

EXHIBIT A

COUNTY CERTIFICATION  
MHSA FY 2009/10 ANNUAL UPDATE


County Name: Sacramento

County Mental Health Director	Project Lead
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I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Annual Update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and California Code of Regulations (CCR), Title 9, Section 3410, Non-Supplant.

This Annual Update has been developed with the participation of stakeholders, in accordance with CCR, Title 9, Sections 3300, 3310(d) and 3315(a). The draft FY 09/10 Annual Update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate.

All documents in the attached FY 2009/10 Annual Update are true and correct.

  
Leland Tom, MSW

3/2/09  
Date

  
Mental Health Director



# **MENTAL HEALTH SERVICES ACT**

## **Fiscal Year 2009 – 2010 Annual Update to the Three-Year Program and Expenditure Plan**

### **Executive Summary**

## **Introduction**

Since the passing of Proposition 63 in November of 2004, Sacramento County has been working diligently on the planning and implementation of the Mental Health Services Act (MHSA). The Community Services and Supports (CSS) component was the first to be planned and implemented and there are currently five (5) programs operational, one (1) that has been approved and will become operational in Spring of 2009, and two (2) that are included in this Update for review and approval by the Department of Mental Health (DMH). Workforce Education and Training (WET) was the second component for which there was an extensive planning process. The WET Work Plan is included in this Annual Update for review and approval by DMH. Sacramento launched the planning process for the Prevention and Early Intervention component in October of 2008 and will continue with planning and the Work Plan development in 2009.

## **Request for Fiscal Year 2009-10 MHSA Funding**

In this Annual Update, Sacramento County is requesting MHSA funding for the Fiscal Year (FY) 2009-10 in the following areas:

1. Previously approved CSS Work Plans
2. Two (2) new CSS Work Plans
3. Workforce Education and Training Component (initial request)
4. Previously approved Mental Health Information Technology Project
5. Administration
6. Prudent Reserve: Request from 06-07 funding. *Due to time factors, this request was sent under separate cover.*

## **Previously Approved MHSA Work Plans**

Sacramento has three (3) Full Service Partnership (FSP) programs and three (3) General System Development programs that have been approved by DMH. Five (5) of those programs are operational and one, Recovery Option 5, will become operational in 2009.

Sacramento County is requesting CSS funding for these six (6) previously approved Work Plans in the amount of \$12,300,004. The Transcultural Wellness Center (TWC) Program did not need to access all of the CSS funds previously requested. They are still able to meet the needs of the 200 clients they serve with a smaller budget, which allows the unused funds to be directed toward the new Juvenile Justice Diversion Program. We are requesting additional funding for the Wellness and Recovery Center (WRC) to expand the number of individuals that can be served. The WRC is currently located in the north area of Sacramento. This expansion will allow WRC to open a satellite office in the south area which is an area of our community that has a high need for the types of services provided by WRC. There are no significant changes to the remaining approved Work Plans.

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

<b>Workplan No. and Funding Type</b>	<b>Ages Served</b>	<b>Program Description</b>	<b>Funding Requirement</b>	<b>Cost per Client (MHSA funding only)</b>
<b>SAC1 – GSD TCORE</b>  Capacity: 780 annually	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.	\$2,355,555	\$3,020
<b>SAC2 – FSP Sierra Elder Wellness Program</b>  Capacity: 145 at any given time	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.	\$1,659,878	\$11,447
<b>SAC4 – FSP Pathways to Success After Homelessness</b>  Capacity: 206 at any given time	Children, TAY, Adults, Older Adults	Integrated, culturally competent services and supports for children (and their families), adults and older adults who are homeless and who have a qualifying mental health diagnosis. Housing subsidies are available to those enrolled in the program.	\$3,117,063	\$15,131
<b>SAC5 – FSP Transcultural Wellness Center</b>  Capacity: 200 at any given time	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 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.	\$1,919,071	\$9,595

Sacramento County Fiscal Year 2009-10 Annual Update

<b>Workplan No. and Funding Type</b>	<b>Ages Served</b>	<b>Program Description</b>	<b>Funding Requirement</b>	<b>Cost per Client (MHSA funding only)</b>
<p><b>SAC6 – GSD</b> Wellness and Recovery Center</p> <p>Capacity: 1,600 annually</p>	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. There is also 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.	\$1,848,437	\$1,155
<p><b>SAC7 - GSD</b> Recovery Option 5</p> <p>Capacity: 425 at any given time</p>	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.	\$1,400,000	\$3,294
<b>TOTAL Funding for FY 2009-10 for Approved CSS Work Plans</b>				<b>\$12,300,004</b>

**New MHSA CSS Work Plan Proposals**

Sacramento County is requesting additional funding in the amount of \$2,784,000 for FY 2009-10 to fund two (2) new CSS Work Plans – one is a General System Development Program and the other is a Full Service Partnership Program.

Below is a summary of the proposed Work Plans, both of which are expected to become operational in December 2009:

<b>Workplan No. and Funding Type</b>	<b>Ages Served</b>	<b>Program Description</b>	<b>Funding Requirement</b>	<b>Cost per Client (MHSA funding only)</b>
<p><b>SAC8 – GSD</b> Older Adult Multi-disciplinary Crisis Program</p> <p>Capacity: 200 annually</p>	Older Adults (55+)	This program will serve older adults with mobile crisis response and intervention; intensive stabilization support; and ongoing mental health services. The program will work with the existing Older Adult Crisis Response Team and serve individuals from that program who need a more comprehensive assessment and who may respond to short-term intensive stabilization services. Services and supports include medication services; symptom management skills; crisis planning; education and support for family members and caregivers; peer support; family education, and assistance in finding supportive community services.	\$1,000,000	\$5,000
<p><b>SAC9 – FSP</b> <b>Juvenile Justice Diversion Program</b></p> <p>Capacity: 92 at any given time</p>	13 to 25	This program will provide screening, assessments and intensive mental health services and supports to eligible youth (and their families) involved in the Juvenile Justice system. There are two stages of treatment in this program – one for pre-adjudicated youth and one for adjudicated youth. Eligible youth will meet SED criteria and be between the ages of 13 through 17 at enrollment but will receive services as long as clinically necessary up to their 26 <sup>th</sup> birthday. Pre-adjudicated youth will	\$1,784,000	\$19,391

		<p>have the opportunity to avoid incarceration and voluntarily participate in this program. Adjudicated youth will have the opportunity to receive intensive, evidence-based services designed to reduce recidivism, increase school success and maintain placement in the family home. For youth with substance abuse issues, integrated co-occurring services will be provided. Family and youth advocates will be used to complement clinical services.</p>		
<p><b>TOTAL Funding for FY 2009-10 for New CSS Work Plans</b></p>				<p><b>\$2,784,000</b></p>

**Administration**

Finally, Sacramento County is requesting \$3,324,964 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.

**Workforce Education and Training Component**

Sacramento County is requesting \$6,650,800 in WET funding to implement over a ten-year period which began in FY 2006-07. The Division conducted a Workforce Needs Assessment in late 2007 which indicated needs in the following areas: licensed direct service staff; psychiatrists; racial/ethnic and language diversity of staff reflective of our client population; and career pathways that allow consumers and family members to pursue a variety of educational opportunities so that they are able to provide direct services at all levels, including in licensed positions. Sacramento developed eight (8) Actions to address these shortages which are also in alignment with the overall WET component goals of recruiting, training, retaining and diversifying Sacramento County’s public mental health workforce. The entire WET Plan is included in this Annual Update as Attachment 1.

**Mental Health Information Technology Project**

DMH previously approved one-time MHSA funding for Mental Health Information Technology Projects. This ongoing 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 \$875,000 of CSS funding. This amount will be part of the allowable 20% expenditures for technology in the CSS funding category.

**Prudent Reserve**

Each County must establish a Prudent Reserve totaling 50% of its latest approved CSS Planning Estimate by July 1, 2010. Sacramento County’s total Planning Estimate as of FY 2009-10 is \$28,851,100; therefore, we must have a minimum of \$14,425,550 in our Prudent Reserve account by July 1, 2010 if we fully expend our entire Planning Estimate. Sacramento is requesting a total of

\$9,120,412 in Approved Unspent Funds from FY 2006-07 and Unapproved Funds from FY 2006-07 to go into the Prudent Reserve. The Request to Dedicate Funds is included in this Annual Update as Attachment 2. *Due to time factors, this request was sent under separate cover.*

**Total Funding Request:**

<b>Description</b>	<b>Component/ Fiscal Year</b>	<b>Amount</b>
CSS Previously Approved Work Plans (SAC1-SAC7)	CSS/ FY2009-10	\$ 12,300,004
New CSS Proposed Work Plans (SAC8 and SAC9)	CSS/ FY2009-10	2,784,000
Administration	CSS/ FY2009-10	3,324,964
Workforce Education and Training Component	WET/ FYs 2008-09 and 2009-10	6,650,800
Mental Health Information Technology Project	CSS/ FY2009-10	875,000
Prudent Reserve <i>Due to time factors, this request was sent under separate cover.</i>	CSS/ FY 2006-07	9,120,412
<b>TOTAL REQUEST</b>		<b>\$ 35,055,180</b>

**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. The MHSA planning structure initially 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 Work Plans were approved by DMH in June 2006. In August 2008, DMH approved a new Work Plan called Recovery Option 5.

In February 2008, the MHSA Steering Committee recommended the formation of a Workforce Education and Training (WET) Task Force which was the beginning of our planning efforts for the WET Component. There were fifty-two (52) voting members who represented various sectors in our community, including mental health providers; Division staff; education (K-12 and Post-secondary); Sacramento Employment and Training Agency; members from diverse racial/ethnic and cultural groups; physical health providers; and others. In order to gather community input on what strategies should be funded with WET dollars, the Division trained 27 community members, including consumers and family members, to conduct eleven (11) focus groups throughout the county. The Division also conducted thirteen (13) Key Informant interviews with individuals representing diverse racial/ethnic and cultural communities to help inform our efforts in diversifying our workforce. The



WET Taskforce established four workgroups to develop proposals for four WET funding areas: Training and Technical Assistance; Mental Health Career Pathways; Residencies and Internships; and Financial Incentives. These proposals were presented to the WET Taskforce. The WET Taskforce recommended that all seven (7) proposals be forwarded to the MHSA Steering Committee for consideration. In October and November 2008, the Steering Committee reviewed and discussed the WET proposals and recommended that all eight (8) be considered for funding. The entire WET Plan is included in this Annual Update as Attachment 1.

In March 2008, the MHSA Steering Committee recommended the formation of two workgroups to develop proposals for a new Child/TAY CSS Program and a new Older Adult CSS Program using CSS Growth Funds. This decision was made based on the data indicating that TAY and Older Adults are two of the highest unserved age groups in Sacramento County. The two workgroups developed proposals that were approved by the MHSA Steering Committee. Two Program Design Teams (PDTs) were then established to develop the proposals into CSS Work Plans. Those two Work Plans, the Older Adult Multidisciplinary Crisis Program and Juvenile Justice Diversion Program are included in this Annual Update.

This FY 2009-10 Annual Update is being posted for a 30-day public comment period from January 16<sup>th</sup> through February 16<sup>th</sup>. A Public Hearing will be held on February 18, 2009, 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 a number of comments received regarding the Annual Update during the 30-day review and public comment period. The comments pertained to the WET Work Plan and CSS program expenditures.

#### **Workforce Education and Training Work Plan**

Several comments and questions were submitted regarding the WET Work Plan:

- Surprise that that the Workforce Needs Assessment indicated that Consumer Support Staff and Family Support Staff were classified as “hard to fill” positions.
- Concern that the current workforce is comprised of only 17% self-disclosed consumers or family members which is not consistent with “Client and Family Driven”. It was suggested that we should be striving for 50%.
- It was suggested that Regional Partnerships should be considered for Action #2 (System Training Continuum) and Action #3 (Office of Consumer and Family Member Employment.)
- Statement that Action #5 (Psychiatric Residents and Fellowships) was very expensive due to the cost of the psychiatrist and that the program may not be worth the cost.
- There was a question as to how Action #6 (Multidisciplinary Seminar) would lead to retention of psychiatrists – that it may increase their skills but wouldn’t necessarily lead to an increase in retention.
- Apprehension regarding implementing the WET Plan given the current fiscal crisis facing Sacramento County’s Division of Mental Health as well as the state fiscal crisis. There was concern that Sacramento County would implement the Office of Consumer and Family

Member employment and prepare individuals to enter the workforce at a time when individuals already working in the system are being laid off. Additionally, there was concern that individuals would take advantage of stipends and scholarships but when it is time to “pay back” by working in Sacramento’s mental health system, such opportunities would not exist and individuals would be required to pay back the money in cash, placing them in an undesirable and stressful position. It was suggested that careful thought be put into strategic implementation of the WET Work Plan.

#### Overall Annual Update

- Comment regarding the huge variation in cost per client for different CSS Programs and suggestion that the costs should be revisited.
- Suggestion to expand SAC7 – Recovery Option 5 – so the program can serve some of the 8,831 individuals currently being served in the Adult Outpatient system that, due to budget cuts, may not have services effective July 1, 2009.
- Concern expressed that if services are cut, individuals will die.
- Further thought should be given to implementing new programs given the economic downturn.
- Gratitude expressed toward the Division for being inclusive of and specifically seeking input from culturally and ethnically diverse community members during the planning process.

In addition to the above the comments, Sacramento County’s MHSA Steering Committee voted unanimously to approve the Annual Update as written.

#### **Division Response to Public Comment**

##### Workforce Education and Training Plan

With regard to the question about Consumer and Family Member Support Staff positions being “hard to fill”, the Workforce Needs Assessment was conducted in November 2007 and is based on the responses of the providers at that point in time. Agencies were asked if they had those types of positions available and whether they were hard to fill, to which they could respond “yes” or “no”. Even if just one agency had responded “yes”, the answer was reflected as “yes” for the entire county. However, several agencies responded “yes” to this question.

Client and family driven can be operationalized in a number of ways. One way is through the percent of the workforce who identify as clients or family members. Although 17% is less than half-way to 50%, it is still one of the largest percentages in the State. Further, if 17% of the workforce identified as belonging to the client and/or family member group, it is likely the actual percent is higher. Many are still hesitant to self-identify due to the perception of stigma and discrimination associated with doing so. This issue came up several times during the planning process and Sacramento County is committed to developing strategies to reduce stigma and discrimination.

One can also look at a system as Client and Family Driven if clients and family members participate in system planning and are fully heard and understood by those who do not self-identify in the same way, including decision makers in the system. Sacramento has been successful in this regard in that 50% of the MHSA Steering Committee (past and present) is comprised of consumers and family members. There has also been significant involvement of consumers and family members in all components of

the MHSA planning process. Additionally, consumers and family members have been represented on the Mental Health Division's management team for over ten (10) years.

The suggestion to add Regional Partnerships to Action #2 and Action #3 was considered and added to both actions. The Division will participate in Regional Partnership activities and take advantage of opportunities that will contribute to our workforce development efforts.

