

Exhibit A-1

**County Funding Request Face Sheet
Mental Health Services Act
Community Program Planning**

Date Submitted: March 11, 2005

Name of County: Sacramento County

County Contact Person:

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Tel: (916)875-4945 Fax: (916)875-6970

Funding Requested: \$384,385

**Signature of Sacramento County
Mental Health Director:**

Submit Funding Request no later than March 15, 2005 to:

**Ms. Lynette Kral
County Operations Section
California Department of Mental Health
1600 9th Street, Room 100
Sacramento, CA 95814
Tel: 916-654-2526
Fax: 916-654-5591
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Sacramento County

Funding Request for Mental Health Services Act Community Program Planning

Introduction

Sacramento County's Division of Mental Health has a statewide reputation as a leader in organized consumer, child and family* advocacy and involvement. Through a contract with our local Mental Health Association, a Consumer and a Family Advocate are active participants in the Division of Mental Health's Executive Management Team. In the past year, a full time Adult Mental Health Advocate has been added. Moreover, Sacramento County proudly boasts of having more Consumer employees, Child Family Advocates and Adult Family Advocates in our organizational structure than anywhere else in the State. In addition, there are formal youth and family advisory subcommittees that are well established and integrated in the Mental Health Board's participatory planning processes. The Mental Health Board's Ad Hoc Budget Committee, an active and key participant in the Mental Health Division's budgeting process, has always consisted of at least 50% consumer and family members.

As a first major step in gathering information for the MHSA Funding Request, Sacramento County held an official MHSA Kickoff event on February 16, 2005 at the Sacramento County Board of Supervisors' Chambers. Planning for this event included input from the Mental Health Board elicited at its February 2, 2005 meeting. Attendees representing the public were included in the discussion. Sacramento County residents were notified of the Kickoff via Sacramento County's excellent grass roots, mental health communication network. Many methods were used to notify stakeholders. Flyers in English, Spanish, Russian, Hmong, Vietnamese, and Cantonese, were developed and distributed widely to current providers, self-help centers, key cultural and ethnic-specific and refugee resettlement programs. Key community leaders from diverse ethnic populations were sent translated flyers and personally invited by county staff. Verbal notification was made at standing meetings, e.g., Mental Health Board and the Mental Health Board's Children and Older Adult Committees. The event was advertised in our local newspaper. Consumers and families were involved in notification of the Kickoff and they created the packets that were distributed at the Kickoff.

The intent of the Kickoff was to engage all stakeholders, including multi-cultural consumers, families and service providers in the MHSA planning process. Stakeholders from diverse communities will have an active role throughout the entire planning and implementation of MHSA and it was considered necessary that they should also participate in this initial phase. Spanish, Russian, Hmong, Vietnamese, Cantonese, and American Sign Language interpreters were provided to ensure all attendees could actively participate in the event. Participants were given bus passes to attend and those who drove were given parking stickers. All participants were provided with breakfast and lunch.

Approximately 290 stakeholders attended the full-day Kickoff. Of those attending 37% were consumers and families (59 consumers and 47 family members). The following ethnic groups were represented: Caucasian (64%), African American (11%), Unspecified (11%), Pacific Islander (7%), Hispanic (5%), Eastern European (1%), Other/Mixed (1%). In addition to family and consumers, a cross section of stakeholders were represented including: law enforcement, mental health providers, education, health, social service organizations serving children, adults, older adults and homeless; alcohol and drug providers; agencies serving ethnically diverse populations; legal service providers; private professional associations; advocacy groups and housing representatives.

* Note: Sacramento County defines family broadly to include family members and others who provide personal, social supports.

Darrel Steinberg, the sponsor of the Proposition 63 legislation and a champion for improving mental health services, was the keynote speaker. The day was further supported by Jim Hunt, Director of Sacramento County Department of Health and Human Services, who provided the history and overview of the Mental Health Services Act. An explanation of the process of the day was provided by Anita Shumaker and Theresa Roberts the Co-Chairs of the Sacramento County Mental Health Board. In addition to their board affiliation these two women are also family members. They bring clarity and reality to the need for serious mental illness to be viewed as a priority and the need to reduce the long-term adverse impact on people's lives. Kathleen Henry, Sacramento County Mental Health Director, spoke of the transformation of the Mental Health system and the need to expand successful and innovative services incorporating culturally and linguistically competent approaches.

