MENTAL HEALTH SERVICES ACT

Fiscal Year 2017-18, 2018-19, 2019-20 Three-Year Program and Expenditure Plan

April 10, 2018

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MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Sacramento

☑ Three-Year Program and Expenditure Plan
☐ Annual Update

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

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on April 10, 2018.

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 (PRINT)

Uma K. Zykofsky May 2, 2018
Signature Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Sacramento

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

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

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

Uma K. Zykofsky
Local Mental Health Director (PRINT)

Uma K. Zykofsky May 2, 2018
Signature Date

I hereby certify that for the fiscal year ended June 30, 2017, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 11/30/2017 for the fiscal year ended June 30, 2017. I further certify that for the fiscal year ended June 30, 2017, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

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

Maria Sandoval 5/2/18
Signature Date

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

Executive Summary

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

Sacramento County is one of eighteen counties located in the Central Mental Health Region of the State of California. The State of California, Department of Finance estimates the 2013 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 six threshold languages (Arabic, Cantonese, Hmong, Russian, Spanish, and Vietnamese). Historically, Sacramento County has been one of three counties with the highest number of newly arriving refugees in California. Arabic was added as a threshold language in 2017. 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.

Assembly Bill (AB) 114, passed in 2017, clarifies and defines the MHSA reversion process. MHSA funding that is subject to reversion is a subset of unspent funds that were not spent in the designated timeframe. The timeframe varies dependent on MHSA component. For example, the timeframes for the Community Services and Supports and Prevention and Early Intervention components are typically three years. Through AB114, Counties have an opportunity to develop a plan to spend funds that would avoid reversion if specific criteria are met.

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. Housing is also a large part of the CSS component. In Sacramento County, there are nine (9) previously approved CSS Work Plans containing nineteen (19) programs. Over the years, these programs have expanded and evolved as we strive to deliver high quality and effective services to meet the needs of children, youth, adults, older adults and their families.

As addressed in the previous Three-Year Plan and related Annual Updates, the Division of Behavioral Health Services facilitated a three-phased community planning process to expand CSS

programming beginning in 2014. This new and expanded programming will be fully implemented in Fiscal Year 2017-18.

In addition, in alignment with the Board of Supervisors action on November 7, 2017 (See Attachment B: Board of Supervisors Resolution 2018-0025), the Division of Behavioral Health Services facilitated a community planning process in December 2017 and January 2018 resulting in recommended mental health treatment services expansion for individuals living with a serious mental illness who are homeless or at-risk of homelessness. This new and expanded programming is included in this Three-Year Plan. Expansion of existing programming is targeted to begin in FY 2017-18 and new programming will roll out in FY 2018-19.

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 thirty-one (31) programs designed to address suicide prevention and education; strengthening families; integrated health and wellness; and mental illness stigma and discrimination reduction. In FY2015-16, this component was expanded to include mental health respite programs, as well as Mobile Crisis Support Teams. In FY2016-17, the Mobile Crisis Support Teams were expanded from two teams to four teams.

This Three-Year Plan includes a recommended plan to dedicate identified AB114 PEI reversion funding, combined with AB114 WET funding, to mental health services for foster youth, in alignment with the November 7, 2017, Board of Supervisors action. This new programming will roll out in FY 2018-19.

The PEI component programming has also been identified for expansion, in alignment with the Board of Supervisors action on November 7, 2017, recommended for mental health treatment services expansion for individuals living with a serious mental illness who are homeless or at-risk of homelessness. Expansion of existing programming is targeted to begin in FY 2017-18 and new programming will roll out in FY 2018-19.

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

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

In May 2016, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved Sacramento County's second INN Project, known as the Mental Health Crisis/Urgent Care Clinic. The Clinic opened in November 2017. The project proposes to utilize AB114 INN reversion funds within the previously approved budget, as defined above.

This MHSA Three-Year Plan includes the proposed INN Project #3: Behavioral Health Crisis Services Collaborative. The project is a public/private partnership with Dignity Health and Placer County with the intent to establish integrated adult crisis stabilization services on a hospital emergency department campus in the northeastern area of Sacramento County. This proposed project was developed as a result of a local community planning process and is pending approval by the California Mental Health Services Oversight and Accountability Commission (MHSOAC) and the Sacramento County Board of Supervisors. This project also proposes to utilize AB114 INN reversion funds, as defined above.

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

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

The **Technological Needs (TN)** project contained within the Capital Facilities and Technological Needs component funds and addresses our commitment to move to an Electronic Health Record and Personal Health Record to improve client care through a multi-phased approach. Per WIC Section 5892(b), Counties may use a portion of the CSS funds to sustain TN projects once the time-limited TN funds are exhausted. Therefore, these activities are being sustained with CSS funding.

Detailed descriptions of the programs and activities for each of the above MHSA components are contained in the MHSA Fiscal Year (FY) 2017-18, 2018-19, 2019-20 Three-Year Plan.

The MHSA Fiscal Year (FY) 2017-18, 2018-19, 2019-20 Three-Year Plan was posted for a 30-day public comment period from February 5 through March 7, 2018. The Mental Health Board conducted a Public Hearing on Wednesday, March 7, 2018 beginning at 6:00 p.m. at the Grantland L. Johnson Center for Health and Human Services, located at 7001-A East Parkway, Sacramento, CA 95823.

COMMUNITY PROGRAM PLANNING

The Sacramento County Division of Behavioral Health Services Community Program Planning Process for the MHSA Fiscal Year (FY) 2017-18, 2018-19, 2019-20 Three-Year Program and Expenditure Plan meets the requirements contained in Section 3300 of the California Code of Regulations as described below. Sacramento County's community planning processes for previously approved CSS, PEI, WET, INN, CF and TN Component plans and activities have been described in-depth in prior plan updates and documents submitted to the State. Those documents are available on the Reports and Workplans page on our website.

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

In addition, in alignment with the Board of Supervisors action on November 7, 2017, the Division of Behavioral Health Services facilitated a community planning process in December 2017 and January 2018 resulting in two recommendations for expanded services. The first recommendation directs CSS funding to expand mental health treatment services for individuals living with a serious mental illness who are homeless or at-risk of homelessness. The second recommendation dedicates identified Assembly Bill 114 MHSA reversion funding to mental health services for foster youth, in alignment with the November 7, 2017 Board of Supervisors action. Expansion of existing programming will begin in FY 2017-18 and new programming will roll out in FY 2018-19. This new and expanded programming is included in this Three-Year Plan.

The general plan for this Three-Year Plan was discussed at MHSA Steering Committee meetings on May 18, 2017, August 17, 2017, October 19, 2017 and January 18, 2018. The Steering Committee is the highest recommending body in matters related to MHSA programs and activities. MHSA program presentations for CSS, PEI, INN and WET have been provided at MHSA Steering Committee meetings. Through these presentations, the committee has gained a deeper understanding of program services, participation of consumers and family members in the delivery of services, outcomes, and examples of how clients have benefited from the services.

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

The MHSA Steering Committee is comprised of one primary member and one alternate from the following groups: Sacramento County Mental Health Board; Sacramento County's Division of Behavioral Health Services (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/Spirituality.

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

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

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

The MHSA FY2017-18, 2018-19, 2019-20 Three-Year Plan was posted for a 30-day public comment period from February 5, 2018, through March 7, 2018. The Mental Health Board conducted a Public Hearing on Wednesday, March 7, 2018 beginning at 6:00 p.m. at the Grantland L. Johnson Center for Health and Human Services, located at 7001-A East Parkway, Sacramento, CA 95823.

Public Comment

During the 30-day public review and comment period, several comments were received related to the Draft MHSA Fiscal Year 2017-18, 2018-19, 2019-20 Three-Year Program and Expenditure Plan. Comments were received at the Public Hearing, verbally and in written form, as well as through emails and at established Committee/Board meetings. Identified issues are summarized and grouped below for purposes of organization and response.

There were comments received in support of the layout, flow and content of the Plan, with special recognition and appreciation for the graphics/pictures and for the success stories that put a face with a focus on lived experience behind many of the programs included in this Plan. . The MHSA Steering Committee, DBHS Cultural Competence Committee and Mental Health Board were supportive of moving the Three-Year Plan forward to the Sacramento County Board of Supervisors for approval.

The Committees, Board and community expressed ongoing support for the programs contained in the Plan, with a specific focus on the Community Services and Supports (CSS), Prevention and

Early Intervention (PEI), and Workforce Education and Training (WET) component programs and activities. There were comments expressing support for the new and expanded programming aligned with the November 2017 Board of Supervisors action and MHSA Steering Committee recommendation for mental health treatment services expansion for individuals living with a serious mental illness who are homeless or at-risk of homelessness. There were also comments expressing support for the Plan to dedicate identified AB114 reversion funding to mental health services for foster youth, with a focus on appropriate training. There were comments expressing support to increase/expand mental health navigators, triage teams and mobile crisis support teams to further address the needs of individuals living with serious mental illness who are homeless, or at-risk of homelessness and may also have co-occurring substance use disorders.

There were comments expressing appreciation for the fiscal summary and budget explanations as well as comments expressing concerns relating to the unspent funds balance and the projected rapid spend down identified in the funding summary. Comments received reflect a desire for continued clarification of the complex budgeting and expenditure projections, clarity on whether funds were at risk of reversion and the plans to address these areas. Requests were made by the Mental Health Board to receive additional information in this area at its meetings including an explanation of the trust fund interest as a potential source for additional programmingand encouragement for ongoing community stakeholder education and engagement in these areas.

There were comments acknowledging the ongoing impact of the PEI Supporting Community Connections programs and the value of culturally specific programming. There was continued support for the other PEI Suicide Prevention Project programming, such as the Mobile Crisis Support Teams (MCSTs), Suicide Crisis Line and Mental Health Respite Programs, as well as the PEI Mental Health Promotion Project which aims to increase community awareness about mental health issues and reduce stigma and discrimination toward individuals and families living with mental illness. There were also questions regarding the geographic areas/communities served by the four existing MCSTs and appreciation for the coverage map included in the Plan as it provides the reader a contrast with the areas that do not have this programming.

Many stakeholders, including consumers, family members, community members, system partners and others expressed support for the recently implemented Innovation Project 2: Mental Health Crisis/Urgent Care Clinic, which creates an alternative unnecessary/inappropriate emergency department visits and resulting psychiatric hospitalizations. There were also many comments expressing support for the AB114 Innovation Plan which includes the proposed Behavioral Health Crisis Services Collaborative Innovation Project, a public/private partnership with Dignity Health and Placer County, with the intent to establish integrated adult crisis stabilization services on a hospital emergency department campus in the northeastern area of Sacramento County.

There was ongoing support for the WET component activities. Expressly, those activities that encourage high school students from diverse communities to pursue mental health/behavioral health careers to further address the cultural and linguistic needs of our diverse community, as well impactful, community-wide trainings such as law enforcement training, Mental Health First Aid and Youth Mental Health First Aid, were recognized. There were also comments valuing WET activities that support ongoing efforts to recruit and retain a diverse and qualified mental health/behavioral health workforce across the behavioral health system. There were concerns

expressed regarding the unimplemented Office of Consumer and Family Member Employment WET Action and requests to reconsider this moving forward.

There were comments requesting consideration and implementation of Laura's Law/Assisted Outpatient Treatment in Sacramento County. There were comments regarding an observed gap in services to address trauma resulting from community violence and gun violence disproportionately experience by African American boys and men of color. There were also comments related to identified gaps in services for a variety of diverse communities with specific focus on Arabic-speaking, as well as Pakistani, Hindi and emerging refugee communities from Afghanistan, Iran and Syria.

There were questions related to the Work Plan numbering sequence for the CSS Component Programs as Work Plan SAC-3 is skipped. There were comments expressed in appreciation of the data and outcomes included in the Plan and requests to provide additional information related to program impact in future Plans/Updates. There were also comments expressed requesting additional data showing the client/participant demographics in the areas of race/ethnicity, gender identity, and sexual orientation. There was an error noted in the primary language data/charts contained in the Plan. There were comments requesting information regarding retention rates, as related to penetration rates, and a recommendation that the Division continue to work with representatives from unserved, underserved, and inappropriately served cultural and ethnic communities in the areas of planning and program design, implementation and evaluation for all programs.

Division Response

The Division values and appreciates the input provided by community stakeholders, including the MHSA Steering Committee, DBHS Cultural Competence Committee and Mental Health Board. This continues to be a core value and principle of the local community planning process. Responses below are grouped by themes in comments received.

The Division is committed to the ongoing collaboration with community stakeholders as a balance is struck between the sustainability of existing programs and implementation of new/expanded programming. These ideas are also considered when new federal, state or local funding grants opportunities or other partnerships present a path to implement through leveraging or combining of MHSA funds with other revenues. The Division has brought such opportunities to the MHSA Steering Committee for deliberation. For example, the SB82 Investment in Mental Health Wellness grants made possible the triage navigators and mobile crisis support teams in our community.

The Division will continue to provide revenue and expenditures projections, as well as education regarding CSS funding demands to sustain existing CSS programs, as well as the MHSA Housing Program investments and critical WET and CF/TN activities when those time limited funds are exhausted. The Division is committed to provide regular program and budget updates including the most current available information on MHSA funds based on local records and comparison with published records on the MHSOAC and DHCS websites. There remain differences in accounting as the County is continuously revising and reconciling its revenue and expenditure reports following final fiscal audit numbers across all its funding streams and providers. The

Division will continue to provide regular updates/presentations in these key areas at MHSA Steering Committee and Mental Health Board meetings.

The Division appreciates the support for the new and expanded programming contained in the Plan, including the newly implemented Mental Health Crisis/Urgent Care Clinic and the proposed Behavioral Health Crisis Services Collaborative Innovation projects. The Division is dedicated to moving quickly to implement this new and expanded programming once the Three-Year Plan has been approved by the Board of Supervisors and the proposed Innovation Project 3: Behavioral Health Crisis Services Collaborative has been approved by two approval bodies -- the Board of Supervisors and the MHSOAC, as required by current MHSA statute.

The Office of Consumer and Family Member Employment WET Action was not implemented in the form of the original design due to the 2009 downturn in the economy that impacted workforce opportunities across the Mental Health Plan. However, the Division has consistently supported employment of peers in all of its MHSA programming using creative partnerships with County and contracted providers. There are numerous implemented projects that reflect this commitment, including but not limited to: Expert Pool Town Hall Meetings, Stop Stigma Sacramento Speakers Bureau, Wellness Recovery Action Plan (WRAP) Training, annual sponsorship of the consumer-led conference, known as Consumers Speak (now rebranded as Peer Empowerment Conference) and expansion of peer provider contracts and peer positions in MHSA programming. The Division has also provided agency attestation and support letters for local non-profits pursuing MHSA statewide grants for peer led workforce activities. The Division is committed to ongoing efforts to support consumer and family member employment activities and this Three-Year Plan contains program expansions that include peer positions.

The Division acknowledges the complexities surrounding the requests for consideration of Laura’s Law implementation in Sacramento County. Current expansions reflect a significantly expanded outpatient treatment capacity for individuals with intractable serious mental health needs who are not responsive to traditional mental health programming. This expanded outpatient treatment capacity with significant outreach and engagement strategies is necessary as a precondition to any consideration of Laura's Law in Sacramento County. Additionally, expanded inpatient as well as a variety of crisis response programming would be a critical component. This discussion, which includes commitment of non-MHSA resources and implications across multiple systems for implementation of Laura's Law consideration in Sacramento County is broader than this MHSA Three-Year Plan scope or authority and will require separate deliberation regarding the pros and cons for this County. The idea of intensive, criminal justice focused programming will be explored further as new projects are developed by the Division.

The Division recognizes the need for culturally specific programming in targeted communities and continues to work to develop and ensure that cultural and ethnic-specific opportunities and strategies to further reach these communities are employed in program planning/development and service delivery. Existing outreach strategies include translation of the MHSA Plan and announcement related to the Public Hearing in all six threshold languages, as well as publishing and announcing in ethnic media outlets. To this end, the Division has expanded the ethnic media outreach over that past year and will continue to explore outreach opportunities to further reach the diverse communities in Sacramento County, including periodic review of language-specific

media outlets to maximize reach. The Division of Behavioral Health Services' Cultural Competence Committee will continue to provide input in program design and ideas on ways resources can be made available to these diverse communities with specific note made of Arabic, Pakistani, Hindi, and emerging refugee communities from Afghanistan, Iran and Syria as Sacramento's diversity remains a focus of all MHSA programming.

The CSS Component Work Plan numbers skipped SAC3 as this number was associated with a proposed Work Plan in early MHSA implementation that did not move forward. The CSS Component Work Plans have been renumbered sequentially as SAC1 through SAC10 to address this.

The Division recognizes the importance of trauma-informed care in behavioral health services delivery and acknowledges the community perspective identifying a potential gap in services designed to address trauma resulting from community violence and gun violence disproportionately experienced by African American boys and men of color. Trauma-informed care is incorporated across all services within the MHSA Plan and specific trauma-informed training is part of the systemwide training curriculum. In addition, trauma-informed care was central to the proposed AB114 Reversion Plan programming for children and youth in foster care and will be incorporated into this project implementation. It is also included in the Division's current efforts to maximize applications for more Senate Bill 82 Investment in Mental Health Wellness children's triage grants to reach into the schools and community to increase prevention efforts. The Division will look carefully at these comments and existing programming to see where more attention can be placed on this expressed concern.

The Division acknowledges the need to report demographic data in more detail, especially in the areas of race/ethnicity, gender identity and sexual orientation. The Division has worked over the past year to refine data collections tools for PEI programming and this will be reflected in future reports as revised tools are implemented. The Division will continue to work with the community and providers to expand the reporting in these areas in the future. The Division also recognizes that retention rates data is not included in this Plan. The Division will continue to analyze these data to inform programming systemwide and will strive to include this data in subsequent Plans and Updates. The Division has corrected the primary language chart contained in the Full Service Partnership (FSP) Program Fiscal Year 2015-16 Outcomes section of the Plan to reflect the correct Partner Language data for the FSP Programs.

As requested at the Public Hearing, all stakeholders who provided email contact information will be added to the MHSA distribution list to receive regular information on MHSA related meetings and activities to provide a continued avenue for their participation in future planning.

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.

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

Services are culturally relevant, culturally reflective and linguistically proficient. There are three service categories within the CSS Component:

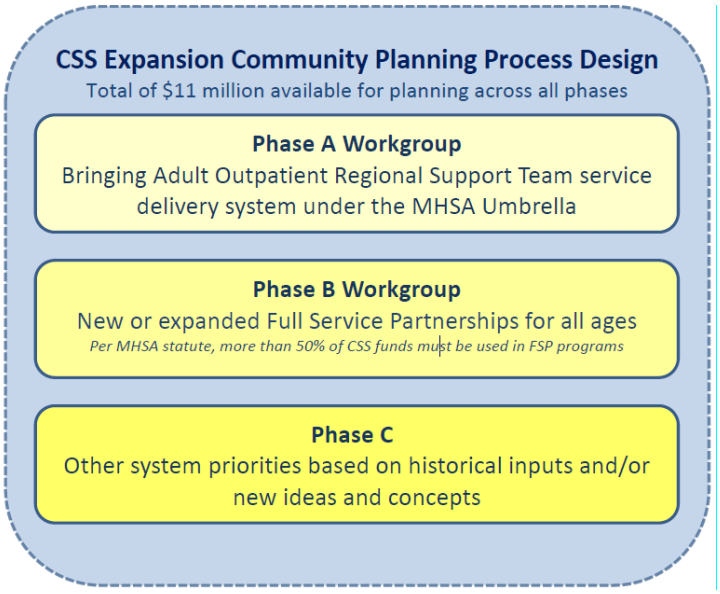
- Full Service Partnership (FSP) Service Category – FSPs provide the full spectrum of high intensity outpatient mental health treatment for children and youth (and their families) living with severe emotional disturbance and adults and older adults living with serious mental illness.
- General System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

In Fiscal Year 2015-16 the implemented FSPs served 1,792 unduplicated clients and the implemented GSDs served 8,781 unduplicated clients. Descriptions of these programs are included in this Three-Year Plan.

As previously reported, 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 unspent funds from prior years.

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

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



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

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

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

On November 16, 2017, the MHSA Steering Committee discussed the Board action and recommended the following in alignment with the Board action: Convening a workgroup to develop a recommendation for expansion of MHSA programs for individuals with serious mental illness, who are homeless or at-risk of homelessness, and may also have co-occurring disorders. The MHSA Steering Committee requested that the workgroup recommendation come back to the Steering Committee on January 18, 2018, prior to finalization.

The Division convened a community planning process centered around a Workgroup comprised of 16 members with diverse representation. The Workgroup had three thoughtful and productive meetings December 2017 and January 2018 to consider key elements for mental health services expansion for individuals with serious mental illness who are homeless or at-risk of homelessness. The Workgroup considered key elements with a focus in three areas: 1) Front Door/Access Points; 2) Mental Health Treatment; and 3) Housing Supports. They developed a comprehensive recommendation representing the collective thinking and work from the Workgroup, as well as input from the panel of subject matter experts and community stakeholders who participated in the process.

The Workgroup presented their recommendation to the MHSA Steering Committee at their meeting on January 18, 2018. The MHSA Steering Committee supported moving the Workgroup Recommendation forward for inclusion in this MHSA Three-Year Plan (See Attachment C: Homeless Mental Health Services Expansion Workgroup Recommendation). Therefore, this new and expanded programming is included in this Three-Year Plan.

Program: Transitional Community Opportunities for Recovery and Engagement
Work Plan #/Type: SAC1 – General System Development (GSD)
Capacity: 8,000 annually
Ages Served: TAY, Adults, Older Adults

The **Transitional Community Opportunities for Recovery and Engagement (TCORE)** workplan was expanded in the previous Three-Year Plan and now consists of three previously approved and implemented program components: **Adult Psychiatric Support Services (APSS)** clinic, administered by DBHS, **TCORE**, administered by Human Resources Consultants (HRC) and TLCS, Inc. and the redesigned **Regional Support Team (RST)** service delivery system. These programs offer intensity community-based mental health services for individuals (ages 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.

This Work Plan has been identified for expansion in alignment with the November 7, 2017, Board of Supervisors action and MHSA Steering Committee recommendation for homeless mental health services expansion. This expansion will include expanding identified existing programs within this Work Plan to add housing supports and subsidies, as well as increased treatment capacity. In addition, a new outpatient mental health treatment program will be developed to further address the needs of individuals living with serious mental illness who are homeless or at-risk of homelessness and may also have co-occurring substance use disorders. Expansion of existing programming is targeted to begin in FY 2017-18 and new programming will roll out in FY 2018-19.

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

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

TCORE is a countywide collaborative effort between Human Resources Consultants (HRC) and TLCS, Inc. TCORE has the flexibility to provide a range of moderate to high intensity services – primarily community-based mental health and rehabilitation services to adult community members who are experiencing frequent acute mental health episodes or who are at-risk of losing their ability to live and function in the community. The recent expansion increased the number of individuals served and increased timeliness by shifting to a program model that includes a phased approach, focused initially on intensive engagement and assessment services for unlinked mental health consumers who are either in, or being discharged from, acute care settings. Individuals are assigned to a service team familiar with each client's needs. Team staff include team leaders, personal service coordinators, and Consumer/Family Advocates. There is also a Benefits Acquisition Specialist and an Employment Specialist available to all participants.

Success: TCORE Program
Following years of experiencing manic episodes, feeling overwhelmed and irritable, with racing thoughts and anxiety that made it difficult to stay on task this 44 year old woman of two began services at TCORE. She was diagnosed with bipolar disorder and an anxiety disorder. She was struggling in her relationships and felt isolated. Through the support of the array of services offered by the team at TCORE, she began to feel hope. She developed treatment and life goals and began working towards achieving them. While in therapy she learned new coping strategies that helped her manage her anxiety, working with an employment specialist, she connected with the Department of Rehabilitation. She was able to go to school and became a certified holistic massage therapist. She is currently employed at a chiropractic office. She has successfully met all of her treatment goals, is happily living with her two daughters and has graduated from TCORE.

In FY 2017-18, TCORE increased their capacity and improved timeliness to services – specifically for those in acute care settings. In addition, TCORE increased their capacity to support members participating in the Mental Health Court and Co-Occurring Mental Health Court.

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

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 moderate intensity mental health services and supports for TAY (age 18+), adults, and older adults residing in Sacramento County. Individuals must meet target population criteria for a serious mental illness (with an included diagnosis) and significant impairments in important areas of functioning. Currently, there are four RST programs operated by: 1) El Hogar Community Services, Inc., 2) Human Resources Consultants (HRC), 3) Turning Point Community Programs, and 4) Visions Unlimited 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.

Success: El Hogar RST
A 56 year old African American/Indian/Spanish woman and single mother was self-referred after being incarcerated for 11 years. At the time of assessment, she suffered from major depressive disorder and posttraumatic stress disorder and was living in a house with her cousin. She was connected to a RST Community Care Team (CCT) Resource Specialist by her RST Personal Service Coordinator (PSC) due to reports of physical and verbal abuse by her cousin. After an APS report was filed, the Resource Specialist, PSC and consumer partnered together to explore options. The Resource Specialist successfully assisted with finding a safer living situation. The Resource Specialist also linked her to other community resources such as the SMART program for SSI assistance and community food banks to support her transition out of a domestic violence situation. The consumer's goal is to transition from a room & board to her own studio apartment. CCT staff continue to support her with achieving her goal by accompanying her to various housing opportunities in Sacramento County. This consumer continues to participate in mental health and case management services and has been stable in new housing since August.

Success: Turning Point RST
A 64 year old woman with a long history of suicidal thoughts, sometimes resulting in psychiatric hospitalizations was linked with the RST and assigned to a PSC. The CCT helped her develop a plan to address her immediate and most critical needs. The CCT Peer Mentor developed a strong, trusting and positive relationship with the member who then agreed to join a Surviving Depression group. She learned that her symptoms are not her fault and that she is not alone in her situation. By meeting other people who also experience symptoms of depression and suicidal thoughts, this member was able to reduce her sense of shame and realize the stigma of mental illness was often as much of a burden as the mental illness itself. Her PSC collaborated closely with her group leader as did her psychiatrist. She developed a plan that allowed her to attain sobriety while finding other, healthier ways to address her depression. Today she lives independently and has been able to maintain sobriety for extended periods of time. She continues to attend her group and is on her way to being able to have her primary care doctor manage her medications and exploring community group options to plan for transitioning her care.

As a result of the previously described CSS Expansion Phase A community planning process, the RST service delivery system was redesigned. Through this redesign, each RST implemented a **Community Care Team** (CCT) with the purpose of enhancing engagement and timely access to services at the RSTs using culturally and linguistically competent services. These teams, operationalized in July 2015, 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 includes a team lead, clinician/social worker, psychiatrist and nurse, peer/family provider and resource specialist.

Success: HRC RST
A 19 year old African American man was referred to services after an inpatient hospitalization due to symptoms of psychosis. His mother accompanied him to his initial HRC appointment, at which time he denied all psychiatric symptoms. He was guarded and hesitant to engage in services. The Community Care Team (CCT) worked to build rapport with him. Shortly thereafter his mother kicked him out of her house, and the client became homeless, sleeping in a bowling alley. The CCT helped to connect the client to a Crisis Residential Program for the stabilization of his mental health symptoms while avoiding the need for another hospitalization. Because the client saw the investment that CCT staff had in his wellbeing, he began to trust the staff – allowing for the opportunity to try out the services HRC RST has to offer. He has since been attending all appointments at HRC and is now more aware of how his mental health affects him and is therefore more willing to accept help and participate in services and supports offered.

Success: Visions RST
A 32 year old woman was referred to Visions RST by her Primary Care Physician (PCP) for symptoms of depressed mood, sadness, crying spells, apathy, loss of interest, passive suicidal ideation, hopelessness, worthlessness, anger, irritability, anxiety, panic attacks and isolation. She received services at Visions for 10 months, made good progress and was able to return to college. The medication, rehabilitation and case management services offered by Visions RST aided in her recovery. After making substantial progress, the RST Community Care Team (CCT) assisted the client in arranging appointments with her PCP to provide ongoing medication services. The client was able to keep her appointments with her PCP and is therefore currently receiving her medication services from her PCP at the Native American Health Center. As a result, the client's case was officially closed as the client was able to successfully step-down from the RST level of care.

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., provides an array of FSP services to transition-age older adults (ages 55 to 59) and older adults (age 60+) of all genders, races, ethnicities and cultural groups who are struggling with persistent and significant mental illness who would otherwise utilize the most restrictive and highest level programs. Sierra provides comprehensive, integrated, culturally competent mental health services – including assessments, planning, social rehabilitation, intensive case management, co-occurring substance use services, and psychiatric medication support. Sierra also provides specialized geriatric services, facilitating the coordination between multidisciplinary mental health, physical health, and social service teams. FSP services also include assistance with benefit acquisition, housing, employment, and transportation.

Success: Sierra Elder Wellness
A 55 year old Hispanic female presented to Sierra in November 2016, experiencing extreme stress, with a recent acute psychiatric hospitalization during which she lost her housing. Upon her release, she moved into a Room & Board, which she reported to be extremely stressful. She experienced an increase in depression and thoughts of suicide, struggled to maintain housing and changed R&Bs several times. With support from Sierra, she was able to re-connect with family and move in with them. She eventually moved from home to home living with different family members. This was a struggle for her as she wanted her independence but at the same time needed the support from her family. She reported feeling like a burden which was causing friction. With support from Sierra and MHSA, she now lives in her own apartment. She developed new strategies to help manage her symptoms and has been able to decrease her stress. She now reports feeling "so much better!" She has not been re-hospitalized and continues to have a close relationship with her family. She shared she has a newfound hope and is ready to take the next step in her recovery.

Intended program outcomes are to reduce/prevent unnecessary emergency room, psychiatric hospital, and jail utilization in order to assist community members to remain living in the community at the least restrictive level of care – as independently as possible.

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

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

Program: Permanent Supportive Housing Program
Work Plan #/Type: SAC3 – Full Service Partnership (FSP)
Capacity: Expansion plan in progress – Currently 1,200 at any given time
Ages Served: Children, TAY, Adults, Older Adults

The **Permanent Supportive Housing Program (PSH)** is a blend of FSP and General System Development (GSD) funding and provides seamless services to meet the increasing needs of the underserved homeless population. It consists of three components: PSH-Guest House, administered by El Hogar, PSH-New Direction, administered by TLCS, Inc. 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.

This Work Plan has been identified for expansion in alignment with the November 7, 2017, Board of Supervisors action and MHSA Steering Committee recommendation for homeless mental health services expansion. This expansion will include expanding identified existing programs within this Work Plan to add housing supports and subsidies, as well as increased treatment capacity. In addition, a new Full Service Partnership program will be developed to further address needs of individuals living with serious mental illness who are homeless or at-risk of homelessness and may also have co-occurring substance use disorders. Expansion of existing programming will begin in FY 2017-18 and new programming will roll out in FY 2018-19.

Guest House is the front door for mental health services with direct access by homeless individuals to a clinic and emergency housing for adults age eighteen (18) and older. Services include daily outreach, triage, case management, mental health treatment, comprehensive mental health assessments and evaluations, medication treatment, linkages to housing and other services, and application for benefits. Permanent Supportive Housing-Guest House has implemented the highly successful Sacramento Multiple Advocate Resource Team (SMART), a promising practice assisting individuals with their applications for SSI/SSDI. This expedited process increases income, which improves access to housing and a wider variety of community services. In addition, Guest House has opened its Connections Lounge drop-in center as part of the recent expansion. Guests can learn more about mental health recovery, participate in recovery and resource-focused groups and access referrals and additional linkages for substance abuse treatment and physical health in a safe and supportive space. With its expansion, Guest House has increased program capacity and improved timeliness by significantly increasing outreach efforts by being able to add additional outreach workers and a transition specialist. The Connections Lounge has also allowed for additional contact with persons experiencing homelessness which has resulted in increased program enrollment and participation.

Success: Guest House (GH)
A homeless gentleman initially came to the Connections Lounge and struggled to build trust with staff, he presented with paranoia and active hallucinations. Guest House staff offered him a quiet private safe space and provided frequent check-ins. Through repeated engagement efforts, staff were successful in building trust and were able to successfully link him with a primary care physician to help him get his medications to help reduce active psychosis which resulted in his willingness to enroll in program services. By taking advantage of the standby appointment process GH has to offer, he was able to see the psychiatrist within a week of orientation. Two weeks later, he was connected to TLCS New Direction FSP and Palmer Apartments for emergency shelter. This was his first time off the streets in several months. He was able to stabilize through active support and shelter. Though he continued to struggle with active mental health symptoms, he had a new support network. He was connected with the SMART program for benefits support. Within one month of starting services his symptoms of delusional thinking and active auditory/visual hallucinations decreased, allowing him to take advantage of counseling, he moved off the streets, developed a support network, and began working in the community to his best ability. SSI Benefits were approved and the first check was received within 6 months of receiving Guest House and the Connection Lounge services. Within 6 months of connecting with GH, he had stable income through SSI – supporting a sustainable plan for housing and ongoing work toward his recovery.

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

Success: New Direction
Prior to being referred to New Direction, a woman struggled with drug addiction and homelessness for many years, resulting in the loss of custody of her children. In just over a year, New Direction was able to assist her with establishing a steady income, permanent housing, and supported her in achieving sobriety which has allowed her the opportunity to reconnect with family. She is rebuilding relationships with her now adult children and grandchildren and continues to engage with New Direction as she continues to grow into the mother and grandmother she said she has always wanted to be. She attributes her success to the assistance she received through intensive case management, psychiatric services, and housing support provided by New Direction. She shared, "TLCS has been a Godsend for me. They've provided me not only with affordable housing but also with sound advice and the resources that were needed to help me re-integrate back into the community with confidence and the coping skills to ensure that I have the best chance for success. I want to thank all the staff members involved in helping me regain my confidence in myself and keep a positive attitude." Her current goal is to one day be a peer support for others – she is well on her way to accomplishing this goal.

integrated, comprehensive services utilizing a "whatever it takes" approach to support consumers in meeting their desired recovery goals. New Direction provides services at two permanent MHSA-financed supportive housing projects/developments, permanent supportive housing within TLCS permanent housing sites, and utilizes community-based housing vouchers and limited subsidies to provide permanent housing. Additionally, New Direction Palmer Apartments is interim housing that has been designated as a shelter to assist residents in regards to their homeless status and for coordinated entry purposes. At Palmer, they focus on rapid access to permanent housing within 30 days once income is secured.

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

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 MHSA-financed permanent supportive housing developments, community-based housing vouchers and utilizes subsidies to provide permanent housing for consumers and their families.

Success: Pathways
A 23 year old identifying as Mexican-American, joined Pathways as a young adult. She was kicked out and made to survive on the streets due to her mother's addiction. During her time on the street, she experienced traumatic events resulting in symptoms of post-traumatic stress disorder. Upon her admittance into the Pathways program, she worked with a personal service coordinator and psychiatrist, and was linked with permanent supportive housing. She married a man who was in recovery and became pregnant; however, she began to decompensate after her husband relapsed and her daughter was removed from her care. She had to separate from her husband, leaving her alone – catapulting her anxiety so that her day to day functioning continued to decrease. She began therapy services and with the support of her Pathways team, was able to get her life back on track. She was provided with wraparound, rehabilitative and therapeutic services to assist her in attending court, therapy/rehab appointments, and accomplishing necessary classes and requirements for reunification with her child. She moved forward on filing for a divorce and finding a job which she still holds today. She has fully reunified with her daughter, maintained a stable job, stable housing, and has created a healthy, sustainable social network. When asked about her experience, she reports, "My therapy has helped me absolutely. My therapist helped me overcome a lot of obstacles with realizing again self-worth, cognitive thinking, me not having to fill that void with anyone else because I am perfectly fine by myself. I can see other people's points of view and now after such a hard journey, I have my daughter back."

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

Program: Transcultural Wellness Center
Work Plan #/Type: SAC4 – Full Service Partnership (FSP)
Capacity: 250 at any given time
Ages Served: Children, TAY, Adults, Older Adults

The **Transcultural Wellness Center (TWC)**, administered by Asian Pacific Community Counseling, is designed to increase penetration rates and reduce mental health disparities primarily in the Asian/Pacific Islander (API) communities in Sacramento County. The program is staffed by clinicians, mental health counselors, peers, and family advocates, to provide 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 all threshold languages, as well as Vietnamese, Hmong, Ilocano, Punjabi, Hindi, Laotian, Cantonese, Mandarin, Tongan, Mien and Korean.

The goals of the TWC are to improve access to services for individuals who typically have not responded well to traditional outpatient mental health /psychiatric treatment, or for individuals that may have been unable to utilize community services due to complex co-occurring needs, link to a Primary Care Physician (PCP) to provide a comprehensive medical assessment and ongoing medical care, particularly for adults with co-occurring medical and mental health needs, provide various services/interventions necessary to reduce/prevent negative outcomes such as avoidable emergency room utilization, psychiatric hospitalization, jail/ incarceration, and eviction/homelessness and provide services that will increase the individual's ability to function at optimal levels and as independently as possible, with the end of services in mind toward the goal of wellness – using the "whatever it takes" approach.

Success: Transcultural Wellness Center (TWC)
A Vietnamese woman was referred to TWC when she lost half of her family, including her husband, due to a home robbery. The day before, they had celebrated the birth of her granddaughter and youngest son's birthday. She was unable to function in her daily life, isolated from social interactions, and suffered from insomnia due to the trauma and loss of her loved ones. Treatment team assisted client in processing her thoughts and feelings, supported her in practicing her religious traditions to process loss and grief, reengaging in the community by reconnecting with her old employer and community members. She is now engaging in her community by practicing her religious beliefs and has been able to reestablish relationships with friends. She stated, "Without APCC, I wouldn't be here today."

Program outcomes are to reduce psychiatric hospitalization, arrests and incarceration and increase 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 and improvement in school functioning. 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: SAC5 – General System Development (GSD)
Capacity: 3,000 annually
Ages Served: Children, TAY, Adults, Older Adults

The **Wellness and Recovery Center** program consists of the **Wellness and Recovery Centers**, the **Peer Partner Program,** the **Consumer and Family Voice Program** and the **Sacramento Advocates for Family Empowerment (SAFE) Program**. In Fiscal Year 2015-16, this work plan was expanded to include the **Mental Health Crisis Respite Center**, **Abiding Hope Respite House**, and **Wellness and Recovery Respite Program**.

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

The **Wellness and Recovery Centers (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 individuals age eighteen (18) and older 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 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

Success: WRC Support
A 30 year old African American woman who struggled with a history of frequent hospitalization, alcohol use, unstable housing, separation from her husband, and losing custody of her 15 year old son was referred to WRC. Since client returned to WRC after two hospitalizations in 2016, she has actively worked towards her recovery with her peer mentor, attended recovery focused groups and utilized the specialty mental health services available. With support from WRC, she developed a plan to apply for SSI, repair her marriage, gain housing, and obtain custody of her son. She has reconnected with her husband, obtained SSI benefits, became independently housed with her husband and is working toward regaining custody of her son. She has not been hospitalized since 2016, has maintained her sobriety and reports "I'm doing well now."

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

The **Peer Partner Program (Peer Partners)** is administered by Mental Health America of Northern California (NorCal MHA). The program provides peer support services to adults and older adults, from diverse backgrounds, linked to the APSS clinic. Peer Partners (consumers and family members) are integrated staff members of the APSS multidisciplinary team and provide peer-led services that support APSS participants and their families in their recovery process.

Success: Peer Partner Program
A 40 year old divorced woman presented to the Peer Partner program struggling with a mental health condition and substance use. She had difficulty in accepting the impact of her substance use for several years until she lost her housing. Her Peer Support Specialist had several discussions with her and encouraged her to seek treatment. She eventually agreed to treatment for substance use. After going through detox, her Peer Support Specialist was able to get her linked with crisis residential. Following crisis residential services, her Peer Support Specialist was able to help her access stable housing. She recently was able to relocate to the Bay Area where she was raised. She is now employed and has reconnected with family. She recently contacted the Peer Partner program reporting that she is still doing well and wanted to thank the team for all the support and believing in her when she was not feeling hopeful about her life and situation.

Informing clients about recovery and services, training, advocating, connecting to resources, experiential sharing, building community, relationship building, facilitating groups, skills building/mentoring/goal setting, socialization/self-esteem building, treatment team communication, facilitating Wellness Recovery Action Plan (WRAP) and assisting consumers to overcome barriers to seeking services due to racial, ethnic, cultural or language barriers are key strategies contributing to successful outcomes.

