**



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# FY 22/23 ANNUAL UPDATE – PURPOSE/OVERVIEW

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The purpose of this FY 22/23 Annual Update is to provide any needed revisions during FY 22/23 not included within the continuing 2020-2023 Three-Year Mental Health Services Act Plan and Expenditure Report as approved by the Sierra County Board of Supervisors. This Annual Update also includes expenditures and outcomes which occurred during FY 20/21.

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.

## **MHSA 20-23 PLAN CHANGES IN THE 22/23 ANNUAL UPDATE:**

There are no deletions of programs within Community Services and Supports, Prevention and Early Intervention, and the Innovation components. The purchase of a new vehicle to transport community members participating in the Full Service Partnership Program will be added. Under the General Services (Community Services and Supports Component) and Access to Youth Services (Prevention and Early Intervention Component) Substance Use Disorder Treatment will be made available in the amount of \$20,000 to send one individual per year under each program. There is an addition under the Capital Facilities and Technologies component which allows for the purchase of more telehealth equipment.

## **COVID-19 IMPACT ON THE FY 22/23 ANNUAL UPDATE:**

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

Expenditures and outcomes pertaining to FY 20/21 have been skewed due to services not being offered through the traditional face to face venue. Telehealth, video meetings and phone services were provided as needed. However, being able to conduct business via video took time to be available to County Employees. Also, many community members do not have access to reliable internet services. Outreach and services provided in other locations did not occur as before and numbers served declined.

# 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, pharmacies, 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 3,236 (US Census Bureau 2020) 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 the agency capacity to serve community members on both the east and west side of the county.

<b>Population as of 2020*: 3,236</b>	
<b><u>Population percentage by age:</u></b>	
Under 18	21.0%
18-64	48.6%
65 & older	30.4 %

\* 2020 US Census Bureau-FactFinder, Community Facts

# COMMUNITY PLANNING AND LOCAL REVIEW PROCESS

PUBLIC HEARING JULY 7, 2022

The Public Hearing regarding the Mental Health Services Act (MHSA) FY 22/23 Annual Update took place on July 7, 2022 to accommodate the 30 day posting of this document. Posting of this Annual Update occurred on June 2, 2022 (Appendix CPP.01).

Eleven individuals were in attendance during the Public Hearing.

	Male		Female	
	Age 25-59	Age 60+	Age 25-59	Age 60+
Members of the public				
Consumers of Behavioral Health Services				
Behavioral Health Staff Members				
Faith based representative with influence				
<b>Total</b>				

The Behavioral Health Coordinator indicated additions to programs as follows:

1. Under the Community Services and Supports component of Full Service Partnership the purchase of a replacement vehicle was added. The cost is not to exceed \$60,000.
2. Addition of co-occurring assessment and possible treatment services to individuals eligible for MHSA services with a cap amount of \$20,000 per identified component program. Community Services and Supports General Services Program and Prevention/Early Intervention Access to Youth Services program are the two programs including this new service.
3. Under Capital Facilities & Technologies the addition of purchasing hardware to increase tele-health services as hiring in-person outpatient staff is very difficult.

No other public comments were made during the hearing. The Behavioral Health Coordinator reported not receiving comments during the 30-day public comment period.

The draft FY 22-23 Annual Update was available on the Sierra County Website. Copies were also available for viewing at the following locations:

- Wellness Center
- Behavioral Health
- Social Services
- Public Health

Copies were distributed to the following community-based organizations:

- Loyalton Senior Center
- Family Resource Center
- First 5
- Behavioral Health Advisory Board members

The Behavioral Health Advisory Board approved the draft plan with direction to take to the Board of Supervisors for approval on August 16, 2022.

**STAKEHOLDER/CONSUMER PROCESS 2022**

Two Community Planning meetings took place in March of 2022, one in Loyalton and one in Alleghany. Appendix CPP.1 provides advertisement materials used to promote Community Planning meetings.

**Loyalton, March 23, 2022:**

Seven community members and or representatives from community based organizations and consumers attended this planning meeting. The Power Point ‘MHSA Nuts & Bolts Overview’ was distributed and discussed at the beginning of the meeting. Gaps in Services, Challenges and Strengths regarding Behavioral Health and MHSA programs were identified. Appendix CPP.2 includes materials distributed.

The following gaps in services, challenges and strengths were identified and discussed.

Gaps in Services	Challenges	Strengths
<p>Whole Health: Support in-person Transportation home</p>	<p>Reliable Internet Remote Court Sites Telehealth Remote work</p> <p>Sierra County does not enjoy unfettered use of internet. Many community members live in areas where service is non-existent or so weak/slow that it is virtually useless to provide any platform to Zoom or Webex. Internet is expensive, bundled subscriptions are not available to all community members. The Low-Economic status of many community members creates a barrier to updated technology uses.</p>	<p>Physical Health:</p> <ul style="list-style-type: none"> <li>• More time and ability to exercise, get outside and breath fresh air</li> <li>• Environment offers many avenues of interest and activities</li> <li>• Decrease in COVID-19 restrictions and cases prompts looking and thinking about doing more outside activities</li> </ul>
<p>No help from County or other resources for mild to moderate and insured individuals</p>	<p>Physical Health:</p> <ul style="list-style-type: none"> <li>• Need to go elsewhere for higher level of medical services</li> <li>• Lack of specialized services near by, including in-patient or residential services for individuals living with severe mental illness</li> </ul>	<p>Collaboration across agencies and community based organizations addressing physical, emotional and spiritual health:</p> <ul style="list-style-type: none"> <li>• Plumas County, Plumas county community based organizations</li> <li>• Telehealth</li> <li>• Small town: knowing who to call, having support from other agencies/CBOs, people aware of what is ‘normal’ for offices</li> <li>• Churches</li> <li>• Small town allows most residents a sense of safety.</li> </ul>

Educate front staff regarding services, eligibility status, and how to communicate effectively to community members in need	All areas of need: <ul style="list-style-type: none"> <li>If not already connect to 'County Services' as a client or have insurance there is no assistance available</li> </ul>	
Lack of communication between agencies	Crisis: <ul style="list-style-type: none"> <li>5150 situations at front desks, not necessarily consistent or supported and educated</li> </ul>	
Education around Medi-Care and Medi-Cal services	Filling position vacancies of all types in Sierra County, skilled or otherwise	
Lack of IHSS works	Limited law enforcement staff available at many times for 5150's or suicide	
Lack of high-level government understanding of what Health & Human Services does	Emergency housing only in Plumas County, filling fast due to Dixie fire.	
	Available/affordable housing in general	
	Transportation	
	Lack of host foster families in area	
	Quality of life at home due to very few IHSS workers. Safety and comfort at home become issues	

**Alleghany: March 24, 2022:**

Alleghany is a community nestled on top of the Southeastern most ridge in Sierra County. Driving on the only plowed, paved route takes one through both Yuba and Nevada Counties before coming back into Sierra County. If a community member is fortunate enough to have a running vehicle, they can travel 1 hour 20 minutes to the Downieville satellite HHS services.

The only 'public' buildings are the Post Office and the Volunteer Fire Department. The narrow, sometimes one-lane paved streets in town are interspersed with abandoned buildings.

To live in the Alleghany area means community members have to be as self-sufficient as possible due the geographic isolation of the community. Community members tend to have to depend on one another, live in a culture with little outside influences and find it difficult to trust 'outsiders'.

No one arrived to participate in the community planning meeting. This was expected; therefore, plans were made to send a small lunch with a packet in the commodity bags going out that day. The packet included 'Mental Health Services Act, the Quick Reference Guide, a list of programs based on the 20-23 MHSa plan, a survey explanation and the community planning survey with a self-addressed, stamped envelope to be put into the commodities bags (APPENDIX CPP.3).

As community members arrived for their commodities, the key community leader explained what was included in the bags and encouraged community members to return the survey. Community members were appreciative of being thought of. Based on the culture of the Allegheny community we consider this endeavor as relationship building within the Allegheny community.

**Pen to Paper Survey:**

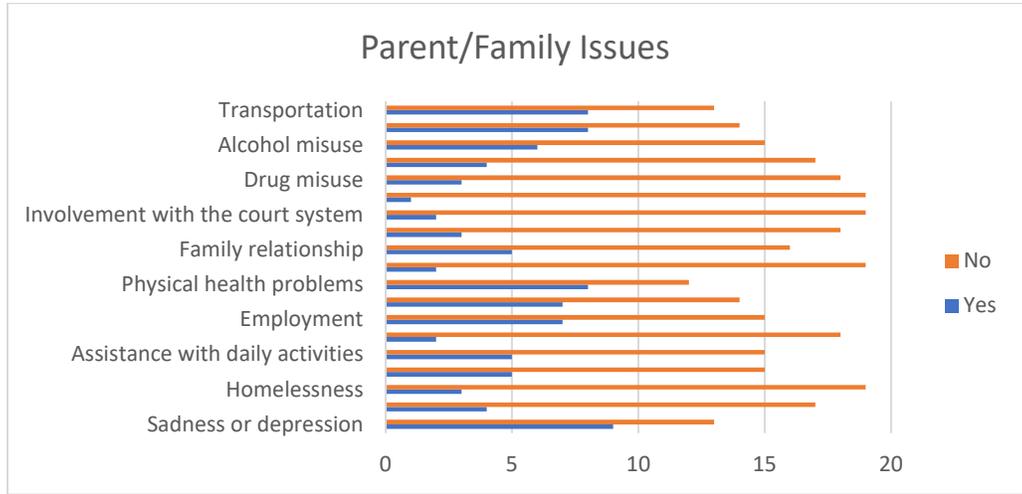
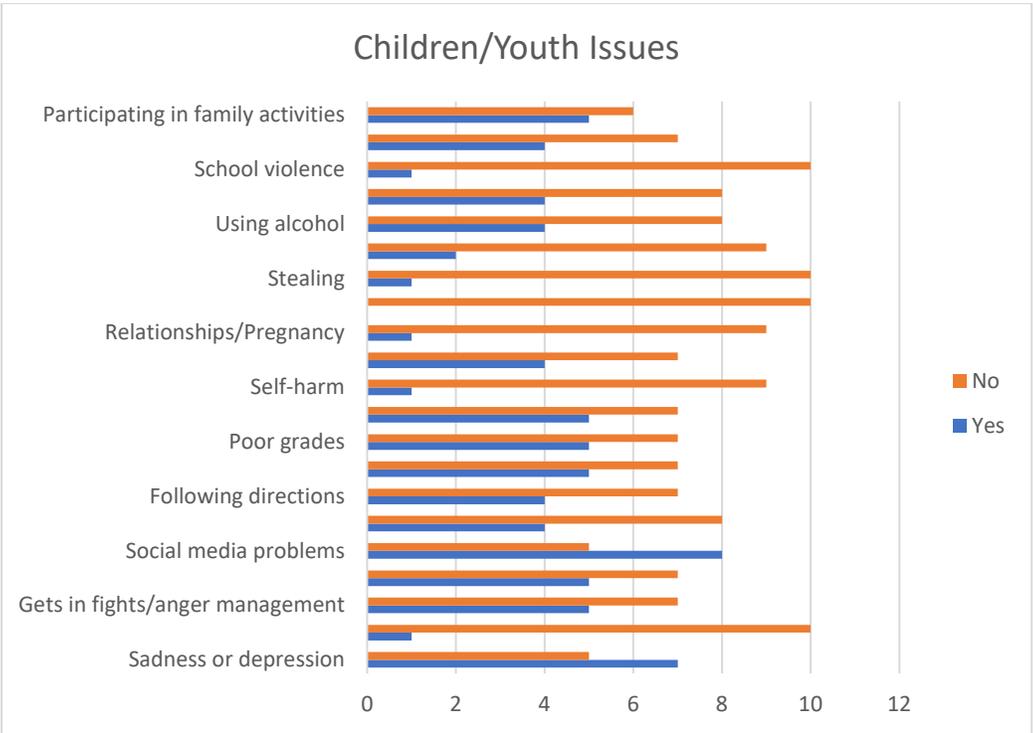
A pen-to-paper survey was conducted during October 2021. The demographics of the survey respondents are as follows:

Age Groups	Number
16-25	1
26-40	1
41-59	1
60+	1

Gender	Number
Male	1
Female	1
Other	1
Unknown	1

Race/Ethnicity	Number
White/Caucasian	1
Hispanic	1
Black/African American	1
Native American	1
Asian	1
Unknown	1





The results of the surveys collected, two community planning meetings and meetings the MHSA Coordinator has attended throughout the year show ongoing need for the current programs supported through the MHSA 2020-2023 Three-Year Plan and this Annual Update.

**Phone survey with outpatient beneficiaries - CPP**

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

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

**Language**

All 33 respondents indicated English as their primary language.

**Ethnicity**

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

**Age**

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

**Gender**

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

**Community of Residence**

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

**Phone Survey Outcomes**

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

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

Below are themes identified within the answers.

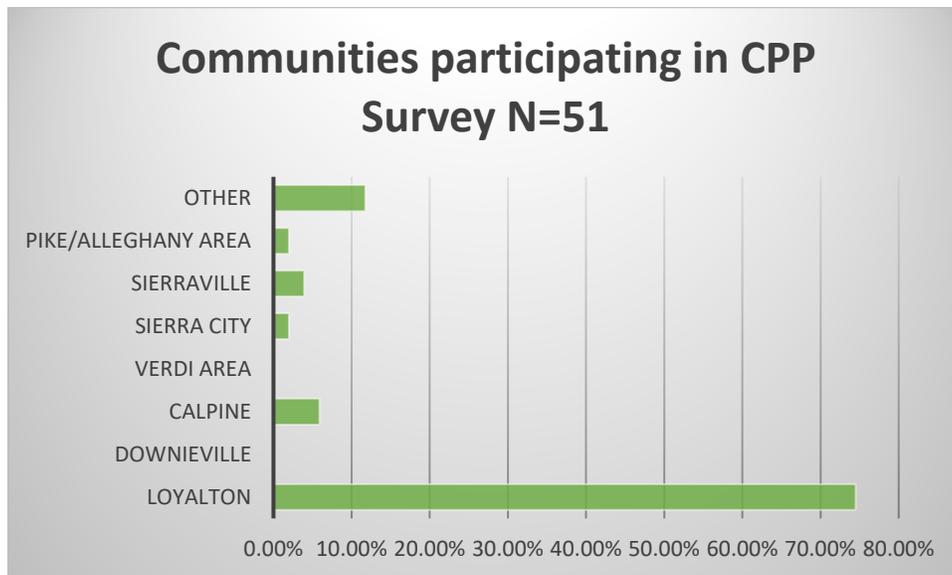
Has accessing services improved the quality of your life?	Respondent Percentage	Identified theme within answers
Accessing services has not improved the quality of life.	3%	<ul style="list-style-type: none"> <li>• Medication and access to services</li> </ul>
Ambivalence to services improving quality of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

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

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

**Pen to Paper Surveys - CPP**

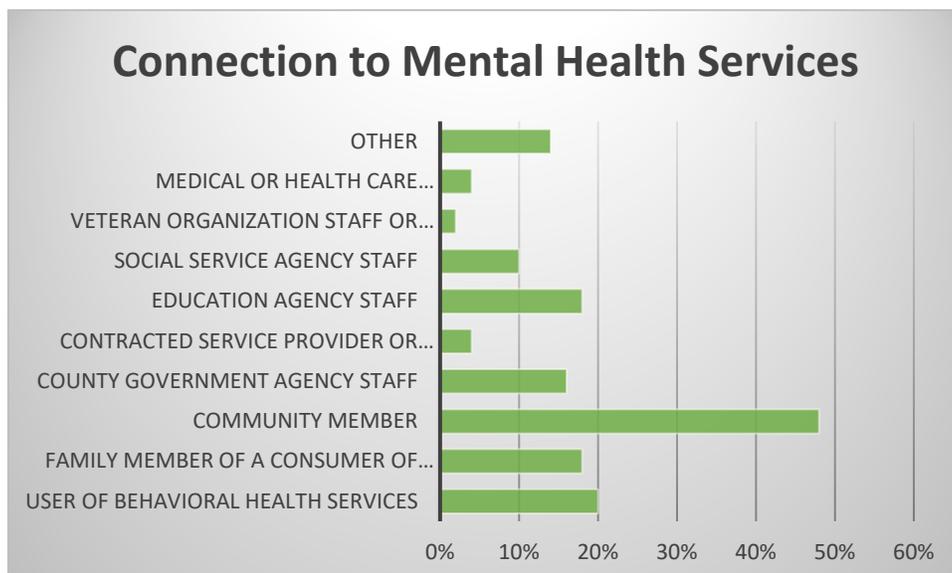
The pen to paper survey was conducted with more questions regarding MHA services and supports (APPENDIX CPP.1 – MHA OVERVIEW, CPP.2 – SURVEY QUESTIONS). Fifty-one (51) individuals participated in the survey. The following data was collected.



