MENTAL HEALTH SERVICES ACT

Fiscal Year 2019-20
Annual Update to the Three-Year Program and Expenditure Plan

February 11, 2020

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MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Sacramento

☐ Three-Year Program and Expenditure Plan
☑ Annual Update

Local Mental Health Director	Program Lead
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I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on February 11, 2020.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Ryan Quist, Ph. D
Local Mental Health Director (PRINT)

Signature 3/4/2020
Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Sacramento

☐ Three-Year Program and Expenditure Plan
☑ Annual Update
☐ Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
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I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Ryan Quist, Ph. D
Local Mental Health Director (PRINT)

Ryan Quist 3/4/2020
Signature Date

I hereby certify that for the fiscal year ended June 30, 2019, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 11/27/19 for the fiscal year ended June 30, 2019. I further certify that for the fiscal year ended June 30, 2019, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Maria Sandoval
County Auditor Controller / City Financial Officer (PRINT)

Maria Sandoval 3/4/2020
Signature Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

Executive Summary

Proposition 63 was passed by California voters in November 2004 and became known as the Mental Health Services Act (MHSA). MHSA authorized a tax increase on millionaires (1% tax on personal income in excess of $1 million) to develop and expand community-based mental health programs. The goal of MHSA is to reduce the long-term negative impact on individuals and families resulting from untreated serious mental illness.

Sacramento County is one of eighteen counties located in the Central Mental Health Region of the State of California. The State of California Department of Finance estimates the 2018 population of Sacramento County to be approximately 1.5 million. As such, Sacramento is considered a large county, especially in comparison with the populations of surrounding counties. Sacramento is also one of the most diverse communities in California, with six threshold languages (Arabic, Cantonese, Hmong, Russian, Spanish, and Vietnamese). Historically, Sacramento County has been one of three counties with the highest number of newly arriving refugees in California. We welcome these new residents and continue to work towards meeting the unique needs of these emerging communities.

Sacramento County has worked diligently on the planning and implementation of all components of MHSA. The passage of AB100 in 2011 and AB1467 in 2012 made many significant changes to MHSA, including the shift from published funding allocations to monthly distributions based on taxes collected, as well as the transfer of plan/update approval authority from the State level to local Boards of Supervisors.

The plans for each component of MHSA are the result of local community planning processes. The programs contained in the plans work together with the rest of the system to create a continuum of services that address gaps in order to better meet the needs of our diverse community.

The **Community Services and Supports (CSS)** component provides funding for mental health treatment services and supports for children/youth and their families living with severe emotional disturbance and transition age youth (TAY), adults and older adults living with a serious mental illness. Housing is also a large part of the CSS component. In Sacramento County, there are nine (9) previously approved CSS Work Plans containing nineteen (19) programs. Over the years, these programs have expanded and evolved as we strive to deliver high quality and effective services to meet the needs of children/youth, TAY, adults, older adults and their families.

As addressed in the previous Three-Year Plan and Annual Updates, Division of Behavioral Health Services (BHS) facilitated a three-phased community planning process to expand CSS programming beginning in 2014. This new and expanded programming was fully implemented in Fiscal Year (FY) 2017-18.

As addressed in the current Three Year Plan, BHS facilitated a community planning process in FY 2017-18 resulting in new and expanded mental health treatment services and housing supports for individuals living with a serious mental illness who are homeless or at-risk of homelessness. Expansion of existing CSS programming began in FY 2017-18 and new CSS programming will roll out in FY 2019-20.

With support from the MHSA Steering Committee, BHS is further expanding the CSS Component to address individuals experiencing or at-risk of homelessnes. This expansion continues in FY 2019-20.

The **Prevention and Early Intervention (PEI)** component provides funding for programs and activities designed to prevent mental illness from occurring or becoming more severe and disabling. Sacramento County's PEI Plan is comprised of four (4) previously approved programs containing programs designed to address suicide prevention and education; strengthening families; integrated health and wellness; and mental illness stigma and discrimination reduction.

The Three-Year Plan included a new PEI program to provide mental health services for foster youth, as recommended and supported by the MHSA Steering Committee and the Board of Supervisors. This new program started late FY 2018-19 and will be expanded to serve all youth in FY 2019-20.

In FY 2017-18, BHS facilitated a community planning process resulting in expansion of mental health services and supports for individuals living with a serious mental illness who are homeless or at-risk of homelessness in the suicide prevention programming.

This Annual Update includes the new PEI program: Trauma Informed Wellness for the African American Community. The recommendation for this new program was developed through a community program planning process that included the formation of an Ad Hoc Workgroup. African American Community Listening Sessions were conducted to further refine the program recommendation. Community feedback and the program description is outlined in the Community Program Planning and PEI component sections of this Annual Update.

In late FY 2018-19, the MHSA Steering Committee supported and recommended further expanding the PEI Component to include new time-limited community capacity building PEI programming, as well as the expansion of existing PEI programming. The PEI component expansion in these areas will begin mid FY 2019-20.

The **Innovation (INN)** component provides time-limited funding to test new and/or improved mental health practices or approaches with the goal of increasing access (including access for underserved groups), increasing the quality of services, or promoting interagency collaboration.

Sacramento County's first approved INN Project, known as the Respite Partnership Collaborative (RPC) spanned five years from 2011 – 2016. The mental health respite programs established through this project have transitioned to sustainable MHSA CSS/PEI funding and are described in this Annual Update.

In May 2016, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved Sacramento County's second INN Project, known as the Mental Health Crisis/Urgent Care Clinic. The Clinic opened in November 2017.

The MHSA Three-Year Plan included the third INN Project, known as the Behavioral Health Crisis Services Collaborative (BHCSC). The project is a public/private partnership with Dignity

Health and Placer County with the intent to establish integrated adult crisis stabilization services on a hospital emergency department campus in the northeastern region of Sacramento County. This project was developed as a result of a local community planning process and was approved by the Sacramento County Board of Supervisors in April 2018 and the MHSOAC in May 2018. The BHCSC opened in September 2019.

This Annual Update includes the new proposed Multi-County Full Service Partnership (FSP) INN Project. This multi-county Innovation Project provides an opportunity for counties to implement new data-informed strategies to program design and continuous improvement for FSP programs, supported by county-specific implementation and evaluation technical assistance. The overall purpose and goals of this proposed project are to: (1) improve how counties collect and use data to define and track program outcomes that are meaningful for FSP clients; (2) Develop new and/or strengthen exisiting processes for continuous improvement for FSP programs; (3) Develop a clear strategy for how FSP outomces and performance measures can best be tracked and streamlined; (4) Develop a shared understanding and more consistent interpretation of the core FSP components; (5) increase the clarity and consistency of FSP enrollment criteria, referral, and graduation processes. In October 2019, the MHSA Steering Committee supported Sacramento County opting in to this multi-county project. The project plan is included in this Annual Update and is pending approval by the Sacramento County Board of Supervisors and the MHSOAC.

The MHSA Steering Committee also recommended and supported exploration for another new INN project focused on adults and older adults living with a serious mental illness who are involved in the criminal justice system. BHS will conduct a community planning process to develop this proposed project. More information about this project will be included in the project plan to be developed through the community planning process and shared in 2020.

The **Workforce Education and Training (WET)** component provides time-limited funding with a goal to recruit, train and retain diverse culturally and linguistically competent staff for the public mental health system and ensure they are adequately trained to provide effective services and administer programs based on wellness and recovery. Sacramento County's WET Plan is comprised of eight (8) previously approved actions. Per Welfare and Institutions Code (WIC) Section 5892(b), counties may use a portion of their CSS funds to sustain WET activities once the time-limited WET funds are exhausted. Therefore, these activities are being sustained with CSS funding.

The **Capital Facilities (CF)** project was completed in Fiscal Year 2015-16. The project renovated three buildings at the Stockton Boulevard complex that houses the Adult Psychiatric Support Services (APSS) clinic, Peer Partner Program and INN Project #2: Mental Health Crisis/Urgent Care Clinic. Those renovations allowed for an expansion of service capacity with space for additional consumer and family-run wellness activities and social events.

The **Technological Needs (TN)** project, contained within the Capital Facilities and Technological Needs component, funds and addresses our commitment to move to an Electronic Health Record and Personal Health Record to improve client care through a multi-phased approach. Per WIC Section 5892(b), counties may use a portion of their CSS funds to sustain TN projects once the

time-limited TN funds are exhausted. Therefore, these activities are being sustained with CSS funding.

Detailed descriptions of the programs and activities for each of the above MHSA components are contained in the MHSA Fiscal Year (FY) 2019-20 Annual Update.

The Draft MHSA Fiscal Year (FY) 2019-20 Annual Update was posted for a 30-day public comment period, from November 18 through December 18, 2019. The Mental Health Board conducted a Public Hearing on Wednesday, December 18, 2019, beginning at 6:00 p.m. at the Grantland L. Johnson Center for Health and Human Services, located at 7001-A East Parkway, Sacramento, CA 95823.

COMMUNITY PROGRAM PLANNING

The Sacramento County Division of Behavioral Health Services (BHS) Community Program Planning Process for the MHSA Fiscal Year (FY) 2019-20 Annual Update to the Three-Year Program and Expenditure Plan meets the requirements contained in Section 3300 of the California Code of Regulations as described below. Sacramento County's community planning processes for previously approved CSS, PEI, WET, INN, CF and TN Component plans and activities have been described in-depth in prior plan updates and documents submitted to the State. Those documents are available on the Reports and Workplans page on our website.

All of the programs and activities contained in this Annual Update have evolved from community planning processes. As previously reported in the MHSA Fiscal Year 2014-15, 2015-16, 2016-17 Three-Year Plan and Annual Updates, BHS facilitated a three-phased community planning process beginning in 2014 to expand CSS programming. This new and expanded programming was fully implemented in FY 2017-18.

In FY 2017-18, BHS facilitated a community planning process resulting in two recommendations for expanded services. The first recommendation directs CSS funding to expand mental health treatment services for individuals living with a serious mental illness who are homeless or at-risk of homelessness. The second recommendation dedicates identified Assembly Bill 114 PEI reversion funding to mental health services for foster youth. This new and expanded programming is included in this Annual Update.

This Annual Update includes the new proposed Multi-County Full Service Partnership (FSP) INN Project. This multi-county Innovation Project provides an opportunity for counties to implement new data-informed strategies to program design and continuous improvement for FSP programs, supported by county-specific implementation and evaluation technical assistance. The overall purpose and goals of this proposed project are to: (1) improve how counties collect and use data to define and track program outcomes that are meaningful for FSP clients; (2) Develop new and/or strengthen exisiting processes for continuous improvement for FSP programs; (3) Develop a clear strategy for how FSP outomces and performance measures can best be tracked and streamlined; (4) Develop a shared understanding and more consistent interpretation of the core FSP components; (5) increase the clarity and consistency of FSP enrollment criteria, referral, and graduation processes. In October 2019, the MHSA Steering Committee supported Sacramento County opting in to this multi-county project. The project plan is included in this Annual Update and is pending approval by the Sacramento County Board of Supervisors and the MHSOAC.

As supported and recommended by the MHSA Steering Committee, BHS will facilitate a community planning process for a proposed INN Project focused on adults and older adults living with a serious mental illness who are justice-involved. Once a proposed plan has been developed through a community planning process, the plan will be presented to the Sacramento County Board of Supervisors and the MHSOAC for approval.

At the March 2018 Public Hearing regarding the MHSA Fiscal Year 2017-18, 2018-19, 2019-20 Three-Year Plan, there were comments regarding an observed gap in services to address trauma experienced in the African American community. BHS reached out to community members to

learn more about their concerns and explored the current array of programs offered by the public mental health system. BHS and the Cultural Competence Committee (CCC) formed an Ad Hoc Workgroup to gather feedback from the African American community for a new prevention program to address mental health and wellness needs of African American community members who have experienced or have been exposed to trauma. BHS convened a meeting of the CCC Ad Hoc Workgroup in December 2018 that was also open to the public. Input received at this meeting formed the draft recommendation that was refined and adopted by the CCC and the MHSA Steering Committee mid FY 2018-19. After the recommendation was presented, African American community members and stakeholders were invited to attend Community Listening Sessions (see Attachment B - African American Community Listening Sessions) to further refine the program recommendation, which included specific culturally relevant service strategies. This new programming is included in this Annual Update.

In May and June 2019, the MHSA Steering Committee discussed, supported and recommended expanding the CSS component to include three new Crisis Residential Programs and the redesigned children's outpatient services, known as Flexible Integrated Treatment. Furthermore, the MHSA Steering Committee discussed, supported and recommended expanding the PEI Component to include new time-limited community capacity building programming as well as the expansion of existing programming. This PEI component expansion began mid FY 2019-20.

The general plan for this Annual Update was discussed at MHSA Steering Committee meetings in May 2019, June 2019, August 2019, and October 2019. The Steering Committee is the highest recommending body in matters related to MHSA programs and activities. MHSA program presentations for CSS, PEI, INN and WET have been provided at MHSA Steering Committee meetings. Through these presentations, the committee has gained a deeper understanding of program services, participation of consumers and family members in the delivery of services, outcomes, and examples of how clients have benefited from the services.

The Steering Committee has also been provided with information on PEI and WET implementation as well as updates on our involvement with the California Mental Health Services Authority (CalMHSA) Joint Powers Authority and the progress CalMHSA is making with the Statewide PEI Programs. During the 30-day posting of the Draft Annual Update, BHS presented to the BHS Cultural Competence Committee, MHSA Steering Committee, and the Mental Health Board in order to obtain additional stakeholder input.

The MHSA Steering Committee is comprised of one primary member and one alternate from the following groups: Sacramento County Mental Health Board; Sacramento County's Division of Behavioral Health Services (BHS) Mental Health Director; 3 Service Providers (Child, Adult, and Older Adult); Law Enforcement; Senior and Adult Services; Education; Department of Human Assistance; Alcohol and Drug Services; Cultural Competence; Child Welfare; Primary Health; Public Health, Juvenile Court; Probation; Veterans; 2 Transition Age Youth (TAY) Consumers; 2 Adult Consumers; 2 Older Adult Consumers; 2 Family Members/Caregivers of Children age 0 – 17; 2 Family Members/Caregivers of Adults age 18 – 59; 2 Family Members/Caregivers of Older Adults age 60 +; and 1 Consumer At-large. Some members of the committee have volunteered to represent multiple stakeholder interests including Faith-based/Spirituality.

MHSA Steering Committee meetings are open to the public with time allotted for Public Comment at each meeting. Agendas, meeting minutes and supporting documents are posted to the Division's MHSA webpage.

Additionally, stakeholders representing unserved and underserved racial, ethnic and cultural groups who are members of the BHS Cultural Competence Committee were updated and provided feedback on MHSA activities at their monthly meetings.

The Division strives to circulate the Annual Update as broadly as possible. At the beginning of the posting period, a public notice was published in The Sacramento Bee announcing the posting of the Update and the date and time of the public hearing. This notice also provided instructions on how to request a hard copy of the Update by mail. Fliers announcing the posting and public hearing were posted in public libraries throughout Sacramento. The information was also circulated through multiple email distributions, ethnic, cultural and language-specific media outlets, and hard copies were available for pick up at the Division administrative office.

The Draft MHSA Fiscal Year 2019-20 Annual Update was posted for a 30-day public comment period from November 18, 2019 through December 18, 2019. The Mental Health Board conducted a Public Hearing on Wednesday, December 18, 2019, beginning at 6:00 p.m. at the Grantland L. Johnson Center for Health and Human Services, located at 7001-A East Parkway, Sacramento, CA 95823.

Public Comment

Several comments were received related to the Draft MHSA Fiscal Year 2019-20 Annual Update during the 30-day public review and comment period. Below is a summary of those comments and the Division of Behavioral Health Services' response.

There were comments received in support of the content of the Annual Update with special recognition and appreciation for the success stories that put a face on the clients served in many of the programs included in this Annual Update. The MHSA Steering Committee, BHS Cultural Competence Committee and Mental Health Board were supportive of moving the MHSA Fiscal Year 2019-20 Anuual Update forward to the Sacramento County Board of Supervisors for approval.

The Committees, Mental Health Board and community expressed ongoing support for the programs contained in the Annual Update, with specific attention to the array of Community Services and Supports (CSS), Prevention and Early Intervention (PEI), and Workforce Education and Training (WET) component programs and activities.

There were comments expressing appreciation for the flexible funding included in the mental health treatment services expansion for individuals living with a serious mental illness who are homeless or at-risk of homelessness. There were comments acknowledging the overall positive impact and outcomes of the Full Service Partnership (FSP) programs and MHSA Housing Program. There were comments recommending that FSPs work towards improving employment outcomes for their clients. There was support and acknowledgement for addressing the mental

health service needs of children and families through new MHSA CSS and PEI programming. Suggestions were made to consider addressing maternal postpartum mood and anxiety disorders.

There was a request for more education on MHSA and the community planning process. Additionally, there were requests for ongoing community planning dialogues to explore opportunities for new and expanded MHSA treatment and prevention programming to meet the diverse needs of unserved and underserved communities and populations.

There were comments acknowledging the ongoing positive impact of the array of PEI programs. A variety of stakeholders, including consumers, family members, community members and others, expressed support and appreciation for PEI programs serving diverse and underserved communities and for PEI programs specifically serving the Older Adult population.

While committee and community members expressed appreciation for the development of the new PEI African American Trauma Informed Wellness Program, there were expressed concerns about the design of the competitive bid process, including applicant requirements. Comments made recommended increased funding and reconsidering applicant requirements.

There were comments expressing appreciation for the fiscal summary and budget explanations as well as comments expressing both support and concerns for the rapid spend down of the unspent funds balance identified in the funding summary. Comments received reflect a desire for continued clarification of the complex budgeting and expenditure projections, clarity on unspent funds (to better understand how unspent funds are calculated, reflected, and represented), reversion risk, and the plans to address these areas.

Division Response

The Division values and appreciates the input provided by community stakeholders, including the MHSA Steering Committee, BHS Cultural Competence Committee, and Mental Health Board. This continues to be a core value of the community planning process.

The Division is committed to the ongoing collaboration with community stakeholders for existing program design as well as consideration of new and expanded programming. The Division is also committed to exploring new federal, state, or local grant opportunities or collaborations offering a path to leverage MHSA funds.

The Divison is committed to using data to inform continuous improvement and evaluate the effectiveness of MHSA funded programs and activities. This includes the FSP outcomes data related to employment. The Division will continue to work with CSS program providers to address this outcome moving forward.

The Division is pleased to announce the planned release of a competitive bid for community-driven PEI programming and encourages community based organizations to apply for funding to address postpartum mood and anxiety disorders. The Division has collaborated with key system partners to develop a community resource guide for maternal programming and supports which will be released in the coming weeks. County leadership is committed to working with managed care plans to ensure that available supports and services are leveraged and not duplicated.

The Division recognizes the need for culturally specific programming in targeted communities and continues to work to develop and ensure that cultural and ethnic-specific opportunities and strategies to further reach these communities are employed in program planning and service delivery. Strategies include translation of the MHSA Annual Update Executive Summary and announcement related to the Public Hearing in all six threshold languages, as well as publishing and announcing in ethnic media outlets.

In response to concerns raised by community stakeholders, the competitive bid for the PEI African American Trauma Informed Wellness Program was pulled back to consider the feedback received. The Division is currently in dialogue with community stakeholders to discuss concerns and to explore how best to address these areas before releasing a revised competitive bid. In response to feedback, the funding level has been increased from $600,000 to $900,000 annually.

The Division recognizes the volatile nature of tax-based revenue (i.e. MHSA funding). As such, the Division continues to work closely with a fiscal consultant to develop sustainability strategies using a combination of unspent funds and new revenues to sustain current programming and to expand programming at a level that can be sustained into the future. The Division will continue to provide revenue and expenditure projections, as well as education regarding MHSA, including CSS funding demands to sustain existing CSS programs, MHSA Housing Program investments, and critical WET and CF/TN activities when those time limited funds are exhausted. The Division is committed to provide regular program and budget updates including the most current available information on MHSA funds based on local records and comparisons with published records on the MHSOAC and DHCS websites. There remain differences in accounting as the County is continuously revising and reconciling its revenue and expenditure reports following final fiscal audit numbers across all its funding streams and providers. In response to questions and discussion during the posting period, the MHSA Funding Summary contained in the MHSA FY 2019-20 Annual Update, has been updated to correspond to the FY 2019-20 adjusted budgeted expenditures by MHSA funding component. The Division will continue to provide updates/presentations in these key areas at MHSA Steering Committee and Mental Health Board meetings.

COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT

The **Community Services and Supports (CSS)** component provides funding for mental health treatment services and supports for children/youth and their families living with severe emotional disturbance and TAY, adults, and older adults living with a serious mental illness. The MHSA requires that a minimum of fifty percent of CSS component funding be dedicated to Full Service Partnership (FSP) programs.

Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for Workforce Education and Training (WET), Capital Facilities and Technological Needs (CF/TN), and the Local Prudent Reserve. This means unspent CSS funding is combined with incoming revenue to sustain CSS programming/activities, as well as sustaining critical activities in the time-limited WET and CF/TN components and sustaining successful and applicable Innovation (INN) project components. CSS funding must also be used to sustain MHSA Housing Program investments (see Attachment A - MHSA Funding Summary Presentation).

There are three service categories within the CSS Component:

- Full Service Partnership (FSP) Service Category – FSPs provide the full spectrum of high intensity outpatient mental health treatment for children and youth (and their families) living with severe emotional disturbance and TAY, adults, and older adults living with serious mental illness.
- General System Development (GSD) Service Category – GSDs provide low to moderate intensity outpatient mental health services to individuals living with serious mental illness and, as appropriate, their families.
- Outreach and Engagement Service Category – Activities to reach, identify and engage unserved individuals and communities in the mental health system and reduce disparities identified by the County. In Sacramento, these activities are embedded into the design of the FSP and GSD programs.

In Fiscal Year (FY) 2017-18 the implemented FSPs served 2,112 unduplicated clients and the implemented GSDs served 13,098 unduplicated clients. Descriptions of these programs are included in this Annual Update.

As previously reported, in 2013 Behavioral Health Services (BHS), with fiscal consultation, identified up to $16 million in CSS sustainable growth funding. This sustainable growth funding figure was determined by combining increased future revenue projections with unspent funds from prior years.

As required by statute, an inclusive community planning process for new and enhanced services was introduced to the MHSA Steering Committee for discussion and input in January 2014. Based on compelling data, previous community stakeholder input and other source documents from the previous five years, the overarching focus of these CSS Expansion efforts was increased timeliness to services and expanded system capacity.

In February 2014, the MHSA Steering Committee approved the $11 million three-phased community planning process outlined below.

The Phase A and Phase B community planning processes and resulting new and expanded programming were described in detail in the MHSA Fiscal Year 2014-15, 2015-16 and 2016-17 Three-Year Plan and MHSA FY 2015-16 Annual Update. Phase C of the community planning process was approached in stages and focused on other system priorities based on historical inputs and/or new ideas and concepts, as well as evolving new initiatives benefitting mental health clients. Progress on Phase C expansion efforts was described in the MHSA FY 2015-16 and 2016-17 Annual Updates. This new and expanded programming was completely implemented in FY 2017-18. Descriptions and updates for all of these programs are included in this Annual Update.

On November 7, 2017, the Sacramento County Board of Supervisors took action to support dedicating $44 million in MHSA funding over the next three years to fund additional mental health treatment services and supports for individuals with serious mental illness, who may have co-occurring substance used disorders and are experiencing or at-risk of homelessness.

The Board directed staff to engage the MHSA Steering Committee, with a sense of urgency, to plan the expansion of MHSA programs to support efforts to expedite services for individuals with serious mental illness who are homeless or at-risk of becoming homeless. The directed focus on these expansion efforts was the City of Sacramento's Whole Person Care pilot program and Countywide initiatives to provide maximum benefit of all resources for Sacramento County residents (ages 18 and older).

The community planning process for new and expanded MHSA programs for individuals with serious mental illness who are homeless or at-risk of becoming homeless was described in detail in the MHSA Fiscal Year 2017-18, 2018-19, and 2019-20 Three-Year Plan. In FY 2018-19, BHS conducted competitive bidding processes for new FSP and outpatient programs and also expanded several existing programs to increase both program capacity and housing resources. With support from the MHSA Steering Committee, new programs to further these efforts are included in this Annual Update.

Mental Health Services Act (MHSA) Community Services & Supports (CSS) Component

SAC1	SAC2	SAC3	SAC4	SAC5	SAC6	SAC7	SAC8	SAC9	SAC10
Community Opportunities for Recovery and Engagement	**Sierra Elder Wellness**	**Permanent Supportive Housing (PSH)**	**Transcultural Wellness Center (TWC)**	**Wellness & Recovery**	**Adult Full Service Partnership (Adult FSP)**	**Juvenile Justice Diversion and Treatment Program (JJDTP)**	**Transition Age Youth Full Service Partnership (TAY FSP)**	**Crisis Residential Program (CRP)**	**Children's Community Mental Health Services**
Adult Psychiatric Support Services (APSS) Clinic	Sierra Elder Wellness FSP	Guest House	TWC FSP	Wellness and Recovery Centers (WRCs)	Integrated Services Agency (ISA) FSP	JJDTP FSP	TAY FSP	12-bed CRP 1	Consultation, Support and Engagement Teams (CSET)
TCORE		New Direction FSP		Peer Partners	Sacramento Outreach Adult Recovery (SOAR) FSP			15-bed CRP 2	Flexible Integrated Treatment (FIT)
Regional Support Teams (RSTs)		Pathways FSP		Consumer & Family Voice				15-bed CRP 3	
Haven		Arise FSP		SAFE				15-bed CRP 4	
		Flexible Housing Pool (FHP)		MH Crisis Respite Center				15-bed CRP 5	
		Adult Residential Treatment (ART)		Abiding Hope Respite House					
		Augmented Board and Care (ABC)		Mental Health Respite Program					

Bold outline indicates **Full Service Partnership (FSP)** program.

Not bold outline indicates **General System Development (GSD)** program.

Dashed outline indicates **not fully implemented** program.

SACRAMENTO COUNTY

Program: Community Opportunities for Recovery and Engagement
Work Plan #/Type: SAC1 – General System Development (GSD)
Capacity: 5,550 at any given time
Ages Served: TAY, Adults, Older Adults

The **Community Opportunities for Recovery and Engagement** workplan, consists of three previously approved and implemented program components: **Adult Psychiatric Support Services (APSS)** clinic, **TCORE**, and the redesigned **Regional Support Team (RST)** service delivery system. These programs offer community-based mental health services for individuals (age 18 and older) 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.

In FY 2017-18, this Program was identified for expansion as supported by the MHSA Steering Committee and Board of Supervisors recommendation for increasing homeless mental health services. This Program's expansion includes a new outpatient mental health treatment program to further address the needs of individuals age eighteen and older living with serious mental illness who are homeless or at-risk of homelessness and who may also have co-occurring substance use disorders.

APSS, administered by BHS, is a site-based outpatient clinic that provides mental health and rehabilitation services to TAY, adult and older adult clients, ages 18 and above. Counselors with training in integrated mental health and substance abuse care are available and specialize in treatment for co-occurring disorders.

Success: APSS Clinic
A 56 year-old male APSS client has a history of Bipolar Disorder and substance dependence. He has had several psychiatric hospitalizations and poor attendance in treatment related to his denial of substance abuse and frequent relapses. The client was often depressed and anxious with mood swings and frequent suicidal thoughts. He was unable to function in most areas of his life. Recently, through working with his Peer Partner and case manager, he began to consistently attend all his scheduled therapy and group sessions and achieved his goal of becoming employed. He now reports he has been clean and sober for four months and is setting new goals. He reports his success was due to his case manager and the Peer Partner Wellness and Recovery Action Plan (WRAP) group which gave him the skills, hope and motivation to achieve his goal of becoming employed. The client also reports that because of the support from his counselor and Peer Partner he was able to develop a healthier relationship with his girlfriend, who he met in a recovery group at APSS. He has said on many occasions that the support from APSS has saved his life.

The APSS clinic includes a Peer Partner component, administered by Cal Voices (formerly known as Mental Health America of Northern California), which provides culturally and linguistically relevant advocacy and support for program participants. The Peer Partner staff are members of the multidisciplinary team. The APSS service array includes: assessment, brief treatment, crisis intervention, case management, rehabilitation, medication management and support, and transition to appropriate specialty mental health services and/or community support. Additional program goals include wellness planning, family support, and discharge planning, when appropriate, to community services.

TCORE, administered by TLCS, Inc. (also known as Hope Cooperative) was previously administered collaboratively by Human Resources Consultants (HRC) and TLCS, Inc. In October 2018, HRC merged under TLCS, Inc. TCORE provides flexible, recovery-oriented, strength-based, culturally competent, client-driven, community-based specialty mental health services and supports to adult beneficiaries living with a severe mental illness . The TCORE program model includes a phased approach, initially focused on intensive engagement and assessment services for mental health consumers who are either in, or discharged from, acute care settings, or who are at demonstrated risk of requiring acute care, with the goal of assisting individuals in transitioning to a lower level of service intensity over time. TCORE also provides homeless resource support services, such as housing stability and homeless prevention.

Success: TCORE Program
TCORE works with a 58 year old female referred for more intensive outpatient services. After experiencing many struggles in recent years, such as incarceration, housing instability, an increase in mental health symptoms and inpatient stays, this individual has taken an active role in her current recovery. In the recent past, her engagement and stability has improved dramatically. She is active in all aspects of her treatment. She attends weekly recovery groups on site. She has stabilized in her housing and is applying for more independent housing at this time. She volunteers at the Hope Cooperative Clubhouse to work on skills to prepare herself for employment. She has developed friendships and natural supports while volunteering at the Clubhouse, which she reports as improving her quality of life. She has not been psychiatrically hospitalized in more than eight months. She works regularly with her Service Coordinator on skills to support her community independence while managing her mental health symptoms. She reports that her current goal is to work towards having a job and securing her own apartment.

Through recent expansions, TCORE increased capacity and improved timeliness to services – specifically for those in acute care settings. In addition, TCORE has increased capacity to support members participating in Mental Health Court and Co-Occurring Mental Health Court.

In FY 2017-18, this program was identified for expansion as supported by the MHSA Steering Committee and Board of Supervisors recommendation for increasing homeless mental health services. This program's expansion included additional housing supports and subsidies to address the needs of more individuals living with serious mental illness who are homeless or at-risk of homelessness and may also have co-occurring substance use disorders.

Program outcomes are to improve access to services for individuals who typically have not responded well to traditional outpatient mental health services, or for individuals who may have been unable to utilize community services due to complex co-occurring needs, provide flexible services/interventions necessary to reduce/prevent negative outcomes such as avoidable emergency room utilization, psychiatric hospitalization, jail/incarceration, eviction/homelessness, and provide services that will increase the individual's ability to function at optimal levels and as independently as possible.

The redesigned **Regional Support Team (RST)** service delivery system provides moderate intensity mental health services and supports for TAY (age 18+), adults, and older adults residing in Sacramento County. Individuals must meet target population criteria for a serious mental illness (with an included diagnosis) and significant impairments in important areas of functioning. Currently, there are four RST programs administered by: 1) El Hogar Community Services, Inc.,

2) TLCS, Inc. (also known as Hope Cooperative), 3) Turning Point Community Programs, and 4) Visions Unlimited. Each RST provides individual and group treatment, rehabilitation services, medication evaluations and monitoring, and case management. RST programs are located in four geographic areas (regions) throughout Sacramento County.

In 2015, the redesigned RSTs each implemented a Community Care Team (CCT) with the purpose of enhancing engagement and timely access to services using culturally and linguistically competent services. The RST CCTs deliver flexible, recovery-based individualized services, allowing for seamless transitions throughout the continuum of outpatient services and supports available in Sacramento County. Staffing for each CCT team includes a team lead, clinician/social worker, psychiatrist and nurse, peer/family provider and resource specialist.

In FY 2017-18, this program was identified for expansion as supported by the MHSA Steering Committee and Board of Supervisors recommendation for increasing homeless mental health services. This program's expansion added additional housing supports and subsidies and increased treatment capacity to further address the needs of individuals living with serious mental illness who are homeless or at-risk of homelessness and may also have co-occurring substance use disorders.

Success: El Hogar RST

After a recent hospitalization, a woman who had been discharged from services multiple times, was again referred to services with El Hogar RST to address reported symptoms of loneliness, insomnia, and auditory hallucinations. El Hogar's Community Care Team (CCT) staff were able to travel to the client's residence to support with transportation to an intake appointment in order to provide timely engagement into services and safety planning. Due to struggling with disorganization, poor hygiene and managing activities of daily living, the CCT staff provided ongoing support to ensure continued engagement in services. They worked with her on identifying areas for which the client needed additional support, such as ensuring linkage to psychiatric and clinical appointments, as well as increased case management services. The client has reported gratitude for her treatment team's collaborative and client-centered approach. She continues to stabilize and engage in El Hogar RST services.

Success: TLCS RST

A female client came to TLCS RST struggling with substance use and PTSD. She was newly out of a domestic violence relationship, had no source of income, and was experiencing homelessness. CPS had removed her infant daughter from her custody over concerns about her drug use. She reported this was the motivation needed to make significant life changes. She began attending appointments and groups for support and medication. With the help of her RST Service Coordinator she began to learn healthier ways to cope and manage her mental health symptoms. MHSA flex funds were used to move her into a clean and sober living environment and the program worked closely with her attorneys and CPS social worker to ensure that she was meeting all requirements of her child reunification case. After a year of sobriety, she was granted full custody of her now one year old daughter. The RST continues to pay a portion of her monthly rent and her symptoms have stabilized enough that she is starting the process of the RST's employment program to attain a job and become more self-sufficient.

Success: Turning Point RST
A 52 year-old woman with long history of hospitalizations due to suicide attempts met with the Turning Point Community Care Team (CCT) staff and a Peer Mentor for weekly peer counseling. With reported numerous childhood traumas, she struggled with controlling her anger. She reported that managing her symptoms and regulating her emotions was impossible. After meeting with the CCT staff for weekly rehabilitation sessions to work on her anger and self-esteem, she started to make positive changes in her life. She since has enrolled in classes at American River College to pursue a bachelor's degree in Social Sciences and is able to utilize learned coping skills to help her when she becomes upset. She recently experienced conflicts at work and used coping skills she learned to prevent herself from losing her job. She is still working and is no longer on SSI, has a strong relationship with her significant other and reports her relationships with her children are satisfying. After working with the RST, she has a life goal to be active in helping the members of her community who suffer from mental illness when she graduates from school.

Success: Visions RST
A 46-year-old woman with symptoms of depressed mood, anger, isolation and anxiety due to being homeless, also reported health issues including chronic pain that prevented her from looking for work or attending appointments. Although she was offered a hotel voucher, she declined. Visions RST staff worked with her by providing education on housing options and worked with her on strategizing benefits verses costs of accepting less desirable temporary housing with the goal of seeking ideal housing over time. With repeated engagement and services provided, she became more trusting and open to a room and board. Initially she refused to participate in any groups or work programs, yet eventually became less symptomatic and more engaged – sharing her goal to be a writer and motivational speaker, as well as struggles with mental illness. She has since agreed to go to the Department of Rehabilitation (DOR) and joined NAMI as a motivational speaker. She was recently awarded housing voucher and is working on securing permanent housing.

The contract for the new adult outpatient program was awarded to Turning Point Community Programs through a competitive bidding process. The program, known as **Haven,** will provide client-driven, recovery-oriented, strength-based, trauma-informed, culturally and linguistically responsive, comprehensive community-based specialty mental health services and supports to TAY (18+), adults, and older adults meeting target population. Haven will serve clients who are being discharged from or are at risk of requiring acute care; at risk of or experiencing homelessness; living with a co-occurring substance use disorder; and/or those who may be engaged in the criminal justice system. Using the principles of recovery-oriented care, trauma-informed care, culturally responsive services, and the Strengths Model to guide program practices and service delivery, the new outpatient services will implement a phased approach with the provision of intensive services during the early phase of treatment with the goal of assisting clients in transitioning to a lower level of service intensity over time. This program will start delivering services late FY 2019-20. More information about program implementation will be included in future plans and updates.

Program: Sierra Elder Wellness
Work Plan #/Type: SAC2 – Full Service Partnership (FSP)
Capacity: 140 at any given time
Ages Served: Transition Age Older Adults, Older Adults

The Sierra Elder Wellness Program (Sierra), administered by El Hogar Community Services, Inc., provides an array of FSP services to transition-age older adults (ages 55 to 59) and older adults (age 60+) of all genders, races, ethnicities and cultural groups who are struggling with persistent and significant mental illness who would otherwise utilize the most restrictive and highest level programs. Sierra provides comprehensive, integrated, culturally relevant mental health services –

including assessments, planning, social rehabilitation, intensive case management, co-occurring substance use services, and psychiatric medication support. Sierra also provides specialized geriatric services, facilitating the coordination between multidisciplinary mental health, physical health, and social service teams. FSP services also include assistance with benefit acquisition, housing, employment, and transportation. Intended program outcomes are to reduce/prevent unnecessary emergency room, psychiatric hospital, and jail utilization in order to assist community members to remain living in the community at the least restrictive level of care – as independently as possible.

Sierra establishes and maintains successful collaborations with system partners and community agencies, including sub-acute settings; law enforcement; healthcare providers; conservators; and ethnic and cultural groups to assist consumers in maintaining in the community and working toward recovery.

Success: Sierra Elder Wellness Program
A 58 year old male on conservatorship has struggled with symptoms of schizoaffective disorder and had been in a secured facility due to his mental health needs, from 2003 until 2019. The initial community reentry introduced new stressors and challenges for him that resulted in the need of an acute setting. Through collaborative efforts, Sierra Elder Wellness Program (Sierra) was able to engage with him while still in a higher level of care to assist in the transition back into the community. He engaged Sierra groups and outing several times a week, developed strong rapport with Personal Service Coordinator, and become familiar with the community which resulted in successful transition from acute setting to community. Sierra utilized MHSA flex funds to support him in a placement that not only supported his needs but also made him feel safe and comfortable. Through the MHSA flex funds for stable housing, enabled him to create relationships with staff and peers at his residence. He has established himself as part of the community. He reports that, "I am good here, I'm with family."

Program outcomes are to strengthen functioning level to support clients in maintaining the least restrictive community-based housing; reduce unnecessary psychiatric hospitalizations; reduce incarceration; improve health by increasing access to primary health care; reduce homelessness; connect clients with co-occurring mental health and substance use disorder treatment, and support engagement in meaningful employment/activities and social connectedness.

Program: Permanent Supportive Housing Program
Work Plan #/Type: SAC3 – Full Service Partnership (FSP)
Capacity: Expansion plan in progress – Currently 1,325 at any given time
Ages Served: Children, TAY, Adults, Older Adults

The **Permanent Supportive Housing Program (PSH)** is a blend of FSP and General System Development (GSD) funding and provides seamless services to meet the increasing needs of the underserved homeless population. PSH currently consists of three previously approved and implemented components: PSH-Guest House, PSH-New Direction, and PSH-Pathways. The PSH Program serves homeless children, TAY, adults, and older adults of all genders, races, ethnicities and cultural groups. In FY 2017-18, these programs served 703 with FSP services and 672 with GSD services.

In FY 2017-18, the Permanent Supportive Housing Program was identified for expansion as supported by the MHSA Steering Committee and Board of Supervisors recommendation for increasing homeless mental health services. As part of this expansion, a new Adult Full Service

Partnership, Flexible Housing Pool, Adult Residential Treatment, and Augmented Board and Care Program are being added.

Guest House, administered by El Hogar, is entry point to homeless services for individuals who present with mental health conditions who are living on the street, in shelters, and parks, etc. with direct access to a clinic and emergency housing for TAY (18+), adults, and older adults. Services include daily outreach, triage, case management, mental health treatment, comprehensive mental health assessments and evaluations, medication treatment, linkages to housing and other services, and application for benefits. Guest House has implemented the highly successful Sacramento Multiple Advocate Resource Team (SMART), a promising practice assisting individuals with their applications for SSI/SSDI. This expedited process increases income, which improves access to housing and a wider variety of community services.

Guest House has expanded and opened its Connections Lounge drop-in center. Through the drop-in center, guests can learn more about mental health recovery, participate in recovery and resource-focused groups and access referrals and additional linkages for substance abuse treatment and physical health in a safe and supportive space.

Success: Guest House
An elderly African American gentleman who has struggled with mental illness was initially referred by a local hospital to the Guest House Sacramento Multiple Advocate Resource Team (SMART) for assistance with benefits. Guest House reached out to the referring hospital to ensure a safe and successful discharge to their program. The gentleman appeared very vulnerable and had difficulties managing the mental health symptoms he was experiencing. Guest House outreach staff worked on building trust and rapport in an attempt to engage him in the supports available. Guest House outreach staff continued their efforts and eventually built enough trust with gentleman to get him to develop a client centered housing plan. Guest House used MHSA flexible dollars to shelter the gentleman while staff worked on linking him to permanent supportive housing. Guest House SMART was able to get the gentleman approved for benefits in less than two weeks giving him an income. Client successfully transitioned to permeant supportive housing with Guest House's help and remains stably housed.

Through recent expansion, Guest House increased program capacity and improved timeliness by significantly increasing outreach efforts through additional outreach workers. Guest House also provides short term housing supports utilizing MHSA Housing Subsidies and Support Services in order to resolve and or prevent homelessness. Additionally, the Connections Lounge now provides additional contact with persons experiencing homelessness resulting in increased program enrollment and participation.

Program outcomes are to reduce homelessness; engage persons experiencing homelessness in mental health treatment services; strengthen functioning level to support clients in obtaining and maintaining community tenure; reducing acute psychiatric hospitalizations; reduce incarceration; improve health by increasing access to primary health care; and support engagement in meaningful employment/activities and social connectedness.

New Direction, administered by TLCS (also known as Hope Cooperative), provides permanent supportive housing and FSP-level mental health services and supports for TAY (18+), adults, including older adults, and their families. The program provides integrated, comprehensive services utilizing a "whatever it takes" approach to support consumers in meeting their desired recovery goals. New Direction provides services at two permanent MHSA-financed supportive

housing projects/developments, permanent supportive housing within TLCS permanent housing sites, and utilizes community-based housing vouchers and limited subsidies providing permanent housing. Additionally, New Direction Palmer Apartments provides interim housing that has been designated as a shelter to assist residents in bridging the gap from homelessness to permanent housing. Palmer focuses on rapid access to permanent housing within 30 days once income is secured.

Recent expansion included additional housing supports and subsidies to address the needs of more individuals living with serious mental illness who are or at risk of or are homeless and may also have co-occurring substance use disorders.

Program outcomes are to reduce homelessness; strengthen functioning level to support clients in maintaining the least restrictive community-based housing; reduce acute psychiatric hospitalizations; reduce incarceration; improve health by increasing access to primary health care; and support engagement in meaningful employment/activities and social connectedness.

Success: New Direction

A client experiencing chronic homelessness began participating in New Direction Full Service Partnership (FSP) in 2017. New Direction FSP supported the client in developing a housing plan and locating affordable housing. MHSA flex funds were used to shelter the client, getting her off the streets, and then to provide rental assistance once she was in permanent supportive housing. New Direction FSP also used MHSA flex funds to furnish and outfit her new space with the essentials of a dignified living space. Unfortunately, due to behaviors related to her substance use, the client was not able to maintain her placement in permanent supportive housing. The client returned to homelessness and initially refused help finding housing. New Direction continued to offer harm reduction interventions and linkage to treatment while offering housing options. With continued effort at building trust and rapport, the client made the decision that she was ready to become sober. New Direction utilized MHSA flex funds to house the client in a clean and sober living facility. The client has achieved over four months of sobriety with that support. With program support and coordination, she has moved into subsidized housing and has gone back to school.

Pathways, administered by Turning Point Community Programs, provides permanent supportive housing and FSP-level mental health services and supports for children/youth, TAY, adults, older adults and families. The program provides integrated, comprehensive services utilizing a "whatever it takes" approach to support consumers and their families in meeting their desired recovery goals. Pathways provides services at six MHSA-financed permanent supportive housing developments, community-based housing vouchers and utilizes subsidies to provide permanent housing for consumers and their families.

Success: Pathways

A 38 year old Latino male was referred to Pathways Full Service Partnership (FSP). He had a history of exposure to domestic violence, family trauma, and gang violence in childhood. Prior to his referral, he served 20 years in state prison while coping with the onset of severe PTSD. Following his release from prison, his life was impacted by daily heroin use and untreated mental illness which contributed the inability to obtain housing. Initially, he reported he did not anticipate being alive for much longer.

Once linked, Pathways helped him collect the necessary requirements to obtain housing, such as cleaning up his credit and verifying homelessness. Pathways then used MHSA flex funds to assist with housing to ensure client had a residence. . While supporting the client into housing, he also received case management, rehabilitative support services, psychiatric and medication supports. The client has been drug-free for over a year and his housing is stable and he has re-established strong ties with his family.

Recent expansion included additional housing supports and subsidies to address the needs of more individuals living with serious mental illness who are or at risk of or are homeless and may also have co-occurring substance use disorders.

Program outcomes are to reduce homelessness; strengthen functioning level to support clients in maintaining the least restrictive community-based housing; reduce acute psychiatric hospitalizations; reduce incarceration; improve health by increasing access to primary health care; and support engagement in meaningful employment/activities and social connectedness.

Telecare Inc. was awarded the contract for the new Adult Full Service Partnership program, known as **Arise**, and will provide an array of FSP services to TAY (18+), adults, and older adults struggling with persistent and significant mental illness who would otherwise utilize the most restrictive and highest level of care programs. Telecare's outpatient program will provide comprehensive, flexible, client-driven, recovery-oriented, strength-based, trauma-informed, integrated, culturally competent mental health services – including assessments, planning, social rehabilitation, intensive case management, co-occurring substance use services, 24/7 crisis response, and psychiatric medication support.

Services will also include assistance with benefit acquisition, housing supports and subsidies, employment, education, transportation, and support with successfully completing involvement in Collaborative Courts, such as Mental Health Court. The program will assist consumers transitioning into the community from high-cost restrictive placements, such as the Sacramento County Mental Health Treatment Center, private psychiatric hospitals, incarcerations, and other secured settings. In addition, family members and/or caregivers will be engaged as much as possible at the initiation of services and offered support services, such as education, consultation and intervention, as a crucial element of the consumer's recovery process. This program will start delivering services late FY 2019-20. More information about program implementation will be included in future updates.

The MHSA Steering Committee and Board of Supervisors recommended increasing homeless mental health services through the CSS component in FY 2017-18. As part of these expansion efforts, the **Flexible Housing Pool (FHP), Adult Residential Treatment (ART), and Augmented Board and Care (ABC)** have been added to the PSH Program.

BHS, in partnership with Sacramento County Department of Human Assistance, will implement **FHP** mid FY 2019-20. The goal of the FHP is to secure quality affordable housing for up to 400 clients living with a serious mental illness who are discharging from jail or acute psychiatric hospitalization into homelessness and qualify for specialty mental health services. FHP combines rent subsidies, landlord engagement, pinpointed tenant/landlord matching, and ongoing tenant services and intensive case management. Through the FHP, Property Related Tenant Services (PRTS) teams secure a broad range of housing options through the community, such as single family homes, individual apartments, blocks of units or entire buildings with onsite support staff. In addition to housing location services, PRTS teams provide move-in assistance, rental subsidy disbursement, and assists with landlord/neighborhood relations. These services support clients in transitioning to permanent, promoting housing stability, responding when issues arise, and coordinating care. In addition, high intensity mental health treatment services and supports will be

provided to these consumers. More information about program implementation will be included in future updates.

The **ART** will provide psychiatric rehabilitation to TAY (18+), adults, and older adults with persistent mental illness in a twenty-four (24) hour residential setting. The ART will provide culturally competent, collaborative, client-driven, strength-based services in a structured environment that supports improving the recovery and independent living skills of individuals living with co-occurring conditions, including substance use disorders, with the goal of community integration and transition to a lower level of care. It is anticipated that this program will start up mid FY 2019-20. More information about program implementation will be included in future updates.

The **ABC** offers a quality residential board and care living environment for TAY (18+), adults, and older adults with serious mental health and/or co-occurring conditions who are stepping down from institutional settings including inpatient acute psychiatric hospitals. The philosophy behind the ABC program model is to provide intensive programming in a structured, safe and supportive environment where individuals can work towards their individual recovery goals, obtain or strengthen independent living skills, and connect to other community resources. High intensity mental health treatment services and supports will also be provided to these consumers. It is anticipated that this program will start up mid FY 2019-20. More information about program implementation will be included in future updates.

Program: Transcultural Wellness Center
Work Plan #/Type: SAC4 – Full Service Partnership (FSP)
Capacity: 275 at any given time
Ages Served: Children, TAY, Adults, Older Adults

The Transcultural Wellness Center (TWC), administered by Asian Pacific Community Counseling, is designed to increase penetration rates and reduce mental health disparities primarily in the Asian and Pacific Islander (API) communities in Sacramento County. The program is staffed by psychiatrists, mental health clinicians and counselors, and peer and family advocates who are reflective of the API communities. Staff assignments are take into consideration the gender and specific cultural and linguistic needs of the client. Staff speak 15 API languages: Cambodian, Cantonese, Hindi, Hmong, Japanese, Korean, Laotian, Mandarin, Mien, Punjabi, Spanish, Tagalog, Telugu, Thai, and Vietnamese.

TWC FSP services include a full range of mental health services and supports that take into consideration cultural and religious beliefs and values, traditional and natural healing practices, and associated ceremonies recognized by the API communities. Services include linking clients to primary care physicians for comprehensive medical assessments and ongoing medical care, particularly for adults and older adults with co-occurring medical and mental health needs; culturally and linguistically relevant mental health interventions and activities that reduce and prevent negative outcomes such as avoidable emergency room utilization, psychiatric hospitalization, jail/incarceration, and eviction/homelessness. Based on client need, all services can be delivered in the home, community and school. Services emphasize blending cultural and traditional resources to reduce stigma.

The goals of the TWC are to improve access to services for individuals who have not typically responded to mainstream outpatient mental health/psychiatric treatment or who were unable to utilize community services due to complex co-occurring needs. Using the "whatever it takes" approach, services are provided to assist individuals in identifying goals in relation to their culture, increase individuals' ability to function at optimal levels, and to assist with their wellness, recovery and integration into the community.

Program outcomes are to reduce psychiatric hospitalization, arrests and incarceration and to increase linkage to employment, education, health care, and housing resources. Additionally, the program seeks to help clients develop and maintain connection to meaningful activities and improve school or job functioning.

Success: Transcultural Wellness Center

TWC served a 33-year old Vietnamese-American female client who has a history of experiencing symptoms of paranoia, anxiety, disorganized thoughts and delusions and substance use. Client also has a history of repeated psychiatric hospitalizations. She has frequently called 911 to be admitted to a hospital due to experiencing symptoms of paranoia.

Client had lost custody of her children but more recently, began exploring the possibility of getting them back. After extensive culturally appropriate therapy, psycho-social rehabilitation and medication support from the TWC treatment team, client has not been hospitalized for some time. In an effort to regain custody of her children, the client indicated she was ready for TWC to support her with substance use treatment. TWC used MHSA flexible dollars to get the client into a residential rehab drug treatment center where she is now receiving treatment. She hopes to complete the 90-day program and continue her path to wellness and recovery.

Program: Wellness and Recovery
Work Plan #/Type: SAC5 – General System Development (GSD)
Capacity: 3,397 at any given time
Ages Served: Children, TAY, Adults, Older Adults

The **Wellness and Recovery** program consists of: the **Wellness and Recovery Centers**, the **Peer Partner Program,** the **Consumer and Family Voice Program,** and the **Sacramento Advocates for Family Empowerment (SAFE) Program**, the **Mental Health Crisis Respite Center**, **Abiding Hope Respite House**, and **Mental Health Respite Program**.

This Work Plan was identified for expansion in alignment with the November 7, 2017, Board of Supervisors action and MHSA Steering Committee recommendation for homeless mental health services expansion. This expansion included identified existing programs within this Work Plan to add housing supports and subsidies, as well as increased treatment capacity to further address the needs of individuals living with serious mental illness who are homeless or at-risk of homelessness and may also have co-occurring substance use disorders. Expansion began in FY 2017-18.

Located in the northern and southern regions of Sacramento County, the **Wellness and Recovery Centers (WRCs)**, administered by Consumer Self Help Center, are community based multiservice centers that offer an array of comprehensive services and wellness activities designed to support clients in their recovery goals. The WRCs also serve an entry point to homeless services for individuals who present with mental health conditions who are living on the street, in shelters, and parks, etc. Services are provided in a supportive environment offering choice and self-directed guidance for recovery and transition into community life. The WRCs serve individuals age

eighteen and older of all genders, races, ethnicities and cultural groups. They employ consumers and train individuals for peer counseling, peer mentoring, advocacy, and leadership opportunities throughout Sacramento County.

WRCs offer both a treatment program and community program. WRCs treatment program provides psychiatric and medication support services for adult clients with serious mental illness. The community program provides wellness activities available to clients enrolled in the treatment program and to community residents with an interest in mental health support, wellness and recovery services. WRC activities include curriculum driven and evidence-based skill building activities, vocational supports, family education, self-help, peer counseling and support. Services are collaboratively designed, culturally competent, member driven and wellness focused. Alternative therapies are offered in their Community Program that include consumer facilitated art and music expression, journaling, creative writing, yoga, 12-step recovery groups, goal setting, crisis planning, natural healing practices and other wellness services.

Success: Wellness and Recovery Centers
A young woman living with a severe mental illness was discharging from jail without a place to go therefore returning homelessness. She was arrested for a common homeless crime of trespassing. WRC received the referral and mobilized their staff and resources to support her. They utilized MHSA flex dollars to secure a place for her at a room and board before she discharged. WRC staff arranged transportation for the young woman from jail to their service site on the day of her release ensuring access to peer support as she transitioned to the community and to her new residence. Additionally, WRC peers immediately began the process of helping her apply for benefits to become more self-sufficient. In the meantime, WRC continues to use flex dollars to keep her housed. As of late, the young woman remains stably housed. She continues to attend numerous peer run wellness groups. This stability and support has allowed her to focus on her wellness and avoid any further crisis that may lead to hospitalization or incarceration.

Key assets include a library, a resource center, and a computer lab that can be utilized by center participants and the general public interested in learning more about mental health and recovery. WRCs have scheduled programming and activities six days per week and are closed on Sundays. The North Center offers evening hours during the week as well as respite services.

Program outcomes are to increase linkage to a primary care physician and/or specialty health provider; decrease unnecessary psychiatric hospitalizations, decrease incarceration, prevent and decrease homelessness and support engagement in meaningful employment/activities and social connectedness.

WRC expansion increased the number of participants served through the community centers and added housing and resource specialists to support and address the needs of the increased number of program participants experiencing homelessness.

The **Peer Partner Program (Peer Partners)** is administered by Cal Voices (formerly known as Mental Health America of Northern California). The program provides peer support services to TAY (18+), adults, and older adults linked to the Adult Psychiatric Support Services (APSS) clinic and individuals linked to the Mental Health Treatment Center (MHTC). Peer Partner staff are consumers and family members with lived experience. Peer Partners are integrated staff members

of the APSS and MHTC multidisciplinary teams and provide peer-led recovery-oriented services for APSS and MHTC participants and their families.

The primary services provided by the Peer Partners for APSS and MHTC clients include the following: information and training about wellness and recovery; information about and referrals and connecting to mental health services and other services and resources; navigation assistance; advocacy; experiential sharing; building community; relationship building; education and support group facilitation; Wellness Recovery Action Plan (WRAP) group facilitation; skill building/ mentoring/goal setting; and socialization/self-esteem building. As collaborating members of the APSS and MHTC multidisciplinary teams, Peer Partners staff role is to build awareness and provide information about the client perspective, the consumer culture, and culturally relevant engagement strategies.

Success: Peer Partners
An APSS client recently became homeless after being evicted from her apartment. APSS Peer Partner staff worked with the client's treatment team to help reduce her mental health symptoms so she and the Peer could actively seek and locate secure housing. Working together, the client and Peer were able to obtain a new housing voucher. In the meantime, the APSS Peer Partner helped the client identify natural supports to provide temporary housing. The Peer assisted the client to set up an email and mail box so she could receive and respond to notifications related to the housing voucher. The Peer also supported the client by accompanying her to a Sacramento Housing and Redevelopment Agency (SHRA) hearing that allowed her to avoid losing her voucher. This engagement and support was successful and resulted in the client finding and securing permanent housing.

Program outcomes include improving overall health and wellness for client, helping clients engage with their natural supports, helping clients engage in meaningful activities, and reducing psychiatric hospitalizations.

The **Consumer and Family Voice Program**, administered by Cal Voices, promotes the BHS mission to effectively provide quality mental health services to Sacramento County TAY (18+), adults, older adults and their families. The consumer and adult family member advocates serve as liaison to BHS and represent, communicate and promote the consumer and family member perspective. The consumer and adult family member advocates promote and encourage adult and older adult consumer and family involvement in the mental health system from program planning to program participation. This program provides a wide array of services and supports that assist adult consumer and family members in their recovery process that include but are not limited to advocacy, system navigation, trainings, support groups, and psycho-educational groups. Program services outcomes include increasing access to services; providing knowledge and understanding of mental health, resiliency, recovery, self-determination, and empowerment; increasing knowledge of services and available community resources; and decreasing the experience of isolation and/or lack of community supports for clients.

As part of the Consumer and Family Voice Program, the advocates coordinate and facilitate an every other month meeting for clients/consumers of behavioral health services, family members and supporters called "Expert Pool Town Hall Meetings." The purpose of these meetings is to build a peer support network, share information about local services and resources, and to inform about how to become involved to shape services for today and the future. Consumers and family members are asked what topics or services/resources they would like to learn about. The Expert Pool Town Hall meetings include speakers that have expertise in various topics related to mental

health, local services and resources. Advocates maintain an email database of over 750 community members/experts, many with lived experience, in an effort to keep our community informed of topics that pertain to our client and family member community. In FY 2018-19, four Expert Pool Town Hall Meetings were convened with an average attendance of 30 individuals per meeting.

Success: Consumer and Family Voice Program
A father of an adult who has received services through Sacramento County participated in Consumer and Family Voice (CFV) support groups and programs. He became interested in advocacy after receiving our announcements about the Sacramento County Mental Health Board (MHB) and MHSA Steering Committee. He learned about the stakeholder process and how to prepare to give public comment at public meetings. He has been attending MHB and MHSA Steering Committee meetings and advocates based on his family's lived experience. His feedback has been reviewed at subsequent county internal meetings attended by the CFV dvocates. The Advocates suggested that he apply to sit on the Mental Health Board or the Steering Committee and provided support to him during the application process. Because of his experience as a family member, he is inspired to serve on one of these committees.

This program also coordinates and facilitates the annual client culture conference that is sponsored by BHS. The conference was held in June 2018 with approximately 200 guests in attendance. The theme was "Whole Person Care." The program received 172 evaluations, with positive feedback averaging a score of 4.9 out of 5 in total satisfaction with program.

