2026 - 2029 Integrated Plan

Sutter-Yuba County

The Behavioral Health Services Act (BHSA) requires counties to submit three-year Integrated Plans (IPs) for Behavioral Health Services and Outcomes. For related policy information, refer to 3.A. Purpose of the Integrated Plan .

General Information

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to 3.A. General Information .

General Information

County, City, Joint Powers, or Joint Submission
Joint Powers

Entity Name
Sutter-Yuba Behavioral Health

Behavioral Health Agency Name
Sutter-Yuba Behavioral Health

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Compliance Officer for Specialty Mental Health Services (SMHS)

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Compliance Officer for Drug Medi-Cal Organized Delivery System (DMC-ODS) Services

Name

Email

Behavioral Health Services Act (BHSA) Coordinator

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Substance Abuse and Mental Health Services Administration (SAMHSA) liaison

Name	Email address
Phillip Hernandez	phernandez@co.sutter.ca.us

Quality Assurance or Quality Improvement (QA/QI) lead

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Medical Director

Name	Email address
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County Behavioral Health System Overview

Please provide the city/county behavioral health system (inclusive of mental health and substance use disorder) information listed throughout this section. The purpose of this section is to provide a high-level overview of the city/county behavioral health system's populations served, technological infrastructure, and services provided. This information is intended to support city/county planning and transparency for stakeholders. The Department of Health Care Services recognizes that some information provided in this section is subject to change over the course of the Integrated Plan (IP) period. All data should be based on FY preceding the year plan development begins (i.e., for 2026-2029 IP, data from FY 2023-2024 should be used).

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to 3.E.2 General Requirements.

Populations Served by County Behavioral Health System

Includes individuals that have been served through the county Medi-Cal Behavioral Health Delivery System and individuals served through other county behavioral health programs. Population-level behavioral health measures, including for untreated behavioral health conditions, are covered in the Statewide Behavioral Health Goals section and County Population-Level Behavioral Health Measure Workbook.For related policy information, refer to 2.B.3 Eligible Populations and 3.A.2 Contents of the Integrated Plan.

Children and Youth

In the table below, please report the number of children and youth (under 21) served by the county behavioral health system who meet the criteria listed in each row.**Counts may be duplicated as individuals may be included in more than one category**.

Criteria	**Number of Children and Youth Under Age 21**
Received Medi-Cal Specialty Mental Health Services (SMHS)	665
Received at least one substance use disorder (SUD) individual-level prevention and/or early intervention service	8985
Received Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS) services	179
Received mental health (MH) and SUD services from the mental health plan (MHP) and DMC county or DMC-ODS plan	<11*

Criteria	Number of Children and Youth Under Age 21
Accessed the Early Psychosis Intervention Plus Program, pursuant to Welfare and Institutions Code Part 3.4 (commencing with section 5835), Coordinated Specialty Care, or other similar evidence-based practices and community-defined evidence practices for early psychosis and mood disorder detection and intervention programs	0
Were chronically homeless or experiencing homelessness or at risk of homelessness	15
Were in the juvenile justice system	23
Have reentered the community from a youth correctional facility	28
Were served by the Mental Health Plan and had an open child welfare case	82
Were served by the DMC County or DMC-ODS plan and had an open child welfare case	19

Criteria	Number of Children and Youth Under Age 21
Have received acute psychiatric care	286

Adults and Older Adults

In the table below, please report the number of adults and older adults (21 and older) served by the county behavioral health system who meet the criteria listed in each row.**Counts may be duplicated as individuals may be included in more than one category**.

Criteria	Number of Adults and Older Adults
Were dual-eligible Medicare and Medicaid members	322
Received Medi-Cal SMHS	5340
Received DMC or DMC-ODS services	450
Received MH and SUD services from the MHP and DMC county or DMC-ODS plan	300
Were chronically homeless, or experiencing homelessness, or at risk of homelessness	555

Criteria	Number of Adults and Older Adults
Experienced unsheltered homelessness	0
Moved from unsheltered homelessness to being sheltered (emergency shelter, transitional housing, or permanent housing)	0
Of the total number of those who moved from unsheltered homelessness to being sheltered, how many transitioned into permanent housing	0
Were in the justice system (on parole or probation and not currently incarcerated)	29
Were incarcerated (including state prison and jail)	29
Reentered the community from state prison or county jail	0
Received acute psychiatric services	247

Input the number of persons in designated and approved facilities who were

Admitted or detained for 72-hour evaluation and treatment rate

380

Admitted for 14-day and 30-day periods of intensive treatment
202

Admitted for 180-day post certification intensive treatment
0

Please report the total population enrolled in Department of State Hospital (DSH) Lanterman-Petris-Short (LPS) Act programs
<11*

Please report the total population enrolled in DSH community solution projects (e.g., community-based restoration and diversion programs)
0

Of the data reported in this section, are there any areas where the county would like to provide additional context for DHCS's understanding?
No

Please describe the local data used during the planning process
All data is pulled from our EHR Qualifacts Credible. Some of the information is not available as the system does not track this information. Those responses have been entered as 0.

If desired, provide documentation on the local data used during the planning process

County Behavioral Health Technical Infrastructure

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to 6.C.1 Promoting Access to Care Through Efficient Use of State and County Resources Introduction .

Does the county behavioral health system use an Electronic Health Record (EHR)?
Yes

Please select which of the following EHRs the county uses
Qualifacts credible.

County participates in a Qualified Health Information Organization (QHIO)?
Yes

Please select which QHIO the county participates in
SacValley MedShare

Application Programming Interface Information

Counties are required to implement Application Programming Interfaces (API) in accordance with Behavioral Health Information Notice (BHIN) 22-068 and federal law.

Please provide the link to the county's API endpoint on the county behavioral health plan's website
[https://www.suttercounty.org/government/county-departments/health-and-human-services/sutter-yuba-behavioral-

Does the county wish to disclose any implementation challenges or concerns with these requirements?
No

Counties are required to meet admission, discharge, and transfer data sharing requirements as outlined in the attachments to BHINs 23-056 , 23-057 , and 24-016 . Does the county wish to disclose any implementation challenges or concerns with these requirements?
No

County Behavioral Health System Service Delivery Landscape

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to 6.C.1 Promoting Access to Care Through Efficient Use of State and County Resources Introduction .

Substance Abuse and Mental Health Services Administration (SAMHSA) Projects for Assistance in Transition from Homelessness (PATH) Grant

Will the county participate in SAMHSA's PATH Grant during the Integrated Plan period?
Yes

Please select all services the county behavioral health system plans to provide under the PATH grant
Case Management Services
Habilitation and Rehabilitation Services
Outreach services
Alcohol or Drug Treatment Services
Community Mental Health Services
Screening and Diagnostic Treatment Services

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Community Mental Health Services Block Grant (MHBG)

Will the county behavioral health system participate in any MHBG set-asides during the Integrated Plan period?
Yes

Please select all set asides that the county behavioral health system plans to participate in under the MHBG
Discretionary/Base Allocation

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)

Will the county behavioral health system participate in any SUBG set asides during the Integrated Plan period?
Yes

Please select all set-asides that the county behavioral health system participates in under SUBG
Adolescent/Youth Set-Aside
Discretionary
Perinatal Set-Aside
Primary Prevention Set-Aside

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Opioid Settlement Funds (OSF)

Will the county behavioral health system have planned expenditures for OSF during the Integrated Plan period?
Yes

Please check all set asides the county behavioral health system participates in under OSF Exhibit E
Support People in Treatment and Recovery
Treat Opioid Use Disorder (OUD)

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Bronzan-McCorquodale Act

The county behavioral health system is mandated to provide the following community mental health services as described in the Bronzan-McCorquodale Act (BMA).
a. Case Management
b. Comprehensive Evaluation and Assessment
c. Group Services
d. Individual Service Plan
e. Medication Education and Management
f. Pre-crisis and Crisis Services
g. Rehabilitation and Support Services
h. Residential Services
i. Services for Homeless Persons
j. Twenty-four-hour Treatment Services
k. Vocational Rehabilitation

In addition, BMA funds may be used for the specific services identified in the list below. Select all services that are funded with BMA funds:
Not Applicable

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Public Safety Realignment (2011 Realignment)

The county behavioral health system is required to provide the following services which may be funded under the Public Safety Realignment (2011 Realignment)
a. Drug Courts
b. Medi-Cal Specialty Mental Health Services, including Early Periodic Screening Diagnostic Treatment (EPSDT)
c. Regular and Perinatal Drug Medi-Cal Services
d. Regular and Perinatal DMC Organized Delivery System Services, including EPSDT
e. Regular and Perinatal Non-Drug Medi-Cal Services

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Medi-Cal Specialty Mental Health Services (SMHS)

The county behavioral health system is mandated to provide the following services under SMHS authority (no action required).
a. Adult Residential Treatment Services
b. Crisis Intervention
c. Crisis Residential Treatment Services
d. Crisis Stabilization
e. Day Rehabilitation
f. Day Treatment Intensive
g. Mental Health Services
h. Medication Support Services
i. Mobile Crisis Services
j. Psychiatric Health Facility Services
k. Psychiatric Inpatient Hospital Services
l. Targeted Case Management
m. Functional Family Therapy for individuals under the age of 21
n. High Fidelity Wraparound for individuals under the age of 21
o. Intensive Care Coordination for individuals under the age of 21
p. Intensive Home-based Services for individuals under the age of 21
q. Multisystemic Therapy for individuals under the age of 21
r. Parent-Child Interaction Therapy for individuals under the age of 21
s. Therapeutic Behavioral Services for individuals under the age of 21
t. Therapeutic Foster Care for individuals under the age of 21
u. All Other Medically Necessary SMHS for individuals under the age of 21

Has the county behavioral health system opted to provide the specific Medi-Cal SMHS identified in the list below as of June 30, 2026?
CSC for FEP
Peer Support Services

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Drug Medi-Cal (DMC)/Drug Medi-Cal Organized Delivery System (DMC-ODS)

Select which of the following services the county behavioral health system participates in
DMC Program

Drug Medi-Cal Program (DMC)
The county behavioral health system is mandated to provide the following services as a part of the DMC Program (no action required)
a. All Other Medically Necessary Services for individuals under age 21
b. Intensive Outpatient Treatment Services
c. Medications for Addiction Treatment (including medication, counseling services, and behavioral therapy) (MAT)
d. Mobile Crisis Services
e. Narcotic Treatment Program (NTP) Services
f. Outpatient Treatment Services
g. Perinatal Residential Substance Use Disorder (SUD) Treatment for pregnant women and women in the postpartum period

Has the county behavioral health system opted to provide the specific services identified in the list below?
Peer Support Services

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Other Programs and Services

Please list any other programs and services the county behavioral health system provides through other federal grants or other county mental health and SUD programs

Program or service
n/a

Care Transitions

Has the county implemented the state-mandated Transition of Care Tool for Medi-Cal Mental Health Services **(Adult and Youth)?**

Yes

Does the county's Memorandum of Understanding include a description of the system used to transition a member's care between the member's mental health plan and their managed care plan based upon the member's health condition?

Yes

Statewide Behavioral Health Goals

All fields must be completed unless marked as optional. You don't need to finish everything at once-your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to, please see 3.E.6 Statewide behavioral health goals

Population-Level Behavioral Health Measures

The statewide behavioral health goals and associated population-level behavioral health measures must be used in the county Behavioral Health Services Act (BHSA) planning process and should inform resource planning and implementation of targeted interventions to improve outcomes for the fiscal year(s) being addressed in the IP. For more information on the statewide behavioral health goals, please see the Policy Manual Chapter 2, Section C.

Please review your county's status on each population-level behavioral health measure, including the primary measures and supplemental measures for each of the 14 goals. All measures are publicly available, and counties are able to review their status by accessing the measures via DHCS-provided instructions and the County Population-Level Behavioral Health Measure Workbook.

As part of this review, counties are required to evaluate disparities related to the six priority statewide behavioral health goals. Counties are encouraged to use their existing tools, methods, and systems to support this analysis and may also incorporate local data sources to strengthen their evaluation.

Please note that several Phase 1 measures include demographic stratifications – such as race, sex, age, and spoken language – which are included in the prompts below. Counties may also use local data to conduct additional analyses beyond these demographic categories.

For related policy information, refer to E.6.1 Population-level Behavioral Health Measures.

Mark page as complete

Priority statewide behavioral health goals for improvement

Counties are required to address the six priority statewide behavioral health goals in this section. Cities should utilize data that corresponds to the county they are located within. As such, the City of Berkeley should use data from Alameda County and Tri-City should use data from Los Angeles County. For related policy information, refer to E.6.2 Primary and Supplemental Measures.

Access to care: Primary measures

Specialty Mental Health Services (SMHS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2023

How does your county status compare to the statewide rate?

For adults/older adults
Above

For children/youth
Below

What disparities did you identify across demographic groups or special populations?
Age
Race or Ethnicity
Spoken Language

Non-Specialty Mental Health Services (NSMHS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2023

How does your county status compare to the statewide rate?

For adults/older adults
Same

For children/youth
Above

What disparities did you identify across demographic groups or special populations?
Age
Race or Ethnicity
Spoken Language

Drug Medi-Cal (DMC) Penetration Rates for Adults and Children & Youth (DHCS), FY 2022 - 2023

How does your county status compare to the statewide rate?

For adults/older adults
Below

For children/youth
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Drug Medi-Cal Organized Delivery System (DMC-ODS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2022 - 2023

How does your county status compare to the statewide rate?

