MENTAL HEALTH SERVICES ACT

Fiscal Year 2022-23
Annual Update to the Three-Year Program and Expenditure Plan

June 14, 2022

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Attachments

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
Name: Ryan Quist, Ph. D	Name: Maria Sandoval
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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)

Signature 06/22/2022
Date

I hereby certify that for the fiscal year ended June 30, 2022, 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 11/24/2021 for the fiscal year ended June 30, 2021. I further certify that for the fiscal year ended June 30, 2022, 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 6/22/2022
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 2020 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 one of the most diverse communities in California with seven threshold languages (Arabic, Cantonese, Farsi, 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 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 ten (10) previously approved CSS Programs/Work Plans containing numerous 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.

In FY 2021-22, the MHSA Steering Committee supported a seven percent increase across MHSA-funded treatment programs to create additional service capacity. The Steering Committee also supported a ten percent rate increase across MHSA-funded CSS direct service programs, as well as increasing Full Service Partnership (FSP) program capacity (new and expanded). It is anticipated that the new FSPs will be fully implemented in FY 2022-23.

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.

In FY 2021-22, the MHSA Steering Committee supported a seven percent increase across PEI direct service programs to create additional service capacity, as well as a ten percent increase to provider rates.

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 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 began providing services November 2017. With support from the MHSA Steering Committee, the services in this INN Project will transition to MHSA CSS funding in July 2022.

In May 2018, the MHSOAC approved Sacramento County's 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. The BHCSC began providing services September 2019. The project term ends December 2022.

In June 2020, the MHSOAC approved Sacramento County's fourth INN Project, Multi-County Full Service Partnership (FSP) INN Project. The project aims to improve how counties collect and use data to define and track outcomes that are meaningful for FSP clients and to help counties use data to inform program design and improve FSP service delivery.

In June 2020, the MHSOAC approved Sacramento County's fifth INN Project, Forensic Behavioral Health Multi-System Teams. This project will adapt and expand a teaming approach for the adult forensic behavioral health population. Project services and multi-system teams started late FY 2021-22.

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 the CSS funds to sustain WET activities once the time-limited WET funds are exhausted. Therefore, these activities are being sustained with CSS funding.

Through California's Office of Statewide Health Planning and Development WET Plan, WET grant funding was awarded to five (5) regional partnerships to fund activities that support the workforce needs of each of the counties within those regional partnerships. Participating counties are required to provide a match in order to access funding made available to their respective regional partnership. With MHSA Steering Committee support, Sacramento County is participating in the Central Regional Partnership.

On September 25, 2020, California Governor Gavin Newsom signed Senate Bill (SB) 803, which directs the State of California Department of Health Care Services (DHCS) to establish Peer certification requirements by July 1, 2022, validating the importance of peer support services in mental health treatment by recognizing peers as Medi-Cal providers. In alignment with SB 803, DHCS established statewide requirements for the development of Medi-Cal certification programs of Peer Support Specialists. California Mental Health Services Authority (CalMHSA), on behalf of California counties, will implement and administer all components of the Peer Support Specialist Certification program, including required data collection and submission to DHCS, certification of Peers, exam administration, investigations, and approval, auditing, and monitoring of training vendors.

During FY 2020-21, the County established within the County employment system a Behavioral Health Peer Specialist series that includes the creation of Behavioral Health Peer Specialist, Senior Behavioral Health Peer Specialist, and Behavioral Health Peer Specialist Program Manager classifications. With MHSA Steering Committee support, Sacramento County's Behavioral Health Peer Specialists positions will oversee the implementation of the Peer Support Specialist Certification program in Sacramento County in close collaboration with CalMHSA.

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 the 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) 2022-23 Annual Update.

The Draft MHSA FY 2022-23 Annual Update was posted for a 30-day public comment period, from April 4 through May 4, 2022. The Mental Health Board conducted a Public Hearing, held virtually, on Wednesday, May 4, 2022 beginning at 6:00 p.m.

COMMUNITY PROGRAM PLANNING

Sacramento County's MHSA Steering Committee

The MHSA Steering Committee is the core recommending body for MHSA funded programs and activities in Sacramento County and serves as the hub of the MHSA Community Program Planning Process (CPPP). The Committee is a thirty (30) member body comprised of one primary member seat and one alternate from the following groups: Sacramento County Mental Health Board; Sacramento County Behavioral Health Services (BHS) Director; three (3) Service Providers (Children, Adults, and Older Adults); Law Enforcement; Senior and Adult Services; Education; Department of Human Assistance; Substance Use Prevention and Treatment; Cultural Competence; Child Welfare; Primary Health; Public Health, Juvenile Court; Probation; Veterans; two (2) Consumer - Transition Age Youth (TAY); two (2) Consumer - Adult; two (2) Consumer - Older Adult; two (2) Family Member/Caregiver of Child age 0 – 17; two (2) Family Member/Caregiver of Adult age 18 – 59; two (2) Family Member/Caregiver of Older Adults age 60+; and one (1) Consumer/Family Member At-Large. Some members of the committee have volunteered to represent multiple stakeholder interests, including Faith-based/Spirituality.

The MHSA Steering Committee role is to: (1) Effectively and respectfully engage clients, family members, and other community stakeholders through a broad participation process, including the creation of workgroups that include community input and recommendation development, to develop Sacramento County's MHSA Plans and Annual Updates; (2) Review and approve program proposals developed with stakeholder and community input; and, (3) Make specific program recommendations to BHS consistent with MHSA goals, guidelines, and requirements.

The MHSA Steering Committee elects two (2) Co-Chairs, who serve staggered two-year terms. The Co-Chairs lead the Steering Committee meetings and are seated members of the Steering Committee Executive Committee.

The Executive Committee is a six (6) member committee charged with developing the MHSA Steering Committee meeting agendas. Executive Committee members also fill-in to facilitate meetings when a co-chair is absent. The Executive Committee is comprised of the two (2) Co-Chairs, the BHS Director, and three (3) elected Steering Committee members.

MHSA Steering Committee members and BHS actively recruit consumers/peers, and family members/caregivers with lived mental health experience for committee membership. The member application is posted on the BHS MHSA webpage. A panel of consumers and family members review completed applications for the applicants' lived experience, diversity, and advocacy experience associated with behavioral health services. Applicants are notified about their application status 30 days post review.

MHSA Steering Committee meetings are held the fourth Thursday of each month and are open to the public, with time allotted for Public Comment at each meeting. Meeting evalutions are provided to all Steering Committee members and members of the public. All attendees are encouraged to evaluate each meeting anonymously to inform BHS and Steering Committee members of ways to improve meeting structure, pace, and content.

MHSA Steering Committee meeting attendance is recorded through meeting sign-in sheets. Additionally, members of the public are asked to sign-in. For virtual meetings, a participation attendance list is obtained for both Steering Committee and public members. To encourage meeting attendance from diverse community members and stakeholders, BHS offers interpreter, captioning, and ASL services to Steering Committee members and members of the public. Steering Committee members representing consumers and family member stakeholders are provided with stipends for each meeting they attend.

BHS maintains a published schedule of MHSA Steering Committee meetings on the BHS MHSA webpage. Agendas, meeting minutes, and supporting documents are also posted. BHS also emails monthly MHSA Steering Committee meeting notifications to a listserv of over 650 community members and stakeholders.

BHS Cultural Competence Committee

As has been longstanding practice, stakeholders representing unserved and underserved racial, ethnic and cultural groups who are members of the BHS Cultural Competence Committee are updated and provide feedback on MHSA activities at their monthly meetings. The BHS Cultural Competence Committee is a subcommittee of BHS Quality Improvement Committee.

Stakeholder, BHS and Provider Staff Education

To ensure meaningful partipation in all aspects of the CPPP, BHS offers MHSA education and training to MHSA Steering Committee members, BHS staff, and community members. Steering Committee members are provided a comprehensive orientation training to learn about the MHSA; MHSA Steering Committee role and member responsibilities; MHSA Steering Committee meeting structure and process; and local MHSA programs, activities, and CPPP. New BHS staff are provided with a comprehensive orientation training as well which includes extensive training on convening and facilitating CPPP. Information about the MHSA components and purpose; changes and updates to MHSA requirements regulations, and statutes; updates to local MHSA budget allocations, programs, activities, and current CPPP are provided at all Steering Committee meetings and BHS staff meetings that also include BHS peer and family member liaisons.

At Sacramento County Behavioral Health Services provider forums, provider staff, including peers and family advocates, are informed of the MHSA components and purpose; changes and updates to MHSA requirements regulations, and statutes; updates to local MHSA budget allocations, programs, activities, and current CPPP. Additionally, BHS Cultural Competence Committee, Sacramento County Mental Health Board and Sacramento County Board of Supervisors are informed of changes and updates to MHSA requirements, regulations, and statutes; updates to local MHSA budget allocations, programs, activities, and current CPPP.

Members of the public are encouraged to email and call with questions and/or information requests relating to MHSA requirements, regulations, and statutes and local MHSA budget, programs, activities, and CPPP. BHS responds to all requests for information relating to the MHSA and Sacramento County Behavioral Health Services.

Community Program Planning Process for the MHSA FY 2022-23 Annual Update

The Sacramento County Behavioral Health Services (BHS) Community Program Planning Process for the MHSA Fiscal Year (FY) 2022-23 Annual Update meets the requirements contained in Section 3300 of the California Code of Regulations as described below. Sacramento County's community program 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 draft Annual Update have evolved from community planning processes.

The general plan for this draft Annual Update was discussed at MHSA Steering Committee meetings throughout FY 2021-22. 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 of 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 MHSA Steering Committee, BHS Cultural Competence Committee, and the Mental Health Board to obtain additional stakeholder input.

Other Stakeholder and Community Input and Feedback

Additionally, BHS has convened many stakeholder input sessions to reach stakeholders who do not regularly participate in the MHSA Steering Committee meetings. Stakeholder input, which includes consumer and family input, is a critical component to ensuring programming is effective, respectful and responsive. BHS is implementing a regular procurement schedule for contracted programs which is informed collectively by the stakeholder participation and input that occurs in many forms across the system. Examples include:

- Mandatory Advisory Boards
    - Mental Health Board
    - Alcohol and Drug Advisory Board
- Recommending Bodies
    - MHSA Steering Committee
    - BHS Cultural Competence Committee
    - Family Advisory Committee
    - Older Adult Coalition
    - Behavioral Health Racial Equity Collaborative (BHREC)
    - Youth Advisory Board
- Broader Stakeholder Sessions
    - Town Halls
    - Community Conversations

- Program/Project Specific Input
    - Anecdotal feedback from system partners, consumers/family members, community stakeholders, and providers
    - African American Ad Hoc Workgroup
    - Surveys
    - Wellness Crisis Call Center and Response Team (formerly known as Alternatives to 911 for Mental Health Calls)
    - MHSA Steering Committee Ad Hoc Workgroups
    - Key Informant Interviews
    - Focus Groups
    - Multi-County FSP Collaborative (INN Project)
    - Needs Assessments
    - Satisfaction Surveys

Examples of various outreach materials and summaries of these feedback sessions are included and inform the design and implementation of the MHSA-funded programming and activities contained in this Annual Update – *See Attachments A and B*.

BHS published Cultural Competence & Ethnic Services Newsletters to highlight the work done in this area to showcase the diverse cultures and communities in Sacramento County. These Newsletters are included – *See Attachment C*.

COVID-19 Impacts

The previous Three Year Plan noted the challenge Sacramento County communities faced due to the COVID-19 pandemic. The previous Three Year Plan also highlighted the shifts and adjustments BHS and the provider community made to ensure clients continued access to mental health services.

While this third year of the COVID-19 pandemic has brought improvements to how we all navigate our lives, the increased demand for critical mental health services due to increased stress and isolation across communities, increased housing needs, increased lack of basic needs, and significant capacity shortages for mental health resources remain.

As we all continue to confront the ongoing challenges that remain in this third year of the pandemic, BHS and the provider community continue to effectively partner with other community based organizations and collaborate with community resources to meet the needs of and to serve our community members. MHSA-funded program providers have begun offering in-person services using safety protocols but continue to offer virtual services, including video and telephone based care, for clients that prefer this service delivery method. Along with the MHSA-funded providers and programs, the MHSA Steering Committee, other recommending and advisory bodies to BHS and community stakeholder input activities have shifted from in person to virtual meetings. Throughout this experience, we continue to learn that as a community we have the ability to be adaptive and responsive in more ways than before.

Annual Update Posting and Public Hearing

BHS 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 Draft Annual Update and the date and time of the public hearing. The notice includes the web link to the Draft Annual Update and also provides 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 is also circulated through multiple email distributions, ethnic, cultural and language-specific media outlets, and hard copies are available for pick up at BHS administrative office.

The Draft MHSA FY 2022-23 Annual Update was posted for a 30-day public comment period from April 4 through May 4, 2022. The Mental Health Board conducted a Public Hearing, held virtually, on Wednesday, May 4, 2022, beginning at 6:00 p.m.

Public Comment

Several comments were received related to the Draft MHSA Fiscal Year 2022-23 Annual Update (Annual Update) during the 30-day public review and comment period. Below is a summary of those comments and Behavioral Health Services' response.

There were many 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. There were also comments appreciating the organized, concise and focused design of the Annual Update. There were many comments acknowledging the overall positive impact of MHSA funded programs and activities.

There were comments expressing appreciation for the fiscal summary and budget explanations. 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.

The MHSA Steering Committee, BHS Cultural Competence Committee and Mental Health Board were unanimously supportive of moving the Annual 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, and Innovation (INN) component projects.

Comments acknowledged and suggested further improvements in employment outcomes for FSP clients. Comments also suggested expanding on PEI component program metrics. There were comments recommending clarifying the mental health needs and resources of clients and the County's capacity to deliver services.

There was comment recommending more focus on diversion/reentry programming for individuals with serious mental illness headed into and out of local jails. There were suggestions made to reconsider funding Assisted Outpatient Treatment (AOT) with MHSA funds, as well as a

suggestion to consider sustaining the services of the Behavioral Health Crisis Services Collaborative Innovation Project 3.

Suggestions were made to consider including more MHSA PEI programming for children and youth. Comments also support increasing collaborations with grass roots organizations with close ties to unserved and underserved diverse communities.

Behavioral Health Services Response
Sacramento County Behavioral Health Services (BHS) 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 local community planning process.

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

BHS values ongoing community and stakeholder support to use data to inform continuous improvement and evaluate the effectiveness of MHSA-funded programs and activities. This includes the continued work with CSS program providers to further improvement in the FSP outcomes data related to employment and continued work with PEI program providers to expand on program metrics.

BHS recognizes the volatile nature of MHSA funding as a tax-based revenue. As such, BHS 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. BHS 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. BHS will also continue to provide regular program and budget updates/presentations in these key areas at MHSA Steering Committee and Mental Health Board meetings.

BHS remains committed to supporting programming designed to meet the needs of our community and recognizes the need for programming that brings together system partners working together to serve individuals intersecting behavioral health and justice involvement. Several MHSA-funded programs in the CSS, PEI and INN components work with justice involved individuals across the continuum. The PEI Community Support Team, Mental Health Navigators, and Mobile Crisis Support Teams work in the community at key access points to intervene early and reduce unnecessary incarcerations for community members experiencing a mental health crisis. The CSS Adult Psychiatric Support Services Clinic serves as the referral path for Correctional Health. The CSS Juvenile Justice Diversion and Treatment Program works with youth and TAY ages 13-25 involved with juvenile justice who have multiple complex needs across several service systems. Many of the CSS Full Service Partnership (FSP) programs work with justice involved individuals participating in collaborative courts, including Mental Health Court, and FSP outcomes show

significant impact in reducing incarcerations for these individuals. The CSS Consultation, Support and Engagement Teams Program works closely with court systems to identify children and youth in need of services who have been commercially sexually exploited and also has a training component for providers and system partners working with the population. In addition to the MHSA-funded programs, BHS will be implementing Assisted Outpatient Treatment (AOT) and a Wellness Crisis Call Center and Response Team in FY 2022-23 that will further expand services for justice involved individuals.

BHS recognizes and continues to support 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 threshold languages, as well as publishing and announcing in ethnic media outlets.

In response to the public comments and feedback, the following changes were made and incorporated into this MHSA Fiscal Year 2022-23 Annual Update: adding a Challenges section to the Sacramento County Mental Health Plan System Capacity section, correcting the name change of Innovation Project 5: Forensic Behavioral Health Multi-System Team (MST) which has been renamed Community Justice Support Program; and ensuring program capacity by ages served is included across CSS, PEI and INN components.

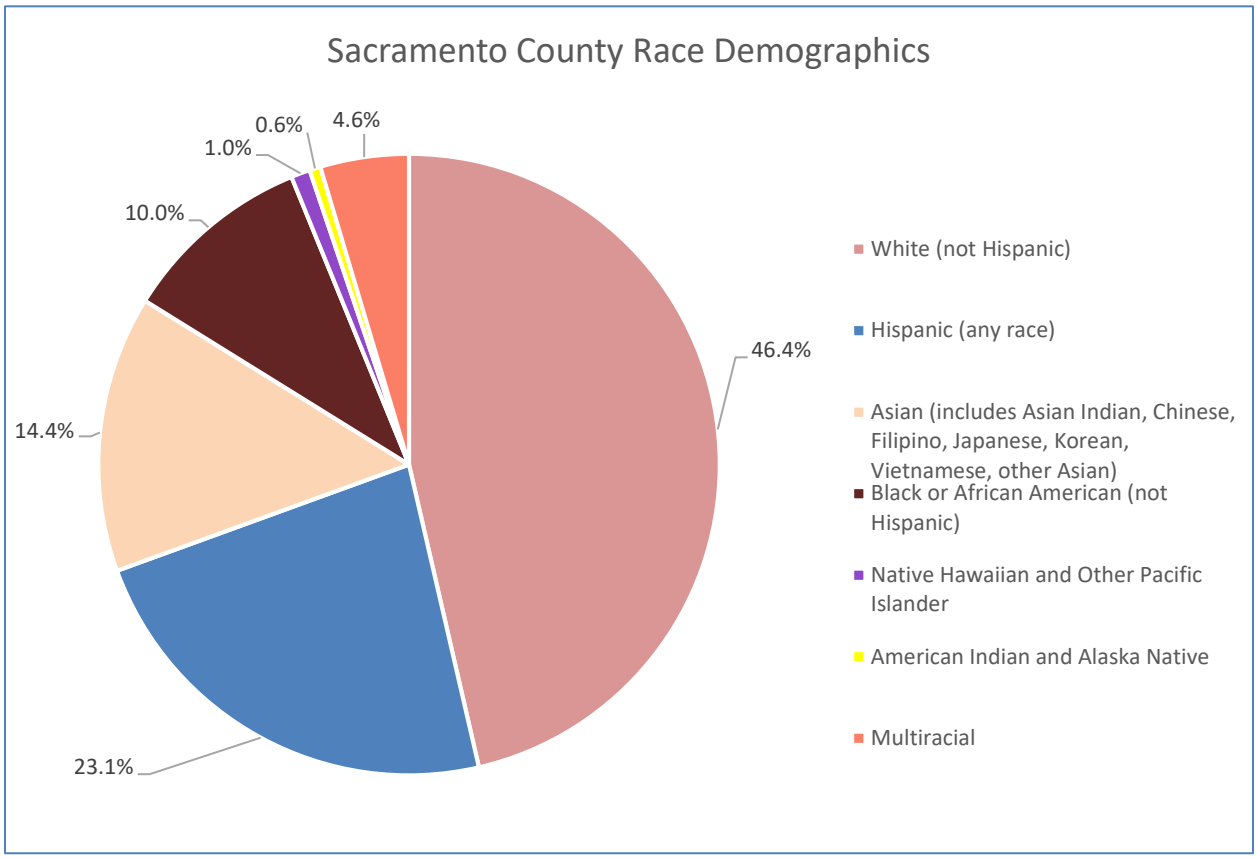
Sacramento County Mental Health Plan System Capacity

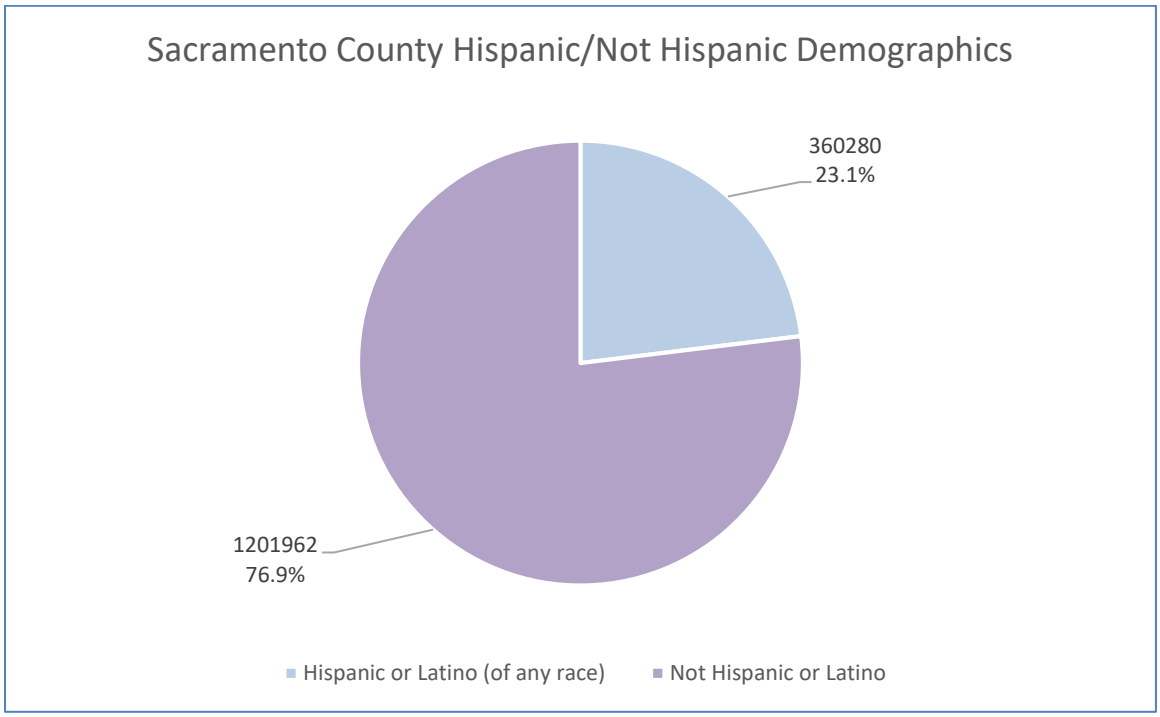
Demographic Overview

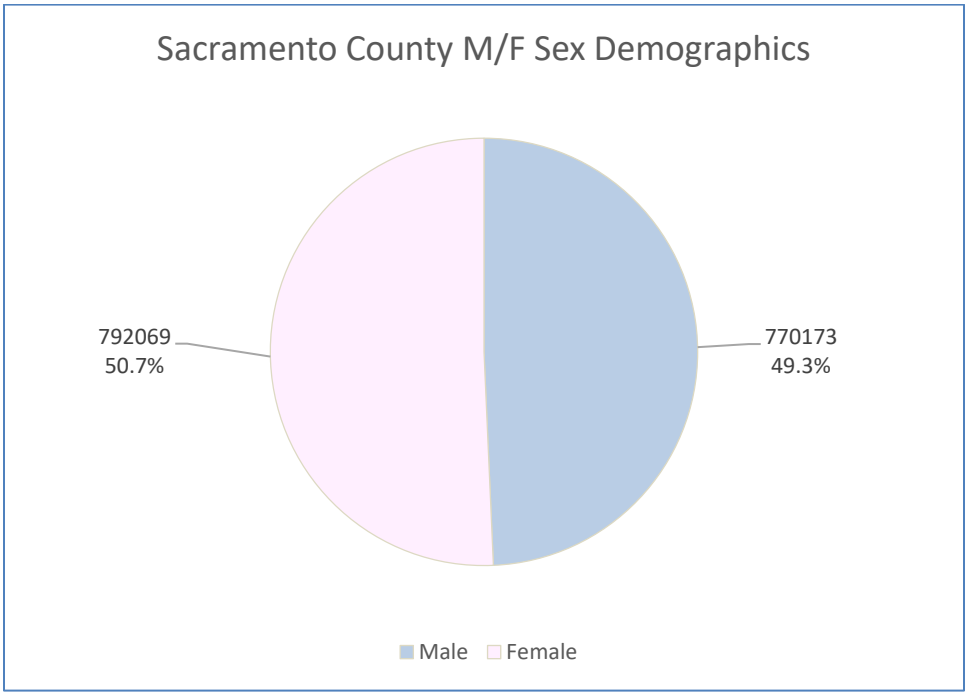
Sacramento County is one of eighteen counties located in the Central Mental Health Region of the State of California. The State of California, Department of Finance, estimates the 2020 population of Sacramento County to be approximately 1.5 million. With more than a half million residents living in unincorporated Sacramento County, it makes our unincorporated county population the fifth largest in the state. As such, Sacramento is considered a large county, especially in comparison with the populations of surrounding counties.

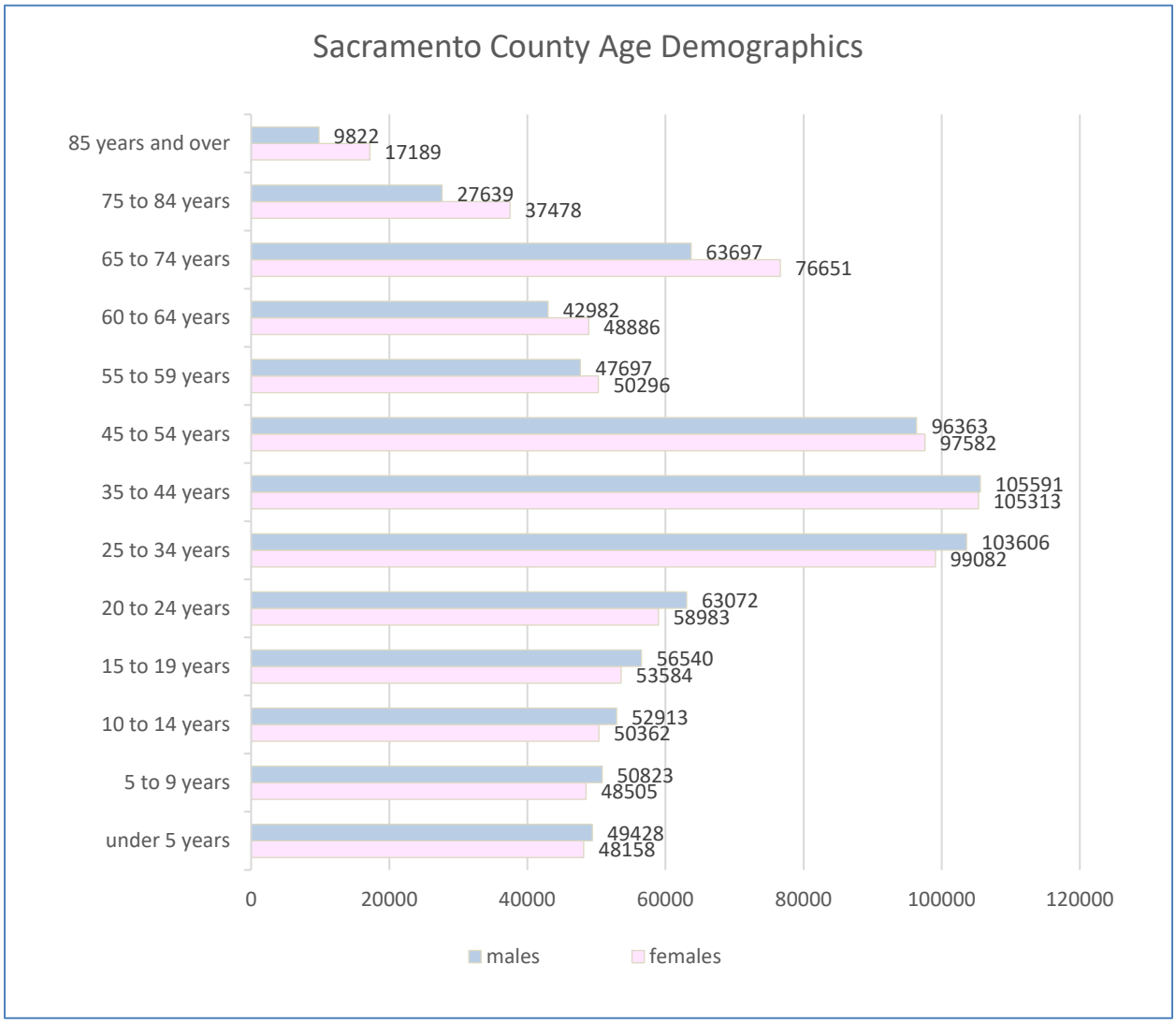
Sacramento is one of the most ethnically and racially diverse communities in California. While the Wilton Rancheria Tribe is the only Federally Recognized Tribe in Sacramento County, Native Americans from local and out of state tribes currently reside in Sacramento. Historically, Sacramento County has been one of three counties with the highest number of newly arriving refugees in California. In recent years, Sacramento County has resettled the most Refugees and Special Immigrant Visa holders (SIVs) as compared to any other county in California. With the addition of Arabic as a threshold language in 2017 and Farsi in 2020, Sacramento County now has a total of seven threshold languages (Arabic, Cantonese, Farsi, Hmong, Russian, Spanish, and Vietnamese).

The breakdown of Sacramento County's population by gender, age, and racial and ethnic categories is based on California Department of Finance data from 2020.




Sacramento County Hispanic/Not Hispanic Demographics
360280
23.1%
1201962
76.9%
Hispanic or Latino (of any race)
Not Hispanic or Latino


Sacramento County M/F Sex Demographics
792069
50.7%
770173
49.3%
Male
Female



Penetration and Retention Rates for Medi-Cal Beneficiaries

The penetration rate chart below is from Calendar Year (CY) 2020. The penetration rate is calculated as the total number of persons served divided by the number of persons eligible. When reviewing this data, it is important to consider that the penetration rate table reflects the number of Medi-Cal beneficiaries served through the specialty mental health treatment programs. It, however, 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.

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.

Penetration Rates		Calendar Year 2020							
		A		B		B/A	C		C/A
		Medi-Cal Eligible Beneficiaries		MHP Medi-Cal Beneficiaries			SUPT Medi-Cal Beneficiaries		
		N	%	N	%	%	N	%	%
Age Group	0 to 5	65,377	11.9%	820	3.1%	1.3%	0	0.0%	0.0%
	6 to 17	131,913	24.0%	7,981	30.6%	6.1%	117	2.2%	0.1%
	18 to 59	276,864	50.5%	14,915	57.3%	5.4%	4,489	83.6%	1.6%
	60+	74,604	13.6%	2,334	9.0%	3.1%	761	14.2%	1.0%
	Total	548,758	100.0%	26,050	100.0%	4.7%	5,367	100.0%	1.0%
		N	%	N	%	%	N	%	%
Gender	Female	290,456	52.9%	13,626	52.3%	4.7%	2,619	48.8%	0.9%
	Male	258,301	47.1%	12,415	47.7%	4.8%	2,748	51.2%	1.1%
	Unknown	1	0.0%	9	0.0%	N/A	0	0.0%	0.0%
	Total	548,758	100.0%	26,050	100.0%	4.7%	5,367	100.0%	1.0%
		N	%	N	%	%	N	%	%
Race	White	120,308	21.9%	8,109	31.1%	6.7%	1,867	34.8%	1.6%
	African American	77,773	14.2%	5,882	22.6%	7.6%	644	12.0%	0.8%
	American Indian/Alaskan Native	3,492	0.6%	265	1.0%	7.6%	60	1.1%	1.7%
	Asian/Pacific Islander	73,132	13.3%	1,739	6.7%	2.4%	138	2.6%	0.2%
	Other	152,654	27.8%	4,354	16.7%	2.9%	1,897	35.3%	1.2%
	Hispanic	121,399	22.1%	5,701	21.9%	4.7%	761	14.2%	0.6%
	Total	548,758	100.0%	26,050	100.0%	4.7%	5,367	100.0%	1.0%

Review of the FY 2020-21 retention rate table below 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 2020-21. The majority of individuals (79.1%) received more than five (5) services during FY 2020-21 with 46.7% of individuals receiving more than 15 services in the fiscal year. Retention rates for children, aged 0 to 17 years, receiving more than 15 services, are higher than the overall system. Individuals receiving more than 15 services who speak Spanish and who speak Cantonese have higher retention rates (52.3%, 49.2% respectively).

Sacramento County Mental Health Plan

Retention - FY 20/21

FY 20/21		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	355	19	5.4	11	3.1	17	4.8	16	4.5	128	36.1	164	46.2
	Black	1,931	127	6.6	117	6.1	87	4.5	84	4.4	593	30.7	923	47.8
	Hispanic	3,075	194	6.3	158	5.1	146	4.7	118	3.8	874	28.4	1585	51.5
	Nat-Amer	78	4	5.1	7	9.0	5	6.4	6	7.7	12	15.4	44	56.4
	White	2,064	99	4.8	79	3.8	75	3.6	66	3.2	591	28.6	1,154	55.9
	Other	684	41	6.0	36	5.3	40	5.8	20	2.9	180	26.3	367	53.7
	Unk/NR	765	52	6.8	44	5.8	31	4.1	26	3.4	209	27.3	403	52.7
Race (18)	API	1,296	77	5.9	59	4.6	40	3.1	46	3.5	497	38.3	577	44.5
	Black	3,231	294	9.1	170	5.3	148	4.6	121	3.7	1,107	34.3	1,391	43.1
	Hispanic	2,310	207	9.0	136	5.9	116	5.0	85	3.7	790	34.2	976	42.3
	Nat-Amer	154	8	5.2	8	5.2	3	1.9	4	2.6	49	31.8	82	53.2
	White	4,928	430	8.7	231	4.7	182	3.7	173	3.5	1,693	34.4	2,219	45.0
	Other	791	79	10.0	40	5.1	31	3.9	32	4.0	273	34.5	336	42.5
	Unk/NR	619	115	18.6	35	5.7	33	5.3	29	4.7	217	35.1	190	30.7
Age	0-17.9	8,952	536	6.0	452	5.0	401	4.5	336	3.8	2,587	28.9	4,640	51.8
	≥ 18	13,329	1,210	9.1	679	5.1	553	4.1	490	3.7	4,626	34.7	5,771	43.3
Sex	Male	10,255	836	8.2	495	4.8	441	4.3	391	3.8	3,228	31.5	4,864	47.4
	Female	12,024	910	7.6	636	5.3	512	4.3	435	3.6	3,985	33.1	5,546	46.1
	Unk/NR	2	0	0.0	0	0.0	1	50.0	0	0.0	0	0.0	1	50.0
Language	English	19,827	1,568	7.9	1,024	5.2	852	4.3	737	3.7	6,357	32.1	9,289	46.9
	Spanish	1097	80	7.3	50	4.6	51	4.6	51	4.6	291	26.5	574	52.3
	Russian	214	8	3.7	4	1.9	7	3.3	1	0.5	92	43.0	102	47.7
	Hmong	209	7	3.3	8	3.8	3	1.4	5	2.4	92	44.0	94	45.0
	Vietnamese	156	14	9.0	5	3.2	6	3.8	6	3.8	66	42.3	59	37.8
	Cantonese	59	4	6.8	6	10.2	1	1.7	3	5.1	16	27.1	29	49.2
	Arabic	103	5	4.9	3	2.9	2	1.9	3	2.9	54	52.4	36	35.0
	Other	432	18	4.2	14	3.2	24	5.6	10	2.3	194	44.9	172	39.8
	Unk/NR	184	42	22.8	17	9.2	8	4.3	10	5.4	51	27.7	56	30.4
TOTAL		**22,281**	**1,746**	**7.8**	**1,131**	**5.1**	**954**	**4.3**	**826**	**3.7**	**7,213**	**32.4**	**10,411**	**46.7**

Challenges
As described in COVID-19 Impacts above, during the pandemic there has been increased demand for critical mental health services due to increased stress and isolation across communities, increased housing needs, increased lack of basic needs, and significant capacity shortages for mental health resources. In addition, Sacramento County BHS, like other counties, experienced workforce challenges prior to the pandemic which have progressed to a workforce crisis across the state.

BHS is working to address these challenges through several initiatives. With support from the MHSA Steering Committee and approval from the Board of Supervisors, many MHSA-funded direct service programs received a seven percent capacity increase in response to the increased need for critical mental health services. This includes expansion of several existing Full Service Partnership (FSP) programs, as well as the creation of two new FSP programs to expand overall service capacity, as well as create capacity to provide FSP services to individuals and families who are homeless or at-risk of homelessness who will reside in the dedicated apartments in development through the MHSA Housing Program and No Place Like Home Program. The Adult Outpatient Transformation: Community Outreach Recovery Empowerment (CORE) program will expand outpatient services from four to ten sites geographically based throughout the county.

With support from the MHSA Steering Committee and approval from the Board of Supervisors, MHSA-funded direct service programs also received a ten percent rate increase to support staff recruitment and retention. In addition, BHS has made loan repayment a priority to help with recruitment and retention through the MHSA Workforce Education and Treatment (WET) Component Multidiscipline Workforce Recruitment and Retention Loan Repayment Program (LRP). BHS is working to recruit staff that reflect the diversity of the communities we serve as described in the Behavioral Health Racial Equity Collaborative section of this Annual Update.

More detailed information about these efforts is included in this Annual Update. BHS will continue to work with providers, system partners and community stakeholders to further address these challenges facing our system and community.

CalAIM: California Advancing and Innovating Medi-Cal
CalAIM is the California Department of Health Care Services' (DHCS) multi-year initiative to improve the quality of life and health outcomes for Medi-Cal beneficiaries by implementing a broad delivery system, program and payment reform across Medi-Cal services. CalAIM has three (3) primary goals: 1. Identify and manage member risk and need through whole person care approaches and addressing social determinants of health; 2. Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and 3. Improve quality outcomes, reduce health disparities, and drive delivery syststem transformation and innovation through value-based initiative, modernization of systems, and payment reform.

CalAIM consists of several initiatives that will be phased in over five (5) years. Counties may choose their role in CalAIM various activities. The first areas of focus for Sacramento County includes Enhances Care Management (ECM), Community Supports (CS), documentation reform and payment reform. ECM is a new statewide benefit and opportunity to obtain federal reimbursement for coordinated and comprehensive care management. CS provides an opportunity

to obtain federal reimbursements for supportive services relating to housing/homelessness and other services intended to support individuals. Documentation reform will streamline paperwork requirements, and payment reform will create ease in obtaining federal reimbursement. CalAIM activities were leveraged and braided with many MHSA CSS-funded treatment programs in FY 2021-22.

Mental Health Plan Network Adequacy

In February 2018, California Department of Health Care Services (DHCS) informed all County Mental Health Plans (MHP) that they must meet network capacity requirements to serve the population of adults and children/youth Medi-Cal beneficiaries. Network capacity standards require that counties demonstrate timely access to care, reasonable time and distance from provider sites to beneficiary residences, and an adequate number of outpatient psychiatrist and clinical providers for Medi-Cal beneficiaries. Each MHP is required to submit at minimum, an annual Network Adequacy Certification Tool (NACT) detailing the MHPs' providers, site locations, services provided, staff composition, and language capacity. MHPs are required to submit supporting documentation such as policies and procedures relating to meeting and monitoring network capacity requirements, timeliness data, Geographic Information System (GIS) maps, and data demonstrating use of interpreters. In January 2022, DHCS provided notification that Sacramento County was in compliance with all network adequacy standards.

Human Resource Survey

The 2020 Human Resource Survey (*See Attachment D*) includes data relating to the diversity of Sacramento County's MHP workforce. Demographic information and language capabilities of staff, volunteers and any committee members who participate in serving individuals throughout the entire County Mental Health System was collected. 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 867 staff responded to at least one question on the survey.
- Of all staff surveyed, 218 (25.1%) unduplicated staff indicated speaking a language other than English. For staff who spoke one language other than English, the majority spoke Spanish (42.7%) followed by Hmong at just over 8% (8.3%). Almost 20.1% indicated speaking two or more languages other than English.
- 21.1% of staff self-identify as being of Hispanic ethnicity.
- 78.7% of the staff identify as being female and 15.9% as male.
- 42.5% of staff self-identified as Caucasian, 13% as African American, 11.7% as Multi-ethnic, 2.3% as American/Alaska Native, 3.8% as Filipino, 2.7% as Hmong, 1.9% as Asian Indian, 1.7% as Chinese, and 11.2% as "Other".

- 44.3% self-identify as a family member of a consumer, 25.7% of staff self-identify as a consumer of Mental Health Services, while 11.2% of staff self-reported that they live with a disability and 3.2% currently serve or have served in the US Military.
- 73.9% of the staff self-identified as being heterosexual/straight, 6% as bisexual, 2.8% as lesbian, 2.2% as queer, 1.2% as gay, 1.4% pansexual, 1.7% as asexual, 0.5% as other, 0.9% as questioning and 9.5% choose not to answer the question.
- 599 direct service staff are included in the total number of staff described above.
- 29.4% of direct service staff self-identify as being of Hispanic ethnicity.
- 28.9% of direct service staff self-identify as a consumer of Mental Health Services, while 45.7% self-identify as having a family member who is a consumer of Mental Health Services.

Behavioral Health Racial Equity Collaborative

BHS, in partnership with the California Institute for Behavioral Health Solutions (CIBHS) facilitation/planning team implemented a Behavioral Health Racial Equity Collaborative (BHREC) pilot at the start of FY 2020-21 to address behavioral health equity (*see Attachments E and F*) and build a higher level of trust with the African American/Black Community. BHREC developed and adopted the following vision statement: BHS envisions a community where all Sacramento County residents thrive and have equitable access to optimal bahavioral and emotional wellness. By racial equity we mean closing the gaps so that race does not predict one's success, while also improving outcomes for all.

CIBHS provided strategic facilitation support and a targeted universalism framework for Sacramento County to use to form a BHREC Steering Committee that would have oversight of the BHREC pilot. This framework is being piloted as an approach that can be replicated with other diverse communities. To create space for building trust and supporting transformational relationships, BHS and CIBHS invited community partners from African American/Black/African Decent (AA/B/AD) communities in Sacramento County to join BHS leadership on the BHREC Steering Committee. Half of the BHREC Steering Committee members are individuals representing stakeholders from the Sacramento AA/B/AD Community and the other half are from Sacramento County BHS leadership. BHREC Steering Committee developed a vision and values statement for the pilot and began identifying areas of improvement they wanted to see in behavioral health services specific to the AA/B/AD community. Focus groups were conducted with additional AA/B/AD community members to hear about areas of improvement they wanted to see in behavioral health services.

The BHREC Steering Committee considered the data from the community focus groups and existing state and local data to prioritize goals for BHREC Racial Equity Action Plans (BHREC Action Plans) to improve behavioral health outcomes in the Sacramento community. BHS, along with eight BHS contract providers, each formed a BHREC team that created their own BHREC Action Plan. Each agency's BHREC Action Plan included activities, responsible parties for implementing activities, and performance measures for each of the goals they selected. The BHREC BHS team members set an intention as one of the goals to improve internal workforce

recruitment, hiring, development, promotion, and retention. Data from the HR Survey revealed the continued need to recruit and hire African American direct service staff in order to more closely reflect the beneficiaries being served in BHS programs.

BHREC's collective impact measures include:

- Increase the number and percent of individuals identifying as AA/B/AD in all employment classifications, including leadership, in each BHREC participating agency
- Increase the number of meaningful community engagement activities that influence organizational decision-making, with AA/B/AD communities
- Increase the retention rate of individuals identifying as AA/B/AD in Mental Health and Substance Use Prevention Treatment services from assessment (intake) to the next treatment service
- Decrease unsuccessful discharges, defined as client refused/declined services, client's whereabouts unknown, reason not available for individuals identifying as AA/B/AD

In conjunction with the BHREC pilot, CIBHS conducted an anonymous racial equity preparedness survey of BHS staff that would assist BHS leadership and the BHREC Steering Committee to gain more information about:

- Employees' perspectives on the value of promoting racial equity and their knowledge related to how to advance racial equity.
- Employees' perspectives on what would help them to become more active in furthering racial equity.
- Employees' prioritizations of approaches to racial equity advancement.

One of the recommendations from the racial equity preparedness survey report was to create an overarching vision for racial equity at Sacramento County BHS and shape accountability strategies for promotion of racial equity. After the first phase of the BHREC concluded, CIBHS facilitated a visioning process with BHS Management Team, Department of Health Services (DHS) Contracts and Department of Personnel Services (DPS) Talent Acquisition Team. Over the course of three sessions during Fiscal Year 2021/2022, the group came up with a draft Equity Vision Statement goal and Equity Core Values. The BHS Management Team adopted the following BHS Equity Vision Statement and Core Equity Values at their meeting on December 20, 2021:

BHS Equity Vision Statement Goal
Sacramento County Behavioral Health Services (BHS) envisions a community where all Sacramento County residents thrive and have equitable access to optimal behavioral and emotional wellness. By racial equity we mean closing the gaps so that race does not predict one's success, while also improving outcomes for all.

How To Get To Goal

- BHS seeks to be an organization where staff and clients feel welcome and have a sense of belonging, that includes all cultural/ethnic identities.
- We seek to create an organizational culture that is client/family driven and reflects community diversity at all agency levels.

- As a member of the wider Sacramento community, and through mutual collaboration and partnerships, BHS prioritizes strategies that consider harmful impacts, advance unbiased results, and takes accountable action so that cultural/ethnic identity no longer predict behavioral health wellness.

Equity Core Values

- Client and family driven
- Mutual collaboration and partnership
- An environment of belonging, emotional safety, and promotion of expressions of diversity
- Staff reflective of community served
- Accountability, impact, results
- Innovation/fundamental change

The above vision is not meant as a replacement of BHS' existing vision statement, but rather as an articulation of how within the scope of the BHS mission, vision, and values, the agency will address equity.

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 transition age youth (TAY), adults, and older adults living with a serious mental illness. The MHSA requires 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 (S*ee Attachment G - MHSA Funding Summary*).

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.

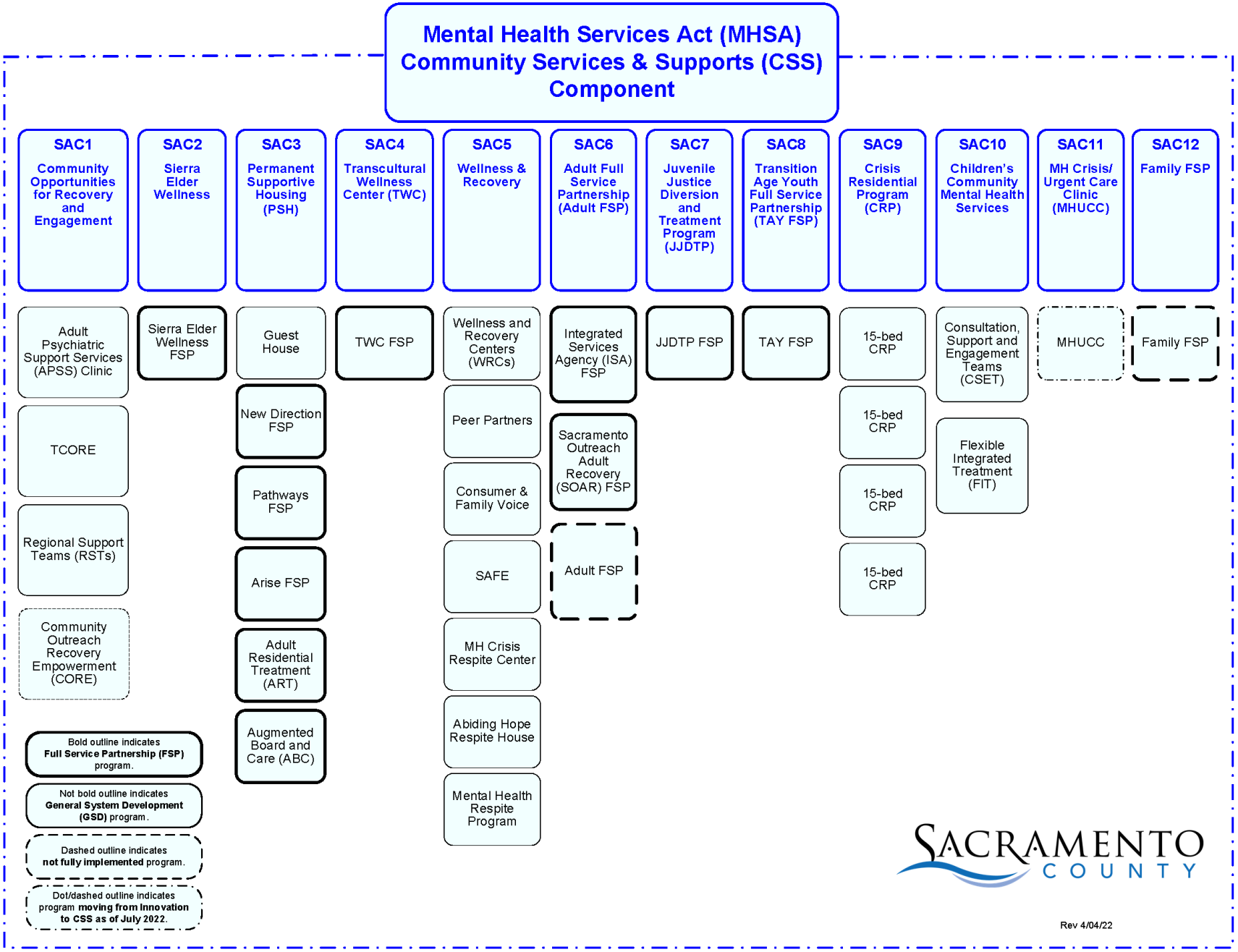
In Fiscal Year (FY) 2020-21 the implemented FSPs served 2,590 unduplicated partners (clients) and the implemented GSDs served 32,043 unduplicated clients. Descriptions of these programs are included in this Annual Update.

As presented to the MHSA Steering Committee in January and April 2021, BHS is implementing a regular procurement schedule for contracted programs, utilizing stakeholder input from various methods and groups to ensure programming is effective, respectful and responsive (*See Attachment H*).

At the April 2021 MHSA Steering Committee, BHS presented the community stakeholder feedback that informed the Adult Outpatient Services Transformation: Community Outreach Recovery Empowerment (CORE) program and provided the Steering Committee the opportunity to provide input (*See Attachment A*). Community stakeholder and Steering Committee input were integrated into CORE program design that will refine and enhance the outpatient system of care to more effectively serve the community. Community members and the MHSA Steering Committee

were invited to attend a January 25, 2022 BHS facilitated presentation on the CORE program (*See Attachment B*). Description of CORE is included in this Annual Update.

In FY 2021-22, the MHSA Steering Committee supported a seven percent increase across MHSA-funded treatment programs to create additional service capacity. The Steering Committee also supported a ten percent rate increase across MHSA-funded CSS direct service programs, as well as increasing Full Service Partnership (FSP) program capacity (new and expanded). It is anticipated that the new FSPs will be fully implemented in FY 2022-23. In addition, with support from the MHSA Steering Committee, the services in Sacramento County's second INN Project, known as the Mental Health Urgent Care Clinic will transition to MHSA CSS funding in July 2022.


Mental Health Services Act (MHSA)
Community Services & Supports (CSS)
Component
SAC1
Community Opportunities for Recovery and Engagement
SAC2
Sierra Elder Wellness
SAC3
Permanent Supportive Housing (PSH)
SAC4
Transcultural Wellness Center (TWC)
SAC5
Wellness & Recovery
SAC6
Adult Full Service Partnership (Adult FSP)
SAC7
Juvenile Justice Diversion and Treatment Program (JJDTP)
SAC8
Transition Age Youth Full Service Partnership (TAY FSP)
SAC9
Crisis Residential Program (CRP)
SAC10
Children's Community Mental Health Services
SAC11
MH Crisis/ Urgent Care Clinic (MHUCC)
SAC12
Family FSP
Adult Psychiatric Support Services (APSS) Clinic
TCORE
Regional Support Teams (RSTs)
Community Outreach Recovery Empowerment (CORE)
Sierra Elder Wellness FSP
Guest House
New Direction FSP
Pathways FSP
Arise FSP
Adult Residential Treatment (ART)
Augmented Board and Care (ABC)
TWC FSP
Wellness and Recovery Centers (WRCs)
Peer Partners
Consumer & Family Voice
SAFE
MH Crisis Respite Center
Abiding Hope Respite House
Mental Health Respite Program
Integrated Services Agency (ISA) FSP
Sacramento Outreach Adult Recovery (SOAR) FSP
Adult FSP
JJDTP FSP
TAY FSP
15-bed CRP
15-bed CRP
15-bed CRP
15-bed CRP
Consultation, Support and Engagement Teams (CSET)
Flexible Integrated Treatment (FIT)
MHUCC
Family FSP
Bold outline indicates Full Service Partnership (FSP) program.
Not bold outline indicates General System Development (GSD) program.
Dashed outline indicates not fully implemented program.
Dot/dashed outline indicates program moving from Innovation to CSS as of July 2022.
SACRAMENTO COUNTY
Rev 4/04/22

Program: Community Opportunities for Recovery and Engagement
Work Plan #/Type: SAC1 – General System Development (GSD)
Capacity: 11,059 at any given time
Ages Served: 8% TAY, 77% Adults, 15% Older Adults

The **Community Opportunities for Recovery and Engagement** program, consists of the following previously approved and implemented components: **Adult Psychiatric Support Services (APSS)** clinic, **TCORE**, and the **Regional Support Team (RST)** service delivery system. The Community Opportunities for Recovery and Engagement workplan also includes the Adult Outpatient Transformation: **Community Outreach Recovery Empowerment (CORE)** program. These programs offer community-based behavioral 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.

APSS, administered by BHS, is a site-based outpatient clinic that provides behavioral health services to transition aged youth (TAY), adult, and older adult clients, ages 18 and above. Counselors with training in integrated mental health and substance abuse care are available and provide services that are closely coordinated with psychiatrists, nursing staff, peers, and other team members.

The APSS clinic includes a Peer Partner component, administered by Cal Voices, 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. In January, 2020 APSS expanded services to provide centralized assessment and referrals to speciality mental health and community services for clients who are discharging from inpatient psychiatric hospitalization. In 2021, APSS added a similar centralized assessment service for clients discharging from the Sacramento County jails.

Success: APSS Clinic
A 38 year old woman came to APSS seeking help for severe symptoms of trauma and depression. She had experienced childhood physical and sexual abuse and had a long history of mental health challenges dating back to childhood. At the time of her intake, she struggled to maintain employment at a restaurant and was living in a hotel with her young children and a physically abusive husband. She began seeing a psychiatrist and a clinician at APSS to address reoccurring nightmares, depression, and anger issues. During the course of her treatment, she learned to trust others and was able to identify her goals. She became engaged and consistent with her therapy and medication and as a result was able to leave an abusive relationship. She began to make healthy choices consistent with her goals and her vision for herself and her children. Within the past six months, she stopped abusing substances, secured a job at a large retail store, and promoted to a manager position. She recently graduated from treatment at APSS and her mental health care was successfully transitioned to her health plan under her employment.

Program outcomes are to promote recovery and optimize community functioning; reducing and preventing homelessness; improving overall health by increasing access to primary health care; increasing connection to community resources and benefits; supporting engagement in meaningful activities/employment; and increasing social connectedness.

TCORE, administered by TLCS, Inc. (also known as Hope Cooperative) provides flexible, recovery-oriented, strength-based, culturally competent, client-driven, and 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 services and supports to 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: TCORE Program
In August 2021, TCORE received a referral from a lower level of care provider. The individual referred had ongoing struggles in interacting with others, often yelling when frustrated and exhibiting increasing irritability and paranoia. This individual had also received multiple notices of trespassing on various community locations. Upon the referral to TCORE, the consumer was unhoused and repeatedly declined housing supports. A couple of months later, the consumer called the City Motel Voucher line, reporting increased distress from challenges with staying warm, increased medical needs, the ground being cold, and others stealing his belongings. The consumer was encouraged to reach out to TCORE and as a result, the consumer came to TCORE and shared what he needed, which included a supportive and substance-free environment close to the TCORE site. TCORE reached out to local landlords and housing was secured using MHSA housing supports. Shortly thereafter, the consumer showed improvement in his mental health and social connections, allowing him to take advantage of additional mental health services TCORE has to offer. The consumer continues to show a decrease in irritability and frequently attends TCORE's Clubhouse for additional social interaction and support.

Program outcomes are to improve access to services for individuals who are not able to utilize community services due to complex co-occurring needs; to provide flexible services/interventions necessary to reduce/prevent negative outcomes, such as avoidable emergency room utilization, psychiatric hospitalization, jail/incarceration, and eviction/homelessness; and to provide services that will increase participants' ability to function at optimal levels and as independently as possible.

In FY 2022-23, this program, combined with the RSTs, Wellness & Recovery Centers, and Guest House, will transform and become the Community Outreach Recovery Empowerment (CORE) Program.

The **Regional Support Team (RST)** service delivery system includes programs located in four geographic areas throughout Sacramento County. They are administered by El Hogar Community Services, Inc., TLCS, Inc. (also known as Hope Cooperative), Turning Point Community Programs, and Visions Unlimited. The RSTs provide moderate intensity mental health services and supports for TAY (age 18+), adults, and older adults who meet target population criteria for a serious mental illness. Services are flexible, culturally competent, and recovery-based, and include assessments, planning, individual and group treatment, social rehabilitation, case management, psychiatric medication services, and housing services and supports to address the needs of individuals living with serious mental illness who are homeless or at-risk of homelessness. The RSTs have Community Care Teams (CCTs) able to engage members where needed, including in the community to assist with timely engagement into services, as well as improving capacity by providing enhanced coordination of care for clients ready to step-down to lower levels of care.

Program outcomes are to promote recovery and optimize community functioning; reducing and preventing homelessness; improving overall health by increasing access to primary health care; increasing connection to community resources and benefits; supporting engagement in meaningful activities/employment; and increasing social connectedness.

In FY 2022-23, this program, combined with TCORE, Wellness & Recovery Centers, and Guest House, will transform and become the Community Outreach Recovery Empowerment (CORE) Program.

Success: TLCS RST *TLCS RST is working with a 66 year old female referred through the Homeless Assistance Resource Team (HART) navigators. She was living at a hotel supported by the HART program and her living situation was not stable. Prior to support from the HART program, she had been living in her car or on the streets for the last 10 years. Her mental health decompensated over time and she lost her home and then her car. TLCS RST was able to assist in getting her into a studio apartment in Folsom. As a result of the support received in this one life area, client reported that her symptoms had improved and that she is in a better place to benefit from mental health services. TLCS RST continues to work with her and the plan is to move her to a lower level of care.*	***Success: El Hogar RST*** *El Hogar RST worked with a client referred to housing resources due to housing need stemming from three years of unemployment. RST program services focused on client's goals of finding employment/ vocational training for self-efficacy and sustainability. He is now working full time and there has been a huge improvement in his depressive symptoms as a result. El Hogar RST also worked with client on family relationships, which was another one of his goals. Client reported that he visited his father recently after being estranged from him for more than 10 years.*
Success: Visions RST *At Visions RST, the lead Peer Partner recently assisted a 50 year old Cantonese-speaking client in linking to Community Psychiatry as part of his discharge process. Since COVID-19, Community Psychiatry currently conducts all first appointments via Zoom with new clients. The client was having difficulty because he lacked access to the technology that would enable him to attend the appointment. The lead Peer Partner met with him in the office and assisted him in using Zoom so he could attend his appointment with Community Psychiatry and further discuss the steps involved in connecting with the clinic and stepping down from Visons RST services. Client shared he was thankful to receive this support.*	***Success: Turning Point RST*** *TPCP RST supported a 66-year-old client with a diagnosis of PTSD. Client was on the verge of homelessness and has high-risk medical issues in addition to previous substance use. TCORE's case manager and housing team worked together to help client find a room and board that client feels safe in. TPCP utilized MHSA funding to support client with rapid rehousing services. Client is now able to engage regularly with the RST case manager and medical/treatment team.*

In FY 2021-22, with insight gathered from specific stakeholder populations and the community, BHS developed the Adult Outpatient Services Transformative model called **Community Outreach Recovery Empowerment (CORE)**. The CORE Program incorporates community and MHSA Steering Committee feedback and combines the following community stakeholder supported MHSA CSS component programs: TCORE, RSTs, Wellness & Recovery Centers, and Guest House. By transforming and combining these programs, the CORE Program will offer flexibility in its service delivery, increase access to services, and emphasize a client centered recovery focused outcome driven system of care. This will allow clients to maintain the intensity of services that are clinically indicated without transferring to a different provider, preserving client relationships with their service provider as their needs fluctuate or change. It is anticipated that this program will be fully implement in FY 2022-23.

Program: Sierra Elder Wellness
Work Plan #/Type: SAC2 – Full Service Partnership (FSP)
Capacity: 150 at any given time
Ages Served: 13% Transition Age Older Adults, 87% 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 and who would otherwise utilize the most restrictive and highest level programs. Sierra provides comprehensive, integrated, culturally competent mental health services – including assessments, planning, social rehabilitation, intensive case management, co-occurring substance use services, and psychiatric medication support. Sierra also provides specialized services specific to older adults, facilitating the coordination between multidisciplinary mental health, physical health, and social service teams in order to assist community members to remain living in the community as independently as possible. FSP services also include assistance with benefit acquisition, housing subsidies and supports, employment, and transportation when needed.

Sierra establishes and maintains successful collaborations with system partners and community agencies – including assisted living board and cares; law enforcement; healthcare providers; conservators; and ethnic and cultural groups to assist consumers in maintaining in the community and working toward recovery.

Program outcomes are to strengthen functioning level to support clients in maintaining the least restrictive community-based housing; reducing unnecessary emergency room/psychiatric hospitalizations; reducing incarceration; improving health by increasing access and coordination with primary health care; reducing homelessness; and supporting engagement in meaningful employment/ activities and social connectedness.

Success: Sierra Elder Wellness Program
A client who had made repeated suicide attempts resulting in psychiatric hospitalizations was referred to Sierra Elder Wellness Program in December 2019. Upon referral, the client and treatment team held an multi-disciplinary team meeting to identify needs, including medication support, skill development, social development, and psychotherapy to address past trauma impacting current functioning. The client has participated in telehealth services with the team, including meeting with the nurse, psychiatrist, service coordinator, and receiving weekly therapy.

There have been significant improvements reported by the client and treatment team. The psychiatric team is moving forward with increasing her independence with medications. She has significantly improved in self-advocacy and the team is continuing to reinforce advocacy skills. The client has increased community supports and has built and is maintaining friendships. She is cooking for her neighbors and connecting with friends who are out of state via phone. She has also re-connected with her brother, who has been visiting on the weekends. The client is now able to verbalize steps to manage crises when they arise rather than resorting to hospitalization.

Program: Permanent Supportive Housing Program
Work Plan #/Type: SAC3 – Full Service Partnership (FSP)
Capacity: Expansion plan in progress – Currently 1,650 at any given time
Ages Served: 3% Children, 2% TAY, 44% Adults, 51% 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 the following previously approved and implemented components: Guest House, New Direction, Pathways, Sacramento ARISE, Flexible Housing Pool, Adult Residential Treatment, and the Augmented Board and Care Program. The PSH Program serves homeless children, TAY, adults, and older adults of all genders, races, ethnicities and cultural groups.

Guest House, administered by El Hogar, is an entry point to homeless services for individuals who present with mental health conditions who are living on the street, in shelters, and in parks, etc. It provides 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 Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI). This expedited process increases income, which improves access to housing and a wider variety of community services. Guest House also provides short term housing supports utilizing MHSA Housing Subsidies and Support Services in order to resolve and or prevent homelessness.

Guest House Connections Lounge is a drop-in center that supports guests with learning more about mental health recovery, participating in recovery and resource-focused groups, and accessing referrals and additional linkages for substance use treatment and physical health in a safe and supportive space.

Success: Guest House
El Hogar Guest House was referred a female client who began services in September 2020. While receiving services from Guest House, she followed through with making her appointments with medication staff and her Service Coordinator. Guest House supported her with housing, using MHSA funding for housing, while she participating in mental health services to support stabilization of her mental health and attaining support for her sobriety. She also was experiencing physical health challenges, yet was able to maintain engagement with her primary care physician. Despite all her struggles, she continuously looked for employment. She called Guest House recently and shared she just started her full time job this week and is feeling hopeful. She expressed happiness when sharing the news with her team. Currently, she is able to maintain her rent payments on her own and will be successfully stepping down to an RST near her housing.

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, reduce acute psychiatric hospitalizations, reduce incarceration, improve health by increasing access to primary health care, increase social connectedness, and support engagement in meaningful employment/activities.

In FY 2022-23, this program, combined with TCORE, the RSTs, and Wellness & Recovery Centers, will transform and become the Community Outreach Recovery Empowerment (CORE) Program.

New Direction, administered by TLCS, Inc., provides permanent supportive housing and FSP-level mental health services and supports for TAY (18+), adults, 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. Through housing supports and

subsidies, New Direction addresses the housing needs of individuals living with serious mental illness who are homeless or at risk of homelessness and who may also have co-occurring substance use disorders. 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.

Success: New Direction
A client was referred to TLCS New Directions in June 2020, after many hospitalizations and inability to remain in the community without crisis intervention. Client struggled with daily self-harm, severe disassociation, paranoia, and unprovoked angry outbursts. Using a team approach, with the support of his mother, we were able to support client through a 30 day Crisis Residential stay which provided client the space/environment to build peer relationships and allow his medication to take effect. Since that stay, the client has been able to benefit from mental health services provided by New Directions. Now, 18 months later, he is in his own apartment, has gainful employment obtained through Hope Cooperative's peer-run Club House, has not been hospitalized for over 6 months (when he was being hospitalized at least monthly for most of 2019, 2020 and first half of 2021) and has many meaningful relationships.

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, increase social connectedness, and support engagement in meaningful employment/activities.

Pathways, administered by Turning Point Community Programs, provides permanent supportive housing and 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. Through housing supports and subsidies, Pathways addresses the housing needs of individuals living with serious mental illness who are homeless or at risk of homelessness and who may also have co-occurring substance use disorders. Pathways provides services at six MHSA-financed permanent supportive housing developments, using community-based housing vouchers and subsidies to provide permanent housing for consumers and their families.

Program outcomes are to reduce homelessness, strengthen functioning level to support clients in maintaining the least restrictive community-based housing, reduce acute psychiatric

Success: Pathways
A consumer involved with mental health court was referred to TPCP Pathways earlier this year. Because of the severity of his symptoms, which included paranoia and hallucinations, when Pathways first met with him there was difficulty engaging him in services. Pathway's Team Lead and Program Director met with the member together and convinced and helped him to complete his assessment and Client Plan. Pathways' Team Lead continued to work with him and was gradually able to support him in engaging with his case manager. After participating in medication and mental health services for some time, his symptoms stabilized and he began to improve. He was able to manage his symptoms, engage in services and positively interact with his case manager and other people. Also, member followed directives given by court and made each probation appointment and weekly mental health court appointment, with the support of his Pathways case manager. Member continued to improve and keep all appointments, which led to the frequency of his appointments changing from every two weeks to once a month. He recently graduated from Mental Health Court and has had his legal charges wiped from his record.

hospitalizations, reduce incarceration, improve health by increasing access to primary health care, and support engagement in meaningful employment/activities and social connectedness.

Sacramento Adults Recovering in Strengths-based Environment (ARISE), administered by Telecare, Inc., began providing services to clients in February 2020. Services are rooted in the evidence based practice, Strengths Model Case Management. ARISE provides 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. ARISE provides comprehensive, flexible, client-driven, recovery-oriented, strength-based, trauma-informed, integrated, and culturally competent mental health services. This includes assessments, planning, social rehabilitation, intensive case management, co-occurring substance use services, 24/7 crisis response, and psychiatric medication support.

Success: Sacramento ARISE
A 61 year old man was admitted to ARISE in August of 2020. At the time of his admission, he was homeless, going to the hospital/ER weekly, and used methamphetamine on a daily basis. The ARISE eam consistently engaged with him three times a week to provide services and support him in attending psychiatric appointments. At this time, the member has been clean of substances for the last six months and attends at least two AOD groups a week. He also sees his therapist at least weekly. Over the course of treatment, ARISE was paying a patch to his landlord to support increased care due to his symptoms, behaviors, and substance use. Because of the combination of these concerns, it had been difficult to find sustainable housing that would accept him. Recently, the member was approved for Permanent Supportive Housing at La Mancha and moved into his own studio apartment.

Services also include assistance with benefit acquisition, employment, education, transportation, and help with successfully completing involvement in Collaborative Courts, such as Mental Health Court. ARISE aids clients who are experiencing homelessness or are at risk of homelessness by providing services at a permanent supportive housing development, connecting to housing resources, and utilizing subsidies to provide housing supports for consumers and their families. ARISE provides services at two MHSA-financed permanent supportive housing developments. The program assists clients 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. As an element of each client's recovery process, ARISE utilizes Peer Staff members as a part of the client's multidisciplinary team to engage and support not only the client but also family members, natural supports, and/or caregivers.

Program outcomes are strengthening clients' level of functioning, supporting clients in maintaining the least restrictive level of care in the community, reducing acute psychiatric hospitalizations, reducing incarceration, reducing homelessness, improving health by increasing access to primary health care, supporting engagement in meaningful employment/activities; and increasing social connectedness.

BHS, in partnership with Sacramento County Department of Human Assistance (DHA), implemented the **Flexible Housing Pool (FHP)** late in FY 2019-20. The goal of the FHP is to secure quality affordable housing for clients living with a serious mental illness discharging from jail or acute psychiatric hospitalization into homelessness and who qualify for specialty mental health services. FHP combines rent subsidies, landlord engagement, pinpointed tenant/landlord matching, and ongoing property and tenant services. Through the FHP, Property Related Tenant Services (PRTS) teams worked to 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 provided move-in assistance, rental subsidy disbursement, and assistance with landlord/neighborhood relations. BHS FSP providers provided ongoing mental health treatment services and intensive case management to clients to support their ongoing recovery.

DHA experienced ongoing challenges in obtaining housing for clients due to a lack of appropriate housing inventory. Because of these challenges, the FHP ended operations in June 2022. BHS continues to partner with DHA on many other housing and homeless initiatives as we work together to address the local housing crisis.

Sacramento County's **Adult Residential Treatment (ART) Program,** administered by local residential facilities, began providing services early in FY 2020-21. ART provides comprehensive, culturally competent, strength-based, recovery-oriented, outpatient specialty mental health services and 24-hour residential services to TAY (18+), adults, and older adults who live with persistent mental illness. The ART Program's outpatient services are provided in a campus model, co-located to their licensed residential facilities as part of the sub-acute continuum. ART services are provided in a less restrictive environment than a Skilled Nursing Facility (SNF), Mental Health Rehabilitation Center (MHRC), Institute of Mental Disease (IMD) facility, Psychiatric Health facility (PHF), or State Hospital. The ART's residential facilities maintain licensure from the State Community Care Licensing Division (CCLD). Residential services are provided in a structured home environment that supports improving the recovery and independent living skills of individuals living with a psychiatric condition and co-occurring medical and/or substance use disorders for the purpose of community integration and transition to a lower level of care. Clients have the opportunity to practice new skills and coping mechanisms, set goals for the future and identify steps to reaching those goals, and to learn about medication management so they can achieve increased independence and recovery and step down to a lower level of care.

Success: Adult Residential Treatment

A 34-year-old male grew up one of nine siblings in a very chaotic household. His father was frequently incarcerated and his mother lived with a major mental illness. He functioned adequately through his school years and graduated high school, but began experiencing symptoms of depression and mania after graduation, which led to drinking large amounts of alcohol to be able to sleep at night. This began years of substance abuse, mostly methamphetamines and alcohol. He crashed a car into a tree when his first psychotic symptoms began. Many years of psychiatric hospitalizations followed until he was finally sent to a secured facility. He did well there, engaging in groups and attending their work program. When it came time to step down to the community a year later, he became anxious about his ability to be successful. It was decided that the ART program could provide a supportive transition where he could practice his skills and continue his sobriety. He joined the ART program in January 2021 and has been thriving since. He attends on-line substance use groups and individual therapy and has maintained his sobriety for two full months in this unlocked setting.

The **Augmented Board and Care (ABC)** program is a pooled contract for those meeting the minimum qualifications – the first provider started early in FY 2020-21. ABC provides 24 hour, 7 day a week board and care services to TAY (18-25), adults, and older adult residents linked to high intensity mental health services that are culturally responsive, recovery-focused, and trauma-informed. ABC services are provided to residents living with serious mental illness and co-occurring conditions who are in need of intense programming in order to maintain residency in the community. ABC provides residents with the support needed to receive treatment services at a less restrictive level of care through their outpatient provider, rather than psychiatric hospitalization or subacute services. The ABC program model provides a safe and supportive home environment for

individuals to build interpersonal and independent living skills in order to support successful transition to a lower level of care. Each ABC client is supported by the Board and Care provider, the client's Full Service Partnership (FSP) and the County Intensive Placement Team (IPT). ABC clients receive care coordination, medication monitoring and treatment planning, weekly visitation from IPT and FSP treatment partners, and monthly care conferences to ensure better outcomes in the least restrictive level of care for all clients.

Success: Augmented Board and Care
ABC has been serving a 41 year old male who had been receiving services from Sacramento County since 2004. He carried a diagnosis of Schizoaffective Disorderand has struggled with heavy substance abuse and severe aggression towards others. He has been to both Napa State Hospital and Metropolitan State Hospital due to struggles with his mental health. He often expressed symptoms of impulsivity, paranoia, and rambling speech and had repeatedly gone AWOL from his residential placements and then discontinued taking his medications. He had lived with his parents for many years, but they placed a restraining order on him as a result of his verbal and physical aggression towards them. His parents had also been raising his only child.

He was referred to the ABC program as a last step before being referred to a secured setting. While in the ABC program, he has been thriving. He gets twice weekly visits from his Full Service Partnership as well as bi-monthly visits and encouragement from the County ABC team. He has shown no physical or verbal aggression towards others since his admission to ABC. He has been reconnecting with his parents and child. He is taking his medications consistently and has been attending substance abuse support groups to continue his sobriety. He is currently working with the County ABC team overseeing ABC placements, his ABC Board and Care Operator, and his Full Service Partnership to get a job, which makes him proud.

Program: Transcultural Wellness Center
Work Plan #/Type: SAC4 – Full Service Partnership (FSP)
Capacity: 200 at any given time
Ages Served: 15% Children, 17% TAY, 49% Adults, 19% Older Adults

The **Transcultural Wellness Center (TWC)**, administered by Asian Pacific Community Counseling, is designed to increase penetration rates and reduce mental health disparities 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 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. TWC works to link clients, particularly adults and older adults with co-occurring medical and mental health needs, to primary care physicians for comprehensive medical assessments and ongoing medical care. Services include 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. FSP 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.

Success: Transcultural Wellness Center

TWC was referred a client who is a 27-year-old Cantonese speaking female with a long history of hospitalizations in China prior to moving to the U.S. She was referred to TWC due to her symptoms of paranoia, delusional thoughts, disorganized behaviors, anger outbursts, mood lability, and passive suicidal ideation. At the time of her admission to TWC in 2015, her father (and primary caregiver) was reporting burnout from taking care of her well-being. He reported difficulties caring for the client at home and requested support in finding new housing for the client. TWC staff supported the client in moving into several Room and Boards and Board and Cares, but she was repeatedly evicted due to her disruptive behaviors (screaming throughout the night, yelling at staff, breaking house rules). This client had seven hospitalizations between June 2019 and January 2020. During these hospitalizations, TWC staff visited her at the hospital to support hospital staff in cultural brokerage and to build rapport with the client and thereby further the process of symptom stabilization. As the client is not yet a U.S. citizen, the client is ineligible to apply for SSI. TWC provided rent support for her Board and Care housing, with the client's father contributing a portion each month.

TWC staff increased the frequency of services post hospital discharge to support the client in maintaining her housing and stabilizing her symptoms. TWC staff also worked with her father on an ongoing basis to support him in understanding his daughter's mental health symptoms to help prevent further caregiver burnout. The client has had zero hospitalizations since January 2020 and recently completed fingerprinting for her citizenship application process. She continues to take her psychotropic medications and is managing her symptoms while engaging with staff and residents of the Board and Care.

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.

Program: Wellness and Recovery
Work Plan #/Type: SAC5 – General System Development (GSD)
Capacity: 4,250 at any given time
Ages Served: 1% Children, 8% TAY, 75% Adults, 15% Older Adults

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

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 multi-service centers offering an array of comprehensive services and wellness activities designed to support clients in their recovery goals. The WRCs also serve as entry points to homeless services for individuals who present with mental health conditions who are experiencing homelessness. Services are provided in a supportive environment, offering 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.

WRCs offer both a treatment program and community program. The treatment program provides psychiatric and medication support services, case management, and mental health services for clients with serious mental illness. The community program provides peer and consumer driven wellness activities available to clients enrolled in the treatment program and to community residents with an interest in mental health support and wellness and recovery services. WRC activities include curriculum-driven and evidence-based skill building activities, vocational supports, family education, self-help, and peer counseling and support. Services are collaboratively designed, culturally competent, member driven, and wellness focused. Alternative services are offered in the WRCs' Community Program, including 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.

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.

Success: Wellness and Recovery Centers
The Wellness Recovery Center (WRC) began working with a client in August 2019. At the time, the client was homeless, unemployed, and struggling with alcohol and mental health symptoms. Before several traumatic life events occurred, she was employed and owned her own home. Her principal goals at the time of referral were working on her dependency on alcohol and addressing her lack of employment and housing. WRC started with linking her to housing through Project Room Key. While providing mental health and substance use services, WRC assisted her in updating her resume, enrolling in educational classes, and learning how to navigate technology to support her employment searches and improve her employability.

Over the last 2 years, this client's depressed mood, anxiety, and self-medicating behaviors improved as she continued to participate in services. She has been dedicated to her recovery and, as a result, was able to obtain sobriety. As of December 2021, she has acquired 4 interviews for potential employment.

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.

In FY 2022-23, this program, combined with TCORE, the RSTs, and Guest House, will transform and become the Community Outreach Recovery Empowerment (CORE) Program.

The **Peer Partner Program (Peer Partners)** is administered by Cal Voices. The program provides peer support services to transition aged youth (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;

Success: Peer Partners
An APSS client needed technological support in order to log into the APSS Zoom groups smoothly and was also interested in gaining more knowledge of her Fire Tablet in order to receive services from her Peer Partner. A Cal Voices Peer Partner set-up an in-person meeting at which the Peer Partner guided the client through the entire process of joining an APSS clinic Zoom group. During the meeting, the Peer Partner and client found a method that worked for the client to remember how to effectively join a group. The client expressed her gratitude towards the Peer Partner, resulting in increased rapport and trust. The client also declared that, due to her increased confidence in using the equipment, she was more likely to participate in other groups suggested by the Peer Partner.

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.

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 children, youth, TAY, adults, older adults and their families. The consumer advocate liaison, adult family advocate liaison, and family and youth advocate liaison serve as liaisons to BHS and represent, communicate, and promote the child, youth, TAY, adult consumer, and family member perspective. The advocate liaisons promote and encourage children, youth, TAY, 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 children, youth, TAY, adult consumer and family members in their recovery process, including but 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 advocate liaisons 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 inform about how to become involved in shaping those 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 with expertise in topics related to mental health and local services and resources. Advocates maintain an email database of more than 750 community members/experts, many with lived experience, in an effort to keep our community

informed regarding topics pertaining to our client and family member community. Four Expert Pool Town Hall Meetings were assembled in FY 2020-2021 with an attendance of 16-25 participants per meeting.

This program facilitates the annual client Peer Empowerment Conference sponsored by Behavioral Health Services. The last conference was held on June 18, 2021. Two hundred and fifteen (215) guests participated; approximately 76 were consumers and approximately 24 were family members.

Overall satisfaction surveys showed 4.8 out of 5 guests were totally satisfied with the conference. The next conference will be held on a virtual platform and will take place on June 10, 2022.

Success: Consumer and Family Voice Program
A sister called the CFV Family Advocate to talk about her younger brother. She had concerns that he was isolating and had become depressed. She shared that she lives out of town, and he had no one close by to check up on his health and wellbeing. She talked about her parents being elderly and no longer able to provide support because both were in Assisted Living. She wanted to know if there were any programs that could help her brother. The CFV Family Advocate explained her role within the program and asked the caller if she would have her brother contact her. The brother (member) called and CFV Family Advocate connected him to the CFV Consumer Advocate, who referred the client to the CFV Online Support group. Member started going to the group meetings and was able to participate. Member shared with CFV Advocates that attending the group has helped him with his depressed feelings. He continues to attend the group and participate.

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 17 year old youth who was referred SAFE Program had decided it was time for him to start working and get his first real job. He had no interview experience, very little volunteer experience, and no transportation. A SAFE Peer helped him create a resume, prep for his interviews, and showed him how to navigate different bus routes for to get to the worksites of the jobs he was interested in. This process was not easy and it took quite a while to get through the stages of the interviews. Even though this youth experienced many disappointments, with the support of SAFE peer throughout the process, he continued to work hard toward his goals and obtained a job at Target in November. This process helped him gain independence and increased his motivation to grow.

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. CRC provides a range of services, including: screening, resource linkage, crisis response and care management for up to twenty-three (23)-hours. The program has the capacity to serve up to ten (11) individuals at any given time.

> ***Success: Mental Health Crisis Respite Center (CRC)***
> *Guest arrived at the Mental Health Crisis Respite Center (CRC) after having been stranded in Sacramento for over a week. She had come all the way from Mississippi to meet an online boyfriend who was not present when she arrived. Guest shared that she has a developmental disability and has been diagnosed as having the same intellectual abilities as a pre-teen. Guest had used what little money she had to stay in a motel for two days and then slept on the streets until she contacted her sister-in-law, who provided her with information for CRC. Guest shared that her children were at home with their father and she was desperate to get home to them in Mississippi. CRC staff provided guest with emotional support and crisis case management and connected her with local area resources. While the guest was at CRC, staff connected her with Hope Cooperative Homeless Outreach (funded through City of Sacramento Department of Community Response), obtained a Greyhound ticket for her trip home to Mississippi, provided direct transport to the bus station, and arranged for transportation assistance at each station and coordination of her pick up by family when she arrives home.*

Program goals are reduced emergency department visits and acute psychiatric hospitalizations, connection to existing or establishing new access to mental health services, as well as increased client-reported improvement in their recovery journeys.

◊ **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 up to 14 days. During their stay, clients receive client-centered, recovery-oriented services that include crisis response, screening, resource linkage, peer support, and care management. There are five (5) 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 reduced emergency department visits and/or acute psychiatric hospitalizations and increased client-reported improvement in their recovery journeys.

> ***Success: Abiding Hope Respite House***
> *"Abiding Hope provided a safe environment to continue my recovery. I appreciate the diverse and helpful staff. I felt comfortable and safe here. It gave me a roof, food and a safe place to be away from drugs, violence and danger. I learned more coping skills and there was always someone to talk to if needed. Abiding Hope is awesome! I would highly recommend to others trying to clean up their lives and rehabilitate back into society."*
>
> *"It is important for places like Abiding Hope when you're between places to catch you in the short-term, so we don't get completely get lost or leave the system and go somewhere that it's not so good. I'm very grateful for Abiding Hope for holding me up when it felt like I had no legs to hold me."*

◊ **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 three (3) women (and their accompanying children) at any time. Services include assessment, treatment planning, resource linkage, crisis intervention, family intervention, and case management. Program Goals are reduced emergency department visits and acute psychiatric hospitalizations and client-reported improvement in their recovery journeys.

Success: Mental Health Respite Program

"Mary a 30 year old Hispanic female who entered the Mental Health Respite program seeking a safe environment. During her initial intake assessment, she presented as overwhelmed and anxious due to losing her children to Child Protective Services (CPS) for the second time. Client has five children, one who was in the custody of his father (boyfriend) and the others with CPS. While moving from program to program due to substance use, she began losing hope of regaining custody of her children and relapsed. This relapse caused the client's crisis, resulting in lack of self-care and mental stability. Mary stated she needed to stabilize her mental well-being, develop coping skills, and overcome her many challenges. During her stay she focused on stabilization and seeking resources to assist with her legal struggles.

Mary stayed focused on achieving her goals of mental and physical stabilization. With less worry and using adaptive coping skills, Mary was able to research the many housing options, mental health and social service resources the program staff provided her. Within six days, Mary was able to obtain permanent housing with Bringing Families Home and was able to begin her substance use treatment services again.

Work Plan #/Type: SAC6 – Full Service Partnership (FSP)
Capacity: 734 at any given time
Ages Served: 1% TAY, 84% Adults, 15% Older Adults

The **Adult Full Service Partnership (FSP) Program** consists of **Integrated Services Agency (ISA)**, administered by Turning Point Community Programs, and **Sacramento Outreach Adult Recovery (SOAR)**, administered by Telecare Corporation. Both programs provide an array of high intensity 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, such as psychiatric hospitalization and incarceration as a result of their mental illness. ISA and SOAR provide comprehensive, integrated, culturally competent, community-based mental health services, which include assessments, planning, 24/7 crisis response, individual and group treatment, social rehabilitation, case management, psychiatric medication services, and housing services and supports to address the needs of individuals living with serious mental illness who are homeless or at-risk of homelessness. Services also include assistance with benefit acquisition, employment, education, transportation, and supportive services to family members/caregivers, such as education, consultation and interventions to support members in their recovery.

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 stability and social connectedness in the community and working toward recovery.

Success: SOAR
A 49 year old, White male (pronouns: he/him) was referred to SOAR in August 2019 through Mental Health Court (MHC). After coming to Sacramento County from Fresno, he was accused of stalking a woman in Sacramento County while under the influence of drugs and not attending to the treatment of his mental health disorder. He admitted to using methamphetamines regularly. The member had no support system in Sacramento County and was very reluctant to accept services – in his words, he only did so to "get out of jail." The MHC referred him to SOAR for Dialectical Behavior Therapy (DBT) The DBT approach requires a high level of commitment from members, involving weekly group therapy, weekly individual therapy, daily skills practice and structured time. This member initially struggled with taking responsibility for his recovery, continuing to blame others for his problems. However, through participation in DBT and other Full Partnership services, he gained awareness of his responsibility and build self-determination. His goal was to complete treatment and graduate from MHC in order to return to his family in Fresno, who he greatly missed. He at times struggled believing these goals were attainable, resulting in strong urges to use substances and disengage from treatment. Because his SOAR Personal Service Coordinator (PSC) specializes in substance use, he was helped to identify triggers early and developed a plan to instead use coping skills. His PSC attended virtual NA/AA groups with him to teach how to use the technology necessary to attend as well as stay connected to his family. He continued individual therapy and began to accept responsibility for his recovery. He graduated from Mental Health Court in October 2021 and from SOAR's DBT in November 2021. Also in November, he was able to meet his last goal of moving back in with his family. SOAR staff ensured he was connected to on-going services in Fresno County so he could set new goals to achieve.

Success: Integrated Services Agency
TP ISA has had many members who were exposed and/or tested positive with COVID. One of these members resided in a Room & Board facility with other residents, so was unable to return to her home post hospitalization due to quarantine rules. This caused her to be displaced from her placement housing. The TP ISA team made specific arrangements to have the member housed in a hotel for the duration of her required quarantine; ensured she received her medications daily, and also provided meals and snacks throughout the course of the day. Daily check-ins by the TP ISA team throughout the day and evening supports by the On-Call worker were designated to ensure the member was provided all she needed to remain stable and safe while in quarantine. Member was initially concerned and feeling overwhelmed with having COVID, until a plan was developed that reassured her that staff were in place to support her during this time. This ISA member was engaged in services throughout her quarantine and was able to maintain stability. She expressed much appreciation for the ISA team's involvement and support during this difficult time.

A new **Adult FSP** program will be added and is one of two new FSP programs anticipated to be fully implemented in FY 2022-23.

Program outcomes are to strengthen level of functioning to support members in maintaining the least restrictive level of care in the community; reducing acute psychiatric hospitalizations; reducing incarceration; reducing homelessness; improving health by increasing access to primary health care; supporting engagement in meaningful employment/activities; and increasing social connectedness.

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Program: Juvenile Justice Diversion and Treatment Program
Work Plan #/Type: SAC7 – Full Service Partnership (FSP)
Capacity: 137 at any given time
Ages Served: 22% Youth (ages 13-15) and 78% TAY (ages 16 – 25)

The **Juvenile Justice Diversion and Treatment Program (JJDTP)** is a FSP created by a partnership between BHS, Sacramento County Probation Department, and River Oak Center for Children to deliver integrated services to youth involved with juvenile justice who have 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 assessed. 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 complement clinical FSP services by providing family and peer support.

Program outcomes include maintaining housing and reducing experiences of homelessness, reducing psychiatric hospitalizations, increasing engagement in youth's educational program, increasing vocational training, and reducing arrests and incarcerations. Additionally, the program seeks to link youth and families with primary care and to engage them in meaningful activities.

Success: Juvenile Justice Diversion and Treatment Program
Two brothers were referred to JJDTP due to experiencing depression, anxiety, and lack of housing. This housing instability was impacting their mental health and increased their risk to participate in high-risk behaviors that could involve law enforcement. The program first worked with their mother to provide assistance in addressing the housing instability. JJDTP provided several months of hotel vouchers until their mother was able to connect with her own mental health services. Helping the mother access her own mental health treatment also helped her to seek alternative resources to obtain long-term housing in their own apartment. JJDTP was also able to help the family get mattresses so all family members could have a bed. Currently, the family is stably housed and the brothers are able to participate in their mental health treatment. The brothers continue to work with assigned JJDPT team and the mother is working closely with JJDTP Family Advocate to keep their housing.

Program: TAY Full Service Partnership
Work Plan #/Type: SAC8 – Full Service Partnership (FSP)
Capacity: 257 at any given time
Ages Served: 100% Youth and TAY ages 16 – 25

The **Transition Age Youth (TAY) FSP Program**, administered by Capital Star Behavioral Health, provides core Full Service Partnership (FSP) services and flexible supports to TAY ages 16 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 part of 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 on independent living and life skills, mentorship, and services that are youth and family driven.

Success: Transition Age Youth FSP Program
"Adam" was referred to Capital Star TAY FSP from another provider due to being unhoused and experiencing hallucinations, anxiety, and depression, and with a history of incarceration and substance use. His TAY FSP team consists of a Transition Care Manager (TCM), Advocate, and Housing and Resource Specialist. He has struggled with accepting his diagnosis, which has made progress slow during his time at Capital Star TAY FSP. Adam has a very difficult time talking about his mental health symptoms, which has led to him refusing medication and inconsistent engagement with his team. He has also been chronically homeless for a long time. However, within the last several months, Adam has made amazing strides. With help from his team, he was accepted into a housing program! He also recently had a conversation with his TCM about wanting to get back on medication and has been engaging more consistently.

This program is designed to improve access to services for TAY who typically have not responded well to traditional outpatient mental health/psychiatric treatment, or who are unserved, underserved, and/or inappropriately served; to ensure linkage to a Primary Care Physician (PCP) who can 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 to provide services that will increase the participants' ability to function as independently as possible within the community.

Program: Crisis Residential Program (CRP)
Work Plan #/Type: SAC9 – General System Development (GSD)
Capacity: 612 served annually
Ages Served: 13% TAY (ages 18-25) and 87% Adults (ages 26 – 59)

There are three 15-bed CRP sites for adults administered by Turning Point Community Programs located in Rio Linda, Sacramento, and South Sacramento and another 15-bed CRP serving transition age youth (TAY) administered by Capital Star Crisis Residential Program located in Sacramento. Due to COVID-19 spacing precautions, the capacity for the three Turning Point Community Programs CRP sites has been temporarily reduced from 15 to 12.

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 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 instead be served appropriately and voluntarily in a community setting. Beginning with an in-depth clinical assessment and development of an individual service plan, crisis residential program staff 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, and 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 encouraging wellness, resiliency and recovery to enable consumers to return to the least restrictive, most independent setting possible in as short a 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; optimize community functioning through the provision of short-term, effective mental health services and supports; and to decrease utilization of hospital emergency departments, the Mental Health Treatment Center (MHTC), and private psychiatric facilities, as well as decreasing incarceration.

Success: Crisis Residential
Below are a few quotes from graduating clients:

"The staff has been invaluable in ensuring my success."

When asked what has improved and what was gained/learned from the program:

"My ability to cope and my number of coping skills."

"My medication consistency, reading, coping skills, exercise."

When asked if they would be able to properly and independently manage medications upon discharge:

"Yes….CRP helped me develop a routine."

"Yes…Because the structure of the program has be set up for success to practice outside.""I was provided the absolute best chance to achieve my goals with great structure and awesome staff. I am complete and the best I have been in a long time."

"Could not have been better. Thank you for my fresh start."

Success: Crisis Residential
The program recently served a client who had two hospitalizations and two CRP admissions in a period of 4-5 months. The client experienced the loss of a parent some years before, followed by a divorce, then increasingly struggled with mood symptoms, heavy substance use, suicide attempts, and homelessness. Upon the second CRP discharge, the client was linked with a room and board and was able to successfully transition to more independent living in the community. This individual was recently in contact with CRP staff and reported proudly that they have remained housed, continue to work with their outpatient linkage (RST), and took on a house manager position at the room and board.

Success: Crisis Residential
CRP worked with an individual seeking mental health services for the first time. This client was experiencing symptoms of depression and trauma, but after receiving treatment at CRP and gaining an understanding of symptoms and ways to cope, the client was inspired to work in the field and made the following statement:

"I recently was a patient of CRP…and showed my resilience as house leader along with participating in group activities, and continuing to learn… I will always hold myself accountable and those around me in order for us to perform at the best of our abilities. I also went outside myself to be there for other patients when times were extremely challenging. Even though I'm still in the process of learning more about my mental health disorder...CRP...was there for me and supported me the entire 30 days. I would just like to give back by utilizing my skill set to help others in need."

Success: Crisis Residential
Vincent (pseudonym) was admitted to the TAY CRP for a second time in May 2021. During his first admission in March 2021, Vincent's mental health declined therefore he was transferred to the hospital on a 5150 application for grave disability. He was hospitalized for two months and re-referred to the CRP. During his second stay, Vincent pledged to take his recovery seriously. He socialized appropriately and was an active group participant. He stayed sober from marijuana and reported that he was going to be aware of what he said to people and how he said it. Vincent's "AHA!" moment was during therapy when he realized that his coping skill was humor, but that he needed to filter what he said. For the duration of his stay, Vincent was respectful with staff and other residents. Vincent took his medication and immersed himself in discharge planning. With the support of CRP staff, Vincent advocated for himself to get into an augmented board and care. During the interview, Vincent acknowledged his challenges but also all the hard work that he has put in to bettering himself. He was accepted into the housing program and successfully discharged after 30 days in treatment.

Program: Children's Community Mental Health Services
Work Plan #/Type: SAC10 – General System Development (GSD)
Capacity: 8,322 served annually
Ages Served: 76% Children (0-15) and 24% Youth (16-21)

The **Children's Community Mental Health Services** program 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

Success: Consultation, Support and Engagement Teams (CSET) Program
B is a 17 year old biracial youth referred to Stars CSET Outreach program by Probation due to a history of exploitation and a cycle of leaving home, being out of touch for a few months, getting arrested, and ending up in Youth Detention Facility. At first, she was hesitant to connect with new providers. She began to work with a CSET youth advocate and CSET skills trainer to begin making positive connections. She agreed to engage in therapy for her probation requirements and requested to remain with CSET program to do so. She began therapy, returned home, and was able to maintain staying at home for 6 months. During this time she found out she was pregnant. She received family therapy to support her in building her relationship with her mother and started Trauma Focused Cognitive Behavioral Therapy (TF-CBT). Through treatment, she was able to work on her relationship with her mother, remain home, and learn to set boundaries in relationships. She successfully completed probation requirements and had her baby. She reports regularly how grateful she is for the CSET team and how much she was able to grow from engaging in services.

Juvenile Court staffing for CSEC youth to facilitate referrals for CSEC youth involved in the Juvenile Justice system.

The redesigned children's outpatient services known as **Flexible Integrated Treatment (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; Stanford Sierra Youth & Families; HeartLand Child & Family Services; Turning Point Community Programs; The Regents of the University of California; and Uplift Family Services across 15 sites throughout the county. FIT provides strength-based, culturally competent, flexible and integrated, child/youth-centered, family driven, developmentally appropriate, effective quality mental health services to 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 to improve mental health conditions affecting 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. Program outcomes are to reduce and prevent imminent homelessness; strengthen functioning level to support clients in maintaining the least restrictive community-based housing; 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.

Success: Flexible Integrated Treatment - Capital Star
A youth reached out to her mental health specialist, sharing that she had recently become homeless after being kicked out of her parent's home, and was alternating between sleeping in her car and a tent in a friend's backyard. We were able to create a one-month housing plan focused on supporting her with move-in costs to a new apartment, resources for her basic needs, and employment support. The youth was able to start a new job within a week and get approved for an apartment two weeks later. Through MHSA funding, we were able to cover her first month's rent and security deposit to get her moved in, and the youth was able to take over the full rent moving forward. Our housing specialist continues to check in with the youth once a month to monitor for risks and link to additional resources as needed.

Success: Flexible Integrated Treatment - Dignity
This client has been involved in systems of care from an early age due to severe early neglect and CPS involvement. At age 5 they were admitted to a Short-Term Residential Therapeutic Program and then were formally adopted at age 12. They have received significant mental health services since that time to address trauma and have presented numerous safety concerns, including running away from home and multiple hospitalizations due to danger to self. This youth has been involved with a number of agencies, which identified issues associated with mood, personality, trauma, and psychotic issues, including paranoia and delusions. Our agency has provided crisis services, collateral work with the family, and advocacy work with our family advocate, psychiatrist, and individual therapy for the child. In the past 6 months, this individual has returned to their previous school, is receiving passing grades, has restored relationships with the adoptive family, and is consistently taking their medications as prescribed. They are working on transitional age activities, made possible with MHSA service funds. They report having a strong friend group and enjoy a number of activities in the community. They are no longer reporting symptoms of psychotic episodes or delusions. With the services in this program and the courage and hard work of this youth and their family, they are seeing tremendous growth, restored relationships, and improved functioning.

Success: Flexible Integrated Treatment - HeartLand

A 6-year-old boy came to the program due to challenges, including tantrums and aggressive behaviors, which put others in danger. The boy would kick, punch, and bite his mom when receiving a "No" answer. With the help of the behavioral specialist, housing coordinator, psychiatric team, and TBS coach, the clinician was able to get the boy's mom to have a different perspective on the therapeutic progress. Progress was possible by meeting the boy and the mom twice a week. The Housing Coordinator was able to help the family with rent by using the MHSA funds for partial rent payment over seven months. This was a stress reliever for mom allowing her to have more time to focus on the client's wellbeing.

Currently, the boy and his mom are working with the team to continue minimizing problematic behaviors, which were daily occurrences at the start of treatment. At the beginning of treatment, the boy's mom never thought her son would be able to attend school due to the severity of the aggressive behaviors. Now, he is attending school, and his behaviors have significantly decreased. The boy's mom now has a positive outlook on her son's progress as a result of the cohesiveness and determination of the team and is more hopeful about her son's improvement.

Success: Flexible Integrated Treatment - La Familia

A single mom with five children (ranging in ages from newborn to ten years of age) were referred to the La Familia FIT program. Three of the children were being seen by one of the FIT clinicians due to the death of their father. Their father had been the sole financial support for the family. Mother was a stay at home parent and had not been in the workforce for many years. Due to the sudden loss of father's income, the family was in jeopardy of losing their housing. The La Family Housing Specialist was able to use MHSA funds to assist the family to remain housed. The Family Partner worked with the mom on setting up her resume and job placement through the La Familia Career Center.. Since then, the children have made tremendous progress in their healing. Mom and the children still remain in the same housing unit and are extremely grateful for the services they received.

Success: Flexible Integrated Treatment - River Oak

In November 2021, the family of a six-year-old client had been given a pay or quit notice. Mother was scared about the possibility of eviction. The level of care she was providing for the client was being affected, as mother was short tempered and lacked motivation, reporting that she was becoming depressed. River Oak Center for Children FIT program was able to help keep this family housed by using MHSA funding to help with rent. The mother was able to start a new job and the family is now successfully managing finances. This positively affects mother's interactions with the client, which reduces client's anxiety and her symptoms. Additionally, the use of the MHSA funding has prevented the family having to search for housing and quite possibly becoming homeless, and it also prevents the likelihood of this young child having to change schools.

Success: Flexible Integrated Treatment – Sacramento Children's Home

15 y/o client has been enrolled on SCH FIT program since December 2019. Symptoms of concern included depressed mood, irritability, and low motivation, declining grades, limited social skills, low self-esteem, and social anxiety. Both caregivers experienced a loss of employment due to COVID-19 related Shelter-at-Home State policy and family was unable to pay their full rent and basic needs combined, which put them at risk for eviction and homelessness. Throughout the course of services, client received individual therapy and advocacy support via Family Partner. Between September 2020 and November 2021, SCH utilized MHSA funds to provide rent gap, which overall paid for about half of their rent over the course of that time to help stabilize housing and avoid exacerbating client's presenting symptoms. One of the caregivers is now gainfully employed and the other caregiver is connected to outside resources and natural supports to augment the household income and further stabilize housing. Further, client is now graduating from services in the next couple of weeks due to an improvement in overall functioning.

Success: Flexible Integrated Treatment – Stanford Sierra Youth & Families

The youth entered services because she needed support with regulating her emotions and behaviors. Specifically, Youth Advocacy services were put in place to support the youth in finding and elevating her voice, expressing her concerns to family and caregivers, becoming able to advocate for herself, and establishing healthy boundaries. This youth expressed an interest in becoming an Advocate in the mental health field after she was hospitalized due to mental health concerns and received subpar support and services that were not trauma sensitive. Because of this treatment, the youth began to write letters and request meetings with leadership at the hospital, in efforts to share about her experience and advocate for change. She received support from her service team with creating a resume, applying to jobs, and joining youth mental health advocacy groups to help her achieve her personal goals. At one time she battled with isolation, depression, and connecting and engaging with her peers, but she has become a very influential Youth Leader for our Resilient Youth Speak Out (RYSO) group, was a panelist on the "How to Make Crisis Continuum Services Responsive to Families Experiencing Crisis, Part II Confirmation", and has been an active voice at the Sacramento County Student Mental Health & Wellness collaborative meetings, all while being a full time student and working part time. She also has plans to start a student advocacy club at her high school to continue her great work with utilizing her voice in the community.

Success: Flexible Integrated Treatment - Turning Point

Client and family have been supported through MHSA housing funds through a master lease, which has significantly supported stabilization of client's mental health symptoms and behaviors. The unit they were living in had a significant water leak and by using MHSA housing funds, Turning Point FIT was able to support the client and family with temporary housing while the landlord made the necessary repairs. Without this funding, the family would have been unhoused for the duration of the repairs, which would have negatively impacted client's functioning. The use of MHSA housing funds has significantly improved the overall quality of life for this client and client's entire family.

Success: Flexible Integrated Treatment – Uplift Family Services

A client who is a 19 year-old single parent was sleeping in her car outside of her ex-boyfriend's home while her baby slept inside the father's home. This young adult was not in school or able to obtain a job at the onset of treatment. We helped her find housing for herself and her baby by utilizing MHSA support. She graduated from services after finding her stability and even enrolled in school. This young adult thrived once we were able to help her with gaining housing stability. She was able to remove herself from the toxic relationship dynamic with her child's father and grow into her own independence as a young mother.

Success: Flexible Integrated Treatment – UC Davis

X is a 16 y/o Latinx female referred to the CAARE Center for symptoms of depression and anxiety, with a history of physical abuse, emotional abuse, and exposure to domestic violence. X started trauma-focused cognitive behavioral therapy and was later transferred to dialectical behavioral therapy (DBT) due to sustained elevation in suicidal ideation, self-harm behaviors, and chronic and severe emotional abuse from her caregiver. She and her mother completed the DBT skills group, and it was recommended by the DBT consultation team that caregiver be provided ongoing collateral sessions with a Spanish speaking therapist due to engagement in pervasive invalidating interactions. The collateral therapist and individual therapist also conducted focused family sessions to reduce the invalidating and emotionally abusive interactions contributing to the client's depressive symptoms. As a result of the intensive treatment and collateral support by a therapist who shared the same culture and language as mom, X's symptoms have significantly improved. The caregiver sustained engagement in services, has attended collateral sessions more consistently and she has made small and consistent changes in her parental responses. X is no longer endorsing suicidal ideation, she has not self-harmed in eight months, she has re-engaged in school, plans to attend college, and has almost completed her trauma work as part of Stage 2 DBT.

Program: Mental Health Urgent Care Clinic
Work Plan #/Type: SAC11 – General System Development (GSD)
Capacity: 7,800 served annually
Ages Served: Children, TAY, Adults, Older Adults

With support from the MHSA Steering Committee, the time-limited MHSA Innovation Project 2: Mental Health Urgent Care Clinic (MHUCC) program will transition from the Innovation (INN) Component to CSS funding in FY 2022-23.

MHUCC, administered by Turning Point Community Programs, provides voluntary and immediate access to short-term crisis intervention services, including integrated services for co-occurring substance abuse disorders, to individuals of all age groups (children, TAY, adults, and older adults) who are experiencing a mental health crisis. Staff are reflective of the cultural, racial, ethnic, and linguistically diverse population of Sacramento County and are a collaborative team comprised of psychiatrists, nurses, clinicians, and peers. Services are designed to provide an alternative to emergency department (ED) visits for individuals with immediate mental health needs. Services include a multi-disciplinary mental health assessment with a focus on wellness and recovery, as well as linkage to ongoing community services. Interventions assist with decreasing unnecessary and lengthy involuntary inpatient treatment while increasing access to culturally competent care in a voluntary setting. The clinic is certified as a Medi-Cal outpatient clinic. MHUCC hours are 10:00 am - 10:00 pm weekdays and 10:00 am - 6:00 pm weekends and holidays and will expand its hours to 24/7 operations in FY 2022-23.

Program: Family Full Service Partnership
Work Plan #/Type: SAC12 – Full Service Partnership (FSP)
Capacity: 100 at any given time
Ages Served: Children (age 0-21), Adult Parents/Caregivers of Children (age 0-21) and their families

In FY 2021-22, the MHSA Steering Committee supported increasing FSP capacity to include implementing two new FSPs. This new Family Full Service Partnership (FSP) program is one of the two new programs anticipated to be fully implemented in FY 2022-23.

The Family FSP program recognizes that the entire family system is affected when one member of that system is impacted by mental, emotional or behavioral health issues. The objective of this FSP is to address the mental health and wellness of an individual client through a family systems lens. FSP services will be children age 0 – 21 and adult parents/caregivers of children age 0-21 and their family. The ultimate goal is to sustain health, wellness, safety and stability through the natural supports of a family system.

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 FY2022-23 Cost per Client information for implemented programs:

FY2022-23 CSS COMPONENT Work Plan / Program	Average Cost/Client*	Budget Amount
SAC1 - GSD: Community Opportunities for Recovery and Engagement	$ 5,736	$ 33,687,806
SAC2 - FSP: Sierra Elder Wellness	$ 16,417	$ 2,944,284
SAC3 - FSP: Permanent Supportive Housing	$ 14,123	$ 23,543,244
SAC4 - FSP: Transcultural Wellness Center	$ 9,648	$ 2,631,536
SAC5 - GSD: Wellness and Recovery	$ 2,026	$ 6,962,530
SAC6 - FSP: Adult Full Service Partnership	$ 18,856	$ 12,477,087
SAC7 - FSP: Juvenile Justice Diversion and Treatment	$ 29,452	$ 4,098,675
SAC8 - FSP: TAY Full Service Partnership	$ 17,000	$ 4,534,164
SAC9 - GSD: Crisis Residential	$ 12,036	$ 6,181,626
SAC10 - GSD: Children's Community Mental Health Services	$ 9,913	$ 48,994,493
SAC11 - GSD: Mental Health Urgent Care Clinic	$ 976	$ 5,268,095
TOTAL		**$ 146,055,446**

*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.

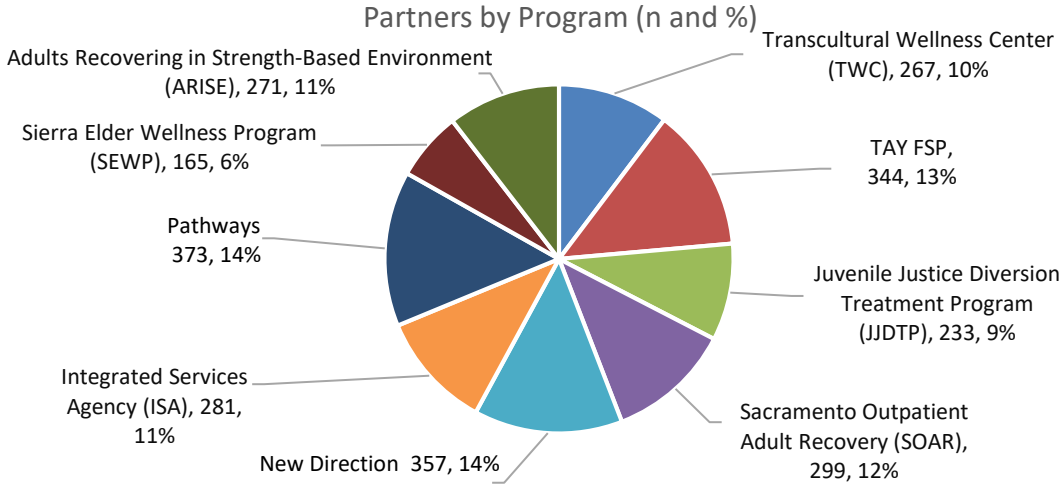
Full Service Partnership (FSP) Program FY 2020-21 Outcomes

During FY 2020-21, Sacramento County's FSP programs served 2,590 partners (clients)[1]. 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 section on *demographics* examines current outcomes utilizing the County's electronic health record (Avatar). The section on *outcomes over time* examines partners that have been receiving services in an FSP for at least one year as reported via submission of the state approved FSP forms. For outcomes over time, of the 2,590 partners served in FY 2020-21, 1,404 (54.2%) were served *at any point* in the FY and 1,042 (74.2%) *completed an entire year* in an FSP. Data regarding the year prior to FSP participation was collected for both groups, however, for a clearer year-to-year comparison, data reported here is for those that completed the *entire year only*. Progress for these partners is summarized below in bullets in *percent change* from baseline (one year prior to enrollment to an FSP).

- Partners who reported being in a "Homeless" residential setting (unsheltered) decreased by 66.4%
- Homeless (unsheltered) days decreased by 80%
- Partners who reported emergency room (ER) visits for mental health and mental health with substance abuse decreased by 86.4% and events decreased by 92.8%
- Partners with nursing psychiatric/psychiatric hospitalizations decreased by 51.1%
- Psychiatric hospitalization days decreased by 56.0%
- Partners who reported being arrested decreased by 68.3%
- Partner arrest events decreased by 76.3%
- Partners who reported incarcerations decreased by 41%
- Incarceration days decreased by 33.5%
- Employment rate increased by 4.3% for partners who indicated employment was a goal

Demographics

Graph A: distribution of partners across programs.



[1] Data extracted from Sacramento County's Avatar Electronic Health Record (EHR)- (03/25/2022, 11:00) and from the California State Behavioral Health Information System's (BHIS) Data Collection and Reporting application for outcomes over time (03/28/2022, 13:30).

Table 1: Demographics

DEMOGRAPHICS		
Age Group	**N=2590**	**%**
0-15	131	5.1%
16-25	615	23.7%
26-59	1432	55.3%
60+	412	15.9%
Sex	**n**	**%**
Female	1181	45.6%
Male	1409	54.4%
Sexual Orientation	**n**	**%**
No Entry	2430	93.8%
Unknown/Not Reported	38	1.5%
Heterosexual	96	3.7%
Gay	4	0.2%
Bisexual	17	0.7%
Lesbian	3	0.1%
Pansexual	2	0.1%
Gender Identity	**n**	**%**
Man	55	2.1%
No Entry/Unknown	2481	95.8%
Nonbinary	2	0.1%
Queer	1	0.0%
Transgender Man	2	0.1%
Transgender Woman	7	0.3%
Woman	42	1.6%
Ethnicity	**n**	**%**
Hispanic/Latino	416	16.1%
Not Hispanic	2004	77.4%
Unknown/No Entry	170	6.6%
Race	**n**	**%**
Asian/Pacific Islander	334	12.9%
Black/African-American	779	30.1%
Other Race	425	16.4%
Unknown/Not Reported	91	3.5%
White	961	37.1%
Language	**n**	**%**
Cantonese	23	0.9%
English	2366	91.4%
Hmong	42	1.6%
Other/Not Reported	66	2.5%
Russian	16	0.6%
Spanish	39	1.5%
Vietnamese	38	1.5%

Primary Diagnosis	n	%
ADHD	46	1.8%
Adjustment Disorders	28	1.1%
Anxiety Disorders	31	1.2%
Bipolar Disorders	285	11.0%
Conduct Disorders (Oppositional/Other)	113	4.4%
Disruptive Mood Dysregulation	18	0.7%
Major/Depressive Disorders	534	20.6%
Other	12	0.5%
Personality Disorders (Borderline/Paranoid)	27	1.0%
PTSD	257	9.9%
Schizoaffective Disorders	715	27.6%
Schizophrenia	466	18.0%
Unspecified psychosis not due to substance/physiological issue	58	2.2%
Connected to Primary Care Provider	**n**	**%**
Yes	2206	85.2%
Unknown/Not Reported	384	14.8%

Outcomes Over Time

The following section examines outcomes over time for partners who received services and completed an entire year in an FSP. Of the 2,590 partners served in FY 2020-21, 1,042 (40.2%) completed an entire year and data regarding the year previous to FSP participation was collected (baseline data, one year prior to enrollment). Baseline data was compared to FY 2020-21 to determine whether outcomes improved in the areas of homelessness, emergency room visits, psychiatric hospitalizations, arrests, incarcerations and employment[2]. The tables and graphs in the following section include the subset of partners who completed one entire 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). For this section, data primarily was self-reported by partners and documented using FSP outcome assessment forms 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 (KET) form that is done each time a key event (i.e. crisis visit, arrest, incarceration, hospitalization) occurs.

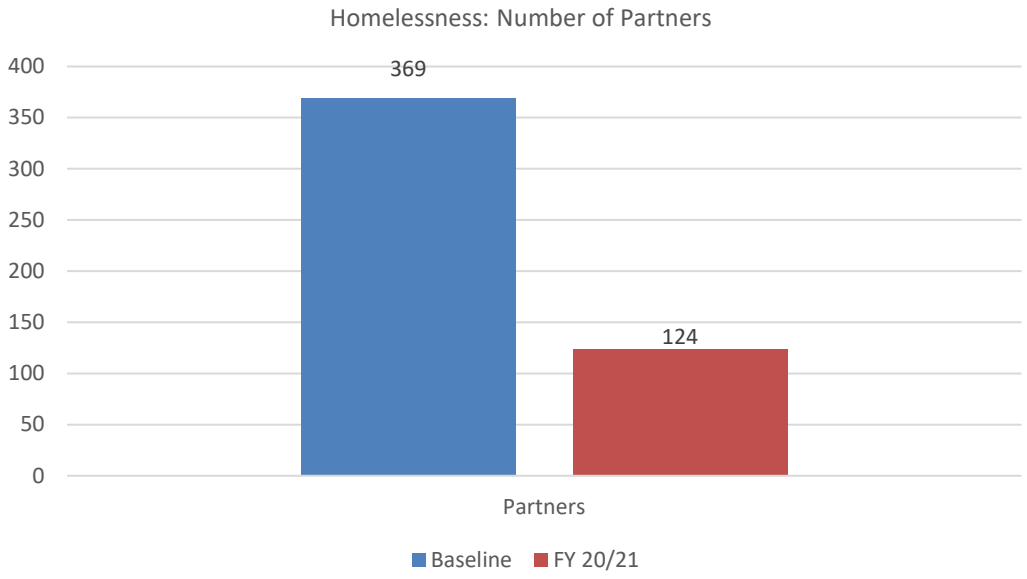
[2] Data regarding physical health (non-mental health) emergency room visits pre-FSP participation is no longer being reported by the State in the county annual report.

