MENTAL HEALTH SERVICES ACT

Draft
Fiscal Year 2014-15, 2015-16, 2016-17 Three-Year Program and Expenditure Plan

Posted for 30-day Public Review and Comment
January 11, 2015 through February 10, 2015

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 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 2012 United States Census Bureau estimates the population of Sacramento County to be approximately 1.45 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 five threshold languages (Spanish, Russian, Vietnamese, Hmong, and Cantonese). 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 communities.

Sacramento County has worked diligently on the planning and implementation of all components of MHSA. The passage of AB100 in 2011 and AB1467 in 2012 made many significant changes to MHSA, including the shift from published funding allocations to monthly distributions based on taxes collected as well as the transfer of plan/update approval authority from the State level to local Boards of Supervisors. These changes also provide counties with the opportunity to present MHSA annual updates in a way that is more meaningful to local stakeholders.

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 adults living with a serious mental illness. In Sacramento County, there are seven (7) previously approved CSS Work Plans containing fourteen (14) operational 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, adults, older adults and their families.

In 2014, the Division of Behavioral Health Services facilitated a three-phased community planning process to expand CSS programming. The new and expanded programming resulting from Phases A and B are described and included in this Draft Plan. The remaining CSS expansion planning (Phase C) results will be captured in the Draft Fiscal Year 2015-16 Annual Update.

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 projects

containing twenty-two (22) programs designed to address suicide prevention and education; strengthening families; integrated health and wellness; and mental illness stigma and discrimination reduction.

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 that are implemented or in advanced stages of planning.

The **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. Sacramento County currently has one previously approved INN Project, known as the Respite Partnership Collaborative (RPC). The RPC INN Project term spans five years from 2011 – 2016.

The RPC is a 22-member community driven collaborative that promotes interagency collaboration in funding mental health respite services through a public-private partnership between the Division of Behavioral Health Services, the Sierra Health Foundation: Center for Health Program Management as the Administrative Entity and the Collaborative. The RPC awarded six (6) mental health respite services grants in funding Rounds 1 and 2. Round 3 awarded five additional respite grants which will be implemented in early 2015.

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.

The **Capital Facilities (CF)** project will renovate three buildings at the Stockton Boulevard complex in order to consolidate the Adult Psychiatric Support Services (APSS) clinics. The renovations will allow for an expansion of service capacity with space for additional consumer and family-run wellness activities and social events.

COMMUNITY PROGRAM PLANNING

The Sacramento County Division of Behavioral Health Services Community Program Planning Process for the Draft MHSA Fiscal Year (FY) 2014-15, 2015-16 and 2016-17 Three-Year Plan meets the requirements described in Section 3300 of the California Code of Regulations. Sacramento County's community planning processes for previously approved CSS, PEI, WET, INN, CF and TN Component plans and activities have been described in-depth in prior plan updates and documents submitted to the State. Those documents are available on the Reports and Workplans page on our website.

All of the programs and activities contained in this Three-Year Plan have evolved from community planning processes. In 2014, the Division of Behavioral Health Services facilitated a three-phased community planning process to expand CSS programming. This process, as well as the new and expanded programming resulting from Phases A and B are described in detail in the CSS Component section of this Plan. The remaining CSS expansion planning (Phase C) results will be captured in the Draft Fiscal Year 2015-16 Annual Update.

The general plan for this Draft Three-Year Plan was discussed at MHSA Steering Committee meetings on June 19, 2014 and January 15, 2015. The Steering Committee is the highest recommending body in matters related to MHSA programs and activities. MHSA program presentations for CSS, PEI, 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 updates on PEI and WET implementation as well as our involvement with the California Mental Health Services Authority (CalMHSA) Joint Powers Authority and the progress CalMHSA is making with the Statewide PEI Programs. During the 30-day posting of the Three-Year Plan, DBHS will present to the Mental Health Board, the MHSA Steering Committee, and the Cultural Competence Committee in order to obtain additional stakeholder input.

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

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

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

The Draft MHSA FY2014-15, 2015-16, and 2016-17 Three-Year Plan is being posted for a 30-day public comment period from January 11, 2015, through February 10, 2015. The Mental Health Board will conduct a Public Hearing on Tuesday, February 10, 2015, beginning at 6:00 p.m. at the Department of Health and Human Services Administrative Services Center, located at 7001-A East Parkway, Sacramento, CA 95823.

If a community member would like to attend the Public Hearing and needs to arrange for an interpreter or a reasonable accommodation, please contact Mary Nakamura *by Tuesday, February 3, 2015*, at (916) 876-5821 or Nakamuram@saccounty.net.

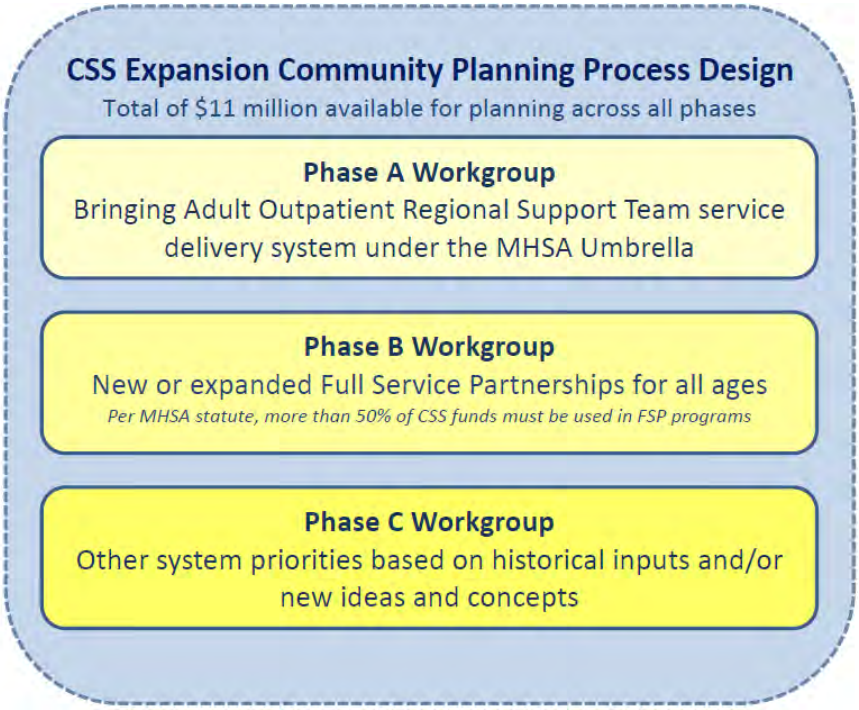
COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT

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 adults living with a serious mental illness. The MHSA requires that a minimum of fifty percent of CSS component funding be dedicated to Full Service Partnership (FSP) programs.

In 2013, the Division of Behavioral Health Services (DBHS), with fiscal consultation, identified up to $16 million in CSS sustainable growth funding. This sustainable growth funding figure was determined by combining increased future revenue projections with unexpended funds from prior years.

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

The MHSA Steering Committee approved the $11 million three-phased community planning process outlined below at their February 2014 meeting.



Phase A, began on April 17, 2014, and focused on the Regional Support Team (RST) service delivery system. The Phase A Workgroup was established to collaboratively develop recommendations to redesign/enhance the Regional Support Teams (RST) to further align with the MHSA. The Phase A Workgroup reviewed requirements contained in MHSA statute and law, considered and discussed program elements, looked at current data as well as other

resources to put forward a strong recommendation(s) to increase capacity and improve timeliness to services. The Workgroup also facilitated communication between their stakeholder groups. Workgroup meetings were open to the public and time was set aside at each meeting for public comment.

There were a total of five meetings culminating in a recommendation made to the MHSA Steering Committee on August 21, 2014 (See Attachment A "Phase A Workgroup Recommendation"). The Steering Committee approved the recommendation and allocated $2.4 million to the RST service delivery system. As a result of the Phase A expansion community planning process, the RST service delivery system has been incorporated as a new program in the SAC1 Transitional Community Opportunities for Recovery and Engagement Work Plan section of this Three-Year Plan.

The Phase B Workgroup was formed to focus on developing a recommendation for a new Full Service Partnership program designed to meet the needs of Transition Age Youth (TAY) ages 16-25. The Phase B Workgroup reviewed requirements contained in MHSA statute and law, considered and discussed program elements, looked at current data and other resources in order to put forward a strong recommendation to increase capacity and improve timeliness to services for TAY. The Workgroup also facilitated communication between the stakeholders they represented for added perspective. There were a total of four Workgroup meetings held. All Workgroup meetings were open to the public and community members were encouraged to attend and participate.

The Phase B Workgroup recommendation for the new TAY FSP was presented to the MHSA Steering Committee on November 20, 2014 (See Attachment B "Phase B Workgroup Recommendation"). The Steering Committee approved the recommendation and allocated $2.5 million for the new TAY FSP. The new program is included in this Three-Year Plan as SAC9 TAY Full Service Partnership.

The second component of Phase B focuses on expansion of existing FSP programs. The MHSA Steering Committee approved $3 million for the expansion of existing FSP programs in order to increase capacity and implement new and different service strategies that further address system challenges. Based on this direction from the Steering Committee, the Division is working to analyze the FSP data in the context of identified system challenges and will request existing FSPs to respond to how they will address these challenges through expanded funding. The Division will review these responses and negotiate expansion allocations in order to implement this expansion in FY2015-16. The existing FSP expansion will be described in more detail and included in the MHSA FY2015-16 Annual Update.

In January 2014, the Division submitted a grant proposal to the California Health Facilities Financing Authority (CHFFA) in response to SB82, "Investment in Mental Health Wellness Act of 2013." The proposal included both a request for capital funding for the existing 12-bed crisis residential program, as well as capital and personnel funding for the implementation of two Mobile Crisis Support Teams (MCSTs). The Division received a grant award in April 2014 for the implementation of the MCSTs. Unfortunately, the crisis residential portion of the first round

CHFFA proposal was not awarded because the request focused on the facility of the existing 12-bed program.

CHFFA announced a second round of grant funding in July 2014. On July 17, 2014 a presentation was made outlining crisis residential services in Sacramento County and the data supporting the need for expansion. The Steering Committee was reminded that Sacramento currently has only 12 crisis residential beds in the community, compared to approximately 300 inpatient psychiatric beds, and crisis residential has been identified as a gap in our system of care.

The MHSA Steering Committee, after a rich discussion with passionate consumer testimony, urged the Division to pursue a new 15-bed Crisis Residential Capital Funding grant and allocated up to $1.5 million in CSS Expansion dollars from Phase C to fund the related services (Medi-Cal will be leveraged). The Division submitted a new proposal and was awarded in December 2014. The new 15-bed Crisis Residential Program is included in this Three-Year Plan as SAC10 Crisis Residential Program.

Phase C expansion planning focuses on other system priorities based on historical inputs and/or new ideas and concepts. Phase C will continue in Spring 2015 with input from the MHSA Steering Committee.

Program: Transitional Community Opportunities for Recovery and Engagement
Work Plan #/Type: SAC1 – General System Development (GSD)
Capacity: 4,000 annually
Ages Served: TAY, Adults, Older Adults

The **Transitional Community Opportunities for Recovery and Engagement (TCORE)** plan consists of two previously approved and implemented program components: **Adult Psychiatric Support Services (APSS)** clinics, administered by the DBHS Adult Services Unit and **TCORE**, administered by Human Resources Consultants (HRC) and TLCS, Inc. These programs offer low to moderate intensity community-based 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** is a site based outpatient clinic that provides mental health and rehabilitation services. Drug and Alcohol counselors are available and specialize in treatment for co-occurring disorders. The Peer Partner component, which is administered by two contracted providers – Hmong Women's Heritage Association and Mental Health America of Northern California, provides culturally and linguistically relevant advocacy and support for program participants and staff are members of the multidisciplinary team. The service array includes; assessment, brief treatment, crisis intervention, case management, rehabilitation, medication management and support, and transition to appropriate specialty mental health services and/or community support. Additional program goals include wellness planning, family support, and discharge planning, when appropriate, to community services.

Success: Peer Support
An APSS consumer was struggling with multiple issues, overwhelmed in her home environment and unable to navigate system. The assigned Peer Partner provided much needed peer support and transportation to enable the consumer to access services, thereby averting potential hospitalization.

TCORE is a county-wide collaborative effort between Human Resources Consultants (HRC) and TLCS, Inc. TCORE provides primarily community-based mental health and rehabilitation services to Adult community members who are experiencing frequent acute episodes or who are at risk of losing community tenure. Recipients are assigned to a service team familiar with each client's needs. Team staff include a Team Leader, four (4) Personal Service Coordinators (PSCs) and a Consumer/Family Advocate. There is also a Benefits Acquisition Specialist and an Employment Specialist available to all participants. The goal is for recipients to participate at less intensive service levels over time. The strategies of integrated assessment, mobile crisis intervention, self-directed care, peer supports, vocational services, and integrated mental health and substance abuse services are further supported by available medication supports and services, provided by Physicians, Physician's Assistants, and nursing staff. To support participation, transportation is available for all clinic-based activities and necessary field or community services.

Success: Recovery
HRC TCORE is the primary provider of mental health services for the Mental Health Court. The court referred a 24 year old man after back-to-back hospitalizations who had been unable to successfully engage in mental health services due to his symptoms. With TCORE's community-based support and engagement, he was able to accept services, has reconnected with his family, and is now participating with the employment specialist. As a result, he is living independently, and has broken the cycle of arrests that resulted from his untreated condition.

NEW PROGRAM:
Phase A of the CSS Expansion Planning Process resulted in the expansion of the MHSA CSS Component to include the **Regional Support Team (RST)** service delivery system. The RSTs provide mental health services and supports for TAY (age 18+), adults, older adults residing in Sacramento County. Individuals must meet target population criteria for a serious mental illness (with an included diagnosis) and significant impairments in important areas of functioning. Currently, there are four RST programs operated by: 1) El Hogar Community Services, Inc., 2) Human Resources Consultants (HRC), 3) Turning Point Community Programs, and 4) Visions, Inc., through contracts with DBHS. Each RST provides individual and group treatment, rehabilitation services, medication evaluations and monitoring, and case management. RST programs are located in four geographic areas (regions) throughout Sacramento County and serve individuals with low to moderate intensity service needs.

Resulting from the previously described CSS Expansion community planning process, in redesigning the RST service delivery system, each RST will implement a **Community Care Team** with the purpose of enhancing engagement and timely access to services at the RSTs using culturally and linguistically competent services. These teams will deliver flexible, recovery-based individualized services, allowing for seamless transitions throughout the continuum of outpatient services and supports available in Sacramento County. Staffing for each team will include a team lead, clinician/social worker, psychiatrist and nurse, peer/family provider, resource specialist. The inclusion of the RST service delivery system will increase the capacity of this Work Plan from 4,000 to approximately 8,000 served annually.

Program: Sierra Elder Wellness
Work Plan #/Type: SAC2 – Full Service Partnership (FSP)
Capacity: 150 at any given time
Ages Served: Transition Age Older Adults, Older Adults

The **Sierra Elder Wellness Program (Sierra)** administered by El Hogar Community Services, Inc., serves transition age older adults (ages 55 to 59) and older adults (age 60+) of all genders, races, ethnicities and cultural groups. Sierra provides specialized geriatric services including psychiatric support, multidisciplinary mental health assessments, treatment, and intensive case management services with persons who have co-occurring mental health, physical health, and/or substance abuse and social service needs that require intensive services in order to remain living in the community at the least restrictive level of care.

Success: Transition
As a new Sacramento County resident, consumer was unaware of where to get services locally and was referred to Sierra from an outside county. Sierra was able to quickly engage the consumer and assist him in securing subsidizing local housing, and effectively linked the consumer to program services thereby avoiding the need for a higher level of care. With the support of program staff, consumer is participating in meaningful activities and developing a natural support system in Sacramento County.

Program: Permanent Supportive Housing Program
Work Plan #/Type: SAC4 – Full Service Partnership (FSP)
Capacity: 1,200 at any given time
Ages Served: Children, TAY, Adults, Older Adults

The **Permanent Supportive Housing Program (PSH)** is a blend of FSP and GSD funding and provides seamless services to meet the increasing needs of the underserved homeless population. It consists of three components: PSH-Guest House, administered by El Hogar, PSH-New Direction, administered by Transitional Living and Community Support, and PSH-Pathways, administered by Turning Point Community Programs. The PSH Program serves homeless children, transition-aged youth, adults, and older adults of all genders, races, ethnicities and cultural groups. The programs serve 600-700 with FSP services and 500 with GSD services.

Guest House is the "front door" and has same-day access to service and limited temporary housing for adults age 18 and older. Services include triage, comprehensive mental health assessments and evaluations, assessments of service needs, medication treatment, linkages to housing, and application for benefits. PSH-Guest House has implemented the highly successful Sacramento Multiple Advocate Resource Team (SMART), a promising practice targeting homeless individuals with their applications for SSI/SSDI and by default, Medi-Cal. This expedited process improves access to resources and provides opportunities for participants to benefit from a wider variety of community services.

Success: Responsive Services
An individual who was newly contacted by the Guest House outreach worker was recognized as meeting high priority criteria. Within one week he received a presumptive determination of eligibility for federal benefits, housing assistance and was engaged in FSP services, after years of homelessness.

New Direction provides permanent supportive housing and an FSP level of mental health services and supports for adults, including older adults, and their families. The program provides integrated, comprehensive services utilizing a "whatever it takes" approach to support consumers in meeting their desired recovery goals. New Direction provides services at two permanent supportive MHSA-financed housing developments, permanent supportive housing within TLCS permanent housing sites, and utilizes community-based housing vouchers and limited subsidies providing permanent housing for approximately 350 consumers. Additionally, New Direction Palmer Apartments Brief Interim Housing provides services and supports in short-term housing, focuses on rapid access to permanent housing within 30 days once income is secured. Longer term temporary housing is available for individuals awaiting openings in MHSA-financed housing developments.

