

Sutter Yuba Behavioral Health

Nancy O’Hara, Director of Health and Human Services

Purpose

Sutter-Yuba Behavioral Health (SYBH), also referred to as Bi-County Behavioral Health, is a division of the Sutter County Department of Health and Human Services. Under a Joint Powers Agreement entered into by the counties of Sutter and Yuba in 1969, SYBH provides specialty mental health services to residents of both counties.

In the mid-1970s, both Boards of Supervisors approved by resolution that SYBH would also provide bi county drug and alcohol services. SYBH provides the full range of specialty mental health services to eligible Sutter and Yuba County Medi-Cal beneficiaries; provides crisis and specialty mental health services for all Sutter and Yuba County residents regardless of payer status; administers managed-care contracts for mental health services with private for-profit and non-profit agencies; and provides a comprehensive system of care for the seriously mentally ill, to the extent resources are available.

Major Budget Changes

Salaries & Benefits

- \$846,472 General increase due to negotiated Salaries and Benefits and position additions during FY 2016-17.
- \$240,000 Overall Increase in Special Pay, Other Pay and Extra Help.
- \$313,311 Increase related to the addition of three flexibly-staffed Mental Health Therapist (MHT) I/II positions (3.0 FTEs) effective July 1, 2017. These positions are budgeted at the MHT II-level. When these positions are filled, Psychiatric Emergency

• \$39,237

• \$15,841

• (\$44,460)

• \$44,257

• \$26,743

Services will have one MHT on each shift.

Increase related to the addition of one flexibly-staffed Intervention Counselor I/II position in Behavioral Health Prevention Programs (0.5 FTE funded in this budget unit) effective July 1, 2017. The remainder of this position will be funded in the Mental Health Services Act (MHSA) Budget (4104).

Increase related to the addition of one (1.0 FTE) Program Manager – Community Services position (0.125 FTE funded in this budget unit) effective July 1, 2017. The remainder of this position will be funded in the MHSA Budget (4104).

Decrease related to splitting funding of an existing Resource Specialist position (0.5 FTE funded in this budget unit) effective July 1, 2017. The remainder of this position will be funded in the MHSA Budget (4104).

Increase related to splitting funding of an existing Intervention Counselor I/II position (0.5 FTE funded in this budget unit) effective July 1, 2017. The remainder of this position will continue to be funded in the MHSA Budget (4104).

Increase related to splitting funding of an existing Prevention Services Coordinator position (0.25 FTE funded in this budget unit) effective July 1, 2017. The remainder of this position will

Sutter Yuba Behavioral Health

Nancy O’Hara, Director of Health and Human Services

- \$70,533 continue to be funded in the MHSA Budget (4104). Increase related to consolidating funding of a Program Manager – Community Services position (1.0 FTE) in this budget unit. The position was previously partly funded (0.45 FTE) in the MHSA Budget (4104).

- (\$431,961) 2011 Realignment based on statewide revenue projections and Department of Finance changes to county allocations. Decrease in Interfund Transfer In - Sales Tax revenues from 1991 Realignment based on statewide revenue projections.

Program Discussion

Services & Supplies

- (\$466,950) Decrease in total Professional Specialized Service accounts based on estimated need for contracted services.

Sutter-Yuba Behavioral Health (SYBH) has served between 5,500 and 6,000 unique mental health clients each year, for the last several years (See chart in Mental Health Services Act Budget Narrative). There has been a significant increase in demand for mental health services due in part to expanded children’s services supported by Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) funds which became available in 1995. This, together with the Medi-Cal consolidation that became effective in 1998, and growth in local population has resulted in the level of service provided today by SYBH to behavioral health clients in Sutter and Yuba Counties.

Other Charges

- \$150,838 Increase in Interfund Human Services Administration based on increased staffing in the Health and Human Services Department.
- \$237,859 Increase in Interfund Overhead (A-87) Cost Plan charges as provided by the Auditor-Controller’s Office.

Under Medi-Cal consolidation, SYBH has been the Mental Health Plan for more than 40,000 Medi-Cal beneficiaries in Sutter and Yuba Counties. Mental health treatment is an entitlement under Medi-Cal. SYBH is responsible for assessing and treating, or referring for treatment, all Medi-Cal eligible individuals who meet medical necessity criteria and seek Specialty Mental Health Services on either an inpatient or outpatient basis. In addition to providing direct services, SYBH contracts with licensed therapists in the local community and statewide to serve area children who have been placed out-of-home.

Capital Assets

- \$74,050 Increase related to replacement of six (6) aging vehicles.

Revenues

- (\$93,903) Decrease in State EPSDT Mental Health due to a one-time refund in FY 2016/17 based on a DHCS audit error.
- \$160,609 Increase in Federal Mental Health Medi-Cal based on estimated billing.
- (\$398,332) Decrease in Interfund Transfer In – Realignment revenues from

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

Sutter Yuba Behavioral Health

Nancy O'Hara, Director of Health and Human Services

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

All of these were previously funded by State General Fund monies.

SYBH has had a long-term contract relationship with Victor Community Support Services, Inc. (VCSS). VCSS provides assessment and treatment services to youth on school campuses. These services are funded through a combination of Medi-Cal and EPSDT. In FY 2017/18, SYBH plans to issue a Request for Proposals to seek bids for a revised package of mental health services for 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 section 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 youth in 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 now has four Intervention Counselor positions and one Mental Health Therapist position that are stationed at Sutter County Probation to provide services related to Public Safety Realignment.