Program outcomes include improving overall health and wellness, helping clients engage with their natural supports, increase meaningful activities, improve educational and employment functioning and reduce psychiatric hospitalizations.

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 Sacramento County adults, older adults and their families. The consumer and adult family member advocates promote and encourage adult and older adult consumer and family involvement in the mental health system from program planning to program participation. This program provides a wide array of services and supports that assist adult consumer and family members in their recovery process. These services include but are not limited to advocacy, system navigation, trainings, support groups, and psycho-educational groups. This program also coordinates and facilitates the annual client culture conference.

As part of the Consumer and Family Voice Program, the advocates coordinate and facilitate an every other month meeting for clients/consumers of behavioral health services, family members and supporters called “Expert Pool Town Hall Meetings.” The purpose of these meetings is to

build a peer support network, share information about local services and resources, and to inform attendees about how to become involved to shape services for today and the future. Consumers and family members are asked what topics or services/resources they would like to learn about. The Expert Pool Town Hall meetings include speakers that have expertise in various topics related to mental health, local services and resources. Advocates maintain an email database of over 750 community members/experts, many with lived experience, in an effort to keep our community informed of topics that pertain to our client and family member community. In FY 2015-16, four Expert Pool Town Hall Meetings were convened with an average attendance of 31 individuals per meeting.

Success: SAFE Program
A transgender Transitional Aged Youth (TAY) who battled depression and suicidal ideation was referred to the SAFE Program. The youth faced threats of eviction from a mother who was unsupportive of this transgender youth. The youth engaged in stealing to sustain medical supplements. The youth agreed to receive support and began talking with a Youth Advocate (YA). The youth was able to make a connection with the YA who listened without judgement and developed trust. With the support of this respectful relationship, the youth was able to tackle possible housing relocation, enrollment in college, substance abuse issues, and most importantly addressing mental health needs. After 5 months of collaborative efforts, the youth has moved to a supportive transgender household, is currently employed at Target, and has decided to continue mental health treatment with the County mental health provider. An ongoing connection with the YA at the SAFE program supports all of these efforts.

The **Sacramento Advocates for Family Empowerment (SAFE) Program**, administered by Mental Health America of Northern California, promotes the DBHS mission to effectively provide quality mental health services to children, youth, and families in Sacramento County. The Youth and Family Advocates promote and encourage parent/caregiver and youth consumer involvement in the mental health system, from program planning to program participation. The program provides a wide array of services and supports including, but not limited to, advocacy, system navigation, trainings, support groups, and psychoeducational groups. This is accomplished through system advocacy, direct client support services and advocacy, as well as training services to children, youth, transition age youth and their families.

Mental Health Respite Programs: The following three programs were added to the Wellness and Recovery Center Work Plan in FY 2015-16. They originated as mental health respite programs funded through the time-limited MHSA Innovation Project 1: Respite Partnership Collaborative. With support from the MHSA Steering Committee, these programs transitioned to sustainable CSS funding during FY 2015-16.

The **Mental Health Crisis Respite Center**, administered by TLCS, Inc. provides twenty-four (24)-hour a day mental health crisis respite care to adults who are experiencing overwhelming stress due to life circumstance resulting in a mental health crisis. Services include screening, resource linkage, crisis response and care management for eligible adults for up to twenty-three (23)-hours that is accessed on a drop-in basis in a warm and supportive community-based setting. The program has the capacity to serve up to ten (10) adults at any given time.

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

Success: Mental Health Crisis Respite Center (CRC)
The doorbell rings at the Mental Health CRC and staff warmly welcome the guest. The guest smiles at staff, wiping away her tears and visibly relaxes her shoulders, relieved to be at the center. She is well known by staff since 2013 and has a long history of being homeless; struggling with mental health challenges and substance abuse, frequent emergency department visits as well as numerous incarcerations.

Each time this guest arrives to the Mental Health CRC to receive crisis intervention services, she has honored the Mental Health CRC as trusted members of her community, as well as integral parts of her journey of hope. Because of the strong collaboration, and linkages with numerous community agency partners and the CRC, this guest has been able to overcome many challenges; the latest of which includes reunification with her recently born child. This guest has utilized the services the CRC program has to offer over the past four years. She is just one of the countless individuals who have come to the Mental Health CRC, and have shared that a person-centered and recovery oriented approach has evoked from the guest what was there all along; a success story waiting to happen.

Abiding Hope Respite House, administered by Turning Point Community Programs, provides Mental Health Crisis respite services, in a welcoming, home-like setting, where adults 18 and older experiencing a mental health crisis can stay for up to 14 days. During their stay, clients receive client-centered, recovery-oriented services that include crisis response, screening, resource linkage, and care management. There are 5 beds in the home and all clients take part in cooking, cleaning and groups to help them gain back a sense of purpose and dignity through life's routines. Program goals are to reduce emergency department visits and/or acute psychiatric hospitalizations and that clients will report an improvement in their recovery journey.

Success: Abiding Hope Respite House
The following is an excerpt from a client letter (shared with permission) - I came into Abiding Hope Respite Home exhausted. Sat in my car in tears for a while wondering and praying I have a safe place for the night. I was well cared for by wonderful staff. I felt a sense of relief as soon as one of the staff said, "Hello," and welcomed me to have a seat and rest. While completing some paperwork, I noticed how nice the home was. I had not slept so good like that night and in weeks and weeks. Staff support was uplifting and motivating. I was offered food and everything I needed to feel whole. By the next couple days, being at Abiding Hope, my physical/emotional energy had come back. Staff always encourages me to take care of myself first and rest. I felt energized to go out and work harder at finding a permanent residence. I'm humbled at the warm, yet professional support I've been given. Rejuvenation is here at Abiding Hope. The other clients were helpful, kind, and showed that a team is better than going it alone. I didn't feel alone here. I was allowed privacy, which was needed at this very moment in my life, being so exposed and sleeping in my car. Love is the only way I can discuss my experience here. In this very moment very beneficial to my brief and restful journey. People and Hope = Restore.

Mental Health Respite Program, administered by Saint John's Program for Real Change, provides adult women and their children in immediate crisis with short-term mental health and supportive services for up to seven (7) days. Services include assessment, treatment planning, resource linkage, crisis intervention, family intervention and case management. Program goals are to reduce emergency department visits and acute psychiatric hospitalizations and that clients will report an improvement in their recovery journey.

Success: Wellness and Recovery Respite
A homeless woman presented to Saint John's Mental Health Respite in a depressed state, feeling directionless and hopeless. She reported that she needed to stabilize her mental health, and was making an effort to refrain from self-isolation and self-harm. At that point in time she was attempting to manage her anxiety and depression while also resolving her homeless status. During her stay at Saint John's, she met with a case manager, who greeted her with a smile, provided reassurance and let her know she was safe and the staff were there to support her through this difficult time. While at Saint John's, she did not need to worry about how she would meet her basic needs, such as where she would sleep or if she would eat, which allowed her to focus on addressing her overall mental wellness. After a few days she presented as talkative, focused, and increasingly hopeful. She spoke about the steps she was taking to improve her situation, and exhibited a sense of positivity around what she was trying to accomplish. She was soon able to obtain an available spot in a longer-term shelter and left Saint John's, sharing that she felt grateful and confident.

Program: Adult Full Service Partnership
Work Plan #/Type: SAC6 – Full Service Partnership (FSP)
Capacity: Expanded to 450 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, struggling with persistent and significant mental illness who would otherwise utilize the most restrictive and highest level programs. Turning Point ISA and Telecare SOAR provide comprehensive, integrated, culturally competent mental health services – including assessments, planning, social rehabilitation, intensive case management, co-occurring substance use services, 24/7 crisis response, and psychiatric medication support.

Success: Integrated Services Agency
Turning Point ISA began working with a member experiencing significant mental health challenges with a long history of refusing services. She expressed significant high risk behaviors resulting in multiple hospitalizations, incarceration and unstable housing. ISA assisted the member in identifying areas of strengths that could be utilized to retain housing and address basic needs. The member attends anger-management groups and continues to develop and learn more effective independent living, coping, and communication skills/strategies. Since participating in the program, the member has successfully been in stable housing. The member has expressed her gratitude for the supportive services of "Turning Point ISA who never gave up on me."

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

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

Success: Sacramento Outreach Adult Recovery (SOAR)
SOAR's High Intensity Team began working with a member for about 30 days before she became homeless. SOAR spent months searching for her with no success. She was eventually located at a local private hospital, presenting with many of the same significant and severe symptoms that led her initially to SOAR – hearing voices, substance abuse, racing/disorganized thoughts and speech, debilitating anxiety and depression, intense fear that she would die, and thoughts of suicide. SOAR supported her throughout her hospitalization and discharge, worked with her on building skills to better cope with intense fear and anxiety, and assisted her in finding a board and care home that remains welcoming, supportive and caring. She is now able to advocate for her needs, structure her day in ways that promote wellness, and participate in SOAR psychoeducational and support groups. She has also built a strong relationship with her psychiatrist and stated, "My meds are working for the first time in my life." She recently reconnected with her adult children and her parents whom she has been estranged for many years. She now has hope for her future saying, "I feel better than I have ever felt in my entire life."

As part of the 2014-2017 expansion efforts, both programs were expanded to increase capacity and improve timeliness to services for community members. Telecare SOAR and Turning Point ISA are working on identifying and implementing Evidence-Based Practice models to assist consumers to more effectively fulfill their goals for recovery – including co-occurring substance use issues and successful completion of Mental Health Court and Co-Occurring Mental Health Court. Program outcomes are to reduce/prevent unnecessary emergency room, hospital, and jail utilization in order to assist community members to remain living in the community at the least restrictive level of care – as independently as possible.

Turning Point ISA and Telecare SOAR establish and maintain successful collaborations with system partners and community agencies, including sub-acute settings; law enforcement; healthcare providers; conservators; and ethnic and cultural groups to assist consumers in maintaining in the community and working toward recovery.

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

Program: Juvenile Justice Diversion and Treatment Program
Work Plan #/Type: SAC7– Full Service Partnership (FSP)
Capacity: Expansion plan implemented in fiscal year 2016-17. Capacity expanded to 128.
Ages Served: Youth and TAY ages 13 – 25

The **Juvenile Justice Diversion and Treatment Program (JJDTP)** is a contracted FSP that brings together a partnership between DBHS, Sacramento County Probation Department, and River Oak Center for Children to deliver integrated services to a population of youth involved with juvenile justice with multiple complex needs cutting across service areas. 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 mental health needs are assessed. 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.

Success: JJDTP
An 18 year old client came to JJDTP having received services for 8 years (off and on) through other programs. At admission, the client had been charged with breaking and entering, was actively using drugs and alcohol, had multiple hospitalizations, was not attending school and was well behind on school credits. With support from the program and the youth advocate, client received mental health and substance use treatment, is now in school and, using skills learned in JJDTP, successfully completed his probation. His recovery has progressed to where he is only in need of medication management for which he is being linked to his primary care physician. He is looking forward to stepping down to community support as needed.

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

A JJDTP expansion was implemented in FY 2016-17. In addition to increasing the number of youth and families served from 92 to 128, the expansion allows for the addition of clinicians, a youth advocate, and a family advocate.

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

The new **Transition Age Youth (TAY) FSP** Program was implemented in late 2017. As previously reported, 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 are designed to be culturally and linguistically competent with sensitivity to and affirmation of gender identity, gender expression and sexual orientation. Services are individualized based on age, development and culture. The program provides 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 TAY FSP program includes outreach, engagement, retention and transition strategies with an emphasis in independent living and life skills, mentorship and services that are youth and family driven.

Program: Crisis Residential Program
Work Plan #/Type: SAC9 – General System Development (GSD)
Capacity: 27 at any given time
Ages Served: Adults ages 18 - 59

In FY 2015-16, a new **15-bed Crisis Residential Program**, known as CRP#2, was approved by the MHSA Steering Committee using CSS Expansion funds from Phase C and is operated by Turning Point Community Programs (TPCP). CRP#2, located in Rio Linda, was opened for admissions on August 1, 2016. The addition of this new 15-bed program significantly increased community-based crisis residential service capacity in Sacramento from 12 to 27 beds for individuals served by the County, which represents a 125% increase.

In November 2016, the MHSA Steering Committee voted in support of spreading the MHSA funding allocated to CRP#2 across both the longstanding 12-bed crisis residential program, known as CRP#1, and the new 15-bed CRP#2. This shift maximized the Medi-Cal funding leveraged for both programs.

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

Success: Crisis Residential Program

Upon entering the Crisis Residential Program (CRP) in Rio Linda, an adult male client faced treatment barriers such as no family or social support. He has struggled for many years with depression, anxiety, suicidal ideation, paranoia and alcohol abuse. He was unable to independently utilize community resources/services. These symptoms have resulted in multiple hospitalizations and treatment attempts since 2011.

During his stay at CRP, he has built a positive relationship with his case manager who has assisted with accessing resources to increase his limited support. He and his case manager together formed a team that made progress toward his goals of self-sufficiency and independence and explored viable housing resources prior to discharge. At the CRP, his symptoms of depression, anxiety, suicidal ideation, isolation, difficulty sleeping, irritability, and cognitive distortions decreased. Mental health treatment and a consistent medication regimen assisted with reducing these symptoms. He attended daily groups and individual sessions that focused on coping skills and symptom management.

By the end of his stay, he was linked and is now participating in ongoing intensive integrated mental health and substance use services. He now lives in his own studio apartment. As a result of the work that began during his stay at the CRP, he is utilizing services and is making progress towards his self-defined goals.

Program: Consultation, Support and Engagement Teams (CSET) Program
Work Plan #/Type: SAC10 – General System Development (GSD)
Capacity: To be determined
Ages Served: Children and Youth (up to age 21)

This new program evolved from the 2014-2017 three-phased CSS expansion planning process and will be designed to address the needs of children and youth that have been commercially sexually exploited. This program will have two components: 1) Outreach and engagement services for children, youth and families; and 2) Consultation, education and training to mental health providers that are delivering treatment services to this underserved population. This program is targeted to roll out late in FY 2017-18. More detailed information on program implementation will be provided in future updates.

CSS Administration and Program Support

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

The table below contains the FY2017-18 Cost per Client information for implemented programs:

FY2017-18 CSS COMPONENT BUDGET Work Plan / Program	Average Cost/Client*	Budget Amount
SAC1 - GSD: TCORE	$ 3,291	$ 26,659,655
SAC2 - FSP: Sierra Elder Wellness	$ 14,631	$ 2,048,327
SAC4 - FSP: Permanent Supportive Housing	$ 4,946	$ 12,583,547
SAC5 - FSP: Transcultural Wellness Center	$ 10,405	$ 2,601,251
SAC6 - GSD: Wellness and Recovery Center	$ 986	$ 5,714,037
SAC7 - FSP: Adult Full Service Partnership	$ 17,651	$ 7,942,929
SAC8 - FSP: Juvenile Justice Diversion and Treatment	$ 27,218	$ 3,483,854
SAC9 - FSP: TAY Full Service Partnership	$ 16,667	$ 4,000,000
SAC10 - GSD: Crisis Residential	$ 6,368	$ 3,139,391
TOTAL		**$ 68,172,991**

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

Sacramento County Programs Highlighted in *TOGETHER WE CAN Reducing Criminal Justice Involvement for People with Mental Illness* Mental Health Services Oversight and Accountability Commission (MHSOAC) Report, November 2017*:*

In November 2017, the MHSOAC published this report to highlight the need to reduce the number of people with unmet mental health needs who enter the criminal justice system. In 2016, the MHSOAC launched a review of current policies and practices and an exploration of emerging approaches. The goal was to develop an action agenda for reducing the number of, and improving outcomes for, mental health consumers involved in the criminal justice system.

The following excerpts, taken from the report, highlight Sacramento County MHSA-funded programs that are making an impact in this area:

> *Sacramento County | Mobile Crisis Support Teams*
>
> *Sacramento County is providing law enforcement with assistance during encounters with people experiencing a mental health crisis. Each team is comprised of a police officer or sheriff deputy trained in crisis intervention training, a licensed mental health clinician, and a peer support provider. After initial contact with the person in crisis, the clinician and peer collaborate to provide continued support and access to appropriate services.*[112]

Recovery through Mental Health and Court Collaboration

Jeremy Sorensen is a Sacramento County Mental Health Court success story. With a bi-polar disorder and a history of self-medication with drugs and alcohol, he had been in and out of the criminal justice system most of his life. But one day last year Sorensen was pulled over for driving under the influence of methamphetamine. The arrest could have cost him custody of his son. Instead, it changed his life.

Thanks to his treatment provider, Sorensen was referred to the Mental Health Court, a program that offers diversion and a clean record to participants who agree to treatment. For Sorensen, it was the perfect fit, providing structure and accountability as well as a medication he says "has been phenomenal" and "changed my way of thinking."

Judge Lawrence Brown, who supervises the program for Sacramento County Superior Court, says Sorensen is typical of those who appear before him — inconsistent with medications while battling addictions to illegal drugs. The Mental Health Court, he says, keeps participants on track with a rigorous schedule of meetings, appointments, and conferences with a judge. Brown says it blends "the treatment approach with the criminal justice system."

"It's an extraordinarily compassionate approach to the justice system," Brown said. "It's almost inhumane to have a seriously mentally ill person incarcerated if they otherwise could be in the community, have treatment, have access to their medication, and be held accountable."

It worked for Sorensen. He "graduated" from Mental Health Court in a year, the minimum possible time, and now volunteers as a mentor and peer support counselor at a mental health service provider.

MHSA Innovation Highlight
Advancing Mental Health Urgent Care Models in California

Sacramento County | Mental Health Crisis / Urgent Care Clinic

The Sacramento County Division of Behavioral Health Services is implementing an innovative project to adapt urgent care models used in other counties to meet the needs of the community. This adaptation will include integration of wellness and recovery principles in service delivery. Innovative adaptions include an after-hours outpatient treatment program operation to allow for more flexible staffing patterns, direct linkage to behavioral health services, and a screening tool that allows staff to screen for physical health issues, expediting care coordination.

https://www.dhhs.saccounty.net/BHS/Documents/Reports--Workplans/MHSA-Rports-and-Workplans/RT-2016-17-MHSA-Annual-Update--Sacramento-County.pdf

Penetration Rates – Calendar Years 2015 and 2016

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

Penetration Rates		Calendar Year 2015					Calendar Year 2016					
		A		B		B/A	A		B		B/A	
		Medi-Cal Eligible Beneficiaries		Medi-Cal Clients (Undup)		Medi-Cal Penetration Rates	Medi-Cal Eligible Beneficiaries		Medi-Cal Clients (Undup)		Medi-Cal Penetration Rates	Percent Change between CY 2015 and CY 2016
		N	%	N	%	%	N	%	N	%	%	%
Age Group	0 to 5	71,427	14.3%	1,243	4.7%	1.7%	72,266	12.8%	1,555	5.7%	2.2%	29.4%
	6 to 17	130,883	26.2%	10,098	38.1%	7.7%	134,120	23.7%	9,967	36.5%	7.4%	-3.9%
	18 to 59	240,398	48.0%	13,330	50.2%	5.5%	293,755	52.0%	13,894	50.9%	4.7%	-14.5%
	60+	57,788	11.5%	1,857	7.0%	3.2%	65,086	11.5%	1,894	6.9%	2.9%	-9.4%
	Total	500,496	100.0%	26,528	100.0%	5.3%	565,227	100.0%	27,310	100.0%	4.8%	-9.4%
		N	%	N	%	%	N	%	N	%	%	%
Gender	Female	268,191	53.6%	13,682	51.6%	5.1%	298,366	52.8%	14,261	52.2%	4.8%	-5.9%
	Male	232,303	46.4%	12,837	48.4%	5.5%	266,860	47.2%	13,039	47.7%	4.9%	-10.9%
	Unknown	----	----	9	0.0%	----	----	----	10	0.0%	----	
	Total	500,494	100.0%	26,528	100.0%	5.3%	565,226	100.0%	27,310	100.0%	4.8%	-9.4%
		N	%	N	%	%	N	%	N	%	%	%
Race	White	134,833	26.9%	8,843	33.3%	6.6%	149,383	26.4%	8,766	32.1%	5.9%	-10.6%
	African American	82,008	16.4%	6,078	22.9%	7.4%	89,118	15.8%	6,037	22.1%	6.8%	-8.1%
	American Indian/Alaskan Native	3,946	0.8%	230	0.9%	5.8%	4,290	0.8%	264	1.0%	6.2%	6.9%
	Asian/Pacific Islander	93,640	18.7%	1,766	6.7%	1.9%	112,185	19.8%	1,706	6.2%	1.5%	-21.1%
	Other	84,409	16.9%	4,263	16.1%	5.1%	101,461	18.0%	4,837	17.7%	4.8%	-5.9%
	Hispanic	101,661	20.3%	5,348	20.2%	5.3%	108,792	19.2%	5,700	20.9%	5.2%	-1.9%
	Total	500,497	100.0%	26,528	100.0%	5.3%	565,229	100.0%	27,310	100.0%	4.8%	-9.4%

*Penetration rates are defined as the total number of persons served divided by the number of persons eligible.

**The EQRO data for Medi-cal eligible beneficiaries includes the newly eligible individuals through the Affordable Care Act (ACA).

Review of the penetration rate chart shows a comparison from Calendar Year (CY) 2015 to CY 2016. There are two factors to note when reviewing these data. First, the penetration rate table reflects the number of Medi-Cal beneficiaries served through the specialty mental health treatment programs; however, it does not account for any of the individuals served, irrespective of insurance status, through the DBHS prevention 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 and the Affordable Care Act (ACA) have also accounted for some of the changes experienced in the penetration rates. The data shows that the number of Medi-Cal beneficiaries served through the specialty mental health treatment programs has increased for several populations. However, the penetration rate is calculated as the total number of persons served divided by the number of persons eligible; therefore, the increased number of Medi-Cal eligible beneficiaries results in lower Medi-Cal penetration rates. Through the changes in the health care landscape, more individuals are seeking mental health services from their primary care provider. Methods used to determine penetration rates at the State level will need to be examined. We will also need to work with our healthcare partners to interpret the impacts of the ACA on service utilization throughout the expanded mental health/behavioral health care system.

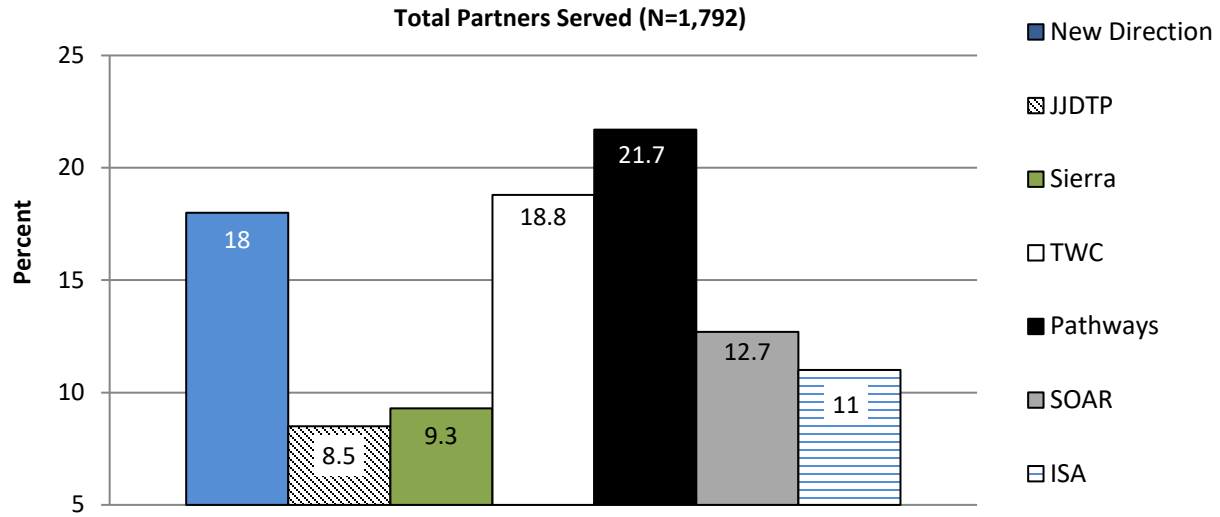
Full Service Partnership (FSP) Program Fiscal Year 2015-16 Outcomes

During FY 2015-16 Sacramento County's seven FSP programs showed considerable progress in reducing negative outcomes, and in assisting partners with mental and or/substance use disorders manage their conditions successfully. Partner stays were reduced for psychiatric facilities, jails, homeless occurrences, and emergency rooms. Changes are represented in percent change from baseline (one year prior to enrollment to an FSP).

- Hospitalizations decreased by 51%
- Hospital days decreased by 85%
- Arrests decreased by 65%
- Incarcerations decreased by 72%
- Incarceration days decreased by 55%
- Homeless occurrences decreased by 63%
- Homeless days decreased by 83%
- Employment rate increased by 11%
- Partners with Primary Care Physicians increased by 23%

There were seven implemented FSP Programs in FY 2015-16:

- Sierra Elder Wellness (Sierra)
- New Direction (New Direction)
- Pathways (Pathways)
- Transcultural Wellness Center (TWC)
- Integrated Services Agency (ISA)
- Sacramento Outreach Adult Recovery (SOAR)
- Juvenile Justice Diversion and Treatment Program (JJDTP)

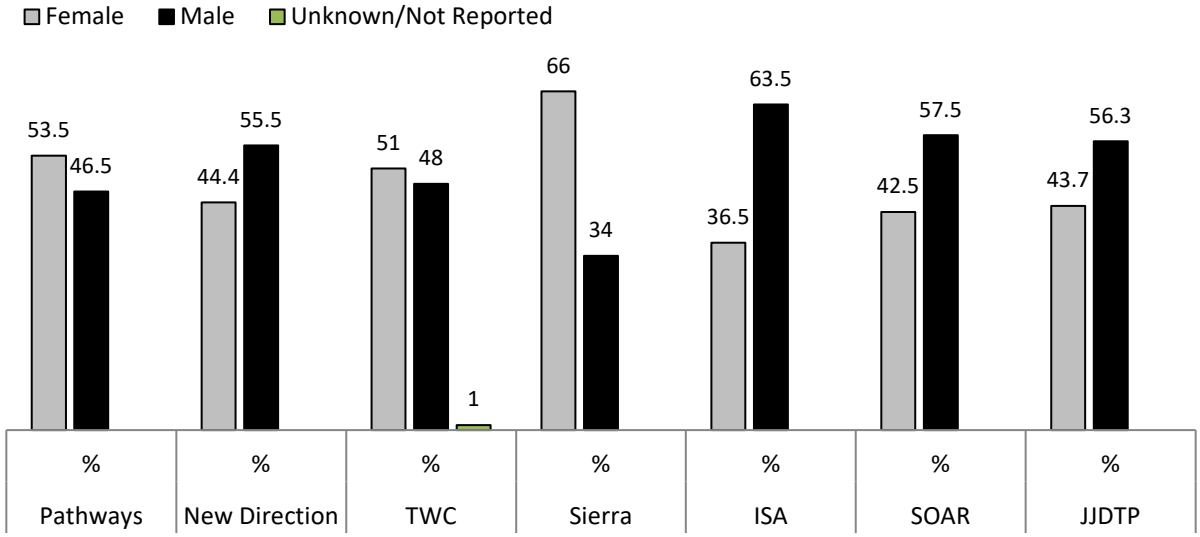


Full Service Partnership (FSP) Program Fiscal Year 2015-16 Outcomes (continued)

Program	Partners Served on the First Day of the FY		Partners Admitted During the FY		Partners Discharged During the FY		Partners Served on the Last Day of the FY		Total Partners Served		Average LOS for Discharged	Attrition Rate
	N	%	N	%	N	%	N	%	N	%	Years	N
New Direction	283	19.5	39	11.4	38	12.5	284	19.1	322	18	2.3	13.4
JJDTP	87	6	64	18.8	69	22.8	82	5.5	151	8.5	1.1	81.7
Sierra	155	10.7	13	3.8	32	10.6	136	9.1	168	9.3	3.8	22
TWC	249	17.2	88	25.8	89	29.4	248	16.7	337	18.8	2.6	35.8
Pathways	349	24.1	40	11.7	44	14.5	345	23.2	389	21.7	3.5	12.7
SOAR	170	11.7	58	17	22	7.3	206	13.8	228	12.7	2.1	11.7
ISA	158	10.9	39	11.4	9	3	188	12.6	197	11	4.9	5.2
Total	1,451	100	341	100	303	100	1,489	100	1792	100	2.5	20.6

In Fiscal Year 2015-16, a total of 1,792 clients were served across the seven implemented FSPs. Some clients were served by multiple FSPs throughout the fiscal year, so the 1,792 total includes some duplicated clients. The charts and tables on the following pages show demographic information and outcomes in each of the FSPs:

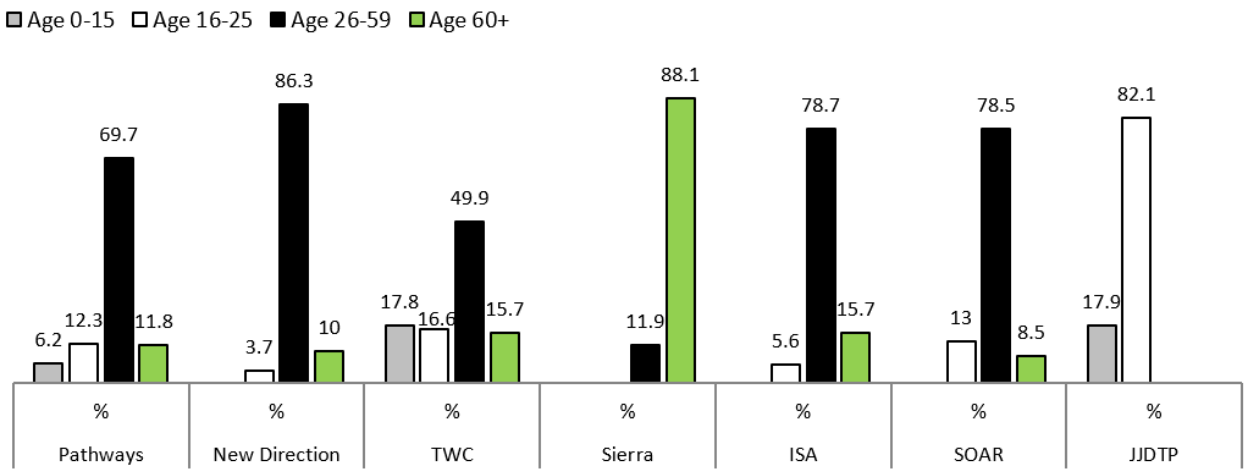
Gender



Gender	Pathways		New Direction		TWC		Sierra		ISA		SOAR		JJDTP	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Female	208	53.5	143	44.4	171	51	111	66	72	36.5	97	42.5	66	43.7
Male	181	46.5	179	55.5	162	48	57	34	125	63.5	131	57.5	85	56.3
Unknown/Not Reported	0	0	0	0	3	0.9	0	0	0	0	0	0	0	0
Total	389	100	322	100	336	100	168	100	197	100	228	100	151	100

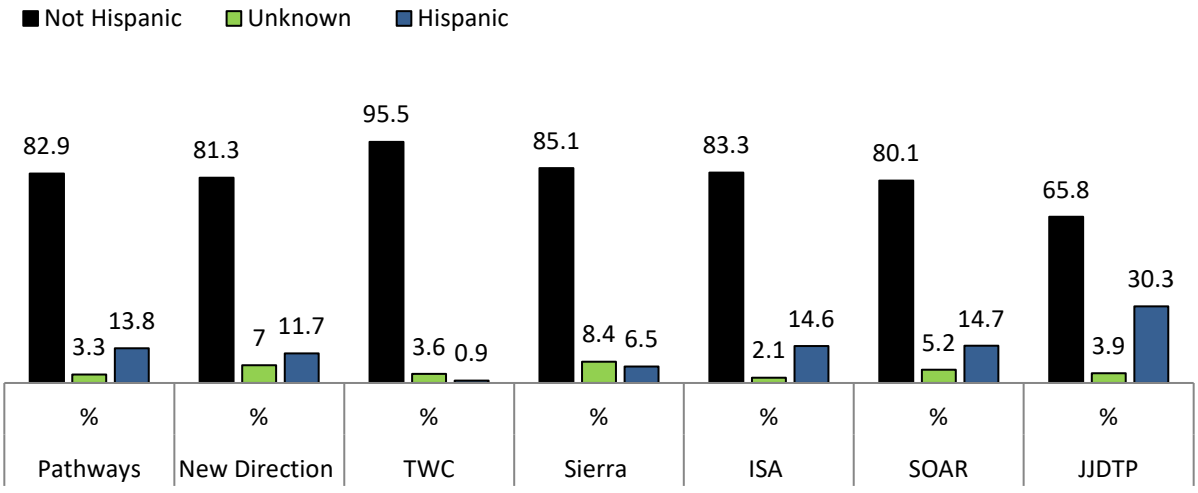
Full Service Partnership (FSP) Program Fiscal Year 2015-16 Outcomes (continued)

Age Groups Served



Age Groups	Pathways	New Direction	TWC	Sierra	ISA	SOAR	JJDTP
	%	%	%	%	%	%	%
Age 0-15	6.2	0	17.8	0	0	0	17.9
Age 16-25	12.3	3.7	16.6	0	5.6	13	82.1
Age 26-59	69.7	86.3	49.9	11.9	78.7	78.5	0
Age 60+	11.8	10	15.7	88.1	15.7	8.5	0
Total	100	100	100	100	100	100	100

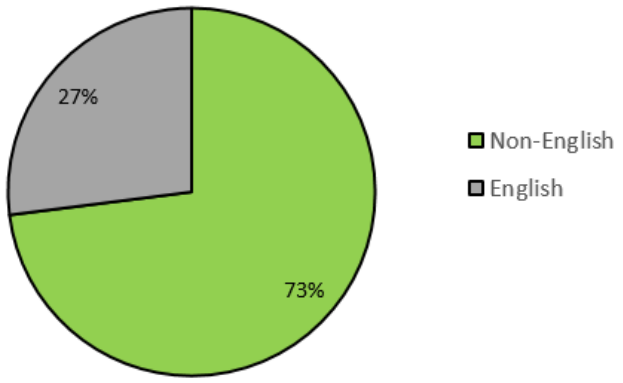
Ethnicity



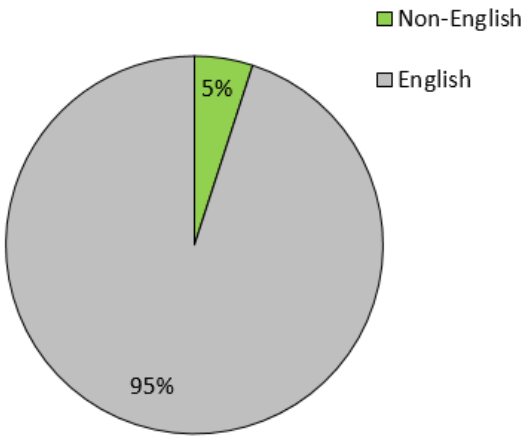
Full Service Partnership (FSP) Program Fiscal Year 2015-16 Outcomes (continued)

Ethnicity by Program	Pathways	New Direction	TWC	Sierra	ISA	SOAR	JJDTP
	%	%	%	%	%	%	%
Not Hispanic	82.9	81.3	95.5	85.1	83.3	80.1	65.8
Unknown	3.3	7	3.6	8.4	2.1	5.2	3.9
Hispanic	13.8	11.7	0.9	6.5	14.6	14.7	30.3

APCC-TWC Partner Language, n=337



All Other Partner Language (n=1455)



Primary Language	Pathways n=389		New Direction n=322		TWC n=337		Sierra n=168		ISA n=197		SOAR n=228		JJDTP n=151	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
English	374	96.1	313	97.2	91	27.0	157	93.5	177	89.8	221	96.9	147	97.4
Spanish	9	2.3	4	1.2	4	1.2	6	3.6	5	2.5	0	0	2	1.3
Russian	1	0.3	2	0.6	0	0.0	1	0.6	3	1.5	1	0.4	1	0.7
Cantonese	0	0.0	0	0.0	60	17.8	0	0.0	2	1.0	1	0.4	1	0.7
Vietnamese	0	0.0	0	0.0	86	25.5	0	0.0	1	0.5	2	0.9	0	0.0
Hmong	0	0.0	0	0.0	88	26.1	0	0.0	1	0.5	1	0.4	0	0.0
Other	5	1.3	3	0.9	6	1.8	3	1.8	8	4.1	0	0.0	0	0.0
Unknown/Not Reported	0	0.0	0	0.0	2	0.6	1	0.6	0	0.0	2	0.9	0	0.0

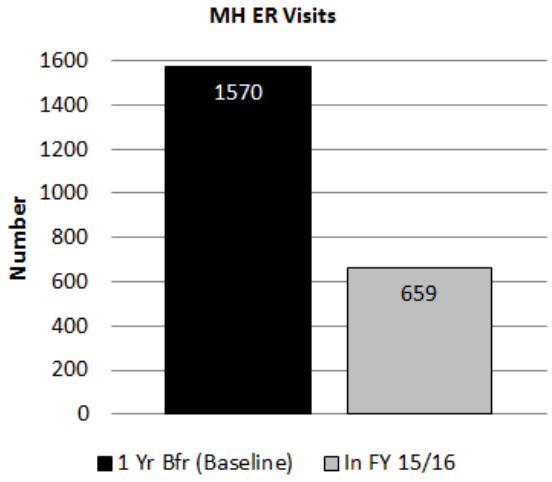
Full Service Partnership (FSP) Program Fiscal Year 2015-16 Outcomes (continued)

Race	Pathways		New Direction		TWC		Sierra		ISA		SOAR		JJDTP	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Caucasian	157	40.4	152	47.2	2	0.6	78	46.4	106	53.8	98	43.0	33	21.9
African American	116	29.8	99	30.7	1	0.3	22	13.1	34	17.3	60	26.3	42	27.8
Multi Race	40	10.3	12	3.7	12	3.6	6	3.6	10	5.1	18	7.9	25	16.6
Asian/Pacific Islander	14	3.6	15	4.7	276	81.9	9	5.4	19	9.6	12	5.3	4	2.6
Unknown / Not Reported	25	6.4	21	6.5	40	11.9	46	27.4	12	6.1	17	7.5	16	10.6
Other	37	9.5	23	7.1	6	1.8	7	4.2	16	8.1	23	10.1	31	20.5
Total	389	100.0	322	100.0	337	100.0	168	100.0	197	100.0	228	100.0	151	100

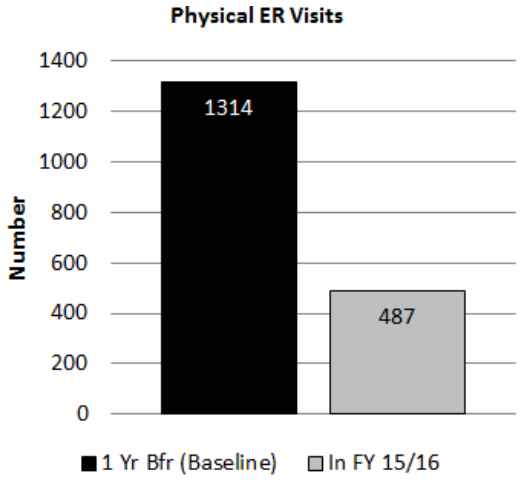
Primary Diagnosis	TWC		SEWP		JJDTP		SOAR		New Direction		ISA		Pathways	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
ADHD	19	5.6	0	0.0	13	8.6	0	0.0	0	0.0	0	0.0	13	3.3
Adjustment	10	3.0	0	0.0	6	4.0	0	0.0	0	0.0	0	0.0	8	2.1
Anxiety Disorders	11	3.3	0	0.0	14	9.3	0	0.0	0	0.0	0	0.0	1	0.3
Bipolar Disorder	26	7.7	36	21.4	28	18.5	21	9.2	81	25.2	10	5.1	73	18.8
Borderline Personality Disorder	0	0.0	1	0.6	0	0.0	0	0.0	5	1.6	0	0.0	11	2.8
Conduct Disorder	1	0.3	0	0.0	38	25.2	0	0.0	0	0.0	0	0.0	2	0.5
Depressive Disorders	154	45.7	19	11.3	17	11.3	8	3.5	74	23.0	7	3.6	91	23.4
Other	12	3.6	7	4.2	3	2.0	7	3.1	0	0.0	2	1.0	11	2.8
Other Childhood Disorders	2	0.6	0	0.0	21	13.9	0	0.0	0	0.0	0	0.0	2	0.5
Post-Traumatic Stress Disorder	10	3.0	2	1.2	6	4.0	1	0.4	36	11.2	0	0.0	68	17.5
Psychotic Disorders	92	27.3	103	61.3	5	3.3	191	83.8	126	39.1	178	90.4	109	28.0
Grand Total	337	100	168	100.0	151	100.0	228	100.0	322	100.0	197	100.0	389	100.0

Full Service Partnership (FSP) Program Fiscal Year 2015-16 Outcomes (continued)

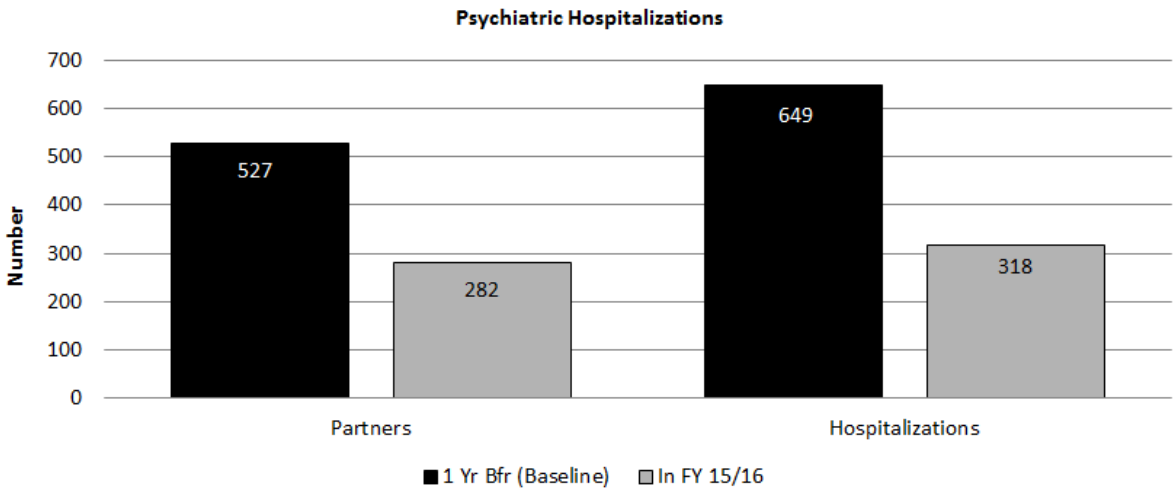
A total of 1,792 unduplicated partners were served during Fiscal Year 2015/16, from those partners, 1,437 completed one year in an FSP. The charts below use the subset of partners who completed one year in an FSP to fully capture the effects of FSP participation from one year before (baseline) to one year of partnership, and changes are represented in percent change. Primarily, partner data is collected using FSP Outcome Forms, which include the PAF, KET and 3M. The county's electronic health record, (AVATAR) is used in addition to FSP Outcome Forms to collect primary diagnosis and hospitalization data.