Female	Male	Other
80.43%	15.22%	4.35%

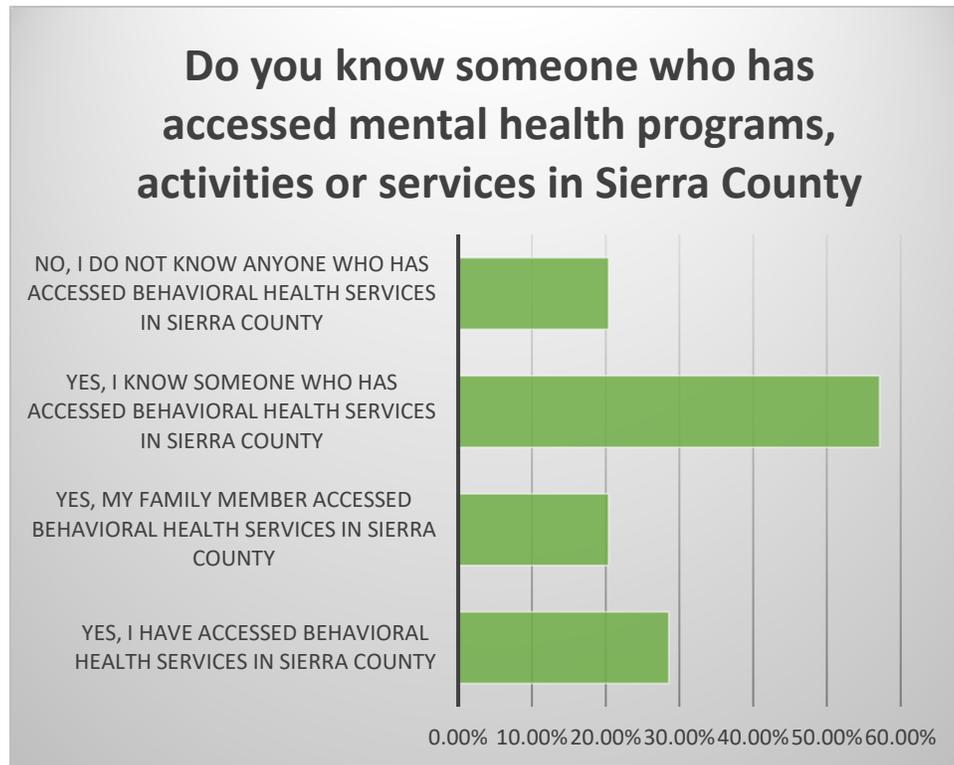
Race	Percent
White/Caucasian	95.92%
Native American/Native Alaskan	2.04%
Multi-Race	2.04%

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



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

- Didn't use
- Connected to the BHAB – Advisory Board Member
- Senior Center Staff (3 respondents)
- Teacher



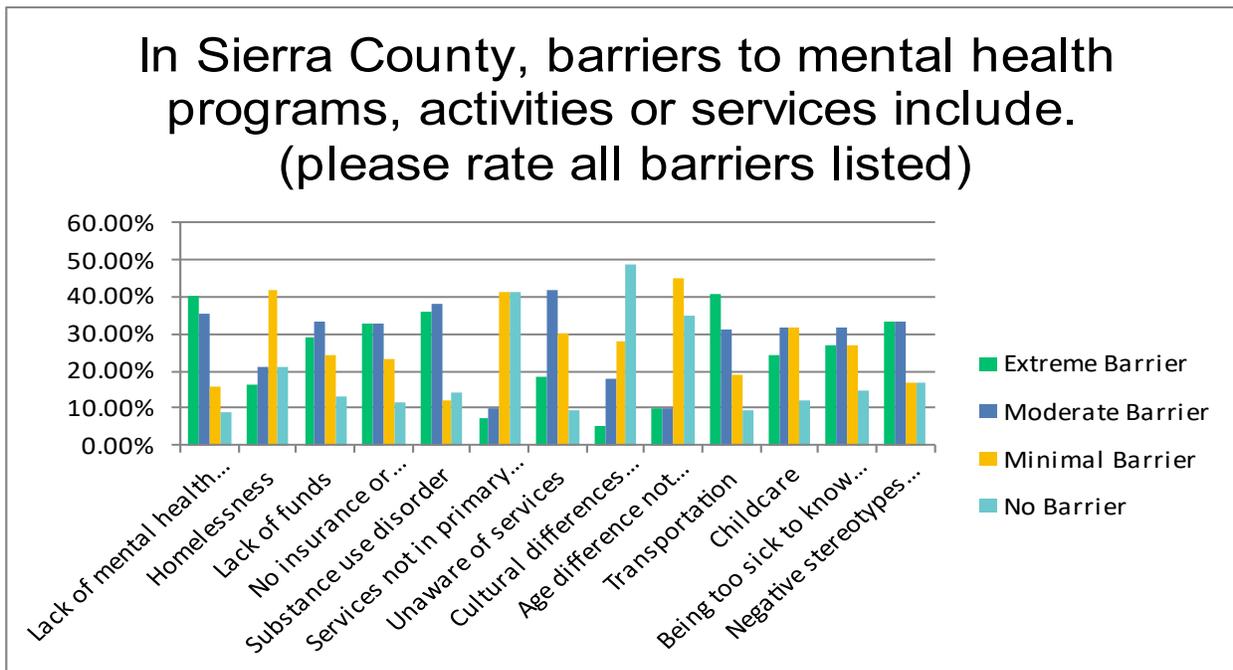
When asked the question, 'Are there specific groups of people in your area who are in particular need for mental health services?' the following responses were received:

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

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

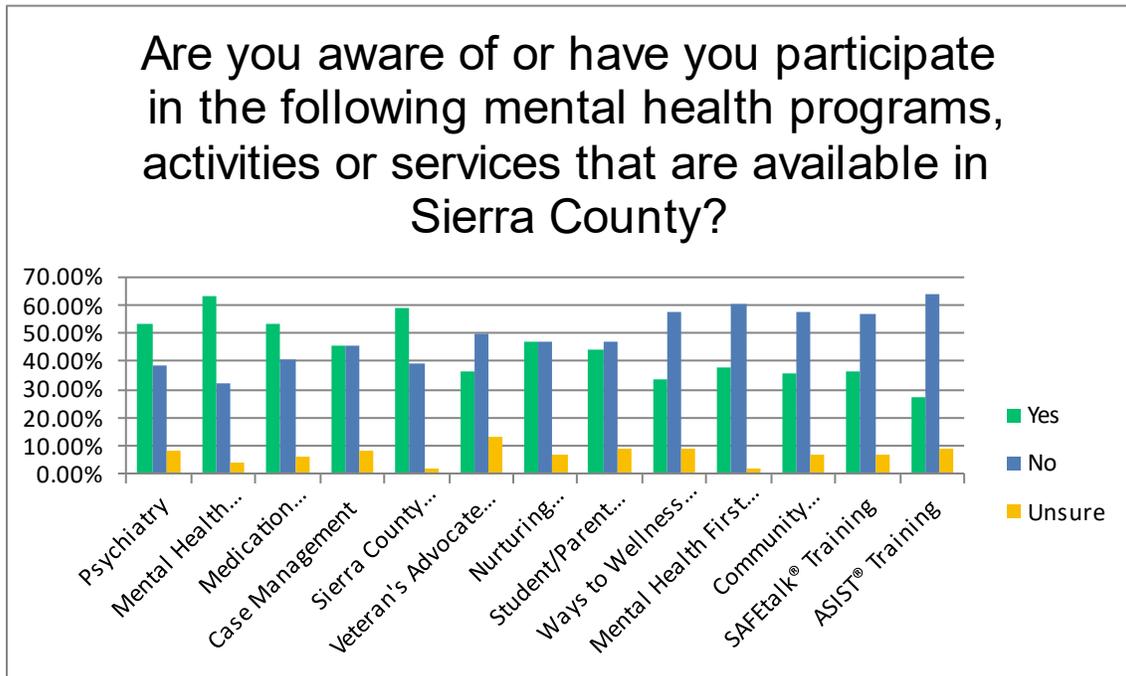
Barriers to mental health programs, activities or services were listed as:

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



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

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



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

- I think Sierra County currently has a great clinical team and support staff. I have heard nothing but great things about peer support. I love the trainings for community members.
- I know but don't know.
- Don't know
- I went through an abusive relationship and I needed that to get through it.
- Counseling
- Wellness/Etc - Great
- Outreach van, filling a need.
- Wellness Center. More counseling for psy.
- Wellness Center providing information and great services for needs on a walk in basis but lack in confidentiality.
- Behavioral Health
- WIC -food program
- Wellness Center: best thing going.
- no opinion
- Senior Center and Wellness Center help has improved 100%. Brandy is the bee's knees. She takes her job very seriously and helps everybody.

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

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

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

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



Comments from the above question are listed below:

- I have not accessed service in some time.
- My young niece used services in Reno.
- Help received is awesome.  
\*Note: Person completing survey meant to check Very Satisfied rather than Very Dissatisfied.
- Some are too friendly and that can put me off.
- Staff shouldn't use people's names if they went into the Wellness Center for the confidential services. I experienced a staff member telling another staff about myself outside of the offices. Staff shouldn't speak about people who used the services at Leonard's. People at the landfill shouldn't know info about me if I used the Wellness Center thinking it was going to be confidential.
- No direct involvement

- Brandy was kind and helped immediately. She made my experience great and helped me with my issues. She had answers to all my questions. She makes a bad day...good.
- Mostly satisfied, sometimes very frustrated and not
- I can only speak to the experience of others shared with me. If you are insured, there is very little to be offered. Stigma in a community where everybody knows everybody is a real barrier.

### **Community Planning Meeting May 6, 2021**

The community planning meeting was attended by 14 individuals. In Sierra County this is considered a good turnout. The 'Mental Health Services Act Quick Reference Guide (APPENDIX CPP.3) was reviewed. Program changes and new programs were presented and discussed. Participants agreed on the changes and new programs.

There was question about the No Place Like Home project location decided on through collaboration with Plumas County. The community member asked if anyone had spoken with a client to ask how they felt about the project. The Behavioral Health Director indicated we were in the very beginning of planning stages and that the question had not been asked. However, the question will be asked as the project becomes more of a reality. Also, a community member reported on the local lumber mill opening back up. The new owners plan to have the mill generator come online when electricity is out, providing power for Loyaltton. Everyone was still in favor of the Capital Facilities project purchasing a generator to supply power for warming and cooling facilities.

### **Public Hearing May 7, 2021**

The Public Hearing occurred on May 7, 2021 during the Behavioral Health Advisory Board Meeting. Fourteen individuals were in attendance. The following agency stakeholders were represented: probation, substance use disorder, social services and public health. Ten community members were present. There were no comments regarding programs. There was a question as to the estimated funding amount under the Loan Assumption Program within the WET component. The Behavioral Health Coordinator answered the question explaining that the actual supervision/evaluation of Loan Assumption participant was included in the estimated costs.

Other comments received during the 30 day review were:

- More activities such as arts & crafts, bird watching, rock painting, walks, movies etc. During the activities ask what people's needs are what they like and don't like to get them more involved in the community planning process.
- Likes support received from all aspects of behavioral health. Hasn't experienced anything they did not like.
- Getting community members involved in community planning is an uphill battle as small counties have preconceived negative judgement around Mental Health issues. Therefore, it is not a topic openly discussed nor is the need for services recognized.
- The Wellness Center is a landing spot for individuals because it offers anonymity in a non-judgmental or clinical setting. It provides opportunity for conversation starters to learn what services are available. Also, mental illness can be discussed without judgement.

# COMMUNITY SERVICES AND SUPPORTS

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CAPACITY ASSESSMENT	21
GENERAL SERVICES	25
FULL SERVICE PARTNERSHIP	27
SIERRA COUNTY WELLNESS CENTER	29
FRONT PORCH/COMMUNITY OUTREACH	31
COMMUNITY ACADEMIES	32

As of January 30, 2022

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

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

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

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

Sierra County Health & Human Services which includes Behavioral Health identifies as predominantly Caucasian. When comparing general population race/ethnicity almost 83% identified as white and not Hispanic or Latino, at the same time the majority of staff and beneficiaries identify as Caucasian. The Hispanic or Latino population is 8.3% of the general population. Staff and beneficiary ratios compare with the general population. Language preference is not indicated within the following tables. The client population receiving mental health services in 2021 all indicated English as their preferred language.

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

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

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

Sierra County Health & Human Services workforce (January 2022).	Caucasian	Hispanic/Latino	African American	Asian	American Indian	Mixed	Vacant Positions	Total	Percentages
<b>SCHHS Ethnic Identification</b>									
Admin/Management	6	0	0	0	0	0	0	6	<b>13.33%</b>
Direct Services	23	1	0	0	0	1	0	25	<b>55.56%</b>
Support Services	8	1	0	0	0	0	2	11	<b>24.45%</b>
Interpreters (contracted)	0	1	0	0	0	0	0	1	<b>2.22%</b>
Consumers	2	0	0	0	0	0	0	2	<b>4.44%</b>
Totals	39	3	0	0	0	1	2	45	-----
<b>Percentages</b>	<b>86.67%</b>	<b>6.67%</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2.22%</b>	<b>4.44%</b>	—	<b>100%</b>

Table 2 – Ethnic Identification of Contract Agencies Workforce

Sierra County Health & Human Services contract agencies workforce (2022)	Caucasian	Hispanic/Latino	African American	Asian	American Indian	Other	Total	%
<b>Contract Agencies Ethnic Identification</b>								
Admin/Management	1	0	0	0	0	0	1	<b>33.33%</b>
Direct Services	1	1	0	0	0	0	2	<b>66.67%</b>
Support Services	0	0	0	0	0	0	0	<b>0</b>
Interpreters	0	0	0	0	0	0	0	<b>0</b>
Consumers	0	0	0	0	0	0	0	<b>0</b>
Totals	2	1	0	0	0	0	3	-----
<b>Percentages</b>	<b>66.67%</b>	<b>33.33%</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	—	<b>100%</b>

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

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

† Derived from 2020 total client utilization

†† 2008 State Medi-Cal Information

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

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

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

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

"Unserved" (Cal. Code Regs., Title 9, Chapter 14, §3200.310) means those individuals who may have serious mental illness and/or serious emotional disturbance and are not receiving mental health services. Individuals who may have had only emergency or crisis-oriented contact with and/or services from the County may be considered unserved.

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

"Underserved" (Cal. Code Regs., Title 9, Chapter 14, §3200.300) means clients of any age who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services, but are not provided the necessary or appropriate opportunities to support their recovery, wellness and/or resilience. When appropriate, it includes clients whose family members are not receiving sufficient services to support the client's recovery, wellness

and/or resilience. The clients include, but are not limited to, those who are so poorly served that they are at risk of homelessness, institutionalization, incarceration, out-of-home placement or other serious consequences; members of ethnic/racial, cultural, and linguistic populations that do not have access to mental health programs due to barriers such as poor identification of their mental health needs, poor engagement and outreach, limited language access, and lack of culturally competent services; and those in rural areas, Native American Rancherias and/or reservations who are not receiving sufficient services.

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

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

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

b) There is also a distrust of Government prevalent in Sierra County’s population. To break down this barrier it is necessary for staff to build relationships with key community members. The key community member plays a distinct role in whether a resident in need will be willing to meet with staff. Building trust in this capacity is essential as well.

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

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

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**

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

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

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

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

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

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

**GOALS & OBJECTIVES**

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

**OUTCOMES**

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

**Planned Activities in FY 22/23**

General Services will continue as indicated in the FY20-23 MHSA Three-Year Plan.

Sierra County Behavioral Health may assess a person for co-occurring mental health and substance use disorder and to treat a person who is preliminarily assessed to have a co-occurring disorder. If a determination is made that the individual is not eligible for services under the MHSA requirements because the individual only has a substance use disorder, then the county will refer the individual to substance use disorder treatment services in a timely manner. MHSA funds may be used to provide substance use disorder treatment when they have co-occurring Mental Health and Substance use disorder conditions and when they are otherwise eligible for MHSA services. Service provided under General Services will be capped at an amount of amount of \$20,000. This added service is available under Behavioral Health Information Notice No: 20-057.