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 has been realigned to counties, local DMC providers are still contracted directly with DHCS. There are currently two of these agencies in the community. It is anticipated that SYBH will eventually assume 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.

Healthcare Reform has impacted SYBH. Impacts include changes in the clients SYBH will serve, increasing linkages to primary care providers, new requirements for claims submission and cost reporting, etc. These impacts are evolving and SYBH has not attempted to budget specifically for implementation of new requirements and revenues related to Healthcare Reform. As new requirements become clear, SYBH may return to the Board

Sutter Yuba Behavioral Health

Nancy O'Hara, Director of Health and Human Services

with budget adjustments to reflect these anticipated changes.

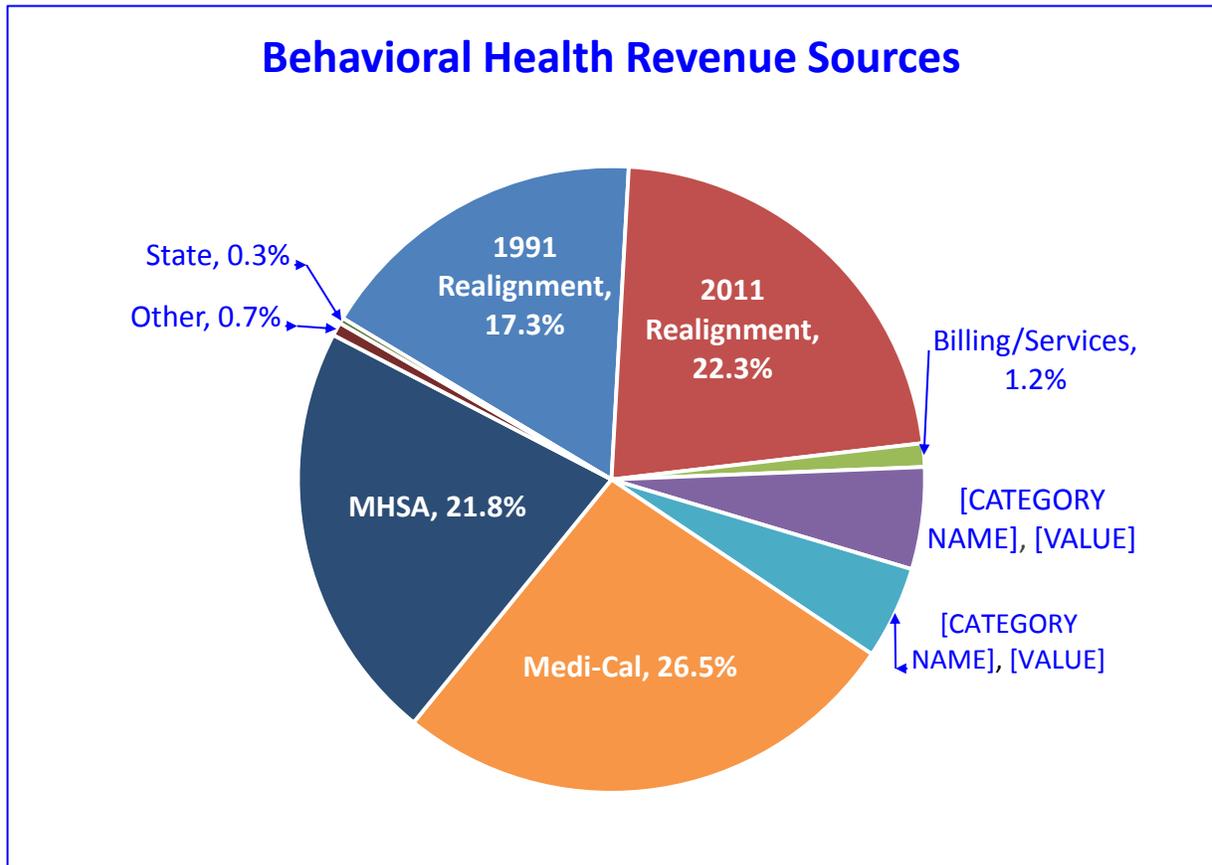
During the last year, SYBH has entered a new relationship with Rideout Memorial Hospital. Psychiatric Emergency Services (PES) Crisis Counselors are embedded 24/7 at the Rideout Emergency Department (ED). Individuals placed on an involuntary hold under Welfare and Institutions Code Section 5150 are now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

As this budget was being prepared, work continued to find a location to move Behavioral Health's youth outpatient programs, along with

Social Services programs and other portions of the Welfare and Social Services Division, to another facility. This would empty the modular building at the Live Oak Boulevard site, which has exceeded its useful life span. Following the move, the modular building will be removed and returned to its owner.

FY 2016-17 Budget Discussion

SYBH's rates are required by federal law to be based on actual costs. Medi-Cal is billed using interim rates, estimated based on costs from a prior year, and these rates are then reconciled to actual costs at the end of each fiscal year through a mandated cost report process. For FY 2017-18, SYBH will charge \$1,136.55 per day on the Inpatient Unit. Other services are charged by the minute: \$8.23 per minute for Medication



Sutter Yuba Behavioral Health

Nancy O'Hara, Director of Health and Human Services

Support, \$3.42 per minute for Case Management/Brokerage, \$4.42 per minute for Mental Health Services, and \$6.57 per minute for Crisis Intervention. These interim rates are based on the FY 2013-14 Cost Report and may be adjusted upon completion of the FY 2014-15 Cost Report.

