Sacramento County
Mental Health Board

2015 ANNUAL REPORT

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July 6, 2016

Introduction

The Sacramento County Mental Health Board (MHB) is an advisory body to the Board of Supervisors. California law mandates that every county operate such an advisory body and specifies the makeup and responsibilities of the MHB. Specific MHB duties are listed in Welfare and Institutions Code section 5604.2 (Appendix A).

Role

Consistent with state law, the MHB's role is to provide oversight and monitoring of the local mental health system; represent individuals with serious mental illness, their families, and the public interest; and advise the Board of Supervisors and the Sacramento County mental health director regarding the community's mental health needs. The MHB also provides a public forum for citizens to actively participate in the county mental health system's planning process.

Annual Report

This Annual Report identifies the MHB's nine goals for 2015, reports on major MHB activities conducted in furtherance of these goals, and evaluates the MHB's progress in meeting these goals. This report also lists the MHB's goals for 2016 as Appendix B.

Goal 1. RECRUIT full and diverse membership of the MHB.

The MHB had many vacancies for much of 2015. Resignations and expirations of members' terms began this drop in membership in 2014. For much of 2015, the MHB received no applications to fill these vacancies. Membership dropped to as low as 8 members during the year.

As of the July 6, 2016, approval of this report, MHB membership is at its full 16-member capacity. Factors explaining this success include focused appeals to the Board of Supervisors and their staff, individual members' recruitment efforts, and attention given to recruitment at MHB general meetings.

According to discussions held at the 2016 annual MHB retreat, members generally feel that the diversity of the current membership is adequate.

Goal 2. DEVELOP a robust recommendation on whether Assisted Outpatient Treatment (AOT) is appropriate for Sacramento County and submit that recommendation to the Board of Supervisors.

As of the July 6, 2016 approval of this report, the MHB has made no formal recommendation on the appropriateness of AOT for Sacramento County.

At its January 6, 2015, general meeting, the MHB debated the proper course of action on this goal. The MHB approved a draft research model for an ad hoc committee to address AOT, but tabled action on designating such a committee or setting a specific deadline for making a recommendation.

At its July 3, 2015, general meeting, the MHB again debated the proper course of action on this goal. The MHB decided to table the development of a formal AOT recommendation until developments in County mental health policy dictated that a proper time had arrived. According to this consensus, a MHB recommendation should wait until the County completed its redesign of the mental health services continuum. With the system's design in flux, the MHB reasoned that it could not fairly evaluate the need for AOT in the context of voluntary services provided by the county.

At the July 3, 2016, meeting, the MHB formally decided to review this goal quarterly. This quarterly review will include a status report from the DBHS Director on the ongoing redesign effort. Upon receiving this report, the MHB will also deliberate on whether to commission an ad hoc committee to evaluate AOT. Such a report occurred at the November 4. 2015, general meeting, after which the MHB decided to defer action until the next quarterly update.

Goal 3. Actively PARTICIPATE in the ongoing redesign of Sacramento County's continuum of mental health services, with a focus on alternatives to inpatient hospitalization and reducing the use of emergency departments as the sole source of help for people experiencing a mental health crisis.

At its March 4, 2015, general meeting, the MHB heard a detailed presentation on the redesign effort. Representatives of local private hospitals, the Office of the County Executive, and DBHS gave the presentation.

The MHB voted to support the general principles of the redesign effort and communicate its position to the Board of Supervisors. At a March 11, 2015, emergency meeting, the MHB approved a letter articulating its position and recommending principles for the Board of Supervisors to follow. The letter is included as Appendix C.

MHB members have had significant opportunity to review, ask questions, and comment on redesign effort. The primary channel for this advisory capacity has been monthly reports from the DBHS Director at MHG general meetings. MHB members have also participated in advisory committees related to the redesign, including those related to new crisis residential facilities and the creation of a mental health urgent care clinic.

Goal 4. EXPAND participation in key countywide and community stakeholder committees, in particular the MHSA Steering Committee and the Human Services Coordinating Council, to promote MHB involvement in planning activities for new and expanded programs.

In 2015, declining membership presented challenges for the MHB to participate fully in the advisory committees and liaison functions it has traditionally served. Now that the MHB is at full membership, these challenges will diminish. As of this report's approval, the MHB has filled almost all of its committee and liaison responsibilities with MHB members.

Regarding the Mental Health Services Act (MHSA) Steering Committee and the Human Services Coordinating Council, the MHB did not expand beyond its historic role in 2015. 2015 saw considerable interest in both committees as a result of increased MHSA funding the ongoing redesign of the County's mental health continuum of care. The MHB maintained an active formal presence at MHSA Steering Committee meetings, including a subcommittee on foster children and mental health care (the "Katie A." population). The MHB is in the process of expanding its participation in the Human Services Coordinating Council by filling all three MHB slots on this body.