The heart of the Kickoff was the participation of the attendees from diverse communities in addressing the required contents of the Funding Request. Three breakout groups were designated for children, adults, and older adults. Attendees chose their area of interest. A morning session was held, as well as an afternoon session, to provide ample time for attendees to put forth their views. In addition, cards were provided for those who wished to write their views. The cards could be submitted at the end of the day or could be mailed back within five days in an envelope provided.

The Kickoff was overwhelmingly successful in providing a wide array of views that have been incorporated into the narrative that follows:

Required Contents of Funding Request

1. Community Program Planning must include consumers and families.

(a)

Sacramento County understands that consumers and families are essential participants in the planning and implementation of MHSA. Appropriate outreach and engagement of diverse communities is necessary to ensure involvement of all Sacramento County residents. Outreach and engagement activities will be sensitive to cultural considerations and tailored to the unique characteristics of the various communities in the county. Involvement of community and religious leaders will be utilized to foster trust and facilitate communication; activities will be held in the targeted communities.

At the MHSA Kickoff attendees were representative of Sacramento County's diverse populations, including race, ethnicity, gender, sexual orientation, and age. The sign-in sheets at the Kickoff include names, ethnicity, addresses, phone numbers, whether the participant needed an interpreter, and affiliation (consumer, family and/or stakeholder). This list serves as one of our tools for identifying diverse family members and consumers for our planning.

During the breakout groups at the Kickoff, brainstorming activities were held that provided the opportunity for attendees to formulate a comprehensive list of community-based organizations, refugee resettlement agencies, public agencies, community leaders, ethnic/cultural specific groups, and advisory boards serving diverse communities. These organizations and individuals

will be notified and their participation solicited to further develop outreach and engagement strategies and planning.

A Website is being developed that will contain information and on-going updates regarding activities associated with Sacramento County's MHSA planning. It is anticipated that this Website will be a hub of information for all of Sacramento County. The Website will also function as a method for the public to give feedback.

We have identified and will utilize multiple media outlets (print, TV, radio) that are used by diverse populations. Information will be distributed at key locations in diverse communities e.g., churches, ethnic grocery stores, specialty shops, and other locations frequented by cultural and ethnic groups to encourage participation.

(b)

Each of the Kickoff breakout groups for children, adult, and older adults provided exhaustive lists of service providers and organizations that can assist in disseminating information to consumers and families who may not belong to organized advocacy groups. We are developing a database that includes all of these organizations to facilitate mass mailings of information in threshold languages encouraging participation in our planning process. We will utilize known local organizations that serve individuals who are homeless to garner input from that population. All attendees at the Kickoff will also be entered into the database.

Peer-to-Peer contact at locations frequented by particular groups was also an outreach method identified by attendees. For example, the youth participating in the Kickoff suggested outreach efforts should include places that youth frequent, e.g., video arcades, malls, record stores, card shops, movie theaters, and ethnic specific gathering places. The same type of outreach will take place for adults and older adults at locations that they frequent. For this to be successful we will provide financial incentives to community members, consumers and families to compensate them for their outreach efforts.

(c)

Analysis of county demographics and review of the most recent penetration rates assists in the identification of communities that have been underserved or unserved. The great diversity of the county is reflected in the number of cultural, racial, ethnic and linguistic groups that call Sacramento home. Attachment 1 is an article that appeared in Time Magazine describing Sacramento County's diversity and successful integration efforts. In 1998, DMH, in its first annual update, identified seven threshold languages in the county including Spanish, Russian, Hmong, Vietnamese, Cantonese, Mien and Lao. Since that time, the number has ranged from 5-7 languages. In addition to language and culture, other factors including geography, homelessness, poverty, isolation, life-style and sexual orientation are also considerations. Strategies to reach out to these varying groups differ depending on multiple factors including, but not limited to, immigration/refugee status, length of time in the county/country, acculturation status, socio/political structure of the community, community experience with the mental health system, etc.

Basic to successful outreach and engagement of all underserved and unserved communities is creating an atmosphere that promotes trust and facilitates culturally appropriate communication. This often requires flexibility including willingness to go to the community and meeting in places where they feel comfortable. Working with community leaders to secure their assistance in getting meaningful community involvement prior to going directly to the community is essential in some communities. Other considerations include culturally sensitive issues relative to gender and culturally sanctioned parent/child communication when soliciting youth involvement.

