

Sutter-Yuba Behavioral Health

Rick Bingham, Director

Program Description

Sutter-Yuba Behavioral Health (SYBH) has served between 4,500 and 6,000 unique mental health clients each year, for numerous years. Over the past decade, there has been an increase in demand for behavioral health services for a variety of reasons in both counties, including, but not limited to, Medi-Cal consolidation, expanded children's services, growth in population, and 1991 and 2011 Realignment.

In 1991, responsibility for providing Specialty Mental Health Services was realigned from the state to counties. Revenue to fund these services came from dedicated shares of Vehicle License Fees (VLF) and sales taxes. During FY 2011-12, the State realigned responsibility for additional mental health and Substance Use Disorder (SUD) services to counties along with an additional dedicated portion of sales taxes to fund them.

The areas realigned are:

- EPSDT
- Mental Health Managed Care
- Drug Courts
- Drug Medi-Cal
- Non-Drug Medi-Cal Treatment Services

These services, previously funded by State General Fund monies, are now funded through VLF and sales tax.

SYBH has a contract with Youth for Change to provide community-based services to youth.

SYBH provides substance use disorder treatment services to residents of Sutter and Yuba Counties under contracts with the California Department of Health Care Services (DHCS), which include significant funding from federal Substance Abuse Prevention and Treatment (SAPT) block grants.

SYBH provides several judicially-linked programs. These include drug diversion services authorized under §1000 of the California Penal Code; services to individuals referred by the courts in both counties for mental health treatment and substance use disorder counseling; psychiatric services to youth in juvenile hall and the Maxine Singer Youth Guidance Center; and services to individuals involved in drug courts in both counties.

During FY 2011-12, Public Safety Realignment shifted responsibility for certain offenders from the state to counties and funding became available to continue and expand services in collaboration with the Probation Department. SYBH has staff that are integrated with Yuba and Sutter County Probation to provide services related to Public Safety Realignment.

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SYBH also provides an intensive day treatment program to pregnant women and women with small children under its First Steps program. First Steps is widely recognized to be a very effective substance use disorder treatment program with many successful graduates in our communities.

Although responsibility for Drug Medi-Cal (DMC) services was realigned to counties, local DMC providers were still contracted directly with DHCS. There are presently two of these agencies in our community. Beginning FY 19/20, SYBH assumed responsibility for oversight of these contractor-provided services.

SYBH, under funding agreements with Sutter and Yuba Counties' Social Services agencies, provides additional treatment services in the Child Protective Services and the California Work Opportunity and Responsibility to Kids (CalWORKs) programs of both counties.

During FY 2016-17, SYBH entered into a relationship with Rideout Memorial Hospital. Psychiatric Emergency Services (PES) Crisis Counselors are embedded 24/7 at Adventist Health-Rideout Emergency Department (ED). Individuals placed on an involuntary hold under Welfare and Institutions Code §5150 are now taken directly to the Adventist Health-Rideout ED for assessment. This arrangement has proven to be beneficial for SYBH, Adventist Health-Rideout, and the community. Crisis services are still available for voluntary clients at the main SYBH facility on Live Oak Boulevard.

Work has continued on the 850 Gray Ave project which will eventually move many of the Health and Human Services staff to one facility.

Mental Health Services Act

The Mental Health Services Act (MHSA), also known as Proposition 63, was passed by the voters in November 2004. The passage of Proposition 63, provided the first opportunity in many years for Sutter-Yuba Behavioral Health (SYBH) to provide increased funding, personnel, and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults, and families. MHSA funds for counties are used to expand and transform mental health services.

The MHSA has five components:

- Community Services and Support
- Prevention & Early Intervention
- Innovation
- Capital Facilities & Technology Needs
- Workforce Education and Training

SYBH has had approved programs in four out of the five MHSA components. These components and programs can be found in the Sutter-Yuba Behavioral Health MHSA Plan.

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Accomplishments FY 2020-2021

Sutter-Yuba Behavioral Health (SYBH) provides needed services to the most vulnerable county residents. This year, our accomplishments were achieved despite the complexities and difficulties associated with the COVID-19 pandemic.