For adults/older adults
Not Applicable

For children/youth
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Access to care: Supplemental Measures

Initiation of Substance Use Disorder Treatment (IET-INI) (DHCS), FY 2023

How does your county status compare to the statewide rate?
Same

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Access to care: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
We used the average of Sutter and Yuba's rates for disparities analysis. Disparities analysis for adult SMHS revealed age, race/ethnicity, and spoken languages differences. Older adults have a penetration rate (1.8%) that is half the average penetration rate of other demographic groups (average of 4.6%, range of 3.6% - 5.5%). It is also 50% less than the statewide penetration rate for people age 69+ (3.9%). There was a lower penetration rate among Hispanic adults (2.5%), and API adults (1.6%) compared to 5.9% for both White and Black adults. For language, there was a penetration rate of 1% for adult Spanish speakers compared to 4.8% for adult English speakers.

Disparities analysis for children and youth SMHS revealed race/ethnicity and spoken language differences. The highest penetration rate was among White beneficiaries (5%), compared to 2.4% for Hispanic beneficiaries an 0.8% for API children and youth. For language, the penetration rate was 3.3% for English speakers compared to 1.6% for Spanish speakers. The penetration rate for Spanish speakers is also half the rate of the comparable state rate (4%).

For NSMHS, among adult age groups, Adults 69+ have low rate of 1.8%. Gender analysis showed penetration rate for males is 8% compared to 13% for females (more female beneficiaries than male), both rates are similar to state rates. For race and ethnicity, AN/AI had the highest penetration rate (18%) whereas API had the lowest (5%). The rate is 8% for Hispanic, 14% for White and 11% for Black adults. The penetration rate for Spanish speakers was 4% compared to 13% for English speakers and these match state rates.

For children and youth NSMHS, youth ages 18-20 had the lowest rate (12.6%) among all children/youth age group. Black youth (178%) and API youth (16.7%) had the lowest rates among racial and ethnic groups, whereas AN/AI (24.5%) and Hispanic (24.3%) were the highest. The rate among White youth was 21%. All of these rates were higher/better than the comparable state rates. By language, the penetration rate among English speakers is 21% compared to 28% among Spanish speakers, both of which are higher than state rates.

Access to care: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may increase your county's level of access to care. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes

Available data showed that the Sutter-Yuba average rates were the same as the state or better on all measures, except SMHS penetration rates for children and youth and Drug Medi-Cal (DMC) Penetration Rates for Adults. The counties will take steps to increase children and youth access to specialty mental health services, particularly Spanish speaking and Latino children. These steps will also positively benefit penetration rates for Spanish-speaking and Hispanic adults who have lower SMHS penetration rates than White and English-speaking adults. This will include:

- Examine processes related to NSMHS penetration rates for children and youth, for which Sutter-Yuba are well above the state rate, for lessons learned that can be applied to SMHS penetration rates.
- Expand awareness building for Spanish-speaking families and communities through increased promotion of services (i.e., distributing printed materials in Hispanic grocery markets)
- Strengthen outreach and engagement efforts to CBOs to reinforce and grow warm hand-offs and closed-loop referral systems.
- Partner with CBOs to expand capacity for behavioral health outreach, screenings, referrals, and treatment.
- Explore how to expand services that promote greater access.
- Explore opportunities to partner with MCPs to improve referrals to behavioral health treatment.

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Please identify the category or categories of funding that the county is using to address the access to care goal
BHSA Behavioral Health Services and Supports (BHSS)
1991 Realignment
2011 Realignment

Homelessness: Primary measures

People Experiencing Homelessness Point-in-Time Count (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region?
Above

What disparities did you identify across demographic groups or special populations?
Age
Race or Ethnicity
Sex

Homeless Student Enrollment by Dwelling Type, California Department of Education (CDE), 2023 - 2024

How does your county status compare to the statewide rate?
Below

What disparities did you identify across demographic groups or special populations?
Race or Ethnicity

Homelessness: Supplemental Measures

PIT Count Rate of People Experience Homelessness with Severe Mental Illness, (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region?

Same

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

PIT Count Rate of People Experience Homelessness with Chronic Substance Abuse, (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region?
Below

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

People Experiencing Homelessness Who Accessed Services from a Continuum of Care (CoC) Rate (BCSH), 2023 (This measure will increase as people access services.)

How does your local CoC's rate compare to the average rate across all CoCs?
Above

What disparities did you identify across demographic groups or special populations?
Age
Race or Ethnicity
Other

Please describe other
people with a disability, people with domestic violence histories

Homelessness: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
We used the average of Sutter and Yuba's rates for the analysis. Racial disparities data are from the Homelessness Data Integration System (HDIS)'s Racial Disparities in Homelessness dataset. For each racial and ethnic group, we looked at the representation rate, calculated by dividing the percentage experiencing

homelessness by their percentage in the general population. The data show that African Americans were overrepresented at a representation rate of 2.2, whereas Hispanic individuals were underrepresented at a rate of 0.8 lower than the Hispanic general population.

Age disparities data came from HDIS' Homelessness Count By Age dataset (2023). It shows that 1/3 of all people who were homeless were under the age of 18. The second largest group were people ages 35-44 (17%). Using the same HDIS Homeless Count dataset, additional disparities were also observed among people with a disability (42%) and domestic violence experience (28%). These numbers compared to the state rates of 50% and 24% respectively.

We used data from California Department of Education (CDE), Homeless Student Enrollment by Dwelling Type (2023 – 2024) and combined the data for Sutter and Yuba. Disparities were calculated by comparing the percentage of students who were homeless across each racial-ethnic category. Analysis showed the highest percentage of homelessness among Black students (7%), AI/AN (6%), and NH/OPI (6%). By comparison, White and Hispanic students had a homelessness rate of 3% each. When these same percentages are compared to state rates, all of Sutter Yuba's are lower except for White students which have a homelessness rate of 2% statewide.

Homelessness: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of homelessness in the population experiencing severe mental illness, severe SUD, or co-occurring conditions. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

Available data show that Sutter-Yuba's homelessness measures are comparable to, or better than, the state rates. Only one measure, People Experiencing Homelessness Point-in-Time Count (Rate per 10,000 people by Continuum of Care Region), was less than the state's rate (48.5 vs 50.0). PIT data from 2025 show that Sutter-Yuba's homeless PIT count is decreasing due to its community-county partnerships. The County seeks to continue these efforts to the extent that funding is available. Additional plans include:

- Build on existing partnership efforts with the Continuum of Care to address homelessness by better identifying and prioritizing housing and services for people with serious behavioral health needs.
- Explore, or expand outreach to, transitional housing, shelters, and supportive housing as opportunities for behavioral health screening and/or treatment linkage.
- Partner with Community Resiliency Teams to increase access to behavioral health and housing services.

• Continue partnering with the Sutter Yuba Homeless Consortium to help implement the 2023-2026 local homeless action plan.
• Explore opportunities for outreach and engagement with shelters/temporary housing designated as women-only and/or for people experiencing domestic violence to promote access to behavioral health services.

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homelessness action plan.pdf
PIT homelessness data.pdf

Please identify the category or categories of funding that the county is using to address the homelessness goal
BHSA Housing Interventions

Institutionalization

Per 42 CFR 435.1010, an institution is "an establishment that furnishes (in single or multiple facilities) food, shelter, and some treatment or services to four or more persons unrelated to the proprietor." Institutional settings are intended for individuals with conditions including, but not limited to, behavioral health conditions.
Care provided in inpatient and residential (i.e., institutional) settings can be clinically appropriate and is part of the care continuum. Here, institutionalization refers to individuals residing in these settings longer than clinically appropriate. Therefore, the goal is not to reduce stays in institutional settings to zero. The focus of this goal is on reducing stays in institutional settings that provide a Level of Care that is not – or is no longer – the least restrictive environment. (no action)

Institutionalization: Primary Measures

Inpatient administrative days (DHCS) rate, FY 2023

How does your county status compare to the statewide rate/average?

For adults/older adults
Not Applicable

For children/youth
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Institutionalization: Supplemental Measures

Involuntary Detention Rates, FY 2021 - 2022

How does your county status compare to the statewide rate/average?

14-day involuntary detention rates per 10,000
Above

30-day involuntary detention rates per 10,000
Above

180-day post-certification involuntary detention rates per 10,000
Same

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Conservatorships, FY 2021 - 2022

How does your county status compare to the statewide rate/average?

Temporary Conservatorships
Above

Permanent Conservatorships
Above

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

SMHS Crisis Service Utilization (Crisis Intervention, Crisis Residential Treatment Services, and Crisis Stabilization) (DHCS), FY 2023
Increasing access to crisis services may reduce or prevent unnecessary admissions to institutional facilities

How does your county status compare to the statewide rate/average?

Crisis Intervention

For adults/older adults
Below

For children/youth
Below

Crisis Residential Treatment Services

For adults/older adults
Not Applicable

For children/youth
Not Applicable

Crisis Stabilization

For adults/older adults
Below

For children/youth
Not Applicable

What disparities did you identify across demographic groups or special populations?
Age
Race or Ethnicity
Spoken Language

Institutionalization: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
We used the average of Sutter and Yuba's rates for the analysis. It is difficult to interpret crisis intervention utilization data, therefor we assume that there is an equal need for crisis intervention services across groups. We compared the average number of minutes of crisis intervention across racial groups. The average for Black adults was 63 minutes, driven by 0 minutes of crisis intervention among Black adults in Sutter. Similarly, the average for Asian adults was 96.7, driven by 0 minutes among Asian adults in Yuba. Hispanic adults also had on average, fewer minutes than White adults – 179.7 compared to 233.5. It is possible some discrepancies are related to differing knowledge of crisis intervention services, and concerns about law enforcement showing up at the scene, both of which shape crisis intervention utilization patterns. All the age groups were in range of each other, except for adults aged 69+ none of which received any minutes of crisis intervention services. Spanish speakers also had considerably fewer minutes than English speakers – 121.4 compared to 211.

Institutionalization: Cross-Measure Questions

What additional local data do you have on the current status of institutionalization in your county? (Example: utilization of Mental Health Rehabilitation Center or Skilled Nursing Facility-Special Treatment Programs)
n/a

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Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's rate of institutionalization. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., enhancing crisis response services targeting a sub-population in which data demonstrates they have poorer outcomes)

Compared to the overall state rates, Sutter-Yuba show room for improvement across all the measures under the Institutionalization Goal. To reduce institutionalization and the need for more restrictive levels of care, the Counties will seek to strengthen their crisis response and intensive community-based services. Steps that the county will consider are listed below and dependent on available resources and budget for implementation.

• Continue to implement/expand programs [ACT, FACT, Mobile Crisis Response Teams and/or Crisis Aftercare Teams] that are designed to prevent the need for more restrictive levels of care and provide community stabilization.
• To the fullest extent possible, implement FSP Intensive Case Management to provide community-based services.
• Look for opportunities to strengthen relationships and partnerships with conservators and staff who work in institutional settings.
• Better promotion of early intervention and crisis intervention services (e.g., warm line pocket cards, flyers in appropriate locations)
• Look for ways to implement/expand peer respite services for people experiencing a crisis or in need of aftercare support.
• Expand bilingual outreach and outreach that can better reach Hispanic/Latino people.

File Upload

Please identify the category or categories of funding that the county is using to address the institutionalization goal

BHSA FSP
BHSA Housing Interventions
1991 Realignment
2011 Realignment

Justice-Involvement: Primary Measures

Arrests: Adult and Juvenile Rates (Department of Justice), Statistical Year 2023

How does your county status compare to the statewide rate/average?

For adults/older adults
Above

For juveniles
Below

What disparities did you identify across demographic groups or special populations?
Race or Ethnicity

Justice-Involvement: Supplemental Measures

Adult Recidivism Conviction Rate (California Department of Corrections and Rehabilitation (CDCR)), FY 2019 - 2020

How does your county status compare to the statewide rate/average?
Above

What disparities did you identify across demographic groups or special populations?
None Identified

Incompetent to Stand Trial (IST) Count (Department of State Hospitals(DSH)), FY 2023
Note: The IST count includes all programs funded by DSH, including, state hospital, Jail Based Competency Treatment (JBCT), waitlist, community inpatient facilities, conditional release, community-based restoration and diversion programs. However, this count excludes county-funded programs. As such, individuals with Felony IST designations who are court-ordered to county-funded programs are not included in this count.

How does your county status compare to the statewide rate/average?
Above

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Justice-Involvement: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
We used the average of Sutter and Yuba's rates for the analysis, but note that Sutter has the highest rate of adult arrests in the state (5,864 per 100,000) and Yuba has the 6th highest rate at 4,785 per 100,000. When averaged together, the counties rank 4th (5,324 per 100,000).

To assess disparities, we used felony arrest counts from the State of CA's DOJ OpenJustice dataset combined with Sutter Yuba general population information to create a race and ethnicity representation index. Data showed that Black adults were overrepresented in arrests by a factor of 1.96. Black adults accounted for 10% of all felony arrests but comprise about 5% of the general population. White adults and Hispanic adults were underrepresented in arrests with scores of 0.80 respectively which indicates no disparities in arrest rates for these two groups. Misdemeanors followed a near-identical pattern of racial disparities. We also looked at arrest counts by gender, whereby 77% of arrestees were males and 23% were females. Although this represents a disparity, it also reflects longstanding and well-documented patterns of significant gender differences in criminal justice involvement. No other demographic data were available.