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 participants of all ages who live with severe mental illness (SMI) or live with a severe emotional disturbance (SED). Family members are included when appropriate. FSP expands mental health services and supports and provides a full spectrum of supportive services so that the community member can achieve their individualized identified goals.

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

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

Based on historical FSP data of individuals served and during the Community Planning Process the county estimates the following numbers of individuals will be served annually (Cal. Code of Regs., tit. 9, § 3650(a)(3)):

- o Children (0-15) – 1 individual or family
- o Transitional Age Youth (16-25) – 1 individual or family
- o Adult (26-59) – 7 individuals
- o Older Adult (60 and older) – 4 individuals

**GOALS & OBJECTIVES**

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

## OUTCOMES

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

### **Planned Activities in FY 22/23**

Full Service Partnership services will continue as indicated in the FY20-23 MHSA Three-Year Plan. A purchase to replace FSP vehicle #28 will take place during this fiscal year in an amount not to exceed \$60,000.

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

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

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

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

**GOALS & OBJECTIVES**

- Utilization of WRAP© into everyday operation of Wellness Centers
- Provide ongoing daily group and individual opportunities for persons served to develop an understanding of wellness and recovery, and identify ways to implement these concepts in their lives
- Provide peer to peer support
- Continue to provide training and support for consumer support group facilitators

**OUTCOMES**

- Increase partner capacity between providers, communities and overlapping influences

- Connecting persons served to appropriate services

**Planned Activities in FY 22/23**

Sierra County Wellness Center services will continue as indicated in the FY20-23 MHSA Three-Year Plan.

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**

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

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

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

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

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

**GOALS & OBJECTIVES**

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

**OUTCOMES**

- Identify underserved and unserved individuals
- Link to appropriate services

**Planned Activities in FY 22/23**

Front Porch services will continue as indicated in the FY20-23 MHSa Three-Year Plan.

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**

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

**Planned Activities in FY 22/23**

Community Academies will continue as indicated in the FY20-23 MHS A Three-Year Plan.

# PREVENTION AND EARLY INTERVENTION

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# PREVENTION & EARLY INTERVENTION (PEI) Overview

## Purpose

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

- at least one 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).

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

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

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

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

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

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

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

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

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

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

**Demographic Information:**

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

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

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

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’ Advocate is also housed at this site. Peer support staff provide services via the phone, home visits, and on site.

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

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

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

**GOALS & OBJECTIVES**

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

## OUTCOMES

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

A portion of the Wellness Center is funded through Prevention and Early Intervention as a Prevention Program. Stigma reduction and providing services to mitigate risk factors are the strategies embraced by the Wellness Center located at 706 Mill Street Loyalton, CA 96118.

### **Planned Activities in FY 22/23**

Sierra County Wellness Center services will continue as indicated in the FY20-23 MHSA Three-Year Plan.

STATUS EMPHASIS AGE GROUP	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Continuing
	<input type="checkbox"/>	Prevention	<input checked="" type="checkbox"/>	Early Intervention
	<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 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**

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

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

**Planned Activities in FY 22/23**

ASIST will continue to be offered as indicated in the FY20-23 MHSa Three-Year Plan.

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

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

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

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

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

**Planned Activities in FY 22/23**

SafeTALK will continue to be offered as indicated in the FY20-23 MHSA Three-Year Plan.

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
	<input type="checkbox"/>	Reduction in Discrimination Against Mentally Ill
	<input checked="" type="checkbox"/>	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 checked="" 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 immersing mental health issues. Depending on the setting and venue in which the classes/supports are offered, universal, selective, or indicated service strategies will be employed with a target population of community members, children, youth, and families.

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

**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

**Planned Activities and/or Modifications during FY 22/23**

Full Service Partnership services will continue as indicated in the FY20-23 MHPA Three-Year Plan. Contract increase may occur based on the number of families enrolled in 21/22.

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

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

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

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

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

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

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

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

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

**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

**Planned Activities and/or Modifications during FY 22/23**

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

Sierra County Behavioral Health may assess a person for co-occurring mental health and substance use disorder and to treat a person who is preliminarily assessed to have a co-occurring disorder. If a determination is made that the individual is not eligible for services under the MHSAs requirements because the individual only has a substance use disorder, then the county will refer the individual to substance use disorder treatment services in a timely manner. MHSAs funds may be used to provide substance use disorder treatment when they have co-occurring Mental Health and Substance use disorder conditions and when they are otherwise eligible for MHSAs services. Service provided under Access to Youth Services will be capped at an amount of amount of \$20,000. This added service is available under Behavioral Health Information Notice No: 20-057.

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

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

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

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

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

**GOALS & OBJECTIVES**

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

**OUTCOME REDUCTION**

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

**Planned Activities and/or Modifications during FY 22/23**

Program will be implemented as indicated in the in the FY20-23 MHSa Three-Year Plan.

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

**STATUS**  New  Continuing

**AGE GROUP**  Children (0-15)  
 Transitional Age Youth (16-25)  
 Adult  
 Older Adult

**PROGRAM TYPE**  Prevention  
 Early Intervention  
 Outreach for Increasing Recognition Early Signs of Mental Illness  
 Access and Linkage to Treatment  
 Stigma and Discrimination Reduction  
 Suicide Prevention

**NEGATIVE OUTCOME**  Homelessness  School Failure  
**REDUCTION**  Incarcerations  Suicide  
 Prolonged Suffering  Unemployment  
 Removal of Children from their homes

**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.

The Veteran's Advocate will:

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

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

#### GOALS & OBJECTIVES

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

#### OUTCOME REDUCTION

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

#### **Planned Activities and/or Modifications in FY 22/23**

Program will continue to be implemented as indicated in the 20-23 MHSA Three-Year plan.

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

**PROGRAM DESCRIPTION**

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

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

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

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

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

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

**GOALS & OBJECTIVES**

- To identify mental health risk factors within communities served.
- To educate about mental health risk factors.

**OUTCOMES**

- Reduction of mental health risk factors.

**Activities and/or Modifications during FY 20/21:**

The Sierra County Wellness Center will continue to provide prevention services as indicated in the 2020-2023 MHS 3-Year Plan.

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

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

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

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

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

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

Program is no longer considered to provide reduction in Mental Illness Stigmas.

**GOALS & OBJECTIVES**

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

**OUTCOME REDUCTION**

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

**Planned Activities and/or Modifications in FY 22/23**

Program will continue to be implemented as indicated in the 20-23 MHSA Three-Year plan. One modification will be that this program will not be indicated as a Reduction in Mental Illness Stigma.

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

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

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

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

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

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

**GOALS & OBJECTIVES**

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

**OUTCOME**

- Reduction in mental illness stigma

**Activities and/or Modifications during FY 22/23**

Mental Health First Aid trainings will be offered in FY 22/23. There is the possibility of collaborating with Plumas Rural Services to provide the trainings

# WORKFORCE EDUCATION AND TRAINING

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ELECTRONIC LEARNING MANAGEMENT SYSTEM	53
AGENCY WORKFORCE TRAINING	54
LOAN ASSUMPTION PROGRAM	55

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

**Activities and/or Modifications during FY 22/23:**

Program will continue as indicated in the 2020-2023 MHSA 3-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 and supervision 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

**Activities and/or Modifications during FY 22/23:**

Program will continue as indicated in the 2020-2023 MHSA 3-Year Plan.

DESCRIPTION

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

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

**Amendment: Approved by Sierra County Board of Supervisors on April 19, 2022 (APPENDIX CSS WET)**

**Superior Regional Partnership – OSHPD WET Grant**

The 2020-2025 Superior Regional Partnership for the OSHPD WET Grant aims to address the shortage of mental health practitioners in the public mental health system (PMHS) through a framework that engages Regional Partnerships and supports individuals through five potential categories including: Pipeline Development, Loan Repayment Program, Undergraduate College and University Scholarships, Clinical Master and Doctoral Graduate Education Stipends, and Retention Activities. The Superior Region – consisting of Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, and Trinity County – selected these three categories as their local priorities: 1) Loan Repayment, 2) Educational Stipend, and 3) Peer Scholarship.

Both the Local Loan Assumption Program and the Superior Regional Partnership – OSHPD WET Grant are funded through Mental Health Services Act funding. Therefore, Sierra County can only participate in one program. The Behavioral Health Advisory Board voted on February 3, 2022 to utilize the Superior Regional Partnership. Participation in the Superior Regional Partnership allows for a greater hiring pool, the taking over of administrative duties related to loan repayment, educational stipends, peer scholarships, and greater versatility of fund use.

Participating in this program will not increase the approved estimated expenditures. Sierra County Behavioral Health will be responsible to provide \$19,684.07 as a match. A total of \$74,169.57 will be available through 2022-2025 fiscal years.

GOALS & OBJECTIVES

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

OUTCOMES

- Increased capacity to serve and support community members

**Activities and/or Modifications during FY 22/23:**

Program will continue as indicated in the 2020-2023 MHSa 3-Year Plan and Amendment.

# CAPITAL FACILITIES AND TECHNOLOGIES

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706 MILL STREET – WELLNESS CENTER CONSTRUCTION	58
WARMING, COOLING AND TECHNOLOGY CHARGING STATIONS	59
TECHNOLOGIES	60

## DESCRIPTION

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

## GOALS &amp; OBJECTIVES

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

**Activities and/or Modifications during FY 22/23:**

Program will continue as indicated in the 2020-2023 MHSA 3-Year Plan.

DESCRIPTION

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

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

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

GOALS & OBJECTIVES

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

**Activities and/or Modifications during FY 22/23:**

Program will continue as indicated in the 2020-2023 MHSa 3-Year Plan.

DESCRIPTION

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

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

GOALS & OBJECTIVES

- Maintain state regulated EHR platforms to continue to comply with State and Federal regulations.
- Maintain County network as needed.

**Activities and/or Modifications for FY 22/23**

Include expenditures expanding the hardware and software capacity to provide increased telehealth services. Additional funding amount is not to exceed \$7,000.

Continue with the 20-23 Three-Year Program and Expenditure Plan as written.

# INNOVATION

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INNOVATION PLAN

62

61

## DESCRIPTION

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

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

## GOALS &amp; OBJECTIVES

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

# SIERRA COUNTY MHSA PLAN OUTCOMES FY 20/21

## COMMUNITY SERVICES AND SUPPORTS

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GENERAL SERVICES	63
FULL SERVICE PARTNERSHIP	69
SIERRA COUNTY WELLNESS CENTER	72
FRONT PORCH PROGRAM	74
COMMUNITY ACADEMIES	77

**GENERAL SERVICES FY 20/21 DEMOGRAPHICS/OUTCOMES FOR INDIVIDUALS SERVED**

**Program/Service Status FY 20/21**

Implemented with progress made to achieve its objectives.

**Populations served in FY 20/21**

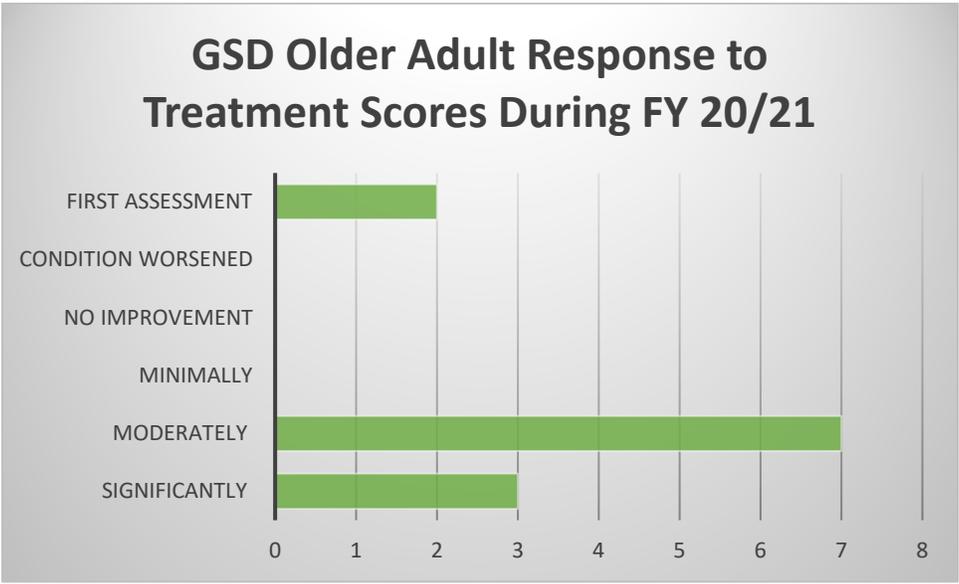
	<b>Populations Served FY 20/21</b>
Average Cost Per Person	\$4873
Children Aged 0-15	
Transitional Aged Youth 16-25	
Adults 26-59	
Older Adults 60+	
Total Individuals Served	
<b>Demographics of Individuals Served</b>	<b>Percent</b>
Gender (self-identified)	
Female	66%
Male	34%
Sexual Orientation (self-identified)	
Gay	None
Race (self-identified)	
White	94%
Native American	Not Served
Black/African American	Not Served
Other	2%
Unknown	4%
Preferred Language	
English	100%
Military Veteran	Not Served

**Key Successes and Outcomes in FY 20/21**

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

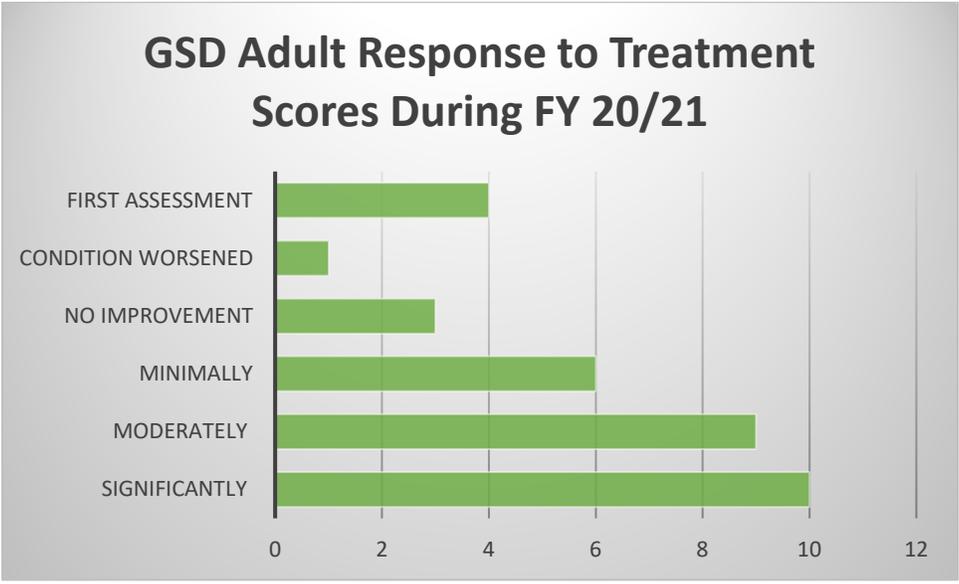
**Response to Treatment Assessment**

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



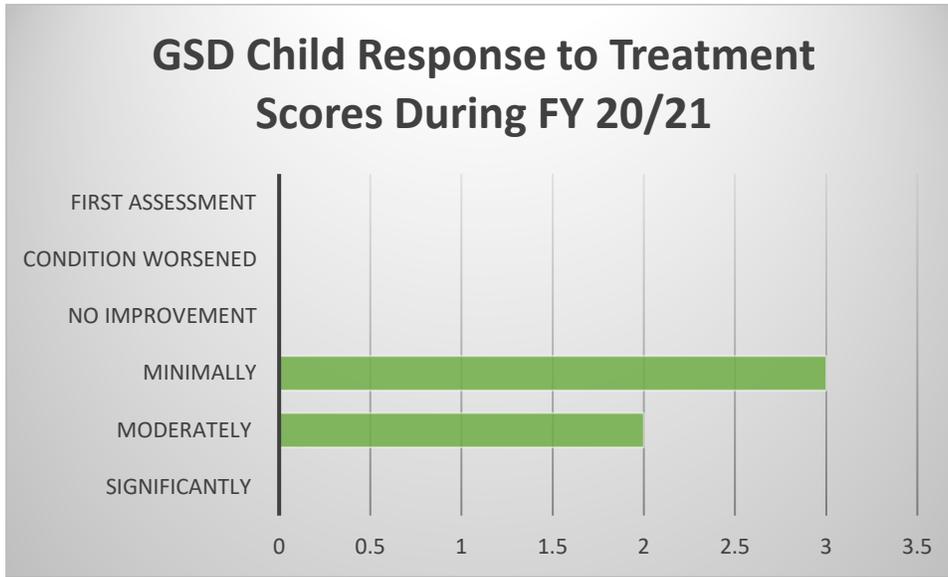
**Changes from FY 19/20 to FY 20/21 for Older Adults:**

One individual increased from moderate improvement to minimal improvement.  
 Two individuals increased from first assessment to moderate improvement.  
 Two individuals were identified as having a moderate response within their first assessment.  
 Seven individuals have maintained Response to Treatment from FY 19/20 to FY 20/21.



