



2023 Yuba County Community Health Improvement Plan



Prepared by the Yuba County Public Health Core Community Health Improvement Process Team



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Acknowledgements

Improving the health of a community is not something that can be done by a single entity - it takes partnerships, collaboration, and a shared vision. Yuba County Public Health would like to extend our deepest appreciation for the partners listed below who contributed to the development of this Community Health Improvement Plan and to those taking a lead role in its success.

Community Health Improvement Process Core Workgroup

Dr. Phuong Luu, MD, MHS, FACP – Public Health Officer, Yuba County

Melissa Shaw – Deputy Director for Public Health, Yuba County

Chaya Galicia – Program Manager, Yuba County Public Health

Stephanie Lucio – Project Manager, Yuba County Public Health

Oscar Garduno, MPH – Epidemiologist, Yuba County Public Health

Yuba County Health and Human Services Steering Committee

Jennifer Vasquez – Director

John Corniel – Assistant Director

Jamie Bartolome – Deputy Director

Tony Gordon – Deputy Director

Michele Mazerolle – Program Manager

Community Partners

Many community partner agencies contributed to the drafting of the workplans in this document. These agencies are listed within the document for the priority areas in which they provided input, direction, and development.

Facilitation Support

Gary Bess Associates



Introduction

A Community Health Improvement Plan (CHIP) is a long-term, systematic effort to address public health concerns through a community driven effort. A thorough and extensive assessment of the community health and wellbeing of Yuba County was completed in 2022 ([Yuba.org/health_priorities](https://yuba.org/health_priorities)). This Community Health Assessment (CHA) laid the foundation for the identification and selection of the top three health priorities to address through the Community Health Improvement Plan over the next three to five years. This document will provide the workplans developed through a collaborative and community driven approach to address the areas of:

- **Healthcare Access**
- **Mental Health Access**
- **Safe Neighborhoods and Built Environments**

Process

The Core Workgroup convened a Community Health Improvement Plan (CHIP) Kick-off Meeting on March 29, 2023, with an invitation to a cross-section of community stakeholders from a variety of sectors that are involved in various ways in the health and quality of life within Yuba County. At this Kick-off Meeting, the Yuba County Core Community Health Improvement Process team reviewed the key findings of the Community Health Assessment (CHA) including the top 10 health issues identified through both quantitative and qualitative data analysis. From that list, the attendees (approximately 50 community partner agencies) collaboratively decided on the top three health priorities to be addressed in the next three to five years.

Workgroups were established for each of the three health priorities through a survey sent to key community stakeholders in attendance at the Kick-off meeting, and those who could not attend. Community stakeholders could sign up for one or more of the workgroups depending on their interest and area of expertise. Each workgroup met three times over three months to develop the goals, objectives, strategies, and tactics.

The CHIP is community-driven and its success is heavily dependent on partnerships and collaboration. The workgroups identified lead entities for each strategy that aligned with their expertise and current initiatives. Yuba County Public Health will continue to be the facilitator and convener for the CHIP, although to meet the identified goals, the collective effort and leadership of community stakeholders and lead entities is essential. To enhance accountability and transparency, Yuba County Public Health will maintain a public facing dashboard to track the CHIP's progress.

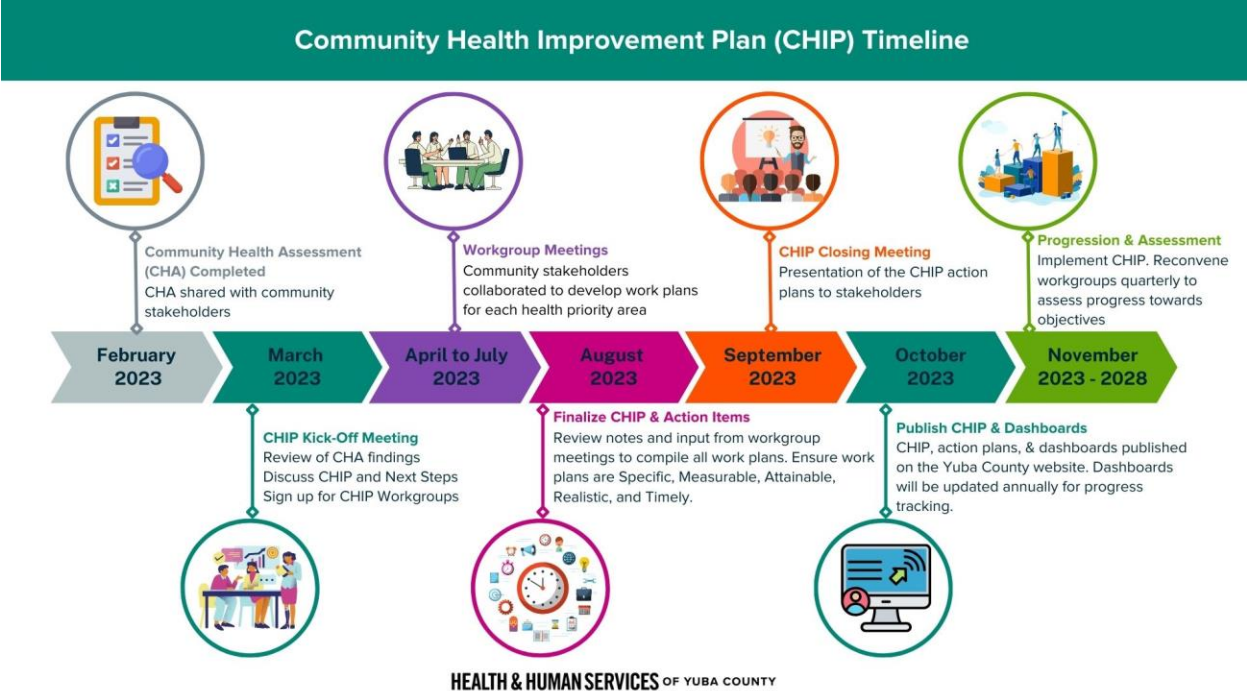


Figure 1 – CHIP Timeline

Workgroup Meetings

The convening of community partner agencies in the development of the CHIP was critical to its successful development. Partner agencies were requested to participate in one or more workgroups addressing the three priority areas. Each workgroup met three times over a period of three months. Yuba County Public Health’s Core Community Health Improvement Process team provided resources on local, state, and national efforts related to the priority areas to drive conversations, work towards non-duplication of efforts, and ensure workgroup members had a broad understanding of the priority areas. These resources can be reviewed in Attachments A-C.

Meeting Dates by Priority Area:

Healthcare Access	Mental Health Access	Safe Neighborhoods & Build Environments
April 24, 2023	April 26, 2023	April 28, 2023
May 22, 2023	May 24, 2023	May 26, 2023
July 17, 2023	July 19, 2023	July 21, 2023

Community Health Improvement Plan

The following work plans describe the collaborative efforts required to address the priority areas over the next three to five years. These work plans are living documents and as such, will be reviewed on a regular basis to ensure that progress is being made and that external and unforeseen barriers are timely and transparently addressed.

PRIORITY AREA: HEALTHCARE ACCESS

Definition: The timely use of health services to achieve the best health outcome.

Stakeholders: Adventist Health and Rideout (AHRO), Ampla Health, Blue Zones Project (BZP), Camptonville Community Partnership, Casa de Esperanza, First5 Yuba, Freedom Home Health and Hospice, Hands of Hope, Harmony Health, Marysville Joint Unified School District (MJUSD), Partnership Health-Plan, Peach Tree Health, Yuba County Health and Human Services (HHS), Yuba County Human Resources, Yuba County Office of Education (YCOE), Yuba-Sutter-Colusa United Way, Yuba County Probation

Goal 1

Expand availability of mobile healthcare services in Yuba County.

Objective 1.1

By June 30, 2024, the three Federally Qualified Health Centers (FQHCs) serving Yuba County will provide coordinated mobile healthcare services for the three County regions (Foothills, Valley, south of County) on a regularly scheduled basis.