The average juvenile arrest rate for Sutter and Yuba is less than the state rate. To assess disparities, we used juvenile felony, misdemeanor, and status offense arrest (for which there were none) counts from the State of CA's DOJ OpenJustice dataset combined with Sutter Yuba general population information to create a race and ethnicity representation index. Due to small numbers, all arrest types were combined for analysis. Age-adjusted general population data were not readily available, so general population data were used as a proxy. Black juveniles represented 17% of all arrests, for a representation factor of 3.5. White juveniles comprised 36% of all arrests and were underrepresented with a factor of 0.52. Hispanic juveniles were also overrepresented with a factor of 1.30; they also made up the largest group of juvenile arrestees at 41%. We also looked at arrest counts by gender, whereby 71% of arrestees were males and 29% were females. Although this represents a disparity, it also reflects longstanding and well-documented patterns of significant gender differences in criminal justice involvement. By comparison statewide data show that males were 74% of total juvenile arrest counts and females were 26%. No other demographic data were available.

For three-year conviction rate, we used demographic data from California Department of Corrections and Rehabilitation (CDCR)), FY 2019 – 2020. The average percentage for Sutter and Yuba was calculated. Race and ethnicity analysis showed that 0% of the Black/African American adults were convicted within three

years of release, whereas an average of 25% of Hispanic adults were convicted (50.5% of those in Sutter and 0% of those in Yuba), and 55.9% of White adults. The comparable state percentages were lower for Black adults (36.7%), Hispanic adults (40.7%), and higher for white adults (39.8%). Collectively, these numbers do not indicate a racial or ethnic disparity. Gender data showed that 0% of females were convicted within three years of release compared to 57.9% of males, numbers which follow general patterns of recidivism. Analysis by age also showed no discernable disparities.

Justice-Involvement: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of justice-involvement for those living with significant behavioral health needs. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

Available data show that Sutter-Yuba has room to improve the adult arrest rate, but the juvenile arrest rate is below the state average. It becomes more challenging to interpret whether the county's higher adult recidivism conviction rate is better/worse than the state rate. The metric incorporates two different measures - recidivism which is generally considered "bad" and conviction rate, which is generally considered "good". However, the high conviction rates among recently released adults likely point to a need to improve services for adults with criminal justice histories to reduce new crimes and probation/parole violations. The IST rate was also higher than the state rate. Below are steps we will consider for improvement, all dependent on resources and budget.

- Establish better communication and coordination with law enforcement agencies and officers to reduce the arrests of juveniles and adults experiencing a mental health or SUD crisis.
- Form an interagency taskforce or coordination committee that includes law enforcement and behavioral health providers.
- Work to establish or expand MH Evaluation Teams or co-responder teams that comprise law enforcement and clinicians respond in tandem.
- Promote the mobile crisis response team access numbers to decrease 911 utilization during a mental health crisis.
- Explore embedding a clinician(s) at law enforcement agencies.
- Continue and seek to expand the Family Intervention Team (FIT), which is a FSP that provides a range of treatment and supportive services using a multi-agency team design to youth aged 16-25, to include juvenile courts.

• Identify opportunities to strengthen early intervention services for youth and young adults (ages 16–25) at risk of arrest, including behavioral health supports
• Utilize CalAIM funding streams to provide Enhanced Care Management (ECM), Community Supports, and case management for individuals leaving jail or prison.
• Assess ways to improve warm handoffs and continuity of care for justice-involved individuals who need mental health or SUD treatment immediately upon release.

File Upload

Please identify the category or categories of funding that the county is nusing to address the justice-involvement goal
SAMHSA PATH
MHBG
SUBG

Removal Of Children from Home: Primary Measures

Children in Foster Care (Child Welfare Indicators Project (CWIP)), as of January 2025

How does your county status compare to the statewide rate?
Above

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Removal Of Children from Home: Supplemental Measures

Open Child Welfare Cases SMHS Penetration Rates (DHCS), 2022

How does your county status compare to the statewide rate?
Below

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Child Maltreatment Substantiations (CWIP), 2022

How does your county status compare to the statewide rate?
Above

What disparities did you identify across demographic groups or special populations?
Age

Removal Of Children from Home: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
We used the average of Sutter and Yuba's rates for the analysis. We used data from the Child Maltreatment Substantiation Rates Report California Child Welfare Indicators Project (CCWIP) to assess disparities. We compared sub-group rates to the average Sutter-Yuba rate. By age, disparities were observed among children birth to age 5, which aligns with documented patterns of child abuse and neglect. The rate for children under 1 (33.1 per 1,000) was 4.1 times higher than the Sutter-Yuba average rate, for children age 1-2 (11.6 per 1,000) it was 1.5 times, and for children ages 3-5 (16.1 per 1,000) twice as high. All other youth age groups were less than the Sutter-Yuba average rate of 8.0 per 1,000. Data were only available from both counties for White and Latino children, data for all other racial categories were suppressed due to small counts or missing data. No disparities were observed for White (9.65 per 1,000) or Latino (5.15 per 1,000) children. Data were also suppressed for females and males (7.9 per 1,000) did not show overrepresentation compared to the Sutter-Yuba average of 8.0.

Removal Of Children from Home: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may increase your county's level of access to care. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes
Data show a need to address child welfare and maltreatment in the Counties, particularly among children aged 5 and under. This requires cross-agency coordination. Below are steps we will consider for improvement, all dependent on resources and budget.

• Increase coordination with Sutter-Yuba Child Welfare Services to spread information and awareness about behavioral health service for children, youth, and families; consider advertising adult services in these same locations to encourage utilization among parents themselves.
• Strengthen referral pathways with Sutter-Yuba Children's Services Branch and Youth and Family Behavioral Health Services.
• Continue to provide support to the Children's System of Care, which is designed to expand access to specialty mental health services and early identification of treatment need among children and youth.
• Continue partnerships with community-based organizations and contracted vendors provide specialized behavioral health services to children, youth, and families.
• Promote access and utilization of FSP services to qualified children and youth up to age 15 to support healthier families.
• Develop/expand or otherwise prioritize family-based interventions for parents with children aged 5 and under.
• Expand access to parenting support and family intervention services in Yuba County, which had higher rates than Sutter.

File Upload

Please identify the category or categories of funding that the county is nusing to address the removal of children from home goal
Other

Please describe other
Social Services Funding

Untreated Behavioral Health Conditions: Primary Measures

Follow-Up After Emergency Department Visits for Substance Use (FUA-30), 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Above

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Follow-Up After Emergency Department Visits for Mental Illness (FUM-30), 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Below

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Untreated Behavioral Health Conditions: Supplemental Measures

Adults that needed help for emotional/mental health problems or use of alcohol/drugs who had no visits for mental/drug/alcohol issues in past year(CHIS), 2023

How does your county status compare to the statewide rate?

For the full population measured
Below

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Untreated Behavioral Health Conditions: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
N/A - no data available.

Untreated Behavioral Health Conditions: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of untreated behavioral health conditions. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

Compared to the overall state rate, Sutter-Yuba has better rates for FUA-30, and slightly worse rates for FUM-30 and the percentage of adults who needed help but received no services. The Counties plan to consider the following steps, dependent on available resources and budget.

• Strengthen partnerships with county hospitals/ERs to improve follow-ups, warm handoffs, and access to aftercare.

• Continue to work with relevant councils, coordinating committees, and CBOs that address a social determinant (e.g., homelessness) that impacts mental health/SUD treatment; focus on increasing identification, screenings, treatment, and closed-loop referrals among people with unmet behavioral health needs.

• Incorporate approaches that meet clients where they are to provide assessments and linkages to care.

• Prioritize services in Yuba County for which data indicate a higher unmet need than Sutter County.

File Upload

Please identify the category or categories of funding that the county is using to address the untreated behavioral health conditions goal

BHSA BHSS

MHBG

Additional statewide behavioral health goals for improvement

Please review your county's status on the remaining eight statewide behavioral health goals using the primary measure(s) to compare your county to the statewide status and review the supplemental measure(s) for additional insights in the County Performance Workbook. These measures should inform the overall strategy and where relevant, be incorporated into the planning around the six priority goals.

In the next section, the county will select AT LEAST one goal from below for which your county is performing below the statewide rate/average on the primary measure(s) to improve on as a priority for the

county.

For related policy information, refer to E.6.2 Primary and Supplemental Measures .

Care Experience: Primary Measures

Perception of Cultural Appropriateness/Quality Domain Score (Consumer Perception Survey (CPS)), 2024

How does your county status compare to the statewide rate/average?

For adults/older adults
Same

For children/youth
Same

Quality Domain Score (Treatment Perception Survey (TPS)), 2024

How does your county status compare to the statewide rate/average?

For adults/older adults
Not Applicable

For children/youth
Not Applicable

Engagement In School: Primary Measures

Twelfth Graders who Graduated High School on Time (Kids Count), 2022

How does your county status compare to the statewide rate/average?
Same

Engagement In School: Supplemental Measures

Meaningful Participation at School (California Health Kids Survey (CHKS)), 2023

How does your county status compare to the statewide rate/average?
Below

Student Chronic Absenteeism Rate (Data Quest), 2022

How does your county status compare to the statewide rate/average?
Same

Engagement In Work: Primary Measures

Unemployment Rate (California Employment Development Department (CA EDD)), 2023

How does your county status compare to the statewide rate/average?
Above

Engagement In Work: Supplemental Measures

Unable to Work Due to Mental Problems (California Health Interview Survey (CHIS)), 2023

How does your county status compare to the statewide rate/average?
Below

Overdoses: Primary Measures

All Drug-Related Overdose Deaths (California Department of Public Health (CDPH)), 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Above

For adults/older adults
Above

For children/youth
Not Applicable

Overdoses: Supplemental Measures

All-Drug Related Overdose Emergency Department Visits (CDPH), 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Above

For adults/older adults
Above

For children/youth
Above

Prevention And Treatment of Co-Occurring Physical Health Conditions: Primary Measures

Adults' Access to Preventive/Ambulatory Health Service & Child and Adolescent Well-Care Visits (DHCS), 2022

How does your county status compare to the statewide rate/average?

For adults (specific to Adults' Access to Preventive/Ambulatory Health Service)
Above

For children/youth (specific to Child and Adolescent Well-Care Visits)
Below

Prevention And Treatment of Co-Occurring Physical Health Conditions: Supplemental Measures

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications & Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing (DHCS), 2022

How does your county status compare to the statewide rate/average?

For adults/older adults (specific to Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications)
Same

For children/youth (specific to Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing)
Below

Quality Of Life: Primary Measures

Perception of Functioning Domain Score (CPS), 2024

How does your county status compare to the statewide rate/average?

For the full population measured
Same

For adults/older adults
Same

For children/youth
Same

Quality Of Life: Supplemental Measures

Poor Mental Health Days Reported (Behavioral Risk Factor Surveillance System (BRFSS)), 2024

How does your county status compare to the statewide rate/average?

For the full population measured
Above

Social Connection: Primary Measures

Perception of Social Connectedness Domain Score (CPS), 2024

How does your county status compare to the statewide rate/average?

For the full population measured
Same

For adults/older adults
Above

For children/youth
Same

Social Connection: Supplemental Measures

Caring Adult Relationships at School (CHKS), 2023

How does your county status compare to the statewide rate/average?
Below

Suicides: Primary Measures

Suicide Deaths, 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Above

Suicides: Supplemental Measures

Non-Fatal Emergency Department Visits Due to Self-Harm, 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Above

For adults/older adults
Above

For children/youth
Above

County-selected statewide population behavioral health goals

For related policy information, refer to 3.E.6 Statewide Behavioral Health Goals .

Based on your county's performance or inequities identified, select at least one additional goal to improve on as a priority for the county for which your county is performing below

the statewide rate/average on the primary measure(s). For each county-selected goal, provide the information requested below.
Overdoses

Overdoses

Please describe why this goal was selected
Sutter Yuba has selected Goal 4: Overdoses. The counties are committed to overdose prevention and will seek to leverage existing frameworks and partnerships (i.e., Yuba Sutter Healthcare Council & Foundation's Community Overdose Prevention Efforts (COPE) and the school-based Friday Night Live program) in order to improve outcomes.

Sutter and Yuba are small counties each with a population below 100,000. Therefore, rates calculated per 100,000 will skew high. Additionally, Sutter and Yuba's small populations make the reporting of counts of overdose deaths for some demographic groups challenging due to privacy concerns. When averaged together, Sutter Yuba's overdose death age adjusted rate per 100,000 is 32.7 compared to the state rate of 28.8. However, when analyzed separately, Sutter's rate (23.3) is below the state rate, whereas Yuba's rate is higher (42.0) which may indicate that more resources, education and awareness are needed in Yuba. Regarding overdose-related ED visits, Sutter Yuba's average rate was 255.9 per 100,000 compared to the state rate of 143.8/100,000. When analyzed separately, Sutter and Yuba's rates were similar to each other.

What disparities did you identify across demographic groups or priority populations among the Additional Statewide Behavioral Health Goals? For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
We used 2023 data from the California Overdose Dashboard to assess disparities by comparing the county rates for different age, gender, and racial and ethnic groups to each other and to the state rate. Sutter Yuba showed no overdose data for children ages 19 and under, either due to small numbers and/or no deaths to report. Other age group data do indicate disparities, with higher overdose rates clustered among people ages 20-24 and 35-49. Gender data reflect established overdose patterns in which men are 2-3 times likely to die from overdose than women. In Sutter Yuba, the average rate for males and females are 50.4 per 100,000 and 18.6 per 100,000 respectively. Race and ethnicity data show high rate among people who are Black/African American (75.5/100,000) compared to people who are White (44.7/100,000) and Hispanic (15.6/100,000).