MH ER visits had a 58% decrease from baseline.

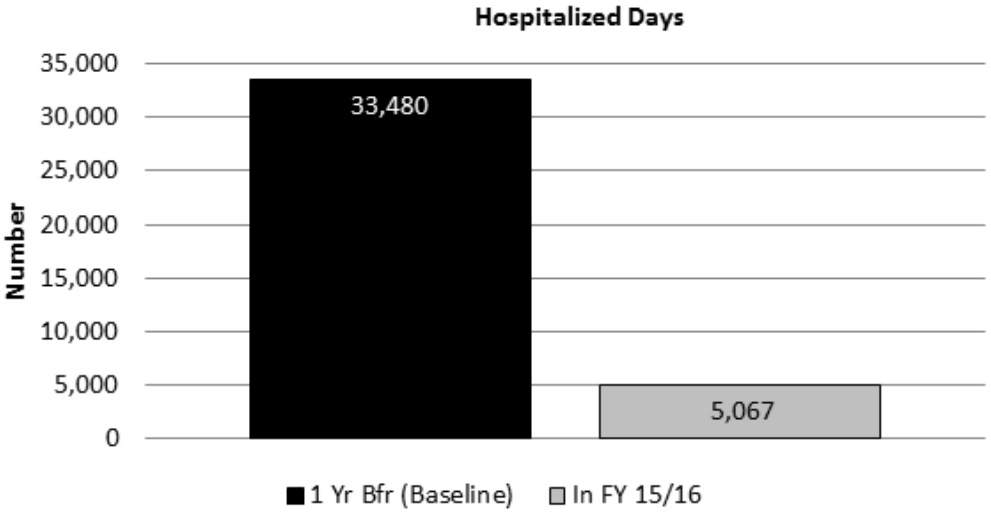


Physical ER visits had a 63% decrease from baseline.

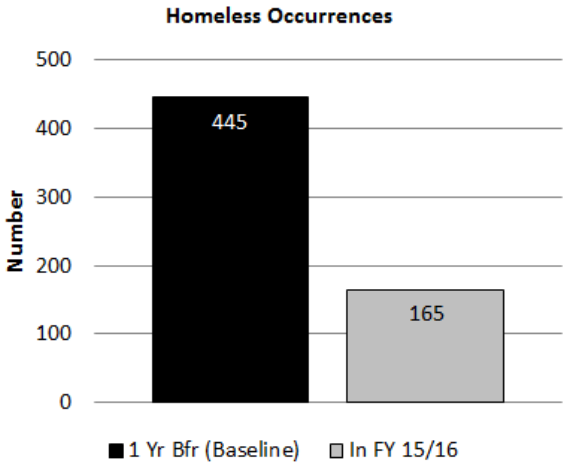


Unduplicated partners hospitalized decreased by 46% and total hospitalizations decreased by 51%.

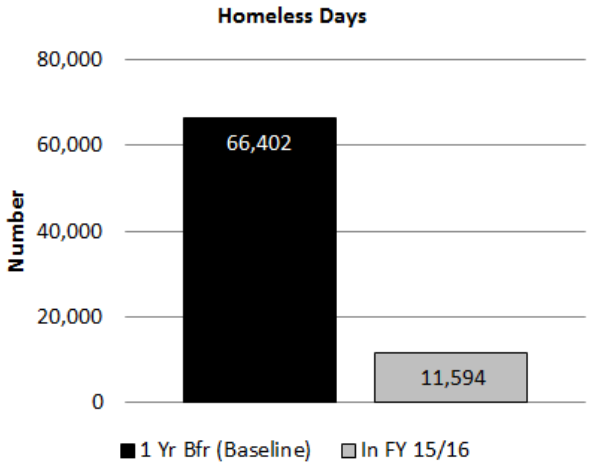
Full Service Partnership (FSP) Program Fiscal Year 2015-16 Outcomes (continued)



Hospital days had an 85% decrease from baseline.

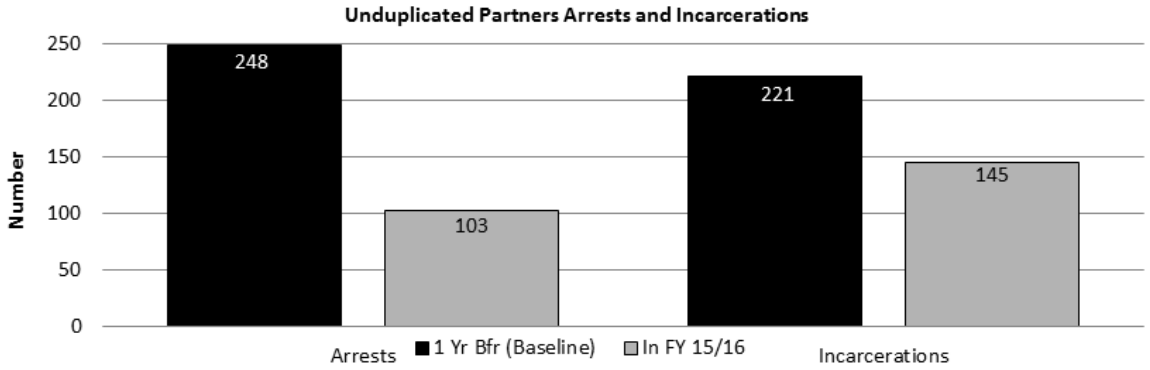


Homeless days occurrences decrease d by 63% from baseline

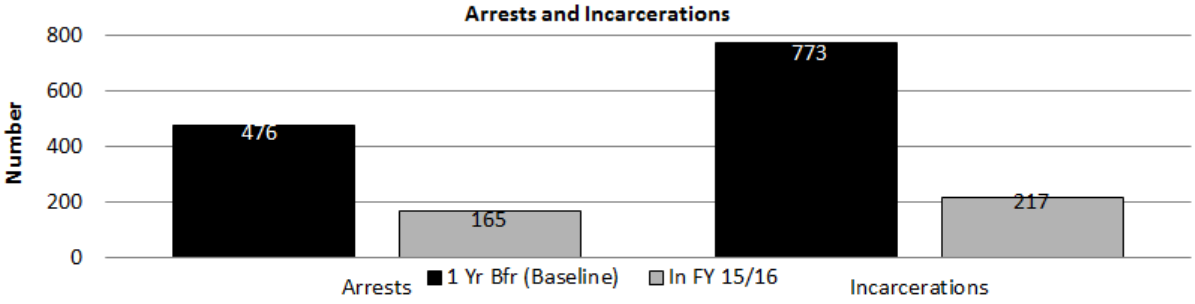


Homeless days decreased by 83% from baseline

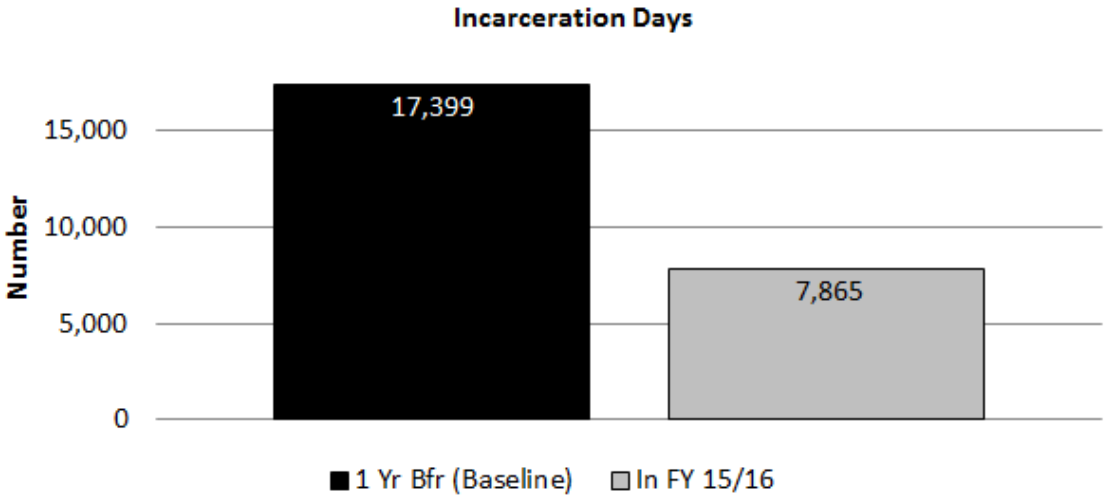
Full Service Partnership (FSP) Program Fiscal Year 2015-16 Outcomes (continued)



Unduplicated partner had a 58% decrease in arrests and a 35% decrease in incarcerations from baseline. Note: the number of incarcerations is larger than the number of arrest in FY 15/16. This can be a result of partner self-report who do not disclose the arrest, but do disclose incarceration to their Partnership Service Coordinator.

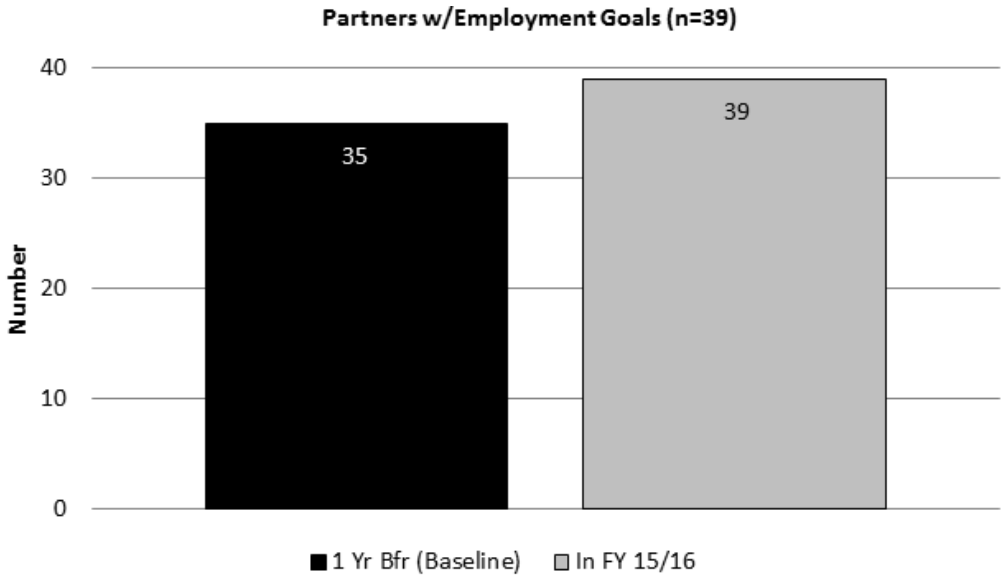


Arrests decreased by 65% and incarcerations decreased by 72% from baseline

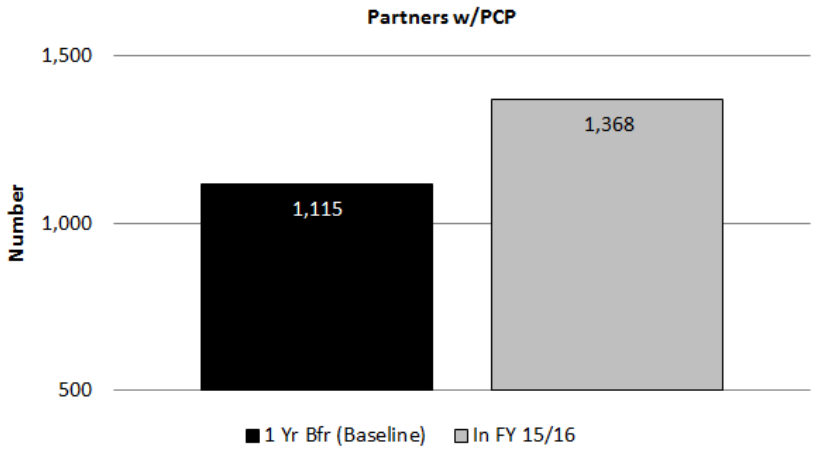


Incarceration days decreased by 55% from baseline

Full Service Partnership (FSP) Program Fiscal Year 2015-16 Outcomes (continued)



Partners w/employment goals increase by 11%



Partners w/a Primary Care Physician (PCP) increased by 23% from baseline. Moreover, with this increase, 95% of the partners in an FSP at for least one year get connected to a PCP.

General System Development (GSD) Program Fiscal Year 2015-16 Demographics

In Fiscal Year 2015-16, a total of 8,781 unduplicated clients were served across the implemented GSD programs. The chart below displays demographic information for individuals served in each of the programs:

ALL SERVED BY PROGRAM – FISCAL YEAR 15/16																
Characteristic	TCORE - APSS N=3,828		TCORE HRC N=887		Guest House N=972		Peer Partners HWHA N=8		Peer Partners MHANCA N=434		WRC * N=2,512		Consumer and Family Voice- SAFE N=140		Total N=8,781	
Gender	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	2,291	59.8%	438	49.4%	395	40.6%	5	62.5%	290	66.8%	1459	58.1%	34	24.3%	4,912	56.1%
Male	1,537	40.2%	449	50.6%	576	59.3%	3	37.5%	144	33.2%	1048	41.7%	50	35.7%	3,807	43.5%
Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.7%	1	0.0%
Unknown	0	0.0%	0	0.0%	1	0.1%	0	0.0%	0	0.0%	5	0.2%	55	39.3%	61	0.7%
Age																
0 to 15	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	59	42.1%	59	0.7%
16 to 25	339	8.9%	105	11.8%	76	7.8%	1	12.5%	38	8.8%	218	8.7%	18	12.9%	795	9.1%
26 to 59	3,112	81.3%	695	78.4%	740	76.1%	6	75.0%	355	81.8%	2022	80.5%	4	2.9%	6934	79.0%
60 and Over	377	9.8%	87	9.8%	43	4.4%	1	12.5%	41	9.4%	264	10.5%	1	0.7%	814	9.3%
Unknown	0	0.0%	0	0.0%	113	11.6%	0	0.0%	0	0.0%	8	0.3%	58	41.4%	179	2.0%
Hispanic																
No	2,684	70.1%	719	81.1%	716	73.7%	7	87.5%	302	69.6%	1498	59.6%	36	25.7%	5,962	67.9%
Yes	448	11.7%	112	12.6%	135	13.9%	0	0.0%	46	10.6%	380	15.1%	43	30.7%	1,164	13.3%
Unknown/Not Reported	696	18.2%	56	6.3%	121	12.4%	1	12.5%	86	19.8%	634	25.2%	61	43.6%	1,655	18.8%
Race																
White	1634	42.7%	438	49.4%	387	39.8%	3	37.5%	156	35.9%	1013	40.3%	16	11.4%	3,647	41.5%
Black	656	17.1%	210	23.7%	322	33.1%	3	37.5%	66	15.2%	678	27.0%	16	11.4%	1,951	22.2%
Asian/PI	437	11.4%	68	7.7%	26	2.7%	1	12.5%	71	16.4%	156	6.2%	0	0.0%	759	8.6%
Am Indian/Alask. Nat.	57	1.5%	15	1.7%	17	1.7%	0	0.0%	9	2.1%	89	3.5%	0	0.0%	187	2.1%
Multi-Race	56	1.5%	12	1.4%	23	2.4%	0	0.0%	7	1.6%	61	2.4%	16	11.4%	175	2.0%
Other Race	441	11.5%	106	12.0%	134	13.8%	1	12.5%	41	9.4%	256	10.2%	7	5.0%	986	11.2%
Unknown/Not Reported	547	14.3%	38	4.3%	63	6.5%	0	0.0%	84	19.4%	259	10.3%	85	60.7%	1,076	12.3%
Primary Language																
English	3,169	82.8%	814	91.8%	945	97.2%	5	62.5%	339	78.1%	2,273	90.5%	53	37.9%	7,598	86.5%
Other	459	12.0%	42	4.7%	7	0.7%	3	37.5%	62	14.3%	96	3.8%	1	0.7%	670	7.6%
Spanish	115	3.0%	20	2.3%	5	0.5%	0	0.0%	19	4.4%	32	1.3%	30	21.4%	221	2.5%
Unknown/Not Reported	85	2.2%	11	1.2%	15	1.5%	0	0.0%	14	3.2%	111	4.4%	56	40.0%	292	3.3%

* Wellness and Recovery Centers (WRC) - Only inclusive of services entered in Avatar; includes WRC Franklin, WRC Franklin Community Program, WRC Lincoln Village, and WRC Lincoln Village Community Program

NOTE: 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. Local one-time set-aside of MHSA funding, administered by the Sacramento Housing and Redevelopment Agency (SHRA) and county MHSA dollars administered by the California Housing Finance Agency (CalHFA) total more than $16 million. These MHSA funds along with over $130 million of federal, state, and local leveraged funds, financed hundreds of units, of which 161 are dedicated to MHSA tenants. These apartments are financed for 16-20 years, so that low-income tenants will pay 30% of their income for rent for the financial life of the projects.

MHSA funds supported the development of eight supportive housing projects throughout Sacramento County. Now in operation for more than five years, these properties are operating well and provide high quality housing to the most vulnerable members of the Sacramento community. One metric of success is a low vacancy rate of 5.5% in 2015, well below the standard for special needs housing which is a 10% vacancy rate. Keeping these units filled with eligible MHSA homeless individuals has been a program priority. Another measure of success is 82% of all MHSA tenants were able to maintain their housing for more than six months in 2015. Permanent Support Housing services for clients residing in these units are provided by Pathways and New Direction Full Service Partnership Programs. Housing stability and the ability to successfully live independently are important client outcomes and the achievement surpasses the federal Department of Housing and Urban Development's (HUD) established performance standard for permanent supportive housing.

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. A current expansion effort is underway to increase the number of households housed in 2018.

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

During this phase in the life of the projects, the goal is to support the ongoing needs of the current units and to ensure their effective use as part of the overall community strategy to end homelessness for people with serious mental illness. Paying close attention to prioritizing these units to the highest need MHSA clients with the most significant barriers to housing is a critical element of Sacramento County's efforts to end homelessness. The Division works closely with Sacramento Steps Forward, the lead agency working to end homelessness in the Sacramento region, to ensure that our efforts in the MHSA housing program not only meet the needs of our FSP clients, but also fit into key regional strategies to reduce homelessness among the most vulnerable members of the community.

PREVENTION AND EARLY INTERVENTION (PEI) COMPONENT

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

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

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

In Fiscal Year 2015-16, approximately 7,200 individuals were served and more than 139,000 individuals received universal screenings across the PEI programs described below.

In October 2015, revised PEI Regulations were adopted statewide. Sacramento County continues to participate with other counties in statewide discussions related to the implementation and impact of the new regulations. DBHS continues to update the MHSA Steering Committee on the implementation progress as information becomes available.

In April and May, 2017, the MHSA Steering Committee discussed ongoing support for the California Mental Health Services Authority (CalMHSA) Joint Powers Authority and the progress CalMHSA is making with the Statewide PEI Programs. Over the past four years, the Steering Committee has recommended support at varying levels ranging from 4 to 5% of local PEI funding. After a rich discussion, the Steering Committee recommended dedicating 3% ($350,500) of local FY 2017-18 PEI funding to CalMHSA to support ongoing activities in this area. A placeholder at this same funding level has been included in FY 2018-19 and 2019-20, pending Steering Committee discussion and recommendation.

On November 7, 2017, the Sacramento County Board of Supervisors took action to support using available MHSA Prevention and Early Intervention (PEI) funding, including any potential AB114 reversion dollars in this category, where appropriate, to address the needs of children and youth under age 25 with a specific focus on programs that help foster youth experiencing serious emotional disturbances. Further, programs should focus on youth involved with multiple child serving systems, such as child welfare and probation systems to improve resiliency and life opportunities.

The Board directed staff to utilize the existing stakeholder input process, including the MHSA Steering Committee structure, to ensure stakeholder involvement is included in the development of this revision to the MHSA plan, as required by law.

On November 16, 2017, the MHSA Steering Committee discussed the Board action and recommended the following in alignment with the Board action: Convening a workgroup to develop a recommendation for MHSA AB114 PEI-funded mental health services for

children/youth in the foster care system. The MHSA Steering Committee requested that the workgroup recommendation come back to the Steering Committee on January 18, 2018, prior to finalization.

The Division convened a community planning process centered around a Workgroup comprised of 17 members with diverse representation. The Workgroup worked hard for three sessions in January 2018 to look at how to do something better for children and youth in foster care. The Workgroup developed a comprehensive recommendation representing the collective thinking and work from the Workgroup, as well as input from the panel of subject matter experts and community stakeholders who participated in the process. They presented their recommendation to the MHSA Steering Committee at their meeting on January 18, 2018. The MHSA Steering Committee supported moving the Workgroup Recommendation forward for inclusion in this MHSA Three-Year Plan and also to address AB114 funds at risk of reversion (See Attachment D: AB114 Plan for Mental Health Services Act Funds at Risk of Reversion and Attachment E: Mental Health Services for Foster Youth Workgroup Recommendation). Therefore, this new programming is included in this Three-Year Plan.

Suicide Prevention and Education Program
Capacity: 22,000 annually
Ages Served: Children, TAY, Adults, Older Adults

The Suicide Prevention and Education Project consists of twelve (12) components. This Project has been identified for expansion in alignment with the November 7, 2017, Board of Supervisors action and MHSA Steering Committee recommendation for homeless mental health services expansion. This expansion will include expanding identified existing programs within this Project to increase/expand mental health navigators, triage teams, and mobile crisis teams, as appropriate, to further address the needs of individuals living with serious mental illness who are homeless or at-risk of homelessness and may also have co-occurring substance use disorders. Expansion of existing programming is targeted to begin in FY 2017-18. New programming will roll out in FY 2018-19.

Suicide 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.

In Fiscal Year 2015-16, a total of 17,882 callers accessed the Crisis Line for suicide prevention support.

Success: Suicide Crisis Line
Callers expressed appreciation for the Suicide Crisis Line. Some examples of impact as stated by callers:
"After 28 suicide attempts, you are the first person to get what I am feeling and saying."
"I could see no hope until I talked to you. I'm ready to find me again and get my strength back."
"I am so very grateful for all that you have done for me. Everyone who is suicidal should try out this line."

Postvention Counseling Services, administered by Wellspace Health: Brief individual and group counseling services available to individuals and/or families of individuals who have attempted suicide, are at high-risk for suicide or are dealing with recent bereavement due to loss by suicide.

In Fiscal Year 2015-16, a total of 62 individuals received 484 postvention counseling sessions.

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.

In Fiscal Year 2015-16, approximately 302 individuals participated in the suicide bereavement education and support groups.

Success: Bereavement Support Groups
A mother and father lost their first son who took his own life. Two years later their second son, an identical twin of the first took his life. The parents were crushed and struggled with the mystery, stigma, and guilt associated with suicide. They realized grieving for any lost loved one had no quick fix. After discovering Friends For Survival's suicide bereavement support group meetings they realized the staff, volunteers and other participants really understood the special pain, because they either had been through or were still going through it themselves. They supported the parents in the grieving process and helped them move forward. The parents now volunteer and do outreach to others in need.

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

During Fiscal Year 2015-16, the SCC programs collectively provided more than 20,000 contacts.

Supporting Community Connections consists of nine (9) programs targeting thirteen (13) specific communities/ populations:

◊ **Consumer-Operated Warm Line:** Administered by Mental Health America of Northern California (NorCal MHA), this service is open to all (age 18+) including consumers, family members and friends. During Fiscal Year 2015-16, the program provided 465 individual community contacts, 5,459 information and referral contacts and 21 individuals participated in groups.

Success: Consumer-Operated Warm Line SCC
Sally contacted the Consumer Operated Warm Line due to overwhelming anxiety and depression. Her stressors included recent divorce/ name change and falling behind on college classes. Consumer Operated Warm Line was there to listen and provide support as Sally processed her options and regained a sense of empowerment. She began to see her life in a positive way realizing change although difficult can be a new beginning. Sally thanked the Warm Line staff for helping her realize she is not a failure. She gave herself permission to take a break from school to regroup and take care of herself. Her outlook on the future was much brighter. The Warm Line provides a needed supportive non-crisis help line for persons like Sally who are struggling with difficult issues and adjusting to life changes.

Services include phone support (coaching, supportive listening, mentoring, skill building, social networking, and information and resource referral), Wellness Action Recovery Plan (WRAP) workshops, community outreach, intensive services and other supportive services, community connection, prevention & early intervention, community education training about mental health issues and volunteer development.

◊ **Hmong, Vietnamese, Cantonese-Speaking:** 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. During Fiscal Year 2015-2016, the program provided 156 individual community contacts, 17 information and referral contacts and 4,125 individuals participated in groups.

Success: Hmong, Vietnamese, Cantonese-Speaking SCC
Prior to participating in the program, Yen was in isolation and had even considered suicide. She was desperate to escape the pain and suffering of her everyday battle with her health conditions due to having a diagnosis of cancer. A family friend heard about her battle and gave her contact information for the SCC Outreach Coordinator. The SCC Outreach Coordinators visited her in her home and cordially invited her to the program's Mental Health Education class. The Mental Health Education class educates participants on mental health and suicide prevention topics through art and technology. As Yen attended the class, her mental health knowledge grew, she started to identify her symptoms, and she learned skills to help alleviate her pain. Yen has been actively participating in the class and is no longer in isolation. She has made many friends and has a more positive outlook on life than she had before. Though she still struggles with her everyday pain, she has learned skills to cope with her struggles and is now more willing to talk about her struggles with others. Yen is one example of someone who successfully overcame suicidal thoughts through the support she received from this program.

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.

◊ **Slavic/Russian-Speaking:** Administered by Slavic Assistance Center, this program provides community workshops/forums/round tables for youth, adults and seniors to increase social connectedness, reduce isolation, and develop positive social skills. During Fiscal Year 2015-16, the program provided 233 individual community contacts, 256 information and referral contacts and 439 individuals participated in groups.

Success: Russian speaking/Slavic SCC
A 75 year old widow who fled the former Soviet Union to reunite with family in the United States was living with her adult children when she began struggling with social isolation/loneliness, a language barrier, and cultural differences. As dependency on her children increased due to her age-related physical illnesses and disabilities, she started to think that her life was a burden on her children. She moved to a senior apartment with hope for the new future. However, her sense of abandonment increased and she felt depressed, hopeless, guilty, and even thought about 'ending my life'/suicide. In her native country of Russia, a mental illness was seen as a harbinger of disgrace that shames both the patients and their families. For this reason, most Slavic immigrants do not feel comfortable disclosing a family history of mental illness or past treatment. Although she attended church almost every Sunday, she still was not able to overcome her depression. She was suffering and was afraid to tell the pastor or other church members about her depression and "dark thinking" about life. One day, while listening to a local Russian-speaking radio program, she heard about a special meeting at the Slavic Assistance Center where people could talk about mental health and depression. She attended a workshop and opened up to the presenter about her secret struggle with depression. She realized she needed to talk with her pastor and doctor, and probably a psychiatrist. She started to see "the light at the end of the tunnel."

The program continues to utilize Russian language media, specifically newspaper, radio programming, and TV shows to educate the Russian-speaking community about suicide prevention and emotional wellness. Program staff work closely with faith community networks and charter schools serving the Slavic community to provide SafeTalk training and other workshops about emotional wellness and suicide prevention to clergy, educators, parents and students. Program specialists also work with young people at youth camps to educate them regarding mental health and suicide and help them overcome suicide risk factors such as addictions. The program focuses on building mutually-beneficial relationships between schools, churches, faith-based organizations, community centers, and businesses that serve the Russian-speaking/Slavic community.

◊ **Youth/Transition Age Youth (TAY):** Administered by Children's Receiving Home, suicide prevention information and support services are targeted towards youth from ages 12 years through 25 with an emphasis on the cultural and specific needs of LGBTQ, foster and homeless youth. During Fiscal Year 2015-16, the program provided 377 individual community contacts, 181 information and referral contacts and 181 individuals participated in groups.

Success: Youth/TAY SCC
Participant was a resident in the transitional housing program. She had anxiety about trusting new people. Her advisors and social workers had recently left. Staff acknowledged her fear and assured her they would support her as she phased out of transitional housing and AB12 Foster Care. She was having difficulty securing a job and stable housing, as well as saving money. Over the next few months, staff worked closely with her to improve her life skills. With support from SCC she was able to land two part time jobs, establish a savings plan, and ultimately find an apartment. She is settled into her new apartment. She feels there has been a positive change in her life and is excited for what the future holds.

Services range from outreach and engagement activities to promote and support community connections and 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 NorCal MHA, this program provides senior peer counseling and support including companionship, emotional support, transportation, phone support, friendship, and resource linkage for lonely, isolated, homebound older adults in Sacramento County. Other types of support include community connection, advocacy, community education and training about mental health issues and volunteer development.

Success: Older Adult SCC
Kathy, age 95, contacted the program in a panic after receiving a threatening call from someone stating they were with the IRS. Kathy was upset and crying saying she did not owe money and fearful about the threat of going to jail. The program staff and volunteers receive training regarding depression and suicide prevention. As an intervention, Kathy was educated about scams targeting elders and provided with resources of what to do in the future should she receive a similar call. By reaching out to SCC, Kathy avoided becoming another victim of elder financial abuse and possibly spiraling into a deep depression if she gave into the demands.

During Fiscal Year 2015-16, the program provided 108 individual community contacts, 3,240 information and referral contacts and 375 individuals participated in groups.

◊ **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 Talk (KTT) small groups; Just Like Sunday Dinners (JLSD), mid-size intergenerational/family-like groups; and Faith Community Roundtables (FCRT) with members of churches and congregations within the African American community.

Success: African American SCC
GOALS' staff received a call from a very concerned aunt of a young Black man who was expressing suicidal ideation but had no suicide plan. The aunt shared that in today's society, Black men and women who are suspected of being in a mental health crisis situation are sometimes at risk for harm if their behaviors are misinterpreted as threatening, socially disruptive or intimidating to law enforcement first responders. The aunt requested that GOALS intercede on their behalf to obtain support for her nephew. GOALS contacted the Sacramento County Access team and after explaining that the family needed culturally responsive support which did not involve contacting law enforcement, they were connected with a Community Support Team (CST) staff member. The CST member asked why his mom had not called them directly and offered to speak directly with the mother of the young man. GOALS explained that trust and clarity in help-seeking was often a necessary prerequisite in their community. GOALS provides culturally competent suicide prevention support which may involve brokering/linkage and referral to community resources. This successful linkage and referral resulted in the young man receiving culturally appropriate support and his mother being connected with a caregiver support group.

During Fiscal Year 2015-16, the program provided 65 individual community contacts, 529 information and referral contacts and 279 individuals participated in groups.

In addition to working with faith community members in FCRTs, staff also provide church leaders with culturally sensitive African American suicide prevention resources to disseminate in their churches/ communities. Resources are available in both print and electronic download PDF formats. During FY 2016-17,

in addition to offering KTTs, JLSDs, and FCRTs, program staff began conducting suicide prevention and awareness community workshops throughout the county. These workshops enable participants to understand risk and protective factors associated with culturally relevant suicide prevention within diverse African American communities.

◊ **American Indian:** Administered by Sacramento Native American Health Center (SNAHC), this program, known as "Life is Sacred," provides Native culture-based suicide prevention training and support services to American Indian/Alaska Native (AI/AN) community members across the life span. The unique program design, which is sensitive to specific community needs, does not lend itself to individual data collection. During FY 2015-16, the program provided 1 individual community contact, 0 information and referral contacts and 489 individuals participated in groups.

Success: American Indian SCC
A Native elderly woman who attends the bi-monthly suicide prevention workshop, Culture is Prevention which is offered at SNAHC, reported feeling lost in life and that she has no direction. While participating in the workshop she mentioned how she had been feeling hopeless. The group was able to listen to her feelings and validate her emotions. After the workshop, many individuals reached out to her to offer support and check in with her. This woman was introduced to elders in the Native American community and peers who have gone through similar feelings. She was also provided with community resource information outside of SNAHC. Two months later, this woman has remained actively engaged in the Culture is Prevention workshop and other supportive community networks, has advocated for her mental health, and now identifies as a mentor to other Native community members. This individual reported feeling safe in this group to explore her feelings of hopelessness and expresses gratitude because she was then able to be connected to peer supports and other supportive community resources (24 Hour Suicide Hotline for counseling support after hours). Participants have reported feeling supported during this group and that the suicide prevention coping skills they learn in the workshop are helpful for them in their everyday lives.

Research clearly indicates that for AI/AN community members, culture is a determinant of health and that loss of culture causes harm whereas re-connecting with culture is protective and improves health. The research also indicates that resiliency, generosity and empowerment are fundamental principles within Native cultures. High rates of mental health issues for AI/AN community members are a direct result of historical events and oppression relating to colonialism and loss of culture; therefore, improving well-being requires strategies that counter cultural loss. The incorporation of traditional Native healing practices and ceremony is an integral part of this program. In FY 2017-18, the program continues to offer an array of culturally based workshops and ceremony to strengthen and support community capacity and reduce stigma around suicide within the Native community. These traditional workshops will increase (1) Cultural Identity/Connectedness, 2) Empowerment, 3) Resilience, and 4) Generosity. The program will continue to provide a variety of suicide prevention and awareness trainings such as Mental Health First Aid, ASIST and SafeTalk to Native community members. There will also be community based suicide prevention workshops: Indigenous Peoples Writing workshop; Spoken Word/Poetry Night, in collaboration with the Two Spirit Healing Circle (Native American LGBTQ group); bi-monthly culture night; and Indian Education Anti-Bullying workshop. The digital storytelling project, a project that is congruent with Native culture and tradition, will promote the videos and posters that each of the youth/young people developed through the digital storytelling project during the previous fiscal year. The digital storytelling project highlights

stories from younger community members of how suicide has personally affected their family, self, and broader community. Native based suicide prevention promotional materials that were developed based on community input will continue to be used to promote the program and educate the community.

◊ **Latino/Spanish-Speaking:** Administered by La Familia Counseling Center (LFCC), this 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. During Fiscal Year 2015-2016, the program provided 569 individual community contacts, 686 information and referral contacts and 347 individuals participated in groups.

Success: Latino/Spanish Speaking SCC
"Cindy," a mother of three, recently relocated from Sonoma to Sacramento after attempting suicide and separating from her partner. Cindy moved to Sacramento because she had more family and support in Sacramento. Cindy and all of her children are living with mental illness. Her youngest child has Autism; her middle child experiences anxiety and the oldest lives with depression. LFCC staff referred Cindy to a SCC support group. LFCC felt that a group could help Cindy feel comfortable to express her thoughts and feelings, learn to cope with her depression and anxiety and help her effectively process past and current emotions. A group could also help her to connect with community and develop supportive relationships. Since coming to LFCC, Cindy has been engaged in services, participating in groups and willing to do whatever she can to help herself and her children. About a week ago, Cindy advised LFCC that she had secured a job at a restaurant and has been feeling a lot better about herself and her situation. Cindy is now receiving mental health services, which has helped with her suicidal thoughts. The LFCC SCC team is committed to continue working with Cindy and her children, providing support and services to assist her on her road to recovery, teaching her new coping skills and helping her find effective ways of dealing with every day stressors and other emotional distress.

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 and Youth MHFA training in Spanish to the Latino/Spanish speaking community.

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

◊ **Iu-Mien:** Administered by Iu-Mien Community Services (IMCS), originated as one of the mental health respite programs funded through the time-limited MHSA Innovation Project #1: Respite Partnership Collaborative. In FY 2015-16 with support from the MHSA Steering Committee, this program transitioned to sustainable PEI funding within the SCC programming. The design of the respite program closely aligned with the design of the Supporting Community Connections programming. As an SCC program, this program provides culturally and linguistically responsive intergenerational support groups, outreach and engagement activities and prevention-focused culturally relevant suicide prevention services to the Iu-Mien community. During FY 2015-16, the program provided 33 individual

community contacts, 0 information and referral contacts and 1,513 individuals participated in groups. It should be noted that the data collected does not represent a full fiscal year of data as they joined the collaborative in October 2015.

IMCS is a program that provides culturally informed support services, prevention and early intervention services and suicide prevention to the Iu-Mien community members across the life span. The program helps to provide supportive services and decrease the likelihood of isolation and depression.

Success: Iu-Mien SCC
During one of the peer-run youth program meetings, Seek, Act and Embrace Mien Youth Club (SAEMYC) program staff held a workshop about recognizing signs of depression and utilizing community resources if participants or their friends had thoughts of suicide. One of the participants expressed how grateful she was that she had a safe space like the SAEMYC to talk about mental health and how she feels. Due to the stigma around mental illness that exists in her community, she spoke about how her family and community avoid the topic of mental illnesses and how this avoidance affects her own mental health. The discussion helped her feel that she was not alone in having these feelings. After the workshop, she and the other participants felt more comfortable talking about mental health and pledged to continue the dialog with their friends and community. As the only non-profit organization specifically serving the Iu-Mien community in Sacramento, it is important that programs like the SAEMYC continue, in order to increase knowledge and awareness about mental health and reduce the risk of suicide in the Iu-Mien community.

The IMCS program provides a peer-run adult day program for elderly and disabled Iu-Mien community members twice per week. The program is structured to provide socialization, news exchanges each week, recreation/fieldtrips, and information sharing/presentation regarding community concerns and services of local agencies to decrease isolation, loneliness and depression which plague many elderly and disabled Iu-Mien community members.

