

QUESTION 1A:

Do you think the county is doing an effective job providing access and engagement for children and youth in all of your communities? Yes ___ No.

If yes, what strategies seem to work well?

SYBH's Youth and Family Services program effectively serves communities throughout Sutter and Yuba counties by providing community based behavioral health services to children and youth. Community based services are provided in families' homes, in schools and other locations in the community. Additionally, SYBH has 2 satellite locations that serve specific ethnic groups- the Latino Outreach Center and the Hmong Outreach Center.

QUESTION 1B

What strategies are directed specifically toward outreach and engagement of transition-aged youth in your county?

Please list or describe briefly.

SYBH's Prevention and Early Intervention (PEI) program does a significant amount of outreach at schools throughout the community. Our Transition Aged Youth Full Service Partnership Program engages with youth through shared community partners such as schools, probation, child welfare, etc.

QUESTION 1C:

Do you have any comments or suggestions about how to improve outreach or services to specific ethnic or cultural groups of adolescents or transition-aged youth?

Yes ___ No If yes, please list or describe briefly.

Outreach geared specifically towards Hmong Community members could be enhanced by SYBH attending Hmong events throughout the region and providing information about the programs/services being offered at SYBH or their satellite centers.

QUESTION 1D:

What are your main strategies for assisting parents/caregivers of children with mental health needs? Please list or describe briefly.

Through Mental Health Therapists, Intervention Counselors (Case Managers) and Parent Partners we provide collateral services (psychoeducation, family therapy, parenting skills, etc.), case management services (linking parents/caregivers to services and supports throughout the community), linking parents/caregivers to their own behavioral health services (i.e. mental health services, substance abuse treatment, medication support services, etc.), and concrete supports through our Full Service Partnership and Wraparound programs.

QUESTION 2A:

Do you think the county is doing an effective job providing timely follow-up services after a child or youth is discharged from a mental health hospitalization? Yes ___ No.

If no, please describe your concerns or recommendations briefly.

QUESTION 2B

After a hospitalization or MH crisis, what are the main strategies used to engage and ensure prompt follow up or outpatient care in transition-aged youth?

Please list briefly.

Prompt access to a mental assessment, medication evaluation and ongoing therapy, case management and medication support services through our Urgent Youth Services program, our Children's System of Care (CSOC) Full Service Partnership Program (ages 0-16), our Transition Aged Youth FSP program (ages 16-25), and our community based services contracted to Victor Community Support Services (VCSS).

QUESTION 2C:

What are the main strategies used to help parents/caregivers of children access care promptly after a child's hospitalization or other mental health crisis? Please list briefly.

Same as above. See below for a description of our Urgent Youth Services program.

Urgent Youth Services provides expedited access to all youth outpatient services for youth who have been taken to Psychiatric Emergency Services (PES) experiencing suicidal or homicidal ideation and are not hospitalized, and for youth who are hospitalized and need urgent follow up services post-hospitalization. The team works to address crisis to stabilize the youth and refer to ongoing services, or to stabilize the youth and family to discharge. The team conducts weekly reviews with multi-disciplinary team to ensure every child who visits PES or are hospitalized have been offered adequate care while hospitalized and upon release. Urgent Youth Services are available by referral only from Psychiatric Emergency Services or psychiatric hospitalization.

QUESTION 2D:

The follow up data shown above are based on services billed to Medi-Cal. As a result, those data do not capture follow up services supported by other funding sources. Examples may include post-hospitalization transportation back to the county, contact with a Peer/Family Advocate, or MHSA-based services.

Please list some non Medi-Cal funded strategies your county may use to support families/caregivers following a child's hospitalization or other MH crisis.

- Transportation back to the county
- Support from a Parent Partner (MHSAWraparound funded)
- Case coordination/oversight by Urgent Service Intervention Counselor (see Urgent Services Program description- this is MHSA funded)

QUESTION 3A:

What major strategies are used in your county to provide mental health services as a priority for foster youth?

Please list or describe briefly.

