SUTTER-YUBA MENTAL HEALTH SERVICES
Transforming Mental Health Services
Treating 5,500 Residents Yearly
One In Five Will Experience Mental Illness

Since assuming the role of Director of Sutter-Yuba Mental Health Services in March of 2014, I have learned that many community members are not aware of the depth and breadth of services we provide.

We, at Sutter-Yuba Mental Health Services, thought it would be a good idea to highlight the good work we do, the positive outcomes of this work, and the prevalence of mental illness and substance use disorders in our community.

Contained within this insert you will discover a number of publicly funded programs designed to serve those in greatest need in our community. You will also read stories from consumers who have utilized the services we offer and the resulting life changes they have made.

Each year we provide treatment services to over 5,500 community members in Sutter and Yuba Counties and reach out to many more through our Prevention and Early Intervention programs. The prevalence of mental health and substance use disorders in our communities are similar to what is found in communities throughout California and the Nation. To put this into perspective, 50% of us will experience a mental health challenge in our lifetime. One in five will experience a mental illness and half of those will not seek treatment.

The negative stigma associated with mental illness often deters community members from seeking help, which can often make matters worse. It is our belief that treatment works and recovery from mental illness is possible with the right support.

Our treatment providers consist of psychiatrists, psychologists, clinical social workers, marriage & family therapists, psychiatric nurses, crisis counselors, intervention counselors, mental health workers, and peer support providers. Of course, none of our work would be possible without support from our Administrative Services staff that balance our budget, maintain our records, and greet our community members as they come through the door.

It is our mission to provide client-centered, culturally sensitive, outcome oriented, cost effective, and integrated delivery of behavioral health services. We are committed to safeguarding the physical, emotional, and social well-being of others while promoting self-sufficiency and quality of life and health for those we serve.

For more than four decades, mental health services have been provided through a joint powers agreement between the County of Sutter and the County of Yuba. This arrangement has allowed the two counties to provide services efficiently, without unnecessary duplication of administrative staff or infrastructure, and to hire qualified, caring professionals to meet the needs of the community.

Sincerely,

Tony Hobson, Ph.D., Director SYMHS

November 23, 2015

92,157
The number of calls Californians made to the National Suicide Prevention Lifeline in 2010.

$79 billion
The national annual loss to businesses due to untreated mental illness.
By Megan Ginilo, MPA  
Staff Analyst, MHSA

Sutter-Yuba Mental Health Services is transforming local mental health services thanks to the Mental Health Services Act (MHSA), the 2004 voter initiative to raise money for mental health services by imposing a one percent tax on personal incomes above $1 million.

Statewide, MHSA has provided recovery and hope to thousands of Californians. Locally, it has helped to create many programs that help our community’s most vulnerable individuals and their families.

**MHSA in OUR community**

MHSA is about treatment, prevention, innovation, workforce, technology and the community. Each play an important role in the public mental health system. Since 2008, we have been implementing all of our MHSA programs.

The MHSA Integrated Full Service Partnership serves adults with serious mental illness and youth with serious emotional disturbance. These individuals are homeless or at risk of homelessness, hospitalization or incarceration. The full service partnership provides for treatment, case management, housing assistance and employment assistance.

We believe there is more to recovery than just treatment. Individual and program outcomes are tracked and reported through a statewide data system. Many individuals who participate in our full service partnership programs experience fewer days of homelessness, fewer days in jail, and fewer psychiatric hospitalizations. (See box at right).

The MHSA Prevention and Early Intervention Program believes in a world without mental health stigma and unnecessary suffering from mental illness. The prevention team educates the public on the signs and symptoms of mental illness and how to get help.

Our prevention team has partnerships with the schools, law enforcement and other community agencies. Since 2009, the prevention team has reached 20,124 individuals through trainings and outreaches.

The MHSA Innovation Program provides us with funding to try out new ideas. These new ideas help us learn how to better serve the community. Currently, we have projects that are teaching us more about strategies for different cultural populations, age groups, and those who are on probation.

The MHSA Workforce Education and Training Program helps us to provide training and education for our staff. Much of our staff receive evidence-based and cultural trainings.

The MHSA Capital Facilities and Technology funding has given us the opportunity to update our building facilities and our technology system to improve client care.

The Sutter and Yuba communities play a key role for the MHSA programs. Every year, we report to the public the status of our programs, program changes, and we propose new programs. We need YOUR public comment on our programs. This helps us make sure we are creating programs that mirror our communities’ needs. Our next report to the public is scheduled to occur in April 2016. We want our programs to be for you, by you.

