Exhibit 1
Community Services and Supports
FY 2008/09 Plan Update

COUNTY CERTIFICATION

I hereby certify that I am the official responsible for the administration of Community Mental Health Services in and for _____ County and that the following are true and correct:

This Community Services and Supports Plan Update is consistent with the Mental Health Services Act. This Plan Update is consistent with and supportive of the standards set forth in Title 9, California Code of Regulations (CCR) Section 3610 through 3650.

This Plan Update has been developed with the participation of stakeholders, in accordance with CCR Sections 3300, 3310, and 3315. The draft Plan Update was circulated for 30 days to stakeholders for review and comment. All input has been considered, with adjustments made, as appropriate.

Mental Health Services Act funds are and will be used in compliance with CCR Section 3410 of Title 9, Non-Supplant.

All documents in the attached Community Services and Supports Plan Update are true and correct.

Date:_____ **Signature_____**
Local Mental Health Director

Executed at: _____

MENTAL HEALTH SERVICES ACT

COMMUNITY SERVICES AND SUPPORTS

2008 – 2009 PLAN UPDATE

Executive Summary

Introduction

In June of 2006, the California Department of Mental Health (DMH) approved Sacramento County's Mental Health Services Act (MHSA) Community Services and Supports (CSS) Plan. Sacramento County was awarded approximately $9.6 million in CSS funding for each of three fiscal years: 2005-06, 2006-07, and 2007-08.

In November of 2007, DMH released Letter 06-09, indicating that actual revenues received in the MHSA fund exceeded the original estimates and that DMH was making available an additional $114.5 million to counties participating in the MHSA to support the implementation of the CSS component during fiscal year 2007-08. The letter specified additional planning estimates available to each county. Sacramento's additional planning estimate was $3,517,700.

In February of 2008, DMH approved Sacramento County's request for additional CSS funding in the amount of $3,946,328. These additional dollars were used to expand the five (5) CSS programs approved in June of 2006. Sacramento has three (3) Full Service Partnership (FSP) programs and two (2) General System Development programs:

- SAC1: Transitional Community Opportunities for Recovery and Engagement (TCORE) (GSD)
- SAC2: Sierra Elder Wellness Program (FSP)
- SAC4: Pathways to Success after Homelessness (FSP)
- SAC5: Transcultural Wellness Center (FSP)
- SAC6: Wellness and Recovery Center (GSD)

Request for Fiscal Year 2008 – 2009 CSS Funding

In this CSS Plan Update, Sacramento County is requesting CSS funding for the Fiscal Year (FY) 2008-2009 in the following four areas:

1. Previously approved MHSA Workplans
2. A new MHSA Workplan referred to as "Recovery Option 5"
3. Previously approved Mental Health Information Technology Project
4. Administration

Previously Approved MHSA Workplans

Sacramento County is requesting CSS funding for five (5) previously approved Workplans in the amount of $11,284,140. There are no significant changes in any of the approved Workplans; however, positions have been added to the program budgets to provide program oversight and technical assistance and two of the FSPs will increase client capacity: Pathways to Success after Homelessness and Sierra Elder Wellness Program. Both programs will be able to serve more individuals and families, for the same amount of approved funding, due to implementing levels of service in each program.

The table below provides a summary and funding request for each program:

Workplan No. and Funding Type	Ages Served	Program Description	Funding Requirement	Cost per Client (MHSA funding only)
SAC1 – GSD TCORE	TAY, Adults, Older Adults	Intensive community-based services for individuals being released from acute care settings or who are at risk of entering acute care settings and who are not linked to on-going services. Services include crisis intervention, case management, rehabilitation and medication management and support. The goal of the program is to reduce or prevent the need for crisis services and ensure that consumers coming out of acute care are linked with services. Service Capacity: 780 annually	$2,355,555	$3,020
SAC2 – FSP Sierra Elder Wellness Program	Transition Age Adults, Older Adults	Specialized geriatric psychiatric support, multidisciplinary mental health assessments, treatment and intensive case management services for older adults (55 and older) who have multiple co-occurring mental health, physical health, and/or substance abuse and social service needs that require intensive case management services. The goal is to improve medical and functional status, increase social supports, decrease isolation, reduce trips to the emergency room and/or hospital and reduce homelessness. Service Capacity: 145 at any given time	$1,659,878	$11,447
SAC4 – FSP Pathways to Success After Homelessness	Children, TAY, Adults, Older	Integrated, culturally competent services and supports for children (and their families), adults and older adults who are homeless and who	$3,117,063	$15,131

Workplan No. and Funding Type	Ages Served	Program Description	Funding Requirement	Cost per Client (MHSA funding only)
	Adults	have a qualifying mental health diagnosis. Housing subsidies are available to those enrolled in the program. The goal is to provide supports that will assist consumers in their wellness and recovery plans, in maintaining stable housing and re-integrating into the community. It is anticipated that there will also be an increase in employment and a reduction in hospitalizations, incarcerations and school failure. Service Capacity: 206 at any given time		
SAC5 – FSP Transcultural Wellness Center	Children, TAY, Adults, Older Adults	TWC is designed to address the mental health needs of the Asian/Pacific Islander (API) communities in Sacramento County. It is staffed by consumers, family members and community members and provides a full range of services with interventions and treatment that take into account cultural and religious beliefs and values; traditional and natural healing practices; and ceremonies recognized by the API community. The goals of the TWC are to increase the number of the API population that receive timely and appropriate mental health services and to decrease the number of individuals utilizing social services, acute care, or public safety providers as a component of untreated mental illness. Service Capacity: 200 at any given time	$2,703,207	$13,516

Workplan No. and Funding Type	Ages Served	Program Description	Funding Requirement	Cost per Client (MHSA funding only)
SAC6 – GSD Wellness and Recovery Center	TAY, Adults, Older Adults	WRC is a neighborhood based multi-service center that provides a supportive environment offering choice and self-directed guidance for recovery and transition into community life. It is consumer operated, employs consumers and trains individuals for peer counseling, peer mentoring, advocacy, and leadership opportunities throughout Sacramento County. Services include psycho-educational groups, educational guidance, vocational services, psychiatric support, natural healing practices and creative writing groups. Key activities include a library, resource center and computer lab that can be utilized by center participants and the general public interested in learning more about mental health and recovery. The services and activities at WRC are geared toward assisting consumers and family members to develop personal wellness and recovery skills that prevent relapse, promote support and independence, improve quality of life, and provide integration into a variety of roles in the community. Service Capacity: 550 annually	$1,448,437	$2,634
TOTAL			**$11,284,140**	

New MHSA Workplan Proposal

Sacramento County is also requesting additional funding in the amount of $706,584 for FY 2008-09 to fund a new CSS GSD program currently referred to as "Recovery Option 5". This funding is part of Sacramento's initial planning estimate that was to be used for the Psychiatric Emergency Response

Team (PERT). Since that Workplan was not approved, the funding initially dedicated to PERT is still available.

Below is a summary of the proposed Workplan:

Workplan No. and Funding Type	Ages Served	Program Description	Funding Requirement	Cost per Client (MHSA funding only)	Proposed Effective Date
SAC7 - GSD Recovery Option 5	TAY, Adults, Older Adults	A "step down" program from intensive services for individuals who have stabilized, are ready to graduate and desire to continue their recovery process in other life domains. The program will provide services and supports that focus on supported education and employment as well as other productive meaningful activities. Specific outreach will be conducted to unserved and underserved cultural/ethnic groups to improve access to educational, vocational and other meaningful activities. Service Capacity: 425 at any given time	$706,584	$3,294*	3/01/09
TOTAL FUNDING REQUIREMENT FOR FY 2008-09				**$706,584**	

*Cost per client based on annualized program cost of $1,400,000.