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

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

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 the Division of Behavioral Health Services (DBHS) and the County contracted Crossroads Vocational Services. The Community Support Team is a collaboration between County and community-based organization staff creating one team with a variety of clinical and outreach skills. The team includes peer support specialists with lived experience, professional staff with clinical experience and family support specialists whose experience builds bridges and communication with family members, natural

supports and extended family systems. CST serves Sacramento County children, youth, Transition Age Youth (TAY), adults, and older adults that are experiencing a mental health crisis, including those at risk for suicide. The Community Support Team provides supports, education, resources and connections to services to individuals and their caregivers, loved-ones and natural supports. The goal of CST is to provide services in a culturally and linguistically competent manner to promote recovery, resilience and well-being by decreasing use of crisis services and/or acute care hospitalization services; decrease risk for suicide; increase knowledge of available resources and supports; and increase personal connection and active involvement with community supports. CST provides community-based flexible services to community members experiencing a crisis. Services include assessment, support services, and linkage to ongoing services and supports.

Success: Community Support Team (CST)
A gentleman in his late 50s came to speak with CST staff at the Rio Linda Food Bank as part of regular outreach. He expressed being homeless and dealing with depression for a long time and also had a significant physical health concern to address. CST connected him to Guest House for mental health care and supported him through orientation. The CST staff shared their own story of living with a significant mental health challenge and their recovery process. This gentleman was moved by their recovery success and shared his rising hope for change in his own life. He followed through with a medical appointment to address his physical health and returned to Guest House for his follow up appointments. His general health visibly improved with the support of CST and Guest House. He has been connected to a housing program through Guest House. Currently, this gentleman has experienced an increase in wellbeing and hope for a positive future for himself.

Mobile Crisis Support Teams: The Mobile Crisis Support Teams (MCSTs) serve individuals annually of all ages and diversity in Sacramento County by providing timely crisis assessment and intervention to individuals who are experiencing a mental health crisis. The MCST goals are to provide safe, compassionate and effective responses to individuals with a mental illness; increase public safety; decrease unnecessary hospitalizations for community members experiencing a mental health crisis; decrease unnecessary incarceration for community members experiencing a mental health crisis; and increase consumer participation with mental health providers by problem solving barriers and increasing knowledge of local resources. In April 2015, two MCSTs were implemented in partnership with law enforcement through a partial funding award from the California Health Facilities Financing Authority (CHFFA). In FY 2016-17, this program expanded from two teams to four teams partnering with five law enforcement agencies through a Round 5 CHFFA capital funding grant. MCST services are funded with MHSA PEI funding. With support from the MHSA Steering Committee in

Success: Mobile Crisis Support Teams (MCSTs)
MCST responded to a call involving a disturbance at the parent's home of a 50 year old woman. It was discovered that the woman had a diagnosis of Bipolar Disorder, was new to the area, and was not connected with mental health services. The MCST developed a safety plan with the woman and her family, supported with identifying a housing plan through Care First, and made a referral for services through the County Mental Health Plan. The MCST Counselor referred her to the Peer Navigator who followed-up to support her in engaging with the authorized mental health provider, a primary care physician, Women's Empowerment, and the local library. The woman was then able to begin using public transportation to access needed resources on her own. With the support of the MCST, she is now living in a room and board. With a safety plan and connection to mental health services, the MCST was able to avoid a 5150 hold and ultimately avoided an unnecessary emergency room visit. The MCST was able to successfully connect with this woman and link her to services and supports which resulted in a decrease of law enforcement calls for service at her home.

February 2016, funds from the Independent Living Program (ILP) 2.0 Program were redirected to support this expansion. The CHFFA grants provided the capital funding to purchase the vehicles and equipment for the MCSTs, as well as limited personnel funding. MHSA PEI funding is used to pay for program operating costs not covered by the grants. These new teams respond to mental health crisis calls in geographic areas of Sacramento County that are not served by the original MCSTs. A map showing the coverage area of the MCSTs is included below.

MCST A
In FY 2016-17, the Sacramento Police Department MCST (MCST A) expanded to a City-wide approach from the original geographic area identified as the downtown core. The team has also expanded to include a contracted Peer Navigator position to follow up with individuals encountered by the MCST Officer/Counselor to provide assistance in linking to resources and services that will help to mediate further crisis or contact with law enforcement. The geographic and position expansion has created the flexibility to meet the larger community needs associated with immediate crisis response and follow up.

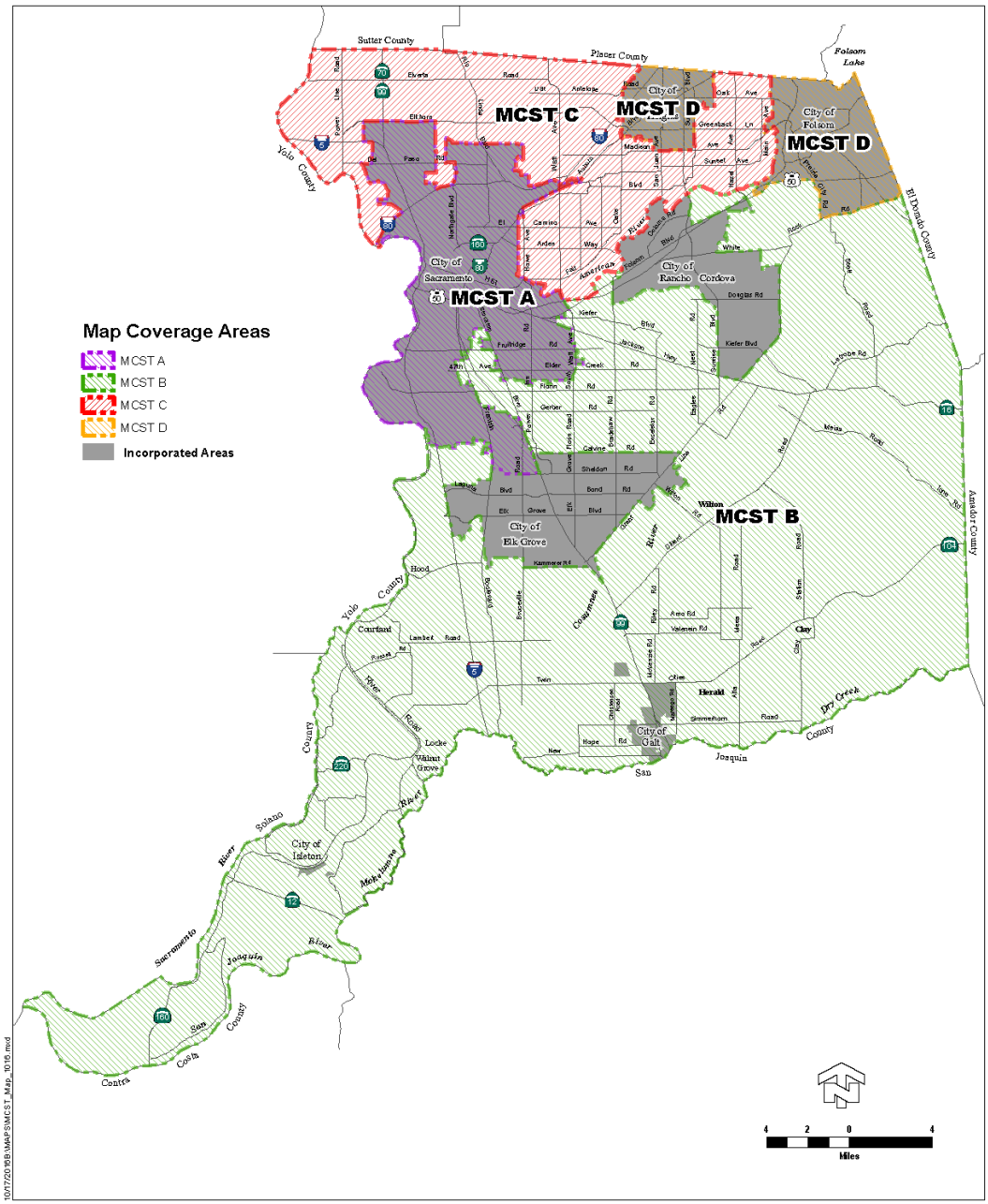
MCST B
The Sacramento County Sheriff's Department Central Division MCST (MCST B) has also expanded their geographic coverage in FY 16/17 from District 6 to District's 5-8 which now allows response and coverage in the Southeast portion of Sacramento County.

MCST C
The new MCST with the Sacramento County Sheriff's Department North Patrol Division (MCST C) was implemented in August 2017 to respond to mental health related crisis calls across Districts 1-4.

MCST D
The new MCST with the Citrus Heights Police Department and Folsom Police Department (MCST D) was implemented in September of 2017. This team is split between two dispatch sites, operating out of the Citrus Heights dispatch center three (3) days per week and the Folsom dispatch center one (1) day per week.

Each MCST is comprised of: 1) A Police Officer/Sheriff Deputy who is trained in Crisis Intervention Training (CIT) to respond to persons experiencing mental health crisis; 2) A licensed Senior Mental Health Counselor provided by the Division of Behavioral Health Services (DBHS); and 3) a County contracted Peer Navigator from TLCS Inc. The team employs a ride a long model consisting of the DBHS Counselor and a law enforcement Officer/Deputy, with a post encounter follow-up by the County contracted Peer Navigator. The MCSTs are dispatched through law enforcement dispatch to provide immediate engagement with individuals experiencing a mental health crisis for the purpose of providing care and maintaining community safety. The MCSTs also coordinate with law enforcement patrol in their area on referrals for individuals who might benefit from support with linkage to resources and services. The MCSTs collaborate with the Mental Health Treatment Center, the Community Support Team, the Triage/Peer Navigator Team, Alcohol and Drug System of care and community resource partners, County Specialty Mental Health Service providers, Downtown Sacramento Partnership (DSP), SPD's IMPACT team, and local hospital emergency departments (EDs).

MCST Coverage Area Map



Sacramento County Mobile Crisis Support Teams (MCST) Map Coverage Areas

Mental Health Respite Programs: The following six programs were added to the Suicide Prevention Project in Fiscal Year 2015-16. They originated as mental health respite programs funded through the time-limited MHSA Innovation Project 1: Respite Partnership Collaborative. With support from the MHSA Steering Committee, these programs transitioned to sustainable PEI funding during FY 2015-16.

Success: Caregiver Crisis Intervention Respite
A client shared, "I was in a dark place. All my normal coping mechanisms were not working. I had given up so much so I could care for my mom. When I became her caregiver, I didn't realize how much this role would consume my life. I had to step away from my career, my home, my independence. I felt like I was losing me. Respite was the first step into a new part of my journey." Working with her Family Consultant, this client was encouraged to access respite care in an effort to receive counseling where she learned new coping mechanisms and states "I could see the light. I had to will myself back to health and happiness." Respite care was instrumental in allowing the client to begin to heal and take care of herself. She remains a caregiver, but has self-described joy and happiness in her life.

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

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

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

Success: Homeless Teens and TAY Respite
When this particular youth started working with our counselor at the Wind Center, he was habitually experiencing mental health crises primarily related to his childhood and experience of homelessness. The respite services at the Center created a safe space for the youth to de-escalate and move towards his goals. Through psychoeducation, grounding techniques and narrative letters the youth learned more about how his life experiences have affected and will continue to affect his mental health. These tools also supported the idea of proactively reaching out to other resources rather than always waiting until he was in a state of crisis. He is now engaged with the Wind shelter program and attributes his willingness to access shelter to the help he received in the respite program. "The people at Wind helped me see there is hope for my future." - Client

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

Success: The Ripple Effect Respite
When client initially came in, she was using a walker to get around and experienced panic attacks 2-3 times per day. She attended the Ripple Effect almost every day during the months of June and July. While at the Ripple Effect, she participated in individual peer counseling and groups. She believes that coming to the center helps her cope and gives her motivation to keep going. She is now in a place where she no longer needs her walker to get around, attends the center without experiencing panic attacks, and has increased her support network to include groups in her neighborhood. The most symbolic evidence of her new outlook on life is her recent decision to finish getting her GED.

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

Success: Danelle's Place Respite
Client dropped in to Danelle's Place for the first time early this past year following incarceration. She was homeless, jobless, experiencing disability, and anti-Transgender discrimination. She was facing bleak hard times ahead and was spiraling into a serious mental health crisis. Utilizing the 18 hours a week of LGBTQ-centered Respite as her central safe space and place to access food, rest, community, and internet, she quickly took advantage of all GHC and Danelle's Place had to offer. The Queer-Informed Narrative Therapy, peer advocacy, art therapy, support groups, and healthcare support services connected her with much needed mental and physical healthcare. Peer advocates helped her to secure temporary housing, she accessed GHC's Economic Empowerment program to get her SSI restarted and help her to apply for jobs that could accommodate her disability and see past her criminal record. With support from the program, she got back on her feet and helped community members going through what she went through. She has served for many months as a volunteer in various GHC programs including Respite before moving out of state for a more lucrative job opportunity.

Q Spot Youth/Transition Age Youth (TAY) Respite Program, administered by Sacramento LGBT Community Center, provides drop-in mental health respite care and supportive services to unserved and underserved youth/TAY ages thirteen (13) through twenty-three (23) who identify

Success: Q Spot Youth/TAY Respite
After a Friday night youth group meeting a youth hinted to a staff member that they had recently contemplated suicide. The staff asked them to wait around after group for the others to leave before having a private conversation. During this talk the youth admitted that earlier in the day they had planned to commit suicide. Recalling that group was happening that same night, the youth decided to attend instead. The youth was in a much better place mentally and emotionally by the end of group, and therefore was no longer in need of immediate intervention. Staff created a safety plan involving a number of people the youth could gain access to, including Q Spot staff. In addition they had social workers that could be reached in time of need. Q Spot staff helped to create a check-in system for the youth if ever in need of further support. Without the Q-Spot being available to LGBTQ youth to find friends, family, and community this youth may not be alive today.

as LGBTQ. In addition, support groups are provided with a range of topics including but not limited to: anti-bullying, coming out, health relationships, and life skills development.

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

Success: Lambda Lounge Respite
After coming out to parents as transgender, a participant dropped into the Lambda Lounge looking for support and services. They expressed anxiety, fear and apprehension on next steps and how they would be received by their peers. Lambda Lounge respite equipped the participant with friendly affirming resources that empowered the participant to connect with support groups and referrals to assist in their desired medical and legal transition. As a result from participating in Lambda Lounge services and support groups, the participant reported their anxiety lifted significantly, along with their fear and apprehension to express their thoughts and feelings with their parents.

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

Strengthening Families Project
Capacity: 3,800 annually (not including the Bullying Prevention and Education Program)
Ages Served: Children, TAY, Adults, Older Adults

The Strengthening Families Program consists of five components. This Project has been identified for expansion in alignment with the November 7, 2017, Board of Supervisors action and MHSA Steering Committee recommendation for mental health services for children/youth in the foster care system. Through this expansion, a new program will be developed incorporating key elements of trauma informed mental health services and supports for foster youth, with a focus on placement stability for foster youth and their resource families as identified in the recommendation. This new programming will roll out in FY 2018-19.

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. The QCCC consultant works closely with the teacher to provide strategies, technical assistance and effective training to improve and enhance the quality of child care services available to families. Support and education is also available for parents. In FY 2015-16, QCCC provided 761 total services (consultations and screenings).

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, mental health assessments, referrals and treatment services) for children ages birth to five that come to the attention of CPS or are placed into protective custody.

DBHS Early Interventionist services include assessing the developmental, social, and emotional needs of the child. Clinicians provide culturally responsive in-home services to foster parents, relative caretakers or biological parents. Clinicians coordinate with the CPS social worker to monitor outcomes of referrals made by Public Health Nurses, and provide advocacy when needed. Appropriate linkages are made to other needed services such as mental health counseling, speech and language therapy, Alta Regional, and the Sacramento County Office of Education Infant Development Program. During the FY 2015-2016 period, the program provided 506 assessments to infants and their families. Due to the anticipated loss of First 5 funding in FY 2018-19, the future design of this program is being considered with an ongoing commitment to continued collaboration to meet the mental health needs of children of all ages within the child welfare system.

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.

In Fiscal Year 2015-16, sixty-eight (68) schools participated in the Bullying Prevention Program with 2,188 school personnel trained and 67,802 students received bullying prevention education.

The program goals are to reduce risk of violence and traumatic events for youth 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.

Bullying Prevention Education and Training Program Highlights

- *Since implementation in 2011, the Bullying Prevention Education and Training Program has educated more than 200,000 students in bullying awareness, education and prevention across all thirteen (13) school districts in Sacramento County.*
- *Bullying Prevention Project program expansion was successful in 2015-16 at which time the program had expanded to 505 collective grade levels at schools across the 13 districts.*
- *Spring 2017 Demonstration Site Staff Survey results revealed a statistically significant reduction in the prevalence of bullying incidents as noted by school staff (as compared to the fall 2011 baseline survey that measured beliefs about the 2010-11 year). Significant improvements in school climate and school commitment were also seen.*
- *Over 77% of demonstration site staff surveyed in 2017 believed that they had the knowledge and skills to prevent bullying.*

Bullying Prevention Education and Training Program Successes

Galt Joint Union Elementary School District
The Power of One anti-bullying assembly was brought to Valley Oaks Elementary school for all Kindergarten through 6th grades. The Power of One is a series of skits presented by actors who use boxes, colors, and masks to vividly portray what bullying is, what can be done about it, and how every child has the power of one, the power to report and deal with bullying when they see it. It teaches students that targets of bullying need help and intervention, encourages students not to be bystanders, emphasizes the need for individual action to make the community a safer, better place and refers children to parents, adults and teachers for assistance and instruction.

Sacramento City Unified School District
We collaborated with the Sacramento Children's Home eVIBE program to implement the 10-week Stop and Think and Too Good For Violence programs for students in grades 3-6 at John Sloat Elementary School and John Still K-8 School. The focus of the Stop & Think curriculum is to teach children interpersonal, personal, problem solving and conflict resolution skills and routines necessary to interact positively and safely, and manage their behavior responsibly and independently. Too Good For Violence helps children bond with positive peers, uses role-playing, games and other age-appropriate activities to teach lessons and teaches strong character-based skills, attitudes and behaviors like conflict resolution, respect and effective communication. The students were able to utilize their skills "Stop, think, am I making a good decision (thumbs up), and if so, they pat themselves on the back" even after the 10 week curriculum. Because it is implemented in all the 3rd – 6th grade classes, the students are able to use a common language among other students. It was wonderful to see the students participate!"

Robla School District
Teachers have noted that beginning the school year with the Second Step classroom materials was the most effective way of addressing behavior and bullying issues. Fewer issues have been seen with teaching these self-skills and the bullying lessons before the issues arose.

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.

In Fiscal Year 2015-16 the eVIBE program served more than 1,900 students and parents. The Stop and Think model served 1,036 students, the Too Good For Violence model served 633 students and the Nurturing Parenting Program served 306 parents and children combined. These curricula were taught in seventeen (17) schools across four school districts, as well as five community sites and three affordable housing complexes.

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

Successes: eVIBE Program
In the Nurturing Parent Program (NPP) we received a family where the mother was feeling overwhelmed with her children and feeling depressed. The trainer provided coping strategies to try which she did with success. She started journaling, gave more responsibilities to her children to empower them, and started thinking in a positive matter. She also began receiving professional counseling. Through the NPP training she now believes she is better able to parent in an effective and positive way while being able to lead her children with her improved mental health.

individual and family problem-solving behavior and reduce defiant and aggressive behavior that may lead to mental health issues.

Adoptive Families Respite Program, administered by Capital Adoptive Families Alliance, is another program that originated as one of the mental health respite programs funded through the time-limited MHSA Innovation Project #1: Respite Partnership Collaborative. With support from the MHSA Steering Committee, this program transitioned to sustainable PEI funding during FY 2015-16. While families take great joy in providing care for their loved ones, the physical and emotional consequences for the family caregiver can be overwhelming without some support, such as respite. Respite provides a break for the whole family, which research shows, is beneficial for everyone involved. This respite program provides temporary relief for adoptive families that are caring for children with complex mental health issues. Families must live in or have adopted from Sacramento County. The respite model includes planned respite during drop off events, summer camp and recreational activities.

In FY 2015-2016, the program served 54 families and their 122 children. Ages of children at program events range from 0-18. Program goals include reduction in stress and increase in wellbeing as reported by the family.

Integrated Health and Wellness Project
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 and has been expanded to serve ages 12 to 30. It is a nationally recognized treatment program utilizing an interdisciplinary team of physicians, clinicians, support staff, consumers and family advocates to provide assessment, early identification and treatment of the onset of psychosis. The program continues to engage in outreach services throughout Sacramento County with a particular focus on underserved populations. This program has informed statewide work related to assessing the impact of early psychosis programs.

Success: SacEDAPT Program
An adult male came to SacEDAPT struggling with visual hallucinations, paranoia, anxiety, depression and frequent suicidal thoughts. His parents also felt overwhelmed and lost with how to help their adult child. With individual, group therapy and family support, this person has shown great improvement in his ability to tolerate distress related to his symptoms. As part of the Cognitive Behavioral Therapy model, he learned to identify and reframe negative automatic thoughts. His mood has begun to be more stable and he no longer wishes to die. He goes to the gym several times a week with his best friend. His family reports feeling validated and supported. They appreciate being given tools to support their son which has helped to restore their hope about his future and his ability to recover.

In FY 2016-17, the program was expanded through federal funding to increase psychiatric support, case management, peer support, access to treatment including transportation, translation services, and training for staff.

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 the participant needs. Program services include home visits; collaboration with and linkage to health care providers, socialization opportunities, transportation, service coordination, advocacy, information and referral, skill-building groups and liaison to community services.

Success: SeniorLink
A 70 year old man has recently experienced the death of his wife of 40 years, the loss of his home, and relocation to the Sacramento area. He began drinking as he did not know Sacramento, had no friends and was in the grieving process. He enrolled as a participant with SeniorLink. The SeniorLink Advocate encouraged him to join an Alcoholics Anonymous support group, which he now attends twice weekly. SeniorLink has helped him apply for ParaTransit for transportation assistance. With help from SeniorLink, this participant has made connections in the community and reports he is grateful, much happier and no longer bored at home. He attends a senior center weekly and has made several friends. He enjoys staying busy and is now volunteering. SeniorLink has been instrumental in helping isolated older adults make valuable social connections and improve their quality of life.

Screening, Assessment and Brief Treatment: This program was implemented in fiscal year 2013-14 and was administered by four Federally Qualified Health Centers (FQHCs). The purpose of this program is to integrate medical and behavioral health services in community health care settings.

Each of the clinics used the Patient Health Questionnaire to screen clients for depression. When the screen indicated a mental health need, the individual was assessed for further treatment. Services included: (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.

As previously reported, the implementation of the Affordable Care Act and changes in Medi-Cal impacted the initial design of this program. These mental health screening, assessment and treatment services are now part of the Managed Care menu of services. This project contributed to improving the four FQHCs, readying them for Affordable Care Act implementation. The Division is exploring new opportunities to partner with primary care clinics for integrated approaches to behavioral health screening, assessment and treatment.

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 2011, the Division of Behavioral Health Services (DHHS/DBHS) has worked with Edelman, a communication marketing agency, and Division of Public Health, to implement its county-wide mental health promotion, and stigma and discrimination reduction project to promote messages of wellness, hope and recovery, dispelling the myths and stereotypes surrounding mental illness. This project aims to fundamentally alter negative attitudes and perceptions about mental illness and emotional disturbances. The "Mental *Illness: It's not always what you think"* project underscores that mental illness can affect almost anyone and promotes community resources and support available throughout the county to foster hope and recovery.

The project's year-five activities ran from July 1, 2015 – June 30, 2016. This year, the project team coordinated an advertising refresh, where three additional individuals from the community volunteered to be a part of the project's collateral and advertising materials, bringing the number of everyday people featured to 11. In comparison, only two individuals volunteered at the start of the project four years ago. Also, the team planned and executed four unique events to raise awareness around mental health in the Sacramento community at large.

Sacramento County has continued to fund the anti-stigma promotion project year after year, leading to the successful conclusion of five years' work to change minds, attitudes and outcomes for those living with a mental illness.

(1) Multi-media outreach: The project has included a heavy earned media and advertising components across multiple mediums in an effort to reach as many Sacramento County residents as possible while also ensuring we are reaching a significant number of residents within our target communities. Advertising placements, including TV, radio, online and outdoor advertising, were scheduled from January through June 2016 and garnered 54,262,703 impressions. The below advertising categories reflect efforts to date.

<u>Outdoor Ads:</u>

Outdoor advertising ran from January through June 2016. Advertising included eco-posters, digital billboards, bus kings, bus interior cards and gas pump toppers. In total, these paid placements garnered an estimated 20,959,352 impressions.

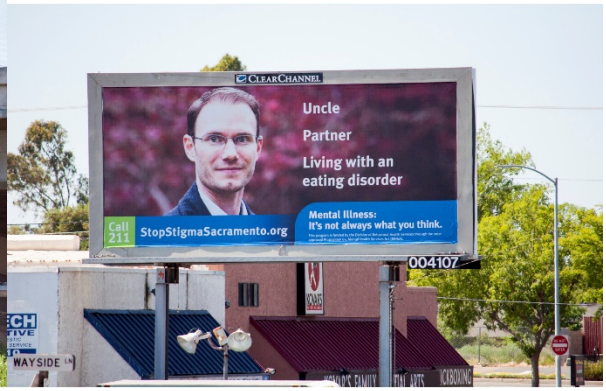

CLEAR CHANNEL
Mother
Dancer
Living with depression
Call 211
StopStigmaSacramento.org
Mental Illness:
It's not always what you think.
004008

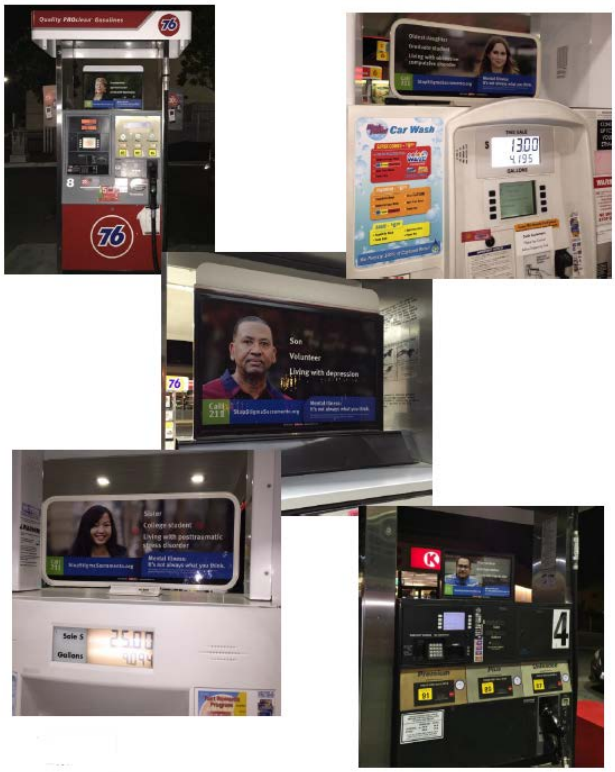

CLEAR CHANNEL
Partner
Photographer
Living with depression
Call 211
StopStigmaSacramento.org
Mental Illness:
It's not always what you think.
007873


CLEAR CHANNEL
Отец
Владелец малого бизнеса
Живущий с тревожным расстройством
Call 211
StopStigmaSacramento.org
Психические заболевания:
это не всегда то, что вы думаете


CLEAR CHANNEL
Son
Volunteer
Living with depression
Call 211
StopStigmaSacramento.org
Mental Illness:
It's not always what you think.
004336


CLEAR CHANNEL
Older brother
Aspiring teacher
Living with depression
Call 211
StopStigmaSacramento.org
Mental Illness:
It's not always what you think.
004326


CLEAR CHANNEL
Uncle
Partner
Living with an eating disorder
Call 211
StopStigmaSacramento.org
Mental Illness:
It's not always what you think.
004107
WAYSIDE



TV Ads:

Television advertisements supporting the campaign messages and branding ran from January through May 2016. These advertisements, which are available to view here, ran on various stations throughout Sacramento County.

- Broadcast and Hispanic TV: KCRA, KTXL, KXTV, KMAX, KOVR and KUVS
- Crossings TV: In-language broadcasts in Russian, Chinese, Hmong and Vietnamese

Through the advertising buy, the project paid for 796 spots and received 215 extra spots. Overall, these 1,011 spots provided 15,476,158 impressions, 5,633,998 of which were added value.

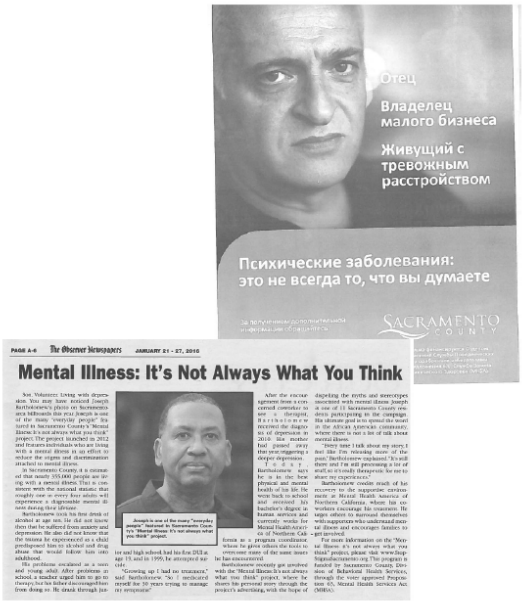
Radio Ads:

Radio advertisements supporting the campaign messages and branding ran at various times on numerous stations from January through May 2016. To listen to the advertisements, please visit the microsite here.

Overall, 2,641 radio advertisements ran, 509 of which were added value. These placements, which included general/Hispanic radio and in-language advertisements, garnered 6,831,900 impressions. Advertisements ran on 17 stations, including Hispanic and African American stations. In-language radio placements included Vietnamese, Russian and Hmong advertisements (Spanish-language placements were included in the general buy).

Print Ads:

Print advertising ran in three local publications, including Outword Magazine, Russian Observer and Sacramento Observer. Overall, nine print ads ran in these publications.



Online and Mobile Ads:

Through the purchase of radio advertisements, radio stations provided additional banner advertisements on their websites as part of the media buy. Additionally, mobile advertising was implemented again this year. Overall, online and mobile ads provided 5,463,107 impressions.

Earned Media:

The team conducted outreach to Sacramento County media surrounding various project activities. The list below represents the 23 placements and impressions values secured between July 1, 2015 and June 30, 2016, among traditional print, broadcast, online and ethnic outlets. The majority of media outreach took place around Mental Health Month (May), with additional milestones surrounding the Journey of Hope event (July), Mental Illness Awareness Week (October) and the holiday season (November – December). The project was included in valuable local news outlets, such as Fox 40, CBS 13, Univision, KFBK and Thang Mo Magazine, in addition to national publications like Buzzfeed and NPR Story Corps, garnering more than 33,110,292 total impressions (up from 8,481,674 last year).

Date	Title	Outlet	Impressions
5/29/2016	Public Affairs Show With Julie Ryan	KNCI	452,500
5/14/2016	CBS 13 News at 5 p.m.	CBS 13	27,616
5/14/2016	Fox 40 News at 5 p.m.	FOX40	17,597
5/14/2016	Stigma Free 2016 (segment with Julie Leung)	Good Day Sacramento	42,628
5/13/2016	FOX40 News at 7 a.m.	FOX40	14,299
5/12/2016	FOX40 News at 9 a.m.	FOX40	8,490
5/7/2016	Promotcional En Tu Communidad SALUD MENTAL	Azteca America 32	-
5/6/2016	Katie Williams Interview	KFBK	-
5/6/2016	Sacramento County to Host Celebration in Recognition of Mental Health	Thang Mo Magazine	-
5/6/2016	Sacramento County Recognizing Mental Health Month	Thang Mo Magazine	-
5/6/2016	Sacramento County to Host Celebration in Recognition of Mental Health Awareness Month	Lang Magazine	-
5/6/2016	Xiomara Seide/Jesus Cervantes interview	Univision	-
5/5/2016	County Increases Awareness About Mental Illness	Sacramento Observer	49,090
5/4/2016	Sac & Co	ABC 10	-
2/9/2016	Mental Illness: "It's not always what you think" - February 9, 2016	Sac & Co	32,863
2/9/2016	Mental Illness: "It's not always what you think" - February 9, 2016	ABC 10	5,056
12/14/2015	Holiday Cheer Can Cause Some to Fall Into Depression	KFBK	495,591
12/12/2015	These Incredible People Are Changing How Isolated Asian Groups Deal With Mental Illness	BuzzFeed	22,260,261
10/9/2015	After A Breakdown, A Secret Breaks Free From A Family's Closet — And Heals	NPR Story Corps	9,549,535
7/15/2015	Xiomara Seide, mental-health advocate	Sacramento News & Review	129,811
7/8/2015	Hope and recovery through art	Galt Herald	14,605
7/8/2015	Hope and recovery through art	Elk Grove Citizen	10,350
Total Impressions between 7/1/15-6/30/16			**33,110,292**

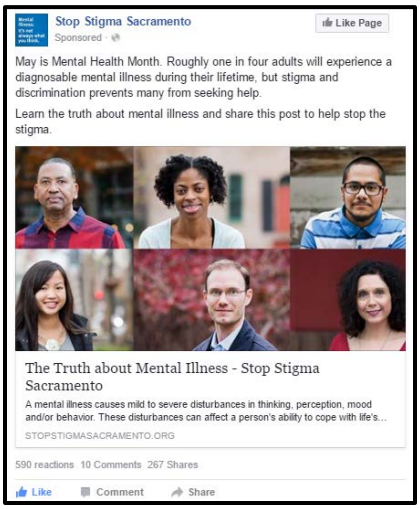
*Impression values are based on data from Quantcast and CisionPoint

(2) Social media and microsite: To support the project's stakeholder and media outreach efforts and engage with key audiences, the team continually updated the www.StopStigmaSacramento.org microsite, as well as Facebook and Twitter pages.

Facebook:

The team highlights project news, events and messages of hope, as well as stakeholder events on the Facebook page. In year five (July 2015 through June 2016):

- The page had received 6,824 likes, up from 1,412 likes from last year
    - Eighty percent of people who like the page are women, while 19 percent are men
    - One of the project's highest performing posts, which was during Mental Health Month (May), received more than 883 post engagements, including 590 reactions, 10 comments and 267 shares



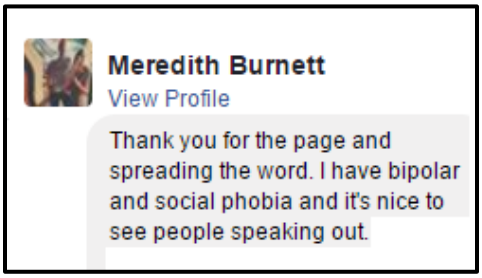
Twitter:

The team highlights project news, events and messages of hope, as well as stakeholder events on the Twitter page. In year five (July 2015 through June 2016):

- The page had 482 followers, up from 208 followers last year
    - 74 percent of people who like the page are women, while 26 percent are men
- The page was following 221 other pages
- The page had posted 855 tweets

Microsite

The project microsite, www.StopStigmaSacramento.org, is a project resource. The virtual Wall of Hope page continued and garnered 23 positive messages of hope and recovery from visitors , resulting in 51 total messages of support from July 2015 through June 2016.



Engagement

To date, 379 people have submitted their email addresses through the site to receive project updates, up from 322 people in total last year.

- Unique visitors: 13,164 (up from 12,829 last year)

(3) Stakeholder Engagement: To engage relevant community organizations and services in the project, activities included distributing collateral materials, conducting media interviews, participating at project-sponsored or community events, sharing success stories, providing photography, promoting the project through digital and social media, or joining the speaker's bureau. Through June 2016, the project received stakeholder engagement forms, which confirm an organization's willingness to participate in the project, from 110 organizations. To view a list of partner organizations, please visit the StopStigmaSacramento.org microsite here.

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

- Request for personal stories
- Request for speaker's bureau participants
- Requests for everyday people (advertising outreach)
- Requests for artwork and help in promoting the May activities
- Requests to attend Project-sponsored events

Following is a list of the most active stakeholders from July 2015 to June 2016. These stakeholders provided spokespeople for media interviews, participated in planning meetings for events and hosted information booths at the project-sponsored events.

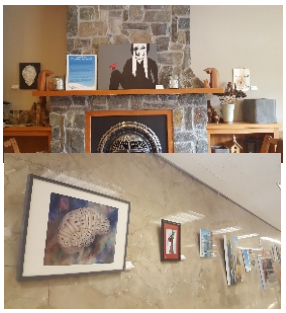
1. Arthur Benjamin Health Professions High School
2. Asian Pacific Community Counseling (APCC)
3. Crossroads
4. Each Mind Matters
5. El Hogar
6. EMQ FamiliesFirst
7. For Healthy Families Counseling Center
8. G.O.A.L.S. for Women
9. Heritage Oaks Hospital
10. La Familia Counseling Center
11. Mental Health America of Northern California
12. My Sister's House
13. NAMI Sacramento
14. River Oak Center for Children
15. Russian Information & Support Services
16. Transitional Living & Community Support (TLCS)
17. Turning Point Community Programs
18. Valley High School

(4) Collateral Material: The team has conducted outreach to stakeholder organizations to offer free program materials, including brochures, tip cards and posters. All available collateral materials can be found on the StopStigmaSacramento.org microsite here. Through June 2016, approximately 190,000 pieces of collateral material had been distributed to stakeholder groups and at events, including approximately 13,000 pieces from July 2015 through June 2016.

(5) Community Outreach Events:

- Journey of Hope (July 12, 2015)
    - New in 2015, the Speakers Bureau planned and executed an art exhibit to bring awareness about mental health to the community and give others insight, inspiration, strength and understanding.
    - The collaborative art exhibit paired local artists and writers to share stories of hope and recovery at an artist reception on July 12, 2015.

- Mental Illness Awareness Week internal event (October 5, 2015)
    - To kick off Mental Illness Awareness Week (MIAW), the team coordinated an internal Brown Bag Lunch & Learn for and Public Health staff.
    - The event gave an overview of the "Mental Illness: It's not always what you yhink" project along with personal stories from the Stop Stigma Sacramento Speakers Bureau, increasing awareness about MIAW and the project's goals.
    - Art Displays (May 2016)
    - Three art displays helped create awareness of the project. The team coordinated stakeholder outreach, secured venues and put up/took down displays. The displays included:
        - A display outside the Governor's Office at the Capitol (May 16-20, 2016)
        - A display in the Sacramento County DBHS lobby at East Parkway (May 1 – 31)



- A display at Stigma Free 2016 (May 14, 2016)

- Stigma Free 2016 (May 14, 2016)
  - The project team worked with Sacramento County to develop the concept of an all-ages celebration in recognition of Mental Health Month (May).
  - To ensure the event would appeal to all ages, the team developed and executed an event plan with a broad range of activities to target youth, seniors and everyone in between. Some of the activities included a scavenger hunt, speakers of all ages, Wall of Hope, prizes, selfie station, music from NOW 100.5 and community resources. Also new this year, the team coordinated a food truck with a custom stigma free-themed menu and hosted a live art demonstration with local Sacramento artist Danny Scheible. The team worked with stakeholders, senior centers and local schools to spread the word about Stigma Free 2016 and encourage participation.
  - Approximately 300 people attended the event. Additionally, more than 18 community organizations shared resources with attendees, including information on mental health, resources and health screenings.
  - Personal remarks were given by local elected officials, including Supervisor Roberta MacGlashan, Congressman Ami Bera, Supervisor Patrick Kennedy, Dr. Richard Pan. Members of the Stop Stigma Sacramento Speakers Bureau – Ken Shuper, Cameron Sykes and Emily Bein – also shared their stories of hope and recovery.

