

**EXHIBIT A**

**COUNTY CERTIFICATION  
MHSA FY 2009/10 PLAN AMENDMENT**


County Name: Sacramento

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I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Annual Update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and California Code of Regulations (CCR), Title 9, Section 3410, Non-Supplant.

This Plan Amendment has been developed with the participation of stakeholders, in accordance with CCR, Title 9, Sections 3300, 3310(d) and 3315(a). The draft FY 09/10 Plan Amendment was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate.

All documents in the attached FY 2009/10 Plan Amendment are true and correct.

  
Mary Ann Bennett

6-1-2009  
Date

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Acting Mental Health Director



# **MENTAL HEALTH SERVICES ACT**

**Fiscal Year 2009 – 2010  
Plan Amendment**

**Executive Summary**

### **Introduction**

Sacramento County recently engaged in a planning process to gather input in developing the Fiscal Year 2009-10 Annual Update to the Three-Year Program and Expenditure Plan. When the Annual Update was initially developed, Sacramento was anticipating mental health budget reductions for FY 2009-10. However, after the Annual Update was submitted, the severity of the fiscal crisis became more apparent. Sacramento County worked with the MHSA Steering Committee and discussed possible strategies in minimizing the impact of these cuts by expanding existing MHSA programs and developing new ones. This Plan Amendment delineates those strategies and specifies the amount of MHSA funding required for implementation.

### **Request to Discontinue a Previously Approved Work Plan**

In August of 2008, Sacramento County submitted its Community Services and Supports (CSS) 2008-09 Plan Update to the State Department of Mental Health (DMH). That update included the request for a new Work Plan entitled “Recovery Option 5” (SAC7 – GSD). The program was designed to target individuals stepping down from intensive services who desired to continue their recovery process. The focus of services was on supported employment, education and other meaningful activities and the program would include the SAMHSA Evidence-Based Practice for supported employment. Sacramento received approval for this Work Plan in September 2008 and began developing a Request for Proposal (RFP). When budget concerns emerged, the Division of Mental Health made the decision to delay the release of the RFP. While Recovery Option 5 was a strong proposal supported by the community, there was concern the focus on employment may not meet the needs of the community as core services to mental health consumers were being reduced. The approved MHSA budget for this program was \$1,400,000. Sacramento County is requesting to discontinue this Work Plan and will utilize the funding for other Work Plans described in this Plan Amendment. *This program is not operational; therefore no consumers will be left without services.*

### **Request to Discontinue a Work Plan Currently Under DMH Review**

Sacramento County submitted its Fiscal Year 2009-10 Annual Update to the Three-Year Program and Expenditure Plan on March 2, 2009. The update included the request for a new Work Plan entitled “Older Adult Multidisciplinary Crisis Program” (SAC8 – GSD). Sacramento is requesting that this proposed program be removed from consideration for DMH approval. While the program would provide services to older adults – identified as an underserved group in the CSS planning process – it is believed that the funding could be utilized in other programs to better meet the needs of the broader community. Sacramento currently has an Older Adult Full Service Partnership, the Sierra Elder Wellness Program, and this program will continue to meet the needs of older adult mental health consumers. The proposed MHSA budget for this program was \$1,000,000 and the funding will be utilized in other Work Plans described in this Plan Amendment. *This program is not operational; therefore no consumers will be left without services.*

### **Expansion of Previously Approved MHSA Work Plans**

#### ***SAC1 – GSD - TCORE***

TCORE will continue to offer culturally and linguistically competent community-based services and will prioritize services to those who may be at risk for entering acute care settings, or discharging from acute care and are not linked to on-going mental health services. TCORE will shift from being primarily a transitional program to more of an ongoing program. Clients in need of low and moderate intensity services will be enrolled and the length of time in the program will be determined based on

Sacramento County Fiscal Year 2009-10 Plan Amendment

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client needs. Some individuals will continue to receive transitional services, while others will stay on for longer periods of time. TCORE will also increase capacity with the addition of a targeted clinic-based service where increased staffing will be offered to meet those specific consumer needs. The service array will continue to include urgent care, assessment, brief treatment, crisis intervention, case management, rehabilitation, medication management and support, and transition to appropriate specialty mental health services and or community support.