In addition to data analysis, the breakout groups developed comprehensive lists of consumers and families that they felt were underserved or unserved. Outreach to these families/groups will be accomplished by targeting the areas/communities where they reside. We will seek out the leaders in the communities and solicit their assistance in developing strategies to reach this population.

Table 1: Underserved or Unserved Populations (will update the list as others are identified.)

Rural populations	Adopted children	Victims of trauma, Post Traumatic Stress Disorder	Older adults with co-occurring medical and psychiatric illness
Physically disabled	Children raised by grandparents	Ethnically diverse populations	Older Adults with major depression
Refugees	Transitional youth (18-21)	Hearing and visually impaired	Older adults with dementia and psychiatric symptoms
Older males	Youth in technical schools, California Conservation Corp, Job Corp	Homeless	
Lesbian, bisexual, gays, transgender (LBGT)	Children in charter or private schools, special education	Older adults in independent senior housing, board and care/ assisted living, skilled nursing	

(d)

The table below identifies activities that we will be undertaking to involve consumers and families in the planning and implementation processes.

Table 2

Activity	Description	Responsible Party
Website	Provide updates of planning with language specific instructions and e-mail feedback; surveys on line.	Division MH and Contract
Data Base	For mass mailings – contains demographic information of consumers, families, community leaders, service providers	Contract
Outreach Coordinators	Coordinators for children/youth and adults/older adults, to provide incentives for consumers/families to reach out to peers.	Contracts
Resource Coordinators	Arrange for resources e.g. daycare, transportation to encourage participation	Contracts
Flyers/Brochures	Develop and print in English and threshold languages; symbol/pictures, mailing labels	Division MH and Contract
Media announcements	TV advertisements, radio announcements in major languages	Division MH
Events and Fairs	Distribute information and individual contact at community-wide and cultural/ethnic specific events	Contract
Surveys	Develop in multiple languages, distribute and obtain feedback,	Division MH and

	conduct needs assessment and understand barriers and gaps in services	Contract
Training	Informational forum that provides required training. Provide food and childcare, bus token, monetary incentives, raffle etc. Complete survey and invite to future focus groups	Division MH and Contract
Focus groups	General and ethnic/language specific groups that focus on specific areas to better understand scope of issue. Complete survey.	Division MH and Contract

(e)

Sacramento County presently has a well-developed system in place to assure involvement of consumers and family groups. We will use the methods identified in 1(a) and 1(c) to increase the number of consumers and family members from diverse communities.

(f)

Many suggestions for financial or additional supports, that would encourage involvement of consumers and families in the planning process, were expressed at the Kickoff. The overarching suggestion was the need for Resource Coordinators who would develop the supportive resources and coordinate their utilization. Listed below are some of the supports that our county will be supplying to ensure diverse consumers and family members are able to attend planning meetings. The costs of these supports are listed in the budget in Attachment 2.

Table 3

Activity	Description
Financial Incentives	Provide payment for attendance at training, planning and hosting focus groups
Child care/respice care	Provided while consumers/families attend training, planning activities
Transportation	To encourage participation in planning e.g., Bus Tokens, Car pooling, etc
Meals/refreshments	Provided while attending training , focus groups and planning meetings

2. Program Planning must be comprehensive and representative.

(a)

The Mental Health Services Act Community Program Planning requires participation by the following stakeholders (in addition to consumers and families) in local plan development: mental health service providers, law enforcement, education, and social service agencies. Additional stakeholders that are relevant to Sacramento such as health and drug and alcohol agencies and/or unique agencies such as refugee/immigrant resettlement and support agencies are being identified. The participants at the Sacramento County’s Mental Health Services Act Kickoff event initiated the process of identifying stakeholders or categories of stakeholders to be invited to participate in the Community Program Planning process.

Attachment 3 includes the initial list of stakeholders who were identified at the kickoff event. Additional stakeholders will be identified to ensure broad participation in Community Program Planning activities particularly in ethnically and racially diverse, underserved and unserved communities.

Stakeholders can participate in the Community Program Planning process in a multitude of ways to promote information about the MHSA planning process and to solicit community input. Multi-cultural stakeholders will be trained to participate in community presentations, facilitate focus groups, conduct surveys and other outreach and data collection activities. Stakeholders will be helpful in identifying consumers, family members, and community leaders to engage them in the planning process.