Mental Health Information Technology Project

DMH previously approved one-time MHSA funding for Mental Health Information Technology Projects. The ongoing going approved project is an upgrade to the County's current information system with an architecture that will ultimately support an integrated system that supports not only claiming, but an Electronic Health Record. In order to sustain the costs of this project, Sacramento County is requesting $642,371 of CSS funding. This amount will be part of the allowable 20% expenditures for technology in the CSS funding category.

Administration

Finally, Sacramento County is requesting $ 2,032,789 in CSS funding to sustain the costs associated with the intensive amount of administration support required for ensuring ongoing community planning, implementation and monitoring of our MHSA programs and activities.

The table below provides a summary of the total funding request for FY 2008-09:

Description	Funding Requirements
CSS Previously Approved Workplans (SAC1-SAC6)	$ 11,284,921
New CSS Proposed Workplan (SAC7)	706,584
Mental Health Information Technology Project	642,371
MHSA Administration	2,032,789
TOTAL	$ 14,665,884

Planning Process

Sacramento County's CSS Community Planning process regarding the approved MHSA Workplans has been described in-depth in prior documents submitted to DMH. In brief, the process began in January of 2005. More than 400 community-wide outreach and training events were conducted to elicit stakeholder input and over 18,000 community members were contacted. Outreach was targeted toward consumers, family members, service providers, system partners, law enforcement, education, various ethnic and cultural groups, and other interested parties. Sacramento was one of only 22 counties to receive unconditional approval of it local planning process.

Initial issues and populations to serve that were identified include:

- Older Adults (60 and older) and Transition Age Adults (55 – 59)
- Homeless children, youth and adults
- Unserved or underserved ethnic and cultural populations, including Asian and Pacific Islander, Latino, Native American, and members of refugee populations
- Crisis services across all age groups.

Initial issues identified as priority for adults include:

- Employment
- Consumer/Peer-driven services
- Involvement in meaningful activities
- Development of supportive relationships
- Ability to take care of self
- Education

The MHSA planning structure included a MHSA Steering Committee; four (4) Task Forces (Children/TAY; Adult/TAY; Older Adult; and Cultural Competence); and 40 Stakeholder Groups. All committees and groups had at least 50% consumer and family member representation. 143 proposals were developed and five Workplans were ultimately approved by DMH.

In resuming our planning process, the MHSA Steering Committee was redesigned and reconvened in October of 2007. One of the issues that emerged early on was the veto of AB2034. In Sacramento County, there were approximately 278 individuals enrolled in AB2034 at the time of its elimination. The Steering Committee was charged with making recommendations for a plan that would ensure that no individual became homeless as a result of the veto and that all those needing services continued to receive them elsewhere in our system of care. An Ad Hoc Housing Group was established that included individuals from the county, providers, consumers, family members and system partners. In analyzing the crisis and discussing possible solutions, it was discovered that many individuals enrolled in AB2034 had progressed significantly in their recovery and were ready to graduate from intensive services. Unfortunately, Sacramento County's Adult System of Care does not have the capacity for individuals ready to step-down into a lower level of care for any of our intensive services programs. The adult outpatient system represents the next level of care and it is completely impacted. The Regional Support Teams (RST) providing outpatient services have caseloads as high as 1 staff member to 100 consumers.

Several options were developed and formally recommended to the Steering Committee. Based on the needs identified in the community planning process as well as the need for a lower level of care than intensive services, the 5th option was adopted by the Steering Committee. This option was initially referred to as the RST Redesign Pilot but then became know as "Recovery Option 5."

The CSS Plan Update, which includes the proposed Recovery Option 5 Workplan, was posted for a 30-day public comment period on June 16, 2008. An announcement was placed in the Sacramento Bee newspaper indicating the link to the posting and the date of the Public Hearing; an e-mail with the link and date of the Public Hearing was sent to all of our Child and Adult contract providers, to all of our local libraries, and to over 1100 individuals on our MHSA distribution list.

The Sacramento County Mental Health Board conducted a Public Hearing on July 17, 2008 in the Sacramento County Board of Supervisors Chambers at 700 H Street, Sacramento, California 95814 from 6:00 to 9:00 p.m.

Public Comment

There were numerous comments submitted during the 30-day public comment period and made at the Public Hearing.

Several comments submitted and verbalized expressed support for continued funding of the five (5) existing MHSA Workplans. Comments spoke to the number of individuals who have greatly benefited from the programs. One individual pointed out the need to work with law enforcement and to increase funding for treatment of co-occurring disorders.

The majority of the comments were specific to the SAC7 Recovery Option 5 Workplan. A summary of the comments and suggestions are categorized and listed below:

- Staffing: include a Housing Specialist; add a Parent and/or Consumer expert to the staff for more expertise at the table; expand the criteria to include more individuals than just those

receiving intensive services; clarify that the program will serve Transition Age Youth (TAY); highlight the Benefits Specialist so clients are not set up for failure; add video conferencing capability to the program; include TAY staff to oversee the TAY component; too much administration in the staffing; salaries look top heavy; include an Alcohol and Drug Counselor.

- Cost of Program and Program Design: the program needs to be realistic in order to be successful – look at the funding again; too many promises made for such a small amount of money; not a good use of funds – should fund employment specialists in existing CSS programs rather than have a stand-alone employment program; the cost per individual is too low and the caseloads are too high – it's not based on the SAMHSA evidence based Supported Employment model; there's not enough money budgeted for the staff and the services; there is more to recovery than just employment; employment and meaningful activities are good but cost more money than is available in this program; recovery is an individualized process and not all consumers are ready for supported employment; the program is too rigid as written – there needs to be flexibility in order for it to be successful; suggestion to add the word "meaningful" before employment.

- Planning Process: Many comments were about the process that took place in developing Recovery Option 5: belief that this was supposed to be a Full Service Partnership; this new program was supposed to be about housing due to the loss of AB2034; AB2034 was more than just employment – this doesn't meet the housing needs; the final plan appears very different than what was presented to the MHSA Steering Committee; this is not a step-down program as discussed in the workgroup; this program was supposed to help those in the AB2034 programs – not all of those clients were taken care of as promised – they need the supportive environment they had; the original proposal bears little resemblance to the final Workplan; question regarding whether the community was involved in the planning process and whether there was notice about the meetings; although employment is important to recovery, housing should be prioritized.

- There were many comments made and submitted that support the Recovery Option 5 Workplan proposal. At the Public Hearing, several consumers participating in Crestwood's Dreamcatchers Program gave powerful testimonials about how integral employment and education has been to their recovery process and to their self-esteem. Some of the comments included the following:

    - Dreamcatchers helped build skills to handle challenges that come up every day;
    - Success is felt even in just looking for a job in the community;
    - The Dreamcatchers job program provided the incentive to get out of the hospital and join society in the real job market – "now able to support myself and my family";
    - Working has allowed both financial and emotional stability;
    - Self-esteem and hope have significantly increased;
    - Employment, whether paid or volunteer, provides the opportunity to re-enter the community with individual gifts and to actively participate in the community.

Division Response to Public Comment

The staffing pattern indicated in the Workplan proposal includes positions that the division believes would be helpful in achieving the goals of the program. There will be flexibility with the listed positions once a contract provider is selected to administer the program. At that point, the provider may consider changing the staffing to include a housing specialist and alcohol and drug counselor. Benefits counseling is critically important and the Employment Specialist will provide this counseling as part of the vocational assessment. If an individual does not have benefits upon entry to the program, the mental health staff will assist with linkage. While there is a 1.5 FTE included for Peer/Family Partners, the provider may choose to increase that number and/or hire several individuals on a part-time basis. The selected provider will be encouraged to include Transition Age Youth on the staff.