**Changes from FY 19/20 to FY 20/21 for Adults:**

Five individuals experienced improvement in response to treatment.  
 One individual experienced a decrease in response to treatment.  
 Four individuals increased from first assessment to significant improvement.  
 Two individuals increased from first assessment to significant improvement.  
 Twenty-one individuals have maintained Response to Treatment from FY 19/20 to FY 20/21.



One youth increased to moderate improvement from first assessment.  
 One youth increased to minimally from first assessment.  
 Two youth maintained in their response to treatment.  
 One youth experienced a decrease in their response to treatment.

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

**Consumer Perception Survey – June 2021**

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

**Older Adult Survey Outcomes:**

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

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

One participant reported receiving services with more than one visit with less than one month time frame. All other participants reported receiving services for more than one year. There were no reports of arrests or encounters with law enforcement in the last 12 months. However, one person did not answer the question.

The overall satisfaction with services received through Sierra County Behavioral Health fell in between Strongly Agree and Agree with an average rating of 4.6. Service delivery is indicated as above acceptable to consumers with outcomes between Strongly Agree and Agree and an average rating of 4.7. How SCBH staff interact with provided to consumers is viewed as being adequate with outcomes falling between Strongly Agree and Agree, the average rating was 4.8. Average ratings in these three areas indicate Older Adults are pleased with the services they have received within the past six months.

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

**Adult Survey Outcomes:**

Questions are answered with a rating system of Strongly Agree, Agree, I am Neutral, Disagree, Strongly Disagree and Not Applicable. In the calculation of outcomes the average rating of each question was calculated (APPENDIX CSS.2 - AO2020). To report out on a theme of questions the averages were again averaged. The rating scale is the same as for the Older Adult Survey. The overall satisfaction with services received through Sierra County Behavioral Health fell in between Strongly Agree and Agree with an average rating of 4.3. Service delivery is indicated as above acceptable to consumers with outcomes between Strongly Agree and Agree and an average rating of 4.3. How SCBH staff interact with consumers is viewed as being adequate with outcomes falling between Strongly Agree and Agree, the average rating was 4.3. In conclusion, of the 10 adult consumers who completed this portion of the survey, services were provided satisfactorily within overall satisfaction, service delivery, and service adequacy. Location of services is indicated as convenient (encompassing parking, public transportation, distance, etc.), with an average rating of 4.3.

Consumers are asked about improvements in their lives resulting from services received. Of those surveyed (who answered the questions) there is evidence of some resiliency when handling challenging emotional and/or social situations. The average rating of these questions is 3.8, falling within the range of neutral.

COVID created challenges in providing services to community members. Phone appointments, video, and isolation more likely than not created the feelings of ambivalence indicated in the neutral responses.

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

**Youth Survey Outcomes:**

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

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

There was overall satisfaction with SCBH services with an average rating of 4.0. Youth satisfied with Service Delivery (average rating 4.6). Youth were highly pleased with Staff Interactions (average of 5).

Question themes within ‘As a direct result of the services I received...’ address relationships (family and social), school achievement, support, and coping skills. The rating average of 4.0 indicates some improvement in these areas.

No participants, regardless of how long they have received services here, reported arrests or encounters with law enforcement, suspensions or expulsions from school.

**Families Outcomes:**

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

Overall satisfaction with SCBH services was acceptable (average rating 4.3) to participants. Families were satisfied with Service Delivery (average rating 4.3) and Staff Interactions (4.2).

Participants are asked about improvements in their lives resulting from services received. Of those surveyed (who did not indicate the questions were not applicable to them) there is evidence of increased resiliency when handling challenging emotional and/or social situations. The average rating of these questions is 4.0.

The following area indicate some indecisiveness:

- My child is doing better in school and/or work.

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

Length of Time Receiving Services	Percentage
First visit	0
More than one visit, received services for less than one month	0
1-2 months	0
3-5 months	25%
6 months to 1 year	50%
More than 1 year	0

**FULL SERVICE PARTNERSHIP FY 20/21 DEMOGRAPHICS/OUTCOMES FOR INDIVIDUALS SERVED**

**Program/Service Status FY 20/21**

Implemented with progress made to achieve its objectives.

**Populations served in FY 20/21**

Full Service Partnerships	Populations Served FY 20/21
Number Served	
Average Cost Per Person	\$31,776
Children Aged 0-15	
Transitional Aged Youth 16-25	
Adults 26-59	
Older Adults 60+	
Demographics of Individuals Served	Percent
Gender	
Female	41.67%
Male	58.33%
Ethnicity	
Not Hispanic	91.67%
Other Hispanic Latino	8.33%
Race	
White/Caucasian	91.67%
Other	8.33%
Preferred Language	
English	100%
Military Veteran	None

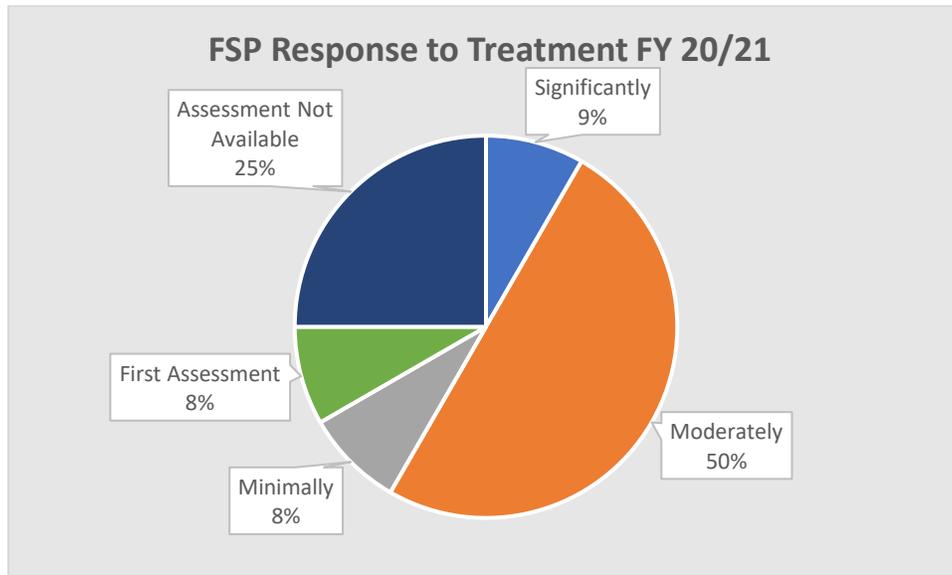
**Key Successes and Outcomes in FY 20/21**

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

Length of enrollment within FSP is based on participants’ level of engagement and their identified goals. Utilizing June 20, 2021 as the end date to determine length of enrollment for FY 20/21, the majority of participants fell within the time frame of 1-6 months and greater than 5 years. Penetration rate into the FSP program increased slightly. The FSP program is successfully providing services in supporting the participant’s ability to continue to live in their community. The table below shows the percentage of participants enrolled during the time frames of less than 6 months, less than 2 years, less than 3 years, greater than three years, and greater than 5 years. Participants who fell into the greater than 5 year time frame graduated from FSP during FY 20/21. Goals were met and quality of life increased.

Time Frame	Percent of Participants	Age Group
1 – 6 months	33.33%	Children, Adult, Older Adult
7 months – 1 year	0%	
13 months – 2 years	16.68%	Adult, Older Adult
24 months – 3 years	8.33%	Adult
Greater than 3 years	8.33%	Adult
Greater than 5 years	33.33%	Adult, Older Adult

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



The following outcomes were achieved through the FSP program:

- 100 % of participants did not experience law enforcement encounters such as arrests, being on probation, or having encounters with police during FY 20/21.
- 83% of participants had a decrease in law enforcement encounters after enrolling in FSP.
- 83% of participants experienced living in a secured housing situation.
- 17% of participants continue to experience homelessness by FSP definitions and find it difficult to visualize living anywhere else.
- 58% of FSP participants experienced a reduction in homelessness or the need to utilize a homeless shelter after enrolling in FSP.
- 83% of participants experienced a decrease in acute hospitalizations.
- 100% of children served were able to continue living at home and did not experience school suspensions nor involvement with law enforcement.

**Barriers or Challenges in FY 20/21**

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 virtually non-existent. This creates a barrier when trying to achieve independent living goals for community members receiving services.

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

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

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

**Partners in FY 20/21**

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

**SIERRA COUNTY WELLNESS CENTER FY 20/21 DEMOGRAPHICS/OUTCOMES FOR INDIVIDUALS SERVED**

**Status**

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

**Populations Served in FY 20/21**

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

<b>Sierra County Wellness Center FSP and General Services</b>	<b>Populations Served FY 20/21</b>
Average Cost Per Person	\$2310.
Children Aged 0-15	Served under Prevention
Transitional Aged Youth 16-25	Served under Prevention
Adults 26-59	43
Older Adults 60+	16
Total Individuals Served	59
<b>Demographics of Individuals Served</b>	<b>Percent</b>
Gender (self-identified)	
Female	61%
Male	39%
Sexual Orientation (self-identified)	
Gay	0
Race (self-identified)	
White	95%
Latino	1.7%
Black	0
Other	3.3
Unknown	0
Preferred Language	
English	100%
Military Veteran	0

**Key Activities in FY 20/21**

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

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

**Key Successes in FY 20/21**

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

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

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

Maslow’s Hierarchy of Needs Sections	FY 20/21
Basic Needs:	
Physiological (air, sleep, food, hunger, thirst, warmth)	
Safety & Security (shelter, protection, safety, stability)	
Social Needs:	
Love & Belonging (love, affection, family & relationships)	
Esteem (self-esteem, status, reputation)	
Self-Actualization (personal fulfilment)	
Approximate Total Service Hours	635

**Barriers or Challenges in FY 20/21**

COVID 19 restrictions, individual COVID 19 insecurities and concerns reduced face to face visits. Group activities were very limited, if they occurred at all. Many individuals isolated as directed by the CDC, therefore interactions were down.

**Status FY 20/21**

**Populations Served in FY 20/21**

Average Cost Per Individual Served	\$250
Disaggregated Program Data	
Number of Unduplicated Residents	73
Primary Language	
English	100%
Gender Identity	
Female	Unknown
Male	Unknown
Other	Unknown
Veteran	

**Key Activities FY 20/21**

On August 14, 2020 the newsworthy and devastating Loyalton wildfire was started by lightening in the North Eastern section of Sierra County. The fire quickly and uncontrollably moved North, into Plumas and Lassen Counties. On Sunday August 16 the fire turned on itself and began moving back into Sierra County due to shifting winds. Reno became threatened. By Monday, August 17 the fire was bearing down on Loyalton and surrounding communities requiring mandatory evacuation notices. On August 26, 2020 hotspots were no longer considered a threat. During the time it was burning excessive smoke impacted breathing and vision, COVID 19 complicated firefighting and evacuations.

The Sierra County Wellness Center was asked by the Loyalton Senior Center to collaborate on how best to support Sierra County’s Senior population. A collaborative meeting took place on August 20, 2020 to discuss how best to support our Senior population. The Loyalton Senior Center employees recognized seniors were experiencing trauma from co-occurring life events out of their control: an unprecedented pandemic, extreme isolation, a wildfire threat with evacuation orders. This collaboration allowed for Peer Support Staff to start what was called the Senior Front Porch Program.

Peer Support Staff who already had a relationship with many of the Seniors living in the Senior Apartment Complex assisted the Loyalton Senior Center in delivering Senior Lunches. The pandemic required all lunches be delivered. Delivering lunches became the conduit for further supportive conversation. Peer Support staff began going door to door and offering supportive conversation, COVID safety bags (masks, gloves, hand sanitizer and the Peer Support Staff Business card. Visiting with the elders living at the Loyalton Senior Center indicated many elders were traumatized by the fire and COVID 19. Peer Support Staff also learned civil unrest, the elections that took place as stressful events, turning into trauma.

Peer Support staff was looking for an opportunity for elders to express their fears, worries, anxiety and trauma. The hoped for outcome included a way to validate their experiences and learn of any unmet needs. 60% of the individuals living at the senior center apartment complex participated in this endeavor.

The following questions were incorporated into the conversation to obtain a better understanding of how to support the elders living at the Loyalton Senior Center.

- 1) A lot has happened in a short time, COVID 19 Virus, Fire, Presidential Election, Civil Unrest and more within a year. Of all the stressful events, what stands out as the most difficult to you?
- 2) What helped you to get through it?
- 3) What was learned from these events to better prepare for future emergencies or other stressful events?

A lot has happened in a short time, COVID 19 Virus, Fire, Presidential Election, Civil Unrest and more within a year. Of all the stressful events, what stands out as the most difficult to you?	The fire and smoke was the most common theme. Associated with the fire was fear because visibility was so limited elders could not see where the fire was. The smoke made it difficult to be outside while conducting activities. The civil unrest during that time and the election, on top of dealing with the fire created an overall feeling of intense anxiety for elders.
What helped you to get through it?	The overarching theme in dealing with the anxiety was prayer and interactions with other human beings. Also, someone checking on elders during evacuations. For some of the elders knowing they had friends, family or their own ability to evacuate.
What was learned from these events to better prepare for future emergencies or other stressful events?	Elders became better prepared for emergencies by packing overnight bags and being ready to leave.  It became apparent there is a need for a pre-designated and organization around for elders to go and be safe or check in. Also, there was a need for information regarding the fire to be posted in a place where elders could access updated fire information.

The very real and time sensitive issue of updated fire information needing to be available was solved by Peer Support staff printing timely updates from CalFire and posting in the Loylton Senior Center laundry room. Residents were very grateful to have the information instead of relying on rumors.

During Easter Peer Support Staff created a door hanger with some fun snacks which were hung on every door.

The Loylton Family Resource Center holds a bi-monthly food bank. During COVID-19 there was a need for drivers to deliver food to individuals eligible for food bank products. The Veteran’s Advocate and Peer Support staff collaborated with the Loylton Family Resource Center in making sure much needed food bank products were delivered to individuals and families. No demographics were able to be gathered during this collaborative project. The Veteran’s Advocate and Peer Support staff participated delivering food bags/boxes for close to 12 food banks. The number of families served increased from close to 120 individuals/families to 150 individuals/families. 10-15 food bags/boxes fit in the vehicles, therefore, approximately 120 to 180 were delivered between the Veteran’s Advocate and Peer Support staff.

The Front Porch Program enabled the Veteran’s Advocate and Peer Support staff to collaborate with one of the Key Community Leaders in Alleghany who facilities commodities distribution once a month. Individuals living in the Alleghany area are geographically isolated and therefore encounter a geographic

health disparity. The Front Porch Program was able to have contact with the 30 individuals who participate in commodities. Staff participated in 7 of the 12 commodity events. Therefore, close to 200 encounters took place.

**Key Successes FY 20/21**

Staff has created relationships with individuals in Allegheny and have been asked to deliver commodities to a home bound individual. Trust is obviously being built within this community and now services can be talked about.

Staff also created relationships with staff from the Family Resource Center to educate about available services.

**Barriers or Challenges FY 20/21**

Staff out on Family Medical leave.

COVID 19 restrictions kept staff from traveling to other communities for awhile.

