# MENTAL HEALTH SERVICES ACT
# Fiscal Year 2023-24
# Annual Update to the Three-Year Program and Expenditure Plan

## May 23, 2023

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## Attachments

# MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Sacramento

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

| Local Mental Health Director | County Auditor-Controller / City Financial Officer |
|---|---|
| Name: Ryan Quist, Ph. D | Name: Maria Sandoval |
| Telephone Number: (916) 875-9904 | Telephone Number: (916) 875-1248 |
| E-mail: QuistR@SacCounty.net | E-mail: SandovalM@SacCounty.net |
| Local Mental Health Mailing Address: 7001A East Parkway, Suite 100 Sacramento, CA 95823 | |

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

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

Ryan Quist, Ph. D — Local Mental Health Director (PRINT)
Signature — Date: 5/3/23

I hereby certify that for the fiscal year ended June 30, 2022, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 11/30/2022 for the fiscal year ended June 30, 2022. I further certify that for the fiscal year ended June 30, 2022, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Maria Sandoval — County Auditor Controller / City Financial Officer (PRINT)
Maria Sandoval 5/3/23 — Signature — Date

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

**County Executive**
Ann Edwards

**Deputy County Executive**
Chevon Kothari
Social Services

**County of Sacramento**

**Department of Health Services**
Timothy W. Lutz, Director

**Divisions**
Administration
Behavioral Health
Primary Health
Public Health

Dear Sacramento County Stakeholder,

We are pleased to share Sacramento County's Mental Health Services Act (MHSA) Fiscal Year 2023-24 Annual Update. This plan was developed with local stakeholders including adults and seniors with severe mental illness, families of children, adults and seniors living with severe mental illness, providers of services, law enforcement agencies, educators, social service agencies, veterans, providers of alcohol and drug services, health care organizations, and other important interests.

Behavioral Health Services remains committed to partnering with constituents and stakeholders throughout the process which includes meaningful stakeholder involvement on behavioral health policy, program planning and implementation, monitoring, quality improvement, evaluation and budget allocation.

The MHSA has provided Sacramento County Behavioral Health Services and the diverse communities we serve an unprecedented opportunity to engage and partner in developing and promoting a shared plan to serve our clients across their lifespan. Building on the successes we have achieved over the years and embracing the opportunities for growth, we are steadfast in our commitment to uphold the **MHSA General Standards** which are the bedrock of the MHSA and Sacramento County's Behavioral Health Services values.

In solidarity with community,

Ryan Quist, Ph.D.
Director, Behavioral Health Services

## 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 yearly 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 2022 population of Sacramento County to be approximately 1.6 million. As such, Sacramento is considered a large county, especially in comparison with the populations of surrounding counties. Sacramento County contains one of the most ethnically and racially diverse communities in California. The Sacramento American Indian/Alaska Native community includes tribal people from many different States and regions with unique cultures and histories, including the first indigenous communities of Sacramento; the Nisenan people, the Southern Maidu, Valley and Plains Miwok, Patwin Wintun peoples, and Wilton Rancheria, Sacramento's only federally recognized Tribe. Historically, Sacramento County has been one of three counties with the highest number of newly arriving refugees in California. In recent years, Sacramento County has resettled more Refugees and Special Immigrant Visa holders than any other county in California. Global events transpiring over the past year have resulted in an increase in the number of refugees arriving from Afghanistan and the Ukraine, thereby enriching the diversity of our community. With the addition of Arabic as a threshold language in 2017 and Farsi in 2020, Sacramento County now has a total of seven threshold languages (Arabic, Cantonese, Farsi, Hmong, Russian, Spanish, and Vietnamese). We welcome these new residents and continue to work towards meeting the unique needs of these emerging communities.

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

The **Community Services and Supports (CSS)** component provides funding for mental health treatment services and supports for children/youth and their families living with severe emotional disturbance and Transition Age Youth (TAY), adults and older adults living with a serious mental illness. Housing is also a large part of the CSS component. In Sacramento County, there are 12 approved CSS Work Plans, together containing numerous programs. Recently, two new Full Service Partnership (FSP) programs were added and they will be fully implemented in FY 2022-23. Over the years, these programs have expanded and evolved as we strive to deliver high quality and effective services to meet the needs of children/youth, TAY, adults, older adults and their families.

In FY 2021-22, the MHSA Steering Committee supported a seven percent increase across MHSA-funded treatment programs to create additional service capacity. The Steering Committee also supported a ten percent rate increase across MHSA-funded CSS direct service programs, as well as increasing FSP program capacity (new and expanded).

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

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

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

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

In May 2016, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved Sacramento County's second INN Project, known as the Mental Health Crisis/Urgent Care Clinic. The Clinic began providing services November 2017. With support from the MHSA Steering Committee, the services in this INN Project transitioned to MHSA CSS funding in July 2022.

In May 2018, the MHSOAC approved Sacramento County's third INN Project, known as the Behavioral Health Crisis Services Collaborative (BHCSC). The project is a public/private partnership with Dignity Health and Placer County with the intent to establish integrated adult crisis stabilization services on a hospital emergency department campus in the northeastern region of Sacramento County. The BHCSC began providing services September 2019. The project term ended February 2023.

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

In June 2020, the MHSOAC approved Sacramento County's fifth INN Project, Forensic Behavioral Health Multi-System Teams, now known as Community Justice Support Program. This project adapts and expands a teaming approach for the adult forensic behavioral health population. Project services and multi-system teams began delivering services in FY 2021-22.

The **Workforce Education and** Training (WET) component provides time-limited funding with a goal to recruit, train and retain diverse culturally and linguistically competent staff for the public mental health system and ensure they are adequately trained to provide effective services and administer programs based on wellness and recovery. Sacramento County's WET Plan is comprised of seven (7) approved actions. Per Welfare and Institutions Code (WIC) Section 5892(b), Counties may use a portion of the CSS funds to sustain WET activities once the time-

limited WET funds are exhausted. Therefore, these activities are being sustained with CSS funding.

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

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

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

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

The **Technological Needs (TN)** project, contained within the Capital Facilities and Technological Needs component, funds and addresses our commitment to move to an Electronic Health Record and Personal Health Record to improve client care. 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) 2023-24 Annual Update.

The Draft MHSA FY 2023-24 Annual Update was posted for a 30-day public comment period, from March 6 through April 5, 2023. The Sacramento County Mental Health Board conducted a Public Hearing to receive public comment regarding the Draft MHSA Fiscal Year 2023-24 Annual Update on Wednesday, April 5, 2023, beginning at 6:00 p.m.

## COMMUNITY PROGRAM PLANNING

### Sacramento County's MHSA Steering Committee

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

**MHSA STEERING COMMITTEE MEMBERSHIP**

| SLOT | STAKEHOLDER GROUP: | APPOINTED BY: | MEMBER | ALTERNATE |
|---|---|---|---|---|
| 1 | Mental Health Board* | Mental Health Board | Patricia Wentzel | Brad Lueth |
| 2 | Mental Health Director | Division of Behavioral Health Services Director | Ryan Quist[E] | Jane Ann Zakhary |
| 3 | Service Provider - Children | Association of Mental Health Contractors | Laurie Clothier (River Oak) | Mary Sheppard (Uplift Family Svcs) |
| 4 | Service Provider - Adults | Association of Mental Health Contractors | Erin Johansen (TLCS) | Marlyn Sepulveda (Hope Cooperative) |
| 5 | Service Provider - Older Adults | Association of Mental Health Contractors | Genelle Cazares (El Hogar) | Martha Sinclair-West |
| 6 | Law Enforcement | Criminal Justice Cabinet | Corey Jackson | Laura Mueller |
| 7 | Senior and Adult Services | Department of Child, Family & Adult Services Directo | Heidi Richardson | Mary Parker |
| 8 | Education | Sacramento County Office of Education | Christopher Williams**[E] | Brent Malicote |
| 9 | Department of Human Assistance | Department of Human Assistance Director | Julie Field | Carmen Briscoe |
| 10 | Substance Use Prevention and Treatment | Department of Health Services Director | Lori Miller | Michelle Besse |
| 11 | Cultural Competence | Cultural Competence Committee | Koby Rocriguez[E] | Lakshmi Malroutu |
| 12 | Child Welfare | Department of Child, Family & Adult Services Directo | Melissa Lloyd | Kim Pearson |
| 13 | Primary Health | Department of Health Services Director | Vacant | Vacant |
| 14 | Public Health | Department of Health Services Director | Olivia Kasirye | Staci Syas |
| 15 | Juvenile Court | Presiding Judge | Daniel Calabretta | Sarah Davis |
| 16 | Probation | Chief of Probation | Lynsey Semon | Derrick Casebeer |
| 17 | Veterans | | Rochelle Arnold | Vacant |
| 18 | Consumer - TAY | 6-member panel | Arushi Mishra | Vacant |
| 19 | Consumer - TAY | 6-member panel | Karly Gonzalez | Vacant |
| 20 | Consumer - Adult | 6-member panel | Hafsa Hamdani | Vacant |
| 21 | Consumer - Adult | 6-member panel | Leslie Napper[E] | Chezia Tarleton |
| 22 | Consumer - Older Adult | 6-member panel | Karen Cameron | Vacant |
| 23 | Consumer - Older Adult | 6-member panel | Sharon Jennings**[E] | Vacant |
| 24 | Family Member/Caregiver of Child age 0-17 Yrs | 6-member panel | Ebony Chambers McClinton | Vacant |
| 25 | Family Member/Caregiver of Child age 0-17 Yrs | 6-member panel | Crystal Harding | Vacant |
| 26 | Family Member/Caregiver of Adult age 18-59 Yrs | 6-member panel | Susan McCrea[S] | Ellen King |
| 27 | Family Member/Caregiver of Adult age 18-59 Yrs | 6-member panel | Ryan McClinton[E] | Diana Burdick |
| 28 | Family Member/Caregiver of Older Adult age 60+ Yrs | 6-member panel | Vacant | Vacant |
| 29 | Family Member/Caregiver of Older Adult age 60+ Yrs | 6-member panel | Anatoliy Gridyushko | Vacant |
| 30 | Family Member/Consumer At-large | 6-member panel | Daniela Guarnizo | Evin Johnson |

* Note - Mental Health Board member will also be Consumer/Family Member

** Co-Chair position [E] Executive Committee member [S] Spirituality representative

**NOTE** - Alternates for Consumer and Family Member representatives can fill in for any absent Consumer or Family Member.

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

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

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

MHSA Steering Committee members and BHS actively recruit consumers/peers, and family members/caregivers with lived mental health experience for committee membership. The member application is posted on the BHS MHSA webpage. Both the MHSA Steering Committee and Executive Committee are responsible for recruiting consumer and family members to serve as Steering Committee primary and alternate members.

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

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

BHS maintains a published schedule of MHSA Steering Committee meetings on the BHS MHSA webpage. Agendas, meeting minutes, and supporting documents are also posted. BHS also emails monthly MHSA Steering Committee meeting notifications to a listserv of over 800 community members and partners.

### BHS Cultural Competence Committee

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

### Partner, BHS, and Provider Staff Education

To ensure meaningful partipation in all aspects of the Community Program Planning Process (CPPP), BHS offers MHSA education and training to MHSA Steering Committee members, BHS staff, and community members. Steering Committee members are provided a comprehensive orientation training to learn about the MHSA; MHSA Steering Committee role and member responsibilities; MHSA Steering Committee meeting structure and process; and local MHSA programs, activities, and CPPP. New BHS staff are provided with a comprehensive orientation training as well which includes extensive training on convening and facilitating CPPP. Information

about the MHSA components and purpose; changes and updates to MHSA requirements regulations, and statutes; updates to local MHSA budget allocations, programs, activities, and current CPPP are provided at all Steering Committee meetings and BHS staff meetings that also include BHS peer and family member liaisons.

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

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

### Community Program Planning Process (CPPP) for the MHSA FY 2023-24 Annual Update

The Sacramento County Behavioral Health Services (BHS) Community Program Planning Process for the MHSA Fiscal Year (FY) 2023-24 Annual Update meets the requirements contained in Section 3300 of the California Code of Regulations as described below. Sacramento County's community program planning processes for previously approved CSS, PEI, WET, INN, CF and TN Component plans and activities have been described in-depth in prior plan updates and documents submitted to the State. Those documents are available on the Reports and Workplans page on our website. All of the programs and activities contained in this Annual Update have evolved from community planning processes.

The general plan for the Annual Update was discussed at MHSA Steering Committee meetings throughout FY 2022-23. 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, updates on our involvement with the California Mental Health Services Authority (CalMHSA) Joint Powers of Authority and the progress CalMHSA is making with the Statewide PEI Programs, and the implementation of California's Medi-Cal Peer Support Specialist Certification. During the 30-day posting of the Draft Annual Update, BHS presented to the MHSA Steering Committee, BHS Cultural Competence Committee, and the Mental Health Board to obtain additional partner input.

### Other Partner and Community Input and Feedback

Additionally, BHS has convened many partner input sessions to reach partners who do not regularly participate in the MHSA Steering Committee meetings. Partner input, which includes consumer and family input, is a critical component to ensuring programming is effective, respectful and responsive. BHS is implementing a regular procurement schedule for contracted

programs which is informed collectively by the partner participation and input that occurs in many forms across the system. Examples include:

- Mandatory Advisory Boards
    - Mental Health Board
    - Alcohol and Drug Advisory Board
- Recommending Bodies
    - MHSA Steering Committee
    - BHS Cultural Competence Committee
    - Family Advocate Committee (FAC)
    - Youth Advocate Committee (YAC)
    - Peer Adult Advocate Committee (PAAC)
    - Older Adult Coalition
    - Behavioral Health Racial Equity Collaborative (BHREC)
    - Youth Advisory Board
- Broader Partner Sessions
    - Town Halls
    - Community Conversations
    - Listening Sessions
- Program/Project Specific Input
    - Anecdotal feedback from system partners, consumers/family members, community partners, and providers
    - Surveys
    - MHSA Steering Committee Ad Hoc Workgroups
    - Key Informant Interviews
    - Focus Groups
    - Needs Assessments
    - Satisfaction Surveys

**Annual Update Posting and Public Hearing**

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

The Draft MHSA FY 2023-24 Annual Update was posted for a 30-day public comment period from March 6 through April 5, 2023. The Mental Health Board conducted a Public Hearing to

receive public comment regarding the Draft MHSA FY 2023-24 Annual Update on Wednesday, April 5, 2023, beginning at 6:00 p.m.

This Public Hearing was a hybrid meeting at 700 H Street, Hearing Room 1, Sacramento, CA 94814. Community members had the option to attend in person or viturally. Teleconference access information was posted to the MHSA webpage one (1) week prior to the Public Hearing.

**Public Comment**

The comments received relating to the Draft MHSA Fiscal Year 2023-24 Annual Update (Annual Update) during the 30-day public review and comment period are summarized below.

Many comments acknowledged the overall positive impact of MHSA funded programs and activities. Several comments expressed support and appreciation for the success stories that put a face on the clients served in many of the programs included in this Annual Update. There were also comments appreciating the organized, concise, and focused design of the Annual Update.

There were comments expressing appreciation for the fiscal summary and budget explanations. Comments received reflect a desire for simplification of the complex budgeting and expenditure projections and clarity on unspent funds (to better understand how these unspent funds are calculated, reflected, and represented), as well as concern the state may take funds left unspent.

The MHSA Steering Committee, BHS Cultural Competence Committee, and Mental Health Board were unanimously supportive of moving the Annual Update forward to the Sacramento County Board of Supervisors for approval. The MHSA Steering Committee, BHS Cultural Competence Committee, Mental Health Board, and the community expressed ongoing support for the programs contained in the Annual Update, with specific attention to the array of Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Workforce Education and Training (WET), and Innovation (INN) component programs, activities, and projects.

Comments acknowledged and suggested further improvements with data collection and reporting relating to MHSA funded programs and activities. Additionally, there were comments that this report is difficult for the lay person to understand and suggestions were made to provide more narrative along with visual aids (e.g., charts and graphs with accompanying footnotes providing additional context); while being mindful not to inadvertently associate colors with racial identities or skin tones when representing specific communities when using data and graphs.

Suggestions were made to consider including more MHSA programming for our Older Adult (OA), Transition Age Youth (TAY), and Asian/Pacific Islander (API) communities. Two Mental Health Services Act Oversight and Accountability Commission (MHSOAC) Multi-County Collaborative Innovation (INN) Plans, Psychiatric Advanced Directives (PADs) and allcove™ youth drop-in centers, were named in public comment as programs in which commenters would like to see MHSA dollars invested. Comments also supported increasing collaborations with grass roots organizations having close ties to unserved and underserved diverse communities.

**Behavioral Health Services Response**

Sacramento County Behavioral Health Services (BHS) values and appreciates the input provided by community stakeholders, including the MHSA Steering Committee, BHS Cultural Competence Committee, and Mental Health Board. This continues to be a core value of the local community planning process.

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

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

BHS recognizes the volatile nature of MHSA funding as a tax-based revenue. As such, BHS continues to work closely with a fiscal consultant to develop sustainability strategies using a combination of unspent funds and new revenues to sustain current programming and to expand programming at a level that can be sustained into the future. BHS will continue to provide revenue and expenditure projections, as well as education regarding MHSA, including CSS funding demands to sustain existing CSS programs, MHSA Housing Program investments, and critical WET and CF/TN activities. BHS will also continue to provide regular program and budget updates/presentations in these key areas at MHSA Steering Committee and Mental Health Board meetings.

BHS remains committed to supporting programming designed to meet the needs of our community and recognizes the need for programming that brings together system partners working together to serve individuals intersecting behavioral health and justice involvement. Several MHSA CSS, PEI, and INN components funded programs provide services to justice involved individuals across the continuum. The PEI funded programs, Community Support Team, Mental Health Navigators, and Mobile Crisis Support Teams, deliver service in the community at key access points to intervene early and reduce unnecessary incarcerations for community members experiencing a mental health crisis. The CSS funded Adult Psychiatric Support Services Clinic serves as the referral path for Correctional Health. The CSS funded Juvenile Justice Diversion and Treatment Program serves youth and TAY ages 13-25 involved with juvenile justice who have multiple complex needs across several service systems. Many of the CSS funded Full Service Partnership (FSP) programs work with justice involved individuals participating in collaborative courts, including Mental Health Court. FSP outcomes show significant impact in reducing incarcerations for these individuals. The CSS funded Consultation, Support and Engagement Teams Program collaborates closely with court systems to identify children and youth who have been commercially sexually exploited and in need of services. This program also includes a training and consultation component for providers and system partners working with this population. In addition to the MHSA-funded programs, BHS has implemented Assisted Outpatient Treatment (AOT) and a Wellness Crisis Call Center and Response Team that will further expand services for justice involved individuals.

BHS recognizes and continues to support the need for culturally specific programming in targeted communities and continues to work to develop and ensure that cultural and ethnic-specific opportunities and outreach strategies are implemented in program planning and service delivery to further reach our diverse communities.

In response to public comment and feedback, the following changes were made and incorporated into this MHSA Fiscal Year 2023-24 Annual Update: more context was added to our charts and graphs, including ensuring the colors of these items are appropriate and do not inadvertently associate chart/graph colors with racial identities or skin tones when representing specific

communities; a message was added from the Behavioral Health Director; and the word ‘stakeholder’ was removed and replaced with the term ‘partner’ throughout the Annual Update in an effort to honor the feedback we have received from our Native American partners. Additionally, the following attachments were revised: Attachment D - Community-Driven Time-Limited PEI Grants Overview now includes an Annual Report as an addendum; Attachment G - MHSA General Standards was included to honor the foundational principles of the Mental Health Services Act; and Attachment H - MHSA FY 2023-24 Annual Update Acronym List was included to better support community members in learning and recognizing terms unique to our behavioral health system.

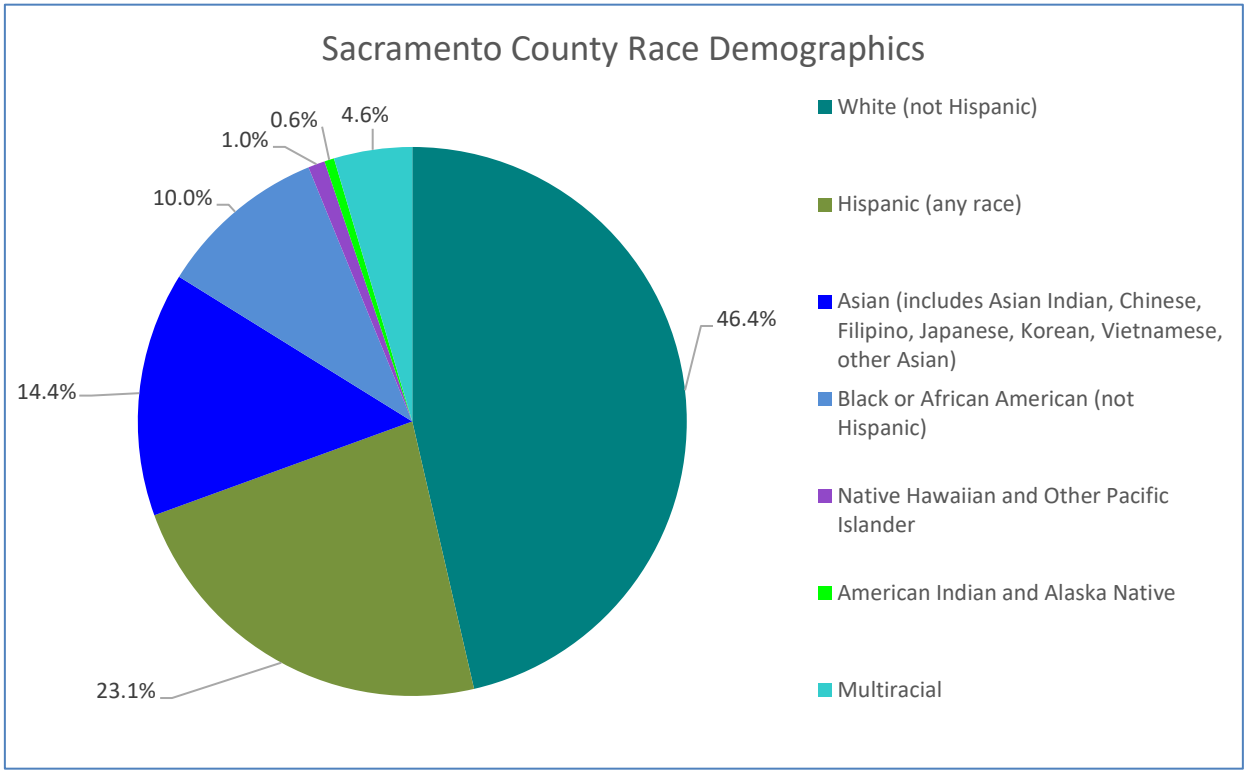
## Sacramento County Mental Health Plan System Capacity

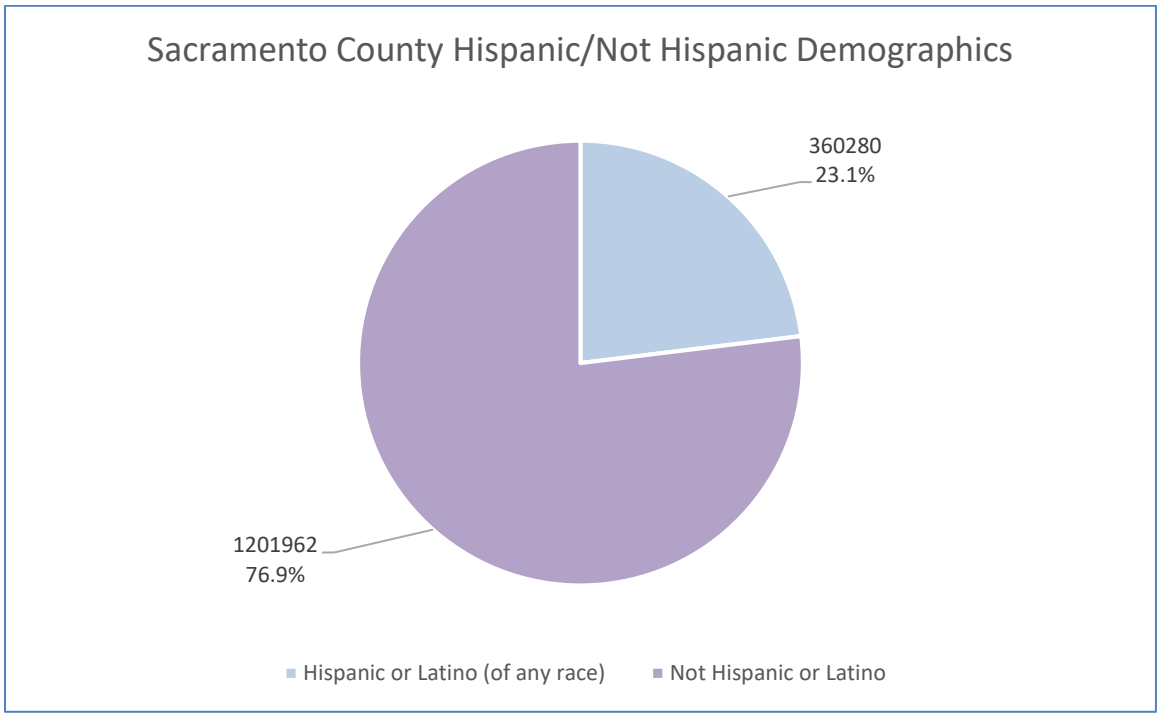
### Demographic Overview

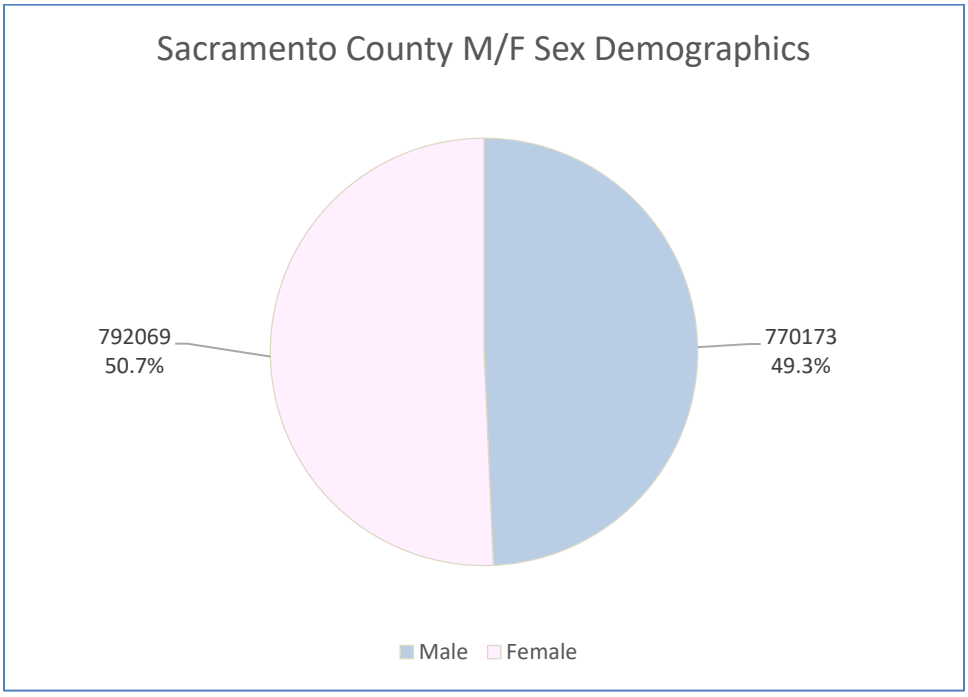
Sacramento County is one of eighteen counties located in the Central Mental Health Region of the State of California. The State of California, Department of Finance, estimates the 2022 population of Sacramento County to be approximately 1.6 million. With more than a half million residents living in unincorporated Sacramento County, it makes our unincorporated county population the fifth largest in the state. As such, Sacramento is considered a large county, especially in comparison with the populations of surrounding counties.

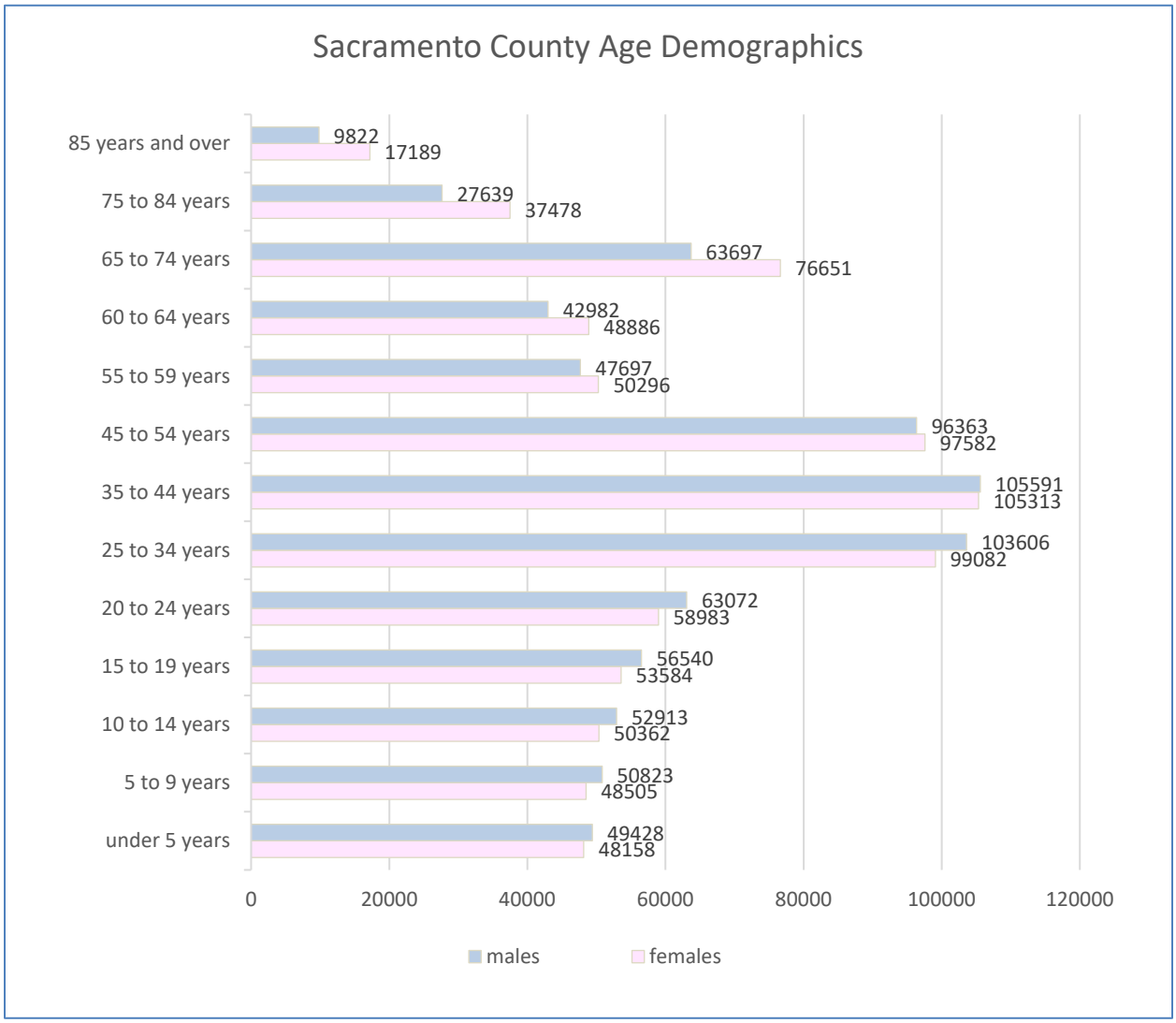
Sacramento is one of the most ethnically and racially diverse communities in California. The Sacramento American Indian/Alaska Native community includes tribal people from many different States and regions with unique cultures and histories, including the first indigenous communities of Sacramento; The Nisenan people, The Southern Maidu, Valley and Plains Miwok, Patwin Wintun peoples, and Wilton Rancheria, Sacramento's only federally recognized Tribe. Historically, Sacramento County has been one of three counties with the highest number of newly arriving refugees in California. In recent years, Sacramento County has resettled the most Refugees and Special Immigrant Visa holders (SIVs) as compared to any other county in California. Global events transpiring over the past year have resulted in an increase in the number of refugees arriving from Afghanistan and the Ukraine, thereby enriching the diversity of our community. With the addition of Arabic as a threshold language in 2017 and Farsi in 2020, Sacramento County now has a total of seven threshold languages (Arabic, Cantonese, Farsi, Hmong, Russian, Spanish, and Vietnamese).

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




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


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




**Penetration and Retention Rates for Medi-Cal Beneficiaries**

The penetration rate chart below is from Calendar Year (CY) 2021. The penetration rate is calculated as the total number of persons served divided by the number of persons eligible. When reviewing this data, it is important to consider that the penetration rate table reflects the number of Medi-Cal beneficiaries served through the specialty mental health treatment programs. It, however, does not account for any of the individuals served, irrespective of insurance status, through the Behavioral Health Services (BHS) MHSA-funded prevention and mental health respite programs. BHS funds culturally specific community based organizations to operate prevention programs that specifically serve the cultural, racial and ethnic groups listed in this table. However, due to the nature of the data collection for MHSA-funded prevention and mental health respite programs it is challenging to obtain unduplicated individual demographic data that can be merged with specialty mental health plan data. Were it possible to merge the data, we believe that the penetration rates would be more reflective of who is served by BHS through specialty mental health services, prevention and respite services.

Sacramento County is a Geographic Managed Care (GMC) county with bifurcated mental health benefits provided through plans and Sacramento County Mental Health Plan (MHP). As a result, several other organizations are providing mild to moderate mental health services to Medi-Cal beneficiaries in Sacramento County. It is possible that penetration rates for some age, race, cultural and ethnic groups are underreported due to services being delivered in the community by community partners that are not part of the MHP, such as Federally Qualified Health Centers (FQHC) and health plans' subcontractors.

| Penetration Rates | | Calendar Year 2021 | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | A | | B | | B/A | C | | C/A |
| | | Medi-Cal Eligible Beneficiaries | | MHP Medi-Cal Beneficiaries | | | SUPT Medi-Cal Beneficiaries | | |
| | | N | % | N | % | % | N | % | % |
| Age Group | 0 to 5 | 64,795 | 10.9% | 782 | 2.9% | 1.2% | 0 | 0.0% | 0.0% |
| | 6 to 17 | 139,618 | 23.5% | 8,091 | 30.5% | 5.8% | 163 | 3.0% | 0.1% |
| | 18 to 59 | 308,422 | 52.0% | 15,280 | 57.6% | 5.0% | 4,669 | 85.6% | 1.5% |
| | 60+ | 80,087 | 13.5% | 2,395 | 9.0% | 3.0% | 623 | 11.4% | 0.8% |
| | Total | 592,922 | 100.0% | 26,548 | 100.0% | 4.5% | 5,455 | 100.0% | 0.9% |
| | | N | % | N | % | % | N | % | % |
| Gender | Female | 312,661 | 52.7% | 14,223 | 53.6% | 4.5% | 2,669 | 48.9% | 0.9% |
| | Male | 280,260 | 47.3% | 12,316 | 46.4% | 4.4% | 2,785 | 51.1% | 1.0% |
| | Unknown | 1 | 0.0% | 9 | 0.0% | N/A | 1 | 0.0% | 100.0% |
| | Total | 592,922 | 100.0% | 26,548 | 100.0% | 4.5% | 5,455 | 100.0% | 0.9% |
| | | N | % | N | % | % | N | % | % |
| Race | White | 125,072 | 21.1% | 7,926 | 29.9% | 6.3% | 2,225 | 40.8% | 1.8% |
| | African American | 80,207 | 13.5% | 6,197 | 23.3% | 7.7% | 805 | 14.8% | 1.0% |
| | American Indian/Alaskan Native | 3,604 | 0.6% | 251 | 0.9% | 7.0% | 58 | 1.1% | 1.6% |
| | Asian/Pacific Islander | 77,156 | 13.0% | 1,838 | 6.9% | 2.4% | 158 | 2.9% | 0.2% |
| | Other | 177,044 | 29.9% | 4,160 | 15.7% | 2.3% | 1,239 | 22.7% | 0.7% |
| | Hispanic | 129,839 | 21.9% | 6,176 | 23.3% | 4.8% | 970 | 17.8% | 0.7% |
| | Total | 592,922 | 100.0% | 26,548 | 100.0% | 4.5% | 5,455 | 100.0% | 0.9% |

Review of the FY 2021-22 retention rate table on the next page shows the number of services per individual to determine retention. Retention is defined as receiving five (5) or more specialty mental health services in a fiscal year. The table below shows, by demographic characteristic, the number of services individuals received in FY 2021-22. The majority of individuals (70.4%) received more than five (5) services during FY 2021-22 with 40.4% of individuals receiving more than 15 services in the fiscal year. Retention rates for children, aged 0 to 17 years, receiving more than 15 services are higher than the overall system. Individuals receiving more than 15 services who speak Cantonese and who speak Hmong also have high retention rates (50.8%, 50.7% respectively).

| Sacramento County Mental Health Plan<br>Retention - FY 2021-22 | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FY 20/21 | | Total Served | 1 Service | | 2 Services | | 3 Services | | 4 Services | | 5 to 15 Services | | >15 Services | |
| | | | N | % | N | % | N | % | N | % | N | % | N | % |
| Race (0-17.9) | API | 399 | 56 | 14.0 | 17 | 4.3 | 15 | 3.8 | 21 | 5.3 | 115 | 28.8 | 175 | 43.9 |
| | Black | 1,847 | 223 | 12.1 | 95 | 5.1 | 88 | 4.8 | 73 | 4.0 | 496 | 26.9 | 872 | 47.2 |
| | Hispanic | 3,101 | 303 | 9.8 | 137 | 4.4 | 88 | 2.8 | 104 | 3.4 | 840 | 27.1 | 1629 | 52.5 |
| | Nat-Amer | 58 | 11 | 19.0 | 5 | 8.6 | 2 | 3.4 | 2 | 3.4 | 11 | 19.0 | 27 | 46.6 |
| | White | 1,899 | 162 | 8.5 | 96 | 5.1 | 52 | 2.7 | 61 | 3.2 | 486 | 25.6 | 1042 | 54.9 |
| | Other | 771 | 75 | 9.7 | 36 | 4.7 | 28 | 3.6 | 21 | 2.7 | 221 | 28.7 | 390 | 50.6 |
| | Unk/NR | 951 | 255 | 26.8 | 55 | 5.8 | 41 | 4.3 | 29 | 3.0 | 243 | 25.6 | 328 | 34.5 |
| Race (≥18) | API | 1,445 | 160 | 11.1 | 72 | 5.0 | 54 | 3.7 | 43 | 3.0 | 530 | 36.7 | 586 | 40.6 |
| | Black | 3,787 | 594 | 15.7 | 276 | 7.3 | 192 | 5.1 | 162 | 4.3 | 1243 | 32.8 | 1320 | 34.9 |
| | Hispanic | 2,825 | 385 | 13.6 | 196 | 6.9 | 161 | 5.7 | 103 | 3.6 | 938 | 33.2 | 1042 | 36.9 |
| | Nat-Amer | 152 | 21 | 13.8 | 9 | 5.9 | 7 | 4.6 | 4 | 2.6 | 53 | 34.9 | 58 | 38.2 |
| | White | 5,496 | 831 | 15.1 | 389 | 7.1 | 257 | 4.7 | 205 | 3.7 | 1719 | 31.3 | 2095 | 38.1 |
| | Other | 1,001 | 169 | 16.9 | 77 | 7.7 | 44 | 4.4 | 42 | 4.2 | 346 | 34.6 | 323 | 32.3 |
| | Unk/NR | 1,161 | 507 | 43.7 | 120 | 10.3 | 80 | 6.9 | 53 | 4.6 | 234 | 20.2 | 167 | 14.4 |
| Age | 0-17.9 | 9,026 | 1085 | 12.0 | 441 | 4.9 | 314 | 3.5 | 311 | 3.4 | 2,412 | 26.7 | 4,463 | 49.4 |
| | ≥ 18 | 15,867 | 2,667 | 16.8 | 1139 | 7.2 | 795 | 5.0 | 612 | 3.9 | 5,063 | 31.9 | 5,591 | 35.2 |
| Sex | Male | 11496 | 1802 | 15.7 | 743 | 6.5 | 535 | 4.7 | 442 | 3.8 | 3303 | 28.7 | 4671 | 40.6 |
| | Female | 13392 | 1948 | 14.5 | 837 | 6.3 | 572 | 4.3 | 481 | 3.6 | 4171 | 31.1 | 5383 | 40.2 |
| | Unk/NR | 5 | 2 | 40.0 | 0 | 0.0 | 2 | 40.0 | 0 | 0.0 | 1 | 20.0 | 0 | 0.0 |
| Language | English | 22,215 | 3,339 | 15.0 | 1,438 | 6.5 | 1010 | 4.5 | 847 | 3.8 | 6,570 | 29.6 | 9,011 | 40.6 |
| | Spanish | 1256 | 155 | 12.3 | 70 | 5.6 | 48 | 3.8 | 37 | 2.9 | 400 | 31.8 | 546 | 43.5 |
| | Russian | 211 | 14 | 6.6 | 6 | 2.8 | 5 | 2.4 | 3 | 1.4 | 91 | 43.1 | 92 | 43.6 |
| | Hmong | 205 | 15 | 7.3 | 1 | 0.5 | 6 | 2.9 | 4 | 2.0 | 75 | 36.6 | 104 | 50.7 |
| | Vietnamese | 143 | 12 | 8.4 | 5 | 3.5 | 7 | 4.9 | 8 | 5.6 | 50 | 35.0 | 61 | 42.7 |
| | Cantonese | 59 | 5 | 8.5 | 3 | 5.1 | 2 | 3.4 | 1 | 1.7 | 18 | 30.5 | 30 | 50.8 |
| | Arabic | 100 | 11 | 11.0 | 3 | 3.0 | 6 | 6.0 | 1 | 1.0 | 48 | 48.0 | 31 | 31.0 |
| | Other | 416 | 50 | 12.0 | 26 | 6.3 | 11 | 2.6 | 10 | 2.4 | 175 | 42.1 | 144 | 34.6 |
| | Unk/NR | 288 | 151 | 52.4 | 28 | 9.7 | 14 | 4.9 | 12 | 4.2 | 48 | 16.7 | 35 | 12.2 |
| **TOTAL** | | **24,893** | **3,752** | **15.1** | **1,580** | **6.3** | **1,109** | **4.5** | **923** | **3.7** | **7,475** | **30.0** | **10,054** | **40.4** |

**Challenges and Barriers to Program Implementation**

For Sacramento County's MHSA funded programs, service providers identified several challenges and barriers to program implementation**.** There were three program implementation challenges and barriers that rose to the top and are described below. Additionally, the descriptions include strategies employed by service providers to mitigate the challenges and barriers.

***Housing.*** A lack of affordable housing continues to be the number one challenge and barrier identified by our clients and service providers. Housing is a social determinant of health. A safe house away from potential hazards can promote recovery from a behavioral health condition, while living in unsafe or unsuitable housing conditions contributes to behavioral health inequities and is a barrier to meaningful behavioral health care . Although our service providers have no control over the housing inventory, prices, and wait lists, they have found many ways to get ahead of this prominent issue. For example, many service providers utilize peer providers to support clients fill out and complete necessary paperwork to obtain housing and provide vital behavioral health services to maintain housing. Although service providers are very clear that they are unable to provide housing, they assist their clients in navigating housing alternatives such as room and board options, pathway to shelter referrals, and other respite centers and resources. Clients have reported they are appreciative for any of the one-on-one individualized resources they receive from their provider. Across our continuum of care, our providers continue to do their best to ensure they are appropriately matching the resource to individual need.

***Staffing Shortages.*** Across our system of care, BHS and contracted providers continue to grapple with being understaffed. Although this has been an ongoing challenge and barrier in the behavioral health sector, the pandemic has exacerbated an already stretched system of care. Providers are working tirelessly to recruit peers, clinical team members, and a workforce that reflects the diversity of Sacramento County. Examples of ways in which BHS and providers are working towards mitigating this issue include but are not limited to: management staff attending outreach events in efforts to recruit experienced staff to deliver program services; providers have established recruitment coordinator positions to match applications submitted to the open positions, to schedule interviews, and to complete reference checks; and establishing a dedicated talent acquisition department/team to dedicate more time to recruit for new staff. In addition, to promote retention, providers have offered sign on and commitment bonuses, part-time positions, salary adjustments, and have created a work culture that supports an emphasis on work-life balance, especially when staff feel overwhelmed/exhausted. To boost morale and increase retention among current staff, providers are utilizing team-building activities, investing in ways to demonstrate staff appreciation, and utilizing incentives to preserve appropriate clinical coverage of all shifts to address needs of their clients. These strategies enable providers to recruit a broad array of individuals with culturally relevant backgrounds and to retain current staff.

***Culturally Responsive Services.*** The lack of culturally responsive environments, diversity in the workforce, and cultural knowledge among providers contributes to disparities in behavioral health care. BHS continues to work closely with our provider community to raise awareness of sociocultural factors and how they impact our clients. Furthermore, BHS values the unique relationship that our clinicians, personal service coordinators, and peer staff have with individuals they serve, each who have their own recovery journey. There has been a concerted effort and willingness from providers to provide more culturally responsive services, to recognize and raise

consciousness around personal biases, and to foster acceptance and respect for different cultures. BHS upholds its responsibility to combat sanism, racism, classism, ageism, sexism, homophobia and other kinds of biases and discrimination in our behavioral health system of care. Our commitment to cultural humility and cultural competence continues to grow among our behavioral health care providers and system of care.

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

### CalAIM: California Advancing and Innovating Medi-Cal

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

CalAIM consists of several initiatives that will be phased in over five (5) years. Counties may choose their role in various CalAIM activities. The first areas of focus for Sacramento County include Enhanced Care Management (ECM), Community Supports (CS), No Wrong Door, documentation reform and payment reform. ECM is a new statewide benefit and opportunity to obtain federal reimbursement for coordinated and comprehensive care management services that federal funds traditionally have not been able to reimburse. CS provides an opportunity to obtain federal reimbursements for supportive services relating to housing/homelessness and other services intended to support individuals in lieu of utilizing inpatient facility services. No Wrong Door will allow providers to obtain federal reimbursements to support beneficiaries in navigating to the correct service provider and to provide a warm handoff in order to prevent beneficiaries from falling out of care. Documentation reform will streamline paperwork requirements, and payment reform will create ease in obtaining federal reimbursement. CalAIM activities were leveraged and braided with many MHSA Community Services and Supports (CSS)-funded treatment programs in FY 2021-22.

### Mental Health Plan Network Adequacy

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

network adequacy standards and submitted the Annual NACT to DHCS in September 2022 for review.

**Human Resource Survey**

Sacramento County MHP plans to administer the Human Resource (HR) Survey by the end of FY 2022-23. The survey will include data relating to the diversity of Sacramento County's MHP workforce. Demographic information and language capabilities of staff, volunteers and any committee members who participate in serving individuals throughout the entire County Mental Health System will be collected. The purpose of the survey is to assess demographic and linguistic information for those who provide services in our county to determine whether it is reflective of the diversity of the community as a whole. The FY 2022-23 HR Survey and analysis of the findings will be provided once the survey has been completed.

**Behavioral Health Services Hiring Event**

Given the unprecedented number of vacancies within BHS, BHS and Sacramento County Department of Personnel Services (DPS) hosted a two-day in-person hiring and career fair on September 15 and 16, 2022. BHS worked collaboratively on the advertisement, press release, and logistics of the event, including 86 BHS and DPS volunteers for this two-day event. The hiring event provided job seekers the opportunity to interview with hiring managers. Additionally, BHS representatives shared information on job openings, how to apply and insights to County careers. An estimated 120-160 individuals participated and 32 job seekers were offered and accepted positions with BHS.

**Behavioral Health Racial Equity Collaborative**

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

Throughout FY 2021-22 and for the first two quarters of FY 2022-23, BHS and the additional BHREC providers worked on implementing the activities they identified in their Racial Equity Action Plans (*See Attachment A – BHREC Action Plan Summary Report*). BHREC providers submitted data on a quarterly basis at the beginning of FY 2021-22. The first quarter's data was used to establish a baseline for each of the four Collective Impact Measures (listed below) and data from subsequent quarters were reported in comparison to the baseline.

Goal 1: Increase Outreach, Recruitment, Retention, and Leadership Development of African American/Black/African Descent (AA/B/AD) Staff

Goal 2: Increase Community Engagement to Incorporate AA/B/AD Communities into Decision-Making

Goal 3: Increase Retention of AA/B/AD Individuals from Intake to Next Service

Goal 4: Decrease Unsuccessful Discharges for AA/B/AD Individuals

A review of the Quarter 4 data showed that compared to the baseline data (Quarter 1 – FY 2021-22), 9% more individuals who identify as African American/Black/African Descent (AA/B/AD) were employed at the BHREC providers in Quarter 4 of FY 2021-22. Additionally, in Quarter 4 of FY 2021-22, 5% more individuals identifying as AA/B/AD held a leadership role when compared to the baseline. For the second goal of the Collective Impact Measure, the BHREC providers collectively held 48 activities in Quarter 4 which is 206% of the targeted number of Community Engagement activities for the year. Retention from intake to next service (Goal 3) decreased in Quarter 4 to 60% and fell below the goal of 85%. While BHREC providers decreased their rate of unsuccessful discharges when compared to the baseline, they fell short of meeting their collective goal of 58%.

## COVID-19 Impacts

The COVID-19 pandemic has changed all of our lives. Beyond the physical and mental health effects of COVID-19, there are a multitude of other factors which will impact Sacramento County community members for years to come such as loss of income, loss of family members, deferral of health screenings and care for chronic diseases, loss of time in school for children, etc.. BHS has and will continue to be intentional in assessing and analyzing the depth and breadth of how this pandemic has changed lives by continuing to survey our community based organizations and partners. We strive to adapt to lessons learned and evolving evidence pertaining to COVID-19, as well as the impact of both the disease and interventions. Crucial input from these efforts will inform future critical decision making associated with developing policies, strategies, and programs, and to facilitate and direct resources to individuals and communities most in need.

Although there are signs of improvement, the COVID-19 pandemic continues to impact our local communities and the providers that serve them. In response to the pandemic, BHS continues to focus on addressing the impact and challenges to ensure that clients continue to have access to responsive, high quality, behavioral health services. BHS continues to make adjustments in how we engage community partners, and how we convene our local MHSA Community Program Planning Processes (CPPP), and many of our MHSA funded program providers continue to offer both in-person services and telehealth.

Although many challenges and barriers have been felt throughout the pandemic, two areas of concern have consistently risen to the top across our system of care:

***Clients have no access to technology or difficulty using telehealth services.*** For clients who have no access or difficulty accessing telehealth services, providers creatively mitigated these issues by providing clients with electronic devices and lessons on how to use them, offering telephone appointments instead of virtual telehealth appointments. Some providers found that going to their client's homes during telehealth visits was helpful to their clients while others met their clients in the open i.e. at a park to help alleviate the client's anxieties about meeting in person.

***Clients continue to need more services due to COVID-19.*** Providers are careful about ensuring that they limit the number of people in one place for effective social distancing and have increased their staff's availability in an effort to see their clients more often and in different places that best

suits the client safety and comfort as the pandemic has exacerbated many mental health issues. Providers have been thinking outside the box while utilizing, leveraging and partnering with other system programs and community resources. Some of our providers have offered multiple events outdoors in an effort to decrease isolation and increase connectivity.

## COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT

The **Community Services and Supports (CSS)** is the largest component of the MHSA. CSS provides direct services to individuals living with a mental health condition using a client-centered, wellness, and recovery-focused approach, including housing. The CSS component provides funding for mental health treatment services and supports for children/youth and their families living with severe emotional disturbance and transition age youth (TAY), adults, and older adults living with a serious mental illness. The MHSA requires a minimum of fifty percent of CSS component funding be dedicated to Full Service Partnership (FSP) programs and Sacramento County is in compliance with this requirement.

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

There are three service categories within the CSS Component:

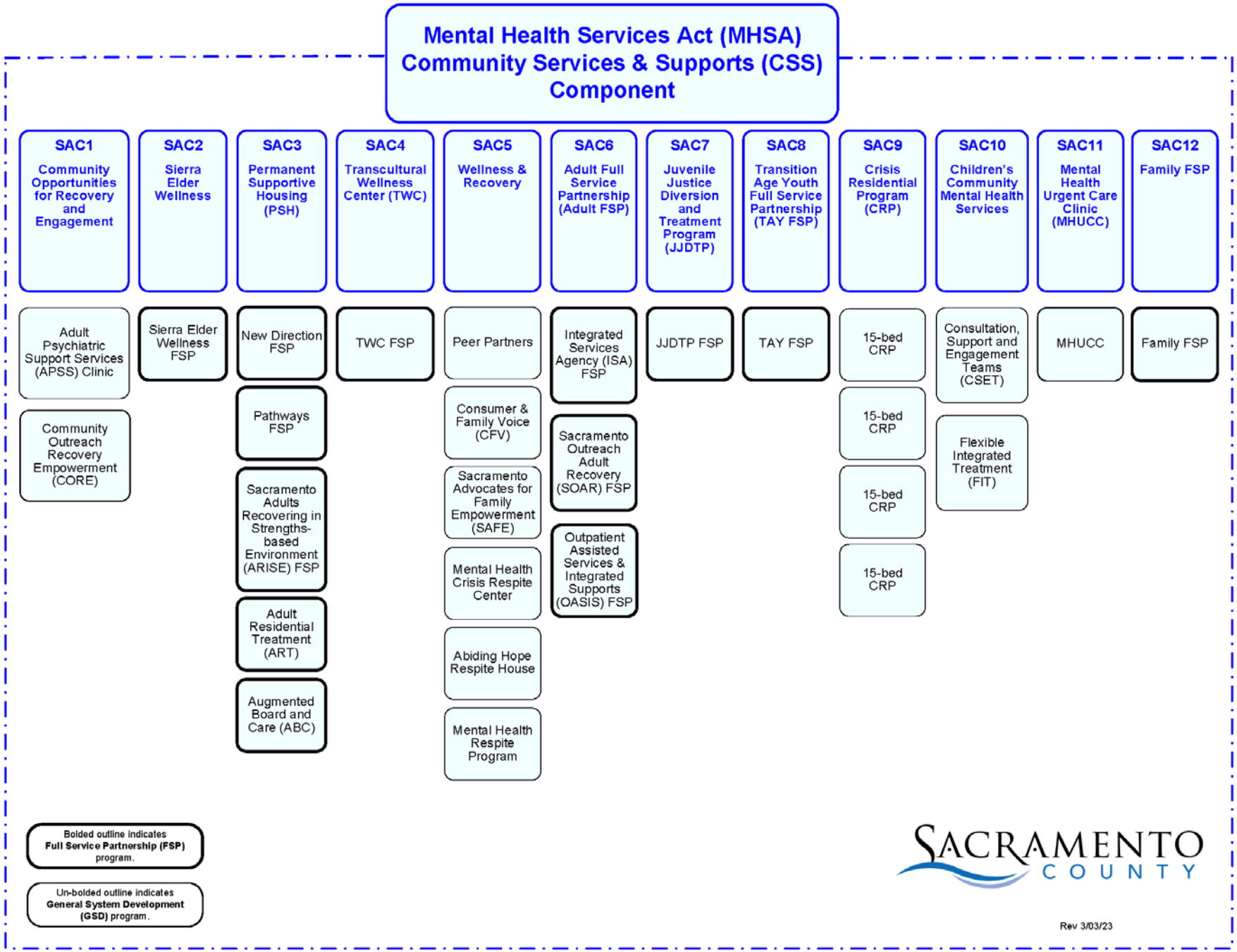
- Full Service Partnership (FSP) Service Category – FSPs provide the full spectrum of high intensity outpatient mental health treatment for children and youth (and their families) living with severe emotional disturbance and TAY, adults, and older adults living with serious mental illness.
- General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

In Fiscal Year (FY) 2021-22 the implemented FSPs served 2,553 unduplicated partners (clients) and the implemented GSDs served 21,337 unduplicated clients. Descriptions of these programs are included in this Annual Update.

As presented to the MHSA Steering Committee in January and April 2021, BHS is implementing a regular procurement (competitive processes for selecting providers that can best deliver specific services) schedule for contracted programs, utilizing partner input from various methods and groups to ensure programming is effective, respectful and responsive.

At the August 18, 2022 MHSA Steering Committee, BHS presented an update on the implementation of the Adult Outpatient Services Transformation: Community Outreach Recovery Empowerment (CORE). CORE will be fully implemented by the end of FY 2022-23. A description of the MHSA elements of CORE is included in this Annual Update. An additional CORE site will be implemented utilizing non-MHSA funding sources.

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


Mental Health Services Act (MHSA)
Community Services & Supports (CSS)
Component
SAC1
Community Opportunities for Recovery and Engagement
Adult Psychiatric Support Services (APSS) Clinic
Community Outreach Recovery Empowerment (CORE)
SAC2
Sierra Elder Wellness
Sierra Elder Wellness FSP
SAC3
Permanent Supportive Housing (PSH)
New Direction FSP
Pathways FSP
Sacramento Adults Recovering in Strengths-based Environment (ARISE) FSP
Adult Residential Treatment (ART)
Augmented Board and Care (ABC)
SAC4
Transcultural Wellness Center (TWC)
TWC FSP
SAC5
Wellness & Recovery
Peer Partners
Consumer & Family Voice (CFV)
Sacramento Advocates for Family Empowerment (SAFE)
Mental Health Crisis Respite Center
Abiding Hope Respite House
Mental Health Respite Program
SAC6
Adult Full Service Partnership (Adult FSP)
Integrated Services Agency (ISA) FSP
Sacramento Outreach Adult Recovery (SOAR) FSP
Outpatient Assisted Services & Integrated Supports (OASIS) FSP
SAC7
Juvenile Justice Diversion and Treatment Program (JJDTP)
JJDTP FSP
SAC8
Transition Age Youth Full Service Partnership (TAY FSP)
TAY FSP
SAC9
Crisis Residential Program (CRP)
15-bed CRP
15-bed CRP
15-bed CRP
15-bed CRP
SAC10
Children's Community Mental Health Services
Consultation, Support and Engagement Teams (CSET)
Flexible Integrated Treatment (FIT)
SAC11
Mental Health Urgent Care Clinic (MHUCC)
MHUCC
SAC12
Family FSP
Family FSP
Bolded outline indicates Full Service Partnership (FSP) program.
Un-bolded outline indicates General System Development (GSD) program.
SACRAMENTO COUNTY
Rev 3/03/23

**Program: Community Opportunities for Recovery and Engagement**
**Work Plan #/Type: SAC1 – General System Development (GSD)**
**Capacity: 7,525 at any given time, plus 6,000 at any given time at Community Wellness Centers**
**Ages Served: 6% TAY, 74% Adults, 20% Older Adults**

The **Community Opportunities for Recovery and Engagement** program, consists of the following previously approved and implemented components **Adult Psychiatric Support Services (APSS)** clinic and the Adult Outpatient Transformation: **Community Outreach Recovery Empowerment (CORE)** program. These programs offer community-based behavioral health services for individuals (age 18 and older) being released from acute care settings or who are at risk for entering acute care settings and are not linked to on-going mental health services.

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

The APSS clinic includes a Peer Partner component, administered by Cal Voices, which provides culturally and linguistically relevant advocacy and support for program participants. The Peer Partner staff are members of the multidisciplinary team. The APSS service array includes: assessment, brief treatment, crisis intervention, case management, rehabilitation, medication management and support, and transition to appropriate specialty mental health services and/or community support. In January, 2020 APSS expanded services to provide centralized assessment and referrals to speciality mental health and community services for clients who are discharging from inpatient psychiatric hospitalization. In 2021, APSS added a similar centralized assessment service for clients discharging from the Sacramento County jails.

***Success: APSS Clinic***
*A 50 year old man has been in treatment with APSS for two years. When he started services, he was experiencing anger, depression, and mistrust of others. He was unable to work and living with family members and receiving SSI. At APSS, he has participated in medication management, individual therapy, case management, and peer support services. Last year, after expressing interest in becoming more independent, he was able to get a job. Currently, he is employed, renting a room in Antelope, and soon will have health insurance through his job. He does not want to leave APSS because he feels so supported, but recognizes that he has made a lot of progress and is ready to transfer to mental health services through his work health plan.*

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

The Adult Outpatient Services Transformative model called **Community Outreach Recovery Empowerment (CORE)** incorporates community and MHSA Steering Committee feedback, and combines the following programs: TCORE, RSTs, Wellness & Recovery Centers, and Guest House. By transforming and combining these programs, the CORE Program offers flexibility in its service delivery, increase access to services, and emphasizes a client-centered, recovery-

focused, outcome-driven system of care. This allows clients to maintain the levels of needed supportive services without having to transfer to a different provider; all while preserving client relationships with their service provider as their needs fluctuate or change. CORE programs also have a 24/7 response to crisis, as well as a community based approach for all services. Each CORE program also has a co-located Community Wellness Center that offers walk-in access to mental health services and supports, groups, recreational activities, and resourcing for all Sacramento residents, 18 and older.

Through a competitive selection process in FY 2020-21, Bay Area Community Services (BACS), El Hogar Community Services, TLCS, Inc. (doing business as Hope Cooperative), and Turning Point Community Programs were awarded and began implementing CORE in FY 2022-23.

In FY 2022-23, based on need and eligibility criteria, clients began to transition from current adult outpatient programs to CORE and other appropriate services. It is anticipated that CORE will be fully implemented by the end of FY 2022-23. Also, in FY 2023-24, an additional CORE site will be implemented utilizing non-MHSA funding sources.

**Program: Sierra Elder Wellness**
**Work Plan #/Type: SAC2 – Full Service Partnership (FSP)**
**Capacity: 150 at any given time**
**Ages Served: 8% Transition Age Older Adults, 92% Older Adults**

The Sierra Elder Wellness Program (Sierra), administered by El Hogar Community Services, Inc., provides an array of Full Service Partnership (FSP) services to transition-age older adults (ages 55 to 59) and older adults (age 60+) of all genders, races, ethnicities, and cultural groups who are struggling with persistent and significant mental illness and who would otherwise utilize the most restrictive and highest level programs. Sierra provides comprehensive, integrated, culturally competent mental health services – including assessments, planning, social rehabilitation, intensive case management, co-occurring substance use services, and psychiatric medication support. Sierra also provides specialized services specific to older adults, facilitating the coordination between multidisciplinary mental health, physical health, and social service teams in order to assist community members to remain living in the community as independently as possible. FSP services also include assistance with benefit acquisition, housing subsidies and supports, employment, and transportation when needed.

***Success: Sierra Elder Wellness Program***
*An individual was referred to Sierra Elder Wellness due to an increase in symptoms related to mania (difficulty sleeping, increased energy, impulsivity, grandiosity/elevated mood), depressive episodes (anhedonia, decreased appetite, persistent despondent mood, persistent and frequent tearfulness, and persistent thoughts of hopelessness), as well as anxiety related to medical concerns and inability to complete tasks of daily living. Client had a recent hospitalization and risk of further hospitalizations and was having difficulty maintaining stability in the community. She reported she had a broken wheel on her walker, which impeded self-care, increased her isolation and dependence on others, and prevented her from participating in community activities. After the individual's Personal Service Coordinator consulted with supervisors and advocated for her needs, program approved use of MHSA flex funds to help the individual purchase a new walker. Having a functioning walker assists this client in continuing to engage in self-care activities and behavioral activation skills so she can manage her depression and anxiety and live independently. Since then, this client has made tremendous progress on her recovery journey.*

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

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

**Program: Permanent Supportive Housing Program**
**Work Plan #/Type: SAC3 – Full Service Partnership (FSP)**
**Capacity: 944 at any given time**
**Ages Served: 2% Children, 5% TAY, 76% Adults, 17% Older Adults**

The **Permanent Supportive Housing Program (PSH)** is a blend of FSP and General System Development (GSD) funding and provides seamless services to meet the increasing needs of the underserved homeless population. PSH currently consists of the following previously approved and implemented components: **New Direction, Pathways, Sacramento ARISE, Adult Residential Treatment,** and the **Augmented Board and Care Program.** The PSH Program serves homeless children, transition age youth (TAY), adults, and older adults of all genders, races, ethnicities and cultural groups.

**New Direction**, administered by TLCS, Inc., provides permanent supportive housing and Full Service Partnership (FSP) level mental health services and supports for TAY (18+), adults, older adults, and their families. The program provides integrated, comprehensive services utilizing a "whatever it takes" approach to support consumers in meeting their desired recovery goals. Through housing supports and subsidies, New Direction addresses the housing needs of individuals living with serious mental illness who are homeless or at risk of homelessness and who may also have co-occurring substance use disorders. New Direction provides services at two permanent MHSA-financed supportive housing projects/developments, permanent supportive housing within TLCS permanent housing sites, and utilizes community-based housing vouchers and limited subsidies providing permanent housing. Additionally, New Direction Palmer Apartments provides interim housing that has been designated as a shelter to assist residents in bridging the gap from homelessness to permanent housing.

***Success: New Direction (ND)***
*A referred client began using substances and engaged in sexually risky behavior. Within the last year and a half, the client caused over $20,000 of damages in independent housing, displayed unpredictable aggressive behavior, lost supports (including his companion dog), and cut all the wires in the house because he thought he was being poisoned. After New Direction (ND) continually offered supportive services, he reengaged and expressed his desire to remain clean and sober and stay housed. ND supported the client with receiving alcohol and drug counseling, reconnected him to a psychiatrists, and supported him with staying clean and sober. He now makes his mental health appointments with his ND treatment team a priority. Through strength based, trauma informed, and harm reductive practices, ND staff has developed a rapport and trust with the client. He is now able to begin his path of sobriety and engagement within the community. Today, this individual has maintained sobriety for the past 7 months and is actively involved in his recovery and treatment plan. He is attending appointments with medical staff and PSC, attending church twice a week, engaging in community service, and currently looking for permanent housing.*

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

**Pathways,** administered by Turning Point Community Programs, provides permanent supportive housing and mental health services and supports for children/youth, TAY, adults, older adults, and families. The program provides integrated, comprehensive services utilizing a "whatever it takes" approach to support consumers and their families in meeting their desired recovery goals. Through housing supports and subsidies, Pathways addresses the housing needs of individuals living with serious mental illness who are homeless or at risk of homelessness and who may also have co-occurring substance use disorders. Pathways provides services at six MHSA-financed permanent supportive housing developments, using community-based housing vouchers and subsidies to provide permanent housing for consumers and their families.

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

**Sacramento Adults Recovering in Strengths-based Environment (ARISE)**, administered by Telecare, Inc., provides services rooted in the evidence based practice, Strengths Model Case Management. ARISE provides an array of FSP services to TAY (18+), adults, and older adults struggling with persistent and significant mental illness who would otherwise utilize the most restrictive and highest level of care programs. ARISE provides comprehensive, flexible, client-driven, recovery-oriented, strength-based, trauma-informed, integrated, and culturally competent mental health services. This includes assessments, planning, social rehabilitation, intensive case management, co-occurring substance use services, 24/7 crisis response, and psychiatric medication support.

***Success: Pathways***
*After admittance to the program and a stay in an emergency shelter, Pathways was able to house a youth and her family in permanent supportive housing, utilizing MHSA flexible funding available to the program to support with rent. The Pathways children's team provided intensive support and services to the youth and her mother, allowing the family to stabilize in housing and the youth to reduce concerns related to behavior, thereby increasing family cohesiveness and educational performance. Throughout tenure in PSH the family was provided with education and assistance to support them in being good tenants and neighbors. During their tenure in PSH, the family improved their rental history and addressed credit issues. The Pathways team then supported the family with locating a new apartment. The family successfully moved into their new 2-bedroom apartment, allowing both mom and youth to have their own rooms. The family is now housed independently and the youth, now 13, is being considered for graduation from the program.*

Services also include assistance with benefit acquisition, employment, education, transportation, and help with successfully completing involvement in Collaborative Courts, such as Mental Health Court. ARISE aids clients who are experiencing homelessness or are at risk of homelessness by providing services at a permanent supportive housing development, connecting to housing resources, and utilizing subsidies to provide housing supports for consumers and their families. ARISE provides services at two MHSA-financed permanent supportive housing developments. The program assists clients transitioning into the community from high-cost restrictive placements,

***Success: Sacramento ARISE***
*An individual was referred to ARISE from an RST due to an increase in symptoms for depression and anxiety and an inability to maintain placement in the community. The individual struggled with interacting with and trusting others and had often lost placement due to this. The ARISE team has worked with this individual to manage their symptoms and access housing at their permanent supportive housing site. ARISE is supporting her with an MHSA rent gap, all while supporting her with an SSI application in an effort to relieve her from some financial stress and obtain a level of independence. The member has been very active in this process and the act of accessing the benefits available have resulted in improved mood, decreased anxiety, and an increase in positive relationships. This member is now qualified for an SHRA housing first voucher, which will allow her to access housing in her own location. The member has made significant progress over the past year due to stable housing and learning self-advocacy skills.*

such as the Sacramento County Mental Health Treatment Center, private psychiatric hospitals, incarcerations, and other secured settings. As an element of each client's recovery process, ARISE utilizes Peer Staff members as a part of the client's multidisciplinary team to engage and support not only the client but also family members, natural supports, and/or caregivers.

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

Sacramento County's **Adult Residential Treatment (ART) Program,** administered by local residential facilities, provides comprehensive, culturally competent, strength-based, recovery-oriented, outpatient specialty mental health services and 24-hour residential services to TAY (18+), adults, and older adults who live with persistent mental illness. ART services are provided in a campus model, co-located to their licensed residential facilities as part of the sub-acute continuum and in a less restrictive environment than a Skilled Nursing Facility (SNF), Mental Health Rehabilitation Center (MHRC), Institute of Mental Disease (IMD) facility, Psychiatric Health facility (PHF), or State Hospital.

***Success: Adult Residential Treatment***
*A 49-year-old Hispanic male was referred to County's Intensive Placement Team (IPT) for ART services with Psynergy Programs. He spent most of his childhood in Sacramento and did well in school but struggled with developing friendships, was always quiet, and was perceived as unconventional or "odd."*

*At 19 years old, he began to report visual hallucinations on the sides of buildings. He also felt as though someone was watching him. At home with family, he began to isolate in his room, watching TV or playing music loudly. He would sleep all day and became preoccupied with religion and with soccer. Twelve years ago, he attacked his father and would not release him. Police were called, resulting in him going to jail. Since that time, he has alternated between living in a community setting and living in a secured setting (e.g. inpatient hospital).*

*Just prior to being referred to ART, he experienced delusions (e.g. telling people he was Jesus) and would go on endless walks until he collapsed in the road. His delusions also resulted in a lack of eating or drinking fluids, which resulted in hospitalization and nearing death due to dehydration.*

*After being referred to ART, he settled into the homelike environment, attended groups, learned social skills, and was consistent with his medications. He began to isolate less and found peers that enjoyed his passion for soccer. In April 2022, he was recommended for discharge and is doing well, which resulted in his family agreeing to take him back home.*

The ART's residential facilities maintain licensure from the State Community Care Licensing Division (CCLD). Residential services are provided in a structured home environment that

supports improving the recovery and independent living skills of individuals living with a psychiatric condition and co-occurring medical and/or substance use disorders for the purpose of community integration and transition to a lower level of care. Clients have the opportunity to practice new skills and coping mechanisms, set goals for the future, identify steps to reach those goals, and to learn about medication management so they can achieve increased independence and recovery, as well as stepping down to a lower level of care.

The **Augmented Board and Care (ABC)** program provides 24 hour, 7 days a week board and care services to TAY (18-25), adults, and older adult residents linked to high intensity mental health services that are culturally responsive, recovery-focused, and trauma-informed. ABC services are provided to residents living with serious mental illness and co-occurring conditions who are in need of intense programming (e.g. Full Service Partnership (FSP) services) in order to maintain residency in the community. ABC provides the support needed to receive treatment services at a less restrictive level of care through their outpatient provider, rather than psychiatric hospitalization or subacute services. The ABC program model provides a safe and supportive home environment for individuals to build interpersonal and independent living skills in order to support successful transition to a lower level of care. Each ABC client is supported by the Board and Care provider, the client's FSP, and the County Intensive Placement Team (IPT). ABC clients receive care coordination, medication monitoring and treatment planning, weekly visitation from IPT and FSP treatment partners, and monthly care conferences to ensure better outcomes in the least restrictive level of care for all clients.

***Success: Augmented Board and Care***

*The ABC program had been serving a 34-year-old female who was diagnosed with schizoaffective disorder. When she was 17 years old, she got in a car wreck and had her first psychotic break. After this, she would scratch or cut herself, abuse alcohol and use cannabis, and experience delusions (e.g. believe celebrities were trying to enter her body). She was eventually sent to a locked facility after she chased and severely assaulted her roommate. She improved at this facility and transferred to a lower level of care and moved into an ABC home to continue receiving support for her mental health needs.*

*However, she struggled with this transition, often becoming agitated, intrusive with peers, making sexual advances to staff, and would become verbally abusive when limits were set. Her Full Service Partnership (FSP) team and ABC team have provided support while visiting her several times a week. They have provided coaching on appropriate behaviors and engaged her in healthy activities (e.g. groups, outings, and recreational and leisure activities).*

*Currently, she is doing extremely well at her ABC home and is working on her personally defined recovery goals, which include gaining more independence and coming off conservatorship. She now loves to draw and play guitar.*

**Program: Transcultural Wellness Center**
**Work Plan #/Type: SAC4 – Full Service Partnership (FSP)**
**Capacity: 200 at any given time**
**Ages Served: 7% Children, 14% TAY, 65% Adults, 14% Older Adults**

The **Transcultural Wellness Center (TWC)**, administered by Asian Pacific Community Counseling, is designed to increase penetration rates and reduce mental health disparities in the Asian and Pacific Islander (API) communities in Sacramento County. The program is staffed by psychiatrists, mental health clinicians and counselors, and peer and family advocates who are reflective of the API communities. Staff assignments take into consideration the gender and specific cultural and linguistic needs of the client. Staff speak 15 API languages: Cambodian,

Cantonese, Hindi, Hmong, Japanese, Korean, Laotian, Mandarin, Mien, Punjabi, Spanish, Tagalog, Telugu, Thai, and Vietnamese.

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

***Success: Transcultural Wellness Center***

*A 61-year-old Chinese female, diagnosed with schizophrenia, who is monolingual in Hakka (a rarer type of Chinese dialect) has seen tremendous growth since she was linked to TWC. This individual has an extensive history of mental illness dating back more than three decades. In addition to schizophrenia, she has multiple medical conditions, including diabetes, hypertension, and hyponatremia. Before joining TWC, she had eight emergency room visits and psychiatric hospitalizations in less than a year and was not engaging in services due to cultural barriers.*

*After getting connected to TWC and receiving culturally and linguistically responsive services, she agreed to move into an Augmented Board & Care to ensure her safety and well-being. TWC is pleased to report that client has not been hospitalized since December 2021. She attends to her hygiene needs, completes her lab tests, and has maintained ongoing engagement with TWC service providers. Her psychiatric and medical conditions have stabilized and she reports she is happy with her housing placement and treatment team.*

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

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

**Program: Wellness and Recovery**
**Work Plan #/Type: SAC5 – General System Development (GSD)**
**Capacity: 2,433 at any given time**
**Ages Served: 11% Children, 16% TAY, 65% Adults, 8% Older Adults**

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

The Wellness and Recovery Centers, community based multi-service centers offering an array of comprehensive services and wellness activities, continued to provide services to clients in FY 2021-22 and ended and transformed to become part of the CORE program in FY 2022-23.

The **Peer Partner Program (Peer Partners)** is administered by Cal Voices. The program provides peer support services to TAY (18+), adults, and older adults linked to the Adult Psychiatric Support Services (APSS) clinic and individuals linked to the Mental Health Treatment Center (MHTC). Peer Partner staff are consumers and family members with lived experience. Peer Partners are integrated staff members of the APSS and MHTC multidisciplinary teams and provide peer-led recovery-oriented services for APSS and MHTC participants and their families.

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

***Success: Peer Partners***
*A longtime client of APSS struggled with using technological devices, which was a barrier (e.g. accessing resources, documents etc.) to meeting the client's needs. Peer staff engaged with the client and established rapport while providing peer services, which included skill building. With help from her peer, the client learned how to navigate technology and gain access to her online SHRA (low-income housing) Tenant Portal. This allowed her to upload and submit the documents required for renewal of her annual Housing Choice Voucher, enabling her to continue living in her government subsidized, low-income apartment. Her increased familiarity and proficiency with using this online portal should make future annual renewals much easier for her. Peer staff helped client not only navigate technology but also maintain housing.*

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

BHS has established a procurement schedule for all MHSA-funded programs. The Peer Partner Program contract is undergoing the rebidding process in FY 2022-23.

The **Consumer and Family Voice Program**, administered by Cal Voices, promotes the BHS mission to effectively provide quality mental health services to Sacramento County children, youth, TAY, adults, older adults and their families. The consumer advocate liaison, adult family advocate liaison, and family and youth advocate liaison serve as liaisons to BHS and represent, communicate, and promote the child, youth, TAY, adult consumer, and family member perspective. The advocate liaisons promote and encourage children, youth, TAY, adult and older adult consumer and family involvement in the mental health system from program planning to program participation. This program provides a wide array of services and supports that assist children, youth, TAY, adult consumer and family members in their recovery process, including but not limited to advocacy, system navigation, trainings, support groups, and psycho-educational groups. Program services outcomes include increasing access to services; providing knowledge and understanding of mental health, resiliency, recovery, self-determination, and empowerment;

increasing knowledge of services and available community resources; and decreasing the experience of isolation and/or lack of community supports for clients.

As part of the Consumer and Family Voice Program, the advocate liaisons coordinate and facilitate an every other month meeting for clients/consumers of behavioral health services, family members, and supporters called "Expert Pool Town Hall Meetings." The purpose of these meetings is to build a peer support network, share information about local services and resources, and inform about how to become involved in shaping those services for today and the future. Consumers and family members are asked what topics or services/resources they would like to learn about. The Expert Pool Town Hall meetings include speakers with expertise in topics related to mental health and local services and resources. Advocates maintain an email database of more than 750 community members/experts, many with lived experience, in an effort to keep our community informed regarding topics pertaining to our client and family member community. Four Expert Pool Town Hall Meetings were convened in FY 2021-22, with an attendance of 20-25 individuals per meeting.

***Success: Consumer and Family Voice Program***
*CFV responded to a client's call, requesting support with system navigation. He was experiencing homelessness and had recently been linked to a mental health provider but wasn't sure which program. CFV advocates were able to find out which program he was linked to and helped him connect with the provider. CFV coordinated with the program to make sure the client's appointment was in place and that he would be able to speak with the Homeless Navigator and the Benefit Specialist. CFV also assisted the client with getting connected with an In Home Support Specialist (IHSS) worker. Through the connections of both the CFV Consumer Advocate and the Family Advocate Liaison, client was able to navigate through the system and get linked to services.*

This program also coordinates and facilitates the annual client Peer Empowerment Conference that is sponsored by BHS. The last conference was held virtually on June 10, 2022 and had 149 guests participate, 66% were consumers and 32% were family members. Overall satisfaction surveys showed 97.6% satisfaction with the conference. The next conference will take place on June 9th, 2023 at Sacramento State University Alumni Center.

BHS has established a procurement schedule for all MHSA-funded programs. The Consumer Family Voice contract is undergoing the rebidding process in FY 2022-23.

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

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

***Success: SAFE Program***
*A single-parent family that recently migrated from Mexico for asylum reasons needed assistance obtaining linkage to Medi-Cal and other resources in Sacramento County. The parent was extremely intimidated by these processes due to their language barrier (Spanish monolingual), and being unable to read or write at all. After taking the time to build rapport with this family, SAFE peer advocate was able to ease their anxiety about the paperwork needed and assured them that together they would obtain their desired community supports. With assistance, this family was able to complete their Medi-Cal application packet. They now all have medical care from providers of their own choosing. Peer staff also encouraged the parent to sign up for a night class at a local English as a Second Language (ESL) adult school, which will provide them with the opportunity to learn to read and write, increasing their independence and ability to engage within the community. This family has also been linked to a pro bono attorney who is helping them with their immigration status.*

BHS has established a procurement schedule for all MHSA-funded programs. The SAFE program contract is undergoing the rebidding process in FY 2022-23.

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

◊ The **Mental Health Crisis Respite Center (CRC)**, administered by TLCS (also known as Hope Cooperative) provides 24 hours/7 days a week mental health crisis respite care in a warm and supportive community-based setting to eligible TAY (18+), adults, and older adults who are experiencing overwhelming stress due to life circumstance resulting in a mental health crisis. CRC provides a range of services, including: screening, resource linkage, crisis response and care management for up to 23-hours. Although the program has the capacity to serve up to eleven (11) individuals at any given time, its capacity decreased due to COVID-19 related concerns. Currently, CRC is beginning to increase capacity back to eleven (11).

***Success: Mental Health Crisis Respite Center (CRC)***
*A guest of 73 years of age was admitted into the Mental Health Crisis Respite Center (CRC) suffering from extensive physical health conditions, which had been exacerbated due to his unhoused status for many years. Upon arrival, guest sat down for a listening session with staff that lasted more than an hour and expressed his love of poetry, writing children's novels, and sharing stories. Guest shares that he has not been able to find support and as his health has deteriorated he has lost his ability to fulfill his passions. Guest was provided one-on-one support, supplies for writing, and support in writing poetry, as well as extensive advocacy and resources. CRC staff completed an Adult Protective Services (APS) referral because he struggled to manage serious physical health concerns (COPD; Hepatitis B and C; congestive heart failure: cirrhosis of the liver; and a broken hip). CRC staff arranged an immediate appointment to APS as well as linkage to El Hogar Seniorlink. CRC Shift Supervisor helped guest to obtain placement in a safe and clean room and board with other like tenants in addition to transportation and one month of pro bono rent while he finishes his service connections. This guest reported "yesterday the world was caving in and today I have time to smell the flowers" as well as expressing his joy in being able to continue his poetry, knowing he will have a safe environment and have his basic needs met for the first time in years. Guest called the following month to share his successes and thank the staff who supported him.*

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

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

***Success: Abiding Hope Respite House***
*The following are statements by clients expressing the impact that the Abiding Hope Respite House had on them:*

*"This program helped with my short term goals by getting housed"*

*"I feel this program is a great stepping stone for the re-entry to life"*

*"It helped me keep my goal in getting help with my depression and keeping stable"*

*"They had the resources to find housing"*

*"The staff was amazing and I am also grateful for the food that was provided"*

*"Kept me off the streets and safe"*

◊ **Mental Health Respite Program**, administered by Saint John's Program for Real Change, provides adult women (and their children) in immediate crisis with short-term mental health and supportive services for up to seven (7) days. The program has the capacity to serve up to three (3) women (and their accompanying children) at any time. Services include assessment, treatment planning, resource linkage, crisis intervention, family intervention, and case management. Program goals are reduced emergency department visits and acute psychiatric hospitalizations and client-reported improvement in their recovery journeys.

***Success: Mental Health Respite Program***
*Sarah (pseudonym) was a 52-year-old Caucasian woman who entered our respite program along with her 14-year-old son. She presented as feeling highly anxious and overwhelmed, feeling drained with stabilizing her own mental health while tending to her son's struggle with anger management deficits and explosive behavior. While participating in the Mental Health Respite Program, Sarah was provided counseling, case management, housing resources, and local school enrollment resources for her son. She identified goals to stabilize her mental well-being, obtain stable housing, and secure mental health treatment for herself and son. During Sarah's stay, she focused on obtaining medical insurance for herself and son, as well as seeking permanent housing resources. She also was able to reach out to family resources and her sister agreed to provide housing for Sarah's son while Sarah continued to seek and obtain stable housing. Sarah expressed her gratitude for the Mental Health Respite Program. She indicated it allowed her the time and support to develop and implement a short-term plan to focus on improving her own mental well-being and obtaining services to address her son's mental health needs.*

**Program: Adult Full Service Partnerships (FSP)**
**Work Plan #/Type: SAC6 – Full Service Partnership (FSP)**
**Capacity: 714 at any given time**
**Ages Served: 2% TAY, 82% Adults, 16% Older Adults**

The Adult Full Service Partnership (FSP) Program consists of the following previously approved and implemented components**: Integrated Services Agency (ISA), Sacramento Outreach Adult Recovery (SOAR)** and **Outpatient Assisted Services & Integrated Supports** (**OASIS)**

**Integrated Services Agency (ISA)**, administered by Turning Point Community Programs, and **Sacramento Outreach Adult Recovery (SOAR)**, administered by Telecare Corporation, both provide an array of high intensity FSP services to TAY (18+), adults, and older adults struggling with persistent and significant mental illness who would otherwise utilize the most restrictive and highest level of care, such as psychiatric hospitalization and incarceration as a result of their mental illness. ISA and SOAR provide comprehensive, integrated, culturally competent, community-based mental health services, which include assessments, planning, 24/7 crisis response, individual and group treatment, social rehabilitation, case management, psychiatric medication services, and housing services and supports to address the needs of individuals living with serious mental illness who are homeless or at-risk of homelessness. Services also include assistance with benefit acquisition, employment, education, transportation, and supportive services to family members/caregivers, such as education, consultation and interventions to support members in their recovery.

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

***Success: Integrated Services Agency***
*Member was initially referred to ISA with ongoing challenges involving an extensive history of trauma, cutting, extreme paranoia and social phobia. ISA staff increased weekly visits and offered individual and family therapy. Member was initially hostile and abruptly terminated sessions. Following continued attempts to re-engage member, she became more open, acknowledging concerns and accepting therapy. Member was able to identify recovery goals with team, such as obtaining a driver's license, working on family relationships, and attending school to support her mental health.*

*Therapy sessions assisted member with how to re-establish and utilize coping skills to develop a more trusting relationship with her mother and build acceptance of challenges experienced. ISA staff assisted member with school enrollment, meeting with school counselor to research available accommodations and the application process for financial aid. To obtain a driver's license, member was assisted with obtaining study materials and strategies to address how to manage her anxiety and related stressors. Currently, member is enrolled in school, has obtained a driving license, and has developed friendships in the community. She continues to work on achieving her goals while partnering with the ISA Team.*

***Success: SOAR***
*Member is a 49-year-old, Caucasian, cisgender female currently living in her own apartment locally. She was referred from a lower level of care service provider due to her frequent hospitalizations stemming from suicidal ideations. Member was quickly assessed by SOAR's intake team and together, they determined that she needed mental health treatment for suicidal ideation and she was at risk of being unhoused. The history of frequent hospitalizations and overwhelming symptoms of anxiety made it difficult for Member to earn enough to afford her low-income apartment, which further increased her anxiety. After completing a housing assessment and plan for support, SOAR staff were able to quickly access MHSA flex funds for rent gap assistance. Member was also referred to Dialectical Behavioral Therapy (DBT) for her chronic suicidality and depressed mood. Within a few months of being referred, Member's symptoms and level of risk decreased and she was then able to transition from high to moderate level of care. This transition gave Member a sense of accomplishment that her work was helping her live a life worth living. Member has continued in DBT treatment, her suicidal ideations have diminished, and she has not needed psychiatric hospitalization since receiving SOAR services. With the support of her SOAR treatment team, Member has returned to work part-time and has reduced her reliance on MHSA flex funds for rental assistance. SOAR's benefits specialist has also been working with Member on applying for Social Security benefits to assist her financially as her symptoms impact her ability to work full-time. Member recently expressed hope in her life situation for the first time since working with SOAR and is focused on building her future. Member is now receiving services through the low-risk team as part of SOAR's tiered system of providing treatment based on levels of need and risk.*

**OASIS**, administered by Telecare, is the new adult Full Service Partnership program that began delivering services in FY 2022-23. OASIS provides mental health services and permanent supportive housing supports for TAY, ages 18 to 26 years; adults; and older adults. The program provides integrated and comprehensive services utilizing a "whatever it takes" approach to support consumers and their families in meeting their desired recovery goals. Through housing supports and subsidies, OASIS addresses the housing needs of individuals living with serious mental illness who are homeless or at risk of homelessness and who may also have co-occurring substance use disorders. OASIS provides services at two (2) MHSA-financed permanent supportive housing developments, using community-based housing vouchers and subsidies to provide permanent housing for consumers and their families. Additionally, this program provides FSP services for up to 60 adults who meet eligibility for Assisted Outpatient Treatment (AOT) and referred by the Assisted Outpatient Treatment (AOT) Engagement Team. FSP services provided to AOT eligible clients are funded through Medi-Cal and Realignment. Program outcomes for all clients are to reduce homelessness, strengthen functioning level to support clients in maintaining the least restrictive community-based housing, reduce acute psychiatric hospitalizations, reduce incarceration, improve health by increasing access to primary health care, and support engagement in meaningful employment/activities and social connectedness.

**Program: Juvenile Justice Diversion and Treatment Program**
**Work Plan #/Type: SAC7 – Full Service Partnership (FSP)**
**Capacity: 131 at any given time**
**Ages Served: 16% Youth (ages 13-15) and 84% TAY (ages 16 – 25)**

The **Juvenile Justice Diversion and Treatment Program (JJDTP)** is a FSP administrated by a partnership between BHS, Sacramento County Probation Department, and River Oak Center for Children that delivers integrated services to youth involved with juvenile justice who have multiple complex needs across several service systems. JJDTP provides screenings, assessments and intensive mental health services and FSP supports to eligible youth and their families. Youth must meet serious emotional disturbance criteria and be between the ages of 13 through 17 at enrollment. Pre-adjudicated youth are screened and given an assessment. With court approval, youth have the

opportunity to avoid incarceration and voluntarily participate in this program as long as clinically necessary through their 25th year. Adjudicated youth are referred, assessed, and have the opportunity to voluntarily receive the program's intensive, evidence-based services delivered in coordination with a specialized Probation Officer. Family and youth advocates complement clinical FSP services by providing family and peer support.