The **Sacramento Advocates for Family Empowerment (SAFE) Program**, administered by Cal Voices, promotes the BHS mission to effectively provide quality mental health services to children, youth, and families in Sacramento County. The family member/youth advocate serves as liaison to BHS and represents, communicates and promotes youth and family member perspective. The Youth and Family Advocates promote and encourage parent/caregiver and youth consumer involvement in the mental health system, from program planning to program participation. The program provides a wide array of services and supports including but not limited to direct client support services and advocacy, system navigation, trainings, support groups, and psychoeducational groups. Program outcomes include increasing access to services; providing knowledge and understanding of mental health, resiliency, recovery, self-determination, and empowerment; increasing knowledge of services and available community resources; and decreasing the experience of isolation and/or lack of community supports for clients.

Success: SAFE Program
A family looking for a youth advocate to help their son was referred to SAFE. Their son was isolated from everyone and always locking himself in his room. His grades slipped and he stopped caring about anything. The family wanted support for him to help him socialize which he agreed that is what he needed. During his first two visits with a SAFE youth advocate, he was reluctant about sharing his story. He finally opened up when the youth advocate took him out of the house to an ice cream shop. The youth advocate shared about his own lived experience and they felt they made a strong connection. Each week, the youth gained more confidence as they kept going to new places. The youth advocate brought him as a guest to a focus group where gave input and shared his opinion and wasn't afraid to give constructive feedback. The youth advocate helped him to sign up for after school groups and activities. The youth now has more confidence, is eager to learn, and is more at ease getting out of his comfort zone.

As part of the program, SAFE advocates coordinate and facilitate various support groups for clients/consumers of behavioral health services and their family members, including Latino Support Groups, Teen Co-ed Support Groups, Parent/Family Support Groups, an eight-week Anger Management Group, and a 16-hour Wellness and Recovery Action Plan (WRAP) group.

Mental Health Respite Programs: The following programs originated as mental health respite programs funded through the time-limited MHSA Innovation Project 1: Respite Partnership Collaborative. With support from the MHSA Steering Committee, these programs transitioned to CSS funding during FY 2015-16.

The **Mental Health Crisis Respite Center**, administered by TLCS (also known as Hope Cooperative) provides twenty-four (24)-hour/seven (7) days a week mental health crisis respite care in a warm and supportive community-based setting to eligible TAY (18+), adults, and older adults who are experiencing overwhelming stress due to life circumstance resulting in a mental health crisis. Services include screening, resource linkage, crisis response and care management up to twenty-three (23)-hours. The program has the capacity to serve up to ten (10) individuals at any given time.

Program goals are to reduce emergency department visits or acute psychiatric hospitalizations and that clients report an improvement in their recovery journey.

Success: Mental Health Crisis Respite Center

'Bob' came to the Mental Health Crisis Respite Center (CRC) for support while dealing with suicidal ideations. He is a gentle giant, full of love and compassion for others but not so much for himself. He reported to be a victim of sexual abuse at the hands of family members, including his father. Bob's brother is in charge of his finances and uses authority and power over Bob.

By utilizing the CRC when his stressors intensified, he did not seek out services from emergency departments and psychiatric hospitals as much. At CRC staff's encouraged, Bob engaged in ongoing outpatient mental health services. He continued to use the CRC when he felt was not able to manage his life. Over time, the CRC staff provided support to Bob and saw his symptoms decrease and began to witness an increase in his self-esteem and confidence.

Bob recently called the CRC to let them know that he moved to North Carolina and is teaching 3rd grade. His employer is going to pay for him to finish his Master's Degree. He thanked all the staff that helped him throughout the years and stated: "you were always there to help".

Abiding Hope Respite House, administered by Turning Point Community Programs, provides mental health crisis respite services in a welcoming, home-like setting, where TAY (18+), adults , and older adults, experiencing a mental health crisis can stay for up to 14 days. During their stay, clients receive client-centered, recovery oriented services that include crisis response, screening, resource linkage, and care management. There are five beds in the home and all clients take part in cooking, cleaning, and groups to help them gain back a sense of purpose and dignity through life's routines. Program goals are to reduce emergency department visits and/or acute psychiatric hospitalizations and that clients report an improvement in their recovery journey.

Success: Abiding Hope Respite House

'The Abiding Hope staff and residents have been very supportive. I enjoyed the cleanliness and quietness of Abiding Hope. Abiding Hope provided room and board information, low-income housing information, and transported me to and from different housing resources and appointments. Abiding Hope provided me time to collect my thoughts about my current situation. I was able to rest and also attend to my health care needs while at Abiding Hope. Abiding Hope also referred me to Welcome Home Housing and I never heard of them before although I believe I will be a great candidate for the program. I feel blessed to have been able to stay at Abiding Hope Respite House."

Mental Health Respite Program, administered by Saint John's Program for Real Change, provides adult women (and their children) in immediate crisis with short-term mental health and

supportive services for up to seven (7) days. The program has the capacity to serve up to seven (7) woment (and their children) at any time. Services include assessment, treatment planning, resource linkage, crisis intervention, family intervention and case management. Program Goals are to reduce emergency department visits and acute psychiatric hospitalizations and that clients report an improvement in their recovery journey.

Success: Mental Health Respite Program
'Jane' found herself homeless at the age of 61 after going through a challenging divorce. Major depression and anxiety overwhelmed her forcing her to rely on a friend whom eventually betrayed her. The friend physically abused her, and she fled from her small rented room in fear. Jane then searched for community services thinking that she would find help in getting back on her feet. She found that most services are designed to help mothers with children first. Daily searching for her basic needs depleted what little energy and self-esteem she had left. She felt desperation as she walked into a church. There she received comfort and a referral to Saint John's Mental Health Respite Program. Stress and anxiety had impaired her functioning and depleted her prior ability to make daily decisions. After several days, Jane's anxious and depressive symptoms reduced and she regained sufficient strength and clarity to explore options for next steps and execute a prioritized plan to move toward resolving her concerns. Jane left Saint John's Mental Health Respite Program expressing gratitude for the safety she experienced, hope for her future, and reassured that she found kindness and services to address her needs.

Program: Adult Full Service Partnership
Work Plan #/Type: SAC6 – Full Service Partnership (FSP)
Capacity: 500 at any given time
Ages Served: TAY, Adults, Older Adults

The **Adult Full Service Partnership Program** consists of: **Integrated Services Agency (ISA)**, administered by Turning Point, and **Sacramento Outreach Adult Recovery (SOAR)**, administered by Telecare. Both programs provide an array of FSP services to TAY (18+), adults, and older adults, struggling with persistent and significant mental illness who would otherwise utilize the most restrictive and highest level of care programs. ISA and SOAR provide comprehensive, integrated, culturally competent mental health services – including assessments, planning, social rehabilitation, intensive case management, co-occurring substance use services, 24/7 crisis response, and psychiatric medication support.

Services also include assistance with benefit acquisition, housing supports and subsidies, employment, education, and transportation. The programs assist consumers transitioning into the community from high-cost restrictive placements, such as the Sacramento County Mental Health Treatment Center, private psychiatric hospitals, incarcerations, and other secured settings. In addition, family members and/or caregivers are engaged as much as possible at the initiation of services and offered support services, such as education, consultation and intervention, as a crucial element of the consumer's recovery process.

ISA and SOAR have established and maintained successful collaborations with system partners, community agencies, sub-acute care providers, law enforcement, healthcare providers, conservators, and ethnic and cultural groups to assist consumers in maintaining in the community and working toward recovery.

Recent expansion added additional housing supports and subsidies, as well as increased treatment capacity to further address the needs of individuals living with serious mental illness who are homeless or at-risk of homelessness and may also have co-occurring substance use disorders.

Success: Integrated Services Agency
A 28 year old male, who was initially reluctant to participate in ISA, had an extensive history of substance use and chronic homelessness. He was having extreme paranoid thoughts that prevented him from eating and refusing to attend to proper hygiene/grooming. He was placed on LPS conservatorship. Soon after joining the ISA program, he participated in services that assisted with building socialization skills resulting in an increased desire to work more with staff and receive support from his peers. Building on the encouragement and opportunities presented by ISA, he has redirected his path toward continued success. His positive engagement with others eventually led to his conservatorship ending. He was able to maintain stable housing and joined the ISA work program – demonstrating integrity of skills to establish and maintain lasting relationships with his peers. He remains proactive as he further pursues his treatment goals. He is successful in the community, using coping skills learned in services and reaching his self-identified goals.

Success: SOAR
A Telecare SOAR member has been successfully living in the community for over four weeks now. This member joined SOAR program in 2017. Until recently, he had difficulty maintaining placement in the community due to interpersonal conflict, which resulted in weekly trips to the Emergency Department and more than 20 psychiatric hospitalizations in a year.

SOAR used MHSA flex funds to support him living in an environment that decreased his triggers. With the intensive, community-based services and supports from SOAR staff and MHSA flex funds, this member has increased his overall level of participation by attending treatment on a weekly basis, groups at SOAR and in the community, and has not been to the ED in the past four weeks. This member reported that, "I like my housing," and "I am very appreciative of SOAR's support."

Program outcomes are to strengthen functioning level to support clients in maintaining the least restrictive community-based housing; reducing acute psychiatric hospitalizations; reduce incarceration; reduce homelessness; improve health by increasing access to primary health care; and support engagement in meaningful employment/activities and social connectedness.

Program: Juvenile Justice Diversion and Treatment Program
Work Plan #/Type: SAC7 – Full Service Partnership (FSP)
Capacity: 128 at any given time
Ages Served: Youth and TAY ages 13 – 25

The **Juvenile Justice Diversion and Treatment Program (JJDTP)** is a FSP that brings together a partnership between BHS, Sacramento County Probation Department, and River Oak Center for Children to deliver integrated services to youth involved with juvenile justice with multiple complex needs across several service systems. JJDTP provides screenings, assessments and intensive mental health services and FSP supports to eligible youth and their families. 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, youth have the opportunity to avoid incarceration and voluntarily participate in this program as long as clinically necessary through their 25th year. Adjudicated youth are referred, assessed, and have the opportunity to voluntarily receive the program's intensive, evidence-based services delivered in

coordination with a specialized Probation Officer. Family and youth advocates provide family and peer support which complement clinical FSP services.

Program outcomes include youth experiencing reduced psychiatric hospitalization, increased engagement in their educational program as well as reduced arrests and incarcerations. Additionally, the program seeks to link youth and families with primary care and to engage them in meaningful activities.

Recent expansion also allows for dedicated focus on serving youth who are at risk of becoming involved in the Juvenile Justice System.

Success: Juvenile Justice Diversion and Treatment Program
A youth was referred to the program approximately three years ago due to behaviors that led to involvement in the Juvenile Justice system. The youth accomplished many goals through involvement in the Juvenile Justice Diversion and Treatment Program (JJDTP). The youth and her father participated in therapy to address challenges within the family. The youth was able to meet her probation requirements and complete probation. She had many challenges with peers and had considered going back to former negative behaviors; with program support, she ultimately made the choice not to. She has always been a hard worker and is currently attending a community college where she is actively applying for scholarships while also maintaining employment. She has used her voice and choice and has made significant progress in personal growth and development. She previously had a distant relationship with her father. With family therapy, their relationship improved immensely. With support through JJDTP, the youth's father also received individual support and has made incredible strides in communicating better with his daughter.

Program: TAY Full Service Partnership
Work Plan #/Type: SAC8 – Full Service Partnership (FSP)
Capacity: 240 at any given time
Ages Served: Youth and TAY ages 16 – 25

The new Transition Age Youth (TAY) FSP Program, administered by Capital Star Behavioral Health, provides core FSP services and flexible supports to TAY ages16 through 25 who are homeless or at risk of homelessness, aging out of the child mental health system, involved in or aging out of the child welfare and/or foster care system, involved in or aging out of the juvenile/criminal justice system, at risk of involuntary psychiatric hospitalization or institutionalization, experiencing a first episode of a serious mental illness, and/or other at-risk populations. Services are culturally and linguistically competent with sensitivity to and affirmation of gender identity, gender expression and sexual orientation. Services are individualized based on age, development and culture. TAY FSP program includes outreach, engagement, retention and transition strategies with an emphasis in independent living and life skills, mentorship and services that are youth and family driven. The TAY FSP also has the capacity to serve young people that need moderate to high level specialty mental health services.

This program is designed to improve access to services for individuals who typically have not responded well to traditional outpatient mental health /psychiatric treatment, or for individuals who are unserved, underserved, and/or inappropriately served; ensure linkage to a Primary Care Physician (PCP) to provide a comprehensive medical assessment and ongoing medical care, particularly for clients with co-occurring medical and mental health needs; provide various services/ interventions necessary to reduce/ prevent avoidable emergency room utilization, psychiatric hospitalization, jail/incarceration, and eviction/homelessness; and provide services that will increase the individual's ability to function as independently as possible within the community.

Success: Transition Age Youth FSP Program
'Lynn' is a transition age youth referred to TAY FSP with severe symptoms related to mood and trauma. TAY FSP team consisted of Transition Care Manager, Transition Facilitator, Family Advocate, and Youth Advocate. Team attempted linkage to AOD outpatient program and supported with NA meetings. The youth is graduating from TAY FSP after independently achieving sobriety. Youth maintained stable housing with team member support, increased effective healthy coping skills through individual therapy and rehabilitation/group sessions, and enriched parenting practices with the support of linkage to Birth and Beyond. She recently reconnected with their passion for music and has begun performing publicly with the support of FSP team. They are a natural strong advocate for themselves and also a passionate advocate for other youth facing barriers within the mental health system.

Program: Crisis Residential Program (CRP)
Work Plan #/Type: SAC9 – General System Development (GSD)
Capacity: 42 at any given time
Ages Served: TAY and Adults ages 18 - 59

In FY 2018-19, in alignment with the MHSA Steering Committee's recommendation to expand the CSS component, three new CRPs were added to this program to bring the total to five sites. There are three operational sites with a total of 42 beds: the 12-bed and 15-bed CRPs in South Sacramento and 15-bed CRP in Rio Linda, administered by Turning Point Community Programs. The two remaining CRPs are in varying stages of construction/develop: a 15-bed CRP for Transition Aged Youth (TAY)/young adults ages 18 - 29 and a 15-bed CRP for adults in Rancho Cordova. It is anticipated that these CRPs will be operational in FY 2019-20 and FY 2020-21 respectively.

CRPs are short-term residential treatment programs that operate in a structured home-like setting twenty-four hours a day, seven days a week. Eligible consumers may be served through the CRP for up to 30 days. These programs are designed to address the MHSA General Standards and embrace peer facilitated activities that are culturally responsive. CRPs are designed for individuals, age 18 and up, who meet psychiatric inpatient admission criteria or are at risk of admission due to an acute psychiatric crisis, but can appropriately be served voluntarily in a community setting. Beginning with an in-depth clinical assessment and development of an individual service plan, crisis residential program staff will work with consumers to identify achievable goals including a crisis plan and a Wellness Recovery Action Plan (WRAP).

Once admitted, structured day and evening services are available seven days a week that include individual and group counseling, crisis intervention, planned activities that encourage socialization, pre-vocational and vocational counseling, consumer advocacy, medication evaluation and support, linkages to resources that are available after leaving the program. Family members are included in counseling and plan development. Services are voluntary, community-

based, and alternative to acute psychiatric care. While the services are designed to resolve the immediate crisis, they also focus on improving functioning and coping skills, and encourage wellness, resiliency and recovery so that consumers can return to the least restrictive, most independent setting in as short of time as possible. Services are designed to be culturally responsive to the needs of the diverse community members seeking treatment.

Program goals are to provide crisis stabilization, promote recovery, and optimize community functioning by the provision of short-term, effective mental health services and supports; and to decrease utilization of hospital emergency departments, Mental Health Treatment Center (MHTC), private psychiatric facilities, and incarceration.

Success: Crisis Residential
A client had significant difficulties with psychosis. He struggled to remain in groups, to gain the information needed, to take care of himself and to interact with others. He had a long history of trauma, drug use and homelessness from his childhood to the time he entered the program. CRP staff was able to engage him in an assessment process to enable him to access a higher intensity level of services at a Full Service Partnership (FSP). He was able to graduate from the CRP after having been clean and sober for 30 days, and was able to transition into living arrangements provided by one of the FSPs serving the homeless. In the time that followed, he called us a few times and let the staff know that he was now safe, and thanked the staff for their investment in him. He specifically stated to a staff member, "thank you for not throwing me away."

Success: Crisis Residential
A young woman was admitted to the program with a history that included trauma from abuse and substance use. She communicated very little with the staff and her peers during the first two weeks of the program. She was reserved, frequently isolated in her room, and was identified at high risk for re-hospitalization and self-harm due to her symptoms and a variety of risk factors. During her time in the program, she engaged in therapeutic and psychiatric services that significantly decreased her symptoms of psychosis and provided an opportunity to further develop her communication and self-advocacy skills. She was linked with TCORE for ongoing outpatient services. After successfully graduating from the Crisis Residential Program, sheis now living at a room and board where she is now the house manager.

Program: Children's Community Mental Health Services
Work Plan #/Type: SAC10 – General System Development (GSD)
Capacity: 50 at any given time.
Ages Served: Children and Youth (up to age 21)

The Children's Community Mental Health Services workplan consists of the Consultation, Support and Engagement Teams (CSET) Program and Flexible Integrated Treatment (FIT).

The **Consultation, Support and Engagement Teams (CSET) Program** addresses the needs of children and youth who have been commercially sexually exploited. This program has two components: 1) Outreach and engagement services for children, youth and families; contracted provider works closely with court systems to identify children and youth in need of services, and attends weekly case staffing to engage children/youth that are unlinked to supportive resources and mental health programs. This component is administered by Capital Star Community Services. 2) Regents of the University of California, Davis (UCD) conducts consultation, education and

training to mental health providers and system partners that deliver treatment services to this underserved population. Annual training capacity for this component of the program is approximately 180 clinical staff and 300 support staff (unlicensed staff and advocates).

CSET for Commercially Sexually Exploited Children (CSEC) provides outreach and engagement activities to CSEC (youth who have been or are at risk of exploitation) ages twelve through twenty-one (12-21). CSET is also able to provide mental health services in interim while linking to an ongoing mental health provider. CSET receives referrals from CPS, the Juvenile Court, probation, schools, law enforcement and other community partners. CSET attends weekly Department 90 Juvenile Court staffing for CSEC youth to facilitate referrals for CSEC youth involved in the Juvenile Justice system.

Success: Consultation, Support and Engagement Teams (CSET) Program
'Kelly' was referred to CSET through Juvenile Court motivated to fulfill conditions of probation. CSET provided outreach and engagement referred her to the TAY FSP to be assessed for trauma focused therapy. She did not want to participate in therapy and stopped engaging in FSP services. The CSET team was able to advocate with Juvenile Court to attempt to use a different treatment model due to her need to prioritize meeting her basic needs. CSET Outreach program was able to meet her where she was at in her stage of change and support her in accessing treatment when ready. The CSET Advocate supported her with housing linkage, completing her high school education, fulfilling conditions of probation, and attending court. The Advocate was able to utilize personal lived experience to better engage her in outreach and treatment, including a curriculum designed to educate and empower survivors of commercial sexual exploitation and trafficking. She has successfully completed probation and the juvenile court judge recognized that the CSET advocate played a significant role in this positive outcome.

In FY 2019-20, with support from the MHSA Steering Committee, the redesigned children's outpatient services known as **Flexible Integrated Treatment (FIT)** has been added to this Program.

FIT is administered by: Capital Star Community Services; Dignity Health Medical Foundation; La Familia Counseling Center; River Oak Center for Children; Sacramento Children's Home; Sierra Forever Families; Stanford Youth Solutions; Terkensha Associates; Turning Point Community Programs; The Regents of the University of California; and Uplift Family Services. FIT provides strength-based, culturally competent, flexible and integrated, child/youth-centered, family driven, developmentally appropriate, effective quality mental health services to all eligible beneficiaries that include children and youth with serious emotional disturbance under the age of 21 years. Services aim to alleviate symptoms and foster development of age appropriate cognitive, emotional, and behavioral skills necessary for maturation, and improve mental health conditions that affect quality of life across multiple domains (e.g. home, school, community). Services include family voice and choice and are provided in collaboration with child serving systems, agencies and other individuals involved with the child/youth (such as schools, probation, child welfare, health care, etc.). Families have a high level of decision-making power and are encouraged to use their natural supports. More information about program implementation will be included in future updates.

CSS Administration and Program Support

BHS provides administration and program support associated with on-going community planning, as well as implementation, training, consultation, monitoring, quality assurance and oversight of the CSS programs and activities.

The table below contains the FY 2019-20 Cost per Client information for implemented programs:

FY2019-20 CSS COMPONENT BUDGET Work Plan / Program	Average Cost/Client*	Budget Amount
SAC1 - GSD: Community Opportunities for Recovery and Engagement	$ 5,617	$ 31,175,542
SAC2 - FSP: Sierra Elder Wellness	$ 16,417	$ 2,298,328
SAC3 - FSP: Permanent Supportive Housing	$ 11,646	$ 15,430,792
SAC4 - FSP: Transcultural Wellness Center	$ 9,648	$ 2,653,266
SAC5 - GSD: Wellness and Recovery	$ 4,251	$ 6,789,488
SAC6 - FSP: Adult Full Service Partnership	$ 18,856	$ 9,427,929
SAC7 - FSP: Juvenile Justice Diversion and Treatment	$ 29,039	$ 3,717,050
SAC8 - FSP: TAY Full Service Partnership	$ 17,000	$ 4,080,000
SAC9 - GSD: Crisis Residential	$ 12,086	$ 3,746,579
SAC10 - GSD: Children's Community Mental Health Services	$ 35,153	$ 1,757,655
TOTAL		**$ 81,076,629**

*Average cost per client is based on all funding sources in Work Plan divided by Work Plan capacity and only includes previously approved and implemented programs.

Full Service Partnership (FSP) Program FY 2017-18 Outcomes

During FY 2017-18, Sacramento County's implemented FSP programs served 2,112 partners (clients). FSPs showed considerable progress in reducing negative outcomes and assisting partners with mental health and/or substance use disorders to manage their conditions successfully. The following section examines outcomes over time for partners that have been receiving services in an FSP for at least one year. Of the 2,112 partners served in FY 2017-18, 1,711 (81%) had been receiving services in an FSP the previous year. Changes are represented in percent change from baseline (one year prior to enrollment in an FSP).

- Homeless occurrences decreased by 67.2%
- Homeless days decreased by 94.5%
- Emergency room (ER) visits for psychiatric reasons decreased by 80.4%
- Emergency room (ER) visits for medical reasons decreased by 81.2%
- Psychiatric hospitalizations decreased by 50.2%
- Psychiatric hospitalization days decreased by 45.1%
- Arrests decreased by 75%
- Incarcerations decreased by 64.5%
- Incarceration days decreased by 80%
- Employment rate increased by 2%

Graph A: Partners by Program

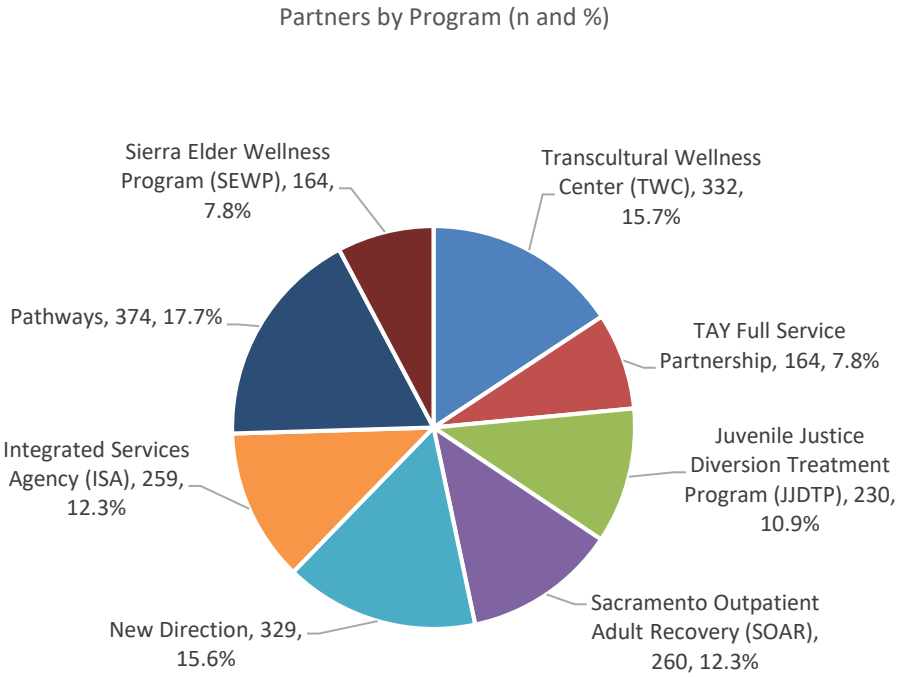


Table 1: Demographics

DEMOGRAPHICS		
Age Group	**N=2,112**	**%**
0-15 Years	94	4.5%
16-25 Years	464	22.0%
26-59 Years	1,167	55.3%
60+ Years	387	18.3%
Total	2,112	100.0%
Gender	**n**	**%**
Male	1,124	53.2%
Female	987	46.7%
Unknown/Not Reported	1	0.04%
Total	2,112	100.0%
Ethnicity	**n**	**%**
Hispanic/Latino	279	13.2%
Not Hispanic/Latino	1,686	79.8%
Unknown/Not Reported	147	7.0%
Total	2,112	100.0%
Race	**n**	**%**
American Indian	28	1.3%
Asian/Pacific Islander	380	18.1%
Black/African-American	588	27.8%
Multi-Ethnic	69	3.3%
Other Race	185	8.8%
Unknown/Not Reported	90	4.3%
White	772	36.4%
Total	2,112	100.0%
Language	**n**	**%**
Arabic	5	0.2%
Cantonese	33	1.6%
English	1,811	85.8%
Hmong	81	3.8%
Other	65	3.0%
Russian	10	0.5%
Spanish	34	1.6%
Unknown / Not Reported	18	0.9%
Vietnamese	55	2.6%
Total	2,112	100.0%

DEMOGRAPHICS CONT.		
Primary Diagnosis	**n**	**%**
Adjustment disorder	44	2.1%
Anxiety disorder	25	1.2%
Attention-deficit hyperactivity disorder	55	2.6%
Bipolar disorder	259	12.3%
Borderline personality disorder	27	1.3%
Conduct disorder	55	2.6%
Major depressive disorder	419	19.8%
Oppositional defiant disorder	53	2.5%
Other	146	6.9%
Post-traumatic stress disorder	198	9.4%
Schizoaffective disorder	513	24.3%
Schizophrenia	318	15.1%
Total	2,112	100.0%
Connected to Primary Care Provider	**n**	**%**
No	141	6.7%
Unknown	387	18.3%
Yes	1,584	75.0%
Total	2,112	100.0%

The following section examines outcomes over time for partners who have received services in an FSP for at least one year. Of the 2,112 partners served in FY 2017-18, 1,711 (81%) had been receiving services in an FSP the previous year.

Baseline data (one year prior to enrollment) was compared to FY 2017-18 data to determine whether outcomes improved in the areas of homelessness, emergency room visits, psychiatric hospitalizations, arrests, incarcerations and employment.

The tables and graphs in the following section include the subset of partners who completed one year in an FSP to fully capture the effects of FSP participation from one year before (baseline) to one year of partnership (change is represented in percent change). Primarily, partner data was collected using FSP outcome assessment forms as developed by the California State Department of Health Care Services. These forms include: Partnership Assessment form (PAF) that collects baseline and current data when clients first enter FSP services; Quarterly assessment form (3M) that updates the data from the PAF and is done every three months for each client as long as they are receiving FSP services; and the Key Event Tracking form (KET) that is done each time a key event (i.e. crisis visit, arrest, incarceration, hospitalization) occurs. In addition to the FSP outcomes assessment forms, the County's electronic health record (Avatar) was used to collect primary diagnosis and hospitalization data.

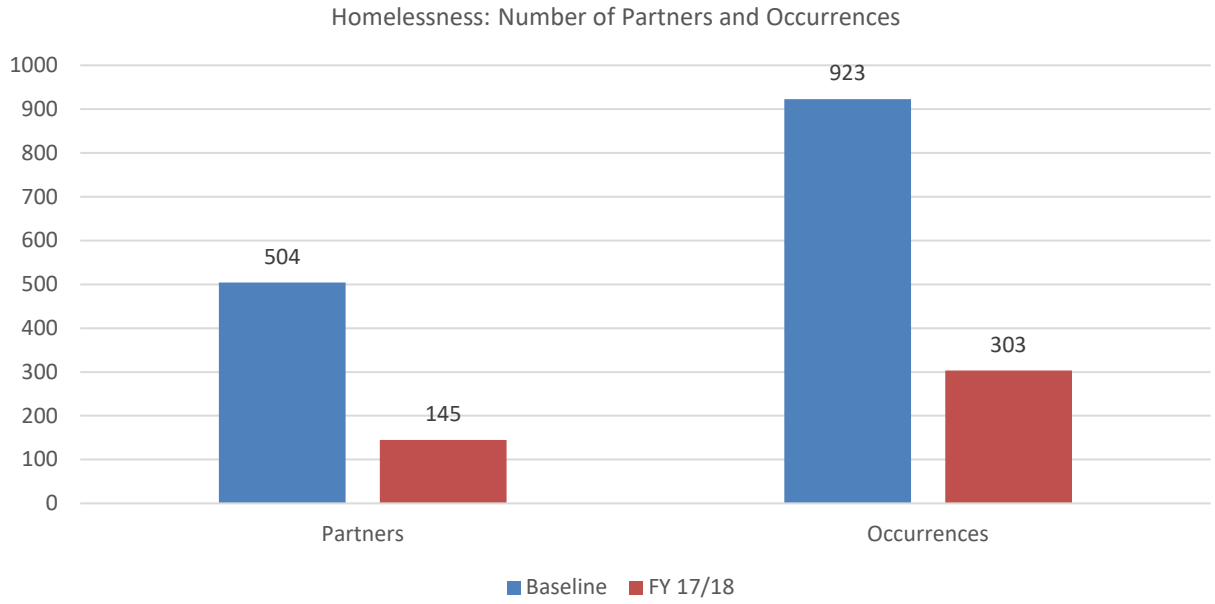
Homelessness

Of the 1,711 partners in the cohort, 504 (29.4%) unduplicated partners experienced homelessness prior to enrollment (See Table 2). Compared to baseline, the unduplicated number of homeless partners as well as total occurrences and days of homelessness in FY 2017-18 decreased significantly overall.

Table 2: Homelessness

All Partners who Experienced Homelessness								
1 Year Before (Baseline)			FY17/18			Percent Change Between Baseline and After One Year of Services in FSP		
# Unduplicated Partners Homeless	Total Homeless Occurrences	# Homeless Days	# UnduplicatedPartners Homeless	Total Homeless Occurrences	# Homeless Days	Percent Change Unduplicated Partners	Percent Change Total Homeless Occurrences	Percent Change Homeless Days
504	923	110,618	145	303	6,126	-71.2	-67.2	-94.5

Graph B



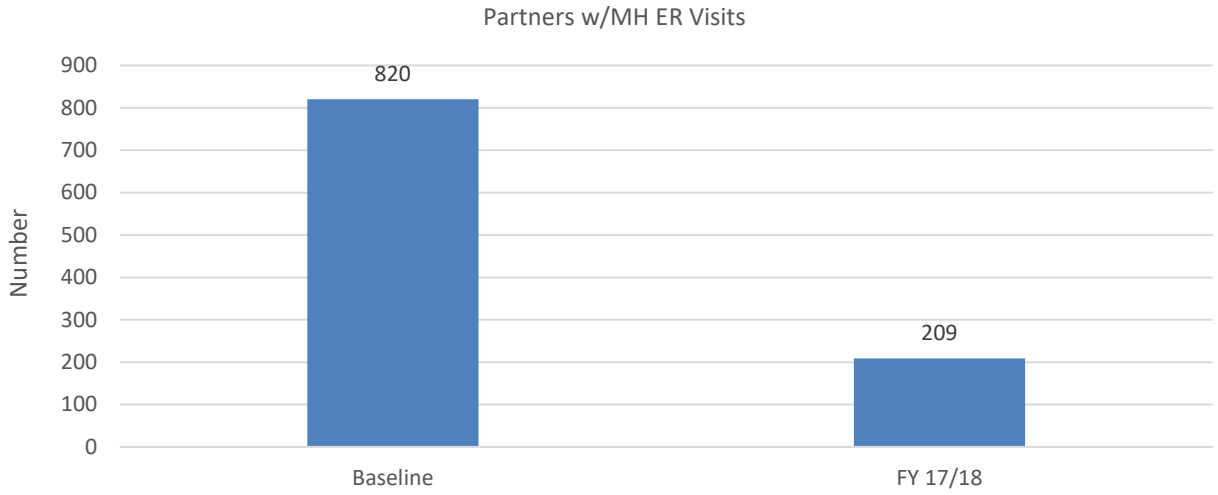
Emergency Room (ER) Visits for Psychiatric Reasons

Just over 800 (47.9%, 820) unduplicated partners had at least one ER visit for psychiatric (mental health) reasons in the year prior to enrollment. Compared to baseline, the unduplicated number of partners with ER visits and the total ER visits for psychiatric reasons both decreased significantly.

Table 3: Mental Health (MH) Emergency Room (ER) Visits

Partners w/Mental Health Emergency Room Visits					
1 Year Before (Baseline)		FY 17/18		Percent Changes Between Baseline and After One Year of Services in FSP	
Unduplicated Partners w/MH ER Visits	Total MH ER Visits	Unduplicated Partners w/MH ER Visits	Total MH ER Visits	Percent Change Unduplicated Partners w/MH ER Visits	Percent Change Total MH ER Visits
820	2,335	209	458	-74.5	-80.4

Graph C



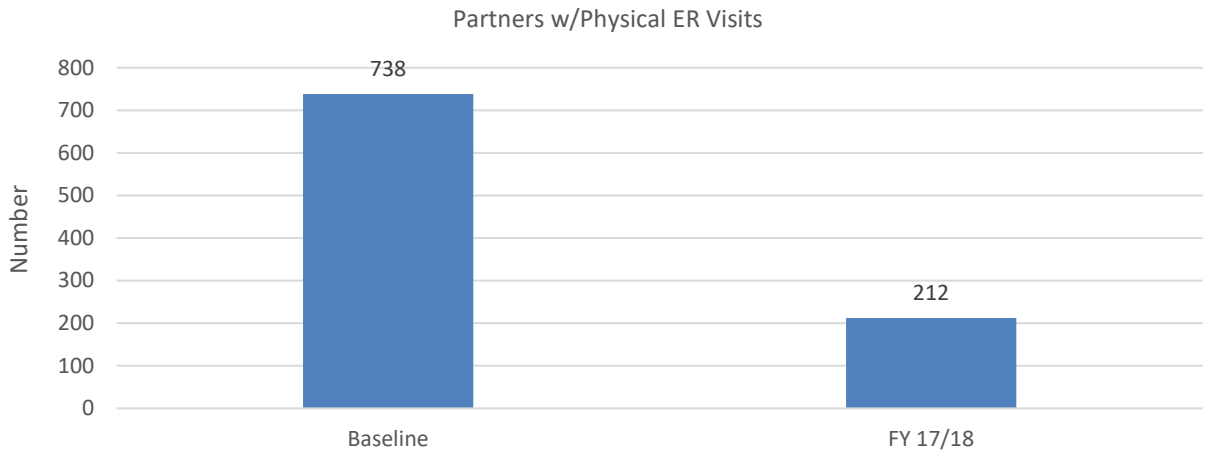
Emergency Room (ER) Visits for Physical Health Reasons

There were 738 (43.1%) partners with 1,942 ER visits for physical health reasons in the year prior to admission to an FSP. That number decreased significantly to 212 (12.4%) unduplicated partners for a total of 365 ER visits for physical health reasons, accounting for an 81.2% decrease in ER utilization.

Table 4: Medical/Physical ER Visits

Partners w/Medical Emergency Room Visits					
1 Year Before (Baseline)		FY 17/18		Percent Changes Between Baseline and After One Year of Services in FSP	
Unduplicated Partners w/Medical ER Visits	Total Medical ER Visits	Unduplicated Partners w/Medical ER Visits	Total Medical ER Visits	Percent Change Unduplicated Partners w/Medical ER Visits	Percent Change Total Medical ER Visits
738	1,942	212	365	-71.3	-81.2

Graph D



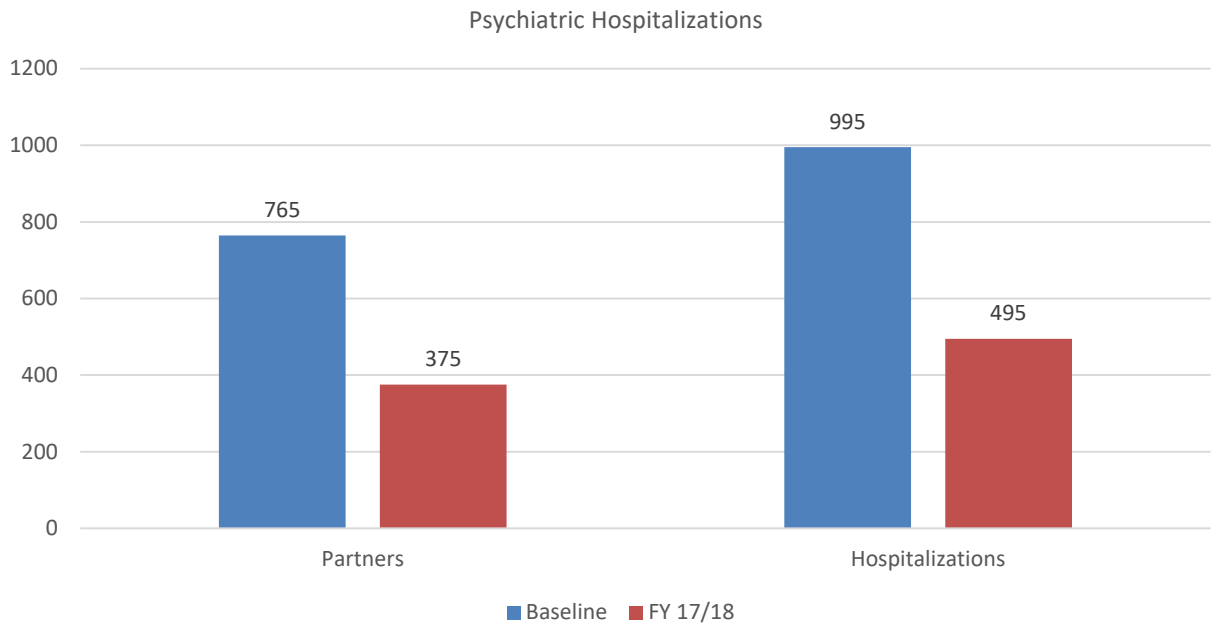
Psychiatric Hospitalizations

The table below illustrates the number of unduplicated partners' as well as total number of psychiatric hospitalizations and hospital days one year prior to enrollment compared to FY 17/18. Just over 760 unduplicated partners (44.7%, 765) had at least one hospitalization in the year prior to enrollment. That number decreased to 375 unduplicated partners in FY 17/18. Significant decreases were seen in total hospitalizations and hospital days as well.

Table 5: Psychiatric Hospitalizations

All Partners Who Completed 1 Year w/Psychiatric Hospitalizations								
1 Year Before (Baseline)			FY 17/18			Percent Changes Between Baseline and After One Year of Services in FSP		
Unduplicated Partners Hospitalized	Total Hospitalizations	Total Days	Unduplicated Partners Hospitalized	Total Hospitalizations	Total Days	Percent Change Unduplicated Partners	Percent Change Total Hospitalizations	% Change Days
765	995	15,632	375	495	8,579	-51.0	-50.2	-45.1

Graph E



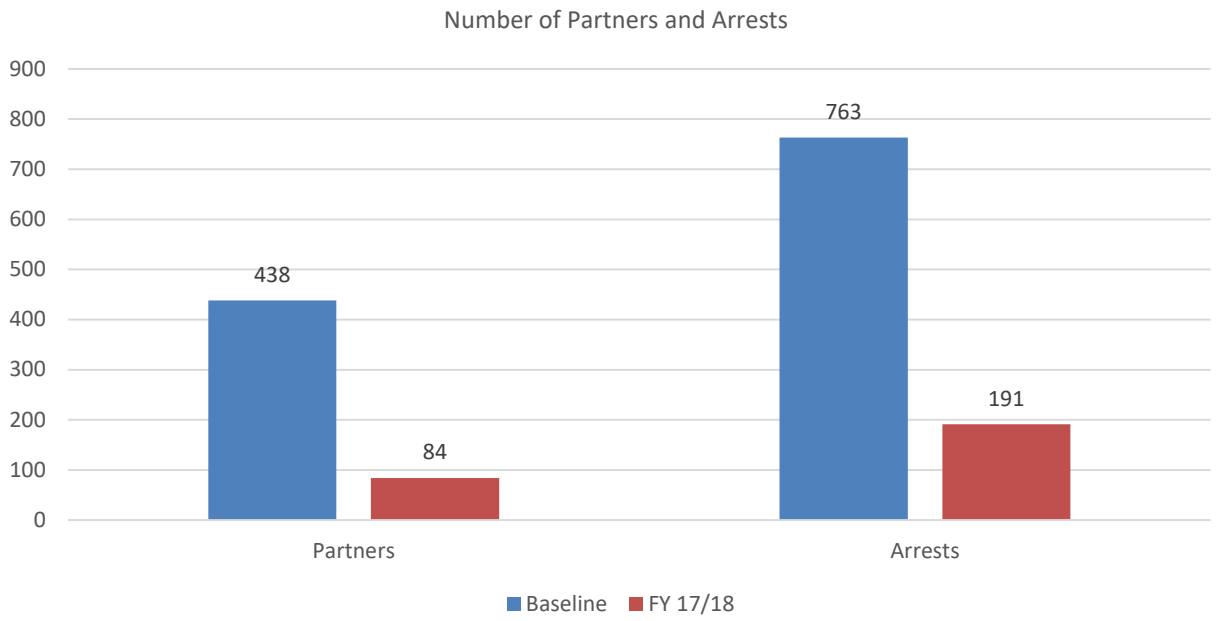
Arrests

The table below illustrates the number of unduplicated partners as well as total number of arrests one year prior to enrollment compared to FY 17/18. Nearly 440 unduplicated partners (25.6%, 438) had at least one arrest in the year prior to enrollment. After receiving FSP services, that number decreased to 84 in FY 17/18.

Table L: Arrests

Arrests-All Partners Who Completed 1 Year					
1 Year Before (Baseline)		FY 17/18		Percent Change from Baseline (# of partners)	
Unduplicated Partners	Total Number of Arrests	Unduplicated Partners	Total Number of Arrests	% Change Partners	% Change Arrests
438	763	84	191	-72.4	-75.0

Graph F



Incarcerations

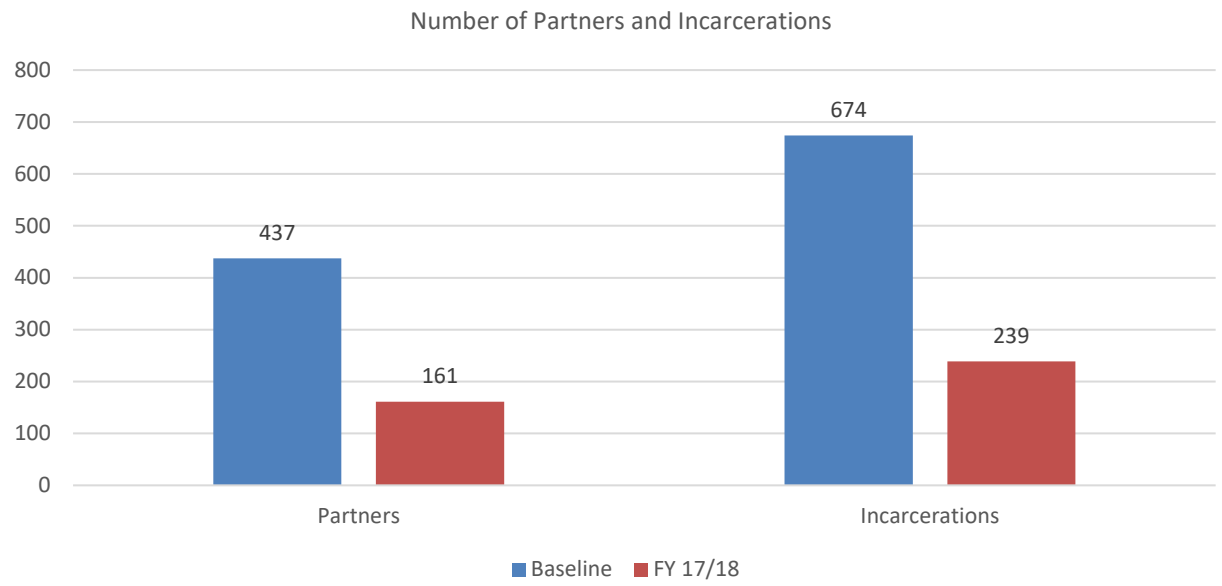
The table below illustrates the number of unduplicated partners' as well as total number of incarcerations one year prior to enrollment compared to FY 17/18. Of the partners in the cohort, 437 unduplicated partners had at least one incarceration in the year prior to enrollment. That number decreased to 161 in FY 17/18.

Table 7: Incarcerations

Incarcerations-All Partners Who Completed 1 Year								
1 Year Before (Baseline)			FY 17/18			Percent Change from Baseline (# of partners)		
Unduplicated Partners Incarcerated	Total Number of Incarcerations	Total Days	Unduplicated Partners Incarcerated	Total Number of Incarcerations	Total Days	% Change Partners	% Change Incarcerations	% Change Days
437	674	31,207	161*	239	6,196	-63.2	-64.5	-80.0

* Note: The number of incarcerations is larger than arrests—as the data is based on self-report of partners who may not always disclose the arrest, but do disclose the incarceration.

Graph G



Employment

The table below illustrates the number of partners who indicated they wanted to be employed (n=358). It demonstrates the number of partners who were employed at the start of their partnership whose employment was part of their recovery goals. Although the number employed is relatively small, the FSPs were able to assist 7 partners to secure employment and 53 partners to maintain employment.

Table 8: Employment

Unduplicated Partners w/Employment Goal		
Timeframe	Total	% Employed
At Start of Partnership (baseline)	53	14.8
Added in FY 17/18	7	2.0
Total Partners Employed at End of FY	60	16.8

General System Development (GSD) Program FY 2017-18 Demographics

In FY 2017-18, a total of 13,098 clients were served across the implemented GSD programs. The table below displays demographic information for individuals served in each program:

Total Number Served in General System Development Programs – FY 17/18																				
Characteristic	APSS		TCORE		Regional Support Teams		Guest House		Wellness and Recovery Center		Peer Partners		Consumer and Family Voice - SAFE		Crisis Residential Program 34th St.		Crisis Residential Program M St.		Total	
Gender	N	%	N	%			N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	681	64.8%	364	47.6%	4,348	58.8%	266	39.6%	1,386	56.3%	162	56.6%	45	30.4%	68	46.9%	62	36.5%	7,382	56.4%
Male	370	35.2%	400	52.4%	3,050	41.2%	406	60.4%	1,063	43.1%	124	43.4%	58	39.2%	77	53.1%	108	63.5%	5,656	43.2%
Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	1.4%	0	0.0%	0	0.0%	2	0.0%
Unknown/Not Reported	0	0.0%	0	0.0%	0	0.0%	0	0.0%	15	0.6%	0	0.0%	43	29.1%	0	0.0%	0	0.0%	58	0.4%
Total	**1,051**	**100.0%**	**764**	**100.0%**	**7,398**	**100.0%**	**672**	**100.0%**	**2,464**	**100.0%**	**286**	**100.0%**	**148**	**100.0%**	**145**	**100.0%**	**170**	**100.0%**	**13,098**	**100.0%**
Age																				
0 to 15	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	53	35.8%	0	0.0%	0	0.0%	53	0.4%
16 to 25	25	2.4%	63	8.2%	681	9.2%	34	5.1%	181	7.3%	19	6.6%	37	25.0%	11	7.6%	26	15.3%	1,077	8.2%
26 to 59	832	79.2%	601	78.7%	5,622	76.0%	594	88.4%	1,897	77.0%	239	83.6%	12	8.1%	128	88.3%	138	81.2%	10,063	76.8%
60 and Over	194	18.5%	100	13.1%	1,095	14.8%	44	6.5%	382	15.5%	28	9.8%	0	0.0%	6	4.1%	6	3.5%	1,855	14.2%
Unknown/Not Reported	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	0.2%	0	0.0%	46	31.1%	0	0.0%	0	0.0%	50	0.4%
Total	**1,051**	**100.0%**	**764**	**100.0%**	**7,398**	**100.0%**	**672**	**100.0%**	**2,464**	**100.0%**	**286**	**100.0%**	**148**	**100.0%**	**145**	**100.0%**	**170**	**100.0%**	**13,098**	**100.0%**
Ethnicity																				
Non-Hispanic	771	73.4%	614	80.4%	5,418	73.2%	549	81.7%	1,694	68.8%	198	69.2%	37	25.0%	114	78.6%	126	74.1%	9,521	72.7%
Hispanic	111	10.6%	110	14.4%	1,030	13.9%	100	14.9%	408	16.6%	43	15.0%	61	41.2%	17	11.7%	28	16.5%	1,908	14.6%
Unknown/Not Reported	169	16.1%	40	5.2%	950	12.8%	23	3.4%	362	14.7%	45	15.7%	50	33.8%	14	9.7%	16	9.4%	1,669	12.7%
Total	**1,051**	**100.0%**	**764**	**100.0%**	**7,398**	**100.0%**	**672**	**100.0%**	**2,464**	**100.0%**	**286**	**100.0%**	**148**	**100.0%**	**145**	**100.0%**	**170**	**100.0%**	**13,098**	**100.0%**
Race																				
White	390	37.1%	371	48.6%	3,290	44.5%	335	49.9%	998	40.5%	100	35.0%	17	11.5%	78	53.8%	90	52.9%	5,669	43.3%
Black	143	13.6%	182	23.8%	1,488	20.1%	238	35.4%	706	28.7%	58	20.3%	21	14.2%	39	26.9%	37	21.8%	2,912	22.2%
Asian/Pacific Islander	210	20.0%	51	6.7%	651	8.8%	23	3.4%	170	6.9%	39	13.6%	1	0.7%	7	4.8%	6	3.5%	1,158	8.8%
Am Indian/Alask. Native	18	1.7%	18	2.4%	104	1.4%	16	2.4%	74	3.0%	8	2.8%	0	0.0%	3	2.1%	4	2.4%	245	1.9%
Multi-Race	12	1.1%	22	2.9%	195	2.6%	11	1.6%	81	3.3%	3	1.0%	15	10.1%	2	1.4%	8	4.7%	349	2.7%
Other	130	12.4%	89	11.6%	918	12.4%	27	4.0%	254	10.3%	42	14.7%	36	24.3%	10	6.9%	16	9.4%	1,522	11.6%
Unknown/Not Reported	148	14.1%	31	4.1%	752	10.2%	22	3.3%	181	7.3%	36	12.6%	58	39.2%	6	4.1%	9	5.3%	1,243	9.5%
Total	**1,051**	**100.0%**	**764**	**100.0%**	**7,398**	**100.0%**	**672**	**100.0%**	**2,464**	**100.0%**	**286**	**100.0%**	**148**	**100.0%**	**145**	**100.0%**	**170**	**100.0%**	**13,098**	**100.0%**
Primary Language																				
English	743	70.7%	697	91.2%	6,333	85.6%	654	97.3%	2,267	92.0%	242	84.6%	62	41.9%	139	95.9%	163	95.9%	11,300	86.3%
Spanish	36	3.4%	17	2.2%	166	2.2%	2	0.3%	35	1.4%	28	9.8%	0	0.0%	0	0.0%	2	1.2%	286	2.2%
Other	241	22.9%	33	4.3%	683	9.2%	5	0.7%	97	3.9%	11	3.8%	41	27.7%	2	1.4%	1	0.6%	1,114	8.5%
Unknown/Not Reported	31	2.9%	17	2.2%	216	2.9%	11	1.6%	65	2.6%	5	1.7%	45	30.4%	4	2.8%	4	2.4%	398	3.0%
Total	**1,051**	**100.0%**	**764**	**100.0%**	**7,398**	**100.0%**	**672**	**100.0%**	**2,464**	**100.0%**	**286**	**100.0%**	**148**	**100.0%**	**145**	**100.0%**	**170**	**100.0%**	**13,098**	**100.0%**

Note: General System Development programs are treatment programs and enter data directly into the Electronic Health Record (EHR). Some data elements in the EHR (sexual orientation, gender identity and veteran status) are being redefined and are therefore not available at this time.

MHSA Housing Program Accomplishments

Since the inception of MHSA planning, housing for homeless people with mental illness has been a high priority. Using the local one-time set-aside of MHSA funding and/or MHSA dollars administered by the California Housing Finance Agency (CalHFA), in total, more than $16 million in local MHSA funds along with over $130 million of federal, state, and local leveraged funds, financed hundreds of units across eight properties, of which 161 are dedicated to MHSA tenants.

Implemented between 2008 and 2012, these properties continue to perform well and provide high quality housing to the most vulnerable members of the Sacramento community. One metric of success is a low vacancy rate of 5.0% (7 out of 8 properties had an annual vacancy rate less than 3%) in FY 2018-2019, well below the standard for special needs housing which is a 10% vacancy rate. Low vacancy rates signal that a) people experiencing homelessness are being housed and b) the property's financial feasibility forecast remains stable. Keeping these units filled with eligible MHSA homeless individuals has been a program priority and success. Additionally, the portfolio has a high rate of applicant acceptance and move-ins which affirms that appropriate referrals are being made to the units and that partners hold true to the intent of the property and the agreed upon tenant selection processes.

In addition to the 161 units within the eight-project portfolio (with another 20 units in development to be completed in FY 2019-20), the MHSA housing program uses both short- and long-term rental subsidies to provide additional housing supports for MHSA clients throughout the community. Furthermore, the continuum of housing for people who are homeless and have mental illness includes interim housing and unsubsidized units in the community. The MHSA portfolio is regularly evaluated against key performance indicators, with adjustments or refinements to the projects made as necessary, to ensure quality, effectiveness, and continued alignment with the vision and goals of the community strategy to end homelessness for people with serious mental illness. The Division works closely with the Sacramento County Director of Homeless Initiatives, Sacramento Housing and Redevelopment Agency, Sacramento Steps Forward (lead agency working to end homelessness in the Sacramento region), consultants and other key partners to ensure that our efforts in the MHSA housing program not only meet the needs of our FSP and outpatient clients, but also fit into key regional strategies to reduce homelessness among the most vulnerable members of the community.

Housing Successes
In FY 2018-19, MHSA funded programs:

- *Housed 616 clients/households who were literally homeless*
- *Prevented 1,172 clients/households who were at imminent risk from becoming homeless*
- *Served 161 clients/households residing in MHSA funded apartments*
- *Provided rental assistance to 909 clients/households*
- *Provided 5,864 services utilizing MHSA housing flex funds*

In FY 2018-19, BHS competed with other large counties across the State in the first competitive round for No Place Like Home (NPLH) capital funds to build/renovate permanent supportive housing developments with dedicated units for MHSA-eligible tenants. BHS co-applied and was awarded competitive NPLH funding for 87 dedicated units in two housing developments: Sunrise Pointe Development in Citrus Heights (22 units) and Capitol Park Hotel Development in

downtown Sacramento (65 units). BHS will continue to provide updates on the construction timeline for these developments in future plans and updates.

BHS continues to explore opportunities to expand housing options through programs such as NPLH, Housing Choice Vouchers, and housing grants. Progress updates in these areas will be included in future plans/updates.

PREVENTION AND EARLY INTERVENTION (PEI) COMPONENT

The **Prevention and Early Intervention (PEI)** component provides funding for programs and activities designed to prevent mental illness from occurring or becoming more severe and disabling. It is required that more than fifty percent of PEI funding be dedicated to individuals age 0-25.

Sacramento County's PEI Plan is comprised of four (4) previously approved programs designed to address:

1) Suicide Prevention and Education;
2) Strengthening Families;
3) Integrated Health and Wellness; and
4) Mental Health Promotion (to reduce stigma and discrimination)

In FY 2017-18, approximately 10,315 individuals were served and more than 10,028 individuals received universal screenings across the PEI programs described below.

In July 2018, revised PEI Regulations were adopted statewide and recent legislation has further changed the PEI Component requirements. Sacramento County continues to participate with other counties in statewide discussions related to the implementation and impact of these changes. BHS continues to update the MHSA Steering Committee on the implementation progress as information becomes available.

In May and June 2019, the MHSA Steering Committee discussed, supported and recommended expanding the PEI Component to include a community driven procurement process for new time-limited PEI grants, as well as the expansion of existing programming. This expansion will begin mid FY 2019-20. PEI programming identified for expansion is described in this Annual Update.

In May and June, 2019, the MHSA Steering Committee discussed ongoing support for the California Mental Health Services Authority (CalMHSA) Joint Powers Authority and the progress CalMHSA is making with the Statewide PEI Programs. After a rich discussion, the Steering Committee recommended dedicating 3% ($357,469) of local PEI funding in FY 2019-20 to CalMHSA to support ongoing activities in this area. The Steering Committee recommended dedicating an additional 1% of local PEI funding for a specific area of focus that will be determined later in FY 2019-20.

At the March 2018 Public Hearing regarding the MHSA Fiscal Year 2017-18, 2018-19, 2019-20 Three-Year Plan, there were comments regarding an observed gap in services to address trauma experienced in the African American community. BHS reached out to community members to learn more about their concerns and explored the current array of programs offered by the public mental health system. BHS and the Cultural Competence Committee (CCC) formed an Ad Hoc Workgroup to that would assist BHS with gathering feedback from the African American community and provide recommendations for a new prevention program to address mental health and wellness needs of African American community members who have experienced or have been exposed to trauma. BHS convened a meeting of the CCC Ad Hoc Workgroup on December 1, 2018, and the public was invited to attend. Input received at this meeting formed the draft

recommendation that was refined and adopted by the CCC on December 19, 2018 and the MHSA Steering Committee on January 17, 2019 (see Attachment B). After the recommendation was presented, African American community was invited to participate in Community Listening Sessions to further refine the program recommendation which included specific culturally relevant service strategies. This new programming is included in this Annual Update.