Strategy	Tactics	Lead Entities	Target Date	Anticipated Product
<p>1.1.1 FQHCs will convene to discuss their mobile health services capacity and plan for a coordinated response across Yuba County.</p>	<p>HHS Public Health will convene the three FQHCs to share current mobile health services they offer for Yuba County.</p>	<p>Ampla Health, Harmony Health, Peach Tree Health, HHS Public Health Division</p>	<p>January 30, 2024</p>	<p>List of mobile services by FQHC compiled.</p>
	<p>FQHCs will agree upon a coordinated schedule for mobile services for the three regions of Yuba County (Foothills, Valley, and South of County).</p>	<p>Ampla Health, Harmony Health, Peach Tree Health</p>	<p>May 31, 2024</p>	<p>Schedule of mobile services for the three regions of Yuba County (Foothills, Valley, and South of County).</p>
<p>1.1.2 Publication and wide distribution of mobile health services schedule to the Yuba County community.</p>	<p>FQHCs will work closely with Yuba County Public Health on the development, publication, and distribution of monthly schedule of mobile health services.</p>	<p>Ampla Health, Harmony Health, Peach Tree Health, and HHS Public Health Division</p>	<p>April 30, 2024</p>	<p>Establishment of monthly schedule of mobile services.</p>
	<p>A marketing plan will be developed to promote the mobile health services available throughout Yuba County.</p>	<p>HHS</p>	<p>March 31, 2024</p>	<p>Promotion materials created and distributed, including on a dedicated public health website.</p>

Objective 1.2

By January 30, 2027, the percentage of Yuba County residents utilizing mobile healthcare services will increase by 20% compared with 2023 baselines.

Strategy	Tactics	Lead Entities	Target Date	Anticipated Product
1.2.1 FQHCs will work with community partners to promote mobile health services.	FQHCs will work with Yuba County school districts to promote regular check-ups through mobile health visits.	Ampla Health, Harmony Health, Peach Tree Health, and YCOE/individual school districts	June 30, 2024	Mechanism for school districts to refer students and families to FQHCs' mobile health services.
	FQHCs will work with community-based organizations such as First Five, United Way, etc., to promote regular check-ups through mobile health visits	Ampla Health, Harmony Health, Peach Tree Health	June 30, 2024	Mechanism for CBOs to refer residents to FQHCs' mobile health services.
	FQHCs will work with local 211 to have the mobile health services included in list of resources	Ampla Health, Harmony Health, Peach Tree Healthcare	July 31, 2025	Resources provided to Yuba County 211
1.2.2 FQHCs will provide quarterly data on mobile services utilization.	FQHCs will agree on standard definition of mobile services utilization.	Ampla Health, Harmony Health, Peach Tree Health	January 1, 2024	Definition of mobile access established and 2023 baseline obtained from Uniform Data System.
	FQHCs will provide to Yuba County Public Health quarterly reports for sharing with the Healthcare Access Workgroup.	Ampla Health, Harmony Health, Peach Tree Health	Quarterly in September, December, March, June	Quarterly Reports

Goal 2

Promote a culture where access to healthcare is viewed as a means of wellness and disease prevention.

Objective 2.1

By January 30, 2028, Yuba County residents will increase utilization of prevention visits by 20% compared with 2024 baselines.

Strategy	Tactics	Lead Entities	Target Date	Anticipated Product
2.1.1 Increase the percentage of well-child visits (as defined by HEDIS) by 20% compared with 2024 baseline.	Collaborate with Yuba County school districts to promote well-child visits.	HHS Public Health Division and YCOE	August 1, 2024	Promotional materials about well-child visits shared with all schools, including materials for how to access local clinics and mobile health services.
	Collaborate with WIC and E-center to promote well-child visits.	HHS Pubic Health Division	January 1, 2025	Promotional materials about well-child visits shared with all schools, including materials for how to access local clinics and mobile health services.
2.1.2 Increase the percentage of adults completing age-appropriate colon cancer screening by 20% compared with 2024 baseline ¹ .	Develop media campaign regarding colon cancer screening.	HHS, Adventist Health and Rideout	December 31, 2024	Educational materials including print, social media.
	Ensure high fidelity in cascade of care from identification of screened colon cancer eligible patients to screening to follow-up care 1. Completion of colon cancer screenings 2. Completion of recommended follow-up and treatment.	Ampla Health, Harmony Health, Peach Tree Healthcare, Adventist Health and Rideout	July 1, 2025	Increase in identification of persons with colon cancer through increased screening

Goal 3

Promote increase in data information sharing among health and social services providers within Yuba County

¹ Baseline data of available data from participating entities/providers

Objective 3.1

By January 30, 2025, at least 50% of Yuba County organizations providing health and social services will sign onto the data exchange framework (DxF)

Strategy	Tactics	Lead Entities	Target Date	Anticipated Product
3.1.1 Provide overview of Data Exchange Framework.	Share the various webinars regarding the data exchange framework with health and social services providers.	HHS Public Health Division	November 1, 2023	Distribution of the data exchange framework's materials; documentation of distribution.
	Provide direct presentation to interested organizations signing onto the data exchange framework.	HHS Public Health Division	January 1, 2024	Presentations regarding the DxF to local health and social services partners.
3.1.2 Encourage all eligible entities to the DxF in Yuba County to sign onto the DxF.	Establish baseline data for number of Yuba County health and social services providers who should sign on to the DxF.	HHS Public Health Division	June 30, 2024	List of all eligible/potential health and social services entities.
	Compile listing of Yuba County organizations that have signed onto the DxF	HHS Public Health Division	June 30, 2024	List of all Yuba County signatories.
	Follow-up with organizations that have not signed on to the DxF to provide additional information.	HHS Public Health Division	December 1, 2024	List of all Yuba County signatories.

PRIORITY AREA: MENTAL HEALTH ACCESS

Definition: A system of care that provides timely access to mental health services matched with each person's needs, including specialized treatment, proximity to services, low-barrier eligibility, culturally competent, and that is trauma-informed.

Stakeholders: Ampla Health, Blue Zones Project (BZP), First5 Yuba, Hands of Hope, Marysville Joint Unified School District (MJUSD), Partnership Health-Plan, Peach Tree Health, Sutter-Yuba Behavioral Health (SYBH), Sutter Yuba Homeless Consortium, Wheatland Union High School, Yuba County Human Resources, Yuba County Health and Human Services (HHS), Yuba County Office of Education (YCOE), Yuba County Probation/Victim Services

Goal 1

Expand access to mental health services in Yuba County for high-priority populations (e.g., youth, maternal mental health) through promotion of available resources and by de-stigmatizing the accessing of mental health services.

Objective 1.1

By January 30, 2027, increase adult and youth mental health awareness by 25% compared with 2024 baseline.

Strategy	Tactics	Lead Entities	Target Date	Anticipated Product
<p>1.1.1 Establish a Yuba County Behavioral Health Learning Collaborative to increase overall wellness through awareness of how to access, build, and better utilize the available resources of Medi-Cal Managed Care, School Based Behavioral Health Services, Sutter Yuba Behavioral Health, and commercial insurance providers.</p>	<p>Work with Sutter Yuba Behavioral Health Director to convene healthcare providers, Medi-Cal managed care plans, private insurance plans, County Behavioral Health, Education, Public Health, and other community partners to discuss the formation of a Yuba County Behavioral Health Learning Collaborative.</p>	<p>SYBH Director</p>	<p>January 1, 2024</p>	<p>Yuba County Behavioral Health Learning Collaborative is formed and regularity of meetings established.</p>

Strategy	Tactics	Lead Entities	Target Date	Anticipated Product
<p>1.1.2 Hold two annual community forums on adult mental health, children/youth mental health, and substance use, focusing on increase awareness about behavioral health conditions and how to receive treatment, while also reducing stigma and improving access to services.</p>	<p>Secure a location in Yuba County for a large community forum with breakout session capacity.</p>	<p>Yuba County Behavioral Health Learning Collaborative</p>	<p>June 1, 2024</p>	<p>Secure a location that allows breakout sessions.</p>
	<p>Rotate the location of forums between entities, garnering assistance from community-based organizations (CBOs) and faith-based organizations (FBOs) to encourage attendance from within specific communities and geographic areas.</p>	<p>Yuba County Behavioral Health Learning Collaborative</p>	<p>January 1, 2025</p>	<p>Rotation of locations will increase participation and build partnerships with CBOs and FBOs.</p>
	<p>Create an event-promotion plan to raise awareness of community forums.</p>	<p>Yuba County Behavioral Health Learning Collaborative</p>	<p>June 1, 2024</p>	<p>Create an outreach campaign to increase awareness and attendance at the community forums.</p>
	<p>Utilize the Yuba County website, social media, and print and radio platforms for advertisements.</p>	<p>Yuba County Behavioral Health Learning Collaborative</p>	<p>June 1, 2024</p>	<p>Increased awareness and attendance community forums.</p>
	<p>Leverage partnerships with CBOs and FBOs to promote community forums.</p>	<p>Yuba County Behavioral Health Learning Collaborative</p>	<p>June 1, 2024</p>	<p>Increased number of CBOs and FBOs promoting the community forums.</p>