***Success: Juvenile Justice Diversion and Treatment Program***
*Youth began services with JJDTP in January of 2020. Youth was referred to JJDTP through the diversion pathway due to symptoms of ADHD and autism spectrum disorder. During the course of FSP services, the JJDTP FSP team, including a Care Coordinator, Family Advocate, Youth Advocate, and Skills Trainer, engaged mom and youth into services. Family Advocate supported mom in finding a support group, assisted with getting youth connected to Alta California Regional Services, and connected mom with food banks within the community. Youth Advocate introduced youth to pro-social activities outside of school and Skills Trainer provided direct services to youth while in school. JJDTP also facilitated Child Family Team meetings where the youth, family, natural supports, FSP staff, and system partners were welcomed to, as a team, develop and carry out an individualized, coordinated and integrated plan identifying the client and family's strengths, interventions, and service and resource needs. After participating in FSP services for two years, the youth is connected to Job Corps and is ready to graduate from JJDTP services.*

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

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

The **Transition Age Youth (TAY) FSP Program**, administered by Capital Star Community Services, provides Full Service Partnership (FSP) services and flexible supports to TAY ages 16 through 25 who are homeless or at risk of homelessness, aging out of the child mental health system, involved in or aging out of the child welfare and/or foster care system, involved in or aging out of the juvenile/criminal justice system, at risk of involuntary psychiatric hospitalization or institutionalization, experiencing a first episode of a serious mental illness, and/or part of other at-risk populations. Services are culturally and linguistically competent with sensitivity to and affirmation of gender identity, gender expression, and sexual orientation. Services are individualized based on age, development, and culture. TAY FSP program includes outreach, engagement, retention, and transition strategies with an emphasis on independent living and life skills, mentorship, and services that are youth and family driven.

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

***Success: Transition Age Youth FSP Program***
*"James" self-referred to the TAY FSP. He was homeless and had challenges managing his depressive symptoms, sometimes experiencing suicidal ideation that resulted in hospitalizations. James had goals of learning to manage his symptoms to avoid hospitalization. His FSP team included a Transition Care Manager (TCM), Transition Facilitator (TF), and a Resource Specialist. James had a history of working with multiple providers but lacked the confidence to advocate for his own treatment. James learned to build trust and rapport with his team and within a year received a referral from another local provider for housing support. His FSP team partnered with James in setting and achieving short and long term goal across several life domains with self-sufficiency. He collaborated with his team on skills he felt he needed, including consistent medication management, therapy sessions, independent living skills in maintaining housing, and coping skills to be in the community. He has become able to advocate openly and honestly about his needs without provider prompting. Today, James is stably housed in a studio unit and set to receive a Housing Choice Voucher. While receiving FSP services, he learned the Transition to Independence Practice (TIP) model that helped in recognizing his progress and accomplishments. He consented to a transfer to a lower level of care to continue therapy and medication management and is feeling ready to put his skills to the test.*

In FY 2021-22, this FSP was identified to have direct access to the MHSA funded Permanent Supported Housing project, Vista Nueva Apartments, as a dedicated housing resource for TAY FSP clients and their families. Once TAY clients are housed, the TAY FSP will support them in maintaining stable housing.

**Program: Crisis Residential Program (CRP)**
**Work Plan #/Type: SAC9 – General System Development (GSD)**
**Capacity: 500 served annually**
**Ages Served: 27% TAY (ages 18-25) and 74% Adults (ages 26 – 59)**

There are three 15-bed CRP sites for adults administered by Turning Point Community Programs located in Rio Linda, Sacramento, and South Sacramento and another 15-bed CRP serving transition age youth (TAY) administered by Capital Star Crisis Residential Program located in Sacramento.

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

Once admitted, structured day and evening services are available seven days a week that include individual and group counseling, crisis intervention, planned activities that encourage socialization, pre-vocational and vocational counseling, consumer advocacy, medication evaluation and support, and linkages to resources that are available after leaving the program. Family members are included in counseling and plan development. Services are voluntary, community-based, and alternative to acute psychiatric care. While the services are designed to resolve the immediate crisis, they also focus on improving functioning and coping skills and encouraging wellness, resiliency and recovery to enable consumers to return to the least restrictive,

most independent setting possible in as short a time as possible. Services are designed to be culturally responsive to the needs of the diverse community members seeking treatment.

***Success: Crisis Residential***

*A client was referred to CRP by an inpatient facility, where they were hospitalized after experiencing severe hallucinations, depression, and anxiety while in a residential drug and alcohol program. While at CRP, the client was assisted with medication management, was able to reestablish communication with their outpatient provider, participated in groups, and learned coping skills to better manage symptoms. The CRP psychiatrist worked closely with this individual to find medications that were effective in decreasing internal stimuli. The team individualized treatment to meet this client's needs, as the medication stabilization required an additional two weeks in the program to reduce the level of symptom distress and improve the client's ability to function in the community. When symptoms were better managed, the client became eligible to be readmitted to residential drug and alcohol services and maintain ongoing community support from a family member.*

*This successful graduation highlights the CRP's flexibility in meeting the unique needs of the individual. In this situation, it was imperative that a medication regimen was established that was not only effective but also chosen and endorsed by the client. The client and psychiatrist were able to work closely to meet the client's medication needs, which increases the likelihood of the client's ongoing use of medications as a tool for recovery.*

***Success: Crisis Residential***

*CRP worked with an individual who had been living out of their car for years. Their symptoms were so debilitating that they declined to apply for housing due to fear that someone was after them. This client stood at the window for hours, sure that the perceived threat was going to arrive at the facility. They refused to make phone calls for fear the calls would be tracked, made several new email accounts daily, and were wary of staff and other clients, believing they were all present for tracking purposes. This client was very skeptical of treatment, disagreed with diagnoses, and was resistant to even gentle challenges to firmly held beliefs.*

*As their time in the program progressed, they slowly became more comfortable with the CRP's psychiatric provider and CRP staff. As the individual's comfort level and trust in the program increased, they spent less time worrying at the window and ultimately felt a sense of safety that fueled a movement toward recovery. By the end of their stay, the client was selected as the House leader and was able to provide peer support to others who were newer to the CRP. They appeared to have an improved ability to trust others and seemed liberated by being better equipped to manage symptoms with newfound coping strategies and psychoeducation acquired at CRP.*

*When the client graduated from the program, they expressed feeling confident in their medication regimen, empowered to use the resources available, and driven to get their life back. The client continues to call the program to update on their progress, which has included returning to work and obtaining a permanent living situation. This individual served as an important reminder of the power of relationships and having hospital alternatives available when clients show readiness to engage in treatment.*

***Success: Crisis Residential***

*CRP worked with a client who came into the program with high levels of social anxiety, which severely decreased their confidence in completing daily tasks in public and contributed to severe depressive symptoms. The client's symptoms were impacted by a significant history of past trauma, assault, and suicide attempts.*

*The timing and environment at CRP were right for this individual – they reported that opening up and receiving support was possible because they felt safe and comfortable in the program and experienced their peers as kind and understanding. The client was able to build confidence to overcome anxiety by learning and utilizing their coping skills, building insight into their diagnosis, and gradually exposing themselves to social situations with staff support. The client was able to decrease the impact of their symptoms throughout their stay at CRP and connected with necessary resources to ensure successful discharge into the community. During their CRP admission, they succeeded in obtaining a phone, Electronic Benefits Transfer (EBT)/Cal Fresh benefits, and a California identification card, made a primary card provider (PCP) appointment, applied for and obtained an appointment for Supplemental Security Income (SSI), and linked with an outpatient mental health provider.*

*Throughout their time working with their assigned clinician and team, the client demonstrated significant improvement in being able to manage symptoms, specifically the debilitating anxiety and depression that had so impacted their functioning. The client expressed that they feel ready to go out and be independent.*

***Success: Crisis Residential***
*A client was referred to the TAY CRP, seven months pregnant, unmedicated and on parole for assault. She was homeless, with minimal support from family and with a history of blowing through housing placements due to trauma. Client had a lot of self-reported anger issues and tended to take on others' emotions, even when the situation did not have anything to do with her. At TAY CRP, she threatened to leave several times when she did not get the answer or response she was looking for.*

*Over time at TAY CRP, client was able to utilize newly obtained coping skills of riding the wave, deep breathing, reading, and analyzing pros/cons of engaging in negative interactions. TAY CRP was able to support client in gaining these skills without medication. TAY CRP supported with transportation to obstetric appointments, housing interviews, and outings to enhance social skills.*

*Client graduated the TAY CRP successfully and was able to secure a two-bedroom apartment for her and her baby. She went from the loudest resident in the program, to the quietest and became a great support for other residents who were going through their own challenges. On her last day, client became tearful and expressed her gratitude for staff. She promised to bring the baby back to TAY CRP when it was safe to do so and stated that she was going to name her next child after a TAY CRP Recovery Counselor.*

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

**Program: Children's Community Mental Health Services**
**Work Plan #/Type: SAC10 – General System Development (GSD)**
**Capacity: 9,519 served annually**
**Ages Served: 50% Children (0-15) and 50% Youth (16-21)**

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

The **Consultation, Support and Engagement Teams (CSET) Program** addresses the needs of children and TAY who have been commercially sexually exploited. This program has two components:

- Outreach and engagement services for children, TAY and families; contracted provider works closely with court systems to identify children and youth in need of services and attends weekly case staffing to engage children/youth who are unlinked to supportive resources and mental health programs. This component is administered by Capital Star Community Services.
- Regents of the University of California, Davis (UCD) conducts consultation and provides education and training to mental health providers and system partners that deliver treatment services to this underserved population. Annual training capacity for this component of the program is approximately 180 clinical staff and 300 support staff (unlicensed staff and advocates).

CSET for Commercially Sexually Exploited Children (CSEC) provides outreach and engagement activities to children and TAY who are or have been at risk of commercial sexual exploitation up to age 21. CSET is also able to provide mental health services in interim while linking to an ongoing mental health provider. CSET receives referrals from CPS, the Juvenile Court, probation, schools, law enforcement, and other community partners. CSET attends weekly Department 90

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

***Success: Consultation, Support and Engagement Teams (CSET) Program***
*C is an 18-year-old Latina youth referred to CSET Outreach program by Probation due to her history of exploitation, current domestic violence situation, and substance use which had resulted in her losing custody of her 3-year-old daughter. C had been arrested and ended up in Youth Detention Facility (YDF).*

*From the beginning she was willing to work with service providers and met them regularly while in YDF but struggled having her daughter taken away and was anxious about sobriety. She began to work with a CSET family advocate and CSET clinical program supervisor to begin making positive connections. She agreed to engage in therapy for her probation requirements and agreed to complete seven challenges with CSET family advocate. Despite multiple placement transitions after her release, she continued to engage with her CSET team. She felt her reunification requirements were unattainable but continued to put forth efforts in all areas.*

*She successfully completed probation requirements, graduated high school, completed her seven challenges, and has moved into her own apartment through AB-12 housing. She continues to meet with her advocates and has been able to add extra visits with her daughter and continues meeting the requirements for reunification.*

In 2022, BHS was awarded an Office for Victims of Crime grant (FY 2022 Field-Generated Strategies to Address the Criminalization of Minor Victims of Sex Trafficking) to expand CSET services in late FY 2022-23. This expansion will include hiring additional team members, offering services at co-locations such as the Centralized Placement Support Unit (CPSU), providing respite services for youth, and increasing capacity to serve from 54 to 70 youth.

**Flexible Integrated Treatment (FIT)**, providing children's outpatient services, is administered by: Capital Star Community Services; Dignity Health Medical Foundation; La Familia Counseling Center; River Oak Center for Children; Sacramento Children's Home; Stanford Sierra Youth & Families; HeartLand Child & Family Services; Turning Point Community Programs; The Regents of the University of California; and Pacific Clinics (formerly known as Uplift Family Services). FIT provides strength-based, culturally competent, flexible and integrated, child/youth-centered, family driven, developmentally appropriate, effective quality mental health services to children and TAY with serious emotional disturbance under the age of 21 years. Services aim to alleviate symptoms and foster development of age appropriate cognitive, emotional, and behavioral skills necessary for maturation, and to improve mental health conditions affecting quality of life across multiple domains (e.g. home, school, community). Services include family voice and choice and are provided in collaboration with child serving systems, agencies and other individuals involved with the child/youth (such as schools, probation, child welfare, health care, etc.). Families have a high level of decision-making power and are encouraged to use their natural supports. Program outcomes are to reduce and prevent imminent homelessness; strengthen functioning level to support clients in maintaining the least restrictive community-based housing; reducing acute psychiatric hospitalizations; reduce incarceration; improve health by increasing access to primary health care; and support engagement in meaningful employment/activities and social connectedness.

***Success: Flexible Integrated Treatment - Capital Star Community Services***

*B, age 4, entered the FIT program presenting with disruptive behaviors and the inability to self-regulate. Because of her behaviors, she was frequently sent home early from school. Since there were challenges in meeting her goals with just individual therapy services, the FIT program's Family Specialist and psychiatric provider began providing additional services. B and her parents began participating in weekly Parent-Child Interaction Therapy (PCIT). To overcome barriers such as dad's work schedule, difficulties with school behaviors, and COVID-19 protocols, the Family Specialist began providing services at school to work with both B and school staff on stabilizing and maintaining school attendance. Services were switched to Telehealth to ensure fewer breaks in services.*

*Currently, the family will successfully complete PCIT within the next month or two, client has been successfully gaining coping skills through her work with the Family Specialist, she is stable on medications and her 1st grade teacher states she is one of the leaders in her class, helping her peers and providing support to them when they are upset. If client continues to show maintenance of progress towards her goals in the next couple of months, everyone on the team, including her parents, feel comfortable with moving towards a successful discharge in the upcoming months.*

***Success: Flexible Integrated Treatment - Dignity***

*Last year FIT provided support services to a referred 17 year old Hispanic female to address symptoms of increased anxiety and parent/child conflict. Her caregiver was unable to provide a stable living environment due to their own mental health challenges. The client was looking for a way to support herself, complete high school, and achieve her future goal of joining the military. The FIT team was able to provide assistance in helping the client identify needs regarding financial support, including applying for CalFresh, Medi-Cal, employment, transportation (SacRT). The FIT Personal Service Coordinator supported the client in communicating with property management, gathering necessary paperwork, and identifying essential needs in the home to improve quality of daily living and comfort (e.g., furniture and kitchenware). The client could not afford the initial cost of housing or essential items without MHSA flex funding. As a result of these funds, the client was able to locate affordable housing, which enabled her to decrease her own mental health symptoms. As of September 2022, the client has successfully graduated from high school and is now a member of the armed forces.*

***Success: Flexible Integrated Treatment - HeartLand***

*Client, a 15 year old male with a hearing impairment, initiated services with FIT, shortly after he and his family arrived in the US as refugees from Afghanistan on a special visa. The family's unstable housing, lack of finances, and limited knowledge of disability resources upon their arrival exacerbated client's PTSD symptoms. FIT provided client and family with culturally sensitive, comprehensive support services, including a Family Advocate, Behavioral Specialist, Therapist, Psychiatrist, Therapeutic Behavioral Services (TBS) Coach, translation services (both in family's preferred language and hearing and non-hearing ASL, Pashto/Dari), housing navigation, food, and linkage to In Home Support Services (IHSS) benefits to be financially independent. FIT continues to provide support for client to receive appropriate educational accommodations, increase his communication with others, and the family continues to develop self-advocacy and independence in their lives.*

***Success: Flexible Integrated Treatment - La Familia***

*A widowed mother of two elementary school age boys was seeking services due to the loss of her husband and the father of her kids. She was also pregnant, expecting her third child. Mom shared that her husband was murdered over the winter holidays while the family vacationed in Mexico. Mom arrived at the FIT program site afraid, worried, and with limited knowledge of any helpful resources. Mom shared she had no work experience as her husband had been the bread winner. Mom also shared the family had to move in with her in-laws, who were very supportive. The family went from having a place of their own to living in a small room. The youngest son was very quiet, avoided eye contact, and was argumentative with mom at home. The older son wanted to act like a parent towards the younger sibling. The entire family struggled emotionally after the loss of her husband and the father and were impacted by a lack of finances. The family received services with FIT for almost one year. During that time, Mom connected with our Family Advocate and our Birth and Beyond program, participated in services with her boys, learned and used the tools and skills through her therapist. At the end of services, mom had a job and was able to get an apartment for her and the boys. The boys' negative behaviors decreased and they are currently doing well.*

***Success: Flexible Integrated Treatment – Pacific Clinics***

*A 13 year old female came into FIT presenting with a number of symptoms and had been hospitalized twice. She also identified as at risk for commercial sexual exploitation. FIT provided TBS, a Youth Partner who had lived CSEC experience, and weekly rehab (coaching in coping skills). The FIT clinician provided therapy, using client centered trauma informed care to establish rapport, via telehealth. Clinician utilized Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) that included psychoeducation and developing trauma narrative. Youth slowly gained in confidence that she could talk about the abuse with less distress and was able to complete her trauma narrative. Currently, communication skills for both youth and caregiver are the focus of treatment. Youth has also received medication support by FIT psychiatrist, which has decreased youth's depression and improved sleep. Youth has not participated in self-harm or experienced visual hallucinations in over a year. In addition, she has not been on the run in many months. Youth is currently doing well in school. Youth's perpetrator was arrested, but has not gone to trial.*

***Success: Flexible Integrated Treatment - River Oak***

*The family was evicted from their home and faced many barriers seeking housing due to the eviction on record. Due to COVID-19, the family caregiver had lost employment and was unable to pay rent. FIT utilized MHSA flex funding to support family in remaining housed and current on rent. During this time, FIT staff provided interpreter services, linkage to caregiver's mental health services (Sacramento County Access Team), and employment services (Asian Resource Center). The caregiver became the youth's In-Home Supportive Services worker, being able to provide needed support to the youth while providing financially for the household. FIT also provided coaching around managing household expense/budgeting, and in applying for low income housing through Sacramento Housing and Redevelopment Agency. As a result of MHSA flex funding support, the family was able to stabilize their housing.*

***Success: Flexible Integrated Treatment – Sacramento Children's Home***

*Youth was enrolled at FIT for almost two years and presenting concerns included oppositional behaviors, such as not listening, becoming overly frustrated, self-harm, and verbal/physical aggression. Family dynamics also included a highly contentious co-parenting relationship. Throughout the course of treatment, youth engaged in weekly therapy and skill building sessions to increase compliance and decrease anger outbursts and self-harming/aggressive behaviors. Caregivers received consistent parenting and advocacy support to increase use of positive parenting strategies, organization, communication skills in the area of co-parenting, and linkage to community resources. MHSA flex funds were also utilized for several months to help stabilize housing to prevent youth and caregiver from becoming homeless. Throughout the course of treatment, youth, caregivers, and the team maintained a high level of coordination and collaboration and youth/caregivers voice and choice was recognized throughout. At the start of treatment, youth presented with moderate impairment in the areas of opposition and anger control. Youth successfully discharged after making progress towards treatment goals.*

***Success: Flexible Integrated Treatment – Stanford Sierra Youth & Families***

*A 17 year old female was referred to FIT after she had been hospitalized due to a self-harm incident. At the time of referral, family, with a previous history of being unhoused, had recently relocated and was living in the home of extended family. Youth felt increasingly hopeless due to the housing situation. She disclosed that she could not attend to her activities of daily living (ADLs) as there was no running water, the kitchen was not functional, and the owner was threatening to turn off all power to the house at the end of the month. A Housing Navigator was added to the youth's team, then comprised of the Clinician, Family Partner, and Youth Advocate, in order to support finding housing alternatives to increase support and safety. The team accessed MHSA flex funds to support youth and parent moving to a hotel temporarily in order to create a safe space and to avoid imminent homelessness for youth and parent. The treatment team continued to provide individual therapy, family support sessions, intensive home based services, intensive care coordination (ICC) and ICC Child Family Team. The team also worked on developing a long term sustainable housing plan, provided client services and supports, benefits acquisition services, and housing support via use of MHSA flex funds to maintain stable housing to support youth in addressing her mental health needs.*

*The treatment team was able to support youth's caregiver in linking her to outpatient adult mental health services to receive her own mental health services, worked in partnership with the outpatient service provider to find sustainable housing for family, and supported parent in linking to CalWORKs and other Native American resources to ensure sustainability once housing was found. The family qualified and received a housing voucher. The caregiver signed a lease at local permanent supportive housing development recently and family moved in!*

***Success: Flexible Integrated Treatment - Turning Point***
*FIT supported a TAY client with an emergency motel voucher when they lost housing unexpectedly. Client has a history of being hospitalized following loss of housing, and the treatment team was able to identify a motel option to avoid potential hospitalization. The following day, the treatment team was able to advocate for client to obtain a longer term housing option and stabilize client's housing. Accessing MHSA flex funding prevented the client from being unhoused and hospitalization.*

***Success: Flexible Integrated Treatment – UC Davis***
*W, a 15 year old Chinese transgender male, is near completion of Dialectical Behavior Therapy after participating for almost two years. Presenting problems include: suicidal ideation, self-harm, history of hospitalization, significant anxiety, depression, gender, sexual identity, and cultural issues. The treatment was successful not only because of the effectiveness of comprehensive DBT (weekly 90 min individual therapy, occasional attendance at ongoing family skills group, weekly therapists' consultation group, and crisis phone coaching when needed) but the therapist's integration of affirming LGBTQI and cultural responsiveness, and the additional collateral sessions provided by the therapist to provide psychoeducation on the necessity of affirmation to eliminate suicidal ideation and reduce risk of suicide.*

**Program: Mental Health Urgent Care Clinic**
**Work Plan #/Type: SAC11 – General System Development (GSD)**
**Capacity: 7,800 served annually**
**Ages Served: 15% Children, 19% TAY, 60% Adults, 6% Older Adults**

The Mental Health Urgent Care Clinic (MHUCC) originated from time-limited MHSA Innovation (INN) Project 2. With support from the MHSA Steering Committee, the services in this former INN project transitioned to CSS funding in FY 2022-23. MHUCC, administered by Turning Point Community Programs, provides voluntary and immediate access to short-term crisis intervention services, including integrated services for co-occurring substance abuse disorders, to individuals of all age groups (children, TAY, adults, and older adults) who are experiencing a mental health crisis. Staff are reflective of the cultural, racial, ethnic, and linguistically diverse population of Sacramento County and are a collaborative team comprised of psychiatrists, nurses, clinicians, and peers. Services are designed to provide an alternative to emergency department (ED) visits for individuals with immediate mental health needs. Services include a multi-disciplinary mental health assessment with a focus on wellness and recovery, as well as linkage to ongoing community services. Interventions assist with decreasing unnecessary and lengthy involuntary inpatient treatment while increasing access to culturally competent care in a voluntary setting. The clinic is certified as a Medi-Cal outpatient clinic and has the ability to provide mental health services and supports to at least 650 clients per month. MHUCC hours were extended in late FY 2021-22 to 8:00 am – 12:00 am weekdays and 10:00 am - 6:00 pm weekends and holidays. MHUCC expanded hours to 24/7 operations in FY 2022-23.

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

**Family FSP** is a new Full Service Partnership (FSP) and was awarded to HeartLand Child & Family Services. The Family FSP began serving families mid FY 2022-23 and serves children,

TAY, and their immediate family and/or adults with at least one child under age 21 living in the home or who will be imminently living in the home. At least one person in the family must meet target population and medical necessity criteria as defined by Behavioral Health Services and consent to receive services. The Family FSP will target complex family dynamics, including, but not limited to: homelessness; involvement with the criminal justice system; co-occurring substance use disorder; frequent psychiatric hospitalizations; frequent incarcerations; vulnerabilities and risks associated with poverty; intergenerational trauma that includes high adverse childhood experiences (ACE) screening scores; factors found in the school to prison pipeline; eating disorders; and court-ordered mental health treatment. Services are comprehensive and are provided in the home, community, school, or office depending on client need – using a harm reduction "whatever it takes" approach – in order to assist families in maintaining stability in the community. Families with children are offered culturally diverse and linguistically appropriate supportive services so they can stay together and be part of the community.

**CSS Administration and Program Support**

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

The table below contains the FY 2023-24 Cost per Client information for implemented programs:

| FY2023-24 CSS COMPONENT<br>Work Plan / Program | Average Cost/Client* | Budget Amount |
|---|---|---|
| SAC1 - GSD: Community Opportunities for Recovery and Engagement | $ 2,994 | $ 40,498,345 |
| SAC2 - FSP: Sierra Elder Wellness | $ 22,280 | $ 3,342,050 |
| SAC3 - FSP: Permanent Supportive Housing | $ 24,210 | $ 23,580,324 |
| SAC4 - FSP: Transcultural Wellness Center | $ 12,525 | $ 2,504,983 |
| SAC5 - GSD: Wellness and Recovery | $ 1,365 | $ 3,321,449 |
| SAC6 - FSP: Adult Full Service Partnership | $ 24,692 | $ 17,630,407 |
| SAC7 - FSP: Juvenile Justice Diversion and Treatment | $ 30,404 | $ 3,982,924 |
| SAC8 - FSP: TAY Full Service Partnership | $ 17,897 | $ 4,599,657 |
| SAC9 - GSD: Crisis Residential | $ 16,835 | $ 8,417,618 |
| SAC10 - GSD: Children's Community Mental Health Services | $ 7,525 | $ 71,634,375 |
| SAC11 - GSD: Mental Health Urgent Care Clinic | $ 808 | $ 6,302,130 |
| **TOTAL** | | **$ 185,814,263** |

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

## Full Service Partnership (FSP) Program FY 2021-22 Outcomes

In FY 2021-22, the county's Full-Service Partnership (FSPs) programs served 2,553 partners (clients)[1]. FSPs showed considerable progress in assisting partners with mental health and/or substance use disorders to navigate their conditions effectively and accordingly reducing negative outcomes. The section on *Demographics* examines current outcomes utilizing the County's electronic health record (Avatar) for all partners served at any given time in the FY. The section on *Outcomes Over Time* examines partners that have been receiving services in an FSP for an entire year and uses the year prior to FSP participation as the comparison period (baseline). The *Outcomes Over Time* data is collected utilizing the California State Behavioral Health Information System's Data Collection and Reporting (DCR) application. Progress for these partners is summarized in *percent change* from baseline (one year prior to enrollment to an FSP).


## FY 2021-22 Outcomes

- Partners who reported being in unstable "Housing" decreased by nearly 83% (82.9%) and homeless (unsheltered) days decreased by 87%
- Partners who reported mental health emergency room visits and/or mental health with substance abuse decreased by almost 60% (59.1%) and events decreased by 67.6%
- Partners with nursing psychiatric/psychiatric hospitalizations decreased by 52% and psychiatric hospitalization days decreased by 15%
- Partners who self-reported being arrested decreased by 57.3% and arrests subsequently decreased by 62.7%
- Partner incarcerations decreased by 35.2% and incarceration days decreased by 35.3%
- Employment rate was 31.1% for partners who declared they wanted to be employed as part of their recovery goal

## Demographics Overview

- Age-Of total partners served, the majority were adults (age group 26-59 years) making up more than half served (56%). The TAY age group (16-25 years) followed at 23%. Older adults (60 or more years) represented 18.1%, and children (ages 15 years or less) made up the remainder served (3%)
- Race/Ethnicity-Just over three-quarters (78.5%) of partners reported they were non-Hispanic. Sacramento County's FSPs served partners from various different racial backgrounds and just over one-third (37.8%) of partners reported their race as White/Caucasian, and nearly 30% (29.6%) reported their race as Black/African American

[1] Data extracted from Sacramento County's Electronic Health Record (EHR)-Avatar 12.01.2022, and from the California State Behavioral Health Information System's Data Collection and Reporting application for *Outcomes Over Time* 11.22.2022.

- Primary Language-The primary language utilized by partners is English at just over 90% (92.4%)
- Discharges-Just over 23% (23.1%) of partners were discharged as having "Completed Services"
- Primary Care Physician-Just over 87% (87.4%) of partners reported having a Primary Care Physician (PCP).
- Primary Diagnosis-Nearly 28% (27.9%) of partners had a primary diagnosis of Schizoaffective disorders, followed by Major Depressive disorders at 19%

## Demographics

Graph A: Total Served by Program (n and %)

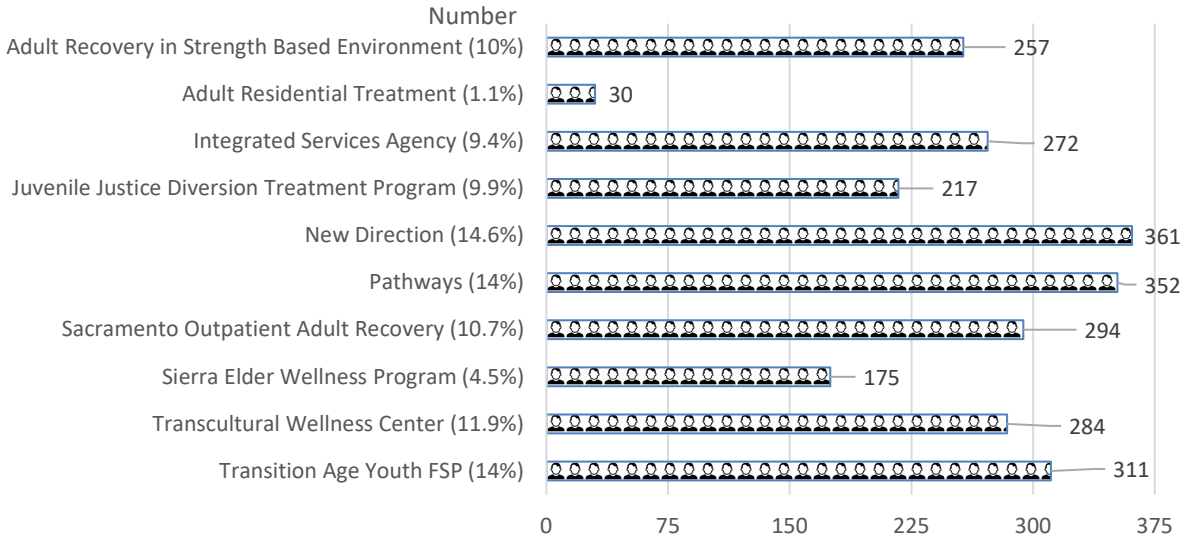



Table 1.a.: Age Group

| Program Name | Age 0-15 | | Age 16-25 | | Age 26-59 | | Age 60+ | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | n | % | n | % | n | % | n | % | n | % |
| Adult Recovery in Strength Based Environment (ARISE) | 0 | 0.0% | 17 | 6.6% | 219 | 85.2% | 21 | 8.2% | 257 | 100% |
| Adult Residential Treatment (ART) | 0 | 0.0% | 2 | 6.7% | 25 | 83.3% | 3 | 10.0% | 30 | 100% |
| Integrated Services Agency (ISA) | 0 | 0.0% | 5 | 1.8% | 217 | 79.8% | 50 | 18.4% | 272 | 100% |
| Juvenile Justice Diversion Treatment Program (JJDTP) | 34 | 15.7% | 183 | 84.3% | 0 | 0.0% | 0 | 0.0% | 217 | 100% |
| New Direction | 0 | 0.0% | 13 | 3.6% | 259 | 71.7% | 89 | 24.7% | 361 | 100% |
| Pathways | 22 | 6.3% | 16 | 4.5% | 255 | 72.4% | 59 | 16.8% | 352 | 100% |
| Sacramento Outpatient Adult Recovery (SOAR) | 0 | 0.0% | 6 | 2.0% | 250 | 85.0% | 38 | 12.9% | 294 | 100% |
| Sierra Elder Wellness Program (SEWP) | 0 | 0.0% | 0 | 0.0% | 14 | 8.0% | 161 | 92.0% | 175 | 100% |
| Transcultural Wellness Center (TWC) | 20 | 7.0% | 40 | 14.1% | 184 | 64.8% | 40 | 14.1% | 284 | 100% |
| Transition Age Youth FSP | 0 | 0.0% | 304 | 97.7% | 7 | 2.3% | 0 | 0.0% | 311 | 100% |
| **Grand Total** | **76** | **3.0%** | **586** | **23.0%** | **1430** | **56.0%** | **461** | **18.1%** | **2553** | **100%** |

Table 1.b.: Gender

| Program Name | Female | | Male | | Total | |
|---|---|---|---|---|---|---|
| | n | % | n | % | n | % |
| Adult Recovery in Strength Based Environment (ARISE) | 108 | 42.0% | 149 | 58.0% | 257 | 100% |
| Adult Residential Treatment (ART) | 19 | 63.3% | 11 | 36.7% | 30 | 100% |
| Integrated Services Agency (ISA) | 102 | 37.5% | 170 | 62.5% | 272 | 100% |
| Juvenile Justice Diversion Treatment Program (JJDTP) | 38 | 17.5% | 179 | 82.5% | 217 | 100% |
| New Direction | 151 | 41.8% | 210 | 58.2% | 361 | 100% |
| Pathways | 182 | 51.7% | 170 | 48.3% | 352 | 100% |
| Sacramento Outpatient Adult Recovery (SOAR) | 135 | 45.9% | 159 | 54.1% | 294 | 100% |
| Sierra Elder Wellness Program (SEWP) | 94 | 53.7% | 81 | 46.3% | 175 | 100% |
| Transcultural Wellness Center (TWC) | 136 | 47.9% | 148 | 52.1% | 284 | 100% |
| Transition Age Youth FSP | 183 | 58.8% | 128 | 41.2% | 311 | 100% |
| **Grand Total** | **1148** | **45.0%** | **1405** | **55.0%** | **2553** | **100%** |

*The Electronic Health Record was recently updated with expanded categories for gender identity. These values were not available in FY 21/22. Future reports will reflect the expanded categories.*

Table 1.c.: Sexual Orientation

| Program Name | Gay/Lesbian/ Queer | | Heterosexual | | Other | | Unknown/ Not Reported | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | n | % | n | % | n | % | n | % | n | % |
| Adult Recovery in Strength Based Environment (ARISE) | 1 | 0.4% | 24 | 9.3% | 3 | 1.2% | 229 | 89.1% | 257 | 100% |
| Adult Residential Treatment (ART) | 0 | 0.0% | 2 | 6.7% | 1 | 3.3% | 27 | 90.0% | 30 | 100% |
| Integrated Services Agency (ISA) | 2 | 0.7% | 16 | 5.9% | 1 | 0.4% | 253 | 93.0% | 272 | 100% |
| Juvenile Justice Diversion Treatment Program (JJDTP) | 3 | 1.4% | 15 | 6.9% | 5 | 2.3% | 194 | 89.4% | 217 | 100% |
| New Direction | 1 | 0.3% | 10 | 2.8% | 0 | 0.0% | 350 | 97.0% | 361 | 100% |
| Pathways | 3 | 0.9% | 45 | 12.8% | 2 | 0.6% | 302 | 85.8% | 352 | 100% |
| Sacramento Outpatient Adult Recovery (SOAR) | 1 | 0.3% | 28 | 9.5% | 3 | 1.0% | 262 | 89.1% | 294 | 100% |
| Sierra Elder Wellness Program (SEWP) | 0 | 0.0% | 21 | 12.0% | 0 | 0.0% | 154 | 88.0% | 175 | 100% |
| Transcultural Wellness Center (TWC) | 4 | 1.4% | 94 | 33.1% | 4 | 1.4% | 182 | 64.1% | 284 | 100% |
| Transition Age Youth FSP | 20 | 6.4% | 101 | 32.5% | 15 | 4.8% | 175 | 56.3% | 311 | 100% |
| **Grand Total** | **35** | **1.4%** | **356** | **13.9%** | **34** | **1.3%** | **2128** | **83.4%** | **2553** | **100%** |

*Other category contains the following: Other, Bisexual, Pansexual, Demisexual, Asexual, Questioning, and Unsure.*

Table 1.d.: Ethnicity

| Program Name | Hispanic/Latino | | Not Hispanic | | Unknown/ Not Reported | | Total | |
|---|---|---|---|---|---|---|---|---|
| | n | % | n | % | n | % | n | % |
| Adult Recovery in Strength Based Environment (ARISE) | 49 | 19.1% | 195 | 75.9% | 13 | 5.1% | 257 | 100% |
| Adult Residential Treatment (ART) | 7 | 23.3% | 20 | 66.7% | 3 | 10.0% | 30 | 100% |
| Integrated Services Agency (ISA) | 39 | 14.3% | 225 | 82.7% | 8 | 2.9% | 272 | 100% |
| Juvenile Justice Diversion Treatment Program (JJDTP) | 70 | 32.3% | 125 | 57.6% | 22 | 10.1% | 217 | 100% |
| New Direction | 45 | 12.5% | 293 | 81.2% | 23 | 6.4% | 361 | 100% |
| Pathways | 56 | 15.9% | 293 | 83.2% | 3 | 0.9% | 352 | 100% |
| Sacramento Outpatient Adult Recovery (SOAR) | 44 | 15.0% | 239 | 81.3% | 11 | 3.7% | 294 | 100% |
| Sierra Elder Wellness Program (SEWP) | 11 | 6.3% | 150 | 85.7% | 14 | 8.0% | 175 | 100% |
| Transcultural Wellness Center (TWC) | 19 | 6.7% | 264 | 93.0% | 1 | 0.4% | 284 | 100% |
| Transition Age Youth FSP | 80 | 25.7% | 199 | 64.0% | 32 | 10.3% | 311 | 100% |
| **Grand Total** | **420** | **16.5%** | **2003** | **78.5%** | **130** | **5.1%** | **2553** | **100%** |

## Table 1.e.: Race

| Program Name | Asian/ Pacific Islander | | Black/ African-American | | Multi-Ethnic | | Unknown/ Not Reported | | Other Race | | White | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | n | % | n | % | n | % | n | % | n | % | n | % | n | % |
| Adult Recovery in Strength Based Environment (ARISE) | 11 | 4.3% | 66 | 25.7% | 20 | 7.8% | 10 | 3.9% | 38 | 14.8% | 112 | 43.6% | 257 | 100% |
| Adult Residential Treatment (ART) | 2 | 6.7% | 14 | 46.7% | 0 | 0.0% | 0 | 0.0% | 6 | 20.0% | 8 | 26.7% | 30 | 100% |
| Integrated Services Agency (ISA) | 21 | 7.7% | 64 | 23.5% | 9 | 3.3% | 11 | 4.0% | 44 | 16.2% | 123 | 45.2% | 272 | 100% |
| Juvenile Justice Diversion Treatment Program (JJDTP) | 6 | 2.8% | 91 | 41.9% | 23 | 10.6% | 2 | 0.9% | 40 | 18.4% | 55 | 25.3% | 217 | 100% |
| New Direction | 17 | 4.7% | 124 | 34.3% | 9 | 2.5% | 11 | 3.0% | 37 | 10.2% | 163 | 45.2% | 361 | 100% |
| Pathways | 13 | 3.7% | 146 | 41.5% | 11 | 3.1% | 3 | 0.9% | 36 | 10.2% | 143 | 40.6% | 352 | 100% |
| Sacramento Outpatient Adult Recovery (SOAR) | 18 | 6.1% | 73 | 24.8% | 8 | 2.7% | 5 | 1.7% | 48 | 16.3% | 142 | 48.3% | 294 | 100% |
| Sierra Elder Wellness Program (SEWP) | 5 | 2.9% | 49 | 28.0% | 1 | 0.6% | 9 | 5.1% | 12 | 6.9% | 99 | 56.6% | 175 | 100% |
| Transcultural Wellness Center (TWC) | 225 | 79.2% | 15 | 5.3% | 5 | 1.8% | 0 | 0.0% | 16 | 5.6% | 23 | 8.1% | 284 | 100% |
| Transition Age Youth FSP | 11 | 3.5% | 114 | 36.7% | 23 | 7.4% | 18 | 5.8% | 48 | 15.4% | 97 | 31.2% | 311 | 100% |
| Grand Total | 329 | 12.9% | 756 | 29.6% | 109 | 4.3% | 69 | 2.7% | 325 | 12.7% | 965 | 37.8% | 2553 | 100% |

## Table 1.f.: Primary Language

| Program Name | Arabic | | Asian Languages | | English | | Unknown/ Not Reported | | Russian | | Spanish | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | n | % | n | % | n | % | n | % | n | % | n | % | n | % |
| Adult Recovery in Strength Based Environment (ARISE) | 0 | 0.0% | 1 | 0.4% | 253 | 98.4% | 0 | 0.0% | 0 | 0.0% | 3 | 1.2% | 257 | 100% |
| Adult Residential Treatment (ART) | 0 | 0.0% | 0 | 0.0% | 30 | 100% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 30 | 100% |
| Integrated Services Agency (ISA) | 0 | 0.0% | 4 | 1.5% | 258 | 94.9% | 0 | 0.0% | 6 | 2.2% | 4 | 1.5% | 272 | 100% |
| Juvenile Justice Diversion Treatment Program (JJDTP) | 0 | 0.0% | 0 | 0.0% | 210 | 96.8% | 0 | 0.0% | 0 | 0.0% | 7 | 3.2% | 217 | 100% |
| New Direction | 0 | 0.0% | 1 | 0.3% | 353 | 97.8% | 3 | 0.8% | 1 | 0.3% | 3 | 0.8% | 361 | 100% |
| Pathways | 1 | 0.3% | 0 | 0.0% | 350 | 99.4% | 0 | 0.0% | 0 | 0.0% | 1 | 0.3% | 352 | 100% |
| Sacramento Outpatient Adult Recovery (SOAR) | 0 | 0.0% | 3 | 1.0% | 281 | 95.6% | 1 | 0.3% | 6 | 2.0% | 3 | 1.0% | 294 | 100% |
| Sierra Elder Wellness Program (SEWP) | 0 | 0.0% | 0 | 0.0% | 172 | 98.3% | 2 | 1.1% | 1 | 0.6% | 0 | 0.0% | 175 | 100% |
| Transcultural Wellness Center (TWC) | 0 | 0.0% | 132 | 46.5% | 143 | 50.4% | 6 | 2.1% | 0 | 0.0% | 3 | 1.1% | 284 | 100% |
| Transition Age Youth FSP | 0 | 0.0% | 1 | 0.3% | 309 | 99.4% | 1 | 0.3% | 0 | 0.0% | 0 | 0.0% | 311 | 100% |
| **Grand Total** | 1 | 0.0% | 142 | 5.6% | 2359 | 92.4% | 13 | 0.5% | 14 | 0.5% | 24 | 0.9% | 2553 | 100% |

*Asian languages include: Cambodian, Cantonese, Hmong, Japanese, Korean, Lao, Vietnamese, Mandarin, Mien, Other Chinese, Tagalog, and Thai.*

## Table 1.g : Housing Status

| Program Name | Housed/No Imminent Risk of Homelessness | | Imminent Risk for Homelessness | | Literally Homeless-Chronic Homelessness | | Literally Homeless-Not Chronic Homeless | | Unknown/ Not Reported | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | n | % | n | % | n | % | n | % | n | % | n | % |
| Adult Recovery in Strength Based Environment (ARISE) | 178 | 69.3% | 8 | 3.1% | 36 | 14.0% | 32 | 12.5% | 3 | 1.2% | 257 | 100% |
| Adult Residential Treatment (ART) | 14 | 46.7% | 2 | 6.7% | 4 | 13.3% | 3 | 10.0% | 7 | 23.3% | 30 | 100% |
| Integrated Services Agency (ISA) | 253 | 93.0% | 4 | 1.5% | 2 | 0.7% | 11 | 4.0% | 2 | 0.7% | 272 | 100% |
| Juvenile Justice Diversion Treatment Program (JJDTP) | 199 | 91.7% | 7 | 3.2% | 4 | 1.8% | 1 | 0.5% | 6 | 2.8% | 217 | 100% |
| New Direction | 246 | 68.1% | 68 | 18.8% | 28 | 7.8% | 17 | 4.7% | 2 | 0.6% | 361 | 100% |
| Pathways | 282 | 80.1% | 2 | 0.6% | 25 | 7.1% | 36 | 10.2% | 7 | 2.0% | 352 | 100% |
| Sacramento Outpatient Adult Recovery (SOAR) | 240 | 81.6% | 15 | 5.1% | 10 | 3.4% | 27 | 9.2% | 2 | 0.7% | 294 | 100% |
| Sierra Elder Wellness Program (SEWP) | 149 | 85.1% | 9 | 5.1% | 7 | 4.0% | 7 | 4.0% | 3 | 1.7% | 175 | 100% |
| Transcultural Wellness Center (TWC) | 266 | 93.7% | 12 | 4.2% | 3 | 1.1% | 2 | 0.7% | 1 | 0.4% | 284 | 100% |
| Transition Age Youth FSP | 235 | 75.6% | 21 | 6.8% | 26 | 8.4% | 19 | 6.1% | 10 | 3.2% | 311 | 100% |
| **Grand Total** | **2062** | **80.8%** | **148** | **5.8%** | **145** | **5.7%** | **155** | **6.1%** | **43** | **1.7%** | **2553** | **100%** |

Table 1.h.: Military Status

| Program Name | Active | | Discharged | | Not Applicable | | Unknown/ Not Reported | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | n | % | n | % | n | % | n | % | n | % |
| Adult Recovery in Strength Based Environment (ARISE) | 0 | 0.0% | 7 | 2.7% | 174 | 67.7% | 76 | 29.6% | 257 | 100% |
| Adult Residential Treatment (ART) | 0 | 0.0% | 0 | 0.0% | 22 | 73.3% | 8 | 26.7% | 30 | 100% |
| Integrated Services Agency (ISA) | 0 | 0.0% | 4 | 1.5% | 125 | 46.0% | 143 | 52.6% | 272 | 100% |
| Juvenile Justice Diversion Treatment Program (JJDTP) | 0 | 0.0% | 0 | 0.0% | 73 | 33.6% | 144 | 66.4% | 217 | 100% |
| New Direction | 0 | 0.0% | 5 | 1.4% | 136 | 37.7% | 220 | 60.9% | 361 | 100% |
| Pathways | 0 | 0.0% | 1 | 0.3% | 72 | 20.5% | 279 | 79.3% | 352 | 100% |
| Sacramento Outpatient Adult Recovery (SOAR) | 0 | 0.0% | 6 | 2.0% | 164 | 55.8% | 124 | 42.2% | 294 | 100% |
| Sierra Elder Wellness Program (SEWP) | 0 | 0.0% | 8 | 4.6% | 94 | 53.7% | 73 | 41.7% | 175 | 100% |
| Transcultural Wellness Center (TWC) | 0 | 0.0% | 3 | 1.1% | 260 | 91.5% | 21 | 7.4% | 284 | 100% |
| Transition Age Youth FSP | 1 | 0.3% | 0 | 0.0% | 139 | 44.7% | 171 | 55.0% | 311 | 100% |
| **Grand Total** | **1** | **0.0%** | **34** | **1.3%** | **1259** | **49.3%** | **1259** | **49.3%** | **2553** | **100%** |

Table 1.i.: VA Benefits

| Program Name | Yes | | No | | Unknown/ Not Reported | | Total | |
|---|---|---|---|---|---|---|---|---|
| | n | % | n | % | n | % | n | % |
| Adult Recovery in Strength Based Environment (ARISE) | 3 | 1.2% | 207 | 80.5% | 47 | 18.3% | 257 | 100% |
| Adult Residential Treatment (ART) | 0 | 0.0% | 22 | 73.3% | 8 | 26.7% | 30 | 100% |
| Integrated Services Agency (ISA) | 2 | 0.7% | 139 | 51.1% | 131 | 48.2% | 272 | 100% |
| Juvenile Justice Diversion Treatment Program (JJDTP) | 0 | 0.0% | 216 | 99.5% | 1 | 0.5% | 217 | 100% |
| New Direction | 3 | 0.8% | 271 | 75.1% | 87 | 24.1% | 361 | 100% |
| Pathways | 2 | 0.6% | 209 | 59.4% | 141 | 40.1% | 352 | 100% |
| Sacramento Outpatient Adult Recovery (SOAR) | 6 | 2.0% | 204 | 69.4% | 84 | 28.6% | 294 | 100% |
| Sierra Elder Wellness Program (SEWP) | 4 | 2.3% | 123 | 70.3% | 48 | 27.4% | 175 | 100% |
| Transcultural Wellness Center (TWC) | 3 | 1.1% | 272 | 95.8% | 9 | 3.2% | 284 | 100% |
| Transition Age Youth FSP | 1 | 0.3% | 283 | 91.0% | 27 | 8.7% | 311 | 100% |
| **Grand Total** | **24** | **0.9%** | **1946** | **76.2%** | **583** | **22.8%** | **2553** | **100%** |

Table 1.j.: Primary Diagnosis across All Programs

| Primary Diagnosis | n | % |
|---|---|---|
| ADHD | 35 | 1.4% |
| Adjustment disorder | 32 | 1.3% |
| Anxiety disorder | 12 | 0.5% |
| Bipolar disorder | 280 | 11.0% |
| Borderline personality disorder | 27 | 1.1% |
| Conduct disorder | 63 | 2.5% |
| Disruptive mood dysregulation disorder | 14 | 0.5% |
| Generalized anxiety disorder | 6 | 0.2% |
| Major depressive disorder | 484 | 19.0% |
| No Entry | 30 | 1.2% |
| Oppositional defiant disorder | 12 | 0.5% |
| Other | 33 | 1.3% |
| Paranoid schizophrenia | 45 | 1.8% |
| PTSD | 270 | 10.6% |
| Schizoaffective disorder | 713 | 27.9% |
| Schizophrenia | 420 | 16.5% |
| Unspecified psychosis | 77 | 3.0% |
| **Grand Total** | **2553** | **100.0%** |

*FSPs are intended to use a "whatever it takes" approach to services, offering a broad range of services from the traditional medication management and crisis services, to more non-traditional services, such as housing and alternative healing practices.*

Table 1.k.: Primary Care Physician (PCP)

| Program Name | PCP | | No PCP | | Total | |
|---|---|---|---|---|---|---|
| | n | % | n | % | n | % |
| Adult Recovery in Strength Based Environment (ARISE) | 218 | 84.8% | 39 | 15.2% | 257 | 100% |
| Adult Residential Treatment (ART) | 18 | 60.0% | 12 | 40.0% | 30 | 100% |
| Integrated Services Agency (ISA) | 262 | 96.3% | 10 | 3.7% | 272 | 100% |
| Juvenile Justice Diversion Treatment Program (JJDTP) | 185 | 85.3% | 32 | 14.7% | 217 | 100% |
| New Direction | 341 | 94.5% | 20 | 5.5% | 361 | 100% |
| Pathways | 322 | 91.5% | 30 | 8.5% | 352 | 100% |
| Sacramento Outpatient Adult Recovery (SOAR) | 258 | 87.8% | 36 | 12.2% | 294 | 100% |
| Sierra Elder Wellness Program (SEWP) | 145 | 82.9% | 30 | 17.1% | 175 | 100% |
| Transcultural Wellness Center (TWC) | 256 | 90.1% | 28 | 9.9% | 284 | 100% |
| Transition Age Youth FSP | 226 | 72.7% | 85 | 27.3% | 311 | 100% |
| **Grand Total** | **2231** | **87.4%** | **322** | **12.6%** | **2553** | **100%** |

Table 1.l: Discharges

| | Medical Necessity Not Met | | Completed Services | | Deceased | | Receiving Services Elsewhere | | Moved out of County | | Refused/ Declined Services | | Whereabouts Unknown | | Other/No Reason Available | | Referred to GMC | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Program Name | n | % | n | % | n | % | n | % | n | % | n | % | n | % | n | % | n | % | n | % |
| Adult Recovery in Strength Based Environment (ARISE) | 0 | 0.0% | 1 | 1.5% | 7 | 10.3% | 14 | 20.6% | 10 | 14.7% | 8 | 11.8% | 12 | 17.6% | 16 | 23.5% | 0 | 0.0% | 68 | 100% |
| Integrated Services Agency (ISA) | 0 | 0.0% | 0 | 0.0% | 8 | 17.8% | 12 | 26.7% | 3 | 6.7% | 6 | 13.3% | 10 | 22.2% | 6 | 13.3% | 0 | 0.0% | 45 | 100% |
| Juvenile Justice Diversion Treatment Program (JJDTP) | 0 | 0.0% | 63 | 46.7% | 0 | 0.0% | 16 | 11.9% | 0 | 0.0% | 14 | 10.4% | 39 | 28.9% | 3 | 2.2% | 0 | 0.0% | 135 | 100% |
| New Direction | 1 | 2.9% | 3 | 8.6% | 12 | 34.3% | 1 | 2.9% | 2 | 5.7% | 2 | 5.7% | 8 | 22.9% | 6 | 17.1% | 0 | 0.0% | 35 | 100% |
| Pathways | 0 | 0.0% | 7 | 10.4% | 8 | 11.9% | 16 | 23.9% | 5 | 7.5% | 13 | 19.4% | 17 | 25.4% | 1 | 1.5% | 0 | 0.0% | 67 | 100% |
| Sacramento Outpatient Adult Recovery (SOAR) | 2 | 4.2% | 1 | 2.1% | 2 | 4.2% | 24 | 50.0% | 2 | 4.2% | 7 | 14.6% | 8 | 16.7% | 2 | 4.2% | 0 | 0.0% | 48 | 100% |
| Sierra Elder Wellness Program (SEWP) | 3 | 8.3% | 1 | 2.8% | 8 | 22.2% | 5 | 13.9% | 3 | 8.3% | 10 | 27.8% | 6 | 16.7% | 0 | 0.0% | 0 | 0.0% | 36 | 100% |
| Transcultural Wellness Center (TWC) | 2 | 1.9% | 39 | 36.4% | 4 | 3.7% | 4 | 3.7% | 9 | 8.4% | 21 | 19.6% | 26 | 24.3% | 2 | 1.9% | 0 | 0.0% | 107 | 100% |
| Transition Age Youth FSP | 3 | 1.8% | 49 | 28.8% | 0 | 0.0% | 33 | 19.4% | 14 | 8.2% | 27 | 15.9% | 38 | 22.4% | 2 | 1.2% | 4 | 2.4% | 170 | 100% |
| **Grand Total** | **11** | **1.6%** | **164** | **23.1%** | **49** | **6.9%** | **125** | **17.6%** | **48** | **6.8%** | **108** | **15.2%** | **164** | **23.1%** | **38** | **5.3%** | **4** | **0.6%** | **711** | **100%** |

## Outcomes Over Time

The following section examines outcomes over time for partners (1,775) who received services and completed an entire year in an FSP. Baseline data was compared to FY 2021-22 to determine whether outcomes improved in the areas of housing stability, emergency events, psychiatric hospitalizations, arrests, incarcerations and employment[2]. The tables and graphs in the following section include the subset of partners who completed an entire year in an FSP to fully capture the effects of FSP participation from one year before (baseline) to one year of partnership (change is represented in percent change). For this section, data primarily was self-reported by partners and documented using FSP outcome assessment forms developed by the California State Department of Health Care Services. These forms include: Partnership Assessment Form (PAF) which collects baseline and current data when clients first enter FSP services; Quarterly Assessment Form (3M) which updates the data from the PAF and is done every three months for each client as long as they are receiving FSP services; and the Key Event Tracking form (KET) which is completed each time a key event (i.e. crisis visit, arrest, incarceration, hospitalization) occurs. The graphic below highlights partner trajectory through the FSP program.

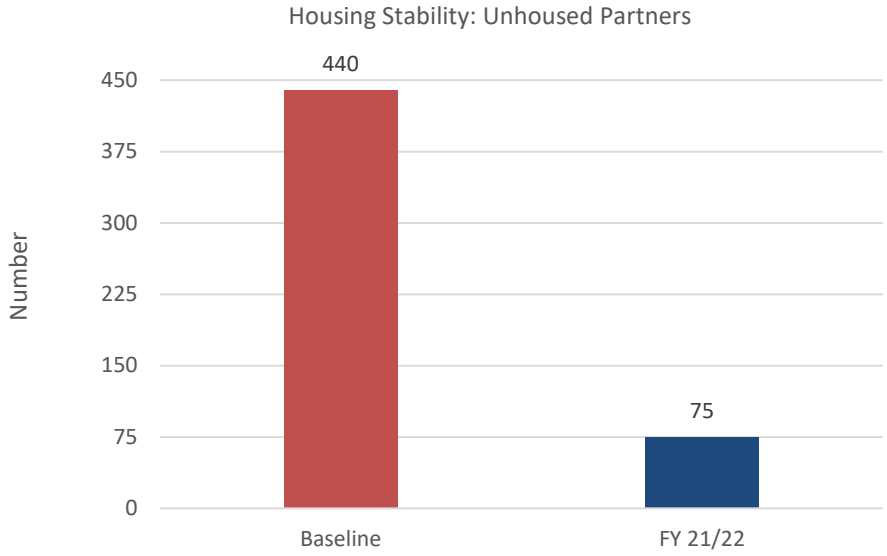

[2] Data regarding physical health (non-mental health) emergency room visits pre-FSP participation is no longer being reported by the State in the county annual report.

The table below illustrates the number of unduplicated partners who were in an unstable housing status (unsheltered) and total homeless days for the year prior to enrollment compared to FY 21/22. Of the 1,775 partners in the cohort, 440 unduplicated partners experienced unstable housing prior to enrollment. Compared to baseline, the unduplicated number of partners as well as total days decreased significantly overall.

Table 2: Housing Stability

| Partner Housing Stability | | | | | |
|---|---|---|---|---|---|
| 1 Year Before (Baseline) | | FY 21/22 | | Percent Change from Baseline | |
| # Unduplicated Partners Homeless | # Homeless Days | # Unduplicated Partners Homeless | # Homeless Days | Percent Change Unduplicated Partners Homeless | Percent Change Homeless Days |
| 440 | 87,410 | 75 | 11,426 | -82.9 | -86.9 |

Graph B: Housing Stability



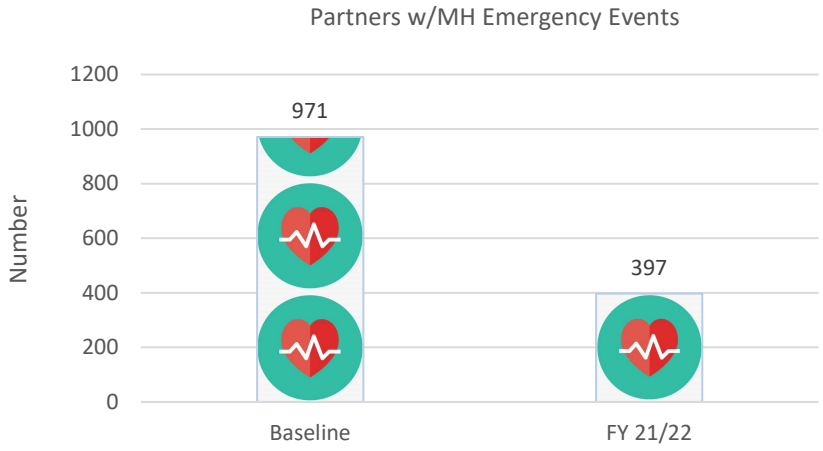

***Note:*** *The decrease in the number of unhoused partners indicates increased housing stability.*

The table below illustrates the number of unduplicated partners with emergency events for mental health and mental health with substance abuse reasons one year prior to enrollment compared to FY 21/22. Nearly 1,000 (971) unduplicated partners had at least one emergency room visit prior to enrollment. Compared to baseline, the unduplicated number of partners and the total emergency visits for both decreased significantly.

Table 3: Partners with Emergency Room Visits for Mental Health and Mental Health/Substance Abuse Reasons

| Partner Mental Health Emergency Events | | | | | |
|---|---|---|---|---|---|
| 1 Year Before (Baseline) | | FY 21/22 | | Percent Change from Baseline (# of partners) | |
| Unduplicated Partners w/ER Visits | Total ER Visits | Unduplicated Partners w/ER Visits | Total MH ER Visits | Percent Change Unduplicated Partners w/ER Visits | Percent Change Total ER Visits |
| 971 | 2,907 | 397 | 941 | -59.1 | -67.6 |

Graph C: Partners with Emergency Room Visits for Mental Health and Mental Health/Substance Abuse Reasons

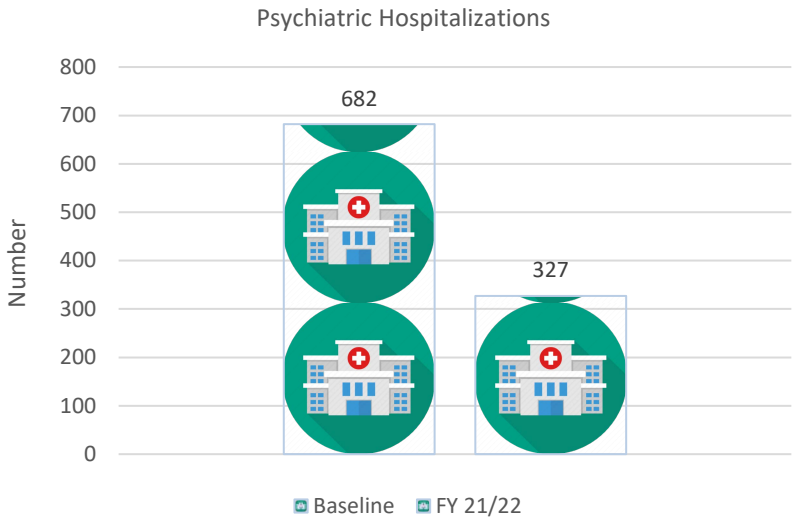


The table below illustrates the number of unduplicated partners' as well as total number of psychiatric hospitalizations one year prior to enrollment compared to FY 21/22[3]. Just over 680 (682) unduplicated partners had at least one hospitalization prior to enrollment. That number decreased to 327 unduplicated partners.

Table 4: Psychiatric Hospitalizations

| Partner Psychiatric Hospitalizations | | | | | |
|---|---|---|---|---|---|
| 1 Year Before (Baseline) | | FY 21/22 | | Percent Change from Baseline | |
| Unduplicated Partners Hospitalized | Days | Unduplicated Partners Hospitalized | Days | Percent Change Unduplicated Partners | Percent Change Total Days |
| 682 | 45,891 | 327 | 39,001 | -52.0 | -15.0 |

Graph D: Psychiatric Hospitalizations



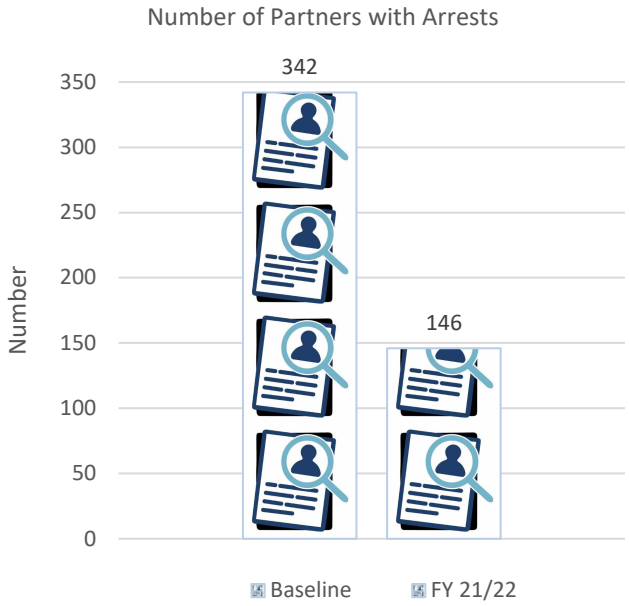

[3] For this measure, baseline psychiatric hospitalizations were compared to the County's electronic health record (Avatar) data.

The table below illustrates the number of unduplicated partners' as well as total number of arrests one year prior to enrollment compared to FY 21/22. Just over 340 (342) unduplicated partners had at least one arrest prior to enrollment. That number decreased to 146 in the full year of FSP participation.

Table 5: Arrests

| Partner Arrests | | | | | |
|---|---|---|---|---|---|
| 1 Year Before (Baseline) | | FY 21/22 | | Percent Change from Baseline (# of partners) | |
| Unduplicated Partners | Total Number of Arrests | Unduplicated Partners | Total Number of Arrests | % Change Partners | % Change Arrests |
| 342 | 612 | 146 | 228 | -57.3 | -62.7 |

Graph E: Arrests

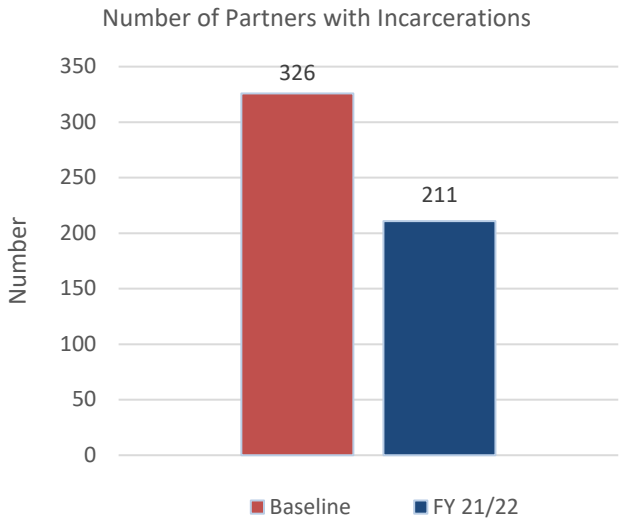


The table below illustrates the number of unduplicated partners' as well as total number of incarceration days one year prior to enrollment compared to FY 21/22. Of the partners in the cohort, 326 unduplicated partners had at least one incarceration prior to enrollment. That number decreased to 211 in FY 21/22. Of note, although partners incarcerated are higher than arrests, both arrests and incarcerations are self-reported by the partner and not always disclosed and/or captured on the KETs for reporting purposes (incarcerations are reported as a residential change).

Table 6: Incarcerations

| Partner Incarceration Events | | | | | |
|---|---|---|---|---|---|
| 1 Year Before (Baseline) | | FY 21/22 | | Percent Change from Baseline (# of partners) | |
| Unduplicated Partners Incarcerated | Total Days | Unduplicated Partners Incarcerated | Total Days | % Change Partners | % Change Days |
| 326 | 34,032 | 211 | 22,004 | -35.2 | -35.3 |

Graph F: Incarcerations

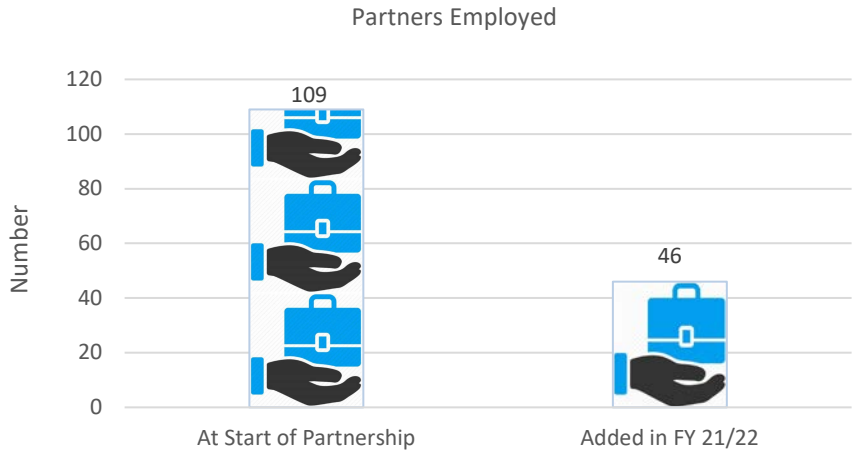


The table below illustrates the number of partners who indicated they wanted to be employed (n=498) as part of their recovery goal. Of those, FSPs assisted 46 partners to secure employment. Although the number of newly employed is relatively small, the FSPs were also able to assist 109 partners to maintain employment totaling 155 partners employed at the end of the FY.

Table 7: Employment

| Partners w/Employment Recovery Goal N=498 | | |
|---|---|---|
| Timeframe | Total | % |
| Employed at Start of Partnership | 109 | 21.8 |
| Added in FY 21/22 | 46 | 9.2 |
| Total Partners Employed at End of FY | 155 | 31.1 |

Graph G: Employment



## General System Development (GSD) Program FY 2021-22 Demographics

In FY 2021-22, a total of 21,337 clients were served across the implemented GSD and GSD Respite programs. The two tables below display demographic information for individuals served in each program:

| Total Number Served in General System Development Programs – FY 2021-22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | APSS | | TCORE | | Regional Support Teams | | Guest House | | Wellness and Recovery Center | | Peer Partners | | Consumer and Family Voice - SAFE | | Crisis Residential Program-Adults (CRP 1) | | Crisis Residential Program-Adults (CRP 2) | | Crisis Residential Program-Adults (CRP 3) | | Crisis Residential Program-TAY (CRP 4) | | Flexible Integrated Treatment (FIT) | | Consultation, Support and Engagement Teams (CSET) | | Total | |
| Characteristic | N=491 | % | N=1,019 | % | N=6,781 | % | N=461 | % | N=1,807 | % | N=181 | % | N=164 | % | N=172 | % | N=102 | % | N=131 | % | N=94 | % | N=7,859 | % | N=85 | % | N=19,347 | % |
| ***Age*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 to 15 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 85 | 51.8% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 5,900 | 75.1% | 21 | 24.7% | 6,006 | 31.0% |
| 16 to 25 | 9 | 1.8% | 51 | 5.0% | 741 | 10.9% | 16 | 3.5% | 71 | 3.9% | 9 | 5.0% | 61 | 37.2% | 13 | 7.6% | 5 | 4.9% | 10 | 7.6% | 81 | 86.2% | 1,959 | 24.9% | 63 | 74.1% | 3,089 | 16.0% |
| 26 to 59 | 329 | 67.0% | 823 | 80.8% | 4,938 | 72.8% | 398 | 86.3% | 1,374 | 76.0% | 148 | 79.0% | 0 | 0.0% | 154 | 89.5% | 95 | 93.1% | 119 | 90.8% | 13 | 13.8% | 0 | 0.0% | 0 | 0.0% | 8,386 | 43.3% |
| 60 and Over | 153 | 31.2% | 145 | 14.2% | 1,101 | 16.2% | 47 | 10.2% | 361 | 20.0% | 29 | 16.0% | 0 | 0.0% | 5 | 2.9% | 2 | 2.0% | 2 | 1.5% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1,845 | 9.5% |
| Unknown/Not Reported | 0 | 0.0% | 0 | 0.0% | 1 | 0.0% | 0 | 0.0% | 1 | 0.1% | 0 | 0.0% | 18 | 11.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 1.2% | 21 | 0.1% |
| ***Gender*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Female | 338 | 68.8% | 447 | 43.9% | 3,952 | 58.3% | 205 | 44.5% | 993 | 55.0% | 107 | 59.1% | 78 | 47.6% | 65 | 37.8% | 41 | 40.2% | 51 | 38.9% | 47 | 50.0% | 4,308 | 54.8% | 80 | 94.1% | 10,712 | 55.4% |
| Male | 153 | 31.2% | 572 | 56.1% | 2,829 | 41.7% | 256 | 55.5% | 810 | 44.8% | 74 | 40.9% | 68 | 41.5% | 107 | 62.2% | 61 | 59.8% | 80 | 61.1% | 47 | 50.0% | 3,551 | 45.2% | 4 | 4.7% | 8,612 | 44.5% |
| Other | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Unknown/Not Reported | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 4 | 0.2% | 0 | 0.0% | 18 | 11.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 1.2% | 23 | 0.1% |
| ***Ethnicity*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-Hispanic | 57 | 11.6% | 171 | 16.8% | 4,842 | 71.4% | 341 | 74.0% | 343 | 19.0% | 130 | 71.8% | 70 | 42.7% | 32 | 18.6% | 22 | 21.6% | 20 | 15.3% | 25 | 26.6% | 2,879 | 36.6% | 19 | 22.4% | 8,951 | 46.3% |
| Hispanic | 369 | 75.2% | 773 | 75.9% | 1,252 | 18.5% | 86 | 18.7% | 1,270 | 70.3% | 33 | 18.2% | 69 | 42.1% | 117 | 68.0% | 74 | 72.5% | 96 | 73.3% | 52 | 55.3% | 3,738 | 47.6% | 47 | 55.3% | 7,976 | 41.2% |
| Unknown/Not Reported | 65 | 13.2% | 75 | 7.4% | 687 | 10.1% | 34 | 7.4% | 194 | 10.7% | 18 | 9.9% | 25 | 15.2% | 23 | 13.4% | 6 | 5.9% | 15 | 11.5% | 17 | 18.1% | 1,242 | 15.8% | 19 | 22.4% | 2,420 | 12.5% |
| ***Race*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| White | 171 | 34.8% | 460 | 45.1% | 2,624 | 38.7% | 192 | 41.6% | 687 | 38.0% | 74 | 40.9% | 31 | 18.9% | 76 | 44.2% | 39 | 38.2% | 65 | 49.6% | 39 | 41.5% | 2,213 | 28.2% | 22 | 25.9% | 6,693 | 34.6% |
| Black | 58 | 11.8% | 273 | 26.8% | 1,606 | 23.7% | 189 | 41.0% | 493 | 27.3% | 34 | 18.8% | 27 | 16.5% | 41 | 23.8% | 30 | 29.4% | 31 | 23.7% | 26 | 27.7% | 1,624 | 20.7% | 35 | 41.2% | 4,467 | 23.1% |
| Asian/Pacific Islander | 118 | 24.0% | 71 | 7.0% | 715 | 10.5% | 18 | 3.9% | 132 | 7.3% | 12 | 6.6% | 7 | 4.3% | 5 | 2.9% | 7 | 6.9% | 4 | 3.1% | 5 | 5.3% | 373 | 4.7% | 2 | 2.4% | 1,469 | 7.6% |
| Am Indian/Alask. Native | 6 | 1.2% | 14 | 1.4% | 104 | 1.5% | 8 | 1.7% | 58 | 3.2% | 1 | 0.6% | 1 | 0.6% | 3 | 1.7% | 2 | 2.0% | 5 | 3.8% | 3 | 3.2% | 73 | 0.9% | 3 | 3.5% | 281 | 1.5% |
| Multi-Race | 14 | 2.9% | 44 | 4.3% | 343 | 5.1% | 13 | 2.8% | 83 | 4.6% | 11 | 6.1% | 21 | 12.8% | 15 | 8.7% | 10 | 9.8% | 10 | 7.6% | 3 | 3.2% | 780 | 9.9% | 8 | 9.4% | 1,355 | 7.0% |
| Other | 70 | 14.3% | 105 | 10.3% | 954 | 14.1% | 28 | 6.1% | 191 | 10.6% | 32 | 17.7% | 50 | 30.5% | 16 | 9.3% | 10 | 9.8% | 11 | 8.4% | 14 | 14.9% | 1,917 | 24.4% | 6 | 7.1% | 3,404 | 17.6% |
| Unknown/Not Reported | 54 | 11.0% | 52 | 5.1% | 435 | 6.4% | 13 | 2.8% | 163 | 9.0% | 17 | 9.4% | 27 | 16.5% | 16 | 9.3% | 4 | 3.9% | 5 | 3.8% | 4 | 4.3% | 879 | 11.2% | 9 | 10.6% | 1,678 | 8.7% |
| ***Primary Language*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| English | 313 | 63.7% | 954 | 93.6% | 6,019 | 88.8% | 458 | 99.3% | 1,688 | 93.4% | 157 | 86.7% | 119 | 72.6% | 164 | 95.3% | 99 | 97.1% | 128 | 97.7% | 91 | 96.8% | 6,888 | 87.6% | 77 | 90.6% | 17,155 | 88.7% |
| Spanish | 20 | 4.1% | 15 | 1.5% | 183 | 2.7% | 2 | 0.4% | 33 | 1.8% | 11 | 6.1% | 26 | 15.9% | 1 | 0.6% | 1 | 1.0% | 1 | 0.8% | 1 | 1.1% | 844 | 10.7% | 1 | 1.2% | 1,139 | 5.9% |
| Other | 151 | 30.8% | 39 | 3.8% | 526 | 7.8% | 1 | 0.2% | 56 | 3.1% | 12 | 6.6% | 0 | 0.0% | 2 | 1.2% | 1 | 1.0% | 0 | 0.0% | 2 | 2.1% | 100 | 1.3% | 0 | 0.0% | 890 | 4.6% |
| Unknown/Not Reported | 7 | 1.4% | 11 | 1.1% | 53 | 0.8% | 0 | 0.0% | 30 | 1.7% | 1 | 0.6% | 19 | 11.6% | 5 | 2.9% | 1 | 1.0% | 2 | 1.5% | 0 | 0.0% | 27 | 0.3% | 7 | 8.2% | 163 | 0.8% |

*The Electronic Health Record was recently updated with expanded categories for gender identity. These values were not available in FY 21/22. Future reports will reflect the expanded categories.*

| General System Development (GSD) Respite Programs - FY 2021-22 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Characteristic | Mental Health Respite Program for Women & Children | | Mental Health Crisis Respite Center | | Abiding Hope Respite House | | Total | |
| | N=60 | % | N=1,839 | % | N=91 | % | N=1,990 | % |
| ***Age Group*** | | | | | | | | |
| Children/Youth (0-15) | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| TAY (16-25) | 9 | 15.0% | 189 | 10.3% | 6 | 6.6% | 204 | 10.3% |
| Adults (26-59) | 44 | 73.3% | 1404 | 76.3% | 81 | 89.0% | 1,529 | 76.8% |
| Older Adults (60+) | 0 | 0.0% | 138 | 7.5% | 4 | 4.4% | 142 | 7.1% |
| Unknown/Not Reported | 7 | 11.7% | 108 | 5.9% | 0 | 0.0% | 115 | 5.8% |
| ***Ethnicity*** | | | | | | | | |
| Hispanic or Latino | 12 | 20.0% | 285 | 15.5% | 23 | 25.3% | 320 | 16.1% |
| Non-Hispanic/Non-Latino | 37 | 61.7% | 704 | 38.3% | 61 | 67.0% | 802 | 40.3% |
| Unknown/Not Reported | 11 | 18.3% | 850 | 46.2% | 7 | 7.7% | 868 | 43.6% |
| ***Race*** | | | | | | | | |
| American Indian or Alaska Native | 1 | 1.7% | 49 | 2.7% | 1 | 1.1% | 51 | 2.6% |
| Asian | 1 | 1.7% | 37 | 2.0% | 3 | 3.3% | 41 | 2.1% |
| Black or African American | 19 | 31.7% | 503 | 27.4% | 20 | 22.0% | 542 | 27.2% |
| Native Hawaiian/Pacific Islander | 0 | 0.0% | 11 | 0.6% | 0 | 0.0% | 11 | 0.6% |
| Multi-Racial | 4 | 6.7% | 237 | 12.9% | 11 | 12.1% | 252 | 12.7% |
| White | 22 | 36.7% | 622 | 33.8% | 36 | 39.6% | 680 | 34.2% |
| Other | 8 | 13.3% | 139 | 7.6% | 13 | 14.3% | 160 | 8.0% |
| Unknown/Not Reported | 5 | 8.3% | 241 | 13.1% | 7 | 7.7% | 253 | 12.7% |
| ***Primary Language*** | | | | | | | | |
| Arabic | 0 | 0.0% | 6 | 0.3% | 0 | 0.0% | 6 | 0.3% |
| Cantonese | 0 | 0.0% | 1 | 0.1% | 0 | 0.0% | 1 | 0.1% |
| English | 58 | 96.7% | 1647 | 89.6% | 89 | 97.8% | 1,794 | 90.2% |
| Hmong | 0 | 0.0% | 2 | 0.1% | 0 | 0.0% | 2 | 0.1% |
| Other | 0 | 0.0% | 24 | 1.3% | 0 | 0.0% | 24 | 1.2% |
| Russian | 0 | 0.0% | 1 | 0.1% | 0 | 0.0% | 1 | 0.1% |
| Spanish | 0 | 0.0% | 15 | 0.8% | 0 | 0.0% | 15 | 0.8% |
| Vietnamese | 0 | 0.0% | 1 | 0.1% | 0 | 0.0% | 1 | 0.1% |
| Unknown/Not Reported | 2 | 3.3% | 142 | 7.7% | 2 | 2.2% | 146 | 7.3% |
| ***Sexual Orientation**** | | | | | | | | |
| Gay or Lesbian | 1 | 1.7% | 94 | 5.0% | 2 | 2.2% | 97 | 4.8% |
| Heterosexual or Straight | 52 | 86.7% | 1013 | 53.9% | 76 | 83.5% | 1,141 | 56.2% |
| Bisexual | 4 | 6.7% | 153 | 8.1% | 6 | 6.6% | 163 | 8.0% |
| Questioning or unsure | 0 | 0.0% | 12 | 0.6% | 0 | 0.0% | 12 | 0.6% |
| Queer | 0 | 0.0% | 13 | 0.7% | 0 | 0.0% | 13 | 0.6% |
| Another sexual orientation | 0 | 0.0% | 190 | 10.1% | 4 | 4.4% | 194 | 9.6% |
| Unknown/Not Reported | 3 | 5.0% | 404 | 21.5% | 3 | 3.3% | 410 | 20.2% |
| ***Current Gender Identity**** | | | | | | | | |
| Male | 0 | 0.0% | 895 | 47.9% | 57 | 62.6% | 952 | 47.1% |
| Female | 57 | 95.0% | 726 | 38.8% | 30 | 33.0% | 813 | 40.2% |
| Transgender | 0 | 0.0% | 26 | 1.4% | 4 | 4.4% | 30 | 1.5% |
| Genderqueer | 0 | 0.0% | 19 | 1.0% | 0 | 0.0% | 19 | 0.9% |
| Questioning or unsure | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Another gender identity | 0 | 0.0% | 31 | 1.7% | 0 | 0.0% | 31 | 1.5% |
| Unknown/Not Reported | 3 | 5.0% | 173 | 9.3% | 0 | 0.0% | 176 | 8.7% |
| ***Veteran Status*** | | | | | | | | |
| Yes | 0 | 0.0% | 77 | 4.2% | 3 | 3.3% | 80 | 4.0% |
| No | 60 | 100.0% | 1762 | 95.8% | 88 | 96.7% | 1,910 | 96.0% |
| Decline to answer | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |

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

## MHSA Housing Program Accomplishments

BHS places a high priority on housing for people living with mental illness who are experiencing or are at-risk of homelessness. The MHSA Housing Program provides a continuum of interventions including homelessness prevention, flexible housing funds, rapid rehousing, and permanent supportive housing. Housing interventions are targeted towards consumers of Full Service Partnership (FSP) and outpatient services. In FY 2021-22, BHS supported 914 individuals and/or families with housing supports in the FSP programs.

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

Permanent Supportive Housing

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

***Housing Successes***
***In FY 2020-21, the MHSA FSP Programs:***

- *Housed 374 clients/households who were literally homeless*
- *Served 182 clients/households residing in MHSA funded apartments*
- *Provided over $2.1M in rental assistance*
- *Provided over $2.9M in housing supports and services*

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

Recognizing the efficacy, value, and importance of PSH, BHS continues to look for opportunities to build or renovate housing developments with units dedicated for MHSA-eligible tenants. BHS undertook an expansion of the PSH portfolio in FY 2018-19 in partnership with SHRA by co-applying with nonprofit housing development partners for State No Place Like Home (NPLH) capital funds. Since then, BHS has dedicated $5,087,737 in noncompetitive NPLH funds and been awarded $31,457,671 of competitive funds in support of four housing developments: Sunrise Pointe Development in Citrus Heights (22 units), Capitol Park Hotel Development in downtown Sacramento (65 units), Mutual Housing on the Boulevard in downtown Sacramento (50 units), and the On Broadway Development in downtown Sacramento (37 units). These pipeline NPLH developments will add 174 units of supportive housing to the BHS PSH portfolio.

In FY 2020-21 and FY 2021-22, BHS committed $8.9 million in MHSA Housing Program funding for 62 new dedicated permanent supportive housing units at four developments: Central Sac Studios (15 units); Villa Jardin/Coral Gables (15 units); Vista Nueva Apartments (15 units); and Donner Senior Apartments (17 units). In FY 2022-23, BHS committed an additional $6.4 million in MHSA Housing Program funding for 75 additional new dedicated permanent supportive housing units at three developments in the pipeline: Super 8 (15 units); Arden Star (30 units); and Rodeway Inn (30 units).

To date, Sacramento County's MHSA Housing Program portfolio has 265 built units at eleven developments. An additional 296 units are in the pipeline at ten developments. The estimated annual in-kind value of the 20-year required behavioral health service commitment for the 561 built units at the 21 proposed and existing MHSA and NPLH projects is $5.6 million.

MHSA funding has leveraged federal, state, and local funds to finance these dedicated units of supportive housing for MHSA eligible tenants. The built unit portfolio represents years of cultivation of effective, strategic partnerships with SHRA, non-profit housing developers, property management companies, and FSP providers. The portfolio is geographically diverse and includes new construction as well as acquisition/rehabilitation projects. Properties offer a range of unit sizes including studios and one-bedroom units to family properties offering multi-bedroom units. Additional information on each portfolio project is included in the MHSA Housing Portfolio Catalog *(See Attachment C – BHS MHSA Housing Portfolio Catalog).* Efforts to expand the MHSA Housing Portfolio are ongoing and remain a priority.

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

Flexible Housing Supports

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

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

## PREVENTION AND EARLY INTERVENTION (PEI) COMPONENT

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

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

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

PEI Component regulations (9 CCR § 3705, 3715, 3720, 3725, 3726, 3730, 3750) were revised in 2018 and redefined required and optional PEI program types to include in counties Three Year Program and Expenditure Plans and Annual Updates:

1) **Prevention**
2) **Early Intervention**
3) **Outreach for Increasing Recognition of Early Signs of Mental Illness**
4) **Access and Linkage to Treatment**
5) **Stigma and Discrimination Reduction**
6) **Improve Timely Access for Services for Underserved Populations**
7) **Suicide Prevention**

Additionally, the following six PEI priorities were established in 2020 (WIC § 5840.7):

1) **Childhood trauma prevention and early intervention to deal with early origins of mental health needs.**
2) **Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan.**
3) **Youth outreach and engagement strategies that target secondary school and transition age youth, with priority on partnership with college mental health programs.**
4) **Culturally competent and liguistically appropriate prevention and intervention.**
5) **Strategies targeting the mental health needs of older adults.**
6) **Other programs the commission (Mental Health Services Oversight and Accountability Commission) identifies, with stakeholder participation, that are proven effective in achieving, and are relective of, the goals stated in Section 5840.**

In FY 2021-22, PEI Suicide Prevention and Education program served 73,564 and outreached to over 220,000 individuals by providing individual outreach and participating in 302 community events. The Strengthening Families program served 3,520 individuals and offered prevention trainings and information to 64,503 students, parents/caregivers, education staff, and other partners. The Integrated Health and Wellness program served 888 and outreached to 198

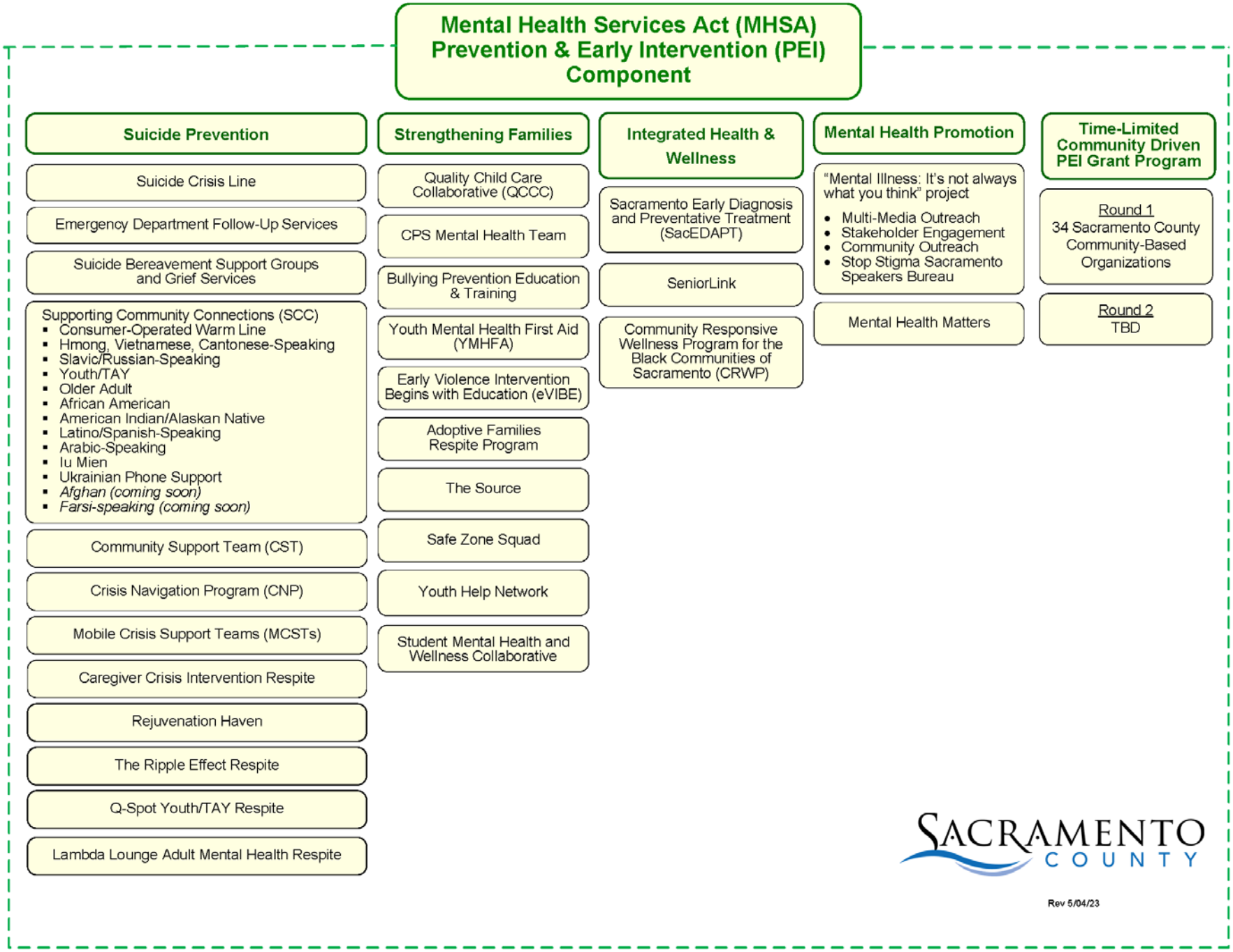
individuals. The Mental Health Promotion program "Mental Illness: It's not always what you think" project utilizes television, radio, social media and print material to advertise across the Sacramento area. In FY 2021-22, there were 7,680,161 impressions from the radio, 672 TV ads, 19 print ads, 14,533,861 impressions from outdoor ads and 16,250,236 impressions from online and mobile ads. The Project's Stop Stigma Sacramento Speakers Bureau speakers shared their personal stories 78 times, at 20 events, with a total audience attendance of 1,826 individuals. Descriptions of these programs are included in this Annual Update.