Many in the community have been positively affected by MHSA. Whether it is receiving one of our many prevention trainings or you or a loved one receiving one of our many mental health services, MHSA is helping our community. Our hope is that each one of you can help us! Please spread the word about the programs we offer and help us in our fight against mental health stigma.

To learn more about the Mental Health Services Act (MHSA) or to participate in the planning process, please contact Megan Ginilo at 530-822-7200 or by email at mginilo@co.sutter.ca.us

www.suttercounty.org/symhs

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**MHSA: Effective Transformation Of Local Public Mental Health Services**

We believe in a world without mental health stigma and unnecessary suffering from mental illness.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Fewer individuals were homeless</td>
<td>67%</td>
</tr>
<tr>
<td>Total fewer days spent homeless</td>
<td>90%</td>
</tr>
<tr>
<td>Fewer individuals were hospitalized</td>
<td>59%</td>
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<tr>
<td>Fewer days spent in psychiatric hospital</td>
<td>55%</td>
</tr>
<tr>
<td>Fewer individuals were incarcerated</td>
<td>33%</td>
</tr>
<tr>
<td>Total fewer days spent in jail</td>
<td>82%</td>
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In 2015, PEI has already decrease stigma, as well as to create awareness of, early warning signs of mental health disorders and are designed to increase awareness of risk factors and alternatives to, substance use among youth.

In 2015, PEI has already
- Provided information about addiction, Substance Use Disorders, and the newly passed social host ordinance for the city of Yuba City to over 600 people in Yuba and Sutter counties through presentations at churches and schools, to parent groups, veterans, and law enforcement officials, and at community events.
- Strengthened families through multiple parenting and family enrichment trainings in English and in Spanish at Migrant Education, churches, Head Start, probation, recovery-based programs, and in the community.
- Supported gay, lesbian, bisexual, transgender, questioning/queer, and intersex youth through the establishment of Gay–Straight Alliance clubs at high schools and GOTBLISS, a community-based support and social group.
- Trained over 1,400 middle school and high school students on signs of suicide and ways to ask for help for themselves or for others, and adults from schools, law enforcement, corrections, and the community on awareness of risk and appropriate interventions for people with thoughts of suicide.
- Partnered with the Yuba Sutter Arts Council to present a workshop on connections between health and the arts.
- Educated over 1,000 community members in English and in Spanish through radio public service announcements, community health fairs, church events, and directly to air force base personnel, school staff, law enforcement officials, and veterans.

PEI supports programs in more remote areas of the bi-county area through direct services and through partnerships like the Camptonville Community Partnership, which offers mentorship, skill building, and employment to youth in the foothills. Participants in the program there are able to learn yoga, cooking, and woodworking, as well as get assistance with homework.

Underserved populations in the Yuba–Sutter area also receive support from the Prevention & Early Intervention Program through activities at the Hmong Center in Olivehurst, and the Traditional Healers Program and training there.

For the second year, PEI will provide Aggression Replacement Training to youth (by referral) in selected schools. Training will be provided in the fall to the new Marysville Community Day School, and in the spring to Feather River Academy. Aggression Replacement Training offers youth alternative coping tools through social skills training, anger control training, and moral reasoning.

This year, PEI will be utilizing a new program that provides information about self-injury, and will include support for young people who are self-harming. School staffs in both counties report an increase in self-injury behaviors in their students, and PEI will be prepared to support and assist those schools to help their students.

The Prevention & Early Intervention program supports young people in a variety of ways, including a by-referral scholarship for children, youth, and transitional-age youth (ages 16–24) to participate in recreational activities in the community.

Recipients of the scholarship meet two or more of the following criteria:

- Trauma Exposure: exposure to traumatic events or prolonged traumatic conditions.
- Stressed Families: placed out of home or are in families where there is substance abuse or violence, depression or other mental illness, or lack of caregiving adults (serious health conditions or incarceration).
- At risk for school failure.
- At risk of, or experiencing, juvenile justice involvement: signs of emotional/behavioral problems and are at risk of, or had contact with, juvenile justice systems.
- Experiencing onset of serious psychiatric illness with psychosis (Transitional Age Youth only): identified as presenting signs of mental illness first break
- Underserved populations: ethnically/racially diverse communities, LGBTI, etc.
- Recreational activities have long been associated with mental health therapies because of the positive effect exercise has on the overall health of an individual.

In the 2014–2015 fiscal year, over $24,000 in scholarships were awarded to children, youth, and transitional–age youth in Sutter and Yuba counties to participate in activities as diverse as therapeutic horseback riding, afterschool programs, soccer, swimming, gymnastics, cheer, and many more.
If A Friend Mentions Suicide, Take It Seriously

By John Floe, MAOM
Prevention Services Coordinator

Pain isn’t always obvious. Every day in Sutter and Yuba counties, friends, family and co-workers struggle with emotional pain and for some, it’s too difficult to talk about the pain. Some struggle with thoughts of suicide and have a great need for help. “Know The Signs,” a suicide prevention and awareness campaign is focused on helping others recognize the warning signs of suicide, which can often be subtle.