With regard to comments about Actions #5 and #6, it is acknowledged that the cost of psychiatrist time is high. However, Sacramento's Workforce Needs Assessment identified a need for psychiatrists in our system. The workgroup that developed this plan determined that a psychiatrist is the most appropriate classification to provide the supervision and training of psychiatric residents and fellows for a number of reasons, including those related to licensing requirements. The hope is that both Actions #5 and #6 will result in an increase in retention of psychiatrists and other licensed practitioners. Both Actions will provide specific training and dedicated supervision and support that are currently not provided due to limited resources. By creating a supportive learning environment that promotes and supports professional growth, it is anticipated that participants will be more likely to enter and remain in Sacramento County's mental health workforce.

Finally, the Division is acutely aware of the fiscal crisis currently facing the Division and the State and understands there will likely be continued fiscal challenges for the next several years. With this in mind, the Division will carefully consider how the WET Work Plan is implemented and determine the feasibility of executing some Actions prior to others. The Division will also seek consultation from the MHSA Steering Committee prior to and during implementation.

#### Overall Annual Update

Given the dire fiscal situation and the projection of declining MHSA revenue in coming years, the Division has considered the viability of implementing new CSS Programs at this time. Since there was community support for the proposals in this Annual Update, the decision was made to move forward. Further consideration will be given as the Division grapples with future budget cuts that will significantly impact clients currently receiving services. Efforts will be made to utilize MHSA funding to mitigate the impact of these cuts while ensuring the use of those funds are consistent with the values and principles of the MHSA. Any changes to this Annual Update, including whether or not to expand Recovery Option 5, will be made with community input and involvement of the MHSA Steering Committee.

The Division acknowledges and appreciates the comment regarding the inclusion of culturally diverse individuals and groups during the planning process. Numerous efforts have been made in this regard and it remains an important value of the Division. These efforts will continue to expand as we move forward in the planning process for the remaining MHSA Components.

## EXHIBIT B

### Description of Community Program Planning and Local Review Processes MHSA FY 2009/10 ANNUAL UPDATE

County Name: **Sacramento**

**1. Briefly describe the Community Program Planning Process for development of the FY 2009/10 Annual Update. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)**

Sacramento County's Community Program Planning Process was a collaborative effort that included the Division of Mental Health, a wide array of community stakeholders, and various system partners. All planning and recommendations either emanated from or were presented to the MHSA Steering Committee, which is the highest recommending body in Sacramento's MHSA planning structure. The Steering Committee recommended that a Child/Transition Age Youth (TAY) Workgroup and an Older Adult Workgroup be established to develop proposals with some of Sacramento's 08/09 Growth Funds. After proposals had been developed and presented to the Steering Committee, two Program Design Teams were formed to develop the proposals into actual CSS Work Plans. A Workforce Education and Training (WET) Task Force was established along with four (4) WET Funding Workgroups to help develop Sacramento County's WET Work Plan. All committees and workgroups included consumers and family members who were actively involved in planning, facilitating and chairing workgroups. One of the exciting pieces of the WET planning process was having a youth advocate and a youth family advocate as tri-chairs of the WET Task Force. There was positive feedback from those who participated regarding the inclusive planning process that provided leadership opportunities for consumers and family members. (See WET Work Plan for further details on the WET Community Planning Process.)

The 09/10 Annual Update and Executive Summary are being posted for a 30-day public review and comment period from January 16, 2009 through February 16, 2009. An announcement was placed in the Sacramento Bee newspaper announcing 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 1,500 community partners and individuals on our MHSA distribution list. The posting 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 in each respective language.

The Sacramento County Mental Health Board will conduct a Public Hearing on February 18, 2009 in the Sacramento County Board of Supervisors' Chambers at 700 H Street, Sacramento, California 95814.

## EXHIBIT B

### **2. Identify the stakeholder entities involved in the Community Program Planning Process.**

Sacramento County's Community Program Planning Process for development of the FY 2009/10 Annual Update involved consumers, family members, service providers, system partners, and other interested community members, including individuals from diverse racial/ethnic and cultural backgrounds. Representation from consumers, family members, and contract providers included all age groups (child, TAY, adults, and older adults). System partners included Education (preschool through graduate school), Health, Child Protective Services, Law Enforcement, Juvenile Court, Probation, Public Defender, Alcohol and Drug Services, Department of Human Assistance, and Senior and Adult Services.

### **3. Describe how the information provided by DMH and any additional information provided by the County regarding the implementation of the Community Services and Supports (CSS) component was shared with stakeholders.**

Information provided by DMH and additional information provided by Sacramento County regarding the implementation of the CSS component was shared with stakeholders through a variety of methods. All MHSA related information and documents were discussed at length at the Steering Committee and relevant Task Forces, Workgroups and Program Design Teams. In planning for new CSS programs, lessons learned from implementation of the existing CSS programs were taken into consideration. An update regarding the CSS programs was provided at a Public Hearing in July of 2008 in the context of Sacramento County's Fiscal Year 08-09 Annual Update. Data regarding the outcomes for Sacramento County's Full Service Partnership programs were presented to the MHSA Steering Committee and posted to Sacramento County's MHSA website.

### **4. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.**

The 30-day review period is January 16, 2009 through February 16, 2009 and the Public Hearing will be on February 18, 2009.

Public comments will be added after the Public Hearing is conducted.

## EXHIBIT C

### Report on FY 2007/08 Community Services and Supports Activities MHSA FY 2009/10 ANNUAL UPDATE

**County Name: Sacramento**

**Provide a brief narrative description of progress in providing services through the MHSA Community Services and Supports (CSS) component to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities. (suggested length – one-half page)**

Sacramento County had five (5) CSS programs providing services in Fiscal Year 2007-08: three (3) Full Service Partnership (FSP) programs and two (2) General System Development (GSD) programs. The program names are as follows: Sierra Elder Wellness Program (Sierra); the Transcultural Wellness Center (TWC); Pathways to Success after Homeless (Pathways); Transitional Community Opportunities for Recovery and Engagement (TCORE); and the Wellness and Recovery Center (WRC). Please see Attachment D in the next section for the description of services and number of individuals served in each program.

Populations to be served by Sacramento County CSS programs were initially identified to include:

- Older Adults (60 and older) and Transition Age Adults (55 to 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 and cultural groups.

All of Sacramento County's CSS programs provide outreach to unserved and underserved populations, with an emphasis on reducing racial/ethnic service disparities. The programs are designed to provide culturally and linguistically competent services and supports to consumers and their families. Programs include those that are staffed by consumers, family members, and community members and provide a full range of services with interventions and treatment that take into account cultural and religious beliefs and values. One CSS program, the Transcultural Wellness Center, is a Full Service Partnership program that provides services and supports specifically designed to meet the cultural and linguistic needs of the Asian and Pacific Islander communities in Sacramento. The CSS programs include those that are neighborhood based, which increases access and utilization of the county's unserved and underserved populations.

The Utilization table below illustrates the racial and ethnic breakdown of clients served in each of the MHSA programs as compared to those we served in the County's Mental Health Plan as a whole for FY 2007-08.

**EXHIBIT C**

<b>UTILIZATION RATES: FY 2007-08</b>							
<b>Race</b>	<b>Sierra</b>	<b>TWC</b>	<b>Pathways</b>	<b>TCORE</b>	<b>WRC</b>	<b>Overall</b>	<b>System 07-08</b>
	N=122	N=159	N=209	N=405	N=587	N=1482	N=33333
African American	21.3%	1.3%	25.8%	22.7%	10.7%	16.0%	23.2%
American Indian/Alaskan Native (AIAN)	0.8%	1.3%	0.0%	1.2%	4.9%	2.5%	1.0%
API	1.6%	76.7%*	2.4%	7.7%	4.6%	12.6%	7.2%
White	63.9%	1.9%	43.5%	43.7%	61.3%	47.8%	43.1%
Multi	6.6%	11.3%	17.7%	4.4%	3.4%	6.8%	6.8%
Other	4.1%	4.4%	9.1%	15.3%	5.3%	8.4%	14.3%
Unk/Not Reported	1.6%	3.1%	1.4%	4.9%	9.7%	5.9%	4.4%
	Sierra	TWC	Pathways	TCORE	WRC	Overall	System 07-08
	N=122	N=159	N=209	N=405	N=452	N=1347	N=33333
Hispanic Origin	7.4%	7.5%	15.8%	13.8%	15.5%	13.4%	18.1%
*76% Southeast Asian; 20% East Asian; 4% Other Pacific Islander							
*Note: WRC-Demographic information is only collected on those that choose to fill out a registration form so N does not equal total served as reported on Exhibit 6							

- The number of AIAN clients served in the MHSA CSS programs is higher than in our overall system;
- Largely due to the continuing enrollment of API clients at TWC, the CSS programs continue to serve many more API clients than the system overall.
- The 5 CSS programs are currently serving the same percentage of multi-racial clients as the system overall. TWC and Pathways are both serving higher percentages of clients in this demographic.
- The 5 programs in FY 0708 served less clients of Hispanic Origin than the system overall;

The ultimate goal with respect to reducing disparities, however, is to demonstrate that we are increasing the penetration rate in unserved and underserved communities. Historically, the standard that counties have been measured against is the penetration rate of the Medi-Cal eligible population. As time has passed, however, there has been greater recognition that it is too restrictive a definition and consensus is growing that the penetration rate of the 200% of Poverty population is more applicable. Therefore, the next two tables illustrate both the Medi-Cal eligible and 200% of Poverty penetration rates for each population as they were prior to the implementation of the MHSA programs and after implementation.

## EXHIBIT C

<b>PENETRATION RATES: FY 2006-07</b>					
	Population			Penetration	
	Sac Co Clients 06-07	200% Poverty Pop 2006 Estimates	Medi-Cal Eligible Jan07	200% Poverty Pop	Medi-Cal Eligible
African American	6235	50044**	52203	12.5	11.9
AIAN	206	4111	1796	5.0	11.5
API	1328	62749	34534	2.1	3.9
Hispanic	5402	87008	64839	6.2	8.3
White	11986	164097	75406	7.3	15.9
Other/Unknown	7814	20952	40869	37.3	19.1
Totals	32971	388961	269647	8.5	12.2

<b>PENETRATION RATES: FY 2008-08</b>					
	Population			Penetration	
	Sac Co Clients 07/08	200% Poverty Pop 2006 Estimates	Medi-Cal Eligible Jan08	200% Poverty Pop	Medi- Cal Eligible
African American	7510	50044	54258	15.0	13.8
AIAN	230	4111	2164	5.6	10.6
API	1722	62749	46747	2.7	3.7
Hispanic	6017	87008	69284	6.9	8.7
White	13695	164097	77542	8.3	17.7
Other/Unknown	4159	20952	29181	19.9	14.3
Totals	33333	388961	279176	8.6	11.9

In comparing the two fiscal years, there was an increase in penetration rates for all races except “other/unknown”, which decreased 17.4%. The following are the increase percentages:

- 2.5% for African American
- 0.6% for AIAN
- 0.6% for API
- 0.7% for Hispanic
- 1.0% for White

Although Sacramento County has made some progress in reducing disparities, the lower utilization and penetration rates for Hispanics raises concerns, as Spanish is one of Sacramento’s five (5) threshold languages and there is a large number of individuals from Hispanic descent living in our community.



## EXHIBIT C

To address this issue, Sacramento County is currently involved in the Reducing Disparities Learning Collaborative facilitated by the California Institute of Mental Health (CiMH). Sacramento will be implementing a project specifically aimed at increasing the penetration rate of Hispanics throughout our entire system. Additionally, our Cultural Competence/Ethnic Services Unit developed a Cultural Competence Report which is a tool intended to help our programs assess their level of cultural competence across all racial/ethnic and cultural groups and provides specific recommendations to help the programs meet their targeted goals. This tool will initially be used with all of our MHSA CSS programs and will eventually be used in all programs within our system of care.

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\*Please note that Race and Ethnicity data is not collected in a standardized way by different reporting systems: (1) Sacramento County (due to State DMH requirements) collects Hispanic ethnicity separately from race. Therefore, the County Hispanic numbers in the table above reflect those clients that report they are of Hispanic origin regardless of their race. The remaining race categories report only clients that indicate they are not Hispanic; (2) Medi-Cal data regards Hispanic as one of many races only; (3) State DMH provides 200% poverty population data with Hispanic regarded as one of many races. By using Hispanic ethnicity to define Hispanic race, we discount client reported race. This method of reporting also results in an under-reporting of our Native American population, and to a lesser extent our API, African American and White populations as well.

\*\*The poverty population would reasonably be inclusive of the Medi-Cal eligible population and would be expected to be greater than the Medi-cal eligible population, however the poverty population numbers are based on Series P5 estimates provided by State DMH and do not reflect actual counts of individuals.



**County Name**

Sacramento

**Work Plan Title**

Transitional Community Opportunities for Recovery and Engagement (TCORE): SAC1-GSD

**Population to Be Served**

TCORE serves transition age youth (18 years and older), adults, and older adults of all genders and ethnicities that are discharging from acute care settings and are not linked to ongoing services. Specific efforts are made to outreach to and engage unserved and underserved racial, cultural and ethnic communities with an emphasis on Sacramento’s threshold language groups (Spanish, Hmong, Vietnamese, Cantonese, and Russian) and other unserved and underserved groups including, but not limited to, refugee populations, LGBTQI, homeless, and disabled communities including Deaf and Hard of Hearing.

**Work Plan Description**

TCORE offers intensive community-based services for individuals being released from acute care settings or who are at risk for entering acute care settings and who are not linked to on-going mental health services. Services include crisis intervention, case management, rehabilitation and medication management and support. The goals of the program are to reduce or prevent the need for crisis services and ensure that consumers coming out of acute care are linked with on-going appropriate services.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

780 Annually Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

780 Annually System Development

\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

\_\_\_\_\_ Total

Number of Clients By Type of Prevention

\_\_\_\_\_ Early Intervention

\_\_\_\_\_ Indicated/Selected

\_\_\_\_\_ Universal



**County Name**

Sacramento

**Work Plan Title**

Sierra Elder Wellness Program: SAC2-FSP

**Population to Be Served**

Sierra serves transition age adults (ages 55 to 59) and older adults (age 60 and over) of all genders, races, ethnicities and cultural groups. Specific efforts are made to outreach to and engage unserved and underserved racial, cultural and ethnic communities with an emphasis on Sacramento’s threshold language groups (Spanish, Hmong, Vietnamese, Cantonese, and Russian) and other unserved and underserved groups including refugee populations, homeless, and disabled communities including Deaf and Hard of Hearing.

**Work Plan Description**

The Sierra Elder Wellness Program provides 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 goals of the program are to improve medical and functional status, increase social supports, decrease isolation, reduce trips to the emergency room and/or hospital, reduce homelessness, and improve overall quality of life.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

  145   Total

Number of Clients By Funding Category

  145   Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

\_\_\_\_\_ Total

Number of Clients By Type of Prevention

\_\_\_\_\_ Early Intervention

\_\_\_\_\_ Indicated/Selected

\_\_\_\_\_ Universal



**County Name**

Sacramento

**Work Plan Title**

Pathways to Success after Homelessness: SAC4-FSP

**Population to Be Served**

Pathways serves homeless children, transition aged youth, adults, and older adults of all genders, races, ethnicities and cultural groups. Specific efforts are made to outreach to and engage unserved and underserved racial, cultural and ethnic communities with an emphasis on Sacramento’s threshold language groups (Spanish, Hmong, Vietnamese, Cantonese, and Russian); refugee populations; and transition age youth.