In FY 2019-20, the Steering Committee recommended dedicating 3% of local PEI funding to California Mental Health Services Authority (CalMHSA) Joint Powers Authority's efforts in sustaining the PEI Statewide Project activities annually beginning FY 2020-21.

In FY 2021-22 BHS implemented a regular procurement (competitive processes for selecting providers that can best deliver specific services) schedule for contracted programs, utilizing partner input from various methods and groups to ensure programming is effective, respectful and responsive.

In FY 2021-22, the MHSA Steering Committee supported a seven percent increase to create additional service capacity, as well as a ten percent rate increase across MHSA-funded direct service programs. In FY 2021-22, the MHSA Steering Committee supported $10 million in MHSA PEI funds for a Round Two of Time-Limited Community Driven PEI Grant Program.

In FY 2022-23, the MHSA Steering Committee supported sustaining Youth Help Network program with local PEI component funding.


Mental Health Services Act (MHSA)
Prevention & Early Intervention (PEI)
Component
Suicide Prevention
Suicide Crisis Line
Emergency Department Follow-Up Services
Suicide Bereavement Support Groups and Grief Services
Supporting Community Connections (SCC)
Consumer-Operated Warm Line
Hmong, Vietnamese, Cantonese-Speaking
Slavic/Russian-Speaking
Youth/TAY
Older Adult
African American
American Indian/Alaskan Native
Latino/Spanish-Speaking
Arabic-Speaking
Iu Mien
Ukrainian Phone Support
Afghan (coming soon)
Farsi-speaking (coming soon)
Community Support Team (CST)
Crisis Navigation Program (CNP)
Mobile Crisis Support Teams (MCSTs)
Caregiver Crisis Intervention Respite
Rejuvenation Haven
The Ripple Effect Respite
Q-Spot Youth/TAY Respite
Lambda Lounge Adult Mental Health Respite
Strengthening Families
Quality Child Care Collaborative (QCCC)
CPS Mental Health Team
Bullying Prevention Education & Training
Youth Mental Health First Aid (YMHFA)
Early Violence Intervention Begins with Education (eVIBE)
Adoptive Families Respite Program
The Source
Safe Zone Squad
Youth Help Network
Student Mental Health and Wellness Collaborative
Integrated Health & Wellness
Sacramento Early Diagnosis and Preventative Treatment (SacEDAPT)
SeniorLink
Community Responsive Wellness Program for the Black Communities of Sacramento (CRWP)
Mental Health Promotion
"Mental Illness: It's not always what you think" project
Multi-Media Outreach
Stakeholder Engagement
Community Outreach
Stop Stigma Sacramento Speakers Bureau
Mental Health Matters
Time-Limited Community Driven PEI Grant Program
Round 1
34 Sacramento County Community-Based Organizations
Round 2
TBD
SACRAMENTO COUNTY
Rev 5/04/23

**Suicide Prevention and Education Program**
**Capacity: 65,000 contacts annually**
**Ages Served: 10% Children, 18% TAY, 55% Adults, 17% Older Adults**

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

**Suicide Crisis Line**, administered by WellSpace Health, is a *PEI Suicide Prevention program in alignment with the following PEI priorities: early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan (WIC § 5840.7).*

The Suicide Crisis Line is a 24-hour nationally accredited telephone crisis line, 988 Suicide & Crisis Lifeline (formerly known as National Suicide Prevention Lifeline), that utilizes professional and trained volunteer staff to provide suicide prevention and crisis services to callers of all ages at risk of suicide. In addition to in-person phone response, program services also include a 24/7 Suicide Crisis Line Chat and Text response feature.

***Success: Suicide Crisis Line***
*A young male adult phoned the Suicide Crisis Line feeling very depressed, hopeless, and alone. He was assessed to be at moderate risk of suicide that night. He was dealing with family stressors and divorce, and using marijuana. He had experienced symptoms of depression, aloneness, anger, agitation, and isolation. He had suicidal ideations and had just started an antidepressant, but felt it wasn't working so had stopped taking it. He wanted to get well for his young preschool-aged child, of whom he had sole custody, but he couldn't get past the depression. He had no one to talk to. He felt he was a burden to others, that he was toxic to them, that others would be better off without him, and felt like it would never get better and was always going to be like this. The Crisis Line counselor explored his feelings and listened, validated, and empathized. They worked together on a safety plan and resources that could help. He was also offered a follow up call. In the end, he agreed he could keep safe from suicide and receive a follow up call from Crisis Line Specialist to confirm his ability to follow the safety plan. He told the counselor that she had a really nice voice, talking to her was a godsend, she seemed like she actually cared, and he was grateful for the support.*

In FY 2021-22 an unduplicated total of 56,884 individuals accessed the Crisis Line for suicide prevention support with 49,874 accessing by phone and 7,010 via chat/text. Beginning in FY 2023-24, calls, texts, and chats will also be routed from the 988 Suicide & Crisis Lifeline.

**Emergency Department Follow-up Services**, administered by WellSpace Health, is a *PEI Suicide Prevention program in alignment with the following PEI categories: early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan (WIC § 5840.7). .*

The program provides brief individual follow-up and support services to consenting individuals seen at Sutter Medical Center, Dignity San Juan, and University of California Davis Medical Center (UCDMC) Emergency Departments (ED), who have attempted suicide and are at high-risk for suicide.

In FY 2021-22, a total of 152 individuals referred by Sutter Medical Center ED and Dignity San Juan ED received 1,644 postvention follow-up and support services. Emergency Department Follow-Up Services began providing program services at UCDMC ED early FY 2021-22.

***Success: Emergency Department (ED) Follow-up Services***
*An individual was referred to the Emergency Department (ED) Follow-Up Services Program in April 2022 after being admitted to a local ED for an attempt to end her life by overdosing on medication. She expressed to the Follow-Up Specialist that she had undergone stress related to school, which had led to thoughts of suicide and her attempt to act on those thoughts. She had not sought out mental health treatment before her stay at the local ED. During her time in the ED Follow-Up Services program, she was given resources, including information for therapy and psychiatry, worksheets and brochures to aid in healing after a suicide attempt, mental health support, warmlines for teens, and Sacramento County's MHSA funded Mental Health Urgent Care Clinic. After receiving 30 days of support, she felt better able to cope with stress, opened up more to the people in her life, and spent more time engaging in hobbies and self-care activities she enjoyed. In addition, she continued to see a social worker weekly that she found helpful. She did not experience any more thoughts of suicide since the ED stay and was able to start therapy, which she felt excited about. Within this short period of time, she made positive progress.*

**Suicide Bereavement Support Groups and Grief Services** *is a Suicide Prevention program in alignment with the following PEI priorities: early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan (WIC § 5840.7).*

Administered by Friends for Survival, the program services are delivered by staff and volunteers, many who have been directly impacted by suicide.They provide support groups and services designed to promote healing in those coping with a loss by suicide. In FY 2021-22, 489 individuals participated in suicide bereavement education and support groups. Staff emailed a total of 19,953 monthly *Comforting Friends* eNewsletters (average of 1663 per month) and mailed a total of 43,902 monthly *Comforting Friends* newsletters (average of 3,660 per month). Newsletters and eNewsletters were distributed regionally and to surrounding counties.

***Success: Friends For Survival***
*Thank you for being there for me this past year since my husband's death. I am grateful for all the new "virtual" friends I have made. Our hearts pour out for one another and for our loved ones who are no longer with us. Keep up the good work.*

**Supporting Community Connections (SCC):** A constellation of community based agencies working collaboratively throughout the County to provide culturally and linguistically appropriate suicide prevention support services designed to increase access to and linkage with needed services; improve self-reported life satisfaction and well-being; reduce risk factors and enhance of protective factors; divert from crisis services or decrease need for crisis services; decrease suicide risk; increase knowledge of available resources and supports; and enhance connectedness and reduce isolation. Each program is specifically tailored to meet the needs of their respective communities. The SCCs are *PEI Improving Timely Access to Services for Underserved Populations* programs, and address all six (6) PEI priorities.

During FY 2021-22, the SCC programs collectively outreached to 216,824 individuals and served 2,426 individuals. Supporting Community Connections consists of ten (10) programs targeting 14 specific communities/populations:

◊ The **Consumer-Operated Warmline**, administered by Cal Voices, provides culturally appropriate, non-crisis supportive services to Sacramento County residents with the goals of increasing access and linkage to needed services (e.g., support services, self-help, and

professional supports); improving self-reported life satisfaction and well-being; and reducing suicide risk factors by building protective factors and and skills to increase the individual's support network.

The Warmline collaborates with community partners to provide outreach and education to mental health consumers and/or their family members to decrease suicide risks. The Warmline offers telephone support during peak weekday hours. Callers are provided with information, resources, and referrals to address their expressed needs either immediately or via return and/or follow up call. Program staff and volunteers receive one-on-one peer support and training in order to provide a variety of supports to Warmline callers including supportive listening, coaching, mentoring, referral and and linkage to community resources, skill building, and social networking. The program also offers Wellness Recovery Action Plan (WRAP) groups that empower assist individuals to in learning how to identify warning signs that may lead to difficulties within their lives and developing healthy skills to help overcome life challenges.

***Success: Consumer-Operated Warmline SCC***
*A 48-year-old male diagnosed with Schizophrenia called the Consumer-Operated Warmline, stating he was very depressed. The caller said he just wanted to talk to someone and when he asked Siri who could help him Siri referred him to the Warmline. The caller reports that his cousin, a veteran, died by suicide and that this loss really affected him mentally. The caller shared that one of his coping skills is to help wash people's headlights at gas stations, but he felt people looked down upon him when performing this task. The Consumer-Operated Warmline supported the caller by listening and giving encouraging words. The caller was very grateful and said, "Know you made a difference in someone's life today." The crisis that instigated the call was alleviated and as a result of Warmline's support, the caller was able to reduce ongoing risk factors and stressors. He also built protective factors and skills that increased his self-esteem. The caller said he would call the Warmline again if he needed more support.*

During FY 2021-22, the Consumer-Operated Warmline provided 199 individual community contacts, 2,769 information and referral contacts, and 18 individuals participated in groups. During FY 2021-22, the Consumer-Operated Warmline provided 199 individual community contacts, through including providing supportive listening, coaching, mentoring, skill building, and social networking to callers. Eighteen (18) individuals participated in six (6) week week-long Wellness Recovery Action Plan (WRAP) groups held on a quarterly basis, focusing on promoting healthy coping skills and and increasing overall wellness. The Program program also supported 2,769 information and and referral contacts by linking callers to community resources to address their needs, including medical/behavioral health, housing, and and financial assistance.

Sacramento County Behavioral Health Services (BHS) has established a procurement schedule for all MHSA-funded programs. During FY 2022-23, the Consumer-Operated Warmline contract is undergoing the rebidding process.

◊ **Hmong, Vietnamese, Cantonese-Speaking communities,** administered by Asian Pacific Community Counseling (APCC). The program provides services focused on suicide prevention by addressing cultural related risk factors to Hmong, Vietnamese, and Cantonese-speaking communities across the life span. During FY 2021-22, the program provided 92 individual community contacts such as walk-ins or home visits, 146 information and referral contacts via telephone, and 109 individuals participated in support and cultural activity groups specific to each language and culture.

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.

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

***Success: Hmong, Vietnamese, Cantonese-Speaking SCC***
*A 55-year-old Hmong client who speaks no English immigrated from Thailand as a refugee in 2005. In 2015, his wife passed away from breast cancer and his eldest son was diagnosed with schizophrenia and was unable to maintain employment.*

*The client was depressed due to his wife's passing and his son's diagnosis. In addition, the client's driver's license was suspended in 2019 due to multiple car accidents. The client was sad, isolated, helpless, losing hope, and frustrated with his situation. He needed help and heard the announcement on Hmong radio about APCC-SCC services. The client reached out to a SCC Hmong counselor to support him in getting his driver's license reinstated and finding employment.*

*The SCC counselor supported the client in contacting DMV and successfully linking to a Primary Care Physician for medical evaluation. The client's driver's license has been reinstated and he is currently employed. He is now in a better state of mind, holding his job, and can socialize with friends and family. The client is thankful for the Hmong counselor's intervention and assistance and has asked counselor to support his son as well and link him to a psychiatrist.*

◊ **Slavic/Russian-Speaking** is administered by Slavic Assistance Center. This program provides community workshops/forums/round tables for youth, adults and seniors to increase social connectedness, reduce isolation, and develop positive social skills. During FY 2021-22, the program provided 231 individual community contacts, four (4) information and referral contacts, and 15 individuals participated in groups.

***Success: Slavic/Russian-Speaking SCC***
*My family and I escaped the war in Ukraine and were able to come to the United States. Our home town in Ukraine is under attack and we were constantly hearing bombings and sirens. It was very scary to live in a place where there is war. I am so grateful that we were able to come to the U.S. and start a new life. The US government and people were very helpful and welcoming to us. Unfortunately, this transition was not easy for our family and for me. I was trying to adapt to the new country but was suffering from post-traumatic stress disorder. My experiences from the war followed me here. Due to this struggle, I began drinking alcohol heavily. This problem was affecting my life, my health, and my family. I thought there was no way out. However, there was a light at the end of the tunnel. Someone referred me to Slavic Assistance Center. They have a Ukrainian Hotline that I called to receive help. I was able to be given resources and help for my drinking problem and PTSD. I am now recovering and healing from these struggles. The center is able to provide me translation and I can easily speak to a professional in my native language. My life is changed and I am very grateful that American citizens are helping Ukrainian refugees. Thank you very much!*

*Translated from Ukrainian to English*

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

◊ **Youth/Transition Age Youth (TAY**) SCC is administered by Children's Receiving Home. The program provides suicide prevention information and support services for youth and transition age youth (TAY) from ages 12 years through 25 with an emphasis on the cultural and specific needs of LGBTQ, foster and homeless youth. During FY 2021-22, the program provided 193 individual community contacts, including contacts at homeless camps and the Wind Youth Center Shelter and three individuals participated in support groups such as Sexual Orientation and Gender Identity Groups. Please note that this is an unduplicated count. There are multiple groups conducted at Wind Youth Center and the LGBT Center with the same youth attending. Services range from outreach and engagement activities to individual and group support services. Program outcomes include promoting and supporting community connections, improving access to mental health services, and reducing suicide risk.

***Success: Youth/Transition Age Youth (TAY):***
*SCC staff connected with a youth after a life skills group at the Wind Shelter. The youth was 23 years old, a former foster youth, a single mother, and formerly incarcerated. The youth had also lost custody of her son at birth due to her incarceration and had an open CPS case causing her to feel overwhelmed and hopeless. Over several 1:1 meetings, the SCC staff was able to assist the youth with meeting CPS requirements (accessing parenting and anger management classes, weekly visits with her parole officer, and weekly drug testing), as well as securing transportation to appointments, accessing a cell phone, and obtaining employment. In the end, the youth was granted biweekly supervised visits with her son. This SCC staff was able to reach a vulnerable youth struggling with her trauma, chaotic life challenges, and hopelessness and helped her build a safety net of supportive resources to discover a clear and hopeful path forward, ultimately decreasing her risk of suicide.*

◊ **Older Adult** SCC is administered by Cal Voices and provides culturally and age-appropriate services to Sacramento County older adult residents (ages 55 and older) with the goals of increasing access and linkage to needed services (e.g., support services, crisis services, professional services, and benefits acquisition), decreasing suicide risk, and promoting community outreach to underserved populations.

The Older Adult SCC collaborates with community partners to provide outreach activities that specifically target the needs of older adults within unserved, underserved, and poorly served communities. The program recruits and trains peer volunteers to provide a variety of supportive services (e.g., emotional support, advocacy, education and training about mental health issues, transportation, and linkage and referral to appropriate resources) that address suicide prevention, reduce risk factors commonly experienced by older adults, and teach ways to build healthy connections and resiliency skills. Older Adult SCC staff facilitate two support groups,

"Young Rascals" and "Golden Years," which are aimed at educating participants about suicide risks and protective factors for older adults, teaching ways to access available behavioral health services, and reducing isolation.

During FY 2021-22, the Older Adult SCC Program provided 11 individual community contacts to participants to increase opportunities for companionship and socialization. Two senior socialization groups were held each month, focusing on reducing isolation, and a total of 17 individuals participated in these groups during the year. The Program also supported 844 information and referral contacts by linking senior participants to community resources to address their needs including medical/behavioral health, transportation, housing, and financial assistance.

***Success: Older Adult SCC***
*A 72-year-old female has participated in the Older Adult SCC program for over a year. The individual was matched with a long-time volunteer who enjoyed volunteering for us so much that she wanted to support an additional program participant. The participant and volunteer speak on the phone multiple times a week. The participant recently received a life-threatening diagnosis that made her prone to contracting other illnesses. Due to the prevalence of COVID-19, the participant developed a phobia about leaving her house. However, she trusted her volunteer, who encouraged her to continue to attend her medical appointments. Without the volunteer's encouragement, the participant may have missed crucial medical treatment. The participant shared with Older Adult SCC staff that she loves her volunteer and stated, "She doesn't feel like a volunteer. She feels like my best friend." The participant thanked the Older Adult SCC staff and expressed gratitude for the program's existence.*

Sacramento County Behavioral Health Services (BHS) has established a procurement schedule for all MHSA-funded programs. During FY 2022-23, the Older Adult contract is undergoing the rebidding process.

◊ **African American** SCC, administered by A Church For Us (doing business as A Church For All), provides cultural and ethnic-specific outreach, engagement, and supportive services to African American community members across all genders and age groups who reside in Sacramento County. The purpose of this program is to promote community connectedness, improve access to mental health and other needed services (e.g., support services, crisis services, benefits acquisition), and address suicide prevention by increasing protective factors for individuals.

The African American SCC provides outreach through social media and partnerships with faith-based/community-based organizations such as schools, afterschool programs, and youth programs to share their program information along with suicide prevention resources with African American community members. The program offers a variety of suicide prevention supportive services including individual listening sessions to those who are at-risk of suicide or are experiencing an emotional crisis and providing assistance with linkage to health, behavioral health, or social services. The African American SCC also offers Mental Health First Aid (MHFA) and SafeTalk trainings to key partner groups and facilitates access to Safe Black Space and several ongoing support groups.

A Community Needs Assessment was completed within their first year of operation and an African American partner advisory committee was also established. Based upon the feedback, the community-defined program design strategy was modified to include individual and group peer support, crisis intervention, and warmline services. The program's advisory committee

provides valuable input related to project implementation and program refinement strategies to benefit African American community members. The committee continues to recruit new members.

***Success: African-American SCC***
*A 47-year-old -Black female was engaging in threatening behaviors towards neighbors/law enforcement. She was incarcerated after several physical altercations with men in the community and had repeatedly expressed a desire to end her life. Service providers viewed her as resistant/unwilling to engage in traditional mental health services and unfit for services. The individual called the African American SCC office ten times within one day for an appointment. Program staff connected with the individual over the phone, listened as she described her life in painstaking detail, and won her trust. Despite being two hours late to her face-to-face appointment, staff met with her and provided her with something to eat. The individual appeared lonely and agreed that she needed to reduce her isolation. She agreed to visit a culturally relevant respite program and SCC staff met her at the program to facilitate formal introductions. While at the respite center, the individual adjusted to the program and SCC staff regularly visited her to build trust. Over the course of 3 months, the individual improved her overall appearance, communicated without using threatening language, worked on a safety plan, and accessed much-needed social services support. The individual continues to check in with SCC staff via phone and in person at least once per month..*

During FY 2021-22, the African American SCC provided 254 individual community contacts which included case management, crisis intervention, individual/peer counseling, coaching, and mentoring. A total of 108 individuals participated in groups which focused on areas including stress reduction, physical health, self-care, parent/caregiver support, crisis management, suicide prevention, and reducing mental health stigma. The program also supported 173 information and referral contacts by linking participants to community resources to address their needs including behavioral health services and housing.

◊ **American Indian/Alaskan Native SCC** is administered by Sacramento Native American Health Center (SNAHC). This SCC program, known as "Life is Sacred," provides Native culture-based suicide prevention training and support services to American Indian/Alaska Native (AI/AN) community members across the life span. The unique program design, which is sensitive to specific community needs, does not lend itself to individual data collection. During FY 2021-22, the program provided 35 individual community contacts, which consist of outreach activities, including educating community members about culturally-responsive suicide prevention strategies, and 301 individuals participated in groups, including Gathering of Native American Training/Workshop (GONA), Culture is Prevention (CIP) workshops, and suicide prevention trainings.

Research clearly indicates that for AI/AN community members, culture is a determinant of health and loss of culture causes harm whereas re-connecting with culture is protective and improves health. The research also indicates that resiliency, generosity and empowerment are fundamental principles within Native cultures. High rates of mental health issues for AI/AN community members are a direct result of historical events and oppression relating to colonialism and loss of culture; therefore, improving well-being requires strategies that counter cultural loss. The incorporation of traditional Native healing practices and ceremony is an integral part of this program. The program offers an array of culturally based workshops such as Gathering of Native American Training/Workshop (GONA), Culture is Prevention (CIP) workshops, and youth and elder focused workshops. These workshops are designed to strengthen and support community capacity, and reduce the prevalence of mental health

challenges and suicide by increasing 1) Cultural Identity/Connectedness, 2) Empowerment, 3) Resilience, and 4) Generosity.

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

***Success: American Indian/Alaskan Native SCC***
*I identify with being indigenous and I would categorize myself as rediscovering my indigeneity. Since October 2020, I have been participating in services and classes provided by SNAHC. I first joined a SNAHC Talking Circle and from there signed up for Culture is Prevention classes, Life is Sacred Suicide Prevention Classes, Fatherhood & Motherhood is Sacred Classes, Healing Ways, and other classes. Through my participation in these groups and classes, not only did I become more self-reflective and able to articulate my own problems, I became aware of my own resilience, ability to problem-solve and heal myself.*

*In exploring and utilizing some of the services available at SNAHC, such as health services, behavioral health, and grief counseling, I understood that service provision is only one aspect of an individual's healing. For healing to be effective and sustainable, I have experienced that a holistic approach is required. Intergenerational trauma and epigenetics are real and consequently manifest as chronic and sometimes unexplained illnesses in the body. This often causes great frustration for the individual who is not believed and is left feeling stigmatized.*

*SNAHC provides a holistic approach to healing. Culture is Prevention classes provide a safe space for community members to meet, teach cultural practices, share wisdom, and refer participants to other services they may need. It is through cultural practice that indigenous technical and spiritual knowledge is accessed, and healing occurs on a community level as well as on an individual level. Life is Sacred Suicide Prevention Classes provide valuable information and training on providing lifesaving support and referral services; participation in suicide prevention walks strengthens community solidarity. Gathering of Native American events are equally important in keeping culture and tradition alive in the community as well as imparting to youth, our future ambassadors, the knowledge and values to be carried on in future generations.*

◊ **Latino/Spanish-Speaking SCC** is administered by La Familia Counseling Center (LFCC). This program serves Sacramento County's Latinx communities through Latinx culturally focused suicide prevention services. During FY 2021-22, the program provided 802 individual in-person community contacts (either at La Familia or on a home visit), 2,789 information and referral contacts (tracked phone calls), and 127 individuals participated in groups.

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

Additionally, the program provides the following support services which reduce the stigma and discrimination about mental illness and bring about awareness of suicide prevention: Grupo de Apoyo, support groups for parents and older adults; Parents of Teens, a support group

using an evidence-based practice curriculum that has been adapted to improve communication between Latinx parents and teens; and, education and information sessions/groups on a regular basis at the Mexican Consulate to enhance the community's knowledge of suicide prevention. Additionally, LFCC SCC program provides outreach to their Senior Companion Partnership program through home visitation and assistance to isolated Latino seniors.

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

***Success: Latino-Spanish Speaking SCC***
*A young woman was referred by a friend and came to LFCC in a state of emotional crisis. One of our Community Health Workers met with her to assess her needs and connect her with our therapist through our Centro de Apoyo Latino (CAL) program. The therapist met with her that day and, after reducing her emotional distress and risk of self-harm, scheduled future therapy sessions with her. She is a recent survivor of human trafficking, having recently immigrated from El Salvador alone, with limited social support and continued related symptoms of fear, along with need of legal and immigration assistance. She greatly appreciated that LFCC staff referred and accompanied her to provide a warm handoff to a refugee resettlement agency, which has continued to provide the long-term services the client needed, including long-term therapy, housing, food, and immigration and legal services. Our Community Health Worker also assisted the client in registering for English classes, per her request. When this client initially arrived to LFCC, she struggled to make eye contact, advocate for herself, and did not know of the resources available to her. She expressed hopelessness and was overwhelmed to the point of wishing for death. She completed our program with improved self-esteem, and engagement in services that help her to focus on her personal goals, including working and socializing, that she was unable to attend to in the past.*

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

The combination of SCC services and the grant-funded services helps address the increasing need for services in the Latinx community.

◊ **Arabic-speaking SCC** is administered by Refugees Enrichment & Development Association (REDA). This program provides suicide prevention awareness and support services to the Arabic speaking community. Their SCC program provides culturally responsive and linguistically proficient support through the following outlets: (1) Social support services offered through REDA's helpline, which allows REDA to assess the community's needs and provide wider linkage to service providers; (2) Mental health screening services provided to clients during both daily intake and monthly outreach events. This two-step screening uses three professional questionnaires to assess clients' mental health needs and the need for a mental health clinician for the Arabic speaking community; (3) Referrals to mental health providers. Clients who display symptoms of distress, depression and PTSD are offered the option of being referred to culturally and linguistically sensitive providers. Providers can be counselors, therapists or psychiatrists; and (4) Outreach and community driven activities. REDA offers a monthly event at which professional speakers educate community members on

topics that are relevant to the Arabic speaking community. The chosen topics were identified by clients through an online survey to better engage community members in these conversations.

During FY 2021-22, the program provided 339 individual community contacts consisting of mental health screenings and outreach and engagement contacts promoting and supporting community connections, 621 information and referral contacts to link community members to mental health and other needed services, and two individuals participated in groups. REDA offers at least five (5) educational workshops annually to the Arabic speaking community on personal care and well-being. Culturally sensitive speakers offer presentations addressing worldview of the diverse community groups inclusive of all ages and use strategies known to culturally engage the community.

***Success: Arabic-speaking SCC***
*N. is 73 years old and came to the US as a refugee from Iraq. She is married and her husband is 85 years old. They are the caretakers and guardians for their 2 grandsons who are extremely disabled and whose mother is still in Iraq. When REDA first came in contact with N., it was through the social services we provide; our case managers were helping her with arranging medical appointments and paperwork for her grandsons. We noticed she was overwhelmed and distressed and felt very isolated. She did not have resources or friends. Our case managers suggested mental health screening, she agreed and met with our mental health screener. She disclosed how much support she needs and how overwhelmed she is. She was enrolled in our support group and ocean retreat trip.*

*N. attended all the support group sessions, to which REDA provided transportation. She looked forward to each session. She found emotional and mental support in the group and joined a small community through the ladies she met in the support group. Through REDA social services, she received resources that she desperately needed. For example, REDA helped her family by providing learning opportunities to her deaf grandson who started learning sign language. N. felt that REDA helped alleviate the burden of her daily life and responsibilities by providing counseling and helping her manage her family situation and giving her an outlet to meet with other women of similar backgrounds and taking her on an ocean retreat trip. N. said that REDA has changed her life by making it easier on her to wake up in the morning and not feel helpless and hopeless.*

◊ **Iu Mien SCC** is administered by Iu Mien Community Services (IMCS). This SCC program provides culturally and linguistically responsive intergenerational support groups, outreach and engagement activities, and prevention-focused culturally relevant suicide prevention services to the Iu Mien community across the life span. During FY 2021-22, Iu Mien served a total of 259 unduplicated individuals in group services. The goal of this program is to decrease the likelihood of isolation and depression. The unique program design, which is sensitive to specific community needs, does not lend itself to information and referral contacts.

The Iu Mien SCC program provides weekly peer-run adult day support services for elderly and disabled Iu Mien community members. Support services include socialization, weekly news exchange, recreation/field trips, and presentations regarding community concerns and services of local agencies, with the goal of decreasing the isolation, loneliness, and depression plaguing many elderly and disabled Iu Mien community members.

***Success: Iu Mien SCC***
*"I have struggled with social isolation during the pandemic. I suffer from depression and anxiety, and during the hardest time in the pandemic shut-down I was constantly afraid. Iu Mien Community Services (IMCS) has staff to call and check up on me. They provided COVID-19 information and updates and talk to me to keep me company. It was good because I believed everything I heard on the news and from friends. IMCS was able to tell me what was true and what was not. Recently, IMCS has been able to provide a safe outdoor meeting space where I can meet and social with other members of the community, which has helped me tremendously with my mental health. I have been able to participate in weekly walks in the park with my friends and educate myself about physical and mental health. IMCS has provided essential foods on a monthly basis, which I enjoy very much. I am very appreciative of this program and they are a much needed resource during the pandemic."*

--Translated from Mien to English

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

◊ **Ukrainian Support Line** is administered by the Slavic Assistance Center. In response to the war in Ukraine, BHS worked with the Slavic Assistance Center, a SCC provider serving the Russian-speaking community, to implement a phone support line to be answered in Ukrainian or Russian to listen to the needs of local community members who have family or friends back in Ukraine and provide appropriate emotional support and referral information during this challenging time.

***Success: Ukrainian Support Line SCC***
*My name is Irina, I am 37 years old, I was forced to save my life and the lives of my two children from the occupation of my country Ukraine by Russian troops. I am grateful to God, the US government, and the American citizens who opened the doors of their country to save us from the horrors of the war unleashed by Putin. While my husband and father of my children is protecting my home country from Russian invaders, my children and I managed to cross the border from Mexico into the USA. When we lived in Ukraine, I knew where and to whom I could turn to for help. Now, I found myself in a country with two children, not having knowledge of the language, and unfamiliar with the way of life. I am very grateful to the people who took us into their home temporarily. In a new country, in a new place of residence, there are a lot of issues that need to be solved. I started looking for information about finding a job, finding a place to live, how to get my children into school and much more. The people who gave us temporary housing advised us to call the Ukrainian Support Line 916-925-1010 at the Slavic Assistance Center for Help. I called this line and was able to speak to the center's employees in my native language and they helped solve many of my problems. I am grateful to the American government and American citizens for their attention and assistance to us refugees. It is very helpful when people can call to the Ukrainian Support Line and get help. Thank you!*

--Translated from Ukrainian into English and name changed to protect identity

In 2022, BHS responded quickly to the sudden and overwhelming community need. The County approved emergency funding for these services mid FY 2021-22. As a result, callers receive information and emotional support and are linked with local community supports and refugee services.

◊ **SCC Expansion (Afghan, Farsi-speaking)**: As the population in Sacramento County grows and we welcome refugees and immigrants from around the world, the SCC program will expand in response to community needs. Over the past few years, the largest numbers of refugees coming to California have resettled in Sacramento County and as a result, Farsi was

added as a new threshold language. When the former government of Afghanistan collapsed last year, thousands of refugees fled their home country with a large number of individuals and families being resettled in Sacramento County. These individuals speak Dari or Pashto, depending on their tribal affiliation. Two (2) new SCC programs will be added to serve the local Farsi-speaking community and Afghan community, respectively, to provide culturally responsive and linguistically proficient outreach and support services for members of these communities. BHS began the competitive selections processes in FY 2022-23, with plans to award a contract to serve each of these two communities in FY 2023-24.

The **Community Support Team (CST)** is a *PEI Access and Linkage to Treatment program that is in alignment with the following PEI categories: early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan; and culturally competent and linguistically appropriate prevention and intervention (WIC § 5840.7).*

The program provides community-based flexible services to community members experiencing mental health distress, which can include an assessment, crisis intervention, safety planning, and linkage to ongoing services and supports. The CST is a collaboration between Behavioral Health Services (BHS) licensed mental health counselors and Cal Voices peer/family specialists, creating one team with a variety of clinical and outreach skills.

***Success: Community Support Team***
*CST Peer Specialist and CST Senior Mental Health Counselor (SMHC) conducted a home visit with a client who did not have an active cell phone. The client also supported his disabled wife. He reported that he had connected with the appropriate support in other domains, but needed help with mental health and housing/rent. During this engagement, the client expressed his hopelessness with his situation and job loss. The client also expressed that he was feeling caregiver burn-out due to being the primary source of income for the household and primary support for his disabled wife. The client shared that he had no family members that could help with his situation. During this dialog, CST Peer Specialist and SMHC offered supportive listening and motivational interviewing. The client shared that his number one concern was that he was unhoused and that he had difficulty talking on the phone. Before the next visit, the Peer Specialist created a list of resources for him based on the information from the referral. During the home visit, the client also showed the Peer Specialist and SMHC that he had no food in the house and did not have transportation. The Peer Specialist and SMHC made calls to a veteran's services resource and sent in a referral for rent help. Because several local food bank and outlets were closed given the time of day, CST accessed the program's client support funds for food from the grocery store to last until the following week. Peer Specialist and SMHC also discussed ways to obtain food boxes with client. The client shared that he was connected to the VA and had scheduled an appointment. The client was also aware of the Mental Health Urgent Care Clinic in case of a mental health emergency. The Peer Specialist reviewed with client the resources for basic needs, benefits for which he could apply, information and crisis lines. The client was very appreciative during the visit. The visit went longer than anticipated; however, by working together as a team, all of the client's needs were met during this one home visit. The CST were able to problem solve with the client in order to connect him to early intervention resources.*

The BHS mental health counselors and the contracted peer/family specialists work together to engage and build bridges between family members, individuals, natural supports systems, and community resources and/or services. The CST serves Sacramento County children, youth, TAY, adults, and older adults that are experiencing mental health distress, including those at risk for suicide. The CST provides education, resources, and connections to services for individuals and their caregivers, loved-ones and other natural supports. The goal of CST is to provide services in a culturally and linguistically competent manner while promoting recovery, resiliency and well-

being. BHS mental health counselors and Cal Voices' Peers have become a collaborative team partnering with other programs and community partners, including the Mobile Crisis Support Team (MCST), the County Jail, and law enforcement agencies throughout Sacramento County, to provide CST services to individuals coming into contact with the justice system. Desired CST program outcomes are decreased use of crisis services and/or acute care hospitalization services; decreased incarceration and/or recidivism/contact with law enfrocement; decreased risk for suicide; increased knowledge of available resources and supports; and increased personal connection and active involvement within the community.

FY 2021-22, CST added four of five additional BHS mental health counselors, who will partner with local law enforcement, jail, and collaborative courts partners to support individuals coming into contact with the justice system due to their mental illness. For FY 2022-23, CST plans to fill the remaining mental health counselor position. Cal Voices was awarded the CST Peer contract and started early FY 2021-22.

**Crisis Navigation Program (CNP)** (formerly named Mental Health Navigator Program) is a *PEI Access and Linkage to Treatment program that is in alignment with the following PEI priorities: early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan; and culturally competent and linguistically appropriate prevention and intervention (WIC § 5840.7).*

The Mental Health Navigator Program is now called the Crisis Navigation Program (CNP) to better align with the program's focus on the needs of individuals coming into contact with local emergency rooms and the hospital system. Administered by the Bay Area Community Services (BACS), this program provides 24 hour, 7 day a week on-call support to clients in crisis and response to referrals. This program serves children, youth, TAY, adults, and older adults with the goal of reducing a relapse into crisis, unnecessary hospitalizations and incarcerations. The CNP team provides brief community-based navigation services for individuals recently involved in crisis services as a result of their mental illness. Navigators are Peer Specialists who have mental health lived experience. Navigators provide triage, recovery-focused crisis intervention, peer support, care coordination, advocacy, system navigation and linkage to services for individuals living with serious mental illness who are unlinked to mental health services. Navigators are field-based and dispatched out to respond to new referrals from Sacramento County emergency rooms and psychiatric hospitals providing the majority of services in the community.

***Success: Crisis Navigation Program (CNP)***
*A 40-year-old woman was referred from a local Emergency Department (ED) for suicidal ideation. The ED reported difficulty communicating due to the client's primary language of Spanish and being hard of hearing. CNP's Spanish-speaking staff met with the client and transported her home to build rapport. The client lived with her brother who was able to provide CNP staff with more background information. The client had been receiving therapy and medication services from a local clinic via telehealth. The clinic was only able to provide one visit a month. Client's suicidal thoughts and other symptoms continued. Staff identified other underlying unmet needs and linked the client to a domestic violence (DV) program, parent support group, and to the Mental Health Plan (MHP) for a higher level of care to receive outpatient services. The CNP staff was able to attend the MHP outpatient services intake appointment with the client to provide support, and advocate for her need for Spanish speaking staff, support for being hard of hearing, and in-person appointments. The CNP staff also linked her to a new Primary Care Physician (PCP) and pharmacy closer to where she lived. The CNP staff supported both the client and brother (natural support) in understanding how to advocate for their needs in the future and worked together with them to ensure all the client's needs were understood and addressed. The client reported feeling cared for and hopeful for her future, helping to reduce her suicidal thoughts.*

The CNP team continues to build and expand partnerships with hospitals. Navigators have remained field based being dispatched out to new referrals and to community locations to locate community members who have been referred to services.

**Mobile Crisis Support Teams (MCST)** is a *PEI Access and Linkage to Treatment program that is in alignment with the following PEI priorities: early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan; and culturally competent and linguistically appropriate prevention and intervention (WIC § 5840.7).*

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

Each MCST is comprised of a Police Officer/Deputy Sheriff who is trained in Crisis Intervention Training (CIT) to respond to persons experiencing mental health crisis, a BHS licensed mental health counselor, and peer advocates through a contracted provider, Cal Voices – Community Support Team (CST). The team employs a ride along, first response model where the BHS Counselor and a law enforcement Officer/Deputy respond together to emergency calls involving a mental health crises with the goal of mitigating the crisis in the community and linking individuals to resources and services. The Advocate then provides follow-up engagement and services for individuals with potential mental health needs to ensure they are offered support in navigating care systems and successfully link to appropriate services.

The MCST Program currently includes ten (10) teams covering eight (8) areas. These areas are inclusive of the North and South areas of unincorporated Sacramento County, the cities of Citrus

***Success: Mobile Crisis Support Teams***
*MCST was dispatched to a call for service, where the client's daughter, an LCSW, asked for assistance as her mother was highly symptomatic. The daughter reported her mother would be triggered by law enforcement. After discussing the mother's symptoms, the CIT deputy felt comfortable with the clinician engaging with the client independently. The clinician engaged with the mother, who agreed to link with the mental health follow-up team for linkage to services. During a later call for services, the CIT deputy also engaged with the client. After the client associated law enforcement with the positive interaction with the MCST clinician, this changed her perception of law enforcement from negative to positive.*

*"Dear Mobile Crisis Support Team, I lost the love of my life... The team that arrived helped me out tremendously during my crisis. They stayed with me for hours until Funeral Director arrived. They were not going to leave me until my family felt comfortable that I was going to be ok. I think your program is very useful and hope my survey helps out in any way. Regards…"*

*"The team was very knowledgeable and supportive. Paid attention to what I had to say. The team gave me good advice and insight to the problems I was having. They called at a later date to check in with me and my wife. They gave very honest advice and suggestions. Without their encouragement I might not have continued with seeking help."*

Heights, Elk Grove, Folsom, Rancho Cordova, and Galt. To serve these areas, BHS has partnerships with the Sacramento Sheriff Department-North Division, Sacramento Sheriff Department-Central Division, Citrus Heights Police Department, Folsom Police Department, Elk Grove Police Department, Rancho Cordova Police Department, Galt Police Department, and Los Rios Police Department.

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

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

◊ **The Caregiver Crisis Intervention Respite Program,** administered by Del Oro Caregiver Resource Center, is in *alignment with the following PEI priorities: early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan; culturally competent and linguistically appropriate prevention and intervention; and strategies targeting the mental health needs of older adults (WIC § 5840.7).*

> ***Success: Caregiver Crisis Intervention Respite Program***
> *A 92-year-old Japanese woman and her caregiver who is her 85-year-old Latino husband enrolled in the Caregiver Crisis Intervention Respite Program. The clinician enrolled the family caregiver because he felt very overwhelmed. He had a difficult time knowing what to do and how to manage his time. However, the program's Family Consultant provided helpful suggestions, including suggesting that he make medical appointments for himself and take time for self-care. The caregiver was open to ideas and began to increase his usage of respite services offered, going from 4 hours/per month in the beginning to anywhere from 14 to 19 hours per month after becoming more comfortable with the process of using available respite services. The Family Consultant provided care planning that involved encouraging the client to use respite. To see him get to the point of utilization was wonderful! The Family Consultant also advised the caregiver of resources available to him through the Veteran's Affairs (VA) office for which he subsequently applied..*

This program helps decrease hospitalizations due to mental health crises of family caregivers of people diagnosed with cognitive disorders, primarily dementia. The program provides respite care, family consultation, home visits, and an assessment with a clinician to develop a care plan focused on services, supports, and wellness. The program serves adult caregivers of all age groups with the majority of caregivers being in the 60+ age range.

◊ **Rejuvenation Haven** (formerly named Respite Program), administered by Wind Youth Services, is in *alignment with the following PEI priorities: childhood trauma prevention and early intervention to deal with the early origins of mental health needs;early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan; and culturally competent and linguistically appropriate prevention and intervention (WIC § 5840.7).*

This program provides mental health drop-in respite services to youth and TAY ages 13-25 years old experiencing overwhelming stress due to life circumstance and homelessness. Services may be accessed via a drop in center or with a pre-planned visit and include screening, planning, crisis intervention, life skills workshops, health screenings, groups, crisis counseling, and case management. Program outcomes include reducing risk factors, increasing access to mental health crisis support services, increasing knowledge of available supports and resources, and diversion from restrictive environments.

***Success: Rejuvenation Haven***
*"Thomas," a 22-year-old, came to Rejuvenation Haven. He shared with the Rejuvenation Haven Respite Program Peer Case Manager (PCM) that he had battled mental health and substance use concerns due to being unhoused off and on his entire life. He expressed trust issues due to a lack of support and feared getting help for his mental health concerns. The PCM engaged with Thomas by going at his pace. He was offered support through food from the Wind Youth Services kitchen, clean clothes from their clothing closet, and rest in the program's respite space (a room designated for youth to relax, have a quiet area, and take a break from stress) before talking with him about resources. After this short time, Thomas talked to staff and responded positively to staff's advocating for mental health treatment. Staff worked with Sacramento County Behavioral Health Services' Homeless Assistance Resource Teams (HARTs), co-located at the Wind Youth Services Drop-in Center. The HART clinician conducted an assessment and linked Thomas to a mental health provider. This mental health provider supported him in accessing housing.*

Fall 2022, Wind Youth Services asked youth to create a new name for the respite program. Youth identified several program names followed by a group vote. Rejuvenation Haven received the highest number of votes to rename the program. The Wind Youth Services Executive Director stated, "The youth had a lot of fun voting and choosing the new respite program name. Wind Youth Services is proud to welcome Rejuvenation Haven to their drop-in center."

◊ **The Ripple Effect Respite Program,** administered by A Church For All, is in *alignment with the following PEI priorities: early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan; and culturally competent and linguistically appropriate prevention and intervention (WIC § 5840.7).*

The program, a mental health drop-in respite service, provides respite services to unserved and underserved TAY (18+), adults, and older adults, with an emphasis on people of color who may identify as LGBTQ at risk of or experiencing a mental health crisis. Services include screening, supportive services, individual and group support, linkage to other services, peer supports, other crisis response services, and community outreach activities. The Ripple Effect promotes community connection and other supportive resources so participants leave feeling less stressed than when they arrived. Participants may return to utilize respite services as needed.

***Success: Ripple Effect Respite Program***
*EB and spouse, a middle aged couple, were renting a home that was sold by its owner, resulting in an unplanned eviction. Sleeping in their car and living in parks during the day, the couple was referred to The Ripple Effect by a local service agency. The Ripple Effect staff verified eligibility and referred and advocated for the couple with an organization that has access to low-income housing for people who receive regular monthly income. As a result of the couple's disability status, they were able to qualify for room and board housing through the organization. The couple expressed their gratitude for the support received from The Ripple Effect. Staff continues to monitor the couple's condition to ensure a smooth transition toward stability.*

At the end of FY 2021-22, Danelle's Place, a respite program serving transgender youth, closed. To ensure that they continue to receive respite services, The Ripple Effect Respite Program increased capacity to serve transgender TAY.

◊ **Danelle's Place Respite Program,** administered by Gender Health Center (GHC), is in *alignment with the following PEI priorities: early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan; and culturally competent and linguistically appropriate prevention and intervention (WIC § 5840.7).*

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

***Success: Danelle's Place Respite Program***
*Danelle's Place Respite Program hosted a Distribution Day Outreach Event, which had a fantastic turnout. Danelle's provided survival supplies to our community to support folks during the pandemic. Danelle's served 73 community members with supplies, distributing 1,606 individual items that included clothing, hygiene products, tents, tarps, and sleeping bags. Through this outreach event, Danelle's lessened the impact and life stressors on our unhoused community. One of Danelle's regular community members told the team that this service would significantly improve their living standards.*

*"I have attended multiple respite events as a GHC counselor and have loved seeing how Danelle's Place Respite team worked to make the space accessible and welcoming. I really appreciate having a way to meet the material needs of our community while also giving them a safe space to build community."*
*--Advocate, Jacob*

GHC chose not to renew their contract to provide Danelle's Place Respite Program services in FY 2022-23 because the program was understaffed and not well attended. The Danelle's Place Respite Program remained open through June 30, 2022. GHC informed the community and clients seeking respite services about other available respite programs and crisis services available through their social media accounts and flyers posted at the GHC site.

◊ **Q Spot Youth/Transition Age Youth (TAY) Respite Program,** administered by Sacramento LGBT Community Center, is in *alignment with the following PEI priorities: childhood trauma prevention and early intervention to deal with the early origins of mental health needs; early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan; and culturally competent and linguistically appropriate prevention and intervention (WIC § 5840.7).*

The program provides drop-in mental health respite care and supportive services to unserved and underserved youth and TAY, age 13 to 25 who identify as LGBTQ. In addition, support groups are provided with a range of topics, including but not limited to: anti-bullying, coming out, healthy relationships, and life skills development. Q-Spot program offers the LGBTQ youth community respite services provided by peers and staff with the same lived experience, which is critical to improving their mental health.

At the end of FY 2021-22, Danelle's Place, a respite program serving transgender youth closed. To ensure that they continue to receive respite services, Q Spot increased capacity to serve transgender youth.

***Success: Q Spot Youth/TAY Respite Program***
*"Mateo" visited the Q Spot due to being unhoused and seeking housing resources. Mateo came identified as a cisgender young woman, and reported struggling with their mental health and felt depressed, deeply dysphoric. After their first week in the program, they stated that Q-Spot was the first affirming space they had been in and that they would like to transition. Q-Spot staff assisted them with a legal name change and attaining gender-affirming healthcare and Mateo started testosterone shortly after. They are on their way to finding long-term sustainable housing and family reunification. After the quick connection to the Q-Spot, they are learning ways to support their mental health and gender identity, and their outlook is improving daily.*

◊ **Lambda Lounge Adult Mental Health Respite Program,** administered by Sacramento LGBT Community Center is in *alignment with the following PEI priorities: early psychosis and mood disorder detection and intervention; mood disorder and suicide prevention programming that occurs across the lifespan; and culturally competent and linguistically appropriate prevention and intervention (WIC § 5840.7).*

The program provides mental health respite care, via a drop-in center and supportive services, to unserved and underserved adults and older adults who identify as lesbian, gay, bisexual, transgender, and/or questioning (LGBTQ). Respite services are short-term time-limited breaks in a safe environment for individuals who are at risk of or experiencing a mental health crisis. Respite services are designed to prevent an acute mental health crisis from occurring and may provide an alternative to emergency department visits or psychiatric hospitalizations. Services include screening, individual and group support, linkage to other services, peer supports, crisis response services, and community outreach activities.

***Success: Lambda Lounge Adult Mental Health Respite Program***
*A 27-year-old non-binary, graysexual community member came to the Adult Mental Health Respite Program for housing and counseling services. They were unhoused, living in their car, and then their car was towed. They were in crisis. The Respite Program staff helped them de-escalate and referred them to a 23 hours mental health respite program. Staff also referred them to the LGBT Community Center's mental health clinician for free counseling. Currently, they have found full time employment and are participating in a housing program while saving for a place of their own. They use the Center's address to receive important mail and staff has provided them with a DMV ID voucher.*

At the end of FY 2021-22, Danelle's Place, a respite program serving transgender youth, closed. To ensure that they continue to recieve respite services, Lambda Lounge Adult Respite Program increased capacity to serve transgender TAY.

**Strengthening Families Program**
**Capacity: 65,000 annually (including the Bullying Prevention and Education Program)**
**Ages Served: 73% Children, 10% TAY, 15% Adults, 2% Older Adults**

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

**Quality Child Care Collaborative (QCCC**) is a *PEI Prevention program which is in alignment with the following PEI priorities: childhood trauma prevention and early intervention to deal with the early origins of mental health needs, and culturally competent and linguistically appropriate prevention and intervention (WIC § 5840.7).*

The QCCC is a collaboration between Behavioral Health Services (BHS), Child Action, Sacramento County Office of Education (SCOE), and other partners. This collaborative leverages First 5 funding to provide behavioral health consultations to preschools and early childcare learning environments for children, birth through age five (5). Consultations are designed to increase teacher awareness about the meaning of behavior and to provide strategies to ensure the success of the child while in a childcare and/or preschool setting, resulting in high quality child care for children and families. Support and education is also available for parents. During FY 2021-22, the program was expanded by adding a second behavioral health clinician position. Services were provided predominantly in-person. In addition, a new monthly training series began, offered to providers, families, and community members around topics specific to serving the 0-5 population.

***Success: Quality Child Care Collaborative (QCCC)***
*The QCCC Consultant received a referral regarding a four-year-old displaying frequent tantrums and limited social interaction in the classroom; transitioning from one activity to another triggered the behavior. The Consultant worked with the classroom staff and the child's parent. While working with the classroom staff and child's parents, the Consultant learned the parent's work schedule had recently changed, providing another trigger for the behavior. The Consultant supported the child by playing games that included essential feeling words and reading books that use emotional words through characters. Deep breathing and sensory activities, such as using playdough, were used to manage challenging feelings. Prepping the child and classroom for upcoming transitions and keeping the daily schedule predictable helped address the child's escalating challenging behaviors. Finally, a daily communications log between the classroom and home was used to provide consistency across the school and home settings. The family requested additional support outside of the QCCC Consultation provided to the child's classroom. The Consultant provided a referral to family therapy, with which the family has since engaged. At the close of QCCC services, the child was positively engaging with her peers and her tantrums had stopped. Moreover, the classroom teacher's skills around emotional literacy had increased, creating a more positive classroom environment for all.*

The **CPS Mental Health Team** is a *PEI Improving Timely Access to Services for Underserved Populations program that is in alignment with the following PEI priorities: childhood trauma prevention and early intervention to deal with the early origins of mental health needs, and culturally competent and linguistically appropriate prevention and intervention (WIC § 5840.7).*

This is a collaborative program between BHS and Child Protective Services (CPS) that supports the mental health needs of children within the Child Welfare system. The program serves children and youth, birth through age 20 and aligns with the implementation of Continuum of Care Reform and the requirement that a Child and Family Team (CFT) is provided to all children entering the Child Welfare system.

The program's Behavioral Health Services (BHS) clinicians complete the Child and Adolescent Needs and Strengths (CANS) tool and provide mental health consultations that informs the CFT meeting process and CPS case planning. This completed CANS assessment represents a shared vision of the child, family, and the CFT.

BHS clinicians also participate in the CFT to identify supports, mental health referrals, and other services needed to achieve permanency; enable the child to live in the least restrictive family setting; and promote normal childhood experiences.

***Success: CPS Mental Health Team***
*CPS was investigating a mother's involvement in a car accident that included her three children. After the crash, the mother was described as delusional and disoriented. The CPS Mental Health Team's clinician met with the mother for an assessment and discovered she was feeling overwhelmed with parenting and was sleep deprived. The mother shared that during the car ride, her two oldest children were arguing and the youngest was crying, which were contributing factors to the accident. Fortunately, no one was injured. However, Mom shared that she was in shock and became very confused and disoriented. After the clinician completed the assessment, they determined that the mother was feeling stressed about managing her children's behaviors and struggling with sleep deprivation. The clinician provided the family with psychoeducation, noting that feeling overwhelmed and sleep deprivation can lead to poor judgment. The clinician provided the mother with referrals for therapy and coping skills support and encouraged her to connect with a support group through their church. The clinician's assessment and involvement was helpful to the CPS investigation, which ended without further intervention.*

In FY 2021-22, the team's services expanded to include behavioral health assessments of parents/caregivers, crisis intervention, and other short term mental health services to support permanency plans.

The **Bullying Prevention Education and Training Program** is a *PEI Prevention program and is in alignment with the following PEI priorities: childhood trauma prevention and early intervention to deal with the early origins of mental health needs, and culturally competent and linguistically appropriate prevention and intervention (WIC § 5840.7).*

Administered by the Sacramento County Office of Education (SCOE), this training program is available to all 13 Sacramento County school districts.

SCOE uses a train-the-trainer model and evidence-based curricula to train school staff who then educate other school staff, students, and parents/caretakers on anti-bullying strategies. The program is implemented primarily at elementary school demonstration sites; however, it is intended to expand the program to other grades by leveraging school district resources. The long-term goal of the program is to change school climates across all 13 school districts.

***Success: Bullying Prevention Education and Training Program (BPP)***
*The need for continuing Bullying Prevention Education and Training Program (BPP) in our schools is evident as students continue to settle back in and normalize after distance learning. Districts report that the BPP have helped students to readjust to the very social school environment and have significantly and positively impacted how students are problem-solving (from extremely volatile and physical to more peaceful and measured). This is a huge success for BPP.*

The program goals are to (1) Reduce risk factors related to bullying by developing proactive strategies (2) Reduce prolonged suffering of youth at risk of bullying; (3) Increase students' emotional wellbeing; (4) Reduce violence risk in schools; (5) Increase coping skills and resilience that improve behavioral functioning; (6) Build empathy and understanding; and (7) Increase pro-social skills to reduce isolation and anxiety.

**Youth Mental Health First Aid (YMHFA)**: The program is supported in both the PEI and WET components. YMHFA is a *PEI Outreach for Increasing Early Signs of Mental Illness Program and supports the following PEI prioritiess: childhood trauma prevention and early intervention*

*to deal with the early origins of mental health needs; early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan; culturally competent and linguistically appropriate prevention and intervention (WIC § 5840.7).*

Adminstered by Sacramento County Office of Education (SCOE), the program's activities include trainings, professional development, consultation, and evaluation activities necessary for effective and sustainable training implementation and maintenance within the County. Trainings provided will educate teachers, school staff, caregivers, and others, and will include strategies to assist a youth who is experiencing mental health or in crisis. Trainings utilized are YMHFA and Question, Persuade, and Refer (QPR) Suicide Prevention Trainings. In FY 2021-22, 16 trainings were held with a total of 210 participants.

Program goals: (1) Increase the number of diverse, qualified individuals who have skills and knowledge to recognize youth mental health or addiction challenges or crisis; (2) Reduce stigma and discrimination associated with mental illness or addiction; (3) Improve attitudes and social norms that can lead to social distancing from individuals with mental health challenges; (4) Increase access to mental health care in the community; and (5) Increase pro-social skills to reduce isolation and anxiety.

***Success: Youth Mental Health First Aid***
*While YMHFA facilitators train participants in YMHFA, the ah-ha moments are visible when they learn how to apply the Approach, assess for risk of suicide or harm; **L**isten nonjudgmentally; **G**ive reassurance and information; **E**ncourage appropriate professional help; and **E**ncourage self-help and other support strategies (ALGEE) action plan fully—a primary goal of the YMHFA training. YMHFA facilitators report that they feel rewarded when participants are inspired about using what they learned to actively support young people's mental health and feel confident about knowing how to use the skills they learned.*

**Early Violence Intervention Begins with Education (eVIBE)** is a *PEI Outreach for Increasing Early Signs of Mental Illness program and is in alignment with the following PEI priorities: childhood trauma prevention and early intervention to deal with the early origins of mental health needs; youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs; and culturally competent and linguistically appropriate prevention and intervention (WIC § 5840.7).*

Early Violence Intervention Begins with Education (eVIBE), administered by Sacramento Children's Home, implements Too Good for Violence - Social Perspectives (TGEV-SP) and Nurturing Parent Program (NPP). TGFV-SP is an educational program designed for youth from grades three through 12, focused on building positive peer relationships while teaching youth to recognize specific developmental and environmental risks and with an emphasis on preventing youth violence. NPP is an educational program designed for families with children from birth to age 18 years and can be offered in an in-home setting and group settings at local schools or community sites. The focus of NPP is to build nurturing familial relationships and utilize positive

problem solving skills to reduce conflict effectively within the family.

***Success: Early Violence Intervention Begins with Education***
*At a local middle school, the eVIBE Skills Trainer worked with a lively group of eighth-grade students excited to work on the Too Good for Violence Social Perspectives lesson about self-respect and respect for others. As a class, the students defined the word respect and discussed what it looks like in our lives. The activity focused on respecting all, including others who have different opinions from our own. Each student took a stance on a topic during the lesson by agreeing or disagreeing with the statement. Then, students moved around the room and each spoke with three peers with differing opinions. The point of the activity was to have a respectful conversation with a peer in which both students could healthily express their views. The students took the lesson very seriously by practicing the characteristics of an assertive speaker and engaged listener. By the end of the activity, each student had heard at least three opposing viewpoints and communicated respectfully to their peers. Respecting different opinions from your own is a challenge, even for most adults. The Skills Trainer and teacher were impressed to see many students share their views healthily and collaboratively.*

*A father of two children was determined to improve his communication skills and relationship with his daughters to strengthen their bond. Through the Nurturing Parenting Program (NPP) "Problem Solving, Negotiating, and Compromising" lesson, he learned how to understand his daughter's needs, leading him to a more profound sense of love and understanding for his daughter. The father shared that his younger daughter sometimes struggled to verbalize her feelings. After incorporating a few strategies from the NPP activities, he practiced using art as a form of connecting with his daughter. Thereafter, she remained calm and was able to hear him out about solving family rule disputes in the household. The father was overjoyed to see the success of this the strategy. It was a significant accomplishment that his daughter was open to communicating, expressing her feelings, and giving feedback. Using positive communication skills while addressing concerns with his daughter also positively impacted the father. The father shared that this program taught him effective parenting strategies to foster healthier family connections and communication.*

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

**Adoptive Families Respite Program**, administered by Capital Adoptive Families Alliance, is a *PEI Prevention program that is in alignment with the following PEI priorities: childhood trauma prevention and early intervention to deal with the early origins of mental health needs; and culturally competent and linguistically appropriate prevention and intervention (WIC § 5840.7).* The program originated as one of the mental health respite programs funded through the time-limited MHSA Innovation Project #1: Respite Partnership Collaborative. With support from the MHSA Steering Committee, this program transitioned to PEI funding during FY 2015-16.

***Success: Adoptive Families Respite Program***
*A family that attended the Family Respite Camp for the first time was extremely thankful for this opportunity. What follows is in the caregiver's own words:*

*"This was our first ever CAFA Family Camp, and we are excited to come back year after year (if you'll have us!). As parents, we had ample time to rest and recharge, knowing that our kiddos were well taken care of. We could see our children truly light up with the new friendships they made and the feeling of community from connecting with families like ours. It has been a rough few years for our family, with intense mental health needs and challenges for our kiddos. We really needed this time not only for respite, but also bonding with each other. All the thanks in the world to CAFA and Amanda specifically for putting on such a stellar retreat, and to the funders who make this impactful trip possible."*

Families take great joy in providing care for their loved ones, but the physical and emotional toll on the family caregiver can be overwhelming without outside support, such as respite. Adoptive Families Respite Program provides a break for the whole family, which research shows is beneficial for everyone involved. This respite program provides temporary relief for adoptive families caring for children with complex mental health issues. Eligible families must live in or have adopted from Sacramento County. The respite model includes planned respite during drop off events, summer camp, and recreational activities.

In FY 2022-23 this program offered two (2) additional Family Respite Events.

**The Source**, administered by Sacramento Children's Home, is *a PEI Improving Timely Access to Services for Underserved Populations program in alignment with the following PEI priorities: childhood trauma prevention and early intervention to deal with the early origins of mental health needs, and culturally competent and linguistically appropriate prevention and intervention (WIC § 5840.7).*

The program is a 24 hours per day, 7 days per week, 365 day per year call center providing immediate phone response, mobile in-person/face-to-face crisis intervention, triage services, mediation, follow-up support, and information and referral. The Source is available to all youth up to their 26th birthday and their caregivers, prioritizing current and former foster youth and foster parents/caregivers who are experiencing crisis or emotional or behavioral distress that, without immediate support, risks disruption to the current living situation.

The goal of this program is to maintain placement stability for foster youth; increase coping and problem solving skills; improve the quality of family relationships; refer, link and coordinate ongoing care; and increase opportunities for normative youth experiences.

Until FY 2018-19, The Source served foster youths up to age 21 and their families. In that year, BHS leveraged a grant from California Health Facilities Financing Authority (CHFFA) to enable expanding the service criteria to include all youths up to their 26$^{th}$ birthday and their families, inclusive of current and former foster youths. The CHFFA grant expired at the end of FY 2022-23, but program data revealed that the program expansion could be sustained through the current MHSA PEI allocation, with no additional funding needed.

***Success: The Source***
*The Source received a call from a foster mom to initiate short-term crisis service. She shared that the four siblings recently removed and placed in her care are presenting as distraught, isolated in one bedroom, maintaining distance from her, and refusing to join family meals. The Source staff visited the family, provided emotional support, normalized the children's reactions, and provided psychoeducation. The foster mother reported having limited funds, and the children needed clothing and basic hygiene supplies. The Source staff planned a follow-up meeting and delivered a Target gift card for the foster mother to use for the children's needs. During an additional follow-up, the foster mom shared how helpful the program has been. She shared that the children began opening up by sharing details about their biological family, why they were removed, telling her their personal stories, coming downstairs to eat, and participating in a painting activity. The foster mother stated she believed these changes were all due to The Source services being provided.*

Services include peer mentoring, youth and family engagement, support and advocacy, and temporary relief for youth and/or foster parents/caregivers. To be relevant to affected youth, the program also provides outreach and information via a dedicated website, text, video conferencing, and popular social media and apps. Opportunities are provided for youth to participate in normative

and developmentally appropriate activities. Additionally, the program implemented a new staff position, Lead Peer Mentor, to supplement the Youth Advisory Board. The Source had challenges, especially during the pandemic, developing a Youth Advisory Board with consistent attendance and engagement. With this new position, this staff member is tasked to being a liaison between all advocate staff at the Source, attend partner meetings, and share updates about the Source activities. The Source plans to revisit the development of a Youth Advisory Board within the next year.

**Safe Zone Squad (SZS)**, administered by Sacramento County Office of Education (SCOE), is a *PEI Improving Timely Access to Services for Underserved Populations, and is in alignment with the following PEI priorities: childhood trauma prevention and early intervention to deal with the early origins of mental health needs; youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs; and culturally competent and linguistically appropriate prevention and intervention (WIC § 5840.7)*

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

***Success: Safe Zone Squad***
*A 7th grade Chinese transgender student (preferred pronouns he/they) communicated with school counselor through the school website staff portal regarding name and pronoun updates in school system. School counselor submitted referral to Safe Zone Squad (SZS) Team. SZS staff met with student to provide more information on school district LGBTQ+ services and rights. SZS staff submitted a referral to the district LGBTQ+ Services Department, student was provided with district/community resources, and name/pronouns were updated and used by all school staff.*

*Before the end of the academic school year, student requested support with linkage to counseling services. SZS met with student to assess symptomology and suicide risk due to student's increased thoughts of suicide due to cross cultural challenges, intersectionality between their Chinese cultural beliefs, and their transgender identity. SZS Team and student created a safety plan, communicated with parents for mental health advocacy/supports, provided information on mental health resources, completed a Service Request for Sacramento County Mental Health Plan services, and provided short term mental health support to student.*

SZS is funded through a Mental Health Services Oversight and Accountability Commission (MHSOAC) Senate Bill (SB) 82 Triage Personnel grant and, with MHSA Steering Committee support, PEI funding.

When local schools shifted to virtual learning due to the COVID-19 pandemic, SZS services were provided virtually. In FY 2021-22, when schools returned to in-person learning, SZS returned to providing in-person services.

**Student Mental Health and Wellness Collaborative** *is a PEI Outreach for Increasing Recognition of Early Signs of Mental Illness activity and is in alignment with the following PEI priorities: childhood trauma prevention and early intervention to deal with the early origins of mental health needs; youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs; and culturally competent and linguistically appropriate prevention and intervention (WIC § 5840.7)*

The Sacramento County Student Mental Health and Wellness (SMHW) Collaborative was established in June 2009 and charged with developing a plan for a comprehensive approach to coordinating mental health services in educational settings. The SMHW Collaborative is facilitated and led by Sacramento County Office of Education (SCOE), in partnership with BHS, and consists of a broad range of partner groups in Sacramento County that include representatives from SCOE, BHS, local school districts, the California Department of Education, Family and Youth Advocates, private education providers, mental health and social service providers, community-based agencies, and the general community.

Nearly a decade after the initial plan was developed in 2009, efforts to address student mental health and wellness faced an unprecedented hurdle. The COVID-19 pandemic magnified the impact of societal factors that negatively affect student mental health, including stigma, racial discrimination, and inequity. In FY 2021-22, SCOE and BHS convened a participatory process to develop a new plan for student mental health and wellness in Sacramento County.

The plan was developed in three key phases: (1) A discovery phase focused on understanding the strengths, challenges, and opportunities related to student mental health and wellness in Sacramento County; (2) a design phase to identify a collective vision and plan for student mental health and wellness in Sacramento County; and (3) a delivery phase to finalize the plan.

The planning process included broad community participation through convenings of the SMHW Collaborative, community listening sessions, informational interviews, a community survey, and targeted discussions with students, mental health providers, and other groups. These activities generated community input on current strengths, successes, gaps, challenges, and wishes and specific ideas for strengthening student mental health and wellness in the future. The collaborative meets quarterly and in FY 2021-22 there was an average of 80 individuals in attendance.

***Success: Student Mental Health and Wellness Collaborative***
*A result of broad community participation through the convening of the Student Mental Health and Wellness (SMHW) Collaborative is the development of the new multi-year plan for SMHW in Sacramento County. The SMHW Plan was written in partnership with the SMHW Collaborative. This plan establishes a shared vision and values and articulates community generated priorities and strategies for addressing student mental health and wellness needs. The plan is intended to guide more detailed action planning at the county level and serve as a resource for districts, schools, and community organizations engaging in their own efforts to support student mental health and wellness.*

**Youth Help Network** (YHN), administered by Capital Star Community Services, *is a PEI Improving Timely Access to Services for Underserved Populations program in alignment with the following PEI priorities: childhood trauma prevention and early intervention to deal with the early origins of mental health needs, and culturally competent and linguistically appropriate prevention and intervention (WIC § 5840.7).*

YHN provides short term (90 days) triage and navigation services that are community centered and culturally and generationally attuned, as well as flexible, evidence-informed and effective outreach, engagement and crisis support to TAY ages 16 through 25 years old. Outreach, engagement, and crisis support will occur in areas where TAY are known to congregate, including co-location at organizational drop-in sites that serve TAY. Site-based staff and street teams will provide on demand crisis support, demystify and destigmatize behavioral health services, and educate TAY on managing behavioral health crisis. This level of support will help reduce geographic barriers and improve timeliness to services via linkage approach based on urgency and assessment. The program will also provide outreach and information via a dedicated, secured website, and targeted social media known to be popular and relevant to TAY.

***Success: Youth Help Network***
*Ann initially engaged with services at a co-location, the Creation District, due to youth's need of housing support. Over about 1 ½ years, Ann worked with YHN off and on 6 times to work to get her needs met. Ann was pregnant, had an open Child Welfare case, was required to do recovery services, and had recently lost a housing voucher due to conflict with her partner. Youth presented with a history of trauma, was couch surfing, and had conflicts in her relationships. YHN was able to provide support through a number of complex situations, including navigating the Child Welfare process, applying for a housing voucher, and managing needs and concerns related to Ann's partner. After building rapport with the YHN advocate, Ann expressed interest in linkage to mental health services. The YHN team was able to build sustainability by equipping her with effective self-advocacy skills through coaching, modeling, and encouragement provided by the advocates. At discharge from YHN, Ann was successfully linked to mental health services, received a referral to Prevention and Intervention Program for housing, and reported an increased sense of confidence in advocating for the needs of herself and her family.*

With MHSA Steering Committee support, the YHN will be sustained with MHSA PEI component funding beginning FY 2023-24. Since 2019, YHN was implemented through Mental Health Services Oversight and Accountability Commission (MHSOAC) Mental Health Triage Grant funds that sunsets June 30, 2023.

**Integrated Health and Wellness Program**
**Capacity: 800 annually**
**Ages Served: 18% Children, 38% TAY, 14% Adults, 30% Older Adults**

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

**SacEDAPT (Early Diagnosis and Preventative Treatment)**, administered by UC Davis, Department of Psychiatry, is a *PEI Early Intervention* program, *and is in alignment with the following PEI priorities: childhood trauma prevention and early intervention to deal with the early origins of mental health needs; early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan; and culturally competent and linguistically appropriate prevention and intervention (WIC § 5840.7).*

The program serves individuals, age 12 to 30, identified as experiencing early onset of a serious mental illness or emotional disturbance with psychotic features. SacEDAPT uses a nationally recognized treatment model utilizing an inter-disciplinary team of physicians; clinicians; support

staff; and consumer and family advocates to provide assessment, early identification, and treatment of the early onset of psychosis. The program provides culturally and linguistically responsive psychiatric support, case management, peer support, and access to treatment, including transportation. The program also engages in outreach services throughout Sacramento County, with a particular focus on underserved populations.

***Success: SacEDAPT***
*Client, a Latinx female, was initially referred to SacEDAPT because she was experiencing serious symptoms of psychosis and because of her history of trauma. During initial stages of treatment, client was reluctant to participate; however, the client and family agreed to give treatment a chance. They met weekly with their clinician, attended art group, and worked closely with the SacEDAPT Supported Education Specialist for school support. During the pandemic, client struggled with social isolation and experienced an increase in symptoms which led to a hospitalization.*

*After hospitalization, the client worked hard to engage in weekly trauma informed cognitive behavioral therapy, agreed to include Therapeutic Behavioral Services to help with rehabilitation skills at home/community, began medication management, and client's mother began attending the SacEDAPT's Spanish-speaking mom support group. Client noticed an improvement in mood, anxiety, and trauma symptoms.*

*As client prepared to transition out of SacEDAPT, she reported a year of new beginnings. She has returned to school in person, interacts with her family, goes to public places, manages her social anxiety, and is back on track in school. She reports remission of depression symptoms, increased self-esteem and motivation, and little to no effect on behaviors from psychosis symptoms. She is excited about her upcoming Quinceañera at age 16, postponed a year because her symptoms felt too intrusive last year to have a party. Mom has expressed how grateful she is for the help and support provided by the client's SacEDAPT clinical team and has said she will forever keep the team in her heart.*

BHS received funding from both Substance Abuse and Mental Health Services Administration (SAMHSA) via the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) and American Rescue Plan Act (ARPA) that carved out funds to expand first episode psychosis (FEP) programs. With these funds, in FY 2022-23, SacEDAPT increased service capacity from 80 to 104 individuals.

**SeniorLink,** administered by El Hogar Community Services, is a *PEI Prevention program, and is in alignment with the following PEI priorities: early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan; culturally competent and linguistically appropriate prevention and intervention; and strategies targeting the mental health needs of older adults (WIC § 5840.7).*

***Success: SeniorLink Program***
*G.B. is a 71-year-old woman who was referred to SeniorLink through a local health center. G.B. speaks Spanish, has limited English, and does not read or write. G.B. has been living with her daughter since her partner passed away in 2016. G.B.'s goals are being connected to transportation services, socialization, and immigration resources. Since enrollment with SeniorLink, she has participated in social groups and was connected to transportation services. SeniorLink Advocate provided linkage to legal and immigration services. However, G.B. was initially unwilling to engage in services. G.B. expressed lack of trust in the legal and immigration system and in the beginning was not very open about sharing her case with Advocate. Advocate continued to work with G.B., offered support and resources. G.B. slowly began to open up to Advocate. G.B. began participating in groups and attending church every Sunday using Paratransit. Additionally, she recently took the initiative to fight her legal case and was given a pardon. Advocate then assisted G.B. in scheduling an appointment with a local organization for immigration consultation to renew her green card. G.B. expressed her gratitude to Advocate for assisting and motivating her through the process and encouraging her to participate in SeniorLink groups/activities. G.B. continues to be active in SeniorLink and is working towards building and improving her daily life and long-term life prospects.*

The program provides community integration support for adults aged 55 and older demonstrating early signs of isolation, anxiety, and/or depression. Para-professional Peer Advocates provide outreach to individuals in their homes or other community-based settings that is centered on the participants' needs.

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

**Community Responsive Wellness Program for Black Communities of Sacramento (CRWP) (formerly known as Trauma Informed Wellness Program for the African American Community)** is a *PEI Improving Timely Access to Services for Underserved Populations program, and is in alignment with the following PEI priorities: childhood trauma prevention and early intervention to deal with the early origins of mental health needs; culturally competent and linguistically appropriate prevention and intervention (WIC § 5840.7).*

The program, administered by Sierra Health Foundation: Center for Health Program Management (The Center), provides culturally relevant outreach, engagement and prevention services to Sacramento County African American/Black Community (AABC) residents of all ages and genders who have experienced or have been exposed to trauma with special consideration given to children, youth, and transition age youth. In 2022, the Trauma Informed Wellness Program underwent a name change to the Community Responsive Wellness Program for the Black Communities of Sacramento (CRWP).

***Success: Community Responsive Wellness Program***
*The Community Responsive Wellness Program (CRWP) agencies came together to host a panel specifically centering on the voices and experiences of Black men. The program utilized a strength-based and values driven approach in examining the connection of stigmas related to institutional & systemic racism, micro aggressions, and their effects on mental health & wellness. The event attracted a room filled with community members who were eager to engage and learn from the panelists. Each of the four CRWP partners played a critical role in the event's success and one of the CRWP's was able to bring some youth to the panel. The youths were engaged and able to hear from professionals and individuals who looked just like them, including a Clinical Psychologist. The event was healing-centered and well received by the community. The audience was very engaged and asked many questions which led to the event going nearly an hour overtime. In particular, the youths' questions about how to apply the panelist's advice to real life scenarios left a lasting impact.*

Through the CRWP, four (4) community partner programs provide culturally responsive trauma-informed services to AABC members. Along with the administrative support provided by The Center, these partner programs employ staff members with shared cultural background and lived experience to provide culturally relevant outreach, engagement, and supportive services to AABC members. The program provides outreach and engagement activities including sharing program information, education about the Medi-Cal healthcare system, and linkage assistance to Medi-Cal resources for eligible individuals. The program also offer a variety of services to AABC members including resource navigation, linkage and referral to needed services, and supportive services (e.g. supportive counseling, coaching/skills building training, healing circles, support groups, crisis intervention, community education about mental health/substance use issues and the impacts of trauma and adverse childhood experiences (ACE) on community members.

CRWP goals include: (1) Educating the public on common mental health needs and wellness practices; (2) Supporting access to culturally responsive mental health services; (3) Building the

capacity of mental health service providers to identify and be responsive to common mental health needs; (4) Ensuring that service providers maintain an accurate account of the context of mental health needs; and (5) Reducing violence through the promotion of mental health and wellness.

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

The Mental Health Promotion Program is *a PEI Stigma and Discrminiation program and is in alignment with the following PEI priorities: culturally competent and linguistically appropriate prevention and intervention; stigma reduction, as well as other programs the commission identified, with partner participation, that are proven effective in achieving, and are reflective of, the goals stated in section 5840 (WIC § 5840.7).* It consists of several components collectively aimed at reducing stigma and discrimination associated with mental illness.

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

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

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

The project's year nine activities ran from July 1, 2021 – June 30, 2022. This year, the project team continued to engage with the community to support mental health and wellness following the peak of the COVID-19 pandemic, particularly through virtual platforms to follow local safety mandates. This year the team participated in its first in-person event since the pandemic, partnering with the River Cats and CalMHSA to sponsor a game during Mental Health Awareness Month. Other highlights from this year included the launch of the project's new 30-second video PSA in all foundational languages, formulation of the project's Advisory Committee comprised of leaders of local community-based organizations (CBOs), as well as continued collaboration with the project's network of advisory leaders from throughout the community. Each of these components incorporated the project's research findings to ensure the project's messaging and creative concepts resonated with our 12 target audiences to drive changes in perception around mental illness among these communities. Based on feedback from CBOs and local partners, the project also worked with the transgender and gender diverse communities to finalize custom collateral and website materials for project audiences. Additionally, we worked closely with our CBO partners to transcreate (which means to transfer the creative elements of work to another culture or language) and finalize tip cards in all languages, with authentic and representative imagery.

With the assistance of over 100 trusted community leaders and CBOs, the project has helped to change minds, attitudes and outcomes for those living with a mental illness, ensuring project messages and materials are effectively reaching all target audiences within Sacramento County. Over the past few years, the project conducted 67 focus groups and 32 key informant interviews to garner community input and feedback on project materials, messages and creative concepts. Previous research examining perceptions and awareness indicated that between 2011 and 2016 general awareness about mental illness increased (*from 24 to 53 percent*) and awareness of specific local mental health programs increased (*from 33 to 50 percent)* amongst Sacramento County survey respondents. Our most recent research indicates that 54 percent of Sacramento County residents surveyed feel that mental health is a key issue in the community. In June 2022, the project team kicked off a community survey to remeasure general awareness around mental and the project within the community and plans to have an analysis of data in early 2023.

**(1) Multi-media outreach:**

The project executed a targeted advertising campaign across multiple mediums to reach as many Sacramento County residents as possible, across the project's target audiences and languages. Advertising placements, including radio, television, online, and outdoor advertising, ran from July 2021 through June 2022 and garnered 49,851,266 impressions – an impression is when a user sees or hears an advertisement. The project team prioritized the development of new video assets to reflect the project's refreshed messaging and creative (the photo, video and designed visual assets that the project leverages for all marketing efforts) for use in the paid media program. The team developed a new 30-second English and in-language PSA, which features real community members from each of the project's target and was used for both TV and digital paid media placements.

The below advertising categories reflect efforts to date:

<u>Radio Ads:</u>

Radio advertisements featuring campaign messages ran at various times on numerous stations to align with key cultural moments and milestones that resonated with our target communities including June-July 2021 (Minority Mental Health Month), February-March 2022 (Black History Month) and April-June 2022 (Mental Health Awareness Month). Overall, radio ads delivered more than 7,680,161 impressions (of note: in-language radio placements were made, but impressions are not available for those placements).

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

Overall, 3,518 radio advertisements ran, 335 of which were added value. Added value is the extra advertising opportunities to help get the campaign message out at no additional cost. This can be simple advertising, such as additional spots, impressions, interviews or sponsorship opportunities. These placements were featured on 11 music-focused, multicultural and in-language radio stations, including KRXQ (rock), KHYL (Rhythmic AC), KSEG (classic rock), KSFM (contemporary hits), KKDO (alternative), KDEE (Audience: African American), KRCX (Audience: Hispanic), KXSE (Audience: Hispanic), KFSG (Audience: Vietnamese, Russian), KEFM (Audience: Russian), and KJAY (Audience: Hmong).

Television Ads:
Television advertisements supporting the campaign messages and branding ran at various times on numerous stations in May-June 2022. Overall, 672 TV spots ran, 96 of which were added value.

Print Ads:
Print advertising ran in nine local publications, including Thang Mo, Lang Magazine, Sacramento Observer, Diaspora, Sac Cultural Hub, Word and Deed, Outword Magazine, the Crescent and d'Primeramano. Overall, 19 print ads or editorials ran in these publications, featuring real stories, often translated in-language, that shared real experiences and tips.

Outdoor Ads:
Outdoor advertising ran in June 2021 and February-June 2022. Advertising included eco-posters, digital billboards and premiere panels. In total, these paid placements garnered an estimated 14,533,861 impressions.


SAC 5038

Online and Mobile Ads:
Digital and mobile advertisements supporting the campaign messages ran in June-July 2021 and February-June 2022. Overall, online and mobile ads garnered 16,250,236 impressions (down from 20,155,158 impressions in FY21, due to lowered advertising spend as mentioned above) with a cost per click of $1.95.

