Countywide Services Agency

Department of
Health and Human Services

Mental Health Services
Leland Tom, Director

County of Sacramento

Terry Schutten, County Executive
Penelope Clarke, Agency Administrator
Lynn Frank, Director

August 30, 2007

Eddie D. Gabriel, Jr.
County Operations Liaison
California Department of Mental Health
1600 9th Street
Sacramento, CA 95814

Dear Mr. Gabriel,

Enclosed is Sacramento County's Implementation Progress Report (IPR) for the Initial Community Services and Supports (CSS) Three-Year Program and Expenditure Plan. Pursuant to DMH Information Notice No. 07-02, the IPR covers activities that took place through December 31, 2006. Sacramento County's Mental Health Services Act (MHSA) CSS Plan was approved in June 2006, thus this IPR covers a six-month timeframe.

As the report indicates, we did not actually implement any CSS programs prior to December 31, 2006. However, we successfully engaged in numerous activities related to the five essential elements of the MHSA: Community Collaboration; Cultural Competence; Client/Family-driven mental health; Wellness/Recovery/Resiliency focus; and Integrated Services. In the area of housing, we entered into a groundbreaking Memorandum of Understanding (MOU) with our local housing authority to build safe, permanent, affordable housing for homeless children, adults and families living with mental illness. Under the strong leadership of our Cultural Competence/Ethnic Services Manager, we made significant efforts toward addressing disparities in access and quality of care for the underserved populations targeted in our CSS Plan.

Thank you for the technical assistance you provided us during this timeframe. Please feel free to contact me if you have any questions or need further information.

Sincerely,

Leland Tom
Director

cc: Michelle Callejas, MHSA Program Manager

SACRAMENTO COUNTY

MENTAL HEALTH SERVICES ACT

COMMUNITY SERVICES AND SUPPORTS PLAN

IMPLEMENTATION PROGRESS REPORT

JUNE 2006 – DECEMBER 2006

Introduction

Sacramento County submitted its Mental Health Services Act (MHSA) Community Services and Supports (CSS) Plan in February 2006. The State Department of Mental Health (DMH) requested additional information on the CSS Plan and in order to expedite the response, Sacramento separated out the Psychiatric Emergency Response Team (PERT) proposal from the other five (5) CSS programs. Sacramento County submitted the requested information regarding the 5 programs to DMH in May 2006 and received approval effective June 1, 2006. On June 22, 2006, Sacramento submitted additional information regarding PERT, and in August 2006, a letter was received from DMH indicating that sufficient information had not been provided and that the PERT program proposal could not be approved as submitted. Steps were taken during the timeframe covered in this report to elicit more information from law enforcement.

Sacramento County has three (3) Full Service Partnership (FSP) programs and two (2) General System Development (GSD) programs. No specific Outreach and Engagement (O&E) programs were developed. Instead, O&E services were built into all five program plans with the expectation that each program would conduct targeted outreach to specific communities based on community needs and preferences. Funds were allocated for identified county MHSA staff to provide technical assistance to MHSA funded programs focused on cultural and linguistic competence including outreach and engagement.

The three FSP programs are: 1) Permanent Supportive Housing Program, 2) Older Adult Intensive Services, and 3) Transcultural Wellness Center. The Permanent Supportive Housing Program was renamed Pathways to Success after Homelessness (Pathways). Pathways will provide integrated services for homeless individuals and families of all ages. The Older Adult Intensive Services Program was renamed Sierra Elder Wellness Program (Sierra) and will provide intensive services for older adults. The Transcultural Wellness Center will provide mental health services and supports designed to meet the cultural and linguistic needs of the Asian Pacific Islander community.

The two GSD programs are: 1) Wellness and Recovery Center and 2) Transitional Community Opportunities for Recovery and Engagement (TCORE). The Wellness and Recovery Center will provide an array of services in a community-based setting to support individuals in their recovery process. The TCORE program will provide intensive short-term services for individuals discharging from acute care settings until they are linked with ongoing services and supports.

1. Program/Services Implementation

a) The progress made between June and December 2006 was slow and focused entirely on pre-implementation efforts. Unfortunately, no programs reached the implementation stage by December 2006. The progressive efforts pertained to the entire CSS Plan, thus, all five programs will be discussed in this section, rather than separating out FSP and GSD programs.