With regard to program design, costs for services were based on the Supported Employment EBP and mental health services. 225 individuals will be enrolled in the first year of operation and enrollment will increase to 425 in subsequent years. Of the 425, 150 individuals will be enrolled in the Supported Employment component of Recovery Option 5. Several comments indicated that the caseload ratio of one (1) staff to thirty-five (35) enrolled members was too high. Upon closer review, that ratio equates to 80% of model fidelity. In order to ensure 100% fidelity, the caseload ratio will be reduced to (one) staff to twenty-five (25) members.

It was suggested that Employment Specialists should be funded in existing CSS FSP programs and in other community settings, including adult schools and community colleges. This is an excellent idea to consider for future planning as we continue to place an emphasis on employment, education and other meaningful activities. Our FSPs do provide some employment counseling; however, Recovery Option 5 is Sacramento County's first pilot for administering a Supported Employment EBP program.

Intensive discussions took place at the Ad Hoc Housing Workgroup meetings and the MHSA Steering Committee meetings about how best to meet the needs of the AB2034 members. We were fortunate to have capacity in our existing MHSA programs to serve the majority of those enrolled at the time the program was eliminated. Our AB2034 providers worked collaboratively to ensure all individuals continued to receive services. As stated earlier, it became apparent that there were no step-down services available for those members of AB2034 who had made significant progress in their recovery and no longer required intensive services. The gap in housing services resulting from the loss of AB2034 was and remains significant. This factor was considered in discussions about whether to fund another supported housing program or Recovery Option 5. Because Recovery Option 5 would provide a much needed step-down service and is based on an EBP for Supported Employment, the decision was made to recommend this program for funding. The MHSA Steering Committee took a collective stand on supporting employment as a critical value to recovery.

Housing remains a top priority for the division and will be considered for use of future MHSA funding. Sacramento is in the enviable position of having numerous permanent housing units in development which will be dedicated to children, adults and families who are homeless and at-risk of homelessness and have a psychiatric disability or serious emotional disturbance. Supportive housing services will be required in order to utilize those units and the division will work collaboratively with the community on finding and leveraging funding for those services.

Exhibit 2

FY 2008/09 Mental Health Services Act Community Services and Supports Summary Workplan Listing

County: Sacramento **Date:** 6/16/2008

	Workplans			Total Funds Requested				Funds Requested by Age Group			
	No.	Name	New (N)/ Approved Existing (E)	Full Service Partnerships (FSP)	System Development	Outreach and Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1.	SAC1	TCORE	E		$2,355,555		$2,355,555	$0	$376,889	$1,780,800	$197,867
2.	SAC2	Sierra Elder Wellness	E	$1,659,878			$1,659,878	$0	$0	$448,167	$1,211,711
3.	SAC4	Pathways to Success after Hor	E	$3,117,063			$3,117,063	$544,729	$635,518	$1,800,633	$136,182
4.	SAC5	Transcultural Wellness Center	E	$2,703,207			$2,703,207	$837,994	$554,157	$1,013,703	$297,353
5.	SAC6	Wellness and Recovery Center	E		$1,448,437		$1,448,437	$0	$101,391	$1,235,517	$111,530
6.	SAC7	Recovery Option 5	N		$706,584		$706,584	$0	$141,317	$494,609	$70,658
7.							$0				
8.							$0				
9.							$0				
10.							$0				
11.							$0				
12.							$0				
13.							$0				
14.							$0				
15.							$0				
16.							$0				
17.							$0				
18.							$0				
19.							$0				
20.							$0				
21.							$0				
22.							$0				
23.							$0				
24.							$0				
25.							$0				
26.	**Subtotal: Workplans**[a/]			$7,480,148	$4,510,576	$0	$11,990,724	$1,382,724	$1,809,271	$6,773,428	$2,025,301
27.	**Optional 10% Operating Reserve**[b/]						$1,199,072				
28.	**CSS Administration**[c/]						$2,032,789				
29.	**CSS Capital Facilities Projects**[d/]						$0				
30.	**CSS Technological Needs Projects**[d/]						$642,371				
31.	**CSS Workforce Education and Training**[d/]						$0				
32.	**CSS Prudent Reserve**[e/]						$0				
33.	**Total Funds Requested**						$15,864,956				

a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs= 62.38%

b/ Cannot exceed 10% of line 26.

c/ Complete Exhibit 5a.

d/ Complete budget pages from relevant guidelines for each component.

e/ Complete Exhibit 4. Not required until FY2009-10

Exhibit 2a

FY 2008/09 Mental Health Services Act Previously Approved Capital Facilities and Technological Needs and Workforce Education and Training Projects Funding Requirements

County: Sacramento **Date:** 7/31/2008

1. Capital Facilities Projects[a/]	$0
2. Technological Needs Projects[a/]	$0
3. Workforce Education and Training[a/]	$0

a/ Complete budget pages from relevant guidelines for each component.

Exhibit 3R

Mental Health Services Act Community Services and Supports Funding Request for FY 2008/09

Date: 7/31/2008 **County:** Sacramento

	Use of Funds	Source of Funds	
Total FY 2008/09 Funds Requested from line 33 of Exhibit 2	$15,864,956		
		$0	FY 06/07 CSS Unapproved Planning Estimates
		$0	FY 07/08 CSS Unapproved Planning Estimates
		$14,665,884	FY 08/09 CSS Planning Estimates*
		$1,199,072	Unspent CSS Funds (Cash on Hand)
Total	$15,864,956	$15,864,956	

* Funds requested for lines 29, 30 and 31 on Exhibit 2 must be funded from the FY 08/09 CSS Planning Estimate.

Exhibit 4

Mental Health Services Act (MHSA)
Community Services and Supports (CSS)
FY 2008/09 Local Prudent Reserve Plan

County: _____

Date: _____

Approved CSS Component Amount	
1. Requested FY 08/09 CSS Services Funding (Exhibit 2, line 26)	
2. Less: Non-Recurring Expenditures (from Exhibit 5a, 5b, and/or 5c)	
3. CSS Administration (Exhibit 2, line 28)	
4. Total CSS Plan Component Amount	
5. Maximum Prudent Reserve (50%)	
Prudent Reserve	
6. Prudent Reserve Balance from Prior Approvals	
7. Amount Requested to Dedicate to Prudent Reserve through this Plan Update	
8. Prudent Reserve Balance	
9. Prudent Reserve Shortfall for Achieving 50% (Describe below)	

This form not required until FY2009-10

The Department cannot approve a Plan update that does not achieve a local prudent reserve of 50% unless services would have to be reduced in order to attain the required amount. Please describe below how the County intends to reach the 50% requirement by July 1, 2010 (i.e., future increases in CSS planning estimates will be dedicated to prudent reserve before funding program expansion, other).

_____

_____

_____

_____

Exhibit 5a

FY 2008/09 Mental Health Services Act Community Services and Supports
Administration Budget Worksheet

County: Sacramento

Fiscal Year: 2008-09

Date: 6/16/2008

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Personnel Expenditures		
a. MHSA Coordinator(s)	$98,582	$102,518
b. MHSA Support Staff	$1,014,776	$1,041,652
c. Other Personnel (list below)		
i.		
ii.		
iii.		
iv.		
v.		
vi.		
vii.		
d. Total Salaries	$1,113,358	$1,144,170
e. Employee Benefits	$420,306	$487,292
f. Total Personnel Expenditures	$1,533,664	$1,631,462
2. Operating Expenditures	$268,705	$308,666
3. County Allocated Administration		
a. Countywide Administration (A-87)	$313,575	$288,427
b. Other Administration (provide description in budget narrative)		
c. Total County Allocated Administration	$313,575	$288,427
4. Total Proposed County Administration Budget	$2,115,944	$2,228,555
B. Revenues		
1. New Revenues		
a. Medi-Cal (FFP only)	$195,766	$195,766
b. Other Revenue		
2. Total Revenues	$195,766	$195,766
C. Non-Recurring Expenditures		
D. Total County Administration Funding Requirements	$1,920,178	$2,032,789