Approved TCORE Work Plan*	\$2,355,555
MHSA Plan Amendment Funding Request	\$2,250,000
Total Work Plan Budget	\$4,605,555
Capacity	Expanded from 780 annually to 3,500 annually
Ages Served	TAY (18+), Adults and Older Adults
Cost Per Client (MHSA Only)	\$1,316

\*Assumes DMH approval of FY 2009-10 Annual Update

**SAC4 – FSP – Permanent Supportive Housing (Pathways to Success after Homelessness):**

Sacramento County proposes to expand its Permanent Supportive Housing (PSH) Full Service Partnership (FSP) Work Plan by developing seamless services to meet the increasing needs of the underserved homeless population. The expansion will build upon and expand existing services and will establish a single point of entry providing outreach and engagement activities, rapid re-housing, temporary housing and benefits acquisition, and mental health services. Ongoing services will include culturally competent, integrated mental health services and supports, medication and “whatever it takes” (including work with family members) to assist clients in their recovery. Staff will also ensure follow-up with any benefit applications initiated at the time of request for services. The current capacity of the PSH is 206. All of those members are being served by Turning Point Community Programs in the Pathways to Success after Homelessness FSP. This expansion will create capacity to serve 1,170 members at various sites in the community and by different service providers. 670 individuals will receive FSP services and 500 will receive Outreach and Engagement (O&E) services.

Approved PSH Work Plan*	\$3,117,063
MHSA Plan Amendment Funding Request	\$2,519,964 (FSP - \$1,149,090 and O&E - \$1,370,874)
Total Work Plan Budget	\$5,637,027 (FSP - \$4,266,153 and O&E - \$1,370,874)
Capacity	1,170
Ages Served	Children, TAY, Adults and Older Adults
Cost Per Client (MHSA Only)	FSP: \$6,367 O&E: \$2,742

\*Assumes DMH approval of FY 2009-10 Annual Update

**SAC6 – GSD – Wellness and Recovery Centers**

The Wellness and Recovery Centers (WRC) are community-based multi-service centers that provide a supportive environment offering choice and self-directed guidance for recovery and transition into community life. They are consumer operated, employ consumers and train individuals for peer counseling, peer mentoring, advocacy, and leadership opportunities throughout Sacramento County. Services include psycho-educational groups, educational guidance, vocational services, psychiatric support, natural healing practices, and creative writing groups. Services will continue to focus on wellness and recovery skills while medication support services will be increased to provide more consumers with an opportunity to access this resource at one of the Centers.

A Peer Partner component will be added to the Work Plan to serve consumers across the age span. These peer partners will either have direct experience navigating the public mental health system or have bilingual/bicultural skills in Sacramento County’s threshold languages (Spanish, Hmong, Vietnamese, Cantonese and Russian); the LGBTQ community; and/or transition-age youth as well as an understanding of mental health needs of their cultural community. Representatives of this Peer Partner component will be members of the Mental Health Division’s Management Team to ensure youth, consumer and parent/caregiver perspectives are considered in program and policy development and in the decision making process. The Peer Partner component will provide an array of services, including but not limited to, Wellness and Recovery Action Plan (WRAP) training and support groups; assistance to consumers, youth, caregivers and family members in developing and maintaining a wellness and recovery plan; assistance to consumers in locating benefits information; facilitation of community events; linkages to natural cultural supports and community supports beyond traditional mental health services. This component will establish a foundation of youth, consumer, and parent/caregiver voice in the system which can be built upon with the development of new plans and integration of funding. The WRC and the additional Peer Partner component strengthens Sacramento County’s efforts to integrate the consumer, youth, caregiver and family voice into all aspects of our mental health system and in our work with our diverse community.