Goal 5. Continue to ADVOCATE for DBHS and Board of Supervisors decisions that incorporate the recommendations in the MHB's 2012 feasibility study of alternatives for individuals with chronic untreated mental illness in Sacramento County.

The MHB met this goal by invoking the 2012 feasibility study in its review and comment on the ongoing continuum of care redesign. The March 15, 2015, letter to the Board of Supervisors made specific reference to this study. Specific principles highlighted from the 2012 study included the need for a varied range community mental health approach spanning from prevention programs to full-service partnerships. The full text of the 2012 recommendations is included in this report as Appendix D.

Goal 6. Continue to ADVOCATE for additional rehabilitative and expanded mental health services for the public safety realignment population to ensure that post-release offenders are provided the necessary treatment for reintegration into our community.

The MHB took no action on this goal in 2015. No presenters at MHB general meetings highlighted developments in public safety "realignment" that merited MHB action. The MHB takes no position on whether the Fiscal Year 2015-2016 allocation of funds adequately emphasizes rehabilitation of offenders or probationers with a mental illness. As of the approval of this report, the MHB has replaced this goal for 2016 with a goal for a more overall study and involvement with criminal and juvenile justice issues.

Goal 7. COLLABORATE with DBHS and the California Mental Health Planning Council to compile robust data on the performance of the Sacramento County public mental health system.

At its August 5, 2015, meeting, the MHB approved Sacramento County's submission for the annual Data Notebook project of the California Mental Health Planning Council (CMHPC). This document answers the CMHPC's questions about serious mental illness and substance use issues, and compiles its requested performance data. The MHB relied heavily on DBHS staff and the Sacramento County Alcohol and Drug Advisory Board to complete this document.

Throughout 2015, MHB members deliberated on the appropriate way to comply with the Welfare and Institutions (W and I) Code requirement that it report to the Board of Supervisor's on the County's mental health needs and performance. (W and I Code Section 5604.2(a)(5)) Despite this law, the MHB has not historically written such a report and is not aware of other counties' mental health boards doing so.

In order to investigate the availability of performance data and the feasibility of a MHB analysis, the MHB scheduled presentations that gave an overview of performance monitoring. These presentations covered the required annual review of the County by an External Quality Review Organization and the Triennial Medicaid Review by the State of California.

The strength of these presentations encouraged member interest in conducting MHB projects related to performance monitoring. Enthusiasm for doing these projects stems partly from the MHB reaching full membership. As of the approval of this report, a MHB ad hoc committee is working to draft a "performance and needs" report as required by law.

Goal 8. REVIEW the existing system of care for the mental health and advocacy needs of children and youth, with special attention given to patients' rights and emerging issues regarding foster children, at-risk youth, and transition age youth.

At its April 1, 2015 general meeting, the MHB heard a presentation outlining the children's system of care in Sacramento County. This presentation provided a basic education for MHB members on the overall scope and impact of children's services in the public mental health system. The MHB followed up on this presentation with a goal of conducting further study in 2016.

At its August 5, 2015, meeting, the MHB heard a presentation from the Office of the Patients' Rights Advocate. This presentation provided an overview to familiarize MHB members with the Office's function, for both adults and children.

Goal 9. Continue to PROVIDE monthly mental health provider site visits for MHB members.

2015 saw much success in meeting this goal. Visits to facilities operated by both the County and its contractors occurred roughly once every other month. Average attendance at each visit was approximately four MHB members. The list of 2015 site visits is included as Appendix E.

OTHER MENTAL HEALTH BOARD ACTIVITIES

Budget Subcommittee

The MHB operates a standing budget subcommittee to review and comment on the development and approval of the DBHS budget. The MHB budget subcommittee held quarterly public meetings with the DBHS director as part of this task. For the 2015-2016 County budget, the MHB expressed no concerns with the calculation of the DBHS base budget and gave support to all proposed DBHS growth requests. The MHB 2015-2016 budget letter to the Board of Supervisors is included as Appendix F.

Meetings with Board of Supervisors' Chiefs of Staff

The MHB met quarterly with the Chief of Staff for each county supervisor to inform them of issues affecting the mental health community and to advocate for improved program services. The MHB believes that these meetings, which began in 2013, are vital for both planning MHB activities and communicating with the Board of Supervisors.