Suicide prevention training can play an active role in helping a person during the difficult periods of their lives and assist suicide prevention.

Knowing how to start a conversation and where to turn for help can often be confusing and hard to find. This campaign believes that you have the power to make a difference—the power to save a life.

By knowing the signs, finding the words and reaching out, our hope is to build a stronger, safer and healthier place for Yuba and Sutter County residents. Knowing the signs of suicide can help you to step in or speak up for a friend or loved one when it matters most.

People today of all ages are under enormous pressure and stress. They are competing in school for good grades; they are faced with college applications and job hunting, or family stress. Suicide, unfortunately, can be a result of all the pressures and stresses.

Although talking to a person about suicidal thoughts or behaviors can be difficult, knowing what to say and do can be the difference between life and death. If a friend mentions suicide, take it seriously. If he or she has expressed an immediate plan, or has access to a gun or other potentially deadly means, do not leave him or her alone. Get help immediately.

Knowing how to help with thoughts of suicide and suicide prevention can help people realize that life is too special to commit suicide. Most suicidal people don’t really want to die; they just want their pain to end.

Parents should not feel that their child is immune and that they do not have a duty and obligation to approach and even confront their adult child if they feel there is even a remote possibility that their child is displaying warning signs. Reaching out is not meddling. Attempting to get information regarding their child’s state of mind or emotional state is not intruding into their lives. It is a loving, caring, appropriate response. In the event the adult child seems hostile or angry, parents should not feel wrong for seeking to help them through their emotionally dangerous time. It may save their life.

Suicide education is on the rise. Public awareness and dialogue has increased. Suicide is an expression of deep-seated despair and pain which has not been attended to or adequately addressed. Suicide can happen, and does happen, in all cultures, socio-economic groups, genders, religions, and levels of education.

Suicide is an uncomfortable topic for most people and rarely, if ever, discussed. Sadly, when the discussions do happen, it is often after the tragic fact.

To find out more about this campaign, call 530-674-1885, extension 114.

Sutter and Yuba Counties

10,466 Suicide Prevention Materials

- Know the Signs materials in English, Spanish, Kmer, Vietnamese, Tagalog, Lao, Hmong, Korean and Chinese were provided to the counties behavioral health agency and Yuba County Victim Services. (July 2014-June 2015)

850 Student from 4 schools reached through Walk in Our Shoes program. (2013 and 2014 school year)

By participating in Each Mind Matters, Sutter and Yuba Counties were able to purchase:
- A direct mail shopper campaign that reached 51,000 homes in Sutter and Yuba Counties
- A media buy at a local movie theater that played a Directing Change film for the month of May
- Customized Each Mind Matters T-shirts.

Each Mind Matters: California’s Mental Health Movement serves as the megaphone to amplify the voices of all people who want to put an end to stigma related to mental health and create a community where everyone feels comfortable reaching out for the support they deserve.

1 (800) 273-8255
National Suicide Prevention Lifeline
Hours: 24 hours, 7 days a week
Languages: English, Spanish
Website: www.suicidepreventionlifeline.org

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Sutter-Yuba Mental Health Services’ Efforts To Treat Cultural Populations

By Emerita Bañuelos, LCSW
Latino Outreach Program Supervisor

While there continues to be stigma (shame) about seeking mental health services in our general population, there is another layer of stigma in the Latino and Hmong populations. These cultures struggle with the concept of mental health, and are scared or ashamed to seek needed services. In addition to the stigma issue, our Latino and Hmong clients experience transportation and language barrier issues.

With the help of the Mental Health Service Act (MHSA) funding, Sutter-Yuba Mental Health Services (SYMHS) and the community at large, efforts have been made to overcome the barriers. Neighborhood outreach centers have been created in the areas where Hmong and Latinos reside. These outreach centers provide culturally responsive mental health services in the language spoken by the clients.

The Hmong Outreach Center is located in Olivehurst. It offers a wide range of services provided by bilingual and bicultural Hmong staff. Services include individual and group therapy, case management, crisis intervention and consultations to clients and community agencies working with the Hmong population. In addition to providing services, the Hmong Outreach Center’s staff has launched the Hmong Traditional Healer’s Project. This is an educational effort. Traditional Hmong healers have been trained about western medicine and treatment practices. Mental health and health care providers have been trained about Hmong traditional healing practices. This helps provide clients with the most appropriate treatment for their mental health needs. To date, the project has worked with and trained 17 Hmong traditional healers and provided a minimum of 15 cross trainings to western health care providers about traditional healing practices.