As a first step to involve stakeholders in the Community Program Planning process, a letter in multiple languages will be sent to all stakeholders inviting them to participate. The letter will inform them of the California Department of Mental Health and Sacramento County websites for Mental Health Service Act information, and request information from them that will be used in the Community Program Planning process. Interpreters will be available to answer any questions and will be on hand at community events. The following information will be requested:

- (1) Identify a contact person who would function as the liaison between the stakeholder organization and the MHSA planning process;
- (2) Identify persons within the stakeholder organization who would be interested in participating in community outreach and data collection activities, emphasizing need for bilingual, bicultural individuals;
- (3) Provide a schedule of stakeholder meetings, trainings, and community events that could provide a forum for information distribution about the MHSA planning process;
- (4) Provide e-mail distribution lists, mailing lists, and information about newsletters or mass mailings that could be used to disseminate Community Program Planning information;
- (5) Identify additional community leaders or other stakeholders particularly in ethnically and racially diverse, unserved and underserved communities, who could be invited to participate in the MHSA Community Program Planning process.

(b)

Community Program Planning needs to ensure stakeholder diversity that reflects the demographics of Sacramento County, including geographic location, age, gender, and race/ethnicity. The Division's Cultural Competency Plan will provide the basis for much of the demographic data necessary to establish the target measures that will be used to evaluate if the required diversity is achieved. The Sacramento County Division of Mental Health's Research and Evaluation Unit and Ethnic Services Manager will work together to provide any additional data. Efforts toward achieving diversity will drive the identification and recruitment of stakeholders throughout the Community Program Planning process utilizing the following strategies:

- (1) Geographic Location: Identify and engage stakeholders who have service areas

reaching out to all regions of the county such as senior center focal points, senior nutrition sites, schools, community centers;

(2) Age: Identify stakeholders who provide specialized services for children, adults, and older adults such as senior peer counselors, youth counselors, peer trainers, vocational counselors;

(3) Gender: Identify stakeholders with gender-specific outreach programs such as YWCA, senior center men’s groups, lesbian bi-sexual, gays, trans-gender and questioning person (LBGT) service providers;

(4) Race/Ethnicity: Identify stakeholders who have a mission/commitment to serve ethnically and racially diverse populations or are located in ethnically and racially diverse neighborhoods such as Asian Pacific Counseling Center, Southeast Asian Assistance Center, and other Refugee/Immigration services. Identify community leaders and community centers in these diverse neighborhoods to assist with promoting participation.

3. There must be clear designation of responsibility within the county for Community Program Planning and the planning process must be adequately staffed to be successful and inclusive.

Table 4: Current Staffing for the Community Program Planning

3.	Position	Person	Function	Percentage of Time Committed
a.	County Mental Health	Kathleen Henry	Responsible for overall planning process	10%
b.	Plan Coordinator	Fran Alberghini	Responsible for handling the organization work of the planning process	100%
c.1	Ethnic Services Mgr.	JoAnn Johnson *	Responsible for ensuring participation of stakeholders from underserved and unserved populations of consumers and families	25%
c.2	Outreach and Resources Coordinators	7 contract positions	Responsible for ensuring participation of stakeholders from underserved and unserved populations of consumers and families	50%
d. 1	Ethnic Services Manager	JoAnn Johnson *	Responsible for ensuring participation of stakeholders who are ethnically diverse	25%
d. 2	Outreach and Resources Coordinators	7 contract positions	Responsible for ensuring participation of stakeholders who are ethnically diverse	50%
e.	Consultants will not be used for the functions in “a-d” above, at this time.			

f.	County, Consultants and other staff expected to participate in the planning process *	Lisa Bertaccini	Task Force Co-Chair	25%
		A. Edwards-Buckley	Task Force Co-Chair	25%
		Tracy Herbert	Evaluation Coordinator	25%
		Tim Mullins	Law Enforcement Liaison	40%
		Pierre Miller	Staff Support	100%
		Gary Grice	Researcher	5%
		Kerri Aiello	Public Information Officer	5%
		Jim Hunt	Leadership Comm. Member	10%
		Lin Benjamin	Task Force Coordinator	100%
		Cinda Smith	Task Force Coordinator	100%
		Joanne O'Callaghan	Task Force Coordinator	20%
		David Schroeder	Child and Family Advocate	25%
		Tina Wooton	Adult Advocate	10%
		Agnes Lintz	Task Force Co-Chair	15%
		Ben Jones	Task Force Co-Chair	15%
		Anita Shumaker	Task Force Co-Chair	10%
		Theresa Roberts	Task Force Chair	35%
		Bernice Zaborski	Task Force Co-Chair	25%
		Edna Utter	Staff Support	25%
		Uma Zykofsky	Training Supervisor	25%
Marilyn Hillerman	Adult Family Advocate	25%		
Andrea Hillerman	Consumer Advocate	25%		
Hank Lee	Mental Health Board Member	40%		