The table below illustrates the number of unduplicated partners who were homeless (unsheltered) and total homeless days for the year prior to enrollment compared to FY 20/21. Of the 1,042 partners in the cohort, 369 unduplicated partners experienced homelessness prior to enrollment. Compared to baseline, the unduplicated number of partners homeless as well as total days in FY 20/21 decreased significantly overall.

Table 2: Partners w/Homeless Experiences (unsheltered)

All Partners who Experienced Homelessness (*unsheltered*)					
1 Year Before (Baseline)		FY 20/21		Percent Change from Baseline	
# Unduplicated Partners Homeless	# Homeless Days	# Unduplicated Partners Homeless	# Homeless Days	Percent Change Unduplicated Partners Homeless	Percent Change Homeless Days
369	71,059	124	14,369	-66.4	-80.0

Graph B: Partners w/Homeless Experiences (unsheltered)

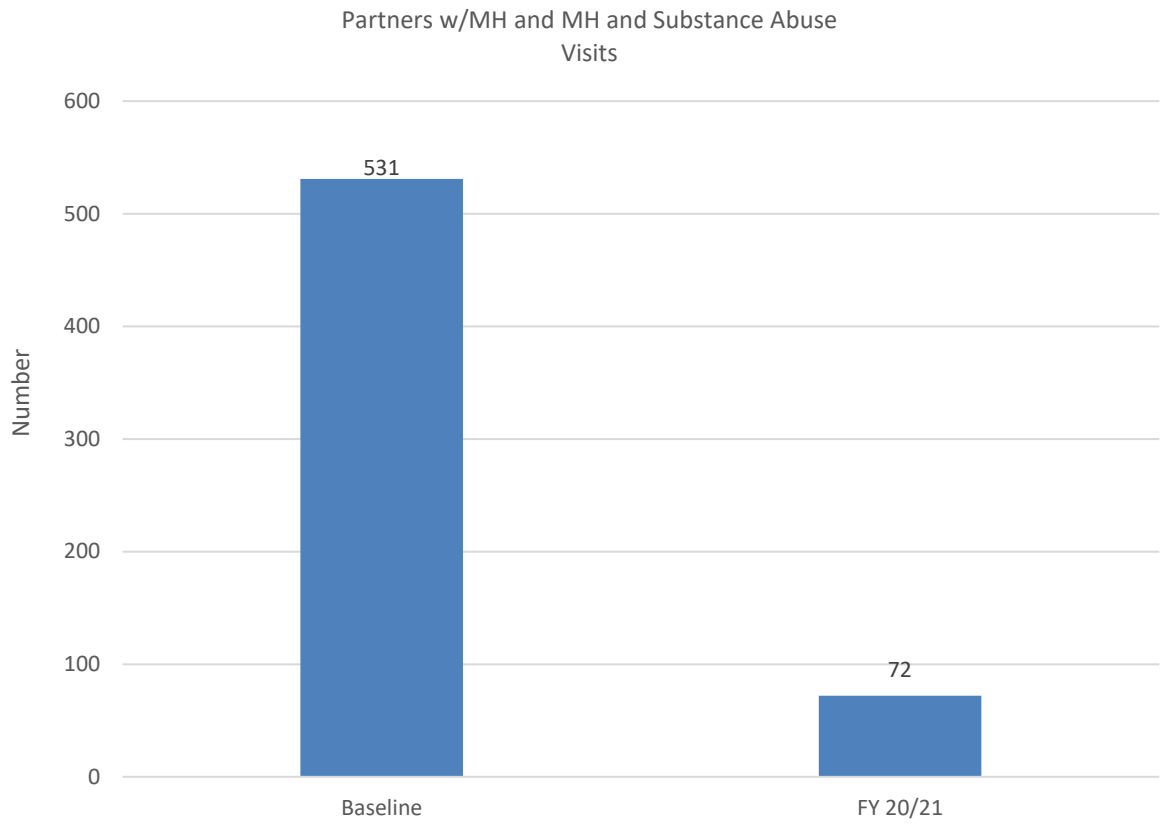


The table below illustrates the number of unduplicated partners with ER visits for mental health and mental health with substance abuse reasons one year prior to enrollment compared to FY 20/21. Just over 530 (531) unduplicated partners had at least one ER visit prior to enrollment. Compared to baseline, the unduplicated number of partners and the total ER visits for both decreased significantly.

Table 3: Emergency Room (ER) Visits for Mental Health and Mental Health/Substance Abuse Reasons

Partners w/Mental Health & Mental Health Substance Abuse Emergencies					
1 Year Before (Baseline)		FY 20/21		Percent Change from Baseline (# of partners)	
Unduplicated Partners w/ER Visits	Total ER Visits	Unduplicated Partners w/ER Visits	Total MH ER Visits	Percent Change Unduplicated Partners w/ER Visits	Percent Change Total ER Visits
531	1,615	72	117	-86.4	-92.8

Graph C: Partners w/Emergency Room (ER) Visits for Mental Health and Mental Health/Substance Abuse Reasons

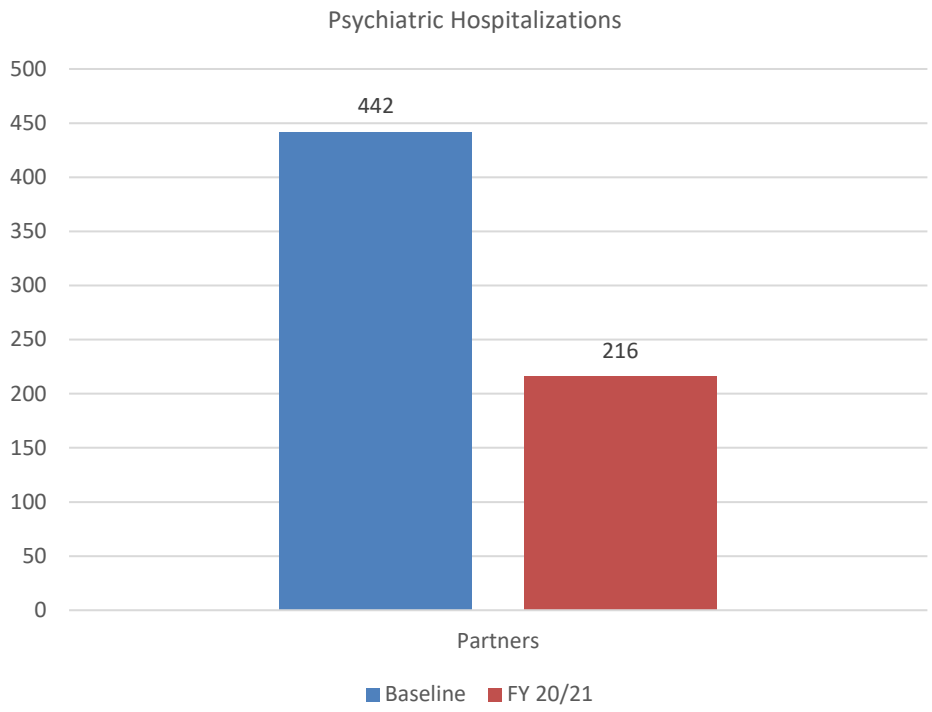


The table below illustrates the number of unduplicated partners' as well as total number of psychiatric hospitalizations one year prior to enrollment compared to FY 20/21[3]. Just over 440 (442) unduplicated partners had at least one hospitalization prior to enrollment. That number decreased to 216 unduplicated partners in FY 20/21.

Table 4: Psychiatric Hospitalizations

All Partners Who Completed 1 Year w/Psychiatric Hospitalizations					
1 Year Before (Baseline)		FY 20/21		Percent Change from Baseline	
Unduplicated Partners Hospitalized	Days	Unduplicated Partners Hospitalized	Days	Percent Change Unduplicated Partners	Percent Change Total Days
442	23,392	216	10,298	-51.1	-56.0

Graph D: Psychiatric Hospitalizations



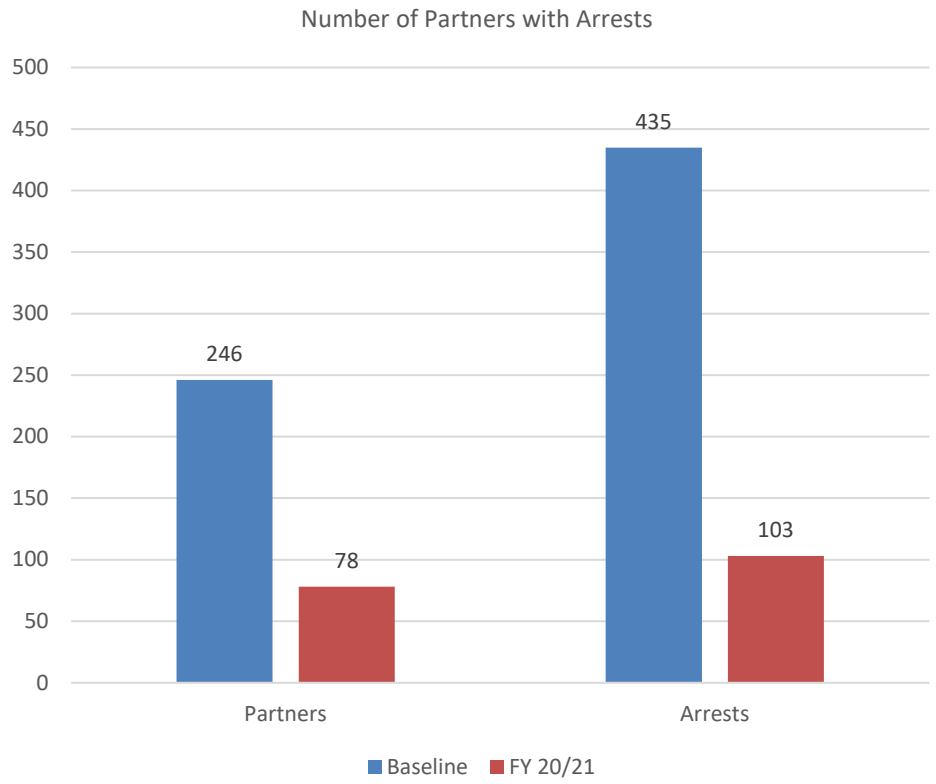
[3] For this measure, baseline psychiatric hospitalizations were compared to the County's electronic health record (Avatar) data.

The table below illustrates the number of unduplicated partners' as well as total number of arrests one year prior to enrollment compared to FY 20/21. Exactly 246 unduplicated partners had at least one arrest prior to enrollment. That number decreased to 78 in FY 20/21.

Table 5: Arrests

Arrests-All Partners Who Completed 1 Year					
1 Year Before (Baseline)		FY 20/21		Percent Change from Baseline (# of partners)	
Unduplicated Partners	Total Number of Arrests	Unduplicated Partners	Total Number of Arrests	% Change Partners	% Change Arrests
246	435	78	103	-68.3	-76.3

Graph E: Arrests

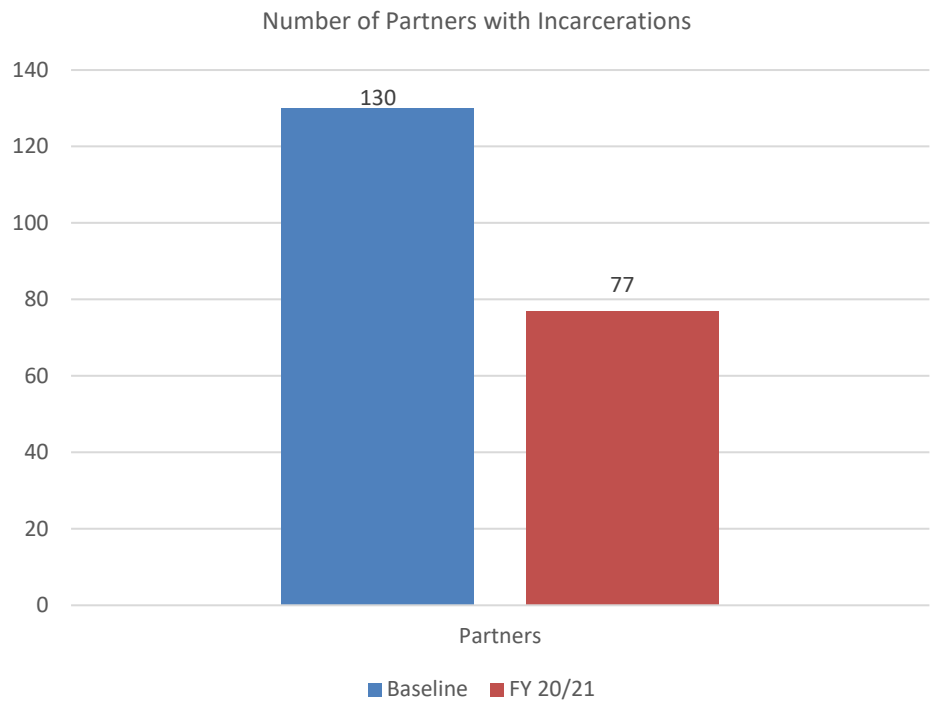


The table below illustrates the number of unduplicated partners' as well as total number of incarcerations days one year prior to enrollment compared to FY 20/21. Of the partners in the cohort, 130 unduplicated partners had at least one incarceration prior to enrollment. That number decreased to 77 in FY 20/21. Of note, although partners incarcerated are higher than arrests, both arrests and incarcerations are self-reported by the partner and not always disclosed and/or captured on the KET forms for reporting purposes (incarcerations are reported as a residential change).

Table 6: Incarcerations

Incarcerations-All Partners Who Completed 1 Year					
1 Year Before (Baseline)		FY 20/21		Percent Change from Baseline (# of partners)	
Unduplicated Partners Incarcerated	Total Days	Unduplicated Partners Incarcerated	Total Days	% Change Partners	% Change Days
130	14,108	77	7,050	-40.7	-50.0

Graph F: Incarcerations

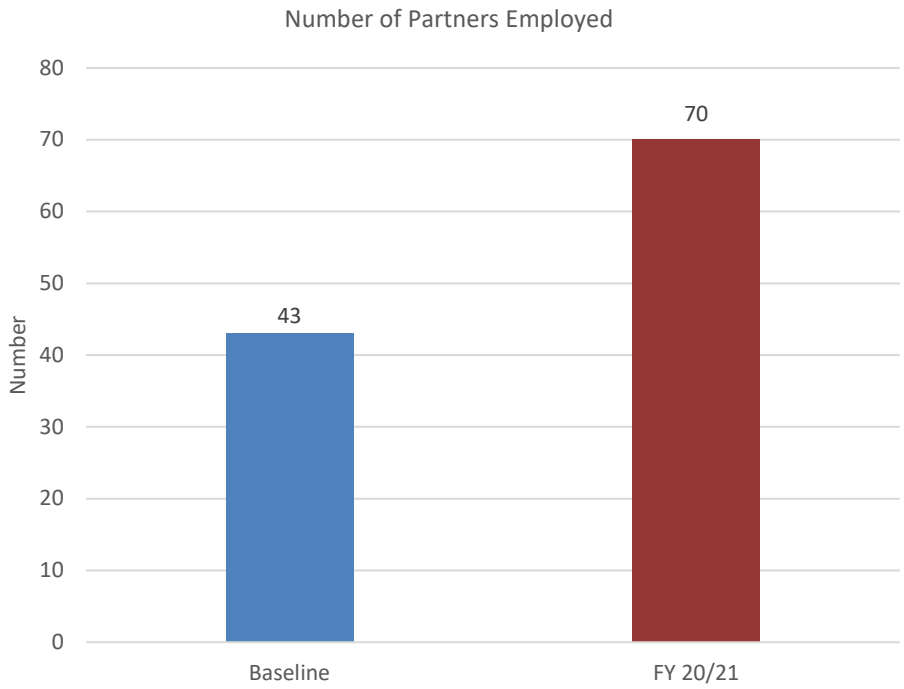


The table below illustrates the number of partners who indicated they wanted to be employed (n=625) as part of their recovery goal. Of those, FSPs assisted 27 partners to secure employment. Although the number of newly employed is relatively small, the FSPs were also able to assist 43 partners to maintain employment totaling 70 partners employed at the end of the FY.

Table 7: Employment

Unduplicated Partners w/Employment Recovery Goal N=625		
Timeframe	Total	%
At Start of Partnership	43	6.9
Added in FY 20/21	27	4.3
Total Partners Employed at End of FY	70	11.2

Graph G: Employment



Total Number Served in General System Development Programs – FY 20/21																						
Characteristic	APSS		TCORE		Regional Support Teams		Guest House		Wellness and Recovery Center		Peer Partners		Consumer and Family Voice - SAFE		Crisis Residential Programs		Flexible Integrated Treatment (FIT)		Consult Support & Engage Teams		Total	
Gender	N	%	N	%			N	%	N	%	N	%	N	%	N	%					N	%
Female	395	68.9%	470	44.8%	5,406	57.3%	271	43.4%	1,029	55.1%	102	63.4%	32	32.7%	180	39.7%	4024	48.7%	34	97.1%	11,943	52.9%
Male	178	31.1%	578	55.2%	4,029	42.7%	353	56.5%	836	44.8%	59	36.6%	33	33.7%	273	60.3%	4244	51.3%	1	2.9%	10,584	46.9%
Other	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%	0	0.0%	0	0.0%
Unknown/Not Reported	0	0.0%	0	0.0%	3	0.0%	1	0.2%	1	0.1%	0	0.0%	33	33.7%	0	0.0%	0	0.0%	0	0.0%	38	0.2%
Total	**573**	**100.0%**	**1,048**	**100.0%**	**9,438**	**100.0%**	**625**	100.0%	**1,866**	**100%**	**161**	**100.0%**	**98**	**100.0%**	**453**	**100.0%**	**8,268**	**100.0%**	**35**	**100.0%**	**22,565**	**100.0%**
Age																						
0 to 15	0	0.0%	0	0.0%	1	0.0%	0	0.0%	1	0.1%	0	0.0%	44	44.9%	0	0.0%	6294	76.1%	6	17.1%	6,346	28.1%
16 to 25	7	1.2%	47	4.5%	901	9.5%	18	2.9%	97	5.2%	8	5.0%	21	21.4%	81	17.9%	1974	23.9%	29	82.9%	3,183	14.1%
26 to 59	405	70.7%	851	81.2%	6,969	73.8%	544	87.0%	1,409	75.5%	130	80.7%	0	0.0%	360	79.5%	0	0.0%	0	0.0%	10,668	47.3%
60 and Over	161	28.1%	150	14.3%	1,567	16.6%	63	10.1%	359	19.2%	23	14.3%	0	0.0%	12	2.6%	0	0.0%	0	0.0%	2,335	10.3%
Unknown/Not Reported	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	33	33.7%	0	0.0%	0	0.0%	0	0.0%	33	0.1%
Total	**573**	**100.0%**	**1,048**	**100.0%**	**9,438**	**100.0%**	**625**	**100.0%**	**1,866**	**100%**	**161**	**100.0%**	**98**	**100.0%**	**453**	**100.0%**	**8268**	**100.0%**	**35**	**100.0%**	**22,565**	**100.0%**
Ethnicity																						
Non-Hispanic	437	76.3%	794	75.8%	6,506	68.9%	88	14.1%	1,243	66.6%	118	73.3%	19	19.4%	330	72.8%	3975	48.1%	18	51.4%	13,528	60.0%
Hispanic	59	10.3%	184	17.6%	1,558	16.5%	475	76.0%	381	20.4%	25	15.5%	39	39.8%	74	16.3%	2835	34.3%	14	40.0%	5,644	25.0%
Unknown/Not Reported	77	13.4%	70	6.7%	1,374	14.6%	62	9.9%	242	13.0%	18	11.2%	40	40.8%	49	10.8%	1458	17.6%	3	8.6%	3,393	15.0%
Total	**573**	**100.0%**	**1,048**	**100.0%**	**9,438**	**100.0%**	**625**	**100.0%**	**1,866**	**100%**	**161**	**100.0%**	**98**	**100.0%**	**453**	**100.0%**	**8268**	**100.0%**	**35**	**100.0%**	**22,565**	**100.0%**
Race																						
White	200	34.9%	469	44.8%	3,794	40.2%	265	42.4%	688	36.9%	79	49.1%	13	13.3%	209	46.1%	2189	26.5%	7	20.0%	7,913	35.1%
Black	73	12.7%	267	25.5%	2,154	22.8%	246	39.4%	480	25.7%	25	15.5%	7	7.1%	136	30.0%	1749	21.2%	13	37.1%	5,150	22.8%
Asian/Pacific Islander	136	23.7%	69	6.6%	811	8.6%	20	3.2%	132	7.1%	10	6.2%	2	2.0%	19	4.2%	304	3.7%	1	2.9%	1,504	6.7%
Am Indian/Alask. Native	8	1.4%	23	2.2%	153	1.6%	8	1.3%	59	3.2%	3	1.9%	3	3.1%	10	2.2%	87	1.1%	1	2.9%	355	1.6%
Multi-Race	8	1.4%	44	4.2%	432	4.6%	11	1.8%	73	3.9%	4	2.5%	4	4.1%	26	5.7%	768	9.3%	9	25.7%	1,379	6.1%
Other	79	13.8%	127	12.1%	1,165	12.3%	47	7.5%	207	11.1%	26	16.1%	26	26.5%	32	7.1%	1991	24.1%	4	11.4%	3,704	16.4%
Unknown/Not Reported	69	12.0%	49	4.7%	929	9.8%	28	4.5%	227	12.2%	14	8.7%	43	43.9%	21	4.6%	1180	14.3%	0	0.0%	2,560	11.3%
Total	**573**	**100.0%**	**1,048**	**100.0%**	**9,438**	**100.0%**	**625**	**100.0%**	**1,866**	**100%**	**161**	**100.0%**	**98**	**100.0%**	**453**	**100.0%**	**8268**	**100.0%**	**35**	**100.0%**	**22,565**	**100.0%**
Primary Language																						
English	365	63.7%	974	92.9%	8,303	88.0%	612	97.9%	1,726	92.5%	146	90.7%	44	44.9%	445	98.2%	7239	87.6%	35	100.0%	19,889	88.1%
Spanish	22	3.8%	23	2.2%	190	2.0%	3	0.5%	36	1.9%	9	5.6%	19	19.4%	1	0.2%	873	10.6%	0	0.0%	1,176	5.2%
Other	180	31.4%	36	3.4%	701	7.4%	4	0.6%	67	3.6%	5	3.1%	1	1.0%	4	0.9%	76	0.9%	0	0.0%	1,074	4.8%
Unknown/Not Reported	6	1.0%	15	1.4%	244	2.6%	6	1.0%	37	2.0%	1	0.6%	34	34.7%	3	0.7%	80	1.0%	0	0.0%	426	1.9%
Total	**573**	**100.0%**	**1,048**	**100.0%**	**9,438**	**100.0%**	**625**	**100.0%**	**1,866**	**100%**	**161**	**100.0%**	**98**	**100.0%**	**453**	**100.0%**	**8268**	**100.0%**	**35**	**100.0%**	**22,565**	**100.0%**

General System Development (GSD) Respite Programs FY 20/21								
	Mental Health Crisis Respite Center		Abiding Hope Respite House		Mental Health Respite for Women/Children		Total	
	N	%	N	%	N	%	N	%
Age Group								
Children/Youth (0-15)	2	0.1%	0	0.0%	0	0.0%	2	0.1%
TAY (16-25)	303	17.3%	1	1.3%	12	15.0%	316	16.5%
Adults (26-59)	1217	69.4%	71	89.9%	59	73.8%	1,347	70.4%
Older Adults (60+)	137	7.8%	7	8.9%	5	6.3%	149	7.8%
Unknown/Not Reported	94	5.4%	0	0.0%	4	5.0%	98	5.1%
Total	**1753**	**100.0%**	**79**	**100.0%**	**80**	100.0%	**1,912**	**100.0%**
Ethnicity								
Hispanic or Latino	251	14.3%	8	10.1%	12	15.0%	271	14.2%
Non-Hispanic/Non-Latino	750	42.8%	67	84.8%	51	63.8%	868	45.4%
Unknown/Not Reported	752	42.9%	4	5.1%	17	21.3%	773	40.4%
Total	**1753**	**100.0%**	**79**	**100.0%**	**80**	**100.0%**	**1,912**	**100.0%**
Race								
American Indian or Alaska Native	37	2.1%	3	3.8%	2	2.5%	42	2.2%
Asian	25	1.4%	4	5.1%	0	0.0%	29	1.5%
Asian Indian	5	0.3%	0	0.0%	0	0.0%	5	0.3%
Black or African American	528	30.1%	20	25.3%	17	21.3%	565	29.6%
Mexican	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Native Hawaiian/Pacific Islander	18	1.0%	1	1.3%	3	3.8%	22	1.2%
White	628	35.8%	39	49.4%	33	41.3%	700	36.6%
Other	303	17.3%	9	11.4%	14	17.5%	326	17.1%
Unknown/Not Reported	209	11.9%	3	3.8%	11	13.8%	223	11.7%
Total	**1753**	**100.0%**	**79**	**100.0%**	**80**	**100.0%**	**1,912**	**100.0%**
Primary Language								
English	1560	89.0%	72	91.1%	75	93.8%	1,707	89.3%
Spanish	20	1.1%	1	1.3%	2	2.5%	23	1.2%
Vietnamese	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Cantonese	1	0.1%	3	3.8%	0	0.0%	4	0.2%
Russian	3	0.2%	0	0.0%	0	0.0%	3	0.2%
Hmong	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Arabic	1	0.1%	0	0.0%	0	0.0%	1	0.1%
Other	3	0.2%	2	2.5%	0	0.0%	5	0.3%
Unknown/Not Reported	165	9.4%	1	1.3%	3	3.8%	169	8.8%
Total	**1753**	**100.0%**	**79**	**100.0%**	**80**	**100.0%**	**1,912**	**100.0%**

General System Development (GSD) Respite Programs FY 20/21 (continued)								
	Mental Health Crisis Respite Center		Abiding Hope Respite House		Mental Health Respite for Women/Children		Total	
	N	%	N	%	N	%	N	%
Sexual Orientation*								
Gay or Lesbian	81	4.6%	0	0.0%	3	3.8%	84	4.4%
Heterosexual or Straight	1000	57.0%	75	94.9%	56	70.0%	1,131	59.2%
Bisexual	165	9.4%	2	2.5%	2	2.5%	169	8.8%
Questioning or unsure	12	0.7%	0	0.0%	1	1.3%	13	0.7%
Queer	15	0.9%	1	1.3%	0	0.0%	16	0.8%
Another sexual orientation	142	8.1%	1	1.3%	2	2.5%	145	7.6%
Unknown/Not Reported	358	20.4%	0	0.0%	16	20.0%	374	19.6%
Total	**1753**	**100.0%**	**79**	**100.0%**	**80**	**100.0%**	**1,912**	**100.0%**
Current Gender Identity*								
Male	860	49.1%	49	62.0%	0	0.0%	909	47.5%
Female	692	39.5%	26	32.9%	75	93.8%	793	41.5%
Transgender	22	1.3%	0	0.0%	2	2.5%	24	1.3%
Genderqueer	7	0.4%	0	0.0%	0	0.0%	7	0.4%
Questioning or unsure	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Another gender identity	25	1.4%	2	2.5%	0	0.0%	27	1.4%
Unknown/Not Reported	156	8.9%	3	3.8%	4	5.0%	163	8.5%
Total	**1753**	**100.0%**	**79**	**100.0%**	**80**	**100.0%**	**1,912**	**100.0%**
Veteran Status								
Yes	49	2.8%	1	1.3%	0	0.0%	50	2.6%
No	1704	97.2%	78	98.7%	80	100.0%	1,862	97.4%
Decline to answer	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	**1753**	**100.0%**	**79**	**100.0%**	**80**	**100.0%**	**1,912**	**100.0%**

*Totals are higher than other categories as clients select multiple categories

MHSA Housing Program Accomplishments

BHS places a high priority on housing for people with mental illness who are experiencing or are at-risk of homelessness. The MHSA Housing Program provides a continuum of interventions including homelessness prevention, flexible housing funds, rapid rehousing, and permanent supportive housing. Housing interventions are targeted towards consumers of Full Service Partnership (FSP) and outpatient services. In FY 2020-21, BHS supported 914 individuals and/or families with housing supports in the FSP programs.

The MHSA Housing Program operates in alignment with key regional strategies to reduce homelessness among the most vulnerable members of the community. BHS works closely with the Sacramento County Director of Homeless Initiatives, Sacramento Housing and Redevelopment Agency (SHRA), Sacramento Steps Forward (lead agency working to end homelessness in the Sacramento region), consultants, and other key partners.

Permanent Supportive Housing

A primary component of the MHSA Housing Program continuum is Permanent Supportive Housing (PSH). PSH is a long-term housing intervention targeted towards individuals experiencing chronic homelessness: the program provides affordable housing rental assistance with support services. Through the MHSA Housing Program, BHS has developed a portfolio of site based PSH units reserved for individuals eligible for FSP services. Tenants of MHSA units are able to receive mental health services and intensive case management through FSPs.

Housing Successes
In FY 2019-20, the MHSA-Funded Programs:

- *Housed 563 clients/households who were literally homeless*
- *Prevented 1,431 clients/households who were at imminent risk from becoming homeless*
- *Served 161 clients/households residing in MHSA funded apartments*
- *Provided rental assistance to 4,682 clients/households*
- *Provided 7,815 services utilizing MHSA housing flex funds*

The MHSA Housing Program's PSH portfolio provides high quality housing to MHSA-eligible consumers in the Sacramento community. BHS regularly evaluates PSH investments by analyzing key performance indicators. Consistent with prior years, property partners hold true to the intent of the property and agreed-upon tenant selection processes, with outcome data showing a high rate of applicant acceptance and move-ins. In addition, housing retention 6-months after tenant move-in is 92% across the portfolio. This metric is a critical measure of the effectiveness of the PSH model and project partnerships. High rates of housing stability among MHSA-eligible households who were experiencing homelessness at intake continues to be a hallmark of BHS success.

To date, more than $20,000,000 of MHSA funding has leveraged federal, state, and local funds to finance ten developments and create 221 units of supportive housing for MHSA eligible tenants. The built unit portfolio represents years of cultivation of effective, strategic partnerships with SHRA, non-profit housing developers, property management companies, and FSP providers. The portfolio is geographically diverse and includes new construction as well as acquisition/rehabilitation projects. Properties offer a range of unit sizes including studios and one-bedroom units to family properties offering multi-bedroom units.

Recognizing the efficacy, value, and importance of PSH, BHS continues to look for opportunities to build or renovate housing developments with units dedicated for MHSA-eligible tenants. BHS undertook an expansion of the PSH portfolio in FY 2018-19 in partnership with SHRA by co-applying with nonprofit development partners for State No Place Like Home (NPLH) capital funds. Since then, BHS has dedicated $2,800,000 in noncompetitive NPLH funds and been awarded $24,465,091 of competitive funds in support of three housing developments: Sunrise Pointe Development in Citrus Heights (22 units), Capitol Park Hotel Development in downtown Sacramento (65 units), and Mutual Housing on the Boulevard in downtown Sacramento (50 units). These pipeline developments will add 137 units of supportive housing to the BHS PSH portfolio. Most recently BHS dedicated an additional $2,287,737 of noncompetitive NPLH funds to a third-round project, On Broadway Development (37 units), also in downtown Sacramento. If the project is awarded competitive NPLH funds, it will bring the total NPLH units to 174 and the total number of built units for MHSA-eligible tenants to 395. The estimated annual in-kind value of the 20-year required service commitment for the 14 proposed and existing MHSA and NPLH projects is $3,950,000.

In FY 2020-21 and FY 2021-22, BHS committed $8.9 million in MHSA Housing Program funding for 60 new dedicated permanent supportive housing units at four developments in the pipeline: Central Sac Studios (15 units); Villa Jardin/Coral Gables (15 units); Vista Nueva Apartments (15 units); and Donner Senior Apartments (15 units). (*Additional information on each portfolio project is included in the MHSA Housing Portfolio Catalog – See Attachment G)*

BHS also provides PSH in partnership with SHRA through the tenant-based Shelter Plus Care program. This legacy HUD program pairs FSP services with affordable housing rental assistance in the form of a housing voucher for consumers to use in the private rental market. BHS commits approximately $2,500,000 of in-kind mental health services to consumers through this program.

Flexible Housing Supports

In addition to supporting a portfolio of PSH projects, BHS provides flexible housing supports to assist clients in obtaining or maintaining other forms of housing. Flexible housing support funds are used to provide consumers assistance in the form of homelessness prevention and short and long-term rental subsidies.

Beginning in FY 2019-20, BHS invested MHSA funds in homelessness prevention assistance for households experiencing a housing crisis and at imminent risk of homelessness. This short-term intervention targets services and time-limited assistance to stabilize households through financial assistance, housing-focused cased management, landlord or property management mediation, connections to financial counseling or advocacy, and legal assistance as needed. Financial assistance may include payment of rental or utility arrears, rental or utility security deposits, short-term motel costs, credit repair support, or application fees. BHS consumers have also benefited from short- and long-term rental subsidies provided with MHSA flex funds. Subsidy assistance includes rental deposits, first or last month's rent, and/or a rental subsidy. In addition, consumers receiving subsidy support receive housing focused case management, housing unit identification assistance and linkage to mainstream community resources.

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:

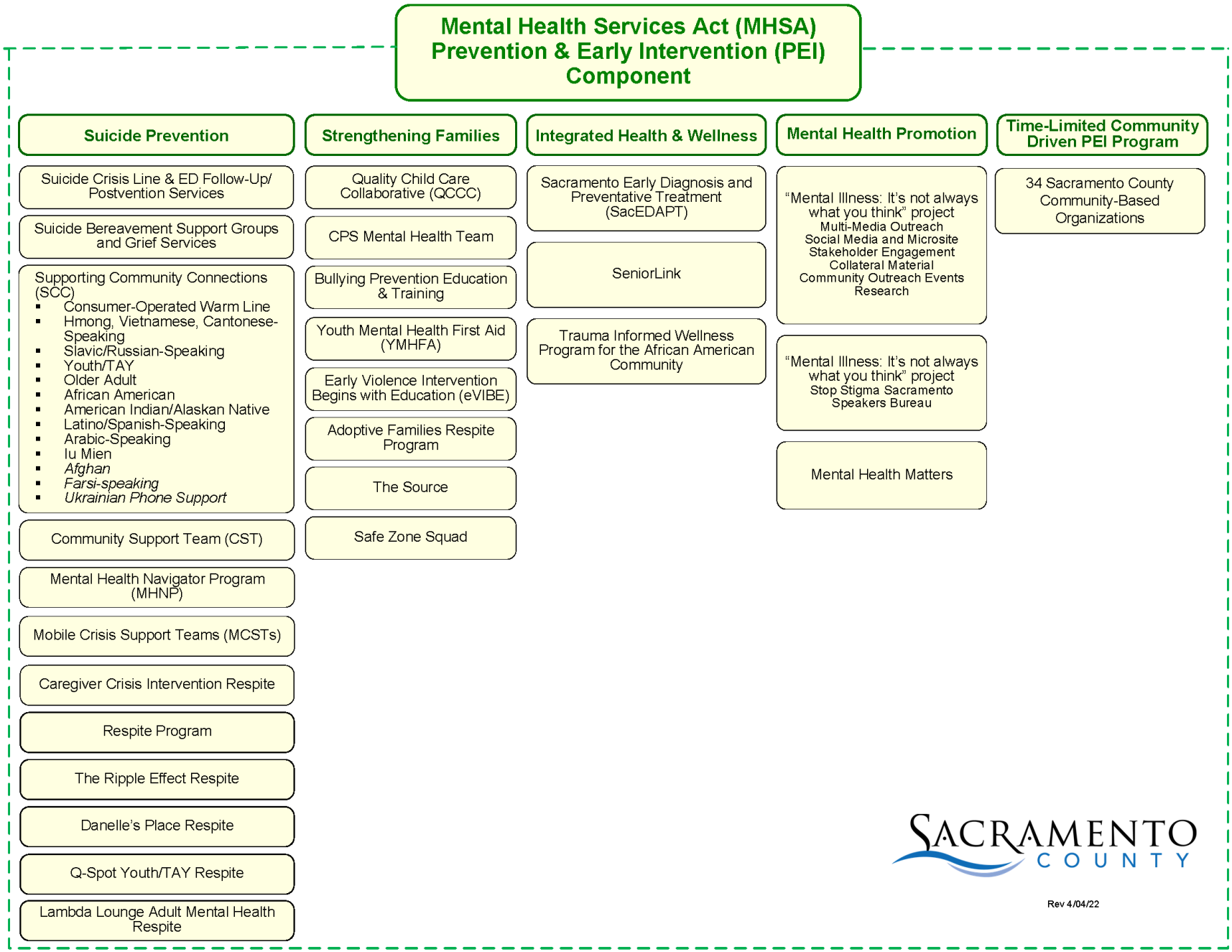
1) Suicide Prevention and Education;
2) Strengthening Families;
3) Integrated Health and Wellness; and
4) Mental Health Promotion (to reduce stigma and discrimination)

In FY 2020-21, PEI Suicide Prevention and Education program served 72,033 and outreached to 7,165 individuals. The Strengthening Families program served 2,810 individuals and offered prevention trainings and information to 49,742 students, parents/caregivers, education staff and other stakeholders. The Integrated Health and Wellness program served 304 and outreached to 183 individuals. In FY 2020-21, the Mental Health Promotion program's "Mental Illness: It's not always what you think" project focused on recalibrating, updating and tailoring messaging and materials for each of the specific 12 audiences. The Project's Stop Stigma Sacramento Speakers Bureau speakers shared their personal stories 90 times, at 35 events, with a total audience attendance of 1,333 individuals. Descriptions of these programs are included in this Annual Update.

In April 2020, 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% of local PEI funding to CalMHSA to sustain the PEI Statewide Project activities annually.

As presented to the MHSA Steering Committee in January and April 2021, BHS is implementing a regular procurement schedule for contracted programs, utilizing stakeholder input from various methods and groups to ensure programming is effective, respectful and responsive *(See Attachment H).*

In FY 2021-22, the MHSA Steering Committee supported a seven percent increase to create additional service capacity, as well as a ten percent rate increase across MHSA-funded direct service programs


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
American Indian/Alaskan Native
Latino/Spanish-Speaking
Arabic-Speaking
Iu Mien
Afghan
Farsi-speaking
Ukrainian Phone Support
Community Support Team (CST)
Mental Health Navigator Program (MHNP)
Mobile Crisis Support Teams (MCSTs)
Caregiver Crisis Intervention Respite
Respite Program
The Ripple Effect Respite
Danelle's Place 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
Youth Mental Health First Aid (YMHFA)
Early Violence Intervention Begins with Education (eVIBE)
Adoptive Families Respite Program
The Source
Safe Zone Squad
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 and Microsite
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
Time-Limited Community Driven PEI Program
34 Sacramento County Community-Based Organizations
SACRAMENTO COUNTY
Rev 4/04/22

Suicide Prevention and Education Program
Capacity: 30,000 contacts annually
Ages Served: 8% Children, 33% TAY, 47% Adults, 11% Older Adults

The Suicide Prevention and Education Program consists of several components collectively aimed at recognizing and reducing suicide risk, improving timely access to services for underserved populations, and assisting individuals in accessing and linking to treatment programs.

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 addition to in-person phone response, program services also include a 24/7 Suicide Crisis Line Chat and Text response feature.

In FY 2020-21 a total of 65,453 callers accessed the Crisis Line for suicide prevention support.

Success: Suicide Prevention Crisis Line
A women called the Suicide Prevention Crisis Line at WellSpace Health, feeling very grateful. She had multiple past attempts and ongoing suicidal ideation that felt overwhelming at times. There were many ongoing stressors in her life, including her mental illness. She had often had very lethal plans for suicide, yet crisis center staff were consistently able to help her keep safe from acting on those thoughts. She called specifically when not in crisis just to tell our staff thank you because she said we helped her a lot and she appreciated our support. ***She stated that she would have been dead without us****. She was grateful for our support and for the resources she had been given in past calls, such as crisis respite, counseling, mobile apps, informal coping skills such as time with a pet, watching movies, and self-care strategies.*

Emergency Department Follow-up 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 Center Emergency Department (ED), Dignity San Juan Medical Center ED, and Univerity of Califorinia Davis Medical Center (UCDMC) ED who have attempted suicide and are at high-risk for suicide. who have attempted suicide and are at high-risk for suicide.

Success: Emergency Department (ED) Follow-up Services
A female patient was referred to the WellSpace Health 30 Day ED Follow Up Program for support after being evaluated in the Emergency Department as the result of a suicidal crisis. She was discharged and sent home. She had previous attempts, which meant she was also at higher risk for re-attempts post-discharge. She was also pregnant. The ED Follow Up Specialist contacted the patient 12 times during her 30 day follow up period, addressing stressors and triggers as they arose and providing emotional support, risk assessment and ongoing monitoring, and a collaborative safety plan, including referrals to community based supports for long term recovery. These referrals included counseling, a psychiatrist, county services, WellSpace Health, First 5, MHUCC, and the 24/7 Suicide Prevention Crisis Line. She did experience additional suicidal ideation post-discharge, but with the ongoing professional support of the ED Follow Up Specialist she was able to keep safe at home and avoid additional attempts and re-admission to the Emergency Department. At the end of the follow up period, both mom and baby were doing much better, had contacted referrals, and mom was grateful for the support and felt more hopeful.

In FY 2020-21, a total of 215 individuals referred by Sutter Medical Center ED and Dignity San Juan ED received 3,658 postvention follow-up and support services. Emergency Department Follow-Up Services began providing program services at UCDMC ED early in FY 2021-22.

Suicide Bereavement Support Groups and Grief Services, administered by Friends for Survival, is a program in which staff and volunteers directly impacted by suicide provide support groups, phone support and other services designed to promote healing in those coping with a loss by suicide. Friends for Survival also coordinates community outreach events to increase postvention awareness. In FY 2020-21, a total of 329 individuals participated in suicide bereavement education and support groups. Between 4,000 to 5,000 monthly Comforting Friends newsletters are mailed and over 55,000 are distributed locally and regionally in surrounding counties via mail or electronically each year.

Success: Friends For Survival
I don't know what I would have done without Friends for Survival and their staff and volunteers. Friends for Survival staff are so good, caring, and fits in good humor at just the right times, along with their well trained assistants, and with all the activities they plan. I can't thank Friends for Survival enough and plan to participate and support whenever I can. My heart is still broken but without the love and camaraderie at Friends for Survival, my heart would be out-of-service. Thank you so much for all you are and all you do -- GOD BLESS YOU ALL!"

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 2020-21, the SCC programs collectively outreached to 7,165 individuals and served 1,575 individuals. Supporting Community Connections consists of ten (10) programs targeting 14 specific communities/populations:

◊ **Consumer-Operated Warmline**: Administered by Cal Voices, this service is available to Sacramento County residents Monday-Friday from 9:00 AM to 5:00 PM. During FY 2020-21,

Success: Consumer-Operated Warmline SCC
Recently a man called into the Warmline using an anonymous phone number. At first, the caller displayed very hostile behavior towards the Warmline volunteer. He revealed he had previously been treated very poorly when trying to receive help for a mental illness that has troubled him for most of his life. He said that in his last bid to get help he called another crisis line. He said they had hung up on him, which made him spiral into an even deeper depressive state. He believed other people could not handle the intensity of his conflicts and he felt hopeless. However, after speaking with our volunteer, he revealed personal things about his struggles that he had never felt comfortable sharing with others before. He told the volunteer that "This was the first time I've even felt respected by someone when calling and telling my story". It made the volunteer's day to know that just being there to listen was so valuable to this caller. This person calls back frequently now and likes to check in from time to time because he knows that when he calls the Consumer-Operated Warmline, he will not be judged.

the program provided 75 individual community contacts, 2,748 information and referral contacts and 374 individuals participated in groups. 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), this program 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 2020-21, the program provided 182 individual community contacts, 220 information and referral contacts and 11 individuals participated in groups. Due to COVID 19, there was low in-person group attendance.

Success: Hmong, Vietnamese, Cantonese-Speaking SCC
A 60-year-old SCC client, who is Cantonese speaking, was feeling depressed during the pandemic and did not want to go out, even to get groceries or personal items. In addition to her depression, she was afraid to step outside her apartment due to the increase in hate crimes against Asians. The SCC counselor provided client with care packages and a personal alarm on a lanyard to protect herself. For a few months, the counselor provided counseling over the phone, taught the client coping skills to manage her depression, and encouraged her to go to the grocery store with a friend or neighbor.

One day, after shopping at an Asian grocery store, the client was approached by a man who tried to snatch her purse, but the client remembered how to use the personal alarm that set off a piercing noise. The man was startled by the noise and ran away and the client was able to protect herself and her belongings. The next day the client called the SCC counselor to thank him for teaching her how to use the personal alarm and giving her the skills and courage to be able to defend herself. She was also grateful that she is better able to manage her depression and engage in daily activities.

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

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.

◊ **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.

The program utilizes 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 serving the Russian-speaking/Slavic community.

Success: Slavic/Russian-Speaking SCC
During the Covid-19 pandemic, our family suffered a dire loss. Our son, after a difficult divorce from his wife, fell into prolonged depression and committed suicide. This put me, and especially my wife, into a state of shock. We blamed ourselves for not doing everything possible to prevent the death of our son. Our suffering was aggravated by the fact that not everyone was sympathetic to the tragedy we experienced. In our community there is a stigma attached to a suicide death, which made our loss even more painful. We understood that we were in a state of co-dependency, but we could not free ourselves from this. Our acquaintances, who had experienced a similar tragedy, consoled us as best they could and advised us to seek help from the Slavic Assistance Center. My wife and I attended online support group, facilitated by mental health specialists, for those who lost children to suicide. Though each of our circumstances were in some ways unique, we found solace in each other. The facilitators suggested strategies for self-care and resilience. Thus began our journey to recovery and return to normal life. We understand that the grief will never go away completely, but now we feel much better. Through the Supporting Community Connections program, we continue to connect with families who have experienced tragedies like ours. It helps us a lot emotionally and psychologically. Thank you."

◊ **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 2020-21, the program provided 416 individual contacts (119 were unduplicated), 60 group sessions with 235 participants (duplicated count), and 26 outreach events (437 contacts). Services range from

Success: Youth/Transition Age Youth (TAY):
During street outreach, SCC staff met a youth experiencing homelessness. This staff introduced herself and spoke about the SCC program/services offered. Youth expressed interest in working with SCC to obtain stable housing and safety. Staff was able to link youth to WIND Common Grounds Shelter and stayed in regular contact, as this staff facilitates the life skills group for the Common Grounds Shelter every week. Staff continued to assist youth while at the shelter, including providing shoes and attire for a new job they obtained. The youth continued attending Life Skills Group for almost two months to learn skills valuable in building a safety net for adulthood and suicide prevention. Staff also continued to meet with the youth individually as needed to assist them with independent living skills, including creating a bank account, using a savings account, and learning about money management.

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.

◊ **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 2020-21, the program provided 9individual community contacts, 404 information and referral contacts, and 33 individuals participated in groups.

> ***Success: Older Adult SCC***
> *"Josephine" is an older adult who received section 8 housing benefits as she is low income. Josephine received a notice that she missed some of the paperwork and was going to lose her section 8 by the end of the year. She was feeling extremely overwhelmed and stressed by the thought of losing her housing and becoming homeless at her age. Josephine was feeling depressed and began to isolate. Not knowing what to do, she reached out to the Older Adult Program for support. Older Adult program staff was able to help her collect the necessary documents she needed and provide transportation services for her to turn in her documents. Josephine was thrilled and relieved that the Older Adult program was able to provide support in her most stressful time. A few weeks later Josephine got a letter from Section 8 that she will continue to receive rent assistance and that her rent actually went down. She expresses how grateful she is that the older adult program is able to provide support.*

◊ **African American:** The African American Supporting Community Connections program, also known as The Living Room, administered by A Church For Us (DBA A Church for All), provides culturally informed outreach, peer counseling, and crisis intervention to African Americans across all genders, sexual orientations, and age groups. Its outreach and engagement activities include participation in community festivals and events, street outreach, and community presentations. The program also uses social media strategies to embed messages of hope, methods to improve one's own quality of life, and information about suicide prevention and resources. Support services include individual listening sessions; ongoing drop-in support groups, such as Restoration Hope; and trainings such as Mental Health First Aid (MHFA) and Safe Talk. Support services are provided verbally and via text over the phone, in person, online via Zoom and Facebook, and within the community. The program is co-located with and receives referrals from Rose Family Community Empowerment Center, a collaborating partner. Additionally, the program accepts referrals from other sources, including domestic violence respite centers, Children Protective Services, Public Business Associations, schools, and individual word of mouth referrals. The support services are co-located in South Sacramento, Oak Park, and North Highlands. Transportation is also provided when needed. The hours of operation are Monday – Friday and some Saturdays, 3pm to 9pm. During FY 2020-21, the program provided 98 individual community contacts, five (5) information and referral contacts, and 57 individuals participated in groups.

Success: African-American SCC
TR is a 16-year-old, African American male who is currently sleeping on the couch of a neighborhood family that has informally adopted him. TR was referred to The Living Room by a community partner after ingesting an illicit substance which caused him to hallucinate and exhibit feelings of paranoia and fear. He was frightened by the experience, disappointed in himself, and contemplated taking his life. The Living Room learned that TR had a history of panic attacks, night terrors, and bouts of depression, which had resulted in negative social interactions and fights at school. The Living Room staff immediately contacted TR, conducted a home visit, assessed his current condition, and provided daily support in-person, via phone, and by text message for two weeks. The Living Room staff also provided consultations to the case managers involved in securing housing and group counseling, to school counselors, and to administrators. The Living Room facilitated TR's attendance in local healing circles and helped to develop a plan to reduce his social isolation, improve his overall mental health, and make possible his return to in-person learning.

American Indian/Alaskan Native: 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 their life span. The unique program design, which is sensitive to specific community needs, does not lend itself to individual data collection. During FY 2020-21, the program provided 40 individual community contacts, 84 individual contacts at outreach event and 274 unduplicated individuals participated in groups.

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.

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

Success: American Indian/Alaskan Native SCC
"I wanted to write a letter of my journey with SNAHC's CIP. I am a parent of 8 children some adults and my youngest is 13. I have been homeless and living a very challenging life for some time. I have received many blessing from CIP. At CIP I can share my story, and my growth. CIP is the class I go to learn drum making, but also learn the lessons it taught me is that I am not alone. I learned how to be with others, to share my thoughts and ideas. I learned to fill my self-esteem and feel good. I am a better parent and be sober.

Today I have section 8 housing, I participate in parenting classes with SNAHC, I attend red road and grief group. I celebrate 2 years on Nov 17, 2021, clean and sober.

I want to mention that the support from individuals that have helped me and continue to inspire me so that I can inspire others. Thank you I hope this inspires others and you.".

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 means of mitigating culture loss and promoting resiliency.

The program continues to provide a variety of suicide prevention and awareness trainings such as Mental Health First Aid, Applied Suicide Intervention Skills Training (ASIST), SafeTalk, and other culturally based suicide prevention trainings to both Native community members and providers. The program also continues to use Native based suicide prevention promotional materials, developed based on community input, 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 2020-21, the program provided 197 individual community contacts, 450 information and referral contacts, and 139 individuals participated in groups. LFCC staff have 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. Through the SCC program, LFCC provides MHFA and Youth MHFA training in Spanish to the Latino/Spanish speaking communities.

LFCC SCC program provides 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 SCC program provides outreach to their Senior Companion Partnership program through 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 SCC 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.

Success: Latino-Spanish Speaking SCC

86-year-old client had recently returned from a trip from Mexico. He had lost a sibling due to COVID. Upon his return, he realized that he had lost his wallet (including his California Identification Card and Social Security Card). He was concerned that he would not be able to cash his SS checks due to not having his ID card. He was also told by his roommate that he would be kicked out of the room he was renting if he did not pay his rent. He recalled having received services from La Familia over 10 years earlier. Blind in one eye and in the pouring rain, he walked five miles to get to the Maple site. He was met by the SCC staff. Over the following days and weeks, SCC staff were able to work with him on getting a new ID card, cashing his checks, and re-ordering his SS card. Staff was able to talk with the roommate to extend the period of time for him to stay in the home without being kicked out. Months later, the gentleman continues to stop by to say hello to the staff and thank them for their help.

Through 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 program, as it provides short-term therapy and then a warm handoff to community services when needed.

◊ **Arabic-speaking:** administered by Refugees Enrichment & Development Association (REDA). This program provides suicide prevention awareness and support services to the Arabic speaking community. These services include the following: (1) Outreach and engagement activities that promote and support community connections and improve access to mental health and other needed services; (2) Professional and culturally sensitive mental health screenings using the Refugee Health Screener-15 (RHS-15) questionnaire to determine mental needs; (3) Referrals and linkages to needed services and resources; (4) Mental health webinars, stress-reducing tools, and social support services to Arabic speaking refugees and immigrants; (5) an Arab refugee women's support group facilitated by an Arabic speaking female mental health clinician, which meets once a month; and (6) An audio-visual in-language mental health resource blog called Rahet Bali ("my peace of mind" in Arabic) that provides mental health tips, resources, audio-guided meditation, the "Inspiring Stories" video series, featuring real personal stories narrated by mental health survivors from the Arabic speaking community and/or from other communities; a wellness quiz (the RHS-15 Questionnaire); and information about REDA's support groups.

This program began midway through FY 2020-21 and in that FY REDA provided 118 individual contacts and held four (4) events at which 107 contacts were made.

Success: Arabic-speaking SCC
L. is a refugee who settled in Sacramento a few years ago. As a single mother of three teenagers, she struggled raising them in a new environment and with multiple health problems impacting her mental health. L. was suffering from severe depression, loneliness, and isolation when she reached out to REDA for social services. Her caseworker recommended mental health screening through the suicide prevention program. L. was a little hesitant at first due to her existing experience with her therapist. She felt that she was not well understood and expressed her frustration over how interpretation was not satisfactory. Upon learning that REDA offers mental health screenings with a culturally suitable professional, she agreed to an appointment. After meeting with REDA's mental health professional, L. felt heard and at ease and expressed herself while comprehending the advice that was given to her. This experience encouraged her to join the mental health support group organized by REDA where she connected with women from a similar background. L. became more outgoing and started engaging in activities and attending educational seminars hosted by REDA to learn more about the challenges of parenting. She expressed that she has been feeling better and is taking it one day at a time.

◊ **Iu Mien:** Administered by Iu Mien Community Services (IMCS), this SCC program provides 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 2020-21, the program provided 197 individual community contacts, 463 information and referral contacts, and facilitated groups in which 223 duplicated individuals participated.

The IMCS SCC program provides peer-run adult day support services for elderly and disabled Iu Mien community members twice per week. Support services include 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.

Success: Iu Mien SCC
I am 71 years old. I have been attending the Peer-Run Adult Day program since 2006. Since COVID, a lot has changed and I appreciate that Iu Mien Community Services staff continue to call me every other week. They check in on me to see how I am doing and have conversations with me to keep me company during this tough and lonely time. I cannot always go to the store because I am afraid to catch COVID. Their monthly food distribution helps keep me going throughout the month. I do not know where to get masks and hand sanitizers, but Iu Mien Community provides it to me when I need it. I know that I can always turn to Iu Mien Community Services when I have questions about COVID, get services with my paperwork, or to find someone to talk to."

Finally, 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.

◊ **SCC Expansion**

As the population in Sacramento County grows and we welcome refugees and immigrants from around the world, the SCC program will be expanded in response to community needs. Over the past few years, the largest numbers of refugees coming to California have resettled in Sacramento County and as a result, Farsi was added as a new threshold language. When the former government of Afghanistan collapsed last year, thousands of refugees fled their home country with a large number of individuals and families being resettled in Sacramento County. These individuals speak Dari or Pashto, depending on their tribal affiliation. Two new SCC programs will be added to serve the local Farsi-speaking community and Afghan community, respectively, to provide culturally responsive and linguistically proficient outreach and support services for members of these communities.

In addition, in response to the war in Ukraine, BHS is working with the SCC provider serving the Russian-speaking community to implement a phone support line to be answered in Ukrainian or Russian to listen to the needs local community members who have family or friends back in Ukraine and provide appropriate emotional support and referral information during this challenging time.

The **Community Support Team (CST)** is a *PEI Access and Linkage to Treatment program* that provides culturally responsive triage, crisis intervention, linkages to community supports, outreach and education regarding suicide prevention to support Sacramento County children, youth,

transition age youth (TAY), adults, and older adults experiencing mental health challenges. The CST program staffing consists of BHS Clinicians and Mental Health Counselors and Cal Voices Peer and Family Specialists who respond to individuals struggling to link to mental health services.

The CST engages and build bridges between family members, individuals, natural supports systems, and community resources or services. 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 culturally and linguistically responsive services 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.

In FY 2020-21, CST expanded by adding five BHS mental health counselors to the team. The program will increase funds to access basic needs such as food, weather appropriate clothing and shelter for individuals they serve.

Success: Community Support Team
CST Peer Specialist and CST Senior Mental Health Counselor (SMHC) partnered together on a case in which the client's mother had reached out to CST regarding her son. Her son resides at a room and board, but had been disconnected from mental health services since January 2021. He had discontinued his medication regimen and his mental health was declining. After several call attempts, the CST Peer Specialist and SMHC were able to connect with the client. After talking to him, they suggested he connect with Mental Health Urgent Care Clinic (MHUCC) to assess if hospitalization would be beneficial for him. After several more check-ins with the client, he agreed to receive CST support with this action. The Peer Specialist accompanied client to the MHUCC and listened while the client talked about hearing voices. The Peer Specialist supported the client while he was filling out MHUCC paperwork and inquired about coping skills he had previously employed to help him in stressful situations. The client was redirected towards coping skills that worked for him in the past. By utilizing CST's support, the client was assessed and voluntarily hospitalized. Client's mother expressed gratitude for the support offered by CST for her son.

Mental Health Navigator Program (MHNP): is a *PEI Access and Linkage to Treatment program* administered by BACS that provides brief community-based navigation services for individuals recently involved in crisis services as a result of their mental illness. Navigators provide 24 hours / 7 days a week care coordination, advocacy, peer engagement, 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 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 program focuses primarily on the needs of those coming into contact with the hospital system and inpatient psychiatric hospitals. In FY 2021-22, the program will increase funds to access basic needs such as food, weather appropriate clothing and shelter for the individuals they serve.

Success: Mental Health Navigator Program
A client was referred to the Mental Health Navigator Program (MHNP) from an emergency department. He was guarded and ambivalent about receiving crisis navigation services. Client presented as agitated, unable to manage emotions and had a history of mental illness, homelessness, and alcohol and drug abuse. The navigator engaged with the client in the emergency department and attempted to build rapport with the client. Although the client was unsure about services, the navigator continued to show up for him and to provide him with support and engagement. The navigator slowly built rapport with the client by continuing to follow through with appointments, engaging him in the community, and providing support through meals when the client kept his scheduled appointments. Through this process, the client agreed to a referral to Sacramento County's mental health plan and ended up receiving admission to a full service partnership (FSP). The navigator was able to work with the client to get him into sober living and the client was successfully sober for the full two weeks prior to discharge from the MHNP. At discharge, the client reported he was excited for the prospect of having a future and was thankful to be receiving mental health services.

Mobile Crisis Support Teams (MCST): The MCST is a *PEI Access and Linkage to Treatment program* and is a collaboration between the Division of Behavioral Health Services (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 mental health counselor, and a contracted Peer provider with Cal Voices. The team employs a ride along/co-response, first responder model in which the BHS counselor and a law enforcement Officer/Deputy respond together to emergency calls involving mental health distress or mental health crises with the goal of mitigating the crisis in the community and linking individuals to resources and services. The MCST follow up team, comprised of a counselor and Cal Voice's peer staff, then provides follow-up engagement and services for individuals with potential mental health needs to ensure they are offered support in navigating care systems and successfully link to appropriate services.

Success: Mobile Crisis Support Teams
MCST responded to a call for a young adult who was sending suicidal messages to friends via text. MCST provided active listening and the Individual confided these text messages were sent as a result of feeling overwhelmed with their current living situation, family stress, and challenges finding housing for their spouse and two minor children. MCST Counselor pointed out resiliencies and inquired about hopes and opportunities. Individual shared that they had a pending job interview and discussed commitment to their children and spouse. MCST officer spoke with spouse regarding registered firearms and how to safely lock them up. MCST Counselor also included the individual's spouse in safety planning and suggested the Mental Health Urgent Care Clinic (MHUCC) for further support. Individual identified a friend they wanted to accompany them to the MHUCC. The MCST Counselor followed up with the individual, who reported that the safety plan and discussion with their spouse was very helpful and that the MHUCC was also beneficial. Shortly after, the individual was able to get the job they were hoping for and was linked to a therapist who helped them in working through challenges with the aid of family and other natural supports.

The MCST Program currently includes nine (9) teams covering six (6) areas. These areas are inclusive of the North, South, and East areas of unincorporated Sacramento County, as well as 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, Elk Grove Police Department, and the Rancho Cordova Police Department.

In FY 2021-22, MCST will continue program expansion to include partnerships with the Galt Police Department and the Los Rios Police Department, as well as other local first responders, resulting in an increase to 11 teams.

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 people diagnosed with cognitive disorders, primarily dementia. 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.

> ***Success: Caregiver Crisis Intervention Respite Program***
> *A 64 year old man was referred to Del Oro Caregiver Crisis Intervention Respite Program by his health care provider. He had had a heart attack a few years ago and was overwhelmed and extremely isolated as the primary caregiver for his wife, age 71, who had been living with dementia for over 6 years. In the 6 months prior to his referral to Del Oro, his wife's health had significantly declined. She had become combative and required assistance with all activities of daily living.*
>
> *The Del Oro counselor worked with the caregiver to develop a plan of care, which included utilizing additional support from his daughter, self-care and mindfulness classes. The caregiver made use of respite services to attend medical appointments and take walks twice a week for his heart health.*
>
> *He reported feeling less isolated due to his ability to access respite without worrying about his wife. With the support of the respite services, he even went to Disneyland with his daughter and her family. He shared, "Del Oro creates miracles. It feels like Christmas in July with the respite support."*

◊ **Respite Program**: Administered by Wind Youth Services, provides mental health respite care to youth/TAY ages 13-25 years old experiencing overwhelming stress due to life circumstance and homelessness. Services may be accessed via drop-in center or with a pre-planned visit and

include screening, planning, crisis intervention, life skills workshops, health screenings, groups, crisis counseling, and case management.

Success: Respite Program
"Sara", an 18 year old who came to the Wind Youth Services Drop In Center in downtown Sacramento. She was feeling distressed due to being newly homeless. She needed a place to stay that evening and started to work with the Shelter Case Manager. During the completion of intake forms to enroll into the shelter, she was crying, sharing negative thoughts, and breathing heavily. A Respite Program Peer Case Manager saw Sara being visibly upset, and started talking with her one on one in the respite space (a room designated for youth to relax, have a quiet space, and take a break from stress). The Peer Case Manager supported her by listening, acknowledging her feelings, and reassuring her that she is not alone. Staff invited her to use one of the armchairs in the Respite Program room where she was able to sit and rest in a calming environment. After 30 minutes, she was able to relieve her stress, and was ready to return to enrollment paperwork for the shelter. The Peer Case Manager returned her to the Shelter Case Manager to get housing that day. The Peer Case Manager supported her in accessing the clothes closet to get some comfortable clothes for her first night in the shelter. Due to the Respite Program services, the youth was able to access all of the services at Wind and be housed that evening.

Program outcomes include reducing risk factors, increasing access to mental health crisis support services, increasing knowledge of available supports and resources, and diversion from restrictive environments.

◊ **The Ripple Effect Respite Program**: The Ripple Effect Respite Program: a mental health drop-in respite service administered by A Church for All, provides respite services to unserved and underserved adults ages 18 and older, with emphasis on people of color (POC) and lesbian, gay, bisexual, transgender, and/or questioning (LGBTQ) at risk of or experiencing a mental health crisis. Services include screening, supportive services, individual and group support, linkage to other services, peer supports, other crisis response services, and community outreach activities. The Ripple Effect promotes community connection and other supportive resources so participants leave experiencing less stress than when they arrived. Participants may return to utilize respite services as needed.

Success: Ripple Effect Respite Program
MM is a 29-year-old male of Filipino origin who suffered from mental illness (anxiety, depression, and paranoia). He was chronically homeless, a victim of physical assault, lacking proper identification, and without financial support. His primary support system lived in the Philippines and his original goal was to return there. The Ripple Effect served as the primary linkage to several agencies collaboratively working to get him housed. The Ripple Effect also acted as the communication hub for the collaborative and provided transportation and daily respite. The collaborative raised $500 for a plane ticket to the Philippines and temporary housing options. The Ripple Effect coordinated the securing of the legal documents needed to secure public social services and to travel by air. Although circumstances thwarted this plan, The Ripple Effect was able to secure housing for him with a small Filipino privately owned board and care, which was culturally relevant and competent for his needs. The Ripple Effect continues to work with the board and care staff to provide advocacy and case management regarding the needs of the participant.

◊ **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.

Success: Danelle's Place Respite Program
One of our community members, a transgender woman, has visited us multiple times since we reopened services since moving to the new location. She has had multiple needs we have been able to help her with: clothing items, food, public transportation passes, survival supplies, crisis case management, and connection to community based resources. She enjoys socializing with our staff members and updating us about her day, the people she interacted with, and her plans for the respite items she requests. Every time she visits, she thanks our staff and says that she feels welcomed. She is always excited when we can find items that fulfill her needs, and she double-checks our hours before leaving so that she can come visit again.

◊ **Q Spot Youth/Transition Age Youth (TAY) Respite Program**: 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 age 13 and up/TAY 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. Q-Spot program offers LGBTQ+ youth community with peers and staff with the same lived experience, which is critical to improving their mental health.

Success: Q Spot Youth/TAY Respite Program
Q-spot staff had three meetings with a parent of "Marsha", a teen who recently came out. The pandemic caused Marsha a lot of isolation, as they did not have a chance to connect with LGBTQ peers. Once the Q-Spot re-opened for in-person groups, Marsha started coming to the 13-17 youth group every Wednesday while their mom attended the parent support group. At first, Marsha was a bit nervous about meeting new people, but after a few groups they began to settle into the group and engage more with their peers and the activities. While Marsha attended youth group, the parent had opportunities to meet with staff, talk about concerns around hormones, school, and navigating the complexities of coming out. Both Marsha and her parent plan to continue participating in their groups with the Center to learn and grow as a family.

◊ **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 and 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
Sam is a 34 years old QPOC who identifies as a gay man of Asian Indian decent. Sam suffers from mental illness and has chosen to live on the streets. He first came to Lambda Lounge Adult Mental Health Respite Program via word of mouth from other LGBTQ community members and accessed adult respite services since April 2021. Sam came in for housing resources, counseling, and he wanted to be part of the community.

Lambda Lounge Adult Mental Health Respite Program staff referred Sam to LGBT Community Center Mental Health Counselor for counseling, LGBT Community Center virtual online center group meetings for support, and to Sacramento Steps Forward (SSF) and Sacramento Housing and Redevelopment Agency (SHRA) for housing resources.. Staff also referred him to Sacramento Covered for additional other resources. Through Sacramento Covered, he was able to find a social worker who provided weekly check-ins and helped him manage his monthly finances. While receiving Respite Program services, Sam mentioned he needed glasses and staff was able to help him make an eye appointment and provide him with a Vision Service Plan (VSP) voucher for a nearby optometrist, who examined Sam and provided treatment. Within ten days, Sam received his glasses. He continues to engage in Respite Program services on a regular basis.

Strengthening Families Program
Capacity: 3,000 annually (not including the Bullying Prevention and Education Program)
Ages Served: 94% Children, 2% TAY, 4% Adults, <1% Older Adults

The Strengthening Families Program consists of several components collectively aimed at reducing risk factors for developing a potentially serious mental illness and to build protective factors, outreaching to increase recognition of early signs of mental illness, and improving timely access to services for underserved populations.

Quality Child Care Collaborative (QCCC) is a *PEI Prevention program* that is a collaboration between the Behavioral Health Services (BHS), Child Action, Sacramento County Office of Education (SCOE), and other partners. This 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.

Success: Quality Child Care Collaborative (QCCC)
The BHS Consultant received a referral for a four year old girl who was struggling with making friends, completing transitions, and managing emotions. The teacher shared that the child's mother had recently had a baby around the time the behaviors began. The teacher was having trouble contacting the parent, making communication with the family difficult. The Consultant coached the teacher and family to use a daily communication log to increase consistent communication between the child's teacher and home. The teacher was encouraged to review the daily schedule frequently with her charge to increase the child's ability to predict the day's planned activities, thus increasing her sense of control. The teacher was also given suggestions to give prompts before transitions occurred. Finally, the Consultant suggested that the child be "buddied-up" with peers to complete different activities to increase the child's self-esteem and to support peer relationships. After some time and implementation of these interventions, the challenging behaviors decreased, the child was able to handle her feelings in age appropriate ways, and she was better able to make friends.

CPS Mental Health Team is a *PEI Improving Timely Access to Services for Underserved Populations program* that is a collaborative program with Child Protective Services (CPS) supporting the mental health needs of children within the Child Welfare system. The program

serves children and youth, birth through age 20 and 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 Behavioral Health Services (BHS) clinicians complete the Child and Adolescent Needs and Strengths (CANS) tool and provide mental health consultation informing the CFT meeting process and CPS case planning. This completed CANS assessment represents a shared vision of the child and family in collaboration with the CFT.

Clinicians also 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. In FY 2021-22, BHS worked with CPS to expand the team's services to include behavioral health assessments of parents and caregivers. Clinicians assess parents and caregivers with the goal of linking them, if and as needed, to behavioral health services and ultimately reducing entry and reentry to the Child Welfare system.

Success: CPS Mental Health Team
A CPS-MH Clinician completed a Child and Adolescent Needs and Strength (CANS) assessment with a 17 year old female who had a two month old infant in her care. Due to the youth's long-term acting out behaviors, her ability to stay in her family's home was at risk. The youth was overwhelmed by her situation and resentful of having Child Protective Services (CPS) in her life. Her social workers were unable to convince her of the benefits of participating in services, including the Extended Foster Care Program (AB12). The CPS-MH Team clinician met with the youth, built rapport, and through the use of the CANS tool was able to review her strengths, goals, and the progress she had already made toward her independent living skills. The clinician informed the youth of resources available to herthat which would support her and her infant. The youth agreed to engage in services. Due to her impending 18th birthday, an Emancipation Conference was held and the Clinician used the CANS tool to highlight the youth's strengths, progress toward independent living skills, and her plans to utilize AB12 with the youth's support team

The **Bullying Prevention Education and Training Program** is a *PEI Prevention program* administered by the Sacramento County Office of Education (SCOE) and 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 educate other school staff, students, and parents/caretakers on anti-bullying strategies. The program is implemented primarily at elementary school demonstration sites; however, it is intended to expand the program 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 2020-21, a total of 46 schools within 12 of the county's 13 school districts participated in the Bullying Prevention program. 1,457 faculty/education staff received bullying prevention updates/trainings; 35,054 students received bullying prevention training; 11,617 parents received bullying prevention training/ resources; and all Sacramento County school district's parents, students, and educators were provided with mental health resources, bullying prevention resources, cyberbullying prevention resources, and additional supports beyond academic resources. The www.sactobullyprevention.org website was kept up to date regarding these resources and supports and had 1,107 website visits, 2,403 resource page views, 142 visitors who returned to the website after their initial visit, 97 current registered users, 1,185 new visitors to the website, and made 336 resources available to all visitors. SCOE collaborates with Sacramento County school districts to

ensure up-to-date state and federal bullying prevention regulations are included in local policies and on school district websites, which also include local community resources and how to report bullying incidents.

Success: Bullying Prevention Education and Training Program (BPP)
Through the Bullying Prevention Education and Training Program (BPP), Elk Grove Unified School District implements a peer-to-peer bullying prevention workshop. The Youth Development Office Resource Teacher, who is partially funded through BPP, collaborates with the Students Helping Students program at one of the district's high schools. Each year, high school student leaders are trained in bullying prevention strategies and work together to develop a workshop for 5th grade students. BPP provides guidance to the Resource Teacher as well as making it possible for the students to purchase the materials necessary to implement this workshop.

In teams of two, the high school students conduct this bullying prevention workshop in every 5th grade classroom in their high school region (approximately 550 students each year). The 5th grade students are riveted by the high school presenters and actively engaged in discussions about bullying. Creating and presenting these workshops has also had a profound effect on the high school presenters. In the workshop debriefs, the high school presenters have said, "Doing that actually made me want to be a teacher" and "I presented in my old classroom, and my teacher got to see that I matured and am not a bad kid anymore."

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, increase collaboration with school district partners and community stakeholders, increase school attendance, develop best practices and policies for school staff, improve student perception of school safety, and reduce the incidences of bullying.

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 Sacramento County Office of Education (SCOE) to increase the number of school staff and caregivers receiving YMHFA training.

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.

SCOE administers Question, Persuade Respond Gatekeeper Training for Suicide Prevention (QPR) trainings to school district personnel and work directly with five (5) local school districts that already have QPR certified instructors. Trainers provide QPR activities to youth and adults at designated schools. SCOE also provides QPR trainings to community-based organization and project partners.

In FY 2020-21, SCOE conducted seven (7) zoom Question, Persuade Respond Gatekeeper Training for Suicide Prevention (QPR) trainings to a total of 151 participants. School district partners conducted another seven (7) QPR trainings to a total of 152 participants. Other school districts unable to provide virtual QPR trainer trainings were provided with class materials for the FY 2021-22 school year to train staff to deliver QPR curricula virtually. Districts also used YMHFA funding to develop and purchase additional resources to support their suicide prevention and mental health efforts, including anxiety, depression and stress reduction workbooks, district-

wide licenses to show the documentary "Angst" that comes with supplemental resources, hosting panel discussions with mental health experts and provided community mental health resources, updating existing local and national resources, and the creation of a suicide prevention training video by district school counselors for high school students and staff.

Success: Youth Mental Health First Aid
The YMHFA program has dramatically increased the number of Elk Grove Unified School District staff who are able to address mental health issues in young people. In EGUSD, certificated and classified staff who have taken YMHFA have greatly increased their ability to recognize and respond to the mental health needs of students in our schools and community. Having mental health professionals in schools is essential, yet the ratio of students to mental health professionals is still incredibly high. Having hundreds of staff trained in YMHFA is the best way to reach the largest number of students. Thankfully, this funding has allowed EGUSD to achieve that outcome. Even this many years in, the desire for YMHFA classes is great. All of our classes through June filled within 24 hours of them being published.

In FY 2020-21, SCOE collaborated with the California Department of Education to conduct three (3) YMHFA trainings to a total of 126 participants. District partners collaborated with SCOE to send staff already familiar with YMHFA to trainings in how to conduct virtual YMHFA training for other staff. District partner staff attended virtual conferences/ trainings to support District mental health efforts. Trainings included: LGBTP Youth Conference; Suicide Treatment, Assessment and Management; SAIGE: Beyond the Basics; National Council of Behavioral Health's Hybrid Youth Mental Health First Aid certification trainings, Youth Mental Health First Aid training (conducted outside the District, but attended by staff); monthly Building a Network of Safety for School Communities Suicide Prevention Webinar Series.

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 the 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 2020-21, the eVIBE program served 1,323 students and family members/caregivers. eVIBE facilitated the "Too Good for Violence Social Perspectives" (TGFV-SP) social skills program to 663 elementary students, the TGFV-SP violence prevention program to 529 middle school and high school students, and the "Nurturing Parenting Program" (NPP) to 131 family members/caregivers and children combined. These curricula were taught in 12 schools across five (5) school districts, as well as at three (3) community sites.

Success: Early Violence Intervention Begins with Education
A single mother with two sons in the eVIBE Nurturing Parenting Program shared her personal experience of the impact of the COVID-19 pandemic and how she uses self-care as a way of family bonding. She is currently unemployed and expressed the stress of being unemployed and not being eligible for unemployment. Instead of staying inside her apartment, she incorporated self-care routines such as family walks and recreation time at the park. She mentioned that her self-care routine has helped her reduce her sadness and replace it with healthy emotions by becoming stress-free and allowing her to focus more on her children and family bonding. She expressed gratitude for the program and the lesson about self-care because it came at a critical time in her life and in her family when she needed it the most.

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

Adoptive Families Respite Program, administered by Capital Adoptive Families Alliance (CAFA), 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.

Families take great joy in providing care for their loved ones, but the physical and emotional toll on the family caregiver can be overwhelming without outside support, such as respite. Adoptive Families Respite Program provides a break for the whole family, which research shows is beneficial for everyone involved. This respite program provides temporary relief for adoptive families 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.

The respite program provides two (2) Kid's Camps that together accommodate 40 adoptive children, an annual Family Camp that accommodates 24 adoptive families, a Parents Retreat providing respite and training for 60 parents, and eight (8) drop-off events that accommodate up to 40 children and their adoptive families for each event. During the Parents Retreat, adoptive parents have the opportunity to connect and network with other caregivers, and receive trainings on topics relevant to caring for children and youth with complex mental health issues. A main training topic is "compassion fatigue," which focuses on prioritizing one's self-care, why it is important, why it is needed, and ways to prioritize self-care while parenting.

Success: Adoptive Families Respite Program
A family shared, "CAFA has been a huge part of our lives ever since we adopted our son, then five years old and now nine years old. Family camp gave us the opportunity to rest and recharge and to spend quality time with our son to support bonding and attachment. The parents retreat also helped us get a break when we needed it and equipped us with valuable education and tools to address caregiver burnout. CAFA truly 'gets' families like ours and helps us connect with and support one another, and the staff are always just an email or phone call away if we need it. It's invaluable to have an organization like CAFA that champions the very real need of many foster-adopt families to get reliable, quality respite along with training and peer support."

In FY 2021-22, the MHSA Steering Committee recommended an increase in PEI programming. This program's expansion will add respite program's services by offering two new (2) family respite events serving at least 25 adoptive families (parents with their children) per event.

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 providing immediate phone response, mobile in-person/face-to-face crisis intervention, triage services, mediation, follow-up support, and information and referral. The Source is available to all youth up to their 26th birthday and their caregivers, prioritizing current and former foster youth and foster parents/caregivers who are experiencing crisis or emotional or behavioral distress that, without immediate support, risks disruption to the current living situation.

In FY 2018-19, BHS was awarded a grant through the California Health Facilities Financing Authority (CHFFA) for the Investment in Mental Health Wellness Grant Program for Child and Youth. The award was leveraged to pilot expanding The Source service criteria from serving foster youth up to age 21 and their families to youth up to age 26 and their families, inclusive of current and former foster youths. This program expansion was supported by the MHSA Steering Committee and Sacramento County Board of Supervisors and implemented mid FY 2019-20. In FY 2020-21, CHFFA extended the grant term from end of FY 2020-21 to FY 2025-26. Additionally, in FY 2021-22, the Department of Social Services for Family Urgent Response Systems (FURS) allocated funding to this program.

Services include peer mentoring, youth and family engagement, support and advocacy, and temporary relief for youth and/or foster parents/caregivers. To be relevant to affected youth, the program also provides outreach and information via a dedicated website, text, video conferencing, and popular social media and apps. Opportunities are provided for youth to participate in normative and developmentally appropriate activities. Additionally, in the next fiscal year, The Source's Youth Advocate (YA) will be a community liaison between community mental health stakeholders and youth for the purpose of bringing youth voice to develop shared ideas, shared concerns, network, and providing advice and recommendations relating to program services. 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; refer, link and coordinate ongoing care; and increase opportunities for normative youth experiences.

Success: The Source
The Source recently worked with an adolescent female and her family. The youth was dealing with depressive symptoms, suicidal ideation, and anxiety symptoms and both she and her family were eager for support and help. The Source staff was able to work with the youth and family to assess safety risks and collaboratively develop a safety plan that helped them feel more in control of maintaining safety in their lives. Staff also helped the family work on safety steps in their home to promote further safety and support for the youth. The need and desire for longer-term mental health services was identified and Source staff worked with the family to support linkage to services. The family sought direction and brokerage from Source staff in order to navigate an unfamiliar mental health system. With help, the family was able to experience success in navigating a Mental Health Plan and linking to services. Both youth and family were grateful for the support with safety, service linkage, and coping skill development and reinforcement while waiting to link to a longer-term provider.

Safe Zone Squad (SZS), administered by Sacramento County Office of Education (SCOE), is a *PEI Improving Timely Access to Services for Underserved Populations program* that provides mental health crisis and triage services to students, ages 11 to 14, at two (2) identified middle school campuses. SZS program provides and coordinates mental health support services, including crisis intervention services, listening circles, skills development, psychoeducation, stress/crisis management, parent/caregiver trainings, and restorative mediation. These services are delivered by a two-person team comprised of a Youth Advocate and a Safe Zone Coach (mental health counselor). The team provides mental health screenings to students, who are referred, and identifies and provides appropriate levels of support and linkages to mental health services and/or other community resources. Program outcomes include enhancing school success, reducing stigma, improving relationships, and reducing unnecessary psychiatric hospitalizations.

SZS is funded through a Mental Health Services Oversight and Accountability Commission (MHSOAC) Senate Bill (SB) 82 Triage Personnel grant and, with MHSA Steering Committee support, PEI Component funding. This program had been designed to be implemented at three middle school campuses: Martin Luther King Jr. Technology Academy, Albert Einstein Middle School and Sam Brannan Middle School. However, in late FY 2020-21, Twin River School District opted out due to hiring challenges. The MHSOAC approved using unspent grant funds previously earmarked for Twin River School District's Martin Luther King Jr. Technology Academy two-person team to extend the grant term for the other two campuses through December 2023.

Success: Safe Zone Squad
A Latinx, 7th grade female student presented with Generalized Anxiety Disorder while in the SZS program. After attending the first day of school, she began to engage in school refusal behavior, causing her to miss seven consecutive days of school at the beginning of the school year. She experienced increased anxiety on campus due to the new routines and structure of the school setting, social interaction expectations, and sensory overload. The Attendance Clerk She referred her to SZS for support. SZS staff met with the student and her parents after school to provide support and create a safety plan to increase her comfort on campus. SZS staff also collaborated with the student and her parents to develop a route for her class schedule that was less triggering and established a meeting place in front of school to support her transition onto campus. They accompanied her to the first two periods on the first day she returned to school to assess classroom triggers. They also participated in her Individualized Educational Program meeting to advocate for mental health services. Since participating in SZS, the student has successfully attended school every day, increased her social interactions with peers, and her academic performance has improved.

SZS launched mid FY 2019-20, with services provided at Albert Einstein Middle School and Sam Brannan Middle School. Due to COVID-19 pandemic, the services being delivered at these schools have been virtual, utilizing platforms such as Google Classroom, Google Drive, Zoom, and Social Media. Virtual services include: virtual support center website, Google classroom to discuss daily topics on mental health and well-being, weekly groups, outreach, triage, referrals and linkages, mentoring, and classroom presentations on mental health topics and suicide prevention.

In FY 2021-22, to enhance and enrich services, this program will purchase mental health curriculum for the peer mentoring program component and custom student incentives and program gear to promote and support school site program participation and awareness.

Integrated Health and Wellness Program
Capacity: 420 annually
Ages Served: 14% Children, 32% TAY, 15% Adults, 38% Older Adults

The Integrated Health and Wellness Program consists of three components collectively aimed at addressing and promoting recovering and positive outcomes for a mental illness early in its emergence, reducing risk factors for developing a potentially serious mental illness and to build protective factors, outreaching to increase recognition of early signs of mental illness, and improving timely access to services for underserved populations.

SacEDAPT (Early Diagnosis and Preventative Treatment), administered by UC Davis, Department of Psychiatry, is a *PEI Early Intervention program* that focuses on individuals identified as experiencing early onset of a serious mental illness or emotional disturbance with

psychotic features. SacEDAPT uses 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.

Success: SacEDAPT
A 15 year old cisgender Latinx bilingual female was referred to SacEDAPT after experiencing 5 psychiatric hospitalizations for psychosis and depression symptoms, and experiencing a history of complex traumas. She and her mother participated consistently in individual therapy, medication management, groups, supported education support (SES), peer support, and case management for 24 months of treatment. At the beginning, the client had challenges with participating in school, trusting providers to share in therapy, and her symptoms were affecting her day to day routine and mood. After support from SacEDAPT team, the youth was able to practice skills and obtain accommodations at school. The client developed trust in providers and started Trauma Focused Cognitive Behavioral Therapy (TF-CBT). After 24 months of consistent appointments and appropriate medication regimen, client began to experience a full remission of psychosis and depression. Currently, client is 17 years old, is attending school full time, has excellent grades, joined a tennis group, and started employment. Client is focusing on completing the final stages of TF-CBT as part of her treatment and is working on balancing school and work. Client and their mother have expressed gratitude for the SacEDAPT coordinated specialty care model that has helped them overcome several challenges.

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 Peer Advocates outreach to individuals in their homes or other community-based settings based on the participants' 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
Ms. S is a 75 year woman of Hmong decent referred to SeniorLink by a Methodist Hospital Social Worker. Ms. S had been assaulted by her son. A restraining order was filed against the son. Participant reported she felt alone and depressed following her husband's death and was without friends or close family.

Ms. S enrolled in El Hogar's SeniorLink program in June 2021. The SeniorLink Advocate worked with her to develop individualized goals. Ms. S was assisted to update Social Security regarding her son's address change so his checks would no longer be sent to her address. SeniorLink provided transportation and interpreting services for Ms. S to have an overdue medical appointment for a physical. Advocate also introduced Ms. S to the Hmong Senior Social Group for socialization. Transportation was provided and she was supported to apply for Paratransit services.

Ms. S. recently reported being happier, attributing much of her happiness to the connection with the SeniorLink Hmong group, which she looks forward to attending weekly. She was approved recently for Paratransit to assist with transportation needs and expressed excitement to learn how to use Paratransit and be more independent.

Trauma Informed Wellness Program for the African American Community (TIWP) is a *PEI Improving Timely Access to Services for Underserved Populations program* implemented by Sierra Health Foundation: Center for Health Program Management. Mid FY 2020-21, four (4) community agencies were chosen via a competitive selection process to provide program services

to African American/Black community members in a coordinated and culturally responsive manner to reduce the impact of trauma and Adverse Childhood Experiences. The community agencies involved in this program are: Improve Your Tomorrow (IYT), ONTRACK Program Resources, Rose Family Creative Empowerment Center (RFCEC), and Roberts Family Development Center (RFDC). TIWP providers conduct 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.

Each provider has a special niche that meets program participants where they are, breaks down communication barriers, addresses trauma from a culturally empowering perspective and provides skills building and negative behavior redirection support for youth experiencing behavioral challenges at home or school. Whether it is the "Hooked on Fishing, Not on Violence" program exposing inner-city, at risk youth to the art and sport of fishing or the creative arts programs (dance, painting, drama, and creative writing) offered by RFCEC, these unique program components help youth and families identify and unlock talents and abilities that increase self-esteem, reduce violence in the communities where they live and grow, and provide healthy outlets for children and families to thrive.

All TIWP provider agencies provide culturally relevant outreach and engagement and supportive services facilitated by staff with shared cultural and lived experience who are reflective of the diverse African American/Black community. Other services provided by the program providers include service planning; information, referral, and linkage; resource navigation; community education; and supportive services including peer support and advocacy, coaching, skills building, mentoring, brief supportive services and intervention in crisis situations, and healing circles or support groups. Supportive services are provided in program participants' homes and/or in community based settings.

Success: Trauma Informed Wellness Program for the African American Community
A youth was invited by a friend to attend a Healing Circle facilitated by Mr. Tim, of Rose Family Empowerment Center, but remained guarded and suspicious of the healing circle process. By taking the time to build rapport, Mr. Tim was able to establish trust in that space. The youth reached out to him after the meeting and shared that he was struggling with his mental health and holding it all together. Mr. Tim reached out to the youth's mother and did a home visit to further engage the young man in supportive services and wellness activities and also to speak further with the youth's parent. Although initially hesitant, the mother was open to her son continuing to bond with Mr. Tim. Over the next few weeks, Mr. Tim was able to strengthen that bond through the fishing wellness program for youth. While fishing together, they had time to talk about what was going on in the young man's life. The youth disclosed he was struggling with the loss of his grandparents, who had both very recently passed away. He was devastated by their deaths and was struggling with grief, loss, and isolation. Mr. Tim helped the youth engage in wellness and healing activities that provided a healthy outlet for him to process his loss and better understand how to incorporate coping and problem solving skills into his daily life. Because of the relationship he developed with Mr. Tim, the young man is finding his voice, processing his emotions, and sharing with others his new perspective on life. The relationship between the young man and his mother has also improved, which motivated her to seek out her own support network to work through some of her issues.

Program providers began delivering services mid FY 2020-21 and in that FY, 262 African American/Black community members received a supportive service.

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

The Mental Health Promotion Program consists of several components collectively aimed at reducing stigma and discrimination associated with mental illness.

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

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.

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 project's year eight activities ran from July 1, 2020 – June 30, 2021. This year, the project team engaged with the community to support mental health and wellness during the COVID-19 pandemic, particularly through virtual platforms to follow local safety mandates. Highlights from this year included the launch of the project's new website, Instagram page, messaging, and materials. Each of these components incorporated the project's research findings to ensure the project's messaging and creative concepts resonated with our 12 target audiences to drive changes in perception around mental illness among these communities. Based on feedback from community-based organizations (CBOs) and local partners, the project also conducted additional research among local African American/Black and transgender and gender diverse communities to create and refine the materials to best reach these audiences. Additionally, we made modifications to our website language and collateral materials to reflect and acknowledge the ongoing stressors other ethnic audiences face due to social unrest.

With the assistance of over 100 trusted community leaders and CBOs, the project has helped to change minds, attitudes and outcomes for those living with a mental illness, ensuring project messages and materials are effectively reaching all target audiences within Sacramento County. Over the past few years, the project conducted 67 focus groups and 32 key informant interviews to garner community input and feedback on project materials, messages and creative concepts. Previous research examining perceptions and awareness indicated that between 2011 and 2016 general awareness about mental illness increased (*from 24 to 53 percent*) and awareness of specific local mental health programs increased (*from 33 to 50 percent)* amongst Sacramento County survey respondents. Our most recent research indicates that 54 percent of Sacramento County residents surveyed feel that mental health is a key issue in the community.

(1) Multi-media outreach:
The project executed a heavy advertising campaign across multiple mediums to reach as many Sacramento County residents as possible. Advertising placements, including radio, television, online and outdoor advertising, ran from July 2020 through June 2021 and garnered 74,535,098 impressions, a 145 percent increase since last fiscal year. An impression is when a user sees or hears an advertisement.

The below advertising categories reflect efforts to date:

Radio Ads:
Radio advertisements featuring campaign messages ran at various times on numerous stations in January-February and April-May 2021. Overall, radio ads delivered more than 10,084,727 impressions (of note: in-language radio placements were made, but impressions are not available for those placements).

The project ran the updated 30-second spots in Spanish, Vietnamese, Russian, English and Hmong, sharing messages of hope, wellness and recovery and encouraging listeners to learn more by visiting the project's website.

Overall, 2,484 radio advertisements ran, 606 of which were added value. Added value is the extra advertising opportunities to help get the campaign message out at no additional cost. This can be simple advertising, such as additional spots, impressions, interviews or sponsorship opportunities. These placements were featured on 11 music-focused, multicultural and in-language radio stations, including KRXQ (rock), KHYL (Rhythmic AC), KSEG (classic rock), KSFM (contemporary hits), KKDO (alternative), KDEE (Audience: African American), KRCX (Audience: Hispanic), KXSE (Audience: Hispanic), KFSG (Audience: Vietnamese, Russian), KEFM (Audience: Russian) and KJAY (Audience: Hmong).

Television Ads:
Television advertisements supporting the campaign messages and branding ran at various times on numerous stations in July-August 2020 and April-June 2021. Overall, 1,997 TV spots ran, 786 of which were added value.

Print Ads:
Print advertising ran in nine local publications, including Thang Mo, Lang Magazine, Sacramento Observer, Diaspora, Sac Cultural Hub, Word and Deed, Outword Magazine, the Crescent and d'Primeramano. Overall, 32 print ads or editorials ran in these publications, featuring real stories, often translated in-language, that shared real experiences and tips.

Outdoor Ads:
Outdoor advertising ran in July 2020, December 2020-February 2021 and April-June 2021. Advertising included eco-posters, digital billboards and premiere panels. In total, these paid placements garnered an estimated 20,999,558 impressions.

Online and Mobile Ads:
Digital and mobile advertisements supporting the campaign messages ran in July 2020 and May-June 2021. Overall, online and mobile ads garnered 20,155,158 impressions (up from 9,085,843 impressions in FY20) with a cost per click of $1.90 (which is more cost effective than last year at $1.97).

Impressions by age demographic:
18-25: 35% of total impressions; 6,196,416
26-59: 27% of total impressions; 6,550,497
60+: 28% of total impressions; 4,957,132

Clicks by age demographic:
18-25: 45% of total impressions; 29,496
26-59: 41% of total impressions; 26,874
60+: 14% of total impressions; 9,176

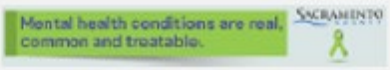
The following images include screenshots of each digital advertisement and the click through rate. A click is when a user engages in an advertisement and follows the link. The click through rate is found by calculating clicks divided by impressions.

DIGITAL ADVERTISING: CLICK THROUGH RATES BY ADVERTISEMENT

DIGITAL ADVERTISING: CLICK THROUGH RATES BY ADVERTISEMENT

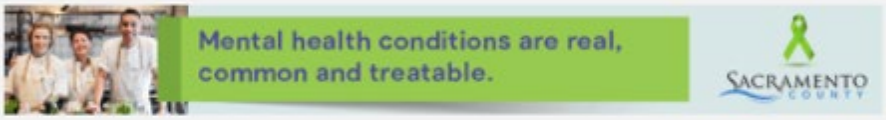
General Audience

.21%



.36%

.29%

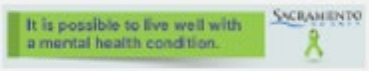


.22%

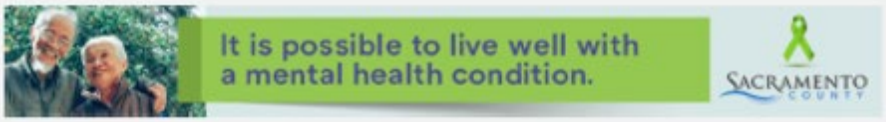
Older Adult Audience

.16%

.24%



.21%

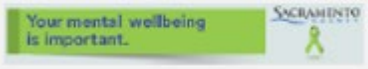


.16%

LGBTQ Audience

.24%

.36%



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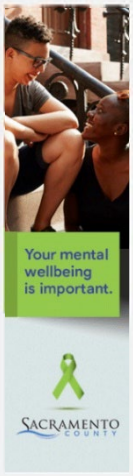

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African American Audience

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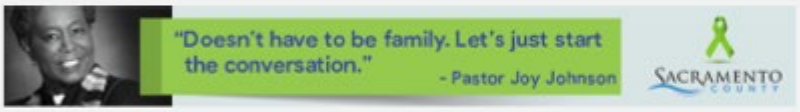

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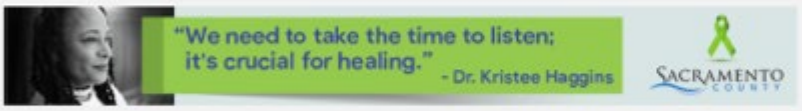

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American Indian/Alaska Native Audience

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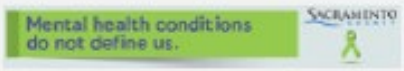

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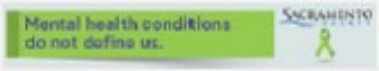

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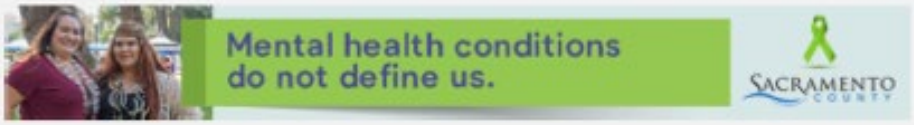

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Transition Age Youth Audience

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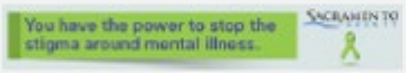

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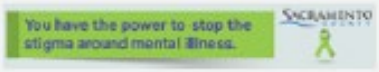

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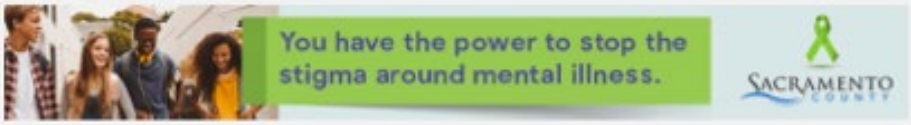

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Hmong Audience (in Hmong language)

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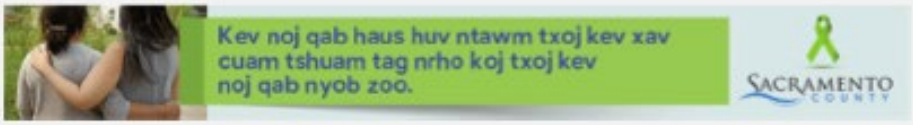

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Hmong Audience (in English)

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Hmong Audience (in Hmong language)

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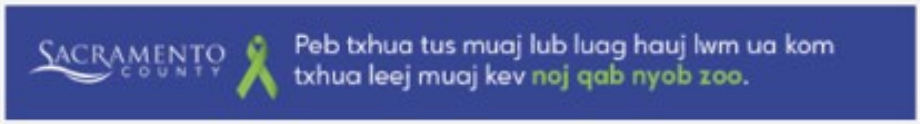

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Arabic Audience (in Arabic language)

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Arabic Audience (in Arabic language)

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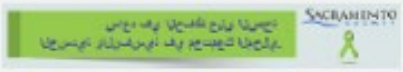

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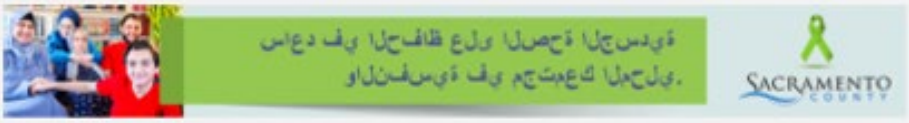

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Arabic Audience (in English)

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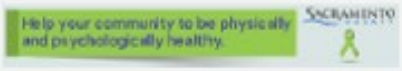

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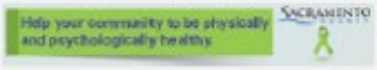

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Cantonese-speaking audience (in Chinese)

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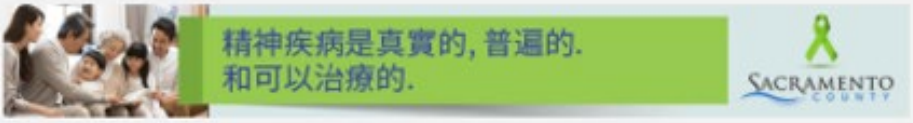

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Cantonese-speaking audience (in English)

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Cantonese-speaking audience (in Chinese)
我們每個人都要為維護
彼此的健康盡一份力。
SACRAMENTO COUNTY
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SACRAMENTO COUNTY 我們每個人都要為維護彼此的健康盡一份力。
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Russian-speaking audience (in Russian)
Каждый из нас несет
ответственность за
сохранение здоровья
друг друга.
SACRAMENTO COUNTY
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.16%
SACRAMENTO COUNTY Каждый из нас несет ответственность за сохранение здоровья друг друга.
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Russian-speaking audience (in Russian language)

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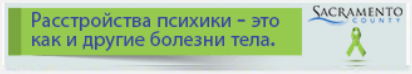

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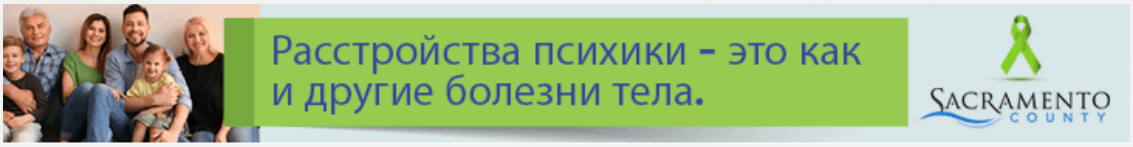

Russian-speaking audience (in English)

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Vietnamese audience (in Vietnamese language)

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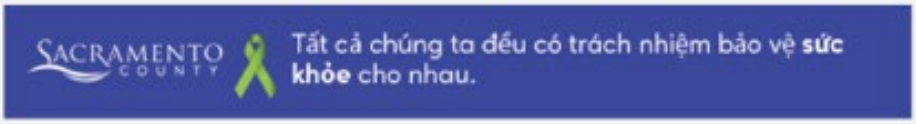

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Latino audience (in Spanish)

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Latino audience (in Spanish)

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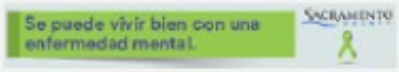

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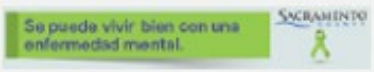

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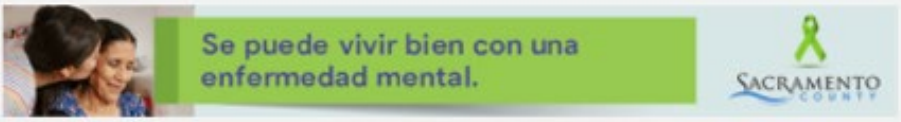

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Latino audience (in English)

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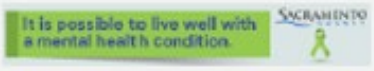

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Vietnamese audience (in Vietnamese language)

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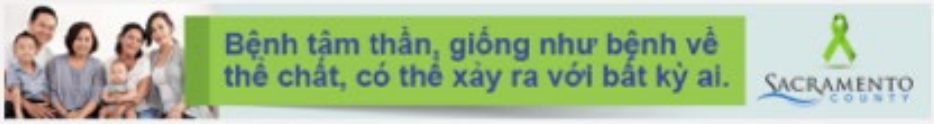

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Vietnamese audience (in English)

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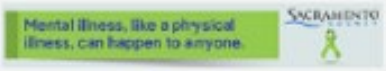

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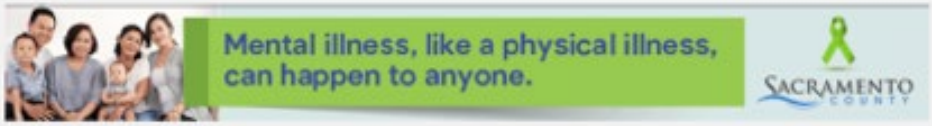

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Added Value Examples:

- Audacy: The Public File 20-minute PSA interview aired on 5/2/21 on KSEG, KUDL, KKDO, KIFM, KRXQ and KSFM
- Audacy: 30s PSA spot ran 239 times in February 2021 across Audacy stations
- iHeart: 30-minute PSA interview aired on 5/2/21 on KHYL
- Clear Channel: X4 Bonus Digital Boards
- Sac Cultural Hub: Bonus Editorial in June 2021
- Sac Observer: Bonus Editorial in May 2021 and June 2021
- Outword Magazine: Bonus Editorial in May 2021
- Outword Magazine: Bonus Website Banner Ads

(2) Earned Media:

With the help of two local multicultural outreach specialists and Edelman's media experts, the team conducted strategic outreach to Sacramento County media to promote priority project activities and milestones within the community throughout the year. The list below represents the earned (non-paid) placements and corresponding impressions secured between July 1, 2020 and June 30, 2021. The majority of media outreach took place around Mental Health Month (May), holiday blues, back-to-school season and Mental Illness Awareness Week (October). The project was included in key local news publications garnering more than 5,003,802 total impressions. Impressions are defined as any interaction with a piece of content.

Date	Title	Outlet	Impressions/ Audience
Radio			
10/7/2020	Minority Mental Health Awareness Month	Radio TNT	N/A
10/9/2020	Mental Illness Awareness Week	Radio TNT	N/A
10/12/2020	Mental Illness Awareness Week	Radio Lazer	N/A
11/27/2020	Holiday Blues	Capital Public Radio	
8/10/2021	Back to School	KFBK Radio	1,062
8/11/2021	Back to School	KFBK Radio	1,155
Online/Print			
8/1/2020	Stopping the Stigma East Sac Resident Shares Message of Hope for Mental Illness	Inside Sacramento	81,350
11/25/2020	Sacramento: Holiday Blues, Coping During Coronavirus	Sacramento Patch	N/A
11/27/2020	COVID-19 Pandemic Can Exacerbate Stress, Depression During The Holidays, Especially For Those Who Are Isolated	Capital Public Radio	665,466
11/30/2020	Health Professionals Encourage People To Connect With Loved Ones Virtually To Be Safe	Sacramento Observer	8,135

Date	Title	Outlet	Impressions/ Audience
November (monthly publication)	Encouraging Positive Conversations About Psychological Health in Sacramento County During the COVID-19 Pandemic and Beyond	The Crescent Online	N/A
5/6/2021	Mental Health Month - Post Partum Depression	ABC 10	1,730,900
5/7/2021	Sacramento Prioritize Mental Health And Wellbeing This Month	Sacramento Patch	N/A
5/12/2021	Mental Health Month - Single Mom Shares Mental Health Journey	ABC 10	1,730,900
TV Broadcast			
10/6/2020	Mental Illness Awareness Week	ABC 10	16,736
4/23/2021	Sac Metro Chamber trains staff to help business owners with pandemic-related mental health issues	KCRA	627,971
5/3/2021	Mental Health Month	KCRA	52,481
5/3/2021	Mental Health Month	KCRA	80,690
5/6/2021	Mental Health Month - Post Partum Depression	ABC 10	2,583
5/12/2021	Mental Health Month - Single Mom Shares Mental Health Journey	ABC 10	4,373

(3) Social Media and Microsite:

To support the project's stakeholder and media outreach efforts and engage with key audiences, the team continually updated the www.StopStigmaSacramento.org microsite, as well as Facebook and Twitter pages. Additionally, in October 2020, the project officially launched an Instagram page.

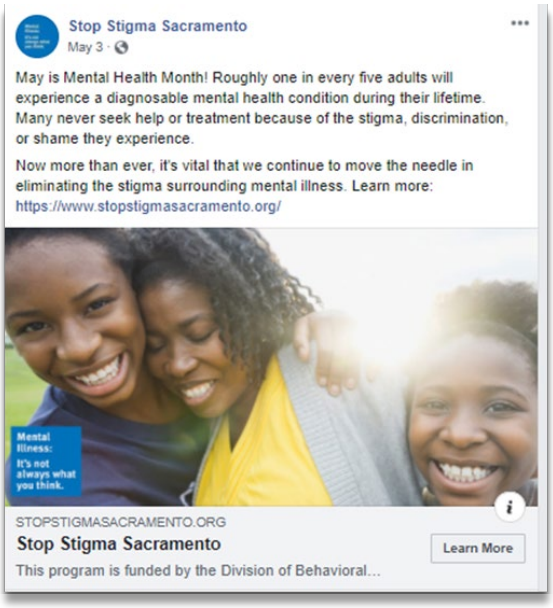
In total, Instagram posts generated 671.2K impressions, Facebook posts generated 133.1K impressions (down from 268.4K) and Twitter posts generated 3,023,500 impressions (up from 252.1K). Impressions are the number of times the project's content is displayed.

Facebook:

The team highlights project news, events and messages of hope, as well as stakeholder events on the Facebook page. To date:

- The page currently has 9,525 likes, up from 9,452 likes from last year's EOY report, and reached 172,877 people last year.
    - 81 percent of people who like the page are women, while 17 percent are men. (Of note, these metrics are binary, and we acknowledge that not all of our followers will identify with either of these genders. These metrics are supplied to us by Facebook.)

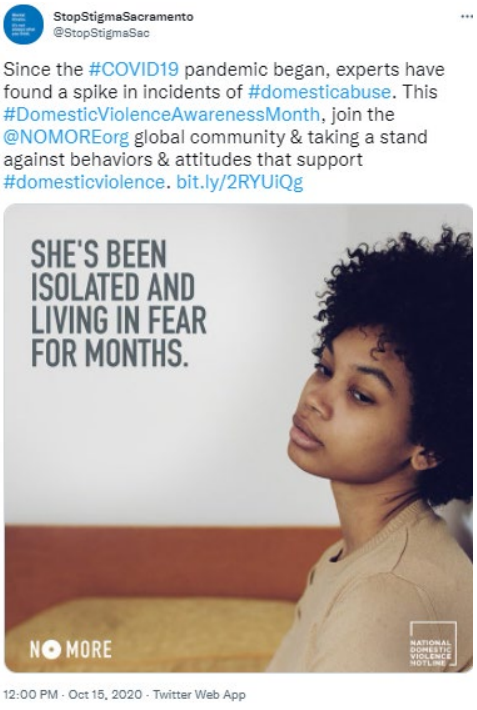
- 63 percent of women are regularly engaged with the page while 35 percent of men are actively engaged with the page. The project saw a 23 percent increase in male engagement since last year's report.
- The highest performing post was published on May 3, 2021 and promoted Mental Health Month. The post reached 15,700 people. The post also received 177 link clicks, 335 post clicks and 410 engagements.
- Compared to last year, total impressions decreased as a result of the project's larger focus on paid media for Instagram and Twitter, as well as Facebook's new, strict regulations surrounding advertising focused on social justice issues.



Twitter:

The team regularly highlights project news, events and messages of hope, as well as stakeholder events on the Twitter page. To date:

- The page has 1,149 followers, up from 944 followers noted last year.
  - During this reporting period, the project generated 823,500 impressions, 2,540 link clicks, 109 retweets and 313 likes.
  - The top performing tweet was published on October 15 and highlighted Domestic Violence Awareness Month. The post generated 2,858 impressions and 33 engagements.
  - In October 2020, we co-hosted our first-ever Twitter chat alongside This is My Brave. We had a great virtual turnout and were able to discuss a lot of important topics surrounding mental health, including how folks are coping during COVID-19, what sort of resources are available and tips on caring for ourselves and each other. During the hour-long chat, we gathered a group of **37 virtual participants** with an average of **nine tweets per participant**. Several notable participants joined in, including Stamp Out Stigma, Sacramento Native American Health Center (SNAHC), Each Mind Matters, professional wrestler and mental health advocate Jaxon Stone, SAFE Project and EPIC

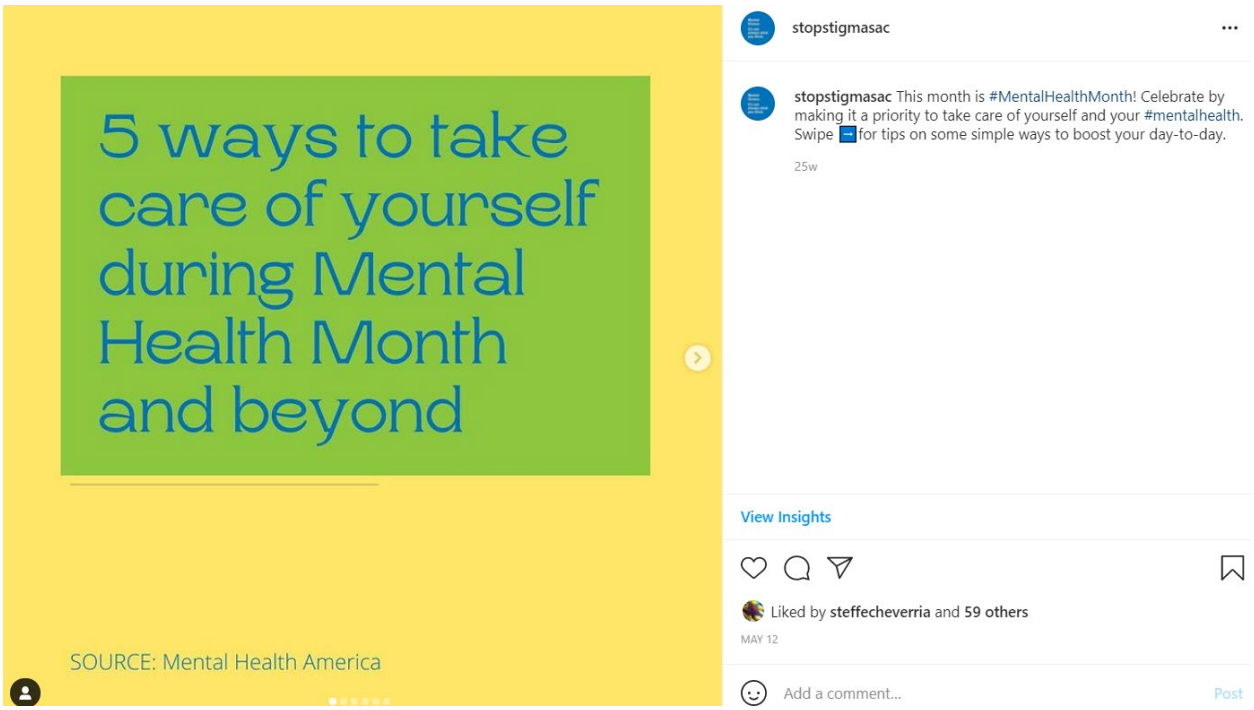


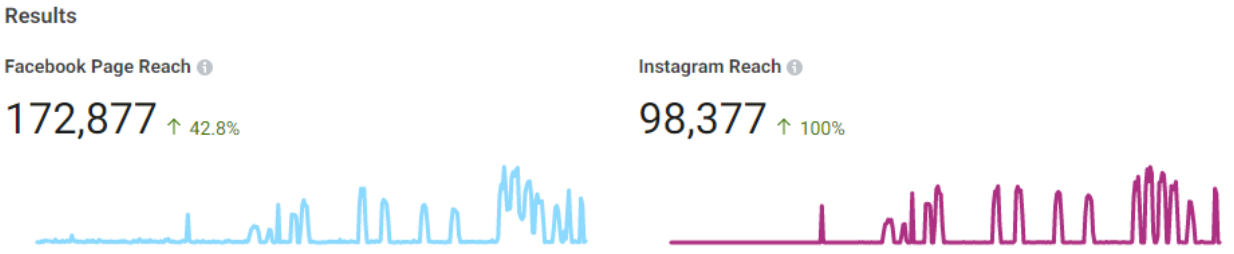
Long Island. In total, the #BraveChat garnered **324 tweets** from individuals and organizations alike, as well as nearly **2.2 million impressions**.