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all MHSA program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: _____ Signature _____

Local Mental Health Director or Designee

Executed at _____, California

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: Sacramento
Fiscal Year: 2008-09
Program Workplan #: SAC1
Date: 6/16/2008
Program Workplan Name: Transitional Community Opportunities for Recovery and Engagment (TCORE)
Page ____ of ____
Type of Funding: 2. System Development
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 780
Existing Client Capacity of Program/Service:
Prepared by: Jane Ann LeBlanc
Client Capacity of Program/Service Expanded through MHSA: 780
Telephone Number: (916) 875-0188

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing	$0	$0
b. Other Supports	$0	$0
2. Personnel Expenditures	$1,825,025	$1,795,652
3. Operating Expenditures	$802,070	$893,180
4. Program Management	$394,064	$394,064
5. Estimated Total Expenditures when service provider is not known	$0	$0
6. Non-recurring expenditures	$0	$0
7. Total Proposed Program Budget	**$3,021,159**	**$3,082,896**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)	$727,341	$727,341
b. State General Funds	$0	$0
c. Other Revenue	$0	$0
d. Total New Revenue	$727,341	$727,341
3. Total Revenues	$727,341	$727,341
C. Total Funding Requirements	**$2,293,818**	**$2,355,555**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: Sacramento | Fiscal Year: 2008-09

Program Workplan # SAC2 | Date: 6/16/2008

Program Workplan Name Sierra Elder Wellness Program | Page ____ of ____

Type of Funding 1. Full Service Partnership | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 145

Existing Client Capacity of Program/Service: | Prepared by: Jane Ann LeBlanc

Client Capacity of Program/Service Expanded through MHSA: 145 | Telephone Number: (916) 875-0188

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing	$60,000	$60,000
b. Other Supports	$110,000	$110,000
2. Personnel Expenditures	$885,590	$1,055,654
3. Operating Expenditures	$676,943	$616,193
4. Program Management	$236,255	$250,000
5. Estimated Total Expenditures when service provider is not known	$0	$0
6. Non-recurring expenditures	$0	$0
7. Total Proposed Program Budget	**$1,968,788**	**$2,091,847**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)	$431,969	$431,969
b. State General Funds	$0	$0
c. Other Revenue	$0	$0
d. Total New Revenue	$431,969	$431,969
3. Total Revenues	$431,969	$431,969
C. Total Funding Requirements	**$1,536,819**	**$1,659,878**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: Sacramento | Fiscal Year: 2008-09

Program Workplan # SAC4 | Date: 6/16/2008

Program Workplan Name Pathways to Success after Homelessness | Page ____ of ____

Type of Funding 1. Full Service Partnership | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 206

Existing Client Capacity of Program/Service: | Prepared by: Jane Ann LeBlanc

Client Capacity of Program/Service Expanded through MHSA: 206 | Telephone Number: (916) 875-0188

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing	$946,001	$946,001
b. Other Supports	$332,318	$332,318
2. Personnel Expenditures	$1,588,525	$1,840,280
3. Operating Expenditures	$793,362	$662,969
4. Program Management	$265,495	$265,495
5. Estimated Total Expenditures when service provider is not known	$0	$0
6. Non-recurring expenditures	$0	$0
7. Total Proposed Program Budget	**$3,925,701**	**$4,047,063**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)	$527,940	$527,940
b. State General Funds	$102,060	$102,060
c. Other Revenue	$300,000	$300,000
d. Total New Revenue	$930,000	$930,000
3. Total Revenues	$930,000	$930,000
C. Total Funding Requirements	**$2,995,701**	**$3,117,063**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: Sacramento | Fiscal Year: 2008-09

Program Workplan # SAC5 | Date: 6/16/2008

Program Workplan Name Transcultural Wellness Center (TWC) | Page ____ of ____

Type of Funding 1. Full Service Partnership | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 200

Existing Client Capacity of Program/Service: | Prepared by: Jane Ann LeBlanc

Client Capacity of Program/Service Expanded through MHSA: 200 | Telephone Number: (916) 875-0188

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing	$500,000	$250,000
b. Other Supports	$315,000	$465,000
2. Personnel Expenditures	$1,309,409	$1,480,333
3. Operating Expenditures	$793,612	$860,694
4. Program Management	$366,356	$336,673
5. Estimated Total Expenditures when service provider is not known	$0	$0
6. Non-recurring expenditures	$0	$0
7. Total Proposed Program Budget	**$3,284,377**	**$3,392,700**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)	$517,120	$445,000
b. State General Funds	$172,373	$244,493
c. Other Revenue	$0	$0
d. Total New Revenue	$689,493	$689,493
3. Total Revenues	$689,493	$689,493
C. Total Funding Requirements	**$2,594,884**	**$2,703,207**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: Sacramento | Fiscal Year: 2008-09

Program Workplan # SAC6 | Date: 6/16/2008

Program Workplan Name Wellness and Recovery Center | Page ____ of ____

Type of Funding 2. System Development | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 550

Existing Client Capacity of Program/Service: | Prepared by: Jane Ann LeBlanc

Client Capacity of Program/Service Expanded through MHSA: 550 | Telephone Number: (916) 875-0188

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing	$0	$0
b. Other Supports	$0	$0
2. Personnel Expenditures	$1,040,466	$1,096,084
3. Operating Expenditures	$412,940	$412,940
4. Program Management	$79,782	$85,902
5. Estimated Total Expenditures when service provider is not known	$0	$0
6. Non-recurring expenditures	$0	$0
7. Total Proposed Program Budget	**$1,533,188**	**$1,594,926**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)	$146,489	$146,489
b. State General Funds	$0	$0
c. Other Revenue	$0	$0
d. Total New Revenue	$146,489	$146,489
3. Total Revenues	$146,489	$146,489
C. Total Funding Requirements	**$1,386,699**	**$1,448,437**

WORKPLANS SAC1-SAC6
BUDGET NARRATIVE

FULL SERVICE PARTNERSHIPS

Both Sierra and Pathways implemented a level of care model, enabling them to serve more clients. Therefore, both programs added staff to accommodate their higher caseloads. The Transcultural Wellness Center reduced client housing supports and increased other client supports, based on current client needs. They also increased their Medication Supports to cover the cost of atypical anti-psychotic medications required by approximately 25% of their clients.

GENERAL SYSTEM DEVELOPMENTS

Both TCORE and the Wellness and Recovery Center made minor changes within their budgets to accomodate their clients' needs

Program Description

1. Provide a brief description of the proposed program/service.

In developing this proposed program, the MHSA goals as well as the MHSA Guiding Principles served as a template to create a program that would expand rehabilitation and recovery-based options for our existing underserved client population and relieve an overburdened system.

Recovery Option 5 is designed as a "step-down" program for consumers recently homeless, incarcerated, or hospitalized who have received stabilization services from one of Sacramento County's intensive services team. Intensive teams provide mental health services and supports, medication services and a variety of care management services including linkage to stable housing, public benefits, family support, and appropriate longer term mental health services. Sacramento currently has ten (10) intensive teams (including the MHSA TCORE program) that enroll over 1200 consumers each year and adequate "step-down" services have been difficult to develop. It is anticipated that this new program will reach capacity quickly with those consumers who have responded well to stabilization services and are now prepared for focused recovery activities, including employment and education. Referrals to Recovery Option 5 will come from intensive services teams, TCORE, and the Adult Access Team.