   There were several factors that delayed implementation, including the decision to contract for services, which required a competitive bidding process. Sacramento County chose to contract out for services, as it is more cost effective, and thus, more individuals can be

served. Contracting also allowed for the possibility of including more community based programs including cultural and ethnic specific programs to provide services to the community. Subsequent to DMH approval, the Requests for Applications (RFAs) were published in the newspaper and posted to the County's website. Applicants Conferences were held and attended by a large number of interested community-based organizations. In establishing evaluation panels for all of the programs, the decision was made to include one consumer and one family member from multicultural communities on each panel. This has never been done in Sacramento County before and the response to the letter of interest recruiting those panelists was overwhelming. After narrowing down respondents based primarily on schedules and conflicts of interest, five consumers and five family members were selected, all of whom made significant contributions during the evaluation process.

There were sixteen (16) applications received for the new MHSA programs: TCORE – three (3); Older Adult Intensive Services – five (5); Permanent Supportive Housing - four (4); Transcultural Wellness Center – three (3); and Wellness and Recovery Center – one (1). One application did not pass the initial screening process (for Permanent Supportive Housing) so fifteen were actually evaluated and ranked by the evaluation panels. The evaluation process took place during July and August, and the final award recommendations were made in September 2006.

Another issue that delayed implementation is Section 71-J of Sacramento County's Charter, which requires County representatives to "meet and confer" with Collective Bargaining Units affected by the choice to contract out for services. There were three Collective Bargaining Units impacted requiring separate meetings. The meetings had to take place after the RFA evaluation process and prior to going to the Board of Supervisors. During these meetings, Sacramento County had to present an economies and efficiencies analysis for each of the five CSS programs comparing costs if operated by a contract provider versus costs if operated by Sacramento County. Unfortunately, it was during this time that Sacramento County was involved in contract negotiations with all Collective Bargaining Units, including those affected by the new MHSA programs. A job action ensued and the Collective Bargaining Units, understandably, remained focused on contract negotiations. The meetings regarding the MHSA programs began in December 2006 and concluded in January 2007.

b) During this pre-implementation phase, Sacramento engaged in activities related to the five essential elements of the MHSA: Community Collaboration, Cultural Competence, Client/Family-driven mental health, Wellness/Recovery/Resiliency focus and Integrated Services.

- Community Collaboration was an essential part of Sacramento County's CSS Planning process. In order to solicit feedback on that process, a Public Hearing was held in June 2006. Many members of the community attended including consumers, family members, community-based agencies, and members representing various ethnic/cultural groups in the community. The feedback provided will be utilized for future planning efforts.

- Numerous efforts toward ensuring Cultural Competence were made during this period. Language was inserted into all RFAs and contracts requiring outreach and engagement efforts to underserved/unserved ethnic communities in Sacramento County, including but not limited to the five threshold language groups: Spanish, Russian, Hmong, Cantonese and Vietnamese. Language was also inserted into all MHSA contracts requiring bilingual/bicultural staff that reflects the clientele being served. Additionally, Sacramento County wanted to include individuals on the RFA evaluation panels that were knowledgeable in cultural competency issues. The MHSA Coordinator worked with the county's Ethnic Services/Cultural Competence Manager in selecting a representative for each panel.

- We continued our efforts toward Client/Family-driven mental health services by including consumers and family members on the RFA evaluation panels. The participants provided invaluable input on the applications submitted regarding program design and services intended to meet the needs of consumers and family members. We also included consumers in our housing efforts by establishing a Consumer Housing Group that provided (and continues to provide) invaluable input regarding permanent supportive housing in our community. In addition, all MHSA providers are expected to hire consumers and family members once they begin their hiring efforts.

- Wellness, Recovery and Resiliency language was included in all RFAs and contracts as another step toward transforming our mental health system. It is anticipated that all five programs will utilize Wellness and Recovery Action Plans at the request of consumers. Training will be provided system-wide to county and contracted staff to educate them about the principles of wellness, recovery and resiliency and to provide specific ideas on how to integrate those principles into service delivery.