Bylaws Changes

At its January 7, 2015, general meeting, the MHB approved changes to its bylaws for approval by the Board of Supervisors. The Board of Supervisors approved the changes on March 24, 2015. These changes created a 5-member Executive Committee to set the MHB agenda and take emergency actions as needed. The 2015 Executive Committee was elected in April and met four times in 2015. The new bylaws also clarified that limited-term ad hoc committees established by the MHB are not subject to open meeting laws.

MHSA 3-Year Plan

State law requires that the MHB review MHSA expenditure plans and hold a public hearing to receive public comment on those plans. For 2015, the MHB performed this function for the current 3-year MHSA expenditure plan. The required MHB public hearing took place February 10, 2015.

Grand jury report

The 2014-2015 Sacramento County Grand Jury issued a report critical of decisions made over the last several years regarding the public mental health system in Sacramento County. After spending considerable time discussing possible ways to respond to the grand jury report, the MHB finally decided at its October 7, 2016, general meeting to take no action.

APPENDICES

APPENDIX A – California Welfare and Institutions Code Section 5604.2

APPENDIX B – MHB 2016 Goals

APPENDIX C – MHB Letter to the Board of Supervisors regarding redesign of the mental health services continuum

APPENDIX D – Conclusions of the Sacramento County Mental Health Board "Feasibility study of alternatives for individuals with chronic untreated mental illness in Sacramento County" July 2012

APPENDIX E – 2015 Program Site Visits

APPENDIX F – MHB letter to the Board of Supervisors regarding the 2015-2016 Budget

APPENDIX G – 2015 MHB general meeting presentations

APPENDIX A

California Welfare and Institutions Code section 5604.2

(a) The local mental health board shall do all of the following:

(1) Review and evaluate the community's mental health needs, services, facilities, and special problems.

(2) Review any county agreements entered into pursuant to Section 5650.

(3) Advise the governing body and the local mental health director as to any aspect of the local mental health program.

(4) Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.

(5) Submit an annual report to the governing body on the needs and performance of the county's mental health system.

(6) Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.

(7) Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council.

(8) Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties or authority to a mental health board.

(b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.

APPENDIX B

Mental Health Board
2016 Goals

As Approved at the March 2, 2016 and June 1, 2016, General Meetings
For 2016, the Mental Health Board identifies the following goals to guide its annual planning efforts:

1. **MONITOR** the on-going implementation of the redesign of Sacramento County's continuum of mental health services, which focuses on alternatives to inpatient hospitalization and reducing the use of emergency departments as the sole source of help for people experiencing a mental health crisis.

2. **REVIEW** the existing system of care for children and youth to identify gaps in mental health services, with special focus on the needs of at-risk youth and transition age youth. **IDENTIFY** emerging issues regarding foster children, including Katie A* implementation.

3. **CONSULT** with the Sacramento Steps Forward group and other stakeholders to ensure that there is a system of care for the homeless mentally ill population.

4. **REVIEW** the status of the recommendations in the MHB's 2012 feasibility study of treatment alternatives for individuals with chronic untreated mental illness in Sacramento County to determine if the MHB should continue to advocate for their implementation by DBHS and the Board of Supervisors.

5. **DEVELOP** a recommendation on whether Assisted Outpatient Treatment (AOT) is appropriate for Sacramento County and submit that recommendation to the Board of Supervisors. Consider the need for AOT in the context of the DBHS redesign of the county's continuum of mental health services.

6. **PROVIDE** monthly mental health provider site visits for the MHB members.

7. **EXPAND** participation in key countywide and community stakeholder committees to promote MHB involvement in planning activities for new and expanded programs.

8. ***ADVOCATE*** *for additional rehabilitative and expanded mental health services in the criminal justice system.* ***STUDY*** *mental health issues in the criminal justice system to ensure that it is meeting the needs of persons with mental illness*

9. **COLLABORATE** with the DBHS and the California Mental Health Planning Council to utilize robust data on the performance of the Sacramento public mental health system.

10. **RECRUIT** full and diverse membership of the MHB.

The MHB supports the requested temporary increase in the pooled contract amount for inpatient psychiatric services. We appreciate that this increase is a necessary short-term step and does not indicate overreliance on inpatient care. Given the accompanying plans for expanding crisis residential services and reopening the Intake Stabilization Unit to direct access, we think the Recommendations take county policy in the right direction.

The MHB will be undertaking a detailed review of the Recommendations' financial details at its next budget subcommittee meeting. We respectfully request detailed information that supports the Division's assessment that there is no net increase to County cost resulting from the increase in pooled contract authority.