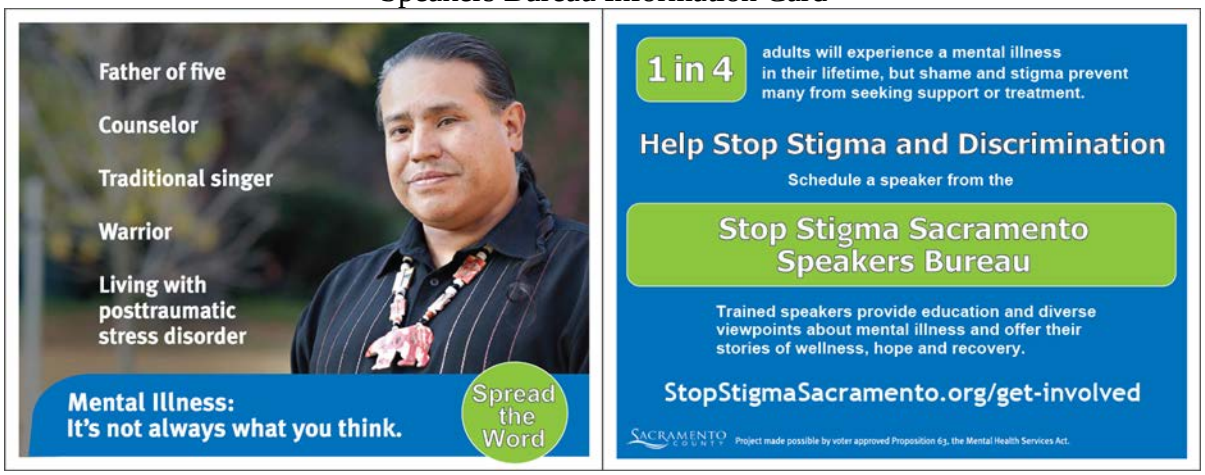
(6) **Stop Stigma Sacramento Speakers Bureau:** Sacramento County's Division of Public Health continued to coordinate a speakers bureau in year five of this project. During year five, four Orientation and Training sessions were held, during which 43 community members were trained to be speakers. At the close of year five, the Stop Stigma Sacramento Speakers Bureau had a membership of 122 speakers, of which 50 were actively speaking or preparing to speak.

In year five of the project, Stop Stigma Sacramento Speakers Bureau speakers shared their personal stories at 43 events with a total audience attendance of 2,351 individuals. In school settings, school counseling staff are also invited to attend the scheduled presentations.

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

Speaker Recruitment Card

Speakers Bureau Information Card



Practice sessions are an integral part of the Speakers Bureau. New speakers attend a minimum of two 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. The practice sessions continue to serve as a source of support and connection to the project, and have fostered supportive relationships among members.

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

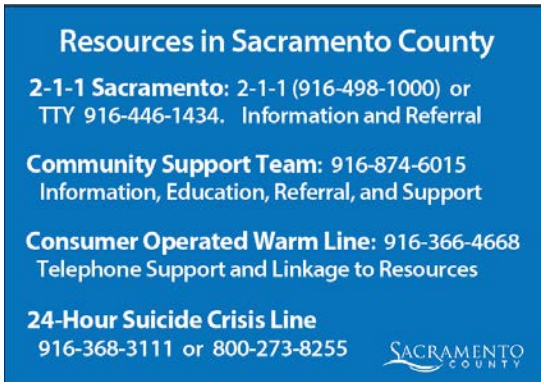
Stop Stigma Sacramento Speakers Bureau Speaking Events
July 1, 2015 – June 30, 2016

	Date	Site/Event	# Speakers	# in Audience
1	07.15.15	Health For All	3	15
2	07.18.15	NAMI: Pathways to a Healthy Mind	1	90
3	08.12.15	Sons in Retirement	1	100
4	08.19.15	Foster Grandparents	2	70
5	09.04.15	DHCS Day of Prevention	5	47
6	09.06.15	First United Methodist Church	2	53
7	09.08.15	Inderkum HS	12	157
8	09.08.15	Church of JC LDS	1	23
9	09.24.15	Trinity Episcopal Cathedral	4	15
10	10.03.15	Yoga Seed	1	51
11	10.05.15	Project Brown Bag Lunch and Learn	2	55
12	10.06.15	CalPERS	4	53
13	10.14.15	Sac State: Recreation Dept	1	14
14	10.22.15	Vista Del Lago HS	2	16
15	10.26.15	Natomas HS	9	134
16	11.03.15	JFK HS (anti-bullying program)	2	29
17	11.06.15	Hiram Johnson HS	2	30
18	11.16.15	Sac Senior Companions	4	45
19	11.16.15	CA National Guard	1	66
20	11.30.15	Stanford Youth Solutions	2	11
21	12.02.15	Health Professions HS	3	43
22	12.15.15	Vista Del Lago HS	7	65
23	12.16.15	JFK HS Endeavor Club	1	110
24	01.22.16	Inderkum HS	9	150
25	01.23.16	The Links, Inc Sacramento Chapter	2	20
26	02.25.16	Elk Grove USD Middle School Conference	5	121
27	03.01.16	JFK HS (any-bullying program)	2	29
28	03.03.16	DBHS Cultural Competence	2	30
29	03.30.16	Sac State Psychology Class	2	30
30	04.02.16	Igniter Community Church	1	28
31	04.04.16	Hiram Johnson HS	3	49
32	04.15.16	DBHS Cultural Competence	2	30
33	04.21.16	SETA Head Start: Family Service Staff	2	43
34	04.27.16	Vista Del Lago NAMI Club Panel	3	32

	Date	Site/Event	# Speakers	# in Audience
35	04.27.16	Sac State Psychology Class	3	25
36	04.29.16	Sac State School of SW (systems class)	1	62
37	05.01.16	B'nai Israel Congregation: Panel	1	21
38	05.04.16	CRC psychology classes	2	63
39	05.04.16	Sac State Psychology Dept Panel	3	150
40	05.05.16	ARC UNITE Program Panel	3	16
41	05.14.06	Stigma Free 2016	3	110
42	06.10.16	DBHS Cultural Competence	2	30
43	06.14.16	California Youth Crisis Line	3	20
	Total	**43 Speaking events**	**126**	**2,351**

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, Speakers and staff continue to utilize and hand out a project resource card at all speaking events. The card includes phone numbers for mental health resources and crisis support services and is used to begin a conversation with audiences about resources and how to take action for a loved one, a friend, or for themselves.

Speakers Bureau audiences receive this resource card:



Speakers Bureau Sponsored Events and Affiliated Activities

In addition to fulfilling speaking events, the Speakers Bureau creates speaker only, speaker specific events, and sponsors events for the general public. While the specific events vary by year, the goal of promoting community and connection within the Speakers Bureau remains a fundamental goal. Also of importance in the planning of any Speakers Bureau activity is a focus on creating opportunities for personal growth, learning, and supporting the recovery of each speaker. The section below includes the 2015-2016 events created by the Speakers Bureau by project staff and by Speakers Bureau members and project volunteers.

- **July 12, 2015: Journey of Hope Art Event**
  Journey of Hope, an event open to the general public, was created and led by three project volunteers (two speakers), with support from project staff. While in the car, returning from an international stigma reduction conference in San Francisco, three project volunteers Laura Bemis, Aunjuli Reese and Pangcha Vang, began brainstorming a unique event. The concept was to invite people living with mental illness to write and submit their written story of hope and recovery. In turn, local artists would receive the story, create an interpretation through art, and the collaborative pieces would be displayed at an unveiling event.

  The result was "Journey of Hope: Real Life Stories of Living with Mental Health Challenges Portrayed Through Art," which took place Sunday July 12, 2015 at The Falls Event Center in Elk Grove. Twenty seven individuals, including the organizers, submitted works for the event, creating nineteen collaborative pieces for viewing. An estimated 140 people attended the 3 hour event.

  Aunjuli Reese of the Speakers Bureau, reports that the event came out of a desire to "do more" to reduce stigma surrounding mental illness. Says Reese, "We wanted to do something outside the normal confines of the Speakers Bureau. I have talked with other members of the Speakers Bureau and we believe that the Speakers Bureau can be so much more than just speaking to an audience. If we want our efforts to ripple outward, we all need to work to do something beyond ourselves. This event was an example of that."

- **August 2015: Speaking Venue Outreach**
  Three long-term Speakers Bureau members met on two occasions to help project staff develop an outreach plan to sectors in which the project and Speakers Bureau would like to hold more presentations. The goal of the activity was to provide a speaker perspective in prioritizing specific sectors and create contact lists that would facilitate contacting and engaging entities within specific sectors. The purpose of the activity was also to create a mentoring experience and learning opportunity for a young speaker who was paired with two older, more experienced speakers.

  The speakers worked from feedback gathered during a speaker holiday event in 2014 wherein the speakers at the event had identified 3 sectors for increased outreach: education/higher education, faith-based audiences, and consumers of mental health services.

  The speakers developed their assignments at the first meeting, worked individually at home, and then came back together to create a final list of organizations and leaders within specific sectors to contact in the future for potential speaking events. The information was given to Public Health staff to be used for future outreach. The information will be used by project staff in conjunction with the larger project goal of increasing speaking events and increasing outreach efforts to specific sectors for stigma reduction.

- **April 2, 2016: Stop Stigma Sacramento Open House**
  On April 2, 2016, Public Health staff hosted an open house. Speakers, their family members, and friends were invited to attend. The goal of the open house was to build community, to share findings from the audience evaluations, and to allow friends and family members of speakers an opportunity to learn more about the Speakers Bureau. Thirty three people attended the 2-hour open house held at the County Micron offices.

- **May 7, 2016: NAMI Walks Team**
  A 3-year Speakers Bureau member organized a "NAMI Walks" team for the 2016 National Alliance on Mental Illness, NAMI Walks event. See picture below. The team of 14 gathered before the event and walked together during the event. NAMI Walks teams are public and can elect to allow the general public to join. Of note is an individual living with mental illness that joined the Stop Stigma Sacramento team because he had experienced stigma and wanted to get involved with the project. He had not met team members prior to the walk, but was quickly welcomed to the team.

PEI Administration and Program Support

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

PEI IMPLEMENTATION PROGRESS DATA - FISCAL YEAR 2015-16

In Fiscal Year 2015-16, a total of 7,199 individuals were served across seven* of the PEI programs. The chart below displays demographic information for individuals served in each of those programs:

Total Number of Individuals Served in PEI Programs FY 2015/2016								
	Senior Link	eVIBE	Quality Childcare Collaborative	Supporting Community Connections	HEARTS for Kids	Sac EDAPT	SABT	Total
	# of Served Individuals Only	# of Served Individuals Only	# of Served Individuals Only	# of Served Individuals Only	# of Served Individuals Only	# of Served Individuals Only	# of Served Individuals Only	# of Served Individuals Only
Age Group								
Child and Youth	0	1707	43	100	506	74	NR	2,430
Transition Age Youth	0	67	0	407	0	80	NR	554
Adult	7	86	0	1116	0	77	NR	1,286
Older Adult	69	5	0	286	0	0	NR	360
Not Reported	10	77	0	98	0	11	2373	2,569
Total	**86**	**1942**	**43**	**2007**	**506**	**242**	**2373**	**7,199**
Race/Ethnicity								
White	26	321	NR	816	119	71	521	1,874
African American	29	225	NR	321	127	82	416	1,200
Asian	2	96	NR	1	6	18	286	409
Pacific Islander	0	15	NR	200	2	4	30	251
Native	2	8	NR	8	4	4	89	115
Hispanic	17	491	NR	559	72	45	264	1,448
Multi	0	416	NR	47	13	9	35	520
Other	2	58	NR	20	195	1	83	359
Not Reported	8	312	43	35	40	8	649	1,095
Total	**86**	**1942**	**43**	**2007**	**506**	**242**	**2373**	**7,199**
Primary Language								
Spanish	10	153	NR	575	NR	11	NR	749
Vietnamese	0	2	NR	46	NR	2	NR	50
Cantonese	1	1	NR	24	NR	0	NR	26
Mandarin	0	1	NR	0	NR	0	NR	1
Tagalog	0	2	NR	0	NR	0	NR	2
Cambodian	0	0	NR	0	NR	0	NR	0
Hmong	1	14	NR	82	NR	0	NR	97
Russian	2	12	NR	237	NR	0	NR	251
Farsi	0	6	NR	1	NR	1	NR	8
Arabic	1	7	NR	0	NR	0	NR	8
Other	60	1472	NR	33	NR	224	NR	1789
Not Reported	11	272	43	1009	506	4	2373	4218
Total	**86**	**1942**	**43**	**2007**	**506**	**242**	**2373**	**7,199**

*Note – The chart above displays number of served individuals only. It does not contain data for individuals served and reached by the following PEI Programs: Suicide Crisis Line; Postvention Services; Community Support Team; Mobile Crisis Support Teams; Mental Health Respite Programs, Bullying Prevention Education and Training; and Mental Health Promotion project.

PEI IMPLEMENTATION PROGRESS DATA - FISCAL YEAR 2015-16 (cont'd)

In Fiscal Year 2015-16, a total of 139,149 individuals were served across the four PEI programs with universal components. The chart below displays demographic information for individuals served in each of those programs:

Total Number Served in Universal Prevention FY 2015/2016					
	Senior Link	**Quality Childcare Collaborative**	**Supporting Community Connections**	**SABT**	**Total**
	Universal prevention estimates and # of served individuals	**Universal prevention estimates and # of served individuals**	**Universal prevention estimates and # of served individuals**	**Universal prevention estimates and # of served individuals**	**Universal prevention estimates and # of served individuals**
Age Group					
Child and Youth	0	718	703	NR	1,421
Transition Age Youth	0	0	1,985	NR	1,985
Adult	29	0	8,925	NR	8,954
Older Adult	259	0	6,185	NR	6,444
Not Reported	5	0	641	NR	646
Total	**293**	**718**	**18,439**	**119,699**	**139,149**
Race/Ethnicity					
White	108	NR	913	521	1,542
African American	81	NR	421	416	918
Asian	8	NR	6	286	300
Pacific Islander	3	NR	5456	30	5,489
Native	2	NR	339	89	430
Hispanic	60	NR	469	264	793
Multi	0	NR	109	35	144
Other	18	NR	4	83	105
Not Reported	13	718	10,722	117,975	129,428
Total	**293**	**718**	**18,439**	**119,699**	**139,149**
Primary Language					
Spanish	26	NR	NR	NR	26
Vietnamese	1	NR	NR	NR	1
Cantonese	1	NR	NR	NR	1
Mandarin	0	NR	NR	NR	0
Tagalog	0	NR	NR	NR	0
Cambodian	0	NR	NR	NR	0
Hmong	2	NR	NR	NR	2
Russian	0	NR	NR	NR	0
Farsi	0	NR	NR	NR	0
Arabic	0	NR	NR	NR	0
Other	244	NR	NR	NR	244
Not Reported	19	718	18,439	119,699	138875
Total	**293**	**718**	**18,439**	**119,699**	**139,149**

Note: Only four of Sacramento County's PEI programs utilize universal screenings

WORKFORCE EDUCATION AND TRAINING (WET) COMPONENT

The Workforce Education and Training (WET) component provides time limited funding with a goal to recruit, train and retrain 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 recover. Per Welfare and Institutions Code (WIC) Section 5892(b), Counties may use a portion of the CSS funds to sustain WET activities once the time-limited WET funds are exhausted. Therefore, these activities are being sustained with CSS funding. Sacramento County's WET Plan is comprised of eight (8) previously approved actions.

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. Subsequently, DBHS was advised by the State Department of Health Care Services (DCHS) that they would be releasing updated CCP requirements that would impact the annual Sacramento County Human Resources Survey/MHSA Workforce Assessment. We are still anticipating the release of these updated requirements. When the new requirements are released, DBHS anticipates tailoring 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.

Action 1: Workforce Staffing Support

The function of the WET Coordinator is to assist in the facilitation and implementation of previously approved WET Actions. The Coordinator attends and participates in statewide WET Coordinator Meetings; the WET Central Region Partnership, the California Educational Marriage Family Therapist (MFT) Stipend Program Selection Committee; MFT Consortium of Greater Sacramento; Health Professions Education Foundation Advisory/Selection Committee; and participates in the monthly Mental Health First Aid Facilitator's Conference Call. The WET Coordinator will continue to assist in the evaluation of WET plan implementation and effectiveness; 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, family members, and community members through a Training Partnership Team, Train the Trainer Models, training delivery and other community-based efforts.

In 2010, a Crisis Responder Training Workgroup was established as the first Training Partnership Team and resulted in the development of a two (2) hour mental health education training program that trained Sacramento City Police Department (SPD) and Citrus Heights Police Department officers and supervisors. The two hour education program was designed to provide a basic overview of mental illness symptomology and strategies to increase the safety of patrol officers, consumers, family members and other citizens when interacting with Law Enforcement (LE) in the community, thereby reducing the potential for use of deadly force tactics when LE encounter individuals who suffer from mental illness. In 2012, that program was improved to meet Police

Officer Standards and Training (POST) certification requirements. Between 2012 and 2014, 92 training sessions were provided to deputies and other Sheriff's Department staff. In January 2015, the two hour training program was discontinued, as Sacramento County Sheriff's Department began providing Crisis Intervention Training (CIT) to its dispatchers and first responders and later in the year began partnering with behavioral health specialists to assist with calls involving individuals who are mentally ill. Sacramento County, Division of Behavioral Health Services (DBHS), participates in this CIT training by providing local resource information to support the educational component of the training curriculum.

Subsequently, DBHS was contacted by the California Highway Patrol (CHP), who advised that they were going to provide mental health education training to their field officers and dispatch staff. This was very exciting, as DBHS continually looks for ways to partner with local law enforcement agencies on educational/training activities. In 2014, the National Alliance on Mental Illness (NAMI), Sacramento, one of our system partners, began providing CIT training to CHP field officers and dispatch staff. DBHS partners with NAMI in this mental health education effort by providing stipends and other financial supports for NAMI staff and volunteers as they provide timely and relevant CIT training to the CHP. The highly regarded CIT training promotes community solutions, expands understanding of mental health conditions, improves Law Enforcement responses to individuals in crisis and reduces stigma associated with mental illness.

Mental Health First Aid (MHFA), Adult and Youth versions, is another popular training that is provided to our community and system partners as part of the System-wide Training Continuum at no cost to them. While Sacramento County staff focuses on facilitating the adult version of MHFA, our system partners primarily facilitate the Youth version of MHFA in both English and Spanish. Since beginning to offer MHFA, Sacramento County has found that interest in the course and class size remains fairly consistent. The following table provides information regarding average class size and number of participants through FY 2016/17:

Fiscal Year	**Average Class Size**	**Number of Participants**
2011-12	17	175
2012-13	17	256
2013-14	20	362
2014-15	19	270
2015-16	19	173
TOTAL		**1236**

DBHS and system partners continue to provide the 8-hour MHFA training course throughout the county for individuals, groups and organizations, at no cost to participants.

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 County, DBHS, has continued to leverage CRPWET funds to expand the trainer pool and uses local WET funds to provide training opportunities to participants at no charge. Sacramento County has a cadre of certified MHFA trainers that have conducted several organized trainings throughout the year in English and languages other than English in community based sites throughout the county. The trainings are provided to specialty groups (i.e. Sacramento City College Occupational Therapy Program and Sacramento Employment and Training Agency, Head Start, church and

other community organizations, etc.) but are also open to system partners and the general public, including those with lived-experience.

Prior to 2014, only Adult MHFA was available. However, during 2014, selected County employee and system partners received specialized training certifying them to facilitate the Youth version of MHFA and began making general YMHFA sessions available as well as language/cultural specific sessions as part of the MHP and partner training schedule. The Adult and Youth MHFA have been provided in both English and Spanish through a partnership with a community-based contract provider, La Familia Counseling Center. Other system partners, including Sacramento Native American Health Center and Muslim American Society-Social Services Foundation also provide Adult and Youth versions of MHFA training to community members free of charge.

In December 2016, Sacramento County, DBHS, sent two additional staff to the five-day Adult MHFA Training for Trainers in an effort to add to the existing pool of trainers who provide MHFA training to the diverse communities in Sacramento County. Additional Youth and Adult MHFA sessions are scheduled throughout the 2017/18 Fiscal Year.

In 2014, Sacramento County, DBHS, initiated a project that was funded through Action 2 and administered by the Sacramento County Office of Education (SCOE) to expand the number of individuals receiving the YMHFA Training. The project educated teachers, school staff and caregivers on how to help adolescents ages 12-18 who may be experiencing mental health or addiction challenges or other emotional crisis situations. The course introduced common mental health challenges for youth, reviewed typical adolescent development and taught a 5-step action plan for how to help young people in both crisis and non-crisis situations. In FY 2014-15, twenty-four (24) school district staff were trained in Youth Mental Health First Aid. In FY 2015-16, the number of school district staffed trained in Youth Mental Health First Aid was increased by 16, for a total of forty (40) trained personnel now certified to facilitate YMHFA.

Sacramento County will soon begin offering Pro-ACT Training to employees assigned to the Mental Health Treatment Center (MHTC) and the Adult Psychiatric Support Services (APSS) Clinic. Both of these locations offer treatment services to moderate to severely mentally ill individuals in both an inpatient and outpatient milieus.

Pro-ACT is a training curriculum based upon evidence-based practices and used in a wide variety of healthcare, behavioral health, residential and education settings. The training places emphasis on critical thinking and continued assessment of client behavior and needs and employs a distinctive problem-solving approach, designed to improve safety and enhance treatment outcomes.

In addition to the training efforts described above, DBHS provided scholarships and/or support for more than 180 behavioral health staff, system partners, providers and persons with lived mental health experiences and other mental health stakeholders to attend 19 behavioral health related trainings and conferences in FY 2015-16.

In May 2017, DBHS sponsored the three-day Mental Health Interpreter Training. La Familia Counseling Center hosted and participated in the training. This training meets the State

requirement that all interpreters working in the public mental health system receive training specific to interpreting in a mental health/ behavioral health environment. The training is designed to support bilingual staff, including: direct service staff, clinicians, administrative support staff, community members, system partners, contractors, consumers, case managers and others who are currently serving as interpreters or want to become interpreters. Trained interpreters are necessary to ensure accurate and complete communication in order to maximize the delivery of quality services and minimize risk. With this training, DBHS has maintained the standard that 98% of staff identified as interpreters complete an approved mental health/behavioral health interpreter training and receive certification.

Since Sacramento County was identified as a pilot for the evidence-based California Brief Multi-Cultural Competence Scale and accompanying training, Sacramento County has successfully trained more than 930 individuals working in behavioral health settings throughout the mental health service system. This training provides a means to measure service provider cultural competency and training to enhance knowledge in areas where the need for skill development is identified. It is required that all service delivery staff, supervisors and managers receive this training.

Action 3: Office of Consumer and Family Member Employment

This Action was designed to develop entry and supportive employment opportunities for consumers, family members and individuals from Sacramento's culturally and linguistically diverse communities to address occupational shortages identified in the Workforce Needs Assessment. Over time, many changes have occurred impacting the original design of this action. For instance, the Office of Statewide Health Planning and Development (OSHPD) has rolled out numerous MHSA-funded projects that address the needs of consumer and family members interested in obtaining employment. As a result of these efforts, DBHS has looked for alternative opportunities to leverage these projects and further move the activities described in this action forward. In line with DBHS core values and community/stakeholder input, DBHS has thoughtfully included consumer and family member positions in all programs using creative partnerships between county and contract providers.

Action 4: High School Training

Through this Action, a pilot behavioral health curriculum was developed in FY 2013-14. Currently two High Schools are participating in this action and offer mental/behavioral health-oriented career pathways for their student body. The participating High Schools are Arthur A. Benjamin Health Professions High School and Valley High Health TECH Academy (VHHTA). The pilot curriculum has since been expanded for both schools and was built upon MHSA principles of wellness, recovery and resiliency. The curriculum was developed through partnerships between Mental Health Plan providers and the Sacramento County Division of Behavioral Health Services Cultural Competence Committee, including community partners and other interested stakeholders. The curriculum focuses on introducing mental/behavioral health to high school youth, (9th through 12th grade) during the time they are typically considering career opportunities and empowers students to discuss mental health and mental illness in a supportive, familiar environment where they can gain knowledge, ask questions, combat stigma and develop awareness about community resources. The curriculum was designed with several goals in mind, including cultivating the interest of young people in public mental/behavioral health careers, expanding their knowledge

and understanding of mental/behavioral health conditions, broadening their understanding of associated stigma and discrimination against individuals with mental illness, increasing their awareness of community resources and available supports, increasing understanding of mental health issues from diverse ethnic and racial perspectives and exploring mental health across age groups.

Students from both Arthur A. Benjamin Heath Professions High School and Valley High Health TECH Academy were surveyed and analysis of the data was used to modify, expand and improve the 2016/17 curriculum. The areas of related activities was expanded to include more community based internship opportunities, participation in community outreach events and more guest speakers with lived experience to present to students on topics such as wellness and recovery, resiliency, stigma, discrimination and barriers that hinder consumers from seeking emotional support and services. In addition to curriculum modifications, the students were also able to increase their knowledge of mental illness through work based learning opportunities wherein they met with mental health professionals from local hospitals, mental health clinics and other community based organizations to do project research on mental health disorders such as Bipolar Disorder, Post-Traumatic Stress Disorder, Obsessive Compulsive Disorder and Schizophrenia. These ongoing learning opportunities help students improve their understanding of how mental illness can interfere with a person's daily life and provide opportunities for them to explore their own mental health and emotional coping skills. By pairing students with local mental health professionals, the students are given a greater exposure to a wide array of mental/behavioral health careers, which not only fosters interest, but also raises awareness about mental illness and provides authentic opportunities in job preparation and skill development for students in hopes they will pursue future careers in the field of mental health. Internship and other work-based learning opportunities extend and deepen classroom learning and help students make progress toward learning outcomes that are difficult to achieve through classroom work alone. This High School training program relies on teachers and other mental health professionals to increasingly blend academic and technical curriculum in ways that connect theoretical knowledge and real-world applications. Sacramento County, DBHS, continually looks for ways to assist school staff in garnering the skills needed to provide meaningful connections that further student learning.

Sacramento County continues to serve on the Community Advisory Board and advises on student projects related to mental health and the delivery of culturally and linguistically competent health/behavioral health care services. Sacramento County works with the selected schools with on-the-job training, mentoring, existing Regional Occupational Programs (ROP), and experiential learning opportunities for public high school youth who express interest in learning more about mental health and public mental health as a possible career option.

Both Arthur A. Benjamin Health Professions High School and Valley High Health TECH Academy have culturally and linguistically diverse student bodies and have participated in many community events throughout the year, including Stigma Free 2017. Valley High Health TECH Academy brought a student team to the Stigma Free event and did brief presentations for event attendees on Diabetes in the Latino community and Youth Mental Health. On Friday, May 12, 2017, Valley High School hosted the 11th Annual Health and Fitness Expo at the Valley High School campus, where Sacramento County DBHS and other community based organizations conducted exercise and fitness demonstrations and staffed information booths that provided health

and fitness and mental health and wellness information in a fun and interactive way for students, faculty, staff, community members and families. This year's activities included mini workouts, cooking demos, nutrition information, military obstacle course and honor guard flag demonstrations, games, local mental/behavioral health service information, and other wellness and healthy living opportunities.

In September 2017, VHHTA hosted and participated in a career seminar featuring primary care and mental/behavioral health professions. There was a significant variety of careers and professions represented, including mental health services coordination and geriatric social work, patient's rights and cultural competence. The career seminar increased the student's understanding of careers in mental/behavioral health field and provided a greater understanding of the importance of providing effective and culturally sensitive treatment across the culturally broad communities in Sacramento County. This year, the student body took field trips to California State University, Sacramento, School of Nursing, the UC Berkeley School of Public Health and California Northstate University School of Medicine and Pharmacy to learn more about the determinants of health, both inside and outside the healthcare system, changing healthcare needs of society, providing patient-centered and culturally competent care, and leadership skills. Additionally, VHHTA continues to expand their Health TECH career pathway program and has informed us that through the WET grant they were able to create and adopt a new year-round curriculum for seniors, Behavioral Health Theory and Practicum for the Community Health Worker (CHW). This expansion replaced the prior single semester course and "added tremendous depth to academy students' understanding of mental and behavioral health issues and was successful in engaging students in learning about mental/behavioral health as possible careers. Additionally, it increased instruction on careers in behavioral health, research methods in psychology and enhanced their existing units in brain anatomy and function, psychological theory, abnormal psychology and social psychology." Through our partnership, VHHTA was able to add additional coursework and units for courses, including mental health attitudes, issues and subgroups, cultural competence in behavioral health, mental health case management and the role of the CHW. The current curriculum integrates a more holistic perspective in providing healthcare services to patients and focuses on overall wellness, while exploring and understanding the more complex social determinants of health. Through this collaboration with VHHTA, they were able to expand opportunities toward educating students in the field of mental/behavioral health and increase student knowledge about mental health conditions and related careers. Academy staff are now training the CHW students to investigate and understand how mental health impacts physical health and how physical health impacts mental health and challenging student to learn and understand how environment affects both physical and mental health of individuals. Academy staff are now more deliberate in mental/behavioral health activities and promotion of mental/behavioral health awareness, informing not only VHHTA students, but also the general public of important mental/behavioral health issues and career possibilities.

For the purpose of furthering student education and increasing their knowledge of mental/behavioral health conditions and associated stigma, discrimination and career pathways that lead to satisfying and productive lives and careers, Arthur A. Benjamin Health Professions High School staff took students on field trips to UC Davis, School of Medicine, CSU, Sacramento, School of Social Work, CSU, Chico Psychology Department, Sacramento City College, UC Merced and Sonoma State University, School of Social Sciences. AABHPHS also participated in

community events, including Mental Health Matter Day 2017 at the State Capitol, Blood Source blood drives and Pathways to Paychecks, a program involving Elk Grove Unified School District and other community partners and stakeholders that promotes career planning, breaking down silos between high school and colleges, and engaging industry to collaborate with schools to prepare students for careers that exist today as well as preparing them for the jobs of tomorrow.

For FY 2017/18, DBHS is working with both High Schools to implement stipends for students to spend time in service delivery programs or agencies so that they may combine knowledge that they obtain in class with hands-on, real world experience.

Partnering with both Arthur A. Benjamin Health Professions High School and Valley High Health Tech Academy and their feeder schools has continued to assist DBHS in our goal to recruit a diverse workforce that is 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, the following three (3) components have been implemented: 1.) Community Education; Psychiatry Residents and Fellowship Training Program; 2.) Mental Health Collaboration; Psychiatry Residents, Primary Care and Mental Health Providers Training Program; 3.) Residents and Post-Doctoral Fellows at Youth Detention Facility-Special Needs Unit.

Community Education; Psychiatry Residents and Fellowship Training Program: Since its implementation in academic year 2011-12, a total of 79 psychiatric residents have participated in this action and attended the required Psychiatric Resident Fellowship Program (PRFP) trainings. Some of the participating psychiatric residents have dual interest in psychiatry and other areas such as internal or family medicine. Below is a chart indicating the number of residents enrolled in the program. The chart also indicates the total number of residents that have psychiatry as their sole interest, those with dual interest and the percentage of those who attended the required fellowship program training.

Academic Year	Number of Residents Enrolled	Number of Residents w/ dual Interest	Percentage of residents that attended required number of trainings
2011-12	12	2	77%
2012-13	9	4	70%
2013-14	12	4	75%
2014-15	11	3	75%
2015-16	9	2	100%
2016-17	12	8	100%

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.

More detailed information regarding the Psychiatric Residency Fellowship Program is detailed below:

FY 11/12, twelve (12) second year residents were enrolled in the UCD Psychiatry Residency and Fellowship Program (PRFP), 8 being dedicated to Psychiatry and 2 training in Psychiatry/Internal Medicine and 2 training in Psychiatry/Family Medicine. All five of the dedicated psychiatry residents attended at least 77% of the required PRFP training. The remaining 4 trainees attended at least 23% of the trainings –largely due to their commitments in internal medicine and family medicine respectively.

FY 12/13, nine (9) second year residents were enrolled in the UCD Psychiatry PRFP, 5 being dedicated to Psychiatry and 2 training in Psychiatry/Internal Medicine and 2 training in Psychiatry/Family Medicine. All five of the dedicated psychiatry fellows attended at least 70% of the required PRFP trainings. The remaining 4 trainees attended at least 21% of the trainings – largely due to their commitments in internal medicine and family medicine respectively.

FY 13/14, twelve (12) second year residents were enrolled in the UCD Psychiatry PRFP, 8 being dedicated to Psychiatry and 2 training in Psychiatry/Internal Medicine and 2 training in Psychiatry/Family Medicine. Seven of the 8 dedicated psychiatry fellows attended 75% of the required PRFP training, with only one trainee missing this attendance percentage due to a maternity leave. The remaining 4 trainees attended at least 25% of the required trainings –largely due to their commitments in internal medicine and family medicine respectively.

FY 14/15, eleven (11) second year residents were enrolled in the UCD Psychiatry PRFP, 8 being dedicated to Psychiatry and 3 training in Psychiatry/General Medicine. Five of the 8 psychiatry fellows attended 75% of the required PRFP trainings, the other 3 attended over 64% of the required PRFP trainings.

FY 15/16, nine (9) students are enrolled in the UCD PRFP, with 7 dedicated to Psychiatry only and 2 have combined interest in Psychiatry/Family Medicine. All nine psychiatry fellows attended 75% of the required PRFP trainings.

FY 16/17, twelve (12) students are enrolled in the UCD PRFP, with 8 dedicated to Psychiatry only. Two (2) students have combined interests in Psychiatry/Family Medicine and two (2) have combined interests in Psychiatry/Internal Medicine. All twelve psychiatry fellows attended 75% of the required PRFP trainings.

FY 17/18, fourteen (14) students are enrolled in the UCD PRFP, with 9 dedicated to Psychiatry only. Three (3) students have combined interests in Psychiatry/Internal Medicine and two (2) have combined interests in Psychiatry/Family Medicine. DBHS has not received training numbers for academic year 2017/18, as we are still in the midst of the academic year and training data is not yet available.

Mental Health Collaboration; Psychiatry Residents, Primary Care and Mental Health Providers Training Program: Smoking Cessation groups were held at the Adult Psychiatric Support Services (APSS) clinic through a collaboration between the APSS medical team and UC Davis dual boarded physicians. Groups were provided to three different cohorts. Attendees received education, support

and assistance with understanding the physical and behavioral aspects of nicotine addiction. Information on smoking cessation aides that would be approved by the attendee's psychiatrist was also provided. Through this Action, no less than two psychiatrists are placed in public/community mental health settings to assist in primary care collaboration with physicians through consultation and education on mental health/primary healthcare integration with staff and consumers.

Residents and Post–Doctoral Fellows at Youth Detention Facility-Special Needs Unit: Sacramento DBHS has expanded the contract with UCD to include Residents and Post Doctorate Fellows providing consultation and support related to diagnostic impressions, antecedent behaviors and behavioral interventions to better serve the youth residing at the Youth Detention Facility (YDF), Special Needs Unit. This collaborative fosters community education opportunities for Probation staff and other stakeholders to share valuable and timely information to aid in the mental health recovery of YDF, Special Needs Unit residents and optimize the care and treatment they receive. The program provides learning opportunities for Probation staff to improve communication with residents, increase development of behavioral interventions that improve outcomes such as re-offense and family relationships and increases staff's awareness and understanding of how mental illness, treated or untreated can significantly impact a person's behavior. This program is in the first year of implementation. Outcomes data is not yet available.

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. Moving forward, DBHS will continue to identify opportunities to establish multidisciplinary collaborations with key system partners.

Action 7: Consumer Leadership Stipends

This Action provides consumers and family members from diverse backgrounds with the opportunity to receive stipends for leadership or educational opportunities that increase knowledge, build skills, and further advocacy for consumers on mental health issues. Educational opportunities include, but are not limited to: the California Association of Social Rehabilitation Association (CASRA) social rehabilitation certificate and certification in group facilitation and Wellness Recovery Action Plan (WRAP) Facilitator training as described in Action 2.

During FY 2014-15, Sacramento County leveraged Central Region Partnership funds to pay for on-line Human Services courses using CASRA curriculum at Modesto Junior College (MJC) for individuals with lived experience. For the 2015 academic school year, Sacramento County had four (4) students enrolled in on-line classes through MJC. At the completion of their coursework, the students were qualified to advance to the next level, eventually leading to a Certified Psychiatric Rehabilitation Practitioner (CPRP) credential. The CPRP credential is a test-based certification curriculum that fosters the growth of a qualified, ethical and culturally diverse

workforce and is designed to provide wellness and recovery oriented services for individuals who are coping with mental health issues. During the 2015 academic year, Sacramento County had students who completed the required on-line coursework. DBHS continues to offer emotional support and financial assistance to those students who are pursuing the CPRP certification. The CPRP curriculum is specifically designed to meet the goal of developing a multicultural, diverse, and recovery-oriented mental health workforce. The courses provide core training in the values and principles of psychosocial rehabilitation and the skills necessary to provide hope-filled, values-driven services to consumers.

Additionally Sacramento County continues to provide funding support for individuals with lived experience from diverse cultures to attend trainings/conferences that offer leadership training. As previously stated, the Office of Statewide Health Planning and Development (OSHPD) has rolled out numerous MHSA-funded projects that address the needs of consumer and family members interested in obtaining employment and enhancing leadership skills. The county continues to look for opportunities to leverage the statewide efforts and work with diverse stakeholders to determine an array of leadership and training opportunities that would be beneficial for consumers and family members.

Sacramento County, DBHS has continued to expand Action 7 by offering Wellness Recovery Action Plan (WRAP) Facilitator Training to system partners and community based organizations at no cost to them. In November 2015, through a partnership with Mental Health America of Northern California (NorCal MHA), nineteen individuals participated in and successfully completed a 5-day intensive WRAP Facilitator training. WRAP is a self-designed prevention and wellness process that was developed in 1997 by a group of people who were searching for ways to overcome their personal mental health issues and move on to fulfilling their life dreams and goals. WRAP can be used by anyone to get well, stay well and address a variety of physical, mental health and life issues. The 19 Facilitators were certified and began providing WRAP groups to consumers, family members and others throughout Sacramento County and surrounding areas. Through continued partnership with Mental Health America of Northern California, (NorCal MHA) and the Copeland Center for Wellness and Recovery, in June 2017, DBHS hosted and sponsored Wraparound the World Conference, a five-day recertification course, which provided WRAP facilitators the opportunity to meet the required every two-year refresher training to maintain their WRAP certification. 14 of the original 19 Facilitators were recertified and continue to provide WRAP groups in and around Sacramento County at no cost to participants. For ongoing support, a WRAP Master Trainer conducts a quarterly support group/conference call where facilitators provide relevant information, share personal experiences and coping strategies and provide sympathetic understanding to support and encourage one another.

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

This Action supports efforts to develop a diverse, culturally sensitive and competent public mental health system by establishing a stipend fund to allow individuals to apply for stipends to participate in educational opportunities that will lead to employment in Sacramento County's mental health system. Sacramento County has a mechanism to provide stipends that leverages County WET and other related funds, as needed.

INNOVATION COMPONENT

The Innovation Component provides time-limited funding for the sole purpose of developing and trying out new practices and/or approaches in the field of mental health. An Innovation project is defined as one that contributes to learning rather than focusing on providing a service. DBHS has completed one Innovation project, known as **Innovation Project 1: Respite Partnership Collaborative** and is working to implement a second project known as **Innovation Project 2: Mental Health Crisis/Urgent Care Clinic.**

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

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

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

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

As an Innovation project, funding was time-limited for the term of the project, which means that the mental health respite grantees had to look for sustainable funding from other sources. The Welfare and Institutions Code allows for the transition of successful innovation projects to sustainable MHSA funding, if the County so chooses. In 2015 and early 2016, the MHSA Steering Committee reviewed RPC-funded respite programs for consideration of sustainability through other MHSA components. This review was based on component funding requirements, as well as system needs. With support from the MHSA Steering Committee, all eleven mental health respite programs transitioned to sustainable MHSA CSS and PEI funding during FY 2015-16. Descriptions of those respite programs are included in the CSS and PEI component sections of this Three-Year Plan.

Innovation Project 2: Mental Health Crisis/Urgent Care Clinic
The Mental Health Crisis/Urgent Care Clinic project was reviewed and approved by the MHSOAC in May 2016. The primary purpose of this project is to increase the quality of services, including better outcomes for individuals experiencing a mental health crisis with the secondary purpose of increasing access to services.

Over the past two decades, urgent care clinics have emerged as an alternative and effective care setting that improves access to quality healthcare, addresses intermediate physical health needs, and provides an alternative to emergency department visits. The project will test the adaptation of an urgent care clinic/medical model, which is an intermediate step between routine and emergency care, to provide crisis response/care for individuals experiencing a mental health crisis. Furthermore, this project will fully incorporate wellness and recovery principles into service delivery. Specifically, the adaptations will focus on:

1. **Crisis Program Designation** - Operate as an extended hours outpatient treatment program versus a Crisis Stabilization Unit thus has a more flexible staffing pattern, allowing for tailored services to better meet community needs;

2. **Direct Access** - Provide direct linkage as an access point for both Sacramento County Mental Health Plan (MHP) and Alcohol and Drug Services (ADS);

3. **Ages Served** - Designed to serve all ages (children, youth, adults and older adults); and

4. **Medical Clearance Screening Pilot** - Pilot a medical clearance process utilizing a screening tool that will allow clinical staff to initially screen to identify medical issues on site as needed. This will expedite mental health and substance use disorder interventions, either directly at the clinic or through other levels of care, including real-time coordination with system providers.