**Work Plan Description**

Pathways to Success after Homelessness (Pathways) provides integrated, culturally competent services and supports for children (and their families), transition age youth, adults, and older adults who are homeless and who have a qualifying mental health diagnosis. Housing subsidies are available to those enrolled in the program. The goal of the program is to provide services and supports that will assist consumers in maintaining permanent and stable housing, managing their wellness, and re-integrating into the community. Expected outcomes also include an increase in employment and a reduction in hospitalizations, incarcerations, and school failure. This program is one of many services being provided in Sacramento County to end homelessness and is in alignment with the City and County’s 10-Year Plan to End Chronic Homelessness. Pathways is also providing services and supports for individuals housed in permanent supportive housing projects funded in part by the MHSA Housing Program.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

206 Total

Number of Clients By Funding Category

206 Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

\_\_\_\_\_ Total

Number of Clients By Type of Prevention

\_\_\_\_\_ Early Intervention

\_\_\_\_\_ Indicated/Selected

\_\_\_\_\_ Universal



**County Name**

Sacramento

**Work Plan Title**

Transcultural Wellness Center: SAC5-FSP

**Population to Be Served**

TWC targets children, transition age youth, adults, and older adults from Sacramento’s Asian and Pacific Islander (API) communities of all genders. The API communities include Chinese, Filipino, Japanese, Korean, Hmong, Vietnamese, Mien, Laotian, Cambodian, Tongan, Samoan, Hawaiian, Fijian and others. While services are geared to meet the needs of the API communities, individuals of all racial, cultural and ethnic groups who request services are served.

**Work Plan Description**

The Transcultural Wellness Center (TWC) is designed to address the mental health needs of the Asian/Pacific Islander (API) communities in Sacramento County. It is staffed by clinicians, 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 communities. The goals of the TWC are to increase the timely and appropriate mental health services to API populations and to decrease the number of individuals utilizing social services, acute care, or public safety providers as a component of untreated mental illness.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

200 Total

Number of Clients By Funding Category

200 Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

\_\_\_\_\_ Total

Number of Clients By Type of Prevention

\_\_\_\_\_ Early Intervention

\_\_\_\_\_ Indicated/Selected

\_\_\_\_\_ Universal



**County Name**

Sacramento

**Work Plan Title**

Wellness and Recovery Center: SAC6-GSD

**Population to Be Served**

The Wellness and Recovery Center serves transition age youth (18 and older), adults and older adults of all genders, races, ethnicities and cultural groups. Specific efforts are made to outreach to and engage unserved and underserved racial, cultural and ethnic communities with an emphasis on Sacramento’s threshold language groups (Spanish, Hmong, Vietnamese, Cantonese, and Russian) and other unserved and underserved groups identified in our CSS planning process including refugee populations and homeless individuals.

**Work Plan Description**

The Wellness and Recovery Center (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 assets 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. The WRC will expand its operations to include a location in the South area of Sacramento County.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

1600 Annually Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

1600 Annually System Development

\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

\_\_\_\_\_ Total

Number of Clients By Type of Prevention

\_\_\_\_\_ Early Intervention

\_\_\_\_\_ Indicated/Selected

\_\_\_\_\_ Universal



**County Name**

Sacramento

**Work Plan Title**

Recovery Option 5: SAC7-GSD

**Population to Be Served**

Recovery Option 5 will target transition age youth (18 and older), adults, and older adults of all genders, races, ethnicities and cultural groups. Specific efforts will be made to outreach to and engage unserved and underserved racial, cultural and ethnic communities with an emphasis on Sacramento’s threshold language groups (Spanish, Hmong, Vietnamese, Cantonese, and Russian) and other unserved and underserved groups identified in our CSS planning process including refugee populations.

**Work Plan Description**

Recovery Option 5 is 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 provides services and supports that focus on supported education and employment as well as involvement in other productive meaningful activities. Specific outreach will be made to unserved and underserved individuals from diverse racial/ethnic and cultural backgrounds in order to improve access to educational, vocational, and other meaningful activities.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

425 Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

425 System Development

\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

\_\_\_\_\_ Total

Number of Clients By Type of Prevention

\_\_\_\_\_ Early Intervention

\_\_\_\_\_ Indicated/Selected

\_\_\_\_\_ Universal



**County Name**

Sacramento

**Work Plan Title**

Older Adult Multidisciplinary Crisis Program: SAC8-GSD

**Population to Be Served**

This program will target adults aged 55 and older of all genders, races, ethnicities and cultural groups. Specific efforts will be made to outreach to and engage unserved and underserved racial, cultural and ethnic communities with an emphasis on Sacramento’s threshold language groups (Spanish, Hmong, Vietnamese, Cantonese, and Russian) and other unserved and underserved groups identified in our CSS planning process including refugee populations.

**Work Plan Description**

The Older Adult Multidisciplinary Crisis Program will serve identified adults age 55+ with mobile crisis response and intervention, intensive stabilization support, and in some cases, ongoing mental health services.

All consumers who receive crisis assistance will be offered clinical services including medication services, symptom management skills, crisis planning, education and encouragement for family members and caregivers. They will also be offered peer support, family education, and assistance to find supportive community services. Mental Health and supportive services will be provided until the consumer is stable and linked to the level of service appropriate to their needs. If such a level of service is not immediately available, the individual may continue to be enrolled in this Program. For those consumers who meet expanded target population criteria (that is, their mental illness is not considered severe and persistent), these services will be short term - approximately 90 to 120 days.

Sacramento County has an established Older Adult Crisis Response Team that will continue to respond to crisis calls and will coordinate with this new program for stabilization and ongoing services. The existing team currently responds to crisis calls from community providers such as law enforcement and Adult Protective Services, as well as mental health service providers, family members, caregivers, and consumers. The existing crisis response team provides immediate intervention 5 days per week during regular business hours and on-call service evening and weekends. The role of the crisis responders is to provide immediate assistance, assessment and intervention. For those consumers who need more comprehensive assessment, and who may respond to short term intensive stabilization services, the Older Adult Multidisciplinary Crisis Program will be involved in a “warm hand off” from the existing Crisis Response Team.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

200 per year Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

200 per year System Development

\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

\_\_\_\_\_ Total

Number of Clients By Type of Prevention

\_\_\_\_\_ Early Intervention

\_\_\_\_\_ Indicated/Selected

\_\_\_\_\_ Universal





**County Name**

Sacramento

**Work Plan Title**

Juvenile Justice Diversion Program: SAC9-FSP

**Population to Be Served**

This program will serve children and transition age youth with a serious emotional disturbance (SED) and involvement in the Juvenile Justice System. It will target all genders, races, ethnicities and cultural groups. Specific efforts will be made to outreach to and engage unserved and underserved racial, cultural and ethnic communities with an emphasis on Sacramento’s threshold language groups (Spanish, Hmong, Vietnamese, Cantonese, and Russian) and other unserved and underserved groups identified in our CSS planning process including refugee populations and homeless.

**Work Plan Description**

This program is a Full Service Partnership that will provide screening, assessments and intensive mental health services and supports to eligible youth (and their families) involved in the Juvenile Justice system. There are two stages of treatment in this program – one for pre-adjudicated youth and one for adjudicated youth. Eligible youth will meet SED criteria and be between the ages of 13 through 17.

Pre-adjudicated youth will be screened by a Probation Officer at the Youth Detention Facility and an assessment will be conducted by a Sr. Mental Health Counselor. With court approval, the youth will have the opportunity to avoid incarceration and voluntarily participate in this program as long as clinically necessary up to their 26<sup>th</sup> birthday. Adjudicated youth will be referred by a Probation Officer and assessed by a Sr. Mental Health Counselor. The youth will have the opportunity to receive intensive, evidence-based services that are delivered in coordination with a specialized Probation Officer. Services and supports are designed to reduce recidivism, increase school success and maintain placement in the family home. For youth with substance abuse issues, integrated co-occurring services will be provided. A youth and family informed treatment plan will be developed for each youth and will include a transition plan for graduation and/or a progression to a lower level of care. Family Partners and Youth Peer Mentors will complement clinical services. Families will be provided opportunity for respite services to further support their child’s likelihood of remaining in their home.

The overall goals of the program are to keep eligible youth out of the Juvenile Justice system and in their homes, schools, and communities while providing a comprehensive array of services that respond to their mental health needs and needs in other domains of their lives, and that support their recovery/resiliency. Youth who participate will also learn to establish healthy relationships with peers and family, manage and live with their serious emotional disturbance (SED), set goals, and develop the life skills needed to participate meaningfully in their communities and to successfully transition into adulthood.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

92 per year Total

Number of Clients By Funding Category

92 per year Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

\_\_\_\_\_ Total

Number of Clients By Type of Prevention

\_\_\_\_\_ Early Intervention

\_\_\_\_\_ Indicated/Selected

\_\_\_\_\_ Universal

**FY 2009/10 Mental Health Services Act  
Summary Funding Request**

County: Sacramento

Date: 5/12/2009

	MHSA Component				
	CSS	CFTN	WET	PEI	Inn
<b>A. FY 2009/10 Planning Estimates</b>					
1. Published Planning Estimate <sup>a/</sup>	\$28,851,100	\$14,775,200	\$0	\$10,712,200	\$2,267,300
2. Transfers <sup>b/</sup>	-\$875,000	\$875,000	\$0		
3. Adjusted Planning Estimates	\$27,976,100	\$15,650,200	\$0	\$10,712,200	\$2,267,300
<b>B. FY 2009/10 Funding Request</b>					
1. Required Funding in FY 2009/10 <sup>c/</sup>	\$19,283,968	\$875,000	\$6,211,151	\$0	\$0
2. Net Available Unspent Funds					
a. Unspent FY 2007/08 Funds <sup>d/</sup>	\$1,954,530	\$0	\$0	\$0	\$0
b. Adjustment for FY 2008/09 <sup>e/</sup>	\$1,954,530	\$0	\$0	\$0	\$0
c. Total Net Available Unspent Funds	\$0	\$0	\$0	\$0	\$0
<b>3. Total FY 2009/10 Funding Request</b>	<b>\$19,283,968</b>	<b>\$875,000</b>	<b>\$6,211,151</b>	<b>\$0</b>	<b>\$0</b>
<b>C. Funding</b>					
1. Unapproved FY 06/07 Planning Estimates			\$3,076,700		
2. Unapproved FY 07/08 Planning Estimates	\$0	\$0	\$3,574,100	\$0	
3. Unapproved FY 08/09 Planning Estimates	\$0	\$0	\$0	\$0	\$0
4. Unapproved FY 09/10 Planning Estimates	\$19,283,968			\$0	\$0
<b>5. Total Funding<sup>f/</sup></b>	<b>\$19,283,968</b>	<b>\$875,000</b>	<b>\$6,650,800</b>	<b>\$0</b>	<b>\$0</b>

**FY 2009/10 Mental Health Services Act  
Community Services and Supports Funding Request**

County: Sacramento

Date: 3/1/2009

CSS Work Plans				FY 09/10 Required MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group				
No.	Name	New (N)/ Approved Existing (E)			Full Service Partnerships (FSP)	System Development	Outreach and Engagement	MHSA Housing Program	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult	
1.	SAC1	TCORE	E	\$2,355,555	\$0	\$2,355,555	\$0	\$0	\$0	\$541,778	\$1,743,111	\$70,667	
2.	SAC2	Sierra Elder Wellness	E	\$1,659,878	\$1,659,878	\$0	\$0	\$0	\$0	\$0	\$464,766	\$1,195,112	
3.	SAC4	Pathways	E	\$3,117,063	\$3,117,063	\$0	\$0	\$0	\$561,071	\$623,413	\$1,807,897	\$124,683	
4.	SAC5	Transcultural Wellness Center	E	\$1,919,071	\$1,919,071	\$0	\$0	\$0	\$594,912	\$393,410	\$719,652	\$211,098	
5.	SAC6	Wellness and Recovery Center	E	\$1,848,437	\$0	\$1,848,437	\$0	\$0	\$0	\$369,687	\$1,386,328	\$92,422	
6.	SAC7	Recovery Option 5	E	\$1,400,000	\$0	\$1,400,000	\$0	\$0	\$0	\$210,000	\$1,120,000	\$70,000	
7.	SAC8	Older Adult Multidisciplinary Ct	N	\$1,000,000	\$0	\$1,000,000	\$0	\$0	\$0	\$0	\$50,000	\$950,000	
8.	SAC9	Juvenile Justice Diversion	N	\$1,784,000	\$1,784,000		\$0	\$0	\$1,373,680	\$410,320	\$0	\$0	
9.													
10.													
11.													
12.													
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14.													
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17.													
18.													
19.													
20.													
21.													
22.													
23.													
24.													
25.													
26.	Subtotal: Work Plans <sup>a/</sup>				\$15,084,004	\$8,480,012	\$6,603,992	\$0	\$0	\$2,529,663	\$2,548,607	\$7,291,752	\$2,713,981
27.	Plus County Administration				\$3,324,964								
28.	Plus Optional 10% Operating Reserve*				\$1,840,897								
29.	Plus Transfer to CFTN <sup>b/</sup>				\$875,000								
30.	Plus CSS Prudent Reserve <sup>b/</sup>				\$0								
31.	Total MHSA Funds Required for CSS				\$19,283,968								

a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs=  
 b/Transfers to Capital Facilities and Technological Needs, Workforce Education and Training, and Prudent Reserve are subject to limitations of WIC 5892b.  
 \* Operating Reserve to be funded using Approved Unspent funds (not included in line 31.Total)

56.22%

EXHIBIT E2-WET Funding Request

FY 2009/10 Mental Health Services Act  
 Workforce Education and Training Funding Request

County: Sacramento

Date: 5/12/2009

Workforce Training and Education Work Plans				FY 09/10 Required MHSA Funding	Estimated Funds Requested by Funding Category				
No.	Name	New (N)/ Approved Existing (E)	Workforce Staffing Support		Training and Technical Assistance	Mental Health Career Pathway	Residency and Internship	Financial Incentive	
1.	1	WET Coordinator	E	\$589,372	\$589,372	\$0	\$0	\$0	\$0
2.	2	System Training Continuum	E	\$1,003,400	\$0	\$1,003,400	\$0	\$0	\$0
3.	3	Office of Consumer and Family	E	\$2,076,900	\$0	\$0	\$2,076,900	\$0	\$0
4.	4	High School Training	E	\$331,400	\$0	\$0	\$331,400	\$0	\$0
5.	5	Psychiatric Residents and Fello	E	\$574,080	\$0	\$0	\$0	\$574,080	\$0
6.	6	Multidisciplinary Seminar	E	\$221,500	\$0	\$0	\$0	\$221,500	\$0
7.	7	Stipends for People Who Pursu	E	\$276,000	\$0	\$0	\$0	\$0	\$276,000
8.	8	Stipends for Individuals, Especi	E	\$1,138,499	\$0	\$0	\$0	\$0	\$1,138,499
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21.									
22.									
23.									
24.									
25.									
26.	Subtotal: Work Plans			\$6,211,151	\$589,372	\$1,003,400	\$2,408,300	\$795,580	\$1,414,499
27.	Plus County Administration			\$0					
28.	Plus Optional 10% Operating Reserve			\$0					
29.	Total MHSA Funds Required for Workforce Education and Training			\$6,211,151					

**FY 2009/10 Mental Health Services Act  
Capital Facilities and Technological Needs Funding Request**

County: Sacramento

Date: 5/11/2009

Capital Facilities and Technological Needs Work Plans				FY 09/10 Required MHA Funding	Type of Project	
No.	Name	New (N)/ Approved Existing (E)	Capital Facilities		Technological Needs	
1.	SA-03	MH Info System Upgrade	E	\$875,000	\$0	\$875,000
2.						
3.						
4.						
5.						
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20.						
21.						
22.						
23.						
24.						
25.						
26.	Subtotal: Work Plans			\$875,000	\$0	\$875,000
27.	Plus County Administration			\$0		
28.	Plus Optional 10% Operating Reserve			\$0		
29.	Total MHA Funds Required for Capital Facilities and Technological Needs			\$875,000		

## EXHIBIT F1(a)

### Community Services and Supports New Work Plan Narrative FY 2009/10 Annual Update Mental Health Services Act

**County: Sacramento**

**Instructions:** Utilizing the following format please provide brief responses. Existing Work Plans that have been previously approved do not need to be included here. List a Work Plan Number and Title. Note: A brief narrative description of the proposed Work Plan and the population to be served as well as the annual number of clients estimated to be served are included as Exhibit D.

a) **Work Plan Number: Sac 8 – GSD**  
**Title: Older Adult Multidisciplinary Crisis Program**

b) **Explanation of how the New Work Plan relates to the priorities identified in the Community Planning Process.**

During Sacramento County's initial CSS Community Planning Process, needs assessment information was gathered from approximately 1,937 people, almost 50% of whom were consumers and family members. The respondents illustrated a large degree of racial/ethnic diversity, with less than 50% being Caucasian. The community issues identified to be a focus for Older Adults were affordable, safe, permanent housing; providing services to underserved racial/ethnic and age groups of Adults; access to/linkage with services; providing consumer and peer driven services; and help in a crisis. Older adults are one of the most unserved and under-served populations in the Sacramento County mental health system. Sacramento's Cultural Competence Plan Update showed the penetration rate for older adults age 55+ receiving public mental health services to be very low (1.32%) compared to the penetration rate of persons age 40-49 (11.08%). The penetration rate data by ethnicity in Sacramento County reveals that it is high for African Americans and Caucasians and low for Latinos. It is particularly low for Asian and Pacific Islanders (API), Chinese, Laotian and Vietnamese older adults.