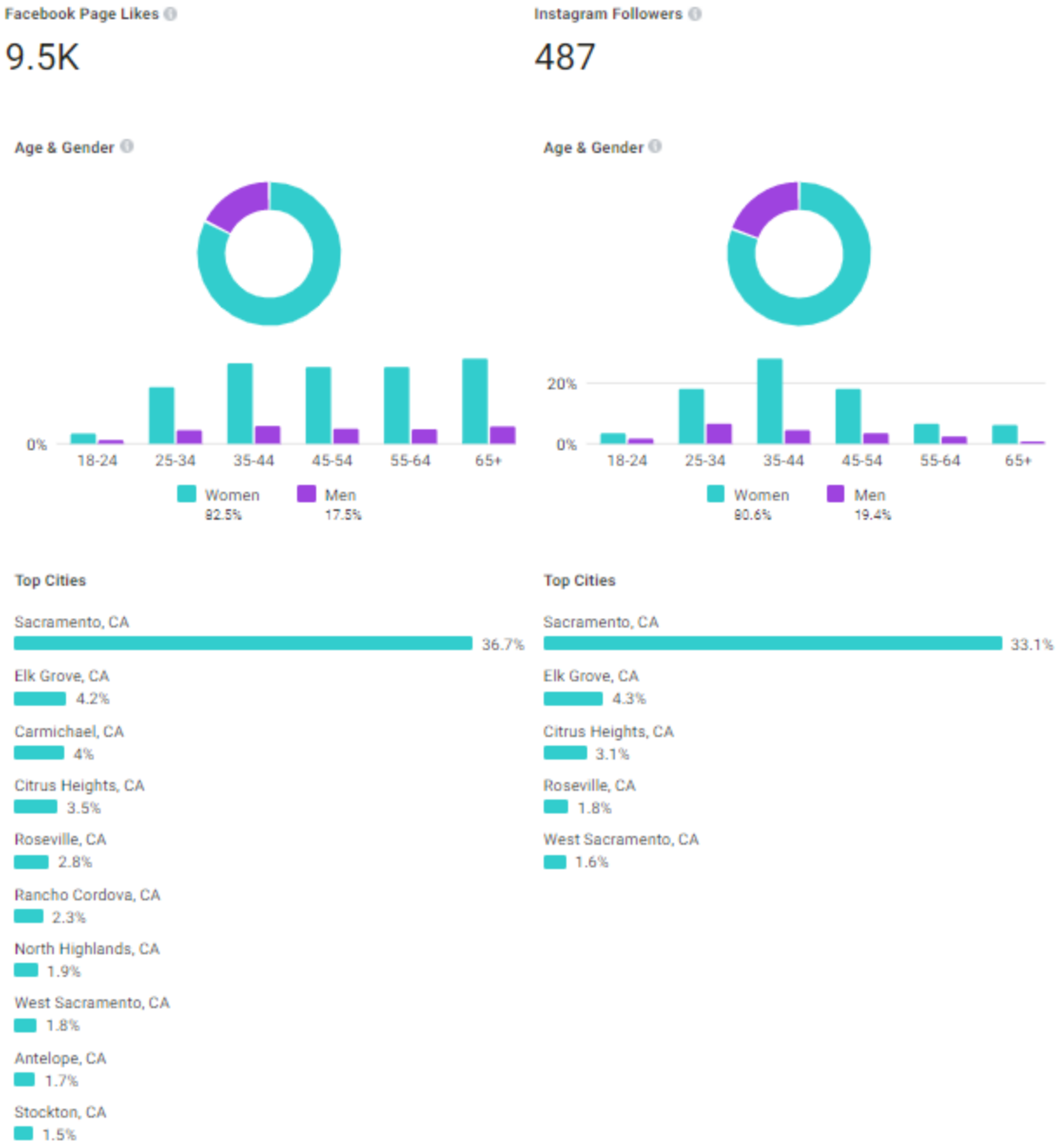
- **Note: Audience insights are no longer available on Twitter.*

Instagram:
The team launched the project's Instagram account in October 2020. To date:

- The page currently has 487 followers and reached 98,977 people last year.
- 81 percent of people who like the page are women, while 19 percent are men.
- A majority of our audiences live in Sacramento, Elk Grove and Citrus Heights.
- The highest performing post was published during Mental Health Month. The post reached 24,300 people. The post also received 60 likes, 19 saves and 19 shares.







Microsite:

The project microsite, www.StopStigmaSacramento.org, is a public, online project resource which houses supportive messaging, community event details, Speakers Bureau information

In September 2020, the project team launched a refreshed version of the website to incorporate findings from the creative refresh. Updates to the site included the addition of:

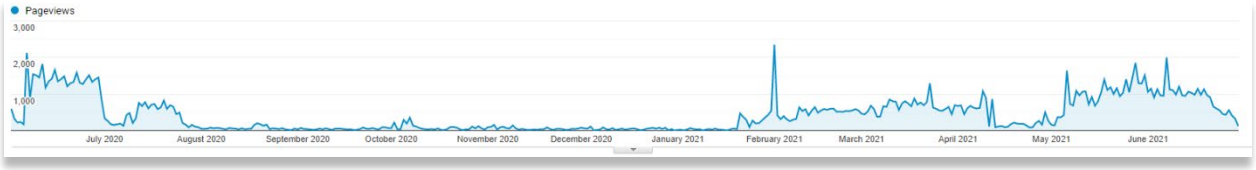
- Community-specific webpages: Including tailored, in-language messaging for each of our 12 target audiences:

  - Residents who primarily speak Arabic, Cantonese, Hmong, Russian, Spanish, or Vietnamese
  - Residents who primarily speak English and identify as Black/African American, Latino, American Indian/Alaska Native, Older Adult, or young adults
  - Residents who primarily speak English and self-identify as Lesbian, Gay, Bisexual, Transgender and Gender Diverse, and Questioning (LGBTQ) communities.
- Speakers Bureau stories: Including a library of personal mental health stories from 17 of our Speakers Bureau members.
- Conversation starters: Included conversation tips for people to reach out to someone who may be struggling with their mental health (in each of our target audience languages).
- Project blog: Featuring posts from community leaders and Speakers Bureau members highlighting a range of topics like the importance of mental health awareness and cultural observances.
- Community resources and partners: Featuring a robust list of vetted community resources and partners where individuals can reach out to for support.

Engagement

To date, 493 people have submitted their email addresses through the site to receive project updates, up from 457 people in total last year.

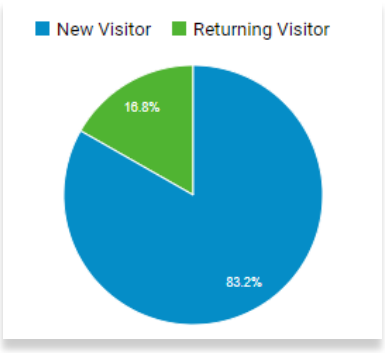
Analytics (July 1, 2020 – June 30, 2021)

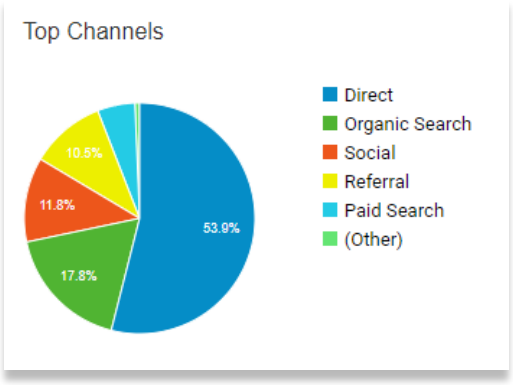


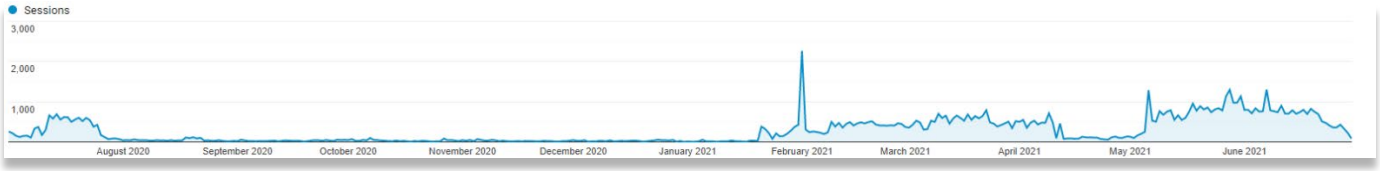
- Total website visits: 130,794 (up from 113,495 last year), with major spikes occurring throughout the months of July 2020 and February-June 2021.
- Unique page view visitors: 109,889 (up from 54,931 last year)
- Average visit duration: 1 min 30 seconds (up 31 seconds from last year)
- The most popular page was the homepage, with 57,928 page views.
  - 57,928 page views of http://www.stopstigmasacramento.org/
  - 18,965 page views of https://www.stopstigmasacramento.org/resources/covid-19-resources/
  - 5,927 page views of https://www.stopstigmasacramento.org/communities/espanol/
  - 5,028 page views of https://www.stopstigmasacramento.org/communities/русский/
  - 4,703 page views of https://www.stopstigmasacramento.org/communities/african-american-black-community/
  - 4,047 page views of https://www.stopstigmasacramento.org/communities/العربية/

- 3,910 page views of https://www.stopstigmasacramento.org/communities/漢語/
- 3,625 page views of https://www.stopstigmasacramento.org/communities/tieng-viet/

- Direct (meaning website visits that arrive on our site either by typing the website URL into a browser or through browser bookmarks) generated the most page views, while organic searches, social media and paid search trailed behind.







(4) Stakeholder Engagement:

To engage relevant community organizations and services in the project, activities included distributing collateral materials and toolkits, conducting media interviews, sharing success stories, providing photography, promoting the project through digital and social media and promoting the speaker's bureau. To date, we have received 129 stakeholder engagement forms and 493 email sign ups, which confirm an organization's willingness to participate in the project. To view a list of partner organizations, please visit the StopStigmaSacramento.org microsite here.

To help ensure that stakeholders have ample opportunities to engage with the project, the project team has proactively sent newsletters promoting the COVID-19 PSA, the Turn Sacramento County Orange campaign, Mental Illness Awareness Week, the holidays, May is Mental Health Month and the June newsletter to stakeholders, CBOs and our website sign-ups list.

Following is a list of the most active stakeholders this year. These stakeholders partnered with the project on events and provided valuable feedback and support throughout the Creative Refresh process:

1. Sacramento PFLAG Chapter
2. SAHA Health Center
3. Gender Health Center
4. Yav Pem Suab Academy

5. Sacramento Native American Health Center
6. Russian Information & Support Services
7. Hmong Organizing for Progress & Empowerment Center
8. Refugee Enrichment & Development Association (REDA)
9. Radio TNT
10. The Adult and Aging Commission
11. This is My Brave
12. ACC Senior Services

(5) 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 on the StopStigmaSacramento.org microsite here. To date, approximately 262,189 pieces of collateral material have been distributed to stakeholder groups and at events, including approximately 6,337 project promotional materials this year alone.

(6) Community Outreach Events and Presentations:
Due to COVID-19, all community events were temporarily put on hold.

(7) Research:
This year, Edelman and the County largely focused on applying the last few years of research to the development and launch of the project's refreshed website, advertising and creative materials. However, the team continued research among two particular target audiences: the African American/Black audience and the Transgender/Gender diverse audience.

For the African American/Black audience, Edelman and the County decided to conduct additional rounds of research following the increased stressors impacting this community in 2020 – particularly the outpouring of pain and the demand for accountability felt across the nation to overcome systemic racism, along with the disproportionate number of Black people being diagnosed with and/or succumbing to COVID-19. To conduct this additional research, the project once again partnered with a multi-cultural-focused public relations firm, Young Communications Group (YCG), to recalibrate and update messaging and materials.

Edelman and YCG conducted a discussion group with seven community leaders, two key informant interviews and an online survey to make the messages and materials for this audience reflective of, and relevant to, current events and considerations.

Based on the insights from this additional research, Edelman and YCG worked together to develop updated messaging and materials for the African American/Black audience, all while working in close collaboration with community leaders to vet/review the items before they were launched in May 2021.

The research among local transgender and gender diverse communities stemmed from the previous years of research with local LGBTQ CBOs and community leaders, who stressed that separate materials and messaging was needed for transgender and gender diverse communities, based on

the additional discrimination and stigma that this audience faces around mental health and wellness.

As a result, Edelman worked with a community leader from the Sacramento PFLAG chapter to develop updated messaging and materials for testing and conducted a focus group with local members of transgender and gender diverse communities in January 2021.

Based on the insights and feedback from this focus group, Edelman and the County team worked to develop updated materials in preparation for a final focus group with this audience to take place in FY 2021-22. Comprehensive findings will be provided in the next annual update.

While research for the transgender and gender diverse communities will continue into the following fiscal year, research among the project's other target audiences is complete at this time, and the research findings will continue to be incorporated into project outreach tactics, messaging and materials.

(8) Stop Stigma Sacramento Speakers Bureau:

Sacramento County Public Health continued to coordinate a speakers bureau in FY 2020-21. However, because of the extreme circumstances of the COVID-19 Pandemic, all speaking events were virtual, beginning the second week of March 2020 through the remainder of the fiscal year. At the close of FY 2020-21, the Stop Stigma Sacramento Speakers Bureau had trained 202 speakers, of whom 50 were actively speaking.

In FY 2020-21, Stop Stigma Sacramento Speakers Bureau speakers shared their personal stories 90 times, at 35 events with a total audience attendance of 1,333 individuals.

Due to the pandemic, potential Speakers were recruited via the www.stopstigmasacramento.org/ webpage and via speaking events.

Practice sessions are an integral part of the Speakers Bureau and during FY 20-21. Practice sessions were offered weekly and allowed speakers to practice and develop their presentations, meet and maintain contact with 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 and to prepare speakers for sharing their stories virtually during the pandemic. During this fiscal year, staff also continued to incorporate mentors in the majority of practice sessions. Mentors typically are seasoned veteran speakers who are able to provide constructive feedback, as well as share firsthand experience on how to share their stories at speaking events. 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 2020-21:

Stop Stigma Sacramento Speakers Bureau Speaking Events
July 1, 2020 – June 30, 2021

#	Date	Site/Event FY 2020-2021	# Story	# Audience
1	09/24/20	Governor's Office of Emergency Services	4	45
2	10/01/20	City of Sac, Youth & Community Enrichment	3	14
3	10/08/20	Pleasant Grove High School Nami Club	3	22
4	10/15/20	Pleasant Grove High School	3	30
5	10/29/20	Pleasant Grove High School	3	68
6	10/29/20	Pleasant Grove High School	3	82
7	10/29/20	Pleasant Grove High School	3	55
8	10/29/20	City of Sac, Youth & Community Enrichment	3	45
9	11/03/20	California Northstate University- Pharmacy	6	107
10	11/05/20	California State Lands Commission	3	55
11	11/12/20	City of Sac, Youth & Community Enrichment	3	49
12	12.10.20	City of Sac, Youth & Community Enrichment	3	10
13	01/25/21	Pleasant Grove High School	3	55
14	01/25/21	Pleasant Grove High School	3	65
15	01/25/21	Pleasant Grove High School	3	56
16	02/11/21	City of Sac, Youth & Community Enrichment	1	2
17	02/16/21	Disability Rights California	2	59
18	02/18/21	Disability Rights California	2	49
19	02/23/21	Pleasant Grove High School, Parent Group	5	39
20	02/25/21	City of Sac, Youth & Community Enrichment	1	5
21	03/11/21	City of Sac, Youth & Community Enrichment	1	2
22	03/12/21	Sac State Student Health and Counseling	4	29
23	04/01/21	Kiwanis Club of Rancho Murieta	2	25
24	04/02/21	Lu Mien Community Services	3	15
25	04/07/21	Samuel Jackman Middle School	3	14
26	04/08/21	City of Sac, Youth & Community Enrichment	1	10
27	04/12/21	Pleasant Grove High School	2	50
28	04/12/21	Pleasant Grove High School	2	50
29	04/12/21	Pleasant Grove High School	2	49
30	04/21/21	Vista Del Lago High School	2	49
31	05/13/21	City of Sac, Youth & Community Enrichment	2	8
32	05/19/21	Alcoholic Beverage Control-State of Ca	3	55
33	05/20/21	City of Sac, Youth & Community Enrichment	1	5

#	Date	Site/Event FY 2020-2021	# Story	# Audience
34	05/27/21	Cal Pers- Employee Resource Group	2	60
		FY 2020-2021 Total (34)	**90**	**1,333**

The Stop Stigma Sacramento speakers have been well received, and speaker evaluations are provided to hosts for majority of events. 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. In addition, Speakers and staff continue to provide resources, including phone numbers for mental health and crisis support services, and educational material at all speaking events. Speakers begin conversations with audiences about resources and how to take action for a loved one, a friend, or themselves.

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 first Saturday 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: 3,158 served
Ages Served: 15% Children, 28% TAY, 46% Adults and 11% Older Adults

In FY 2018-19, 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, is administering these community driven time-limited programs on behalf of Sacramento County. Mid FY 2019-20, CalMHSA released a competitive selection process and included community stakeholders in the evaluation process. Thirty-four (34) community based agencies were selected to implement their proposed community building prevention programs:

Grantees proposed to implement community building prevention programs that include culturally responsive community workshops, trainings, conference, outreach, events, individual and group support and activities, navigation support. These programs collectively address the MHSA seven (7) negative outcomes that may result from untreated mental illness: suicide, incarcerations, school failure or dropout, unemployment, prolonged suffering, homelessness, and removal of children from their homes. Early FY 2020-21, the COVID-19 pandemic imposed implementation challenges for many of the grantees. Several grantees began delivering services virtually, while some delayed providing services and others postponed program events. Consequently, the grant term extended for those grantees postposing service delivery and events.

For more information on the grantees and their programs, see *Attachment I – Community-Driven PEI Grants Overview*.

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.

The table below contains the FY2022-23 Cost per Person information for implemented programs:

FY2022-23 PEI COMPONENT	Average Cost/Person*	Budget Amount
Suicide Prevention Program	$ 752	$ 10,537,129
Strengthening Families Program	$ 1,904	$ 5,349,812
Integrated Health and Wellness Program	$ 910	$ 3,131,015
Mental Health Promotion (Stigma and Discrimination Reduction)	$ 3	$ 1,615,534
TOTAL		**$ 20,633,490**

*Average cost per person is based on all funding sources in Program divided by program capacity and only includes previously approved and implemented programs.

PEI IMPLEMENTATION PROGRESS DATA - FISCAL YEAR 2020-21

In FY 2020-21, PEI Suicide Prevention and Education program served 72,033 and outreached to 7,165 individuals. The Strengthening Families program served 2,810 individuals and offered prevention trainings and information to 49,742 students, parents/caregivers, education staff, and other stakeholders. The Integrated Health and Wellness program served 304 and outreached to 183 individuals. In FY 2020-21, the Mental Health Promotion program's "Mental Illness: It's not always what you think" project focused on recalibrating, updating, and tailoring messaging and materials for each of the specific 12 audiences. Because this project uses universal outreach strategies, the total number of impressions (when a user sees or hears an ad) and click through rates (when a user engages in a digital ad and follows the link) through the projects' multimedia components is not available. The Project's Stop Stigma Sacramento Speakers Bureau speakers shared their personal stories 90 times, at 35 events, with a total audience attendance of 1,333 individuals.

The FY 2020-21 MHSA Annual Prevention and Early Intervention Program and Evaluation Report is included as Attachment J and provides more detail. The tables below and on the following pages display demographic information for individuals served in each of the PEI programs.

SUICIDE PREVENTION																
	Suicide Crisis Line		Emergency Dept Postvention Services		Suicide Bereavement Support Groups		Supporting Community Connections		Community Support Team		Mental Health Navigators		Mobile Crisis Support Team		Total	
Characteristic	**N=65,453**	**%**	**N=215**	**%**	**N=25**	**%**	**N=1,575**	**%**	**N=1,239**	**%**	**N=1,809**	**%**	**N=1,717**	**%**	**N=72,033**	**%**
Age Group																
Children/Youth (0-15)	2,030	3.1%	4	1.9%	0	0.0%	68	4.3%	31	2.5%	61	3.4%	137	8.0%	2,331	3.2%
TAY (16-25)	10,305	15.7%	62	28.8%	0	0.0%	164	10.4%	128	10.3%	266	14.7%	278	16.2%	11,203	15.6%
Adults (26-59)	12,000	18.3%	127	59.1%	11	44.0%	655	41.6%	838	67.6%	1,224	67.7%	1,010	58.8%	15,865	22.0%
Older Adults (60+)	2,875	4.4%	22	10.2%	6	24.0%	268	17.0%	236	19.0%	253	14.0%	285	16.6%	3,945	5.5%
Unknown/Not Reported	38,243	58.4%	0	0.0%	8	32.0%	420	26.7%	6	0.5%	5	0.3%	7	0.4%	38,689	53.7%
Ethnicity																
Hispanic or Latino	1735	2.7%	28	13.0%	1	4.0%	417	26.5%	156	12.6%	223	12.3%	202	11.8%	2,762	3.8%
Non-Hispanic/Non-Latino	8990	13.7%	0	0.0%	16	64.0%	708	45.0%	621	50.1%	975	53.9%	906	52.8%	12,216	17.0%
Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	42	3.4%	74	4.1%	35	2.0%	151	0.2%
More than one ethnicity	0	0.0%	0	0.0%	0	0.0%	1	0.1%	43	3.5%	0	0.0%	0	0.0%	44	0.1%
Unknown/Not Reported	54,728	83.6%	187	87.0%	8	32.0%	449	28.5%	377	30.4%	537	29.7%	574	33.4%	56,860	78.9%
Race																
White	6,510	9.9%	128	59.5%	15	60.0%	284	18.0%	391	31.6%	736	40.7%	850	49.5%	8,914	12.4%
Black or African American	941	1.4%	31	14.4%	0	0.0%	101	6.4%	274	22.1%	395	21.8%	275	16.0%	2,017	2.8%
Asian	1,102	1.7%	7	3.3%	1	4.0%	74	4.7%	50	4.0%	80	4.4%	41	2.4%	1,355	1.9%
American Indian or Alaska Native	44	0.1%	2	0.9%	0	0.0%	12	0.8%	15	1.2%	26	1.4%	29	1.7%	128	0.2%
Native Hawaiian or other Pacific Islander	33	0.1%	3	1.4%	0	0.0%	37	2.3%	20	1.6%	13	0.7%	63	3.7%	169	0.2%
More than one race	311	0.5%	0	0.0%	1	4.0%	45	2.9%	42	3.4%	48	2.7%	54	3.1%	501	0.7%
Other	83	0.1%	4	1.9%	0	0.0%	601	38.2%	102	8.2%	170	9.4%	159	9.3%	1,119	1.6%
Unknown/Not Reported	56,429	86.2%	40	18.6%	8	32.0%	421	26.7%	345	27.8%	341	18.9%	246	14.3%	57,830	80.3%
Primary Language																
English	46,650	71.3%	215	100.0%	17	68.0%	291	18.5%	1,045	84.3%	1,614	89.2%	1,630	94.9%	51,462	71.4%
Spanish	75	0.1%	0	0.0%	0	0.0%	370	23.5%	15	1.2%	28	1.5%	25	1.5%	513	0.7%
Vietnamese	7	0.0%	0	0.0%	0	0.0%	30	1.9%	4	0.3%	4	0.2%	4	0.2%	49	0.1%
Cantonese	9	0.0%	0	0.0%	0	0.0%	35	2.2%	1	0.1%	4	0.2%	2	0.1%	51	0.1%
Russian	3	0.0%	0	0.0%	0	0.0%	206	13.1%	3	0.2%	8	0.4%	8	0.5%	228	0.3%
Hmong	0	0.0%	0	0.0%	0	0.0%	20	1.3%	1	0.1%	3	0.2%	2	0.1%	26	0.0%
Arabic	0	0.0%	0	0.0%	0	0.0%	37	2.3%	3	0.2%	1	0.1%	2	0.1%	43	0.1%
Other	43	0.1%	0	0.0%	0	0.0%	174	11.0%	8	0.6%	15	0.8%	16	0.9%	256	0.4%
Unknown/Not Reported	18,666	28.5%	0	0.0%	8	32.0%	412	26.2%	159	12.8%	132	7.3%	28	1.6%	19,405	26.9%
Sexual Orientation																
Heterosexual or Straight	1,382	2.1%	0	0.0%	17	68.0%	905	57.5%	325	26.2%	456	25.2%	720	41.9%	3,805	5.3%
Gay or Lesbian	329	0.5%	0	0.0%	0	0.0%	17	1.1%	10	0.8%	11	0.6%	15	0.9%	382	0.5%
Bisexual	76	0.1%	0	0.0%	0	0.0%	7	0.4%	21	1.7%	32	1.8%	7	0.4%	143	0.2%
Questioning or unsure	26	0.0%	0	0.0%	0	0.0%	5	0.3%	10	0.8%	19	1.1%	3	0.2%	63	0.1%
Queer	19	0.0%	0	0.0%	0	0.0%	2	0.1%	0	0.0%	0	0.0%	1	0.1%	22	0.0%
Another sexual orientation	25	0.0%	0	0.0%	0	0.0%	46	2.9%	0	0.0%	1	0.1%	2	0.1%	74	0.1%
Unknown/Not Reported	63,596	97.2%	215	100.0%	8	32.0%	593	37.7%	873	70.5%	1,290	71.3%	969	56.4%	67,544	93.8%
Current Gender Identity																
Female	28,712	43.9%	110	51.2%	15	60.0%	713	45.3%	436	35.2%	280	15.5%	529	30.8%	30,795	42.8%
Male	27,406	41.9%	103	47.9%	2	8.0%	398	25.3%	349	28.2%	364	20.1%	567	33.0%	29,189	40.5%
Transgender	248	0.4%	2	0.9%	0	0.0%	47	3.0%	2	0.2%	3	0.2%	4	0.2%	306	0.4%
Genderqueer	45	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	45	0.1%
Questioning or unsure	55	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	55	0.1%
Another gender identity	48	0.1%	0	0.0%	0	0.0%	5	0.3%	3	0.2%	1	0.1%	1	0.1%	58	0.1%
Unknown/Not Reported	8,939	13.7%	0	0.0%	8	32.0%	412	26.2%	449	36.2%	1,161	64.2%	616	35.9%	11,585	16.1%
Veteran Status																
Yes	0	0.0%	0	0.0%	0	0.0%	5	0.3%	23	1.9%	0	0.0%	0	0.0%	5	0.0%
No	0	0.0%	0	0.0%	17	68.0%	1,162	73.8%	555	44.8%	0	0.0%	0	0.0%	1,179	1.6%
Unknown/Not Reported	65,453	100.0%	215	100.0%	8	32.0%	408	25.9%	661	53.3%	1,809	100.0%	1,559	90.8%	70,113	97.3%

Prevention and Early Intervention (PEI) Respite Programs FY 20/21														
	Caregiver Crisis Intervention Respite		Respite Program (serving Youth/TAY)		Ripple Effect		Danelle's Place		Q-Spot		Lambda Lounge		Total	
	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%	44	10.0%	1	0.2%	45	2.0%
TAY (16-25)	0	0.0%	247	45.0%	5	4.0%	44	10.4%	76	17.2%	26	4.3%	398	17.6%
Adults (26-59)	33	28.4%	0	0.0%	53	42.1%	73	17.3%	1	0.2%	122	20.1%	282	12.5%
Older Adults (60+)	82	70.7%	0	0.0%	12	9.5%	3	0.7%	1	0.2%	32	5.3%	130	5.7%
Unknown/Not Reported	1	0.9%	302	55.0%	56	44.4%	303	71.6%	319	72.3%	426	70.2%	1,407	62.2%
Total	**116**	**100.0%**	**549**	**100.0%**	**126**	**100.0%**	**423**	**100.0%**	**441**	**100.0%**	**607**	**100.0%**	**2,262**	**100.0%**
Ethnicity														
Hispanic or Latino	12	10.3%	30	5.5%	9	7.1%	32	7.6%	27	6.1%	46	7.6%	156	6.9%
Non-Hispanic/Non-Latino	100	86.2%	195	35.5%	51	40.5%	66	15.6%	92	20.9%	306	50.4%	810	35.8%
Unknown/Not Reported	4	3.4%	324	59.0%	66	52.4%	325	76.8%	322	73.0%	255	42.0%	1,296	57.3%
Total	**116**	**100.0%**	**549**	**100.0%**	**126**	**100.0%**	**423**	**100.0%**	**441**	**100.0%**	**607**	**100.0%**	**2,262**	**100.0%**
Race														
American Indian or Alaska Native	3	2.6%	8	1.5%	2	1.6%	15	3.5%	4	0.9%	6	1.0%	38	1.7%
Asian	8	6.9%	2	0.4%	1	0.8%	2	0.5%	3	0.7%	8	1.3%	24	1.1%
Asian Indian	19	16.4%	1	0.2%	1	0.8%	4	0.9%	7	1.6%	8	1.3%	40	1.8%
Black or African American	2	1.7%	109	19.9%	22	17.5%	19	4.5%	10	2.3%	38	6.3%	200	8.8%
Mexican	73	62.9%	9	1.6%	2	1.6%	13	3.1%	3	0.7%	0	0.0%	100	4.4%
Native Hawaiian/Pacific Islander	9	7.8%	2	0.4%	0	0.0%	6	1.4%	10	2.3%	10	1.6%	37	1.6%
White	0	0.0%	59	10.7%	36	28.6%	62	14.7%	67	15.2%	183	30.1%	407	18.0%
Other	0	0.0%	48	8.7%	10	7.9%	19	4.5%	18	4.1%	123	20.3%	218	9.6%
Unknown/Not Reported	2	1.7%	311	56.6%	52	41.3%	283	66.9%	319	72.3%	231	38.1%	1,198	53.0%
Total	**116**	**100.0%**	**549**	**100.0%**	**126**	**100.0%**	**423**	**100.0%**	**441**	**100.0%**	**607**	**100.0%**	**2,262**	**100.0%**
Primary Language														
English	113	97.4%	246	44.8%	70	55.6%	115	27.2%	124	28.1%	398	65.6%	1,066	47.1%
Spanish	1	0.9%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.1%
Vietnamese	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Cantonese	1	0.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	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%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other	0	0.0%	0	0.0%	0	0.0%	2	0.5%	2	0.5%	4	0.7%	8	0.4%
Unknown/Not Reported	1	0.9%	302	55.0%	56	44.4%	306	72.3%	315	71.4%	205	33.8%	1,185	52.4%
Total	**116**	**100.0%**	**549**	**100.0%**	**126**	**100.0%**	**423**	**100.0%**	**441**	**100.0%**	**607**	**100.0%**	**2,262**	**100.0%**

Prevention and Early Intervention (PEI) Respite Programs FY 20/21 Cont.														
	Caregiver Crisis Intervention Respite		Respite Program (serving Youth/TAY)		Ripple Effect		Danelle's Place		Q-Spot		Lambda Lounge		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Sexual Orientation														
Gay or Lesbian	1	0.9%	7	1.3%	0	0.0%	11	2.6%	23	5.2%	128	21.1%	170	7.5%
Heterosexual or Straight	115	99.1%	186	33.9%	61	48.4%	10	2.4%	7	1.6%	67	11.0%	446	19.7%
Bisexual	0	0.0%	28	5.1%	2	1.6%	16	3.8%	42	9.5%	16	2.6%	104	4.6%
Questioning or unsure	0	0.0%	2	0.4%	0	0.0%	1	0.2%	10	2.3%	18	3.0%	31	1.4%
Queer	0	0.0%	0	0.0%	1	0.8%	32	7.6%	8	1.8%	38	6.3%	79	3.5%
Another sexual orientation	0	0.0%	10	1.8%	1	0.8%	41	9.7%	33	7.5%	13	2.1%	98	4.3%
Unknown/Not Reported	0	0.0%	316	57.6%	61	48.4%	312	73.8%	318	72.1%	327	53.9%	1,334	59.0%
Total	**116**	**100.0%**	**549**	**100.0%**	**126**	**100.0%**	**423**	**100.0%**	**441**	**100.0%**	**607**	**100.0%**	**2,262**	**100.0%**
Current Gender Identity														
Male	26	22.4%	135	24.6%	38	30.2%	31	7.3%	15	3.4%	112	18.5%	357	15.8%
Female	90	77.6%	105	19.1%	28	22.2%	21	5.0%	32	7.3%	123	20.3%	399	17.6%
Transgender	0	0.0%	3	0.5%	2	1.6%	9	2.1%	24	5.4%	49	8.1%	87	3.8%
Genderqueer	0	0.0%	0	0.0%	0	0.0%	3	0.7%	2	0.5%	5	0.8%	10	0.4%
Questioning or unsure	0	0.0%	0	0.0%	0	0.0%	1	0.2%	3	0.7%	7	1.2%	11	0.5%
Another gender identity	0	0.0%	2	0.4%	0	0.0%	52	12.3%	43	9.8%	17	2.8%	114	5.0%
Unknown/Not Reported	0	0.0%	304	55.4%	58	46.0%	306	72.3%	322	73.0%	294	48.4%	1,284	56.8%
Total	**116**	**100.0%**	**549**	**100.0%**	**126**	**100.0%**	**423**	**100.0%**	**441**	**100.0%**	**607**	**100.0%**	**2,262**	**100.0%**
Veteran Status														
Yes	10	8.6%	0	0.0%	5	4.0%	5	1.2%	1	0.2%	5	0.8%	26	1.1%
No	106	91.4%	247	45.0%	65	51.6%	116	27.4%	125	28.3%	403	66.4%	1,062	46.9%
Decline to answer	0	0.0%	302	55.0%	56	44.4%	302	71.4%	315	71.4%	199	32.8%	1,174	51.9%
Total	**116**	**100.0%**	**549**	**100.0%**	**126**	**100.0%**	**423**	**100.0%**	**441**	**100.0%**	**607**	**100.0%**	**2,262**	**100.0%**

STRENGTHENING FAMILIES														
	QCCC		CPS Mental Health Teams		eVIBE		Adoptive Families Respite		The Source		Safe Zone Squad		Total	
Characteristic	N=31	%	N=852	%	N=1,319	%	N=395	%	N =99	%	N=114	%	N=2,810	%
Age Group														
Children/Youth (0-15)	15	48.4%	737	86.5%	439	33.3%	201	50.9%	41	41.4%	114	100.0%	1,547	55.1%
TAY (16-25)	0	0.0%	87	10.2%	18	1.4%	19	4.8%	58	58.6%	0	0.0%	182	6.5%
Adults (26-59)	12	38.7%	26	3.1%	39	3.0%	150	38.0%	0	0.0%	0	0.0%	227	8.1%
Older Adults (60+)	1	3.2%	2	0.2%	0	0.0%	6	1.5%	0	0.0%	0	0.0%	9	0.3%
Unknown/Not Reported	3	9.7%	0	0.0%	823	62.4%	19	4.8%	0	0.0%	0	0.0%	845	30.1%
Ethnicity														
Hispanic or Latino	1	3.2%	102	12.0%	0	0.0%	61	15.4%	36	36.4%	51	44.7%	251	8.9%
Non-Hispanic/Non-Latino	2	6.5%	234	27.5%	0	0.0%	314	79.5%	42	42.4%	40	35.1%	632	22.5%
Other	0	0.0%	32	3.8%	0	0.0%	0	0.0%	9	9.1%	5	4.4%	46	1.6%
More than one ethnicity	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Not Reported	28	90.3%	484	56.8%	1,319	100.0%	20	5.1%	12	12.1%	18	15.8%	1,881	66.9%
Race														
White	9	29.0%	231	27.1%	46	3.5%	206	52.2%	26	26.3%	15	13.2%	533	19.0%
Black or African American	1	3.2%	189	22.2%	45	3.4%	52	13.2%	29	29.3%	39	34.2%	355	12.6%
Asian	0	0.0%	18	2.1%	91	6.9%	0	0.0%	5	5.1%	10	8.8%	124	4.4%
American Indian or Alaska Native	0	0.0%	9	1.1%	2	0.2%	10	2.5%	1	1.0%	3	2.6%	25	0.9%
Native Hawaiian or other Pacific Islander	0	0.0%	6	0.7%	4	0.3%	0	0.0%	0	0.0%	3	2.6%	13	0.5%
More than one race	0	0.0%	46	5.4%	59	4.5%	20	5.1%	10	10.1%	3	2.6%	138	4.9%
Other	0	0.0%	36	4.2%	0	0.0%	27	6.8%	24	24.2%	14	12.3%	101	3.6%
Unknown/Not Reported	21	67.7%	317	37.2%	1,072	81.3%	80	20.3%	4	4.0%	27	23.7%	1,521	54.1%
Primary Language														
English	27	87.1%	602	70.7%	0	0.0%	384	97.2%	86	86.9%	62	54.4%	1,161	41.3%
Spanish	0	0.0%	4	0.5%	0	0.0%	1	0.3%	13	13.1%	11	9.6%	29	1.0%
Vietnamese	0	0.0%	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	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%	1	0.3%	0	0.0%	0	0.0%	1	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%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other	0	0.0%	3	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	0.1%
Unknown/Not Reported	4	12.9%	242	28.4%	1,319	100.0%	9	2.3%	0	0.0%	41	36.0%	1,615	57.5%
Sexual Orientation														
Heterosexual or Straight	1	3.2%	62	7.3%	26	2.0%	280	70.9%	38	38.4%	8	7.0%	415	14.8%
Gay or Lesbian	0	0.0%	1	0.1%	1	0.1%	26	6.6%	1	1.0%	0	0.0%	29	1.0%
Bisexual	0	0.0%	3	0.4%	1	0.1%	16	4.1%	7	7.1%	1	0.9%	28	1.0%
Questioning or unsure	0	0.0%	8	0.9%	0	0.0%	23	5.8%	4	4.0%	0	0.0%	35	1.2%
Queer	0	0.0%	0	0.0%	0	0.0%	4	1.0%	0	0.0%	0	0.0%	4	0.1%
Another sexual orientation	0	0.0%	0	0.0%	0	0.0%	22	5.6%	0	0.0%	0	0.0%	22	0.8%
Unknown/Not Reported	30	96.8%	778	91.3%	1,291	97.9%	24	6.1%	49	49.5%	105	92.1%	2,277	81.0%
Current Gender Identity														
Female	21	67.7%	46	5.4%	231	17.5%	197	49.9%	49	49.5%	45	39.5%	589	21.0%
Male	10	32.3%	35	4.1%	259	19.6%	185	46.8%	50	50.5%	67	58.8%	606	21.6%
Transgender	0	0.0%	0	0.0%	0	0.0%	3	0.8%	0	0.0%	0	0.0%	3	0.1%
Genderqueer	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%
Another gender identity	0	0.0%	1	0.1%	3	0.2%	4	1.0%	0	0.0%	0	0.0%	8	0.3%
Unknown/Not Reported	0	0.0%	770	90.4%	826	62.6%	6	1.5%	0	0.0%	2	1.8%	1,604	57.1%
Veteran Status														
Yes	0	0.0%	1	0.1%	0	0.0%	2	0.5%	0	0.0%	0	0.0%	3	0.1%
No	31	100.0%	381	44.7%	0	0.0%	152	38.5%	0	0.0%	0	0.0%	564	20.1%
Unknown/Not Reported	0	0.0%	470	55.2%	1,319	100.0%	241	61.0%	99	100.0%	114	100.0%	2,243	79.8%

INTEGRATED HEALTH AND WELLNESS						
	SacEDAPT		Senior Link		Total	
Characteristic	**N=164**	**%**	**N=140**	**%**	**N=304**	**%**
Age Group						
Children/Youth (0-15)	32	19.5%	0	0.0%	32	10.5%
TAY (16-25)	106	64.6%	0	0.0%	106	34.9%
Adults (26-59)	26	15.9%	12	8.6%	38	12.5%
Older Adults (60+)	0	0.0%	94	67.1%	94	30.9%
Unknown/Not Reported	0	0.0%	34	24.3%	34	11.2%
Ethnicity						
Hispanic or Latino	54	32.9%	27	19.3%	81	26.6%
Non-Hispanic/Non-Latino	87	53.0%	62	44.3%	149	49.0%
Other	9	5.5%	0	0.0%	9	3.0%
More than one ethnicity	0	0.0%	0	0.0%	0	0.0%
Unknown/Not Reported	14	8.5%	51	36.4%	65	21.4%
Race						
White	43	26.2%	34	24.3%	77	25.3%
Black or African American	46	28.0%	23	16.4%	69	22.7%
Asian	11	6.7%	8	5.7%	19	6.3%
American Indian or Alaska Native	4	2.4%	1	0.7%	5	1.6%
Native Hawaiian or other Pacific Islander	1	0.6%	0	0.0%	1	0.3%
More than one race	23	14.0%	5	3.6%	28	9.2%
Other	32	19.5%	23	16.4%	55	18.1%
Unknown/Not Reported	4	2.4%	46	32.9%	50	16.4%
Primary Language						
English	151	92.1%	79	56.4%	230	75.7%
Spanish	9	5.5%	15	10.7%	24	7.9%
Vietnamese	0	0.0%	0	0.0%	0	0.0%
Cantonese	1	0.6%	1	0.7%	2	0.7%
Russian	0	0.0%	0	0.0%	0	0.0%
Hmong	0	0.0%	5	3.6%	5	1.6%
Arabic	1	0.6%	0	0.0%	1	0.3%
Other	2	1.2%	2	1.4%	4	1.3%
Unknown/Not Reported	0	0.0%	38	27.1%	38	12.5%
Sexual Orientation						
Heterosexual or Straight	58	35.4%	82	58.6%	140	46.1%
Gay or Lesbian	2	1.2%	0	0.0%	2	0.7%
Bisexual	5	3.0%	0	0.0%	5	1.6%
Questioning or unsure	6	3.7%	0	0.0%	6	2.0%
Queer	0	0.0%	0	0.0%	0	0.0%
Another sexual orientation	0	0.0%	0	0.0%	0	0.0%
Unknown/Not Reported	93	56.7%	58	41.4%	151	49.7%
Current Gender Identity						
Female	79	48.2%	83	59.3%	162	53.3%
Male	85	51.8%	21	15.0%	106	34.9%
Transgender	0	0.0%	0	0.0%	0	0.0%
Genderqueer	0	0.0%	0	0.0%	0	0.0%
Questioning or unsure	0	0.0%	0	0.0%	0	0.0%
Another gender identity	0	0.0%	0	0.0%	0	0.0%
Unknown/Not Reported	0	0.0%	36	25.7%	36	11.8%
Veteran Status						
Yes	0	0.0%	3	2.1%	3	1.0%
No	0	0.0%	0	0.0%	0	0.0%
Unknown/Not Reported	164	100.0%	137	97.9%	301	99.0%

TIME-LIMITED COMMUNITY-DRIVEN PEI GRANT PROGRAM												
	Agile Group		Cal Voices		California Black Women's Health Project		Depression and Bipolar Support Alliance of California		East Bay Asian Youth Center		Friends For Survival	
Characteristic	**N=5**	**%**	**N=134**	**%**	**N=15**	**%**	**N=N/A***	**%**	**N=30**	**%**	**N=26**	**%**
Age Group												
Children/Youth (0-15)	0	0.0%	0	0.0%	0	0.0%	N/A	N/A	20	66.7%	0	0.0%
TAY (16-25)	2	40.0%	12	9.0%	1	6.7%	N/A	N/A	10	33.3%	0	0.0%
Adults (26-59)	2	40.0%	85	63.4%	8	53.3%	N/A	N/A	0	0.0%	14	53.8%
Older Adults (60+)	0	0.0%	21	15.7%	1	6.7%	N/A	N/A	0	0.0%	12	46.2%
Unknown/Not Reported	1	20.0%	16	11.9%	5	33.3%	N/A	N/A	0	0.0%	0	0.0%
Ethnicity												
Hispanic or Latino	0	0.0%	28	20.9%	0	0.0%	N/A	N/A	0	0.0%	0	0.0%
Non-Hispanic/Non-Latino	5	100.0%	65	48.5%	13	86.7%	N/A	N/A	30	100.0%	0	0.0%
Other	0	0.0%	0	0.0%	0	0.0%	N/A	N/A	0	0.0%	0	0.0%
More than one ethnicity	0	0.0%	12	9.0%	0	0.0%	N/A	N/A	0	0.0%	0	0.0%
Unknown/Not Reported	0	0.0%	29	21.6%	2	13.3%	N/A	N/A	0	0.0%	26	100.0%
Race												
White	0	0.0%	49	36.6%	0	0.0%	N/A	N/A	0	0.0%	0	0.0%
Black or African American	4	80.0%	15	11.2%	15	100.0%	N/A	N/A	0	0.0%	0	0.0%
Asian	0	0.0%	10	7.5%	0	0.0%	N/A	N/A	30	100.0%	0	0.0%
American Indian or Alaska Native	0	0.0%	2	1.5%	0	0.0%	N/A	N/A	0	0.0%	0	0.0%
Native Hawaiian or other Pacific Islander	0	0.0%	0	0.0%	0	0.0%	N/A	N/A	0	0.0%	0	0.0%
More than one race	1	20.0%	13	9.7%	0	0.0%	N/A	N/A	0	0.0%	0	0.0%
Other	0	0.0%	20	14.9%	0	0.0%	N/A	N/A	0	0.0%	0	0.0%
Unknown/Not Reported	0	0.0%	25	18.7%	0	0.0%	N/A	N/A	0	0.0%	26	100.0%
Primary Language												
English	5	100.0%	108	80.6%	14	93.3%	N/A	N/A	0	0.0%	0	0.0%
Spanish	0	0.0%	3	2.2%	0	0.0%	N/A	N/A	0	0.0%	0	0.0%
Vietnamese	0	0.0%	0	0.0%	0	0.0%	N/A	N/A	0	0.0%	0	0.0%
Cantonese	0	0.0%	2	1.5%	1	6.7%	N/A	N/A	0	0.0%	0	0.0%
Russian	0	0.0%	0	0.0%	0	0.0%	N/A	N/A	0	0.0%	0	0.0%
Hmong	0	0.0%	0	0.0%	0	0.0%	N/A	N/A	0	0.0%	0	0.0%
Arabic	0	0.0%	3	2.2%	0	0.0%	N/A	N/A	0	0.0%	0	0.0%
Other	0	0.0%	4	3.0%	0	0.0%	N/A	N/A	0	0.0%	0	0.0%
Unknown/Not Reported	0	0.0%	14	10.4%	0	0.0%	N/A	N/A	30	100.0%	26	100.0%
Sexual Orientation												
Heterosexual or Straight	4	80.0%	81	60.4%	12	80.0%	N/A	N/A	0	0.0%	0	0.0%
Gay or Lesbian	0	0.0%	7	5.2%	0	0.0%	N/A	N/A	0	0.0%	0	0.0%
Bisexual	0	0.0%	5	3.7%	1	6.7%	N/A	N/A	0	0.0%	0	0.0%
Questioning or unsure	0	0.0%	0	0.0%	0	0.0%	N/A	N/A	0	0.0%	0	0.0%
Queer	0	0.0%	3	2.2%	2	13.3%	N/A	N/A	0	0.0%	0	0.0%
Another sexual orientation	1	20.0%	7	5.2%	0	0.0%	N/A	N/A	0	0.0%	0	0.0%
Unknown/Not Reported	0	0.0%	31	23.1%	0	0.0%	N/A	N/A	30	100.0%	26	100.0%
Current Gender Identity												
Female	3	60.0%	92	68.7%	15	100.0%	N/A	N/A	16	53.3%	23	88.5%
Male	1	20.0%	24	17.9%	0	0.0%	N/A	N/A	14	46.7%	3	11.5%
Transgender	0	0.0%	0	0.0%	0	0.0%	N/A	N/A	0	0.0%	0	0.0%
Genderqueer	0	0.0%	0	0.0%	0	0.0%	N/A	N/A	0	0.0%	0	0.0%
Questioning or unsure	0	0.0%	0	0.0%	0	0.0%	N/A	N/A	0	0.0%	0	0.0%
Another gender identity	1	20.0%	0	0.0%	0	0.0%	N/A	N/A	0	0.0%	0	0.0%
Unknown/Not Reported	0	0.0%	18	13.4%	0	0.0%	N/A	N/A	0	0.0%	0	0.0%
Veteran Status												
Yes	0	0.0%	0	0.0%	1	6.7%	N/A	N/A	0	0.0%	0	0.0%
No	0	0.0%	0	0.0%	0	0.0%	N/A	N/A	0	0.0%	0	0.0%
Unknown/Not Reported	5	100.0%	134	100.0%	14	93.3%	N/A	N/A	30	100.0%	26	100.0%

*This program did not collect demographic data in FY2020-21.

TIME-LIMITED COMMUNITY-DRIVEN PEI GRANT PROGRAM (cont'd)												
	Health Education Council		Her Health First		Hmong Youth & Parents United		Improve Your Tomorrow		Internation Rescue Committee		Justice Team Network	
Characteristic	**N=47**	**%**	**N=20**	**%**	**N=678**	**%**	**N=21**	**%**	**N=435**	**%**	**N=N/A***	**%**
Age Group												
Children/Youth (0-15)	45	95.7%	0	0.0%	101	14.9%	0	0.0%	81	18.6%	N/A	N/A
TAY (16-25)	1	2.1%	5	25.0%	484	71.4%	21	100.0%	33	7.6%	N/A	N/A
Adults (26-59)	0	0.0%	15	75.0%	0	0.0%	0	0.0%	321	73.8%	N/A	N/A
Older Adults (60+)	0	0.0%	0	0.0%	93	13.7%	0	0.0%	0	0.0%	N/A	N/A
Unknown/Not Reported	1	2.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	N/A	N/A
Ethnicity												
Hispanic or Latino	15	31.9%	0	0.0%	42	6.2%	0	0.0%	0	0.0%	N/A	N/A
Non-Hispanic/Non-Latino	20	42.6%	0	0.0%	614	90.6%	0	0.0%	435	100.0%	N/A	N/A
Other	5	10.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	N/A	N/A
More than one ethnicity	3	6.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	N/A	N/A
Unknown/Not Reported	4	8.5%	20	100.0%	22	3.2%	21	100.0%	0	0.0%	N/A	N/A
Race												
White	0	0.0%	0	0.0%	0	0.0%	0	0.0%	416	95.6%	N/A	N/A
Black or African American	16	34.0%	18	90.0%	15	2.2%	6	28.6%	0	0.0%	N/A	N/A
Asian	8	17.0%	0	0.0%	455	67.1%	4	19.0%	0	0.0%	N/A	N/A
American Indian or Alaska Native	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	N/A	N/A
Native Hawaiian or other Pacific Islander	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	N/A	N/A
More than one race	3	6.4%	2	10.0%	0	0.0%	2	9.5%	0	0.0%	N/A	N/A
Other	16	34.0%	0	0.0%	0	0.0%	9	42.9%	0	0.0%	N/A	N/A
Unknown/Not Reported	4	8.5%	0	0.0%	208	30.7%	0	0.0%	19	4.4%	N/A	N/A
Primary Language												
English	41	87.2%	20	100.0%	571	84.2%	0	0.0%	0	0.0%	N/A	N/A
Spanish	2	4.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	N/A	N/A
Vietnamese	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	N/A	N/A
Cantonese	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	N/A	N/A
Russian	0	0.0%	0	0.0%	0	0.0%	0	0.0%	6	1.4%	N/A	N/A
Hmong	2	4.3%	0	0.0%	104	15.3%	0	0.0%	0	0.0%	N/A	N/A
Arabic	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	N/A	N/A
Other	1	2.1%	0	0.0%	0	0.0%	0	0.0%	429	98.6%	N/A	N/A
Unknown/Not Reported	1	2.1%	0	0.0%	3	0.4%	21	100.0%	0	0.0%	N/A	N/A
Sexual Orientation												
Heterosexual or Straight	29	61.7%	0	0.0%	92	13.6%	0	0.0%	0	0.0%	N/A	N/A
Gay or Lesbian	1	2.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	N/A	N/A
Bisexual	7	14.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	N/A	N/A
Questioning or unsure	1	2.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	N/A	N/A
Queer	2	4.3%	0	0.0%	16	2.4%	0	0.0%	0	0.0%	N/A	N/A
Another sexual orientation	1	2.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	N/A	N/A
Unknown/Not Reported	6	12.8%	20	100.0%	570	84.1%	21	100.0%	435	100.0%	N/A	N/A
Current Gender Identity												
Female	32	68.1%	0	0.0%	256	37.8%	0	0.0%	0	0.0%	N/A	N/A
Male	13	27.7%	0	0.0%	215	31.7%	0	0.0%	0	0.0%	N/A	N/A
Transgender	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	N/A	N/A
Genderqueer	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	N/A	N/A
Questioning or unsure	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	N/A	N/A
Another gender identity	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	N/A	N/A
Unknown/Not Reported	2	4.3%	20	100.0%	207	30.5%	21	100.0%	435	100.0%	N/A	N/A
Veteran Status												
Yes	0	0.0%	0	0.0%	1	0.1%	0	0.0%	0	0.0%	N/A	N/A
No	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	N/A	N/A
Unknown/Not Reported	47	100.0%	20	100.0%	677	99.9%	21	100.0%	435	100.0%	N/A	N/A

*This program did not collect demographic data in FY2020-21.

TIME-LIMITED COMMUNITY-DRIVEN PEI GRANT PROGRAM (cont'd)												
	La Familia		Lao Family Community Development		Sacramento Youth Mental Health		Mental Health California		Muslim American Society - Social Services Foundation		NAMI Sacramento	
Characteristic	**N=173**	**%**	**N=320**	**%**	**N= N/A***	**%**	**N= N/A***	**%**	**N=N/A***	**%**	**N=303**	**%**
Age Group												
Children/Youth (0-15)	32	18.5%	88	27.5%	N/A	N/A	N/A	N/A	N/A	N/A	0	0.0%
TAY (16-25)	84	48.6%	35	10.9%	N/A	N/A	N/A	N/A	N/A	N/A	17	5.6%
Adults (26-59)	17	9.8%	141	44.1%	N/A	N/A	N/A	N/A	N/A	N/A	219	72.3%
Older Adults (60+)	40	23.1%	1	0.3%	N/A	N/A	N/A	N/A	N/A	N/A	67	22.1%
Unknown/Not Reported	0	0.0%	55	17.2%	N/A	N/A	N/A	N/A	N/A	N/A	0	0.0%
Ethnicity												
Hispanic or Latino	137	79.2%	1	0.3%	N/A	N/A	N/A	N/A	N/A	N/A	12	4.0%
Non-Hispanic/Non-Latino	9	5.2%	318	99.4%	N/A	N/A	N/A	N/A	N/A	N/A	218	71.9%
Other	13	7.5%	0	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	44	14.5%
More than one ethnicity	10	5.8%	0	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	22	7.3%
Unknown/Not Reported	4	2.3%	1	0.3%	N/A	N/A	N/A	N/A	N/A	N/A	7	2.3%
Race												
White	10	5.8%	248	77.5%	N/A	N/A	N/A	N/A	N/A	N/A	206	68.0%
Black or African American	13	7.5%	0	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	28	9.2%
Asian	0	0.0%	40	12.5%	N/A	N/A	N/A	N/A	N/A	N/A	8	2.6%
American Indian or Alaska Native	0	0.0%	0	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	2	0.7%
Native Hawaiian or other Pacific Islander	0	0.0%	0	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	7	2.3%
More than one race	9	5.2%	0	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	14	4.6%
Other	130	75.1%	32	10.0%	N/A	N/A	N/A	N/A	N/A	N/A	31	10.2%
Unknown/Not Reported	11	6.4%	0	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	7	2.3%
Primary Language												
English	83	48.0%	31	9.7%	N/A	N/A	N/A	N/A	N/A	N/A	292	96.4%
Spanish	87	50.3%	0	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	0	0.0%
Vietnamese	0	0.0%	0	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	1	0.3%
Cantonese	0	0.0%	0	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	0	0.0%
Russian	0	0.0%	0	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	0	0.0%
Hmong	0	0.0%	20	6.3%	N/A	N/A	N/A	N/A	N/A	N/A	0	0.0%
Arabic	0	0.0%	0	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	0	0.0%
Other	0	0.0%	258	80.6%	N/A	N/A	N/A	N/A	N/A	N/A	7	2.3%
Unknown/Not Reported	3	1.7%	11	3.4%	N/A	N/A	N/A	N/A	N/A	N/A	3	1.0%
Sexual Orientation												
Heterosexual or Straight	158	91.3%	53	16.6%	N/A	N/A	N/A	N/A	N/A	N/A	229	75.6%
Gay or Lesbian	1	0.6%	0	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	30	9.9%
Bisexual	3	1.7%	0	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	15	5.0%
Questioning or unsure	0	0.0%	0	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	2	0.7%
Queer	0	0.0%	0	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	1	0.3%
Another sexual orientation	1	0.6%	2	0.6%	N/A	N/A	N/A	N/A	N/A	N/A	21	6.9%
Unknown/Not Reported	10	5.8%	265	82.8%	N/A	N/A	N/A	N/A	N/A	N/A	5	1.7%
Current Gender Identity												
Female	127	73.4%	29	9.1%	N/A	N/A	N/A	N/A	N/A	N/A	205	67.7%
Male	43	24.9%	23	7.2%	N/A	N/A	N/A	N/A	N/A	N/A	88	29.0%
Transgender	0	0.0%	0	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	0	0.0%
Genderqueer	0	0.0%	0	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	0	0.0%
Questioning or unsure	0	0.0%	0	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	0	0.0%
Another gender identity	0	0.0%	0	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	8	2.6%
Unknown/Not Reported	3	1.7%	268	83.8%	N/A	N/A	N/A	N/A	N/A	N/A	2	0.7%
Veteran Status												
Yes	0	0.0%	0	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	7	2.3%
No	0	0.0%	0	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	0	0.0%
Unknown/Not Reported	173	100.0%	320	100.0%	N/A	N/A	N/A	N/A	N/A	N/A	296	97.7%

*This program did not collect demographic data in FY2020-21.

TIME-LIMITED COMMUNITY-DRIVEN PEI GRANT PROGRAM (cont'd)												
	Nation's Finest		Native Dads Network		Neighborhood Wellness Foundation		Nor-Cal Services for the Deaf and Hard of Hearing		OnTrack Program Resources		Opening Doors, Inc.	
Characteristic	N=225	%	N=226	%	N=24	%	N=31	%	N=19	%	N=35	%
Age Group												
Children/Youth (0-15)	0	0.0%	0	0.0%	0	0.0%	31	100.0%	0	0.0%	0	0.0%
TAY (16-25)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	10.5%	7	20.0%
Adults (26-59)	184	81.8%	0	0.0%	15	62.5%	0	0.0%	13	68.4%	25	71.4%
Older Adults (60+)	41	18.2%	0	0.0%	8	33.3%	0	0.0%	4	21.1%	0	0.0%
Unknown/Not Reported	0	0.0%	226	100.0%	1	4.2%	0	0.0%	0	0.0%	3	8.6%
Ethnicity												
Hispanic or Latino	0	0.0%	0	0.0%	0	0.0%	10	32.3%	1	5.3%	0	0.0%
Non-Hispanic/Non-Latino	0	0.0%	0	0.0%	19	79.2%	13	41.9%	13	68.4%	35	100.0%
Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
More than one ethnicity	0	0.0%	0	0.0%	0	0.0%	2	6.5%	0	0.0%	0	0.0%
Unknown/Not Reported	225	100.0%	226	100.0%	5	20.8%	6	19.4%	5	26.3%	0	0.0%
Race												
White	0	0.0%	0	0.0%	0	0.0%	6	19.4%	0	0.0%	0	0.0%
Black or African American	0	0.0%	0	0.0%	23	95.8%	7	22.6%	19	100.0%	0	0.0%
Asian	0	0.0%	0	0.0%	0	0.0%	1	3.2%	0	0.0%	0	0.0%
American Indian or Alaska Native	0	0.0%	0	0.0%	0	0.0%	1	3.2%	0	0.0%	0	0.0%
Native Hawaiian or other Pacific Islander	0	0.0%	0	0.0%	0	0.0%	1	3.2%	0	0.0%	0	0.0%
More than one race	0	0.0%	0	0.0%	0	0.0%	1	3.2%	0	0.0%	0	0.0%
Other	0	0.0%	0	0.0%	0	0.0%	9	29.0%	0	0.0%	34	97.1%
Unknown/Not Reported	225	100.0%	226	100.0%	1	4.2%	5	16.1%	0	0.0%	1	2.9%
Primary Language												
English	0	0.0%	0	0.0%	24	100.0%	5	16.1%	19	100.0%	0	0.0%
Spanish	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Vietnamese	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%
Russian	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%
Arabic	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other	0	0.0%	0	0.0%	0	0.0%	26	83.9%	0	0.0%	35	100.0%
Unknown/Not Reported	225	100.0%	226	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Sexual Orientation												
Heterosexual or Straight	0	0.0%	0	0.0%	18	75.0%	0	0.0%	13	68.4%	34	97.1%
Gay or Lesbian	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	5.3%	0	0.0%
Bisexual	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	5.3%	0	0.0%
Questioning or unsure	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Queer	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Another sexual orientation	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	5.3%	0	0.0%
Unknown/Not Reported	225	100.0%	226	100.0%	6	25.0%	31	100.0%	3	15.8%	1	2.9%
Current Gender Identity												
Female	84	37.3%	116	51.3%	24	100.0%	16	51.6%	13	68.4%	35	100.0%
Male	141	62.7%	109	48.2%	0	0.0%	14	45.2%	4	21.1%	0	0.0%
Transgender	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Genderqueer	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	10.5%	0	0.0%
Questioning or unsure	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Another gender identity	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Not Reported	0	0.0%	1	0.4%	0	0.0%	1	3.2%	0	0.0%	0	0.0%
Veteran Status												
Yes	0	0.0%	0	0.0%	2	8.3%	0	0.0%	1	5.3%	0	0.0%
No	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Not Reported	225	100.0%	226	100.0%	22	91.7%	31	100.0%	18	94.7%	35	100.0%

TIME-LIMITED COMMUNITY-DRIVEN PEI GRANT PROGRAM (cont'd)										
	Teah Hariston		Trans & Queer Youth Collective		University Enterprises, Inc. - Sacramento State		WEAVE, Inc.		Total	
Characteristic	N=14	%	N=35	%	N=75	%	N=26	%	N=3368*	%
Age Group										
Children/Youth (0-15)	0	0.0%	23	65.7%	0	0.0%	0	0.0%	446	13.2%
TAY (16-25)	0	0.0%	12	34.3%	58	77.3%	3	11.5%	859	25.5%
Adults (26-59)	0	0.0%	0	0.0%	15	20.0%	21	80.8%	1,400	41.6%
Older Adults (60+)	0	0.0%	0	0.0%	0	0.0%	1	3.8%	335	9.9%
Unknown/Not Reported	14	100.0%	0	0.0%	2	2.7%	1	3.8%	328	9.7%
Ethnicity										
Hispanic or Latino	0	0.0%	0	0.0%	37	49.3%	1	3.8%	297	8.8%
Non-Hispanic/Non-Latino	14	100.0%	12	34.3%	38	50.7%	0	0.0%	1,985	58.9%
Other	0	0.0%	1	2.9%	0	0.0%	4	15.4%	67	2.0%
More than one ethnicity	0	0.0%	0	0.0%	0	0.0%	0	0.0%	58	1.7%
Unknown/Not Reported	0	0.0%	22	62.9%	0	0.0%	21	80.8%	961	28.5%
Race										
White	0	0.0%	30	85.7%	3	4.0%	1	3.8%	1,028	30.5%
Black or African American	14	100.0%	0	0.0%	6	8.0%	16	61.5%	368	10.9%
Asian	0	0.0%	0	0.0%	7	9.3%	0	0.0%	567	16.8%
American Indian or Alaska Native	0	0.0%	1	2.9%	0	0.0%	0	0.0%	8	0.2%
Native Hawaiian or other Pacific Islander	0	0.0%	1	2.9%	12	16.0%	0	0.0%	25	0.7%
More than one race	0	0.0%	1	2.9%	17	22.7%	2	7.7%	75	2.2%
Other	0	0.0%	0	0.0%	27	36.0%	3	11.5%	347	10.3%
Unknown/Not Reported	0	0.0%	2	5.7%	3	4.0%	4	15.4%	950	28.2%
Primary Language										
English	14	100.0%	32	91.4%	65	86.7%	26	100.0%	1,515	45.0%
Spanish	0	0.0%	0	0.0%	7	9.3%	0	0.0%	115	3.4%
Vietnamese	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
Cantonese	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	0.1%
Russian	0	0.0%	0	0.0%	0	0.0%	0	0.0%	6	0.2%
Hmong	0	0.0%	0	0.0%	0	0.0%	0	0.0%	127	3.8%
Arabic	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	0.1%
Other	0	0.0%	0	0.0%	2	2.7%	0	0.0%	763	22.7%
Unknown/Not Reported	0	0.0%	3	8.6%	1	1.3%	0	0.0%	835	24.8%
Sexual Orientation										
Heterosexual or Straight	0	0.0%	0	0.0%	44	58.7%	0	0.0%	786	23.3%
Gay or Lesbian	0	0.0%	6	17.1%	0	0.0%	0	0.0%	60	1.8%
Bisexual	0	0.0%	3	8.6%	12	16.0%	0	0.0%	55	1.6%
Questioning or unsure	0	0.0%	2	5.7%	7	9.3%	0	0.0%	13	0.4%
Queer	0	0.0%	1	2.9%	6	8.0%	0	0.0%	34	1.0%
Another sexual orientation	0	0.0%	3	8.6%	4	5.3%	0	0.0%	57	1.7%
Unknown/Not Reported	14	100.0%	20	57.1%	2	2.7%	26	100.0%	2,363	70.2%
Current Gender Identity										
Female	0	0.0%	14	40.0%	66	88.0%	26	100.0%	1,302	38.7%
Male	0	0.0%	2	5.7%	8	10.7%	0	0.0%	969	28.8%
Transgender	0	0.0%	2	5.7%	0	0.0%	0	0.0%	9	0.3%
Genderqueer	0	0.0%	1	2.9%	0	0.0%	0	0.0%	5	0.1%
Questioning or unsure	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Another gender identity	0	0.0%	9	25.7%	0	0.0%	0	0.0%	35	1.0%
Unknown/Not Reported	14	100.0%	7	20.0%	1	1.3%	0	0.0%	1,048	31.1%
Veteran Status										
Yes	0	0.0%	0	0.0%	0	0.0%	0	0.0%	13	0.4%
No	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Not Reported	14	100.0%	35	100.0%	75	100.0%	26	100.0%	3,355	99.6%

*The number 3368 given for N in the Total column is the total across all 34 PEI Time Limited Community-Driven Grantee programs. It includes only those programs that collected demographic data in FY2020-21.

WORKFORCE EDUCATION AND TRAINING (WET) COMPONENT

The WET component provides time limited funding with the goals of recruiting, hiring, training, and retaining culturally diverse and linguistically proficient public mental health system staff who are reflective of the cultural, racial, ethnic, linguistic, gender, and sexual diversity of the community we serve. 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 previously approved actions aimed at recruiting, hiring, training and retaining our current behavioral health workforce.

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 and Language Proficiency Survey to provide current data on the entire mental health system. The final report of the 2020 HR Survey and Language Proficiency Survey is attached as part of this update (*see Attachment D*). Data from the annual HR Survey and Language Proficiency Survey suggests that BHS could provide more intentional outreach and recruitment in order to hire and retain a workforce that more closely reflects the cultural, racial, ethnic, linguistic, gender, and sexual diversity of the consumers being served throughout BHS programs.

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 and 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. The WET Coordinator continues 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.

Since 2010, Sacramento County has offered both Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHFA) trainings at no cost to community members. In FY 2020-21, when COVID-19 restrictions began impacting in-person training opportunities, the National Council for Mental Wellbeing, the agency with oversight of Mental Health First Aid program converted to an online version that required all instructors to complete new training courses. Sacramento County instructors were retrained in 2021, but have not had opportunity to teach any courses since early 2020.

Currently, both adult and youth MHFA training sessions, including language/culturally specific sessions, are part of the partner training schedule and the county's Mental Health Plan (MHP) and 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 MHFA trainings to community members free of charge.

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.

BHS requires that all providers' service delivery staff, supervisors and managers receive annual cultural competence training. In light of the ongoing COVID-19 pandemic, in FY 2020-21, we were unable to offer in person trainings and needed to identify a comprehensive training that addressed the topics required by the Cultural Competence Plan Requirements. We have since identified *"Eliminating Inequities in Behavioral Healthcare,"* a five (5) module webinar series that aims to increase participants' knowledge about the interplay between structural racism, behavioral health institutional racism, implicit bias and behavioral health disparities. This training also offers education about strategies to decrease, and ultimately eliminate racial disparities in access, quality and outcomes of behavioral health treatment. As a result, BHS decided to make the "Eliminating Inequities in Behavioral Healthcare" web series our required annual Cultural Competence training for FY 2020-21 and 2021-22.

In FY 2020-21, BHS virtually offered *Behavioral Health Interpreter Training: Introduction to Interpreting in Behavioral Health*, an intensive four day training for 3.5 hours each day intended for bilingual staff fluent in English and at least one other language who use their linguistic skills to provide interpreting services. Twenty-one (21) participants completed the training. This training is required for direct service staff, clinicians, administrative support staff, bilingual community members, contractors, consumers, case management staff, and others who are currently serving as language interpreters in mental health and/or substance use disorders programs or those who want to become interpreters.

"Therapeutic Cross-Cultural Communication," is another training provided for monolingual English speaking clinicians working with language interpreters' services. Twenty (20) participants completed this two-day virtual training for 3.5 hours each day during FY 2020-21.

These trainings meet State requirements and support 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 strived to achieve the State standard that 98% of staff identified as interpreters complete an approved mental health/behavioral health interpreter training and receive certification. Due to staff

turnover at our Assisted Access program, BHS was unable to meet the 98% standard in FY 2020-21.

In FY 2020-21, BHS provided scholarships and support for 106 behavioral health staff, system partners, providers, stakeholders, and individuals with lived mental health experiences to attend eight (8) behavioral health related trainings and conferences.

Action 3: Consumer and Family Member Employment and Stipends for Individuals, Especially Consumers and Family Members, for Education Programs to Enter the Mental Health Field

This Action combines both Action 3: Consumer and Family Member Employment and Action 8: Stipends for Individuals, Especially Consumers and Family Members, for Education Programs to Enter the Mental Health Field as described in the previous Three Year Plan. This Action is designed to develop entry and supportive employment opportunities for consumers, family members, and individuals from Sacramento County's culturally and linguistically diverse communities to address occupational shortages identified in the Human Resource and Language Proficiency Surveys or additional workforce needs assessment data. Additionally, this Action supports efforts to develop a diverse, culturally responsive and linguistically proficient 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. BHS will encourage individuals, particularly consumers and family members with lived experience, who are reflective of the diversity of the county to apply for educational stipends as they become available through the WET Central Regional Partnership as described in Action 6.

In line with BHS core values and community/stakeholder input, BHS has included consumer and family member positions in all programs using creative partnerships between county and contract providers. During FY 2020-21, the County established within the County employment system a Behavioral Health Peer Specialist series that included the creation of Behavioral Health Peer Specialist, Senior Behavioral Health Peer Specialist, and Behavioral Health Peer Specialist Program Manager classifications. These positions will be responsible for providing peer support and services based on lived experiences to consumers of behavioral health services and their families/caregivers.

On September 25, 2020, California Governor Gavin Newsom signed Senate Bill (SB) 803, which directs the State of California Department of Health Care Services (DHCS) to establish Peer certification requirements by July 1, 2022, validating the importance of peer support services in mental health treatment by recognizing peers as Medi-Cal providers. In alignment with SB 803, DHCS established statewide requirements for the development of Medi-Cal certification programs of Peer Support Specialists. Because this is a statewide program, certifications will be recognized by all counties and transferable from county to county.

Community feedback received at Town Hall events and Mental Health Board meetings supports the need for the enhancement and prioritization of Peer support services in Sacramento County, to ensure they align with the service standards of other counties as well as the goals of SB 803. California Mental Health Services Authority (CalMHSA) will implement a Medi-Cal Peer Support Specialist Certification program responsive to the needs of California's population under the Medi-

Cal Specialty Mental Health and Drug Medi-Cal Organized Delivery Systems in accordance with the DHCS Behavioral Health Information Notice 21-041.

CalMHSA, on behalf of California counties, will implement and administer all components of the Peer Support Specialist Certification program, including required data collection and submission to DHCS, certification of Peers, exam administration, investigations, and approval, auditing, and monitoring of training vendors. Although the Medi-Cal Peer Support Specialist Certification program is an optional benefit to counties, the Peer Support Specialist Certification program is available to any individual seeking to be recognized as a Certified Peer Support Specialist.

Through this Action, the Behavioral Health Peer Specialist Program Managers will oversee the implementation of the Peer Support Specialist Certification program in Sacramento County in close collaboration with CalMHSA.

Action 4: High School Training

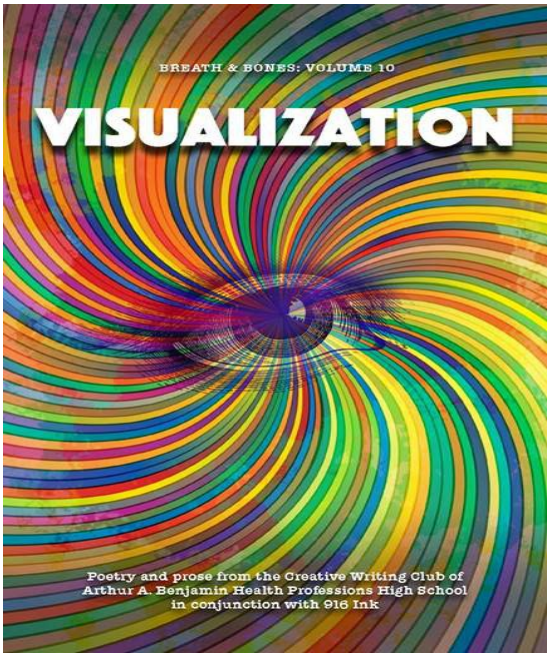
This Action was designed to create behavioral health career pathways for High School students, with the goal of cultivating interest in public mental/behavioral health career pathways; expanding knowledge and understanding of mental/behavioral health conditions from diverse ethnic and racial perspectives and increasing awareness of community resources and available supports. Each school year, both schools build upon existing curriculum for their student body that promotes the principles of wellness, recovery and resiliency and relies on teachers and other mental health professionals to blend academic and technical curriculum in ways that connect theoretical knowledge and real-world application.

There are currently two High Schools who participate in this Action, Arthur A. Benjamin Health Professions High School (AABHPHS) and Valley High School Health Tech Academy (VHSHTA). Students are surveyed at the beginning and at the end of each term to determine their pre-existing knowledge baseline and their increase in knowledge and understanding of mental health conditions. Analysis of the previous year's data was used to modify, enhance, and improve the 2021-22 school year curriculum. Due to the ongoing COVID-19 pandemic, district administration cancelled or significantly limited normal campus activities, including the annual health and fitness expo, field trips to community based organizations and higher learning institutions with mental or behavioral health programs and attendance at community mental health and wellness events. However, VHSHTA students, in partnership with Kaiser Permanente, continue to participate in the Cultural Awareness Community Health Education (CACHE) Outreach Project. This joint collaboration gives students opportunities to learn about health disparities among racial and ethnic minority populations.

Though most community events were cancelled due to COVID, VHSHTA students did participate in one community event, a *One-Stop* event that was co-hosted by VHSHTA, Health Net and Hill Physicians Group. Students set up a booth at this event to educate community regarding substance use, addiction, and the role COVID-19 has played in deaths by suicide and increased drug and alcohol use as a means of self-medicating. VHSHTA continues to prioritize student learning through presentations from guest speakers with lived experience on topics such as wellness and recovery, resiliency, stigma and discrimination, and barriers that discourage or hinder consumers from seeking emotional support and services.

Though the COVID-19 pandemic significantly limited student participation in certain types of learning activities, teachers and faculty from both high schools have continued to provide students with curriculum, opportunities, and support services that address their personal mental health needs while increasing their awareness about careers in mental health fields.

During the 2020-21 school year, and for the second year in a row, AABHPHS published an online book with the non-profit organization 916Ink. 916Ink empowers children and youth through creative writing, providing workshops throughout Sacramento. The E-book contains poetry and prose about mental health and emotion.



Outlined below are specific successes and challenges experienced by students and faculty at Health Professions High School during the 2020-21 school year:

- Zoom attendance at the Student Mental Health and Wellness Collaborative February 10th and April 14th. The purpose of the meeting was to bring together key stakeholders who help address and implement programs that promote youth mental health and wellbeing. Using breakout room discussions the group outlined goals for the next school year. These included getting greater access to therapeutic resources for teens and their families, implementing more social and emotional learning activities in the classroom, and increasing a diverse workforce in the Behavioral Health field.
- One of AABHPHS's largest endeavors was their participation with the Health Workforce Initiative and the introduction of a new Mental & Behavioral Health Career Pathway Tool Kit. Instructors worked with industry, college instructors, and other high school teachers to develop a Tool Kit that included Behavioral Health resources, curriculum tools, and best practices for Behavioral Health Pathways in California (April through June 2021). The emphasis was on increasing a diverse workforce starting with middle and high school lesson plans. The tool kit is expected to be finalized by the end of summer 2022.

- In March 2021, through Zoom, four (4) students participated in Health Occupation Students of America (HOSA) State Leadership Conference that included workshops on examples of school mental health programs for staff and students.
- AABHPHS teachers and faculty continue to work with industry partners and district personnel regarding how to better address inequities and racial/gender disparities in mental health, as well as helping students add their own voices to mental health solutions. Through these efforts, AABHPHS implemented a 12th grade Y-Plan Youth Advocacy project that addressed inequities and provided solutions to disparities. This project helped students examine mental health problems in Sacramento County and then propose a solution to resolve it. The final outcome was a Zoom presentation to teachers and community stakeholders about their findings. A key point of this project was hearing from students about what they would like to see more of regarding mental health curriculum at the school. Teachers are currently planning and preparing to include those ideas in the 2021-22 school year.

Given the cultural and linguistic diversity of the student body at both AABHPHS and VHSHTA, the partnership with them 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. Additionally, BHS serves on the Community Advisory Boards that advises on student project related to mental health.

Action 5: Psychiatric Residents and Fellowships

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. This Action continues to be administered through University of California, Davis (UCD), Department of Psychiatry and includes the following components:

- Community Education: Psychiatry Residents and Fellowship Training Program;
- Mental Health Collaboration, Substance Use Prevention and Treatment Services, and Mental Health Providers Training Program;
- Residents and Post-Doctoral Fellows at Youth Detention Facility, serving the special needs population; and
- Clinical Child Psychology, Pre-Doctoral Internship Training Program

◊ **Community Education: Psychiatry Residents and Fellowship Training Program**

In FY 2020-21, 17 residents were enrolled in this program. Ten (10) were dedicated to psychiatry only. Four (4) residents had combined interests in Psychiatry/Internal Medicine and three (3) had combined interests in Psychiatry/Family Medicine.

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: Mental Health and Substance Use Prevention and Treatment Services Providers Training**
Through this training, a team of part-time dually boarded psychiatrists provide specialized training and consultation, educational seminars, and case conferences in order to improve the skillsets of behavioral health providers who offer substance use disorder services to individuals living with a serious mental illness. The enhanced skillsets will lead to an improved integrated service experience for individuals living with co-occurring disorders who are being served in both systems. In FY 2020-21, the Mental Health and Substance Use Prevention Treatment providers' collaboration produced six (6) training videos for the purpose of staff learning, which were posted to the BHS webpage [https://dhs.saccounty.gov/BHS/Pages/Provider-Training/GI-BHS-UCD-Collaborative--Co-Occurring-Consultation-and-Training-Program.aspx] and convened four (4) Lunch and Learn workshops on various topics related to co-occurring disorders.

◊ **Residents and Post–Doctoral Fellows at Youth Detention Facility**
Through this activity, UCD Residents and Post Doctorate Fellows provide learning opportunities for Probation staff to: 1) recognize signs and symptoms of mental illness, 2) identify early warning signs of worsening mental illness, and 3) increase understanding of the effects of specific mental illnesses upon behavior and how these symptoms manifest.

In FY 2020-21, UCD Residents and Post Doctorate Fellows provided 51 informal training sessions for probation staff. Probation Officers who completed the Youth & Mental Health Education Feedback surveys overwhelmingly report that following training they felt better equipped to recognize early warning signs of mental illness or escalating behaviors, increased their understanding of childhood trauma and intellectual disabilities, increased their ability to use evidenced based strategies and interventions to manage or deescalate negative behaviors, and possessed more confidence in their ability to positively engage and support incarcerated youth who are living with mental illness or intellectual/learning disabilities.

◊ **Clinical Child Psychology, Pre-Doctoral Internship Training Program**
This program was implemented in 2018 and gives pre-doctoral interns hands-on experience at the Sacramento County Child and Adolescent Psychiatric Services (CAPS) Clinic. In FY 2020-21, two (2) full-time doctoral interns graduated from the program, each having completed 2,000 hours. They both matched at their highest ranked fellowship program and continue to serve diverse, high-risk communities.

The Pre-Doctoral Internship Training Program has developed a positive reputation. Applications from potential intern applicants who are interested in working with underserved and diverse communities are being continually received. Although FY 2020-21 was unique in many ways, the program was successful in retaining past trainees in both the UCD and County systems of care.

During FY 2020-21, individuals from diverse backgrounds were recruited and added to the training team. Collectively, Pre-doctoral interns held 18-22 clients on their therapy caseloads and completed 7-8 assessment cases during the training year. The interns employed evidence-based practices with their therapy clients, including Cognitive Behavioral Therapy (CBT) and Trauma Focused-CBT.

The global pandemic, racial justice movement, and polarizing political environment greatly impacted interns (and supervisors) during FY 2020-21. Interns often reported that the documentation and case management responsibilities impacted their ability to receive adequate clinical experience for an entry-level health service psychologist, specifically in intervention. In some weeks, the time they spent completing documentation and engaging in case management (10+ hours) exceeded the amount of time they spent in direct clinical service with their clients (5-6 hours).

To overcome these challenges, the training director utilized remediation support plans with interns and supervisors to provide additional support and ensure completion of goals. Additionally, the training team regularly addressed self-care and burn-out to support intern functioning and investment in their training and clinical work. The training director actively consults with others and seeks out ways to reduce indirect and/or non-clinical work so interns can focus on developing competencies specific to psychologists, including:

- developing triage systems at the front/back end of referral assignment
- increasing program management time to oversee the various psychology operations
- employing practicum students to provide intake/discharge services that do not require a higher level of training/education

Action 6: Multidiscipline Workforce Recruitment and Retention

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 initially delayed due to budget reductions and the focus on billable services. BHS recognizes the importance of this strategy, however, and has continued to identify opportunities to establish multidisciplinary collaborations with key system partners. In April 2020, the Mental Health Services Act Steering Committee provided their support of BHS dedicating local MHSA WET as match funds to participate in the WET Central Regional Partnership. California's Office of Statewide Health Planning and Development (OSHPD), as outlined in their 2020-2025 WET Five-Year Plan, awarded WET funding and required a local match to five regional partnerships to fund specific types of activities that support the workforce needs of individuals within those regional partnerships. In collaboration with other counties in the Central Region, Sacramento County partnered with the CalMHSA to make funding available to the county Public Mental Health System (PMHS) workforce. BHS has made loan repayment a priority to help with recruitment and retention and introduced the opening of the central application period for the Loan Repayment Program (LRP) in December 2021. The LRP will award up to $25,000 to qualified providers of educational loans on behalf of employees of eligible PMHS

county-operated or contract providers that commit to a 24-month service obligation in a recognized hard-to-fill or hard-to-retain position.

BHS has also identified additional components available through the Central Regional Partnership such as Undergraduate College and University Scholarships and Clinical Master and Doctoral Graduate Education Stipends that would complement existing WET actions.

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.

BHS continues to provide funding support for individuals with lived experience from diverse cultures to attend trainings/conferences offering leadership training. As previously stated, the OSHPD has rolled out numerous MHSA WET-funded projects addressing the needs of consumer and family members interested in obtaining employment and enhancing leadership skills. BHS continues to look for opportunities to leverage these statewide efforts and to work with diverse stakeholders to determine an array of leadership and training opportunities beneficial for consumers and family members.

During FY 2020/21, BHS provided consumer and family member leadership stipends to eligible community members that served on the Behavioral Health Racial Equity Collaborative (BHREC) Steering Committee.

INNOVATION COMPONENT

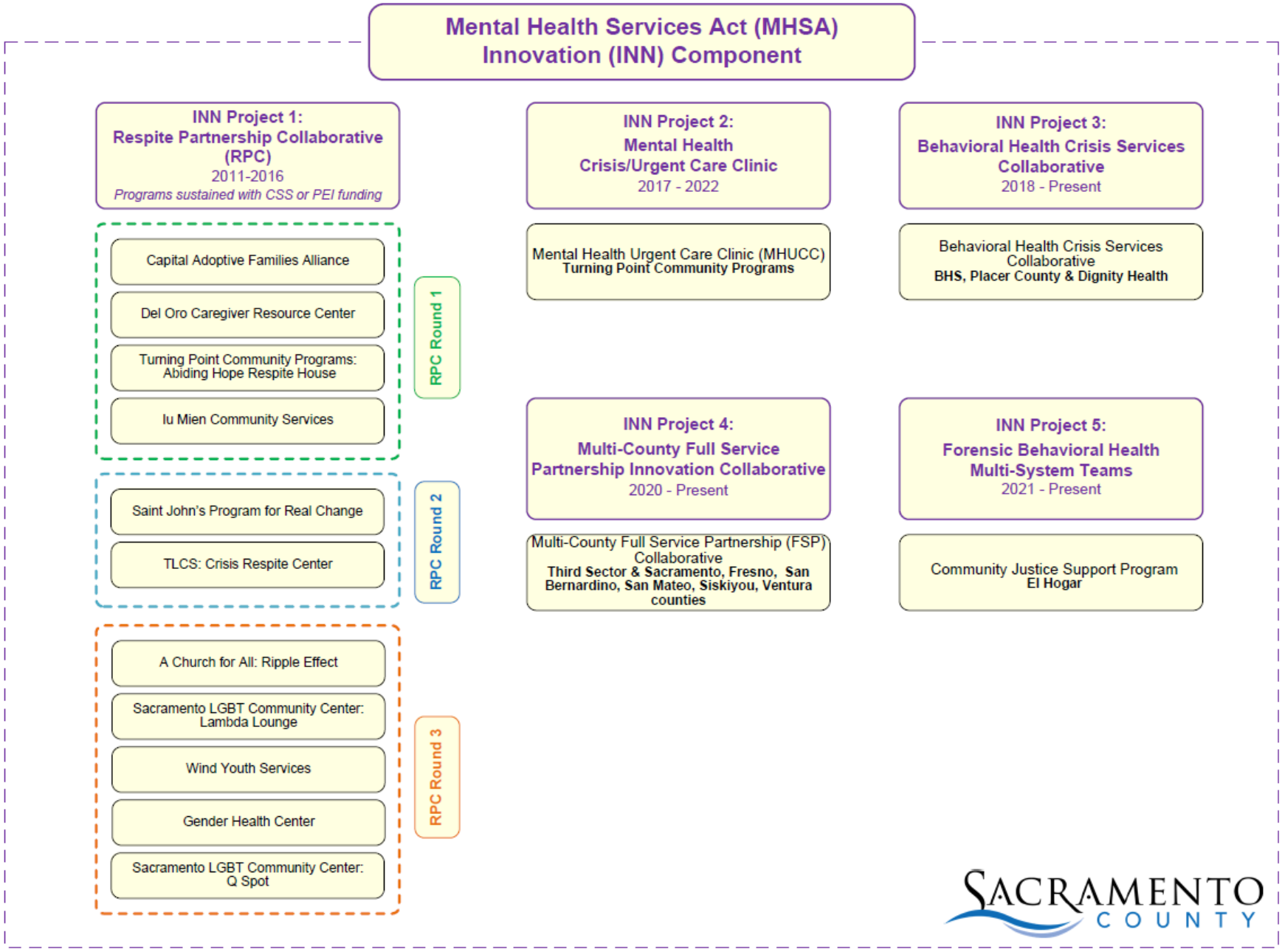
The **Innovation (INN)** component provides funding for time-limited pilot projects for the purpose of developing and trying out new practices and/or approaches in the field of mental health. An INN Project must do one of the following:

- Introduce a mental health practice or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention.
- Make a change to an existing practice in the field of mental health, including but not limited to, application to a different population.
- Apply to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings.

An Innovation project is defined as one that contributes to learning rather than focusing on providing a service.

Sacramento County INN Projects to date:

1) **Respite Partnership Collaborative (*completed*);**
2) **Mental Health Crisis/Urgent Care Clinic;**
3) **Behavioral Health Crisis Services Collaborative;**
4) **Multi-County Full Service Partnership (FSP) Innovation (INN) Project; and**
5) **Forensic Behavioral Health Multi-System Teams**


Mental Health Services Act (MHSA)
Innovation (INN) Component
INN Project 1:
Respite Partnership Collaborative (RPC)
2011-2016
Programs sustained with CSS or PEI funding
Capital Adoptive Families Alliance
Del Oro Caregiver Resource Center
Turning Point Community Programs: Abiding Hope Respite House
Iu Mien Community Services
RPC Round 1
Saint John's Program for Real Change
TLCS: Crisis Respite Center
RPC Round 2
A Church for All: Ripple Effect
Sacramento LGBT Community Center: Lambda Lounge
Wind Youth Services
Gender Health Center
Sacramento LGBT Community Center: Q Spot
RPC Round 3
INN Project 2:
Mental Health Crisis/Urgent Care Clinic
2017 - 2022
Mental Health Urgent Care Clinic (MHUCC)
Turning Point Community Programs
INN Project 3:
Behavioral Health Crisis Services Collaborative
2018 - Present
Behavioral Health Crisis Services Collaborative
BHS, Placer County & Dignity Health
INN Project 4:
Multi-County Full Service Partnership Innovation Collaborative
2020 - Present
Multi-County Full Service Partnership (FSP) Collaborative
Third Sector & Sacramento, Fresno, San Bernardino, San Mateo, Siskiyou, Ventura counties
INN Project 5:
Forensic Behavioral Health Multi-System Teams
2021 - Present
Community Justice Support Program
El Hogar
SACRAMENTO COUNTY
Rev 4/04/22

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 FY 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 Three-Year Plan.

Innovation Project 2: Mental Health Crisis/Urgent Care Clinic

The Mental Health Crisis/Urgent Care Clinic (MHUCC) 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.

This 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. Furthermore, this project incorporates wellness and recovery principles into service delivery. Specifically, the adaptations focus on operating an extended hours outpatient treatment program versus a Crisis Stabilization Unit allowing for a more flexible

staffing pattern to tailor services that better meet community needs; providing direct linkage as an access point for the Sacramento County Mental Health Plan (MHP) and Substance Use Prevention and Treatment Services; and serve all ages (children/youth, TAY, adults, and older adults).

MHUCC provides voluntary and immediate access to short-term crisis intervention services, including integrated services for co-occurring substance abuse disorders, to individuals of all age groups (children, transitional age youth (TAY), adults, and older adults) who are experiencing a mental health crisis. Staff are reflective of the cultural, racial, ethnic, and linguistically diverse population of Sacramento County and are a collaborative team comprised of psychiatrists, nurses, clinicians, and peers. Services are designed to provide an alternative to emergency department (ED) visits for individuals with immediate mental health needs. Services include a multi-disciplinary mental health assessment with a focus on wellness and recovery, as well as linkage to ongoing community services. Interventions assist with decreasing unnecessary and lengthy involuntary inpatient treatment while increasing access to culturally competent care in a voluntary setting. The clinic is certified as a Medi-Cal outpatient clinic and has the ability to provide mental health services and supports to at least 450 clients per month. MHUCC hours are 10:00 am - 10:00 pm weekdays and 10:00 am - 6:00 pm weekends and holidays with expansion to 24/7 operations planned for FY 2022-23.

Success: Mental Health Crisis/Urgent Care Clinic

Towards the end of 2020, a male in his 30s with a diagnosis of schizophrenia came into the Urgent CareClinic for a long acting injectable medication. The client declined all other medication, stating it was the most effective medication for him. This individual showed multiple unsuccessful attempts linking with outpatient services, and several recent psychiatric hospitalizations. Although he was open to receiving medication, he continued to be highly suspicious/paranoid. TCORE was identified as an appropriate service to meet his needs. Due to the client's symptoms, he initially declined. He reported a distrust of government services and, therefore, the clinician referred him to follow up with his managed care provider.

Because this client was receptive to medication, he returned to MHUCC multiple times after his initial visit, in some cases because the MHUCC MD would have to order the medication upon the client's visit and the client would have to return several days later to receive his LAI dose when the medication was received.

When the client returned the following month, it was clear that he was having difficulty linking with his managed care provider due to his symptom distress. The MHUCC clinicians again presented TCORE as an option, explaining how TCORE could meet his needs. This time, the client was receptive to a referral, given the way the MHUCC staff had been able to build rapport with him in this brief period of time.

The client only had to return to the clinic one more time to get his injectable medication before he was successfully connected to TCORE for ongoing services. During his last visit, MHUCC staff were able to coordinate with TCORE to ensure that there were no gaps in service.

This is an excellent example of how the MHUCC team was able to continue to engage with this individual based on his identified needs, and successfully move him to the most appropriate level of services that would avoid future decompensation and psychiatric hospitalization.

With support from the MHSA Steering Committee, the services in this INN Project will transition to CSS funding in July 2022.

Innovation Project 3: Behavioral Health Crisis Services Collaborative

The Behavioral Health Crisis Services Collaborative (BHCSC) project was reviewed and approved by the MHSOAC in May 2018. The BHCSC establishes integrated adult crisis stabilization

services on the Mercy San Juan hospital emergency department campus in the northeastern area of Sacramento County.

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.

BHCSC serves individuals 18 years of age and older for up to 23 hours who present to an Emergency Department in Sacramento County experiencing a mental health crisis, who are medically stabilized, and who would benefit from ongoing outpatient mental health and crisis stabilization services. BHCSC provides culturally competent, multi-disciplinary behavioral health services including, but not limited to, evaluation for voluntary or involuntary detention, behavioral health assessments, psychiatric assessments, medication evaluations and management, crisis stabilization, individuated recovery-oriented interventions, and safe discharging either to community or to an inpatient psychiatric facility (when necessary). Other BHCSC services include integrated mental health and substance abuse screening to identify co-occurring needs, peer support, family support, care coordination with existing providers, and aftercare follow-up to ensure linkage to ongoing outpatient mental health services. Services focus on wellness and recovery, with the goal of timely and appropriate linkage to ongoing services and supports. Coordination with key resources and services includes, but is not limited to, County Mental Health Plan services; Substance Use Prevention and Treatment services; physical health services; housing services; and funding and benefit services, such as Supplemental Security Income (SSI) and Medi-Cal.

The BHCSC works in collaboration with the on-site, peer operated Resource Center to support the goals of removing client barriers to accessing mental health crisis stabilization services, reducing ED lengths of stay for individuals requiring mental health crisis stabilization, reducing unnecessary

Success: Behavioral Health Crisis Services Collaborative (BHCSC)
A patient was referred to the BHCSC from the Dignity Mercy San Juan Emergency Department due to symptoms of depression and suicidal ideation. Although he was linked with an outpatient mental health provider, the patient had not been attending his appointments or engaging in treatment and was also experiencing homelessness. Although he had the financial means to afford rent, he was having difficulty getting connected with the right resources and arranging housing for himself. The patient reported that his homelessness exacerbated his depression and only made it more difficult to consistently take his psychiatric medications and follow through with his health care appointments. He expressed the desire to obtain housing and to reconnect with his outpatient case manager, psychiatrist, and therapist. The Resource Center staff worked closely with him to confirm finances through his payee and to complete an interview with a room and board manager. Staff communicated directly with the his outpatient case manager to inform them of the patient's admission and involve them in the discharge planning process. Staff arranged for his case manager to pick him up from the BHSCS at discharge, take him to the pharmacy to pick up his medications, and then to transport him to his new housing placement. Staff scheduled his follow-up appointments for psychiatry and therapy and provided him with mental health crisis resources.

psychiatric hospitalizations, and improving the efficacy and integration of medical and mental health crisis services. Resource Center services include, but are not limited to, on-site peer support and system navigation by peer staff, referral and linkage services to the Sacramento County Mental Health Plan, Primary Care, Substance Use Prevention and Treatment services, and other community resources, as well as care coordination and after-care planning for Medi-Cal beneficiaries.

The BHCSC began providing services in September 2019 and is open 24 hours, 7 days a week. The program has successfully reduced emergency department wait times for behavioral health clients and has successfully diverted clients from inpatient hospitalization.

In FY 2021-22, the MHSA Steering Committee considered extending the term of this project for a fifth year. After thoughtful discussion, the Committee recommended against the extension; therefore, this INN project term will end in December 2022.

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

The Innovation Project 4: Multi-County Full Service Partnership (FSP) INN Project was supported by the MHSA Steering Committee in FY 2019-20 and was reviewed and approved by the MHSOAC on June 5, 2020. This 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 existing processes for continuous improvement for FSP programs; (3) Develop a clear strategy for how FSP outcomes 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. A cohort of six diverse counties are participating and include Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, and Ventura.

The cohort began efforts with a comprehensive "Landscape Assessment" phase to understand FSP programs, assets, and opportunities. Through various activities, the cohort developed a comprehensive understanding of similarities and differences across all FSP service designs, populations, data collection and eligibility practices. Over the next year, the cohort plans to focus on identifying population definitions, outcomes and process metrics, as well as state reporting recommendations. *See Attachment K – California Multi-County FSP Innovation Project Year Two Summary Report.*

Innovation Project 5: Forensic Behavioral Health Multi-System Team (MST)

The Forensic Behavioral Health Multi-System Team (MST) project was reviewed and approved by the MHSOAC in June 2020. The primary purpose of this project is to increase access to mental health services to underserved groups and to promote interagency and community collaboration related to mental health services, supports and outcomes.

This project will serve justice involved, Medi-Cal eligible individuals, 18 years and older, experiencing serious mental illness with significant functional impairment. Individuals may self-refer into the program or be referred by justice partners and Jail Psych Services.

This innovative project will adapt and expand on the Child and Family Team (CFT) model for the forensic behavioral health population. This teaming model has been successfully used in child welfare systems to address the needs of justice and/or foster system involved youth. The CFT is comprised of client, family, natural supports, system partners, and service providers involved in the individual's life. The purpose of CFT meetings is to assemble team members to create an integrated plan in order to determine how to address the client's needs and goals that promote wellness, resilience and placement stabilization. The CFT process is strength-based, client-centered, individualized, collaborative, culturally responsive, trauma-informed, and outcomes-focused.

Adapting the CFT teaming model for the forensic behavioral health population will increase collaborative efforts between system partners, immediate access to needed services, care coordination with the goal of improving the client experience in achieving wellness and reducing recidivism back to jail. The increased collaboration among system partners and service providers will allow for immediate MJ in-reach and verification of eligible clients prior to release to ensure that they are provided with immediate support.

This Project will utilize the following adapted teaming approach in engaging and collaborating with clients, developing and implementing a coordinated and integrated plan with each client that best addresses the client's needs and goals, monitoring and adapting these plans as necessary, and supporting clients in their progress toward successful community transition and wellness and recovery.

The Forensic Behavioral Health Provider will be responsible for assigning staff as MST facilitators, establishing and maintaining the MST process, and delivering the forensic behavioral health services for all eligible clients. The provider will ensure that staff are reflective of the diverse racial, ethnic, and linguistic populations.

MST Composition: MST members share the responsibility to assess, plan, intervene, monitor, evaluate and refine plans, and identify needed services over time. The MST will include the MST facilitator, client, formal supports and natural supports.

The MST facilitator will be a Forensic Behavioral Health Provider staff. The facilitator's primary responsibility is to coordinate and facilitate the MST meetings. The facilitator is responsible for the following: establishing the MST composition based on clients' voice and choice, court and probation requirements, and service needs; developing agendas; scheduling and facilitating meetings; ensuring participation of all team members; holding members accountable for tasks and activities between meetings; and, communicating with members in between meetings as required.

Team members will also include formal supports and system partners, such as the Courts, District Attorney, Public Defender, JPS, Probation, Adult Protective Services, Child Welfare, Division of Behavioral Health Services (BHS), mental health and substance use disorder treatment providers, employment and housing specialists, and Geographic Managed Care (GMCs).

The team will include natural supports identified by the client, such as family, extended family, neighbors, and faith-based representatives. Additionally, the team will include representatives

from other support services, such as community mentors, peers, cultural organizations, advocates, educators, coaches, etc. These members will support client throughout the MST process.

The core member of the team is the client. Throughout the MST process, the client will be given priority voice and choice in defining their plan.

MST composition is unique to each client and will be based on their individualized coordinated and integrated plan.

MST Structure/Process: During teaming meetings, MST members will develop an individualized, coordinated, and integrated plan that identifies the client's strengths, needs, interventions, and services that address those needs. This plan is reviewed and reassessed continuously. Team members coordinate and integrate care through consistent and ongoing communication and shared decision making.

MST meetings will result in action plans for members that support the client's goals. At any time, client or MST members may request a meeting should the need arise.

Throughout the MST process, the team will also identify and address the client's criminogenic needs. Criminogenic needs are issues, risk factors, characteristics, and/or problems that relate to the likelihood of the individual reoffending.

Additional Project Services and Elements: The project will include services and key elements that support the MST process in collaborating, coordinating and integrating the client plan, providing mental health services and supports from engagement to transition to the community. Provider staff will be reflective of the diverse racial, ethnic and linguistic populations that they are serving. Clients will have access to a drop-in center designed as a one-stop shop that will be administered by the Forensic Behavioral Health Provider. The provider will deliver mental health services at the drop-in center. System partners and other service and resource providers, such as probation officers or substance use disorder treatment staff, can co-locate and serve clients here as well. Culturally responsive peer mentoring, peer support, and peer run groups will also be offered at this drop-in center.

Clients will receive a warm hand off from jail to project services at discharge or release any time, including after hours and weekends. The provider will assist client with immediate access to housing and Property Related Tenant Services; access to other needed treatment, such as substance use disorder treatment and medication support; and support with benefits application. After initial engagement, the provider will initiate immediate comprehensive assessment to identify needs (including criminogenic needs), services, and resources to start the integrated planning process.

The provider will deliver other service elements that include 24/7 support from start to graduation from project services. Transportation is another important service element to this project. The provider will offer transportation support to clients at the time of discharge or release from jail and for ongoing needs.

Program alumni will be encouraged to remain involved to provide peer support to other clients. Readmission to project services will be welcomed and client-driven. Finally, the provider will partner or subcontract with organizations with experience in providing culturally responsive peer mentoring and support services that are culturally responsive to this client population.

Mid FY 2020-21, El Hogar Community Services was selected through a competitive selection process to implement project services. The project was implemented in March 2022 and is now known as the Community Justice Support Program (CJSP). More information about this project will be included in future updates.

The table below contains the FY 2022-23 Cost per Person information for implemented program:

FY2022-23 INN COMPONENT	Average Cost/Person*	Budget Amount
Behavioral Health Crisis Services Collaborative	$ 274.42	$ 2,831,963
Community Justice Support Program	$ 24,895	$ 4,356,539
TOTAL		**$ 7,188,502**

*Average cost per person is based on all funding sources in Program divided by program capacity and only includes previously approved and implemented programs.

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 Sacramento County 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** began in fiscal year 2010-11 with a phased approach to build the infrastructure necessary to support Sacramento County's Behavioral Health Services system and the goal of 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 also advances the County's efforts to achieve the federal objective 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. County operated providers and those contracted outpatient providers that have chosen to are utilizing the County's Electronic Health Record (EHR) which allows for: electronic requests and responses for mental health services; collection of client demographics; completion of assessments, progress notes, and client plans; electronic prescribing of medications; and claiming for services provided. The County will soon 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. Contracted providers who have chosen to use their own EHR 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.

FY 2022-23 Mental Health Services Act Expenditure Plan
Funding Summary

County: Sacramento Date: 4/4/22

	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 2022/23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	75,246,020	16,358,915	10,296,081	1,893,395	3,342,144	
2. Estimated New FY 2022/23 Funding	83,628,946	20,885,263	5,560,492			
3. Transfer in FY 2022/23[a/]	(5,500,000)			1,000,000	4,500,000	
4. Adjustment to Local Prudent Reserve in FY 2022/23*						
5. Estimated Available Funding for FY 2022/23	153,374,966	37,244,179	15,856,573	2,893,395	7,842,144	
B. Estimated FY 2022/23 MHSA Expenditures	88,270,937	18,358,645	4,956,366	1,764,737	5,495,392	
G. Estimated FY 2022/23 Unspent Fund Balance	65,104,029	18,885,534	10,900,207	1,128,657	2,346,752	

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, 2022	13,196,792
2. Contributions to the Local Prudent Reserve in FY 2022/23	0
3. Distributions from the Local Prudent Reserve in FY 2022/23	0
4. Adjustment due to Prudent Reserve Limits in WIC 5892(b)(2)	
5. Estimated Local Prudent Reserve Balance on June 30, 2023	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 2022-23 Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Sacramento Date: 4/4/22

	Fiscal Year 2022-23					
	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	2,944,284	1,676,366	967,918			300,000
2. Permanent Supportive Housing	18,952,011	10,536,435	7,037,478			1,378,098
3. Transcultural Wellness Center	2,631,536	1,596,136	735,400			300,000
4. Adult Full Service Partnership	12,477,087	6,341,032	5,236,055			900,000
5. Juvenile Justice Diversion and Treatment	4,098,675	2,392,428	1,129,337	576,910		
6. Transition Age Youth (TAY) Full Service Partnership	4,534,164	2,521,048	1,713,116			300,000
7. Family FSP	4,500,000	2,600,454	1,899,546			
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 Engageme	33,687,806	17,886,197	13,101,610			2,700,000
2. Permanent Supportive Housing	4,591,234	2,863,598	1,359,298			368,338
3. Wellness and Recovery	6,962,530	4,195,705	1,194,867			1,571,958
4. Crisis Residential	6,181,626	3,750,870	2,430,756			
5. Children's Community Mental Health Services	48,994,493	18,164,815	28,043,895		2,785,784	
6. MH Crisis/Urgent Care Clinic (MHUCC)	5,268,095	3,903,095	1,365,000			
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					
CSS Administration	10,700,688	9,842,759	772,587			85,342
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	166,524,229	88,270,937	66,986,862	576,910	2,785,784	7,903,736
FSP Programs as Percent of Total	56.8%					

FY 2022-23 Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Sacramento Date: 4/4/22

	Fiscal Year 2022-23					
	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	10,537,129	9,861,981	675,148			
2. Strengthening Families	5,349,812	3,050,255	391,514			1,908,043
3. Integrated Health and Wellness	1,706,347	1,706,347				
4. Mental Health Promotion	1,615,534	1,581,683	33,851			
5. Time-Limited Community Driven PEI Program	0	0				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Integrated Health and Wellness - SacEDAPT	1,424,668	807,683	177,859			439,126
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	981,282	861,503	119,779			
PEI Assigned Funds	489,192	489,192				
Total PEI Program Estimated Expenditures	22,103,964	18,358,645	1,398,151	0	0	2,347,169

FY 2022-23 Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Sacramento Date: 4/4/22

	Fiscal Year 2022-23					
	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. *Completed - Respite Partnership Collaborat*	0					
2. *Completed - Mental Health Crisis/Urgent C*	0	0	0			
3. Behavioral Health Crisis Services Collaborat	2,831,963	2,506,963	325,000			
4. FSP Collaborative	0	0				
5. Forensic Behavorial Health	4,356,539	2,449,403	900,000			1,007,136
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	7,188,502	4,956,366	1,225,000	0	0	1,007,136

FY 2022-23 Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Sacramento Date: 4/4/22

	Fiscal Year 2022-23					
	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	1,817,248	1,764,737	52,510			
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	1,817,248	1,764,737	52,510	0	0	0

FY 2022-23 Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Sacramento Date: 4/4/22

	Fiscal Year 2022-23					
	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 Suppo	5,495,392	5,495,392				
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	5,495,392	5,495,392	0	0	0	0

ATTACHMENT A

Report Back on Community/Stakeholder Input for the Adult Outpatient Services Transformation

Division of Behavioral Health Services

MHSA Steering Committee

April 15, 2021

Kelli Weaver, LCSW, Division Manager
Michael Ameneyro, Program Planner

SACRAMENTO COUNTY

Background

- **August 6, 2019: MHSA Update Presentation**

Provided next steps for making MHSA funds available for services in the community through strategies for planning and stakeholder input, including bringing services in line with community needs and available resources through the Adult Outpatient Services Redesign.

- **January 21, 2021: Behavioral Health System and Stakeholder Participation Presentation**

Provided an overview to the MHSA Steering Committee outlining BHS' plan to implement a regular procurement schedule for contracted programs, utilizing stakeholder input from various methods and groups to ensure programming is effective, respectful and responsive.

The *Adult Outpatient Transformation* is an opportunity to integrate community stakeholder input to refine our outpatient system to more effectively serve our community and to enhance the overall adult outpatient mental health services delivery system.

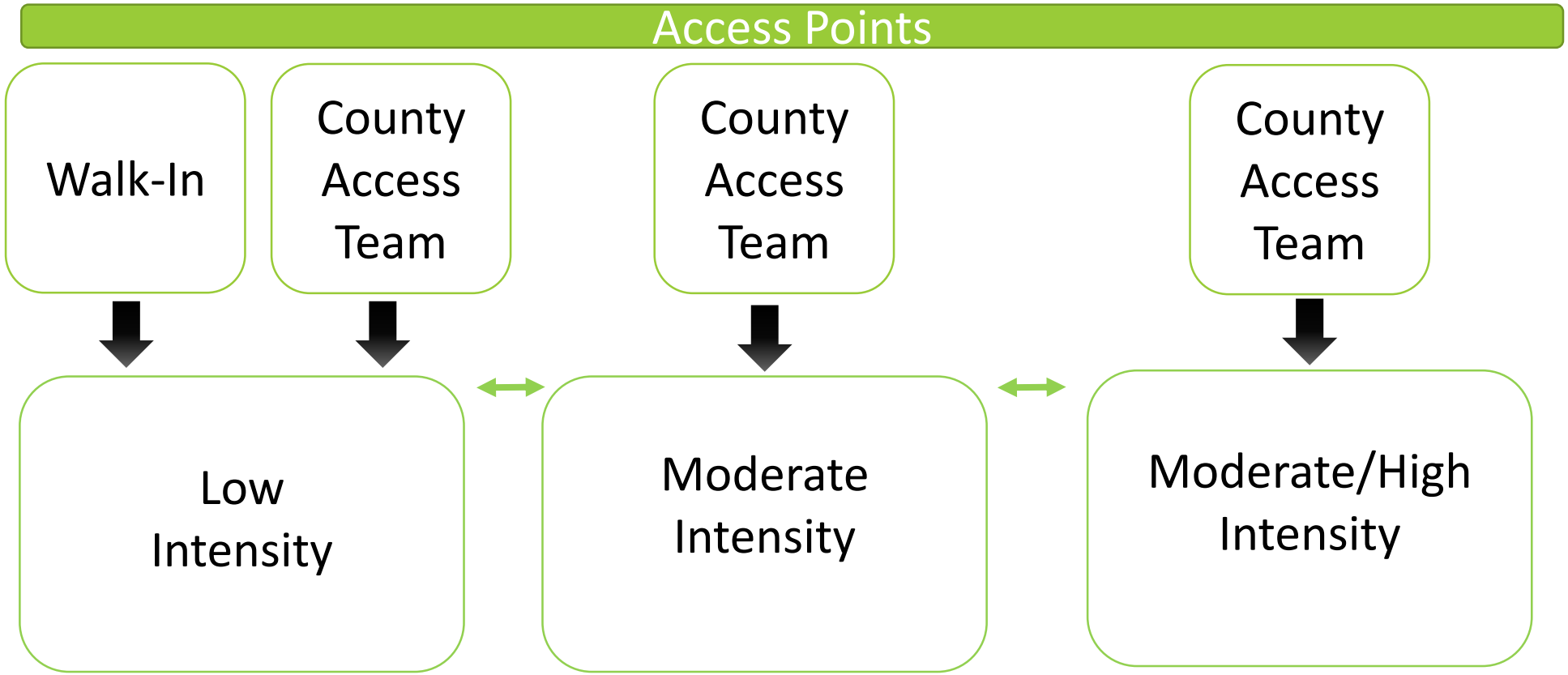
Current Outpatient Service Delivery

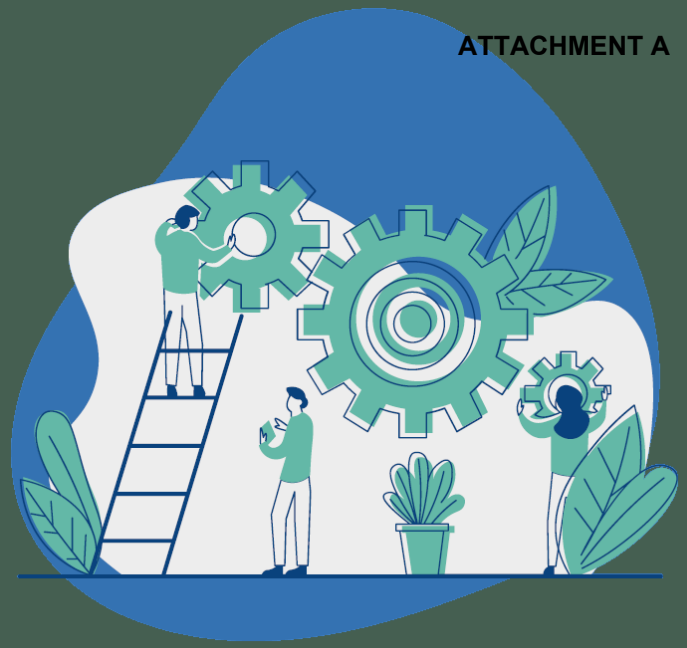
Current Adult Outpatient system includes:

Walk-in Centers providing site-based low to moderate level of care

Site-based clinics providing low to moderate level care

Flexible site-based & community-based services moderate to high level of care





Community Stakeholder Feedback Sessions

Community Stakeholder Feedback Sessions

Beginning in 2019, Sacramento County Behavioral Health Convened Several Stakeholder Feedback Sessions with a total of 658 participants

- **Goal:** The goal of the Stakeholder Feedback Sessions was to gather feedback and ideas about the current Behavioral Health Services System.
- **Feedback:** The feedback of the Stakeholder Feedback Sessions 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.

Community Stakeholder Feedback Sessions

Behavioral Health Community Town Halls

A total of 259 participants attended a Community Town Hall

Held On:

- 07/30/2019
- 08/01/2019
- 02/26/2020

Stakeholder Representation	Percentage
System Partners	33%
BHS Staff	23%
Community Members (including family members)	17%
Consumers	16%
Did not indicate	28%

Note: Those who indicated stakeholder category may identify in more than one category which is why the total exceeds 100%.