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

In October 2016, Sacramento County initiated the competitive selection process to seek out organizations interested in collaboratively operating this project and the contract was awarded to Turning Point Community Programs. The Mental Health Crisis/Urgent Care Clinic opened in November 2017 and is included in the AB114 Plan for Mental Health Services Act Funds at Risk of Reversion (See Attachment D) to expend Innovation funds at-risk of reversion within the previously approved project budget, as defined above.

Innovation Project 3: Behavioral Health Crisis Services Collaborative
In Fiscal Year 2017-18, the Division held a community planning process to develop a third INN Project, known as INN Project 3: Behavioral Health Crisis Services Collaborative. The project is a public/private partnership with Dignity Health and Placer County with the intent to establish integrated adult crisis stabilization services on a hospital emergency department campus in the northeastern area of Sacramento County.

This project was developed as a result of a local community planning process and has been approved by both the California Mental Health Services Oversight and Accountability Commission (MHSOAC) and the Sacramento County Board of Supervisors. The project is also included in the AB114 Plan for Mental Health Services Act Funds at Risk of Reversion (See Attachment D) to expend Innovation funds at-risk of reversion, as defined above. This project is described in detail as an attachment to this Three-Year Plan (See Attachment F: Innovation Project 3: Behavioral Health Crisis Services Collaborative).

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

The **Capital Facilities (CF) Project Plan** was approved in July 2012. The project renovated three buildings at the Stockton Boulevard complex that house the Adult Psychiatric Support Services (APSS) clinic, Peer Partner Program and INN Project #2: Mental Health Crisis/Urgent Care Clinic. Those renovations allowed for an expansion of service capacity with space for additional consumer and family-run wellness activities and social events.

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

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

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

SacHIE Roadmap –

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

Sacramento County is currently in phase 4 of the SacHIE project. All of our County Operated providers and those contracted outpatient providers that have chosen to use the County's electronic health record are utilizing an electronic health record that allows for electronic requests and responses for mental health services, collection of client demographics, completion of assessments, progress notes, client plans as well as electronic prescribing of medications and claiming for services provided. Sacramento County anticipates the completion of Phase 4 of the SacHIE project in the fourth quarter of fiscal year 2017-18. The County will begin Phase 5 of the project which addresses Health Information Exchange/Personal Health Record implementation and expansion in the second half of fiscal year 17-18.

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

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

Sacramento County has completed Phase 1 of the HIE. All of contracted providers that have chosen to use their own electronic health record will continue to utilize the County's EHR system to record electronic requests for mental health services, collection of client demographics, as well as electronic prescribing of medications and claiming for services provided until Phases 2 through 4 have been completed. Phases 2 through 5 address electronic exchange of information and are included in the scope of work in Phase 5 of the SacHIE Roadmap. Sacramento County will begin these phases in the second half of fiscal year 2017-18 as they begin Phase 5 of the SacHIE Roadmap.

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: Sacramento

Date: 2/5/18

	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 2017/18 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	91,081,474	20,501,755	13,578,435	1,316,168	754,746	
2. Estimated New FY2017/18 Funding	46,108,521	11,527,131	3,033,456			
3. Transfer in FY2017/18[a/]	(3,332,875)			283,044	3,049,831	
4. Access Local Prudent Reserve in FY2017/18	0	0				0
5. Estimated Available Funding for FY2017/18	133,857,120	32,028,886	16,611,891	1,599,212	3,804,577	
B. Estimated FY2017/18 MHSA Expenditures	54,807,302	12,357,558	2,714,230	1,599,212	3,804,577	
C. Estimated FY2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	79,049,818	19,671,328	13,897,661	0	0	
2. Estimated New FY2018/19 Funding	37,937,324	9,484,331	2,495,877			
3. Transfer in FY2018/19[a/]	(4,518,410)			1,500,000	3,018,410	
4. Access Local Prudent Reserve in FY2018/19	0	0				0
5. Estimated Available Funding for FY2018/19	112,468,732	29,155,659	16,393,538	1,500,000	3,018,410	
D. Estimated FY2018/19 Expenditures	63,581,302	17,957,558	5,866,929	1,500,000	3,018,410	
E. Estimated FY2019/20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	48,887,430	11,198,101	10,526,609	0	0	
2. Estimated New FY2019/20 Funding	38,696,071	9,674,018	2,545,794			
3. Transfer in FY2019/20[a/]	(4,518,410)			1,500,000	3,018,410	
4. Access Local Prudent Reserve in FY2019/20	0					0
5. Estimated Available Funding for FY2019/20	83,065,091	20,872,119	13,072,403	1,500,000	3,018,410	
F. Estimated FY2019/20 Expenditures	63,581,302	17,957,558	6,308,294	1,500,000	3,018,410	
G. Estimated FY2019/20 Unspent Fund Balance	19,483,789	2,914,561	6,764,109	0	0	

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 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Sacramento Date: 2/5/18

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Sierra Elder Wellness	2,048,327	1,214,109	834,218			
2. Permanent Supportive Housing (incl new/ex	12,583,547	8,848,838	2,803,088			931,621
3. Transcultural Wellness Center	2,601,251	1,897,968	703,283			
4. Adult Full Service Partnership (incl expansio	7,942,929	4,930,579	3,012,350			
5. Juvenile Justice Diversion and Treatment	3,483,854	2,226,970	730,443		526,441	
6. Transition Age Youth (TAY) Full Service Partr	4,000,000	2,500,000	1,500,000			
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Transitional Community Opportunities for R	26,659,655	13,088,598	8,077,115	5,162,986		330,956
2. Wellness and Recovery Center (incl expansi	5,714,037	5,096,603	617,434			
3. Crisis Residential	3,139,391	1,472,729	327,960			1,338,702
4. Consultation Support and Engagement Tean	800,000	800,000				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	7,730,908	7,730,908				
CSS MHSA Housing Program Assigned Funds	5,000,000	5,000,000				
Total CSS Program Estimated Expenditures	81,703,899	54,807,302	18,605,891	5,162,986	526,441	2,601,279
FSP Programs as Percent of Total	59.6%					

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Sacramento Date: 2/5/18

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Sierra Elder Wellness	2,048,327	1,214,109	834,218			
2. Permanent Supportive Housing (incl new/ex	16,133,547	12,398,838	2,803,088			931,621
3. Transcultural Wellness Center	2,601,251	1,897,968	703,283			
4. Adult Full Service Partnership (incl expansio	8,692,929	5,680,579	3,012,350			
5. Juvenile Justice Diversion and Treatment	3,557,854	2,300,970	730,443		526,441	
6. Transition Age Youth (TAY) Full Service Partr	4,000,000	2,500,000	1,500,000			
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Transitional Community Opportunities for R	31,059,655	17,488,598	8,077,115	5,162,986		330,956
2. Wellness and Recovery Center (incl expansi	5,714,037	5,096,603	617,434			
3. Crisis Residential	3,139,391	1,472,729	327,960			1,338,702
4. Consultation Support and Engagement Tean	800,000	800,000				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	7,730,908	7,730,908				
CSS MHSA Housing Program Assigned Funds	5,000,000	5,000,000				
Total CSS Program Estimated Expenditures	90,477,899	63,581,302	18,605,891	5,162,986	526,441	2,601,279
FSP Programs as Percent of Total	58.2%					

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Sacramento Date: 2/5/18

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Sierra Elder Wellness	2,048,327	1,214,109	834,218			
2. Permanent Supportive Housing (incl new/ex	16,133,547	12,398,838	2,803,088			931,621
3. Transcultural Wellness Center	2,601,251	1,897,968	703,283			
4. Adult Full Service Partnership (incl expansio	8,692,929	5,680,579	3,012,350			
5. Juvenile Justice Diversion and Treatment	3,557,854	2,300,970	730,443		526,441	
6. Transition Age Youth (TAY) Full Service Partr	4,000,000	2,500,000	1,500,000			
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Transitional Community Opportunities for R	31,059,655	17,488,598	8,077,115	5,162,986		330,956
2. Wellness and Recovery Center (incl expansi	5,714,037	5,096,603	617,434			
3. Crisis Residential	3,139,391	1,472,729	327,960			1,338,702
4. Consultation Support and Engagement Tean	800,000	800,000				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	7,730,908	7,730,908				
CSS MHSA Housing Program Assigned Funds	5,000,000	5,000,000				
Total CSS Program Estimated Expenditures	90,477,899	63,581,302	18,605,891	5,162,986	526,441	2,601,279
FSP Programs as Percent of Total	58.2%					

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Sacramento Date: 2/5/18

	Fiscal Year 2017/18					
	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/expanded programming for homeless)	5,053,710	5,053,710				
2. Strengthening Families	1,452,126	1,452,126				
3. Integrated Health and Wellness	1,897,613	1,897,613				
4. Mental Health Promotion	1,211,628	1,211,628				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Integrated Health and Wellness - SacEDAPT	902,597	522,613	91,311			288,673
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	1,869,368	1,869,368				
PEI Assigned Funds	350,500	350,500				
Total PEI Program Estimated Expenditures	12,737,542	12,357,558	91,311	0	0	288,673

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Sacramento Date: 2/5/18

	Fiscal Year 2018/19					
	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/expanded programming)	6,653,710	6,653,710				
2. Strengthening Families (Incl new programming for foster youth)	5,452,126	5,452,126				
3. Integrated Health and Wellness	1,897,613	1,897,613				
4. Mental Health Promotion	1,211,628	1,211,628				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Integrated Health and Wellness - SacEDAPT	902,597	522,613	91,311			288,673
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	1,869,368	1,869,368				
PEI Assigned Funds	350,500	350,500				
Total PEI Program Estimated Expenditures	18,337,542	17,957,558	91,311	0	0	288,673

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Sacramento Date: 2/5/18

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Suicide Prevention (Incl new/expanded programming)	6,653,710	6,653,710				
2. Strengthening Families (Incl new programming for foster youth)	5,452,126	5,452,126				
3. Integrated Health and Wellness	1,897,613	1,897,613				
4. Mental Health Promotion	1,211,628	1,211,628				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Integrated Health and Wellness - SacEDAPT	902,597	522,613	91,311			288,673
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	1,869,368	1,869,368				
PEI Assigned Funds	350,500	350,500				
Total PEI Program Estimated Expenditures	18,337,542	17,957,558	91,311	0	0	288,673

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Sacramento Date: 2/5/18

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. N/A	0					
2. Mental Health Crisis/Urgent Care Clinic	2,500,000	2,500,000				
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	214,230	214,230				
Total INN Program Estimated Expenditures	2,714,230	2,714,230	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Sacramento Date: 2/5/18

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. N/A	0					
2. Mental Health Crisis/Urgent Care Clinic	2,500,000	2,500,000				
3. Behavioral Health Crisis Services Collaborati	3,152,699	3,152,699				
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	214,230	214,230				
Total INN Program Estimated Expenditures	5,866,929	5,866,929	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Sacramento Date: 2/5/18

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. N/A	0					
2. Mental Health Crisis/Urgent Care Clinic	2,500,000	2,500,000				
3. Behavioral Health Crisis Services Collaborati	3,594,064	3,594,064				
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	214,230	214,230				
Total INN Program Estimated Expenditures	6,308,294	6,308,294	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Sacramento Date: 2/5/18

	Fiscal Year 2017/18					
	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	1,599,212	1,599,212				
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	1,599,212	1,599,212	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Sacramento Date: 2/5/18

	Fiscal Year 2018/19					
	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	1,500,000	1,500,000				
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					
WET Administration	0					
Total WET Program Estimated Expenditures	1,500,000	1,500,000	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Sacramento Date: 2/5/18

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET Actions	1,500,000	1,500,000				
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					
WET Administration	0					
Total WET Program Estimated Expenditures	1,500,000	1,500,000	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Sacramento Date: 2/5/18

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Upgrading System and Architecture Support	3,804,577	3,804,577				
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	3,804,577	3,804,577	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Sacramento Date: 2/5/18

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Upgrading System and Architecture Support	3,018,410	3,018,410				
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	3,018,410	3,018,410	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Sacramento Date: 2/5/18

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Upgrading System and Architecture Support	3,018,410	3,018,410				
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	3,018,410	3,018,410	0	0	0	0

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Mental Health Services Act (MHSA) Three-Year Plan
Funding Summary Presentation to MHSA Steering Committee

A. Community Services and Supports (CSS) Component

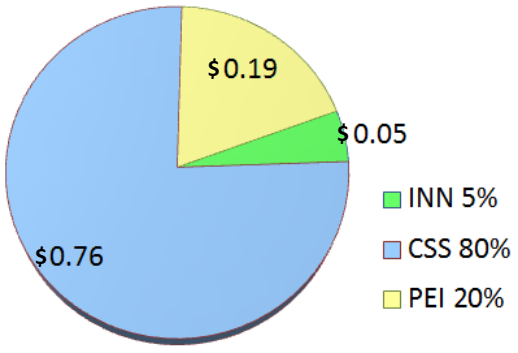
- Provides funding for mental health treatment services and supports for children/youth and their families living with severe emotional disturbance and adults living with a serious mental illness. This includes funding for the MHSA Housing Program.
- A majority of CSS funding must be directed to Full Service Partnership programs
- Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years
  - This means unspent CSS funding is combined with incoming revenue to sustain CSS programming/activities, as well as sustaining critical activities in the time-limited WET and CF/TN components, sustaining successful and applicable INN project components
  - Unspent CSS funding must also be used to sustain MHSA Housing Program investments
    - MHSA funds have resulted in 161 built units across 8 developments since 2008
    - MHSA investment of $15m-$22m must be replenished as projects mature
- 80% of each MHSA dollar is directed to the CSS Component (see funding chart below)

B. Prevention and Early Intervention (PEI) Component

- Provides funding for programs and activities designed to prevent mental illness from occurring or becoming more severe and disabling
- A majority of PEI funding must be directed to ages 0-25
- 20% of each MHSA dollar is directed to the PEI Component (see funding chart below)

C. Innovation (INN) Component

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



D. Workforce Education and Training (WET) Component

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

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

- Capital Facilities (CF) project – Time limited funding to renovate three buildings at the Stockton Boulevard complex in order to consolidate the Adult Psychiatric Support Services (APSS) clinics
- Technological Needs project – Time limited funding to addresses our commitment to move to an Electronic Health Record and Personal Health Record to improve client care through a multi-phased approach
- CF/TN activities must be sustained by CSS funding once dedicated CF/TN funding is exhausted

DII. Prudent Reserve

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

DIII. Overarching Points

- Mental Health Services Act (MHSA) funding is generated by a 1% tax on personal income in excess of $1M
  - As income tax-based revenue, MHSA funding is greatly impacted by the economy (impacts lag by approximately 2 years)
  - State revenue projections may be overestimated by $150-200M annually
- In FY2015-16, Sacramento County allocation was reduced from 3.21% to 3.16% of State MHSA funding due to statewide recalculation of distribution methodology
- In FY2016-17, Sacramento County allocation was increased from 3.16% to 3.26% of State MHSA funding due to statewide recalculation of distribution methodology
- In FY2017-18, Sacramento County allocation was increased from 3.26% to 3.29% of State MHSA funding due to statewide recalculation of distribution methodology (this recalculation is expected to continue to happen annually moving forward)

RESOLUTION NO. 2018-0025

REPORT BACK ON POTENTIAL USE OF MENTAL HEALTH SERVICES ACT FUNDS TO SUPPORT ADDITIONAL SERVICES FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS WHO ARE EXPERIENCING HOMELESSNESS

BE IT RESOLVED that the Director of the Department of Health and Human Services (DHHS), or her designee, on behalf of the COUNTY OF SACRAMENTO, a political subdivision of the State of California, is authorized to:

- Direct staff to engage the MHSA Steering Committee, with a sense of urgency, to plan expansion of MHSA programs to support efforts to expedite services for individuals with serious mental illness and/or co-occurring substance use disorders who are homeless or at risk of becoming homeless, and who may be enrolled in the City of Sacramento's Whole Person Care pilot program. The expansion shall specify mental health treatment program models appropriate for the target population, recognizing that mental health services would be needed at different levels of intensity and potentially delivered by both the Specialty Mental Health Plan and the Managed Care Plans. Such an MHSA initiative would be in addition to the County's ongoing specialty mental health services currently provided to homeless individuals utilizing a variety of funding sources, including MHSA.

- Dedicate $44 million in County MHSA funds over the next three years to expedite services for individuals with serious mental illness and/or co-occurring substance use disorders who are homeless or at risk of becoming homeless. Of this total amount, $42 million will be drawn from the Community Services and Supports component and $2 million will be drawn from the Prevention and Early Intervention component. The recommended expansion is based on the estimated cost of mental health treatment services for the identified population by increasing enrollments in Full Service Partnerships and Regional Support Teams and maximizing Mode 60 funds for housing supports. The County will seek Federal Medi-Cal reimbursements for using MHSA funds in this manner, to the extent possible.

- Direct staff to coordinate with the City of Sacramento's Whole Person Care Program in order to support its design and implementation. Both jurisdictions are aspiring to leverage the Whole Person Care pilot program to benefit county residents to the maximum extent possible. Outreach, referral and eligibility functions conducted through the City's Whole Person Care pilot program shall be available throughout Sacramento County, including in unincorporated communities, as well as the cities of Citrus Heights, Elk Grove, Folsom, Galt, Isleton and Rancho Cordova. The County's participation shall not constitute any assumption whatsoever of the City's financial liabilities for its pilot program.

- Upon the Establishment of a City "Whole Person Care Implementation Committee" that includes elected officials and representatives of each of the cities in the county, as well as service providers, County staff will meaningfully participate.

- Direct staff to plan sustainability of the mental health treatment services for residents of Sacramento County with serious mental illness who are homeless or at-risk of becoming homeless beyond the life of the Whole Person Care Grant should it not be extended beyond 2020, and do so in an amount not less than $4 million per year allocated from available and appropriate MHSA funding sources subject to annual approval by the Board of Supervisors, and based on recommendations from both the Mental Health Services Act Steering Committee and the Sacramento County Mental Health Board.

- Direct staff to utilize existing stakeholder input process, including the MHSA Steering Committee structure, to ensure stakeholder involvement is included in the development of this revision to the existing MHSA Plan, as required by law. All new planning will be conducted in alignment with the statutory requirement that the Mental Health Board conduct the required public hearing on any new or revised MHSA plan at the close of the 30-day posting period. DHHS staff should bring such an MHSA Plan revision to the Board of Supervisors for approval at the earliest possible opportunity.

- Direct staff to focus available PEI funding, including any potential AB114 reversion dollars in this category, where appropriate, on needs of children and youth under age 25 with a specific focus on programs that help foster youth experiencing serious emotional disturbances. Such programs should focus in particular on youth involved with multiple child serving systems, such as child welfare and probation systems to improve resiliency and life opportunities.

On a motion by Supervisor Nottoli, seconded by Supervisor Kennedy, the foregoing Resolution was passed and adopted by the Board of Supervisors of the County of Sacramento, State of California, this 9th day of January, 2018, by the following vote, to wit:

AYES: Supervisors Frost, Kennedy, Nottoli, Peters

NOES: None

ABSENT: Supervisor Serna

ABSTAIN: None

RECUSAL: None
(PER POLITICAL REFORM ACT (§ 18702.5.))

FILED
BOARD OF SUPERVISORS
JAN 09 2018
BY Clarence Evans
CLERK OF THE BOARD

Susan Peters
Chair of the Board of Supervisors
of Sacramento County, California

(SEAL)

ATTEST: Kathy McClellan
Clerk, Board of Supervisors

In accordance with Section 25103 of the Government Code of the State of California a copy of the document has been delivered to the Chair of the Board of Supervisors, County of Sacramento on 1.9.18

By: J. Shott
Deputy Clerk, Board of Supervisors

MHSA HOMELESS MENTAL HEALTH SERVICES EXPANSION
WORKGROUP RECOMMENDATION
Presented to MHSA Steering Committee on January 18, 2018

Recommendation:
In alignment with the November 7, 2017 Sacramento County Board of Supervisors action, the Workgroup recommends expanding existing programs and new program models designed to address the needs of individuals (18 years and older) living with a serious mental illness, who may also have a co-occurring disorder and are also at risk of or experiencing homelessness including those served by Countywide Initiatives and Whole Person Care. Expanded and new program models should include increasing access to care, increasing mental Health and co-occurring disorder treatment, and developing and augmenting housing supports.

The Workgroup also strongly recommends additional work to build/strengthen collaborations and partnerships between housing partners, homeless services, mental health providers, alcohol and drug providers, and other systems that serve this population to complement and expand services. In no way is this recommendation intended to fund services that duplicate existing services/efforts that are funded through other initiatives. The Workgroup also recommends intentional work to develop a seamless approach to addressing needs for this population across systems.

Key elements of the program design from the Workgroup are included in the table below:

	Strategies	Staff Type/Consideration
Front Door/Access Points	1. Mobile and field based access points that include staff with mental health expertise and meet clients where they are at 2. Leverage existing mental health navigators, mental health triage teams, Whole Person Care (WPC) to prevent duplication of efforts 3. Expand/increase mental health navigators, mental health triage teams, and mobile crisis teams, as appropriate 4. Multiple geographically located walk/drop-in access points to maximize hours of availability to include shelters/respite 5. Inreach and diversion, discharge and/or releases from hospitals, jail, shelters to include culturally appropriate and responsive care coordination to include access to mental health services and other needed services and resources (e.g. physical health care and substance use services)	1. Multidisciplinary Team approach a. Peers with lived experience that provide support and advocacy b. Clinicians c. Alcohol and Drug Specialists d. Staff with expertise/special skills in (no duplication of existing efforts): • Housing • Eligibility/benefits • VA system of care 2. Collaboration with system partners (e.g., law enforcement, physical healthcare, homeless navigators, and substance use services) 3. Training for Staff: a. Trauma Informed Care b. Harm Reduction c. Street Outreach d. Children's Mental Health Treatment e. Stigma reduction for housing providers/staff f. Cross-system training g. Crisis intervention 4. Staff are culturally and linguistically reflective of and responsive to our diverse communities

MHSA HOMELESS MENTAL HEALTH SERVICES EXPANSION
WORKGROUP RECOMMENDATION
Presented to MHSA Steering Committee on January 18, 2018

	Strategies	Staff Type/Consideration
Mental Health Treatment	1. Site, community and mobile based services 2. Staying engaged with clients whether they are ready for services or not 3. Improving coordination of care with all systems of care related to services for the individuals living with serious mental illness at risk of or experiencing homelessness throughout the entire course of treatment (including concurrent services, transitions, warm hand-off) 4. Mental Health programs to provide skills building, employment and volunteer opportunities for clients 5. Leverage tele-psychiatry and on-call psychiatrists 6. Flex Funding available for basic needs 7. Expand expedited benefits acquisition (such as SMART, SOAR, etc.) 8. Transportation for clients	1. Peers with lived experience 2. Clinicians, including MSWs, LCSWs, LPCCs, LMFTs 3. Staff are culturally and linguistically reflective of and responsive to our diverse communities 4. Alcohol and Drug Specialists 5. Medical staff (including nurses) 6. Experienced clinicians 7. Competent in co-occurring mental health and substance use disorders treatment 8. Strategies to support staff hiring and retention and improve client care (e.g. livable wages, etc.) 9. Non-judgmental, non-stigmatizing services 10. Include law enforcement in training 11. Training for Staff: a. Trauma Informed Care b. Harm Reduction c. Street Outreach d. Children's Mental Health Treatment e. Stigma reduction for housing providers/staff f. Cross-system training g. Crisis intervention h. Housing adaptation to support clients transitioning from homelessness to housed 12. Staff are culturally and linguistically reflective of and responsive to our diverse communities
	Strategies	**Staff Type/Consideration**
Housing Supports	1. Array of housing supports/options: a. Leverage existing vouchers b. Subsidies to bridge rent gaps and other housing related costs to prevent and end homelessness c. Supports for clients moving in to housing/ housing retention, including housing adaptation support 2. Flex Funding available for basic needs 3. Offer stigma and discrimination reduction training to garner community support 4. Reducing barriers to housing (e.g. harm reduction, etc.)	1. Ensure capacity for housing specialists/experts and peers with lived mental health and homeless experience that can: a. Support client-landlord relationships b. Offer training related to relationships with landlords and/or neighbors c. Manage housing subsidies 2. Site based at housing developments or field based response

SACRAMENTO COUNTY

Mental Health Services Act (MHSA) Community Planning Process Workgroup

Workgroup is charged with making a recommendation to the MHSA Steering Committee for additional services for individuals with serious mental illness who are experiencing, or are at-risk, of homelessness

Workgroup/Community Input Meeting Schedule

Workgroup Kick-Off/ Orientation **(Public welcome)**	Thursday, December 14, 2017 4:30 – 7:30 pm	Grantland L. Johnson Center for Health and Human Services 7001-A East Parkway, Room 1 Sacramento, CA 95823
Workgroup Meeting #2 **(Public welcome)** *Held in lieu of MHSA Steering Committee*	Thursday, December 21, 2017 4:30 – 7:30 pm	Grantland L. Johnson Center for Health and Human Services 7001-A East Parkway, Room 1 Sacramento, CA 95823
Workgroup Meeting #3 **(Public welcome)**	Wednesday, January 3, 2018 4:00 – 6:00 pm	Grantland L. Johnson Center for Health and Human Services 7001-A East Parkway, Room 1 Sacramento, CA 95823

If you wish to attend and need to arrange for an interpreter or a reasonable accommodation, please contact Jay Ma one week prior to each meeting at (916) 875-4639 or MaJay@saccounty.net.

Questions? Email us at MHSA@SacCounty.net or call (916) 875-MHSA
Visit our Website at www.sacdhhs.com/MHSA

Rev 12/27/17

Sacramento County
MHSA Homeless Mental Health Services Expansion
Workgroup Composition

The **MHSA Workgroup** is charged with making a recommendation to the MHSA Steering Committee for additional services for individuals with serious mental illness who are experiencing, or at-risk of, homelessness.

The Executive Committee of the MHSA Steering Committee determined the composition and membership of the Workgroup, as identified in the table below:

	Stakeholder Group	Member
1.	Mental Health Board	John Puente
2.	City of Sacramento	Emily Halcon
3.	Cultural Competence	Emily Bender
4.	Law Enforcement	Nate Grgich
5.	Mental Health Director	Uma Zykofsky
6.	Behavioral Health Services	Kelli Weaver
7.	Department of Human Assistance	Eduardo Ameneyro
8.	Health	Olivia Kasirye
9.	Alcohol and Drug Service Board	Melinda Avey
10.	Homeless	Cindy Cavanaugh
11.	Consumer – Adult	Leslie Napper
12.	Consumer – Older Adult	Frank Topping
13.	Family Member/Caregiver of Adult	Susan McCrea
14.	Consumer / Family Member At-Large	Sayuri Sion
15.	Consumer / Family Member At-Large	Sandra Marley
16.	Hospital System	Seth Thomas

MHSA Homeless Mental Health Services Expansion Workgroup		
Panelists	**Name**	**Organization**
	David Bain	Executive Director, NAMI Sacramento
	Alexis Bernard	Program Director, Turning Point Community Programs Program
	Karen Brockopp	Associate Program Director, TLCS, Inc.
	Sara Collette	Clinical Director, Human Resource Consultants
	Katie Freeny	Director, El Hogar Community Services
	Matthew Marrison	Sacramento County Consumer Advocate, NorCal MHA
	Jonathan Porteus, PhD	Chief Executive Officer, WellSpace Health
	Glen Xiong, MD	Associate Clinical Professor, University of California, Davis School of Medicine/Dept. of Psychiatry and Behavioral Sciences
	Rosemary Younts	Senior Director, Behavioral Health Services Dignity Health

Rev 12/13/17

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MENTAL HEALTH SERVICES ACT

AB114 Plan for Mental Health Services Act Funds at Risk of Reversion

AB114 Plan for Mental Health Services Act Funds at Risk of Reversion

Assembly Bill (AB) 114, passed in 2017, clarifies and defines the Mental Health Services Act (MHSA) reversion process. MHSA funding that is subject to reversion is a subset of unspent funds that were not spent in the designated timeframe. The timeframe varies dependent on MHSA component. For example, the timeframes for the Community Services and Supports and Prevention and Early Intervention components are typically three years. Through AB114, Counties have an opportunity to develop a plan to spend funds that would avoid reversion if specific criteria are met.

Based on documentation received from the California Department of Health Care Services (DHCS) relating to Sacramento County's appeal of the AB114 calculations of MHSA funding subject to reversion, the available AB114 funding is identified as follows: $4,779,044 in the Prevention and Early Intervention (PEI) component; $506,767 in the Workforce Education and Training (WET) component; and $7,889,409 in the Innovation (INN) component.

Sacramento County, Division of Behavioral Health Services, has engaged local stakeholders in the development of this AB114 Plan to spend MHSA funds subject to/at risk of reversion, in accordance with the requirements of AB114. With support from community stakeholders, this AB114 Plan identifies the expenditures from the following programs/projects: 1) Mental Health Services for Foster Youth; and 2) Innovation Projects 2 and 3. Subject to any further AB114 funding adjustments as negotiated and agreed to by DHCS, these identified programs/projects will expend any available Sacramento County AB114 reversion funds by July 1, 2020, as required.

The Mental Health Services for Foster Youth Program is a new proposed program contained in the MHSA FY 2017-18, 2018-19, 2019-20 Three-Year Program and Expenditure Plan within the PEI Strengthening Families Project. It will be developed incorporating key elements of trauma-informed mental health services and supports for foster youth, with a focus on placement stability for foster youth and their resource families as described in the Three-Year Plan. The community planning process for the development of this program is described in the body of the Three-Year Plan and also in Attachment E. Program services will be funded with identified AB114 PEI funding and staff training and workforce support activities will be funded with identified AB114 WET funding.

Prior community planning developed the two Innovation projects identified for AB114 INN funds: the newly implemented INN Project 2: Mental Health Crisis/Urgent Care Clinic and the proposed INN Project 3: Behavioral Health Crisis Services Collaborative. The MHSA FY 2015-16 Annual Update details the community planning process for the development of INN Project 2 and an overview of the project is contained in the MHSA FY 2017-18, 2018-19, 2019-20 Three-Year Program and Expenditure Plan. The community planning process and project description for the proposed INN Project 3 is contained in Attachment F of the MHSA FY 2017-18, 2018-19, 2019-20 Three-Year Program and Expenditure Plan. Expenditures from INN Project 2 (within the previously approved budget) and expenditures from the proposed INN Project 3 will be funded with identified AB114 INN funding.

MENTAL HEALTH SERVICES FOR FOSTER YOUTH
WORKGROUP RECOMMENDATION
Presented to MHSA Steering Committee on January 18, 2018

Recommendation:

In alignment with the November 7, 2017 Sacramento County Board of Supervisors action, the Workgroup recommends using available MHSA AB114 Prevention and Early Intervention (PEI) funding for mental health services for children/youth in the foster care system.

The Workgroup recommends that all program elements should incorporate cultural humility and sensitivity, and be linguistically reflective of the diversity of the community. This Workgroup recommends that implementation of these key elements be sized to align with available one-time AB114 PEI funding and that consideration be given to sustaining these services and supports beyond the AB114 funding period.

Key elements of trauma-informed mental health services and supports for foster youth, with a focus on placement stability for foster youth and their resource families, from the Workgroup, are included in the table below:

- Mobile services to include:
  - Immediate phone response and face-to-face response within 45 minutes
  - Crisis/urgent response, de-escalation and mediation services (crisis as defined by requestor)
  - 24/7, 365 days per year if evidence supports this level of coverage
  - Follow-up services
    - Ability to trigger Child and Family Team (CFT) meeting, as required by Continuum of Care Reform (AB403)
      - Youth and family-driven follow-up services
  - Youth and Family Advocates must be on the team and provide engagement and facilitation strategies
- Warmline services to include:
  - Follow-up services
- Expand mental health services and supports, including non-Medi-Cal billable services, to support engagement in normative activities to support mental well-being, including community/cultural considerations
- Individualized plans that highlight transition planning and support placement stability
- Engagement and facilitation strategies utilizing Youth and Family Advocates
- Mental health and substance use disorders screening and strengths-based assessments at different intervals (assessments should be done at appropriate time)
- Information should be provided to youth using language they understand
- Peer support and advocacy should be available to foster youth and their resource families
  - Support linkage to enhance normative activities chosen by/important to youth, utilizing existing resources
- Peer social club and youth advisory committee
- Reduce stigma and normalize activity of utilizing resources and supports through peer support, coaching and mentoring
- Training should address:
  - Trauma informed care and practice/implementation
  - Community defined and promising practices
  - Peer support and advocacy training for and by peers
  - Child and adolescent development and how it is impacted by trauma, poverty and adverse childhood experiences
  - Normative child and adolescent experiences/activities promote well-being
  - LGBTQ+/GNC sensitivity training
- Consistent communication and strategic coordination of care between all systems and organizations serving foster youth
- Child serving systems and organizations collaboration and cross training

Mental Health Services Act (MHSA)
AB114 PEI-Funded Mental Health Services for Foster Youth Workgroup

Workgroup is charged with making a recommendation to the MHSA Steering Committee for AB114 PEI-funded mental health services for foster youth in alignment with the November 7, 2017, Board of Supervisors action

Workgroup/Community Input Meeting Schedule

Workgroup Kick-Off/ Orientation **(Public welcome)**	Friday, January 5, 2018 9:00 am – 12:00 pm	Grantland L. Johnson Center for Health and Human Services 7001-A East Parkway, Room 1 Sacramento, CA 95823
Workgroup Meeting #2 **(Public welcome)**	Tuesday, January 9, 2018 2:00 – 5:00 pm	Grantland L. Johnson Center for Health and Human Services 7001-A East Parkway, Room 1 Sacramento, CA 95823
Workgroup Meeting #3 **(Public welcome)**	Friday, January 12, 2018 10:00 am – 1:00 pm	Grantland L. Johnson Center for Health and Human Services 7001-A East Parkway, Room 1 Sacramento, CA 95823

If you wish to attend and need to arrange for an interpreter or a reasonable accommodation, please contact Jay Ma one week prior to each meeting at (916) 875-4639 or MaJay@saccounty.net.

Questions? Email us at MHSA@SacCounty.net or call (916) 875-MHSA
Visit our Website at www.sacdhhs.com/MHSA

Rev 01/09/18

Sacramento County
Mental Health Services for Foster Youth
Workgroup Composition

The **MHSA AB114 Workgroup** is charged with making a recommendation to the MHSA Steering Committee for mental health services for children and youth in the foster care system.

The Executive Committee of the MHSA Steering Committee determined the composition and membership of the Workgroup, as identified in the table below:

	Stakeholder Group	Member
1.	Mental Health Board	John Puente
2.	Mental Health Director	Uma Zykofsky
3.	Behavioral Health Services	Melissa Jacobs
4.	Child Protective Services	Michelle Callejas
5.	Probation	Alan Seeber
6.	Cultural Competence	Mary Nakamura
7.	CASA	Carol Noreen
8.	CASA	Bernardette Behar
9.	Psychologist	Stacey Peerson, Ph.D.
10.	Juvenile Court	Judge Jerilyn Borack
11.	Education	Aliya Holmes (SCUSD)
12.	Homeless Youth	Gem Gabbett
13.	Former Foster Youth	Rochelle Trochtenberg
14.	Former Foster Youth	Israel Moncada
15.	Family Member/ Family Partner	Sandena Bader
16.	Youth Advocate	Sean Mar
17.	Youth Advocate	Ramsey Franklin

Mental Health Services for Foster Youth Workgroup		
	Name	**Stakeholder Group**
Panelists	Brenda Dabney	Children's Law Center
	Ramsey Franklin	Youth Advocate
	Laura Heintz	Foster Family Agency
	Robert Horst, MD	Psychiatry
	Cathi Johnson	Child Protective Services
	Trish Kennedy	Education
	Brandi Liles	Mental Health Services Agency
	Alan Seeber	Probation
	Xiomara Seide	Family Member/Advocate
	Rochelle Trochtenberg	Former Foster Youth

MENTAL HEALTH SERVICES ACT

INN Project 3 – Behavioral Health Crisis Services Collaborative

April 10, 2018 - Approved by Sacramento County Board of Supervisors

May 24, 2018 - Approved by Mental Health Services Oversight and Accountability Commission (MHSOAC)

EXHIBIT B Enclosure 3

INNOVATION WORK PLAN
Description of Community Program Planning and Local Review Processes

County Name: Sacramento
Work Plan Name: Behavioral Health Crisis Services Collaborative

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.

1. **Briefly describe the Community Program Planning Process for development of the Innovation Work Plan. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)**

Throughout all of Sacramento County's Mental Health Services Act (MHSA) Community Planning Processes (CPP), crisis services and help in a crisis has been a recurring community concern. Since the inception of Sacramento County's MHSA CPP, stakeholders and community members have provided input and participated in CPP and discussions related to the need for building a continuum of crisis prevention and intervention services.

In 2010, through CPP activities, stakeholders and community members participated in planning meetings to develop a Prevention and Early Intervention (PEI) component Suicide Prevention Project. This comprehensive project included suicide prevention strategies and programs such as a consumer warm line, suicide prevention/crisis line, training related to suicide prevention awareness and ethnic specific programs for depression and suicide prevention. It also laid the groundwork for future planning of crisis services programs such as the Community Support Team and mobile crisis teams.

The CPP for Sacramento County's Innovation Project 1 in February 2016 resulted in the development and implementation of respite programs for many unserved and underserved communities. These respite programs provide individuals experiencing crisis with services that aim to reduce stress and ameliorate crisis.

The Investment in Mental Health and Wellness Act of 2013 / Senate Bill 82 provided Sacramento County several opportunities to develop and implement alternative strategies and services that address crisis. With the support of the MHSA Steering Committee and the community, the County responded to SB82 request for applications and was awarded funding for a Triage and Peer Navigator Program, Mobile Crisis Support Teams (MCST), and Crisis Residential Programs (CRP). These applications were presented and reviewed with stakeholders and community members at MHSA Steering Committee meetings. Members of the Steering Committee offered strong support in favor of the County's submission of these applications. Furthermore, they supported and recommended MHSA funding for several MCST staff positions and for services for a new CRP.

The MHSA Steering Committee and community members were also involved in the development and shaping of Sacramento County's second Innovation Project, Mental Health Crisis/Urgent Care Clinic through a robust CPP in 2015. This project offers immediate outpatient mental health crisis services to individuals of any age that are experiencing a mental health crisis.

During the 30-day posting of Sacramento County's MHSA FY 2016-17 Annual Update, a variety of stakeholders, including consumers, community members, family members, system partners and others expressed support for continued progress towards implementation of the new Mental Health Crisis/Urgent Care Clinic which created an alternative to unnecessary/inappropriate emergency department visits and resulting psychiatric hospitalizations. Stakeholders also encouraged Sacramento County Division of Behavioral Health Services (DBHS) to look for opportunities to build off of this program and explore additional opportunities to partner with health systems in innovative ways to help address the needs of Sacramento County consumers and families experiencing a mental health crisis.

The CPP for the third Innovation Project builds off of these previous CPP processes. Dignity Health approached DBHS with the concept of a partnership with Sacramento and Placer Counties to explore innovative mental health services that could be sited on a hospital campus to address crisis. In alignment with the recommendation from stakeholders and the Division's commitment to explore new opportunities to improve the crisis services sector, this proposed project concept, which would establish adult crisis stabilization services on a hospital campus serving both Sacramento and Placer County residents, was introduced and discussed at the May 18, 2017, Mental Health Services Act (MHSA) Steering Committee meeting. At this meeting, an overview of the Innovation component, including component requirements, planning and implementation process was provided and the current crisis services delivery system was reviewed, including the discontinuity that can occur when individuals in crisis seek help and the need for crisis services. The Steering Committee voted in full support of DBHS moving this proposed third Innovation Project forward through the formation and convening of a Workgroup that would bring a recommendation to the Steering Committee prior to finalization.