Older adults with unmet mental health needs are frequent users of crisis and first responder services (law enforcement, firefighters, ambulance services), and they often end up in hospital emergency rooms. These older adults are at risk for not being able to live independently in the community and are at-risk for institutional care. This is particularly true of older adults who are isolated and have limited family and social support systems.

## EXHIBIT F1(a)

### c) A description of how the proposed Work Plan relates to the General Standards (Title 9, CCR, Section 3320) of the MHSA.

- Community Collaboration: This program will expand existing collaborative relationships with first responders and community service providers. There are existing collaborative relationships between mental health services and first responders such as Adult Protective Services (APS), law enforcement, fire departments, private ambulance companies, the Sacramento County Mental Health Treatment Center and other psychiatric inpatient facilities as well as medical hospital emergency departments. This program will work to strengthen communication and coordination among these service providers to ensure effective crisis response and integrated services. This program will also develop/strengthen linkages and collaborative relationships with health, mental health and social service providers, and refugee resettlement programs, to promote recovery beyond the crisis response and stabilization interventions. Healthcare providers will include Sacramento County DHHS Primary Care Clinic, family practice/internal medicine physicians, dentists and ethnic-specific health and wellness practitioners.
- Cultural Competence: The new program will provide culturally and linguistically competent services to older adults from diverse racial/ethnic and cultural backgrounds. To accomplish this the program staff will develop and/or strengthen collaborative relationships with community organizations serving diverse populations, such as Latino, Eastern European, Southeast Asian, Native American, LGBTQ, as well as faith-based organizations, tribal organizations and others. Program staff familiar with community services for cultural and ethnic communities will assist in identifying additional community service providers working with diverse populations. To reduce ethnic disparity in the utilization of mental health services by older adults, this program will recruit bilingual/bicultural staff at all levels of the program to provide culturally competent services. This program will give priority to recruiting peers and staff, including family/consumer advocates and peer counselors, who reflect the ethnic and linguistic diversity of the community and who are skilled in working with ethnically/culturally diverse populations. Cultural competence training will be provided to all staff and will address cultural issues, such as language, race, ethnicity, customs, family structure, sexual orientation, community dynamics, acculturation, multigenerational trauma, gender roles, and the effects of racism and oppression on health.
- Consumer/Family Member Driven: Individuals enrolled in this program will be engaged in creating their own treatment plan and goals. Whenever permission is given, family members and caregivers will participate as well. All consumers will be encouraged to develop treatment goals and plans that are consistent with their values and beliefs, to identify their own resources, strengths, and natural supports to manage any future crisis. Peer support will also encourage consumers to take necessary steps toward self-reliance and the management of their illness their way. Clients and families will have opportunities to discuss and share information in a supportive environment of what is helpful to them in crisis situations and on-going services. They are the experts of the kind of service components that work best for them.

## EXHIBIT F1(a)

- Wellness and Recovery: The ultimate goal of the new program is to support the older adult in achieving their self-defined recovery. The program will take a recovery focused approach to “treatment” that relies on the therapeutic value of clinical support, primary care/mental health collaboration, peer support, honoring of culture, and involvement in part or full-time employment, volunteer work, and other meaningful activities. All service/care plans will be developed using the principles of recovery: client-directed, restores hope, emphasizes client strengths and assets, and promotes self-determination in order to achieve high quality of life. Recovery is supported by access to needed services, such as mental health, health, co-occurring treatment, spirituality, social services, supportive relationships, meaningful activities that could include volunteer opportunities and more. Program staff will be trained in the principles of recovery at least once per year to ensure that these values are promoted, reinforced and integrated into clinical practice.
- Integrated Services: Clients and their family members will receive assistance and support in having their mental health and physical health needs met and appropriate linkages will be made when necessary. Integrated Services will mean “no wrong door”. Staff will have adequate training to address the complex crisis situations and assist clients and family members in stabilizing the crisis. The Multidisciplinary Team will use models of care that foster improved integrated services for co-occurring mental health, physical health and substance use issues.

**d) For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.**

There will be no project-based housing expenditures in this program; however, some older adults with serious mental illness who are in crisis may require alternative housing. Mental health staff will work collaboratively with the client/family caregiver to identify the housing needs and link with the appropriate, available community resources to achieve this identified service plan goal.



## EXHIBIT F1(a)

### Community Services and Supports New Work Plan Narrative FY 2009/10 Annual Update Mental Health Services Act

**County:** Sacramento

**Instructions:** Utilizing the following format please provide brief responses. Existing Work Plans that have been previously approved do not need to be included here. List a Work Plan Number and Title. Note: A brief narrative description of the proposed Work Plan and the population to be served as well as the annual number of clients estimated to be served are included as Exhibit D.

a) **Work Plan Number:** SAC 9 – FSP  
**Title:** Juvenile Justice Diversion Program

b) **Explanation of how the New Work Plan relates to the priorities identified in the Community Planning Process.**

There were several needs identified in Sacramento's initial Community Planning Process that will be addressed by this program including, but not limited to, the following:

- Juvenile Justice/Criminal Justice Involvement
- Help in a crisis
- Safe, affordable housing
- Supportive relationships
- Suicide Prevention
- Involvement in meaningful activities
- Alcohol/Substance Use
- Appropriate school placement
- Out of home placement

The original CSS process yielded several proposals to serve underserved populations that did not receive funding. The top ranked priority proposals for children and transitional age youth included a proposal for a diversion program for Juvenile Justice youth, a program to serve youth with co-occurring disorders, and a crisis respite program. In the original process no program specific to children or Transition Age Youth (TAY) was funded.

There is no current program in place that provides screening and assessment to youth to identify co-occurring disorders. For youth in the Juvenile Hall, the range of problems presented often includes youth with extensive trauma histories. Often, such problems far outweigh the seriousness and severity of the youth's criminal offense, yet when an offense has been committed, such problems fall directly into the responsibility of the juvenile justice system to manage, treat, and rectify. There is currently a disproportionate number of youth

## EXHIBIT F1(a)

of color in Sacramento County's juvenile detention facility, with the highest being African American and Latino youth. This program will provide culturally competent services that support recovery, strengthen families, promote healthy relationships, support educational and/or vocational achievement, and address the developmental needs that will increase the chances of successful transition to adulthood. Services will include integrated co-occurring substance use services as well as crisis respite care depending on the individual needs and goals of the youth and the family. Because this is a Full Service Partnership, crisis services will be available 24/7 and housing services and supports will also be provided. The provider of this program will be expected to implement at least one evidence-based practice that is culturally competent and has been proven effective with the target population.

**c) A description of how the proposed Work Plan relates to the General Standards (Title 9, CCR, Section 3320) of the MHSA.**

- Community Collaboration: Collaborative relationships with all systems, organizations, and community partners that share in the responsibility of the youth will be developed and maintained for the purpose of developing a shared response. The program provider will establish relationships with, but not limited to, the following entities: Juvenile Justice, Alcohol and Drug Services, Child Welfare, schools, employment/vocational organizations, medical providers, homeless and housing programs, consumer/family advocates, cultural and community groups serving marginalized and ethnic populations, religious and spiritual organizations. Case Management services will be provided for all youth and families for the purpose of coordinating care and linking to any additional needed service
- Cultural Competence: The disproportionate representation of Sacramento County African American and Latino youth who have involvement with the Juvenile Justice system will call for approaches that will identify and leverage the strengths of the individual and his/her family and the community in which they reside. Service strategies must emphasize and celebrate the strength of each culture. Culturally and linguistically competent services will be provided to reach those youth and families of racial and ethnic cultures who may be best served and/or more responsive to services in specific cultural based settings which include the provision of services in the youth/family's primary language.
- Consumer/Family Member Driven: Youth and their families will identify their needs, concerns, goals, and strengths, which will inform the most effective services and supports. Youth and their families will work in full partnership with the program provider in the development of individualized and comprehensive service plans. At every stage of the planning process, family members reminded us to practice strength-based services in collaboration with youth and families. Family Partners and Youth Peer Mentors will consistently encourage staff to enable youth and families to be the drivers of their own services.
- Wellness and Recovery: This proposed program will advance the goals of recovery and resiliency for the program's target population by engaging youth and their families as partners in developing and implementing their care/service plans with a focus on wellness, recovery and resiliency. The program will also offer youth and parents/caregivers parenting education and support which will build on resilience and

## EXHIBIT F1(a)

protective factors and emphasize developmental stages and needs of youth. Provider staff, including support, line-staff and partnering agencies, will receive on-going training in applying the principles of wellness, recovery and resiliency in their work with youth and families. Wellness, recovery, resiliency concepts, and interventions are key components of clinical supervision and are documented in individual treatment plans. Interventions will focus on the youth and family's current strengths and resources, while building on resources and supports where they are needed. The ultimate goal is to promote individual and family resiliency.

- Integrated Services: The program provider will develop an integrated service experience for youth and their families from assessment to graduation. Services will include the integration of mental health and substance abuse treatment within a single, client-centered, comprehensive treatment approach that address the concerns of the youth, family, Probation Department and Juvenile Court. Parents/Caregivers/Families will fully participate in the development of service/treatment plans and in making decisions with their youth. Often times, the system has been too quick to identify families as the source of the youth's problem rather than viewing them as an important resource in the youth's life. Therefore, whenever possible, the provider will engage the family in the treatment process. Family Partners and Youth Peer Mentors will be available to support this process.

- d) For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.**

There are no project-based housing expenditures included in this proposed program. The Juvenile Justice Diversion Program is a Full Service Partnership that will do "whatever it takes" to address quality of life issues presented by youth and their families. Youth and their families will have access to housing services and supports that promote safe, stable and permanent housing, and will include the use of rental subsidies when needed.

**EXHIBIT F1(b) - CSS Projected Revenues and Expenditures for New Work Plans**

**FY 2009/10 Mental Health Services Act  
Community Services and Supports Projected Revenues and Expenditures for New Work Plans**

County: Sacramento Fiscal Year: 2009/10  
 Work Plan #: SAC8  
 Work Plan Name: Older Adult Multidisciplinary Crisis  
 Months of Operation: 12

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Total Expenditures when service provider is not known				\$1,135,000
6. Non-recurring expenditures				\$0
<b>7. Total Proposed Work Plan Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,135,000</b>
<b>B. Revenues</b>				
<b>1. New Revenues</b>				
a. Medi-Cal (FFP only)				\$135,000
b. State General Funds				\$0
c. Other Revenue				\$0
<b>2. Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$135,000</b>
<b>C. Total Funding Requirements</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,000,000</b>

Prepared by: Jane Ann LeBlanc Date 03/01/09  
 Telephone Number: (916) 875-0188

**EXHIBIT F1(b) - CSS Projected Revenues and Expenditures for New Work Plans**

**FY 2009/10 Mental Health Services Act  
Community Services and Supports Projected Revenues and Expenditures for New Work Plans**

County: Sacramento  
 Work Plan # SAC9  
 Work Plan Name Juvenile Justice Diversion and Treatment  
 Months of Operation 12

Fiscal Year: 2009/10

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Total Expenditures when service provider is not known				\$2,682,700
6. Non-recurring expenditures				\$0
<b>7. Total Proposed Work Plan Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,682,700</b>
<b>B. Revenues</b>				
<b>1. New Revenues</b>				
a. Medi-Cal (FFP only)				\$473,000
b. State General Funds				\$425,700
c. Other Revenue				\$0
<b>2. Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$898,700</b>
<b>C. Total Funding Requirements</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,784,000</b>

Prepared by: Jane Ann LeBlanc  
 Telephone Number: (916) 875-0188

Date 03/01/09

EXHIBIT G

Community Services and Supports Prudent Reserve Plan
FY 2009/10 ANNUAL UPDATE MENTAL HEALTH SERVICES ACT

County Sacramento

Date 05/11/09

Instructions: Utilizing the following format please provide a plan for achieving and maintaining a prudent reserve.

1. Requested FY 2009/10 CSS Services Funding \$ 21,002,866

Enter the total funds requested from Exhibit E1 - CSS line 26

2. Less: Non-Recurring Expenditures - 0

Subtract any identified CSS non-recurring expenditures included in #1 above.

3. Plus: CSS Administration + 3,750,643

Enter the total administration funds requested for CSS from Exhibit E1 - CSS line 27

4. Sub-total 24,753,509

5. Maximum Prudent Reserve (50%) 12,376,755

Enter 50%, or one-half, of the line item 4 sub-total. This is the estimated amount the County must achieve and maintain as a prudent reserve by July 1, 2010. If the funding level for CSS services and county administration changes for FY 10/11, the amount of the prudent reserve would also change.

6. Prudent Reserve Balance from Prior Approvals 11,772,147

Enter the total amounts previously approved through Plan Updates for the local prudent reserve.

7. Plus: Amount request to dedicate to Prudent Reserve through this Plan Update + 0

through this Plan Update

Enter the amount of funding requested through this Plan update for the local prudent reserve from Exhibit E1 - CSS line 29.

8. Prudent Reserve Balance 11,772,147

Add lines 6 and 7.

