

Sacramento County Division of Behavioral Health Services

MHSA Fiscal Year 2012-13 Annual Update Overview

Introduction

Since Proposition 63 was passed in November of 2004, Sacramento County has worked diligently on the planning and implementation of the Mental Health Services Act (MHSA).

With the passage of AB100, counties have the opportunity to present their MHSA annual updates in a way that is more meaningful to local stakeholders. In past years, the California Department of Mental Health (DMH) published MHSA funding allocations for the coming year and funds were distributed to counties in two lump sum payments during the course of the year. In Fiscal Year 2012-13, MHSA funds will be distributed to counties on a monthly basis based on taxes collected. This new approach makes it challenging to project the revenues for this fiscal year. Therefore, the Division of Behavioral Health Services (DBHS) has budgeted for MHSA programs using the same revenue levels as the prior fiscal year. DBHS will continue to update stakeholders on funding information as it becomes available from the state in the coming months.

A brief summary of the Community Services and Supports, Prevention and Early Intervention, and Workforce Education and Training Components Programs is included in this overview. Full program descriptions can be found in the MHSA Fiscal Year 2012-13 Annual Update.

Community Services and Supports Component

Over the years, our **Community Services and Supports** (CSS) programs have expanded and evolved as we strive to deliver high quality and effective services to meet the needs of children, youth, adults, older adults and their families. There are currently seven (7) previously approved CSS Work Plans containing fourteen (14) operational programs:

Program No. and Funding Type	Program Description	Funding Requirement
<p>SAC1 – GSD TCORE</p> <p>Capacity: 3,500 annually</p> <p>Ages Served: TAY, Adults, Older Adults</p>	<p>The Transitional Community Opportunities for Recovery and Engagement (TCORE) program consists of two components: TCORE-HRC, administered by Human Resources Consultants, and the Adult Psychiatric Support Services (TCORE-APSS) clinics, administered by the DBHS Adult Services Unit. These programs offer low to moderate intensity community-based services for individuals being released from acute care settings or who are at risk for entering acute care settings and are not linked to on-going mental health services. TCORE-APSS also includes a Peer Partner component which is administered by two contracted providers – Hmong Women’s Heritage Association and Mental Health America of Northern California. The Peer Partners provide culturally and linguistically relevant advocacy and support for program participants and are members of the multidisciplinary team.</p>	<p>\$5,527,211</p> <p>TCORE-HRC: \$1,620,819</p> <p>TCORE-APSS/ Aftercare: \$3,906,392</p>
<p>SAC2 – FSP Sierra Elder Wellness Program</p> <p>Capacity: 145 at any given time</p> <p>Ages Served: Transition Age Adults, Older Adults</p>	<p>The Sierra Elder Wellness Program (Sierra), administered by El Hogar, 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.</p>	<p>\$1,166,964</p>
<p>SAC4 – FSP Permanent Supportive Housing Program (PSH)</p>	<p>The Permanent Supportive Housing Program (PSH) provides seamless services to meet the increasing needs of the underserved homeless population. It consists of three components: PSH-Guest House, administered by El Hogar, PSH-New Direction, administered by Transitional Living and Community Support, and PSH-</p>	<p>\$5,683,605</p> <p>PSH-Guest House: \$1,094,127</p>

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Program No. and Funding Type	Program Description	Funding Requirement
<p>Capacity: 1,200 at any given time</p> <p>Ages Served: Children, TAY, Adults, Older Adults</p>	<p>Pathways, administered by Turning Point Community Programs. The PSH Program serves homeless children, transition-aged youth, adults, and older adults of all genders, races, ethnicities and cultural groups. The programs serve 600-700 with FSP services and 500 with GSD services.</p>	<p>PSH-New Direction: \$1,680,156</p> <p>PSH-Pathways: \$2,909,322</p>
<p>SAC5 – FSP Transcultural Wellness Center (TWC)</p> <p>Capacity: 230 at any given time</p> <p>Ages Served: Children, TAY, Adults, Older Adults</p>	<p>The Transcultural Wellness Center (TWC), administered by Asian Pacific Community Counseling, is designed to address the mental health needs of the Asian/Pacific Islander communities in Sacramento County. The program serves children, families, transition age youth, adults, and older adults. 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 the cultural and religious beliefs and values, traditional and natural healing practices, and ceremonies recognized by the API communities.</p>	<p>\$1,810,748</p>
<p>SAC6 – GSD Wellness and Recovery Center (WRC)</p> <p>Capacity: 2,200 annually</p> <p>Ages Served: Children, TAY, Adults, Older Adults</p>	<p>The Wellness and Recovery Center program consists of three components:</p> <p>The Wellness and Recovery Centers (WRCs), administered by Consumer Self-Help Center, are community-based multi-service centers located in the North and South areas of Sacramento County. They provide a supportive environment offering choice and self-directed guidance for recovery and transition into community life. They employ consumers and train individuals for peer counseling, peer mentoring, advocacy, and leadership opportunities throughout Sacramento County. Services include psycho-educational groups, educational guidance, vocational services, medication support services, natural healing practices, and creative writing groups.</p> <p>The Peer Partner Program (Peer Partners), administered by Hmong Women’s Heritage Association and Mental Health America of Northern California, provides peer support services to adults and older adults, from diverse backgrounds, linked to the TCORE-APSS clinics.</p>	<p>\$2,884,379</p> <p>WRCs: \$1,786,699</p> <p>Consumer and Family Voice: \$497,680</p> <p>Peer Partners: HWA \$300,000 MHA \$300,000</p>