In addition to the above, the rate for the First Steps perinatal substance abuse treatment program is \$118.94 per day. Clients are charged for these and for other substance use disorder treatment services on a sliding fee schedule based on ability to pay.

From a financial perspective, several factors are affecting the FY 2017-18 Behavioral Health budget. Until recently, both locally and statewide, Mental Health Realignment allocations remained flat or declined. Mental Health Realignment (1991) revenue was originally based on portions of sales taxes and motor vehicle license fees but, due to 2011 Realignment, beginning in FY 2011-12, it is based only on an increased portion of sales tax revenue. Statewide growth in Realignment funding paid for increasing caseloads in Child Welfare Services, Foster Care, and/or In Home Supportive Services; programs which, by statute, have first draw on Realignment growth dollars. The state has recently started allocating 1991 Realignment growth to Mental Health. The Behavioral Health Division uses Realignment funding as match to draw down the Federal share of Medi-Cal.

- The State Budget Act in 2011 enacted Public Safety Realignment transferring approximately \$5.6 billion in State fiscal responsibilities for public safety programs from the State to the counties. Funding for programs is provided largely through a dedicated portion (1.0625 percent) of State sales and use taxes, and a small portion of redirected Vehicle License Fee

revenues. Proposition 30, approved by the voters in November 2012, provided constitutional protections for this revenue source. While nearly all 2011-realigned programs were transferred to counties in FY 2011-12, Medi-Cal Specialty Mental Health Services, which includes EPSDT services for children and youth, was not realigned until FY 2012-13 because the Legislature diverted \$861 million in Mental Health Services Act (MHSA) funds to support those programs in FY 2011-12.

- Unlike 1991 Realignment, the proportion of 2011 Realignment allocated to each county is not set in law. The California Department of Finance has adjusted the 2011 Realignment allocation methodology, adding a measure of uncertainty to this funding source. These adjustments take place during the fiscal year.
- For FY 2012-13 and subsequent fiscal years, the Legislature enacted SB 1020 of 2012, which establishes a permanent financial structure for 2011 Realignment. This bill and SB 1009 of 2012 include changes to state laws governing Medi-Cal Specialty Mental Health to implement its 2012-13 realignment to counties. State General Fund monies that previously funded EPSDT and mental health managed care have been replaced by 2011 Realignment sales tax revenue. The mental health services previously mandated by AB 3632 for special education students are now the responsibility of the schools.
- Funding for Substance Use Disorder (SUD) prevention and treatment has remained flat or declined slightly for the last several years. New funding under Criminal Justice Realignment has allowed the addition of SUD programs at Probation and in the Jails.

Sutter Yuba Behavioral Health

Nancy O'Hara, Director of Health and Human Services

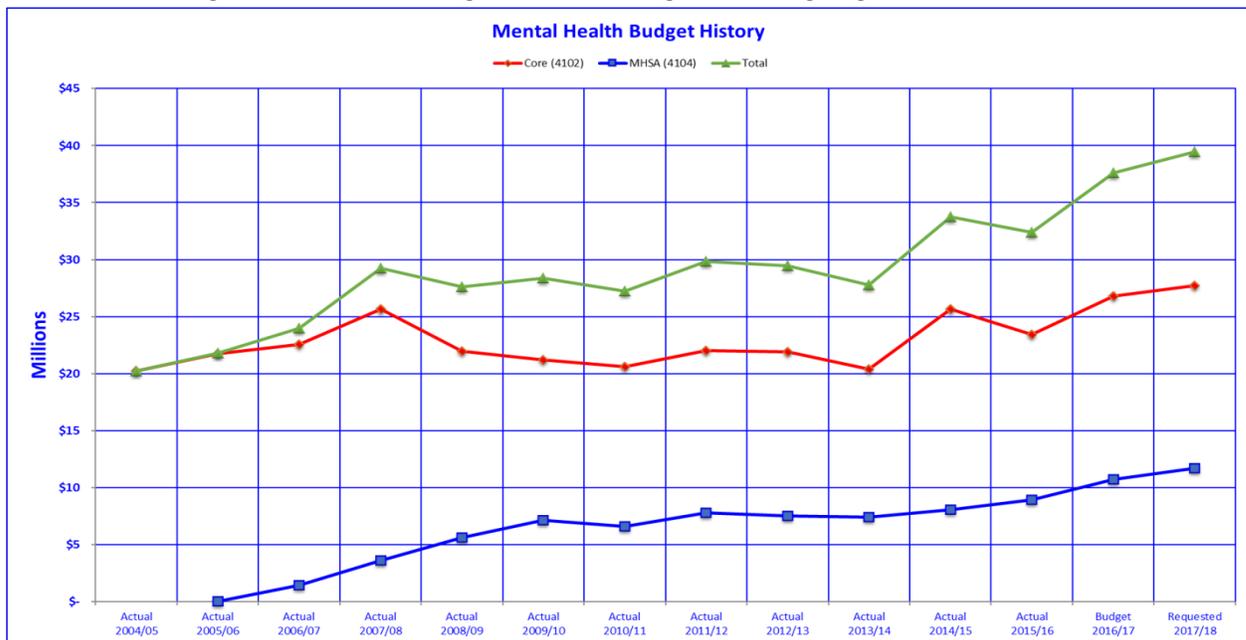
The complexity of mental health and SUD funding and programs has increased for a variety of reasons, including 2011 Realignment and major changes to MHSAs' payment methodology. This increased complexity has required added administrative staff in the Business Office and in Quality Assurance.