Approved WRC Work Plan*	\$1,848,437
MHSA Plan Amendment Funding Request	\$798,898
Total Work Plan Budget	\$2,647,335
Capacity	Expanded from 1600 to 2,150 annually
Ages Served	<u>WRCs:</u> TAY (18+), Adults, Older Adults <u>Peer Partners:</u> Children, TAY, Adults, Older Adults
Cost Per Client (MHSA Only)	\$1,231

\*Assumes DMH approval of FY 2009-10 Annual Update

**New MHSA CSS Work Plan Proposal**

**SAC7 – Adult FSP**

Sacramento County proposes to expand upon existing adult intensive mental health programs by providing a continuum of culturally competent mental health services that includes case management, benefits acquisition, crisis response, intervention and stabilization (to include a 24/7 response

capacity), and medication support. This program will provide a full array of FSP support services to include but not be limited to housing, employment, benefits acquisition, education, and transportation. Additionally, this FSP will provide integrated services for Co-Occurring Disorders, Pre-Treatment Group, SacPort Substance Abuse Management Module (SAMM) and Dual Recovery Groups. This FSP will implement a variety of evidenced-based and/or community defined evidence-based practices including but not limited to, Cognitive Behavioral Therapy (CBT) groups and SacPort Rehabilitation groups. Services are designed to assist clients to transition into the community from high-cost restrictive placements, such as the Sacramento County Mental Health Treatment Center, private psychiatric hospitals, incarcerations, and residential treatment facilities. In addition, family members and/or caregivers will be identified and engaged at the initiation of services as much as possible and offered support services such as education, consultation and intervention as a crucial element of the client's recovery process. The contract provider will utilize Peer and Family Partners from diverse communities as part of their program staff. The Peer and Family Partners will provide support and assistance with coping skills, linkages to community resources, and other supports the individual may need in their recovery process. This FSP will start with the capacity of 300 with the understanding that capacity will increase as individuals move forward in their recovery and require less intensive services and supports. The goal is to increase capacity to 350 annually after the first full year of implementation.

Adult FSP Funding Request	\$2,750,000
Capacity	300 annually
Ages Served	TAY (18+), Adults and Older Adults
Cost Per Client (MHSA Only)	\$9,167

**Total Plan Amendment Funding Request:**

<b>Description</b>	<b>Amount</b>
Expansion of CSS Previously Approved Work Plans (SAC1; SAC4; and SAC6)	\$5,568,862
New CSS Proposed Work Plan (SAC7)	\$2,750,000
Administration	\$425,679
<b>TOTAL REQUEST</b>	<b>\$8,744,541</b>

**Planning Process**

In March 2008, the MHSA Steering Committee recommended the formation of two workgroups to develop proposals for a new Child/TAY CSS Program and a new Older Adult CSS Program using CSS Growth Funds. This decision was made based on the data indicating that TAY and Older Adults are two of the highest unserved age groups in Sacramento County. The two workgroups developed proposals that were approved by the MHSA Steering Committee. Two Program Design Teams (PDTs) were then established to develop the proposals into CSS Work Plans. Those two Work Plans, the

Older Adult Multidisciplinary Crisis Program and Juvenile Justice Diversion Program were included in Sacramento County's 2009-10 Annual Update.

As stated previously, Sacramento County became aware that the budget deficit for the Division in 2009-10 was more severe than originally anticipated. It is projected that our adult outpatient system will face such severe cuts that potentially thousands of individuals will be left without services. This information was discussed at Sacramento County's Mental Health Board meetings, Mental Health Board Budget Committee meetings and the MHSA Steering Committee meetings. Public Comment was provided at these meetings by community members and service providers. The magnitude of these reductions and the potential unraveling of lives of clients currently stabilized and receiving services in the existing system was weighed by all involved in the process and deemed unacceptable.

In February of 2009, the MHSA Steering Committee supported the Division in moving forward expeditiously to develop proposals that would either expand existing MHSA programs or create new ones as a way to mitigate the impact of the budget reductions on existing consumers and our community. Although the MHSA 2009-10 Annual Update was being submitted with the two new program proposals mentioned above, the Division proposed to consider the use of those dollars as well as the funding for the previously approved Recovery Option 5 Work Plan to develop potential strategies. The Division subsequently decided the funding for the Older Adult Multidisciplinary Crisis Program and the Recovery Option 5 program would be better utilized to expand existing MHSA programs. A workgroup was formed to develop proposals and was comprised of the Mental Health Director, Division Managers, Sacramento's Consumer Liaison, Adult Family Member Advocate, Child/Youth Family Advocate and the Division's Medical Director. Three proposals were developed and all agreed the proposal that created the most capacity and left the least number of individuals unserved should be presented to the Steering Committee.