We used 2022 data from the California Overdose Dashboard to evaluate overdose-related ED visits also showed disparities, using the same methodology as above. Age data showed that children in Sutter Yuba under the age of 5 had twice the rate of overdose-related ED visits that the state average (329.7/100,000 and

157.1/100,000). There were also high rates observed among people aged 30-34 and among adults aged 60 and older. Overdose-related ED visits were similar for males and females. Race and ethnicity data showed high rates among people who were Black/African American (577/100,000) and Native American/Alaska Natives (376.8/100,000) when compared to people who were White (265.0/100,000).

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may improve your county's level of Overdoses and refer to any data that was used to make this decision (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

This goal aligns with work already underway that is focused on Follow-Up After Emergency Department (ED) Visit for Mental Illness (FUM). Data for Sutter Yuba show that BHP members who do not receive follow-up care within 30 days of a mental health related ED visit have a 32% increase in adverse events. As part of the focus to improve FUM and decrease future adverse events, Sutter Yuba is looking to strengthen ED follow-up processes, care coordination and linkage to services, and data/reporting infrastructure. This approach leverages an existing framework, incorporates overdose-related monitoring, and ensures the integration of the same strategies into workflows and the SYBH Quality Assurance and Performance Improvement Program's monitoring and oversight structure. Additionally, the SYBH Behavioral Health Plan Quality and Health Equity Workplan Plan outlines an action plan to improve emergency department follow-ups. The plan includes improved data linkages, the development of a new workflow between hospitals and BHP that facilitates phone outreach within 24 hours of ED discharge, the development of trainings for ED staff to increase behavioral health referrals, the addition of a Community Health Worker to outreach to people still in the ED, and the development of member facing materials on language access and mental health follow up appointments.

Please identify the category or categories of funding that the county is using to address this goal

BHSA BHSS
SUBG

Community Planning Process

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 3.B Community Planning Process .

Stakeholder Engagement

For related policy information, refer to 3.B.1 Stakeholder involvement

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Please indicate the type of engagement used to obtain input on the planning process

Survey participation
County outreach through townhall meetings
Focus group discussions
Meeting(s) with county
County outreach through social media
Provided data to county
Workgroups and committee meetings

Include date(s) of stakeholder engagement for each type of engagement

Type of engagement

County outreach through townhall meetings

Date

2/10/2026

Type of engagement

County outreach through townhall meetings

Date

2/11/2026

Type of engagement
Focus group discussions

Date
2/12/2026

Type of engagement
Focus group discussions

Date
2/3/2026

Type of engagement
Training, education, and outreach related to community planning

Date
1/27/2026

Type of engagement
Workgroups and committee meetings

Date
8/1/2024

Type of engagement
County outreach through social media

Date
1/30/2026

Type of engagement
Training, education, and outreach related to community planning

Date
10/29/2025

Type of engagement
Meeting(s) with county

Date
10/29/2025

Type of engagement
Meeting(s) with county

Date
10/20/2025

Type of engagement
Meeting(s) with county

Date
11/21/2025

Type of engagement
County outreach through townhall meetings

Date
2/10/2026

Type of engagement
County outreach through townhall meetings

Date
2/11/2026

Type of engagement
County outreach through townhall meetings

Date
6/6/2024

Type of engagement
Workgroups and committee meetings

Date
6/18/2024

Type of engagement
County outreach through townhall meetings

Date
7/9/2024

Type of engagement
County outreach through townhall meetings

Date
6/27/2024

Please list specific stakeholder organizations that were engaged in the planning process. Please do not include specific names of individuals
Sutter Adult Protective Services
Yuba Adult Protective Services
California Teen Center
Youth for Change
Teen Challenge Twin Rivers Center
Family Urgent Resonse System (FURS)
Family Soup
Salvation Army Family Crisis
Salvation Army Addiction Treatment Services
AEGIS Marysville
Feather River Men's Center

Buddy's House
Pathways
North Valley Behavioral Health
California Higway Patrol
Bi-County Juvenile Hall
Yuba City Police Department
Red Cross
Sutter Sheriff's Department
Marysville Police Department
Wheatland Police Department
Yuba Sheriff's Department
Sutter Victime Witness
Sutter Probation Adult/Juvenile
Yuba Victim Witness
Yuba Probation Adult
Yuba Probation Juvenile
Sutter Superintendent of Schools
Yuba Probation Juvenile
Yuba College
Child Care Planning Council of Yuba and Sutter Co
Sutter Co Children & Families Commission
eCenter Head Start
Children's Center
Children's Home Society
Shady Creek Outdoor Education Foundation
First 5 Yuba County
Migrant Headstart
Yuba Sutter Headstart
Sutter County Public Health
Yuba County Public Health
Sutter Child Welfare Services
Yuba Child Welfare Services
Veterans Services
Yuba City VA Clinic
Central Valley Homeless Veterans Assistance
Blue Star Moms
Veterans of Foreign Wars
American Legion
Peach Tree Yuba City
Adventist

Harmony Health
Tribal TANF
Feather River Tribal Health
Area Agencies on Aging
Yuba City Senior Center
Area 4 Agency on Aging
FREED
Respite Services
Sutter Yuba Homeless Consortium
Yuba Sutter Colusa United Way
Habitat for Humanity/(Life Bldg Center)
Christian Assistance Network
Bridges to Housing
Hands of Hope
Alta California Regional
Regional Emergency Shelter Team REST
Bi-County Ambulance
Hmong Outreach Center
Latin Outreach Center
Punjabi-American heritage society
International Organization of Punjabi Women
Punjabi-American Cultural Association (PACA)
U S A Punjabi Women's Cultural Organization Inc
Sutter Library
Yuba Library
Justice Involved
Homeless Program Manager
Center for Autism & Related Disorders
Y/S/C United way- Youth Organization
Yuba Sutter Young Life
Tri-County Diversity
Yuba City Parks & Recreation
SoYouCan
Sutter County One Stop
Yuba County One Stop
Casa De Esperanza-HOPE Haven

What are the five most populous cities in counties with a population greater than 200,000 (Cities submitting IP independently are not required to collaborate with other cities) (Population and Housing Estimates for Cities, Counties, and the State)

	City name
1	Yuba City
2	Marysville
3	Live Oak
4	Wheatland
5	

Were you able to engage all required stakeholders/groups in the planning process?
Yes

Please describe and provide documentation (such as meeting minutes) to support how diverse stakeholder viewpoints were incorporated into the development of the Integrated Plan, including any community-identified strengths, needs, and priorities
The following attachments include meeting minutes, survey results and stakeholder presentation.

Upload File
25.26 CPPP Documentation .pdf

Local Health Jurisdiction (LHJ)

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes .

Did the county work with its LHJ on the development of the LHJ's recent Community Health Assessment (CHA) and/or Community Health Improvement Plan (CHIP)? Additional information regarding engagement requirements with other local program planning processes can

be found in Policy Manual Chapter 3, Section B.2.3.
Yes

Please describe how the county engaged with LHJs, along with Medi-Cal managed care plans **(MCPs), across these three areas in developing the CHA and/or CHIP: collaboration, data-sharing, and stakeholder activities**
Multiple members of the BH SOC, including the BH Director were present for the LHJ meetings and provided input.

Did the county utilize the County-LHJ-MCP Collaboration Tool provided via technical assistance?
No

Collaboration

Please select how the county collaborated with the LHJ
Attended key CHA and CHIP meetings as requested.

Data-Sharing

Data-Sharing to Support the CHA/CHIP

Select Statewide Behavioral Health Goals that were identified for data-sharing to support behavioral health-related focus areas of the CHA and CHIP
Untreated Behavioral Health (BH) Conditions (e.g., substance use disorder, depression, maternal and child behavioral disorders, other adult mental health conditions)

Was data shared?
No

Data-Sharing from MCPS and LHJs to Support IP development

Select Statewide Behavioral Health Goals that were identified for data-sharing to inform IP development
Overdoses

Was data shared?
Yes

Stakeholder Activities

Select which stakeholder activities the county has coordinated for IP development with the LHJ engagement on the CHA/CHIP. Please note that although counties must coordinate stakeholder activities with LHJ CHA/CHIP processes (where feasible), the options below are for illustrative purposes only and are not required forms of stakeholder activity coordination (e.g., counties do not need to conduct each of these activities)
Collaborated with LHJ to identify shared stakeholders that are key for both the IP and CHA/CHIP process.

Most Recent Community Health Assessment (CHA), Community Health Improvement Plan (CHIP) or Strategic Plan

Has the county considered either the LHJ's most recent CHA/CHIP or strategic plan in the development of its IP ? Additional information regarding engagement requirements with other local program planning processes can be found in Policy Manual Chapter 3, Section B.2.3
Yes

Provide a brief description of how the county has considered the LHJ's CHA/CHIP or strategic plan when preparing its IP
Access to mental health and substance use services were consistently identified as needs in the Community Health Assessment (CHA). The Key Indicators listed in the CHA align with the input received in community planning and statewide behavioral health goals and their associated measures.

Medi-Cal Managed Care Plan (MCP) Community Reinvestment

For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes .

Please list the Managed Care Plans (MCP) the county worked with to inform the MCPs' respective community reinvestment planning and decision-making processes
Partnership Health Plan

Kaiser

Which activities in the MCP Community Reinvestment Plan submissions address needs identified through the Behavioral Health Services Act community planning process and collaboration between the county, MCP, and other stakeholders on the county's Integrated Plan?
Kaiser does not provide a formal Community Reinvestment Plan but supports the community through other types of investment efforts. SYBH will work with Partnership HealthPlan to carry out MCP Community Reinvestment activities that focus on meeting identified behavioral health needs.

Comment Period and Public Hearing

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to B.3 Public Comment and Updates to the Integrated Plan .

Comment Period and Public Hearing

For related policy information, refer to B.3 Public Comment and Updates to the Integrated Plan .

Date the draft Integrated Plan (IP) was released for stakeholder comment
3/31/2026

Date the stakeholder comment period closed
5/14/2026

Date of behavioral health board public hearing on draft IP
5/14/2026

Please provide proof of a public posting with information on the public hearing. Please select the county's preferred submission modality
PDF,image,or other document

Please upload the PDF, image, or other file documenting the public posting
3.26 Public Hearing.pdf

If the county uses an existing landing page or other web-based location to publicly post IPs for comment, please provide a link to the landing page
https://www.sutter.gov/government/county-departments/health-and-human-services/sutter-yuba-behavioral-health/

File Upload

Please select the process by which the draft plan was circulated to stakeholders
Public posting
Other

Please specify the other process the draft plan was circulated to stakeholders
Sharing announcements at internal and external community meetings to engage diverse families and communities.
Disseminating information through word-of-mouth efforts led by community partners, engaged staff, and peer and family partners.
Posting on the Sutter County MHSA webpage and in the local newspaper - The Appeal Democrat.

Please describe stakeholder input in the table below. Please add each stakeholder group into their own row in the table

Stakeholder group that provided feedback
n/a

Summarize the substantive revisions recommended this stakeholder during the comment period
n/a

Please describe any substantive recommendations made by the local behavioral health board that are not included in the final Integrated Plan or update. If no substantive revisions were recommended by stakeholders during the comment period, please input N/A.

Substantive recommendations
N/A
Confirm that the data is up to date and reflects the correct information for a Draft Plan

County Behavioral Health Services Care Continuum

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress.

County Behavioral Health Services Care Continuum

The Behavioral Health Care Continuum is composed of two distinct frameworks for substance use disorder and mental health services. These frameworks are used for counties to demonstrate planned expenditures across key service categories in their service continuum. Questions on the Behavioral Health Care Continuum are in the Integrated Plan Budget Template.

Mark section as complete

County Provider Monitoring and Oversight

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to 6.C.2 Securing Medi-Cal Payment .

Medi-Cal Quality Improvement Plans

Cities submitting their Integrated Plan independently from their counties do not have to complete this section or Question 1 under All BHSA Provider Locations.

For Specialty Mental Health Services (SMHS) or for integrated SMHS/Drug Medi-Cal Organized Delivery System (DMC-ODS) contracts under Behavioral Health Administrative Integration, please upload a copy of the county's current Quality Improvement Plan (QIP) for State Fiscal Year (SFY) 2026-2027

SYBH Quality Assessment and Performance Improvement Program (QAPI) Plan FY 26-27.pdf

Does the county operate a standalone DMC-ODS program (i.e., a DMC-ODS program that is not under an integrated SMHS/DMC-ODS contract)?

No

Contracted BHSA Provider Locations

As of the date this report is submitted, please provide the total number of contracted Behavioral Health Services Act (BHSA) provider locations offering non-Housing services for SFY 2025-26. I.e., BHSA-funded locations that are (i) not owned or operated by the county, and (ii) offer BHSA services other than Housing Interventions services. (A provider location should be counted if it offers both Housing Interventions and mental health (MH) or substance use disorder services (SUD); provider location that contracts with the county to provide both mental health and substance use disorder services should be counted separately.)

Services Provided

Number of contracted BHSA provider locations

Services Provided	Number of contracted BHSA provider locations
Mental Health (MH) services only	0
Substance Use Disorder (SUD) services only	0
Both MH and SUD services	2

Among the county's contracted BHSA provider locations, please identify the number of locations that also participate in the county's Medi-Cal Behavioral Health Delivery System (BHDS) (including SMHS and Drug MC/DMC-ODS) for SFY 2025-26

Services Provided	Number of Contracted BHSA Provider Locations
SMHS only	0
DMC/DMC-ODS only	0
Both SMHS and DMC/DMC-ODS systems	2

All BHSA Provider Locations

For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes .

Among the county's BHSA funded SMHS provider locations (county-operated and contracted) that offer services/Levels of Care that may be covered by Medi-Cal MCPs as non-specialty mental health services (NSMHS), what percentage of BHSA funded SMHS providers contract with at least one MCP in the county for the delivery of NSMHS?