- The expectation of providing integrated services was also included in all RFAs and contracts. Providers are responsible for addressing all of the needs of each client, not just the mental health needs. Co-occurring mental health and substance abuse treatment will be provided and providers will outreach to primary care clinics where many unserved populations can be reached.

Lastly, an MHSA training plan was developed during this period that includes training in all five essential areas as well as selected Evidence-Based Practices (EBPs) and Change Theory. Funds were identified to support the training, and after Sacramento County was advised that they were one of five counties selected to pilot the California Brief Multicultural Scale (CBMCS), planning commenced for the first MHSA training.

The MHSA training Plan was incorporated into the overall cultural competence training schedule. From June –December 2006, the county was involved in 12 trainings including training focused on the following communities: African American; California Indigenous People; Chinese; Client Culture; Deaf and Hard of Hearing; Latino; Lesbian, Gay, Bisexual and Transgender (LGBT); and Vietnamese.

c) Sacramento County has already implemented SB 163 Wraparound.

d) Since Sacramento's GSD programs were not yet implemented, there is no data available to evaluate how they are strengthening Sacramento County's overall public mental health services system.

e) One-Time Funds for Permanent Supportive Housing:

Sacramento County requested and was granted approval to use $4 million in one-time funds to develop permanent supportive housing for MHSA eligible clients. To maximize this allocation, Sacramento County engaged our local Housing Authority, Sacramento Housing and Redevelopment Agency (SHRA), to manage the funds. Beginning in early June 2006, the Division of Mental Health, SHRA, consumers and a contracted housing consultant, began a series of meetings to formally establish a Memorandum of Understanding (MOU.) This MOU would delineate the responsibilities between Sacramento County and SHRA regarding the utilization and expenditure of the MHSA One-Time funds, which were subsequently named "Building Hope". A companion "Building Hope Housing Funding Guidelines" document was jointly developed to be disseminated to housing developers and service providers. This document defines program parameters, requirements and selection criteria in the application process for Building Hope funds. After several months of positive collaboration, the Building Hope MOU was approved and adopted by the Board of Supervisors.

During this reporting timeframe, several events occurred that deepened the working relationship between the Division, local housing developers, service providers and consumers to foster the development of permanent supportive housing. SHRA and Sacramento County were approached by Mercy Housing Corporation (Mercy), an affordable housing developer, to build/rehabilitate a 53-unit apartment complex of which 19 units would be set aside for MHSA FSP clients. Three of the 19 units will be for families. The developer requested $800,000 of MHSA Building Hope funds for the 19 units; the Pathways Program will provide the services. The project, Ardenaire, included funding from the Governor's Homeless Initiative, which also requires the services of a MHSA FSP funded program. Mercy Housing anticipates beginning rehabilitation in Fall 2007 with completion in the Summer or Fall of 2008.

In August 2006, the Division coordinated a pre-planning meeting in preparation for the MHSA-CiMH housing conference held in Modesto on September 6-8, 2006. The participants included: consumers and family members; affordable housing developers; representatives from the Department of Human Assistance, Homeless Services Division; providers; and Sacramento County Mental Health staff. This conference was the beginning of on-going partnerships between the housing and service providers to move forward with the Building Hope funds. Subsequent meetings resulted in at least four housing projects that are currently in the housing development pipeline. The Division projects that in the next seven years, in partnership with housing developers, SHRA and service providers, over four hundred (400) units will be created to provide permanent supported housing for homeless individuals in Sacramento County.

Another notable success during this time frame was the creation of an on-going Consumer Housing Group. Coordinated and facilitated by Sacramento's housing coordinator and the housing consultant, the group initially formed to provide input into the Building Hope MOU and the Housing Guidelines. Due to its invaluable contributions and continued interest in housing development, the group now meets regularly on the third Thursday of each month, rotating between service sites. A core group remains interested and active with new participants joining the group every month. The group is diverse with regard to culture, ethnicity, age, gender and lived experience.