The MHB respectfully urges the Board of Supervisors to be mindful of the conclusions reached by the MHB's July, 2012, report titled "*Feasibility study of alternatives for individuals with chronic untreated mental illness in Sacramento County*." Specifically, we remind the Board of Supervisors of the need for variety in county programs, including full-service partnerships as well as prevention programs. We also urge ongoing consideration of the recommendations from the May, 2011, independent expert review of Sacramento County's adult mental health service delivery system (known as "the Callahan report").

We believe there should be a balance between providing immediate relief to those in crisis and taking the time to research the most effective crisis programs for Sacramento County. For example, the MHB is aware of a large volume of best practices that other jurisdictions have followed in developing a crisis continuum. We also recognize that different counties and jurisdictions often face unique circumstances. We urge the Board of Supervisors and the Division to apply applicable lessons learned from other jurisdictions. We also recommend a careful analysis of the large volume of people that use existing crisis services and their consumer behaviors. This analysis would likely require a long-term commitment, but the data produced would be valuable.

Variety in the new crisis continuum is crucial. We recommend robust use of supportive housing, mobile crisis teams, and other existing programs, as well as innovative programs such as partial hospitalization programs and mental health navigators. In rebuilding crisis response capacity, there should be no gaps whereby patients leaving a hospital setting move to a step-down program that is not comprehensive enough to meet their acute needs. Similarly, having a variety of community-based program models prevents overreliance on more restrictive inpatient settings. In developing policies for inpatient hospitalization, a prudent plan would also incorporate an effective balance of both voluntary and involuntary holds.

Even with the reopening of the crisis stabilization unit at the Mental Health Treatment Center, the crisis continuum will be too small to meet the overwhelming demand in our community. We respectfully urge that the Board of Supervisors and the Division not settle for that which is achievable, but strive for ambitious goals. To that end, we urge that the Recommendations be a long-range effort that has vision beyond today's fiscal challenges.

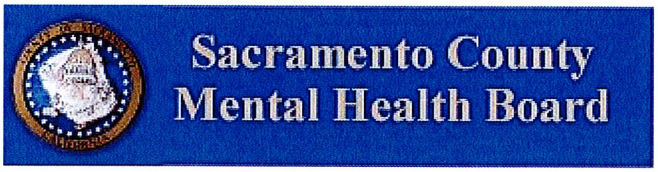
The MHB is enthusiastic about the Recommendations' efforts to reverse the reductions in County mental health services triggered by the economic downturn that began in 2008. We agree with the Recommendations' first steps in this process and look forward to working with the Board of Supervisors and the Division on developing the Recommendations further.

Sincerely,

Tom Campbell
Chair, Sacramento County Mental Health Board

cc. Sacramento County Board of Supervisors
Sacramento County Chief Executive Officer Bradley Hudson
Sacramento County Chief Operations Officer Navdeep Gill
Sacramento County Chief Deputy County Executive Paul Lake
Sacramento County Director of Health and Human Services Sherri Z. Heller
Sacramento County Director of Mental Health Services Uma Zykofsky

APPENDIX C



7001-A East Parkway, Suite 1000
Sacramento, CA 95823

March 13, 2015

The Honorable Phil Serna
Chair
Sacramento County Board of Supervisors
700 H Street
Suite 1450
Sacramento, CA 95814

Dear Supervisor Serna:

The Sacramento County Mental Health Board (MHB) endorses the recommendations to rebalance the mental health system (Recommendations) presented by the Division of Behavioral Health Services (Division). We urge the Board of Supervisors to adopt these Recommendations as County policy.

MHB members support the Recommendations' specific approach to reducing pressure on emergency departments as the primary access point for those experiencing a mental health crisis. The Division and its partners from the local hospital networks gave the MHB an extensive presentation on the Recommendations at the MHB's March 4, 2015, general meeting. Subsequently, the MHB has taken time to deliberate the merits of the Recommendations and has formally voted to articulate its support through this letter.

The MHB appreciates the effort by the Board of Supervisors and the Division to involve the MHB early in the policy making process. This involvement is critical to ensuring accountability to the public interest and the needs of the mental health community. We urge the Board of Supervisors to keep the MHB at the table as the Recommendations evolve into concrete programs and policies over the coming years.

The MHB recognizes the fiscal challenges that led to the Recommendations, starting with the pressures placed on the Division's inpatient hospital costs by the Affordable Care Act's expansion of Medi-Cal eligibility. We applaud the Board of Supervisors and the Division for taking advantage of the opportunity for collaborative decision-making that this challenge presents.