Sutter County: In Sutter County there are several regular collaborative meetings which include representatives from Sutter Yuba Behavioral Health (SYBH), Child Welfare Services (CWS), Probation, Public Health, TANF/Employment Services, Alta Regional, Community Based Organizations, the County Office of Education, Local School Districts and other key stakeholders. The FIT (Family Intervention Team) Policy Group meets twice per month with the purpose of engaging local agencies serving children, youth and families in shared planning, coordinated and effective interventions, and specific problem-solving to address gaps in services. The Family Assistance Services Team (FAST) meets weekly and is a multi-agency, multi-disciplinary case management team that represents the child-serving agencies in Sutter County. The guiding philosophy of FAST is that each agency has a stake in the children, youth and families of Sutter County and that each agency brings to the table their willingness to offer what support and resources they can. FAST also serves as the body that reviews and approves requests for intensive Specialty Mental Health Services such as Full Service Partnership programs, TBS and ICC/IHBS. SuperFAST meets monthly to review all youth that are placed in Short Term Residential Therapeutic Programs (STRTPs) by Child Welfare or the Probation Department. The purpose of SuperFAST is to seek all alternatives to placement and to be creative in problem-solving when looking for opportunities to transition youth back to home settings in the community.

SYBH's Youth Outpatient program is co-located with Sutter County Child Welfare Services. Sutter County CWS currently contracts with SYBH to have a full time embedded mental health therapist who serves both adults and children involved in the Child Welfare system.

Yuba County: In Yuba County there are also several regular collaborative meetings which include representatives from Sutter Yuba Behavioral Health, Child Welfare, Probation, Public Health, TANF/Employment Services, Alta Regional, Victim Services, Community Based Organizations, the County Office of Education, Local School Districts and other key stakeholders. The Yuba County Assessment Team (YCAT) meets every other week and is a multi-agency, multi-disciplinary case management team that represents the child-serving agencies in Yuba County. The guiding philosophy of YCAT is that each agency has a stake in the children, youth and families of Yuba County and that each agency brings to the table their willingness to offer what support and resources they can. YCAT also serves as the body that reviews and approves requests for intensive Specialty Mental Health Services such as Full Service Partnership programs, TBS and ICC/IHBS. SuperCAT meets monthly to review all youth that are placed in Short Term Residential Therapeutic Programs (STRTPs) by Child Welfare or the Probation Department. The purpose of SuperCAT is to seek all alternatives to placement and to be creative in problem-solving when looking for opportunities to transition youth back to home settings in the community.

In September 2016, Yuba County partnered with SYBH to have two full time mental health therapists embedded in their Child Welfare Services office. One therapist primarily works with parents/adults involved with CWS and the second therapist primarily works with children/youth and their caregivers.

QUESTION 3B:

Do you think that your county does a good job of coordinating with your county department of social services or child welfare to meet the MH needs of foster care children and youth?

Yes No . If no, please explain briefly.

QUESTION 3C:

Do you have any comments or suggestions about strategies used to engage foster youth and provide mental health services?

Yes No If yes, please list or describe briefly.

QUESTION 4A:

Does your county have programs which are designed and directed specifically to LGBTQ youth? Yes No. If yes, please list and describe briefly.

Stigma Discrimination and Reduction Program: The Tri County Diversity Contract provides many opportunities for social interaction to encourage support, education, and community involvement in a safe and supportive environment for LGBTQIA individuals in our community with outreach and support events. Throughout the July 2015 - June 2016 contract year, Tri-County Diversity has provided a Sunday Brunch and a Boy's Night Out event monthly. During that period, we also held our annual Weekend Campout as well as the annual Halloween Ball. We organized activities throughout the year for member participation, utilizing local venues. Our organization also created opportunities for members to attend local community events held during the year as a group. Tri-County Diversity Board Members provided an educational program to the foster program for foster children and their foster parents. Our hotline services were open through the year to provide program and referral service information and support.

QUESTION 4B

Does your county or community have programs or services designed to improve family acceptance of their LGBTQ youth and/or with the goal of helping to heal the relationship of the youth to his/her family? Yes No. If yes, please list or describe briefly.