Strategy	Tactics	Lead Entities	Target Date	Anticipated Product
1.1.2 Continued...	Identify and involve community partners, including, but not limited to hospitals, Federally Qualified Health Centers (FQHCs), Medi-Cal managed care plans, private practice and commercial insurance providers, substance use disorder (SUDs) providers, and school districts.	Yuba County Behavioral Health Learning Collaborative	June 1, 2024	Diverse representation from multiple sectors and interests at the community forum.
	Identify and provide a remote option to increase accessibility.	Yuba County Behavioral Health Learning Collaborative	June 1, 2024	Remote option made available for attendees.
1.1.3 Develop measurement tools to assess community-wide awareness of adult mental health, children/youth mental health, and substance use issues and resources.	Identify relevant measures for analyzing countywide mental health and substance use awareness.	Yuba County Behavioral Health Learning Collaborative in consultation with HHS Public Health Division	June 1, 2024	Metrics established to assess current and changes in awareness of adult and youth mental health and substance use services.
	Implement assessment process, including possible dissemination of surveys and use of focus groups, informant interviews, and other means for determining increased awareness of need and resources.	Yuba County Behavioral Health Learning Collaborative, in consultation with HHS Public Health Division	June 30, 2024	Establish baseline for behavioral health awareness.

Strategy	Tactics	Lead Entities	Target Date	Anticipated Product
1.1.4 Create a platform that will be regularly updated with relevant information such as contacts, mental health first-aid information, and other educational content related to behavioral health.	Identify platforms (website, social media, etc.) to use for distribution of educational materials, event promotion, and updated information for providers.	Yuba County Behavioral Health Learning Collaborative	January 1, 2025	Platform for communication is created or an existing platform is updated regularly.
1.1.5 In Partnership with local schools, educate parents/guardians and children on community behavioral health topics and resources.	Create and provide age-appropriate resources in English, Spanish, and Hmong (i.e., packets, social media, peer-to-peer education) for students of all grade-levels and their families at the beginning of each school year.	Yuba County Behavioral Health Learning Collaborative	January 1, 2025	Resources developed and distributed to community and made available on the Prevention and Early Intervention website.

Objective 1.2

By January 30, 2027, decrease the reported rates of sadness or loneliness among 7th-11th graders in Yuba County schools by 10%, compared with 2022-2023 baseline data from the CA Healthy Kids Survey.

Strategy	Tactics	Lead Entities	Target Date	Anticipated Product
1.2.1 Promote the use of evidence-based resources on mental health among parents/guardians and school personnel.	Share with educators and parents/guardians the resources from CA Healthy Minds, Thriving Kids Project.	YCOE	January 1, 2024	Distribution of the video and print sources from Healthy Minds, Thriving Kids Project to all Yuba County schools.
	Yuba County schools incorporate materials from Healthy Minds, Thriving Kids Project in curriculum.	YCOE and Yuba County School Districts	January 1, 2024	Curriculum adaptations within Yuba County schools.

Strategy	Tactics	Lead Entities	Target Date	Anticipated Product
1.2.2 Establishment of at least two additional school wellness centers in Yuba County.	Survey parents/guardians, students, and staff of Yuba Gardens Middle School, Cedar Lane Elementary School, Yuba Feather Elementary School, and YES Charter School on the health and wellness needs within those schools.	YCOE	September 1, 2023	Survey findings to inform program design for the wellness centers.
	Implement wellness centers at Yuba Gardens Middle School, Cedar Lane Elementary School, Yuba Feather Elementary School, and YES Charter School.	MJUSD and YCOE	January 1, 2024	Wellness Centers implemented.

Objective 1.3

By January 30, 2027, increase the rate of Yuba County women who are linked to perinatal mental health services by 20% compared with 2023 baseline

Strategy	Tactics	Lead Entities	Target Date	Anticipated Product
1.3.1 Establish baseline data of Yuba County women referred for perinatal mental health services.	Obtain data from CA Department of Public Health (CDPH) on maternal mental health utilization in Yuba County.	HHS Public Health Division	November 1, 2023	Baseline data obtained from CDPH.
	Obtain claims data from Medi-Cal Managed Care Plans regarding Medi-Cal beneficiaries' access to mental health services in Yuba County.	HHS Public Health Division	November 1, 2023	Standardized definition of claims data. Baseline claims data obtained from Medi-Cal Managed Care plans.

Strategy	Tactics	Lead Entities	Target Date	Anticipated Product
<p>1.3.2 Screen pregnant women for depression at first prenatal visit and first post-partum visit.</p>	<p>Convene Yuba County healthcare provider organizations and Medi-Cal manage care plans to discuss implementation of universal depression screening at first prenatal and first post-partum visit.</p>	<p>HHS Public Health Division</p>	<p>January 30, 2024</p>	<p>Convene to discuss universal screening processes.</p>
	<p>Screening processes for depression with warm hand-offs to behavioral health care providers within organizations is implemented across participating Yuba County health organizations at first prenatal and first post-partum visit.</p>	<p>Ampla Health, Harmony Health, Peach Tree Health, Adventist Health and Rideout (AHRO)</p>	<p>January 30, 2025</p>	<p>Depression screening and referrals processes implemented.</p>
<p>1.3.3 Mental health resources provided to Yuba County new mothers.</p>	<p>Maternal mental health resources, including hotline, provided within hospital rounds from Yuba County Public Health, MCAH program.</p>	<p>HHS Public Health Division</p>	<p>November 1, 2023</p>	<p>Resources included within hospital rounds package.</p>
	<p>Monitoring of new mothers referred for direct mental health services.</p>	<p>HHS Public Health Division</p>	<p>November 1, 2023</p>	<p>Data on referrals made for mental health services collected on monthly basis.</p>

Goal 2

Provide mobile mental health services beyond conventional facility-based treatment.

Objective 2.1

By January 30, 2025, FQHC mobile healthcare will include mental health services throughout Yuba County

Strategy	Tactics	Lead Entities	Target Date	Anticipated Product
<p>2.1.1 FQHCs will meet to discuss their mobile mental health services' capacity and plan for a coordinated response across Yuba County.</p>	<p>FQHCs will convene a meeting to share information on current mobile mental health services available for Yuba County residents and agree on the definitions for "mobile mental health services."</p>	<p>Ampla Health, Harmony Health, and Peach Tree Health</p>	<p>April 30, 2024</p>	<p>List of mobile mental health services by FQHC compiled.</p>
	<p>FQHCs will agree upon a coordinated schedule for mobile services for the three regions of Yuba County (Foothills, Valley, and South of County).</p>	<p>Ampla Health, Harmony Health, and Peach Tree Health</p>	<p>June 30, 2024</p>	<p>Schedule of mobile services for the three regions of Yuba County (Foothills, Valley, and South of County.)</p>
<p>2.1.2 Publication and wide distribution of mobile services schedule throughout Yuba County.</p>	<p>FQHCs will work closely with Yuba County Health and Human Services on their schedule of mobile health services.</p>	<p>Ampla Health, Harmony Health, Peach Tree Health and HHS</p>	<p>June 30, 2024</p>	<p>Establishment of schedule of mobile services.</p>
	<p>Create a marketing plan to disseminate the schedule of mobile health services.</p>	<p>HHS</p>	<p>May 30, 2024</p>	<p>Marketing plan created.</p>

Goal 3

Expand workforce capacity to deliver mental health services across the continuum of mental health needs.

Objective 3.1

By January 30, 2026, conduct a Yuba County mental health workforce pipeline analysis to identify gaps in service needs.

Strategy	Tactics	Lead Entities	Target Date	Anticipated Product
3.1.1 Conduct the mental health workforce pipeline gap analysis.	Determine methods for workforce pipeline analysis and gather baseline data.	Yuba County Behavioral Health Learning Collaborative	January 1, 2025	Methodology for analysis established and implemented.
	Analyze the data.	Yuba County Behavioral Health Learning Collaborative	June 30, 2025	Analysis complete.
3.1.2 Recommend steps to address the gaps identified within the analysis.	Present data to community and elected officials and explore models for addressing gaps in services.	Yuba County Behavioral Health Learning Collaborative	January 1, 2026	Presentation of analysis with recommendations.
	Identify steps toward addressing gaps within the pipeline in preparation for next CHA/CHIP cycle (2028-2033).	Yuba County Behavioral Health Learning Collaborative	January 1, 2027	Next steps incorporated within the next CHA/CHIP.