* 3 c.1. and 3 d.1. reflect a total of 50% of JoAnn Johnson's time to be allocated to the MHSA planning, development and implementation. Other County and Community representation will be determined at a later date.

Attachment 4 is the organizational structure to facilitate our planning process.

4. Full participation in Community Program Planning requires training of stakeholders and staff in advance.

(a)

Sacramento County proposes the following training plan to address the information needs of the stakeholders participating in the Community Program Planning process:

(1) Consumer and family members: Diverse consumers and family members will be used as the primary trainers within the Sacramento mental health system. It is hoped that by using them as trainers that the wellness/recovery values and the commitment to competence envisioned by the Mental Health Services Act will be embodied and modeled in the training provided. It is also expected that the shared experiences of consumers and family members will begin to inspire the transformation envisioned by the act. Sacramento County plans to provide training to consumers and family members in a "train the trainer" model.

Sacramento County will be contracting with a consumer and a family member. Part of their responsibilities will be to organize the trainings of consumers and family members. Training will be provided by various county staff, as well as, consumers and family members in leadership roles. The trained consumers and family members will then serve as trainers for other stakeholders in the system. The pool of trainers will

represent different groups (e.g., transition age youth, ethnic groups, lesbian/bisexual/gay/transgender and questioning persons (LBGT) to ensure the training is culturally competent.

Trainings will be held at various locations throughout the County at mental health sites and at community sites such as One-Stop Centers and Community Centers. All sites will be accessible by public transportation. Training expenses will be reimbursed and supports will be provided as described in section 1(f) above.

Required training will be provided to diverse consumers such as homeless, transitional age youth, diverse ethnic groups, etc. Once trained, they will reach out to provide training to other consumer and family groups including underserved and unserved groups. Consumers and family members who provide training will be paid for each training event and will be reimbursed for job related expenses.

(2) Mental Health Staff training: Staff at all levels of the mental health system will receive training. This includes managers, evaluators, supervisors, board members, line staff, contract providers, and support staff with client contact. Training will begin with larger homogeneous groups (e.g. line staff at the Mental Health Treatment Center or staff at Assisted Access Programs). Initial training may be provided in a conference format. Later training will involve smaller more heterogeneous focus groups to allow more dialogue and the sharing of ideas, feelings and concerns across the service system. Training will be ongoing throughout the planning process, as one-shot training will not accomplish the transformation that is envisioned.

(3) Other stakeholders: Training will be available for other stakeholder groups with the amount and type determined in a dialogue with these groups. Other stakeholders to receive training include law enforcement, education, social services, and others identified in (2a) above and in Attachment 1.

In addition to the training to be provided by staff, consumers and families, educational material will be available on the County web-site and the county will utilize Access TV and other media strategies for disseminating information and providing training. To extend community education as broadly as possible, training activities will be coordinated with a “Stamp Out Stigma” campaign that has been funded in the Sacramento community.

(b)

The following content is envisioned for the training of all groups:

(1) Provide a historical framework for understanding the public mental health system and the vision and values that have been embodied in the mental health system of services previously as well as the Mental Health Board’s goals, principles and indicators as identified in Attachment 5.

(2) Provide County-specific information that describes the population, utilization patterns (including underserved and unserved groups and current provider/staffing

information) and consumer and family operated services. This training will be specific in describing currently available services for children, adults and older adults.

(3) Educate all groups regarding the Mental Health Services Act, its recovery values, client-centered components, and cultural competence commitment.

Training in these first three content areas will be taped and will be made available in CD Rom, DVD, and Videotape formats. The taped information can be shared at training sessions and can also be available for broader distribution.

Trainers will also provide training on:

(1) Wellness/recovery vision of hope, choice, empowerment, self-responsibility, respect, social connections, self-determination and resilience.

(2) Culturally competent service systems and methods that may be effective in reducing disparities.