Tri-County Diversity formally GOTBLISS Incorporated is an acronym, which stands for gay, other gender identity minority, transgender, bisexual, intersex and straight supporters. Our goal is to provide social space, peer support and education to the gay, lesbian, bisexual, transgender and intersex members of Yuba, Sutter and Colusa Counties, not to mention our Straight Supporters. Our program strives to address the isolation youth and adults alike may feel, which can lead to depression and other mental health disorders and a higher risk of suicide. We are available to provide educational presentations on gender identity and sexual orientation cultural awareness to organizations upon request. Please check out our website www.gotblissinc.org or our Facebook page at www.facebook.com/gbyubasutter for more information and a list of our current events. GOTBLISS Youth! ~ For Young People ages 13 to 20. Please see www.facebook.com/gotblissyouth for dates. You can also follow GOTBLISS Youth on at www.gotblissyouth.tumblr.com

Tri-County Diversity has served a total of 342 people and provided a total of 17 referrals for additional mental health services through the hotline services and 42 outreach/ support events during the past year.

QUESTION 4C:

Do you have any comments or suggestions about services or how to address unmet needs for LGBTQ youth in your community?

Yes No If yes, please list or describe briefly.

- Keep on developing LGBTQ Resources in our community.
- Help to create "SAFE SPACES" for LGBTQ youth to turn to in the event that they are being threatened and/or attacked in public or on school campuses. This should be a collaborative effort with schools and Law Enforcement. These spaces should be clearly marked with signs

that say "SAFE SPACE" and we should engage in a bi-county public awareness campaign to educate the public about SAFE SPACES and how to use them.

- Develop more resources for transgender youth.

QUESTION 5A:

Does your county provide for substance use disorder treatment services to children or youth? ? Yes ___ No If yes, please list or describe briefly.

The SYBH Options for Change program provides the following substance use disorder treatment services for adolescents;

- Outpatient treatment for youth ages 12 to 17
- Educational and treatment programs at Maxine Singer Youth Guidance Center
- School-based substance abuse treatment services at Feather River Academy

PEI is offering SUDs education and prevention to youth at Juvenile Hall and Camp Singer, FRA, Albert Powell and Community Day School.

If no, what is the alternative in your county?

QUESTION 5B:

Do you think your county is effective in providing substance use disorder treatment to individuals under the age of 18? Yes ___ No

Please explain briefly.

Options for Change is able to provide consistent delivery of services at multiple sites. We individualize treatment and use Evidence-Based curriculum. We are hoping to expand our services to multiple school sites in both Sutter and Yuba Counties.

PEI does what is necessary to educate and inform youth about the consequences of substance use/abuse. PEI has been providing SUDs education services at Juvenile Hall and Camp Singer, T.E. Mathews, FRA, Albert Powell and Community Day High School for the last 5 years. PEI has helped youth graduate from High School, minimize their substance use and has helped youth focus on their education or getting employment after High School.

QUESTION 6A:

Does your county provide mental health or substance use disorder treatment services or programs to justice system-involved juveniles while they are still in custody? Yes X No ___.
If yes, please list briefly. Please indicate (if available) the main funding¹ sources for these programs.

PROGRAM:

FUNDING SOURCE:

Full time mental health therapist at Juvenile Hall
Full time mental health therapist at Camp Singer
Part time child psychiatry at Juvenile Hall and Camp Singer
Substance Abuse Services/ MRT

MH Block Grant
MH Block Grant

QUESTION 6B:

Are the mental health and substance use services provided to non-custodial youth involved with probation or diversion programs different from those services provided to youth in the general community? Yes X No ___.
If yes, please list briefly. Please indicate (if available) the main funding source for these programs/services.

PROGRAM:

FUNDING SOURCE:

SUDs- Parent Project
CBT program
MHSA FSP Programs
Functional Family Therapy

QUESTION 6C:

Do any of these programs engage the parents/guardians of juveniles involved with the justice system?
Yes X No ___. If yes, please list briefly.