We are expecting that this proposed program will serve as a model for a new way of providing outpatient mental health services that may be applied to Sacramento County's Regional Support Teams (RST), where 8000 adult consumers currently receive their support and treatment. We are focusing on employment as a cornerstone of this proposed program because of a report provided by the Sacramento County Mental Health Division Dashboard Report for the FY 2006-07. In this report, the Adult Recovery Domains were measured on the initial Assessment Client Plans (ACP) and the annual Re-assessment and Re-authorization (R&R). Data from this report is gathered from Adult consumer responses that are elicited from the assessment process. There were 2376 consumer responses from the ACP and 5279 responses from the R&Rs compared for "Domain, Satisfaction". According to the ACP information, only 28% (665/2376) reported being "satisfied" with their employment situation/goals. The R&R data suggested 51% (2692/5279) reported being "satisfied". Consequently, according to the same Dashboard Report, there is an increased interest from consumers on the "Adult Recovery Domain, Goals" to establish goals for education and employment for their continued recovery (150 on ACP, 273 on R&R for education; 225 on ACP, 328 on R&R for employment). This information is valuable for program development of Recovery Option 5.

Sacramento County will implement the SAMHSA Evidence Based Practice (EBP) for supported employment to complement illness management and recovery based mental health services. Using a multidisciplinary team approach, the proposed program will

demonstrate the efficacy of having supported employment at the heart of the treatment model.

People with serious mental illness (SMI) have many talents and abilities that are often overlooked, including the ability and motivation to work and participate in productive meaningful activities. Employment has become an important part of the recovery process for many consumers. Surveys and research conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA) have shown that:

- There are three (3) million working-age adults with SMI. Of those 3 million, 70% to 90% percent are unemployed. This rate is higher than any other group of people with disabilities.
- 70% of adults with a severe mental illness desire work.
- 60% or more of adults with SMI can be successful at working when using supported employment.
- Employers who have hired persons with SMI in the past are generally very positive about their experiences.

Many consumers in agencies with supported employment programs identify themselves as wanting to work in competitive jobs. Research suggests that individuals who are assumed unlikely to succeed in employment can improve their employment outcomes with the help of supported employment. Over time, consumers become more independent and self-reliant, depending less on case managers and the mental health system as they progress in their recovery process.

People with SMI tend to be poor (Polak & Warner, 1996). Although the reasons are poorly understood, poverty is a risk factor for some mental disorders, and is also a predictor of poor long-term outcomes among people already diagnosed (Cohen, 1993; Rabins et al., 1996; Saraceno & Barbui, 1997). People with SMI often become dependent on public assistance shortly after their initial hospitalization (Ho et al., 1997). They rely on government disability-income programs, rental subsidies (Loyd & Tsuang, 1985; Polak & Warner, 1996; Ho et al., 1997), and informal sources of economic support (e.g., living with parents). The unemployment rate among adults with serious and persistent mental disorders hovers at 90 percent (National Institute on Disability and Rehabilitation Research, 1992).

Conversely, adequate standards of living and employment are associated with better clinical outcomes and quality of life (Cohen, 1993; Bell & Lysaker, 1997). In a randomized trial of consumers assigned to paid versus unpaid work, paid employment was found to reduce symptoms of schizophrenia (Bell et al., 1996). Moreover, the costs associated with employer accommodations for those with psychiatric disabilities appear to be minimal. The most frequently requested accommodations focus on orientation and training of supervisors, provision of onsite support, and adaptive work schedules. Such accommodations rarely result in significant cost to the employer (Mancuso, 1990; Fabian et al., 1993).

While newer vocational rehabilitation and employment initiatives strive to remedy persistently high levels of unemployment, most consumers find themselves unable to work consistently or at all. This is due not only to active symptoms but also to profound interruptions of education and employment caused by symptom onset and exacerbations, stigma and discrimination, lack of higher education programs for this population, and low-paying menial jobs.

When the onset of mental health problems begins during school-age years, educational systems are often ill prepared. Several studies have identified educational deficits in their students who function in reading and math at a level far below their achieved grades in school (Cook et al., 1987; Cook & Solomon, 1993). Supported education models can provide assistance to consumers with their education (Cook & Solomon, 1993; Hoffman & Mastrianni, 1993; Ryglewicz & Glynn, 1993). One example is Consumers and Alliances United for Supported Education, a consumer-operated program in Quincy, Massachusetts, that provides a wide range of services to encourage individuals with psychiatric disabilities to enter or reenter college or technical school programs. Services include academic and career counseling, assistance with finding financial aid, study skills, stress control, tutoring/coaching, and assistance with crisis while hospitalized (CMHS, 1996).

This proposed program will be consistent and congruent to the purpose and intent of the MHSA in that it:

- recognizes serious mental illness among adults as a condition deserving priority attention;
- reduces the long-term adverse impact from untreated serious mental illness
- applies successful strategies of existing programs and incorporates culturally and linguistically competent practices;
- provides state and local funds to adequately meet the needs of individuals enrolled in the program;
- ensures funds are expended in the most effective manner and that services are based on promising and best practice models.

Incorporating these principles into the proposed program, Recovery Option 5 will expand service options and address gaps in available supported employment and education opportunities for underserved adults with serious and chronic mental illness in Sacramento County. The program will take a recovery focused approach to “treatment” that relies on the therapeutic value of discovering “core gifts”, honoring culture, part time or full time employment, educational activities and/or other productive meaningful activities. To advance the goals of recovery, program staff will work with consumers to develop individualized service and recovery plans. Furthermore, program staff will assist consumers to establish and practice self-management of their recovery, refine Wellness & Recovery Action Plan skills, and strengthen their family and community relationships. All participants will be encouraged to identify family members, caregivers, and/or peers to collaborate in the development, implementation and support of their plans. Participants in this program will be matched to job, volunteer or educational

placements according to their preferences, strengths, and abilities. An important part of the recovery process is hope. Supported employment and education provides all consumers a chance to succeed at employment and/or education. For some people, the opportunity to work a few hours a week or take one class is a symbol of hope. Giving consumers the choice to decide whether or not to participate in supported employment and education is consistent with the recovery philosophy.

The target population will be Transition Age Youth 18 to 25, adults and older adults who meet Sacramento County's adult core target population, which may include co-occurring mental health and substance use disorders. The ethnic and age distribution within the intensive services programs mirrors Sacramento County's mental health services as a whole, thus, individuals in this new program will be from diverse backgrounds. Recovery Option 5 will conduct additional outreach to individuals from unserved and underserved racial/ethnic communities identified in our initial CSS planning process (Latino, Asian and Pacific Islander, Native American and refugee populations) who are interested in focusing on work, school, or other meaningful activities to promote their own wellness and growth. We believe this approach will reduce stigma and attract consumers, particularly young adult consumers who may feel alienated by an illness-focused treatment approach.

Because this is a step-down program, individuals will be identified by the treatment team providing intensive services. Individuals in intensive service programs will be assessed using the Level of Care Utilization System (LOCUS) and those who meet the criteria for Level II services will be eligible for this proposed program.

Program Design/Components

Recovery Option 5 is a supported employment and education program that will incorporate MHSA principles as well as supported employment principles:

- *Consumer preferences are critical:* Choices and decisions about meaningful work and support are individualized based on the person's preferences, strengths, and experiences.
- *Eligibility for supported employment is based on consumer choice:* Everyone enrolled in the program that meets eligibility criteria and wants to participate will be included.
- *Supported employment is integrated with treatment:* Employment specialists coordinate plans with the personal services coordinator, therapist, psychiatrist, etc.
- *Competitive employment:* The focus is on community jobs anyone can apply for that pay at least minimum wage, including part-time and full-time jobs.
- *Job search starts as soon as a consumer expresses interest in working:* There are no requirements for completing extensive pre-employment assessment and training, or intermediate work experiences (like prevocational work units, transitional employment, or sheltered workshops).

- *Follow-along supports are continuous:* Individualized supports to maintain employment continue as long as consumers desire the assistance.