9. Prudent Reserve Shortfall to Achieving 50% 604,608

Subtract line 8 from line 5. A positive amount indicates that the County has not dedicated sufficient funding to the local prudent reserve. Please describe below how the County intends to reach the 50% requirement by July 1, 2010; for example indicated future increases in CSS planning estimates that will be dedicated to the prudent reserve before funding an program expansion.

Assumptions in completing this form - Approval of 09-10 Plan Update and Amendment. This request is slightly below the 50% requirement. We will submit a subsequent request to dedicate unapproved/unspent funds to the Prudent Reserve prior to July 1, 2010, in order to reach the 50% requirement.

Note: If subtracting line 8 from line 5 results in a negative amount - this indicated that the County is dedicating too much funding to the local prudent reserve, and the prudent reserve funding request will be reduced by DMH to reflect the maximum.



Countywide Services Agency

Department of  
Health and Human Services

Mental Health Services

Leland Tom, Director

Mental Health Services Act

Michelle Callejas, MFT

Program Manager

## County of Sacramento

Terry Schutten, County Executive  
Jim Hunt, Acting Agency Administrator  
Lynn Frank, Director

March 1, 2009

California Department of Mental Health  
MHSA Workforce Education and Training Component  
Workforce Education and Training Unit  
1600 9<sup>th</sup> Street, Room 250  
Sacramento, CA 95814

To Whom It May Concern:

Attached for your review and funding approval is Sacramento County's MHSA Workforce Education and Training (WET) Component Work Plan. The Sacramento County Division of Mental Health is respectfully requesting our total available funding in the amount of \$6,650,800 for this plan.

This plan reflects the priority issues identified by our community stakeholders during the extensive and inclusive community planning process. The planning included participation from a wide array of interest groups including, but not limited to, consumers; family members; K-12 Education; Community Colleges, local Universities; Sacramento Employment and Training Office (SETA); Department of Rehabilitation; employment specialists and providers; mental health providers; Division of Mental Health staff; and others. The planning process started with our Workforce Needs Assessment and we continued to collect input through community focus groups, key informant interviews, and funding work groups. The WET Task Force consisted of fifty-two (52) members who provided oversight and direction for the development of the plan. The final recommendations were presented to and approved by the MHSA Steering Committee.

The WET Work Plan was included in Sacramento County's Fiscal Year 2009-2010 Annual Update and was made available for review and public comment during a 30 day period from January 16, 2009 to February 16, 2009. A Public Hearing was held on February 18, 2009. There were no significant comments or changes made to the document.

Thank you for this opportunity to submit this plan. We look forward to hearing from you soon.

Sincerely,

Leland Tom  
Mental Health Services Director

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## **MENTAL HEALTH SERVICES ACT**

# **WORKFORCE EDUCATION AND TRAINING (WET) PLAN**

**PART IV: REQUIRED EXHIBITS**

**EXHIBIT 1: WORKFORCE FACE SHEET**

**MENTAL HEALTH SERVICES ACT (MHSA) WORKFORCE EDUCATION AND TRAINING COMPONENT  
THREE-YEAR PROGRAM AND EXPENDITURE PLAN, Fiscal Years 2006-07, 2007-08, 2008-09**

County: **SACRAMENTO**

Date: March 1, 2009

Sacramento County's Workforce Education and Training (WET) component of the Three-Year Program and Expenditure Plan addresses the shortage of qualified individuals who provide services in our Public Mental Health System. This includes community based organizations and individuals in solo or small group practices who provide publicly-funded mental health services in this County's Public Mental Health System. This WET Work Plan is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of California's MHSA Workforce Education and Training Five-Year Strategic Plan (Five-Year Plan), and Sacramento County's MHSA Community Services and Supports component. Actions to be funded in this WET component supplement state administered workforce programs. The combined Actions of California's Five-Year Plan and Sacramento County's Workforce Education and Training component together address our County's workforce needs as indicated in Exhibits 3 through 6.

Funds do not supplant existing workforce development and/or education and training activities. Funds will be used to modify and/or expand existing programs and services to fully meet the fundamental principles contained in the Act.

All proposed education, training and workforce development programs and activities contribute to developing and maintaining a culturally competent workforce, to include individuals with client and family member experience that are capable of providing client- and family-driven services that promote wellness, recovery, and resiliency, and lead to measurable outcomes. This Workforce Education and Training component has been developed with stakeholders and public participation. All input has been considered, with adjustments made, as appropriate.

Progress and outcomes of education and training programs and activities listed in this Workforce Education and Training component will be reported and shared on an annual basis, with appropriate adjustments made. An updated assessment of this county's workforce needs will be provided as part of the development of each subsequent Workforce Education and Training component.

**County Mental Health Director**

Printed Name: **Leland Tom**

Signature: 

Street Address (or, PO Box): 7001-A East Parkway, Suite 400

City, ZIP Code: Sacramento, CA 95823

Phone #: 916-875-9904

Fax #: 916-875-6970:

E-mail address: [Tomla@saccounty.net](mailto:Tomla@saccounty.net)

Contact Person's Name: Michelle Callejas, MHSA Coordinator

Phone #: 916-875-6486

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E-mail: [callejasm@saccounty.net](mailto:callejasm@saccounty.net)

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## **EXHIBIT 2: STAKEHOLDER PARTICIPATION SUMMARY**

Sacramento County completed the community planning process for the Workforce Education and Training (WET) component in November of 2008. In addition to conducting the Workforce Needs Assessment (Exhibit 3), several stakeholder processes were utilized that built upon the initial MHSA Community Planning Process conducted in 2005. Consumers, family members, providers, system partners and other interested community members were actively engaged in the development of the WET plan at each step of the stakeholder process. The planning process was inclusive, comprehensive and there was positive feedback received via surveys at each step of the process. Consumers and family members were integral to the process, and many assumed leadership positions in facilitating groups and serving as chairs on the workgroups and WET Task Force. This Work Plan could not have been developed without the help of the many stakeholders who chose to be part of the process and in fact, close to 1500 volunteer hours went into the development of the plan!

### MHSA Steering Committee

The MHSA Steering Committee is the highest recommending body of MHSA planning in Sacramento County. The committee is made up of 28 members representing mental health service providers, law enforcement, senior and adult services, education, social services, alcohol and drug services, child protective services, health, cultural competence, juvenile court, probation, consumers, and family members. All meetings are open to the public and time is set aside for public comment.

The Steering Committee was educated about the WET component guidelines and allowable use of funding and discussed possible methods of developing the Work Plan. The committee members recommended the establishment of a WET Taskforce in February 2008 and charged them with several key tasks: 1) develop a Mission Statement for the County in implementation of the WET Work Plan; 2) prioritize input collected from community focus groups, the Workforce Needs Assessment and from the CSS planning process; and 3) make final recommendations regarding WET Actions to the MHSA Steering Committee.

### WET Focus Groups

Sacramento County collaborated with community members in facilitating twelve (12) focus groups to seek community input on WET strategies. Significant outreach was conducted to recruit community members to help facilitate the focus groups, with specific efforts put toward enlisting consumers and family members. Outreach was done through a variety of methods including the MHSA email list-serve, announcements and flyers at the MHSA Steering Committee meeting, announcement in the NAMI newsletter, and by working in partnership with consumer and family advocates who distributed the training flyers within their networks. 27 mental health staff, consumers, family members, youth and other community members volunteered to attend facilitator trainings and co-facilitate the various focus groups.

The County promoted the focus groups in a number of ways including enlisting the support of adult, family and youth advocate staff to disseminate the information; e-mail blasts on the MHSA list-serve; collaboration with groups and agencies that serve diverse racial, ethnic and cultural communities; and by announcing it at the MHSA Steering Committee meetings. A total of 417 individuals participated in the twelve (12) focus groups which were broken out into the following areas: Children's Mental Health Providers; Adult Mental Health Providers; Adult Consumers and Family Members; Family Advocate Committee; Culturally Diverse Bilingual and Bicultural Direct Service Staff; Youth at Health Professions High School; Transitional Age Youth; MHSA Steering Committee and subject matter experts in workforce development; Association of Mental Health Contractors; Family Members of Children and Youth; Older Adult Consumers and Family Members; and NAMI Sacramento Meeting.

After educating the group members about WET and allowable use of funding, facilitators asked five (5) standard questions to generate ideas to address Sacramento County's workforce needs. Each focus group brainstormed ideas related to four (4) WET funding categories: 1) Training and Technical Assistance, 2) Mental Health Career Pathways, 3) Residencies and Internships, and 4) Financial Incentives.

The top recommendations from all twelve focus groups were brought forward for review to the WET Taskforce.

### Key Informant Interviews

An analysis of Sacramento County's Workforce Needs Assessment illustrated the need to increase bilingual/bicultural staff to address the increasing diversity of our community. In order to supplement the information gathered from the focus groups, the County identified thirteen (13) cultural brokers/leaders (referred to as Key Informants) from underserved racial, cultural and ethnic communities highlighted in the Workforce Needs Assessment and conducted face to face interviews with a prescribed set of questions. The Key Informants addressed the needs of the following groups:

- Individuals and families from the former Soviet Union (Russians, Ukrainians)
- Southeast Asians (Hmong, Vietnamese, Laotian)
- Individuals and families from Iraq and Iran
- Latinos
- African Americans
- Native Americans

The information collected from the interviews was analyzed and grouped by themes and content areas. The final document entitled "Conversations with Community Leaders: Strategies for Working with Diverse Racial, Cultural, and Ethnic Communities" provides valuable information regarding culturally appropriate strategies to take into consideration in the development and implementation of Sacramento County's WET Work Plan. Additionally, the document will continue to be used to inform other County planning processes, policies and practices.

### Workforce Education and Training Taskforce and WET Funding Workgroups

The MHSA Steering Committee recommended that the WET Taskforce not be limited but interested individuals were required to attend one orientation/training and the first WET Taskforce meeting in order to be a voting member on the Taskforce. The Taskforce met twelve (12) times from May through September and all meetings were open to the public with time allotted for public comment.

Taskforce sign-up sheets were posted at each focus group and additional outreach was made announcing Taskforce information at the MHSA Steering Committee meetings, posting it on the MHSA website and emailing it on the MHSA list-serve. Follow up emails and personal phone calls were made to individuals who expressed interest including those from the following stakeholder groups: Asian and Pacific Islander communities, consumers, Department of Rehabilitation, disability community, Folsom Lake College, Sacramento City Unified School District, Sacramento City College, private Universities, University of California Davis, SETA, Vocational Development for Tribal Communities, Youth Development Network, and Youth Advocates.

The WET Taskforce was composed of 52 voting members. The members represented a cross section of the community with 40% of the Taskforce self-identified as consumers and family members. Taskforce representatives included consumers; family members; individuals from agencies that serve racial, cultural and ethnic groups; mental health service providers; Mental Health Division staff; California State University of Sacramento; Los Rios Community College School District; health providers; Sacramento County school districts; Steering Committee members; University of California Davis; workforce development organizations; and youth serving organizations. There was ethnic and cultural diversity on the Taskforce with representation from individuals from Asian Pacific Islander, African-American, Eastern European, Latino and Caucasian backgrounds.

The WET Taskforce had three Chairs all of whom were also MHSA Steering Committee members. One Chair was a director in social services and the other two Chairs were Youth Advocates employed with a mental health service provider – one self-identified as a consumer and the other self-identified as a family member/caregiver to a transitional age youth consumer. The WET Taskforce immediately began working on the mission for Sacramento County’s WET Work Plan. The following Mission Statement was developed:

Sacramento County’s mission is to develop and maintain a mental health workforce skilled in:

- Providing culturally and linguistically competent services;
- Promoting a consumer and family-driven system of care that embraces the principles of wellness, recovery and resiliency; and
- Ensuring that services provided are integrated, collaborative, evidence-based or promising practices that result in positive outcomes for consumers, family members and the community.

The Taskforce then analyzed the focus group data and completed the prioritization of Sacramento’s workforce needs. WET Funding Workgroups were established to analyze the priorities and develop Actions in the four funding categories listed below:

1. Training and Technical Assistance
2. Mental Health Career Pathways
3. Residencies and Internships
4. Financial Incentives

Recruitment for Workgroups began in June with announcements being made at Taskforce meetings, postings of informational flyers on the MHSA website, and emailing of informational flyers through the MHSA list-serve. Workgroup information was announced and distributed at the WET Taskforce meeting and shared with all members through email. Invitational phone calls and follow up emails were made by MHSA staff to the following stakeholders: all Key Informants; the disabled community; Department of Rehabilitation; K-12 education (Sacramento county school districts), higher education (Los Rios Community College District, California State University of Sacramento, University of California Davis and private universities); and workforce development subject matter experts and providers.

Each Workgroup was co-chaired by a team of two community Chairs with support from a Division of Mental Health staff. Five of the eight Workgroup chairs self-identified as consumers and/or family members. The Workgroup Chairs participated in bi-weekly planning meetings for eight weeks to develop an understanding of the WET guidelines and the priorities set by the WET Taskforce, and to plan the Workgroup meeting agendas.

Each Workgroup met four (4) times and all meetings were open to any interested individuals. A total of 57 community members participated in the Workgroup process and 38% of the participants self-identified as consumers and family members. The workgroups were comprised of the following stakeholder groups: consumers; family members; Cosumnes River College; California State University of Sacramento; ethnic service providers representing the African-American, Asian Pacific Islander and Tribal communities; Division of Mental Health staff; Department of Rehabilitation; mental health providers; MHSA Steering Committee members; physical health providers; Sacramento City Unified School District, including the Regional Occupational Program (ROP) division; Sacramento Employment and Training Agency (SETA); University of California Davis; WET Taskforce members; organizations serving youth and young adults; and other interested community members.

The Funding Workgroups developed a total of seven (7) Actions that they subsequently presented to the WET Taskforce. The Taskforce then enhanced the actions to ensure they addressed the needs identified in the Workforce Needs Assessment and also to ensure they would move the county toward the goal of creating a diverse and qualified workforce.

The Taskforce Chairs presented the seven (7) Actions to the MHSA Steering Committee in September and October. After much discussion, the MSHA Steering Committee accepted all seven (7) Actions and recommended to the Division that they be incorporated into Sacramento County's WET Work Plan and submitted to DMH for funding. The Division subsequently added a WET Coordinator in the Workforce Staffing Support funding category for a total of eight (8) Actions.

### **Posting and Public Comment**

Sacramento's WET Work Plan is included as part of the County's Fiscal Year 2009 – 2010 Annual Update. The Annual Update was posted from January 16, 2009 to February 16, 2009 and a public hearing was conducted by the Sacramento County Mental Health Board on February 18, 2009.

### **Public Comment**

Several comments and questions were submitted during the 30-day public review and comment period:

- Surprise that that the Workforce Needs Assessment indicated that Consumer Support Staff and Family Support Staff were classified as “hard to fill” positions.
- Concern that that the current workforce is comprised of only 17% self-disclosed consumers or family members which is not consistent with “Client and Family Driven”. It was suggested that we should be striving for 50%.
- It was suggested that Regional Partnerships should be considered for Action #2 (System Training Continuum) and Action #3 (Office of Consumer and Family Member Employment.)
- Statement that Action #5 (Psychiatric Residents and Fellowships) was very expensive due to the cost of the psychiatrist and that the program may not be worth the cost.
- There was a question as to how Action #6 (Multidisciplinary Seminar) would lead to retention of psychiatrists – that it may increase their skills but wouldn't necessarily lead to an increase in retention.
- Apprehension regarding implementing the WET Plan given the current fiscal crisis facing Sacramento County's Division of Mental Health as well as the state fiscal crisis. There was concern that Sacramento County would implement the Office of Consumer and Family Member employment and prepare individuals to enter the workforce at a time when individuals already working in the system are being laid off. Additionally, there was concern that individuals would take advantage of stipends and scholarships but when it is time to “pay back” by

working in Sacramento's mental health system, such opportunities would not exist and individuals would be required to pay back the money in cash, placing them in an undesirable and stressful position. It was suggested that careful thought be put into strategic implementation of the WET Work Plan.