APPENDIX D

Conclusions of the Sacramento County Mental Health Board "Feasibility study of alternatives for individuals with chronic untreated mental illness in Sacramento County" July 2012

1. The Lanterman-Petris-Short Act (LPS) needs to be better utilized or re-written in the form of new legislation approved by members of the mental health community. It is our understanding, if Section 5200 of the LPS Act was applied as originally intended, AB 1421 might not be necessary. As per the previous memos, conflicting interpretations preclude any definitive recommendations.

2. Assisted Outpatient Treatment (AOT) goes beyond the scope of LPS and gives families and concerned individuals more of a voice. AOT in Nevada County is a Full Service Partnership recognized as a successful foundation for recovery. This program is partially sponsored by the Mental Health Services Act (MHSA), and does not condone forced medication. AOT is an intervention allowing for a treatment option that is a less restrictive than the 5150 process or a locked facility, including jails. If all aspects of Nevada Country's AOT program could be replicated here in Sacramento, we could be inclined to recommend AOT.

3. The Sacramento Mental Health Court has room for expansion. We recommend the Sacramento County Board of Supervisors create a collaborative workgroup to increase the development and funding of Mental Health Court. This workgroup should include Probation and Sheriff's Departments, Hospitals, District Attorneys' and Public Defenders' offices, Department of Behavior Health Services (DBHS), Mental Health Court, the Mental Health Board, peer and family support groups, and other stakeholders.

4. Mental Health Court could provide AOT or other treatment options for 70 more individuals with severe mental illness within its current structure. Our previous cost avoidance recommendations support this theory to reduce recidivism. We recommend implementing the Mental Health Court three-year pilot program.

5. Mobile outreach teams are imperative, even expanding on the current Community Support Team (CST) model using a blended team of professional, peer, and family staff. We recommend establishing a Crisis Intervention Team (CIT), perhaps like the San Diego model. Furthering the outreach concept, we recommend leveraging faith-based and other community organizations, such as Sacramento Steps Forward.

6. Alcohol and Drug Services must be understood and incorporated at all levels of services and especially in the jail system. Clients with co-occurring disorders are not all criminal types, but must be identified and treated appropriately. There should be an ADS counselor at Jail Psychiatric Services and the Mental Health Treatment Center, and routine information sharing.

7. ERs are not equipped to handle mental health treatment and we recommend sustainable funding for the new Intake and Stabilization Unit (ISU). We suggest continual representation by the MHB on the Community Health Partnership. Primary care physicians must also receive education to understand the complex issues of mental health.

8. We recommend peer and family advocacy at all levels of care, even hospitals and the Mental Health Court. Updated service and legal information and education for all advocates is crucial. Continuity of treatment, the establishment of trust, and seamless transitions must be implemented and we support recommendations in the Callahan Report.

9. Uma Zykofsky stated "Some of the challenges are creating programs with sustainable dollars, not relying on taking money from existing programs." We recommend leveraging funding with other organizations and investigating more grant opportunities.

APPENDIX E

2015 program site visits conducted by MHB members and findings from each visit, submitted by MHB member Leonard Marowitz.

March 13: El Hogar Guest House Homeless Clinic

El Hogar Guest House Homeless Clinic is the only entry point for homeless indigent individuals 18 years and older seeking mental health services and homeless services in the County system. Services include screening, assessment, short-term out-patient treatment, medication and social rehabilitation services.

Guest House serves 400-500 people at any one time. Provides referrals to county services for those who do not qualify for Guest House. Helps clients get Medi-Cal, SSI and General Assistance. Has quarterly safety meetings with law enforcement, businesses, and an Impact Team. Has a relapse prevention program. Provides crisis intervention M-F, 8 am to 5 pm. Has a 12 paid staff and 3 unpaid interns with an annual budget of $1.5 million. Funding is primarily from the Mental Health Services Act and also Medi-Cal. In 2015 had a grant from Projects for Assistance in Transition from Homelessness (PATH).

March 16: Dignity Health Medical Foundation Children's Center, Sacramento –and- Sacramento County Child and Adolescent Psychiatric Services Clinic

Dignity Health Medical Foundation Children's Centers (2), in collaboration with Sacramento County, provide a variety of counseling services to children, adolescents and their families. Staff includes a child/adolescent psychiatrist, mental health counselors and a family advocate. Services are provided in a variety of settings, including clinic, school and residential care homes.

Dignity Health Medical Foundation Children's Centers gets referrals from schools, parents, juvenile probation, CPS and foster care. Assessment is for 60 days, after which the client may be referred elsewhere, if necessary. Usually, treatment duration is 1 to 1.5 years after which clients are referred to their primary care physician or geographic medical care such as Kaiser for medications. The Sacramento and South Sacramento Centers have a total of 39 staff with a budget of $3.3 million.