2. Efforts to Address Disparities

a) Sacramento County has made significant efforts toward addressing disparities in access and quality of care for the underserved populations targeted in our CSS Plan. The Transcultural Wellness Center was designed to meet the needs of the Asian Pacific Islander (API) community. The program design features community-based services tailored to the needs of specific API communities in facilities in which they are familiar and comfortable as well as featuring a blend of Western and traditional healing practices such as inclusion of shamans, narrative therapy and the use of ceremonies. The contract requires that 90% of the direct service staff be bicultural in at least one of the thirteen (13) cultural groups represented in the API community and that the majority of those be bilingual.

The other four programs in the CSS Plan will also utilize culturally relevant practices including but not limited to the following: multidisciplinary team assessments and services; home visits; peer support groups; narrative therapy; assessments and psychiatric evaluations that include cultural formulation and pre-post immigration/refugee history; outreach activities at cultural events, churches and temples; and outreach to community-based agencies that serve cultural and ethnic populations. The MHSA contracts with providers also require that employees reflect the language and diversity in Sacramento and that specific outreach efforts be made toward Latino, Eastern European, Southeast Asian, Native American and LGBT communities. Specific dollars have also been included for translation and interpretation services for those situations in which a bilingual/bicultural staff is not available.

Sacramento County has conducted biennial system-wide agency cultural competence self assessments since 1998. In 2006, the County-wide Cultural Competence Committee was finalizing a year-long effort to review national cultural competence standards and adopt a new cultural competence assessment tool that more accurately measured progress towards achieving these standards. With anticipation of the new MHSA programs coming on-line in 2007, this effort took on even greater significance. It would provide clearer direction for new programs as they developed policies and procedures and program delivery models. The assessment tool that was modified and adopted for use in Sacramento County with the approval of its authors, Siegal, Haugland and Chambers, is the *Cultural Competence Assessment Scale.* This scale provides a base-line with benchmarks for improvement for all programs and assists in reducing disparities in access and quality of care, as well as other key areas.

Just prior to the MHSA planning process, the Deaf and Hard of Hearing (Deaf and HOH) Community contacted the Mental Health Division with concerns about access and quality of services for the Deaf and HOH community. They also submitted a proposal during the MHSA CSS planning phase. While their proposal did not rank high enough for MHSA funding, the Division continued to work with the community and developed a work plan that outlined strategies to improve services that included training, staffing and outreach and engagement. Members of the Deaf and HOH community and a Deaf specialist consultant helped select a deaf clinician fluent in ASL to serve children and adults throughout the system. The contract for this position was executed in November 2006. Finding and bringing onboard a qualified individual was a challenge. Working with the community to identify an appropriate mailing list, over 40 letters were sent out statewide. Additionally, the first in a series of trainings on *Deaf Culture and the Use of TTY Machines* was conducted for the Adult and Child Access Teams in August 2006.

b) Given that programs were not implemented between June and December of 2006, targeted outreach efforts by identified MHSA providers to targeted underserved communities were not made. However, during this period members of the Division System-wide Outreach Committee participated in 14 outreach events each focusing on one of the following groups: African American, Asian Pacific Islander, Latino, and Refugees. These events took place in a variety of settings including community and ethnic focused fairs, schools, religious facilities and community centers. They provided opportunity for bilingual-bicultural staff to meet with community members in natural settings, one-on-one and in groups to discuss mental health issues and referral to services.

c) All of the MHSA funded programs were contracted out. Contract agencies are required to comply with the 2003 Cultural Competence Plan goal to "increase the percentage of direct service staff by 5% annually to reflect the racial and ethnic makeup of the communities speaking threshold languages." The 2006 Human Resource Survey set the baseline for MHSA programs. Specific language was included in contracts addressing language and culture staffing requirements and individual program staffing requirements that included entry level positions.

d) During the CSS Planning Process, there was a stakeholder group that represented the Native American community. That group developed and submitted a proposal to the Cultural Competence Task Force and subsequently to the MHSA Steering Committee. There were 143 proposals submitted, and due to funding limitations, only six were funded. All proposals were ranked through the community stakeholder process and the Native American proposal did not rank high enough to be funded. Sacramento County's Mental Health Director, Cultural Competence/Ethnic Services Manager and Mental Health Services Act Coordinator attended training on California Indigenous People in October 2006 and met with representatives from the Native American Health Center in Sacramento. Sacramento County will continue to explore ways in which we can serve the needs of the Native American Community.

e) Many system improvements have been made specific to reducing disparities, particularly with regard to the RFAs and MHSA contracts. Language about cultural competency was incorporated in all RFAs and contracts; requirements about hiring bilingual/bicultural staff were specified; language requiring outreach to unserved communities was included; and the DMH Technical Assistance Document 5 "Considerations for Embedding Cultural Competency" was included in all MHSA contracts. Additionally, this document will now be included system-wide in all mental health services contracts.