Parent Project
MHSA FSP Programs
Functional Family Therapy

¹ This question is asking for only the main funding sources to highlight some of these programs and their successful implementation. We recognize that counties often weave together funding from different resources. If this information is not readily available, please enter N/A.

QUESTION 7A:

Does your county have programs that are specifically targeted at preventing suicides in children and youth under 16 (ages 6-16) in your community?

Yes No If yes, please list and describe very briefly.

Suicide Prevention is a series of suicide prevention trainings that focus on training community members, students, educators, law enforcement, etc. to recognize the signs of mental illness and respond. It is here that our PEI Team reinforces the resources we have readily available within the community. To track how they programs are acting as access point, cards are being created that will be passed out at these training- which outside of self-reporting will signal to our SYBH staff that this person was linked to services by a PEI Program.

Signs of Suicide Prevention Program Signs of Suicide (SOS) is a middle school suicide prevention and risk awareness training. Using an age-appropriate DVD and follow-up discussion, the training is provided to middle school staff, students, and families to give youth the skills to "Acknowledge, Care, and Tell" if they feel that they, or someone they know, is showing signs of depression or may be at risk of suicide. Presentations can be scheduled throughout the year at schools that serve 6-8 grade students. Prevention & Early Intervention Staff has trained Riverside Meadows Intermediate School, Bear River Middle School, Live Oak Middle School, Robbins-Winship School District, Grace Christian Academy, Faith Christian Jr. & Sr. High School, YES Charter Academy, Nuestro Elementary School, and April Lane Elementary School, in a model that teaches "it's always ok to ask for help". Teaches students to be gatekeepers for their peers and teaches staff how to connect kids to more help. Total youth trained will exceed 1,518 students, plus faculty and staff.

QUESTION 7B:

Does your county have programs that are specifically targeted at preventing suicides in transition aged youth (ages 16-25) in your community?

Yes No If yes, please list and describe very briefly.

Yellow Ribbon Suicide Prevention Program – Yellow Ribbon Suicide Prevention trainings are designed to address youth/teen suicide prevention and suicide risk awareness in high school. Student leaders can be trained by PEI staff to present information to their peers with the support of PEI staff, or PEI staff can present the information to the student body. Presentations can be scheduled throughout the year at high schools. Prevention & Early Intervention Staff has trained Yuba City High School, Marysville High School, Albert Powell High School, Live Oak Alternative School, South Lindhurst High School, and Marysville Community Day School, in a model that teaches "it's always ok to ask for help". Teaches students to be gatekeepers for their peers and teaches staff how to connect kids to more help. Total youth trained will exceed 4,377 students, plus faculty and staff.

QUESTION 7C:

Do you have any further comments or suggestions regarding local suicide reduction/prevention programs?

Yes No If yes, please list briefly.

Applied Suicide Intervention Skills Training (ASIST) – trained 89 agency staff and community members to be able to effectively intervene and obtain help for individuals who are suicidal. Some of

the community partner agencies who have received this training include: Sutter and Yuba County Probation, Sutter Yuba Behavioral Health Services, Sutter County Jail Staff, Children Systems of Care, Yuba and Sutter County CPS, Yuba County Health and Human Services, Casa de Esperanza, Rideout Hospital, Beale Air Force Base, Pathways, Yuba College, Children's Hope FFA, Yuba County Jail, Casa De Esperanza, Grace Source Family Resource Center, California National Guard Family Programs, Salvation Army Depot, Yuba County Office of Education, Yuba City Unified School District, Marysville Unified School District, Victor Community Support Services, Wheatland Elementary School District, Live Oak Unified School District, Nuestro Elementary School, and California Tribal TANF Program.

Safe TALK – trained 21 partner agency and community members in a model of talking with someone who is suicidal and connecting them with professionals for more thorough assistance. Some of the partner agencies who have received this training include: Yuba Gardens Middle School, Plumas Lake Elementary School District, Grace Source Family Resource Center, Wheatland Police Department , Yuba County Office of Education, Bear River Family Resource Center, Wheatland Union High School and Beale AFB School Liaison Office.