Extra hire personnel are still essential to the business model for operation of Behavioral Health's Psychiatric Health Facility (PHF), which provides inpatient treatment, and Psychiatric Emergency Services (PES), which provides crisis services, both of which operate on a 24 hours per day, 7 days per week basis. Extra hire personnel provide essential flexibility in meeting staffing requirements for the PHF that vary based on patient census and acuity. They also provide standby services for both the PHF and PES. Mental Health has worked closely with the Human Resources Department and the County Administrator's Office to ensure use of extra hire personnel complies with the Affordable Care Act.

2011 Realignment has decreased the State's practice of deferring payments to counties as a means of addressing its fiscal shortcomings.

The Board of Supervisors assisted SYBH in meeting the difficult cash flow problems caused by the State's past deferral of payments to counties by authorizing borrowing from other funds of the Mental Health Department. SYBH pays interest on these cash flow loans, but the State does not pay interest on the payments it defers, so an added cost is imposed on SYBH as a result. SYBH continues to pay down this borrowing.

An additional area of concern is the effect of prior year audits. Before its dissolution, the State Department of Mental Health Audit Division became much more aggressive in their audit reviews. Generally, these audits occur between four and five years after the year the services were provided. This means that any process errors that are discovered may have continued to be made in subsequent years. In effect, a relatively minor error made in one year could have a significant impact over time if that error continued to be made in subsequent years. Responsibility for these audits has now transitioned to the Department of Health Care Services, but timeliness and consistency of audits have not improved and continue to be significant ongoing issues for counties.



Sutter Yuba Behavioral Health

Nancy O'Hara, Director of Health and Human Services

Recommended Budget

This budget is recommended at \$27,718,965, which is an increase of \$992,713 (3.7%) over FY 2016 17.

This budget unit receives no financing from the County General Fund. The sources of funding for Sutter-Yuba Mental Health Services are shown in the Mental Health Revenue Sources chart. Mental Health's funding history is shown graphically in the Mental Health Budget History chart.

The increase in total cost is largely due to increased costs for personnel and for contracted services.

The following new positions are recommended to be effective July 1, 2017:

- Add one Program Manager – Community Services. This position would manage Behavioral Health's Prevention Programs and the Health and Human Services Department's efforts to address the problem of homelessness. This position would be funded 12.5% by this budget and 87.5% by the MHSA budget (4104), with the Health budget (4103) and the Welfare and Social Services budget (5101) each reimbursing 25% of the salary and benefits cost of the position.
- Add three flexibly-staffed Mental Health Therapist (MHT) I/II positions in Psychiatric Emergency Services (PES). This would bring the total MHTs in PES to five, providing for one MHT per shift in this 24/7/365 operation.
- Add one Intervention Counselor, 50% funded by the Behavioral Health budget (4102) with the remainder funded by the Mental Health Services Act budget (4-104), in Prevention. This position would allow more school-based Behavioral Health prevention programs.

- Behavioral Health has a number of positions that have funding split between this budget and the MHSA (4104) budget. SYBH requests funding changes for the following positions:
 - Program Manager Community Services for SUD Treatment, currently 55% 4102 and 45% 4104, change to 100% 4102 if the requested new Program Manager Community Services position is approved. This would provide an opportunity for greater management focus on implementation of Drug Medi-Cal and oversight of contractor Drug Medi-Cal providers in the community.
 - Intervention Counselor I/II in Prevention Programs, currently funded 100% 4104, change to 50% 4102 and 50% 4104.
 - Prevention Services Coordinator in Prevention Programs, currently funded 100% 4104, change to 75% 4104 and 25% 4102.
 - Resource Specialist in Prevention Programs, currently funded 100% 4102, change to 50% 4102 and 50% 4104.

SYBH also requests that all positions currently allocated as flexibly staffed Mental Health Therapist (MHT) I/II/III that are not currently filled by a MHT III or under recruitment as a MHT III be changed to flexibly-staffed MHT I/II positions. MHT IIIs are clinical supervisors. The Board has previously approved recruitment of MHT I/II/III positions at the MHT II-level and filling of these positions at either the MHT I or MHT II-level at the discretion of the Behavioral Health Director. Vacant MHT I/II positions will be budgeted at the MHT II-level.

Capital Assets are recommended at \$173,500 for the purchase of six replacement vehicles. The Department has requested two full-sized SUVs outfitted as cage cars, three mid-sized sedans, and one small SUV.

Sutter Yuba Behavioral Health

Nancy O’Hara, Director of Health and Human Services

Residual Equity Transfer-Out is budgeted at \$57,879 for payment of the Department’s share of the Opterra Energy Efficiency Project. The Mental Health Building on Live Oak Blvd had lighting and HVAC upgrades to help reduce the building’s energy usage. A solar panel array has been installed behind Behavioral Health. In addition, the offices on Plumas Street and on East Onstott Road will benefit from the Acacia Avenue solar panel array that will offset utility costs. This payment reflects Mental Health’s proportional share of the cost.

It remains SYBH’s objective to keep the Mental Health budget and the Mental Health Services Act budget in balance and to fully utilize all available funding in a fashion most advantageous to our counties. By creating Bi-county Behavioral Health through a Joint Powers Agreement, our two counties have provided more resources and a greater array of services for the those with serious mental illness or substance use disorders than our two counties would be able to provide separately. The staff of Sutter-Yuba Behavioral Health is proud of the services we have provided for the citizens of Sutter and Yuba Counties for over 45 years.