9

Please describe the county's plans to enhance rates of MCP contracting starting July 1, 2027, and over the subsequent two years among the BHSA provider locations that are providing services that can/should be reimbursed by Medi-Cal MCPs

We have multiple affiliations with MCP providers, but we do not contract directly with them. Being the bi-county MHP requires that the level of service we provide is not provides elsewhere. Only when someone does not meet SMHS level are they referred out to another provider. This referral is handled through the MCP on most occasions. We have only 2 contracted providers and locations for FSP level of services only.

To maximize resource efficiency, counties must, as of July 1, 2027, require their BHSA providers to (subject to certain exceptions)

a. **Check whether an individual seeking services eligible for BHSA funding is enrolled in Medi-Cal and/or a commercial health plan, and if uninsured, refer the individual for eligibility screening**

b. **Bill the Medi-Cal Behavioral Health Delivery System for covered services for which the provider receives BHSA funding; and**

c. **Make a good faith effort to seek reimbursement from Medi-Cal Managed Care Plans (MCPs) and commercial health plans for covered services for which the provider receives BHSA funding**

Does the county wish to describe implementation challenges or concerns with these requirements?

No

Counties must monitor BHSA-funded providers for compliance with applicable requirements under the Policy Manual, the county's BHSA contract with DHCS, and state law and regulations. Effective SFY 2027-2028, counties must (1) adopt a monitoring schedule that includes periodic site visits and (2) preserve monitoring records, including monitoring reports, county-approved provider Corrective Action Plans (CAPs), and confirmations of CAP resolutions. Counties shall supply these records at any time upon DHCS's request. DHCS encourages counties to adopt the same provider monitoring schedule as under Medi-Cal: annual monitoring with a site visit at least once every three years. For providers that participate in multiple counties' BHSA programs, a county may rely on monitoring performed by another county.

Does the county intend to adopt this recommended monitoring schedule for BHSA-funded providers that:

Also participate in the county's Medi-Cal Behavioral Health Delivery System? (Reminder: Counties may simultaneously monitor for compliance with Medi-Cal and BHSA requirements)

Yes

Do not participate in the county's Medi-Cal Behavioral Health Delivery System?

Yes

Behavioral Health Services Act/Fund Programs

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress.

Behavioral Health Services and Supports (BHSS)

For related policy information, refer to 7.A.1 Behavioral Health Services and Supports Expenditure Guidelines

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General

Please select the specific Behavioral Health Services and Supports (BHSS) that are included in your plan
Early Intervention Programs (EIP)
Adult and Older Adult System of Care (non-FSP)

Adult and Older Adult System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

Please select the service types provided under Program
Supportive services

Please describe the specific services provided
Gwendolyn Ford - contractor
Enhance the quality of mental health interventions through guidance, training, and evidence-informed best practices
Promote culturally responsive and linguistically appropriate approaches in service delivery

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	150
FY 2027 – 2028	150
FY 2028 – 2029	150

Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care
The assumption is derived from the estimated average number of individuals served during Fiscal Year 2024–2025.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name
Transition Aged Youth Services (TAY)

Please select which of the three EI components are included as part of the program or service

Outreach
Access and Linkage: Screenings
Access and Linkage: Referrals
Treatment Services and Supports: Services to address co-occurring mental health and substance use issues
Access and Linkage: Assessments
Treatment Services and Supports: Services to address first episode psychosis (FEP)
Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

No

Please describe intended outcomes of the program or service

Strengthened systems for the early identification of youth experiencing behavioral health challenges, with timely access to culturally and linguistically appropriate services

Decreased intensity and duration of early symptoms related to depression, anxiety, trauma, and social isolation through prompt intervention

Improved coordination and referral pathways to short-term, therapeutic, and recovery-oriented services

Expanded access to brief mental health interventions that are culturally responsive and language accessible

Reduced risk of academic disengagement, unemployment, and involvement with the justice system

Lower incidence of both intentional and unintentional substance-related overdoses

Increased availability of prevention, response, and treatment services for individuals experiencing behavioral health crises

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	54
FY 2027 – 2028	54
FY 2028 – 2029	54

Please describe any data or assumptions the county used to project the number of individuals served through EI programs

The average number of participants were taken from the last 4 years.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name

Youth Open Access

Please select which of the three EI components are included as part of the program or service

Access and Linkage: Screenings
Access and Linkage: Assessments
Access and Linkage: Referrals
Treatment Services and Supports: Services to address first episode psychosis (FEP)
Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide
Treatment Services and Supports: Services to address co-occurring mental health and substance use issues

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs
No

Please describe intended outcomes of the program or service
Improved linkage to clinical, community-based, and social support services

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	155
FY 2027 – 2028	160
FY 2028 – 2029	165

Please describe any data or assumptions the county used to project the number of individuals served through EI programs
We used FY 2024–25 data and applied a 3% annual increase to project future years.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name

Latino Outreach- Youth

Please select which of the three EI components are included as part of the program or service

Outreach
Access and Linkage: Screenings
Access and Linkage: Assessments
Access and Linkage: Referrals
Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide
Treatment Services and Supports: Services to address co-occurring mental health and substance use issues

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

No

Please describe intended outcomes of the program or service

Increased timely access to culturally responsive and linguistically appropriate behavioral health services
Reduced disparities in access to care for youth

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	129
FY 2027 – 2028	133

Plan Period by FY	Projected Number of Individuals Served
FY 2028 – 2029	137

Please describe any data or assumptions the county used to project the number of individuals served through EI programs
FY 2024–25 data and applied a 3% annual increase to project future years.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name
Camptionville Community Partnership

Please select which of the three EI components are included as part of the program or service
Outreach
Access and Linkage: Referrals

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs
No

Please describe intended outcomes of the program or service
Improved academic performance and readiness to learn
Improved school connectedness

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	93
FY 2027 – 2028	96
FY 2028 – 2029	99

Please describe any data or assumptions the county used to project the number of individuals served through EI programs

FY 2024–25 data and applied a 3% annual increase to project future years.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name

Tri-County Diversity

Please select which of the three EI components are included as part of the program or service

Outreach
Access and Linkage: Assessments
Access and Linkage: Referrals

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs
No

Please describe intended outcomes of the program or service
Reduced severity and duration of early symptoms of depression, anxiety, trauma, and social isolation

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	1545
FY 2027 – 2028	1592
FY 2028 – 2029	1640

Please describe any data or assumptions the county used to project the number of individuals served through EI programs
FY 2024–25 data and applied a 3% annual increase to project future years.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name

Latino Outreach- Adult

Please select which of the three EI components are included as part of the program or service

Outreach
Access and Linkage: Screenings
Access and Linkage: Assessments
Access and Linkage: Referrals
Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide
Treatment Services and Supports: Services to address co-occurring mental health and substance use issues

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

No

Please describe intended outcomes of the program or service

Increased timely access to culturally responsive and linguistically appropriate behavioral health services
Reduced disparities in access to care for adults

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	78
FY 2027 – 2028	81

Plan Period by FY	Projected Number of Individuals Served
FY 2028 – 2029	84

Please describe any data or assumptions the county used to project the number of individuals served through EI programs

FY 2024–25 data and applied a 3% annual increase to project future years.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name

Open Access/ Urgent Services- Adult

Please select which of the three EI components are included as part of the program or service

Access and Linkage: Screenings
Access and Linkage: Assessments
Access and Linkage: Referrals
Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide
Treatment Services and Supports: Services to address co-occurring mental health and substance use issues

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

Yes

Please select the EBPs and CDEPs that apply

Acceptance and Commitment Therapy (ACT)
Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

Please provide the name of the EBPs and CDEPs that apply

EBPs and CDEPs
ACT

Please describe intended outcomes of the program or service

Reduce the severity, frequency, and duration of symptoms related to depression, anxiety, trauma, and social isolation through timely intervention
Provide immediate, low-barrier access to culturally and linguistically responsive mental health services for individuals of all ages

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	721
FY 2027 – 2028	743
FY 2028 – 2029	766

Please describe any data or assumptions the county used to project the number of individuals served through EI programs

FY 2024–25 data and applied a 3% annual increase to project future years.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name
Mental Health First Aid

Please select which of the three EI components are included as part of the program or service
Outreach
Access and Linkage: Referrals
Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs
No

Please describe intended outcomes of the program or service
Increase participants' ability to recognize early warning signs of suicidal ideation, emotional distress, and mental health crises
Strengthen knowledge of evidence-based suicide prevention strategies and appropriate response techniques
Improve confidence and willingness to engage individuals in crisis and connect them to professional supports

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	3208
FY 2027 – 2028	3304
FY 2028 – 2029	3403

Please describe any data or assumptions the county used to project the number of individuals served through EI programs

FY 2024–25 data and applied a 3% annual increase to project future years.

Coordinated Specialty Care for First Episode Psychosis (CSC) program

For related policy information, refer to 7.A.7.5.1 Coordinated Specialty Care for First Episode Psychosis .

Please provide the following information on the county's Coordinated Specialty Care for First Episode Psychosis (CSC) program

CSC program name

Transition Age Youth TAY

CSC program description

CEC for FEP services are generally administered through the TAY programs. The program consists of 4 intervention counselors/ Case Managers, 2 Mental Health Therapists, 1 Supervising Mental Health Therapist, and 2 peer mentors. The program works closely with a psychiatrist and also is able to access housing, education, and an employment specialist to support clients. All staff are able to provide services out in the community, at the clients home, non-traditional service locations, or in the office with a "whatever it takes" philosophy to meet clients needs wellness and recovery goals. The team plans to meet weekly together to review all client cases and the team makes substantial efforts to coordinate with any partners that the client will allow. This includes but is not limited to: family, significant other, employer, medical providers, law enforcement, probation, child welfare services, department of rehab, social security administration and

faith-based organizations. In addition, there are many services available every month to include: individual therapy sessions, group therapy, group rehabilitation, individual rehabilitation, case management, ICC, CFT. The team also provides wellness activities to clients such as group outings and social events.

DHCS will provide counties with information to complete the estimated fields for eligible population and practitioners/teams needed for CSC. The estimated numbers of teams/practitioners reflect the numbers needed to reach the entire eligible population (i.e., achieve a 100 percent penetration rate), and DHCS recognizes that counties will generally not be able to reach the entire eligible population. These projections are not binding and are for planning purposes. In future guidance, DHCS will provide more information on the number of teams counties must implement to demonstrate compliance with BHSA CSC requirements

Please review the total estimated number of individuals who may be eligible for CSC (based on the Service Criteria in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence Based Practice (EBP) Policy Guide and the Policy Manual Chapter 7, Section A.7.5). Please input the estimates provided to the county in the table below.

CSC Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	<11*
Number of Uninsured Individuals	0

CSC Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	5

CSC Practitioners and Teams Needed	Estimates
Number of Teams Needed to Serve Total Eligible Population	1

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for BHSS, please provide the total number of teams and Full-Time Equivalents (FTEs) (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide CSC over this Integrated Plan period, by fiscal year.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	5	5	5
Total Number of Teams	1	1	1

Will the county's CSC program be supplemented with other (non-BHSA) funding source(s)?

No

Full Service Partnership Program

DHCS will provide counties with information to complete the estimated fields for eligible population and practitioners/teams needed for each EBP. The estimated numbers of teams/practitioners reflect the numbers needed to reach the entire eligible population (i.e., achieve a 100 percent penetration rate), and DHCS recognizes that counties will generally not be able to reach the entire eligible population, in consideration of BHSA funding availability. These projections are not binding and are for planning purposes only. In future guidance, DHCS will provide more information on the number of teams counties must implement to demonstrate compliance with BHSA FSP requirements. For related policy information, refer to 7.B.3 Full Service Partnership Program Requirements and 7.B.4 Full Service Partnership Levels of Care

Please review the total estimated number of individuals who may be eligible for each of the following Full Service Partnership (FSP) services (consistent with the Service Criteria in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence-Based Practice (EBP) Policy Guide , the Policy Manual Chapter 7, Section B , and forthcoming High Fidelity Wraparound (HFW) Medi-Cal Guidance): Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT), Full Service Partnership (FSP) Intensive Case Management (ICM), HFW and Individual Placement and Support (IPS) Model of Supported Employment). Please input the estimates provided to the county in the table below

Total Adult FSP Eligible Population	**Estimates**
Number of Medi-Cal Enrolled Individuals	708
Number of Uninsured Individuals	96
Number of Total FSP Eligible Individuals with Some Justice-System Involvement	303

Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT) Eligible Population

Please input the estimates provided to the county in the table below

ACT Eligible Population	**Estimates**
Number of Medi-Cal Enrolled Individuals	121

ACT Eligible Population	Estimates
Number of Uninsured Individuals	17

FACT Eligible Population (ACT with Justice-System Involvement)	Estimates
Number of Medi-Cal Enrolled Individuals	61
Number of Uninsured Individuals	8

ACT/FACT Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	30
Number of Teams Needed to Serve Total Eligible Population	<11*

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and Full-Time Equivalents (FTEs) (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTEs) to provide ACT and FACT over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and Technical Assistance (TA) to assist counties with completing these fields.