Objective 3.2

By January 30, 2028, expand the capacity of certified peer support specialists who are culturally competent by 50% compared with 2024 baselines.

Strategy	Tactics	Lead Entities	Target Date	Anticipated Product
3.2.1 Baseline assessment of the current peer-to-peer mental health workforce.	Conduct baseline assessment of current peer-to-peer mental health workforce in Yuba County by surveying local mental health providers.	Yuba County Behavioral Health Learning Collaborative; YCOE	June 30, 2024	Baseline assessment of current peer-to-peer mental health workers in Yuba County.

Strategy	Tactics	Lead Entities	Target Date	Anticipated Product
3.2.2 Identify specific populations that would most benefit from peer-to-peer mental health support.	Conduct literature review of populations that have been identified as most benefiting from mental health peer support.	Yuba County Behavioral Health Learning Collaborative; YCOE	June 30, 2024	Identification of priority populations for peer-to-peer mental health support.
	Assess needs within local priority populations to confirm literature review findings.	Yuba County Behavioral Health Learning Collaborative; YCOE	September 30, 2024	Confirm priority populations' receptivity to peer-to-peer mental health support.
3.2.3 Increase peer-to-peer mental health workers in Yuba County employed by public and private agencies.	Identify and promote training programs for interested peer support specialists, and method for placement within participating organizations.	Yuba County Behavioral Health Learning Collaborative; YCOE	March 1, 2025	Training resources identified and widely shared.
	Develop mechanism to monitor the number of peer support specialists trained, placed and retained.	Yuba County Behavioral Health Learning Collaborative	March 1, 2025	Data of trained peer support specialists collected on a regular basis.

PRIORITY AREA: SAFE NEIGHBORHOODS & BUILT ENVIRONMENT

Definition: An area where people live, work, learn, and play that is accessible to all residents and meets the needs of the community by providing a safe and welcoming surrounding.

Stakeholders: Ampla Health, Blue Zones Project (BZP), E-Center, Feather River AQMD, First5 Yuba, Peach Tree Health, Olivehurst Public Utilities District (OPUD), Yuba County Board of Supervisors, Yuba County Chief Administrative Office, Yuba County Community Development & Services Agency (CDSA), Yuba County Probation, Yuba County Health and Human Services Public Health Division (HHS Public Health Division), Yuba Sutter Chambers of Commerce, and Yuba County Resource Conversation District

Goal 1
Increase the use of the currently available recreational options in Yuba County.

Objective 1.1
By January 30, 2026 develop, review, and update a plan to promote utilization of parks, walking paths, playgrounds and other recreational activities across Yuba County as part of exploration for formation of a regional park's recreation authority.

Strategy	Tactics	Lead Entities	Target Date	Anticipated Product
1.1.1 Centralize information regarding parks and recreation sites in Yuba County with a desire to form a regional parks/recreational authority.	Convene jurisdictions with parks and recreation sites in Yuba County to form a Yuba County Parks and Recreation Workgroup.	CDSA	January 30, 2024	Initial convening meeting.
	Yuba County Parks and Recreation Workgroup to develop comprehensive list of parks and other recreational options.	Yuba County Parks and Recreational Workgroup	April 30, 2024	Listing of all parks and recreational sites in Yuba County.
	Promotion plan to distribute the compiled information to the community through different modalities and groups (i.e., schools, faith-based organizations, community-based organizations.)	Yuba County Parks and Recreational Workgroup	September 30, 2024	Sharing of parks and recreational sites to Yuba County public and visitors.
Strategy	Tactics	Lead Entities	Target Date	Anticipated Product
	Explore the formation of a	Yuba County Parks and	March 30, 2025	Decision on whether to form

	Parks/Recreation Regional Authority to ensure sustainability of coordinated promotion of parks/rec information.	Recreational Workgroup		parcs/recreation regional authority.
	If regional authority deemed feasible, explore funding mechanisms and governance structure of authority.	Yuba County Parks and Recreational Workgroup	January 30, 2026	Plan for parks/recreation regional authority.
1.1.2 Promote schools' sites for outdoor recreation (i.e., playgrounds, pools, basketball courts.)	Yuba County Office of Education and school districts gather to discuss outdoor recreation options at the schools that can be made available to the public.	Yuba County Office of Education	January 30, 2024	Listing of outdoor recreation options at schools available to the public.
	Promotion plan for the school recreational sites.	Yuba County Office of Education	July 30, 2024	
1.1.3 Advocate for outdoors parks to be smoke-free to encourage public use.	Passage of ordinances in all Yuba County jurisdictions to have outdoor parks be smoke-free.	BZP	October 30, 2023	Passage of outdoor smoke-free ordinances in all Yuba County parks.
1.1.3 Advocate for outdoors parks to be smoke-free to encourage public use.	Passage of ordinances in all Yuba County jurisdictions to have outdoor parks be smoke-free.	BZP	October 30, 2023	Passage of outdoor smoke-free ordinances in all Yuba County parks.

Objective 1.2

By January 30, 2027, increase the recreational and community event participation of Yuba County residents by 20% compared with 2023 baseline.

Strategy	Tactics	Lead Entities	Target Date	Anticipated Product
1.2.1 Develop mechanism to analyze Yuba County residents' level of recreational and community event participation.	Conduct literature review and explore available data for developing a baseline assessment of participation at recreational community events.	HHS Public Health Division	January 30, 2024	Baseline 2023 data regarding recreational and community events participation among Yuba County residents.
	Repeat analysis on annual basis to monitor progress.	HHS Public Health Division	Annually	Annual survey data report.
1.2.2 Create central location for the public to be aware of community/recreation events in Yuba County.	Present proposal to the Yuba County Public Information Officers (PIOs) seeking their input on an appropriate host for this central source.	HHS Public Health Division	November 1, 2023	Finalization of host site for this centralized listing of community and recreation events.
	Develop processes for various Yuba County organizations to submit community events information to the host entity.	Yuba Sutter Chamber of Commerce	March 30, 2024	Referral process finalized.
	Publication of community events listing on at least weekly basis.	Host entity	July 30, 2024	Listing of community and recreation events.
1.2.3 Increase accessibility to hiking trails to Yuba County residents.	Establish program guidelines and develop promotion plan for Yuba County community.	Yuba County Resource Conversation District	January 30, 2025	Sharing of trails and access points to Yuba County public and visitors.

Goal 2

Enhance a culture in Yuba County to gather as a community and move freely as a means of wellness and health promotion.

Objective 2.1

By 2028, increase walkability score by 10% and bike-ability score by 10% within Linda and Olivehurst corridor.

Strategy	Tactics	Lead Entities	Target Date	Anticipated Product
2.1.1 Implement countermeasures highlighted in Yuba County System Safety Analysis Report Program (SSARP) and Local Road Safety Plan (LSRP).	Leverage SSARP & LSRP findings to apply for competitive grants.	Yuba County Public Works	March 2025	Improve driver awareness/safety that leads to increase pedestrian safety.
	Leverage Feather River Air Quality Management District Mini Grant Program to increase pedestrian accessibility.		January 2024	Improved infrastructure to increase pedestrian accessibility.
2.1.2 Implement Walking Moais in at least two additional Yuba County locations.	Assess Yuba County's locations/communities that would like to establish Walking Moais.	BZP	October 2023	Identification of the two locations in Yuba County.
	Promotion of the new Walking Moais.	BZP	March 2024	Walking Moais' information shared with Yuba County community.
	Implement Walking Moais at those locations.	BZP	May 2024	Implementation of Walking Moais.

Objective 2.2

By June 30, 2027, expand the availability of farmers' markets for Yuba County residents

Strategy	Tactics	Lead Entities	Target Date	Anticipated Product
2.2.1 Implement at least one additional farmer's market in Yuba County.	Gather community-based organizations to participate in community farmers' markets.	BZP	June 30, 2027	Farmers' market opens for business!

Strategy	Tactics	Lead Entities	Target Date	Anticipated Product
2.2.2 Promote farmers' markets that are currently available in Yuba County.	Develop promotion plan for the Brownsville Farmer's Market.	Yuba Sutter Chamber of Commerce & HHS Public Health Division	May 1, 2027	Promotion plan compiled.
	Allow for the consumer use of Electronic Benefits Transfer (EBT) at the Brownsville Farmer's Market and at other locations.	HHS Public Health Division	June 30, 2027	EBT available as a payment form at farmers' markets.