Community Stakeholder Feedback Sessions

Held On:

- 12/05/2019
- 12/10/2019
- 12/11/2019
- 12/12/2019
- 01/07/2020
- 01/13/2020
- 01/30/2020
- 02/07/2020
- 02/13/2020

Smaller Community Conversations

A total of 165 participants attended

Stakeholder Representation	Percentage
Iu Mien*	27%
Native American	12%
LatinX*	11%
Russian*	11%
African American/Black	10%
Hmong*	9%
Cantonese*	8%
Arabic*	7%
Vietnamese*	5%

*conducted in language

Community Stakeholder Feedback Sessions

Consumers:
- 09/01/2019
- 10/07/2019
- 10/10/2019
- 12/16/2019

Direct Services Staff:
- 10/16/2019
- 10/18/2019
- 10/21/2019

Family Members:
- 10/17/2019
- 11/01/2019

Focus Groups

Total of 59 Focus Group Participants

Stakeholder Representation	Percentage
Consumers	54%
Direct Service Staff	37%
Family Members	9%

Participants represented the following Outpatient Community-Based Organizations:

- Regional Support Teams:
  - Visions
  - Turning Point
  - TLCS/HRC
  - El Hogar
- El Hogar Guest House
- TLCS/HRC TCORE
- CSHC Wellness & Recovery Centers

Community Stakeholder Feedback Sessions

Held On:

- 01/12/2021
- 01/13/2021
- 01/14/2021
- 01/18/2021
- 01/19/2021
- 01/20/2021

Behavioral Health Racial Equity Collaborative
Focus Groups & Key Informant Interviews
Total of 31 Participants

Focus Groups with African American/Black/Of African Descent Community:

- Total of Eight Focus Groups & Two Key Informant Interviews
  - 6 focus groups with general mix of people by age, gender, and experience with County
  - 1 focus group comprised of 6th and 7th graders
  - 1 focus group comprised of formerly incarcerated men and/or individuals who worked with them
  - 2 interviews with key informants from the transgender community

Community Stakeholder Feedback Sessions

Survey open from:
03/05/21 - 03/19/21

Available in:
- English
- Spanish
- Russian
- Farsi
- Arabic
- Hmong
- Chinese
- Vietnamese

Community Survey on Outpatient Services

Total of 144 Participants

Stakeholder Representation	Percentage
Service Provider Staff	34%
Consumer	24%
Family Member	16%
Other	13%
Peer Advocate	10%
Consumer/Family Advocate	3%

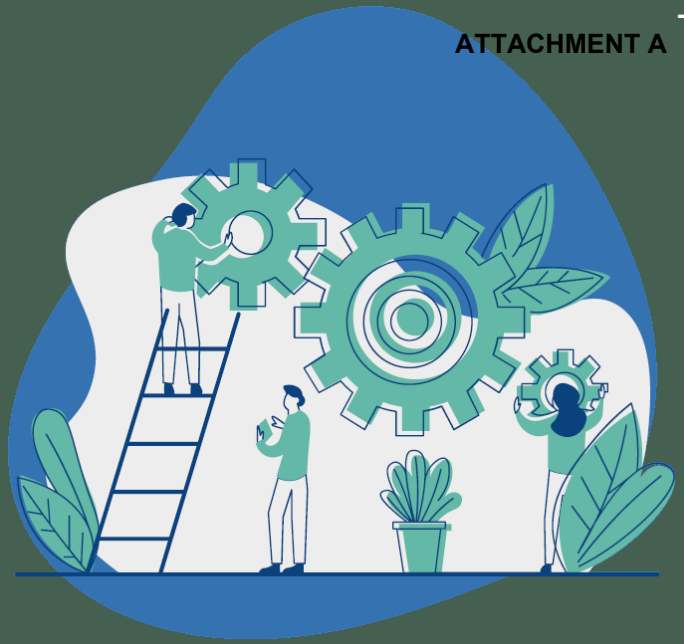
Survey Distribution:
- MHSA Steering Committee Distribution List
- Mental Health Board Distribution List
- Cultural Competency Committee (CCC)
- CCC Ad Hoc Workgroup
- Supporting Community Connections

"We need to be seen, heard and genuinely supported" – participant

Community Stakeholder Feedback Sessions

Key Areas for Improvement

- Timely and Improved Access
- Culturally Responsive Services and Trauma Informed Delivery System
- Increase Peer Supports to Bridge Gaps
- Increase Family Involvement
- Data Informed Decisions
- Smaller/More Manageable Case Loads Sizes with Less Turn-Over
- No Fail Approach
- Transportation
- Telemedicine
- Walk In Capacity
- Warm Hand Off ~ Improve Care Coordination
- Diverse Workforce that Reflect and Speak the Language of the Community Served
- Improve Access through Community Hubs with Collocated Services
- Increase Opportunities for Job Training/Coaching and Integrating Employment as a Recover Goal
- Medication Support
- Inclusive Environment and Support for Consumers and Family Members



Feedback-Driven Goals for the Transformation

Goals of the Transformation

- Incorporate the four principles of **Recovery Oriented Leadership (ROL)** to increase hope, commitment, and action across the system of care.

Having a vision that is worth working towards and believing that things can improve.

Acknowledgement that people need healing, compassion and encouragement as they work towards finding wholeness and health.

People are encouraged to be a part of the community and their contributions are promoted, while they are accepted for who they are.

People with psychiatric disabilities have the power to decide their future and take meaningful action based on their beliefs and desires.

Goals for the Transformation (Con't)

- Practice values and principles that enhance culturally responsive services, recovery and resilience
- Increase treatment effectiveness through recovery framework
- Increase the use of evidenced-based practices and community-defined evidence practices
- Ensure funding is allocated to support mainstream Medi-Cal and community-defined recovery centered services, while maximizing federal funding
- Hiring and retaining staff that are able to support the unique needs of every service recipient (i.e. ethnic, racial, age, sexual orientation, gender identity and linguistic needs)
- Expand points of access points to mental health services including peer supports
- Increase supports to families, strengthen support systems and community connections

Recovery Stepping Stones

Journey To Wellness And Optimal Health

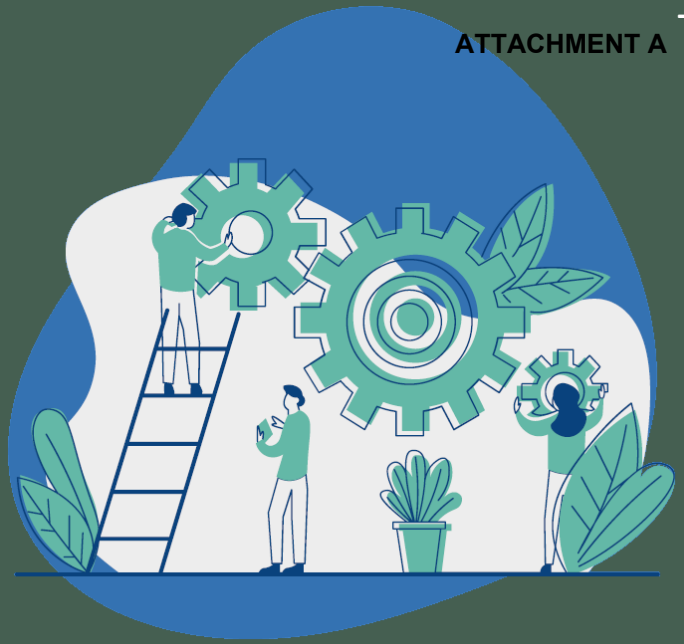
C.O.R.E

Community: Increase community engagement and connections, belonging and supportive

Outreach: Inclusive, Inviting, welcoming, educational and inspirational

Recovery: Intentional progression towards optimal health and wellbeing

Empowerment: Client and family driven goals and outcomes, independent, confident, courageous and resourceful



Next Steps

Proposed Timeline

- 2019 to 2021: Gathered Stakeholder Input
- March 5, 2021: Announcement of Upcoming Competitive Selection Opportunity on DHS Website & Media Release
- April 15, 2020: MHSA Steering Committee Presentation
- April/May 2021: Letter of Intent (LOI) Anticipated Release
- June 2021: Request For Applications (RFA) Anticipated Release*
- Fall 2021: Announcement of Awardees
- Fall/Spring 2022: Transition Period
- Summer 2022: Transformation Fully Implemented

*RFA will only be sent to organizations that respond to the LOI

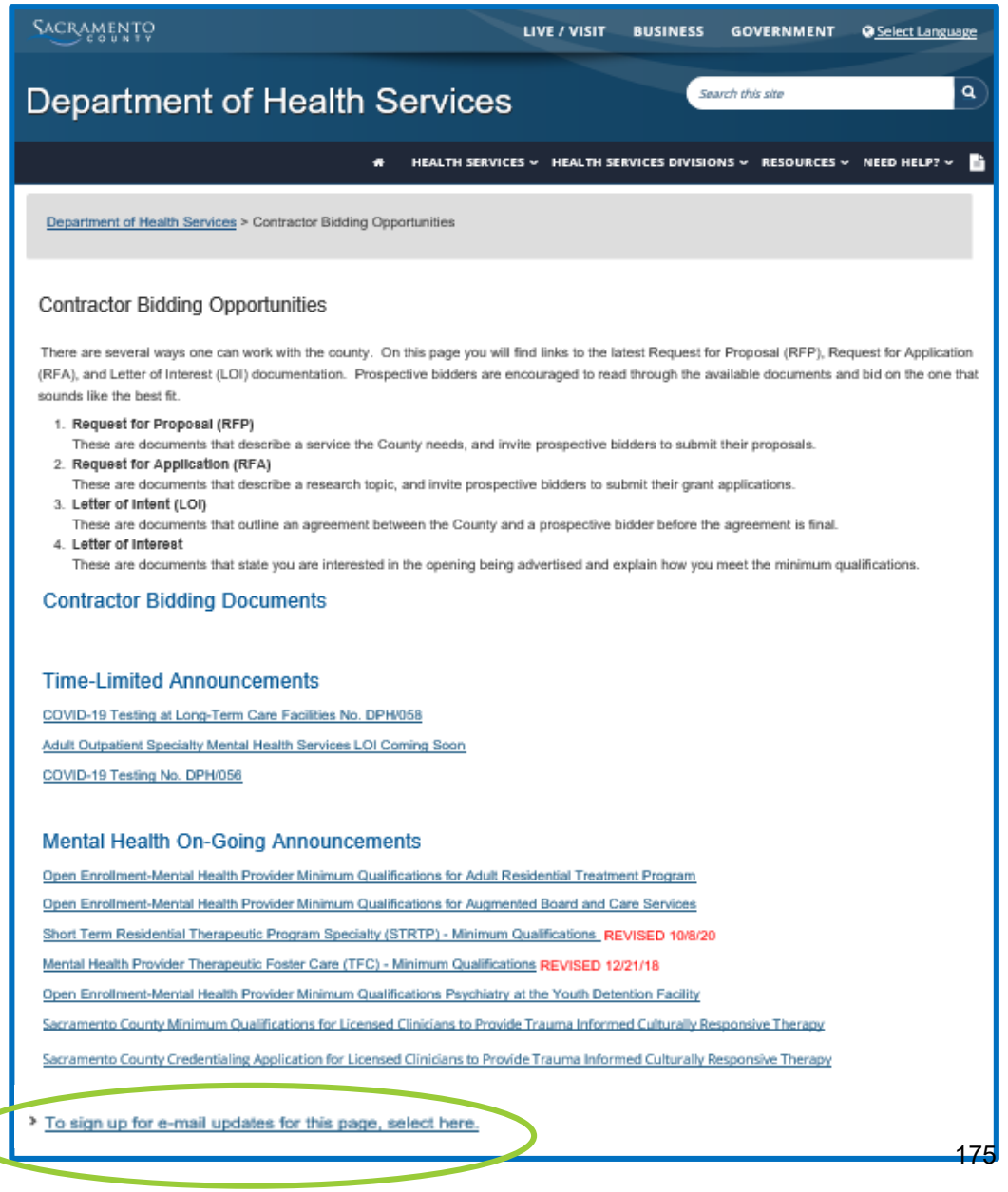
Competitive Selection Reminder

Interested organizations can subscribe to receive notifications of new opportunities at the website:

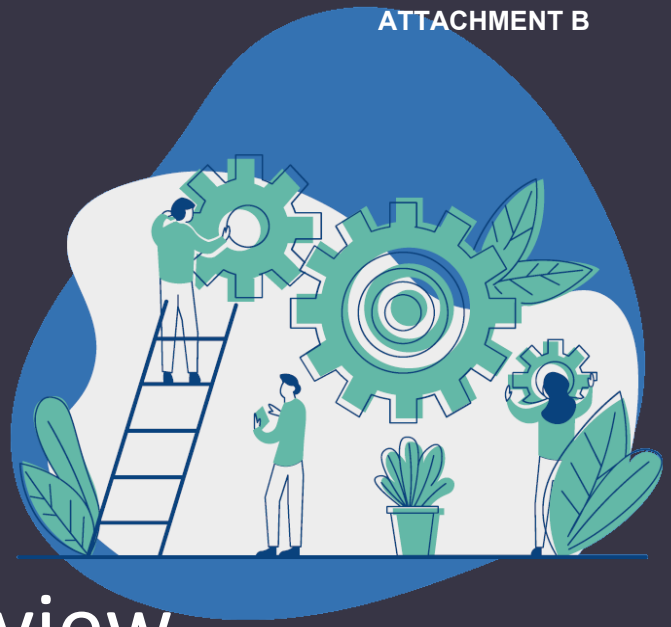
http://www.dhs.saccounty.net/Pages/Contractor-Bidding-Opportunities.aspx

and clicking:

To sign up for email updates for this page.



Questions?



Adult Outpatient Services Transformation Overview

Division of Behavioral Health
January 25, 2022
Kelli Weaver, LCSW Division Manager
Michael Ameneyro, Program Planner

Agenda

1/25/2022

- Welcome, Housekeeping & Community Agreements
- Background Review
- Transformed, Recovery-Centered Model: CORE
- Next Steps & Closing

Housekeeping

- This presentation will be in listen-only mode and will be recorded.
- Questions can be submitted via chat anytime throughout this presentation.
- A Questions and Answers document will be compiled and posted on the Adult Outpatient Services Transformation webpage.

Community Comfort Agreements

1/25/2022

1. **Please use respectful language.** This means no personal attacks, swearing, or criticism of self or others.
2. **Try to maintain proactive future focus**.
3. **We aim to speak without offending, and listen without defending.**
4. **If participants consistently disregard these agreements, they may be asked to leave.**

Background Review

1/25/2022

The *Adult Outpatient Transformation* is an opportunity to integrate community stakeholder input to refine our outpatient system to more effectively serve our community and to enhance the overall adult outpatient mental health services delivery system.

Background Review

1/25/2022

- **August 6 & 15, 2019: MHSA Update Presentation**

Provided next steps for making MHSA funds available for services in the community through strategies for planning and stakeholder input, including bringing services in line with community needs and available resources through the Adult Outpatient Services Redesign (slide deck/MHSA minutes).

- **January 21, 2021: Behavioral Health System and Stakeholder Participation Presentation**

Provided an overview to the MHSA Steering Committee outlining BHS' plan to implement a regular procurement schedule for contracted programs, utilizing stakeholder input to ensure programming is effective, respectful and responsive (slide deck/MHSA minutes).

- **April 15 & May 25, 2021: Committee Report Back Presentation**

Provided an overview of community planning sessions and key areas of insight for the transformation, and introduced the new Community Outreach Recovery Empowerment (CORE) Program (slide deck/MHSA minutes).

Community Planning/Stakeholder Input Sessions Review

1/25/2022

Behavioral Health Town Hall sessions

held over 3 dates in July, August 2019, and February 2020

Smaller cultural-specific community conversations

held over several dates from December 2019 through February 2020

Adult Outpatient Services Focus Groups

held over several dates from September through November 2019

Behavioral Health Racial Equity Collaborative focus groups and key information interviews

held in January 2021

Adult Outpatient Online Survey

open from March 5th through March 19th, 2021

Feedback-Driven Goals Review

1/25/2022

Key Areas from Stakeholder Input

- Timely and Improved Access
- Culturally Responsive Services and Trauma Informed Delivery System
- Increase Peer Supports to Bridge Gaps
- Increase Family Involvement
- Data Informed Decisions
- Smaller/More Manageable Case Loads Sizes with Less Turn-Over
- No Fail Approach
- Transportation
- Walk in Capacity
- Telemedicine
- Warm Hand Off ~ Improve Care Coordination
- Diverse Workforce that Reflect the Community Served
- Improve Access through Community Hubs with Collocated Services
- Increase Opportunities for Job Training/Coaching and Integrating Employment as a Recover Goal
- Medication Support
- Inclusive Environment and Support for Consumers and Family Members

Timeline Review

1/25/2022

- 2019 to 2021: Gathered Stakeholder Input
- March 5, 2021: Announcement of Upcoming Competitive Selection Opportunity on DHS Website & Media Release
- April 15, 2021: MHSA Steering Committee Presentation
- May 27, 2021: Letter of Interest (LOI) No. MHSA/070 Released
- August 25, 2021: Request For Applications (RFA) No. MHSA/071 Released
- December 15, 2021: Announcement of 3 Recommended Awards & 2nd Round LOI No. MHSA/073 Released
- Jan/Feb 2022: Tentative 2nd Round RFA to be issued, seeking 2 organizations to operate 2 CORE sites each
- Summer/Fall 2022: Tentative Transition Period
- Fiscal Year 2023/24: Transformation Fully Implemented

Transformed, Recovery-Centered Model: CORE

Recovery Stepping Stones

Journey To Wellness And Optimal Health

1/25/2022

CORE

Community: Increase community engagement and connections, belonging and supportive

Outreach: Inclusive, Inviting, welcoming, educational and inspirational

Recovery: Intentional progression towards optimal health and wellbeing

Empowerment: Client and family driven goals and outcomes, independent, confident, courageous and resourceful

Adult Outpatient System of Care Continuum

1/25/2022

The CORE Program increases walk-in access points from 3 to 10 sites, increases wellness center capacity from 1,000 to 6,000 annually, and increases outpatient capacity from 6,400 to 7,000 at any given time.

Current System

Low Intensity

Wellness & Recovery Center
- 2 walk-in locations
- Capacity: 1000 annually for the wellness centers
- Capacity: 500 per site for outpatient program

Guest House
- 1 walk-in location
- Capacity: 500

Low to Moderate Intensity

Regional Support Teams
- 4 organizations, 5 locations
- Capacity: 1,050 per organization

Moderate to High Intensity

TCORE
- 1 location
- Capacity: 700
- Flexible site-based and community-based services

Transformed System

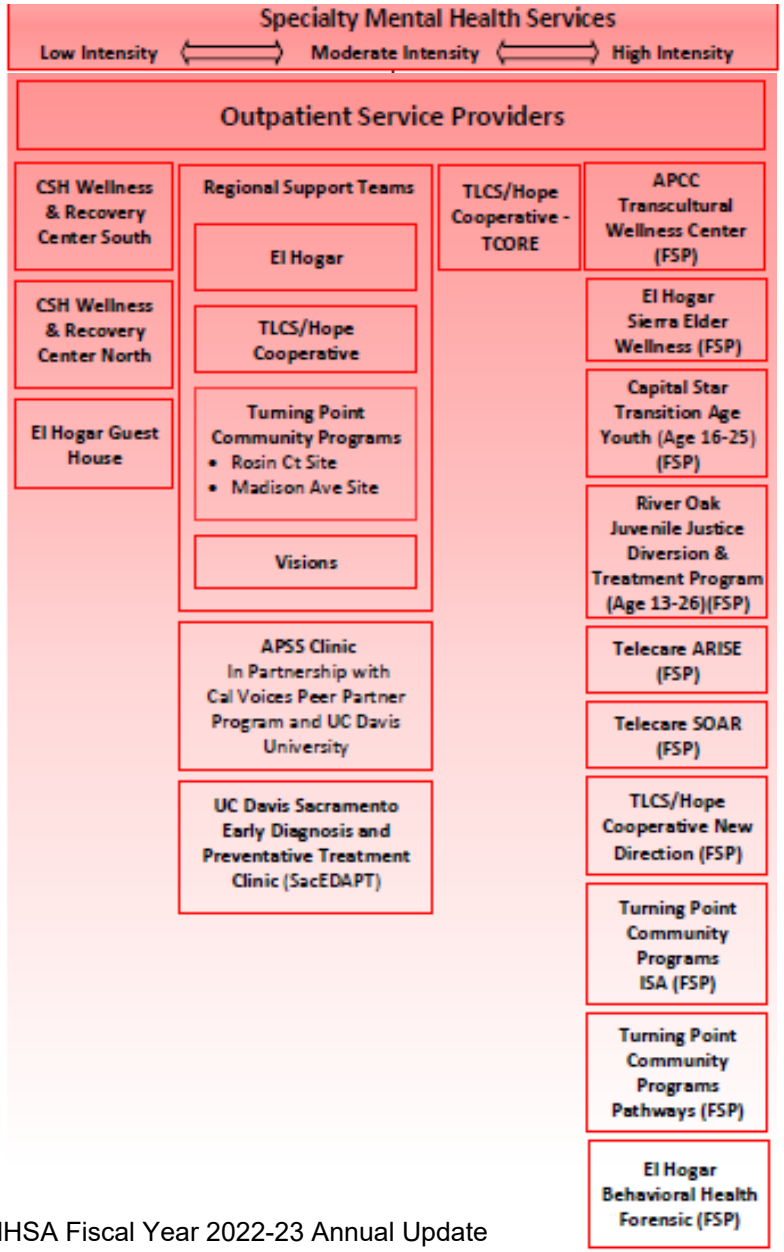
Flexible, Low to High Intensity

CORE Community Wellness Center
- 10 walk-in locations
- Capacity: 600 per site

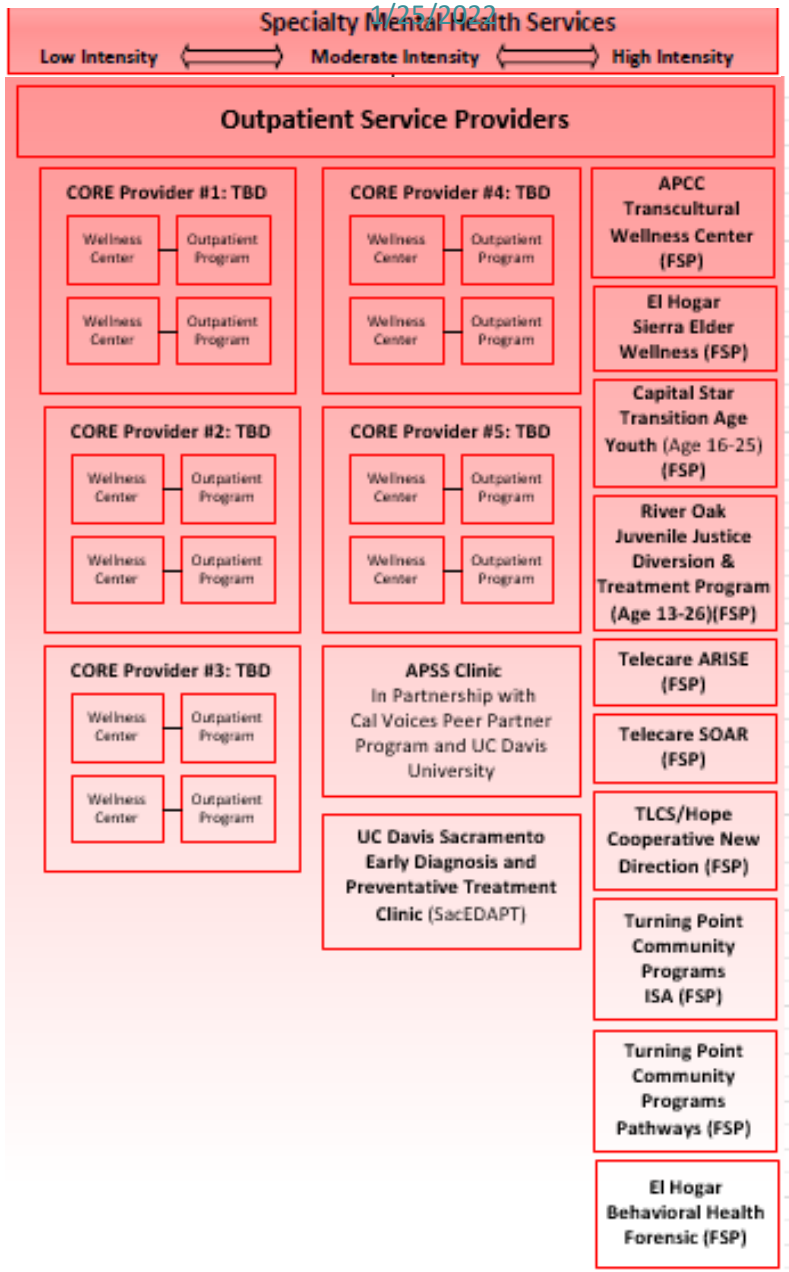
+

CORE Outpatient Program
- 10 locations
- Capacity: 700 per site
- Flexible site-based and community-based services, including housing supports

Current Outpatient Continuum



Future Outpatient Continuum



Transformed, Recovery-Centered Model

1/25/2022

The CORE program services will support and promote the recovery of all clients. Recovery as defined by Substance Abuse Mental Health Services Administration (SAMHSA) is a process of change through which clients improve their health and wellness, live a self-directed life, and strive to reach their full potential by way of the four major dimensions that support a life in recovery:

Health – overcoming or managing one's symptoms and making informed, healthy choices that support physical and emotional well-being.

Housing – having a stable and safe place to live.

Purpose – engaging in meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society.

Community – having relationships and social networks that provide support, friendship, love, interconnectedness, and hope.

CORE Service Delivery Approaches

1/25/2022

1. Trauma informed care, based on the Center of Health Care Strategies' core principles and key ingredients of trauma-informed approach described in Key Ingredients for Trauma-Informed Care
2. Culturally and linguistically responsive and recovery-oriented care.
3. The "Strengths Model," a recovery-oriented practice model that will guide outpatient program practices and service delivery, exemplified in the Strengths Model Fidelity Scale [Evidenced-Based
4. Provide focused, time-limited, individual and/or group mental health services using best practices, community defined practices, evidence based practices, curriculum based practices and/or promising practices to all clients.
5. The "SSI/SSDI Outreach, Access, and Recovery (SOAR)" program model increases access to Social Security disability benefits for people experiencing or at risk of homelessness
6. Peer Support Services, a system of giving and receiving help based on key principles that include shared responsibility, and mutual agreement of what is helpful, described in Core Competencies for Peer Workers in Behavioral Health
7. Flexible, community/field-based specialty mental health service level of intensity and phase of treatment that matches the needs of the client.

CORE Service Requirements

1/25/2022

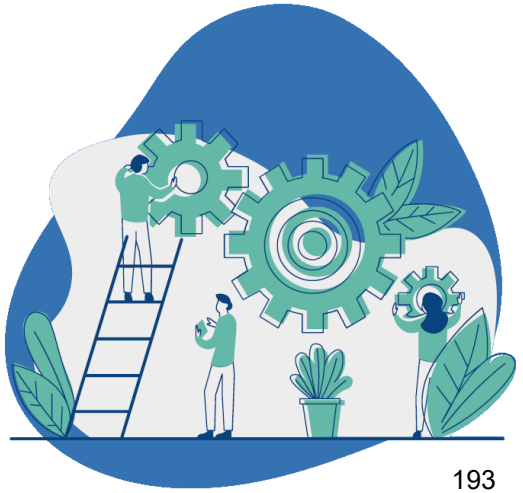
- Assessment
- Intensive Case Management
- Collateral services
- Crisis Intervention
- Medication Support
- Plan Development
- Rehabilitation
- Therapy

CORE Eligibility

1/25/2022

- **CORE Outpatient Program:**
  - Eligible adults, as defined by the Sacramento County BHS Policy and Procedure QM-01-07 Determination for Medical Necessity and Target Population

- **CORE Community Wellness Center**
  - All Sacramento County adult community members, age 18 years or older, seeking meaningful activities offered by the Center



Network Adequacy

1/25/2022

Medi-Cal Network capacity standards require counties demonstrate

- Timely access to care
- Reasonable time and distance from provider sites to beneficiary residences
- Adequate number of outpatient psychiatrist and clinical providers for Medi-Cal beneficiaries.

To do this, BHS completed a *geomap* analysis of where individuals are receiving services. From this process:

- CORE Program sites shall be geographically distributed throughout Sacramento County.
- Assures services are delivered in the areas of greatest need, in the most efficient and effective manner, while meeting network adequacy requirements.

Timely access is defined in the Sacramento County BHS Policy and Procedure QM-20-04

CORE Recommended Program Staffing

1/25/2022

In addition to standard Medi-Cal requirements for staffing, CORE Program staffing will be:

- Reflective of the cultural, racial, ethnic, linguistic, sexual, and gender diversity of Sacramento County.
- An array that includes a combination of education and experience, ranging from persons with lived experience, to licenses team members
- Specialized, relevant to program implementation and practices, such as those specialized in housing supports, benefit acquisition, and employment resources.

Subcontracting services with grassroots and community-based organizations is strongly encouraged for their expertise in providing services, knowledge and familiarity in working with Sacramento County's diverse ethnic and cultural neighborhoods and communities

CORE Program Objectives

1/25/2022

- Increase timely access to services
- Reduce unnecessary hospitalizations and incarcerations
- Promote housing stability
- Improve positive behaviors and quality of life
- Increase ongoing meaningful activity
- Decrease overall behaviors that contribute to law enforcement and judicial contacts, crisis residential treatment, mental health rehabilitation center treatment, and state hospitalization

CORE Program Objectives (cont'd)

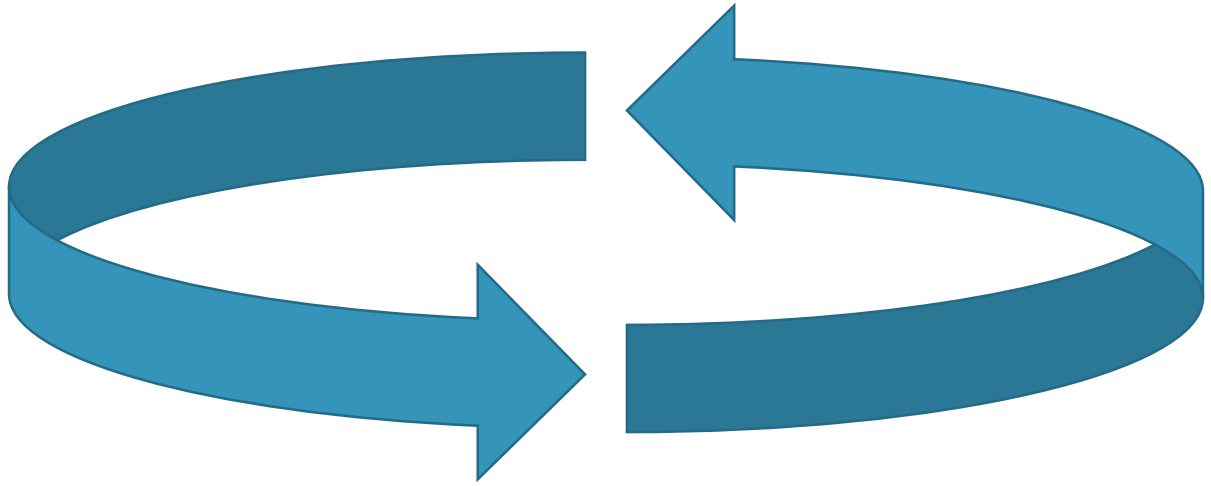
- Improve care coordination with primary care physician (PCP)
- Improve care coordination with other system partners
- Increase successful discharges defined as meeting treatment goals
- Increase successful linkage to primary care or geographic managed care provider if ongoing services are needed
- Increase effectiveness of evidence based practices, community defined practices, and promising practices
- Other outcomes as defined by Sacrament County BHS

CORE On-going Stakeholder Input

1/25/2022

Community member input to develop meaningful, culturally relevant programing and activities

Robust performance data, client progress, and feedback



Inform and improve management and delivery of services, and future program planning

Embedded into the CORE Program are on-going opportunities to solicit feedback from clients, family members and community members. CORE expectations are that all providers will implement strategies to ensure ongoing consumer/family member input on program effectiveness and satisfaction. This will ensure all providers are accountable for delivering quality services that meet the needs of clients served.

Next Steps

Competitive Selection Reminder

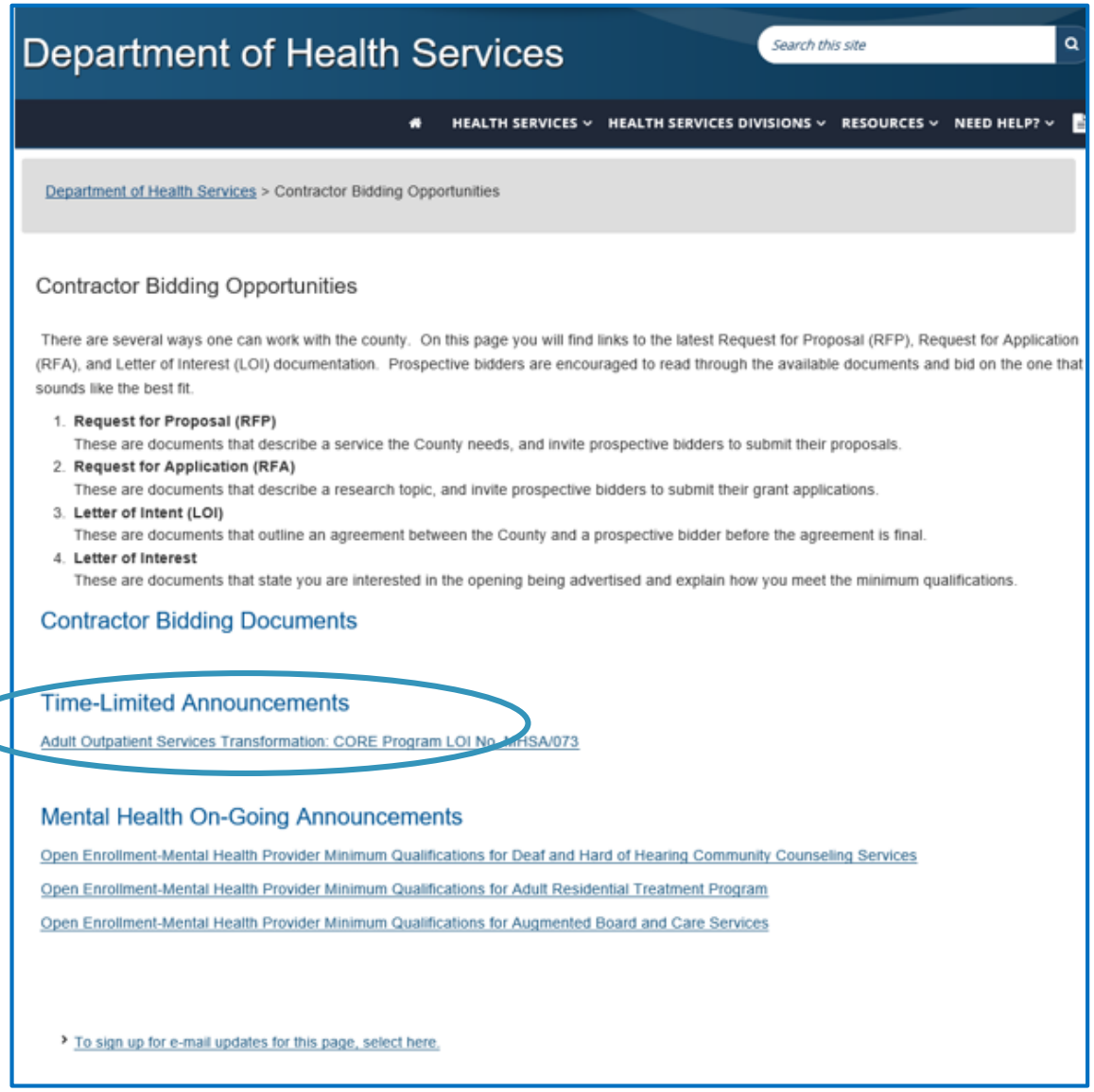
1/25/2022

Interested organizations can subscribe to receive notifications of new opportunities at the website:

http://www.dhs.saccounty.net/Pages/Contractor-Bidding-Opportunities.aspx

and clicking:

To sign up for email updates for this page.



Transition Planning

1/25/2022

- Develop a program transition plan
  - Evaluate current sites, and determine potential new sites
  - Staffing and training

- Develop a client transition and communication plan
  - Ensure clients and family members have an orientation on the new model
  - Ensure and document that clients are aware of changes that may impact them directly or indirectly
  - Document the plan agreed upon by the client
  - Provider input sessions with clients, family and community for building and designing Community Wellness Centers
  - Providers meet regularly to coordinate transition
  - Warm hand-offs between programs, clients are not discharged without a scheduled first appointment with the new provider

- Transition plans may vary from provider to provider, and therefore the full implementation of CORE is not anticipated until Fiscal Year 2023-24.

Questions?

Please enter your questions into the chat box.

BHS will compile questions and post written responses to the Adult Outpatient Services overview webpage no later than mid-February.

Resources

Adult Outpatient Services Transformation website
https://dhs.saccounty.gov/BHS/Pages/Adult-Outpatient-Services-Transformation.aspx

Adult Outpatient Mental Health System, Focus Group Feedback Sessions Report
https://dhs.saccounty.net/BHS/Documents/Reports--Workplans/RT-BHS-2019-Adult-Outpatient-Mental-Health-System-Focus-Groups-Analysis.pdf

Adult Outpatient Report Back on Community/Stakeholder Input
https://dhs.saccounty.net/BHS/Documents/Advisory-Boards-Committees/Mental-Health-Services-Act-Committee/MHSA-SC-2021/MA-MHSA-SC-2021-04-15--Att-B-Report-Back-on-Community-Stakeholder-Input-for-Adult-Outpatient-Svcs-Transformation.pdf

Behavioral Health Town Hall Report
https://dhs.saccounty.net/BHS/Documents/Reports--Workplans/RT-BHS-2019-Behavioral-Health-Town-Hall-Summary-Report.pdf

MHSA Steering Committee website
https://dhs.saccounty.net/BHS/Pages/Advisory-Boards-Committees/Mental-Health-Services-Act-Committee/BC-MHSA-Steering-Committee.aspx

MHSA Fiscal Year 2021-22, 2022-23, 2023-24 Three-Year Program and Expenditure Plan
https://dhs.saccounty.net/BHS/Documents/Reports--Workplans/MHSA-Reports-and-Workplans/RT-2021-22--2022-23--2023-24-MHSA-Three-Year-Plan.pdf

SACRAMENTO COUNTY

"Where flowers bloom so does hope."

-Lady Bird Johnson

Cultural Competence & Ethnic Services Newsletter

Issue 5 | May 2021

Welcome to Issue 5 of our Cultural Competence & Ethnic Services Newsletter. The month of May contains many spring festivals, holidays, and significant dates. In this issue, we are featuring one of them – Herdeljezi, a Romani spring holiday. We will also share stories related to Asian/Pacific American Heritage Month, Cinco de Mayo, and Mental Health Month.

Herdeljezi, Romani spring holiday

Herdeljezi is a traditional Balkan Romani (Gypsy) neighborhood celebration announcing the end of the cold indoor winter season and the beginning of the warm spring season of movement and outdoor life. Its date, May 6, coincides with the Slavic holiday of Djurdjevdan Saint George's Day, which commemorates the dragon slayer. Whether Orthodox, Catholic or Muslim, Balkan people rejoice in the beginning of the growing season by sharing music, dance, food, and community. The spelling of the Romani holiday's name varies (Herdeljezi, Ederlezi, Erdelezi) but the word comes from the Turkish spring festival of Hıdırellez, which signifies the day that prophets Hizir and Ilyas met on earth. The holiday usually spans three days around May 6th. Family and community picnic gatherings feature lamb (roasted over open fires or in brick ovens buried in the ground) and traditional baked goods, including marikli (burek or spanakopita) and baklava. Families often burn a midnight fire in front of their homes, and visit, eat, and dance with relatives and friends. Another ritual is that the biggest log of the winter wood pile is saved for Ederlezi, and burned in the midnight fire, symbolizing the powerful transition. There are many other Romani spring celebrations across the world, sometimes blended with regional customs of the majority ethnic groups. The May celebration of 'Les Saintes Maries De La Mer' in France, a sacred pilgrimage, is one of the best known.

Women in a Turkish Romani settlement perform a dance during their springtime celebration.

Yuri Yunakov (right), Bulgarian Roma saxophonist and Vadim Kolpakov (left), Russian Roma dancer and guitarist perform at the Voice of Roma Herdeljezi festival, California, 2008

Who are the Roma?

The Romani people, commonly known as 'Gypsies,' originated from Northwest India; in approximately the 12th century, they began to migrate westward. Roma traveled through the Persian Gulf, Egypt, Turkey, and eventually spread across Europe and the Americas. They often adopted aspects of the local language, music, religion, and traditions of the countries they settled in, while maintaining their own culture. In the world today, there are somewhere between 12 and 15 million Roma individuals, a majority of whom live in Eastern Europe and some Western European countries (most notably Spain). In Eastern Europe, they generally make up anywhere from 3-11% of a country's population. The Romani language has many dialects, and is closely related to Punjabi and Hindi. The term 'Gypsy' is a misnomer, as Anglo-Europeans mistook them for Egyptian due to their dark features. Similar derogatory terms persist to this day in almost all countries which they inhabit. From the term 'Gitano' in Spain, to the word 'Cigan/Tsiganos' in countries like Serbia and Greece, these slurs are used to further distance the majority populations of a country from their Romani populations. Most Roma in the world are poor, and many Roma in Europe are still segregated in ghettos, with limited access to schooling, clean water, and habitable living situations. Furthermore, negative stereotypes of Roma as thieves, con artists, and fortune tellers, etc. plague them to this day in Europe as well as the US.

A young Romani girl stands over a vast field of trash in Suto Orizari, the world's largest Romani Ghetto.

Roma Today

Roma are perhaps the most oppressed and discriminated people in all of Europe, where they are the largest minority. They suffer many of the same historical and current forms of anti-Black racism as African Americans in the US, and are sometimes known as "blacks." The Roma were enslaved for five centuries in Romania, and targeted for extermination by the Nazi regime during World War II, when over half a million Roma perished. They have been evicted, forced to migrate, pushed to the outskirts of towns and been the victims of discrimination in health, education, and housing. Misconceptions and romanticized stereotypes of Roma as nomadic, exotic, passionate, yet lazy and untrustworthy still circulate. Roma have often survived by excelling in professions that allowed for mobility and did not require them to be integrated into the surrounding society, such as tinkers, blacksmiths, musicians, circus artists, and fortune tellers. They have brought culturally based talents to their skills as musicians, dancers and entertainers, craftsmen and artists, and healers.

Throughout the 20th and 21st centuries, the Romani people have continued to be the targets of hate crimes, state sanctioned violence, and forced migration across the Balkans, Europe and elsewhere. In the U.S., which is home to over a million Roma from many subgroups, many cities have special police units devoted to targeting "Gypsies" as criminals. The Roma are often romanticized by non-Roma via stereotypes about wildness, freedom, the gold hoop earring of the passionate fiddler or the flowing scarf exotic dance of the dark-eyed beauty. Musical groups, belly dance troupes, Halloween costumes and couch surfing young adults love to refer to themselves as and/or capitalize on the word "Gypsy". Voice of Roma (VOR), an educational nonprofit organization, is devoted to exposing the harm of exoticization as well as the oppression of the Romani people. VOR aims to instill pride among Roma in their rich culture and educate the American public about the history and traditions of Roma. Harvard University recently partnered with VOR on a study of American Romani identities and the discrimination Roma face. According to Dr. Mary T. Bassett, director of the FXB Center for Health and Human Rights at Harvard University, "The FXB Center's Roma program has made clear the parallels between anti-Black racism in the U.S. and anti-Roma racism in Europe and other parts of the world." Click this link for the full study, and visit www.voiceofroma.com for more information on VOR.

---Benji Rifati and Carol Silverman, Voice of Roma Board Members

The Secret War and Hmong Refugee Experience

By Yang Xiong

This year the month of May marks the 46th anniversary of the Hmong diaspora when thousands of Hmong individuals fled for their lives from Laos because they signed up with the United States Central Intelligence Agency (CIA) as a Special Guerrilla Unit (SGU) army during the Vietnam War. In early 1961, then late General Vang Pao and CIA paramilitary officer James William Lair, more commonly known as Bill Lair in the Hmong community, struck a deal to help curb the spread of communism in Southeast Asia (https://youtu.be/d6dJGAmyavs). The arrangement was very much part of the Vietnam War, but it was deliberately kept secret on all sides due to the 1962 Geneva Convention for Laos' neutrality. A part of the Cold War pawn, it was a war involving the communist Vietnamese and Pathet Lao on one side supported by China and the Soviet Union against the Hmong and the Royal Lao government with support from Thailand and the United States.

Prior to the Vietnam War, the CIA secretly went into Laos and recruited thousands of Laos' ethnic minorities, largely the Hmong, to help the US fight the North Vietnamese and the communist Pathet Lao in the name of freedom and containment of communism. The arrangement was that the CIA would train the SGU and supply all military needs while Vang Pao would mobilize the men to fight.

The mission was threefold. The first task was to intercept and disrupt the North Vietnamese movement of supplies into the Ho Chi Minh Trail, which went from the northern part of Laos along its western border down to South Vietnam. This trail was Ho Chi Minh's military supply line to support the Vietcong against the Americans in the South. The second task was to rescue American downed pilots. The third task was to collect intelligence and protect a radar system at Phou Pha Thi near the border of Laos and Vietnam which enabled communication and coordination of US aerial attacks and bombings.

The Hmong did all these tasks at a high cost. At first, full-grown men were recruited as soldiers. Eventually, as the casualty rate increased five times more than the casualty rate for US soldiers, young Hmong boys as young as 12 years old were recruited to fight, all in the name of freedom and containment of communism. By the end of the war, it has been estimated that the Hmong lost about 35,000 soldiers, 2000 had been injured, and 2,500 had gone missing in action.

In 1975, as the United States pulled out of Vietnam, they also withdrew support to Laos; particularly the Hmong, and abandoned the Hmong. Fear for their safety due to their alliance with the United States, General Vang Pao requested the US government to airlift his family and high military rank officials and their family into Thailand. Due to its critical situation, General Vang Pao with the last CIA officer flew out of their paramilitary base Long Tieng on May 14, 1975 into Thailand. The Hmong became the target of persecution and genocide at the hand of the communist Pathet Lao and North Vietnamese forces. The communists pursued the Hmong from village to village. It got to the point that the communists captured my mother along with many other villagers. She was threatened that she would be sliced into pieces and dried in the sun should she attempt to escape. Despite the threat and fear, this brave woman eventually escaped and found her way back to reunite with her family.

Due to ongoing communist retribution, the Hmong could no longer live in peace in their homeland. They fled Laos into Thailand as refugees. My family, along with the rest of our villagers, decided to leave Laos in 1978. Even though I was very young, I remember the experience, some parts of it as a dream, and other parts still vividly. Today, all I have to do is think about it, and then it is as if I'm there again.

When we left our homes, I remember that we started with having our horses carry our belongings, but eventually, we had to take over and carry everything on our backs and what we could carry in our hands. As you see in war movies, we walked and ran in large groups where refugees ran for their lives, taking only what they could put on their backs and in their hands. The danger was so great that we walked in the daytime at first, but eventually, we had to hide in the day and walk at night. There was a point where it was pitch black. I couldn't see anything. If I had not held onto my father's hand, I could have easily gotten lost. Along the way, many people died due to communist attacks, disease, and opium overdose. Some babies were sedated with opium to be calm and kept quiet, but some, unfortunately, were given too much and they died.

We eventually made our way to the Mekong River, the river that separates Laos and Thailand, where more people died due to communist attacks and boat capsizing. Our boat almost capsized. Fortunately, we were rescued by another boat. After making it over to Thailand, I remember going around begging for food from the Thai people and monks. Eventually, we were taken to the refugee camp called Ban Vinai. Shortly after our arrival in the refugee camp, which was just seven days, my father passed away due to an illness that I still do not know to this day. My mother was left with six young children to care for on her own, the youngest being only one month old and the oldest was in her teens. We remained in the refugee camp for about a year and then resettled in the US in 1980.

I described much of my personal experience, but it was the experience of thousands of Hmong and other Laotian ethnic minorities who took part in the CIA's Secret War. Today, we remember those who have sacrificed their lives so the rest of us could have freedom and honor those still among us (https://youtu.be/QfoMONVoIf8). Sacramento is home to approximately 40,000 Hmong people.

Image and cultural sharing provided by Yang Xiong

May is Asian/Pacific American Heritage Month

May is Asian/Pacific American Heritage Month – a celebration of Asians and Pacific Islanders in the United States. A very comprehensive term, Asian/Pacific encompasses the entire Asian continent and the Pacific islands of Melanesia (New Guinea, New Caledonia, Vanuatu, Fiji and the Solomon Islands), Micronesia (Marianas, Guam, Wake Island, Palau, Marshall Islands, Kiribati, Nauru and the Federated States of Micronesia) and Polynesia (New Zealand, Hawaiian Islands, Rotuma, Midway Islands, Samoa, American Samoa, Tonga, Tuvalu, Cook Islands, French Polynesia and Easter Island).

In 1978, through Public Law 95-419, Congress recognized the first ten days of May as Asian/Pacific American Heritage week. In 1992, Congress passed Public Law 102-450 which annually designated the month of May as Asian/Pacific American Heritage Month. The month of May was chosen to commemorate the immigration of the first Japanese to the United States on May 7, 1843, and to mark the anniversary of the completion of the transcontinental railroad on May 10, 1869. The majority of the workers who laid the tracks were Chinese immigrants.

During Asian/Pacific American Heritage Month, communities celebrate the achievements and contributions of Asian and Pacific Americans with community festivals, government-sponsored activities and educational activities for students.

Here are some ideas on how to celebrate Asian Pacific American Heritage Month that we hope you will find interesting:

1. Learn more about the history of Asian Pacific American Heritage Month and review a comprehensive list of engaging exhibitions, collections, and historical documents at https://asianpacificheritage.gov/
2. View a collection of art by Asian American artists by National Gallery of Art on Pinterest: https://www.pinterest.com/ngadc/works-by-asian-american-artists-from-the-collectio/
3. Learn about Alfred Shaheen, a man who brought Hawaiian fashion to the world, from the National Endowment for the Humanities website: https://www.neh.gov/humanities/2013/marchapril/statement/beyond-island-wear
4. Explore https://www.guampedia.com/ a community project that highlights the unique Chamorro heritage and history of Guam and the Mariana Islands.
5. Explore Asian American and Pacific Islander Travel Itinerary on the National Park Service website and try to find a historic site near you: https://www.nps.gov/subjects/aapiheritage/index.htm

This Year Keep It Simple

By Brenna Rizan, LCSW, PMH-C

This May 9th will mark the second year we have celebrated Mother's Day during the Covid-19 pandemic. Typically, Mother's Day has been marked with brunches, picnics in the park, or gatherings at home. These gatherings often involve multiple generations across multiple households. While restrictions on gathering are slowly softening (currently up to 3 families can gather safety), new mothers are often not ready to gather. Additionally, many pediatricians do not recommend it. Nevertheless, a new mother's need for social interaction or practical and emotional support have not diminished.

Prior to the pandemic, new mothers in California experienced maternal mental health conditions such as depression or anxiety at a rate of 1 in 5. Black and Latinx women reported higher rates of 1 in 4. Within the past year, researchers have found that women of all backgrounds are experiencing even higher rates of postpartum depression. With suicide remaining a leading cause of maternal death we have a shared responsibility to create safety nets for new parents. While we cannot change the pandemic, we can continue to support new parents. While grand gestures and group gatherings may still be off the table, there are many simple things you can do for new moms anytime to show your love and support.

1. **Send a text message or DM –** Just letting a new mom know you are thinking about them can go a long way.
2. **Do a small errand –** Getting to the store is just more complicated in a pandemic. Set up Zelle, Apple Pay or Venmo to prevent exchanging physical money. Picking up some milk and a pack of diapers can be a life saver.
3. **Do a chore –** You may have to insist and wear full personal protective equipment, but it is worth it.
4. **Go for a walk together –** 20 to 30 minutes of exercise is important for the physical as well as emotional postpartum recovery. If you cannot be physically together, video chat or talk over the phone while you walk.
5. **Talk about it** - No mom is a supermom; no matter what we see on the outside. Your encouragement and support are vital. If you are concerned about your loved one, speak up.
6. **Getting help shows strength –** It takes a lot to reach out for or accept support. Help be their strength by doing it together. Make sure the doctor knows. Contact Postpartum Support International (www.postpartum.net). Reach out for behavioral health care through insurance. You never need a referral. If they are in crisis, go to the hospital with them.

It is ok to not be ok. All new moms need support and with a strong community of support we can help prevent maternal mental health conditions from occurring. This Mother's Day do not forget to give her something she needs. You.

Cinco de Mayo

During these challenging times, when division seems to be all too common, we would like to share the following article regarding the origins of the Cinco de Mayo celebration. It represents unity, equity and groups of people standing together against oppression, slavery, and tyranny and fighting for freedom, racial equality, and democracy.

Cinco De Mayo an American Celebration, Says David Hayes-Bautista, UCLA Professor (Exeprts from an article in the Huffington Post and Los Angeles Times)

Cinco de Mayo is celebrated across the United States as a tradition of Mexican origin. For decades, Mexicans, Mexican-Americans and non-Mexicans have tried to resolve the big question: why is Cinco de Mayo celebrated with much fanfare in the U.S., when in Mexico itself it is just another patriotic date without much contemporary relevance?

"Cinco de Mayo is a tradition dating from the Civil War" in the United States, Hayes-Bautista told The Huffington Post, adding that at the time, in Mexico there was no such celebration at all. "It was all created in this country, by Latinos who supported freedom and

racial equality and who were opposed to slavery, supremacy and the exclusion by government."

On May 5, 1862, while Mexican troops were confronting and defeating a French expeditionary force in the Battle of Puebla, the Civil War was raging in the U.S. Caught between both conflicts, Mexicans in the United States incorporated news of the victory in Puebla to their own experience. Some of them had been living here since before the 1848 Guadalupe Hidalgo treaty ceded many northern states of Mexico to the U.S. Others were recent immigrants, who were seduced by the Gold Rush and American boom times.

For Hayes-Bautista his happy "discovery" was the product of chance. A demographer and epidemiologist, he was investigating what he dubs the "Latino Paradox". "I was investigating the level of health of Latinos during the Gold Rush and the Civil War. This is where everything began. But there was no easy way to get that data; until 1880 there were no birth certificates, and until 1896 there were no death certificates," he said

The professor turned then to Spanish language newspapers from the mid-19th century that served Latino communities in the U.S., since newspapers were responsible for announcements of any social occasion, like births, deaths, weddings, quinceañeras, baptisms and confirmations.

He says he was impressed by the high level of reporting in Latino newspapers on national and international events, and one of those events, which was followed with particular attention, was the French intervention in Mexico.

"The news of the Mexican victory over the French Army in Puebla were celebrated, not only immediately after it happened, but every year during the Civil War. That is the origin of why we celebrate the Cinco de Mayo," said Hayes-Bautista, author of the new book "The Cinco de Mayo: An American Tradition".

For the professor, the equation is simple: "Latinos here supported President Lincoln. They supported freedom, and democracy. The French invaded Mexico to remove democracy, and to impose over Mexico a treaty with the Confederation," he explained. Cinco de Mayo has its roots in the dark, early days of the American Civil War. A year into the conflict, it appeared that the Southern slave states might prevail in their efforts to keep African Americans in slavery based on notions of white supremacy.

The Confederacy had expanded into New Mexico and Arizona, and hoped to get all the way to Los Angeles. For tens of thousands of Latinos in the American West, slave territory was moving uncomfortably close. Even as the Union Army in the Eastern United States seemed paralyzed, fearful of moving decisively against the Confederates, numbers of California's Latinos joined the U.S. Army and organized units of Spanish-speaking cavalry in California and unoccupied portions of New Mexico.

Though France did not take an official side in America's Civil War, sympathetic banks in France were underwriting the Confederate dollar. Napoleon III of France, knowing the U.S. was too involved in its own crisis to object, sent troops into Mexico in 1862, seeking to

overthrow that country's democratic government which had abolished slavery 50 years earlier.

Napoleon's forces were decisively beaten by the Mexican army at the Battle of Puebla on May 5, 1862, however, and had to withdraw to strongholds along the coast of Mexico. News of the Mexican victory arrived in California around the same time as news of the Union Army's defeat in the Seven Days Battles.

Latinos celebrated the good news from Mexico by parading through the streets of towns in California and Nevada, proclaiming their stance both on the American Civil War and on French Intervention in Mexico. They opposed slavery, white supremacy and government by privileged elites in both the United States and Mexico. They supported freedom, racial equality and democracy.

The first record of the celebration came only three days after the military victory, in an article from a newspaper in Columbia, a town in northern California, reporting how Mexicans living in that region threw a big, long party as news came of the defeat of French troops in Puebla. The celebrations continued through the years into what now is considered a Mexican festivity.

Submitted by Cesar Castaneda, La Familia Counseling Center

Community-based programs featured this month

Neighborhood Wellness Foundation

"I feel at Peace", "I don't have to look over my shoulder", were echoing sentiments from our Innovators Academy students when they escaped to Ancil Hoffman Park, set along the American River in Carmichael. For them, it was a new experience and an entirely new world. The sounds of their laughter and their singing were interspersed with the sounds of silence broken only by birds chirping and wind rustling through the trees.
Our students were at ease, away from the chronic toxic stress from police sirens and helicopter blades. This was their spring break outdoor educational experience. They had a moment to get away from the computer screen and enjoyed running around playing chase, catching the Frisbee and skipping rocks. As we walked along the river bank, we stopped and sat to write our thoughts. "9 Seconds to wear an authentic smile and not be feared by my blackness" is an excerpt of a poem written by one of our male students. More important than encouraging them to sit and focus is providing the ongoing mental health support as we continue to endure the impact of poverty and trauma magnified by covid-19.

Neighborhood Wellness Foundation (NWF) was founded in 2015 with a mission to disrupt intergenerational trauma and poverty in Del Paso Heights (DPH) and surrounding neighborhoods by addressing the adverse childhood experiences (ACEs) and low educational attainment. At 3805 Clay Street, in the heart of DPH, our center is tapping into a Black community disproportionately impacted by trauma who are acutely aware that we offer a reliable, safe place to heal and to learn. Many adults who hang out across from our center come in regularly to receive services. Del Paso Heights consists of >30% adults without a high school diploma, >30% families and >50% single mothers living in poverty, and >17% unemployed. There are overwhelming disparities in mental and physical health, hopelessness and paralysis of any socioeconomic mobility. These statistics are consistent with patterns that lead to criminal activity and incarceration.

Our Black and Brown Communities are surviving without capacity to provide stable, healthy living and learning spaces for themselves or their families. Living in poverty contributes to chronic toxic stress/ACEs resulting in low educational attainment and patterns of criminal activity, violence and incarceration. Our families are without the capacity to break the intergenerational transfer of adversity. Now more than ever, it's imperative we connect our families to consistent, effective, and sustainable resources to change the trajectory of their lives. As many organizations provide intervention strategies and crisis response with this cohort, NWF also works to prevent the transfer of the adversity. Our four programs designed to address intergenerational trauma and poverty include Innovators Academy (IA), Sister to Sister Healing Circle, Reaching Higher "Heights" and SHE alternative sentencing. All programs address populations disproportionately impacted with persistent exposure to chronic toxic stress, minimal coping skills and low educational attainment. IA supports our youth from 10-18 years old challenged with high truancy, poor academic performance (1.0 and below G.P.A.), some with gang affiliation and some at risk of dropping out of school. Sister to Sister Healing Circles support our adult women 19 years and over with protective factors, basic literacies and competencies, methods to "buffer" themselves and their families and build self-efficacy. Reaching Higher "Heights" our adult high school completion program for 22 years old and older, provides academic and case management support with a welcoming environment for those (many ex-offenders) eager to return to high school but without the confidence to succeed. SHE alternative sentencing supports youth and adults needing community service hours, healing circles, educational attainment and employment.

COVID-19 brought to the forefront the ongoing racial inequities in Black and Brown communities with the high morbidity and mortality amongst our neighborhood families. The social distancing and distance learning necessary to help mitigate the spread of the virus resulted in isolation, a massive divide in the educational disparities of our IA students, and a surge in domestic and neighborhood violence. We learned of the scope and the magnitude of the inequities and mental health struggles when "sheltering in place" was mandated. This meant something different to those trying to distance learn and survive in multigenerational households or homeless shelters with crowded living spaces and without resources to escape the isolation and crowdedness. This was compounded by food insecurities, sick family members and the ongoing neighborhood trauma. There are no safe places to escape to just be children and their parents are without resources to provide alternative healthy escapes.

Since the start of COVID-19, our work has not ceased, but instead has magnified. It has been revealing, allowing us to be more intentional in our services. NWF continues to support our program families with food deliveries, toiletries and access to washing clothes. We continue with support of distance learning with academic and mental health assessments and individual plans for success. We engage in educational, outdoor and fun activities for the students, and engage in quilting our stories with our adult women. Our high school adult students are continuously picking up school packets through independent study to earn their high school diploma. Our Sister to Sister healing circles that paused in January resumes virtually on April 22, expanding to include the men. We continue group teen healing circles as well as individual communication by phone, text or lunch outings. We are looking forward to the mental and physical healing of our country, and encourage everyone's participation.

Photos provided courtesy of Neighborhood Wellness Foundation

This program is funded by the Sacramento County Division of Behavioral Health Services through the voter approved Proposition 63, Mental Health Services Act (MHSA).

Afghan Women's Wellness Program

Opening Doors is hosting our Summer 2021 Afghan Women's Wellness Program starting May 18th, where women can either attend our Tuesday morning sessions from 9AM to 12PM or our Wednesday afternoon sessions from 12PM to 3PM. This 12-week program is created to equip Afghan women with the skills needed to become emotionally and economically self-sufficient, to therapeutically erase the stigma associated with mental health, and to support community connectedness.

Through this online program, women can learn valuable life skills like how to care for themselves and their family, how to schedule medical and other appointments, how to apply for a driver's license, how to manage finances, and so much more. Women can join these zoom sessions on any device and all sessions are facilitated in English/Dari/Farsi.

Any immigrant Afghan women residing in Sacramento County is eligible to enroll. Please contact either Hina Nabi or Hibatallah Hummadi for more information.

Dari/Farsi: Hina Nabi | hina@openingdoorsinc.org | (916) 829-9494

English: Hiba Hummadi | hibatallah@openingdoorsinc.org | (916) 492-2591 ext. 261

This program is funded by the Sacramento County Division of Behavioral Health Services through the voter approved Proposition 63, Mental Health Services Act (MHSA).

The California Black Women's Health Project

The California Black Women's Health Project (CABWHP) is the only statewide, non-profit organization that is solely committed to improving the health of California's 1.2 million Black women and girls through advocacy, education, outreach, and policy. We focus on empowering Black women to take personal responsibility for their health and advocate for changes in policies that negatively affect Black women's health status. For almost three decades, our organization has dedicated itself to improving the physical, spiritual, mental, and emotional health of the state's 1.2 million Black women and girls through education, policy, outreach, and advocacy

Sisters Mentally Mobilized - Sacramento is part of the Advocate Training Program (ATP), the organization's acclaimed program designed to train women from the grassroots community to become influential health policy activists and advocates. The ATP is centered on core tenets of advocacy, organizing, civic engagement, and peer support around issues about the health and wellness of Black women and girls. The program's curriculum covers a broad overview of health policy advocacy, agenda-setting, effective outreach and education strategies, and leadership/social action training.

Participant Quotes:

"Thank you so much for organizing the events and training. I appreciate the information that is not easily found online. So, hearing from you ladies helps me to navigate how I proceed in my self-care."

"It (The Advocate Training Program) gave me a basic understanding and some valuable, simple information to help me get hold of mental health concepts."

"Doing the Sisters Mentally Mobilized Advocate Training Program made me realize that we were not alone and that there were many other people in the same boat. I know it is an excellent course that has helped me, and have shared the information with my family and community. I hope the training continues so others can benefit from it."

SMM is for any Black woman 18 or older who lives in Sacramento's priority neighborhoods with stories to tell and experiences to share. At the California Black Women's Health Project, we know that there is wisdom and beauty in every Black woman's life journey. All sisters who are interested in creating lasting change for themselves and communities around mental health are welcome! No previous mental health work or experience is required (just time, talents, and treasures!) For more information, please visit our website: www.cabwhp.org

Videos about Sisters Mentally Mobilized:
https://www.cabwhp.org/sisters-mentally-mobilized.html

https://www.abc10.com/video/entertainment/television/programs/your-california-life/black-hair/103-76de91e3-0dc6-4843-b238-7e13f3a95cb0?jwsource=cl

This program is funded by the Sacramento County Division of Behavioral Health Services through the voter approved Proposition 63, Mental Health Services Act (MHSA).

La Familia Counseling Center

5523 34th street, Sacramento, CA. 95820
(916) 452 3601
Maple Neighborhood Center
3301 37th Ave, Sacramento, CA. 95824
(916) 210 8773

At La Familia Counseling Center our top priority is to serve the community. We provide a range of services including classes, workshops, and special events year round. Our mission is to improve the quality of life for at-risk youth and families of diverse backgrounds by offering multicultural counseling, support and outreach services and programs to help families to overcome adversity, to become empowered, and to succeed in their lives.

****Behavioral Health**
Individual, family, and/or group counseling is provided for youth experiencing emotional and behavioral concern/challenges. Ages 0 -21 with Medi-Cal.

****Supporting Community Connections (SCC)**
Support for the Latino community of all ages, open to anyone free of charge via telephone or tele-health. The program connects the Latino community with suicide prevention resources and intervention training via tele-health.

Centro de Apoyo Latino (CAL)
A program for Latinos adults that are primarily Spanish speakers of all ages. CAL program provides brief short term crisis intervention services along with navigation to longer term solutions. CAL provides one-on-one navigation via phone or tele-health.

Support Line
La Familia is here to support our community during this difficult time. If you are in need of support and need someone to talk to please give us a call.
Available Monday – Friday 10:00 am – 2:00 pm (916) 862 3891

****Cal-MHSA**
Program provides mental health education to empower youth, strengthen parents and families, and honor senior citizens. Workshops included are career readiness; Mental Health First Aid Training; Psychological First Aid for Refugees, Migrants, and Displaced Persons; Know Your Rights; and Tech-Savvy Seniors.

COVID-19 Testing on Monday's & Community-Based Vaccination Clinic on Thursday's
Call to register (916) 990 – 1311
Email: health@lafcc.org

***These programs are funded by the Sacramento County Division of Behavioral Health Services through the voter approved Proposition 63, Mental Health Services Act (MHSA).*

In recognition of **Mental Health Month** this May, Sacramento County Division of Behavioral Health's MHSA-funded "Mental Illness: It's not always what you think" project is helping to raise awareness about the importance of mental health, reduce stigma and inspire hope and positivity in our community, particularly for individuals and families living with mental illness here in Sacramento. Thanks to the support and collaboration of community leaders across Sacramento, the project just launched new audience-specific resources and information available on StopStigmaSacramento.com, which anyone can use to access in-language creative materials, tips, ideas and general educational materials. If you have any questions, please reach out to info@stopstigmasacramento.org.

Follow the project's Twitter, Facebook and Instagram pages to stay updated on the project, share the project's mental health tips on your own channels and to engage with the project throughout the year.

Thank you!

Special thank you for contributions from Voice of Roma; Yang Xiong (BHS); Brenna Rizan, LCSW, PMH-C, Sacramento Maternal Mental Health Collaborative Co-Chair; Cesar Castaneda (La Familia Counseling Center); Neighborhood Wellness Foundation (NWF); Opening Doors; The California Black Women's Health Project (CABWHP), Sisters Mentally Mobilized – Sacramento; La Familia Counseling Center and the BHS Cultural Competence & Ethnic Services unit.

Please submit your ideas for future newsletters

Sacramento County Behavioral Health Services Cultural Competence & Ethnic Services Unit will continue to produce newsletters like this one. Please help us to celebrate the rich diversity of cultures in the County of Sacramento community by sharing your original content and photos along with your contact information:

DHSCCUnit@saccounty.net

Please put "**newsletter**" in the subject line. Please note that we cannot use content without citing the source and cannot use photos without permission.

Please send any contributions for consideration by the 20th of the prior month. Please see the following chart for applicable submission dates:

To include in this issue:	Please submit by:
June Issue	05/20/2021
July Issue	06/20/2021
August Issue	07/20/2021

SACRAMENTO COUNTY

Helpful links:

Mental Health Access Service Request Form:
https://dhs.saccounty.net/BHS/Documents/Provider-Forms/MH-Forms/Service-Request-Form.pdf

Substance Use Prevention and Treatment Services:
https://dhs.saccounty.net/BHS/Pages/SUPT/Substance-Use-Prevention-and-Treatment.aspx

COVID-19 Resources:
Behavioral Health COVID-19 (2019 Novel Coronavirus) General Resources

Behavioral Health COVID-19 (2019 Novel Coronavirus) Provider Resources

https://www.saccounty.net/COVID-19/Pages/default.aspx

Job Seeker Resources
https://personnel.saccounty.net/Pages/ESJobSeekerResources.aspx

SACRAMENTO COUNTY

"You never completely have your rights, one person, until you all have your rights."

-Marsha P. Johnson

Cultural Competence & Ethnic Services Newsletter **Issue 6 | June 2021**

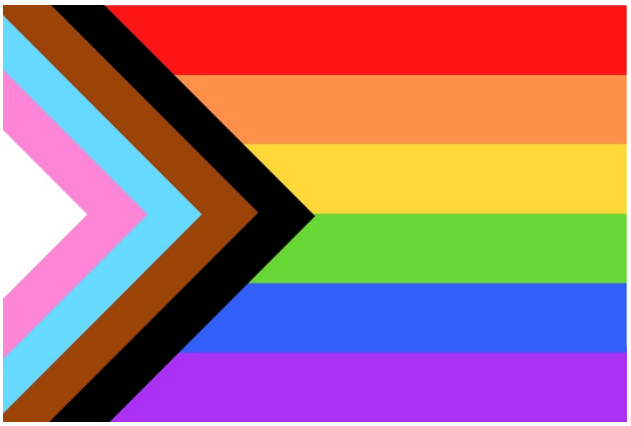
Welcome to Issue 6 of our Cultural Competence & Ethnic Services Newsletter. This issue features submissions from members of the Stop Stigma Sacramento Speakers Bureau and community partners that highlight Pride Month, Juneteenth, Refugee Awareness Month, Men's Health Week, and World Elder Abuse Awareness Day.

Pride Month

submitted by Ōme at Gender Health Center

On June 28, 1969 a Black Woman wearing a sparkling robe was socializing at a bar in New York City. That sentence would be unremarkable if we weren't talking about Marsha P. Johnson. Johnson was a Black Trans Woman who initiated the first Pride March. Before Pride was a parade, and before it was called Pride, it was called the Stonewall Riots of 1969. Miss Marsha "Pay it no Mind" Johnson was the proverbial match that lit a fire in the gay rights movement. She's known among LGBTQI+ people as a Revolutionary. She was not only Transgender, an AIDS activist, and a muse, she was also Black. At the crossroads of these intersections, and with only her community by her side, she threw a brick at the NYPD for harassing her Queer and Trans friends. Their only crime was existence. Miss Johnson dared to oppose those who believed that her gender identity, sexual orientation, or her way of being made her unworthy of basic human dignity or rights. Fast forward to 2020, we saw ventilators being denied to Black people because of the color of their skin. We saw the former president assert that people who were trans could be de-prioritized or outright denied ventilators if they contracted COVID-19. Now in 2021, we are seeing an unprecedented amount of transphobic legislation.

To be honest, the purpose of Pride has been almost completely obfuscated by rainbow flags and the commercialization of gay and lesbian inclusion. We are walking at a precarious time in which the spectre of Stonewall in 1969 cannot be forgotten. We must light a match this Pride, in our hearts, to oppose anti-Trans legislation. We must dare to. We must be like Marsha. We must not forget that the first Pride in all of history was a riot.



The Rainbow Flag is probably one of the most recognized symbol of the LGBTQ+ movement since it first appeared in 1978. Over the years, additional symbols have been used: https://www.odu.edu/life/diversity/resources/lgbtqa/symbols
Featured above is 'The Progress Flag' - Designed by Daniel Quasar in 2018, it features black and brown stripes to represent people of color, and baby blue, pink and white to include the trans flag in its design.

Local LGBTQ affirming Mental Health Respite programs funded by Sacramento County Division of Behavioral Health Services through the voter approved Proposition 63, Mental Health Services Act (MHSA):

A Church For All

Ripple Effect

Administered by A Church for All, the Ripple Effect is a mental health drop-in respite program Respite services are short term, time-limited breaks in a safe environment for people who are at risk of or experiencing a mental health crisis. Respite services are designed to prevent an acute mental health crisis from occurring and may provide an alternative to emergency department visits or psychiatric hospitalizations. The program provides services to unserved and underserved adults ages 18 and older with emphasis on people of color (POC) who may identify as lesbian, gay, bisexual, transgender, and/or questioning (LGBTQ). Services include: screening, supportive services, individual and group support, linkage to other services, peer supports, other crisis response services, and community outreach activities. Ripple Effect promotes community connection and other supportive resources so that participants leave experiencing less stress than when they arrived. Participants may return to utilize respite services as needed. For more information, please call (916) 807-7305

Gender Health Center

Danelle's Place Respite Program

Located in downtown Sacramento, Danelle's Place is a program of Gender Health Center providing mental health respite care to unserved and underserved Transitional; Aged Youth aged 18 and over 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. Staff at Danelle's Place provide members with mental health screening, supportive activities, individual and group chat, therapeutic art activities, peer counseling, other crisis prevention services, and community outreach activities. For additional information, questions and hours or operation please call 916-455-2391.

Sacramento LGBT Community Center

Q Spot Youth/Transition Age Youth (TAY) Respite Program

Centrally located in the heart of Midtown's Lavender Heights district, the Q Spot is a Youth program of the Sacramento LGBT Community Center for youths ages 13 -24. This mental health drop in respite center provide a wide range of services including support groups, anti-bullying, coming out, health relationships, and life-skills developments. At the Q-Spot, youths can build relationship skills with community peers, play video games, watch TV, enjoy snacks, do homework, and get help with job applications. The program also provides free HIV/HCV Testing, and Crisis Intervention. The Q Spot is open 5 days a week from 12:00 pm to 6:00 pm. For additional information contact Jesse Archer, Assistant Direct of Youth Programs, Youth@Saccenter.org, 916-442-0185, or Instagram @SacQSpot

Lambda Lounge Adult Mental Health Respite Program

Centrally located in the heart of Midtown's Lavender Heights district, the Lambda Lounge Adult Mental Health Respite Program provides drop-in mental health respite services were members can come in, relax, and take a break from the stressors of their lives to prevent an acute mental health crisis from occurring. Lambda Lounge focuses on unserved and underserved adults aged 25 and older who identify as LGBTQ. The program also offers a variety of support groups focused on mitigating risk factors, building healthy relationships, health and wellness in or to prevent suicide, hospitalization, or incarceration. The Respite Center is open Tuesdays and Thursdays from 10:00 am to 4:00 pm. For additional information, or questions please contact Marcy at 916-442-0185 ext. 100.

Statewide LGBTQ resources:

#Out4MentalHealth is a statewide project that advances mental health equity, provides resources to build capacity in local LGBTQ+ communities, and represents a coalition voice at state-level policy discussions. Each Task Force is led by local community members and organizations and open to anyone and everyone interested in advocating for LGBTQ Mental Health Equity. https://californialgbtqhealth.org/about-us/out4mentalhealth/

Pronouns - Using someone's correct personal pronouns is a way to respect them and create an inclusive environment.

Just as it can be offensive and harassing to make up a nickname for someone and call them that name against their will, it can also be offensive and harassing to guess at someone's pronouns and refer to them using those pronouns if that is not how the person wants to be known. If you make a mistake, correct your mistake and move forward. For more information and videos on pronoun use visit: https://www.mypronouns.org/

Demonstrate Access
Demonstrate Access is a free resource website with ideas and tools for community-based service organizations. It is designed to help providers and organizations identify barriers and make changes in policy and practice to increase access for LGBTQ communities.
https://www.demonstrateaccess.org/

Human Rights Campaign Foundation
Provides professional resources for LGBTQ-inclusive policies and practices for healthcare professionals and employers:
https://www.thehrcfoundation.org/professional-resources

Strategies for Creating an Affirming Environment
Recruit and Retain LGBTQ+ Staff

- Require regular cultural competency trainings for all staff and new hires.
- Have hiring forms include LGBTQ+ identities.
- Actively support LGBTQ+ people with everyday practices and policies (e.g., bathrooms)

Create a Safe and Welcoming Environment

- Identify providers who are safe and trained
- Add pronouns to name badges, business cards, e-mail signatures
- Add safe zone signs to your office/desk

The California LGBTQ Reducing Mental Health Disparities Population Report, **"First, Do No Harm: Reducing Disparities for Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Populations in California,"** can be found here:
https://cpehn.org/assets/uploads/archive/lgbtq_population_report.pdf

To learn more about the California Reducing Disparities Project (CRDP) and to view the population reports from the additional communities, please visit this website:
https://cpehn.org/california-reducing-disparities-project/

Our July issue will highlight the six local CRDP Implementation Pilot Projects that are operating in Sacramento County.

Juneteenth Reflection

by La Viola Ward-Tofani

Juneteenth, as I understood it as an unsophisticated girl from a central California cow town, was essentially the universal holiday for black people. I vaguely knew it had something to do with slaves being freed… but that was about it. I don't think it ever occurred to me at any point in my childhood that this day represented much more than that. Don't get me wrong—even without being aware of the precise historical significance of Juneteenth, it was still a very important day. We had a community BBQ at the same neighborhood park every year. We got new outfits and everyone "dressed to the nines", (as my granny would say). We got our hair did (grammatically incorrect, yes… but that's how we referred to getting a fresh new hairstyle for a special occasion). In fact, Juneteenth was pretty much the only event in our largely Mexican American community for which the black people (who comprised a meager 5% of the population) would "show up and show out" (also, as my granny would say). It was a proud day—although I am not sure we all knew exactly why.

Juneteenth, for us, was akin to a family reunion—but family reunions were few and far between… and limited by bloodline. Juneteenth was our community family reunion. Each year, we braved the sweltering heat, with temperatures ranging upwards of 100 degrees in June. Still, the heat never thwarted our plans. Most of us were poor (around 30% of my hometown residents live under the national poverty line-- even today), but you couldn't tell we were poor on Juneteenth. We wore our Sunday best. There were heaps of food. A distant uncle in leather sandals manned the grill and barbecued some of the best tri tip you'd ever tasted. Somebody's granny's potato salad and banana pudding were in high demand and always ran out before the day was over. We had juicy, sweet watermelons picked from a patch on the north side of town. Drinks overflowed. We ate our fill. We played until we fell out. There was no bedtime for kids on Juneteenth, and even the holiest parishioner might sip a cold beer that day. All of our aunties' favorite tunes played in the background. The soulful melodies of Al Green, Aretha Franklin, and Earth Wind and Fire filled the air and mingled with raucous laughter. The sound of domino ivory slamming on card tables and card game spats erupted all over the park. With the harmonious music, medley of food smells and sounds,, and a palpable sense of pride in the air, we didn't even realize that we were celebrating the exact essence of Juneteenth. We were free.

President Lincoln issued the Emancipation Proclamation in 1863. This edict declared over 3 million slaves still held in confederate states to be free. However, this act was more theoretical than literal for many enslaved people, as many slave owners simply refused to relinquish the people they held captive. In fact, in some areas they used force and terror to minimize the news of the emancipation proclamation from even reaching the ears of enslaved people for years after it was enacted—largely in Texas, a confederate state stronghold with a tremendous concentration of slaves.

According to the Encyclopedia Britannica[1]:

> "It was not until Union soldiers arrived in Galveston, Texas, on June 19, 1865, that the state's residents finally learned that slavery had been abolished. The former slaves immediately began to celebrate with prayer, feasting, song, and dance."

Without knowing it, our little town had captured the spirit of Juneteenth. We had gathered as a people and abandoned all hardship to celebrate ourselves and the freedom that nearly eluded us—back when the Emancipation Proclamation was signed, yet in many ways still today.

I haven't been to a Juneteenth celebration in years, but this year I pledge to attend. With today's constant social unrest, the infinite headlines of the latest black person murdered by agencies that are supposed to protect and serve us, and the ceaseless argument that questions whether black lives even matter, it seems that the proclamation of black emancipation is still struggling to reach the masses. As a black woman living with depression and anxiety, I have to admit that sometimes it is too much. Pandemic living has been difficult for many of us— especially those of us living with mental illness. There have been days, for example-- the weeks following the public execution of George Floyd in 2020, that I had to take a sabbatical from being online because of the weight of the constant discussions of race that permeated the airwaves and every social network. It is exhausting. But then I think about those before me. I imagine being a fully functioning, intelligent, conscious human being living as chattel. Then I imagine the duplicity of being freed on paper yet not even knowing it (or worse-- being aware of this newly acquired freedom, but still held in captivity). I can fathom no greater relief than the news of liberation to the enslaved—just like the news provided by Union troops on June 19, 1865.

While the crusade for racial equity continues, the battle for sanity rages inside of my head. I am definitely not in the dark mental space I was once upon a time, but I will continue working to overcome my anxiety and depression for the duration of my life. Mental illness does not discriminate, but I am certain that the weight of the remnants of the institution of slavery that black Americans carry with us each day is not good for our mental health. While maneuvering the standard stressors of adulting—bills, housing, relationships and such, we also have to simultaneously navigate the perils of blackness. Tensing when the police get behind you in traffic, being followed in stores, microaggressions and hair touching, being passed up for a job or promotion that you're certain you're qualified for—all of these experiences coincide with being black in America and may be magnified by any mental health diagnosis that we are living with. We struggle simply existing in a society that screams "NEVER FORGET!" about 9/11 but would like us all to forget that less than a bicentennial ago, many of our ancestors were in chains. Juneteenth is not just a reminder of the 156 years that we have continued to fight for the emancipation that was promised… it is also a reminder of the freedom we reclaimed, although systemic racism aims to relinquish that freedom at any moment. This makes Juneteenth more important than ever in today's agitated social climate. Any chance that we can celebrate the freedom that we have attained in this nation, we should embrace that opportunity… and have a bit of fun while we are at it.

[1] Britannica, The Editors of Encyclopaedia. "Juneteenth". Encyclopedia Britannica, 19 Apr. 2021, https://www.britannica.com/topic/Juneteenth. Accessed 13 May 2021.

Week of Wellness
In Celebration of Juneteenth
June 13 -19, 2021

Brought to you by the Trauma-Informed Wellness Program and The Center at Sierra Health Foundation

Roberts Family Development Center
Gun Violence Reduction Rally
Sunday, June 13
12 p.m. to 8 p.m.
Join community partners for this event at Mama Marks Park for a day of fun in the sun, free food, live music and performances, and meet and talk with your neighbors about the future of our community.
Access the event flyer

ONTRACK Program Resources
Soul Space – Collective Impact with Junious Williams, Esq.
Wednesday, June 16
3 p.m. to 5 p.m.
This webinar will take a deep dive into how the collective impact model can support local systems change for the mental well-being of our Sacramento Black community.
Join on ZOOM

Improve Your Tomorrow
Practicing and Embodying Inner Peace: How to Combat Minority Stress in a World That Wants to See Us Broken
Wednesday, June 16
6 p.m. to 7:30 p.m.
This virtual space will be focused on providing respite for Black and Brown bodies from the stressors of the world to rejuvenate and revel in our resilience to fight another day.
Join on ZOOM

Rose Family Creative Empowerment Center
Center Community Healing Circle
Friday, June 18
5 p.m. to 7 p.m.
Join with community members for this in-person event with the theme "It Takes a Village to Raise a Child."
Access the event flyer

Please join us at the Sacramento Juneteenth Festival for a Celebration of Freedom!
Saturday, June 19th from 11 a.m. to 6 p.m. • William Land Park

THE CENTER at Sierra Health Foundation

SACRAMENTO COUNTY

BLACK CHILD LEGACY CAMPAIGN
Uniting Families and Communities for a Healthy Future

This program is funded by the Division of Behavioral Health Services through the voter-approved Proposition 63, Mental Health Services Act (MHSA).

World Elder Abuse Awareness Day (WEAAD) was launched on June 15, 2006 by the International Network for the Prevention of Elder Abuse and the World Health Organization at the United Nations. The purpose of WEAAD is to provide an opportunity for communities around the world to promote a better understanding of abuse and neglect of older people by raising awareness of the cultural, social, economic and demographic processes affecting elder abuse and neglect. In addition, WEAAD is in support of the United Nations International Plan of Action acknowledging the significance of elder abuse as a public health and human rights issue. In a society that values the just treatment of all people, WEAAD reminds us that elder abuse has implications for all of us, and so it's important to find the right solutions to it. WEAAD is a call-to-action for society's individuals, organizations, and communities to educate each other on how to identify, address and prevent abuse so we can all do our part to support everyone as we age.
Copied from: https://eldermistreatment.usc.edu/weaad-home/about
– Shared by Heidi Richardson, Sacramento County Senior and Adult Services

Refugee Week 2021 takes place from June 14 – 20, 2021

Sacramento is one of the most diverse communities in California with a large number of racial, ethnic, linguistic, and cultural groups. Spanish, Russian, Vietnamese, Hmong, Cantonese, Arabic, and Farsi are recognized as primary languages spoken by many Sacramento County residents. Historically, Sacramento County ranked in the top three counties in California for newly arriving refugees. While Refugee Resettlement numbers ebb and flow over the years, in recent years, Sacramento has resettled the most Refugees and Special Immigrant Visa holders combined as compared to any other county in California.
The theme of Refugee Week 2021, 'We Cannot Walk Alone', is inspired from Rev. Dr. Martin Luther King Jr's "I Have a Dream" speech in which he stated "*They have come to realize that their freedom is inextricably bound to our freedom," "We cannot walk alone.*" This year's theme encourages everyone to extend your hand to someone new; someone who is outside your current social circle, has had an experience you haven't, or is fighting for a cause you aren't yet involved in.

Refugee Awareness Month (RAM) will take place in the month of June with World Refugee Day taking place on June 20, 2021. World Refugee Day honors the courage, strength, and determination of men, women, and children who are forced to flee their homeland under threat of persecution, conflict, and violence. This annual celebration recognizes the hard-working network of refugee resettlement agencies in our state and highlights the remarkable achievements of refugees throughout California. The California Department of Social Services (CDSS), Refugee Programs Bureau (RPB) partners with other agencies to celebrate RAM.
https://www.cdss.ca.gov/inforesources/refugees/refugee-awareness-month

Speakers from the Stop Stigma Speakers Bureau have provided their encouragement for Men's Health Awareness Week

Preston Cannon

Why do men not talk about their mental health and why they should…

"Our silence is killing us...We don't talk about our mental health because our willingness to do so has been hampered by the false narrative that a man is weak if he is open about his mental health. We should find the courage to talk because no one can define our manhood but us. It takes strength to stand and face this giant called mental illness. When Men talk, the atmosphere, conditions and challenges change and ultimately lives are saved."

Echosaisis Clark

Why taking care of your mental health is important…

"Taking care of our own mental health, means taking care of our community"

Mike McCarthy

Why taking care of your mental health is important…

"When I am taking care of myself, I am taking care of my mental health- my body, mind and spirit all work together to manage my mental illness."

Why men's mental health matters…

"It matters because we matter. I can make a difference in my community when I am balanced and managing my mental illness. And sometimes I use my community to help me get balanced."

What men wish other men knew about mental health…

"We are not alone. And we can talk with each other."

Why men do not talk about their mental health and why they should…

"It's the shame and stigma of mental illness that keeps us quiet. It is that shame we must overcome by loving ourselves and trusting in each other."

Bill Marr

Why men do not talk about their mental health and why they should…

"Men don't talk about their mental health because of the stigma or fear that people will see them as weak. You're taught growing up that you should be tough and strong and admitting you have a mental health condition goes against everything you've been taught from a young age from parents and society as a whole.

Men should talk about it because doing so ultimately shows strength and courage even when you're afraid. Every man is afraid of something and the more we discuss fear, the easier it will be for men to drop the tough guy act and openly discuss your fears and challenges, especially with mental health."

If you are interested in learning more about the Stop Stigma Sacramento Speakers Bureau, please visit https://www.stopstigmasacramento.org/get-involved/speakers-bureau/

Community-based programs featured this month

Improve Your Tomorrow (IYT) was founded by men of color to uplift young men of color. Since its founding in 2013, IYT's mission has been to get boys and young men of color to and through college. They accomplish this by providing 12 years of wraparound academic and social-emotional support services starting in the 7th grade. Additionally, participants within IYT are provided with wellness counseling, mentorship, college advising, internships, parent engagement, workshops, retreats, summer programs, and more. For participants in the Community College (IYT CC) and University (IYT U) programs, IYT focuses on career planning, workforce readiness training, and helps connect students with jobs and fellowships that align with their passion and goals. IYT operates on 27 school-site campuses in the greater Sacramento and Stockton region, and is continuing to grow.

As an organization focused on uplifting young men of color and combating systemic and racialized barriers to success, IYT has integrated trauma informed wellness and counseling into many of its programs. Across their middle- and high school sites, IYT mentor fellows are trained by certified wellness counselor, Bryan Mapenzi, on how to help boys and young men of color cope and heal from trauma. Additionally, IYT Mentor Specialist, Brian Phu, conducts mental wellness outreach across the Los Rios Community College District by providing 1:1 mentoring, wellness checks, and a monthly mental health workshop series called Brothers Living Strong. Brian's workshops focused on physiological and mental health, knowledge of self and self-perception of others, and understanding the impact of trauma–which extended into a 4-hour session due to the level of connection and engagement participants were experiencing.

Media (Pics/Videos):

IYT Co-Founder Story– Caption: CEO and Co-Founder Michael Lynch tells the story of his upbringing and why he and Co-Founder Michael Casper founded the community-based organization, Improve Your Tomorrow back in 2013.[https://bit.ly/3wql8mV]

Image:
https://drive.google.com/file/d/1HC6AXQFuj1ETItycs7PCN1Efc9tk66TP/view?usp=sharing

Upcoming opportunities:

We're hiring! Mentor Fellows Program Link:
https://www.improveyourtomorrow.org/mentorfellowship

Be Your Own Boss - Summer Entrepreneurial Academy for High School Students
https://www.improveyourtomorrow.org/internships

Breakthrough Summer STEAM camp for middle school students
Application: https://tinyurl.com/cemk8ufa

This program is funded by the Sacramento County Division of Behavioral Health Services through the voter approved Proposition 63, Mental Health Services Act (MHSA).

Safe Black Space (SBS) is a project sponsored by Sacramento Area Congregations Together and funded by Sacramento County Behavioral Health Services. SBS provides culturally specific strategies and mental health resource information to help Black people heal from the trauma of racism. Under the leadership of Dr. Kristee Haggins, a collective of local practitioners, community members, faith leaders, educators, and others of African ancestry facilitate monthly SBS Community Healing Circles currently offered online each second Saturday from 3:00-4:30pm.

SBS Healing Circles are safe havens where Black community members come together and benefit from the group's collective energy, empowering each individual and the community at large. Grounded in African principles of wellness, they counteract the negative impacts of racism. SBS provides self-care and community care practices, social connectedness, and introduces resources Black people need to survive and thrive.

SBS is a Community Defined Evidence Practice that emerged out of the work of the Community Healing Network and the Association of Black Psychologists.

Recent SBS accomplishments include an interactive webinar series provided through the Sierra Health Foundation focused on Black Mental Health, Self-Care, Compassion Fatigue, and Gun Violence. These webinars were accompanied by Train-the-Trainer sessions so participants could learn how to share the information more broadly with their networks.

Our SBS circles have benefited participants. One noted "I found my tribe. I felt heard, validated and so very well received with people who look like me and identify with some of the same struggles..." Another stated, "These are spaces for me to be safe and Black at the same time...which isn't something I thought I'd have to remind myself of."

If you identify as Black and of African ancestry join us at our next Safe Black Space Community Healing Circle on Saturday, June 12th from 3 - 4:30pm. Click **here** to register, or cut and paste the following into your browser: https://tinyurl.com/sbsjune12.

Regarding other upcoming events, in late June 2021, SBS will host a new facilitator training (stay tuned for more information). July is Minority Mental Health Month, so SBS takes a break to focus on self-care for our volunteer village. Finally, SBS is rebranding our website. We look forward to launching our new look and our schedule of activities in late summer/early fall.

Mental Health California™ Brother Be Well—Wellness for Boys and Men of Color

Mental Health California™ announces a new campaign, Brother Be Well—Wellness for Boys and Men of Color. The target audience is boys (ages 13+) and men of color including African American, Native American, Latinx, and Asian and Pacific Islander American, and for those who identify as LGBTQIA+ within these communities. This program is funded by the Sacramento County Division of Behavioral Health Services through the voter approved Proposition 63, Mental Health Services Act (MHSA). It is administered by the California Mental Health Services Authority (CalMHSA). Additional funding for the project's podcast production is provided by Sutter Health.

Brother Be Well addresses mental health and wellness through an innovative platform blending technology, education, awareness, and healing pathways to address mental health and reduce disparities. Members engage through peer-driven, culturally-affirming methods including virtual learning, storytelling, media and arts, chats with clinicians, online workshops, and BBW@School social clubs.

This project is currently wrapping production on articles, videos, podcasts, and virtual reality videos, and engages males of color to share their stories and join conversations on mental health, resilience, and recovery. Recent broadcasts include discussions on the African-American and Asian and Pacific Islander American communities and mental health, youth/men of color and stigma, the impacts of community violence, and youth and positive mental momentum. This project is considered a Promising Practice. Its overarching goals are to reduce disparities, remove stigma, heal trauma, and to end prolonged suffering—a core tenant of the MHSA.

Project advisors include Dr. John Boyd, CEO, System Mental Health, Sutter Health; Dr. Christina Bilyeu, Chief of Mental Health Services, Kaiser Permanente Sacramento; Julio Cruz, Integrated Behavioral Health Specialist; Dr. Galen Duncan, Psychologist, and Vice President of Kings Academy and Professional Development, Sacramento Kings; Carter Todd, RN, President, Capitol City Black Nurses Association; Dr. Hendry Ton, Associate Vice Chancellor for Health Equity, Diversity and Inclusion, UC Davis Health; and Sergio D. Aguilar-Gaxiola Ph. D., Director, Center for Reducing Health Disparities, UC Davis Health. This project will launch during summer 2021 at www.brotherbewell.com. For program details, please visit https://www.mentalhealthca.org/brother-be-well.

Link to promo video: https://tinyurl.com/3mdv9urb

The summer solstice is the longest day of the year. It is the day when the sun travels its longest path through the sky and reaches its highest point. In the Northern Hemisphere, the solstice occurs between June 20 and 22.

For many centuries, the position of the sun at specific times of the year was an indicator for how to plant or harvest crops or practice day-to-day tasks or rituals. It has been celebrated throughout many communities across the world, including Incans, Mayans, and Swedish. One of the most popular places to watch the Summer Solstice has been in England at the site of the Stonehenge rock formation.

Thank you!

Special thank you to Ōme at Gender Health Center; Stop Stigma Sacramento Speakers Bureau speakers, La Viola Ward-Tofani, Preston Cannon, Echosaisis Clark**,** Mike McCarthy, and Bill Marr; community-based program partners; and Heidi Richardson, Sacramento County Senior and Adult Services for your thoughtful and personal contributions.

Please submit your ideas for future newsletters

Sacramento County Behavioral Health Services Cultural Competence & Ethnic Services Unit will continue to produce newsletters like this one. Please help us to celebrate the rich diversity of cultures in the County of Sacramento community by sharing your original content and photos along with your contact information: DHSCCUnit@saccounty.net

Please put "newsletter" in the subject line. Please note that we cannot use content without citing the source and cannot use photos without permission.

Please send any contributions for consideration by the 20th of the prior month. Please see the following chart for applicable submission dates:

To include in this issue:	Please submit by:
July Issue	06/20/2021
August Issue	07/20/2021
September Issue	08/20/2021

SACRAMENTO COUNTY

Helpful links:

Mental Health Access Service Request Form (updated link coming soon):
https://dhs.saccounty.net/BHS/Documents/Provider-Forms/MH-Forms/Service-Request-Form.pdf

Substance Use Prevention and Treatment Services:
https://dhs.saccounty.net/BHS/Pages/SUPT/Substance-Use-Prevention-and-Treatment.aspx

COVID-19 Resources:
Behavioral Health COVID-19 (2019 Novel Coronavirus) General Resources

Behavioral Health COVID-19 (2019 Novel Coronavirus) Provider Resources
https://www.saccounty.net/COVID-19/Pages/default.aspx

Job Seeker Resources
https://personnel.saccounty.net/Pages/ESJobSeekerResources.aspx

SACRAMENTO COUNTY

"Where you see wrong or inequality or injustice, speak out, because this is your country. This is your democracy. Make it. Protect it. Pass it on"

--Thurgood Marshall, Supreme Court Justice

Cultural Competence & Ethnic Services Newsletter Issue 7 | July 2021

CRDP California Reducing Disparities Project

Submitted by **Lilyane Glamben**

The **California Reducing Disparities Project (CRDP)** is the largest Mental Health Services Act (Prop. 63) funded project designed to address mental health disparities to date. CRDP Phase II is a five-year evaluation-driven, cross-population, demonstration project that began in spring 2017 (www.cultureishealth.org).

The six Implementation Pilot Project grantees in Sacramento County have each submitted an article about their important work in our community. ***This special feature begins on page 3.***

The Impact of the Americans with Disability Act

Submitted by **April Marie Dawson**, Executive Director, Resources for Independent Living

President George H.W. Bush signing the ADA in 1990

July 26, 2021 is the 31st anniversary of the signing of the Americans with Disabilities Act (ADA). The ADA is a landmark civil rights law protecting the rights of people with disabilities in important ways. Each of its five parts lays out how people with disabilities should be protected and accommodated to provide equal access to things like job opportunities or access to the local movie theater.

(continued on next page)

The Hajj: Islamic Holy Week

Submitted by **Hafsa Hamdani**

The Hajj is an annual pilgrimage to the Kaaba ("the House of God") located at the Masjid al-Haram ("the Sacred Mosque") in Mecca, Saudi Arabia. It is one of the Five Pillars of Islam, required at least once in their lifetimes of all adult Muslims who are not prevented by financial or health reasons.

In 2021, the rituals of Hajj will commence from the evening of Saturday, **July 17** and will continue until the evening of Thursday, **July 22**. ***(continued on next page)***

Cultural Icons Celebrated in July *(continued on page 10)*

7/2 – Thurgood Marshall (July 2, 1908 – January 24, 1993) was an American lawyer and civil rights activist who served as Associate Justice of the Supreme Court of the United States from October 1967 until October 1991. Marshall was the Court's first African-American justice.

(The Impact of the Americans with Disability Act – *cont'd from page 1*)

The ADA defines a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities. The ADA also protects people with a record of having a disability or who are perceived by others as having a disability, whether or not they actually do. In 2008 Congress passed the ADA Amendments Act to clarify the meaning of "disability" and to make it easier for individuals to seek protection under the ADA.

In order to assess the effectiveness of the ADA, it is important to understand the disability community. People with disabilities belong to every race, ethnicity, gender identity, and socio-economic status. According to the CDC, approximately one in four adults in the U.S. has a disability. Disability is a natural part of the human experience and can occur at any time in someone's life. Disabilities can be physical, mental, sensory, intellectual, or developmental (this is not an exhaustive list, as disability is a very diverse experience). Not all disabilities are visible or readily apparent. Disability should be viewed through a social model lens as opposed to a medical model lens. The social model of disability sees the built environment or attitudes as the greatest barrier to success that people with disabilities face. The medical model of disability focuses on the impairment and assumes that people with disabilities are less than capable than their nondisabled peers because of that impairment.

Many doors opened for people with disabilities since the signing of the ADA, but there is still more work to do. People with disabilities are still more likely to live in poverty and less likely to engage in meaningful employment than their nondisabled peers. The Covid-19 pandemic exacerbated pre-existing inequities, particularly among people of color with disabilities. There are many ways that we can all be a part of ensuring that people with disabilities are afforded the same rights and opportunities as those without. If we are an administrator, we can integrate access into how our department does business. If we are a manager, we can educate ourselves about reasonable accommodations and best practices when hiring and managing people with disabilities. If we are a front -line staff person for a program or service, we can learn about customer service etiquette regarding working with people of all types of disabilities in order to create a welcoming environment for all participants. If we are a person with a disability who is either an employee or program participant, we can be a lot more open about ourselves and be our own best self- advocate when we see barriers to full access and participation.

For more information about disability best practices or the ADA, contact your local independent living center. For Sacramento County this is Resources for Independent Living, which can be reached by calling (916) 446-3074.

(The Hajj: Islamic Holy Week – *cont'd from page 1*)

Pilgrims surrounding the Kaaba at the Masjid al-Haram -- Mecca, Saudi Arabia

This is the tentative date, as the actual date is contingent upon the sighting of the moon of Dhu al-Hijjah ("Month of the Pilgrimage"), the 12th and last month of the Islamic Year (currently 1442). After completing the rites of the Hajj, many pilgrims go on to visit the Masjid an-Nabawi ("the Prophet's Mosque") in Madinah, Saudi Arabia, although this is not compulsory.

Masjid an-Nabawi -- Madinah, Saudi Arabia

CRDP in Sacramento

The **California Reducing Disparities Project (CRDP)** is the largest Mental Health Services Act (Prop. 63) funded project designed to address mental health disparities to date. CRDP Phase II is an unprecedented five-year evaluation-driven, cross-population, demonstration project that began in spring 2017 (www.cultureishealth.org).

The CRDP centers around 35 grantees, known as ***Implementation Pilot Projects (IPPs)*** serving: African American/Black, Asian and Pacific Islander (API), Latinx, LGBTQ+ and Native American communities, across the state of California.

The goal of the CRDP is to demonstrate through rigorous evaluation that culturally responsive, innovative ***community***-defined evidence practices (CDEPs) reduce mental health disparities across the selected five unserved, underserved, and/or inappropriately served population groups. Project-wide evaluation of all 35 IPPs is conducted by Loyola Marymount University and each IPP also has its own local evaluator.

Of the 35 IPPs, six serve Sacramento. No other county has more IPPs, and only one other has this many. So, Sacramento is well represented in the CRDP.

The six Sacramento CRDP IPPs, their CDEPs, and the population groups they serve are:

1. California Black Women's Health Project (CABWHP) **|** *Sisters Mentally Mobilized* **|** African American/Black
2. East Bay Asian Youth Center (EBAYC) **|** *EBAYC Sacramento* **|** Asian & Pacific Islander (API)
3. Gender Health Center (GHC) **|** *Mental Health, Health Advocacy, Community-Building, Social & RecreationalProgramming* **|** LGBTQ+
4. Health Education Council (HEC) **|** *Mente Sana, Vida Sana* **|** Latinx
5. La Familia Counseling Center (LAFCC) **|** *Centro de Apoyo Latino* **|** Latinx
6. Muslim American Society-Social Services Foundation (MAS-SSF) **|** *Shifa for Today Peer Counseling Program* **|** API

We hope you enjoy the feature of the six Sacramento IPPs on the following pages, and more importantly, we hope that you will connect with and spread the word about them.

What is a "Community Defined Evidence Practice (CDEP)"?

A Community Defined Evidence Practice (CDEP) includes programs and interventions that are accepted and used by a group or culture, but is oftentimes not accepted, funded, or used in the mainstream. CDEPs are culturally and linguistically responsive, as well as trauma-informed, approaches that aim to improve mental health of communities of color and LGBTQ+. These practices have been overlooked, erased, and underfunded by Western modalities of mental health treatment, leading to harm and stigma in these populations.

California Black Women's Health Project

WWW.CABWHP.ORG

"Sister Circles have been part of the Black female experience for over 150 years. From living rooms, community halls, college campuses, church basements and beyond, sister circles continue to be safe spaces for Black women to talk, deal, and heal."

—Dr. Gloria Morrow, Clinical Psychologist

Explore more about us

- About Sisters Mentally Mobilized Sacramento
- Testimonials—SMM
- About CABWHP

Training Mental Health Advocates & Activists—

Black women MOBILIZING in sisterhood

Sisters Mentally Mobilized (SMM) is a community defined evidence practice (CDEP) and intervention designed to prevent and reduce mental illness severity in Black women. The program incorporates the foundational advocacy and empowerment principles of the **California Black Women's Health Project's** signature ***Advocate Training Program (ATP)*** while also building the ongoing capacity of Black women to address mental health conditions and barriers in their lives, families, and communities. With continued support from the organization, upon completion of the training component, SMM-ATP graduates form mental health-focused "**Sister Circles"** with, by and for Black women and are equipped to mobilize and employ culturally responsive, prevention and early intervention community engagement.

Sisters Mentally Mobilized—Sacramento Engagement

Sister Mentally Mobilized – Sacramento Engagement Project (SMM-SAC) is our exciting, Black women-centered **Sister Circle**, regional capacity building program. Our goal is to help Black women, our families and communities in Sacramento County find balance, mitigate stress, and come together to tend to our hearts, minds, and souls. Now more than ever, COVID-19 reminds us that it is imperative to provide tools and local mental health resources to experience mindfulness, relaxation, intimate conversation, and reduce stigma. Program activities cover a broad range of cultural practices, health and social issues, and focuses on effective outreach and learning strategies, and leadership and advocacy. More than 50 Black women graduates of SMM-ATP Sacramento are part of this mobilization effort across the County.

CRDP California Reducing Disparities Project

EBAYC

Where young people grow, thrive and lead!

GroundWork is a community-defined evidence practice (CDEP) adapted by the **East Bay Asian Youth Center (EBAYC)** to demonstrate efficacy in reducing the risk of mental illness and incidence of associated negative outcomes among low-income Southeast Asian female and male youth in Sacramento, ages 14-18, and who are at high-risk for, or are exhibiting, school failure (chronic absenteeism, behavior discipline, course failure), juvenile justice system involvement (arrest, probation), or suicidal ideation. Many Southeast Asian youth experience on-going trauma and violence, including instability and pain caused by mental health disorders within families resulting from war and refugee experiences; alcohol, drug, and opiate addiction; gambling addiction; domestic violence; racially motivated violence in neighborhoods and schools; cross-generational gang involvement; and persistent poverty.

GroundWork is an 18-month rolling cohort-based program that pairs one female and one male youth counselor to youth of the same gender. Each counselor works one-on-one with up to 20 youth by engaging in on-going life assessments and goal setting, and by providing life skills coaching, systems navigation, and group activities. Many Southeast Asian communities, including Hmong communities, are very traditional with clearly defined and distinct gender roles and expectations for males and females. The program utilizes a culturally responsive strategy of employing youth counselors who are personally familiar with these expectations from their own lives, thereby adding another level of trust and identification for youth.

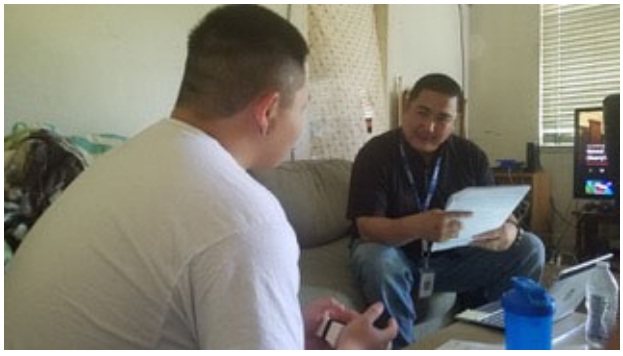
GroundWork's mission is to empower Southeast Asian youth to lead healthy, peaceful, and productive lives. The program de-stigmatizes and de-mystifies the concept and nature of mental health among youth and their families through a consistent, reliable, and culturally responsive process of relationship-building, mental health education, and advocacy. Through this process, EBAYC helps API youth build critical protective/resiliency factors, particularly the development of positive bicultural identity, relationships with caregiving adults, and healthy self-management skills.

For More Information:

https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:ca9ac32b-3f2c-4149-8403-78171adda622

https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:20724ab8-48ff-4eab-8bca-a7a903dccadf

https://ebayc.org/



Gender Health Center (GHC) is a grassroots community organization staffed and led by Black and Brown transgender people, for Black and Brown transgender people. GHC's CDEP, ***Mental Health, Health Advocacy, Community −Building, Social & Recreational Programming***, addresses the social determinants of health that lead to higher risk for mental illness through a multi-prong approach at the micro, mezzo, and macro-levels of the mental health system. Community members receive no- and low-cost mental health appointments, relational counseling, healthcare enrollment, legal systems navigation, and culturally competent medical care, including transition-related hormone therapy. Additionally, GHC's CDEP targets access and linkage to care by increasing the amount of gender-affirming providers through intensive in-house professional training customized for the community at-large including mental health providers, medical doctors, legal stakeholders, and other local mental health agencies.

Our CDEP prioritizes increasing access to mental health services, improving quality of mental health services, and building upon community strengths to address systemic factors resulting in mental illness in our trans and queer communities. Social and recreational programming, including drop-in social spaces, peer support groups, and hiring directly from our communities are designed to create sustainable change supporting mental wellness.

GHC offers a multitude of trans-centered resources on our website including health, housing, legal, social, and educational pages (www.genderhealthcenter.org/resources). Our newsletter, blog www.genderhealthcenter.org/blog and social media (@GenderHealthSac) offerings are curated by and for transgender people of color. As a result, GHC's CDEP intends to reach, impact, and increase access to gender-affirming care to those who need it most.

In response to COVID and the exacerbation of already existing shortcomings of our mental health system, GHC has completely shifted our focus to providing services centering the most marginalized within our community. With over 4000 no-cost mental health, advocacy, and healthcare appointments provided in the past year, GHC strives to meet the needs of the most vulnerable and underrepresented populations within our communities.

MENTE SANA
VIDA SANA

Reaching Latinx immigrants with a total health approach

Mente Sana, Vida Sana (MSVS) is strategically co-located inside the Consulate General of Mexico in Sacramento, offering free preventative health screenings (blood pressure, blood glucose and depression screenings), short-term crisis counseling and intervention, and linkages to community resources to reach this vulnerable population coming for services at the Consulate.

MSVS integrates a mental health screening with other preventative health screenings inside the trusted Ventanilla de Salud (VDS) program that the Health Education Council administers inside the Mexican Consulate. This total health approach has allowed MSVS staff to raise awareness about physical and mental health illness prevention and

MSVS also engages in mental health awareness outreach and education at the Mexican Consulate, elementary schools, Facebook Live, Zoom support groups, and other trusted community locations. During these encounters, culturally and linguistically competent staff and partners create a safe space where participant strengths are uplifted, and additional coping strategies are presented as

This strategy has been instrumental in gaining the trust of the community we serve. Individuals feel valued and motivated to share their experience navigating different aspects of their lives. This allows for social connections to form among participants and for community mental health to be further strengthened.

MSVS has begun to integrate community members with lived experience as trained peer mental health supporters. This strategy will allow more Latinx individuals to find support from others who share their language and experiences as immigrants in the United States. MSVS is dedicated to reaching the underserved Latinx community through meaningful engagements that highlight and support the strengths and strategies that work for those we serve.

To learn more, visit http://bit.ly/hec-msvs

HEALTH EDUCATION COUNCIL™

Mente Sana Vida Sana is a community-defined evidence practice (CDEP) of the Health Education Council (HEC). HEC is a 501(c)(3)nonprofit organization that cultivates health and well-being in under-served communities by leveraging the power of collaboration. Visit www.healthedcouncil.org for more info.

CRDP California Reducing Disparities Project

La Familia COUNSELING CENTER

Centro de Apoyo Latino

La Familia Counseling Center (LFCC), is committed to serving the community. Our mission is to improve the quality of life for at-risk youth and families of diverse backgrounds by offering multicultural counseling, support, outreach and programs to help families to overcome adversity, to become empowered, and to succeed in their lives. We do so by providing a wide range of services including classes, workshops, and special events for individuals, families, children and youth.

La Familia's CDEP is ***Centro de Apoyo Latino (CAL)*** which focuses on mental health services to the Latinx community. The Latino community has experienced an increased need for mental health services, associated with the trauma of discrimination, poverty, family stress and fears from immigration policies, policing, and many other factors. In addition to these longstanding and increased stressors, there are stigmas associated with receiving mental health services that can often discourage many from reaching out for assistance. Further compounding the problem are a lack of mental health intervention services that are sensitive to the group's social, cultural, and language needs, and the lack of access to services for mixed immigration and undocumented individuals. The CAL program provides cultural and linguistically competent mental health services short-term such as support groups, short-term counseling and warm handoff navigation to Latino individuals to strengthen families, reduce risk and improve wellness.

LFCC provides mental health awareness and information to reduce stigma through community events, workshops and trainings to promote wellness and reduce isolation. We connect the Latinx community with suicide prevention resources and intervention services. LFCC provides mental health education to empower youth, strengthen individuals, parents and families, and honor senior citizens. Workshops included are *Recognizing the Signs; Mental Health First Aid Training (Youth/Adult); Psychological First Aid for Refugees, Migrants, and Displaced Persons; Know Your Rights; Tech-Savvy Seniors; Know Your MediCal; workforce development; parenting classes; Youth Voice; and much more.* These services support the Latino community of all ages, and they are open to anyone free of charge (in person, via telephone or tele-health).

LFCC developed Cultura de Salud, a service delivery model that utilizes the strengths within the Latino community to create wellness. The principles were established over 40 years ago and include: person and the community equally important, authentic community based services, realistic interdependence, value and respect, individual responsibility, fully engaged staff, value of family and extended family, culturally specific and sensitive.

For more information on **Centro de Apoyo Latino**: www.lafcc.org

Juntos Podemos | Together We Can

The **Muslim American Society Social Services Foundation (MAS-SSF)** is the only nonprofit in Sacramento that provides social services to refugees/immigrants with a focus on mental health for the Middle Eastern, South Asian, and North African communities (MENA). For 14 years, the goal of MAS-SSF has been to save lives and keep families together through its five programs focused on prevention and early intervention. All programs, services, workshops, and training apart from one training are offered in the top 5 languages which are English, Arabic, Dari/Farsi, Pashto, and Urdu.

MAS-SSF's CRDP CDEP is ***Shifa for Today,*** an early intervention program that aims to reduce stress, trauma, anxiety, depression, and suicidal thoughts. We have a culturally competent mental health workforce of 68 state certified Peer Specialists that are available to provide support to the community. A HIPAA complaint confidential peer counseling service via phone or internet in 5 of the most common languages. The *Amala Youth Hopeline* is a support line available Monday to Friday 6pm – 10pm by calling 1-855-95-Amala (1-855-952-6252). Our *Youth Statewide Advocacy Program* brings more awareness about mental health within their specific underserved communities. The *Al-Afia for Seniors Program* provides educational and social activities to prevent depression, anxiety, isolation, and feelings of helplessness associated with aging. The *Community Education Program* educates, creates awareness, and encourages community members to seek help to prevent challenges within a family.

To learn more about MAS-SSF, please click on the following links:

- MAS-SSF Programs
- www.mas-ssf.org
- www.facebook.com/MASSSFSAC
- www.instagram.com/mas_ssf_sac/
- Visit the MAS-SSF YouTube Channel

Reach out to MAS-SSF Monday to Friday 9am – 5pm by calling (916) 486-8626 or email MAS-SSF info@mas-ssf.org.

(Cultural Icons Celebrated in July – *cont'd from page 1*)

Thurgood Marshall first learned how to debate from his father, who took Marshall and his brother to watch court cases; they would later debate what they had seen. The family also debated current events after dinner. Marshall said that although his father never told him to become a lawyer, he "turned me into one. He did it by teaching me to argue, by challenging my logic on every point, by making me prove every statement I made."