At the April 2nd MHSA Steering Committee Meeting, the Division presented the proposal that included all of the Work Plans described above. After member discussion and public comment, the Steering Committee unanimously supported the Division submitting the proposal to DMH as a Plan Amendment. The MHSA Steering Committee also supported the Division in working with DMH to do whatever is needed to expedite the plan approval process and funding allocation.

This FY 2009-10 Plan Amendment was posted for a 30-day public comment period from April 27, 2009 to May 27, 2009. An announcement was placed in the Sacramento Bee newspaper indicating the link to the posting and the date of the Public Hearing. An e-mail with the link and date of the Public Hearing was sent to all of our Child and Adult contract providers, our local libraries, and over 1300 individuals on our MHSA e-mail distribution list. The Plan Amendment Executive Summary was translated into Sacramento County's five (5) threshold languages: Spanish, Hmong, Vietnamese, Cantonese and Russian. Hard copies were provided upon request in all languages.

The Plan Amendment was presented to Sacramento County's Mental Health Board on May 6<sup>th</sup> and to the MHSA Steering Committee meeting on May 7<sup>th</sup> to allow for discussion and collective comment. A Public Hearing was held on May 28, 2009 at the DHHS-DBHS Administrative Services Center, 7001-A East Parkway, Sacramento, California 95823.

### **Public Comment**

There were a number of comments received regarding the Plan Amendment during the 30-day public review and comment period, and also at the Public Hearing on May 28, 2009. Some comments specifically addressed the expansion of the Wellness and Recovery Center Work Plan while others pertained to the overall Plan Amendment. Below is a summary of the comments and the response from the Division of Mental Health.

### **Wellness and Recovery Center Expansion**

Several comments were submitted verbally and in writing regarding the expansion of the Wellness and Recovery Center (WRC) Work Plan:

- Many comments spoke to the importance of alternative mental health services at the WRC. They are cost effective; provide a foundation for a more healthful present and future; provide concrete tools and strategies; and instill a culture of hope and transformation. One member gave testimony about how the services saved his life and how he is now a volunteer and group leader at one of the Centers. The services helped him build his self-esteem and confidence, and at one point when he was feeling suicidal, he sought help at the WRC and avoided the need for additional inpatient services. He stressed that alternative services are more cost effective than traditional services and that he is able to provide numerous valuable services at no cost to the county as he does so much volunteer work.
- Concern that the increase in medication support services would take away from alternative mental health services that consumers find so beneficial to their recovery and that a possible consequence is a service model that is neither innovative nor transformative.
- Expansion of traditional mental health services should not take place at the expense of alternative wellness and recovery services. Positions that provide alternative services should not be reduced to increase the staffing for traditional mental health services.
- One consumer stated that the medical model has provided her little relief from her symptoms but the alternative services at the WRC allowed her to achieve her full potential. She believes the increased focus on medication services will simply create another outpatient program that is ineffective and expensive.
- Stakeholders are not against medication support services; rather, they have an invested interest in striking a balance between medication support and alternative mental health services that support their wellness and recovery.
- Clarification that the additional funding for the Peer Partner component of the Work Plan was not being directed to the current provider of the Wellness and Recovery Centers.
- A Program Coordinator at the WRC noted that the Plan Amendment indicates capacity will grow to 2150 but that they are already close to serving 2000 individuals. He requested that additional funding be directed to the Wellness and Recovery Centers to support alternative services. He also stated that the WRC is willing to help address the needs of individuals that will be affected by budget reductions.
- Several comments from consumers, family members and providers were made in support of adding the Peer Partner component to the WRC Work Plan.