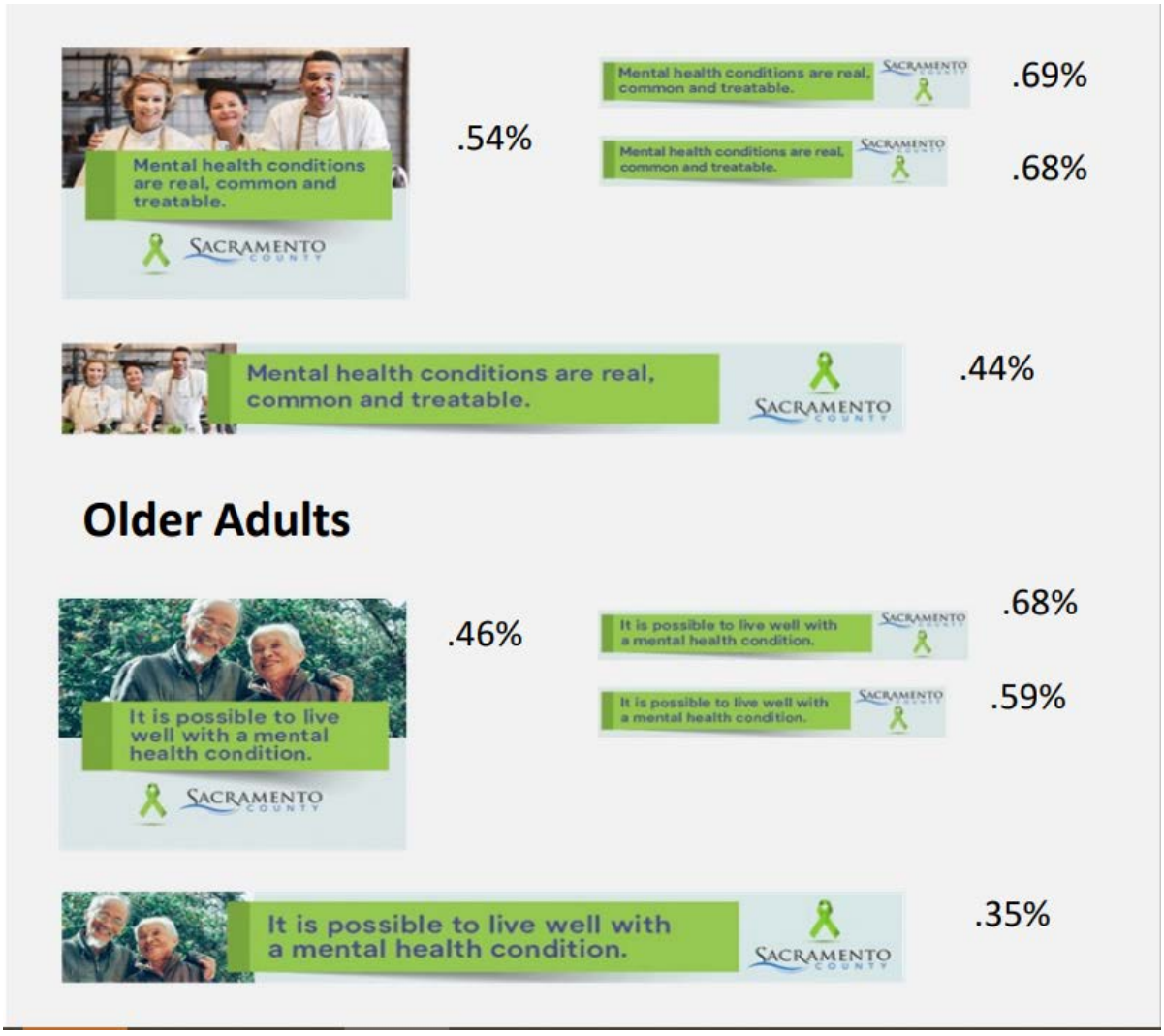
Impressions by age demographic: *Of note, gender split was generally evenly split overall.
**18-24**: 14% of total impressions: 2,046,973
**25-34**: 20% of total impressions: 2,987,754
**35-44**: 21% of total impressions: 3,161,043
**45-54**: 16% of total impressions: 2,359,133
**55-64**: 14% of total impressions: 2,100,775
**65+**: 14% of total impressions: 2,130,757

Clicks by age demographic:
**18-24**: 13% of total link clicks; 7,856
**25-34**: 23% of total link clicks; 13,435
**35-44**: 19% of total link clicks; 11,242
**45-54**: 13% of total link clicks; 7,483
**55-64**: 16% of total link clicks; 9,211
**65+**: 16% of total link clicks; 9,680

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

# General Audience

**DIGITAL ADVERTISING: CLICK THROUGH RATES BY ADVERTISEMENT**



## LGBTQ Audience


.45%


.61%


.58%


.36%

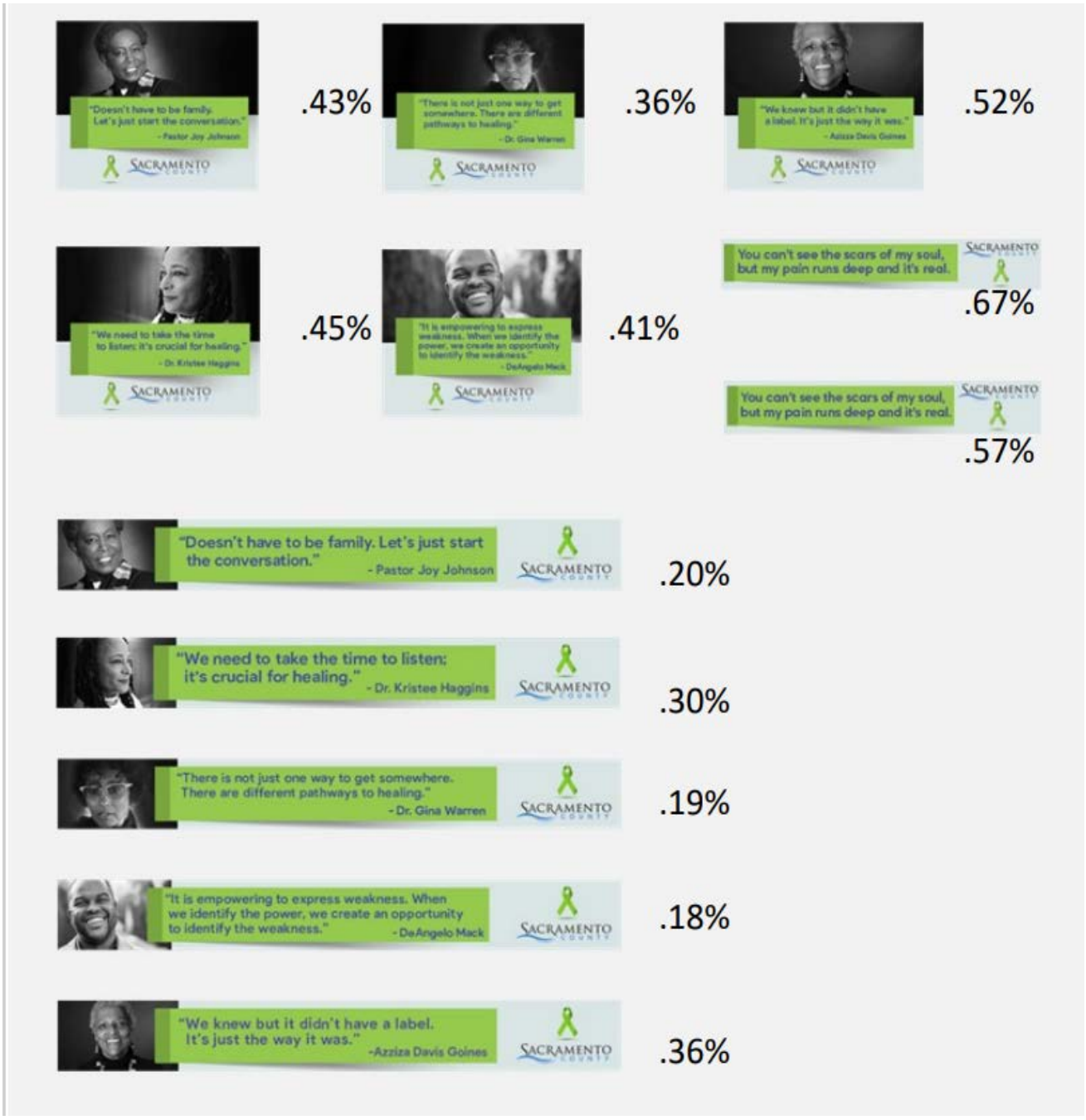
## Transgender/Gender Diverse Audience


.44%


.62%

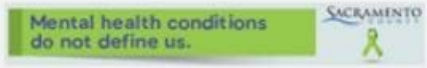

.35%

# African American Audience



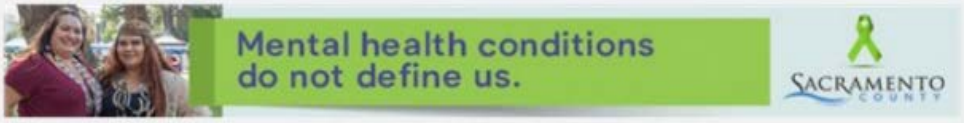
# American Indian/Alaska Native Audience


.45%




.66%

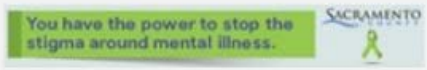

.55%



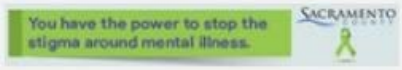

.22%

# Transition Age Youth


.44%




.64%

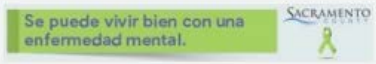



.54%

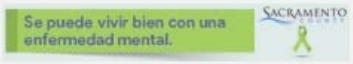

.28%

# Latino Audience (in Spanish)

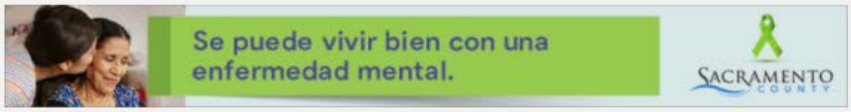

.27%




.37%




.39%




.22%

# Vietnamese Audience (in Vietnamese language)

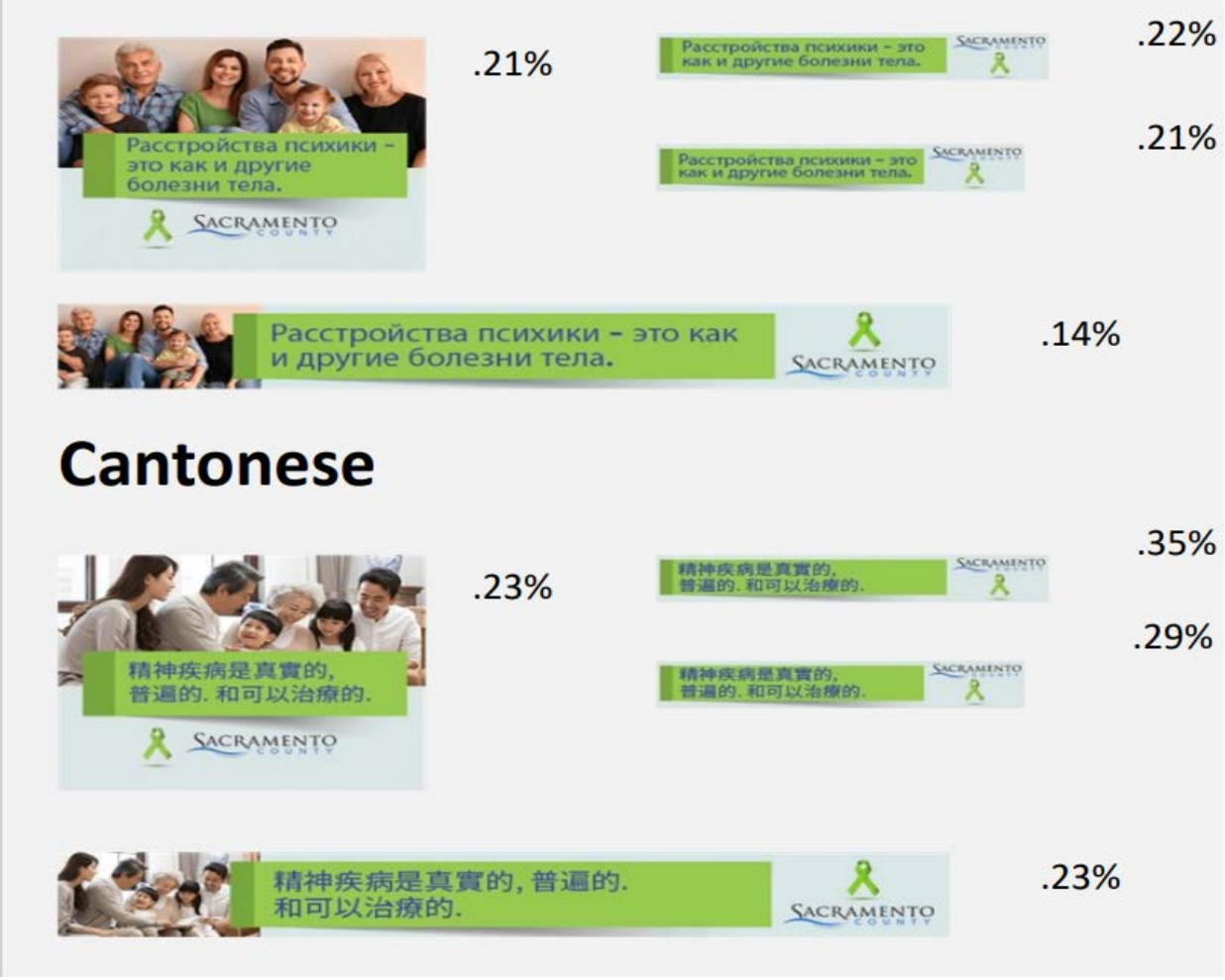

.22%

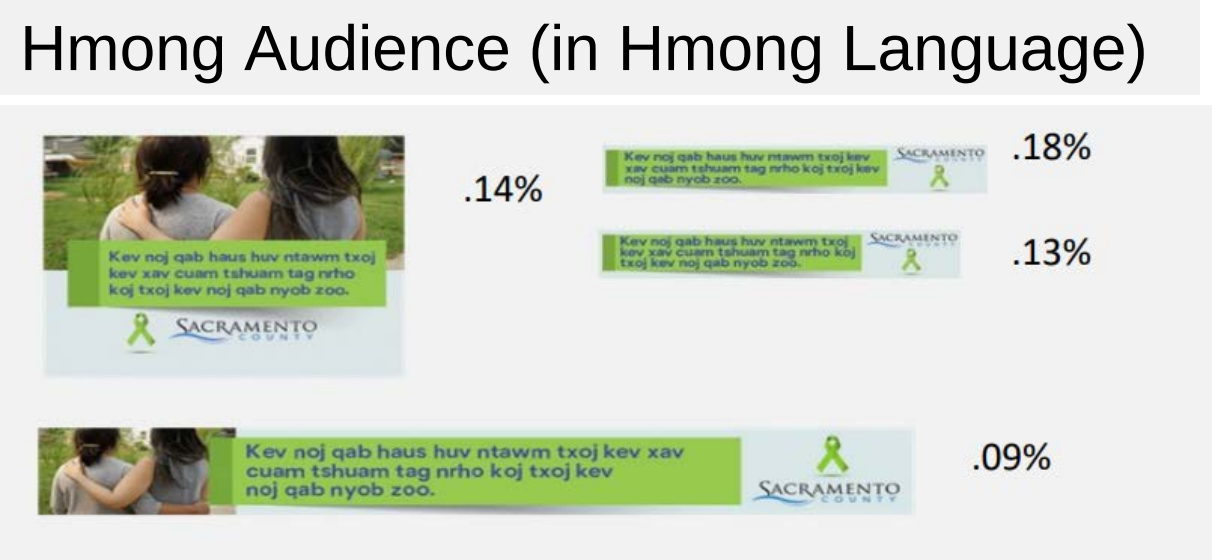
.34%

.27%

.18%

# Russian-speaking Audience (in Russian Language)






**Added Value Examples:**

- Audacy: The Public File 20-minute PSA interview aired on 6/12/22 on KSEG, KUDL, KKDO, KIFM, KRXQ and KSFM
- Clear Channel: X4 Bonus Digital Boards
- Sac Cultural Hub: Bonus Editorial in June 2022
- Sac Observer: Bonus Editorial in May 2022
- Outword Magazine: Bonus Editorial in May 2022
- Outword Magazine: Bonus Website Banner Ads
- KOVR & KMAX: Eyeliner and Subcrawl

**(2) Earned Media:**

Edelman's media experts conducted strategic outreach to Sacramento County media to promote various project activities and milestones within the community throughout the year. The list below represents the earned (non-paid) placements and corresponding impressions secured between July 1, 2021 and June 30, 2022. The majority of media outreach took place around timely observances and key milestones, such as Minority Mental Health Month, the project's 10-year anniversary, Juneteenth and the holidays. The project was included in key local news publications garnering more than 6,439,813 total impressions.

| Date | Title | Outlet | Impressions/ Audience |
|---|---|---|---|
| ***Radio*** | | | |
| 7/16/2021 | Minority Mental Health Awareness Month | Radio TNT | N/A |
| 8/11/2021 | Back to School - 6:30 p.m. | KFBK | 196,023 |
| 8/11/2021 | Back to School - 4:55 p.m. | KFBK | 175,668 |
| 9/2021 | Suicide Prevention (Eric Mafnas) | KFBK | 175,668 |
| 9/2021 | Suicide Prevention (Dr. Porteus) | KFBK | 175,668 |
| 9/16/2021 | Latino Behavioral Health Week | Radio Lazer | N/A |
| 12/27/2022 | Holiday Blues - 5:18 p.m. | KFBK | 187,299 |
| 12/27/2022 | Holiday Blues - 6:48 p.m. | KFBK | 187,299 |
| 5/6/2022 | 10 year anniversary - 4:06 | KFBK | 196,023 |
| 5/6/2022 | 10 year anniversary - 6:06 | KFBK | 175,668 |
| 5/6/2022 | 10 year anniversary - 8:04 | KFBK | 143,054 |
| ***Online/Print*** | | | |
| 1/7/2022 | 2 years into a pandemic, California mental health experts still face these major challenges | Sacramento Bee | 1,735,081 |
| 3/11/2022 | Where to Look for Mental Health Resources in Sacramento County | California Local | N/A |
| Week of 7/28/2021 | Minority Mental Health Awareness Piece, translated submission | Thang Mo Magazine | 2,529 |
| 8/1/2021 | Sacramento residents experience increased stress levels after a year of pandemic | Slavic Sac | 24,063 |
| 2/21/2022 | Mental health expert discusses need for more mental wellness support within black community | FOX 40 | 549,553 |
| 5/4/2022 | 10 years later, Sacramento campaign continues to inspire people to seek mental health care | KCRA | 1,627,450 |
| 5/10/2022 | Mental health advocate talks about suicide prevention and other resources in Sacramento | FOX40 | 549,553 |
| 6/16/2022 | Recognizing and Supporting the Mental Health of the Black and African American Community | Valley Community Newspapers | 4,983 |

| Date | Title | Outlet | Impressions/ Audience |
|---|---|---|---|
| ***TV Broadcast*** | | | |
| 8/10/2021 | Back to School - 12:30 (LIVE) | KCRA | 36,491 |
| 8/10/2021 | Back to School - 6:30 | KCRA | 61,569 |
| 8/19/2021 | Refugee Community Mental Health | KCRA | 60,185 |
| 9/17/2021 | Suicide Prevention Awareness Month | KCRA | 35,920 |
| 10/2021 | Mental Illness Awareness Week | Good Day Sacramento | 15,159 |
| 2/22/2022 | Black History Month | FOX40 | 17,993 |
| 5/4/2022 | 10 Year Anniversary | KCRA | 35,920 |
| 5/5/2022 | 10 Year Anniversary | KCRA | 17,081 |
| 05/10/2022 | Mental health advocate talks about suicide prevention and other resources in Sacramento | FOX40 | 17,993 |

**(3) Social Media and Microsite:**

To support the project's partner and media outreach efforts and engage with key audiences, the Edelman team regularly updated the StopStigmaSac Facebook, Instagram and Twitter pages, amplifying project activities and sharing stigma-reducing mental health content.

In total, Instagram posts reached an audience of 203.5K; Facebook posts reached an audience of 343.6K; and Twitter posts generated 389.5K impressions.

**Facebook**

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

- The page currently has 9,550 likes (an increase from 9,525 likes in last year's EOY report) and reached 343.6K people during the 2021-22 fiscal year.
- 82% of people who like the page are women, while 18% are men. (Note: these metrics have simplified gender into a binary; however, we acknowledge that not all our followers will identify with either of these identities. These metrics are supplied to us by Facebook.)
- The highest-performing post was published on May 1, 2022 and kicked off Mental Health Awareness Month. The post reached 25.6k people, and received 1,367 engagements.

## Instagram

- The page currently has 802 followers (an approximately 65% increase from last year's 487 followers) and reached 203.5K people during the 2021-22 fiscal year.
- 79% of people who like the page are women, while 20%are men.
- A majority of our audiences live in Sacramento, Elk Grove and Citrus Heights.
- The highest-performing post was published on May 8, 2022 and promoted our partnership with the Sacramento River Cats for Mental Health Awareness Month. The post reached 28.6k people and received 463 post clicks and 364 engagements (14 saves, 98 likes, 146 comments, and 106 shares).


**Figure 2 - Top Performing Instagram Post, 2021-22**

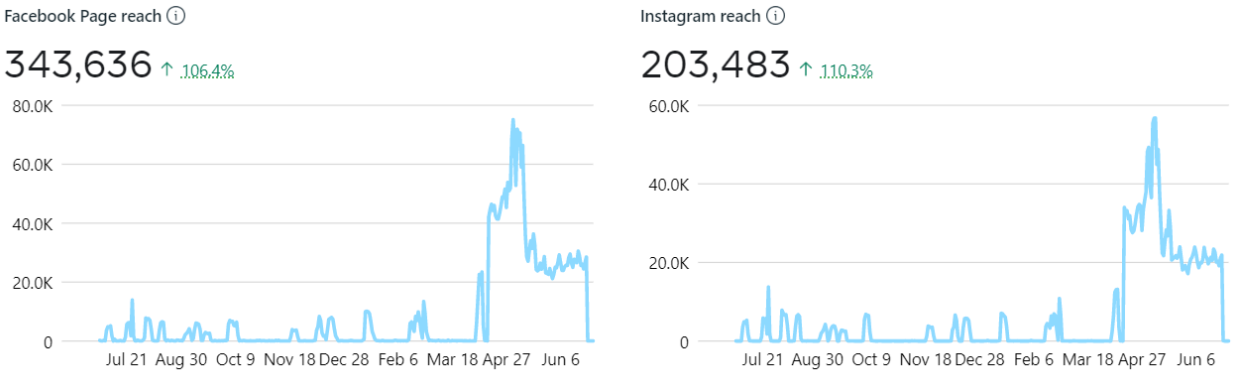



**Figure 3- The number of Facebook users and Instagram users that were reached in FY 2021 -22.**

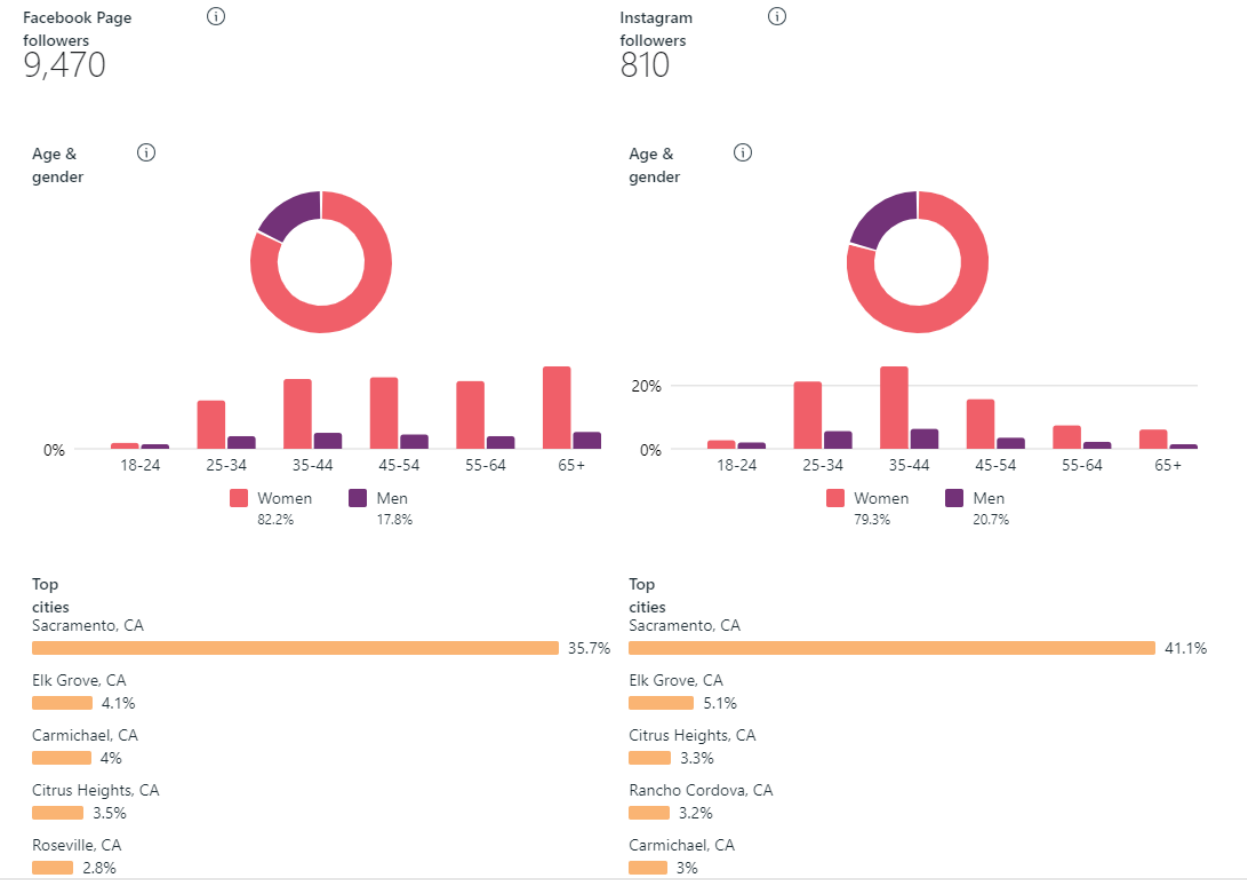



**Figure 4- Audience data for Facebook and Instagram in FY 2021 -22.**

## Twitter

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

- The page has 1,135 followers, a slight decrease from last year's 1149 followers.
- During this reporting period, the project Twitter page generated 389,533 impressions, 659 link clicks, 46 retweets and 98 likes.
- Total impressions and engagements saw a slight decrease year-over-year due to paid social budget being reallocated between all three StopStigmaSac platforms.
- The top performing tweet was published on Sept. 10, 2021, and highlighted World Suicide Prevention Day. The post generated 2,108 impressions and 4 engagements.


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

## Microsite

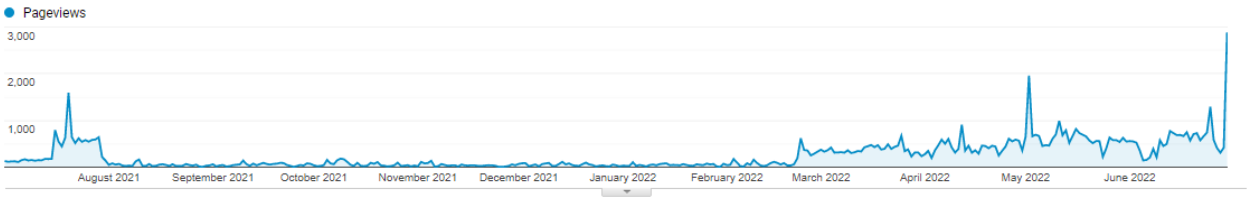
The project microsite, www.StopStigmaSacramento.org, is a public, online project resource which houses supportive messaging, community event details, Speakers Bureau information. Throughout the year, the project team managed updates to the site and tracked metrics. Key highlights include:

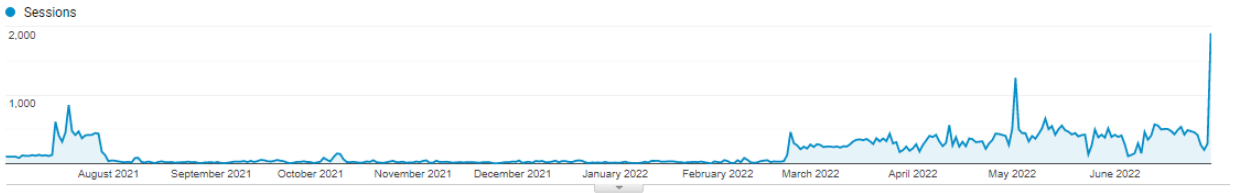
- From July 2021-June 2022, the most visited community page was LGBTQ+, which totaled 11,064 views
- 12% of visitors returned to the project microsite, while 88% were new visitors
- In-language materials in the following languages: Arabic, Cantonese, Hmong, Russian, Spanish, and Vietnamese were added to the microsite.

### Engagement

To date, about 545 people have submitted their email addresses through the site to receive project updates, up from 493 people in total last year.

### Analytics (July 1, 2021 – June 30, 2022)

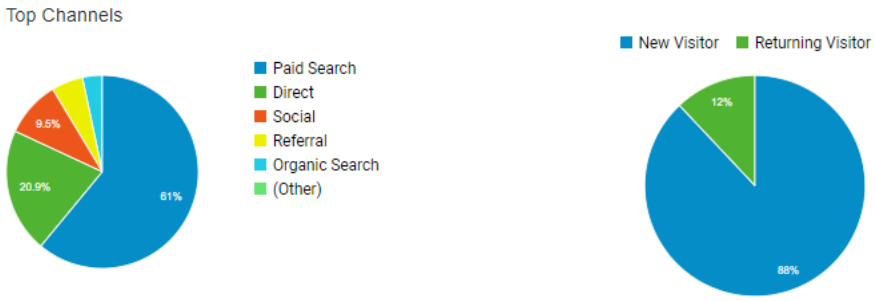



- Total website visits: 89,278, with major spikes occurring throughout the months of August 2021 and March-June 2022.
- Unique page view visitors: 73,996
- Average visit duration: 1:32 seconds
- The most popular page was the homepage, with 21,768 page views.
    - 21,768 page views of http://www.stopstigmasacramento.org/
    - 11,064 page views of https://www.stopstigmasacramento.org/communities/lgbtq/
    - 6,944 page views of https://www.stopstigmasacramento.org/communities/general-community/
    - 3,003 page views of https://www.stopstigmasacramento.org/communities/espanol/

- 2,940 page views of https://www.stopstigmasacramento.org/services/
- 2,486 page views of https://www.stopstigmasacramento.org/communities/漢語/
- 2,758 page views of https://www.stopstigmasacramento.org/communities/tieng-viet/
- 2,488 page views of https://www.stopstigmasacramento.org/communities/african-american-black-community/
- 2,442 page views of https://www.stopstigmasacramento.org/communities/русский/
- 2,369 pages views of https://www.stopstigmasacramento.org/the-facts/

Paid search generated the most page views, while direct, social media and referrals trailed behind.




**(4) Partner Engagement:**

To engage relevant community organizations and services in the project, activities included distributing collateral materials and toolkits, conducting media interviews, engaging in local events, distributing quarterly newsletters, promoting the project through digital and social media and promoting the speaker's bureau. To date, we've received 545 email sign ups, which confirm an organization's willingness to participate in the project. To view a list of partner organizations, please visit the StopStigmaSacramento.org microsite here.

To help ensure that partners have ample opportunities to engage with the project, the team has proactively sent newsletters promoting the following to partners, CBOs and our website sign-ups list:

- The new :30 PSA (Available in all languages)
- Updated tip cards (Available in all languages)
- The return of the May is Mental Health Awareness Month art displays (virtual and in-person)
- Mental Illness Awareness Week and Mental Health Awareness Month
- Opportunities to collaborate across digital, media and community events

The following is a list of the most active partners this year. These partners partnered with the project, providing valuable feedback on project materials and recruitment for the PSA:

1. Sacramento Native American Health Center
2. Russian Information & Support Services
3. Hmong Youth and Parents United

4. Refugee Enrichment & Development Association (REDA)
5. SAHA Health Center
6. Radio TNT
7. La Familia
8. Asian Resources Center
9. Sacramento Youth Mental Health

**(5) Collateral Material:**

The team has conducted outreach to partner 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. Given the impacts of the COVID-19 pandemic, the project was unable to distribute printed collateral materials, but we look forward to distributing new collateral and promotion materials at future in person events.

**(6) Community Outreach Events and Presentations:**

During Mental Health Awareness Month in May, the project participated in its first in-person event in partnership with CalMHSA and the River Cats. The game was focused on recognizing veterans and military families, and the project sponsored the game to also raise awareness of mental health of not only the veteran community, as well as among Sacramento County residents of all ages and backgrounds. The project welcomed Supervisor Nottoli to throw out the first pitch and collaborated with Speakers Bureau members for digital content that was used to promote the game.

**(7) Research:**

This year, Edelman and the County largely focused on continuing to apply the last few years of research to the development and launch of the project's refreshed website, advertising and creative materials. The team finalized collateral materials, website content and information custom for the transgender and gender diverse audience.

As mentioned in past reports, the research among local transgender and gender diverse communities stemmed from the previous years of research with local LGBTQ CBOs and community leaders, who stressed that separate materials and messaging were needed for transgender and gender diverse communities, based on the additional discrimination and stigma that this audience faces around mental health and wellness.

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

Based on the insights and feedback from this focus group, Edelman and the County team worked to develop updated materials in preparation for a final focus group with this audience and comprehensive findings were provided at the end of 2021.

Research around general awareness/understanding of mental illness and awareness of the project kicked off in June 2022 and will continue into the FY 2022-23. Current and future research findings among the project's other target audiences will continue to be incorporated into project outreach tactics, messaging and materials.

**(8) Stop Stigma Sacramento Speakers Bureau:**

Sacramento County Public Health continued to coordinate the Stop Stigma Sacramento Speakers Bureau in FY 2021-22. COVID-19 remained an unrelenting impact in the delivery of speaking events and other community event participation, requiring a large majority of these events to remain virtual throughout the fiscal year. At the close of FY 2021-22, the Stop Stigma Sacramento Speakers Bureau had trained 202 speakers, of whom approximately 50 were actively speaking.

In FY 2021-22, Stop Stigma Sacramento Speakers Bureau speakers shared their personal stories 78 times, at 20 events with a total audience attendance of 1,826 individuals.

Throughout the year, speakers were recruited via the microsite, www.stopstigmasacramento.org, social media and speaking events.

Practice sessions remain an integral part of the Speakers Bureau. During FY 2021-22, practice sessions were offered weekly and allowed speakers to practice and develop their presentations, meet and maintain contact with other speakers, and provide support and feedback to one another. Practice sessions also allowed program staff to preview and shape speaker presentation content to assure that it was consistent with the program goals and content guidelines. Additionally, speakers continued to utilize practice sessions to prepare their stories to be shared virtually in addition to their in-person editions of their stories. During this fiscal year, staff also continued to incorporate mentors in the majority of practice sessions. Mentors typically are seasoned veteran speakers who are able to provide constructive feedback, as well as share firsthand experience on how to share their stories at speaking events. The practice sessions continue to serve as a source of support and connection to the program, and have fostered supportive relationships among members.

The following table details the Speakers Bureau speaking events in FY 2021-22:

**Stop Stigma Sacramento Speakers Bureau Speaking Events**
**July 1, 2021 – June 30, 2022**

| # | Date | Site/Event FY 2021-22 | # Story | # Audience |
|---|---|---|---|---|
| 1 | 08.28.21 | All Nations Church | 3 | 59 |
| 2 | 09.23.21 | Pleasant Grove High School | 12 | 295 |
| 3 | 10.06.21 | Sac County BHS | 3 | 20 |
| 4 | 10.20.21 | Dept of Financial Protection and Innovation | 1 | 64 |
| 5 | 10.21.21 | California Civil Rights Officers Council | 6 | 75 |
| 6 | 10.28.21 | City of Sac, Youth & Community Enrichment | 1 | 3 |
| 7 | 11.10.21 | City of Sac, Youth & Community Enrichment | 1 | 3 |
| 8 | 12.09.21 | City of Sac, Youth & Community Enrichment | 1 | 3 |
| 9 | 01.26.22 | CalHR | 2 | 27 |
| 10 | 02.24.22 | Pleasant Grove High School | 13 | 327 |
| 11 | 04.12.22 | Dept of Developmental Services | 7 | 100 |
| 12 | 04.14.22 | California Energy Commission | 5 | 149 |
| 13 | 04.22.22 | Sac County BHS w/ Dr. Quist | 1 | 20 |

| | | | | |
|---|---|---|---|---|
| 14 | 04.28.22 | CalPers | 2 | 75 |
| 15 | 05.10.22 | Pro Youth Mental Health | 6 | 96 |
| 16 | 05.11.22 | EDD | 2 | 150 |
| 17 | 05.17.22 | California Dental Association | 4 | 150 |
| 18 | 05.19.22 | Sac County MHSA Steering Committee | 2 | 75 |
| 19 | 06.22.22 | Dept of General Services | 3 | 90 |
| 20 | 06.29.22 | City of Sac Summer @City Hall | 3 | 45 |
| | | **FY 2021-22 Total (20)** | **78** | **1,826** |

The Stop Stigma Sacramento speakers continue to be well received and evaluations are provided to hosts for the majority of events. In previous fiscal years, paper copies of audience evaluations were handed out at events and later entered into SurveyMonkey by staff. During this fiscal year, staff had the opportunity to onboard the survey platform Qualtrics. The platform will allow staff to have greater versatility in survey development, analytics, and reporting. Implementing surveys and collecting feedback from audience/community members allows Public Health staff to assess the potential impact of the program, individual speakers, address any training needs, and share tangible findings. In addition, speakers and staff continue to provide collateral material from the project, as well as, educational resources from community partners. This includes phone numbers for mental health and crisis support services.

Overall, the speaking event model allows the opportunity for speakers to share with audience members how to take action for a loved one, a friend, or themselves, if needed. The "Mental Illness: It's not always what you think" project is what helps initiate the conversations in the community, and the Speakers Bureau is the contact model to help further the conversations.

Sacramento County Behavioral Health Services (BHS) has established a procurement schedule for all MHSA-funded programs. During FY 2022-23, the project's communications marketing scope of work underwent a rebidding process and the contract was reawarded to Daniel J. Edelman.

**Mental Health Matters**, administered by Cal Voices, is a monthly television talk show, produced by mental health consumers and their family members, that highlights issues relating to mental health. The show also promotes and informs the community about available local resources, community events, and activities relating to mental health and wellness. Mental Health Matters℠ airs the first Saturday, at 7pm, every month on channel 17 for Sacramento area Comcast and local television subscribers and channel 14 for U-verse subscribers. Mental Health Matters shows are also accessible anytime on the Mental Health Matters YouTube channel, www.youtube.com/@CalVoicesMHM.

In FY 2021-22, television viewership was approximately 25,000 and Mental Health Matters YouTube viewership was over 1,000.

**Time-Limited Community Driven PEI Grant Program**
**Capacity: To be determined in Round Two Grant Application Process**
**Ages Served: Children, TAY, Adults and Older Adults**

*Every Time-Limited Community Driven PEI Grant program and activity is in alignment with the following PEI priorities: childhood trauma prevention and early intervention to deal with the early origins of mental health needs; youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs; culturally competent and linguistically appropriate prevention and intervention; and strategies targeting the mental health needs of older adults (WIC § 5840.7).*

The Time Limited Community Driven PEI Grant program is administered by California Mental Health Services Authority (CalMHSA), a Joint Powers of Authority, on behalf of Sacramento County. Mid FY 2019-20, CalMHSA released a competitive selection process and included community partners in the evaluation process. Thirty-four (34) community based organizations (CBOs) were selected to implement their proposed community building prevention programs in the first round of grant application process.

These community based agencies began implementing community building prevention programs during the beginning of the COVID-19 pandemic. With CalMHSA's assistance and support, granted CBOs pivoted to provide community building services and activities virtually. In FY 2021-22, as the state began to return to normal routines, some granted CBOs began providing in-person services, some delivered services and activities both in-person and virtually, while others continued to provide virtual services. These community building services and activities include culturally responsive community workshops, trainings, conference, outreach, events, individual and group support and activities, navigation support. The services and activities collectively address the MHSA seven (7) negative outcomes that may result from untreated mental illness: suicide, incarcerations, school failure or dropout, unemployment, prolonged suffering, homelessness, and removal of children from their homes. For more information on these agencies and programs, see *Attachment D – Community-Driven PEI Grants Overview*.

With MHSA Steering Committee support, a second round grant application process will be released mid FY 2022-23.

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

The table below contains the FY 2023-24 Cost per Person information for implemented programs:

| FY2023-24 PEI COMPONENT | Average Cost/Person* | Budget Amount |
|---|---|---|
| Suicide Prevention Program | $ 169 | $ 10,992,976 |
| Strengthening Families Program | $ 142 | $ 9,212,193 |
| Integrated Health and Wellness Program | $ 4,902 | $ 3,921,248 |
| Mental Health Promotion (Stigma and Discrimination Reduction) | $ 3 | $ 1,677,022 |
| **TOTAL** | | **$ 25,803,438** |

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

## PEI IMPLEMENTATION PROGRESS DATA - FISCAL YEAR 2021-22

In FY 2021-22, PEI Suicide Prevention and Education program served 73,564 and outreached to over 220,000 individuals by providing individual outreach and participating in 302 community events. The Strengthening Families program served 3,520 individuals and offered prevention trainings and information to 64,503 students, parents/caregivers, education staff, and other partners. The Integrated Health and Wellness program served 888 and outreached to 198 individuals. The Mental Health Promotion program "Mental Illness: It's not always what you think" project utilizes television, radio, social media and print material to advertise across the Sacramento area. In FY 2021-22, there were 7,680,161 impressions from the radio, 672 TV ads, 19 print ads, 14,533,861 impressions from outdoor ads and 16,250,236 impressions from online and mobile ads. The Project's Stop Stigma Sacramento Speakers Bureau speakers shared their personal stories 78 times, at 20 events, with a total audience attendance of 1,826 individuals.

The tables below and on the following pages display demographic information for individuals served in each of the PEI programs. See *Attachment E – FY 2021-22 MHSA Annual Prevention and Early Intervention Program and Evaluation Report* for additional detail.

| Prevention and Early Intervention (PEI) Respite Programs - FY 2021-22 | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Characteristic | Caregiver Crisis Intervention | | Rejuvenation Haven | | Ripple Effect | | Danelle's Place | | Q-Spot | | Lambda Lounge | | Total | |
| | N=173 | % | N=552 | % | N=257 | % | N=73 | % | N=479 | % | N=621 | % | N=2,155 | % |
| ***Age Group*** | | | | | | | | | | | | | | |
| Children/Youth (0-15) | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 54 | 11.3% | 2 | 0.3% | 56 | 2.6% |
| TAY (16-25) | 1 | 0.6% | 188 | 34.1% | 7 | 2.7% | 23 | 31.5% | 130 | 27.1% | 22 | 3.5% | 371 | 17.2% |
| Adults (26-59) | 54 | 31.2% | 0 | 0.0% | 147 | 57.2% | 27 | 37.0% | 3 | 0.6% | 220 | 35.4% | 451 | 20.9% |
| Older Adults (60+) | 118 | 68.2% | 0 | 0.0% | 17 | 6.6% | 0 | 0.0% | 0 | 0.0% | 74 | 11.9% | 209 | 9.7% |
| Unknown/Not Reported | 0 | 0.0% | 364 | 65.9% | 86 | 33.5% | 23 | 31.5% | 292 | 61.0% | 303 | 48.8% | 1,068 | 49.6% |
| ***Ethnicity*** | | | | | | | | | | | | | | |
| Hispanic or Latino | 23 | 13.3% | 26 | 4.7% | 24 | 9.3% | 16 | 21.9% | 45 | 9.4% | 36 | 5.8% | 170 | 7.9% |
| Non-Hispanic/Non-Latino | 149 | 86.1% | 163 | 29.5% | 159 | 61.9% | 37 | 50.7% | 149 | 31.1% | 402 | 64.7% | 1,059 | 49.1% |
| Unknown/Not Reported | 1 | 0.6% | 363 | 65.8% | 74 | 28.8% | 20 | 27.4% | 285 | 59.5% | 183 | 29.5% | 926 | 43.0% |
| ***Race**** | | | | | | | | | | | | | | |
| American Indian or Alaska Native | 0 | 0.0% | 6 | 1.1% | 9 | 3.2% | 3 | 3.6% | 11 | 2.2% | 3 | 0.5% | 32 | 1.5% |
| Asian | 3 | 1.7% | 2 | 0.4% | 1 | 0.4% | 0 | 0.0% | 6 | 1.2% | 4 | 0.6% | 16 | 0.7% |
| Asian Indian | 0 | 0.0% | 0 | 0.0% | 1 | 0.4% | 4 | 4.8% | 4 | 0.8% | 5 | 0.8% | 14 | 0.6% |
| Black or African American | 14 | 8.1% | 83 | 14.9% | 72 | 26.0% | 7 | 8.3% | 26 | 5.1% | 40 | 6.4% | 242 | 11.2% |
| Mexican | 0 | 0.0% | 9 | 1.6% | 6 | 2.2% | 6 | 7.1% | 3 | 0.6% | 0 | 0.0% | 24 | 1.1% |
| Native Hawaiian/Pacific Islander | 4 | 2.3% | 7 | 1.3% | 8 | 2.9% | 3 | 3.6% | 23 | 4.5% | 1 | 0.2% | 46 | 2.1% |
| White | 140 | 80.9% | 43 | 7.7% | 92 | 33.2% | 28 | 33.3% | 118 | 23.2% | 141 | 22.6% | 562 | 25.9% |
| Other | 11 | 6.4% | 50 | 9.0% | 11 | 4.0% | 4 | 4.8% | 26 | 5.1% | 91 | 14.6% | 193 | 8.9% |
| Unknown/Not Reported | 1 | 0.6% | 358 | 64.2% | 77 | 27.8% | 29 | 34.5% | 292 | 57.4% | 339 | 54.3% | 1,096 | 50.6% |
| ***Primary Language*** | | | | | | | | | | | | | | |
| English | 172 | 99.4% | 200 | 36.2% | 184 | 71.6% | 51 | 69.9% | 190 | 39.7% | 401 | 64.6% | 1,198 | 55.6% |
| Spanish | 0 | 0.0% | 1 | 0.2% | 0 | 0.0% | 1 | 1.4% | 6 | 1.3% | 1 | 0.2% | 9 | 0.4% |
| Vietnamese | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Cantonese | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Russian | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Hmong | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Arabic | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Other | 1 | 0.6% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 0.2% | 2 | 0.1% |
| Unknown/Not Reported | 0 | 0.0% | 351 | 63.6% | 73 | 28.4% | 21 | 28.8% | 283 | 59.1% | 218 | 35.1% | 946 | 43.9% |

***Note: The race total percentages are greater than 100%, and the Ns greater than the unduplicated number of clients, because clients can select multiple races.**

| Prevention and Early Intervention (PEI) Respite Programs FY 2021-22 Cont. | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Characteristic | Caregiver Crisis Intervention | | Rejuvenation Haven | | Ripple Effect | | Danelle's Place | | Q-Spot | | Lambda Lounge | | Total | |
| | N=173 | % | N=552 | % | N=257 | % | N=73 | % | N=479 | % | N=621 | % | N=2155 | % |
| ***Sexual Orientation*** | | | | | | | | | | | | | | |
| Gay or Lesbian | 2 | 1.2% | 9 | 1.6% | 5 | 1.9% | 8 | 11.0% | 39 | 8.1% | 99 | 15.9% | 162 | 7.5% |
| Heterosexual or Straight | 170 | 98.3% | 139 | 25.2% | 157 | 61.1% | 7 | 9.6% | 17 | 3.5% | 47 | 7.6% | 537 | 24.9% |
| Bisexual | 1 | 0.6% | 26 | 4.7% | 2 | 0.8% | 11 | 15.1% | 55 | 11.5% | 6 | 1.0% | 101 | 4.7% |
| Questioning or unsure | 0 | 0.0% | 1 | 0.2% | 0 | 0.0% | 1 | 1.4% | 17 | 3.5% | 9 | 1.4% | 28 | 1.3% |
| Queer | 0 | 0.0% | 1 | 0.2% | 0 | 0.0% | 12 | 16.4% | 13 | 2.7% | 35 | 5.6% | 61 | 2.8% |
| Another sexual orientation | 0 | 0.0% | 19 | 3.4% | 4 | 1.6% | 10 | 13.7% | 49 | 10.2% | 18 | 2.9% | 100 | 4.6% |
| Unknown/Not Reported | 0 | 0.0% | 357 | 64.7% | 89 | 34.6% | 24 | 32.9% | 289 | 60.3% | 407 | 65.5% | 1,166 | 54.1% |
| ***Current Gender Identity*** | | | | | | | | | | | | | | |
| Male | 33 | 19.1% | 111 | 20.1% | 97 | 37.7% | 14 | 19.2% | 43 | 9.0% | 95 | 15.3% | 393 | 18.2% |
| Female | 140 | 80.9% | 79 | 14.3% | 81 | 31.5% | 8 | 11.0% | 44 | 9.2% | 92 | 14.8% | 444 | 20.6% |
| Transgender | 0 | 0.0% | 2 | 0.4% | 0 | 0.0% | 6 | 8.2% | 32 | 6.7% | 42 | 6.8% | 82 | 3.8% |
| Genderqueer | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 2 | 2.7% | 3 | 0.6% | 4 | 0.6% | 9 | 0.4% |
| Questioning or unsure | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 1.4% | 5 | 1.0% | 3 | 0.5% | 9 | 0.4% |
| Another gender identity | 0 | 0.0% | 7 | 1.3% | 0 | 0.0% | 17 | 23.3% | 60 | 12.5% | 19 | 3.1% | 103 | 4.8% |
| Unknown/Not Reported | 0 | 0.0% | 353 | 63.9% | 79 | 30.7% | 25 | 34.2% | 292 | 61.0% | 366 | 58.9% | 1,115 | 51.7% |
| ***Veteran Status*** | | | | | | | | | | | | | | |
| Yes | 20 | 11.6% | 1 | 0.2% | 9 | 3.5% | 1 | 1.4% | 1 | 0.2% | 9 | 1.4% | 41 | 1.9% |
| No | 153 | 88.4% | 200 | 36.2% | 176 | 68.5% | 52 | 71.2% | 196 | 40.9% | 435 | 70.0% | 1,212 | 56.2% |
| Decline to answer | 0 | 0.0% | 351 | 63.6% | 72 | 28.0% | 20 | 27.4% | 282 | 58.9% | 177 | 28.5% | 902 | 41.9% |

| SUICIDE PREVENTION - FY 2021-22 | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Suicide Crisis Line | | Emergency Department Follow-Up Services | | Suicide Bereavement Support Groups & Grief Services | | Supporting Community Connections (all SCC programs) | | Community Support Team | | Crisis Navigation Program | | Mobile Crisis Support Team | | Total | |
| Characteristic | N=56,884 | % | N=152 | % | N=24 | % | N=2,426 | % | N=1,463 | % | N=937 | % | N=1,745 | % | N=63,631 | % |
| ***Age Group*** | | | | | | | | | | | | | | | | |
| Children/Youth (0-15) | 3,615 | 6.4% | 34 | 22.4% | 0 | 0.0% | 70 | 2.9% | 75 | 5.1% | 34 | 3.6% | 134 | 7.7% | 3,962 | 6.2% |
| TAY (16-25) | 6,663 | 11.7% | 41 | 27.0% | 0 | 0.0% | 284 | 11.7% | 222 | 15.2% | 117 | 12.5% | 321 | 18.4% | 7,648 | 12.0% |
| Adults (26-59) | 7,921 | 13.9% | 72 | 47.4% | 12 | 50.0% | 1121 | 46.2% | 831 | 56.8% | 662 | 70.7% | 999 | 57.2% | 11,618 | 18.3% |
| Older Adults (60+) | 1,956 | 3.4% | 5 | 3.3% | 6 | 25.0% | 388 | 16.0% | 335 | 22.9% | 122 | 13.0% | 290 | 16.6% | 3,102 | 4.9% |
| Unknown/Not Reported | 36,729 | 64.6% | 0 | 0.0% | 6 | 25.0% | 563 | 23.2% | 0 | 0.0% | 2 | 0.2% | 1 | 0.1% | 37,301 | 58.6% |
| ***Ethnicity*** | | | | | | | | | | | | | | | | |
| Hispanic or Latino | 2,091 | 3.7% | 24 | 15.8% | 0 | 0.0% | 621 | 25.6% | 154 | 10.5% | 151 | 16.1% | 190 | 10.9% | 3,231 | 5.1% |
| Non-Hispanic/Non-Latino | 0 | 0.0% | 104 | 68.4% | 18 | 75.0% | 1,267 | 52.2% | 690 | 47.2% | 551 | 58.8% | 1,029 | 59.0% | 3,659 | 5.8% |
| Other | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 47 | 3.2% | 47 | 5.0% | 48 | 2.8% | 142 | 0.2% |
| More than one ethnicity | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Unknown/Not Reported | 54,793 | 96.3% | 24 | 15.8% | 6 | 25.0% | 538 | 22.2% | 572 | 39.1% | 188 | 20.1% | 478 | 27.4% | 56,599 | 88.9% |
| ***Race*** | | | | | | | | | | | | | | | | |
| White | 8,787 | 15.4% | 52 | 34.2% | 15 | 62.5% | 433 | 17.8% | 509 | 34.8% | 347 | 37.0% | 869 | 49.8% | 11,012 | 17.3% |
| Black or African American | 1,005 | 1.8% | 27 | 17.8% | 1 | 4.2% | 279 | 11.5% | 259 | 17.7% | 237 | 25.3% | 312 | 17.9% | 2,120 | 3.3% |
| Asian | 1,144 | 2.0% | 14 | 9.2% | 0 | 0.0% | 240 | 9.9% | 58 | 4.0% | 31 | 3.3% | 39 | 2.2% | 1,526 | 2.4% |
| American Indian or Alaska Native | 88 | 0.2% | 0 | 0.0% | 0 | 0.0% | 24 | 1.0% | 20 | 1.4% | 18 | 1.9% | 11 | 0.6% | 161 | 0.3% |
| Native Hawaiian or other Pacific Islander | 171 | 0.3% | 0 | 0.0% | 0 | 0.0% | 10 | 0.4% | 12 | 0.8% | 7 | 0.7% | 43 | 2.5% | 243 | 0.4% |
| More than one race | 429 | 0.8% | 11 | 7.2% | 0 | 0.0% | 532 | 21.9% | 48 | 3.3% | 50 | 5.3% | 86 | 4.9% | 1,156 | 1.8% |
| Other | 224 | 0.4% | 24 | 15.8% | 1 | 4.2% | 340 | 14.0% | 101 | 6.9% | 90 | 9.6% | 148 | 8.5% | 928 | 1.5% |
| Unknown/Not Reported | 45,036 | 79.2% | 24 | 15.8% | 7 | 29.2% | 568 | 23.4% | 456 | 31.2% | 157 | 16.8% | 237 | 13.6% | 46,485 | 73.1% |
| ***Primary Language*** | | | | | | | | | | | | | | | | |
| English | 50,257 | 88.3% | 149 | 98.0% | 18 | 75.0% | 614 | 25.3% | 1,243 | 85.0% | 877 | 93.6% | 1,653 | 94.7% | 54,811 | 86.1% |
| Spanish | 75 | 0.1% | 2 | 1.3% | 0 | 0.0% | 498 | 20.5% | 25 | 1.7% | 23 | 2.5% | 22 | 1.3% | 645 | 1.0% |
| Vietnamese | 2 | 0.0% | 0 | 0.0% | 0 | 0.0% | 4 | 0.2% | 2 | 0.1% | 0 | 0.0% | 6 | 0.3% | 14 | 0.0% |
| Cantonese | 9 | 0.0% | 1 | 0.7% | 0 | 0.0% | 45 | 1.9% | 6 | 0.4% | 1 | 0.1% | 2 | 0.1% | 64 | 0.1% |
| Russian | 7 | 0.0% | 0 | 0.0% | 0 | 0.0% | 227 | 9.4% | 4 | 0.3% | 0 | 0.0% | 8 | 0.5% | 246 | 0.4% |
| Hmong | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 18 | 0.7% | 4 | 0.3% | 0 | 0.0% | 2 | 0.1% | 24 | 0.0% |
| Arabic | 1 | 0.0% | 0 | 0.0% | 0 | 0.0% | 257 | 10.6% | 5 | 0.3% | 1 | 0.1% | 2 | 0.1% | 266 | 0.4% |
| Other | 45 | 0.1% | 0 | 0.0% | 0 | 0.0% | 212 | 8.7% | 8 | 0.5% | 16 | 1.7% | 24 | 1.4% | 305 | 0.5% |
| Unknown/Not Reported | 6,488 | 11.4% | 0 | 0.0% | 6 | 25.0% | 551 | 22.7% | 166 | 11.3% | 19 | 2.0% | 26 | 1.5% | 7,256 | 11.4% |
| ***Sexual Orientation**** | | | | | | | | | | | | | | | | |
| Heterosexual or Straight | 1,210 | 2.1% | 32 | 21.1% | 18 | 75.0% | 31 | 1.3% | 331 | 22.6% | 336 | 35.9% | 170 | 9.7% | 2,128 | 3.3% |
| Gay or Lesbian | 268 | 0.5% | 3 | 2.0% | 0 | 0.0% | 1,339 | 55.2% | 8 | 0.5% | 20 | 2.1% | 5 | 0.3% | 1,643 | 2.6% |
| Bisexual | 92 | 0.2% | 0 | 0.0% | 0 | 0.0% | 7 | 0.3% | 27 | 1.8% | 30 | 3.2% | 0 | 0.0% | 156 | 0.2% |
| Questioning or unsure | 26 | 0.0% | 0 | 0.0% | 0 | 0.0% | 2 | 0.1% | 13 | 0.9% | 8 | 0.9% | 0 | 0.0% | 49 | 0.1% |
| Queer | 13 | 0.0% | 0 | 0.0% | 0 | 0.0% | 76 | 3.1% | 0 | 0.0% | 3 | 0.3% | 1 | 0.1% | 93 | 0.1% |
| Another sexual orientation | 19 | 0.0% | 0 | 0.0% | 0 | 0.0% | 41 | 1.7% | 5 | 0.3% | 9 | 1.0% | 0 | 0.0% | 74 | 0.1% |
| Unknown/Not Reported | 55,256 | 97.1% | 117 | 77.0% | 6 | 25.0% | 930 | 38.3% | 1,079 | 73.8% | 536 | 57.2% | 1,569 | 89.9% | 59,493 | 93.5% |
| ***Current Gender Identity**** | | | | | | | | | | | | | | | | |
| Female | 22,861 | 40.2% | 85 | 55.9% | 17 | 70.8% | 648 | 26.7% | 254 | 17.4% | 404 | 43.1% | 179 | 10.3% | 24,448 | 38.4% |
| Male | 23,957 | 42.1% | 60 | 39.5% | 1 | 4.2% | 1,173 | 48.4% | 260 | 17.8% | 519 | 55.4% | 158 | 9.1% | 26,128 | 41.1% |
| Transgender | 267 | 0.5% | 2 | 1.3% | 0 | 0.0% | 6 | 0.2% | 2 | 0.1% | 7 | 0.7% | 4 | 0.2% | 288 | 0.5% |
| Genderqueer | 37 | 0.1% | 0 | 0.0% | 0 | 0.0% | 2 | 0.1% | 0 | 0.0% | 2 | 0.2% | 0 | 0.0% | 41 | 0.1% |
| Questioning or unsure | 56 | 0.1% | 3 | 2.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 59 | 0.1% |
| Another gender identity | 89 | 0.2% | 0 | 0.0% | 0 | 0.0% | 30 | 1.2% | 1 | 0.1% | 9 | 1.0% | 2 | 0.1% | 131 | 0.2% |
| Unknown/Not Reported | 9,617 | 16.9% | 2 | 1.3% | 6 | 25.0% | 567 | 23.4% | 946 | 64.7% | 0 | 0.0% | 1,402 | 80.3% | 12,540 | 19.7% |
| ***Veteran Status*** | | | | | | | | | | | | | | | | |
| Yes | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 2 | 0.1% | 18 | 1.2% | 0 | 0.0% | 0 | 0.0% | 20 | 0.0% |
| No | 0 | 0.0% | 0 | 0.0% | 18 | 75.0% | 1,888 | 77.8% | 601 | 41.1% | 0 | 0.0% | 0 | 0.0% | 2,507 | 3.9% |
| Unknown/Not Reported | 56,884 | 100.0% | 152 | 100.0% | 6 | 25.0% | 536 | 22.1% | 844 | 57.7% | 937 | 100.0% | 1,745 | 100.0% | 61,104 | 96.0% |

| STRENGTHENING FAMILIES - FY 2021-22 | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | QCCC | | CPS Mental Health Teams | | eVIBE | | Adoptive Families Respite | | The Source | | Safe Zone Squad | | Total | |
| Characteristic | N=61 | % | N=648 | % | N=1,629 | % | N=416 | % | N=115 | % | N=651 | % | N=3,520 | % |
| ***Age Group*** | | | | | | | | | | | | | | |
| Children/Youth (0-15) | 26 | 42.6% | 539 | 83.2% | 1486 | 91.2% | 213 | 51.2% | 76 | 66.1% | 651 | 100.0% | 2,991 | 85.0% |
| TAY (16-25) | 10 | 16.4% | 45 | 6.9% | 34 | 2.1% | 16 | 3.8% | 38 | 33.0% | 0 | 0.0% | 143 | 4.1% |
| Adults (26-59) | 17 | 27.9% | 61 | 9.4% | 51 | 3.1% | 161 | 38.7% | 0 | 0.0% | 0 | 0.0% | 290 | 8.2% |
| Older Adults (60+) | 5 | 8.2% | 1 | 0.2% | 5 | 0.3% | 14 | 3.4% | 0 | 0.0% | 0 | 0.0% | 25 | 0.7% |
| Unknown/Not Reported | 3 | 4.9% | 2 | 0.3% | 53 | 3.3% | 12 | 2.9% | 1 | 0.9% | 0 | 0.0% | 71 | 2.0% |
| ***Ethnicity*** | | | | | | | | | | | | | | |
| Hispanic or Latino | 8 | 13.1% | 94 | 14.5% | 629 | 38.6% | 71 | 17.1% | 36 | 31.3% | 246 | 37.8% | 1,084 | 30.8% |
| Non-Hispanic/Non-Latino | 34 | 55.7% | 157 | 24.2% | 665 | 40.8% | 342 | 82.2% | 44 | 38.3% | 0 | 0.0% | 1,242 | 35.3% |
| Other | 0 | 0.0% | 17 | 2.6% | 0 | 0.0% | 0 | 0.0% | 9 | 7.8% | 0 | 0.0% | 26 | 0.7% |
| More than one ethnicity | 7 | 11.5% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 7 | 0.2% |
| Unknown/Not Reported | 12 | 19.7% | 380 | 58.6% | 335 | 20.6% | 3 | 0.7% | 26 | 22.6% | 405 | 62.2% | 1,161 | 33.0% |
| ***Race*** | | | | | | | | | | | | | | |
| White | 31 | 50.8% | 117 | 18.1% | 255 | 15.7% | 249 | 59.9% | 21 | 18.3% | 104 | 16.0% | 777 | 22.1% |
| Black or African American | 12 | 19.7% | 172 | 26.5% | 152 | 9.3% | 71 | 17.1% | 31 | 27.0% | 195 | 30.0% | 633 | 18.0% |
| Asian | 6 | 9.8% | 13 | 2.0% | 266 | 16.3% | 0 | 0.0% | 6 | 5.2% | 74 | 11.4% | 365 | 10.4% |
| American Indian or Alaska Native | 0 | 0.0% | 8 | 1.2% | 5 | 0.3% | 6 | 1.4% | 1 | 0.9% | 19 | 2.9% | 39 | 1.1% |
| Native Hawaiian or other Pacific Islander | 0 | 0.0% | 11 | 1.7% | 20 | 1.2% | 0 | 0.0% | 4 | 3.5% | 13 | 2.0% | 48 | 1.4% |
| More than one race | 5 | 8.2% | 41 | 6.3% | 319 | 19.6% | 42 | 10.1% | 17 | 14.8% | 0 | 0.0% | 424 | 12.0% |
| Other | 2 | 3.3% | 34 | 5.2% | 433 | 26.6% | 22 | 5.3% | 15 | 13.0% | 246 | 37.8% | 752 | 21.4% |
| Unknown/Not Reported | 5 | 8.2% | 252 | 38.9% | 179 | 11.0% | 26 | 6.3% | 20 | 17.4% | 0 | 0.0% | 482 | 13.7% |
| ***Primary Language*** | | | | | | | | | | | | | | |
| English | 52 | 85.2% | 451 | 69.6% | 1206 | 74.0% | 413 | 99.3% | 111 | 96.5% | 0 | 0.0% | 2,233 | 63.4% |
| Spanish | 1 | 1.6% | 9 | 1.4% | 124 | 7.6% | 0 | 0.0% | 3 | 2.6% | 0 | 0.0% | 137 | 3.9% |
| Vietnamese | 0 | 0.0% | 1 | 0.2% | 8 | 0.5% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 9 | 0.3% |
| Cantonese | 0 | 0.0% | 0 | 0.0% | 18 | 1.1% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 18 | 0.5% |
| Russian | 0 | 0.0% | 0 | 0.0% | 8 | 0.5% | 0 | 0.0% | 1 | 0.9% | 0 | 0.0% | 9 | 0.3% |
| Hmong | 3 | 4.9% | 0 | 0.0% | 12 | 0.7% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 15 | 0.4% |
| Arabic | 0 | 0.0% | 0 | 0.0% | 1 | 0.1% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 0.0% |
| Other | 4 | 6.6% | 5 | 0.8% | 17 | 1.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 26 | 0.7% |
| Unknown/Not Reported | 1 | 1.6% | 182 | 28.1% | 235 | 14.4% | 3 | 0.7% | 0 | 0.0% | 651 | 100.0% | 1,072 | 30.5% |
| ***Sexual Orientation*** | | | | | | | | | | | | | | |
| Heterosexual or Straight | 24 | 39.3% | 70 | 10.8% | 39 | 2.4% | 312 | 75.0% | 30 | 26.1% | 0 | 0.0% | 475 | 13.5% |
| Gay or Lesbian | 0 | 0.0% | 3 | 0.5% | 5 | 0.3% | 23 | 5.5% | 2 | 1.7% | 0 | 0.0% | 33 | 0.9% |
| Bisexual | 3 | 4.9% | 5 | 0.8% | 1 | 0.1% | 14 | 3.4% | 3 | 2.6% | 0 | 0.0% | 26 | 0.7% |
| Questioning or unsure | 0 | 0.0% | 13 | 2.0% | 0 | 0.0% | 20 | 4.8% | 4 | 3.5% | 0 | 0.0% | 37 | 1.1% |
| Queer | 1 | 1.6% | 0 | 0.0% | 0 | 0.0% | 3 | 0.7% | 0 | 0.0% | 0 | 0.0% | 4 | 0.1% |
| Another sexual orientation | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 20 | 4.8% | 0 | 0.0% | 0 | 0.0% | 20 | 0.6% |
| Unknown/Not Reported | 33 | 54.1% | 557 | 86.0% | 1584 | 97.2% | 24 | 5.8% | 76 | 66.1% | 651 | 100.0% | 2,925 | 83.1% |
| ***Current Gender Identity*** | | | | | | | | | | | | | | |
| Female | 37 | 60.7% | 46 | 7.1% | 799 | 49.0% | 207 | 49.8% | 66 | 57.4% | 0 | 0.0% | 1,155 | 32.8% |
| Male | 22 | 36.1% | 25 | 3.9% | 806 | 49.5% | 192 | 46.2% | 48 | 41.7% | 0 | 0.0% | 1,093 | 31.1% |
| Transgender | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 5 | 1.2% | 1 | 0.9% | 0 | 0.0% | 6 | 0.2% |
| Genderqueer | 1 | 1.6% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 0.0% |
| Questioning or unsure | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Another gender identity | 0 | 0.0% | 0 | 0.0% | 7 | 0.4% | 8 | 1.9% | 0 | 0.0% | 0 | 0.0% | 15 | 0.4% |
| Unknown/Not Reported | 1 | 1.6% | 577 | 89.0% | 17 | 1.0% | 4 | 1.0% | 0 | 0.0% | 651 | 100.0% | 1,250 | 35.5% |
| ***Veteran Status*** | | | | | | | | | | | | | | |
| Yes | 0 | 0.0% | 0 | 0.0% | N/R | N/R | 2 | 0.5% | 0 | 0.0% | 0 | 0.0% | 2 | 0.1% |
| No | 61 | 100.0% | 292 | 45.1% | N/R | N/R | 412 | 99.0% | 0 | 0.0% | 0 | 0.0% | 765 | 21.7% |
| Unknown/Not Reported | 0 | 0.0% | 356 | 54.9% | 1629 | 100.0% | 2 | 0.5% | 115 | 100.0% | 651 | 100.0% | 2,753 | 78.2% |

| INTEGRATED HEALTH AND WELLNESS - FY 2021-22 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | SacEDAPT | | Senior Link | | Community Responsive Wellness Program (CRWP) | | Total | |
| Characteristic | N=137 | % | N=174 | % | N=577 | % | N=888 | % |
| ***Age Group*** | | | | | | | | |
| Children/Youth (0-15) | 32 | 23.4% | 0 | 0.0% | 105 | 18.2% | 137 | 15.4% |
| TAY (16-25) | 97 | 70.8% | 0 | 0.0% | 155 | 26.9% | 252 | 28.4% |
| Adults (26-59) | 8 | 5.8% | 17 | 9.8% | 85 | 14.7% | 110 | 12.4% |
| Older Adults (60+) | 0 | 0.0% | 126 | 72.4% | 25 | 4.3% | 151 | 17.0% |
| Unknown/Not Reported | 0 | 0.0% | 31 | 17.8% | 207 | 35.9% | 238 | 26.8% |
| ***Ethnicity*** | | | | | | | | |
| Hispanic or Latino | 42 | 30.7% | 26 | 14.9% | 19 | 3.3% | 87 | 9.8% |
| Non-Hispanic/Non-Latino | 71 | 51.8% | 105 | 60.3% | 308 | 53.4% | 484 | 54.5% |
| Other | 12 | 8.8% | 0 | 0.0% | 0 | 0.0% | 12 | 1.4% |
| More than one ethnicity | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Unknown/Not Reported | 12 | 8.8% | 43 | 24.7% | 250 | 43.3% | 305 | 34.3% |
| ***Race*** | | | | | | | | |
| White | 31 | 22.6% | 65 | 37.4% | 13 | 2.3% | 109 | 12.3% |
| Black or African American | 38 | 27.7% | 33 | 19.0% | 318 | 55.1% | 389 | 43.8% |
| Asian | 11 | 8.0% | 4 | 2.3% | 2 | 0.3% | 17 | 1.9% |
| American Indian or Alaska Native | 4 | 2.9% | 3 | 1.7% | 2 | 0.3% | 9 | 1.0% |
| Native Hawaiian or other Pacific Islander | 0 | 0.0% | 2 | 1.1% | 5 | 0.9% | 7 | 0.8% |
| More than one race | 23 | 16.8% | 1 | 0.6% | 0 | 0.0% | 24 | 2.7% |
| Other | 24 | 17.5% | 22 | 12.6% | 20 | 3.5% | 66 | 7.4% |
| Unknown/Not Reported | 6 | 4.4% | 44 | 25.3% | 217 | 37.6% | 267 | 30.1% |
| ***Primary Language*** | | | | | | | | |
| English | 123 | 89.8% | 126 | 72.4% | 361 | 62.6% | 610 | 68.7% |
| Spanish | 9 | 6.6% | 15 | 8.6% | 6 | 1.0% | 30 | 3.4% |
| Vietnamese | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Cantonese | 2 | 1.5% | 0 | 0.0% | 0 | 0.0% | 2 | 0.2% |
| Russian | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Hmong | 0 | 0.0% | 2 | 1.1% | 0 | 0.0% | 2 | 0.2% |
| Arabic | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Other | 3 | 2.2% | 0 | 0.0% | 0 | 0.0% | 3 | 0.3% |
| Unknown/Not Reported | 0 | 0.0% | 31 | 17.8% | 210 | 36.4% | 241 | 27.1% |
| ***Sexual Orientation*** | | | | | | | | |
| Heterosexual or Straight | 30 | 21.9% | 120 | 69.0% | 2 | 0.3% | 152 | 17.1% |
| Gay or Lesbian | 0 | 0.0% | 4 | 2.3% | 195 | 33.8% | 199 | 22.4% |
| Bisexual | 6 | 4.4% | 0 | 0.0% | 2 | 0.3% | 8 | 0.9% |
| Questioning or unsure | 0 | 0.0% | 2 | 1.1% | 0 | 0.0% | 2 | 0.2% |
| Queer | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Another sexual orientation | 1 | 0.7% | 0 | 0.0% | 135 | 23.4% | 136 | 15.3% |
| Unknown/Not Reported | 100 | 73.0% | 48 | 27.6% | 243 | 42.1% | 391 | 44.0% |
| ***Current Gender Identity*** | | | | | | | | |
| Female | 55 | 40.1% | 118 | 67.8% | 235 | 40.7% | 408 | 45.9% |
| Male | 80 | 58.4% | 25 | 14.4% | 133 | 23.1% | 238 | 26.8% |
| Transgender | 1 | 0.7% | 0 | 0.0% | 1 | 0.2% | 2 | 0.2% |
| Genderqueer | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Questioning or unsure | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Another gender identity | 1 | 0.7% | 0 | 0.0% | 0 | 0.0% | 1 | 0.1% |
| Unknown/Not Reported | 0 | 0.0% | 31 | 17.8% | 208 | 36.0% | 239 | 26.9% |
| ***Veteran Status*** | | | | | | | | |
| Yes | 0 | 0.0% | 6 | 3.4% | 4 | 0.7% | 10 | 1.1% |
| No | 0 | 0.0% | 0 | 0.0% | 354 | 61.4% | 354 | 39.9% |
| Unknown/Not Reported | 137 | 100.0% | 168 | 96.6% | 219 | 38.0% | 524 | 59.0% |

**Time-Limited Community Driven PEI Grants - all programs FY 2021-22**

| **Age** | **N=25,965** | **%** |
|---|---|---|
| Children/Youth (0-15) | 2,849 | 11% |
| TAY (16-25) | 2,565 | 10% |
| Adults (26-59) | 6,001 | 23% |
| Older Adults (60+) | 1,303 | 5% |
| Unknown/Not Reported | 13,247 | 51% |
| **Ethnicity** | **N=25,965** | **%** |
| Hispanic or Latino | 694 | 3% |
| Non-Hispanic/Non-Latino | 4,973 | 19% |
| Other | 513 | 2% |
| More than one ethnicity | 154 | 1% |
| Unknown/Not Reported | 19,631 | 76% |
| **Race** | **N=25,965** | **%** |
| White | 951 | 4% |
| Black or African American | 860 | 3% |
| Asian | 4,036 | 16% |
| American Indian or Alaska Native | 32 | 0% |
| Native Hawaiian or other Pacific Islander | 29 | 0% |
| More than one race | 149 | 1% |
| Other | 621 | 2% |
| Unknown/Not Reported | 19,287 | 74% |
| **Primary Language** | **N=25,965** | **%** |
| English | 2,469 | 10% |
| Spanish | 347 | 1% |
| Vietnamese | 1 | 0% |
| Cantonese | 3 | 0% |
| Russian | 6 | 0% |
| Hmong | 253 | 1% |
| Arabic | 47 | 0% |
| Other | 2,826 | 11% |
| Unknown/Not Reported | 20,013 | 77% |
| **Sexual Orientation** | **N=25,965** | **%** |
| Heterosexual or Straight | 3,104 | 12% |
| Gay or Lesbian | 86 | 0% |
| Bisexual | 74 | 0% |
| Questioning or unsure | 10 | 0% |
| Queer | 20 | 0% |
| Another sexual orientation | 48 | 0% |
| Unknown/Not Reported | 22,623 | 87% |
| **Current Gender Identity** | **N=25,965** | **%** |
| Female | 4,159 | 16% |
| Male | 2,301 | 9% |
| Transgender | 10 | 0% |
| Genderqueer | 6 | 0% |
| Questioning or unsure | 0 | 0% |
| Another gender identity | 52 | 0% |
| Unknown/Not Reported | 19,437 | 75% |
| **Veteran Status** | **N=25,965** | **%** |
| Yes | 301 | 1% |
| No | 809 | 3% |
| Unknown/Not Reported | 24,855 | 96% |

## WORKFORCE EDUCATION AND TRAINING (WET) COMPONENT

The WET component provides funding with the goals of recruiting, hiring, training, and retaining culturally diverse and linguistically proficient public mental health system workforce who are reflective of the cultural, racial, ethnic, linguistic, gender, and sexual diversity of the community we serve. The WET component ensures that the workforce receives training to provide effective services and administer programs based on the principles of wellness and recovery. Sacramento County's WET Plan is comprised of previously approved actions aimed at recruiting, hiring, training and retaining our current behavioral health workforce.

The Sacramento County initial Workforce Needs Assessment, was completed in  as part of the Workforce Education and Training (WET) Component planning process, helped inform the development of the WET Plan. As part of the annual Cultural Competence Plan requirements, BHS conducts a Human Resource (HR) Survey and Language Proficiency Survey to provide current data on the entire mental health system. The next HR Survey and Language Proficiency Survey will be conducted in FY 2022-23 and a final report of the 2022 HR Survey and Language Proficiency Survey will be available for the next Three-Year Plan.


SACRAMENTO COUNTY

3/03/23

**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 Grow Your Own Mental/Behavioral Health (MBH) Advisory Group; the Student Mental Health and Wellness Collaborative; the California Educational Marriage and Family Therapist (MFT) Stipend Program Selection Committee; MFT Consortium of Greater Sacramento; Health Professions Education Foundation Advisory/Selection Committee; and the Valley High School-Health TECH Academy Community Advisory Board. The WET Coordinator continues to assist in the evaluation of WET Plan implementation and effectiveness, coordinates/collaborates with other MHSA and BHS efforts, and participates in the implementation of WET Actions.

**Action 2: System Training Continuum**

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

Since 2010, Sacramento County has offered both Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHFA) trainings at no cost to community members. In FY 2020-21, when COVID-19 restrictions began impacting in-person training opportunities, the National Council for Mental Wellbeing, the agency with oversight of MHFA training converted to an online version that required all instructors to complete new training courses. BHS resumed training in FY 2021-22 and completed one MHFA, training 21 participants. For FY 2022-23, five (5 MHFA trainings have been completed thus far.

In FY 2021-22, Sacramento County Office of Education (SCOE) supported 16 YMHFA trainings at four (4) school districts, including, Twin Rivers Unified School District (four (4) trainings), Elk Grove Unified School District (six (6) trainings), SCOE (three (3) trainings), and Sacramento City Unified School Districts (three (3) trainings). A total of 210 adult participants were trained.

Currently, both adult and youth MHFA training sessions, including language/culturally specific sessions, are part of the partner training schedule and the county's Mental Health Plan (MHP) and are offered in both English and Spanish through a partnership with a community-based contract provider. La Familia Counseling Center conducted three (3) MHFA trainings in Spanish with a total of 76 participants. Muslim American Society-Social Services Foundation provided four (4) MHFA trainings with a total of 72 participants. Sacramento Native American Health Center offered four (4) Question Persuade and Response (QPR) Suicide Prevention Trainings to community members free of charge, with a total of 100 participants. In FY 2021-22, a total of 248 individuals were trained by community-based contract providers.

The System Training Continuum also supports the provision of Pro-ACT (Professional Assault Crisis Training). BHS provides this training to staff at the Sacramento County Mental Health Treatment Center (MHTC). Pro-ACT Training emphasizes critical thinking, continued assessment of client behaviors and needs, and employs a distinctive problem-solving approach designed to improve safety and enhance treatment outcomes. MHTC conducted approximately 49 Pro-Act trainings during FY 2021-22. This included a combination of Pro-Act Initial, Pro-Act Refresher, Pro-Act Support, and Intro to Pro-Act for Med Students. All of our trainings are conducted onsite.

A total of 280 participants were trained, all of whom were UC Davis medical students who rotate providing services throughout the year.

BHS requires all persons who are providing specialty mental health services or providing interpreter or other support services to beneficiaries and who are employed by or contracting with the Mental Health Plan (MHP) or with contractors of the MHP to receive annual cultural competence training (CCR Title 9, Division 1, Chapter 11, Subchapter 1, Article 4, § 1810.410, (c) (4)). In FY 2021-22, BHS offered an Eliminating Inequities five-session webinar series. This included a five (5) module webinar series that focused on increasing participants' knowledge about the interplay between structural racism, institutional racism within the behavioral health system of care, implicit bias, and behavioral health disparities. The training offers education about strategies to decrease and ultimately eliminate racial disparities in access, quality, and outcomes of behavioral health treatment. In FY 2022-23, training will focus on increasing understanding of cultural humility.

In FY 2021-22, BHS virtually offered *Behavioral Health Interpreter Training: Introduction to Interpreting in Behavioral Health*, an intensive four-day training for 3.5 hours each day intended for bilingual staff fluent in English and at least one other language who use their linguistic skills to provide interpreting services. Twenty (20) participants completed the training. This training is required for direct service staff, clinicians, administrative support staff, bilingual community members, contractors, consumers, case management staff, and others currently serving as language interpreters in mental health and/or substance use disorders programs, as well as those who want to become interpreters.

"Therapeutic Cross-Cultural Communication," is another training provided for monolingual English speaking clinicians working with language interpreters' services. Twelve (12) participants completed this two-day virtual training for 3.5 hours each day during FY 2021-22.

These trainings meet State requirements and support bilingual staff, including clinicians, case managers, administrative support staff, community members, system partners, contractors, consumers/peers, and others who are or want to become interpreters. Through them, BHS strove to achieve the State standard that 98% of staff identified as interpreters complete an approved mental health/behavioral health interpreter training and receive certification. In FY 2021-22, the Assisted Access program had 100% completion of interpreter training. This is an overall improvement from the previous fiscal year, during which staff turnover at our Assisted Access program had prevented that goal from being achieved.

In FY 2021-22, BHS provided scholarships and support for 40 behavioral health staff, system partners, providers, partners, and individuals with lived mental health experiences to attend five (5) behavioral health related trainings and conferences. This included School Health Conference, Motivational Interviewing training, Breaking Barriers Symposium, National Latino Behavioral Health Conference, Pro-ACT, and Annual Mental Health and Aging Conference.

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

This Action combines both **Action 3: Consumer and Family Member Employment** and **Action 8: Stipends for Individuals, Especially Consumers and Family Members, for Education Programs to Enter the Mental Health Field** as described in the previous Three Year Plan. This

Action is designed to develop entry and supportive employment opportunities for consumers, family members, and individuals from Sacramento County's culturally and linguistically diverse communities to address occupational shortages identified in the Human Resource and Language Proficiency Surveys or additional workforce needs assessment data. Additionally, this action supports efforts to develop a diverse, culturally responsive and linguistically proficient public mental health system by establishing a stipend fund to allow individuals to apply for stipends to participate in educational opportunities that will lead to employment in Sacramento County's mental health system. BHS will encourage individuals, particularly consumers and family members with lived experience, who are reflective of the diversity of the county to apply for educational stipends as they become available through the WET Central Regional Partnership as described in Action 6.

In line with BHS core values and community/partner input, BHS has included consumer and family member positions in all programs using creative partnerships between county and contract providers. During FY 2021-22, the County hired a Health Program Manager with lived behavioral health experience. In FY 2022-23, the County is working to hire and recruit Behavioral Health Peer Specialist Program Managers, Behavioral Health Peer Specialists, and Senior Behavioral Health Peer Specialists. These positions will be responsible for providing peer support and services based on lived experiences to consumers of behavioral health services and their families/caregivers. Through this Action, the Behavioral Health Peer Specialist Program Managers will oversee the implementation of the Peer Support Specialist Certification program in Sacramento County in close collaboration with CalMHSA.

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

Community feedback received at Town Hall events and Mental Health Board meetings supports the need for the enhancement and prioritization of Peer support services in Sacramento County, to ensure they align with the service standards of other counties as well as the goals of SB 803. California Mental Health Services Authority (CalMHSA) will implement a Medi-Cal Peer Support Specialist Certification program responsive to the needs of California's population under the Medi-Cal Specialty Mental Health and Drug Medi-Cal Organized Delivery Systems in accordance with the DHCS Behavioral Health Information Notice 21-041.

CalMHSA, on behalf of California counties, will implement and administer all components of the Peer Support Specialist Certification program, including required data collection and submission to DHCS, certification of Peers, exam administration, investigations, and approval, auditing, and monitoring of training vendors. Although the Medi-Cal Peer Support Specialist Certification program is an optional benefit to counties, the Peer Support Specialist Certification program is available to any individual seeking to be recognized as a Certified Peer Support Specialist. BHS has been promoting the program and encouraging individuals with experience providing peer support to apply for a scholarship for the Peer Certification Training so they may receive the respective certification.

**Action 4: High School Training**

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

Both schools returned to in-person instruction in the 2021-22 school year. Students are surveyed at the beginning and at the end of each term to determine their pre-existing knowledge baseline and their increase in knowledge and understanding of mental health conditions. Results from the surveys were used to modify, enhance, and improve the 2021-22 school year curriculum. This supports the development of curriculum and workforce development, including internship opportunities. WET funds have supported stipend placement of these students at various internship positions at WellSpace Health, La Familia, the Central Valley Health Network, Pro Youth and Families, and Common Ground Youth Initiative Peer Support Mental Health. Common Ground Youth Initiative is located in the Valley-Hi community and provides workforce training, peer mentor mental health training, and young adult support.

In the 2021-22 school year, VHSHTA accomplished the following activities:

- Health TECH students partnered with Kaiser Permanente for the Cultural Awareness Community Health Education (CACHE) outreach project. Students researched a problem within their cultural group and created a culturally competent presentation that addressed that problem. For the 2021-22 school year, Health TECH had hypertension, COVID-19, and tobacco CACHE groups. Each CACHE group incorporated mental health into their presentations, especially the COVID-19 group.
- The Health TECH Academy hosted its first post-COVID-19 Health and Fitness Expo in April 2022. Health TECH students managed several booths, covering topics like heart disease, nutrition, fitness, cancer, diabetes, depression, anxiety disorders, brain development, eating disorders, alcoholism, and drug addiction.
- Health TECH co-hosted a one-stop health fair with Health Net and Hill Physicians group. Health TECH set up an addiction booth at this event, allowing students to educate Health Net members about addiction and the COVID pandemic's role in causing people to self-medicate.
- Health TECH formed a new anti-tobacco campaign partnership with Saving Our Legacy (SOL). The SOL project trains students about tobacco addiction and the role the tobacco industry plays in causing addiction.
- Health TECH hosted a summer enrichment program in June 2022. The summer enrichment program addressed the psychological distress and lack of student engagement caused by the COVID lockdowns. NAMI conducted a workshop on mental health.

In the 2021-22 school year, AABPHS accomplished the following activities:

- School principal, social worker, and teachers were trained on teen mental health issues by local organization ProYouth and Families (PROs) at a professional development workshop called Mental Wellness Champions.
- Five staff attended the online 5th Annual Student Mental Wellness Conference in Sacramento. Additionally, staff attended online presentation of the new Mental Health Tool Kit for helping students prepare for careers in behavioral health by teaching them about the different educational classes and degrees.
- Modified curriculum to better address career planning for behavioral careers, such as instilling students with communication and cultural competence skills.
- Mental health related paid internships for 25 students from Pro Youth and Families.

**Action 5: Psychiatric Residents and Fellowships**

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

Psychiatrists are placed in public/community mental health settings to assist in primary care collaboration through consultation and education on mental health/primary healthcare integration. Additionally, residents, fellows, and other team members continue to receive in-service trainings on wellness and recovery principles, culture competence including consumer movement and client culture, and an integrated service delivery system. This Action continues to be administered through University of California, Davis (UCD), Department of Psychiatry and includes the following components:

- Explain the components of the recovery model of care (patient care, professionalism, interpersonal and communication skills)
- Discuss the benefits of consumer advocacy and how psychiatrists can partner with individuals with lived experience to deliver care to their patients (patient care, professionalism, systems based practice)
- Discuss the Sacramento county mental health system and how to appropriately refer patients to community resources (patient care, systems based practice)
- Identify community resources that may be appropriate for patient populations with unique needs (patient care, systems based practice)
- Discuss the interface between the mental health system of care and the legal system (systems based practice)
- Develop an appreciation of the need for self-care and discuss strategies for self-care (professionalism, practice-based learning, and improvement)
- Discuss four potential advantages of working in community-based settings and consider if working in a community-based setting is a good fit for one's career (practice-based learning and improvement, professionalism)

In FY 2021-22, 14 residents were enrolled in this program. Ten (10) were dedicated to psychiatry only. Two (2) residents had combined interests in Psychiatry/Internal Medicine and two (2) had combined interests in Psychiatry/Family Medicine.

Targeted activities to understand mental health programming and promote holistic services while coordinating services with the primary care needs of consumers are a part of this integrated service delivery experience.

◊ **Mental Health Collaboration: Mental Health and Substance Use Prevention and Treatment Services Providers Training**

Through this training, a team of part-time dually boarded psychiatrists provide specialized training and consultation, educational seminars, and case conferences to improve the skillsets of behavioral health providers offering substance use disorder services to individuals living with a serious mental illness. The enhanced skillsets lead to an improved integrated service experience for individuals living with co-occurring disorders being served in both systems. In FY 2021-22, the team convened twelve (12) Lunch and Learn workshops on topics related to co-occurring disorders. Additionally, ad-hoc provider-to-provider consultation took place, sharing opinions, knowledge, and information with the aim of providing the best care and treatment options possible to patients living with co-occurring disorders.

The implementation of CalAIM and Enhanced Care Management (ECM) in FY 2022-23 has resulted in an increased need for BHS providers to offer culturally responsive services that include interventions that integrate physical health and behavioral health. BHS is exploring the possibility of modifying the focus of this training program to align with ECM implementation by including training that supports the provision of integrated health and behavioral health services.

◊ **Residents and Post–Doctoral Fellows at Youth Detention Facility**

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

In FY 2021-22, UCD Residents and Post Doctorate Fellows provided 45 informal training sessions for probation staff. Probation Officers who completed the Youth & Mental Health Education Feedback surveys overwhelmingly report that following training they felt better equipped to recognize early warning signs of mental illness or escalating behaviors, increased their understanding of childhood trauma and intellectual disabilities, increased their ability to use evidenced based strategies and interventions to manage or deescalate negative behaviors, and possessed more confidence in their ability to positively engage and support incarcerated youth who are living with mental illness or intellectual/learning disabilities.

◊ **Clinical Child Psychology, Pre-Doctoral Internship Training Program**

This program was implemented in 2018 and gives pre-doctoral interns hands-on experience at the Sacramento County Child and Adolescent Psychiatric Services (CAPS) Clinic. In FY 2021-22, two (2) full-time doctoral interns graduated from the program, each having completed 2,000 hours.

The Pre-Doctoral Internship Training Program has developed a positive reputation. Applications from potential intern applicants who are interested in working with underserved and diverse communities are being continually received. Unfortunately, the FY 2021-22 interns were not retained in either the UCD or Sacramento County system. One intern selected a post-doctoral fellowship with specialized training in neuropsychological testing. The other intern applied to our fellowship, but accepted an offer at a higher ranking fellowship program that was closer to her family and social support network. Although we did not retain our FY

2021-22 interns, they both highly recommended our program during the last recruitment cycle and we ultimately matched with doctoral interns that we highly ranked (top 4).

Collectively, pre-doctoral interns held 20 clients on their therapy caseloads, including completed ten (10) clients with psychological testing, and two medication management clients during the training year. The interns employed utilized a collaborative/therapeutic approach for their testing clients. Interns received training from the MIND institute that allowed them to utilize specialized interventions in therapy clients with Autism Spectrum Disorder (ASD). In addition, interns administered the ADOS-2 (Autism Diagnostic Observation Schedule, second edition, assessment tool) to provide differential diagnosis for testing clients presenting with symptoms of ASD. The interns employed evidence-based practices with their therapy clients, including Cognitive Behavioral Therapy (CBT) and Trauma Focused (TF)-CBT. Interns were responsive to emergent and urgent clinical issues, including mandated reporting, crisis intervention, and risk management.

Overall, interns provided very positive feedback about their psychological testing/assessment experience at the CAPS Clinic. Interns indicated that the approach to testing and complex referral questions has prepared them well for entry-level practice as a health service psychologist.

**Action 6: Multidiscipline Workforce Recruitment and Retention**

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

BHS recognizes the importance of this strategy and has continued to identify opportunities to establish multidisciplinary collaborations with key system partners. In April 2020, the Mental Health Services Act Steering Committee provided their support to BHS dedicating local MHSA WET dollars as match funds to participate in the WET Central Regional Partnership. California Department of Health Care Access and Information (HCAI) outlined in their 2020-2025 WET Five-Year Plan a local match to five regional partnerships to fund specific types of activities that support the workforce needs of individuals within those regional partnerships. In collaboration with other counties in the Central Region, Sacramento County partnered with the CalMHSA to make funding available to the county Public Mental Health System (PMHS) workforce. BHS has made loan repayment a priority to help with recruitment and retention and introduced a Central Region application period for the Loan Repayment Program (LRP) in December 2021. The LRP application is now closed and over 130 applications were received. Currently, LRP is in final stages of review, and will soon award up to $25,000 to qualified providers of educational loans on behalf of employees of eligible PMHS county-operated or contract providers that commit to a 24-month service obligation in a recognized hard-to-fill or hard-to-retain position.

BHS has also identified additional components available through the Central Regional Partnership such as Undergraduate College and University Scholarships and Clinical Master and Doctoral Graduate Education Stipends that would complement existing WET actions. Additionally, BHS has shared numerous HCAI loan repayment, recruitment, and retention funding opportunities to behavioral health contracted providers.

On September 15 and 16, 2022, BHS and Sacramento County Department of Personnel Services (DPS) hosted an in-person hiring and career fair. BHS worked collaboratively on the advertisement, press release, and logistics of the event, including 86 BHS and DPS volunteers for the two-day event. The hiring event provided job seekers the opportunity to interview with hiring managers. Additionally, BHS representatives shared information on job openings, how to apply and insights to County careers. An estimated 60-80 individuals participated daily and 32 job seekers were offered and accepted positions with BHS.

**Action 7: Consumer Leadership Stipends**

This Action provides consumers and family members from diverse backgrounds with the opportunity to receive stipends for leadership or educational opportunities that increase knowledge, build skills, and further advocacy for consumers on mental health issues.

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

During FY 2021-22, BHS provided consumer and family member leadership stipends to eligible community members that served on the Behavioral Health Racial Equity Collaborative (BHREC) Steering Committee.

## INNOVATION COMPONENT

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

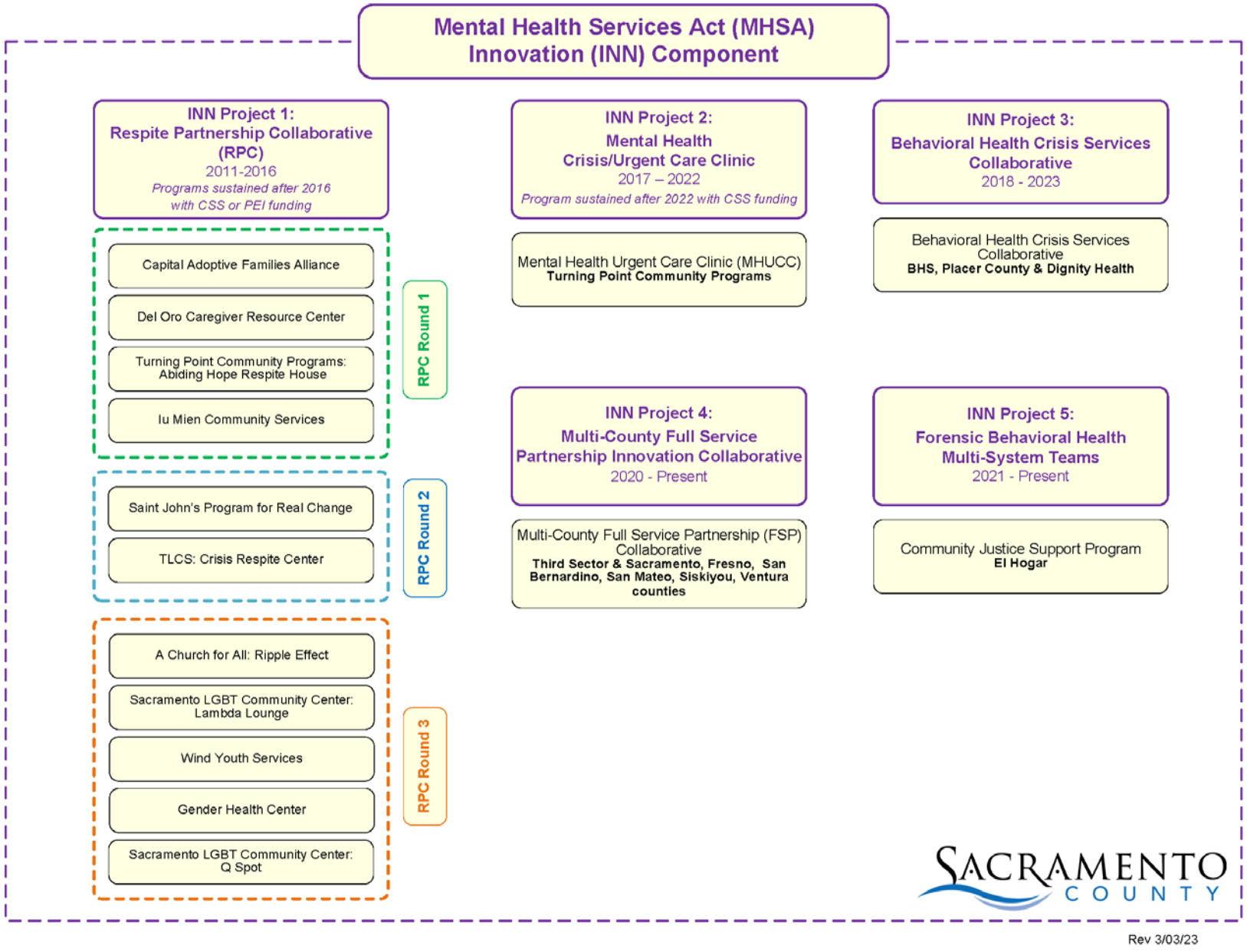
- Introduce a mental health practice or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention.
- Make a change to an existing practice in the field of mental health, including but not limited to, application to a different population.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

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

Sacramento County INN Projects to date:

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

In addition to the information in the following pages regarding INN Projects, outcomes and demographic information are included within *Attachment F – Mental Health Services Act Annual Innovation Program and Evaluation Report – Fiscal Year 2021-22*.