> ***"None of us got where we are solely by pulling ourselves up by our bootstraps. We got here because somebody – a parent, a teacher, an Ivy League crony or a few nuns – bent down and helped us pick up our boots."***

Marshall attended Frederick Douglass High School in Baltimore and was placed in the class with the best students. He graduated a year early in 1925 with a B-grade average, and placed in the top third of the class. He attended Lincoln University, a historically Black university in Pennsylvania. Initially he did not take his studies seriously, and was suspended twice for hazing and pranks against fellow students. He was also not politically active at first, but did become a "star" of the debating team. In his second year, he was initiated as a member of Alpha Phi Alpha, the first fraternity founded by and for Blacks.

In September 1929, Marshall married Vivien Buster Burey and began to take his studies seriously, graduating *cum laude* with a Bachelor of Arts degree in American literature and philosophy in 1930.

Marshall attended Howard University School of Law, where he worked harder than he had at Lincoln. His mother had to pawn her wedding and engagement rings to pay the tuition. Marshall graduated from the Howard University School of Law in 1933, ranked first in his class with an LL.B. *magna cum laude*.

After graduation, he established a private legal practice in Baltimore before founding the NAACP Legal Defense and Educational Fund, where he served as executive director. In that position, he argued several civil rights cases before the Supreme Court, including *Smith v. Allwright*, *Shelley v. Kraemer*, and *Brown v. Board of Education*, the last of which held that racial segregation in public education is a violation of the Equal Protection Clause.

> ***"I wish I could say that racism and prejudice were only distant memories. We must dissent from the indifference. We must dissent from the apathy. We must dissent from the fear, the hatred and the mistrust…We must dissent because America can do better, because America has no choice but to do better."***

In 1961, President John F. Kennedy appointed Marshall to the United States Court of Appeals for the Second Circuit. Four years later, President Lyndon B. Johnson appointed Marshall as the United States Solicitor General. In 1967, Johnson successfully nominated Marshall to succeed retiring Associate Justice Tom C. Clark as an Associate Justice of the Supreme Court of the United States. Marshall retired during the administration of President George H. W. Bush, and was succeeded by Clarence Thomas.

Submitted by Debrah DeLoney-Deans, LMFT
Excerpted from Wikipedia, The Free Encyclopedia
Thurgood Marshall quotes from www.biography.com

7/6 –Dalai Lama – July 6 is the birthday of Tibet's leader in exile and Nobel Peace Prize recipient

His Holiness the 14th Dalai Lama, Tenzin Gyatso, describes himself as a simple Buddhist monk. He is the spiritual leader of Tibet. He was born on July 6, 1935, to a farming family, in a small hamlet located in Taktser, Amdo, northeastern Tibet. At the age of two, the child, then named Lhamo Dhondup, was recognized as the reincarnation of the previous 13th Dalai Lama, Thubten Gyatso.

The Dalai Lamas are believed to be manifestations of Avalokiteshvara or Chenrezig, the Bodhisattva of

Compassion and the patron saint of Tibet. Bodhisattvas are realized beings inspired by a wish to attain Buddhahood for the benefit of all sentient beings, who have vowed to be reborn in the world to help humanity.

Leadership Responsibilities
In 1950, after China's invasion of Tibet, His Holiness was called upon to assume full political power. In 1954, he went to Beijing and met with Mao Zedong and other Chinese leaders, including Deng Xiaoping and Chou Enlai.

Finally, in 1959, following the brutal suppression of the Tibetan national uprising in Lhasa by Chinese troops, His Holiness was forced to escape into exile. Since then he has been living in Dharamsala, northern India.

In exile, the Central Tibetan Administration led by His Holiness appealed to the United Nations to consider the question of Tibet. The General Assembly adopted three resolutions on Tibet in 1959, 1961 and 1965.

Democratization Process
In 1963, His Holiness presented a draft democratic constitution for Tibet, followed by a number of reforms to democratize the Tibetan administration. The new democratic constitution was named "The Charter of Tibetans in Exile". The charter enshrines freedom of speech, belief, assembly and movement. It also provides detailed guidelines on the functioning of the Tibetan Administration with respect to Tibetans living in exile.

In May 1990, as a result of His Holiness's reforms the Tibetan administration in exile was fully democratized. The Tibetan Cabinet (Kashag), which until then had been appointed by His Holiness, was dissolved along with the Tenth Assembly of the Tibetan People's Deputies (the Tibetan parliament in exile). In the same year, exiled Tibetans living in India and more than 33 other countries elected 46 members to an expanded Eleventh Tibetan Assembly on a one-person one-vote basis. That Assembly then elected the members of a new cabinet.

In September 2001, in a further step towards democratization the Tibetan electorate directly elected the Kalon Tripa, the Chairman of the Cabinet. The Kalon Tripa appointed his own cabinet who then had to be approved by the Tibetan Assembly. This was the first time in Tibet's long history, that the people had elected their political leaders. Since the direct election of the Kalon Tripa, the custom by which the Dalai Lamas, through the institution of the Ganden Phodrang, have held temporal as well as spiritual authority in Tibet has come to an end.

Peace Initiatives
On 21 September 1987 in an address to members of the United States Congress in Washington, DC, His Holiness proposed a Five-Point Peace Plan for Tibet as a first step towards a peaceful solution of the worsening situation in Tibet. The five points of the plan were as follows:

1. Transformation of the whole of Tibet into a zone of peace.
2. Abandonment of China's population transfer policy that threatens the very existence of the Tibetans as a people.
3. Respect for the Tibetan people's fundamental human rights and democratic freedoms.
4. Restoration and protection of Tibet's natural environment and the abandonment of China's use of Tibet for the production of nuclear weapons and dumping of nuclear waste.
5. Commencement of earnest negotiations on the future status of Tibet and of relations between the Tibetan and Chinese peoples.

Universal Recognition
His Holiness the Dalai Lama is a man of peace. In 1989 he was awarded the Nobel Peace Prize for his non-violent struggle for the liberation of Tibet. He has consistently advocated policies of non-violence, even in the face of extreme aggression. He also became the first Nobel Laureate to be recognized for his concern for global environmental problems.

Political Retirement
On 14 March 2011, His Holiness wrote to the Assembly of Tibetan People's Deputies (Tibetan Parliament-in-exile) requesting it to relieve him of his temporal authority, since according to the Charter of the Tibetans in Exile, he was technically still the head of state. He announced that he was ending the custom by which the Dalai Lamas had wielded spiritual and political authority in Tibet. He intended, he made clear, to resume the status of the first four Dalai Lamas in concerning himself only with spiritual affairs. He confirmed that the democratically elected leadership would assume complete formal responsibility for Tibetan political affairs.

The formal office and household of the Dalai Lamas, the Gaden Phodrang, would henceforth only fulfill that function.

On 29 May 2011, His Holiness signed the document formally transferring his temporal authority to the

democratically elected leader. In so doing, he formally put an end to the 368-year old tradition of the Dalai Lamas functioning as both the spiritual and temporal head of Tibet.

The Future

As far back as 1969, his Holiness made clear that whether or not a reincarnation of the Dalai Lama should be recognized was a decision for the Tibetan people, the Mongolians and people of the Himalayan regions to make. However, in the absence of clear guidelines, there was a clear risk that, should the concerned public express a strong wish to recognize a future Dalai Lama, vested interests could exploit the situation for political ends. Therefore, on 24 September 2011, clear guidelines for the recognition of the next Dalai Lama were published, leaving no room for doubt or deception.

From the Dalai Lama public Facebook page

7/6 – Frida Kahlo – July 6 is the birthday of this painter, one of the best-known artists of the 20th century

6 Reasons Why Frida Kahlo is a Feminist Icon

JULY 21, 2016 · POSTED BY MADDY CREHAN

To celebrate Frida Kahlo's birthday month we have put together a little list explaining why she is just the best. Enjoy!

1. She defied gender stereotypes.
Frida smoked, boxed, won tequila challenges against men, and dressed like a man in a family portrait, in contrast to her mother and sisters who wore dresses. She refused to alter her 'masculine' features, including her mono-brow and faint moustache, and actually exaggerated these features in her self-portraits. She once wrote in her diary *"of my face, I like my eyebrows and eyes"*.

However, she still embraced her femininity, wearing colorful dresses and decorating her hair with braids and flowers.

2. She was openly bisexual.
Frida had multiple affairs with both men and women throughout her marriage to Diego Rivera. She made no apologies or excuses for her sexual choices, a bold act for her time. One of her notable affairs was with entertainer Josephine Baker, who matched Kahlo's boldness and creativity.

3. She painted real women and real experiences.
Frida deviated from the traditional depiction of female beauty in art and instead chose to paint raw and honest experiences that so many women face.

Her subject matter included abortion, miscarriage, birth and breastfeeding, among other things, often seen as taboo and like many female experiences, altogether ignored. Frida once said of her self-portraits that, "they are the frankest expression of myself", and in turn shed light on the experiences shared by womankind.

4. She defied her destiny as a victim.
Frida experienced an immense amount of suffering throughout her life; contracting polio at age six, suffering from Spina Bifida, and then at the age of 18 suffering a near-fatal car accident that left her unable to bear children. Though she was bedridden for months after the accident, Frida began to paint. She transformed her pain into passion on the canvas. However, there is always a sense of despair and suffering in herself portraits, her gaze remains defiant and fierce. While so many women are depicted as the victim, Frida demonstrates that pain is an intrinsic part of life but does not define us.

5. She embraced weirdness.
Frida relished in breaking the rules, both in her art and her life. She surrounded herself with other inspiring

creatives and thinkers. One of the reasons her work is so widely celebrated is because it was unlike anything proceeding it. Though she was well aware of her uniqueness, she encouraged others to embrace their inner weirdo too, as she says:

"I used to think I was the strangest person in the world but then I thought there are so many people in the world, there must be someone just like me who feels bizarre and flawed in the same ways I do. I would imagine her, and imagine that she must be out there thinking of me, too. Well, I hope that if you are out there and read this and know that, yes, it's true I'm here, and I'm just as strange as you."

6. She's just so damn fierce.

From the Frida Kahlo public Facebook page

7/18 –Nelson Mandela – July 18 is the birthday of civil rights leader, and South Africa's first Black president

#MANDELADAY2021

Sunday, July 18, 2021

The essence of Mandela Day – take action, inspire change, and make every day a Mandela Day – is more important than ever before.
https://www.un.org/en/events/mandeladay/

Biography of Nelson Mandela – excerpts from his public website https://www.nelsonmandela.org

Rolihlahla Mandela was born into the Madiba clan in the village of Mvezo, in the Eastern Cape, on 18 July 1918. His mother was Nonqaphi Nosekeni and his father was Nkosi Mphakanyiswa Gadla Mandela, principal counsellor to the Acting King of the Thembu people, Jongintaba Dalindyebo.

He attended primary school in Qunu where his teacher, Miss Mdingane, gave him the name Nelson, in accordance with the custom of giving all schoolchildren "Christian" names.

Mandela began his studies for a Bachelor of Arts degree at the University College of Fort Hare but did not complete the degree there as he was expelled for joining in a student protest.

He completed his BA through the University of South Africa and went back to Fort Hare for his graduation in 1943.

Meanwhile, he began studying for an LLB at the University of the Witwatersrand. By his own admission, he was a poor student and left the university in 1952 without graduating. He only started studying again through the University of London after his imprisonment in 1962 but also did not complete that degree.

In 1989, while in the last months of his imprisonment, he obtained an LLB through the University of South Africa. He graduated in absentia at a ceremony in Cape Town.

Entering politics

Mandela, while increasingly politically involved from 1942, only joined the African National Congress in 1944 when he helped to form the ANC Youth League (ANCYL).

In 1944, he married Walter Sisulu's cousin, Evelyn Mase, a nurse. They had two sons, Madiba Thembekile "Thembi" and Makgatho, and two daughters both called Makaziwe, the first of whom died in infancy. He and his wife divorced in 1958.

Mandela rose through the ranks of the ANCYL and through its efforts. The ANC adopted a more radical mass-based policy, the Programme of Action, in 1949.

In 1952 he was chosen as the National Volunteer-in-Chief of the Defiance Campaign with Maulvi Cachalia as his deputy. This campaign of civil disobedience against six unjust laws was a joint programme between the ANC and the South African Indian Congress. He and 19 others, were charged under the Suppression of Communism Act for their part in the campaign, sentenced to nine months of hard labor and suspended for two years.

A two-year diploma in law on top of his BA allowed Mandela to practice law, and in August 1952, he and

Oliver Tambo established South Africa's first Black law firm, Mandela & Tambo.

At the end of 1952, he was banned for the first time. As a restricted person, he was only permitted to watch in secret as the Freedom Charter was adopted in Kliptown on 26 June 1955.

The Treason Trial

Mandela was arrested in a countrywide police swoop on 5 December 1956, which led to the 1956 Treason Trial. Men and women of all races found themselves in the dock in the marathon trial that only ended when the last 28 accused, including Mandela, were acquitted on 29 March 1961.

On 21 March 1960, police killed 69 unarmed people in a protest in Sharpeville against the pass laws. This led to the country's first state of emergency and the banning of the ANC and the Pan Africanist Congress (PAC) on 8 April. Mandela and his colleagues in the Treason Trial were among thousands detained during the state of emergency.

During the trial, Mandela married a social worker, Winnie Madikizela, on 14 June 1958. They had two daughters, Zenani and Zindziswa. The couple divorced in 1996.

Days before the end of the Treason Trial, Mandela travelled to Pietermaritzburg to speak at the All-in Africa Conference, which resolved that he should write to Prime Minister Verwoerd requesting a national convention on a non-racial constitution, and to warn that should he not agree there would be a national strike against South Africa becoming a republic. After he and his colleagues were acquitted in the Treason Trial, Mandela went underground and began planning a national strike for 29, 30 and 31 March.

In the face of massive mobilisation of state security, the strike was called off early. In June 1961, he was asked to lead the armed struggle and helped to establish Umkhonto weSizwe (Spear of the Nation), which launched on 16 December 1961 with a series of explosions.

On 11 January 1962, using the adopted name David Motsamayi, Mandela secretly left South Africa. He travelled around Africa and visited England to gain support for the armed struggle. He received military training in Morocco and Ethiopia and returned to South Africa in July 1962. He was arrested in a police roadblock outside Howick on 5 August while returning from KwaZulu-Natal, where he had briefed ANC President Chief Albert Luthuli about his trip.

He was charged with leaving the country without a permit and inciting workers to strike. He was convicted and sentenced to five years' imprisonment, which he began serving at the Pretoria Local Prison. On 27 May 1963, he was transferred to Robben Island and returned to Pretoria on 12 June. Within a month, police raided Liliesleaf, a secret hideout in Rivonia, Johannesburg, used by ANC and Communist Party activists, and several of his comrades were arrested.

On 9 October 1963, Mandela joined 10 others on trial for sabotage in what became known as the Rivonia Trial. While facing the death penalty his words to the court at the end of his famous "Speech from the Dock" on 20 April 1964 became immortalized:

"I have fought against white domination, and I have fought against black domination. I have cherished the ideal of a democratic and free society in which all persons live together in harmony and with equal opportunities. It is an ideal, which I hope to live for and to achieve. But, if needs be, it is an ideal for which I am prepared to die."
--Speech from the Dock quote by Nelson Mandela on 20 April 1964

On 11 June 1964, Mandela and seven other accused, Walter Sisulu, Ahmed Kathrada, Govan Mbeki, Raymond Mhlaba, Denis Goldberg, Elias Motsoaledi and Andrew Mlangeni, were convicted and the next day were sentenced to life imprisonment. Goldberg was sent to Pretoria Prison because he was white, while the others went to Robben Island.

Mandela's mother died in 1968 and his eldest son, Thembi, in 1969. He was not allowed to attend their funerals.

On 31 March 1982, Mandela was transferred to Pollsmoor Prison in Cape Town with Sisulu, Mhlaba and Mlangeni. Kathrada joined them in October. When he returned to the prison in November 1985 after prostate surgery, Mandela was held alone. Justice Minister Kobie Coetsee visited him in hospital. Later Mandela initiated talks about an ultimate meeting between the apartheid government and the ANC.

Release from prison

On 12 August 1988, he was taken to the hospital where he was diagnosed with tuberculosis. After more than three months in two hospitals, he was transferred on 7 December 1988 to a house at Victor Verster Prison near

Paarl where he spent his last 14 months of imprisonment. He was released from its gates on Sunday 11 February 1990, nine days after the unbanning of the ANC and the PAC and nearly four months after the release of his remaining Rivonia comrades. Throughout his imprisonment he had rejected at least three conditional offers of release.

Mandela immersed himself in official talks to end white minority rule and in 1991 was elected ANC President to replace his ailing friend, Oliver Tambo. In 1993, he and President FW de Klerk jointly won the Nobel Peace Prize and on 27 April 1994, he voted for the first time in his life.

President

On 10 May 1994, he was inaugurated as South Africa's first democratically elected President. On his 80th birthday in 1998 he married Graça Machel, his third wife.

True to his promise, Mandela stepped down in 1999 after one term as President. He continued to work with the Nelson Mandela Children's Fund he set up in 1995 and established the Nelson Mandela Foundation and The Mandela Rhodes Foundation.

In April 2007, his grandson, Mandla Mandela, was installed as head of the Mvezo Traditional Council at a ceremony at the Mvezo Great Place.

Nelson Mandela never wavered in his devotion to democracy, equality and learning. Despite terrible provocation, he never answered racism with racism. His life is an inspiration to all who are oppressed and deprived; and to all who are opposed to oppression and deprivation.

He died at his home in Johannesburg on 5 December 2013.

A special thank you to this month's contributors:

- **Lilyane Glamben,** Editor and Coordinator of California Reducing Health Disparities Project Submissions. Each submission was completely edited and formatted with original content from project contributors.
- **Hafsa Hamdani,** MHSA Steering Committee Member
- **April Marie Dawson**, Executive Director, Resources for Independent Living

SACRAMENTO COUNTY

Helpful links:

Mental Health Access Service Request Form: Sacramento County Mental Health Access Team would like to announce a new option for submitting a mental health service request. In addition to submitting service requests via phone, fax, and US postal service, you will now have the option to submit a service request Online. The online submission allows for anyone in the community to submit a service request. The submitting party will need to provide their contact info in the event the Access team needs to reach them. The online service request allows for any important details regarding the referral to be provided on the document. One of the most useful features to the community is the ability to receive an email when the Access team has received your service request. Routine processing for all service request submission types is 3-5 business days. Sacramento County Behavioral Health is excited about the new online option and we hope that it helps to remove barriers in submitting and following up on service requests. You can access the new form at this link: https://mhsr.saccounty.net/

Please remember that if there is an immediate need for mental health services, the Access team can be contacted by phone at 916-875-1055.

COVID-19 Resources:

Behavioral Health COVID-19 (2019 Novel Coronavirus) General Resources

Behavioral Health COVID-19 (2019 Novel Coronavirus) Provider Resources

Job Seeker Resources

https://personnel.saccounty.net/Pages/ESJobSeekerResources.aspx

Please submit your ideas for future newsletters

Sacramento County Behavioral Health Services Cultural Competence & Ethnic Services Unit will continue to produce newsletters like this one. Please help us to celebrate the rich diversity of cultures in the County of Sacramento community by sharing your original content and photos along with your contact information to:

DHS Cultural Competence Unit

DHSCCUnit@saccounty.net

Please put "**newsletter**" in the subject line. Please note that we cannot use content without citing the source and cannot use photos without permission.

SACRAMENTO COUNTY

"Let us dance in the sun, wearing wild flowers in our hair…"

-Susan Polis Schultz

Cultural Competence & Ethnic Services Newsletter **Issue 8 | August 2021**

Welcome to the Issue 8 of our Cultural Competence and Ethnic Services Newsletter. In this issue, we are featuring International Overdose Awareness Day as it relates to racial disparities.

International Overdose Awareness Day – A Call to Action to Reduce Racial Disparities

Submitted On Behalf of the Sacramento County Substance Use Prevention and Treatment Unit
By: Andrew Mendonsa, Psy.D., MBA - Health Program Manager

On August 31, 2021, the world's attention will be on overdose awareness and remembering those who have lost their lives to overdose and the families who have lost a loved one. International Overdose Awareness Day was initiated in 2001 by Sally Finn at The Salvation Army in St. Kilda, Melbourne. All over the world, walks and vigils will be held to raise awareness and call to action ways to reduce drug overdoses and deaths. According to OverdoseDay.com, International Overdose Awareness Day is the world's largest annual campaign to end overdose, remember without stigma those who have died and acknowledge the grief of the family and friends left behind. It is truly a time to remember and a time to act.

Sacramento County is proud to be honoring International Overdose Awareness Day with a variety of actions including a Board of Supervisor Resolution, an information table with resources and information at the 29th annual Recovery Happens Rally at the California State Capitol, and sponsoring a resource table in the lobby at East Parkway so staff and the public can obtain overdose and substance abuse information. This year, the Sacramento County Substance Use Prevention and Treatment (SUPT) unit would again like to also bring awareness to the disparities of overdose deaths among underserved and racial minority groups.

Likely everyone knows someone affected by an overdose or overdose death. However, many are unaware that, for example, African American and American Indian populations are dying from drug overdose deaths at unequal rates compared to the Caucasian population[1]. In fact, a recent 2019 report found that African Americans were almost two times more likely to die of a drug overdose than Whites and American Indians were seven times more likely to die of a drug overdose than Whites[1]. According to American Society of Addiction Medicine, racism disproportionately shapes the environment and life experiences of Black, Hispanic/Latinx, Asian, Pacific Islander, Native American, and other racially oppressed and disenfranchised people, adversely influencing both their risk of developing addiction and their access to evidence-based addiction treatment services[2].

The State of California Department of Public Health's California Opioid Overdose Surveillance Dashboard[3] provides current and historical data related to opioid overdose deaths, hospitalizations, and various other related topics. Sadly, racial disparities seen across the nation are also evident in reporting across California and within Sacramento County. For example, in 2019 the Native American population had the highest overdose death rate, yet based on 2019 Census Data, only accounted for around 1.5% of the total Sacramento County population[4]. Likewise, 2019 California data revealed higher overdose death rates within Black/African American populations compared to Whites yet according to 2019 Census Data, White comprised 62.8% of the Sacramento population and Black/African Americans comprised only 10.9% of the Sacramento population[4].

The COVID-19 pandemic helped push the opioid epidemic to a record-breaking death toll. According to the latest CDC data, drug overdose fatalities rose by almost 30% in 2020, to 93,000 deaths. Related to how the pandemic affected non-White populations, the USC Center for Health Journalism released an article showing that "…people of color were more likely to suffer the stresses of frontline jobs or financial hardship, and less likely to have access to treatment for substance abuse." Overwhelming recent evidence shows that COVID-19 put Blacks and Hispanics at higher risk of opioid overdoses. July 2021 National Institute on Drug Abuse testimony concluded there are increased reports of mental distress since the COVID-19 pandemic emerged, including among individuals with no history of mental disorders and among younger adults and racial/ethnic minorities[5].

In honor of International Overdose Awareness Day, Sacramento County calls healthcare, governmental, behavioral health, and substance abuse treatment organizations to action to implement change to reduce overdose death inequities. Reducing overdose deaths and health disparities within diverse populations requires a shifting of resources and attention at the individual, family, community, and policy level. Consistent prevention messaging coupled with access to quality healthcare, increases a person's ability to maintain and sustain a healthy lifestyle. Strategies to prevent overdose coordinated through a racial equity informed lens have the potential to reduce disparities in racial/ethnic communities that are most impacted.

Sacramento County Substance Use Prevention and Treatment believes initiatives that provide culturally specific supports throughout the lifespan can reduce health disparities and have positive

outcomes on the quality of life for racialized groups. Race should not determine one's socioeconomic or health outcomes nor determine the likelihood of an overdose death.

[1]https://www.health.state.mn.us/communities/opioids/documents/raceratedisparity2019prelimfinal.pdf
[2] American Society of Addiction Medicine (February, 2021)
[3] https://skylab.cdph.ca.gov/ODdash/
[4] https://www.census.gov/quickfacts/sacramentocountycalifornia
[5] https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2021/the-federal-responses-to-the-drug-overdose-epidemic

Grandma's Stuffed Zucchini

Submitted by Ajna Glisic

These hot weekends of August have been so sweltering leaving me wanting to stay indoors with a pitcher of iced tea and a good summer read. Nonetheless, my garden needs attention! And this year's garden is the best I've ever had. The herbs and tomatoes are doing great, but the real stars are the zucchinis. They come in multitudes so great that I don't know what to do with them. We are eating zucchini for breakfast, lunch and dinner, giving it to neighbors, friends, and the local food bank, and still there are plenty that, seemingly overnight, grow to be of giant proportions. What to do with the glut?

I have been so fascinated with learning the ways in which different cultures prepare ingredients common to all of us in such unique ways. I'd like to share with you one way in which this this simple ingredient is prepared in my community. Even though food preparation in general and recipes in particular are viewed as a mundane, everyday part of our lives, they are nonetheless an integral part in not only preserving our cultures and traditions, but also passing them on to future generations.

There is a recipe that is perfect for that overgrown zucchini that I would like to share with you. This recipe takes me back to my childhood. My grandma used to make it often every summer, when zucchini is in its prime. It is one of my favorite recipes from the Balkans. I hope you give it a try and enjoy it!

Grandma's Stuffed Zucchini

Description

Stuffed zucchini: ground beef, rice and spices combined into perfect filling and baked in hollowed zucchini. Forget zucchini boats, these little zucchini cups are the new kids on the block!

Ingredients

3 zucchinis (medium sized, quartered, stem removed)
(Optional) sour cream

Sauce:

- 2 ounces vegetable oil (for the pan)
- ½ yellow onion (large, peeled, minced)
- 2 garlic cloves (peeled, minced)
- 1 tomato (large, peeled, minced)
- ½ tablespoon salt (or 1 tablespoon Vegeta)
- 1–2 tablespoons parsley (fresh, minced)
- (Optional) ¼ teaspoon dill

Filling:

- 9 ounces ground beef

- 3.5 ounces white rice (short or medium grain is the best, but long grain will be fine as well)
- ½ yellow onion (large, peeled, minced)
- 2 garlic cloves (peeled, minced)
- 1 tomato (small, peeled, minced)
- 1–2 tablespoons parsley (fresh, minced)
- ½ teaspoon ground black pepper
- ½ tablespoon salt (or 1 tablespoon Vegeta)

Topping:

- 3.5 ounces tomato sauce
- 1.5 to 2 cups water

Instructions

1. Heat oven to 375°F (250°C).
2. In an oiled Dutch oven combine sauce ingredients and place in the oven.* Heat for 10 minutes.
3. Core zucchini quarters by removing its middle and seeds as if you're making small cups.
4. In a large bowl combine filling ingredients and mix well with your hand. Stuff each zucchini cup with the filling.
5. In a larger cup combine topping ingredients and mix them.
6. Carefully – to avoid burning yourself – place zucchini cups into the Dutch oven. Generously pour topping over zucchinis – liquid in the pan should be at the same level as the top of zucchini cups. Cover and place on middle rack.
7. Bake for 120 minutes on 375°F. Serve warm with (optionally) sour cream.

Senior Citizen Day

On August 19, 1988, President Ronald Reagan signed Proclamation 5847 declaring August 21st as National Senior Citizens Day. How do you plan to celebrate it? Here are some suggestions: Spend time with the senior citizens you know. Let them know they are appreciated and loved. It may also be a good day to volunteer at a retirement home. Share your smile with those who may not otherwise get a visitor today.

Also, please check out this link from Census.gov for important statistics:
https://www.census.gov/newsroom/stories/senior-citizens-day.html

Women's Equality Day

August 26: Women's Equality Day commemorates the certification date of the 19th Amendment to the U.S. Constitution on August 26, 1920 that gave women the right to vote. Congresswoman Bella Abzug first introduced a proclamation for Women's Equality Day in 1971. Since that time, every president has published a proclamation recognizing August 26 as Women's Equality Day.

Joint Resolution of Congress, 1971
Designating August 26 of each year as Women's Equality Day

WHEREAS, the women of the United States have been treated as second-class citizens and have not been entitled the full rights and privileges, public or private, legal or institutional, which are available to male citizens of the United States; and
WHEREAS, the women of the United States have united to assure that these rights and privileges are available to all citizens equally regardless of sex; and
WHEREAS, the women of the United States have designated August 26, the anniversary date of the certification of the Nineteenth Amendment, as symbol of the continued fight for equal rights: and
WHEREAS, the women of United States are to be commended and supported in their organizations and activities,
NOW, THEREFORE, BE IT RESOLVED, the Senate and House of Representatives of the United States of America in Congress assembled, that August 26th of each year is designated as Women's Equality Day, and the President is authorized and requested to issue a proclamation annually in commemoration of that day in 1920, on which the women of America were first given the right to vote, and that day in 1970, on which a nationwide demonstration for women's rights took place.

Hijri New Year

The Islamic New Year — also known as the Arabic New Year or Hijri New Year — is the first day of Muharram, the first month in the Islamic calendar. The first year of this calendar began in Gregorian CE 622 when the Prophet Muhammad emigrated from Mecca to Medina with his people.

In the Islamic calendar, days begin at sunset. The event falls on a different day every year because the Islamic year is 11 to 12 days shorter. As rituals and prayers mark the occasion, Muharram is known as the month of remembrance and is sacred to Muslims across the world.

The Islamic Calendar is lunar-based and 354 days long. Islamic New Year falls on August 9 of the Gregorian Calendar this year.

The Obon Festival

The Obon festival (also known as Bon festival) is an annual Japanese holiday which commemorates and remembers deceased ancestors. This Buddhist–Confucian custom has evolved into a family

reunion holiday during which people return to ancestral family places and visit and clean their ancestors' graves when the spirits of ancestors are supposed to revisit the household altars. It has been celebrated in Japan for more than 500 years.

It is believed that each year during Obon, the ancestors' spirits return to this world in order to visit their relatives. Traditionally, lanterns are hung in front of houses to guide the ancestors' spirits, Obon dances (Bon Odori) are performed, graves are visited and food offerings are made at house altars and temples. At the end of Obon, floating lanterns are put into rivers, lakes and seas in order to guide the spirits back into their world. The customs followed vary strongly from region to region. Prior to the pandemic, Bon Odori was celebrated annually in August at the Sacramento Buddhist Church (https://www.buddhistchurch.org/event/bon-odori or (https://www.buddhistchurch.org/post/obon) and the Buddhist Church of Florin (https://www.youtube.com/watch?v=k-qCqsYcAMU).

Raksha Bandhan

Raksha Bandhan is a popular annual rite or ceremony, which is central to a festival of the same name, celebrated in South Asia, and among people around the world influenced by Hindu culture. Originating from Sanskrit, the term Raksha Bandhan translates as "bond of protection." On this day, a sister ties a threaded amulet, known as a *rakhi*, around a brother's wrist, honoring their relationship. The bracelet symbolizes the brother's oath to protect his sister throughout her life, and the sister's prayers and blessings for protection and wellbeing of her brother. He then gives her a gift, signifying his acceptance of this duty.

Though Raksha Bandhan is specifically related to the bond of a brother and sister, the holiday is ultimately a message of the universal brotherhood and sisterhood that can be recognized amongst all people. Because of this, *rakhi* are often tied between spouses, friends, and even gurus.

Please submit your ideas for future newsletters

Sacramento County Behavioral Health Services Cultural Competence & Ethnic Services Unit will continue to produce newsletters like this one. Please help us to celebrate the rich diversity of cultures in the County of Sacramento community by sharing your original content and photos along with your contact information:

DHS Cultural Competence Unit

DHSCCUnit@saccounty.net

Please put "**newsletter**" in the subject line. Please note that we cannot use content without citing the source and cannot use photos without permission.

Please send any contributions for consideration by the 20th of the prior month. Please see the following chart for applicable submission dates:

To include in this issue:	Please submit by:
September Issue	09/20/2021
October Issue	10/20/2021
November Issue	11/20/2021

Special thank you for contributions from Andrew Mendonsa, Psy.D., MBA - Health Program Manager and the Cultural Competence & Ethnic Services unit.

SACRAMENTO COUNTY

Helpful links:

Mental Health Access Service Request Form:
https://mhsr.saccounty.net/

Substance Use Prevention and Treatment:
To learn about our services please click on this link:
https://dhs.saccounty.net/BHS/Pages/SUPT/Substance-Use-Prevention-and-Treatment.aspx
To request treatment services, please call: (916) 874-9754 Toll Free: (888) 881-4881

COVID-19 Resources:
Behavioral Health COVID-19 (2019 Novel Coronavirus) General Resources

Behavioral Health COVID-19 (2019 Novel Coronavirus) Provider Resources

https://www.saccounty.net/COVID-19/Pages/default.aspx

Job Seeker Resources
https://personnel.saccounty.net/Pages/ESJobSeekerResources.aspx

SACRAMENTO COUNTY

"God, grant me the serenity to accept the things I cannot change, courage to change the things I can, and the wisdom to know the difference."
(The AA Serenity Prayer)
- Reinhold Neibaeur

Cultural Competence & Ethnic Services Newsletter Issue 9 | September 2021

September is Suicide Prevention Month

NATIONAL SUICIDE PREVENTION LIFELINE™
1-800-273-TALK
www.suicidepreventionlifeline.org

WELLSPACE HEALTH

Suicide Prevention Resources Special Section
Starting on page 5

September is Recovery Month

NATIONAL RECOVERY MONTH 2021

National Recovery Month is a national observance held every September to Americans that substance use treatment and mental health services can enable those with a mental health and/or substance use disorder to live a healthy and rewarding life.
See treatment information for recovery starting on page 3

Age-Friendly Livable Communities

See the special Section on Age-Friendly Livable Communities
Starting on page 10

Celebrate!

See the Special Section on National Hispanic Heritage Month
Starting on page 11

Latino Behavioral Health Week
See next page

Public Health Officer. Dr. Olivia Kasirye honored with Access Sacramento's Power of Voice award
See next page

MY BEATS IN Spanish

Latino Behavioral Health Week

Established by the California State Legislature to proclaim the third week of September as Latino Behavioral Health Week to promote services that have been traditionally underutilized by the Latino population and reads in part:

"*Each county in California is expected to conduct activities promoting awareness through community education, screening, and referrals to linguistic and culturally appropriate services, organized and implemented by community health, drug, and mental health agencies*"

For the full text of the proclamation, please click on the following link:
https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=199920000SCR31

Stay tuned for a COVID-19-safe drive-through event at:

La Familia COUNSELING CENTER

www.https/lafcc.org

916-452-3601

Department of Health Services
Public Health Officer
Olivia Kasirye, M.D.

Access Sacramento's Power of Voice Award

Please click on link below for a newsletter article honoring Dr. Kasirye which reads in part:

"*Access Sacramento Community Media named Dr. Olivia Kasirye as the 2021 Power of Voice Award Recipient. This local communications award honors a single, powerful voice who has brought inspiration to Sacramento County residents*."

For the full text of the newsletter article, please click on the link below:

https://www.valcomnews.com/east-sacramento-news-archives/

NATIONAL RECOVERY MONTH 2021

Celebrate Recovery by sharing Substance Use Treatment and Prevention Services.

SACRAMENTO COUNTY

https://dhs.saccounty.net/BHS/Pages/SUPT/Substance-Use-Prevention-and-Treatment.aspx

Know the Substance Use Disorder Warning Signs

- Drastic changes in mood or behavior (anger, irritability, hostility, impulsivity, violence, anxiety, tiredness, withdrawn, sadness, depression).
- Changes in eating and/or sleeping habits.
- Arguing with family or friends about alcohol and/or drug use.
- Memory problems/blackout.
- Neglecting home or work responsibilities.
- Associating with peers that use alcohol/drugs.
- Strong cravings or frequent thoughts about alcohol and/or drugs.
- Driving under the influence/alcohol or drug related arrests.

How Can You Get Substance Use Prevention and Treatment Services?

To determine treatment and level of care needs to support recovery, a preliminary assessment will be conducted by clinical staff. Based on the assessment, you will be referred to a contracted service provider. Please contact one of the following based on your age.

Sacramento County Behavioral Health Services

Adult System of Care for Substance Use Treatment (Adults 18 years of age and older)

To slow the transmission of the coronavirus (COVID-19), the Adult System of Care for Substance Use Treatment lobby is temporarily closed. No drop-ins will be accepted.

To schedule an appointment for an assessment, please call (916) 874-9754.

8:00 a.m. - 5:00 p.m.
Monday through Friday (excluding county holidays)
3321 Power Inn Road, Suite 120
Sacramento, California 95826
Phone: (916) 874-9754
Toll Free: (888) 881-4881
The last assessment is conducted at 4:00 p.m.

SACRAMENTO COUNTY

Sacramento County Behavioral Health Services

Youth System of Care for Substance Use Treatment
(Youth under the age of 18 years)

8:00 a.m. - 5:00 p.m.
Monday through Friday (excluding county holidays)
Phone: (916) 875-2050

What Are Prevention Programs and How Can You Participate?

Prevention programs are directed at individuals who may be at risk of developing a substance use disorder but have not been determined to require treatment for a substance use disorder.

To learn more about our prevention programs and/or participate in a prevention program, please see Prevention Services & Provider Directory

Overdose: call 911 for medical emergencies involving substance use.

If you or someone you know has overdosed, calling 911 as soon as possible could help save a life. **Naloxone (Narcan®)** is medication that could immediately counter the effects of an **opioid/heroin overdose**. You can administer it while someone is overdosing and **should call 911 immediately**.

Many emergency personnel carry it with them and it is also available from select pharmacies without a prescription. Ask your health care provider or local pharmacy for more information.

WELLSPACE HEALTH

Suicide Prevention

We are here to help —
by telephone, by chat, and
by text.

Crisis Phone Numbers

If you or someone you know is in crisis or considering suicide, call us at:

- **Sacramento**
  (916) 368-3111
- **Auburn**
  (530) 885-2300
- **Roseville**
  (916) 773-3111
- **Lincoln**
  (916) 645-8866
- **National Suicide Prevention Lifeline**
  1-800-273-TALK (8255) or 1-800-SUICIDE
- **24-Hour Suicide Prevention Crisis Line**
  (916) 368 3111 or 1-800-273-8255
- **24-Hour Maternal Support Line**
  (916) 681-2907 *Click here for more information*.

Crisis Chat

Click here for availability.

If Crisis Chat appears to be offline or busy, please call our 24-hour Suicide Prevention Crisis Lines at (916) 368-3111 or 1-800-273-8255.

Crisis Chat by Text

Text the word HOPE to 916-668-iCAN (4226) (Normal texting charges from your cell phone provider may apply).

Crisis Chat and Texting are support services available for individuals to engage with one of our extensively trained staff. Crisis Chat and Texting are not meant for emergent life-threatening situations. If you or someone you know is in immediate suicidal crisis, call the 24-hour Suicide Prevention Crisis Lines or 911.

Suicide Prevention Resources

- Anonymous Mental Health Screening
- Suicide Prevention Crisis Line Posted
- Suicide Prevention Crisis Line, Chat & Text Poster
- Suicide Prevention Wallet Card
- Helping Someone Who is in Suicidal Crisis
- Surviving Suicide Loss Brochure
- Recommendations for Reporting on Suicide
- ASIST (Applied Suicide Intervention Skills Training Brochure)
- LGBT Youth Fact Sheet
- African American Suicide Fact Sheet
- Youth Suicide Fact Sheet
- Caucasian American Suicide Fact Sheet
- Suicide in the United States – AAS Official Data

Click here for information about becoming a Suicide Prevention & Crisis Services Volunteer.

WELLSPACE HEALTH

Suicide Prevention

About the Crisis Center

WellSpace Health operates the region's Suicide Prevention Crisis Line. The hotline, which is nationally accredited and a vital member of the National Lifeline network, serves Sacramento and Placer counties and many other counties in Northern California. We answer calls 24 hours a day, 365 days a year.

The Suicide Prevention Crisis Line receives calls from people of all ages who are feeling depressed, hopeless, alone, desperate, and sometimes considering suicide as a way to end their pain. We also respond to calls that involve emergency rescue, such as a suicide in progress, someone on the Foresthill Bridge, or calls patched in from the California Highway Patrol or other law enforcement.

A person does not have to be suicidal to talk with one of our counselors. Some of our callers are concerned about a friend or loved one who is suicidal. We are here to listen and understand, and offer information and resources as needed. The Crisis Lines are staffed by extensively trained, carefully selected volunteers who not only understand how a suicidal person reaches such despair, but also help the individual choose life.

This vital, life-saving program also extends beyond the phone lines to community groups, colleges, high schools and others through presentations and informational outreach.

Donations are accepted for community outreach and general operating funds.

Eligibility/Fees

Crisis intervention services are provided free of charge, regardless of race, age, gender, sexual orientation, or religious affiliation. Services are prioritized according to immediate need.

Volunteering

Volunteers are chosen for their sensitivity, maturity, and communication skills. No previous experience is required. Approximately 60 hours of professional training is provided in crisis intervention and communication skills. Ongoing training is provided regularly. Volunteers are asked to contribute a minimum of 200 hours over a one-year period. Professional crisis intervention training is available as a fee-based service.

If you wish to become a crisis line volunteer, please call our business office at (916) 368-3118 for the latest training information:

Testimonial:

"I could see no hope until I talked to you- I'm ready to find me again and get my strength back."

Suicide Prevention Week

Throughout Suicide Prevention Week (September 5-11, 2021) and World Suicide Prevention Day (September 10, 2021) individuals and organizations around the state and country join their voices to broadcast the message that *everyone can play a role* in suicide prevention. **Find activities and more here:** Suicide Prevention Toolkit | Know the Signs (suicideispreventable.org)

Know the Signs: Pain isn't always obvious. Yet most people who are considering suicide show some warning signs or signals of their intentions. The signs or changes in behavior may appear in conversations, through their actions, or in social media posts. These are of most concern if the behavior is new, has increased or seems related to a painful event, loss, or change. Learn more about the warning signs at **http://secure-web.cisco.com/1om8preW7yTTEyh6tcF_QKZjbhvoEM8masDgYcH94ch4gEm9eh0rYyEeHeET8v6BMVwUBaFXVSa0QGqfqFBUxN6U-80S3CXCQ0NNrt_wAp-jjTRoQzmSMUa6foQI-KYNMq9d4nazBD-4rFp_WOVSDftNrnUO7iRAhRqZfhcisUiPX2sB7et_K-AmnkV8fLBm-etdVNZ8clCdxKXhtfmME2p2FdK-e1KogeYthPSwrq-2ulrrekimODj0EWTEqe2rmPGTRo_s9mk1L19itZEp3aW0dcQgurF9vl0kFdqkReAIlh9IUAQKRu_daJlbN_iZx/http%3A%2F%2Fwww.SuicideisPreventable.org**

Find the Words and Create a Safe Space: Feeling connected to friends, family, and our community can be a protective factor for suicide. As we reenter and rebuild the fabrics of our daily life that were so fundamentally disrupted, reconnecting with supportive relationships, and practicing positive coping skills is essential for our emotional well-being. **Use this time to reach out to someone in your life and let them know that you are comfortable to talk about anything they need, including suicide, and should they ever come to a point where they are questioning their reasons for living, you will be there to listen and support them.** Creating this safe space at a time when there is no crisis is one way we can play a role in suicide prevention.

Find activities and more in the Suicide Prevention Week 2020 Kit Suicide Prevention Toolkit | Know the Signs (suicideispreventable.org). **And again, we hope you will join us by participating in the Suicide Prevention Week Challenge beginning today - Monday, September 6, 2021. To get started download the challenge flyer and challenge card!**

This is how it works!

1. Download the **challenge card** and or take a picture and save it to your phone.
2. Review and complete challenges. Check them off on the challenge card!

    - Challenge One: Reconnect and Create a Safe Space
    - Challenge Two: Find the (Cross) Words
    - Challenge Three: Like & Learn about a Suicide Prevention Resource
    - Challenge Four: Pause and Breathe
    - Challenge Five: Get Involved in World Suicide Prevention Day

3. Post a picture to your social media accounts with the hashtags #Reconnect #SuicidePrevention Not on social media? Email the card to info@suicideispreventable.org.
4. The first 25 posts or emails received before September 30, 2021 will receive a Mental Health Thrival Kit!

Connect with thousands of individuals and organizations throughout California during Suicide Prevention Week by using the hashtags #SuicidePrevention #SuicidePreventionWeek and #reconnect.

Suicide: Postvention at *Friends for Survival*

Postvention – what is it? Since 1983, Friends for Survival has been serving the needs of grieving friends and families who have lost a loved one to suicide. Our suicide bereavement program offers support groups (virtual and in-person), a monthly newsletter, warm-line, Caring Friend caller program and a variety of other resources and materials. Postvention is prevention, it just looks different.

Co-Founder and Executive Director Marilyn Koenig says: You may see information regarding suicide on TV and print news during this month. You may have noticed that Friends for Survival doesn't talk about suicide prevention. Why?

Since forming Friends for Survival over 38 years ago, and having often advocated for suicide prevention, I have talked with and met many grieving individuals. But I discovered very early on that discussing suicide "prevention" can be a difficult issue for many of us. Why is that? Because we tried… but couldn't prevent the suicide death of our loved one. Many of us may have tried so many times to save our loved one. We cried, we pleaded, we prayed and yet we lost the battle. Many of us were blindsided, and did not have the opportunity to try to save them.

Some may have received treatment, medications and therapy, and yet they still died. We didn't want this outcome. We loved them. Why wasn't that enough? What else should we have done? We are frustrated, devastated and carry a tremendous burden of blame and guilt. With all the worldwide attention to suicide prevention why didn't it work for my loved one?

During the month of September, we will hear that "Suicide is preventable." You may feel that, if this statement was true, then my loved one should still be alive. We are left with the reality of our own experience that prevention did not save our loved one. We failed. "Suicide is preventable" may feel like salt in our wounded heart. That is why Friends for Survival is sensitive to the fact that many of us cannot accept that suicide is preventable when we are in such pain.

We are grateful that so many agencies and persons work so diligently to save persons at risk for suicide and advocate for suicide prevention. Many suicidal persons receive help and are able to continue their lives with purpose. Our communities need those services. But that is not the mission of Friends for Survival. We are here to comfort and encourage our grieving families. Above all, we strive to be sensitive and respectful to every person and where they are in their grief journey.

Sincerely,
Marilyn Koenig

Grandparents Day is Sunday, September 12

Celebrate the grandparents in your life – it is good for your health!

Grandparents can greatly reduce household stress

A 2014 study at Boston College found that "an emotionally close relationship between grandparent and grandchild is associated with fewer symptoms of depression for both generations."

For kids, having grandparents around means having the perfect companions to play with and have fun. Grandparents are some of the best partners when it comes to using creativity and imagination to discover the wonders of life. Healthy relationships between grandparents and grandchildren can be healthy for both and provide welcome breaks for parents.

Sources:

1. *"Solidarity in the Grandparent–Adult Grandchild Relationship and Trajectories of Depressive Symptoms."* The Gerontologist. Sara M. Moorman, PhD, Jeffrey E. Stokes, MA. June 2016.
2. *"Grandparents contribute to children's wellbeing."* University of Oxford. Professor Ann Buchanan. 2014
3. *"Study: Close grandparent-grandchild relationships have healthy benefits."* Boston Globe. Ami Albernaz. December 13, 2015.
4. *"Does Grandparenting Pay Off? The Effect of Child Care on Grandparents' Cognitive Functioning."* Journal of Marriage and Family. *Bruno Arpino, Valeria Bordone. March 4, 2014.*
5. *"Grandmas stay sharp when they care for grandkids once a week."* *The North American Menopause Society (NAMS)*. April 8, 2014
6. *"Close Relationship with Grandparents Benefits Everyone."* Cleveland Clinic. September 5, 2019

Longevity Tips from the Blue Zones - *Why being a grandparent is good for your health*

Have you ever heard of the term "Blue Zones"? The blue zones are five different regions around the globe that researchers have identified as having the highest concentrations of centenarians in the world. While in the US, the average life expectancy is 78 years, in the Blue Zones, living to be over 100 isn't uncommon. Regardless of region, there are 9 habits they share. Called the "Power 9" by Dan Buettner, National Geographic Fellow, award-winning journalist and producer, and a *New York Times* bestselling author. In Buettner's book, *The Blue Zones: Lessons for Living Longer from the People Who've Lived the Longest*, he details these 5 different regions named "Blue Zones" after years of research on longevity. Number 8 is:

Loved Ones First

In the Blue Zones, family members are often close. Not only do younger generations value older generations, but they often live together and help care for older family members. In many Blue Zones, it is not uncommon for grandparents to live with their families.

Studies have shown that grandparents who help raise grandchildren have a reduced risk of death. It seems that being close with family can influence lifespan. For the rest of the tips, click link: www.bluezones.com

Age-Friendly Livable Communities

Submitted by Heidi Richardson, Child Family and Adult Services (DCFAS)

Age-Friendly Sacramento County really wants to hear from you. How can Sacramento County be an age-friendly place to live and grow older? If your organization would like to participate in an age-friendly focus group or listening session, please email DCFAS-AgeFriendly@saccounty.net.

What is an age-friendly world? A world in which you would want to grow older.

One-minute video *"See What Livability Looks Like!"* What is a Livable Community?

In 2010, the World Health Organization launched the Global Network of Age-Friendly Cities and Communities. In 2012, AARP became the United States affiliate. Fifty-four states, territories, cities, and counties in California are members of the AARP Age-Friendly Network of States and Communities. Sacramento County joined the network in February 2021. The state of California joined in June 2021.

Age-friendly communities, known as "livable communities," identify eight domains of livability essential for people of all ages to thrive:

Domain 1: Outdoor Spaces and Buildings
Domain 2: Transportation
Domain 3: Housing
Domain 4: Social Participation
Domain 5: Respect and Social Inclusion
Domain 6: Work and Civic Engagement
Domain 7: Communication and Information
Domain 8: Community and Health Services

Residents, government, the private sector, faith organizations, nonprofits, health systems, community groups, neighborhoods, and businesses are all responsible for making a community age-friendly.

The first year of membership in the age-friendly network is the community assessment phase. The community assessment phase includes focus groups and listening sessions where elders and their communities identify what people need, as they grow older:

- *What do you love about your community?*
- *What does your community need for older people, now and in the future?*
- *What would add to the quality of life for older people in your community?*

Remember:

If your organization would like to participate in an age-friendly focus group or listening session, please email DCFAS-AgeFriendly@saccounty.net

What is Hispanic Heritage Month and Who celebrates it?

(Exerts from a story in Oprah Daily)

Hispanic Latino Heritage Month 2021 begins on Wednesday, September 15, and ends on October 15. While you never have to wait for an annual event to take pride in your ethnic background, for Hispanic Latino Americans, the purpose of those four weeks is to honor their respective cultures and the histories behind them. It's a period meant for recognition, education, and celebration, similar to Black History Month in February, Asian American Pacific Islander Heritage Month in May, or LGBTQ Pride Month in June. By "Hispanic Americans," we mean those who self-identify as Hispanic and or Latino. (The terms Hispanic and Latino are not quite interchangeable, though many people identify as both.) While Hispanic and Latino are used interchangeably by many, Hispanic is a term used to describe someone of Spanish-speaking origin, while Latino, Latina, and Latinx are used to describe a person of Latin American origin. For example, a person from the Latin American country of Brazil may consider themselves Latino but not Hispanic, since Brazilians speak Portuguese and not Spanish.

What does Hispanic Heritage Month mean?

The celebration was created to recognize the positive impact that Hispanic Americans have left on the country. "Each year, Americans observe National Hispanic Heritage Month from September 15 to October 15, by celebrating the histories, cultures and contributions of American citizens whose ancestors came from Spain, Mexico, the Caribbean and Central and South America," according to the official government website. According to the Census Bureau, the U.S. Hispanic population is 60.6 million as of July 1, 2019, "making people of Hispanic origin the nation's largest ethnic or racial minority." That's 18.5% of the nation's total population, with a median age of 29.8 years.

Who started Hispanic Heritage Month?

President Lyndon B. Johnson first introduced National Hispanic Heritage Week in 1968. In his Presidential Proclamation 3869, available via the Library of Congress, President Johnson wrote, "Wishing to pay special tribute to the Hispanic tradition, and having in mind the fact that our five Central American neighbors (Costa Rica, El Salvador, Guatemala, Honduras, and Nicaragua who earned their independence from Spain) celebrate their Independence Day on the 15th of September and the Republic of Mexico on the 16th of September and Chile, and Belize became independent on September 18th, and 21st from Spain and the United Kingdom, respectively.

On August 17, 1988, Congress passed a law to extend into a month-long holiday during Ronald Reagan's presidency. The first Hispanic Heritage Month was celebrated in 1989. The following government institutions honor Hispanic Heritage Month: The Library of Congress, National Gallery of Art, Smithsonian Institution, United States Holocaust Memorial Museum, National Archives and Records Administration, National Endowment for the Humanities, and the National Park Service.

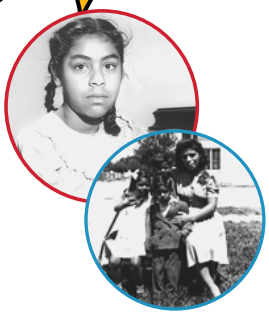
What countries are involved?

According to the U.S. Census Bureau, the month honors "the culture and traditions of those who trace their roots to Spain, Mexico and the Spanish-speaking nations of Central America, South America, and the Caribbean." Those include Argentina, Bolivia, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Equatorial Guinea, Guatemala, Honduras, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Uruguay, Venezuela and Brazil.

Hispanic Heritage Month Theme for 2021 is:

"Esperanza: A Celebration of Hispanic Heritage and Hope."

Esperanza means Hope and that is the theme of this year's Hispanic Heritage Month. It is such an important theme after over a year of battling one of the worst pandemics we've seen in our times. Hope is something we can all relate to. Hope is what we should all have for a better tomorrow. Hope is what so many Latino's who leave their beloved countries have when they come to the United States. Hope is what so many families have for their children's future and Hope is what the Mendez family had for a better opportunity and equal education for their children and all children.



Who are the Mendez? The Mendez Family fought school segregation 8 years before the famous Brown vs. Board of Education case. The following article is based on exerts from an article written by Dave Roos in 2019.

Mexican American families in California secured an early legal victory in the push against school segregation.

Brown v. Board of Education was the landmark Supreme Court case that ended racial segregation in schools in 1954. But it wasn't the first to take on the issue. Eight years earlier, in 1946, a group of Mexican American families in California won the very first federal court case ruling that segregation of public schools was unconstitutional.

Unlike the segregation of African Americans in the "Jim Crow" South, segregation of Mexican Americans in California wasn't dictated by law. But starting in the 1920s, when waves of Mexican laborers arrived to work the citrus groves of Southern California, California communities began to enforce their own de facto segregation.

Segregation Was Widespread in California

Restaurants posted signs in their doors reading, "No dogs or Mexicans." At movie theaters, Mexican Americans had to sit in the balcony, not the lower level. Public swimming pools had "Mexican Mondays" after which the pool was drained and cleaned before Anglo residents would step foot in it again.

The same de facto segregation existed in California public schools. By 1940, more than 80 percent of Mexican American students in California went to so-called "Mexican" schools, even though no California law mandated such a separation. (Legal segregation in California schools did exist for two other groups: Asian Americans and Native Americans.)

California school boards claimed that they put Mexican Americans in their own schools in order to help them. They used culturally biased I.Q. tests to argue that Mexican American students needed specialized instruction in English and other subjects. The school boards argued that students of Mexican heritage would "Americanize" faster if taught separately.

At the time, segregated schools were supposed to abide by the "separate but equal" clause established in 1896 by Plessy v. Ferguson. But just as in the segregated South, the "Mexican" schools in California were in terrible condition compared to the "American" schools. And instead of receiving specialized instruction to improve their language and academic skills, Mexican American students were trained to become field workers and house cleaners. Most of the school board members were wealthy citrus farmers whose livelihoods depended on Mexican American labor.

"It was very much in the economic interest of the agricultural elite and the Anglo community at large to keep these people in a second-class position," says Philippa Strum, a Global Fellow at the Woodrow Wilson Center for Scholars, who wrote a book on the Mexican American anti-segregation movement in California.

The Mexican schools started two weeks late every fall so that children could join their parents in the walnut harvest. They'd arrive at school with their palms dyed black from the work. During the citrus harvest, school would run from 7:30 a.m. to 12:30 p.m. so that students could still work in the orchards.

The Mexican and American schools were often side by side, separated only by a field or an electrified fence. The Mexican American kids held recess in an empty, dirt-floored lot in plain sight of the sparkling playground at the American school.

Mexican American Families Start Legal Fight Against School Segregation

Eventually, Mexican American families in many California communities had enough. In a model of resistance that would be echoed in later anti-segregation movements, they took the schools to court. In fact, the very first legal victory against segregation in America was in San Diego County in 1930, when Mexican American parents in the Lemon Grove School District organized a boycott and successfully sued the schools for integration.

But the Lemon Grove decision only applied in one school district. It would take another group of Mexican American parents to strike down segregation statewide.

Gonzalo and Felicitas Mendez and their children moved to the small town of Westminster outside of Los Angeles in 1944. The Mendez family tried to enroll their kids at the local 17th Street School but were turned away. (Their in-laws, who were also of Mexican heritage but had lighter skin and the "European" surname Vidaurri, were accepted.)

Gonzalo Mendez insisted that not only his children, but all Mexican-American students be given a quality education equal to their Anglo neighbors. When the school board refused to change its policies, Gonzalo joined four other plaintiffs—William Guzman, Frank Palomino, Thomas Estrada and Lorenzo Ramirez—from nearby Santa Ana County school districts and filed a lawsuit in federal district court known as Mendez v. Westminster.

In the Mendez case, attorney David Marcus saw an opportunity to defeat segregation in California for all students of color, including Asian Americans and Native Americans. He called a number of powerful witnesses to the stand, including Mexican American schoolchildren who testified of the poor conditions in their schools, and social scientists who provided evidence on how feelings of inferiority negatively impacted learning and development.

The case was heard in 1946 by Federal District Judge Paul McCormick, who delivered a landmark ruling that segregation of Mexican Americans was not only unenforceable under California law, but it violated the equal protection clause of the 14th Amendment to the U.S. Constitution.

"A paramount requisite in the American system of public education is social equality," wrote Judge McCormick. "It must be open to all children by unified school association regardless of lineage."[iii]

The Mendez Case Paves the Way for More Challenges to Race-Based Segregation

The Santa Ana school districts immediately appealed the decision, setting up a rematch in the Ninth Circuit Court of Appeals in San Francisco. When the NAACP heard about Judge McCormick's decision, which directly challenged the constitutionality of race-based school segregation, it saw a strong test case for challenging segregation nationwide.

Even though Thurgood Marshall's name was on the amicus brief filed by the NAACP in the Mendez trial, it was his assistant special counsel Robert Carter who drew up the arguments.

"Robert Carter later described his brief in the Mendez case as a trial run for what became Brown v Board of Education," says Strum. "The whole idea that educational segregation necessarily implied inferiority and therefore interfered with the ability of students to learn. That's what was in the brief here and that was the basis for the NAACP's argument in Brown."

The Ninth Circuit ruling in 1947 was another victory for Mendez and his fellow plaintiffs, but not nearly the slam dunk that the anti-segregation movement hoped it would be. The court struck down segregation in the Santa Ana County schools, but not because it violated anyone's 14th amendment rights on the basis of race or ethnicity. Segregation of Mexican-Americans simply wasn't the law in California, so it wasn't allowed.

The Ninth Circuit decision even left open the possibility that the California legislature could pass a segregation law expressly targeting Mexican Americans, just like the laws already on the books for Asian Americans and Native Americans.

But just the opposite happened. Taking his cue from Judge McCormick's earlier opinion, California Governor Earl Warren decided to outlaw school segregation of any kind in the state. Seven years later, Warren was Chief Justice on the Supreme Court when it heard Brown v. Board of Education.

Mendez Case Was Overshadowed for Decades

So why was Mendez v. Westminster, despite its precedent-setting decision, largely lost to legal history? For one thing, the case never made it to the Supreme Court, so its impact was only felt in California. And ultimately, the early victory by Mexican American families in California was overshadowed by the historic nature of Brown v. Board of Education.

Strum, who taught constitutional law for 35 years, had never even heard of Mendez v Westminster until the U.S. Postal Service issued a stamp commemorating the landmark Civil Rights decision in 2007. Four years later in 2011, the Mendez' daughter, Sylvia Mendez, received the Presidential Medal of Freedom from President Barack Obama.

"When I got it I couldn't stop crying, because I was thinking finally my mother and father are getting the thanks they deserve," Mendez told the Los Angeles Times in 2016. "This is theirs, not mine. They stood up against the establishment."

We Celebrate the Mendez Family who never lost Hope, saw an injustice and fought to make things right!

Dave Roos is a freelance writer based in the United States and Mexico. A longtime contributor to HowStuffWorks, Dave has also been published in The New York Times, the Los Angeles Times and Newsweek.

2021 is the 500th Anniversary of the Fall of Tenochtitlán and the 200th Anniversary of Mexico's Independence from Spain

Excerpts from: Archaeology correspondent ***David Keys*** *considers how historians and archaeologists are revealing the real story of Spain's conquest of the Aztecs*

Forgotten by most of the world, this year marks the 500th anniversary of when in August 1521, a small army of freelance Spanish soldiers, claiming to act in the name of the King of Spain, seized control of Mexico's Aztec Empire. It became the first large-scale European military conquest in mainland America. Until then, major

European (at that time, exclusively Spanish) military campaigns in the New World had been limited to the islands of the Caribbean.

In a sense, August 1521 marked the beginning of large-scale Western imperialism. The event also led to the total political collapse of all the major pre-European civilizations in the western hemisphere – and to the Spanish seizure of significant parts of Asia.

The seizure of Mexico in 1521 then led, in part, to Spain's seizure of most of Central and South America. The new Spanish authorities in Tenochtitlan (Mexico City) first ordered the conquest of what are now the Central American nations of Guatemala, Honduras and El Salvador. Some of the Spanish officers involved in the seizure of Mexico, then invaded northeast South America (what is now Venezuela). Other veterans of the conquest of Mexico's Aztec Empire, then took prominent roles in the seizure of the Inca Empire (Peru, etc.).

The Spanish seizure of Mexico also enabled it to conquer substantial swathes of the Pacific and parts of Asia. Mexican-originating Spanish armies and expeditions seized the Philippines between 1565 and 1582, and, ultimately, hundreds of Pacific islands, and also, briefly, small parts of China and Indonesia. Control of Mexico also ultimately allowed Spain to take control of what are now the US states of California, New Mexico and Texas.

The destruction of the Aztec Empire in August 1521 changed world history more fundamentally than most other major historical events – but its 500th anniversary is being widely ignored throughout most of the world. "The Spanish seizure of Mexico in 1521 was one of human history's most violent acts," says the Mexican archaeologist, Professor Elizabeth Baquedano of University College London. The conquest led to centuries of suffering for tens of millions of people. In that sense, it was an event with few parallels.

It's now estimated that the seizure of the city, at that time one of the largest in the world, involved the slaughter of between 50,000 and 100,000 Aztec civilians and troops – and has, over recent years, been characterized by many as an attempted genocide.

Traditional perceptions have always portrayed it as an almost superhuman military triumph – just "a few hundred" Spanish soldiers (albeit armed with guns and steel weapons) who defeated the might of the Aztec Empire. The newly emerging reality is however somewhat different. Rather than being a predominantly Spanish military achievement (by 3,000 Spanish soldiers), it should instead be seen as a Spanish diplomatic one.

Cortés only succeeded because he concentrated on winning over a whole series of native Mexican city states who were willing to help Spain overthrow the Empire. Indeed, it was those native allies that provided 95 per cent of Cortes's military forces. Additionally, recent research has also highlighted the pivotal importance of La Malinche in helping to forge those crucial local alliances.

For those allies who collaborated with the Spanish, it was a Pyrrhic victory. Spanish control ended a golden age of relatively high living standards for ordinary Mesoamericans: Aztec-era civilizations of Mexico and Central America had highly efficient irrigation and public food supply systems, public aqueducts providing clean fresh water, efficient public sewage systems, high levels of public hygiene, superb town planning (including ultra-green garden cities), low disease rates – and far more human rights (including women's rights) than under Spanish colonial rule.

This year also marks the 200th anniversary of Mexican Independence from Spain

The colonial power officially recognized Mexico as its own country on August 24, 1821.

To commemorate these historical landmarks, the Mexican Government declared 2021 as the **Year of Historical Reconciliation**.

Click on link below for further information:

CONSULADO GENERAL DE MÉXICO EN SACRAMENTO

Hispanic Heritage Month Special Section

Has been provided by La Familia Counseling Center, Inc.

The Consulate General of Mexico in Sacramento is participating in these celebrations with a series of binational cultural events.

La Familia COUNSELING CENTER

Special thanks to the staff at La Familia for this special section and celebration of history and culture

SACRAMENTO COUNTY

Helpful links:

Mental Health Access Service Request Form:
Sacramento County Mental Health Access Team would like to announce a new option for submitting a mental health service request. In addition to submitting service requests via phone, fax, and US postal service, you will now have the option to submit a service request Online. The online submission allows for anyone in the community to submit a service request. The submitting party will need to provide their contact info in the event the Access team needs to reach them. The online service request allows for any important details regarding the referral to be provided on the document. One of the most useful features to the community is the ability to receive an email when the Access team has received your service request. Routine processing for all service request submission types is 3-5 business days. Sacramento County Behavioral Health is excited about the new online option and we hope that it helps to remove barriers in submitting and following up on service requests. You can access the new form at this link: https://mhsr.saccounty.net/

Please remember that if there is an immediate need for mental health services, the Access team can be contacted by phone at 916-875-1055.

Substance Use Prevention and Treatment:
To learn about our services please click on this link:
https://dhs.saccounty.net/BHS/Pages/SUPT/Substance-Use-Prevention-and-Treatment.aspx
To request treatment services, please call: (916) 874-9754 Toll Free: (888) 881-4881

COVID-19 Resources:

Behavioral Health COVID-19 (2019 Novel Coronavirus) General Resources

Behavioral Health COVID-19 (2019 Novel Coronavirus) Provider Resources

Job Seeker Resources

https://personnel.saccounty.net/Pages/ESJobSeekerResources.aspx

Please submit your ideas for future newsletters

Sacramento County Behavioral Health Services Cultural Competence & Ethnic Services Unit will continue to produce newsletters like this one. Please help us to celebrate the rich diversity of cultures in the County of Sacramento community by sharing your original content and photos along with your contact information to:

DHS Cultural Competence Unit

DHSCCUnit@saccounty.net

Please put "**newsletter**" in the subject line. Please note that we cannot use content without citing the source and cannot use photos without permission.

Acknowledgements

Special thanks to our contributors this month

Suicide Prevention - Liseanne Wick MS, D.Div. Director, Suicide Prevention Services, WellSpace Health

Suicide Post-vention - Susan J. Reynolds Friends for Survival

Hispanic Heritage – La Familia Counseling Center, Inc.

Age-Friendly Livable Communities - Submitted by Heidi Richardson, Child Family and Adult Services (DCFAS)

SACRAMENTO COUNTY

"Knowing that we can be loved exactly as we are gives us all the best opportunity for growing into the healthiest of people."

- Fred Rogers (Mr. Rogers, American Television Host)

Cultural Competence & Ethnic Services Newsletter Issue 10 | October 2021

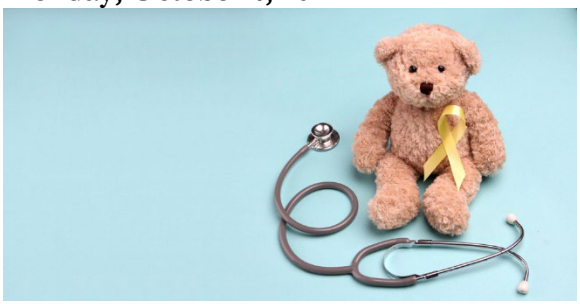
Mental Health Awareness Week (aka Mental Illness Awareness Week)

Celebrated by
National Alliance on Mental Illness (NAMI)
https://www.nami.org/get-involved/awareness-events/mental-illness-awareness-week

Every day of the year in every community, there are people living with a mental health condition. Mental illness affects all of us whether we are aware of it or not, because of our relationships with family, friends and coworkers. Every year during the first week of October, NAMI and other advocacy groups across the country raise awareness of mental illness, fight discrimination and provide support through Mental Illness Awareness Week (MIAW). Continued on page 2

Child Health Day

Monday, October 4, 2021



Continued on page 10

In this issue:

For more information check out
https://www.glsen.org/event/national-coming-out-day

AKA **Letting In Day**

Letting In Day

"LGBTQ communities are slowly shifting to narratives of letting in as opposed to coming out. Historically, many members within these communities chose or were forced to hide their sexual and gender identities (commonly known as being "in the closet"). Coming out, then, was considered a process to be celebrated for its potential liberation. However, many LGBTQ community members have learned that this process is repetitive and often laborious. The narrative of letting in asserts that there should be no metaphorical closet from which to come out. The power of acceptance is reclaimed by the LGBTQ person by centering our choice as individuals to invite those we desire and those who deserve to take part in our lives."

--Ryan Tiêu Cītlali, Gender Health Center

Mental Health Awareness Week (aka Mental Illness Awareness Week)

Continued from page 1

According to the National Alliance on Mental Illness (NAMI):

"We believe that mental health conditions are important to discuss year-round, but highlighting them during MIAW provides a dedicated time for mental health advocates across the country to come together as one unified voice. Since 1990, when Congress officially established the first full week of October as MIAW, advocates have worked together to sponsor activities, large or small, to educate the public about mental illness.

This year's MIAW is centered around our new awareness campaign, "Together for Mental Health," where we will focus on the importance of advocating for better care for people with serious mental illness (SMI). Each day throughout the week, we will be raising the voices of people with lived experience to talk about SMI and the need for improved crisis response and mental health care."

Mental Illness Awareness Week 2021 runs from October 3–9 and coincides with additional related events:

- Tuesday Oct. 5: National Day of Prayer for Mental Illness Recovery and Understanding
- Thursday Oct. 7: National Depression Screening Day
- Saturday Oct. 9: NAMIWalks United Day of Hope
- Sunday Oct. 10: World Mental Health Day

World Mental Health Day

Mental Health in an Unequal World

The World Federation for Mental Health (WFMH) President Dr. Ingrid Daniels has announced the theme for World Mental Health Day 2021, which **is 'Mental Health in an Unequal World'**. Please click on the link below for more information.

https://wfmh.global/2021-world-mental-health-global-awareness-campaign-world-mental-health-day-theme/

- October is National Bullying Prevention Month. We wanted to highlight bullying awareness in light of increased hate crimes against the Asian American Pacific Islander (AAPI) community, homophobia, ongoing transphobia against the LGBTQ community, and the growing mental health crisis and impact of racism and discrimination on African Americans and indigenous people of color including those from the Latinx and Native American communities, and students with limited English proficiency who have recently resettled here.
- Bullying can happen to anyone, at any age, any ethnicity and from any socioeconomic status. It is typically associated with youth and occurring on school campuses and/or via social media. It can be devastating to the victim. Bullying affects everyone including the bully, victim, and bystanders.
- Those being bullied may experience anxiety, depression, suicidal thoughts and behaviors. According to the Centers for Disease Control and Prevention (CDC), bullying is a type of youth violence and an adverse childhood experience (ACE). Bullying can leave long-term effects such as a loss of self-esteem, increased anxiety, and depression for those involved.
- One out of five high school students reported being bullied. According to the CDC some groups experience increased bullying. For example, nearly 40% of high school students who identify as lesbian, gay, or bisexual and about 33% of those who were not sure of their sexual identity experienced bullying at school or electronically in the last year, compared to 22% of their heterosexual high school counterparts.
- According to the CDC, bullying may inflict harm or distress on the targeted youth including physical, psychological, social, or educational harm. Common types of bullying include:
  - Physical such as hitting, kicking, and tripping
  - Verbal including name-calling and teasing

  - Relational/social such as spreading rumors and leaving out of the group
  - Damage to property of the victim
  - Cyberbullying via electronic technology
  - Other forms of bullying include but are not limited to threats, racism, and hate.
- Bullying prevention encourages those who are bystanders to advocate for the victim and become an ally or upstander according to stopbullying.gov.
- National Bullying Prevention Month is a campaign in the United States founded in 2006 by the National Bullying Prevention Center. The campaign is held during the month of October and unites communities nationwide to educate and raise awareness of bullying prevention. Initially held the first week in October, the event was expanded in 2010 to the entire month. According to Parent Advocacy Coalition for Educational Rights (PACER) National Bullying Prevention Center, National bullying prevention aims to help educate and raise awareness of bullying prevention in effort to prevent bullying, promote kindness, acceptance, and inclusion.
- Many wear and share orange in an effort to show unity and raise awareness about bullying.
- More information about PACER's National Bullying Prevention Center can be found at https://www.pacer.org/bullying/
- Sacramento County Behavioral Health Services partners with the Sacramento County Office of Education (SCOE) to prevent bullying in school. Please check out their programming and resources at the following link: sactobullyprevention.org/ There is a brief description of their program at the landing page of their website. It details the support that the Sacramento County Office of Education gives to the school districts in Sacramento County. Resources to the website are added most months and people can "create a profile" at the home page of the website to receive an email on the 15th of each month with links to resources that have been added. SCOE consistently directs people to the following bullying prevention materials: pacer.org, stopbullying.gov and the Cyberbullying Research Center at cyberbullying.org All three can easily be searched for at sactobullyprevention.org.

Binational Health Week, and this year's theme is "Tu salud es nuestra esperanza / Your health is our hope"

"Binational Health Week is a mobilization of efforts by community organizations, federal and state agencies, and volunteers to improve the health and well-being of the Latin American migrant population in the United States, which is conducted annually in all 50 states of the American Union."
– from semanabinacionalmexicousa.org/eng/

This month, BHS participated in an outreach event sponsored by the Mexican Consulate in Sacramento. Thanks to Eriberto Manzano from BHS Substance Use Prevention and Treatment (SUPT) for staffing our booth and explaining how to access our BHS services to the predominantly Spanish speaking attendees.

Resources from CalHOPE:

https://calhope.semel.ucla.edu/home-espanol
https://calhope.semel.ucla.edu/
https://www.calhope.org/

Filipino American History Month

https://www.abc10.com/article/news/community/race-and-culture/celebrating-national-filipino-american-history-month/103-346b0061-c261-4857-a703-8e0a423aa74a

Filipino Americans are the third-largest ethnic group in California, after Latinos and African Americans, and they are the second-largest Asian American group in the nation. Their rich history and culture is celebrated in October as it commemorates the first recorded presence of Filipinos in the United States. On October 18, 1587, "Luzones Indios" arrived in what is now Morro Bay, California.

Each year, Filipino American History Month is recognized with a special theme. The 2021 theme is "50 Years Since the First Young Filipino People's Far West Convention." More than 300 young Filipino Americans participated in the first Young Filipino People's Far West Convention at Seattle University in 1971, sparking the beginning of the Filipino American Movement.

Cultural & Religious Holidays Celebrated in October

We honor all faiths and cultures in Sacramento County. Please help us to be inclusive by sharing your faith and cultural celebrations

We regret missing the Jewish High Holy Days in September:

Rosh Hashana is the Jewish New Year and Yom Kippur is the holiest day of the year – the Day of Atonement. We will have a special section to honor these holidays next year.

Christian

Feast Day of St. Francis of Assisi – October 4

Saint Francis of Assisi, acclaimed Catholic friar, philosopher, mystic, and teacher, and cultural icon to Christians and non-Christians alike, is celebrated with the Feast of Saint Francis of Assisi every on his birthday. Saint Francis lived in poverty and in the service of others. He founded the men's Order of Friars Minor and the women's Order of Saint Clare, based on the rule: To follow the teachings of our Lord Jesus Christ and to walk in his footsteps." His poem, the Canticle of the Sun, has been translated into many languages and shared for generations.

https://www.creativecommonsprayer.com/occasion/st-francis-canticle-of-the-sun/

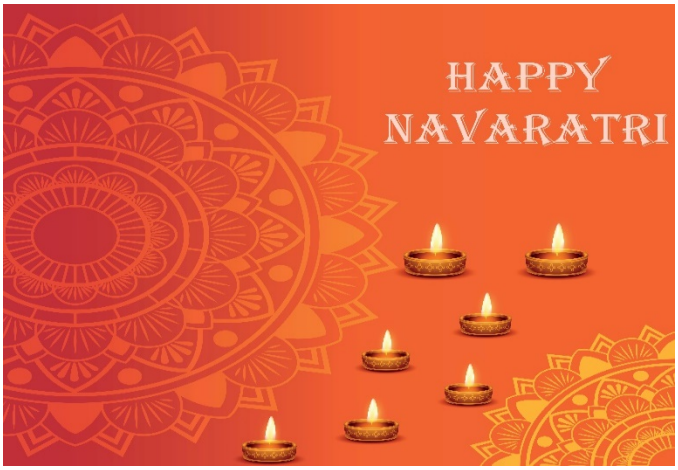
St. Francis quotes continue to inspire:

"Lord, make me an instrument of thy peace. Where there is hatred, let me sow love."

"Start by doing what's necessary; then do what's possible; and suddenly you are doing the impossible."

"While you are proclaiming peace with your lips, be careful to have it even more fully in your heart."

Hindu



Navaratri is a Hindu festival that spans nine nights and is celebrated every year in the autumn. It is observed for different reasons and celebrated differently in various parts of the Indian culture.

This year celebrations are from Thursday, Oct 7, 2021 – Friday, Oct 15, 2021

Dussehra or Vijayadashami is a cultural festival of great importance and significance in Indian culture. It is a festival that is all about the goddess. In Karnataka, Dussehra is about Chamundi, in Bengal it is about Durga. Regardless of the region, it is an important holiday for Indian-Americans.

Dussehra is celebrated about various goddesses in different places, but essentially it is about the feminine goddess or the feminine divinity. It is celebrated to mark the victory of good over evil. This year it is celebrated on October 15

Islam

Mawlid, Mawlid an-Nabi ash-Sharif or Eid Milad un Nabi is the observance of the birthday of the Islamic prophet Muhammad, which is commemorated in Rabi' al-awwal, the third month in the Islamic calendar. This year it is celebrated from Monday, October 18, in the evening until the evening of Tuesday, October 19.

Mid-Autumn Moon Festival

The first annual Mid-Autumn Moon Festival and Night Market kicked off on Saturday, October 2 in Little Saigon in South Sacramento.

The weekend outdoor festival celebrated one of the most important holidays in Asian culture, which celebrates the end of the autumn harvest. Moon cakes are traditionally baked for the celebration. It is typical for friends and family to gather and give thanks.

For more information check out the local news on the event:

https://www.kcra.com/article/south-sacramento-first-annual-mid-autumn-moon-festival-pandemic-delays/37836340

Día de los Muertos

Día de los Muertos or Day of the Dead or All Souls Day is a celebration of the souls of departed loved ones beginning on October 31 and ending on All Souls Day, November 2.

It originated and is mostly observed in Mexico, and also in other parts of Latin America and in the United States, especially by people of Mexican heritage. Although associated with the Catholic celebrations of All Saints Day and All Souls Day it is a cultural celebration involving family and friends gathering to pay respects and to remember friends and family members who have died. Traditions to honor the dead may include altars or “ofrendas” with the favorite food and drink of the departed, marigolds, ornate sugar skulls, photos and the deceased one’s treasured possessions. It may also involve visiting graves with gifts and celebrating with family, including music and sharing memories and laughs. Some celebrants wear makeup that looks like a skull or skeleton. A *calaca* is a skeleton, *calevera* is a skull, and a *calavera de azucar* is a sugar skull.

La Familia COUNSELING CENTER

www.https/lafcc.org
916-452-3601

La Familia Counseling Center will be offering a Día De Los Muertos celebration to honor the dead, especially those who have recently died of COVID 19. Check out their website for details: www.lafcc.org

For more local events check out the following links:

https://www.sacramento365.com/event/el-panteon-de-sacramento-2021/

https://www.sacmag.com/event/dia-de-los-muertos-2021-espiritus-creativos-de-california/2021-10-30/

https://fox40.com/morning/celebrating-dia-de-los-muertos-at-old-sacramento-waterfront/

OCTOBER 23 - 31
RED RIBBON
WEEK

National Red Ribbon Week: October 23-31, 2021

Sacramento County Substance Use Prevention and Treatment (SUPT) Services is excited to announce **Red Ribbon Week,** which is the nation's largest and longest-running youth drug-use prevention campaign. This year's theme is **Drug Free Looks Like Me™**. This theme was created by Marin Wurst, a 7th grade student at Solon Middle School in Solon, Ohio. The theme is a reminder that Americans across the country make significant daily contributions to their communities by being the best they can be because they live Drug-Free!

Marin Wurst, a 7th grader, who created,
Drug Free Looks Like Me™

Marin's theme was chosen by the National Family Partnership because it best describes how all of us must do our individual parts to keep our communities safe, healthy, and drug free. All segments of the community -- health care workers, police officers, educators, school bus drivers, parents… people just like you and me, are examples of what we can achieve through self-dedication, care, and commitment. The theme encourages everyone to use their voice to make a difference no matter who they are, where they're from, or what they do. The possibilities are endless when we work together!

"I was so surprised to hear the news that my theme won, and I'm very excited," said Marin. "Being drug-free is important to me because I want to stay healthy and have a good life. I'm proud that drug-free looks like me!"

The Sacramento County Office of Education, a SUPT-contracted provider, through their Friday Night Live and Club Live chapters will be facilitating school-wide prevention activities throughout **Red Ribbon Week**. Prevention activities will be student-driven and led with the goal of encouraging their peers to make good choices and avoid tobacco, alcohol, and other

drugs. Activities will also include “theme days” hosted throughout the week:

Information/Pledge Days:

Students invite speakers to share current trends; students give speeches to classes pointing out the harmful effects of tobacco, alcohol, and other drugs; and, students host a pledge table during lunch to distribute information and encourage peers to sign a pledge to not use tobacco, alcohol, or other drugs, and students receive a wristband indicating they have taken the pledged. Student pledges will be adhered to a large banner and displayed on campus for others to see. Students also create posters and/or public service announcements to share info with peers in a creative way.

Creative Fun Days:

Students participate in “wear red day” or dress up days, distribute red stickers or red candies, and engage in lunchtime activities to spread the word about **Red Ribbon Week.**

SUPT contracted provider, Omni Youth Programs, will also be celebrating **Red Ribbon Week** with the following activities:

NEW! Classroom Drug Prevention Activity Kit

"Marijua-Nah Classroom Activity Kit" - Will be launched and distributed to teachers beginning **Oct. 25**! Free downloadable activity booklet and interactive PowerPoint quiz game for 5th - 7th graders, developed by Omni Youth Programs. Youth learn about the effects of marijuana on their brains and how to use this information when confronted with peer pressure to use. Will be available ongoing as a download: www.omniyouth.net/resources.

Presentations

- FACEBOOK LIVE - **Oct. 26**, 5:00 - 5:30 pm
- "Mental Health Hacks for Teens - Part 1"
- Go live with Omni Youth Programs and join the judgment-free zone with your thoughts and questions, get answers on how to help yourself and others relieve stress and anxiety, and increase your mental well-being. Discuss 3 Ready-To-Use Tips for an immediate effect on life's ups and downs without turning to alcohol and or other drug use.

- 'INSTA STORY' - Look for this live story during **Red Ribbon Week**!
- "When Your Older Sibling Uses Drugs" Live presentation on Instagram: instagram.com/omniyouthprograms/

Webinar: **“9 Mental Health Hacks for Teens" Oct. 27, 6:00 - 7:30pm - Via Zoom**
These days young people are struggling and looking for ways to focus, relieve stress and anxiety, and increase success. Tune in to this free webinar for ready-to-use solutions that can improve mental well-being without alcohol and other drugs. Come to this judgment-free zone with your thoughts and questions and get answers on how to help yourself and others. Register Free at www.omniyouth.net/events

Training: “Family Matters” Model Program Facilitator Certification Training - Two 3.5-hour sessions on **October 28 & November 4, 2021**, Thursday afternoons at 1:00 - 4:30 pm. Free in-home self-guided program for families with teens. Reduce teen alcohol, marijuana and tobacco with activities, quizzes and discussions at home, at your own pace. No Cost Training! Register Free! www.omniyouth.net/events

Blog Article: "When Your Older Sibling Uses Drugs" Oct. 29
How older sibling drug use influences younger siblings and cousins, whether it's intentional or not by providing drugs, trying to dissuade them from using, or creating curiosity or appeal. www.omniyouthblog.net

Social Media Posts - FACEBOOK, INSTAGRAM & TWITTER
Daily posts throughout **Red Ribbon Week** for youth drug prevention!

Facebook: https://www.facebook.com/Omni-Youth-Programs-637283329680526

Instagram: instagram.com/omniyouthprograms

Twitter: https://twitter.com/OmniYouthPrgm

Wear a RED RIBBON to show your support for keeping kids drug-free!
For more information:

https://www.redribbon.org/

NATIONAL CHILD HEALTH DAY

In the United States, National Child Health Day occurs each year on the first Monday in October. The day recognizes the care and guidance children need to grow strong and healthy.

Each child deserves to be the healthiest they can be. From the food they eat to the words they hear, children require support and opportunities to grow. Parents often worry about chronic disease, accidents or childhood illnesses. At the same time, they focus on a child's mental health and general health. Whether it's their environment, the food they eat or how much TV they watch, the day is an excellent opportunity to support the children in your life.

HOW TO OBSERVE #ChildHealthDay

Go for a walk, play in a park, do some yard work or participate in activities to promote child health. Other ways to participate in the day include:

- Schedule your child's next routine checkup.
- Ensure vaccinations are up to date.
- Schedule a routine dental checkup.
- Add new healthy activities to your children's routine.
- Set an example by letting your children catch you in healthy habits.
- Inspect your child's toys. Are they broken or age-appropriate?
- Share your best tips for helping your children live a healthy lifestyle.

While you're celebrating, be sure to use #ChildHealthDay to post on social media.

Sacramento County OPIOID COALITION
Together, We Save Lives

Fentanyl: Overdoses On The Rise

Synthetic opioids are increasingly the cause of opioid overdose deaths. Significantly stronger in concentration and often hidden from consumers, Fentanyl, is a growing street presence in Sacramento. The Sacramento County Opioid Coalition launched an October 2020 Social Media Campaign to raise awareness of the issue in our community.

Help us share Fentanyl Facts and protect people from opioid overdose deaths.
https://sacopioidcoalition.org/fentanyl-facts/

The Sacramento County Opioid Coalition has also launched a Public Service Announcement Campaign to spread awareness on Opioid Use Disorder and educate the public on the facts.

To view the videos:
https://sacopioidcoalition.org/psa-videos/

Millions of "Fentapills" have flooded the market since 2014.

After the sudden loss of their son Charlie, Ed and Mary Ternan created Song for Charlie with one goal: to bring awareness to counterfeit prescription pills being sold online targeting young people.

With your help, we can spread the word and save lives.

To learn about "FENTAPILLS"
https://www.songforcharlie.org/real-talk-about-fake-pills

Helpful Resources
https://www.songforcharlie.org/helpful-resources

Self-Care for Emotional Wellness Month

Shared by Ajna Glisic, LMFT

Why is self-care important? Many times our society tell us that we need to put the needs of others first. But I will make a challenge for you here. How are we to take care of our loved ones if we don't take care of ourselves? There are many ways to take care of oneself, and in this article we will focus on emotional, interpersonal and spiritual self-care.

Emotional Self-Care

Self-care is not selfish

As much as it is important that we take care of our physical needs, it is equally important that we take care of our emotional needs as well.

Here are some ways in which we can take care of our emotions.

Be mindful
If only for a moment, try to leave the judgment of the past, and the worries of the future. Focus on the present moment.

If you can do mindfulness medication exercises (all kinds of which can be found online) once a day, you will probably notice some benefits of mindfulness meditation after a couple of weeks, such as feeling more relaxed, as well as being more focused.

Abstain From Self-Judgment
It is so easy to constantly criticize ourselves. Our lives haven't been easy on us. Our communities, and sometimes even our loved ones, can be hard on us. As women, we have so many roles that we need to fulfill: being mothers, wives, daughters, grandmothers. And we often feel guilty when we are "not perfect." But who or what in this life is perfect? No one. Let the light of self-love and self-compassion fill your heart with this realization. Let's try this exercise:
Begin by bringing your attention into your body. You can close your eyes if that's comfortable for you. You can notice your body seated wherever you're seated, feeling the weight of your body on the chair, on the floor.

Breathe

Take a few deep breaths
And as you take a deep breath, bring in more oxygen enlivening the body. And as you exhale, have a sense of relaxing more deeply.

Now, as you inhale, imagine a golden light of self-love entering through your nostrils, filling your lungs, and your whole body.

As you exhale, imagine negativity and judgment, from yourself and others, leaving your body like a cloud of smoke.
Repeat this several times.
When you feel like you've had enough of these cleansing breaths, open your eyes and re-focus on the room.
Now, put your hands over your heart and tell yourself: "I love you. Thank you!"

This exercise might feel silly at first, but with practice it will bring a sense of peace and it will help us decrease the pressures of judgment we constantly face.

Interpersonal Self-Care
Another important part of self-care is being a part of a community. And by community, I mean having support of people who you know have good intentions and care about you. It takes time and effort to grow these relationships. It takes opening up, trusting and feeling safe. Another important aspect of interpersonal self-care is having healthy boundaries, including knowing when to say: "no." This might be difficult, especially when dealing with family and friends, but sometimes it helps to practice different scenarios with a trusted person (called "role-play").

Spiritual Self-Care
And now we come to another very important kind of self-care, which is spiritual self-care. I

understand that how we understand God and practice religion is very different from person to person, and I am sure each of you has a special and unique relationship with your faith. Connection with God is a personal practice. No matter what path is chosen, they all have the same goal — the need for connection, purpose, and happiness. Taking time for self-care feeds our soul. It can help us improve relationships and connections with others and ourselves, experience more inner peace, gain clarity on what makes us happy, and lessen feelings of isolation and loneliness.

Putting It All into Practice

Now let's summarize. Some of the ways to take care of yourself are physical (diet, exercise, sleep, avoiding alcohol and drugs), emotional (be mindful, abstain from self-judgment, etc.), interpersonal (feeling a part of the community, knowing how to say no), and spiritual self-care. Which one of these ways to care for yourself do you find the most useful? Are you planning to put any of them into practice?
Why or why not? Are you planning to try any of these suggestions this week? Which ones?

When to Seek Professional Help

Everyone experiences stress at certain times in our lives. Stress is a normal part of living. However, sometimes just a "regular" stress becomes something more, and we need more than just help from our family and friends to deal with it. In this part of my presentation, we will look into more detail into when we need help of professionals.

We've all heard and probably experienced worrying too much. That is absolutely normal. When this worry becomes the only thing we feel, however, it can become a problem. When we cannot sleep or eat because of worrying too much, and we cannot calm down no matter what we try, it is time to seek more help.

I know many of us have been through so much. I cannot even begin to imagine all the things you have seen or heard about. Of course these are going to affect you. There are several signs that tell us it is time to seek professional help, though. One is if you are having reoccurring upsetting nightmares that are difficult to "shake off." Another is if your memories of bad things happening are so strong that you very often feel as if you are back there in the past. And by being back in the past I mean feeling that you are really there and not in the here and now, and you lose touch with the present reality.

We have all experienced sadness. When sadness becomes despair, when you are unable to shake it off no matter what you do or how much self-care you engage in, it is time to seek professional help. When all you can feel is despair, when you feel cut off from the rest of the world and like no one can understand you, when all you want to do is go to sleep and not wake up again, it is definitely time to seek professional help. These are all signs of serious depression. As you have heard from my story, depression is a very common medical condition and is very treatable. I want you to know that, with professional help, no matter how hard it is to envision now, you WILL feel better.
Another important sign that you need immediate professional help is if you start seeing, hearing, feeling, tasting or smelling things that are not real. If you are in the midst of this, you might not realize that what you are experiencing is not reality. Your loved ones might have noticed that something is wrong and told you. You might be afraid of what will happen to you. I want you to know that you are not "crazy." These are all signs of a medical condition that, again, is treatable. Again, with professional help, you WILL feel better.

Now, what does professional treatment look like? There is no "one size fits all." Sometimes it involves medications prescribed by your family physician or a psychiatrist (a physician that specializes in mental health), and other times it does not. Most of the time, professional

counseling is helpful. Counseling relationship is a special relationship between you and your counselor. Confidentiality is protected by law. No one, not even your spouse, partner or other family members, will know what you and your counselor talk about. Counselors and psychiatrists have had a lot of education and experience helping people like yourself. However, not every counselor or psychiatrist is a good fit for everyone. If you do not feel that your psychiatrist or your counselor really hears you and is a good fit for you, please ask for a different one. They will not get their feelings hurt. They understand that you need a professional who is the best fit for you.

Domestic Violence Awareness Month

Domestic Violence Awareness Month - Domestic Violence: It's EVERYBODY'S Business

Domestic violence takes place in our nation every minute of every day, occurring just about every 15 seconds. Most Americans don't realize just how real domestic violence is and how many lives are affected by it. Most of these cases are left behind closed doors. That's why the Domestic Violence Awareness Month was introduced to not only educate and raise that awareness but bring the support and strength that domestic violence victims need.

Domestic violence is never okay, no matter the circumstances. If you or someone you know is in desperate need of help, contact the

National Domestic Violence Hotline at 1–800–799–7233 or TTY 1–800–787–3224.

In Sacramento County, contact WEAVE support line 916-920-2952 or click on link for chat support:
https://www.weaveinc.org/

WEAVE's mission is to promote safe and healthy relationships and support survivors of sexual assault, domestic violence and sex trafficking.

My Sister's House opening new shelter for Muslim women and children escaping domestic violence

http://www.my-sisters-house.org
(916) 428-3271 24-Hr. Multilingual Helpline

My Sister's House provides a safe haven for Asian and Pacific Islander and other underserved women and children impacted by domestic violence, sexual assault and human trafficking by providing culturally responsive services.

Resources for Supporting Afghan Arrivals

Sacramento County has an extensive history of welcoming refugee groups from all over the world. Sacramento County welcomes Afghan newcomers as they resettle and integrate into

our communities. These resources are intended to help Afghan families build bridges to their new homes and communities across our county, and help address their behavioral health needs.

1. **Resettlement Agencies in Sacramento County:**

   a. *International Rescue Committee
   2020 Hurley Way #420, Sacramento, CA 95825
   (916) 482-0120
   https://www.rescue.org/

   b. *Lao Family Community Development
   3205 Hurley Way, Sacramento, CA 95864
   (916) 359-2788
   http://laofamilycommunitydevelop.squarespace.com/

   c. *Opening Doors
   1111 Howe Ave #125, Sacramento, CA 95825
   (916) 492-2591
   https://www.openingdoorsinc.org/

   d. Sacramento Food Bank & Family Services
   3333 3rd Ave, Sacramento, CA 95817
   (916) 456-1980
   https://www.sacramentofoodbank.org/

   e. World Relief
   4616 Roseville Rd #107, North Highlands, CA 95660
   (916) 978-2650
   https://worldrelief.org/sacramento/

2. **Mental Health / Emotional Wellness:**

   a. *Muslim American Society (MAS) – Social Services Foundation
   3820 Auburn Blvd # 83, Sacramento, CA 95821
   (916) 486-8626
   https://www.mas-ssf.org/

   b. *Refugees Enrichment and Development Association (REDA)
   2919 Fulton Ave, Sacramento, CA 95821
   (916) 500-4299
   https://redacenter.org/refugee/index.php/home/

3. **Legal Resources:**

   a. Council on American-Islamic Relations
   1122 Del Paso Blvd, Sacramento, CA 95815
   (916) 441-6269
   https://ca.cair.com/sacval/

4. **Financial, Food and Other Resources:**

   a. Al-Misbaah
   10277 Iron Rock Way, Elk Grove, CA 95624
   (916) 378-5466
   https://al-misbaah.org/

Please note that for the agencies with an asterisk (*) in front of their name, they provide additional services funded by the Division of Behavioral Health Services through the voter approved Proposition 63, Mental Health Services Act (MHSA).

SACRAMENTO COUNTY

Helpful links:

Mental Health Access Service Request Form: Sacramento County Mental Health Access Team would like to announce a new option for submitting a mental health service request. In addition to submitting service requests via phone, fax, and US postal service, you will now have the option to submit a service request Online. The online submission allows for anyone in the community to submit a service request. The submitting party will need to provide their contact info in the event the Access team needs to reach them. The online service request allows for any important details regarding the referral to be provided on the document. One of the most useful features to the community is the ability to receive an email when the Access team has received your service request. Routine processing for all service request submission types is 3-5 business days. Sacramento County Behavioral Health is excited about the new online option and we hope that it helps to remove barriers in submitting and following up on service requests. You can access the new form at this link:

https://mhsr.saccounty.net/

Please remember that if there is an immediate need for mental health services, the Access team can be contacted by phone at 916-875-1055.

Substance Use Prevention and Treatment:
To learn about our services please click on this link:

https://dhs.saccounty.net/BHS/Pages/SUPT/Substance-Use-Prevention-and-Treatment.aspx

To request treatment services, please call: (916) 874-9754 Toll Free: (888) 881-4881

COVID-19 Resources:

Behavioral Health COVID-19 (2019 Novel Coronavirus) General Resources

Behavioral Health COVID-19 (2019 Novel Coronavirus) Provider Resources

Job Seeker Resources

https://personnel.saccounty.net/Pages/ESJobSeekerResources.aspx

Please submit your ideas for future newsletters

Sacramento County Behavioral Health Services Cultural Competence & Ethnic Services Unit will continue to produce newsletters like this one. Please help us to celebrate the rich diversity of cultures in the County of Sacramento community by sharing your original content and photos along with your contact information to:

DHS Cultural Competence Unit

DHSCCUnit@saccounty.net

Please put "**newsletter**" in the subject line. Please note that we cannot use content without citing the source and cannot use photos without permission.

Acknowledgements

Special thanks to our contributors this month

- Ryan Tiêu Cītlali, Gender Health Center
- Stephanie Dasalla, SUPT

Correction:

We missed covering the Jewish high holy days in September.

We regret the oversight of these important holidays and will acknowledge next year. If you are celebrating a holiday and want to share, please do so. We would be grateful for your contribution. Thank you.

SACRAMENTO COUNTY

"Courage is Grace under Pressure."

- Ernest Hemingway (American Author)

Cultural Competence & Ethnic Services Newsletter Issue 11| November 2021

Celebrate Native American Heritage Month

November is Native American Heritage Month! This month is set aside to celebrate the rich histories, diverse cultures and important contributions of our nation's first people. Please see special feature section contributed by Sacramento Native American Health Center, Inc. continuing on next page

SNAHC
Sacramento Native American Health Center
a californiahealth+center

International Day of Tolerance

16 November 2021

Fostering Mutual Understanding among Cultures and Peoples

November 16th has been declared by the UN Educational Scientific & Cultural Organization (UNESCO) as the ***International Day for Tolerance.*** The day, observed since 1995 has increased public awareness of the dangers of intolerance. It is a time for acknowledging, respecting and accepting the cultures, beliefs and traditions of others while understanding the risk of intolerance. (Continued on page 8)

In this issue:

Transgender Awareness Week & Transgender Day of Remembrance

Each year between November 13 – 19, Transgender Awareness Week is celebrated to acknowledge transgender people and highlight issues members of the community face.
(Please see articles beginning on page 6)

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Celebrate Native American Heritage Month & Native American Heritage Day (November 26, 2021)

In October 2021, the President of the United States issued a proclamation to honor November as Native American Health Month and to celebrate November 26, 2021 as Native American Heritage Day:

https://www.whitehouse.gov/briefing-room/presidential-actions/2021/10/29/a-proclamation-on-national-native-american-heritage-month-2021/

Public photo from US Department of Interior

Several government agencies have special sections with history and celebrations. Please see links below:

https://www.doi.gov/blog/celebrate-native-american-heritage-month

https://www.ncai.org/initiatives/native-american-heritage-month

https://www.nativeamericanheritagemonth.gov/

https://www.ihs.gov/newsroom/announcements/2021-announcements/native-american-heritage-month/

Celebrate Native American Heritage Month with Sacramento Native American Health Center, Inc. SNAHC

SNAHC
Sacramento Native American Health Center
a californiahealth+center

For more information please contact:
(916) 341 0575 ***https://www.snahc.org/***

Special thanks to SNAHC for the following special section:

For generations, Native communities have used Traditional cultural practices to teach, to prevent, and to heal. Today we know that research indicates that culture is significantly linked to positive mental health and has been used effectively to improve community outcomes.

(Barnett et al., 2020; Barraza et al., 2016; King et al., 2019; Matheson, Bombay, & Anisman, 2018; Masotti etal., 2020; Snowshoe et al., 2015).

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There are many communities that continue to utilize culture as a healing modality and implement Culture is Prevention, CIP. Although this may look different from Tribe, Nation, Band, or Community, the key elements continue to be the same.

They include gathering, providing the sense of belonging, sharing historical stories and speaking of historical trauma, sharing laughter and identifying resilience, and learning new skills and practices to share the gift of generosity

Sacramento Native American Health Center, SNAHC, is pleased to provide the Sacramento community with biweekly CIP. We have been honored to bring individuals that have shared lifelong teachings from generation to generation.

Making moccasins, medicine bags, drum making, and many other teachings we are learning ancestral knowledge, utilizing our senses to feel and smell the natural hide, experiencing the skills of beading and sewing, and being able to share your knowledge or share your gift with someone else.

This is done over a course of two sessions, and each participant comes away with the foundational teachings of Gathering of Native Americans (GONA) – sense of belonging; mastery and understanding of historical trauma; interdependence to share resources and gain from each other; and generosity, the gift of giving.

We know that "Culture is Prevention," prevention from substances, prevention from violence, and prevention of suicide. More communities have been able to secure funding, overcome Covid restrictions, incorporate CIP to honor those that are stakeholders in our communities, and provide the space for healing. For more information, please feel free to reach out to SNAHC. https://www.snahc.org/

What does it mean to be a Native American today – Sarah Medicine Crow, Program Coordinator

Photo provided courtesy of the SNAHC

To be a Native American today means I am born to thrive. My identity makes me feel strong because I am a part of strong communities. My identity isn't stagnant, nor is it a statistic; rather an interwoven culmination of thousands and hundreds of thousands of years of people who continue to thrive off of the lands they call and remember as home.

In fact, we have many stories that tell of our beautiful lands and histories – stories that illustrate our complex societies as holders of vast amounts of knowledge. Stories are how we remember. We also remember the truth of "American HIStory" and the attempts to de-humanize, erase, and assimilate our minds, souls, bodies, and lands.

These memories are a part of me as well. To be very clear, my story is not part of a monolithic tale as traditional "American HIStory" tells it.

Instead, I see myself as self-determined and very much alive.

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(Continued from page 3)
My name is Sarah Medicine Crow; I am Hidatsa and a member of the Three Affiliated Tribes of Fort Berthold Reservation in North Dakota. I am also Agai Dicutta (Walker River Paiute) from Schurz, Nevada. I am also Wašiw (Washoe) and lived on the Hung-a-lel-ti reservation up until the time I was 11 years old. I moved with my family to Sacramento and attended Jonas Salk Preparatory Middle School. Later, I attended and graduated from Grant Union High School. For college, I attended UC Berkeley and majored in Native American Studies. I currently work at the Sacramento Native American Health Center as a Program Coordinator in the Community Health Department. I prefer to be recognized by the nations and lands I come from because I feel empowered knowing that if it weren't for the thriving survivors in my family, I would not be here. Therefore, I believe I was born with a purpose, which is to continue to dream and be strong for my communities.

It is my dream to create, prioritize, and normalize physical intentional spaces where community healing and restoration occur. I desire to work in the health care field because it is where I most want to inspire change. Change making in this field is not easy because of the present systematic oppressive laws and policies that hinder Native/Indigenous people's abilities to live healthy lives.

I would like allies/accomplices to know that we are diverse, have intersectional identities, and want to be seen and accepted. I am proud to work with the Community Health Department at the Sacramento Native American Health Center because we value the culture of "belonging" and push to center the Native community. Overall, I want a better future for Indigenous generations – they/we deserve it.

Mary Tarango
Tribal Elder, Tribal Chair Emeritus
Wilton Rancheria

Mary Tarango is an American Indian woman, tribal elder, and enrolled member of the Wilton Band of Miwok Indians. She is a wife, mother, grandmother, singer/dancer, and teacher of traditions. Mary has a long history of commitment and contribution to the Sacramento American Indian/Alaska Native (AI/AN) community.

Mary is an activist and advocate who fought for native rights, equality, freedom, and restoration of federal recognition of Wilton Rancheria. Thanks to her commitment and dedication, Wilton Rancheria gained federal recognition in 2009. Mary has served on the board of directors of the Sacramento Native American Health Center (SNAHC) for 10 years as a Chairwoman. She is an emeritus Tribal Chair of Wilton Rancheria and has tremendous pride of serving tribal community.

For Mary, Native American Heritage Month is a time for recognition and celebration. Mary describes "it is a time to recognize the contributions and sacrifices of Native American leaders; a time of learning and sharing culture, dances, songs, foods: it is a time to remember who you are, where you come from and to know that you have purpose."

Mary is the proud daughter of activist, Alvin Daniels Sr., who was one of the original founders of California Indian Affirmative Action that fought for Native American rights/equality in employment and fought for the advancement of Indian rights through affirmative action. Mary describes her father as "a proud Indian man" that when he spoke, "people would stop to listen." A man who organized with leaders to "make things happen and move things forward."

Mary describes that her father taught her the importance of making a difference and serving her tribal community.

Mary is inspired by the resilience of her tribal community and the laughter that brings content
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to her heart. Mary wants AI/AN youth to know that they are the first people, the people of traditions, the dreamers, and to be proud of who they are and know that they have purpose.

Mary is a great elder, leader, advocate and someone that continues to bless tribal community.

River Burkhart, Native Youth Ambassador and Youth Communications Team member

River Burkhart is a Native Youth Ambassador and Youth Communications Team member at Sacramento Native American Health Center, SkillsUSA competition participant, Two-Spirit Native Youth Panelist; and is affiliated with Dakota, Cherokee, Choctaw tribes. River attributes their resilience and success from being (bi) queer in the Native community.

Becoming comfortable with themselves and their Native identity helped create that. As well as, learning to look in on an outsider's perspective and seeing what they struggle with. They have stepped out of their own shoes and seen what others are going through.

Their mom is the first mentor they see as successful, stating, “she’s a great leader. She taught me pretty much everything I know about being a Native Leader.” As well as, pretty much everyone at SNAHC, Alea, Mike, Jeanine and River’s friends too.

River identifies success as a youth as helping to change your community, providing the change we need, especially for Native Youth. Trying to be the best you can be and working on yourself, while helping others.

River feels really happy that November is Native American Heritage Month. River states, “The only holiday where people would think about Indigenous people is Columbus day which isn’t really a holiday for us. We can show people that we are here. We can finally feel safe to openly celebrate our culture and heritage.” To celebrate Native American Heritage Month, their sister, who works with SNAHC, made a digital art piece. River has made time to repost ways people can support the community and become knowledgeable.

One really big goal, River has is seeing the introduction of and having Native history in schools. With things being written correctly. They learn about Mayan culture, maybe, one day out of the year. River said, “I am mixed and it created a lot of confusion. A lot of people didn’t know I was Native because I don’t look Native. I faced a lot of Racism and our history in schools is lacking.” I have grown up around a lot of people and gotten a lot of knowledge about substance abuse and how we have the highest rate of suicide. Using that information, I was able to guide where I am. River wants to go to UC Davis to study Conservation Biology and become a part of The Nest Organization to continue to remain connected to Native culture during their studies.

Thank you to Julie Fuentes (Pomo, Hopland Band) for sharing some Native specific resources for those interested in learning more:

Learn whose land you are standing on – SNAHC Land Acknowledgement https://tinyurl.com/bws9s3mt

Decolonizing Thanksgiving: a Toolkit for combatting Racism in Schools (Great resources for families outside of schools as well) https://tinyurl.com/265888zk

Native American Authors you Need to Read Right Now https://tinyurl.com/y8deez9a

Support Native Artists by Buying Native this Holiday Season https://tinyurl.com/hc963hxh

Native American Children’s Books List https://tinyurl.com/ykeax8h8

Transgender Awareness Week

(Continued from page 1)

Transgender Week of Awareness (TWOA) is a one-week celebration that uplifts transgender voices, history, knowledge, and cultural artifact. TWOA brings to light the importance of protecting transgender people in our local communities and beyond.

It leads up to Transgender Day of Remembrance (TDOR), which memorializes victims of transphobic violence.

Transgender Day of Remembrance

(Continued from page 1)

Transgender Day of Remembrance (TDOR), held on November 20th every year, memorializes victims of transphobic violence, and serves to remind us that transphobia continues to end lives throughout the world.

photo courtesy of Gender Health Center 1

As of the end of October 2021 in the United States alone, at least 44 trans people have been lost to violence. Of the 44 transgender people murdered this year, roughly two thirds were Black transgender women, who continue to be the most impacted by transphobic violence. TDOR is a day of mourning, often observed with a candlelit vigil.

It is a somber event that helps us process the immense grief that systemic, state, interpersonal and internalized violence brings us. We urge allies of transgender people to do their research, speak up, and educate others. We urge allies to defend and support the trans people in their lives and communities. Donate directly to trans people in need, and to organizations like Gender Health Center that provide invaluable resources to the trans and gender non-conforming community. Actions like these make a difference in a culture that so often seeks to erase us. Make sure to check our website for this year's TDOR Vigil event details.

Both articles above TWOA and TDOR were submitted by:

Harvey Marquez, Gender Health Center.

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For more information on TWOA and TDOR, please visit the Gender Health Center.

Please click on image below to go to the Gender Health Center Website for local TWOA and TDOR events.

Gender Health Center Website: https://www.genderhealthcenter.org

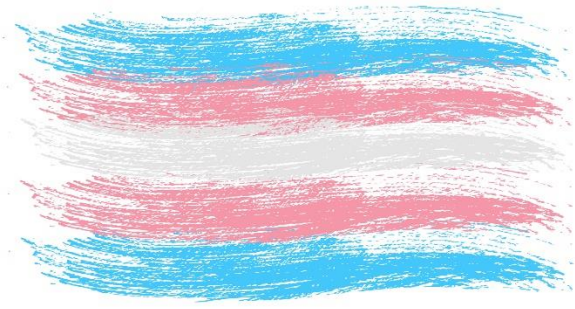
Sources: Here Are the 43 Trans Americans Killed in 2021 So Far (advocate.com)

HRC Remembers Rikkey Outumuro, a.k.a. Tru Starlet, Beloved Advocate and Drag Performer - HRC

History of Transgender Day of Remembrance

Rita Hester, a transgender African American woman was brutally murdered in Allston, Massachusetts on November 28, 1998. Her death inspired a movement and was the catalyst for the now annual Transgender Day of Remembrance (TDOR). Transgender Advocate Gwendolyn Ann Smith, founded TDOR in 1999 and hosts an annual memorial each year.

Typically, a TDOR memorial includes a reading of the names of those who lost their lives from November 20 of the former year to November 20 of the current year, and highlights the importance of bringing awareness to violence against lesbian, gay, bisexual and transgender people. Other TDOR memorial events may include church services, candlelight vigils, marches and rallies, art shows, food drives and film screenings.



GLAAD (formerly the Gay & Lesbian Alliance Against Defamation) has extensively covered TDOR. This year for Transgender Awareness Week, GLAAD is encouraging everyone to watch the documentary DISCLOSURE on Netflix. The documentary explores the history of Transgender representation and depictions in

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film and television from the earliest days of cinema to the present.

Through personal interviews with more than 30 transgender thought leaders and creatives -- DISCLOSURE invites viewers to see the dynamic interplay between negative representation on screen through stereotypes, tropes and memes, the resulting cultural attitudes off-screen, and the real-world consequences that these depictions have on trans people's lives. The stories are told from trans people's own experiences and perspectives and *"provides a direct conversation between transgender people and Hollywood by showcasing both sides of the conversation with direct examples in film history*."

All opinions, statements, testimonials and content expressed in the Netflix documentary DISCLOSURE belong to the content creators and are applicable to the individuals depicted and are not associated with Sacramento County, its Executive Staff, Management, affiliates, or employees.

Story submitted by:
Debrah DeLoney-Deans, LMFT/Program Planner, Sac County, DBHS
Excerpted from GLAAD website:
www.glaad.org and other Internet sources.

International Day of Tolerance

(Continued from page 1)

www.un.org/en/observances/tolerance-day
In 1996, the UN General Assembly adopted Resolution 51/95 and proclaimed November 16th as International Day for Tolerance. According to UNESCO, "Tolerance is respect, acceptance and appreciation of the rich diversity of our world's cultures, our forms of expression and ways of being human."

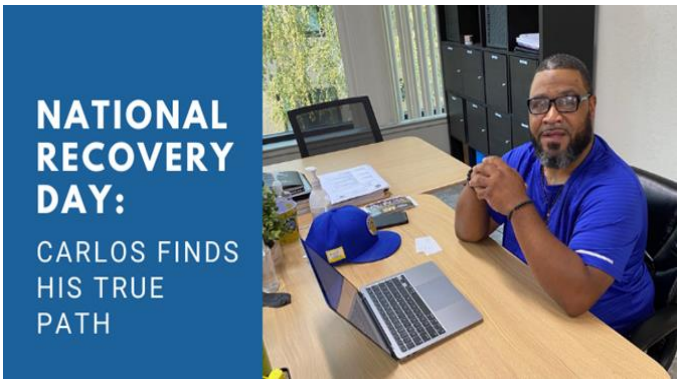
Sacramento has been described as one of the most diverse cities in the United States. I grew up in and currently reside in a community where the majority of my neighbors were born outside the United States.

We may not understand the customs, religious practices or traditions of others, but to live peacefully in the world, we are all charged with the responsibility to *"recognize the universal human rights and fundamental freedoms of others. Tolerance is neither indulgence nor indifference, rather it is having respect and appreciation of the rich variety of our world's cultures, our forms of expression and ways of being human*."

People are naturally diverse; in thought, ways of expression and in the ways we see, experience and understand the world around us. Tolerance is the only way we can ensure the survival of mixed communities in every region of the globe.

By cultivating a spirit of tolerance we can bring healing to our lives and the lives of others. Consider these tips to build and increase tolerance in your life: Practice patience, look within, check your ego, maintain perspective and remember change is a natural part of life.

Story submitted by:
Debrah DeLoney-Deans, LMFT/Program Planner, Sac County, DBHS
Excerpted from UNESCO website
https://en.unesco.org



Sept. 30 was National Recovery Day, a time to celebrate the millions of people with drug and alcohol addiction who have achieved sobriety and live happy, productive lives… people like Sacramento resident Carlos Simpson.

Carlos Simpson has struggled with drug addiction since he was born. His first 14 days of life were spent in a hospital detoxing from heroin. Throughout his childhood, he witnessed his parents' involvement in prostitution, drug abuse, domestic violence and the revolving door of the penitentiary system.

With help from his great-grandmother, Simpson was able to attend good schools, eventually receiving a full-ride football scholarship to Sonoma State. But his past caught up with him. He began using and selling methamphetamine and ended up in prison. After his release, he made failed attempts to attend other colleges. Soon he had a family to support. He relapsed and ended up back in prison.

His turning point came behind bars. During a jail visit, he saw the disappointment in his son's eyes. "At that point, I knew I had hit rock bottom, and enough was enough," Simpson recalls. "I had to make a change." Simpson was facing 8-10 years of prison time when he was given the opportunity to participate in Re-Entry Court, Sacramento County's multi-department effort to help prisoners at risk of re-offending. It was there that he was offered residential treatment from the Substance Use Prevention and Treatment Services program of Sacramento County Behavioral Health Services.