Mental Health Services Act (MHSA) Prevention & Early Intervention (PEI) Component

Suicide Prevention

- Suicide Crisis Line & ED Follow-Up/Postvention Services
- Suicide Bereavement Support Groups and Grief Services
- Supporting Community Connections (SCC)
  - Consumer-Operated Warm Line
  - Hmong, Vietnamese, Cantonese-Speaking
  - Slavic/Russian-Speaking
  - Youth/TAY
  - Older Adult
  - African American
  - Native American
  - Latino/Spanish-Speaking
  - Iu-Mien
- Community Support Team (CST)
- Mental Health Navigator
- Mobile Crisis Support Teams (MCSTs)
- Caregiver Crisis Intervention Respite
- Homeless Teens & TAY Respite
- The Ripple Effect Adult Respite
- Danelle's Place Adult Respite
- Q-Spot Youth/TAY Respite
- Lambda Lounge Adult Mental Health Respite

Strengthening Families

- Quality Child Care Collaborative (QCCC)
- CPS Mental Health Team
- Bullying Prevention Education & Training
- Early Violence Intervention Begins with Education (eVIBE)
- Adoptive Families Respite Program
- The Source
- Safe Zone Squad
- Youth Mental Health First Aid

Integrated Health & Wellness

- Sacramento Early Diagnosis and Preventative Treatment (SacEDAPT)
- SeniorLink
- Trauma Informed Wellness Program for the African American Community

Mental Health Promotion

- "Mental Illness: It's not always what you think" project
  - Multi-Media Outreach
  - Social Media
  - Stakeholder Engagement
  - Collateral Material
  - Community Outreach Events
  - Research
- "Mental Illness: It's not always what you think" project
  - Stop Stigma Sacramento Speakers Bureau
- Mental Health Matters

Dashed outline indicates **not fully implemented** program.

Suicide Prevention and Education Program
Capacity: 30,000 contacts annually
Ages Served: Children, TAY, Adults, Older Adults

The Suicide Prevention and Education Program consists of several components. This Program was identified for expansion in alignment with the November 7, 2017, Board of Supervisors action and MHSA Steering Committee recommendation for homeless mental health services expansion. Expanded programming is anticipated to be fully implemented in FY 2018-19. Descriptions and updates for the expansion of these programs are included in this Annual Update.

Suicide Crisis Line: administered by WellSpace Health, is a *PEI Suicide Prevention program* with a 24-hour nationally accredited telephone crisis line that utilizes professional and trained volunteer staff to provide suicide prevention and crisis services to callers of all ages at risk of suicide.

In FY 2017-18, a total of 20,138 callers accessed the Crisis Line for suicide prevention support.

Success: Suicide Crisis Line
An individual contacted the Suicide Crisis Line to talk about suicidal thoughts and stated an active plan to end their life that night. Crisis Line staff listened and provided the caller with emotional support. Together, they worked out a collaborative plan for safety and resources, which included agreement for follow up support calls. At the end of the initial call, the individual was thankful and said; "I appreciate it, I really do. You have really helped me so much. What I was thinking of doing was just horrible, and I'm religious. You have made a difference. I didn't know if I was going to make it through the day. You have saved me."

Emergency Department Follow-up/Postvention Services: administered by WellSpace Health, is a *PEI Suicide Prevention program* that provides brief individual follow-up and support services to consenting individuals seen at Sutter Medical Centers who have attempted suicide and are at high-risk for suicide. In FY 2017-18, a total of 44 individuals received 314 postvention follow-up and support services.

These services were identified for expansion in alignment with the MHSA Steering Committee's recommendation to increase PEI programming. In FY 2019-20, the Suicide Crisis Line will add 24/7 Suicide Crisis Line Chat and Text response and the Emergency Department Follow-Up Services will expand to include Mercy San Juan and University of California Davis Emergency Departments.

Suicide Bereavement Support Groups and Grief Services: administered by Friends for Survival, is a *PEI Suicide Prevention program* where staff and volunteers directly impacted by suicide provide support groups and services designed to encourage healing for those coping with a loss by suicide. In FY 2017-18 total of 402 individuals participated in the suicide bereavement education and support groups and approximately 2,000 Comforting Friends newsletters were distributed every month.

In FY 2018-19, this program was identified for expansion in alignment with the MHSA Steering Committee's recommendation to increase PEI programming. The program expansion in FY 2019-20 will add additional staff to increase the number of individuals served.

Success: Friends For Survival
The following excerpt is from an article in the Comforting Friends Newsletter (August 2019) published by Friends for Survival:

"Your journey is not the same as mine, and my journey is not yours, but if you meet me on a certain path, may we encourage each other."

"This quote really resonated with me because I have met many of you on a certain path… the path of a survivor of a suicide death. Two years ago, my cousin took his own life. Walking that "certain path" in a fog, feeling very uncertain, I remember my first call to Friends for Survival. There was a clear kind voice providing encouragement and support. I remember going to my first Friends for Survival support group with my aunt and being welcomed with a smile and a big hug. I began healing thanks to the support and encouragement I received."

Supporting Community Connections (SCC): A constellation of community based agencies working collaboratively throughout the County to provide culturally and linguistically appropriate suicide prevention support services designed to increase access to and linkage with needed services; improve self-reported life satisfaction and well-being; reduce risk factors and enhance of protective factors; divert from crisis services or decrease need for crisis services; decrease suicide risk; increase knowledge of available resources and supports; and enhance connectedness and reduce isolation. Each program is specifically tailored to meet the needs of their respective communities. The SCCs are *PEI Improving Timely Access to Services for Underserved Populations programs.*

During FY 2017-18, the SCC programs collectively outreached to 127,419 individuals and served 2,203 individuals. Supporting Community Connections consists of nine (9) programs targeting 13 specific communities/populations:

◊ **Consumer-Operated Warmline:** Administered by Cal Voices, this service is available to Sacramento County residents. The non-crisis warmline serves 1,500 individuals and provides accompanying support services to 100 individuals. The hours of operation are Monday-Friday from 9:00 AM to 5:00 PM. During FY 2017-18, the program provided 451 individual community contacts, 5,831 information and referral contacts and 124 individuals participated in groups.

Success: Consumer-Operated Warmline SCC
A regular caller, "Erin" has utilized the Warmline for over two years now. She typically calls daily to check in. She shares about new life events, new ideas and skills, and asks for resources. She often expresses how grateful she is to have the Warmline available to her. She says that she receives positive reinforcement from the Warmline staff and volunteers that leaves her feeling confident. "Erin" has also stated that one of the most beneficial factors that the Warmline offers is the common shared lived experience. She says that she feels less alone in her recovery. Being able to talk with others that have lived through mental health challenges of their own gives her hope that she can successfully live with a mental illness.

For each warmline call, services include a minimum of two of the following: supported listening, coaching, mentoring, referral and linkage, skill building and social networking. Support services include Wellness Recovery Action Plan (WRAP) workshops, community outreach and connection, support groups, one on one peer supports, community education training about mental health issues, and volunteer training, development and support.

Goals of the Consumer Operated Warmline are to: increase access and linkage to needed services such as support services, self–help, and professional supports, etc.; improve self-reported life satisfaction and wellbeing; and reduce risk factors.

◊ **Hmong, Vietnamese, Cantonese-Speaking communities:** Administered by Asian Pacific Community Counseling (APCC), provides services focused on suicide prevention by addressing cultural related risk factors to Hmong, Vietnamese, and Cantonese-speaking communities across the life span. During FY 2017-18, the program provided 120 individual community contacts, 60 information and referral contacts and 1,987 individuals participated in groups.

The program identified risk factors in each community that increase the likelihood of suicidal thoughts, feelings or behaviors. These risk factors include isolation; feelings of geographic and social marginalization; and loss of personal worth related to being disconnected from families.

Success: Hmong, Vietnamese, Cantonese-Speaking SCC

An elderly Hmong client who had lost his wife had become reclusive. He did not want to socialize with his family and friends and slowly became isolated in his home. He heard about activities offered by the SCC program when listening to a Hmong Radio station and made the effort to reach out. A SCC counselor initially met with the client at his house and slowly encouraged him to attend one group activity.

Client is now attending a group activity. He is able to share some of his feelings of sadness and hopelessness after his wife's death and group members relate to it because they have also experienced some form of tragedy in their lives. He feels very connected to the group. Client continues to engage in the group activity and appears to be less isolated.

APCC provides outreach and support services to older adults in targeted communities who tend to have higher risk for suicide. The APCC SCC program staff engages older adults in activities and social groups to increase social connectedness to decrease isolation. APCC also provides engagement and support in community settings to adults and families with younger children to expand knowledge of and share information about mental illness and suicide. Efforts related to suicide prevention include facilitating workshops on mental health and decreasing risk factors of suicide.

In FY 2018-19, this program was identified for expansion as supported by the MHSA Steering Committee's recommendation to increase PEI programming. Program expansion in FY 2019-20 will include increasing staff time to expand outreach efforts. In addition, given that a lack of transportation is a barrier for many seniors, staff will offer support services at a small satellite office close to where community members reside to increase program participation.

◊ **Slavic/Russian-Speaking:** Administered by Slavic Assistance Center, this program provides community workshops/forums/round tables for youth, adults and seniors to increase social connectedness, reduce isolation, and develop positive social skills. During FY 2017-18, the program provided 242 individual community contacts, 248 information and referral contacts, and 232 individuals participated in groups.

The program continues to utilize Russian language media, specifically newspaper, radio programming, and TV shows to educate the Russian-speaking community about suicide prevention and emotional wellness. Program staff work closely with faith community networks and charter schools serving the Slavic community to provide SafeTalk training and other workshops about emotional wellness and suicide prevention to clergy, educators, parents and students. Program specialists also work with young people at youth camps to educate them

regarding mental health and suicide and help them overcome suicide risk factors such as addictions. The program focuses on building mutually-beneficial relationships between schools, churches, faith-based organizations, community centers, and businesses that serve the Russian-speaking/Slavic community.

Success: Slavic/Russian-Speaking SCC
It is difficult to describe in words what our family has experienced. My teenage son started taking drugs and became addicted. My husband and I fought for him on our own, as we could. Unfortunately, we tried to hide this problem from friends and relatives due to fear of shame. However, every day the problem became worse and worse. Nothing helped and we did not know how to help him anymore. I felt completely despaired and depressed. I had so much hurt and life lost its meaning for me. Once, returning home from work, I heard a radio program from the Slavic Assistance Center about how to behave with drug addicts and what resources are available to help them. My husband and I decided to seek help and advice from the mental health specialists of the center. Mental health specialists provided us with the necessary information and support. Now our son is undergoing rehabilitation for drug addiction. Our life has changed and we have hope. Remember that there is always a way out of a difficult situation. Do not suffer in silence. Do not hide your problems and worries. Seek help from relatives and friends. Seek advice from professionals.

◊ **Youth/Transition Age Youth (TAY):** Administered by Children's Receiving Home, this Supporting Community Connections program provides suicide prevention information and support services for youth/TAY from ages 12 years through 25 with an emphasis on the cultural and specific needs of LGBTQ, foster and homeless youth. During FY 2017-18, the program provided 596 individual community contacts, 3 information & referral contacts, and had 248 individuals participate in groups. Services range from outreach and engagement activities to individual and group support services. Program outcomes include promoting and supporting community connections, improving access to mental health services, and reducing suicide risk.

Success: Youth/Transition-Age Youth SCC
After finishing up a life skills group held at a teen shelter, the SCC staff was approached by a youth who stated that they had recently had a child and was struggling emotionally. The youth was seriously contemplating suicide and was concerned about harming their child. SCC Staff utilized Applied Suicide Intervention Skills Training (ASIST) to help the youth create a plan for safety and basic needs. The youth reported feeling like "trying to come out of the hood" and failing all the time. The youth needed housing, employment, parenting help, and wanted to go to school for culinary arts. Staff offered to connect the youth to mental health, but the client declined. Over the next few weeks, staff connected the youth to American River College for culinary arts and assisted the youth in finding employment. The youth was then able to obtain housing on their own and followed up on staff's parenting class referrals. The youth was happy that SCC was there to assist them through the tough time. The youth no longer thinks of suicide but if they need support they know that they can return to the SCC program.

◊ **Older Adult:** Administered by Cal Voices, this program provides senior peer counseling and support including companionship, emotional support, transportation, phone support, friendship, and resource linkage for lonely, isolated, homebound older adults in Sacramento County. Other types of support provided by this program includes community connection, advocacy, community education and training about mental health issues, and volunteer development. During FY 2017-18, the program provided 22 individual community contacts, 1,839 inforation and referral contacts and 213 individuals participated in groups.

Success: Older Adult SCC
'Gale' has been an Older Adult Supporting Community Connections (SCC) program participant since 2012. She had an accident that made her unable to drive or work which left her home-bound and on a limited income. She said "I felt hopeless, isolated, depressed and I felt like I would be better off dead." When Gale found the Older Adult SCC program, she felt a sense of relief that things would get better. She even said that "you saved my life and I don't know if I would be here today if your program didn't exist." She was paired with a volunteer who gave her rides to the grocery store so she would have something to eat. The volunteer was able to provide companionship services when Gale wasn't feeling well. She was also connected with local resources that addressed her needs. Since participating in the program, "I no longer feel depressed and I don't experience suicidal thoughts."

◊ **African American:** Since January 2019, the African American Supporting Community Connections (SCC) program has been administered by A Church For Us dba A Church For All. This program provides culturally informed support services to African American Community members across genders and all age groups. Program services include multi-faceted outreach and engagement activities that are intended to promote and support community connections and improve access to mental health. Outreach and engagement activities include attending community outreach events and conducting presentations to participants in faith based and community based organizations serving African Americans, schools, and youth after school programs. A social media strategy is being developed and will provide program information, suicide prevention and resources.

Success: African-American SCC
While A Church for All was conducting outreach at a community event for African Americans, 'Rita', a 26 year old African American female, introduced herself to staff as a consumer and service provider. Staff began sharing the goal of designing a culturally competent strategy to address suicide in the Black community. Rita immediately connected with the goals of the project and described her own history of depression and suicidal ideation resulting from years of stress, exposure to domestic violence and poverty. Program staff invited her to participate in Safe Black Space, a group hosted by the African American SCC program. Staff explained that Safe Black Space provides culturally specific strategies and resources to help Black people heal from historical and current wounds, both individually and collectively. Rita attended the group and demonstrated robust participation in the form of self-disclosure, emotional catharsis, and peer support. After the event, Rita thanked staff for hosting the group and inviting her. Although she provides support to others, she reported not having "a place for me", a safe place where she could express herself freely, a place where the other people in the group looked like her, and a place where people understood her culturally. Rita described it as a healing moment.

Support services include individual listening sessions; ongoing support groups; Safe Black Space and Emotional Emancipation Circle; and trainings such as Mental Health First Aid (MHFA) and SafeTalk. Support services are provided over the phone, in person and community based. To promote trust and ease of access, the support services are co-located two days per week at a location within the African American community. Transportation support is provided to participants, as needed, to increase likelihood of participation in support services.

Additionally, this program will be conducting a Community Needs Assessment to engage African American Community members in identifying community-defined support service(s) related to suicide prevention. Based upon feedback from the needs assessment, this program will refine and implement their community-defined strategy to reduce suicide risk factors and promote resilience factors for African American Community members. This program will also

convene an African American stakeholder advisory committee to inform on program effectiveness.

◊ **Native American:** Administered by Sacramento Native American Health Center (SNAHC), this SCC program, known as "Life is Sacred," provides Native culture-based suicide prevention training and support services to American Indian/Alaska Native (AI/AN) community members across the life span. The unique program design, which is sensitive to specific community needs, does not lend itself to individual data collection. During FY 2017-18, the program provided 29 individual community contacts, 13 information and referral contacts, and 536 individuals participated in groups.

Success: Native American SCC
I have been participating in the SNAHC's Culture is Prevention (CIP) group on and off for a few years now. Recently, I have been showing up every time because I feel like it is a place where I "belong". I feel a strong connection to the group because they understand where I'm coming from and where I have been. I always enjoy the time we spend on cultural activities but more so the discussions around life's challenges.

Recently, I lost my mother and it set me back to a deep depression. I forced myself to show up for CIP and the cultural group facilitator was there doing a workshop on drum making. There was a discussion and teaching that the drum is the heartbeat, the strength, the connection to animals, and finding your voice in the song.

What I learned from that evening was to use the strength of the drum, and the songs to express my feeling of grief and loss and pray for the strength, hope, and wisdom to be resilient and remember the blessings that I have every day.

Research clearly indicates that for AI/AN community members, culture is a determinant of health and loss of culture causes harm whereas re-connecting with culture is protective and improves health. The research also indicates that resiliency, generosity and empowerment are fundamental principles within Native cultures. High rates of mental health issues for AI/AN community members are a direct result of historical events and oppression relating to colonialism and loss of culture. Therefore, improving well-being requires strategies that counter cultural loss. The incorporation of traditional Native healing practices and ceremony is an integral part of this program. The program offers an array of culturally based workshops such as Gathering of Native American Training/Workshop (GONA), Culture is Prevention (CIP) workshops, Native Family workshop, and Indian Education Self-Esteem workshops. These workshops are designed to strengthen and support community capacity, and reduce the prevalence of mental health challenges and suicide by increasing 1) Cultural Identity/Connectedness, 2) Empowerment, 3) Resilience, and 4) Generosity.

The Native American Training/Workshop (GONA), a project congruent with Native culture and tradition, is a culture based intervention where community members gather to address various mental health topics, identify cultural practices and traditions, and address the effects of historical trauma to promote healing. Since it was developed in 1992, GONA has been recognized as an effective Culture Based intervention to counter culture loss and promote resiliency. The program will continue to provide a variety of suicide prevention and awareness trainings such as Mental Health First Aid, Applied Suicide Intervention Skills Training (ASIST) and SafeTalk to Native community members and providers working with Native community members. Native based suicide prevention promotional materials that were developed based on community input will continue to be used to promote the program and educate the community.

◊ **Latino/Spanish-Speaking:** Administered by La Familia Counseling Center (LFCC), this Supporting Community Connections program serves Sacramento County's Latinx communities through Latinx culturally focused suicide prevention services. During FY 2017-18, the program provided 600 individual community contacts, 669 information and referral contacts and 95 individuals participated in groups.

Agency staff has been trained in Applied Suicide Intervention Skills Training (ASIST) and Mental Health First Aid (MHFA) to provide information, referrals and phone support to callers in need of suicide prevention support. LFCC provides MHFA and Youth MHFA training in Spanish to the Latino/Spanish speaking communities.

Success: Latino-Spanish Speaking SCC
"I came to the United States 15 years ago looking for a better life. Unfortunately, I experienced much abuse by my spouse for those 15 years. It has caused me so much depression and anxiety. I felt so alone and I felt worthless. My physical health suffered and now I have diabetes, problems sleeping, physical pains, and don't eat healthy. Someone told me about Supporting Community Connections at La Familia, and one day when I was at the end of my rope, I went there. They were so nice to me, like if I was family. They talked to me to see what was happening with me. I told them about how hopeless I felt and talked about my years of domestic violence. They referred me to two of their agency's programs where I received additional support and learned how to take care of myself better. I am more hopeful now. Now I can take care of my family better. Now, what I do to help others, I tell them to go to SCC, and they can help you."

LFCC continues to provide the following support services which reduce the stigma and discrimination about mental illness and bring about awareness of suicide prevention: Grupo de Apoyo, support groups for parents and older adults; Parents of Teens, a support group using an evidence-based practice curriculum that has been adapted to improve communication between Latinx parents and teens; and, education and information sessions/groups on a regular basis at the Mexican Consulate to enhance the community's knowledge of suicide prevention. Additionally, LFCC continues to outreach to their Senior Companion Partnership program by providing home visitation and assistance to isolated Latino seniors.

Due to the political climate and discrimination against immigrants, risk factors for Latino/Spanish speaking communities have intensified over the past several years. This has resulted in community members experiencing severe anxiety, major depression, trauma, re-traumatization, isolation, and vicarious traumatic reactions. LFCC Supporting Community Connections offers individual navigation to resources that will reduce the risk factors and guide the families toward wellness. Connecting individuals to mental health services remains a priority.

Through operating the SCC program, LFCC identified unmet needs in the Latinx community. As a result, LFCC applied for and was awarded a California State Office of Health Equity grant. This program serves as a complementary partner program to the SCC suicide prevention program, as it provides short-term therapy and then a warm handoff to more community services when needed.

In FY 2018-19, this program was identified for expansion in alignment with the MHSA Steering Committee's recommendation to increase PEI programming. In FY 2019-20, this

program will extend SCC services to the Latino/Spanish-speaking community in the north area of Sacramento.

◊ **Iu-Mien:** Administered by Iu-Mien Community Services (IMCS), this program continues to provide culturally and linguistically responsive intergenerational support groups, outreach and engagement activities, and prevention-focused culturally relevant suicide prevention services to the Iu-Mien community across the life span. The goal of this program is to decrease the likelihood of isolation and depression. The unique program design, which is sensitive to specific community needs, does not lend itself to information and referral contacts. During FY 2017-18, the program provided 125 individual community contacts, two (2) information and referral contacts, and 4,854 individuals participated in groups.

The IMCS SCC program provides a peer-run adult day support services for elderly and disabled Iu-Mien community members twice per week. This provides socialization, weekly news exchange, recreation/fieldtrips, and informational presentations regarding community concerns and services of local agencies, with the goal of decreasing the isolation, loneliness, and depression that plague many elderly and disabled Iu-Mien community members.

Additionally, the IMCS SCC program provides a weekly peer-run youth group focused on youth leadership activities, physical recreation, cultural arts, and an informational workshop regarding management of stress for improved mental or physical health.

Lastly, the IMCS SCC program provides a weekly intergenerational support group focused on communication between multi-generational family members through the promotion of oral fluency and literacy in both the Mien language and English language. The overarching goal is to provide better communication within multigenerational families that will decrease stress, support positive mental and physical health of families, increase understanding, and close the perceived generation gaps.

Success: Iu-Mien SCC
Below is a translated statement of a IMCS SCC program participant: Hi, my name is 'Koy' and I have been attending IMCS SCC Senior Program (referring to Peer-run Adult Day Program) for about 5 years now. It has been very helpful to me because it saved my life. I used to feel very lonely at home because my children and grandchildren are not home during the day. Since I started attending this program, I learned a lot of things that help me cope with my feeling of loneliness (depression). For example, when I feel down and lonely, I have to tell myself that tomorrow will be a better day. I remind myself that my family and friends care about me and I cannot let them down. There are others in the world who are less fortunate that I am. Every time when I tell myself these things, I feel better. On top of that, I get to see my friends every Monday and Wednesday at the program. I am very fortunate to have the opportunity to attend this program.

This program was identified for expansion in alignment with the MHSA Steering Committee's recommendation to increase PEI programming. In FY 2019-20, IMCS SCC program will expand by providing transportation assistance to decrease barriers to community member participation.

The **Community Support Team (CST)** is a *PEI Access and Linkage to Treatment program* that provides community-based flexible services to community members experiencing mental health distress, which can include assessment, crisis intervention, safety planning, and linkage to ongoing services and supports. The CST is a collaboration between BHS licensed mental health counselors and Crossroads Vocational Services peer/family specialists, creating one team with a variety of clinical and outreach skills.

Success: Community Support Team
A 56 year old male called CST after receiving respite services due to struggling with daily suicidal ideation, major depression, and living in his brother's garage. He was in the process of receiving SSDI. CST worked with the client to support creating a wellness plan. During the course of CST support, the CST Counselor linked him to outpatient psychiatric services and took him to the Wellness Recovery Center (WRC) to connect him to WRC support groups and peer support. The CST Peer/Family Specialist shared their life experiences to engage and support him throughout services. During follow-up services, he reported that he continued to struggle with major depression on and off and shared difficulties he was having with one of the providers with which he was working. With CST support and encouragement, he confronted the issue by speaking directly with the provider about modifying his treatment plans to more accurately reflect his needs. CST took the client to the One Stop Center and provided support with his job search. Presently, he is engaged with treatment services, his housing is stable, and he is in the process of reentering the workforce.

The County mental health counselors and Crossroads peer/family specialists together engage and build bridges between family members, individuals, natural supports systems, and community resources or services. The CST serves Sacramento County children, youth, transition age youth (TAY), adults, and older adults that are experiencing mental health distress, including those at risk for suicide. The CST provides education, resources, and connections to services for individuals and their caregivers, loved-ones and other natural supports. The goal of CST is to provide services in a culturally and linguistically competent manner while promoting recovery, resiliency and well-being resulting in decreased use of crisis services and/or acute care hospitalization services; decreased risk for suicide; increased knowledge of available resources and supports; and increased personal connection and active involvement within the community.

Recent expansion added staff to provide community-based flexible services to more community members experiencing mental health distress and additional expansion is underway. In FY 2018-19, CST will add Senior Mental Health/Peer teams that partner with local law enforcement, jail and collaborative courts partners responding to requests for support to individuals coming into contact with the justice system due to their mental illness. Additionally, CST will respond to requests from justice partners and the community to offer outreach, engagement, resources and access to services and/or develop plans for reengagement and increased participation in services.

Mental Health Navigator Program (MHNP): administered by TLCS, Inc. (AKA Hope Cooperative), is a *PEI Access and Linkage to Treatment program* that provides brief site-based and community-based engagement for those recently involved in crisis services or incarceration as a result of their mental illness. Navigators provide care coordination, advocacy, system navigation and linkage to services for individuals living with serious mental illness who are homeless, at-risk of homelessness, and/or may have a co-occurring substance use disorder. Navigators are sited at participating hospital emergency departments and law enforcement agencies as well as community-based Navigators able to follow-up with individuals where needed throughout Sacramento County. The MHNP serves children, youth, TAY, adults, and older adults with the goal of reducing unnecessary hospitalizations and incarcerations, as well as mitigating unnecessary expenditures of law enforcement. The MHNP plays a large role in the collaboration of community agencies who deliver crisis mental health services in Sacramento County.

Success: Mental Health Navigator Program (MHNP)
A male client who came into contact with the MHNP by way of a local hospital emergency department was connected with a MHNP Peer Navigator who engaged and assisted the client with identifying goals. The Peer Navigator provided peer support and information and referrals for housing resources. The client felt supported with his current housing situation, his level of mental health stress decreased and he avoided becoming homeless. . As a result of client's engagement with a Peer Navigator, he successfully linked to Guest House where he worked with a case manager who provided ongoing mental health services and supports towards his long term housing needs. The Peer Navigator also encouraged the client to maintain contact with his transportation service for the purpose of making his appointments and meeting his long term goals.

Mobile Crisis Support Teams (MCST): The MCST is a *PEI Access and Linkage to Treatment program which is* a collaboration between BHS and local law enforcement agencies across Sacramento County. The MCSTs serve individuals of all ages and diversity in Sacramento County by providing timely crisis assessment and intervention to individuals who are experiencing a mental health crisis. The goals of the program are to provide safe, compassionate and effective responses to individuals with a mental illness; increase public safety; decrease unnecessary hospitalizations for community members experiencing a mental health crisis; decrease unnecessary incarceration for community members experiencing a mental health crisis; and increase consumer participation with mental health providers by problem solving barriers and increasing knowledge of local resources.

Each MCST is comprised of a Police Officer/Deputy Sheriff who is trained in Crisis Intervention Training (CIT) to respond to persons experiencing mental health crisis, a BHS licensed Senior

Success: Mobile Crisis Support Teams (MCST)
MCST responded to a call for service from a woman, who lived out of state, concerned for her 28 year old brother. She reported that her brother made several suicidal statements. Upon arrival, the client (caller's brother) was shaking, anxious, and guarded. He was stressed due to a pending eviction. The client reported having suicidal thoughts earlier in the day but the MCST Counselor was able to build rapport, actively listen and validate and engage the client in developing a safety plan. MCST offered transport to the Mental Health Urgent Care Clinic (MHUCC). The client was initially apprehensive, however, as a result of additional psychoeducation on mental health and services, he agreed to go. MCST provided a warm hand off to the MHUCC staff. Upon follow-up with the client, he reported that the MHUCC psychiatrist prescribed medication that was working. He also reported that he was looking forward to starting services with his new mental health provider – linked through his engagement with MCST and consequently MHUCC. The client continued receiving support from the MCST Peer to manage stressors until his intake appointment with his new outpatient provider. He is currently stable and receiving on-going care.

Mental Health Counselor, and a contracted Peer Navigator with TLCS, Inc. (AKA Hope Cooperative). The team employs a ride along model and first response model where the BHS Counselor and a law enforcement Officer/Deputy respond together to emergency calls involving a mental health crises with the goal of mitigating the crisis in the community and linking individuals to resources and services. The Peer Navigator follows up for individuals with potential mental health needs to ensure they are offered support in navigating care systems and successfully link to appropriate services.

The MCST Program was recently expanded from four (4) teams covering five (5) areas to six (6) teams covering six (6) areas. These areas are inclusive of the North and South areas of unincorporated Sacramento County, as well as in the cities of Citrus Heights, Elk Grove, Folsom, and Rancho Cordova. To serve these areas, BHS has partnerships with the Sacramento Sheriff Department-North Division, Sacramento Sheriff Department-Central Division, Citrus Heights Police Department, Folsom Police Department, and Elk Grove Police Department.

In FY 2019-20, MCST will add staff to support existing local law enforcement agency partners as well as other local partners that have expressed interest.

Mental Health Respite Programs: The following programs originated as mental health respite programs funded through the time-limited MHSA Innovation Project 1: Respite Partnership Collaborative. With support from the MHSA Steering Committee, these programs transitioned to PEI funding during FY 2015-16. These respite programs are *PEI Improving Timely Access to Services for Underserved Populations programs.*

Respite program goals include providing a safe environment in which participants increase their knowledge of available supports and how to access them, improve well-being, reduce stress, increase connectedness and reduce feelings of isolation, decrease risk of harm, and reduce visits to the emergency room and psychiatric hospitals.

The **Caregiver Crisis Intervention Respite Program**: administered by Del Oro Caregiver Resource Center, helps decrease hospitalizations due to mental health crises of family caregivers of dementia patients. The program provides respite care, family consultation, home visits and an assessment with a clinician to develop a care plan focused on services, supports and wellness. The program serves adult caregivers of all age groups with the majority of caregivers being in the 60+ age range.

This program will expand in FY 2019-20 to increase the number of caregivers receiving respite services.

Success: Caregiver Crisis Intervention Respite Program
Excerpt from a letter written by a caregiver in April 2019: Words can only convey a small depth of gratitude and appreciation for Caregiver Crisis Intervention Respite Program. After my father passed, I reluctantly decided to come back home to support my mom. My parents were together for 55 years and his sudden transition after surgery left my mother devastated. I was totally unprepared… the intense pain of feeling abandoned (without sibling help) and caring for my 90 year old mom with dementia seemed more than I could bear. Fortunately, God sent a counselor to extend her hand and pull me out of my abyss. Their words of support and encouragement helped me to forge ahead another day. With counseling, respite care and encouragement I began to see light at end of the tunnel. Hope was restored and I decided everything would be alright. Thank you Crisis Intervention Respite Program, your support will always be remembered. I pray you continue to be a light in this world.

Homeless Teens and Transition Age Youth (TAY) Respite Program: administered by Wind Youth Services, provides mental health crisis respite care via a drop in center or with a pre-planned visit to help youth age 13-25 years old experiencing overwhelming stress due to life circumstance and homelessness. Services include screening, planning, crisis intervention, life skills workshops, health screenings, groups, crisis counseling and case management.

Program outcomes include reducing risk factors, increasing crisis services, increasing knowledge of supports and resources, and diverting from restrictive environments.

Success: Homeless Teens and TAY Respite Program
'Tara' has been going to the Homeless Teens and TAY Respite Program to cope with the stress managing her severe anxiety and panic attacks. Growing up, she did not receive the mental and emotional support needed to complete school, learn basic independent living skills, and thrive as a young adult. She became homeless. Respite Program supported the client by providing a peaceful, safe and supportive place to go to. Respite Program staff assisted her by linking her to resources including obtaining a GED, enrollment at the local junior college, and weekly counseling sessions to combat her panic attacks and severe episodes of anxiety. The Respite Program also provided crisis intervention and resources during overwhelming changes at work and school. And, they helped her work through past family issues. Tara continues to use the Respite Program where she finds support and encouragement. She is now employed full time. She is motivated and remains determined to keep setting bigger expectations of herself, while continuing to excel at her goals each month.

The Ripple Effect Respite Program: administered by A Church For All, provides planned mental health respite care for TAY (18+), adults, and older adults, with an emphasis on people of color who may identify as LGBTQ. The program utilizes a peer run structure to increase social connectedness and offers a daily support group. Program services are designed to prevent acute mental health crisis from occurring and to help participants overcome suicide risk factors.

Success: Ripple Effect Respite Program
A community member who has been disabled by heart challenges and hypertension approached staff for services. She was on crutches and in need of surgery for her knee and could not get needed medical treatment because she had no place, family, or friends where she could recover post-surgery. She has been unable to resolve her medical condition because she is currently homeless. She described herself as feeling depressed, anxious, and hopeless. Staff helped her obtain overnight respite with a crisis respite program, provided daily respite and peer counseling support, and connected her with the Sheriff's Homeless Outreach Team (HOT). With this support, she was able to receive temporary housing in a motel for a week. During that week, Ripple Effect staff continued to provide peer counseling and respite support. Staff are also working with HOT to find permanent housing and to help her prepare for surgery.

Danelle's Place Respite Program: administered by Gender Health Center, provides mental health respite care, via a drop in center, to unserved and underserved TAY (18+), adults, and older adults who identify as lesbian, gay, bisexual, transgender, queer, questioning and/or allied. There is an emphasis on serving transgender individuals who are experiencing overwhelming stress due to life circumstances, with the goal of preventing acute mental health crisis. Services include: assessment, supportive activities, individual and group chat, narrative authoring activities, therapeutic art activities, peer counseling, other crisis prevention services, and community outreach activities.

In FY 2019-20, this program will be expanded to add capacity and improve services.

Success: Danelle's Place Respite Program
'Trixie,' a 30 year old transgender woman, has lived on the streets off and on for the past three years. When she first presented at Danelle's Place Respite Program, she had very little self-esteem or confidence, and did not see herself as deserving of services. Danelle's Place program coordinator worked one-on-one with her numerous times to help her gain the confidence and capacity to navigate healthcare and social services. In between sessions, social work interns used our curriculum of Narrative Reauthoring exercises and art therapy to help her learn that most of her problems were not her fault, and that she had been the victim of trauma and emotional violence. Trixie gradually regained capacity to trust herself and others, and eventually participated in Gender Health Center's counseling and advocacy programs, and connected to programs at other agencies. Today, 'Trixie' is housed, is SSI, and continues to come to Danelle's Place Respite Program to help stay connected to the community and for help keeping life's small crises from turning into large crises. She often expresses that if it were not for Danelle's Place Respite Program's assistance, she would have died on the streets.

Q Spot Youth/Transition Age Youth (TAY) Respite Program: administered by Sacramento LGBT Community Center, provides drop-in mental health respite care and supportive services to unserved and underserved youth/TAY ages 13 through 23 who identify as LGBTQ. In addition, support groups are provided with a range of topics including but not limited to: anti-bullying, coming out, healthy relationships, and life skills development.

Program expansion in FY 2019-20 will add resources to expand and improve services.

Success: Q Spot Youth/TAY Respite Program
A youth who has been coming to the Q-Spot Youth/TAY Respite Program for a while had previously struggled with mental health symptoms and small triggers would cause big reactions. While Q-Spot staff were able to offer support, the youth's needs exceeded the services available through the respite program. In January, Q-Spot staff referred the youth to on-going mental health services and the youth began attending weekly therapy. With Q-Spot staff support, they have not missed an appointment for ongoing mental health services. Q-Spot staff have seen a dramatic positive improvement in their mental health symptoms. What would previously have caused a reaction is now something they have the tools to manage.

Lambda Lounge Adult Mental Health Respite Program: administered by Sacramento LGBT Community Center, provides drop-in mental health respite care designed to prevent an acute mental health crisis from occurring, as well as suicide prevention support services to unserved and underserved adults ages 24 and older (including older adults) who identify as LGBTQ. The program offers a variety of support groups focused on mitigating risk factors, building healthy relationships, health and wellness, etc.

Success: Lambda Lounge Adult Mental Health Respite Program
An individual sought support from the Lambda Lounge Adult Mental Health Respite Program related to the loss of his grandmother. The anniversary date of her death was a triggering time for him and he needed help with coping with the loss. He was distraught and was brought in by his friend in order to get counseling and other resources. Staff assisted in getting him involved in support groups and socialization offered at the center. Staff also connected him with ongoing support at local counseling programs. Because of support from the Lambda Lounge Respite Program, he is in ongoing treatment to learn to manage symptoms related to grief.

Program expansion in FY 2019-20 will add resources to expand and improve services.

Through this collection of programming, Sacramento County is creating a system of suicide prevention and educating the community on suicide-risk and prevention strategies.

Strengthening Families Program
Capacity: 3,000 annually (not including the Bullying Prevention and Education Program)
Ages Served: Children, TAY, Adults, Older Adults

The Strengthening Families Program has expanded and now consists of several components.

The **Quality Child Care Collaborative (QCCC**) is a *PEI Prevention program which is a* collaboration between BHS, Child Action, Sacramento County Office of Education (SCOE), and the Warm Line Family Resource Center. The collaborative leverages First 5 funding to provide behavioral health consultations to preschools and early childcare learning environments for children, birth through age five (5). Consultations are designed to increase teacher awareness about the meaning of behavior and to provide strategies to ensure the success of the child while in a childcare and/or preschool setting. Support and education is also available for parents.

Program expansion in FY 2019-20 will add staff to expand and improve services.

Success: Quality Child Care Collaborative (QCCC)
The QCCC mental health consultant received a referral for a three year old boy who had been displaying aggressive behaviors (hitting, kicking, throwing things, and spitting). The child had previously been suspended from two child care centers when the director of the family child care home (FCCH) reached out to QCCC for help. The consultant observed a lack of structure to the day in the FCCH and explained to the director how lack of structure and predictability in routine can negatively impact a toddler's behaviors. The consultant used the intervention of visual schedules to create a predictable routine for the boy which de-escalated some of his behaviors. The mental health consultant also linked the FCCH director and the child's family to their school district for further assessment around speech needs. The interventions and referral information provided will support the child as he moves beyond preschool and into transitional kindergarten.

HEARTS for Kids was a collaboration between BHS, Child Protective Services (CPS), and Public Health, leveraging First 5 funding to provide a comprehensive menu of services for children ages birth to five (5) identified by CPS. HEARTS for Kids clinicians provided culturally responsive in-home servies to foster parents, relative caretakers or biological parents.

As discussed in the Three-Year Plan and at the June 21, 2018 MHSA Steering Committee meeting, due to the loss of First 5 funding, this program was redesigned with an ongoing commitment to continued collaboration to meet the mental health needs of children of all ages within the child welfare system. BHS in partnership with Child Protective

Success: CPS Mental Health Team
A four year old boy was placed into protective custody by Child Protective Services after he witnessed his mother and her boyfriend engage in a physical altercation. The CPS-MH Team Clinician met with the child, his aunt (caregiver), and his birth mother to complete the Child and Adolescent Needs and Strengths Assessment (CANS). It was determined that the child was trembling/shaking persistently worried about his mother being harmed, and having nightmares and difficulty sleeping alone. Although a referral to the Access Team for mental health counseling was pending, his aunt and mother were having difficulty managing his symptoms. The clinician provided psychoeducation regarding the impact of trauma on young children. The clinician also provided initial interventions of a predictable routine and strategies for increasing self-regulation by introducing age appropriate coping mechanisms that the child could utilize when distressed. A plan was devised at the Child and Family Team (CFT) Meeting for the mother to provide the child with a calendar with supervised visits, phone calls and other daily events to reduce uncertainties. The clinician followed up after the CFT meeting and learned that the child/family had been linked to a Sacramento County mental health provider for counseling.

Services (CPS) has redesigned this collaborative program that is now known as the "**CPS Mental Health Team."**.

The **CPS Mental Health Team** is a *PEI Improving Timely Access to Services for Underserved Populations program* that is a collaborative program with CPS that supports the mental health needs of children within the child welfare system. The program aligns with the implementation of Continuum of Care Reform and the requirement that a Child and Family Team (CFT) is provided to all children entering the Child Welfare system. The program's BHS clinicians complete the Child and Adolescent Needs and Strengths assessment (CANS) and provide mental health consultation informing the CFT meeting process and CPS case planning. The program serves children and youth, birth through age 20. The CANS represents a shared vision of the child and family in collaboration with the CFT. Clinicians will participate in the CFT to identify supports, mental health referrals, and other services needed to achieve permanency, enable the child to live in the least restrictive family setting, and promote normal childhood experiences.

Program expansion in FY 2019-20 will add staff to expand and improve services.

The **Bullying Prevention Education and Training Program** is *PEI Prevention program* administered by the Sacramento County Office of Education (SCOE) and is available to all 13 Sacramento County school districts. SCOE uses a train-the-trainer model and evidence-based curricula to train school staff who then educates other school staff, students, and parents/caretakers on anti-bullying strategies. The program is implemented primarily at elementary school demonstrations sites; however, it is intended to expand services to other grades by leveraging school district resources. The long-term goal of the program is to change school climates across all 13 school districts.

In FY 2017-18, 90 schools participated in the Bullying Prevention Program with 5,075 school personnel trained, 5,727 parents/caregivers trained, and 46,332 students received bullying prevention education.

Success: Bullying Prevention Education and Training Program (BPP)

BPP activities address problems that have become increasingly more important over the past three years. This program helped all school staff recognize the importance of developing school wide policies and intervention strategies. School staff increased their belief that it is their personal responsibility to create a culture that prevents bullying. The program enables children to develop coping strategies, manage their emotions, and have meaningful relationships. The following are quotes from local school staff that have participated in the BPP activities:

"We are very lucky in that our principal cares a great deal about this issue and is very proactive and supportive. At our school it's top down, but the teachers support each other and back each other up."

"We do an assembly and the kids know the language of bullying. We have a Second Step program that helps kids that are bullied and bullies too. It helps with anger management and helps teach kids to solve problems and take 5 to calm down...these all help to keep emotions in check. We also have a playground crew that interacts with kids having problems." "I think the main idea is that the school's staff has to be unified. Every student is every teachers' responsibility."

The program goals are to reduce the number of youth at risk of violence and traumatic events and to increase school related successes. The measurable program objectives are to increase awareness of the negative effects of bullying, learn techniques to intervene early, collaboration, increase

school attendance, develop best practices and policies for school staff, and to improve student perception of school safety, and reduce the incidences of bullying.

Early Violence Intervention Begins with Education (eVIBE), administered by the Sacramento Children's Home, is a *PEI Outreach for Increasing Early Signs of Mental Illness program that* uses universal and selective evidence-based prevention approaches, "Stop and Think", "Too Good For Violence", and "Nurturing Parenting" to improve social skills, increase protective factors, prevent youth violence, and reduce or eliminate family conflict for children and youth ages six (6) to eighteen (18) and their family members/caregivers.

In FY 2017-18 the eVIBE program served 2,030 students and family members/caregivers. eVIBE facilitated "The Stop and Think" social skills program to 813 students, the "Too Good For Violence" program to 1,044 students, and the "Nurturing Parenting Program" to 173 family members/caregivers and children combined. These curricula were taught in 15 schools across four (4) school districts, as well as five (5) community sites and one (1) affordable housing complex.

Success: Early Violence Intervention Begins with Education
'Maryann,' a mother of two school aged children, and her husband were experiencing family difficulties. It was challenging for them to problem solve, engage in positive communication, and establish family values and rules. Their youngest daughter struggled academically and behaviorally in school. Both parents were mentally exhausted between balancing work life, home life and parenting. They expressed that they did not know how to help their child because they were at their highest level of frustration. As the family participated in the program, they begin to learn new skills that helped them to re-engage and promote positive interactions. The positive family engagement resulted in their child'simproved academic performance and engagement in positive behaviors. eVIBE staff facilitated lessons aimed at helping parents re-establish the foundation of family values, respect for others and develop parenting skills such as using appropriate incentives or rewards. Maryann stated that "My husband and I are so appreciative of the program and activities and it has become a part of our family routine and allowed us to see the importance of family bonding".

The program goals are to reduce youth at risk of violence and improve overall youth success in school and home-life. Measurable program objectives are to increase individual and family problem-solving behavior and reduce defiant and aggressive behavior that may lead to mental health issues.

Adoptive Families Respite Program, administered by Capital Adoptive Families Alliance, is a *PEI Prevention program* that originated as one of the mental health respite programs funded through the time-limited MHSA Innovation Project #1: Respite Partnership Collaborative. With support from the MHSA Steering Committee, this program transitioned to PEI funding during FY 2015-16.

Success: Adoptive Families Respite Program
The Adoptive Families Respite Program has made a huge difference in lowering my stress level as an adoptive parent of four special needs kids. It's such a blessing to know that I can drop all four kids off and truly walk away for a complete mental, physical and emotional respite. I have gone home and slept for five hours. Sometimes I meet friends for coffee or lunch.

The time to relax and reconnect helps me lower my stress and increase my ability to parent in a calm and loving way. I rely on Adoptive Families Respite Program because I trust that my kids are in great care with people who are knowledgeable about trauma, foster and adoption issues. The program is safe and fun. My kids love the crafts, sports offered by the program and look forward to seeing friends who are just like them. The program is such a great support for me and my family.

-Adoptive Special Needs Parent

While families take great joy in providing care for their loved ones, the physical and emotional consequences for the family caregiver can be overwhelming without some support,

such as respite. Respite provides a break for the whole family, which research shows, is beneficial for everyone involved. This respite program provides temporary relief for adoptive families that are caring for children with complex mental health issues. Eligible families must live in or have adopted from Sacramento County. The respite model includes planned respite during drop off events, summer camp and recreational activities.

Program expansion in FY 2019-20 will increase the number of Kid's Camp annually from one (1) to two (2), increase the number of children and families served through the Family Camp, increase quarterly drop-off events from four (4) to eight (8) per year, and add a Parent's Retreat providing respite and training for 60 parents.

The Source: administered by Sacramento Children's Home, is a *PEI Improving Timely Access to Services for Underserved Populations program* with a 24 hours per day, 7 days per week, 365 day per year call center that provides immediate phone response, mobile in-person/face-to-face crisis intervention, triage services, mediation, follow-up support, and information and referral services available to youth, prioritizing current and former foster youth up to age 21 and their foster parents/caregivers who are experiencing crisis, or emotional or behavioral distress that, without immediate support, risks disruption to the current living situation.

In January 2019, BHS conducted a needs survey to obtain recommendations from the community about what resources would be helpful for youth in crisis. The needs indicated in the survey highlighted crisis response for all youth affected by crisis as a gap in our current system. Additionally, 55% of respondents indicated a need for a crisis team to include therapists and over 28% of respondents indicated a need for Family and Youth Advocates to respond to crises in the community, which is the staffing model utilized by The Source. Using data from this survey, BHS applied for and was awarded a grant in May 2019 through the California Health Facilities Financing Authority (CHFFA).

This grant will enable the expansion of The Source to serve all youth, inclusive of current and former foster youth. This expansion to serve all youth was supported by the MHSA Steering Committee and will be implemented in FY 2019-20.

Services include peer mentoring, youth and family engagement, support and advocacy, temporary relief for youth and/or foster parents/caregivers. The program also provides outreach and information via a dedicated website, text, video conferencing and popular social media and apps to be popular and relevant to affected youth. Opportunities will be provided for youth to participate in normative, developmentally appropriate activities. Additionally, the program will create a Youth Advisory Board for the purpose of developing shared ideas, networking, sharing concerns, providing advice and recommendations, and developing solutions. The goal of this program is to maintain placement stability for foster youth, increase coping and problem solving skills, improve the quality of family relationships, and refer, link and coordinate ongoing care, and increase opportunities for normative youth experiences.

Safe Zone Squad (SZS): In August 2018, the MHSA Steering Committee supported dedicating PEI funding to this program which is partially funded through a Mental Health Services Oversight and Accountabilty Commission (MHSOAC) Senate Bill (SB) 82 Triage Personnel grant.

SZS is a *PEI Improving Timely Access to Services for Underserved Populations program* comprised of a two-person team on each campus that includes a Youth Advocate and a Safe Zone Coach (mental health counselor). SZS program will provide mental health crisis and triage services to students, ages 11 to 14, at three (3) identified middle school campuses (Martin Luther King Jr. Technology Academy, Albert Einstein Middle School, and Sam Brannan Middle School). Mental health support services include but are not limited to crisis intervention services, listening circles, skills development, psychoeducation, stress/crisis management, parent/caregiver trainings, restorative mediation and mental health screening to identify appropriate levels of support from the SZS and provide linkage to a mental health provider or other resources within the community. Program outcomes include enhancing school success, reducing stigma, improving relationships, and reducing hospitalizations.

This program will be administered by Sacramento County Office of Education (SCOE) and will start services mid FY 2019-20. More information about program implementation will be included in future updates.

Youth Mental Health First Aid (YMHFA): Mental Health First Aid and YMHFA are supported in both the PEI and WET components. YMHFA is a *PEI Outreach for Increasing Early Signs of Mental Illness program* administered by SCOE to increase the number of school staff and caregivers receiving Youth Mental Health First Aid (YMHFA) training. In FY 2017-18 SCOE conducted 38 YMHFA trainings in which 637 individuals participated.

The program objectives include learning about the signs of mental health challenges for youth and typical adolescent development. The program will teach a five-step action plan for how to help youth in both crisis and non-crisis situations.

Program expansion in FY 2019-20 will increase the number of YMHFA trainers and number of training participants.

Integrated Health and Wellness Program
Capacity: 420 annually
Ages Served: Children, TAY, Adults, Older Adults

The Integrated Health and Wellness Program consists of three components:

SacEDAPT (Early Diagnosis and Preventative Treatment): administered by UC Davis, Department of Psychiatry, is a *PEI Early Intervention program* which focuses on early onset of psychosis and serves individuals ages 12 to 30. The program is a nationally recognized treatment model utilizing an inter-disciplinary team of physicians, clinicians, support staff, consumers and family advocates to provide assessment, early identification, and treatment of the onset of psychosis. The program provides culturally and linguistically responsive psychiatric support, case management, peer support, and access to treatment including transportation. The program also engages in outreach services throughout Sacramento County with a particular focus on underserved populations. This program has informed statewide work related to assessing the impact of early psychosis programs.

Success: SacEDAPT
A 29-year-old was referred to SacEDAPT after being treated at a local outpatient clinic with a diagnosis of Major Depressive Disorder with Psychotic Features. Since beginning treatment 25 months ago, the client consistently participated in individual, family, and group therapy as well as psychiatric support services. Approximately 13 months ago, client was struggling with managing his symptoms and chose to leave his family's home and live in his car. Through a coordinated effort between client and his SacEDAPT clinical team, he was able to remain safe and transition into supported housing. Since that time the SacEDAPT clinical team has worked with the client and his family to improve stability. Client has participated in individual and Family Focused Therapy that provided both coping skills and improved familial support to maintain client's continued success. Client has worked towards financial stability and used family supports to maintain financial success, has secured a part time job, and maintained supportive housing. Client continues to work to improve social skills and coping mechanisms in order to achieve his goals of having a full life with people he loves surrounding him.

SeniorLink: administered by El Hogar Community Services, is a *PEI Prevention program* that provides community integration support for adults aged 55 and older who are demonstrating early signs of isolation, anxiety and/or depression. Para-professional Advocates outreach to individuals in their homes or other community-based settings based on the participant needs. Program services include home visits; collaboration with and linkage to health care providers, socialization opportunities, transportation, service coordination, advocacy, information and referral, skill-building groups and liaison to community services.

Success: SeniorLink Program
Transcript of phone message from a recent SeniorLink graduate:

"Hello, my name is 'Sandy'. I was a member of your program, Yang was my advocate. I have moved out of Sacramento County to Contra Costa. I just want to say that without her help I was lost. Yang got me out for the first time. She came over and assessed me and encouraged me to go to the hospital. I did that. She took the time to help me and support me. I want to share that I am now four months sober and couldn't have done it without your help. Please pass this on to her, she needs to know that she is making a difference in people's lives. SeniorLink has some valuable people. Thank you for all you do."

Trauma Informed Wellness Program for the African American Community: this new *PEI Improving Timely Access to Services for Underserved Populations program* will provide outreach,

engagement and prevention services to African American/Black community members of all ages, and genders, with special consideration given to children, youth and transition age youth (ages 0 to 25), who have experienced or been exposed to trauma.

This new program was developed based on feedback received from African American/Black community members who identified several strategies that would help improve their mental health and wellness (see Attachment B - African American Community Listening Sessions). These strategies include community education around trauma, mental health conditions, Adverse Childhood Experiences; assistance with navigating complex systems of care; and supportive services such as support groups/healing circles, cultural brokering, peer support and advocacy, life skills coaching, and age appropriate mentoring.

Culturally relevant outreach and engagement and supportive services will be provided by staff with shared cultural and lived experience who are reflective of the diverse African American/Black community. Types of services that will be provided by the program include service planning; information, referral and linkage; resource navigation; supportive services inclusive of peer support and advocacy, coaching, skills building, mentoring, brief supportive services and intervention in crisis situations; healing circles or support groups; and community education. Supportive services will be provided in program participants' homes and/or in community based settings.

This new program will be implemented in FY 2019-20. More information about program implementation will be included in future updates.

Mental Health Promotion Program
Capacity: 500,000 (estimated community members touched by program)
Ages Served: Children, TAY, Adults, Older Adults

The Mental Health Promotion Program, "Mental Illness: It's not always what you think", is designed to increase community awareness about mental health issues and reduce stigma and discrimination toward individuals and families living with mental illness. The program has multiple components as described below.

"Mental Illness: It's not always what you think" program:

Since June 2011, BHS has worked with the Division of Public Health and Edelman (a communication marketing agency), to implement its Countywide mental health promotion, and stigma and discrimination reduction program to 1) promote messages of wellness, hope and recovery; and 2) dispel the myths and stereotypes surrounding mental illness. This program aims to fundamentally alter negative attitudes and perceptions about mental illness and emotional disturbances. The "Mental Illness: It's not always what you think" program underscores that mental illness can impact almost anyone, and also promotes community resources and support available throughout the County to foster hope and recovery.

The program's year-six activities ran from July 1, 2017 – June 30, 2018. During this period, the team engaged with the community through a variety of events and activities during May is Mental Health Month and coordinated stakeholder and media outreach for Mental Illness Awareness Week and the Journey of Hope Collaborative Art Exhibit. The program team partnered with multiple ethnicity-based outreach firms to coordinate comprehensive research among community-based organizations to identify the program's impact on local multicultural populations in Sacramento County. Their research included the following for all audiences: secondary literature review, small group discussions, key informant interviews and an online survey. The target audiences for the creative refresh are: general population adults with or without mental illness experience (ages 25-55 years), older adults/seniors (55 years and older), youth (ages 13-18 years), African American, Cantonese-speakers, Hmong, Latino, LGBTQ, Native American, Former Soviet Russian-speakers, Arabic-speakers and Vietnamese in Sacramento County. This research phase will help to inform a refresh of the broader creative content and highly tailored messaging to best reach the program's target audiences and achieve the overarching goals in a more meaningful way in 2019. Immediately following this phase, revised creative will be updated and tested among general community members who may or may not be familiar with the program and mental health or illness concerns within the community.

With support from the MHSA Steering Committee, Sacramento County has continued to fund the anti-stigma promotion program year after year, leading to the successful conclusion of six years' work to change minds, attitudes and outcomes for those living with a mental illness.

(1) Multi-media outreach
To reach the program's 11 target audiences, and as many Sacramento County residents as possible, year six activities included the development and implementation of a strong advertising campaign across multiple mediums. Advertising placements, including TV, radio, online and outdoor

advertising, were scheduled for January through June 2018 and garnered 39,353,952 impressions. The following advertising categories reflect efforts during the 2017-18 year.

Outdoor Ads:

Outdoor advertising ran in October 2017 and from March through May 2018. Advertising included eco-posters, digital billboards, bus tails and bus interior cards. In total, these paid placements garnered an estimated 17,172,094 impressions.


Madre
Feligrés
Viviendo con
Trastorno Bipolar


Oldest daughter
Graduate student
Living with obsessive-
compulsive disorder

TV Ads:
Television advertisements supporting the campaign messages and branding ran in May 2018. These advertisements ran on various stations throughout Sacramento County.

- Broadcast TV: Univision, FOX, ABC, Telemundo, Estrella
- Crossings TV: In-language broadcasts in Russian, Chinese, Hmong and Vietnamese

Through the advertising buy, the program paid for 416 spots and received an additional 913 extra spots as added value, which means they aired at no cost to the County. Overall, these 1,329 spots provided 4,368,265 impressions, 1,318,226 of which were added value, airing at no cost to the county.

Radio Ads:
Radio advertisements supporting the campaign messages and branding ran at various times on numerous stations in October 2017 and from April through May 2018.

The program ran the existing 30-second spots in Spanish, Vietnamese, Russian, English and Hmong, which featured Sacramento Speakers Bureau members as everyday people, spreading messages of hope, wellness and recovery to encourage those interested to learn more by visiting the program website. To listen to the advertisements, please visit www.stopstigmasacramento.org/resources/program-materials.php.

Overall, 2,238 radio advertisements ran, 291 of which were added value, which means they aired at no cost to the County. These placements, which were featured on 12 general/Hispanic and in-language radio stations, including KRXQ (rock), KUDL (contemporary hits), KHYL (hip hop), KHHM (rhythmic contemporary), KZZO (hot AC), KSEG (classic rock), KYMX (adult contemporary), KDEE (African American), KRCX (Hispanic), KXSE (Hispanic), KFSG (Vietnamese, Russian) and KJAY (Hmong).

Print Ads:
Print advertising ran in seven local publications, including *Russian Observer, Thang Mo, Sacramento Observer, Sac Cultural Hub, Diaspora, Outword Magazine* and *d'Promeramano*. Overall, 24 print ads or paid articles ran in these publications.

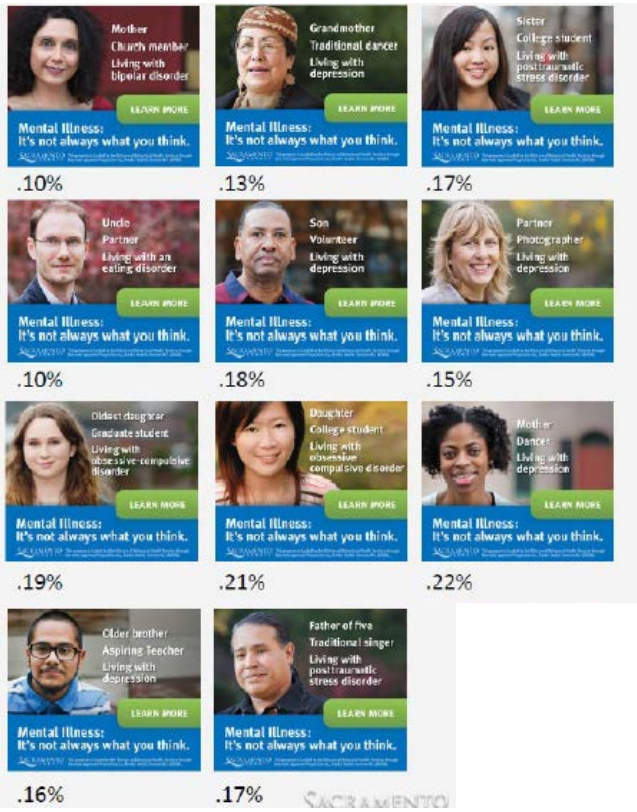
Additionally, Edelman worked with Media Solutions and the Sacramento Observer to write a 400-500 word opinion editorial piece that was published in May 2018.