(3) Strength-based services.

(4) Evidence-based practice.

(5) Value of sharing life-based experience in recovery model practice.

(6) Opportunities provided in the Mental Health Services Act through planning and promoting innovative services that:

(a) Stamp out stigma

(b) Embody the wellness/recovery principles

(c) Increases access for unserved and underserved groups

(d) Are family and/or client directed

(e) Expand community treatment alternatives

(f) Improve quality of life outcomes such as decent/affordable housing and vocational outcomes

For all stakeholders who will be group facilitators in the planning process, additional training will be provided in the following areas:

(1) How to make system changes.

(2) How to hold successful and interactive meetings.

(3) Ground rules for meetings that encourage and value all input

(4) Programming that cannot be funded with funding from the Mental Health Services Act (e.g. supplanting).

Training materials will be available in all Sacramento County threshold languages when deemed appropriate and practical. Other languages will be provided when necessary. All training activities will be evaluated.

Conclusion

To continue our commitment and engagement of Sacramento County's current consumers, families and diverse populations in the MHSA planning process, a draft of this document was placed on the Sacramento Mental Health Board's web-site. Community review was encouraged and input was collected over a span of five days. In addition, the document was an agenda item at the 3-2-05 Mental Health Board meeting and open for discussion and further input. Recommendations were incorporated into this document.

In developing this Funding Request for the Mental Health Services Act Community Program Planning, Sacramento County's activities have encompassed the spirit and intent of the Act. We will continue to proceed in this direction throughout the entire planning process.

Attachment I is not available on this website. If you would like to read the article it is found in **Time Magazine**, September 2, 2002, titled “Where Everyone’s a Minority”.

Attachment 2:

BUDGET NARRATIVE

1. SALARIES AND BENEFITS

- a. County Mental Health Division Staffing - (\$107,955) - The two positions will be dedicated for the overall responsibility and management of the planning process for the Mental Health Services Act.
 - i. Health Program Manager – Responsible for the overall management as Plan Coordinator, reporting directly to the County Mental Health Director
 - ii. Secretary – support to the Mental Health Program Manager
- b. Community Mental Health Contract Staffing - (\$133,525) - Seven full time or equivalent staff from two mental health contracted providers will be dedicated to outreaching and organizing consumers and family members, including members of ethnic and other underserved populations. Staff will be made up of either consumers or family members and will be teamed up with each of the Task Forces.
 - i. (2) Resource Coordinators
 - ii. (1) Family Advocate
 - iii. (1) Consumer Advocate
 - iv. (2) Outreach Coordinators
 - v. (1) Youth outreach worker

2. CONSUMER AND FAMILY MEMBER SUPPORT

- a. Stipends, Wages and Contracts (\$60,553) – Dedicated funds to provide consumers and family members with stipends to participate in planning activities.
- b. Interpreter/Translation Services – (\$5,000) - Funds to be used for contracted interpreter and translation services at various meetings/activities, including focus groups and outreach in the County's five threshold languages (Cantonese, Hmong, Russian, Spanish and Vietnamese). The funds will also be used for translation of MHSA and other planning documents into the five threshold languages. Existing division contracts for interpreter/translation services will be amended to increase funds for the planning and implementation of MHSA in addition to the funds allocated in this budget.
- c. Travel and Transportation – (\$15,750) - Funds will be used to provide transportation support for consumer and family members to various MHSA planning meetings and activities. The funds will also be used to send consumer and family members to statewide planning meetings and activities.
- d. Childcare – (\$4,375) - Funds will be used to provide childcare for consumers and family members to support their participation in MHSA planning meetings and activities.
- e. Other – Food – (\$4,000) - Funds will be used to provide coffee, snacks and lunch as appropriate at the various MHSA planning meetings and activities.

3. OTHER OPERATING EXPENSES

a. Professional Services

- i. Web designer –(\$6,500) - Funds will be used to develop and maintain an interactive website available to all stakeholders involved in the MHSA activities.
- ii. Consultants – (\$2,000) - Funds will be used to hire a consultant to provide assistance to the Mental Health Division in its development of its assessment tools.

b. Travel and Transportation – (\$3,075) - Funds to be used for the transportation/travel of potential consultant.

c. Supplies (Postage, Copying, etc.) – (\$5,250) – Funds will be used to purchase meeting and mailing supplies, binders, postage and copying of all MHSA materials.

d. Rent, Utilities, and Equipment – (\$6,538) - Funds to be used to purchase meeting space and equipment rental incurred when organizing MHSA planning meetings and activities in venues where payment is required.

e. Other – Training – (\$2,905) Funds will be used to develop a training curriculum and to provide training focused on full engagement and participating of consumers, family members, staff and other stakeholders in the MHSA planning efforts. The number of trainings has not yet been determined.