Stakeholder Involvement

Involvement of consumers, family members and stakeholders from June through December 2006 was not as extensive as involvement during the CSS Planning Process. As already discussed, there was a Public Hearing held in June 2006 in which all stakeholders were invited to provide input on Sacramento's CSS Planning process. Consumers, family members and individuals representing cultural diversity participated in the RFA evaluation process. We did not include stakeholders in the RFA development process, as anyone who participated would have been excluded from applying for the contracts. Many service providers and other community stakeholders attended the RFA Bidders Conferences and a wide array of agencies submitted applications. Finally, the MHSA Coordinator worked with our Alcohol and Drug Services Division in developing appropriate co-occurring contract language.

Public Review and Hearing

a) The Implementation Progress Report (IPR) was posted to Sacramento County's website for a 30-day public comment period from July 6 to August 5, 2007. The IPR was translated into Sacramento County's five (5) threshold languages (Spanish, Russian, Hmong, Vietnamese and Cantonese) and all translations were also posted to the website with links to the IPR in each respective language. Hard copies of the IPR were provided upon request. The Public Hearing was conducted by the Sacramento County Mental Health Board on August 6, 2007.

b) A Public Notice announcing the posting of the IPR was published in the Sacramento Bee on July 6, 2007. The notice indicated the report could be found on Sacramento County's website and that a hard copy would be provided upon request. Notification about the report was also sent via e-mail to approximately 950 individuals who are on Sacramento County's MHSA e-mail distribution list, all service providers in our Adult System of Care, and all service providers in our Children's System of Care.

c) During the 30-day posting of the IPR, several responses were received from the community. The following is a summary:
   - Acknowledgement of the hard work during the six-month timeframe
   - Positive feedback on our efforts regarding cultural competence and disparities in care
   - Positive feedback and support for including co-occurring mental health and substance abuse treatment in our contracts
   - Acknowledgement of our collaborative efforts with the community and service providers

- Suggestion to continue including the community to ensure timely implementation of future MHSA components.

There were requests for future MHSA funding to address the following groups and/or issues:

- Individuals with HIV/AIDS
- The deaf and hard of hearing community
- Health disparities that lead to the high infant mortality rate among African Americans

During the public comment period at the Public Hearing on August 6, 2007, there were several questions and comments. The following is a brief summary:

- Request for clarification of certain parts of the IPR
- Request for current status of new programs and the PERT proposal
- Concern regarding the delay in implementation and the lapse in the MHSA Steering Committee meetings
- Importance of ensuring faster implementation of future MHSA components
- Request that Sacramento County not lose sight of the need for more local beds for long-term psychiatric care, as many residents are currently sent out of county for treatment
- Suggestion to expand Sacramento's Regional Support Teams, which provide adult outpatient services
- Suggestion to clarify the role of the MHSA Steering Committee

Questions and concerns were addressed by the MHSA Program Manager after the public comment period and an update on local and state MHSA activities was provided. The Division is actively engaged in implementing changes to reduce caseloads in our adult outpatient system as well as addressing the lack of local beds for Sacramento residents needing long-term psychiatric care. The role of the MHSA Steering Committee will be clarified when meetings commence in September or October 2007. Funding for services for particular concerns or populations will be discussed during the community planning process and with stakeholder involvement. It is the goal of the Division to work collaboratively with all stakeholders to ensure timely implementation of future MHSA components.

Technical Assistance and Other Support

No specific technical assistance is being requested at this time. The technical assistance and support provided by DMH, the California Mental Health Director's Association and the California Institute of Mental Health has been greatly appreciated. We will continue to work directly with our DMH County Operations Liaison on additional needs for technical assistance.