County Project Raises Awareness And Promotes Hope For Those Living With Mental Illness

Son
Volunteer
Living with depression

Online and Mobile Ads:

Digital and mobile advertisements supporting the campaign messages ran from March through June 2018. Overall, online and mobile ads provided 7,191,859 impressions.




Older brother, aspiring teacher, living with depression.
Mental Illness: It's not always what you think.
.23%
Uncle, partner, living with an eating disorder.
Mental Illness: It's not always what you think.
.13%
Daughter, college student,
living with obsessive compulsive disorder.
Mental Illness: It's not always what you think.
.17%
Father of five, traditional singer,
living with posttraumatic stress disorder.
Mental Illness: It's not always what you think.
.22%
Sister, college student,
living with posttraumatic stress disorder.
Mental Illness: It's not always what you think.
.19%
Grandmother, traditional dancer, living with depression.
Mental Illness: It's not always what you think.
.15%
Partner, photographer, living with depression.
Mental Illness: It's not always what you think.
.16%
Mother, church member, living with bipolar disorder.
Mental Illness: It's not always what you think.
.16%
Son, volunteer, living with depression.
Mental Illness: It's not always what you think.
.21%
Mother, dancer, living with depression
Mental Illness: It's not always what you think.
.20%
Oldest daughter, graduate student,
living with obsessive-compulsive disorder.
Mental Illness: It's not always what you think.
.15%
.27%
.23%
.28%
.31%
.29%
.24%
.22%
.19%
.28%
.31%
.29%
LEARN MORE


Bệnh Tâm Thần:
Không luôn như quý vị nghĩ.
.21%
Madre
Feligrés
Viviendo con
Trastorno Bipolar
Enfermedades Mentales:
No siempre es lo que usted piense.
.15%
Tus mob puas siab ntsws:
Nws tsis yog li koj ib txwm xav.
.18%
情神病:
並不總是如您所想。
.18%
Психические заболевания:
это не всегда то, что вы думаете
.11%
Hermano mayor
Quiere ser maestro
Vive con depresión
Enfermedades Mentales:
No siempre es lo que usted piensa.
.21%

Earned Media:

With the assistance of two multicultural media specialists and Edelman's regional media experts, the team conducted outreach to Sacramento County media to promote key program activities. The list below represents the 9 placements and impressions secured between July 1, 2017 and June 30, 2018. The majority of media outreach took place around Mental Health Month (May), with additional milestones surrounding the Journey of Hope event (August), Mental Illness Awareness Week (October) and the holiday season (November – December). The program was included in targeted local publications, such as Capital Public Radio, Comstock's Magazine, Elk Grove Citizen, FOX40 and ABC10, in addition to ethnic publications like Radio TNT and Univision, garnering more than 395,434 total impressions.

Program Media Highlights

Date	Title	Outlet	Impressions
Radio			
5/14/2018	Mental Health Month	Radio TNT	N/A
12/20/2017	Holiday Blues	Radio TNT	N/A
10/6/2017	New Elk Grove Exhibit Tells Tales of Mental Battles	Capital Public Radio	300,000
Online/Print			
6/26/2018	Navigating Mental Health Conditions in the Workplace	Comstock's Magazine	22,000
5/23/2018	Motivation mindset: Elk Grove resident inspires others through sharing mental health journey	Elk Grove Citizen	33,184
TV Broadcast			
5/23/2018	Understanding Mental Illness	FOX40	17,597
5/16/2018	Mental Health Month	ABC10	5,056
5/9/2018	Local Mental Health Resources	FOX40	17,597
4/19/2018	Mental Health Month	Univision	-
	*Impression values are based on data from Quantcast and CisionPoint.	**Total Earned Impressions between 7/1/17-6/30/18:**	**395,434**

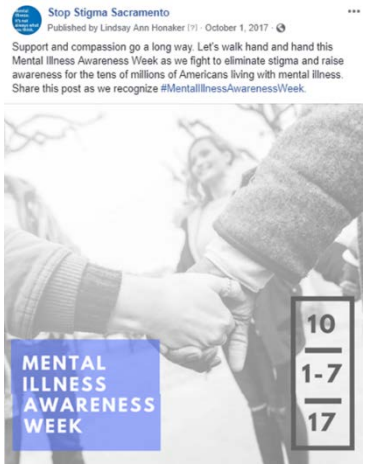
(2) Social Media and Microsite:

To support the program 's stakeholder and media outreach efforts and engage with key audiences, the team regularly updated the www.StopStigmaSacramento.org microsite, as well as Facebook and Twitter pages. The team highlights program news, events and messages of hope, as well as stakeholder events on its social channels.

Facebook:

In year six (July 2017 through June 2018):

- The page totaled 9,112 likes, up from 8,095 likes from last year
    - 81 percent of people who like the page are women, while 17 percent are men
    - One of the program 's highest performing posts, which was during Mental Illness Awareness Week (October), reached over 27,000 people, received more than 2,042 post engagements, including 619 reactions, eight comments and 326 shares



Twitter:

In year six (July 2017 through June 2018):

- The page had 736 followers, up from 611 followers last year

- 60 percent of people who like the page are women, while 40 percent are men

- During this reporting period, tweets received a 1.7 engagement rate, 3,800 link clicks, 68 retweets, 193 likes and 5 replies.

Microsite

The program microsite,www.StopStigmaSacramento.org, is a program resource and information hub. The program's virtual Wall of Hope page garnered 51 positive messages of hope and recovery from visitors, compared to 11 last year, resulting in 119 total messages of support from July 2017 through June 2018.

Engagement

As of June 30, 2018, 442 people have submitted their email addresses through the site to receive program updates, up from 379 people in total last year.

- Unique visitors: 23,772 (up from 13,509 last year)

(3) Stakeholder Engagement:

To engage relevant community organizations and services in the program, activities included distributing collateral materials, conducting media interviews, participating at program- sponsored or community events, sharing success stories, providing photography, promoting the project through digital and social media or joining the Speakers Bureau. Through June 2018, the program received stakeholder engagement forms, which confirm an organization's willingness to participate in the program, from 128 organizations. To view a list of partner organizations, please visit www.StopStigmaSacramento.org/partners/.

The team also developed a stakeholder re-engagement survey to gain a better sense of what they need and/or are interested in related to the "Mental Illness: It's not always what you think" program and its activities. The goal is to make sure that the program is engaging with as many stakeholders as possible in a meaningful way that is beneficial to them and to the program. The survey was distributed in FY 2017-18 and the team captured the following key highlights:

a. Most respondents are interested in sharing program events, mental health tips and statistics and news alerts and stories to help de-stigmatize mental illness.

b. Most respondents would prefer to receive information via email no more than once a month or even four times per year. Alternatively, if not via email, respondents appear to be comfortable receiving program information via direct mail, meetings and social media.

c. Most respondents claim to have been involved with the program in the past, most commonly through stakeholder roundtables and/or focus groups.

d. Respondents noted that, of the options provided, health and resource fairs, cultural events and community forums are most relevant to their community and/or organization.

e. Most respondents noted that they would like to see new or refreshed creative materials

(brochures, tip cards) to distribute, more participation in community events and more social/digital media the following from the program.

To help ensure that stakeholders have a chance to participate and provide as much feedback as possible; the program team has sent the following requests for input to the database:

a. Request for personal stories
b. Request for Speakers Bureau participants
c. Requests for everyday people (advertising outreach)
d. Requests for artwork and help in promoting the May activities
e. Requests to attend program-sponsored events

Following is a list of the most active stakeholders this year. These stakeholders provided spokespeople for media interviews, participated in planning meetings for events and/or hosted information booths at the program-sponsored events:

a. Each Mind Matters
b. Mental Health America
c. NAMI
d. NAMI Sacramento
e. WEAVE
f. Sacramento Native American Health Center

(4) Collateral Material: The team has conducted outreach to stakeholder organizations to offer free program materials, including brochures, tip cards and posters. All available collateral materials can be found at www.StopStigmaSacramento.org/resources/program-materials.php. Through June 2018, approximately 230,000 pieces of collateral material had been distributed to stakeholder groups and at events, including approximately 22,761 pieces from July 2017 through June 2018.

(5) Community Outreach Events and Presentations:

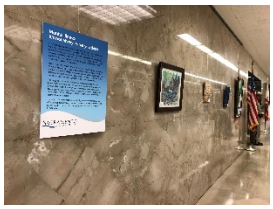
a. Journey of Hope (Oct. 7, 2017)

- The Speakers Bureau planned and executed the fourth annual Journey of Hope art exhibit, which brings awareness about mental health to the community and give others insight, inspiration, strength and understanding.
- The collaborative art exhibit paired local artists and writers to share stories of hope and recovery and hosted an artist reception on Oct. 7, 2017.

b. Speakers Bureau Media Training (April 27, 2018)

- The Edelman team held a media training for approximately 10 Speakers Bureau members leading up to and in preparation of Mental Health Month.

c. Art Displays (May 2018)



- Three art displays helped create awareness of the program. Edelman coordinated stakeholder outreach, secured venues and put up/took down displays. The displays included:
  - A display in the Sacramento Poetry Center (May 1-31)
  - A display in the Sacramento County BHS lobby at East Parkway (May 1-31)
  - A display at the Sierra Health Foundation (May 1 – July 31)
  - display outside the Governor's Office at the Capitol (May 28-June 1)

d. Mental Health Month BHS Event and Desk Drops (May 1, 2018)

- Edelman and the County team delivered individual desk drops to BHS and Public Health employees.
- The desk drops included a tip card, phone wallets, tumbler cup, a pen, lanyard, post its, bracelet and list of community events, which were all packaged in a program-branded lunch bag for employees to enjoy.
- On May 1, Edelman staffed a table featuring a variety of activities for employees, including the opportunity to add a message to the program's Wall of Hope, view the Youth PSA and procure a green ribbon to wear and show support.
- Invitations were emailed to BHS employees on behalf of Uma Zykofsky, Behavioral Health Director, in the form of a memo that also highlighted the May art display locations, the upcoming community events where the program provided free, helpful information, handouts and more.

e. May 2018 Community Events

- The "Mental Illness: It's not always what you think" program leveraged "May is Mental Health Month" as an opportunity to celebrate and promote the program's mission by participating in a variety of established, local community events. Edelman and the County team participated in the following events on behalf of the program:
  - NAMIWalks Northern California (May 5, 2018)
  - Kidtopia (May 5, 2018)
  - 16th Annual Slavic Health/Safety & Job Fair (May 12, 2018)
  - WEAVE Walk a Mile in Her Shoes (May 20, 2018)
  - Mental Health Matters Day (May 23, 2018)

f. Quarterly Provider Meeting (May 25, 2018)

- The goal of this presentation was to provide an overview of the program's progress to date and to share how the program has helped increase awareness and reduced stigma within Sacramento County.
- In addition, the presenting team provided an update on upcoming activities, answered questions from attendees and distributed the stakeholder re-engagement survey.

(6) Research:

This year, Edelman and the County partnered with three ethnic-based outreach firms—Young Communications, VPE Tradigital Communications and Nakatomi & Associates—to continue building on the multicultural research initiated by OneWorld last year. The Edelman team coordinated with each expert multicultural firm to begin Phase 1, literature review, which included qualitative and quantitative research. The literature review will be used to help inform the direction of the message and creative refresh.

The multicultural firms also began coordinating Phase 2, small group discussions, which helped guide the enhancement and refresh of program messaging for both multicultural and mainstream targets to gain a further understanding of insights and the program's resonance in these communities.

The teams conducted secondary research for all cultural groups, including:

- General population adults with mental illness experience (ages 25-55 years)
- General population adults with no mental illness experience (ages 25-55 years)
- Older Adults/Seniors (55 years and older)
- Youth and TAY (ages 13-18 years)
- African American
- Cantonese-speaking Chinese
- Hmong
- Latino
- Native American
- Former Soviet/Russian-speakers
- Vietnamese
- Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ)

(7) Stop Stigma Sacramento Speakers Bureau:

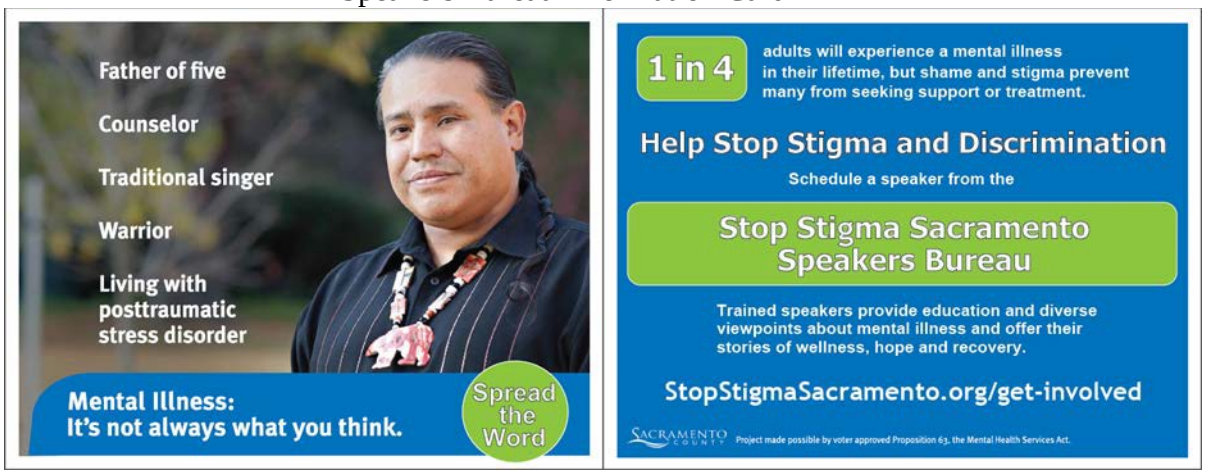
Sacramento County Public Health continued to coordinate a speakers bureau in FY 2017-18. In FY 2017-18, four Orientation and Training sessions were held, during which 21 community members were trained to be speakers. At the close of FY 2017-18, the Stop Stigma Sacramento Speakers Bureau had trained 174 speakers, of which 52 were actively speaking.

In FY 2017-18, Stop Stigma Sacramento Speakers Bureau speakers shared their personal stories at 42 events with a total audience attendance of 1,302 individuals. In school settings, school counseling staff were also invited to attend the scheduled presentations.

The following cards were distributed to recruit potential Speakers and to promote the Speakers Bureau:

Speaker Recruitment Card

Speakers Bureau Information Card



Practice sessions are an integral part of the Speakers Bureau. New speakers attend a minimum of two (2) practice sessions before speaking. Practice sessions allowed speakers to practice and develop their presentations, meet other speakers, and provide support and feedback to one another. Practice sessions also allowed program staff to preview and shape speaker presentation content to assure that it was consistent with the program goals and content guidelines. The practice sessions continue to serve as a source of support and connection to the program, and have fostered supportive relationships among members.

The following table details the Speakers Bureau speaking events in FY 2017-18:

Stop Stigma Sacramento Speakers Bureau
Speaking Events July 1, 2017 – June 30, 2018

#	Date	Site/Event FY 2017-2018	# Stories Shared	# Audience
1	07.22.17	NAMI: Pathways to a Healthy Mind	1	40
2	08.04.17	Organization of Chinese Americans (OCA)-Asian Pacifc American Advocates Sacramento Chapter	1	~35
3	08.09.17	Glenbrooke Community Association	3	~75
4	09.18.17	Ethel Hart Senior Center	3	~20
5	09.25.17	John F. Kennedy (JFK) High School	2	~30
6	09.28.17	Mercy McMahon	3	~25
7	10.04.17	Dept. of Motor Vehicles DAC Lunch	1	~150
8	10.04.17	ABC	1	~50
9	10.04.17	NAMI – California State University Sacramento (CSUS)	2	~20
10	10.11.17	CA Dept. of Justice (DOJ)	1	~50
11	10.24.18	CA DOJ	2	~30
12	11.01.17	CSUS - Social Work	3	~36
13	11.08.17	St. Paul Church	1	~25
14	11.13.17	NP3 High School	15	100
15	11.15.17	St. Paul Church	1	~25
16	12.05.17	BHS Calif. Brief Multi-Cultural Scale (CBMCS) Training	1	~50
17	12.09.17	Girl Scouts	2	6
18	02.06.18	BHS CBMCS Training	1	63
19	02.20.18	Mercy McMahon Terrace	3	9
20	02.21.18	Mien Community Services	1	~50
21	02.22.18	Elk Grove Unified School District Leadership Conference	6	110
22	02.24.18	Circle K International	1	117
23	03.08.18	Speakers Bureau Orientation & Training (O&T)	1	8
24	03.10.18	Living a Healthy Lifestyle Event	1	90
25	03.22.18	Speakers Bureau O&T	4	8

26	03.23.18	Sacramento Employment and Training Agency (SETA) Head Start	3	20
27	04.02.18	Public Health Week at Franklin Library	3	7
28	04.06.18	CSUS Student Health Counseling	1	14
29	04.16.18	BHS CBMCS	1	62
30	04.24.18	Vista Del Lago High School	6	62
31	05.02.18	JFK High School	3	23
32	05.06.18	Parkview Presbyterian Church	1	71
33	05.07.18	Hiram Johnson High School	3	29
34	05.14.18	NP3 High School	13	108
35	05.23.18	McClatchy High School	2	46
36	05.25.18	Ventanilla de Salud – Mexican Consulate	1	91
37	05.30.18	Hiram Johnson High School – Medical Science Academy	6	49
38	05.31.18	CalPERS	3	53
39	06.08.18	First 5 Sacramento	1	13
40	06.23.18	California Consortium of Addiction Program and Professionals	3	20
41	06.28.18	Ventanilla de Salud – Mexican Consulate	1	78
42	06.28.18	Speakers Bureau Orientation & Training	2	5
		FY 2017-2018 Total (42)	**114**	**1,302**

The Stop Stigma Sacramento speakers have been well received, and speaker evaluations are completed for each event. All audience evaluations are entered into SurveyMonkey, which allows Public Health staff to assess the potential impact of the program and individual speakers, address any training needs and share tangible findings. The emotional content of speaker subject matter means that audience members can become triggered or emotional. During the Orientation and Training, speakers are given training and resources to address this with audience members. As well, Speakers and staff continue to utilize and hand out a program resource card at all speaking events. The card includes phone numbers for mental health resources and crisis support services and is used to begin a conversation with audiences about resources and how to take action for a loved one, a friend, or for themselves.

Speakers Bureau audiences receive this resource card:

Speakers Bureau Sponsored Events and Affiliated Activities

In addition to fulfilling speaking events, the Speakers Bureau creates speaker only, speaker specific events, and sponsors events for the general public. While the specific events vary by year, the goal of promoting community and connection within the Speakers Bureau remains a fundamental goal. Also of importance in the planning of any Speakers Bureau activity is a focus on creating opportunities for personal growth, learning, and supporting the recovery of each speaker. The section below includes the FY 2017-18 events created by the Speakers Bureau by program staff and by Speakers Bureau members and program volunteers.

October 2017: Journey of Hope Art Event

The Journey of Hope Art Exhibit is unique, and is comprised of two components: personal stories and corresponding original artworks. Individuals with lived mental health experience in Sacramento County were invited to submit a story or poem about their experience with mental illness. The stories and poems were then given to a local artist to be used as inspiration for an original art piece. The works were then featured together at an exhibit at the Elk Grove Fine Arts Center held October 7-October 21, 2017. A reception was held on October 7, 2017, from 3:00-7:00pm to unveil the exhibit. The Journey of Hope 2017 exhibit was the third annual exhibit.

Fifty individuals participated in the exhibit. Six individuals participated as both a writer and an artist, however none of which contributed artwork relating to their written story as described previously. The number of participants was similar from the previous year. Approximately 500 people attended the exhibit reception on October 7th. Additionally, approximately 1,000 people attended the three week exhibit.

In preparation for the 2018 event, the committee secured 84 participants. Additionally, in preparation for the 2019 event, the planning committee expanded *Journey of Hope: Real Life Stories of Living with Mental Health Challenges Portrayed Through Art* to be held at a total of three consecutive locations: Elk Grove Fine Arts Center, Sacramento Fine Arts Center and Crocker Art Museum.

February 14, 2018: Valentine's Day Outreach

Staff distributed custom message cards the week prior to Valentine's Day with a heart shaped lollipop to local organizations and agencies along with program brochures and tip

cards. Of the 1,500 cards printed, 1,100 general public/be a friend cards were given out and 400 love yourself cards (directed to mental health consumers) were given out. These cards were developed by a speaker in the previous calendar year.

Organizations and agencies that received outreach material included:

- Sacramento State (in collaboration with campus NAMI)
- Natomas Pacific Pathways Prep High School
- Sacramento City Community College
- Consumnes River College
- Sacramento LGBT Community Center
- Sacramento Native American Health Center
- La Familia Counseling Center
- Sacramento County Division of Public Health and BHS Staff at East Parkway and Micron Office Sites

Participating organizations and agencies were delighted to receive the Valentine's Cards and brochure and material packages to provide to their patients and clients.

Samples of Cards:

Speaker Media Training
On April 27th 2018, in coordination with Edelman staff, a media training was held for speakers to aid in preparing them for media opportunities on behalf of "Mental Illness: It's not always what you think". A total of five speakers and one Division of Public Health staff member attended the media training. The goal of the training was to increase comfort level during media interviews and prepare Speakers Bureau members to be spokespeople on behalf of the program.

Mental Health Matters, administered by Cal Voices, is a monthly television talk show, produced by mental health consumers and their family members, that highlights issues relating to mental health. The show can be seen on the firstSaturday of every month at 7:00 pm. Sacramento area Comcast and local television subscribers can view Mental Health Matters℠ program on channel 17; U-verse subscribers can see the show on channel 99. Mental Health Matters also provides media-based mental health promotional activities, education, outreach and videography services for consumers, family members of consumers and community members throughout Sacramento County. Outreach activities provide consumers, family members and the general public with the opportunity to learn and obtain training, education, and information in regard to mental health issues and concerns.

Time-Limited Community Driven PEI Program
Capacity: To be determined
Ages Served: Children, TAY, Adults and Older Adults

In May and June 2019, the MHSA Steering Committee discussed, supported and recommended expanding the PEI Component to include up to $10 million in new, time-limited, community capacity building programming. The California Mental Health Services Authority (CalMHSA), a Joint Powers of Authority, will administer these time-limited programs. Programs will be funded for up to two-years of operations with time allotted for start up and transition/wind-down. Programs will be community driven and awarded through a competitive bidding process. Programs must align with PEI regulations; include evidence-based, promising, and or community-defined practices; and include strategies for community capacity building with a focus on outcomes and performance measures. This PEI component expansion will begin mid FY 2019-20. Updates on implementation progress will be provided in future plans/updates.

PEI Administration and Program Support
BHS provides administration and program support associated with on-going community planning, as well as implementation, training, consultation, monitoring, quality assurance and oversight of the PEI programs and activities.

PEI IMPLEMENTATION PROGRESS DATA - FISCAL YEAR 2017-18

In Fiscal Year 2017-18, a total of 10,315 individuals were served across the implemented PEI programs.* The tables below and on the following pages display demographic information for individuals served in each of those programs.

**Not including the following PEI Programs: Suicide Crisis Line; Emergency Department Follow-up Services; Youth Mental Health First Aid; Bullying Prevention Education and Training; and the Mental Health Promotion program.*

Total Number of Individuals Served in PEI Programs FY 17/18											
	Friends for Survival	Community Support Team	Mobile Crisis Support Teams	Triage Navigators	Supporting Community Connections	Quality Childcare Collaborative	HEARTS for Kids	eVIBE	SacEDAPT	Senior Link	Total
Age Group											
Child and Youth (0-15)	9	22	108	15	194	30	366	2,067	53	0	2,864
Transition Age Youth (16-25)	8	123	214	218	501	0	0	24	82	0	1,170
Adult (26-59)	202	570	907	932	1,034	0	0	39	14	24	3,722
Older Adult (60+)	103	234	212	102	355	0	0	1	0	117	1,124
Unknown/Not Reported	36	4	11	0	119	0	0	46	0	12	228
Total	**358**	**953**	**1,452**	**1,267**	**2,203**	**30**	**366**	**2,177**	**149**	**153**	**9,108**
Race/Ethnicity											
White	174	286	732	497	802	NR	118	246	38	46	2,939
African American	11	186	308	341	182	NR	105	145	40	38	1,356
Asian	17	31	55	34	248	NR	20	278	11	6	700
Pacific Islander	8	5	9	9	3	NR	2	11	1	7	55
Native American	3	8	11	16	57	NR	3	12	0	1	111
Hispanic	0	44	66	112	782	NR	0	764	27	28	1,823
Multi-Race	6	21	28	28	33	NR	6	303	16	1	442
Other	17	14	36	31	80	NR	27	72	2	4	283
Unknown/Not Reported	122	358	207	199	16	30	85	346	14	22	1,399
Total	**358**	**953**	**1,452**	**1,267**	**2,203**	**30**	**366**	**2,177**	**149**	**153**	**9,108**
Primary Language											
English	355	713	1,355	1,087	1,093	NR	NR	1,457	136	109	6,305
Spanish	0	14	20	26	610	NR	NR	203	8	7	888
Vietnamese	0	7	3	2	42	NR	NR	20	1	2	77
Cantonese	0	2	2	0	2	NR	NR	22	0	1	29
Hmong	0	5	4	1	51	NR	NR	25	0	0	86
Russian	0	3	4	3	231	NR	NR	17	0	0	258
Arabic	0	2	3	0	1	NR	NR	1	0	0	7
Other	3	11	11	9	153	NR	NR	48	0	21	256
Unknown/Not Reported	0	196	50	139	20	30	366	384	4	13	1,202
Total	**358**	**953**	**1,452**	**1,267**	**2,203**	**30**	**366**	**2,177**	**149**	**153**	**9,108**

Total Number of Individuals Served in PEI Programs FY 17/18 Cont.											
	Friends for Survival	Community Support Team	Mobile Crisis Support Teams	Triage Navigators	Supporting Community Connections	Quality Childcare Collaborative	HEARTS for Kids	eVIBE	SacEDAPT	Senior Link	Total
Sexual Orientation											
Gay or Lesbian	6	1	9	7	66	NR	NR	0	2	NR	91
Heterosexual or Straight	214	43	84	224	1,953	NR	NR	74	5	NR	2,597
Bisexual	13	3	5	5	43	NR	NR	1	1	NR	71
Questioning or unsure	2	0	0	1	20	NR	NR	1	1	NR	25
Queer	1	0	0	0	3	NR	NR	0	0	NR	4
Another sexual orientation	6	2	1	2	84	NR	NR	0	0	NR	95
Unknown/Not Reported	116	904	1,353	1,028	34	30	366	2,101	140	153	6,225
Total	**358**	**953**	**1,452**	**1,267**	**2,203**	**30**	**366**	**2,177**	**149**	**153**	**9,108**
Gender Identity											
Male	66	4	442	577	826	NR	NR	1,117	62	26	3,120
Female	220	7	442	414	1,280	NR	NR	1,049	40	121	3,573
Transgender	0	0	2	6	44	NR	NR	NR	3	0	55
Genderqueer	0	0	0	0	0	NR	NR	NR	0	0	0
Questioning or unsure	0	0	0	0	0	NR	NR	NR	0	0	0
Another gender identity	7	0	1	1	8	NR	NR	NR	5	0	22
Unknown/Not Reported	65	942	565	269	45	30	366	11	39	6	2,338
Total	**358**	**953**	**1,452**	**1,267**	**2,203**	**30**	**366**	**2,177**	**149**	**153**	**9,108**
Veteran Status											
Yes	8	NR	NR	NR	15	NR	0	NR	NR	NR	23
No	350	NR	NR	NR	2,188	NR	366	NR	NR	NR	2,904
Decline to Answer	0	NR	NR	NR	0	NR	NR	NR	NR	NR	0
Unknown/Not Reported	0	953	1,452	1,267	0	30	0	2,177	149	153	6,181
Total	**358**	**953**	**1,452**	**1,267**	**2,203**	**30**	**366**	**2,177**	**149**	**153**	**9,108**

Note: Some data elements were not reported for some programs based on program model. Those programs indicate NR for Not Reported.

Prevention and Early Intervention (PEI) Respite Programs FY 17/18																
	Caregiver Crisis Intervention Respite		Homeless Teens and TAY Respite		Ripple Effect Respite		Danelle's Place Respite		Q-Spot		Lambda Lounge		Adoptive Families Respite		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Age Group																
Children/Youth (0-15)	0	0.0%	4	1.8%	0	0.0%	0	0.0%	39	15.1%	0	0.0%	70	43.5%	113	9.4%
TAY (16-25)	0	0.0%	206	94.5%	5	4.3%	42	20.8%	214	82.9%	12	6.9%	9	5.6%	488	40.4%
Adults (26-59)	20	25.3%	5	2.3%	89	76.7%	100	49.5%	2	0.8%	111	64.2%	52	32.3%	379	31.4%
Older Adults (60+)	58	73.4%	0	0.0%	22	19.0%	19	9.4%	0	0.0%	9	5.2%	4	2.5%	112	9.3%
Unknown/Not Reported	1	1.3%	3	1.4%	0	0.0%	41	20.3%	3	1.2%	41	23.7%	26	16.1%	115	9.5%
Total	**79**	**100.0%**	**218**	**100.0%**	**116**	**100.0%**	**202**	**100.0%**	**258**	**100.0%**	**173**	**100.0%**	**161**	**100.0%**	**1,207**	**100.0%**
Ethnicity																
Hispanic or Latino	3	3.8%	31	14.2%	20	17.2%	35	17.3%	54	20.9%	19	11.0%	35	21.7%	197	16.3%
Non-Hispanic/Non-Latino	70	88.6%	142	65.1%	73	62.9%	129	63.9%	150	58.1%	96	55.5%	73	45.3%	733	60.7%
Unknown/Not Reported	6	7.6%	45	20.6%	23	19.8%	38	18.8%	54	20.9%	58	33.5%	53	32.9%	277	22.9%
Total	**79**	**100.0%**	**218**	**100.0%**	**116**	**100.0%**	**202**	**100.0%**	**258**	**100.0%**	**173**	**100.0%**	**161**	**100.0%**	**1,207**	**100.0%**
Race																
American Indian or Alaska Native	0	0.0%	16	7.3%	3	2.6%	13	6.4%	12	4.7%	14	8.1%	4	2.5%	62	5.1%
Asian	2	2.5%	5	2.3%	1	0.9%	14	6.9%	11	4.3%	3	1.7%	12	7.5%	48	4.0%
Black or African American	22	27.8%	147	67.4%	46	39.7%	28	13.9%	49	19.0%	36	20.8%	19	11.8%	347	28.7%
Native Hawaiian/Pacific Islander	0	0.0%	0	0.0%	0	0.0%	2	1.0%	3	1.2%	2	1.2%	0	0.0%	7	0.6%
White	51	64.6%	33	15.1%	54	46.6%	130	64.4%	129	50.0%	75	43.4%	73	45.3%	545	45.2%
Other	0	0.0%	15	6.9%	8	6.9%	11	5.4%	29	11.2%	18	10.4%	14	8.7%	95	7.9%
More than one race	3	3.8%	0	0.0%	0	0.0%	0	0.0%	11	4.3%	4	2.3%	25	15.5%	43	3.6%
Decline to answer	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Not Reported	1	1.3%	2	0.9%	4	3.4%	4	2.0%	14	5.4%	21	12.1%	14	8.7%	60	5.0%
Total	**79**	**100.0%**	**218**	**100.0%**	**116**	**100.0%**	**202**	**100.0%**	**258**	**100.0%**	**173**	**100.0%**	**161**	**100.0%**	**1,207**	**100.0%**
Primary Language																
English	76	96.2%	214	98.2%	115	99.1%	191	94.6%	255	98.8%	160	92.5%	149	92.5%	1,160	96.1%
Spanish	0	0.0%	0	0.0%	0	0.0%	5	2.5%	0	0.0%	0	0.0%	2	1.2%	7	0.6%
Vietnamese	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Cantonese	0	0.0%	0	0.0%	0	0.0%	1	0.5%	0	0.0%	0	0.0%	0	0.0%	1	0.1%
Russian	0	0.0%	1	0.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.1%
Hmong	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.6%	0	0.0%	1	0.1%
Arabic	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other	2	2.5%	1	0.5%	0	0.0%	4	2.0%	1	0.4%	2	1.2%	2	1.2%	12	1.0%
Unknown/Not Reported	1	1.3%	2	0.9%	1	0.9%	1	0.5%	2	0.8%	10	5.8%	8	5.0%	25	2.1%
Total	**79**	**100.0%**	**218**	**100.0%**	**116**	**100.0%**	**202**	**100.0%**	**258**	**100.0%**	**173**	**100.0%**	**161**	**100.0%**	**1,207**	**100.0%**

Prevention and Early Intervention (PEI) Respite Programs FY 17/18 Cont.																
	Caregiver Crisis Intervention Respite*		Homeless Teens and TAY Respite		Ripple Effect** Respite		Danelle's Place Respite		Q-Spot**		Lambda Lounge**		Adoptive Families Respite		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Sexual Orientation*																
Gay or Lesbian	1	1.3%	9	4.1%	10	8.6%	37	16.0%	51	19.8%	36	20.8%	27	16.8%	171	13.8%
Heterosexual or Straight	74	93.7%	170	78.0%	86	74.1%	27	11.7%	36	14.0%	46	26.6%	84	52.2%	523	42.3%
Bisexual	0	0.0%	13	6.0%	6	5.2%	28	12.1%	59	22.9%	28	16.2%	0	0.0%	134	10.8%
Questioning or unsure	0	0.0%	3	1.4%	2	1.7%	26	11.3%	13	5.0%	3	1.7%	5	3.1%	52	4.2%
Queer	0	0.0%	0	0.0%	0	0.0%	42	18.2%	8	3.1%	5	2.9%	6	3.7%	61	4.9%
Another sexual orientation	1	1.3%	10	4.6%	4	3.4%	54	23.4%	73	28.3%	24	13.9%	0	0.0%	166	13.4%
Unknown/Not Reported	3	3.8%	13	6.0%	8	6.9%	17	7.4%	18	7.0%	31	17.9%	39	24.2%	129	10.4%
Total	**79**	**100.0%**	**218**	**100.0%**	**116**	**100.0%**	**231**	**100.0%**	**258**	**100.0%**	**173**	**100.0%**	**161**	**100.0%**	**1,236**	**100.0%**
Current Gender Identity*																
Male	21	26.6%	121	54.5%	52	43.0%	96	25.6%	88	31.0%	78	43.1%	69	42.9%	525	36.9%
Female	57	72.2%	88	39.6%	62	51.2%	65	17.3%	92	32.4%	49	27.1%	74	46.0%	487	34.2%
Transgender	0	0.0%	7	3.2%	0	0.0%	84	22.4%	34	12.0%	10	5.5%	0	0.0%	135	9.5%
Genderqueer	0	0.0%	0	0.0%	0	0.0%	20	5.3%	5	1.8%	5	2.8%	0	0.0%	30	2.1%
Questioning or unsure	0	0.0%	2	0.9%	2	1.7%	26	6.9%	13	4.6%	3	1.7%	0	0.0%	46	3.2%
Another gender identity	0	0.0%	2	0.9%	3	2.5%	78	20.8%	40	14.1%	10	5.5%	0	0.0%	133	9.3%
Unknown/Not Reported	1	1.3%	2	0.9%	2	1.7%	6	1.6%	12	4.2%	26	14.4%	18	11.2%	67	4.7%
Total	**79**	**100.0%**	**222**	**100.0%**	**121**	**100.0%**	**375**	**100.0%**	**284**	**100.0%**	**181**	**100.0%**	**161**	**100.0%**	**1,423**	**100.0%**
Veteran Status																
Yes	9	11.4%	2	0.9%	7	6.0%	23	11.4%	4	1.6%	7	4.0%	2	1.2%	54	4.5%
No	69	87.3%	216	99.1%	109	94.0%	179	88.6%	235	91.1%	162	93.6%	147	91.3%	1,117	92.5%
Decline to answer	1	1.3%	0	0.0%	0	0.0%	0	0.0%	19	7.4%	4	2.3%	12	7.5%	36	3.0%
Total	**79**	**100.0%**	**218**	**100.0%**	**116**	**100.0%**	**202**	**100.0%**	**258**	**100.0%**	**173**	**100.0%**	**161**	**100.0%**	**1,207**	**100.0%**

*Totals are higher than other categories as clients select multiple categories
**Totals are lower than FY16/17 due to data clean up efforts to enable us to report unduplicated clients. FY17/18 represents unduplicated clients whereas FY16/17 represented all contacts

PEI IMPLEMENTATION PROGRESS DATA - FISCAL YEAR 2017-18 (cont'd)

In FY 2017-18, a total of 10,028 individuals were served across three PEI programs with universal components. The chart below displays demographic information for individuals served in each of those programs:

Total Number Served in Universal Prevention FY 17/18				
	Senior Link	Quality Childcare Collaborative	Supporting Community Connections	Total
	Universal prevention estimates and # of served individuals	Universal prevention estimates and # of served individuals	Universal prevention estimates and # of served individuals	Universal prevention estimates and # of served individuals
Age Group				
Child and Youth (0-15)	0	456	5	461
Transition Age Youth (16-25)	0	0	151	151
Adult (26-59)	23	0	5,928	5,951
Older Adult (60+)	218	0	2,691	2,909
Unknown/Not Reported	4	0	552	556
Total	**245**	**456**	**9,327**	**10,028**
Race/Ethnicity				
White	67	NR	NR	67
African American	60	NR	NR	60
Asian	11	NR	NR	11
Pacific Islander	9	NR	NR	9
Native American	6	NR	NR	6
Hispanic	51	NR	NR	51
Multi-Race	4	NR	NR	4
Other	8	NR	NR	8
Unknown/Not Reported	29	456	9,327	9,812
Total	**245**	**456**	**9,327**	**10,028**
Primary Language				
English	209	NR	NR	209
Spanish	23	NR	NR	23
Vietnamese	0	NR	NR	0
Cantonese	5	NR	NR	5
Mandarin	0	NR	NR	0
Tagalog	0	NR	NR	0
Cambodian	0	NR	NR	0
Hmong	5	NR	NR	5
Russian	0	NR	NR	0
Farsi	0	NR	NR	0
Arabic	0	NR	NR	0
Other	2	NR	NR	2
Unknown/Not Reported	1	456	9,327	9,784
Total	**245**	**456**	**9,327**	**10,028**

Note: Universal prevention is prevention that is targeted to the community as opposed to certain groups of people. Because of this, demographic data is very limited and in some cases not reported (NR). Sexual orientation, gender identity and veteran status are not collected for universal prevention programs.

WORKFORCE EDUCATION AND TRAINING (WET) COMPONENT

The WET component provides time limited funding with the goals of recruiting, training and retaining diverse culturally and linguistically competent public mental health system staff. The WET component ensures that staff receive training to provide effective services and administer programs based on the principles of wellness and recovery. Sacramento County's WET Plan is comprised of eight (8) previously approved actions.

The Sacramento County Workforce Needs Assessment, completed in 2007 as part of the Workforce Education and Training (WET) Component planning process, helped inform the development of the WET Plan. As part of the annual Cultural Competence Plan requirements, BHS conducted a Human Resource (HR) Survey to provide current data on the entire mental health system. The final report of the 2019 HR Survey is attached as part of this update as Attachment G – 2019 Human Resources (HR) Survey Report.

Action 1: Workforce Staffing Support

The function of the WET Coordinator is to assist in the facilitation and implementation of previously approved WET Actions. The Coordinator attends and participates in statewide WET Coordinator Meetings; the WET Central Region Partnership, the California Educational Marriage Family Therapist (MFT) Stipend Program Selection Committee; MFT Consortium of Greater Sacramento; Health Professions Education Foundation Advisory/Selection Committee and the Valley High School-Health TECH Academy Community Advisory Board. Additionally, the WET Coordinator participates in the WET Central Region Partnership monthly Mental Health First Aid Facilitator's Conference Call. The WET Coordinator will continue to assist in the evaluation of WET Plan implementation and effectiveness, coordinates/collaborates with other MHSA and BHS efforts, and participates in the implementation of WET Actions.

Action 2: System Training Continuum

This Action expands the training capacity for mental health staff, system partners, consumers, family members, and community members through a Training Partnership Team, Train the Trainer Models, training delivery and other community-based efforts.

As part of the System Training Continuum, both adult and youth versions of the Mental Health First Aid (MHFA) are popular trainings provided for individuals, groups, organizations, system partners and the community free of charge. MHFA is an eight-hour training that teaches participants how to help individuals developing a mental health problem or experiencing a worsening of an existing mental health problem. Both BHS staff and system partners facilitate adult and youth versions of MHFA, in both English and Spanish, targeting specific cultural populations. Since 2010, Sacramento County trained more than 1,875 community members. Interest in the course and class size remains consistent.

In 2010, the MHSA Central Region Partnership Workforce, Education and Training's (CRPWET) strategic effort sponsored the initial training of local MHFA instructors. Since then, BHS continues to leverage CRPWET and local WET funds to train interested individuals that wish to be instructors, thereby expanding the MHFA instructor pool. Sacramento County's cadre of certified MHFA instructors have conducted several organized trainings in English and other languages in

community-based sites countywide throughout the year. Specialty groups (i.e. Sacramento City College Occupational Therapy Program and Stars Behavioral Health Group, Starbucks Corporation, churches and other community organizations, etc.), system partners, the community, including those with lived mental health experience have participated in MHFA trainings.

Prior to 2014, only adult MHFA training was available; however, since 2016 BHS has sent additional staff to both adult and youth MHFA Trainings for Trainers to expand the pool of MHFA instructors. Currently, adult and youth MHFA training sessions, including language/culturally specific sessions, are part of the Mental Health Plan (MHP) and partner training schedule. Additionally, adult and youth MHFA trainings are offered in both English and Spanish through a partnership with a community-based contract provider, La Familia Counseling Center. Other system partners, including Sacramento Native American Health Center and Muslim American Society-Social Services Foundation, also provide adult and youth MHFA trainings to community members free of charge.

MHFA and Youth MHFA (YMHFA) are supported in both the PEI and WET components. The Sacramento County Office of Education (SCOE) administered YMHFA has been moved from the WET component to PEI to align with other youth mental health and wellness efforts.

The System Training Continuum also supports the provision of Pro-ACT Training. BHS provides this training to staff at the Sacramento County Mental Health Treatment Center (MHTC) and Adult Psychiatric Support Services (APSS) clinic. These programs provide mental health treatment services in inpatient and outpatient milieus to individuals experiencing moderate to severe mental illness. Pro-ACT Training emphasizes critical thinking, continued assessment of client behaviors and needs, and employs a distinctive problem-solving approach designed to improve safety and enhance treatment outcomes.

In FY 2006-07, BHS piloted the evidence-based California Brief Multi-Cultural Competence Scale (CBMCS) and accompanying training. Since that time, BHS has successfully trained more than 1,100 individuals working in the local mental health service system. This training enhances provider staffs' knowledge in areas of identified and needed skill development and provides a means to measure providers' cultural competency. BHS requires that all providers' service delivery staff, supervisors and managers receive this training. In FY2018-19, BHS offered six CBMCS trainings and 287 participants attended.

In FY 2018-19, BHS offered a two-day Mental Health Interpreter Training with 35 individuals participating and a "Training for Providers Who Use Interpreters" with 30 participants in attendance. The former training meets the State requirement that all interpreters working in the public mental health system receive training specific to interpreting in a mental health/behavioral health environment. Trained interpreters are necessary to ensure accurate and complete communication to minimize risk and maximize the delivery of quality services. The training supports bilingual staff, including clinicians, case managers, administrative support staff, community members, system partners, contractors, consumers/peers, and others who are or want to become interpreters. With this training, BHS has maintained the standard that 98% of staff identified as interpreters complete an approved mental health/behavioral health interpreter training and receive certification.

In addition to the training efforts described above, BHS sponsors the annual client culture conference. In FY 2018-19, BHS provided scholarships and support for more than 98 behavioral health staff, system partners, providers, stakeholders, and individuals with lived mental health experiences to attend 12 behavioral health related trainings and conferences.

Action 3: Office of Consumer and Family Member Employment

This Action was designed to 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. Over time, many changes influenced the original design of this action. For instance, the Office of Statewide Health Planning and Development (OSHPD) rolled out numerous MHSA-funded projects that address the needs of consumer and family members interested in obtaining employment. As a result, BHS has looked for alternative opportunities to leverage these projects and further move forward the activities described in this action. In line with BHS core values and community/stakeholder input, BHS has thoughtfully included consumer and family member positions in all programs using creative partnerships between county and contract providers.

Action 4: High School Training

Through this Action, in FY 2013-14 a pilot behavioral health curriculum was developed in partnership with BHS' MHP providers, BHS Cultural Competence Committee, community partners and other interested stakeholders. The curriculum was designed for high school students with several goals in mind: cultivating interest in public mental/behavioral health careers; expanding knowledge and understanding of mental/behavioral health conditions; broadening understanding of associated stigma and discrimination against individuals with mental illness; increasing awareness of community resources and available supports; increasing understanding of mental health issues from diverse ethnic and racial perspectives; and exploring mental health across age groups.

Currently two local high schools, Arthur A. Benjamin Health Professions High School (AABHPHS) and Valley High School Health TECH Academy (VHSHTA), participate in this action and offer mental/behavioral health-oriented career pathways for their student body. The pilot curriculum, built upon the principles of wellness, recovery and resiliency, has since expanded for both schools and relies on teachers and other mental health professionals to blend academic and technical curriculum in ways that connect theoretical knowledge and real-world applications.

AABHPHS and VHSHTA students were surveyed and analysis of the data was used to modify, enhance and improve the FY 2018-19 curriculum. Activities were expanded to include more community-based internship opportunities, participation in community outreach events, and more presentations to students from guest speakers with lived experience on topics such as wellness and recovery, resiliency, stigma and discrimination, and barriers that hinder consumers from seeking emotional support and services.

In addition to curriculum modifications, VHSHTA students are also learning about the biology of addiction—how it affects the brain, how brain biochemistry reinforces addiction and ways to recover from addiction. In Health Science class, 9th grade students learned that high intake of sugary foods and beverages can increase the risk of depression in many populations and weaken

the body's ability to respond to stress. Students also learned overconsumption of sweeteners and highly processed foods could eventually change brain chemistry and perpetuate cravings, leading to overeating, poor nutrition and food addiction. Through the Health Sciences curriculum, educators have helped students understand the importance of limiting sugar intake to achieve better mental health outcomes and improved brain function.

The students have increased their knowledge of mental illness through work and project-based research. Students meet with mental health professionals from community colleges, local hospitals, mental health clinics and other community-based organizations to learn about mental health disorders such as Bipolar Disorder, Post-Traumatic Stress Disorder, Obsessive Compulsive Disorder and Schizophrenia. Pairing students with local mental health professionals raises awareness about mental illness and provides authentic job preparation opportunities and skills development in the hope students will pursue future careers in the field of mental health. Internship and other work-based learning opportunities extend and deepen classroom learning and help students make progress toward learning outcomes that are difficult to achieve through classroom work alone. These ongoing opportunities help students improve their understanding of how mental illness affects an individual's daily life and provide opportunities for them to explore their own mental health and emotional coping skills.

AABHPHS – "All about Health" Information Forum 2018

Both AABHPHS and VHSHTA have culturally and linguistically diverse student bodies that participated in many community events in FY 2018-19, including the Franchise Tax Board 24th Annual Health and Wellness Fair on April 24, 2019, Yes2College Minority Health Professions Conference on April 27, 2019, California Primary Care Association Day at the Capitol on May 21, 2019, and the Mental Health Forum for boys and men of color on March 21, 2019.

On April 12, 2019, the 13th Annual Health and Fitness Expo was held at the Valley High School campus. BHS and community-based organizations staffed information booths that provided health, fitness, and mental health and wellness information in a fun and interactive way for students, faculty, staff, community members, and families. The 12th grade students organized a variety of mental health related booths on subjects including, eating disorders, building a better brain for academic performance, stress and sleep hygiene. The Health and Fitness Expo served as a great opportunity for academy students to showcase their health fair projects and share knowledge and information with up to 2,200 students from Valley High School, Jackman Middle School and Reith Elementary School.

VHHTA – Annual Health & Wellness Event 2018

In October 2018, VHSHTA hosted and participated in a career seminar featuring primary care and the mental/behavioral health field. Many careers and professions were represented, including mental health services coordination and geriatric social work, patient's rights advocacy, and cultural competence. The career seminar increased the students' understanding of careers in the mental/behavioral health field and provided greater understanding of the importance of providing effective and culturally responsive treatment across the culturally broad communities in Sacramento County.

VHSHTA students continue to take field trips to local colleges and universities, such as University of the Pacific, School of Pharmacy, University of California, Berkeley, School of Public Health, Sacramento City College, and Allied Health Programs to learn more about the social determinants of health, ever changing healthcare needs, the importance of providing patient-centered and culturally competent care, as well as advocacy, governance, and leadership skills. Additionally, VHSHTA continues to expand its Health TECH career pathway program. Students report that they continue to benefit from WET funding, which has helped create and adopt an expanded year-round curriculum for seniors: Behavioral Health Theory and Practicum for the Community Health Worker (CHW). This expansion replaced the prior single semester course, adding depth to academy students' understanding of mental and behavioral health issues, increased instruction on careers in behavioral health, research methods in psychology, brain anatomy and function, psychological theory, abnormal psychology, and social psychology, and has been successful in engaging students in learning about career opportunities in mental/behavioral health. The current curriculum integrates a more holistic perspective in providing healthcare services and focuses on overall wellness, while exploring and understanding the more complex social determinants of health and health disparities and the long-term effects of Adverse Childhood Experiences (ACEs). Academy staff are now training the CHW students to investigate and understand how mental health and physical health affects each other. To keep students engaged and motivated, the teaching staff created realistic role-play scenarios and case studies, giving students opportunities to practice motivational interviewing skills and practice providing comfort and emotional support to others. Project based learning opportunities provided students opportunities to bridge language and cultural barriers while challenging their understanding of how environment affects both physical and mental health. Academy staff are now more deliberate in mental/behavioral health activities and promotion of mental/behavioral health awareness, informing not only VHSHTA students, but also the community of important mental/behavioral health issues and career possibilities.

AABPHS staff took students on field trips to Sacramento Valley Psychological Association, Kaiser Permanente School of Allied Health Sciences, Richmond, CA, California State University, Chico, UC Davis, School of Medicine, Sacramento City College, and William Jessup University, School

of Psychology. AABHPHS also participated in community events, including Blood Source blood drives and Pathways to Paychecks, a program involving Elk Grove Unified School District and other community partners and stakeholders that promotes career planning, breaking down silos between high school and colleges, and engaging industry to collaborate with schools to prepare students for jobs and careers that provide personal satisfaction and financial benefit for years to come. On September 25-26, 2018, AABHPHS's Positive Behavior Interventions and Supports (PBIS) team attended the 3rd Annual PBIS Conference and presented on school curriculum, including a discussion on Mind Matters: Overcoming Adversity and Building Resilience, a curriculum that teaches young people skills and practices that cultivate healing and clears away distractions to learning and healthy relationships. Students also presented on the Faces for the Future program, a multi-year healthcare internship and leadership development program for highly resilient HPHS students. Students shared how the Faces for the Future program supports entry into healthcare professions through internships, workshops, academic support and college preparation and wellness support.

The partnership with both AABHPHS and VHSHTA and their feeder schools has continued to assist BHS in the goal of recruiting a diverse workforce that is reflective of the cultural and linguistic make-up of the community.

BHS continues to work with both high schools to implement stipends for students to spend time in service delivery programs and/or community agencies in order to combine knowledge they obtain in the classroom with hands-on, real world experience.

BHS serves on the Community Advisory Board that advises on student projects related to mental health and the delivery of culturally and linguistically responsive health/behavioral health services. BHS works with the selected schools with on-the-job training, mentoring, existing Regional Occupational Programs (ROP), and experiential learning opportunities for students who express interest in learning more about possible career options in mental health and public mental health.

Action 5: Psychiatric Residents and Fellowships

Action 5 was the first WET Action implemented in FY 2011-12 and continues to be administered through University of California, Davis (UCD), Department of Psychiatry. This Action includes the following components:

1. Community Education: Psychiatry Residents and Fellowship Training Program;
2. Mental Health Collaboration, Alcohol and Drug Services, and Mental Health Providers Training Program;
3. Residents and Post-Doctoral Fellows at Youth Detention Facility, serving the special needs population; and
4. Clinical Child Psychology, Pre-Doctoral Internship Training Program

Community Education: Psychiatry Residents and Fellowship Training Program

Since its implementation in academic year 2011-12, a total of 105 psychiatric residents have participated in this action and attended the required University of California Davis Psychiatric Resident Fellowship Program trainings. In FY 2018-19, 13 students were enrolled in the program. Nine were dedicated to psychiatry only. Two students had combined interests in Psychiatry/Internal Medicine and two had combined interests in Psychiatry/Family Medicine.

Through this Action, psychiatrists are placed in public/community mental health settings to assist in primary care collaboration through consultation and education on mental health/primary healthcare integration. Additionally, residents, fellows, and other team members continue to receive in-service trainings on wellness and recovery principles, culture competence including consumer movement and client culture, and an integrated service delivery system. Targeted activities to understand mental health programming and promote holistic services while coordinating services with the primary care needs of consumers are a part of this integrated service delivery experience.

Mental Health Collaboration: Psychiatry Residents, Primary Care and Mental Health Providers Training Program
Smoking Cessation groups initially held at the Adult Psychiatric Support Services (APSS) clinic through a collaboration between the APSS medical team and UC Davis dual boarded physicians. Groups were provided to three different cohorts. Attendees received education, support and assistance with understanding the physical and behavioral aspects of nicotine addiction. Information on smoking cessation aides that would be approved by the attendee's psychiatrist was also provided.

Given the changing landscape of integrated health/mental health services resulting from the implementation of the Affordable Care Act, the BHS plans to shift the focus of this action to improve the integration of services for individuals living with both a substance use disorder and a mental health disorder. Through this Action, a dually boarded psychiatrist will provide specialized training and consultation to improve the skillsets of behavioral health providers who offer substance use disorder services to individuals living with a serious mental illness in order to improve the integrated service experience for individuals living with co-occurring disorders who are being served in both systems.

Residents and Post–Doctoral Fellows at Youth Detention Facility
Sacramento BHS has expanded the contract with UCD to include Residents and Post Doctorate Fellows providing consultation and support related to diagnostic impressions, antecedent behaviors and behavioral interventions to better serve the youth identified as having special needs residing at the Youth Detention Facility (YDF). This collaborative fosters community education opportunities for Probation staff and other stakeholders to share valuable and timely information to aid in the mental health recovery of YDF residents and optimize the care and treatment they receive. The program provides learning opportunities for Probation staff to improve communication with residents, increase development of behavioral interventions that improve outcomes such as re-offense and family relationships and increases staff's awareness and understanding of how mental illness, treated or untreated, can significantly impact a person's behavior. This program is in the early stages of implementation. Outcomes data will become available next year.

Clinical Child Psychology, Pre-Doctoral Internship Training Program
This program was implemented in the current year and gives pre-doctoral interns hands-on experience at the Sacramento County Child and Adolescent Psychiatric Services (CAPS) Clinic involving supervised provision of psychological testing services; psychosocial assessments; case management services; and short or long-term individual, conjoint and/or group therapy services.

The objectives of the program include: increasing interns' skill at providing evidenced-based, developmentally appropriate, culturally sensitive and trauma informed care; promoting professional development and preparing interns for independent practice as clinical child psychologists, with the hope that they become interested in working within the Sacramento County system of care; and providing opportunities throughout the training year for interns to coordinate and collaborate with multiple professionals involved in clients' care, especially those working in the mental health, child welfare, medical, academic, and legal domains.

Action 6: Multidisciplinary Seminar

This Action increases the number of psychiatrists and other non-licensed and licensed practitioners working in community mental health who 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.

Implementation of this Action was delayed due to budget reductions and the focus on billable services. We recognize this is an important strategy and have sent staff to trainings that support them in the delivery of effective mental health services. Moving forward, BHS will continue to identify opportunities to establish multidisciplinary collaborations with key system partners.

Action 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.

Additionally Sacramento County continues to provide funding support for individuals with lived experience from diverse cultures to attend trainings/conferences that offer leadership training, including but not limited to: the California Association of Social Rehabilitation Association (CASRA) social rehabilitation certificate and certification in group facilitation and Wellness Recovery Action Planning (WRAP) Facilitator training. As previously stated, the Office of Statewide Health Planning and Development (OSHPD) has rolled out numerous MHSA-funded projects that address the needs of consumer and family members interested in obtaining employment and enhancing leadership skills. The county continues to look for opportunities to leverage the statewide efforts and work with diverse stakeholders to determine an array of leadership and training opportunities that would be beneficial for consumers and family members.

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

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. Sacramento County has a mechanism to provide stipends that leverages County WET and other related funds, as needed.

INNOVATION COMPONENT

The Innovation Component provides time-limited funding for the sole purpose of developing and trying out new practices and/or approaches in the field of mental health. An Innovation project is defined as one that contributes to learning rather than focusing on providing a service. BHS has completed one Innovation project, known as **Innovation Project 1: Respite Partnership Collaborative**. BHS is currently implementing two Innovation Projects, **Innovation Project 2: Mental Health Crisis/Urgent Care Clinic** and **Innovation Project 3: Behavioral Health Crisis Services Collaborative**. At the October 2019 MHSA Steering Committee (SC) meeting, the Committee supported and recommended moving forward a new **Innovation Project: Multi-County Full Service Partnership (FSP) Innovation (INN) Project**. This project is described in this Annual Update. Further, the MHSA Steering Committee supports a community planning process for a new Innovation Project focused on the criminal justice population.

Innovation Project 1: Respite Partnership Collaborative (RPC)
The RPC Project spanned five-years from 2011 – 2016. The RPC was designed to be a community-driven collaborative comprised of community partners committed to developing, providing and supporting a continuum of respite services and supports designed to reduce mental health crisis in Sacramento County.

The learning opportunity for this project was using an administrative entity (Sierra Health Foundation: Center for Health Program Management) to implement the project to determine if a public/private endeavor could lead to new partnerships, increased efficiencies, and ultimately, improve services to our community members experiencing a crisis.

The RPC project was implemented in fiscal year 2012-13 and began with the formation of a Respite Partnership Collaborative comprised of twenty-two (22) stakeholders and community members. A total of five million dollars was set aside to fund grants for respite programs that could reduce the impact of crisis and create alternatives to psychiatric hospitalization. The RPC made the decision to award grants in three different funding cycles over the course of the Project.

In the role of the Administrative Entity, Sierra Health Foundation (SHF) Center for Health Program Management assisted the RPC to develop grant making procedures and practices and oversaw the distribution of grant dollars. Requests for Proposals were developed and publicized throughout the community. Organizations were invited to submit proposals for respite programs that could address mental health crisis and reduce psychiatric hospitalization. Proposals were reviewed by review teams comprised of RPC members as well as community stakeholders. All awards were determined by the RPC.