### **Division Response to Public Comment**

With regard to the question about Consumer and Family Member Support Staff positions being "hard to fill", the Workforce Needs Assessment was conducted in November 2007 and is based on the responses of the providers at that point in time. Agencies were asked if they had those types of positions available and whether they were hard to fill, to which they could respond "yes" or "no". Even if just one agency had responded "yes", the answer was reflected as "yes" for the entire county. However, several agencies responded "yes" to this question.

Client and family driven can be operationalized in a number of ways. One way is through the percent of the workforce who identify as clients or family members. Although 17% is less than half-way to 50%, it is still one of the largest percentages in the State. Further, if 17% of the workforce identified as belonging to the client and/or family member group, it is likely the actual percent is higher. Many are still hesitant to self-identify due to the perception of stigma and discrimination associated with doing so. This issue came up several times during the planning process and Sacramento County is committed to developing strategies to reduce stigma and discrimination.

One can also look at a system as Client and Family Driven if clients and family members participate in system planning and are fully heard and understood by those who do not self-identify in the same way, including decision makers in the system. Sacramento has been successful in this regard in that 50% of the MHSA Steering Committee (past and present) is comprised of consumers and family members. There has also been significant involvement of consumers and family members in all components of the MHSA planning process. Additionally, consumers and family members have been represented on the Mental Health Division's management team for over ten (10) years.

The suggestion to add Regional Partnerships to Action #2 and Action #3 was considered and added to both actions. The Division will participate in Regional Partnership activities and take advantage of opportunities that will contribute to our workforce development efforts.

With regard to comments about Actions 5 and 6, it is acknowledged that the cost of psychiatrist time is high. However, Sacramento's Workforce Needs Assessment identified a need for psychiatrists in our system. The workgroup that developed this plan determined that a psychiatrist is the most appropriate classification to provide the supervision and training of psychiatric residents and fellows for a number of reasons, including those related to licensing requirements. The hope is that both Actions 5 and 6 will result in an increase in retention of psychiatrists and other licensed practitioners. Both Actions will provide specific training and dedicated supervision and support that are currently not provided due to limited resources. By creating a supportive learning environment that promotes and supports professional growth, it is anticipated that participants will be more likely to enter and remain in Sacramento County's mental health workforce.

Finally, the Division is acutely aware of the fiscal crisis currently facing the Division and the State and understands there will likely be continued fiscal challenges for the next several years. With this in mind, the Division will carefully consider how the WET Work Plan is implemented and determine the feasibility of executing some Actions prior to others. The Division will also seek consultation from the MHSA Steering Committee prior to and during implementation.



**SUMMARY OF COMPLETE COUNT AND EXTRAPOLATED ESTIMATES: ALL SEGMENTS**

Major Group and Positions	Estimated # FTE authorized	Position hard to fill? 1=Yes 0=No	# FTE estimated to meet need in addition to # FTE authorized	Race/ethnicity of FTEs currently in the workforce							# FTE filled (5)+(6)+(7)+(8)+(9)+(10)
				White/Caucasian	Hispanic/Latino	African-American Black	Asian/Pacific Islander	Native American	Multi-Race or Other		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
<b>A. Unlicensed Mental Health Direct Service Staff:</b>											
<b>County (employees, independent contractors, volunteers)</b>											
Mental Health Rehabilitation Specialist	39.5	1	28.5	<b>Unlicensed Mental Health Direct Service Staff; Sub-Totals Only</b>							
Case Manager/Service Coordinators	5.0	1	3.6								
Employment Services Staff											
Housing Services Staff											
Consumer Support Staff											
Family Member Support Staff											
Benefits/Eligibility Specialist											
Other <i>Unlicensed</i> MH Direct Service Staff	59.4	1	42.9								
<i>Sub-total, A (County)</i>	103.9	3	75.0	38.8	13.3	24.3	9.7	1.3	7.6	95.0	
<b>All Other (CBOs, CBO sub-contractors, network providers, and volunteers)</b>											
Mental Health Rehabilitation Specialist	182.7	1	131.8	<b>Unlicensed Mental Health Direct Service Staff; Sub-Totals Only</b>							
Case Manager/Service Coordinators	261.0	1	188.3								
Employment Services Staff	23.8	1	17.2								
Housing Services Staff	25.6	1	18.5								
Consumer Support Staff	25.3	1	18.3								
Family Member Support Staff	39.3	1	28.4								
Benefits/Eligibility Specialist	5.0	1	3.6								
Other <i>Unlicensed</i> MH Direct Service Staff	396.6	1	286.1								
<i>Sub-total, A (All Other)</i>	959.3	8	692.2	335.6	106.2	205.7	112.0	7.2	75.0	841.7	
<b>Total, A (County &amp; All Other)</b>	1063.2	11	767.2	374.4	119.5	230.0	121.7	8.5	82.6	936.7	

Major Group and Positions	Estimated # FTE authorized	Position hard to fill? 1=Yes 0=No	# FTE estimated to meet need in addition to # FTE authorized	Race/ethnicity of FTEs currently in the workforce							# FTE filled (5)+(6)+(7)+(8)+(9)+(10)
				White/Caucasian	Hispanic/Latino	African-American Black	Asian/Pacific Islander	Native American	Multi-Race or Other		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
<b>B. Licensed Mental Health Staff (direct service):</b>											
<b>County (employees, independent contractors, volunteers)</b>											
Psychiatrist, general				<b>Licensed Mental Health Direct Service Staff; Sub-Totals Only</b>							
Psychiatrist, child/adolescent	3.7	1	2.7								
Psychiatrist, geriatric											
Psychiatric or Family Nurse Practitioner	2.0	1	1.4								
Clinical Nurse Specialist	1.5	1	1.1								
Licensed Psychiatric Technician	11.0	1	7.9								
Licensed Clinical Psychologist											
Psychologist, registered intern (or waived)											
Licensed Clinical Social Worker (LCSW)	17.5	1	12.6								
MSW, registered intern (or waived)	3.0	1	2.2								
Marriage and Family Therapist (MFT)	28.9	1	20.9								
MFT registered intern (or waived)	9.0	1	6.5								
Other Licensed MH Staff (direct service)	22.6	1	16.3								
<i>Sub-total, B (County)</i>	99.2	9.0	71.6								44.2
<b>All Other (CBOs, CBO sub-contractors, network providers, and volunteers)</b>											
Psychiatrist, general	24.3	1	17.5	<b>Licensed Mental Health Direct Service Staff; Sub-Totals Only</b>							
Psychiatrist, child/adolescent	13.8	1	10								
Psychiatrist, geriatric	1.5	0	1.1								
Psychiatric or Family Nurse Practitioner	1.9	1	1.4								
Clinical Nurse Specialist	10.8	1	7.8								
Licensed Psychiatric Technician	15.5	1	11.2								
Licensed Clinical Psychologist	13.6	1	9.8								
Psychologist, registered intern (or waived)	7.1	N/A	5.1								
Licensed Clinical Social Worker (LCSW)	40.9	1	29.5								
MSW, registered intern (or waived)	115.5	1	83.3								
Marriage and Family Therapist (MFT)	80.3	1	57.9								
MFT registered intern (or waived)	194.2	1	140.1								
Other Licensed MH Staff (direct service)	12.2	1	8.8								
<i>Sub-total, B (All Other)</i>	531.6	11.0	383.5								295.1

Major Group and Positions	Estimated # FTE authorized	Position hard to fill? 1=Yes 0=No	# FTE estimated to meet need in addition to # FTE authorized	Race/ethnicity of FTEs currently in the workforce							# FTE filled (5)+(6)+(7)+(8)+(9)+(10)
				White/Caucasian	Hispanic/Latino	African-American Black	Asian/Pacific Islander	Native American	Multi-Race or Other		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
<b>Total, B (County &amp; All Other)</b>	630.8	20.0	455.1	339.3	48.5	56.1	66.8	5.5	48.2	564.4	
<b>C. Other Mental Health Staff (direct service):</b>											
<b>County (employees, independent contractors, volunteers)</b>											
Physician				<i>Other Health Care Direct Service Staff; Sub-Totals Only</i>							
Registered Nurse	8.0	1	5.8								
Licensed Vocational Nurse	18.0	1	13								
Physician Assistant											
Occupational Therapist											
Other Therapist (e.g., physical, recreation, art, dance)	6.0	1	4.3								
Other Health Care Staff (direct service, to include traditional cultural healers)											
<i>Sub-total, C (County)</i>	32.0	3.0	23.1								18.1
<b>All Other (CBOs, CBO sub-contractors, network providers, and volunteers)</b>											
Physician	2.8	1	2.0	<i>Other Health Care Direct Service Staff; Sub-Totals Only</i>							
Registered Nurse	85.2	1	61.5								
Licensed Vocational Nurse	47.1	1	34								
Physician Assistant	0.5	N/A	0.4								
Occupational Therapist											
Other Therapist (e.g., physical, recreation, art, dance)	14.6	1	10.5								
Other Health Care Staff (direct service, to include traditional cultural healers)	27.5	1	19.8								
<i>Sub-total, C (All Other)</i>	177.7	5.0	128.2								89.5
<b>Total, C (County &amp; All Other)</b>	209.7	8.0	151.3	107.6	13.5	24.6	42.0	0.2	14.0	201.9	
<b>DIRECT SERVICE TOTAL (A+B+C)</b>	1903.7	39.0	1373.6	821.3	181.5	310.7	230.5	14.2	144.8	1703.0	

Major Group and Positions	Estimated # FTE authorized	Position hard to fill? 1=Yes 0=No	# FTE estimated to meet need in addition to # FTE authorized	Race/ethnicity of FTEs currently in the workforce							# FTE filled (5)+(6)+(7)+(8)+(9)+(10)
				White/Caucasian	Hispanic/Latino	African-American Black	Asian/Pacific Islander	Native American	Multi-Race or Other		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
<b>D. Managerial and Supervisory:</b>											
<b>County (employees, independent contractors, volunteers)</b>											
CEO or manager above direct supervisor	16.0	1	11.5	<i>Managerial/Supervisory Non Direct Service Staff; Sub-Totals Only</i>							
Supervising psychiatrist (or other physician)											
Licensed supervising clinician	8.0	1	5.8								
Other managers and supervisors	22.0	1	15.9								
<i>Sub-total, D (County)</i>	46.0	3.0	33.2	31.0	4.2	2.3	6.0	1.0	4.2	48.7	
<b>All Other (CBOs, CBO sub-contractors, network providers, and volunteers)</b>											
CEO or manager above direct supervisor	95.7	1	69	<i>Managerial/Supervisory Non Direct Service Staff; Sub-Totals Only</i>							
Supervising psychiatrist (or other physician)	3.0	1	2.2								
Licensed supervising clinician	68.4	1	49.3								
Other managers and supervisors	121.3	1	87.5								
<i>Sub-total, D (All Other)</i>	288.4	4.0	208.0	169.2	19.7	38.1	24.9	3.2	17.5	272.6	
<b>Total, D (County &amp; All Other)</b>	<b>334.4</b>	<b>7.0</b>	<b>241.2</b>	<b>200.2</b>	<b>23.9</b>	<b>40.4</b>	<b>30.9</b>	<b>4.2</b>	<b>21.7</b>	<b>321.3</b>	
<b>E. Support Staff:</b>											
<b>County (employees, independent contractors, volunteers)</b>											
Analysts, tech support, quality assurance	15.0	0	10.8	<i>Support/Administrative Non Direct Service Staff; Sub-Totals Only</i>							
Education, training, research											
Clerical, secretary, administrative assistants	97.0	0	70								
Other support staff (non-direct services)	55.0	1	39.7								
<i>Sub-total, E (County)</i>	167.0	1.0	120.5	71.1	16.5	19.1	19.8	2.2	14.3	143.0	
<b>All Other (CBOs, CBO sub-contractors, network providers, and volunteers)</b>											
Analysts, tech support, quality assurance	29.4	1	21.2	<i>Support/Administrative Non Direct Service Staff; Sub-Totals Only</i>							
Education, training, research	7.2	1	5.2								
Clerical, secretary, administrative assistants	240.8	1	173.7								
Other support staff (non-direct services)	89.8	1	64.8								
<i>Sub-total, E (All Other)</i>	367.2	4.0	264.9	174.8	56.7	52.6	48.6	3.1	25.0	360.8	
<b>Total, E (County &amp; All Other)</b>	<b>534.2</b>	<b>5.0</b>	<b>385.4</b>	<b>245.9</b>	<b>73.2</b>	<b>71.7</b>	<b>68.4</b>	<b>5.3</b>	<b>39.3</b>	<b>503.8</b>	

Major Group and Positions	Estimated # FTE authorized	Position hard to fill? 1=Yes 0=No	# FTE estimated to meet need in addition to # FTE authorized	Race/ethnicity of FTEs currently in the workforce						
				White/Caucasian	Hispanic/Latino	African-American Black	Asian/Pacific Islander	Native American	Multi-Race or Other	# FTE filled (5)+(6)+(7)+(8)+(9)+(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
<b>County (employees, independent contractors, volunteers) (A+B+C+D)</b>	448.1	19.0	323.4	203.2	41.7	59.2	52.5	5.8	37.5	399.9
<b>All Other (CBOs, CBO sub-contractors, network providers, and volunteers (A+B+C+D))</b>	2324.2	32.0	1676.8	1064.2	236.9	363.6	277.3	17.9	168.3	2128.2
<b>TOTAL COUNTY WORKFORCE (A+B+C+D)</b>	2772.3	51.0	2000.2	1267.4	278.6	422.8	329.8	23.7	205.8	2528.1
<b>F. TOTAL PUBLIC MH POPULATION</b>	<b>Leave Col. 2, 3, &amp; 4 blank</b>			36.4%	16.4%	18.9%	5.2%	0.6%	22.5%	100.0%
NOTE: Detail may not add to total, due to rounding.				11986	5402	6235	1715	206	7427	32971

Major Group and Positions	Estimated # FTE authorized and to be filled by consumers or family members	Position hard to fill with consumers or family members? 1=Yes; 0=No	# additional consumer or family member FTEs estimated to meet need
(1)	(2)	(3)	(4)
<b>A. Unlicensed Mental Health Direct Service Staff:</b>			
Consumer Support Staff	23.3	1	16.8
Family Member Support Staff	26.6	1	19.2
Other <i>Unlicensed</i> MH Direct Service Staff	12.8	1	9.2
<b>Sub-total, A:</b>	62.7	3	45.2
<b>B. Licensed Mental Health Staff (direct service)</b>	1.6	0	1.2
<b>C. Other Health Care Staff (direct service)</b>	0.0	0	
<b>D. Managerial and Supervisory</b>	10.5	1	7.6
<b>E. Support Staff (non-direct services)</b>	12.8	1	9.2
<b>GRAND TOTAL (A+B+C+E+E)</b>	87.6	5	63.2

Language, other than English		Number who are proficient	Additional # who need to be proficient	TOTAL (2)+(3)
(1)		(2)	(3)	(4)
1. Spanish	Direct Service Staff	118.2	85.3	203.5
	Others	43.2	31.2	74.4
2. Vietnamese	Direct Service Staff	22.7	16.4	39.1
	Others	5.7	4.1	9.8
3. Cantonese	Direct Service Staff	6.6	4.8	11.4
	Others	1.3	0.9	2.2
4. Hmong	Direct Service Staff	25.2	18.2	43.4
	Others	9.0	6.5	15.5
5. Russian	Direct Service Staff	13.3	9.6	22.9
	Others	2.0	1.4	3.4
<b>TOTAL, all languages other than English:</b>	Direct Service Staff	186.0	134.3	320.3
	Others	61.2	44.1	105.3

### **EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT**

IV. REMARKS: Provide a brief listing of any significant shortfalls that have surfaced in the analysis of data provided in sections I, II, and/or III. Include any sub-sets of shortfalls or disparities that are not apparent in the categories listed, such as sub-sets within occupations, racial/ethnic groups, special populations, and unserved or underserved communities.