4. INTER/INTRA-GOVERNMENTAL TRANSFERS – None are anticipated in this planning process.

5. ADMINISTRATION

a. Community Organizations Overhead (\$26,959) – Funds will be used to cover the increase in expenses to the community-based organizations associated with the MHSA community planning process.

6. TOTAL: \$384,385

**Fiscal Year 2004/2005 Mental Health Services Act
Proposed Program Planning Budget Worksheet**

County: Sacramento	County Mental Health Department	Community Mental Health Contract Providers	Total
1. Salaries and Benefits			
a. Salaries and Benefits	85,578	133,525	219,103
b. Bi-lingual Pay Supplement	(a)	0	0
c. Employee Benefits	22,377	0	22,377
c. Total	107,955	133,525	241,480
2. Consumers and Family Member Support			
a. Stipends	0	60,553	60,553
b. Interpreter/Translation Services	(b)	5,000	5,000
c. Travel and Transportation	0	15,750	15,750
d. Childcare	0	4,375	4,375
e. Other	0	4,000	4,000
f. Total	0	89,678	89,678
3. Other Operating Expenditures			
a. Professional Services	2,000	6,500	8,500
b. Travel and Transportation	450	2,625	3,075
c. Supplies (Postage, Copying, etc.)	0	5,250	5,250
d. Rent, utilities, equipment	0	6,538	6,538
e. Other	0	2,905	2,905
f. Total	2,450	23,818	26,268
4. Inter/Intra-Governmental Transfers			
a. County Social Services Agency	0	0	0
b. County Health Agency	0	0	0
c. County Probation Agency	0	0	0
d. Education Agency(ies)	0	0	0
e. Other	0	0	0
f. Total	0	0	0
5. Administration			
a. County Overhead	0	0	0
b. Contract Overhead	0	26,959	26,959
c. Total	0	26,959	26,959
6. Total – Proposed Community Program Planning Budget	110,405	273,980	384,385

(a) The Division does not limit the number of employees certified in special skill and the extra cost is absorbed in the regular budget.

(b) The Department will utilize contractors currently funded to provide translation/interpreter services.

Attachment 3:

Stakeholders Identified at the February 16, 2005 Kickoff Event to Participate in Community Program Planning (Incomplete list)

Required Stakeholders:
Mental Health
County and contract mental health organizational providers including: Sacramento County Enrolled Network Providers; Private providers and professional associations: psychiatrists, social workers, nurses, psychologists, marriage & family therapists; Suicide prevention programs; Employee assistance programs; Mental Health Board and Sub-Committees; Insurance Provider Panels; Short-term counseling providers for Children's Protective Services; Alta Regional; Youth Services Provider Network; Wind Youth Center; Family Resource Advisory Team; Family Advocacy Committee; Youth Advisory Council; Sac Net; California NET; NAMI; Children and Family Institute; Employee Labor Organizations: AFSME, SEIU, California Nurses Association; Consumer Self- Help; Human Resources Consultants; Regional Support Teams: Human Resources Consultants, Turning Point, El Hogar; Visions Unlimited; CHWMF Geriatric Network; Asian Pacific Counseling Center; Volunteers of America; Mental Health Association: Senior Peer Counseling; Jewish Family Services; Crossroads; Hmong Women's Heritage Association; Support Groups: Veterans, Bereavement, Caregivers, Widows, Murder Victims Families for Human Rights; San Juan Unified School District-White House Counseling Center; River Oaks Center for Children; Eastfield Ming Quang; BHC Sierra Vista Hospital; BHC Heritage Oaks Hospital; Crestwood; Transitional Living and Community Support; AFTER; Triad Family Services; Sutter Counseling Center; Southside Family Counseling Clinic; Southeast Asian Assistance Center
Law Enforcement:
Judges; District Attorneys; Public defenders; Probation; Sacramento City Police/Sacramento County Sheriff Department; County Victim Witness; Criminal Justice Cabinet; Sacramento Child Advocates, Court Appointed Special Advocates, California Youth Authority; Juvenile Institutions Program Court Committee; Jail Services; Parole
Education
Public & Non-public Schools: San Juan Unified School District, Sacramento City Unified School District, Grant Joint Union High School District, Robla School District; CSUS; UC Davis; Local community colleges; Nurses; Psychologists; Counselors; Teachers; NAEC; CA Headstart Association; Foster Youth Services; Special education; SCOE; all SELPAs; Healthy Start Programs, 17 District Administrative staff; Gerontology Programs at CSUS, UC Davis, American River College; UC Davis Center for Healthy Aging; Adult Education Schools; Regional Occupational Programs; Sacramento County Task Force for the Education of Homeless Children