County Actuals	FY 26-27	FY 27-28	FY 28-29

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	0	0	0
Total Number of Teams	0	0	0

Full Service Partnership (FSP) Intensive Case Management (ICM) Eligible Population

Please input the estimates provided to the county in the table below

FSP ICM Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	526
Number of Uninsured Individuals	70

FSP ICM Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	30

FSP ICM Practitioners and Teams Needed	Estimates
Number of Teams Needed to Serve Total Eligible Population	6

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTEs) to provide FSP ICM over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and TA to assist counties with completing these fields.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	0	0	0
Total Number of Teams	0	0	0

High Fidelity Wraparound (HFW) Eligible Population

Please input the estimates provided to the county in the table below

HFW Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	172

HFW Eligible Population	Estimates
Number of Uninsured Individuals	31

HFW Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	64
Number of Teams Needed to Serve Total Eligible Population	3

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide HFW over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and TA to assist counties with completing these fields.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	7	7	7
Total Number of Teams	1	1	1

Individual Placement and Support (IPS) Eligible Population

Please input the estimates provided to the county in the table below

IPS Eligible Population	**Estimates**
Number of Medi-Cal Enrolled Individuals	950
Number of Uninsured Individuals	133

IPS Practitioners and Teams Needed	**Estimates**
Number of Practitioners Needed to Serve Total Eligible Population	70
Number of Teams Needed to Serve Total Eligible Population	28

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide IPS over this Integrated Plan period, by fiscal year.

County Actuals	**FY 26-27**	**FY 27-28**	**FY 28-29**
Total Number of Practitioners	0	0	0

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Teams	0	0	0

Full Service Partnership (FSP) Program Overview

Please provide the following information about the county's BHSA FSP program

Will any of the estimated number of practitioners the county plans to utilize (provided above) be responsible for providing more than one EBP?
Yes

Please describe how the estimated practitioners will provide more than one EBP
Some practitioners in the adult system of care are expected to receive training in both ACT/FACT , ICM and IPS, ensuring there is enough capacity and flexibility to respond to changing needs and demands. For the children's system of care, High Fidelity Wrap will be implemented.

Please describe how the county is employing a whole-person, trauma-informed approach, in partnership with families or an individual's natural supports
To promote whole-person and trauma-informed care in partnership with families, the county uses several strategies:
All Youth and Family Services programs, including Wraparound services, are designed to be family-centered. They use Child and Family Teams (CFTs) to actively involve families in decisions about the services their children receive. Staff receive thorough training on how trauma, including trauma passed across generations, can affect behavior.
All Full-Service Partnership (FSP) programs actively involve families and other natural supports in treatment and recovery. Families are also offered education, guidance, and opportunities to build skills, including participation in family groups and direct support from embedded Family Partners.
All FSP programs include Peer staff who support both clients and their families, providing guidance, referrals, and connections to recovery resources.
Sutter Yuba Behavioral Health invests in workforce development by offering training on trauma-informed care, peer-led services, and other relevant practices to ensure staff are equipped to support clients and families in a holistic, collaborative way.

Please describe the county's efforts to reduce disparities among FSP participants

Sutter-Yuba Behavioral Health Services is committed to reducing disparities among Full Service Partnership (FSP) participants by implementing culturally responsive, equitable, and data-informed service strategies. The county actively monitors demographic, geographic, and outcome data to identify underserved populations and service gaps across age groups, racial and ethnic communities, language needs, and rural areas. The county ensures access to culturally and linguistically appropriate services by offering bilingual staff, interpretation services, and translated materials, as well as providing ongoing cultural humility and equity training for staff and contracted providers.

Select which goals the county is hoping to support based on the county's allocation of FSP funding

Institutionalization
Justice involvement
Untreated behavioral health conditions
Removal of children from home
Social connection

Please describe what actions or activities the county behavioral health system is doing to provide ongoing engagement services to individuals receiving FSP ICM

Sutter-Yuba Behavioral Health Services provides ongoing engagement services to individuals receiving Full Service Partnership (FSP) Intensive Case Management (ICM) through a comprehensive, person-centered, and recovery-oriented approach. Engagement activities are designed to promote trust, continuity of care, and long-term participation in services, particularly for individuals with complex behavioral health needs. FSP ICM staff maintain consistent, proactive contact with participants through a combination of in-person, telephonic, and community-based outreach.

Ongoing engagement services is a required component of ACT, FACT, IPS, and HFW. Please describe any ongoing engagement services the county behavioral health system will provide beyond what is required of the EBP

N/A

Please describe how the county will comply with the required FSP levels of care (e.g., transition FSP ICM teams to ACT, stand up new ACT teams and/or stand up new FSP ICM teams, etc.)

Some FSP teams will be transitioned to operate as ACT teams, with staffing adjusted as needed to build the capacity to effectively serve individuals with co-occurring serious mental illness (SMI) and substance use disorders. Team members will participate in training provided by the Centers of Excellence and engage in fidelity assessment activities. Additionally, practices will be updated to ensure that clinically appropriate

transitions from other programs to the FSP level of care are identified and facilitated as needed.

Please indicate whether the county FSP program will include any of the following optional and allowable services
N/A

Primary substance use disorder (SUD) FSPs
No

Outreach activities related to enrolling individuals living with significant behavioral health needs in an FSP (activities that fall under assertive field-based initiation of substance use disorder treatment services will be captured separately in the next section)
No

Other recovery-oriented services
No

If there are other services not described above that the county FSP program will include, please list them here. For team-based services, please include number of teams. If no additional FSP services, use "N/A"
N/A

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible children and youth **in the development of the county's FSP program (e.g., review data, engage with stakeholders, analyze research, etc.) who are:**

In, or at-risk of being in, the juvenile justice system
In the early days of developing our different FSP programs multiple diverse stake holder meetings were held to give the community a chance to express their views on needs - that involved including staff and members of NAMI, which used to have an active participation here at SYBH- schools staff, parents, leaders and members of the Latino and Hmong communities - . Outreach to small support groups for the LGBT community were also included. These meetings were various times throughout the day including after hours.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)
In the early days of developing our different FSP programs multiple diverse stake holder meetings were held to give the community a chance to express their views on needs - that involved including staff and members of NAMI, which used to have an active participation here at SYBH- schools staff, parents, leaders and members of the Latino and Hmong communities - . Outreach to small support groups for the LGBT community were also included. These meetings were various times throughout the day including after hours.

In the child welfare system
In the early days of developing our different FSP programs multiple diverse stake holder meetings were held to give the community a chance to express their views on needs - that involved including staff and members of NAMI, which used to have an active participation here at SYBH- schools staff, parents, leaders and members of the Latino and Hmong communities.

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible adults **in the development of the county's FSP (e.g., review data, engage with stakeholders, analyze research, etc.) who are**

Older adults
In the early stages of developing the FSP programs, multiple stakeholder meetings were held to provide the community with opportunities to share their perspectives and identify local needs. These meetings included participation from SYBH staff, members of NAMI, school staff, parents, community leaders, and representatives from the Latino and Hmong communities. Outreach also extended to small LGBTQ+ support groups to ensure inclusive engagement.

Meetings were scheduled at various times throughout the day, including after regular business hours, to increase accessibility and participation.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)
In the early stages of developing the FSP programs, multiple stakeholder meetings were held to provide the community with opportunities to share their perspectives and identify local needs. These meetings included participation from SYBH staff, members of NAMI, school staff, parents, community leaders, and representatives from the Latino and Hmong communities. Outreach also extended to small LGBTQ+ support groups to ensure inclusive engagement.

Meetings were scheduled at various times throughout the day, including after regular business hours, to increase accessibility and participation.

In, or are at risk of being in, the justice system
Collaboration includes embedded staff working alongside the TAY-FSP team, with supervision provided by the TAY-FSP Supervisor at Juvenile Hall. The AYFP also provides ongoing feedback and support to the team to strengthen services within the juvenile justice system.

Assertive Field-Based Substance Use Disorder (SUD) Questions

For related policy information, refer to 7.B.6 Assertive Field-Based Initiation for Substance Use Disorder Treatment Services

Please describe the county behavioral health system's approach and timeline(s) to support and implement assertive field-based initiation for SUD treatment services program requirements by listing the existing and new programs (as applicable) that the county will leverage to support the assertive field-based SUD program requirements and provide the current funding source, BHSA service expansion, and the expected timeline for meeting programmatic requirements to expand existing programs and/or stand up new initiatives before July 1, 2029. Counties should include programs not funded directly or exclusively by BHSA dollars. Additional information regarding assertive field-based initiation for SUD treatment services can be found in the BHSA Policy Manual Chapter 7, Section B.6.

Existing Programs for Assertive Field-Based SUD Treatment Services

Targeted outreach

Existing programs
None at this time.

Program descriptions
N/A

Current funding source
N/A

BHSA changes to existing programs to meet BHSA requirements
SYBH is exploring opportunities and partnering with HMA to design and implement program changes that align with BHSA requirements and established implementation timelines.

Expected timeline of operation
July 1, 2029

Mobile-field based programs

Existing programs
Mobile crisis services

Program descriptions
Mobile Crisis Services provide immediate, on-site support for individuals experiencing a mental health crisis. They aim to stabilize situations, connect individuals to appropriate resources, and reduce the need for emergency interventions. We will be looking at possible expanding hte scope to include SUD only services

Current funding source
Realignment money

BHSA changes to existing programs to meet BHSA requirements
SYBH is assessing options for enabling Mobile Crisis to provide Medication-Assisted Treatment (MAT) services.

Expected timeline of operation
July 1, 2029

Open-access clinics

Existing programs
Sutter Yuba Behavioral Health Urgent Services

Program descriptions
The Urgent Services team provides timely access to all adult mental health and substance use disorder services on a walk-in basis through our Open Access Clinic, Monday-Thursday 8 am–2 pm. This team consists of therapists, substance abuse counselors and nursing staff who provide urgent assessment,

diagnosis and brief treatment of mental health and substance use conditions. The Urgent Services team provides referrals to all other longer-term adult services within the agency and also provides referrals to community resources and supports.

Current funding source
MHSA CSS

BHSA changes to existing programs to meet BHSA requirements
Moved to the BHSS bucket for EI

Expected timeline of operation
July 1, 2029

New Programs for Assertive Field-Based SUD Treatment Services

Targeted outreach

New programs
SYBH is working to align its programs with the new BHSA requirements. Program planning and development are still in progress.

Program descriptions
N/A

Planned funding
BHSA FSP/ BHSS

Planned operations
N/A

Expected timeline of implementation
July 1, 2029

Mobile-field based programs

New programs
SYBH is working to align its programs with the new BHSA requirements. Program planning and development are still in progress.

Program descriptions
N/A

Planned funding
N/A

Planned operations
N/A

Expected timeline of implementation
July 1, 2029

Open-access clinics

New programs
SYBH is working to align its programs with the new BHSA requirements. Program planning and development are still in progress.

Program descriptions
N/A

Planned funding
N/A

Planned operations
N/A

Expected timeline of implementation
July 1, 2029

Medications for Addiction Treatment (MAT) Details
Please describe the county's approach to enabling access to same-day medications for addiction treatment (MAT) to meet the estimated population needs before July 1, 2029.

Describe how the county will assess the gap between current county MAT resources (including programs and providers) and MAT resources that can meet estimated needs
An assessment must be completed our contracted providers as well as o0ter local agencies to successfully

deliver MAT within the 24 hr timeline given. SYBH is working to align its programs with the new BHSA requirements. Program planning and development are still in progress.

Select the following practices the county will implement to ensure same day access to MAT

Contract directly with MAT providers in the County
Enter into referral agreements with other MAT providers including providers whose services are covered by Medi-Cal MCPs and/or Fee-For-Service (FFS) Medi-Cal
Leverage telehealth model(s)
Partner with neighboring counties
Contract with MAT providers in other counties

Please provide the names of the neighboring counties the county will partner with

Unknown if Counties want to participate yet.

Please provide the names of other counties the contracted MAT providers are located in

Unknown if Counties want to participate yet.

What forms of MAT will the county provide utilizing the strategies selected above?

Other

Please specify other forms of MAT

Unknown at this time

Housing Interventions

Planning

For related policy information, refer to 7.C.3 Program priorities and 7.C.4 Eligible and priority populations

System Gaps

Please identify the biggest gaps facing individuals experiencing homelessness and at risk

of homelessness with a behavioral health condition who are Behavioral Health Services Act (BHSA) eligible in the county. Please use the following definitions to inform your response: No gap – resources and connectivity available; Small gap – some resources available but limited connectivity; Medium gap – minimal resources and limited connectivity available; Large gap – limited or no resources and connectivity available; Not applicable – county does not have setting and does not consider there to be a gap. Counties should refer to their local Continuum of Care (CoC) Housing Inventory Count (HIC) to inform responses to this question.

Supportive housing
Medium gap

Apartments, including master-lease apartments
Large gap

Single and multi-family homes
Large gap

Housing in mobile home communities
Not applicable

(Permanent) Single room occupancy units
Large gap

(Interim) Single room occupancy units
Medium gap

Accessory dwelling units, including junior accessory dwelling units
Not applicable

(Permanent) Tiny homes
Not applicable

Shared housing
Medium gap

(Permanent) Recovery/sober living housing, including recovery-oriented housing
Medium gap

(Interim) Recovery/sober living housing, including recovery-oriented housing
Medium gap

Assisted living facilities (adult residential facilities, residential facilities for the elderly, and licensed board and care)
Large gap

License-exempt room and board
Large gap

Hotel and Motel stays
Large gap

Non-congregate interim housing models
Not applicable

Congregate settings that have only a small number of individuals per room and sufficient common space (does not include behavioral health residential treatment settings)
Medium gap

Recuperative Care
Medium gap

Short-Term Post-Hospitalization housing
Large gap

(Interim) Tiny homes, emergency sleeping cabins, emergency stabilization units
Medium gap

Peer Respite
Medium gap

Permanent rental subsidies
Large gap

Housing supportive services
Medium gap

What additional non-BHSA resources (e.g., county partnerships, vouchers, data sharing agreements) or funding sources will the county behavioral health system utilize (local, state, and federal) to expand supply and/or increase access to housing for BHSA eligible individuals ?
SYBH will continue working with the local homeless consortium, CoC and CBO's to support community-based placement opportunities.