**Populations Served in FY 20/21**

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

Free Virtual Training Opportunity:

**IDENTIFYING, UNDERSTANDING, MANAGING STRESS & TRAUMA SERIES**

Presented by Linda Chamberlain, PhD MPH

[www.drindachamberlain.com](http://www.drindachamberlain.com)

<p><b>Brain*Mind*Body</b> Transforming Stress and Trauma January 27, 2021 1:30 p.m.—4:30 p.m. Via Zoom</p> <p>Overwhelming and prolonged stress, in the absence of effective tools that address how stress and trauma are stored in the body, can lead to predictable and preventable physical, mental, cognitive and behavioral problems. Dr. Chamberlain uses creative props to demonstrate stress response in the brain and body.</p>	<p><b>Opening our Hearts, Eyes and Ears</b> To Healing and Well-Being February 24, 2021 1:30 p.m.—4:30 p.m. Via Zoom</p> <p>There are pathways through our hearts, eyes and ears that we can use to reset the nervous system, dampen stress response and stimulate new brain circuitry at any age. Recent advances in neuroscience, polyvagal theory and technology have transformed our understanding of how the brain-body responds to stress and trauma.</p>	<p><b>iRest Tools</b> For Resiliency and Managing Stress March 25, 2021 1:30 p.m.—4:30 p.m. Via Zoom</p> <p>iRest (Integrative Restoration) is a research-based, mind-body practice that provides simple tools to release stress, build resiliency and promote healing and well-being. iRest is a combination of guided meditation, breath work, body awareness and evidence-based practices for deep relaxation and restoration. In this interactive workshop, we will examine the science and protocol for iRest meditation.</p>
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To register for all or one of these training opportunities call or email:

Laurie Marsh

530-993-6745

[lmarsh@sierracounty.ca.gov](mailto:lmarsh@sierracounty.ca.gov)

Tammy Muldoon

530-993-1110

[highsierrasfrc@gmail.com](mailto:highsierrasfrc@gmail.com)

Sponsored by:

High Sierras Family Resource Center

Sierra County Behavioral Health

Sierra County Social Services

First5 Sierra

Training attendance:

	Number Attendees
Brain*Mind*Body	30
Opening our Hearts, Eyes and Ears	20
iRest Tools	8

Agencies or organizations represented by attendees were as follows: 2 community members, 5 behavioral health staff members, 10 educators, 3 social services agency staff, 1 Veteran Organization staff, 2 Senior Center staff, 2 Plumas Crisis Intervention and Resource Center staff, 1 Child Care Council member, 2 First5 Sierra staff, and 2 High Sierra Family Resource Center staff members.

Linda Chamberlain’s trainings were conducted in a manner where the content was practical and easy to understand. Linda’s knowledge and expertise of the content was obvious through the enthusiasm she exhibited while presenting.

Outcomes included an increased awareness of how overwhelming and prolonged stress becomes a risk factor leading to physical, mental, cognitive, and behavioral problems. Attendees improved their ability to identify how adverse childhood experience may be affecting individuals they interact with.

**Barriers or Challenges FY 20/21**

The utilization of zoom as a vehicle for trainings is not as effective nor engaging as providing an in-person training. It is also harder to obtain demographics and survey results.

# SIERRA COUNTY MHSA PLAN OUTCOMES FY 20/21 PREVENTION AND EARLY INTERVENTION

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WELLNESS CENTER	81
APPLIED SUICIDE INTERVENTION SKILLS TRAINING (ASIST)	85
safeTALK© TRAINING	86
NURTURING PARENTING	87
ACCESS TO YOUTH SERVICES	90
STUDENT/PARENT NAVIGATION	92
VETERAN’S ADVOCATE	94
MENTAL HEALTH FIRST AID	96

**Status**

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

**Populations Served in FY 20/21**

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

The table below indicates the average cost per person served as well as demographics.

Sierra County Wellness Center Prevention Services	Populations Served FY20/21
Average Cost Per Person	\$3957
Children Aged 0-15	None
Transitional Aged Youth 16-25	
Adults 26-59	
Older Adults 60+	
Unknown	
<b>Total Individuals Served</b>	
Demographics of Individuals Served	Percent
Gender at Birth	
Female	50%
Male	29%
Unknown	21%
Current Gender Identity	
Female	61%
Male	39%
Unknown	None
Sexual Orientation (self-identified)	
Straight	59%
Other	1%
Unknown	20%
Decline to state	20%
Ethnicity	
Not Hispanic	74%
Not Reported	1%
Unknown	25%
Race (self-identified)	
White/Caucasian	74%
Other	1%
Unknown	25%
Preferred Language	
English	100%
Military Veteran	Unknown

Identified Disability	Percent Identified
<b>Communication</b>	
Difficulty seeing	
Difficulty hearing or having speech understood	
Other	
Mental (learning, developmental, dementia, etc.)	
Physical/mobility	
Other	
No disability	
Decline to answer	
Unknown	

**Key Activities in FY 20/21:**

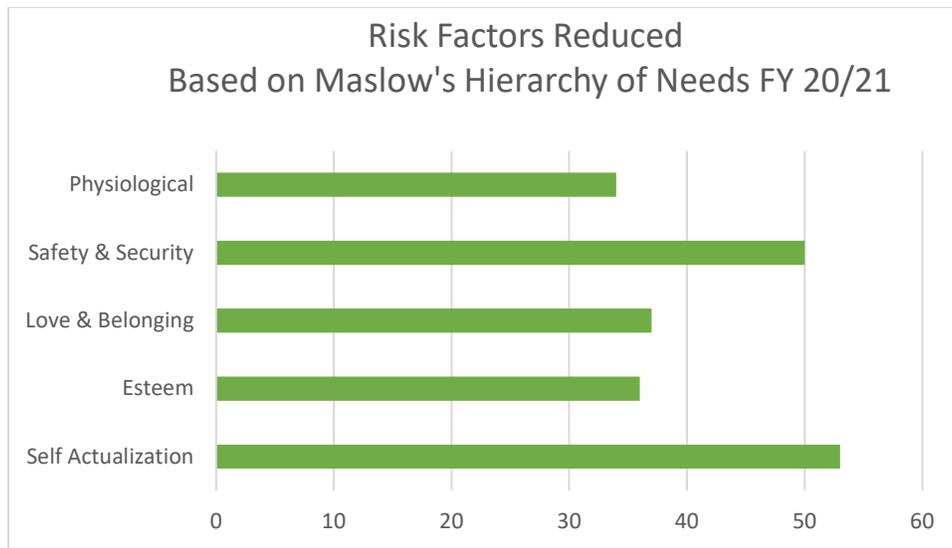
The Sierra County Wellness Center has been able to offer supportive services on an individualized basis to community members who made contact with Peer Support.

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

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

**Key Successes in FY 20/21**

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



The Loyaltan Wellness Center site served 49 unduplicated individuals through this PEI funding under prevention.

Through the Harm Reduction program incorporated into the Sierra County Wellness Center individuals accessed harm reduction supplies. Naloxone kits were also distributed to Pike, Loyaltan, Downieville, and Sierraville Emergency Medical Technician (EMT) organizations. Available data indicates from September 2020 through May 2021 thirteen individuals received Harm Reduction supplies. Seventeen self-reported reversals occurred from the Naloxone kits obtained by the seven individuals. EMT organizations reported 22 reversals for calendar year 2021.

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

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

The Wellness Center located to a larger building with capacity to serve more individuals. The building was funded through the Capital Facilities & Technologies component.

**Barriers or Challenges in FY 20/21:**

COVID 19 restrictions created a barrier in community members receiving services. In-person Wellness Center encounters were significantly reduced.

The Wellness Center relocated to a larger building with capacity to serve more individuals. Community members had a hard time with the change and getting used to the new building, as well as staff members.

Staff members had to quarantine on multiple occasions. Staff became hesitant to assist individuals on a face-to face basis.

**Activities and/or Modifications during FY 20/21:**

The Sierra County Wellness Center will continue to provide prevention services as indicated in the 2020-2023 MHSA 3-Year Plan. Harm Reduction activities and Substance Use Disorder Peer Support will be made more readily available through the Behavioral Health Information Notice BHIN 22-001.

## ASIST FY 20/21 DEMOGRAPHICS/OUTCOMES FOR INDIVIDUALS SERVED

### **Status**

ASIST is included in the 2020-2023 MHSA Three Year Plan

### **Populations Served FY 20/21**

No ASIST trainings took place as being funded out of the 2020-2023 Plan

### **Key Activities FY 20/21**

No Key Activities took place during the fiscal year.

### **Key Successes in FY 20/21**

There were no Key Successes.

### **Challenges and Barriers in FY 20/21**

COVID restrictions were a barrier in providing ASIST trainings.

### **Partners in FY 20/21**

There were no partners during this fiscal year.

**Status FY 20/21**

Sierra County Behavioral Health did not facilitate or hold any SafeTALK trainings.

**Populations Served in FY 20/21**

Zero

**Key Activities in FY 20/21**

None

**Key Successes FY 20/21**

None

**Challenges and Barriers in FY 20/21**

In-person COVID restrictions.

**Partners in FY 20/21**

None

**NURTURING PARENTING FY 20/21 DEMOGRAPHICS/OUTCOMES FOR INDIVIDUALS SERVED**

**Status**

**Populations Served FY 20/21**

The average cost per person served during FY 20/21 was \$1,484.25

<b>Nurturing Parenting</b>	<b>Populations Served FY 20/21</b>
<b>Total Individuals Served</b>	
<b>Demographics of Individuals Served</b>	<b>Percent</b>
<b>Gender at Birth</b>	
Female	
Male	
Unknown	
<b>Current Gender Identity</b>	
Female	
Male	
Unknown	
<b>Sexual Orientation (self-identified)</b>	
Unknown	100%
<b>Race (self-identified)</b>	
White/Caucasian	100%
Hispanic or Latino	
<b>Preferred Language</b>	
English	
<b>Military Veteran</b>	
Yes	

**Key Activities FY 20/21**

Four families completed the Nurturing Parenting program during FY 20/21. Two families started participating in the program. A pre-test is used to determine what module to use for the family and a post-test determines change of parenting values.

The Nurturing Parenting Program is evidence based and supplies the pre and post tests. Below are the score descriptions.

Low Score Description	High Score Description
<p><b>Inappropriate Expectations:</b>            Expectations exceed developmental capabilities of children.            Lacks understanding of normal child growth and development.            Self-concept as a parent is weak and easily threatened.            Tends to be demanding and controlling.</p>	<p><b>Appropriate Expectations:</b>            Understands growth and development.            Children are allowed to exhibit normal developmental behaviors.            Self-concept as a caregiver and provider positive.            Tends to be supportive of children.</p>
<p><b>Low Level of Empathy:</b>            Fears spoiling children.            Children’s normal development needs not understood or valued.            Children must act right and be good. Lacks nurturing skills.            May be unable to handle parenting stresses.</p>	<p><b>High Level of Empathy:</b>            Understands and values children’s needs.            Children are allowed to display normal developmental behaviors.            Nurture children and encourage positive growth.            Communicates with children.            Recognizes feelings of children.</p>
<p><b>Strong Belief in Value of Corporal Punishment:</b>            Hitting, spanking, slapping children is appropriate and required.            Lacks knowledge of alternatives to corporal punishment.            Lacks ability to use alternatives to corporal punishment.            Strong disciplinarian, rigid.            Tends to be controlling, authoritarian.</p>	<p><b>Values Alternatives to Corporal Punishment:</b>            Understands alternatives to physical force.            Utilizes alternatives to corporal punishment.            Tends to be democratic in rule making.            Rules for family, not just for children.            Tends to have respect for children and their needs.            Values mutual parent-child relationship.</p>
<p><b>Reverses Family Roles:</b>            Tends to use children to meet self-needs.            Children perceived as objects for adult gratification.            Tends to treat children as confidant and peer.            Expects children to make life better by providing love, assurance, and comfort.            Tends to exhibit low self-esteem, poor self-awareness, and poor social life.</p>	<p><b>Appropriate Family Roles:</b>            Tends to have needs met appropriately.            Finds comfort, support, companionship from peers.            Children are allowed to express developmental needs.            Takes ownership of behavior.            Tends to feel worthwhile as a person, good awareness of self.</p>
<p><b>Restricts Power-Independence:</b>            Tends to view children with power as threatening.            Expects strict obedience to demands.            Devalues negotiation and compromise as a means of solving problems.            Tends to view independent thinking as disrespectful.</p>	<p><b>Values Power-Independence:</b>            Places high-value on children’s ability to problem solve.            Encourages children to express views but expects cooperation.            Empowers children to make good choices.</p>

Areas of Risk	RISK SCORES (Frequency Table)		
	High Risk	Medium Risk	Low Risk
Inappropriate Expectations	X	XXXX	X
Low Level of Empathy		XXXXXX	
Strong Belief in Value of Corporal Punishment	X	XXXXX	
Reverses Family Roles		XXXX	XX
Restricts Power-Independence		XXXX	XX

### Key Successes in FY 20/21

Of the families who completed the course during this fiscal year and participated in both the pre and post tests the following outcomes were noted.

Outcomes FY 20/21 Risk Factors	Risk Factor Reduced	Risk Factor No Change	Risk Factor Increased
Inappropriate Expectations	75%	25%	
Low Level of Empathy	75%	25%	
Strong Elief in Value of Corporal Punishment	75%	25%	
Reverses Family Roles	75%	25%	
Restricts Power-Independence	75%	25%	

**ACCESS TO YOUTH SERVICES FY 20/21 DEMOGRAPHICS/OUTCOMES FOR INDIVIDUALS SERVED**

**Status**

Program continues to be implemented per 2020-2023 MHSa Three-Year Plan.

**Populations Served in FY 20/21**

FY 20/21 Youth Access Demographics									
Age Group	Gender			Race		Ethnicity			
	Male	Female	Other	Black/African American	White/Caucasian	Other Hispanic/Latino	Not Hispanic	Mexican/Mexican American	Unknown/Not Reported
0-15	█	█				█	█	█	█
15-25	█	█	█	█	█		█		

All program participants indicated English as their preferred language.

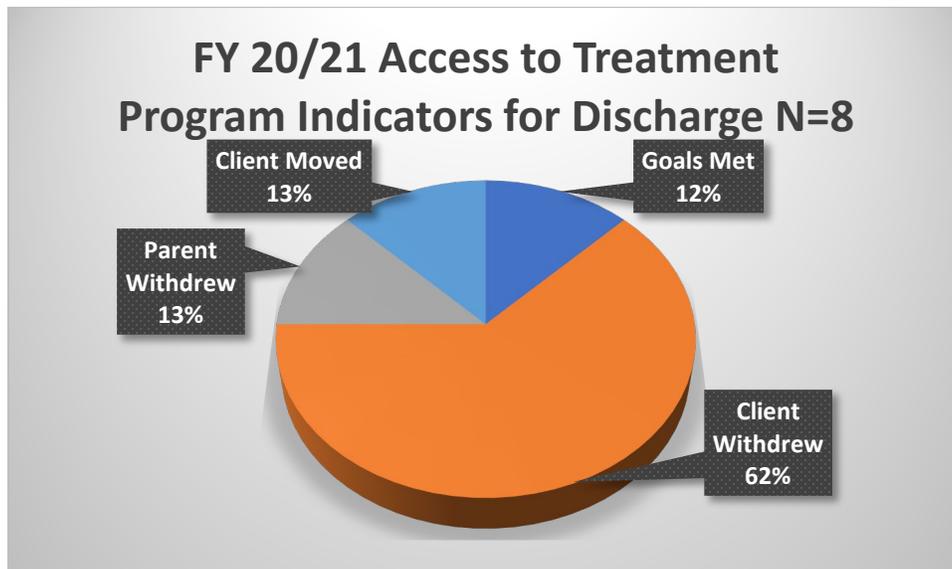
The average cost per person served during FY 20/21 was \$521.

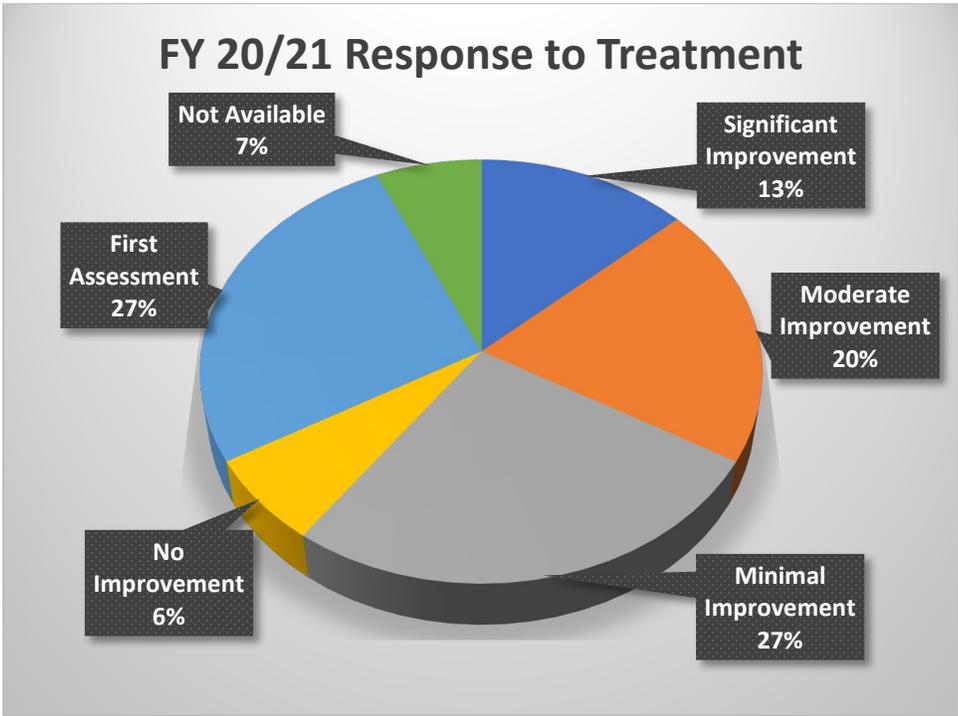
**Key Activities in FY 20/21**

Treatment services were made available to youth under this program.