The County's Child and Adolescent Psychiatric Services (CAPS) Clinic provides psychiatric assessment, medication support, psychological testing, mental health services and medication focused case management services to children and youth. Referrals come from a parent, caregiver, school, agency or community member, social worker, foster family agency, or foster parent.

CAPS assesses clients for 60 days, after which they may be referred elsewhere or treated by CAPS. CAPS does psychological testing. CAPS will reach out into the community, if necessary, in crisis situations such as risk of loss of placement, abuse or neglect, or emotional crisis such as major depression. Works with justice system, having a child psychiatrist at juvenile hall and doing evaluations for courts. Meets needs for medicine for its own clients and works with other programs on medicine given by injections. All clients have Medi-Cal.

April 17: Human Resources Consultants, TCORE, and THE TLCS CLUBHOUSE

Human Resources Consultants (HRC) provides psychiatric, rehabilitation, advocacy and self-help services for adults who have a diagnosis of a severe mental illness and require mental health services. HRC is one of four Regional Support Teams in Sacramento County, serving the northeast area of the county.

HRC was staffed for 900 clients but had 1500 open cases in 2015 and staff was expanded in 2016. It provides outpatient specialty care and treats clients on average for 7-8 years. Most clients are on SSI or SSDI and have Medi-Cal, while some are on Medi-Care.

TCORE (Transitional Community Opportunities for Recovery and Engagement) is a collaboration between HRC and TLCS which provides intensive services to adults who require more supports and services to remain in the community. It also serves Transitional Age Youth (TAY).

TCORE serves clients who are stepped down from inpatient hospitals and full service providers or are difficult to engage. TCORE's clients can be stepped up or down as needed and appropriate. About half of Mental Health Court consumers are served by TCORE, which has a regular group session for Mental Health Court consumers and a good relationship with law enforcement. TCORE had 750 open and 50 pending cases in 2015.

The TLCS Clubhouse is a drop in place for those receiving services from HRC and TLCS. It is a place to build meaningful relationships with peers and have fun. There are volunteer team opportunities and resources to increase self-esteem and self-confidence and begin preparation for future employment opportunities.

The TLCS Clubhouse is one room and got initial funding from Wells Fargo Foundation and Bank of America. It is run by mentors, who themselves are clients of the mental health system. At the time of our visit, the TLCS Clubhouse had been open for 6 months and there were about 100 members. The Clubhouse is a national concept found in many communities.

May 15: Turning Point Adult Programs: Turning Point Administrative Headquarters, Abiding Hope Respite House, Crisis Residential Program ((CRP), and Integrated Services Agency (ISA)

Turning Point Administrative Headquarters houses diverse support staff, including administration, data collection and analysis, facilities, and fiscal personnel.

Abiding Hope Respite House (AHRH) offers a welcoming home-like environment with peer-directed recovery services for adults with psychiatric disabilities who need relief from the stresses of life. There are five beds with a communal kitchen and living area located near mental health services areas. Residents, who are not necessarily homeless, stay 7 – 14 days in this non-crisis respite setting.

AHRH residents may be referred by emergency rooms, outpatient case managers, law enforcement, crisis respite centers and shelters. They may also be self-referred. About 85 individuals a year are served. There is nearby access to nursing, therapists and psychiatrist to attend to client needs. Turning Point partners with Welcome Home Housing and NAMI to provide this program.

Turning Point Crisis Residential Program (CRP) provides short term treatment for up to 12 adults who have become suicidal, critically depressed or otherwise psychiatrically incapacitated. Most are referred from the Sacramento County MHTC or Regional Support Teams. Individuals stay up to 30 days and move on to housing with treatment follow-up.

Turning Point CRP provides services that avert the need for hospitalization that involve peer support, mutual trust, flexible programs and working together. There are group therapy and case managers. Medications are controlled by staff and handed out to clients. Clients have Medi-Cal, or no insurance. If they have Medicare, they have to have used up their annual allotted hospital days.

Turning Point Integrated Services Agency (ISA) is a full-service partnership providing wraparound services to 150 clients with psychiatric disabilities who are transitioning from long term hospitalizations. ISA provides support to stabilize housing and reduce hospitalizations and incarcerations, risk assessments, 24/7 crisis response, medication management, connections to services, counseling and group therapy, SSI and Medi-Cal advocacy, home visits, help with doctor appointments and referrals to employment services.

Turning Point ISA clients meet with a Personal Service Coordinator twice a week who coordinates services and monitors client progress. The majority of clients live in board and care housing and do not have their own supports. Substance use is a big problem with younger clients.