The Behavioral Health fund contained a Restricted Fund Balance in the amount of \$748,933 as of July 1, 2016. It is estimated that the Restricted Fund Balance will equal \$3,367,653 at July 1, 2017. It is recommended that \$1,959,768 of the Restricted Fund Balance (Account 31170) be cancelled in FY 2017-18 for use in the Behavioral Health budget.

The Behavioral Health fund also contains a Restricted Fund Balance for Sutter County use in the amount of \$51,419. There are plans to use these funds for facility improvements in the SYBH Psychiatric Health Facility, but timing of this project is uncertain.



Use of Fund Balance

Purpose

Sutter Yuba Behavioral Health

Nancy O'Hara, Director of Health and Human Services

The passage of Proposition 63, known as the Mental Health Services Act (MHSA), in November 2004, 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. The MHSA addresses a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements that will effectively support this system.

The MHSA budget unit (4-104) was created in FY 2005-06, beginning with the Community Services and Supports component. The Mental Health Services Act requires counties to place MHSA funds in a local Mental Health Services Fund, invest the funds consistent with County practice for other funds, and transfer any interest earned back into the Fund. The MHSA prohibits using MHSA funds to supplant funding that was previously provided for Mental Health Services by other sources.

Major Budget Changes

Salaries & Benefits

- \$441,469 General increase due to negotiated Salaries and Benefits and position additions during FY 2016-17.
- \$110,890 Increase related to the addition of one (1.0 FTE) Program Manager – Community Services position (0.875 FTE funded in this budget unit) effective July 1, 2017. The remainder of this position will be funded in the Behavioral Health Budget (4102).

- \$212,055 Increase related to the addition of three bi-lingual Mental Health Worker I positions in the Ethnic Outreach Program effective July 1, 2017.
- \$69,485 Increase related to the addition of one Mental Health Worker I position in the Adult/Older Adult Program effective July 1, 2017.
- \$104,437 Increase related to the addition of one Mental Health Therapist (MHT) I/II for the Transition Age Youth Program budgeted as a MHT II and effective July 1, 2017.
- \$39,275 Increase related to the addition of one Intervention Counselor I/II funded 50% in this budget and effective July 1, 2017. The remainder of this position is budgeted in the Behavioral Health (4102) budget.

Services and Supplies

- (\$101,971) Decrease in Professional and Specialized Services Decrease in Professional Specialized Service based on estimated need for contracted services.

Other Charges

- (\$100,000) Decrease in Interfund Other Department due to anticipated decreased reimbursement from MHSA-funded programs for medication support services provided by physicians funded in the Behavioral Health Budget (4-102)

Sutter Yuba Behavioral Health

Nancy O'Hara, Director of Health and Human Services

Revenues

- \$391,500 Increase in Federal Mental Health Medi-Cal revenue based on current estimate.
- \$900,000 Increase in State Aid Mental Health Services Act revenue based on current estimates.

Program Discussion

The Mental Health Services Act (MHSA), also known as Proposition 63, was passed by the voters in November 2004. 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 and Technological Needs
- Workforce Education and Training

Sutter-Yuba Behavioral Health (SYBH) has approved programs in all five MHSA components. These components and programs are listed below. It should be recognized that the capacity to accept clients into these programs is directly related to available staffing.

Community Services and Supports (CSS) Component

The Urgent Services Program has been developed to serve all ages with distinct, age-appropriate services for youth and adults who have acute mental health issues and are at greatest risk of harming themselves or others, are at risk of hospitalization, or are at risk of incarceration in jails or juvenile justice institutions. SYBH also works with school based counselors and other school personnel to identify children at greatest risk.

The Older Adult Services Program has been developed to serve older adults, aged 60 and over, who are physically or geographically isolated and who have psychiatric disabilities. Further priority is given to those whose cultural identity places them in underserved populations within our community. This program enables participants to obtain and maintain positive social connections; experience respect from their providers of mental health services; feel empowered and listened to in the process of planning and obtaining their services; and have continuity in their providers. This program also incorporates peer-delivered services; uses a family-friendly approach to service planning and delivery; and provides housing services and treatment leading to recovery, to promote the program's goals of reducing disparities in services and decreasing homelessness for mentally ill clients.

The Ethnic Outreach Program targets our major underserved populations: Latino and Hmong-speaking individuals. Each program is intergenerational, serving children, youth, transition-aged youth, adults, and older adults within each cultural group. Within these broader categories, females are specifically targeted, as they are more likely to be underserved in our system, and specifically within these cultures. This program enables participants to obtain and maintain positive social connections; live in safety and in a setting which is of their choosing; and have access to integrated mental health and drug and alcohol treatment for those with co-occurring disorders. Participants can also obtain assistance to engage in meaningful activities such as employment or education/training; receive services which recognize their developmental process as "normal" and do not marginalize issues of wellness; and experience respect from their providers of mental health services. As a result, clients feel empowered and listened to in the process of planning and obtaining their services; have continuity in their

Sutter Yuba Behavioral Health

Nancy O'Hara, Director of Health and Human Services

providers; and have individualized service plans which recognize the uniqueness of each person within the context of their ethnic/racial/cultural identity.