How will BHSA Housing Interventions intersect with those other resources and supports to strengthen or expand the continuum of housing supports available to BHSA eligible individuals?
Our new housing navigation team will continue to work with regional CBOs to locate housing for BHSA clients.

What is the county behavioral health system's overall strategy to promote permanent housing placement and retention for individuals receiving BHSA Housing Interventions?
Our FSP teams work closely with our new housing navigators to ensure clients are ready for permanent housing placement.

What actions or activities is the county behavioral health system engaging in to connect BHSA eligible individuals to and support permanent supportive housing (PSH) (e.g., rental subsidies for individuals residing in PSH projects, operating subsidies for PSH projects, providing supportive services to individuals in other permanent housing settings, capital development funding for PSH)?
With the limited funding we have , we will continue to connect our clients to housing navigation services. We have created a team that will work with the MCP and align those who qualify with TR providers in our area. We are not a TR provider, but have many contacts with our local CoC, as well as shelter and consortiums for placements.

Please describe how the county behavioral health system will ensure all Housing Interventions settings provide access to clinical and supportive behavioral health care and housing services
We will be using the HI bucket for placements into B & C and ARF's for our conserved clients. These facilities provide the lowest level of care to safely house those under the LPS act. All facilities have been reviewed

and approved.

Eligible Populations

Please describe how the county behavioral health system will identify, screen, and refer individuals eligible for BHSA Housing Interventions
Due to funding requirements, BHSA housing intervention funding will only be used for LPS conservatees and their placement cost as the appropriate lowest level of care.

Will the county behavioral health system provide BHSA-funded Housing Interventions to individuals living with a substance use disorder (SUD) only **?**
No

Please indicate why the county behavioral health system will not provide BHSA funded Housing Interventions to individuals living with a SUD only and include data to support
Insufficient need (i.e., individuals living with an SUD only have sufficient access to housing, there is a limited number of individuals with an SUD only who are unhoused)
Insufficient resources

Please explain why there is insufficient need to provide BHSA-funded Housing Interventions living with a SUD only
There are other funding streams available to meet the needs of this population and BHSA funds will not be used.

Please explain why there are insufficient resources to provide BHSA-funded Housing Interventions to individuals living with an SUD only
The highest need for our BI-County MHP is for those that are LPS conserved. There are other funding streams available to meet the needs of the SUD only population.

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible children and youth **in the development of the county's Housing Interventions services (e.g., review data, engage with stakeholders, analyze research, etc.) who are:**

In, or at-risk of being in, the juvenile justice system
Multiple diverse stake holder meetings were held to give the community a chance to express their views on needs - schools staff, parents, leaders and members of the Latino and Hmong communities - . Outreach to small support groups for the LGBT community were also included. These meetings were various times

throughout the day including after hours.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)
Multiple diverse stake holder meetings were held to give the community a chance to express their views on needs - schools staff, parents, leaders and members of the Latino and Hmong communities - . Outreach to small support groups for the LGBT community were also included. These meetings were various times throughout the day including after hours.

In the child welfare system
Multiple diverse stake holder meetings were held to give the community a chance to express their views on needs - schools staff, parents, leaders and members of the Latino and Hmong communities - . Outreach to small support groups for the LGBT community were also included. These meetings were various times throughout the day including after hours.

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible adults in the development of the county's Housing Interventions services (e.g., review data, engage with stakeholders, analyze research, etc.) who are

Older adults
After careful review of the budget and the needs of the community, we will continue to follow our current process with our housing navigator to enter clients into HMIS and work closely with COC to find placement.

In, or are at risk of being in, the justice system
After careful review of the budget and the needs of the community, we will continue to follow our current process with our housing navigator to enter clients into HMIS and work closely with COC to find placement.

In underserved communities
After careful review of the budget and the needs of the community, we will continue to follow our current process with our housing navigator to enter clients into HMIS and work closely with COC to find placement.

Local Housing System Engagement

How will the county behavioral health system coordinate with the Continuum of Care (CoC) and receive referrals for Housing Interventions services?
SYBH is not a TR provider. We will certify TR eligibility for the MHP, but we will not be rolling the clients into our services or receiving referrals for outside the SYBH SOC. We will continue to follow our process with our housing navigator to enter clients into HMIS and work closely with COC to find placement.

Please describe the county behavioral health system's approach to collaborating with the local CoC, Public Housing Agencies, Medi-Cal managed care plans (MCPs), Enhanced Care Management (ECM) and Community Supports providers, as well as other housing partners, including existing and prospective PSH developers and providers in your community in the implementation of the county's Housing Interventions

Local CoC
We will continue to utilize the CoC, as we always have. They are a local resource for those seeking housing adn often have temporary placements available.

Public Housing Agency
We currently work with our local housing authority with our No Place Like Home funded locations. We will continue to staff and monitor available units, as well as place appropriate clients, with their cooperation.

MCPs
SYBH is still working with the MCP to design the referral process for the TR provider. I am unclear if the MOU has been signed with the MCP.

ECM and Community Supports Providers
SYBH is not an ECM or CS provider directly. For those eligible to the TR benefit, we will follow the flow set forth for referrals out by the MCP. We will not be participating or able to pay for ongoing months of housing from the HI bucket.

Other (e.g., CalWORKS/TANF housing programs, child welfare housing programs, PSH developers and providers, etc.)

How will the county behavioral health system work with Homekey+ and supportive housing sites to provide services, funding, and referrals that support and house BHSA eligible individuals?
Only those enrolled in SYBH services would receive PSH services.

Did the county behavioral health system receive Homeless Housing Assistance and Prevention Grant Program (HHAP) Round 6 funding?
No

BHSA Housing Interventions Implementation

The following questions are specific to BHSA Housing Interventions funding (no action needed). For more information, please see 7.C.9 Allowable expenditures and related requirements

Rental Subsidies (Chapter 7. Section C.9.1)
The intent of Housing Interventions is to provide rental subsidies in permanent settings to eligible individuals for as long as needed, or until the individual can be transitioned to an alternative permanent housing situation or rental subsidy source. (no action needed)

Is the county providing this intervention?
No

Please explain why the county is not providing this intervention
Housing Intervention funds will be used for LPS conservatee housing placement only.

How many individuals does the county behavioral health system expect to serve with rental subsidies under BHSA Housing Interventions on an annual basis?
0

How many of these individuals will receive rental subsidies for permanent housing on an annual basis?
0

How many of these individuals will receive rental subsidies for interim housing on an annual basis?
0

What is the county's methodology for estimating total rental subsidies and total number of individuals served in interim and permanent settings on an annual basis?
At this time, SYBH does not plan to participate in this program.

For which setting types will the county provide rental subsidies?
Non-Time-Limited Permanent Settings: Assisted living (adult residential facilities, residential facilities for the elderly, and licensed board and care)

Will this Housing Intervention accommodate family housing?
No

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding
Housing Intervention funds will be used for LPS conservatee housing placement only.

Will the county behavioral health system provide rental assistance through project-based (tied to a particular unit) or tenant-based (tied to the individual) subsidies?
Tenant-based

How will the county behavioral health system identify a portfolio of available units for placing BHSA eligible individuals, including in collaboration with other county partners and as applicable, Flex Pools (e.g., Master Leasing)? Please include partnerships and collaborative efforts your county behavioral health system will engage in
Housing Intervention funds will be used for LPS conservatee housing placement only.

Total number of units funded with BHSA Housing Interventions per year
0

Please provide additional details to explain if the county is funding rental subsidies with BHSA Housing Interventions that are not tied to a specific number of units
Housing Intervention funds will be used for LPS conservatee housing placement only.

Operating Subsidies (Chapter 7, Section C.9.2)

Is the county providing this intervention?
No

Please explain why the county is not providing this intervention
The County does not participate in programs that require operating costs.

Anticipated number of individuals served per year
0

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding
N/A

For which setting types will the county provide operating subsidies?
Non-Time-Limited Permanent Settings: Assisted living (adult residential facilities, residential facilities for the elderly, and licensed board and care)

Will this be a scattered site initiative?
No

Will this Housing Intervention accommodate family housing?
No

Total number of units funded with BHSA Housing Interventions per year
0

Please provide additional details to explain if the county is funding operating subsidies with BHSA Housing Interventions that are not tied to a specific number of units
Housing Intervention funds will be used for LPS conservatee housing placement only.

Landlord Outreach and Mitigation Funds (Chapter 7, Section C.9.4.1)

Is the county providing this intervention?
No

Please explain why the county is not providing this intervention
Housing intervention funds will be used for LPS conservatee housing placement only.

Anticipated number of individuals served per year
0

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding
N/A

Total number of units funded with BHSA Housing Interventions per year
0

Please provide additional details to explain if the county is providing landlord outreach and mitigation funds with BHSA Housing Interventions that are not tied to a specific number of units

Participant Assistance Funds (Chapter 7, Section C.9.4.2)

Is the county providing this intervention?
No

Please explain why the county is not providing this intervention
Housing Intervention funds will be used for LPS conservatee housing placement only.

Anticipated number of individuals served per year
0

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding
N/A

Housing Transition Navigation Services and Tenancy Sustaining Services (Chapter 7, Section C.9.4.3)
Pursuant to Welfare and Institutions (W&I) Code section 5830, subdivision (c)(2) **, BHSA Housing Interventions may not be used for housing services covered by Medi-Cal MCP. Please select Yes only if the county is providing these services to individuals who are not eligible to receive the services through their Medi-Cal MCP (no action needed)**

Is the county providing this intervention?

No

Please explain why the county is not providing this intervention
Housing Intervention funds will be used for LPS conservatee housing placement only.

Housing Interventions Outreach and Engagement (Chapter 7, Section C.9.4.4)

Is the county providing this intervention?
Yes

Is the county providing this intervention to chronically homeless individuals?
Yes

Anticipated number of individuals served per year
595

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding
The Homeless Engagement and Resolution Team is a street outreach program that was designed to identify, engage, interview, and assess homeless clients for services that are available throughout Sutter County and Yuba County. The goal of the program is to engage and build relationships and connect people to services, with the goal of ultimately ending their homelessness. Transportation to services and providers can be provided with the program to help link clients to services.

Capital Development Projects (Chapter 7, Section C.10)

Counties may spend up to 25 percent of BHSA Housing Interventions on capital development projects. Will the county behavioral health system use BHSA Housing Interventions for capital development projects?
No

Please explain why the county is not providing this intervention
Housing Intervention funds will be used for LPS conservatee housing placement only.

Other Housing Interventions

If the county is providing another type of Housing Interventions not listed above, please describe the intervention

Is the county providing this intervention to chronically homeless individuals?
Anticipated number of individuals served per year

Continuation of Existing Housing Programs

Please describe if any BHSA Housing Interventions funding will be used to support the continuation of housing programs that are ending (e.g., Behavioral Health Bridge housing)
Housing Intervention funds will be used for LPS conservatee housing placement only. Our current BHBH clients will be eligible to BHSA funding when the program sunsets.

Relationship to Housing Services Funded by Medi-Cal Managed Care Plans

For more information, please see 7.C.7 Relationship to Medi-Cal Funded Housing Services

Which of the following housing-related Community Supports is the county behavioral health system an MCP-contracted provider of?
None of the Above

For which of the following services does the county behavioral health system plan to become an MCP-contracted provider of?

Housing Transition Navigation Services
Undecided

Housing Deposits
Undecided

Housing Tenancy and Sustaining Services
Undecided

Short-Term Post-Hospitalization Housing
No

Recuperative Care
No

Day Habilitation
No

Transitional Rent
No

How will the county behavioral health system identify, confirm eligibility, and refer Medi-Cal members to housing-related Community Supports covered by MCPs (including Transitional Rent)?
SYBH will collaborate with the MCP to develop this process. The contract for our TR provider has not been signed yet.

Please describe coordination efforts and ongoing processes to ensure the county behavioral health contracted provider network for Housing Interventions is known and shared with MCPs serving your county
SYBH is currently waiting to receive the finalized contract from the MCP and its contracted provider.

Does the county behavioral health system track which of its contracted housing providers are also contracted by MCPs for housing-related Community Supports (provided in questions #1 and #2 above)?
No

What processes does the county behavioral health system have in place to ensure Medi-Cal members living with significant behavioral health conditions do not experience gaps in service once any of the MCP housing services are exhausted, to the extent resources are available?
Clients enrolled in an FSP receive coordinated case management in partnership with their housing support teams.

Flexible Housing Subsidy Pools

Flexible Housing Subsidy Pools ("Flex Pools") are an effective model to streamline and simplify administering rental assistance and related housing supports. DHCS released the Flex Pools TA Resource Guide that describes this model in more detail linked here: Flexible Housing Subsidy Pools - Technical Assistance Resource . Please reference the TA Resource Guide for descriptions of the Flex Pool model and roles referenced below including the Lead Entity, Operator, and Funder.

For related policy information, refer to 7.C.8 Flexible Housing Subsidy Pools .