Today, Simpson is a transformed man. He works as a Life Coach in the Anti-Recidivism Coalition. He is a proud father and grandfather, serving as a football and baseball coach and volunteering throughout in his community in south Sacramento. As a teacher, counselor and mentor, Carlos says his life now is about giving back.

"My experiences, treatment and studies led me to believe that substance abuse is not only a disease but a mental health disorder at its highest level," he says. "I want to provide people hope for the future… Something I did not have when growing up."

SACRAMENTO COUNTY

Do you or a loved one need help with substance abuse?

System of Care for Substance Use Treatment

Call: (916) 874-9754

We have an epidemic in our community, it is called fentanyl.

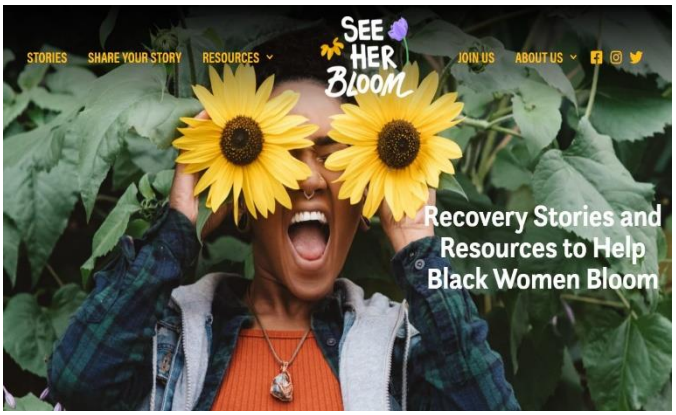
Did you know that more people die from fentanyl than gun violence in our town?

Join us on November 6 to learn more about fentanyl and how using NARCAN can save a life.

SEE HER BLOOM

Helping Black Women with Opioid Use Disorder

https://seeherbloom.org/



Prevent Misuse of Prescription Medications

Help prevent the accidental or intentional misuse of unwanted medications. Properly dispose of expired, unwanted, or unused medications. Drug take back programs are the preferred method.

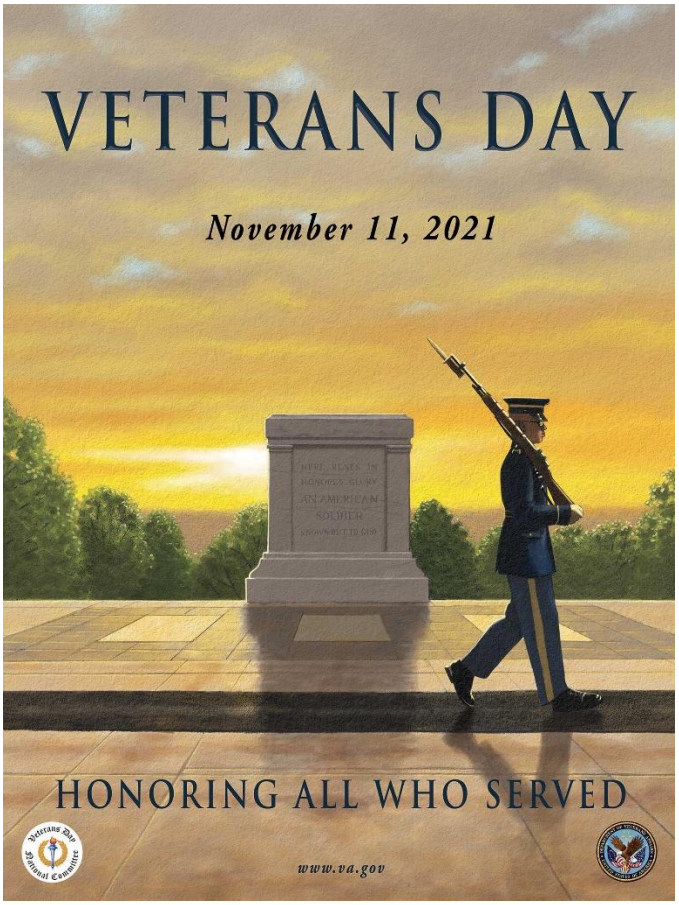
To find a drop-off site near you:
Safe Medication Disposal Sites

Veteran's Day

www.va.gov/opa/vetsday/vetdayhistory.asp

National Veterans Day Ceremony

The Veterans Day National Ceremony is held each year on November 11th at Arlington National Cemetery. The ceremony commences precisely at 11:00 a.m. with a wreath laying at the Tomb of the Unknowns and continues inside the Memorial Amphitheater with a parade of colors by veterans' organizations and remarks from dignitaries. The ceremony is intended to honor and thank all who served in the United States Armed Forces.



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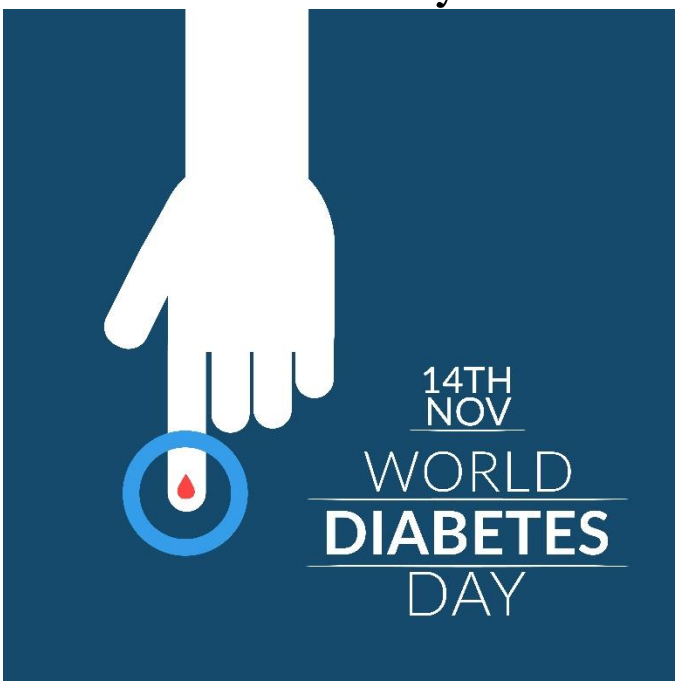
World Diabetes Day



ACCESS TO DIABETES CARE: IF NOT NOW, WHEN?

Access to Diabetes Care is the theme for World Diabetes Day 2021-23. Access campaign materials and find out how you can get involved. https://worlddiabetesday.org/

Risk Factors for Diabetes and Pre-Diabetes

- Age 45 or older
- Black, Hispanic/Latino, American Indian, Asian American or Pacific Islander
- Have a parent, or sibling with diabetes
- Are overweight
- Are physically inactive
- Have high blood pressure or take medicine for high blood pressure
- Have low HDL cholesterol and/or high triglycerides
- Had diabetes during pregnancy
- Have been diagnosed with polycystic ovary syndrome

Protective Factors to reduce risk

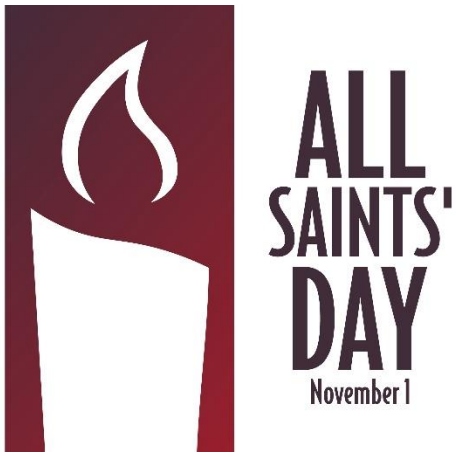
- Healthy Eating
- Exercise
- Stress reduction

Source: The American Diabetes Association (ADA). For more information check out the ADA website at https://diabetes.org/diabetes-risk

Holidays Celebrated in November

We honor all faiths and cultures in Sacramento County. Please help us to be inclusive by sharing your faith and cultural celebrations

- **All Saints Day Nov 1 & All Souls Day**



www.catholic.com/search?q=All%20Saints%20Day

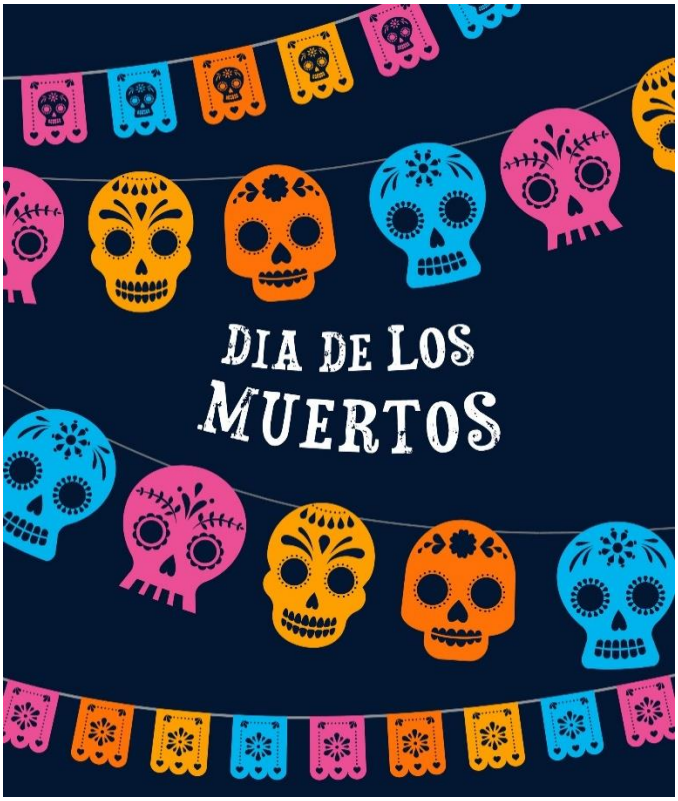
Dia de los Muertos, Mexico – November 2

The Dia de los Muertos (Day of the Dead) is celebrated just a little different among cultures from the same ethnic/national groups, yet below are the common practices and I will be sharing one point of view.

In Mexico the annual holiday of Dia de los Muertos is celebrated to honor the lives of ancestors and to acknowledge the ever-revolving cycle of the life and death. This is celebrated in between October 31st and November 2nd.

Mexicans remember and honor their deceased loved ones beginning October 31st, under the light of the moon during the evening hours, where the air is soon filed with drifting fragrances of copal and cempasuchil (Spanish name given to Mexican marigold flowers).

Dia de los Muertos is not a gloomy or morbid



occasion, rather it is a festive and colorful holiday celebrating the lives of who have passed on.

Mexicans visits cemeteries to decorate the graves with ofrendas (Spanish “offering”) with sugar skull, food and drink once enjoyed by the departed, personal mementos, and bright marigolds considered the flowers of the dead. It

is common to tell the stories of their departed loved one and spend time there, in the presence of their deceased friends and family members.

Submitted by:
Theresa Riviera,
Cultural Competence Committee

Dhanteras – November 2

Dhanteras is the first day of the five day long Diwali festival. The first day, Dhanteras, is for celebrating Lakshmi, the Hindu goddess of wealth and prosperity. People buy new items such as jewelry, clothing and utensils and light oil lamps. Please see next article on Diwali.

https://www.drikpanchang.com/festivals/dhanteras/festivals-dhanteras-puja-timings.html?geoname-id=5389489

Diwali – November 4

Observed for five days, the festival of lights, Diwali or Deepavali brings prayers, feasts, fireworks, family gatherings, charitable giving and, for some, a new year. In 2021, Diwali was celebrated on Thursday, November 4th signifying the triumph of light over darkness, knowledge over ignorance, and good over evil.

Diwali is known as the festival of lights because of the practice of lighting small oil lamps made of clay called “diyas.” Widely observed among more than a billion people of different faiths including Hindus, Sikhs, Jains and Newar Buddhists across India and its diaspora, the festival is a time of reflection and gathering of family and friends to offer thanks and prayers.

While Diwali is rooted in religious traditions, the festival has become a secular holiday in India, Fiji, Guyana, Malaysia, Mauritius, Myanmar, Pakistan, Singapore, Sri Lanka, Suriname, and Trinidad and Tobago.

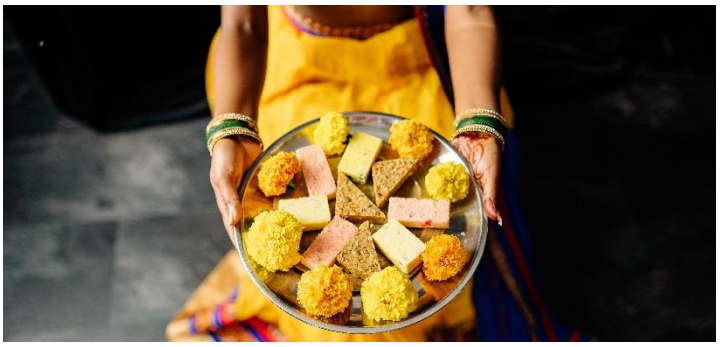
The Diwali festival takes place over five days. In the lead-up to Diwali, people prepare by cleaning, renovating, and decorating their homes and workplaces with diyas and rangolis,

(Continued on next page)

(Diwali continued from page 13)

circular patterns filled with colorful powder and flowers.

During Diwali, people wear their finest clothes, decorate the interior and exterior of their homes with diyas and rangoli, worship and offer prayers, light fireworks, and partake in family feasts, where mithai (sweets) and gifts are shared.



Mithai or sweets distributed at Diwali -

Diyas lit in colorful patterns

The first day, Dhanteras, is for celebrating Lakshmi, the Hindu goddess of wealth and prosperity. People buy new items such as jewelry, clothing and utensils and light oil lamps.

The second day, known as Chhoti Diwali or Naraka Chaturdasi, people put up twinkling lights to celebrate the victory of good over evil.

The third day, known as Diwali or Lakshmi Puja, is the most important day of the Diwali festival. On this day, people visit family and friends to feast and exchange sweets and gifts. People also continue to light lamps and candles to welcome light and prosperity from the goddess Lakshmi.

On the fourth day, Govardhan Puja or Padva is celebrated. The fifth day, known as Bhai Dooj, is a day for brothers and sisters to honor one another. Siblings perform a ceremony called tilak and pray for one another.

During Diwali, towns and villages in India host melas or fairs, where food and entertainment are provided and local craftspeople and traders exchange goods. The women adorn themselves in colorful attire and decorate their hands with henna. In the U.S. and around the world, Diwali celebrations are held on university campuses or as community events by members of the Indian diaspora. At these events, the celebrations are marked by music, dance and art performances, food, crafts and cultural celebrations are featured.

Garba dancers performing at a Diwali celebration – photo courtesy of Dr. Malroutu

Story submitted by:
Lakshmi Malroutu, Ph.D.
Chief Operations Officer
Asian Pacific Community Counseling

Nagar Kirtan festival

The annual Nagar Kirtan Sikh festival was held the weekend of November 5 -7. In Yuba City.

Photo of festival attendees courtesy of Sadia Rajput, SCLC

Established in 1949, the 42nd Annual Nagar Kirtan festival of Yuba City commemorates the Gurushiip of the Sikh's 11th Guru, Guru Granth Sahib Ji (Sikh's Holy Scripture).

Photo of parade courtesy of Sadia Rajput, SCLC

Cultural Competence Committee member Ms. Sadia Rajput attended this year and shares her photos and experience:

"Though I don't directly follow the Sikh tradition. I do attended this very revered Sikh Festival called Nagar Kirtan festival that takes place every year in Yuba City by tens of thousands of people from all across the globe.

It is one of the biggest Sikh festival outside of India. Nigar Kirtan translates as "neighborhood singing". This is one of my favorite holiday/ festival as the emphasis and message of this festival is unity, brotherhood, community, and embracing our diversity by coming together for great food and good times.

Photo of the langar (kitchen) providing free food courtesy of Sadia Rajput, SCLC

Food is provided free of charge, stalls of food and drinks stretch for more than a mile or two, shared with anyone/everyone attending the festival, encouraging the walkers passing to grab the plate and break the bread together with their neighbors.

Photo of helicopter dropping rose petals courtesy of Sadia Rajput, SCLC

(Continued on next page)

(Nagar Kirtan Sikh festival continued from page 15)

I love the festival for its colorful parade, the music, helicopter dropping the rose petals, fireworks and delicious food that takes me back to my own roots in subcontinent at my grandparents' home.

Every year with great anticipation I look forward to enjoying the freshly squeezed sugarcane juice that's rare to find anywhere else in U.S."

Submitted by:
Sadia-Himalaya Rajput
Executive Director
Sacramento Cultural & Linguistic Center

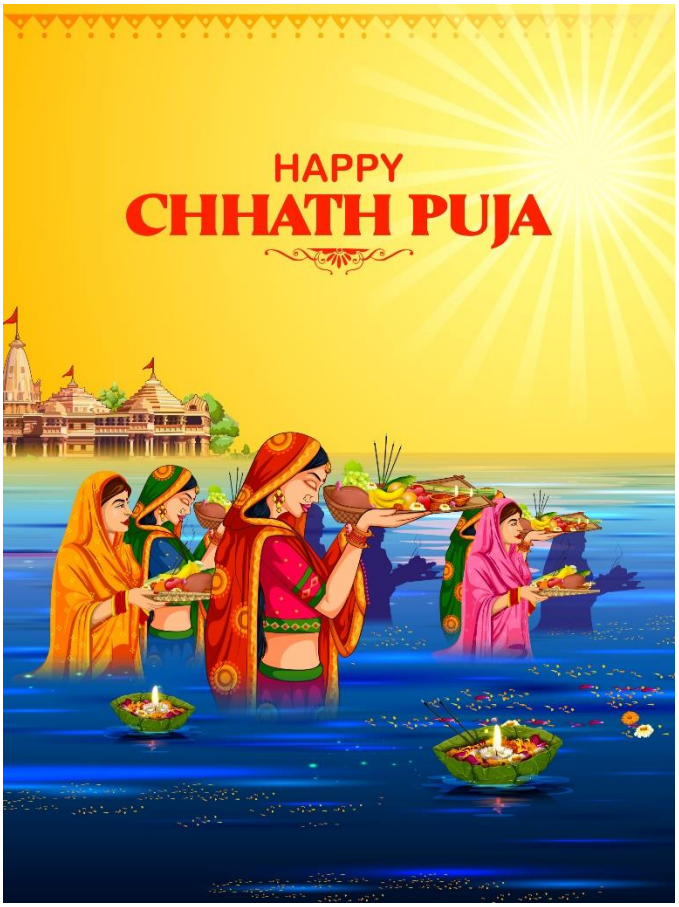
Bhai Dooj – November 6

Bhai Dooj is celebrated on the fifth day of Diwali to celebrate the relationship between a brother and a sister.

https://www.winni.in/celebrate-relations/did-you-know-the-legends-associated-with-bhai-dooj/

Chhath Puja- November 10

Holy day celebrated in parts of India and among immigrant communities in Sacramento



https://www.astroeshop.com/chhath-puja-2021-celebrate-in-this-way-to-please-chhath-mata/

https://www.bhaktibharat.com/en/festival/chhath-puja

Guru Nanak Birthday – November 19

The first guru of the Sikh faith
http://elsiegurdwara.org/

Kartik Purnima- November 19

Kartik Purnima is an important religious day for Jains in Sacramento

http://www.jcgsac.org/
https://www.mypandit.com/festivals/purnima/kartik-purnima/

Martyrdom of Guru Tegh Bahadur Sahib November 24

https://www.sikhpeople.com/sikh-community/guru-teg-bahadur-martyrdom-day-do-you-know-why-the-sikh-guru-was-called-hind-di-chadar/

Guru of the Sikh community

My mind is a reservoir full of vivid, delightful memories of Thanksgiving Day when I was kid.

(continued on next page)

(Thanksgiving continued from page 17)

While growing up, my Thanksgiving Thursday always began with attending 11:00 am church service, followed by a much anticipated holiday feast at my maternal grandmother's house where all of my aunts, uncles, and cousins gathered to give thanks for good health, family, and life in general.

For me, Thanksgiving was better than Christmas, because my grandma Carrie would spend two days prior preparing sweet treats like sweet potato pie, peach cobbler, and lemon pound cake from scratch, teacakes, pecan pie, and homemade ice cream. Not to mention masses of turkey, ham, cornbread dressing, greens (a combination of mustard and collards mixed together), yams, macaroni and cheese, cabbage, potato salad, black eyed peas, and yeast rolls.

My grandma Carrie passed away in 2012 at age 91, but she left behind boxes full of wonderful recipes passed down from generation to generation, family traditions and sweet memories that bring comfort and joy to my soul.

Whatever your holiday traditions, large or small, celebrated at home or abroad, with family or friends or both, the key is remembering to be grateful and thankful for the things we call blessings—family, friends, health, and home—while we renew our faith in mankind and fortify our commitment to help those who are less fortunate.

Story submitted by:
Debrah DeLoney-Deans, LMFT
Program Planner, Sac County, DBHS, CC Unit

Advent season begins November 28

Advent is the season of preparation for the celebration of Christmas. There are three purple candles and one rose candle. One purple candle is lit each evening of the first week, a second on the second week. On the third week the Rose candle is lit signifying hope. The fourth week all four candles are lit. The candles are a reminder to prepare for the Christmas season https://www.catholic.com/encyclopedia/advent

Hanukkah begins November 29

Hanukkah

Hanukkah, also known as Chanukah, (meaning "dedication' in Hebrew) is an annual Jewish holiday. The festive eight-day celebration beginning in the evening of Sunday - November 28th and ends in the evening of Monday - December 6. Lighting candles each night at sundown each night, singing special songs, reciting prayer, eating foods fried in oil.

(Continued on next page)

(Hanukkah continued from page 18)

- First Night: Learn the Story of Hanukkah
- Second Night: Decorating the home
- Third Night: making and cooking Latkes (Potato Pancakes), cook and eat
- Fourth Night: Dance Party, before opening gifts
- Fifth Night: making and baking Cookie and decorate in Hanukkah shapes
- Sixth Night: playing Dreidel Game
- Seventh Night: making bite size Sufganiyot (Jelly Donuts)
- Eighth Night: Tzedakah (Charitable Giving) – After seven nights of gifts and fun, at closing of Hanukkah we send time as family talking about how we have given to others.

Hanukkah is also called the Festival of Lights, the holiday brings joy and warmth to homes and communities with candies, food, family, and friends. Light comes literally, with the lighting of an additional candle each day and metaphorically, through a new emphasis on charitable donations.

Submitted by:
Theresa Riviera,

Cultural Competence Committee

Acknowledgements

The Cultural Competence Unit is grateful to our contributors for sharing their experiences and perspectives. We are learning so much from you all.

- **Harvey Marquez**, Gender Health Center
- **Theresa Riviera**, Cultural Competence Committee
- **Lakshmi Malroutu, Ph.D**.
  Chief Operations Officer
  Asian Pacific Community Counseling
- **Sadia Rajput,**
  Executive Director
  Sacramento Cultural & Linguistic Center (SCLC)
- **Stephanie Dasalla**,
  Human Services Program Planner
  Substance Use Prevention and Treatment (SUPT)

Special Thanks to

SNAHC
Sacramento Native American Health Center
a californiahealth+center

Native American Heritage Month Special Section was submitted by the following contributors courtesy of SNAHC:

- **Sarah Medicine Crow**
  Program Coordinator
- **Mary Tarango**
  Tribal Elder, Tribal Chair Emeritus
  Wilton Rancheria
- **River Burkhart,**
  Native Youth Ambassador and Youth Communications Team member
- **Julie Fuentes**
  Care Coordinator Supervisor

SACRAMENTO COUNTY

Helpful links:

Mental Health Access Service Request Form: Sacramento County Mental Health Access Team would like to announce a new option for submitting a mental health service request. In addition to submitting service requests via phone, fax, and US postal service, you will now have the option to submit a service request Online. The online submission allows for anyone in the community to submit a service request. The submitting party will need to provide their contact info in the event the Access team needs to reach them. The online service request allows for any important details regarding the referral to be provided on the document. One of the most useful features to the community is the ability to receive an email when the Access team has received your service request. Routine processing for all service request submission types is 3-5 business days. Sacramento County Behavioral Health is excited about the new online option and we hope that it helps to remove barriers in submitting and following up on service requests. You can access the new form at this link:

https://mhsr.saccounty.net/

Please remember that if there is an immediate need for mental health services, the Access team can be contacted by phone at 916-875-1055.

Substance Use Prevention and Treatment:
To learn about our services please click on this link:

https://dhs.saccounty.net/BHS/Pages/SUPT/Substance-Use-Prevention-and-Treatment.aspx

To request treatment services, please call: (916) 874-9754 Toll Free: (888) 881-4881

COVID-19 Resources:

Behavioral Health COVID-19 (2019 Novel Coronavirus) General Resources

Behavioral Health COVID-19 (2019 Novel Coronavirus) Provider Resources

Job Seeker Resources

https://personnel.saccounty.net/Pages/ESJobSeekerResources.aspx

Please submit your ideas for future newsletters

Sacramento County Behavioral Health Services Cultural Competence & Ethnic Services Unit will continue to produce newsletters like this one. Please help us to celebrate the rich diversity of cultures in the County of Sacramento community by sharing your original content and photos along with your contact information to:

DHS Cultural Competence Unit

DHSCCUnit@saccounty.net

Please put "**newsletter**" in the subject line. Please note that we cannot use content without citing the source and cannot use photos without permission.

SACRAMENTO COUNTY

"Our ancestors knew they had a place here. I'm here because of them. I'm here because of all the folks who came before me. Who fought for treaty rights, fishing rights, water rights, voting rights? I owe a debt of gratitude to everyone who came before me."
- By Deb Haaland

Cultural Competence & Ethnic Services Newsletter –Special Edition

Issue 11.1| November 2021

Celebrate Native American Culture and Heritage with Sacramento Native American Health Center, Inc. SNAHC

Introduction to Native American Heritage Month

Britta Guerrero, CEO
Sacramento Native American Health Center, Inc.

November is American Indian and Alaska Native Heritage Month, often referred to as Native American Heritage Month.

Native American Heritage Month has evolved from its beginning in November 1986, when President Reagan proclaimed an annual celebration between November 20-23, called "American Indian Week." Starting in 1995, each president began issuing annual proclamations designating the entire month of November as a time to celebrate the culture, accomplishments, and contributions of Indigenous people who first inhabited and stewarded this land. In California, this celebration is supported by a 1968 resolution signed by then-governor Ronald Reagan to designate the fourth Friday in September as American Indian Day. 30 years later, the California State Assembly solidified this designation as an official state holiday.

Less commonly known, however, is that 50 years ago, a group of Native American activists occupied the ancestral land of the Ohlone people, now known as Alcatraz Island. During this occupation, they reclaimed the land in the name of "all American Indians by right of discovery." The activists issued the Alcatraz Proclamation, which held that not only did the defunct island prison represent the conditions on most reservations without fresh running water and with high unemployment, but that the island is the first sight ships see when they enter the San Francisco Bay from all over the world – A reminder of the true history of this country.

This act of resistance on Alcatraz Island commanded respect not only from within the Native community, but from those who had long ignored or perpetuated the oppression of Native American people. It brought attention to the false narrative this country has long maintained through the doctrine of discovery. It called out the ongoing failings of federal and state governments to keep the promises of congress approved treaties. The Occupation of Alcatraz is just one of thousands of examples of resilience we honor during Native American Heritage Month.

November is a time to learn about rich and diverse Indigenous cultures, traditions, and histories of the land you live on and

acknowledge the important contributions of this nation's original people. It is also an opportune time to educate the public about Tribes, to raise awareness about the unique challenges Native people have faced historically and in the present, and the ways in which Tribal citizens have worked to overcome and conquer these challenges in spite of inequitable systems.

We can most effectively address the historical and continued challenges of Native people through a sustained effort to effect real change, through historical acknowledgement, honest and accurate education, visibility and inclusion of Native people in our neighborhoods, communities, and public and private institutions.

Recently land acknowledgments have become popular and they are important. Yet, land acknowledgments are also a call-to-action that requires personal and organization-level responsibility to ensure Native people are present when and where decisions are made. Please consider and commit to ways that you and your organization will assess the impacts of a more diverse collaboration with Indigenous people, stakeholders, and Tribal organizations. I also encourage you to learn more about the people who first called this city, county, state, and nation "home." I am hopeful you will continue this process not just in November, but all year long.

Thank you for pausing to reflect on our past, understand the present, and progress toward a more just future.

Proclamation:
https://www.whitehouse.gov/briefing-room/presidential-actions/2021/10/29/a-proclamation-on-national-native-american-heritage-month-2021/

Native Miwok Community History and Heritage

Wilton Rancheria Tribal History

The members of Wilton Rancheria are descendants of the Penutian linguistic family identified as speaking the Miwok dialect. The Tribe's Indigenous Territory encompasses Sacramento County with a much larger Cultural affiliation. The lands the Tribe's ancestors inhabited were located along a path of massive death and destruction of California Indians caused by Spanish, Mexican, and American military incursions, disease and slavery, and the violence accompanying mining and settlements. Between March 1851 and January 1852, three commissioners hastily negotiated eighteen treaties with representatives of some of the indigenous population in California. The ancestors of the Tribe were party to the treaty signed at the Forks of the Cosumnes. The Treaty of the Forks of the Cosumnes River ceded the lands on which the Wilton Rancheria in Sacramento County was later established, but promised to establish a rancheria beginning at the Cosumnes River, "commencing at a point on the Cosumnes river, on the western line of the county, running south on and by said line to

its terminus, running east on said line 25 miles, thence north to the middle fork of the Cosumnes River, down said stream to the place of beginning; to have and to hold the said district of country for the sole use and occupancy of said Tribe forever."

The Tribe's ancestors came back from nearly being annihilated only to have their children taken to boarding schools that stripped their indigenous language and culture further. Finally in July of 1928 the United State of America acquired land in trust for the Miwok people that were living in Sacramento County. A 38.77 acre tract of land in Wilton, Sacramento County, California was purchased from the Cosumnes Company which formally established the Wilton Rancheria. In 1958, the United States Congress enacted the Rancheria Act, authorizing the termination of federal trust responsibilities to 41 California Indian Tribes including Wilton Rancheria. The Tribe official lost its Federal Recognition in 1964.

Congress reconsidered their policy of termination in favor of Indian self-determination in the 1970s. In 1991, surviving members of Wilton Rancheria reorganized their tribal government and in of Indian self-determination in the 1970s. In 1991, surviving members of Wilton Rancheria reorganized their tribal government and in 1999 they requested the United States to formally restore their federal recognition. Ten years later a decision of a U.S. District Court Judge gave Wilton Rancheria restoration, restoring the Tribe to a Federally Recognized Tribe in 2009. Wilton Rancheria is a federally recognized Indian Tribe as listed in the Federal Register, Vol. 74, No. 132, p. 33468-33469, as "Wilton Rancheria of Wilton, California". The Tribe passed their constitution in 2011. It stated its four branches of government that includes the Office of the Chair & Vice Chair, the Tribal Council, a Tribal-Court, and the General Council. The Tribe's administration office is located in the City of Elk Grove, Sacramento County in California.
As stated in the Federal Register, Vol. 78, No. 176, Notices 55731, on September 11, 2013 the Tribe was designated the geographic boundaries of the Service Delivery Area (SDA) of Sacramento County in the State of California. As the only Federally Recognized Tribe in Sacramento County it is designated administratively as the Tribe's SDA. To function as a Contract Health Service Delivery Area (CHSDA), for the purpose of operating a Contract Health Service (CHS) program pursuant to the Indian Self-Determination and Education Assistant Act (ISDEAA), Public Law 93–638.

What it means to Native American Community today

Photo provided courtesy of the SNAHC

Sarah Medicine Crow, Program Coordinator

To be a Native American today means I am born to thrive. My identity makes me feel strong because I am a part of strong communities. My identity isn't stagnant, nor is it a statistic; rather an interwoven culmination of thousands and hundreds of thousands of years of people who continue to thrive off of the lands they call and remember as home.

In fact, we have many stories that tell of our beautiful lands and histories – stories that illustrate our complex societies as holders of vast amounts of knowledge. Stories are how we remember. We also remember the truth of "American HIStory" and the attempts to de-humanize, erase, and assimilate our minds, souls, bodies, and lands.

These memories are a part of me as well. To be very clear, my story is not part of a monolithic tale as traditional "American HIStory" tells it.

Instead, I see myself as self-determined and very much alive.

My name is Sarah Medicine Crow; I am Hidatsa and a member of the Three Affiliated Tribes of Fort Berthold Reservation in North Dakota. I am also Agai Dicutta (Walker River Paiute) from Schurz, Nevada. I am also Wašiw (Washoe) and lived on the Hung-a-lel-ti reservation up until the time I was 11 years old. I moved with my family to Sacramento and attended Jonas Salk Preparatory Middle School. Later, I attended and graduated from Grant Union High School. For college, I attended UC Berkeley and majored in Native American Studies. I currently work at the Sacramento Native American Health Center as a Program Coordinator in the Community Health Department. I prefer to be recognized by the nations and lands I come from because I feel empowered knowing that if it weren't for the thriving survivors in my family, I would not be here. Therefore, I believe I was born with a purpose, which is to continue to dream and be strong for my communities.

It is my dream to create, prioritize, and normalize physical intentional spaces where community healing and restoration occur. I desire to work in the health care field because it is where I most want to inspire change. Change making in this field is not easy because of the present systematic oppressive laws and policies that hinder Native/Indigenous people's abilities to live healthy lives.

I would like allies/accomplices to know that we are diverse, have intersectional identities, and want to be seen and accepted. I am proud to work with the Community Health Department at the Sacramento Native American Health Center because we value the culture of "belonging" and push to center the Native community. Overall, I want a better future for Indigenous generations – they/we deserve it.

Photo provided courtesy of the SNAHC

I am a Miwok/Nisenan woman, mama, daughter, sister, auntie, friend, community

member, educator, leader. For me to be here – thriving, growing, helping, teaching, learning – is remarkable. It's a blessing.

California and the United States have a grim and painfully dark history in its treatment of its original peoples and our land. There is great atrocity and it has harmful and lasting impacts today. But as I was taught: Where there is trauma, healing is the answer. And that is what our people are doing; we are healing. We are healers. We are making strides to flourish, support our communities, and bring light to our worlds. Native American Heritage Month is a time where Native peoples and allies can take meaningful time to reflect on our resilience, strength, wisdom, cultures, medicines, traditions, histories, power, our beauty and balance; and truly honor that.

We are people deeply rooted in our ancestral stories, ceremonies, prayers, medicines, teachings, gratitude, and greater understanding of life and all living beings. I don't honor this for one month; rather, it is every day that I honor our ancestors, our people, our ways of life, our resilience. Native American Heritage further reminds me that we are powerful beings with great beauty, ancestral wisdom and strength, and the gifts to enhance the greater good.

With great gratitude, love, and honor to Creator, ancestors, community, land, water, all living beings. And from me to you, Happy Native American Heritage Month!

Crystal Blue, MA. (Miwok / Nisenan)
Ione Band of Miwok Indians
SNAHC Board of Directors – Tribal Liaison
Sacramento, CA

Celebrating our Heritage – ways we celebrate heritage today

SNAHC
Sacramento Native American Health Center
a californiahealth+center

Gathering of Native Americans (GONA)

Gathering of Native Americans (GONA) is a curriculum developed as a community intervention for healing from historical and intergenerational trauma. The GONA curriculum utilizes the framework that includes nurturing Belonging, Mastery, Interdependence and Generosity to heal as a community from historical and intergenerational trauma, grief, and loss. The physical, mental, emotional, and spiritual traumas that indigenous people faced in the past are still impacting the current generations in the form of historical and intergenerational trauma and loss that has gone unresolved (Brave Heart & DeBruyn, 1998; Brave Heart et al., 2011). Brown-Rice, 2013; Whitbeck et al., 2004). Today this ongoing and unresolved trauma, grief and loss results in the current health, mental health, substance abuse, social and economic disparities indigenous peoples face (Elamoshy et al., 2018; Grayshield et al, 2015; Skewes & Blume, 2019; Struthers & Lowe, 2003; Walters et al., 2011a; Walters et al., 2011b).

Many of the western models lack the cultural relevance and depth to deal with the underlying historical trauma and there are not identified evidence-based models being supported for healing from historical and intergenerational trauma at the community level. Research indicates that culture is significantly linked to positive mental health and has been used effectively to improve community outcomes (Barnett et al., 2020; Barraza et al., 2016; King

et al., 2019; Matheson, Bombay, & Anisman, 2018; Masotti etal., 2020; Snowshoe et al., 2015). GONA was developed by more than 30 individuals that consist of educators, prevention specialists, trainers of primarily Native community. In response to the disparities indigenous communities were facing this group developed the GONA, and the first pilot GONA was on the territory of the Cherokee Nation. Now 20 years later GONA continues to be used thru out Tribal communities in the United States, and territories including Canada, Hawaii, New Zealand, and Guam.

Each GONA is carefully planned, prepared, and implemented according to local customs, culture, and traditions. There are the foundational teachings of GONA that are not changed and continues to be delivered in its original form The foundational teachings builds upon Belonging making sure that everyone feels welcome and included in the process. Mastery is a time for taking stock in historical past but focus on the resilience that brought us here today. Interdependence is building upon our inter connectedness, establishes resources, and experiences. Finally, Generosity is about the gift giving and the larger picture of giving back to our families, communities and prevent suicide, substance use and abuse, and promote wellness in our communities.

At Sacramento Native American Health Center, (SNAHC) we celebrate our heritage by continuing to utilize and build our communities by engaging youth and families in annual GONA. This has been used in the community to strengthen individuals by sharing our Heritage, Culture, and Traditions. Providing the spirituality and ceremonies is one of the most impactful components of the GONA. SNAHC offered a GONA for youth in 2019, for the families via zoom in 2020, and this year we offered hybrid youth and adults together. We identified facilitators that have led the GONA development, included Tribal leaders, spiritual leaders, and educators in each GONA we presented. Shared opportunity to learn cultural skill, share traditional medicine teachings, explore their historical past, provide healing ceremonies, identified our resiliency, and generate a commitment to our future.

Culture is Prevention (CIP)

For generations, Native communities have used Traditional cultural practices to teach, to prevent, and to heal. Today we know that research indicates that culture is significantly linked to positive mental health and has been used effectively to improve community outcomes. (Barnett et al., 2020; Barraza et al., 2016; King et al., 2019; Matheson, Bombay, & Anisman, 2018; Masotti etal., 2020; Snowshoe et al., 2015).

There are many communities that continue to utilize culture as a healing modality and implement Culture is Prevention, CIP. Although this may look different from Tribe, Nation, Band, or Community, the key elements continue to be the same.

They include gathering, providing the sense of belonging, sharing historical stories and speaking of historical trauma, sharing laughter and identifying resilience, and learning new skills and practices to share the gift of generosity

Sacramento Native American Health Center, SNAHC, is pleased to provide the Sacramento community with biweekly CIP. We have been honored to bring individuals that have shared lifelong teachings from generation to generation.

Making moccasins, medicine bags, drum making, and many other teachings we are learning ancestral knowledge, utilizing our senses to feel and smell the natural hide, experiencing the skills of beading and sewing, and being able to share your knowledge or share your gift with someone else.

This is done over a course of two sessions, and each participant comes away with the foundational teachings of Gathering of Native Americans (GONA) – sense of belonging; mastery and understanding of historical trauma; interdependence to share resources and gain from each other; and generosity, the gift of giving.

We know that "Culture is Prevention," prevention from substances, prevention from violence, and prevention of suicide. More communities have been able to secure funding, overcome COVID-19 restrictions, incorporate CIP to honor those that are stakeholders in our communities, and provide the space for healing. For more information, please feel free to reach out to SNAHC at (916) 341 0575 https://www.snahc.org/

Toolkit:
https://files.constantcontact.com/d8137653601/d0128544-cb60-401f-a4de-a803ffc7016b.pdf

Upcoming events in Native American Community

Big Time/Powwow – gatherings and ceremonies that continue and are thriving in Native American communities

- **October 1st-3rd, 2021: Redding Rancheria's Still Water Powwow**
- **October 2nd, 2021: Yuchewahkenh (Bitter) 2021 First Look Play – Support Native Playwrights!**
- **October 6th, 2021: 2021 California Indian Law Virtual Panel Series**
- **October 13th, 2021: Indigenous Foodways: A conversation and cooking demonstration with Vincent Medina and Louis Trevino founders of mak-'amham: Contemporary Ohlone Cuisine**
- **October 17th, 2021: Auburn Big Time Powwow**
- **October 22-24, 2021: Susanville Indian Rancheria Powwow**
- **October 24th, 2021: California Native Poets Round Table: Registration Here**
- **November 5th-13th, 2021: Native American Film Festival**

To search for upcoming events throughout the year, please go to: Upcoming Events – News from Native California or https://newsfromnativecalifornia.com/events/

Native American Leaders: Highlights

Photo provided courtesy of the SNAHC

Britta Guerrero (San Carlos Apache) is the CEO of the Sacramento Native American Health Center, "SNAHC" by acronym, but warmly pronounced "SNACK" by everyone in

the organization. Recently, I had the opportunity to inquire about her life and career. She's been in her job for about 5,400 days, and when she speaks you get the sense that she lives in the present: self-aware and focused forward.

"The best advice I ever received was that I would have to work harder, faster and stronger just to be considered equal." As a child, she says she learned early to be resourceful and creative, and that as an adult, "I'm comfortable with some level of discomfort, and that is so important in community work. I don't think you get to decide if you're successful. Other people decide. It depends on who's looking."

Her "comfort with discomfort" dialectical approach to the scrutiny of others is part of her approach to growing and leading a major community health center. "You learn a lot of lessons in life, and I'm thankful for both the blessings and the burdens, even the painful ones." Asked about what she considers a guiding value, she says "You leave something better than you found it."

This incremental approach has proven to be successful for SNAHC. In 2020, SNAHC provided nearly 41,000 medical visits, 11,000 dental visits, 8,000 behavioral health sessions, and nearly 1500 home visitations. Since 2010, it has been accredited by the Accreditation Association of Ambulatory Health Care (AAAHC), and in 2013, became the third Urban Indian Health Organization nationally to be certified as a Patient-Centered Health Home. Sixty four percent of SNAHC's patients come from communities of color and ninety-two percent of patients receive Medicare or Medi-Cal.

"Being a Federally Qualified Health Center (FQHC) means we serve the most vulnerable in our community. We are a part of the community safety net, and we serve everyone who needs our services." Asked to describe a time she felt like SNAHC had "made it," she recalled a couple of years before when SNAHC was included in a call with the Governor's Office on a healthcare policy issue that was not Native-specific. "We were perceived as being the best healthcare guidance in the room, because our outcomes data was head and shoulders above other providers."

Going above and beyond is a common theme in her conversations. "We're a Patient-Centered Health Home because we go beyond providing quality clinical healthcare services." SNAHC has grown to provide a wide variety of supportive services, including a Community Health Department focused on prevention services, advocacy for crime and interpersonal violence victims, and Healing Ways, a Native-centered health and wellness approach that embeds traditional healing practices into the ambulatory care system.

Asked about books that she recommends for young professionals, she quickly named H3 Leadership: Stay Hungry, Be Humble, Always Hustle, by Brad Lomenick, Lead from the Outside, by Stacy Abrams, the author and former member of the Georgia House of Representatives, and Tribal Leadership: Leveraging Natural Groups to Build a Thriving Organization, by Dave Logan, John King and Halee Fischer-Wright. But when I asked what she is currently reading, she confessed that she was reading For Brown Girls with Sharp Edges and Tender Hearts: A Love Letter to Women of Color by Prisca Dorcas Mojica Rodriguez. She seems to know that she has some sharp edges, and she says that she can let them show through sometimes. She doesn't like to share her personal story a lot because she's aware that it can influence how people perceive her now, and her ability to be present and value the present moment came through again when I asked her what was at the top of her mind right now.

"My Dad. He's a comedian, a complete joker. When we're together, we laugh and laugh and laugh," her combination of intensity, gentleness and presence all coming through.

Photo provided courtesy of the SNAHC

Mary Tarango
Tribal Elder, Tribal Chair Emeritus
Wilton Rancheria

Mary Tarango is an American Indian woman, tribal elder, and enrolled member of the Wilton Band of Miwok Indians. She is a wife, mother, grandmother, singer/dancer, and teacher of traditions. Mary has a long history of commitment and contribution to the Sacramento American Indian/Alaska Native (AI/AN) community.

Mary is an activist and advocate who fought for native rights, equality, freedom, and restoration of federal recognition of Wilton Rancheria. Thanks to her commitment and dedication, Wilton Rancheria gained federal recognition in 2009. Mary has served on the board of directors of the Sacramento Native American Health Center (SNAHC) for 10 years as a Chairwoman. She is an emeritus Tribal Chair of Wilton Rancheria and has tremendous pride of serving tribal community.

For Mary, Native American Heritage Month is a time for recognition and celebration. Mary describes "it is a time to recognize the contributions and sacrifices of Native American leaders; a time of learning and sharing culture, dances, songs, foods: it is a time to remember who you are, where you come from and to know that you have purpose."

Mary is the proud daughter of activist, Alvin Daniels Sr., who was one of the original founders of California Indian Affirmative Action that fought for Native American rights/equality in employment and fought for the advancement of Indian rights through affirmative action. Mary describes her father as "a proud Indian man" that when he spoke, "people would stop to listen." A man who organized with leaders to "make things happen and move things forward."

Mary describes that her father taught her the importance of making a difference and serving her tribal community.

Mary is inspired by the resilience of her tribal community and the laughter that brings content to her heart. Mary wants AI/AN youth to know that they are the first people, the people of traditions, the dreamers, and to be proud of who they are and know that they have purpose.

Mary is a great elder, leader, advocate and someone that continues to bless tribal community.

Photo provided courtesy of the SNAHC

River Burkhart, Native Youth Ambassador and Youth Communications Team member

River Burkhart is a Native Youth Ambassador and Youth Communications Team member at Sacramento Native American Health Center, SkillsUSA competition participant, Two-Spirit Native Youth Panelist; and is affiliated with Dakota, Cherokee, Choctaw tribes. River attributes their resilience and success from being (bi) queer in the Native community.

Becoming comfortable with themselves and their Native identity helped create that. As well as, learning to look in on an outsider's perspective and seeing what they struggle with. They have stepped out of their own shoes and seen what others are going through.

Their mom is the first mentor they see as successful, stating, “she’s a great leader. She taught me pretty much everything I know about being a Native Leader.” As well as, pretty much everyone at SNAHC, Alea, Mike, Jeanine and River’s friends too.

River identifies success as a youth as helping to change your community, providing the change we need, especially for Native Youth. Trying to be the best you can be and working on yourself, while helping others.

River feels really happy that November is Native American Heritage Month. River states, “The only holiday where people would think about Indigenous people is Columbus Day, which isn’t really a holiday for us. We can show people that we are here.

We can finally feel safe to openly celebrate our culture and heritage.” To celebrate Native American Heritage Month, their sister, who works with SNAHC, made a digital art piece. River has made time to repost ways people can support the community and become knowledgeable.

One really big goal River has is seeing the introduction of and having Native history in schools. With things being written correctly. They learn about Mayan culture, maybe, one day out of the year. River said, “I am mixed and it created a lot of confusion. A lot of people didn’t know I was Native because I don’t look Native. I faced a lot of Racism and our history in schools is lacking.” I have grown up around a lot of people and gotten a lot of knowledge about substance abuse and how we have the highest rate of suicide. Using that information, I was able to guide where I am. River wants to go to UC Davis to study Conservation Biology and become a part of The Nest Organization to continue to remain connected to Native culture during their studies.

Thank you to Julie Fuentes (Pomo, Hopland Band) for sharing some Native specific resources for those interested in learning more:

Learn whose land you are standing on – SNAHC Land Acknowledgement https://tinyurl.com/bws9s3mt

Decolonizing Thanksgiving: a Toolkit for combatting Racism in Schools (Great resources for families outside of schools as well) https://tinyurl.com/265888zk

Native American Authors you Need to Read Right Now https://tinyurl.com/y8deez9a

Support Native Artists by Buying Native this Holiday Season https://tinyurl.com/hc963hxh

Native American Children's Books List https://tinyurl.com/ykeax8h8

Special Thank You to:

SNAHC
Sacramento Native American Health Center
a californiahealth+center

SNAHC for sharing these personal reflections and wisdom to elevate Native American Heritage Month so that we may all learn more from the voices of the community.

- **Britta Guerrero**
  CEO
  SNAHC
- **Mary Tarango**
  Tribal Elder, Tribal Chair Emeritus
  Wilton Rancheria
- **Sarah Medicine Crow**
  Program Coordinator
  SNAHC
- **Crystal Blue**
  SNAHC Board of Directors – Tribal Liaison
- **River Burkhart**
  Native Youth Ambassador and Youth Communications Team member
  SNAHC
- **Julie Fuentes**
  Care Coordinator Supervisor
  SNAHC
- **Alejandra Ramirez- Arreola**
  Associate Clinical Social Worker
  SNAHC

Helpful links:

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To request treatment services, please call: (916) 874-9754 Toll Free: (888) 881-4881

COVID-19 Resources:

Behavioral Health COVID-19 (2019 Novel Coronavirus) General Resources (saccounty.gov)

Behavioral Health COVID-19 (2019 Novel Coronavirus) Provider Resources (saccounty.gov)

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

Honor the Sacred, the Community, and Yourself. Stop the Stigma.

Learn more at:

https://www.stopstigmasacramento.org/communities/native-american/

Sacramento County Public Health

https://dhs.saccounty.gov/PUB/Pages/PUB-Home.aspx

Job Seeker Resources

https://personnel.saccounty.gov/Pages/ESJobSeekerResources.aspx

Please submit your ideas for future newsletters

Sacramento County Behavioral Health Services Cultural Competence & Ethnic Services Unit will continue to produce newsletters like this one. Please help us to celebrate the rich diversity of cultures in the County of Sacramento community by sharing your original content and photos along with your contact information to:

DHS Cultural Competence Unit

DHSCCUnit@saccounty.net

Please put "**newsletter**" in the subject line. Please note that we cannot use content without citing the source and cannot use photos without permission.

SACRAMENTO COUNTY

"I am bent, but not broken. I am scarred, but not disfigured. I am sad, but not hopeless. I am tired, but not powerless. I am angry, but not bitter. I am depressed, but not giving up." — Unknown

Cultural Competence & Ethnic Services Newsletter Issue 12 | December 2021

December marks the month long celebration of various spiritual and cultural celebrations, festivals and observances / remembrances. We want to recognize the cultural and spiritually diverse communities that we serve. According to the Interfaith Calendar organization, there are several religious holidays for the month of December. In this month's edition of the Cultural Competence and Ethnic Services Newsletter, we will be featuring a few of those observances and holy days as well as other celebrations.

Hanukkah

Hanukkah begins in the evening of Sunday - November 28th and ends in the evening of Monday, December 6. Special thanks to Theresa Riviera, who described the celebrations for each day in the November issue of this newsletter. We continue the celebration into December. This month we share the history of the important Jewish festival celebrated for eight days. Hanukkah means dedication and is also called the Festival of Lights and Feast of Dedication.

This eight-day Jewish holiday commemorates the recovery and re-dedication of the Second

Temple in Jerusalem in 165 B.C. after the Maccabean Revolt against the Seleucid Empire.
(continued on page 2)

In this issue:

(Hanukkah continued from page 1)
Judah Maccabee (known as the Hammer) led the revolt. During the cleansing and rededication of the temple, which had been profaned and defiled by pagan worship, a miracle took place in which a day's worth of oil lasted 8 days.

Hanukkah is observed by lighting a candle on a menorah each day of the festival after sundown, starting on the 25th day of Kislev (the ninth month in the religious Hebrew calendar). The festival also includes reciting blessings, singing songs, eating traditional foods like latkes (potato pancakes) and jam donuts. Other Hanukkah customs include playing with dreidels and exchanging gifts.

Click on links below for Hanukkah events continuing in December:
https://ncjwsac.org/events/ncjw-virtual-gala-and-hanukkah-celebration/
https://sacjewishfilmfest.org/special-events/

Christmas

Christmas is celebrated by millions of people around the world. For many Christians it marks the celebration of the birth of savior Jesus Christ. It is celebrated annually on December 25th. The Advent season is also observed by many Christians and begins November 28 - December 24 leading up to Christmas; Advent is observed during the four Sundays preceding Christmas to prepare and celebrate Jesus Christ's birth during which reflection on scripture, songs of praise and self-reflection are practiced. Christmas is typically celebrated by decorating Christmas trees, hanging wreaths, stocking and lights, sharing and opening gifts, attending church, singing Christmas songs and carols, and sharing a meal with family and friends.

Epiphany

Galette des Rois

In French culture, gifts are exchanged after Christmas Day on New Year's Day or on the Twelfth Day of Christmas, which is January 6. It is also known as the feast of the Epiphany when the Holy Family was visited by the three kings and the Christ child was given gifts of gold, frankincense and myrrh. A special cake is baked to celebrate where a bean or a small favor is hidden in the cake. The person who finds it in their slice becomes king or queen for the day.

Kwanzaa

Submitted by Doretha Williams-Flournoy, African American Supporting Community Connections - The Living Room

Sunday, December 26th to Saturday, January 1st is the season in which we celebrate Kwanzaa.

Dr. Maulana Karenga, professor and chairman of Black Studies at California State University, Long Beach, created Kwanzaa in 1966. After the Watts riots in Los Angeles, Dr. Karenga searched for ways to bring African Americans together as a community. He founded US, a cultural organization, and began researching African "first fruit" (harvest) celebrations. Karenga combined aspects of several different harvest celebrations, such as those of the Ashanti and those of the Zulu, to form the basis of Kwanzaa.

The name Kwanzaa is derived from the phrase "matunda ya kwanza" which means "first fruits" in Swahili. Each family celebrates Kwanzaa in its own way, but celebrations often include songs and dances, African drums, storytelling, poetry reading, and a large traditional meal. On each of the seven nights, the family gathers and a child lights one of the candles on the Kinara (candleholder), then one of the seven principles is discussed. The principles, called the Nguzo Saba (seven principles in Swahili) are values of African culture which contribute to building and reinforcing community among African-Americans. Kwanzaa also has seven basic symbols which represent values and concepts reflective of African culture.

1. Mazao, the crops (fruits, nuts, and vegetables)
2. Mkeka: Place Mat
3. Vibunzi: Ear of Corn
4. Mishumaa Saba: The Seven Candles
5. Kinara: The Candleholder
6. Kikombe Cha Umoja: The Unity Cup
7. Zawadi: Gifts

An African feast, called a Karamu, is held on December 31.

The lighting of the Mishuma Saba is the center of Kwanzaa. The celebration of fire through candle burning is not limited to one particular group or country; it occurs everywhere. The illuminating fire of the candles is a basic element of the universe, and every celebration and festival includes fire in some form. Mishumaa saba are the seven candles: three red, three green, and one black. During Kwanzaa, one candle is lit representing one principle each day. The red, green and black candles in the Kinara each represents a principle that we can all live by. Principles that, if followed, will help us all connect, grow and support one another. The three Green candles represent the earth that sustains our lives and provides hope, divination, employment, and the fruits of the harvest. The Red candles represent the blood of our ancestors; those who came before us and gave their lives in search of a better future for us all. The Black candle signifies the people, the earth, the source of life, representing hope, creativity, and faith.

One of the Nguzo Saba (the seven principles) are discussed during the candle lighting ceremony each day. The seven principles are:

- Umoja (oo–MO–jah): Unity, to strive for and maintain unity in the family, community, nation, and race.

- Kugichagulia (koo–gee–cha–goo–LEE–yah): Self Determination - to define ourselves, name ourselves instead of being defined, named created for and spoken for by others.

- Ujima (oo–GEE–mah): Collective Work and Responsibility - to build and maintain our community together and make our sister's and brother's problems our problems and to solve them together.

- Ujamaa (oo–JAH–mah): Cooperative Economics - to build and maintain our own stores, shops and other businesses and to profit from them together.

- Nia (nee–YAH): Purpose - to know who we are and why we are here; to make our collective vocation building; to offer our skills and talents to develop a strong community; to restore our people to their traditional greatness.

- Kuumba (koo–OOM–bah): Creativity- to do always as much as we can in the way we can, in order to leave our community more beautiful and beneficial than we inherited it.

- Imani (ee–MAH–nee): Faith - To believe with all our heart in our people, our parents, our teachers, our leaders, and the righteousness and victory of our struggle.

Today, we highlight Imani. Faith is deep; faith reaches into the vast crevasses of our future, setting us up for that which is to come. Faith also calls us to extend our faith to include each other. In this day and time, we need each other. To protect one another; to care for one another, to overcome the injustices witnessed around the world; to feed the hungry, to provide for our children, to house the homeless; to right the wrongs of the past. To survive, we each need to care about the lives of the other. To see the goodness that each of us brings to the table; to connect with the hope that is within us. Without faith in each other - we write the script for our extinction. Together we have the ability to build, grow, thrive and flourish. Together we can resist the challenges created by trauma; we can strengthen our resilience and overcome the impact of racism, discrimination, and poverty; like our ancestors, we can lay the path for a stronger tomorrow for our children and our community.

The Living Room
AFRICAN AMERICAN SUICIDE PREVENTION PROJECT

Home of

African American Supporting Community Connections

916-234-0178

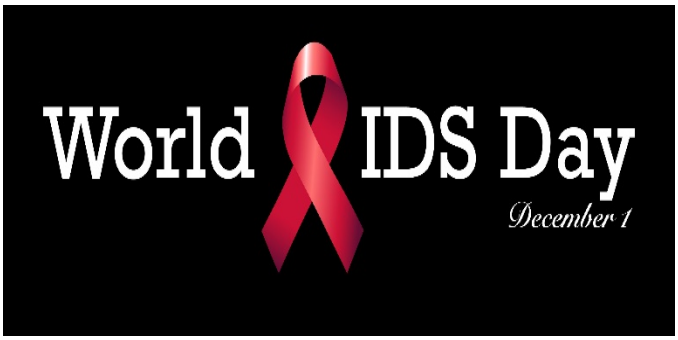
Monday-Friday 3pm-9pm

Ōmisoka

Ōmisoka is a Japanese New Year's Eve celebration. It is celebrated annually on New Year Eve, December 31. It is considered the second most important day in Japanese tradition. The first most important day being New Year's Day. Ōmisoka marks the final day of the old year.

It is spent doing a thorough cleaning of one's house, taking a long bath to clean oneself, and making sure one has clean clothes to wear as a fresh new start in order to bring in the New Year. Families gather on Ōmisoka for one last time in the old year to have a bowl of toshikoshi-soba or toshikoshi-udon, a tradition based on eating long noodles to signify crossing over from one year to the next. It also means a wish for living long and having good luck or fortune. At midnight, many visit shrines or temples. Most Buddhist temples have large bells that are struck once for each of the 108 earthly desires believed to cause human suffering.

World AIDS Day



World AIDS DAY is observed on December 1st each year and is marked by remembering those we have we have lost from AIDS and recognize and support those living with HIV/AIDS. The mission is to bring awareness of HIV/AIDS through education, awareness, knowledge, and to speak out against HIV stigma.

According to HIV.gov, The theme for the 2021 observance is "Ending the HIV Epidemic: Equitable Access, Everyone's Voice." Further, 2021 marks 40 years since the first five cases of what became known as AIDS were officially reported. World Aids Day is a day to honor the more than 36 million people, including 700,000 in the United States, who have died from AIDS-related illness globally since the start of the epidemic. The World Health Organization (WHO) created this day in 1988.

To get updates on federal activities honoring this observance, please visit www.hiv.gov/blog. To get more information on how to get involved please visit https://www.worldaidsday.org/.

International Day of Persons with Disability

International Day of Persons with Disability is sponsored by the United Nations International Day of Persons with Disabilities | United Nations. It is observed annually on December 3rd.

This day brings awareness to and advocacy for people with disabilities throughout the world. As the world recovers from the pandemic, it is a reminder to be allies. We must ensure that the aspirations and rights of people with disabilities are included in an accessible and sustainable post-COVID-19 world.

The "Mental Illness: It's not always what you think" project is proud to announce the completion of its refreshed website [www.stopstigmasacramento.org]. The website incorporates the project's community research findings to reflect imagery, messaging, information, and resources that will effectively reduce stigma around mental illness, promote mental health and wellness and inspire hope for people and families living with mental illness in Sacramento County. To that end, the project partnered with community leaders to create separate community pages for the project's 11 target audiences – including different languages, multicultural backgrounds, identities and ages – with unique, tailored messaging and images for each audience.

The final community page, which was added to the website in November, focuses on local transgender and gender diverse communities, and includes images from real community members who contributed to the research and feedback for this audience's materials. This page was created in response to feedback from community leaders and community-based organizations that stressed this audience's need for tailored materials outside of the larger LGBTQ audience.

International Migrants Day

International Migrants Day on December 18 is sponsored by the United Nations to call attention to and advocate for immigrants around the world International Migrants Day | United Nations

"On this International Migrants Day, let us seize the opportunity of the recovery from the pandemic to implement the Global Compact for Safe, Orderly and Regular Migration, reimagine human mobility, enable migrants to reignite economies at home and abroad and build more inclusive and resilient societies."

UN Secretary-General António Guterres

Special Section
Holiday Wellness

Submitted by Stephanie Dasalla, BHS Substance Use Prevention & Treatment (SUPT)

https://dhs.saccounty.net/BHS/Pages/SUPT/Substance-Use-Prevention-and-Treatment.aspx

The Holiday Season

The Holiday Season is here! We hope that this holiday season will prove to be a joyful time for you and your loved ones. However, we know that, for some, the holiday season may be a difficult time and may even cause holiday blues.

Many seasonal factors can trigger the holiday blues such as, cold weather and less sunlight, extra stress caused by unrealistic expectations, financial pressure, sentimental memories, and changes to diet and routine.

As a result, many can experience feelings of tension, anxiety, depression, loneliness, sadness, fatigue, or even a sense of loss. These are all factors that can seriously affect one's mood.

Unfortunately, many people turn to alcohol and other drugs as a coping mechanism. The Centers for Disease Control warns that during the holiday months of December and January, alcohol-and-drug use and alcohol-and-drug induced deaths spike.

The Drug Enforcement Administration (DEA) recently issued a Public Safety Alert warning Americans of the alarming increase in the lethality and availability of fake prescription pills containing fentanyl and methamphetamine. This nationwide surge in counterfeit pills that are mass-produced by criminal drug networks in labs, deceptively marketed as legitimate prescription pills, are resulting in deaths of unsuspecting Americans at an unprecedented rate. To read the full Public Safety Alert: https://www.dea.gov/press-releases/2021/09/27/dea-issues-public-safety-alert

There are healthy things you can do to help avoid the holiday blues and the use of alcohol/drugs.

- ✓ Stick to as normal routine as much as possible
- ✓ Get enough sleep
- ✓ Eat in moderation; avoid overindulging in sweets and alcohol
- ✓ Engage in exercise – even just a short walk
- ✓ Take time for yourself, but don't isolate too much
- ✓ Spend time with supportive family and friends
- ✓ Make a "to do" list and set boundaries and reasonable expectations for shopping, cooking, attending gatherings, sending holiday cards, etc.
- ✓ Set a budget for holiday activities– don't overextend yourself financially buying presents
- ✓ Make time to read, listen to music, meditate, watch your favorite TV show

Sources: National Alliance for Mental Illness, Center for Disease Control, and DEA

Remember: Often times, the holiday blues are short-term, but if you need additional support for mental health issues and/or alcohol and drug use, please call:

SACRAMENTO COUNTY

Division of Behavioral Health Services
(888) 881-4881
Staff members are available 24/7

FAMILY MEAL CAMPAIGN

The Sacramento County Coalition for Youth (SCCY), a group of caring community members working together to make Sacramento a safe place for youth people to grow up, free from the influences of substances that are addictive and harmful, is introducing the **Family Meal Campaign.**

The goal of the campaign is to encourage family conversations at meal times. The SCCY will provide a **Family Meal Kit**, which includes:

Placemat: Setting the Table for Conversation
In addition to the questions, families will receive a campaign placemat with information to set the table for good conversation and serve as a reminder that the dinner table is a safe space for discussion and connection.

Family Meal "Keep Talking" Game
Conversations during meal times are a great way for families to connect and learn about each other. The questions provided can help initiate conversations and also spark ideas for additional topics and discussions. The question prompts are appropriate for both youth and adults.

Conversation topics include:

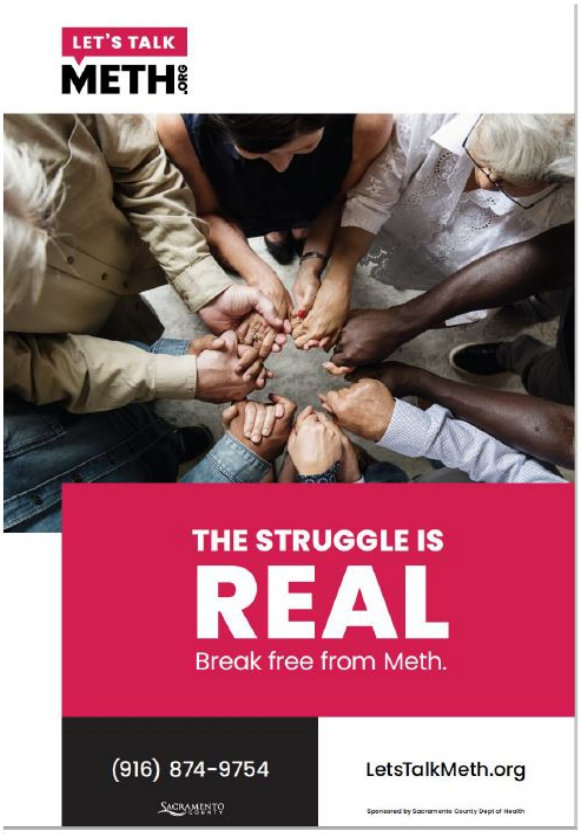
- Fun and Interactive Questions
- Questions about Alcohol and Drugs
- Questions for Deeper Conversation

The **Family Meal Kit** will also include a SCCY Stadium Cup and an informational postcard to support families in providing an understanding of the campaign, the postcard can also be used to share the information with others in their communities.

To request a Family Meal Kit, please email Joelle Orrock: jorrock@scoe.net

Fentanyl Awareness Safety Fair Was A Success!

The Sacramento County District Attorney's Office in partnership with Sacramento County Substance Use Prevention and Treatment Services held a successful Fentanyl Awareness Safety Fair on Saturday, November 6 on the North Lawn of the State Capitol.



Over 300 community members were in attendance that included 30+ community organization, guest speakers and family members that have lost a loved one to an overdose. Narcan® demonstration and free Narcan® kits and gift cards were also given to attendees.

Let's Talk Meth Campaign

Sacramento County Substance Use Prevention and Treatment Services, in collaboration with Uptown Studios, launched the Let's Talk Meth Campaign in November 2020.

The campaign was developed to decrease methamphetamine use in Sacramento County while also increasing enrollment of users in treatment programs. The campaign targets people struggling with methamphetamine use and their support systems.

The campaign includes a comprehensive website: https://letstalkmeth.org/

Check out these great resources!

Toolkit:
https://letstalkmeth.org/resources/partner-toolkit/

Services:
https://letstalkmeth.org/resources/county-programs/

Support Groups:
https://letstalkmeth.org/resources/support-groups/

Also, check out the Let's Talk Meth campaign posters that are now displayed at **30 transit shelters** throughout the County.

Check out these books by journalist, storyteller, and author, Sam Quinones:

- "Dreamland: The True Tale of America's Opiate Epidemic"
- "The Least of Us: True Tales of America and Hope in the Time of Fentanyl and Meth"

SACRAMENTO COUNTY

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Acknowledgements

Special thanks to our contributors this month

- Doretha Williams-Flournoy, African American Supporting Community Connections - The Living Room
- Stephanie Dasalla, BHS SUPT

SACRAMENTO COUNTY

"To appreciate the beauty of a snowflake it is necessary to stand out in the cold."
-Aristotle

Cultural Competence & Ethnic Services Newsletter

Issue 13 | January 2022

Welcome to the January Issue of our Cultural Competence and Ethnic Services Newsletter. In this issue, we are featuring stories on new beginnings submitted by members of the Stop Stigma Sacramento Speakers Bureau **https://www.stopstigmasacramento.org/get-involved/speakers-bureau/**

The "Mental Illness: It's not always what you think" Project Celebrates Its 10-Year Anniversary

It has been 10 years since the launch of the Sacramento County Department of Health Services/ Division of Behavioral Health Services "Mental Illness: It's not always what you think" project, and in that time, the project has made incredible progress in reducing stigma and discrimination surrounding mental illness.

Funded by the Mental Health Services Act, the project aims to reduce stigma and discrimination by providing mental health information, resources and support to individuals and families in Sacramento County. By educating the community on the facts about mental illness, the project helps to eliminate the barriers for people living with mental illness and provide a deeper understanding about mental health in general.

When the project first launched in 2012, only four community members were willing to be spokespeople or featured on billboards. During that time, members of the Sacramento County community were hesitant to be highlighted in our outreach materials and leaders from local multi-cultural community organizations stressed the barriers their community members faced to seeking treatment for mental illness.

Fast forward to today, the Stop Stigma Speakers Bureau has almost 200 members who share their experiences living with mental illness, and countless community members have volunteered to be the public face of the campaign on billboards, in media interviews or at events. The project has over 11,000 followers on its social media channels and more than 120 community-based organizations (CBOs) have partnered with the project since it first launched. Furthermore, our latest research indicates that 54% of Sacramento County residents surveyed feel that mental health is a key issue in the community.

The project is constantly evolving to ensure it reaches every community in Sacramento County – especially in light of the impacts of COVID-19 and mounting social justice issues on the mental health of local community members. In fact, through local outreach and engagement over the last decade, the

project team identified a need to develop refreshed project materials tailored to the unique communities within Sacramento County – rather than a uniform approach to all Sacramento County residents. As a result, over the last three years, the project partnered with community-based organizations and community leaders to assess the best messaging and imagery to effectively reduce stigma in each unique audience.

As of December 2021, the project launched an updated project website which now includes distinct pages and materials for each audience, with content, language, images and translations informed by the community research and CBO partnerships. The new website is complemented by community-specific, printed and digital collateral as well as advertising materials.

Community partnerships and the courageous involvement of people living with mental illness to share their journey have been integral to both the creative refresh and the success of this campaign over the past decade. The project looks forward to continually engaging CBOs, local leaders and our overall community to help fight the stigma around mental illness and to support mental wellness for all Sacramento County residents.

For more information about the project, please visit StopStigmaSacramento.org, and you can also find the project on Facebook, Instagram and Twitter.

Submitted by Echosaisis Ameganvi

"New beginnings are often disguised as painful endings"

-Lao Tzu

November 2019, 2:00AM

Medical staff run to my hospital bed. I am regaining consciousness, noticing a breathing tube down my throat, and a hospital bracelet that reads: "John Doe". I don't have my phone or wallet. No one who cares for me, knows I'm here. It is Thanksgiving morning, and I was assaulted. The doctor looks into my face. He says, "You almost died".

He only needs to say it once.

November 2021, 9:00AM

I am wearing a protective apron, mask, and gloves, while skillfully chopping up sweet potato alongside staff members of a not for profit in San Francisco. I drove 82 miles to volunteer on my own. I am feeling sad, thoughtful, and determined. I spent this Thanksgiving morning on my feet, preparing food for people I'll never meet.

I live with CPTSD, and there are days where I feel like I could be one of the very happy people in medicine commercials. The kind of commercials that seem to never get around to stating what they are used for. Then there are other days, where I feel so overwhelmed and full of shame, I cannot perform most of my basic job functions. One day, it was a stranger in the grocery store: A woman with beautiful skin, and hair that moved naturally onto and off her shoulders. The woman started talking about her mom, what a fantastic mother she had. And she was going to buy her mom this new thing, isn't it gorgeous? My heart started beating fast, feeling extremely sad & nervous, and I was looking for all the exits in the room. I never know what to say whenever someone says they have a fantastic mom. I usually just hope they will stop talking. I have been estranged by my blood family for at least 2 decades. I learned and am continually still learning about new beginnings. Believing in myself instead of living a lie to appease another person, is the best and most worthwhile thing I have ever done, next to using food coupons before the expiration date. New beginnings always seem to be linked to endings that are often a long time coming. The day I quit my job for a big corporation, was the same day that I had 5 different people come out of the blue and schedule an appointment. I believe I was able to support myself as a holistic therapist, because I was willing to let go of a 'security blanket' that was keeping me back from being truly happy.

My near-death experience helped me decide I simply was not ok with death, when people most important to me may not ever know, what good things I see and like about them. Every winter, I buy blank greeting cards. I consciously set aside my logical mind (as much as possible) and coax the vulnerable side out. I let my feelings pour out, as if they were the last things I would ever say to them. I say it anyway. I want them to know I love them. I want them to know that they are important. I want them to know they are amazing just the way they are.

When I am out and about, I hold back more from losing my temper. I write words of encouragement on various Post-Its-sized paper. When I want support, I take out a random piece of paper with the words of encouragement. Encouragement that came from me, for me. Courage has always felt very related to "I know I am right". I may not have known how things would work out, but I knew what I was doing was 'right'. My actions were in line with my personal beliefs. For me, if I am being authentic to myself, I don't feel regrets. Mistakes feel like learning lessons about me, and not just an idea that gets floated around in self-improvement circles. I am going to make more time going camping in 2022 and teach more of my friends (and strangers) how to cook a dish that is native to my hometown. At the end of the new year, I will be fuller of new life experiences that I will value. I will value new life experiences because my actions were honest, sincere, and filled with a sense of hope for what the future could be.

Submitted by Laura Asay-Bemis

Oh how I miss my family….especially around the holidays. New Years Eve was a big ordeal when I was growing up. We, as a family, would stay up all day eating good food, drinking sparkling cider, and when it came time, we would watch the ball drop in Times Square New Year's Eve.
However, what I miss most about New Year's Eve was a family tradition we celebrated every year when my mother was alive. My mom came from Scotland and as a child we held many of the British customs. Two custom's that stuck with me were Box Day and First Footing. Box Day happened on the 26th of December were my mother would leave fresh baked goods and a card in the mailbox for the postman. That's about all I remember about Box Day. However, I do remember first-footing.
The tradition called first footing was a big deal. Although the tradition is usually done by a male, I began practicing it as a young girl.

First-footing is traditionally done by someone who is not in the house at midnight New Years Eve. So I would sneak out the back door and hurry around to the front so I could knock on the door right after the stroke of midnight. I would come bearing the traditional gifts...sort of. Traditionally, a dark headed male would enter the home bearing a few pence or coins, a scone or bread, salt, a lump of coal and Scotch whiskey. These items represented good fortune and prosperity, food for the year, flavor, warms all year long, and drink or good cheer. I would bring a few pennies, a homemade biscuit, salt, a piece of firewood and sparkling cider. It's the thought that counts right? In Scotland, the dark-headed man should step over the threshold first to bring good luck for the entire year. Bad luck or ill fate would come from a light headed man, a redhead or a woman. Also, doctors and religious leaders like pastors, and ministers were considered bad luck, since they represented death or dying.

I enjoyed this tradition and took it to heart. Now that my family is gone, I try to pick a friend to first foot or I simply light a candle and reminisce about my childhood and the traditions we kept.
Traditions are important to me. The lighting of a candle on New Years Day is not just a tradition but it is a new beginning. The candle brings a sense of comfort and belonging and it allows me to connect to my departed family. Sometimes I write a poem, story or note and carefully light it on fire from the flame of the candle allowing my words and feelings float out of me and into the unknown realm, of what I believe is an afterlife, where I can thank the universe for the memories I have. The candle lighting is a tradition I started for myself, and although I can not pass this tradition on because I have no children, none the less, it is a tradition I repeat for my own mental health.

Submitted by Jessica Summers

I was a wife, a mother of two, Fashion Designer who owned and operated a Boutique in San Francisco with a business partner. I was living the life of my dreams, a life I never even thought possible. I got to do, live and be with the people that I love more than anything in this world, my family. I had everything that we all want, right?

When my oldest daughter was ready for school, we didn't get into the school or any of the schools that we wanted, so we decided to move back to Family in Sacramento and get her into a school that was recommended to us my friends and family. We had a friend of a friend that rented us a little place that was in the school district that we wanted so without thought we packed up and moved. She got into the school, and we started making friends with some of the parents. One of the parents that we befriended told my husband that he got his daughter started into soccer so we then started ours. Everything was working out, loved the school and the friends that either our daughter was making or the friends we were making with their parents. Everything was great except for some on going health problems that I had after the birth of our second child. The last trimester of my pregnancy I was in and out of my doctor's office. Checking on fluids, her heartbeat and my blood pressure. Two weeks before she was due, they induced due to my blood pressure and in worry that I would have a stroke. A few days after coming home from the hospital I had to go back in due to debilitating ab pains. They had left placenta behind. That was the start to bacterial infections one after another. I had had so many antibiotics given to me I had to take more from an overgrowth of bacteria from too many antibiotics. Back and forth to the doctor's office because of unresolved ab pains. Hiatal Hernia ruptured ovarian cysts, H. pylori. I have no idea anymore what I'm doing. It seems there was always something new and along with-it medications, antibiotics and pain pills. I couldn't tell anymore where the pain was coming from anymore, it just took over. At first I could go on a some kind of normal but I don't think I really ever did. In retrospect I know I was also going through some post partum depression. This is supposed to be the happiest days of your life though, so I did whatever I had to, to pretend, until I couldn't.

After we moved to Sacramento, I was still trying to drive to my Boutique in San Francisco a couple times a week. We had a good system, my husband and I and it worked out. I was getting more sick and tired and would eventually have to give the boutique up though. I feel like everything is starting to fall apart when in actuality it already had. I don't think my husband every really understood how sick or in pain I was in. I think to him it just sounded like a bunch of complaining. And let's not forget that I had everything that I had ever wanted so I didn't have anything to complain about. And when I did it just fell on deaf ears anyway. I was lost, depressed, alone and getting worse. I had at one time asked my husband to come with me to a new doctor I had found in Sacramento. I had told him that I don't have any real answers to what is going on with my stomach, everything hurts, and the pain pills don't really work anymore, and I feel like I'm taking too much. On that visit not only did he add Fibromyalgia to the list of diagnosis, he says that I am habituated to my pain pills. I hear what he's saying, and I don't understand a word. I thought I was there to figure out what to do about my stomach. What is fibromyalgia and what does it have to do with my stomach? And habituated, what does that mean? So, my doctor says with the help of your husband we'll wean you off your pain pills and put you on methadone to help with your pain. So, I was given some new medications and sent on my way.

The help from my husband lasted for about a half a day. I don't think my husband understood the pain I was in and the trouble I was having with all this medication. It ended with, "get your s*** together".

Who really knows what happened when, how, why or first. I am a complete shell of myself. My therapist sends me to a prescribing doctor, forgot what they are called, anyway, I'm prescribed valium because my anxiety and my inability "to get my shit together" is taking me over mentally, physically, emotionally and spiritually. I am no longer the person my husband married and I'm ashamed. The harder I try the more I fall. I am completely ruining the beautiful family that I had. I know it, I need help and I don't know what to do. I start going out at night, going to bars, looking for anything or anyone to fix it. Fix me. I asked my husband for help but he just looks and talks to me like I'm a pathetic drug addict. I don't think he ever really understood or got the whole picture. He hears nothing that I say. He just tells me what is wrong with me. I know some of them are true, but I'm lost. I'm not trying to do this to anybody. I don't want it for myself. I want help. When you've never been in a situation to where you can't help yourself, then what do you do when you're in that situation? I had tried over and over doing outpatient programs to get off the pain pills, but I really did need them. I was being treated like a drug addict, so I behaved like one. I lost sight of the fact that I had had ongoing physical health problems and got lost. I went out to a bar one night and thought I had found the answer to all my problems when I met a guy that shot me up with heroin. I could live. I could be the wife and mother. Have people over for dinner, entertain, play co-ed soccer and softball with my husband. It made all the pain go away and I could go back to the way everything was before all of this. I couldn't keep it going though. My mind will not allow me to continue. I hated myself and the person I had become. Who was I really, how could I?

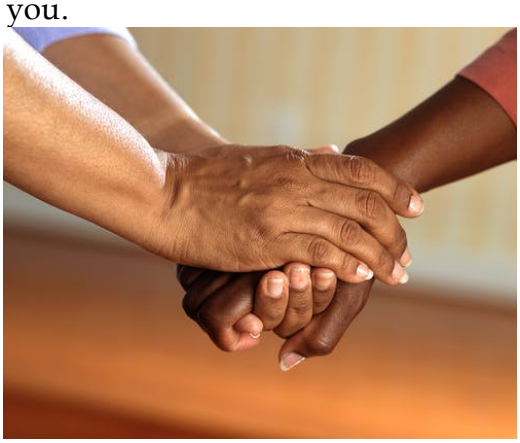
I had almost killed myself with overdose when I asked God, " why would you want me to suffer like this"? And he responded, "I don't". I got up from a place that I should not have been able to walk out of and never returned. I heard what I needed to hear, and I believed it with all my might.

A few days had passed, and I swear to myself and to God that I was never going to do heroin again. I've already tried to quit though. I had remembered other drug users that I had met at that time talk about a 72 hour hold in a psychiatric hospital. They had talked about shooting so much meth and having a breakdown of some kind. So that was my only hope. I had to be locked up. I didn't understand my own mind, what my husband was saying to me, and I didn't trust anybody and no longer knew where or who to ask for help. I had never done this before either, but I started shooting meth for a few days until I completely lost it. I told my husband one day after he got home from work that I was the worst person in the world, doing the worst things possible and doing every drug under the sun. He asked me question after question, and I just answered with whatever I thought he needed or wanted to hear. I had told the truth many times before and it got me to where I was, so I said whatever I had to say without regard to consequence.

That was the beginning of three mental institutions, in-patient, out-patient, residential drug rehabs and everything under the sun. What I thought was to be a new beginning was but it was not how I thought and had hoped for. I was given separation papers three days out off a mental institution, was misdiagnosed bipolar and no one would believe that my behavior was due to the anti-psychotics but thought I was on drugs again. I ended up not allowed to see my children, living in my car and

eventually divorced. I had signed everything away while in a dual diagnosis facility and was left with nothing, not even my children.

It took me years to get the help that I needed, but I did. It took me years to build up the courage to take my ex to court first for support so I could get back on my feet but then to take him back to get 50/50 custody of my children. I have a job and I do women's empowerment groups, I'm a speaker for Stop Stigma Sacramento and will be expanding. I'm a certified CBT Coach and working on more. I have come out the other end and I'm not stopping anytime soon. I had to advocate for myself and others. We never really know all sides to the story or when the good guy is the bad one. Learn to love yourself so nobody else can hurt you.



Submitted by Marilyn

My new beginnings began (Begin the Beguine) on or about Pearl Harbor Day, December 7, 2021. I woke up, ate breakfast and didn't dive right back into my bed to wait until about lunchtime, hoping I didn't ignore any important calls while lying there. I didn't sleep during those hours. I just over exercised my mind. On the 8th, I not only did not go right back to bed in the guest room, completely darkened, and hit the sack, not go to sleep, but instead worry about all of the responsibilities I wanted to ignore.

In the past months since February 2020, I tried to ignore the things needed to keep this house functioning. In the past months since about February 2020, I could only WISH to have hope, to be energetic, reasonable, and a bit positive. Just ask Janet, my daughter. I put such pressure on her. Imagine trending toward those conditions of fatigue and weariness even right after lunch. It has been a transition to the positive side to celebrate.

Allow me to describe those ten months from February to December, dark, dark days. As I said, I live alone, and my closest relative lives in Redding, three hours away. With counsel from my therapist and my own good judgment I am not driving, though I do own a car, which I have let go dead as a doornail. Believe me, it is better I don't drive right now. Janet and my stepchildren, Kelly and Eric have insisted I have homecare, a helper who will drive me to the market and other things like medical appointments, if I can schedule them during my helper's four-hour shift. They want someone to have "eyes on me." Unfortunately, she has been castigated by EMT and the firemen for my lack of supervision. They noticed my behavior when I had several panic attacks and called 911. As with many

families in my daughter's situation with me, an 83-year-old mother, in addition to me she has her own family and also has a job to think about. It can only be described as a dilemma from either end.

I want to describe that 10-month-horrible-time in my life. Of course it was during our COVID pandemic when most everyone had to isolate, causing a change in every family and every life. The art group which has been so supportive during my ten years of widowhood, has switched to ZOOM. When they were able to open their new space on Del Paso Blvd, they offered to come and get me so I could join in one of the classes they safely offered. It wasn't that people were not trying to help me. It was that I wasn't in the mood to be helped. That's what Bipolar depression is. It is not something that lasts just a week, or even a month. It just keeps on going until it somehow magically runs out of gas, chug chug.

I am part of a writing group which has also switched to meeting on ZOOM. I forced myself to go. I made myself go to the computer in my own house to be with good friends. I was strongly encouraged and praised by my wonderful private therapist for the times I could succumb and suck it up in order to join in I just couldn't muster up the confidence needed to participate. In my writing journal on 11-5-21 in the group named "Write to Heal," I wrote: "I feel so sad. I feel angry. The morning with J. [care helper] is a challenge. I showed up for writing. I don't feel like writing or even like talking much. I will stay home again today and tomorrow. Try to go out on Sunday when another care helper comes. She has no problem driving. ZOOM writing is a connection." The treatment, cure if you will, for this depression and the other depression also is connection and support. Exercise, nutrition and medication are biggies, too. The responsibility for finding that connection lies with the person suffering from depression.

I didn't feel in the mood to even slip outside for a five minute walk. Leaving the house was hard, especially since I couldn't or wouldn't drive my car. So I remained inside the house. Honestly, I didn't want to be seen by my neighbors. I didn't look like my regular self. I didn't feel like living really. But I couldn't do anything about that but keep waking up each day and repeating the things that happened the day before. Until, 'lo and behold Pearl Harbor day came and I really started to feel myself again. I was surprised, even though feeling better was my ardent goal. I am again the same OLD person, in more ways than one, who enjoys conversation and participation in art, poetry and writing.

How did this miracle happen? Yes, medicine played a roll in it. Medicine had its problems along the way too, such as a possible reaction to one medication particular, So it was suddenly dropped by my psychiatrist with no replacement. Those anti-depressants can be very tricky and slow to come to the rescue. That lengthened the time to show my resiliency as I have in the past thirty years I have lived with this darned disease. As I said to my writing to heal buddies once, "I am about 'resilienced' out."

As Frank Sinatra might say at the end of a performance, "One more once," I don't want to live through one more once. COVID, go away. None of us can take it anymore. Oh, I didn't mention that I was admitted to the hospital in 2020 due to something stupid I said in the middle of the night to the staff person on duty in the Psychiatry department. It got me dragged out of my house and taken screaming, resisting the cops and fire and ambulance departments. I had mentioned to the night-duty-psychiatry nurse that I was going to take my life, slit my throat. It was just for effect, just to get

someone's immediate attention. I was having trouble with taking Lamotrigine, generic for Lamictal. I just need some help. Should I take the medicine in the morning or at bedtime? It was important to know that. It was so important I called her not knowing what time to day it was. How was I to realize it was in the middle of the night?! I knew she was just getting me off her back so as to go back to sleep telling me to call someone else.

I am aware of what calling the general-psychiatry-department number does for you. I joined [a health plan] in 1976. It does NOTHING for you. They will route you and route you to different numbers until you want to scream. That middle-of-the-night-call worked so well, I spent three weeks in the Behavioral Units 1 and 2 until I was suddenly sent home by medical transport still in pajamas, bathrobe and slippers with just my cell phone, no wallet and no house key. The entire 3 weeks I was there, I was in borrowed clothes and slippers, those with the tread on the bottom and so tight around the ankle it acted like a tourniquet. Medical Transport had been ordered to go to [health clinic] to pick up meds before taking me home. I back-seat drove the driver and female intern seated in the front seat. He was suddenly changing lanes which I criticized. He said he was a good driver. I said "Thats good. But you don't know how good is the driver you are cutting off." We could not even get the medications prescribed by Dr. S. I didn't have my credit card with me since I didn't carry a wallet when I was rudely transported from my house to [health plan's] Emergency.

By the way, I should have been taken to a facility called [facility N]. That destination was cooked up by the social worker and Dr. S at [health plan]. I had no idea about it, the Hospital social worker did not discuss it with me. A [facility N] spokesperson talked to me on the phone at the nurses' desk about the possibility of their accepting me for follow-up treatment before my being ready to be discharged to home. I told the triage person at [facility N] I had been doing without my CPAP for the duration of my stay at another BHU. In my opinion, they knew that was a necessary piece of equipment for my continued good health. Based on that information, they couldn't accept me. My daughter, Janet, started a grievance against [health plan] for sending me home alone. She's right. That was unacceptable. All she wants is an apology to me and to her. I certainly don't want to go to arbitration. My life is stressful enough as it is. That complaint has dragged on and on between Janet and the [health plan] grievance department or Senior Advantage or Medicare. I don't know which those three it is. Why was I left without my CPAP there? Thank goodness for my wonderful neighbor Jenny and her son Mark who came to the rescue to open my own front door and let me into my own home. (She is also the one who took the CPAP to [health plan] Emergency the day I was transferred to [another facility]) Several neighbors witnessed my arrival home and breakdown in tears of joy. I was so grateful I could get into my own home. I was so worried they might not have been able to do that. I was in a panic, but Transporter driver guy would have easily solved that dilemma. He was just that good a transporter driver. To make matters even worse, I was without my CPAP equipment while in the hospital which same neighbor dutifully delivered to [health plan] Emergency. It was never seen again until the other hospital had it delivered to my front porch a year later October 2021. That drag-me-out-of-the-house-dilemma was all during an episode admittedly of mania. That experience has meant my friends and family are wary now I might be again in that position. I am sensing serious concern about my well being. I too am concerned as I have to try very hard not to do something that stupid again. Living life is not for dummies. I'm so glad I am not dumb.

Martin Luther King Jr. Day

Martin Luther King Jr. Day, which is also sometimes referred to as **MLK Day**, is a federal holiday marking the birthday of Martin Luther King Jr. It is celebrated on the third Monday of January each year.

Dr. King was the chief spokesperson for nonviolent activism in the Civil Rights Movement, which protested racial discrimination in federal and state law. Unfortunately, Dr. King was assassinated in 1968. In 1983, President Ronald Regan signed the Martin Luther King Jr. Day holiday into law, and it was first observed three years later. At first, some states resisted observing the holiday as such, giving it alternative names or combining it with other holidays. It was surprising to learn that Martin Luther King Jr. Day was officially observed in all 50 states for the first time only in 2000.

Some ways in which we can commemorate Martin Luther King Jr. Day are:

1. Listen to Dr. King's speeches (https://www.youtube.com/watch?v=I47Y6VHc3Ms).
2. Read books and watch videos about Martin Luther King Jr., the Civil Rights Movement and social justice (here is a list of related books for children - https://www.readingrockets.org/booklists/books-martin-luther-king-jr-day and adults - https://bookriot.com/martin-luther-king-jr-books/).
3. Take an in-person or a virtual tour of the Civil Rights Museum in Memphis (https://www.youtube.com/watch?v=UWDHj99rGeA) , as well as the Smithsonian web site (https://www.si.edu/spotlight/mlk).
4. Learn about the philosophy of nonviolent resistance (https://kinginstitute.stanford.edu/sites/mlk/files/lesson-activities/six_principles_of_nonviolence_3.pdf and https://kinginstitute.stanford.edu/sites/mlk/files/lesson-activities/six_steps_for_nonviolent_direct_action_4.pdf).
5. Volunteer for causes elevating social justice.

National Codependency Awareness Month

by Christeana Zamora (she/her), Peer Specialist, Community Support Team

January is National Codependency Awareness Month. The greater Sacramento CoDA community is a great asset for Sacramento community members trying to break free from codependency and looking for support among those that have faced similar struggles. For more information, please visit http://www.greatersaccoda.org/meetings-2/.

Human Trafficking Awareness

January 11 is Human Trafficking Awareness Day. According to the State of California, Department of Justice, Attorney General's web site (https://oag.ca.gov/human-trafficking): "Human trafficking is among the world's fastest growing criminal enterprises and is estimated to be a $150 billion-a-year global industry. It is a form of modern day slavery that profits from the exploitation of our most vulnerable populations. One common misperception is that human trafficking requires movement across borders. In reality, it involves controlling a person or group through force, fraud, or coercion to exploit the victims for forced labor, sexual exploitation, or both. This can occur entirely within a single country or it can cross borders. Human trafficking strips victims of their freedom and violates our nation's promise that every person in the United States is guaranteed basic human rights." Unfortunately, due to our geographic location, proximity to larger cities, number of ports and airports, and several other factors, Sacramento area is a hot spot for human trafficking.

To report a tip about possible trafficking or connect with anti-trafficking services in your area, request general information or specific anti-trafficking resources, contact the National Human Trafficking Resource Center (NHTRC) at 1-888-373-7888.

Sacramento County Behavioral Health Services contracts with two programs who are actively working in the community to address exploitation and human trafficking. See program descriptions below.

The Consultation, Support, and Engagement Team (CSET) operated by Capital Stars Behavioral Health was developed to address the growing incidences of commercially sexually exploited children (CSEC) or those at risk of being exploited that are between the ages of 12 to 21. The program provides community-based outreach to engage and build relationships with identified youth and to provide support in linkage to appropriate services. CSET staff meet with children and youth at risk of exploitation and their families/caregivers in a safe, convenient location in the community. CSET bridges the gap for access to mental health services when they are in a new stage of change. Services include needs assessment, crisis intervention, harm reduction education, linkage to needed resources and support. This includes housing, job guidance, education, and help with benefits to assist with transition back into the community. To accessed CSET program, please visit their website www.starsinc.com/sac-cset or call (916)844-2426.

The Commercial Sexual Exploitation of Children (CSEC) Program operated by Stanford Sierra Youth and Families (SSYAF) employs Youth Advocates (individuals with "lived experience"), who serve as peer mentors/advocates for the CSEC population. The core framework of the program blends child family teaming, mentoring, and positive youth development, as well as integrates a trauma informed, gender responsive approach in supporting youth (ages 10-18) who have been trafficked. Youth Advocates works with youth, engaging them and incorporating the evidenced model Seeking Safety to address the youth's individual needs, while also building upon their strengths, skills, and positive connections to the community. To access SSYAF CSEC program, please visit their website https://www.ssyaf.org/commercial-sexual-exploitation-children-csec or call (916)344-0199

BHS Adopts Equity Vision Statement

Sacramento County Division of Behavioral Health Services (BHS) envisions a community where persons from diverse backgrounds across the life continuum have the opportunity to experience optimum wellness. We are committed to behavioral health equity, meaning everyone gets what they need so they have a fair chance and opportunity to live a life of optimal emotional health and wellness, regardless of race.

In conjunction with the Behavioral Health Racial Equity Collaborative (BHREC) pilot that BHS initiated in quarter 2 of Fiscal Year 2020/2021 with facilitation support from California Institute for Behavioral Health Solutions (CIBHS), CIBHS conducted an anonymous racial equity preparedness survey of BHS staff that would assist BHS leadership and the BHREC Steering Committee to gain more information about:

- Employees' perspectives on the value of promoting racial equity and their knowledge related to how to advance racial equity.
- Employees' perspectives on what would help them to become more active in furthering racial equity.
- Employees' prioritizations of approaches to racial equity advancement.

One of the recommendations from the racial equity preparedness survey report was to create an overarching vision for racial equity at Sacramento County BHS and shape accountability strategies for promotion of racial equity. After the first phase of the BHREC concluded, CIBHS facilitated a visioning process with BHS Management Team, Department of Health Services (DHS) Contracts and Department of Personnel Services (DPS) Talent Acquisition Team. Over the course of three sessions during quarter 1 of Fiscal Year 2021/2022, the group came up with a draft Equity Vision Statement goal and Equity Core Values. The BHS Management Team adopted the following BHS Equity Vision Statement and Core Equity Values at their meeting on December 20, 2021:

BHS EQUITY VISION STATEMENT GOAL

Sacramento County Behavioral Health Services (BHS) envisions a community where all Sacramento County residents thrive and have equitable access to optimal behavioral and emotional wellness. By racial equity we mean closing the gaps so that race does not predict one's success, while also improving outcomes for all.

HOW TO GET TO GOAL

- BHS seeks to be an organization where staff and clients feel welcome and have a sense of belonging, that includes all cultural/ethnic identities.
- We seek to create an organizational culture that is client/family driven and reflects community diversity at all agency levels.

- As a member of the wider Sacramento community, and through mutual collaboration and partnerships, BHS prioritizes strategies that consider harmful impacts, advance unbiased results, and takes accountable action so that cultural/ethnic identity no longer predict behavioral health wellness.

EQUITY CORE VALUES

- Client and family driven
- Mutual collaboration and partnership
- An environment of belonging, emotional safety, and promotion of expressions of diversity
- Staff reflective of community served
- Accountability, impact, results
- Innovation/fundamental change

NOTE: The above vision is not meant as a replacement of BHS' existing statement, but rather as an articulation of how within the scope of the BHS mission, vision, and values, the agency will address equity.

Over the next quarter, BHS will convene a Racial Equity Planning Workgroup (REPW) to help BHS develop the roadmap for implementing the Equity Vision Statement and promoting it to the community. We will be creating a webpage that will include updates on this work and that of the Sacramento County BHREC.

Thank You to this month's contributors…

Special thank you for contributions from Echosaisis Amenganvi; Laura Asay-Bemis; Jessica Summers; Marilyn; Melissa Planas, Mental Health Program Coordinator (BHS); and Christeana Zamora (she/her), Peer Specialist, Community Support Team (BHS).

SACRAMENTO COUNTY

Helpful links:

Mental Health Access Service Request Form:
https://mhsr.saccounty.gov/

Please remember that if there is an immediate need for mental health services, the Access team can be contacted by phone at (916) 875-1055.

Substance Use Prevention and Treatment:
To learn about our services please click on this link:

https://dhs.saccounty.gov/BHS/Pages/SUPT/Substance-Use-Prevention-and-Treatment.aspx

To request treatment services, please call: (916) 874-9754 Toll Free: (888) 881-4881

COVID-19 Resources:

Behavioral Health COVID-19 (2019 Novel Coronavirus) General Resources (saccounty.gov)

Behavioral Health COVID-19 (2019 Novel Coronavirus) Provider Resources (saccounty.gov)

Job Seeker Resources

https://personnel.saccounty.gov/Pages/ESJobSeekerResources.aspx

Department of Health Services Contractor Bidding Opportunity page:

To learn about several ways one can work with the Department of Health Services, please visit this page and sign up to receive updates posted to the page. On this page you will find links to the latest Request for Proposal (RFP), Request for Application (RFA), and Letter of Interest (LOI) documentation. Prospective bidders are encouraged to read through the available documents and bid on the one that sounds like the best fit.

https://dhs.saccounty.gov/Pages/Contractor-Bidding-Opportunities.aspx

Sacramento County Mental Health
2020 Human Resource Survey

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 Department of Mental Health (DMH) 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.

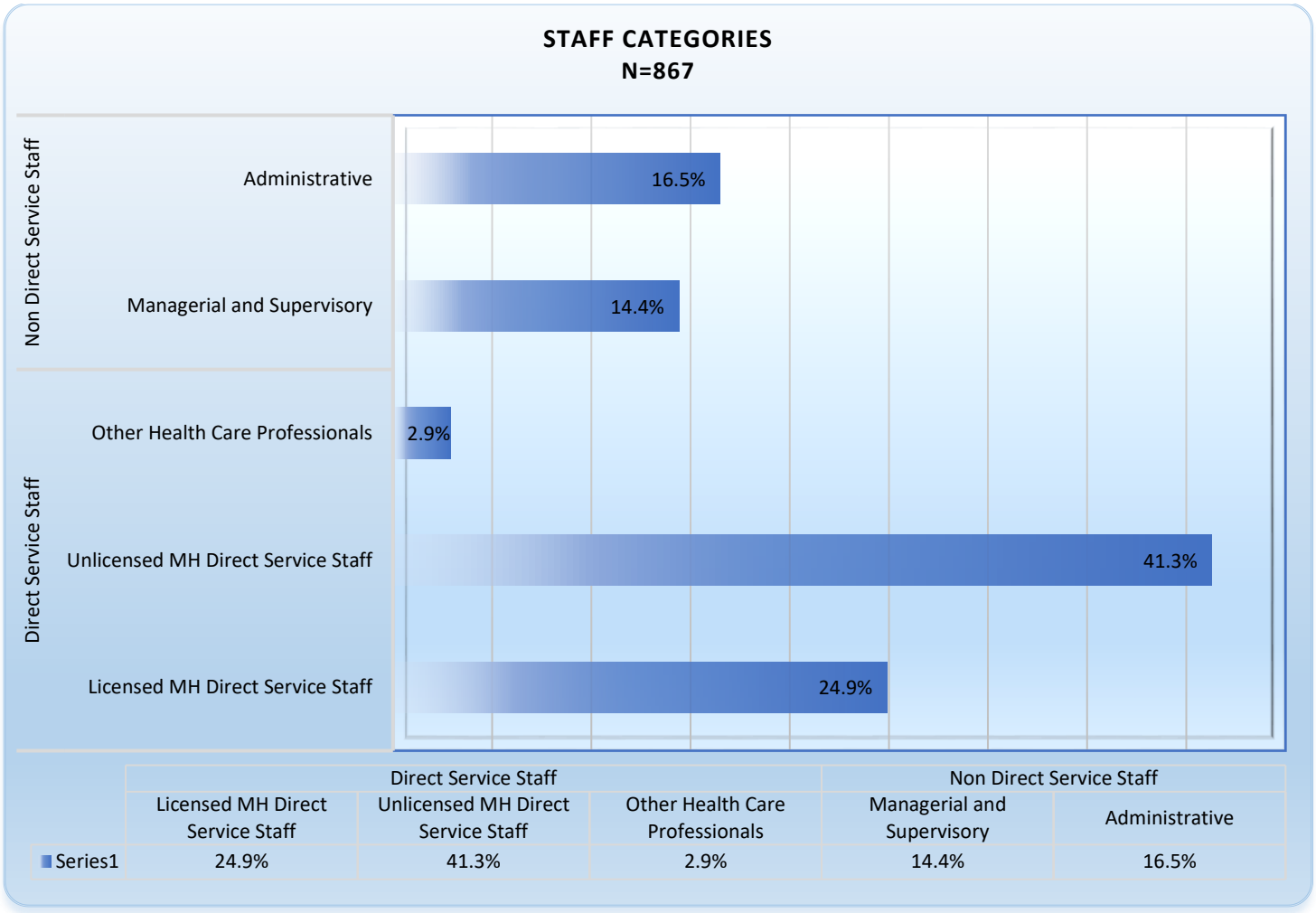
The information collected focuses on staff ethnicity, language proficiencies, consumer/family member status, gender, sexual orientation, disability and veteran status.

Key findings

- A total of 867 staff responded to at least one question on the survey.
- Of all staff surveyed, 218 (25.1%) unduplicated staff indicated speaking a language other than English. For staff who spoke one language other than English, the majority spoke Spanish (42.7%) followed by Hmong (8.3%). Just over twenty seven percent (27.1%) indicated speaking two or more languages other than English.
- 21.1% of staff self-identify as being of Hispanic ethnicity.
- 78.7% of the staff identify as being female and 15.9% as male.
- 42.5% of staff self-identified as Caucasian, 13.0% as African American, 11.7% as Multi-ethnic, 2.3% as American/Alaska Native, 3.8% as Filipino, 2.7% as Hmong, 1.9% as Asian Indian, 1.7 % as Chinese, and 11.2% as Other.
- 44.3% self-identify as a family member of a consumer, 25.7% of staff self-identify as a consumer of Mental Health Services, while 11.2% of staff self-reported that they live with a disability and 3.2% currently serve or have served in the US Military.
- 73.9% of the staff self-identified as being heterosexual/straight, 6.0% as bisexual, 2.8% as lesbian, 2.2% as queer, 1.2% as gay, 1.4% pansexual, 1.7% as asexual, 0.5% as other, 0.9% as questioning and 9.5% choose not to answer the question.
- 599 direct service staff are included in the total number of staff described above.
- 29.4% of direct service staff self-identify as being of Hispanic ethnicity.
- 28.9% of direct service staff self-identify as a consumer of Mental Health Services, while 45.7% self-identify as having a family member who is a consumer of Mental Health Services.

ALL STAFF

There were a total of 867 active staff who responded to the survey. Over 40% (41.3%) reported being Unlicensed Direct Service Staff, almost 25% (24.9%) reported being Licensed Direct Service Staff and almost 3% (2.9%) reported being Other Healthcare Professionals. Direct Service Staff accounted for just under 70% (69.1%) of all staff surveyed. Administrative Staff represented over 16% (16.5%) and Managerial Staff represented 14.4% of all staff.



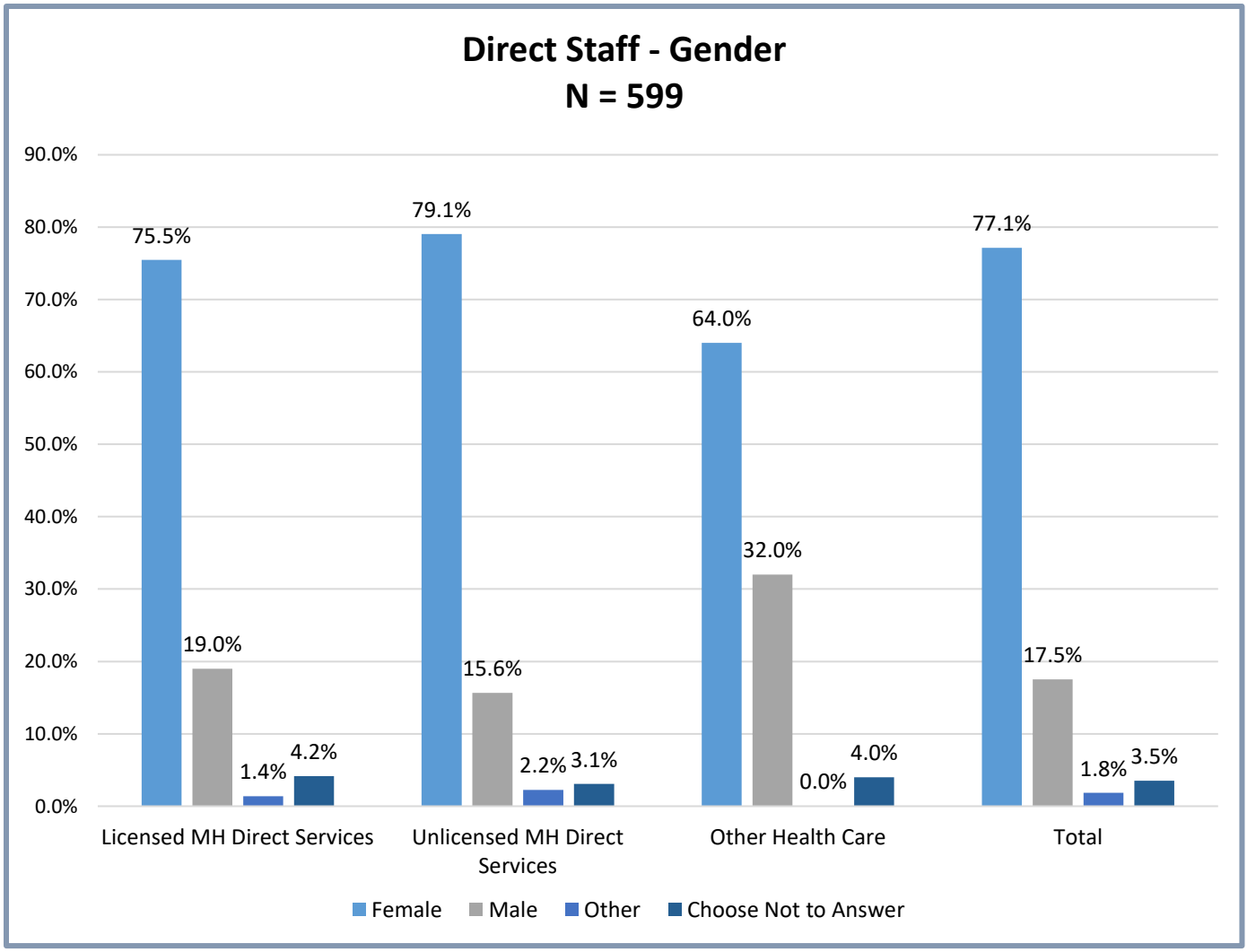
	Direct Service Staff			Non Direct Service Staff	
	Licensed MH Direct Service Staff	Unlicensed MH Direct Service Staff	Other Health Care Professionals	Managerial and Supervisory	Administrative
Series1	24.9%	41.3%	2.9%	14.4%	16.5%

DIRECT SERVICE STAFF

There were a total of 599 survey responses from direct service staff in the system. This represents just under 70% (69.1%) of all respondents. The charts below depict the demographic characteristics for all direct service staff including Licensed Staff, Unlicensed Staff and Other Health Care Professionals.

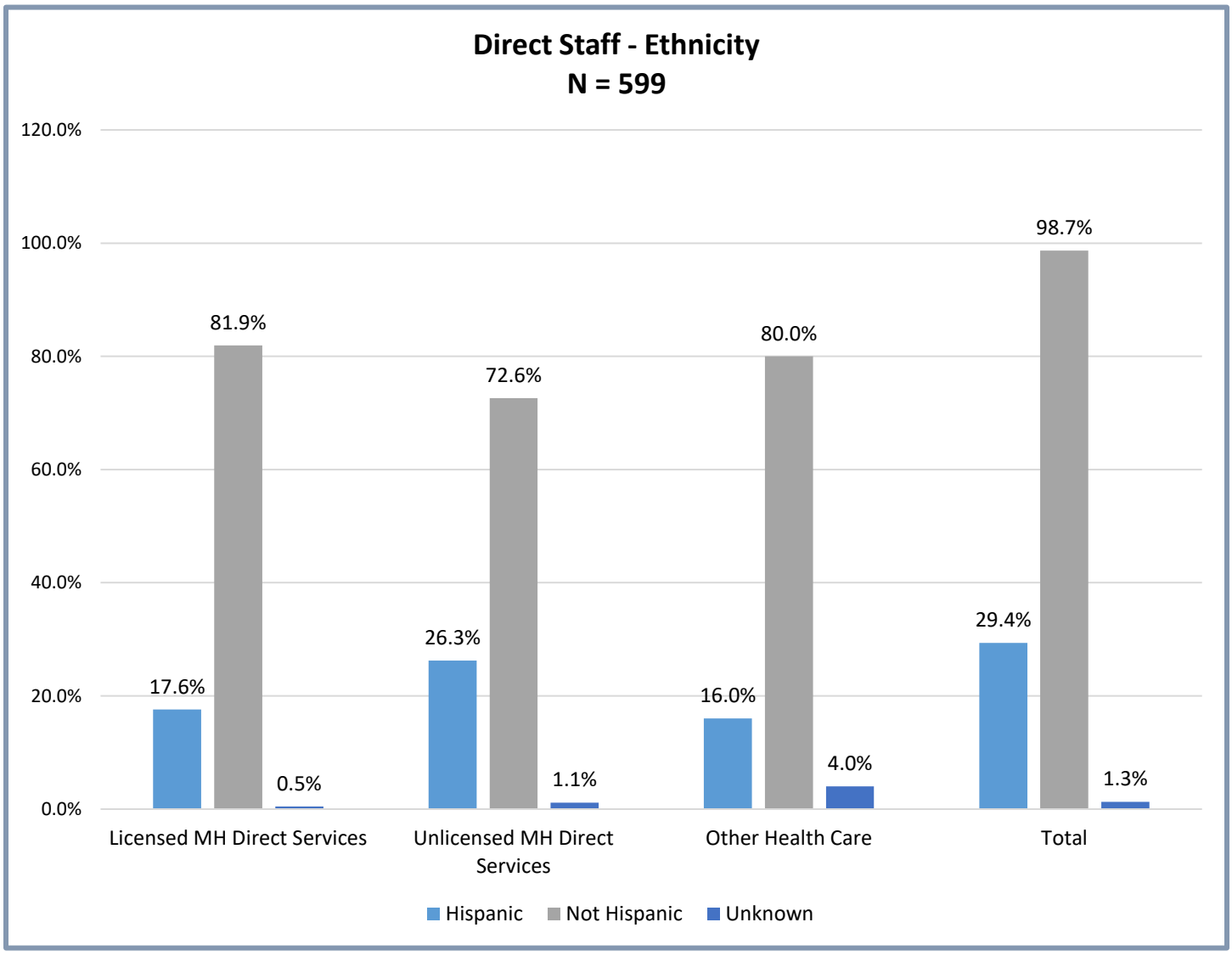
Gender

The majority of direct service staff are female, ranging from 64.0% (Other Health Care Professional) to 79.1% (Unlicensed MH Direct Staff).



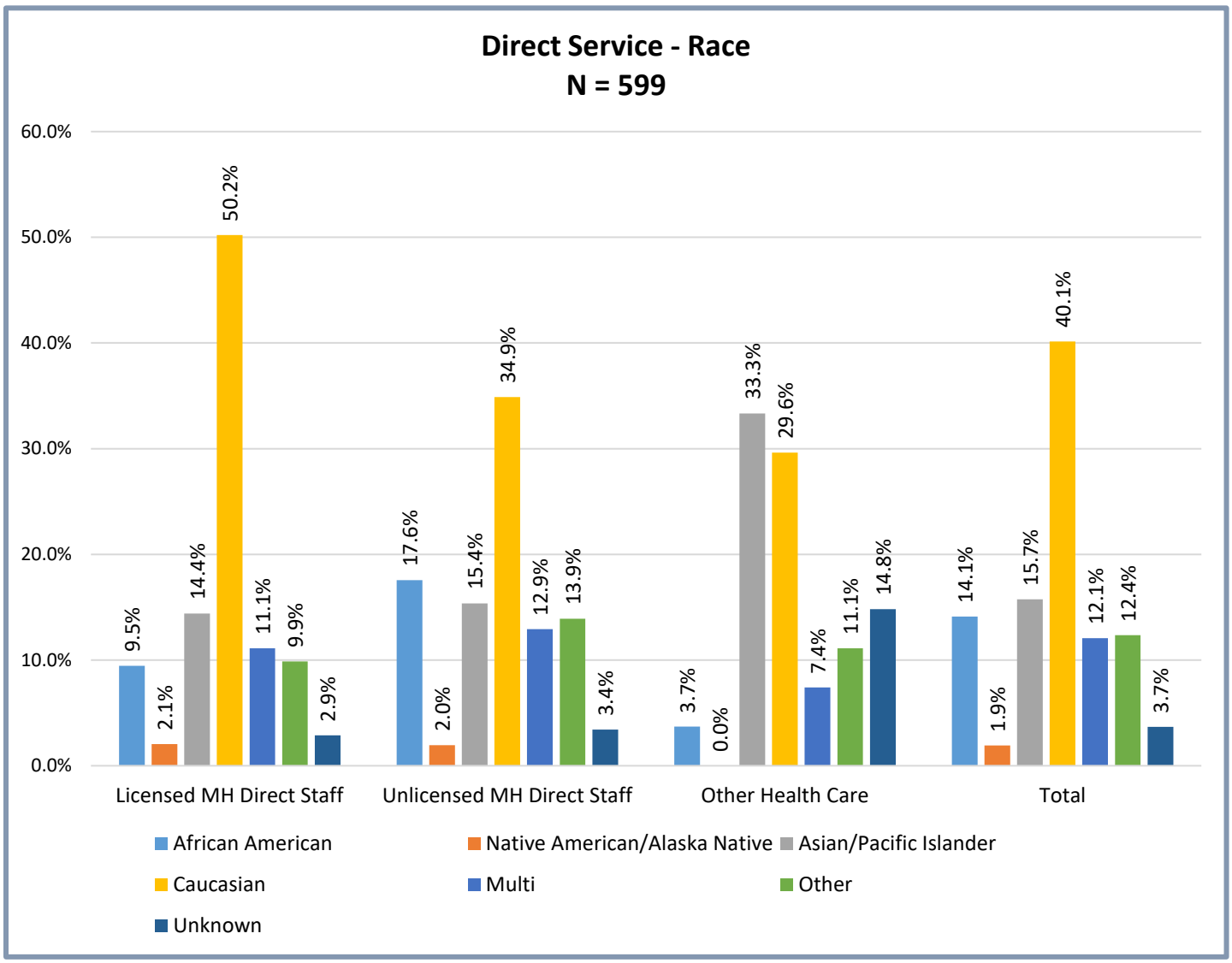
Ethnicity

Almost 30% (29.4%) of direct service staff identify as Hispanic. Of all direct service staff, 26.3% of Unlicensed Direct Service Staff identify as Hispanic, while 16.0% of Other Health Care Professionals identify as Hispanic.