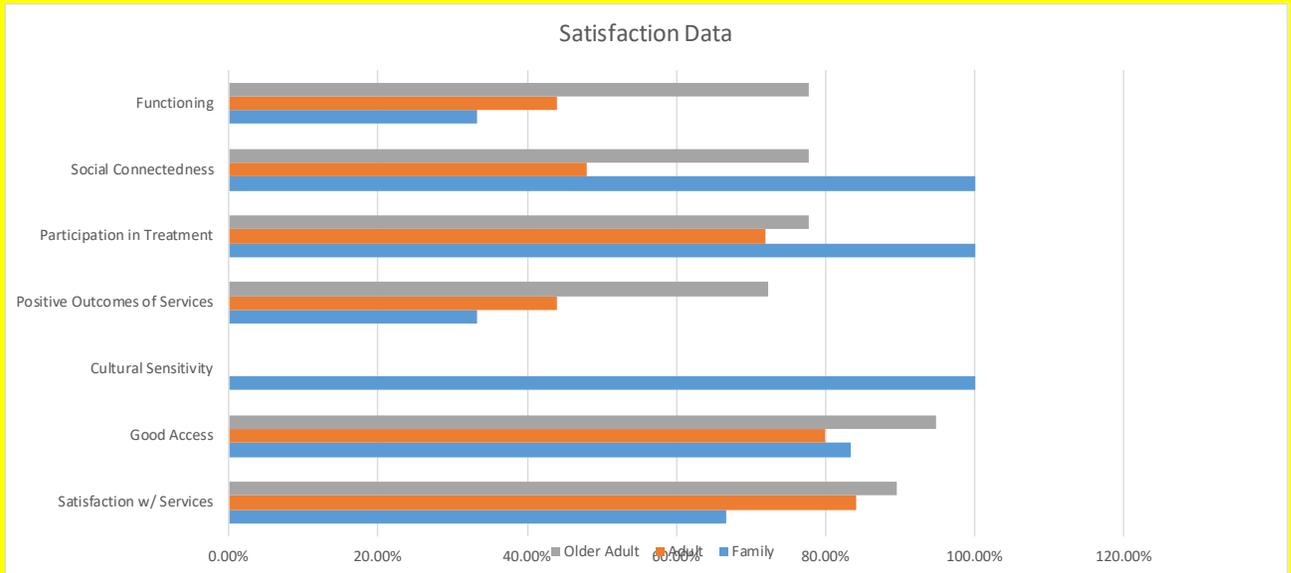
- The COVID-19 pandemic significantly changed the way clients received services. This required a quick pivot by SYBH to adapt to an almost exclusive telehealth-based delivery system. Telehealth equipment, such as laptops and cameras to enable staff to work from home were acquired quickly. Initially, services were provided through phone calls, but over time, Microsoft Teams, and later Zoom, were adopted to help provide a more personal, face-to-face interaction. While we anticipate services to return to in-person in the next several months, we also expect telehealth will be a much-needed and important part of our delivery of care for individuals who live remotely or who have difficulties with transportation and childcare.
- Prevention and Early Intervention programs (through MHSA funding) produced community education videos posted on YouTube related to mental health and substance use disorders and how to cope with COVID-19, as well as an educational video about Mental Health First Aid.
- A cohort of 8 therapists from CSOC/TAY, Youth Outpatient and Youth for Change embarked on training for certification in Trauma-Informed Cognitive Behavioral Therapy through the California Institute for Behavioral Health Solutions (CIBHS). This is an evidence-based trauma-informed therapeutic model developed to serve children and youth.
- Continued training for 7 TAY staff of the Transition to Independence (TIP) evidence-based model. This training focused on the Wellness and Recovery Philosophy and shares ideas regarding implementation of person-centered services.
- The Parent Project facilitator training was completed by 9 CSOC/TAY staff. This program focuses on facilitation of cohorts of parents who are struggling with challenging adolescent behaviors.
- Youth for Change contract expanded to include Peer Staff, which resulted in TAY and CSOC clients receiving access to peer staff this year after several years of not having this.
- Youth and Family Services strengthened interagency partnerships with Child Welfare, Probation, The Offices of Education, Individual Schools, and the Department of Rehab Regional Center to create an MOU as required by AB 2083.
- Youth and Family Services coordinated with Child Welfare, Probation, and Community Agencies to create and implement the Family Urgent Response System (FURS) State hotline and local mobile response as required by the Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS).
- Provided group support services for youth in the community such as Girls Circle, Boy's Council, Life Skills, Signs of Suicide, Yellow Ribbon and teen Mental Health First Aid at various schools throughout both counties.
- Continued to provide information about Each Mind Matters to Sutter and Yuba Counties to provide awareness of the early signs of mental illness and how to seek help.
- Implemented the teen Mental Health First Aid (MHFA) pilot program at Marysville High School.
- Established multiple on-line support communities for adults to ensure continued services throughout the pandemic and provided trainings regarding how to access the on-line support.