The following are key components to Recovery Option 5:

- The program is designed to serve 255 enrollees in the first full year of implementation and 425 in the second year.
- Caseload ratios for mental health services will be 1:100 and 1:25 for supported employment.
- During the first year, Sacramento County staff and/or contracted experts will establish partnerships with community employment and educational resources for the purpose of increasing opportunities for community integration and creating more choices for consumers in this program who are ready for the work, volunteer and/or or education environment. These partnerships will enhance the capacity of the Sacramento community to support and employ consumers in the workforce and to provide educational opportunities. Opportunities for volunteer positions, consumer-owned businesses, and part-time or full time employment opportunities will be developed.
- Other collaborative relationships will also be established including Primary Care Physicians (PCPs), the Wellness & Recovery Center, rehabilitation and employment services agencies, Community Colleges, community and cultural groups serving ethnic populations, and local religious and spiritual institutions to increase social and cultural and racial supports, provide opportunities for community integration, and to improve Sacramento County's ability to deliver integrated services that are seamless to consumers and their family members, which is a core value of the MHSA.
- Staffing will be based on the supported employment EBP. For the employment component, staff will have demonstrated expertise as job developers and job coaches. For the mental health component, staff will have demonstrated ability to provide recovery-oriented mental health information and support. Several licensed or license-eligible staff will be needed. Consumer or family member experience will be highly valued in recruitment and selection.
- Staffing will include consumers, employment and occupational specialists, licensed clinical professionals, psychiatrists, nurses, staff with life and recovery experience, and will reflect the cultural and linguistic diversity of the clientele and the community.
- Consumers will be served in an outpatient-setting and in the field/community.
- Recovery Option 5 is focused on improving access to education and vocational opportunities for individuals from diverse backgrounds who meet Sacramento County's Adult Target population which may include co-occurring mental health and substance use disorders.
- One of the essential considerations for meaningful activities is education. Program services and staff will continue to encourage participation in

educational activities through outreach and linkage with Adult Education, bilingual education, and learning programs and Community Colleges.

Program Service Components

Program Service Components are as follows:

- Consumer self-directed treatment care plans. Recovery service provisions are individualized and operationalized.
- Assessment of work skills and deficits will be offered to all participants. The assessment will identify strengths and challenges, prior work experience, prior education, and employment and education support service needs, which will then determine and tailor service strategies to meet individual employment and/or educational needs and goals.
- Benefits counseling will be offered to all participants to provide individualized planning and ongoing support to ensure well-informed and optimal decisions regarding benefits and entitlements including Medi-Cal, General Assistance, and/or Social Security when applicable.
- Supported employment and education will be offered to all participants. Assisting the consumer in identifying meaningful activities for personal growth, recovery, and autonomy including available options of employment, volunteer and educational resources within the community. Specific support may include assistance with resume writing and interviewing, provision of a variety of opportunities for work experience, job development, job placement, volunteer placement, and linkage to educational opportunities in the community, including adult education, English as a Second Language programs, etc.
- Medication management services for all consumers. Medication management will include psychiatrist and nurse contact a minimum of one time per quarter and for urgent appointments if indicated. In addition, consumers will have an opportunity to participate in medication, symptom management, and WRAP group modalities.
- Time-limited and intermittent case management and crisis intervention services: Programs that have implemented evidence-based supported employment find that fewer crises occur because people are interested in developing their lives in the community and managing their illness more independently. Comprehensive and coordinated planning that occurs with supported employment leads to fewer crises, less chaos, and more structure. Therefore, this program will provide crisis management and case management brokerage services.
- Peer supports for modeling, support, coaching, and mentoring will provide opportunities of mutuality of experience, relapse and success.
- Utilizing consumer and family member input for service development and planning.

- Family and collateral education, training, and support (with consumer permission) to enhance the therapeutic environment of the consumers' home and family environment.
- Culturally and linguistically appropriate services to reach persons of racial and ethnic cultures who may be best served and/or more responsive to services in specific culture-based settings. Participants in the program will be assessed for current utilization or interest in traditional healing practices and services.

Program Service Strategies

The following is a list of program strategies that will be utilized in this proposed program:

- Service plans will be consumer-driven and will offer integrated treatment of co-occurring disorders if indicated. Recovery practices will be individualized and operationalized. Vocational, education, and volunteer activity goals will be embedded in service plans at the initiation of service provision. Establishing and maintaining Wellness & Recovery Action Plans will be given priority in order to have a working transitional tool.
- Graduation planning and strategies are addressed at intake assessment and are ongoing. Services are designed to facilitate each individual's movement back into their community of choice. The staff of the program will assist all individuals with developing the skills and resources needed to return to the community.
- Participants will be assessed for current utilization or interest in traditional healing practices and services. Recovery-oriented, strengths-based practices dictate that consumers have choice in their own wellness. Collaborative efforts within the multi-disciplinary team will provide support within the context of traditional wellness practices as defined by the consumer.
- This program will collaborate with community rehabilitation and employment services resources, and bilingual education and other cultural, linguistic, ethnically focused programs. Linkage with these established resources will allow for increased community integration, improved choice for employment opportunities, and transformative measures of recovery success.
- This program will collaborate with primary health clinic and other health services to increase integration and coordination of physical and mental health services. Developing a collaborative relationship with Primary Care Physicians and other physical care providers will assist with reducing stigma, improving access to routine health care, increasing support for recovery, and maintaining overall general health. Community collaborations and integrated delivery of services are two of the Essential Elements of the MHSA.
- Establishing an on-going focus/work group of educators, community businesses, rehabilitation and employment service agencies, bilingual education and other cultural, linguistic, ethnically focused programs to develop a plan for providing supports for employment and education.
- Sacramento County's Division of Mental Health staff will provide technical assistance and monitoring of consumer outcomes to measure changes in

Milestones in Recovery or other recovery tools completed by participants, to observe techniques being implemented for identifying and encouraging activity in meaningful activities, such as education, employment, and volunteer work, and to track the exit strategies being encouraged throughout the course of treatment. Division staff will also monitor development and efficacy of the recovery model through quality management / chart review, attendance of multi-disciplinary team meetings, and routine appointments with identified administrators.

- All program participants and their family and/or caregiver support system will be encouraged to connect with faith-based, spiritual, ethnic, cultural or gender-related outreach, support, and/or health-related programs to promote increased social supports and community integration.
- Training opportunities for staff is provided and will include recovery principles and the relationship to employment and education supports, an overview of models of vocational services, a review of local resources, on-going cultural competence training.

Program Personnel

Sacramento County will implement the SAMHSA Evidence Based Practice (EBP) for Supported Employment to complement illness management and recovery based mental health services. Using a multidisciplinary team approach, the proposed program will demonstrate the efficacy of having supported employment at the heart of the treatment model. There will be 150 individuals enrolled in the Supported Employment EBP component.

This program will develop complementary teams, an employment and treatment team. The employment team will work closely with the treatment team to support the goals of consumers. Employment team will find and link consumers with employment and education opportunities and the treatment team will make treatment recommendations based in part on how a person is functioning at work. Recruitment and retention of consumers and family members as well as culturally and linguistically competent staff is crucial to the success of this proposed program and a fundamental principle of MHSA. Staffing and leadership will set the standards for the principles of wellness and recovery within the program infrastructure. All staff will be expected to achieve core competencies in culturally and linguistically competent care and service provision. Direct service staff will be proficient and/or develop expertise in treating individuals with co-occurring disorders, accessing entitlements, and providing health education (identification of medical conditions, referral/linkage/ service coordination with PCPs).

Following are examples of positions that can help consumers achieve their goals. Specific positions may change once a contract provider is selected.

- The Mental Health Program Coordinator will be responsible for substantially increasing the capacity of the Sacramento region to provide employment opportunities for individuals in the community who meet Sacramento County's

Adult Target Population including co-occurring substance use disorders. Staff and/or contractors will research best practice communities nationwide, convene partners and stakeholders, prepare outreach strategies to employers, and design an ongoing infrastructure for supported employment and supported education. This individual will provide program oversight, technical assistance, and collaboration to ensure model fidelity, and to monitor consumer outcomes.