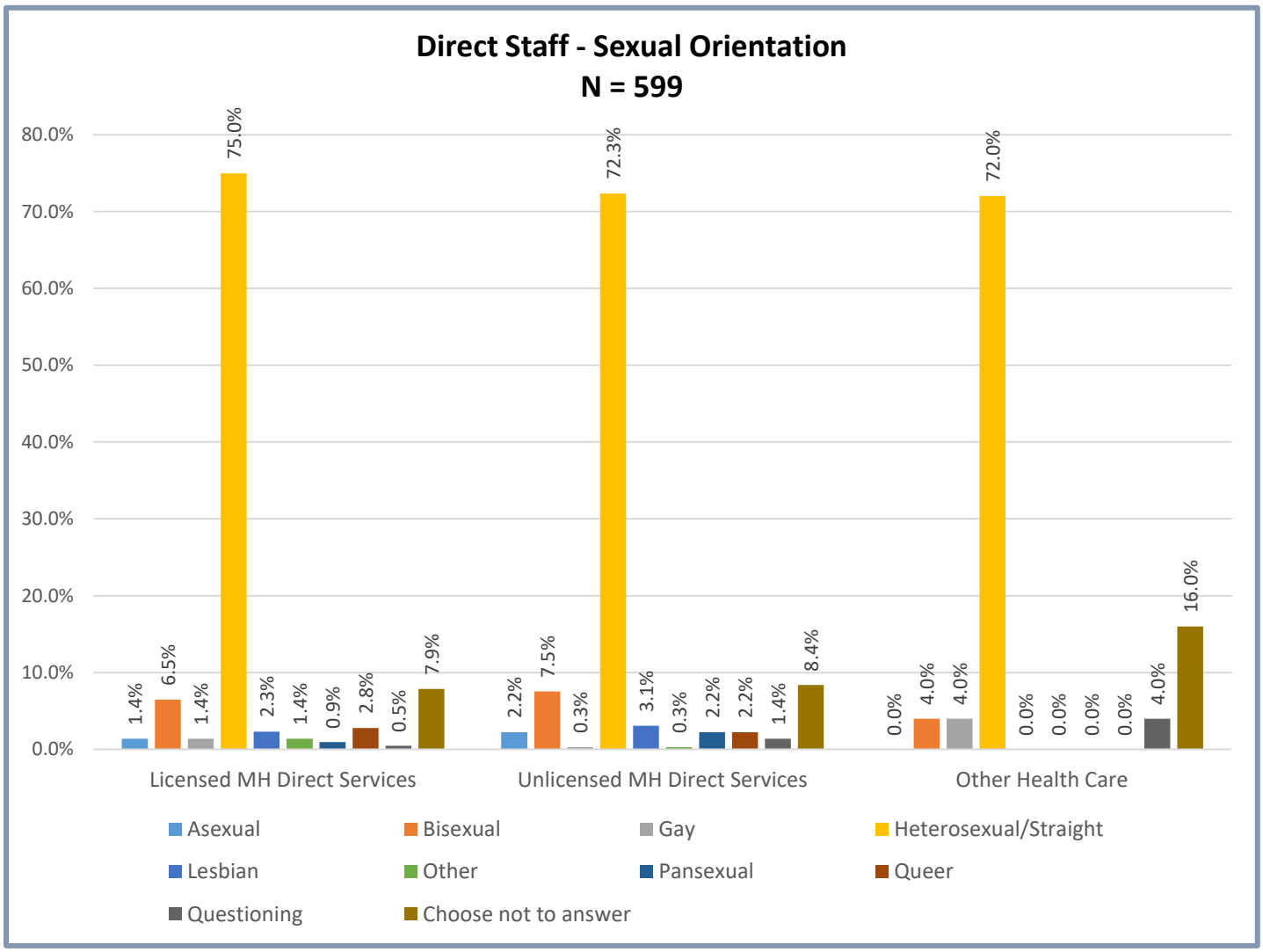
Race

While Caucasian represented 40.1% of direct service staff surveyed, the majority (59.9%) of direct service staff identify with a race other than Caucasian. Over 70% (70.4%) of Other Health Care Professionals and 65.1% of Unlicensed MH Direct Staff identify with a race other than Caucasian, while just under 50% (49.8%) of Licensed Direct Service Staff identify with a race other than Caucasian.



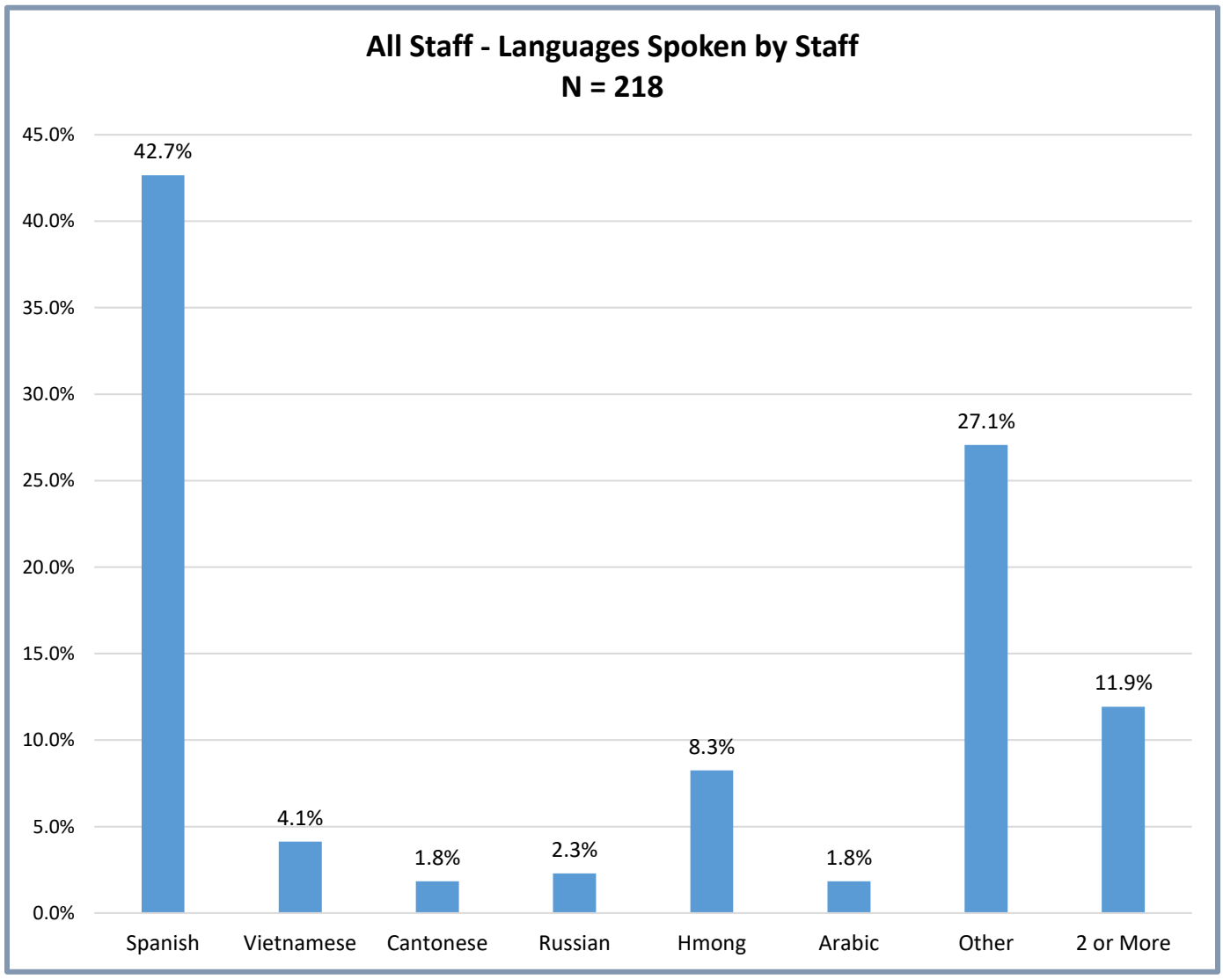
Sexual Orientation

Over 73**%** (73.3%) of Direct Service staff identified as heterosexual/straight. 75.0% of Licensed MH Direct Service staff, 72.3% of Unlicensed Direct Service Staff and 72.0% of Other Health Care Professionals identify as heterosexual/straight. Over 8% (8.5%) chose not to answer.



Language

Of all staff surveyed, 218 (25.1%) unduplicated staff indicated speaking a language other than English. For staff who spoke one language other than English, the majority spoke Spanish (42.7%) followed by Hmong (8.3%). Almost twelve percent (11.9%) 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, other disability, and/or have 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 25.7%.

Family Member – 44.3% 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. Of those who reported, Unlicensed MH Direct Staff represented the highest percentage at 14.5%.

Military: The majority of staff reported not serving in the military. Of those who have served, Licensed MH Direct Staff represented the highest percentage at 5.6%.

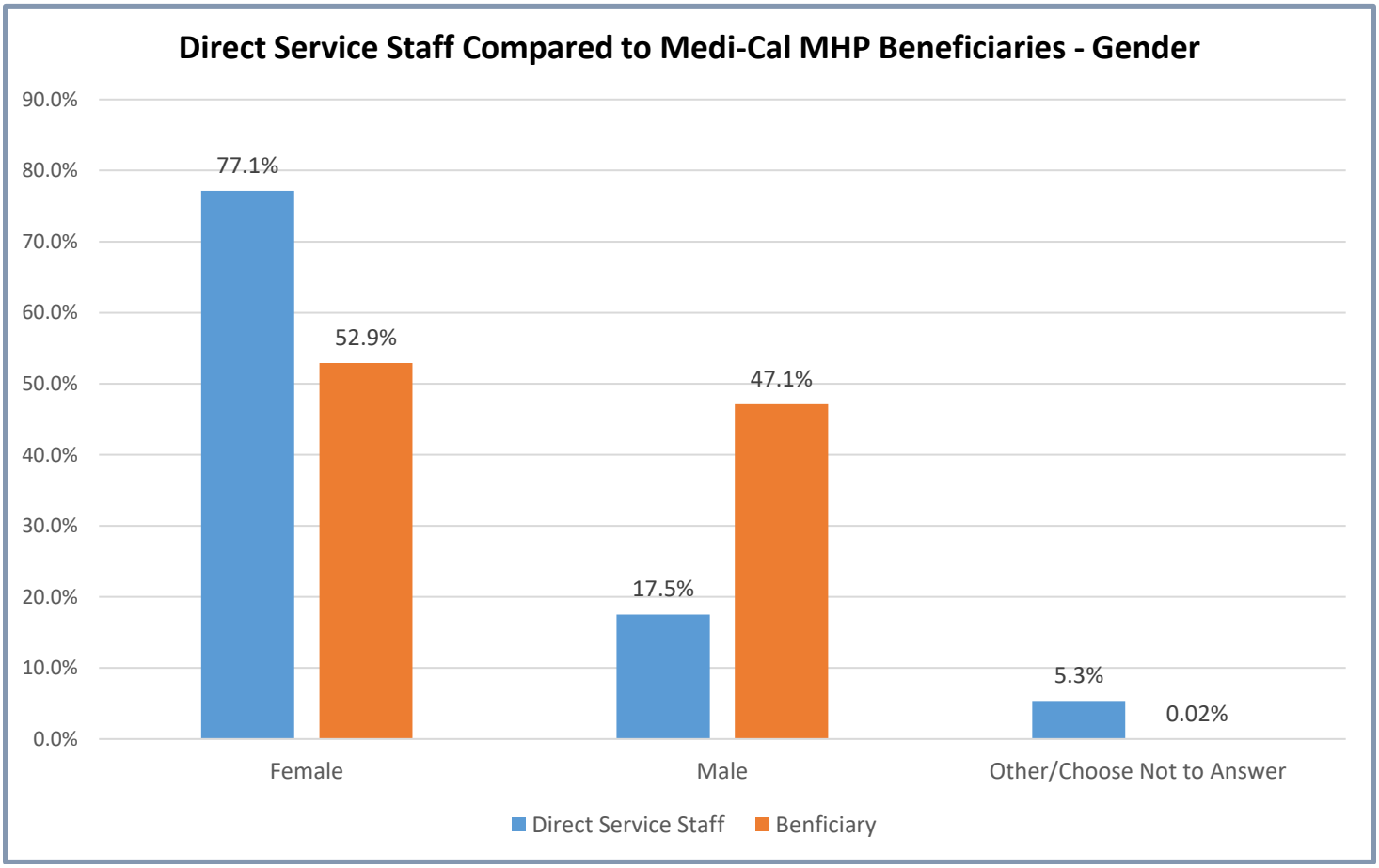
	Administrative Staff/Advisory Board/Steering Committee/Other		Licensed MH Direct Staff		Managerial and Supervisory		Other Health Care Professionals		Unlicensed MH Direct Staff		Unknown		Total	
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
I am a consumer of Mental Health Services	25	17.5%	64	29.6%	25	20.0%	3	12.0%	106	29.6%	0	0.0%	223	25.7%
I have a family member who is a consumer of Mental Health Services	54	37.8%	94	43.5%	56	44.8%	7	28.0%	173	48.3%	0	0.0%	384	44.3%
I live with a disability	18	12.6%	17	7.9%	9	7.2%	1	4.0%	52	14.5%	0	0.0%	97	11.2%
I am currently or have served in the US Military	3	2.1%	12	5.6%	3	2.4%	1	4.0%	9	2.5%	0	0.0%	28	3.2%

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 19-20. 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.

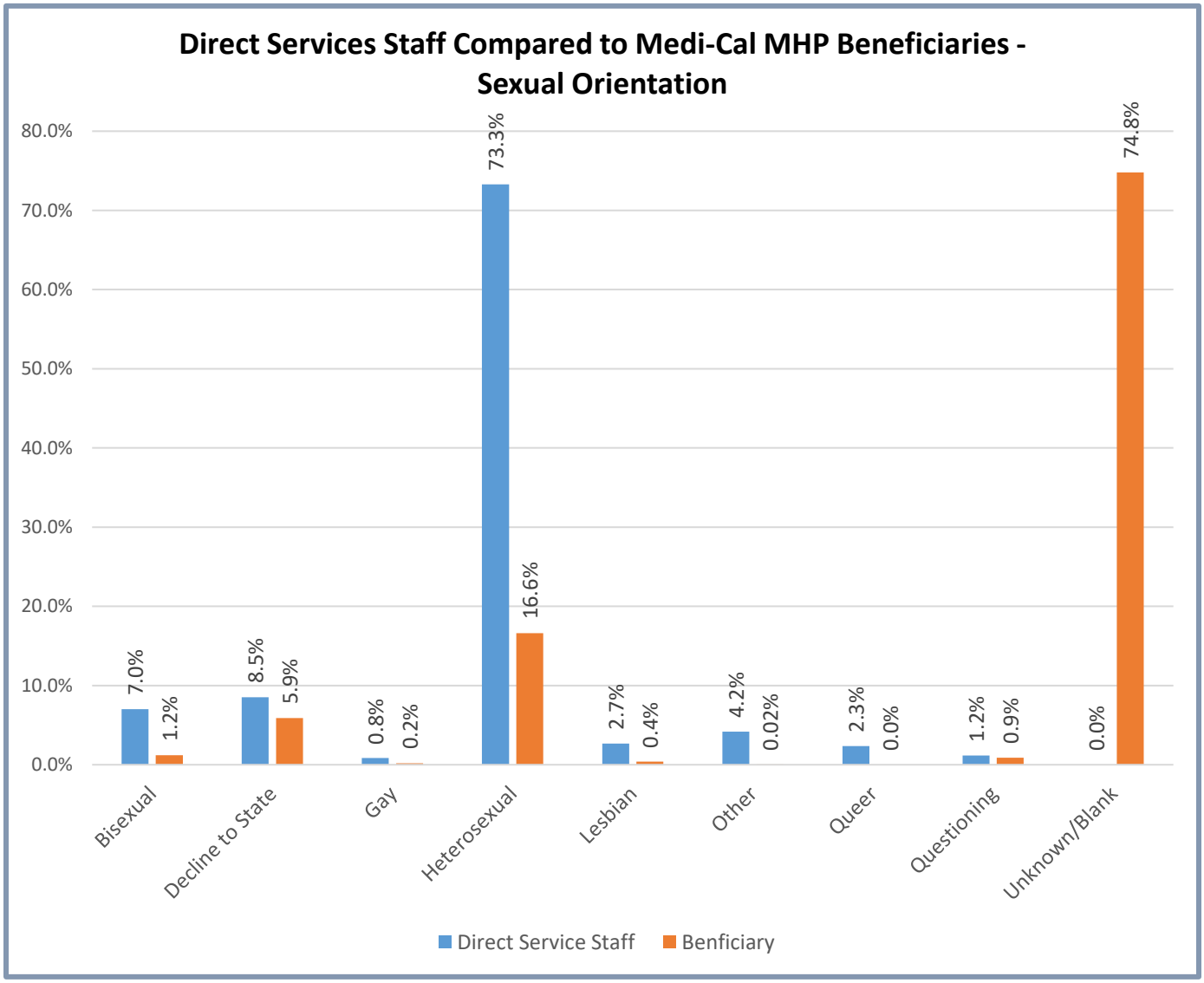
Gender

As indicated below, males are underrepresented in direct service staff, compared to the number of males served in the system.



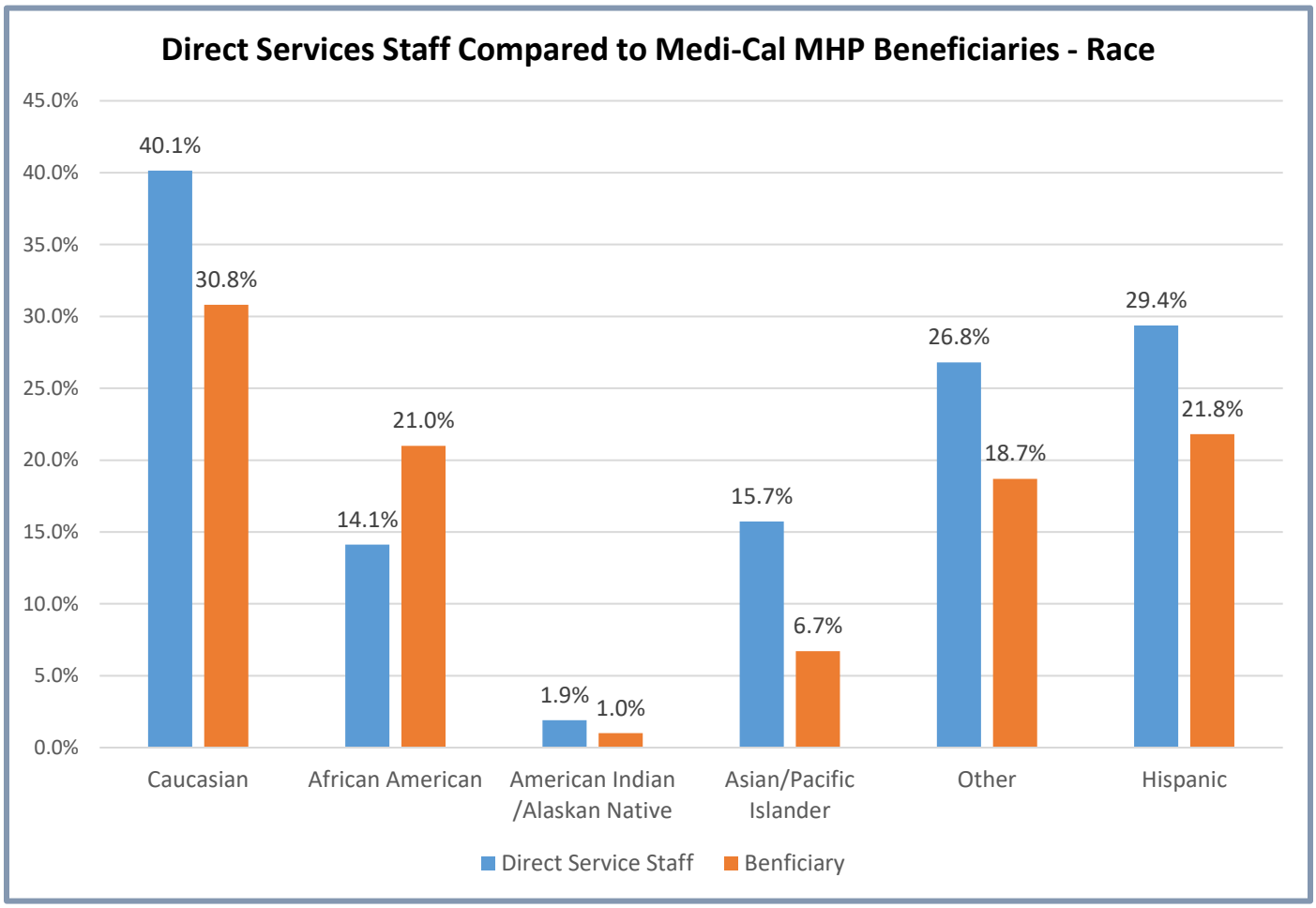
Sexual Orientation

As indicated below, more than half of the beneficiaries are unknown or not reported.



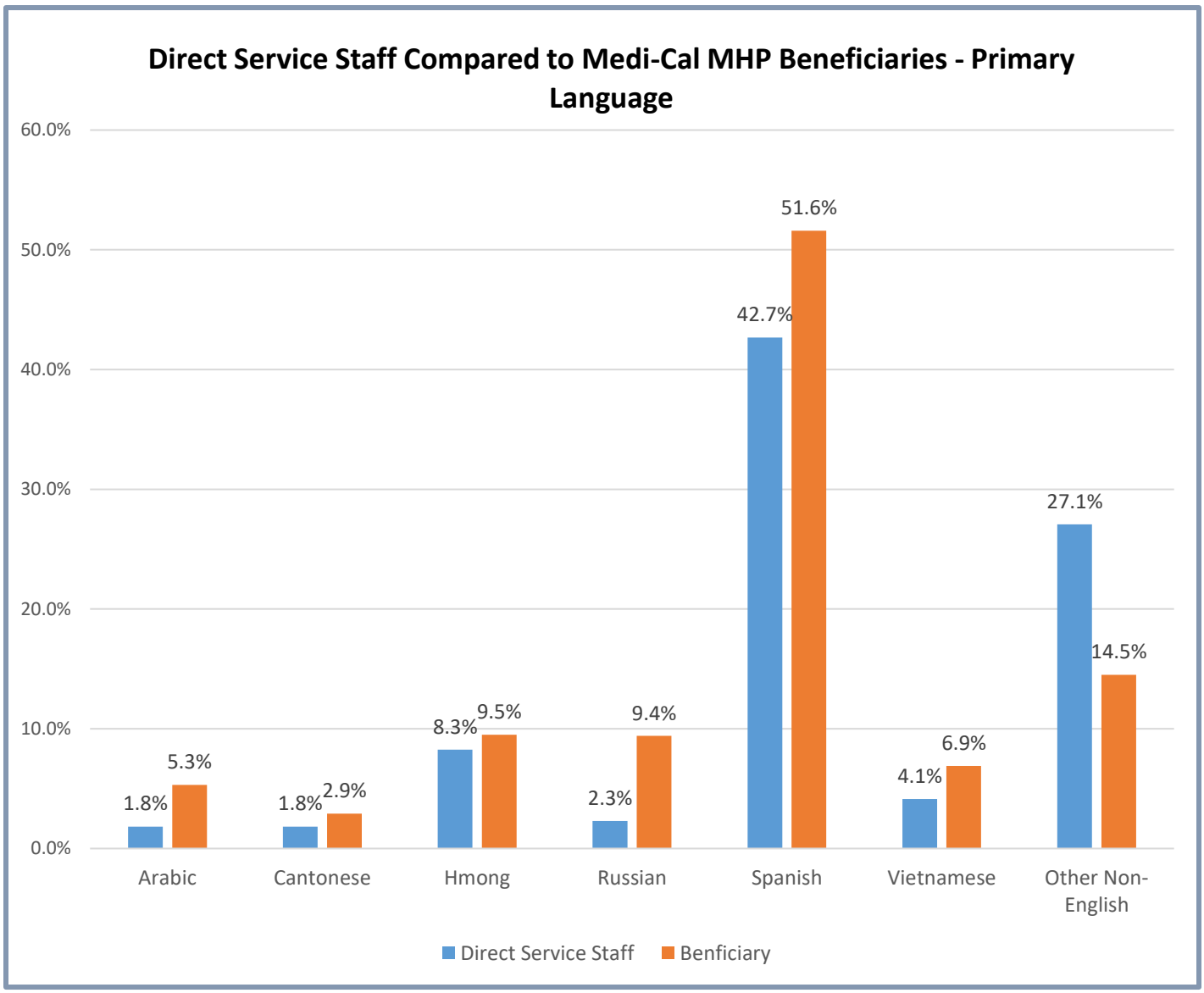
Race

In regards to race, African American Direct Service Staff are underrepresented, compared to the number of African American clients served, while all the other categories of 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.



Improving Capacity to Achieve Behavioral Health Equity in Sacramento County

Updated 10/9/2020

Problem Statement:

In the 1999 report, "Mental Health: A Report of the Surgeon General", it was noted that Black, Indigenous and People of Color (BIPOC) have poorer access to behavioral health care than whites and receive poorer quality care.[1] For the past 5 years, the California Institute for Behavioral Health Solutions (CIBHS) has worked with the Sacramento County Division of Behavioral Health Services (BHS) to advance behavioral health equity and increase the cultural competence of behavioral health services.

While many trainings have occurred and the evaluations demonstrated positive responses from participants, the County would like to focus more in the current year on advancing behavioral health equity. Cultural competence training attempts to ensure providers gain knowledge of different cultural practices and the skills needed to communicate and interact effectively across cultures. Behavioral health equity, on the other hand, means that everyone gets what they need so they have a fair chance and opportunity to live a life of optimal emotional health and wellness. While behavioral health inequity is caused by disparities in social determinants of health, such as housing, education and income level that disproportionately impact BIPOC, it is important to also recognize that these disparities are, at core, caused by racism. Structural racism, the complex interplay of public policies, institutional practices, cultural representations, and norms, creates the racial inequities we observe in social determinants of health. The resulting poverty, limited employment, inadequate health services, unsafe streets, and chronic stress lead to increased incidence of anxiety, depression, substance use, and other behavioral health symptoms among BIPOC. Therefore, creating opportunities for optimal emotional health and wellness requires not just improving provider skills to interact more effectively with other communities, but also intentionally partnering with communities to identify and address racial inequities that create behavioral health inequities.[2]

Solution:

A Sacramento County Behavioral Health Racial Equity Collaborative (BHREC) will be established to bring together key stakeholders of the Sacramento County behavioral health system to build Racial Equity Action Plans (BHREC Action Plans) to improve behavioral health outcomes in the Sacramento community. The core goals of the BHREC Action Plans will be determined during

[1] Taken From: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3928067/

[2] Taken From: https://www.policylink.org/sites/default/files/Health%20Care%20and%20the%20Competitive%20Advantage%20of%20Racial%20Equity.pdf

the Collaborative through various strategies, including a survey of the community, focus groups and analysis of already existing Sacramento and state level data. All organizational members of the BHREC will create their own BHREC Action Plan, each using their own strategies to achieve the shared behavioral health equity goals of the BHREC. This Collaborative will serve as a pilot so that BHS and its providers can learn how to work effectively in communities to achieve equity.

While strides have been made to create a foundation for a relationship between BHS, its providers and the African American/Black community, the development of an authentic and meaningful partnership with a shared vision and strategies for racial and behavioral health equity still requires additional targeted efforts. Sac County BHS will use the BHREC Pilot to learn how to more effectively partner with racial communities to create clear, shared action plans for behavioral health and racial equity that can be adapted and replicated with other community groups.

The BHREC will be guided by a Steering Committee of 20 members. Half of the members are from Sacramento County BHS and the other half are individuals representing stakeholders from the Sacramento African American/Black Community. The Steering Committee will have a core role in the design of the BHREC as well as the shaping of the BHREC Action Plan goals.

They will:

- Create a vision and values statement for the BHREC;
- Review and assist in the analysis of data from a community survey, focus groups and county and state level reports that will inform the goals and measures of success of the BHREC Action Plans;
- Help Sacramento County DHBS to identify strategies to increase meaningful relationships with the African American/Black community;
- Create institutional accountability and urgency for change; and
- Support Sacramento County BHS in using racial equity tools to help assess the impact of BHREC on the community.

SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services

Behavioral Health Services Equity Update

Presentation to Sacramento County
Mental Health Services Act
Steering Committee
January 20, 2022

Mary Nakamura, LCSW
Cultural Competence & Ethnic Services/
Workforce Education and Training Health Program Manager

Health Disparities

"**Health Disparities** are systemic, avoidable, unfair and unjust differences in health status and mortality rates and in the distribution of disease and illness across population groups. They are sustained over time and generations and beyond the control of individuals".

Adewale Troutman, M.D., M.A., M.P.H.

Important Concepts

- Equality vs Equity
- Cultural Humility
- Cultural responsiveness
- Community-defined evidence
- Culturally competent behavioral health care relies on historical experiences of prejudice, discrimination, racism and other culture-specific beliefs about health or illness, culturally unique symptoms and interventions with each cultural group to inform treatment (Cross, Bazron, Dennis, & Isaacs, 1989; Pope-Davis, Coleman, Liu, & Toporek, 2003)

Why Emphasis on Equity, Cultural Humility, Cultural Responsiveness & Cultural Competence?

- Changing Demographics
- Eliminate longstanding disparities in behavioral health status of diverse communities
  - **Access to care**
  - **Quality of care**
  - **Appropriateness of care**
- To improve the quality of service, client engagement, and service outcomes
- To meet legislative, regulatory and accreditation mandates
- Decrease the likelihood of liability/malpractice claims

Behavioral Health Services

- Implementation of Cultural Competence Policy & Procedure

https://dhs.saccounty.gov/BHS/Documents/BHS-Policies-and-Procedures/PP-BHS-CCES-02-01-Implementation-of-Cultural-Competence.pdf

  - Cultural Competence Committee is a subcommittee of the Quality Improvement Committee
    - Advises BHS on cultural competence issues
    - Sexual Orientation, Gender Identity and Expression Data workgroup example
  - Annual Cultural Competence Training Requirements
  - BHS programs that provide additional cultural competence training to their staff are required to track attendance of their staff and submit training information to BHS on an annual basis (2010 Cultural Competence Plan Requirements)

Behavioral Health Services

- Assurance of Cultural Competence Compliance
  - Contractual obligation (excerpt below)

SACRAMENTO COUNTY

DIVISION OF BEHAVIORAL HEALTH SERVICES
ASSURANCE OF CULTURAL COMPETENCE COMPLIANCE

This document assures compliance with various federal, state and local regulations, laws, statutes and policies related to culturally and linguistically competent services to diverse populations as outlined in the Sacramento County Division of Behavioral Health Services (BHS) Cultural Competence Plan Objectives and the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

In a culturally and linguistically competent system, each provider organization shows humility, respect for and responds to individual differences and special needs of the community. Services are provided in the appropriate cultural context and without discrimination related to, but not limited to race, ethnicity, national origin, income level, religion, gender identity, gender expression, sexual orientation, age, or physical disability. Culturally competent and responsive providers are aware of the impact of their own culture on their relationships with consumers, and know about and respect cultural, ethnic, socio-economic, gender identity and expression, and sexual identity differences, intersections and complexities. They adapt their skills to meet each individual's, family's and community's values and customs. They strive for behavioral health equity, and they exhibit accountability to the communities they serve. Cultural competence is a developmental and dynamic process – one that occurs over time and is never ending.

Cultural Competence Plan Requirements

- Cultural Competence Plan Requirements (CCPR) were issued in 1997 as part of the Phase II Consolidation of Medi-Cal Specialty Mental Health Services.
- Applicable to all BHS County & Contract providers
- Annual reporting of cultural competence related expenses
- Annual Human Resource & Language Proficiency Survey
- Biennial Agency Self Assessment of Cultural Competence based on CLAS Standards
- Since 2019, CCP began including both Mental Health and Substance Use Prevention and Treatment Services systems

Cultural Competence Plan Requirements

- To view the Sacramento County Cultural Competence Plans (CCP) and CCP Updates, please visit our BHS Reports and Workplans page:

https://dhs.saccounty.gov/BHS/Pages/GI-BHS-Reports.aspx

BHS Mission & Vision

- To provide a culturally competent system of care that promotes holistic recovery, optimum health, and resiliency.

- **Our Vision**

  We envision a community where persons from diverse backgrounds across the life continuum have the opportunity to experience optimum wellness.

BHS Values

- Respect, Compassion, Integrity
- Client and/or Family Driven Service System
- Equal Access for Diverse Populations
- Culturally Competent, Adaptive, Responsive and Meaningful
- Prevention and Early Intervention
- Full Community Integration and Collaboration
- Coordinated Near Home and in Natural Settings
- Strength-Based Integrated and Evidence-Based Practices
- Innovative and Outcome-Driven Practices and Systems
- Wellness, Recovery, and Resilience Focus

BHS Equity Vision Statement - adopted 12/20/2021

- Sacramento County Behavioral Health Services (BHS) envisions a community where all Sacramento County residents thrive and have equitable access to optimal behavioral and emotional wellness. By racial equity we mean closing the gaps so that race does not predict one's success, while also improving outcomes for all.

HOW TO GET TO GOAL

- BHS seeks to be an organization where staff and clients feel welcome and have a sense of belonging, that includes all cultural/ethnic identities.
- We seek to create an organizational culture that is client/family driven and reflects community diversity at all agency levels.
- As a member of the wider Sacramento community, and through mutual collaboration and partnerships, BHS prioritizes strategies that consider harmful impacts, advance unbiased results, and takes accountable action so that cultural/ethnic identity no longer predict behavioral health wellness.

BHS Equity Core Values

- Client and family driven
- Mutual collaboration and partnership
- An environment of belonging, emotional safety, and promotion of expressions of diversity
- Staff reflective of community served
- Accountability, impact, results
- Innovation/fundamental change

Behavioral Health Racial Equity Collaborative (BHREC)

- Pilot: Targeted Universalism Approach to Behavioral Health Equity with communities of people who identify as African American/Black/of African Descent (AA/B/AD)
- Began in Fiscal Year 2020/21 with Facilitation support provided by California Institute for Behavioral Health Solutions (CIBHS)
- Guided by a BHREC Steering Committee – Community members and BHS Executive Leadership
- 7 BHS providers joined BHS in this learning collaborative and remain committed in the current Implementation Phase

BHREC Vision Statement

- The Sacramento County Division of Behavioral Health Services (BHS), in collaboration with communities of people who identify as African American/ Black/of African Descent, strives for a Sacramento County where Black behavioral health matters and race no longer predicts wellbeing and life outcomes.

We envision a Sacramento County where:

- Communities of people who identify as *African American/Black/of African Descent* have equitable opportunity for emotional health and wellness,
- Communities of people who identify as *African American/Black/of African Descent* communities are supported to prosper to their fullest potential,
- Sacramento County Division of Behavioral Health Services fully integrates a racial equity lens in organizational hiring and other practices,
- Sacramento County Division of Behavioral Health Services and the community work together to ensure equity through continued examination of the systems that shape service provision, and in the collection and disaggregation of data to define goals and evaluate outcomes,
- Community led strategies, as well as transparency and accountability in decision making are prioritized.

BHREC Values

- Follow through
- Accountability
- Honesty
- Transparency
- Community Centered/Defined
- Timely Implementation
- Relationship Building
- Bold/Vulnerable Communication

BHREC Racial Equity Action Plans – Sacramento County BHS

- Build trust with the community through equitable resource distribution across different areas of Sacramento County
- Increase effective and re-occurring equity trainings (ex. topics: implicit bias, cultural humility, historical and community racial trauma, trans-competent care, racial justice, gender bias, LGBTQ+ issues, intersectionality) and increase accountability for skill development and behavior change in staff following training. Accountability strategies examples include pre/post surveys of consumers and community assessment committees
- Increase outreach to the AA/B/AD community regarding job openings, application processes, and career pathways. Partner on outreach with local and national groups known to focus on the AA/B/AD community (e.g., historically Black colleges and universities, Black LGBTQ+ groups, the Association of Black Psychologists and the Sacramento Cultural Hub).
- Increase recruitment, retention, and leadership development of AA/B/AD and transgender individuals who know the community.

Thank you

Mary Nakamura, LCSW
Cultural Competence & Ethnic Services/Workforce Education and Training
Health Program Manager
nakamuram@saccounty.gov

Mental Health Services Act (MHSA) Annual Update
Funding Summary

A. Community Services and Supports (CSS) Component

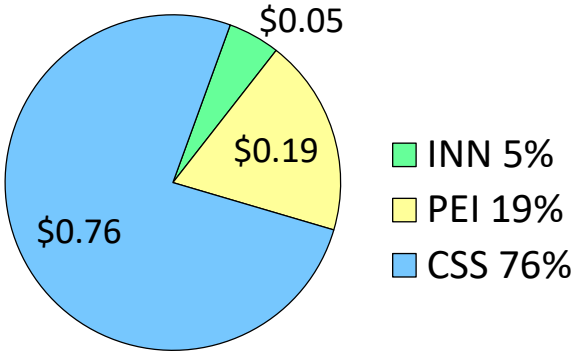
- Provides funding for mental health treatment services and supports for children/youth and their families living with severe emotional disturbance and adults living with a serious mental illness. This includes funding for the MHSA Housing Program.
- A majority of CSS funding must be directed to Full 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
- 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 (MHSOAC)
- 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 used to renovate the 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)
  - MHSA revenue is volatile and difficult to project
- In FY 2021-22, Sacramento County allocation increased from 3.26% to 3.41% of State MHSA funding due to statewide recalculation distribution

Behavioral Health System and Stakeholder Participation

MHSA Steering Committee Presentation
January 21, 2021

Jane Ann Zakhary
Division Manager, Administration, Planning and Outcomes

Kelli Weaver, LCSW
Division Manager
Adult Mental Health

2

Background

- Behavioral Health is implementing a regular procurement schedule for contracted programs
- Stakeholder input, which includes consumer and family input, is a critical component to ensuring programming is effective, respectful and responsive
- Stakeholder participation and input occurs in many forms across the system

3

Mandated Advisory Boards

- Mental Health Board
- Alcohol and Drug Advisory Board

4

Recommending Bodies

- MHSA Steering Committee
- Cultural Competence Committee
- Family Advisory Committee
- Youth Advisory Committee
- Older Adult Coalition
- Behavioral Health Racial Equity Collaborative
- Youth Advocacy Board (in development)

MHSA Steering Committee - Behavioral Health System and Stakeholder Participation 1/21/2021

5

Broader Stakeholder Sessions

- Town Halls
- Community Conversations

6

Program/Project Specific Input

- Anecdotal feedback from system partners, consumers/family members and providers
- African American Ad Hoc Workgroup
- Surveys
- Alternatives to 911 for Mental Health Calls
- MHSA SC Ad Hoc Workgroups
- Key Informant Interviews
- Focus Groups
- Multi-County FSP Collaborative (INN Project)
- Needs Assessments
- Satisfaction Surveys

7

How is Stakeholder Input Used?

- Input informs program planning, development and implementation
- Adapting programming to current/shifting community needs
- Input is balanced with Local and State oversight guidance, feedback and requirements

Sacramento County Time-Limited Community Driven Prevention and Early Intervention Grant Program

Organization/ Individual and Grant Amount	Contact Information	Grant Term	Grant Status	Populations Served	Description of Program	Negative Outcomes Addressed
Agile Group $177,680	Michael Craft, Principal Consultant mcraft@agilegroup.us (916) 670-2932	May 2020 - May 2022 No Cost Extension End Date: May 2023	Active	Sacramento County Community Leaders who interact with youth, age 13 - 21, specifically from low-income African American families	**Youth Mental Health First Aid Training and Wellness Support Program:** • Host a Youth Mental Wellness Day centered around normalizing mental health • Four (4) Mental Health First Aid Community Trainings • Create a Youth Mental Health Council • All activities will teach community members how to be supportive to young people experiencing mental health challenges and to empower youth to talk openly about challenges.	• Suicide • School failure/drop-out rate • Incarceration • Unemployment
Cal Voices $413,908	Stephanie Ramos, Program Manager sacmap@calvoices.org (916) 366-4600 www.calvoices.org/sacmap	April 2020 – May 2022	Active	Unserved, underserved, and unengaged diverse communities including: • LGBTQ • TAY • Older Adults • Racial/Ethnic Groups	**SacMap** (**S**upport, **A**dvocacy, **C**are and **M**ental wellbeing for **A**ll **P**eople) is an online resource guide that provides a comprehensive list of mental health services and supports available in Sacramento County. SacMap provides workshops for community members to educate them on mental health and recovery, different types of mental health programs, and how to navigate the website and tools available. Population specific workshops are offered quarterly. Quarterly workshops for Provider/organization are available to introduce them to the SacMap resource guide and provides strategies on how provider/organization staff can assist and empower the people they serve in accessing mental health resources in Sacramento County.	• Prolonged Suffering • Homelessness • Suicide • School failure/drop-out rate

Sacramento County Time-Limited Community Driven Prevention and Early Intervention Grant Program

Organization/ Individual and Grant Amount	Contact Information	Grant Term	Grant Status	Populations Served	Description of Program	Negative Outcomes Addressed
California Black Women's Health Project $459,210	Sonya Young Aadam, CEO sonta@cabwhp.org (310) 412-1828 www.cabwhp.org	April 2020 – May 2022 No Cost Extension End Date: January 2023	Active	• African American • African/Afro Latino • Afro-Caribbean Women & Girls age 14-99	**Sisters Mentally Mobilized (SMM) – Sacramento** is program that utilizes a nationally recognized, evidenced-based engagement model, Sister Circle. Sister Circle is a community outreach and community capacity-building tool that uses medium such as digital communication, social media, hosted events, trainings, radio, town halls, and community forums. SMM activities will provide Black women mental, physical and community health education, empowerment, and support resources. Activities include: • Monthly SMM-Sac Sister Circles • A time to care Affair – Mix n' Mingle (Summer 2020 & 2021) • Pre-Holiday Self-Care Sister Circle (November 2020 &2021) • Sistahs Aging with Grace & Elegance – SAGE (Fall 2020 & Spring 2021) • HAIR'apy – Stylist Circle or Hair & Care (Summer 2020 & 2021) • Leadership Circle of Resiliency (August 2020 & 2021) • Creative Soul Discovery – Art as Healing Youth Workshop (2x a year) • At the Feet of Sankofa – Emerging Leaders MH Symposium (Fall 2021) • Birth Workers Sister Circle – (Spring 2021 & 2022) • Eastern Stars – Intergenerational Soul Care (Summer 2020 & 2021)	• Unemployment • Incarceration • Prolonged suffering

Sacramento County Time-Limited Community Driven Prevention and Early Intervention Grant Program

Organization/ Individual and Grant Amount	Contact Information	Grant Term	Grant Status	Populations Served	Description of Program	Negative Outcomes Addressed
Depression and Bipolar Support Alliance (DBSA) of California $96,000	Paul Simmons, Program Manager psimmons@dbsacalifornia.org (916) 215-4948 www.dbsalliance.org	April 2020 – August 2020	Grant Term is Complete	TAY and Young Adults, age 14-18	**Selix Soft Skills Suite for Transition Age Youth and Young Adults** Is a suite of training seminars/workshops for consumers with the goal of empowering them and providing them information about peer support and MH services. Selix Soft Skills Suite was originally developed for and implemented with adults and older adult audiences. DBSA will modify and use Skills Suite for TAY and young adults. ***Sustainability Plan:*** *The entire Selix Soft Skills Suite is designed to be repeatable and modular. This project can be utilized multiple times for multiple audiences and in partnership with a variety of organizations*	• School failure/drop-out rate • Unemployment • Incarceration • Prolonged suffering *DBSA hosted a series of Selix Soft Suite model workshops. Workshop topics included MH services available in Sac Co., suicide prevention. Best practices for individuals with mood disorders, meditation and writing wellness recovery action plans.* *Total Served: 300 TAY and young adults*
East Bay Asian Youth Center (EBAYC) $403,648	David Kakishiba, Executive Director junji@ebayc.org (510) 435-8582 www.ebayc.org	June 2020 – May 2022 No Cost Extension End Date: May 2023	Active	Sacramento County Southeast Asian Youth, age 14-18, including • Burmese • Cambodian • Chinese • Hmong • Laotian • Lao Lu-Mien • Vietnamese	**Groundwork II** is a community-defined evidence program that will: • Pair a youth with a youth advocate who is a life coach and mentor who provides support and assistance with developing and completing short-term goals and navigation through various systems. • Provide cultural affinity groups for both youth and advocates	• School failure/drop-out rate • Incarceration • Suicide

Sacramento County Time-Limited Community Driven Prevention and Early Intervention Grant Program

Organization/ Individual and Grant Amount	Contact Information	Grant Term	Grant Status	Populations Served	Description of Program	Negative Outcomes Addressed
Friends for Survival $29,000	Marilyn Koenig, Executive Director info@friendsforsurvival.org (916) 392-0664 www.FriendsForSurvival.org	April 2020 - May 2021	Grant Term is Complete	Communities/individuals who have been severely affected by suicide death and have already been in contact with Friends for Survival	**Caring Friends** is an intermediate level of support delivered by persons with similar experience targeting those who suffer from mental health issues such as anxiety, deep depression, anger, hopelessness, shame, guilt, fear, suicidal ideation Friends for Survival established a team of 10 trained volunteers to provide the following support to individuals: • Regularly call and/or communicate in-person • Build rapport and offer empathy and comfort • Encouragement and support to focus on self-care and to seek out professional mental health services when needed • Information and referrals ***Sustainability Plan:*** *Friends for Survival continues providing support to survivors of suicide loss through their Caring Friends program through community support and donations.*	• *Suicide* *Friends for Survival expanded their trainings on recognizing signs of suicide ideation to volunteers.* *Total Served: 32*
Health Education Council $500,000	Amanda Bloom, MPH Director of Programs and Impact abloom@healthedcouncil.org (916) 556-3344 www.healthedcouncil.org	April 2020 – May 2022 No Cost Extension End Date: May 2023	Active	Spanish speaking young adults and adults, age 17-24	**Peers Helping Peers (PHP)** is a stigma reduction project designed and implemented through a collaboration between Health Education Council, Sacramento Employment and Training Agency (SETA), and citiesRISE. PHP uses a three-pronged approach by building community capacity, providing education and job experience for community residents. *SETA will participate in this program through in-kind funding. • Activity 1: Participant recruitment - PHP will recruit six (6) cohorts that include 10-15 Spanish-speaking adults and 10-15 system-involved young adults age 17-24 • Activity 2: Training Program will be offered three times a year. Training topics include Mental Health & Well-Being 101; Substance Abuse and Prevention; Conflict Mediation; Mental Health First Aid; and Work Readiness Skills • Activity 3: Peer Education on the Job Experience	• Incarceration • School failure/drop-out rate • Prolonged suffering • Unemployment

Sacramento County Time-Limited Community Driven Prevention and Early Intervention Grant Program

Organization/ Individual and Grant Amount	Contact Information	Grant Term	Grant Status	Populations Served	Description of Program	Negative Outcomes Addressed
					that includes job training and work experience	
Her Health First $500,000	Shannon Shaw, Executive Director shannon@herhealtfirst.org (209) 617-0781 www.herhealthfirst.org	April 2020 – June 2022 No Cost Extension End Date: May 2023	Active	Low-income pregnant African-American Women	**Black Mothers United: Pregnancy & Mental Health Support Services** will utilize a five-stage approach that includes building community capacity-efforts by increasing the recognition of the early signs of postpartum depression and reducing stigma surrounding mental health within the African American community by education and trainings that include: • Black Mothers United (BMU) Program • Trauma-Informed Doula Services • Lactation Support Services • Mommy Mingles & Continuing Education • 1:1 home visitation/mentorship to improve mental health among pregnant African American women	• Suicide
Hmong Youth & Parents United $219,500	Mai Yang Thor, Executive Director Maiyang.thor@hypu.org (916) 692-4551 www.hypu.org	May 2020 – May 2022	Active	Hmong and other Southeast Asian community members, age 12 and up	**Mental Health & Wellbeing – Building Hmong Community Capacity** is a program designed to build community capacity regarding mental health and wellbeing through outreach activities, youth leadership activities, time-limited support groups for youth, parents, women, and elderly. Program events include: • Community Engagement (October 2020 & October 2021) - Events include singing competitions, sports events, art exhibits, and paint nights, among others.	• Suicide • School failure/drop-out rate • Prolonged suffering • Unemployment

Sacramento County Time-Limited Community Driven Prevention and Early Intervention Grant Program

Organization/ Individual and Grant Amount	Contact Information	Grant Term	Grant Status	Populations Served	Description of Program	Negative Outcomes Addressed
					• Youth Leadership Building Summit (April 2021 & April 2022) Time-Limited Support Groups (Summer 2020 – April 2022)	
Improve Your Tomorrow (IYT) $168,811	Michael Lynch, Co-Founder, CEO michael@improveyourtomorrow.org (916) 299-3432 https://www.improveyourtomorrow.org	June 2020 – June 2022 No Cost Extension End Date: December 2022	Active	Los Rios Community College District students of color, with a focus on African American Males	**Improve Your Tomorrow (IYT) - Community Colleges Mental Health Initiative** is a program being developed by IYT & citiesRISE that will expand existing and implement new activities/services. Program will offer the following activities and services: • Monthly mental health workshops • Retreats • A series of barbershop sessions designed specifically for IYT-CC students • Bi-monthly sessions that offer prevention support for enrolled participants provided by a certified mental health counselor	• Incarceration • Homelessness • School failure/drop-out rate
International Rescue Committee, Inc.(IRC) $368,094	Amy Watson, Sr. Program Manager – Health & Gender Amy.watson@rescue.org (916) 824-4200 www.rescue.org/sacramento	April 2020 – May 2022 No Cost Extension End Date: December 2022	Active	Refugee and Special Immigrant Visa holders, focusing on Dari & Arabic speaking communities	**The Community Wellness Program** will provide cultural and linguistic specific services that include: • Psychoeducation • Support groups • Youth and family cultural adjustment support • Community outreach and engagement • IRC's Community Wellness Specialist will become certified in Mental Health First Aid and will provide MHFA trainings in Dari and Arabic	• Suicide • Homelessness • Unemployment • Removal of children and/or older adults from their homes

Sacramento County Time-Limited Community Driven Prevention and Early Intervention Grant Program

Organization/ Individual and Grant Amount	Contact Information	Grant Term	Grant Status	Populations Served	Description of Program	Negative Outcomes Addressed
Justice Team Network $286,738	Annie Banks, Network Manager annie@justiceteams.org www.justiceteams.org	April 2020 – May 2022 No Cost Extension End Date: May 2023	Active	Households of color who chronically experience unemployment, homelessness, incarceration, high use of emergency medical services	**Mental Health First (MH First),** an existing program, is a mobile mental health first responder team, consisting of doctors, nurses, organizers, mental health professionals, peers, and community members, who respond to mental health crises and offer domestic violence safety planning, substance use recovery support, mental health services. They will expand program services by: • Developing and facilitating eight (8) comprehensive trainings over two (2) years for community members on how to manage mental health crises without utilizing traditional methods of crisis intervention (e.g., police, EMS, and emergency rooms). • Hosting a "Together: No Stigma, No Shame" festival that will engage community members in English and Spanish and will address stigma associated with mental health issues and highlight stories about using alternative ways to maintain mental wellness.	• Homelessness • Incarceration • Unemployment

Sacramento County Time-Limited Community Driven Prevention and Early Intervention Grant Program

Organization/ Individual and Grant Amount	Contact Information	Grant Term	Grant Status	Populations Served	Description of Program	Negative Outcomes Addressed
La Familia Counseling Center, Inc $250,000	Mark Dandeneau, MSW – Programs and Behavioral Health Manager MarkD@lafcc.org (916) 210-8773 www.lafcc.org	April 2020 – May 2022 No Cost Extension End Date: Pending	Active	South Sacramento Latino Community focusing on: • Children • Youth • Parents • Families • Immigrant communities • Senior Citizens	**Juntos Podemos – Together We Can** is a comprehensive approach to reach marginalized communities, provide information and activities that build awareness about mental health issues, build understanding of signs of Mental Health issues within their families/communities, and provide a safe and nurturing environment. Activities will include: • Social skills building, workshops, internships that build leadership skills, promote positive behaviors, and empower youth • Parenting skills classes and workshops that provide information about parenting skills, understanding behaviors in youth, relational skills, recognizing signs of MH and dealing with past childhood trauma • Immigrant Communities trainings that provide information about understanding their rights, dealing with fear and trauma, family preparedness, public charge • MH First Aid training for community members • La Familia clinician consultation for community members about information and referrals for mental health services and other supportive services related to immigration	• School failure/drop-out rate • Prolonged suffering

Sacramento County Time-Limited Community Driven Prevention and Early Intervention Grant Program

Organization/ Individual and Grant Amount	Contact Information	Grant Term	Grant Status	Populations Served	Description of Program	Negative Outcomes Addressed
Lao Family Community Development (LFCD) $500,000	Mai Quach, Director of Programs Global Career Development Facilitator mquach@lfcd.org (510) 533-8850 www.lfcd.org	April 2020 – May 2022 No Cost Extension End Date: September 2022	Active	Sacramento County Refugee and Immigrant Community focusing on: • Afghanistan • Iraq • Southeast Asia • Middle East • US Born high barrier individuals, for example first generation born in US	**Health and Well-Being (HWB) Program** will provide the following culturally and linguistically appropriate services and activities: • Individual client centered family-focused case management • Peer support groups • Educational workshops • Weekly youth and senior events • Quarterly social events • Annual youth conference	• Suicide • Homelessness • School failure/drop-out rate • Prolonged suffering
Mallory Ewing & Gale Anderson – Sacramento Youth Mental Health $148,350	Galle Anderson and Mallory Ewing, Co-Founders Sacteenmh@gmail.com Galle: (916) 217-8415 Mallory: (916) 407-8118 www.sacymh.org	May 2020 – May 2022 No Cost Extension End Date: May 2023	Active	Sacramento County teens, age 14-18, from diverse underrepresented communities	**Mindset Sacramento** will hold an annual Teen Mental Health Wellness conference in the spring 2021 and spring 2022, by youth for youth, that spreads awareness, reduces stigma associated with mental illness, and connects teens to local resources and mental health services	• Suicide • School failure/drop-out rate
Mental Health California $500,000	Kristene (K.N) Smith, CEO kn@mentalhealthca.org (916) 288-2466 www.mentalhealthca.org	April 2022 – May 2022	Active	Young Males of Color, age 16-26, focusing on those who identify as LGBTQIA within the following communities: • Black/African American	**Brother-Be-Well is** a virtual platform blending technology, education, awareness, and healing pathways to engage members through peer driven learnings and activities such as: • Storytelling • Creative arts • Regional workshops • Social clubs	• Prolonged suffering

Sacramento County Time-Limited Community Driven Prevention and Early Intervention Grant Program

Organization/ Individual and Grant Amount	Contact Information	Grant Term	Grant Status	Populations Served	Description of Program	Negative Outcomes Addressed
				• LatinX • Asian/Pacific Islander • Native American	These activities will be launched at 10 schools and youth serving programs in Sacramento County	
Muslim American Society – Social Services Foundation (MAS-SSF) $429,591	Gulshan Yusufzai, Executive Director gulshan.yusufzai@mas-ssf.org (916) 202-0707 www.mas-ssf.org	April 2020 – May 2022 No Cost Extension End Date: May 2023	Active	Sacramento County South Asian and Middle Eastern immigrants and refugees	**MAS-SSF** will expand community education by offering more of the following activities: • Workshops and trainings on the following topics: Bullying prevention, raising teens in a new country, MH First Aid, Counseling 101, cultural sensitivity • Matrimonial Event • Qawwali Musical Event • Nasheed Musical Event • Mother Daughter and Father Son Events • Restoring the Each Mind Matters Program training of Imams (religious leaders), Sunday school teachers, and youth to raise mental health awareness and reduce stigma	• Suicide • School failure/drop-out rate • Prolonged suffering • Unemployment • Removal of children and/or older adults from their homes
NAMI Sacramento $309,000	David Bain, Executive Director david@namisacramento.org (916) 890-5467 www.namisacramento.org	April 2020 – May 2022 No Cost Extension End Date: May 2023	Active	Sacramento County underserved minority communities, communities of faith, schools	Through **Mental Health for All**, NAMI will expand education and support activities to reduce hospitalization, school drop-out, and unemployment due to relapse. First, NAMI will conduct community outreach to assess community need for the programs below. Following the community outreach, NAMI will tailor and provide programming based on the feedback received by the community. All programs will be data-informed, and participants will take part in surveys to improve the delivery of the project. NAMI's programs include: • Family and Connection Recovery Support Groups • "1 Degree of Separation's" mental health comedy shows • Community Advocates Reaching Everyone (CARE) classes • NAMI On Campus clubs • Ending the Silence school-age mental health	• Prolonged suffering • School failure/drop-out rate • Unemployment

Sacramento County Time-Limited Community Driven Prevention and Early Intervention Grant Program

Organization/ Individual and Grant Amount	Contact Information	Grant Term	Grant Status	Populations Served	Description of Program	Negative Outcomes Addressed
					awareness presentations • Our Own Voice peer presentations • Family to Family and Peer to Peer courses • WRAP	
Native Dads Network (NDN) $9,999	Mike Duncan, CEO mikedndninc@gmail.com (916) 554-1085 www.nativedadsnetwork.org	April 2020 – May 2021	Grant Term is Complete	Sacramento County Native American Communities	**Community Mental Health Capacity Building** is a one to two (1-2) day community event providing culturally driven teachings on the history of mental illness and historical trauma to a minimum of 50 unduplicated community members. The purpose of this event is to improve participants quality of life through supportive mental health activities such as: • Emotional and cognitive supportive interventions • Referrals to community service providers • Recruit and enroll participants • Educational didactics in historical trauma and its effects; effective communication; conflict resolution skills; decision making; self-care; emotional support ***Sustainability Plan:*** *NDN is in a constant process of researching funding sources and submitting grant proposals in order to sustain future services delivered by proposed and established programs. NDN is currently planning their Healing Together Conference; they continue to provide community education on mental health/substance abuse, two of the major crises within native/indigenous communities.*	• Suicide • Homelessness • School failure/drop-out rate • Incarceration *NDN hosted a series of listening sessions through Zoom and Facebook Live for community members. They facilitated weekly peer lead support groups addressing the negative outcomes listed above. In addition, they provided COVID-19 resources and education to community members impacted by COVID-19.* *Total Served: 276*

Sacramento County Time-Limited Community Driven Prevention and Early Intervention Grant Program

Organization/ Individual and Grant Amount	Contact Information	Grant Term	Grant Status	Populations Served	Description of Program	Negative Outcomes Addressed
Neighborhood Wellness Foundation (NWF) $49,999	Gina Warren, Pharm.D., Executive Director gwarren@neighborhoodwellness.org (916) 335-8818 Marilyn Woods, CFO mwoods@neighborhoodwellness.org (916) 229-8938 www.neighborhoodwellness.org	April 2020 – January 2021	Grant Term is Complete	All ethnicities with significant social emotional/economic challenges focusing on: • African American Youth, age 12-17 • African American Women, age 18-70	**Sister to Sister: Unmasking Mental Illness and Humanizing Community Awareness Program** provided sage and trusted group sessions where participants can share individual trauma and begin to understand the neurological and resultant impact of generational adverse childhood experiences, adult trauma adversity and neighborhood toxic stress. Program activities included: • Sister weekly healing sessions for both adults and youth • 10-week empowerment program focusing on financial and digital literacy, housing stability, physical and mental women's health, parenting, socialization, and workforce readiness • Humanizing Community Awareness-Host several community events as an opportunity to build community understanding and awareness of the needs of the sister-to-Sister participants. • Sister to Sister participants will present their projects at the following events: • Assembly at Grant High School • Radio station presentation • MLK Community Wellness Expo ***Sustainability Plan:*** *NWF is seeking and leveraging existing funding opportunities to bridge the achievement gap and support underrepresented youth through the Twin Rivers Unified School District's Local Control Accountability Plan and prevention funds through local law enforcement agencies. Additionally, NWF is seeking investments from health care administration grants to aid in this continual work. Lastly, they are hosting a signature event fundraiser for private and foundation support.*	• Incarceration • Suicide *NWF provided support to Sacramento community members, specifically the Del Paso Heights neighborhood in the later part of 2020, who were severely affected by the violence. The community had not only suffered violence but was disproportionately impacted by COVID-19. NWF provided emergency support to the victims and survivors of violence and linked community members to resources as the country sheltered in place. NWF held healing circles lead by peers and community members to openly speak of the fear and anxiety they were experiencing.* *Total Served: 90*

Sacramento County Time-Limited Community Driven Prevention and Early Intervention Grant Program

Organization/ Individual and Grant Amount	Contact Information	Grant Term	Grant Status	Populations Served	Description of Program	Negative Outcomes Addressed
Nor-Cal Services for the Deaf and Hard of Hearing $332,569	Sheri Farinha, M.A., CEO sfarinha@norcalcenter.org peaceofmind@norcalcenter.org	May 2020 – May 2022 No Cost Extension End Date: August 2022	Active	Sacramento County Deaf ASL Community	**Deaf Mental Health Access** will promote mental wellness in the Deaf community by providing information and services accessible in the language and culture of the Deaf community. The program will also be a resource to counseling and mental health professionals who serve Deaf individuals. Activities include: • 30 workshops for mental health providers about the language and culture of the Deaf community and how to serve Deaf and hard of hearing individuals. • Meet with 40 Deaf clients to assess need for mental health services, assist with accessing services, and advocate for their needs • Series of six (6) training sessions about suicide prevention awareness, early signs of mental illness, to a total of 25 NorCal staff and two (2) training sessions to 50 interpreters about interpreting in mental health settings • Coordinate 8 mental wellness activities in ASL with captioning to Deaf and hard of hearing community • Work with other community organizations to make their Mental Health related community events accessible to Deaf Community and promote the accessible events to Deaf Community • Contract for professional production of 5-7 ASL videos on subjects related to mental health • Facilitate peer group discussions for 50 Deaf/Hard of Hearing students at schools deaf and hard of hearing programs	• Suicide • Incarceration • Homelessness • School failure/drop-out rate

Sacramento County Time-Limited Community Driven Prevention and Early Intervention Grant Program

Organization/ Individual and Grant Amount	Contact Information	Grant Term	Grant Status	Populations Served	Description of Program	Negative Outcomes Addressed
ONTRACK Program Resources $462,670	Madalyn Rucker, Executive Director mcrucker@getontrack.org (916) 285-1805 www.ontrackconsulting.org	April 2020 – April 2022 No Cost Extension End Date: June 2022	Active	Unserved and underserved Black/African American Communities	**Soul Space African American PEI Support Services and Training** is a community based African American specific community-defined evidence-based PEI model that incorporates health education, life skills, wellness learning, social support, racially congruent support groups. Soul Space will use this model through the provision of the following activities: • Five (5) African American specific behavioral health provider trainings • Five (5) MHFA trainings to the community • 10 Soul Space community-based presentations • Support groups • Individual referral and navigation services • Develop an African American Mental Health PEI toolkit for community members use	• Prolonged suffering
Opening Doors, Inc. $215,000	Hibatallah Hummadi, Health Program Manager hibatallah@openingdoorsinc.org (916) 995-0379 www.openingdoorsinc.org	April 2020 – May 2022 No Cost Extension End Date: August 2022	Active	Afghan Women residing in the following communities: Arden- Arcade, Carmichael, Rancho Cordova and North Highlands	**Afghan Women's Wellness Program** is a non-stigmatizing women's peer support group that promotes community connectedness, coping skills, and access to mental health services with the goal of therapeutically reducing mental health stigma. Engagement with clients is trauma-informed, culturally responsive, and faith-sensitive to promote relevant and specialized services. We help empower them to become self-sufficient members of society through psychoeducation and case management. These 12-week support groups occur every quarter and are facilitated in English/Dari/Farsi.	• Suicide • Homelessness • Prolonged suffering

Sacramento County Time-Limited Community Driven Prevention and Early Intervention Grant Program

Organization/ Individual and Grant Amount	Contact Information	Grant Term	Grant Status	Populations Served	Description of Program	Negative Outcomes Addressed
Public Health Advocates $250,000	DeAngelo Mack, Director of State Policy dm@phadvocates.org (916) 841-331 www.phadvocates.org	April 2020 – May 2022 No Cost Extension End Date: August 2022	Active	Boys and young men of color, age 13-24, residing in the following communities: Oak Park, South Sacramento, Meadowview, North Highlands, and Arden Arcade	**My Brother's Keeper, Sacramento** will connect youth to supportive providers and engage youth as leaders in designing their own solutions, diminishing isolation, and increasing power. My Brother's Keeper will provide the following activities: • Five (5) Trauma and Healing Learning workshops • Conduct youth led listening campaigns • Engage youth in advocating policy recommendations • Launching and promoting the Mental Health Access App to Sacramento Youth in 2021	• Suicide • School failure/drop-out rate • Incarceration
SAC Connect Therapeutic and Wellness Services $47,453	Sac Connect – Therapeutic and Wellness Services, Licensed Clinical Social Worker Thesacconnect@gmail.com (916) 400-0908 www.thesacconnect.org	July 2020 – June 2021	Grant Term is Complete	Sacramento County Youth, Young Adults, and Families from low- income minority communities	**IAMHOPE (Increase Access to Mental Health Opportunities, Programs, and Education)** was a seminar series that provided opportunities for social services/mental health professionals, community organizations, or individuals with a stake in addressing disparities in mental health services, to share knowledge on available resources within different Sacramento County communities, the referral process for mental health services, effective engagement strategies for communities, with the goal of reducing racial health disparities for the communities they serve. SAC Connect hosted the IAMHOPE Event in the summer of 2021. ***Sustainability Plan:*** *Currently SacConnect continues to disburse the IAMHOPE Mental Health Quick Guides at outreach opportunities. The IAMHOPE virtual seminar is available to view via SacConnect's YouTube channel: #IAMHOPE Mental Health Awareness Seminar – YouTube*	• School failure/drop-out rate • Suicide *To address the negative outcomes proposed for this program SAC Connect hosted the IAMHOPE seminar series, special events, and provided community education on mental wellness and local resources.* • *Total Served: 300*

Sacramento County Time-Limited Community Driven Prevention and Early Intervention Grant Program

Organization/ Individual and Grant Amount	Contact Information	Grant Term	Grant Status	Populations Served	Description of Program	Negative Outcomes Addressed
Sacramento Covered $499,275	Jennifer Contreras, Project Manager jcontreras@sacramentocovered.org (916) 414-8333 www.sacramentocovered.org	April 2020 – May 2022 No Cost Extension End Date: February 2023	Active	Sacramento County Adults returning to the community following incarceration. Program will target individuals of all ethnicities who are living with a behavioral health diagnosis, particularly those who are at risk of homelessness.	**Expanding Outreach Capacity and Supportive Technology for Field-Based Behavioral Health Navigation and Cross Sector Coordination Program** will expand existing Medi-Cal coverage navigation services for individuals released from Sacramento County Jails (up to 3000). The project team will provide field- based navigation and capacity building services, including utilizing Peers and Community Health Workers. Efforts will include an enhancement and improvement of the Sacramento Covered Care Management web platform and field-based navigation/support services.	• Incarceration • Homelessness • School failure/drop-out rate • Removal of children and/or older adults from their homes • Prolonged suffering • Unemployment
Sacramento LGBT Community Center $499,962	Jose Emmanuel Vega, Director of Health Services Jose.vega@saccenter.org (916) 442-0185 x122 www.saccenter.org	April 2020 – May 2023 No Cost Extension End Date: May 2023	Active	Sacramento County TAY & Adult LGBT Community and their families, focusing on: • Black • Indigenous • Latino • Asian/South Asian/Pacific Islander • Homeless population • Youth at risk of incarceration Children of parents affected by the War on Drugs	**Interrupting LGBTQ+ Mental Health Disparities** program will provide the following services: • Short-term stabilization counseling services to TAY and adults at the intersection of race and sexual identity with goal of assisting them in navigating their recovery paths • Youth outreach to inform clients about services and how to access services • Triage the mental health needs of the most vulnerable clients	• Suicide • Homelessness • Incarceration • Unemployment

Sacramento County Time-Limited Community Driven Prevention and Early Intervention Grant Program

Organization/ Individual and Grant Amount	Contact Information	Grant Term	Grant Status	Populations Served	Description of Program	Negative Outcomes Addressed
Safe Black Space $57,550	Dr. Kristee Haggins, Safe Black Space President safeblackspace@gmail.com (530) 683-5101 www.safeblackspace.org	April 2020 – May 2022	Active	Sacramento County youth and adults, age 14 and up, who identify as Black	**Safe Black Space** will hold monthly healing circles in a safe and supportive space for the local Black community to address racial stress and trauma by introducing participants to root causes of black racialized stress; teaching participants signs and symptoms of stress and trauma; engaging participants in culturally relevant practices for coping; and, providing participants with information on local resources.	• Prolonged suffering
Tarbiya Institute $319,000	Orooj Shahid, Nizami Director o.shahid@tarbiya.org (916) 800-4111 www.tarbiya.org	April 2020 – May 2022 No Cost Extension End Date: September 2022	Active	Sacramento County communities whose residents experience higher than normal emergency department visits for mental health services because of socioeconomic inequities and health disparities. Focus will be on zip codes 95841 and 95814 due to high rate of Emergency Department visits. Ability to expand to zip codes 95833, 95834 and 95835 due to easy accessibility.	**The Sakeenah Initiative** is a two-part community driven program with the goal of reducing the negative effects of untreated mental illness and ending prolonged generational suffering. **Part I:** Will consist of a series of Mental Health First Aid workshops. The workshops will be focused on the following participants: • Imams, mentors, program managers and community leaders • Parents, teachers, and various program volunteers • Youth **Part II:** A series of family friendly events that provide social-emotional support, assist in mental health stigma reduction, and increase awareness of mental health services/resources. Events include: • Family sport activities • Paint nights • Hiking trips • Overnight family camping retreat • Mental health prevention screenings • Youth leadership council • Community-wide mental health resource fair • Teen-parenting communication workshop • Women's mental health workshop series	• Suicide • School failure/drop-out • Prolonged suffering

Sacramento County Time-Limited Community Driven Prevention and Early Intervention Grant Program

Organization/ Individual and Grant Amount	Contact Information	Grant Term	Grant Status	Populations Served	Description of Program	Negative Outcomes Addressed
Teah M. Hairston $49,945	Teah M. Hairston, Board Vice President, Sac ACT Board Vice President, SBS teahmhairston@gmail.com (916) 201-4255	May 2020 – April 2021	Grant Term is Complete	Black, age 18-45, who have experienced fetal/perinatal death and are at-risk of prolonged psychological and emotional suffering	**Be Love Holistic Wellness** program offered bi-weekly trauma-informed workshops and groups over four (4) months addressing the mental, emotional, physical, and spiritual health issues related to fetal/perinatal death, and other pregnancy related problems which Black women are disproportionately affected. ***Sustainability Plan:*** *Be Love continues to reach out to individuals and partner agencies who advocate for Black Women's Mental Health and maternal health.*	• Prolonged suffering *Be Love provided emotional support to 14 African American women who have experienced fetal/perinatal death though a facilitated series of workshops addressing the prolong suffering of loss.* *Total Served: 14*
Trans & Queer Youth Collective (TQYC) $467,500	Judah Joslyn, Transgender Advocacy Director tqyouthcollective@gmail.com (916) 524-1663 www.tqyc.org	April 2020 – May 2022	Active	Sacramento County Transgender and Queer youth, age 10-17, of all races/ethnicities	**Trans & Queer Youth Collective (TQYC)** project will expand outreach efforts and gender affirming mental health services, LGBTQ+ education and individual and family assistance to better serve the queer and transgender teens. The Project will expand the following existing activities: • Outreach and stigma/discrimination reduction efforts using social media, resource distribution, and presentations. • Promote help-seeking and facilitate access to services/treatment by increasing partnerships • Weekly TQYC support groups from one (1) to four (4) to be held at all four locations • Two (2) to four (4) countywide convenings/events each year for TQYC youth • Assessing individual progress through self-reporting and professional tools to determine program effectiveness and quality improvement.	• Suicide • Homelessness • Incarceration • School failure/drop-out rate

Sacramento County Time-Limited Community Driven Prevention and Early Intervention Grant Program

Organization/ Individual and Grant Amount	Contact Information	Grant Term	Grant Status	Populations Served	Description of Program	Negative Outcomes Addressed
University Enterprises, Inc. (UEI) – Sacramento State $98,261	Lara Falkenstein, Health Educator Lara.falkenstein@csus.edu (916) 278-2036 www.enterprises.csus.edu	April 2020 – May 2022 No Cost Extension End Date: May 2023	Active	Black/African American, Latinx, Asian-American/Pacific Islander, Middle Eastern, Native American/Indigenous, and Mixed Race CSUS students who experience an equity gap in graduation rates.	**Supporting the Mental Health of Students of Color** is a two-phased program that will conduct research into mental health needs of students of color and implement culturally relevant strategies. **Phase One:** Will consist of conducing mental health needs assessments among student groups. Through focus groups and key informant interviews, data will be collected on perceptions of mental health, risk and protective factors, and effective engagement strategies, with the intent of creating tailored, culturally responsive mental health programming and services. **Phase Two:** UEI will implement strategies based on the findings from phase one.	• School failure/drop-out rate
Nation's Finest – previously Vietnam Veterans of California, Inc. $325,552	Chris Cabral, CAO ccabral@nationsfinest.org (740) 501-1063 www.nationsfinest.org	May 2020 – May 2022 No Cost Extension End Date: May 2023	Active	Sacramento County Veterans and their family members	Through the **Veteran Mental Health Outreach, Education, and Prevention Initiative program**, VRC will host the following outreach activities that includes on-the-ground screening, information, and referral services at Mather Veterans Village. Outreach will occur through partnerships with Continuum of Care partners and at community locations (cars, parks, shelters, etc.) utilizing an organization-owned vehicle. Events include: • One (1) sporting event • Two (2) community education seminars • One (1) veteran art group • Three (3) veteran mental health resource fairs	• Suicide • Homelessness • Incarceration • Unemployment

Sacramento County Time-Limited Community Driven Prevention and Early Intervention Grant Program

Organization/ Individual and Grant Amount	Contact Information	Grant Term	Grant Status	Populations Served	Description of Program	Negative Outcomes Addressed
WEAVE, Inc. $125,657	Gina Roberson, Chief Program Officer, Advocacy & Intervention Services groberson@weaveinc.org (916) 319-4951 www.weaveinc.org	April 2020 – May 2022	Active	Black/African American residents of South Sacramento's Valley Hi and Meadowview neighborhoods	**Healthy Black Families Collaborative** will train a Domestic Violence and Sexual Assault Peer Counselor Advocates, reflective of the community, who will be co- located at three (3) partner community-based organizations (CBOs) in the target neighborhoods. Advocates will be located up to 3 days/week at the partner CBO. Advocates will provide: • Emotional and mental health support • Resource and assistance navigation • Case management • Stigma reduction	• Incarceration • Removal of children and/or older adults from their homes • Prolonged suffering

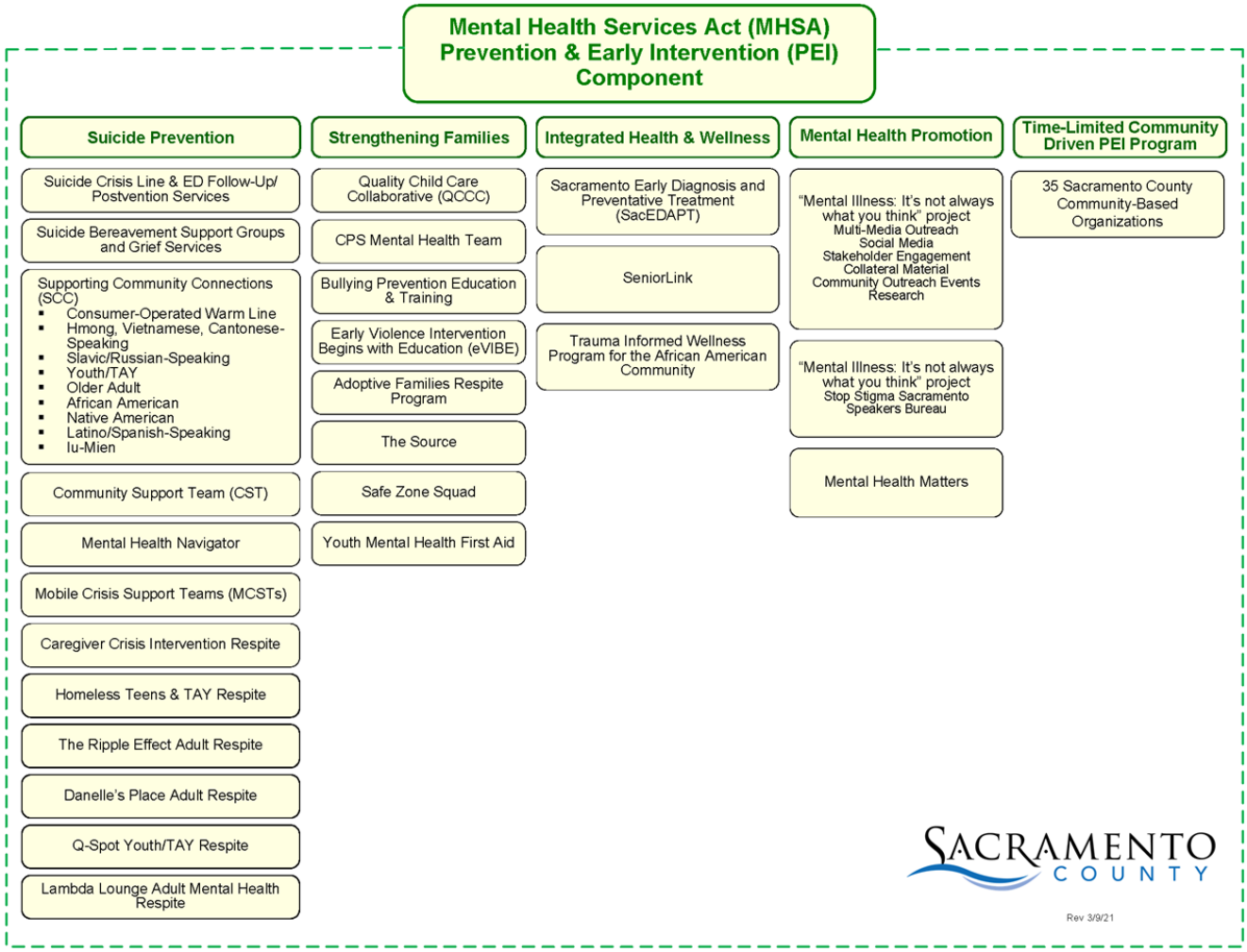
Mental Health Services Act

Annual Prevention and Early Intervention Program

Evaluation Report

Fiscal Year 2020/2021

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) 20/21, BHS PEI funded programs served 77,419 individuals in selective prevention programs and 222,911 adults, children, parents/caregivers and education staff in universal prevention (Supporting Community Connections outreach and information and referral, Respite outreach, Bullying Prevention and Mental Health Promotion). 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
- Emergency Department Follow-Up/Postvention 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: PEI 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 20/21, over 65,453 calls were made to the suicide hotline.

Demographics:

	N=65,453	%
Age Group		
Children/Youth (0-15)	2,030	3.1%
TAY (16-25)	10,305	15.7%
Adults (26-59)	12,000	18.3%
Older Adults (60+)	2,875	4.4%
Unknown/Not Reported	38,243	58.4%
Ethnicity		
Hispanic or Latino	1,735	2.7%
Non-Hispanic/Non-Latino	8,990	13.7%
Other	0	0.0%
More than one ethnicity	0	0.0%
Unknown/Not Reported	54,728	83.6%

Race		
White	6,510	9.9%
Black or African American	941	1.4%
Asian	1,102	1.7%
American Indian or Alaska Native	44	0.1%
Native Hawaiian or other Pacific Islander	33	0.1%
More than one race	311	0.5%
Decline to answer	1	0.0%
Other	83	0.1%
Unknown/Not Reported	56,428	86.2%
Primary Language		
English	46,650	71.3%
Spanish	75	0.1%
Vietnamese	7	0.0%
Cantonese	9	0.0%
Russian	3	0.0%
Hmong	0	0.0%
Arabic	0	0.0%
Other	43	0.1%
Unknown/Not Reported	18,666	28.5%
Sexual Orientation		
Heterosexual or Straight	1,382	2.1%
Gay or Lesbian	329	0.5%
Bisexual	76	0.1%
Questioning or unsure	26	0.0%
Queer	19	0.0%
Another sexual orientation	25	0.0%
Decline to answer	698	1.1%
Unknown/Not Reported	62,898	96.1%
Current Gender Identity		
Female	28,712	43.9%
Male	27,406	41.9%
Transgender	248	0.4%
Genderqueer	45	0.1%
Questioning or unsure	55	0.1%
Another gender identity	48	0.1%
Unknown/Not Reported	8,939	13.7%

Suicide Crisis Line – Satisfaction Survey Results

	N = 1,278	%
I felt less distress at the end of the hotline call, than I did at the beginning.		
Strongly Agree	855	66.9%
Agree	262	20.5%
Undecided	90	7.0%
Disagree	21	1.6%
Strongly Disagree	34	2.7%
Not Applicable	16	1.3%
I felt the crisis counselor understood what I was going through.		
Strongly Agree	1006	78.7%
Agree	148	11.6%
Undecided	68	5.3%
Disagree	18	1.4%
Strongly Disagree	29	2.3%
Not Applicable	9	0.7%
I am likely to call again if I need help:		
Strongly Agree	863	67.5%
Agree	100	7.8%
Undecided	30	2.3%
Disagree	6	0.5%
Strongly Disagree	31	2.4%
Not Applicable	248	19.4%

Emergency Department Follow-up/Postvention Services

Program Type: PEI 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 20/21, 215 unduplicated individuals were served for a total of 3,658 contacts.

Demographics:

	N=215	%
Age Group		
Children/Youth (0-15)	4	1.9%
TAY (16-25)	62	28.8%
Adults (26-59)	127	59.1%
Older Adults (60+)	22	10.2%
Unknown/Not Reported	0	0.0%
Ethnicity		
Hispanic or Latino	28	13.0%
Non-Hispanic/Non-Latino	0	0.0%
Other	0	0.0%
More than one ethnicity	0	0.0%
Unknown/Not Reported	187	87.0%
Race		
White	128	59.5%
Black or African American	31	14.4%
Asian	7	3.3%
American Indian or Alaska Native	2	0.9%
Native Hawaiian or other Pacific Islander	3	1.4%
More than one race	0	0.0%
Decline to answer	0	0.0%
Other	4	1.9%
Unknown/Not Reported	40	18.6%
Primary Language		
English	215	100.0%
Spanish	0	0.0%
Vietnamese	0	0.0%

Primary Language Cont.		
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	215	100.0%
Current Gender Identity		
Female	110	51.2%
Male	103	47.9%
Transgender	2	0.9%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	0	0.0%
Unknown/Not Reported	0	0.0%

Emergency Department Follow-up/Postvention Services – Satisfaction Survey Results

	N =136	%
I was contacted within 48 hours of discharge from the emergency room:		
Strongly Agree	73	53.7%
Agree	6	4.4%
Undecided	12	8.8%
Disagree	0	0.0%
Strongly Disagree	0	0.0%
Not Applicable	45	33.1%
This program helped me remain Safe from suicide after discharge:		
Strongly Agree	79	58.1%
Agree	39	28.7%
Undecided	14	10.3%
Disagree	1	0.7%
Strongly Disagree	0	0.0%
Not Applicable	3	2.2%
The Follow-up Specialist I spoke with during follow-up calls was professional and empathetic:		
Strongly Agree	119	87.5%
Agree	10	7.4%
Undecided	2	1.5%
Disagree	1	0.7%
Strongly Disagree	1	0.7%
Not Applicable	3	2.2%
My knowledge and awareness of community based and online resources improved as a result of this follow-up program:		
Strongly Agree	90	66.2%
Agree	28	20.6%
Undecided	10	7.4%
Disagree	2	1.5%
Strongly Disagree	1	0.7%
Not Applicable	5	3.7%
I would recommend the ED Suicide Prevention Follow-up program to others if needed:		
Strongly Agree	113	83.1%
Agree	11	8.1%
Undecided	1	0.7%
Disagree	0	0.0%
Strongly Disagree	1	0.7%
Not Applicable	10	7.4%

Postvention – Suicide Bereavement Support Groups and Grief Services

Program Type: PEI 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 20/21, 25 total served. Note: this number is not unduplicated due to the anonymous nature of the program.

Demographics:

	N=25	%
Age Group		
Children/Youth (0-15)	0	0.0%
TAY (16-25)	0	0.0%
Adults (26-59)	11	44.0%
Older Adults (60+)	6	24.0%
Unknown/Not Reported	8	32.0%
Ethnicity		
Hispanic or Latino	1	4.0%
Non-Hispanic/Non-Latino	16	64.0%
Other	0	0.0%
More than one ethnicity	0	0.0%
Unknown/Not Reported	8	32.0%
Primary Language		
English	17	68.0%
Unknown/Not Reported	8	32.0%
Race		
American Indian or Alaska Native	0	0.0%
Asian	0	0.0%
Black or African American	0	0.0%
Filipino	0	0.0%
Japanese	1	4.0%
Native Hawaiian or other Pacific Islander	0	0.0%
White	15	60.0%
Other	0	0.0%
More than one race	1	4.0%
Unknown/Not Reported	8	32.0%
Sexual Orientation		
Gay or Lesbian	0	0.0%

Heterosexual or Straight	17	68.0%
Bisexual	0	0.0%
Questioning or unsure	0	0.0%
Queer	0	0.0%
Another sexual orientation	0	0.0%
Unknown/Not Reported	8	32.0%
Current Gender Identity		
Male	2	8.0%
Female	15	60.0%
Transgender	0	0.0%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	0	0.0%
Unknown/Not Reported	8	32.0%
Veteran Status		
Yes	0	0.0%
No	17	68.0%
Unknown/Not Reported	8	32.0%

Supporting Community Connections (SCC)

Program Type: PEI Improving Timely Access to Services for Underserved Populations

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 Cal Voices
- Iu-Mien – Administered by Iu-Mien Community Services (IMCS)
- Native American – Administered by Sacramento Native American Health Center (SNAHC)
- Older Adult – Administered by Cal Voices
- 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 20/21, SCC agencies served a total of 1,575 individuals.

Demographics:

	A Church for All (N=98)		Asian Pacific Community Counseling (APCC) (N=181)		Children's Receiving Home (N=169)		Cal Voices Consumer Operated Warmline (N=75)		Iu-Mein (N=197)		La Familia Counseling Center (N=437)		Cal Voices Older Adults (N=9)		REDA Center (N=136)		Sacramento Native American Health Center (N=41)		Slavic Assistance Center (N=232)		Total (N=1575)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Age Group																						
Children/Youth (0-15)	1	1.0%	4	2.2%	53	31.4%	0	0.0%	0	0.0%	4	0.9%	0	0.0%	2	1.5%	0	0.0%	4	1.7%	68	4.3%
TAY (16-25)	11	11.2%	4	2.2%	93	55.0%	2	2.7%	0	0.0%	31	7.1%	0	0.0%	7	5.1%	0	0.0%	16	6.9%	164	10.4%
Adults (26-59)	29	29.6%	46	25.4%	3	1.8%	27	36.0%	34	17.3%	306	70.0%	1	11.1%	73	53.7%	11	26.8%	125	53.9%	655	41.6%
Older Adults (60+)	6	6.1%	43	23.8%	0	0.0%	16	21.3%	98	49.7%	39	8.9%	2	22.2%	4	2.9%	1	2.4%	59	25.4%	268	17.0%
Unknown/Not Reported	51	52.0%	84	46.4%	20	11.8%	30	40.0%	65	33.0%	57	13.0%	6	66.7%	50	36.8%	29	70.7%	28	12.1%	420	26.7%
Ethnicity																						
Hispanic or Latino	2	2.0%	2	1.1%	21	12.4%	7	9.3%	0	0.0%	381	280.1%	1	11.1%	0	0.0%	3	7.3%	0	0.0%	417	26.5%
Non-Hispanic/Non-Latino	46	46.9%	92	50.8%	78	46.2%	48	64.0%	135	68.5%	3	2.2%	2	22.2%	86	63.2%	9	22.0%	209	90.1%	708	45.0%
Other	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%	0	0.0%	0	0.0%
More than one ethnicity	0	0.0%	0	0.0%	0	0.0%	1	1.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.1%
Unknown/Not Reported	50	51.0%	87	48.1%	70	41.4%	19	25.3%	62	31.5%	53	39.0%	6	66.7%	50	36.8%	29	70.7%	23	9.9%	449	28.5%
Race																						
American Indian or Alaska Native	0	0.0%	0	0.0%	0	0.0%	2	2.7%	0	0.0%	1	0.2%	0	0.0%	0	0.0%	9	22.0%	0	0.0%	12	0.8%
Asian	2	2.0%	67	37.0%	1	0.6%	4	5.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	74	4.7%
Black or African American	32	32.7%	0	0.0%	62	36.7%	6	8.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	2.4%	0	0.0%	101	6.4%
Native Hawaiian or other Pacific Islander	0	0.0%	28	15.5%	3	1.8%	0	0.0%	5	2.5%	0	0.0%	0	0.0%	1	0.7%	0	0.0%	0	0.0%	37	2.3%
White	4	4.1%	0	0.0%	25	14.8%	38	50.7%	1	0.5%	2	0.5%	2	22.2%	29	21.3%	1	2.4%	182	78.4%	284	18.0%
Other	2	2.0%	0	0.0%	25	14.8%	2	2.7%	129	65.5%	381	87.2%	1	11.1%	60	44.1%	1	2.4%	0	0.0%	601	38.2%
More than one race	4	4.1%	0	0.0%	9	5.3%	6	8.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	2.4%	25	10.8%	45	2.9%
Unknown/Not Reported	54	55.1%	86	47.5%	44	26.0%	17	22.7%	62	31.5%	53	12.1%	6	66.7%	46	33.8%	28	68.3%	25	10.8%	421	26.7%
Primary Language																						
English	50	51.0%	1	0.6%	150	88.8%	57	76.0%	4	2.0%	15	3.4%	3	33.3%	0	0.0%	11	26.8%	0	0.0%	291	18.5%
Spanish	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	369	84.4%	0	0.0%	0	0.0%	1	2.4%	0	0.0%	370	23.5%
Vietnamese	0	0.0%	30	16.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	30	1.9%
Cantonese	0	0.0%	35	19.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	35	2.2%
Russian	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%	206	88.8%	206	13.1%
Hmong	0	0.0%	16	8.8%	0	0.0%	0	0.0%	4	2.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	20	1.3%
Arabic	0	0.0%	13	7.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	24	17.6%	0	0.0%	0	0.0%	37	2.3%
Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	126	64.0%	0	0.0%	0	0.0%	48	35.3%	0	0.0%	0	0.0%	174	11.0%
Unknown/Not Reported	48	49.0%	86	47.5%	19	11.2%	18	24.0%	63	32.0%	53	12.1%	6	66.7%	64	47.1%	29	70.7%	26	11.2%	412	26.2%

Demographics – Cont.

	A Church for All (N=98)		Asian Pacific Community Counseling (APCC)		Children's Receiving Home (N=169)		Cal Voices Consumer Operated Warmline		Iu-Mein (N=197)		La Familia Counseling Center (N=437)		Cal Voices Older Adults (N=9)		REDA Center (N=136)		Sacramento Native American Health Center		Slavic Assistance Center (N=232)		Total (N=1575)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Sexual Orientation																						
Gay or Lesbian	8	8.2%	0	0.0%	5	3.0%	2	2.7%	0	0.0%	0	0.0%	2	22.2%	0	0.0%	0	0.0%	0	0.0%	17	1.1%
Heterosexual or Straight	20	20.4%	94	51.9%	18	10.7%	44	58.7%	130	66.0%	384	87.9%	1	11.1%	0	0.0%	7	17.1%	207	89.2%	905	57.5%
Bisexual	1	1.0%	0	0.0%	6	3.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	7	0.4%
Questioning or unsure	1	1.0%	0	0.0%	2	1.2%	2	2.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	5	0.3%
Queer	0	0.0%	0	0.0%	2	1.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.1%
Another sexual orientation	0	0.0%	1	0.6%	7	4.1%	1	1.3%	0	0.0%	0	0.0%	6	66.7%	28	20.6%	3	7.3%	0	0.0%	46	2.9%
Unknown/Not Reported	68	69.4%	86	47.5%	129	76.3%	26	34.7%	67	34.0%	53	12.1%	0	0.0%	108	79.4%	31	75.6%	25	10.8%	593	37.7%
Current Gender Identity																						
Male	32	32.7%	46	25.4%	59	34.9%	11	14.7%	13	6.6%	90	20.6%	1	11.1%	36	26.5%	1	2.4%	109	47.0%	398	25.3%
Female	18	18.4%	49	27.1%	72	42.6%	42	56.0%	77	39.1%	294	67.3%	2	22.2%	50	36.8%	11	26.8%	98	42.2%	713	45.3%
Transgender	1	1.0%	0	0.0%	3	1.8%	1	1.3%	42	21.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	47	3.0%
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%	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%	0	0.0%	0	0.0%
Another gender identity	0	0.0%	0	0.0%	5	3.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	5	0.3%
Unknown/Not Reported	47	48.0%	86	47.5%	30	17.8%	21	28.0%	65	33.0%	53	12.1%	6	66.7%	50	36.8%	29	70.7%	25	10.8%	412	26.2%
Veteran Status																						
Yes	3	3.1%	0	0.0%	0	0.0%	1	1.3%	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	5	0.3%
No	47	48.0%	95	52.5%	150	88.8%	53	70.7%	134	68.0%	381	87.2%	3	33.3%	80	58.8%	12	29.3%	207	89.2%	1162	73.8%
Unknown/Not Reported	48	49.0%	86	47.5%	19	11.2%	21	28.0%	63	32.0%	55	12.6%	6	66.7%	56	41.2%	29	70.7%	25	10.8%	408	25.9%

SCC Outreach: 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 20/21, the SCC programs attended 163 community events and disseminated information to 152,614 individuals.

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

SCC - Information and Referral: 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 20/21, the SCC programs disseminated information and made referrals to 4,969 individuals.

Demographics:

Demographics	A Church for All (N=5)		Asian Pacific Community Counseling (APCC) (N=226)		Children's Receiving Home (N=27)		Cal Voices Consumer Operated Warmline (N=3,013)		Friends for Survival (N=462)		Iu-Mein (N=470)		La Familia Counseling Center (N=311)		Cal Voices Older Adults (N=444)		Slavic Assistance Center (N=11)		Total (N=4969)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Age Group																				
Children/Youth (0-15)	0	0.0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%	4	0.9%	0	0.0%	0	0.0%	0	0.0%	5	0.1%
TAY (16-25)	2	40.0%	1	0.4%	27	100.0%	18	0.6%	12	2.6%	8	1.7%	13	4.2%	1	0.2%	1	9.1%	83	1.7%
Adults (26-59)	1	20.0%	88	38.9%	0	0.0%	2564	85.1%	345	74.7%	78	16.6%	241	77.5%	315	70.9%	5	45.5%	3637	73.2%
Older Adults (60+)	2	40.0%	137	60.6%	0	0.0%	430	14.3%	105	22.7%	380	80.9%	57	18.3%	128	28.8%	5	45.5%	1244	25.0%
Current Gender Identity																				
Male	3	60.0%	111	49.1%	15	55.6%	1080	35.8%	84	18.2%	75	16.0%	69	22.2%	161	36.3%	8	72.7%	1606	32.3%
Female	2	40.0%	114	50.4%	12	44.4%	1896	62.9%	376	81.4%	395	84.0%	242	77.8%	282	63.5%	3	27.3%	3322	66.9%
Transgender	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%	0	0.0%
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%	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%	0	0.0%
Another gender identity	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%	0	0.0%
Unknown/Not Reported	0	0.0%	1	0.4%	0	0.0%	37	1.2%	2	0.4%	0	0.0%	0	0.0%	1	0.2%	0	0.0%	41	0.8%
Veteran Status																				
Yes	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
No	5	100.0%	226	100.0%	27	100.0%	3013	100.0%	462	100.0%	469	99.8%	311	100.0%	444	100.0%	11	100.0%	4968	100.0%

Supporting Community Connections (SCC) – Satisfaction Survey Results

Survey Items	A Church for All	Asian Pacific Community Counseling (APCC)	Children's Receiving Home	Cal Voices Consumer Operated Warmline	Friends For Survival	Iu-Mein	La Familia Counseling Center	Cal Voices Older Adults	REDA Center	Sacramento Native American Health Center	Slavic Assistance Center
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
The services I received or group(s) I attended helped me in these areas											
Finding services and supports	97.0%	99.6%	87.5%	97.4%	97.6%	99.0%	100.0%	100.0%	95.7%	97.5%	100.0%
Feeling less lonely	100.0%	100.0%	85.7%	97.5%	97.4%	97.4%	100.0%	100.0%	94.7%	97.8%	100.0%
Manage my daily life stressors	99.0%	99.6%	100.0%	100.0%	100.0%	97.3%	100.0%	100.0%	94.4%	97.7%	100.0%
Keeping myself safe	100.0%	99.6%	100.0%	100.0%	94.3%	95.0%	100.0%	100.0%	94.7%	96.1%	100.0%
Managing a crisis	100.0%	98.9%	100.0%	100.0%	93.5%	91.0%	97.4%	100.0%	94.7%	91.0%	100.0%
****I'll use these skills to help with…***											
Finding services and supports	99.0%	99.6%	100.0%	100.0%	96.4%	99.7%	100.0%	100.0%	100.0%	99.7%	100.0%
Feeling less lonely	100.0%	100.0%	100.0%	97.6%	98.2%	99.6%	100.0%	100.0%	94.7%	97.5%	100.0%
Manage my daily life stressors	100.0%	100.0%	100.0%	100.0%	99.1%	97.8%	100.0%	100.0%	95.2%	97.7%	100.0%
Keeping myself safe	100.0%	99.6%	100.0%	100.0%	95.5%	98.7%	100.0%	100.0%	94.7%	96.5%	100.0%
Managing a crisis	100.0%	99.3%	100.0%	99.3%	98.8%	96.9%	100.0%	100.0%	94.4%	93.0%	100.0%
*The denominator varies for each question, as not all questions were applicable to every person who submitted a survey.											

Satisfaction Survey Results – Cont.

Survey Items	A Church for All (N=101)	Asian Pacific Community Counseling (APCC) (N=285)	Children's Receiving Home (N=8)	Cal Voices Consumer Operated Warmline (N=49)	Friends For Survival (N=130)	Iu-Mein (N=462)	La Familia Counseling Center (N=40)	Cal Voices Older Adults (N=84)	REDA Center (N=27)	Sacramento Native American Health Center (N= 397)	Slavic Assistance Center (N=50)
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
I learned skills from the services I received or groups that I attended that I use each day or share with others.											
Strongly Agree/Agree	99.0%	98.6%	87.5%	81.6%	87.0%	66.5%	90.0%	100.0%	59.3%	95.0%	94.0%
Undecided	1.0%	1.1%	12.5%	0.0%	4.6%	2.2%	2.5%	0.0%	7.4%	3.3%	0.0%
Disagree/Strongly Disagree	0.0%	0.0%	0.0%	0.0%	0.8%	0.2%	0.0%	0.0%	0.0%	3.0%	0.0%
Not Applicable	0.0%	0.4%	0.0%	18.4%	6.9%	31.2%	0.0%	0.0%	33.3%	1.0%	6.0%
Unknown/Not Reported	0.0%	0.0%	0.0%	0.0%	0.8%	0.0%	7.5%	0.0%	0.0%	0.5%	0.0%
I would come back again if I needed help for myself or others in my family.											
Strongly Agree/Agree	99.0%	98.6%	100.0%	91.8%	95.4%	93.3%	92.5%	98.8%	63.0%	97.0%	98.0%
Undecided	1.0%	0.7%	0.0%	0.0%	380.0%	0.9%	0.0%	0.0%	0.0%	2.0%	2.0%
Disagree/Strongly Disagree	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Not Applicable	0.0%	0.7%	0.0%	8.2%	8.0%	5.6%	7.5%	1.2%	37.0%	1.0%	0.0%
Unknown/Not Reported	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%
As a result of he services I received or groups I attended, I know how to get help if I knew someone who is considering suicide, harming themselves or if I felt suicidal or like harming myself.											
Strongly Agree/Agree	99.0%	98.6%	100.0%	65.3%	82.3%	55.6%	92.5%	98.8%	44.4%	91.4%	96.0%
Undecided	1.0%	0.0%	0.0%	4.1%	9.2%	3.5%	0.0%	0.0%	3.7%	4.0%	2.0%
Disagree/Strongly Disagree	0.0%	0.7%	0.0%	0.0%	3.8%	0.4%	0.0%	0.0%	7.4%	50.0%	0.0%
Not Applicable	0.0%	0.4%	0.0%	30.6%	380.0%	40.3%	7.2%	1.2%	44.4%	4.0%	2.0%
Unknown/Not Reported	0.0%	0.4%	0.0%	0.0%	0.8%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%
I felt the services I received reflected my cultural beliefs, preferences, and values which made me feel respected.											
Strongly Agree/Agree	100.0%	98.6%	87.5%	87.8%	90.0%	92.0%	92.5%	100.0%	59.3%	98.5%	92.0%
Undecided	0.0%	1.1%	0.0%	0.0%	2.3%	1.3%	0.0%	0.0%	0.0%	0.5%	0.0%
Disagree/Strongly Disagree	0.0%	0.0%	0.0%	0.0%	2.3%	0.4%	0.0%	0.0%	0.0%	0.3%	0.0%
Not Applicable	0.0%	0.4%	12.5%	12.2%	5.4%	6.3%	7.5%	0.0%	40.7%	0.8%	8.0%
Unknown/Not Reported	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Community Support Team (CST)

Program Type: PEI Access and Linkage to Treatment

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 20/21, the CST team served a total of 1,177 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=1,177)		**Crossroads Peer Services (N=116)**	
Age Group				
Child and Youth (0-15)	28	2.4%	3	2.6%
Transition Age Youth (16-25)	123	10.5%	10	8.6%
Adult (26-59)	799	67.9%	76	65.5%
Older Adult (60+)	221	18.8%	27	23.3%
Unknown/Not Reported	6	0.5%	0	0.0%
Ethnicity				
Hispanic	149	12.7%	11	9.5%
Non-Hispanic	634	53.9%	64	55.2%
Unknown/Not Reported	394	33.5%	41	35.3%
Race				
White	377	32.0%	36	31.0%
African American	268	22.8%	17	14.7%
Asian	52	4.4%	5	4.3%
Pacific Islander	21	1.8%	4	3.4%
Native American	16	1.4%	1	0.9%
Multi-Race	40	3.4%	4	3.4%
Other	95	8.1%	11	9.5%
Unknown/Not Reported	308	26.2%	38	32.8%
Primary Language				
English	999	84.9%	88	75.9%
Spanish	15	1.3%	1	0.9%
Vietnamese	4	0.3%	2	1.7%
Cantonese	1	0.1%	0	0.0%

Hmong	2	0.2%	1	0.9%
Primary Language cont.				
Russian	1	0.1%	0	0.0%
Arabic	3	0.3%	1	0.9%
Other	6	0.5%	2	1.7%
Unknown/Not Reported	146	12.4%	21	18.1%
Sexual Orientation				
Gay or Lesbian	9	0.8%	1	0.9%
Heterosexual or Straight	316	26.8%	21	18.1%
Bisexual	17	1.4%	4	3.4%
Questioning or unsure	9	0.8%	3	2.6%
Queer	0	0.0%	0	0.0%
Another sexual orientation	0	0.0%	0	0.0%
Unknown/Not Reported	826	70.2%	87	75.0%
Current Gender Identity				
Male	424	36.0%	30	25.9%
Female	340	28.9%	23	19.8%
Transgender	2	0.2%	0	0.0%
Genderqueer	0	0.0%	0	0.0%
Questioning or unsure	0	0.0%	0	0.0%
Another gender identity	3	0.3%	0	0.0%
Unknown/Not Reported	408	34.7%	63	54.3%
Veteran Status				
Yes	23	2.0%	1	0.9%
No	538	45.7%	35	30.2%
Decline to Answer	0	0.0%	0	0.0%
Unknown/Not Reported	616	52.3%	80	69.0%

CST – Satisfaction Survey Results

	N =75	%
As a result of the services I receive from the program, I am more aware of community services and supports that are available and how they can help me or others in my family.		
Strongly Agree	5	6.7%
Agree	7	9.3%
Undecided	0	0.0%
Disagree	0	0.0%
Strongly Disagree	0	0.0%
Not Applicable	63	84.0%
As a result of the services I receive from the program, I know how to access Mental Health support for myself or others in my family.		
Strongly Agree	5	6.7%
Agree	7	9.3%
Undecided	0	0.0%
Disagree	0	0.0%
Strongly Disagree	0	0.0%
Not Applicable	63	84.0%
As a result of the services I receive from the program, I know how to keep myself and/or others safe in times of crisis.		
Strongly Agree	7	9.3%
Agree	5	6.7%
Undecided	0	0.0%
Disagree	0	0.0%
Strongly Disagree	0	0.0%
Not Applicable	63	84.0%
As a result of the services I receive from the program, I feel more empowered and hopeful.		
Strongly Agree	7	9.3%
Agree	5	6.7%
Undecided	0	0.0%
Disagree	0	0.0%
Strongly Disagree	0	0.0%
Not Applicable	63	84.0%
I feel the program staff that I work with listen to me.		
Strongly Agree	6	8.0%
Agree	6	8.0%
Undecided	0	0.0%
Disagree	0	0.0%
Strongly Disagree	0	0.0%
Not Applicable	63	84.0%
I feel the services I receive from the program reflect my cultural beliefs, preferences and values.		
Strongly Agree	6	8.0%
Agree	6	8.0%
Undecided	0	0.0%
Disagree	0	0.0%
Strongly Disagree	0	0.0%
Not Applicable	63	84.0%

Mental Health Navigator Program (Triage Navigators)

Program Type: PEI Access and Linkage to Treatment

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. The 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 Triage 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 Mental Health 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 20/21, the Navigators served a total of 1,809 unduplicated individuals.

Demographics:

	N = 1,809	**%**
Age Group		
Children/Youth (0-15)	61	3.4%
TAY (16-25)	266	14.7%
Adults (26-59)	1224	67.7%
Older Adults (60+)	253	14.0%
Unknown/Not Reported	5	0.3%
Ethnicity		
Hispanic	223	12.3%
Non-Hispanic	1049	58.0%
Unknown/Not Reported	537	29.7%
Race		
American Indian or Alaska Native	26	1.4%
Asian	77	4.3%
Black or African American	395	21.8%
Native Hawaiian or other Pacific Islander	16	0.9%
White	736	40.7%
Other	170	9.4%
More than one race	48	2.7%
Unknown/Not Reported	341	18.9%

Primary Language		
English	1614	89.2%
Farsi	3	0.2%
Spanish	28	1.6%
Vietnamese	4	0.2%
Cantonese	4	0.2%
Russian	8	0.4%
Hmong	3	0.2%
Arabic	1	0.1%
Other	12	0.7%
Unknown/Not Reported	132	7.3%
Sexual Orientation		
Gay or Lesbian	11	0.6%
Heterosexual or Straight	456	25.2%
Bisexual	32	1.8%
Questioning or unsure	19	1.1%
Queer	0	0.0%
Another sexual orientation	1	0.1%
Unknown/Not Reported	1290	71.3%
Sex at Birth		
Male	974	53.8%
Female	834	46.1%
Unknown/Not Reported	1	0.1%
Current Gender Identity		
Male	364	20.1%
Female	280	15.5%
Transgender	3	0.2%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	1	0.1%
Unknown/Not Reported	1161	64.2%

Triage Navigators – Satisfaction Survey Results

	N = 132	%
As a result of the services I receive from the program, I am more aware of community services and supports that are available and how they can help me or others in my family.		
Strongly Agree	71	53.8%
Agree	57	43.2%
Undecided	4	3.0%
Disagree	0	0.0%
Strongly Disagree	0	0.0%
Not Applicable	0	0.0%
Missing	0	0.0%
As a result of the services I receive from the program, I know how to access Mental Health support for myself or others in my family.		
Strongly Agree	70	53.0%
Agree	58	43.9%
Undecided	4	3.0%
Disagree	0	0.0%
Strongly Disagree	0	0.0%
Not Applicable	0	0.0%
Missing	0	0.0%
As a result of the services I receive from the program, I know how to keep myself and/or others safe in times of crisis.		
Strongly Agree	73	55.3%
Agree	53	40.2%
Undecided	6	4.5%
Disagree	0	0.0%
Strongly Disagree	0	0.0%
Not Applicable	0	0.0%
Missing	0	0.0%
As a result of the services I receive from the program, I feel more empowered and hopeful.		
Strongly Agree	85	64.4%
Agree	43	32.6%
Undecided	4	3.0%
Disagree	0	0.0%
Strongly Disagree	0	0.0%
Not Applicable	0	0.0%
Missing	0	0.0%

I feel the program staff that I work with listen to me.		
Strongly Agree	94	71.2%
Agree	37	28.0%
Undecided	1	0.8%
Disagree	0	0.0%
Strongly Disagree	0	0.0%
Not Applicable	0	0.0%
Missing	0	0.0%
I feel the services I receive from the program reflect my cultural beliefs, preferences and values.		
Strongly Agree	77	58.3%
Agree	46	34.8%
Undecided	3	2.3%
Disagree	0	0.0%
Strongly Disagree	0	0.0%
Not Applicable	0	0.0%
Missing	6	4.5%

Mobile Crisis Support Teams (MCST)

Program Type: PEI Access and Linkage to Treatment

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 20/21, the MCST teams served a total of 1,717 unduplicated individuals in the community.

Demographics:

	N=1,717	%
Age Group		
Children/Youth (0-15)	137	8.0%
TAY (16-25)	278	16.2%
Adults (26-59)	1010	58.8%
Older Adults (60+)	285	16.6%
Unknown/ Not Reported	7	0.4%
Ethnicity		
Hispanic or Latino	202	11.8%
Non-Hispanic/Non-Latino	906	52.8%
Other	35	2.0%
Unknown/ Not Reported	574	33.4%
Primary Language		
English	1630	94.9%
Non-English	59	3.4%
Unknown/ Not Reported	28	1.6%
Race		
American Indian or Alaska Native	29	1.7%
Asian/ Pacific Islander	113	6.6%
Black or African American	275	16.0%
White	844	49.2%
Other	156	9.1%
More than one race	54	3.1%
Unknown/ Not Reported	246	14.3%

Sexual Orientation		
Gay or Lesbian	15	0.9%
Heterosexual or Straight	720	41.9%
Questioning or unsure	3	0.2%
Another sexual orientation	10	0.6%
Unknown/ Not Reported	969	56.4%
Current Gender Identity		
Male	567	33.0%
Female	529	30.8%
Transgender	4	0.2%
Another gender identity	1	0.1%
Unknown/ Not Reported	616	35.9%
Linked to GMC		
Yes	518	30.2%
No	494	28.8%
Unknown/ Not Reported	705	41.1%

Mental Health Respite Programs

Program Type: PEI Improving Timely Access to Services for Underserved Populations

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 six respite programs:

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 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.

Respite Program: 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: 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: 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: 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: 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 20/21, the respite programs served a total of 2,262 individuals in the community.

Demographics:

	Caregiver Crisis Intervention (N=116)		A Church for All (N=126)		Gender Health Center (N=423)		LGBT-Lambda Lounge (N=607)		LGBT-Q-Spot (N=441)		Respite Program (serving Teens and TAY) (N=549)		Total (N=2,262)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Age Group														
Children/Youth (0-15)	0	0.0%	0	0.0%	0	0.0%	1	0.2%	44	10.0%	0	0.0%	45	2.0%
TAY (16-25)	0	0.0%	5	4.0%	44	10.4%	26	4.3%	76	17.2%	247	45.0%	398	17.6%
Adults (26-59)	33	28.4%	53	42.1%	73	17.3%	122	20.1%	1	0.2%	0	0.0%	282	12.5%
Older Adults (60+)	82	70.7%	12	9.5%	3	0.7%	32	5.3%	1	0.2%	0	0.0%	130	5.7%
Unknown/Not Reported	1	0.9%	56	44.4%	303	71.6%	426	70.2%	319	72.3%	302	55.0%	1,407	62.2%
Ethnicity														
Hispanic	12	10.3%	9	7.1%	32	7.6%	46	7.6%	27	6.1%	30	5.5%	156	6.9%
Non-Hispanic	100	86.2%	51	40.5%	66	15.6%	306	50.4%	92	20.9%	195	35.5%	810	35.8%
Unknown/Not Reported	4	3.4%	66	52.4%	325	76.8%	255	42.0%	322	73.0%	324	59.0%	1,296	57.3%
Race														
American Indian or Alaska Native	3	2.6%	2	1.6%	15	3.5%	6	1.0%	4	0.9%	8	1.5%	38	1.7%
Asian	8	6.9%	1	0.8%	2	0.5%	8	1.3%	3	0.7%	2	0.4%	24	1.1%
Asian Indian	19	16.4%	1	0.8%	4	0.9%	8	1.3%	7	1.6%	1	0.2%	40	1.8%
Black or African American	2	1.7%	21	16.7%	19	4.5%	38	6.3%	10	2.3%	109	19.9%	199	8.8%
Mexican	73	62.9%	2	1.6%	13	3.1%	0	0.0%	3	0.7%	9	1.6%	100	4.4%
Native Hawaiian or other Pacific Islander	9	7.8%	0	0.0%	6	1.4%	10	1.6%	10	2.3%	2	0.4%	37	1.6%
White	0	0.0%	36	28.6%	62	14.7%	183	30.1%	67	15.2%	59	10.7%	407	18.0%
Other	0	0.0%	10	7.9%	19	4.5%	123	20.3%	18	4.1%	48	8.7%	218	9.6%
Unknown/Not Reported	2	1.7%	53	42.1%	283	66.9%	231	38.1%	319	72.3%	311	56.6%	1,199	53.0%
Primary Language														
English	113	97.4%	70	55.6%	115	27.2%	398	65.6%	124	28.1%	246	44.8%	1,066	47.1%
Non-English	2	1.7%	0	0.0%	2	0.5%	4	0.7%	2	0.5%	1	0.2%	11	0.5%
Decline to State	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	0.9%	56	44.4%	306	72.3%	205	33.8%	315	71.4%	302	55.0%	1,185	52.4%

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

Demographics – Cont.