The Latino Outreach Center will also offer resources in collaboration with other community agencies. These include programs, activities, support, education on health and nutrition, and parenting and skill building. Since its recent opening, staff have reported positive feedback from clients. As one client stated, “me siento bien venido…tranquilo y muy bien” (I feel welcomed, tranquil and good here). Clients also said they do not feel “embarrassed” coming to the Latino Outreach Center due to its non-stigmatizing setting and location.

Providing culturally sensitive services can promote and improve a healthy, stable lifestyle for clients, families and the community as a whole. Bringing such services to the community for its ethnic residents is a reflection of Sutter-Yuba’s belief that every mind and every culture matters.

Cultural Competence Committee

The Sutter-Yuba Mental Health Services’ Cultural Competence Committee works to ensure equal access to services for all residents of Sutter and Yuba counties regardless of social/cultural and linguistic diversity.

The committee sets goals and objectives focused on continuous quality improvement, creating a welcoming environment, and providing guidance towards achieving and maintaining cultural competence in:

- policies and procedures
- service delivery
- staff and contractor trainings
- increasing awareness of mental health through outreach and educational events
- stigma reduction

The Cultural Competence Committee meets monthly and membership is open to consumers, family members and staff, all of whom represent the diverse populations of the Sutter and Yuba community. For more information about this committee please call: (530) 822-7200.

Culturally And Linguistically Appropriate Services

Planned For By Cultural Competence Committee

$300,000

The national average lost lifetime family income due to mental illness.
By Shannon Secrist, LCSW  
Deputy Director- Mental Health Clinical Services  
Sutter-Yuba Mental Health's Youth Services Program believes it is possible to keep youth safe, in the community, at home, and successful in school. We believe youth and young adults can and do recover from serious emotional disturbances and that family is a vital part of the support network for each child we serve.

Youth Services takes a team approach to serving families. We partner with other community agencies to meet the needs of each family. Our teams may consist of a probation officer, social worker, school staff, family members, a therapist, intervention counselor, parent partner, nurse, psychiatrist, drug and alcohol counselor, housing specialist and vocational specialist. While each family is different, with unique needs, we use this team approach to offer services in the least restrictive environment.

This team approach assists the family in identifying concerns and coming up with solutions to address the concerns. We see the family as the “driver” of services and believe they know their children best.

Youth Services offers WRAP services to youth who have severe emotional disturbances that make them at risk of inpatient hospitalization, high level group home placement, incarceration, or unsafe without help. We also work with youth who are returning from inpatient hospitalization or from group homes to reintegrate back into the community.

We “wrap” services around the child and family to address the symptoms and assist the child in recovery and staying safe.

With WRAP services there are often several visits from service providers each week. Our services are field based, meaning we come to the child and family whenever possible. We offer other full service partnerships as well, such as the O-5 Program (serves young children), Pathways to Mental Health (foster youth), and Transitional Age Youth (TAY) services to youth and young adults between the ages of 16-29. When youth present with both severe emotional disturbance and substance use/abuse we address both the mental health need and the substance use need.

How does this all work? The following story, using no one’s real name, illustrates one example: Jada is a youth we believe in. Jada came into Youth Services at 14 years old after a long history of abuse and neglect. Jada was returning to the community after being in a group home placement in another part of the state for two years. Prior to the group home, Jada lived a life where there were many adults using drugs and alcohol. Jada was exposed to a lifestyle where adults focused on their next high. Due to Betty’s own substance abuse Jada’s needs were not being met. Jada’s behaviors became difficult. She argued, hit others, stole, ran away from home, had no friends and was failing school. Jada made frequent attempts to take her own life. She was hospitalized many times.

In the group home Jada was diagnosed with Post Traumatic Stress Disorder and worked with a therapist to learn new ways to cope with nightmares. She learned how to trust again. Jada believed she deserved a better life.

A month before Jada was to return to her mother’s care a referral was made to Youth Services with the hope that we could assist Jada and mom being reunified. The goal was to assist them with a healthy life in their community. Jada was accepted as a Youth Services client and a team meeting was held with Jada and Betty present. Jada was afraid of life going back to the way it used to be and Betty was afraid Jada would not trust that she really had made the changes to offer her daughter a healthy life.