Mental Health First Aid – is a national program to teach the skills to respond to the sign of mental illness and substance use. It also provides information to help reduce stigma and discrimination. Some of the partner agencies who have received this training include: California Highway Patrol, Yuba County Jail Staff and Sutter and Yuba County Probation. More recently, we have added a Spanish MHFA to our MHFA training offerings, Mental Health First Aid for Adults working with Youth. Provided MHFA Training to 161 agency staff, community members, non-profit agencies and government agencies. Provided Spanish MHFA Training to 18 community workers and Head Start workers.

QUESTION 8A:

Does your county have services or programs targeted for first break psychosis in children and youth, and transition aged youth (TAY)?

Yes X No

QUESTION 8B:

If yes, please list by age range(s) targeted and describe the program or services briefly. Also, please include the major funding source, (i.e., MHSA, SAMHSA Block Grant, Realignment I/II, Medi-Cal, etc), if the information is readily available.

MHSA- TAY FSP Program (ages 16-25)

The TAY FSP program provides a wide array of office, community and home-based services and supports to youth ages 16-25 and their families. These services are available to youth who are experiencing significant emotional, psychological or behavioral problems that are interfering with their well-being and their families, utilizing a "whatever it takes", team approach. The TAY FSP program emphasizes outreach and engaging Transition-Age Youth who are currently unserved or under-served, including those who are homeless, gang-involved, aging out of the foster care, probation and/or children's mental health system, those with co-occurring mental health and substance abuse disorders and those whose cultural identity places them in underserved populations within our community. Youth enrolled in TAY FSP will receive behavioral health services that are individually tailored and consistent with each youth's individual needs and goals.

QUESTION 8C:

Do you have any further comments or suggestions about local programs targeted for first break psychosis in children and youth?

Yes No X. If yes, please describe briefly.

QUESTION 9A:

What are the most urgent child or youth problems in your county? (For example, homelessness, problems with school or work, arrests, incarcerations, use of emergency MH services or psychiatric hospitalizations, out-of-home placements for children, substance abuse, teen pregnancy/parenting, etc.).

Lack of suitable foster homes able to care for high needs children/youth – we have no Intensive Services Foster Care (ISFC) homes in either county. This is especially important with the implementation of CCR and the need to transition children and youth from group homes to home settings. Lack of mobile crisis services for children/youth.

QUESTION 9B:

Do the FSP data suggest how (or where) improvements to certain services or programs could affect outcomes, and thereby help address the most urgent problems for children or youth in your community?

We have seen an increase in PES/hospitalizations for FSP youth. This supports the answers above regarding the need for qualified foster homes and mobile crisis services that include respite.

Question 9C:

Do you have any other comments or recommendations regarding your local FSP programs or other types of “wrap-around” services?

Yes ___ No X. If yes, please describe briefly.

QUESTIONNAIRE: How Did Your Board Complete the Data Notebook?

Completion of your Data Notebook helps fulfill the board's requirements for reporting to the California Mental Health Planning Council. Questions below ask about operations of mental health boards, behavioral health boards or commissions, regardless of current title. Signature lines indicate review and approval to submit your Data Notebook.

(a) What process was used to complete this Data Notebook? Please check all that apply.

- MH Board reviewed W.I.C. 5604.2 regarding the reporting roles of mental health boards and commissions.
- MH Board completed majority of the Data Notebook
- County staff and/or Director completed majority of the Data Notebook
- Data Notebook placed on Agenda and discussed at Board meeting
- MH Board work group or temporary ad hoc committee worked on it
- MH Board Member partnered with county staff or director
- MH Board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function.
- Other; please describe: _____.

(b) Does your Board have designated staff to support your activities?

Yes No

If yes, please provide their job classification _____

(c) What is the best method for contacting this staff member or board liaison?

Name and County: _____

Email _____

Phone # _____

Signature: _____

Other (optional): _____

(d) What is the best way to contact your Board presiding officer (Chair, etc.)?

Name and County: Manny Vasquez – Sutter-Yuba

Email: mannyvasquez58@yahoo.com

Phone # 530-329-3035

Signature: 

Touresa Vang BHAB