Conclusion

The Community Health Improvement Plan (CHIP) establishes the goals, objectives, strategies, and tactics, including lead entities and timelines, for the three priority areas. Community stakeholders and other county leadership anticipate significant improvements in the health of Yuba County residents throughout the next three to five years. The progress made in these areas will be monitored on a quarterly basis to ensure momentum and to document impact to the community. This information will be publicly available with updates to a dashboard on the Yuba County Health and Human Services Department's website.

Plan Changes and Revisions

The CHIP is considered a living document. There are many external and unknown factors that may impact progress towards meeting goals. If for any reason changes to the plan need to be made, the Core Community Health Improvement Process team will convene community partner agencies to collaborate on a revision. Any change to this plan will be documented using the CHIP Changes and Revisions spreadsheet located in Attachment D.

Attachment A - Healthcare Access Resources

Summary Data and Strategies Workgroup Meeting April 24, 2023

Purpose of Workgroup: Collaboratively establish Objectives, Goals, Strategies, and Tactics as it relates to Healthcare Access to be prioritized over the next 3-5 years to address the health and quality of life for Yuba County residents. The data summarized below is not comprehensive, but provides some foundational knowledge of local, state, and national initiatives as it relates to Healthcare Access.

Yuba County – Community Health Assessment (CHA)

Qualitative data collected through focus groups, key informants, and community survey results all identified healthcare access as a local health issue. The **2022 Yuba County Community Health Assessment** identified several local data points relating to Healthcare Access that are generalized below:

- 90.4% of Yuba County residents are insured (page 25)
- Yuba County has seen a 11% decrease in the number of people without health insurance since 2014 (page 25)
- The Robert Wood Johnson Foundation ranks Yuba County 22 out of 58 counties for highest percentage of uninsured residents in CA. (page 26)
- Since 2016, Yuba County's Primary Care Provider to patient ratio has increased (page 29)
- 53.7% of adults in Yuba County reported *Excellent* or *Very Good* compared to 45.7% in 2018 (page 29)
- In 2020, only 70.3% of pregnant women received early prenatal care in Yuba County (page 33)
- Yuba County ranks worse than the California average for many chronic diseases (page 36)
- Use of public transportation (Yuba-Sutter Transit) has decreased over the past three fiscal years (page 23)

Agency of Healthcare Research and Quality

The **Agency of Healthcare Research and Quality (AHRQ)** defines Healthcare Access as having "the timely use of personal health services to achieve the best health outcomes"². AHRQ provides the following elements of access to healthcare³:

- Coverage: facilitates entry into the health care system. Uninsured people are less likely to receive medical care and more likely to have poor health status.
- Services: Having a usual source of care is associated with adults receiving recommended screening and prevention services.
- Timeliness: ability to provide health care when the need is recognized.
- Workforce: capable, qualified, culturally competent providers.

² <https://www.ahrq.gov/research/findings/nhadr/chartbooks/access/references.html#IOM1993>

³ [Elements of Access to Health Care | Agency for Healthcare Research and Quality \(ahrq.gov\)](#)

Healthy People 2030

Healthy People is a national initiative through the federal Department of Health and Human Services. It identifies public health priorities to help individuals, organizations, and communities across the US improve health and wellbeing. **Healthy People 2030** has identified specific healthcare access objectives⁴, which are below:

- Reduce the proportion of Emergency Department (ED) visits with a longer wait time that recommended
- Increase the proportion of adults who get recommended evidence-based preventative care
- Increase the proportion of adolescents who had a preventative health care visit in the past year
- Increase the proportion of children with developmental delays who get interventions services by age 4 years
- Increase the number of community organizations that provide prevention services
- Reduce the proportion of people who cannot get medical care when they need it
- Increase the proportion of people with a usual primary care provider
- Increase the proportion of people with health insurance

2022 Community Health Needs Assessment

The **2022 Community Health Needs Assessment**, completed as a joint initiative between Adventist Health and Rideout and Sutter Surgical Hospital North Valley⁵, identified prioritized significant health needs as they relate to healthcare access:

- Access to Specialty Care and Extended Care (page 13)
- Access to Quality Primary Care Health Services (page 14)

⁴ <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality>

⁵ <https://www.adventisthealth.org/images/rideout/2022CHNA-Rideout.pdf>

Relevant SWOT Analysis Results from 3/29/2023 Community Health Improvement Process Meeting (Analysis of current landscape of health and quality of life in Yuba County):

<p>Strengths</p> <ul style="list-style-type: none"> • High level of community partner engagement • Adventist Health and Rideout • Access to public transportation • Open space for development • Good access to prenatal care • Small community – easy to communicate • FQHCs/mobile health care vans • Desire for improvement / solutions based • Blue Zone's model for health and wellbeing 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Significant shortage of both medical and mental health providers • Economy • Jobs/living wage jobs • Homelessness • Lack of providers • Population 80% in unincorporated areas/isolated community pockets • Adventist Health and Rideout • Lack of sustainable funding • Transportation
<p>Opportunities</p> <ul style="list-style-type: none"> • Align strategic/organizations and partners • Increase WIC/SNAP • Addressing STI through education • Foothill healthcare • Transportation to remote areas of the county • Connect health and community development 	<p>Threats</p> <ul style="list-style-type: none"> • Inflation driving up cost of living • Medicaid access • Grant funding drying up/programs are not sustainable • Politics and policies • Smaller cities/unincorporated districts – focus is not on entire region • Losing our talent to Sacramento • Climate change • Crime, drugs, car wrecks, deaths • Shortage of EMS providers

Summary of Resources for Identified Goals and Objectives Workgroup Meeting May 22, 2023

Purpose of Workgroup: Collaboratively establish Goals, Objectives, Strategies, and Tactics as it relates to Healthcare Access to be prioritized over the next 3-5 years to address the health and quality of life for Yuba County residents. At the last meeting, we have coalesced around three goals for this health priority. The information summarized below is not comprehensive, but provides some foundational knowledge of local, state, and national initiatives as it relates to Healthcare Access to inform our deliberation regarding SMART objectives, strategies and tactics that can support our determined goals.

Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

The NCCDPHP is a branch of the CDC aimed at reducing chronic diseases and improving overall quality of life. Addressing the risk behaviors below can reduce the likelihood of getting a chronic disease⁶:

- Quit Smoking
- Eat Healthy
- Physical Activity
- Reduce alcohol consumption

Being up-to-date on preventive care is another strategy to reduce chronic diseases and improve overall quality of life.⁷

- Regular medical and dental checkups
- Understanding family health history
- Routine screenings, including cancer screenings
- Vaccinations

Healthy People 2030

Healthy People is a national initiative through the federal Department of Health and Human Services. It identifies public health priorities to help individuals, organizations, and communities across the US improve health and wellbeing. The initiative developed a toolkit⁸ that outlines how the national initiatives, focused on the Social Determinants of Health⁹, can assist in the development of local Community Health Improvement Plans.

National Health Care for the Homeless Council

A Community Information Exchange (CIE) is a care coordination tool that brings together data from health and social services providers¹⁰.

⁶ <https://www.cdc.gov/chronicdisease/about/prevent/index.htm>

⁷ [Are You Up to Date on Your Preventive Care? | CDC](https://www.cdc.gov/chronicdisease/about/prevent/index.htm)

⁸ <https://www.naccho.org/uploads/downloadable-resources/CHA-CHIP-Tool-for-HP-2030.pdf>

⁹ <https://health.gov/healthypeople/priority-areas/social-determinants-health>

¹⁰ https://nhchc.org/wp-content/uploads/2020/04/NHCHC_Community-Information-Exchange2.pdf

Partners in a CIE can include hospitals, health centers, other primary care providers, social services providers, housing providers, and schools, among other community resources.

How is CIE Used?

CIE is a response to growing awareness of the Social Determinants of Health (SDOH). After a health center provider screens for SDOH related needs, the community wide data system can be used to identify and connect individuals to other community resources.

An integrated CIE allows for coordination with other health care providers, like an HIE would, but also connects to social service providers. This allows health center staff to identify where an individual is accessing other services and who could be considered part of the care team.