Pathways program provides permanent supportive housing and an FSP level of mental health services and supports for children, youth, adults, older adults and families. The program provides integrated, comprehensive services utilizing a "whatever it takes" approach to support consumers and their families in meeting their desired recovery goals. Pathways provides services at six permanent supportive MHSA-financed housing developments, community-based housing vouchers and utilizes limited subsidies to provide permanent housing for approximately 350 consumers and their families.

Success: Program Graduation
After years of chronic homelessness due to co-occurring mental illness and substance use, a man entered into services with Pathways. As he was graduating out of the program into fully independent living after six years in the Program, he offered the following feedback: "I had no faith in myself. With medication, support from my personal services coordinator and therapy, I learned how to control my anger, to stop, pause, think and analyze the situation… think about it. I'm not running from my problems anymore, I face them. I care about others."

Program: Transcultural Wellness Center
Work Plan #/Type: SAC5 – Full Service Partnership (FSP)
Capacity: 230 at any given time
Ages Served: Children, TAY, Adults, Older Adults

The **Transcultural Wellness Center (TWC)**, administered by Asian Pacific Community Counseling, is designed to increase penetration rates and reduce mental health disparities in the Asian/Pacific Islander (API) communities in Sacramento County. The program is staffed by clinicians, consumers, family members, and community members and provides a full range of services with interventions and treatment that take into account the cultural and religious beliefs and values, traditional and natural healing practices, and associated ceremonies recognized by the API communities.

Services, including psychiatric services, are provided in the home, local community and school with an emphasis on blending with the existing cultural and traditional resources so as to reduce stigma. Staff assignments are made taking into consideration the gender and specific cultural and linguistic needs of the client. Language specific services are available in Vietnamese, Hmong, Ilocano, Punjabi, Hindi, Laotian, Cantonese, Mandarin, Tongan, Mien and Korean.

Success: Culturally Responsive Services
A young 20 year old Hmong woman struggling with depression, family conflicts, academic difficulties and a history of suicide attempts was served in the TWC program. Since admission four years ago, she has graduated high school and obtained financial aid in order to attend college. Her relationship with her family has improved with assistance from her treatment team and she is enjoying their support now that her family is better equipped to be supportive of her. TWC helped the client using a wide range of both traditional and non-traditional supports, some of which were possible with FSP flexible funding. Since receiving services, client has said she is actively using her new coping skills and that she now "has hope for her life."

The goals of the TWC are to increase timely and appropriate mental health services to API populations and to decrease the number of individuals utilizing social services, acute care, or public safety providers as a component of untreated mental illness. Goals include a reduction in psychiatric hospitalization, reduction in arrests and incarceration, linkage to employment and/or education and primary health care providers. Additionally, the program seeks to help clients develop and maintain connection to meaningful activities such as cultural groups, creative groups, volunteer and activist positions. Service goals include wellness and recovery as defined by the program members in relation to their cultural identity.

Program: Wellness and Recovery Center
Work Plan #/Type: SAC6 – General System Development (GSD)
Capacity: 2,200 annually
Ages Served: Children, TAY, Adults, Older Adults

The **Wellness and Recovery Center** program consists of three components: the **Wellness and Recovery Centers (WRCs)**, the **Peer Partner Program** and the **Consumer and Family Voice Program**.

The **WRCs**, administered by Consumer Self Help Center, are located in Eastern and Southern Sacramento County and offer a consumer driven recovery environment. WRCs offer an array of comprehensive services and wellness activities designed to support clients in their recovery goals. WRCs provide psychiatric and medication support services and wellness activities, and are open to enrolled clients and community residents with an interest in mental health support, wellness and recovery services. The WRCs serve transition age youth (18 and older), adults and older adults of all genders, races, ethnicities and cultural groups. The WRCs are community based multi-service centers that provide a supportive environment offering choice and self-directed guidance for recovery and transition into community life. They employ consumers and train individuals for peer counseling, peer mentoring, advocacy, and leadership opportunities throughout Sacramento County. WRCs provide curriculum driven and evidence-based skill building activities, vocational supports, family education, self-help, peer counseling and support. Services are collaboratively designed, culturally competent, member

Success: Outreach and Engagement
A homeless community member used the drop-in services at the WRC multi-service center. In response to the outreach efforts of center staff, he expressed a goal of getting off drugs and the streets. Over the course of a year, he participated in medication supports, counselling, and group activities; specifically the Substance Abuse Management Module. After participating in self-help groups at the WRC, staff connected him to subsidized supportive housing. He has a year sobriety and has gone from using the shower and laundry to volunteering at the center and has become a group co-facilitator. He continues to receive treatment services in support of his independent living.

driven and wellness focused; per the MHSA Essential Elements. Alternative therapies include consumer facilitated art and music expression, journaling, creative writing, yoga, 12 step recovery groups, goal setting, crisis planning, natural healing practices and other wellness services. 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 6 days per week and are closed on Sunday. All wellness activities at WRCs are free and open to the public.

The **Peer Partner Program (Peer Partners)**, administered by Hmong Women's Heritage Association and Mental Health America of Northern California, provides peer support services to adults and older adults, from diverse backgrounds, linked to the APSS clinics. Peer Partners (consumers and family members) are integrated staff members of the APSS multidisciplinary team. Peer Partners provide peer-led services that support APSS participants and their family in their recovery process. Individual support, peer-led support groups, mentoring, and benefits acquisition are key strategies contributing to successful outcomes.

Success: Peer Support
An APSS consumer was struggling with multiple issues, overwhelmed in her home environment and unable to navigate system. The assigned Peer Partner provided much needed peer support and transportation to enable the consumer to access services, thereby averting potential hospitalization.

The **Consumer and Family Voice Program**, administered by Mental Health America of Northern California, promotes the DBHS mission to effectively provide quality mental health services to children, youth, adults, older adults and families in Sacramento County. The consumer and family member advocates promote and encourage parent/caregiver, youth, adult, and older adult consumer involvement in the mental health system from program planning to program participation. This program provides a wide array of services and supports to all age groups including, but not limited to, advocacy, system navigation, trainings, support groups, and psycho-educational groups. This program also coordinates and facilitates the annual Consumer Speaks Conference.

Success: Advocacy and Support
A homeless client with three hospitalizations was experiencing challenges in accessing appropriate supports, in part due to her Medicare coverage. With the advocacy and support of our Consumer Voice advocate, she was able to access a Full Service Partnership along with Permanent Supportive Housing and resolve insurance coverage issues.

Program: Adult Full Service Partnership
Work Plan #/Type: SAC7 – Full Service Partnership (FSP)
Capacity: 300 at any given time
Ages Served: TAY, Adults, Older Adults

The **Adult Full Service Partnership Program** consists of two components: **Turning Point's Integrated Services Agency (ISA)** and **Telecare's Sacramento Outreach Adult Recovery (SOAR)**. Both programs provide an array of FSP services to adults, age 18 and older, with persistent and significant mental illness that may also have a co-occurring substance use disorder and/or co-morbid medical concerns, many of whom are transitioning from long-term hospitalizations. The programs provide a continuum of integrated, culturally competent services that includes case management, benefits acquisition, crisis response, intervention and

stabilization (including a 24/7 response), medication evaluation and support, and effective ongoing specialty mental health services. Services also include FSP supports such as housing, employment, education, and transportation. The programs assist clients transitioning into the community from high-cost restrictive placements, such as the Sacramento County Mental Health Treatment Center, private psychiatric hospitals, incarcerations, or other secured settings. In addition, family members and/or caregivers are engaged as much as possible at the initiation of services and offered support services, such as education, consultation and intervention, as a crucial element of the client's recovery process.

Success: Improved Quality of Life
Upon entry to Turning Point ISA a female consumer was experiencing significant challenges. This member struggled to maintain in board and care housing while having minimal family and community supports. Through continued program engagement and participation, she was able to obtain assistance with budgeting needs, hygiene/grooming, appropriate housing and life skills which empowered and prepared her to move towards more independent living, thus sustaining a better quality of life. This member eventually transitioned to a room and board facility where she was given additional visits and adequate time to transition with appropriate supervision/monitoring in keeping with her plan to further pursue her independence. Consequently, she has been successful in achieving her goal; living in an apartment for the past year without any significant concerns, need for crisis interventions or decline in her level of functioning.

This FSP utilizes Motivational Interviewing as a key strategy for identifying, supporting and assisting clients in service plan development to fulfill their goals for recovery. Service plans are developed in partnership with the client and, if possible, the client's family or significant support person(s). Once an individualized service plan is established, clients and program staff determine service needs.

The contract providers identify, establish, and maintain successful collaborations and partnerships with system partners and community agencies, including sub-acute settings; law enforcement; healthcare providers; conservators; and ethnic and cultural groups to strengthen communication and service coordination among all organizations/groups that mutually support and assist clients.

Program: Juvenile Justice Diversion and Treatment Program
Work Plan #/Type: SAC8 – Full Service Partnership (FSP)
Capacity: 92 at any given time
Ages Served: Youth and TAY ages 13 – 25

The **Juvenile Justice Diversion and Treatment Program (JJDTP)** is jointly administered by DBHS, Sacramento County Probation Department, and River Oak Center for Children and is contracted for services to The River Oak Center for Children. JJDTP provides screenings, assessments and intensive mental health services and FSP supports to eligible youth (and their families) involved in the Juvenile Justice System. Youth must meet serious emotional disturbance criteria and be between the ages of 13 through 17 at enrollment. Pre-adjudicated youth are screened and given an assessment. With court approval, these youth will have the opportunity to avoid incarceration and voluntarily participate in this program as long as clinically necessary up to their 26th birthday. Adjudicated youth are referred, assessed, and have the opportunity to voluntarily receive intensive, evidence-based services that are delivered in coordination with a specialized Probation Officer. Family and youth advocates complement clinical services.

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

Success: Support Through Collaboration
Upon referral to JJDTP, youth struggled with alcohol/substance use, had difficulty managing anger and would become verbally aggressive towards others. During individual sessions, youth engaged, cooperated and responded well to interventions. Youth enrolled in Alcohol and Other Drug treatment and actively participated in weekly group sessions. Youth was able to increase coping skills and problem solving skills in order to increase positive core beliefs, manage anger and anxiety, self sooth, and eliminate alcohol/substance use. While working on treatment goals, youth utilized all social supports including the treatment team and school staff, check-lists, decision making tools, and thought stopping techniques in order to practice de-escalation and healthy coping skills. Upon discharge, youth became self-sufficient, graduated and received his high school diploma, enrolled and attended classes at the Art Institute, focusing in culinary arts, and completed all probation requirements.

NEW PROGRAM: TAY Full Service Partnership
Work Plan #/Type: SAC9 – Full Service Partnership (FSP)
Capacity: 200 at any given time
Ages Served: Youth and TAY ages 16 – 25

In FY 2015-16, a new **Transition Age Youth (TAY) FSP** will be implemented. As previously stated, in Phase B of CSS Expansion planning, the MHSA Steering Committee approved the recommendation for the development of a new TAY FSP program that will serve youth between the ages of 16-25 who are unserved, underserved and/or inappropriately served. Services will be culturally and linguistically competent with sensitivity to and affirmation of gender identity, gender expression and sexual orientation. Services will be individualized based on age, development and culture. The program will provide core FSP services and flexible supports to TAY that are homeless or at risk of homelessness, aging out of the child mental health system, involved in or aging out of the child welfare and/or foster care system, involved in or aging out of the juvenile/criminal justice system, at risk of involuntary psychiatric hospitalization or institutionalization, experiencing a first episode of a serious mental illness, and/or other at-risk population. The new TAY FSP program will include outreach, engagement, retention and transition strategies with an emphasis in independent living and life skills, mentorship and services that are youth and family driven.

NEW PROGRAM: Crisis Residential Program
Work Plan #/Type: SAC10 – General System Development (GSD)
Capacity: 15 at any given time
Ages Served: Adults ages 18 - 59

In FY 2015-16, a new **15-bed Crisis Residential Program** will be operated by Turning Point Community Programs (TPCP). As previously stated, this program was approved by the MHSA Steering Committee using CSS Expansion funds from Phase C. This program will be modeled after the existing successful 12-bed crisis residential program also operated by TPCP. The addition of this new 15-bed program will significantly increase community-based crisis

residential service capacity in Sacramento from 12 to 27 beds for individuals served by the County, which represents a 125% increase.

The 15-bed Crisis Residential Program will build on the successful existing practice in place for notifying community partners and other referral sources when openings occur. With the addition of this second program and additional staffing, crisis residential staff will be better able to reach out to local hospitals, community partners, and law enforcement.

Crisis Residential Program services are designed for persons who meet psychiatric inpatient admission criteria or are at risk of admission due to an acute psychiatric crisis, but can appropriately be served voluntarily in a community setting.

Beginning with an in-depth clinical assessment and development of an individual service plan, crisis residential program staff will work with consumers to identify achievable goals including a crisis plan and a Wellness Recovery Action Plan (WRAP). The goal is to receive the referral, interview the consumer, and admit the individual to the crisis residential program within the same day.

Once admitted, structured day and evening services will be available seven days a week that include individual and group counseling, crisis intervention, planned activities that encourage socialization, pre-vocational and vocational counseling, consumer advocacy, medication evaluation and support, linkages to resources that are available after leaving the program. Family members will be included in counseling and plan development. Services are voluntary, community-based, and unlocked alternative to acute care. While the services are designed to resolve the immediate crisis, they will also focus on improving the functioning and coping skills, and encourage wellness, resiliency and recovery so that consumers can return to the least restrictive, most independent setting in as short of time as possible. Services will also be designed to be culturally responsive to the needs of the diverse community members seeking treatment.

CSS Administration and Program Support

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

The table below contains the FY2014-15 Cost per Client information for implemented programs:

FY2014-15 CSS COMPONENT BUDGET Work Plan / Program	Average Cost/Client*	Budget Amount
SAC1 - GSD: TCORE	$ 2,822	$ 11,289,840
SAC2 - FSP: Sierra Elder Wellness	$ 13,125	$ 1,968,788
SAC4 - FSP: Permanent Supportive Housing	$ 7,533	$ 9,039,446
SAC5 - FSP: Transcultural Wellness Center	$ 10,871	$ 2,500,241
SAC6 - GSD: Wellness and Recovery Center	$ 1,550	$ 3,410,744
SAC7 - FSP: Adult Full Service Partnership	$ 16,075	$ 4,822,520
SAC8 - FSP: Juvenile Justice Diversion and Treatment	$ 30,426	$ 2,799,226
TOTAL		**$ 35,830,805**

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

PENETRATION RATES IN SACRAMENTO COUNTY

Penetration Rates – Calendar Years 2012 and 2013

For CY2013 Medi-Cal eligible beneficiary numbers are based on data received from the External Quality Review Organization (EQRO)

		Calendar Year 2012					Calendar Year 2013					
		A		B		B/A	A		B		B/A	
		Medi-Cal Eligible Beneficiaries		Medi-Cal Clients (undup)		Medi-cal Penetration Rates	Medi-Cal Eligible Beneficiaries		Medi-Cal Clients (undup)		Medi-cal Penetration Rates	Percent Change From CY12 to CY13
		N	%	N	%		N	%	N	%		
Age Group	0 to 5	59,828	17.8	1,106	5.2	1.8	63,883	17.7	907	4.5	1.4	-22.2
	6 to 17	92,696	27.5	8,534	40.3	9.2	109,448	30.3	7,711	38.7	7.0	-23.9
	18 to 59	141,377	42.0	10,147	47.9	7.2	143,854	39.8	9,900	49.6	6.9	-4.2
	60+	42,614	12.7	1,378	6.5	3.2	44,462	12.3	1,426	7.2	3.2	0.0
	Total	336,514	100.0	21,165	100.0	6.3	361,646	100.0	19,944	100.0	5.5	-12.7
		N	%	N	%		N	%	N	%		
Gender	Female	187,593	55.7	10,763	50.9	5.7	200,121	55.4%	10,267	51.5	5.1	-10.5
	Male	148,921	44.3	10,241	48.4	6.9	161,525	44.7%	9,633	48.3	6.0	-13.0
	Unknown	0	0.0	161	0.7	-	0	0%	44	0.2	-	
	Total	336,514	100.0	21,165	100.0	6.3	361,646	100	19,944	100.0	5.5	-12.7
		N	%	N	%		N	%	N	%		
Race	White	91,238	27.1	7,497	35.4	8.2	94,656	26.2	7,069	35.4	7.5	-8.5
	African American	64,335	19.1	5,240	24.8	8.1	65,361	18.1	4,847	24.3	7.4	-8.6
	AI/AN	2,975	0.9	171	0.8	5.7	3,060	0.8	170	0.9	5.6	-1.8
	API	52,548	15.6	1,558	7.4	3.0	55,771	15.4	1,525	7.6	2.7	-10.0
	Other	43,087	12.8	2,722	12.9	6.3	54,693	15.1	2,512	12.6	4.6	-27.0
	Hispanic	82,332	24.5	3,977	18.8	4.8	88,108	24.4	3,821	19.2	4.3	-10.4
	Total	336,514	100.0	21,165	100.0	6.3	361,646	100.0	19,944	100	5.5	-12.7

Medi-Cal eligible beneficiary data for language not available CY2012 (Numbers are based on data received from Department of Human Assistance)

		Calendar Year 2012					Calendar Year 2013					
		A		B		B/A	A		B		B/A	
		Medi-Cal Eligible Beneficiaries		Medi-Cal Clients (undup)		Medi-cal Penetration Rates	Medi-Cal Eligible Beneficiaries		Medi-Cal Clients (undup)		Medi-cal Penetration Rates	Percent Change From CY12 to CY13
		N	%	N	%		N	%	N	%		
Language	English	NA		NA		NA	268,968	73.5	17,252	86.5	6.4	NA
	Spanish						51,037	13.9	1,127	5.7	2.2	
	Russian						14,593	4.0	212	1.1	1.5	
	Hmong						7,096	1.9	388	1.9	5.5	
	Vietnamese						6,402	1.7	220	1.1	3.4	
	Cantonese						4,231	1.2	64	0.3	1.5	
	Other/Unk*						13,602	3.7	681	3.4	5.0	
	Total						365,929	100.0	19,944	100.0	5.5	

Review of the penetration rate chart shows a negative trend from Calendar Year (CY) 2012 to CY 2103. There are 2 factors that may be contributing to this trend. First, the penetration table reflects the number served through the specialty mental health programs; however, it does not account for any of the individuals served through the DBHS Prevention and Early Intervention and Mental Health Respite programs. DBHS 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 PEI programs it is challenging to obtain PEI 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 being served by DBHS through

specialty mental health services and prevention services. And secondly, efforts related to Health Care Reform that were underway in 2013 may also account for some of the changes experienced in the penetration rates. Changes in the health care landscape, including the Low Income Health Plan (LIHP) program have more and more individuals seeking mental health services from their primary care provider. With future changes in health care anticipated by the implementation of the Affordable Care Act (ACA) in January 2014, the impact to the penetration rates and recipients of public mental health services is not fully understood. Methods used to determine penetration will need to be examined and we will need to work with our healthcare partners to understand the impacts of the ACA on our diverse community.