**A. Shortages by occupational category:**

- Need for additional licensed direct service staff
  - Current caseloads in adult outpatient system are 1:234 for licensed staff and 1:48 for unlicensed staff
- Need for LCSW and MFT staff, rather than relying on waived staff
  - Waivered staff is less experienced than fully licensed staff
  - Waivered staff has high turnover rates
- Need for psychiatrists
  - Low number of FTE
  - High vacancy rates
  - Effective caseload size of 1:1025
- Internships and financial incentives are needed to encourage psychiatrists, LCSWs and MFTs to work within our system

**B. Comparability of workforce, by race/ethnicity, to target population receiving public mental health services:**

- Need for additional staff representing the racial/ethnic diversity of our client population
- Need to develop career pathways that lead diverse staff into higher direct care and supervisory positions

**C. Positions designated for individuals with consumer and/or family member experience:**

- While only 87.6 FTE are designated to be filled by consumers/family members, 459.4 FTE who work in the system self-identify as consumers/family members (16.6% of the work force)
- Need career pathways that allow consumers and family members to pursue a variety of undergraduate and graduate educational opportunities so that they can be educated to a level necessary to provide direct services, especially in licensed positions.

**D. Language proficiency:**

- Need for additional staff representing the language diversity of our client population
- Need to develop career pathways that lead bilingual staff into higher direct care and supervisory positions

**E. Other, miscellaneous:**

N/A

#### **EXHIBIT 4: WORK DETAIL**

Please provide a brief narrative of each proposed *Action*. Include a Title, short description, objectives on an annualized basis, a budget justification, and an amount budgeted for each of the fiscal years included in this Three-Year Plan. The amount budgeted is to include only those funds that are included as part of the County's Planning Estimate for the Workforce Education and Training component. The following is provided as a format to enable a description of proposed Action(s):

#### **A. WORKFORCE STAFFING SUPPORT**

##### **Action #1 – Title: WET Coordinator**

**Description:** The WET Coordinator has the responsibility of overseeing the development and implementation of all aspects of the planning, coordination and implementation of the WET Work Plan. This includes the oversight of the community stakeholder process for the WET implementation process and the coordination of contracts funded within this proposal. The WET Coordinator will also participate in Regional Partnership meetings, local and statewide trainings.

##### **Objectives:**

1. Establish WET Stakeholder Process
2. Submit Workforce Education and Training Three-Year Expenditure Plan
3. Attend and participate in statewide WET Coordinator meetings
4. Implement approved WET plan
5. Evaluate WET plan implementation and effectiveness
6. Submit periodic progress reports, as required by California Department of Mental Health

**Budget justification:** Salary and benefits of 1.0 WET Coordinator who will oversee the development and implementation of the WET plan.

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$0</b>	<b>FY 2007-08: \$0</b>	<b>FY 2008-09: \$26,574</b>
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## EXHIBIT 4: WORK DETAIL – Continued

### **B. TRAINING AND TECHNICAL ASSISTANCE**

#### **Action #2 – Title: System Training Continuum**

**Description:** The stakeholder process identified a need for consumer/family member-led trainings, cultural competence and other specialized trainings. This Action is a training continuum program intended to expand the training capacity of mental health staff, system partners, consumers, and family members. The continuum has three steps: 1) Training Partnership Team (TPT): to help develop and review curriculum, and determine ongoing trainings needs; 2) Train the Trainer: to establish a team of trainers with both traditional professional preparation and lived experience who will train the county mental health system and partners and provide follow-up coaching as needed; 3) Training Delivery: TPT will deliver trainings to individuals such as staff, consumers, family members and community stakeholders and all levels of organizations within the county mental health system, as well as community partners. Training will encompass the five essential elements of MHSA. Regional cultural issues will be identified during the training needs assessment and appropriate curriculum will be identified and/or developed by the TPT. Consumers, family members and representatives from Sacramento's culturally and linguistically diverse communities will be active members at all points of this System Training Continuum, will be involved in the TPT, Train the Trainers and will participate in delivering the trainings.

When appropriate, mentoring relationships will be encouraged that will facilitate consumers, family members, Sacramento's regional culturally and linguistically diverse communities and others to further their career/educational goals in the field of Mental Health. Mentoring relationships have been identified by members of several cultural, racial and ethnic groups as critical to their success. Encouraging mentoring relationships may provide support for people with particular skills (i.e.: language, culture, lived experience) to become qualified to fill positions identified by the Workforce Needs Assessment.

#### **Objectives:**

1. Develop a system-wide, comprehensive training plan based on MHSA essential elements and training needs.
2. Include consumers, family members and representatives from Sacramento's regional culturally and linguistically diverse communities as active leaders in each stage of the training continuum.
3. Establish Training Partnership Team that includes trainers with lived experience and/or traditional professional preparation inclusive of County and Contracted staff.
4. Improve individual's core skills and knowledge of consumer and family member driven systems, the principles of wellness and recovery, and cultural competency.
5. Expand training capacity to include training that will meet CEU requirements
6. Offer continuous training for new and existing staff, contracted providers, and employed consumers and family members.
7. Establish web-based learning as an additional training modality.
8. Reduce the stigma and discrimination faced by mental health consumers and by family members.
9. Provide training to all staff on consumer and family member experience.
10. Explore and participate in Regional Partnership opportunities that will help achieve the above objectives.

**EXHIBIT 4: WORK DETAIL – Continued**

**B. TRAINING AND TECHNICAL ASSISTANCE** – *Continued*

**Action #2 – Title: System Training Continuum – continued**

**Budget justification:** Includes salary and benefits of a .5 FTE Program Coordinator and 1 FTE Senior Office Assistant to coordinate this Action and meet administrative needs. Additional costs include: fees for training consultants; stipends for TPT members who are consumers, family members and representatives of culturally and linguistically diverse communities; conference/workshop registration fees for consumer and family members; computers; curriculum purchases; web-based training fees; and other operating costs.

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$<u>0</u></b>	<b>FY 2007-08: \$<u>0</u></b>	<b>FY 2008-09: \$<u>141,545</u></b>
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**EXHIBIT 4: WORK DETAIL – Continued**

**C. MENTAL HEALTH CAREER PATHWAY PROGRAMS**

**Action #3 – Title: The Office of Consumer and Family Member Employment**

**Description:** The Workforce Needs Assessment identified a gap in career pathways for consumers and family members allowing them opportunities to provide direct services and the need for additional staff representing the racial/ethnic diversity of the clients we serve. In addition, the stakeholder process identified a need to develop consumer entry/supportive employment programs and career pathways for Sacramento’s culturally and linguistically diverse communities to provide direct care and work in supervisory positions.

The goal of this action is to develop entry and supportive employment for consumers, family members and individuals from Sacramento’s culturally and linguistically diverse communities to address occupational shortages identified in the Workforce Needs Assessment. Efforts will also be made to create and support volunteer opportunities. Hiring practices will emphasize consumers, family members, and individuals from culturally and linguistically diverse communities as both staff and recipients of services for employment in the mental health workforce. This action will consist of 4 focus areas: 1) Education Support which will include working in partnership with the Financial Incentive actions to encourage the advancement of Bachelor and Master’s level educational opportunities; 2) Employment and Workforce Development which will include benefits counseling and job coaching; 3) Family and Consumer Support which will include advocacy and community information and referral and; 4) Financial/Community Development which will explore funding development for sustainability.

**Objectives:**

1. Provide resources in the community dedicated to supporting consumers and family members and culturally and linguistically diverse communities entering the mental health workforce.
2. Create a program dedicated to identifying, preparing, developing, and training consumers, family members and culturally and linguistically diverse individuals for paid and volunteer work in the mental health community.
3. Provide individualized support to assist mental health consumers, family members and individuals from culturally and linguistically diverse communities in securing employment and transitioning into the mental health workforce.
4. Provide a career pathway beyond high school for intern graduates of the High School action listed as Action # 3.
5. Promote wellness, recovery, and resiliency concepts within the mental health system.
6. Explore and participate in Regional Partnership opportunities that will help achieve the above objectives.

**Budget justification:**

This budget will cover 1 FTE Program Manager, 1 FTE Program Staff, 3 FTE Line Specialist Staff and one FTE Clerical Support Staff with benefits. The Program Manager will provide oversight to the Office of Consumer and Family Employment and support funding development. The Program Staff will provide supervision and support to the Line Staff and Line Staff will provide direct services to consumer and family members. Funds include computers and printers and other operating expenses.

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$0</b>	<b>FY 2007-08: \$0</b>	<b>FY 2008-09: \$ 120,693</b>
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**EXHIBIT 4: WORK DETAIL – Continued**

**C. MENTAL HEALTH CAREER PATHWAY PROGRAMS – Continued**

**Action #4 – Title: High School Training**

**Description:** The stakeholder process identified the need to increase high school students’ exposure to community mental health as a career option and educate high school faculty on mental health career pathway options for high school students. This action is designed to introduce high school students to the issues of mental health and launch them on a career pathway in the mental health field by providing job readiness coaching and on-the-job training/ internships in community mental health settings.

This action will include two components: Component 1: Portable Class Unit: An elective curriculum on mental health will be developed and delivered in high school settings; the curriculum will introduce youth to the topic of mental health and include the goals and essential elements of the MHSA. Examples of possible topics include but are not limited to: reducing stigma around mental health issues; mental health issues within a cultural context and; presenting mental health as a career choice. A curriculum will also be developed and delivered to school administrators and teachers with the intent of educating them about mental health issues and mental health as a career choice for students.

Component 2: On-the-Job Training/Experiential Learning Opportunities: High school students are introduced to on-the-job training experience/internships during the portable class unit. The portable class unit serves as a recruitment opportunity for the on-the-job training (internships). This training program will be incorporated into already established school district programs and/or Internship programs, for example Regional Occupational Programs. Students will be placed in on the on-the-job training/internships at appropriately selected community mental health sites. As part of the placement, all students will participate in a job readiness class. Outreach efforts for Component 1 and 2 will be made specifically to Sacramento high schools that reflect the diversity of Sacramento County.

**Objectives:**

1. Develop working relationships with school districts and explore classes in which the portable class unit will be delivered.
2. Work with school districts to identify how to incorporate on-the-job training/experiential learning opportunities into existing ROP internship programs and other experiential learning opportunities.
3. Determine appropriate community mental health agencies as placement sites for Component 2.
4. Increase awareness of mental health issues with high school students and faculty.
5. Expose high school students to community mental health.
6. Promote career development into the mental health field with high school students and faculty.
7. Provide work preparedness and job readiness skills for high school students in community mental health.

**Budget justification:**

These funds cover the salary and benefits of a .5 Program Coordinator to provide outreach to high schools and oversees the internship component; the Coordinator has other .5 job responsibilities under Action #2. Funds also provide for curriculum development and operating expenses.

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$ 0</b>	<b>FY 2007-08: \$ 0</b>	<b>FY 2008-09: \$ 38,747</b>
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**EXHIBIT 4: WORK DETAIL – Continued**

**D. RESIDENCY, INTERNSHIP PROGRAMS**

**Action #5 – Title: Psychiatric Residents and Fellowships**

**Description:** Sacramento County’s Workforce Needs Assessment indicated a high vacancy rate for psychiatrists, specifically those who have received training and experience in public mental health and with the older adult population.

In this action there will be exposure to public mental health in the early years of residency with accessible and dedicated supervision and support to ensure a positive community mental health experience. This action will be available for psychiatric residents and fellows who are interested in the area of public mental health. Residents would be placed at community mental health sites that serve culturally, ethnically, and linguistically diverse communities. In addition, residents would receive cultural competence training and additional training on the consumer movement and client culture. The residents could receive training from the Training Partnership Team developed in Action #2. The community mental health sites would regularly participate in in-service trainings on wellness, recovery and resiliency that would support residents in building this approach into service planning. In this action, attendings/CBOs senior psychiatrists are allowed dedicated time to provide supervision, training and support which will result in residents having a more positive experience in a community mental health setting.

**Objectives:**

1. Establish a partnership with University of California Davis Medical Center.
2. Increase the number of psychiatrists working in community mental health who are trained in the recovery/resiliency model.
3. Increase the number of psychiatrists working in community mental health who have experience in working with older adults.
4. Increase the number of psychiatrists working in community mental health with the skills to provide an integrated service experience for clients and their families.
5. Provide in-service trainings to placement sites in support of the psychiatrists training on cultural competency, recovery/resiliency model and integrated service models.
6. Ensure dedicated and accessible supervision for residents and fellows in the area of community mental health.
7. Improve psychiatrist retention rates in Sacramento County’s mental health system.

**Budget justification:**

This budget covers the cost of 16 hours a week of a Psychiatrist at \$150 an hour for supervision and training and 15% indirect cost.

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$0</b>	<b>FY 2007-08: \$0</b>	<b>FY 2008-09: \$25,883</b>
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**EXHIBIT 4: WORK DETAIL – Continued**

**D. RESIDENCY, INTERNSHIP PROGRAMS** -- *Continued*

**Action #6 – Title: Multidisciplinary Seminar**

**Description:** Sacramento County’s Workforce Needs Assessment indicated a high vacancy rate for psychiatrists and other licensed positions. This action will be available for psychiatric residents, fellows, and graduate students in social work, psychology, and other related fields who are interested in the field of public mental health and are working in a public mental health setting. This action will create a positive experience in their community mental health residency/internships resulting in an increase in retention of psychiatrists and licensed practitioners. This Action will initially focus on social workers and psychiatrists but will expand to include other disciplines such as Marriage and Family Therapist and Psychology students.

CBO staff, including consumer advocates and family members, with knowledge and experience in the areas of recovery, resiliency and cultural competency will be included in the multidisciplinary seminar faculty. Training will include but not be limited to: cultural competency, the consumer movement and client culture. Furthermore, ministers-in-training, traditional healers and others may be guest speakers at various seminars. Faculty will be responsible for creating a supportive learning environment that provides opportunities for discussion of clinical concerns and professional needs and promotes and supports professional growth and wellness.