Is there an operating Flex Pool (or elements of a Flex Pool, which includes (1) coordinating and braiding funding streams, (2) serving as a fiscal intermediary, (3) identifying, securing, and supporting a portfolio of units for participants, and/or (4) coordinating with providers of housing supportive services) in the county (please refer to DHCS' Flex Pools TA Resource Guide)?
No

Is the county behavioral health system involved in planning efforts to launch a Flex Pool in the county?
No

Please describe any other roles and functions the county behavioral health system plans to take to support the operations or launch and scaling of a Flex Pool in addition to those described above
N/A

Behavioral Health Services Fund: Innovative Behavioral Health Pilot and Projects

For each innovative program or pilot provide the following information. If the county provides more than one program, use the "Add additional program" button. For related policy information, refer to 7.A.6 Innovative Behavioral Health Pilots and Projects .

Does the county's plan include the development of innovative programs or pilots?

No

Workforce Strategy

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 6.C.2 Securing Medi-Cal Payment.

Maintain an Adequate Network of Qualified and Culturally Responsive Providers

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The county must ensure its county-operated and county-contracted behavioral health workforce is well-supported and culturally and linguistically responsive with the population to be served. Through existing Medi-Cal oversight processes, the Department of Health Care Services (DHCS) will assess whether the county:

Maintains and monitors **a network of providers that is sufficient to provide adequate access to services and supports for individuals with behavioral health needs; and**

Meets federal and state standards **for timely access to care and services, considering the urgency of the need for services.**

The county must ensure **that Behavioral Health Services Act (BHSA)-funded providers are qualified to deliver services, comply with nondiscrimination requirements, and deliver services in a culturally competent manner. Effective FY 2027-2028, DHCS encourages counties to require their BHSA providers to comply with the same standards as Medi-Cal providers in these areas (i.e. requiring the same standards regardless of whether a given service is reimbursed under BHSA or Medi-Cal), as described in the Policy Manual.**

Does the county intend to adopt this recommended approach for BHSA-funded providers that also participate in the county's Medi-Cal Behavioral Health Delivery System?
Yes

Does the county intend to adopt this recommended approach for BHSA-funded providers that do not participate in the county's Medi-Cal Behavioral Health Delivery System?
Yes

Build Workforce to Address Statewide Behavioral Health Goals

For related policy information, refer to 3.A.2 Contents of Integrated Plan and 7.A.4 Workforce Education and Training

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Assess Workforce Gaps

What is the overall vacancy rate for permanent clinical/direct service behavioral health positions in the county (including county-operated providers)?
21

Upload any data source(s) used to determine vacancy rate
HHS007_-_Position_Allocation_with_Branch_Manager_-_Budget (4).xlsx

For county behavioral health (including county-operated providers), please select the five positions with the greatest vacancy rates
Licensed Marriage and Family Therapist
Other qualified provider
Psychiatric Technician (PT)
Mental Health Rehabilitation Specialist
Licensed Professional Clinical Counselor

Please describe any other key workforce gaps in the county
Similar to many small and rural counties, SYBH experiences workforce shortages, particularly among bilingual and bicultural clinicians, peer specialists with lived experience, substance use disorder (SUD) counselors, and providers serving rural youth and older adults.

How does the county expect workforce needs to shift over the next three fiscal years given new and forthcoming requirements, including implementation of new evidence-based practices under Behavioral Health Transformation (BHT) and Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT)?
The emphasis on Evidence-Based Practices (EBPs) within both FSP and BHSS will increase demand for clinicians and providers who are properly trained and supervised to implement EBPs with fidelity, as well as for peer workers who can provide navigation and supportive services. In addition, there is a significant need to recruit, train, and support a behavioral health workforce that is equipped to effectively serve individuals with co-occurring conditions. The county will continue to monitor compliance in all areas, and make adjustments as financially able.

Address Workforce Gaps

If the county is planning to leverage the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce initiative to address workforce gaps including for FSP and CSC for FEP, such as through applying for and/or encouraging providers to apply for the following BH-CONNECT workforce programs, please specify below.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Scholarship Program?
Yes

Please explain any actions or activities the county is engaging in to leverage the program
Opportunities to apply for the Behavioral Health Scholarship Program will be promoted via email, meeting announcements, and other
communication channels to SYBH staff and our network of providers.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Student Loan Payment Program?
Yes

Please explain any actions or activities the county is engaging in to leverage the program
Opportunities to apply for the Behavioral Health Student Loan Payment Program will be promoted via email, meeting announcements, and other communication channels to SYBH staff and our network of providers.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Recruitment and Retention Program?
Yes

Please explain any actions or activities the county is engaging in to leverage the program
Opportunities to apply for the Behavioral Health Student Recruitment and Retention Program will be promoted via email, meeting
announcements, and other communication channels to SYBH staff and our network of providers.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Community-Based Provider Training Program?
No

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Residency Program?
No

Please describe any other efforts underway or planned in the county to address workforce gaps aside from those already described above under Behavioral Health Services Act Workforce, Education, and Training
At this time we are unsure if we will be able to apply for the above programs but this has not been ruled out.

Budget and Prudent Reserve

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 6.B.3 Local Prudent Reserve .

Budget and Prudent Reserve

Download and complete the budget template using the button below before starting this section

Please upload the completed budget template
Sutter County Integrated Plan.xlsx

Please indicate how the county plans to spend the amount over the maximum allowed prudent reserve limit for each component if the county indicated they would allocate excess prudent reserve funds to a given Behavioral Health Services Act component in Table Nine of the budget template

Behavioral Health Services and Supports (BHSS)
0

Full Service Partnership (FSP)
0

Housing Interventions
0

Enter date of last prudent reserve assessment
1/23/2024

Please describe how the use of excess prudent reserve funds drawn down from the local prudent reserve aligns with the goals of the Integrated Plan

BHSS
n/a

FSP
n/a

Housing Interventions
n/a

Plan Approval and Compliance

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 3.A.1 Reporting Period

Behavioral health director certification

Download and complete the behavioral health director certification template using the button below before starting this section

Please upload the completed Behavioral health director certification template
Behavioral Health Director Certification Template (1).pdf

County administrator or designee certification

Download and complete the county administrator or designee certification template using the button below before starting this section

Please upload the completed County administrator or designee certification template
DHCS Document.pdf

Board of supervisor certification

For final submission, download and complete the board of supervisor certification template using the button below before starting this section

Please upload the completed Board of supervisor certification template
Confirm that the data is up to date and reflects the correct information for a Draft Plan

Requests

Housing Intervention Funds for Chronically Homeless

What percentage of Housing Intervention Component allocation is the county requesting to use for those who are chronically homeless?

Please select which Housing Interventions exemptions criteria the county meets

Supporting Data

Please upload supporting data

What is the data source?
Housing Inventory Count

Assertive Community Treatment (ACT)

For counties seeking an exemption to the requirement to include ACT in the county's FSP program

Please select which FSP exemptions criteria the county meets
Limited workforce (e.g. qualified providers)
Limited need (e.g., estimated population with a clinical need for ACT)

Please provide justification for this FSP exemption request
According to UCLA's Public Mental Health Partnership (PMHP) Team, a small ACT team composed of 6 full time team members, is designed to serve 40-60 clients. Additionally, UCLA PMHP Team estimated that the amount of clients within both Sutter and Yuba counties needing ACT services falls within the 40-60 range. However they also acknowledged that this was calculated as a bi-county estimate, and that when analyzed individually as single county numbers, as was done for other county behavioral health ACT estimates, that Sutter-Yuba Behavioral Health (SYBH) then falls below the threshold of 40-60 for the number of clients in

need of ACT. Additionally and notwithstanding, the Sutter and Yuba county behavioral health workforce is small and dispersed, presenting significant and insurmountable complications in the task of staffing a multidisciplinary ACT team with 6 full-time staff.

Data from the Department of Healthcare Access and Information (HCAI) on California's behavioral health workforce indicates significant staffing shortages within Sutter Yuba Behavioral Health (SYBH). Estimates show a workforce deficit of approximately 47.9% in Sutter County and 70.6% in Yuba County, underscoring the extent of the challenge.

As a smaller county system, SYBH relies on staff to perform a wide range of responsibilities to meet client needs. This challenge is intensified by regional competition, as neighboring counties often provide more competitive salaries and benefits for comparable roles. Persistent vacancies further limit service capacity and affect timely access to care.

At the same time, the implementation of the Behavioral Health Services Act (BHSA) introduces additional programmatic demands, placing further strain on an already limited workforce. SYBH leadership remains focused on balancing these demands while taking care to prevent excessive workloads and mitigate the risk of staff burnout, likely resulting in increased attrition, intensifying the current workforce crisis even more.

Top positions that have higher vacancy rates in SYBH SOC:

- Intervention Counselors – 34 positions in BH, 23 are filled and 11 are open. 32.35% vacancy rate
- Mental Health Therapist – 50 positions in BH, 39 are filled and 11 are open. 22% vacancy rate
- Forensic Mental Health Specialists – 6 positions in BH, 3 are filled and 3 are open, 50% vacancy rate
- Prevention Services Coordinator – 5 positions in BH, 2 are filled and 3 are open, 60% vacancy rate
- Psychiatric Technician/LVN – 18 positions in BH, 14 are filled, 4 are open, 22.22% vacancy rate
- Resource Specialist – 16 positions in BH, 10 are filled, 6 are open, 37.5% vacancy rate
- Staff Nurse – 3 positions in BH, 2 are filled and 1 is open, 33.33 % vacancy rate

Supporting Data

Please upload supporting data
Sutter_Yuba_Small County Info_2_18_26 (1).pdf

Please select the data source
COE consultation documentation
County workforce data

Forensic Assertive Community Treatment (FACT)

For counties seeking an exemption to the requirement to include FACT in the county's FSP program

Please select which FSP exemptions criteria the county meets
Limited workforce (e.g. qualified providers)

Please provide justification for this FSP exemption request
The factors that limit Sutter Yuba Behavioral Health (SYBH) from implementing Assertive Community Treatment (ACT) also apply to the feasibility of establishing a Forensic Assertive Community Treatment (FACT) program. These challenges include a significant workforce shortage, reflected in high vacancy rates, as well as limited staffing capacity overall.

In addition, estimates from DHCS indicate that the clinical need for FACT services is very small, under 40—which is even lower than the projected need for ACT. Guidance from the Center of Excellence further confirms that such a small population does not support the development of a dedicated FACT team.

As a result, the same supporting documentation used for ACT applies here, as the underlying constraints and considerations remain consistent.
Top positions that have higher vacancy rates:

- Intervention Counselors – 34 positions in BH, 23 are filled and 11 are open. 32.35% vacancy rate
- Mental Health Therapist – 50 positions in BH, 39 are filled and 11 are open. 22% vacancy rate
- Forensic Mental Health Specialists – 6 positions in BH, 3 are filled and 3 are open, 50% vacancy rate
- Prevention Services Coordinator – 5 positions in BH, 2 are filled and 3 are open, 60% vacancy rate
- Psychiatric Technician/LVN – 18 positions in BH, 14 are filled, 4 are open, 22.22% vacancy rate
- Resource Specialist – 16 positions in BH, 10 are filled, 6 are open, 37.5% vacancy rate
- Staff Nurse – 3 positions in BH, 2 are filled and 1 is open, 33.33 % vacancy rate

Supporting Data

Please upload supporting data
Sutter_Yuba_Small County Info_2_18_26 (2).pdf

Please select the data source
COE consultation documentation

Individual Placement and Support (IPS) Supported Employment

For counties seeking an exemption to the requirement to include IPS in the county's FSP program

Please select which FSP exemptions criteria the county meets
Limited workforce (e.g. qualified providers)

Please provide justification for this FSP exemption request
Data from the Department of Healthcare Access and Information (HCAI) (https://hcai.ca.gov/visualizations/supply-and-demand-modeling-for-californias-behavioral-health-workforce/) on California's behavioral health workforce indicates significant staffing shortages within Sutter Yuba Behavioral Health (SYBH). Estimates show a workforce deficit of approximately 47.9% in Sutter County and 70.6% in Yuba County, underscoring the extent of the challenge.

As a smaller county system, SYBH relies on staff to perform a wide range of responsibilities to meet client needs. This challenge is intensified by regional competition, as neighboring counties often provide more competitive salaries and benefits for comparable roles. Persistent vacancies further limit service capacity and affect timely access to care.

At the same time, the implementation of the Behavioral Health Services Act (BHSA) introduces additional programmatic demands, placing further strain on an already limited workforce. SYBH leadership remains focused on balancing these demands while taking care to prevent excessive workloads and mitigate the risk of staff burnout likely resulting in increased attrition, intensifying the current workforce crisis even more.

Realignment funding has remained flat year over year, with no anticipated growth in future years. Consequently, the County faces ongoing fiscal constraints that limit its ability to expand or enhance services. As a small county with limited resources, these constraints are further intensified by increasing state mandates and compliance requirements, which continue to place sustained pressure on existing funding and operational capacity.

Top positions that have higher vacancy rates:

• Intervention Counselors – 34 positions in BH, 23 are filled and 11 are open. 32.35% vacancy rate
• Mental Health Therapist – 50 positions in BH, 39 are filled and 11 are open. 22% vacancy rate
• Forensic Mental Health Specialists – 6 positions in BH, 3 are filled and 3 are open, 50% vacancy rate
• Prevention Services Coordinator – 5 positions in BH, 2 are filled and 3 are open, 60% vacancy rate
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• Resource Specialist – 16 positions in BH, 10 are filled, 6 are open, 37.5% vacancy rate
• Staff Nurse – 3 positions in BH, 2 are filled and 1 is open, 33.33 % vacancy rate

Supporting Data

Please upload supporting data
County Consultation Report Yuba and Sutter.docx

Please select the data source
COE consultation documentation
County workforce data

Data Suppression Notice:
Values marked with "*" have been suppressed per DHCS de-identification standards. Counts between 1–10 are displayed as "<11*"