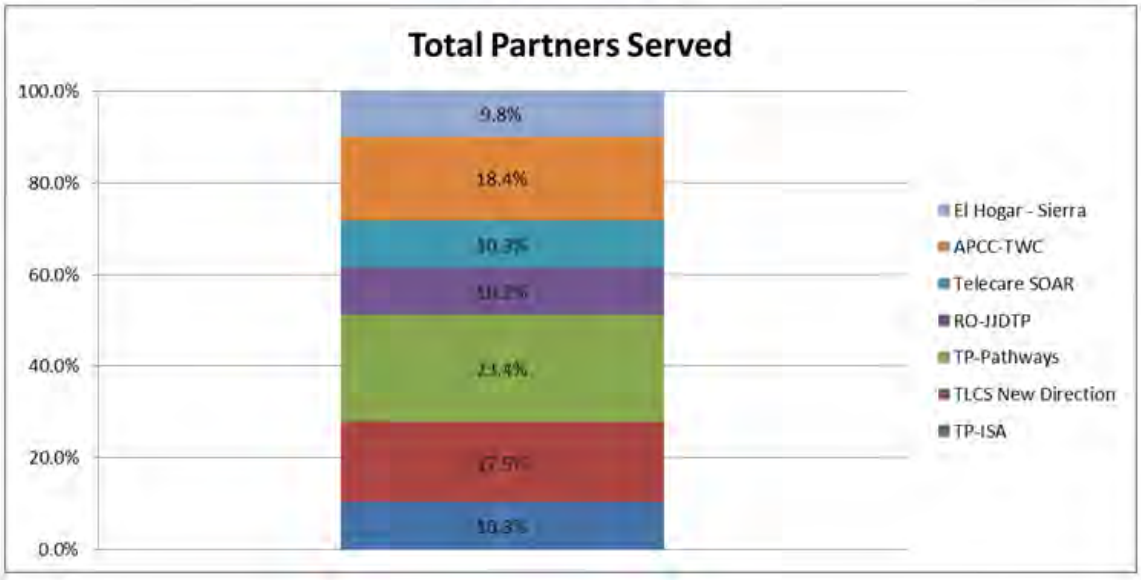
RETENTION RATES IN SACRAMENTO COUNTY

Retention		A		B		C		D		D/C	(B-D)/(A-C)	B/A
FY12-13		All New & Returning Clients Admitted		All New & Returning Admitted w/ 3rd F2F w/ 60 Days		New and Returning Medi-Cal Admitted		New & Returning Medi-Cal Admitted w/ 3rd F2F w/60 Days		New & Returning Medi-Cal Retention Rate	200% FPL Retention Rate	Total System Retention Rate
		FY 12-13				FY 12-13						
		N	%	N	%	N	%	N	%	%	%	%
Ethnicity (0-17.9)	API	174	3.0%	122	3.3%	168	2.9%	120	3.3%	71.4%	33.3%	70.1%
	Black	1228	21.3%	825	22.3%	1222	21.3%	821	22.3%	67.2%	66.7%	67.2%
	Hispanic	1451	25.2%	1098	29.7%	1442	25.2%	1092	29.7%	75.7%	66.7%	75.7%
	Nat-Amer	28	0.5%	20	0.5%	28	0.5%	20	0.5%	71.4%	-	71.4%
	White	1237	21.4%	911	24.6%	1225	21.4%	901	24.5%	73.6%	83.3%	73.6%
	Other/Unk*	1651	28.6%	727	19.6%	1641	28.7%	725	19.7%	44.2%	20.0%	44.0%
Ethnicity (≥18)	API	216	4.4%	86	7.0%	145	5.1%	64	7.6%	44.1%	31.0%	39.8%
	Black	1000	20.4%	293	23.9%	687	24.1%	212	25.2%	30.9%	25.9%	29.3%
	Hispanic	480	9.8%	166	13.5%	315	11.1%	120	14.3%	38.1%	27.9%	34.6%
	Nat-Amer	49	1.0%	13	1.1%	26	0.9%	10	1.2%	38.5%	13.0%	26.5%
	White	1538	31.4%	470	38.3%	913	32.1%	325	38.6%	35.6%	23.2%	30.6%
	Other/Unk*	1613	32.9%	199	16.2%	759	26.7%	110	13.1%	14.5%	10.4%	12.3%
Age	0-17.9	5769	54.1%	3703	75.1%	5726	66.8%	3679	81.4%	64.3%	55.8%	64.2%
	≥ 18	4896	45.9%	1227	24.9%	2845	33.2%	841	18.6%	29.6%	18.8%	25.1%
Sex	Male	5231	49.0%	2623	53.2%	4233	49.4%	2382	52.7%	56.3%	24.1%	50.1%
	Female	5419	50.8%	2303	46.7%	4334	50.6%	2137	47.3%	49.3%	15.3%	42.5%
	Other/Unk*	15	0.1%	4	0.1%	4	0.0%	1	0.0%	25.0%	27.3%	26.7%
Language	English	9082	85.2%	4218	85.6%	7304	85.2%	3844	85.0%	52.6%	21.0%	46.4%
	Spanish	728	6.8%	483	9.8%	699	8.2%	476	10.5%	68.1%	24.1%	66.3%
	Russian	47	0.4%	15	0.3%	39	0.5%	15	0.3%	38.5%	0.0%	31.9%
	Hmong	72	0.7%	35	0.7%	51	0.6%	30	0.7%	58.8%	23.8%	48.6%
	Vietnamese	42	0.4%	21	0.4%	39	0.5%	21	0.5%	53.8%	0.0%	50.0%
	Cantonese	16	0.2%	9	0.2%	13	0.2%	9	0.2%	69.2%	0.0%	56.3%
	Other/Unk*	678	6.4%	149	3.0%	426	5.0%	125	2.8%	29.3%	9.5%	22.0%
TOTAL		**10,665**	100.0%	**4,930**	100.0%	**8,571**	100.0%	**4,520**	100.0%	52.7%	19.6%	46.2%

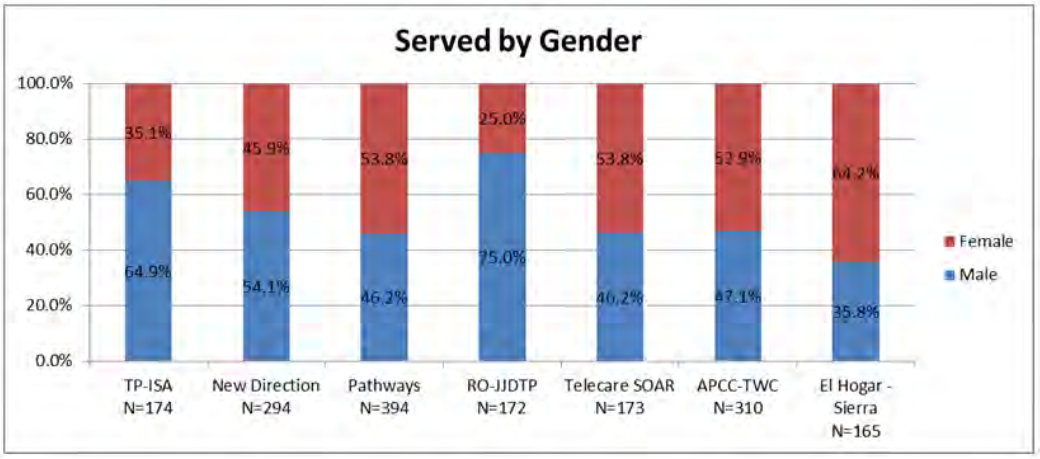
RETENTION RATES IN SACRAMENTO COUNTY (continued)

Retention		New & Returning Medi-Cal Retention Rate			Total System Retention Rate		
		%			%		
		FY11-12	FY12-13	% change	FY11-12	FY12-13	% change
Ethnicity (0-17.9)	API	80.1	71.4	-10.9	79.0	70.1	-11.2
	Black	72.7	67.2	-7.5	72.4	67.2	-7.2
	Hispanic	74.9	75.7	1.1	74.9	75.7	1.1
	Nat-Amer	87.5	71.4	-18.4	87.9	71.4	-18.8
	White	80.3	73.6	-8.3	80.0	73.6	-8.0
	Other/Unk*	34.8	44.2	26.9	34.8	44.0	26.5
Ethnicity (≥18)	API	63.2	44.1	-30.2	60.0	39.8	-33.7
	Black	54.2	30.9	-43.0	50.7	29.3	-42.2
	Hispanic	58.6	38.1	-35.0	53.4	34.6	-35.2
	Nat-Amer	26.3	38.5	46.3	37.5	26.5	-29.3
	White	54.2	35.6	-34.3	50.2	30.6	-39.1
	Other/Unk*	26.2	14.5	-44.6	22.7	12.3	-45.8
Age	0-17.9	67.0	64.3	-4.1	67.0	64.2	-4.2
	≥ 18	47.4	29.6	-37.5	43.0	25.1	-41.7
Sex	Male	63.9	56.3	-11.8	59.5	50.1	-15.7
	Female	57.9	49.3	-14.8	53.2	42.5	-20.1
	Other/Unk*	-	25.0	-	-	26.7	-
Language	English	61.0	52.6	-13.8	56.3	46.4	-17.5
	Spanish	64.9	68.1	4.9	63.6	66.3	4.2
	Russian	42.9	38.5	-10.2	40.0	31.9	-20.3
	Hmong	66.7	58.8	-11.8	65.9	48.6	-26.3
	Vietnamese	50.0	53.8	7.6	46.9	50.0	6.7
	Cantonese	87.5	69.2	-20.9	91.7	56.3	-38.6
	Other/Unk*	36.4	29.3	-19.4	28.9	22.0	-24.0
TOTAL		60.6	52.7	-13.0	55.7	46.2	-17.0

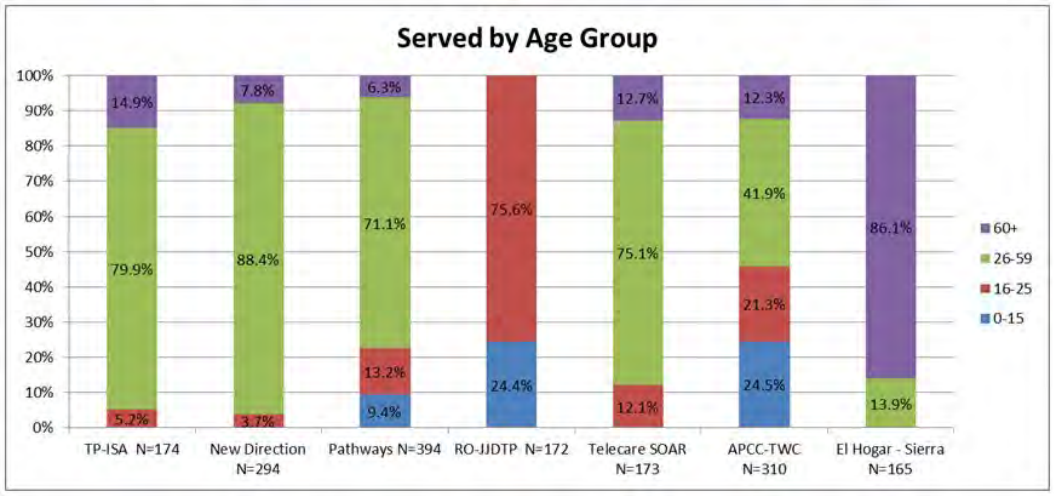
Full Service Partnership (FSP) Program Outcomes



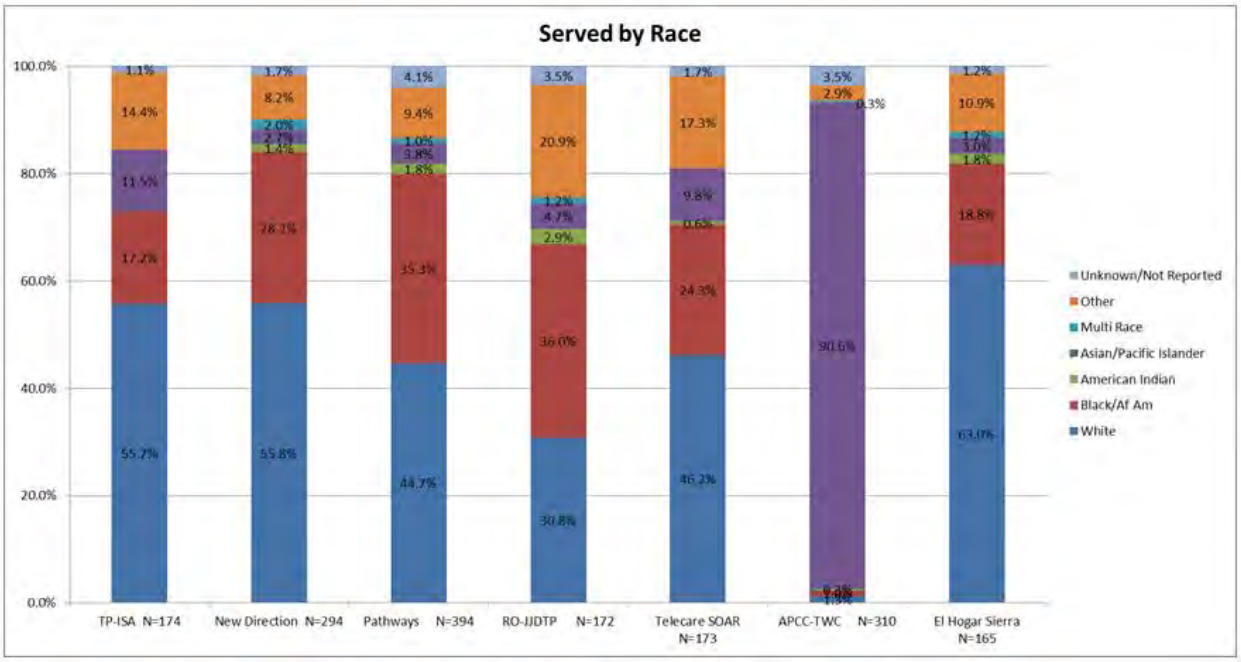
Unduplicated FSP Clients Served by Episode	Undup # Served	Percent	Avg LOS	Admits in Year	Discharges in Year	Attrition Rate
TP-ISA	174	10.3%	2.5 Years	39	27	18.9%
TLCS New Direction	294	17.5%	2.9 years	40	46	18.1%
TP-Pathways	394	23.4%	3.0 Years	70	45	13.0%
RO-JJDTP	172	10.2%	9.8 Months	95	93	112.7%
Telecare SOAR	173	10.3%	2.3 Years	30	27	18.3%
APCC-TWC	310	18.4%	2.5 Years	75	88	36.8%
El Hogar - Sierra	165	9.8%	3.3 Years	28	43	32.8%
Total	1682	100.0%	2.6 Years	377	369	27.5%



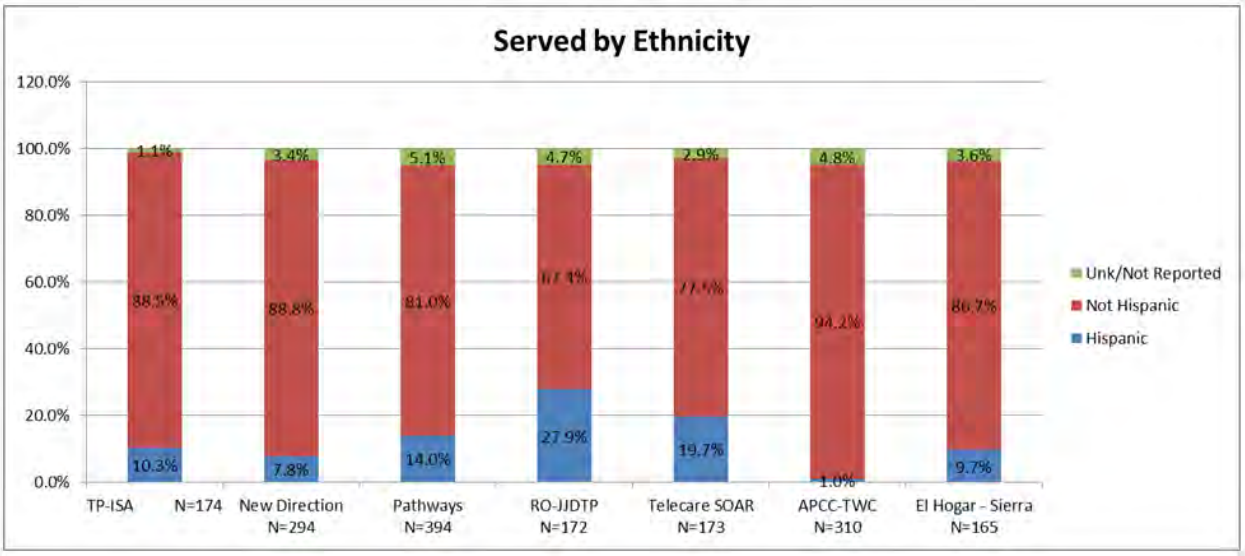
Gender	TP-ISA N=174		New Direction N=294		Pathways N=394		RO-JJDTP N=172		Telecare SOAR N=173		APCC-TWC N=310		El Hogar - Sierra N=165	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Male	113	64.9%	159	54.1%	182	46.2%	129	75.0%	80	46.2%	146	47.1%	59	35.8%
Female	61	35.1%	135	45.9%	212	53.8%	43	25.0%	93	53.8%	164	52.9%	106	64.2%