Mental Health Services Act (MHSA)
Innovation (INN) Component
INN Project 1:
Respite Partnership Collaborative (RPC)
2011-2016
Programs sustained after 2016 with CSS or PEI funding
Capital Adoptive Families Alliance
Del Oro Caregiver Resource Center
Turning Point Community Programs: Abiding Hope Respite House
Iu Mien Community Services
RPC Round 1
Saint John's Program for Real Change
TLCS: Crisis Respite Center
RPC Round 2
A Church for All: Ripple Effect
Sacramento LGBT Community Center: Lambda Lounge
Wind Youth Services
Gender Health Center
Sacramento LGBT Community Center: Q Spot
RPC Round 3
INN Project 2:
Mental Health Crisis/Urgent Care Clinic
2017 – 2022
Program sustained after 2022 with CSS funding
Mental Health Urgent Care Clinic (MHUCC)
Turning Point Community Programs
INN Project 3:
Behavioral Health Crisis Services Collaborative
2018 - 2023
Behavioral Health Crisis Services Collaborative
BHS, Placer County & Dignity Health
INN Project 4:
Multi-County Full Service Partnership Innovation Collaborative
2020 - Present
Multi-County Full Service Partnership (FSP) Collaborative
Third Sector & Sacramento, Fresno, San Bernardino, San Mateo, Siskiyou, Ventura counties
INN Project 5:
Forensic Behavioral Health Multi-System Teams
2021 - Present
Community Justice Support Program
El Hogar
SACRAMENTO COUNTY
Rev 3/03/23

**Innovation Project 1: Respite Partnership Collaborative (RPC)**

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

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

The RPC project was implemented in FY 2012-13 and began with the formation of a Respite Partnership Collaborative comprised of twenty-two (22) partners 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 partners. All awards were determined by the RPC.

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

**Innovation Project 2: Mental Health Crisis/Urgent Care Clinic**

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

This project tested 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 incorporated wellness and recovery principles into service delivery. Specifically, the adaptations focused on operating an extended hours outpatient treatment program versus a Crisis Stabilization Unit allowing for a more flexible staffing pattern to tailor services that better met community needs; provided direct linkage as an

access point for the Sacramento County Mental Health Plan (MHP) and Substance Use Prevention and Treatment Services (SUPT); and served all ages (children/youth, TAY, adults, and older adults).

MHUCC provided voluntary and immediate access to short-term crisis intervention services, including integrated services for co-occurring substance abuse disorders, to individuals of all age groups (children, transitional age youth (TAY), adults, and older adults) who are experiencing a mental health crisis. Staff were reflective of the cultural, racial, ethnic, and linguistically diverse population of Sacramento County and were a collaborative team comprised of psychiatrists, nurses, clinicians, and peers. Services were designed to provide an alternative to emergency department (ED) visits for individuals with immediate mental health needs. Services included a multi-disciplinary mental health assessment with a focus on wellness and recovery, as well as linkage to ongoing community services. Interventions assisted with decreasing unnecessary and lengthy involuntary inpatient treatment while increasing access to culturally competent care in a voluntary setting. The clinic was certified as a Medi-Cal outpatient clinic and had the ability to provide mental health services and supports to at least 450 clients per month. The project term ended June 30, 2022. With support from the MHSA Steering Committee, the services in this INN Project transitioned to sustainable MHSA CSS funding FY 2022-23.

***Success: Mental Health Crisis/Urgent Care Clinic***
*Towards the end of 2020, a male in his 30s with a diagnosis of schizophrenia came into the Mental Health Urgent Care Clinic (MHUCC) for a long acting injectable medication. The client declined all other medication, stating it was the most effective medication for him. This individual showed multiple unsuccessful attempts linking with outpatient services, and had several recent psychiatric hospitalizations. Although he was open to receiving medication, he continued to be highly suspicious/paranoid. An outpatient mental health service program was identified as an appropriate service to meet his needs, however, he initially declined due to experiencing symptoms. He reported a distrust of government services and, therefore, the MHUCC clinician referred him to his managed care provider.*

*The client returned to MHUCC multiple times after his initial visit, to receive his long acting injectable dose.*

*After a month, the client returned to the MHUCC again where it became clear that he was having difficulty linking with his managed care provider due feeling distressed. The MHUCC clinicians again presented the outpatient mental health service program as an option, explaining how this program could meet his needs. Because the MHUCC clinician was able to build rapport with the client, he was receptive to a referral.*

*The client only returned to the MHUCC one more time to get his injectable medication before he was successfully connected to the outpatient mental health service program for ongoing services. During his last visit, MHUCC staff were able to coordinate with the outpatient program to ensure that there were no gaps in service.*

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

### Innovation Project 3: Behavioral Health Crisis Services Collaborative

The Behavioral Health Crisis Services Collaborative (BHCSC) project was reviewed and approved by the MHSOAC in May 2018. The BHCSC established integrated adult crisis stabilization services on the Mercy San Juan hospital emergency department campus in the northeastern area of Sacramento County.

The primary purpose of this emergency care integration innovation project was to demonstrate improved behavioral health outcomes through a public/private collaboration that removed existing

barriers to care, increased 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, increased access to crisis services for underserved area residents.

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

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

The BHCSC collaborated with the on-site, peer operated Resource Center to support the goals of removing client barriers to accessing mental health crisis stabilization services, reducing ED lengths of stay for individuals requiring mental health crisis stabilization, reducing unnecessary psychiatric hospitalizations, and improving the efficacy and integration of medical and mental health crisis services. Resource Center services included, but not limited to, on-site peer support and system navigation by peer staff, referral and linkage services to the Sacramento County Mental Health Plan, SUPT services, Primary Care, and other community resources, as well as care coordination and after-care planning for Medi-Cal beneficiaries.

The BHCSC began providing services in September 2019. The program has successfully reduced emergency department wait times for behavioral health clients and has successfully diverted clients from inpatient hospitalization.

In FY 2021-22, the MHSA Steering Committee considered extending the term of this project for a fifth year. After thoughtful discussion, the Committee recommended against the extension; therefore, this INN project term ended mid FY 2022-23.

***Success: Behavioral Health Crisis Services Collaborative (BHCSC)***
*A client was referred to the BHCSC from Dignity Methodist Hospital Emergency Department after being brought in by police. He had been found running naked through traffic. Client was intoxicated and was non-compliant with his outpatient support, which had been having difficulty contacting him. After he was no longer intoxicated, the client was tearful and very receptive to getting help and voiced his desire for substance abuse treatment and recovery. He permitted family involvement, and they shared that substance use was prominent in their family and they did not know where to seek help. The BHCSC Resource Center staff educated both client and his family about a wide variety of available community resources. The client restarted his psychiatric medication and developed a safety plan with staff. Resource Center staff coordinated an appointment with the client's outpatient mental health service provider within 10 days of discharge for follow-up and assisted client to re-engage with his outpatient services. Client was also referred to a rehabilitation program to start within two days of discharge. His family expressed gratitude for the robust treatment plan and all education provided.*

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

The Innovation Project 4: Multi-County Full Service Partnership (FSP) INN Project was supported by the MHSA Steering Committee in FY 2019-20 and was reviewed and approved by the MHSOAC on June 5, 2020. This is a multi-county Innovation Project that provides an opportunity for counties to implement new data-informed strategies to program design and continuous improvement for FSP programs, supported by county-specific implementation and evaluation technical assistance. The overall purpose and goals of this proposed project are to: (1) improve how counties collect and use data to define and track program outcomes that are meaningful for FSP clients; (2) Develop new and/or strengthen existing processes for continuous improvement for FSP programs; (3) Develop a clear strategy for how FSP outcomes and performance measures can best be tracked and streamlined; (4) Develop a shared understanding and more consistent interpretation of the core FSP components; (5) increase the clarity and consistency of FSP enrollment criteria, referral, and graduation processes. A cohort of six diverse counties are participating and include Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, and Ventura.

The multi-county cohort began efforts with a comprehensive "Landscape Assessment" phase to understand FSP programs, assets, and opportunities. Through various activities, the cohort developed a comprehensive understanding of similarities and differences across all FSP service designs, populations, data collection and eligibility practices. Currently, the multi-county cohort activities have focused on cross-county data to identify population definitions, outcomes and process metrics, as well as state reporting recommendations .

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

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

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

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

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

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

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

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

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

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

The team will include natural supports identified by the client, such as family, extended family, neighbors, and faith-based representatives. Additionally, the team will include representatives from other support services, such as community mentors, peers, cultural organizations, advocates, educators, coaches, etc. These members will support client throughout the MST process.

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

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

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

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

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

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

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

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

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

The project services began delivering services in FY 2021-22. In partnership with BHS and CJSP, the University of California Davis Continuing and Professional Education, experts in developing the statewide CFT and CFT Meeting Facilitation trainings curricula, adapted and expanded on

these trainings specifically for the forensic behavioral health population. This adapted Multi-System Team training curriculum is being delivered to the CJSP staff to learn best practices of teaming meetings, including timeframes, recommended participants, key roles of providers and partners, and the facilitation process. UCD Continuing and Professional Education will provide on-going coaching and support to CJSP clinical staff and MST facilitators.

***Success: Community Justice Support Program (CJSP)***
*A client with a history of arrests, suicide attempts, and multiple psychiatric hospitalizations was recently arrested for robbery and booked into the Main Jail. While there, he was transferred to the Main Jail's Adult Correctional Mental Health Unit (ACMH) for needed mental health services. Before being released from jail, the ACMH team referred him to the the Community Justice Support Program. His goals were decreased symptoms of depression and anxiety, finding employment, maintaining stable housing, and preventing incarceration.*

*Through receiving psychosocial rehabilitation and skills building trainings, client was able to identify his triggers and develop coping skills that helped him to maintain housing. The client and his assigned CJSP service coordinator (SC) worked together to create the client's resume. During weekly sessions, SC assisted the client in applying for various positions, role-modeling interview questions and answers, and had him come into the office to provide him with a space to conduct his Zoom job interviews. The client was also provided transportation to pick up or drop off applications and bus passes to complete these tasks on his own.*

*CJSP is happy to report that through an employment program client was employed for 75 days. At the end of that period, he will receive further assistance in securing full-time employment. Client has been in the community and remained out of the criminal justice system.*

The table below contains the FY 2023-24 Cost per Person information for implemented programs:

| FY2023-24 INN COMPONENT | Average Cost/Person* | Budget Amount |
|---|---|---|
| | | |
| Community Justice Support Program | $ 21,273 | $ 3,722,718 |
| **TOTAL** | | **$ 3,722,718** |

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

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

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

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

The **Technological Needs (TN) Project** began in Fiscal Year 2010-11 with a phased approach to build the infrastructure necessary to support Sacramento County's Behavioral Health Services (BHS) system with the goal of improving integrated services that are client and family driven, meet the needs of target populations, and are consistent with the recovery vision in Sacramento County. This project also advances the County's efforts to achieve the federal objective of the 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.

BHS has been successful with the implementation of clinical documentation, electronic prescribing, document imaging, billing, State Reporting and clinical documentation exchange through the use of the current electronic health record (EHR) used by County-operated providers, contracted providers, including contracted providers with their own EHR. BHS continues to work to implement lab order entry and lab history exchange.

Moving forward, BHS is focused on California Advancing and Innovating Medi-Cal (CalAIM), which is California's commitment to transform and strengthen the Medicaid program in California (Medi-Cal). For the first time in many years, a significant behavioral health focus is being incorporated into the CalAIM initiatives. This includes two of the most important behavioral health initiatives: (1) documentation redesign, and (2) payment reform. To meet the requirements of CalAIM, BHS is transitioning from Sacramento's Health Information Exchange (SacHIE) technology project, to the new California-centric Enterprise Health Record, a new semi-statewide EHR project.

BHS is partnering with California Mental Health Services Authority (CalMHSA) to work to achieve the County's goals. CalMHSA, in collaboration with and on behalf of behavioral health and counties from across the state, is working on a semi-statewide EHR to help implement all of the CalAIM initiatives. In FY 2021-22, BHS participated in the competitive process led by CalMHSA to select a vendor and EHR system. On May 19, 2022, the MHSA Steering Committee expressed support for BHS to join in the implementation of this new semi-statewide EHR as a Technology Needs project.

In FY 2022-23, BHS has been working in collaboration with participating counties to co-create the requirements for the new semi-statewide EHR. The semi-statewide EHR will be designed to support counties' core business requirements and address all regulatory requirements specific to

the State of California. BHS is currently working with CalMHSA on an implementation plan to operationalize the new semi-statewide EHR for Sacramento County-operated providers, those contracted providers who currently use the County's EHR, and contracted providers with their own EHR system. The new EHR project will start FY 2023-24.

## FY 2023-24 Mental Health Services Act Expenditure Plan
## Funding Summary

County: Sacramento Date: 4/5/23

| | 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 2023/24 Funding** | | | | | | |
| 1. Estimated Unspent Funds from Prior Fiscal Years | 27,794,324 | (1,679,506) | 11,912,814 | 1,884,591 | 1,880,207 | |
| 2. Estimated New FY 2023/24 Funding | 123,577,310 | 30,894,328 | 8,130,086 | | | |
| 3. Transfer in FY 2023/24[a/] | (10,000,000) | | | 2,000,000 | 8,000,000 | |
| 4. Adjustment to Local Prudent Reserve in FY 2023/24* | | | | | | |
| 5. Estimated Available Funding for FY 2023/24 | 141,371,634 | 29,214,822 | 20,042,900 | 3,884,591 | 9,880,207 | |
| **B. Estimated FY 2023/24 MHSA Expenditures** | 97,239,128 | 22,608,932 | 1,767,966 | 1,706,121 | 7,741,960 | |
| **G. Estimated FY 2023/24 Unspent Fund Balance** | 44,132,506 | 6,605,891 | 18,274,934 | 2,178,471 | 2,138,248 | |

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

| **H. Estimated Local Prudent Reserve Balance*** | |
|---|---|
| 1. Estimated Local Prudent Reserve Balance on June 30, 2023 | 13,196,792 |
| 2. Contributions to the Local Prudent Reserve in FY 2023/24 | 0 |
| 3. Distributions from the Local Prudent Reserve in FY 2023/24 | 0 |
| 4. Adjustment due to Prudent Reserve Limits in WIC 5892(b)(2) | |
| 5. Estimated Local Prudent Reserve Balance on June 30, 2024 | 13,196,792 |

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

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 2023-24 Mental Health Services Act Expenditure Plan
## Community Services and Supports (CSS) Component Worksheet

County: Sacramento Date: 4/5/23

| | Fiscal Year 2023-24 | | | | | |
|---|---|---|---|---|---|---|
| | 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 | 3,342,050 | 1,739,426 | 1,302,624 | | | 300,000 |
| 2. Permanent Supportive Housing | 23,580,324 | 15,125,042 | 6,794,295 | | | 1,660,988 |
| 3. Transcultural Wellness Center | 2,504,983 | 1,446,214 | 758,769 | | | 300,000 |
| 4. Adult Full Service Partnership | 17,630,407 | 7,006,706 | 8,463,041 | 1,260,660 | | 900,000 |
| 5. Juvenile Justice Diversion and Treatment | 3,982,924 | 2,363,057 | 1,160,748 | 459,120 | | |
| 6. Transition Age Youth (TAY) Full Service Partnership | 4,599,657 | 2,575,475 | 1,724,183 | | | 300,000 |
| 7. Family FSP | 3,683,231 | 2,079,862 | 1,453,370 | | | 150,000 |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| 11. | 0 | | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| **Non-FSP Programs** | | | | | | |
| 1. Community Opportunities for Recovery and Engagement (incl new | 40,498,345 | 21,505,154 | 15,693,190 | | | 3,300,000 |
| 2. Wellness and Recovery | 3,321,449 | 2,027,560 | 321,931 | | | 971,958 |
| 3. Crisis Residential | 8,417,618 | 5,838,340 | 2,579,278 | | | |
| 4. Children's Community Mental Health Services | 51,370,752 | 18,865,497 | 24,186,989 | 8,199,026 | | 119,240 |
| 5. MH Crisis/Urgent Care Clinic (MHUCC) | 6,302,130 | 4,750,269 | 1,551,861 | | | |
| 6. | | | | | | |
| 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** | 12,073,980 | 11,916,528 | 84,912 | | | 72,541 |
| **CSS MHSA Housing Program Assigned Funds** | 0 | | | | | |
| **Total CSS Program Estimated Expenditures** | 181,307,851 | 97,239,128 | 66,075,190 | 9,918,806 | 0 | 8,074,727 |
| **FSP Programs as Percent of Total** | 61.0% | | | | | |

**FY 2023-24 Mental Health Services Act Expenditure Plan**
**Prevention and Early Intervention (PEI) Component Worksheet**

County: Sacramento Date: 4/5/23

| | Fiscal Year 2023-24 | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated PEI Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **PEI Programs - Prevention** | | | | | | |
| 1. Suicide Prevention | 10,992,976 | 10,317,828 | 675,148 | | | |
| 2. Strengthening Families | 9,212,193 | 6,873,486 | 1,300,742 | 591,660 | | 446,305 |
| 3. Integrated Health and Wellness | 2,416,199 | 2,144,042 | 272,157 | | | |
| 4. Mental Health Promotion | 1,677,022 | 1,677,022 | | | | |
| 5. Time-Limited Community Driven PEI Program | 0 | 0 | | | | |
| 6. | 0 | | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| **PEI Programs - Early Intervention** | | | | | | |
| 11. Integrated Health and Wellness - SacEDAPT | 2,746,607 | 196,782 | 927,062 | | | 1,622,763 |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| 20. | 0 | | | | | |
| **PEI Administration** | 910,581 | 910,581 | | | | |
| **PEI Assigned Funds** | 489,192 | 489,192 | | | | |
| **Total PEI Program Estimated Expenditures** | 28,444,769 | 22,608,932 | 3,175,109 | 591,660 | 0 | 2,069,068 |

**FY 2023-24 Mental Health Services Act Expenditure Plan**
**Innovations (INN) Component Worksheet**

County: Sacramento Date: 4/5/23

| | Fiscal Year 2023-24 | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated INN Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **INN Programs** | | | | | | |
| 1. *Completed - Respite Partnership Collaborat* | 0 | | | | | |
| 2. *Completed - Mental Health Crisis/Urgent C* | 0 | | | | | |
| 3. *Completed - Behavioral Health Crisis Servic* | 0 | | | | | |
| 4. FSP Collaborative | 0 | 0 | | | | |
| 5. Community Justice Support Program | 3,722,718 | 1,767,966 | 947,616 | | | 1,007,136 |
| 6. | 0 | | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| 11. | 0 | | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| 20. | 0 | | | | | |
| **INN Administration** | 0 | | | | | |
| **Total INN Program Estimated Expenditures** | 3,722,718 | 1,767,966 | 947,616 | 0 | 0 | 1,007,136 |

**FY 2023-24 Mental Health Services Act Expenditure Plan**
**Workforce, Education and Training (WET) Component Worksheet**

County: Sacramento Date: 4/5/23

| | Fiscal Year 2023-24 | | | | | |
|---|---|---|---|---|---|---|
| | 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 | 1,706,121 | 1,706,121 | | | | |
| 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** | 1,706,121 | 1,706,121 | 0 | 0 | 0 | 0 |

**FY 2023-24 Mental Health Services Act Expenditure Plan**
**Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Sacramento Date: 4/5/23

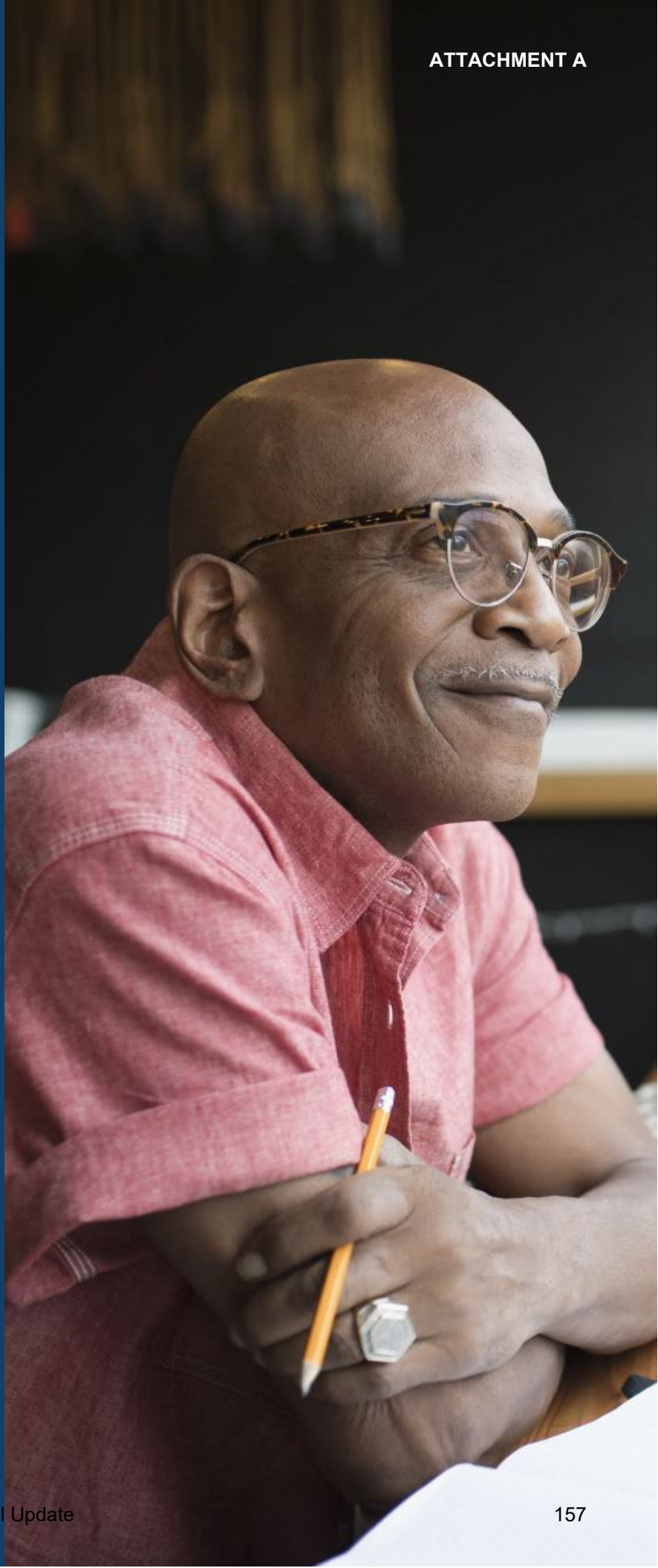
| | Fiscal Year 2023-24 | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated CFTN Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **CFTN Programs - Capital Facilities Projects** | | | | | | |
| 1. | 0 | | | | | |
| 2. | 0 | | | | | |
| 3. | 0 | | | | | |
| 4. | 0 | | | | | |
| 5. | 0 | | | | | |
| 6. | 0 | | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| **CFTN Programs - Technological Needs Projects** | | | | | | |
| 11. Upgrading System and Architecture Suppo | 7,741,960 | 7,741,960 | | | | |
| 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** | 7,741,960 | 7,741,960 | 0 | 0 | 0 | 0 |

SACRAMENTO COUNTY

# SACRAMENTO COUNTY BEHAVIORAL HEALTH RACIAL EQUITY COLLABORATIVE (BHREC)

# RACIAL EQUITY ACTION PLANS SUMMARY REPORT

## JULY 2021



CIBHS
CALIFORNIA INSTITUTE for BEHAVIORAL HEALTH SOLUTIONS

Prepared for Sacramento County Behavioral Health Services (BHS)

By the California Institute for Behavioral Health Solutions (CIBHS)

# Table of Contents



# Recognition

The California Institute for Behavioral Health Solutions would like to acknowledge and thank the following individuals for their thoughtful contributions to the Sacramento County Behavioral Health Racial Equity Collaborative (BHREC).

## BEHAVIORAL HEALTH RACIAL EQUITY COLLABORATIVE STEERING COMMITTEE COMMUNITY MEMBERS

Ann Arniell
Mental Health Board Member

Melinda Avey
Alcohol and Drug Advisory Board Advisory Board

Ebony Chambers
Stanford Sierra Youth & Families

Flossie Crump
St. Paul Missionary Baptist Church

Doretha Flournoy-Williams
A Church For All

Ebony Harper
California TRANScends

Keith Herron
Target Excellence

Ray Lazado
Sacramento City Unified School District

Ryan McClinton
Public Health Advocates

Leslie Napper
Disability Rights California

Koby Rodriguez
Sacramento LGBT Community Center

Timiza Wash
WEAVE

Robin Barney
Adult Family Liaison
Cal Voices

## BEHAVIORAL HEALTH RACIAL EQUITY COLLABORATIVE STEERING COMMITTEE SACRAMENTO COUNTY BEHAVIORAL HEALTH SERVICES MEMBERS

Melissa Jacobs
Division Manager for Child and Family Mental Health

Lori Miller
Division Manager for Substance Use Prevention and Treatment (SUPT)

Mary Nakamura
Cultural Competence Ethnic Services Manager

Ryan Quist, Ph.D.
Director

Alex Rechs
Quality Management Manager

Kelli Weaver
Division Manager for Adult Mental Health

Dawn Williams
Research Evaluation and Performance Outcomes (REPO) ManagerManager

## BEHAVIORAL HEALTH RACIAL EQUITY COLLABORATIVE SACRAMENTO COUNTY BEHAVIORAL HEALTH SERVICES VALUES AND VISIONING MEMBERS

| | | | |
|---|---|---|---|
| Sandena Bader<br>Family & Youth Advocate Liaison | Brenda Bongiorno<br>Communications & Media Officer | Edward Dziuk<br>Health Program Manager SUPT | Sheri Green<br>Health Program Manager |
| Robert Horst<br>Medical Director Children's Mental Health | Stephanie Kelly<br>Health Program Manager | Robert Kesselring<br>Health Program Manager | Julie Leung<br>Acting Health Program Manager |
| Ann Mitchell<br>Avatar Health Program Manager | Anantha Panyala<br>MHTC Executive Director | Matt Quinley<br>Health Program Manager | Kari Wilson<br>Senior Administrative Analyst |
| Glen Xiong<br>Medical Director | Jane Ann Zakhary<br>Division Manager Administration, Planning and Outcomes | | |

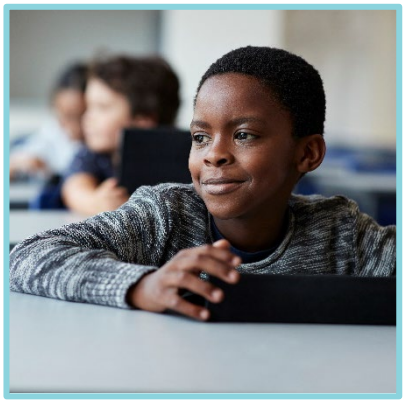
## BEHAVIORAL HEALTH RACIAL EQUITY COLLABORATIVE PROVIDER MEMBERS

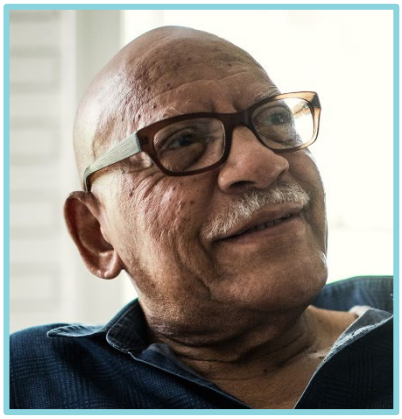
| | | | |
|---|---|---|---|
| Consumers Self Help Center | HeartLand Child & Family Services | The Sacramento LGBT Community Center | Stanford Sierra Youth & Families |
| Turning Point Community Programs | UC Davis Health Children's Hospital: CAARE Diagnostic and Treatment Center | Uplift Family Services | Visions Unlimited |

## FOCUS GROUP

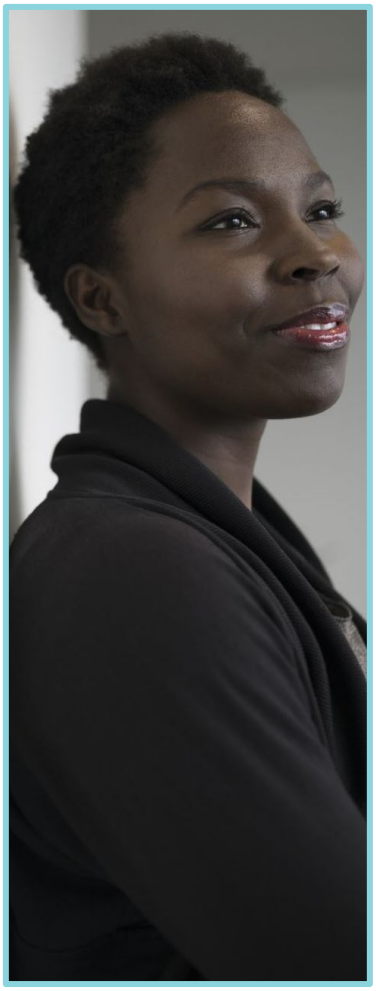
The California Institute for Behavioral Health Solutions appreciates the focus group and key informant individuals who provided their individual perspectives in accessing behavioral health services in Sacramento County.

**A large group of African American/Black/Of African Descent individuals living in Sacramento representing a diverse array of ages and gender identities were asked to offer their perspectives about how to improve equity in Sacramento's behavioral health services. Their responses informed the BHREC goals for the Racial Equity Action Plans.**





## BACKGROUND



**"In all the meetings I have gone to at Sacramento County Behavioral Health Services, I have never seen a Black male."**

**❖ Focus Group Respondent**

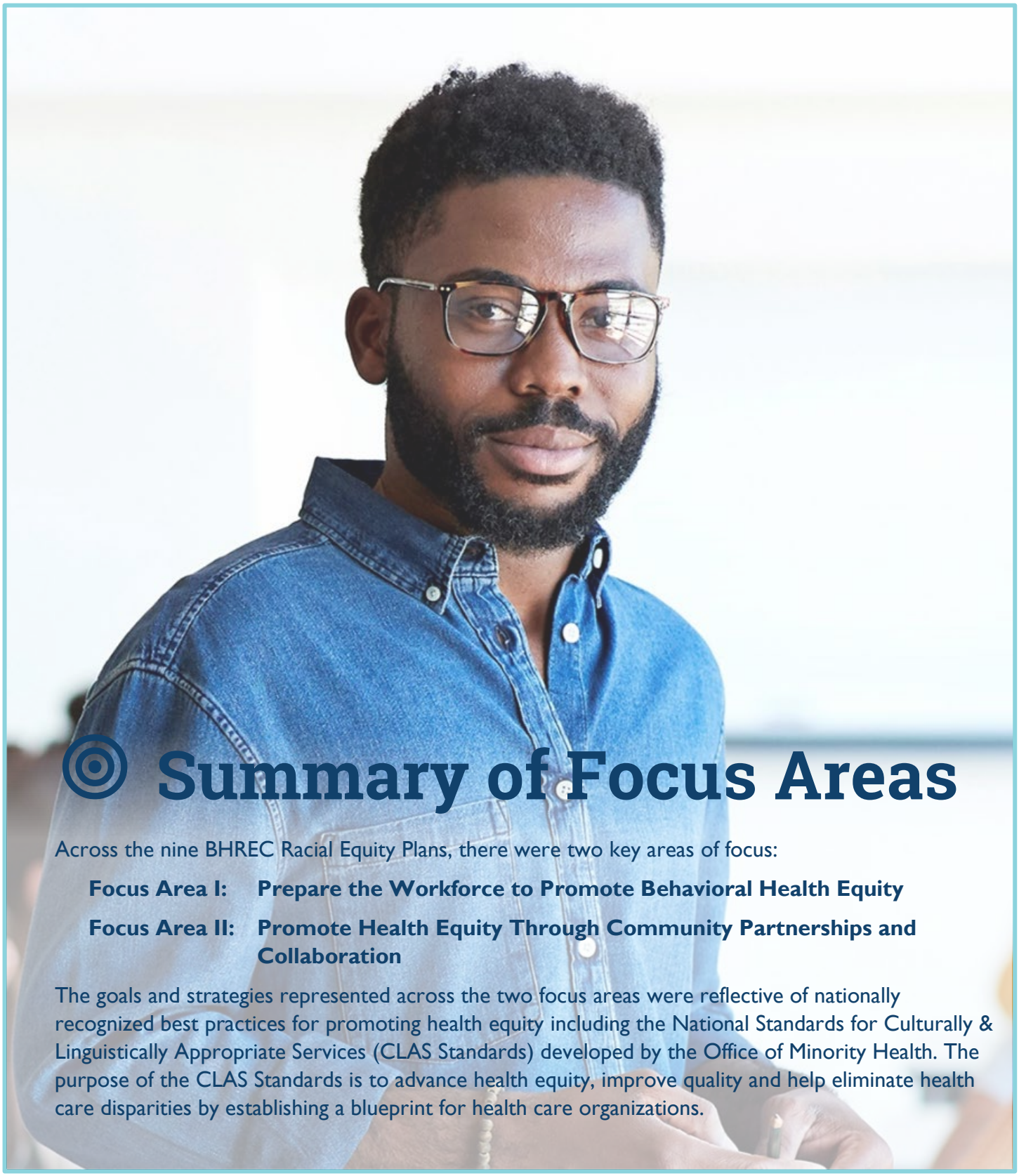
Sacramento County Behavioral Health Services (BHS), in collaboration with the California Institute for Behavioral Health Solutions (CIBHS) and Adèle James Consulting (AJC), facilitated the Sacramento County Behavioral Health Racial Equity Collaborative (BHREC) beginning in November 2020 and ending in August 2021. The intention of the BHREC was to use a targeted universalism approach to advance behavioral health equity for the African American/Black/of African Descent (AA/B/AD) communities in Sacramento County, California. The collaborative was led by a Steering Committee comprised of community leaders and BHS management staff. The overarching goals for the BHREC were to:

a) Increase trust and authentic partnership between BHS and the AA/B/AD community.

b) Identify community-defined goals to promote behavioral health equity across BHS.

c) Support all BHREC participants, including the BHS and eight providers to create Behavioral Health Racial Equity Action Plans (REAPs).

The purpose of these BHREC REAPs is to define each organization's strategy to promote behavioral health equity for the AA/B/AD communities. A series of focus groups and key informant interviews were conducted with members of the AA/B/AD communities in Sacramento to gain direct input about how services could be improved by Sacramento County BHS and its provider organizations so that race is no longer a proxy for behavioral health and wellness. This information, along with qualitative data from the BHREC Steering Committee and state level reports, was used to define and prioritize the BHREC racial equity program level goals. The Action Plans were in turn informed by these program level goals.



# Summary of Focus Areas

Across the nine BHREC Racial Equity Plans, there were two key areas of focus:

**Focus Area I:** **Prepare the Workforce to Promote Behavioral Health Equity**

**Focus Area II:** **Promote Health Equity Through Community Partnerships and Collaboration**

The goals and strategies represented across the two focus areas were reflective of nationally recognized best practices for promoting health equity including the National Standards for Culturally & Linguistically Appropriate Services (CLAS Standards) developed by the Office of Minority Health. The purpose of the CLAS Standards is to advance health equity, improve quality and help eliminate health care disparities by establishing a blueprint for health care organizations.

# Focus Area I: Prepare the Workforce to Promote Behavioral Health Equity

**Equity in the workplace exists when all potential employees are provided with the resources they need to gain employment access, support and training to ensure successful retention, as well as further opportunities for promotion and leadership roles.**

When participants in the BHREC Focus Group were asked what changes they would recommend in Sacramento County's behavioral health services to promote equity and reduce disparities, they prioritized increasing the representation of AA/B/AD individuals in behavioral health provider organizations. They specifically asked for an increase of representation not only among clinicians and direct care staff, but also in leadership. This requires intentional strategies to create equity in the workplace. Equity in the workplace exists when all potential employees are provided with the resources they need to gain employment access, support and training to ensure successful retention, as well as further opportunities for promotion and leadership roles. Without workplace equity, achieving this community defined goal will be a challenge. Impediments to equitable outreach, recruitment, hiring, retention, and promotion of AA/B/AD employees includes conscious and unconscious biases among hiring managers, lack of access to networks to diversify candidate pools, such as relationships with AA/B/AD behavioral health professional associations, job descriptions that do not place emphasis on lived experience, and lack of training, internship, and mentorship programs, to name a few. The behavioral health organizations that created REAPs with an emphasis on preparing the workforce to promote behavioral health equity specifically took on these challenges. They established goals and strategies to diversify their workforce at all levels, including leadership, and ensure training to increase knowledge about promoting behavioral health equity across the workforce. In addition, providers identified accountability measures to evaluate the effectiveness of their strategies. This ongoing evaluation allows for course correction if their strategies are not promoting behavioral health equity and reducing disparities.

Among the CLAS Standards reflected by the BHREC provider strategies were:

- Standard 3: Recruit and promote diverse leadership and workforce to strengthen responsiveness to the population served.
- Standard 9: Establish culturally appropriate goals and management accountability and infusing throughout the organization's planning and operations.

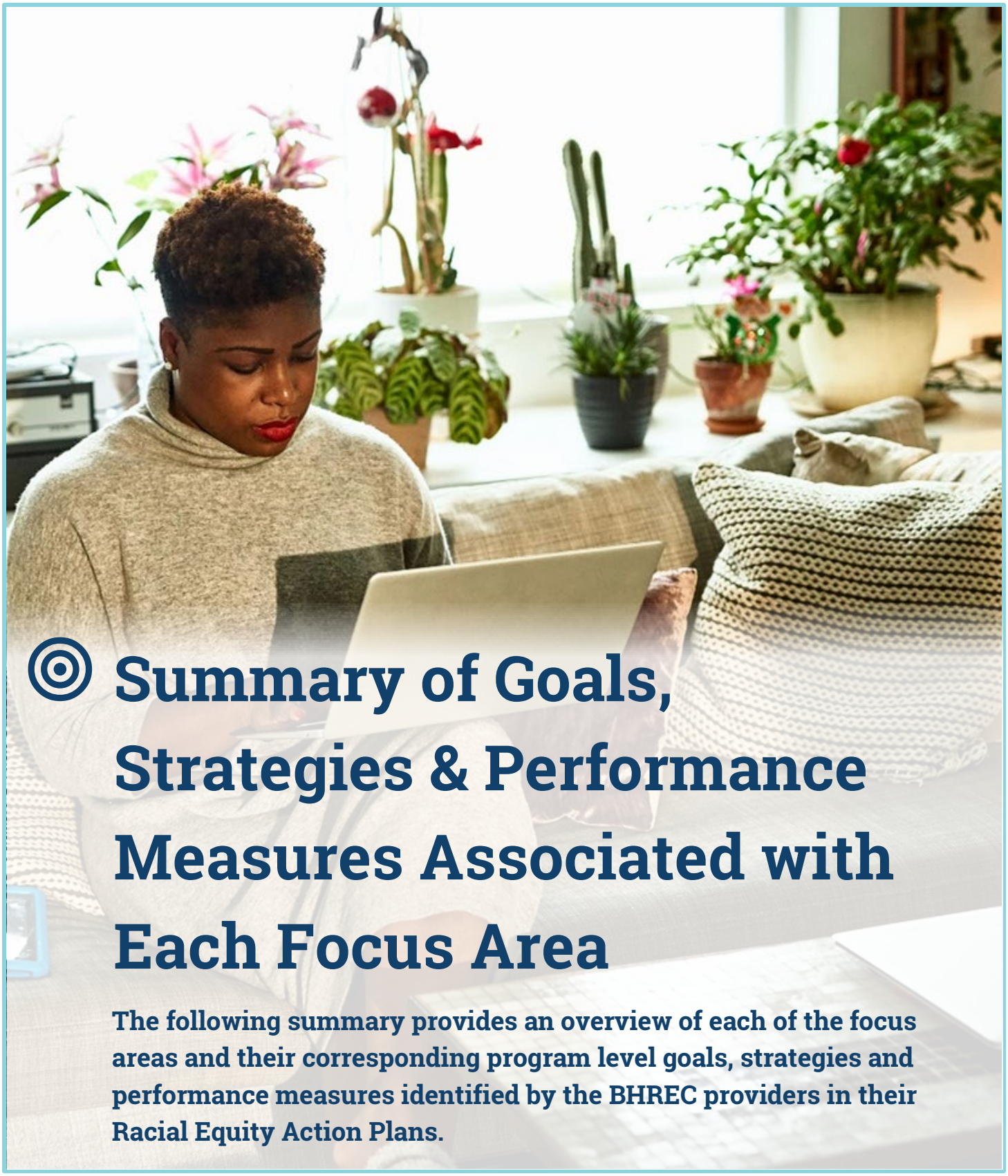
## Focus Area II: Promote Health Equity Through Community Partnerships and Collaboration

> **"They want to know that they are being heard. You ain't gotta believe what I say, you ain't gotta accept what I say, you ain't gotta take it as gospel, but let me know that you hear me, validate my reality for me. Do not make me feel like what I'm going through is just me. I want to know that you really understand that I'm experiencing this."**
>
> **Focus Group Respondent**

Focus group participants also recommended that Sacramento County behavioral health providers partner with community members and leaders, as well as community-based organizations, where potential and current users of behavioral health services already had developed trusted relationships. These community leaders and organizations play the important role of serving as cultural brokers between the BHS and AA/B/AD communities. The trusted community-based organizations identified by focus group participants included faith-based organizations and agencies that address social determinants of health such as housing, food insecurity, and transportation. These agencies meet immediate needs of AA/B/AD community members that in turn positively impact their behavioral health. Focus group participants stressed the importance of traditional behavioral health providers partnering with the existing community infrastructure as compared to building in isolation from what already exists. The partnerships could create a network of services all of which can ultimately improve the behavioral health and wellbeing of the AA/B/AD community members across Sacramento County.

Strategies and activities identified by BHREC behavioral health providers in Focus Area II sought to develop a strong foundation for their improvement of service quality through the building of community partnerships and collaboration efforts. Several of the selected strategies reflected the CLAS Standards, including:

- Standard 12: Conduct regular assessment of community needs and use results to plan/implement responsive services.
- Standard 13: Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.



# Summary of Goals, Strategies & Performance Measures Associated with Each Focus Area

**The following summary provides an overview of each of the focus areas and their corresponding program level goals, strategies and performance measures identified by the BHREC providers in their Racial Equity Action Plans.**

# Focus Area 1: Prepare the Workforce to Promote Behavioral Health Equity

Three key goals emerged in this focus area that centered around a) increasing innovation in staff outreach and recruitment efforts; b) improving current retention efforts and investing in leadership development; and c) promoting effective health equity trainings as well as accountability for skill development after employee's participation in training events.

## Goal 1: Increase outreach and recruitment to the AA/B/AD communities using innovative practices, including social media and partnership with local and national organizations that focus on the AA/B/AD communities.

### Implementation Strategy 1:

### Equity Practices

As used here, "equity practices" refer to new strategies' providers proposed to ensure equitable outreach to and recruitment of AA/B/AD candidates.

### Equity practice strategies included activities such as:

- Design tools to be used by hiring panels to assess for implicit bias in their own hiring process.
- Require managers provide a summary of why AA/B/AD candidates were not chosen for positions when they presented with similar qualifications to chosen candidates.
- Intentionally diversify hiring panels to include not only more AA/B/AD individuals but also members representing LGBTQ+ community.
- Include questions in the exam supplemental questionnaire to assess each applicant's knowledge of the AA/B/AD community.
- Fund a leadership position that is dedicated to building equity strategies in the Human Resources department.
- Development of a monthly, 90-minute, targeted meeting with Executive Leadership to explore the impact of White Supremacy on the organization's hiring practices.
- Creation of an internship program tailored for LGBTQ AA/B/AD youth with appropriate compensation for their time and support in finding paid positions for graduate students who successfully graduated from the internship program.

## Goal 1: Increase outreach and recruitment to the AA/B/AD communities using innovative practices, including social media and partnership with local and national organizations that focus on the AA/B/AD communities.

### Implementation Strategy 1: Performance Measures

All BHREC participants identified performance measures to assess the impact of proposed equity practice strategies

**The performance measures for equity practice strategies fell into one key category:**

1. **Tracking representation of AA/B/AD individuals applying for BHS positions and on staff**
   - ❖ Identify baseline and then increase percentage of AA/B/AD staff represented across all programs and leadership where there is underrepresentation from X percent to X percent.
   - ❖ Measure and increase number of AA/B/AD individuals applying for posted positions from X percent to Y percent of applicant pool.
   - ❖ In the next six months, the number of AA/B/AD candidates interviewed will increase by at least X percent as evidenced by interviews conducted.
   - ❖ Implementation of equity practices in hiring decisions as evidenced by submission of written justification provided for all AA/B/AD candidates with comparable qualifications who are not selected for open positions.
   - ❖ Demonstrate racial equity in the promotion and utilization of internships opportunities through comparison of demographic data of individuals applying/selected for internships and professional development programs.

## Goal 1: Increase outreach and recruitment to the AA/B/AD communities using innovative practices, including social media and partnership with local and national organizations that focus on the AA/B/AD communities.

### Implementation Strategy 2:

### Partnership

Many of the partnership strategies focused on building relationships with local and national groups to focus on the AA/B/AD communities to increase recruitment pools and more effective use of social media.

**Partnership strategies included activities such as:**

- Foster relationships with AA/B/AD professional networks, historically black universities, and Black Student Unions at local colleges and universities to identify broader potential candidate pools.
- Initiate outreach to local high schools, community colleges, and technical education programs to encourage younger AA/B/AD students to consider entering the behavioral health field.
- Increase relationships with religious organizations and community centers to recruit potential candidates.
- Decrease reliance on traditional social media and job board websites such as Linked In and Indeed and diversify use of recruitment websites by exploring sites such as blackcareernetwork.com, blackjobs.com, and diversityjobs.com, and hbcuconnect.com.

### Implementation Strategy 2:

### Performance Measures

All BHREC participants identified performance measures to assess the impact of proposed partnership strategies.

**The performance measures for partnership strategies fell into two key categories:**

1. **Tracking posting of employment opportunities, marketing & recruitment language:**
   - Number and type of recruiting platforms posted.
   - Post at least X employment opportunities to at least X national and local groups as well as shared with community leaders focused on the AA/B/AD community including LGBTQ+ groups, sororities, and fraternities to increase visibility of employment opportunities in the AA/B/AD community.
   - Increase number of new job-posting sites identified by X percent and length of time posted on those sites by at least X percent.
   - Revise recruitment advertising to include statements reflecting a commitment to racial equity, diversity, and inclusion to attract a more diverse work force.

**Goal 1:** **Increase outreach and recruitment to the AA/B/AD communities using innovative practices, including social media and partnership with local and national organizations that focus on the AA/B/AD communities.**

**Implementation Strategy 2:**

**Performance Measures**

*continued*

**2. Tracking relationships with partner organizations:**

- Number of active relationships with Black/Indigenous/People of Color organizations.
- Increase number of AA/B/AD resource outlets/networks effectively partnered and advertise with from X percent to X percent that lead individuals to completing an application.
- Increased percent of all applicants who were recruited through AA/B/AD community partnerships.

## Goal 2: Improve retention efforts and leadership development of AA/B/AD staff members including transgender staff and those with lived experience.

### Implementation Strategy 1: Retention

Retention strategies centered around tailoring efforts to target the retention of AA/B/AD employees, including an emphasis on AA/B/AD employees who are transgender and/or have lived experience.

**Retention strategies included activities such as:**

- Internally investigate key classifications experiencing a decrease in representation of AA/B/AD employees and design targeted strategies to increase retention.
- Integrate professional development opportunities into organizational workforce diversity goals.
- Designate a component of the organization's required Learning Academy to the teaching of DEI Principles.
- Assessment of factors considered for employee raises and promotions.
- Assessment of work/office environment to ensure welcoming culture.

### Implementation Strategy 1: Performance Measures

All BHREC participants identified performance measures to assess the impact of proposed retention strategies

**The performance measures for retention strategies fell into two key categories:**

1. **Tracking number and retention of employees**
   - Retention rate reports.
   - Increased number of AA/B/AD individuals, including those who identify as transgender, recruited, and retained more than X months after hire.
   - Identify baseline and then increase number/percent of AA/B/AD staff represented across all programs and leadership where there is underrepresentation.
   - Satisfaction ratings of AA/B/AD staff and interns, as measured annually.
2. **Tracking engagement of AA/B/AD transgender and AA/B/AD staff with lived experience**
   - Increase the number of AA/B/AD transgender staff as well as AA/B/AD staff with lived experience recruited and retained for more than X months after hire.
   - Satisfaction ratings of AA/B/AD transgender staff as well as AA/B/AD staff with lived experience measured annually.

## Goal 2: Improve retention efforts and leadership development of AA/B/AD staff members including transgender staff and those with lived experience.

### Implementation Strategy 2:

### Leadership Development

Leadership development strategies focused on increasing mentoring and coaching opportunities for AA/B/AD employees.

**Leadership development strategies included activities such as:**

- Provide professional development and mentorship opportunities for colleagues who desire to move into management, placing particular emphasis on underrepresented groups.
- Development of a targeted, organizational workforce plan that supports a career ladder to increase the inclusion of AA/B/AD individuals in leadership behavioral health roles.

### Implementation Strategy 2:

### Performance Measures

All BHREC participants identified performance measures to assess the impact of proposed leadership development strategies.

**The performance measures fell into two key categories:**

1. **Tracking improvements in promotion processes:**
   - Standard (for raises and promotions) established.
   - Increase in knowledge about raises/promotions.
   - Demonstrate racial equity in the promotion and utilization of internships and professional development opportunities through comparison of demographic data of individuals applying/selected for internships and professional development programs.
   - Annual percentage of employees with performance plans.
2. **Tracking number of mentors:**
   - Build a corps of X AA/B/AD mentors for staff/program participants for professional development & employment opportunities.

## Goal 3: Increase effectiveness of equity trainings and accountability for skill development and behavior change in staff following trainings.

### Implementation Strategy 1:

### Training

Training strategies focused on increasing the availability of behavioral health equity training and increasing accountability for improvement in provider's skills as a result of the training.

**Training strategies included activities such as:**

- Create an online, asynchronous training platform dedicated to behavioral health equity that can be used by all staff on demand.
- Routinely disseminate information about health equity training from sources outside of the organization.
- Create staff training cohorts for groups of staff to access training as a team and work collaboratively to improve self-awareness, reduce bias, and increase skills in supporting the AA/B/AD community members and staff.
- Increase onboarding training dedicated to promotion of behavioral health equity.
- Develop a needs assessment survey for all BHS staff to identify training needs and growth development goals related to advancing behavioral health equity.
- Based on a needs assessment, dedicate resources to create a behavioral health equity training plan for BHS that outlines mandatory training for all staff, including management.
- Establish evaluation surveys to assess whether staff believe they experienced increased awareness of racial equity as a direct result of their racial equity training.
- Establish consumer perception survey to assess whether they experienced a qualitative change in their providers behavior.

## Goal 3: Increase effectiveness of equity trainings and accountability for skill development and behavior change in staff following trainings.

### Implementation Strategy 1: Performance Measures

All BHREC participants identified performance measures to assess the impact of proposed training strategies

### The performance measures for training strategies fell into three key categories:

1. **Tracking representation of AA/B/AD individuals applying for BHS positions and on staff**
   - ❖ Minimum of X training events that address racial equity, diversity, inclusion, unconscious bias, microaggressions and cultural humility.
   - ❖ 100 percent of staff (including management) will complete mandatory, annual racial equity training by the end of the training program.
2. **Measuring effectiveness of trainings**
   - ❖ X percent of providers will agree or strongly agree they experienced growth and an increased awareness of racial equity as a direct result of their racial equity training.
   - ❖ Use pre-test/post-test scoring to measure retention.
3. **Measuring downstream impacts of training**
   - ❖ Number of complaints submitted, resolved, and unresolved.
   - ❖ X percent of consumers will rate their racial equity experiences with providers as an average score of X or higher.
   - ❖ Use ongoing consumer satisfaction surveys to measure implementation of training goals.
   - ❖ Number and type of policies, programs, and practices assessed with a racial equity lens.
   - ❖ The percent of yearly meetings where diversity, equity, and inclusion (DEI) topics/agenda items are discussed.

# Focus Area 2: Promoting Health Equity through Community Partnerships

Two goals emerged from this focus area that centered around a) increasing ease of access through engagement of existing community hubs and other settings, and b) building trust through equitable resource distribution.

## Goal 1: Develop more partnerships with the community to determine their service needs and priorities and align organizational actions with these priorities.

### Implementation Strategy 1: Community Engagement

Community engagement strategies focused on increasing collaboration with the community to ensure they are defining their behavioral health service needs.

**Community engagement strategies included activities such as:**

- Work with local leaders and trusted organizations within the Black Community (Greater Sac Urban League, GHC, etc.) to develop a focus group of AA/B/AD youth to provide feedback and ideas.
- Reach out to known community organizations and cultural hubs in the area such as Fortune Schools, SCOE Core Schools, GHC, Greater Sac Urban League, St. Hope, etc. and host events to increase relationships.
- Engage in ongoing and consistent outreach to AA/B/AD and LGBTQ+ communities/cultural hubs through direct and written communication.
- Partner with neighborhood libraries and community churches to provide behavioral health resources to neighborhood families.
- Hold bi-monthly meetings of the Melanin Movement Group, a support group for AA/B/AD trans women.

### Implementation Strategy 1: Performance Measures

All BHREC participants identified performance measures to assess the impact of proposed community engagement strategies

**The performance measures for community engagement fell into two key categories:**

1. **Tracking community engagement in program assessment**
   - X AA/B/AD youth responses to the survey.
   - Host at least X focus groups for AA/B/AD youth by X date.
2. **Track effectiveness of linkages to community hubs**
   - X community hubs will be identified with working partnerships established.
   - Identification and documentation of policies and protocols for linkage and referral to community hubs and staff trained on implementation processes.

## Goal 1: Develop more partnerships with the community to determine their service needs and priorities and align organizational actions with these priorities.

### Implementation Strategy 2:

### Funding Positions to Identify/Address Community Needs

This strategy focused on dedicating resources to hire cultural brokers, leadership staff, and consultants to assist with identifying community needs and building bridges with community partners.

**This strategy included activities such as:**

- Develop a peer cultural broker position to assist in creating bridges with marginalized communities and increase accountability.
- Engage a consultant to survey staff and community members to assess whether current services and programs are welcoming to AA/B/AD individuals and how these programs can be improved.
- Create a new management position (Director of Employee & Community Development) to hold primary responsibility for developing community resources and shape organization's racial equity initiatives.
- Formally create a Diversity, Equity, and Inclusion (DEI) Office that will be led by a DEI Officer.

### Implementation Strategy 2:

### Performance Measures

All BHREC participants identified performance measures to assess the impact of dedicating resources for Cultural Brokers.

**The performance measures fell into one key category:**

1. **Tracking hiring that promotes accountability for partnership with diverse communities**
   - The hiring and onboarding of a peer cultural broker.
   - Tracking hiring that promotes assessment of agency service performance to diverse communities.
   - The hiring of a consultant to conduct staff and community assessment of agency service performance to diverse communities.

## Goal 2: Build trust with the community through equitable resource distribution and increasing access by building behavioral health services at existing community sites.

### Implementation Strategy 1:

### Building services and locating them to increase ease of access

This strategy focused on creating services in zip codes where a high population of AA/B/AD individuals live but where behavioral health services currently do not exist, as well as locating services in community hubs to increase ease of access.

**This strategy included activities such as:**

- Hold listening sessions with community members and potential new providers in zip codes 95828 and 95842 to learn more about the types of behavioral health services needed.
- Development of a competitive selection process for new providers to ensure behavioral health services and resources are distributed across all of Sacramento County.
- Open an extension of the Q Spot to provide activities tailored to meet the needs of Queer AA/B/AD youth.
- Offer assistance with BH referrals at existing and trusted community hubs in order to make the process less intimidating, more easily trusted and understood.

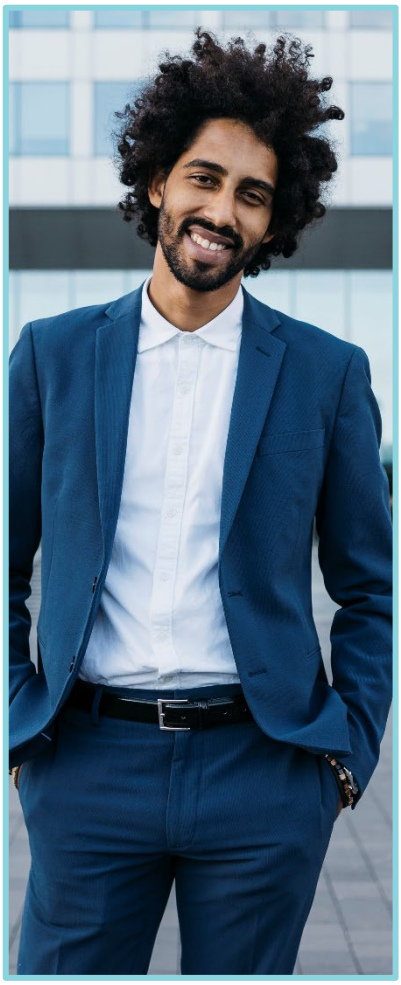
### Implementation Strategy 1: Performance Measures

All BHREC participants identified performance measures to assess the impact of partnering with the community to increase access.

**The performance measures fell into one key category:**

1. **Tracking the number of new providers and effectiveness of linkages with the community**
   - Number of new providers funded in underserved communities.
   - X community hubs will be identified with working partnerships established.
   - Identification and documentation of policies and protocols for linkage and referral to community hubs and staff trained on implementation processes.
   - Conduct meetings at X intervals with hub partners to review linkage efforts, identify barriers, and revise protocols as needed
   - Consumer Satisfaction surveys completed and establishment of a baseline for improvement of future services

## CONCLUSION



**As a Black employee, I am not looking for equal opportunities any longer, I am looking for equal results to White employees.**

**Focus Group Respondent**

Sacramento County Behavioral Health Services, inclusive of the County and eight providers, will be implementing their Racial Equity Action Plans (REAP) in FY 21/22 and FY 22/23. By the end of that period, the intended outcome is to have made significant internal changes across the organizations so they are better prepared to advance behavioral health equity. In addition to internal changes, all of the BHREC participants have strategies in place to increase trust with the community, build relationships, increase stakeholder engagement, and ultimately use these community engagement strategies to increase access to quality behavioral health services for the AA/B/AD communities. Collectively, by the end of FY 22/23, Sacramento County BHS hopes to see:

- An increase in the number and percent of AA/B/AD individuals employed by each organization.
- An increase in the number of community engagement activities conducted quarterly by the County and providers.
- An increase in engagement and skill development as a result of behavioral health equity trainings.

Sacramento County intends to sponsor an Implementation Collaborative to support the BHREC providers as they move forward with the implementation of their REAPs.

# Appendix A

**An overview of all BHREC Goals, Activities, and Performance Measures organized by County and Provider teams.**

# Consumers Self Help Center (CSHC)

| GOALS | ACTIVITIES | PERFORMANCE MEASURE |
|---|---|---|
| **Eradicate Barriers to Job Entry** | ▪ Assess current conditions and barriers<br>▪ Revise job descriptions to display consistent and inclusive language<br>▪ Develop a clear, expansive recruitment plan/policy<br>▪ Foster relationships with new recruitment outlets, CBOs, BIPOC professional networks and re-entry programs | ▪ Increase in applicants with more diverse life, education, and professional experiences<br>▪ Number and type of recruiting platforms posted to<br>▪ Number of active relationships with BIPOC organizations |
| **Create Paths to Promotion That Are Transparent and Work to Advance Equity** | ▪ Determine standard factors considered for raises and promotions and make this information available to staff<br>▪ Develop a formal and transparent process for raises and promotions<br>▪ Internally investigate key classifications experiencing a downturn in employee diversity and set forth strategies and training opportunities to support employee development to achieve mobility | ▪ Standard established<br>▪ Increase in knowledge about raises/promotions<br>▪ Intervention to identified classifications implemented |
| **Retain Top Talent with Professional Development Benefits** | ▪ Add an online training educational platform for use by all employees from anywhere at anytime<br>▪ Routinely disseminate information from outside sources regarding relevant trainings to all staff via email | ▪ Training participant reports<br>▪ Annual percentage of employees with performance plans<br>▪ Retention rate reports |
| **Foster An Intentional Organizational Culture That Is Committed to Inclusion and Belonging** | ▪ Ensure that the agency's mission, policies, and procedures reflect an ongoing commitment to an organizational culture of inclusion and belonging<br>▪ Have staff participate in trainings, conferences, and discussions that promote a wider understanding of racial equity<br>▪ Ensure that all staff meetings center a diverse range of speakers and inclusive topics in a transparent manner<br>▪ Incorporate a process to gather community feedback on projects, events, and communications that involve or will impact the community | ▪ Number of offered trainings/learning opportunities and their capacity.<br>▪ Number of work units provided with applicable assessment tools and resources. Number and type of policies, programs, and practices assessed with a racial equity lens.<br>▪ Utilization rates of one-on-one wellness checks.<br>▪ Utilization rates of wellness activities.<br>▪ Number of complaints submitted, resolved, and unresolved. |

# HeartLand Child and Family Services

| GOALS | ACTIVITIES | PERFORMANCE MEASURE |
|---|---|---|
| **Develop more partnerships with the community (i.e., peer brokers, practicing/learning skills in empathy, consistency in communication)** | ▪ Connect with community agencies (WIC, Urban League, Mutual Assistance), community churches around the clinic to build relationships and establish community partnerships.<br>▪ Partner with neighborhood libraries to provide resources to neighborhood families.<br>▪ Enhance relationships with the school system and build partnership based on student needs. | ▪ Four community agencies will be identified and contacted with informal partnerships established.<br>▪ Host four community events. Conduct retrospective pre and post event surveys to collect data on awareness of HeartLand and positive attitude toward mental health services.<br>▪ Participate in 100% of Sacramento County Office of Education (SCOE) collaborative meetings. |
| **Reduce Provider Bias and Judgment in Care/Increase effective and re-occurring equity trainings and increase accountability for skill development and behavior change in staff following training.** | ▪ Create a new management position (Director of Employee & Community Development) to hold primary responsibility for developing community resources to shape HeartLand's Racial Equity initiatives.<br>▪ Arrange meetings between HeartLand management and community leaders to impanel community members for the purpose of sharing their lived experience and perspective with HeartLand staff. Follow up with staff discussion groups to explore shared insight and enhance empathy and sensitivity to barriers encountered by this population.<br>▪ Director of Employee and Community Development will develop a calendar of trainings. | ▪ Minimum of 6 training events and 2 panel discussions regarding lived experience for entire HeartLand staff focusing on racial equity, diversity, inclusion, unconscious bias, microaggressions and cultural humility.<br>▪ Four Community events hosted by HeartLand open to the public and focused on enhancing relationships and awareness of HeartLand as a community partner.<br>▪ Analysis of results of 3 standard surveys of HeartLand staff deployed over 15 months to measure improvement in knowledge and attitudes regarding racial equity, diversity, inclusion, unconscious bias, microaggressions, and cultural humility. |

| GOALS | ACTIVITIES | PERFORMANCE MEASURE |
|---|---|---|
| **Broaden recruitment efforts by increasing outreach to the AA/B/AD community regarding job openings, application processes, and career pathways. Partner on this outreach with local and national groups known to focus on the AA/B/AD community.** | ▪ HeartLand will solicit quotations or statements from our staff expressing personal values of inclusion. These will be used on our website, social media, in our clinics. | ▪ HeartLand will revise recruitment advertising to include statements reflecting a commitment to racial equity, diversity and inclusion to attract a more diverse work force. Annual percentage of employees with performance plans<br>▪ HeartLand will post at least 10 employment opportunities with publicity flyers to at least 5 historically Black LGBTQ+ groups, UC/CSU AA/B/AD sororities and fraternities (Sacramento Chapters), and local community agencies and leaders to increase visibility of employment opportunities in the AA/B/AD community.<br>▪ The applications for the two paid internships will be developed and publicized with various graduate schools via meetings with field work directors. Recruitment will be ongoing, with candidates interviewed and accepted as appropriate.<br>▪ At least 10 quotations or statements from our staff expressing personal values of inclusion will be posted on our website, social media and in our clinics. |
| **Increase ease of access through the engagement with already existing community hubs and resources.** | ▪ HeartLand will increase staff diversity to include staff members from the AA/B/AD community and with lived experience to better inform our sensitivity to the needs of this population. We will also focus on staff training related to racial equity, diversity, inclusion, implicit bias, and cultural humility. | ▪ Community Advisory Board will have two meetings. Four community hubs will be identified with working partnerships established.<br>▪ At least two HeartLand staff members will be identified to serve as liaisons for all four of the community hubs. Policies and protocols for linkage and referral assistance will be written and liaisons will be trained in implementation.<br>▪ Liaisons will meet monthly with partners from the four community hubs to review linkage efforts, identify barriers, and revise protocols as needed. Dates of monthly meetings will be reported to HeartLand Quality Improvement Department. Liaisons will respond to 100% of requests for referral assistance from community hub partners. Requests for referral assistance and outcomes will be tracked via reports by liaisons to HeartLand Quality Improvement Department. |

# Sacramento County

| GOALS | ACTIVITIES | PERFORMANCE MEASURE |
|---|---|---|
| **Build trust with the community through equitable resource distribution across different areas of Sacramento County** | ▪ Competitive selection process for new providers in the underserved areas | ▪ Begin by opening one behavioral health service provider in each target zip code<br>▪ Equitably fund new and existing programs (Equitably funding defined as the amount of funding needed to provide equitable access to behavioral health services within the targeted zip codes and relevant to community needs.)<br>▪ 90% of clients served in each site will be residents of the respective zip codes (95828 and 95842). (Will also report demographics of clients served, as well as percent of new clients to the Mental Health Plan.) |
| **Increase outreach to the AA/B/AD community regarding job openings, application processes, and career pathways. Partner on outreach with local and national groups known to focus on the AA/B/AD community** | ▪ Identify and partner with local and national groups known to focus on the AA/B/AD community<br>▪ Use of a variety of outreach tools (leverage technology, community groups, religious organizations, professional groups, community centers, libraries, social media, historically black colleges and universities, etc.)<br>▪ Collaborate with the Countywide Recruitment Team to increase focused community outreach (application workshops, job posting distribution, virtual events, include employees who represent the community in outreach efforts, etc.)<br>▪ Initiate outreach to local high school and college career and technical education programs to encourage students to enter the mental health field<br>▪ Collaborate with network providers to ensure collaboration in the recruitment of staff | ▪ Increase the number of AA/B/AD resource outlets/networks we effectively partner and advertise with (Note: Effective means listings lead individuals to completing an application.)Identify at least 10 possible cultural hubs/organizations that represent and assist the BIPOC and LGBTQ+ communities<br>▪ Increase the number of applicants from the AA/B/AD community. (We will increase the number of applicants from the AA/B/AD community by 20% - from 20% of applicants to 40% of applicants received.) |

| GOALS | ACTIVITIES | PERFORMANCE MEASURE |
|---|---|---|
| **Increase recruitment, retention, and leadership development of AA/B/AD and transgender individuals who know the community.** | ▪ Develop a plan to integrate internships and professional development opportunities into workforce diversity goals<br>▪ Require leadership and hiring managers to be trained on issues of racial equity and implicit bias in hiring<br>▪ Include a question in the exam supplemental questionnaire to assess each applicant's knowledge of the AA/B/AD community<br>▪ Work to create a process to collect data to measure effectiveness of outreach to the transgender community | ▪ Increase the number of AA/B/AD individuals (including those who identify as transgender) recruited and retained. (Retained means new hires are retained more than 18 months after hire)<br>▪ All employees will annually complete mandatory racial equity training.<br>▪ Demonstrate racial equity in the promotion and utilization of internships and professional development opportunities (compare demographic data of individuals applying/selected for internships and professional development programs.) |
| **Increase effective and re-occurring equity trainings and increase accountability for skill development and behavior change in staff following training.** | ▪ Training will build skills and capacity, with quarterly measurement for targeted improvement within the organization.<br>▪ Incorporate consumer feedback to address staff training needs, creating a consumer-informed staff training plan. | ▪ 75% of Providers will agree or strongly agree they experienced growth and an increased awareness of racial equity as a direct result of their racial equity training<br>▪ 75% of Consumers will rate their racial equity experiences with providers as an average score of 4 or higher<br>▪ Learning objective survey answers will average a score of 4 or higher, indicating the training was perceived as racial equity training, as intended. 75% benchmark by the end of the training program.<br>▪ 100% of staff (including management) will complete mandatory, annual racial equity training by the end of the training program. |

# Sacramento LGBT Community Center

| GOALS | ACTIVITIES | PERFORMANCE MEASURE |
|---|---|---|
| **Ask community what they need and align actions with their requests (i.e., increase virtual connection opportunities, flexible meeting times, childcare, provide BH services at comfortable/known community hubs)** | ▪ Work with Director of Youth Programs and Director Housing Services at the Center along with local leaders within the Black Community (Greater Sac Urban League, GHC, etc.) to develop a focus group of B/AA/AD youth to provide feedback and ideas.<br>▪ Reach out to known community organizations and cultural hubs in the area such as Fortune Schools, SCOE Core Schools, GHC, Greater Sac Urban League, St. Hope, etc.<br>▪ Distribute a survey based on both current youth program offerings and feedback from focus group members.<br>▪ Create an internship program for B/AA/AD youth to lead workshops and events at the center with appropriate compensation for their time. | ▪ 100 B/AA/AD youth responses to the survey.<br>▪ Host at least 5 focus groups for AA/B/AD youth in Fall/Winter 2021.<br>▪ Recruit and maintain at least 5 B/AA/AD youth interns at the Center. |
| **Community Engagement to Improve DEI: Embed the Marsha P Johnson Center South in the Queer AA/B/AD community in 95823** | ▪ Reach out to local AA/B/AD organizations to promote and build mutually aligned partnerships<br>▪ Hold bi-monthly meetings of the Melanin Movement Group, a support group for AA/B/AD trans women<br>▪ Open an extension of the Q Spot to provide activities tailored to meet the needs of Queer AA/B/AD youth<br>▪ Maintain Staff representation of the AA/B/AD community.<br>▪ Promote positive representations of the AA/B/AD community in the physical environment. | ▪ By June 2022, host 12 Melanin Movement Meet-ups, serving at least 15 unduplicated members.<br>▪ Partner with three organizations in south Sacramento with demonstrated positive impacts to members of the AA/B/AD community<br>▪ Serve 100 new, unduplicated, AA/B/AD, queer youth. |

| GOALS | ACTIVITIES | PERFORMANCE MEASURE |
|---|---|---|
| **Develop more partnerships with the community (i.e., peer brokers, practicing/learning skills in empathy, consistency in communication, "nothing about us without us")** | ▪ We have engaged a consultant to lead us through the process of surveying staff and community members on how we are doing, what we can improve, and services/programs would be welcomed to serve BIPOC.<br>▪ We will be holding professional development opportunities, in cohorts, for staff to improve self-awareness, reduce bias and build skills in supporting BIPOC community members and staff. | ▪ Five new, unduplicated AA/B/AD orgs are in partnership with the Center for EJP<br>▪ Survey deployed to staff, survey deployed to participants, professional development pods created & launched<br>▪ Build a corps of 15 B/AA/AD mentors for staff/program participants for professional development & employment opportunities. |
| **Embed the Marsha P Johnson Center in the Queer AA/B/AD community in South Sacramento**<br><br>**Build trust with transgender community (host meetups, embed therapists in trans comm. sites, safe places to share about transition and intersectional trauma of being trans/black) and, when needed, provide support post focus groups** | ▪ Reach out to local AA/B/AD organizations, offer meeting/event space to attract attention to the space and the resources offered there<br>▪ Hold monthly meetings of the Melanin Movement Group<br>▪ Open an extension of the Q Spot to provide activities tailored to meet the needs of Queer AA/B/AD youth<br>▪ Maintain Staff representation of the AA/B/AD community.<br>▪ Promote positive representations of the AA/B/AD community in the physical environment. | ▪ Hosting monthly social support groups in person and virtual for black trans community members in our midtown office and virtually.<br>▪ Increase accessibility for mental health services for our black/trans community in our Mid-town and South Sacramento office by providing once-a-month, two-hour, drop-in crisis intervention (emergency) first aid mental health counseling.<br>▪ Launch our Black Trans Health needs assessment survey as we prepare to open our gender affirming care services at The Marsha P. Johnson Center South community clinic. 40 black trans community members will complete the assessment. |

# Stanford Sierra Youth & Families

| GOALS | ACTIVITIES | PERFORMANCE MEASURE |
|---|---|---|
| **When hiring staff, consider lived experience as equal to education** | ▪ Change hiring application to ask about description of lived experience and how that experience can enhance client services and promote equity.<br>▪ Work with HR to adapt application to include language that reflects agency stance on equity.<br>▪ Valuing the role and importance of peer roles (i.e. Family & Youth Partnership) in service delivery is integral part of the organization's training plan that all staff receive when onboarding. Enhance the training to include specific training for HR and hiring managers to consider the value of lived experience and intersectional identities during the recruitment, interview, onboarding, and retention processes.<br>▪ Establish formalized P&P to ensure training and support (to include stipends) for identified Cultural Brokers (should include safety of staff in rural communities where there is a higher risk of safety concerns)<br>▪ Outreach and recruitment to African American high school and college level students (Pipeline/HR)<br>▪ Create awareness (education, training, champions, etc.) in rural communities regarding racial equity gaps and support strategies in hiring/contracting staff to meet those needs<br>▪ More trainings on Cultural Competency | ▪ Percent of all applicants who opted to share intersectional lived experience on job application.<br>▪ Percent of applicants who opted to share intersectional lived experience and: Not interviewed; Interviewed; Not hired; Offered position; Did not accept; Hired.<br>▪ Percent of all applicants who were recruited through AA/B/AD community partnerships<br>▪ Percent of all recruited through AA/B/AD community partnerships who opted to share intersectional lived experience on job application |
| **Increase outreach to the AA/B/AD community regarding job openings, application processes, and career pathways. Partner on this outreach with local and national groups known to focus on the AA/B/AD community** | ▪ Career Pathways Coordinator and HR to partner with HBCUs and AA/B/AD serving organizations and other groups, as defined, to identify targeted recruitment opportunities.<br>▪ Create an inclusive EEO statement for job postings | ▪ Identify baseline and then Increase percentage of AA/B/AD staff represented across all programs and leadership where there is underrepresentation. (Compared to FY 20-21)<br>▪ Increased Percent of all applicants who were recruited through AA/B/AD community partnerships. |

| GOALS | ACTIVITIES | PERFORMANCE MEASURE |
|---|---|---|
| **Increase recruitment, retention, and leadership development of AA/B/AD and transgender individuals who know community.** | ▪ Development of a monthly, 90 minute, targeted meeting with Executive Leadership to explore the impact of White Supremacy in our practices and decision making process in order for leadership to more effectively support influencing better hiring practices.<br>▪ Development of Diversity, Equity and Inclusion Screening Tools that support our organization in reviewing Policies & Procedures, Organizational Decisions, Hiring Practices/Questions, etc.<br>▪ Review of our Hiring Questions and Job Descriptions.<br>▪ Review of our recruitment strategies and development of mentorship opportunities.<br>▪ Provide professional development opportunities for colleagues who desire to move into management, placing particular emphasis on underrepresented groups. | ▪ Identify baseline and then increase percentage of AA/B/AD staff represented across all programs and leadership where there is underrepresentation. (Compared to FY 20-21)<br>▪ Increased Percent of all applicants who were recruited through AA/B/AD community partnerships. |
| **Increase inclusion of black men in behavioral health roles.** | ▪ Career Pathways Coordinator and HR to partner in developing a targeted workforce plan that supports a career pipeline and ladder to help increase the inclusion of black men in behavioral health roles (i.e. increase mentorship opportunities/experiences for individual's in college/boys & girls club, etc. to engage those at a younger age)<br>▪ Career Pathways Coordinator and HR to partner with HBCUs and AA/B/AD serving organizations and other groups, as defined, to identify targeted recruitment opportunities.<br>▪ Create an inclusive EEO statement for job postings. | ▪ Identify baseline and then Increase percentage of AA/B/AD staff represented across all programs and leadership where there is underrepresentation. (Compared to FY 20-21)<br>▪ Increased Percent of all applicants who were recruited through AA/B/AD community partnerships. |

TURNING POINT COMMUNITY PROGRAMS
ACTION STEPS TO STRENGTHENING DIVERSITY, EQUITY, AND INCLUSION IN THE WORKFORCE

| Action Step | How Decision Made | Expected Equity Outcome |
|---|---|---|
| **Create a complete DEI organizational plan that promotes a work environment that is free from all forms of discrimination and which increases awareness of, appreciation for, and acceptance of DEI in the workplace.** | Senior Leadership Team (SLT) in consultation with the Board of Directors | Demonstrates our commitment to DEI by identifying the steps we will take to ensure equitable outcomes for all, by establishing who is responsible for ensuring this happens, and by providing opportunities career development and personal growth. |
| **Require that all management recruitments assess candidates' demonstrated understanding of DEI** | Best HR practice recommended by our Chief, DPO | Requires applicants to demonstrate a sensitivity to, and understanding of, the inherent value and benefits of diversity in the workplace. |
| **Designate a component of the Learning Academy to the teaching of DEI principles and ensure access to underrepresented groups** | Recommendation of SLT | Enables a diverse population of colleagues to prepare in advance for management opportunities as they arise. |
| **Formally create a Diversity, Equity and Inclusion (DEI) Office that would be led by DEI Officer** | Best HR practice recommended by our Chief, DPO | Enables greater compliance with legal requirements and diversity initiatives throughout the organization. |
| **Develop Career Ladders and Paths to share with staff** | Best HR practice recommended by our Chief, DPO | Enables staff to clearly understand career opportunities in a way that is transparent. The research data shows this approach has been successful in increasing diversity amongst management ranks. |
| **Update job descriptions to eliminate artificial barriers in hiring processes that prevent applicants from enjoying the benefits of DEI.** | Best HR practice recommended by our Chief, DPO | Removes non-job-related requirements that have previously resulted in the exclusion of candidates in the hiring process. For example, requiring advanced degrees, excessive amounts of experience, etc. |
| **Provide professional development opportunities for colleagues who desire to move into management, placing particular emphasis on underrepresented groups.** | Recommendation of SLT | Enables a diverse population of colleagues to prepare in advance for management opportunities as they arise. |
| **Assess the demographic makeup of the organization's staff at regular intervals in order to identify areas of opportunity for greater DEI.** | Best HR practice recommended by our Chief, DPO | Enables analysis of where we are and what adjustments are needed to ensure alignment with the goals and objectives. |
| **Demonstrate commitment by actively choosing to pursue diversity, equity and inclusion in all workforce decision.** | Best HR practice recommended by our Chief, DPO | Leads by setting the example to ensure emulation of desired behaviors. (Social Learning Theory) |
| **Partner with HBCUs, HSIs, AANAPISI[1]; LGBTQIA[2] and other groups/community spaces as defined, to identify recruitment opportunities** | Best HR practice recommended by our Chief, DPO | Increases the diversity of applicant pools. |
| **Identify evidence-based DEI survey tools to use within the organization via the Qualtrics platform to measure success of DEI organizational plan.** | Recommendation of SLT | Ensures measurement of DEI organizational plan objectives to monitor success of action steps and impact of action steps on the employee experience. |

[1] Asian American and Native American Pacific Islander-Serving Institution - AANAPISI
[2] Lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual or allied - LGBTQIA.