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	The Consumer and Family Voice Program , administered by Mental Health America of Northern California, promotes the DBHS mission to effectively provide quality mental health services to children, youth, adults, older adults and families in Sacramento County by promoting and advocating parent/caregiver, youth, adult, and older adult consumer involvement in the mental health system.	
SAC7 – FSP Adult Full Service Partnership Capacity: 300 at any given time Ages Served: TAY, Adults, Older Adults	The Adult Full Service Partnership Program consists of two components: Turning Point’s Integrated Services Agency (ISA) and Telecare’s Sacramento Outreach Adult Recovery (SOAR) . Both programs provide an array of FSP services to adults, age 18 and older, with persistent and significant mental illness that may also have a co-occurring substance use disorder and/or co-morbid medical concerns, many of whom are transitioning from long-term hospitalizations. The programs provide a continuum of integrated, culturally competent services that includes case management, benefits acquisition, crisis response, intervention and stabilization (including a 24/7 response), medication evaluation and support, and effective ongoing specialty mental health services. Services also include FSP supports such as housing, employment, education, and transportation.	\$2,740,863 Adult FSP-ISA: \$1,275,000 Adult FSP-SOAR: \$1,465,863
SAC8 – FSP Juvenile Justice Diversion and Treatment Program Capacity: 92 at any given time Ages Served: Youth and TAY ages 13 – 25	The Juvenile Justice Diversion and Treatment Program (JJTDP) provides screenings, assessments and intensive mental health services and FSP supports to eligible youth (and their families) involved in the Juvenile Justice System. Youth must meet serious emotional disturbance criteria and be between the ages of 13 through 17 at enrollment. Pre-adjudicated youth are screened and given an assessment. With court approval, these youth will have the opportunity to avoid incarceration and voluntarily participate in this program as long as clinically necessary up to their 26 th birthday. Adjudicated youth will be referred, assessed, and have the opportunity to voluntarily receive intensive, evidence-based services that are delivered in coordination with a specialized Probation Officer. Family and youth advocates will be used to complement clinical services.	\$1,784,000
CSS Administration and Program Support	Funding supports the costs associated with the administrative support required to ensure on-going community planning, as well as implementation, training, consultation, and monitoring of the CSS programs and activities.	\$3,459,220

Prevention and Early Intervention Component

The **Prevention and Early Intervention** (PEI) component is comprised of four (4) previously approved projects containing twenty-two (22) programs in varying stages of implementation, as well as the Training, Technical Assistance, and Capacity Building time-limited funding:

Program	Program Description	Funding Requirement
<p>Suicide Prevention Program</p> <p>Capacity: 11,700 annually</p> <p>Ages Served: Children, TAY, Adults, Older Adults</p>	<p>The Suicide Prevention Program consists of five components that create a system of suicide prevention and educating the community on suicide-risk and prevention strategies:</p> <p>Crisis Line, administered by The Effort, is a 24-hour nationally accredited telephone crisis line that utilizes professional and trained volunteer staff to provide suicide prevention and crisis services to callers at risk of suicide.</p> <p>Postvention Counseling Services, administered by The Effort: brief individual and group counseling services available to individuals and/or families dealing with recent bereavement due to loss by suicide.</p> <p>Postvention - Suicide Bereavement Support Groups and Grief Services, administered by Friends for Survival: staff and volunteers directly impacted by suicide provide support groups and services designed to encourage healing for those coping with a loss by suicide.</p> <p>Supporting Community Connections (SCC): A constellation of community based agencies working collaboratively throughout the County to provide culturally and linguistically appropriate support services designed to reduce isolation and decrease the risk of suicide. Supporting Community Connections targets nine communities/populations (Consumer-Operated Warm Line; Older Adults; TAY: focus on LGBTQ, Foster and Homeless Youth; Latino; Russian/Slavic; African American; Native American; Hmong, Vietnamese, Cantonese; and Campus Connections at CSUS).</p> <p>SCC programs are in varying stages of implementation. These community based agencies will work together to form the Supporting Community Connections Collaborative which will allow for referral exchanges and cross training.</p>	<p>\$3,123,590</p>