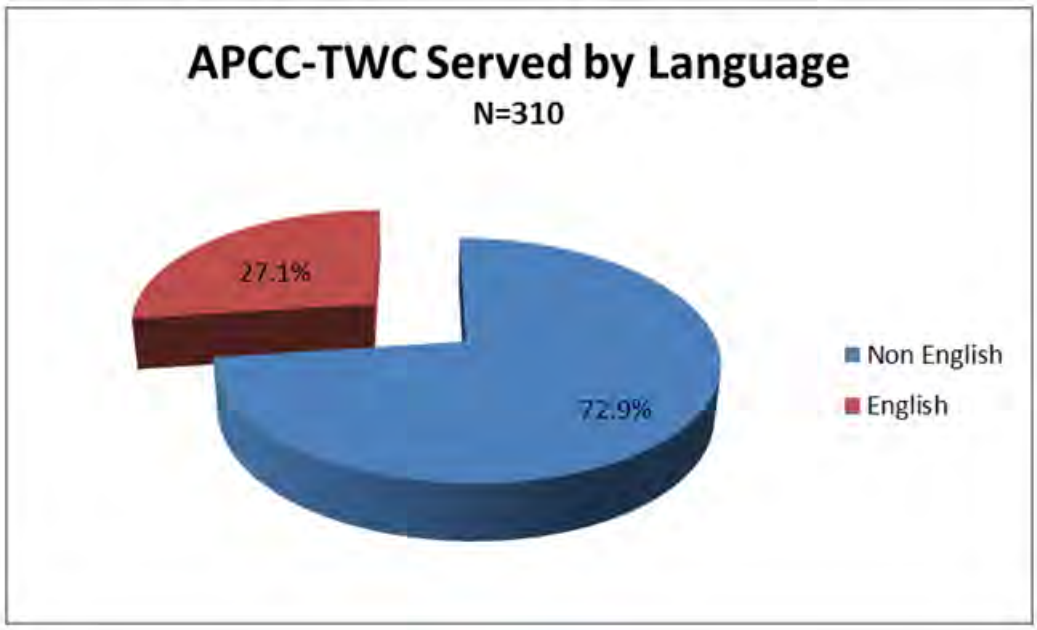
Age Group	TP-ISA N=174		New Direction N=294		Pathways N=394		RO-JJDTP N=172		Telecare SOAR N=173		APCC-TWC N=310		El Hogar - Sierra N=165	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
0-15	0	0.0%	0	0.0%	37	9.4%	42	24.4%	0	0.0%	76	24.5%	0	0.0%
16-25	9	5.2%	11	3.7%	52	13.2%	130	75.6%	21	12.1%	66	21.3%	0	0.0%
26-59	139	79.9%	260	88.4%	280	71.1%	0	0.0%	130	75.1%	130	41.9%	23	13.9%
60+	26	14.9%	23	7.8%	25	6.3%	0	0.0%	22	12.7%	38	12.3%	142	86.1%



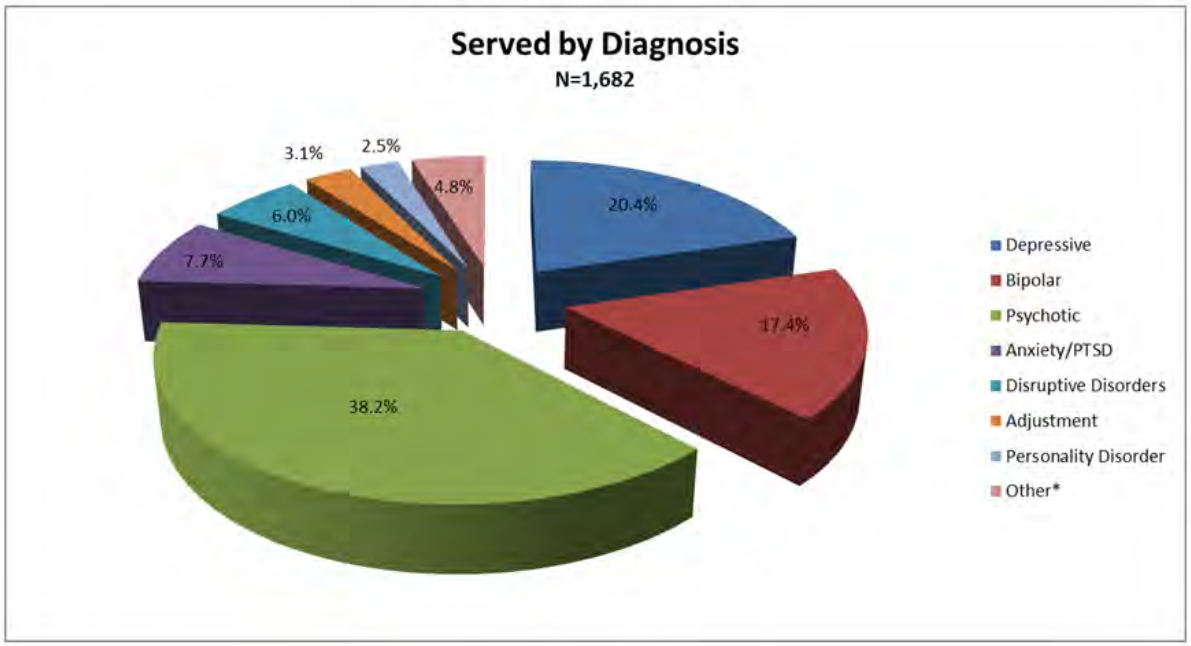
Race	TP-ISA N=174		New Direction N=294		Pathways N=394		RO-JJDTP N=172		Telecare SOAR N=173		APCC-TWC N=310		El Hogar - Sierra N=165	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
White	97	55.7%	164	55.8%	176	44.7%	53	30.8%	80	46.2%	4	1.3%	104	63.0%
Black/Af. Am.	30	17.2%	83	28.2%	139	35.3%	62	36.0%	42	24.3%	3	1.0%	31	18.8%
American Indian	0	0.0%	4	1.4%	7	1.8%	5	2.9%	1	0.6%	1	0.3%	3	1.8%
Asian/Pacific Islander	20	11.5%	8	2.7%	15	3.8%	8	4.7%	17	9.8%	281	90.6%	5	3.0%
Multi Race	0	0.0%	6	2.0%	4	1.0%	2	1.2%	0	0.0%	1	0.3%	2	1.2%
Other Race	25	14.4%	24	8.2%	37	9.4%	36	20.9%	30	17.3%	9	2.9%	18	10.9%
Unknown/Not Reported	2	1.1%	5	1.7%	16	4.1%	6	3.5%	3	1.7%	11	3.5%	2	1.2%



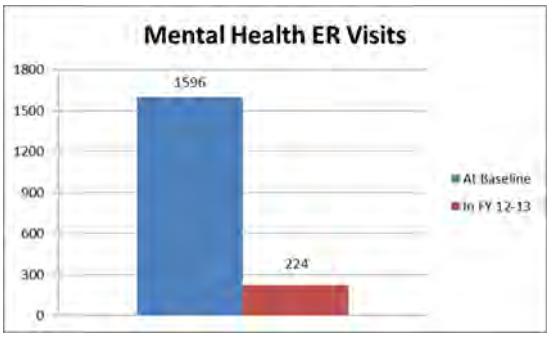
Hispanic Ethnicity	TP-ISA N=174		New Direction N=294		Pathways N=394		RO-JJDTP N=172		Telecare SOAR N=173		APCC-TWC N=310		El Hogar - Sierra N=165	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Hispanic	18	10.3%	23	7.8%	55	14.0%	48	27.9%	34	19.7%	3	1.0%	16	9.7%
Not Hispanic	154	88.5%	261	88.8%	319	81.0%	116	67.4%	134	77.5%	292	94.2%	143	86.7%
Unk/Not Reported	2	1.1%	10	3.4%	20	5.1%	8	4.7%	5	2.9%	15	4.8%	6	3.6%

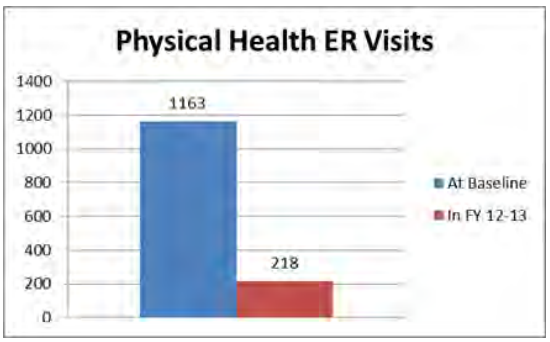


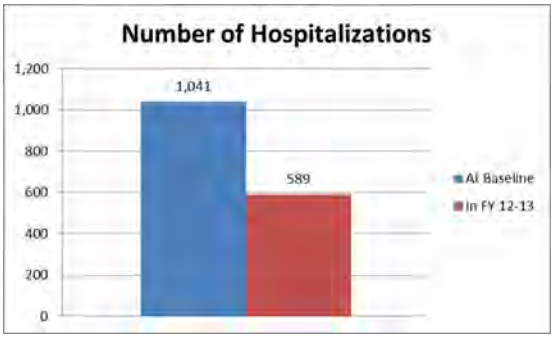
Primary Language	TP-ISA N=174	New Direction N=294	Pathways N=394	RO-JJDTP N=172	Telecare SOAR N=173	APCC-TWC N=310	El Hogar Sierra N=165
English	92.5%	98.6%	97.5%	97.7%	94.2%	27.1%	94.5%
Spanish	2.3%	1.0%	1.8%	1.2%	0.6%	1.6%	4.8%
Russian	1.1%	0.3%	0.0%	0.0%	1.7%	0.0%	0.0%
Cantonese	0.0%	0.0%	0.0%	0.0%	0.0%	8.7%	0.0%
Vietnamese	0.6%	0.0%	0.0%	0.0%	0.0%	19.4%	0.0%
Hmong	0.0%	0.0%	0.0%	0.0%	1.2%	24.2%	0.0%
Other	3.4%	0.0%	0.8%	0.6%	2.3%	19.0%	0.6%
Unknown/Not Reported	0.0%	0.0%	0.0%	0.6%	0.0%	0.0%	0.0%

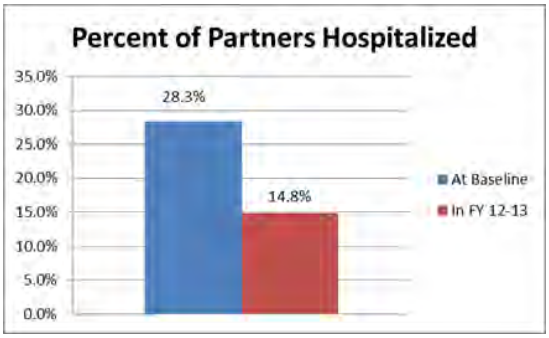


Primary Diagnosis	TP-ISA N=174		New Direction N=294		Pathways N=394		RO-JJDTP N=172		Telecare SOAR N=173		APCC-TWC N=310		El Hogar - Sierra N=165	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Depressive	3	1.7%	92	31.3%	85	21.6%	15	8.7%	4	2.3%	109	35.2%	35	21.2%
Bipolar	21	12.1%	85	28.9%	100	25.4%	19	11.0%	14	8.1%	21	6.8%	32	19.4%
Psychotic	148	85.1%	80	27.2%	81	20.6%	10	5.8%	152	87.9%	80	25.8%	91	55.2%
Anxiety/PTSD	1	0.6%	19	6.5%	63	16.0%	19	11.0%	2	1.2%	23	7.4%	3	1.8%
Disruptive Disorders	0	0.0%	0	0.0%	7	1.8%	84	48.8%	0	0.0%	10	3.2%	0	0.0%
Adjustment	0	0.0%	0	0.0%	15	3.8%	3	1.7%	0	0.0%	34	11.0%	0	0.0%
Personality Disorder	0	0.0%	12	4.1%	26	6.6%	0	0.0%	0	0.0%	1	0.3%	3	1.8%
Other*	1	0.6%	6	2.0%	17	4.3%	22	12.8%	1	0.6%	32	10.3%	1	0.6%

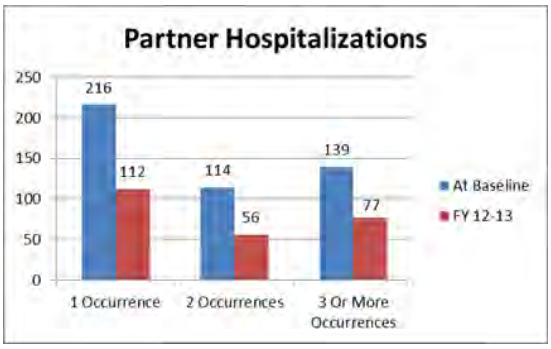

Mental Health ER Visits
1800
1500
1200
900
600
300
0
1596
224
At Baseline
In FY 12-13

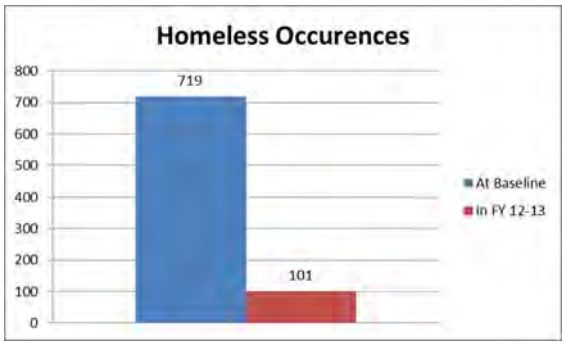

Physical Health ER Visits
1400
1200
1000
800
600
400
200
0
1163
218
At Baseline
In FY 12-13

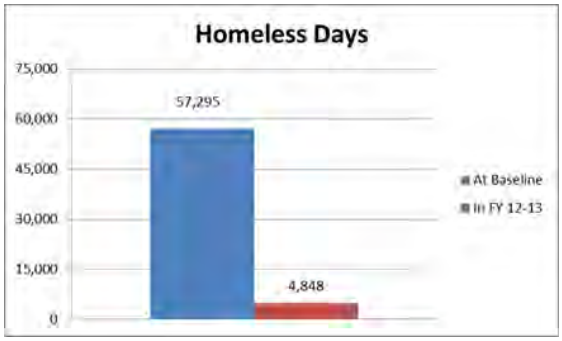

Number of Hospitalizations
1,200
1,000
800
600
400
200
0
1,041
589
At Baseline
In FY 12-13


Percent of Partners Hospitalized
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
28.3%
14.8%
At Baseline
In FY 12-13

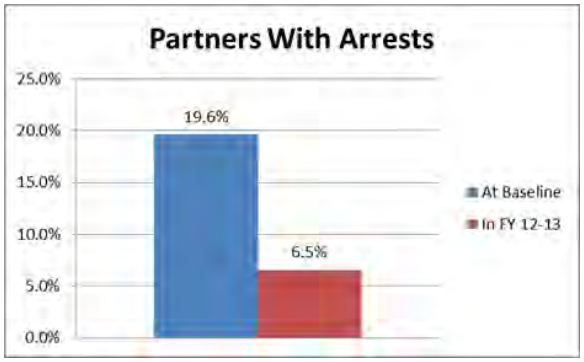

Hospitalized Days
25,000
20,000
15,000
10,000
5,000
0
19,799
9,098
At Baseline
In FY 12-13

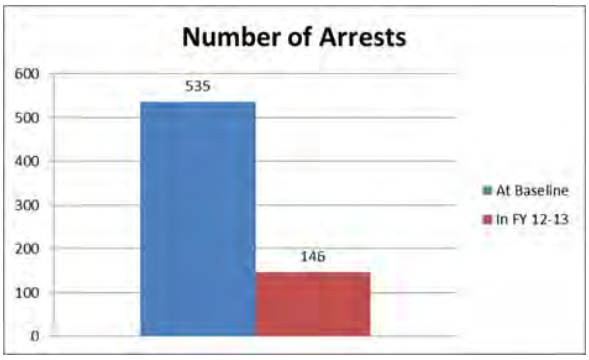

Partner Hospitalizations
250
200
150
100
50
0
216
112
114
56
139
77
1 Occurrence
2 Occurrences
3 Or More Occurrences
At Baseline
FY 12-13


Homeless Occurences
800
700
600
500
400
300
200
100
0
719
101
At Baseline
In FY 12-13