# CAARE Diagnostic and Treatment Center
## Department of Pediatrics
## UC Davis Children's Hospital

| GOALS | ACTIVITIES | PERFORMANCE MEASURE |
|---|---|---|
| **Broaden New Hire Search/Increase access in recruitment efforts** | ▪ Identify sites for recruitment; consider additional sites not yet identified, including sites that capture intersectionality<br>▪ Reach out and consult with Hospital Human Resource Department and proactively work to problem solve expected barriers<br>▪ Designate HR activities to a specific employee and fund their time to address BHREC goals.<br>▪ Develop and modify process in advance to avoid time as a barrier<br>▪ Seek input on process from staff and community; cocreate a better policy | ▪ Increase # of AA individuals applying for posted positions; % of all applicants that are AA individuals by 20%<br>▪ Increase # of new job posting sites identified by 10% and length of time posted on those sites by at least 20%<br>▪ Measure and increase diversity within AA applicants: Increase #/% by gender identity, sexual orientation, religion, immigration status/nationality, disability by 20%. |
| **Reevaluate Selection Process During Hiring** | ▪ Provide training to hiring panel on implicit bias in hiring (e.g., IAT and SEED) (increases equity by making interviewers more aware of how their biases may influence the process of recruitment, hiring, and selecting applicants; this goal was selected because team recognizes that our organization and team members control/influence decisions related to equity)<br>▪ Designating an internal HR person to take the lead in reevaluating and revising position descriptions, screening tools, and interview questions.<br>▪ Develop and modify process in advance to avoid time as a barrier<br>▪ Seek input on process from staff and community; cocreate a better policy | ▪ Increase the # and % of AA/B/AD staff interview & # and % of AA/B/AD staff selected/offered a position by 10%<br>▪ Increase the # and % of AA/B/AD staff accepting positions by 10%.<br>▪ Improve applicants' satisfaction with the transparency, perceived equity, and value of diversity ratings in the hiring process to at least 80% of total (i.e., a rating of 4 out of 5). |
| **Increase Retention and Leadership Development of AA/B/AD staff.** | ▪ Create leadership roles, consider internal development and consider outside recruitment of AA/B/AD staff only when internal AA/B/AD staff do not have an opportunity to apply. Plan to anticipate future needs.<br>▪ Redistribute responsibilities and cross train staff.<br>▪ Set aside time and funding for leadership development of internal staff | ▪ Increase # and % of AA/B/AD staff in leadership roles by 10%Increased Percent of all applicants who were recruited through AA/B/AD community partnerships.<br>▪ Increase # and % of AA/B/AD staff in leadership roles by 10%<br>▪ Satisfaction ratings of AA/B/AD staff and interns, as measured annually. |

# Uplift Family Services

| GOALS | ACTIVITIES | PERFORMANCE MEASURE |
|---|---|---|
| **When recruiting, expand our outreach beyond typical recruitment searches and increase our diversity of staff** | ▪ Work with HR on the Taleo screening application to identify barriers. Are we unintentionally screening out candidates?<br>▪ Find alternative to outreach beyond online searches and develop relationships with a variety of schools for recruitment.<br>▪ Assess work/office environment to ensure it is welcoming to all cultures.<br>▪ When passing on a candidate of color, who matches other candidates in qualifications, we will have managers provide a summary of why they passed on a candidate to reduce implicit bias factoring in on hiring practices. | ▪ In the next six months the number of black/African American/African Descent candidates we interview will increase by at least 10% evidenced the interviews conducted by managers.<br>▪ In the next three months we will reduce the percentage of client's who have demographic of "unknown" on race from 31% to 5%, to ensure that staffing model reflects populations we serve. |

# Visions Unlimited

| GOALS | ACTIVITIES | PERFORMANCE MEASURE |
|---|---|---|
| **When hiring staff, consider lived experience as equal to education** | ▪ Work with HR to modify job postings to reflect the agency's value of lived experience.<br>▪ Ensure hiring panels are diverse and include individuals with lived experience. | ▪ Percent of all applicants who opted to share information regarding lived experience on cover letter, resume, or job application.<br>▪ Percent of interviewees that choose to respond to questions with answers that disclose lived experience within the interview process<br>▪ Percent of individuals who shared lived experience and were ultimately offered a position.<br>▪ Ensure at least 1/3rd of interview questions bring out individuals intersectionality's, lived experience, and commitment to DEI. |
| **Develop more partnerships with the community.** | ▪ Use of consistent outreach to BIPOC and LGBTQ+ communities/cultural hubs through direct and written communication. | ▪ The hiring and onboarding of a peer cultural broker<br>▪ Identify at least 10 possible cultural hubs/organizations that represent and assist the BIPOC and LGBTQ+ communities<br>a. The number of attempted engagements<br>b. Number of responses<br>c. number of collaborative agreements made from responses<br>d. Number of letters sent that received a response<br>e. Number of collaborative agreements made from responses |
| **Ensure providers are building trust with the community.** | ▪ Create and present an environment that values and promotes diversity. | ▪ Consumer Satisfaction surveys<br>a. number of surveys completed<br>b. number of responses indicating dissatisfaction/satisfaction with staff using language reflective of community, showing empathy for community experience especially with transgender community<br>▪ Website has language reflective of commitment to DEI<br>▪ Promotional material has language reflective of commitment to DEI<br>▪ Percent of surveyed respondents who identify knowledge of grievance process |

| GOALS | ACTIVITIES | PERFORMANCE MEASURE |
|---|---|---|
| **Increase effective and re-occurring equity trainings and increase accountability for skill development and behavior change in staff following training.** | ▪ Develop additional onboarding training reflective of commitment to diversity, equity, and inclusion.<br>▪ Modify existing training plans to include re-occurrent equity related trainings<br>▪ Ensure staff meetings regularly include topics related to the service delivery of diverse populations. | ▪ The number of employees who read and retain information related to incorporated DEI content<br>a. The number of employees who freely read the materials without further prompt<br>b. The number of employees that need further prompting to read the materials<br>c. The number of employees that verbalize empathy/understanding of the importance of the material for effective service delivery.<br>▪ Use pre-test/post-test scoring to measure retention.<br>▪ Use ongoing consumer satisfaction surveys to measure implementation<br>▪ The percent of yearly meetings where DEI topics/agenda items are discussed. |

# Mental Health Services Act (MHSA) Annual Update
# Funding Summary

## A. Community Services and Supports (CSS) Component

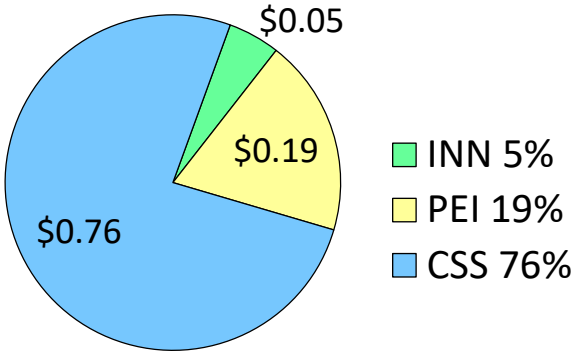
- Provides funding for mental health treatment services and supports for children/youth and their families living with severe emotional disturbance and adults living with a serious mental illness. This includes funding for the MHSA Housing Program.
- A majority of CSS funding must be directed to Full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

## B. Prevention and Early Intervention (PEI) Component

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

## C. Innovation (INN) Component

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



**D. Workforce Education and Training (WET) Component**

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

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

- Capital Facilities (CF) project – Time limited funding used to renovate the Adult Psychiatric Support Services (APSS) clinic, Peer Partner Program and INN 2 Project (Mental Health Urgent Care Clinic)
- Technological Needs project – Time limited funding to address 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

**F. 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

**G. Overarching Points**

- Mental Health Services Act (MHSA) funding is generated by a 1% tax on personal income in excess of $1M
  - As income tax-based revenue, MHSA funding is greatly impacted by the economy (impacts lag by approximately 2 years)
  - MHSA revenue is volatile and difficult to project
- In FY 2022-23, Sacramento County allocation increased from 3.41% to 3.43% of State MHSA funding due to statewide recalculation distribution

# PERMANENT SUPPORTIVE HOUSING

MHSA PORTFOLIO CATALOG

**SACRAMENTO COUNTY BEHAVIORAL HEALTH SERVICES DIVISION**

# 7TH AND H

720 7th Street, Sacramento, 95814

## PROPERTY DESCRIPTION

- ✓ Opened in 2013
- ✓ Preservation and rehabilitation of historical property / existing SRO
- ✓ Mixed use development includes ground floor health clinic and retail space
- ✓ Located in downtown Sacramento
- ✓ Largest property in portfolio with 150 affordable units; 28 MHSA units
- ✓ Studio & 1 Bedroom Units
- ✓ Well served by public transportation, walking distance to Amtrak station
- ✓ Extensive common space amenities include large community room, conference and meeting rooms, lounges, patios, and second floor rooftop deck

## PARTNERS

- ✓ Mercy Housing
- ✓ Sacramento Housing and Redevelopment Agency
- ✓ Sacramento County Behavioral Health Services
- ✓ Turning Point Community Programs
- ✓ WellSpace Health
- ✓ Mercy Housing California Resident Services
- ✓ Mercy Housing Management Group

# ARDENAIRE

1960 Ethan Way, Sacramento, 95825

## PROPERTY DESCRIPTION

- ✓ Acquisition and rehabilitation
- ✓ First project to provide “units through development” under Ten Year Plan to End Homelessness
- ✓ 52 Affordable Housing units; 19 MHSA units; 1 unrestricted unit
- ✓ Four 2-story apartment buildings
- ✓ Property features community room
- ✓ 1- & 2- Bedroom units

## PARTNERS

- ✓ Mercy Housing
- ✓ Sacramento Housing and Redevelopment Agency
- ✓ Sacramento County Behavioral Health Services
- ✓ Turning Point Community Programs
- ✓ Mercy Housing California Resident Services
- ✓ Mercy Services Corporation

# BOULEVARD COURT


5321 Stockton Blvd, Sacramento, 95820

## PROPERTY DESCRIPTION

- ✓ Opened in 2011
- ✓ Redevelopment of existing hotel
- ✓ Aligned with Five Year Redevelopment Implementation Plan for Stockton Boulevard Redevelopment Area
- ✓ Two story walk-up building
- ✓ Property features community space, computer room, lounge, therapy and counseling offices, basketball court / recreation area
- ✓ 74 units; 25 MHSA units
- ✓ Studio & 1 Bedroom Units

## PARTNERS

- ✓ Mercy Housing
- ✓ Sacramento Housing and Redevelopment Agency
- ✓ Sacramento County Behavioral Health Services
- ✓ Turning Point Community Programs
- ✓ WellSpace Health
- ✓ Mercy Housing California Resident Services
- ✓ Mercy Housing Management Group

# THE COURTYARDS ON ORANGE GROVE

3425 Orange Grove Ave, North Highlands, 95660

## PROPERTY DESCRIPTION

- ✓ Opened in 2020
- ✓ Adaptive reuse of existing motel
- ✓ 92 units; 20 MHSA units
- ✓ Property features counseling and therapy offices, group meeting rooms, resident lounge, commercial kitchen, computer workstations, dog run, community garden and BBQ area
- ✓ Studio & 1 bedroom units

## PARTNERS

- ✓ Mercy Housing
- ✓ Sacramento Housing and Redevelopment Agency
- ✓ Sacramento County Behavioral Health Services
- ✓ Telecare
- ✓ WellSpace Health
- ✓ Mercy Housing California Resident Services
- ✓ Mercy Housing Management Group

# FOLSOM OAKS

809 Bidwell St, Folsom, 95630

## PROPERTY DESCRIPTION

- ✓ Opened in 2011
- ✓ New construction
- ✓ Four residential apartment buildings
- ✓ Smallest property in portfolio at 19 units; 5 MHSA units
- ✓ Property features community room, tot lot play area
- ✓ Nearby amenities include shopping, banks, schools and parks within ½ mile of site
- ✓ Public transportation conveniently located
- ✓ 2- & 3-bedroom units

## PARTNERS

- ✓ TLCS, Inc. (dba Hope Cooperative)
- ✓ Sacramento Housing and Redevelopment Agency
- ✓ Sacramento Housing and Redevelopment Agency
- ✓ Sacramento County Behavioral Health Services

# LA MANCHA

7789 La Mancha Way, Sacramento, 95823

## PROPERTY DESCRIPTION

- ✓ Opened in 2020
- ✓ Acquisition and conversion of 124 room extended stay hotel
- ✓ First Homekey Program development in portfolio; funded with federal Coronavirus Relief Funds
- ✓ Located in southern Sacramento
- ✓ 100 units; 40 MHSA units
- ✓ Property features common spaces and outdoor amenities
- ✓ Studio units

## PARTNERS

- ✓ Mercy Housing
- ✓ Sacramento Housing and Redevelopment Agency
- ✓ Sacramento County Behavioral Health Services
- ✓ Telecare
- ✓ TLCS, Inc. (dba Hope Cooperative)
- ✓ Mercy Housing California Resident Services
- ✓ Mercy Housing Management Group

# MARTIN LUTHER KING VILLAGE

3900 47th Avenue, Sacramento, 95824

## PROPERTY DESCRIPTION

- ✓ Opened in 2008
- ✓ New construction
- ✓ Second project to provide “units through development” under Ten Year Plan to End Homelessness
- ✓ Single story, cottage and duplex units
- ✓ 80 units; 30 MHSA units
- ✓ Property features community room with kitchen
- ✓ 1 bedroom units

## PARTNERS

- ✓ Mercy Housing California
- ✓ Sacramento Housing and Redevelopment Agency
- ✓ Sacramento County Behavioral Health Services
- ✓ Turning Point Community Programs
- ✓ WellSpace Health
- ✓ Mercy Services Corporation

# MUTUAL HOUSING AT THE HIGHLANDS

6010 34th Street, North Highlands, 95660

## PROPERTY DESCRIPTION

- ✓ Opened in 2011
- ✓ New construction
- ✓ Located in Mather/McClellan Redevelopment Area in North Highlands neighborhood
- ✓ 90 units; 33 MHSA units
- ✓ Units feature porch or patio
- ✓ Property features community room and kitchen, computer room, conference room
- ✓ Studio, 1- & 3-bedroom units

## PARTNERS

- ✓ Sacramento Mutual Housing Association
- ✓ Sacramento Housing and Redevelopment Agency
- ✓ Sacramento County Behavioral Health Services
- ✓ Turning Point Community Programs
- ✓ Lutheran Social Services of Northern California
- ✓ Mutual Housing Management

# STUDIOS AT HOTEL BERRY


729 L. Street, Sacramento, 95814

## PROPERTY DESCRIPTION

- ✓ Opened in 2012
- ✓ Preservation, renovation, and modernization of Single Room Occupancy residential hotel units
- ✓ Mixed use development includes ground floor retail space
- ✓ Conveniently located in downtown Sacramento
- ✓ 105 units; 10 MHSA units
- ✓ Property features resident lounge, community room with kitchen, computer lab, on-site convenience store
- ✓ Studio units

## PARTNERS

- ✓ Jamboree Housing Corporation
- ✓ Sacramento Housing and Redevelopment Agency
- ✓ Sacramento County Behavioral Health Services
- ✓ John Stewart Company
- ✓ TLCS, Inc. (dba Hope Cooperative)

# VISTA NUEVA

140 Promenade Circle, Sacramento, 95814

## PROPERTY DESCRIPTION

- ✓ Opened in 2022
- ✓ Stabilized housing and services for families and their children as well as transitional age youth
- ✓ Located in North Natomas
- ✓ 116 units; 15 MHSA units
- ✓ Second Round Homekey Program development
- ✓ Family-friendly amenities include a community center, playground, pet area and swimming pool
- ✓ Studio, 1- & 2-bedroom units

## PARTNERS

- ✓ Jamboree Housing
- ✓ Sacramento Housing and Redevelopment Agency
- ✓ Sacramento County Behavioral Health Services
- ✓ Stars Behavioral Health

# YWCA


1122 17th Street, Sacramento, 95814

## PROPERTY DESCRIPTION

- ✓ Opened in 2009
- ✓ Preservation and rehabilitation of residential hotel units
- ✓ City designated landmark building in downtown Sacramento
- ✓ Affordable housing provided at this location since 1932
- ✓ 31 units; 3 MHSA units
- ✓ Single Room Occupancy
- ✓ Fourth project to provide “units through development” under Ten Year Plan to End Homelessness
- ✓ Large main floor rooms available for community use

## PARTNERS

- ✓ YWCA
- ✓ Sacramento Housing and Redevelopment Agency
- ✓ Sacramento County Behavioral Health Services
- ✓ Turning Point Community Programs

# CAPITOL PARK HOTEL (PIPELINE)

1125 9th Street, Sacramento, 95814

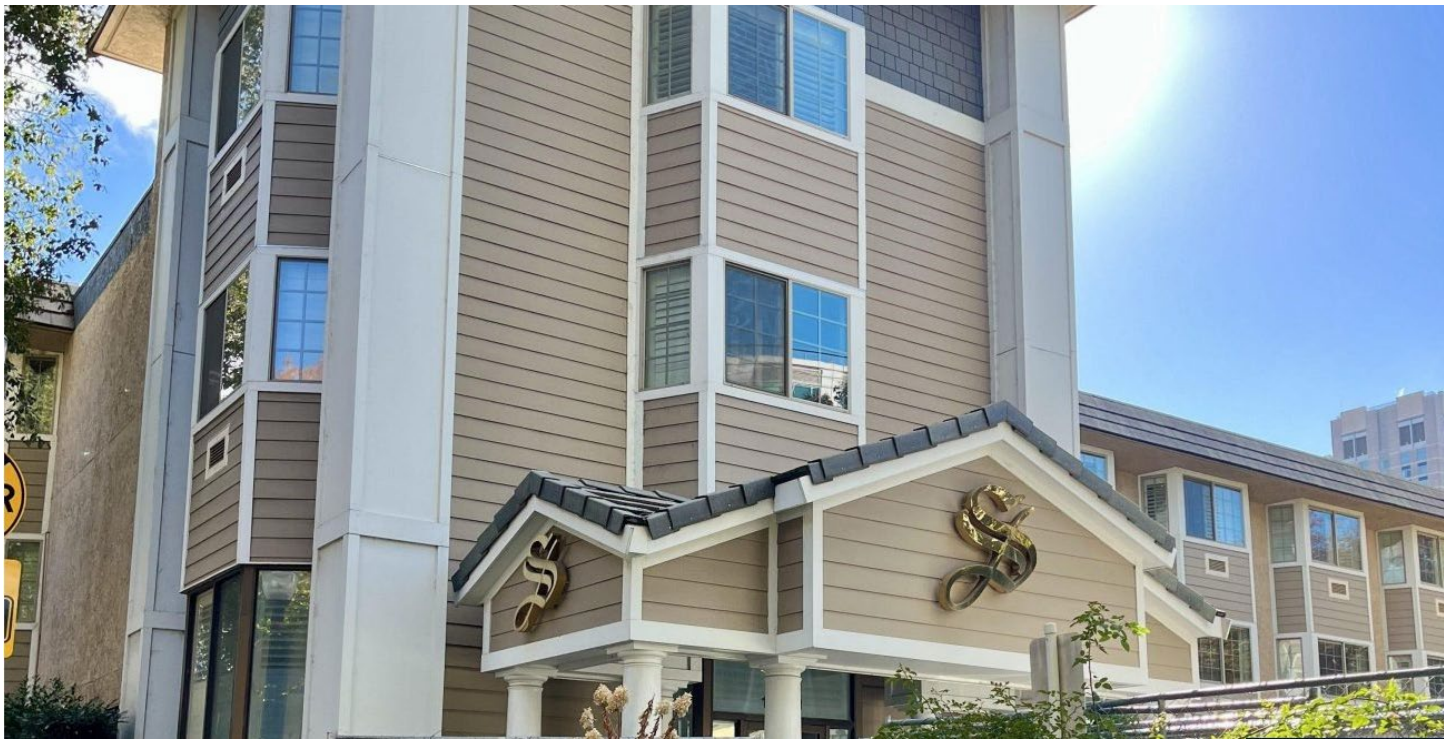
## PROPERTY DESCRIPTION

- ✓ Preservation, rehabilitation, and conversion of historic Capitol Park Hotel
- ✓ Largest remaining Single Room Occupancy under residential hotel ordinance
- ✓ 1st Round No Place Like Home Project
- ✓ Transit Oriented Development in downtown Sacramento
- ✓ Mixed use development with 5,000 square feet of commercial ground floor storefront/restaurant space
- ✓ 134 units; 65 MHSA units
- ✓ Studio Units

## PARTNERS

- ✓ Mercy Housing
- ✓ Sacramento Housing and Redevelopment Agency
- ✓ Sacramento County Behavioral Health Services
- ✓ Telecare
- ✓ Mercy Housing California Resident Services
- ✓ Mercy Housing Management Group

# CENTRAL SACRAMENTO STUDIOS (PIPELINE)



1100 H Street, Sacramento, 95814

## PROPERTY DESCRIPTION

- ✓ Acquisition and renovation of operating hotel
- ✓ Located in downtown Sacramento
- ✓ Second Round Homekey Program development
- ✓ Amenities include a community garden and recreational area for residents
- ✓ 92 units; 15 MHSA units
- ✓ Studio units

## PARTNERS

- ✓ Danco
- ✓ Sacramento Housing and Redevelopment Agency
- ✓ Sacramento County Behavioral Health Services
- ✓ Turning Point Community Programs

# DONNER FIELD SENIOR APARTMENTS (PIPELINE)

4501 9th Avenue, Sacramento, 95818

## PROPERTY DESCRIPTION

- ✓ New construction
- ✓ Senior housing
- ✓ 67 units; 17 MHSA units
- ✓ Planned property features community building, computer room, covered community porch, bike parking, picnic and BBQ area, community garden, outdoor movie area
- ✓ 1-bedroom units

## PARTNERS

- ✓ Eden Housing
- ✓ Sacramento Housing and Redevelopment Agency
- ✓ Sacramento County Behavioral Health Services

# MUTUAL HOUSING ON THE BOULEVARD (PIPELINE)


7351 Stockton Blvd, Sacramento, 95823

## PROPERTY DESCRIPTION

- ✓ New construction
- ✓ 2nd Round No Place Like Home Project
- ✓ Multi-family rental housing
- ✓ 127 units; 50 No Place Like Home units
- ✓ Property features indoor play area, computer room, picnic and BBQ area, sports court, community garden, outdoor movie area
- ✓ Designed with universal design principles for persons of all abilities
- ✓ Site and building designed to incorporate crime prevention through environmental design and safety
- ✓ 1-, 2-, & 3-Bedroom Units

## PARTNERS

- ✓ Stockton Boulevard Mutual Housing LLC
- ✓ Sacramento Housing and Redevelopment Agency
- ✓ Sacramento County Behavioral Health Services
- ✓ Lutheran Social Services of Northern California
- ✓ Mutual Housing Management

# SUNRISE POINTE (PIPELINE)

7424 Sunrise Blvd, Citrus Heights, 95610

## PROPERTY DESCRIPTION

- ✓ Acquisition and development
- ✓ 1st Round No Place Like Home Project
- ✓ 47 units; 22 No Place Like Home units
- ✓ Units feature private deck and patio spaces
- ✓ Amenity space includes large multi-purpose rooms, afterschool program area and conference rooms
- ✓ Property features outdoor lounge area, tot-lot, outdoor BBQ and picnic area, half basketball court, dog park
- ✓ 1-, 2-, & 3-Bedroom Units

## PARTNERS

- ✓ Jamboree Housing Corporation
- ✓ TLCS, Inc. (dba Hope Cooperative)
- ✓ Sacramento Housing and Redevelopment Agency
- ✓ Sacramento County Behavioral Health Services

# ON BROADWAY (PIPELINE)

1901 Broadway, Sacramento, 95814

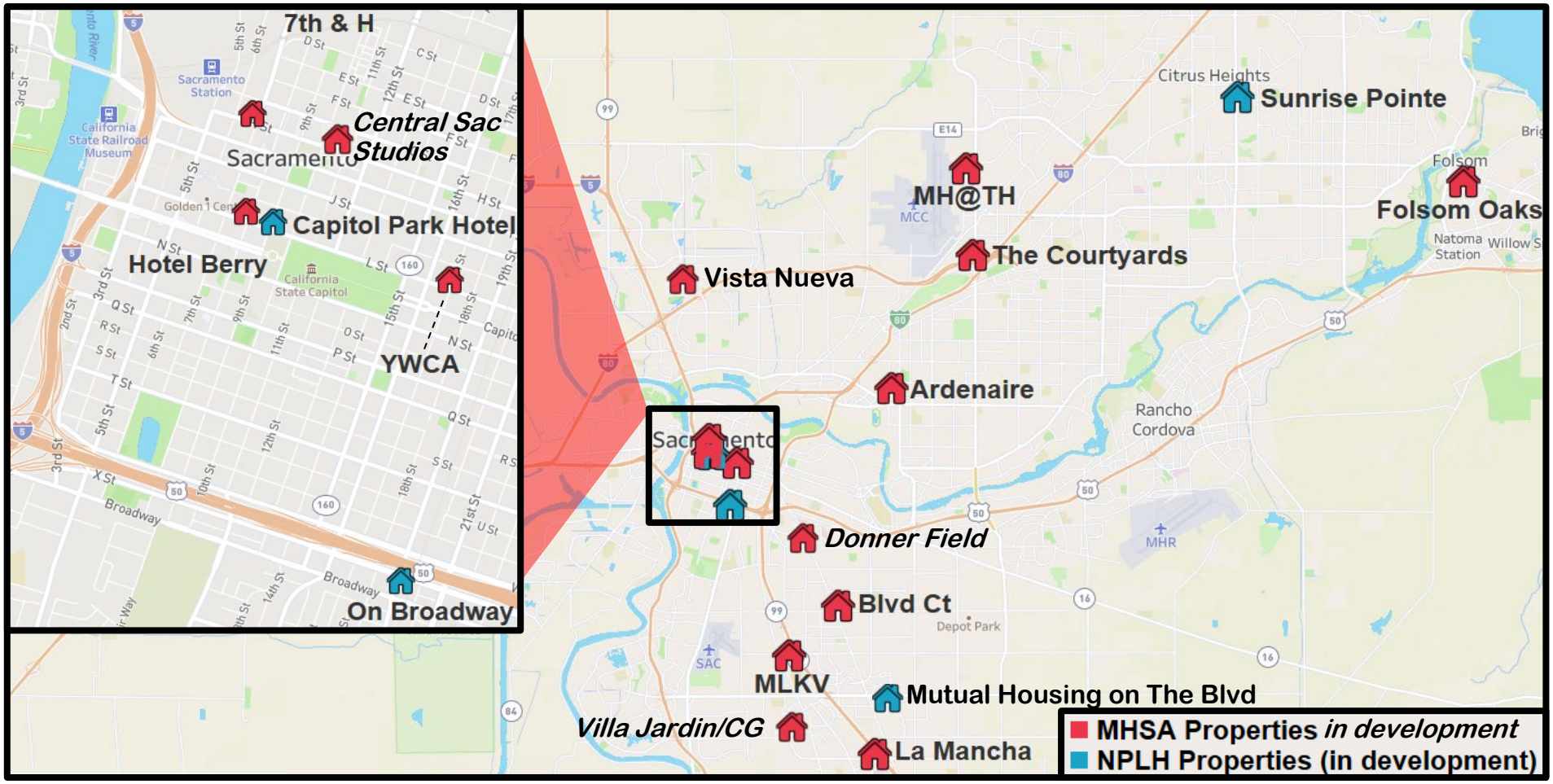
## PROPERTY DESCRIPTION

- ✓ Acquisition and development; demolition of existing vacant office building
- ✓ 4th Round No Place Like Home Project
- ✓ Mixed use development
- ✓ Located in downtown Sacramento
- ✓ Two 5-story buildings
- ✓ 140 Units; 37 No Place Like Home Units
- ✓ Conveniently located near Oak Park Community Center, Brooks Truits Park, Midtown District
- ✓ Green-certified Transit Oriented Development
- ✓ Property features community commons center, exterior courtyards, play structures, bike parking
- ✓ 1-, 2-, and 3-bedroom units

## PARTNERS

- ✓ EAH Housing
- ✓ Sacramento Housing and Redevelopment Agency
- ✓ Sacramento County Behavioral Health Services

# MAP OF PORTFOLIO



# Sacramento County Community-Driven Time-Limited Prevention and Early Intervention Grant Program

| Organization/ Individual and Grant Amount | Contact Information | Grant Term | Grant Status | Populations Served | Description of Program | Negative Outcomes Addressed |
|---|---|---|---|---|---|---|
| Agile Group<br>$177,680 | Michael Craft, Principal Consultant<br>mcraft@agilegroup.us<br>(916) 670-2932 | May 2020 - May 2022<br><br>No Cost Extension End Date: May 2023 | Active | Sacramento County Community Leaders who interact with youth, age 13 - 21, specifically from low-income African American families | **Youth Mental Health First Aid Training and Wellness Support Program:**<br>• Host a Youth Mental Wellness Day centered around normalizing mental health<br>• Four (4) Mental Health First Aid Community Trainings<br>• Create a Youth Mental Health Council<br>• All activities will teach community members how to be supportive to young people experiencing mental health challenges and to empower youth to talk openly about challenges. | • Suicide<br>• School failure/drop-out rate<br>• Incarceration<br>• Unemployment |
| Cal Voices<br>$413,908 | Stephanie Ramos, Program Manager<br>sacmap@calvoices.org<br>(916) 366-4600<br>www.calvoices.org/sacmap | April 2020 – May 2022 | Grant Term is Complete | Unserved, underserved, and unengaged diverse communities including:<br>• LGBTQ<br>• TAY<br>• Older Adults<br>• Racial/Ethnic Groups | **SacMap** (**S**upport, **A**dvocacy, **C**are and **M**ental wellbeing for **A**ll **P**eople) is an online resource guide that provides a comprehensive list of mental health services and supports available in Sacramento County. SacMap provides workshops for community members to educate them on mental health and recovery, different types of mental health programs, and how to navigate the website and tools available. Population specific workshops are offered quarterly. Quarterly workshops for Provider/organization are available to introduce them to the SacMap resource guide and provides strategies on how provider/organization staff can assist and empower the people they serve in accessing mental health resources in Sacramento County. | • Prolonged Suffering<br>• Homelessness<br>• Suicide<br>• School failure/drop-out rate |
| California Black Women's Health Project<br>$459,210 | Sonya Young Aadam, CEO<br>sonta@cabwhp.org<br>(310) 412-1828<br>www.cabwhp.org | April 2020 – May 2022<br><br>No Cost Extension End Date: January 2023 | Active | • African American<br>• African/Afro Latino<br>• Afro-Caribbean Women & Girls age 14-99 | **Sisters Mentally Mobilized (SMM) – Sacramento** is program that utilizes a nationally recognized, evidenced-based engagement model, Sister Circle. Sister Circle is a community outreach and community capacity-building tool that uses medium such as digital communication, social media, hosted events, trainings, radio, town halls, and community forums. SMM activities will provide Black women mental, physical and community health education, empowerment, and support resources. Activities include:<br>• Monthly SMM-Sac Sister Circles<br>• A time to care Affair – Mix n' Mingle (Summer 2020 & 2021)<br>• Pre-Holiday Self-Care Sister Circle (November 2020 &2021)<br>• Sistahs Aging with Grace & Elegance – SAGE (Fall 2020 & Spring 2021)<br>• HAIR'apy – Stylist Circle or Hair & Care (Summer 2020 & 2021)<br>• Leadership Circle of Resiliency (August 2020 & 2021)<br>• Creative Soul Discovery – Art as Healing Youth Workshop (2x a year)<br>• At the Feet of Sankofa – Emerging Leaders MH Symposium (Fall 2021)<br>• Birth Workers Sister Circle – (Spring 2021 & 2022)<br>• Eastern Stars – Intergenerational Soul Care (Summer 2020 & 2021) | • Unemployment<br>• Incarceration<br>• Prolonged suffering |

# Sacramento County Community-Driven Time-Limited Prevention and Early Intervention Grant Program

| Organization/ Individual and Grant Amount | Contact Information | Grant Term | Grant Status | Populations Served | Description of Program | Negative Outcomes Addressed |
|---|---|---|---|---|---|---|
| Depression and Bipolar Support Alliance (DBSA) of California<br>$96,000 | Paul Simmons,<br>Program Manager<br>psimmons@dbsacalifornia.org<br>(916) 215-4948<br>www.dbsalliance.org | April 2020 – August 2020 | Grant Term is Complete | TAY and Young Adults, age 14-18 | **Selix Soft Skills Suite for Transition Age Youth and Young Adults** Is a suite of training seminars/workshops for consumers with the goal of empowering them and providing them information about peer support and MH services. Selix Soft Skills Suite was originally developed for and implemented with adults and older adult audiences. DBSA will modify and use Skills Suite for TAY and young adults.<br><br>***Sustainability Plan:*** *The entire Selix Soft Skills Suite is designed to be repeatable and modular. This project can be utilized multiple times for multiple audiences and in partnership with a variety of organizations* | • School failure/drop-out rate<br>• Unemployment<br>• Incarceration<br>• Prolonged suffering<br><br>*DBSA hosted a series of Selix Soft Suite model workshops. Workshop topics included MH services available in Sac Co., suicide prevention. Best practices for individuals with mood disorders, meditation and writing wellness recovery action plans.*<br>*Total Served: 300 TAY and young adults* |
| East Bay Asian Youth Center (EBAYC)<br>$403,648 | David Kakishiba, Executive Director<br>junji@ebayc.org<br>(510) 435-8582<br>www.ebayc.org | June 2020 – May 2022<br><br>No Cost Extension End Date: September 2022 | Active | Sacramento County Southeast Asian Youth, age 14-18, including<br>• Burmese<br>• Cambodian<br>• Chinese<br>• Hmong<br>• Laotian<br>• Lao Lu-Mien<br>• Vietnamese | **Groundwork II** is a community-defined evidence program that will:<br>• Pair a youth with a youth advocate who is a life coach and mentor who provides support and assistance with developing and completing short-term goals and navigation through various systems.<br>• Provide cultural affinity groups for both youth and advocates | • School failure/drop-out rate<br>• Incarceration<br>• Suicide |
| Friends for Survival<br>$29,000 | Marilyn Koenig, Executive Director<br>info@friendsforsurvival.org<br>(916) 392-0664<br>www.FriendsForSurvival.org | April 2020 - May 2021 | Grant Term is Complete | Communities/individuals who have been severely affected by suicide death and have already been in contact with Friends for Survival | **Caring Friends** is an intermediate level of support delivered by persons with similar experience targeting those who suffer from mental health issues such as anxiety, deep depression, anger, hopelessness, shame, guilt, fear, suicidal ideation<br>Friends for Survival established a team of 10 trained volunteers to provide the following support to individuals:<br>• Regularly call and/or communicate in-person<br>• Build rapport and offer empathy and comfort<br>• Encouragement and support to focus on self-care and to seek out professional mental health services when needed<br>• Information and referrals<br>***Sustainability Plan:*** *Friends for Survival continues providing support to survivors of suicide loss through their Caring Friends program through community support and donations.* | • *Suicide*<br><br>*Friends for Survival expanded their trainings on recognizing signs of suicide ideation to volunteers.*<br>*Total Served: 32* |

# Sacramento County Community-Driven Time-Limited Prevention and Early Intervention Grant Program

| Organization/ Individual and Grant Amount | Contact Information | Grant Term | Grant Status | Populations Served | Description of Program | Negative Outcomes Addressed |
|---|---|---|---|---|---|---|
| Health Education Council<br>$500,000 | Amanda Bloom, MPH<br>Director of Programs and Impact<br>abloom@healthedcouncil.org<br>(916) 556-3344<br>www.healthedcouncil.org | April 2020 – May 2022<br><br>No Cost Extension End Date: May 2023 | Active | Spanish speaking young adults and adults, age 17-24 | **Peers Helping Peers (PHP)** is a stigma reduction project designed and implemented through a collaboration between Health Education Council, Sacramento Employment and Training Agency (SETA), and citiesRISE. PHP uses a three-pronged approach by building community capacity, providing education and job experience for community residents. *SETA will participate in this program through in-kind funding.<br>• Activity 1: Participant recruitment - PHP will recruit six (6) cohorts that include 10-15 Spanish-speaking adults and 10-15 system-involved young adults age 17-24<br>• Activity 2: Training Program will be offered three times a year. Training topics include Mental Health & Well-Being 101; Substance Abuse and Prevention; Conflict Mediation; Mental Health First Aid; and Work Readiness Skills<br>• Activity 3: Peer Education on the Job Experience that includes job training and work experience | • Incarceration<br>• School failure/drop-out rate<br>• Prolonged suffering<br>• Unemployment |
| Her Health First<br>$500,000 | Shannon Shaw, Executive Director<br>shannon@herhealtfirst.org<br>(209) 617-0781<br>www.herhealthfirst.org | April 2020 – June 2022<br><br>No Cost Extension End Date: May 2023 | Active | Low-income pregnant African- American Women | **Black Mothers United: Pregnancy & Mental Health Support Services** will utilize a five-stage approach that includes building community capacity-efforts by increasing the recognition of the early signs of postpartum depression and reducing stigma surrounding mental health within the African American community by education and trainings that include:<br>• Black Mothers United (BMU) Program<br>• Trauma-Informed Doula Services<br>• Lactation Support Services<br>• Mommy Mingles & Continuing Education<br>• 1:1 home visitation/mentorship to improve mental health among pregnant African American women | • Suicide |
| Hmong Youth & Parents United<br>$219,500 | Mai Yang Thor, Executive Director<br>Maiyang.thor@hypu.org<br>(916) 692-4551<br>www.hypu.org | May 2020 – May 2022 | Grant Term is Complete | Hmong and other Southeast Asian community members, age 12 and up | **Mental Health & Wellbeing – Building Hmong Community Capacity** is a program designed to build community capacity regarding mental health and wellbeing through outreach activities, youth leadership activities, time-limited support groups for youth, parents, women, and elderly. Program events include:<br>• Community Engagement (October 2020 & October 2021) - Events include singing competitions, sports events, art exhibits, and paint nights, among others.<br>• Youth Leadership Building Summit (April 2021 & April 2022)<br>• Time-Limited Support Groups (Summer 2020 – April 2022) | • Suicide<br>• School failure/drop-out rate<br>• Prolonged suffering<br>• Unemployment |
| Improve Your Tomorrow (IYT)<br>$168,811 | Michael Lynch, Co-Founder, CEO<br>michael@improveyourtomorrow.org<br>(916) 299-3432<br>https://www.improveyourtomorrow.org | June 2020 – June 2022<br><br>No Cost Extension End Date: December 2022 | Active | Los Rios Community College District students of color, with a focus on African American Males | **Improve Your Tomorrow (IYT) - Community Colleges Mental Health Initiative** is a program being developed by IYT & citiesRISE that will expand existing and implement new activities/services. Program will offer the following activities and services:<br>• Monthly mental health workshops<br>• Retreats<br>• A series of barbershop sessions designed specifically for IYT-CC students<br>• Bi-monthly sessions that offer prevention support for enrolled participants provided by a certified mental health counselor | • Incarceration<br>• Homelessness<br>• School failure/drop-out rate |

# Sacramento County Community-Driven Time-Limited Prevention and Early Intervention Grant Program

| Organization/ Individual and Grant Amount | Contact Information | Grant Term | Grant Status | Populations Served | Description of Program | Negative Outcomes Addressed |
|---|---|---|---|---|---|---|
| International Rescue Committee, Inc.(IRC)<br>$368,094 | Kendra Kirane, MS, LCAT, BC-DMT<br>Program Manager – Community Wellness<br>kendra.kirane@rescue.org<br>(510) 221-4200<br>www.rescue.org/sacramento | April 2020 – May 2022<br><br>No Cost Extension End Date: December 2022 | Active | Refugee and Special Immigrant Visa holders, focusing on Dari & Arabic speaking communities | **The Community Wellness Program** will provide cultural and linguistic specific services that include:<br>• Psychoeducation<br>• Support groups<br>• Youth and family cultural adjustment support<br>• Community outreach and engagement<br>• IRC's Community Wellness Specialist will become certified in Mental Health First Aid and will provide MHFA trainings in Dari and Arabic | • Suicide<br>• Homelessness<br>• Unemployment<br>• Removal of children and/or older adults from their homes |
| Justice Team Network<br>$286,738 | Annie Banks, Network Manager<br>annie@justiceteams.org<br>www.justiceteams.org | April 2020 – May 2022<br><br>No Cost Extension End Date: May 2023 | Active | Households of color who chronically experience unemployment, homelessness, incarceration, high use of emergency medical services | **Mental Health First (MH First),** an existing program, is a mobile mental health first responder team, consisting of doctors, nurses, organizers, mental health professionals, peers, and community members, who respond to mental health crises and offer domestic violence safety planning, substance use recovery support, mental health services. They will expand program services by:<br>• Developing and facilitating eight (8) comprehensive trainings over two (2) years for community members on how to manage mental health crises without utilizing traditional methods of crisis intervention (e.g., police, EMS, and emergency rooms).<br>• Hosting a "Together: No Stigma, No Shame" festival that will engage community members in English and Spanish and will address stigma associated with mental health issues and highlight stories about using alternative ways to maintain mental wellness. | • Homelessness<br>• Incarceration<br>• Unemployment |
| La Familia Counseling Center, Inc<br>$250,000 | Jessie Armenta, LMFT – Clinical Director<br>jessiea@lafcc.org<br>(916) 210-8773<br>www.lafcc.org | April 2020 – May 2022<br><br>No Cost Extension End Date: May 2023 | Active | South Sacramento Latino Community focusing on:<br>• Children<br>• Youth<br>• Parents<br>• Families<br>• Immigrant communities<br>• Senior Citizens | **Juntos Podemos – Together We Can** is a comprehensive approach to reach marginalized communities, provide information and activities that build awareness about mental health issues, build understanding of signs of Mental Health issues within their families/communities, and provide a safe and nurturing environment. Activities will include:<br>• Social skills building, workshops, internships that build leadership skills, promote positive behaviors, and empower youth<br>• Parenting skills classes and workshops that provide information about parenting skills, understanding behaviors in youth, relational skills, recognizing signs of MH and dealing with past childhood trauma<br>• Immigrant Communities trainings that provide information about understanding their rights, dealing with fear and trauma, family preparedness, public charge<br>• MH First Aid training for community members<br>• La Familia clinician consultation for community members about information and referrals for mental health services and other supportive services related to immigration | • School failure/drop-out rate<br>• Prolonged suffering |
| Lao Family Community Development (LFCD)<br>$500,000 | Mai Quach, Director of Programs<br>Global Career Development Facilitator<br>mquach@lfcd.org<br>(510) 533-8850<br>www.lfcd.org | April 2020 – May 2022<br><br>No Cost Extension End Date: September 2022 | Active | Sacramento County Refugee and Immigrant Community focusing on:<br>• Afghanistan<br>• Iraq<br>• Southeast Asia<br>• Middle East<br>• US Born high barrier individuals, for example first generation born in US | **Health and Well-Being (HWB) Program** will provide the following culturally and linguistically appropriate services and activities:<br>• Individual client centered family-focused case management<br>• Peer support groups<br>• Educational workshops<br>• Weekly youth and senior events<br>• Quarterly social events<br>• Annual youth conference | • Suicide<br>• Homelessness<br>• School failure/drop-out rate<br>• Prolonged suffering |

# Sacramento County Community-Driven Time-Limited Prevention and Early Intervention Grant Program

| Organization/ Individual and Grant Amount | Contact Information | Grant Term | Grant Status | Populations Served | Description of Program | Negative Outcomes Addressed |
|---|---|---|---|---|---|---|
| Mallory Ewing & Gale Anderson – Sacramento Youth Mental Health<br>$148,350 | Galle Anderson and<br>Mallory Ewing, Co-Founders<br>Sacteenmh@gmail.com<br>Galle: (916) 217-8415<br>Mallory: (916) 407-8118<br>www.sacymh.org | May 2020 – May 2022<br><br>No Cost Extension End Date: May 2023 | Active | Sacramento County teens, age 14-18, from diverse underrepresented communities | **Mindset Sacramento** will hold an annual Teen Mental Health Wellness conference in the spring 2021 and spring 2022, by youth for youth, that spreads awareness, reduces stigma associated with mental illness, and connects teens to local resources and mental health services | • Suicide<br>• School failure/drop-out rate |
| Mental Health California<br>$500,000 | Kristene (K.N) Smith, CEO<br>kn@mentalhealthca.org<br>(916) 288-2466<br>www.mentalhealthca.org | April 2022 – May 2022 | Grant Term is Complete | Young Males of Color, age 16-26, focusing on those who identify as LGBTQIA within the following communities:<br>• Black/African American<br>• LatinX<br>• Asian/Pacific Islander<br>• Native American | **Brother-Be-Well is** a virtual platform blending technology, education, awareness, and healing pathways to engage members through peer driven learnings and activities such as:<br>• Storytelling<br>• Creative arts<br>• Regional workshops<br>• Social clubs<br><br>These activities will be launched at 10 schools and youth serving programs in Sacramento County | • Prolonged suffering |
| Muslim American Society – Social Services Foundation (MAS-SSF)<br>$429,591 | Gulshan Yusufzai, Executive Director<br>gulshan.yusufzai@mas-ssf.org<br>(916) 202-0707<br>www.mas-ssf.org | April 2020 – May 2022<br><br>No Cost Extension End Date: May 2023 | Active | Sacramento County South Asian and Middle Eastern immigrants and refugees | **MAS-SSF** will expand community education by offering more of the following activities:<br>• Workshops and trainings on the following topics: Bullying prevention, raising teens in a new country, MH First Aid, Counseling 101, cultural sensitivity<br>• Matrimonial Event<br>• Qawwali Musical Event<br>• Nasheed Musical Event<br>• Mother Daughter and Father Son Events<br>• Restoring the Each Mind Matters Program training of Imams (religious leaders), Sunday school teachers, and youth to raise mental health awareness and reduce stigma | • Suicide<br>• School failure/drop-out rate<br>• Prolonged suffering<br>• Unemployment<br>• Removal of children and/or older adults from their homes |
| NAMI Sacramento<br>$309,000 | David Bain, Executive Director<br>david@namisacramento.org<br>(916) 890-5467<br>www.namisacramento.org | April 2020 – May 2022<br><br>No Cost Extension End Date: May 2023 | Active | Sacramento County underserved minority communities, communities of faith, schools | Through **Mental Health for All**, NAMI will expand education and support activities to reduce hospitalization, school drop-out, and unemployment due to relapse. First, NAMI will conduct community outreach to assess community need for the programs below. Following the community outreach, NAMI will tailor and provide programming based on the feedback received by the community. All programs will be data-informed, and participants will take part in surveys to improve the delivery of the project. NAMI's programs include:<br>• Family and Connection Recovery Support Groups<br>• "1 Degree of Separation's" mental health comedy shows<br>• Community Advocates Reaching Everyone (CARE) classes<br>• NAMI On Campus clubs<br>• Ending the Silence school-age mental health awareness presentations<br>• Our Own Voice peer presentations<br>• Family to Family and Peer to Peer courses<br>• WRAP | • Prolonged suffering<br>• School failure/drop-out rate<br>• Unemployment |

# Sacramento County Community-Driven Time-Limited Prevention and Early Intervention Grant Program

| Organization/ Individual and Grant Amount | Contact Information | Grant Term | Grant Status | Populations Served | Description of Program | Negative Outcomes Addressed |
|---|---|---|---|---|---|---|
| Native Dads Network (NDN)<br>$9,999 | Mike Duncan, CEO<br>mikedndninc@gmail.com<br>(916) 554-1085<br>www.nativedadsnetwork.org | April 2020 – May 2021 | Grant Term is Complete | Sacramento County Native American Communities | **Community Mental Health Capacity Building** is a one to two (1-2) day community event providing culturally driven teachings on the history of mental illness and historical trauma to a minimum of 50 unduplicated community members. The purpose of this event is to improve participants quality of life through supportive mental health activities such as:<br>• Emotional and cognitive supportive interventions<br>• Referrals to community service providers<br>• Recruit and enroll participants<br>• Educational didactics in historical trauma and its effects; effective communication; conflict resolution skills; decision making; self-care; emotional support<br>***Sustainability Plan:*** *NDN is in a constant process of researching funding sources and submitting grant proposals in order to sustain future services delivered by proposed and established programs. NDN is currently planning their Healing Together Conference; they continue to provide community education on mental health/substance abuse, two of the major crises within native/indigenous communities.* | • Suicide<br>• Homelessness<br>• School failure/drop-out rate<br>• Incarceration<br>*NDN hosted a series of listening sessions through Zoom and Facebook Live for community members. They facilitated weekly peer lead support groups addressing the negative outcomes listed above. In addition, they provided COVID-19 resources and education to community members impacted by COVID-19.*<br>*Total Served: 276* |
| Neighborhood Wellness Foundation (NWF)<br>$49,999 | Gina Warren, Pharm.D., Executive Director<br>gwarren@neighborhoodwellness.org<br>(916) 335-8818<br>Marilyn Woods, CFO<br>mwoods@neighborhoodwellness.org<br>(916) 229-8938<br>www.neighborhoodwellness.org | April 2020 – January 2021 | Grant Term is Complete | All ethnicities with significant social emotional/economic challenges focusing on:<br>• African American Youth, age 12-17<br>• African American Women, age 18- 70 | **Sister to Sister: Unmasking Mental Illness and Humanizing Community Awareness Program** provided sage and trusted group sessions where participants can share individual trauma and begin to understand the neurological and resultant impact of generational adverse childhood experiences, adult trauma adversity and neighborhood toxic stress. Program activities included:<br>• Sister weekly healing sessions for both adults and youth<br>• 10-week empowerment program focusing on financial and digital literacy, housing stability, physical and mental women's health, parenting, socialization, and workforce readiness<br>• Humanizing Community Awareness-Host several community events as an opportunity to build community understanding and awareness of the needs of the sister-to-Sister participants.<br>• Sister to Sister participants will present their projects at the following events:<br>• Assembly at Grant High School<br>• Radio station presentation<br>• MLK Community Wellness Expo<br>***Sustainability Plan:*** *NWF is seeking and leveraging existing funding opportunities to bridge the achievement gap and support underrepresented youth through the Twin Rivers Unified School District's Local Control Accountability Plan and prevention funds through local law enforcement agencies. Additionally, NWF is seeking investments from health care administration grants to aid in this continual work. Lastly, they are hosting a signature event fundraiser for private and foundation support.* | • Incarceration<br>• Suicide<br>*NWF provided support to Sacramento community members, specifically the Del Paso Heights neighborhood in the later part of 2020, who were severely affected by the violence. The community had not only suffered violence but was disproportionately impacted by COVID-19. NWF provided emergency support to the victims and survivors of violence and linked community members to resources as the country sheltered in place. NWF held healing circles lead by peers and community members to openly speak of the fear and anxiety they were experiencing.*<br>*Total Served: 90* |

# Sacramento County Community-Driven Time-Limited Prevention and Early Intervention Grant Program

| Organization/ Individual and Grant Amount | Contact Information | Grant Term | Grant Status | Populations Served | Description of Program | Negative Outcomes Addressed |
|---|---|---|---|---|---|---|
| Nor-Cal Services for the Deaf and Hard of Hearing<br>$332,569 | Sheri Farinha, M.A., CEO<br>sfarinha@norcalcenter.org<br><br>peaceofmind@norcalcenter.org | May 2020 – May 2022<br><br>No Cost Extension End Date: August 2022 | Active | Sacramento County Deaf ASL Community | **Deaf Mental Health Access** will promote mental wellness in the Deaf community by providing information and services accessible in the language and culture of the Deaf community. The program will also be a resource to counseling and mental health professionals who serve Deaf individuals. Activities include:<br>• 30 workshops for mental health providers about the language and culture of the Deaf community and how to serve Deaf and hard of hearing individuals.<br>• Meet with 40 Deaf clients to assess need for mental health services, assist with accessing services, and advocate for their needs<br>• Series of six (6) training sessions about suicide prevention awareness, early signs of mental illness, to a total of 25 NorCal staff and two (2) training sessions to 50 interpreters about interpreting in mental health settings<br>• Coordinate 8 mental wellness activities in ASL with captioning to Deaf and hard of hearing community<br>• Work with other community organizations to make their Mental Health related community events accessible to Deaf Community and promote the accessible events to Deaf Community<br>• Contract for professional production of 5-7 ASL videos on subjects related to mental health<br>• Facilitate peer group discussions for 50 Deaf/Hard of Hearing students at schools deaf and hard of hearing programs | • Suicide<br>• Incarceration<br>• Homelessness<br>• School failure/drop-out rate |
| ONTRACK Program Resources<br>$462,670 | Madalyn Rucker, Executive Director<br>mcrucker@getontrack.org<br>(916) 285-1805<br>www.ontrackconsulting.org | April 2020 – April 2022<br><br>No Cost Extension End Date: June 2022 | Active | Unserved and underserved Black/African American Communities | **Soul Space African American PEI Support Services and Training** is a community based African American specific community-defined evidence-based PEI model that incorporates health education, life skills, wellness learning, social support, racially congruent support groups.<br>Soul Space will use this model through the provision of the following activities:<br>• Five (5) African American specific behavioral health provider trainings<br>• Five (5) MHFA trainings to the community<br>• 10 Soul Space community-based presentations<br>• Support groups<br>• Individual referral and navigation services<br>• Develop an African American Mental Health PEI toolkit for community members use | • Prolonged suffering |
| Opening Doors, Inc.<br>$215,000 | Analee Villalpando, Director of Programs<br>analee@openingdoorsinc.org<br>(916) 492-2591 ext. 203<br>www.openingdoorsinc.org | April 2020 – May 2022<br><br>No Cost Extension End Date: August 2022 | Active | Afghan Women residing in the following communities: Arden- Arcade, Carmichael, Rancho Cordova and North Highlands | **Afghan Women's Wellness Program** is a non-stigmatizing women's peer support group that promotes community connectedness, coping skills, and access to mental health services with the goal of therapeutically reducing mental health stigma. Engagement with clients is trauma-informed, culturally responsive, and faith-sensitive to promote relevant and specialized services.<br>We help empower them to become self-sufficient members of society through psychoeducation and case management. These 12-week support groups occur every quarter and are facilitated in English/Dari/Farsi. | • Suicide<br>• Homelessness<br>• Prolonged suffering |
| Public Health Advocates<br>$250,000 | DeAngelo Mack, Director of State Policy<br>dm@phadvocates.org<br>(916) 841-331<br>www.phadvocates.org | April 2020 – May 2022<br><br>No Cost Extension End Date: August 2022 | Active | Boys and young men of color, age 13-24, residing in the following communities: Oak Park, South Sacramento, Meadowview, North Highlands, and Arden Arcade | **My Brother's Keeper, Sacramento** will connect youth to supportive providers and engage youth as leaders in designing their own solutions, diminishing isolation, and increasing power. My Brother's Keeper will provide the following activities:<br>• Five (5) Trauma and Healing Learning workshops<br>• Conduct youth led listening campaigns<br>• Engage youth in advocating policy recommendations<br>• Launching and promoting the Mental Health Access App to Sacramento Youth in 2021 | • Suicide<br>• School failure/drop-out rate<br>• Incarceration |

# Sacramento County Community-Driven Time-Limited Prevention and Early Intervention Grant Program

| Organization/ Individual and Grant Amount | Contact Information | Grant Term | Grant Status | Populations Served | Description of Program | Negative Outcomes Addressed |
|---|---|---|---|---|---|---|
| SAC Connect Therapeutic and Wellness Services<br>$47,453 | Sac Connect – Therapeutic and Wellness Services, Licensed Clinical Social Worker<br>Thesacconnect@gmail.com<br>(916) 400-0908<br>www.thesacconnect.org | July 2020 – June 2021 | Grant Term is Complete | Sacramento County Youth, Young Adults, and Families from low- income minority communities | **IAMHOPE (Increase Access to Mental Health Opportunities, Programs, and Education)** was a seminar series that provided opportunities for social services/mental health professionals, community organizations, or individuals with a stake in addressing disparities in mental health services, to share knowledge on available resources within different Sacramento County communities, the referral process for mental health services, effective engagement strategies for communities, with the goal of reducing racial health disparities for the communities they serve. SAC Connect hosted the IAMHOPE Event in the summer of 2021.<br><br>***Sustainability Plan:*** *Currently SacConnect continues to disburse the IAMHOPE Mental Health Quick Guides at outreach opportunities. The IAMHOPE virtual seminar is available to view via SacConnect's YouTube channel: #IAMHOPE Mental Health Awareness Seminar – YouTube* | • School failure/drop-out rate<br>• Suicide<br><br>*To address the negative outcomes proposed for this program SAC Connect hosted the IAMHOPE seminar series, special events, and provided community education on mental wellness and local resources.*<br><br>• *Total Served: 300* |
| Sacramento Covered<br>$499,275 | Kyle Stefano, LCSW, VP of Clinical Programs<br>kstefano@sacramentocovered.org<br>(916) 956.2626<br>www.sacramentocovered.org | April 2020 – May 2022<br><br>No Cost Extension End Date: February 2023 | Active | Sacramento County Adults returning to the community following incarceration.<br>Program will target individuals of all ethnicities who are living with a behavioral health diagnosis, particularly those who are at risk of homelessness. | **Expanding Outreach Capacity and Supportive Technology for Field-Based Behavioral Health Navigation and Cross Sector Coordination Program** will expand existing Medi-Cal coverage navigation services for individuals released from Sacramento County Jails (up to 3000). The project team will provide field-based navigation and capacity building services, including utilizing Peers and Community Health Workers. Efforts will include an enhancement and improvement of the Sacramento Covered Care Management web platform and field-based navigation/support services. | • Incarceration<br>• Homelessness<br>• School failure/drop-out rate<br>• Removal of children and/or older adults from their homes<br>• Prolonged suffering<br>• Unemployment |
| Sacramento LGBT Community Center<br>$499,962 | Christi Gray, Director of Health Services<br>christi.gray@saccenter.org<br>(916) 442-0185 x122<br>www.saccenter.org | April 2020 – May 2023<br><br>No Cost Extension End Date: May 2023 | Active | Sacramento County TAY & Adult LGBT Community and their families, focusing on:<br>• Black<br>• Indigenous<br>• Latino<br>• Asian/South Asian/Pacific Islander<br>• Homeless population<br>• Youth at risk of incarceration<br>• Children of parents affected by the War on Drugs | **Interrupting LGBTQ+ Mental Health Disparities** program will provide the following services:<br>• Short-term stabilization counseling services to TAY and adults at the intersection of race and sexual identity with goal of assisting them in navigating their recovery paths<br>• Youth outreach to inform clients about services and how to access services<br>• Triage the mental health needs of the most vulnerable clients | • Suicide<br>• Homelessness<br>• Incarceration<br>• Unemployment |
| Safe Black Space<br>$57,550 | Dr. Kristee Haggins, Safe Black Space President<br>safeblackspace@gmail.com<br>(530) 683-5101<br>www.safeblackspace.org | April 2020 – May 2022<br>No Cost Extension End Date: May 2023 | Active | Sacramento County youth and adults, age 14 and up, who identify as Black | **Safe Black Space** will hold monthly healing circles in a safe and supportive space for the local Black community to address racial stress and trauma by introducing participants to root causes of black racialized stress; teaching participants signs and symptoms of stress and trauma; engaging participants in culturally relevant practices for coping; and, providing participants with information on local resources. | • Prolonged suffering |

# Sacramento County Community-Driven Time-Limited Prevention and Early Intervention Grant Program

| Organization/ Individual and Grant Amount | Contact Information | Grant Term | Grant Status | Populations Served | Description of Program | Negative Outcomes Addressed |
|---|---|---|---|---|---|---|
| Tarbiya Institute<br>$319,000 | Orooj Shahid, Nizami Director<br>o.shahid@tarbiya.org<br>(916) 800-4111<br>www.tarbiya.org | April 2020 – May 2022<br><br>No Cost Extension End Date: September 2022 | Active | Sacramento County communities whose residents experience higher than normal emergency department visits for mental health services because of socioeconomic inequities and health disparities.<br>Focus will be on zip codes 95841 and 95814 due to high rate of Emergency Department visits. Ability to expand to zip codes 95833, 95834 and 95835 due to easy accessibility. | **The Sakeenah Initiative** is a two-part community driven program with the goal of reducing the negative effects of untreated mental illness and ending prolonged generational suffering.<br>**Part I:** Will consist of a series of Mental Health First Aid workshops. The workshops will be focused on the following participants:<br>• Imams, mentors, program managers and community leaders<br>• Parents, teachers, and various program volunteers<br>• Youth<br>**Part II:** A series of family friendly events that provide social-emotional support, assist in mental health stigma reduction, and increase awareness of mental health services/resources. Events include:<br>• Family sport activities<br>• Paint nights<br>• Hiking trips<br>• Overnight family camping retreat<br>• Mental health prevention screenings<br>• Youth leadership council<br>• Community-wide mental health resource fair<br>• Teen-parenting communication workshop<br>• Women's mental health workshop series | • Suicide<br>• School failure/drop-out<br>• Prolonged suffering |
| Teah M. Hairston<br>$49,945 | Teah M. Hairston, Board Vice President, Sac ACT Board Vice President, SBS<br>teahmhairston@gmail.com<br>(916) 201-4255 | May 2020 – April 2021 | Grant Term is Complete | Black, age 18-45, who have experienced fetal/perinatal death and are at-risk of prolonged psychological and emotional suffering | **Be Love Holistic Wellness** program offered bi-weekly trauma-informed workshops and groups over four (4) months addressing the mental, emotional, physical, and spiritual health issues related to fetal/perinatal death, and other pregnancy related problems which Black women are disproportionately affected.<br><br>***Sustainability Plan:*** *Be Love continues to reach out to individuals and partner agencies who advocate for Black Women's Mental Health and maternal health.* | • Prolonged suffering<br>*Be Love provided emotional support to 14 African American women who have experienced fetal/perinatal death though a facilitated series of workshops addressing the prolong suffering of loss.*<br>*Total Served: 14* |
| Trans & Queer Youth Collective (TQYC)<br>$467,500 | Judah Joslyn, Transgender Advocacy Director<br>tqyouthcollective@gmail.com<br>(916) 524-1663<br>www.tqyc.org | April 2020 – May 2022 | Grant Term is Complete | Sacramento County Transgender and Queer youth, age 10-17, of all races/ethnicities | **Trans & Queer Youth Collective (TQYC)** project will expand outreach efforts and gender affirming mental health services, LGBTQ+ education and individual and family assistance to better serve the queer and transgender teens. The Project will expand the following existing activities:<br>• Outreach and stigma/discrimination reduction efforts using social media, resource distribution, and presentations.<br>• Promote help-seeking and facilitate access to services/treatment by increasing partnerships<br>• Weekly TQYC support groups from one (1) to four (4) to be held at all four locations<br>• Two (2) to four (4) countywide convenings/events each year for TQYC youth<br>• Assessing individual progress through self-reporting and professional tools to determine program effectiveness and quality improvement. | • Suicide<br>• Homelessness<br>• Incarceration<br>• School failure/drop-out rate |

# Sacramento County Community-Driven Time-Limited Prevention and Early Intervention Grant Program

| Organization/ Individual and Grant Amount | Contact Information | Grant Term | Grant Status | Populations Served | Description of Program | Negative Outcomes Addressed |
|---|---|---|---|---|---|---|
| University Enterprises, Inc. (UEI) – Sacramento State<br>$98,261 | Lara Falkenstein, Health Educator<br>Lara.falkenstein@csus.edu<br>(916) 278-2036<br>www.enterprises.csus.edu | April 2020 – May 2022<br><br>No Cost Extension End Date: May 2023 | Active | Black/African American, Latinx, Asian-American/Pacific Islander, Middle Eastern, Native American/Indigenous, and Mixed Race CSUS students who experience an equity gap in graduation rates. | **Supporting the Mental Health of Students of Color** is a two-phased program that will conduct research into mental health needs of students of color and implement culturally relevant strategies.<br>**Phase One:** Will consist of conducing mental health needs assessments among student groups. Through focus groups and key informant interviews, data will be collected on perceptions of mental health, risk and protective factors, and effective engagement strategies, with the intent of creating tailored, culturally responsive mental health programming and services.<br>**Phase Two:** UEI will implement strategies based on the findings from phase one. | • School failure/drop-out rate |
| Nation's Finest – previously Vietnam Veterans of California, Inc.<br>$325,552 | Chris Cabral, CAO<br>ccabral@nationsfinest.org<br>(740) 501-1063<br>www.nationsfinest.org | May 2020 – May 2022<br><br>No Cost Extension End Date: May 2023 | Active | Sacramento County Veterans and their family members | Through the **Veteran Mental Health Outreach, Education, and Prevention Initiative program**, VRC will host the following outreach activities that includes on-the-ground screening, information, and referral services at Mather Veterans Village. Outreach will occur through partnerships with Continuum of Care partners and at community locations (cars, parks, shelters, etc.) utilizing an organization-owned vehicle. Events include:<br>• One (1) sporting event<br>• Two (2) community education seminars<br>• One (1) veteran art group<br>• Three (3) veteran mental health resource fairs | • Suicide<br>• Homelessness<br>• Incarceration<br>• Unemployment |
| WEAVE, Inc.<br>$125,657 | Gina Roberson, Chief Program Officer, Advocacy & Intervention Services<br>groberson@weaveinc.org<br>(916) 319-4951<br>www.weaveinc.org | April 2020 – May 2022 | Grant Term is Complete | Black/African American residents of South Sacramento's Valley Hi and Meadowview neighborhoods | **Healthy Black Families Collaborative** will train a Domestic Violence and Sexual Assault Peer Counselor Advocates, reflective of the community, who will be co-located at three (3) partner community-based organizations (CBOs) in the target neighborhoods. Advocates will be located up to 3 days/week at the partner CBO. Advocates will provide:<br>• Emotional and mental health support<br>• Resource and assistance navigation<br>• Case management<br>• Stigma reduction | • Incarceration<br>• Removal of children and/or older adults from their homes<br>• Prolonged suffering |

CalMHSA

California Mental Health Services Authority

# ANNUAL PROGRAM REPORT

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# PROGRAM SUMMMARY

The Sacramento County Community Driven Time Limited Prevention and Early Intervention (PEI) Grant Program had a significant impact on Sacramento communities, particularly during the post-pandemic transition period. The Sacramento County Community Driven Time Limited Prevention and Early Intervention (PEI) Grant Program provided support services to 67,000 Sacramento County residents from various communities during the second year of grant funding. In Round I of the grant period, 34 grantees were awarded, and 29 programs were active during this fiscal year; five programs finished their financing cycle during the 2020-2021 Fiscal Year (20/21 FY).

Nine hundred Black, Indigenous, and People of Color (BIPOC) community members were served, as were 6,676 youth and Transitional Age Youth (TAY) and 1,790 Older Adults. Under a hybrid approach of continuous virtual support services and in-person events, participants received support services such as outreach activities and individual support. Participants who received support services were offered community member-led support groups, mental health training for community members, community engagement events, support, and connection to county mental health services, which included a County Mental Health navigation resource guide, SacMAP, developed by CalVoices.

Throughout the 20/21 FY, participants reported on their satisfaction with the services they received as well as any additional assistance they needed. Among the participants served in 20/21 FY, 89% believe the services they received assisted them in locating assistance and support. About half of participants strongly believe that they now know how to obtain harm reduction services as a result of the services they obtained. More than half of the program participants (60%) were referred to county mental health services. Over half of program participants (45%) were directed to Medi-Cal services/benefits.

Sacramento County recognized the challenges the COVID-19 pandemic posed during the first year of funding and offered a one-year contract extension at no cost. The grantee requests for no-cost extensions resulted in the implementation and extension of 24 projects. Grantees used the no-cost extension option to increase outreach efforts and engage community through education on mental health and wellbeing that aligned with PEI priorities.

# PEI PRIORITIES

Prevention and Early Intervention programs must address mental health needs and promote mental health and wellbeing, raise awareness of mental health services and resources, and reduce stigma associated with mental health and wellness through community engagement, as required by the Mental Health Services Act. Grantees in Round I addressed each aspect of PEI, as listed below.

## Address mental health needs and to promote mental health and wellbeing

- Twenty-nine grantees performed activities under this PEI priority. During the reporting period, virtual and in-person support groups were facilitated. Groups discussions included mental wellness techniques such as meditation, art therapy, community member discussions on life experiences, Parent and Caregiver support, LGBTQIA+, and gender affirming support.

- Black Mother's United (BMU) facilitated a Perinatal/Postpartum Mood & Anxiety Disorder (PAMs) support groups, 22% of BMU participants were referred to mental health/counseling services. Groups were provided in several different languages, although the highest reported languages were among refugee populations 26%, 6,768 participants primary languages reported were Arabic, Dari, Farsi, and Pashto. Support groups were also provided in Hmong, Spanish, and American Sign Language (ASL). These groups provided community education and resources to Parents, Caregivers, and individuals with mental health challenges.

## Increase awareness of mental health services and resources

- During the reporting period grantees attended, hosted, and tabled at community events providing information on how to access mental health services. Community events included resource fairs, holiday events such as Trunk-or-Treat, fall festivals, Safe Black Space hosted a Kwanza Kutoa event that included a community focused healing circle. Of 509 respondents, 94% say they are more aware of community services through resources provided at these events.

- Nation's Finest, an organization that serves Veterans and their families, hosted in-person community events such as an art therapy event and Mental Health Resource Fair. The goal of their resource fair was to raise awareness by providing education on a variety of mental health and self-care practices. The targeted audience for the resource fair were Veterans experiencing homelessness. Booths included animal therapy, wellness, recovery and mental health resources, yoga and meditation, financial literacy and employment resources. Over 160 participants attended, 70% of participants identified as male and almost half (43%) of participants were over the age of 50.

# PEI PRIORITIES

## Reduces the stigma associated with mental health and wellness through engagement of diverse communities.

During the reporting period there were approximately 120 PEI outreach events along with weekly and daily support groups. Events varied from small group gatherings to larger community outreach events.

- 'Rooted in Love,' a sister circle journaling workshop for Black Women committed to their wellness hosted by the California Black Women's Health Project, was among these outreach activities (CABWHP). During this event, twenty women gathered in a Sister Circle to share their life experiences, struggles, and goals. The activity included yoga and a tour through the Track and Feel notebooks that were distributed for the event. The journals endeavor to strike a balance between emotional wellbeing and daily life. Many of the attendees at this event are new to the programs of the California Black Women's Health Project. According to the grantee, participants came together as strangers and left as family, supporting each other.

- The 'No stigma, No shame' festival, organized by Justice Teams Network held in Cesar Chavez Park, was the largest of all the funded community events. Approximately 2,500 members of the community attended. The purpose of this event was to break down barriers around mental health and link communities with services, with a focus on finding culturally appropriate healing resources for black, brown, and people of color. Local performers performed top hits in addition to healing centered music. Justice Teams Network used an innovative approach by recruiting vendors, performers, and artists, healers, and community members with lived experiences to create safe spaces to exchange knowledge, resources and understanding.

# DATA ANALYSIS

**Overview:**

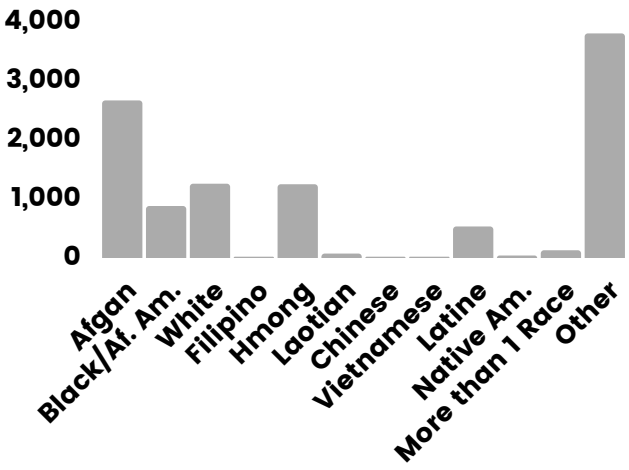
Grantees collected participant demographic, satisfaction and linkage and referral data, using several flexible data collection methods: distributing survey links and questionnaires to participants, daily and weekly group session attendance sheets, event registration sign ups, and intake sessions. Participants with literacy or language barriers were supported by grantees by translation of surveys into primary languages or reading survey forms. Information gathered was entered into Survey Monkey or Google Sheets. Grantees who utilized Google Sheets would share access to include in quarterly reporting. Participants were provided with the opportunity to complete satisfaction surveys online or in person.

CalMHSA reviewed, cleaned, and synthesized the data to create an aggregate file to perform an outcomes analysis.

During the 21-22 FY, 25,971 participants provided data. An average of 16,000 participants were reported as unknown/not reported. The number of unknown/non-reports varies depending on the survey questions and services provided. Barriers in data collection are addressed in the recommendation section below.

## Demographic Data Highlights

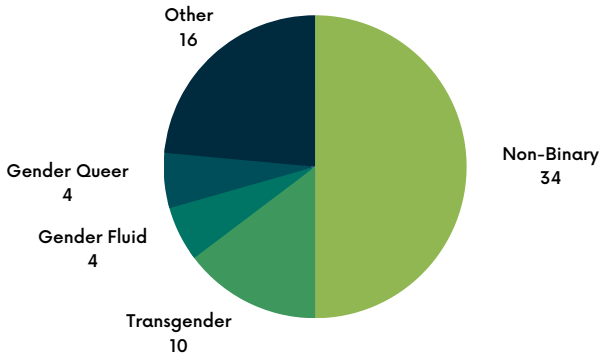
### Race and Ethnicity




8,139 participants identified a non-English primary language with 43.5% speaking Dari/Farsi.

### Gender Identity

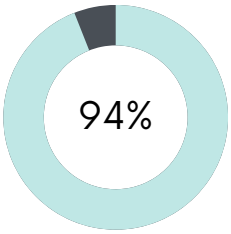
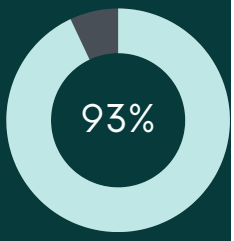
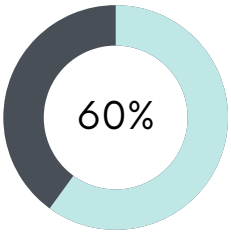
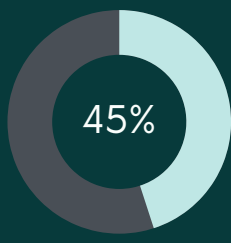
- 7,129 identified as female
- 5,310 identified as male.




- 53 participants identified as being nonbinary, transgender, gender fluid, gender queer.
- 16 participants identified their gender as other.

# DATA ANALYSIS

## Satisfaction and Linkage Highlights

| CATEGORY | DATA/OUTCOME | PERCENTAGE |
|---|---|---|
| Knowledge of Community Supports | 477 participants reported they are more aware of the community services available and how to access them for themselves or family |   |
| Culturally Appropriate Services | 472 participants reported that the services they received reflected their cultural beliefs, preferences, and valused |   |
| Linkage to County Resources | 203 program participants were referred to county behavioral health services |   |
| Referrals to Medi-Cal programs | 151 participants were referred to other Medi-Cal services/benefits |   |

# PROGRAM HIGHLIGHTS

During this 20/21 FY, 29 grantees provided support services to communities reducing the negative effects of untreated mental illness. There are a wide range of programs that support many different communities. Some highlights for programs are youth and TAY, refugee specific programs and Older Adult programs.

## Youth and TAY

Youth, TAY, and their caregivers participated in groups, received supportive services, completed Mental Health First Aid trainings, attended resource fairs and events, benefited from youth mental health resource materials developed, and were linked to community mental health services. Grantees began to partner with other community-based organizations and school districts, including Sacramento City Unified School District, Elk Grove School District and San Juan School District in effort to expand their supportive services for youth. During school hours, presentations were made to students to increase their awareness of mental health and local resources, and school staff received youth mental health trainings. Ten agencies provided support groups, social media online resources (Brother-Be-Well), pop-ups, community member support, and life coaching that assisted youth with setting wellness and educational goals. Discords is a free communication app that allosw participants to share voice, video, and text chats. Grantees who support youth programs leveraged Discord to engage participants in community member lead support between in-person services and groups. As a highlight into the specific services provided by Grantees, below are three agencies that were influential in providing support to youth and their families.

SacTeen Youth Mental Health (SacTeen YMH) created classroom pop-ups to discuss teen mental health and wellbeing. They hosted their first in-person event, reaching approximately 350 students. Participants reported that when the youth leaders shared their personal experiences with youth mental health, it made it safe for participants to share their own challenges with mental health. Students welcomed the conversations and look forward to more classroom pop-up discussions in the future.

MAS-SSF hosted several family focused events for parents who are raising teens in a new country. Events included workshops and community member supported groups. Topics for these events included drug prevention education and how to recognize signs of teen mental health challenges. MAS-SSF also facilitated an anti-bullying workshop series for youth. MAS-SSF collaborated with Twin Rivers and San Juan School Districts to reach newly arrived students through workshops that supported PEI services and provided linkages to culturally responsive resources.

# PROGRAM HIGHLIGHTS

## Youth and TAY (cont'd)

University Enterprises Inc. (UEI), Sacramento State hosted its first in-person student event since 2019. The event was Out of the Darkness walk for Suicide Prevention. This event had over 1,000 registered participants. The event highlighted the importance of suicide prevention and mental health for young adults and BIPOC students. A resource fair was held during the walk that included local mental health resources. UEI, Sacramento State are currently planning several fall semester student mental health events: a mental health resource fair, mental wellness gallery that includes anonymous notes of encouragement, student support groups, and outreach pop-ups around campus.

## Refugee Communities

Several recently resettled Afghan refugees moved to Sacramento County at the start of 21/22 FY. Afghan refugees made up 27% of the population of Sacramento County, and as a result of this grant, 7,000 of the refugees were supported. The refugee demographic includes youth and TAY aged 0 to 25 as well as adults aged 26 to 59. Many grantees served as resource centers for participants navigating new systems while relocating to a new country. The overall change and the COVID -19 pandemic created considerable obstacles and difficulties for refugee communities. The International Rescue Committee, Tarbiya, Opening Doors, Inc., and MAS-SSF started aiding the newly resettled community by providing linkage and referrals to numerous Sacramento County organizations. These programs offered many resources such as temporary housing assistance, health and mental wellness support services, and assistance in securing the appropriate status and documents to receive the support services needed.

The International Rescue Committee (IRC) offered a variety of community events, training, and workshops to their target audience. Over seventy Afghan participants attended an online eight-session series that provided psychosocial community member support. IRC also taught participants how to use remote meeting platforms throughout these community member support sessions. Participants benefited from topics such as developing new relationships (community support system) and learning about self-care and wellbeing. During the sessions participants held positive discussions regarding the emotions and circumstances that are commonly reported among resettling refugees, as part of the Pathways to Wellness program. IRC assisted clients in developing a wellness action plan by identifying individual strengths, learning coping skills, and increasing their support system throughout the meeting.

# PROGRAM HIGHLIGHTS

## Older Adult (OA):

More than 1,750 participants identified themselves to be 60 or older. As older adults began to become more involved in their communities, they showed a strong desire for mental and emotional support. Agile Group and La Familia developed initiatives aimed at enhancing the mental health of elders in their communities, which strengthened community relationships and thereby increased suicide prevention efforts.

More than 50% of participants identify as Black/African American, and many participants stated they live in multi-generational homes. Agile Group reported seeing an increase in family members over the age of 60 needing additional emotional support due to isolation, providing the bulk of care for their grandchildren or in some cases their own aging parents. This sparked the expansion of Wellness Wednesday to include an OA specific support group where local culturally responsive information on stress relief, mental wellness, tool kits, and support system building was provided. This support group continues to be virtual at the request of those participating.

According to La Familia, 98% of participants identified as Mexican, and 9% of all participants served were 60 or older. Groupo de Actividades de Seniors, a nutrition education cooking group in English and Spanish, is now the most popular OA group. Participants meet once a week and learn about the benefits of physical and mental wellness, as well as how a balanced diet may encourage both. La Family also runs Techno Sabios, an OA computer literacy program with English and Spanish translations. This initiative began training OAs weekly on how to use telemedicine, smart phones, virtual platforms, and other technology. These groups also facilitate community and support system building for OA participants.

# RECOMMENDATIONS

The Sacramento County Community Driven Time Limited Prevention and Early Intervention (PEI) grant was administered by CalMHSA. The grassroot CBOS implementing programs that promote mental wellness, increases awareness, and reduces stigma associated with mental illness among diverse communities received technical assistance from CalMHSA. Technical assistance supported the implementation and oversight of the PEI grants. As Round I of the grant has progressed, there are some lessons learned to increase community impact during Round II.

## Provide training on marketing strategies and materials to increase grantee applications and RFP awareness.

To increase the number of grant applications from smaller grassroot applicants, two Bidder's Conferences will be held to allow interested organizations to participate before or after work hours. Promotional materials will be developed and distributed to Sacramento County Behavioral Health Services for internal and external application promotion. Additionally, CalMHSA will use a larger distribution list of applicants to increase the reach to diverse communities.

## Increase quality data collection and reporting

CalMHSA developed a new data collection system through Salesforce to simplify data collection and decrease the number of participants who do not report data. The new system is community friendly and will enable Grantees to administer the survey while they are with participants or to distribute to participants via email or text message.

The data system has automated reporting which will create data dashboards in real time and/or send dashboard reports to provide community impact updates throughout the program terms.

CalMHSA will provide training to Grantee staff on the new data collection tool, develop data collection protocols as well as discuss data collection in monthly technical assistance calls. These new protocols and trainings will increase the knowledge of data collection and reporting protocols and offer a supportive space for CBOs to learn.

# Mental Health Services Act

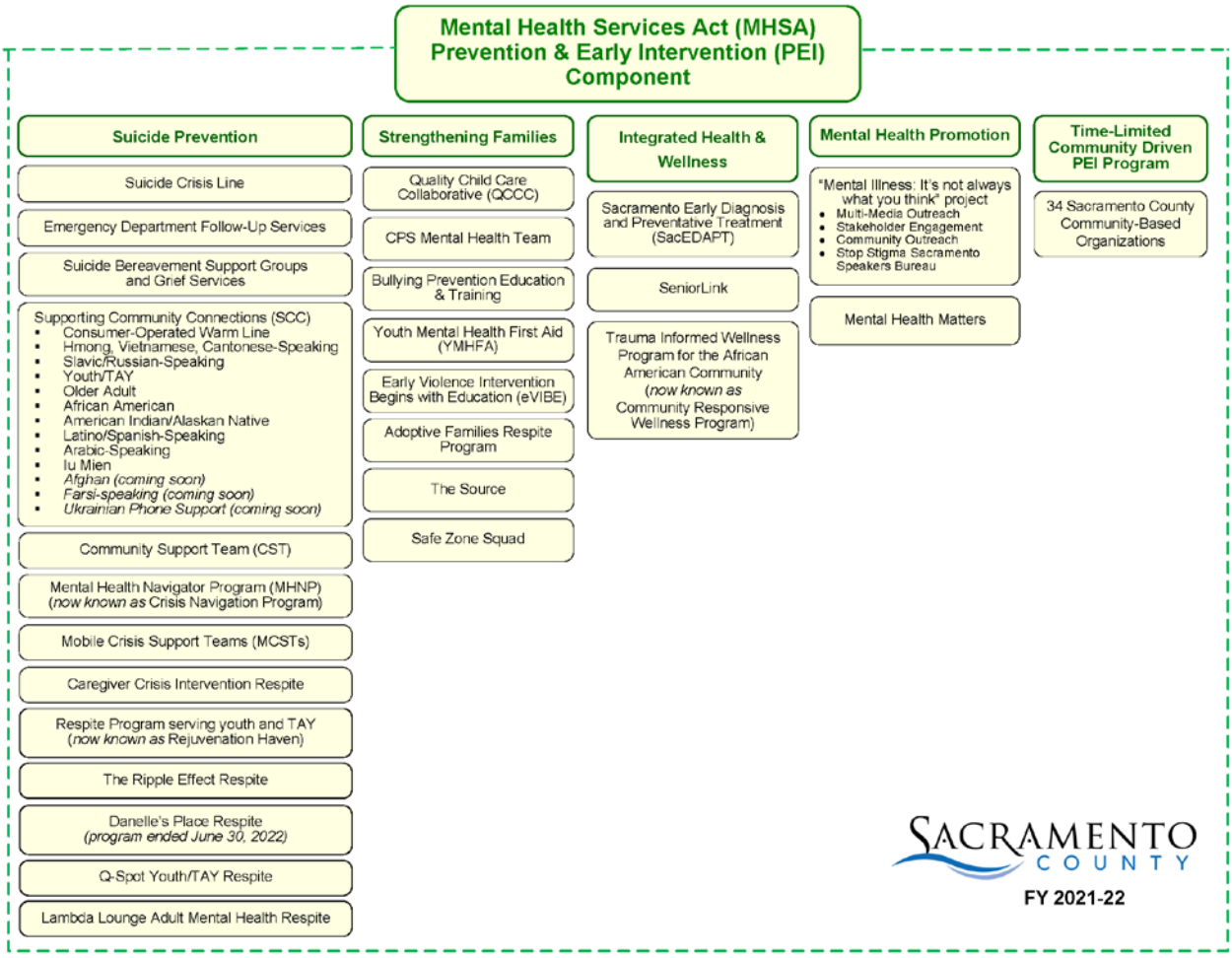
## Annual Prevention and Early Intervention Program and Evaluation Report

## Fiscal Year 2021/2022

The Sacramento County Department of Health Services, Behavioral Health Services (BHS) has an array of Mental Health Services Act (MHSA) funded Prevention and Early Intervention (PEI) programs designed to serve the unserved and underserved communities in the County. The PEI programs range from outreach and engagement services to early identification and intervention for individuals experiencing early signs of psychosis.

In FY 2021-22, PEI Suicide Prevention and Education program served 73,564 and outreached to over 220,000 individuals by providing individual outreach and participating in 302 community events. The Strengthening Families program served 3,520 individuals and offered prevention trainings and information to 64,503 students, parents/caregivers, education staff, and other stakeholders. The Integrated Health and Wellness program served 888 and outreached to 198 individuals. The Mental Health Promotion program "Mental Illness: It's not always what you think" project utilizes television, radio, social media and print material to advertise across the Sacramento area. In FY 2021-22, there were 7,680,161 impressions from the radio, 672 TV ads, 19 print ads, 14,533,861 impressions from outdoor ads and 16,250,236 impressions from online and mobile ads. The Project's Stop Stigma Sacramento Speakers Bureau speakers shared their personal stories 78 times, at 20 events, with a total audience attendance of 1,826 individuals.

The chart below depicts the range of PEI programs the County offered in FY 2021-22.



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

**The Suicide Prevention and Education Program consists of:**

- Suicide Crisis Line
- Emergency Department Follow-Up Services
- Suicide Bereavement Support Groups and Grief Services
- Supporting Community Connections
- Community Support Team
- Mental Health Navigator Program (now known as Crisis Navigation Program)
- Mobile Crisis Support Teams
- Mental Health Respite Programs

## Suicide Crisis Line

**Program Type:** PEI Suicide Prevention

**Program Description:** Administered by WellSpace Health, the 24-hour nationally accredited telephone crisis line, National Suicide Prevention Lifeline (now known as the 988 & Suicide Crisis Lifeline), that utilizes professional and trained volunteer staff to provide suicide prevention and crisis services to callers of all ages at risk of suicide. In addition to in person phone response, program services also include a 24/7 Suicide Crisis Line chat and text response feature.

**Number Served:** In FY 21/22, 56,884 calls were made to the Suicide Crisis Line. Seven thousand and ten of these calls were via chat/text.

**Suicide Crisis Line Demographics:**

| | **N = 56,884** | % |
|---|---|---|
| ***Age Group*** | | |
| Children/Youth (0-15) | 3,615 | 6.4% |
| TAY (16-25) | 6,663 | 11.7% |
| Adults (26-59) | 7,921 | 13.9% |
| Older Adults (60+) | 1,956 | 3.4% |
| Unknown/Not Reported | 36,729 | 64.6% |
| ***Ethnicity*** | | |
| Hispanic or Latino | 2,091 | 3.7% |
| Non-Hispanic/Non-Latino | 0 | 0.0% |
| Other | 0 | 0.0% |
| More than one ethnicity | 0 | 0.0% |
| Unknown/Not Reported | 54,793 | 91.1% |
| ***Race*** | | |
| White | 8787 | 15.4% |
| Black or African American | 1005 | 1.8% |
| Asian | 1144 | 2.0% |
| American Indian or Alaska Native | 88 | 0.2% |
| Native Hawaiian or other Pacific Islander | 171 | 0.3% |
| More than one race | 429 | 0.8% |
| Other | 224 | 0.4% |
| Unknown/Not Reported | 45036 | 79.2% |
| ***Primary Language*** | | |
| English | 50,257 | 88.3% |
| Spanish | 75 | 0.1% |
| Vietnamese | 2 | 0.0% |
| Cantonese | 9 | 0.0% |
| Russian | 7 | 0.0% |
| Hmong | 0 | 0.0% |
| Arabic | 1 | 0.0% |

| | | |
|---|---|---|
| Other | 45 | 0.1% |
| Unknown/Not Reported | 6,786 | 11.9% |
| ***Sexual Orientation*** | | |
| Heterosexual or Straight | 1,210 | 2.1% |
| Gay or Lesbian | 268 | 0.5% |
| Bisexual | 92 | 0.2% |
| Questioning or unsure | 26 | 0.0% |
| Queer | 13 | 0.0% |
| Another sexual orientation | 19 | 0.0% |
| Unknown/Not Reported | 55,256 | 97.1% |
| ***Current Gender Identity*** | | |
| Female | 22,861 | 40.2% |
| Male | 23,957 | 42.1% |
| Transgender | 267 | 0.5% |
| Genderqueer | 37 | 0.1% |
| Questioning or unsure | 56 | 0.1% |
| Another gender identity | 89 | 0.2% |
| Unknown/Not Reported | 9,617 | 16.9% |
| **Veteran Status** | | |
| Yes | 0 | 0.0% |
| No | 0 | 0.0% |
| Unknown/Not Reported | 56,884 | 100.0% |

## Suicide Crisis Line – Satisfaction Survey Results

| | N=1,114 | % |
|---|---|---|
| ***I felt less distress at the end of the hotline call, than I did at the beginning.*** | | |
| Strongly Agree | 739 | 66.3% |
| Agree | 203 | 18.2% |
| Undecided | 52 | 4.7% |
| Disagree | 16 | 1.4% |
| Strongly Disagree | 20 | 1.8% |
| Not Applicable | 5 | 0.4% |
| ***I felt the crisis counselor understood what I was going through.*** | | |
| Strongly Agree | 780 | 70.0% |
| Agree | 149 | 13.4% |
| Undecided | 52 | 4.7% |
| Disagree | 24 | 2.2% |
| Strongly Disagree | 16 | 1.4% |
| Not Applicable | 14 | 1.3% |
| ***I am likely to call again if I need help.*** | | |
| Strongly Agree | 852 | 76.5% |
| Agree | 79 | 7.1% |
| Undecided | 48 | 4.3% |
| Disagree | 19 | 1.7% |
| Strongly Disagree | 21 | 1.9% |
| Not Applicable | 16 | 1.4% |

## Emergency Department Follow-up Services

**Program Type:** PEI Suicide Prevention

**Program Description:** Administered by WellSpace Health, brief individual follow-up and support services to consenting individuals seen at Sutter Medical Center Emergency Department (ED), Dignity San Juan Medical Center ED, and University of California Davis Medical Center (UCDMC) ED who have attempted suicide and are at high-risk for suicide.

**Number Served:** In FY 21/22, 152 unduplicated individuals were served for a total of 3,658 contacts.

**ED Follow-Up Services Demographics:**

| | **N = 152** | % |
|---|---|---|
| ***Age Group*** | | |
| Children/Youth (0-15) | 34 | 22.4% |
| TAY (16-25) | 41 | 27.0% |
| Adults (26-59) | 72 | 47.4% |
| Older Adults (60+) | 5 | 3.3% |
| Unknown/Not Reported | 0 | 0.0% |
| ***Ethnicity*** | | |
| Hispanic or Latino | 24 | 15.8% |
| Non-Hispanic/Non-Latino | 104 | 68.4% |
| Other | 0 | 0.0% |
| More than one ethnicity | 0 | 0.0% |
| Unknown/Not Reported | 24 | 15.8% |
| ***Race*** | | |
| White | 52 | 34.2% |
| Black or African American | 27 | 17.8% |
| Asian | 14 | 9.2% |
| American Indian or Alaska Native | 0 | 0.0% |
| Native Hawaiian or other Pacific Islander | 0 | 0.0% |
| More than one race | 11 | 7.2% |
| Other | 24 | 15.8% |
| Unknown/Not Reported | 24 | 15.8% |
| ***Primary Language*** | | |
| English | 149 | 98.0% |
| Spanish | 2 | 1.3% |
| Vietnamese | 0 | 0.0% |
| Cantonese | 1 | 0.7% |
| Russian | 0 | 0.0% |
| Hmong | 0 | 0.0% |
| Arabic | 0 | 0.0% |
| Other | 0 | 0.0% |
| Unknown/Not Reported | 0 | 0.0% |

| ***Sexual Orientation*** | | |
|---|---|---|
| Heterosexual or Straight | 32 | 21.1% |
| Gay or Lesbian | 3 | 2.0% |
| Bisexual | 0 | 0.0% |
| Questioning or unsure | 0 | 0.0% |
| Queer | 0 | 0.0% |
| Another sexual orientation | 0 | 0.0% |
| Unknown/Not Reported | 117 | 77.0% |
| ***Current Gender Identity*** | | |
| Female | 85 | 55.9% |
| Male | 60 | 39.5% |
| Transgender | 2 | 1.3% |
| Genderqueer | 0 | 0.0% |
| Questioning or unsure | 3 | 2.0% |
| Another gender identity | 0 | 0.0% |
| Unknown/Not Reported | 2 | 1.3% |
| **Veteran Status** | | |
| Yes | 0 | 0.0% |
| No | 0 | 0.0% |
| Unknown/Not Reported | 152 | 100.0% |

## Emergency Department Follow-up Services – Satisfaction Survey Results

| | N=47 | % |
|---|---|---|
| ***I was contacted within 48 hours of discharge from the emergency room.*** | | |
| Strongly Agree | 35 | 74.5% |
| Agree | 8 | 17.0% |
| Undecided | 4 | 8.5% |
| Disagree | 0 | 0.0% |
| Strongly Disagree | 0 | 0.0% |
| Not Applicable | 0 | 0.0% |
| ***This program helped me remain Safe from suicide after discharge.*** | | |
| Strongly Agree | 34 | 72.3% |
| Agree | 10 | 21.3% |
| Undecided | 1 | 2.1% |
| Disagree | 0 | 0.0% |
| Strongly Disagree | 1 | 2.1% |
| Not Applicable | 1 | 2.1% |
| ***The Follow-up Specialist I spoke with during follow-up calls was professional and empathetic.*** | | |
| Strongly Agree | 43 | 91.5% |
| Agree | 3 | 6.4% |
| Undecided | 0 | 0.0% |
| Disagree | 0 | 0.0% |
| Strongly Disagree | 0 | 0.0% |
| Not Applicable | 1 | 2.1% |
| ***My knowledge and awareness of community based and online resources improved as a result of this follow-up program.*** | | |
| Strongly Agree | 37 | 78.7% |
| Agree | 6 | 12.8% |
| Undecided | 3 | 6.4% |
| Disagree | 1 | 2.1% |
| Strongly Disagree | 0 | 0.0% |
| Not Applicable | 0 | 0.0% |
| ***I would recommend the ED Suicide Prevention Follow-up program to others if needed.*** | | |
| Strongly Agree | 39 | 83.0% |
| Agree | 5 | 10.6% |
| Undecided | 3 | 6.4% |
| Disagree | 0 | 0.0% |
| Strongly Disagree | 0 | 0.0% |
| Not Applicable | 0 | 0.0% |

## Suicide Bereavement Support Groups and Grief Services

**Program Type**: PEI Suicide Prevention

**Program Description:** Administered by Friends for Survival, staff and volunteers directly impacted by suicide provide support groups, phone support and other services designed to encourage healing for those coping with a loss by suicide.

**Number Served:** In FY 21/22, 24 total served. Note: this number is not unduplicated due to the anonymous nature of the program.

**Suicide Bereavement Support Groups and Grief Services Demographics:**

| | **N = 24** | % |
|---|---|---|
| ***Age Group*** | | |
| Children/Youth (0-15) | 0 | 0.0% |
| TAY (16-25) | 0 | 0.0% |
| Adults (26-59) | 12 | 50.0% |
| Older Adults (60+) | 6 | 25.0% |
| Unknown/Not Reported | 6 | 25.0% |
| ***Ethnicity*** | | |
| Hispanic or Latino | 0 | 0.0% |
| Non-Hispanic/Non-Latino | 18 | 75.0% |
| Other | 0 | 0.0% |
| More than one ethnicity | 0 | 0.0% |
| Unknown/Not Reported | 6 | 25.0% |
| ***Race*** | | |
| White | 15 | 62.5% |
| Black or African American | 1 | 4.2% |
| Asian | 1 | 4.2% |
| American Indian or Alaska Native | 0 | 0.0% |
| Native Hawaiian or other Pacific Islander | 0 | 0.0% |
| More than one race | 0 | 0.0% |
| Other | 0 | 0.0% |
| Unknown/Not Reported | 7 | 29.2% |
| ***Primary Language*** | | |
| English | 18 | 75.0% |
| Spanish | 0 | 0.0% |
| Vietnamese | 0 | 0.0% |
| Cantonese | 0 | 0.0% |
| Russian | 0 | 0.0% |
| Hmong | 0 | 0.0% |
| Arabic | 0 | 0.0% |
| Other | 0 | 0.0% |
| Unknown/Not Reported | 6 | 25.0% |

| ***Sexual Orientation*** | | |
|---|---|---|
| Heterosexual or Straight | 18 | 75.0% |
| Gay or Lesbian | 0 | 0.0% |
| Bisexual | 0 | 0.0% |
| Questioning or unsure | 0 | 0.0% |
| Queer | 0 | 0.0% |
| Another sexual orientation | 0 | 0.0% |
| Unknown/Not Reported | 6 | 25.0% |
| ***Current Gender Identity*** | | |
| Female | 17 | 70.8% |
| Male | 1 | 4.2% |
| Transgender | 0 | 0.0% |
| Genderqueer | 0 | 0.0% |
| Questioning or unsure | 0 | 0.0% |
| Another gender identity | 0 | 0.0% |
| Unknown/Not Reported | 6 | 25.0% |
| **Veteran Status** | | |
| Yes | 0 | 0.0% |
| No | 18 | 75.0% |
| Unknown/Not Reported | 6 | 25.0% |

**Information and Referral:** The Friends for Survival program provides information and referrals to individuals in the community. These individuals may or may not receive ongoing services through the program.

**Number Served**: in FY 21/22, Friends for Survival disseminated information and made referrals to 432 individuals. Note, because information and referrals are given over the phone, only age and gender identity were able to be collected.