**Key Successes in FY 20/21**

The response to treatment assessment indicates 60% of program participants' problems improved with treatment. Also, eight youth were still engaged with treatment at the end of the fiscal year showing that the number of youth who are continuing to participate increased.





**Barriers or Challenges in FY 20/21**

Capacity to provide the services is a barrier. Telehealth may still be challenging for youth to receive services.

**Partners FY 20/21**

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

**Planned Activities and/or Modifications during FY 22/23**

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

**STUDENT/PARENT NAVIGATION FY 20/21 DEMOGRAPHICS/OUTCOMES FOR INDIVIDUALS SERVED**

**Status**

During FY 20/21 the position was staffed and program implemented.

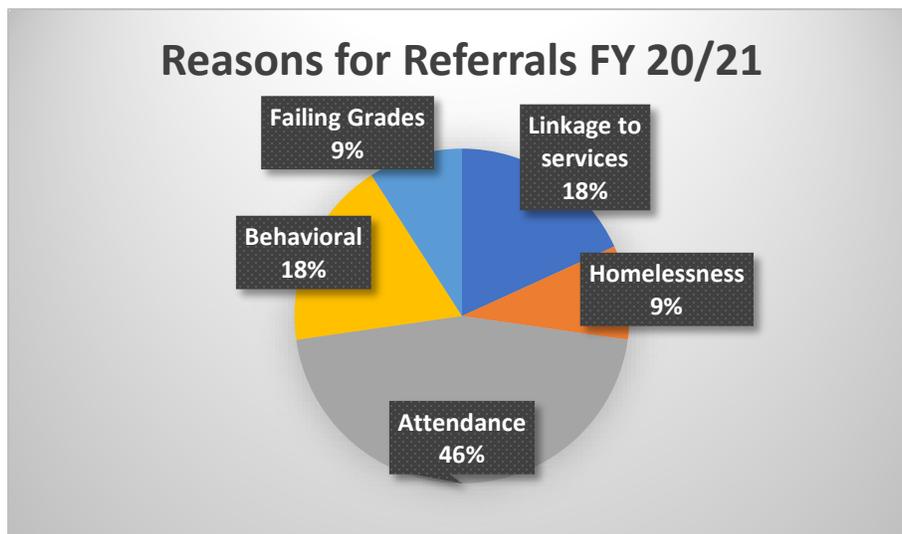
**Populations Served in FY 20/21**

Average Cost per person served during FY 20/21 was \$1,741.

Student/Parent Navigator Participant Demographics FY 20/21								
Number	Gender		Age Group				Race	Preferred Language
	Male	Female	0-15	16-25	26-59	60+		
							Unknown	English
							Unknown	English
							Unknown	English
<b>Total</b>								
								100%

**Key Activities FY 20/21**

The Student/Parent Navigator was able to attend SARB meetings via zoom. Seven referrals were made. One of the referrals ended with probation involvement which concluded the Student/Parent Navigator’s involvement with the child.



**Key Successes FY 20/21**

While the Student/Parent Navigator did not make any referrals to Specialty Mental Health Services, one youth was referred to the school counselor and reports doing better. While another youth’s family was referred to Nurturing Parenting classes. Attendance improved where Student/Parent Navigator interacted with parents willing to be engaged.

FY 20/21 Reduction of School Related Risk Factors							
Improved Attendance	Improved Behavior	Decreased Effects of Living in Poverty	Improved Grades	Interventions Resulting in no SARB Referral	Decrease in Suspension	Decrease in Expulsion	Removed from SARB Watchlist
referred to Nurturing Parenting referred to school counselor							

**Barriers and Challenges FY 20/21**

Not having the Student/Parent Navigator housed at the schools created a barrier. This barrier has now been removed.

**Partners in FY 20/21**

Sierra County Behavioral Health partnered with the Sierra/Plumas Joint Unified School District.

VETERAN'S ADVOCATE FY 20/21 DEMOGRAPHICS/OUTCOMES FOR INDIVIDUALS SERVED

Populations Served:

Veterans Served	FY20/21
Average Cost Per Person	\$1,094
Total Veterans/Family Members Served	█
Demographics of Individuals Served	Number
<b>Age Groups Served</b>	
Adults 26-59	█
Older Adults 60+	█
<b>Gender at Birth</b>	
Female	█
Male	█
<b>Current Gender Identity</b>	
Female	█
Male	█
<b>Sexual Orientation</b>	
Heterosexual or Straight	█
<b>Ethnicity</b>	
Not Hispanic	█
Hispanic/Latino	█
Filipino	█
<b>Race</b>	
White/Caucasian	█
Native Hawaiian or other Pacific Islander	█
<b>Preferred Language</b>	
English	█
<b>Veteran Status</b>	
Veteran	█
Non-Veteran	█

**Key Activities in FY 20/21**

The Veteran's Advocate was available to veterans throughout the year.

**Key Successes in FY 20/21**

Honoring Veteran's Last Wish:

The Veteran's Advocate became aware of a Veteran who had been hospitalized. While reaching out to the Veteran it became known that the Veteran's last wish was to die at home. The Veteran's Advocate was able to safely facilitate the Veteran's last wish and brought him home. The Veteran's Advocate

helped organize daily visits at home by several friends and veterans to monitor veteran's health and needs.

The Veteran's Advocate, with Law Enforcement's assistance, were able to locate the next of kin. An estranged son was identified as the next of kin. Funeral, burial arrangements and a graveside service were held due to the Veteran's Advocate dedication to his service of other veterans.

As mentioned above the Veteran was estranged from his son as well as all other family members. The veteran had only talked with his son once in the son's life. The son really did not want anything to do with his father initially. As the Veteran's Advocate spoke with the son on a few occasions and told of his dad's life, the son asked for his dad's honorary flag.

**Veteran Meet and Greet:**

A veteran meet and greet was held in Loyalton. The Veteran Service Officer from Plumas County visited with the veterans. Sixteen veterans attended.

**Veteran Stand Down:**

The Veteran's Advocate advertised and coordinated transportation to the Veteran Stand-Down in Quincy. Twelve veterans from Sierra County attended. Four veterans received optical care. Two received dental care.

Veteran's were linked to services, however not Specialty Mental Health Services.

**Barriers or Challenges FY 20/21**

Veteran Administration offices were closed due to COVID. Limited access to in-person services became the norm.

**Status FY 20/21**

Sierra County Behavioral Health did not facilitate or hold any Mental Health First Aid trainings.

**Populations Served in FY 20/21**

Zero

**Key Activities in FY 20/21**

None

**Key Successes FY 20/21**

None

**Challenges and Barriers in FY 20/21**

In-person COVID restrictions.

**Partners in FY 20/21**

None

# SIERRA COUNTY MHSA PLAN OUTCOMES FY 20/21 WORKFORCE EDUCATION AND TRAINING

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ELECTRONIC LEARNING MANAGEMENT SYSTEM	98
AGENCY WORKFORCE TRAINING	99

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

**Status FY 20/21:**

Relias Learning was available to HHS employees and extended to the Loyalton Senior Center.

Expenditures associated with Relias Learning were \$9,478.

Two individuals employed by the Loyalton Senior Center enrolled in Relias Learning. Three individuals employed by Sierra County Behavioral Health utilized Relias Learning. A total of 41 courses were completed through Relias Learning at an estimated cost of \$231 per course. The average cost per person was \$1895. Thirty-seven hours were recorded through Relias Learning.

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

**Status FY 20/21:**

Expenditures in the amount of \$10,701 were spent under this category to cover program implementation and supervision of mental health associates employed during FY 20/21.

# SIERRA COUNTY MHSA PLAN OUTCOMES

## FY 20/21 CAPITAL FACILITIES AND TECHNOLOGY

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CAPITAL FACILITIES AND TECHNOLOGIES	101
WARMING, COOLING AND TECHNOLOGY STATION	103

The majority of construction, purchases and startup costs occurred in FY 20/21. During FY 20/21 \$83,249 was spent on this project.

**Key Activities in FY 20/21**

The building was delivered and set up.



**Key Successes FY 20/21**

Sierra County Behavioral Health accomplished a goal that was 3 years in the making by purchasing and setting up the new Wellness Center. This allowed for more individuals and group activities to take place.



**Challenges and Barriers in FY 20/21**

In-person COVID restrictions.

**Status**

No forward movement has taken place thus far for this project.

**Challenges and Barriers FY 20/21**

The staff capacity to conduct this project was not available.

**Activities and/or Modifications for FY 22/23**

Continue with the 20-23 Three-Year Program and Expenditure Plan as written.

**Technologies**

Expenses totaling \$24,253 were incurred to maintain the county network and provide networking capabilities to the new Wellness Center.

**Activities and/or Modifications for FY 22/23**

Include expenditures expanding the hardware and software capacity to provide increased telehealth services. The funding amount is not to exceed \$7,000.

Continue with the 20-23 Three-Year Program and Expenditure Plan as written.

ESTIMATED EXPENDITURES FOR THE  
FY 22-23 ANNUAL UPDATE

**FY 2022-2023 Mental Health Services Act Annual Update  
Community Services and Supports (CSS) Funding**

County: Sierra

Date: 5/31/22

		<b>Fiscal Year 2022-2023</b>					
		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
		<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CSS Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>FSP Programs</b>							
1.	FSP SERVICES						
4.	FY 22/23	700,000	700,000				
5.	SIERRA COUNTY WELLNESS CENTER						
8.	FY 22/23	85,807	85,807				
9.		0					
10.		0					
11.		0					
12.		0					
13.		0					
14.		0					
15.		0					
16.		0					
<b>Non-FSP Programs</b>							
1.	COMMUNITY ACADEMIES						
	FY 22/23	30,000	30,000				
3.	GENERAL SERVICE DELIVERY						
	FY 22/23	313,765	313,765				
4.	SIERRA COUNTY WELLNESS CENTER						
	FY 22/23	78,772	78,772				
5.	FRONT PORCH PROGRAM						
8.	FY 22/23	17,000	17,000				
9.		0					
10.		0					
11.		0					
12.		0					
14.		0					
15.		0					
16.		0					
<b>CSS Administration</b>		700,000	700,000				
<b>CSS MHSA Housing Program Assigned Funds</b>		0	0				
<b>Total CSS Program Estimated Expenditures</b>		1,925,344	1,925,344	0	0	0	0
<b>FSP Programs as Percent of Total</b>		51.0%					

**FY 2022-2023 Mental Health Services Act Annual Update  
Prevention and Early Intervention (PEI) Funding**

County: SIERRA

Date: 5/31/22

	Fiscal Year 2022-2023					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>						
1. SIERRA COUNTY WELLNESS CENTER	250,343	250,343				
2. SAFETALK	5,000	5,000				
3. MENTAL HEALTH FIRST AID	5,000	5,000				
4. VETERAN'S ADVOCATE	75,000	75,000				
5. STUDENT/PARENT NAVIGATION	38,990	38,990				
6. FRONT PORCH PROGRAM	30,000	30,000				
7. SIERRA WELLNESS ADVOCACY FOR YOUTH	20,500	20,500				
8.						
9.						
<b>PEI Programs - Early Intervention</b>						
10. YOUTH ACCESS TO SERVICES	60,000	60,000				
11. PARENTING SUPPORT PROGRAM	45,000	45,000				
12.						
<b>PEI Administration</b>	200,000	200,000				
<b>PEI Assigned Funds</b>	0	0				
<b>Total PEI Program Estimated Expenditures</b>	729,833	729,833	0	0	0	0

**FY 2022-2023 Mental Health Services Act Annual Update  
Workforce, Education and Training (WET) Funding**

County: Sierra

Date: 5/31/22

	Fiscal Year 2022-23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>WET Programs</b>						
1. ELECTRONIC LEARNING MANAGEMENT SYSTEM FY 22/23	12,000	12,000				
2. AGENCY WORKFORCE TRAINING FY 22/23	20,000	20,000				
3. LOCAL LOAN ASSUMPTION PROGRAM(S) FY 22/23	32,000	32,000				
7. SUPERIOR REGIONAL PARTNERSHIP - OSHPD WET GRANT	0					
8. FY 22/23	20,000	20,000				
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
<b>WET Administration</b>	90,000	90,000				
<b>Total WET Program Estimated Expenditures</b>	174,000	174,000	0	0	0	0

**FY 2022-2023 Mental Health Services Act Annual Update  
Capital Facilities/Technological Needs (CFTN) Funding**

County: Sierra

Date: 5/31/22

	<b>Fiscal Year 2022-2023</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CFTN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>CFTN Programs - Capital Facilities Projects</b>						
1. 706 Mill Street - Wellness Center Const.						
2. <span style="float: right;">FY 22/23</span> Warming, Cooling & Technology Charging	15,000	15,000				
3. Stations						
4. <span style="float: right;">FY 22/23</span>	60,000	60,000				
<b>CFTN Programs - Technological Needs Projects</b>						
5. ELECTRONIC HEALTH RECORDS	0					
6. <span style="float: right;">FY 22/23</span>	25,000	25,000				
7. SIERRA COUNTY TECHNOLOGY CHARGES/UPGRADES						
8. <span style="float: right;">FY 22/23</span>	32,000	32,000				
<b>CFTN Administration</b>	70,000	70,000				
<b>Total CFTN Program Estimated Expenditures</b>	202,000	202,000	0	0	0	0

**FY 2022/2023 Mental Health Services Act Annual Update  
Innovations (INN) Funding**

County: Sierra

Date: 5/31/22

	<b>Fiscal Year 2022-2023</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated INN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>INN Programs</b>						
1. No Innovation expenditures have been	0					
2. identified at this time.	0	0				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>INN Administration</b>	0					
<b>Total INN Program Estimated Expenditures</b>	0	0	0	0	0	0

# APPENDIX

**Sierra Booster** March 17, 2022

**DURING THE SUPERINTENDENT'S REPORT** of the Sierra Plumas Joint Unified School District Board meeting held March 8th in Lyon, Superintendent James Berardi stated at the end of the day on Friday March 11th, masks in school will be strongly recommended only. He said use them if you wish, but wanted people to respect everyone else's opinions.

School vaccine mandate deadline is July 1st. Berardi talked about Senator Dr. Richard Pan's Senate Bill 871, which would require every California school (pub-

lic) this. Stanard stated they would need to have a community discussion as they move forward.

**BANFF CENTRE MOUNTAIN FILM FESTIVAL WORLD TOUR IN DOMINEVILLE APRIL 1, 2 & 3 2022**



16. *pups can reach a revolve*

**SPRING 2022 MARCH-MAY MERCHANDISE**

enter today **\$500** shopping giveaways  
18 WHP one of 500

**SIERRA VALLEY HOME CENTER, INC.**  
Loyalton - (530) 993-4331



Help us learn what inspires and empowers success in your community.

We will be talking about:

- Community Planning for MHSA services
- Emergency Preparedness
- Tobacco Use Reduction
- And community concerns/successes

Date: March 23, 2022  
Time: 12:00 to 2:00pm  
Where: Sierra County Wellness Center  
705 Mill St.  
Loyalton, CA 95118



**WE WANT TO HEAR FROM YOU!**

\*Light lunch and refreshments will be served.

If you have questions, please contact Laurie Marsh at (530) 993-6745 or [lmsh@sierracounty.ca.gov](mailto:lmsh@sierracounty.ca.gov)



Posting of the flyer at the Alleghany Post Office where residents frequent to learn of local events.



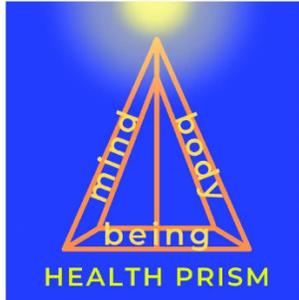
*Help us learn what inspires and empowers success in your community.*

**We will be talking about:**

- ⇒ **Community Planning for MHSA services**
- ⇒ **Emergency Preparedness**
- ⇒ **Tobacco Use Reduction**
- ⇒ **And community concerns/successes**

Date: March 23, 2022  
 Time: 12:00 to 2:00pm  
 Where: Sierra County Wellness Center  
 706 Mill St.  
 Loyalton, CA 96118

\*Light lunch and refreshments will be served.