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Performance Measures FY 2020-2021

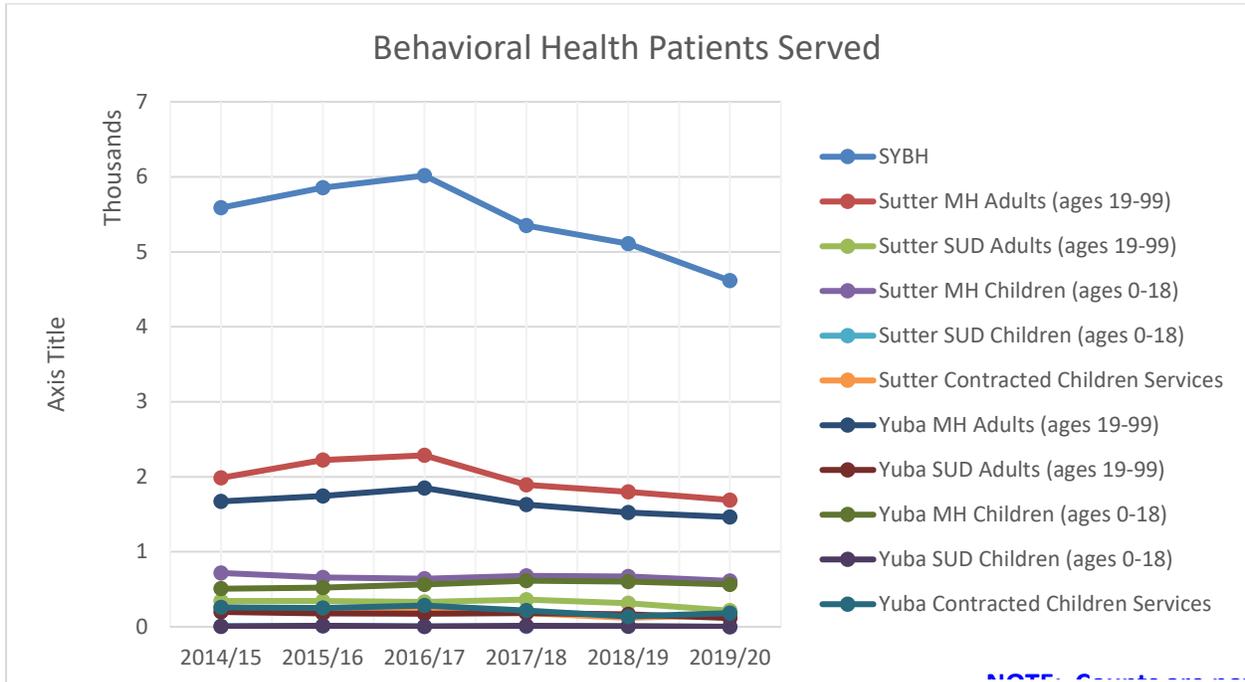
	Satisfaction w/ Service	Good Access	Cultural Sensitivity	Positive Outcomes of Service	Participation in Treatment	Social Connectedness	Functioning
Family	66.67%	83.33%	100.00%	33.33%	100.00%	100.00%	33.33%
Adult	84.00%	80.00%		44.00%	72.00%	48.00%	44.00%
Older Adult	89.47%	94.74%		72.22%	77.78%	77.78%	77.78%