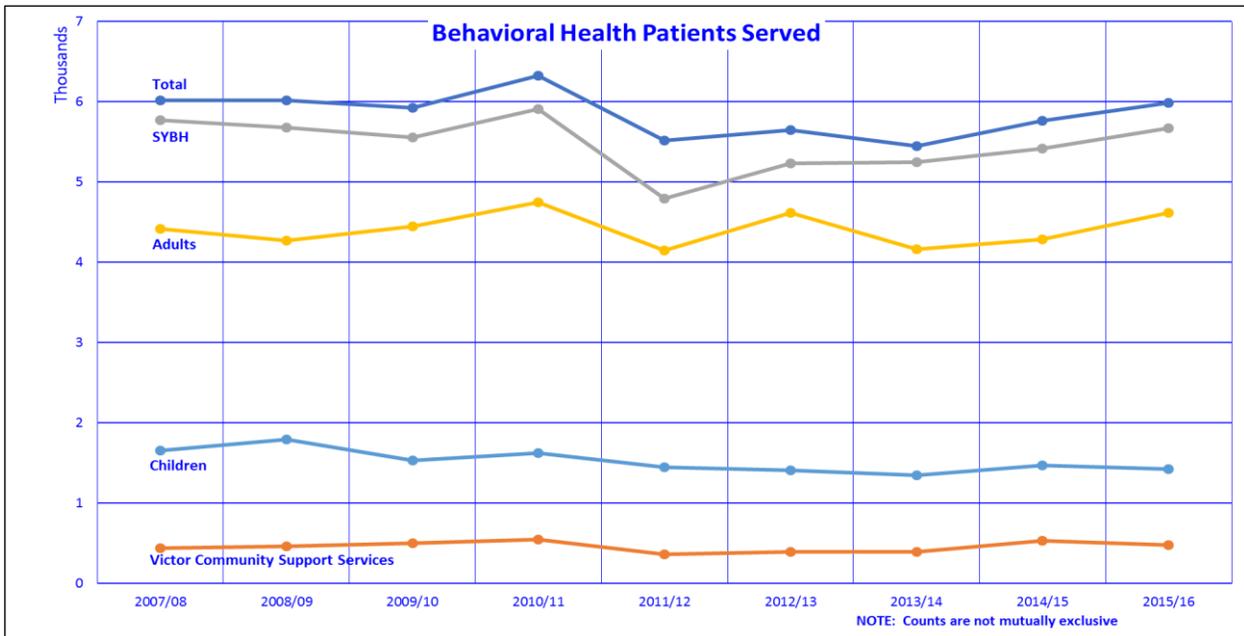
The approved FY 2015-16 MSHA Annual Plan Update included a significant change for the Ethnic Outreach Program: establishment of a Latino Outreach Center to provide a new service location at Holly Oak Square on Garden Highway. This proposal was developed in collaboration with stakeholder groups from the Latino community to provide culturally-competent services in an environment with reduced stigma and near affordable housing that is home to many Latino Medi Cal beneficiaries. The Center is now up and running with the goal of reducing disparities in behavioral health services provided to the Latino community. Services are provided by bi-lingual SYBH staff.

The Integrated Full Service Partnership Program serves individuals from all age groups with serious mental illnesses or serious emotional disturbances. This population is significantly more at risk for victimization, addiction disorders, overuse of emergency rooms,

psychiatric hospitalizations, and incarceration in jails and juvenile justice institutions. Transition age youth are especially at risk to enter into the cycle of homelessness, unemployment, and substance abuse.

Within the Integrated Full Service Partnership, specific services are available to serve children ages 0-5 and youth aged 6-15 who have severe emotional disturbances or severe mental illnesses that result in significant social, emotional, or educational impairments and/or who are at risk of homelessness or going into out-of-home care. Children ages 0-5 are the most underserved population and have the most potential to need extensive resources over the longest time should they go untreated. SYBH works with the Ethnic Outreach programs to find children whose cultural identity places them in underserved populations within our community (Latino and Hmong) and who need mental health services.

Services are available for Transition Age Youth (TAY) aged 16-25 who have severe emotional disturbances or mental illnesses that result in significant social, emotional, educational, and/or occupational impairments or who are at



Sutter Yuba Behavioral Health

Nancy O'Hara, Director of Health and Human Services

risk of homelessness. TAY within our community who are unserved, underserved, or inappropriately served include young women with self-harming, high-risk behaviors; youth aging out of foster care; and youth transitioning from children's mental health or probation systems to adult systems. Priority for services is given to those with co-occurring substance abuse and mental health disorders, those at significant risk of gang involvement, the uninsured and those whose cultural identity places them in underserved populations within our community.

Services are available for adults and older adults who have co-occurring mental health and substance use disorders and who are homeless, or at risk of homelessness. Priority will be given to those whose cultural identity places them in underserved populations within our community (Latino, Asian Indian, and Hmong).

The Wellness and Recovery Center serves adults and older adults with serious and persistent mental illness who meet the target population criteria established by Sutter-Yuba Behavioral Health.

Prevention and Early Intervention (PEI) Component

The PEI component of MHSA was approved by the State and implemented by SYBH during FY 2009-10. PEI approaches are intended to be transformational by restructuring 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. 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). A goal of PEI is to help mental health become part of wellness for individuals and the community,

reducing the potential for stigma and discrimination against individuals with mental illness.

The SYBH implementation of PEI has two major components:

- The Community Prevention Team is intended to serve individuals experiencing onset of serious psychiatric illness; children and youth in stressed families; children and youth at risk for school failure; children and youth at risk of or experiencing juvenile justice involvement; and underserved cultural populations. The team works with agencies in the community to enhance overall community capacity for prevention and early intervention. They will expand mentoring programs for youth, expand use of the Strengthening Families model throughout the community, and support recreational opportunities for youth that fight stigma and build self-esteem.