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Program	Program Description	Funding Requirement
	<p>Community Support Team (CST) provides field-based flexible services to community members experiencing a crisis. Services include assessment, support services and linkage to ongoing services and supports. CST serves all age groups and the individual’s family members and/or caregivers.</p>	
<p>Strengthening Families Program</p> <p>Capacity: 3,740 annually</p> <p>Ages Served: Children, TAY, Adults, Older Adults</p>	<p>The Strengthening Families Program consists of five components:</p> <p>The Quality Child Care Collaborative (QCCC) provides behavioral consultations to preschools and early care learning environments for children from birth to age five. Consultations are designed to increase teacher awareness about the meaning of behavior to ensure the success of the child while in a daycare and/or preschool setting.</p> <p>HEARTS for Kids provides a comprehensive menu of services (health exams, assessments, referrals and treatment services) for children ages birth to five (5) who are placed into protective custody.</p> <p>The Bullying Prevention Education and Training Project is a Training of Trainer (TOT) model using evidence-based practices to train school staff, who then educate other school staff, students, and parents/caretakers on anti-bullying strategies. This project is not sustainable. Services will continue through FY2012-13.</p> <p>Early Violence Intervention Begins with Education (eVIBE), uses universal and selective evidence-based prevention approaches to target children and youth ages six (6) to eighteen (18) and their family members/caregivers to improve social skills, increase protective factors, prevent youth violence, and reduce or eliminate family conflict.</p> <p>Independent Living Program (ILP) 2.0 expands the Independent Living Program to non-foster, homeless, and LGBTQ youth ages sixteen (16) to twenty-five (25) to gain positive, proactive, successful life skills either through a classroom setting or through individual life skills counseling.</p>	<p>\$2,033,654</p>

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Program	Program Description	Funding Requirement
<p>Integrated Health and Wellness Program</p> <p>Capacity: 13,900 annually</p> <p>Ages Served: Children, TAY, Adults, Older Adults</p>	<p>The Integrated Health and Wellness Program consists of three components:</p> <p>SacEDAPT (Early Diagnosis and Preventative Treatment) focuses on early onset of psychosis. It is a nationally recognized treatment program utilizing an interdisciplinary team of physicians, clinicians, support staff, consumers and family advocates to provide assessment, early identification and treatment of the onset of psychosis.</p> <p>SeniorLink, administered by El Hogar, serves adults aged 55 and older who are demonstrating early signs of isolation and depression.</p> <p>Screening, Assessment and Brief Treatment: This program will be implemented in fiscal year 2012-13. Services will include mental health assessments designed to increase early detection and treatment of depression, anxiety, substance use/abuse and symptoms related to trauma and brief treatment, provided in Community Health Care Clinics, when clinically indicated.</p>	<p>\$2,148,950</p>
<p>Mental Health Promotion Campaign</p> <p>Capacity: 500,000</p> <p>Ages Served: Children, TAY, Adults, Older Adults</p>	<p>This program utilizes four strategies to promote awareness of mental health issues and reduces stigma and discrimination toward those with mental illness: 1) Multi-Media Campaign; 2) Community Outreach and Engagement; 3) Speaker’s Bureau; 4) Community Education.</p> <p>Unfortunately, the entire project is not sustainable due to limited resources. Community Outreach and Engagement will be on-going; however the multi-media campaign and Speakers Bureau will only continue through fiscal year 2012-13.</p>	<p>\$938,693</p>
<p>PEI Training, Technical Assistance, and Capacity Building</p>	<p>The Training, Technical Assistance, and Capacity Building funds focus on developing specific capacity to serve unserved and underserved racial, cultural and ethnic communities in all PEI programs and related prevention services. These funds will also support specific training to contract providers and county staff on screening and assessment instruments selected for use in the Integrated Health and Wellness Project. In addition, training on Trauma-Focused Cognitive Behavioral Therapy and Cognitive Behavioral Therapy will continue to be offered to respond to the Key Community Need of Psycho-Social Impact of Trauma and Onset of Serious Psychiatric Illness. Sacramento County is partnering with counties statewide through CalMHSA, the Joint Powers Authority, to address PEI</p>	<p>\$405,400</p>