- Trained over 350 community members virtually in Mental Health First Aid since October 2020.
- Provided in-person services to 215 individuals in need of inpatient psychiatric care at our Psychiatric Health Facility (a 35% decrease) and to 1,123 individuals needing crisis support through Psychiatric Emergency Services (a 51% decrease), despite the COVID-19 pandemic.
- Provided 254 triages to youth and 295 to adult clients. This represents a 51% and 46% decrease respectively from the previous year, which is attributed to COVID-19.
- Youth for Change, our contractor serving our highest-needs youth, served 298 youth, compared to 347 the year before (a 14% decrease).
- Provided the following outreach and prevention activities to members of the community, despite limitations of the pandemic:
 - Suicide awareness outreach provided to 418 individuals
 - Aggression replacement training (ART) provided to 21 youth in juvenile hall
 - Nurtured Heart Approach provided to 37 individuals at First Steps and the Yes charter academy
 - ASIST training provided to 18 individuals at Beale Air Force Base
 - Life Skills training provided to 10 youth at juvenile hall
 - COVID-19 outreach provided to 145 individuals
 - Videos posted on YouTube to address mental health symptoms affected by the pandemic, entitled, "It's ok not to be ok."

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The SYBH number is the unduplicated total of clients, regardless of the clients age, that received at least one service from any provider (whether it was a county provider or contract provider) during the fiscal year.

The others are unduplicated totals for the specific program type and age group that the data is reported under. In the counts that are broken out, a client could be counted more than once if they received a service in two separate program types. For instance, if the client received a service at a Sutter MH program and a Sutter SUD program, they would be counted once for each program type. The SYBH total would only count the client one time as the total takes into consideration that the client was seen at least once at any of the programs listed.

Goals and Objectives FY 2021-2022

Sutter County Health and Human Services – Behavioral Health has FY 2021-22 goals that align with the countywide goal of providing responsive and cost-effective social services (with measurable results) to an increasingly diverse and complex society. These goals are:

1. Maintain financial performance necessary for the continuing provision of quality services. This includes increasing billable services for services provided in our Psychiatric Health Facility (PHF).
2. Seek additional federal, state and local funding to support the expansion of services to individuals served by Sutter-Yuba Behavioral Health. This includes applying for state grants to support our homeless population who are suffering from mental illness.

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Pending Issues/Policy Considerations

FY 2021-2022

Issues and policy considerations that could impact the 2021-22 Behavioral Health budget are listed below.

- California Advancing and Innovating Medi-Cal (CalAIM): A multi-year initiative by the Department of Health Care Services to improve the quality of life and health outcomes of California's population by implementing broad delivery system, program, and payment reform across the Medi-Cal program and has the goal of improved quality of life for Medi-Cal members as well as long-term cost savings/avoidance.
 - Several of the changes that will occur as a result of CalAIM are wide ranging and include payment reform, improved coordination of health care services, development of long-term supports for clients and efforts to reduce the administrative burdens have existed for decades as a result of past behavioral health policy decisions.
 - These changes will occur over the next five to seven years.
 - The state budget has included funding in the FY 21-22 budget for the first year of these efforts
- In FY 19/20, the world began dealing with a major health pandemic, COVID-19. This pandemic shut down counties, cities, and states across the world. For California, this created an immediate reduction in sales tax and personal income revenue. This resulted in immediate reductions in Realignment allocations. For FY 21/22, Behavioral Health projected a reduction of \$1,572,092 compared to FY 20/21 budgeted projections. It is anticipated that 1991 & 2011 Realignment will remain at status quo without growth for FY 21/22.
- MHPA was passed by California voters in 2004 and is funded by a one percent income tax on personal income in excess of \$1 million per year. For FY 21/22, MHPA funding will continue to increase slightly, however, we are planning for a \$2M decrease for FY 22/23. Since this tax is accounted and redistributed to counties two years in arrears, we will not feel the financial impact of COVID-19 in our MHPA funding until FY 22/23.
- Untimely and inconsistent audits conducted by the Department of Health Care Services - audits can be four to five years in arrears with auditors reinterpreting statutes and regulations. This can result in large recoupments owed back to the state.