Social Services

Conservators office; Loaves & Fishes; Wind Youth Center; Shelter Provider Network; Transitional housing providers; homeless program; county clinics; Community Care Licensing; Information & Referral; Veterans groups; CPS Oversight Committee; CPS Administration & staff; Department of Human Assistance CalWORK's eligibility & administration staff; Child Death Review; Children's Coalition; Foster Family Agencies; 2 Foster Parent Associations; NAEYC; CHSA; Teen parent groups; Adolescent Family Life Programs; Birth and Beyond; Day Care providers (private, institutional); Youth services development institute; Project Help; Village Project; Domestic violence programs; Lesbian, Bisexual, Gay, Transgender (LBGT) providers; Planned Parenthood; Pride Industries; Goodwill; Department of Rehabilitation; Disabled American Veterans; Family Service Agency; Vietnam Veterans/New Soldiers Coming Home; W.E.A.V.E.; YMCA; YWCA; Batterer intervention providers; Migrant Farm Worker Housing Authority; Alcohol and Other Drug Providers (12 step programs, Women's Recovery, STARRS, CADS, CAAR); Adult Protective Services; Well-Spring Women's Center; Senior/community centers; Widowed Persons Association; Greater Sacramento Grandparent Network; In-Home Supportive Services; Telephone Reassurance Programs; Meals on Wheels; Gatekeepers (banks, postal workers, SMUD, PG&E); Adult Day Health Care Centers; Senior Housing, (Assisted, Independent Living); Catholic Charities; Family Services Agency; Elder Death Review Team; Juveniles @ Risk; Sacramento Chinese Community Center; Mexican American Alcoholism Program (MAAP); Chemical Dependency Center for Women; Mercy Housing; Child Action; Roberts Family Development Center; Sierra Adoptions-Adaptive Family Resource Center; Sacramento Assessment Center; Northern California Achievement Center; California Coalition for Youth; UC Davis CAARE Center; Child Action, Inc.; Volunteers of America; Martin's Achievement Center; Sacramento Children's Home; Adolescent Substance Abuse Professionals (ASAP); Children's Receiving Home; Children's Coalition; Sacramento County Department of Human Assistance; Bi-Valley Medical Clinic; Homeless Advocates and Service Providers; City of Sacramento, Neighborhood Services; CCP; Sacramento Area Congregations Together (ACT); Sacramento Valley Organizing Committee

Additional Stakeholders:

Pharmacists; Physicians, Dentists; Hospitals; Chambers of Commerce: Sacramento Metro, Black, Hispanic; Employment Development Department; Sacramento Employment and Training Agency, Hospitals, Fire Dept, Parks & Recreation, Community Services Planning Council, Technical Assistance Coalition, Business (private, corporate), Hospice, Board and care providers; Realtors association; Landlord association; Fraternal Organizations, Transportation: Regional Transit, Paratransit, taxi services; Food banks; Neighborhood associations; Pharmacy 24-hour helpline; Skilled Nursing Facilities, Eskaton, Faith-based organizations, Home Health Services, Lifeline, Advocacy groups; Adult and Aging Commission; Multidisciplinary Team Meeting; Area 4 Agency on Aging; Mobile service providers; Opening Doors; Caring Neighborhoods; HICAP; California Hospital Association; Integrated Senior Solutions; AIDS Housing Alliance; Legal Services of Northern California; CHW Medical Foundation; Phoenix Programs; NorCal Center on Deafness; First 5 Sacramento; California Primary Care Association; Sacramento County Board of Supervisors; Kaiser Permanente; Center for Collaborative Planning- Public Health Institute; Sacramento Community Clinic Consortium; Life/Benefits Management