As an Innovation project, funding was time-limited for the term of the project, which meant that the mental health respite grantees had to look for sustainable funding from other sources. The Welfare and Institutions Code allows for the transition of successful innovation projects to sustainable MHSA funding, if the County so chooses. In 2015 and early 2016, the MHSA Steering Committee reviewed RPC-funded respite programs for consideration of sustainability through other MHSA components. This review was based on component funding requirements, as well as system needs. With support from the MHSA Steering Committee, all eleven mental health respite

programs transitioned to sustainable MHSA CSS and PEI funding during FY 2015-16. Descriptions of those respite programs are included in the CSS and PEI component sections of this Annual Update.

Innovation Project 2: Mental Health Crisis/Urgent Care Clinic

The Mental Health Crisis/Urgent Care Clinic project was reviewed and approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) in May 2016. The primary purpose of this project is to increase the quality of services, including better outcomes for individuals experiencing a mental health crisis with the secondary purpose of increasing access to services.

Over the past two decades, urgent care clinics have emerged as an alternative and effective care setting that improves access to quality healthcare, addresses intermediate physical health needs, and provides an alternative to emergency department visits. The project will test the adaptation of an urgent care clinic/medical model, which is an intermediate step between routine and emergency care, to provide crisis response/care for individuals experiencing a mental health crisis. Furthermore, this project will fully incorporate wellness and recovery principles into service delivery. Specifically, the adaptations will focus on: 1) *Operate as an extended hours outpatient treatment program* versus a Crisis Stabilization Unit thus allowing for a more flexible staffing pattern to tailor services that better meet community needs; 2) *Provide direct linkage* as an access point for both Sacramento County Mental Health Plan (MHP) and Alcohol and Drug Services (ADS); 3) *Serve all ages* (children/youth, TAY, adults, and older adults); and, 4) *Pilot a medical clearance process* utilizing a screening tool that will allow clinical staff to initially screen to identify medical issues on site as needed.

In turn, these adaptations will achieve better client outcomes including the following: creating an effective alternative for individuals needing crisis care, improving the client experience in achieving and maintaining wellness, reducing unnecessary or inappropriate psychiatric hospitalizations and incarcerations, reducing emergency department visits, improving care coordination across the system of care to include linkages to other needed resources and timely access to mental health services.

In October 2016, Sacramento County initiated the competitive selection process to seek out organizations interested in collaboratively operating this project. As a result, Turning Point Community Programs was selected to administer the Mental Health Urgent Care Clinic which opened in November 2017.

The Mental Health Urgent Care Clinic, certified as a Medi-Cal outpatient clinic, provides voluntary and immediate access to short-term crisis intervention services including integrated services for co-occurring substance abuse disorders to individuals of any age who are experiencing a mental health crisis. Services are designed to provide an alternative to emergency department visits for individuals who have immediate mental health needs. Services focus on wellness and recovery as well as linkage to ongoing community services. Interventions assist in decreasing unnecessary and lengthy involuntary inpatient treatment while increasing access to care in a voluntary setting.

Clinic service outcomes are to provide comprehensive, integrated, culturally competent, supportive services to underserved and unserved individuals experiencing mental health crisis to 1. Offer an effective alternative for crisis mental health services; 2. Improve their experience in achieving and maintaining wellness; 3. Reduce psychiatric hospitalizations and/or incarcerations; 4. Reduce emergency department visits for urgent mental health needs; and, 5. Improve care coordination across the system, including linkages to other needed resources and timely access to mental health services.

Innovation Project 3: Behavioral Health Crisis Services Collaborative

The Innovation Project 3: Behavioral Health Crisis Services Collaborative (BHCSC) project was reviewed and approved by the MHSOAC in May 2018. BHS, in partnership with Dignity Health and Placer County, implemented the BHCSC in FY 2018-19. In September 2019, the BHCSC opened for service delivery. The BHCSC establishes integrated adult crisis stabilization services on the Mercy San Juan hospital emergency department campus in the northeastern area of Sacramento County.

This innovative emergency care integration initiative advances the standard for existing crisis services in several distinctive ways:

- It is a unique public/private collaboration between Sacramento County, Placer County and Dignity Health, and engages multiple Plan and community-based partners to serve residents of both Counties.
- It represents a commitment from a large hospital system, Dignity Health, to provide quality and integrated medical and behavioral health services under the hospital's license and make a financial investment that includes:
  - Dedicated hospital campus space and construction of facilities, designed to meet crisis stabilization services specifications
  - Ongoing facility operations and maintenance
  - Client transportation
  - Funding for a hospital navigator position
- Project services:
  - Are sited in the northern region of Sacramento which lacks sufficient crisis service programs across two counties with growing populations
  - Serves TAY (18+), adults, and older adults, who:
    - Present in the emergency department (ED), are medically treated and stabilized, and would benefit from multi-disciplinary mental health evaluation and crisis stabilization services for up to 23 hours
    - Voluntarily or involuntarily elect to receive services with the expressed goal of minimizing the time being on an involuntary 5150 hold
  - Provide front door integrated medical emergency and mental health crisis stabilization services that embrace the concept of whole person care, wellness and recovery.
  - Promote prevention by incorporating an assessment tool for early identification and intervention of first episodic psychosis that will be developed by the University of California Davis Medical Center's (UCDMC) Sacramento Early Diagnosis and Preventive Treatment Program (SacEDAPT). Project services will also connect Sacramento County clients to ongoing care with the SacEDAPT program, a project partner.

- It presents a new opportunity to serve both publically and privately insured residents from both Sacramento and Placer Counties.
- It creates an opportunity to develop a model for:
  - Shared governance and regulatory responsibilities related to delivering seamless integrated medical emergency and crisis stabilization care on a hospital emergency department campus
  - Electronic medical records exchange for both clinical coordination of care and claiming processes with the goal of delivering effective and efficient seamless integrated crisis care
- A robust resource center under the same roof allows multiple community-based partners to support the project by providing care coordination, peer support and navigation, and social services support at the point of care. This ensures that consumers are directly linked to aftercare and other resources necessary for ongoing management of conditions and wellness.
- Local Health Plans operating in Sacramento and Placer Counties provide navigation and support services to their private and public enrollees that utilize project services.
- The project is a natural fit with collaborative efforts between Sacramento County and Sacramento City's Whole Person Care (WPC) initiative, and serves as a direct access point for assessing eligibility, continuity of care, and referral opportunities for homeless individuals with serious mental health conditions in the northern part of Sacramento County.

By integrating mental and physical health care and social support services in one location, the project ensures continuity of care and strengthens the region's continuum of care for an estimated 2,000 or more public and private clients annually.

The primary purpose of this emergency care integration innovation project is to demonstrate improved behavioral health outcomes through a public/private collaboration that removes existing barriers to care, increases access to, and the quality and scope of, crisis stabilization and supportive mental health services that are integrated and coordinated. Project services, sited in the northern region of Sacramento County, increase access to crisis services for underserved area residents.

The secondary purpose of this project is to improve the efficacy and integration of medical and mental health crisis stabilization services through a public/private partnership between a licensed acute care general hospital and an onsite provider of mental health rehabilitative crisis stabilization services. The project will result in the development of assessment, stabilization and treatment protocols between a hospital emergency department (ED) and an onsite mental health crisis stabilization service focused on timely intervention and restoration of civil rights, early psychosis identification and intervention, and reduced ED patient boarding. Treatment protocols will apply to two adjoining counties as well as Health Plans and include best practices to change the trajectory of care for individuals seeking crisis services.

Innovation Project 4: Multi-County Full Service Partnership (FSP) INN Project

This Annual Update includes the new Multi-County Full Service Partnership (FSP) INN Project (Attachment E). This project is a multi-county Innovation Project that provides an opportunity for counties to implement new data-informed strategies to program design and continuous improvement for FSP programs, supported by county-specific implementation and evaluation technical assistance. The overall purpose and goals of this proposed project are to: (1) improve how counties collect and use data to define and track program outcomes that are meaningful for

FSP clients; (2) Develop new and/or strengthen exisiting processes for continuous improvement for FSP programs; (3) Develop a clear strategy for how FSP outomces and performance measures can best be tracked and streamlined; (4) Develop a shared understanding and more consistent interpretation of the core FSP components; (5) increase the clarity and consistency of FSP enrollment criteria, referral, and graduation processes. This project was supported by the MHSA Steering Committee in FY 2019-20 and is pending approval by the the Sacramento County Board of Supervisors and the MHSOAC.

Innovation Project 5

As supported and recommended by the MHSA Steering Committee mid FY 2019-20, BHS will facilitate a community planning process for a new INN Project that focuses on adults, and older adults living with a serious mental illness who are involved with the criminal justice system. Once a proposed plan has been developed through a community planning proess, the plan will be presented to the MHSOAC and Sacramento County Board of Supervisors for approval. More information about this project will be included in future updates.

CAPITAL FACILITIES (CF) AND TECHNOLOGICAL NEEDS (TN) COMPONENT

The **Capital Facilities (CF) Project Plan** was approved in July 2012. The project involved renovations and improvements to the county-owned complexes at 2130, 2140, 2150 Stockton Boulevard. The renovations and improvements of these complexes allowed for the co-location of the MHSA-funded Adult Psychiatric Support Services (APSS), Peer Partner program, and the Mental Health Urgent Care Clinic (INN Project 2).

The Department of General Services (DGS) and the County Architects developed and implemented a Scope of Work that incorporated the community feedback and the necessary Americans with Disabilities Act (ADA) requirements. The construction was completed in late 2015 and the programs have successfully transitioned into the renovated space.

The **Technological Needs (TN) Project** consists of five phases, which began in fiscal year 2010-11, to build the infrastructure necessary to meet Sacramento's goals of the Community Services and Supports Plan by improving integrated services that are client and family driven, meet the needs of target populations and are consistent with the recovery vision in Sacramento County. This project will also further the County's efforts in achieving the federal objectives of meaningful use of electronic health records to improve client care. Per WIC Section 5892(b), Counties may use a portion of the CSS funds to sustain TN projects once the time-limited TN funds are exhausted. Therefore, these activities are being sustained with CSS funding.

There are two Roadmaps to address Sacramento County Technological needs: Sacramento's Health Information Exchange, known as SacHIE (County operated providers and those contracted providers who have chosen to use the County's electronic health record) and HIE (Contracted providers with their own electronic medical record system).

SacHIE Roadmap:

- Phase 1: Clinical Documentation, Electronic Prescribing
- Phase 2: Document Imaging, Consent Management, Billing and State Reporting Electronic Exchange
- Phase 3: Clinical Documentation Exchange
- Phase 4: Laboratory Order Entry and Lab History Exchange
- Phase 5: Health Information Exchange/Personal Health Record Implementation and Expansion

Sacramento County is currently in Phase 4 of the SacHIE project. All of our County Operated providers and those contracted outpatient providers that have chosen to use the County's electronic health record are utilizing an electronic health record (EHR) that allows for electronic requests and responses for mental health services, collection of client demographics, completion of assessments, progress notes, client plans as well as electronic prescribing of medications and claiming for services provided. Sacramento County anticipates the completion of Phase 4 of the SacHIE project by the end of fiscal year 2019-20. Next, the County will begin Phase 5 of the project, which addresses Health Information Exchange/Personal Health Record implementation and expansion.

HIE (Health Information Exchange/Providers with their own system) Roadmap:

- Phase 1: Practice Management, Electronic Prescribing
- Phase 2: Electronic Exchange of Claiming and State Reporting Information
- Phase 3: Electronic Exchange of Clinical Information
- Phase 4: Electronic Order Entry
- Phase 5: Fully Integrated Electronic Health Record and Personal Health Record

Sacramento County has completed Phase 1 of the HIE. All of the contracted providers who have chosen to use their own electronic health record will continue to utilize the County's EHR system to record electronic requests for mental health services, collection of client demographics, as well as electronic prescribing of medications and claiming for services provided until Phases 2 through 4 have been completed. Phases 2 through 5 address electronic exchange of information and are included in the scope of work in Phase 5 of the SacHIE Roadmap. Sacramento County will begin these phases in as they begin Phase 5 of the SacHIE Roadmap.

FY 2019-20 Mental Health Services Act Expenditure Plan
Funding Summary

County: Sacramento Date: 1/7/20

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2019/20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	92,080,041	29,197,976	15,303,121	1,414,803	75,050	
2. Estimated New FY 2019/20 Funding	53,632,478	13,408,120	3,528,453			
3. Transfer in FY 2019/20[a/]	(7,850,000)			1,750,000	6,100,000	
4. Adjustment to Local Prudent Reserve in FY 2019/20*	1,339,957	355,098				(1,695,055)
5. Estimated Available Funding for FY 2019/20	139,202,476	42,961,194	18,831,574	3,164,803	6,175,050	
B. Estimated FY 2019/20 MHSA Expenditures	65,349,712	21,063,006	5,346,042	1,364,854	4,906,062	
G. Estimated FY 2019/20 Unspent Fund Balance	73,852,765	21,898,187	13,485,533	1,799,949	1,268,988	

Note - Estimated Unspent Funds from Prior Fiscal Years figures are dynamic and will change based on actual expenditures, finalized cost reports, and cost settlements.

H. Estimated Local Prudent Reserve Balance*	
1. Estimated Local Prudent Reserve Balance on June 30, 2019	14,891,847
2. Contributions to the Local Prudent Reserve in FY 2019/20	0
3. Distributions from the Local Prudent Reserve in FY 2019/20	0
4. Adjustment due to Prudent Reserve Limits in WIC 5892(b)(2)	(1,695,055)
5. Estimated Local Prudent Reserve Balance on June 30, 2020	13,196,792

*Welfare and Institutions Code Section 5892(b)(2) requires counties to maintain a prudent reserve that does not exceed 33 percent of the average community services and supports (CSS) revenue received for the Local Mental Health Services Fund in the preceding five years, and to reassess and certify the maximum amount every five years. Per DHCS Info Notice 19-037, Maximum Prudent Reserve for Sacramento County is $13,196,792, thus requiring an adjustment to reduce the Prudent Reserve balance.

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

FY 2019-20 Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Sacramento Date: 1/7/20

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Sierra Elder Wellness	1,723,746	778,528	908,218			37,000
2. Permanent Supportive Housing	17,928,642	14,254,621	3,355,418			318,603
3. Transcultural Wellness Center	1,989,950	1,242,606	737,344			10,000
4. Adult Full Service Partnership	7,070,947	3,119,597	3,863,350			88,000
5. Juvenile Justice Diversion and Treatment	2,787,788	1,505,766	641,011	641,011		
6. Transition Age Youth (TAY) Full Service Partnership	3,060,000	1,903,500	1,153,500			3,000
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Transitional Community Opportunities for Recovery and Engagemen	28,931,104	14,559,023	13,680,080			692,000
2. Permanent Supportive Housing	3,273,920	1,519,111	1,058,670			696,139
3. Wellness and Recovery	5,798,616	3,756,739	1,201,170			840,707
4. Crisis Residential	4,309,934	2,729,885	1,580,050			
5. Children's Community Mental Health Services	45,727,175	9,784,700	22,728,413	13,214,062		
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	10,195,638	10,195,638				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	132,797,458	65,349,712	50,907,224	13,855,073	0	2,685,449
FSP Programs as Percent of Total	52.9%					

FY 2019-20 Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Sacramento Date: 1/7/20

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Suicide Prevention	8,057,498	7,921,686				135,813
2. Strengthening Families	3,838,147	3,609,470				228,677
3. Integrated Health and Wellness	806,400	806,400				
4. Mental Health Promotion	1,446,441	1,446,441				
5. Time-Limited Community Driven PEI Program	6,000,000	6,000,000				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Integrated Health and Wellness - SacEDAPT	700,000	250,000	69,740			380,260
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	552,385	552,385				
PEI Assigned Funds	476,625	476,625				
Total PEI Program Estimated Expenditures	21,877,496	21,063,006	69,740	0	0	744,750

FY 2019-20 Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Sacramento Date: 1/7/20

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. N/A	0					
2. Mental Health Crisis/Urgent Care Clinic	2,741,907	1,941,907	800,000			
3. Behavioral Health Crisis Services Collaborati	4,228,608	2,904,135	1,324,474			
4. FSP Collaborative	500,000	500,000				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	7,470,515	5,346,042	2,124,474	0	0	0

FY 2019-20 Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Sacramento Date: 1/7/20

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET Actions	1,364,854	1,364,854				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	1,364,854	1,364,854	0	0	0	0

FY 2019-20 Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Sacramento Date: 1/7/20

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Upgrading System and Architecture Support	4,906,062	4,906,062				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	4,906,062	4,906,062	0	0	0	0

Mental Health Services Act (MHSA) FY 2019-20 Annual Update
Funding Summary Presentation

A. Community Services and Supports (CSS) Component

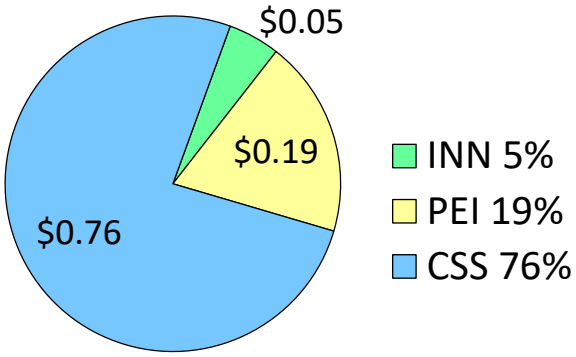
- Provides funding for mental health treatment services and supports for children/youth and their families living with severe emotional disturbance and adults living with a serious mental illness. This includes funding for the MHSA Housing Program.
- A majority of CSS funding must be directed to Full Service Partnership programs
- Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years
  - This means unspent CSS funding is combined with incoming revenue to sustain CSS programming/activities, as well as sustaining critical activities in the time-limited WET and CF/TN components, sustaining successful and applicable INN project components
  - Unspent CSS funding must also be used to sustain MHSA Housing Program investments
    - MHSA funds have resulted in 161 built units across 8 developments since 2008
    - 15 units are in development through the Special Needs Housing Program
    - MHSA investment of $15m-$22m must be replenished as projects mature
- 76% of each MHSA dollar is directed to the CSS Component (see funding chart below)

B. Prevention and Early Intervention (PEI) Component

- Provides funding for programs and activities designed to prevent mental illness from occurring or becoming more severe and disabling
- A majority of PEI funding must be directed to ages 0-25
- 19% of each MHSA dollar is directed to the PEI Component (see funding chart below)

C. Innovation (INN) Component

- Provides funding to test new and/or improved mental health practices or approaches with the goal of increasing access (including access for underserved groups), increasing the quality of services, or promoting interagency collaboration
- Projects can span up to 5 years – If successful, other funding must be identified to sustain
- Successful INN projects may be sustained by CSS/PEI components (as applicable), if County so chooses
- All new or changed INN projects must be approved by the Mental Health Services Oversight and Accountability Commission (OAC)
- 5% of each MHSA dollar is directed to the INN Component (see funding chart below)



D. Workforce Education and Training (WET) Component

- Provides time limited funding with a goal to recruit, train and retain diverse culturally and linguistically competent staff for the public mental health system and ensure they are adequately trained to provide effective services and administer programs based on wellness and recovery
- WET activities must be sustained by CSS funding once dedicated WET funding is exhausted

DI. Capital Facilities and Technological Needs (CF/TN) Component

- Capital Facilities (CF) project – Time limited funding to renovate three buildings at the Stockton Boulevard complex that house Adult Psychiatric Support Services (APSS) clinic, Peer Partner Program and INN 2 Project (Mental Health Urgent Care Clinic)
- Technological Needs project – Time limited funding to addresses our commitment to move to an Electronic Health Record and Personal Health Record to improve client care through a multi-phased approach
- CF/TN activities must be sustained by CSS funding once dedicated CF/TN funding is exhausted

DII. Prudent Reserve

- Per Welfare and Institutions Code, each County must establish and maintain a prudent reserve to ensure the county program will continue to be able to serve children, adults, and seniors during years in which revenues for the Mental Health Services Fund are below recent averages

DIII. Overarching Points

- Mental Health Services Act (MHSA) funding is generated by a 1% tax on personal income in excess of $1M
  - As income tax-based revenue, MHSA funding is greatly impacted by the economy (impacts lag by approximately 2 years)
  - State revenue projections may be overestimated by $150-200M annually
- In FY2017-18, Sacramento County allocation was increased from 3.26% to 3.29% of State MHSA funding due to statewide recalculation of distribution methodology
- In FY2018-19, Sacramento County allocation decreased from 3.29% to 3.23% of State MHSA funding due to statewide recalculation distribution methodology
- In FY2019-20, Sacramento County allocation increased from 3.23% to 3.26% of State MHSA funding due to statewide recalculation distribution

Photo by Rmarmion at dreamstime.com

SACRAMENTO COUNTY

CAN WE TALK?

MENTAL HEALTH AND WELLNESS IN THE AFRICAN AMERICAN COMMUNITY DIALOGUE

Sacramento County Division of Behavioral Health Services would like to invite African American community members who live in Sacramento County to participate in an open dialogue with the Cultural Competence Committee Ad Hoc Workgroup. Join us to provide your insights and ideas on the mental health and wellness needs of African Americans who have experienced trauma and/or mental health challenges. This is an opportunity to have direct input into future programming to meet the needs of the African American community in Sacramento County.

SATURDAY, DECEMBER 1ST, 2018

10 AM - 2PM

GRANTLAND L JOHNSON CENTER FOR HEALTH AND HUMAN SERVICES

7001-A EAST PARKWAY,

CONFERENCE ROOM 1

SACRAMENTO, CA 95823

Lunch will be provided. If interested in attending, please RSVP at **https://mhdialogue.eventbrite.com.*
***I**f you wish to attend and need reasonable accommodation, please contact Jay Ma at (916) 875-4639 or via email at maJay@saccounty.net by 11/28/18. For questions or concerns, please contact Darlene Moore at (916) 875-7227.*

SACRAMENTO COUNTY

Division of Behavioral Health Services
Mental Health Services Act (MHSA)
Cultural Competence Committee Ad Hoc Workgroup
December 1, 2018, 10:00am – 1:45 pm
Grantland L. Johnson Center for Health and Human Services
7001-A East Parkway, Conf. Room 1, Sacramento, CA 95823
Meeting Summary

Cultural Competence Committee (CCC) Charge to CCC Ad Hoc Workgroup

The Division of Behavioral Health Services (BHS) tasked the DBHS Cultural Competence Committee with forming an Ad Hoc Workgroup to gather feedback from the community and develop a recommendation(s) to address the mental health and wellness needs of African American community members who have experienced or have been exposed to trauma. The CCC Ad Hoc Workgroup will:

- Review Prevention and Early Intervention (PEI) program components and funding requirement, review definitions of prevention programs and early intervention programs and review the priorities for PEI programs as established by the California Mental Health Services Oversight and Accountability Commission (MHSOAC).
- Create understanding of risk factors and protective factors for mental health trauma in Sacramento's African American community.
- Facilitate communication between African American community, the CCC Ad Hoc Workgroup and other community stakeholders.
- Develop an outline for a new PEI mental health wellness program for African Americans at risk for mental health trauma.

Welcome and Introductions

Adele James, MA, Certified Professional Coach was the Facilitator for the Cultural Competence Committee (CCC) Ad Hoc Workgroup Meeting. Ms. James briefly discussed the meeting agenda, setting the tone for what the CCC Ad Hoc Workgroup and the community members could expect from the day. Ms. James facilitated a cultural activity in which she invited participants to speak out loud the name of someone they wished to honor in the spirit of the work they were doing today. Many participants shared names of those they wished to honor in their work.

Uma Zykofsky, LCSW, Sacramento County Behavioral Health Director, welcomed attendees and briefly discussed the overall purpose of the planning process to develop trauma prevention and early intervention program recommendations for a new PEI program to serve Sacramento's African American community**.** Ms. Zykofsky explained that Sacramento County has a Mental Health Board (MHB) that is an advisory board to the Sacramento County Board of Supervisors and acknowledged Supervisor Patrick Kennedy for attending today's meeting. The MHB holds hearings to receive public comment regarding the programs funded by the Mental Health Services

Division of Behavioral Health Services
Mental Health Services Act (MHSA)
Cultural Competence Committee Ad Hoc Workgroup
December 1, 2018
Meeting Summary

Act (MHSA). In March 2018, the MHB held a public hearing and several community members gave public comment related to what they observed as gaps in services that address trauma resulting from community violence and gun violence disproportionately experienced by African American boys and men of color. In response, Ms. Zykofsky, along with her Cultural Competence & Ethnic Services Program Manager, reached out to community members to learn more about these concerns and explored the current array of programs offered by the public mental health system. She explained that it is critical to listen to the community before developing programs. Ms. Zykofsky thanked community members for coming out during the weekend to participate in this process and expressed that the primary goal for the meeting was to ensure that the voice of the community is heard early in the process and captured in such a way that helps move the recommendation forward.

Prevention and Early Intervention Overview

Jane Ann Zakhary, BHS Division Manager, introduced herself and gave a quick overview of the Mental Health Services Act (MHSA). Ms. Zakhary also shared key concepts of PEI program components, explaining that PEI programs have an overarching goal of engaging individuals before the development of serious mental illness or serious emotional disturbance or to alleviate the need for additional or extended mental health treatment by facilitating access to services and supports at the earliest signs of mental health struggles. Ms. Zakhary referred people to the last page of their meeting packet for more detailed information.

Community Planning Process

Mary Nakamura, LCSW, Cultural Competence & Ethnic Services Program Manager, expressed appreciation for all who attended today. She provided a brief background of the Cultural Competence Committee (CCC) Ad Hoc Workgroup activities to date and acknowledged each of the CCC Ad Hoc Workgroup members who were present. She also explained that the CCC Ad Hoc Workgroup's recommendations will be presented to the Cultural Competence Committee later this month and subsequently to the MHSA Steering Committee in January 2019. The Sacramento County MHSA Steering Committee is the highest recommending body to the Division of Behavioral Health Services with respect to MHSA funded programs and projects.

The Impact of Mental Health Trauma in Sacramento's African American Community

Ryan McClinton, Community Organizer, Sacramento Area Congregations Together, shared his personal experience with trauma, discussing how being pulled over by police more than 30 times in one year left a traumatic imprint on his life and how he now experiences hyper-vigilance when behind the wheel of his vehicle. Mr. McClinton's discussion also touched upon traumatic events involving some close family members, as well as provided context for the questions:

- What is mental health trauma?
- Who experiences trauma?

After sharing his story, Mr. McClinton invited community members to share some of their thoughts and feelings related to trauma and how traumatic experiences have impacted their lives.

Division of Behavioral Health Services
Mental Health Services Act (MHSA)
Cultural Competence Committee Ad Hoc Workgroup
December 1, 2018
Meeting Summary

Flojuane G. Cofer, PhD, MPH, Director of State Policy and Research, Public Health Advocates, provided broader context on how trauma affects mental health and wellbeing in general, and more specifically in the African American community. Dr. Cofer used characters from the popular Star Wars movies to further explain risk factors associated with trauma and protective factors associated with healing from mental health trauma. She also discussed Adverse Childhood Experiences and how Adverse Community Experiences can contribute to high levels of trauma across the population. Dr. Cofer also covered some common sources of community trauma, the science of stress and the health effects of abuse, neglect and childhood trauma.

Table Talk Discussion

Ms. James provided instructions for the table talk discussions, which included each table having a reporter, a recorder and a timekeeper. Ms. James asked each table to consider the information they received about mental health trauma and the presentations by Mr. McClinton and Dr. Cofer as a foundation to shape a new PEI program that is culturally responsive to the needs of Sacramento's African American community. Each table talk group was asked to answer the following questions:

1. Who are groups in Sacramento's African American community that trauma prevention/early intervention services should be directed to?
2. What type of support services (i.e community healing circle, support group, etc) are needed to address trauma prevention/early intervention among African Americans in Sacramento?
3. Where are the best and most accessible places that trauma prevention/early intervention services should be provided to African Americans in Sacramento?
4. What language works best to describe mental health trauma when reaching out to Sacramento's African American community?
5. What should be included in order to make trauma prevention/early intervention services culturally responsive to the needs of Sacramento's African American community?

Five bonus questions were generated through open mic/community sharing. Ms. James wrote the bonus questions on flip charts placed throughout the room and provided community members with an opportunity to address the bonus questions in their table talk discussions. The bonus questions were:

1. What would it look like to know that there is a change systemically?
2. What are current resources and what is needed to supplement current resources?
3. What social support would help to prevent/intervene trauma?
4. What are some ways to prevent intergenerational trauma?
5. How do we match resources to places where African Americans live, love, learn, work and play?

Report out on PEI Recommendations

Each table had an opportunity to summarize their responses to the questions. The table talk discussions were rich and robust and group members were engaged in the process. There were

certain responses that kept coming up from one table talk group to the next. The recurring themes reported by several table talk groups were:

- Develop a PEI program for the African American community that is culturally relevant and appropriate to addresses the emotional needs and wellbeing of youth and Transition Age Youth (TAY) (ages 0-25) and their families who have experienced trauma in educational and other institutions and for adults (26 – 55) who are coping with generational trauma.
- Provide an array of support groups in accessible and safe places such as at community centers or faith based organizations.
- Hire cultural brokers and peers who are reflective of the community to be served, who have an awareness of historical trauma, and who are knowledgeable of community resources and how to navigate systems.
- Take time to establish connection; use appropriate language and vocabulary that demonstrates an understanding of African American culture, including historical trauma; listen with empathy, be supportive of spiritual and other support systems and be accepting of cultural differences.

Wrap Up/Next Steps

Ms. Nakamura shared that feedback from the community/table talk discussions will be used by the CCC Ad Hoc Workgroup to formulate recommendations for a new PEI program to address the mental health and wellness of the African American community that will be presented to the Cultural Competence Committee in December.

Feedback the CCC Ad Hoc Workgroup receives from the CCC will be considered and addressed and then the recommendation will be presented to the MHSA Steering Committee in January 2019. Pending any additional feedback from the Steering Committee, the recommendations will be submitted to the Division of Behavioral Health Services for inclusion in the MHSA Annual Update draft.

Once the draft of the MHSA Annual Update is prepared, a 30-day public comment period will be held. During this time, the Mental Health Board will hold a public hearing for final comments on the information presented in the Annual Update.

Ms. Nakamura and Ms. Zykofsky thanked the CCC Ad Hoc Workgroup and the community members for attending the meeting and sharing their thoughts and feelings in this community planning process. They reminded attendees that this is just one of many opportunities for them to provide the Division of Behavioral Health Services with input into the PEI program recommendations. Division of Behavioral Health Services will provide updates to the attendees about the recommendations, as well as opportunities to participate in the community listening sessions in early 2019.

Photo by Rmarmion at dreamstime.com

SACRAMENTO COUNTY

YOU CAN MAKE A DIFFERENCE

Sacramento County Division of Behavioral Health Services would like to invite African American community members who live in Sacramento County to participate in a Community Listening Session. Join us for a regional Community Listening Session to provide your insights and ideas on the mental health and wellness needs of African Americans in Sacramento County. Through your participation, you will help shape future programming to meet the mental health needs of African Americans who have experienced trauma.

COMMUNITY LISTENING SESSION – SOUTH:

SATURDAY, FEBRUARY 9TH, 2019

10 AM - 2PM

SOUTH SACRAMENTO CHRISTIAN CENTER

7710 STOCKTON BLVD,

SACRAMENTO, CA 95823

Lunch will be provided. If interested in attending, please RSVP at **https://mhdialogue1.eventbrite.com. If you wish to attend and need reasonable accommodation, please contact Darlene Moore at (916) 875-7227 or via email at Mooreda@SacCounty.net by 2/1/19.*

For questions or concerns, please contact Darlene Moore at (916) 875-7227.

Photo by Rmarmion at dreamstime.com

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GREATER SACRAMENTO URBAN LEAGUE - NORTH

SATURDAY, MARCH 2nd, 2019

10 AM - 2PM

3725 MARYSVILLE BLVD.

SACRAMENTO, CA 95838

Lunch will be provided. If interested in attending, please RSVP at **https://mhdialogue2.eventbrite.com. If you wish to attend and need reasonable accommodation, please contact Darlene Moore at (916) 875-7227 or via email at Mooreda@SacCounty.net by 2/22/19.*

For questions or concerns, please contact Darlene Moore at (916) 875-7227.

Photo by Rmarmion at dreamstime.com

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ST. PAUL MISSIONARY BAPTIST CHURCH – OAK PARK:

DR. EPHRAIM WILLIAMS FAMILY LIFE CENTER

SATURDAY, MARCH 30TH, 2019

10 AM - 2PM

4036 14TH AVE.

SACRAMENTO, CA 95820

**Lunch will be provided.*

If interested in attending, please RSVP at ***https://mhdialogue3.eventbrite.com****. Playcare is available with advance reservations. For playcare, please complete your Eventbrite registration by March 22, 2019*

For questions or concerns or if you need reasonable accommodations, please contact Darlene Moore at (916) 875-7227 or via email at Mooreda@SacCounty.net by 3/22/19

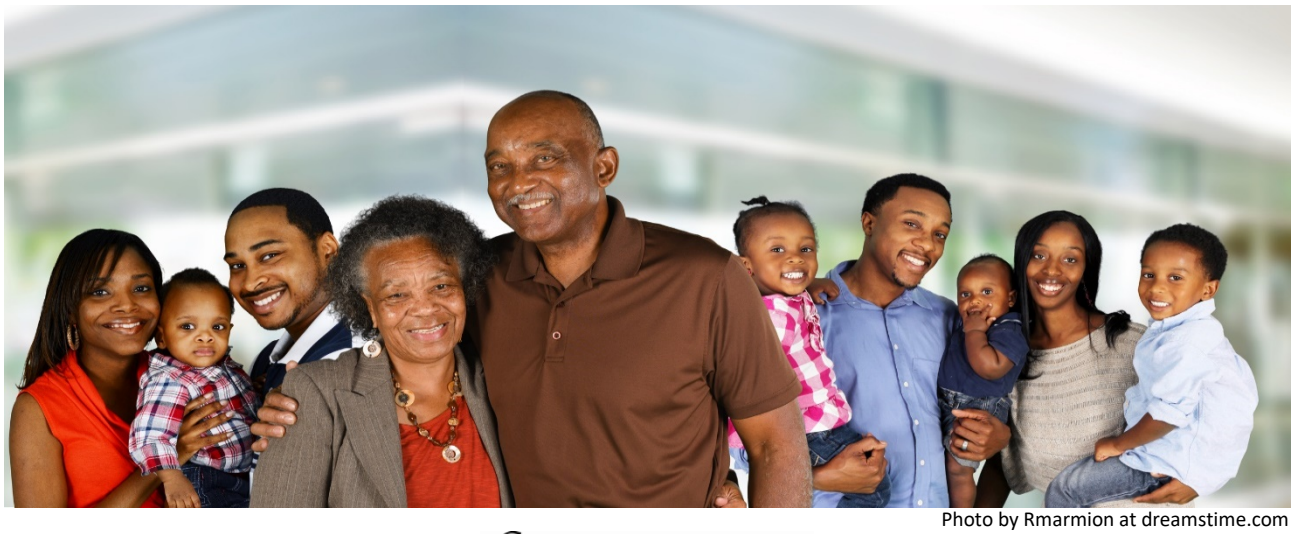


Photo by Rmarmion at dreamstime.com

SACRAMENTO COUNTY

YOU MADE A DIFFERENCE

Sacramento County Division of Behavioral Health Services invites African American community members who live in Sacramento County to participate in a Community ***Wrap-Up*** session. We held three Community Listening Sessions in various parts of the county and received great feedback that will be helpful in developing a Prevention and Early Intervention program for African American community members to address their mental health and wellness needs. Many African American community members participated in one or more of the Community Listening Sessions, sharing their thoughts and ideas on the mental health and wellness needs of African Americans who have experienced trauma and how best to provide community interventions that will be meaningful and beneficial.

We want to ensure that we heard and recorded your thoughts, insights and ideas accurately. To make sure we *got it right,* we are inviting you to attend a ***Wrap-Up*** session, which will conclude the community input phase of the process. Your participation will directly impact and influence program design and support services to meet the mental health and wellness needs of African Americans in Sacramento County.

BLACK CHILD LEGACY COMMUNITY INCUBATOR LEAD – FRUITRIDGE/STOCKTON
FRUITRIDGE ELEMENTARY SCHOOL
TUESDAY, MAY 28, 2019
4625-44TH STREET
SACRAMENTO, CA 95820
TUESDAY, MAY 28, 2019
6 PM – 8 PM

If interested in attending, please RSVP at https://mhfeedback.eventbrite.com. Dinner will be provided. Playcare is available with advance registration. For playcare, please complete your Eventbrite registration by: May 21, 2019.

For questions, concerns or if you need reasonable accommodations, please contact Darlene Moore at (916) 875-7227 or via email at Mooreda@SacCounty.net by: May 21, 2019.

SACRAMENTO COUNTY

Division of Behavioral Health Services (BHS)
Mental Health Services Act (MHSA)
Cultural Competence Committee Ad Hoc Workgroup

Summary of Community Planning Process
September 2018 – May 2019

In March 2018, the Sacramento County Mental Health Board held a public hearing and several community members gave public comment related to what they observed as gaps in services that address trauma resulting from community violence and gun violence disproportionately experienced by African American boys and men of color. In response, the Behavioral Health Director, along with the Cultural Competence & Ethnic Services Program Manager, reached out to community members to learn more about these concerns and explored the current array of programs offered by the public mental health system.

BHS staff worked with the BHS Cultural Competence Committee (CCC) to form an Ad Hoc Workgroup that would assist BHS with gathering feedback from the community and developing a recommendation(s) to address the mental health and wellness needs of African American community members who have experienced or have been exposed to trauma. Additionally, the CCC Ad Hoc Workgroup would:

- Review Prevention and Early Intervention (PEI) program components and funding requirements, review definitions of prevention programs and early intervention programs, and review the priorities for PEI programs as established by the California Mental Health Services Oversight and Accountability Commission (MHSOAC).
- Create understanding of risk factors and protective factors for mental health trauma in Sacramento's African American community.
- Facilitate communication between African American community, the CCC Ad Hoc Workgroup and other community stakeholders.
- Develop an outline for a new PEI mental health wellness program for African Americans at risk for or experiencing mental health trauma.

The CCC Ad Hoc Workgroup met seven times from September 2018 through December 2018. The CCC Ad Hoc Workgroup, along with members of the public, collectively provided ideas around recommended program elements that should be incorporated for the new program. The Workgroup recommended that this new prevention program serve Sacramento County African American/Black community members of all ages and genders across the life span, with special consideration given as a prevention measure to children, youth, teens, and Transition Age Youth (ages 0 through 25). The Workgroup recommended that all program elements incorporate an understanding of African American/Black cultural heritage, including norms and traditions, the broad and multifaceted definition of family, and historical trauma.

The Workgroup recommended that the following key elements of prevention services and supports for African American/Black community members who have experienced or been exposed to trauma be incorporated into the new program:

- Recruit, hire, and retain a diverse workforce that is reflective of the African American/Black community.
- Cultural Brokers and Peers are utilized to provide support to youth, young people, and their families who have experienced trauma within educational, health, mental health, and other systems.
- Services are provided by staff who can relate to and are reflective of the community they are serving. Outreach, engagement strategies and communication strategies are culturally responsive, relatable, and easy to understand.

The CCC Ad Hoc Workgroup presented the recommendation to the Cultural Competence Committee in December 2018 where it was reviewed, revised and adopted. In January 2019, the Cultural Competence Committee and the CCC Ad Hoc Workgroup presented the recommendation to the MHSA Steering Committee where it was adopted. The Steering Committee voted to fund the new program at $600,000 on an annual basis.

The recommendation included a provision to convene community listening sessions with Sacramento County African American/Black community members in order to further refine the strategies listed in the recommendation. The CCC Ad Hoc Workgroup assisted BHS with convening three community listening sessions throughout the county: South Sacramento, North Sacramento, and Oak Park

All of the public meetings were facilitated by Adele James, MA, Certified Professional Coach. The BHS Behavioral Health Director was present at the first meeting and at the Wrap up session and the BHS Cultural Competence & Ethnic Services Manager was present at all of the meetings. BHS management staff, Debrah DeLoney-Deans, LMFT and Darlene Moore, LCSW provided background about the recommendation at each of the Community Listening Sessions. Attendees listened to Mr. Ryan McClinton, Community Organizer with Sacramento Area Congregations Together, as he spoke about how Community Trauma is expressed in the African American/Black community. Flojaune Cofer, Ph. D., MPH, Senior Director of Policy, Public Health Advocates, delivered a presentation on Understanding the context of mental health and trauma in Sacramento and talked about Adverse Childhood Experiences, community trauma, and resilience factors. Following the presentations, attendees sat in small groups and responded to various questions based on one of the following areas of interest: 0 – 5 year old and their families; 6 – 15 year old; 16-25 year old; 26 – 54 year old; 55 years and older; LGBTQ individuals; individuals involved in criminal justice. At the end of each Community Listening Session, attendees heard a report out from each of the tables regarding highlights of their discussions.

At the request of the community, BHS agreed to hold a Wrap up session in May 2019 and provided a high level analysis of the themes that came up for each question that was asked throughout the Community Listening Sessions. The following summary lists responses that appeared among several of the areas of interest listed above: 0 – 5 year old and their families;

6 – 15 year old; 16-25 year old; 26 – 54 year old; 55 years and older; LGBTQ individuals; Individuals involved in criminal justice

1) What are the top challenges affecting African American/Black community members?
- Lack of access to resources or lack of knowledge to navigate health systems
- Institutional racism, chronic discrimination
- Homelessness/housing instability
- Violence or fear of violence
- Poverty, finances, economic insecurity
- Anxiety

2) Which strategies would reduce barriers to preventive services?
- Services need to be accessible; more flexible hours; improve community knowledge of available resources; improve accessibility (i.e. transportation; build relationships with transportation agencies); expand navigator services
- Integrate with other services; collaborate with existing programs; build on shared resources; partner with trusted organization respected in the community
- Recruit community health workers/staff that are representative of the population to be served
- Provide safe space to share stories and experiences

3) Which specific mental health services or service modalities are widely recommended?
- Tele-health, online/video chats, phone apps
- In-home support for children, in-home services for older adults (peer companion); home visits from peer navigator or cultural broker (LGBTQ)
- Mentorship programs; mentorship with African-American mental health and paraprofessionals in school
- Peer/group counseling; peer support for older adults
- Warmline; 24/7 call center, non-emergency phone services
- Crisis intervention; mobile crisis; community outreach workers; mobile services

4) Which topics are widely recommended for Community and Provider Awareness trainings?
- Training on coping skills for children and parents; regulating emotions; stress management; dealing with past trauma
- Train providers on trauma informed-care and education services
- Training on available community resources
- Mental Health First Aid; education on or about mental health signs, symptoms, awareness, how to be resilient when facing mental illness

5) Which outreach strategies are widely recommended to reach individuals?
- Partner with groups with existing infrastructure; reach out to churches and schools; improve collaboration; partner with community leaders, activists; educators; parents, local politicians, pastors, church goers; partner with Black LGBTQIA+ individuals to design programs; provide opportunities for collaboration

- Recruit staff that are culturally representative of the service population; use trainers with lived experience; leaders should reflect the African American community
- Social media and apps
- Print materials, such as pamphlets, newsletter, fliers
- Outreach and recruiting from non-traditional groups, such as Job Corp, nail salons, barber shops, and Black businesses

6) What are the top recommendations for the Cultural Broker/Peer Navigator role?

- Identify needs of consumer and provide links to service
- Provide parent coaching in the home; train in parenting skills
- Need to be representative of service population; must be relatable; shared lived experience

BHS utilized feedback received from the community and the CCC Ad Hoc Workgroup throughout the Community Planning Process to develop a new PEI program to address the mental health and wellness needs of the African American/Black community, that is inclusive of Lesbian, Gay, Bisexual, Transgender and Queer community members, who have experienced or been exposed to trauma. Sacramento County released the Prevention and Early Intervention Project: Trauma Informed Wellness Program for the African American/Black Community RFA No. MHSA/062 on October 29, 2019.

The following table provides detail for each of the meetings held with the public throughout the Community Planning Process.

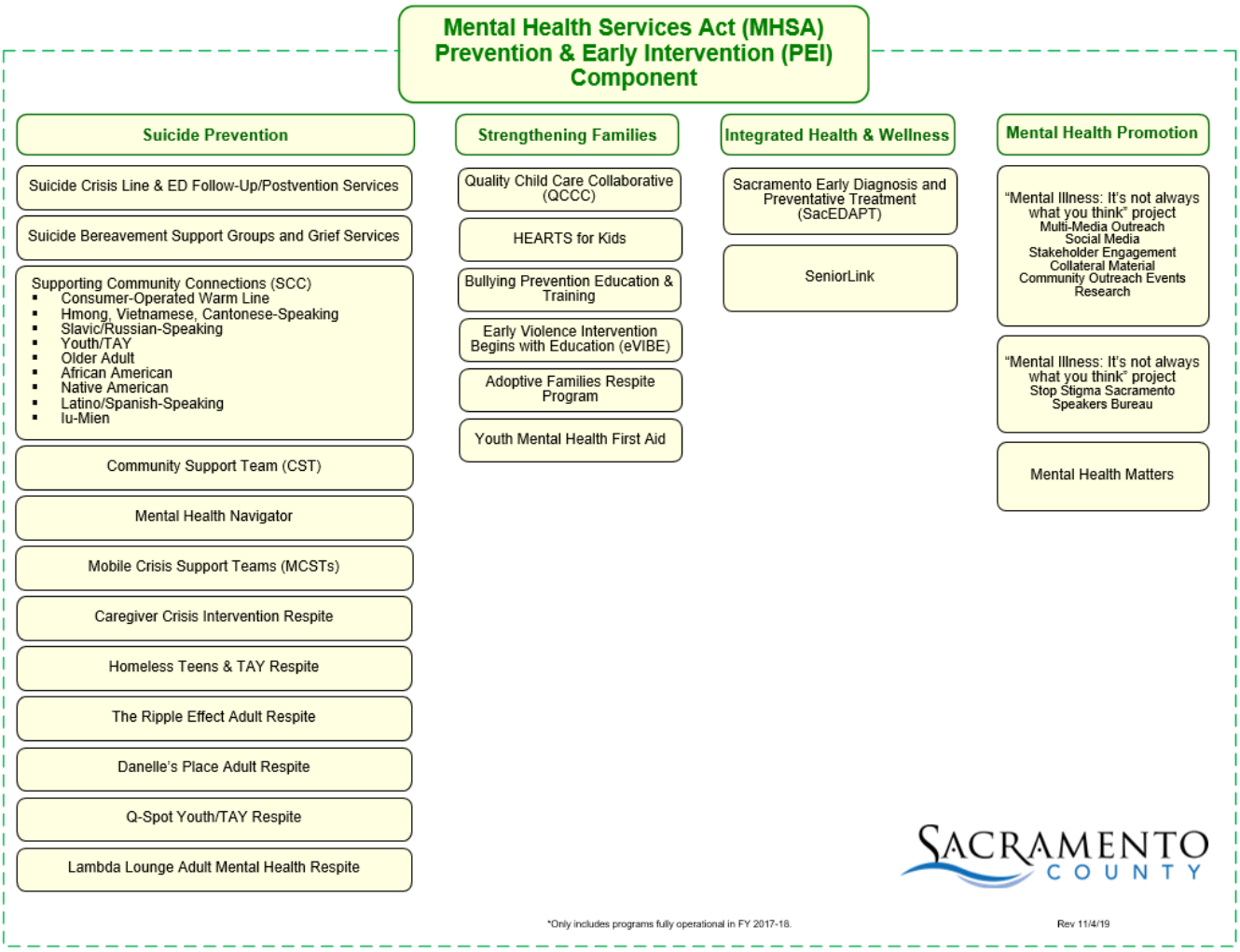
Date	Event	Location	Number in Attendance
December 1, 2018	Cultural Competence Committee Ad Hoc Workgroup Meeting	Grantland L. Johnson Center for Health and Human Services	63
February 9, 2019	Community Listening Session - South	South Sacramento Christian Center – Community Incubator Lead	43
March 2, 2019	Community Listening Session - North	Greater Sacramento Urban League – Community Incubator Lead	37
March 30, 2019	Community Listening Session - Oak Park	St. Paul Missionary Baptist Church Dr. Ephraim Williams Family Life Center	53
May 28, 2019	Wrap up session	Fruitridge Elementary School – Community Incubator Lead	22

Mental Health Services Act

Annual Prevention and Early Intervention Program and Evaluation Report

Fiscal Year 2018/19

The Sacramento County Department of Health Services, Behavioral Health Services (BHS) has an array of Mental Health Services Act (MHSA) funded Prevention and Early Intervention (PEI) programs designed to serve the unserved and underserved communities in the County. The PEI programs range from outreach and engagement services to early identification and intervention for individuals experiencing early signs of psychosis. In Fiscal Year (FY) 18/19, BHS PEI funded programs served 53,306 individuals in selective prevention programs and 90,706 adults, children, parents/caregivers and education staff in universal prevention (Supporting Community Connections outreach, Respite outreach and Bullying Prevention). The chart below depicts the range of programs the County offers.



Suicide Prevention and Education Program
Ages Served: Children, TAY, Adults, Older Adults

The Suicide Prevention and Education Program consists of:

- Suicide Crisis Line
- Postvention Counseling Services
- Postvention – Suicide Bereavement Support Groups and Grief Services
- Supporting Community Connections
- Community Support Team
- Mental Health Navigator Program (Triage Navigators)
- Mobile Crisis Support Teams
- Mental Health Respite Programs

Suicide Crisis Line

Program Type: Suicide Prevention

Program Description: Administered by WellSpace Health, the 24-hour nationally accredited telephone crisis line that utilizes professional and trained volunteer staff to provide suicide prevention and crisis services to callers of all ages at risk of suicide.

Number Served: In FY 18/19, over 41,152 calls were made to the suicide hotline.

Demographics: *Due to the nature of this program, unduplicated numbers could not be captured.*

	Total Served N=41152	**%**
Age Group		
Children/Youth (0-15)	1586	3.9%
TAY (16-25)	6086	14.8%
Adults (26-59)	7995	19.4%
Older Adults (60+)	2047	5.0%
Unknown/Not Reported	23438	57.0%
Ethnicity		
Hispanic or Latino	1359	3.3%
Non-Hispanic/Non-Latino	0	0.0%
Other	0	0.0%
More than one ethnicity	0	0.0%
Unknown/Not Reported	39,793	96.7%

	Total Served N=41152	%
Race		
White	7659	18.6%
Black or African American	1164	2.8%
Asian	1350	3.3%
American Indian or Alaska Native	91	0.2%
Native Hawaiian or other Pacific Islander	93	0.2%
More than one race	564	1.4%
Decline to answer	408	1.0%
Other	116	0.3%
Unknown/Not Reported	29707	72.2%
Primary Language		
English	39047	94.9%
Spanish	1359	3.3%
Vietnamese	5	<.01%
Cantonese	1	<.01%
Russian	0	<.01%
Hmong	1	<.01%
Arabic	3	<.01%
Other	2	<.01%
Unknown/Not Reported	734	1.8%
Sexual Orientation		
Heterosexual or Straight	0	0.0%
Gay or Lesbian	0	0.0%
Bisexual	0	0.0%
Questioning or unsure	0	0.0%
Queer	0	0.0%
Another sexual orientation	0	0.0%
Decline to answer	0	0.0%
Unknown/Not Reported	41152	100.0%
Current Gender Identity		
Female	17729	43.1%
Male	15650	38.0%
Transgender	123	0.3%
Genderqueer	0	0.0%
Questioning or unsure	28	0.1%
Another gender identity	0	0.0%
Unknown/Not Reported	7622	18.5%

Emergency Department Follow-up/Postvention Services

Program Type: Suicide Prevention

Program Description: Administered by WellSpace Health, brief individual follow-up and support services to consenting individuals seen at Sutter Medical Centers who have attempted suicide and are at high-risk for suicide.

Number Served:

In FY 18/19, 24 unduplicated individuals were served for a total of 161 contacts.

Demographics:

	Unduplicated Served N=24	**%**
Age Group		
Children/Youth (0-15)	1	4.2%
TAY (16-25)	10	41.7%
Adults (26-59)	10	41.7%
Older Adults (60+)	2	8.3%
Unknown/Not Reported	1	4%
Ethnicity		
Hispanic or Latino	6	25.0%
Non-Hispanic/Non-Latino	0	0.0%
Other	0	0.0%
More than one ethnicity	0	0.0%
Unknown/Not Reported	18	75.0%
Race		
White	13	54.2%
Black or African American	3	12.5%
Asian	1	4.2%
American Indian or Alaska Native	0	0.0%
Native Hawaiian or other Pacific Islander	0	0.0%
More than one race	0	0.0%
Decline to answer	0	0.0%
Other	0	0.0%
Unknown/Not Reported	7	29.2%

	Unduplicated Served N=24	%
Primary Language		
English	24	100.0%
Spanish	0	0.0%
Vietnamese	0	0.0%
Cantonese	0	0.0%
Russian	0	0.0%
Hmong	0	0.0%
Arabic	0	0.0%
Other	0	0.0%
Unknown/Not Reported	0	0.0%
Sexual Orientation		
Heterosexual or Straight	0	0.0%
Gay or Lesbian	0	0.0%
Bisexual	0	0.0%
Questioning or unsure	0	0.0%
Queer	0	0.0%
Another sexual orientation	0	0.0%
Decline to answer	0	0.0%
Unknown/Not Reported	24	100.0%
Current Gender Identity		
Female	12	50.0%
Male	12	50.0%
Transgender	0	0.0%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	0	0.0%
Unknown/Not Reported	0	0.0%

Postvention – Suicide Bereavement Support Groups and Grief Services

Program Type: Suicide Prevention

Program Description: 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.

Number Served: In FY 18/19, 239 total served. Note: this number is not unduplicated due to the anonymous nature of the program.

Demographics:

	N=239	%
Age Group		
Children/Youth (0-15)	0	0.0%
TAY (16-25)	18	7.5%
Adults (26-59)	136	56.9%
Older Adults (60+)	42	17.6%
Unknown/Not Reported	43	18.0%
Ethnicity		
Hispanic or Latino	17	7.1%
Non-Hispanic/Non-Latino	76	31.8%
Other	0	0.0%
More than one ethnicity	0	0.0%
Unknown	146	61.1%
Race		
White	104	43.5%
Black or African American	7	2.9%
Asian	7	2.9%
American Indian or Alaska Native	5	2.1%
Native Hawaiian or other Pacific Islander	4	1.7%
More than one race	2	0.8%
Other	2	0.8%
Unknown/Not Reported	108	45.2%

Primary Language		
English	133	55.6%
Spanish	0	0.0%
Vietnamese	0	0.0%
Cantonese	0	0.0%
Russian	0	0.0%
Hmong	0	0.0%
Arabic	0	0.0%
Other	0	0.0%
Unknown	106	44.4%
Sexual Orientation		
Heterosexual or Straight	126	52.7%
Gay or Lesbian	1	0.4%
Bisexual	3	1.3%
Questioning or unsure	1	0.4%
Queer	1	0.4%
Another sexual orientation	1	0.4%
Unknown/Not Reported	106	44.4%
Current Gender Identity		
Male	46	19.2%
Female	129	54.0%
Transgender	4	1.7%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	0	0.0%
Unknown/Not Reported	60	25.1%
Veteran Status		
Yes	11	4.6%
No	228	95.4%
Unknown/Not Reported	0	0.0%

Supporting Community Connections (SCC)

Program Type: Suicide Prevention

Program Description: A constellation of community based agencies working collaboratively throughout the County to provide culturally and linguistically appropriate suicide prevention support services designed to increase access to and linkage with needed services; improve self-reported life satisfaction and well-being; reduce risk factors and enhancement of protective factors; diversion from crisis services or decreased need for crisis services; decreased suicide risk; increased knowledge of available resources and supports; and enhanced connectedness and reduced isolation. Each program is specifically tailored to meet the needs of their respective communities. Eight underserved populations are served by different agencies throughout the community:

- Hmong, Vietnamese, Cantonese- speaking communities – Administered by Asian Pacific Community Counseling (APCC)
- Consumer Operated Warmline – Administered by Mental Health America of Northern California (NorCal MHA)
- Iu-Mien – Administered by Iu-Mien Community Services (IMCS)
- Native American – Administered by Sacramento Native American Health Center (SNAHC)
- Older Adult – Administered by Mental Health America of Northern California (NorCal MHA)
- Slavic/Russian Speaking Community – Administered by Slavic Assistance Center
- Latino/Spanish Speaking Community – Administered by La Family Counseling Center (LFCC)
- Youth/Transition Age Youth – Administered by the Children's Receiving Home

Number Served: In FY 18/19, SCC agencies served a total of 2,041 individuals.