- The Program Manager will be responsible for the overall management of the program; will oversee the development of the budget, establish a system for monitoring cash flow, provide clinical program direction, supervise the Clinical Coordinator and the Employment Coordinator, ensure compliance of quality improvement, manage the office systems, and provide administrative supervision of the Consulting Psychiatrist and Nurse.

- The Employment Services Manager will be responsible for the overall management of the job development evidence-based practice of the Supported Employment model, and supervision of the job coaches/employment specialists.

- The Clinical Services Manager will be responsible for the overall management of the mental health services component program; will oversee the development evidence based practices associated with clinical interventions health services. In addition, this position will supervise the Mental Health Counselors, review individual service plans, oversee the day-to-day service needs of members and staff, and will provide direct service intervention when indicated.

- The Psychiatrist(s) will evaluate medication needs, prescribe medication as necessary, and work with both consumers and family members around medication issues associated with treatment and drug interactions and/or reactions. Psychiatrist will facilitate medication / symptom management groups as indicated.

- The Job Coach/Employment Specialist will provide support in to competitive employment including job development, reasonable accommodation if requested, job coaching, and long-term follow up. Also, the job coach/employment specialist will identify consumer “core gifts”, will engage the consumer in discovering hopes and abilities for participation in meaningful activities, and provide necessary training, support, and mentoring toward achievement of goals congruent with cultural beliefs and values.

- The Registered Nurse will work with the psychiatrists related to medication issues and will provide follow up with the consumers and family members. The nurse will provide health, wellness, and mental health education that include medication, nutrition, exercise, and lifestyle information. Liaison

relationships will be developed with the consumer's Primary Care Physician and culturally sanctioned health and wellness providers to ensure coordination of wellness plans. Nursing staff will be able to provide valuable medication and symptom management groups.

- The Mental Health Counselor will provide mental health services such as illness management groups, client and family education, relapse prevention, building social supports, etc.

- The Peer/Family Partners will be consumers of community mental health services, or their family members, with experience and skills in leadership, coaching, and empathetic listening. They will be employed to facilitate and co-facilitate skill-based recovery groups and provide individual support to enrolled participants.

- The Office Assistant will provide reception, administrative, and data entry tasks for the overall program support.

2. Explain how this proposed program/service related to the issues identified in the Community Program Planning Process, including how this program/service will reduce or eliminate the disparities identified and what population is being targeted for reduction of disparities.

In Sacramento County's initial Community Program Planning Process in 2005, the Community identified the following as priority issues for adults:

- Unserved and underserved populations with race/ethnicity and age groups as barriers
- Employment
- Consumer/Peer driven services
- Involvement in meaningful activities
- Supportive relationships
- Ability to take care of self
- Education

Within these identified issues, Sacramento County's data indicates that Hispanic/Latino and API communities have high rates of unmet needs and are underrepresented in our client populations. When they are served, they are less likely to be adequately served. Although the Latino and API populations were highlighted in the data, Recovery Option 5 will ensure that staff members are proficient in communicating and engaging with people from all underserved populations including, but not limited to refugee populations, Latino, Native American, and API communities.

Strategies that the community identified in addressing the community issues mentioned above were as follows:

- Education and employment services
- Culturally competent services
- Peer support

Sacramento County additionally recognized the situational characteristics of populations who are unserved in our community, including the following examples:

- Many racial/ethnic communities, including Latino and API populations demonstrate significant cultural stigma, shame and denial regarding mental illness. This combined with other cultural and language barriers result in low mental health utilization rates.
- Sacramento County has the highest number of newly arriving refugees in California. Stigma, culture and language barriers contribute to low mental health utilization rates. This community has indicated that their mental health needs are very different from traditional groups.
- There is a high need for mental health services in the Native American community.

Ultimately, all of these ethnic groups are at risk for undiagnosed and untreated mental illness, greater severity of illness when left untreated, isolation, decompensation, and family and community disruption.

Resuming the planning process, Sacramento County commenced its second MHSA planning process in October 2007. During this planning process, the community was informed of the veto of AB2034 and the corresponding loss of AB2034 integrated supportive housing programs for homeless consumers of mental health services. Sacramento County's MHSA Steering Committee, comprised of community stakeholders, County staff, consumers, and family members, established an Ad Hoc Housing workgroup to address this service gap using MHSA resources. The workgroup met several times and presented two programs to the Steering Committee. The Steering Committee voted in favor of the development of Recovery Option 5 primarily due to the need for step-down services.

In the recent past, Sacramento County has made significant efforts towards addressing disparities in access and quality of care for our unserved and underserved populations through our five CSS programs which were developed in 2006 and are now fully implemented. Sacramento County's community maintains furthering these efforts by supporting the development of Recovery Option 5.

Recovery Option 5 services will focus on serving consumers who have achieved enough stability living with their illness that they want to pursue employment and or education goals with focused attention and support. These consumers will already be linked to the public benefits and safe housing they want, and if they use medications

they will have found a regimen that is successful for them. As a result, typical "case management and brokerage" services will not be emphasized. Instead, the approach will veer away from the illness and focus intently on the individual's strengths and hopes regarding employment, education, and other meaningful activities in their community.

We anticipate that this approach will significantly change the desire and ability of currently underserved adults to engage in supportive care and services. It is our intent to provide a "step down" opportunity quickly for as many individuals as possible, introducing the concept of employment and education while they are still receiving higher end stabilization services. We anticipate this will create a desire for more ongoing support for people who typically have been underserved due to the medical focus and the stigma that may come along with a predominantly medical focus. For many ethnic populations currently underserved in Sacramento, an approach that emphasizes work, school and meaningful activities may provide a way around the stigma associated with seeking medical treatment. The program will utilize "alumni" college students and successful employees to model and inspire new enrollees.

Partnerships will be identified and initiated with existing community agencies and cultural groups. Often, groups that have demonstrated disparity of services will seek assistance through family and community supports. Providing outreach and viable working relationships with these groups will provide a mutual education of barriers for service and a constructive model for intervention. This includes work with tribal organizations and other ethnic based agencies.

Sacramento County will collaborate with the tribal organizations in the Sacramento area and in the coming year will engage with local tribal leaders to seek and create opportunities for services to individuals within the local tribes. Working with local leaders, individuals will be identified who will facilitate a series of conversations between the Mental Health Division and the tribes to understand service needs, culturally specific approaches to treatment and care, and to provide ease of access to those who may be new to services. These individuals will be provided a stipend for their participation. The new program will collect information regarding participants from the tribal organizations and will monitor penetration rates into this underserved community.

3. Describe the County's capacity to implement the proposed program/services.

3. a. The strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations. The evaluation shall include an assessment of bilingual proficiency in threshold languages for the County.

Beginning with the Community, Services, and Supports (CSS) planning and implementation, Sacramento County initiated a number of practices that have

strengthened our overall ability to meet the need of racially, ethnically and culturally diverse populations.

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. The tool provided clearer direction for new programs as they developed policies and procedures and program delivery models. The assessment tool 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.* The administration of this scale throughout the mental health system provided 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.

All current MHSA funded programs were contracted out. Special language was included in all MHSA program contracts which require agencies to comply with the 2003 Cultural Competence Plan including the goal to "increase the percentage of direct service staff by 5% annually to reflect the racial and ethnic makeup of the communities speaking threshold language." The 2006 Human Resource Survey set the baseline for MHSA programs. A follow-up technical assistance tool related to cultural competence has been crafted to assist programs in specific areas where improvement is needed. This tool is in currently in the review process.