Data integration tools can be incorporated and linked to fields in the electronic health record (EHR), following HIPAA considerations, to help seamlessly sync health center workflow as part of the SDOH strategy.

In response to SDOH needs, health care providers, case managers, and other enabling services staff then have access to information on available community resources, what resources someone has accessed, and can track follow-up on referrals to improve care planning incorporating SDOH.

What is the Data Exchange Framework?

Every Californian, no matter where we live, should be able to walk into a doctor's office, a county social service agency, or an emergency room and be assured health and social services providers can access the information they need to provide safe, effective, whole person care—while keeping our data private and secure.

This is the goal of California's Health and Human Services Data Exchange Framework¹¹, a first-ever, statewide data sharing agreement that will accelerate and expand the exchange of health information among health care entities, government agencies, and social service programs beginning in 2024.

The Data Exchange Framework is not a new technology or centralized data repository; instead, it's an agreement across health and social services systems and providers to share information safely. That means every health care provider can access the information they need to treat patients quickly and safely; health care, behavioral health, and social services agencies can connect to each other to deliver what patients need to be healthy; and our public health system can better assess how to address the needs of all communities.

Hundreds of experts and members of the public have spent the last year shaping a framework that delivers on these principles.

¹¹ <https://www.cdii.ca.gov/committees-and-advisory-groups/data-exchange-framework/>

Summary of Resources #3 Workgroup Meeting July 17, 2023

Purpose of Workgroup: Collaboratively establish Goals, Objectives, Strategies, and Tactics as it relates to Healthcare Access to be prioritized over the next 3-5 years to address the health and quality of life for Yuba County residents. At the last meeting, we have coalesced around three goals for this health priority. The information summarized below is not comprehensive, but provides some foundational knowledge of local, state, and national initiatives as it relates to Healthcare Access to inform our deliberation regarding SMART objectives, strategies and tactics that can support our determined goals.

Healthcare Effectiveness Data and Information (HEDIS) Well Child Visits¹²

- In partnership with Partnership Health Plan, baseline HEDIS data regarding well child visits will be analyzed for Yuba County Medi-Cal population
- The well-child visit HEDIS metric assesses physical, emotional, and social development during targeted intervals of a child's life through 30 months old
- These assessments can identify early on an issue so it can be addressed quickly to minimize its impact to the child's life

California Health and Human Services (CalHHS) Data Exchange Framework (DxF)¹³

- Single Data Sharing Agreement (DSA) that required entities in the healthcare and social sector will join to allow for patient and client data sharing
 - **Not a repository of data, but rather an agreement that data will be shared following policies, procedures, and laws.**
- The DSA does not require all organizations to share protected health information with non-covered Entities, such as a social services organizations. The DSA permits sharing between a Covered Entity and non-Covered Entity when you have a valid authorization from the patient or patient's representative or the disclosure is otherwise permitted or required by applicable law.

Covered California's Quality and Equity Agenda, presented to CCLHO Health Systems Integration Committee

- Allows for alignment of quality measures across the three public payors of health insurance (Medi-Cal, CalPERS, and Covered CA).
- Colorectal Cancer Screenings identified as an initiative:

Core Measures*	Clinical Context
Colorectal Cancer Screening	Cancer is the second leading cause of death after heart disease, and colorectal cancer is the second leading cause of cancer death after lung cancer. Screening reduces the risk of developing and dying from CRC cancer by 60-70%.

¹² <https://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/>

¹³ <https://www.cdii.ca.gov/wp-content/uploads/2023/05/Data-Exchange-Framework-FAQ-2023-5-18-008-1-2.pdf>

Department of Healthcare Services (DHCS) Bold Goals 50x2025¹⁴

- Focused initiatives around children's preventive care, behavioral health integration, and maternity care (see Figure 21), focusing particularly on health equity



¹⁴ <https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf>

Attachment B – Mental Health Access Resources

Summary Data and Strategies Workgroup Meeting April 26, 2023

Purpose of Workgroup: Collaboratively establish Objectives, Goals, Strategies, and Tactics as it relates to Mental Health Access to be prioritized over the next 3-5 years to address the health and quality of life for Yuba County residents. The data summarized below is not comprehensive, but provides some foundational knowledge of local, state, and national initiatives as it relates to Mental Health Access.

Yuba County – Community Health Assessment (CHA)

Qualitative data collected through focus groups, key informants, and community survey results all identified mental health access as a local health issue. This includes key informants raising concerns of mental health and treatment access for substance use disorders. Focus Groups also raised the concern of lack of local providers for mental health.

The **2022 Yuba County Community Health Assessment** identified several local data points relating to Mental Health Access that are generalized below:

- Youths who bully others are more likely to experience depression and engage in delinquent and suicidal behavior than non-bullies, and those who report being both a bully and a victim are at even higher risk for suicidal behavior (pages 55-56)
- Individual experiencing poverty are at greater risk of depressive and anxiety disorders, psychological distress, and suicide.¹⁵ Yuba county has a higher rate of poverty (15.1%) than California as a whole (12.6%). (page 15)
- Yuba County populations that include Two or More Races (20%), Hispanic or Latino (20%), American Indian or Alaska Native (21%), and Asian (29%) are significantly disproportionately in poverty compared to the state rates. (page 16)
- Yuba County has been designated as a Mental Health Professional Shortage Area by the Health Resources and Services Administration in 2022. The latest mental health provider to patient ratio stands at 420 to 1 in 2019. (pages 27-28)

Other data points to consider include:

- Mental health impacts physical health, and increases risk for chronic health conditions. One in five adults experience mental illness each year, and risk of suicide is nearly double in rural areas than urban areas. Barriers to treatment include availability, access, and acceptability.¹⁶
- Roughly one in seven children ages 2-8 and one in five young people ages 9-17 have a diagnosable psychiatric disorder. Integrating mental health treatment into primary care is a model that can work to combat the national shortage of child psychiatrists and therapists.¹⁷

¹⁵<https://www.psychiatrytimes.com/view/addressing-poverty-and-mental-illness>

¹⁶https://www.ruralhealth.us/NRHA/media/Emerge_NRHA/Advocacy/Policy%20documents/NRHA-Mental-health-in-rural-areas-policy-brief-2022.pdf

¹⁷ <https://www.millbank.org/publications/behavioral-health-integration-in-pediatric-primary-care-considerations-and-opportunities-for-policymakers-planners-and-providers/>

Policy options include telemedicine, integrating behavioral health and primary care, and school-based health centers.¹⁸

Healthy People 2030

Healthy People 2030 is a national initiative through the federal Department of Health and Human Services. It identifies public health priorities to help individuals, organizations, and communities across the US improve health and wellbeing. Healthy People 2030 has identified specific Mental Health Access objectives, which are below¹⁹:

- Increase the proportion of primary care visits where adolescents and adults are screened for depression
- Increase the proportion of people (adults, children, and/or adolescents) with mental health disorders who get treatment
- Increase the proportion of people with symptoms of trauma who get treatment
- Reduce the suicide rate/suicide attempts
- Increase the proportion of public schools with a counselor, social worker, and psychologist

Relevant SWOT Analysis Results from 3/29/2023 Community Health Improvement Process Meeting (Analysis of current landscape of health and quality of life in Yuba County):

<p>Strengths</p> <ul style="list-style-type: none"> • High level of community partner engagement • Good access to prenatal care • Community events • Diversity • FQHC's/mobile healthcare vans • Desire for improvement • Solutions-based • Faith-based community • Blue Zones model for health and wellbeing 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Significant shortage of both medical and mental health providers • Lack of residential substance use treatment • Lack of desire to change • Isolated community pockets • Generational poverty • Transportation
<p>Opportunities</p> <ul style="list-style-type: none"> • Foothill healthcare • Align strategies among organizations and partners • Change the perception of the county • Good at collaboration to bring solutions 	<p>Threats</p> <ul style="list-style-type: none"> • Inflation driving up cost of living • Medicaid access • Wildfires/disasters • Politics and policies • Programs aren't sustainable (funding) • Impacted schools • Lack of connectedness • Drugs/crime

¹⁸ <https://www.cdc.gov/ruralhealth/child-health/policybrief.html>

¹⁹ <https://health.gov/healthypeople/objectives-and-data/browse-objectives/mental-health-and-mental-disorders>

Summary of Resources for Identified Goals and Objectives Workgroup Meeting May 24, 2023

Purpose of Workgroup: Collaboratively establish Goals, Objectives, Strategies, and Tactics as it relates to Mental Health Access to be prioritized over the next 3-5 years to address the health and quality of life for Yuba County residents. At the last meeting, we have coalesced around three goals for this health priority. The information summarized below is not comprehensive, but provides some foundational knowledge of local, state, and national initiatives as it relates to Mental Health Access to inform our deliberation regarding SMART objectives, strategies and tactics that can support our determined goals.