Demographics:

	Cantonese/ Vietnamese/Hmong (N=245)		Consumer Warmline (N=327)		Iu-Mein (N=53)		Native American (N=22)		Older Adults (N=30)		Russian Speaking/Slavic (N=231)		Spanish Speaking/Latino (N=339)		Youth/TAY (N=794)		Total (N=2041)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Age Group																		
Children/Youth (0-15)	3	1.2%	1	0.3%	0	0.0%	1	4.5%	0	0.0%	0	0.0%	1	0.3%	242	30.5%	248	12.2%
TAY (16-25)	4	1.6%	16	4.9%	5	9.4%	19	86.4%	2	6.7%	15	6.5%	9	2.7%	547	68.9%	617	30.2%
Adults (26-59)	52	21.2%	224	68.5%	17	32.1%	2	9.1%	11	36.7%	136	58.9%	305	90.0%	2	0.3%	749	36.7%
Older Adults (60+)	31	12.7%	84	25.7%	17	32.1%	0	0.0%	16	53.3%	78	33.8%	13	3.8%	0	0.0%	239	11.7%
Unknown/Not Reported	155	63.3%	2	0.6%	14	26.4%	0	0.0%	1	3.3%	2	0.9%	11	3.2%	3	0.4%	188	9.2%
Ethnicity																		
Hispanic or Latino	2	0.8%	47	14.4%	1	1.9%	2	9.1%	2	6.7%	0	0.0%	335	98.8%	160	20.2%	549	26.9%
Non-Hispanic/Non-Latino	239	97.6%	264	80.7%	0	0.0%	15	68.2%	27	90.0%	231	100.0%	0	0.0%	534	67.3%	1310	64.2%
Other	0	0.0%	0	0.0%	52	98.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	52	2.5%
More than one ethnicity	0	0.0%	0	0.0%	0	0.0%	1	4.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
Unknown/Not Reported	4	1.6%	16	4.9%	0	0.0%	4	18.2%	1	3.3%	0	0.0%	4	1.2%	100	12.6%	129	6.3%
Race																		
American Indian or Alaska Native	0	0.0%	4	1.2%	0	0.0%	5	22.7%	0	0.0%	0	0.0%	0	0.0%	16	2.0%	25	1.2%
Asian	239	97.6%	15	4.6%	46	86.8%	0	0.0%	3	10.0%	0	0.0%	0	0.0%	11	1.4%	314	15.4%
Black or African American	0	0.0%	38	11.6%	1	1.9%	10	45.5%	3	10.0%	0	0.0%	0	0.0%	224	28.2%	276	13.5%
Native Hawaiian or other Pacific Islander	1	0.4%	2	0.6%	0	0.0%	0	0.0%	1	3.3%	0	0.0%	0	0.0%	8	1.0%	12	0.6%
White	1	0.4%	217	66.4%	3	5.7%	5	22.7%	19	63.3%	222	96.1%	2	0.6%	292	36.8%	761	37.3%
Other	0	0.0%	33	10.1%	2	3.8%	2	9.1%	3	10.0%	0	0.0%	336	99.1%	204	25.7%	580	28.4%
More than one race	1	0.4%	3	0.9%	1	1.9%	0	0.0%	1	3.3%	9	3.9%	0	0.0%	15	1.9%	30	1.5%
Unknown/Not Reported	3	1.2%	15	4.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.3%	24	3.0%	43	2.1%
Primary Language																		
English	2	0.8%	322	98.5%	8	15.1%	19	86.4%	29	96.7%	0	0.0%	0	0.0%	790	99.5%	1170	57.3%
Spanish	0	0.0%	2	0.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	338	99.7%	0	0.0%	340	16.7%
Vietnamese	90	36.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	90	4.4%
Cantonese	41	16.7%	0	0.0%	1	1.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	42	2.1%
Russian	0	0.0%	0	0.0%	0	0.0%	1	4.5%	1	3.3%	231	100.0%	0	0.0%	0	0.0%	233	11.4%
Hmong	110	44.9%	0	0.0%	0	0.0%	1	4.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	111	5.4%
Arabic	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other	0	0.0%	1	0.3%	44	83.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.3%	47	2.3%
Unknown/Not Reported	2	0.8%	2	0.6%	0	0.0%	1	4.5%	0	0.0%	0	0.0%	1	0.3%	2	0.3%	8	0.4%
Sexual Orientation																		
Gay or Lesbian	0	0.0%	16	4.9%	0	0.0%	2	9.1%	0	0.0%	0	0.0%	0	0.0%	74	9.3%	92	4.5%
Heterosexual or Straight	235	95.9%	289	88.4%	50	94.3%	17	77.3%	28	93.3%	229	99.1%	335	98.8%	607	76.4%	1790	87.7%
Bisexual	3	1.2%	13	4.0%	1	1.9%	0	0.0%	2	6.7%	0	0.0%	0	0.0%	48	6.0%	67	3.3%
Questioning or unsure	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	13	1.6%	13	0.6%
Queer	0	0.0%	2	0.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	11	1.4%	13	0.6%
Another sexual orientation	0	0.0%	2	0.6%	1	1.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	31	3.9%	34	1.7%
Unknown/Not Reported	7	2.9%	5	1.5%	1	1.9%	3	13.6%	0	0.0%	2	0.9%	4	1.2%	10	1.3%	32	1.6%
Current Gender Identity																		
Male	147	60.0%	93	28.4%	20	37.7%	10	45.5%	13	43.3%	114	49.4%	63	18.6%	334	42.1%	794	38.9%
Female	96	39.2%	230	70.3%	32	60.4%	12	54.5%	17	56.7%	110	47.6%	272	80.2%	347	43.7%	1116	54.7%
Transgender	0	0.0%	3	0.9%	1	1.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	103	13.0%	107	5.2%
Genderqueer	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Questioning or unsure	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Another gender identity	2	0.8%	1	0.3%	0	0.0%	0	0.0%	0	0.0%	1	0.4%	0	0.0%	0	0.0%	4	0.2%
Unknown/Not Reported	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	6	2.6%	4	1.2%	10	1.3%	20	1.0%
Veteran Status																		
Yes	0	0.0%	11	3.4%	1	1.9%	0	0.0%	4	13.3%	0	0.0%	0	0.0%	0	0.0%	16	0.8%
No	245	100.0%	316	96.6%	52	98.1%	22	100.0%	26	86.7%	231	100.0%	339	100.0%	794	100.0%	2025	99.2%

Supporting Community Connections (SCC) – Outreach

Program Type: Suicide Prevention – Universal Prevention

The SCC programs are required to provide outreach to the underserved communities for which they served. The agencies attend many community events throughout the year to educate their communities around suicide and mental illness.

Number Served - Outreach: In FY 18/19, the SCC programs attended 299 community events and disseminated information to 76,467 individuals.

Demographics: Due to the nature of the outreach events, demographics were not collected.

Supporting Community Connections (SCC) - Information and Referral

Program Type: Suicide Prevention – Universal Prevention

The SCC programs provide information and referrals to individuals in the community. These individuals may or may not receive ongoing services through the SCC program.

Number Served: in FY 18/19, the SCC programs disseminated information and made referrals to 9,023 individuals.

Demographics:

	Children's Receiving Home (N=2)		Consumer Warmline (N=6212)		Friends for Survival (N=362)		Iu-Mein (N=81)		La Familia Counseling Center (N=566)		Norcal MHA Older Adults (N=1572)		Sacramento Native American Health Center (N=4)		Slavic Assistance Center (N=224)		Total (N=9023)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Age Group																		
Children/Youth (0-15)	0	0.0%	0	0.0%	1	0.3%	2	2.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	0.0%
TAY (16-25)	0	0.0%	143	2.3%	5	1.4%	2	2.5%	27	4.8%	68	4.3%	0	0.0%	13	5.8%	258	2.9%
Adults (26-59)	1	50.0%	4697	75.6%	217	59.9%	39	48.1%	516	91.2%	895	56.9%	0	0.0%	131	58.5%	6496	72.0%
Older Adults (60+)	0	0.0%	1268	20.4%	37	10.2%	36	44.4%	4	0.7%	588	37.4%	0	0.0%	79	35.3%	2012	22.3%
Unknown/Not Reported	1	50.0%	104	1.7%	102	28.2%	2	2.5%	19	3.4%	21	1.3%	4	100.0%	1	0.4%	254	2.8%
Current Gender Identity																		
Male	0	0.0%	1918	30.9%	68	18.8%	13	16.0%	108	19.1%	300	19.1%	0	0.0%	117	52.2%	2524	28.0%
Female	1	50.0%	4221	67.9%	276	76.2%	67	82.7%	452	79.9%	1251	79.6%	1	25.0%	107	47.8%	6376	70.7%
Transgender	0	0.0%	27	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	27	0.3%
Genderqueer	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Questioning or unsure	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Another gender identity	0	0.0%	3	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	0.0%
Unknown/Not Reported	1	50.0%	43	0.7%	18	5.0%	1	1.2%	6	1.1%	21	1.3%	3	75.0%	0	0.0%	93	1.0%
Veteran Status																		
Yes	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
No	2	100.0%	6204	99.9%	327	90.3%	81	100.0%	565	99.8%	1569	99.8%	4	100.0%	224	100.0%	8976	99.5%
Unknown/Not Reported	0	0.0%	8	0.1%	35	9.7%	0	0.0%	1	0.2%	3	0.2%	0	0.0%	0	0.0%	47	0.5%

Community Support Team (CST)

Program Type: Suicide Prevention

Program Description: Administered jointly by BHS and Crossroads Vocational Services, the CST is a collaboration between county and community based organization staff creating one team with a variety of clinical and outreach skills. The team includes peer support specialists with lived experience, professional staff with clinical experience and family support specialists whose experience builds bridges and communication with family members, natural supports and extended family systems**.** The CST serves all age groups and the individual's family members and/or caregivers. CST provides field-based flexible services to community members experiencing a crisis. Services include assessment, support services and linkage to ongoing services and supports.

Number Served: In FY 18/19, the CST team served a total of 705 individuals in the County Clinical program. Note: all individuals are served by County Clinical Services, but not all are served by Crossroads Peer Services. The numbers below are duplicated across components, if a client was served in both programs.

Demographics:

	Sacramento County Clinical Services (N=705)		Crossroads Peer Services (N=464)	
	N	**%**	**N**	**%**
Age Group				
Children/Youth (0-15)	13	1.8%	9	1.9%
TAY (16-25)	88	12.5%	41	8.8%
Adults (26-59)	430	61.0%	265	57.1%
Older Adults (60+)	174	24.7%	149	32.1%
Unknown/Not Reported	0	0.0%	0	0.0%
Ethnicity				
Hispanic	78	11.1%	43	9.3%
Non-Hispanic/Non-Latino	385	54.6%	211	45.5%
Other	0	0.0%	0	0.0%
More than one Ethnicity	0	0.0%	0	0.0%
Unknown/Not Reported	242	34.3%	210	45.3%
Race				
White	216	30.6%	150	32.3%
Black or African American	146	20.7%	84	18.1%
Asian	35	5.0%	14	3.0%
American Indian or Alaska Native	9	1.3%	7	1.5%
Native Hawaiian or other Pacific Islander	2	0.3%	2	0.4%
More than one race	24	3.4%	8	1.7%
Other	51	7.2%	31	6.7%
Unknown/Not Reported	222	31.5%	168	36.2%

	Sacramento County Clinical Services (N=705)		Crossroads Peer Services (N=464)	
Primary Language	**N**	**%**	**N**	**%**
English	566	80.3%	345	74.4%
Spanish	11	1.6%	8	1.7%
Vietnamese	6	0.9%	0	0.0%
Cantonese	0	0.0%	0	0.0%
Russian	4	0.6%	5	1.1%
Hmong	6	0.9%	5	1.1%
Arabic	4	0.6%	3	0.6%
Other	14	2.0%	8	1.7%
Unknown/Not Reported	94	13.3%	90	19.4%
Sexual Orientation				
Heterosexual or Straight	19	2.7%	10	2.2%
Gay or Lesbian	1	0.1%	0	0.0%
Bisexual	0	0.0%	0	0.0%
Questioning or unsure	1	0.1%	0	0.0%
Queer	0	0.0%	0	0.0%
Another sexual orientation	0	0.0%	0	0.0%
Unknown	684	97.0%	454	97.8%
Current Gender Identity				
Male	1	0.1%	2	0.4%
Female	5	0.7%	2	0.4%
Transgender	0	0.0%	0	0.0%
Genderqueer	0	0.0%	0	0.0%
Questioning or unsure	0	0.0%	0	0.0%
Another gender identity	0	0.0%	0	0.0%
Unknown	699	99.1%	460	99.1%

Mental Health Navigator Program (Triage Navigators)

Program Type: Suicide Prevention

Program Description: Administered by TLCS, Inc., provides brief site-based and community-based engagement for those recently involved in crisis services or incarceration as a result of their mental illness. Triage Navigators provide care coordination, advocacy, system navigation and linkage to services for individuals living with serious mental illness who are homeless, at-risk of homelessness, and/or may have a co-occurring substance use disorder. The navigators are sited a participating hospital emergency rooms and law enforcement agencies as well as community-based Navigators able to follow-up with individuals where needed throughout Sacramento County. The Triage Navigator program serves children, youth, Transition Age Youth (TAY), adults and older adults with the goal of reducing unnecessary hospitalizations, and incarcerations as well as mitigating unnecessary expenditures of law enforcement.

Number Served: In FY 18/19, the Triage Navigators served a total of 2,639 unduplicated individuals.

	N=2639	%
Age Group		
Children/Youth (0-15)	126	4.8%
TAY (16-25)	448	17.0%
Adults (26-59)	1714	64.9%
Older Adults (60+)	341	12.9%
Unknown/Not Reported	10	0.4%
Ethnicity		
Hispanic	292	11.1%
Non-Hispanic/Non-Latino	1510	57.2%
Other	0	0.0%
More than one Ethnicity	0	0.0%
Unknown/Not Reported	837	31.7%
Race		
White	1046	39.6%
Black or African American	535	20.3%
Asian	105	4.0%
American Indian or Alaska Native	30	1.1%
Native Hawaiian or other Pacific Islander	16	0.6%
More than one race	76	2.9%
Other	229	8.7%
Unknown/Not Reported	602	22.8%

Primary Language		
English	2292	86.9%
Spanish	25	0.9%
Vietnamese	9	0.3%
Cantonese	0	0.0%
Russian	7	0.3%
Hmong	2	0.1%
Arabic	0	0.0%
Other	20	0.8%
Unknown/Not Reported	284	10.8%
Sexual Orientation		
Heterosexual or Straight	70	2.7%
Gay or Lesbian	1	0.0%
Bisexual	3	0.1%
Questioning or unsure	2	0.1%
Queer	0	0.0%
Another sexual orientation	0	0.0%
Unknown/Not Reported	2563	97.1%
Current Gender Identity		
Male	517	19.6%
Female	394	14.9%
Transgender	8	0.3%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	4	0.2%
Unknown/Not Reported	1716	65.0%

Mobile Crisis Support Teams (MCST)

Program Type: Suicide Prevention

Program Description: Administered in partnership with BHS, TLCS Inc., and local law enforcement. The MCSTs are dispatched through law enforcement to provide immediate engagement with individuals experiencing a mental health crisis for the purpose of providing care and maintaining community safety. At the time a mental health crisis comes to the attention of law enforcement, an officer/deputy and the Senior Mental Health Counselor are dispatched to provide timely crisis intervention and assessment. After initial contact with the individual in crisis, the Clinician works in collaboration with the TLCS Peer to provide continued support and linkage to services until stabilized and appropriate community resources and linkages are established.

Number Served: In FY 18/19, the MCST teams served a total of 1,730 unduplicated individuals in the community.

Demographics:

	N=1730	%
Age Group		
Children/Youth (0-15)	129	7.5%
TAY (16-25)	307	17.7%
Adults (26-59)	993	57.4%
Older Adults (60+)	292	16.9%
Unknown/Not Reported	9	0.5%
Ethnicity		
Hispanic or Latino	187	10.8%
Non-Hispanic/Non-Latino	1107	64.0%
Other	0	0.0%
More than one Ethnicity	0	0.0%
Unknown/Not Reported	436	25.2%
Race		
White	806	46.6%
Black or African American	374	21.6%
Asian	96	5.5%
American Indian or Alaska Native	20	1.2%
Native Hawaiian or other Pacific Islander	11	0.6%
More than one race	48	2.8%
Other	145	8.4%
Unknown/Not Reported	230	13.3%

	N=1730	%
Primary Language		
English	1588	91.8%
Spanish	26	1.5%
Vietnamese	7	0.4%
Cantonese	3	0.2%
Russian	12	0.7%
Hmong	6	0.3%
Arabic	2	0.1%
Other	17	1.0%
Unknown/Not Reported	69	4.0%
Sexual Orientation		
Heterosexual or Straight	28	1.6%
Gay or Lesbian	1	0.1%
Bisexual	1	0.1%
Questioning or unsure	0	0.0%
Queer	0	0.0%
Another sexual orientation	0	0.0%
Unknown/Not Reported	1700	98.3%
Current Gender Identity		
Male	345	19.9%
Female	340	19.7%
Transgender	3	0.2%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	0	0.0%
Unknown/Not Reported	1042	60.2%

Mental Health Respite Programs

Program Type: Suicide Prevention

Program Description(s):

Respite program goals include providing a safe environment in which participants increase their knowledge of available supports and how to access them, improve well-being, reduce stress, increase connectedness and reduce feelings of isolation, decrease risk of harm, and reduce visits to the emergency room and psychiatric hospitals. There are currently 6 respite programs:

Caregiver Crisis Intervention Respite Program – Del Oro Caregiver Resource Center: Administered by Del Oro Caregiver Resource Center, helps decrease hospitalizations due to mental health crises of family caregivers of dementia patients. The program provides respite care, family consultation, home visits and an assessment with a Master's level clinician to develop a care plan focused on services, supports and wellness. The program serves adult caregivers of all age groups with the majority of caregivers being in the 60+ age range.

Homeless Teens and Transition Age Youth (TAY) Respite Program – Wind Youth Services: Administered by Wind Youth Services, provides mental health crisis respite care, via a drop in center or pre-planning, to transition age youth age 13-25 years old, who are experiencing overwhelming stress due to life circumstance and homelessness. Services include screening, planning, crisis intervention, enriching workshops, health screenings, groups, crisis counseling and case management.

Danelle's Place Respite Program – Gender Health Center: Administered by Gender Health Center, provides mental health respite care, via a drop in center, to unserved and underserved adults ages 18 and over, who identify as lesbian, gay, bisexual, transgender, queer, questioning and/or allied adults. There is an emphasis on serving transgender individuals who are experiencing overwhelming stress due to life circumstances, in order to prevent an acute mental health crisis. Services shall include: assessment, supportive activities, individual and group chat, narrative authoring activities, therapeutic art activities, peer counseling, other crisis prevention services, and community outreach activities.

The Ripple Effect Respite Program – A Church for All: Administered by A Church for All, provides planned mental health respite care designed to prevent acute mental health crisis from occurring for adults ages eighteen and older, with an emphasis on people of color who may identify as LGBTQ. The program utilizes a peer run structure to increase social connectedness and operates a daily support group that helps participants overcome suicide risk factors.

Lambda Lounge Adult Mental Health Respite Program - Sacramento LGBT Community Center: Administered by Sacramento LGBT Community Center, provides drop-in mental health respite care designed to prevent an acute mental health crisis from occurring, as well as suicide prevention support services to unserved and underserved adults ages twenty-four (24) and older who identify as LGBTQ. The program offers a variety of support groups focused on mitigating risk factors, building healthy relationships, health and wellness, etc.

Q Spot Youth/Transition Age Youth (TAY) Respite Program – Sacramento LGBT Community Center: Administered by Sacramento LGBT Community Center, provides drop-in mental health respite care and supportive services to unserved and underserved youth/TAY ages thirteen (13) through twenty-three (23) who identify as LGBTQ. In FY 2016-17, several new youth groups were implemented to focus on decreasing suicide risk, promoting healthy relationships and life skill development.

Number Served: In FY 18/19, the respite programs served a total of 1,669 individuals in the community.

Demographics:

	Del Oro (N=64)		A Church for All (N=122)		Gender Health Center (N=177)		LGBT-Lambda Lounge (N=301)		LGBT-Q-Spot (N=593)		Wind Youth Services (N=412)		Total (N=1669)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Age Group														
Children/Youth (0-15)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	53	8.9%	4	1.0%	57	3.4%
TAY (16-25)	0	0.0%	13	10.7%	34	19.2%	27	9.0%	485	81.8%	395	95.9%	954	57.2%
Adults (26-59)	19	29.7%	86	70.5%	99	55.9%	206	68.4%	9	1.5%	4	1.0%	423	25.3%
Older Adults (60+)	45	70.3%	22	18.0%	11	6.2%	25	8.3%	0	0.0%	0	0.0%	103	6.2%
Unknown/Not Reported	0	0.0%	1	0.8%	33	18.6%	43	14.3%	46	7.8%	9	2.2%	132	7.9%
Ethnicity														
Hispanic or Latino	8	12.5%	17	13.9%	38	21.5%	33	11.0%	164	27.7%	72	17.5%	332	19.9%
Non-Hispanic/Non-Latino	47	73.4%	69	56.6%	98	55.4%	192	63.8%	391	65.9%	270	65.5%	1067	63.9%
More than one Ethnicity													0	0.0%
Unknown/Not Reported	9	14.1%	36	29.5%	41	23.2%	76	25.2%	38	6.4%	70	17.0%	270	16.2%
Race														
White	44	68.8%	58	47.5%	96	54.2%	124	41.2%	297	50.1%	82	19.9%	701	42.0%
Black or African American	13	20.3%	43	35.2%	25	14.1%	37	12.3%	89	15.0%	229	55.6%	436	26.1%
Asian	1	1.6%	1	0.8%	3	1.7%	4	1.3%	16	2.7%	2	0.5%	27	1.6%
American Indian or Alaska Native	1	1.6%	3	2.5%	3	1.7%	7	2.3%	18	3.0%	7	1.7%	39	2.3%
Multi-Race	0	0.0%	3	2.5%	16	9.0%	15	5.0%	57	9.6%	32	7.8%	123	7.4%
Native Hawaiian or other Pacific Islander	1	1.6%	3	2.5%	4	2.3%	2	0.7%	20	3.4%	5	1.2%	35	2.1%
Other	4	6.3%	8	6.6%	17	9.6%	70	23.3%	77	13.0%	41	10.0%	217	13.0%
Unknown/Not Reported	0	0.0%	3	2.5%	13	7.3%	42	14.0%	19	3.2%	14	3.4%	91	5.5%
Primary Language														
English	64	100.0%	122	100.0%	167	94.4%	296	98.3%	592	99.8%	405	98.3%	1646	98.6%
Spanish	0	0.0%	0	0.0%	7	4.0%	1	0.3%	0	0.0%	3	0.7%	11	0.7%
Vietnamese	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Cantonese	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Russian	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Hmong	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Arabic	0	0.0%	0	0.0%	0	0.0%	1	0.3%	0	0.0%	0	0.0%	1	0.1%
Other	0	0.0%	0	0.0%	1	0.6%	1	0.3%	0	0.0%	3	0.7%	5	0.3%
Unknown/Not Reported	0	0.0%	0	0.0%	2	1.1%	2	0.7%	1	0.2%	1	0.2%	6	0.4%

Note: numbers are unduplicated by program, but not in total. Some individuals could have been seen by multiple programs.

	Del Oro (N=64)		A Church for All (N=122)		Gender Health Center (N=177)		LGBT-Lambda Lounge (N=301)		LGBT-Q-Spot (N=593)		Wind Youth Services (N=412)		Total (N=1669)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Sexual Orientation														
Heterosexual or Straight	56	87.5%	96	78.7%	30	16.9%	70	23.3%	75	12.6%	285	69.2%	612	36.7%
Gay or Lesbian	1	1.6%	6	4.9%	18	10.2%	42	14.0%	139	23.4%	22	5.3%	228	13.7%
Bisexual	2	3.1%	5	4.1%	26	14.7%	24	8.0%	163	27.5%	58	14.1%	278	16.7%
Questioning or Unsure	0	0.0%	1	0.8%	13	7.3%	7	2.3%	18	3.0%	4	1.0%	43	2.6%
Queer	0	0.0%	1	0.8%	35	19.8%	5	1.7%	25	4.2%	2	0.5%	68	4.1%
Another Sexual Orientation	1	1.6%	6	4.9%	32	18.1%	25	8.3%	153	25.8%	20	4.9%	237	14.2%
Unknown/Not Reported	4	6.3%	7	5.7%	23	13.0%	128	42.5%	20	3.4%	21	5.1%	203	12.2%
Gender Identity*														
Male	7	10.9%	53	43.4%	61	34.5%	137	45.5%	164	27.7%	233	56.6%	655	39.2%
Female	55	85.9%	62	50.8%	40	22.6%	64	21.3%	240	40.5%	158	38.3%	619	37.1%
Transgender	0	0.0%	4	3.3%	57	32.2%	8	2.7%	81	13.7%	8	1.9%	158	9.5%
Gender Queer	0	0.0%	1	0.8%	14	7.9%	14	4.7%	12	2.0%	3	0.7%	44	2.6%
Questioning	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Another gender identity	0	0.0%	1	0.8%	21	11.9%	9	3.0%	81	13.7%	9	2.2%	121	7.2%
Unknown/Not Reported	2	3.1%	1	0.8%	6	3.4%	66	21.9%	15	2.5%	3	0.7%	93	5.6%
Veteran Status														
Yes	8	12.5%	5	4.1%	9	5.1%	6	2.0%	4	0.7%	2	0.5%	34	2.0%
No	56	87.5%	117	95.9%	166	93.8%	270	89.7%	579	97.6%	409	99.3%	1597	95.7%
Unknown/Not Reported	0	0.0%	0	0.0%	2	1.1%	25	8.3%	10	1.7%	1	0.2%	38	2.3%

**Gender identity is greater than 100% as some clients' identity with more than one gender*

Mental Health Respite Programs – Outreach

Program Type: Suicide Prevention – Universal Prevention

Number Served: In FY 18/19, the respite programs attended 285 community events and disseminated information to 5,216 individuals.

Demographics: Due to the nature of the outreach events, demographics were not collected.

Program	# of Events	# of Contacts
A Church For Us	68	392
Gender Health Center	8	225
Sacramento LGBT Community Center-Lambda Lounge	89	3,417
Sacramento LGBT Community Center-Q Spot	120	1,182
Wind Youth Services	0	0
Total	**285**	**5,216**

Strengthening Families Project
Ages Served: Children, TAY, Adults, Older Adults

The Strengthening Families Project consists of:

- Quality Childcare Collaborative (QCCC)
- CPS Mental Health Team
- Bullying Prevention Education and Training Program
- Early Violence Intervention Begins with Education (eVIBE)
- Adoptive Families Respite Program (CAFA)

Quality Childcare Collaborative (QCCC)

Program Type: Prevention

Program Description: QCCC is a collaboration between BHS, Child Action, Sacramento Office of Education, and the Warm Line Family Resource Center. The collaborative leverages First 5 funding to provide behavioral health consultations to preschools and early childcare learning environments for children ages birth to five. Consultations are designed to increase teacher awareness about the meaning of behavior to ensure the success of the child while in a childcare and/or preschool setting. Support and education is also available for parents/caregivers.

Number Served: In FY 18/19, 55 unduplicated caregivers and teachers utilized the QCCC service.

Demographics:

	N=55	%
Age Group		
Children/Youth (0-15)	0	0.0%
TAY (16-25)	6	10.9%
Adults (26-59)	30	54.5%
Older Adults (60+)	5	9.1%
Unknown/Not Reported	14	25.5%
Ethnicity		
Hispanic/Latino	10	18.2%
Non-Hispanic/Non-Latino	23	41.8%
Other	0	0.0%
More than one Ethnicity	0	0.0%
Unknown/Not Reported	22	40.0%
Race		
White	14	25.5%
Black or African American	9	16.4%
Asian	2	3.6%
American Indian or Alaska Native	1	1.8%
Native Hawaiian or other Pacific Islander	0	0.0%
More than one race	2	3.6%
Other	10	18.2%
Unknown/Not Reported	17	30.9%

	N=55	%
Primary Language		
English	39	70.9%
Spanish	2	3.6%
Vietnamese	0	0.0%
Cantonese	0	0.0%
Russian	0	0.0%
Hmong	1	1.8%
Arabic	0	0.0%
Other	0	0.0%
Unknown/Not Reported	13	23.6%
Sexual Orientation		
Heterosexual or Straight	37	67.3%
Gay or Lesbian	0	0.0%
Bisexual	3	5.5%
Questioning or unsure	0	0.0%
Queer	0	0.0%
Another sexual orientation	0	0.0%
Unknown/Not Reported	15	27.3%
Current Gender Identity		
Male	2	3.6%
Female	43	78.2%
Transgender	0	0.0%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	0	0.0%
Unknown/Not Reported	10	18.2%

CPS Mental Health Team

Program Type: Access and Linkage

Program Description: The CPS Mental Health Team works in conjunction with CPS to assess youth, ages birth through 20, entering the child welfare system. The BHS clinicians complete Child and Adolescent Needs and Strengths (CANS) assessments and provide mental health consultation informing the Child and Family Team (CFT) process. The clinicians participate in the CFT to identify supports, mental health and other services need to achieve permanency, enable the child to live in the least restrictive family setting, and promote normal childhood experiences.

Number Served: In FY 18/19, 57 children, 0-20 years of age, received mental health screenings.

Demographics:

	N=57	%
Age Group		
Children/Youth (0-15)	50	87.7%
TAY (16-25)	7	12.3%
Adults (26-59)	0	0.0%
Older Adults (60+)	0	0.0%
Unknown/Not Reported	0	0.0%
Ethnicity		
Non-Hispanic	15	26.3%
Hispanic	3	5.3%
Other	1	1.8%
More than one Ethnicity	0	0.0%
Unknown/Not Reported	38	66.7%
Race		
White	11	19.3%
Black or African American	19	33.3%
Asian	0	0.0%
American Indian or Alaska Native	1	1.8%
Native Hawaiian or other Pacific Islander	0	0.0%
More than one race	3	5.3%
Other	1	1.8%
Unknown/Not Reported	22	38.6%

	N=57	%
Primary Language		
English	43	75.4%
Spanish	0	0.0%
Vietnamese	0	0.0%
Cantonese	0	0.0%
Russian	0	0.0%
Hmong	0	0.0%
Arabic	0	0.0%
Other	0	0.0%
Unknown/Not Reported	14	24.6%
Sexual Orientation		
Heterosexual or Straight	0	0.0%
Gay or Lesbian	0	0.0%
Bisexual	3	5.3%
Questioning or unsure	0	0.0%
Queer	0	0.0%
Another sexual orientation	0	0.0%
Unknown/Not Reported	57	100.0%
Current Gender Identity		
Male	31	54.4%
Female	26	45.6%
Transgender	0	0.0%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	0	0.0%
Unknown/Not Reported	0	0.0%

Note: Sexual orientation is not asked upon intake to this program

Bullying Prevention Education and Training Program

Program Description: Administered by the Sacramento County Office of Education and targets all 13 school districts in Sacramento County. A Training of Trainer (TOT) model uses evidence-based practices to train school staff, who then educates other school staff, students, and parents/caretakers on anti-bullying strategies. The project is primarily being implemented at elementary school demonstrations sites; however, it is intended to expand services to other grades by leveraging school district resources. The long-term goal of the project is to change school climates across all 13 school districts.

Program Type: Universal Prevention

Number Served:

In FY18/19, 1,974 school personnel, 41,952 students, and 6,271 parents/caretakers in 13 school districts across Sacramento County were trained and/or educated.

Demographics: Unavailable due to program design.

Early Violence Prevention Begins with Education (eVIBE)

***Program Description*:** Administered by the Sacramento Children's Home, 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.

Program Type: Prevention

Number Served: In FY 18/19, 2,235 unduplicated individuals were served.

Demographics:

	N=2235	%
Age Group		
Children/Youth (0-15)	2031	90.9
TAY (16-25)	25	1.1
Adults (26-59)	62	2.8
Older Adults (60+)	4	0.2
Unknown/Not Reported	113	5.1
Ethnicity		
Non-Hispanic	521	23.3
Hispanic	676	30.2
Other	0	0.0
More than one ethnicity	0	0.0
Unknown/Not Reported	1038	46.4
Race		
White	272	12.2
Black or African American	140	6.3
Asian	175	7.8
American Indian or Alaska Native	11	0.5
Native Hawaiian or other Pacific Islander	7	0.3
More than one race	276	12.3
Other	525	23.5
Unknown/Not Reported	829	37.1

	N=2235	%
Primary Language		
English	1184	53.0
Spanish	186	8.3
Vietnamese	9	0.4
Cantonese	21	0.9
Russian	6	0.3
Hmong	17	0.8
Arabic	3	0.1
Other	18	0.8
Unknown/Not Reported	791	35.4
Sexual Orientation		
Heterosexual or Straight	136	6.1
Gay or Lesbian	1	0.0
Bisexual	0	0.0
Questioning or unsure	0	0.0
Queer	0	0.0
Another sexual orientation	0	0.0
Unknown/Not Reported	2098	93.9
Current Gender Identity		
Male	1129	50.5
Female	1075	48.1
Transgender	0	0.0
Genderqueer	0	0.0
Questioning or unsure	0	0.0
Another gender identity	0	0.0
Unknown/Not Reported	31	1.4

Adoptive Families Respite Program (CAFA)

Program Description: Administered by Capital Adoptive Families Alliance, this respite program provides temporary relief for adoptive families that are caring for children with complex mental health issues. Families must live in or have adopted from Sacramento County. The respite model includes planned respite during drop off events, summer camp and recreational activities.

Program Type: Prevention

Number Served: In FY 18/19, 191 unduplicated youth and family members utilized this respite service.

Demographics:

	N=191	%
Age Group		
Children/Youth (0-17)	83	43.5%
TAY (18-25)	6	3.1%
Adults (26-59)	58	30.4%
Older Adults (60+)	3	1.6%
Unknown/Not Reported	41	21.5%
Ethnicity		
Non-Hispanic/Non-Latino	104	54.5%
Hispanic or Latino	28	14.7%
Other	0	0.0%
More than one Ethnicity	0	0.0%
Unknown/Not Reported	59	30.9%
Race		
White	81	42.4%
Black or African American	25	13.1%
Asian	11	5.8%
American Indian or Alaska Native	2	1.0%
Native Hawaiian or other Pacific Islander	0	0.0%
More than one race	31	16.2%
Other	18	9.4%
Unknown/Not Reported	23	12.0%

	N=191	%
Primary Language		
English	172	90.1%
Spanish	3	1.6%
Vietnamese	0	0.0%
Cantonese	0	0.0%
Russian	0	0.0%
Hmong	0	0.0%
Arabic	0	0.0%
Other	0	0.0%
Unknown/Not Reported	16	8.4%
Sexual Orientation		
Heterosexual or Straight	134	70.2%
Gay or Lesbian	7	3.7%
Bisexual	6	3.1%
Questioning or unsure	10	5.2%
Queer	0	0.0%
Another sexual orientation	0	0.0%
Unknown/Not Reported	34	17.8%
Current Gender Identity		
Female	69	36.1%
Male	89	46.6%
Transgender	0	0.0%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	0	0.0%
Unknown/Not Reported	33	17.3%
Veteran Status		
Yes	2	1.0%
No	178	93.2%
Unknown/Not Reported	11	5.8%

Integrated Health and Wellness Project
Ages Served: Children, TAY, Adults, Older Adults

The Integrated Health and Wellness Project consists of:

- SacEDAPT (Early Diagnosis and Prevention Treatment)
- Senior Link

SacEDAPT

Program Description: Administered by UC Davis, Department of Psychiatry, SacEDAPT focuses on early onset of psychosis and has been expanded to serve those age twelve (12) to thirty (30). 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. The program continues to engage in outreach services throughout Sacramento County with a particular focus on underserved populations. This program has informed statewide work related to assessing the impact of early psychosis programs.

Program Type: Early Intervention

Number Served: In FY 18/19, 188 unduplicated clients were served.

	N=188	%
Age Group		
Children/Youth (0-15)	61	32.4%
TAY (16-25)	102	54.3%
Adults (26-59)	25	13.3%
Older Adults (60+)	0	0.0%
Unknown/Not Reported	0	0.0%
Ethnicity		
Non-Hispanic/Non-Latino	53	28.2%
Hispanic or Latino	108	57.4%
Other	0	0.0%
More than one Ethnicity	0	0.0%
Unknown/Not Reported	27	14.4%

	N=188	%
Race		
White	1	25.5%
Black or African American	51	27.1%
Asian	15	8.0%
American Indian or Alaska Native	1	0.5%
Native Hawaiian or other Pacific Islander	1	0.5%
More than one race	16	8.5%
Other	41	21.8%
Unknown/Not Reported	15	8.0%
Primary Language		
English	170	90.4%
Spanish	11	5.9%
Vietnamese	1	0.5%
Cantonese	0	0.0%
Russian	1	0.5%
Hmong	0	0.0%
Arabic	0	0.0%
Other	3	1.6%
Unknown/Not Reported	2	1.1%
Sexual Orientation		
Heterosexual or Straight	3	1.6%
Gay or Lesbian	1	0.5%
Bisexual	1	0.5%
Questioning or unsure	0	0.0%
Queer	0	0.0%
Another sexual orientation	0	0.0%
Unknown/Not Reported	183	97.3%
Current Gender Identity		
Male	62	41.6%
Female	40	26.8%
Transgender	3	2.0%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	5	3.4%
Unknown/Not Reported	39	26.2%

Senior Link

Program Description: Administered by El Hogar, Senior Link provides community integration support for adults aged 55 and older who are demonstrating early signs of isolation, anxiety and/or depression. Para-professional Advocates outreach to individuals in their homes or other community-based settings based on the participant needs. Program services include home visits; collaboration with and linkage to health care providers, socialization opportunities, transportation, service coordination, advocacy, information and referral, skill-building groups and liaison to community services.

Program Type: Prevention

Number Served: In FY 18/19, 155 unduplicated older adults were served.

Demographics:

	N=155	%
Age Group		
Children/Youth (0-15)	0	0.0%
TAY (16-25)	0	0.0%
Adults (26-59)	9	5.8%
Older Adults (60+)	121	78.1%
Unknown/Not Reported	25	16.1%
Ethnicity		
Hispanic or Latino	16	10.3%
Non-Hispanic/Non-Latino	90	58.1%
Other	0	0.0%
More than one ethnicity	0	0.0%
Unknown/Not Reported	46	29.7%
Race		
White	25	16.1%
Black or African American	27	17.4%
Asian	30	19.4%
American Indian or Alaska Native	4	2.6%
Native Hawaiian or other Pacific Islander	5	3.2%
More than one race	0	0.0%
Other	29	18.7%
Unknown/Not Reported	35	22.6%

	N=155	%
Primary Language		
English	95	61.3%
Spanish	6	3.9%
Vietnamese	1	0.6%
Cantonese	5	3.2%
Russian	0	0.0%
Hmong	18	11.6%
Arabic	0	0.0%
Other	2	1.3%
Unknown/Not Reported	28	18.1%
Sexual Orientation		
Heterosexual or Straight	42	27.1%
Gay or Lesbian	0	0.0%
Bisexual	0	0.0%
Questioning or unsure	0	0.0%
Queer	0	0.0%
Another sexual orientation	0	0.0%
Unknown/Not Reported	103	66.5%
Current Gender Identity		
Female	107	69.0%
Male	28	18.1%
Transgender	0	0.0%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	0	0.0%
Unknown/Not Reported	20	12.9%

Senior Link – Outreach

Program Type: Prevention

Number Served: In FY 18/19, the program did outreach for 226 unduplicated older adults.

Demographics:

	N=226	%
Age Group		
Children/Youth (0-15)	0	0.0%
TAY (16-25)	0	0.0%
Adults (26-59)	20	8.8%
Older Adults (60+)	202	89.4%
Unknown/Not Reported	4	1.8%
Ethnicity		
Hispanic or Latino	33	14.6%
Non-Hispanic/Non-Latino	137	60.6%
Other	0	0.0%
More than one ethnicity	0	0.0%
Unknown/Not Reported	56	24.8%
Race		
White	65	28.8%
Black or African American	43	19.0%
Asian	43	19.0%
American Indian or Alaska Native	2	0.9%
Native Hawaiian or other Pacific Islander	4	1.8%
More than one race	2	0.9%
Other	47	20.8%
Unknown/Not Reported	20	8.8%

	N=226	%
Primary Language		
English	150	66.4%
Spanish	37	16.4%
Vietnamese	2	0.9%
Cantonese	0	0.0%
Russian	0	0.0%
Hmong	33	14.6%
Arabic	0	0.0%
Other	1	0.4%
Unknown/Not Reported	3	1.3%
Sexual Orientation		
Heterosexual or Straight	122	54.0%
Gay or Lesbian	1	0.4%
Bisexual	25	11.1%
Questioning or unsure	0	0.0%
Queer	0	0.0%
Another sexual orientation	0	0.0%
Unknown/Not Reported	78	34.5%
Current Gender Identity		
Female	166	73.5%
Male	59	26.1%
Transgender	0	0.0%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	0	0.0%
Unknown/Not Reported	1	0.4%

Mental Health Promotion
Ages Served: Children, TAY, Adults, Older Adults

Program Description: The Mental Health Promotion Project is designed to increase community awareness about mental health issues and reduce stigma and discrimination toward individuals and families living with mental illness.

"Mental Illness: It's not always what you think" Project: Since June of 2011, the Division of Behavioral Health Services (BHS), in partnership with Edelman, a communication marketing agency, and Division of Public Health, developed and coordinated a multi-media stigma and discrimination reduction project titled the "Mental Illness: It's not always what you think" Project. FY 2014-15 marked the fourth year of this project. The goal of the project is to reduce the stigma and discrimination associated with mental illness that keeps many from seeking support and treatment by promoting messages of wellness, hope and recovery, dispelling myths and stereotypes surrounding mental illness, and fundamentally altering negative attitudes and perceptions about mental illness and emotional disturbance. The project aims to reduce stigma and discrimination by engaging diverse communities and the general public through culturally relevant mental health information and education. The project has multiple components:

- Multi-Media Outreach
- Social Media – www.StopStigmaSacramento.org
- Stakeholder Engagement
- Collateral Material
- Community Outreach Events
- Research
- Stop Stigma Sacramento Speakers Bureau

Program Type: Universal Prevention

Number Served: Because this is universal outreach, the total number served is not available.

Limitations

The first Sacramento County BHS PEI programs were implemented in FY 09/10, with new programs being implemented as recently as 2015. At the time of program implementation reporting requirements were not established. The County established reporting requirements based on the type of program and the population served. After the updated PEI regulations were released, all PEI contracts were adjusted to attempt to meet the reporting requirements. Demographics, as well as participant satisfaction surveys were implemented in all programs. The bullets below describe some challenges the County has faced in collecting and reporting data:

- Obtaining unduplicated clients served – participants are required to complete demographic forms as well as satisfaction surveys on every visit. Participants were hesitant to give identifying information. Because of this it was very difficult to link a client to multiple visits.
- Inability to identify participants receiving services in the MHP - PEI programs were originally set up to be "Pre-Treatment", so they were not part of our Electronic Health Record (EHR). Because of that, data is collected outside of the EHR and participants are not assigned a medical record number. Participants' hesitation to provide identifying information has made it difficult to link them to the EHR to determine if they are receiving treatment services in the MHP.
- Demographic data for crisis services – obtaining demographic data on crisis services is difficult due to the nature of the program (i.e. suicide hotline). This program focuses on the crisis at hand and staff does not want to add any more stress to the situation by asking questions regarding the individuals' personal characteristics. Information is collected on these programs, but much of it is unknown due to the inability to collect data at the time of the crisis.

Future Steps

MHP is currently implementing an electronic process for all PEI and Respite programs that will be outside of the EHR. This will give the MHP the ability to reliably report unduplicated participants served as well as demographics that are consistent across all programs.

Mental Health Services Act

Annual Innovation Projects and Evaluation Report

Fiscal Year 2018/2019

Sacramento County Department of Health Services
Behavioral Health Services
MHSA Annual Innovation Projects and Evaluation Report FY 2018/19

The Sacramento County Department of Health Services, Behavioral Health Services, prepared this Innovation Projects and Evaluation Report for Fiscal Year 2018/2019. The Innovation Projects in this report include projects currently implemented – Innovation Project 2: Mental Health Crisis/Urgent Care Clinic and Innovation Project 3: Behavioral Health Crisis Services Collaborative.

INNOVATION PROJECT 2: MENTAL HEALTH CRISIS/URGENT CARE CLINIC

Project Overview

The Mental Health Crisis/Urgent Care Clinic Innovation Project was reviewed and approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) in May 2016. The primary purpose of this project is to increase the quality of services, including better outcomes for individuals experiencing a mental health crisis, with the secondary purpose of increasing access to services.

Over the past two decades, urgent care clinics have emerged as an alternative and effective care setting that improves access to quality healthcare, addresses intermediate physical health needs, and provides an alternative to emergency department visits. The project tests the adaptation of an urgent care clinic/medical model, which is an intermediate step between routine and emergency care, to provide crisis response/care for individuals experiencing a mental health crisis. Further, this project fully incorporates wellness and recovery principles into service delivery. Specifically, the adaptations focus on: 1. Crisis Program Designation, including hours; 2. Direct Access - Provide direct linkage as an access point to services provided by Sacramento County Mental Health Plan (MHP) and Alcohol and Drug Services (ADS); 3. Serve all ages (children, youth, adults and older adults); and 4. Pilot Medical Clearance Screening that will allow clinical staff to initially screen to identify medical issues on site.

This project tests how these adaptations can improve the following client and system outcomes: 1. create an effective alternative for individuals needing crisis care; 2. improve the client experience in achieving and maintaining wellness; 3. reduce unnecessary or inappropriate psychiatric hospitalizations and incarcerations; 4. reduce emergency department visits; and 4. improve care coordination across the system of care to include linkages to other needed resources and timely access to mental health services.

Sacramento County initiated the competitive selection process in the fall of 2016 to seek out organizations interested in collaboratively operating this project. The contract was awarded to Turning Point Community Programs (TPCP).

Sacramento County, in partnership with TPCP, opened the Mental Health Crisis/Urgent Care Clinic (MHUCC) in November 2017. The MHUCC offers the following service array for individuals of any age experiencing an urgent mental health need: triage and crisis intervention services, comprehensive behavioral health assessment, medical screening, medication support, peer and family support, care coordination, and linkage to other services and resources.

Data Summary

The MHUCC opened its doors to the public on November 29, 2017. This report includes data retrieved from Avatar (Sacramento County Electronic Health Record) for Fiscal Year 2018/2019.

Referrals:

- The majority of referrals to the MHUCC were from the other sources (42%) and the individual themselves (39%)
- 10% of the referrals were from either friends and family (7%) or local emergency departments (3%)

Admissions and Discharges:

- There were 3619 unduplicated individuals admitted to the MHUCC for a total of 4786 admissions during the fiscal year
  - 796 unduplicated individuals returned to the MHUCC during the fiscal year
- There were 4,812 discharges from the MHUCC

Demographics

Mental Health Urgent Care Clinic FY 2018/2019 Demographics		
	Number (N=3619)	**Percent**
Race		
American Indian or Alaska Native	68	1.9%
Asian	176	4.9%
Black or African American	699	19.3%
Native Hawaiian or other Pacific Islander	49	1.4%
White	1515	41.9%
Other	386	10.7%
More than one race	211	5.8%
Unknown/Not Reported	515	14.2%
Primary Language		
English	3276	90.5%
Spanish	78	2.2%
Vietnamese	10	0.3%
Cantonese	8	0.2%
Russian	17	0.5%
Hmong	9	0.2%
Arabic	6	0.2%
Other	15	0.4%
Unknown/Not Reported	200	5.5%

Gender		
Male	1702	47.0%
Female	1917	53.0%
Transgender	0	0.0%
Intersex	0	0.0%
Questioning	0	0.0%
Unknown/Not reported	0	0.0%
Veteran Status		
Yes	0	0.0%
No	0	0.0%
Homeless Status		
Yes	482	13.3%
No	3137	86.7%

MHUCC Client Satisfaction Questionnaire Results

Fiscal Year 2018/2019 satisfaction survey results show that clients who filled out the survey were satisfied overall with the services received at the Mental Health Urgent Care Clinic (MHUCC). Generally, clients felt respected with an average rating of 4.8.

Fiscal Year 2018/2019 Satisfaction Questionnaire Responses (N=1182)	
Survey Questions (1=Strongly Disagree, 5=Strongly Agree)	**Average Rating**
When I arrived, I felt welcomed.	**4.67**
My visit gave me hope.	**4.54**
During my visit, I was given information and guidance that was useful to me.	**4.67**
During my visit, I was told about programs and places where I could go that seemed useful to me.	**4.58**
During my visit, I was given the opportunity to make choices about my care.	**4.61**
Staff were sensitive to my cultural needs and background.	**4.61**
If I wanted them to, staff made every effort to involve the people who are important to me in planning my services.	**4.58**
Staff heard and understood what I said.	**4.73**
I was treated with respect.	**4.80**
The amount of time that I waited to be seen was acceptable to me.	**4.33**
I felt safe and supported during my visit.	**4.71**
Overall, the quality of care I received was (1=Poor, 5=Excellent).	**4.71**
Overall Satisfaction Rating	**4.63**

INNOVATION PROJECT 3: BEHAVIORAL HEALTH CRISIS SERVICES COLLABORATIVE

Project Overview

Innovation Project 3: Behavioral Health Crisis Services Collaborative (BHCSC) project was reviewed and approved by the MHSOAC in May 2018. Sacramento County, in partnership with Dignity Health and Placer County, implemented the BHCSC in FY 2018-19. In September 2019, the BHCSC opened for service delivery. The BHCSC establishes integrated adult crisis stabilization services on the Mercy San Juan hospital emergency department campus in the northeastern area of Sacramento County.

This innovative emergency care integration initiative advances the standard for existing crisis services in several distinctive ways:

- It is a unique public/private collaboration between Sacramento County, Placer County and Dignity Health, and engages multiple Plans and community-based partners to serve residents of both Counties.
- It represents a commitment from a large hospital system, Dignity Health, to provide quality and integrated medical and behavioral health services under the hospital's license and make a financial investment that includes:
  - Dedicated hospital campus space and construction of facilities, designed to meet crisis stabilization services specifications
  - Ongoing facility operations and maintenance
  - Client transportation
  - Funding for a hospital navigator position
- Project services:
  - Are sited in the northern region of Sacramento which lacks sufficient crisis service programs across two counties with growing populations
  - Serves adults, 18 years and older, and older adults, who:
    - Present in the emergency department (ED), are medically treated and stabilized, and would benefit from multi-disciplinary mental health evaluation and crisis stabilization services for up to 23 hours
    - Voluntarily or involuntarily elect to receive services with the expressed goal of minimizing the time being on an involuntary 5150 hold
  - Provide front door integrated medical emergency and mental health crisis stabilization services that embrace the concept of whole person care, wellness and recovery.
  - Promote prevention by incorporating an assessment tool for early identification and intervention of first episodic psychosis that will be developed by the University of California Davis Medical Center's (UCDMC) Sacramento Early Diagnosis and Preventive Treatment Program (SacEDAPT). Project services will also connect Sacramento County clients to ongoing care with the SacEDAPT program, a project partner.
- It presents a new opportunity to serve both publically and privately insured residents from both Sacramento and Placer Counties.
- It creates an opportunity to develop a model for:

  - Shared governance and regulatory responsibilities related to delivering seamless integrated medical emergency and crisis stabilization care on a hospital emergency department campus
  - Electronic medical records exchange for both clinical coordination of care and claiming processes with the goal of delivering effective and efficient seamless integrated crisis care
- A robust resource center under the same roof allows multiple community-based partners to support the project by providing care coordination, peer support and navigation, and social services support at the point of care. This ensures that consumers are directly linked to aftercare and other resources necessary for ongoing management of conditions and wellness.
- Local Health Plans operating in Sacramento and Placer Counties provide navigation and support services to their private and public enrollees that utilize project services.
- The project is a natural fit with collaborative efforts between Sacramento County and Sacramento City's Whole Person Care (WPC) initiative, and serves as a direct access point for assessing eligibility, continuity of care, and referral opportunities for homeless individuals with serious mental health conditions in the northern part of Sacramento County.

By integrating mental and physical health care and social support services in one location, the project ensures continuity of care and strengthens the region's continuum of care for an estimated 2,000 or more public and private clients annually.

The primary purpose of this emergency care integration innovation project is to demonstrate improved behavioral health outcomes through a public/private collaboration that removes existing barriers to care, increases access to, and the quality and scope of, crisis stabilization and supportive mental health services that are integrated and coordinated. Project services, sited in the northern region of Sacramento County, will increase access to crisis services for underserved area residents.

The secondary purpose of this project is to improve the efficacy and integration of medical and mental health crisis stabilization services through a public/private partnership between a licensed acute care general hospital and an onsite provider of mental health rehabilitative crisis stabilization services. The project will result in the development of assessment, stabilization and treatment protocols between a hospital emergency department (ED) and an onsite mental health crisis stabilization service focused on timely intervention and restoration of civil rights, early psychosis identification and intervention, and reduced ED patient boarding. Treatment protocols will apply to two adjoining counties as well as Health Plans and include best practices to change the trajectory of care for individuals seeking crisis services. More information and data summary about this project will be included in future evaluation reports.

MENTAL HEALTH SERVICES ACT

Innovation Project 4 Plan:

Multi-County Full Service Partnership Innovation Collaborative

INNOVATION PLAN

County Name: Sacramento

Project Title: Multi-County Full Service Partnership (FSP) Innovation (INN) Collaborative

Total Amount Requested: $500,000

Duration of Project: January 1, 2020 through June 30, 2024 (4.5 years)

Community Program Planning and Local Review Processes

Community Program Planning Process for development of the Innovation Work Plan

The community planning process includes participation from the Sacramento County Mental Health Steering Act (MHSA) Steering Committee, Mental Health Board, Board of Supervisors, community based organizations, consumers and family members and community members. The community planning process helps the county determine where to focus resources and effectively utilize MHSA funds in order to meet the needs of the community. Since this process is ongoing, stakeholders will continue to receive updates and provide input in future meetings.

The Multi-County Full Service Partnership (FSP) Innovation (INN) Collaborative was introduced to stakeholders at the May 16, 2019 Mental Health Services Act Steering Committee meeting. Further, at the October 17, 2019 MHSA Steering Committee meeting, the Multi-County FSP Innovation Collaborative was presented and discussed. Supported by the Mental Health Services Oversight and Accountability Commission (MHSOAC), this county-driven, statewide learning collaborative provides an opportunity to use FSP data to establish consistent FSP service guidelines, evaluate outcomes, and disseminate best practices across all FSPs. The project engages counties to participate in this learning collaborative to develop a shared plan for implementing a continuous improvement process around outcomes-oriented FSPs. Furthermore, counties that contribute MHSA Innovation funding will receive individualized technical support in developing and implementing County specific outcomes-focused FSP improvements. The Steering Committee voted in full support of Sacramento County Division of Behavioral Health Services opting into this project with Innovation funding.

Stakeholder entities involved in the Community Program Planning Process

At the October 17, 2019 MHSA Steering Committee meeting, 24 committee members were in attendance and 17 public members attended.

The MHSA Steering Committee is comprised of one primary member and one alternate from the following groups: Sacramento County Mental Health Board; Sacramento County's Behavioral Health Director; three (3) Service Providers (Child, Adult, and Older Adult); Law Enforcement; Adult Protective Services/Senior and Adult Services; Education; Department of Human Assistance; Alcohol and Drug Services; Cultural Competence; Child Welfare; Primary Health; Public Health; Juvenile Court; Probation; Veterans; two (2) Transition Age Youth (TAY) Consumers; two (2) Adult Consumers; two (2) Older Adult Consumers; two (2) Family Members/Caregivers of Children age 0 – 17; two (2) Family Members/Caregivers of Adults age 18 – 59; two (2) Family Members/Caregivers of Older Adults age 60+; and one (1) Consumer At-large. Some members of the committee have volunteered to represent other multiple stakeholder interests including Veterans and Faith-based/Spirituality.

30-day stakeholder review and public hearing

The Multi-County Full Service Partnership Innovation Collaborative was posted as an attachment to the MHSA Fiscal Year 2019-20 Annual Update from November 18 through December 18, 2019. The Mental

Health Board conducted a Public Hearing on December 18, 2019, beginning at 6.00 p.m. at the Grantland L. Johnson Center for Health and Human Services located at 7001A East Parkway, Sacramento, California 95823.

Purpose of Proposed Innovation Project

Background

Since the creation of the Mental Health Services Act (MHSA) in 2004, California has made significant strides in improving the lives of those most in need across the state. In particular, Full Service Partnerships (FSP) support people with the most severe and often co-occurring mental health needs. These MHSA-funded FSP programs are designed to apply a "whatever it takes" approach to serving and partnering with individuals living with severe mental illness. In Sacramento County, FSP programs are effectively improving life outcomes and staff can point to success stories, highlighting dedicated staff and programs tailored to specific cultural groups and ages.

Even so, variation in FSP populations, needs, and local context has presented a challenge: FSP programs frequently apply different approaches to program design, outcomes measurement, and overall implementation. As a result, Sacramento County and others across California do not have consensus about the best way to maximize impact for FSP participants, and many would like to understand which core components of FSP drive better outcomes. Information flows often feel one-directional, as county staff and providers report data up to the state but struggle to interpret and analyze the data they receive back to examine outcomes or inform future decisions. Additionally, current state-required metrics are difficult to compare across programs, providers, and geographies. In practice, for county staff, providers, and community members, these challenges have meant that state-required performance measures do not fully capture how FSP clients are faring as whole people. Current metrics are limited: they do not prioritize what individuals need most, and in some cases, they fail to capture exactly how much improvement an FSP client has made. Additionally, processes for enrolling, discharging, and graduating clients from FSP programs are either inconsistent or not optimally informed by available data.

Project Purpose

- Increases the quality of mental health services, including measured outcomes
- Promotes interagency and community collaboration related to Mental Health Services or supports outcomes

This project responds to the aforementioned challenges by reframing FSP programs around meaningful outcomes and the partner (client) experience. This multi-county Innovation Project represents an innovative opportunity for Sacramento to partner with a group of counties (Fresno, Ventura, Siskiyou, San Bernardino, and San Mateo) in developing a shared vision for and, ultimately, implementing new data-driven strategies to better coordinate FSP service delivery, operations, data collection, and evaluation.

The Mental Health Services Oversight and Accountability Commission (MHSOAC) has supported Third Sector in leading counties through the process of developing and implementing this Innovation Project, as well as in facilitating a broader statewide exchange of collective learning and shared opportunities for improving FSPs. A San Francisco-based nonprofit, Third Sector brings experience helping behavioral and mental health programs nationwide create an improved focus on outcomes, and will bring that experience to support counties in implementation. Third Sector will act as the overall project lead and project manager, developing recommendations and customized strategies, leading working group calls and collaborating with Sacramento County BHS to meaningfully elevate stakeholder voice, while ensuring the project remains on schedule and adjusting responsively to any challenges.

Through participation in this multi-county Innovation collaborative, Sacramento County and the six other participating counties will implement new data-informed strategies to program design and continuous improvement for their FSP programs, supported by county-specific implementation and evaluation technical assistance. What matters in improving individual wellness and recovery and take a data-informed approach to program design, evaluation, and continuous improvement, leading to more effective and responsive programs will be examined. The overall purpose and goals of the Innovation Project are to:

1. **Improve how counties define and track priority outcomes** and related performance measures, as well as counties' ability to apply these measures consistently across FSP programs
2. **Develop new and/or strengthen existing processes for continuous improvement** with the goals of improving outcomes, fostering shared learning and accountability, supporting meaningful program comparison, and better using qualitative and quantitative data to inform potential FSP program modifications
3. **Develop a clear strategy for how outcomes and performance measures can best be tracked and streamlined** through various state-level and county-specific reporting tools
4. **Develop a shared understanding and more consistent interpretation of the core FSP components** across counties, creating a common FSP framework that both reflects service design best practices and is adaptive to local context
5. **Increase the clarity and consistency of enrollment criteria, referral, and graduation processes** through the development and dissemination of clear tools and guidelines intended for county, providers, and referral partners

Collaboration with a Statewide FSP Learning Community: In addition to the county-specific implementation TA proposed in this Innovation Project, Sacramento County will participate in a concurrent, statewide FSP Outcomes-Driven Learning Community that Third Sector is leading with funding from the MHSOAC. Sacramento County BHS, FSP providers, FSP clients, and stakeholders will engage in an interactive learning process that includes hearing and sharing lived experiences, developing tools to elevate FSP participant voice, and attending sessions at local FSP sites. Third Sector will synthesize and disseminate learnings between counties participating in this Innovation Plan and the Learning Community, helping each group build upon the work of the other, and develop a set of recommendations for any state-level changes to FSP requirements and/or data collection practices that are supported by a broad coalition of participating California counties.

This Innovation project presents a new opportunity and innovative practice for Sacramento and other participating counties in several ways:

County-Driven Origins: MHSA prioritizes specific outcome measures, including reduced criminal justice involvement, incarceration, unnecessary hospitalizations, in-patient stays, and homelessness. As it stands, many counties struggle to track these outcomes using existing tools, making it difficult to determine effectiveness or identify opportunities for improvement. Recognizing these gaps, counties themselves took the initiative to form this project as a response to their FSP program challenges and after hearing reflections on Los Angeles County's Department of Mental Health FSP transformation. The county-driven origins of this project, paired with support from the MHSOAC, present a unique opportunity for Sacramento and other participating counties to both (i) pursue county-specific implementation efforts that will drive lasting improvements within their individual FSP programs, and (ii) exchange learnings from these implementation efforts with other counties via a structured learning community designed to help increase statewide consensus on FSP's core components and develop shared recommendations for state-level changes to FSP data requirements and guidelines.