Consistent with DBHS practice and the support of the MHSA Steering Committee, the Division designed and conducted a CPP to inform the development this proposed Innovation Project #3. This process included the formation of an Innovation Project #3 Workgroup and community input.

DBHS facilitated the Innovation Project #3 Workgroup and Community Input Session on July 20, 2017. At this meeting, workgroup and community members reviewed the Innovation component guidelines and the proposed project's purpose, learning and services. Panelists representing consumer, family members, psychiatry, and emergency physician stakeholders shared their thoughts on the benefit and value of the proposed project. In small groups, workgroup and community members discussed the importance of the project services, the benefits to co-locating crisis services at a hospital campus, strategies that can be embedded into services, and how principles of wellness and recovery and cultural competence could be incorporated into services. Workgroup and

community members engaged in robust discussion and reported out on their input and feedback for this proposed project.

On August 17, 2017, the Workgroup presented their recommendation to the MHSA Steering Committee. The Committee reviewed and discussed Workgroup and community members input and feedback and fully supported moving this proposed project forward for inclusion in the MHSA Three-Year Plan for submission to the Sacramento County Board of Supervisors and the Mental Health Services Oversight and Accountability Commission.

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

A seventeen (17) member Workgroup representing a wide array of stakeholders was established. Workgroup members attended the Innovation Project #3 Workgroup/Community Input Session to provide input and ideas related to the proposed project. Additionally, twenty-eight (28) community members attended the input session. Collectively, there was representation from the following stakeholder groups:

- Consumers
- Family members
- Crisis service providers
- Mental health service providers
- Early psychosis program service providers
- Ethnic service providers
- Community psychiatry
- Emergency physician
- Local law enforcement
- First responders
- Local hospitals
- Health systems/providers
- Faith-based service providers
- Veterans
- MHSA Steering Committee
- Cultural Competence Committee
- Mental Health Board
- Sacramento County Board of Supervisors

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

The Innovation Project #3 Plan was posted as an attachment to the MHSA Fiscal Year 2017-18, 2018-19, 2019-20 Three-Year Program and Expenditure Plan from February 5 through March 7, 2018. The Public Hearing was conducted by the Mental Health Board on March 7, 2018.

During the 30-day posting period, there were many comments received expressing support for the Project. The MHSA Steering Committee, Cultural Competence Committee, Public Health Advisory Board, and Mental Health Board were supportive of moving the Project forward for approval as part of the MHSA Fiscal Year 2017-18, 2018-19, 2019-20 Three-Year Program and Expenditure Plan. On April 10, 2018, the Sacramento County Board of Supervisors approved the MHSA Fiscal Year 2017-18, 2018-19, 2019-20 Three-Year Program and Expenditure Plan which included the Innovation Project #3 Plan. Support for this proposed Innovation Project was community-wide as evidenced by the attached letters of support and the public comment received during the posting period.

EXHIBIT C
(Page 1 of 25)

Innovation Work Plan Narrative

MHSOAC Presentation Date: May 24, 2018

County: Sacramento

Work Plan #: 3

Work Plan Name: Behavioral Health Crisis Services Collaborative

Purpose of Proposed Innovation Project (check all that apply)

☒ INCREASE ACCESS TO UNDERSERVED GROUPS
☒ INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
☒ PROMOTE INTERAGENCY COLLABORATION
☒ INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

Sacramento County's proposed innovation project, the Behavioral Health Crisis Services Collaborative, will establish adult crisis stabilization and intensive mental health support services on a hospital campus (Mercy San Juan Medical Center) located in the underserved and high need northeastern section of Sacramento County.

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

- It is a unique public/private collaboration between Sacramento County, Placer County and Dignity Health, and engages multiple Plan and community-based partners to serve residents of both Counties.
- It represents a commitment from a large hospital system, Dignity Health, to provide quality and integrated medical and behavioral health services under the hospital's license and make a financial investment that includes:
    - Dedicated hospital campus space and construction of facilities, designed to meet crisis stabilization services specifications
    - Ongoing facility operations and maintenance
    - Client transportation
    - Funding for a hospital navigator position
- Project services will:
    - Be sited in the northern region of Sacramento which lacks sufficient crisis service programs across two counties with growing populations
    - Serve adults, 18 years and older, who:
        - Present in the emergency department (ED), are medically treated and stabilized, and would benefit from multi-disciplinary mental health evaluation and crisis stabilization services for up to 23 hours
        - Voluntarily or involuntarily elect to receive services with the expressed goal of minimizing the time being on an involuntary 5150 hold

  - Provide front door integrated medical emergency and mental health crisis stabilization services that embrace the concept of whole person care, wellness and recovery
  - Promote prevention by incorporating an assessment tool for early identification and intervention of first episodic psychosis that will be developed by the University of California Davis Medical Center's (UCDMC) Early Diagnosis and Preventive Treatment Program (SacEDAPT). Project services will also connect Sacramento County clients to ongoing care with SacEDAPT program, a project partner.
- It presents an new opportunity to serve both publically and privately insured residents from Sacramento and Placer County
- It creates an opportunity to develop a model for:
  - Sharing governance and regulatory responsibilities related to delivering seamless integrated medical emergency and crisis stabilization care on a hospital emergency department campus
  - Electronic medical records exchange for both clinical coordination of care and claiming processes with the goal of delivering effective and efficient seamless integrated crisis care
- A robust resource center under the same roof will allow multiple community-based partners to support the project by providing care coordination, peer support and navigation, and social services support at the point of care. This will ensure consumers are directly linked to aftercare and other resources necessary for ongoing management of conditions and wellness.
- Local Health Plans operating in Sacramento and Placer County will provide navigation and support services to their private and public enrollees that utilize project services.
- The project is a natural fit with collaborative efforts between Sacramento County and Sacramento City's Whole Person Care (WPC) initiative, and will serve as a direct access point for assessing eligibility, continuity of care, and referral opportunities for homeless individuals with serious mental health conditions in the northern part of Sacramento County.

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

Purpose

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

The secondary purpose of this project is to improve the efficacy and integration of medical and mental health crisis stabilization services through a public/private partnership between a licensed acute care general hospital and an onsite provider of mental health

rehabilitative crisis stabilization services. The project will result in the development of assessment, stabilization and treatment protocols between a hospital emergency department (ED) and an onsite mental health crisis stabilization service focused on timely intervention and restoration of civil rights, early psychosis identification and intervention, and reduced ED patient boarding. Treatment protocols will apply to two adjoining counties as well as Health Plans and will include best practices to change the trajectory of care for individuals seeking crisis services.

System Concerns

As a result of the economic recession in 2009, Sacramento County experienced an erosion of available mental health crisis response services in the community, including closure to direct access for adult residents seeking crisis services at the County's Crisis Stabilization Unit (CSU) and a loss of 50 psychiatric inpatient beds at the Mental Health Treatment Center (MHTC). The CSU provided voluntary and involuntary 24/7 emergency mental health assessment and treatment for all Sacramento County residents. Sacramento County opened the Intake Stabilization Unit (ISU) in 2012, a certified crisis stabilization unit; however, it has limited services and capacity as compared to the original CSU.

The loss of these critical crisis response resources severely impacted the community, placing new burdens and response responsibilities on system partners, specifically local EDs, law enforcement, as well as community partners delivering medical or mental health care. Individuals in crisis and in need of mental health treatment began seeking help at local EDs competing for the same resources available for medical crises. As a result, EDs reported being unable to manage the influx of individuals in psychiatric crisis due to a mental illness. Additionally, law enforcement officers and emergency responders were spending large amounts of time waiting with individuals who presented in EDs as a danger to self or others, taking officers and other first responders away from maintaining other vital community responsibilities. Many community members were unable to access needed crisis services or immediate help and were being unnecessarily hospitalized and/or incarcerated.

Recognizing the need to enhance mental health crisis services, both Sacramento and Placer County have each established the following services: (1) community-based mobile crisis teams that work in collaboration with local law enforcement agencies to provide crisis intervention services in community and natural settings; (2) crisis residential treatment programs; (3) respite programs. Additionally, both Sacramento and Placer County have leveraged Senate Bill (SB) 82 grant funding to enhance crisis services. Sacramento County established a Triage Peer Navigator program within local EDs, County Main Jail and the local homeless services campus. Placer County's SB82 crisis clinicians and contracted Peer Advocate Staff work in collaboration with all local law enforcement agencies providing field based (e.g. residence, streets, shelter) crisis response services. Both counties' SB82 programs primary objective is to reduce unnecessary hospitalization by navigating, supporting and linking individuals experiencing a mental health crisis to needed services and resources. The efforts described above have not been enough to impact the rapidly rising need for more mental

health crisis services, specifically crisis stabilization services. Dignity Health's willingness to invest and partner in this Innovation Project will enable Sacramento and Placer County to further build on much needed services that goes beyond triage functions.

At a July 2009 Sacramento County Board of Supervisors meeting, the Hospital Council of Northern and Central California reported that in June and July 2009, at seven (7) local EDs, 716 patients required 27,209 hours of psychiatric treatment; time that is normally dedicated to medical ED visits. Local hospitals since then anecdotally report that the number of incidents where patients use the ED for a mental health crisis or because mental health treatment was unavailable elsewhere has dramatically increased. With few options for psychiatric care at most local EDs, individuals wait for a behavioral health/psychiatric evaluation that is necessary to determine the appropriate level of care and services. With increased demands and a scarcity of appropriate community alternatives, individuals remain in the ED extended periods of times until mental health treatment (e.g. inpatient bed) is secured. Consequently, when mental health treatment is delayed, the individual's stress increases, symptoms are exacerbated, EDs experience overcrowding and there are delays in care for other patients.

Placer County experiences similar challenges. With the exception of the Placer County Psychiatric Health Facility (PHF), there are no psychiatric treatment facilities available in Placer County and clients must be referred to facilities outside the County, often two to three hours away.

Placer County established a partnership with Sutter Health, local law enforcement agencies, Placer County Jail as well as contracted providers to collaborate regarding mental health crisis services. This partnership meets quarterly to review data related to mental health crisis services, explore alternatives and best practices to serve this population without delaying necessary treatment, and advocate for redesigning services that have the greatest impact. In FY 2015-16, there were 3,067 crisis evaluations completed in Placer County. In FY 2016-17, that number increased by 5% (3,215). Of the 3,215, 63% (2,033) were evaluated at Sutter Roseville Medical Center and 21% (698) at Sutter Auburn Faith Hospital. For individuals in crisis awaiting psychiatric placement, 50% wait over eight (8) hours and close to 25% wait over 24 hours from the time a crisis evaluation is requested.

The psychiatric ED boarding experienced in Sacramento and Placer County is a well-documented national phenomenon. From July 2012 to June 2016, Sacramento County participated in the Center for Medicaid Services (CMS) Medicaid Emergency Psychiatric Services Demonstration (MEPD) project. The MEPD was part of a requirement under the Affordable Care Act (Section 2707, ACA; P/L/ 111-148). Sacramento and Contra Costa represented California Counties in this national demonstration project. The demonstration project was designed to test whether the expansion of Medicaid coverage to include emergency services provided in private IMDs improves access to and quality of medically necessary care as well as discharging planning. It also explored a potential remedy to alleviate the psychiatric boarding and scatter beds burden to general hospitals and EDs. The overall evaluation of the MEPD project found little to no evidence of the MEPD effects

on access to inpatient care, general hospital scatter beds, ED visits and ED boarding. On a local level, Sacramento County experienced positive outcomes such as increased access to inpatient beds for Medi-Cal beneficiaries, reduced recidivism rates, and improved discharge planning efforts. Sacramento County has the unique challenge in having three large free-standing private psychiatric hospitals – Sierra Vista, Heritage Oaks and Sutter Center for Psychiatry – none of which are eligible for federal funding for their inpatient beds as hospitals with over 16 beds (known as the Institutions for Medical Disease IMD Exclusion). Sacramento County was also able to reinvest savings generated by the MEPD project in a new community program that targeted greater community alternatives for high utilizers of inpatient hospitalization and EDs. While the results were promising at the local level, from the Sacramento County's perspective, the project was not effective in addressing the root of the problem. It was evident that upon initial contact with individuals, immediate response and appropriate intervention was needed at the entry point of request in the ED. Sacramento County learned that by increasing access for Medi-Cal beneficiaries to inpatient hospitalization, the higher level of care could easily become the default. This would result in unnecessary inpatient admissions rather than determining the appropriate level of care to potentially prevent involuntary commitment. To change the trajectory of an individuals' disposition, however, real time interventions at the point of entry (EDs) was needed. These interventions needed to be provided by trained providers with experience in assisting individuals experiencing a mental health crisis and restoring their rights as appropriate, thereby avoiding unnecessary transfer to an inpatient facility. Such interventions require buy-in and alignment by both hospital partners and county service delivery systems, and also require clear protocols and governance yet to be developed as a standard of care.

Throughout most all of Sacramento County's MHSA Community Planning Processes (CPP), crisis services and help in a crisis have been a recurring community concern. In recent CPP discussions, consumers, family members, system partners and providers voiced concerns about the challenges associated with psychiatric onboarding, navigating busy EDs and timely access and transitions to follow up care/services. These challenges create barriers for individuals in crisis seeking help and accessing care in a community based setting.

These same concerns are expressed by Placer County community and provider stakeholders who meet quarterly to address ongoing service needs. Despite collaboration and ongoing improvement efforts, Placer County needs additional mental health crisis services and treatment options for psychiatric conditions. Resources mentioned are often at capacity and not available. Data reflects that a lack of resources and delays in care are resulting in higher acuity levels among consumers and longer lengths of stay once consumers are placed in care. Individuals presenting with low to moderate service needs receiving crisis intervention services are not receiving post-intervention or follow-up care and are returning with higher level service needs.

Sacramento and Placer County stakeholders support one of the unique approaches this project will take to help reverse the trend of rising acuity levels. A first break screening tool specific to the project will be developed by the University of California Davis Medical

Center's (UCDMC) Sacramento Early Diagnosis and Preventive Treatment Program (SacEDAPT). Funded by Sacramento County, the SacEDAPT program currently provides care for transition age youth experiencing early stage psychosis. SacEDAPT utilizes assessment tools to determine appropriate diagnoses to guide ongoing treatment. There is an abundance of literature and data that supports the value of this type of early identification and intervention following the first episode of psychosis. Early identification, immediately followed by treatment that provides interventions aimed at shortening the course and decreasing the severity of a first break, is shown to improve both outcomes and recovery.

Unmet Need for Crisis Services

Sacramento County's MHTC provides short term comprehensive acute inpatient mental health services, 24/7, for adults 18 and older experiencing a mental health crisis and/or condition. The County's Intake Stabilization Unit (ISU), adjacent to the MHTC campus' 50 inpatient psychiatric beds, provides up to 23-hour crisis stabilization and intensive services in a safe environment. The ISU responds to hospital ED staff and law enforcement calls 24/7, provides direct access from the mobile crisis support teams and SB82 triage navigator program, and receives adults and minors that have been medically cleared for 24/7 crisis stabilization services. The ISU plays an invaluable role in the community but is located a significant distance away from the north area where this collaborative project will be based.

Placer County's array of mental health crisis services includes a 16-bed PHF/Crisis Stabilization Program, a 5-bed Peer-Run Crisis Respite Center Monarch House, and Nevada County's 23-hour CSU in Grass Valley. A majority of Placer County's crisis calls are generated from the Roseville and Lincoln areas. These areas are approximately 40 miles from Nevada County's CSU resulting in transportation challenges for Placer residents in crisis that need this service. Approximately 200 Placer County residents who need mental health crisis services present at Mercy San Juan Medical Center annually. Placer County's community stakeholders and MHSA Steering Committee agree that crisis services located in the northeastern area of Sacramento would be well utilized and improve the experience of Placer residents experiencing a mental health crisis who live on the border of Sacramento and Placer County in close proximity to Mercy San Juan Medical Center (MSJ). Having crisis stabilization services available at MSJ will also provide local law enforcement a resource in the northeastern area of Sacramento.

Figures 1 and 2 demonstrate the unmet need for crisis services from the perspective of Sacramento County residents that were referred to MHTC/ISU services but were unable to receive those services. In FY16/17, the MHTC/ISU received 8,207 referrals and 2,328 (28%) of those referrals resulted in either admit to ISU or admit to inpatient psychiatric services (see Figure 1). Most referrals come from the local EDs, Sacramento County Mobile Crisis Support Teams (MCST), local law enforcement, Sacramento County Main Jail, and inpatient psychiatric hospitals. Seventy-two percent (5,879) of those referred were not admitted to either ISU or for inpatient services (see Figure 1). Figure 2 depicts the number of referrals to the MHTC over the past five years regardless of referral source.

"Admits from Referrals" in Figure 2 represents the number of referred individuals admitted to either the ISU, MHTC or MHTC authorized admission to other inpatient facilities.

Fig. 1: Unmet Need for Crisis Services from All Referrals

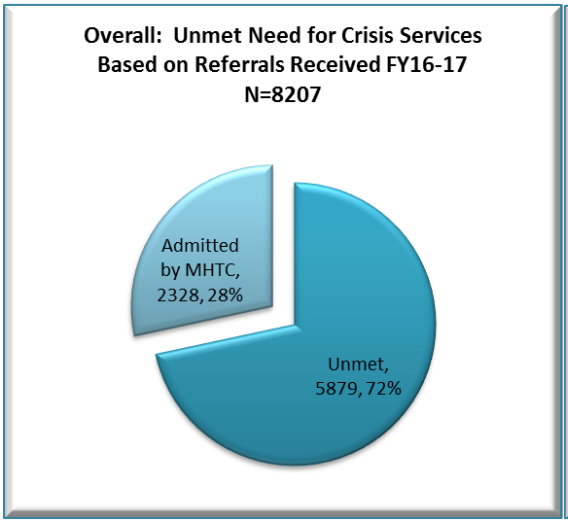
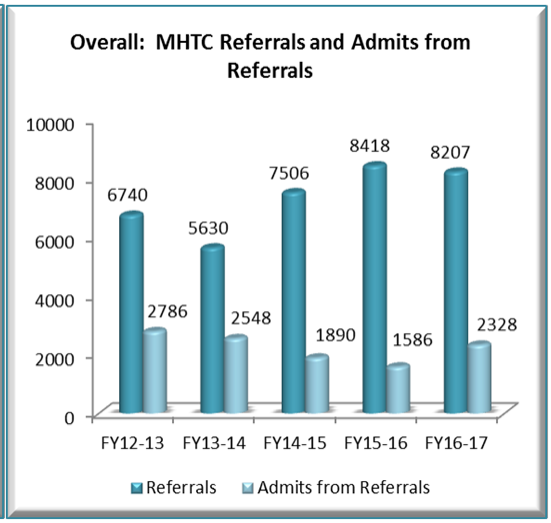


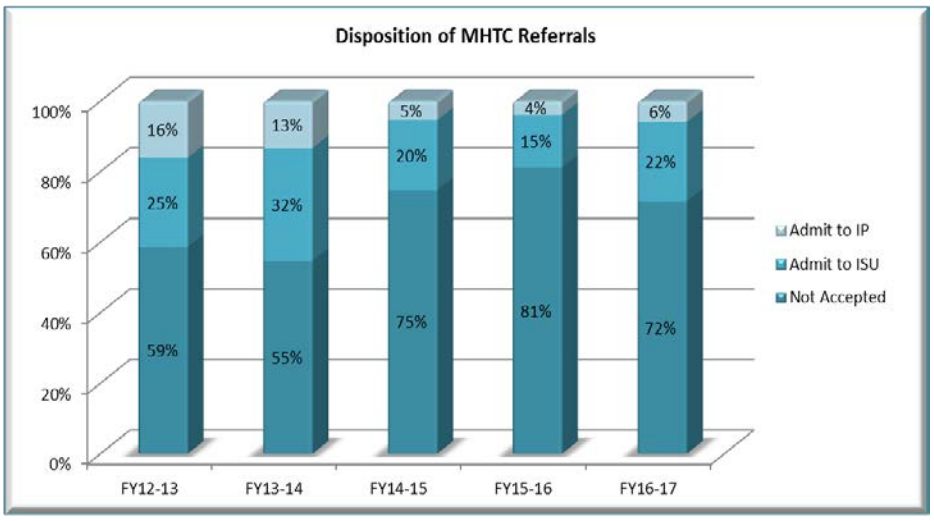
Fig. 2: MHTC Referrals and Admits from All Referrals



While the figures above demonstrate the need for crisis services from individuals referred to MHTC/ISU services, they do not include the number of other community residents seeking crisis related services that had no contact with Sacramento County's access points.

With the implementation of Affordable Care Act (ACA) health insurance expansion through Medi-Cal in 2014, referrals to MHTC/ISU dramatically increased and Sacramento County's ability to grow capacity to serve this increase in referrals has been a challenge (see Figure 3). In the two years preceding ACA implementation, an annual average of 29% of the clients referred to MHTC/ISU were admitted to the ISU compared to 19% in the past three years. Similarly in years prior to ACA implementation, an annual average of 15% of the clients referred to MHTC/ISU were admitted to MHTC (inpatient) verses 5% in the past three years. MHTC's 50 inpatient beds typically see close to 50% administrative stays with long lengths of stay by clients with forensic involvement who remain without discharge plans. This lack of available subacute beds reduces access for the rest of the community.

Fig. 3: Disposition of MHTC/ISU Referrals



The need for crisis services in the north areas of Sacramento

There are four local EDs that serve residents who live in the north areas of Sacramento: Mercy San Juan Medical Center (MSJ); Sutter Roseville Medical Center; Kaiser Roseville Hospital; and Mercy Hospital of Folsom. Specific to the northern areas of Sacramento, the MHTC/ISU received 1,431 referrals from north area EDs and only 24% of those referrals resulted in either admit to ISU or admit to inpatient psychiatric services in FY 16/17 (see Figure 4). Figure 5 compares the number of referrals from north area EDs to the MHTC and the number of referred individuals admitted to the ISU, MHTC or MHTC authorized admission to other inpatient facilities.

Fig. 4: Unmet Need for Crisis Services Based on Referrals from North Area EDs

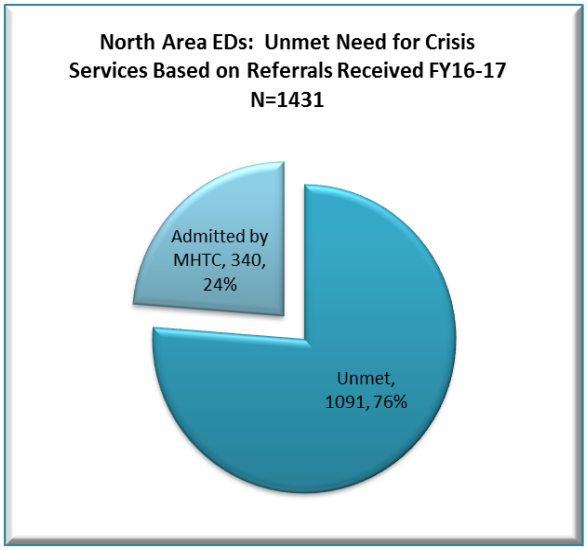
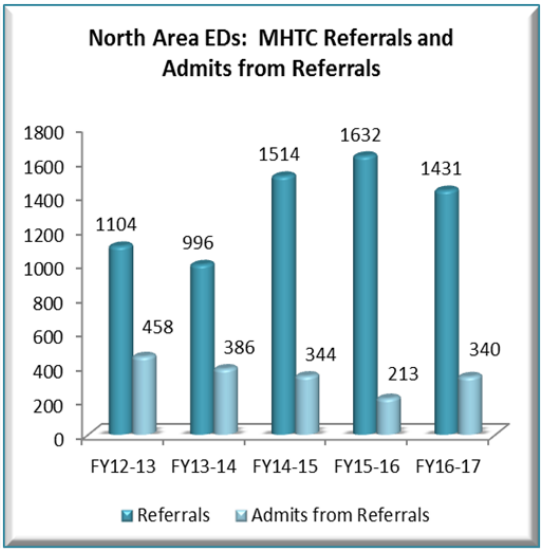


Fig. 5: MHTC Referrals and Admits from North Area ED Referrals



Based on MHTC/ISU services provided from May 2016 to April 2017, the maps (Figures 6 and 7) below illustrate where currently served individuals live. Of the 80% served, 37% live within a five mile radius of the MHTC/ISU and 43% live outside of that five mile radius.

Twenty seven percent of served individuals live in the northern areas of Sacramento. There were some limitations to mapping all individuals served due to out of county addresses, error in address entry, and some individuals using a service provider address.

Fig. 6: Map of Where Individuals Served by MHTC/ISU Live

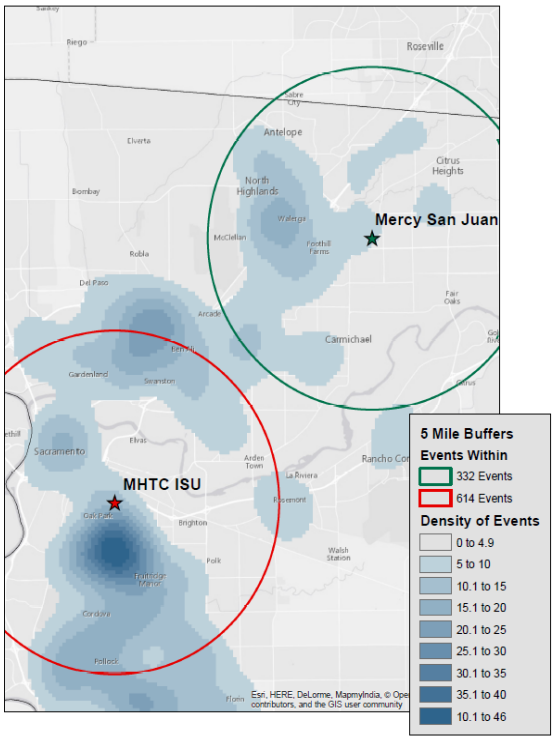
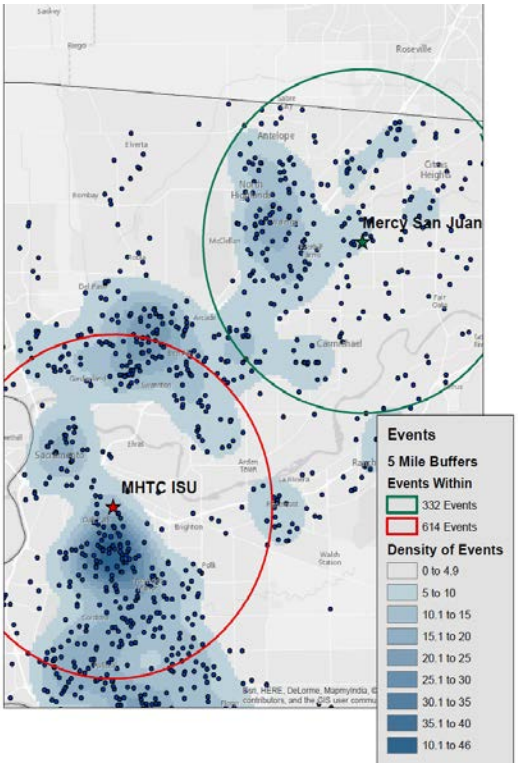


Fig. 7: Map of Where Individuals Served by MHTC/ISU Live With Data Points

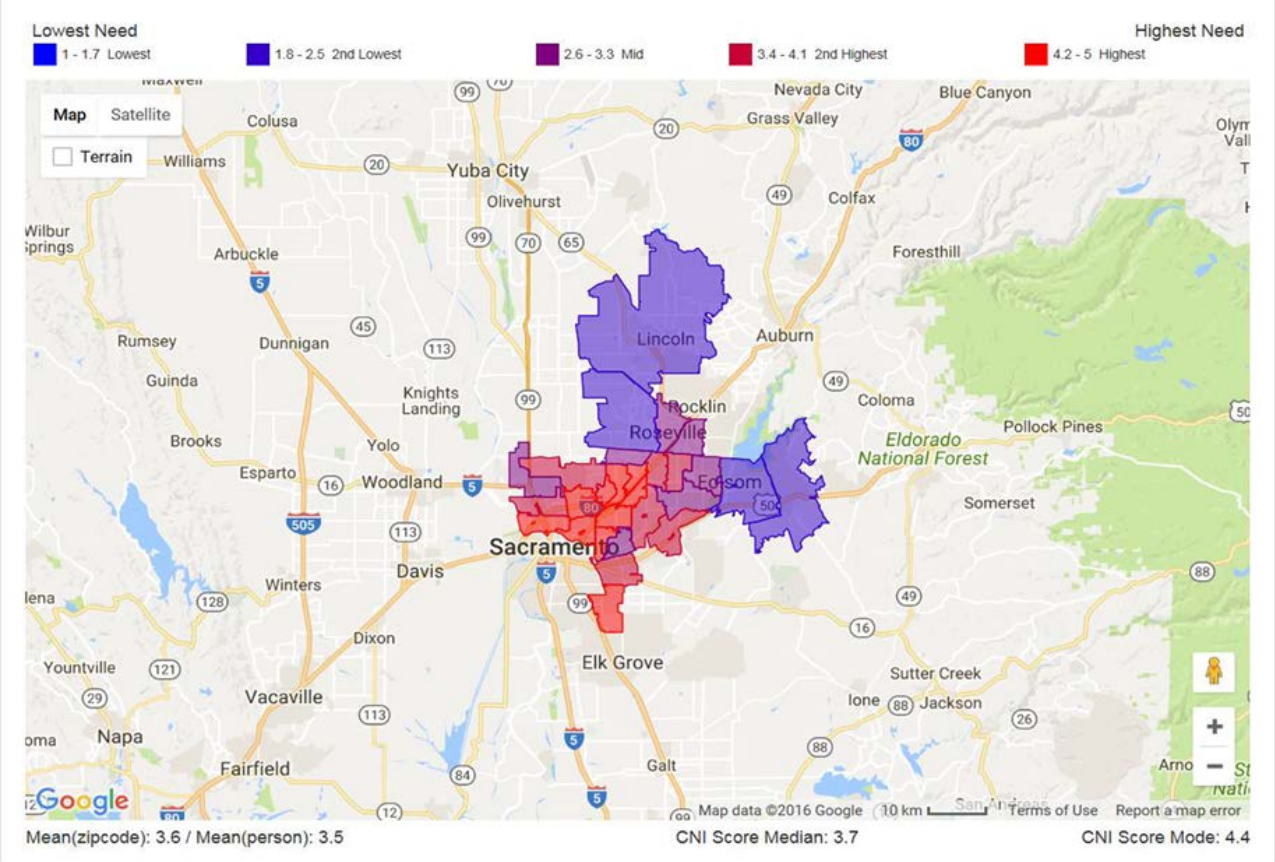


Mercy San Juan Medical Center (MSJ) Demographics

Located in the City of Carmichael, MSJ is a Level II trauma center with 370 acute care beds. The hospital has a broad primary service area that encompasses numerous communities within 28 zip codes primarily within Sacramento County, and extending to south Placer County. A number of communities within MSJ's primary service area, including North Highlands, McClellan, Rio Linda, Antelope, Carmichael, Citrus Heights, Orangevale, Fair Oaks, and portions of Roseville and Lincoln, are designated as having underserved populations and as being medically underserved. Over half of the County's total Medi-Cal-insured population (56%) resides within the hospital's primary service area.[1] In Community Needs Index rankings (shown in Figure 8), MSJ's primary service area scored 3.7, which is the second highest score for communities with significant barriers to health care access. The Community Needs Index is a tool that was developed by Dignity Health and Truven Health Analytics. It analyzes data at the zip code level on five factors known to contribute to barriers to health care access: income, culture/language, education, housing status and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a score for each zip code in the community. Research shows that communities with the highest scores experience twice the rate of hospital admissions as those with the lowest scores.

[1] Sacramento County Medi-Cal Beneficiaries by Zip Codes (09/08/2016), data source: CalWin (County SAWS)

Fig. 8: Mercy San Juan Medical Center Community Needs Index



People needing mental health care experience even greater barriers in this part of the region, compounded by the lack of any crisis services and severely limited mental health treatment options altogether. Given the distance from existing crisis services that are more centrally located in Sacramento County, and more remotely located in Placer County, transportation is a significant problem for this area's underserved residents. Formal needs assessments conducted by Dignity Health show that lack of access to behavioral health services is the top priority health concern for residents in north Sacramento communities.[2]

As the only acute medical center in north Sacramento County, MSJ's 31-bed ED is constantly busy with high total patient volumes of more than 200 adults and children per day. A significant number of these patients, ranging from 9 up to 20 on any given day, are adults who have turned to the ED in need of mental health care, either in crisis, or self-identified. Providing timely and appropriate care and treatment for these individuals is a challenge in a crowded, fast-paced ED environment. Boarding times can be long; 32 hours on average for individuals needing to be transferred to an inpatient psychiatric hospital.

[2] 2016 Federal and State Mercy San Juan Medical Center Community Health Needs Assessment, http://www.dignityhealth.org/sacramento/documents/hospital-reports-addressing-community-health-needs/mercy-san-juan-chna-2016.

The hospital has among the highest volume of individuals who present to the ED with mental health conditions, only second to the UC Davis Medical Center ED.[3] In FY 2016/2017, 3,398 adults 18 years and older presented to MSJ's ED with mental health conditions. The majority of these individuals (3,198) resided in Sacramento County; 6%, or 200 individuals, were Placer County residents (see Figure 9 for insurance demographics by County). Many of these patients (247) are homeless adults with serous or chronic mental health conditions.

Fig. 9: Insurance Demographics by County

	Sacramento County	Placer County
Medi-Cal Insured	55%	33%
Medicare Insured	24%	14%
Commercial Insured	12%	50%
Uninsured	9%	3%
TOTAL	100%	100%

Project Considerations

Currently, hospital EDs have become a primary resource for an increasing number of individuals seeking care for many different conditions, health concerns and behavioral health needs; all representing varying levels of severity. Individuals that present at the ED may be there for a single first time access, episodically, or chronically. When EDs are faced with overcrowding, balancing care for individuals with varying needs and acuity levels, including behavioral/mental health needs, is extremely difficult. A large number of help-seeking individuals present at EDs needing specialized mental health crisis stabilization services and wait extended hours in EDs. Typically, the only disposition option includes a long wait for transfer to an inpatient psychiatric hospital which could be avoided if specialized crisis stabilization services were available through the hospital ED at the point of care. These individuals require adequate care that takes into account safety, dignity and privacy in an ED setting, immediate intervention and aftercare services. From consumer and family member perspectives, individuals seeking mental health crisis services need better outcomes. These views were shared through Sacramento County's CPP focus groups specific to this proposed project, as well as Placer County stakeholders. For a consumer experiencing a first psychotic break, all factors listed above are obstacles to changing the trajectory of prompt identification and prognosis for future recovery.

This dilemma can be overcome by the innovation of creating an integrated ED-based emergency/crisis stabilization program, which combines all of the compassionate, supportive and non-coercive aspects of a community-based setting with the capability to care for high-acuity and medically complicated patients. The long wait period and environment of a fast-paced highly stimulating ED is traumatic for individuals seeking a mental health service. Thus, rather than having individuals sit for hours or days in the ED awaiting mental health crisis services, they can instead be moved promptly to the ED-

[3] Sacramento County Referrals and Admits by Referral Source 2014

based co-located emergency/crisis stabilization program, where evaluation, crisis intervention and stabilization and healing can be initiated. This will eliminate delays before individuals can be seen by specialty trained staff in a therapeutic environment and quickly facilitate improvement in their conditions and distress. Having an integrated program available on-site to provide timely response at the point when individuals first enter the ED system also supports the broader regional care system. Not only does this proposed model reduce redirecting individuals to an off-site crisis unit and delays in care for this specific ED, but it also increases capacity at Sacramento County's existing ISU for that geographic area. Additionally, it will open space in the ED for acute medical patient care, and will result in improved utilization of psychiatric hospitals by admitting individuals who have been fully assessed as needing higher level inpatient care.

Much of the focus around behavioral health care up until this point has been on trying to establish responsibilities between hospitals and the county Mental Health Plans (MHP). This project's approach moves beyond this stalemate and places the focus on patient-centered care. The project is built on a partnership for integrated quality emergency care between a licensed private hospital and the county MHPs. Taking advantage of the strengths that each brings to the table, both Sacramento and Placer County intend to build an integrated health and mental health emergency and crisis stabilization service that can be replicated throughout the state. Instead of seeing emergency and mental health crisis care as an intractable weight without system ownership, both Counties view this project as a rare opportunity to join forces to promote early identification and intervention for psychotic disorders, address chronic co-morbid conditions and collaboratively develop transfer plans that reduce future use of emergency care. Waiting in a hospital emergency room for transfer to a specialized mental health treatment facility is not good care and leads to frustration for consumers as well as hospital staff. The only way to address this dilemma is to bring the specialized care to the individual. Mental health crisis stabilization services as outlined in the state Medi-Cal plan were designed to be rehabilitative and originally conceptualized as an opportunity to accomplish this goal. This project's intent is to take advantage of requirements outlined in the Medi-Cal state plan and to work with state representatives to remove any barriers to implementing integrated emergency and mental health crisis stabilization services. This proposed project presents a unique and innovative opportunity in that a hospital system serving publically and privately insured residents from two counties is partnering with both Sacramento and Placer County to build a model of care that may be replicated or adapted by other systems and providers.

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Innovation Work Plan Narrative

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (Suggested length - one page)

Facilities

Integrated emergency care and crisis stabilization services on the campus of Mercy San Juan Medical Center will provide timely access to appropriate specialty physical and mental health care for Sacramento and Placer County residents, 18 years and older, experiencing a mental health crisis. These individuals would be immediately transitioned to services after medical stabilization in the ED. Services will be located in a modular facility adjacent to the ED. The modular facility will be 3,400 square feet in size and built to meet OSHPD 3 standards. The facility has initial capacity to serve 12 consumers at any given time. Dignity Health will coordinate closely with Sacramento and Placer Counties on appropriate design recommendations and requirements.

Project Services

The intensive mental health outpatient crisis stabilization program will serve adults who present in the ED, are medically stabilized, and would benefit from multi-disciplinary mental health evaluation and crisis stabilization services for up to 23 hours. There will be continuity of care between the ED physicians and nurses and the mental health crisis stabilization program's clinical and support staff. Individuals needing mental health crisis stabilization will transition to the program once medically stabilized by ED staff. The primary objective is to provide timely integrated emergency care and crisis stabilization and support to the individual in the least restrictive therapeutic and calming environment possible. Individuals will receive nursing, clinical and psychiatric assessments to determine if they require admission to an inpatient psychiatric facility or can be safely discharged with emphasis on navigation and appropriate care planning. Operating under the hospital license will provide assurance that the program meets rigorous Joint Commission standards for assessment, particularly for suicidal patients, and risk management support to ensure safe discharge planning. On-site resources will be available to make direct connections for individuals to community based aftercare treatment, social services and supports.

Services include:

- Behavioral health assessment
- Psychiatric assessment
- Medication evaluation and management
- Administering first break screening for early identification and intervention of psychotic disorders
- Crisis stabilization, including individualized recovery oriented interventions directed towards resolution of the presenting mental health crisis
- Evaluation for voluntary or involuntary detention

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- Admissions evaluation for inpatient psychiatric hospitalization if necessary
- Peer support
- Family support
- Transportation
- Resource Center that will offer the following aftercare planning, information, referrals, linkages to a broad range of health, mental health and community based services and resources for both Sacramento and Placer County residents:
    - Direct linkage for both Sacramento County MHP and Alcohol Drug Treatment Services
    - Dignity Health community-based navigator (licensed clinical social worker) to ensure patients are linked to follow-up care and social support services
    - Onsite partnership with Geographic Managed Care Plans for comprehensive, intensive and individualized care planning and case management
    - Eligibility and referral into the Whole Person Care homeless initiative
    - Sacramento County/TLCS SB82 Triage Navigator will guide and follow patients over time to provide support and ensure that patients have engaged in mental health services and other necessary resources and supports. Sacramento County has plans to sustain this program once the grant cycle has ended.
    - Peer and Family support
- Secure clinical information exchange among hospital, county and other providers to ensure continuity of care

It is anticipated that the project will serve 2,000 individuals annually.