June 8: Wind Youth Services

Wind Youth Services provides services for homeless transition age youth (TAY) who are 18 to 25 years old and for younger children 12 to 17 years old. Wind staff has an in-depth understanding of youth homelessness and do street outreach to engage homeless youth by providing street-based services aimed at harm reduction. Wind has a drop-in center for 12-24 year olds, counseling, a TAY shelter for 18-24 year olds and an adolescent shelter for 12-17 year olds.

Wind Youth Services understands that catching homelessness in its first year improves the chance of an individual getting off the street. There are 35 staff. Clients are usually from poorer homes with drug addictions which drives them to the street to survive. Clients avoid rigid shelters where they are told what to do because they have a desire to be free. From the adolescent shelter, about 65% return to their families, 20% to go to other programs and 15% return to the street. Of TAY shelter clients, about 50% return to the street because there is not enough long term housing for them.

August 27: Stanford Youth Solutions

Stanford Youth Solutions (SYS) empowers youth and families to solve serious challenges that threaten their ability to stay together. Intensive, individualized programs are provided that are effective for young people and families in difficult circumstances that help them become stable and capable. Services include Foster Care, Flexible Integrated Treatment (FIT), Wraparound, Juvenile Justice and Crime Prevention Program (working with Probation Department), Therapeutic Behavioral Services, Family and Youth Partnership, Research, and Clinical Supervision.

SYS was originally opened in 1900 as a residential program. It gradually became less of a residential provider and as of 2005 it no longer included group homes and became a totally family-based (including foster care), intensive treatment provider. SYS has a staff of 112 that served 400 children and youth. It helps families understand what rights they have and to comfortably deal with the system and advocate for themselves and their children. The goal of SYS is to reunite children and youth with their families. All programs have a very high success rate.

October 6: TLCS Adult Programs: TLCS Administrative Headquarters, Mental Health Crisis Respite Center (CRC), and Palmer Apartments

TLCS Administrative Headquarters house varied support staff, including administration, data collection and analysis, facilities, and fiscal personnel. Some programs are run in the same building that houses headquarters.

TLCS Mental Health Crisis Respite Center (CRC) is staffed 24/7 and serves any individual in Sacramento County who is at least 18 years of age experiencing a mental health crisis but who is not in immediate danger to self or others. Individuals may voluntarily stay at CRC for up to 23 hours and receive service based in compassion,

understanding and knowledge. The primary goal is to offer individuals a stable and supportive environment to enable them to be better positioned to explore the crisis with a solution-oriented mindset.

CRC is held in a quiet, warm setting with comfortable reclining chairs. This environment helps reduce clients' stress. Every client leaves with an individualized resource plan. If the client needs to be transported to the Crisis Residential Center, staff from there may be able to provide it.

Palmer Apartments program is a short-term interim housing program (up to 90 days) for adults who are experiencing homelessness and have a psychiatric disability. It is a cooperative apartment setting that is safe and affordable with independent living skills training and mental health recovery support. 24/7 staff works with residents to break the cycle of homelessness and find permanent, affordable housing in the community.

Palmer Apartments has 48 beds. Staff works with residents individually as well as in groups. Palmer Apartments is one of seven housing programs that TLCS runs.

October 28: Turning Points Children's Programs: Turning Point Administrative Headquarters, Flexible Integrated Treatment (FIT) and Therapeutic Behavioral Services (TBS)

Turning Point Administrative Headquarters houses diverse support staff, including administration, data collection and analysis, facilities, and fiscal personnel.

Turning Point Flexible Integrated Treatment (FIT) works with youth ages 0-21 experiencing emotional and behavioral difficulties. Therapists and treatment team members work with youth and their families in a family-focused, strength-based approach. Clinical supports offered adapt to the needs of the youth and may include individual, family, and group therapy, skills training, advocacy, case management, and psychiatric supports. Treatment decisions are made in partnership with the youth and family through a Child and Family Team meeting process.

Turning Point Therapeutic Behavioral Services (TBS) is an intensive, one to one, short-term outpatient mental health treatment designed for youth up to age 21 with serious emotion problems who are engaging in specific behaviors that endanger their safety, or place themselves at risk for moving to a higher level of care in a group home or locked facility. The developed plans and interventions may be implemented in the home, school, or other environment where the behaviors occur. The behavior plans are individualized to meet the unique needs of the child and his/her environment.