The Youth Services team worked with Jada and Betty on building trust. We believed that both Betty and Jada had improved and that they could live a healthy life together. Both Jada and Betty had therapists assigned to them, as well as a case manager and parent partner. With lots of support, hard work, and persistence Jada and Betty are doing very well today. Jada will graduate from high school next year and wants to study medicine. Jada is active at school, gets good grades, and has developed strong friendships. Jada no longer thinks about hurting herself or wanting to die. Betty has remained clean and sober and works full time. We believe Jada and Betty will continue their life of wellness and recovery.

Photo courtesy United Nations Educational, Scientific, and Cultural Organization (UNESCO)

16,425
The number of people who were hospitalized for self-inflicted injuries in California in 2010.
Lindsay’s Story

“My name is Lindsay and I am a recovering addict. At the age of 17, I started using alcohol and marijuana almost daily. I know that it was not about fitting in; it was about getting the full effect from the drug. By the time I was 25, my life was spiraling out of control and I was using methamphetamine. By age 27, Child Protective Services were knocking on my door. I was unable to stay clean and sober. My son was taken from me and I was referred to First Steps. I was not sure if I could stay clean and sober. I wanted something different in my life. While at First Steps, I was able to find out who I was. I found a balance between living a healthy life and recovery. I graduated December 2013 from First Steps. My son was returned back to my care. I no longer have a case with Child Protective Services. I was able to return to First Steps as a work experience student through CalWorks. I am still attending Yuba College. I continue to work with my sponsor, attend AA/NA meetings and believe the 12-steps helps me continue on the road of recovery. Today I have a job, attend school and take care of my two sons. I believe in staying connected to my recovery and I have faith my life will only get better.

Options For Change

By Judith Guthrie, LAADC
Prevention Services Coordinator

Options For Change has been providing Substance Use Disorder Services since 1994. The program is open to all residents of the bi-counties community. Our services include Adult Outpatient treatment and Adolescent treatment for youth aged 12-17. Options For Change also oversees the Yuba and Sutter County Drug Court programs and the Sutter County Probation Choices drug treatment program.

We believe people can and do recover from substance abuse problems and addiction. We teach the healthy expression of emotions and help participants improve self-esteem and reduce family, employment and legal problems. We promote improved emotional, mental, spiritual and familial aspects of each participant’s life. We are also sensitive to the cultural and linguistic needs of our clients.

In the last fiscal year, we’ve had contact with 188 Sutter County residents and 151 Yuba County residents, and 143 of these were admitted into treatment.

The primary drug of choice among the participants is: (1) methamphetamine 67.8%, (2) alcohol 15%, (3) marijuana 7%, (4) heroin 6%, (5) opiates 2.8% and (6) over the counter medications.

Of the participants who reported criminal justice involvement at the time of admission, there was a 37% decrease at the time of completion. Days in jail by participants deceased by 50%.

Heather’s Story:

“The benefits that I received from Options for Change have tremendously changed and bettered so many aspects of my life. I have a higher power greater than myself. I am part of NA and the NA community. After working through my steps, I have found things about myself that I have worked on to better myself and have become a stronger woman, as well as getting into a job vocational program. My counselor has helped me get a bicycle to help me get around and she helped me with resources for household necessities. I could go to her about anything. Today, I have goals and dreams. Today, I have learned self-love is greater than any other love. I am thankful for such a great program.”

Christian’s Story:

“Recovery really does happen for those who want it. I struggled in my life with addiction for as long as I can remember. I denied being different, being an addict. For a long time I wanted to change, I just couldn’t on my own. That all changed though when I was introduced to Drug Court. Sutter County Drug court has done such an excellent job with providing all the tools and support needed to become successful in recovery, our community and in life. I have attained a full time job through a local construction company, became the son and oldest brother I was meant to be, married the absolute most beautiful lady of my dreams and have now become the best father I could be to my children. I am truly thankful for the support I have received. For the rest of my life I will continue to serve God, my family and the people of this world to the best of my ability.”

For further information on any of SYMHS Substance Use Disorder Programs, contact Kelly Scott at 530-822-7200 or kscott@sutter.ca.us
New Beginnings: Hope For Y-S Jail Population

By Meredith Evans, LMFT
Community Program Director: Sutter-Yuba CONREP
and Rick M. Bingham, LMFT, CHC
SYMHS Quality Assurance Officer

Throughout the U.S., mental health issues are largely ignored when someone becomes involved in the criminal justice system. Yet, according to the U.S. Department of Justice, “More than half of all prison and jail inmates, including 56 percent of state prisoners, 45 percent of federal prisoners and 64 percent of local jail inmates, were found to have a mental health problem...”

The Sutter-Yuba Mental Health Services (SYMHS) Forensics Program, which was launched in 2015 to address the growing need for treatment in jails, believes in new beginnings. Treatment services in our local jails are expanding to keep the community safe, address the needs of these clients, and ultimately, reduce the number of times they return to jail.