California Healthy Kids Survey (CHKS)²⁰

This is a state-subsidized assessment recommended for students in grade 5 or higher, and is focused on five areas:

- student connectedness, learning engagement/motivation, and attendance;
- school climate, culture, and conditions;
- school safety, including violence perpetration and victimization/bullying;
- physical and mental well-being and social-emotional learning; and
- student supports, including resilience-promoting developmental factors (caring relationships, high expectations, and meaningful participation).

CHKS is strengths-based and assesses 3 areas of support for students: positive adult relationships, high expectations, and opportunities for meaningful participation and decision-making. These supports are linked to positive outcomes in youth and reduces risky behaviors, increases connectedness, and develops social-emotional competencies.

Children and Youth Behavioral Health Initiative (CYBHI)²¹

The goal of this initiative is to “reimagine” the ecosystem for behavioral health and wellness for young people. Prevention and early intervention often reduces risk of more severe behavioral health challenges. The initiative includes integrating behavioral health supports into health, education and other sectors. The redesign involves an investment of \$4.4 billion over 5 years to support the following goals:

- Expand equitable access with no wrong door for children, youth, and families
- Build capacity for prevention, treatment and recovery services
- Raise awareness and engage communities and families
- Deliver behavioral health care services and supports that work

Master Plan for Kids’ Mental Health: Youth at the Center²²

As part of the CYBHI, the Master Plan identifies a call to action: shift thinking; reimagine services; and transform systems. “Youth and parents described a system rooted in their local community that would be accessible, culturally responsive, and inclusive of multiple kinds of healing modalities by many kinds of people, including peers and lay

²⁰ <https://calschls.org/about/the-surveys/>

²¹ <https://www.chhs.ca.gov/wp-content/uploads/2021/12/Children-and-Youth-Behavioral-Health-Initiative-Brief.pdf>

²² https://www.chhs.ca.gov/wp-content/uploads/2023/01/CYBHI-Youth-at-the-Center-Report.FINAL_.pdf

people." Pages 19-21 of the plan include a list of reflection questions to ask ourselves as we reimagine our own behavioral health ecosystem.

Improving Maternal Mental Health Care (MMH)²³

The California Health Care Foundation (CHCF) supports treatment and early detection of MMH issues, also known as perinatal mood and anxiety disorders (PMAD). The organization highlights the need for improvements in: Transparency/Monitoring/Data; Delivery System Interventions; Payment; Policy; and Narrative Change.

In particular, we would like to highlight CHCF's discussion regarding delivery system interventions and narrative change as most applicable for our health priority workgroup's discussion:

Delivery System Interventions

Providers need assistance to understand, recognize, and effectively respond to maternal mental health issues. CHCF supports on-the-ground efforts to help individual providers and health care systems improve screening for mental health conditions and try promising approaches for treatment.

Narrative Change

Raising awareness about the common nature of maternal mental health issues is key for reducing stigma and normalizing timely mental health treatment.

Peer Support Program

Yuba County Probation has implemented a peer support program for first responders. Current utilizers are Probation, the District Attorney's office and the Sheriff's Office, with outreach to other agencies being conducted. This program provides crisis counseling, mentoring, and debriefing. Staff can go to a peer support member anytime. The cost consists of training for peer support personnel, "gear", as well as minor reimbursements such as coffee or a meal for someone seeking support. In March 2023, this program provided nearly 60 hours of peer support on topics such as work, home, marriage, finances, and substances.

²³ <https://www.chcf.org/project/improving-maternal-mental-health-care/#why-this-work-matters>

Summary of Resources #3 Workgroup Meeting July 19, 2023

Purpose of Workgroup: Collaboratively finalize Goals, Objectives, Strategies, and Tactics and identify timelines and lead agencies for furthering Mental Health Access over the next 3-5 years. At the last two meetings, we coalesced around three goals, along with objectives, strategies, and tactics for this health priority. The information summarized below is not comprehensive, but provides some foundational knowledge of resources available.

The California School Climate, Health, and Learning Survey (CalSCHLS) System²⁴

- The California Healthy Kids Survey results are available in a public dashboard with data collected every two years
- In the 2019-2021 school year, in Yuba County schools:
 - 16% of 7th grade students considered suicide, and 20% of students in grade 11.
 - 36% of 7th grade students reported chronic sadness/hopelessness, and 48% of students in grade 11

California Healthy Minds, Thriving Kids Project²⁵

- An evidence-based video series with study guides to teach students five clinically proven mental health skills:
 - Understanding feelings
 - Understanding thoughts
 - Relaxation skills
 - Managing intense emotions
 - Mindfulness
- The series comes with an introduction for caregivers and educators
- Each video comes with a skill sheet to practice what is learned
- Videos are for elementary age youth through high school

The Children's Partnership – Peer-to-Peer Mental Health Supports²⁶

- Eight high schools in California will pilot a peer-to-peer support program, sponsored by the Department of Health Care Services
- "Peer support is an evidence-based strategy for supporting young people's mental health"
- The webpage references a policy brief titled Advancing School-Based Mental Health²⁷ that reviews key components of school-based mental health models and whole-child approaches to improve student success and reduce absenteeism and expulsion.

²⁴ <https://calschls.org/reports-data/public-dashboards/f882f1e2-dfc0-4448-b90b-f49cef6e6d3f/>

²⁵ <https://childmind.org/healthyminds/>

²⁶ <https://childrenspartnership.org/campaigns/peer-to-peer-mental-health-supports/>

²⁷ <https://childrenspartnership.org/research/advancing-school-based-mental-health-in-california/>

Attachment C – Safe Neighborhoods & Built Environments Resources

Summary Data and Strategies Workgroup Meeting April 28, 2023

Purpose of Workgroup: Collaboratively establish Objectives, Goals, Strategies, and Tactics as it relates to Safe Neighborhoods and Built Environments to be prioritized over the next 3-5 years to address the health and quality of life for Yuba County residents. The data summarized below is not comprehensive, but provides some foundational knowledge of local, state, and national initiatives as it relates to Safe Neighborhoods and Built Environments.

Safe Neighborhoods and Built Environments refers to community conditions that can enhance or create barriers to health. A proper built environment can encourage people to live an active lifestyle, socialize, and change their habits to achieve a simpler and better lifestyle.

Yuba County - Community Health Assessment (CHA)

Qualitative data collected through focus groups, key informants, and community survey results all identified Safe Neighborhoods and Built Environments as a local health issue. The **2022 Yuba County Community Health Assessment** identified several local data points relating to Health care access that are generalized below:

Food Access (page 16)

- According to the United States Department of Agriculture in 2019, 43% of Yuba County's Census Tracts were living in food deserts and 40% were living with low food access.
- In 2020, 27% (7,232) of Yuba County households received CalFresh benefits with an 18% participation increase since 2014.

Housing (page 18)

- An analysis of households conducted by the California Housing Partnership utilizing Housing and Urban Development (HUD) data reports 77% of extremely low income (ELI; median income \$0 -\$17,700) households are paying more than 30% of their income on housing costs.
- The same report states that 1,243 of low-income renter household in Yuba County do not have access to an affordable home, or in other words an *Affordable Homes Shortfall*.

Crime and Violence (page 20)

- According to the California Department of Justice, property crimes was the most common reported crime from 2014 to 2020, but decreased by 13.8% over that same time period.
- Reported violent crimes increased by 37% with Aggravated Assault and Sexual Assault with the highest reported growth.

Environmental Conditions (page 57)

- The Environmental Protection Agency Air Quality Index report reports increased number of “Unhealthy Days” in the Sutter-Yuba region.
- Climate projections indicate that extreme heat events will be more frequent and intense in coming decades. Yuba County had 119 Days with maximum temperatures above 90°F during May - September 2021 or a 31% increase from 2010.