Program	Program Description	Funding Requirement
	Evaluation at the state and local levels, consistent with the capacity building feature of this time-limited funding.	
PEI Administration and Program Support	Funding supports the costs associated with the administrative support required to ensure on-going community planning, as well as implementation, training, consultation, and monitoring of the PEI programs and activities.	\$1,212,283

Workforce Education and Training Component

The **Workforce Education and Training (WET)** component is comprised of eight (8) previously approved actions. Actions 1, 2, 4, 5, 7, and 8 are implemented or in advanced stages of planning. Implementation of the remaining Actions (3 and 6) has been delayed due to the nature of the economy and the direct correlation on the job market, and subsequently, the impact on the availability of jobs in the public mental health system. As the economy improves and job opportunities in the public mental health system increase, DBHS, along with stakeholders, will finalize plans for these remaining Actions.

WET Action	Description
1. Workforce Staffing Support	The WET Coordinator continues to facilitate the implementation of previously approved WET Actions.
2. System Training Continuum	This Action expands the training capacity of mental health staff, system partners, consumers, and family members through a Training Partnership Team, Train the Trainer models, and Training Delivery at all levels.
3. Office of Consumer and Family Member Employment	<p>This Action will develop entry and supportive employment opportunities for consumers, family members and individuals from Sacramento’s culturally and linguistically diverse communities to address occupational shortages identified in the Workforce Needs Assessment.</p> <p>Due to budget reductions and lack of employment opportunities over the last couple of years, implementation of this Action has been delayed. While employment has been challenging across the state, Sacramento County ranked second for the highest unemployment in the state. However, efforts to train existing Consumers, Family Members, and Caregivers to ensure successful service delivery and employment are taking place through other efforts.</p>

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WET Action	Description
4. High School Training	This Action will be implemented in fiscal year 2012-13 and builds upon a foundation developed through partnerships between Mental Health Plan providers and the Cultural Competence Committee, including community partners and other interested stakeholders. The curriculum will focus on introducing mental health to high school youth (9 th through 12 th grade) during the time they are typically considering career opportunities.
5. Psychiatric Residents and Fellowships	This Action was implemented in fiscal year 2011-12 and is being administered by UC Davis, Department of Psychiatry. Through this action, interested psychiatric residents and fellows are placed at public/community mental health settings with accessible and dedicated supervision and support to ensure a positive community mental health experience.
6. Multidisciplinary Seminar	<p>This Action increases the number of psychiatrists and other non-licensed and licensed practitioners working in community mental health that are trained in the recovery and resiliency and integrated service models; improves retention rates; supports professional wellness by addressing work stressors and burn-out; and improves quality of care.</p> <p>Implementation of this Action has been delayed. Given budget reductions and the focus on billable services, DBHS is assessing the design of the program as this is an important strategy towards training and retaining staff in the delivery of effective mental health services.</p>
7. Consumer Leadership Stipends	This Action provides consumers and family members from diverse backgrounds 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.
8. Stipends to Enter the Mental Health Field – Emphasis on Consumers and Family Members	<p>This Action supports efforts to develop a diverse, culturally sensitive and competent public mental health system by establishing a stipend fund to allow individuals to apply for stipends to participate in educational opportunities that will lead to employment in Sacramento County’s mental health system.</p> <p>Sacramento County is working with the Central Region Partnership Collaborative to develop a Financial Incentives Pilot Project to leverage county WET and Central Region funds.</p>

Innovation Component

The **Innovation** (INN) Plan was approved in 2011. The plan calls for development of a Respite Partnership Collaborative (RPC). The RPC is in the beginning stages of implementation. We look forward to reporting back on activities and successes in our next annual update.

Capital Facilities and Technological Needs Component

The **Technological Needs** (TN) project contained within the Capital Facilities and Technological Needs component addresses our commitment to move to an Electronic Health Record and Personal Health Record to improve client care through a multi-phased approach. We will be moving into Phase 3 of the five-phased plan in fiscal year 2012-13.

An overview of the **Capital Facilities** (CF) Plan is presented separately as a PowerPoint presentation.