Youth who are involved in criminal justice pay a high price. “Those who experience detention have higher rates of attempted suicide and psychiatric disorders, high recidivism rates and are more likely to engage in adult criminal behavior”, as noted by the Center for the Study of Social Policy in 2015. To combat these trends, there is a mental health therapist on staff at the Yuba-Sutter Juvenile Hall to address personal, family, substance abuse, and crisis issues.

A multi-disciplinary team from numerous agencies is formed to meet each child’s needs. Youth are linked to mental health groups and psychiatrists for medication, but the focus is to connect them to positive community resources upon discharge.

Camp Singer is a longer term program designed to provide structure for youth around many issues over the span of a year. Substance abuse groups, family and personal therapy, process groups, and education are delivered to youth on a regular basis. Community volunteerism and field trips to college campuses are encouraged when youth are nearing release, to inspire a new beginning in life.

Newly-created services are now underway on the adult side of forensics. While individuals in the community could always come to SYMHS for an assessment, we are now taking treatment into the jails. In June of 2015, a Forensic Mental Health Specialist began providing therapy in Sutter County Jail. While there has been crisis intervention and psychiatric medication services for several years, the notion of individual and group therapy is a new concept. Karelin Wright, the Forensic Mental Health Specialist in Sutter County Jail has noticed appreciation from the individuals she serves. “The inmates have shown a lot of interest in receiving treatment. In nearly every meeting they’ve asked where these services have been and appear hopeful that treatment can help them change in a positive way.” A Forensic Mental Health Therapist in the Yuba County Jail will be starting by the end of 2015 to mirror the treatment models currently happening in the Sutter County Jail.

Hope And Healing In Safe Housing

By Rupi Dail
SYMHS Housing Resource Specialist

Sutter-Yuba Mental Health Services uses funds provided by the Mental Health Services Act to provide safe, comfortable, convenient and affordable housing for people with mental health disabilities. In collaboration with the Regional Housing Authority of Sutter and Nevada Counties, we have purchased a beautiful duplex and four-plex for consumers in both Sutter and Yuba counties.

Permanent Supportive Shared Housing (PSSH) is a valuable resource for consumers with chronic behavioral health issues and history of homelessness. Residents are provided case management services, peer mentor support, substance abuse counseling, therapy, independent living skills, socialization, and employment services. The mission is to promote health and wellness by giving consumers an opportunity to practice necessary independent life skills in a safe and stable setting.

Affordable rent is one of the greatest advantages to living in shared housing, as market rate rent, credit history, and lack of financial resources are barriers to finding adequate housing. They have also shared with the program how it has increased their quality of life, provided financial stability, and increased socialization; therefore, reducing isolation.

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SYMHS has housed over 50 people, most of whom have moved out and are living successfully in the community. Others have elected to stay in shared housing and have successfully lived in the homes for over 5 years.

A Housing Resource Specialist assigned to the program links consumers to housing services and support from the community. Consumers also gain knowledge about living independently, their rights as tenants, and positive communication skills.

SYMHS has noted a reduction in homelessness and hospitalizations, reduction in consumers feeling hopeless and helpless, and an increase in consumer recovery and healing. The shared housing provides Hope—Home—Healing to those consumers who have struggled with maintaining their homes in the past.

We believe everyone deserves to live in a safe and stable home. However, working to obtain housing in the community can be a daunting task and would not be possible without the support from the many property owners, property management agencies, and landlords, who have contributed their time and effort to provide a vital service. Our agency extends a big THANK YOU for their support and hopes to continue our positive relationship.

What does housing and recovery look like? We asked Ron M., a 61 year old, college graduate tenant/consumer from one of our Permanent Supportive Shared Housing properties:

Ron, how long have you lived in PSSH? “I have lived there for close to two years now.”

Where did you live prior to PSSH? “I lived in a motel for 12 months, but left because it was too expensive.”

Why weren’t you living in permanent stable housing? “The motel was all inclusive. I didn’t have to clean or pay for utilities. I was very depressed at the time and only left my room to eat.”

What made you consider PSSH as a residence? “My therapist and housing resource specialist encouraged me to move. “The program was easily accessible and didn’t require me to jump through hoops.”

What are the benefits to living in PSSH? “Besides the rent being affordable it feels like I have a safety net there. Also, I don’t feel alone because other people live there too.”

Psychiatric Emergency Services

By Maura Quinn-Briseno, MFT
Program Manager for Psychiatric Health Facility & Psychiatric Emergency Services

Psychiatric Emergency Services is available 24 hours per day, every day of the year, including weekends and holidays, providing ‘Warm Line’ phone services and ‘Drop-In’ services for adults, older adults, families, teens & children.