- The First Onset component is directed toward individuals experiencing the first onset of serious psychiatric illness. It includes mental health consultation with pediatricians or other primary care providers to improve individuals' access to quality mental health interventions by increasing providers' capacity to offer effective mental health guidance and early intervention service; implementation of Teen Screen, a program of voluntary school screening to identify youth at risk for suicide and potentially suffering from mental illness; provide Aggression Replacement Training® to aid in early identification of mental illness and address stigma issues with the goal of improving social skill competence, anger control, and moral reasoning; and provide education and training at sites in the local community.

In addition to the above PEI programs, MHSA includes, within PEI, funding for the following statewide projects: Suicide Prevention, Student

Sutter Yuba Behavioral Health

Nancy O'Hara, Director of Health and Human Services

Mental Health Initiative, and Stigma and Discrimination Reduction. Funding for these projects is allocated to each county, but the projects will be executed on a regional or statewide basis. SYBH has joined with mental health agencies in 48 other counties to form the California Mental Health Services Authority (CalMHSA) under a Joint Exercise of Powers Agreement (JPA) to implement these projects. SYBH reassigned its FY 2008-09 and FY 2009-10 allocations totaling \$300,400 to CalMHSA. Allocations for two additional years have not yet been assigned. Counties formed CalMHSA to ensure the priorities of counties were truly reflected in the execution of these important projects. The alternative was to assign this funding to the former Department of Mental Health.

Capital Facilities and Technology Needs Component

This MHSa component provides \$197,550 for Capital Facilities projects. Previous plans to utilize this funding have proven not to be viable due to cost or changed circumstances. The Fiscal Years 2017-20 Three-Year Program and Expenditure Plan currently in process would redirect these funds toward remodeling space in the main clinic building for educational programs directed primarily towards Wellness and Recovery Program clients.

In late FY 2010-11, SYBH received approval for its Electronic Health Record (EHR) System Project. This provided \$1,567,750 to implement EHR infrastructure, practice management, clinical data management and computerized provider order entry. The Anasazi system was selected to replace SYBH's 1980s-vintage, COBOL-based information system with a modern EHR and billing system. This is a critical step toward compliance with upcoming federal mandates for implementation of EHRs and Health Information Exchange. EHR implementation began in FY 2011-12 and is

proceeding in phases that will continue into FY 2017-18.

Work is also under way to select and implement an outcome measures tracking system. This system would pull data on patient and program outcomes from the EHR for analysis to provide information for data-driven decision-making.

Workforce Education and Training (WET) Component

During FY 2011-12, SYBH received approval for its WET Component. This provides \$180,000 annually for five years for training and higher education scholarships. This program is now coordinated by a Staff Analyst who serves as the MHSa Coordinator. Trainings focus on cultural competencies, service delivery and workforce preparedness.

During FY 2016-17, an online training system was implemented using WET funds. This training system provides for specialized behavioral health courses, allows SYBH to upload its own training materials, such as all of the behavioral health policies and in-service training PowerPoint presentations, and enables centralized tracking and reporting of employee training for improved compliance with regulatory and licensing training requirements.

Innovation

A plan to implement certain innovative practices has been approved by the State Mental Health Services Oversight and Accountability Commission. One project is to assign a Mental Health Therapist to each County's Probation Department to provide treatment services, one within the jail setting and another at the day reporting center, and then analyze the results to determine which method provides better outcomes. The second project provides additional support to TAY after they age out of the program with the objective

Sutter Yuba Behavioral Health

Nancy O'Hara, Director of Health and Human Services

of reducing addiction disorders, overuse of emergency rooms, psychiatric hospitalizations, and incarceration in jails and other criminal justice institutions. The third project is to increase cooperation between traditional Hmong Healers and Mental Health professionals to improve mental health outcomes among Hmong clients.

The Fiscal Years 2017-20 Three-Year Program and Expenditure Plan currently in process includes a significant update for the SYBH Innovation Plan: The Hmong Spiritual Healing Project will be discontinued due to significant implementation barriers. These barriers include the inability to contract with a local cultural broker to help with the coordination and purchase of unique materials needed for the traditional ceremonies and Behavioral Health staffing challenges, related to skills needed for document translation and interpreting.

The FY 2017-20 Three-Year Plan also includes notification that the TAY Innovation Project will be concluding its three-year project timeframe in March 2017. Collected outcome data has shown there is value in offering this type of less intensive Full Service Partnership (FSP) approach, as used in the TAY Innovation Project. This has prompted some restructuring of the final phase of the TAY Program and the transition process to the Adult FSP Program.

FY 2017-18 Funding

MHSA is a volatile and economically sensitive funding source. This funding decreased during the recent economic downturn, but is now recovering. SYBH intends to direct MHSA funding that exceeds the amounts in their approved plans into the Prudent Reserve called for in the MHSA.

The process by which counties receive their MHSA funding changed in FY 2011-12. Counties previously received funds 18 to 24 months after

the State received the related tax revenue. However, funds are now being transferred to counties monthly based on their allocations and approved MHSA plans, as tax revenue is received. This process is managed by the California Department of Finance.

MHSA revenue is projected to decrease slightly (approximately 1.15 percent) in FY 2017-18, but remains sufficient to support the MHSA Plan and the requested budget. Revenue above the requirements of the approved MHSA Plan will be retained in the Mental Health Services Fund for future use or for inclusion in the Prudent Reserve consistent with the Mental Health Services Act.