Healthy People 2030

Healthy People 2030 is a national initiative through the federal Department of Health and Human Services. It identifies public health priorities to help individuals, organizations, and communities across the US improve health and wellbeing. Healthy People 2030 has identified specific objectives for Safe Neighborhoods and Built Environment, which include¹:

- Reduce household food insecurity and hunger (Target: 6.0%)
- Reduce nonfatal physical assault injuries (Target: 264.1 Emergency Dept. visits for nonfatal physical assault injuries per 100,000)
- Reduce the number of days people are exposed to unhealthy air
- Reduce the proportion of families that spend more than 30% of income on housing (Target: 25.5%)
- Increase the proportion of adults who walk or bike to get to places (Target: 26.8%)
- Reduce emergency department visits for people aged 5 years and over with asthma (Target 40.2 ED visits per 100,000)
- Reduce hospitalizations for Chronic Obstructive Pulmonary Disease [a chronic respiratory disease affected by air quality]
- Increase trips to work made by mass transit (Target: 5.3%)

Blue Zones Project Yuba Sutter²

The Blue Zones Project is largely based on the findings of Dan Buettner's eight-year longevity study documenting Blue Zone areas across the country where people are living vibrant, active lives well into their hundreds at an astonishing rate. This project aims to deliver proven tools and resources to transform the health of communities across the United States. To become a Blue Zone community, Yuba-Sutter in partnership with Adventist Health will implement improvement strategies in the following areas focused on people, places, and policy:

Built Environment: Goal: Enhance the built environment to promote active lifestyles, social connectedness, economic vitality, and overall well-being through transportation and land-use policies	Grocery Stores: Goals: Increase the sale of water, fruits, vegetables, and healthy plant-based foods in grocery stores, leading to an increase in consumption of fruits and vegetables
Food Policy: Goal: Create an environment within Yuba Sutter where healthy foods are accessible and embraced.	Worksites: Goal: Create a workplace culture and environment that supports improved health and well-being for all employee

<p>Schools and Walking School Bus/Safe Routes to School: Goal: Create the healthiest possible physical environment for students and families.</p>	<p>Engagement – Individual, Pledges, Moai Participation, Volunteering: Goal: Improve the well-being of individuals living in Yuba Sutter</p>
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Relevant SWOT Analysis Results from 3/29/2023 Community Health Improvement Process Meeting (Analysis of current landscape of health and quality of life in Yuba County):

<p>Strengths</p> <ul style="list-style-type: none"> • High level of community partner engagement • Access to public transportation • Open space for development/Lots of parks • Small community – easy to communicate • Desire for improvement / solutions based • Blue Zone's model for health and wellbeing • Community events • Access to fresh foods 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Homelessness • Population 80% in unincorporated areas/isolated community pockets • Lack of affordable housing • Transportation • Food dessert / access to healthy food • Lack of sense of pride in community • Traffic • Fun family entertainment • Park equipment needs updating • Outdoor resources are not accessible due to lack of lower income transportation
<p>Opportunities</p> <ul style="list-style-type: none"> • Align strategic / organizations and partners • Increase WIC / SNAP • Transportation to remote areas of the county • Connect health and community development • Create affordable housing/housing growth • Infrastructure for neighborhoods (sidewalks) • More access to affordable grocery stores • Transportation to remote areas • Ag tourism/trails • Rural areas are attractive to families 	<p>Threats</p> <ul style="list-style-type: none"> • Inflation driving up cost of living • Overpriced housing • Grant funding drying up/programs are not sustainable • Smaller cities / unincorporated districts – focus is not on entire region • Climate change • Crime, drugs, car wrecks, deaths • Wildfires/disasters • Lack of street lights (deterrent to theft) • Small businesses are dying • Drugs, homelessness, crime

**Summary of Resources for Identified Goals and Objectives
Workgroup Meeting May 26, 2023**

Purpose of Workgroup: Collaboratively establish Goals, Objectives, Strategies, and Tactics as it relates to Safe Neighborhoods and Built Environments (SBNE) to be prioritized over the next 3-5 years to address the health and quality of life for Yuba County residents. At the last meeting, we have coalesced around three goals for this health priority. The information summarized below is not comprehensive, but provides some foundational knowledge of local, state, and national initiatives as it relates to SBNE to inform our deliberation regarding SMART objectives, strategies and tactics that can support our determined goals.

Walk Score

Walk Score's mission is to promote walkable neighborhoods by providing a number between 0 and 100 that measures the walkability of any address. Points are awarded based on the distance to amenities with 5-minute walks given maximum points. Otherwise, points are taken away for further distant amenities, with no points given after a 30-minute walk.



Bike Score

Like Walk Score, the organizations goal with Bike Score is to provide an easy way to evaluate bikeability at a specific location. The score measures whether a location is good for biking on a scale of 0 – 100 based on four equally weighted components: bike lanes, hills, Destinations and road connectivity, and bike community mode share.



U.S. Dept. of Housing and Urban Development: Creating Walking & Bikable Communities

HUD provides guidance for creating walkable and bikeable communities by exploring walkable, bikeable options and provide technical assistance, especially for rural, suburban, and smaller urban cities and communities. The document is intended to serve as a source of discussion for comprehensive land use, pedestrian, and bicycle planning. It includes:

- A sample planning-level process
- Walk and Bike Friendly Principles
- Pedestrian and Bikeway Planning and Designing
- Implementation Framework
- Self-Assessment Tools for Current and Future Successes

Blue Zones Project Yuba Sutter

Blue Zones Project delivers proven tools and resources to transform communities across the U.S. — helping generations of people live longer, healthier, happier lives by making changes to their environment, policy, and social networks so healthy choices become the easiest to make. A few community-wide measures and strategies that align with SNBE include:

Blue Zone Objectives	Strategies
Create more accessible social gathering spaces and functional rec areas	<ul style="list-style-type: none"> • Raise community awareness of existing social gathering spaces/events • Review and amend zoning and permitting processes to facilitate low-case private sector implementation of social gathering areas • Create social gathering areas in more low-density and single-family neighborhoods
Increase in community walkability and bikeability	<ul style="list-style-type: none"> • Coordinate regional bicycle plans and grant apps • Remove zoning impediments to redevelopment in a compact, walkable, mixed-use form • Build on successful Safe Routes to School planning and programs to incorporate additional community facilities
Increase access to healthy foods	<ul style="list-style-type: none"> • Build institutional market channels for local growers • Foster food skills through Farm to Institution learning opportunities • Secure new and additional funding through local, state, and federal channels to support farm to institution initiatives
Increase in Smoke Free Outdoor Space policies	<ul style="list-style-type: none"> • Pass and implement outdoor policies that eliminate secondhand smoke

Summary of Resources #3 Workgroup Meeting July 21, 2023

Purpose of Workgroup: Collaboratively establish Goals, Objectives, Strategies, and Tactics as it relates to Healthcare Access to be prioritized over the next 3-5 years to address the health and quality of life for Yuba County residents. At the last meeting, we have coalesced around three goals for this health priority. The information summarized below is not comprehensive, but provides some foundational knowledge of local, state, and national initiatives as it relates to Healthcare Access to inform our deliberation regarding SMART objectives, strategies and tactics that can support our determined goals.

Yuba County: Systemic Safety Analysis Report Program (SSARP)¹

The SSARP provides collision analysis and low-cost safety measures aiming to improve entire road networks in Yuba County. The report includes identifying the high-risk roadway segments and intersections, which were geographically divided into three segments:

1. Valley Neighborhood Communities (Urban) – includes Olivehurst-Plumas Lake and Arboga Communities
2. Rural Community – includes Loma Rica, Browns Valley, Smartsville, Oregon House, and Dobbins
3. Rest of the County

The report suggests various safety countermeasures for each high-risk location in Yuba County. Those suggestions may include:

- Upgrade intersections pavement markings
- Install/upgrade larger or additional stop signs or other intersection warning signs
- Install flashing beacons as advance warning
- Install delineators, reflectors, and object markers
- Install sidewalk/pathways to avoid walking along roadside

Yuba County Parks Master Plan²

The Yuba County Parks Master Plan addresses the growing demand for recreational opportunities resulting from new residential growth in the area. The plan provides a roadmap for funding, park development, including specific projects, goals, objectives, and recommendations for enhancing individual and community health and wellness. Those strategies include:

- Provide high-quality opportunities for active recreation that are engaging and convenient to users.
- Develop recreation programming to serve residents in all communities within the County.
- Promote a special focus in recreation programming to serve the youth of Yuba County.
- Increase the availability of trails for active transportation (walking, biking, etc.).

Attachment D – Community Health Improvement Plan (CHIP) Changes and Revisions

Date	Priority Area	Change Made	Reason for Change



Thank you