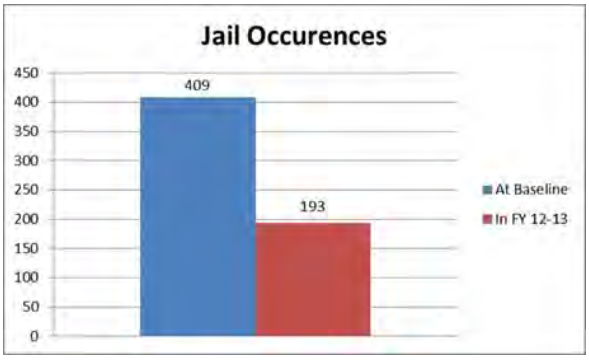

Homeless Days
75,000
60,000
45,000
30,000
15,000
0
57,295
4,848
At Baseline
In FY 12-13


Partners Employed
160
140
120
100
80
60
40
20
0
136
86
At Baseline
In FY 12-13

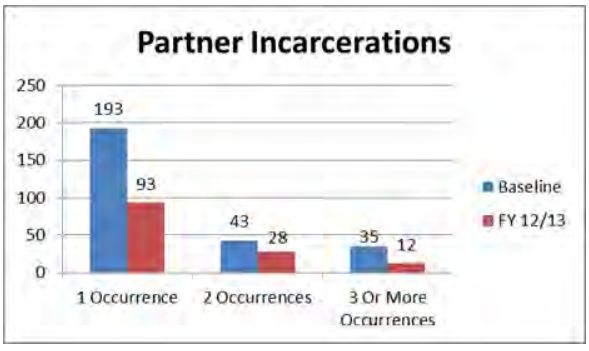

Partners With Arrests
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
19.6%
6.5%
At Baseline
In FY 12-13

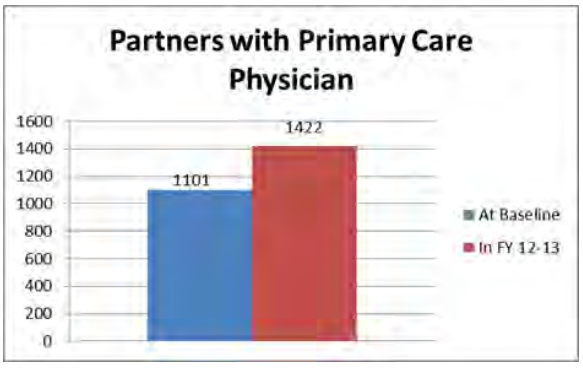

Number of Arrests
600
500
400
300
200
100
0
535
146
At Baseline
In FY 12-13


Partners going to Jail
18.0%
15.0%
12.0%
9.0%
6.0%
3.0%
0.0%
16.4%
8.1%
At Baseline
In FY 12-13


Jail Occurences
450
400
350
300
250
200
150
100
50
0
409
193
At Baseline
In FY 12-13


Jail Days
18,000
16,000
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
16,093
6,675
At Baseline
In FY 12-13


Partner Incarcerations
250
200
150
100
50
0
193
93
43
28
35
12
1 Occurrence
2 Occurrences
3 Or More Occurrences
Baseline
FY 12/13


Partners with Primary Care Physician
1600
1400
1200
1000
800
600
400
200
0
1101
1422
At Baseline
In FY 12-13

General System Development (GSD) Program Demographics

ALL SERVED BY PROGRAM – FISCAL YEAR 12/13																
Characteristic	TCORE APSS N=3,292		TCORE HRC N=960		Guest House N=778		Peer Partners HWHA N=270		Peer Partners MHANCA N=266		WRC * N=1370		WRC CHILD AND FAMILY VOICE N=111		Total N=7,047	
Gender	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	1941	59.0%	457	47.6%	286	36.8%	173	64.1%	167	62.8%	934	68.2%	42	37.8%	4,000	56.8%
Male	1339	40.7%	502	52.3%	490	63.0%	97	35.9%	98	36.8%	435	31.8%	67	60.4%	3,028	43.0%
Other	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
Unknown	11	0.3%	1	0.1%	2	0.3%	0	0.0%	1	0.4%	1	0.1%	2	1.8%	18	0.3%
Age																
0 to 15	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	38	34.2%	38	0.5%
16 to 25	378	11.5%	137	14.3%	63	8.1%	27	10.0%	28	10.5%	108	7.9%	42	37.8%	783	11.1%
26 to 59	2,710	82.3%	743	77.4%	684	87.9%	225	83.3%	222	83.5%	1137	83.0%	23	20.7%	5744	81.5%
60 and Over	204	6.2%	80	8.3%	31	4.0%	18	6.7%	16	6.0%	125	9.1%	2	1.8%	476	6.8%
Unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	6	5.4%	6	0.1%
Hispanic/ Latino Origin																
No	2,070	62.9%	833	86.8%	642	82.5%	179	66.3%	168	63.2%	1072	78.2%	60	54.1%	5,024	71.3%
Yes	334	10.1%	106	11.0%	106	13.6%	22	8.1%	26	9.8%	181	13.2%	28	25.2%	803	11.4%
Unknown/ Not Reported	888	27.0%	21	2.2%	30	3.9%	69	25.6%	72	27.1%	117	8.5%	23	20.7%	1220	17.3%
Race																
White	1210	36.8%	523	54.5%	357	45.9%	63	23.3%	105	39.5%	655	47.8%	50	45.0%	2,963	42.0%
Black	492	14.9%	206	21.5%	259	33.3%	36	13.3%	59	22.2%	352	25.7%	11	9.9%	1,415	20.1%
Asian/PI	365	11.1%	73	7.6%	24	3.1%	72	26.7%	14	5.3%	79	5.8%	9	8.1%	636	9.0%
American Indian	44	1.3%	12	1.3%	20	2.6%	3	1.1%	3	1.1%	37	2.7%	2	1.8%	121	1.7%
Multi-Race	59	1.8%	12	1.3%	16	2.1%	5	1.9%	3	1.1%	10	0.7%	9	8.1%	114	1.6%
Other Race	304	9.2%	113	11.8%	88	11.3%	22	8.1%	16	6.0%	165	12.0%	19	17.1%	727	10.3%
Unknown/ Not Reported	818	24.8%	21	2.2%	14	1.8%	69	25.6%	66	24.8%	72	5.3%	11	9.9%	1071	15.2%
Primary Language																
English	2,730	82.9%	892	92.9%	769	98.8%	177	65.6%	240	90.2%	1,247	91.0%	0	0.0%	6,055	85.9%
Other	348	10.6%	51	5.3%	4	0.5%	82	30.4%	8	3.0%	74	5.4%	94	84.7%	661	9.4%
Spanish	75	2.3%	15	1.6%	2	0.3%	3	1.1%	6	2.3%	16	1.2%	12	10.8%	129	1.8%
Unknown/ Not Reported	139	4.2%	2	0.2%	3	0.4%	8	3.0%	12	4.5%	33	2.4%	5	4.5%	202	2.9%

*Only inclusive of clients receiving medication supports at the Wellness and Recovery Centers

NOTE - There were 6,428 unduplicated clients served across all programs. The sum of clients served in programs is greater than the number of unduplicated clients as some clients were served in more than one program.

MHSA Housing Program Accomplishments

Since the inception of MHSA planning, housing for homeless people with mental illness has been a high priority. Financing and building affordable housing takes years to accomplish at the project level. Typically, it takes a few years to identify a site, meet local planning requirements related to building or remodeling properties, and secure funding sources. This time is followed by the construction period and, finally, occupancy. Affordable housing units are restricted to tenants who meet MHSA eligibility using the local one-time set-aside of MHSA funding and/or county MHSA dollars administered by the California Housing Finance Agency (CalHFA). In total, these two funds were more than $16 million.

More than 90% of these funds have been awarded, leveraging over $130 million of federal, state, and local housing dollars to finance hundreds of apartments, of which 161 are currently dedicated to MHSA tenants. These apartments are financed for 20 years, so that low-income tenants will pay 30% of their income for rent for the life of these properties.

In addition to the newly built and remodeled units, the MHSA housing program also uses rental subsidies and community partnerships to provide an additional 425 housing units throughout the community. Finally, a carefully designed system for assessing and housing homeless with mental illness includes interim housing and unsubsidized units in the community.

As a result of efforts to date, approximately 660 households, with a total of about 760 homeless persons with mental illness, are housed thanks to MHSA funding in Sacramento. Efforts to create more housing opportunities are underway.

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.

In January 2014, the Division submitted a grant proposal to the California Health Facilities Financing Authority (CHFFA) in response to SB82, "Investment in Mental Health Wellness Act of 2013." The proposal included a request for capital and personnel funding for the implementation of two Mobile Crisis Support Teams (MCSTs). The Division received a grant award in April 2014 for the implementation of the MCSTs. Unfortunately the grant award does not cover all of the costs associated with the MCSTs. On May 15, 2014 the MHSA Steering Committee approved up to $275,000 annually in Prevention and Early Intervention (PEI) Component funding to fund the costs not covered by the grant. The MCSTs are included as a new program in the PEI Suicide Prevention Program section of this Three-Year Plan.

Suicide Prevention Program
Capacity: 11,700 annually
Ages Served: Children, TAY, Adults, Older Adults

The Suicide Prevention Program consists of six components:

Crisis Line, administered by WellSpace Health: 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. The Crisis Line also participates with the California Mental Health Services Authority (CalMHSA) Statewide PEI Projects network of crisis lines.

Postvention Counseling Services, administered by Wellspace Health: Brief individual and group counseling services available to individuals and/or families dealing with recent bereavement due to loss by suicide. As part of a pilot project beginning in 2012, this program worked directly with Sutter Hospital Emergency Room doing follow-up calls to individuals that had attempted suicide. Due to the success of this pilot, WellSpace is now being considered a national model for Emergency Department follow-up by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is participating in a Columbia University study on postvention.

Postvention - Suicide Bereavement Support Groups and Grief Services, administered by Friends for Survival: Staff and volunteers directly impacted by suicide provide support groups and services designed to encourage healing for those coping with a loss by suicide.

Supporting Community Connections (SCC): A constellation of community based agencies working collaboratively throughout the County to provide culturally and linguistically appropriate support services designed to reduce isolation and decrease the risk of suicide. Supporting Community Connections targets nine communities/populations:

◊ Consumer-Operated Warm Line: Administered by Mental Health America of Northern California (MHANCA), this service is open to all (age 18+) including consumers, family members and friends. Services include information and referral, walk-in support groups and WRAP (Wellness Action Recovery Plan) groups, as well as volunteer training to assist with Warm Line calls.

◊ Hmong, Vietnamese, Cantonese-Speaking communities: Administered by Asian Pacific Community Counseling (APCC), this program continues to provide services focused on suicide prevention by addressing cultural related risk factors to Hmong, Vietnamese, and Cantonese-speaking communities across the life span. The program identified risk factors in each community that increase the likelihood of suicidal thoughts, feelings or behaviors. These risk factors include isolation; feelings of geographic and social marginalization; and loss of personal worth related to being disconnected from families. The widening generation gap that is influenced by acculturation rates and other factors can further impact these feelings and experiences. Recognizing that older adults in targeted communities have higher risk for suicide, the APCC SCC program staff continues to engage older adults in activities and social groups to increase social connectedness to decrease isolation. Engagement with younger adults and families with younger children have been an effective means for SCC program staff to expand knowledge of and share information about mental illness and suicide with adults, school-age students and transitional age youth in academic and non-academic settings. Efforts related to suicide prevention include facilitating workshops on mental health and decreasing risk factors of suicide.

Success: Participant satisfaction
In order to seek feedback from the culturally diverse communities they serve, a satisfaction survey was conducted during the third year of the Supporting Community Connections (SCC) Program. While participants are satisfied in all domains, the domains with the highest satisfaction were "Cultural sensitivity" and "Enhanced connectedness and reduced isolation."

◊ Slavic/Russian-Speaking: Administered by Slavic Assistance Center, this program provides community workshops/forums for youth, adults and seniors to increase social connectedness, reduce isolation, and develop positive social skills. The program utilizes Russian language newspaper and radio programming to educate the Russian-speaking community about suicide prevention and emotional wellness. Program staff works closely with faith community networks to provide SafeTalk training and other workshops in their communities about emotional wellness and suicide prevention.

◊ Youth/Transition Age Youth: Administered by Children's Receiving Home, services are targeted towards individuals from ages 12 years through 25 with an emphasis on the cultural and specific needs of LGBTQ, foster and homeless youth. Services range from outreach and engagement activities to promote and support community connections and

Success: Suicide Prevention
A young adult reached out via email after seeing a post written on the Children's Receiving Home SCC Facebook page. She wrote that after a close friend of hers had passed away, she was feeling sad and alone. In the past, she had exhibited self-harm behaviors and expressed suicidal ideation. She was at a significantly higher risk for suicide. The staff met with her to talk. After a period of reengaging, discussing depression and warning signs of suicide, a safety plan was created. She was then connected to counseling centers and given the National Suicide Prevention Lifeline and California Youth Crisis Line contact information to put into her cell phone. She left smiling, loaded with resources, and knowing that SCC was available for continued help and support.

improve access to mental health through support services that will address suicide prevention. These services may include individual and group support services.

◊ Older Adult: Administered by MHANCA, this program provides phone support and outreach to older adults, with a focus on underserved non-English speaking older adults; a peer counseling component matches isolated, depressed older adults with trained volunteers for companionship; three support groups are in operation including a Russian-speaking group. Volunteer training is offered every other month.

◊ African American: Administered by G.O.A.L.S. for Women, this program provides culturally informed support services across the life span known as Kitchen Table Talks (KTT) and Just Like Sunday Dinners within the African American community. During FY 14/15, the program will begin training community members who wish to become KTT facilitators. Program staff work with faith community leaders and provide culturally sensitive African American suicide prevention training to better support their members around suicide prevention.

◊ Native American: Administered by California Rural Indian Health Board (CRIHB), this program provides Native culture-based training to Native American community members across the life span about suicide prevention, including the Native Wellness Institute Healthy Relationships training and Native HOPE Training of Trainer program. The program also provides ASIST and SafeTalk training to Native community members. Native based suicide prevention promotional materials were developed based on community input and are being used to promote the program and educate the community. The incorporation of traditional Native healing practices and ceremony is an integral part of this program.

◊ Latino/Spanish-Speaking: Administered by La Familia Counseling Center (LFCC), this program conducts outreach and provides support services across the life span throughout Sacramento County, including Latino communities in remote rural regions that are typically underserved. Agency staff has been trained in ASIST and Mental Health First Aid (MHFA) in order to provide information, referrals and phone support to callers in need of suicide prevention support. LFCC provides MHFA training in Spanish to the Latino/Spanish speaking community. Tu y Yo is a mother daughter group that encourages healthy communication between mother and daughter (a protective factor for Latinas at high risk for suicide). Parents of Teens, a curriculum that is an evidence-based practice and has been adapted to improve communication between Latino parents and teens is also being used. LFCC provides education and information on a regular basis at the Mexican Consulate to enhance the community's knowledge of suicide prevention.

◊ Campus Connections: Administered by CSU Sacramento, is a Suicide Awareness and Prevention program for faculty and students on campus. Information about suicide is provided through ASIST trainings, classroom presentations and other campus outreach activities.

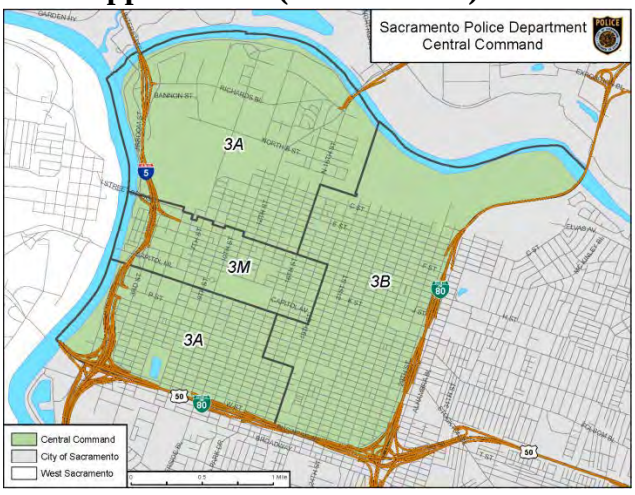
These community based agencies together form the Supporting Community Connections Collaborative which allows for referral exchanges and cross training.

Community Support Team (CST) is administered jointly by DBHS and Crossroads Vocational Services: The Community Support Team is a collaboration with 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.

NEW PROGRAM:
Resulting from a partial funding award from CHFFA and support from the MHSA Steering Committee, two **Mobile Crisis Support Teams (MCST)** will be implemented in partnership with the Sacramento Police Department (SPD) and Sacramento County Sheriff's Department (SSD) in FY 2014-15.

The MCSTs will provide timely crisis intervention and assessment when an individual experiencing a mental health crisis comes to the attention of law enforcement. The crisis response, support, and linkage to services will continue until the client is stabilized and appropriate community resource linkages are established. Teams will collaborate with the CST, Triage/Peer Navigator Team (program will be implemented in FY 2015-16), Downtown Sacramento Partnership (DSP), SPD's Homeless Detail, local hospital emergency departments (EDs) to coordinate services, share information and resources. The Teams will be included in SPD and SSD's "roll call" where law enforcement officers meet for daily briefings and announcements.

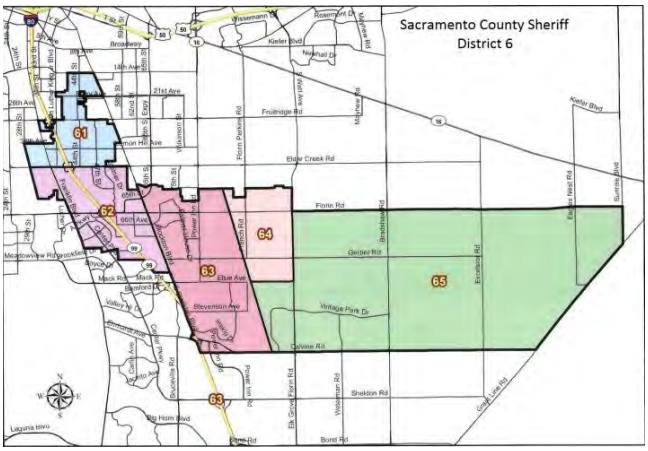
The **Sacramento Police Department Mobile Crisis Support Team (SPD - MCST)** will consist of a licensed mental health professional paired with a law enforcement officer. Together they will respond to calls from the "Central Command" area of Sacramento which includes the downtown corridor. The Central Command is a densely populated area noted for a high degree of police calls in response to "5150" or other mental health related issues.