Psychiatric Emergency Services provides consultation to individuals in the community and various community agencies, including law enforcement and hospitals, regarding services and interventions for individuals with mental health issues. We also evaluate individuals for involuntary and voluntary hospitalization.

Crisis counselors work as part of a multidisciplinary team with psychiatrists and Master’s level supervisory staff. Many crisis counselors themselves have Master’s Degrees or are currently in Master’s Degree Programs.

Crisis counselors encounter individuals with a broad range of presenting problems: various life stresses, mental illness, alcohol and drug abuse or addiction, family problems, developmental disabilities and medical issues.

The ‘Warm Line’ Telephone Crisis services and ‘Drop-In’ Crisis Services are available to anyone and provides supportive, problem solving services to individuals encountering some type of stressor, emotional distress or psychiatric difficulty.

We provide evaluation of all individuals placed on psychiatric health facility and the individual must be transported and admitted to a private psychiatric hospital in Sacramento or other Northern California

Continued next page
Inpatient Unit Provides Care For Serious Mental Health Issues

By Maura Quinn-Briseno, MFT, Program Manager for Psychiatric Health Facility & Psychiatric Emergency Services

Our Inpatient Unit, licensed for 16 adults, is a short term, acute psychiatric unit for males and females 18 years old and older.

The types of problems that we treat include clinical depression; suicidal thoughts or actions; psychosis, where an individual may be ‘hearing voices or seeing things’ or may have ‘false beliefs’ of a delusions nature that seem very real to them, but do not exist in reality; post-traumatic stress disorder; schizophrenia; schizoaffective disorder; and anxiety. Many of our clients have serious mental health issues, overwhelming life stresses, as well as addiction.

Each morning, clients gather for breakfast in the dining area, which doubles as an activity room. After breakfast, the day begins with a Community Meeting, to welcome any new clients and to include everyone in discussion of the scheduled activities of the day.

Our staff includes a psychiatrist, nurses, mental health workers, social workers and a recreation therapist. In addition, many outpatient mental health staff, including substance abuse counselors, therapists and case managers, may visit inpatient clients.

To help clients become involved and at ease with this new environment, during the Community Meeting staff leads various discussions to build rapport and learn what clients may be thinking, what their strengths and interests may be and what may be important to them. The meeting includes an introduction and preview of all of the day’s upcoming groups and activities with hearty encouragement for everyone to participate.

The groups and activities throughout the day are holistic health focused as we help people regain health and stability in their lives. Balance is important to all of us, so we focus on physical, psychiatric and emotional wellness, helping our clients learn to take care of their physical health and psychiatric needs in healthy ways. We provide education about their mental health and health issues, teach coping and relaxation skills, and encourage increased involvement with their support system of friends and family.

Each day some type of physical activity occurs. This may include: walking, Zumba, aerobics, or other exercise. Some groups are psycho-educational in nature and may address health topics, such as: medications and side effects, how to manage mental illness symptoms, how to manage diabetes or hypertension, nutrition, sleep hygiene, sleep and mental health issues, dehydration, and personal hygiene.

Other education provided by our staff include: what is bipolar disorder, what is depression, what is schizophrenia, groups about substance abuse and addiction, and how caffeine affects mental illness.

Staff may be observed sitting quietly and listening to a client as they tell their story, or may be doing art projects with the clients or may even be overheard singing karaoke in the back yard to bring up people’s moods and sense of humor. We strive to help clients develop stability, find a means of expression, develop new skills and also enjoy recreational activities, as we all need in our lives.

Treatment plans address the psychiatric diagnosis and provide necessary psychotropic medications.

Clients see a psychiatrist every day of their stay.

Social workers help clients develop a plan for obtaining medical insurance or housing (including placement in a Board & Care home or a Clean & Sober home or Residential Substance Abuse Treatment), and develop a plan for increased support system involvement and Outpatient Mental Health services, such as therapy, case-management, Wellness & Recovery groups or Substance Abuse Services, if needed when they leave the Inpatient Unit.

Our Inpatient Unit admits individuals on a voluntary basis or on an involuntary legal status. The law limits the circumstances under which a person can be hospitalized against their will to situations when they are “a danger to themselves, a danger to others or ‘gravely disabled’ (meaning unable to provide for their food clothing and shelter,) as a result of a medical disorder.” This does not include dementia or primary organic brain syndromes or other medical illnesses that cause psychiatric symptoms.

The length of time a person can be detained in Psychiatric Emergency Services: 800-950 Visits Per Month

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areas.