**WE WANT  
 TO HEAR  
 FROM  
 YOU!**

If you have questions, please contact Laurie Marsh at (530) 993-6745 or lmarsh@sierracounty.ca.gov

Provided through: Sierra County Mental Health Services Act Proposition 63 and CFCP contract 21-46

**Flyer distributed in the Loyalton Community.**

**MHSA Annual Update 22-23 Community Planning Flyer Distribution**

Date	Meeting	Location/Flyer	Number
03-14-2022	3-23-22 Loyalton	Sierra Booster Newspaper	
03-14-2022	3-23-22 Loyalton	Eligibility Office	8
03-14-2022	3-23-22 Loyalton	Social Services	6
03-14-2022	3-23-22 Loyalton	Behavioral Health	10
03-14-2022	3-24-22 Alleghany	Alleghany	7
03-14-2022	3-24-22 Alleghany	Email to Key Community Member	1
03-15-2022	3-23-22 Loyalton	First5/SNCS Bulletin Board	1
03-15-2022	3-23-22 Loyalton	Victim Witness/Sierra Safe	1
03-15-2022	3-23-22 Loyalton	Sierra County Library Bulletin Board	1
03-15-2022	3-23-22 Loyalton	Leonard's of Loyalton Bulletin Board	1
03-15-2022	3-23-22 Loyalton	Family Resource Center	5

APPENDIX CPP.2 – Materials Distributed at the March 23, 2022 Community Planning Meeting in Loyalton.

Health Prism  
MHSA Community Planning/Information Meeting  
706 Mill Street  
Loyalton, CA 96118  
12:00-2:00 P.M.  
Agenda

12:00	Welcome & Introductions	L. Marsh, L. Vanetti, A. Reugebrink
12:10	MHSA Nuts & Bolts & Program Review	L. Marsh
12:30	Community Input	L. Marsh
1:00	Tobacco Use Reduction Program	A. Reugebrink
1:30	Emergency Preparedness	L. Vanetti

# Community Planning Meetings

Loyalton – March 23, 2022  
Alleghany – March 24, 2022

## MHSA Nuts & Bolts Overview



## Historical Perspective

- Proposition 63– a California voters’ ballot initiative
  - Grassroots support to get signatures to bring it to ballot
- Passed by majority vote on November 2, 2004
- Became effective as statute, Mental Health Services Act (MHSA) on January 1, 2005



## Ballot Summary

- “Almost 40 years ago, California emptied its mental hospitals, promising to fully fund community mental health services. That promise is still unfulfilled.”
- There are many who are not receiving needed treatment
  - This results in children failing school and adults on the street or in jail
- The LAO concludes that Prop 63 could save millions annually by reducing expenses for medical care, homeless shelters and law enforcement
- Opposition—Mentally ill need help, however this is a dangerously volatile income source, doubtful of projected savings



## MHSA Overview

- 1% tax on personal income in excess of \$1M
- Expand mental health services
  - Recovery/wellness
  - Stakeholder involvement
  - Focus on unserved and underserved
- Six components
  - Community Program Planning, Community Services and Supports, Education and Training, Capital/Technology, Prevention/Early Intervention, Innovation



## MHSA Overview

### Transforms Mental Health Service System

- Funds model programs for adults with disabling mental illness
- Closes gaps in children's funding and helps to keep children and youth at home
- Creates ongoing Prevention and Early Intervention Programs
- Funds for Facilities, Human Resources, Innovations, and Information Technology



# MHSA Components

- 1) Community Program Planning
- 2) Community Services and Supports
- 3) Housing
- 4) Capital Facilities and Technological Needs
- 5) Education and Training Programs
- 6) Prevention and Early Intervention
- 7) Innovation



## Mental Health Services Act What Will It Fund?

### Community Services and Supports

- Provide funding for three areas:
  - Full Service Partnerships
  - General System Development
  - Outreach and engagement
- Plan for services for four defined age groups:
  - Children and Youth
  - Transitional Age Youth (16-25)
  - Adults
  - Older Adults



# Mental Health Services Act

## What Will It Fund?

### Education and Training

- Focus—dedicated funding to remedy shortage of qualified workforce
- Overall
  - Expand outreach to multi-cultural communities, increase diversity of workforce, promote web-based technologies and distance learning
  - Training programs to promote inclusion of
    - Consumers and family members in the workforce
    - Cultural competency



# Mental Health Services Act

## What Will It Fund?

### Capital Facilities

- Purchasing land or buildings
- Construction or rehabilitation costs for buildings or office / meeting spaces
- Adequate reserves for projects to cover gaps in operating costs in future years
- Related “soft” costs for development including strategies to build community acceptance for projects



# Mental Health Services Act

## What Will It Fund?

### Capital Facilities Goals

- Produce long-term impacts with lasting benefits for clients, such as reduction in hospitalization, incarceration, and the use of involuntary services, and increase in housing stability
- Increase the number and variety of community-based facilities supporting integrated service experiences for clients and their families
- Support a range of options that promote consumer choice and preferences, independence, and community integration



# Mental Health Services Act What Will It Fund?

## Information Technology

- Electronic information capture and distribution to improve services and mental health
  - Using electronic system for improving service delivery, and access/security of mental health information
- Resource Management
  - Allocation, appropriation, funding stream and workforce tracking, cost reporting, Medicaid claiming, billing, etc.
- Performance measurement / Accountability
  - Doing what we should do, and what we said we would do
  - Achieving what we set out to achieve



# Mental Health Services Act What Will It Fund?

## Prevention and Early Intervention

- Elements:
  - Provide outreach and services to identify and treat early signs of mental illness
  - Ensure access to medically necessary care
  - Reduce stigma and discrimination
  - Develop strategies to reduce negative outcomes from untreated mental illness—suicide, incarcerations, school failure, homelessness, etc.
  - Ensure timely access for underserved populations



# Mental Health Services Act What Will It Fund?

## Innovation

- 5% set aside from
  - Community Services and Supports
  - Prevention and Early Intervention
- Purpose
  - Increase access to underserved populations
  - Increase quality of services
  - Promote interagency collaboration
  - Increase access to services





**2022/2023 MHSa Annual Update Programs  
Based on the 2020-2023 MHSa Plan**

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

APPENDIX CPP.3 – Allegheny Community Planning Packet

**2022/2023 MHSa Annual Update Programs  
Based on the 2020-2023 MHSa Plan**

Program Type	Program Name	Plan Status
<b>CSS Programs</b>		
O&E	Front Porch	Continuing
O&E	Community Academies	Continuing
O&E	Front Porch	Continuing
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GSD	General Services	Continuing
FSP	Full Service Partnership	Continuing
<b>Housing</b>		
	No Place Like Home	Continuing
<b>Prevention and Early Intervention</b>		
Prevention	Nurturing Parenting	Continuing
Early Intervention	Youth Access to Treatment	Continuing
Prevention	Veteran's Advocate	Continuing
Prevention	Student/Parent Navigation	Continuing
Prevention	Mental Health First Aid	Continuing
Prevention	safeTALK Training	Continuing
	Applied Suicide Intervention Skills	
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CF	New Wellness Center	Continuing
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CF	Installation	Continuing
	Tech Maintenance Updates and	
Tech	Improvements	Continuing
Tech	Electronic Health Records	Continuing
<b>Workforce Education &amp; Training</b>		
	Electronic Learning Management	
Training	System	Continuing
Training	Agency Workforce Training	Continuing
	Participation in Regional Loan	
Education	Assumption Program	New
Education	Loan Assumption Program	Continuing
<b>Innovation</b>		
	To be determined	

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

MHSA Programs are:

**Client Driven:**

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

**Family Driven:**

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

**Community Collaborative:**

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

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

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

**Wellness, Recovery and Resilience Focused**

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

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

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

**Integrated Service Experience**

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

**Important Definitions:**

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

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

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

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

### Community Services and Supports (CSS)

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

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

These services can include:

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

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

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

2) General System Development

May only be used to:

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

- 1.1.3. Wellness centers.
  - 1.1.4. Personal service coordination/case management/personal service coordination to assist the client, and when appropriate the client's family, to access needed medical, educational, social, vocational rehabilitative or other community services.
  - 1.1.5. Needs assessment.
  - 1.1.6. Individual Services and Supports Plan development.
  - 1.1.7. Crisis intervention/stabilization services.
  - 1.1.8. Family education services.
  - 1.2. Improve the county mental health service delivery system for all clients and their families.
  - 1.3. Develop and implement strategies for reducing ethnic/racial disparities.
- 3) Outreach and Engagement
- 1. The County may develop and operate outreach programs/activities for the **purpose of identifying unserved individuals** who meet the criteria of Welfare and Institutions Code Sections 5600.3 (a), (b) or (c) in order to engage them, and when appropriate their families, in the mental health system so that they receive the appropriate services.
  - 2. Outreach and Engagement funds may be used to pay for:
    - 2.1. Strategies to reduce ethnic/racial disparities.
    - 2.2. Food, clothing, and shelter, but only when the purpose is to engage unserved individuals, and when appropriate their families, in the mental health system.
    - 2.3. Outreach to entities such as:
      - 2.3.1. Community based organizations.
      - 2.3.2. Schools.
      - 2.3.3. Tribal communities.
      - 2.3.4. Primary care providers.
      - 2.3.5. Faith-based organizations.
    - 2.4. Outreach to individuals such as:
      - 2.4.1. Community leaders.
      - 2.4.2. Those who are homeless.
      - 2.4.3. Those who are incarcerated in county facilities.
4. Mental Health Services Act Housing Program – This is not currently in progress for small counties. The state is working for a way that small counties can utilize this bucket of money.

### Capital Facilities and Technological Needs (CFTN)

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

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

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

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

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

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

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

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

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

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

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

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

#### **Standards**

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

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

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

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

Workforce development and education and training needs include:

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

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

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

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

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

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

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

#### **Community Collaboration**

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

#### **Cultural Competence**

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

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

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

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

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

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

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

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

### **Innovation (INN)**

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

The innovative programs shall have the following purposes:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**4) Scope of Innovation**

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

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

**5) Time Limit**

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

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

**6) Reporting**

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

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

2.4. A description or links to any reports, manuals, CDs or DVDs or videos, or other materials that have been developed and will be used to communicate lessons learned and project results

Hello Sierra County Community Members,

Thank you for participating in our survey. Your feedback is important. We have enclosed a stamped, self-addressed envelope for you to return your survey. The survey may also be taken online at the Sierra County Website should you have more family members or friends who wish to participate. Please return the survey by April 1, 2022.

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

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

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

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

The purpose of MHSA is to:

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

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

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

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

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

**Your voice is welcome!**

**Please tell us a little about yourself**

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

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

**I am a.....**

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

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

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

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

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

Young children, ages 0-5                       School-age children  
 Transition age youth, ages 16-24            Adults  
 Seniors     Parents  
 Geographically isolated people               Linguistically isolated people

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

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

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

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

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

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

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

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

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

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

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	I have no experience with this
Availability of behavioral health services					
Access to services (timeliness and friendliness of response)					
Location of services					
Quality of services received					
Your ability to participate in services					
Helpfulness of staff					
Knowledge of staff					
<b>Please explain or elaborate on your level of satisfaction in these areas.</b>					

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

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

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

APPENDIX CSS – Consumer Perception Survey Outcomes Older Adults

<b>Consumer Perception Survey Older Adults 6/1/2021</b>		<b>Average Rating</b>
<b>Overall Satisfaction with SCBH services:</b>		
I like the services that I received here.		4.8
If I had other choices, I would still get services from this agency.		4.8
I would recommend this agency to a friend or family member.		4.3
	<b>Total Average</b>	<b>4.6</b>
<b>How Staff Interact:</b>		
Staff were willing to see me as often as I felt it was necessary.		4.5
Staff returned my calls within 24 hours.		4.5
Staff here believe that I can grow, change, and recover.		4.5
Staff encouraged me to take responsibility for how I live my life.		4.5
Staff told me what side effects to watch out for.		5
Staff respected my wishes about who is, and who is not to be given information about my treatment.		5
I, not staff, decided my treatment goals.		4.7
Staff were sensitive to my cultural background (race, religion, language, etc.)		5
Staff helped me obtain the information I needed so that I could take charge of managing my illness.		5
I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.)		4.7
	<b>Total Average</b>	<b>4.8</b>
<b>Satisfaction of Service Delivery:</b>		
The location of services was convenient (parking, public transportation, distance, etc.)		5
Services were available at times that were good for me.		4.3
I was able to get all the services I thought I needed.		4.8
I was able to see a psychiatrist when I wanted to.		4.7
I felt comfortable asking questions about my treatment and medication.		4.5
I felt free to complain.		4.5
I was given information about my rights.		4.8
	<b>Total Average</b>	<b>4.7</b>
<b>As a direct result of the services I received:</b>		
I deal more effectively with daily problems.		4.7
I am better able to control my life.		4.3
I am better able to deal with crisis.		4.7
I am getting along better with my family.		4.3
I do better in social situations.		4.7
I do <b>better</b> in school and/or work.		4
My housing situation has improved.		5
My symptoms are not bothering me as much.		4.3
I do things that are more meaningful to me.		4.7
I am better able to take care of my needs.		4.7
I am better able to handle things when they go wrong.		4.7
I am better able to do things that I want to do.		4.7
I am happy with the friendships I have.		4.7
I have people with whom I can do enjoyable things.		4.7
I feel I belong in my community.		4.7
In a crisis, I would have the support I need from family or friends.		4.7
	<b>Total Average</b>	<b>4.6</b>

APPENDIX CSS – Consumer Perception Survey Outcomes Adults

<b>Consumer Perception Survey ADULTS 6/1/2021</b>	<b>AVERAGE RATING</b>
<b>Overall Satisfaction with SCBH services:</b>	
I like the services that I received here.	4.4
If I had other choices, I would still get services from this agency.	4.3
I would recommend this agency to a friend or family member.	4.3
<b>Total Average</b>	<b>4.3</b>
<b>Satisfaction of Service Delivery:</b>	
The location of services was convenient (parking, public transportation, distance, etc.)	4.3
Staff were willing to see me as often as I felt it was necessary.	4.1
Staff returned my calls within 24 hours.	4.1
Services were available at times that were good for me.	4.4
I was able to get all the services I thought I needed.	4.3
I was able to see a psychiatrist when I wanted to.	4
Staff here believe that I can grow, change, and recover.	4.8
I felt comfortable asking questions about my treatment and medication.	4.1
I felt free to complain.	4.2
I was given information about my rights.	4.4
<b>Total Average</b>	<b>4.3</b>
<b>How Staff Interact:</b>	
Staff encouraged me to take responsibility for how I live my life.	4.4
Staff told me what side effects to watch out for.	4.3
Staff respected my wishes about who is, and who is not to be given information about my treatment.	4.3
I, not staff, decided my treatment goals.	3.8
Staff were sensitive to my cultural background (race, religion, language, etc.)	4.6
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	4.3
I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.)	4.1
<b>Total Average</b>	<b>4.3</b>
<b>As a direct result of the services I received:</b>	
I deal more effectively with daily problems.	4.3
I am better able to control my life.	4.1
I am better able to deal with crisis.	3.9
I am getting along better with my family.	3.3
I do better in social situations.	3.6
I do <b>better</b> in school and/or work.	3.4
My housing situation has improved.	3.7
My symptoms are not bothering me as much.	3.4
I do things that are more meaningful to me.	4.1
I am better able to take care of my needs.	4.1
I am better able to handle things when they go wrong.	3.7
I am better able to do things that I want to do.	3.9
I am happy with the friendships I have.	3.6
I have people with whom I can do enjoyable things.	3.9
I feel I belong in my community.	3.6
In a crisis, I would have the support I need from family or friends.	3.4
<b>Total Average</b>	<b>3.8</b>
<b>** out of 14 given survey's 4 came back refused/no input</b>	

APPENDIX CSS – Consumer Perception Survey Outcomes Youth

<b>Consumer Perception Survey YOUTH 6.1.2021</b>	<b>Average Rating</b>
Overall, I am satisfied with the services I received.	4
I helped to choose my services.	5
I helped to choose my treatment goals.	5
The people helping me stuck with me no matter what.	5
I felt I had someone to talk to when I was troubled.	4
I participated in my own treatment.	4
I received services that were right for me.	Missing
The location of services was convenient for me.	5
Services were available at times that were convenient for me.	5
I got the help I wanted.	4
I got as much help as I needed.	Missing
Staff treated me with respect.	5
Staff respected my religious/spiritual beliefs.	5
Staff spoke with me in a way that I understood.	5
Staff were sensitive to my cultural/ethnic background.	5
<b>As a direct result of the services I received...</b>	
I am better at handling daily life.	3
I get along better with family members.	3
I get along better with friends and other people.	4
I am doing better in school and/or work.	4
I am better able to cope when things go wrong.	4
I am satisfied with my family life right now.	4
I am better able to do things I want to do.	4
I know people who will listen and understand me when I need to talk.	5
I have people that I am comfortable talking with about my problems.	4
In a crisis, I would have the support I need from family or friends.	5
I have people with whom I can do enjoyable things.	4
<b>Other findings:</b>	
In the last six months, one participant indicated their living arrangements changed between living with one or both parents, to being hospitalized, and living in 'other' settings.	
Participants has received services for three to five months.	
Participants reported having no police encounters this year or last year.	
Participants reported school attendance has been about the same since starting to receive services.	
Further information regarding school and law enforcement encounters is missing.	