**Friends for Survival Demographics:**

| | Friends for Survival (N=432) | |
|---|---|---|
| | N | % |
| ***Age Group*** | | |
| Children/Youth (0-15) | 0 | 0.0% |
| TAY (16-25) | 9 | 2.1% |
| Adults (26-59) | 326 | 75.5% |
| Older Adults (60+) | 97 | 22.5% |
| ***Current Gender Identity*** | | |
| Male | 73 | 16.9% |
| Female | 359 | 83.1% |
| Transgender | 0 | 0.0% |
| Genderqueer | 0 | 0.0% |
| Questioning or unsure | 0 | 0.0% |
| Another gender identity | 0 | 0.0% |
| Unknown/Not Reported | 0 | 0.0% |

## Friends for Survival – Satisfaction Survey Results

| Survey Items | Friends For Survival (%) |
|---|---|
| ***The services I received or group(s) I attended helped me in these areas*** | |
| Finding services and supports | 100.0% |
| Feeling less lonely | 100.0% |
| Manage my daily life stressors | 98.6% |
| Keeping myself safe | 97.3% |
| Managing a crisis | 99.1% |
| ****I'll use these skills to help with…*** | |
| Finding services and supports | 99.3% |
| Feeling less lonely | 99.3% |
| Manage my daily life stressors | 97.9% |
| Keeping myself safe | 99.1% |
| Managing a crisis | 98.2% |

*The denominator varies for each question, as not all questions were applicable to every person who submitted a survey.

| Survey Items | Friends For Survival (N=160) (%) |
|---|---|
| ***I am more aware of community services and supports that can help me or others in my family as a result of the services I*** | |
| Strongly Agree/Agree | 88.5% |
| Undecided | 6.2% |
| Disagree/Strongly Disagree | 3.1% |
| Not Applicable | 2.3% |
| Unknown | 0.0% |
| ***I learned skills from the services I received or groups that I attended that I use each day or share with others.*** | |
| Strongly Agree/Agree | 93.8% |
| Undecided | 4.4% |
| Disagree/Strongly Disagree | 0.0% |
| Not Applicable | 1.9% |
| Unknown/Not Reported | 0.0% |
| ***I would come back again if I needed help for myself or others in my family.*** | |
| Strongly Agree/Agree | 97.5% |
| Undecided | 1.3% |
| Disagree/Strongly Disagree | 0.0% |
| Not Applicable | 1.3% |
| Unknown/Not Reported | 0.0% |
| ***As a result of he services I received or groups I attended, I know how to get help if I knew someone who is considering suicide, harming themselves or if I felt suicidal or like harming myself.*** | |
| Strongly Agree/Agree | 88.1% |
| Undecided | 4.4% |
| Disagree/Strongly Disagree | 0.0% |
| Not Applicable | 7.5% |
| Unknown/Not Reported | 0.0% |
| ***I felt the services I received reflected my cultural beliefs, preferences, and values which made me feel respected.*** | |
| Strongly Agree/Agree | 90.6% |
| Undecided | 2.5% |
| Disagree/Strongly Disagree | 0.0% |
| Not Applicable | 6.9% |
| Unknown/Not Reported | 0.0% |

## Supporting Community Connections (SCC)

**Program Type:** PEI Improving Timely Access to Services for Underserved Populations

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

- African American Community – Administered by A Church for All
- American Indian/Alaskan Native – Administered by Sacramento Native American Health Center (SNAHC)
- Arabic Speaking Community – Administered by Refugee Enrichment and Development Association (REDA)
- Consumer Operated Warmline – Administered by Cal Voices
- Hmong, Vietnamese, Cantonese-Speaking Communities – Administered by Asian Pacific Community Counseling (APCC)
- Latino/Spanish-Speaking Community – Administered by La Familia Counseling Center (LFCC)
- Iu-Mien – Administered by Iu-Mien Community Services (IMCS)
- Older Adult – Administered by Cal Voices
- Slavic/Russian-Speaking Community – Administered by Slavic Assistance Center
- Youth/Transition Age Youth – Administered by the Children's Receiving Home

**Number Served:** In FY 21/22, SCC agencies served a total of 2,426 individuals.

## SCC Demographics:

| | African American Community (N=254) | | Arabic Speaking Community (N=339) | | Hmong, Cantonese, Vietnamese Speaking Communities (N=92) | | Consumer Operated Warmline (N=199) | | Latino/Spanish Speaking Community (N=802) | | Iu-Mein (N=270) | | Native American/Alaskan Native Communities (N=35) | | Older Adults (N=11) | | Slavic/Russian Communities (N=231) | | Youth/Transition Age Youth (N=193) | | Total (N=2,426) | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % | N | % | N | % | N | % | N | % | N | % | N | % | N | % |
| ***Age Group*** | | | | | | | | | | | | | | | | | | | | | | |
| Children/Youth (0-15) | 34 | 13.4% | 11 | 3.2% | 3 | 1.1% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 22 | 11.4% | 70 | 2.9% |
| TAY (16-25) | 24 | 9.4% | 22 | 6.5% | 1 | 0.4% | 7 | 3.5% | 43 | 43.0% | 1 | 0.4% | 0 | 0.0% | 0 | 0.0% | 30 | 13.0% | 156 | 80.8% | 284 | 11.7% |
| Adults (26-59) | 133 | 52.4% | 208 | 61.4% | 40 | 14.8% | 149 | 74.9% | 409 | 51.0% | 35 | 13.0% | 25 | 10.8% | 5 | 45.5% | 116 | 50.2% | 1 | 0.5% | 1,121 | 46.2% |
| Older Adults (60+) | 29 | 11.4% | 25 | 7.4% | 23 | 8.5% | 5 | 2.5% | 43 | 0.0% | 177 | 65.6% | 2 | 0.9% | 4 | 36.4% | 80 | 34.6% | 0 | 0.0% | 388 | 16.0% |
| Unknown/Not Reported | 34 | 13.4% | 73 | 21.5% | 25 | 9.3% | 38 | 19.1% | 307 | 38.3% | 57 | 21.1% | 8 | 3.5% | 2 | 18.2% | 5 | 2.2% | 14 | 7.3% | 563 | 23.2% |
| ***Ethnicity*** | | | | | | | | | | | | | | | | | | | | | | |
| Hispanic or Latino | 23 | 9.1% | 0 | 0.0% | 0 | 0.0% | 44 | 22.1% | 494 | 61.6% | 0 | 0.0% | 7 | 3.0% | 0 | 0.0% | 0 | 0.0% | 53 | 27.5% | 621 | 25.6% |
| Non-Hispanic/Non-Latino | 197 | 77.6% | 267 | 78.8% | 66 | 24.4% | 141 | 70.9% | 1 | 0.1% | 213 | 78.9% | 20 | 8.7% | 11 | 100.0% | 226 | 97.8% | 125 | 64.8% | 1,267 | 52.2% |
| Other | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| More than one ethnicity | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Unknown/Not Reported | 34 | 13.4% | 72 | 21.2% | 26 | 9.6% | 14 | 7.0% | 307 | 38.3% | 57 | 21.1% | 8 | 3.5% | 0 | 0.0% | 5 | 2.2% | 15 | 7.8% | 538 | 22.2% |
| ***Race*** | | | | | | | | | | | | | | | | | | | | | | |
| White | 15 | 5.9% | 0 | 0.0% | 0 | 0.0% | 145 | 72.9% | 0 | 0.0% | 0 | 0.0% | 1 | 2.9% | 11 | 100.0% | 226 | 97.8% | 35 | 18.1% | 433 | 17.8% |
| Black or African American | 169 | 66.5% | 0 | 0.0% | 0 | 0.0% | 5 | 2.5% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 38 | 19.7% | 212 | 8.7% |
| Asian | 1 | 0.4% | 0 | 0.0% | 67 | 24.8% | 15 | 7.5% | 0 | 0.0% | 213 | 78.9% | 1 | 2.9% | 0 | 0.0% | 0 | 0.0% | 10 | 5.2% | 307 | 12.7% |
| American Indian or Alaska Native | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 4 | 2.0% | 0 | 0.0% | 0 | 0.0% | 20 | 57.1% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 24 | 1.0% |
| Native Hawaiian or other Pacific Islander | 2 | 0.8% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 8 | 4.1% | 10 | 0.4% |
| More than one race | 7 | 2.8% | 0 | 0.0% | 0 | 0.0% | 9 | 4.5% | 495 | 61.7% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 21 | 10.9% | 532 | 21.9% |
| Other | 22 | 8.7% | 267 | 78.8% | 0 | 0.0% | 5 | 2.5% | 0 | 0.0% | 0 | 0.0% | 3 | 8.6% | 0 | 0.0% | 0 | 0.0% | 43 | 22.3% | 340 | 14.0% |
| Unknown/Not Reported | 38 | 15.0% | 72 | 21.2% | 25 | 9.3% | 16 | 8.0% | 307 | 38.3% | 57 | 21.1% | 10 | 28.6% | 0 | 0.0% | 5 | 2.2% | 38 | 19.7% | 568 | 23.4% |
| ***Primary Language*** | | | | | | | | | | | | | | | | | | | | | | |
| English | 220 | 86.6% | 0 | 0.0% | 0 | 0.0% | 181 | 91.0% | 2 | 0.2% | 1 | 0.4% | 22 | 62.9% | 10 | 90.9% | 0 | 0.0% | 178 | 92.2% | 614 | 25.3% |
| Spanish | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 3 | 1.5% | 493 | 61.5% | 0 | 0.0% | 2 | 5.7% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 498 | 20.5% |
| Vietnamese | 0 | 0.0% | 0 | 0.0% | 4 | 1.5% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 4 | 0.2% |
| Cantonese | 0 | 0.0% | 0 | 0.0% | 45 | 16.7% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 45 | 1.9% |
| Russian | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 9.1% | 226 | 97.8% | 0 | 0.0% | 227 | 9.4% |
| Hmong | 0 | 0.0% | 0 | 0.0% | 18 | 6.7% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 18 | 0.7% |
| Arabic | 0 | 0.0% | 257 | 75.8% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 257 | 10.6% |
| Other | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 212 | 78.5% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 212 | 8.7% |
| Unknown/Not Reported | 34 | 13.4% | 82 | 24.2% | 25 | 9.3% | 15 | 7.5% | 307 | 38.3% | 57 | 21.1% | 11 | 31.4% | 0 | 0.0% | 5 | 2.2% | 15 | 7.8% | 551 | 22.7% |
| ***Sexual Orientation*** | | | | | | | | | | | | | | | | | | | | | | |
| Heterosexual or Straight | 104 | 40.9% | 73 | 21.5% | 66 | 71.7% | 110 | 55.3% | 494 | 61.6% | 199 | 73.7% | 16 | 45.7% | 10 | 90.9% | 226 | 97.8% | 41 | 21.2% | 1,339 | 55.2% |
| Gay or Lesbian | 5 | 2.0% | 0 | 0.0% | 0 | 0.0% | 8 | 4.0% | 1 | 0.1% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 17 | 8.8% | 31 | 1.3% |
| Bisexual | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 3 | 1.5% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 4 | 2.1% | 7 | 0.3% |
| Questioning or unsure | 1 | 0.4% | 0 | 0.0% | 0 | 0.0% | 1 | 0.5% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 2 | 0.1% |
| Queer | 1 | 0.4% | 0 | 0.0% | 0 | 0.0% | 2 | 1.0% | 0 | 0.0% | 0 | 0.0% | 1 | 2.9% | 1 | 9.1% | 0 | 0.0% | 71 | 36.8% | 76 | 3.1% |
| Another sexual orientation | 0 | 0.0% | 26 | 7.7% | 1 | 1.1% | 4 | 2.0% | 0 | 0.0% | 0 | 0.0% | 4 | 11.4% | 0 | 0.0% | 0 | 0.0% | 6 | 3.1% | 41 | 1.7% |
| Unknown/Not Reported | 143 | 56.3% | 240 | 70.8% | 25 | 27.2% | 71 | 35.7% | 307 | 38.3% | 71 | 26.3% | 14 | 40.0% | 0 | 0.0% | 5 | 2.2% | 54 | 28.0% | 930 | 38.3% |
| ***Current Gender Identity*** | | | | | | | | | | | | | | | | | | | | | | |
| Female | 153 | 60.2% | 135 | 39.8% | 31 | 11.5% | 114 | 57.3% | 378 | 47.1% | 167 | 61.9% | 20 | 8.7% | 5 | 45.5% | 115 | 49.8% | 55 | 28.5% | 1,173 | 48.4% |
| Male | 53 | 20.9% | 132 | 38.9% | 36 | 13.3% | 65 | 32.7% | 117 | 14.6% | 46 | 17.0% | 2 | 0.9% | 5 | 45.5% | 111 | 48.1% | 81 | 42.0% | 648 | 26.7% |
| Transgender | 1 | 0.4% | 0 | 0.0% | 0 | 0.0% | 2 | 1.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 3 | 1.6% | 6 | 0.2% |
| Genderqueer | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 0.5% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 9.1% | 0 | 0.0% | 0 | 0.0% | 2 | 0.1% |
| Questioning or unsure | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Another gender identity | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 0.5% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 29 | 15.0% | 30 | 1.2% |
| Unknown/Not Reported | 47 | 18.5% | 72 | 21.2% | 25 | 9.3% | 16 | 8.0% | 307 | 38.3% | 57 | 21.1% | 13 | 5.6% | 0 | 0.0% | 5 | 2.2% | 25 | 13.0% | 567 | 23.4% |
| ***Veteran Status*** | | | | | | | | | | | | | | | | | | | | | | |
| Yes | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 2 | 1.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 2 | 0.1% |
| No | 220 | 86.6% | 267 | 78.8% | 67 | 24.8% | 183 | 92.0% | 495 | 61.7% | 213 | 78.9% | 27 | 77.1% | 11 | 100.0% | 226 | 97.8% | 179 | 92.7% | 1,888 | 77.8% |
| Unknown/Not Reported | 34 | 13.4% | 72 | 21.2% | 25 | 9.3% | 14 | 7.0% | 307 | 38.3% | 57 | 21.1% | 8 | 22.9% | 0 | 0.0% | 5 | 2.2% | 14 | 7.3% | 536 | 22.1% |

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

**Number Served - Outreach:** In FY 21/22, the SCC programs attended 302 community events and disseminated information to 216,824 individuals.

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

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

**Number Served**: in FY 21/22, the SCC programs disseminated information and made referrals to 7,346 individuals. Note, because information and referrals are given over the phone, only age and gender identity were able to be collected.

**SCC - Information and Referral Demographics:**

| | African American Community (N=173) | | Arabic Speaking Community (N=621) | | Consumer Operated Warmline (N=2,769) | | Hmong, Cantonese, Vietnamese Speaking Communities (N=146) | | Latino/Spanish Speaking Community (N=2,789) | | Older Adults (N=844) | | Slavic/Russian Speaking Community (N=4) | | Total (N=7,346) | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % | N | % | N | % | N | % | N | % |
| ***Age Group*** | | | | | | | | | | | | | | | | |
| Children/Youth (0-15) | 23 | 13.3% | 6 | 1.0% | 1 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 30 | 0.4% |
| TAY (16-25) | 28 | 16.2% | 52 | 8.4% | 9 | 0.3% | 3 | 2.1% | 33 | 1.2% | 0 | 0.0% | 1 | 25.0% | 126 | 1.7% |
| Adults (26-59) | 100 | 57.8% | 509 | 82.0% | 1,770 | 63.9% | 55 | 37.7% | 2,682 | 96.2% | 334 | 39.6% | 3 | 75.0% | 5,453 | 74.2% |
| Older Adults (60+) | 22 | 12.7% | 54 | 8.7% | 989 | 35.7% | 88 | 60.3% | 74 | 2.7% | 510 | 60.4% | 0 | 0.0% | 1,737 | 23.6% |
| ***Current Gender Identity*** | | | | | | | | | | | | | | | | |
| Male | 49 | 28.3% | 267 | 43.0% | 937 | 33.8% | 72 | 49.3% | 571 | 20.5% | 182 | 21.6% | 0 | 0.0% | 2,078 | 28.3% |
| Female | 110 | 63.6% | 354 | 57.0% | 1,690 | 61.0% | 74 | 50.7% | 2,208 | 79.2% | 661 | 78.3% | 4 | 100.0% | 5,101 | 69.4% |
| Transgender | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Genderqueer | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Questioning or unsure | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Another gender identity | 1 | 0.6% | 0 | 0.0% | 2 | 0.1% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 3 | 0.0% |
| Unknown/Not Reported | 13 | 7.5% | 0 | 0.0% | 140 | 5.1% | 0 | 0.0% | 10 | 0.4% | 1 | 0.1% | 0 | 0.0% | 164 | 2.2% |

## Supporting Community Connections (SCC) – Satisfaction Survey Results

| Survey Items | African American Community | Arabic Speaking Community | Consumer Operated Warmline | Hmong, Cantonese, Vietnamese Speaking Community | Latino/Spanish Speaking Community | Iu-Mein | Native American/Alaskan Native Community | Older Adults | Slavic/Russian Speaking Community | Youth/Transition Age Youth |
|---|---|---|---|---|---|---|---|---|---|---|
| | (%) | (%) | (%) | (%) | (%) | (%) | (%) | (%) | (%) | (%) |
| ***The services I received or group(s) I attended helped me in these areas*** | | | | | | | | | | |
| Finding services and supports | 100.0% | 100.0% | 99.4% | 100.0% | 100.0% | 99.6% | 97.5% | 100.0% | 100.0% | 100.0% |
| Feeling less lonely | 99.2% | 100.0% | 98.2% | 100.0% | 99.7% | 99.7% | 96.4% | 100.0% | 100.0% | 100.0% |
| Manage my daily life stressors | 100.0% | 90.9% | 100.0% | 100.0% | 100.0% | 99.3% | 95.7% | 100.0% | 100.0% | 100.0% |
| Keeping myself safe | 100.0% | 100.0% | 98.2% | 100.0% | 100.0% | 97.5% | 96.0% | 100.0% | 100.0% | 100.0% |
| Managing a crisis | 100.0% | 100.0% | 96.6% | 100.0% | 99.6% | 95.5% | 93.9% | 100.0% | 100.0% | 100.0% |
| ****I'll use these skills to help with…*** | | | | | | | | | | |
| Finding services and supports | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 91.0% | 95.6% | 100.0% | 100.0% | 100.0% |
| Feeling less lonely | 100.0% | 90.9% | 98.2% | 100.0% | 100.0% | 99.7% | 96.9% | 100.0% | 100.0% | 100.0% |
| Manage my daily life stressors | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 99.3% | 96.2% | 100.0% | 100.0% | 100.0% |
| Keeping myself safe | 100.0% | 100.0% | 98.2% | 100.0% | 100.0% | 96.6% | 95.9% | 100.0% | 100.0% | 100.0% |
| Managing a crisis | 100.0% | 100.0% | 98.3% | 100.0% | 100.0% | 98.2% | 95.2% | 100.0% | 100.0% | 100.0% |

*The denominator varies for each question, as not all questions were applicable to every person who submitted a survey.

## Supporting Community Connections (SCC) – Satisfaction Survey Results Cont.

| Survey Items | African American Community (N=133) | Arabic Speaking Community (N=15) | Consumer Operated Warmline (N=176) | Hmong, Cantonese, Vietnamese Speaking Community (N=126) | Latino/Spanish Speaking Community (N=295) | Iu-Mein (N=335) | Native American/Alaskan Native Community (N=373) | Older Adults (N=130) | Slavic/Russian Speaking Community (N=51) | Youth/Transition Age Youth (N=32) |
|---|---|---|---|---|---|---|---|---|---|---|
| | % | (%) | (%) | (%) | (%) | (%) | (%) | (%) | (%) | (%) |
| ***I am more aware of community services and supports that can help me or others in my family as a result of the services I received or group I attended.*** | | | | | | | | | | |
| Strongly Agree/Agree | 100.0% | 99.3% | 79.6% | 100.0% | 96.5% | 94.6% | 100.0% | 100.0% | 59.3% | 100.0% |
| Undecided | 0.0% | 0.0% | 0.0% | 0.0% | 2.5% | 1.5% | 0.0% | 0.0% | 7.4% | 0.0% |
| Disagree/Strongly Disagree | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 20.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Not Applicable | 0.0% | 0.4% | 20.4% | 0.0% | 100.0% | 3.7% | 0.0% | 0.0% | 33.6% | 0.0% |
| Unknown | 0.0% | 0.4% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| ***I learned skills from the services I received or groups that I attended that I use each day or share with others.*** | | | | | | | | | | |
| Strongly Agree/Agree | 97.0% | 66.7% | 100.0% | 87.5% | 99.7% | 74.9% | 94.9% | 100.0% | 96.1% | 96.9% |
| Undecided | 1.5% | 6.7% | 0.0% | 12.5% | 0.0% | 16.1% | 2.1% | 0.0% | 3.9% | 0.0% |
| Disagree/Strongly Disagree | 0.0% | 6.7% | 0.0% | 0.0% | 0.0% | 0.3% | 1.6% | 0.0% | 0.0% | 0.0% |
| Not Applicable | 1.5% | 20.0% | 0.0% | 0.0% | 0.3% | 8.7% | 1.3% | 0.0% | 0.0% | 3.1% |
| Unknown/Not Reported | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| ***I would come back again if I needed help for myself or others in my family.*** | | | | | | | | | | |
| Strongly Agree/Agree | 98.5% | 66.7% | 98.3% | 100.0% | 100.0% | 95.5% | 94.6% | 100.0% | 96.1% | 100.0% |
| Undecided | 0.0% | 6.7% | 0.6% | 0.0% | 0.0% | 1.5% | 1.6% | 0.0% | 3.9% | 0.0% |
| Disagree/Strongly Disagree | 0.0% | 13.3% | 0.0% | 0.0% | 0.0% | 0.0% | 0.8% | 0.0% | 0.0% | 0.0% |
| Not Applicable | 1.5% | 13.3% | 0.6% | 0.0% | 0.0% | 3.0% | 2.9% | 0.0% | 0.0% | 0.0% |
| Unknown/Not Reported | 0.0% | 0.0% | 0.6% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| ***As a result of he services I received or groups I attended, I know how to get help if I knew someone who is considering suicide, harming themselves or if I felt suicidal or like harming myself.*** | | | | | | | | | | |
| Strongly Agree/Agree | 98.5% | 66.7% | 100.0% | 100.0% | 99.0% | 43.0% | 89.0% | 100.0% | 96.1% | 93.8% |
| Undecided | 0.8% | 6.7% | 0.0% | 0.0% | 0.3% | 16.4% | 4.3% | 0.0% | 3.9% | 3.1% |
| Disagree/Strongly Disagree | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.6% | 1.3% | 0.0% | 0.0% | 0.0% |
| Not Applicable | 0.8% | 26.7% | 0.0% | 0.0% | 0.7% | 40.0% | 5.4% | 0.0% | 0.0% | 3.1% |
| Unknown/Not Reported | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| ***I felt the services I received reflected my cultural beliefs, preferences, and values which made me feel respected.*** | | | | | | | | | | |
| Strongly Agree/Agree | 98.0% | 66.7% | 100.0% | 100.0% | 99.7% | 94.0% | 95.7% | 100.0% | 96.1% | 96.9% |
| Undecided | 0.0% | 6.7% | 0.0% | 0.0% | 0.0% | 0.9% | 1.1% | 0.0% | 3.9% | 0.0% |
| Disagree/Strongly Disagree | 0.0% | 6.7% | 0.0% | 0.0% | 0.0% | 0.9% | 0.8% | 0.0% | 0.0% | 0.0% |
| Not Applicable | 0.0% | 20.0% | 0.0% | 0.0% | 0.3% | 4.2% | 2.4% | 0.0% | 0.0% | 3.1% |
| Unknown/Not Reported | 2.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

## Community Support Team (CST)

**Program Type:** PEI Access and Linkage to Treatment

**Program Description:** The CST provides culturally responsive triage, crisis intervention, linkages to community supports, outreach and education regarding suicide prevention to support Sacramento County children, youth, transition age youth (TAY), adults, and older adults experiencing mental health challenges. The CST program staffing consists of BHS Clinicians and Mental Health Counselors and Cal Voices Peer and Family Specialists who respond to individuals struggling to link to mental health services.

The CST engages and build bridges between family members, individuals, natural supports systems, and community resources or services. The CST provides education, resources, and connections to services for individuals and their caregivers, loved-ones and other natural supports. The goal of CST is to provide culturally and linguistically responsive services while promoting recovery, resiliency and well-being resulting in decreased use of crisis services and/or acute care hospitalization services; decreased risk for suicide; increased knowledge of available resources and supports; and increased personal connection and active involvement within the community.

**Number Served:** In FY 21/22, the CST BHS Clinicians and Mental Health Counselors served a total of 1,463 individuals. Note: all individuals are served by BHS Clinicians and Mental Health Counselors, but not all are served by CST Cal Voices Peer and Family Specialists. The numbers below are duplicated across components, if a client was served in by both BHS and Cal Voices team members.

**CST Demographics:**

| | **N = 1,463** | % |
|---|---|---|
| ***Age Group*** | | |
| Children/Youth (0-15) | 75 | 5.1% |
| TAY (16-25) | 222 | 15.2% |
| Adults (26-59) | 831 | 56.8% |
| Older Adults (60+) | 335 | 22.9% |
| Unknown/Not Reported | 0 | 0.0% |
| ***Ethnicity*** | | |
| Hispanic or Latino | 154 | 10.5% |
| Non-Hispanic/Non-Latino | 690 | 47.2% |
| Other | 47 | 3.2% |
| More than one ethnicity | 0 | 0.0% |
| Unknown/Not Reported | 572 | 39.1% |
| ***Race*** | | |
| White | 509 | 34.8% |
| Black or African American | 259 | 17.7% |
| Asian | 58 | 4.0% |

| | | |
|---|---|---|
| American Indian or Alaska Native | 20 | 1.4% |
| Native Hawaiian or other Pacific Islander | 12 | 0.8% |
| More than one race | 48 | 3.3% |
| Other | 101 | 6.9% |
| Unknown/Not Reported | 456 | 31.2% |
| ***Primary Language*** | | |
| English | 1,243 | 85.0% |
| Spanish | 25 | 1.7% |
| Vietnamese | 2 | 0.1% |
| Cantonese | 6 | 0.4% |
| Russian | 4 | 0.3% |
| Hmong | 4 | 0.3% |
| Arabic | 5 | 0.3% |
| Other | 8 | 0.5% |
| Unknown/Not Reported | 166 | 11.3% |
| ***Sexual Orientation*** | | |
| Heterosexual or Straight | 331 | 22.6% |
| Gay or Lesbian | 8 | 0.5% |
| Bisexual | 27 | 1.8% |
| Questioning or unsure | 13 | 0.9% |
| Queer | 0 | 0.0% |
| Another sexual orientation | 5 | 0.3% |
| Unknown/Not Reported | 1,079 | 73.8% |
| ***Current Gender Identity*** | | |
| Female | 254 | 17.4% |
| Male | 260 | 17.8% |
| Transgender | 2 | 0.1% |
| Genderqueer | 0 | 0.0% |
| Questioning or unsure | 0 | 0.0% |
| Another gender identity | 1 | 0.1% |
| Unknown/Not Reported | 946 | 64.7% |
| **Veteran Status** | | |
| Yes | 18 | 1.2% |
| No | 601 | 41.1% |
| Unknown/Not Reported | 844 | 57.7% |

## CST – Satisfaction Survey Results

| | N=17 | % |
|---|---|---|
| ***As a result of the services I receive from the program, I am more aware of community services and supports that are available and how they can help me or others in my family.*** | | |
| Strongly Agree | 13 | 76.5% |
| Agree | 3 | 17.6% |
| Undecided | 1 | 5.9% |
| Disagree | 0 | 0.0% |
| Strongly Disagree | 0 | 0.0% |
| Not Applicable | 1 | 5.9% |
| ***As a result of the services I receive from the program, I know how to access Mental Health support for myself or others in my family.*** | | |
| Strongly Agree | 9 | 52.9% |
| Agree | 8 | 47.1% |
| Undecided | 0 | 0.0% |
| Disagree | 0 | 0.0% |
| Strongly Disagree | 0 | 0.0% |
| Not Applicable | 0 | 0.0% |
| ***As a result of the services I receive from the program, I know how to keep myself and/or others safe in times of crisis.*** | | |
| Strongly Agree | 11 | 64.7% |
| Agree | 2 | 11.8% |
| Undecided | 4 | 23.5% |
| Disagree | 0 | 0.0% |
| Strongly Disagree | 0 | 0.0% |
| Not Applicable | 1 | 5.9% |
| ***As a result of the services I receive from the program, I feel more empowered and hopeful.*** | | |
| Strongly Agree | 12 | 70.6% |
| Agree | 3 | 17.6% |
| Undecided | 1 | 5.9% |
| Disagree | 1 | 5.9% |
| Strongly Disagree | 0 | 0.0% |
| Not Applicable | 0 | 0.0% |
| ***I feel the program staff that I work with listen to me.*** | | |
| Strongly Agree | 15 | 88.2% |
| Agree | 1 | 5.9% |
| Undecided | 1 | 5.9% |
| Disagree | 0 | 0.0% |
| Strongly Disagree | 0 | 0.0% |
| Not Applicable | 0 | 0.0% |
| ***I feel the services I receive from the program reflect my cultural beliefs, preferences and values.*** | | |
| Strongly Agree | 12 | 70.6% |
| Agree | 1 | 5.9% |
| Undecided | 3 | 17.6% |
| Disagree | 0 | 0.0% |
| Strongly Disagree | 0 | 0.0% |
| Not Applicable | 1 | 5.9% |

## Mental Health Navigator Program (now known as Crisis Navigation Program)

**Program Type:** PEI Access and Linkage to Treatment

**Program Description:** Administered by BACS, provides brief community-based navigation services for individuals recently involved in crisis services as a result of their mental illness. Navigators provide 24 hours / 7 days a week care coordination, advocacy, peer engagement, system navigation, and linkage to services for individuals living with serious mental illness who are homeless, at-risk of homelessness, and/or may have a co-occurring substance use disorder. The Mental Health Navigator Program (MHNP) serves children, youth, TAY, adults, and older adults with the goal of reducing unnecessary hospitalizations and incarcerations, as well as mitigating unnecessary expenditures of law enforcement. The MHNP program focuses primarily on the needs of those coming into contact with the hospital system and inpatient psychiatric hospitals.

**Number Served:** In FY 21/22, the MHNP served a total of 937 unduplicated individuals.

**MHNP Demographics:**

| | **N = 937** | % |
|---|---|---|
| ***Age Group*** | | |
| Children/Youth (0-15) | 34 | 3.6% |
| TAY (16-25) | 117 | 12.5% |
| Adults (26-59) | 662 | 70.7% |
| Older Adults (60+) | 122 | 13.0% |
| Unknown/Not Reported | 2 | 0.2% |
| ***Ethnicity*** | | |
| Hispanic or Latino | 151 | 16.1% |
| Non-Hispanic/Non-Latino | 598 | 63.8% |
| Other | 0 | 0.0% |
| More than one ethnicity | 0 | 0.0% |
| Unknown/Not Reported | 188 | 20.1% |
| ***Race*** | | |
| White | 347 | 37.0% |
| Black or African American | 237 | 25.3% |
| Asian | 31 | 3.3% |
| American Indian or Alaska Native | 18 | 1.9% |
| Native Hawaiian or other Pacific Islander | 7 | 0.7% |
| More than one race | 50 | 5.3% |
| Other | 90 | 9.6% |
| Unknown/Not Reported | 157 | 16.8% |
| ***Primary Language*** | | |
| English | 877 | 93.6% |
| Spanish | 23 | 2.5% |
| Vietnamese | 0 | 0.0% |
| Cantonese | 1 | 0.1% |
| Russian | 0 | 0.0% |

| | | |
|---|---|---|
| Hmong | 0 | 0.0% |
| Arabic | 1 | 0.1% |
| Other | 16 | 1.7% |
| Unknown/Not Reported | 19 | 2.0% |
| ***Sexual Orientation*** | | |
| Heterosexual or Straight | 336 | 35.9% |
| Gay or Lesbian | 20 | 2.1% |
| Bisexual | 30 | 3.2% |
| Questioning or unsure | 8 | 0.9% |
| Queer | 3 | 0.3% |
| Another sexual orientation | 9 | 1.0% |
| Unknown/Not Reported | 536 | 57.2% |
| ***Current Gender Identity*** | | |
| Female | 136 | 14.5% |
| Male | 184 | 19.6% |
| Transgender | 7 | 0.7% |
| Genderqueer | 2 | 0.2% |
| Questioning or unsure | 0 | 0.0% |
| Another gender identity | 10 | 1.1% |
| Unknown/Not Reported | 603 | 64.4% |
| **Veteran Status** | | |
| Yes | 0 | 0.0% |
| No | 0 | 0.0% |
| Unknown/Not Reported | 937 | 100.0% |

## MHNP – Satisfaction Survey Results

| | N = 192 | % |
|---|---|---|
| ***As a result of the services I receive from the program, I am more aware of community services and supports that are available and how they can help me or others in my family.*** | | |
| Strongly Agree | 104 | 54.2% |
| Agree | 74 | 38.5% |
| Undecided | 13 | 6.8% |
| Disagree | 0 | 0.0% |
| Strongly Disagree | 1 | 0.5% |
| Not Applicable | 0 | 0.0% |
| Missing | 0 | 0.0% |
| ***As a result of the services I receive from the program, I know how to access Mental Health support for myself or others in my family.*** | | |
| Strongly Agree | 94 | 49.0% |
| Agree | 81 | 42.2% |
| Undecided | 13 | 6.8% |
| Disagree | 3 | 1.6% |
| Strongly Disagree | 1 | 0.5% |
| Not Applicable | 0 | 0.0% |
| Missing | 0 | 0.0% |
| ***As a result of the services I receive from the program, I know how to keep myself and/or others safe in times of crisis.*** | | |
| Strongly Agree | 96 | 50.0% |
| Agree | 63 | 32.8% |
| Undecided | 29 | 15.1% |
| Disagree | 3 | 1.6% |
| Strongly Disagree | 1 | 0.5% |
| Not Applicable | 0 | 0.0% |
| Missing | 0 | 0.0% |
| ***As a result of the services I receive from the program, I feel more empowered and hopeful.*** | | |
| Strongly Agree | 98 | 51.0% |
| Agree | 71 | 37.0% |
| Undecided | 17 | 8.9% |
| Disagree | 5 | 2.6% |
| Strongly Disagree | 1 | 0.5% |
| Not Applicable | 0 | 0.0% |
| Missing | 0 | 0.0% |
| ***I feel the program staff that I work with listen to me.*** | | |
| Strongly Agree | 130 | 67.7% |
| Agree | 53 | 27.6% |
| Undecided | 7 | 3.6% |
| Disagree | 0 | 0.0% |
| Strongly Disagree | 1 | 0.5% |
| Not Applicable | 1 | 0.5% |
| Missing | 0 | 0.0% |

| *I feel the services I receive from the program reflect my cultural beliefs, preferences and values.* | | |
|---|---|---|
| Strongly Agree | 102 | 53.1% |
| Agree | 70 | 36.5% |
| Undecided | 19 | 9.9% |
| Disagree | 0 | 0.0% |
| Strongly Disagree | 1 | 0.5% |
| Not Applicable | 0 | 0.0% |
| Missing | 0 | 0.0% |

## Mobile Crisis Support Teams (MCST)

**Program Type:** PEI Access and Linkage to Treatment

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

Each MCST is comprised of a Police Officer/Deputy Sheriff who is trained in Crisis Intervention Training (CIT) to respond to persons experiencing mental health crisis, a BHS licensed mental health counselor, and a contracted Cal Voices Peer provider. The team employs a ride along/co-response, first responder model in which the BHS counselor and a law enforcement Officer/Deputy respond together to emergency calls involving mental health distress or mental health crises with the goal of mitigating the crisis in the community and linking individuals to resources and services. The MCST follow up team, comprised of a counselor and Cal Voices peer staff, then provides follow-up engagement and services for individuals with potential mental health needs to ensure they are offered support in navigating care systems and successfully link to appropriate services.

**Number Served:** In FY 21/22, the MCST served a total of 1,745 unduplicated individuals in the community.

**MCST Demographics:**

| | **N = 1,745** | % |
|---|---|---|
| ***Age Group*** | | |
| Children/Youth (0-15) | 134 | 7.7% |
| TAY (16-25) | 321 | 18.4% |
| Adults (26-59) | 999 | 57.2% |
| Older Adults (60+) | 290 | 16.6% |
| Unknown/Not Reported | 1 | 0.1% |
| ***Ethnicity*** | | |
| Hispanic or Latino | 190 | 10.9% |
| Non-Hispanic/Non-Latino | 1029 | 59.0% |
| Other | 48 | 2.8% |
| More than one ethnicity | 0 | 0.0% |
| Unknown/Not Reported | 478 | 27.4% |
| ***Race*** | | |
| White | 869 | 49.8% |
| Black or African American | 312 | 17.9% |

| | | |
|---|---|---|
| Asian | 39 | 2.2% |
| American Indian or Alaska Native | 11 | 0.6% |
| Native Hawaiian or other Pacific Islander | 43 | 2.5% |
| More than one race | 86 | 4.9% |
| Other | 148 | 8.5% |
| Unknown/Not Reported | 237 | 13.6% |
| ***Primary Language*** | | |
| English | 1,653 | 94.7% |
| Spanish | 22 | 1.3% |
| Vietnamese | 6 | 0.3% |
| Cantonese | 2 | 0.1% |
| Russian | 8 | 0.5% |
| Hmong | 2 | 0.1% |
| Arabic | 2 | 0.1% |
| Other | 24 | 1.4% |
| Unknown/Not Reported | 26 | 1.5% |
| ***Sexual Orientation*** | | |
| Heterosexual or Straight | 170 | 9.7% |
| Gay or Lesbian | 5 | 0.3% |
| Bisexual | 0 | 0.0% |
| Questioning or unsure | 0 | 0.0% |
| Queer | 0 | 0.0% |
| Another sexual orientation | 1 | 0.1% |
| Unknown/Not Reported | 1,569 | 89.9% |
| ***Current Gender Identity*** | | |
| Female | 179 | 10.3% |
| Male | 158 | 9.1% |
| Transgender | 4 | 0.2% |
| Genderqueer | 0 | 0.0% |
| Questioning or unsure | 0 | 0.0% |
| Another gender identity | 2 | 0.1% |
| Unknown/Not Reported | 1,402 | 80.3% |
| **Veteran Status** | | |
| Yes | 0 | 0.0% |
| No | 0 | 0.0% |
| Unknown/Not Reported | 1,754 | 100.5% |

## Mental Health Respite Programs

**Program Type:** PEI Improving Timely Access to Services for Underserved Populations

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

- **Caregiver Crisis Intervention Respite Program:** Administered by Del Oro Caregiver Resource Center, helps decrease hospitalizations due to mental health crises of family caregivers of dementia patients. The program provides respite care, family consultation, home visits and an assessment with a Master's level clinician to develop a care plan focused on services, supports and wellness. The program serves adult caregivers of all age groups with the majority of caregivers being in the 60+ age range.
- **Danelle's Place Respite Program:** Administered by Gender Health Center, provides mental health respite care, via a drop in center, to unserved and underserved adults ages 18 and over, who identify as lesbian, gay, bisexual, transgender, queer, questioning and/or allied adults. There is an emphasis on serving transgender individuals who are experiencing overwhelming stress due to life circumstances, in order to prevent an acute mental health crisis. Services shall include: assessment, supportive activities, individual and group chat, narrative authoring activities, therapeutic art activities, peer counseling, other crisis prevention services, and community outreach activities. Danelle's Place Respite Program ended June 30, 2022.
- **Lambda Lounge Adult Mental Health Respite Program:** Administered by Sacramento LGBT Community Center, provides drop-in mental health respite care designed to prevent an acute mental health crisis from occurring, as well as suicide prevention support services to unserved and underserved adults and older adults who identify as LGBTQ. The program offers a variety of support groups focused on mitigating risk factors, building healthy relationships, health and wellness, etc.
- **Q Spot Youth/Transition Age Youth (TAY) Respite Program**: Administered by Sacramento LGBT Community Center, provides drop-in mental health respite care and supportive services to unserved and underserved youth/TAY ages thirteen (13) through twenty-three (23) who identify as LGBTQ. In addition, support groups are provided with a range of topics, including but not limited to: anti-bullying, coming out, healthy relationships, and life skills development. Q-Spot program offers LGBTQ+ youth community with peers and staff with the same lived experience, which is critical to improving their mental health.

- **Respite Program serving youth and TAY (now known as Rejuvenation Haven):** Administered by Wind Youth Services, provides mental health respite care to youth/TAY ages 13-25 years old experiencing overwhelming stress due to life circumstance and homelessness. Services may be accessed via drop-in center or with a pre-planned visit and include screening, planning, crisis intervention, life skills workshops, health screenings, groups, crisis counseling, and case management.
- **The Ripple Effect Respite Program:** Administered by A Church for All, provides respite services to unserved and underserved adults ages 18 and older, with emphasis on people of color (POC) and lesbian, gay, bisexual, transgender, and/or questioning (LGBTQ) at risk of or experiencing a mental health crisis. Services include screening, supportive services, individual and group support, linkage to other services, peer supports, other crisis response services, and community outreach activities. The Ripple Effect promotes community connection and other supportive resources so participants leave experiencing less stress than when they arrived. Participants may return to utilize respite services as needed.

**Number Served:** In FY 21/22, the respite programs served a total of 2,155 individuals in the community.

## Respite Programs Demographics:

| Prevention and Early Intervention (PEI) Respite Programs - FY 2021-22 | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Caregiver Crisis Intervention | | Danelle's Place | | Lambda Lounge | | Q-Spot | | Respite Program Serving Youth and TAY | | The Ripple Effect | | Total | |
| | N=173 | % | N=73 | % | N=621 | % | N=479 | % | N=552 | % | N=257 | % | N=2,155 | % |
| ***Age Group*** | | | | | | | | | | | | | | |
| Children/Youth (0-15) | 0 | 0.0% | 0 | 0.0% | 2 | 0.3% | 54 | 11.3% | 0 | 0.0% | 0 | 0.0% | 56 | 2.6% |
| TAY (16-25) | 1 | 0.6% | 23 | 31.5% | 22 | 3.5% | 130 | 27.1% | 188 | 34.1% | 7 | 2.7% | 371 | 17.2% |
| Adults (26-59) | 54 | 31.2% | 27 | 37.0% | 220 | 35.4% | 3 | 0.6% | 0 | 0.0% | 147 | 57.2% | 451 | 20.9% |
| Older Adults (60+) | 118 | 68.2% | 0 | 0.0% | 74 | 11.9% | 0 | 0.0% | 0 | 0.0% | 17 | 6.6% | 209 | 9.7% |
| Unknown/Not Reported | 0 | 0.0% | 23 | 31.5% | 303 | 48.8% | 292 | 61.0% | 364 | 65.9% | 86 | 33.5% | 1,068 | 49.6% |
| ***Ethnicity*** | | | | | | | | | | | | | | |
| Hispanic or Latino | 23 | 13.3% | 16 | 21.9% | 36 | 5.8% | 45 | 9.4% | 26 | 4.7% | 24 | 9.3% | 170 | 7.9% |
| Non-Hispanic/Non-Latino | 149 | 86.1% | 37 | 50.7% | 402 | 64.7% | 149 | 31.1% | 163 | 29.5% | 159 | 61.9% | 1,059 | 49.1% |
| Other | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| More than one ethnicity | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Unknown/Not Reported | 1 | 0.6% | 20 | 27.4% | 183 | 29.5% | 285 | 59.5% | 363 | 65.8% | 74 | 28.8% | 926 | 43.0% |
| ***Race*** | | | | | | | | | | | | | | |
| White | 140 | 80.9% | 28 | 38.4% | 141 | 22.7% | 118 | 24.6% | 43 | 7.8% | 92 | 35.8% | 562 | 26.1% |
| Black or African American | 14 | 8.1% | 7 | 9.6% | 40 | 6.4% | 26 | 5.4% | 83 | 15.0% | 72 | 28.0% | 242 | 11.2% |
| Asian | 3 | 1.7% | 4 | 5.5% | 9 | 1.4% | 10 | 2.1% | 2 | 0.4% | 2 | 0.8% | 30 | 1.4% |
| American Indian or Alaska Native | 0 | 0.0% | 3 | 4.1% | 3 | 0.5% | 11 | 2.3% | 6 | 1.1% | 9 | 3.5% | 32 | 1.5% |
| Native Hawaiian or other Pacific Islander | 4 | 2.3% | 3 | 4.1% | 1 | 0.2% | 23 | 4.8% | 7 | 1.3% | 8 | 3.1% | 46 | 2.1% |
| More than one race | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Other | 11 | 6.4% | 4 | 5.5% | 91 | 14.7% | 26 | 5.4% | 53 | 9.6% | 11 | 4.3% | 196 | 9.1% |
| Unknown/Not Reported | 1 | 0.6% | 24 | 32.9% | 336 | 54.1% | 265 | 55.3% | 358 | 64.9% | 63 | 24.5% | 1,047 | 48.6% |
| ***Primary Language*** | | | | | | | | | | | | | | |
| English | 172 | 99.4% | 51 | 69.9% | 401 | 64.6% | 190 | 39.7% | 200 | 36.2% | 184 | 71.6% | 1,198 | 55.6% |
| Spanish | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Vietnamese | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Cantonese | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Russian | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Hmong | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Arabic | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Other | 1 | 0.6% | 1 | 1.4% | 2 | 0.3% | 6 | 1.3% | 1 | 0.2% | 0 | 0.0% | 11 | 0.5% |
| Unknown/Not Reported | 0 | 0.0% | 21 | 28.8% | 218 | 35.1% | 283 | 59.1% | 351 | 63.6% | 73 | 28.4% | 946 | 43.9% |

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

## Respite Programs Demographics – Cont.

| Prevention and Early Intervention (PEI) Respite Programs - FY 2021-22 | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Caregiver Crisis Intervention | | Danelle's Place | | Lambda Lounge | | Q-Spot | | Respite Program Serving Youth and TAY | | The Ripple Effect | | Total | |
| | N=173 | % | N=73 | % | N=621 | % | N=479 | % | N=552 | % | N=257 | % | N=2,155 | % |
| ***Age Group*** | | | | | | | | | | | | | | |
| Children/Youth (0-15) | 0 | 0.0% | 0 | 0.0% | 2 | 0.3% | 54 | 11.3% | 0 | 0.0% | 0 | 0.0% | 56 | 2.6% |
| TAY (16-25) | 1 | 0.6% | 23 | 31.5% | 22 | 3.5% | 130 | 27.1% | 188 | 34.1% | 7 | 2.7% | 371 | 17.2% |
| Adults (26-59) | 54 | 31.2% | 27 | 37.0% | 220 | 35.4% | 3 | 0.6% | 0 | 0.0% | 147 | 57.2% | 451 | 20.9% |
| Older Adults (60+) | 118 | 68.2% | 0 | 0.0% | 74 | 11.9% | 0 | 0.0% | 0 | 0.0% | 17 | 6.6% | 209 | 9.7% |
| Unknown/Not Reported | 0 | 0.0% | 23 | 31.5% | 303 | 48.8% | 292 | 61.0% | 364 | 65.9% | 86 | 33.5% | 1,068 | 49.6% |
| ***Ethnicity*** | | | | | | | | | | | | | | |
| Hispanic or Latino | 23 | 13.3% | 16 | 21.9% | 36 | 5.8% | 45 | 9.4% | 26 | 4.7% | 24 | 9.3% | 170 | 7.9% |
| Non-Hispanic/Non-Latino | 149 | 86.1% | 37 | 50.7% | 402 | 64.7% | 149 | 31.1% | 163 | 29.5% | 159 | 61.9% | 1,059 | 49.1% |
| Other | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| More than one ethnicity | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Unknown/Not Reported | 1 | 0.6% | 20 | 27.4% | 183 | 29.5% | 285 | 59.5% | 363 | 65.8% | 74 | 28.8% | 926 | 43.0% |
| ***Race*** | | | | | | | | | | | | | | |
| White | 140 | 80.9% | 28 | 38.4% | 141 | 22.7% | 118 | 24.6% | 43 | 7.8% | 92 | 35.8% | 562 | 26.1% |
| Black or African American | 14 | 8.1% | 7 | 9.6% | 40 | 6.4% | 26 | 5.4% | 83 | 15.0% | 72 | 28.0% | 242 | 11.2% |
| Asian | 3 | 1.7% | 4 | 5.5% | 9 | 1.4% | 10 | 2.1% | 2 | 0.4% | 2 | 0.8% | 30 | 1.4% |
| American Indian or Alaska Native | 0 | 0.0% | 3 | 4.1% | 3 | 0.5% | 11 | 2.3% | 6 | 1.1% | 9 | 3.5% | 32 | 1.5% |
| Native Hawaiian or other Pacific Islander | 4 | 2.3% | 3 | 4.1% | 1 | 0.2% | 23 | 4.8% | 7 | 1.3% | 8 | 3.1% | 46 | 2.1% |
| More than one race | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Other | 11 | 6.4% | 4 | 5.5% | 91 | 14.7% | 26 | 5.4% | 53 | 9.6% | 11 | 4.3% | 196 | 9.1% |
| Unknown/Not Reported | 1 | 0.6% | 24 | 32.9% | 336 | 54.1% | 265 | 55.3% | 358 | 64.9% | 63 | 24.5% | 1,047 | 48.6% |
| ***Primary Language*** | | | | | | | | | | | | | | |
| English | 172 | 99.4% | 51 | 69.9% | 401 | 64.6% | 190 | 39.7% | 200 | 36.2% | 184 | 71.6% | 1,198 | 55.6% |
| Spanish | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Vietnamese | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Cantonese | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Russian | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Hmong | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Arabic | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Other | 1 | 0.6% | 1 | 1.4% | 2 | 0.3% | 6 | 1.3% | 1 | 0.2% | 0 | 0.0% | 11 | 0.5% |
| Unknown/Not Reported | 0 | 0.0% | 21 | 28.8% | 218 | 35.1% | 283 | 59.1% | 351 | 63.6% | 73 | 28.4% | 946 | 43.9% |

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

## Satisfaction Survey Results – Caregiver Crisis Intervention

| N=173 | % |
|---|---|
| ***The services I received or group(s) I attended helped me in these areas:*** | |
| Finding services and supports | 99.3% |
| Feeling less lonely | 97.4% |
| Manage my daily life stressors | 98.7% |
| Keeping myself safe | 93.4% |
| Managing a crisis | 99.2% |
| ***I'll use these skills to help with…*** | |
| Finding services and supports | 99.3% |
| Feeling less lonely | 97.9% |
| Manage my daily life stressors | 99.3% |
| Keeping myself safe | 95.2% |
| Managing a crisis | 98.5% |
| ***I am more aware of community services and supports that can help me or others in my family as a result of the services I received or group I attended.*** | |
| Strongly Agree/Agree | 97.2% |
| Undecided | 2.0% |
| Disagree/Strongly Disagree | 0.8% |
| Not Applicable | 0.0% |
| ***I learned skills from the services I received or groups that I attended that I use each day or share with others.*** | |
| Strongly Agree/Agree | 90.2% |
| Undecided | 6.8% |
| Disagree/Strongly Disagree | 2.9% |
| Not Applicable | 0.0% |
| ***I would come back again if I needed help for myself or others in my family.*** | |
| Strongly Agree/Agree | 100.0% |
| Undecided | 0.0% |
| Disagree/Strongly Disagree | 0.0% |
| Not Applicable | 0.0% |
| ***As a result of the services I received or group(s) I attended, I know how to get help if I knew someone who is suicidal or if I felt suicidal.*** | |
| Strongly Agree/Agree | 88.2% |
| Undecided | 10.7% |
| Disagree/Strongly Disagree | 0.9% |
| Not Applicable | 0.0% |
| ***I felt the services I received reflected my cultural beliefs, preferences, and values which made me feel respected.*** | |
| Strongly Agree/Agree | 95.6% |
| Undecided | 4.4% |
| Disagree/Strongly Disagree | 0.0% |
| Not Applicable | 0.0% |

## Satisfaction Survey Results – Respite Programs: Adults

| | The Ripple Effect (N=552) | Danelle's Place (N=72) | Lambda Lounge (N=1,282) |
|---|---|---|---|
| | % | % | % |
| ***The services I received or group(s) I attended helped me in these areas*** | | | |
| Finding services and supports | 94.7% | 95.8% | 99.6% |
| Feeling less lonely | 93.7% | 87.0% | 99.6% |
| Manage my daily life stressors | 93.7% | 95.7% | 99.6% |
| Keeping myself safe | 94.1% | 80.5% | 99.5% |
| Managing a crisis | 98.2% | 78.4% | 99.4% |
| ****I'll use these skills to help with…..*** | | | |
| Finding services and supports | 94.5% | 93.3% | 99.6% |
| Feeling less lonely | 93.1% | 85.4% | 99.6% |
| Manage my daily life stressors | 93.7% | 88.9% | 99.6% |
| Keeping myself safe | 93.7% | 91.9% | 99.5% |
| Managing a crisis | 93.1% | 82.9% | 99.5% |
| ***I am more aware of community services and supports that can help me or others in my family as a result of the services I received or group I attended.*** | | | |
| Strongly Agree/Agree | 93.4% | 94.9% | 99.5% |
| Undecided | 0.9% | 3.4% | 0.0% |
| Disagree/Strongly Disagree | 0.0% | 1.7% | 0.0% |
| Not Applicable | 5.6% | 0.0% | 0.5% |
| ***I learned skills from the services I received or groups that I attended that I use each day or share with others.*** | | | |
| Strongly Agree/Agree | 89.7% | 88.2% | 99.5% |
| Undecided | 4.2% | 3.4% | 0.1% |
| Disagree/Strongly Disagree | 0.0% | 1.7% | 0.0% |
| Not Applicable | 6.0% | 0.0% | 0.5% |
| ***I would come back again if I needed help for myself or others in my family.*** | | | |
| Strongly Agree/Agree | 94.0% | 88.2% | 99.6% |
| Undecided | 0.2% | 9.8% | 0.0% |
| Disagree/Strongly Disagree | 0.0% | 2.0% | 0.0% |
| Not Applicable | 5.8% | 0.0% | 0.4% |
| ***As a result of the services I received or group(s) I attended, I know how to get help if I knew someone who is suicidal or if I felt suicidal.*** | | | |
| Strongly Agree/Agree | 81.5% | 96.9% | 99.5% |
| Undecided | 13.1% | 3.1% | 0.2% |
| Disagree/Strongly Disagree | 0.0% | 0.0% | 0.0% |
| Not Applicable | 5.4% | 0.0% | 0.4% |

*The denominator varies for each question, as not all questions were applicable to every person who submitted a survey.

| | | | |
|---|---|---|---|
| ***I felt the services I received reflected my cultural beliefs, preferences, and values which made me feel respected*** | | | |
| Strongly Agree/Agree | 94.2% | 85.2% | 99.5% |
| Undecided | 0.4% | 11.1% | 0.1% |
| Disagree/Strongly Disagree | 0.0% | 3.7% | 0.0% |
| Not Applicable | 5.5% | 0.0% | 0.4% |
| ***I would like this program or group to expand in order to provide more access and/or services.*** | | | |
| Strongly Agree/Agree | 94.2% | 95.3% | 99.5% |
| Undecided | 0.2% | 3.1% | 0.1% |
| Disagree/Strongly Disagree | 0.0% | 1.6% | 0.0% |
| Not Applicable | 5.6% | 0.0% | 0.5% |

*The denominator varies for each question, as not all questions were applicable to every person who submitted a survey.

## Satisfaction Survey Results – Respite Programs: Youth

| | **Respite Program serving youth and TAY (now known as Rejuvenation Haven)** | | **Q Spot** | |
|---|---|---|---|---|
| | **N=109** | **%** | **N=17** | **%** |
| ***Is there anything we can do to improve this service?*** | | | | |
| Adult conversations | 1 | 0.9% | 0 | 0.0% |
| Better communication between staff and clients pertaining to the staff schedules so clients can get the help they need. | 2 | 1.8% | 0 | 0.0% |
| Casual microaggressions from some youth make me uncomfortable. | 1 | 0.9% | 0 | 0.0% |
| Free Wi-Fi | 1 | 0.9% | 0 | 0.0% |
| Hire staff that aren't here just for the money and would actually love to interact with us and take they jobs serious too!! | 2 | 1.8% | 0 | 0.0% |
| More/better food and drinks | 2 | 1.8% | 4 | 5.6% |
| A/C, Get windows that open to help with mood and odors | 2 | 1.8% | 2 | 2.8% |
| More events, workshops, crafts, and music sessions | 1 | 0.9% | 1 | 1.4% |
| N/A /I don't know/ Decline to State | 71 | 65.1% | 60 | 84.5% |
| No, perfect, great, good as is | 26 | 23.9% | 4 | 5.6% |

## Mental Health Respite Programs – Outreach

**Number Served:** In FY 21/22, the respite programs attended 149 community events and disseminated information to 2,246 individuals.

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

| Program | # of Events | # of Direct Contacts |
|---|---|---|
| Caregiver Respite Program | 0 | 0 |
| Danelle's Place | 0 | 0 |
| Lambda Lounge | 75 | 754 |
| Q Spot | 13 | 384 |
| Respite Program serving youth and TAY (now known as Rejuvenation Haven) | 0 | 0 |
| The Ripple Effect | 61 | 1,108 |
| **Total** | **149** | **2,246** |

## Strengthening Families Program
## Ages Served: Children, TAY, Adults, Older Adults

**The Strengthening Families Program consists of:**

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

## Quality Childcare Collaborative (QCCC)

**Program Type:** PEI Prevention

**Program Description:** QCCC is a collaboration between Behavioral Health Services (BHS), Child Action, Sacramento County Office of Education (SCOE), and other partners. This collaborative leverages First 5 funding to provide behavioral health consultations to preschools and early childcare learning environments for children, birth through age five (5). Consultations are designed to increase teacher awareness about the meaning of behavior and to provide strategies to ensure the success of the child while in a childcare and/or preschool setting. Support and education is also available for parents.

**Number Served:** In FY 21/22, 61 unduplicated caregivers and teachers utilized QCCC.

**Demographics:**

| | **N = 61** | % |
|---|---|---|
| ***Age Group*** | | |
| Children/Youth (0-15) | 26 | 42.6% |
| TAY (16-25) | 10 | 16.4% |
| Adults (26-59) | 17 | 27.9% |
| Older Adults (60+) | 5 | 8.2% |
| Unknown/Not Reported | 3 | 4.9% |
| ***Ethnicity*** | | |
| Hispanic or Latino | 8 | 13.1% |
| Non-Hispanic/Non-Latino | 41 | 67.2% |
| Other | 0 | 0.0% |
| More than one ethnicity | 0 | 0.0% |
| Unknown/Not Reported | 12 | 19.7% |
| ***Race*** | | |
| White | 31 | 50.8% |
| Black or African American | 12 | 19.7% |
| Asian | 6 | 9.8% |
| American Indian or Alaska Native | 0 | 0.0% |
| Native Hawaiian or other Pacific Islander | 0 | 0.0% |
| More than one race | 5 | 8.2% |
| Other | 2 | 3.3% |
| Unknown/Not Reported | 5 | 8.2% |
| ***Primary Language*** | | |
| English | 52 | 85.2% |
| Spanish | 1 | 1.6% |
| Vietnamese | 0 | 0.0% |
| Cantonese | 0 | 0.0% |
| Russian | 0 | 0.0% |
| Hmong | 3 | 4.9% |
| Arabic | 0 | 0.0% |
| Other | 4 | 6.6% |

| | | |
|---|---|---|
| Unknown/Not Reported | 1 | 1.6% |
| ***Sexual Orientation*** | | |
| Heterosexual or Straight | 24 | 39.3% |
| Gay or Lesbian | 0 | 0.0% |
| Bisexual | 3 | 4.9% |
| Questioning or unsure | 0 | 0.0% |
| Queer | 1 | 1.6% |
| Another sexual orientation | 0 | 0.0% |
| Unknown/Not Reported | 33 | 54.1% |
| ***Current Gender Identity*** | | |
| Female | 37 | 60.7% |
| Male | 22 | 36.1% |
| Transgender | 0 | 0.0% |
| Genderqueer | 1 | 1.6% |
| Questioning or unsure | 0 | 0.0% |
| Another gender identity | 0 | 0.0% |
| Unknown/Not Reported | 1 | 1.6% |
| **Veteran Status** | | |
| Yes | 0 | 0.0% |
| No | 61 | 100.0% |
| Unknown/Not Reported | 0 | 0.0% |

## CPS Mental Health Team

**Program Type:** PEI Improving Timely Access for Underserved Populations

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

**Number Served:** In FY 21/22, 648 children, 0-20 years of age, received mental health screenings.

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

| | **N = 648** | % |
|---|---|---|
| ***Age Group*** | | |
| Children/Youth (0-15) | 539 | 83.2% |
| TAY (16-25) | 45 | 6.9% |
| Adults (26-59) | 61 | 9.4% |
| Older Adults (60+) | 1 | 0.2% |
| Unknown/Not Reported | 2 | 0.3% |
| ***Ethnicity*** | | |
| Hispanic or Latino | 94 | 14.5% |
| Non-Hispanic/Non-Latino | 157 | 24.2% |
| Other | 17 | 2.6% |
| More than one ethnicity | 0 | 0.0% |
| Unknown/Not Reported | 380 | 58.6% |
| ***Race*** | | |
| White | 117 | 18.1% |
| Black or African American | 172 | 26.5% |
| Asian | 13 | 2.0% |
| American Indian or Alaska Native | 8 | 1.2% |
| Native Hawaiian or other Pacific Islander | 11 | 1.7% |
| More than one race | 41 | 6.3% |
| Other | 34 | 5.2% |
| Unknown/Not Reported | 252 | 38.9% |
| ***Primary Language*** | | |
| English | 451 | 69.6% |
| Spanish | 9 | 1.4% |

| | | |
|---|---|---|
| Vietnamese | 1 | 0.2% |
| Cantonese | 0 | 0.0% |
| Russian | 0 | 0.0% |
| Hmong | 0 | 0.0% |
| Arabic | 0 | 0.0% |
| Other | 5 | 0.8% |
| Unknown/Not Reported | 182 | 28.1% |
| ***Sexual Orientation*** | | |
| Heterosexual or Straight | 70 | 10.8% |
| Gay or Lesbian | 3 | 0.5% |
| Bisexual | 5 | 0.8% |
| Questioning or unsure | 13 | 2.0% |
| Queer | 0 | 0.0% |
| Another sexual orientation | 0 | 0.0% |
| Unknown/Not Reported | 557 | 86.0% |
| ***Current Gender Identity*** | | |
| Female | 46 | 7.1% |
| Male | 25 | 3.9% |
| Transgender | 0 | 0.0% |
| Genderqueer | 0 | 0.0% |
| Questioning or unsure | 0 | 0.0% |
| Another gender identity | 0 | 0.0% |
| Unknown/Not Reported | 577 | 89.0% |
| **Veteran Status** | | |
| Yes | 0 | 0.0% |
| No | 292 | 45.1% |
| Unknown/Not Reported | 356 | 54.9% |

## Bullying Prevention Education and Training Program

**Program Type:** PEI Prevention

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

**Number Served:** The total number of people participating in the Bullying Prevention Program FY21/22 was 64,293. Of those, there were:

- Staff Trained: 1,821
- Students Served: 43,142
- Parents Served: 19,330

**Demographics:** Unavailable due to program design.

## Youth Mental Health First Aid (YMHFA)

**Program Type:** PEI Outreach for Increasing Early Signs of Mental Illness

**Program Description:** YMHFA is administered by Sacramento County Office of Education (SCOE) to increase the number of school staff and caregivers receiving YMHFA training.

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

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

**Number Served:** In FY 21/22, 16 trainings were offered to teachers, school staff, caregivers and others. A total of 210 participated across 16 trainings.

**Demographics:** Unavailable due to program design.

## Early Violence Prevention Begins with Education (eVIBE)

**Program Type:** PEI Outreach for Increasing Early Signs of Mental Illness

**Program Description:** Administered by the Sacramento Children's Home, uses universal and selective evidence-based prevention approaches to target children and youth ages six (6) to eighteen (18) and their family members/caregivers to improve social skills, increase protective factors, prevent youth violence, and reduce or eliminate family conflict.

**Number Served:** In FY 21/22, 1,629 unduplicated individuals were served.

**eVIBE Demographics:**

| | **N = 1,629** | % |
|---|---|---|
| ***Age Group*** | | |
| Children/Youth (0-15) | 1,486 | 91.2% |
| TAY (16-25) | 34 | 2.1% |
| Adults (26-59) | 51 | 3.1% |
| Older Adults (60+) | 5 | 0.3% |
| Unknown/Not Reported | 53 | 3.3% |
| ***Ethnicity*** | | |
| Hispanic or Latino | 629 | 38.6% |
| Non-Hispanic/Non-Latino | 665 | 40.8% |
| Other | 0 | 0.0% |
| More than one ethnicity | 0 | 0.0% |
| Unknown/Not Reported | 335 | 20.6% |
| ***Race*** | | |
| White | 255 | 15.7% |
| Black or African American | 152 | 9.3% |
| Asian | 266 | 16.3% |
| American Indian or Alaska Native | 5 | 0.3% |
| Native Hawaiian or other Pacific Islander | 20 | 1.2% |
| More than one race | 319 | 19.6% |
| Other | 433 | 26.6% |
| Unknown/Not Reported | 179 | 11.0% |
| ***Primary Language*** | | |
| English | 1,206 | 74.0% |
| Spanish | 124 | 7.6% |
| Vietnamese | 8 | 0.5% |
| Cantonese | 18 | 1.1% |
| Russian | 8 | 0.5% |
| Hmong | 12 | 0.7% |
| Arabic | 1 | 0.1% |
| Other | 17 | 1.0% |
| Unknown/Not Reported | 235 | 14.4% |

| ***Sexual Orientation*** | | |
|---|---|---|
| Heterosexual or Straight | 39 | 2.4% |
| Gay or Lesbian | 5 | 0.3% |
| Bisexual | 1 | 0.1% |
| Questioning or unsure | 0 | 0.0% |
| Queer | 0 | 0.0% |
| Another sexual orientation | 0 | 0.0% |
| Unknown/Not Reported | 1,584 | 97.2% |
| ***Current Gender Identity*** | | |
| Female | 799 | 49.0% |
| Male | 806 | 49.5% |
| Transgender | 0 | 0.0% |
| Genderqueer | 0 | 0.0% |
| Questioning or unsure | 0 | 0.0% |
| Another gender identity | 7 | 0.4% |
| Unknown/Not Reported | 17 | 1.0% |
| **Veteran Status** | | |
| Yes | 0 | 0.0% |
| No | 0 | 0.0% |
| Unknown/Not Reported | 1,629 | 100.0% |

## Satisfaction Survey Results – eVIBE Parent Survey

| **Parent Survey Items** | **N=32** | **%** |
|---|---|---|
| ***I am better able to problem solve within my family by utilizing my nurturing parenting skills.*** | | |
| Strongly Agree | 12 | 37.5% |
| Agree | 16 | 50.0% |
| Neutral | 4 | 12.5% |
| Disagree | 0 | 0.0% |
| Strongly Disagree | 0 | 0.0% |
| ***I have learned new nurturing skills (self-care, managing stress and behavior, empathy, etc.) to build nurturing relationships with myself and my family.*** | | |
| Strongly Agree | 19 | 59.4% |
| Agree | 12 | 37.5% |
| Neutral | 1 | 3.1% |
| Disagree | 0 | 0.0% |
| Strongly Disagree | 0 | 0.0% |
| ***My family and I have more tools to successfully resolve conflicts or disagreements.*** | | |
| Strongly Agree | 15 | 46.9% |
| Agree | 16 | 50.0% |
| Neutral | 0 | 0.0% |
| Disagree | 1 | 3.1% |
| Strongly Disagree | 0 | 0.0% |

| | | |
|---|---|---|
| ***I am able to communicate more effectively with my family.*** | | |
| Strongly Agree | 10 | 31.3% |
| Agree | 15 | 46.9% |
| Neutral | 7 | 21.9% |
| Disagree | 0 | 0.0% |
| Strongly Disagree | 0 | 0.0% |
| ***I have experienced a positive change within my family relationships because of NPP services.*** | | |
| Strongly Agree | 14 | 43.8% |
| Agree | 15 | 46.9% |
| Neutral | 3 | 9.4% |
| Disagree | 0 | 0.0% |
| Strongly Disagree | 0 | 0.0% |
| ***I have learned about available community resources.*** | | |
| Strongly Agree | 7 | 21.9% |
| Agree | 17 | 53.1% |
| Neutral | 5 | 15.6% |
| Disagree | 3 | 9.4% |
| Strongly Disagree | 0 | 0.0% |

## Adoptive Families Respite Program

**Program Type:** PEI Prevention

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

**Number Served:** In FY 21/22, 416 families utilized this respite service. Note: Demographics are not unduplicated because the same families may have utilized respite services more than once in the year.

**Adoptive Families Respite Demographics:**

| | **N = 416** | % |
|---|---|---|
| ***Age Group*** | | |
| Children/Youth (0-15) | 213 | 51.2% |
| TAY (16-25) | 16 | 3.8% |
| Adults (26-59) | 161 | 38.7% |
| Older Adults (60+) | 14 | 3.4% |
| Unknown/Not Reported | 12 | 2.9% |
| ***Ethnicity*** | | |
| Hispanic or Latino | 71 | 17.1% |
| Non-Hispanic/Non-Latino | 342 | 82.2% |
| Other | 0 | 0.0% |
| More than one ethnicity | 0 | 0.0% |
| Unknown/Not Reported | 3 | 0.7% |
| ***Race*** | | |
| White | 249 | 59.9% |
| Black or African American | 71 | 17.1% |
| Asian | 0 | 0.0% |
| American Indian or Alaska Native | 6 | 1.4% |
| Native Hawaiian or other Pacific Islander | 0 | 0.0% |
| More than one race | 42 | 10.1% |
| Other | 22 | 5.3% |
| Unknown/Not Reported | 26 | 6.3% |
| ***Primary Language*** | | |
| English | 413 | 99.3% |
| Spanish | 0 | 0.0% |
| Vietnamese | 0 | 0.0% |
| Cantonese | 0 | 0.0% |
| Russian | 0 | 0.0% |

| | | |
|---|---|---|
| Hmong | 0 | 0.0% |
| Arabic | 0 | 0.0% |
| Other | 0 | 0.0% |
| Unknown/Not Reported | 3 | 0.7% |
| ***Sexual Orientation*** | | |
| Heterosexual or Straight | 312 | 75.0% |
| Gay or Lesbian | 23 | 5.5% |
| Bisexual | 14 | 3.4% |
| Questioning or unsure | 20 | 4.8% |
| Queer | 3 | 0.7% |
| Another sexual orientation | 20 | 4.8% |
| Unknown/Not Reported | 24 | 5.8% |
| ***Current Gender Identity*** | | |
| Female | 207 | 49.8% |
| Male | 192 | 46.2% |
| Transgender | 5 | 1.2% |
| Genderqueer | 0 | 0.0% |
| Questioning or unsure | 0 | 0.0% |
| Another gender identity | 8 | 1.9% |
| Unknown/Not Reported | 4 | 1.0% |
| **Veteran Status** | | |
| Yes | 2 | 0.5% |
| No | 412 | 99.0% |
| Unknown/Not Reported | 2 | 0.5% |

## Satisfaction Survey Results – Adoptive Families Respite

| N= 108 | % |
|---|---|
| ***As a result of the services I received or group(s) I attended, I know how to get help if I knew someone who is suicidal or if I felt suicidal.*** | |
| Strongly Agree/Agree | 71% |
| Undecided | 6% |
| Disagree/Strongly Disagree | 1% |
| N/A | 22% |
| ***I felt the services I received reflected my cultural beliefs, preferences, and values which made me feel respected.*** | |
| Strongly Agree/Agree | 95% |
| Undecided | 1% |
| Disagree/Strongly Disagree | |
| N/A | 4% |
| ***I had a decrease in stress.*** | |
| Strongly Agree/Agree | 96% |
| Undecided | 2% |
| *Disagree/Strongly Disagree* | 0% |
| N/A | 2% |
| ***I have an increase in well-being.*** | |
| Strongly Agree/Agree | 97% |
| Undecided | 1% |
| Disagree/Strongly Disagree | 0% |
| N/A | 2% |
| ***I have an increased feeling in my ability to cope.*** | |
| Strongly Agree/Agree | 93% |
| Undecided | 4% |
| Disagree/Strongly Disagree | 0% |
| N/A | 3% |

## The Source

**Program Type:** PEI Improving Timely Access to Services for Underserved Populations

**Program Description:** administered by Sacramento Children's Home, The Source provides a 24 hours per day, 7 days per week, 365 day per year call center providing immediate phone response, mobile in-person/face-to-face crisis intervention, triage services, mediation, follow-up support, and information and referral. The Source is available to all youth up to age 26 and their families, inclusive of current and former foster youth and foster parents/caregivers who are experiencing crisis or emotional or behavioral distress that, without immediate support, risks disruption to the current living situation. Services include peer mentoring, youth and family engagement, support and advocacy, and temporary relief for youth and/or foster parents/caregivers. To be relevant to affected youth, the program also provides outreach and information via a dedicated website, text, video conferencing, and popular social media and apps. Opportunities are provided for youth to participate in normative and developmentally appropriate activities.

**Number Served:** In FY 21/22, The Source served a total of 115 unduplicated individuals.

**The Source Demographics:**

| | **N = 115** | % |
|---|---|---|
| ***Age Group*** | | |
| Children/Youth (0-15) | 76 | 66.1% |
| TAY (16-25) | 38 | 33.0% |
| Adults (26-59) | 0 | 0.0% |
| Older Adults (60+) | 0 | 0.0% |
| Unknown/Not Reported | 1 | 0.9% |
| ***Ethnicity*** | | |
| Hispanic or Latino | 36 | 31.3% |
| Non-Hispanic/Non-Latino | 44 | 38.3% |
| Other | 0 | 0.0% |
| More than one ethnicity | 0 | 0.0% |
| Unknown/Not Reported | 35 | 30.4% |
| ***Race*** | | |
| White | 21 | 18.3% |
| Black or African American | 31 | 27.0% |
| Asian | 6 | 5.2% |
| American Indian or Alaska Native | 1 | 0.9% |
| Native Hawaiian or other Pacific Islander | 4 | 3.5% |
| More than one race | 17 | 14.8% |
| Other | 15 | 13.0% |
| Unknown/Not Reported | 20 | 17.4% |
| ***Primary Language*** | | |
| English | 111 | 96.5% |
| Spanish | 3 | 2.6% |
| Vietnamese | 0 | 0.0% |

| | | |
|---|---|---|
| Cantonese | 0 | 0.0% |
| Russian | 0 | 0.0% |
| Hmong | 1 | 0.9% |
| Arabic | 0 | 0.0% |
| Other | 0 | 0.0% |
| Unknown/Not Reported | 0 | 0.0% |
| ***Sexual Orientation*** | | |
| Heterosexual or Straight | 30 | 26.1% |
| Gay or Lesbian | 2 | 1.7% |
| Bisexual | 3 | 2.6% |
| Questioning or unsure | 4 | 3.5% |
| Queer | 0 | 0.0% |
| Another sexual orientation | 0 | 0.0% |
| Unknown/Not Reported | 76 | 66.1% |
| ***Current Gender Identity*** | | |
| Female | 66 | 57.4% |
| Male | 48 | 41.7% |
| Transgender | 1 | 0.9% |
| Genderqueer | 0 | 0.0% |
| Questioning or unsure | 0 | 0.0% |
| Another gender identity | 0 | 0.0% |
| Unknown/Not Reported | 0 | 0.0% |
| **Veteran Status** | | |
| Yes | 0 | 0.0% |
| No | 0 | 0.0% |
| Unknown/Not Reported | 115 | 100.0% |

## Satisfaction Survey Results – The Source

| | N = 82 | % |
|---|---|---|
| ***My issue was solved.*** | | |
| Completely True | 44 | 53.7% |
| Mostly True | 19 | 23.2% |
| A Little True | 12 | 14.6% |
| Not At All | 0 | 0.0% |
| Don't Want to Answer/Does Not Apply | 7 | 8.5% |
| ***I learned ways to deal with upsetting situations*** | | |
| Completely True | 9 | 11.0% |
| Mostly True | 8 | 9.8% |
| A Little True | 0 | 0.0% |

| | | |
|---|---|---|
| Not At All | 0 | 0.0% |
| Don't Want to Answer/Does Not Apply | 0 | 0.0% |
| ***I feel better and more in control*** | | |
| Completely True | 11 | 13.4% |
| Mostly True | 2 | 2.4% |
| A Little True | 4 | 4.9% |
| Not At All | 0 | 0.0% |
| Don't Want to Answer/Does Not Apply | 0 | 0.0% |

## Safe Zone Squad

**Program Type:** PEI Improving Timely Access to Services for Underserved Populations

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

**Number Served in Prevention:** In FY 21/22, the Safe Zone Squad served a total of 651 students. This is not an unduplicated count as students could have been served in multiple quarters. Of the 651 students served, 19 required more intensive mental health services, i.e. crisis intervention.

**Demographics for all Students Served:**

| | **N = 651** | % |
|---|---|---|
| ***Race/Ethnicity*** | | |
| Hispanic | 246 | 37.8% |
| White | 104 | 16.0% |
| Black or African American | 195 | 30.0% |
| Asian | 74 | 11.4% |
| American Indian or Alaska Native | 19 | 2.9% |
| Native Hawaiian or other Pacific Islander | 13 | 2.0% |
| More than one race | 0 | 0.0% |
| Unknown/Not Reported | 0 | 0.0% |

**Demographics for Students Receiving Higher Level Interventions:**

| | **N = 19** | % |
|---|---|---|
| ***Age Group*** | | |
| Children/Youth (0-15) | 19 | 100.0% |
| TAY (16-25) | 0 | 0.0% |
| Adults (26-59) | 0 | 0.0% |
| Older Adults (60+) | 0 | 0.0% |
| Unknown/Not Reported | 0 | 0.0% |
| ***Ethnicity*** | | |
| Hispanic or Latino | 7 | 36.8% |
| Non-Hispanic/Non-Latino | 11 | 57.9% |
| Other | 0 | 0.0% |
| More than one ethnicity | 0 | 0.0% |
| Unknown/Not Reported | 1 | 5.3% |

**Demos for Students Receiving Higher Level Interventions cont.:**

| | N = 19 | % |
|---|---|---|
| ***Race*** | | |
| White | 2 | 10.5% |
| Black or African American | 7 | 36.8% |
| Asian | 1 | 5.3% |
| American Indian or Alaska Native | 0 | 0.0% |
| Native Hawaiian or other Pacific Islander | 0 | 0.0% |
| More than one race | 2 | 10.5% |
| Other | 7 | 36.8% |
| Unknown/Not Reported | 0 | 0.0% |
| ***Primary Language*** | | |
| English | 19 | 100.0% |
| Spanish | 0 | 0.0% |
| Vietnamese | 0 | 0.0% |
| Cantonese | 0 | 0.0% |
| Russian | 0 | 0.0% |
| Hmong | 0 | 0.0% |
| Arabic | 0 | 0.0% |
| Other | 0 | 0.0% |
| Unknown/Not Reported | 0 | 0.0% |
| ***Sexual Orientation*** | | |
| Heterosexual or Straight | 2 | 10.5% |
| Gay or Lesbian | 0 | 0.0% |
| Bisexual | 0 | 0.0% |
| Questioning or unsure | 0 | 0.0% |
| Queer | 0 | 0.0% |
| Another sexual orientation | 0 | 0.0% |
| Unknown/Not Reported | 17 | 89.5% |
| ***Current Gender Identity*** | | |
| Female | 7 | 36.8% |
| Male | 12 | 63.2% |
| Transgender | 0 | 0.0% |
| Genderqueer | 0 | 0.0% |
| Questioning or unsure | 0 | 0.0% |
| Another gender identity | 0 | 0.0% |
| Unknown/Not Reported | 0 | 0.0% |
| **Veteran Status** | | |
| Yes | 0 | 0.0% |
| No | 0 | 0.0% |
| Unknown/Not Reported | 19 | 100.0% |

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

**The Integrated Health and Wellness Project consists of:**

- SacEDAPT (Early Diagnosis and Preventative Treatment)
- SeniorLink
- Trauma Informed Wellness Program for the African American Community (now known as Community Responsive Wellness Program)

## SacEDAPT (Early Diagnosis and Preventative Treatment)

**Program Type:** PEI Early Intervention

**Program Description:** Administered by UC Davis, Department of Psychiatry, SacEDAPT focuses on individuals age 12 to 30 identified as experiencing early onset of a serious mental illness or emotional disturbance with psychotic features. SacEDAPT uses a nationally recognized treatment model utilizing an inter-disciplinary team of physicians, clinicians, support staff, consumers and family advocates to provide assessment, early identification, and treatment of the onset of psychosis. The program provides culturally and linguistically responsive psychiatric support, case management, peer support, and access to treatment, including transportation. The program also engages in outreach services throughout Sacramento County, with a particular focus on underserved populations.

**Number Served:** In FY 21/22, 137 unduplicated clients were served.

**SacEDAPT Demographics:**

| | **N = 137** | % |
|---|---|---|
| ***Age Group*** | | |
| Children/Youth (0-15) | 32 | 23.4% |
| TAY (16-25) | 97 | 70.8% |
| Adults (26-59) | 8 | 5.8% |
| Older Adults (60+) | 0 | 0.0% |
| Unknown/Not Reported | 0 | 0.0% |
| ***Ethnicity*** | | |
| Hispanic or Latino | 42 | 30.7% |
| Non-Hispanic/Non-Latino | 83 | 60.6% |
| Other | 0 | 0.0% |
| More than one ethnicity | 0 | 0.0% |
| Unknown/Not Reported | 12 | 8.8% |
| ***Race*** | | |
| White | 31 | 22.6% |
| Black or African American | 38 | 27.7% |
| Asian | 11 | 8.0% |
| American Indian or Alaska Native | 4 | 2.9% |
| Native Hawaiian or other Pacific Islander | 0 | 0.0% |
| More than one race | 23 | 16.8% |
| Other | 24 | 17.5% |
| Unknown/Not Reported | 6 | 4.4% |
| ***Primary Language*** | | |
| English | 123 | 89.8% |
| Spanish | 9 | 6.6% |
| Vietnamese | 0 | 0.0% |

| | | |
|---|---|---|
| Cantonese | 2 | 1.5% |
| Russian | 0 | 0.0% |
| Hmong | 0 | 0.0% |
| Arabic | 0 | 0.0% |
| Other | 3 | 2.2% |
| Unknown/Not Reported | 0 | 0.0% |
| ***Sexual Orientation*** | | |
| Heterosexual or Straight | 30 | 21.9% |
| Gay or Lesbian | 0 | 0.0% |
| Bisexual | 6 | 4.4% |
| Questioning or unsure | 0 | 0.0% |
| Queer | 0 | 0.0% |
| Another sexual orientation | 1 | 0.7% |
| Unknown/Not Reported | 100 | 73.0% |
| ***Current Gender Identity*** | | |
| Female | 13 | 9.5% |
| Male | 24 | 17.5% |
| Transgender | 1 | 0.7% |
| Genderqueer | 0 | 0.0% |
| Questioning or unsure | 0 | 0.0% |
| Another gender identity | 1 | 0.7% |
| Unknown/Not Reported | 98 | 71.5% |
| **Veteran Status** | | |
| Yes | 0 | 0.0% |
| No | 0 | 0.0% |
| Unknown/Not Reported | 137 | 100.0% |

## SeniorLink

**Program Type:** PEI Prevention

**Program Description:** Administered by El Hogar, SeniorLink 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, skills-building groups and liaison to community services.

**Number Served:** In FY 21/22, 174 unduplicated older adults were served.

**SeniorLink Demographics:**

| | **SeniorLink** | |
|---|---|---|
| | **N = 174** | % |
| ***Age Group*** | | |
| Children/Youth (0-15) | 0 | 0.0% |
| TAY (16-25) | 0 | 0.0% |
| Adults (26-59) | 17 | 9.8% |
| Older Adults (60+) | 126 | 72.4% |
| Unknown/Not Reported | 31 | 17.8% |
| ***Ethnicity*** | | |
| Hispanic or Latino | 26 | 14.9% |
| Non-Hispanic/Non-Latino | 105 | 60.3% |
| Other | 0 | 0.0% |
| More than one ethnicity | 0 | 0.0% |
| Unknown/Not Reported | 43 | 24.7% |
| ***Race*** | | |
| White | 65 | 37.4% |
| Black or African American | 33 | 19.0% |
| Asian | 4 | 2.3% |
| American Indian or Alaska Native | 3 | 1.7% |
| Native Hawaiian or other Pacific Islander | 2 | 1.1% |
| More than one race | 1 | 0.6% |
| Other | 22 | 12.6% |
| Unknown/Not Reported | 44 | 25.3% |
| ***Primary Language*** | | |
| English | 126 | 72.4% |
| Spanish | 15 | 8.6% |
| Vietnamese | 0 | 0.0% |
| Cantonese | 0 | 0.0% |
| Russian | 0 | 0.0% |
| Hmong | 2 | 1.1% |

| | | |
|---|---|---|
| Arabic | 0 | 0.0% |
| Other | 0 | 0.0% |
| Unknown/Not Reported | 31 | 17.8% |
| ***Sexual Orientation*** | | |
| Heterosexual or Straight | 120 | 69.0% |
| Gay or Lesbian | 4 | 2.3% |
| Bisexual | 0 | 0.0% |
| Questioning or unsure | 2 | 1.1% |
| Queer | 0 | 0.0% |
| Another sexual orientation | 0 | 0.0% |
| Unknown/Not Reported | 48 | 27.6% |
| ***Current Gender Identity*** | | |
| Female | 118 | 67.8% |
| Male | 25 | 14.4% |
| Transgender | 0 | 0.0% |
| Genderqueer | 0 | 0.0% |
| Questioning or unsure | 0 | 0.0% |
| Another gender identity | 0 | 0.0% |
| Unknown/Not Reported | 31 | 17.8% |
| **Veteran Status** | | |
| Yes | 6 | 3.4% |
| No | 0 | 0.0% |
| Unknown/Not Reported | 168 | 96.6% |

**SeniorLink – Outreach**

**Number Served:** In FY 21/22, the program outreached to 198 unduplicated older adults.

**SeniorLink Outreach Demographics:**

| | **SeniorLink Outreach** | |
|---|---|---|
| | **N = 198** | % |
| ***Age Group*** | | |
| Children/Youth (0-15) | 0 | 0.0% |
| TAY (16-25) | 0 | 0.0% |
| Adults (26-59) | 23 | 11.6% |
| Older Adults (60+) | 175 | 88.4% |
| Unknown/Not Reported | 0 | 0.0% |
| ***Ethnicity*** | | |
| Hispanic or Latino | 21 | 10.6% |
| Non-Hispanic/Non-Latino | 171 | 86.4% |
| Other | 0 | 0.0% |
| More than one ethnicity | 0 | 0.0% |
| Unknown/Not Reported | 6 | 3.0% |
| ***Race*** | | |
| White | 103 | 52.0% |

| | | |
|---|---|---|
| Black or African American | 42 | 21.2% |
| Asian | 9 | 4.5% |
| American Indian or Alaska Native | 7 | 3.5% |
| Native Hawaiian or other Pacific Islander | 4 | 2.0% |
| More than one race | 1 | 0.5% |
| Other | 21 | 10.6% |
| Unknown/Not Reported | 11 | 5.6% |
| ***Primary Language*** | | |
| English | 186 | 93.9% |
| Spanish | 7 | 3.5% |
| Vietnamese | 0 | 0.0% |
| Cantonese | 0 | 0.0% |
| Russian | 0 | 0.0% |
| Hmong | 4 | 2.0% |
| Arabic | 0 | 0.0% |
| Other | 1 | 0.5% |
| Unknown/Not Reported | 0 | 0.0% |
| ***Sexual Orientation*** | | |
| Heterosexual or Straight | 182 | 91.9% |
| Gay or Lesbian | 5 | 2.5% |
| Bisexual | 2 | 1.0% |
| Questioning or unsure | 0 | 0.0% |
| Queer | 3 | 1.5% |
| Another sexual orientation | 0 | 0.0% |
| Unknown/Not Reported | 6 | 3.0% |
| ***Current Gender Identity*** | | |
| Female | 161 | 81.3% |
| Male | 35 | 17.7% |
| Transgender | 0 | 0.0% |
| Genderqueer | 0 | 0.0% |
| Questioning or unsure | 0 | 0.0% |
| Another gender identity | 0 | 0.0% |
| Unknown/Not Reported | 2 | 1.0% |
| **Veteran Status** | | |
| Yes | 5 | 2.5% |
| No | 0 | 0.0% |
| Unknown/Not Reported | 193 | 97.5% |

**Trauma Informed Wellness Program for the African American Community (TIWP) (now known as Community Responsive Wellness Program)**

**Program Type:** PEI Improving Timely Access to Services for Underserved Populations

**Program Description:** TIWP is administered by Sierra Health Foundation: Center for Health Program Management and provides culturally relevant outreach, engagement and prevention services to Sacramento County African American/Black Community (AABC) residents within Sacramento County of all ages and genders who have experienced or have been exposed to trauma with special consideration given to children, youth, and transition age youth. Through the program, four (4) community partner programs provide culturally responsive trauma-informed services to AABC members. Along with the administrative support provided by The Center, these partner programs employ staff members with shared cultural background and lived experience to provide culturally relevant outreach, engagement, and supportive services to AABC members. The program provides outreach and engagement activities including sharing program information, education about the Medi-Cal healthcare system, and linkage assistance to Medi-Cal resources for eligible individuals. The program also offer a variety of services to AABC members including resource navigation, linkage and referral to needed services, and supportive services (e.g. supportive counseling, coaching/skills building training, healing circles, support groups, crisis intervention, community education about mental health/substance use issues and the impacts of trauma and adverse childhood experiences (ACE) on community members.

**Number Served:** In FY 21/22, the program(s) served 577 individuals. Note: this includes groups, so it is not an unduplicated count.

| Demographics | Improve Your Tomorrow (N=279) | | ONTRACK Program Resources, Inc. (N=66) | | Roberts Family Development Center (N=108) | | Rose Family Creative Empowerment Center (N=124) | | Total (N=577) | |
|---|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % | N | % |
| ***Age Group*** | | | | | | | | | | |
| Children/Youth (0-15) | 46 | 16.5% | 1 | 1.5% | 16 | 14.8% | 42 | 33.9% | 105 | 18.2% |
| TAY (16-25) | 121 | 43.4% | 7 | 10.6% | 9 | 8.3% | 18 | 14.5% | 155 | 26.9% |
| Adults (26-59) | 1 | 0.4% | 30 | 45.5% | 19 | 17.6% | 35 | 28.2% | 85 | 14.7% |
| Older Adults (60+) | 0 | 0.0% | 5 | 7.6% | 0 | 0.0% | 20 | 16.1% | 25 | 4.3% |
| Unknown/Not Reported | 111 | 39.8% | 23 | 34.8% | 64 | 59.3% | 9 | 7.3% | 207 | 35.9% |
| ***Ethnicity*** | | | | | | | | | | |
| Hispanic or Latino | 8 | 2.9% | 3 | 4.5% | 4 | 3.7% | 4 | 3.2% | 19 | 3.3% |
| Non-Hispanic/Non-Latino | 152 | 54.5% | 37 | 56.1% | 33 | 30.6% | 105 | 84.7% | 327 | 56.7% |
| Other | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| More than one ethnicity | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Unknown/Not Reported | 119 | 42.7% | 26 | 39.4% | 71 | 65.7% | 15 | 12.1% | 231 | 40.0% |
| ***Race*** | | | | | | | | | | |
| American Indian or Alaska Native | 2 | 0.7% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 2 | 0.3% |
| Asian | 0 | 0.0% | 1 | 1.5% | 0 | 0.0% | 1 | 0.8% | 2 | 0.3% |
| Black or African American | 144 | 51.6% | 39 | 59.1% | 32 | 29.6% | 103 | 83.1% | 318 | 55.1% |
| Native Hawaiian or other Pacific Islander | 3 | 1.1% | 1 | 1.5% | 0 | 0.0% | 1 | 0.8% | 5 | 0.9% |
| White | 7 | 2.5% | 2 | 3.0% | 0 | 0.0% | 0 | 0.0% | 9 | 1.6% |
| Other | 9 | 3.2% | 1 | 1.5% | 4 | 3.7% | 5 | 4.0% | 19 | 3.3% |
| More than one race | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 5 | 4.0% | 5 | 0.9% |
| Unknown/Not Reported | 114 | 40.9% | 22 | 33.3% | 72 | 66.7% | 9 | 7.3% | 217 | 37.6% |

## TIWP Demographics Cont:

| Demographics | Improve Your Tomorrow (N=279) | | ONTRACK Program Resources, Inc. (N=66) | | Roberts Family Development Center (N=108) | | Rose Family Creative Empowerment Center (N=124) | | Total (N=577) | |
|---|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % | N | % |
| ***Primary Language*** | | | | | | | | | | |
| English | 162 | 58.1% | 43 | 65.2% | 42 | 38.9% | 114 | 91.9% | 361 | 62.6% |
| Spanish | 4 | 1.4% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 4 | 0.7% |
| Vietnamese | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Cantonese | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Russian | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Hmong | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Arabic | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Other | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 0.8% | 1 | 0.2% |
| Unknown/Not Reported | 113 | 40.5% | 23 | 34.8% | 66 | 61.1% | 9 | 7.3% | 211 | 36.6% |
| ***Sexual Orientation*** | | | | | | | | | | |
| Gay or Lesbian | 2 | 0.7% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 2 | 0.3% |
| Heterosexual or Straight | 28 | 10.0% | 38 | 57.6% | 33 | 30.6% | 96 | 77.4% | 195 | 33.8% |
| Bisexual | 1 | 0.4% | 1 | 1.5% | 0 | 0.0% | 0 | 0.0% | 2 | 0.3% |
| Questioning or unsure | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Queer | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Another sexual orientation | 123 | 44.1% | 3 | 4.5% | 1 | 0.9% | 8 | 6.5% | 135 | 23.4% |
| Unknown/Not Reported | 125 | 44.8% | 24 | 36.4% | 74 | 68.5% | 20 | 16.1% | 243 | 42.1% |
| ***Current Gender Identity*** | | | | | | | | | | |
| Male | 41 | 14.7% | 13 | 19.7% | 19 | 17.6% | 78 | 62.9% | 151 | 26.2% |
| Female | 126 | 45.2% | 30 | 45.5% | 24 | 22.2% | 37 | 29.8% | 217 | 37.6% |
| Transgender | 1 | 0.4% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 0.2% |
| Genderqueer | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Questioning or unsure | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Another gender identity | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Unknown/Not Reported | 111 | 39.8% | 23 | 34.8% | 65 | 60.2% | 9 | 7.3% | 208 | 36.0% |
| ***Veteran Status*** | | | | | | | | | | |
| Yes | 0 | 0.0% | 1 | 1.5% | 0 | 0.0% | 3 | 2.4% | 4 | 0.7% |
| No | 168 | 60.2% | 42 | 63.6% | 43 | 39.8% | 101 | 81.5% | 354 | 61.4% |
| Unknown/Not Reported | 111 | 39.8% | 23 | 34.8% | 65 | 60.2% | 20 | 16.1% | 219 | 38.0% |

Note: the numbers only reflect the last two quarters of the year, as data collection did not start until then.