The SPD - MCST consists of one SPD officer and one mental health clinician who will work together and operate from an unmarked SPD vehicle. This specialized team will respond to calls that come into dispatch from the Central Command area and are related to a mental health situation. Although the car will be unmarked, it will be customized to include a secure caged area which will allow for the possibility of a "courtesy transport" for individuals that may need or request to be transported to a service, home, hospital, or other location. SPD - MCST will also coordinate with the Triage/Peer Navigator Program staff, especially those sited

at the homeless services campus located within the Central Command to provide added levels of support and services.

The **Sacramento County Sheriff's Department Mobile Crisis Support Team (SSD - MCST),** responsible for law enforcement response within unincorporated areas of the county, will provide coverage to District 6 located in south Sacramento. In 2012, District 6 Sheriff responded to 533 "5150" calls and 1,988 welfare checks. Approximately one third of the welfare checks were mental health related. Because SSD will respond to a larger geographic area in a mostly suburban environment, the team will consist of a licensed mental health clinician and peer with lived experience who will meet law enforcement officers in the field.



In a separate vehicle, the SSD–MCST clinician/peer will respond to calls from dispatch or calls at the request of an officer already at the scene. After arriving, when law enforcement determines the scene is "safe", the clinician and peer will provide crisis intervention services. The officer will stay until s/he is no longer needed. They then are free to handle other calls. The law enforcement officer may not always be the same for each call.

Through these six components, Sacramento County is creating a system of suicide prevention and educating the community on suicide-risk and prevention strategies.

Strengthening Families Program
Capacity: 3,740 annually
Ages Served: Children, TAY, Adults, Older Adults

The Strengthening Families Program consists of five components:

The **Quality Child Care Collaborative (QCCC**) is a collaboration between DBHS, 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.

HEARTS for Kids is a collaboration between DBHS, Child Protective Services, and Public Health. This collaborative leverages First 5 funding to provide a comprehensive menu of services (health exams, assessments, referrals and treatment services) for children ages birth to five that come to the attention of CPS or are placed into protective custody.

The **Bullying Prevention Education and Training Program** is 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.

The program goals are to reduce youth at risk of violence and traumatic events and to increase school related successes. The measurable objectives are to increase school staff awareness of the negative effects of bullying, learn techniques to intervene early, collaboration, increase school attendance, develop best practices and policies, improve student perception of school safety, and reduce the incidences of bullying.

Success: Galt High School
Students held a Unity Day – Unite Against Bullying Campaign in concert with the National Bullying Prevention Center's campaign. Classroom discussed how the schools can unite to create a safer school culture for all students. Several activities were implemented such as "project connect" where students wrote messages on strips of paper which were then linked to create one long paper chain as a visual representation of uniting for a common cause.

Success: Sacramento City Unified School District
Sites have all begun the Steps to Respect evidence based program in grades 3 thru 6. All sites have other robust components of their bullying prevention program including buddy classes, mentoring programs, girls and boys circles and class meetings. Many sites have also addressed the bullying prevention topic and provided education for parents at back-to-school nights and parent/teacher conferences. One site hosted a "kindness booster" assembly to help students learn about and recall strategies for being kind to others. Several sites hosted Bulldogs Reaching Out assemblies, where high school students came and spoke about healthy bodies and healthy relationships. One site is showing monthly social skills videos to kindergarten through third grade students to help incorporate the bullying prevention program into the lower grades. Another site has had good success with staff taking a more active role in reinforcing positive student behaviors and friendship-making skills. An expansion site has had good success with implementing consistent incident reporting procedures.

Success: River Delta Unified School District
River Delta Unified School District is implementing the evidence based anti-bullying curriculum, Second Step, and has expanded from one demonstration school site in May 2012 to all district elementary schools. Staff has noted a decrease in student referrals to administration, which they attribute in part, to the successful implementation of the program. In addition, sixth grade suspension rates have decreased dramatically as Second Step is being taught and teachers report observing students utilizing the skills and vocabulary learned when dealing with bullying. Several assemblies regarding bullying/cyberbullying prevention at both high schools in the district have occurred as a way to incorporate the program in secondary education and include whole school participation.

Early Violence Intervention Begins with Education (eVIBE) is 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.

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

Success: Working Together
A group of 6th grade boys was referred to the eVIBE program. They all had exhibited negative behaviors that brought them to the attention of school administrators and counselors. Initially the boys were disruptive and did not seem interested in any shared communication. The program staff engaged the youth by creating a safe and welcoming environment to build trust and open the doors to communication. As the weeks passed and the subsequent lessons were taught, the group started to work together as a team. The encouraged blending of different cultures, ethnicities, and lifestyles formed a close-knit group of shared experiences. The youth looked at each other, not in terms of differences, but similarities, stating "we may not look alike, but we are working together to make this work." In the end, with smiles on their faces, they shared their future dreams and goals.

Independent Living Program (ILP) 2.0 is a collaboration with Child Protective Services to expand the Independent Living Program to non-foster, homeless, and LGBTQ youth ages sixteen (16) to twenty-five (25) to gain positive, proactive, successful life skills either through a classroom setting or through individual life skills counseling. Services are administered by Twin Rivers Unified School District, Sacramento City Unified School District, Elk Grove Unified School District, and San Juan Unified School District on school campuses and in the community.

Integrated Health and Wellness Program
Capacity: 13,900 annually
Ages Served: Children, TAY, Adults, Older Adults

The Integrated Health and Wellness Program consists of three components:

SacEDAPT (Early Diagnosis and Preventative Treatment), administered by UC Davis, Department of Psychiatry, focuses on early onset of psychosis for those age twelve (12) to twenty-six (26). 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.

SeniorLink, administered by El Hogar, 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 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.

Screening, Assessment and Brief Treatment: This program, fully implemented in fiscal year 2013-14, is administered by five Federally Qualified Health Centers. The purpose of this program is to integrate medical and behavioral health services in a community health care setting.

Each of the clinics use the Patient Health Questionnaire to screen clients for depression. If the screen indicates a mental health need, the individual is assessed for further treatment. Services can include: (1) screening and assessment in a primary care clinic setting designed to increase early detection and treatment of depression, anxiety, substance use/abuse and symptoms related to trauma; (2) brief treatment when clinically indicated; (3) case management and follow-up care; and (4) linkages to individual counseling, support groups and other kinds of supports.

Due to the implementation of the Affordable Health Care Act and changes in Medi-Cal, this program may evolve over time, however initially it has allowed these five FQHC's to begin to change the culture of their clinics and address the much needed mental health aspects of service.

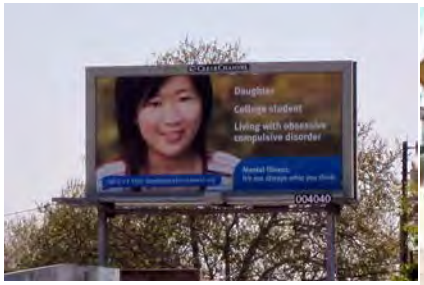
Mental Health Promotion Project
Capacity: 500,000 (estimated community members touched by project)
Ages Served: Children, TAY, Adults, Older Adults

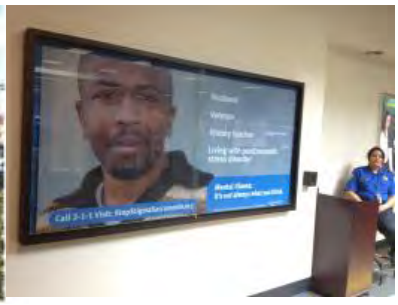
The Mental Health Promotion Project is designed to increase community awareness about mental health issues and reduce stigma and discrimination toward individuals and families living with mental illness. The project has multiple components as described below.

"Mental Illness: It's not always what you think" Project:
Since June of 2011, the Division of Behavioral Health Services (DHHS/DBHS), in partnership with Daniel J. Edelman Company 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. 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.

Project contact card:

(1) **Multi-media outreach**: advertising placements including TV, radio, online, billboards, gas toppers, and bus shelters from January to June 2013 garnered more than 100 million impressions. Some examples of materials include:



(2) **Social media**: a microsite (www.StopStigmaSacramento.org), Facebook and Twitter pages were updated regularly. In year two (July 2012 through June 2013):

- The Facebook page received 1,900 likes, up from 251 likes from the previous year
- The Twitter account had 77 followers, up from 29 followers the previous year
- 151 people submitted their email address through the site to receive project updates, up from 63 people in the previous year.
- The site also offers the opportunity for individuals to submit their personal stories. Four new personal stories were submitted in the last year, and seven stories have been submitted to date.

(3) **Stakeholder Engagement**: One hundred and seven organizations confirmed their willingness to participate and be official partners for the project. To help ensure that stakeholders have a chance to participate and provide as much feedback as possible; the project team has sent out the following requests for input:

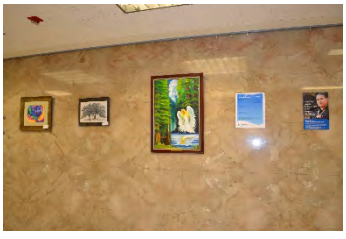
- Request for Mental Health Champion nominations
- Request for personal stories
- Request for participants in a video PSA contest
- Request for Stop Stigma Sacramento Speaker's Bureau participants
- Requests for artwork and help in promoting the May activities

(4) **Collateral Material**: Program materials, including brochure, tip cards and posters, were offered to stakeholders and other interested community members to distribute at provider sites and community events. To date, approximately 100,000 pieces of collateral material have been distributed to stakeholder groups and at events.

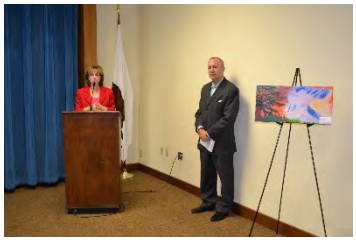
(5) Community Outreach Events:

Art Displays (May 2013)

Two art displays, a rotating display in the lobby of the Sacramento County Administration promoted the campaign in May and a week-long display outside the Governor's Office at the Capitol, created awareness of the project.



Breakfast Reception at State Capitol (May 14, 2013)
In honor of May is Mental Health Month, project partners were invited to attend a breakfast reception in the Governor's Office Council Room. Senate President pro Tem Darrell Steinberg and DHHS Director, Dr. Sherri Heller, shared brief remarks and recognized the successes of this program.



Mental Health Champions
This project activity is meant to recognize the individuals and organizations that contribute to furthering mental health services and reducing stigma and discrimination throughout the county. Additionally the program also works to engage familiar and new partners and stakeholders, and invites their participation in other aspects of the project. Throughout the duration of the project, we are inviting the Sacramento County community to submit nominations to honor people or organizations that meet at least one of the following criteria:

- Those who reduce stigma experienced by people with mental illness
- Those who provide support or treatment to people with mental illness
- Those who advocate for issues related to mental health
- Those who advance knowledge in the area of mental illness and mental health research

In fiscal year 2011-2012, the project honored 23 Mental Health Champions at four separate venues and events.

Youth Public Service Announcement (PSA) Contest
In year two, the project further developed and hosted a youth PSA contest for students 13-21 to encourage open positive conversations about mental health among peers. The team developed an outreach flier and conducted targeted outreach to video production clubs and classes. There were seven total entries received, but one was disqualified for not meeting basic requirements. A panel of youth advocates and key project stakeholders judged each entry using a one to five scale on four categories: ability to motivate change, creativity, message development and production quality. The top three videos were then presented for a public vote. During the voting period, the team conducted stakeholder, community and media outreach to increase traffic to the voting platform and awareness for the project. The winning PSA video was aired on local TV stations throughout the month of May during high viewership shows including Glee, Dancing with the Stars, The Bachelorette and Dr. Oz.

(6) Stop Stigma Sacramento Speakers Bureau: Sacramento County's Division of Public Health continues to coordinate a speaker's bureau in year two of this project. During year two, five (5) Orientation and Training sessions were held, during which 30 community members were trained to be speakers. At the close of year 2, the Stop Stigma Sacramento Speakers Bureau has a membership of 46 speakers, of which 27 were actively speaking or prepared to speak.

Practice sessions became an integral part of the Speakers Bureau. New speakers were asked to attend a minimum of two practice sessions before speaking. Practice sessions allowed speakers to practice and develop their presentations, meet other speakers, and provide

support and feedback to one another. Practice sessions also allowed project staff to preview and shape speaker presentation content to assure that it was consistent with the project goals and content guidelines. Increasingly, the practice sessions began to serve as a source of support and connection to the project, and have fostered supportive relationships among members.

In year two of the project, Stop Stigma Sacramento Speakers Bureau speakers shared their personal stories at 46 events with a total audience attendance of 1,469 individuals. In high school settings, school counseling staff are also invited to attend the scheduled presentations.

The following table details the Speakers Bureau speaking events for year two:

Stop Stigma Sacramento Speakers Bureau Speaking Events Year 2

	Date	Site/Event	# Speakers	# in Audience
1	10.09.12	Sac State: Day Without Stigma	1	75
2	10.11.12	Rotary Club of Laguna Sunrise	1	15
3	10.11.12	Rotary Club of Elk Grove	1	15
4	10.16.12	Health Professions H.S.	3	105
5	10.16.12	DMV: Disability Advisory Committee	1	15
6	10.22.12	Northgate Point RST	1	12
7	10.25.12	Crisis Residential	3	15
8	11.16.12	Inderkum H.S.: Health Classes	5	173
9	11.17.12	National Council of Negro Women	1	15
10	02.28.13	SCOE: Health & Wellness Collaborative	1	30
11	03.15.13	Natomas High School	9	110
12	03.15.13	Health Professions High School	2	40
13	04.04.13	Sac State: Out of the Darkness	1	200
14	04.10.13	Sacramento START: Community Connections	3	40
15	04.12.13	A New State of Mind promo/mock press release	1	400
16	04.26.13	Inderkum High School Health Classes	7	175
17	05.16.13	Secretary of State DAC	2	14
18	05.15.13	MHSA Steering Committee	2	45
19	05.31.13	Stop Stigma Sacramento: Orientation	1	5
	Total		**46**	**1469**

The Stop Stigma Sacramento speakers have been well received, and speaker evaluations are completed for each event. All audience evaluations are entered into a database, which allows Public Health staff to assess the potential impact of the project and individual speakers, address any training needs and share tangible findings. The emotional content of speaker subject matter means that audience members can become triggered or emotional. During the Orientation and Training, speakers are given training and resources to address this with

audience members. As well, a project resource card was developed for the speakers to hand out, which offers phone numbers for mental health resources and crisis support services.

This card is distributed to recruit potential Speakers:

PEI Administration and Program Support

DBHS provides administration and program support associated with on-going community planning, as well as implementation, training, consultation, and monitoring of the PEI programs and activities.

PEI IMPLEMENTATION PROGRESS DATA - FISCAL YEAR 2012-13

	Senior Link		eVIBE		ILP 2.0	
	universal prevention estimates and # of served individuals	# of Served Individuals only	universal prevention estimates and # of served individuals	# of served individuals only	universal prevention estimates and # of served individuals	# of served individuals only
Age Group						
Child and Youth	0	0	NA	1389	NA	48
Transition Age Youth	0	0	NA	86	NA	467
Adult	0	0	NA	145	NA	0
Older Adult	184	77	NA	7	NA	0
Unknown/Not Reported	0	0	NA	132	NA	160
Race/Ethnicity					NA	
White	69	18	NA	324		106
African American	49	18	NA	186	NA	197
Asian	17	1	NA	70	NA	15
Pacific Islander	4	3	NA	6	NA	2
Native	3	2	NA	19	NA	3
Hispanic	19	16	NA	527	NA	110
Multi	0	0	NA	305	NA	69
Other	19	4	NA	80	NA	0
Unknown/Not Reported	4	15	NA	242	NA	173
Primary Language					NA	
Spanish	2	8	NA	284		5
Vietnamese	0	0	NA	0	NA	0
Cantonese	1	0	NA	1	NA	0
Mandarin	1	0	NA	0	NA	0
Tagalog	1	0	NA	1	NA	0
Cambodian	0	0	NA	0	NA	0
Hmong	12	0	NA	1	NA	2
Russian	5	0	NA	15	NA	0
Farsi	0	0	NA	1	NA	0
Arabic	0	0	NA	3	NA	0
Other	160	55	NA	1298	NA	482
Unknown/Not Reported	2	14	NA	155	NA	186

NA=Not Applicable

PEI IMPLEMENTATION PROGRESS DATA - FISCAL YEAR 2012-13 (continued)

	Quality Childcare Collaborative		Supporting Community Connections		HEARTS for Kids	
	universal prevention estimates and # of served individuals	# of served individuals only	universal prevention estimates and # of served individuals	# of served individuals only	universal prevention estimates and # of served individuals	# of served individuals only
Age Group						
Child and Youth	1,646	74	2,057	192	0	431
Transition Age Youth	0	0	1,744	365	0	0
Adult	0	0	4,269	723	0	0
Older Adult	0	0	2,528	516	0	0
Unknown/Not Reported	0	0	1,422	473	0	0
Race/Ethnicity						
White	NR	NR	1,061	949	0	99
African American	NR	NR	843	231	0	127
Asian	NR	NR	4,195	418	0	25
Pacific Islander	NR	NR				
Native	NR	NR	178	6	0	5
Hispanic	NR	NR	1,054	558	0	88
Multi	NR	NR	444	19	0	17
Other	NR	NR	161	12	0	2
Unknown/Not Reported	NR	NR	687	76	0	68
Primary Language						
Spanish	NR	NR	NR	415	NR	NR
Vietnamese	NR	NR	NR	120	NR	NR
Cantonese	NR	NR	NR	66	NR	NR
Mandarin	NR	NR	NR	3	NR	NR
Tagalog	NR	NR	NR	0	NR	NR
Cambodian	NR	NR	NR	0	NR	NR
Hmong	NR	NR	NR	174	NR	NR
Russian	NR	NR	NR	182	NR	NR
Farsi	NR	NR	NR	0	NR	NR
Arabic	NR	NR	NR	0	NR	NR
Other	NR	NR	NR	4	NR	NR
Unknown/Not Reported	NR	NR	NR	87	NR	NR

NR=Not reported

WORKFORCE EDUCATION AND TRAINING (WET) COMPONENT

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 that are implemented or in advanced stages of planning.