Project Principles that are consistent with the General Standards identified in the MHSA and Title 9, CCR, Section 3320:

To address unmet needs and to improve the quality of mental health crisis stabilization services, it is critical to significantly enhance the reach and scope of this project beyond conventional crisis stabilization services offered today. Project partners intend for this project to be a mainstream program that is integral to the health and mental health care continuums, and are incorporating five key principles considered to be new best practice approaches:

1. Mental health crisis services alone are insufficient, and must be integrated with and include health care services, early intervention/prevention, as well as post crisis services and support systems. Those support systems should include collaborating system partners/system providers and family, as appropriate.
2. To be effective, crisis services must have a strong system of connection to resources within the larger community behavioral health system.
3. Crisis services must always rely on the client to inform the service provider on what is helpful and needed to assist them. Crisis service must also be culturally competent, emphasize recovery and are very often a much better alternative to inpatient hospitalization for mental health crisis.
4. Peer-engaged crisis services are proving to be the cornerstone of the crisis system, and should be part of the integrated care team and involved in discharge and aftercare planning. The project will embed and gage peer interventions and supports bring the greatest benefit to individuals seeking crisis services.

5. Crisis services must provide trauma-informed response and treatment.[4]

Partnerships

Aligned with the principles described above, this project will set a new standard for integrating medical emergency and mental health crisis stabilization services through collaboration with public systems, private systems, and community-based organizations to support the outpatient treatment and support that are essential to recovery, ongoing management of conditions and wellness of individuals served.

Sacramento County collaborating and referring partners include:

- Sacramento County Division of Behavioral Health contracted out-patient and prevention programs
- Dignity Health/Turning Point LCSW Navigator program
- UCDMC's SacEDAPT Program
- Sacramento County/TLCS SB82 Triage Navigator Program
- El Hogar's ReferNet program for immediate intensive outpatient care
- Lutheran Social Services "Housing with Dignity" permanent supportive housing program
- Sacramento City's Whole Person Care (WPC)
- Local Law Enforcement
- Local in-patient psychiatric facilities

Placer County collaborating and referring partners include:

- Placer County Mobile Crisis Team
- Turning Point Community Programs
- Sierra Mental Wellness Group
- Telecare Corporation
- Advocates for Mentally Ill Housing
- Local Law Enforcement
- Placer County Whole Person Care
- Placer County Health 360 Services

Sacramento County, Placer County and the Geographic Managed Care (GMC) Plans operating in both counties will negotiate specific ways of collaborating on this project.

Expected Outcomes

The expected outcomes of this proposed project are as follows:

- Increase access to emergency medical and crisis stabilization services for underserved groups
- Improve the quality of crisis services, including better outcomes for clients project
- Promote interagency collaboration

[4] Ganju, Vijay, *Tomorrow's Crisis Services: Six Trends that will Drive the Future* (National Council Magazine, 2016), Issue 1, 14.

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Innovation Work Plan Narrative

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (Suggested length - one page)

Learning Objectives

There are two (2) primary learning objectives for this innovation project:

1. Is integrated and coordinated emergency medical and mental health crisis services provided through a public and private collaboration an effective strategy in removing existing barriers in accessing mental health crisis stabilization services? Do the services provided through a public/private partnership improve the quality and scope of crisis stabilization services and improve mental health outcomes for consumers?
2. Does an interagency collaboration with shared governance and regulatory responsibilities improve the efficacy and integration of emergency medical and mental health crisis stabilization services?

The foundation of the learning opportunity is built on modeling a paradigm shift from debating responsibility and business as usual to forming a public/private partnership for quality emergency and mental health crisis care that puts the individual's needs first. The project creates a bi-directional learning opportunity across multiple systems of care. There has been much discussion about the importance of integrating behavioral health and mental health care in the outpatient system but not as much about opportunities in local emergency and hospital systems. This project is designed to balance this discussion by focusing on best practice opportunities for integrating hospital, emergency and mental health crisis care. The key is that the partners will implement emergency medical and mental health crisis care with the hope of demonstrating a best practice approach on a hospital campus in Sacramento County. By working through the implementation details with state and local representatives, both Sacramento and Placer County intend to identify and address any real or perceived barriers to integrated emergency/mental health crisis care.

Dignity Health's Mercy San Juan Medical Center, situated in the unincorporated city of Carmichael, will be the location where project services are established to test this integrated care model. Because the hospital serves both Sacramento and Placer County residents, this project will be implemented by a partnership that includes Sacramento County, Placer County and Dignity Health.

This project will introduce a new application of a successful non-mental health and mental health approach by integrating both front door out-patient mental health crisis stabilization services into an acute care hospital setting. The project will determine the effectiveness of the following innovative approaches and strategies:

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- Implementation of integrated emergency medical and mental health crisis services through a public and private partnership – Sacramento County, Placer County, Dignity Health
- Locating crisis stabilization services within a local ED campus, under the governance of a licensed acute care hospital
- Crisis stabilization services will:
    - Be sited in the northern region of Sacramento which is considered an underserved area
    - Serve Sacramento and Placer County residents that are 18 years and older, irrespective of insurance status
- Establishing continuity of and integrated care by:
    - Immediately transitioning individuals that present at the ED seeking mental health crisis services to crisis stabilization services once medically stabilized
    - Co-locating other services and resources on campus (e.g. Health Navigators, Triage Navigators, local health plans case managers)
- Providing peer and family member support
- Administering first episodic psychosis screening for early identification and intervention of psychotic disorders (SacEDAPT program)

These strategies will be tested to learn whether and how they are effective in:

- Improving the client experience and optimizing the client's continued wellness
- Improving and enhancing community continuity of care
- Improving the effectiveness of local EDs for addressing urgent mental health conditions
- Reducing unnecessary or inappropriate psychiatric hospitalizations

This proposed project will demonstrate the following:

- Development of a mental health treatment model that combines the expertise of community based crisis stabilization services with the expertise of an acute medical hospital will set a new standard for safer, collaborative and more comprehensive quality care
- Development of a model for integrating governance, regulatory responsibilities and electronic medical records exchange for both clinical coordination of care and claiming processes with the goal of delivering effective and efficient seamless integrated emergency and crisis care.
- Advancing the practice of existing crisis stabilization services by incorporating a resource center design with direct linkages to aftercare and social support services to ensure the presence of a continuum of care for recovery, ongoing management of conditions and wellness.

Project partners and consumers alike feel strongly that co-locating crisis services on an acute care hospital provides major advantages over existing community-based models. It is safer, ensures medical clearance and medical backup, and eliminates criteria that often bar individuals from accessing care in a community-based setting. Being co-located next to an emergency department ensures timely care by expediting medical and

behavioral health assessment and treatment, especially for the significant number of individuals who have co-morbid conditions. From a consumer perspective, co-location allows people to get the care they need where they live, eliminating transportation concerns and making it easier to involve family and other support systems. It reduces long waits and the possibility of having conditions escalate during these waits. Consumers also believe that addressing physical and mental health in one location will help reduce stress, de-stigmatize mental illness and normalize a crisis experience.

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Innovation Work Plan Narrative

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (Suggested length - one page)

Implementation/Completion Dates: July 2018 – June 2022
MM/YY – MM/YY

This Innovation Project will span four (4) years and will be implemented in phases.

Phase One: July 2018 – December 2018 activities

1. In partnership, Sacramento County/Division of Behavioral Health Services (DBHS), Placer County Mental Health, and Dignity Health will develop an agreement that clarifies governance, roles and responsibilities, in implementing project services.
2. Partners will work through implementation details with state and local representatives to identify and address barriers to integrated emergency/mental health crisis care.
3. Partners will prepare program site, develop procedures and hire and train clinic staff.
4. Partners will share expertise and information during program start-up/initial implementation related to start-up tasks, data collection and evaluation framework.
5. DBHS will develop and facilitate a competitive selection process for third party evaluator to develop an evaluation core and framework.
6. DBHS will negotiate and enter into a contract/agreement with selected evaluator.

Phase Two: January 2019 – December 2019 activities

1. Services will be delivered.
2. Partners will outreach to the community, system partners, mental health service providers, local EDs, law enforcement, to provide information about project services and access.
3. Partners and third party evaluator will continue to share expertise and information related to project service delivery, data collection and evaluation activities.

Phase Three: January 2020 – June 2021 activities

1. Project services and evaluation framework will be fully implemented.
2. Routine meetings amongst the partners will be convened to report out on the evaluation framework and process.
3. Bi-Annual community meetings, to include consumers and family members, Workgroup members and MHSA Steering Committee, will be established to report out on the evaluation framework and process.
4. Sustainability options will be explored and discussed throughout project implementation.

Phase Four: July 2021 – June 2022

1. Evaluation framework and process will be in its final stages and a final report will be developed.
2. Feasibility of replication will be determined.

Innovation Work Plan Narrative

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Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

This project will be reviewed and assessed through on-going monitoring and review by Sacramento County Division of Behavioral Health Services staff (DBHS), Placer County Health and Human Services staff, as well as a formal evaluation through a third party independent evaluator.

1. On-going monitoring and review
   DBHS Research, Evaluation and Performance Outcome Unit (REPO) will work with its partners, program staff and peers and Placer County staff to develop on-going quarterly reports that will track outcome indicators. These reports will be used to monitor and review the effectiveness of the innovative approaches and strategies put in place and to inform needed project changes and enhancements.

   Quarterly reports will be compiled, disseminated, and reviewed with managers and program staff for continuous program monitoring purposes.

2. Third Party Evaluation
   DBHS will contract with a third party evaluator to conduct a systemic and objective assessment of the Innovation project, its design, implementation and results. Both Sacramento and Placer data will be included in this third party review. The evaluation will report on the relevance, effectiveness, efficiency, impact and sustainability of the Innovation project. There will be a preliminary evaluation report completed at the end of the first year of the project and a final report at the conclusion of the Innovation Project.

   Once an outside evaluator has been chosen, DBHS, Placer County, partners and stakeholders, inclusive of consumer and family representatives, will work with the evaluator on the development of a formal evaluation plan which will include both qualitative and quantitative evaluation techniques.

3. Bi-Annual meetings with the community, to include consumers and family members, Sacramento County MHSA Steering Committee, Sacramento County Mental Health Board, Sacramento County Board of Supervisors, Hospital Systems, and Placer County stakeholders will be established to report out on project progress and outcomes.

Collection of Descriptive Data
Data describing the characteristics of populations of the crisis program and the populations served will be collected.

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Population Characteristics	Program Characteristics
Age, gender, race, ethnicity, primary language, referral source, payer, legal status, housing status, diagnosis, including co-occurring substance use disorders, trauma history, chronic medical disease	Volume: # of encounters, age range served, law enforcement referral rate (% of visits arriving via law enforcement), involuntary referral rate (% of visits arriving under involuntary legal status), level of care (23 hr.), locked vs unlocked, accessibility (accept law enforcement drop offs, walk in, etc.), setting (hospital, community, etc.), staffing

Data for the Measurement of Learning Objectives
Data that measure the extent to which the innovation project met its learning objectives will be collected.

Learning Objective 1: Is integrated and coordinated emergency medical and mental health crisis services provided through a public and private collaboration an effective strategy in removing existing barriers in accessing mental health crisis stabilization services? Do the services provided through a public/private partnership improve the quality and scope of crisis stabilization services, improve consumers' experience, and improve mental health outcomes for consumers?

Objective	**Indicator(s)**	**Measures**
Remove Barriers to Accessing Mental Health Crisis Stabilization Services	Utilization of Crisis Services	• Number of individuals served • Pre-Post Utilization of crisis services within the service area
	Timely access	• Time from ED arrival to medical clearance • ED to crisis services • Left without being seen
Increase the quality and scope of Mental Health Crisis Services	Least Restrictive Intervention	• Community dispositions • Conversion to voluntary status • Restraint use (hours/rate)
	Utilization of Resource	• Number of individuals utilizing Resource Center • Linkage to mental health services • Referrals made
	Utilization of Peer Services	• Number of peer services provided • Satisfaction with peer services (as part of consumer survey)
	Early psychosis identification	• Number of individuals identified • Linkages to mental health services
	Consumer Satisfaction	TBD - satisfaction with timely access, functional status as a result of services, service provided, etc.

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Objective	Indicator(s)	Measures
Improved Mental Health Outcomes	Effectiveness of Services	• Return to ED visits • Community disposition • Psychiatric hospitalizations • Linkages to mental health services
	Consumer Satisfaction	TBD - satisfaction with timely access, functional status as a result of services, service provided, experience of care, etc.

Learning Objective 2: Does an interagency collaboration with shared governance and regulatory responsibilities improve the efficacy and integration of emergency medical and mental health crisis stabilization services?

Objective	Indicator(s)	Measures
To establish an effective private/public collaboration that works together to accomplish a shared vision and mission using joint resources*	Service Access: • Point of Entry • Co-Location/ Coordination of Services	Extent to which: • Intake forms and procedures are integrated • Office space/location is shared
	Communication • Key Staff • Guiding Committee	Extent to which: • Management and line staff communicate • Committee exists and meets
	Program Enhancement • Sharing of Resources • Cross Training • Information Sharing	Extent to which: • Resources are shared • Staff from each partner receive cross training • Consumer information is shared across partners
	Accountability • Roles/Responsibilities • Decision Making • Mission/Values • Consumer Input • Project Planning/Coordination	Extent to which: • Partners establishes roles/responsibilities • Partners engage in decision making • Partners share a common mission/values • Partners solicit and utilize consumer feedback • Partners participate in joint project planning/coordination
	Outcomes • Consumer Outcomes • Goals & Objectives	Extent to which: • Establish, monitor and utilize results consumer outcomes

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Objective	Indicator(s)	Measures
	• Monitoring of Collaboration	• Partners establish goals & objectives • Partners participate in the monitoring of collaboration
Improvement in the efficacy and integration of medical and mental health crisis stabilization services	Partnership Accessibility	• Time from referral to acceptance/transfer • Denied referrals for reasons other than capacity (% of referrals denied admission to the crisis program for any reason other than overcapacity) • Hours on Divert (% of hours crisis center was unable to accept transfers from ED due to overcapacity)
	Continuity of Care	• Transfer of ED evaluation information (% of transfers that are accompanied by ED evaluation information)
	Consumer Satisfaction	TBD - consumer satisfaction with transfer, coordination or care
	Interoperability	• The ability to electronically share clinical data and billing information

*The MECAP (Measuring Effective Collaborations and Partnerships) will be used to evaluate the private/public collaboration. The MECAP tool was created to measure existing partnerships as well as to define key components of partnerships and help structure conversations among partners to assist in their successful collaboration.

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Innovation Work Plan Narrative

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

Working in partnership with Sacramento and Placer Counties, Dignity Health is investing financial and in-kind support to establish crisis stabilization services program on the campus of Mercy San Juan Medical Center in Carmichael.

Dignity Health's commitment to the project includes:

- Facility, design and construction necessary to meet OSHPD 3 and CSU specifications in year one
- Facility maintenance
- Use of campus space
- Client transportation
- Supplies for program operation
- Use of Dignity Health Transfer Center for those patients who need more acute inpatient placement
- Other direct and indirect expenses

Existing hospital partnership program annual resources that will be aligned with this project include:

- Turning Point LCSW Navigation Program
- Lutheran Social Services Homeless Housing program
- El Hogar Immediate Outpatient Follow-Up Care
- Dignity Health funded transportation to resource linkages (County Urgent Care, Respite Centers, Regional Support Teams, etc.)
- SacEDAPT program extension working in collaboration with UC Davis

Placer County will take financial responsibility for Placer Specialty Mental Health Plan clients who receive services through this project. Placer County's additional resources committed to this project annually include:

- Client Services Practitioner (Mobile Crisis Team member)
- Program Manager for project coordination with Sacramento County
- Staff Analyst for project related data collection

INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

County: Sacramento **Date Submitted** May 7, 2018

Project Name: Behavioral Health Crisis Services Collaborative

A. New Innovative Project Budget By FISCAL YEAR (FY)*

EXPENDITURES

PERSONNEL COSTs (salaries, wages, benefits)		**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**		**Total**
1.	Salaries	1,535,004	3,217,763	3,311,549	3,411,347		**11,475,663**
2.	Direct Costs	318,086	186,699	192,164	197,658		**894,607**
3.	Indirect Costs	231,249	173,652	178,772	183,955		**767,628**
4.	Total Personnel Costs	**2,084,339**	**3,578,114**	**3,682,485**	**3,792,960**		**13,137,898**

OPERATING COSTs		**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**		**Total**
5.	Direct Costs	296,440	470,000	470,000	470,000		**1,706,440**
6.	Indirect Costs						
7.	Total Operating Costs	**296,440**	**470,000**	**470,000**	**470,000**		**1,706,440**

NON RECURRING COSTS (equipment, technology)		**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**		**Total**
8.	Modular Building Purchase and Improvements - Funded by Dignity Health	1,688,000					**1,688,000**
9.	Furnishings and Equipment	500,000					**500,000**
10.	Total Non-recurring costs	**2,188,000**					**2,188,000**

CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)		**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**		**Total**
11.	Direct Costs	220,903	220,903	220,903	220,903		**883,612**
12.	Indirect Costs	94,673	94,673	94,673	94,673		**378,692**
13.	Total Consultant Costs	**315,576**	**315,576**	**315,576**	**315,576**		**1,262,304**

OTHER EXPENDITURES (please explain in budget narrative)		**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**		**Total**
14.	Work Plan Management	116,344	119,834	123,429	127,132		**486,739**
15.							
16.	Total Other expenditures	**116,344**	**119,834**	**123,429**	**127,132**		**486,739**

BUDGET TOTALS						
Personnel (line 1)	**1,535,004**	**3,217,763**	**3,311,549**	**3,411,347**		**11,475,663**
Direct Costs (add lines 2, 5 and 11 from above)	**835,429**	**877,602**	**883,067**	**888,561**		**3,484,659**
Indirect Costs (add lines 3, 6 and 12 from above)	**325,922**	**268,325**	**273,445**	**278,628**		**1,146,320**
Non-recurring costs (line 10)	**2,188,000**					**2,188,000**
Other Expenditures (line 16)	**116,344**	**119,834**	**123,429**	**127,132**		**486,739**
TOTAL INNOVATION BUDGET	**5,000,699**	**4,483,524**	**4,591,490**	**4,705,668**		**18,781,381**

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

B. ***Expenditures By Funding Source and FISCAL YEAR (FY)***

Administration:							
A.	**Estimated total mental health expenditures <u>for ADMINISTRATION</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**		**Total**
1.	Innovative MHSA Funds	2,837,123	3,278,488	3,196,634	3,310,812		**12,623,057**
2.	Federal Financial Participation	0.00	569,460	759,280	759,280		**2,088,020**
3.	1991 Realignment	0.00					
4.	Behavioral Health Subaccount	0.00					
5.	Other funding*	1,848,000	320,000	320,000	320,000		**2,808,000**
6.	**Total Proposed Administration**	**4,685,123**	**4,167,948**	**4,275,914**	**4,390,092**		**17,519,077**
Evaluation:							
B.	**Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**		**Total**
1.	Innovative MHSA Funds	315,576	315,576	315,576	315,576		**1,262,304**
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Evaluation**	**315,576**	**315,576**	**315,576**	**315,576**		**1,262,304**
TOTAL:							
C.	**Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**		**Total**
1.	Innovative MHSA Funds	3,152,699	3,594,064	3,512,210	3,626,388		**13,885,361**
2.	Federal Financial Participation		569,460	759,280	759,280		**2,088,020**
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*	1,848,000	320,000	320,000	320,000		**2,808,000**
6.	**Total Proposed Expenditures**	**5,000,699**	**4,483,524**	**4,591,490**	**4,705,668**		**18,781,381**

*If "Other funding" is included, please explain.

INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

C. New Innovative Project Budget Narrative		
EXPENDITURES		
PERSONNEL COSTs (salaries, wages, benefits)		
1.	Salaries	Contracted salaries include the following direct service staff: 1.00 FTE Manager, 8.42 FTE Psychiatric Nurse, 2.00 FTE Licensed Psychiatric Technician, 2.00 FTE Mental Health Peer Mentor, 0.50 Social Worker, 1.00 FTE Peer Advocate, 1.00 FTE Family Advocate, 1.75 FTE Psychiatrist, 0.53 FTE Tele-Psychiatric Consult. Staffing covers the 24 hour per day, 7days per week operations, including staffing the client resource center operations.
2.	Direct Costs	Direct costs include staff health benefits, payroll taxes and retirement.
3.	Indirect Costs	Indirect costs include overhead and allocated costs.
4.	**Total Personnel Costs**	**See above.**
OPERATING COSTs		
5.	Direct Costs	Includes staff training (WRAP, etc.), ADL supplies, Avatar Electronic Health Record interoperability costs including a one-time setup cost.
6.	Indirect Costs	Not applicable.
7.	**Total Operating Costs**	**See above.**
NON RECURRING COSTS (equipment, technology)		
8.	Modular Building Purchase and Improvements – Funded by Dignity Health	Includes one-time costs of a new modular building, cubicles, outside patio configurations and major improvements funded by Dignity Health.
9.	Furnishings and Equipment	Includes computers, interior and outside patio furnishings, and other features to ensure a warm, family-friendly environment.
10.	**Total Non-recurring Costs**	**See above.**
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)		
11.	Direct Costs	Includes the cost of an independent evaluator, health benefits, payroll taxes, and retirement.
12.	Indirect Costs	Indirect costs include overhead and allocated costs.
13.	**Total Consultant Costs**	**See above.**
OTHER EXPENDITURES (please explain in budget narrative)		
14.	Work Plan Management	County support staff including Research, Evaluation, and Performance Outcomes Program Planner, as well as Contract Administration support services. Includes salaries, health benefits, SSI, retirement and insurance.
15.		
16.	**Total Other Expenditures**	**See above.**
OTHER FUNDING (If "other funding" is included, please explain)		
Other funding		Includes funding contributed by Dignity Health for non-recurring modular building purchase and improvements, as well as ongoing operating costs.
PROJECT SUSTAINABILITY		
If the project is determined to be successful, it is anticipated that MHSA Community Services and Supports (CSS) component funding, leveraged with Medi-Cal (as appropriate), will be identified to sustain the project services.		

Dignity Health
Mercy San Juan Medical Center

6501 Coyle Avenue
Carmichael CA 95608
Direct 916.337.3001
Fax 916.337.3111

April 9, 2018

Sacramento County Board of Supervisors
700 H Street
Sacramento, CA 95814

Subject: Mental Health Services Act Innovation Project III – Behavioral Health Crisis Services Collaborative,

Dear Members of the Sacramento County Board of Supervisors:

Months of joint planning by the County Behavioral Health Services Division, Dignity Health, other project partners and stakeholders have gone into the Behavioral Health Crisis Services Collaborative Innovation Project to shape a unique model of integrated care. Dignity Health is pleased and excited to work in partnership with the County on this integrated initiative that aims to establish a new benchmark for crisis stabilization services, improve outcomes and positively impact the mental health delivery system for our region.

Our commitment to this project starts with recognizing that mental health is too large of an issue to be addressed by any one entity. It is a shared community issue and responsibility that requires collaboration and leveraging of resources, expertise and efficiencies in order to advance needed improvements in access, delivery, quality, and continuity and coordination of care. We are investing our resources along with dedicating space and ongoing in-kind commitments to support the success of this innovative project.

Importantly, the model of care this project represents places patient-centered care at the forefront. By locating the project on our Mercy San Juan Medical Center campus, we benefit both Sacramento and Placer County residents. This is a geographic area of unmet need, and together, we can bring services to the consumer, providing integrated medical emergency and mental health crisis stabilization and treatment. Delays in treatment, emergency department boarding and barriers to care will be eliminated through timely access to specialty services at the point of entry. An onsite resource center housing peer and family navigators, case managers and health plan care coordinators will ensure direct linkages to aftercare and the social support services that are essential for recovery, ongoing management of conditions and wellbeing of individuals who will be served. Emphasis will be given to prevention by incorporating the evidence-based University of California Davis Medical Centers Early Diagnosis and Preventative Treatment Program. The project is also a natural fit with collaborative efforts between Sacramento County and Sacramento City's Whole Person Care initiative with the capability to serve as a direct access point for eligibility assessments and referrals. These are all components that set this project apart from other like services across the state.

The Behavioral Health Crisis Services Collaborative is an important extension of enhanced services for our community. It can serve as a model for the future, here and elsewhere. We are proud to be a part of this effort, fully invested in ensuring its success, and stand ready to move forward quickly with project development. Working together with Sacramento County and other project partners and stakeholders who share the same values and common purpose, our goal is to demonstrate the highest quality of care and services promised. You have our commitment on this.

Sincerely,

Michael R. Korpiel

Michael Korpiel
President
Mercy San Juan Medical Center

C: Uma K. Zykofsky, Deputy Director, Sacramento County Behavioral Health Services

Anthem BlueCross

February 27, 2018

Uma Zykofsky
Director, Sacramento County Division of Behavioral Health Services
Grantland L. Johnson Center for Health & Human Services
7001-A East Parkway, Suite 400
Sacramento, California 95823

Dear Uma,

Anthem Blue Cross is writing to express support of Sacramento County's proposed Mental Health Services Act (MHSA) Innovation Project, the Behavioral Health Crisis Services Collaborative. This unique public/private partnership between Sacramento County, Placer County and Dignity Health offers a new best practice model of care for emergency and crisis stabilization services that will help fill a major gap for much needed mental health services in our region.

This project represents a rare opportunity to leverage a commitment by a large health system and two Counties willing to invest in, and work together on, the development of integrated physical and mental health crisis services on a hospital campus situated in an area where the need is great. The project is far more comprehensive than other services existing today. It goes beyond emergency and crisis stabilization by incorporating a resource center to house peer and family navigators, health plan staff and community-based partners to provide care coordination, peer support and navigation, and social support services to consumers at the point of care. This will ensure consumers do not leave without first being linked directly to resources they need, including drug and alcohol treatment, for ongoing management of conditions, recovery and wellness. The UC Davis SacEDAPT first break screening is also being built into the program for early identification and intervention for psychotic disorders.

The Behavioral Health Crisis Services Collaborative embraces the concept of whole person care, strengthens the continuum of care in our region, and will advance the current state of crisis stabilization services in California by offering significant improvements. Delays in treatment, emergency department boarding and barriers to care will be addressed through timely access for consumers at the point of entry. Quality of care and clinical outcomes will be improved through appropriate intervention in a therapeutic and calming setting. Continuity and coordination of care will be assured through real time collaboration among emergency, mental health, plan, peer and family, and community-based providers. Co-location of crisis services on an acute care hospital campus will also enhance safety, ensure medical stabilization and medical backup and eliminate criteria that often bar consumers from accessing care in a community-based setting.

Anthem. BlueCross

The project moves our community past the existing stalemate of trying to establish responsibilities between hospitals and the County for mental health and instead places the focus on integrated patient-centered care. It can also serve as a new standard for future crisis stabilization services across our State. We urge you to support this important effort.

Sincerely,

Nicholas Osterman
Director Behavioral Health Services
Cell 213.407.196

www.anthem.com/ca/medi-cal

City of
SACRAMENTO
Office of the City Manager

Howard Chan
City Manager

City Hall
915 I Street, Fifth Floor
Sacramento, CA 95814-2604
916-808-5704

January 22, 2018

Uma Zykofsky
Deputy Director
Sacramento County Behavioral Health Services
Mental Health Director
Alcohol & Drug Administrator
7001 A East Parkway, Suite 400
Sacramento, CA 95823

Dear Ms. Zykofsky:

The City of Sacramento writes in support of the behavioral health crisis services collaborative proposal: a regional approach to provision of services for emergency department patients dealing with mental health issues. We believe that the proposed joint approach by the counties of Placer and Sacramento will provide an important and needed resource to the community.

Through this proposed collaborative, the County of Sacramento, working with Placer, will reduce the pressure on the emergency department (ED) at Mercy San Juan Medical Center by increasing the quality and scope of services available to patients experiencing mental health crises. Additionally, this collaborative uses an integrated health and mental health emergency and crisis stabilization service approach. These integrated services will seek to identify and intervene early for patients reporting to the ED with psychotic disorders. Such early identification and intervention will also provide adult patients dealing with mental health issues multi-disciplinary evaluation and treatment for up to 23 hours at a dedicated facility. The program intends to continue beyond the initial 23 hours by ensuring that patients receive ongoing services, including after care planning and support.

The City of Sacramento believes that the collaboration will supplement and enhance the work of the Pathways to Health and Home Program, the City's Whole Person Care pilot, for individuals experiencing homelessness. Pathways and the proposed collaborative share many of the same goals (better care coordination, connecting patients with needed resources, and reducing pressure on emergency services and emergency departments) while focusing on distinct, but similar, patient population. The City looks forward to collaborating with the County of Sacramento on the Pathways program to allow for greater integration of approaches to patients experiencing homelessness and living with mental health issue to improve care and reduce long-term costs.

The proposed collaboration, between the counties of Placer and Sacramento, has the potential to reduce health care costs, and improve patient outcomes. Should this proposal be approved, we look forward to working closely with the County during the planning process for the proposed collaborative to improve the quality of life for vulnerable individuals in our region.

Sincerely,

Howard Chan
City Manager

Health Net of California, Inc.
11971 Foundation Place
Rancho Cordova, CA 95670
www.healthnet.com

March 1, 2018

Uma Zykofsky
Director, Sacramento County Division of Behavioral Health Services
Grantland L. Johnson Center for Health & Human Services
7001-A East Parkway, Suite 400
Sacramento, California 95823

Dear Uma,

On behalf of Health Net Community Solutions, I am writing to express our support of Sacramento County's proposed Mental Health Services Act (MHSA) Innovation Project, the Behavioral Health Crisis Services Collaborative. This unique public/private partnership between Sacramento County, Placer County and Dignity Health offers a new best practice model of care for emergency and crisis stabilization services that will fill a major gap for much needed mental health services in our region. In support of this model, Health Net will be committing a staff member to provide support on-site at the Crisis Center.

Health Net currently service more than 2 million Medi-Cal beneficiaries through direct and subcontracted relationship across California. In Sacramento, we are proud to provide health care coverage for more than 110,000 individuals through our robust provider and hospital partnerships. We have a long-standing commitment to the local community and low income populations.

This project represents a rare opportunity to leverage a commitment by a large health system and two Counties willing to invest in, and work together on, the development of integrated medical and mental health crisis services. By incorporating a resource center on site at the Dignity facility, consumers will be quickly linked to needed resources need such as drug and alcohol treatment, care management, recovery and wellness services. The use of peer and family navigators, health plan staff and community-based partners will provide care coordination, peer support, navigation, and social support services to consumers at the point of care.

The Behavioral Health Crisis Services Collaborative embraces the concept of integrated care delivery and will significantly advance crisis stabilization services in Sacramento. Delays in treatment, emergency department boarding and barriers to care will be eliminated through timely access for consumers at the point of entry. Quality of care and clinical outcomes will be improved through appropriate intervention in a therapeutic and calming setting. We are excited to partner on this innovative project and urge your support of this important effort.

Sincerely,

Abbie A. Totten
Vice President, Government Programs Policy & Strategic Initiatives

Hospital Council of Northern & Central California

Excellence Through Leadership & Collaboration

March 5, 2018

Uma Zykofsky
Director, Sacramento County Division of Behavioral Health Services
Grantland L. Johnson Center for Health & Human Services
7001-A East Parkway, Suite 400
Sacramento, California 95823

Dear Uma,

Hospital Council of Northern and Central California is writing to express support of Sacramento County's proposed Mental Health Services Act (MHSA) Innovation Project, the Behavioral Health Crisis Services Collaborative. This unique public/private partnership between Sacramento County, Placer County and Dignity Health offers a new best practice model of care for emergency and crisis stabilization services that will fill a major gap for much needed mental health services in our region.

The Hospital Council of Northern and Central California is a nonprofit hospital and health system trade association established in 1961, representing 185 hospitals and health systems in 50 of California's 58 counties—from Kern County to the Oregon border. The Hospital Council's membership includes hospitals and health systems ranging from small, rural hospitals to large, urban medical centers, representing more than 37,000 licensed beds. We've been deeply involved with Sacramento County and other healthcare stakeholders in recent years seeking solutions to the mental health crisis. We strongly feel that this proposal is an important part of that solution.

This project represents a rare opportunity to leverage a commitment by a large health system and two Counties willing to invest in, and work together on, the development of integrated medical and mental health crisis services on a hospital campus situated in an area where the need is great. The project is far more comprehensive than other services existing today. It goes beyond emergency and crisis stabilization by incorporating a resource center to house peer and family navigators, health plan staff and community-based partners to provide care coordination, peer support and navigation, and social support services to consumers at the point of care. This will ensure consumers do not leave without first being linked directly to resources they need, including drug and alcohol treatment, for ongoing management of conditions, recovery and wellness. The UC Davis SacEDAPT first break screening is also being built into the program for early identification and intervention for psychotic disorders.

The Behavioral Health Crisis Services Collaborative embraces the concept of whole person care, strengthens the continuum of care in our region, and will advance the current state of crisis stabilization services in California by offering significant improvements. Delays in treatment, emergency department boarding and barriers to care will be eliminated through timely access for consumers at the point of entry. Quality of care and clinical outcomes will be improved through appropriate intervention in a therapeutic and calming setting. Continuity and coordination of care will be assured through real time collaboration among emergency, mental health, plan, peer and family, and community-based providers. Co-location of crisis services on an acute care hospital will also enhance safety, ensure medical stabilization and medical backup and eliminate criteria that often bar consumers from accessing care in a community-based setting.

The project moves our community past the existing stalemate of trying to establish responsibilities between hospitals and the County for mental health and instead places the focus on integrated patient-centered care. It can also serve as a new standard for future crisis stabilization services across our State. We urge you to support this important effort.

Sincerely,

Brian Jensen
Regional Vice President

BJ:ks

Sacramento Metropolitan Fire District

10545 Armstrong Ave., Suite 200 • Mather, CA 95655 • Phone (916) 859-4300 • Fax (916) 859-3702

TODD HARMS
Fire Chief

February 27, 2018

Uma Zykofsky
Director, Sacramento County Division of Behavioral Health Services
Grantland L. Johnson Center for Health & Human Services
7001-A East Parkway, Suite 400
Sacramento, California 95823

Dear Uma,

Sacramento Metropolitan Fire District is writing to express support of Sacramento County's proposed Mental Health Services Act (MHSA) Innovation Project, the Behavioral Health Crisis Services Collaborative. This unique public/private partnership between Sacramento County, Placer County and Dignity Health offers a new best practice model of care for emergency and crisis stabilization services that will fill a major gap for much needed mental health services in our region.

Sacramento Metropolitan Fire District serves 359 square miles of Sacramento County and the cities of Citrus Heights and Rancho Cordova. We are the third largest transporting Fire Agency in the State of California. We consistently transport over 50,000 patients annually. This project will assist our agency in providing timely intake and evaluation to the patients encountered that are experiencing a behavioral crisis.

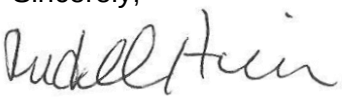
This project represents a rare opportunity to leverage a commitment by a large health system and two Counties willing to invest in, and work together on, the development of integrated medical and mental health crisis services on a hospital campus situated in an area where the need is great. The project is far more comprehensive than other services existing today. It goes beyond emergency and crisis stabilization by incorporating a resource center to house peer and family navigators, health plan staff and community-based partners to provide care coordination, peer support and navigation, and social support services to consumers at the point of care. This will ensure consumers do not leave without first being linked directly to resources they need, including drug and alcohol treatment, for ongoing management of conditions, recovery and wellness. The UC Davis SacEDAPT first break screening is also being built into the program for early identification and intervention for psychotic disorders.

The Behavioral Health Crisis Services Collaborative embraces the concept of whole person care, strengthens the continuum of care in our region, and will advance the current state of crisis stabilization services in California by offering significant improvements. Delays in treatment, emergency department boarding and barriers to care will be eliminated through timely access for consumers at the point of entry. Quality of care and clinical outcomes will be improved through appropriate intervention in a therapeutic and calming setting. Continuity and coordination of care will be assured through real time collaboration among emergency, mental health, plan, peer and family, and community-based providers. Co-location of crisis services on an acute care hospital

will also enhance safety, ensure medical stabilization and medical backup and eliminate criteria that often bar consumers from accessing care in a community-based setting.

The project moves our community past the existing stalemate of trying to establish responsibilities between hospitals and the County for mental health and instead places the focus on integrated patient-centered care. It can also serve as a new standard for future crisis stabilization services across our State. We urge you to support this important effort.

Sincerely,



Randall Hein
Director of EMS
Sacramento Metropolitan Fire District

March 2, 2018

Uma Zykofsky, Director
Sacramento County Division of Behavioral Health Services
Grantland L. Johnson Center for Health & Human Services
7001-A East Parkway, Suite 400
Sacramento, California 95823

Dear Uma,

The Sierra Sacramento Valley Medical Society (SSVMS) is writing to express support of Sacramento County's proposed Mental Health Services Act (MHSA) Innovation Project, the Behavioral Health Crisis Services Collaborative. We applaud Sacramento County for collaborating with Dignity Health to bring this important project to fruition.

The Sierra Sacramento Valley Medical Society is dedicated to bringing together physicians from all modes of practice to promote the art and science of quality medical care and to enhance the physical and mental health of our entire community.

In July 2015, SSVMS published a white paper, "*Crisis in the Emergency Department: Removing Barriers to Timely and Appropriate Mental Health Treatment,*" to address the increase in the number of patients in mental health crisis in the region's emergency departments. The white paper proposed three overarching recommendations to improve the quality of care for patients experiencing mental crises, aimed at providing better access to the right care at the right time.

The three recommendations are: 1) Implementation of an electronic Health Information Exchange (HIE) in the Sacramento region to help coordinate care of patients seeking emergency psychiatric services; 2) Standardize the medical clearance process across all EDs and inpatient psychiatric treatment programs to facilitate the timely transfer of patients to appropriate treatment centers; and 3) Establish dedicated psychiatric emergency services (PES) to ensure that patients experiencing a mental health crisis receive the right care at the right time.

The Behavioral Health Crisis Services Collaborative is directly in line with the Medical Society's third recommendation. Significantly, the Collaborative goes beyond emergency and crisis stabilization by incorporating a resource center to house peer and family navigators and community-based partners to provide care coordination, peer support and navigation, and social support services to consumers at the right time and the right place. This project will ensure that individuals in mental health crisis will be linked directly to resources, including drug and alcohol treatment, recovery and wellness programs. The project is far more comprehensive than other services existing today.

5380 Elvas Avenue / Sacramento, California / 95819-2396 / 916.452-2671 / 916.452.2690 / www.ssvms.org / info@ssvms.org
Serving the counties of El Dorado, Sacramento and Yolo

SSVMS believes the Behavioral Health Crisis Services Collaborative offers a best practice model of care for emergency and crisis stabilization services that will fill a major gap for much needed mental health services in our region. We urge your support of this important effort.

Sincerely,

Aileen E. Wetzel
Executive Director

AEW:cs

1130 K Street, Suite LL50
Sacramento CA 95814
T 916.553.4167
steinberginstitute.org

STEINBERG INSTITUTE

ADVANCING BRAIN HEALTH POLICY & INSPIRING LEADERSHIP

March 2, 2018

Uma Zykofsky
Director, Sacramento County Division of Behavioral Health Services
Grantland L. Johnson Center for Health & Human Services
7001---A East Parkway, Suite 400
Sacramento, California 95823

Dear Director Zykofsky,

The Steinberg Institute supports Sacramento County's proposed Mental Health Services Act (MHSA) Innovation Project, the Behavioral Health Crisis Services Collaborative. This unique public/private partnership between Sacramento County, Placer County and Dignity Health offers a best practice model of care for emergency and crisis stabilization services that will fill a major gap for much needed mental health services in our region.

This project represents an opportunity to leverage a commitment by a large health system and two Counties willing to invest in, and work together on, the development of integrated medical and mental health crisis services on a hospital campus. The project is far more comprehensive than other services existing today. It goes beyond emergency and crisis stabilization by incorporating a resource center to house peer and family navigators, health plan staff and community---based partners to provide care coordination, peer support and navigation to clients. This will ensure consumers are linked to the community resources they need for ongoing management of conditions, recovery and wellness. We are particularly impressed that the UC Davis SacEDAPT first break screening is being built into the program for early identification and intervention for psychotic disorders.

The Behavioral Health Crisis Services Collaborative embraces the concept of whole person care, strengthens the continuum of care in our region, and will advance the current state of crisis stabilization services in California by offering significant improvements. It can also serve as a new standard for future crisis stabilization services across our State. Thank you for your leadership.

Sincerely,

M. Merritt

Maggie Merritt
Executive Director