In 2016 the State Legislature passed and the Governor signed AB 1618 to create the No Place Like Home Initiative (NPLHI), which will divert a portion of MHSA funds to provide \$2 billion in bond funds for affordable housing to the target population of individuals who are living with a serious mental illness and who are homeless or are at risk of homelessness. The amount to be diverted from MHSA funds statewide is capped at \$140 million per year. The estimated impact on Sutter and Yuba Counties in FY 2017-18 is a reduction in MHSA revenues of about \$630,000 based on estimated statewide MHSA revenues and current funding allocation methodologies. The NPLHI will be administered by the Department of Housing & Community Development. Of the \$2 billion in NPLHI funding, \$1.8 billion would be in the form of grants for which counties, or groups of counties, would have to compete. The remaining \$200 million would provide technical assistance grants or would be apportioned to counties based on population and level of homelessness. At the time this is being written, NPLHI guidance is still under development.

Sutter Yuba Behavioral Health

Nancy O'Hara, Director of Health and Human Services

Recommended Budget

This budget is recommended at \$11,730,231, which is an increase of \$973,846 (9.1%) compared to FY 2016-17. MHSA program expenses are funded by revenue from the State and from the Federal share of reimbursement for services claimed to Medi Cal. This budget unit receives no financing from the County General Fund. See the Mental Health Revenue Sources chart and the Mental Health Budget History chart in the Behavioral Health (4-102) budget narrative for information on Behavioral Health funding sources and history, respectively.

The following new positions are recommended to be effective July 1, 2017:

- Add one Program Manager – Community Services. This position would manage Behavioral Health's Prevention Programs and the Health and Human Services Department's efforts to address the problem of homelessness. This position would be funded 87.5% by the MHSA budget (4104), and 12.5% by the Behavioral Health budget (4102), with the Health budget (4103) and the Welfare and Social Services budget (5101) each reimbursing 25% of the salary and benefits cost of the position.
- Add three bi-lingual Mental Health Worker (MHW) I positions in the Ethnic Outreach Program: two bilingual in Spanish and English to work in the Latino Outreach Center and one bi-lingual in Hmong and English to work in the Hmong Outreach Center. These MHWs would provide bilingual interpreting services in clinical settings, data entry in the electronic medical record, and transporting and providing paraprofessional level support to

seriously mentally ill clients. An increase of three bi lingual slots is also requested for these positions.

- Add one MHW I position in the MHSA Adult/Older Adult Programs. This MHW would transport clients as required and provide other assistance to case managers in these programs. This will allow case managers to spend more time on activities that are billable to Medi-Cal.
- Add one flexibly-staffed Mental Health Therapist (MHT) I/II to the Transition Age Youth (TAY) Program. The TAY Program supervisor, a MHT III, is currently the only therapist for the program. His current caseload is about double that of the typical caseload for therapists in Full Service Partnership programs who do not also have supervisory responsibilities.
- Add one Intervention Counselor - 50% funded by the Mental Health Services Act budget (4-104) with the remainder funded by the Behavioral Health budget (4102) in Prevention. This position would allow more school-based Behavioral Health prevention programs.

Behavioral Health has positions that have funding split between this budget and the Behavioral Health budget (4102). SYBH requests funding changes for the following:

- Program Manager Community Services for SUD Treatment, currently 55% 4102 and 45% 4104, change to 100% 4102 if the requested new Program Manager Community Services position is approved.
- Intervention Counselor I/II in Prevention Programs, currently funded

Sutter Yuba Behavioral Health

Nancy O'Hara, Director of Health and Human Services

100% 4104, change to 50% 4102 and 50% 4104.

- Prevention Services Coordinator in Prevention Programs, currently funded 100% 4104, change to 75% 4104 and 25% 4102.
- Resource Specialist in Prevention Programs, currently funded 100% 4102, change to 50% 4102 and 50% 4104.

SYBH also requests that all positions currently allocated as flexibly staffed Mental Health Therapist (MHT) I/II/III that are not currently filled by a MHT III or under recruitment as a MHT III be changed to flexibly-staffed MHT I/II positions. MHT IIIs are clinical supervisors. The Board has previously approved recruitment of MHT I/II/III positions at the MHT II-level and filling of these positions at either the MHT I or MHT II-level at the discretion of the Behavioral Health Director. Vacant MHT I/II positions will be budgeted at the MHT II-level.

Capital Assets are recommended at \$23,500 for the purchase of one replacement vehicle. The Department has requested one mid-sized sedan in this budget unit to replace an older high-mileage vehicle.

It remains SYBH's objective to keep the Mental Health budget and the Mental Health Services Act budget in balance and to fully utilize all available funding in a fashion most advantageous to our counties. By creating Bi-county Behavioral Health through a Joint Powers Agreement, our two counties have provided more resources and a greater array of services for the those with serious mental illness or substance use disorders than our two counties would be able to provide separately. The staff of Sutter-Yuba Behavioral Health is proud of the services we have provided for the citizens of Sutter and Yuba Counties for over 45 years.

Use of Fund Balance

The MHSA fund contained a Restricted Fund Balance in the amount of \$7,484,316 as of July 1, 2016. It is estimated the Restricted Fund Balance will equal \$8,647,754 at July 1, 2017. It is recommended that \$1,170,769 of the Restricted Fund Balance account (#31170) be cancelled in FY 2017 18 for use in the MHSA budget.

The MHSA fund also contains Non-Spendable Fund Balance amounts of \$874,458 (#31014) for housing and \$2,204,129 (#31031) recognizing the cash advance to the Behavioral Health Fund (0007).