There are only five psychiatric hospitals for teenagers and only three psychiatric hospitals serving children under 12 years old in Northern California, and the limited availability of psychiatric hospital beds may cause significant delays in hospitalization and require extended times in Psychiatric Emergency Services.

Psychiatric Emergency Services serves approximately 800 to 950 people per month; with approximately 250 to 300 people seen in person and 580 to 650 phone calls per month. The number of psychiatric hospitalizations for adults and children combined ranges from approximately 35 to 50 per month, with only 10 to 20 percent of the admissions for children and teens.

We value our partners in law enforcement and at Rideout Hospital. In the last year, our staff participated in the Law Enforcement Crisis Intervention Training (CIT) sponsored by YCPD and also participated in ‘Ride Alongs with YCPD Officers. We rely on Rideout Hospital for medical evaluation and management of crisis cases. We evaluate children and teenagers referred from many elementary, middle and high schools in the area and coordinate services with the ‘Yellow Ribbon’ programs through the schools.

In addition, Psychiatric Emergency Services also provides 7 day per week psychiatric services in Sutter and Yuba jails with both on-site counselors and 24 hour access to the crisis phone services.

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How To Access Mental Health Services

Sutter Yuba Mental Health Services provides a wide range of inpatient and outpatient mental health services to individuals and families in the local community. We specialize in treatment of substance use disorders and moderate to severe mental illnesses. Services offered include group and individual therapy, psychiatric (medication) services, case management, rehabilitation services, substance abuse counseling, and peer mentoring.

If you or someone you know is seeking mental health services and feeling unsure of where to start, here are some steps to take:

**Emergencies**
If there is an immediate crisis, contact Psychiatric Emergency Services (PES) at (530) 673-8255, or come as a walk-in to Psychiatric Emergency Services at 1965 Live Oak Blvd., Yuba City. Visitors to PES are able to speak with a crisis counselor for immediate support and direction to resources for both inpatient and outpatient mental health services.

**Adults**
Adult residents of either Sutter or Yuba County seeking non-emergency mental health outpatient services can attend the Open Access Clinic. This walk-in clinic takes place Tuesdays and Wednesdays from 9 am – 2 pm at our adult outpatient clinic located at 1965 Live Oak Blvd., Yuba City. No appointment is needed. Open Access Clinic provides the opportunity for community members to get information about the specialty mental health services our agency provides and to meet with a mental health staff clinician to determine whether or not they are eligible for those services. We also provide information about other community resources and mental health services. Clinic visitors are asked to complete registration paperwork during their visit, are encouraged to bring ID and an insurance card, and are seen on a first-come–first-served basis. For questions about adult services contact us at (530) 822-7200, press 0 and press 1.

**Youth**
To access non-emergency youth mental health services, a parent or guardian should attend the Youth Services walk-in triage clinic on Monday and Thursday between 8:30 am – 11:00 am at the Youth Services module located at 1965 Live Oak Blvd., Yuba City. This is a weekly walk-in clinic for parents/guardians of children under the age of 18 years old or still attending high school and who live in either Sutter or Yuba County. The triage is for the parent/guardian only to speak with a clinician in regards to the child to express their concerns and give information without the child present. Upon completion of registration paperwork and triage, the clinician will either schedule an intake appointment for the parent/guardian and child or provide direction to other appropriate community resources and mental health services. Parents/guardians who are interested in completing the registration paperwork ahead of time can come in on Wednesday evenings from 5 pm – 8 pm to complete paperwork only. For questions about youth services, contact us at (530) 822-7200, press 0 and press 2.

**Language Services**
Sutter Yuba Mental Health Services offers free language assistance services to Limited English Proficient individuals and Deaf and Hard-of Hearing individuals. Staff interpreters who speak Spanish, Hmong, and Punjabi are generally available. Language line interpreting services for other languages are available as needed. Spanish speaking individuals can receive services through Sutter Yuba Mental Health’s Latino Outreach Center located at 545 Suite B, Garden Highway, Yuba City. The center offers a walk-in clinic for individuals seeking services every Thursday morning from 9am – 11am. Please bring ID and insurance information if possible. Hmong speaking individuals can receive services through the Hmong Outreach Center located at 4853 Olivehurst Ave. Olivehurst CA, 95961. For information about intake, contact (530) 749-2746.

**Drug/Alcohol Treatment**
If you are seeking Drug and Alcohol Treatment services, please call us at 822-7200, press 0 and press 1, and speak to reception staff to either request information or request to sign up for a Drug and Alcohol services orientation meeting.

Use the QR application on your smartphone for our webpage:

www.suttercounty.org/symhs