	Caregiver Crisis Intervention (N=116)		A Church for All (N=126)		Gender Health Center (N=423)		LGBT-Lambda Lounge (N=607)		LGBT-Q-Spot (N=441)		Respite Program (serving Teens and TAY) (N=549)		Total (N=2,262)	
Gender Identity														
Agender	0	0.0%	0	0.0%	2	0.5%	2	0.3%	1	0.2%	0	0.0%	5	0.2%
Female	90	77.6%	28	22.2%	21	5.0%	123	20.3%	32	7.3%	105	19.1%	399	17.6%
Gender Fluid	0	0.0%	0	0.0%	4	0.9%	1	0.2%	10	2.3%	0	0.0%	15	0.7%
Gender Nonbinary	0	0.0%	0	0.0%	38	9.0%	9	1.5%	27	6.1%	2	0.4%	76	3.4%
Gender Queer	0	0.0%	0	0.0%	3	0.7%	5	0.8%	2	0.5%	0	0.0%	10	0.4%
Intersex	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Male	26	22.4%	38	30.2%	31	7.3%	112	18.5%	15	3.4%	135	24.6%	357	15.8%
Transgender	0	0.0%	2	1.6%	9	2.1%	49	8.1%	24	5.4%	3	0.5%	87	3.8%
Two Spirit	0	0.0%	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
Another gender identity	0	0.0%	0	0.0%	7	1.7%	5	0.8%	5	1.1%	0	0.0%	17	0.8%
Questioning	0	0.0%	0	0.0%	1	0.2%	7	1.2%	3	0.7%	0	0.0%	11	0.5%
Decline to State	0	0.0%	2	1.6%	4	0.9%	95	15.7%	7	1.6%	2	0.4%	110	4.9%
Unknown/Not Reported	0	0.0%	56	44.4%	302	71.4%	199	32.8%	315	71.4%	302	55.0%	1,174	51.9%
Sexual Orientation														
Asexual	0	0.0%	0	0.0%	4	0.9%	3	0.5%	6	1.4%	3	0.5%	16	0.7%
Bisexual	0	0.0%	2	1.6%	16	3.8%	16	2.6%	42	9.5%	28	5.1%	104	4.6%
Demisexual	0	0.0%	0	0.0%	2	0.5%	0	0.0%	2	0.5%	1	0.2%	5	0.2%
Gay	0	0.0%	0	0.0%	5	1.2%	73	12.0%	10	2.3%	5	0.9%	93	4.1%
Graysexual	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Heterosexual	115	99.1%	61	48.4%	10	2.4%	67	11.0%	7	1.6%	186	33.9%	446	19.7%
Lesbian	0	0.0%	0	0.0%	6	1.4%	55	9.1%	13	2.9%	2	0.4%	76	3.4%
Pansexual	0	0.0%	0	0.0%	29	6.9%	10	1.6%	24	5.4%	6	1.1%	69	3.1%
Queer	0	0.0%	1	0.8%	32	7.6%	38	6.3%	8	1.8%	0	0.0%	79	3.5%
Questioning or unsure	0	0.0%	0	0.0%	1	0.2%	18	3.0%	10	2.3%	2	0.4%	31	1.4%
Another sexual orientation	1	0.9%	1	0.8%	6	1.4%	0	0.0%	1	0.2%	0	0.0%	9	0.4%
Unknown/Not Reported	0	0.0%	61	48.4%	312	73.8%	327	53.9%	318	72.1%	316	57.6%	1,334	59.0%
Veteran Status														
Yes	10	8.6%	5	4.0%	5	1.2%	5	0.8%	1	0.2%	0	0.0%	26	1.1%
No	106	91.4%	65	51.6%	116	27.4%	403	66.4%	125	28.3%	247	45.0%	1,062	46.9%
Unknown/Not Reported	0	0.0%	56	44.4%	302	71.4%	199	32.8%	315	71.4%	302	55.0%	1,174	51.9%

Satisfaction Survey Results – Caregiver Crisis Intervention

N=114	%
The services I received or group(s) I attended helped me in these areas:	
Finding services and supports	92.3%
Feeling less lonely	84.9%
Manage my daily life stressors	92.5%
Keeping myself safe	72.3%
Managing a crisis	78.4%
I'll use these skills to help with…	
Finding services and supports	88.3%
Feeling less lonely	77.4%
Manage my daily life stressors	91.4%
Keeping myself safe	76.8%
Managing a crisis	85.0%
I am more aware of community services and supports that can help me or others in my family as a result of the services I received or group I attended.	
Strongly Agree/Agree	96.4%
Undecided	0.0%
Disagree/Strongly Disagree	0.0%
Not Applicable	0.0%
I learned skills from the services I received or groups that I attended that I use each day or share with others.	
Strongly Agree/Agree	92.5%
Undecided	5.3%
Disagree/Strongly Disagree	1.0%
Not Applicable	2.0%
I would come back again if I needed help for myself or others in my family.	
Strongly Agree/Agree	100.0%
Undecided	0.0%
Disagree/Strongly Disagree	0.0%
Not Applicable	0.0%
As a result of the services I received or group(s) I attended, I know how to get help if I knew someone who is suicidal or if I felt suicidal.	
Strongly Agree/Agree	89.1%
Undecided	9.6%
Disagree/Strongly Disagree	1.0%
Not Applicable	0.0%
I felt the services I received reflected my cultural beliefs, preferences, and values which made me feel respected.	
Strongly Agree/Agree	100.0%
Undecided	0.0%
Disagree/Strongly Disagree	0.0%
Not Applicable	0.0%

The denominator varies for each question, as not all questions were applicable to every person who submitted a survey.

Satisfaction Survey Results – Respite Programs

	A Church For All	Gender Health Center	Sacramento LGBT Community Center – Lambda Lounge	Sacramento LGBT Community Center – Q Spot
	N=372	N=309	N=47	N=23
The services I received or group(s) I attended helped me in these areas				
Finding services and supports	99.7	81.1	100.0	95.0
Feeling less lonely	97.7	77.2	100.0	100.0
Manage my daily life stressors	97.7	81.1	100.0	94.7
Keeping myself safe	99.1	80.6	100.0	100.0
Managing a crisis	98.8	78.5	97.8	100.0
****I'll use these skills to help with…***				
Finding services and supports	99.1	84.5	100.0	100.0
Feeling less lonely	98.5	83.9	100.0	100.0
Manage my daily life stressors	98.3	83.2	97.8	100.0
Keeping myself safe	98.3	85.2	100.0	100.0
Managing a crisis	97.7	83.4	97.8	100.0

****The denominator varies for each question, as not all questions were applicable to every person who submitted a survey.***

Satisfaction Survey Results – Cont.

	A Church For All	Gender Health Center	Sacramento LGBT Community Center – Lambda Lounge	Sacramento LGBT Community Center – Q Spot
	N=372	N=309	N=47	N=23
I am more aware of community services and supports that can help me or others in my family as a result of the services I received or group I attended.				
Strongly Agree/Agree	0.0	90.5	95.7	87.0
Undecided	0.0	5.2	0.0	8.7
Disagree/Strongly Disagree	0.0	1.7	0.0	0.0
Unknown	5.4	2.6	4.3	4.3
I learned skills from the services I received or groups that I attended that I use each day or share with others.				
Strongly Agree/Agree	91.6	91.0	95.7	87.0
Undecided	2.5	4.7	0.0	8.7
Disagree/Strongly Disagree	0.3	1.9	0.0	0.0
Unknown	5.7	2.4	4.3	4.3
I would come back again if I needed help for myself or others in my family.				
Strongly Agree/Agree	94.4	93.8	95.7	87.0
Undecided	0.3	2.9	0.0	4.3
Disagree/Strongly Disagree	0.0	1.2	0.0	0.0
Unknown	5.4	2.1	4.3	8.7
As a result of the services I received or group(s) I attended, I know how to get help if I knew someone who is suicidal or if I felt suicidal.				
Strongly Agree/Agree	88.6	90.5	93.6	82.6
Undecided	5.4	5.0	0.0	8.7
Disagree/Strongly Disagree	0.8	2.3	0.0	4.3
Unknown	5.2	2.3	6.4	4.3
I felt the services I received reflected my cultural beliefs, preferences, and values which made me feel respected.				
Strongly Agree/Agree	93.5	90.2	95.7	82.6
Undecided	0.8	4.9	0.0	8.7
Disagree/Strongly Disagree	0.0	2.7	0.0	4.3
Unknown	5.7	2.2	4.3	4.3
I would like this program or group to expand in order to provide more access and/or services.				
Strongly Agree/Agree	92.4	93.7	93.6	87.0
Undecided	1.1	2.1	0.0	4.3
Disagree/Strongly Disagree	0.3	1.7	0.0	4.3
Unknown	6.2	2.5	6.4	4.3

*The denominator varies for each question, as not all questions were applicable to every person who submitted a survey.

Satisfaction Survey Results – Respite Program

	N = 279	%
I felt safer (emotionally or physically)		
Completely True	192	77.1
Mostly True	37	14.9
A Little True	18	7.2
Not at All	2	0.8
The visit helped me make connections with others or feel less alone		
Completely True	174	70.7
Mostly True	47	19.1
A Little True	16	6.5
Not at All	9	3.7
Staff were respectful and helped me feel accepted		
Completely True	203	81.9
Mostly True	30	12.1
A Little True	13	5.2
Not at All	2	0.8
I learned something helpful today		
Completely True	178	73.6
Mostly True	35	14.5
A Little True	21	8.7
Not at All	8	3.3
I know where to go if I need help		
Completely True	194	80.2
Mostly True	31	12.8
A Little True	13	5.4
Not at All	4	1.7
This visit helped me feel less stressed		
Completely True	189	76.8
Mostly True	33	13.4
A Little True	17	6.9
Not at All	7	2.8
If I didn't come to the center today, I probably would have gone to ...		
Emergency Room	6	5.4
A Psychiatric Hospital	16	14.4
Jail	11	9.9
Other	55	49.5
Unknown/Not Reported	23	20.7

Mental Health Respite Programs – Outreach

Number Served: In FY 20/21, the respite programs attended 31 community events and disseminated information to 852 individuals.

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

Program	# of Events	# of Direct Contacts
A Church For All	17	217
Gender Health Center	0	0
Sacramento LGBT Community Center – Lambda Lounge	0	620
Sacramento LGBT Community Center – Q Spot	14	15
Respite Program (serving youth and TAY)	0	0
Total	**31**	**852**

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

The Strengthening Families Program 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
- The Source
- Safe Zone Squad

Quality Childcare Collaborative (QCCC)

Program Type: PEI 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 20/21, 31 unduplicated caregivers and teachers utilized the QCCC service.

Demographics:

	N = 31	%
Age Group		
Children/Youth (0-15)	15	48.4%
TAY (16-25)	0	0.0%
Adults (26-59)	12	38.7%
Older Adults (60+)	1	3.2%
Unknown/Not Reported	3	9.7%
Ethnicity		
Hispanic	1	3.2%
Non-Hispanic	2	6.5%
Unknown/Not Reported	28	90.3%
Race		
American Indian or Alaska Native	0	0.0%
Asian	0	0.0%
Black or African American	1	3.2%
Native Hawaiian or other Pacific Islander	0	0.0%
White	9	29.0%
Other	0	0.0%
More than one race	0	0.0%
Unknown/Not Reported	21	67.7%
Primary Language		
English	27	87.1%
Farsi	0	0.0%
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	4	12.9%
Sexual Orientation		

Gay or Lesbian	0	0.0%
Heterosexual or Straight	1	3.2%
Bisexual	0	0.0%
Questioning or unsure	0	0.0%
Queer	0	0.0%
Another sexual orientation	0	0.0%
Unknown/Not Reported	30	96.8%
Sex at Birth		
Male	10	32.3%
Female	21	67.7%
Unknown/Not Reported	0	0.00%
Current Gender Identity		
Male	10	32.3%
Female	21	67.7%
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%

CPS Mental Health Team

Program Type: PEI Improving Timely Access for Underserved Populations

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 20/21, 852 children, 0-20 years of age, received mental health screenings.

Demographics:

	N = 852	%
Age Group		
Children/Youth (0-15)	739	86.7%
TAY (16-25)	85	10.0%
Adults (26-59)	26	3.1%
Older Adults (60+)	2	0.2%
Unknown/Not Reported	0	0.0%
Ethnicity		
Hispanic or Latino	98	11.5%
Non-Hispanic/Non-Latino	225	26.4%
Other	33	3.9%
More than one ethnicity	0	0.0%
Unknown/Not Reported	496	58.2%
Race		
White	225	26.4%
Black or African American	181	21.2%
Asian	20	2.3%
American Indian or Alaska Native	6	0.7%
Native Hawaiian or other Pacific Islander	6	0.7%
More than one race	42	4.9%
Other	34	4.0%
Unknown/Not Reported	338	39.7%
Primary Language		
English	585	68.7%
Spanish	3	0.4%
Vietnamese	1	0.1%
Cantonese	0	0.0%
Russian	0	0.0%

Primary Language Cont.		
Hmong	0	0.0%
Arabic	0	0.0%
Other	3	0.4%
Unknown/Not Reported	260	30.5%
Sexual Orientation		
Heterosexual or Straight	56	6.6%
Gay or Lesbian	1	0.1%
Bisexual	3	0.4%
Questioning or unsure	6	0.7%
Queer	0	0.0%
Another sexual orientation	0	0.0%
Unknown/Not Reported	786	92.3%
Current Gender Identity		
Female	420	49.3%
Male	363	42.6%
Transgender	0	0.0%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	1	0.1%
Unknown/Not Reported	68	8.0%
Veteran Status		
Yes	0	0.0%
No	151	17.7%
Unknown/Not Reported	701	82.3%

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

Bullying Prevention Education and Training Program

Program Type: PEI Prevention

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.

Number Served: The total number of people participating in the bullying prevention program FY20/21 was 64,293. Of those, there were:

- Staff Trained: 1,821
- Students Served: 43,142
- Parents Served: 19,330

Demographics: Unavailable due to program design.

Early Violence Prevention Begins with Education (eVIBE)

Program Type: PEI Outreach for Increasing Early Signs of Mental Illness

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.

Number Served: In FY 20/21, 1,391 unduplicated individuals were served.

Demographics:

	N=1,391	%
Age Group		
Children/Youth (0-15)	439	33.3%
TAY (16-25)	18	1.4%
Adults (26-59)	39	3.0%
Older Adults (60+)	0	0.0%
Unknown/Not Reported	823	62.4%
Ethnicity		
Hispanic or Latino	0	0.0%
Non-Hispanic/Non-Latino	0	0.0%
Other	0	0.0%
More than one ethnicity	0	0.0%
Unknown/Not Reported	1319	100.0%
Race		
White	46	3.5%
Black or African American	45	3.4%
Asian	91	6.9%
American Indian or Alaska Native	2	0.2%
Native Hawaiian or other Pacific Islander	4	0.3%
More than one race	59	4.5%
Other	0	0.0%
Unknown/Not Reported	1072	81.3%
Primary Language		
English	0	0.0%
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	1319	100.0%
Sexual Orientation		

Heterosexual or Straight	26	2.0%
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	1291	97.9%
Current Gender Identity		
Female	231	17.5%
Male	259	19.6%
Transgender	0	0.0%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	3	0.2%
Unknown/Not Reported	826	62.6%
Veteran Status		
Yes	N/R	N/R
No	N/R	N/R
Unknown/Not Reported	1319	100.0%

Satisfaction Survey Results – eVIBE Parent Survey

Parent Survey Items	**N=13**	**%**
I am better able to problem solve within my family by utilizing my nurturing parenting skills.		
Strongly Agree	8	61.5%
Agree	5	38.5%
Neutral	0	0.0%
Disagree	0	0.0%
Strongly Disagree	0	0.0%
I have learned new nurturing skills (self-care, managing stress and behavior, empathy, etc.) to build nurturing relationships with myself and my family.		
Strongly Agree	11	84.6%
Agree	1	7.7%
Neutral	1	7.7%
Disagree	0	0.0%
Strongly Disagree	0	0.0%
My family and I have more tools to successfully resolve conflicts or disagreements.		
Strongly Agree	9	69.2%
Agree	3	23.1%
Neutral	1	7.7%
Disagree	0	0.0%
Strongly Disagree	0	0.0%

I am able to communicate more effectively with my family.		
Strongly Agree	6	46.2%
Agree	5	38.5%
Neutral	2	15.4%
Disagree	0	0.0%
Strongly Disagree	0	0.0%
I have experienced a positive change within my family relationships because of services.		
Strongly Agree	7	53.8%
Agree	5	38.5%
Neutral	1	7.7%
Disagree	0	0.0%
Strongly Disagree	0	0.0%
I have learned about available community resources.		
Strongly Agree	5	38.5%
Agree	4	30.8%
Neutral	3	23.1%
Disagree	1	7.7%
Strongly Disagree	0	0.0%

Adoptive Families Respite Program

Program Type: PEI Prevention

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.

Number Served: In FY 20/21, 395 families utilized this respite service. Note: Demographics are not unduplicated because the same families may have utilized respite services more than once in the year.

Demographics:

	N = 395	%
Age Group		
Children/Youth (0-15)	201	52.2%
TAY (16-25)	19	4.9%
Adults (26-59)	150	39.0%
Older Adults (60+)	6	1.6%
Unknown/Not Reported	19	4.9%
Ethnicity		
Hispanic or Latino	61	15.6%
Non-Hispanic/Non-Latino	314	80.5%
Unknown/Not Reported	20	5.1%
Race		
American Indian or Alaska Native	10	2.5%
Asian	0	0.0%
Black or African American	52	13.2%
Native Hawaiian/Pacific Islander	0	0.0%
White	206	52.2%
Other	27	6.8%
More than one race	20	5.1%
Decline to answer	0	0.0%
Unknown/Not Reported	80	20.3%
Primary Language		
English	384	97.2%
Spanish	1	0.3%
Vietnamese	0	0.0%
Cantonese	0	0.0%
Russian	1	0.3%
Hmong	0	0.0%
Arabic	0	0.0%
Other	0	0.0%
Unknown/Not Reported	9	2.3%

Sexual Orientation		
Gay or Lesbian	26	6.6%
Heterosexual or Straight	280	70.9%
Bisexual	16	4.1%
Questioning or unsure	23	5.8%
Queer	4	1.0%
Another sexual orientation	22	5.6%
Unknown/Not Reported	24	6.1%
Current Gender Identity		
Male	185	46.8%
Female	197	49.9%
Transgender	3	0.8%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	4	1.0%
Unknown/Not Reported	6	1.5%
Veteran Status		
Yes	2	0.5%
No	152	38.5%
Decline to answer	241	61.0%

Satisfaction Survey Results – Adoptive Families Respite

	%
As a result of the services I received or group(s) I attended, I know how to get help if I knew someone who is suicidal or if I felt suicidal.	
Strongly Agree/Agree	67%
Undecided	9%
Disagree/Strongly Disagree	7%
N/A	17%
I felt the services I received reflected my cultural beliefs, preferences, and values which made me feel respected.	
Strongly Agree/Agree	92%
Undecided	1%
Disagree/Strongly Disagree	2%
N/A	5%
I had a decrease in stress.	
Strongly Agree/Agree	94%
Undecided	3%
Disagree/Strongly Disagree	1%
N/A	2%
I have an increase in well-being.	
Strongly Agree/Agree	90%
Undecided	4%
Disagree/Strongly Disagree	2%
N/A	4%
I have an increased feeling in my ability to cope.	
Strongly Agree/Agree	91%
Undecided	3%
Disagree/Strongly Disagree	0%
N/A	6%

The Source

Program Type: PEI Improving Timely Access to Services for Underserved Populations

Program Description: administered by Sacramento Children's Home, The Source provides a 24 hours per day, 7 days per week, 365 day per year call center providing immediate phone response, mobile in-person/face-to-face crisis intervention, triage services, mediation, follow-up support, and information and referral. The Source is available to all youth up to their 26th birthday and their caregivers, prioritizing current and former foster youth and foster parents/caregivers who are experiencing crisis or emotional or behavioral distress that, without immediate support, risks disruption to the current living situation.

Number Served: In FY 20/21, The Source served a total of 99 unduplicated individuals.

Demographics:

	N=99	%
Age Group		
Child and Youth (0-15)	41	41.4%
Transition Age Youth (16-25)	58	58.6%
Adult (26-59)	0	0.0%
Older Adult (60+)	0	0.0%
Unknown/Not Reported	0	0.0%
Ethnicity		
Hispanic	36	36.4%
Non-Hispanic	51	51.5%
Unknown/Not Reported	12	12.1%
Race		
White	26	26.3%
African American	29	29.3%
Asian	5	5.1%
Pacific Islander	0	0.0%
Native American	1	1.0%
Multi-Race	10	10.1%
Other	24	24.2%
Unknown/Not Reported	4	4.0%
Primary Language		
English	86	86.9%
Spanish	13	13.1%
Vietnamese	0	0.0%
Cantonese	0	0.0%
Hmong	0	0.0%
Russian	0	0.0%
Arabic	0	0.0%
Other	0	0.0%
Unknown/Not Reported	0	0.0%
Sexual Orientation		
Gay or Lesbian	1	1.0%

Heterosexual or Straight	38	38.4%
Bisexual	7	7.1%
Questioning or unsure	4	4.0%
Queer	0	0.0%
Another sexual orientation	0	0.0%
Unknown/Not Reported	49	49.5%
Current Gender Identity		
Male	50	50.5%
Female	49	49.5%
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%
Veteran Status		
Yes	0	0.0%
No	0	0.0%
Unknown/Not Reported	99	100.0%

Satisfaction Survey Results – The Source

	N = 200	**%**
My issue was solved.		
Completely True	93	46.5%
Mostly True	52	26.0%
A Little True	26	13.0%
Not At All	6	3.0%
Don't Want to Answer/Does Not Apply	23	11.5%
I learned ways to deal with upsetting situations.		
Completely True	80	40.0%
Mostly True	54	27.0%
A Little True	18	9.0%
Not At All	3	1.5%
Don't Want to Answer/Does Not Apply	45	22.5%
I feel better and more in control.		
Completely True	108	54.0%
Mostly True	52	26.0%
A Little True	27	13.5%
Not At All	4	2.0%
Don't Want to Answer/Does Not Apply	9	4.5%

Safe Zone Squad

Program Type: PEI Improving Timely Access to Services for Underserved Populations

Program Description: administered by Sacramento County Office of Education (SCOE), Safe Zone Squad (SZS) provides mental health crisis and triage services to students, ages 11 to 14, at two (2) identified middle school campuses. SZS program provides and coordinates mental health support services, including crisis intervention services, listening circles, skills development, psychoeducation, stress/crisis management, parent/caregiver trainings, and restorative mediation. These services are delivered by a two-person team comprised of a Youth Advocate and a Safe Zone Coach (mental health counselor). The team provides mental health screenings to students, who are referred, and identifies and provides appropriate levels of support and linkages to mental health services and/or other community resources. Program outcomes include enhancing school success, reducing stigma, improving relationships, and reducing unnecessary psychiatric hospitalizations.

Number Served: In FY 20/21, the Safe Zone Squad served a total of 114 unduplicated individuals.

Demographics:

	N=114	%
Age Group		
Child and Youth (0-15)	114	100.0%
Transition Age Youth (16-25)	0	0.0%
Adult (26-59)	0	0.0%
Older Adult (60+)	0	0.0%
Unknown/Not Reported	0	0.0%
Ethnicity		
Hispanic	51	44.7%
Non-Hispanic	45	39.5%
Unknown/Not Reported	18	15.8%
Race		
White	15	13.2%
African American	39	34.2%
Asian	10	8.8%
Pacific Islander	3	2.6%
Native American	3	2.6%
Multi-Race	3	2.6%
Other	14	12.3%
Unknown/Not Reported	27	23.7%
Primary Language		
English	62	54.4%
Spanish	11	9.6%
Vietnamese	0	0.0%
Cantonese	0	0.0%
Hmong	0	0.0%
Russian	0	0.0%
Arabic	0	0.0%
Other	0	0.0%
Unknown/Not Reported	41	36.0%

Sexual Orientation		
Gay or Lesbian	0	0.0%
Heterosexual or Straight	8	7.0%
Bisexual	1	0.9%
Questioning or unsure	0	0.0%
Queer	0	0.0%
Another sexual orientation	0	0.0%
Unknown/Not Reported	105	92.1%
Current Gender Identity		
Male	67	58.7%
Female	45	39.5%
Transgender	0	0.0%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	0	0.0%
Unknown/Not Reported	2	1.8%
Veteran Status		
Yes	0	0.0%
No	0	0.0%
Unknown/Not Reported	114	100.0%

Integrated Health and Wellness Program
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 Type: PEI Early Intervention

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.

Number Served: In FY 20/21, 164 unduplicated clients were served.

Demographics:

	N=164	%
Age Group		
Children/Youth (0-15)	32	19.5%
TAY (16-25)	106	64.6%
Adults (26-59)	26	15.9%
Older Adults (60+)	0	0.0%
Unknown/Not Reported	0	0.0%
Ethnicity		
Hispanic	54	32.9%
Non-Hispanic	96	58.5%
Unknown/Not Reported	14	8.5%
Race		
American Indian or Alaska Native	4	2.4%
Asian	11	6.7%
Black or African American	46	28.1%
Race Cont.		
Native Hawaiian or other Pacific Islander	1	0.6%
White	43	26.2%
Other	32	19.5%
More than one race	23	14.0%
Unknown/Not Reported	4	2.4%
Primary Language		
English	151	92.1%

Farsi	0	0.0%
Spanish	9	5.5%
Vietnamese	0	0.0%
Cantonese	1	0.6%
Russian	0	0.0%
Hmong	0	0.0%
Arabic	1	0.6%
Other	2	1.2%
Unknown/Not Reported	0	0.0%
Sexual Orientation		
Gay or Lesbian	2	1.2%
Heterosexual or Straight	58	35.4%
Bisexual	5	3.1%
Questioning or unsure	6	3.7%
Queer	0	0.0%
Another sexual orientation	0	0.0%
Unknown/Not Reported	93	56.7%
Sex at Birth		
Male	79	48.2%
Female	85	51.8%
Unknown/Not Reported	0	0.0%
Current Gender Identity		
Male	85	51.8%
Female	79	48.2%
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%

Senior Link

Program Type: PEI Prevention

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.

Number Served: In FY 20/21, 140 unduplicated older adults were served.

Demographics:

	N=140	%
Age Group		
Children/Youth (0-15)	0	0.0%
TAY (16-25)	0	0.0%
Adults (26-59)	12	8.6%
Older Adults (60+)	94	67.1%
Unknown/Not Reported	34	24.3%
Ethnicity		
Hispanic or Latino	27	19.3%
Non-Hispanic/Non-Latino	62	44.3%
Other	0	0.0%
More than one ethnicity	0	0.0%
Unknown/Not Reported	51	36.4%
Race		
White	34	24.3%
Black or African American	23	16.4%
Asian	8	5.7%
More than one race	1	0.7%
American Indian or Alaska Native	0	0.0%
Native Hawaiian or other Pacific Islander	5	3.6%
Other	23	16.4%
Unknown/Not Reported	46	32.9%
Primary Language		
English	79	56.4%
Spanish	15	10.7%
Vietnamese	0	0.0%

Primary Language Cont.		
Cantonese	1	0.7%
Russian	0	0.0%
Hmong	5	3.6%
Arabic	0	0.0%
Other	2	1.4%
Unknown/Not Reported	38	27.1%
Sexual Orientation		
Gay or Lesbian	82	58.6%
Heterosexual or Straight	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	58	41.4%
Current Gender Identity		
Female	83	59.3%
Male	21	15.0%
Transgender	0	0.0%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	0	0.0%
Unknown/Not Reported	36	25.7%

Senior Link – Outreach

Number Served: In FY 20/21, the program outreached to 183 unduplicated older adults.

Demographics:

	N=183	**%**
Age Group		
Children/Youth (0-15)	0	0.0%
TAY (16-25)	0	0.0%
Adults (26-59)	14	7.7%
Older Adults (60+)	133	72.7%
Unknown/Not Reported	36	19.7%
Ethnicity		
Hispanic or Latino	31	16.9%
Non-Hispanic/Non-Latino	93	50.8%
Other	0	0.0%
More than one ethnicity	0	0.0%
Unknown/Not Reported	59	32.2%
Race		

White	48	26.2%
Black or African American	34	18.6%
Asian	14	7.7%
More than one race	2	1.1%
American Indian or Alaska Native	0	0.0%
Native Hawaiian or other Pacific Islander	10	5.5%
Other	28	15.3%
Unknown/Not Reported	47	25.7%
Primary Language		
English	113	61.7%
Spanish	17	9.3%
Vietnamese	0	0.0%
Cantonese	2	1.1%
Russian	0	0.0%
Hmong	6	3.3%
Arabic	0	0.0%
Other	7	3.8%
Unknown/Not Reported	38	20.8%
Sexual Orientation		
Gay or Lesbian	116	63.4%
Heterosexual or Straight	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	67	36.6%
Current Gender Identity		
Female	111	60.7%
Male	35	19.1%
Transgender	0	0.0%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	0	0.0%
Unknown/Not Reported	37	20.2%

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

Program Type: PEI Stigma and Discrimination Reduction

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 2020-21 marked the ninth year of this project. The project's target audiences include:

- Residents who primarily speak Arabic, Cantonese, Hmong, Russian, Spanish, or Vietnamese
- Residents who primarily speak English and identify as Black/African American, Latino, American Indian/Alaska Native, Older Adult, or young adults
- Residents who primarily speak English and self-identify as Lesbian, Gay, Bisexual, Transgender and Gender Diverse, and Questioning (LGBTQ) communities.

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 that encompasses a heavy advertising campaign across multiple mediums (such as radio, TV, online and outdoor ads)
- Social Media accounts on Facebook, Instagram, and Twitter
- Microsite – www.StopStigmaSacramento.org
- Stakeholder Engagement that includes engaging community organizations and members in project activities
- Collateral Material – offering free program materials to stakeholder organizations and community members
- Community Outreach Events
- Research – engaging with and incorporating feedback from community members and leaders to recalibrate, update and tailor messaging and materials that reflect each specific target audience
- Stop Stigma Sacramento Speakers Bureau – speakers share their personal stories of hope and inspiration at speaking events

Numbers reached through the projects' multimedia components: Because this project uses universal outreach strategies, total number of impressions (when a user sees or hears an ad) and click through rates (when a user engages in a digital ad and follows the link) through the projects' multimedia components is not available.

Numbers reached through Stop Stigma Sacramento Speakers Bureau: The Stop Stigma Sacramento Speakers Bureau speakers shared their personal stories 90 times, at 35 events, with a total audience attendance of 1,333 individuals.

Limitations

The first Sacramento County BHS PEI programs were implemented in FY 09/10, with new programs being implemented as recently as 2019. 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 Mental Health Plan (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 in the planning process for all PEI and Respite programs to be integrated into 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. This will also give the MHP the ability to follow participants throughout the system to determine linkages to treatment services.

THIRD SECTOR

California Multi-County Full Service Partnership Innovation Project: Year 2

Summary Report

January 2022

Project Overview

Since the passage of the Mental Health Services Act (MHSA) in 2004, California has made significant strides in improving the lives of those living with mental illness.

In particular, Full Service Partnership (FSP) programs 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 partnering with individuals on their path to wellness and recovery. Currently, over 60,000 individuals are enrolled in an FSP program across the state.

Full Service Partnerships represent a $1 billion annual investment of public funds in the well-being of the people of California. This investment has tremendous potential to reduce psychiatric hospitalizations, homelessness, incarceration and prolonged suffering by Californians with severe mental health needs. FSP programming, however, varies greatly from county to county, with different operational definitions and inconsistent data processes that make it challenging to understand and tell a statewide impact story.

In partnership with Third Sector and the Mental Health Services Oversight and Accountability Commission (MHSOAC), a cohort of six diverse counties[1]—Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, and Ventura—are participating in a 4.5-year Multi-County FSP Innovation Project that leverages counties' collective resources and experiences to improve FSP delivery across California. Additional project partners include the California Mental Health Services Authority (CalMHSA) acting as the fiscal agent and RAND Corporation providing consultation on measurement and conducting the project's post-implementation evaluation.

The Multi-County FSP Innovation Project implements a more uniform, data-driven approach, enhancing counties' ability to use data to improve FSP services and outcomes. The project advances the efforts of LA County's Department of Mental Health FSP transformation, scaling their initial groundbreaking data and outcomes efforts to new geographies and localities with a statewide perspective. Counties leveraged the collective power and shared learnings of a cohort to maximize FSP program impact and ultimately drive transformational change in the delivery of mental health services.

For more information, please contact:

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- Marissa Williams, Manager, mwilliams@thirdsectorcap.org

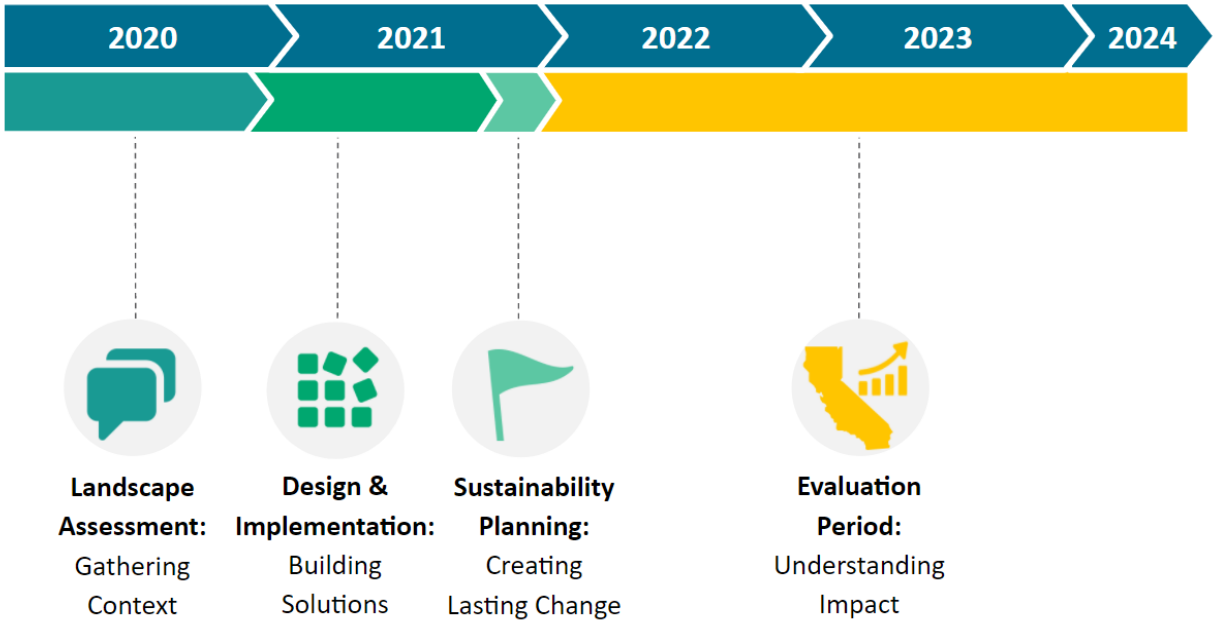
[1] Lake County and Stanislaus County joined this effort in August 2021 and will be implementing changes on a different timeline than the original six counties.

Project Purpose and Goals

The Multi-County FSP Innovation Project aims to shift the way counties design, implement, and evaluate FSPs to a more outcomes-oriented approach by:

1. Developing a shared understanding and more consistent interpretation of FSP's core components across counties, creating a common FSP framework;
2. Increasing the clarity and consistency of enrollment criteria, referral, and transition processes through developing and disseminating readily understandable tools and guidelines across stakeholders;
3. Improving how counties define, collect, and apply priority outcomes across FSP programs;
4. Developing a clear strategy for tracking outcomes and performance measures through various state-level and county-specific reporting tools; and
5. Developing new and/or strengthening existing processes that leverage data to foster learning, accountability, and meaningful performance feedback in order to drive continuous improvement in program operations and outcomes.

Progress To-Date



Landscape Assessment: Gathering Context & Building a Vision

In the beginning of 2020, counties began this effort with a nine-month Landscape Assessment phase to understand FSP program assets and opportunities. Understanding that county mental and behavioral health agencies often work with limited resources, counties created a 'cohort' structure in which the six

counties met regularly to share information, resources, and ideas to promote cross-county learning and plan cross-county activities so counties could more effectively deploy their resources. Through a combination of cohort meetings, conversations with county staff across departments, document review, and stakeholder engagement, counties developed a comprehensive understanding of their similarities and differences across FSP service design, populations, data collection, and eligibility/graduation practices.

The six-county cohort structure was essential to the counties building a collective vision and aligning on project priorities. By the end of the Landscape Assessment phase, the cohort narrowed in on a feasible set of implementation activities that would create data-driven FSP programs and build increased consistency in the way FSPs are designed, operated, and assessed. In addition to work counties underwent together as a cohort, counties also selected activities that were specific to their individual county context.

> **"We need to clarify what FSP stands for and how to implement it in a more detailed fashion. There is a lot of misunderstanding and lack of engagement with what FSP is and how it gets implemented." —Ventura County staff**

Design & Implementation: Building Solutions

In October 2020, counties conducted a 12-month Implementation Phase to build and operationalize three shared **"cross-county"** FSP improvements that counties worked on as a cohort, as well as county-specific "**local county initiatives."**

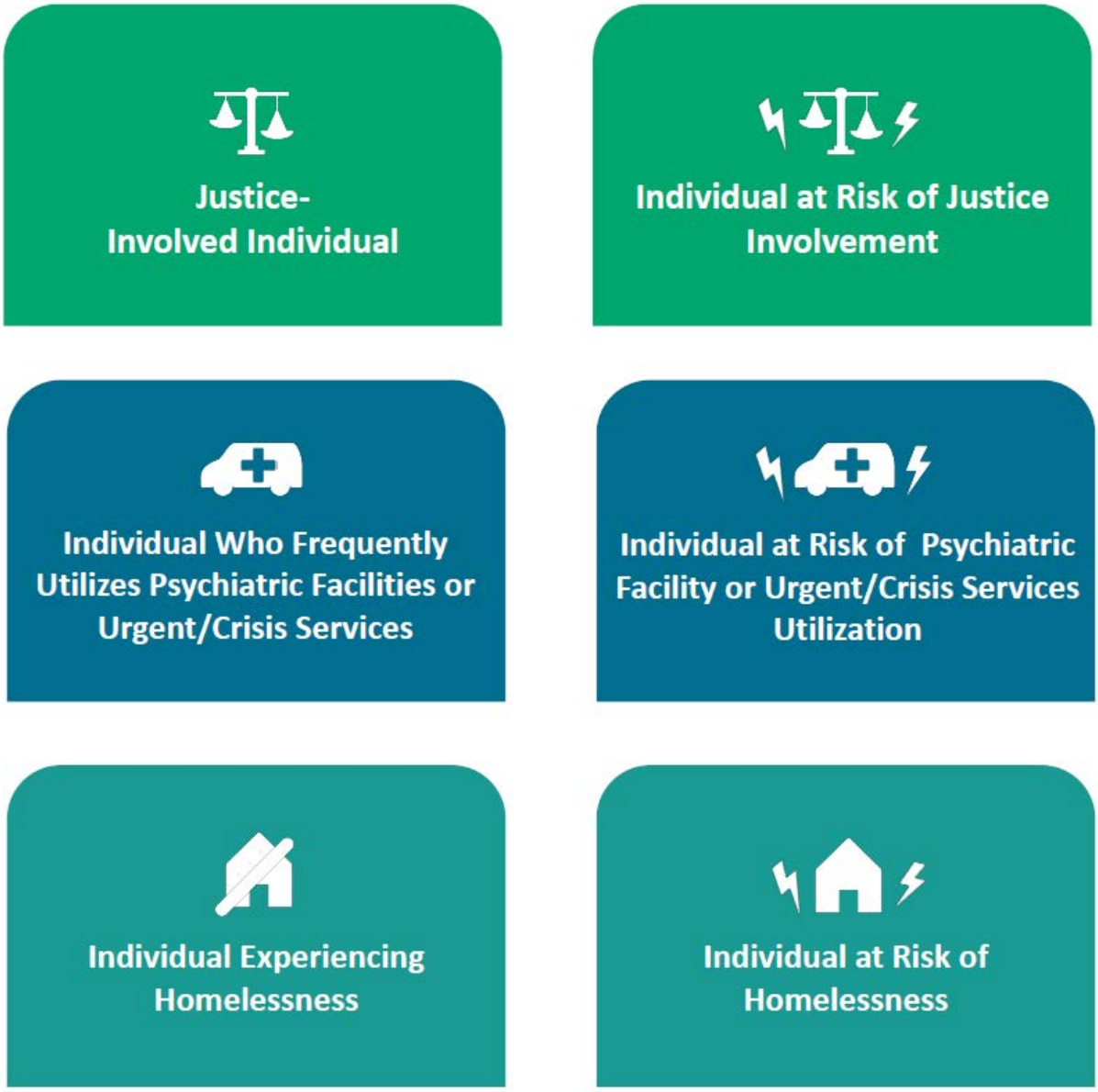
Cross-county activities: Counties embarked on a trailblazing journey to build shared population definitions, outcomes, process measures, and statewide data recommendations, holding more than 30 meetings with more than 25 behavioral health staff. As a result, counties now have more actionable FSP data that they can use to compare and share outcomes across counties and with a broader group of stakeholders, including the service providers and the people that they are serving.

- **Population Definitions:** Counties shared concerns that the lack of standardized definitions for FSP focal populations, both within and between counties, was preventing counties and providers from 1) having a consistent understanding of who is eligible for FSP, and 2) comparing how effectively providers are serving these populations For example, if one county considers a motel stay to be a form of stable housing and another county considers a motel stay to be homeless, it will be difficult to compare outcomes or share best practices for serving individuals experiencing "homelessness").

  To address this challenge, counties drafted definitions for six key FSP populations using as a model Third Sector's work with Los Angeles County to define focal populations for both eligibility criteria and outcomes tracking, best practices from the California Institute for Behavioral Health Solutions (CIBHS), resources currently used by counties, and feedback from additional county staff and the FSP provider community.

THIRD SECTOR

FSP Population Definitions



Outcomes & Process Measures

- **Outcomes & Process Measures:** Because MHSA regulations are somewhat broad in their guidance for what FSPs should be aiming to achieve, participating counties worked together to identify standardized measures for tracking what services individuals receive and how successful those services are. Guided by more than 70 FSP participant interviews and recommendations around evidence-based practices from the project's evaluator, RAND, the counties selected and defined five measures to compare across counties for adult FSP participants.

Increased Stable Housing

Data Source: DCR

A) The number of days that each person experienced (i) stable housing, (ii) temporary housing, and (iii) unstable arrangements during the previous 12-month period

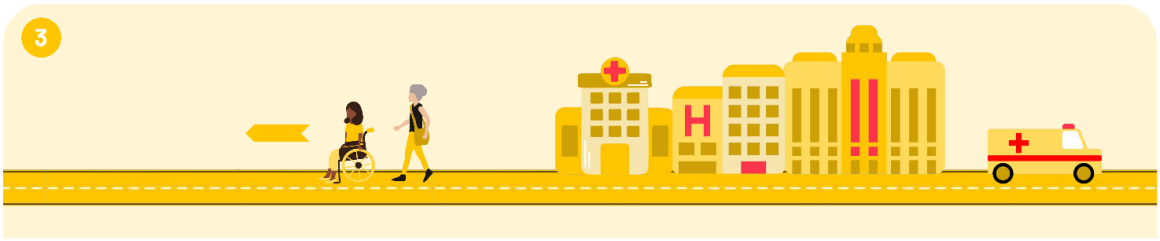
B) The number of times that each person experienced unstable housing/homelessness during the previous 12-month period

Reduced Justice Involvement

Data Source: DCR

A) Whether each person was incarcerated (yes/no) over the previous 12 months

B) The number of arrests that each person experienced during the previous 12 months



Reduced Utilization of Psychiatric Services

Data Source: EHR Systems

Measure #1: Reduced Psychiatric Admissions

A) The number of days hospitalized that each person experienced during the previous 12-month period—in both psychiatric hospitals and general hospitals receiving psychiatric care

B) The number of psychiatric admissions that each person experienced during the previous 12-month period—in both psychiatric hospitals and general hospitals receiving psychiatric care

Measure #2: Reduced Crisis Stabilization Unit (CSU) Admissions

The number of CSU admissions that each person experienced during the previous 12-month period

Increased Social Connectedness

Data Source: DCR

1-item measure: "How often do you get the social and emotional support that you need?" *[Response options include: always, usually, sometimes, rarely, never]*

Frequency & Location of Services

Data Source: EHR Systems

Number and location of the following services received: Individual Therapy, Group Therapy, Rehab Services, Medication Management, Case Management, Housing Services

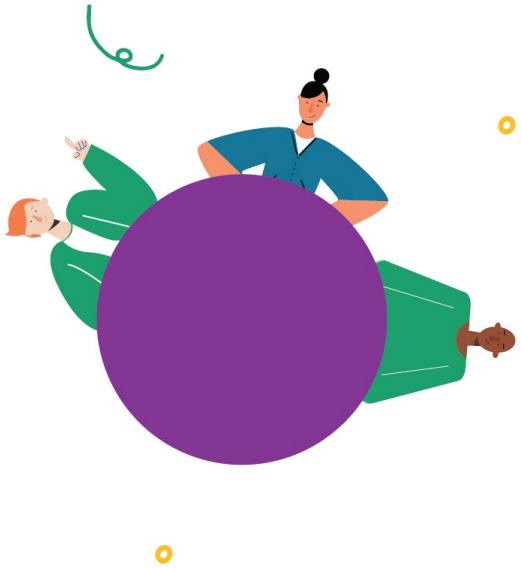
- **State Reporting Recommendations:** County and provider staff both expressed challenges with the current Data Collection and Reporting (DCR) system and articulated a desire for an advocacy initiative to address these challenges and advance efforts for more data-driven programming. To thoroughly understand unique perspectives from across the state, the six-county cohort launched a stakeholder engagement process that involved surveying 17 counties and convening more than 80 FSP providers and program administrators to discuss their experiences and ideas for enhancing the accuracy and functionality of the DCR. The data collected through those forums was compiled into a Data Collection and Reporting (DCR) Recommendations Memorandum that includes actionable system improvement recommendations. Counties then partnered with the County Behavioral Health Directors Association of California (CBHDA), which represents all 58 counties, to open a pathway of collaboration with the Department of Health Care Services (DHCS). Leveraging CBHDA to further the advocacy of this initiative has proven to be an effective strategy and conversations with DHCS are underway.

"We need to improve how we track data to make clinically-relevant, person-first decisions about clients and use clinical data to inform programmatic decisions—a uniform, consistent process to zoom out on length of stay, hospitalizations, and other outcomes."
—Fresno County staff

"All FSP clients have complex needs. We want to validate how hard it is to define success—but a question we're wrestling with is how we can use currently collected data meaningfully to inform our programs, and what information will demonstrate impact.
—Ventura County staff

Statewide Learning Communities and Workshops

- **December 2019**: More than 40 participants from 17 California county agencies and the state Mental Health Oversight Commission (MHSOAC) attended a statewide workshop focusing on building a collective vision for statewide FSP outcomes and discussed the future of FSP Learning Communities.
- **October 2020:** Third Sector, the MHSOAC, behavioral health and provider staff from Fresno and San Bernardino counties, and individuals receiving FSP services co-facilitated a public webinar to share efforts to date to develop shared practices for using data to create more successful FSP services and outcomes across six counties.
- **March 2021:** Third Sector, the MHSOAC, the Departments of Mental/Behavioral Health in San Mateo, Sacramento, and Los Angeles counties, along with individuals from their respective provider and participant communities, hosted a public webinar to share promising approaches to improving cultural responsiveness and reducing outcomes disparities in mental health services.
- **June 2021**: More than 80 participants from 36 California county agencies attended a statewide workshop focusing on 1) identifying the key challenges related to utilizing the DCR system to understand participant progress and develop date-driven service provision and 2) identifying potential solutions to address these challenges.



Local County Initiatives

Counties each identified 2-3 county-specific priority initiative to implemented locally at the same time alongside the cross-county initiatives. While multiple While multiple counties pursued the same local initiatives, results varied across the state because of counties' distinct populations, geographies, and needs. Counties were able to efficiently and effectively implement each of these improvements by sharing tools, processes, and ideas, benefitting from a cohort approach even as results show nuanced differences.

Local Initiative	Participating Counties
Graduation Guidelines Standardizing graduation criteria and/or guidelines that balance unique participant needs and system-wide outcomes in making individual graduation decisions, including creating improved definitions of "stability" and "recovery."	Sacramento, San Mateo, Ventura, San Bernardino, Siskiyou
Service Requirements Developing minimum FSP service requirements to adopt as official guidance. These depend on local context and priorities and could include the percentage of field-based services, the availability of telehealth options, housing services, employment services, and peer supports.	San Mateo, Ventura, Siskiyou
Reauthorization Process Standardizing an FSP reauthorization process and/or tools that can be used by counties to more regularly assess whether a participant is ready to stepdown from FSP services.	Fresno, Sacramento
Eligibility Guidelines Revising county-specific FSP eligibility criteria to ensure that counties prioritize FSP services to the highest-need individuals.	San Mateo, Ventura
Data Collection & Reporting Streamlining existing processes and/or developing new data collection methods and reports so that counties and providers can more effectively collect, access, and utilize FSP data to inform care and programmatic decisions.	Fresno, San Bernardino
Referral Process & Guidelines Creating standardized processes and guidelines around FSP referrals including developing consistent referral forms and protocols across providers, drafting a more centralized referral approval process, and/or ensuring a warm hand-off between referral and enrollment.	Fresno, San Bernardino

Fresno

Fresno's Department of Behavioral Health redesigned its processes for referral and enrollment, reauthorization, and data collection and reporting using input from FSP participants, caregivers, providers and cross-departmental county staff. These process improvements will equip staff to make more **data-informed decisions throughout participants' time in FSP**, from the point of referral until graduation.

Sacramento

Sacramento Behavioral Health Services created new guidelines and tools for FSP stepdown and graduation, including operational improvements that will help staff normalize graduation in conversations with participants and prevent individuals from getting "stuck in services." As a result, FSP staff have a shared understanding of "stepdown readiness," which will also **help graduating participants experience a smoother transition**.

San Bernardino

San Bernardino's Department of Behavioral Health developed new adult FSP referral forms, data reports, and graduation guidelines with input from more than 72 stakeholders. With these changes, individuals can access FSP services more quickly and participate in their own transition planning. FSP staff now have **data tools to understand program-level outcomes** (including population disparities) and inform programmatic decisions.

San Mateo

San Mateo Behavioral Health and Recovery Services designed new eligibility, service, and graduation guidelines across its child FSP system of care, leading to **more consistent and recovery-oriented programs** for young people living with SED or SMI. These program improvements will be reinforced with updated RFPs, provider contracts, and county policies in 2022.

Siskiyou

Siskiyou County Behavioral Health Services developed new guidelines for FSP services and graduation, building on Strengths Model case management to integrate a recovery-oriented approach. With this additional structure and clarity, staff are now equipped to prioritize individuals with the most intense needs and deliver services in a team environment, and participants have a greater role in **defining wellness and recovery** for themselves.

Ventura

Ventura County Behavioral Health developed guidelines for FSP eligibility, services, and graduation, leading adult programs to become more consistent, responsive, and better equipped to provide intensive wraparound care. These changes give staff **greater treatment flexibility and team support**, leading to better participant experiences and outcomes within FSP.

"Slowly ease me into the transition process, rather than abruptly changing services. Not, oh we're done with you. Hope you have a good life."

—Sacramento County FSP participant

"Service delivery guidelines are being written as we go along, adapting to the needs of program staff. Staff have freedom to be creative and we don't want to stifle this, but we've had staff changes, so there's definitely a need to actually write down service guidelines."

-Ventura County staff

Sustainability Planning: Creating Lasting Change

In October 2021, the six-county cohort began preparing for RAND's evaluation and ongoing cross-county data sharing and continuous improvement (CI) processes. During this time, a second wave of counties—Lake and Stanislaus—joined the Multi-County FSP Innovation Project and began attending meetings to offer additional insights into the cross-county activities and data processes they will eventually be implementing as part of the cohort.

This phase of the project has included efforts to customize the Enhanced Partner-Level Data (EPLD) templates that counties can use to standardize how they share and analyze state-reported DCR data. Counties will continue meeting monthly to discuss the progression and interim results of the evaluation and to further build out shared data reporting capabilities. Ultimately, these monthly meetings will transition into a recurring forum where participating counties can share outcomes data with one another, identify best practices, and strategize new operational improvements to pilot.

Evaluation Period: Measuring Progress

The six counties and RAND Corporation will continue working together on the project's two-and-a-half-year evaluation phase. RAND will conduct both quantitative and qualitative analyses to assess participant outcomes and plans to release final evaluation results in 2024. *Please see "A Look Ahead" on pp. 12 for more details.*

Stakeholder Insights

Effective stakeholder engagement leverages their knowledge and experience to provide a deeper understanding of challenges on the ground, while identifying goals and solutions that solve for the needs articulated by stakeholders. For the Multi-County FSP Innovation Project, these key stakeholders included FSP participants, participants' primary caregivers, and service providers. Third Sector and participating counties engaged representatives from each of these groups to better understand FSP programs from their perspectives. The project launched two iterative stakeholder engagement initiatives: one to learn about participants' experiences in FSP and prioritize challenges to address, and another to inform the design and implementation of solutions at the county and cohort level.

Stakeholder Engagement by County and Statewide

- **Fresno** - 32 participant interviews | 70 provider survey responses | 10 provider focus groups with 29 staff
- **Sacramento** - 32 participant interviews | 7 provider focus groups with 40 staff
- **San Bernardino** - 24 participant interviews | 10 provider survey responses | 4 provider focus groups with 23 staff | 2 peer and family advocate focus groups with 5 staff
- **San Mateo** - 27 participant interviews | 4 provider focus groups with 20 staff
- **Siskiyou** - 23 participant interviews | 2 provider surveys | 4 provider focus groups 30+ staff
- **Ventura** - 41 participant interviews | 8 provider focus groups with 48 staff
- **Cohort** - 57 survey responses from 17 California counties

Participant feedback played an important role throughout the project by helping counties and Third Sector understand the goals and needs of those being served. Participants were asked about their experience enrolling in or stepping down from FSP to a less-intensive level of service, services that were important for them, and goals they hoped to achieve. These participant insights became the basis for prioritizing cross-county outcomes and process measures.

"I want to be a 'normal person.' I don't want to be labeled a mental health patient."
—San Bernardino FSP participant

"Social isolation is a problem for me in a small town with nowhere to go. This has made getting kind of meaningful social interaction really difficult to acquire."
—Siskiyou County FSP participant

"Success would be for me, at least a semester of school, getting my own apartment. And feeling like less of a mental health case, and more of a, I guess, normal person."
—Fresno County FSP participant

One key "win" from this process was the decision to put more focus on measuring increased social connectedness, an outcome that has been historically difficult to track but was consistently named by participants as critical to their recovery journey. Insights from FSP participants also served as the basis for building participant-centered step down processes and criteria in five counties.

Provider feedback also played an important role in not only determining which implementation activities to pursue, but also in determining which outcomes and process measures to prioritize, how adult FSP focal populations should be defined, and what changes would need to be made to state reporting to ensure that counties and providers could better implement data-driven programming and team operations. At the cohort level, provider feedback was largely collected through digital surveys; even so, providers in several counties participated in recurring workgroups to build county-specific solutions, including new referral processes, step down guidelines, and service guidelines. By co-designing these

innovations with behavioral health and provider staff, counties now have "buy-in" across their stakeholders to effectively operationalize new policies and processes.

Stakeholder Engagement Lessons Learned and Best Practices

1. **Ground decisions about policies and operational practices in FSP participant experience**, including data reporting and outcomes measurement.
2. **Engage stakeholders early and often** in order to maximize the amount of time spent hearing from the community and ensure their voices are included in not only the design of the solution, but also the articulation of the challenge.
3. **Compensate FSP participants for their engagement** to recognize the value of their time and contributions.
4. **Leverage both county advocates and third-party facilitators** as necessary to surface deeper insights and bridge potential trust gaps.
5. **Use trauma-informed and healing-centered techniques** to reduce harm and avoid re-traumatization, especially when discussing sensitive topics.
6. **Train staff in cultural competency,** equipping them with language and tools to facilitate discussions about identity and culturally specific needs with participants.

Cross-County Collaboration Lessons Learned

Cross-county projects involve significantly more stakeholders, adding complexity to coordination and decision-making processes. With thoughtful planning, flexibility, and human connection, these challenges can be successfully navigated and lead to powerful collaborations with far-reaching impacts.

1. **Consider which activities are appropriate for statewide standardization vs. local customization.** In other words, some areas are ripe for statewide collaboration: outcome definitions, metrics, and data collection are appropriate to pursue collectively to achieve a unified result, such as shared state data reporting requirements. Other activities should be customized to a local context. For example, counties can pursue parallel processes for eligibility, step down, and service design while still sharing resources and learnings across counties. This creates efficiencies while honoring counties' distinct geographies, populations, and histories.
2. **Maintain a flexible approach tailored to individual county needs while pursuing a shared vision.** State collaborations inevitably draw counties of varying sizes, structures, resources, and internal cultures. Recognizing these differences upfront can provide context and help mitigate challenges, allowing each county to pursue a shared vision while following a unique path.
    - ***Work-planning and meeting cadence:*** Counties range in their staff capacity and dedicated project resources, making a uniform workplan and meeting cadence infeasible. Mitigation strategies can include:

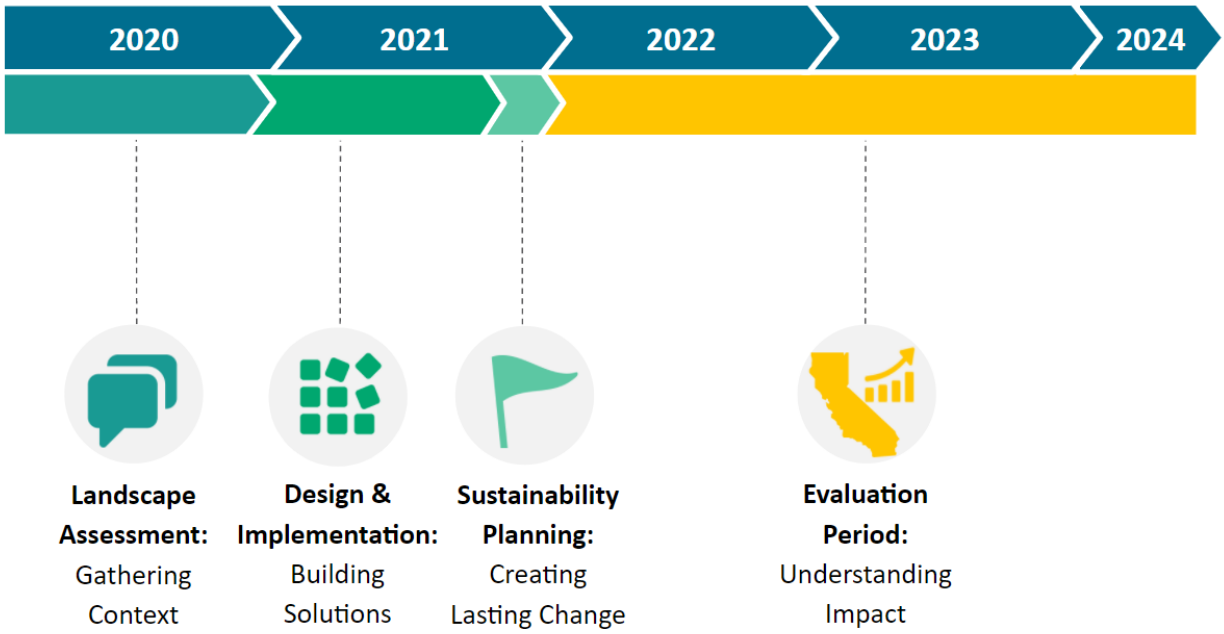
- Shifting scheduled meetings to independent work, allowing counties to work at their own pace;
- Sequencing activities so that staff are not managing multiple initiatives simultaneously (e.g. local county and cohort work);
- Adjusting the volume of activities based on counties' capacity. This requires participants to understand the anticipated workload and make clear commitments at the time they select activities to implement.

- ***Communication:*** When running multi-year projects with large numbers of stakeholders and many phases of work, one can expect a healthy amount of staff turnover and reorganization. Recognizing that this can create information gaps and challenges with the level of project buy-in from new staff, it is important to establish robust communication practices. Mitigation strategies can include:
  - Setting upfront expectations for an iterative process that will be regularly revisited based on external feedback from providers, individuals served, and other key stakeholders;
  - Clearly documenting group decisions and the rationale behind these decisions;
  - Continuously referring back to shared project goals to keep everyone aligned on the shared vision; and
  - Streamlining communications and centralizing action items in one place.
- ***Implementing new processes***: Counties with well-developed data infrastructure may face more challenges with innovating and operationalizing changes, compared to those with less infrastructure. For example, some counties were able to adopt new data fields with relative ease, while counties with established practices hesitated to change or replace their existing practices. Internal county administrative processes and decision-making culture also play a role when advocating for change. Mitigation strategies can include:
  - Facilitating conversations about the tradeoffs of standardizing data practices, which may involve changing and creating potential redundancies with counties' existing data infrastructure;
  - Ensuring county staff and department leaders can commit to implementing solutions; and
  - Clearly identifying areas where all counties are open to innovating their processes to align with each other.

3. **Value informal learning as highly as formal meetings and project structures.** While cross-county meetings were a structured forum for designing and delivering on specific cross-county activities, these touch points also served as a valuable opportunity for the six counties to informally learn from one another and share best practices. In addition to the regularly scheduled agenda topics, counties also used this time to exchange insights around streamlining data reporting practices, effectively leveraging flexible funding, and developing annual reports. Counties recognized the inherent value in these informal, peer-to-peer interactions, and plan to utilize the relationships formed during the project to continue meeting regularly and reaching out to one another for ad-hoc support.

Overall, there is tremendous value in a cross-county cohort model when counties are able to identify appropriate areas of standardization across initiatives and approaches and share knowledge continuously throughout the project and beyond. As the Multi-County FSP Innovation Project expands, new counties that join can expect to benefit from the expansive lessons learned from the original six-county cohort. New counties will also be able to adopt the standardized innovations developed by the original cohort; and while joining the project on a later timeline may limit the ability to modify some of the previously developed solutions, it can also provide greater flexibility in timeline and structure to pursue more locally customized initiatives.

A Look Ahead

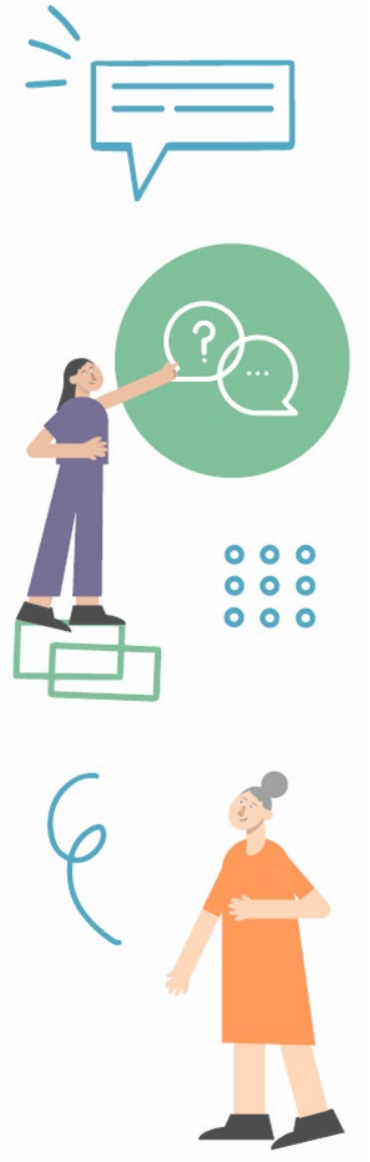


The original six counties and the evaluator, RAND, will continue working together through mid-2024 on the project's 2.5-year evaluation phase. The first pull of baseline data will take place in January of 2022 and data collection will continue every six months thereafter. RAND will also be conducting qualitative interviews to understand if and how participants perceive the changes that counties have made to their FSP operations as a result of this project's effort. Throughout 2022, counties will be meeting monthly to discuss the evaluation, troubleshoot data sharing and data cleaning challenges, develop consistent reporting practices across counties, share data on standardized metrics, and examine data trends that could lead to future operational improvements.

In addition to the ongoing evaluation and continuous improvement activities for the original six counties, the work of the Multi-County FSP Innovation Project will continue through a second wave of counties, Lake and Stanislaus, that joined the project in the fall of 2021. Lake and Stanislaus participated in the final

stages of the cross-county work undertaken by the six-county cohort and will adopt the outcomes, process measures, and population definitions as defined by the project. In 2022, these two counties will build on this work and identify several county-specific activities to pursue over the next year with Third Sector's technical assistance. RAND's evaluation period for these two additional counties will begin in mid-2023.

Third Sector and the eight participating counties believe the strategies piloted on the Multi-County FSP Innovation Project have the potential to increase the **consistency**, **quality**, and **effectiveness** of care across the state. Learnings from the project and its evaluation will be shared broadly with the intent to advocate for wider adoption and shape statewide policy and programming. The Multi-County FSP Innovation Project highlights the potential of cross-county collaboration to ignite a statewide movement dedicated to improving mental health services for individuals with the greatest needs.



Project Partners

County Partners

Fresno County Department of Behavioral Health

Fresno County is located in the heart of California's Central Valley. Fresno County Department of Behavioral Health serves individuals across 6,000 square miles, encompassing mountain enclaves, urban neighborhoods of California's fifth largest city, and rural communities. In partnership with its diverse community, the Department is dedicated to providing quality and culturally responsive behavioral health services to promote wellness, recovery, and resiliency for individuals and families.

Sacramento County Behavioral Health Services

Sacramento County has a population of more than 1.4 million individuals and is known for its multi-cultural diversity. Situated in the middle of California's Central Valley, Sacramento County extends from the low delta lands between the Sacramento and San Joaquin rivers north to about ten miles beyond the State Capitol and east to the foothills of the Sierra Nevada Mountains. Sacramento County Behavioral Health Services' mental health system of care includes 260 programs/agencies involving county and contract operated mental health services that deliver services to approximately 32,000 children and adults annually. BHS pursues intentional partnerships with the diverse communities in Sacramento County and with the goal of improving the wellness of community members.

San Bernardino County Department of Behavioral Health

San Bernardino County is the largest county in the contiguous United States with just over 20,000 square miles of land that encompasses urban, suburban, rural and frontier terrain. According to California Department of Finance estimates for 2018, San Bernardino County had a total population of 2,174,931 with a projected growth of 28% between 2020 and 2045. San Bernardino County's Department of Behavioral Health (DBH) aims to promote wellness, recovery, and resilience that includes the values of equity, community-based collaborations, and meaningful inclusion of diverse FSP participants and family members. As such, San Bernardino County DBH serves over 150,000 individuals over a broad continuum of services each year.

San Mateo County Behavioral Health and Recovery Services

Located in the Bay Area, San Mateo County is bordered by the Pacific Ocean to the west and the San Francisco Bay to the east. Within its

455 square miles, nearly three quarters of the county is open space and agriculture remains a vital contributor to our economy and culture. Behavioral Health and Recovery Services (BHRS), a Division of San Mateo County Health, provides prevention, treatment and recovery services to inspire hope, resiliency and connection with others and enhance the lives of those affected by mental health and/or substance use challenges. BHRS is dedicated to advancing inclusion, health and social equity for all people in San Mateo County and for all communities.

Siskiyou County Behavioral Health Services

Siskiyou County is a geographically large, rural county with a population of 43,724 persons, located in the Shasta Cascade region of Northern California. Approximately 6,350 square miles, Siskiyou County, is geographically diverse with lakes, dense forests, and high desert. Siskiyou County Behavioral Health (SCBH) is a small Behavioral Health program and is the sole provider of the Full Service Partnership Program (FSP). SCBH is committed to partnering with the participants of this Innovation Project to better define FSP criteria and improve the data collection points to assist our FSP participants toward graduation and mental wellness. SCBH strives to deliver culturally, ethnically, and linguistically appropriate services to the community and recognizes the importance of these values in service delivery.

Ventura County Behavioral Health

Ventura County is situated along the Pacific Coast between Santa Barbara and Los Angeles counties. The county offers 42 miles of beautiful coastline along its southern border, and the Los Padres National Forest makes up its northern area. Ventura County Behavioral Health works to promote hope, resiliency and recovery for FSP participants and their families by providing the highest quality prevention, intervention, treatment, and support to persons with mental health and substance abuse issues.

Technical Assistance and State Partners

Third Sector

Based in San Francisco and Boston, Third Sector is one of the leading implementers of outcomes-oriented strategies in America. Third Sector has supported 20+ communities to redirect over $800M in public funds to data-informed, outcomes-oriented services and programs. Third Sector's experience includes working with the Los Angeles County Department of Mental Health (LACDMH) to align over $350M in annual MHSA FSP and Prevention and Early Intervention (PEI) funding and services with the achievement of meaningful life outcomes for over 25,000 Angelenos; transforming $81M in recurring mental health services in King County, WA to include new performance reporting and continuous improvement processes that enable the county and providers to better track monthly performance relative to peers and against specific, county-wide performance goals; and advising the County of Santa Clara in the development of a six-year, $32M outcomes-oriented contract intended to support individuals with serious mental illness and complex needs through the provision of community-based behavioral health services.

California Mental Health Services Oversight & Accountability Commission (MHSOAC)

In enacting Proposition 63, the Mental Health Services Act, California voters in 2004 created and charged the Mental Health Services Oversight and Accountability Commission with the responsibility of driving transformational change in public and private mental health systems to achieve the vision that everyone who needs mental health care has access to and receives effective and culturally competent care. The Commission was designed to empower stakeholders, with members representing FSP participants and their families, service providers, law enforcement, educators, and employers. The Commission puts FSP participants and families at the center of decision-making. The Commission promotes community collaboration, cultural competency and integrated service delivery. The Commission is committed to wellness and recovery, using its authorities, resources, and passion to reduce the negative outcomes of mental illness and promote the mental health and wellbeing of all Californians.

RAND Corporation

The RAND Corporation is a nonprofit, nonpartisan research organization headquartered in Santa Monica, California. RAND Health Care is a research division within RAND dedicated to promoting healthier societies by improving health care systems. We provide health care decision makers, practitioners, and the public with actionable, rigorous, objective evidence to support their most complex decisions. RAND has an extensive portfolio of mental health research and evaluation. Notably, we have been conducting independent, county-funded evaluations of the MHSA for almost a decade, including an evaluation of LA County DMH's FSP program and extensive work evaluating CalMHSA's statewide PEI programs. For more information, you can access over 80 reports on RAND evaluations of MHSA-funded programs at https://www.rand.org/health-care/projects/calmhsa/publications.html.

California Mental Health Services Authority (CalMHSA)

The California Mental Health Services Authority (CalMHSA) is a Joint Powers Authority (JPA) of the County and City public mental health departments that provides program management, administrative, and fiscal intergovernmental structure for its Members. A central component of CalMHSA's vision is to continually promote systems and services arising from a commitment to community mental health. CalMHSA administers local, regional, multi-jurisdictional, and statewide projects on behalf of the County and City public mental health departments.

Mental Health Services Act

Annual Innovation Projects

Evaluation Report

Fiscal Year 2020/2021

The Sacramento County Department of Health Services, Division of Behavioral Health Services, has prepared this Innovation Evaluation report for Fiscal Year 2020/2021.

MHSA 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 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. Furthermore, 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 for both 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 as needed.

In turn, this project will test 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 and 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 2020/2021.

Referrals

The majority of referrals to the MHUCC were from the individual themselves (50%) and other sources (33%)

- 10% of the referrals were from friends and family, 2% from law enforcement and 4% from primary care providers.
- Only 1% of referrals were from local emergency departments

Admissions and Discharges

- There were 2,926 unduplicated individuals admitted to the MHUCC for a total of 3,846 admissions during the fiscal year
    - 530 unduplicated individuals returned to the MHUCC during the fiscal year
- There were 3,849 discharges from the Urgent Care Clinic. *Note: The number of discharges may not be equal to the number of admissions. A client may be admitted at the end of one fiscal year and discharged at the beginning of another (e.g., admission date of 06/30/2020 and discharge date of 07/01/2020).*

Demographics

Mental Health Urgent Care Clinic FY 2020/2021 Demographics		
	Number	**Percent (N=2926)**
Race		
American Indian or Alaska Native	48	1.6%
Asian	215	7.3%
Black or African American	626	21.4%
Native Hawaiian or other Pacific Islander	23	0.8%
White	1256	42.9%
Other	279	9.5%
More than one race	218	7.5%
Unknown/Not Reported	261	8.9%
Primary Language		
English	2742	93.7%
Spanish	72	2.5%
Vietnamese	8	0.3%
Cantonese	7	0.2%
Farsi	9	0.3%
Russian	5	0.2%

Mental Health Urgent Care Clinic FY 20/21 Demographics Continued		
Hmong	5	0.2%
Arabic	4	0.1%
Other	32	1.1%
Unknown/Not Reported	42	1.4%
Gender		
Male	1391	47.5%
Female	1531	52.3%
Transgender	0	0.0%
Intersex	0	0.0%
Questioning	0	0.0%
Unknown/Not reported	4	0.1%
Veteran Status	*(Not Reported)*	
Yes	0	0.0%
No	0	0.0%
Homeless Status	*(N=3,846 All Admissions)*	
Yes	562	14.6%
No	3284	85.4%

**Number is greater than unduplicated clients as it includes all admissions*

MHUCC Client Satisfaction Questionnaire Results

Fiscal Year 2020/2021 satisfaction survey results show that overall clients are satisfied with the services received at the Mental Health Urgent Care Clinic. Generally, clients felt respected with an average rating of 4.8.

Fiscal Year 2020/2021 Satisfaction Questionnaire Responses (N=2071)	
Survey Questions (1=Strongly Disagree, 5=Strongly Agree)	**Average Rating**
When I arrived, I felt welcomed.	**4.67**
My visit gave me hope.	**4.52**
During my visit, I was given information and guidance that was useful to me.	**4.70**
During my visit, I was told about programs and places where I could go that seemed useful to me.	**4.68**
During my visit, I was given the opportunity to make choices about my care.	**4.67**
Staff were sensitive to my cultural needs and background.	**4.69**
If I wanted them to, staff made every effort to involve the people who are important to me in planning my services.	**4.66**
Staff heard and understood what I said.	**4.74**
I was treated with respect.	**4.80**

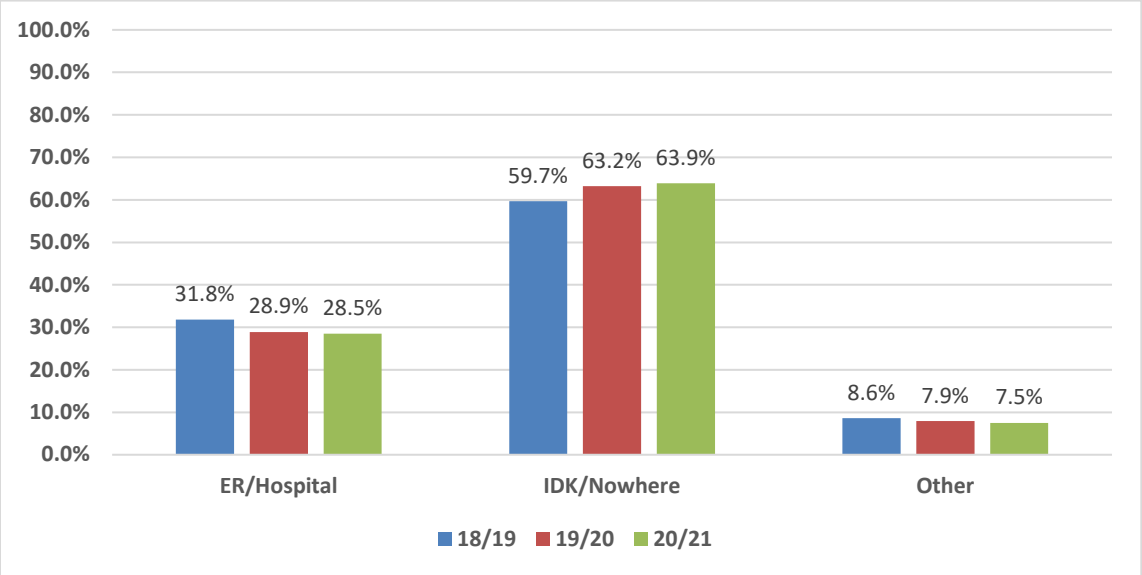
The amount of time that I waited to be seen was acceptable to me.	**4.44**
I felt safe and supported during my visit.	**4.76**
Overall, the quality of care I received was (1=Poor, 5=Excellent).	**4.73**
Overall Rating	**4.67**

Is the new model an effective alternative for individuals needing crisis care?

Each Mental Health Urgent Care Clinic (MHUCC) client is given a satisfaction survey. The questionnaire was adapted for this program and is available in multiple languages. The questionnaire data are from questionnaires completed between July 2017 and June 2021. The response rate varied by fiscal year. In the first year, 28.1% of discharged clients completed the questionnaire. In fiscal year 2020/21, 53.6% of clients completed the questionnaire.

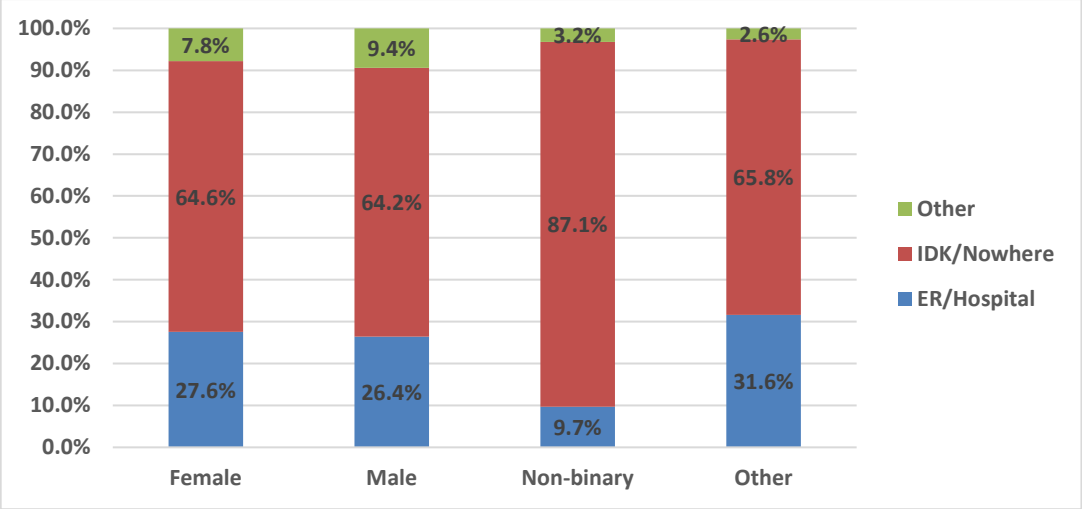
Part of these analyses focuses on the open-ended question asking where clients would have gone for care if the MHUCC was not there. The responses fell into three main categories: (1) ER/hospital, (2) I don't know (IDK)/Nowhere/Stayed at home, (3) Other (e.g., to my usual care). About 30% (28.5%-31.8%) indicated they would have gone to the ER/hospital. The majority would not have gotten treatment (59.7%-63.9%).

Figure 1. Responses to Query, "Where would you have gone if the MHUCC was not there?" by Fiscal Year (2018/19 – 2020/21)



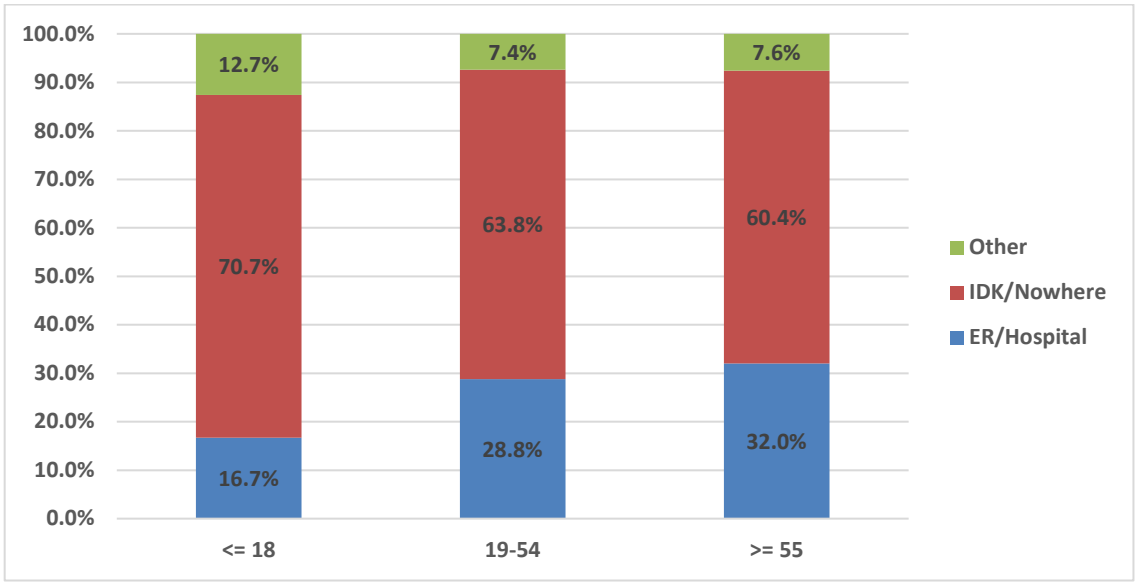
There were no significant differences to the responses by gender. The majority of all groups indicated they did not know where they would have gone or would not have gone anywhere. (Figure 2).

Figure 2. Responses to Query, "Where would you have gone if the MHUCC was not there?" by Gender: Fiscal Years (2018/19 – 2020/21)



There were significant differences among age categories (Figure 3). When compared to older age groups, there was a significantly greater percentage of those who were 18 years or younger who either did not know where they would have gone or who would have not gone anywhere ($\chi^2(8) = 22.9$, $p = 0.004$).

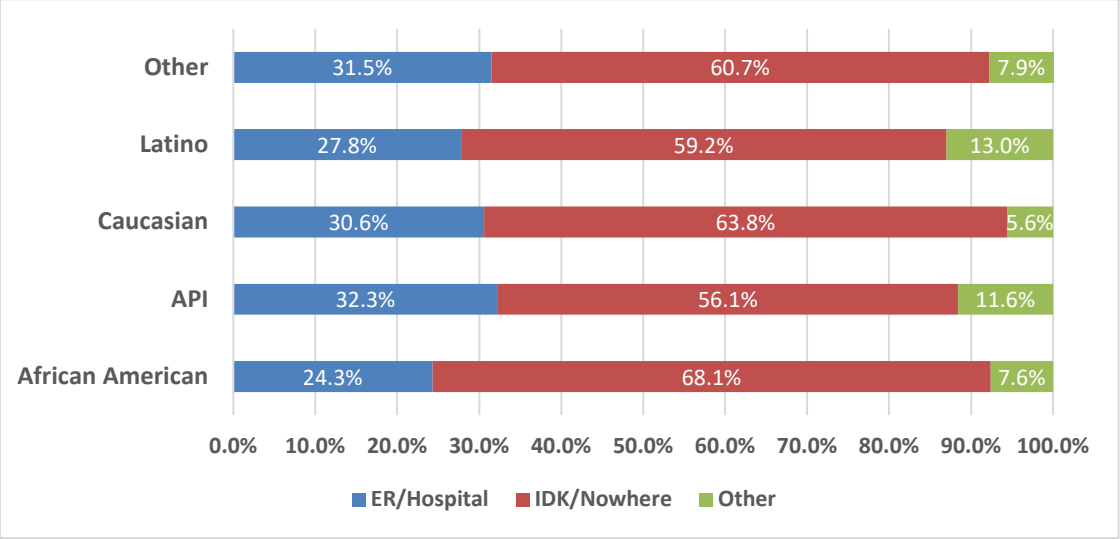
Figure 3. Responses to Query, "Where would you have gone if the MHUCC was not there?" by Age: Fiscal Years (2018/19 – 2020/21)



Age

There were also significant differences by race/ethnicity (Figure 4). African Americans were significantly more likely to have responded to the query by indicating they either did not know where they would have gone or who would have not gone anywhere. In addition, Asian/Pacific Islanders were more likely to have used the ER/hospital ($\chi^2(16) = 36.3$, $p = 0.003$).

Figure 4. Responses to Query, "Where would you have gone if the MHUCC was not there?" by Race/Ethnicity: Fiscal Years (2018/19 – 2020/21)



Does the new model improve care coordination across the system of care?

These analyses are based on discharge data from July 2017 and June 2021. The focus is on discharges to:

1. **Step-up:** Client requires mental health services that are at a higher level of intensity and/or frequency. Services can be provided by either a public or private entity. This includes individuals that was linked for the first time to a County MHP Service Provider or if the individual was in need of psychiatric admission and was dispositioned on a 5150 application.

2. **Step-down:** Client no longer requires an intensive level of mental health services and can be served in a lower service level. Services can be provided by self-pay private provider linkage. This does not include referral to GMC or PCP.

3. **Transfer:** Client does not require a change in level of services but is receiving services from a Sacramento County Mental Health Plan provider or self-pay private provider. The client was supported in engaging that provider. This includes FQHC, CDCR and Parole.

In the first fiscal year of the clinic, 35% of discharges were to step-up services, 8% to step-down services, and 27% were transfers to similar levels of care (Figure 5). In the subsequent fiscal years, the pattern significantly changed ($\chi^2(1) = 105.3$, $p < 0.001$; $\chi^2(1) = 35.9224$, $p < 0.001$; $\chi^2(1) = 85.6$, $p < 0.001$) and remained steady throughout time. Between 31% to 41% of discharges were transfers, 12-13% were to

step-down services, and 21%-27% were to step-up services. The change between the first and subsequent years may be related to changes in definitions used for each type of discharge.

Figure 5. MHUCC Discharges to Step-up, Step-down, or Transfer by Fiscal Year

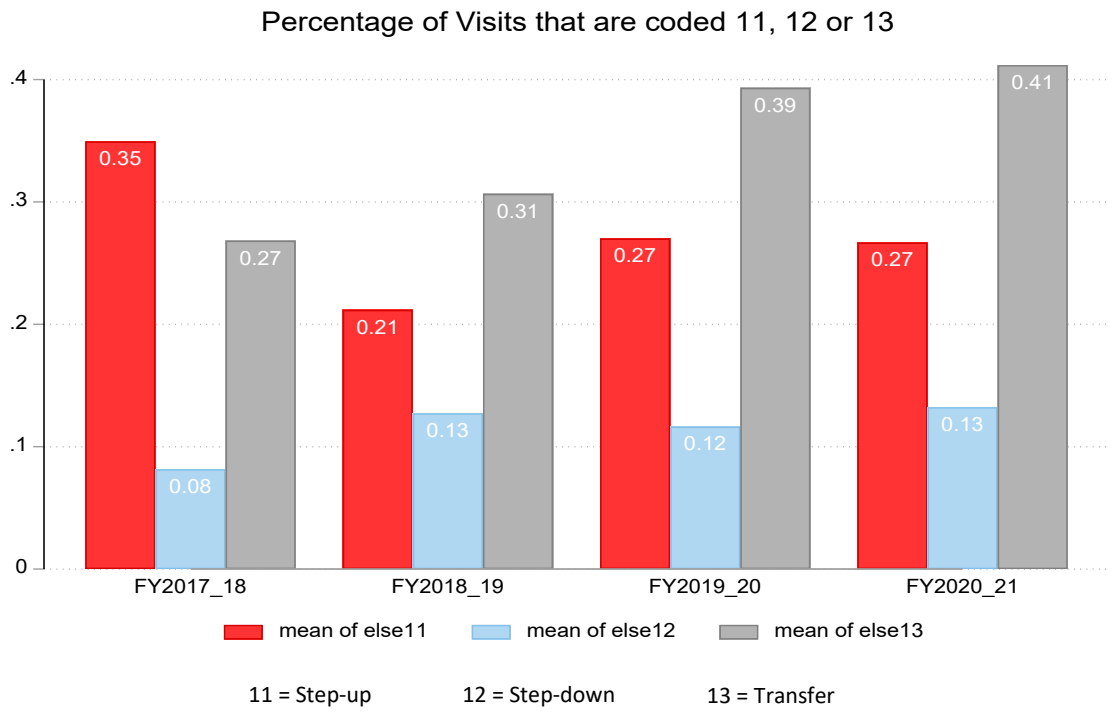
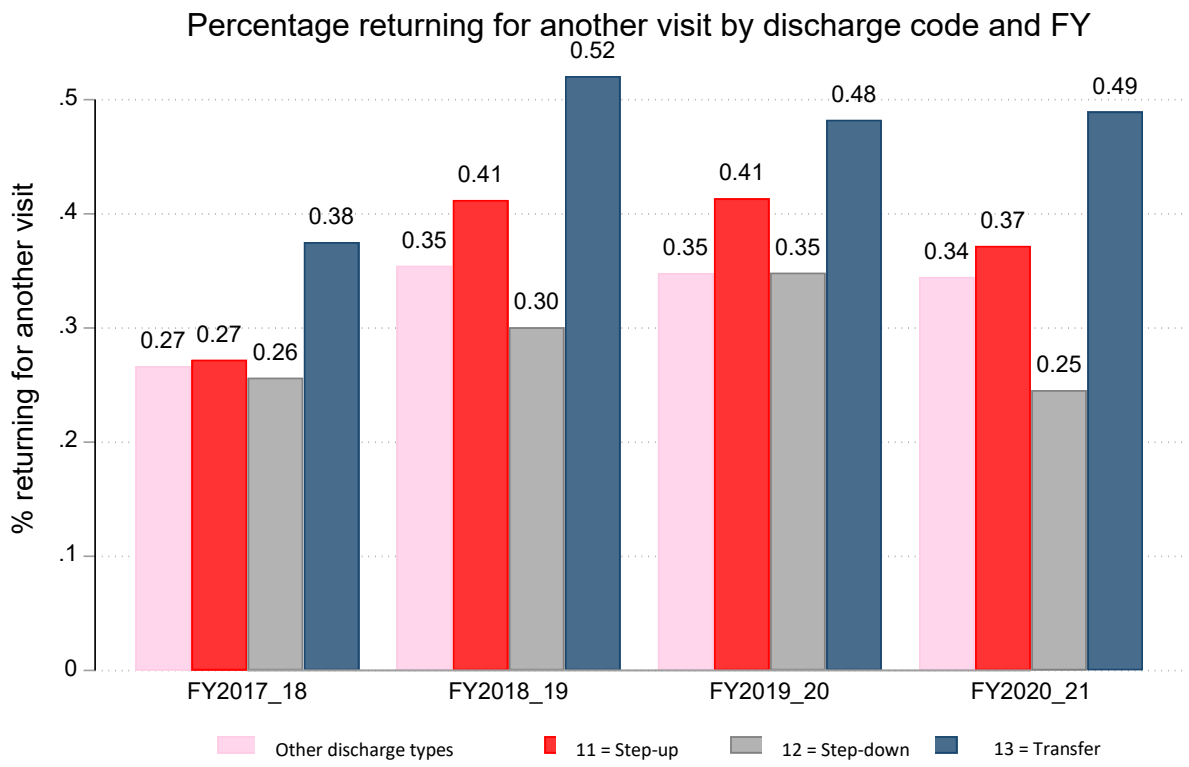


Figure 6 contains the results of an analysis of whether there were significant associations between discharges and recurrent visits. Results indicate that those transferred at discharge were significantly more likely to have a return visit to the MHUCC ($\chi^2(1) = 25.2$, $p < 0.001$; $\chi^2(1) = 51.0$, $p < 0.001$; $\chi^2(1) = 51.0$, $p < 0.001$; $\chi^2(1) = 93.2$, < 0.001). Those who were discharged to step-down were significantly less likely to have a recurrent visit in all years except in fiscal year 2017/18 ($\chi^2(1) = 1.6$, $p = 0.20$; $\chi^2(1) = 35.2$, $p < 0.001$; $\chi^2(1) = 12.5$, $p < 0.001$; $\chi^2(1) = 57.3$, $p <$ 0.001). The increased likelihood of return visits for transfers may be due to the wait period for clients to be seen by the psychiatrist in the program to which they have been transferred.

Figure 6. Return Visits by MHUCC Discharges to Step-up, Step-down, or Transfer by Fiscal Year



Project #3: Behavioral Health Crisis Services Collaborative

Project Overview

The Behavioral Health Crisis Services Collaborative (BHCSC) project was reviewed and approved by the MHSOAC in May 2018. BHS, in partnership with Dignity Health, 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, and Dignity Health, and engages multiple Plan and community-based partners to serve residents of Sacramento County.
- 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 transition age youth (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.
- It presents a new opportunity to serve both publically and privately insured residents from Sacramento County.
- It creates an opportunity to develop a model for:
    - Shared governance, financing and regulatory responsibilities related to delivering seamless integrated medical emergency and mental health crisis stabilization care on an acute general hospital and emergency department campus

  - Electronic medical records data and information 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 mental health crisis stabilization 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 their condition to promote wellness and sustained recovery.
- Local Health Plans operating in Sacramento 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, promoting 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 on a hospital campus, the project promotes continuity of care and strengthens the region's continuum of care. In Year 2 of the program, 1,314 unduplicated clients were served.

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 and increases access to, and improves the quality of, crisis stabilization and supportive mental health services that are integrated and coordinated with the hospital emergency department. Project services, sited in the northern region of Sacramento County, increase access to mental health 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 voluntary consent to mental health treatment, early psychosis identification and intervention, and reduced ED patient boarding. Access and treatment protocols will apply Health Plan enrollees and include the use of best practices to change the trajectory of care for individuals seeking crisis services.

Data Summary

The BHCSC opened its doors to the public on September 10, 2019. This report includes data retrieved from Avatar (Sacramento County Electronic Health Record) for Fiscal Year 2020/2021.

Admissions and Discharges

- There were 1,314 unduplicated individuals admitted to the BHCSC for a total of 1,667 admissions during the fiscal year
    - During the fiscal year, 196 (12% of total discharged) individuals returned to the BHCSC within 30 days of discharge
- There were 1,659 discharges from the BHCSC

Demographics

Behavioral Health Crisis Services Collaborative FY 2020/2021 Demographics		
	Number (N=1,314)	**Percent**
Race		
American Indian or Alaska Native	37	2.8%
Asian	37	2.8%
Asian Indian	7	0.5%
Black or African American	251	19.1%
Native Hawaiian or other Pacific Islander	49	3.7%
White	708	53.9%
Other	121	9.2%
More than one race	98	7.5%
Unknown/Not Reported	6	0.5%
Primary Language		
English	1,263	96.1%
Spanish	20	1.5%
Vietnamese	6	0.5%
Cantonese	1	0.0%
Russian	1	0.0%
Hmong	4	0.3%
Arabic	2	0.2%
Other	17	1.3%
Unknown/Not Reported	0	0.0%
Gender		
Male	731	55.6%
Female	583	44.4%
Transgender	0	0.0%
Intersex	0	0.0%

Behavioral Health Crisis Services Collaborative FY 2020/2021 Demographics Continued		
	Number (N=1,314)	**Percent**
Veteran Status		
Yes	0	0.0%
No	0	0.0%
Unknown/ Not Reported	1,314	100.0%
Homeless Status	(N=1,321*)	
Yes	337	25.5%
No	962	72.8%
Unknown/ Not Reported	22	1.7%

**Number is greater than unduplicated BHCSC clients, as it includes an unduplicated count of clients who were admitted to the Resource Center only.*

BHCSC Client Satisfaction Questionnaire Results

Satisfaction surveys show overall, clients were satisfied with the services they received at the BHCSC.

Satisfaction Questionnaire Responses (N=478)	
Survey Questions (1=Strongly Disagree, 5=Strongly Agree)	**Average Rating**
When I arrived, I felt welcomed.	**4.21**
My visit gave me hope that I could overcome my struggle.	**4.07**
During my visit, I was told about programs and places where I could go that seemed useful to me.	**4.09**
During my visit, I was given the opportunity to make choices about my care.	**4.13**
Staff were sensitive to my cultural needs and background.	**4.22**
Staff heard and understood what I said.	**4.27**
I was treated with respect.	**4.39**
I felt safe and supported during my visit.	**4.30**
The amount of time that I waited to be seen was acceptable to me.	**4.19**
The psychiatrist answered my questions and addressed my concerns.	**4.18**
I understood my medication instructions upon leaving.	**4.19**
I understood the information I received about my follow-up care upon leaving.	**4.23**
Overall, the quality of care I received was (1=Poor, 5=Excellent).	**4.31**
Overall Satisfaction Rating	**4.21**

Evaluation of INN Learning Objectives

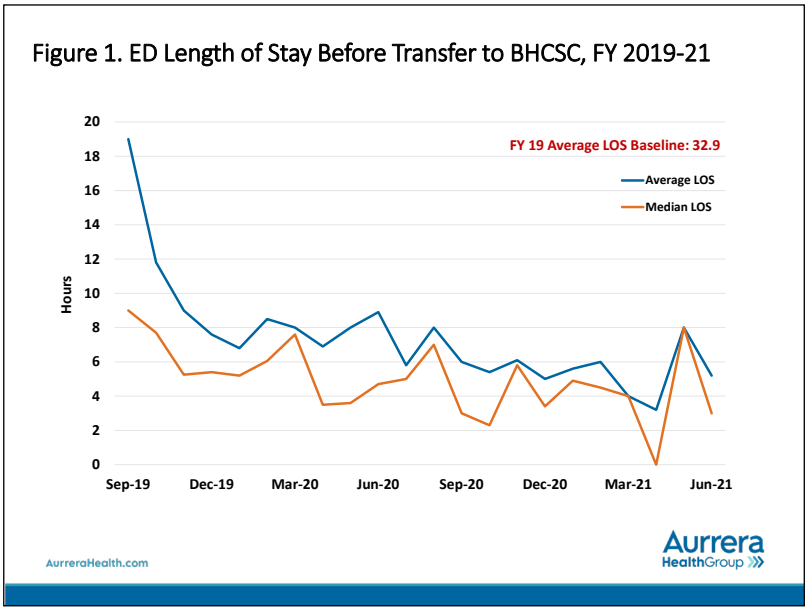
The Innovation Project Plan identified two learning objectives for this project. The second annual evaluation report for the project used data provided by Sacramento County and Dignity Health to evaluate these objectives.

Learning Objective 1: Is integrated and coordinated emergency medical and mental health crisis services provided through a public and private collaboration an effective strategy in removing existing barriers in accessing mental health crisis stabilization services? Do the services provided through a public/private partnership improve the quality and scope of crisis stabilization services, improve consumers' experience, and improve mental health outcomes for consumers?

The evaluation considered this learning objective through the following lenses:

- Utilization of crisis services
- Timely access
- Least restrictive intervention and effectiveness of services
- Utilization of resource center
- Consumer satisfaction

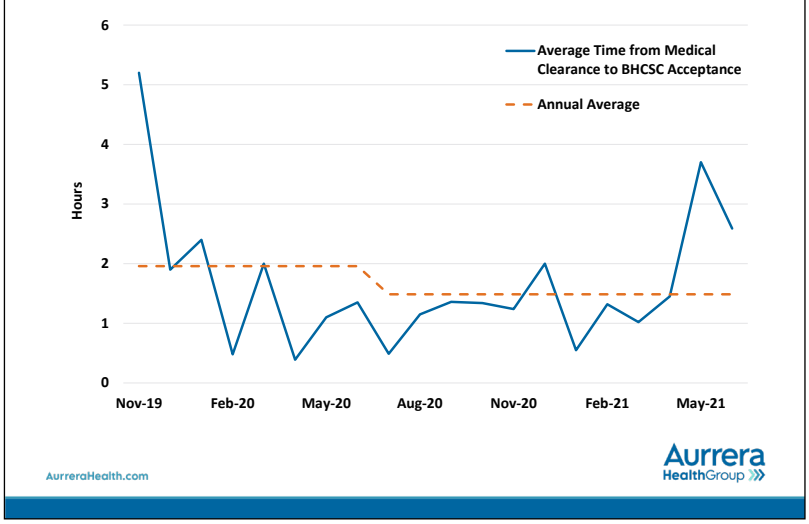
Figure 1. ED Length of Stay Before Transfer to BHCSC, FY 2019-21



Utilization of crisis services: The BHCSC has continued to expand access to the program, although in year two the unit remained under the target capacity. One important result is that patients accessing the BHCSC have had fewer hospital ED visits following their encounter with the BHCSC.

Timely access: The average ED length of stay has decreased significantly since the beginning of the program (see Figure 1), as has the average time from medical clearance to acceptance to the BHCSC (see Figure 2).

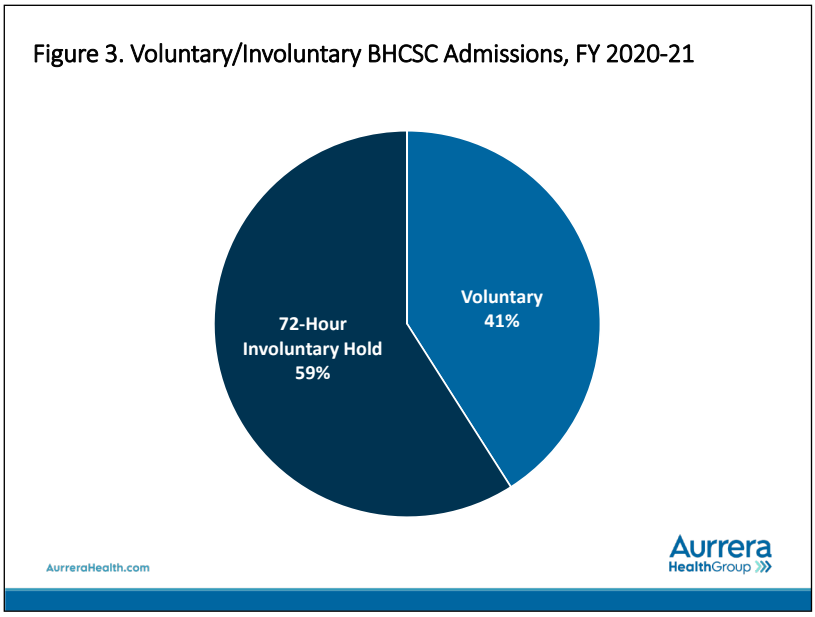
Figure 2. Average Time from Medical Clearance to BHCSC Acceptance, FY 2019-21



More than half of patients are discharged from the unit within the recommended timeframe. BHCSC staff did experience challenges in discharging patients to higher levels of care as a result of the COVID-19 pandemic.

Least restrictive intervention and effectiveness of services: BHCSC staff have only had to use patient restraints twice during the second year of the program to promote safe care. However, the percentage of patients admitted under a WIC 5150 involuntary hold for evaluation and treatment increased during the second year of the program as compared to the previous year (see Figure 3).

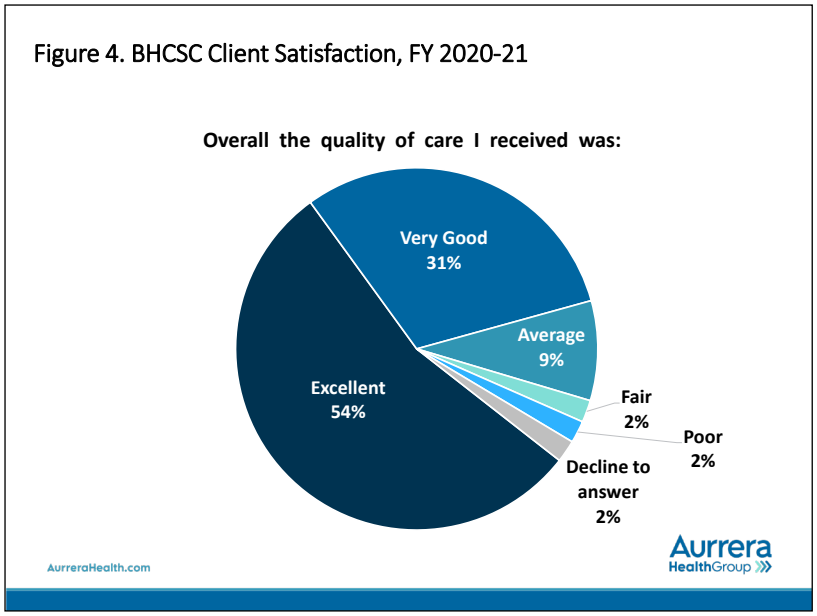
Figure 3. Voluntary/Involuntary BHCSC Admissions, FY 2020-21



During the second year of the program, 88 percent of patients were discharged to the community, while only 12 percent were discharged to an inpatient psychiatric facility. This remains well under the performance measure target of 50 percent discharged to an inpatient facility. Twelve percent of individuals discharged from the BHCSC were readmitted to the BHCSC within 30 days, which is also under the performance measure target of 50 percent.

Utilization of resource center: Overall, 71 percent of patients admitted to the BHCSC utilized the resource center. This is short of the program target of 90 percent.

Figure 4. BHCSC Client Satisfaction, FY 2020-21



Consumer satisfaction: Patients are generally satisfied with the care received at the BHCSC with 85 percent of patients that completed a satisfaction survey rating their overall care as "very good" or "excellent" meeting the program's patient satisfaction performance target of 85 percent (see Figure 4).

Learning Objective 2: Does an interagency collaboration with shared governance and regulatory responsibilities improve the efficacy and integration of emergency medical and mental health crisis stabilization services?

To measure this learning objective, the Innovation Project Plan identified the Measuring Effective Collaboration and Partnership (MECAP) tool. Evaluators used this tool to measure the effectiveness of the partnership. The MECAP tool was developed with support from the Sierra Health Foundation to measure effective collaboration and examines the partnership through the following categories:

- Service access
- Communication
- Program enhancement
- Accountability
- Outcomes

Service access: During the second year of the program, the BHCSC team made great strides in streamlining the intake and referral process, which has reduced wait times in the hospital ED. The BHCSC continued to expand its collaboration with other Dignity Health EDs and now accepts transfers from Dignity Health's Mercy Folsom, Methodist, and Mercy General.

While there have been improvements in the response to law enforcement and Mobile Crisis Support Team (MCST) "drop-offs" at the Mercy San Juan (MSJ) ED, a few challenges remain. MCST staff typically provide critical information to ED staff when they bring a patient into the ED, but this information does not always transfer to staff in the BHCSC and could be beneficial for clinicians in the unit.

Communication: Regular and frequent communication has been one of the greatest strengths of this project across partners, although there have been some challenges across different teams. As discussed

above, information from MCST staff does not always transfer to BHCSC staff, and additionally, community stakeholders felt that connections between the BHCSC and community providers could be strengthened.

Program enhancement: The BHCSC made a variety of program enhancements during the second year of the program. The BHCSC psychiatrist now determines who is admitted to the program, instead of the behavioral health nurse. This change has improved patient access to the unit. In addition, the psychiatrist can communicate with the transferring ED to gain information on the patients' disposition and, if necessary, order medication for the patient in advance of their arrival to help smooth the transition to the unit.

Accountability: This public-private partnership remains committed to the core MHSA principles and program staff seek to treat every patient with respect and compassion and provide patients with choice in their treatment plan. However, stakeholders voiced concern regarding the percentage of patients admitted to the unit on involuntary holds.

Outcomes: The project partners have clearly defined methods for tracking outcomes and have articulated the goals of the program. The BHCSC also has multiple systems in place to monitor the collaboration of the public-private partnership. There are a few remaining outcomes that the project has not consistently tracked and reported, which could contribute to better understanding patients' needs and outcomes. The project partners could also create new processes to involve consumers and community members in monitoring efforts to increase community involvement.

PERMANENT SUPPORTIVE HOUSING

MHSA PORTFOLIO CATALOG

SACRAMENTO COUNTY DIVISION OF BEHAVIORAL HEALTH SERVICES

7TH AND H

720 7th Street, Sacramento, 95814

PROPERTY DESCRIPTION

- ✓ Opened in 2013
- ✓ Preservation and rehabilitation of historical property / existing SRO
- ✓ Mixed use development includes ground floor health clinic and retail space
- ✓ Located in downtown Sacramento
- ✓ Largest property in portfolio with 150 affordable units; 28 MHSA units
- ✓ Studio & 1 Bedroom Units
- ✓ Well served by public transportation, walking distance to Amtrak station
- ✓ Extensive common space amenities include large community room, conference and meeting rooms, lounges, patios, and second floor rooftop deck

PARTNERS

- ✓ Mercy Housing
- ✓ Turning Point Community Programs
- ✓ WellSpace Health
- ✓ Sacramento Housing and Redevelopment Agency
- ✓ Mercy Housing California Resident Services
- ✓ Mercy Housing Management Group

ARDENAIRE

1960 Ethan Way, Sacramento, 95825

PROPERTY DESCRIPTION

- ✓ Opened in 2008
- ✓ Acquisition and rehabilitation
- ✓ First project to provide “units through development” under Ten Year Plan to End Homelessness
- ✓ 52 Affordable Housing units; 19 MHSA units; 1 unrestricted unit
- ✓ Four 2-story apartment buildings
- ✓ Property features new community room
- ✓ 1- & 2- Bedroom units

PARTNERS

- ✓ Mercy Housing
- ✓ Turning Point Community Programs
- ✓ Mercy Housing California Resident Services
- ✓ Mercy Services Corporation

BOULEVARD COURT

5321 Stockton Blvd, Sacramento, 95820

PROPERTY DESCRIPTION

- ✓ Opened in 2011
- ✓ Redevelopment of existing hotel
- ✓ Aligned with Five Year Redevelopment Implementation Plan for Stockton Boulevard Redevelopment Area
- ✓ Two story walk-up building
- ✓ Property features community space, computer room, lounge, therapy and counseling offices, basketball court / recreation area
- ✓ 74 units; 25 MHSA units
- ✓ Studio & 1 Bedroom Units

PARTNERS

- ✓ Mercy Housing
- ✓ Turning Point Community Programs
- ✓ WellSpace Health
- ✓ Sacramento Housing and Redevelopment Agency
- ✓ Mercy Housing California Resident Services
- ✓ Mercy Housing Management Group

THE COURTYARDS ON ORANGE GROVE

3425 Orange Grove Ave, North Highlands, 95660

PROPERTY DESCRIPTION

- ✓ Opened in 2020
- ✓ Adaptive reuse of existing motel
- ✓ 92 units; 20 MHSA units
- ✓ Property features counseling and therapy offices, group meeting rooms, resident lounge, commercial kitchen, computer workstations, dog run, community garden and BBQ area
- ✓ Studio & 1 Bedroom Units

PARTNERS

- ✓ Mercy Housing
- ✓ Telecare
- ✓ WellSpace Health
- ✓ Mercy Housing California Resident Services
- ✓ Mercy Housing Management Group

FOLSOM OAKS

809 Bidwell St, Folsom, 95630

PROPERTY DESCRIPTION

- ✓ Opened in 2011
- ✓ New construction
- ✓ Four residential apartment buildings
- ✓ Smallest property in portfolio at 19 units; 5 MHSA units
- ✓ Property features community room, tot lot play area
- ✓ Nearby amenities include shopping, banks, schools and parks within ½ mile of site
- ✓ Public transportation conveniently located
- ✓ 2- & 3-Bedroom Units

PARTNERS

- ✓ TLCS, Inc.
- ✓ Sacramento Housing and Redevelopment Agency

LA MANCHA

7789 La Mancha Way, Sacramento, 95823

PROPERTY DESCRIPTION

- ✓ Opened in 2020
- ✓ Acquisition and conversion of 124 room extended stay hotel
- ✓ First Homekey Program development in portfolio; funded with federal Coronavirus Relief Funds
- ✓ Located in southern Sacramento
- ✓ 100 units; 40 MHSA units
- ✓ Property will feature common spaces and outdoor amenities *(under development)*
- ✓ Conveniently located near [INSERT]
- ✓ Studio Units

PARTNERS

- ✓ Mercy Housing
- ✓ Telecare
- ✓ TLCS, Inc.
- ✓ Mercy Housing California Resident Services
- ✓ Mercy Housing Management Group

MARTIN LUTHER KING VILLAGE

3900 47th Avenue, Sacramento, 95824

PROPERTY DESCRIPTION

- ✓ Opened in 2008
- ✓ New construction
- ✓ Second project to provide “units through development” under Ten Year Plan to End Homelessness
- ✓ Single story, cottage and duplex units
- ✓ 80 units; 30 MHSA units
- ✓ Property features community room with kitchen
- ✓ 1 Bedroom Units

PARTNERS

- ✓ Mercy Housing California
- ✓ Turning Point Community Programs
- ✓ WellSpace Health
- ✓ Sacramento Housing and Redevelopment Agency
- ✓ Mercy Services Corporation

MUTUAL HOUSING AT THE HIGHLANDS

3417 Freedom Park Drive, North Highlands, 95660

PROPERTY DESCRIPTION

- ✓ Opened in 2011
- ✓ New construction
- ✓ Located in Mather/McClellan Redevelopment Area in North Highlands neighborhood
- ✓ 90 units; 33 MHSA units
- ✓ Units feature porch or patio
- ✓ Property features community room and kitchen, computer room, conference room
- ✓ Studio, 1- & 3-Bedroom Units

PARTNERS

- ✓ Sacramento Mutual Housing Association
- ✓ Turning Point Community Programs (Pathways)
- ✓ Lutheran Social Services of Northern California
- ✓ Mutual Housing Management
- ✓ Sacramento Housing and Redevelopment Agency

STUDIOS AT HOTEL BERRY

729 L. Street, Sacramento, 95814

PROPERTY DESCRIPTION

- ✓ Opened in 2012
- ✓ Preservation, renovation, and modernization of Single Room Occupancy residential hotel units
- ✓ Mixed Use Development
- ✓ Conveniently located in downtown Sacramento
- ✓ 105 units; 10 MHSA units
- ✓ Property features resident lounge, community room with kitchen, computer lab, corner retail store
- ✓ Studio units

PARTNERS

- ✓ Jamboree Housing Corporation
- ✓ John Stewart Company
- ✓ TLCS, Inc.
- ✓ Sacramento Housing & Redevelopment Agency

YWCA

1122 17th Street, Sacramento, 95814

PROPERTY DESCRIPTION

- ✓ Opened in 2009
- ✓ Preservation and rehabilitation of residential hotel units
- ✓ City designated landmark building in downtown Sacramento
- ✓ Affordable housing provided at this location since 1932
- ✓ 31 units; 11 MHSA units
- ✓ Single Room Occupancy
- ✓ Fourth project to provide “units through development” under Ten Year Plan to End Homelessness
- ✓ Large main floor rooms available for community use

PARTNERS

- ✓ YWCA
- ✓ Turning Point Community Programs

MAP OF PORTFOLIO