Additionally, the MHSA program contracts 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 LGBTQI communities. Specific dollars have also been included for translation and interpretation services for those situations in which a bilingual/bicultural staff is not available. Likewise, the potential provider for this proposed program will be subject to the same requirements and standards.

Finally, contract language about cultural competency was incorporated in all RFAs and MHSA contracts; requirements about hiring bilingual/bicultural staff were specified; language requiring outreach to un-served 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 in all system-wide mental health services contracts.

Overall, Sacramento County has made significant efforts toward addressing disparities in access and quality of care for the underserved populations as addressed in our initial CSS Plan. Specifically, Transcultural Wellness Center was designed to meet the needs of the 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 are also utilizing 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, temples, and outreach to community-based agencies that serve cultural and ethnic populations. Specifically our Wellness and Recovery Center has created an environment that is comfortable and welcoming to individuals from diverse cultures and backgrounds. The Center offers employment assistance as well as a computer lab and library. The Center's staff, who is a group of people varied in interests as well as culture, race and ethnicity, facilitates creative writing, art expression, music, psycho-education, nutrition, meditation, computer skills, and literacy groups. Groups are provided on-site and at various ethnic and culturally based agencies. The Center has partnered with the Hmong Women's Heritage Association (HWHA) by having the Association transport Hmong clients to the center and by the Center facilitating literacy groups at the Association.

In preparation for MHSA Workforce, Education, Training (WET) component planning, data was gathered during the Workforce Needs Assessment in October 2007. Language proficiency was defined in the Needs Assessment as the ability to communicate the client's primary language while providing a mental health service. The data indicates that Sacramento County has maintained the relative proportions of staff to clients speaking threshold languages; however, the absolute number of staff still falls short when compared to the number of clients being served.

3. b. Percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to percentage of the total population needing services and the total population being served.

Data were gathered during the Workforce Needs Assessment for the MHSA in October 2007. The data indicate that the cultural diversity of direct service staff does not meet the needs of the threshold groups receiving services in Sacramento County in FY 2006-2007. Higher percentages from Former Soviet, African American and Hispanic/Latino communities are needed within the County.

It is difficult to address the question regarding the percentages of direct service staff in the County as they compare to the percentages of clients needing services. The language prevalence data are not available, and the race/ethnicity prevalence data is

broken down in a way that is not comparable to our threshold populations. We do know, however, that approximately 60% of Latino adults and 30% of Latino youth who need services are not being served. The same is true of approximately 68% of API adults and 89% of API youth. The proposed program will focus efforts on engaging and sustaining program participation of our underserved Latino and API adults.

3. c. Identification of possible barriers to implementing the proposed programs/services and methods of addressing these barriers.

Sacramento County's Adult Mental Health Services Unit identified two possible barriers to the implementation of Recovery Option 5 and has several planned methods/activities in addressing these barriers:

Anticipated barriers	Planned activities
Emphasis on providing effective supported employment and education is not the current approach with many of our mental health providers	▪ Include non-traditional service providers in the request for application/proposal process ▪ Ensure applicants have solid plan for capacity development ▪ Recruit participation from employment and education partners
Reaching unserved and underserved individuals from racial/ethnic communities	▪ Sacramento County will provide expert gate-keeping services through our Access Team so clients with histories of unsuccessful service, as indicated by repeated hospitalizations or other indicators are served by the Recovery Option 5 program. ▪ Implement focus groups with our Asian and Latino service partners for insight into methods to attract and keep underserved consumers. ▪ Monitor enrollment quarterly to track progress reaching underserved and un-served ethnic populations

Exhibit 5c

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- New Workplans

County: Sacramento | Fiscal Year: 2008-09

Program Workplan #: SAC7 | Date: 6/16/2008

Program Workplan Name: Recovery Option 5 (RO5) | Page ____ of ____

Type of Funding: 2. System Development | Months of Operation: 4

Proposed Total Client Capacity of Program/Service: 425 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: | Prepared by: Jane Ann LeBlanc

Client Capacity of Program/Service Expanded through MHSA: 425 | Telephone Number: (916) 875-0188

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Housing				$0
b. Other Supports				$0
2. Personnel Expenditures				$0
3. Operating Expenditures				$0
4. Program Management				$0
5. Estimated Total Expenditures when service provider is not known	$706,584			$706,584
6. Non-recurring expenditures				$0
7. Total Proposed Program Budget	**$706,584**	**$0**	**$0**	**$706,584**
B. Revenues				
1. Existing Revenues				
2. New Revenues				
a. Medi-Cal (FFP only)				$0
b. State General Funds				$0
c. Other Revenue				$0
d. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. Total Funding Requirements	**$706,584**	**$0**	**$0**	**$706,584**

WORKPLAN SAC7
BUDGET NARRATIVE

Estimated Total Expenditures were determined by the program design, which considered the service needs and applied evidence based practices to determine the types of professional, paraprofessional and service staff included. Salaries were based on prevailing non-profit and government salaries in our local area, benefits were estimated at 35% of salaries, operating expenses are based on 25% of salaries and indirect expenses are based on 15% of direct expenses. Medication purchases are based on the average annual cost of medication applicable to similar clients that are currently being served in the County, multiplied by the percentage of the total number of clients (425) that we anticipate will not already be linked to Medi-Cal. In addition to these expenses, a $25,000 annual allowance of outreach activities is included.

Exhibit 5d

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet- New Workplans

County: Sacramento | Fiscal Year: 2008-09

Program Workplan #: SAC7 | Date: 6/16/08

Program Workplan Name: Recovery Option 5 (RO5) | Page ____ of ____

Type of Funding: 2. System Development | Months of Operation: 4

Proposed Total Client Capacity of Program/Service: 425 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Jane Ann LeBlanc

Client Capacity of Program/Service Expanded through MHSA: 425 | Telephone Number: (916) 875-0188

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
MH Program Coordinator	*Program Oversight and Technical Assistance*		1.00		$0
Program Manager	*Program operations, quality assurance and budget*		1.00		$0
Employment Services Manager	*Occ Therapist or other directing empl services*		0.50		$0
Clinical Manager	*Licensed Clinician directing mental health services*		0.50		$0
Employment Specialists	*Job Developers/Job Coaches*		5.00		$0
Mental Health Counselor	*Professional Mental Health Services Providers*		3.00		$0
Nurse	*Medication Support Psychiatrist and Clients*		1.00		$0
Psychiatrist	*Medication Services*		0.80		$0
Peer/Family Partners	*Facilitate/co-facilitate skill-based recovery groups*	1.50	1.50		$0
Office Assistant / Medical Recor	*Clerical*		1.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	1.50	15.30		$0
C. Total Program Positions		1.50	15.30		$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 4 - BUDGET SUMMARY
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL

(List Dollars in Thousands)

County: Sacramento
Project Name: Mental Health Information System Upgrade Project - Updating System Architecture to Support an EHR

Category	(1) 07/08	(2) 08/09	(3) Future Years	(4) Total One-Time Costs (1+2+3)	Estimated Annual Ongoing Costs*
Personnel					
Total Staff (Salaries & Benefits)					
Hardware					
From Exhibit 2					
Total Hardware					
Software					
From Exhibit 2					
Total Software					
Contract Services (list services to be provided)					
Project Manager; Business Analyst		270			
Netsmart Implementation & Maintenance		372			
Total Contract Services		642			
Administrative Overhead					
Other Expenses (Describe)					
Total Costs (A)		642			
Total Offsetting Revenues (B) **		0			
MHSA Funding Requirements (A-B)		642			

NOTES:
This project began as a one-time funds request (SA-03), and will continue through 08/09.

* Annual costs are the ongoing costs required to maintain the technology infrastructure after the one-time implementation.

** For Projects providing services to multiple program clients (e.g. Mental Health and Alcohol and Drug Program clients), attach a description of estimated benefits and Project costs allocated to each program.