November 17: Sacramento Children's Home

Sacramento Children's Home (SCH), founded as a residential facility in 1867, currently provides intensive care for 30 abused or neglected boys age 6-21 in its Residential Treatment Program and prepares them to thrive in a family home. The average length

of stay was once years, but is now nine months. The majority of residents have failed multiple times in foster care. 50%-70% are discharged to community-based programs. Older youth are discharged to independent living. In addition, thousands of children and families are currently served are in the following outpatient programs

SCH estimates that it serves 6,000 children and 4,500 families a year out of its large main campus and two other sites. Outpatient programs include: Crisis Nursery, Counseling Center, Transition Age, Wraparound, Education, and Early Violence Intervention Begins with Education (eVIBE). Services in these programs include early violence prevention for 3rd thru 6th graders, nurturing parenting skills, outpatient therapy which includes many clients that have experienced trauma, parent-child interactive therapy for 3 to 7 year olds, and transition age program for 14 to 21 year olds. Many services are performed in the field.

December 9: River Oak Center for Children:

River Oak Center for Children is a diverse provider offering: Flexible Integrated Treatment, Juvenile Justice Diversion and Treatment, Wraparound, Therapeutic Behavioral Services, Early Head Start Home Education Program, and Birth & Beyond Family Resource Center. River Oak Center for Children's practices are The Incredible Years, Multisystem Therapy, Dialectical Behavior Therapy, Functional Family Therapy, Trauma-Focused Cognitive Behavioral Therapy, Parent-Child Interaction Therapy, Motivational Interviewing, Transition to Independence Process, Teaching Pro Social Skills and Coping Cat.

River Oak Center for Children began as a group home for children in 1966. Its residential program was closed in 2008. It now provides outpatient services to over 1,100 children, youth and families each day at four Sacramento sites and as-well-as in-home and as community-based programs and services. It has a staff of over 200. Annual funding is $18 million. There is no cost to families, which are Medi-Cal funded. Funding also comes from Sacramento First 5. Contributions of money and goods are actively sought. All programs have been proven to be successful before they are adopted.

APPENDIX F

Sacramento County Mental Health Board

7001-A East Parkway, Suite 1000
Sacramento, CA 95823

June 3, 2015

The Honorable Phil Serna
Chair, Sacramento County Board of Supervisors
700 H St.
Sacramento, CA 95814

Dear Supervisor Serna:

The Mental Health Board (MHB) has reviewed the mental health portion of the proposed Fiscal Year 2015-2016 budget for the Division of Behavioral Health Services (Division). MHB members have followed the development of this budget in the context of the community's diverse needs and the ongoing redesign and rebalancing of Sacramento County's mental health services system.

The MHB supports both the Division's base budget and its pending growth requests and endorses these items as presented to the MHB Budget Subcommittee on April 23, 2015. These items are consistent with the MHB's policy priorities as previously communicated to the Board of Supervisors, in particular the MHB's March 13, 2015, letter regarding the ongoing system redesign and rebalancing effort.

We appreciate the opportunity to comment on the proposed 2015-2016 budget. We look forward to continuing in this advisory capacity in the coming fiscal year.

Sincerely,

Tom Campbell, Chair,
Sacramento County Mental Health Board

CC: Board of Supervisors
Uma Zykofsky, Deputy Director, DBHS

APPENDIX G

Presentations Made at MHB General Meeting in 2015

January	**MHSA Program Update** Presenter: Jane Ann LeBlanc, DBHS
February	**Draft MHSA Fiscal Year 2014-15, 2015-16, and 2016-17 Three-Year Program and Expenditure Plan** Presenter: Jane Ann LeBlanc, DBHS
March	**Sacramento County Crisis Service Continuum** Presenters: Paul Lake, Deputy County Executive; Uma Zykofsky, DBHS; John Boyd, Sutter Center for Psychiatry
April	**Family and Youth Advocacy within Sacramento County's Children's System of Care** Presenters: Sandena Bader, NorCal Mental Health America; and Josef Gray, River Oak Center for Children
May	No presentation
June	**Sacramento County Homeless Strategic Plan** Presenters: Eduardo Ameneyro, Department of Human Assistance; Emily Halcon, City of Sacramento; and Ryan Lootbourrow, Sacramento Steps Forward.
July	**2014 External Quality Review Organization (EQRO) Report** Presenter: Lisa Sabillo, DBHS
August	**Sacramento County Office of Patients' Rights** Presenter: Meghan Stanton, Consumer Self Help Center
September	**Overview of the Triennial Medicaid Review**, Presenter: Lisa Sabillo, DBHS
October	**Overview of the Mental Health Navigator Program** Presenter: Kelli Weaver, Transitional Living and Community Supports (TLCS)
November	No presentation
December	No meeting