The Sacramento County Workforce Needs Assessment, which was used to help inform the development of the WET Plan, was completed in 2007 as part of the Workforce Education and Training (WET) Component planning process. In 2010, as part of the annual Cultural Competence Plan (CCP), a human resources survey and report was completed that provided an overview of human resources system-wide. DBHS was advised by the state Department of Health Care Services (DHCS) that they would be releasing updated CCP requirements that would impact the annual Sacramento County Human Resources Survey/MHSA Workforce Assessment. We anticipated release of the CCP requirements before the end of 2014. While we did not receive notice of the new requirements by December 31, 2014, we have been assured that they will be released soon. As soon as they are released, DBHS will tailor a new human resources survey document to provide data on the entire mental health system, including an updated assessment of resources and needs based on the current job market indicators.

The WET Component consists of eight (8) previously approved Actions:

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; twice monthly WET Coordinator Conference Calls; and the WET Central Region Partnership, including the Transitional Age Youth (TAY) Workgroup, Training Sub-Committee, and the Community College Workgroup. The WET Coordinator will continue to assist in the evaluation of WET plan implementation and effectiveness; coordinate efforts with other MHSA and Division/Department efforts; and participate in the implementation of WET Actions.

Action 2: System Training Continuum

This Action expands the training capacity of mental health staff, system partners, consumers, and family members through a Training Partnership Team, Train the Trainer models, and training delivery. A Crisis Responder Training Workgroup was established in 2010 as the first Training Partnership Team and resulted in the development of a 2 hour mental health training education program that trained Sacramento City Police Department (SPD) and Citrus Heights Police officers and supervisors. Additionally, the training program was updated in 2012 and now meets Police Officer Standards and Training (POST) certification requirements. In 2011 Sacramento County Sheriff's Department requested that the training be part of their 2012/2013 and 2013/2014 Advanced Officer Training (AOT) schedule. During that time 92 training sessions were provided to all deputies and Sheriff Office staff who were required to attend AOT. Plans

are underway to formally extend the training to other local law enforcement agencies that have expressed interest as resources are available.

Mental Health First Aid (MHFA) is another training that is provided to our community and system partners as part of the System Training Continuum. The initial training of local instructors was sponsored by the MHSA Central Region Partnership Workforce, Education, and Training's (CRPWET) strategic effort in 2010. Since then Sacramento DBHS has continued to leverage CRPWET funds to expand the trainer pool and uses local WET funds to provide training opportunities for 52+ sessions at no charge to the participants. Some of those sessions were provided to specialty groups (i.e., Sacramento Employment and Training Agency (SETA), Head Start, church and community organizations, etc.) but the majority of them were open to system partners and the general public, including those with lived experience. Participants in the general public courses included but were not limited to: Mental Health Board members, educators (both elementary and higher education), clergy, students in behavioral health programs, staff from supported housing providers, staff from supported employment sites, staff from local regional transit, probation officers, staff from both state and local government agencies that work with individuals who have mental health conditions, peer organizations, family members and others with lived experience. In 2014 we were able to add Youth Mental Health First Aid instructors and will include both general public sessions as well as language/cultural specific sessions as part of the MHP and partner training schedule.

An example of the expanded Youth Mental Health First Aid (YMHFA) effort is a project initiated in 2014 that is funded through Action 2 and administered by the Sacramento County Office of Education. The YMHFA is designed to educate teachers, school staff, and caregivers on how to help adolescents ages 12-18 who "are experiencing mental health or addiction challenges or crisis." The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including ADHD), and eating disorders." A training for master trainers will train between 25 to 30 school district staff that will then provide ongoing certified training to other teachers, school staff, and caregivers.

Through our established relationship with California State University, Sacramento (CSUS), two professors in the CSUS Social Work Department participated in the WET Community Planning Process several years ago and have participated at various points in other MHSA planning processes. DBHS staff members have been invited to speak to graduate students who are recipients of the MHSA Stipend Program in the University's Social Work Department. In 2013, a DBHS senior manager presented to the students addressing the importance of documentation in the public mental health system and continues to be available as a resource for consultation. This training provides a valuable connection between field placements in public mental health settings and daily operations and service requirements. This training also provides examples of services provided and how to write a progress note that is in compliance with federal, state and county guidelines and in alignment with the wellness and recovery principles of MHSA. The information provides students with unique insight into Sacramento County's mental health system and addresses a gap in student training, as this information is not adequately addressed in typical graduate school curriculum.

In addition to the training efforts described above, DBHS has provided scholarships and/or support for more than 260 behavioral health staff, system partners and persons with lived mental health experience and other mental health stakeholders to attend thirty-six behavioral health related trainings in Fiscal Year 2013-14.

Action 3: Office of Consumer and Family Member Employment

This Action was designed to develop entry and supportive employment opportunities for consumers, family members and individuals from Sacramento's culturally and linguistically diverse communities to address occupational shortages identified in the Workforce Needs Assessment.

Due to budget reductions and lack of employment opportunities from 2008-2013, implementation of this Action was delayed. While employment was challenging across the state during this period, Sacramento County ranked second for the highest unemployment in the state. Improved job market conditions, current job market indicators and data from the upcoming 2014/2015 Sacramento County Human Resources Survey/MHSA Workforce Assessment will inform and guide planning and implementation of this Action.

During the period from 2008 to present, efforts to train existing Consumers, Family Members, and Caregivers to ensure successful service delivery and employment have taken place through other initiatives and partnerships including leveraging funding from the Central Region Partnership and state agencies to provide training opportunities for persons with lived experience from diverse communities. Successful strategies developed from these efforts will be used as we move forward to full implementation of this Action.

Action 4: High School Training

Through this Action, a pilot behavioral health curriculum was developed in fiscal year 2013-14. The pilot curriculum was built upon a foundation developed through partnerships between Mental Health Plan providers and the Cultural Competence Committee, including community partners and other interested stakeholders. The curriculum focuses on introducing behavioral health to high school youth (9th through 12th grade) during the time they are typically considering career opportunities. Additional areas of focus include, but are not be limited to, addressing issues of stigma and discrimination toward individuals and family members living with mental illness; increasing understanding of mental health issues from diverse racial and ethnic perspectives; exploring mental health issues across age groups; exploring the various career opportunities in public mental health; and other areas. Additionally, students were surveyed and analysis of data from this effort will be used to modify the 2014/15 curriculum. Sacramento County serves on the Community Advisory Committee and advises on student projects related to mental health and cultural competence delivery in healthcare services. Sacramento County works with the selected schools with on-the-job training, mentoring, existing Regional Opportunity Programs (ROP), and experiential learning opportunities for public high school youth possibly

Students from Arthur A. Benjamin Health Professions High School participate in mental health event at the Capitol

interested in learning more about mental health and public mental health as a health career option.

DBHS expanded this action during fiscal year 2014-15 by partnering with an additional high school that has an existing health-oriented career pathway. Both of these high schools have culturally and linguistically diverse student bodies. Partnering with both high schools and their feeder schools will assist DBHS in our goal to recruit diverse staff who are reflective of the cultural and linguistic make-up of the community.

Action 5: Psychiatric Residents and Fellowships

This Action was implemented in fiscal year 2011-12 and continues to be administered through a partnership with UC Davis, Department of Psychiatry. Through this action, psychiatrists are placed in public/community mental health settings to assist in primary care collaboration through consultation and education on mental health/primary healthcare integration. Additionally, residents, fellows, and other team members continue to receive in-service trainings on wellness and recovery principles, culture competence including consumer movement and client culture, and an integrated service delivery system. Targeted activities to understand mental health programming and promote holistic services while coordinating services with the primary care needs of consumers are a part of this integrated service delivery experience.

In FY2014-15 residents and fellows will be involved in Cultural Competence Foundational Training Utilizing the California Brief Multi-cultural Competence Scale (CBMCS) training and the Use of Interpreters in a Mental Health Setting for Mental Health Providers training specifically tailored to their needs.

Action 6: Multidisciplinary Seminar

This Action increases the number of psychiatrists and other non-licensed and licensed practitioners working in community mental health that are trained in the recovery and resiliency and integrated service models; improves retention rates; supports professional wellness by addressing work stressors and burn-out; and improves quality of care.

Implementation of this Action was delayed due to budget reductions and the focus on billable services. We recognize this is an important strategy and have sent staff to training that supports them in the delivery of effective mental health services. Given clear indicators that the economy is stabilizing, DBHS is assessing the design of the program in light of current market trends and available resources and is moving towards formal implementation of this Action.

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. Educational opportunities include, but are not limited to: the California Association of Social Rehabilitation Association (CASRA) social rehabilitation certificate and certification in group facilitation. During FY2014-15, Sacramento County leveraged Central Region Partnership funds to pay for five on-line Human Services courses using CASRA curriculum at two community

colleges for individuals with lived experience. At the completion of their coursework, the students will be able to advance to the next level, eventually leading to CASRA certification.

Additionally Sacramento County continues to provide funding support for individuals with lived experience from diverse cultures to attend trainings/conferences that offer leadership training. Sacramento County is also exploring other strategies to further implement this Action to address logistics that are challenging for the county to manage. The county will continue to work with diverse stakeholders to determine an array of leadership and training opportunities that would be beneficial for consumers and also establish fair and equitable selection criteria for the awarding of Stipends.

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

This Action supports efforts to develop a diverse, culturally sensitive and competent public mental health system by establishing a stipend fund to allow individuals to apply for stipends to participate in educational opportunities that will lead to employment in Sacramento County's mental health system.

Sacramento County is working with the Central Region Partnership Collaborative and other community partners to develop a Financial Incentives Pilot Project to potentially leverage county WET and Central Region funds.

INNOVATION COMPONENT

The Innovation Component provides time-limited funding for the sole purpose of developing and trying out new practices and/or approaches in the field of mental health. An Innovation project is defined as one that contributes to learning rather than focusing on providing a service. The DBHS Innovation Project is the **Respite Partnership Collaborative (RPC)** and spans 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 is using an administrative entity (Sierra Health Foundation: Center for Health Program Management) to implement the project to determine if a public/private endeavor will lead to new partnerships, increased efficiencies, and ultimately, improve services to our community members experiencing a crisis.

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

In the role of the Administrative Entity, Sierra Health Foundation (SHF) 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. The first round of funding in November 2012 awarded four respite programs a total of $394,137. Each of the programs was funded for a two year period. In September 2013, the second round of funding awarded $1.55 million dollars to three agencies for a two year period and in January 2015 the third and final Round of funding for $575,000 was awarded to four agencies for a 13 month period. An overview of all of the respite programs is provided in the grid below.

In FY 2014-15, all of the grant awards will have been distributed. The RPC will focus on the final phase and wind-down of the Respite Partnership Collaborative Project which includes evaluating the impact of the learning goals. In the early part of this project, an external evaluation was commissioned by the RPC. American Institutes for Research (AIR) was selected to be the Evaluator. AIR has been gathering data, conducting interviews and analyzing the collective parts of the project. The evaluation will be a major focus of the last year of the RPC Project. The Division looks forward to sharing evaluation findings as they become available.

In the coming months, the MHSA Steering Committee will review RPC funded respite programs for consideration of sustainability through other MHSA components. This review will be based on component funding requirements, as well as system needs.

Respite Partnership Collaborative Fact Sheet

Center for Health Program Management
Sierra Health Foundation

Respite Partnership Collaborative

Sacramento County

Respite Partnership Collaborative

The Respite Partnership Collaborative is a community-driven body of dedicated individuals working together on a Mental Health Services Act Innovation Project that supports respite programs as a way to respond to mental health crisis in the Sacramento Region.

The Respite Partnership Collaborative (RPC), formed in May 2012 to support the development and provision of respite services in Sacramento County, is a public-private partnership comprised of the County of Sacramento Division of Behavioral Health Services (DBHS), Sierra Health Foundation: Center for Health Program Management and community members who serve as members on the RPC. RPC members are volunteers who are committed to the mission of the project and represent a diverse cross-section of interests related to respite care in Sacramento County.

The RPC is comprised of up to 25 diverse stakeholders representing mental health consumers and family members, traditional and non-traditional service providers, cultural leaders, faith-based providers, and other subject matter experts. Members are selected through a competitive application process.

The essential purpose of this five-year project is to test whether a community-driven process, which includes decision-making and program design, will promote stronger interagency and community collaboration.

Sacramento County has a pressing need for a respite care facility to alleviate the overflow of adults with psychiatric issues at local emergency rooms.

John Buck, CEO
Turning Point Community Programs

Mission

The Respite Partnership Collaborative supports respite options to help reduce the need for psychiatric hospitalizations that could occur as a result of mental health crisis. The RPC awards funds for mental health respite services that meet certain criteria. To date, six programs have been funded to create a continuum of mental health respite services. In addition to the funding role, the RPC works to:

- Establish partnership and networking opportunities with other community resources and Mental Health Services Act (MHSA) programs
- Explore options for leveraging and sustainability of crisis respite
- Participate in RPC project evaluation

Respite Partnership Collaborative Fact Sheet (continued)

Funding

Financing for the RPC comes from Sacramento County's Mental Health Services Act (MHSA) Innovation component. MHSA, a state initiative passed by voters in 2004, provides funding to help counties transform mental health services across all age groups and addresses a broad continuum of prevention, early intervention, treatment and recovery needs. Innovation projects offer an opportunity to develop and test new mental health approaches and, therefore, primarily focus on learning rather than providing a service.

Innovation projects and funding are time-limited, and funds cannot be used to sustain the activities. Sustainability of respite programs demonstrating success will depend on the identification of future public/private funding opportunities. A comprehensive evaluation of the learning objective and the respite services is included in the project.

Innovation Project Partners

RPC Meetings

The RPC meets regularly at Sierra Health Foundation. The meetings are open to the public; however, a limited number of seats are available and must be reserved at least one week in advance. A meeting schedule, meeting documents, a public registration form and other materials are posted on the RPC web page at www.shfcenter.org/rpc.

Learn More

For more information about the Respite Partnership Collaborative, contact Program Officer Myel Jenkins at mjenkins@sierrahealth.org or (916) 922-4755 x3315.

Round 1 Respite Grant Awards		
Provider/Program	**FY2014-15 Grant Award**	**Respite Model**
Capital Adoptive Families Alliance (CAFA)	$30,090	Works to improve family stability by providing family respite camp for adoptive parents and their emotionally disturbed children, expanding peer support and developing children's social skills.
Del Oro Caregiver Resource Center	$80,895	Helps decrease hospitalizations due to mental health crisis of family caregivers of dementia patients by providing respite care and respite counseling, and helping caregivers develop skills and developing a care plan to help stabilize their situation.
Turning Point Community Programs Abiding Hope Respite House	$545,576	Helps decrease hospitalizations due to mental health crisis by providing residential and peer-directed respite services at *Abiding Hope Respite House*, a home-like environment for adults age 18 and older.
Iu-Mien Community Services	$70,705	Works to reduce mental health crisis in the Iu-Mien community by raising awareness of mental health issues through intergenerational respite support that is culturally and linguistically appropriate. Respite services support youth through older adults, with a crisis hotline as part of the services.

Round 2 Respite Grant Awards		
Provider/Program	**FY2014-15 Grant Award**	**Respite Model**
Saint John's Program for Real Change	$300,000	Works to de-escalate a mental health crisis for adult women by providing short-term respite and on-site support services and linkages to community services on site at the shelter.
TLCS, Inc. Crisis Respite Center	$1,000,000	Promotes stabilization for adults experiencing a mental health crisis by providing 24-hour/7 day-a-week mental health crisis respite services that can be accessed on a drop-in basis in a warm and supportive community-based setting.

Round 3 Respite Grant Awards – To be implemented in early 2015		
Provider/Program	**FY2014-15 Grant Award**	**Respite Model**
Youth/Transition Age Youth (TAY) Respite Awards		
Sacramento LGBT Community Center	$100,000	Will work to de-escalate mental health crisis for lesbian, gay, bisexual, transgender, queer, questioning and allied youth by providing short-term respite and drop-in support groups in a safe place.
Wind Youth Services	$350,000	Will work to reduce mental health crisis for youth between the ages of 13 to 25 who are homeless or at risk of being homeless by providing linkages to community services and peer-directed respite.
Unserved and Underserved Populations Respite Awards – Designed to meet the needs of adults (and the people who support them) who self-identify as lesbian, gay, bisexual, transgender, queer and questioning		
A Church For All	$75,000	Will work to de-escalate mental health crisis for adults by offering short-term peer-run drop in respite services in a safe space.
Gender Health Center	$75,000	Will work to promote stabilization for adults in crisis through neighborhood based drop-in respite services and supportive activities.
Sacramento LGBT Community Center	$75,000	Will work to promote stabilization for adults age 25 and older in crisis with drop in and planned respite in a supportive setting.