APPENDIX CSS – Consumer Perception Survey Outcomes Family

<b>Total Surveys Given = 4, Refused = 1, N=3</b>	
<b>Consumer Perception Survey FAMILY 6.1.2021</b>	<b>Average Rating</b>
<b>Overall Satisfaction with SCBH services:</b>	
Overall, I am satisfied with the services I received.	4.3
<b>How Staff Interact:</b>	
I helped to choose my child’s services.	4
I helped to choose my child’s treatment goals.	4.3
The people helping my child stuck with me no matter what.	3.7
I felt my child had someone to talk to when I was troubled.	4.7
I participated in my child’s treatment.	4.3
The services my child and/or family received were right for us.	4.3
The location of services was convenient for us.	4.3
Services were available at times that were convenient for us.	4.3
My family got the help we wanted for my child.	4.3
My family got as much help as we needed for my child.	4
<b>Total Average</b>	<b>4.2</b>
<b>Satisfaction of Service Delivery:</b>	
Staff treated me with respect.	4.3
Staff respected my family’s religious/spiritual beliefs.	4.3
Staff spoke with me in a way that I understood.	4.3
Staff were sensitive to my cultural/ethnic background.	4.3
<b>Total Average</b>	<b>4.3</b>
<b>As a direct result of the services I received...</b>	
My child is better at handling daily life.	4
My child gets along better with family members.	4
My child gets along better with friends and other people.	4
My child is doing better in school and/or work.	3.7
My child is better able to cope when things go wrong.	4
I am satisfied with my family life right now.	4
My child is better able to do things I want to do.	4
I know people who will listen and understand me when I need to talk.	4.3
I have people that I am comfortable talking with about my child’s problem(s).	4.3
In a crisis, I would have the support I need from family or friends.	4
I have people with whom I can do enjoyable things.	4
<b>Total Average</b>	<b>4</b>
<b>Other findings:</b>	
75% of participants surveyed indicated the child did not live with one or both parents within the last 6 months.	
50% of participants indicated the child lived with another family member.	
None of the participants indicated the child had involvement with law enforcement within the last 6 months and school attendance was not an issue.	
None of the participants indicated their family was homeless.	

## Sierra County Behavioral Health



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Amendment to the Mental Health Services Act Plan  
& Expenditure Report for FY 2020-2023  
Workforce Education & Training Component (WET)

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This amendment is to include anticipated expenditures not currently identified in the MHSA  
Plan & Expenditure Report

143

Thirty (30) Day Public Review Posting Date of March 9, 2022

Public Hearing Date: April 7, 2022

Public Hearing Location: Sierra County Wellness Center, 706 Mill Street, Loyalton, CA 96118

Public Hearing Time: 10:30 a.m.

Questions or comments? All are welcome.

Please contact:

Laurie Marsh, Behavioral Health Coordinator

[lmars@sierracounty.ca.gov](mailto:lmars@sierracounty.ca.gov)

Phone: (530) 993-6745

## Amendment Overview

Sierra County Behavioral Health operates with transparency in conducting business. As such, the current MHSa Plan & Expenditure Report for FY 2020-2023 indicates expenditures for a local Loan Assumption Program within the Workforce Education & Training (WET) component. The Office of Statewide Health Planning and Development (OSHPD) created an opportunity to participate in the Superior Regional Partnership-OSHPD WET Grant. This amendment allows for Sierra County's participation and to match funds with the Superior Regional Partnership.

An individual who is participating at the local level will not be able to participate in the Superior Regional Partnership and visa-versa.

WET – SECTION III LOAN ASSUMPTION PROGRAM(S)

DESCRIPTION

Local Loan Assumption Program

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

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

Once Sierra County Behavioral Health is in partnership with CalMHSA, the Local Loan Assumption program will not be open to individuals. The Local Loan Assumption program will continue to be included in the plan should the Superior Regional Partnership be severed.

**Amendment:**

**Superior Regional Partnership – OSHPD WET Grant**

The 2020-2025 Superior Regional Partnership for the OSHPD WET Grant aims to address the shortage of mental health practitioners in the public mental health system (PMHS) through a framework that engages Regional Partnerships and supports individuals through five potential categories including: Pipeline Development, Loan Repayment Program, Undergraduate College and University Scholarships, Clinical Master and Doctoral Graduate Education Stipends, and Retention Activities. The Superior Region – consisting of Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, and Trinity County – selected these three categories as their local priorities: 1) Loan Repayment, 2) Educational Stipend, and 3) Peer Scholarship.

Both the Local Loan Assumption Program and the Superior Regional Partnership – OSHPD WET Grant are funded through Mental Health Services Act funding. Therefore, Sierra County can only participate in one program. The Behavioral Health Advisory Board voted on February 3, 2022 to utilize the Superior Regional Partnership. Participation in the Superior Regional Partnership allows for a greater hiring pool, the taking over of administrative duties related to loan repayment, educational stipends, peer scholarships, and greater versatility of fund use.

Participating in this program will not increase the approved estimated expenditures. Sierra County Behavioral Health will be responsible to provide \$19,684.07 as a match. A total of \$77,724.57 will be available through 2022-2025 fiscal years.

**GOALS & OBJECTIVES**

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

**OUTCOMES**

- Increased capacity to serve and support community members

**FY 2020-2023 Mental Health Services Act Program & Expenditure Plan  
Workforce, Education and Training (WET) Funding**

County: Sierra

Date: 4/1/21

	Fiscal Years 2020-23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>WET Programs</b>						
1. ELECTRONIC LEARNING MANAGEMENT SYSTEM						
FY 20/21	12,000	12,000				
FY 21/22	12,000	12,000				
FY 22/23	12,000	12,000				
2. AGENCY WORKFORCE TRAINING						
FY 20/21	20,000	20,000				
FY 21/22	20,000	20,000				
FY 22/23	20,000	20,000				
3. LOAN ASSUMPTION PROGRAM(S)						
4.    FY 20/21	32,000	32,000				
5.    FY 21/22	32,000	32,000				
6.    FY 22/23	32,000	32,000				
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
<b>WET Administration</b>	90,000	90,000				
<b>Total WET Program Estimated Expenditures</b>	282,000	282,000	0	0	0	0

BOARD OF SUPERVISORS, COUNTY OF SIERRA, STATE OF CALIFORNIA

RESOLUTION NO. 2022-041

IN THE MATTER OF APPROVAL OF  
AMENDMENT TO THE MENTAL HEALTH SERVICES ACT (MHSA) PLAN AND  
EXPENDITURE REPORT FOR FISCAL YEARS 2020-2023 WORKFORCE EDUCATION AND  
TRAINING COMPONENT (WET)

WHEREAS, the current MHSA Plan and Expenditure Report for FY 2020-2023 indicates expenditures for a local Loan Assumption Program within the Workforce Education and Training (WET) component, and;

WHEREAS, The Office of Statewide Health Planning and Development (OSHPD) created an opportunity to participate in the Superior Regional Partnership-OSHPD WET Grant and;

WHEREAS, this amendment allows for Sierra County's participation and to match funds with the Superior Regional Partnership, and;

WHEREAS, participating in this program will not increase the approved estimated expenditures, and;

WHEREAS, after thirty days on display, Sierra County Behavioral Health had a public hearing during the Sierra County Behavioral Health Advisory Board's meeting in Loyalton for review and comment for the 2020-2023 Amendment to Mental Health Services Act Plan and Expenditure Report for Workforce Education and Training component, as attached hereto.

NOW THEREFORE BE IT RESOLVED, the Sierra County Board of Supervisors approves the Amendment to the 2020-2023 Mental Health Services Act Plan and Expenditure Report for Workforce Education and Training and authorizes Lea Salas, Administrative Director of Behavioral Health, to submit the Amendment to the State.

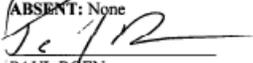
ADOPTED by the Board of Supervisors of the County of Sierra, State of California on the 19th day of April, 2022, by the following vote:

AYES: Supervisors Adams, Huebner, LeBlanc, Dryden, and Roen

NOES: None

ABSTAIN: None

ABSENT: None

  
PAUL ROEN  
Chairman, Board of Supervisors

April 19, 2022  
Date

ATTEST:

  
HEATHER FOSTER  
Clerk of the Board

APPROVED AS TO FORM:

  
DAVID PRENTICE  
County Counsel

BOARD OF SUPERVISORS, COUNTY OF SIERRA, STATE OF CALIFORNIA

RESOLUTION NO. 2019-039

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

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

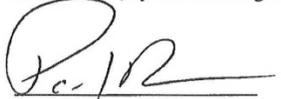
**WHEREAS**, in the most recent amendment to CCR, Title 9, Section 3706, an additional requirement was added requiring small counties that wished to opt out, obtain a declaration from the Board of Supervisors that the County cannot meet the requirements because of specified local conditions;

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

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

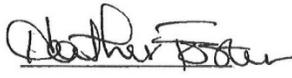
**NOW THEREFORE BE IT RESOLVED**, the Sierra County Board of Supervisors declares that this requirement is unattainable due to the county's population demographics and requests to opt out of the requirement that at least 51% of the prevention and early intervention funds be used to serve individuals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

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

  
PAUL ROEN  
Chairman, Board of Supervisors

03/19/2019  
Date

**ATTEST:**

  
HEATHER FOSTER  
Clerk of the Board

**APPROVED AS TO FORM:**

  
DAVID PRENTICE  
County Counsel

BOARD OF SUPERVISORS, COUNTY OF SIERRA, STATE OF CALIFORNIA

RESOLUTION NO. 2020-019

IN THE MATTER OF APPROVAL OF  
THE COUNTY OF SIERRA BECOMING A VETERAN'S SERVICE OFFICE AND APPOINT  
THE POSITION OF A VETERAN'S SERVICES OFFICER

WHEREAS, the County of Sierra wishes to become a Veteran's Service office; and

WHEREAS, the County of Sierra, under the Authority of the Administrative Director of Behavioral Health, shall appoint a Veteran's Services Officer that meets the qualifications set forth in MVC 970(a); and

WHEREAS, in California the County Veterans Service Officer plays a critical role in the veteran's advocacy system and is often the initial contact in the community for veteran's services; and

WHEREAS, the County of Sierra wants to promote and honor all veteran's, and enhance their quality of life and their dependents and survivors through counseling, claims assistance, education, advocacy, and special projects as provided in Military and Veterans Code; and

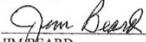
WHEREAS, in 2013 CalVet was tasked with developing a performance-based formula to determine necessary funding for each County Veteran's Service Office (CVSO) which is appropriated from the State General Fund to fund CVSO activities (MVC 972.1); and

WHEREAS, all required matching funds will be provided by Mental Health Services Act.

NOW THEREFORE BE IT RESOLVED, it is approved for the County of Sierra to become a Veteran's Service Office and appoint the position of a Veteran's Services Officer.

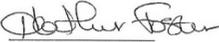
ADOPTED by the Board of Supervisors of the County of Sierra, State of California on the 3rd day of March, 2020, by the following vote:

AYES: Supervisors, Huebner, Roen, Dryden, Beard  
NOES: None  
ABSTAIN: None  
ABSENT: Supervisor Adams

  
JIM BEARD Date  
Chairman, Board of Supervisors

03/03/2020

ATTEST:

  
HEATHER FOSTER  
Clerk of the Board

APPROVED AS TO FORM:

  
DAVID PRENTICE  
County Counsel

BOARD OF SUPERVISORS, COUNTY OF SIERRA, STATE OF CALIFORNIA

RESOLUTION NO. 2021-090

IN THE MATTER OF APPROVAL OF  
THE SIERRA COUNTY MENTAL HEALTH SERVICES ACT (MHSA) DRAFT THREE-YEAR  
PROGRAM AND EXPENDITURE PLAN FISCAL YEARS 2020-2023

WHEREAS, Proposition 63, The Mental Health Services Act, funded by tax on high-income individuals, is designed to expand and transform California's county mental health service systems, and;

WHEREAS, the State of California's Department of Health Care Services assures that county mental health departments expend funds made available through the act towards a state-of-the-art, culturally competent system that promotes recovery/wellness through independence, hope, personal empowerment and resilience for adults and seniors with severe mental illness and for children and transitional age youth with serious emotional disorders and their families and;

WHEREAS, as mandated, the Sierra County Behavioral Health completed and has posted a draft of the Sierra County Mental Health Services Act Fiscal Year 2020-2023 Plan and Budget on the Sierra County website for review and comments and has had available to the public a hard copy for review, and;

WHEREAS, after thirty days on display, Sierra County Behavioral Health had a public hearing during the Sierra County Behavioral Health Advisory Board's meeting in Loyalton for review and comment for the 2020-2023 Plan and Budget.

NOW THEREFORE BE IT RESOLVED, the Sierra County Board of Supervisors approves the 2020-2023 Mental Health Services Act Plan and Budget approving both past and future plan expenditures within the plan period (2020-2023) and authorized Lea Salas, Administrative Director of Behavioral Health, to submit the plan and budget to the State.

ADOPTED by the Board of Supervisors of the County of Sierra, State of California on the 15th day of June, 2021, by the following vote:

AYES: Supervisors Roen, LeBlanc, Dryden, and Adams

NOES: None

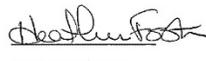
ABSTAIN: None

ABSENT: Supervisor Huebner

  
LEE ADAMS  
Chairman, Board of Supervisors

June 15, 2021  
Date

ATTEST:

  
HEATHER FOSTER  
Clerk of the Board

APPROVED AS TO FORM:

  
DAVID PRENTICE  
County Counsel

**BOARD OF SUPERVISORS, COUNTY OF SIERRA, STATE OF  
CALIFORNIA RESOLUTION NO. 2022-090**

**IN THE MATTER OF APPROVAL OF  
THE SIERRA COUNTY MENTAL HEALTH SERVICES ACT (MHSA)  
FISCAL YEAR 2022-2023 ANNUAL UPDATE TO THE THREE-YEAR PROGRAM AND  
EXPENDITURE PLAN 2020-2023**

**WHEREAS,** Proposition 63, The Mental Health Services Act, funded by tax on high-income individuals, is designed to expand and transform California's county mental health service systems, and;

**WHEREAS,** the State of California's Department of Health Care Services assures that county mental health departments expend funds made available through the act towards a state-of-the-art, culturally competent system that promotes recovery/wellness through independence, hope, personal empowerment and resilience for adults and seniors with severe mental illness and for children and transitional age youth with serious emotional disorders and their families and;

**WHEREAS,** as mandated, Sierra County Behavioral Health completed and has posted a draft of the Sierra County Mental Health Services Act 2022-2023 Annual Update on the Sierra County website for review and comments and has had available to the public a hard copy for review, and;

**WHEREAS,** after thirty days on display, Sierra County Behavioral Health had a public hearing on July 7, 2022 during the Sierra County Mental Health Advisory Board's meeting in Loyalton for review and comment for the 2022-2023 Annual Update.

**NOW THEREFORE BE IT RESOLVED,** the Sierra County Board of Supervisors approves the 2022-2023 Mental Health Services Act Annual Update and authorizes Lea Salas, Administrative Director of Sierra County Behavioral Health, to submit the Annual Update to the State.

**ADOPTED** by the Board of Supervisors of the County of Sierra, State of California on the 16th day of August, 2022, by the following vote:

**AYES:** Supervisors Adams, Huebner, LeBlanc, Dryden, and Roen  
**NOES:** None  
**ABSTAIN:** None  
**ABSENT:** None



PAUL ROEN  
Chairman, Board of Supervisors

August 16, 2022  
Date

**ATTEST:**



HEATHER FOSTER  
Clerk of the Board

**APPROVED AS TO FORM:**



DAVID PRENTICE  
County Counsel