## TIWP – Information and Referral

**Number Served:** In FY 21/22, the program(s) gave information and referrals to 77 individuals.
Note: due to the nature of the data collection, this is not an unduplicated count.

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

Mental Health Promotion Program consists of:

- Mental Illness: It's not always what you think Project
- Mental Health Matters

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

**Program Type:** PEI Stigma and Discrimination Reduction

**Program Description*:*** Since June of 2011, the Division of Behavioral Health Services (BHS), in partnership with Edelman, a communication marketing agency, and Division of Public Health, developed and coordinated a multi-media stigma and discrimination reduction project titled the "Mental Illness: It's not always what you think" Project. FY 2021-22 marked the eleventh year of this project. The project's target audiences include:

- Residents who primarily speak Arabic, Cantonese, Hmong, Russian, Spanish, or Vietnamese
- Residents who primarily speak English and identify as Black/African American, Latino, American Indian/Alaska Native, Older Adult, or young adults
- Residents who primarily speak English and self-identify as Lesbian, Gay, Bisexual, Transgender and Gender Diverse, and Questioning (LGBTQ) communities.

The goal of the project is to reduce the stigma and discrimination associated with mental illness that keeps many from seeking support and treatment by promoting messages of wellness, hope and recovery, dispelling myths and stereotypes surrounding mental illness, and fundamentally altering negative attitudes and perceptions about mental illness and emotional disturbance. The project aims to reduce stigma and discrimination by engaging diverse communities and the general public through culturally relevant mental health information and education. The project has multiple components:

- Multi-Media Outreach that encompasses a heavy advertising campaign across multiple mediums (such as radio, TV, online and outdoor ads)
- Social Media accounts on Facebook, Instagram, and Twitter
- Microsite – www.StopStigmaSacramento.org
- Stakeholder Engagement that includes engaging community organizations and members in project activities
- Collateral Material – offering free program materials to stakeholder organizations and community members
- Community Outreach Events
- Research – engaging with and incorporating feedback from community members and leaders to recalibrate, update and tailor messaging and materials that reflect each specific target audience
- Stop Stigma Sacramento Speakers Bureau – speakers share their personal stories of hope and inspiration at speaking events

**Numbers reached through the projects' multimedia components**:

Radio Ads:
Radio advertisements featuring campaign messages ran at various times on numerous stations to align with key cultural moments and milestones that resonated with our target communities including June-July 2021 (Minority Mental Health Month), February-March 2022 (Black History

Month) and April-June 2022 (Mental Health Awareness Month). Overall, radio ads delivered more than 7,680,161 impressions (of note: in-language radio placements were made, but impressions are not available for those placements).

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

Overall, 3,518 radio advertisements ran, 335 of which were added value. Added value is the extra advertising opportunities to help get the campaign message out at no additional cost. This can be simple advertising, such as additional spots, impressions, interviews or sponsorship opportunities. These placements were featured on 11 music-focused, multicultural and in-language radio stations, including KRXQ (rock), KHYL (Rhythmic AC), KSEG (classic rock), KSFM (contemporary hits), KKDO (alternative), KDEE (Audience: African American), KRCX (Audience: Hispanic), KXSE (Audience: Hispanic), KFSG (Audience: Vietnamese, Russian), KEFM (Audience: Russian), and KJAY (Audience: Hmong).

Television Ads:
Television advertisements supporting the campaign messages and branding ran at various times on numerous stations in May-June 2022. Overall, 672 TV spots ran, 96 of which were added value.

Print Ads:
Print advertising ran in nine local publications, including Thang Mo, Lang Magazine, Sacramento Observer, Diaspora, Sac Cultural Hub, Word and Deed, Outword Magazine, the Crescent and d'Primeramano. Overall, 19 print ads or editorials ran in these publications, featuring real stories, often translated in-language, that shared real experiences and tips.

Outdoor Ads:
Outdoor advertising ran in June 2021 and February-June 2022. Advertising included eco-posters, digital billboards and premiere panels. In total, these paid placements garnered an estimated 14,533,861 impressions.

Online and Mobile Ads:
Digital and mobile advertisements supporting the campaign messages ran in June-July 2021 and February-June 2022. Overall, online and mobile ads garnered 16,250,236 impressions (down from 20,155,158 impressions in FY21, due to lowered advertising spend as mentioned above) with a cost per click of $1.95.

**Numbers reached through Stop Stigma Sacramento Speakers Bureau:** The Stop Stigma Sacramento Speakers Bureau speakers shared their personal stories 78 times, at 20 events, with a total audience attendance of 1,826 individuals.

**Demographics:** Unavailable due to project design.

**Mental Health Matters**

**Program Type:** PEI Stigma and Discrimination Reduction

**Program Description:** administered by Cal Voices, is a monthly television talk show, produced by mental health consumers and their family members, that highlights issues relating to mental health. The show also promotes and informs the community about available local resources, community events, and activities relating to mental health and wellness. Mental Health Matters℠ airs the first Saturday, at 7pm, every month on channel 17 for Sacramento area Comcast and local television subscribers and channel 14 for U-verse subscribers. Mental Health Matters shows are also accessible anytime on the Mental Health Matters' YouTube channel, www.youtube.com/@CalVoicesMHM.

In FY 2021-22, television viewership was approximately 25,000 and YouTube viewership was over 1,000. Demographics are unavailable due to program design.

## Time-Limited Community Driven PEI Grants Program
## Ages Served: Children, TAY, Adults, Older Adults

**Program Type:** Varies based on program

**Program Description:** The Time-Limited Community Driven PEI Grants focus on the following PEI priorities:

- Childhood trauma prevention and early intervention to deal with the early origins of mental health needs
- Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs
- Culturally Competent and linguistically appropriate prevention and intervention
- Strategies targeting the mental health needs of older adults

**Number Served:** In FY 21/22, 25,965 unduplicated clients were served across programs.

| Time-Limited Community Driven PEI Grants - FY 2021-22 | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Agile Group | | Cal Voices | | CA Black Women's Health Project | | East Bay Asian Youth Center | | Health Education Council | | Her Health First | | Hmong Youth & Parents United | | Total | |
| Characteristic | N=135 | % | N=151 | % | N=28 | % | N=108 | % | N=49 | % | N=34 | % | N=5,257 | % | N=5,762 | % |
| ***Age Group*** | | | | | | | | | | | | | | | | |
| Children/Youth (0-15) | 3 | 2.2% | 0 | 0.0% | 0 | 0.0% | 40 | 37.0% | 3 | 6.1% | 0 | 0.0% | 1,049 | 20.0% | 1,095 | 19.0% |
| TAY (16-25) | 5 | 3.7% | 20 | 13.2% | 1 | 3.6% | 54 | 50.0% | 35 | 71.4% | 10 | 29.4% | 490 | 9.3% | 615 | 10.7% |
| Adults (26-59) | 35 | 25.9% | 99 | 65.6% | 16 | 57.1% | 0 | 0.0% | 10 | 20.4% | 24 | 70.6% | 663 | 12.6% | 847 | 14.7% |
| Older Adults (60+) | 6 | 4.4% | 21 | 13.9% | 11 | 39.3% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 80 | 1.5% | 118 | 2.0% |
| Unknown/Not Reported | 86 | 63.7% | 11 | 7.3% | 0 | 0.0% | 14 | 13.0% | 1 | 2.0% | 0 | 0.0% | 2,975 | 56.6% | 3,087 | 53.6% |
| ***Ethnicity*** | | | | | | | | | | | | | | | | |
| Hispanic or Latino | 4 | 3.0% | 29 | 19.2% | 1 | 3.6% | 10 | 9.3% | 16 | 32.7% | 0 | 0.0% | 104 | 2.0% | 164 | 2.8% |
| Non-Hispanic/Non-Latino | 0 | 0.0% | 85 | 56.3% | 21 | 75.0% | 0 | 0.0% | 31 | 63.3% | 0 | 0.0% | 956 | 18.2% | 1,093 | 19.0% |
| Other | 0 | 0.0% | 3 | 2.0% | 0 | 0.0% | 96 | 88.9% | 0 | 0.0% | 0 | 0.0% | 254 | 4.8% | 353 | 6.1% |
| More than one ethnicity | 0 | 0.0% | 6 | 4.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 14 | 0.3% | 20 | 0.3% |
| Unknown/Not Reported | 131 | 97.0% | 28 | 18.5% | 6 | 21.4% | 2 | 1.9% | 2 | 4.1% | 34 | 100.0% | 3,929 | 74.7% | 4,132 | 71.7% |
| ***Race*** | | | | | | | | | | | | | | | | |
| White | 6 | 4.4% | 55 | 36.4% | 0 | 0.0% | 0 | 0.0% | 1 | 2.0% | 0 | 0.0% | 34 | 0.6% | 96 | 1.7% |
| Black or African American | 73 | 54.1% | 17 | 11.3% | 28 | 100.0% | 4 | 3.7% | 14 | 28.6% | 34 | 100.0% | 19 | 0.4% | 189 | 3.3% |
| Asian | 0 | 0.0% | 17 | 11.3% | 0 | 0.0% | 88 | 81.5% | 3 | 6.1% | 0 | 0.0% | 1,132 | 21.5% | 1,240 | 21.5% |
| American Indian or Alaska Native | 0 | 0.0% | 3 | 2.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 9 | 0.2% | 12 | 0.2% |
| Native Hawaiian or other Pacific Islander | 0 | 0.0% | 3 | 2.0% | 0 | 0.0% | 1 | 0.9% | 2 | 4.1% | 0 | 0.0% | 13 | 0.2% | 19 | 0.3% |
| More than one race | 0 | 0.0% | 19 | 12.6% | 0 | 0.0% | 3 | 2.8% | 3 | 6.1% | 0 | 0.0% | 12 | 0.2% | 37 | 0.6% |
| Other | 0 | 0.0% | 15 | 9.9% | 0 | 0.0% | 10 | 9.3% | 20 | 40.8% | 0 | 0.0% | 103 | 2.0% | 148 | 2.6% |
| Unknown/Not Reported | 56 | 41.5% | 22 | 14.6% | 0 | 0.0% | 2 | 1.9% | 6 | 12.2% | 0 | 0.0% | 3,935 | 74.9% | 4,021 | 69.8% |
| ***Primary Language*** | | | | | | | | | | | | | | | | |
| English | 52 | 38.5% | 128 | 84.8% | 27 | 96.4% | 0 | 0.0% | 33 | 67.3% | 34 | 100.0% | 613 | 11.7% | 887 | 15.4% |
| Spanish | 0 | 0.0% | 3 | 2.0% | 0 | 0.0% | 0 | 0.0% | 11 | 22.4% | 0 | 0.0% | 5 | 0.1% | 19 | 0.3% |
| Vietnamese | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 2.0% | 0 | 0.0% | 0 | 0.0% | 1 | 0.0% |
| Cantonese | 0 | 0.0% | 2 | 1.3% | 1 | 3.6% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 3 | 0.1% |
| Russian | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Hmong | 0 | 0.0% | 1 | 0.7% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 153 | 2.9% | 154 | 2.7% |
| Arabic | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 2.0% | 0 | 0.0% | 0 | 0.0% | 1 | 0.0% |
| Other | 0 | 0.0% | 4 | 2.6% | 0 | 0.0% | 0 | 0.0% | 2 | 4.1% | 0 | 0.0% | 0 | 0.0% | 6 | 0.1% |
| Unknown/Not Reported | 83 | 61.5% | 13 | 8.6% | 0 | 0.0% | 108 | 100.0% | 1 | 2.0% | 0 | 0.0% | 4,486 | 85.3% | 4,691 | 81.4% |
| ***Sexual Orientation*** | | | | | | | | | | | | | | | | |
| Heterosexual or Straight | 0 | 0.0% | 97 | 64.2% | 24 | 85.7% | 0 | 0.0% | 34 | 69.4% | 0 | 0.0% | 326 | 6.2% | 481 | 8.3% |
| Gay or Lesbian | 0 | 0.0% | 5 | 3.3% | 0 | 0.0% | 0 | 0.0% | 2 | 4.1% | 0 | 0.0% | 1 | 0.0% | 8 | 0.1% |
| Bisexual | 0 | 0.0% | 18 | 11.9% | 1 | 3.6% | 0 | 0.0% | 3 | 6.1% | 0 | 0.0% | 2 | 0.0% | 24 | 0.4% |
| Questioning or unsure | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 5 | 10.2% | 0 | 0.0% | 0 | 0.0% | 5 | 0.1% |
| Queer | 0 | 0.0% | 0 | 0.0% | 2 | 7.1% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 2 | 0.0% | 4 | 0.1% |
| Another sexual orientation | 0 | 0.0% | 5 | 3.3% | 0 | 0.0% | 0 | 0.0% | 2 | 4.1% | 0 | 0.0% | 2 | 0.0% | 9 | 0.2% |
| Unknown/Not Reported | 135 | 100.0% | 26 | 17.2% | 1 | 3.6% | 108 | 100.0% | 3 | 6.1% | 34 | 100.0% | 4,924 | 93.7% | 5,231 | 90.8% |
| ***Current Gender Identity*** | | | | | | | | | | | | | | | | |
| Female | 0 | 0.0% | 112 | 74.2% | 28 | 100.0% | 67 | 62.0% | 33 | 67.3% | 0 | 0.0% | 1,044 | 19.9% | 1,284 | 22.3% |
| Male | 0 | 0.0% | 23 | 15.2% | 0 | 0.0% | 37 | 34.3% | 14 | 28.6% | 0 | 0.0% | 699 | 13.3% | 773 | 13.4% |
| Transgender | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Genderqueer | 0 | 0.0% | 2 | 1.3% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 2 | 0.0% |
| Questioning or unsure | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Another gender identity | 0 | 0.0% | 1 | 0.7% | 0 | 0.0% | 0 | 0.0% | 1 | 2.0% | 0 | 0.0% | 9 | 0.2% | 11 | 0.2% |
| Unknown/Not Reported | 135 | 100.0% | 13 | 8.6% | 0 | 0.0% | 4 | 3.7% | 1 | 2.0% | 34 | 100.0% | 3,505 | 66.7% | 3,692 | 64.1% |
| ***Veteran Status*** | | | | | | | | | | | | | | | | |
| Yes | 0 | 0.0% | 10 | 6.6% | 1 | 3.6% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 11 | 0.2% |
| No | 0 | 0.0% | 134 | 88.7% | 0 | 0.0% | 0 | 0.0% | 49 | 100.0% | 0 | 0.0% | 0 | 0.0% | 183 | 3.2% |
| Unknown/Not Reported | 135 | 100.0% | 7 | 4.6% | 27 | 96.4% | 108 | 100.0% | 0 | 0.0% | 34 | 100.0% | 5,257 | 100.0% | 5,568 | 96.6% |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | International Rescue Committee, Inc. | | Improve Your Tomorrow | | Justice Team Network | | La Familia Counseling Center, Inc. | | Lao Family Community Development | | Muslim American Society – Social Services Foundation | | Mental Health California | | Total | |
| **Characteristic** | N=571 | % | N=73 | % | N=7 | % | N=335 | % | N=451 | % | N=6,070 | % | N=198 | % | N=7,705 | % |
| ***Age Group*** | | | | | | | | | | | | | | | | |
| Children/Youth (0-15) | 41 | 7.2% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 110 | 24.4% | 0 | 0.0% | 29 | 14.6% | 180 | 2.3% |
| TAY (16-25) | 88 | 15.4% | 70 | 95.9% | 1 | 14.3% | 57 | 17.0% | 96 | 21.3% | 8 | 0.1% | 61 | 30.8% | 381 | 4.9% |
| Adults (26-59) | 303 | 53.1% | 3 | 4.1% | 6 | 85.7% | 169 | 50.4% | 194 | 43.0% | 85 | 1.4% | 100 | 50.5% | 860 | 11.2% |
| Older Adults (60+) | 2 | 0.4% | 0 | 0.0% | 0 | 0.0% | 30 | 9.0% | 51 | 11.3% | 0 | 0.0% | 8 | 4.0% | 91 | 1.2% |
| Unknown/Not Reported | 137 | 24.0% | 0 | 0.0% | 0 | 0.0% | 79 | 23.6% | 0 | 0.0% | 5,977 | 98.5% | 0 | 0.0% | 6,193 | 80.4% |
| ***Ethnicity*** | | | | | | | | | | | | | | | | |
| Hispanic or Latino | 0 | 0.0% | 22 | 30.1% | 4 | 57.1% | 327 | 97.6% | 27 | 6.0% | 3 | 0.0% | 0 | 0.0% | 383 | 5.0% |
| Non-Hispanic/Non-Latino | 275 | 48.2% | 30 | 41.1% | 3 | 42.9% | 0 | 0.0% | 365 | 80.9% | 450 | 7.4% | 0 | 0.0% | 1,123 | 14.6% |
| Other | 0 | 0.0% | 5 | 6.8% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 5 | 0.1% |
| More than one ethnicity | 0 | 0.0% | 10 | 13.7% | 0 | 0.0% | 0 | 0.0% | 59 | 13.1% | 0 | 0.0% | 0 | 0.0% | 69 | 0.9% |
| Unknown/Not Reported | 296 | 51.8% | 6 | 8.2% | 0 | 0.0% | 8 | 2.4% | 0 | 0.0% | 5,617 | 92.5% | 198 | 100.0% | 6,125 | 79.5% |
| ***Race*** | | | | | | | | | | | | | | | | |
| White | 273 | 47.8% | 0 | 0.0% | 3 | 42.9% | 0 | 0.0% | 20 | 4.4% | 6 | 0.1% | 0 | 0.0% | 302 | 3.9% |
| Black or African American | 0 | 0.0% | 0 | 0.0% | 1 | 14.3% | 0 | 0.0% | 31 | 6.9% | 0 | 0.0% | 111 | 56.1% | 143 | 1.9% |
| Asian | 6 | 1.1% | 0 | 0.0% | 1 | 14.3% | 0 | 0.0% | 385 | 85.4% | 447 | 7.4% | 10 | 5.1% | 849 | 11.0% |
| American Indian or Alaska Native | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 5 | 2.5% | 5 | 0.1% |
| Native Hawaiian or other Pacific Islander | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| More than one race | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 28 | 14.1% | 28 | 0.4% |
| Other | 3 | 0.5% | 0 | 0.0% | 2 | 28.6% | 335 | 100.0% | 15 | 3.3% | 0 | 0.0% | 44 | 22.2% | 399 | 5.2% |
| Unknown/Not Reported | 289 | 50.6% | 73 | 100.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 5,617 | 92.5% | 0 | 0.0% | 5,979 | 77.6% |
| ***Primary Language*** | | | | | | | | | | | | | | | | |
| English | 1 | 0.2% | 0 | 0.0% | 5 | 71.4% | 7 | 2.1% | 51 | 11.3% | 103 | 1.7% | 195 | 98.5% | 362 | 4.7% |
| Spanish | 2 | 0.4% | 0 | 0.0% | 0 | 0.0% | 317 | 94.6% | 0 | 0.0% | 1 | 0.0% | 3 | 1.5% | 323 | 4.2% |
| Vietnamese | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Cantonese | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Russian | 2 | 0.4% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 3 | 0.0% | 0 | 0.0% | 5 | 0.1% |
| Hmong | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 99 | 22.0% | 0 | 0.0% | 0 | 0.0% | 99 | 1.3% |
| Arabic | 13 | 2.3% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 6 | 1.3% | 15 | 0.2% | 0 | 0.0% | 34 | 0.4% |
| Other | 512 | 89.7% | 0 | 0.0% | 1 | 14.3% | 8 | 2.4% | 280 | 62.1% | 519 | 8.6% | 0 | 0.0% | 1,320 | 17.1% |
| Unknown/Not Reported | 41 | 7.2% | 73 | 100.0% | 1 | 14.3% | 3 | 0.9% | 15 | 3.3% | 5,429 | 89.4% | 0 | 0.0% | 5,562 | 72.2% |
| ***Sexual Orientation*** | | | | | | | | | | | | | | | | |
| Heterosexual or Straight | 0 | 0.0% | 0 | 0.0% | 4 | 57.1% | 326 | 97.3% | 401 | 88.9% | 0 | 0.0% | 0 | 0.0% | 731 | 9.5% |
| Gay or Lesbian | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 37 | 8.2% | 0 | 0.0% | 0 | 0.0% | 37 | 0.5% |
| Bisexual | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 13 | 2.9% | 0 | 0.0% | 0 | 0.0% | 13 | 0.2% |
| Questioning or unsure | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Queer | 0 | 0.0% | 0 | 0.0% | 2 | 28.6% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 0.5% | 3 | 0.0% |
| Another sexual orientation | 0 | 0.0% | 0 | 0.0% | 1 | 14.3% | 2 | 0.6% | 0 | 0.0% | 0 | 0.0% | 2 | 1.0% | 5 | 0.1% |
| Unknown/Not Reported | 571 | 100.0% | 73 | 100.0% | 0 | 0.0% | 7 | 2.1% | 0 | 0.0% | 6,070 | 100.0% | 195 | 98.5% | 6,916 | 89.8% |
| ***Current Gender Identity*** | | | | | | | | | | | | | | | | |
| Female | 119 | 20.8% | 0 | 0.0% | 3 | 42.9% | 243 | 72.5% | 253 | 56.1% | 65 | 1.1% | 0 | 0.0% | 683 | 8.9% |
| Male | 141 | 24.7% | 0 | 0.0% | 3 | 42.9% | 85 | 25.4% | 198 | 43.9% | 67 | 1.1% | 172 | 86.9% | 666 | 8.6% |
| Transgender | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Genderqueer | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Questioning or unsure | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Another gender identity | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Unknown/Not Reported | 311 | 54.5% | 73 | 100.0% | 1 | 14.3% | 7 | 2.1% | 0 | 0.0% | 5,938 | 97.8% | 26 | 13.1% | 6,356 | 82.5% |
| ***Veteran Status*** | | | | | | | | | | | | | | | | |
| Yes | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 0.3% | 7 | 1.6% | 0 | 0.0% | 9 | 4.5% | 17 | 0.2% |
| No | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 334 | 99.7% | 0 | 0.0% | 0 | 0.0% | 189 | 95.5% | 523 | 6.8% |
| Unknown/Not Reported | 571 | 100.0% | 73 | 100.0% | 7 | 100.0% | 0 | 0.0% | 444 | 98.4% | 6,070 | 100.0% | 0 | 0.0% | 7,165 | 93.0% |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | NAMI Sacramento | | Nation's Finest | | Nor-Cal Services for the Deaf and Hard of Hearing | | ONTRACK Program Resources | | Opening Doors, Inc. | | Public Health Advocates | | Sacramento LGBT Community Center | | Total | |
| Characteristic | N=427 | % | N=1,701 | % | N=64 | % | N=63 | % | N=1,429 | % | N=41 | % | N=48 | % | N=3,773 | % |
| ***Age Group*** | | | | | | | | | | | | | | | | |
| Children/Youth (0-15) | 0 | 0.0% | 12 | 0.7% | 44 | 68.8% | 0 | 0.0% | 0 | 0.0% | 19 | 46.3% | 3 | 6.3% | 78 | 2.1% |
| TAY (16-25) | 34 | 8.0% | 10 | 0.6% | 7 | 10.9% | 11 | 17.5% | 210 | 14.7% | 22 | 53.7% | 24 | 50.0% | 318 | 8.4% |
| Adults (26-59) | 273 | 63.9% | 244 | 14.3% | 13 | 20.3% | 46 | 73.0% | 1,219 | 85.3% | 0 | 0.0% | 18 | 37.5% | 1,813 | 48.1% |
| Older Adults (60+) | 120 | 28.1% | 85 | 5.0% | 0 | 0.0% | 6 | 9.5% | 0 | 0.0% | 0 | 0.0% | 1 | 2.1% | 212 | 5.6% |
| Unknown/Not Reported | 0 | 0.0% | 1,350 | 79.4% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 2 | 4.2% | 1,352 | 35.8% |
| ***Ethnicity*** | | | | | | | | | | | | | | | | |
| Hispanic or Latino | 25 | 5.9% | 22 | 1.3% | 13 | 20.3% | 1 | 1.6% | 0 | 0.0% | 0 | 0.0% | 12 | 25.0% | 73 | 1.9% |
| Non-Hispanic/Non-Latino | 309 | 72.4% | 234 | 13.8% | 28 | 43.8% | 62 | 98.4% | 1,429 | 100.0% | 0 | 0.0% | 30 | 62.5% | 2,092 | 55.4% |
| Other | 34 | 8.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 2.1% | 35 | 0.9% |
| More than one ethnicity | 51 | 11.9% | 0 | 0.0% | 7 | 10.9% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 2.1% | 59 | 1.6% |
| Unknown/Not Reported | 8 | 1.9% | 1,445 | 85.0% | 16 | 25.0% | 0 | 0.0% | 0 | 0.0% | 41 | 100.0% | 4 | 8.3% | 1,514 | 40.1% |
| ***Race*** | | | | | | | | | | | | | | | | |
| White | 304 | 71.2% | 150 | 8.8% | 16 | 25.0% | 0 | 0.0% | 0 | 0.0% | 1 | 2.4% | 25 | 52.1% | 496 | 13.1% |
| Black or African American | 37 | 8.7% | 75 | 4.4% | 6 | 9.4% | 63 | 100.0% | 0 | 0.0% | 15 | 36.6% | 6 | 12.5% | 202 | 5.4% |
| Asian | 8 | 1.9% | 4 | 0.2% | 6 | 9.4% | 0 | 0.0% | 1,429 | 100.0% | 2 | 4.9% | 3 | 6.3% | 1,452 | 38.5% |
| American Indian or Alaska Native | 4 | 0.9% | 10 | 0.6% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 14 | 0.4% |
| Native Hawaiian or other Pacific Islander | 3 | 0.7% | 2 | 0.1% | 5 | 7.8% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 10 | 0.3% |
| More than one race | 44 | 10.3% | 14 | 0.8% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 5 | 12.2% | 0 | 0.0% | 63 | 1.7% |
| Other | 20 | 4.7% | 0 | 0.0% | 12 | 18.8% | 0 | 0.0% | 0 | 0.0% | 17 | 41.5% | 7 | 14.6% | 56 | 1.5% |
| Unknown/Not Reported | 7 | 1.6% | 1,446 | 85.0% | 19 | 29.7% | 0 | 0.0% | 0 | 0.0% | 1 | 2.4% | 7 | 14.6% | 1,480 | 39.2% |
| ***Primary Language*** | | | | | | | | | | | | | | | | |
| English | 422 | 98.8% | 258 | 15.2% | 33 | 51.6% | 63 | 100.0% | 0 | 0.0% | 27 | 65.9% | 48 | 100.0% | 851 | 22.6% |
| Spanish | 0 | 0.0% | 2 | 0.1% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 2 | 0.1% |
| Vietnamese | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Cantonese | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Russian | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Hmong | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Arabic | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Other | 4 | 0.9% | 0 | 0.0% | 16 | 25.0% | 0 | 0.0% | 1,429 | 100.0% | 14 | 34.1% | 0 | 0.0% | 1,463 | 38.8% |
| Unknown/Not Reported | 1 | 0.2% | 1,441 | 84.7% | 15 | 23.4% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1,457 | 38.6% |
| ***Sexual Orientation*** | | | | | | | | | | | | | | | | |
| Heterosexual or Straight | 334 | 78.2% | 0 | 0.0% | 0 | 0.0% | 52 | 82.5% | 1,429 | 100.0% | 0 | 0.0% | 6 | 12.5% | 1,821 | 48.3% |
| Gay or Lesbian | 25 | 5.9% | 0 | 0.0% | 0 | 0.0% | 1 | 1.6% | 0 | 0.0% | 0 | 0.0% | 14 | 29.2% | 40 | 1.1% |
| Bisexual | 25 | 5.9% | 0 | 0.0% | 0 | 0.0% | 1 | 1.6% | 0 | 0.0% | 0 | 0.0% | 10 | 20.8% | 36 | 1.0% |
| Questioning or unsure | 4 | 0.9% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 2.1% | 5 | 0.1% |
| Queer | 9 | 2.1% | 0 | 0.0% | 0 | 0.0% | 1 | 1.6% | 0 | 0.0% | 0 | 0.0% | 3 | 6.3% | 13 | 0.3% |
| Another sexual orientation | 22 | 5.2% | 0 | 0.0% | 0 | 0.0% | 1 | 1.6% | 0 | 0.0% | 0 | 0.0% | 10 | 20.8% | 33 | 0.9% |
| Unknown/Not Reported | 8 | 1.9% | 1,701 | 100.0% | 64 | 100.0% | 7 | 11.1% | 0 | 0.0% | 41 | 100.0% | 4 | 8.3% | 1,825 | 48.4% |
| ***Current Gender Identity*** | | | | | | | | | | | | | | | | |
| Female | 268 | 62.8% | 49 | 2.9% | 35 | 54.7% | 41 | 65.1% | 1,429 | 100.0% | 0 | 0.0% | 6 | 12.5% | 1,828 | 48.4% |
| Male | 140 | 32.8% | 207 | 12.2% | 29 | 45.3% | 20 | 31.7% | 0 | 0.0% | 0 | 0.0% | 17 | 35.4% | 413 | 10.9% |
| Transgender | 1 | 0.2% | 1 | 0.1% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 7 | 14.6% | 9 | 0.2% |
| Genderqueer | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 3 | 6.3% | 3 | 0.1% |
| Questioning or unsure | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Another gender identity | 13 | 3.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 13 | 27.1% | 26 | 0.7% |
| Unknown/Not Reported | 5 | 1.2% | 1,444 | 84.9% | 0 | 0.0% | 2 | 3.2% | 0 | 0.0% | 41 | 100.0% | 2 | 4.2% | 1,494 | 39.6% |
| ***Veteran Status*** | | | | | | | | | | | | | | | | |
| Yes | 16 | 3.7% | 233 | 13.7% | 0 | 0.0% | 1 | 1.6% | 0 | 0.0% | 0 | 0.0% | 1 | 2.1% | 251 | 6.7% |
| No | 0 | 0.0% | 26 | 1.5% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 43 | 89.6% | 69 | 1.8% |
| Unknown/Not Reported | 411 | 96.3% | 1,442 | 84.8% | 64 | 100.0% | 62 | 98.4% | 1,429 | 100.0% | 41 | 100.0% | 4 | 8.3% | 3,453 | 91.5% |

| Time-Limited Community Driven PEI Grants - FY 2021-22 | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Sacramento Covered | | Sacramento Youth Mental Health – Mallory Ewing & Gale Anderson | | Safe Black Space | | Tarbiya Institute | | Trans & Queer Youth Collective | | University Enterprises, Inc. – Sacramento State* | | WEAVE, Inc | | Total | |
| **Characteristic** | **N=443** | **%** | **N=99** | **%** | **N=304** | **%** | **N=6,266** | **%** | **N=1,582** | **%** | **N=0*** | **%** | **N=31** | **%** | **N=8,725** | **%** |
| ***Age Group*** | | | | | | | | | | | | | | | | |
| Children/Youth (0-15) | 0 | 0.0% | 63 | 63.6% | 18 | 5.9% | 1415 | 22.6% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1,496 | 17.1% |
| TAY (16-25) | 24 | 5.4% | 36 | 36.4% | 47 | 15.5% | 1142 | 18.2% | 0 | 0.0% | 0 | 0.0% | 2 | 6.5% | 1,251 | 14.3% |
| Adults (26-59) | 387 | 87.4% | 0 | 0.0% | 176 | 57.9% | 1891 | 30.2% | 0 | 0.0% | 0 | 0.0% | 27 | 87.1% | 2,481 | 28.4% |
| Older Adults (60+) | 32 | 7.2% | 0 | 0.0% | 54 | 17.8% | 794 | 12.7% | 0 | 0.0% | 0 | 0.0% | 2 | 6.5% | 882 | 10.1% |
| Unknown/Not Reported | 0 | 0.0% | 0 | 0.0% | 9 | 3.0% | 1024 | 16.3% | 1,582 | 100.0% | 0 | 0.0% | 0 | 0.0% | 2,615 | 30.0% |
| ***Ethnicity*** | | | | | | | | | | | | | | | | |
| Hispanic or Latino | 34 | 7.7% | 4 | 4.0% | 6 | 2.0% | 26 | 0.4% | 0 | 0.0% | 0 | 0.0% | 4 | 12.9% | 74 | 0.8% |
| Non-Hispanic/Non-Latino | 180 | 40.6% | 17 | 17.2% | 0 | 0.0% | 461 | 7.4% | 0 | 0.0% | 0 | 0.0% | 7 | 22.6% | 665 | 7.6% |
| Other | 6 | 1.4% | 0 | 0.0% | 0 | 0.0% | 114 | 1.8% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 120 | 1.4% |
| More than one ethnicity | 0 | 0.0% | 6 | 6.1% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 6 | 0.1% |
| Unknown/Not Reported | 223 | 50.3% | 72 | 72.7% | 298 | 98.0% | 5,665 | 90.4% | 1582 | 100.0% | 0 | 0.0% | 20 | 64.5% | 7,860 | 90.1% |
| ***Race*** | | | | | | | | | | | | | | | | |
| White | 0 | 0.0% | 6 | 6.1% | 3 | 1.0% | 47 | 0.8% | 0 | 0.0% | 0 | 0.0% | 1 | 3.2% | 57 | 0.7% |
| Black or African American | 0 | 0.0% | 2 | 2.0% | 278 | 91.4% | 27 | 0.4% | 0 | 0.0% | 0 | 0.0% | 19 | 61.3% | 326 | 3.7% |
| Asian | 1 | 0.2% | 2 | 2.0% | 5 | 1.6% | 487 | 7.8% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 495 | 5.7% |
| American Indian or Alaska Native | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 3.2% | 1 | 0.0% |
| Native Hawaiian or other Pacific Islander | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| More than one race | 0 | 0.0% | 8 | 8.1% | 12 | 3.9% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 3.2% | 21 | 0.2% |
| Other | 15 | 3.4% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 3 | 9.7% | 18 | 0.2% |
| Unknown/Not Reported | 427 | 96.4% | 81 | 81.8% | 6 | 2.0% | 5,705 | 91.0% | 1582 | 100.0% | 0 | 0.0% | 6 | 19.4% | 7,807 | 89.5% |
| ***Primary Language*** | | | | | | | | | | | | | | | | |
| English | 175 | 39.5% | 0 | 0.0% | 0 | 0.0% | 163 | 2.6% | 0 | 0.0% | 0 | 0.0% | 31 | 100.0% | 369 | 4.2% |
| Spanish | 3 | 0.7% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 3 | 0.0% |
| Vietnamese | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Cantonese | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Russian | 1 | 0.2% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 0.0% |
| Hmong | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Arabic | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 12 | 0.2% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 12 | 0.1% |
| Other | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 37 | 0.6% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 37 | 0.4% |
| Unknown/Not Reported | 264 | 59.6% | 99 | 100.0% | 304 | 100.0% | 6,054 | 96.6% | 1582 | 100.0% | 0 | 0.0% | 0 | 0.0% | 8,303 | 95.2% |
| ***Sexual Orientation*** | | | | | | | | | | | | | | | | |
| Heterosexual or Straight | 56 | 12.6% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 15 | 48.4% | 71 | 0.8% |
| Gay or Lesbian | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 3.2% | 1 | 0.0% |
| Bisexual | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 3.2% | 1 | 0.0% |
| Questioning or unsure | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Queer | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Another sexual orientation | 1 | 0.2% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 0.0% |
| Unknown/Not Reported | 386 | 87.1% | 99 | 100.0% | 304 | 100.0% | 6,266 | 100.0% | 1,582 | 100.0% | 0 | 0.0% | 14 | 45.2% | 8,651 | 99.2% |
| ***Current Gender Identity*** | | | | | | | | | | | | | | | | |
| Female | 57 | 12.9% | 45 | 45.5% | 235 | 77.3% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 27 | 87.1% | 364 | 4.2% |
| Male | 363 | 81.9% | 22 | 22.2% | 61 | 20.1% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 3 | 9.7% | 449 | 5.1% |
| Transgender | 0 | 0.0% | 1 | 1.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 0.0% |
| Genderqueer | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 3.2% | 1 | 0.0% |
| Questioning or unsure | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Another gender identity | 1 | 0.2% | 6 | 6.1% | 8 | 2.6% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 15 | 0.2% |
| Unknown/Not Reported | 22 | 5.0% | 25 | 25.3% | 0 | 0.0% | 6,266 | 100.0% | 1582 | 100.0% | 0 | 0.0% | 0 | 0.0% | 7,895 | 90.5% |
| ***Veteran Status*** | | | | | | | | | | | | | | | | |
| Yes | 22 | 5.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 22 | 0.3% |
| No | 3 | 0.7% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 31 | 100.0% | 34 | 0.4% |
| Unknown/Not Reported | 418 | 94.4% | 99 | 100.0% | 304 | 100.0% | 6,266 | 100.0% | 1582 | 100.0% | 0 | 0.0% | 0 | 0.0% | 8,669 | 99.4% |

* Data Component: No UEI data collected for this quarter. Staff transition caused some gaps in this area. However, moving forward UEI is integrating evaluations into all of the events, both virtual and in-person. Data collection began in the fall 2022 School year and has been reported on.

***Limitations***

The first Sacramento County BHS PEI programs were implemented in FY 09/10, with new programs being implemented as recently as 2021. At the time of program implementation reporting requirements were not established. The County established reporting requirements based on the type of program and the population served. After the updated PEI regulations were released, all PEI contracts were adjusted to attempt to meet the reporting requirements. Demographics, as well as participant satisfaction surveys were implemented in all programs. The bullets below describe some challenges the County has faced in collecting and reporting data:

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

***Future Steps***

MHP is currently in the implementation phase of integrating into the CalMHSA Semi-Statewide EHR. If PEI programs are integrated into the new EHR, we will have the ability to reliably report unduplicated participants served as well as demographics that are consistent across all programs. This will also give the MHP the ability to follow participants throughout the system to determine linkages to treatment services.


# Mental Health Services Act

# Annual Innovation Program and Evaluation Report

# Fiscal Year 2021-22

# Sacramento County Department of Health Services
# Division of Behavioral Health Services
# MHSA Innovation Annual Report FY 2021-22

The Sacramento County Department of Health Services, Division of Behavioral Health Services, has prepared this Innovation Evaluation report for Fiscal Year 2021/2022.

## MHSA Innovation Project #2: Mental Health Crisis/Urgent Care Clinic

### Project Overview

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

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

In turn, this project will test how these adaptations can improve the following client and system outcomes: (1) create an effective alternative for individuals needing crisis care; (2) improve the client experience in achieving and maintaining wellness; (3) reduce unnecessary or inappropriate psychiatric hospitalizations and incarcerations; (4) reduce emergency department visits; and (5) improve care coordination across the system of care to include linkages to needed resources and timely access to mental health services.

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

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

# Sacramento County Department of Health Services
# Division of Behavioral Health Services
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## Data Summary

The MHUCC opened its doors to the public on November 29, 2017. This report includes data retrieved from Avatar (Sacramento County Electronic Health Record) for Fiscal Year 2021-22.

### *Referrals*

The majority of referrals to the MHUCC were from the individual themselves (51%) and other sources (30%).

- 8% of the referrals were from friends and family, 2% from law enforcement and 6% from primary care providers.
- Only 1% of referrals were from local emergency departments

### *Admissions and Discharges*

- There were 3,170 unduplicated individuals admitted to the MHUCC for a total of 4,158 admissions during the fiscal year
  - 664 unduplicated individuals returned to the MHUCC during the fiscal year
- There were 4,160 discharges from the Urgent Care Clinic

### *Demographics*

| Mental Health Urgent Care Clinic FY 2021/2022 Demographics | | |
|---|---|---|
| | **Number (N=3170)** | **Percent** |
| **Race** | | |
| American Indian or Alaska Native | 22 | 0.69% |
| Asian | 311 | 9.81% |
| Black or African American | 645 | 20.35% |
| Native Hawaiian or other Pacific Islander | 21 | 0.66% |
| White | 1261 | 39.78% |
| Other | 291 | 9.18% |
| More than one race | 306 | 9.65% |
| Unknown/Not Reported | 313 | 9.87% |
| **Primary Language** | | |
| English | 2927 | 92.33% |
| Spanish | 100 | 3.15% |
| Vietnamese | 14 | 0.44% |
| Cantonese | 8 | 0.25% |
| Farsi | 14 | 0.44% |
| Russian | 13 | 0.41% |

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| Mental Health Urgent Care Clinic FY 2021/2022 Demographics (continued) | | |
|---|---|---|
| | **Number (N=3170)** | **Percent** |
| **Primary Language (continued)** | | |
| Hmong | 5 | 0.2% |
| Arabic | 9 | 0.3% |
| Other | 39 | 1.2% |
| Unknown/Not Reported | 41 | 1.3% |
| **Age Group** | | |
| 0-17 | 470 | 14.8% |
| 18-25 | 591 | 18.6% |
| 26-59 | 1900 | 59.9% |
| 60+ | 209 | 6.6% |
| Age Range | 4 to 90 | n/a |
| **Gender** | | |
| Male | 1515 | 47.8% |
| Female | 1654 | 52.2% |
| Transgender | 0 | 0.0% |
| Intersex | 0 | 0.0% |
| Questioning | 0 | 0.0% |
| Unknown/Not reported | 1 | 0.03% |
| **Veteran Status** | *(Not Reported)* | |
| Yes | 0 | 0.0% |
| No | 0 | 0.0% |
| **Homeless Status** | *(N=4,158 All Admissions)* | |
| Yes | 456 | 11.0% |
| No | 3702 | 89.0% |

## MHUCC Client Satisfaction Questionnaire Results

Fiscal Year 2021-22 satisfaction survey results show that overall clients are satisfied with the services received at the MHUCC. Generally, clients felt respected with an average rating of 4.8.

| Fiscal Year 2021/2022 Satisfaction Questionnaire Responses (N=2474) | |
|---|---|
| **Survey Questions (1=Strongly Disagree, 5=Strongly Agree)** | **Average Rating** |
| When I arrived, I felt welcomed. | **4.66** |
| My visit gave me hope. | **4.50** |
| During my visit, I was given information and guidance that was useful to me. | **4.69** |
| During my visit, I was told about programs and places where I could go that seemed useful to me. | **4.66** |
| During my visit, I was given the opportunity to make choices about my care. | **4.66** |
| Staff were sensitive to my cultural needs and background. | **4.66** |
| If I wanted them to, staff made every effort to involve the people who are important to me in planning my services. | **4.63** |
| Staff heard and understood what I said. | **4.72** |
| I was treated with respect. | **4.80** |
| **The amount of time that I waited to be seen was acceptable to me.** | **4.49** |
| I felt safe and supported during my visit. | **4.74** |
| **Overall, the quality of care I received was (1=Poor, 5=Excellent).** | **4.72** |
| **Overall Rating** | **4.66** |

## Summary of Learning Objectives

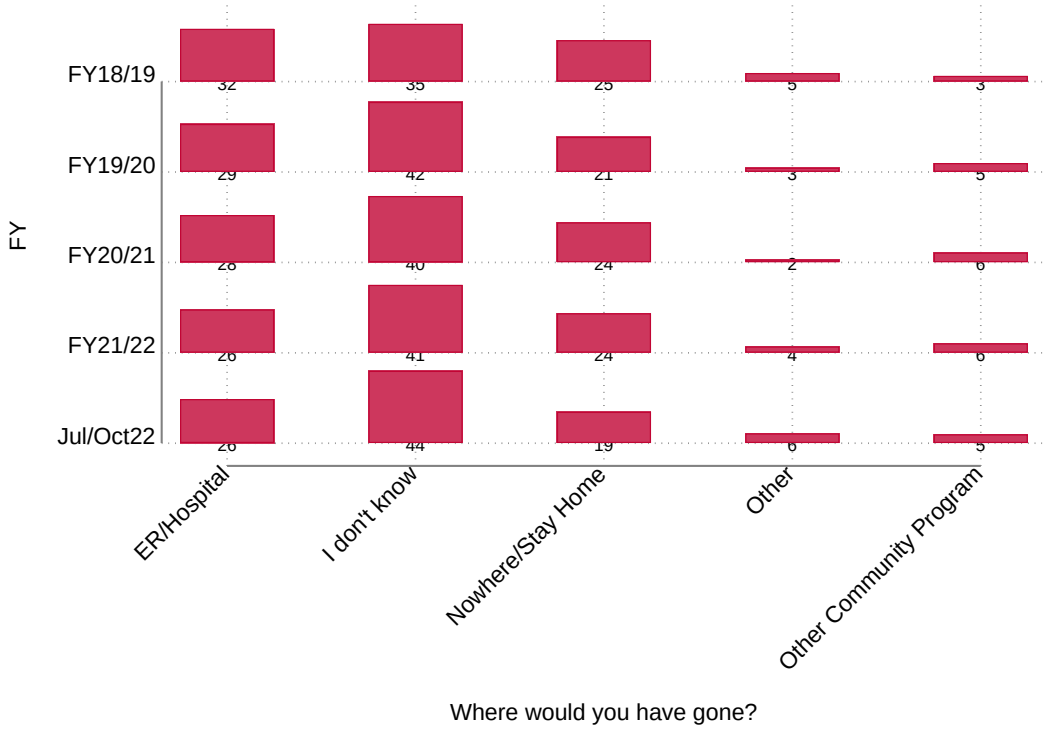
The learning objectives were evaluated by University of California Davis. Department of Psychiatry and Behavioral Sciences. The following is a summary of the findings.

When it was implemented, the MHUCC was a novel model of care. It was the first of its kind in Sacramento County. The initial objective of the MHUCC was to offer a substitute for the emergency department.

When its doors opened, there was little information on which to base expectations of how its services would be used. Given the objective, one of the primary questions for this evaluation was, “Does the MHUCC affect the use of the emergency department?” The data to address this question came from a questionnaire that was completed by MHUCC users upon exit from their MHUCC visit.

In the questionnaire, respondents were asked where they would have gone for care if the MHUCC was not there. Figure 1 contains the responses by fiscal year.

Figure 1. Where Would You Have Gone for Care?

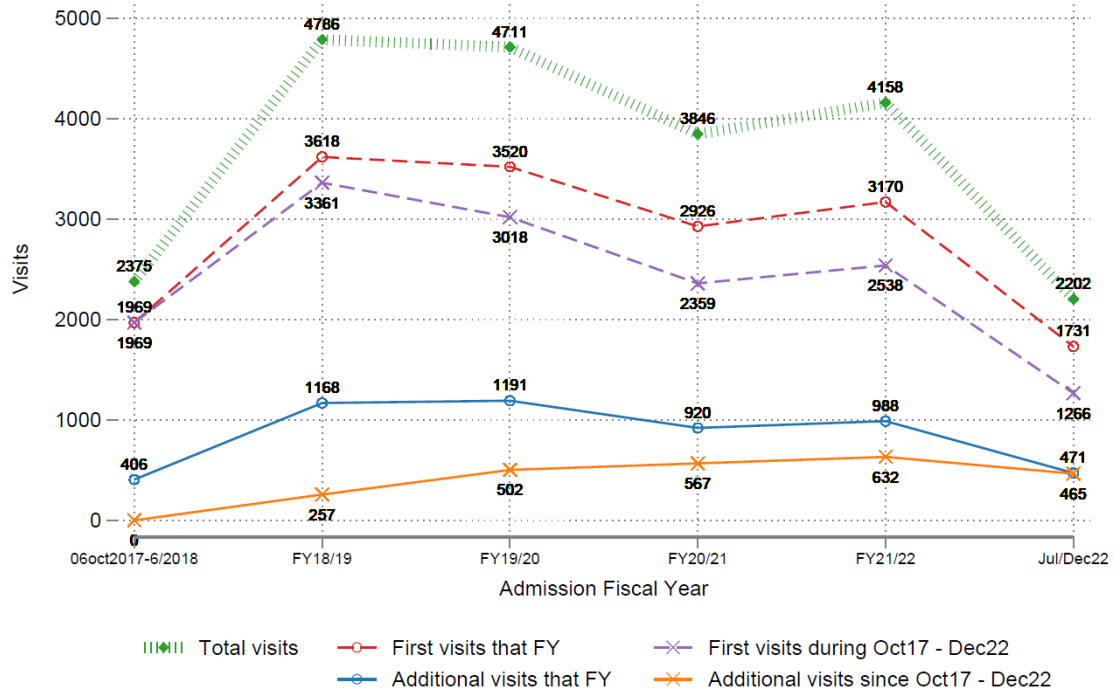



Between Fiscal Year 2018-19 and July/October 2022, 26%-32% of respondents indicated they would have gone to the ER or hospital. Thus, for about a quarter to a third of clients, the MHUCC served as a substitute for the ER or hospital.

In addition, for a larger percentage of people, the MHUCC filled a service gap. Without the MHUCC, these clients either would not have received services or they would have waited until possibly they would have required emergency room services. This group of clients comprised of those who said they did not know where they would have gone (35%-44%) and those who indicated that they would not have gone anywhere (19%-25%).

A second important question about service utilization was, "How were services used?" One of the indicators of the quality of care for emergency departments is recidivism. During FY 2018-19, its first full year of service, the MHUCC provided 4,786 total visits. In the subsequent years during the pandemic (FY19/20-FY21-22), total use declined to a low in FY 2020-21 of 3,846 visits (Figure 2, green line).

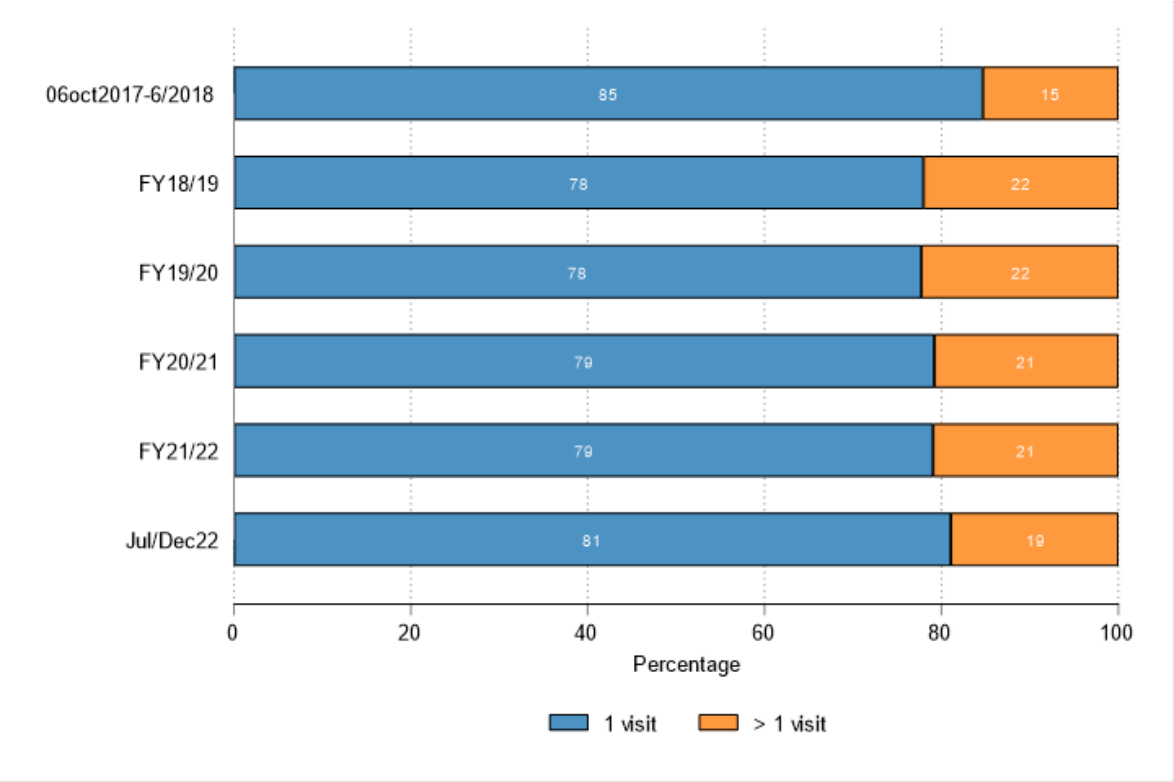
Figure 2. Use of MHUCC by Fiscal Year



When visits are broken down by first time versus return visits, the dashed red line reveals that within a fiscal year, about a three-quarters of total visits are for the first time in that year. Or, as the blue line indicates, about a quarter of visits are return visits in that year.

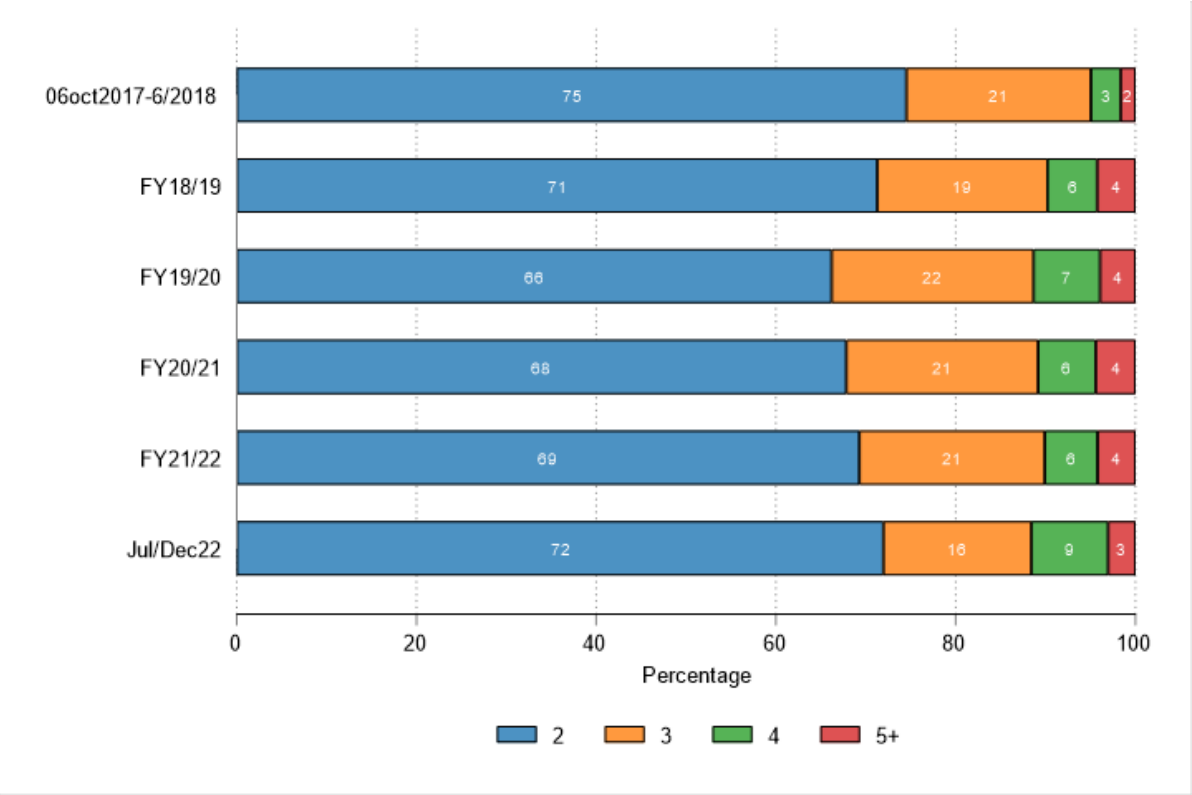
The orange line indicates that when all the visits over this time period are considered, in each fiscal year about 30% - 43% of visits represent return visits. That is, return visits are not necessarily made in the same fiscal year as the first visit. Conversely, about 70% of visits are one-time visits. That is, for the majority of visits, either presenting problems are adequately addressed or appropriate linkages were made with community agencies.

Figure 3. Percentage of Clients with Return Visits by Fiscal Year



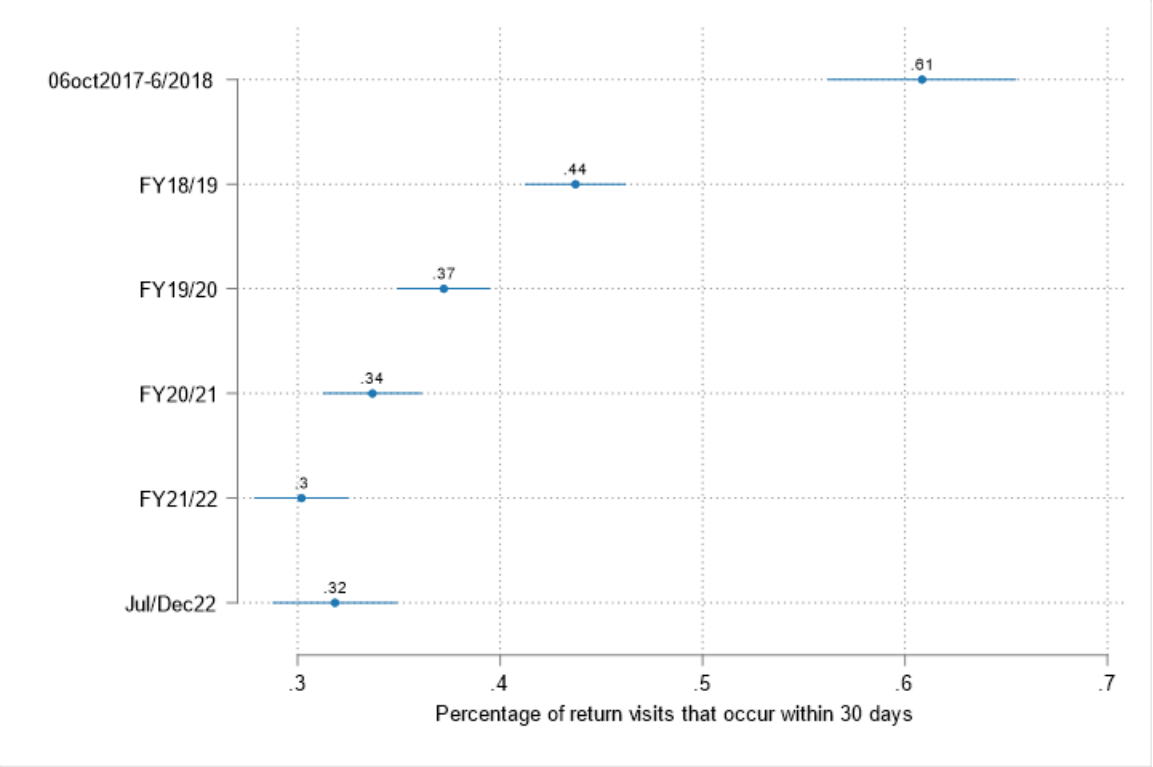
While the majority of clients do not return to the MHUCC with a fiscal year, there is a percentage that do. Figure 3 shows that about 80% of MHUCC clients have only one visit during the fiscal year. Conversely, during a fiscal year, about 20% of clients have two or more visits. Of those who have two or more visits, about 70% have two visits and a little over 20% have three visits (Figure 4). The majority of those who return within the fiscal year did so only for one additional visit.

Figure 4. Breakdown of Clients with Return Visits by Number of Returns by Fiscal Year



Returns with 30-days of discharge has been used as an indicator of quality of care. Figure 5 shows that over time, there was a decrease in the percentage of visits that were return visits occurring within 30-days. In FY18/19, about 44% of return visits occurred within 30-days. Each year, the percentage decreased such that by FY21/22, 30% of visits within the fiscal year occurred within 30-days.

Figure 5. Percentage of Return Visits Made Within 30-Days of Discharge by Fiscal Year



It should be noted that there is a significant pattern of return visits around 30-days. Figure 6 indicates that 50% of return visits occur within 43 days. For each fiscal year, 25% of the return visits happen within about a week. About 75% of return visits occur within about two months.

Figure 6. Time Until Return Visits by Fiscal Year

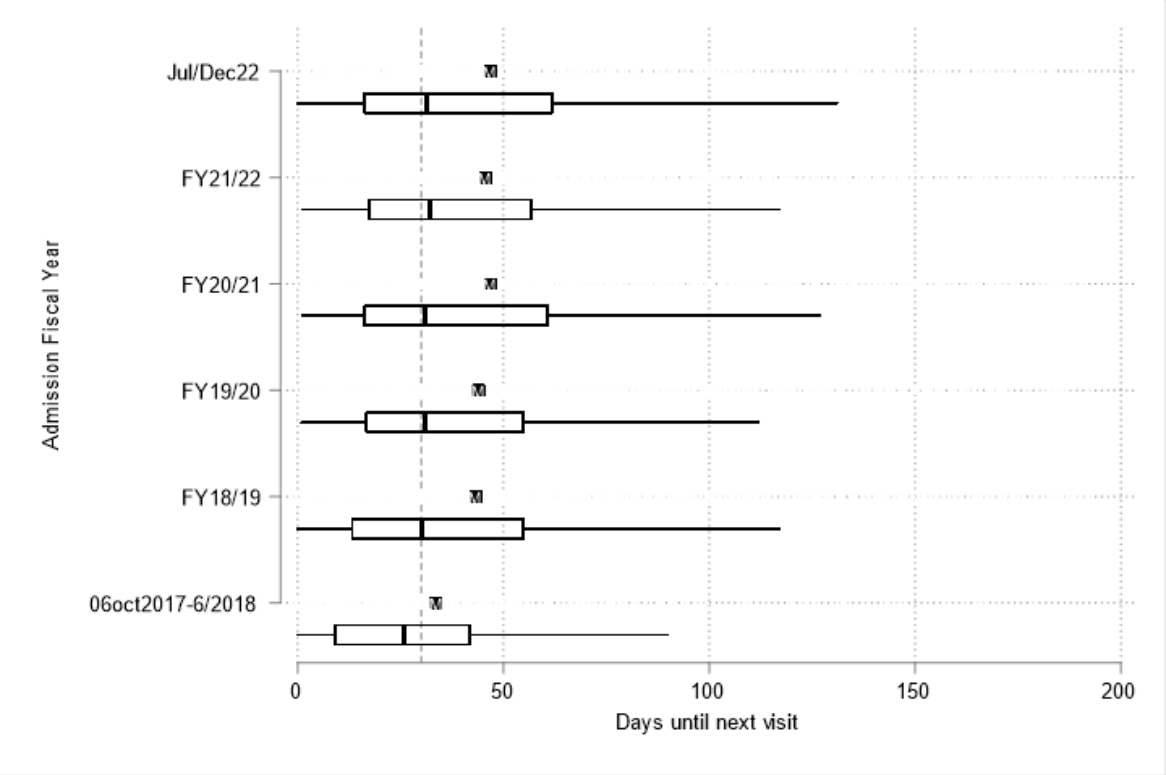
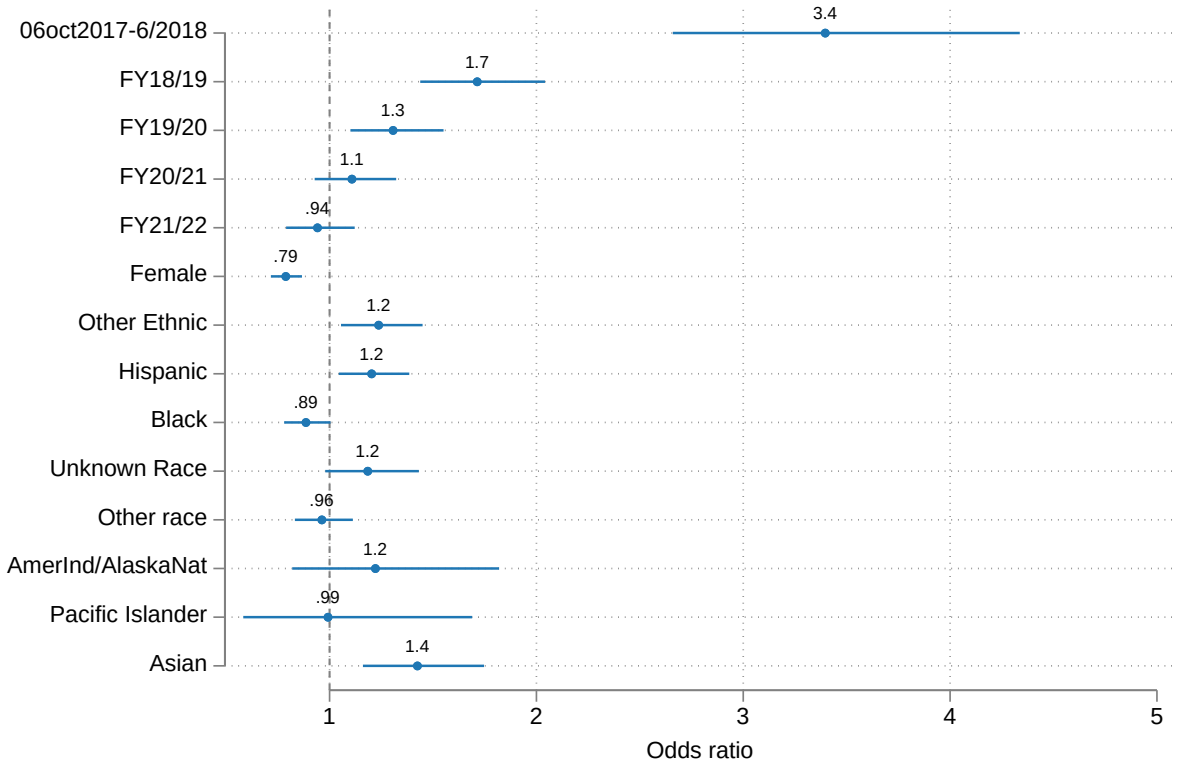


Figure 7 shows that over time when accounting for demographic characteristics, the odds of returning within 30-days decreased. In addition, females were less likely to return within 30- days while clients who were Hispanic and Asian were more likely than other race/ethnicities to return within 30-days.

Figure 7. Demographic Characteristics of Clients Who Return in 30-Days




## Summary

The MHUCC played an important role in providing care to clients who otherwise would not have received care. In addition, the return rates, indicate that most clients did not return for care. Of those who did, the majority had one additional visit. This suggests that the MHUCC did not become a usual source of care for most clients. Furthermore, based on the 30-day return rates, the MHUCC seemed to provide care that met client needs. Yet, this not the case for all groups. Those who identified as Hispanic and Asian were more likely to return within 30-days.

## Project #3: Behavioral Health Crisis Services Collaborative

### Project Overview

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

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

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

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

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

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

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

# Sacramento County Department of Health Services
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## Data Summary

The BHCSC opened its doors to the public on September 10, 2019. This report includes data retrieved from Avatar (Sacramento County Electronic Health Record) for Fiscal Year 2021/2022.

### *Admissions and Discharges*

- There were 1,591 unduplicated individuals admitted to the BHCSC for a total of 2,031 admissions during the fiscal year
  - During the fiscal year, 207 (10.2% of total discharged) individuals returned to the BHCSC within 30 days of discharge
- There were 2,028 discharges from the BHCSC

### *Demographics*

| Behavioral Health Crisis Services Collaborative FY 2021/2022 Demographics | | |
|---|---|---|
| | **Number (N=1,591)** | **Percent** |
| **Race** | | |
| American Indian or Alaska Native | 30 | 1.9% |
| Asian | 46 | 2.9% |
| Asian Indian | 21 | 1.3% |
| Black or African American | 304 | 19.1% |
| Native Hawaiian or other Pacific Islander | 69 | 4.3% |
| White | 796 | 50.0% |
| Other | 172 | 10.8% |
| More than one race | 140 | 8.8% |
| Unknown/Not Reported | 13 | 0.8% |
| **Primary Language** | | |
| English | 1,516 | 95.3% |
| Spanish | 29 | 1.8% |
| Vietnamese | 9 | 0.6% |
| Cantonese | 2 | 0.1% |
| Russian | 7 | 0.4% |
| Hmong | 3 | 0.2% |
| Arabic | 1 | 0.0% |
| Other | 23 | 1.4% |
| Unknown/Not Reported | 1 | 0.1% |
| **Gender** | | |
| Male | 867 | 54.5% |
| Female | 722 | 45.4% |
| Transgender | 0 | 0.0% |
| Unknown/Not Reported | 2 | 0.1% |

| Behavioral Health Crisis Services Collaborative FY 2021/2022 Demographics (continued) | | |
|---|---|---|
| | Number (N=1,591) | Percent |
| **Veteran Status** | | |
| Yes | 0 | 0.0% |
| No | 0 | 0.0% |
| Unknown/ Not Reported | 1,591 | 100.0% |
| **Homeless Status** | | |
| Yes | 413 | 26.0% |
| No | 1,123 | 70.6% |
| Unknown/ Not Reported | 55 | 3.5% |

## Summary of Learning Objectives

The Innovation learning objectives were evaluated by Aurrera Health Group. The BHCSC Final Evaluation Report final report is included as Exhibit 1 at the end of this report.

## BHCSC Client Satisfaction Questionnaire Results

Satisfaction surveys show overall, clients were satisfied with the services they received at the BHCSC.

| Satisfaction Questionnaire Responses (N=594) | |
|---|---|
| **Survey Questions (1=Strongly Disagree, 5=Strongly Agree)** | **Average Rating** |
| When I arrived, I felt welcomed. | **4.34** |
| My visit gave me hope that I could overcome my struggle. | **3.97** |
| During my visit, I was told about programs and places where I could go that seemed useful to me. | **4.31** |
| During my visit, I was given the opportunity to make choices about my care. | **4.30** |
| Staff were sensitive to my cultural needs and background. | **4.36** |
| Staff heard and understood what I said. | **4.43** |
| I was treated with respect. | **4.50** |
| I felt safe and supported during my visit. | **4.41** |
| The amount of time that I waited to be seen was acceptable to me. | **4.36** |
| The psychiatrist answered my questions and addressed my concerns. | **4.44** |
| I understood my medication instructions upon leaving. | **4.44** |
| I understood the information I received about my follow-up care upon leaving. | **4.45** |
| Overall, the quality of care I received was (1=Poor, 5=Excellent). | **4.48** |
| **Overall Satisfaction Rating** | **4.37** |

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

### Project Overview

The Multi-County Full Service Partnership (FSP) INN Project was supported by the MHSA Steering Committee in FY 2019-20 and was reviewed and approved by the MHSOAC on June 5, 2020. This is a multi-county Innovation Project that provides an opportunity for counties to implement new data-informed strategies to program design and continuous improvement for FSP programs, supported by county-specific implementation and evaluation technical assistance. The overall purpose and goals of this proposed project are to: (1) improve how counties collect and use data to define and track program outcomes that are meaningful for FSP clients; (2) Develop new and/or strengthen existing processes for continuous improvement for FSP programs; (3) Develop a clear strategy for how FSP outcomes and performance measures can best be tracked and streamlined; (4) Develop a shared understanding and more consistent interpretation of the core FSP components; and, (5) increase the clarity and consistency of FSP enrollment criteria, referral, and graduation processes. A cohort of six diverse counties are participating and include Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, and Ventura. The cohort began efforts with a comprehensive "Landscape Assessment" phase to understand FSP programs, assets, and opportunities. Through various activities, the cohort developed a comprehensive understanding of similarities and differences across all FSP service designs, populations, data collection and eligibility practices. Over the next year, the cohort plans to focus on identifying population definitions, outcomes and process metrics, as well as state reporting recommendations.

### Summary of Activities for FY 21/22

The Multi-County FSP Innovation Project cohort activities for 2022 were focused on two main areas: (1) Monthly Continuous Improvement Workgroup meetings attended by all participating counties; and (2) The RAND Corporation Evaluation.

**Summary of Monthly Continuous Improvement Working Group Activities for 2022:**

In 2022, all eight participating counties (the six original counties and the two additional counties that joined the project in the fall of 2021) participated in a monthly continuous improvement working group. The purpose of this monthly meeting was to begin a regular practice of discussing cross-county data and to convene on topics related to the project's ongoing evaluation. From January through March, counties worked with Third Sector and Mental Health Data Alliance (MHData) staff to develop Enhanced Partner-Level Data (EPLD) templates that would automate reports on the outcome measures identified by the Multi-County FSP Innovation Cohort during the first phase of the project. From April through October, counties used the EPLD templates to complete outcome reports on stable housing, justice-involvement, and psychiatric hospitalizations and engaged in

discussions to better understand the data reflected in these new reports. Counties are still working to begin collecting data on the newly identified, consumer-defined social connectedness measure and will be able to run EPLD reports on that measure once data collection begins. As the end of the year approaches, counties are reflecting on the goals and structure of this monthly meeting and making a plan to further these continuous improvement discussions in 2023.

**Summary of RAND Evaluation activities for FY 21/22:**

RAND's efforts in 2022 were focused primarily on acquiring data from counties to be used in the evaluation. RAND attended the monthly Continuous Improvement working group meetings, providing input as needed.

RAND worked with each county to help them to provide complete DCHS' FSP Data Collection and Reporting (DCR) and Electronic Health Records (EHR) data for FSP enrollees. RAND provided a detailed data request to the counties in 2021 and worked with counties on a preliminary test data delivery to help work through any issues prior to delivering the complete data.

There were two separate data deliveries scheduled for counties:

- Data covering July, 2019 through December, 2021. Delivery date: January 31, 2022
- Data covering January, 2022 through June, 2022. Delivery date: September 1, 2022

All original six counties provided data for the first period, and three counties have provided data for the second period as of the end of October. (Counties that joined the project in the fall of 2021 have a different timeline for data collection and evaluation.)

RAND conducted an initial analysis of data completeness for the 2019-2021 data and reported the summary of our findings to the counties in May. All six of the counties provided data with a common identifier to link records from both data sources.

In November and December, RAND and counties continue to work together to share data and will begin setting up qualitative interviews to assess system-level impacts and to gain "on the ground" perspectives from implementing new innovations. RAND is developing protocols for conducting interviews with BHS staff who oversee FSP programs as well as leaders from individual FSP providers.

## Project #5: Community Justice Support Program (FSP) INN Project

### Project Overview

This project serves justice involved, Medi-Cal eligible individuals, 18 years and older, experiencing serious mental illness with significant functional impairment. Individuals may self-refer into the program or be referred by justice partners and Jail Psych Services. This innovative project adapts and expands on the Child and Family Team (CFT) model for the forensic behavioral health population. This teaming model has been successfully used in child welfare systems to address the needs of justice and/or foster system involved youth. The CFT is comprised of client, family, natural supports, system partners, and service providers involved in the individual's life. The purpose of CFT meetings is to assemble team members to create an integrated plan in order to determine how to address the client's needs and goals that promote wellness, resilience and placement stabilization. The CFT process is strength-based, client-centered, individualized, collaborative, culturally responsive, trauma-informed, and outcomes-focused.

Adapting the CFT teaming model for the forensic behavioral health population will increase collaborative efforts between system partners, immediate access to needed services, care coordination with the goal of improving the client experience in achieving wellness and reducing recidivism back to jail. The increased collaboration among system partners and service providers will allow for immediate Main Jail in-reach and verification of eligible clients prior to release to ensure that they are provided with immediate support. The Forensic Behavioral Health Multi-System Teams (MST) INN Project utilizes the following adapted teaming approach in engaging and collaborating with clients, developing and implementing a coordinated and integrated plan with each client that best addresses the client's needs and goals, monitoring and adapting these plans as necessary, and supporting clients in their progress toward successful community transition and wellness and recovery. The Forensic Behavioral Health Provider is responsible for assigning staff as MST facilitators, establishing and maintaining the MST process, and delivering the forensic behavioral health services for all eligible clients. The provider ensures that staff are reflective of the diverse racial, ethnic, and linguistic populations.

In FY 2020-21, El Hogar Community Services was selected through a competitive selection process to implement project services. The project services, now known as the Community Justice Support Program (CJSP), began serving clients in FY 2021-22.

## Data Summary

In partnership with BHS and CJSP, the University of California Davis (UCD) Continuing and Professional Education, experts in developing the statewide Child and Family Team (CFT) and CFT Meeting Facilitation trainings curricula, adapted and expanded on these trainings specifically for the forensic behavioral health population. This adapted Multi-System Team (MST) training curriculum is being delivered to the CJSP staff to learn best practices of teaming meetings, including timeframes, recommended participants, key roles of providers and partners, and the facilitation process. UCD Continuing and Professional Education will provide on-going coaching and support to CJSP clinical staff and MST facilitators.

### *Admissions and Discharges*

- There were 87 individuals admitted to the CJSP.

### *Demographics*

| Community Justice Support Program FY 2021/2022 Demographics | | |
|---|---|---|
| | **Number** | **Percent** |
| **Race** | | |
| American Indian or Alaska Native | 2 | 2.3% |
| Asian | 1 | 1.1% |
| Black or African American | 34 | 39.1% |
| Native Hawaiian or other Pacific Islander | 2 | 2.3% |
| White | 33 | 37.9% |
| Other | 10 | 11.5% |
| More than one race | 2 | 2.3% |
| Unknown/Not Reported | 3 | 3.4% |
| **Primary Language** | | |
| English | 86 | 98.9% |
| Spanish | 0 | 0.0% |
| Vietnamese | 0 | 0.0% |
| Cantonese | 0 | 0.0% |
| Farsi | 0 | 0.0% |
| Russian | 0 | 0.0% |
| Hmong | 0 | 0.0% |
| Arabic | 0 | 0.0% |
| Other | 1 | 1.1% |
| Unknown/Not Reported | 0 | 0.0% |

# Sacramento County Department of Health Services
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| Community Justice Support Program FY 2021/2022 Demographics (continued) | | |
|---|---|---|
| **Gender** | | |
| Male | 72 | 82.8% |
| Female | 15 | 17.2% |
| Transgender | 0 | 0.0% |
| Intersex | 0 | 0.0% |
| Questioning | 0 | 0.0% |
| Unknown/Not reported | 0 | 0.0% |
| **Veteran Status** | | |
| Yes | 0 | 0.0% |
| No | 0 | 0.0% |
| Unknown/Not Required | 87 | 100% |
| **Homeless Status** | | |
| Yes | 41 | 47.1% |
| No | 43 | 49.4% |
| Unknown/Not Required | 3 | 3.4% |

# Mental Health Services Act (MHSA) | General Standards.

Sacramento County is committed to upholding the MHSA's six general standards, which are:

1. **Community Collaboration**
2. **Cultural Competence**
3. **Client Driven**
4. **Family Driven**
5. **Wellness, Recovery and Resilience Focused**
6. **Integrated Experience for Clients and their Families**

**9 CCR § 3320**

**§ 3320. General Standards.**

(a) The County shall adopt the following standards in planning, implementing, and evaluating the programs and/or services provided with Mental Health Services Act (MHSA) funds. The planning, implementation and evaluation process includes, but is not limited to, the Community Program Planning Process; development of the Three-Year Program and Expenditure Plans and updates; and the manner in which the County delivers services and evaluates service delivery.

(1) **Community Collaboration**, as defined in Section 3200.060.
(2) **Cultural Competence**, as defined in Section 3200.100.
(3**) Client Driven**, as defined in Section 3200.050.
(4) **Family Driven**, as defined in Section 3200.120.
(5) **Wellness, Recovery, and Resilience Focused,** as defined in WIC 5813.5(d).
(6) **Integrated Service Experiences for clients and their families**, as defined in Section 3200.190.

**Community Collaboration** means a process by which clients and/or families receiving services, other community members, agencies, organizations, and businesses work together to share information and resources in order to fulfill a shared vision and goals.

Notes: Cal. Code Regs. Tit. 9, § 3200.060 Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5830(a)(3) and 5866, Welfare and Institutions Code.

**Cultural Competence** means incorporating and working to achieve each of the goals listed below into all aspects of policy-making, program design, administration and service delivery. Each system and program is assessed for the strengths and weaknesses of its proficiency to achieve these goals. The infrastructure of a service, program or system is transformed, and new protocol and procedure are developed, as necessary to achieve these goals.

(1) Equal access to services of equal quality is provided, without disparities among racial/ethnic, cultural, and linguistic populations or communities.
(2) Treatment interventions and outreach services effectively engage and retain individuals of diverse racial/ethnic, cultural, and linguistic populations.
(3) Disparities in services are identified and measured, strategies and programs are developed and implemented, and adjustments are made to existing programs to eliminate these disparities.
(4) An understanding of the diverse belief systems concerning mental illness, health, healing and wellness that exist among different racial/ethnic, cultural, and linguistic groups is incorporated into policy, program planning, and service delivery.
(5) An understanding of the impact historical bias, racism, and other forms of discrimination have upon each racial/ethnic, cultural, and linguistic population or community is incorporated into policy, program planning, and service delivery.

(6) An understanding of the impact bias, racism, and other forms of discrimination have on the mental health of each individual served is incorporated into service delivery.
(7) Services and supports utilize the strengths and forms of healing that are unique to an individual's racial/ethnic, cultural, and linguistic population or community.
(8) Staff, contractors, and other individuals who deliver services are trained to understand and effectively address the needs and values of the particular racial/ethnic, cultural, and/or linguistic population or community that they serve.
(9) Strategies are developed and implemented to promote equal opportunities for administrators, service providers, and others involved in service delivery who share the diverse racial/ethnic, cultural, and linguistic characteristics of individuals with serious mental illness/emotional disturbance in the community.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5813.5(d)(3), 5868(b), 5878.1(a), Welfare and Institutions Code; and Sections 2(e) and 3(c), MHSA.

**Client Driven** means that the client has the primary decision-making role in identifying his/her needs, preferences and strengths and a shared decision-making role in determining the services and supports that are most effective and helpful for him/her. Client driven programs/services use clients' input as the main factor for planning, policies, procedures, service delivery, evaluation and the definition and determination of outcomes.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5813.5(d)(2) and (3), 5830(a)(2) and 5866, Welfare and Institutions Code; and Section 2(e), MHSA.

**Family Driven** means that families of children and youth with serious emotional disturbance have a primary decision-making role in the care of their own children, including the identification of needs, preferences and strengths, and a shared decision-making role in determining the services and supports that would be most effective and helpful for their children. Family driven programs/services use the input of families as the main factor for planning, policies, procedures, service delivery, evaluation and the definition and determination of outcomes.

Note: Cal. Code Regs. Tit. 9, § 3200.120 Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Section 5822(h), 5840(b)(1), 5868(b)(2) and 5878.1, Welfare and Institutions Code.

**Wellness, Recovery, and Resilience Focused:** Planning for services shall be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers: (1) To promote concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination. (2) To promote consumer-operated services as a way to support recovery. (3) To reflect the cultural, ethnic, and racial diversity of mental health consumers. (4) To plan for each consumer's individual needs.

Note: Reference: Section 5813.5(d), Welfare and Institutions Code.

**Integrated Service Experience** means the client, and when appropriate the client's family, accesses a full range of services provided by multiple agencies, programs and funding sources in a comprehensive and coordinated manner.

Note: Cal. Code Regs. Tit. 9, § 3200.190Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5878.1(a), 5802, 5806(b), 5813.5(d) (4) and Section 2(e), MHSA, Welfare and Institutions Code.")

To learn more about the Mental Health Services Act (MHSA), please visit:

- Mental Health Services Act in California Welfare and Institutions Code (WIC) (as of January 2020)
- MHSA in California Code of Regulations (CCR)

# MHSA FY 2023-24 Annual Update Acronym List

| | |
|---|---|
| **AA/B/AD** | African American/Black/African Descent |
| **ABC** | Augmented Board and Care |
| **AI/AN** | American Indian/Alaskan Native |
| **AOT** | Assisted Outpatient Treatment |
| **API** | Asian/Pacific Islander |
| **APS** | Adult Protective Services |
| **APSS** | Adult Psychiatric Support Services |
| **ARISE** | Sacramento Adults Recovering in Strengths-Based Environment |
| **ART** | Adult Residential Treatment |
| **ASL** | American Sign Language |
| **ASOC** | Adult System of Care |
| **AU** | Annual Update |
| **BHCSC** | Behavioral Health Crisis Services Collaborative |
| **BHREC** | Behavioral Health Racial Equity Collaborative |
| **BHS** | Behavioral Health Services |
| **BOS** | Board of Supervisors |
| **CalAIM** | California Advancing and Innovating Medi-Cal |
| **CalMHSA** | California Mental Health Services Authority |
| **CAPS** | Child and Adolescent Psychiatric Services |

# MHSA FY 2023-24 Annual Update Acronym List

| | |
|---|---|
| **CCR** | California Code of Regulations |
| **CF** | Capital Facilities |
| **CFT** | Child and Family Team |
| **CFTN** | Capital Facilities and Technological Needs |
| **CFV** | Consumer & Family Voice |
| **CHFFA** | California Health Facilities Financing Authority |
| **CIBHS** | California Institute for Behavioral Health Solutions |
| **CIT** | Crisis Intervention Training |
| **CJST** | Community Justice Support Program |
| **CMHDA** | California Mental Health Directors Association |
| **CNP** | Crisis Navigation Program |
| **CORE** | Community Outreach Recovery Empowerment |
| **CPP** | Community Planning Process |
| **CRC** | Mental Health Crisis Respite Center |
| **CRP** | Crisis Residential Program |
| **CRWP** | Community Responsive Wellness Program for the Black Communities of Sacramento |
| **CSEC** | Commercially Sexually Exploited Children |
| **CSET** | Consultation, Support and Engagement Teams |
| **CSS** | Community Services and Supports |
| **CST** | Community Support Team |

# MHSA FY 2023-24 Annual Update Acronym List

| | |
|---|---|
| **CY** | Calendar Year |
| **DCR** | Data Collection and Reporting |
| **DHA** | Sacramento County Department of Human Assistance |
| **DHCS** | California Department of Health Care Services |
| **DHS** | Sacramento County Department of Health Services |
| **ECM** | Enhanced Care Management |
| **ED** | Emergency Department |
| **EHR** | Electronic Health Record |
| **eVIBE** | Early Violence Intervention Begins with Education |
| **FAC** | Family Advocate Committee |
| **FIT** | Flexible Integrated Treatment |
| **FQHC** | Federally Qualified Health Center |
| **FSP** | Full Service Partnership |
| **FY** | Fiscal Year |
| **GIS** | Geographic Information System |
| **GMC** | Geographic Managed Care |
| **GSD** | General System Development |
| **HCAI** | Department of Health Care Access and Information |
| **INN** | Innovation |
| **ISA** | Integrated Services Agency |

# MHSA FY 2023-24 Annual Update Acronym List

| | |
|---|---|
| **JJDTP** | Juvenile Justice Diversion and Treatment Program |
| **LGBTQ** | Lesbian, gay, bisexual, transgender, questioning or queer |
| **MCST** | Mobile Crisis Support Teams |
| **MHB** | Mental Health Board |
| **MHP** | Mental Health Plan |
| **MHSA** | Mental Health Services Act |
| **MHSOAC** | Mental Health Services Oversight and Accountability Commission |
| **MHTC** | Mental Health Treatment Center |
| **MHUCC** | Mental Health Urgent Care Clinic |
| **MST** | Multi-System Team |
| **NPLH** | No Place Like Home |
| **OAC** | Older Adult Coalition |
| **OASIS** | Outpatient Assisted Services & Integrated Supports |
| **PAAC** | Peer Adult Advocate Committee |
| **PCP** | Primary Care Physician |
| **PEI** | Prevention & Early Intervention |
| **PSH** | Permanent Supportive Housing |
| **QCCC** | Quality Child Care Collaborative |
| **RPC** | Respite Partnership Collaborative |
| **SacEDAPT** | Sacramento Early Diagnosis and Preventive Treatment |

# MHSA FY 2023-24 Annual Update Acronym List

| | |
|---|---|
| **SAFE** | Sacramento Advocates for Family Empowerment |
| **SAMHSA** | Substance Abuse and Mental Health Services Administration |
| **SCC** | Supporting Community Connections |
| **SCOE** | Sacramento County Office of Education |
| **SEWP** | Sierra Elder Wellness Program |
| **SHRA** | Sacramento Housing and Redevelopment Agency |
| **SOAR** | Sacramento Outreach Adult Recovery |
| **SUPT** | Substance Use Prevention and Treatment Services |
| **SZS** | Safe Zone Squad |
| **TAY** | Transition Age Youth |
| **TN** | Technological Needs |
| **TWC** | Transcultural Wellness Center |
| **WET** | Workforce Education and Training |
| **WIC** | Welfare and Institution Code |
| **WRAP** | Wellness Recovery Action Plan |
| **WRC** | Wellness and Recovery Center |
| **YAC** | Youth Advocate Committee |
| **YHN** | Youth Help Network |
| **YMHFA** | Youth Mental Health First Aid |