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

The **Capital Facilities (CF) Project Plan** was approved in July 2012. The project involves renovations and improvements to the county-owned complexes at 2130, 2140, 2150 Stockton Boulevard. The renovations and improvements of these complexes will allow for the co-location of the MHSA-funded Adult Psychiatric Support Services (APSS) and Peer Partner programs and consolidating its current two APSS program into one location.

Over the past year, the Department of General Services (DGS) and the County Architects developed a Scope of Work that incorporated the community feedback and the necessary Americans with Disabilities Act (ADA) requirements. The project budget was established and a contractor was selected to perform the renovations. Due to unanticipated delays, construction did not commence until December 2014. Project completion is anticipated in September 2015.

The **Technological Needs (TN)** Project consists of five phases over a five-year period which began in fiscal year 2010-11 to build the infrastructure necessary to meet Sacramento's goals of the Community Services and Supports Plan by improving integrated services that are client and family driven, meet the needs of target populations and are consistent with the recovery vision in Sacramento County. This project will also further the County's efforts in achieving the federal objectives of meaningful use of electronic health records to improve client care.

Sacramento County is currently in phase 4 of the SacHIE (Sacramento's Health Information Exchange) project. All of our County Operated providers and those contracted outpatient providers that have chosen to use the County's electronic health record are utilizing an electronic health record that allows for electronic requests and responses for mental health services, collection of client demographics, completion of assessments, progress notes, client plans as well as electronic prescribing of medications and claiming for services provided. Sacramento County anticipates the completion of Phase 4 in the last quarter of fiscal year 14-15. The County will then move into Phase 5 of the project which addresses Health Information Exchange/Personal Health Record implementation and expansion.

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: Sacramento Date: 1/11/15

	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 2014/15 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	44,040,678	15,072,508	5,842,128	4,238,268	11,326,325	
2. Estimated New FY2014/15 Funding	39,680,660	9,920,165	2,610,570			
3. Transfer in FY2014/15[a/]	0			0	0	
4. Access Local Prudent Reserve in FY2014/15	0	0				0
5. Estimated Available Funding for FY2014/15	83,721,338	24,992,673	8,452,698	4,238,268	11,326,325	
B. Estimated FY2014/15 MHSA Expenditures	42,691,312	9,607,357	3,643,183	2,242,964	4,502,451	
C. Estimated FY2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	41,030,026	15,385,316	4,809,515	1,995,304	6,823,874	
2. Estimated New FY2015/16 Funding	34,248,567	8,562,142	2,253,195			
3. Transfer in FY2015/16[a/]	0				0	
4. Access Local Prudent Reserve in FY2015/16	0	0				0
5. Estimated Available Funding for FY2015/16	75,278,593	23,947,458	7,062,710	1,995,304	6,823,874	
D. Estimated FY2015/16 Expenditures	42,691,312	9,607,357	2,311,815	1,000,000	2,603,364	
E. Estimated FY2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	32,587,281	14,340,101	4,750,895	995,304	4,220,510	
2. Estimated New FY2016/17 Funding	35,010,623	8,752,656	2,303,330			
3. Transfer in FY2016/17[a/]	0				0	
4. Access Local Prudent Reserve in FY2016/17	0					0
5. Estimated Available Funding for FY2016/17	67,597,904	23,092,757	7,054,225	995,304	4,220,510	
F. Estimated FY2016/17 Expenditures	42,691,312	9,607,357	2,492,580	995,304	2,441,416	
G. Estimated FY2016/17 Unspent Fund Balance	24,906,592	13,485,400	4,561,645	0	1,779,094	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2014	19,391,847
2. Contributions to the Local Prudent Reserve in FY 2014/15	0
3. Distributions from the Local Prudent Reserve in FY 2014/15	0
4. Estimated Local Prudent Reserve Balance on June 30, 2015	19,391,847
5. Contributions to the Local Prudent Reserve in FY 2015/16	0
6. Distributions from the Local Prudent Reserve in FY 2015/16	0
7. Estimated Local Prudent Reserve Balance on June 30, 2016	19,391,847
8. Contributions to the Local Prudent Reserve in FY 2016/17	0
9. Distributions from the Local Prudent Reserve in FY 2016/17	0
10. Estimated Local Prudent Reserve Balance on June 30, 2017	19,391,847

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 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Sacramento Date: 1/11/15

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Sierra Elder Wellness	1,968,788	1,166,964	801,824			
2. Permanent Supportive Housing	9,039,446	6,546,231	1,898,162		152,000	443,053
3. Transcultural Wellness Center	2,500,241	1,810,748	689,493			
4. Adult Full Service Partnership	4,822,520	2,740,863	2,081,657			
5. Juvenile Justice Diversion and Treatment	2,799,226	1,787,226	506,000		506,000	
6. CSS Phase B Expansion - New TAY FSP Plac	2,500,000	2,500,000				
7. CSS Phase B Expansion - Existing FSPs Place	3,000,000	3,000,000				
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	11,289,840	6,973,645	2,210,156		348,000	1,758,039
2. Wellness and Recovery Center	3,410,744	2,891,699	519,045			
3. CSS Phase A Expansion - RST Placeholder	11,137,404	2,400,000	3,640,440	5,096,964		
4. CSS Phase C Expansion - Crisis Res Placehol	1,500,000	1,500,000				
5. CSS Phase C Expansion - TBD Placeholder	1,600,000	1,600,000				
6. CSS Expansion - Unforseen/Respite Placeh	3,526,699	3,526,699				
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	4,247,237	4,247,237				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	63,342,145	42,691,312	12,346,777	5,096,964	1,006,000	2,201,092
FSP Programs as Percent of Total	62.4%					

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Sacramento Date: 1/11/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Sierra Elder Wellness	1,968,788	1,166,964	801,824			
2. Permanent Supportive Housing	9,039,446	6,546,231	1,898,162		152,000	443,053
3. Transcultural Wellness Center	2,500,241	1,810,748	689,493			
4. Adult Full Service Partnership	4,822,520	2,740,863	2,081,657			
5. Juvenile Justice Diversion and Treatment	2,799,226	1,787,226	506,000		506,000	
6. CSS Phase B Expansion - New TAY FSP Plac	2,500,000	2,500,000				
7. CSS Phase B Expansion - Existing FSPs Place	3,000,000	3,000,000				
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	11,289,840	6,973,645	2,210,156		348,000	1,758,039
2. Wellness and Recovery Center	3,410,744	2,891,699	519,045			
3. CSS Phase A Expansion - RST Placeholder	11,137,404	2,400,000	3,640,440	5,096,964		
4. CSS Phase C Expansion - Crisis Res Placehol	1,500,000	1,500,000				
5. CSS Phase C Expansion - TBD Placeholder	1,600,000	1,600,000				
6. CSS Expansion - Unforseen/Respite Placeh	3,526,699	3,526,699				
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	4,247,237	4,247,237				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	63,342,145	42,691,312	12,346,777	5,096,964	1,006,000	2,201,092
FSP Programs as Percent of Total	62.4%					

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Sacramento Date: 1/11/15

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Sierra Elder Wellness	1,968,788	1,166,964	801,824			
2. Permanent Supportive Housing	9,039,446	6,546,231	1,898,162		152,000	443,053
3. Transcultural Wellness Center	2,500,241	1,810,748	689,493			
4. Adult Full Service Partnership	4,822,520	2,740,863	2,081,657			
5. Juvenile Justice Diversion and Treatment	2,799,226	1,787,226	506,000		506,000	
6. CSS Phase B Expansion - New TAY FSP Plac	2,500,000	2,500,000				
7. CSS Phase B Expansion - Existing FSPs Place	3,000,000	3,000,000				
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	11,289,840	6,973,645	2,210,156		348,000	1,758,039
2. Wellness and Recovery Center	3,410,744	2,891,699	519,045			
3. CSS Phase A Expansion - RST Placeholder	11,137,404	2,400,000	3,640,440	5,096,964		
4. CSS Phase C Expansion - Crisis Res Placehol	1,500,000	1,500,000				
5. CSS Phase C Expansion - TBD Placeholder	1,600,000	1,600,000				
6. CSS Expansion - Unforseen/Respite Placeh	3,526,699	3,526,699				
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	4,247,237	4,247,237				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	63,342,145	42,691,312	12,346,777	5,096,964	1,006,000	2,201,092
FSP Programs as Percent of Total	62.4%					

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Sacramento Date: 1/11/15

	Fiscal Year 2014/15					
	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 (Incl new MCSTs)	3,668,246	3,401,959				266,287
2. Strengthening Families	2,141,720	2,141,720				
3. Integrated Health and Wellness	1,375,000	1,375,000				
4. Mental Health Promotion	655,100	655,100				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Integrated Health and Wellness - SacEDAP	640,000	500,000	75,676		64,324	
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	1,533,578	1,533,578				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	10,013,644	9,607,357	75,676	0	64,324	266,287

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Sacramento Date: 1/11/15

	Fiscal Year 2015/16					
	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 (Incl new MCSTs)	3,613,018	3,401,959				211,059
2. Strengthening Families	2,141,720	2,141,720				
3. Integrated Health and Wellness	1,375,000	1,375,000				
4. Mental Health Promotion	655,100	655,100				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Integrated Health and Wellness - SacEDAP	640,000	500,000	75,676		64,324	
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	1,533,578	1,533,578				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	9,958,416	9,607,357	75,676	0	64,324	211,059

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Sacramento Date: 1/11/15

	Fiscal Year 2016/17					
	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 (Incl new MCSTs)	3,613,018	3,401,959				211,059
2. Strengthening Families	2,141,720	2,141,720				
3. Integrated Health and Wellness	1,375,000	1,375,000				
4. Mental Health Promotion	655,100	655,100				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Integrated Health and Wellness - SacEDAP	640,000	500,000	75,676		64,324	
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	1,533,578	1,533,578				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	9,958,416	9,607,357	75,676	0	64,324	211,059

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Sacramento Date: 1/11/15

	Fiscal Year 2014/15					
	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. New Project TBD	3,500,000	3,500,000				
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					
INN Administration	143,183	143,183				
Total INN Program Estimated Expenditures	3,643,183	3,643,183	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Sacramento Date: 1/11/15

	Fiscal Year 2015/16					
	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. New Project TBD	2,168,632	2,168,632				
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					
INN Administration	143,183	143,183				
Total INN Program Estimated Expenditures	2,311,815	2,311,815	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Sacramento Date: 1/11/15

	Fiscal Year 2016/17					
	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. New Project TBD	2,349,397	2,349,397				
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					
INN Administration	143,183	143,183				
Total INN Program Estimated Expenditures	2,492,580	2,492,580	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Sacramento Date: 1/11/15

	Fiscal Year 2014/15					
	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	2,242,964	2,242,964				
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	2,242,964	2,242,964	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Sacramento Date: 1/11/15

	Fiscal Year 2015/16					
	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	1,000,000	1,000,000				
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	1,000,000	1,000,000	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Sacramento Date: 1/11/15

	Fiscal Year 2016/17					
	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	995,304	995,304				
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	995,304	995,304	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Sacramento Date: 1/11/15

	Fiscal Year 2014/15					
	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. Capital Facilities Project - Stockton Blvd	1,797,290	1,797,290				
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	2,705,161	2,705,161				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	4,502,451	4,502,451	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Sacramento Date: 1/11/15

	Fiscal Year 2015/16					
	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	2,603,364	2,603,364				
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	2,603,364	2,603,364	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Sacramento Date: 1/11/15

	Fiscal Year 2016/17					
	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	2,441,416	2,441,416				
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	2,441,416	2,441,416	0	0	0	0

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Sacramento

Local Mental Health Director	Program Lead
Name: Uma K. Zykofsky	Name: Jane Ann LeBlanc
Telephone Number: (916) 875-9904	Telephone Number: (916) 875-0188
E-mail: zykofskyu@saccounty.net	E-mail: leblancj@saccounty.net
County Mental Health Mailing Address: 7001A East Parkway, Suite 400 Sacramento, CA 95823	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

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

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

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

Uma K. Zykofsky _____ _____

Local Mental Health Director/Designee (PRINT) Signature Date

County:_____

Date:_____

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Sacramento

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

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Uma K. Zykofsky	Name:
Telephone Number: (916) 875-9904	Telephone Number:
E-mail: zykofskyu@saccounty.net	E-mail:
Local Mental Health Mailing Address: 7001A East Parkway, Suite 400 Sacramento, CA 95823	

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.

Uma K. Zykofsky
Local Mental Health Director (PRINT)

_____
Signature Date

I hereby certify that for the fiscal year ended June 30, _____, 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 _____ for the fiscal year ended June 30,_____. I further certify that for the fiscal year ended June 30,_____, 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.

_____
County Auditor Controller / City Financial Officer (PRINT)

_____
Signature Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

CSS PHASE A WORKGROUP RECOMMENDATION

ATTACHMENT A

Top Ranked Models

Team	Community Mental Health Care	Transition Support	Continuity of Care
Dot Voting	18	4	2
Purpose	Provision of flexible needs of services Assisting clients in transitioning within the MHP and to/from external resources	Assisting clients in transitioning to/from RSTs Provision of bi-directional care	Assisting low to moderate need clients in transitioning to primary care within 12 months Provision of culturally responsive services
Staff	Team Lead Clinician/Social Worker Med Team: Psychiatrist, Nurse Peer/Family Provider Resource Specialist		
Strengths	• Functionally all 3 team concepts are similar; therefore combining all three could be considered • Emphasizes continuity, recovery model, which is supported by literature • Similar to successful Children's FIT program • Enhance service coordinators' work and helps create capacity • Able to coordinate in the most practical way	• Including a holistic approach builds on existing services • Transitions clients both to and from RSTs	• Able to transition clients faster; addresses stigma • Provision of bi-directional care to include warm handoff • Builds and improves relationship with Primary Care and GMC providers • Coordination with health plans; health care plans have available psychiatry services • Creates capacity at RST • There is benefit to transitioning clients to Primary Care Affordable Care Act (ACA)
Concerns	• Cultural brokers are missing in staffing composition • Team composition looks very clinical; would Service Coordinators to be included in the team. This team concept would enhance service coordinators' work.	• Has the potential of being disruptive, but this can be addressed if well-managed • If the team's function is transition clients, there may be too many staff working with a small number of clients; may be difficult for staff to be available to a greater number of clients	• Some clients may find it hard to leave RST • DHCS reduced medical personnel • Is Primary Care ready for more clients; do they have the capacity to serve more individuals and can they meet the clients' needs? • There needs to be seamless process to return to the RST if needed • 12 months may not be long enough for clients to transition to Primary Care; 12 months might be too limiting
Timeliness and Capacity	Strong potential to increase capacity and timeliness (also not disruptive—seamless)	Has the potential to increase capacity if focus is on transition Opens RSTs to new clients	This approach increases capacity within RSTs

Source: CSS Phase A Workgroup Meeting #4 - *Key Concepts from Phase A Workgroup Meetings 2 & 3*

Definitions

Timeliness to services is a measurement of how long it takes to access outpatient services. Timeliness is measured through a series of benchmarks with specific targets (i.e. first face-to-face appointment, first outpatient psychiatric service, etc).

Capacity is the amount of services available for individuals receiving treatment at the service provider at any given time. Available capacity is fluid because individuals need different intensity and types of service throughout their recovery.

There is often a direct correlation between capacity and timeliness to services although other factors may impact either or both of these focus areas.

Recommendations:

- Combine 3 pink concepts - add Peer Mentors and Cultural Brokers
- Combine Transition Support and Continuity of Care Teams, keeing Community MH Care Team separate
- Incorporate elements of Engagement Team in pink concepts - add specific engagement strategies, not a full team, to recommendation
- Define Primary Care
- Re-look/assess MHP related to Continuity of Care

Assumptions (all team concepts will include):

- Culturally responsive services
- Linkage and referral to other services
- Ongoing training
- Peer and family supports

Considerations:

- Consider contracts with new organizations to provide mental health services
- DHCS funding for behavioral health care based on ACA
- Clients may be served in health plans who are not served by RSTs

Recommendation

RST Community Care Team:

Phase A Workgroup recommends to the MHSA Steering Committee funding up to $600,000 CSS Expansion dollars for each RST to implement the RST Community Care Team with the following purpose:

Enhance engagement and timely access to services at the Regional Support Teams using culturally and linguistically competent services. Deliver flexible, recovery-based, individualized services, allowing for seamless transitions throughout the continuum of outpatient services and supports available in Sacramento County.

DBHS will work with all RSTs to identify other infrastructure needs that support increasing timeliness and capacity.

Staffing:

- Team Lead
- Clinician/Social Worker
- Med Team: Psychiatrist, Nurse
- Peer/Family Provider
- Resource Specialist

Elements (taken from Top Ranked Models):

- Bi-directional care
- Recovery focused
- Spirituality should be included in the treatment plan (client driven)
- Team approach should be inclusive of MHSA Essential Elements
  - o Wellness, recovery and resilience
  - o Cultural competence
  - o Client/Family Driven
  - o Integrated service experience
  - o Community collaboration
- Engagement and outreach efforts should be enhanced through community-based peer and family support
- Peer and family support staff should have capacity to engage and outreach in the community, as well as an ongoing role in providing support throughout treatment and transition planning

ATTACHMENT B

CSS Expansion Phase B Workgroup
TAY FSP

The Phase B Workgroup recommends to the MHSA Steering Committee the development of a new Transition Age Youth (TAY) Full Service Partnership (FSP) program that will serve youth between the ages of 16-25 who are unserved, underserved and/or inappropriately served.

Services will be culturally and linguistically competent with sensitivity to and affirmation of gender identity, gender expression and sexual orientation. Services will be individualized based on age, development and culture.

This Program will provide core FSP services and flexible supports to individuals in the following situations:

- 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
- Other at-risk populations

The TAY FSP Program will include outreach, engagement, retention and transition strategies with an emphasis in the following areas: (1) Independent living and life skills; (2) Mentorship; and (3) Services that are youth and family driven.