Introducing New Practices for Encouraging Continuous Improvement & Learning: This project proposes to introduce new data-driven practices for managing FSP programs that center on improving clients' experiences, client life outcomes, and aim to increase consistency in how FSP's are administered within and across different counties. This project will build on tools and learnings emerging from Third Sector's existing work with the Los Angeles County Department of Mental Health's FSP transformation, which centered on understanding and improving core child, adult, and older adult FSP outcomes, inclusive of improving stable housing, reducing emergency services utilization, and reducing criminal justice involvement. Importantly, the project will also *contribute* to these learnings and tools, creating new approaches and strategies intended achieve similar and further results. It aims to develop and pilot processes and outcomes that are tailored to Sacramento's specific context, and to generate *new* learning and shared consensus around FSP program and performance management best practices, alongside other participating counties.

Project Activities, Deliverables, and Timeline

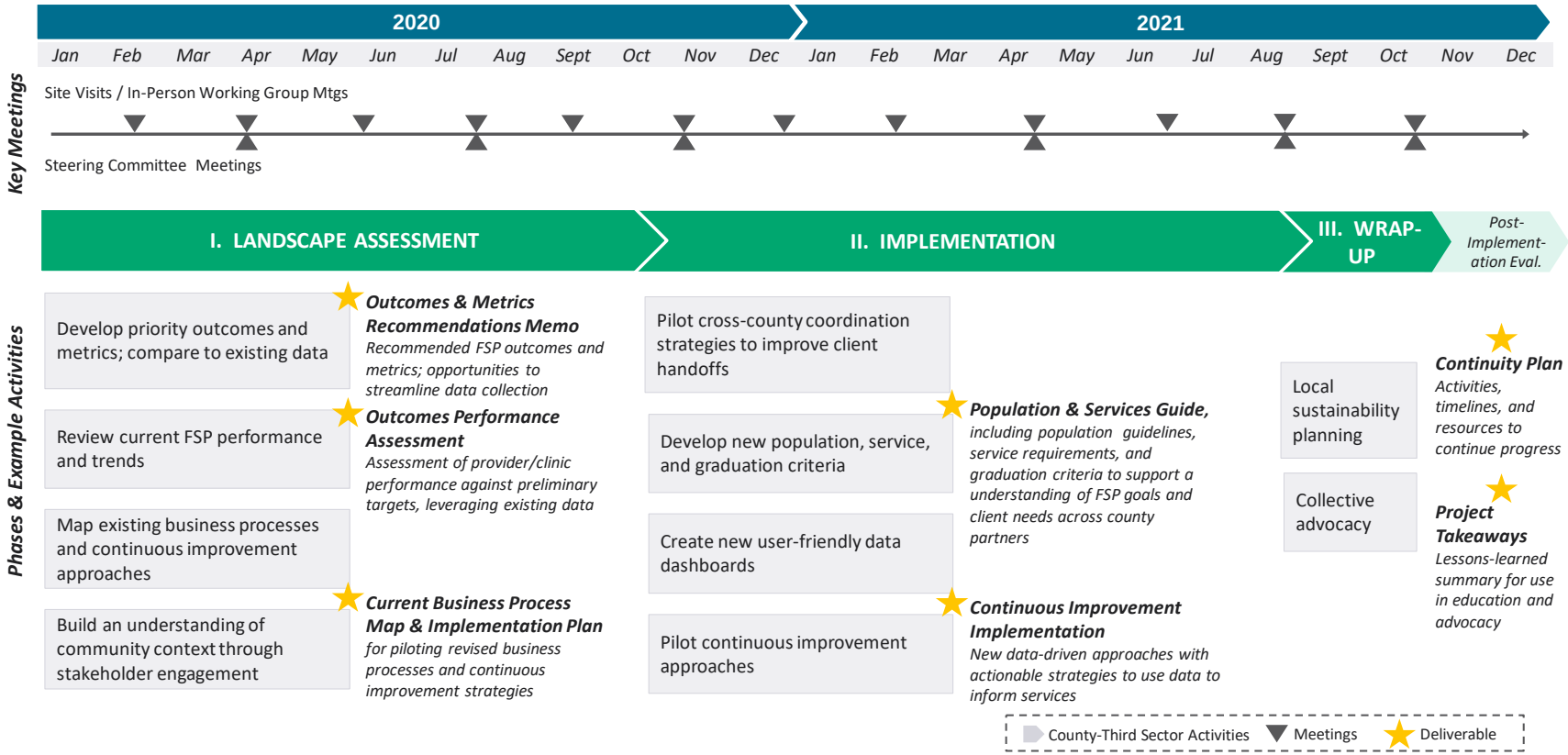
The Innovation Project will begin in January 2020 and end in June 2024 for a total project duration of 4.5 years. The project will be divided into two periods: an implementation technical assistance (TA) period and an evaluation period. Throughout project implementation, Sacramento County BHS will ensure continuity of FSP services.

In the first 23-month implementation technical assistance (TA) period, Third Sector will work directly with Sacramento County and the six other participating counties to understand each county's local FSP context and provide targeted, county-specific technical assistance in implementing outcomes-focused improvements. Third Sector will leverage a combination of regular (weekly to biweekly) virtual meetings/calls with counties' core project staff, regular site visits and in-person working groups, and in-person stakeholder meetings, in order to advance the project objectives.

This TA period will be divided into three discrete phases (Landscape Assessment; Implementation; Sustainability Planning). The activities and deliverables outlined below are illustrative, as exact phase dates, content, and sequencing of deliverables will depend on which selection of deliverables is most relevant to Sacramento County's needs and goals. BHS and Third Sector will collaborate over the next several months to identify Sacramento's most priority activities and goals and to create a unique scope of work to meet these needs. See ***Figure 1*** below for an illustrative Implementation TA work plan and timeline by phase.

In the second period of the project, Sacramento and other counties will pursue a post-implementation evaluation, conducted by a third-party evaluator, with the goal of assessing the impacts and learning that this project produces. This post-implementation evaluation and the overall Innovation Project will conclude at the end of June 2024.

Figure 1: Illustrative Implementation TA Work Plan



Phase 1: Landscape Assessment

The Landscape Assessment phase will act as a ramp-up period and an opportunity for Third Sector to learn about Sacramento County's context in further detail, including local community assets, resources, and opportunities, existing FSP program practices, and performance on existing outcomes measures. Building off of templates from national mental/behavioral health projects, Third Sector will customize deliverables and activities for Sacramento County's local FSP context. During this phase, Third Sector will work with BHS to lead working groups and interviews, analyze county data, and facilitate meetings with local stakeholders to identify opportunities for improvement. BHS will share data and documents with Third Sector and provide guidance on local priorities and past experiences. Other example activities may include conducting logic models and root cause analyses to create consensus around FSP's desired outcomes, reviewing current outcomes and performance data to understand trends, and gathering qualitative data about the client journey and staff challenges. By the end of this phase, Sacramento County will have an understanding of the current state of its FSP programs, customized recommendations to create a more data-driven, outcomes-oriented FSP program, and a realistic work plan for piloting new improvements during the Implementation phase.

Third Sector will produce a selection of the following illustrative deliverables, as appropriate for Sacramento County's unique context and needs:

- **Outcomes & Metrics Plan:** Recommended improved FSP outcomes and metrics to understand model fidelity and client success, including recommended areas of commonality, alignment, and consistency across counties.
- **Population to Program Map:** A map of current FSP sub-populations, FSP programs, and community need, to illuminate any potential gaps or opportunities.
- **Population Criteria Outline:** Recommended changes to population eligibility criteria, service requirements, and graduation criteria.
- **Current State to Opportunity Map:** A map of metrics and existing data sources, including identification of any gaps and opportunities for improved linkages and continuity (e.g., auto-population of fields, removal of duplicate metrics, linking services/billing data to understand trends, opportunities to use additional administrative data sources to validate self-reported data).
- **Outcomes Performance Assessment:** An assessment of provider and clinic performance against preliminary performance targets, leveraging existing data and metrics.
- **Process Map:** A process map identifying current continuous improvement and data-sharing processes and opportunities for improvement.
- **Implementation Plan:** An implementation plan for new continuous improvement processes, both internal (i.e., creating improved feedback loops and coordination between county data, funding, and clinical/program teams) and external (i.e., creating improved feedback loops between county teams and contracted providers).

Included in this phase, Third Sector and the counties will develop a set of qualifications and work plan for procuring a third-party evaluator. Example evaluator-led activities and deliverables include:

1. Recommended evaluation methodology (e.g., randomized control trial, quasi-experimental method, etc.)
2. Work plan for executing any required data-sharing agreements and/or research board approvals that may be necessary to implement the post-implementation evaluation
3. Post-implementation evaluation plan that identifies specific outcomes, metrics, data sources and timeline for measuring client and systems level impacts

4. Final impact report

Phase 2: Implementation
Third Sector will provide individualized guidance and support to Sacramento County and other participating counties through the Phase 2 Implementation process, piloting new strategies that were developed during Phase 1. Understanding limitations on staff capacity, Third Sector will support BHS by preparing materials, analyzing and benchmarking performance data, helping execute on data-sharing agreements, and leading working group or Steering Committee meetings. BHS will assist with local and internal coordination in order to meet project milestones. Additional activities in Phase 2 may include the following: improving coordination across county agencies to create a human-centered approach to client handoffs and transfers, completing data feedback loops, and developing new referral approaches for equitable access across client FSP populations. As a result of this phase, BHS will have piloted and begun implementing new outcomes-oriented, data-driven strategies.

With Third Sector's implementation support, Sacramento County may achieve a selection of the following deliverables in Phase 2:

- **Referral Strategies:** Piloted strategies to improve coordination with referral partners and the flow of clients through the system.
- **Population and Services Guide**: New and/or revised population guidelines, service requirements, and graduation criteria.
- **Updated Data Collection & Reporting Guidelines:** Streamlined data reporting and submission requirements.
- **Data Dashboards:** User-friendly data dashboards displaying performance against priority FSP metrics.
- **Continuous Improvement Process Implementation:** Piloted continuous improvement and business processes to create clear data feedback loops to improve services and outcomes.
- **Staff Training:** Staff trained on continuous improvement best practices.
- **FSP Framework:** Synthesized learnings and recommendations for the FSP Framework that counties and Third Sector can share with the broader statewide Learning Community for further refinement.
- **FSP Outcomes & Metrics Advocacy Packet:** Recommendations on improved FSP outcomes, metrics, and data collection and sharing practices for use in conversations and advocacy in stakeholder forums and with policy makers.

Further, in this phase, a third-party evaluator will be selected based upon the qualifications and work plan developed in Phase 1. Third Sector, counties and the evaluator will develop a scope of work detailing the exact deliverables and activities that the evaluator will lead as part of the post-implementation evaluation.

Phase 3: Sustainability Planning
Throughout Phases 1 and 2, Third Sector will work closely with BHS to ensure sustainability and transition considerations are identified and prioritized during implementation, and that, by the conclusion of the project, BHS staff have the capacity to continue any new strategies and practices piloted through this project. Phase 3 will provide additional time and dedicated focus for sustainability planning, whereby Third Sector will work with participating counties to understand the success of the changes to-date and finalize strategies to sustain and build on these new data-driven approaches. Sacramento County may also partner with other counties to elevate project implementation successes in order to champion broad understanding, support, and continued resources for outcomes-focused, data-driven mental health and social services. Specific Phase 3 activities may include articulating lessons learned, applying lessons learned to other mental

health and social service efforts, creating ongoing county work plans, and developing an FSP impact story. As a result of Phase 3, Sacramento County will have a clear path forward to continue building on the accomplishments of the project.

Third Sector will produce a selection of the following deliverables for Sacramento County:

- **Project Case Study:** A project case study highlighting the specific implementation approach, concrete changes, and lessons learned.
- **Continuity Plan:** A continuity plan that identifies specific activities, timelines and resources required to continue to implement additional outcomes-oriented, data-driven approaches.
- **Project Toolkit:** A project toolkit articulating the specific approaches and strategies that were successful in the local FSP transformation for use in similarly shifting other mental health and related services to an outcomes orientation.
- **Communications Plan:** A communications plan/strategy articulating communications activities, timelines, and messaging.
- **Project Takeaways:** Summary documents articulating major takeaways for use educating statewide stakeholders on the value of the new approach.
- **Evaluation Work Plan & Governance:** An evaluation work plan to assist the counties and the evaluation partner in project managing the post-Implementation evaluation phase.

Expected Outcomes

At the end of this project, Sacramento County will identify and prioritize FSP outcome goals that relate to program and beneficiary priorities, well-defined performance measures to track progress towards these outcome goals, and a clarified strategy for tracking and sharing outcomes data to support meaningful comparison, learning, and evaluation. The specific implementation activities may vary based on the results of Sacramento County's landscape assessment, but may include the following: piloting new referral processes, updating service guidelines and graduation criteria, using qualitative and quantitative data to identify program gaps, sharing data across providers, agencies, and counties, streamlining data practices, improving data-reporting formats, implementing data-driven continuous improvement processes, and recommending changes to state-level data requirements.

Mental Health Services Act General Standards
This project meets MHSA General Standards in the following ways:

- It is a **multi-county collaboration** between Fresno, Ventura, Sacramento, Siskiyou, San Bernardino, and San Mateo to address FSP program challenges and opportunities
- It is **client-driven**, as it seeks to reframe FSP programs around meaningful outcomes for the individual, centering on holistic client **wellness and recovery**
- It seeks to create a coordinated approach to program design and service delivery, leading to an **integrated service experience for clients and family**
- It will establish a shared understanding of FSP's core components and create a common framework that reflects best practices while adapting for local context and **cultural competency**
- **Diverse stakeholders** will be meaningfully engaged throughout the development and implementation of the project

Learning Goals

This project expects to contribute new learnings and capacities for Sacramento and other participating counties throughout the county-specific technical assistance and evaluation activities involved. Guiding research questions that this project aims to further explore include, but are not limited to, the following:

1. What was the process that Sacramento County and Third Sector took to identify and refine FSP program practices?
2. What changes to Sacramento County's original FSP program practices were made and piloted?
3. What impacts did these changes to Sacramento's original FSP program practices generate for FSP clients and FSP program providers following implementation?
    a. Compared to current FSP program practices, do practices developed by this project streamline, simplify, and/or improve the overall usefulness of data collection and reporting for FSP programs?
    b. Has this project improved how data is shared and used to inform discussions on FSP program performance and strategies for continuous improvement?
    c. What impacts has this project and related changes created for clients' outcomes and clients' experiences in FSP?
4. As a multi-county collaboration, how has this project produced broader learning and collaboration within and across participating counties?
    a. How have staff learnings through participation in this FSP-focused project led to shared learning across other programs and services within Sacramento County BHS?
    b. How has the statewide FSP Learning Community and multicounty nature of the project helped to drive collective learning and fostered a unified county voice for potential state-level change?
    c. Which types of collaboration forums and topics have yielded the greatest value for county participants?

Evaluation and Learning Plan

The Innovation Project includes a significant learning and evaluation component. Third Sector and the counties will pursue a number of evaluation and data analysis activities throughout the duration of the project (as described in the *Project Activities & Deliverables* section above*).* Third Sector will support counties in identifying, procuring, and establishing an ongoing governance structure for partnering with a third-party evaluator that can provide an independent assessment of the project's impacts and meaningfully assess the above learning goals via a post-implementation evaluation.

The post-implementation evaluation, led by the counties and the third-party evaluator, will aim to assess two types of impacts: (A) the overall impact and influence of the project activities and intended changes to current FSP practices and program administration ("**systems-level impacts**"), and (B) the overall improvements for FSP client outcomes ("**client-level impacts**"). These two types of measures will help determine whether the practices developed by this project effectively simplify and improve the usefulness of data collection and management, *and* whether these practices supported the project's ultimate goal of improving FSP client outcomes.

Counties, with support from Third Sector and the evaluator, will identify and finalize outcome measures to quantify these impacts upon procuring the evaluator (end of 2020 to beginning 2021) via a written evaluation plan. The evaluation plan will include a timeline for defined deliverables and will crystallize these research questions, outcome measures, data-sharing requirements and resulting evaluation activities, including validation of baseline levels of performance and current FSP practices.

Innovation Project Budget & Source of Expenditures

Overview of Project Budget & Sources of Expenditures: All Counties
The total proposed budget for supporting all six participating counties in pursuing this Innovation Project is approximately $4.7M over 4.5-years. This includes project expenditures that are shared across counties (i.e. Third Sector technical assistance; CalMHSA; third-party evaluation), as well as any additional county-specific expenditures that participating counties may choose to support for the purposes of this project (e.g. salary and benefits costs for county supporting staff).

All costs will be funded using county MHSA Innovation funds, with the exception of San Mateo County which will contribute CSS & PEI funding. Counties will contribute varying levels of funding towards a collective pool of resources to support shared project costs. This will streamline counties' funding contributions and drawdowns through sharing resources, reduce individual project overhead, and increase coordination across counties in the use of these funds.

Project Budget & Expenditures: Sacramento County
Sacramento County requests to contribute a total of $500,000 in MHSA Innovation funds to support this project over the 4.5 year project duration. See Figure 3 below for an estimated breakdown of requested funds by fiscal year. Figure 4 includes an estimated breakdown of budget expenditures by fiscal year. Note that all of Sacramento's funding contributions would come from MHSA Innovation funding.

Figure 3: Sacramento County Budget Request by Fiscal Year

	FY 19/20	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
Individual County Contribution towards Shared Project Costs	$54,846	$309,892	$113,554	$11,354	$11354	$500,000

Figure 4: Sacramento County Budget Expenditures

BUDGET BY FUNDING SOURCE AND FISCAL YEAR							
EXPENDITURES							
Personnel Costs (salaries, wages, benefits)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
1.	Salaries	$0	$0	$0	$0	$0	$0
2.	Direct Costs	$0	$0	$0	$0	$0	$0
3.	Indirect Costs	$0	$0	$0	$0	$0	$0
4.	Total Personnel Costs	$0	$0	$0	$0	$0	$0
Operating Costs (travel, hotel)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
5.	Direct Costs	$0	$0	$0	$0	$0	$0
6.	Indirect Costs	$0	$0	$0	$0	$0	$0
7.	Total Operating Costs	$0	$0	$0	$0	$0	$0

Non-Recurring Costs (technology, equipment)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
8.	Direct Costs	$0	$0	$0	$0	$0	$0
9.	Indirect Costs	$0	$0	$0	$0	$0	$0
10.	Total Non-Recurring Costs	$0	$0	$0	$0	$0	$0
Consultant Costs/Contracts (training, facilitation, evaluation)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
11a.	Direct Costs (Third Sector)	$48,594	$269,134	$91,990	$-	$-	$409,719
11b.	Direct Costs (Evaluator)	$-	$10,417	$10,417	$10,417	$10,417	$41,667
11c.	Direct Costs (CalMHSA)	$5,252	$30,341	$11,147	$938	$938	$48,614
12.	Indirect Costs	$0	$0	$0	$0	$0	$0
13.	Total Consultant Costs	$53,846	$309,892	$113,554	$11,354	$11,354	$500,000
Other Expenditures (explain in budget narrative)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
14.	Program/Project Cost	$0	$0	$0	$0	$0	$0
15.		$0	$0	$0	$0	$0	$0
16.	Total Other Expenditures	$0	$0	$0	$0	$0	$0
BUDGET TOTALS							
Personnel							
Direct Costs							
Indirect Costs							
Total Individual County Innovation Budget*		$53,846	$309,892	$113,554	$11,354	$11,354	$500,000

Budget Narrative: Consultant Costs

Third Sector: As described in the Project Activities & Deliverables section above, Third Sector will lead counties through individualized implementation TA over a 23-month timeframe (January 2020 through November 2021). Of the $500,000 in total county MHSA Innovation funds that Sacramento is contributing towards this project, approximately $410,000 will go towards Third Sector. These costs will support a dedicated Third Sector team who will partner with Sacramento County and provide a wide range of dedicated technical assistance (TA) services and subject matter experience, as the County pursues the goals of this Innovation Plan. Third Sector staff will leverage regular site visits to each county, in addition to leading weekly to biweekly virtual meetings with different working groups, developing recommendations for the project Steering Committee, and supporting county staff throughout each of the four TA phases.

Third-Party Evaluation: Third Sector and the counties will determine the appropriate procurement approach and qualifications for a third-party evaluator during the first nine months of the project. Once selected, the third-party evaluator will contract with counties either individually or collectively via the JPA administered through CalMHSA. Third Sector will support counties in determining the appropriate statement of work, budget, and funding plan for the third-party evaluator.

The current budget assumes a total evaluation cost of $250,000 combined across all counties. Actual costs may be higher/lower, depending on the organization selected and the final scope and deliverables counties elect to pursue for the post-implementation evaluation. Sacramento would contribute approximately $41,667 of county MHSA Innovation funds towards this total cost.

Fiscal Intermediary Costs (CalMHSA): Sacramento County and other participating counties propose to use their existing CalMHSA Joint Powers Agreement (JPA) for the purpose of contracting with Third Sector and the third-party evaluator. The JPA sets forward specific governance standards to guide county relationships with one another and Third Sector/the evaluator. CalMHSA would develop participation agreements with each participating county that will further memorialize these standards and CalMHSA's specific role and responsibilities in providing fiscal and contract management support to the counties. CalMHSA charges an estimated 9% for its services. Rates are based on the specific activities and responsibilities CalMHSA assumes. The project budget currently assumes a fee of 9% of total pooled funds, or ~$300,000 total for the duration of the project across all counties. Sacramento's contribution would support approximately $48,614 of this total.

MENTAL HEALTH SERVICES ACT

Prudent Reserve Assessment
June 28, 2019

Local Prudent Reserve Assessment

Per Welfare and Institutions Code (W&I Code) Sections 5847 and 5892, Counties are required to establish and maintain a prudent reserve that does not exceed 33 percent of the average Community Services and Supports (CSS) component revenue received for the Local Mental Health Services Fund in the preceding five years, and to reassess and certify the maximum amount every five years.

In compliance with W&I Code and California Department of Health Care Services (DHCS) Information Notice 19-037, Sacramento County has conducted an assessment of the local Prudent Reserve and is in agreement with DHCS calculations that the maximum Sacramento County Prudent Reserve is $13,196,792.39. This assessment was submitted to DHCS on June 28, 2019.

In compliance with DHCS Information Notice 19-017, Sacramento County has reflected the required adjustment to the maximum Local Prudent Reserve level in the FY 2019-20 MHSA Annual Update and transferred funds in excess to the CSS and Prevention and Early Intervention (PEI) components, as appropriate.

Sacramento County
MHSA Prudent Reserve Assessment
Info Notice 19-017

	Total
12.12/13 Collection Period 06/01/2013 - 06/30/2013	$ 4,696,185.82
1. 07/01/2013 - 07/31/2013	$ 3,745,830.91
2. 08/01/2013 - 08/31/2013	$ 2,165,995.59
3. 09/01/2013 - 09/30/2013	$ 2,957,635.78
4. 10/01/2013 - 10/31/2013	$ 2,431,148.84
5. 11/01/2013 - 11/30/2013	$ 1,568,849.47
6. 12/01/2013 - 12/31/2013	$ 2,966,598.90
7. 01/01/2014 - 01/31/2014	$ 7,162,654.64
8. 02/01/2014 - 02/28/2014	$ 1,427,158.94
9. 03/01/2014 - 03/31/2014	$ 1,629,181.25
10. 04/01/2014 - 04/30/2014	$ 6,093,115.97
11. 05/01/2014 - 05/31/2014	$ 2,323,138.55
Total 13/14 funding	$ 39,167,494.66
12. 06/01/2014 - 06/30/2014	$ 5,243,648.63
1. 07/01/2014 - 07/31/2014	$ 14,122,866.15
2. 08/01/2014 - 08/30/2014	$ 2,153,252.26
3. 09/01/2014 - 09/30/2014	$ 3,333,574.43
4. 10/01/2014 - 10/31/2014	$ 2,774,439.46
5. 11/01/2014 - 11/30/2014	$ 1,837,863.17
6. 12/01/2014 - 12/31/2014	$ 3,579,246.47
7. 01/01/2015 - 01/31/2015	$ 7,947,056.64
8. 02/01/2015 - 02/28/2015	$ 1,588,812.56
9. 03/01/2015 - 03/31/2015	$ 1,946,989.60
10. 04/01/2015 - 04/30/2015	$ 7,302,692.24
11. 05/01/2015 - 05/31/2015	$ 2,739,097.16
Total 14/15 Funding	$ 54,569,538.77
12. 06/01/2015 - 06/30/2015	$ 6,265,934.77
1. 07/01/2015 - 07/31/2015	$ 2,248,304.14
2. 08/01/2015 - 08/30/2015	$ 2,316,374.42
3. 09/01/2015 - 09/30/2015	$ 3,859,950.24
4. 10/01/2015 - 10/31/2015	$ 2,789,238.71
5. 11/01/2015 - 11/30/2015	$ 2,201,054.50
6. 12/01/2015 - 12/31/2015	$ 3,761,840.81
7. 01/01/2016 - 01/31/2016	$ 8,247,627.52
8. 02/01/2016 - 02/28/2016	$ 1,669,251.17
9. 03/01/2016 - 03/31/2016	$ 1,980,339.96
10. 04/01/2016 - 04/30/2016	$ 4,618,879.50
11. 05/01/2016 - 05/31/2016	$ 5,102,636.92
Total 15/16 Funding	$ 45,061,432.66

Sacramento County
MHSA Prudent Reserve Assessment
Info Notice 19-017

12. 06/01/2016 - 06/30/2016	$ 6,211,105.07
1. 07/01/2016 - 07/31/2016	$ 13,898,020.15
2. 08/01/2016 - 08/30/2016	$ 2,745,823.98
3. 09/01/2016 - 09/30/2016	$ 5,185,767.77
4. 10/01/2016 - 10/31/2016	$ 1,962,793.80
5. 11/01/2016 - 11/30/2016	$ 2,258,610.51
6. 12/01/2016 - 12/31/2016	$ 3,847,831.82
7. 01/01/2017 - 01/31/2017	$ 9,324,645.23
8. 02/01/2017 - 02/28/2017	$ 1,482,887.62
9. 03/01/2017 - 03/31/2017	$ 2,603,022.89
10. 04/01/2017 - 04/30/2017	$ 6,461,211.48
11. 05/01/2017 - 05/31/2017	$ 3,497,524.08
Total 16/17 Funding	$ 59,479,244.40
12. 06/01/2017 - 06/30/2017	$ 6,338,571.24
1. 07/01/2017 - 07/31/2017	$ 13,907,458.78
2. 08/01/2017 - 08/31/2017	$ 3,088,084.13
3. 09/01/2017 - 09/30/2017	$ 4,254,256.06
4. 10/01/2017 - 10/31/2017	$ 3,353,626.39
5. 11/01/2017 - 11/30/2017	$ 2,485,515.82
6. 12/01/2017 - 12/31/2017	$ 4,273,609.28
7. 01/01/2018 - 01/31/2018	$ 11,799,593.20
8. 02/01/2018 - 02/28/2018	$ 1,314,145.46
9. 03/01/2018 - 03/31/2018	$ 2,610,102.88
10. 04/01/2018 - 04/31/2018	$ 7,720,154.25
11. 05/01/2018 - 05/30/2018	$ 3,671,118.88
Total 17/18 Funding	$ 64,816,236.37
Total Funding	$ 263,093,946.86
Total Distributions from the MHSF	$ 263,093,946.86
76% CSS Revenue	$ 199,951,399.61
Average Per Year	$ 39,990,279.92
33% percent of CSS (max Prudent Reserve)	**$ 13,196,792.37**

Sacramento County Mental Health
2019 Human Resource Survey
October 2019

Romeal Samuel
Program Planner
Research, Evaluation and Performance Outcomes
Sacramento County, Division of Behavioral Health Services

OVERVIEW

The Cultural Competence Plan Requirements (CCPR) Modification (2010), issued by the California State Department of Health Care Services in DMH Information Notice No. 10-17, states that counties are required to collect demographic information and language capabilities of staff, volunteers and any committee members who participate in serving individuals throughout the entire County Mental Health System. The purpose of the surveys is to assess demographic and linguistic information for those who provide services in our county to determine whether it is reflective of the diversity of the community as a whole.

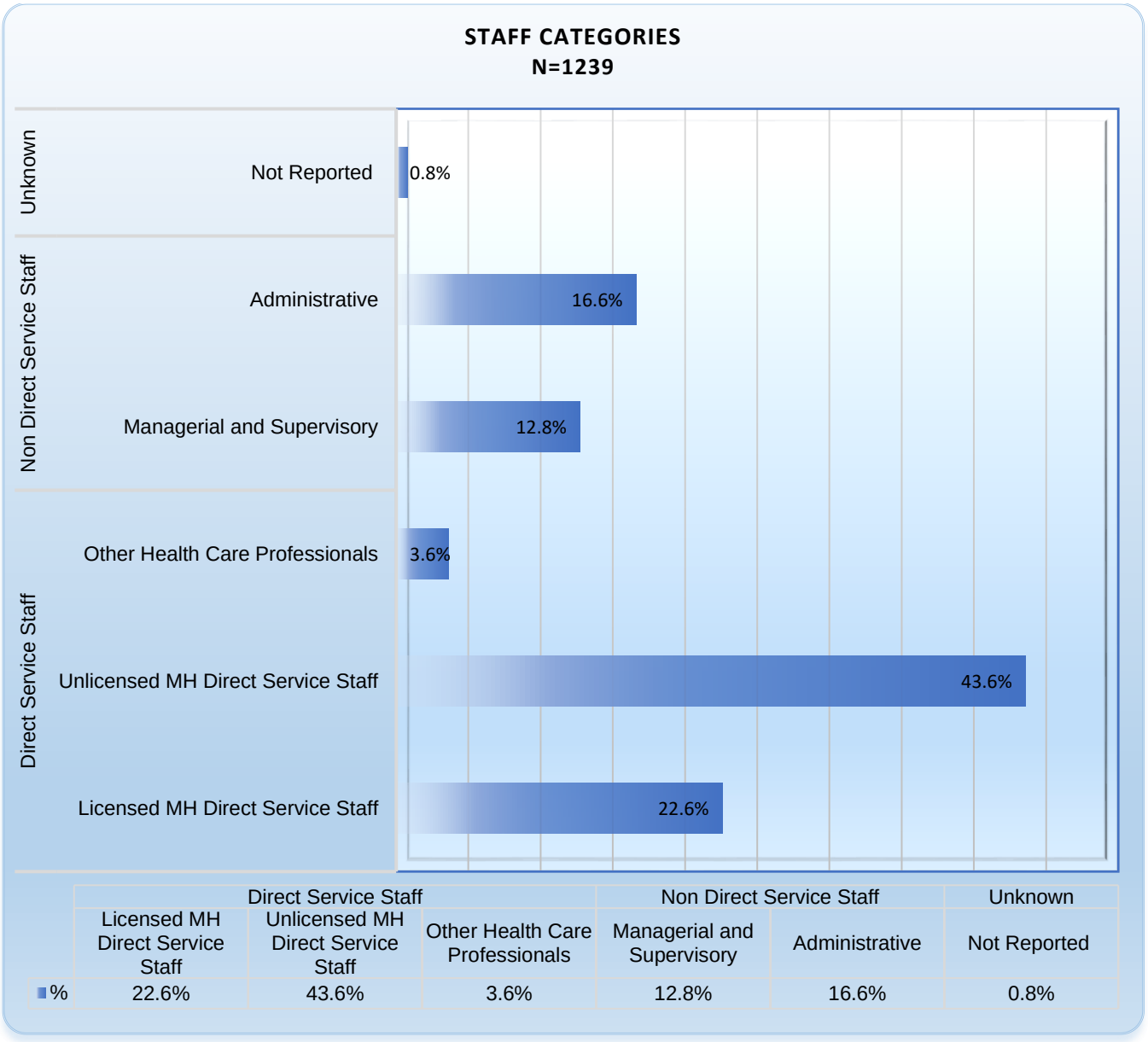
The information collected focuses on staff ethnicity, language proficiencies, consumer/family member status, gender, sexual orientation, disability and veteran status.

Key findings

- A total of 1,239 staff responded to at least one question on the survey.
- Of all staff surveyed, 400 (32.3%) unduplicated staff indicated speaking a language other than English. For staff who spoke one language other than English, the majority spoke Spanish (39.0%) followed by Hmong at just over 7% (7.5%). Almost nineteen percent (18.8%) indicated speaking two or more languages other than English.
- 20.5% of staff self-identify as being of Hispanic ethnicity.
- 71.5% of the staff identify as being female and 21.9% as male.
- 42.9% of staff self-identified as Caucasian, 12.8% as African American, 8.1% as Multi-ethnic, 3.3% as American/Alaska Native, 2.5% as Filipino, 2.6% as Other Asian, 3.1% as Hmong, 1.9 % as Asian Indian, 1.7 % as Chinese, and 9.5% as “Other”.
- 42.6% self-identify as a family member of a consumer, 24.2% of staff self-identify as a consumer of Mental Health Services, while 12.2% of staff self-reported that they live with a disability and 3.2% currently serve or have served in the US Military.
- 73.8% of the staff self-identified as being heterosexual/straight, 4.7% as bisexual, 2.7% as lesbian, 2.3% as queer, 1.9 % as gay, 1.2% pansexual, 0.6% as asexual, 0.6% as other, 0.2% as questioning and 12.0% choose not to answer the question.
- 865 direct service staff are included in the total number of staff described above.
- 20.8% of direct service staff self-identify as being of Hispanic ethnicity.
- 27.3% of direct service staff self-identify as a consumer of Mental Health Services, while 43.7% self-identify as having a family member who is a consumer of Mental Health Services.

ALL STAFF

There were a total of 1,239 active staff who responded to the survey. Direct Service Staff accounted for 820 (69.8%) of all staff surveyed, 540 (43.6%) reported being Unlicensed Direct Service Staff, 280 (22.6%) reported being Licensed Direct Service Staff and almost 45 (3.6%) reported being Other Healthcare Professionals. Administrative Staff accounted for just over 16% of all respondents and Managerial Staff accounted for 12.8%. Ten (0.8%) staff did not report.



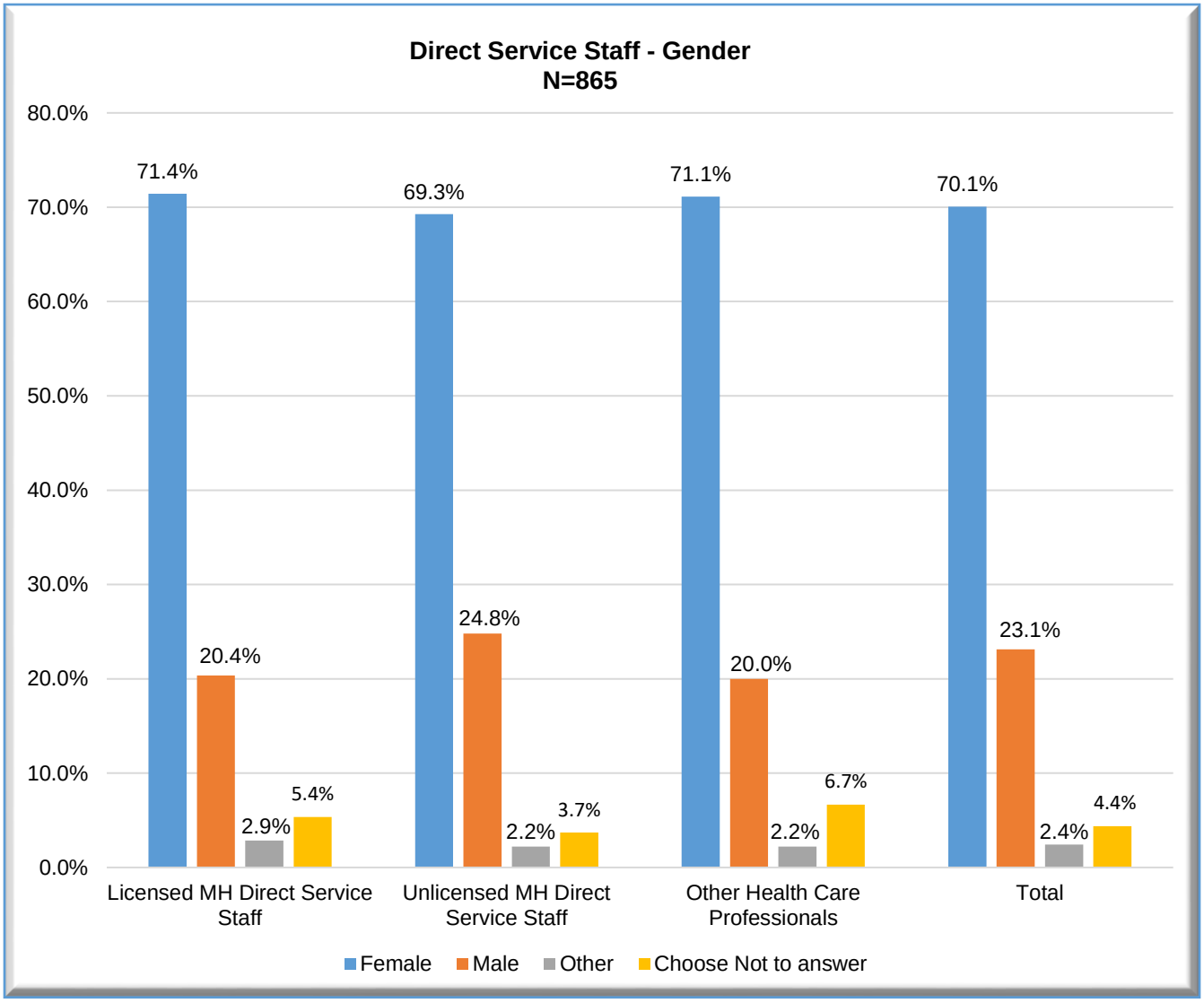
	Direct Service Staff			Non Direct Service Staff		Unknown
	Licensed MH Direct Service Staff	Unlicensed MH Direct Service Staff	Other Health Care Professionals	Managerial and Supervisory	Administrative	Not Reported
%	22.6%	43.6%	3.6%	12.8%	16.6%	0.8%

DIRECT SERVICE STAFF

There were a total of 865 survey responses from direct service staff in the system. This represents just under 70% (69.8%) of all respondents. The charts below depict the demographic characteristics for all direct service staff including Licensed MH Direct Service Staff, Unlicensed MH Direct Service Staff and Other Health Care Professionals.

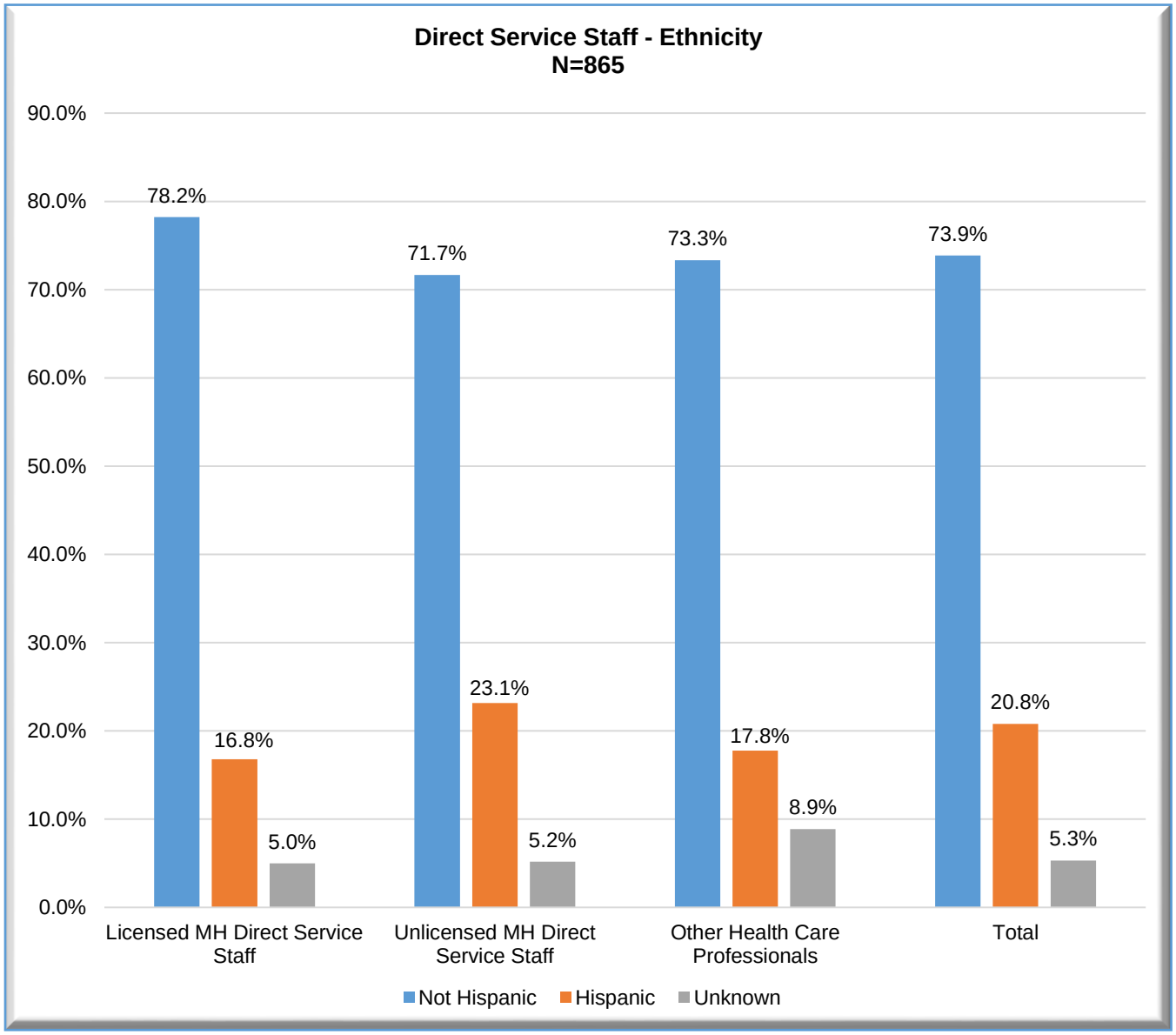
Gender

The majority of direct service staff are female, ranging from 69.3% (Unlicensed MH Direct Service Staff) to 71.4% (Licensed MH Direct Service Staff).



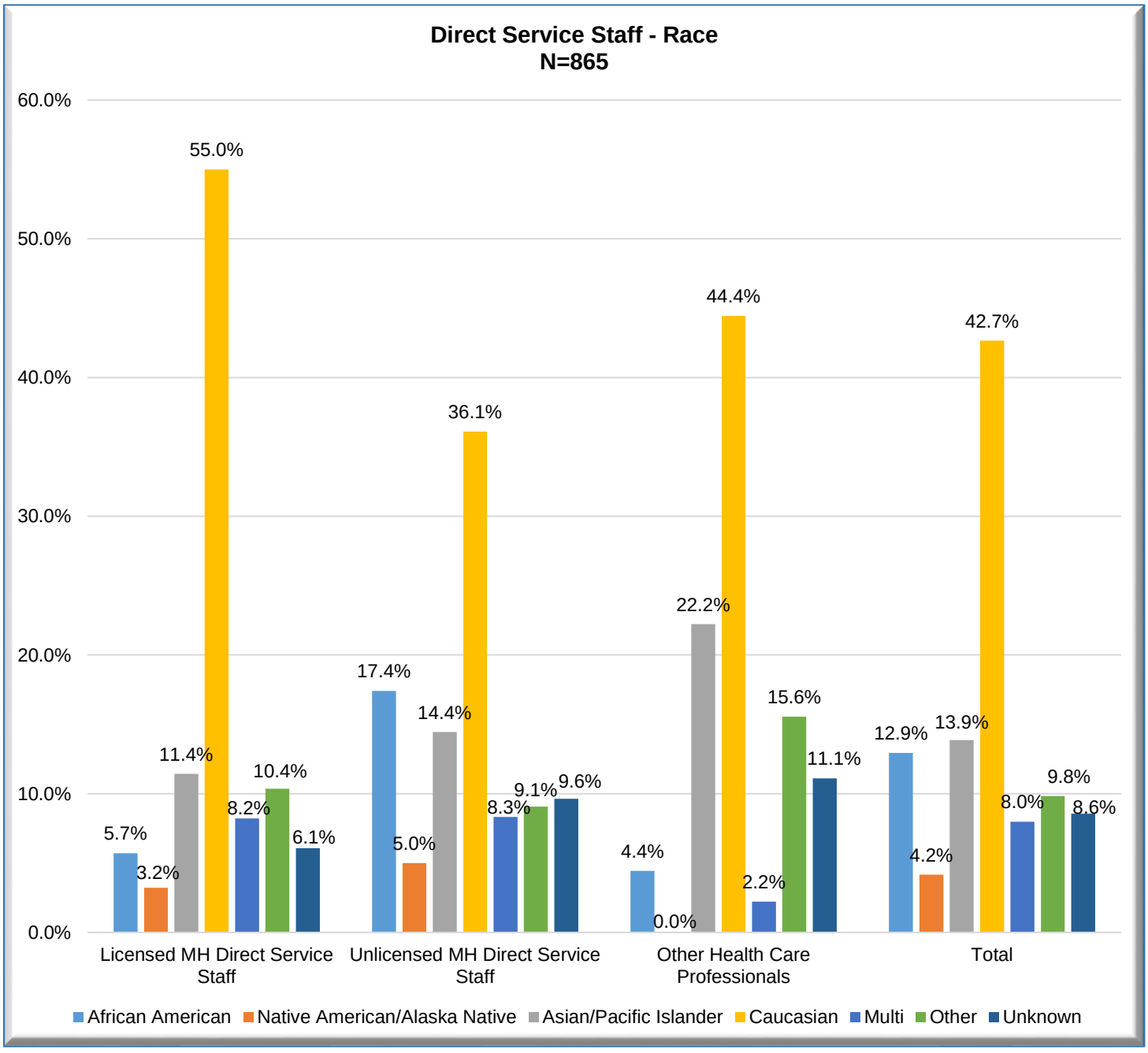
Ethnicity

There were 180 (20.8%) direct service staff who identified as Hispanic. Of all direct service staff, the Unlicensed MH Direct Service Staff had the highest percentage identifying as Hispanic at just over 23%, followed by Other Health Care Professionals at just under 18%.



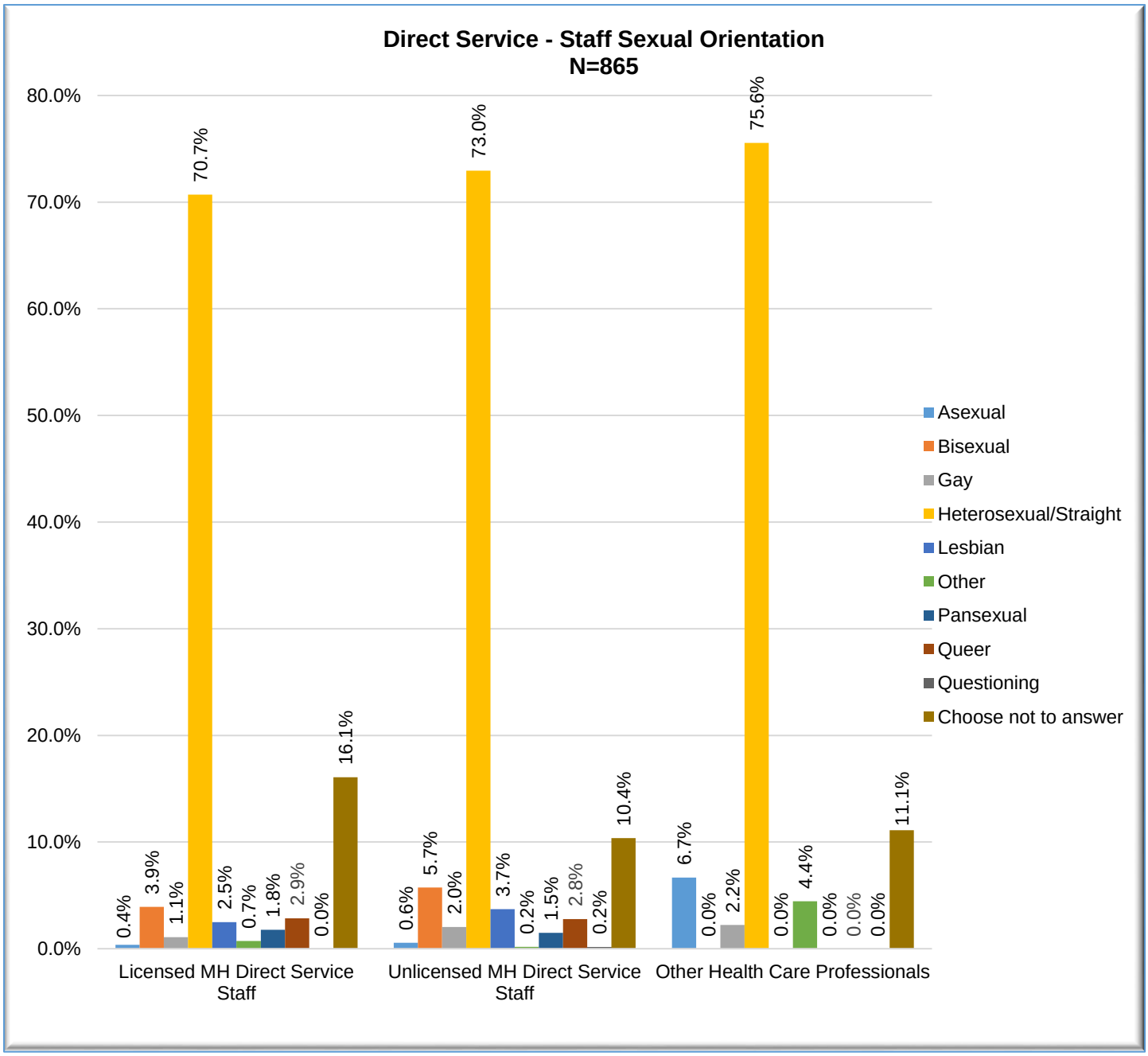
Race

There were 422 (48.8%) direct service staff who identified with a race other than Caucasian. Just over 54% (54.2%) of Unlicensed MH Direct Service Staff and 44.4% of Other Health Care Professionals identified with a race other than Caucasian, while only 38.9% of Licensed MH Direct Service Staff identified as a race other than Caucasian. *Note: Unknown is not included in the "race other than Caucasian" percentages.*



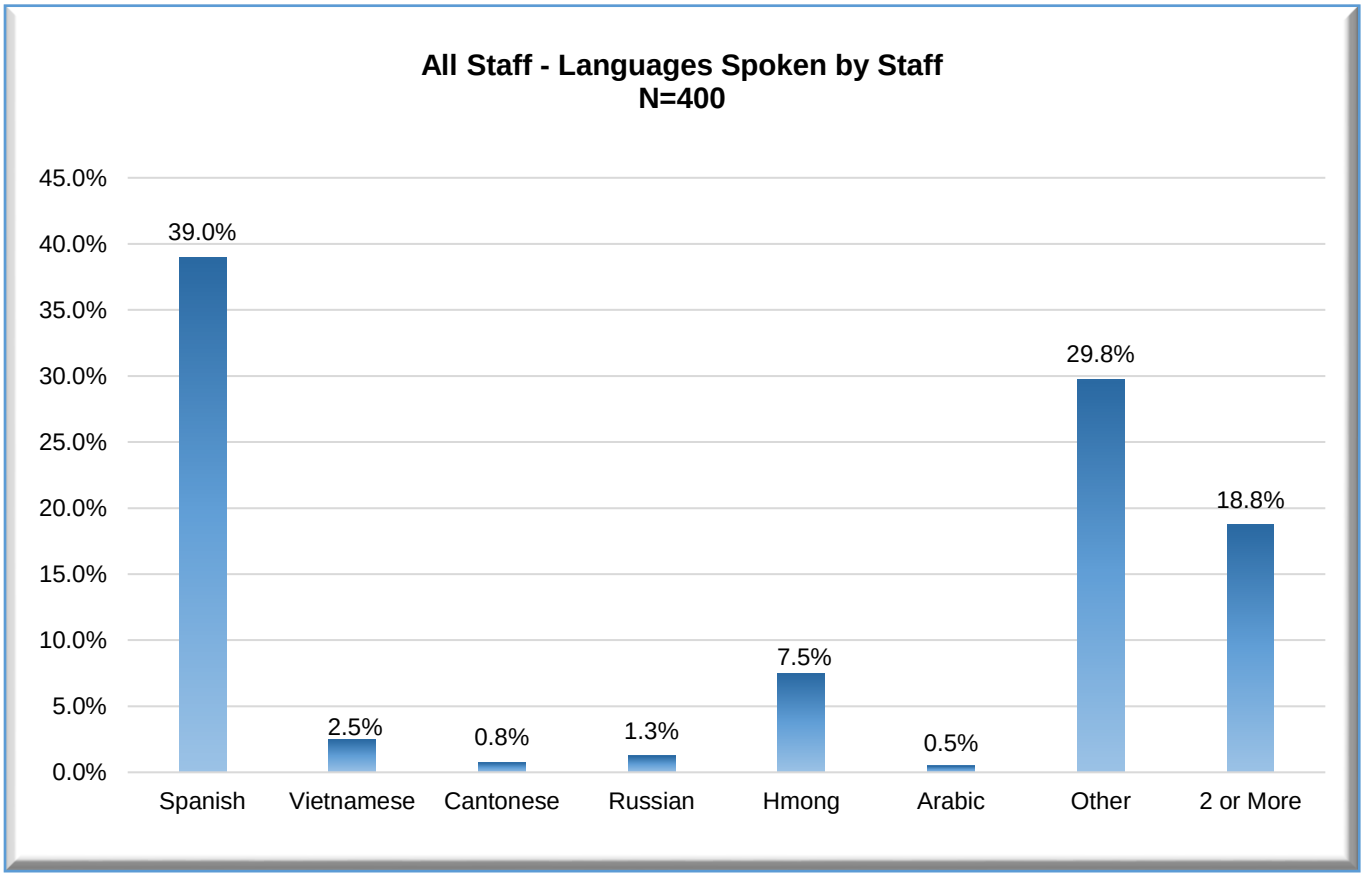
Sexual Orientation

Of the 865 staff surveyed, 626 (72.4%) identified as heterosexual/straight (198 licensed staff, 394 unlicensed staff and 34 other health care professionals). Over 106 (12.3%) staff chose not to answer.



Language

Of all staff surveyed, 400 (32.3%) unduplicated staff indicated speaking a language other than English. For staff who spoke one language other than English, the majority spoke Spanish (39.0%) followed by Hmong at just over 7% (7.5%). Almost 19% (18.8%) indicated speaking two or more languages other than English.



Consumers, Family Members, Disabled and Military

As part of the HR survey, staff were asked whether they identified as a consumer, family member, whether they have a disability, and/or have ever served or currently serving in the military.

Consumer – The graph below indicates the number of staff who identified as being a consumer of mental health services 24.2%.

Family Member – 42.6% of staff identified as having a family member who is a consumer of mental health services.

Disabled– Most of the staff reported not being disabled, while almost 10% declined to answer.

Military: The majority of staff reported not serving in the military. Of those who have served, Other Health Care Professionals represented the highest percentage at 4.4%.

	Administrative Staff/Advisory Board/Steering Committee/Other		Licensed MH Direct Staff		Managerial and Supervisory		Other Health Care Professionals		Unlicensed MH Direct Staff		Unknown		Total	
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
I am a consumer of Mental Health Services	33	16.0%	72	25.7%	29	18.4%	10	22.2%	154	28.5%	2	20.0%	300	24.2%
I have a family member who is a consumer of Mental Health Services	72	35.0%	103	36.8%	74	46.8%	13	28.9%	262	48.5%	4	40.0%	528	42.6%
I live with a disability	15	7.3%	23	8.2%	11	7.0%	5	11.1%	96	17.8%	1	10.0%	151	12.2%
I am currently or have served in the US Military	2	1.0%	12	4.3%	3	1.9%	2	4.4%	21	3.9%	0	0.0%	40	3.2%

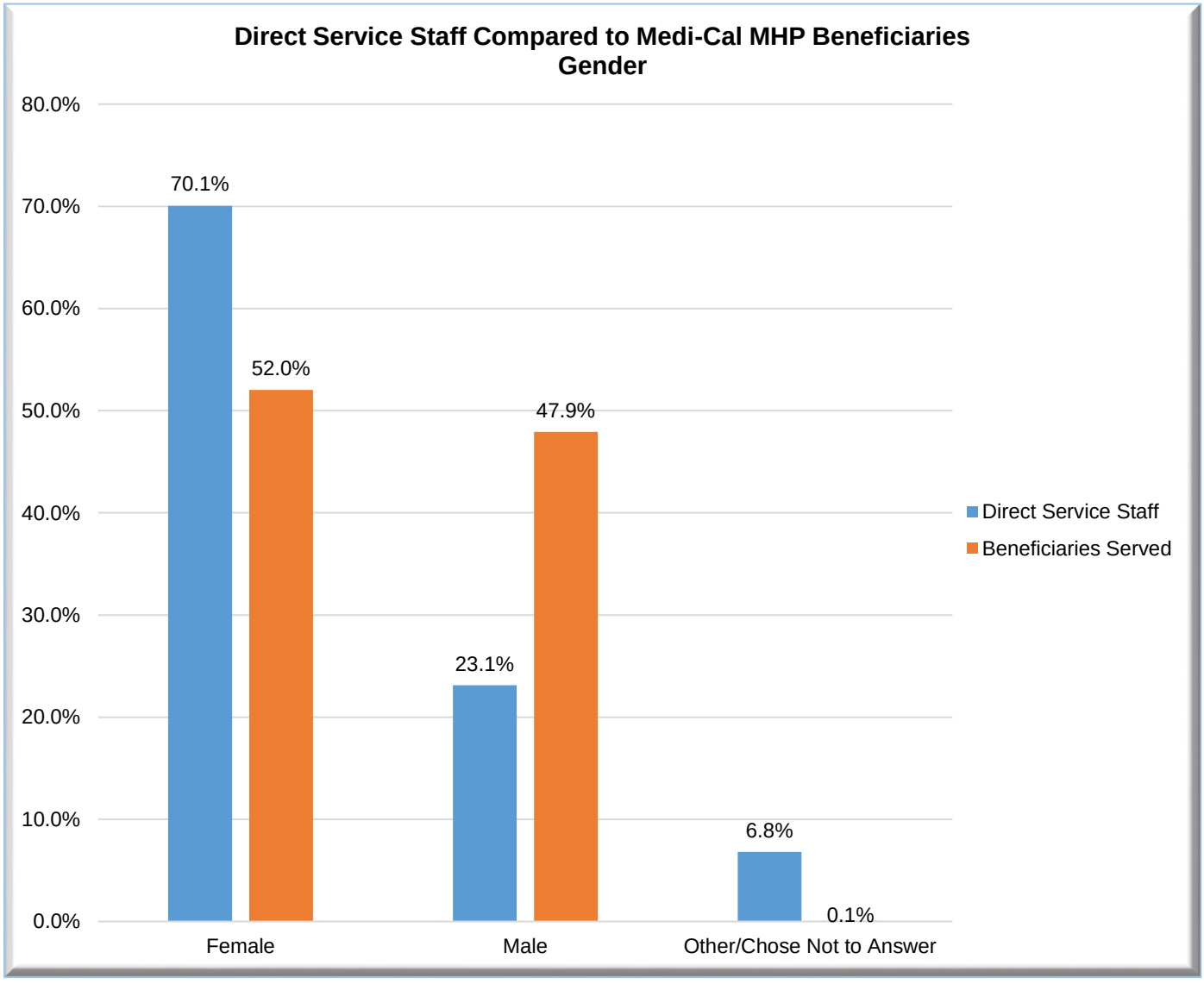
Note: The total percentage does not equal 100% as staff could identify with more than one category.