**Objectives:**

1. Establish a partnership with University of California Davis Medical Center and California State University of Sacramento.
2. Increase the number of psychiatrists and other licensed practitioners working in community mental health who are trained in the recovery/resiliency model.
3. Increase the number of psychiatrists and other licensed practitioners working in community mental health with the skills to provide an integrated service experience for clients and their families.
4. Improve retention rates of licensed positions within community mental health.
5. Support professional wellness by addressing work stressors and burn-out.
6. Improve quality of care during and beyond residency and internship experience.

**Budget justification:**

This budget covers the purchase of curriculum; a .2 FTE University of California Davis Medical Center Psychiatrist, lead faculty position; and a .2 FTE California State University of Sacramento, lead faculty position.

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$0</b>	<b>FY 2007-08: \$0</b>	<b>FY 2008-09: \$ 22,431</b>
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**EXHIBIT 4: WORK DETAIL – Continued**

**E. FINANCIAL INCENTIVE PROGRAMS**

**Action #7 – Title: Stipends for People Who Pursue Consumer Leadership Opportunities**

**Description:** The stakeholder process identified the need for living expenses, school expenses and, financial incentives that lead to work and/or leadership opportunities in the mental health field. The Stipends/Scholarship Workgroup developed this action in response to the needs brought forth by the Stakeholder process.

This action provides individuals with the opportunity to receive stipends for leadership or educational opportunities that increase knowledge, build skills and further advocacy for consumers on mental health issues. Educational opportunities include but are not limited to: the California Association of Social Rehabilitation Association (CASRA) social rehabilitation certificate and certification in group facilitation. Efforts will be made to outreach to individuals with lived experience and those from culturally and linguistically diverse communities. Critical to this action is the ability to increase consumer leadership opportunities that further the advocacy and services for and by consumers. Through participating in these opportunities, individuals will develop skills and qualifications that can lead to employment in unlicensed positions that have been identified as shortage occupations by the Workforce Needs Assessment. Mental health consumers who receive stipends will also receive benefits counseling prior to the receipt of the stipend.

**Objectives:**

1. Create a Stipends Application Review Committee with diverse representation of consumers, family members and culturally and linguistically diverse communities who serve in partnership with representatives of the Division of Mental Health and other stakeholders.
2. Develop stipend criteria and outreach strategies to diverse racial, ethnic and cultural groups as well individuals with lived experience.
3. Explore the feasibility of establishing a CASRA program in the Sacramento region.
4. Expand leadership opportunities in the mental health field with an emphasis on those with lived experience and those from diverse racial, ethnic and cultural communities.
5. Provide stipends to individuals, with an emphasis on those with lived experience and those from diverse racial, ethnic and cultural communities, for leadership opportunities within the mental health field.
6. Provide stipends to individuals, with an emphasis on those with lived experience and those from diverse racial, ethnic and cultural communities, for educational opportunities within the mental health field.

**Budget justification**

This budget covers a .5 FTE Program Staff to administer stipends and provide benefits counseling. Dedicated funds for leadership and educational stipends are provided.

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$0</b>	<b>FY 2007-08: \$0</b>	<b>FY 2008-09: \$12,444</b>
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**EXHIBIT 4: WORK DETAIL – Continued**

**E. FINANCIAL INCENTIVE PROGRAMS** – *Continued*

**Action #8 – Title: Stipends for Individuals, Especially Consumers and Family Members, for Education Programs to Enter the Mental Health Field**

**Description:** The stakeholder process identified the need for living expenses, school expenses and, financial incentives that lead to work and/or leadership opportunities in the mental health field. The Stipends/Scholarship Workgroup developed this action in response to the needs brought forth by the Stakeholder process.

The goal of this action is to support efforts to develop a diverse, culturally sensitive and competent public mental health system. This goal will be achieved by establishing a stipend fund to allow individuals, with an emphasis on individuals with lived experience and individuals from culturally and linguistically diverse communities, to apply for stipends to participate in educational opportunities that will lead towards employment in Sacramento County’s mental health system. The stipends would be used towards qualifying consumers for a range of employment positions including licensed positions. The focus shall be on unlicensed positions identified in the WET Needs Assessment, such as consumer support staff, case manger, benefits counseling, or family member support. Stipend recipients will be required to work in Sacramento County’s mental health system for each year a stipend is granted upon completion of the educational/training program.

**Objectives:**

1. Create a Stipends Application Review Committee with diverse representation of consumers, family members and culturally and linguistically diverse communities who serve in partnership with representatives of the Division of Mental Health and other stakeholders.
2. Develop stipend criteria and outreach strategies to diverse ethnic, racial and cultural groups as well individuals with lived experience.
3. Expand educational opportunities in the mental health field with an emphasis on those with lived experience and those from diverse racial, ethnic and cultural communities.
4. Increase employment opportunities for individuals with an emphasis on those with lived experience and those from diverse racial, ethnic and cultural communities for leadership opportunities within the mental health field.
5. Increase the opportunity for individuals, with an emphasis on those with lived experience and those from diverse racial, ethnic and cultural communities to obtain employment in community mental health.
6. Increase the opportunity for individuals, with an emphasis on those with lived experience and those from diverse racial, ethnic and cultural communities to pursue license and unlicensed positions in community mental health.

**Budget justification:**

This budget shares a .5 FTE Program Staff with Action # 8. The .5 FTE Program Staff will administer educational stipends and provide benefits counseling. Funds will also cover stipends for Los Rios Community College fees and stipends for California State University, Sacramento fees.

<b>Budgeted Amount:</b>	<b>FY 2006-07: \$0</b>	<b>FY 2007-08: \$0</b>	<b>FY 2008-09: <u>\$51,332</u></b>
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**EXHIBIT 5: ACTION MATRIX**

<b>Actions</b> (as numbered in Exhibit 4, above)	Promotes wellness, recovery, and resilience	Promotes culturally competent service delivery	Promotes meaningful inclusion of clients/family members	Promotes an integrated service experience for clients and their family members	Promotes community collaboration	Staff support (infrastructure for workforce development)	Resolves occupational shortages	Expands postsecondary education capacity	Loan forgiveness, scholarships, and stipends	Regional partnerships	Distance learning	Career pathway programs	Employment of clients and family members within MH system
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
<b>Action # 1:</b> WET Coordinator	X	X	X	X	X	X				X			
<b>Action # 2:</b> System Training Continuum	X	X	X	X	X	X					X		
<b>Action # 3:</b> Consumer Entry Programs/Supportive Employment Including the Un-served and Underserved	X	X	X	X	X	X	X	X	X			X	X
<b>Action # 4:</b> High School Training	X	X	X	X	X	X						X	
<b>Action # 5:</b> Psychiatric Residents and Fellowships	X	X	X	X	X		X	X					
<b>Action # 6:</b> Multidisciplinary Seminar	X	X	X	X	X		X	X					
<b>Action # 7:</b> Stipends for People who Pursue Consumer Leadership Opportunities	X	X	X	X	X		X	X	X				X
<b>Action # 8:</b> Stipends for Individuals, Especially Consumers and Family Members, for Education and Training Programs to Enter the Mental Health Field	X	X	X	X	X		X	X	X				X

**EXHIBIT 6: BUDGET SUMMARY**

<b>Fiscal Year: 2006-07</b>			
<b>Activity</b>	<b>Funds Approved Prior to Plan Approval (A)</b>	<b>Balance of Funds Requested (B)</b>	<b>Total Funds Requested (A + B)</b>
A. Workforce Staffing Support:	\$ -	\$ -	\$ -
B. Training and Technical Assistance	\$ -	\$ -	\$ -
C. Mental Health Career Pathway Programs	\$ -	\$ -	\$ -
D. Residency, Internship Programs	\$ -	\$ -	\$ -
E. Financial Incentive Programs	\$ -	\$ -	\$ -
<b>GRAND TOTAL FUNDS REQUESTED for FY 2006-07</b>			<b>\$ -</b>

<b>Fiscal Year: 2007-08</b>			
<b>Activity</b>	<b>Funds Approved Prior to Plan Approval (A)</b>	<b>Balance of Funds Requested (B)</b>	<b>Total Funds Requested (A + B)</b>
A. Workforce Staffing Support:	\$ -	\$ -	\$ -
B. Training and Technical Assistance	\$ -	\$ -	\$ -
C. Mental Health Career Pathway Programs	\$ -	\$ -	\$ -
D. Residency, Internship Programs	\$ -	\$ -	\$ -
E. Financial Incentive Programs	\$ -	\$ -	\$ -
<b>GRAND TOTAL FUNDS REQUESTED for FY 2007-08</b>			<b>\$ -</b>

<b>Fiscal Year: 2008-09</b>			
<b>Activity</b>	<b>Funds Approved Prior to Plan Approval (A)</b>	<b>Balance of Funds Requested (B)</b>	<b>Total Funds Requested (A + B)</b>
A. Workforce Staffing Support:	\$ -	\$ 26,574	\$ 26,574
B. Training and Technical Assistance	\$ -	\$ 141,545	\$ 141,545
C. Mental Health Career Pathway Programs	\$ -	\$ 159,440	\$ 159,440
D. Residency, Internship Programs	\$ -	\$ 48,314	\$ 48,314
E. Financial Incentive Programs	\$ -	\$ 63,776	\$ 63,776
<b>GRAND TOTAL FUNDS REQUESTED for FY 2008-09</b>			<b>\$ 439,649</b>

**EXHIBIT 6: BUDGET SUMMARY – Continued**

<b>Fiscal Year: 2009-10</b>			
<b>Activity</b>	<b>Funds Approved Prior to Plan Approval (A)</b>	<b>Balance of Funds Requested (B)</b>	<b>Total Funds Requested (A + B)</b>
A. Workforce Staffing Support <b>Action #1</b>	\$ -	\$ 147,343	\$ 147,343
B. Training and Technical Assistance <b>Action #2</b>	\$ -	\$ 250,850	\$ 250,850
C. Mental Health Career Pathway Programs <b>Action #3&amp;4</b>	\$ -	\$ 602,075	\$ 602,075
D. Residency, Internship Programs <b>Action #5&amp;6</b>	\$ -	\$ 198,895	\$ 198,895
E. Financial Incentive Programs <b>Action #7&amp;8</b>	\$ -	\$ 353,624	\$ 353,624
<b>GRAND TOTAL FUNDS REQUESTED for FY 2009-10</b>			<b>\$ 1,552,787</b>

<b>Fiscal Year: 2010-11</b>			
<b>Activity</b>	<b>Funds Approved Prior to Plan Approval (A)</b>	<b>Balance of Funds Requested (B)</b>	<b>Total Funds Requested (A + B)</b>
A. Workforce Staffing Support <b>Action #1</b>		\$ 147,343	\$ 147,343
B. Training and Technical Assistance <b>Action #2</b>		\$ 250,850	\$ 250,850
C. Mental Health Career Pathway Programs <b>Action #3&amp;4</b>		\$ 602,075	\$ 602,075
D. Residency, Internship Programs <b>Action #5&amp;6</b>		\$ 198,895	\$ 198,895
E. Financial Incentive Programs		\$ 353,625	\$ 353,625
<b>GRAND TOTAL FUNDS REQUESTED for FY 2010-11</b>			<b>\$ 1,552,788</b>

<b>Fiscal Year: 2011-12</b>			
<b>Activity</b>	<b>Funds Approved Prior to Plan Approval (A)</b>	<b>Balance of Funds Requested (B)</b>	<b>Total Funds Requested (A + B)</b>
A. Workforce Staffing Support <b>Action #1</b>		\$ 147,343	\$ 147,343
B. Training and Technical Assistance <b>Action #2</b>		\$ 250,850	\$ 250,850
C. Mental Health Career Pathway Programs <b>Action #3&amp;4</b>		\$ 602,075	\$ 602,075
D. Residency, Internship Programs <b>Action #5&amp;6</b>		\$ 198,895	\$ 198,895
E. Financial Incentive Programs <b>Action #7&amp;8</b>		\$ 353,625	\$ 353,625
<b>GRAND TOTAL FUNDS REQUESTED for FY 2011-12</b>			<b>\$ 1,552,788</b>

**EXHIBIT 6: BUDGET SUMMARY – Continued**

<b>Fiscal Year: 2012-13</b>			
<b>Activity</b>	<b>Funds Approved Prior to Plan Approval (A)</b>	<b>Balance of Funds Requested (B)</b>	<b>Total Funds Requested (A + B)</b>
A. Workforce Staffing Support <b>Action #1</b>		\$ 147,343	\$ <b>147,343</b>
B. Training and Technical Assistance <b>Action #2</b>		\$ 250,850	\$ <b>250,850</b>
C. Mental Health Career Pathway Programs <b>Action #3&amp;4</b>		\$ 602,075	\$ <b>602,075</b>
D. Residency, Internship Programs <b>Action #5&amp;6</b>		\$ 198,895	\$ <b>198,895</b>
E. Financial Incentive Programs <b>Action #7&amp;8</b>		\$ 353,625	\$ <b>353,625</b>
<b>GRAND TOTAL FUNDS REQUESTED for FY 2012-13</b>			\$ <b>1,552,788</b>

WET ALLOCATION	\$ 6,650,800
TOTAL ALL YEARS	\$ 6,650,800
BALANCE	\$ -

**EXHIBIT 7: ANNUAL PROGRESS REPORT (NOTE: This exhibit is for information purposes only, and does not need to be submitted with the Plan.)**

List any objectives from any of the Actions that have been met during the period being reported, any issues that significantly impact on the accomplishment of objectives, and any positive accomplishments. Events, milestones, products, or outcomes are to be reported as measurable activities that can be quantitatively compared for the duration of the contract period.

<b>ANNUAL PROGRESS REPORT</b>	
County: _____	Fiscal Year: _____
Component: <b>Workforce Education and Training</b>	Period Covered: _____
<b>Progress on Objectives (short narratives, below)</b>	
Workforce Staffing Support:	
Training and Technical Assistance:	
Mental Health Career Pathways Programs:	
Residency, Internship Programs:	
Financial Incentive Programs:	
<b>Form completed by:</b> Name: _____ Title or position: _____ Phone#: _____ Email: _____ Date: _____	

**Mental Health Services Act (MHSA)  
Request to Dedicate Funds to the  
Community Services and Supports (CSS)  
Local Prudent Reserve**

City/County: Sacramento

Date: March 1, 2009

<b>Approved CSS Component Amount</b>	
CSS Plan Component Amount	\$28,851,100
Maximum Prudent Reserve (50%)	\$14,425,550
<b>Prudent Reserve</b>	
Prudent Reserve Balance from Prior Approvals	\$2,651,735
Amount Requested to Dedicate to Prudent Reserve	
Approved Unspent Funds FY2006-07	\$3,000,000
Unapproved Funds in Planning Estimate Info Notice 07-21 - FY2006-07	\$4,804,000
Unapproved Funds - FY2006-07	\$1,316,412
Total Request	\$9,120,412
Prudent Reserve Balance	\$11,772,147

I HEREBY request that the above amounts be dedicated to a local Prudent Reserve in accordance with Welfare and Institutions Code Section 5847(a)(7). Funds dedicated to the Prudent Reserve may not be accessed unless approved by the Department of Mental Health through an update to the Three-Year Program and Expenditure Plan. I certify that the County has complied with Title 9, California Code of Regulations Sections 3300 and 3315(b).

Signature \_\_\_\_\_

Name and Title Leland Tom, MSW, Mental Health Director