Direct Services Staff Compared to Clients served in the Mental Health Plan (MHP)

The data below compares direct service staff gender and race with the gender and race of Medi-Cal beneficiaries served in the MHP during Fiscal Year 18-19. Note: Not all demographics collected on the HR survey are comparable to the clients served, due to the way in which the data was collected.

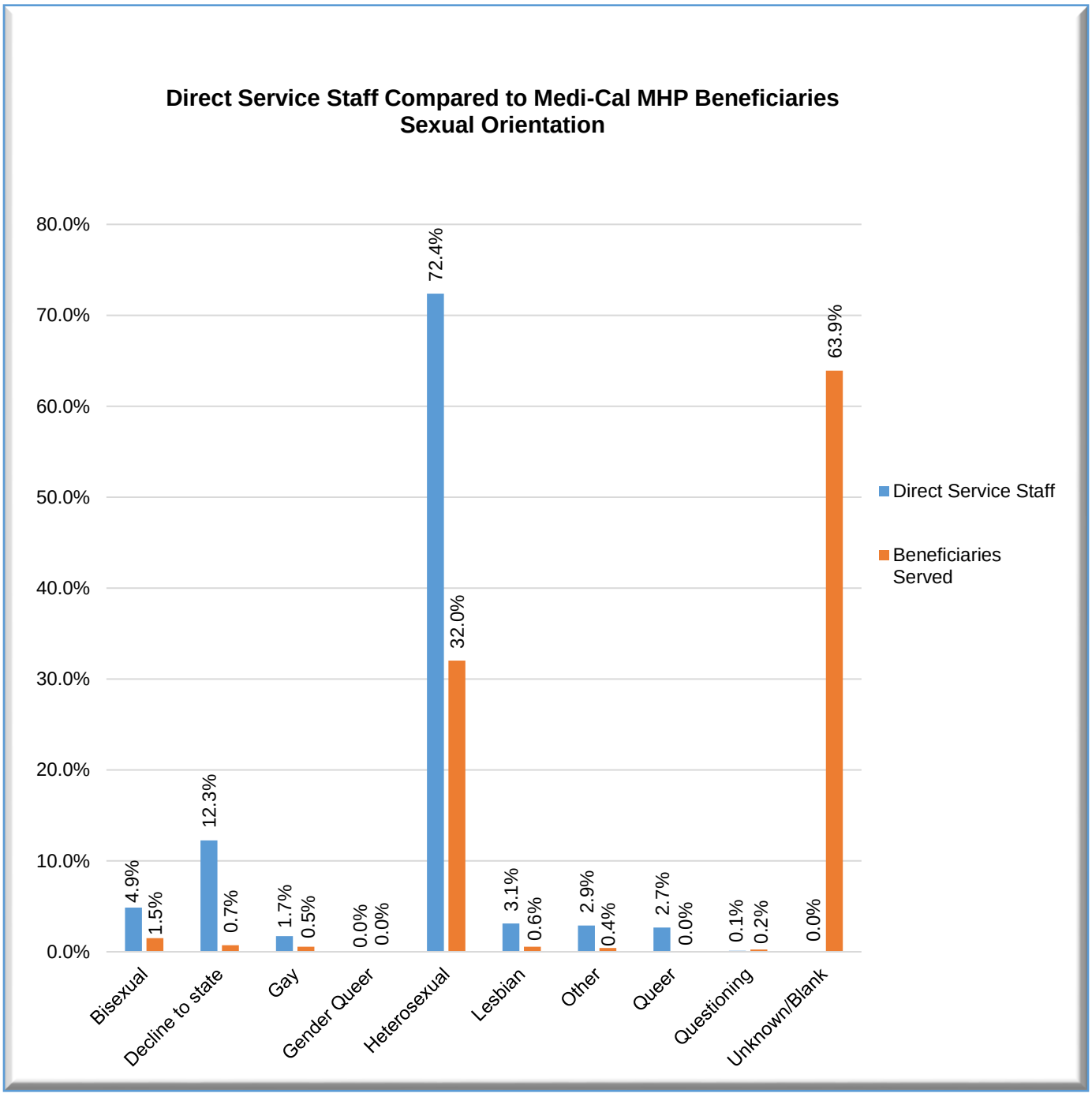
Gender

As indicated below, males are underrepresented in Direct Service Staff, compared to the number of males served in the system.



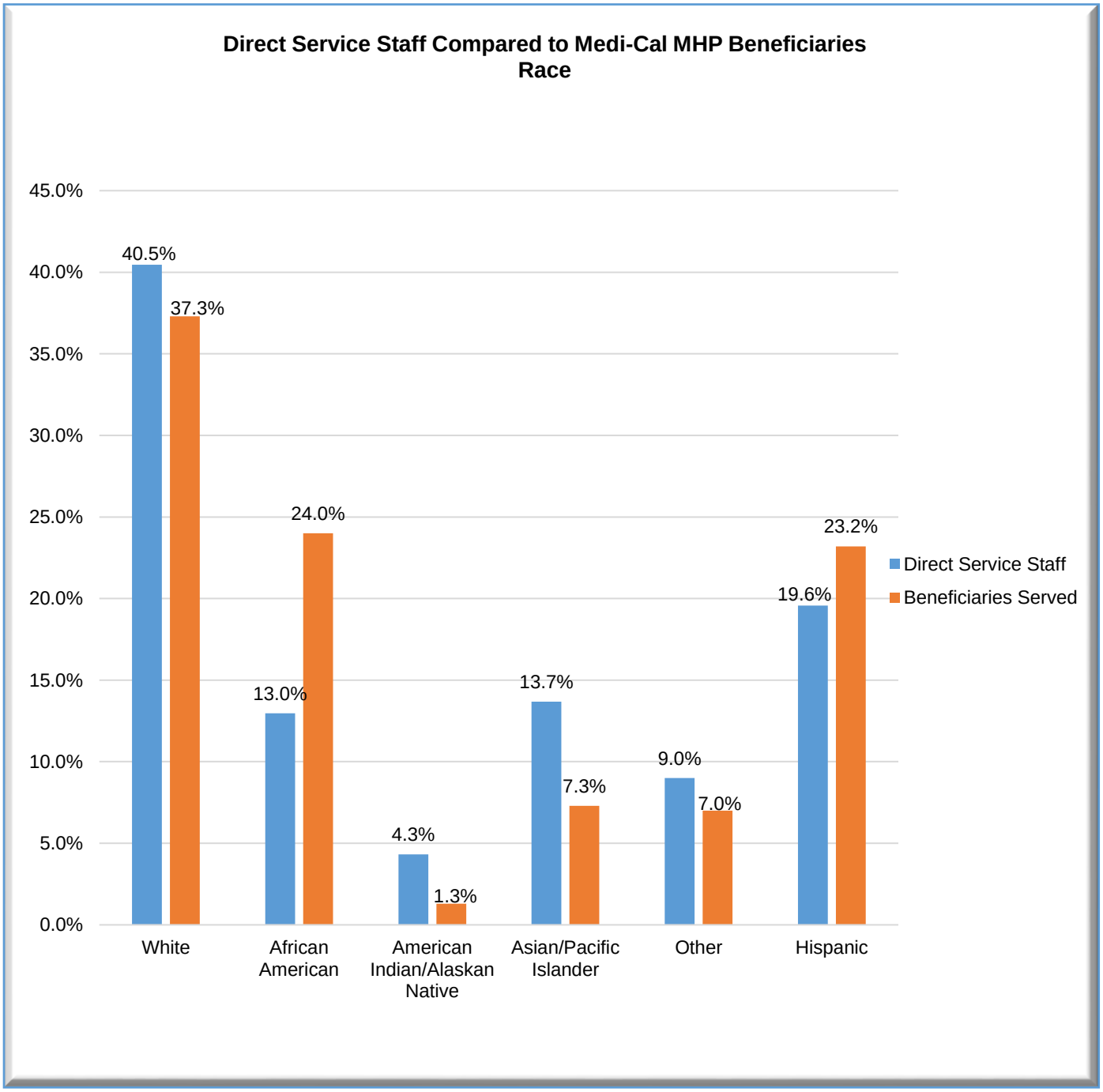
Sexual Orientation

As indicated below, more than half of the beneficiaries are unknown or not reported.



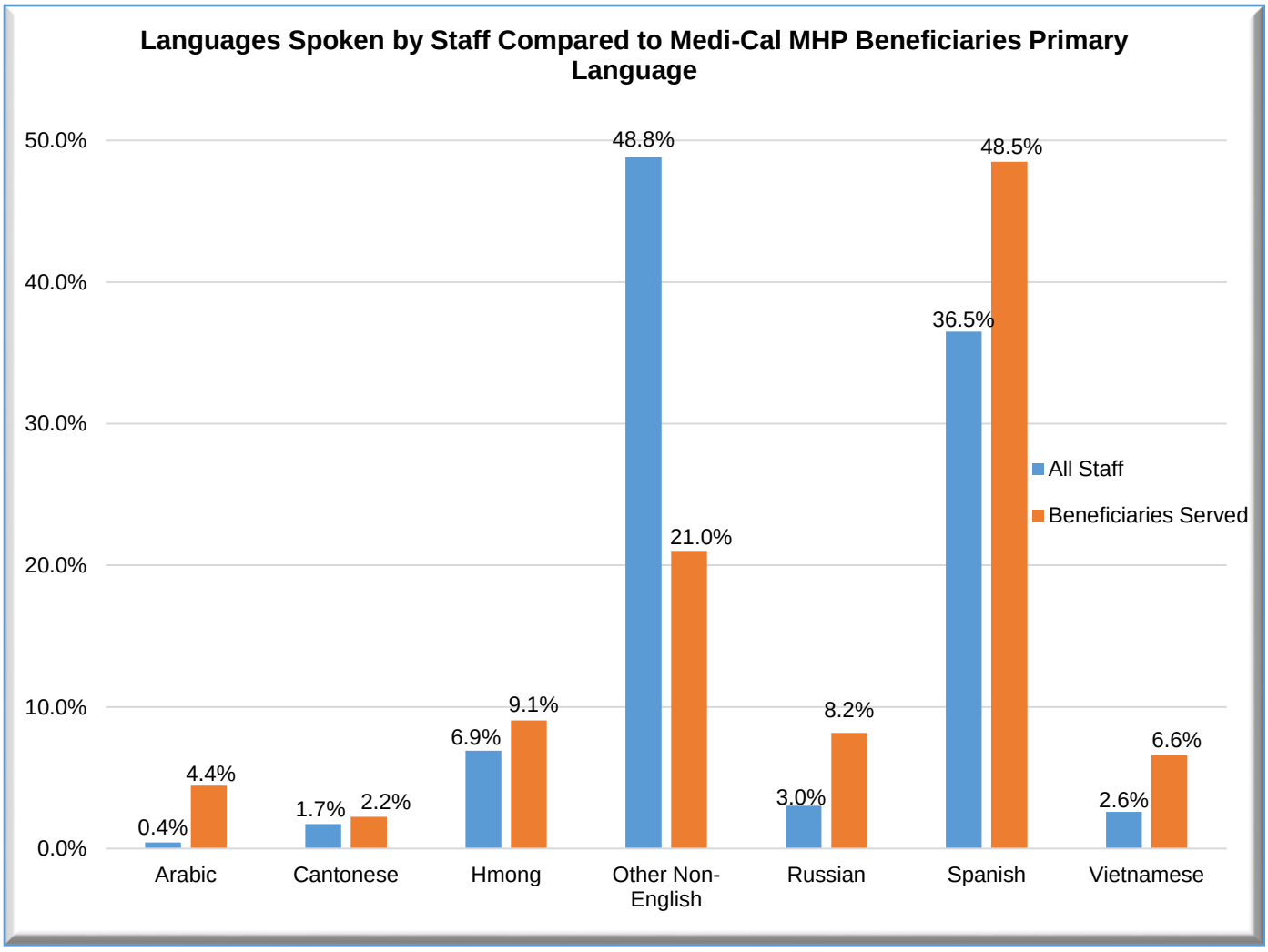
Race

In regards to race, African American and Other Direct Service Staff are underrepresented, compared to the number of African American clients served, while Caucasian and Asian/Pacific Islander Direct Service Staff are overrepresented.



Language

While the MHP has a wide variety of languages spoken by staff, the percent who speak the Sacramento County threshold languages is lower than the beneficiaries served, with the exception of “Other Non-English” languages.



PENETRATION RATES – Calendar Years 2017-2018

Medi-Cal eligible beneficiary numbers are based on claims data received from the External Quality Review Organization (EQRO)

Penetration Rates		Calendar Year 2017					Calendar Year 2018					
		A		B		B/A	A		B		B/A	
		Medi-Cal Eligible Beneficiaries		Medi-Cal Clients (Undup)		Medi-Cal Penetration Rates	Medi-Cal Eligible Beneficiaries		Medi-Cal Clients (Undup)		Medi-Cal Penetration Rates	Percent Change between CY 2017 and CY 2018
		N	%	N	%	%	N	%	N	%	%	%
Age Group	0 to 5	69,886	12.5%	1,203	4.3%	1.7%	67,166	12.4%	994	3.8%	1.5%	-11.8%
	6 to 17	133,236	23.8%	9,737	34.7%	7.3%	129,650	23.9%	8,805	33.6%	6.8%	-6.8%
	18 to 59	288,999	51.7%	15,070	53.7%	5.2%	277,033	51.0%	14,261	54.4%	5.1%	-1.9%
	60+	67,305	12.0%	2,075	7.4%	3.1%	68,920	12.7%	2,176	8.3%	3.2%	3.2%
	Total	559,426	100.0%	28,085	100.0%	5.0%	542,769	100.0%	26,236	100.0%	4.8%	-4.0%
		N	%	N	%	%	N	%	N	%	%	
Gender	Female	296,052	52.9%	14,523	51.7%	4.9%	287,591	53.0%	13,577	51.7%	4.7%	-4.1%
	Male	263,373	47.1%	13,553	48.3%	5.1%	255,178	47.0%	12,655	48.2%	5.0%	-1.9%
	Unknown	----		9	0.0%	N/A	----		4	0.0%	N/A	N/A
	Total	559,425	100.0%	28,085	100.0%	5.0%	542,769	100.0%	26,236	100.0%	4.8%	-4.0%
		N	%	N	%	%	N	%	N	%	%	
Race	White	140,900	25.2%	8,927	31.8%	6.3%	130,017	24.0%	8,696	33.1%	6.7%	6.3%
	African American	85,432	15.3%	6,174	22.0%	7.2%	81,353	15.0%	5,650	21.5%	6.9%	-4.2%
	American Indian/Alaskan Native	3,927	0.7%	286	1.0%	7.3%	3,617	0.7%	278	1.1%	7.7%	5.5%
	Asian/Pacific Islander	78,944	14.1%	1,788	6.4%	2.3%	75,110	13.8%	1,759	6.7%	2.3%	0.0%
	Other	121,538	21.7%	5,036	17.9%	4.1%	128,959	23.8%	4,134	15.8%	3.2%	-22.0%
	Hispanic	128,686	23.0%	5,874	20.9%	4.6%	123,714	22.8%	5,719	21.8%	4.6%	0.0%
	Total	559,427	100.0%	28,085	100.0%	5.0%	542,770	100.0%	26,236	100.0%	4.8%	-4.0%

*Penetration rates are defined as the total number of persons served divided by the number of persons eligible.
**The EQRO data for Medi-Cal eligible beneficiaries includes the newly eligible individuals through the Affordable Care Act (ACA).

Review of the penetration rate chart below shows a comparison from Calendar Year (CY) 2017 to CY 2018. There are two factors to note when reviewing these data. First, the penetration rate table reflects the number of Medi-Cal beneficiaries served through the specialty mental health treatment programs; however, it does not account for any of the individuals served, irrespective of insurance status, through the Behavioral Health Services (BHS) MHSA-funded prevention and mental health respite programs. BHS funds culturally specific community based organizations to operate prevention programs that specifically serve the cultural, racial and ethnic groups listed in this table. However, due to the nature of the data collection for MHSA-funded prevention and mental health respite programs it is challenging to obtain unduplicated individual demographic data that can be merged with specialty mental health plan data. Were it possible to merge the data, we believe that the penetration rates would be more reflective of who is served by BHS through specialty mental health services, prevention and respite services. And secondly, efforts related to health care reform and the Affordable Care Act (ACA) have also accounted for some of the changes experienced in the penetration rates. The data shows that the number of Medi-Cal beneficiaries has decreased for all age groups but increased for older adults. Further, the number of beneficiaries decreased for all races but increased for "Other" population. The penetration rate is calculated as the total number of persons served divided by the number of persons eligible. Sacramento County is a Geographic Managed Care (GMC) county with bifurcated mental health benefits provided through plans and Sacramento County Mental Health Plan (MHP). As a result, several other organizations are providing mild to moderate mental health services to Medi-Cal beneficiaries in Sacramento County. It is possible that penetration rates for some age, race, cultural and ethnic groups are underreported due to services being delivered in the community by community partners that are not part of the MHP, such as Federally Qualified Health Centers (FQHC) and health plans' subcontractors.

RETENTION RATES – Fiscal Year 2017-18

Retention FY 17/18														
FY 17/18		Total Served	1 Service		2 Services		3 Services		4 Services		5 to 15 Services		>15 Services	
			N	%	N	%	N	%	N	%	N	%	N	%
Race (0-17.9)	API	322	16	5.0	20	6.2	14	4.3	12	3.7	97	30.1	163	50.6
	Black	1,890	132	7.0	121	6.4	79	4.2	68	3.6	538	28.5	952	50.4
	Hispanic	3,072	168	5.5	180	5.9	123	4.0	143	4.7	944	30.7	1,514	49.3
	Nat-Amer	74	5	6.8	5	6.8	4	5.4	4	5.4	20	27.0	36	48.6
	White	2,168	120	5.5	116	5.4	95	4.4	76	3.5	585	27.0	1,176	54.2
	Other	675	41	6.1	25	3.7	26	3.9	23	3.4	186	27.6	374	55.4
	Unknown	909	71	7.8	72	7.9	47	5.2	43	4.7	310	34.1	366	40.3
Race (≥18)	API	1,467	74	5.0	82	5.6	49	3.3	50	3.4	575	39.2	637	43.4
	Black	3,597	368	10.2	320	8.9	231	6.4	184	5.1	1,151	32.0	1,343	37.3
	Hispanic	2,503	250	10.0	253	10.1	176	7.0	116	4.6	785	31.4	923	36.9
	Nat-Amer	207	17	8.2	32	15.5	8	3.9	12	5.8	67	32.4	71	34.3
	White	6,860	675	9.8	630	9.2	472	6.9	302	4.4	2,442	35.6	2,339	34.1
	Other	795	59	7.4	59	7.4	50	6.3	53	6.7	300	37.7	274	34.5
	Unknown	1,811	369	20.4	239	13.2	191	10.5	129	7.1	568	31.4	315	17.4
Age	0-17.9	9,110	553	6.1	539	5.9	388	4.3	369	4.1	2,680	29.4	4,581	50.3
	≥ 18	17,240	1,812	10.5	1,615	9.4	1,178	6.8	845	4.9	5,888	34.2	5,902	34.2
Sex	Male	12,694	1,259	9.9	1,060	8.4	763	6.0	591	4.7	3,809	30.0	5,212	41.1
	Female	13,645	1,101	8.1	1,093	8.0	802	5.9	624	4.6	4,755	34.8	5,270	38.6
	Other/Unk*	11	4	36.4	1	9.1	1	9.1		0.0	4	36.4	1	9.1
Language	English	22,703	2,049	9.0	1,884	8.3	1,375	6.1	1,039	4.6	7,210	31.8	9,146	40.3
	Spanish	1,450	89	6.1	93	6.4	71	4.9	77	5.3	474	32.7	646	44.6
	Russian	236	9	3.8	5	2.1	5	2.1	8	3.4	116	49.2	93	39.4
	Hmong	284	9	3.2	15	5.3	3	1.1	8	2.8	125	44.0	124	43.7
	Vietnamese	192	5	2.6	4	2.1	3	1.6	7	3.6	77	40.1	96	50.0
	Cantonese	63	0	0.0	3	4.8	1	1.6	1	1.6	23	36.5	35	55.6
	Arabic	117	4	3.4	11	9.4	9	7.7	1	0.9	59	50.4	33	28.2
	Other	581	27	4.6	22	3.8	25	4.3	27	4.6	283	48.7	197	33.9
	Unknown	724	172	23.8	117	16.2	74	10.2	47	6.5	201	27.8	113	15.6
TOTAL		**26,350**	**2,364**	**9.0**	**2,154**	**8.2**	**1,566**	**5.9**	**1,215**	**4.6**	**8,568**	**32.5**	**10,483**	**39.8**

Review of the FY 2017-18 retention rates table shows the number of services per individual to determine retention. Retention is defined as receiving five (5) or more specialty mental health services in a fiscal year. The table below shows, by demographic characteristic, the number of services individuals received in FY 2017-18. The majority of individuals (72.3%) received more than five (5) services during FY 2017-18 with almost 40% of individuals receiving more than 15 services in the FY. Retention rates for children, aged 0 to 17 years, are higher than the overall system. Asian Pacific Islander populations 18 years old and up have the highest retention rates at just over 43%, while those with an unknown/unreported race have the lowest retention. Females are retained at a higher rate than males (73.4%, 71%, respectively).

BEHAVIORAL HEALTH SERVICES

TOWN HALL MEETING

WITH SACRAMENTO COUNTY
BEHAVIORAL HEALTH DIRECTOR RYAN QUIST, PH.D.

SUSIE GAINES MITCHELL BUILDING COMMUNITY ROOM
Entrance to the community room is on 25th Street

JULY 30, 2019
3:00-6:00 PM
2450 FLORIN ROAD
SACRAMENTO, CA

FOOD PROVIDED

PLAY CARE AVAILABLE FOR CHILDREN AGE 2 TO 12

(WITH ADVANCED REGISTRATION)

PLEASE RSVP at this link: https://bhstownhall.eventbrite.com/

If you wish to attend and need to arrange for an interpreter or a reasonable accommodation, please contact Anne-Marie Rucker at (916) 875-3861.

SACRAMENTO COUNTY

Department of Health Services
Peter Beilenson, MD, MPH, Director

Divisions
Behavioral Health Services
Primary Health
Public Health
Departmental Administration

County of Sacramento

July 24, 2019

Greetings,

We have received a great deal of interest in the Behavioral Health Services Town Hall, and we have reached capacity for that event. A number of community members who have not been able to register for the meeting have expressed interest in participating. Consequently, I have asked Behavioral Health Services staff to plan a second Town Hall meeting on Thursday, August 1, 2019 at 7001-A East Parkway in Conference Room 1. The facilitator and agenda will remain the same. Please register using this link: https://secondtownhall.eventbrite.com.

In the interest of accommodating families who come to the Tuesday event where play care is available, we kindly request that community partners who are able, to please register for and attend the Thursday, August 1 event instead. Your kindness and flexibility to make room at the table for families would be greatly appreciated.

Looking forward to hearing your input as a part of these events.

If you have any questions, please contact Anne-Marie Rucker RuckerA@SacCounty.net (916) 875-3861.

Sincerely,

Ryan Quist, Ph.D.
Behavioral Health Director
Sacramento County Behavioral Health Services
Quistr@saccounty.net

Attachment: 1

7001A East Parkway, Suite 400 • Sacramento, California 95823 • phone (916) 875-7070 • fax (916) 875-6970 • www.saccounty.net

BEHAVIORAL HEALTH SERVICES

TOWN HALL MEETING II

WITH SACRAMENTO COUNTY
BEHAVIORAL HEALTH DIRECTOR RYAN QUIST, PH.D.

Grantland L. Johnson Center for Health & Human Services

Conference Room 1

August 1, 2019
3:00-6:00 PM

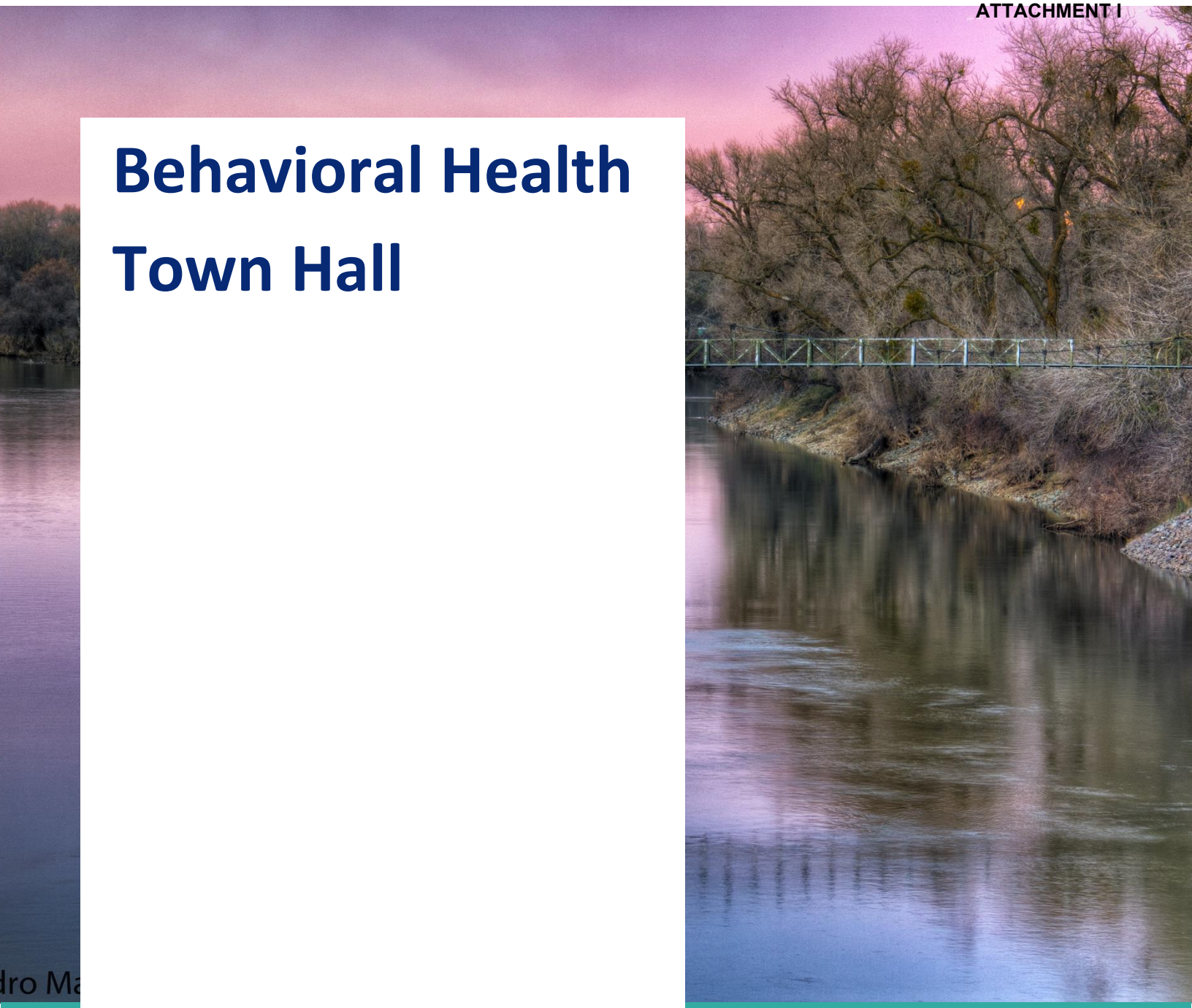
7001-A East Parkway
Sacramento, CA 95823

FOOD PROVIDED

PLEASE RSVP at this link: https://secondtownhall.eventbrite.com

If you wish to attend and need to arrange for an interpreter or a reasonable accommodation, please contact Anne-Marie Rucker at (916) 875-3861.

SACRAMENTO COUNTY



Behavioral Health Town Hall

JULY 30TH AND AUGUST 1ST, 2019

Dr. Ryan Quist
Director of Behavioral Health Services

Authored by: Liz Gomez

SACRAMENTO COUNTY

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Details

Goal: The goal of the Town Hall is to gather feedback and ideas about the current Behavioral Health Services System.

Feedback: The feedback of the Town Hall will influence current priorities and inform future needs for the Behavioral Health Services System.

Premise: There is value in engaging those who have a high stake in the work the County is driving forward around Behavioral Health.

Results we are looking to achieve:

- Representation from 50% systems partners and 50% individuals that access our services
- Participants are clear about the goal of this session and next steps based on their input
- Feedback and ideas are gathered from participants about the current system
- Participants feel heard and have the opportunity to have a voice in the feedback process

Town Hall #1: Tuesday, July 30th 3-6pm ♦ 2450 Florin Rd ♦ Susie Gaines Mitchell Community Room
Town Hall #2: Thursday, August 1st 3-6pm ♦ 7001 East Parkway

Total Numbers - Both Town Halls	
Participants	Total
Town Hall #1	87
Town Hall #2	84

Participation Groups	Town Hall #1	Town Hall #2
Systems Partners	36%	43%
Consumers	14%	6%
BHS Staff	31%	27%
Community Members (including family members)	18%	17%
Did not indicate	20%	20%

Overview

Welcome – Dr. Quist

Dr. Ryan Quist, Director of Behavioral Health Services, provided the welcome and opening remarks. The priority areas for Behavioral Health Services were outlined: crisis continuum, individuals who are experiencing homelessness, timely access to services, individuals involved with child welfare/probation, school-based services and individuals who have experience with the criminal justice system (youth and adult). It was indicated that these priorities have come up not only in Sacramento but also across other counties and cities. Participants were thanked for joining Behavioral Health in the first of many opportunities for the Division to listen to their feedback and experiences. The goal of the Town Hall was outlined as an opportunity to gather feedback and ideas about the current Behavioral Health Services System. Liz Gomez, Program Planner with the Department of Health Services, was introduced as the facilitator for the Town Hall. Liz was introduced as a neutral, third party outside of Behavioral Health Services which was one of the reasons she was chosen to facilitate. Ed Dziuk, Health Program Manager, and Melissa Jacobs, Human Services Division Manager, were introduced to provide an overview of the alcohol and drug services (ADS) and mental health (MH) services provided through the Behavioral Health Services System.

Behavioral Health Overview

Alcohol and Drug Services (ADS) Continuum Overview – Ed Dziuk

An overview of the Alcohol and Drug Services Continuum was presented by Ed Dziuk, Health Program Manager. ADS offers a full array of substance use disorder treatment and prevention services to youth and adults. Services include youth and adult substance use disorder assessment and referral, adult residential treatment, withdrawal management, Medication-Assisted Treatment (MAT), sober living environments, youth and adult outpatient services including intensive outpatient treatment and a women's perinatal treatment program. As of July 1, 2019, ADS implemented the Drug Medi-Cal Organized Delivery System (DMC-ODS), expanding reimbursable treatment and MAT services. ADS currently contracts with 21 community treatment and prevention providers and is actively building system capacity and improving access to care for Sacramento County residents.

Child & Family and Adult Mental Health Service Continuums – Melissa Jacobs

An overview of the Child and Family Mental Health and Adult Mental Health Service Continuums was presented by Melissa Jacobs, Human Services Division Manager. MH services to adults, children, youth and older adults are provided along a continuum of prevention and early intervention services, outpatient, intensive outpatient and acute residential services. Sacramento County provides mental health services through approximately 90 contracted and county-operated service providers. There are continuous efforts to improve access and timeliness to services across the continuum.

Overview

Liz Gomez, a Program Planner from the Department of Health Services, provided a Town Hall overview. The goal of the Town Hall was outlined as an opportunity to gather feedback and ideas about the current Behavioral Health Services System. Feedback from this Town Hall will influence current priorities and inform future needs for the Behavioral Health Services System. It was explained that each table in the room has a different focus area based on BHS priorities. A facilitator at each table raised their hand to identify their role at their table.

The Comfort Agreement for the Town Hall was reviewed (see Appendix 3). No changes or feedback to the comfort agreements were requested from participants. The Parking Lot was explained as a space at each table to provide ideas or feedback that are outside of the scope of this Town Hall. Responses to the Parking Lot will be provided in the follow-up report. A Suggestion Box, located at the back of the room, provided anonymous suggestions to the Behavioral Health Services team. Input placed in the suggestion box, without an email address, will be responded to through the follow-up report.

Agenda Sections

1. What does success look like?
2. What is working? "Glows"
3. What can be improved? "Grows"

Participants also had the opportunity to comment and provide feedback on other focus areas through a gallery walk that transpired later on in the event.

Agenda

What does success look like, and what would it look like if we did this right?
Participants provided ideas and insight around the question, "What would success look like?" After a period of discussion and idea generation, participants were asked to come up with a success statement for their focus area.

What is working? "Glows"

Participants provided ideas and insight around the question, "What is working?" After a period of discussion and idea generation, participants were asked to come up with their top three "Glows."

What can be improved? "Grows"

Participants provided ideas and insight around the question, "What can be improved?" After a period of discussion and idea generation, participants were asked to come up with their top three "Grows."

Gallery Walk

Each table was asked to bring their summary board and tape it to the designated wall. Participants were provided time and materials to provide comments around the feedback generated by other tables.

Conclusion

Participants were asked to provide feedback through an evaluation form regarding the Town Hall. Dr. Quist thanked participants for taking the time to provide feedback and ideas about the current Behavioral Health Services System. Liz outlined the goal of the Behavioral Health Services Town Hall and where participant's feedback is going.

Meeting Adjourned

Summary of Feedback from Participants

Crisis Continuum

Success would look like a supportive continuum that is culturally competent and easily accessible. There would be supportive family services and stabilization after discharge.

Individuals Who Are Homeless

Success would look like having a continuum of care (ADS, employment, MH, etc.) that is compassionate, trauma-informed and culturally competent. There would be no issues with access or barriers (such as paperwork) to getting treatment. Finally, there would be housing for all that is permanent and affordable in addition to shelter options.

Timely Access to Services

Success would look like a system that is built with a proactive, no fail first approach with access points at the earliest level of contact. Access points would be low barrier, coordinated and offer timely services. Triage and assessments would be expedited resulting in multiple access points for services. Services would be fully funded, staffed and culturally competent.

School-Based Services

Success would look like a system that has its foundation in prevention and early intervention. From that foundation, it would collaborate with teachers, family, outside programs and others to provide culturally competent wrap around services (tier 1, 2 and 3). These would include skill building, social emotional learning and at least one MH clinician at every school. There would be enough capacity to ensure schools can be trusted partners to students and their families in the community.

Child Welfare/Probation

Success would look like having a culturally competent system that serves children and their families. The services would be along a continuum and integrated with education and community-based navigators to equip children and their families to achieve wellbeing. There would be continuity in services, with no interruptions or barriers to linkage.

Criminal Justice System

Success would look like a system that collaborates, communicates and involves the family in the treatment plan. It would provide services that are culturally effective and a welcoming, positive environment. The services would provide immediate and comprehensive assessment prior, during and after custody. There would be no access issues with 24/7 MH services and strong MH training for probation and police.

Deep Dive - Feedback from Participants

Crisis Continuum: Diverting from hospitalization and reducing the length of hospital stays

What Would Success Look Like?

Success would look like a supportive continuum that is culturally competent and easily accessible. There would be supportive family services and stabilization after discharge.

Participants also noted:

- *Improved and increased MH Services (such as respite services and community support teams)*
- *Peer navigation support*

What Behavioral Health has Done

More to Come!

On August 6th, the Board of Supervisors approved the proposed MHSA PEI expansion plan to allocate $2.2 million for Mobile Crisis Support Teams.

Key Themes

Cultural Competency

Accessibility

Peer Support

What Is Working – "Glows"

1. **Urgent Care Services:** Wrap -around MH services and care management are offered.
2. **Mobile Crisis Services:** Proper assessment and stabilization services are provided.
3. **How the work is being done:** County holds trainings on cultural competence. A person-centered approach (whole person care) is used and there are opportunities to provide feedback to County.

Participants also noted:

- *Access points to navigators for crisis services within existing institutions*
- *Peer support services available*
- *Collaboration and communication between access points for services (institutions and communities)*

What Can Be Improved – "Grows"

1. **Access:** Create new access points as well as education and communication around existing access points.
2. **Phone Number:** Consider creating an easily accessible phone number for mental health crisis.
3. **Mobile Crisis:** Increase children's mobile crisis services and programs.
4. **Data-Driven:** Make data-driven decisions to both inform allocation of funding and to communicate what is working.

Participants also noted:

- *Increasing peer support*
- *Training particularly with law enforcement around cultural competence and mental health*
- *More programs and services*

Individuals Who Are Experiencing Homelessness

What Would Success Look Like?

Success would look like having a continuum of care (ADS, employment, MH, etc.) that is compassionate, trauma-informed and culturally competent. Service providers would be diverse and would take a non-punitive approach to homelessness (would not take property). Providers and systems partners would be given the education and training necessary to bridge the cultural competence gap and reduce the stigma surrounding homelessness.

There would be no issues with access or barriers (such as paperwork) to getting treatment. Finally, there would be housing for all that is permanent and affordable in addition to shelter options.

Participants also noted:

- *A collaborative network*
- *Continuous comprehensive approach to outreach*
- *Mentors and peer navigators*
- *Access to safe parking and bathrooms*
- *Additional services for youth*

What Behavioral Health has Done

More to Come!

On August 6th, the Board of Supervisors approved proposed MHSA CSS allocations for the following:

- $3.0 million for Augmented Care and Treatment Board and Care facilities
- $2.0 million for Housing Treatment (transitional residential pool)
- $6.0 million for current housing subsidies and supports
- $14.0 million for future housing subsidies and supports

Key Themes

Cultural Competency

Accessibility

Peer Support

What Is Working – "Glows"

1. **Urgency, Awareness and Passion:** There is an increasing call for action – we agree that there is a problem. There are passionate people doing the work including new County leadership, advocates, people with lived experience, etc.
   a) There is money available to support efforts (Prop 63, Mental Health Service Act (MHSA) money, etc.)
2. **Both Specific Programs (spec. Urgent Care) & Collaboration:** Some individual programs are working well, including an increase in emergency medical services and urgent care. Programs, County departments and leaders in the region are collaborating.
3. **Access:** Sacramento County has fewer restrictions on eligibility for services and for healthcare.

Participants also noted:

- *Additional funding has allowed for more housing navigators for homeless individuals*
- *Individuals receiving Supplemental Security Income being eligible for food stamps*
- *Outreach to shelters*
- *Access to healthcare*
- *Specific programs are working: supportive housing programs, respite center, impact team model, city homeless shelter, self-help housing collaboration, sheriff's homelessness team, 211, Food Bank, among others*
- *Awareness has led to understanding that homelessness is not a crime and there is more compassion in the community*

What Can Be Improved – "Grows"

1. **More housing:** Shelters and shelter beds, board and care, incentives, mixed tenancy, transitional and permanent. All types need to be affordable and accessible to families. Outside of formal housing, materials need to be provided: toilets, trashcans, etc.
2. **Timely access to services:** Eliminate current barriers to access: credit, legal, appointments, childcare, pet care, etc. Providers should meet clients where they are.
3. **Coordination and collaboration amongst silos:** Educate community groups around access points. Create assertive community treatment teams. Improve coordinated entry.

Participants also noted:

- *More preventative interventions, including changing the definition of homelessness to include those at risk of becoming homeless; ditch fail first.*
- *Cultural competence: training and education around community tolerance, stigma, treatment first. Bilingual navigators. Many systems are plagued by discrimination against the homeless.*
- *Lack of representation from those experiencing homelessness. We need more community voice.*
- *Capacity: (1) More staff (specifically navigators) to support individuals to apply for housing (2) More wrap around services for those at risk of homelessness (training, long-term resources, specialty healthcare)*
- *Provide restorative and educational trainings across the board*
- *Collect data in order to understand the root causes of homelessness*
- *No siloed programs: link all through HMIS, funding is depending on collaboration*
- *Policy-driven housing: landlords required to take vouchers, cap rent, landlords must fix housing.*

Timely Access to Services

What Would Success Look Like?

Success would look like a system that is built with a proactive, no fail first approach with access points at the earliest level of contact. Access points would be low barrier, coordinated and offer timely services. Triage and assessments would be expedited resulting in multiple access points for services. Services would be fully funded, staffed and culturally competent.

Participants also noted:

- *Strong access network*
  - *Reducing barriers: transportation, coverage, linkage, no wrong door, access to phones, telemedicine, personal services (laundry, etc.)*
  - *Increasing access points*
  - *Coordination and navigation with existing access points that allow for a warm hand off. (Consider navigators or engagement staff at organizations that serve basic needs).*
- *Timely authorization and linkage, walk-in hours*
- *Services and staff are culturally competent*
  - *Prioritize peer support and navigation*
  - *Integrate cultural brokers into BH system*
  - *Ensure cultural organizations know about services*

What Behavioral Health has Done

More to Come!

On August 6th, the Board of Supervisors approved the proposed MHSA PEI expansion plan to allocate $2.5 million for existing PEI programs.

Key Themes

Cultural Competency

Accessibility

Warm Hand-Offs

What Is Working – "Glows"

1. **Access:** There are increased access points for youth and adults, specifically SLVS, MCT, CST, and WRCs. The increase has been possible through capacity via funding and staff.
2. **Specific programs and services:** Programs such as FIT, Wellness Centers, Crisis Respite, and Mental Health Urgent Care are working well.
3. **Cultural sensitivity:** Staff are supportive and passionate, peer advocates are present and there are campaigns to reduce stigma around mental health.

Participants also noted:

- *There has been increased coordination between different partners: (a) law enforcement and mental health and (b) children's providers.*
- *Performance improvement projects have improved timelines to appointments and medication bridge has decreased wait time for psychiatrists.*

What Can Be Improved – "Grows"

1. **Capacity (staff and systems):** Build capacity for staff to reduce burnout (manageable caseloads, more staff and training, fair pay and support). The internal data collection systems are outdated and inaccessible. County needs to explore telemedicine.
2. **Culturally competent care:** Have bilingual staff members that are reflective of consumers they serve; services are specialized for diverse clients (such as seniors and formerly incarcerated). Deliver care through the model of whole-person care.
3. **Access:** Provide services where people are, including walk-in services, urgent care, navigators, transportation and childcare. Ensure there are warm handoffs.

Participants also noted:

- *Streamline the referral process particularly the intake packet*
- *More peer advocates*
- *Outreach to communities to inform about services and rights*
- *Ensuring strong assessment to support appropriate level of care*
- *More supervised safe spaces*
- *Data collection is skewed, since we don't have baselines*

Individuals Involved with Child Welfare/Probation

What Would Success Look Like?

Success would look like having a culturally competent system that serves children and their families. The services would be along a continuum and integrated with education and community-based navigators to equip children and their families to achieve wellbeing. There would be continuity in services, with no interruptions or barriers to linkage.

Participants also noted:

- *Families seen as experts and the system is focused to ensure the family gets the support they need*
- *Strong access points, with no delay in referral process*
- *Prevention and early intervention to support early screening and service delivery (consider focusing on families and schools)*
- *Regular trainings for partners around Indian Child Welfare Act and cultural awareness*

What Behavioral Health has Done

More to Come!

On August 6th, the Board of Supervisors approved the proposed MHSA PEI expansion plan to allocate $1.0 million for Foster Youth Supports.

Key Themes

Cultural Competency

Accessibility

Family Involvement

What Is Working – "Glows"

1. **Collaboration:** Agencies, systems partners, peer & family advocates are working together.
2. **Family and community focused approach to services:** Child and family teams, family partnerships and community support teams are central to service approach.
3. **Cultural competence:** Services are culturally competent and designed to be in a continuum and wrap-around.

Participants also noted:

- *Increase in services for crisis and foster youth and family*
- *Training for youth and adults: Child and Family Teams and Mental Health First Aid*
- *Specific Programs: youth groups, leadership groups and mentorship programs*
- *Mobile Crisis Support Teams*

What Can Be Improved – "Grows"

1. **Increase funding and priority for specific programs:** (1) BHS contracts with foster family agencies and (2) alcohol and drug services in schools.
2. **Decrease barriers to service delivery:** Integrate services and warm hand-offs. Eliminate barriers created by Medi-Cal.
3. **Culturally specific services:** Increase availability of culturally specific services. Include youth and family advocates and mentors.

Participants also noted:

- *Other programs and priorities need additional capacity: LGBTQ community providers, cross-over youth, local opportunities for placement, prevention and early intervention services in juvenile hall*
- *Medical access and awareness of services*
- *Integration of services including the follow-up particularly outcome of a referral*
- *Youth voice and advocacy, as well as youth integration into future town halls*
- *System education and training*

School-Based Services

What Would Success Look Like?

Success would look like a system that has its foundation in prevention and early intervention. From that foundation, it would collaborate with teachers, family, outside programs and others to provide culturally competent wrap around services (tier 1, 2 and 3). These would include skill building, social emotional learning and at least one MH clinician at every school. There would be enough capacity to ensure schools can be trusted partners to students and their families in the community.

Participants also noted:

- *Programs such as education around MH skills and wrap around services would be provided for the entire family, not just the child.*
- *There would be a culture change in school that would include restorative justice, trainings for teachers and a decrease in stigma/bias against trauma and mental health. As such, African-American students would not be adversely affected by suspensions.*
- *Access: Expanded MH services would allow for there would be no wrong door to catch kids at any level of need. Students would have the opportunity to self-refer.*
- *Schools are one piece of a cohesive system to support children and families. Events like this are helpful.*

What Behavioral Health has Done

More to Come!

Meetings in progress with Sacramento County Office of Education to discuss possible models for school-based services.

Key Themes

Cultural Competency

Mental Health Support

Family Involvement

What Is Working – "Glows"

1. **Increased funding:** Additional resources have been allocated to school-based services due to policy change (AB 2246), increased awareness of MH challenges (including suicide prevention) and ACEs (MHOAC Grant).
2. **Cultural Competence:** Services are culturally competent, available on campus, more positive, and staff are representative of the community.
3. **Delivery of services:** Programs serve the whole child and doing so with a focus on early intervention. Quick access and 24/7 support are prioritized.

Participants also noted:

- *Collaboration: partners are willing to come to the table to remove siloes*
- *Programs (such as sports) and education services (relating to MH services or marijuana)*
- *Training for teachers around ACES, trauma and social emotional learning*
- *Social media posts of MH resources and the crisis text line*

What Can Be Improved – "Grows"

1. **Collaboration:** Collaboration between county departments, schools, funding streams, partners and providers to support youth with behavioral needs and their families. No wrong door.
2. **Capacity for programs and services:** Focus on prevention and early intervention programs. Increase capacity in trauma and MH classes. Hire additional staff in classrooms (specifically aides).
3. **Outreach:** Increase access, with a focus on social media, family nights and collaborations between schools, parents and MH providers.

Participants also noted:

- *Cultural competence: hire more diverse staff, train teachers to be trauma-informed, and to break down stigma. Provide services that are more culturally responsive*
- *Take school resource officers off of campuses*
- *Provide more support for families in the home*
- *Need for collaboration to transform typical silo (for example, teachers going to home visits, officers at tables for CFT teams)*
- *Adding capacity in schools could look like a MH app to increase access to MH clinicians, trauma informed yoga and headspace check-in café*

Individuals Who Have Experience with the Criminal Justice System (youth and adult)

What Would Success Look Like?

Success would look like a system that collaborates, communicates and involves the family in the treatment plan. It would provide services that are culturally effective and a welcoming, positive environment. The services would provide immediate and comprehensive assessment prior, during and after custody. There would be no access issues with 24/7 MH services and strong MH training for probation and police.

Participants also noted:

- *Training and education for probation would include de-escalation, stigma reduction, increasing buy-in for MH services*
- *Focus on prevention and early intervention, diverting individuals away from custody – a treatment model instead of a punishment model*
- *Community trained around criminal justice system and stigma reduction; engaged to stay in services and to increase buy-in; cultural healing services provided by people from the culture*
- *Some ways systems can collaborate are: (1) Have a MH clinician go with law enforcement for 5150 calls (2) discharge planning (3) advocate in criminal justice system (4) co-locate MH professional in community organizations (5) collaborative court programs*
- *No one goes to jail for mental illness and convictions that transpired during MH episode would be expunged*
- *Expanding services: mobile crisis teams, medication management, MH outpatient services and life skills*

What Behavioral Health has Done

More to Come!

On August 6th, the Board of Supervisors approved the proposed MHSA PEI expansion plan to allocate $2.2 million for Mobile Crisis Support Teams.

Key Themes

Family Involvement

Accessibility

24/7 Mental Health Services

What Is Working –"Glows"

1. **Coordination and Collaboration:** Court programs and agencies are collaborating and creating partnership programs.
2. **MH Court:** There is treatment and collaboration as well as increased linkage to MH services.
3. **Juvenile Hall:** Young people can access MH services.

Participants also noted:

1. *Mental Health Urgent Care Clinic and Mobile Crisis Support Teams have improved linkage and provided access*
2. *Collaboration: attorneys with mental health workers; parents with juvenile hall staff; law enforcement with ADS & mobile crisis; MH staff with medical professionals*
3. *Cultural competence: County is including more people with lived experience, Sacramento Police Department is receiving training and there is more advocacy*

What Can Be Improved – "Grows"

- **Collaboration:** All partners work together to ensure there is seamless access to services and warm hand-offs to treatment upon release. There is a single system or case file to facilitate this coordination.
- **Capacity:** Increase number of inpatient beds and multiple crisis/restoration centers throughout the community.
- **Cultural competence**: Family support and MH first responders need to be sensitive to cultural needs of the communities they serve.

Participants also noted:

1. *Proactive in-custody assessment and treatment services for all who are eligible*
2. *Jail: there should be an alumni group and day treatment in jail*
3. *Transparency in the distribution of funds and leveraging funds*
4. *More capacity in homeless services, mobile crisis, residential treatment for youth, housing (scattered site), and access to medication. Consider a detention center for clients who are mentally ill.*
5. *Trainings for officers and providers around de-escalation, implicit bias, sensitivity. More cultural mediators. Better representation. Reduce the jargon. Educate non systems workers about system.*
6. *Families should be integrated into support and services, better visitation in custody and a hotline for families*

Appendix 1: Participant Evaluation Feedback

What worked?

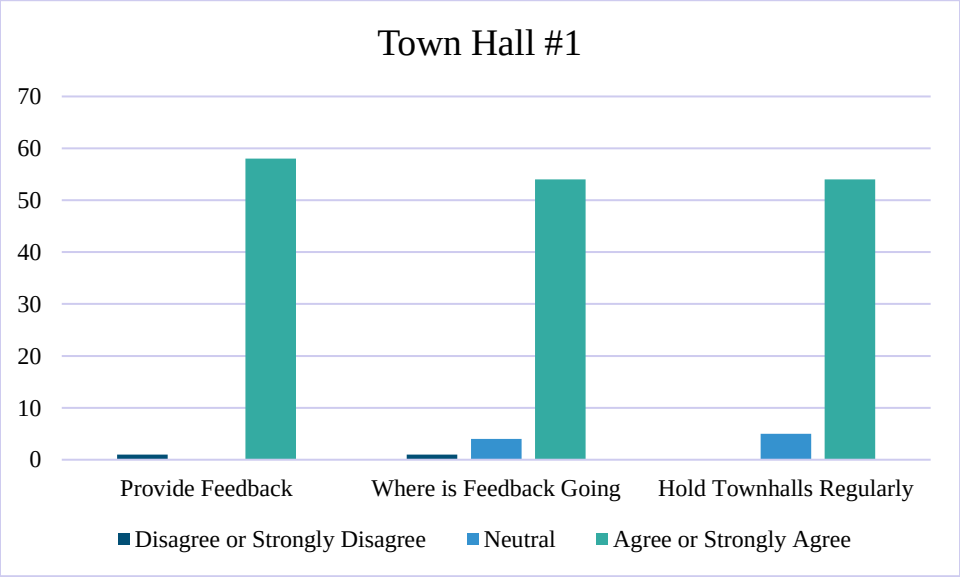
- Participants appreciated hearing from a diverse group at their tables, there was great discussion and fantastic facilitation
- They appreciated the opportunity to be heard around what is working and what can be improved, they also appreciated learning about the current system up front
- Participants appreciated the structure, flow and coordination around the meeting, great facilitation
- Thank you for the food and coloring books

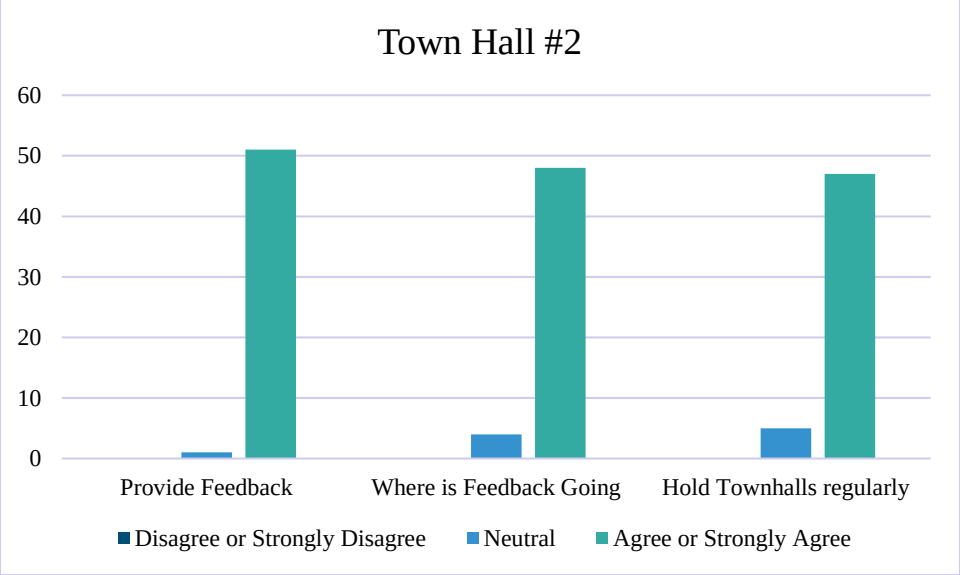
What can be improved?

- Meeting #1: Air conditioner, parking logistics and size of room
- Make it shorter and consider combining, re-organizing sections to do so
- Have more community members and consumers, do so through better advertisement and going into communities for future meetings
- What are the next steps from this and who is the Executive Team?
- This was not the format I expected from the flyer/communications
- Meeting #2: seemed to want more information around current services, service continuum that was presented at the beginning

Participants indicated a response to the following questions along a scale of strongly disagree to strongly agree.

- This town hall provided me an opportunity to provide feedback and ideas around the current behavioral health system in Sacramento County of Sacramento
- I understand where my feedback and input will go after this town hall
- BHS Behavioral Health Services should hold town halls on a more regular basis





Appendix 2: Family Support

At the first Town Hall a group formed around the theme of Family Support. While Family Support was not identified as a standalone focus areas of discussion for the BHS Town Hall, it is in alignment with the values and BHS so their responses are provided here.

What Would Success Look Like?

Success Statement: Families would be supported with (1) family resource binder (2) crisis/non-crisis phone line (3) family support rights and (4) social events. There would be peer advocacy for co-occurring (SUD/MH) lived experience.

Participants also noted:

- *Early intervention for family members*
- *Access to services: hours of operation in evening and on weekends, play care and transportation*
- *Inclusion of children of consumers*
- *Assisted outpatient*

What Is Working – "Glows"

1. NAMI Family to Family
2. Family advocacy (peer)

Participants also noted:

- *Communication within family*

What Can Be Improved – "Grows"

1. Family Rights Policy and Procedures with current MH documentation. Consider creating a focus group.
2. Phone line for family members (crisis/non crisis)
3. Resources for family members

Participants also noted:

- *Access: provide health information to other agencies, more outreach*
- *Respectful communication for family members*
- *Increase community-based co-occurring providers*
- *Having fun within family*

Appendix 3: Comfort Agreements

SACRAMENTO COUNTY
Division of Behavioral Health Services

COMFORT AGREEMENT

1. Honor the wisdom that each person brings
2. Listen with an open mind and a willingness to compromise
3. It's ok to disagree—have respect for each other's opinions
4. Disagree respectfully—no criticism of self or others
5. Show consideration to others, use respectful language
6. One person speaks at a time—no side bar discussions
7. Minimize distractions—please silence cell phone
8. Participate in the process—be mentally and physically engaged

Appendix 4: Key Definitions

Mobile Crisis Support Teams (MCSTs)

Mobile Crisis Support Teams (MCSTs) are a collaboration between DBHS and local law enforcement agencies across Sacramento County. Each team includes a police officer or sheriff's deputy, a licensed mental health counselor, and a peer navigator. The MCSTs serve individuals of all ages and diversity in Sacramento County by providing timely crisis assessment and intervention to individuals who are experiencing a mental health crisis. The goals of the program are to provide safe, compassionate and effective responses to individuals with a mental illness; increase public safety; decrease unnecessary hospitalizations for community members experiencing a mental health crisis; decrease unnecessary incarceration for community members experiencing a mental health crisis; and increase consumer participation with mental health providers by problem solving barriers and increasing knowledge of local resources.

Crisis Residential Programs (CRPs)

Crisis Residential Programs (CRPs) are comprehensive, short-term residential programs that provide a less restrictive alternative to hospitalization. CRPs provide treatment for adults experiencing a mental health crisis who require 24-hour support in order to return to community living. The services provided are time-specific, member-focused, and strength-based. Services routinely avert the need for hospitalization through teaching clients to successfully manage their symptoms, addressing psychosocial stressors and empowering clients to become agents of change in their recovery.

The Augmented Care and Treatment (ACT) Board and Care program

The Augmented Care and Treatment (ACT) Board and Care program offers a quality residential board and care living environment for individuals living with serious mental health and/or co-occurring conditions who are at risk of hospitalization or in need of intense programming. The philosophy behind the ACT program model is to provide a safe and supportive environment where

individuals can receive treatment, life skills, and connections to other resources at a less restrictive level of care than other residential models.

Respite programs

Respite programs provide services for people who need a different level of care than they can get at home, are not at immediate risk to themselves or others, and do not have acute medical conditions needing complex medical attention. Respite programs provide a safe environment in which participants increase their knowledge of available supports and how to access them, improve well-being, reduce stress, increase connectedness and reduce feelings of isolation, decrease risk of harm, and reduce visits to the emergency room and psychiatric hospitals.