### Overall Plan Amendment

- One comment spoke to the need for more overall funding for our system.
- Several stakeholders spoke to the increasing needs of older adults. They are socially isolated and at high risk of suicide. While there was support for the Plan Amendment and understanding that not all services can be funded at this time, there was disappointment expressed that the Older Adult Multi-disciplinary Crisis Program would not move forward.
- One stakeholder encouraged the Division to keep in mind that as we face continued fiscal challenges and reduction in services, our local suicide rate may increase. She encouraged partnerships with local agencies that address suicide and pointed out how cost effective those services and supports are.
- A consumer, who is also a family member, acknowledged the need for the Division to move quickly on this Plan Amendment but felt that it was done behind closed doors and hoped that future endeavors will be more transparent and open to consumer involvement.
- One stakeholder said we need to consider opportunities for leveraging, e.g., Department of Rehabilitation, Workforce Investment Board, etc. This is a time we need to organize in order to better serve the community. As a collective, we need to break the bubble of “mental health as usual” and make concerted efforts to look for other resources.
- The Association of Mental Health Contractors expressed full support of the Plan Amendment and believes the redesign of services provides a good framework to build upon in better times.
- Sacramento County’s Mental Health Board unanimously supported the Plan Amendment.
- Sacramento County’s MHSA Steering Committee unanimously supported the Plan Amendment.

### **Division Response to Public Comment**

#### Wellness and Recovery Center Expansion

The Wellness & Recovery Centers, operated by Consumer Self Help, offer a variety of alternative group therapies which include computer labs, libraries, art groups, yoga, creative writing, WRAP, SacPort groups, bipolar support, etc. The Division was very pleased when Consumer Self Help was able to open a satellite WRC in the south area to accommodate consumers in two geographic areas. Currently, WRC North and WRC South are the only programs in our system of care providing this level of alternative therapies and support groups.

One component of the WRC Work Plan expansion is to increase memberships to medication services from 300 to 850 (across both locations) annually. This is in response to a heightened community need for medication management services. It is important to note that individuals who go to the WRCs are given an orientation to the WRC and offered a full array of wellness services that include medication support. Members may participate solely in alternative services or a combination of traditional and alternative services. Members who choose to take medication may also take full advantage of alternative services to meet their recovery goals.

The Division understands the concerns that increasing medication support services could create an imbalance between traditional and alternative services; however, there will be an equal number of staff hours dedicated to alternative wellness and recovery activities as there are dedicated to medication services. The two sites have a combined capacity for more than 850 clients to enroll in alternative

therapies and wellness activities. It is estimated that up to 40 hours of wellness activities, groups, individual coaching and support will still be available on a weekly basis. In terms of members' participation in alternative group services, WRC has capacity for growth. Per the second quarter report, WRC offered 44 different groups at the North Center location, but 18 had 3 or fewer participants. The Division is working collaboratively with Consumer Self Help and providing technical assistance to help the WRC staff with this expansion of services.

In summary, the Division is committed to ensuring the WRC provides an appropriate balance of alternative services and medication services within a supportive recovery environment. The Division views these services as valuable to consumers and our community, in alignment with the MHSA, and critical to our system of care as we continue with our system transformation.

The comment made that the funding for the Peer Partner Program is not being directed to the current WRC provider is accurate. This program will be competitively bid out and the services will be provided at various sites in the community.

#### Overall Plan Amendment

The Division appreciates the extensive comments of support from consumers, family members, the MHSA Steering Committee, the Mental Health Board and the Association of Mental Health Contractors.

The Division acknowledges and supports the concern about the possibility of increased suicide risk due to reduction of services and our overall economy. We are currently finalizing our first Prevention and Early Intervention (PEI) Project which is a Suicide Prevention Project. There was significant stakeholder involvement in developing the plan and we believe it will be a critical service to our community.

The Division understands the concerns voiced about the needs of older adults in our community. Due to funding limitations, we are not able to move forward with the Older Adult Multi-disciplinary Crisis Program but remain committed to serving older adults in our Sierra Elder Wellness Program and other programs in our adult system that serve this population. Our hope is that the PEI Suicide Prevention Project will also be able to meet some of the needs of older adults in our community.

The comment that this Plan Amendment was developed behind closed doors is taken seriously by the Division. All of our MHSA efforts to date have included extensive outreach to the community and involved consumers, family members and other stakeholders at all levels of decision making. We have made special efforts to ensure inclusion while not compromising our competitive bidding processes. The planning has yielded rich discussions and input and is also very time intensive. Our Mental Health Director made a specific request to the MHSA Steering Committee that the Division be given the latitude to move forward quickly on this Plan Amendment due to the severe budget reductions projected for Fiscal Year 2009-10. With several thousand individuals facing the possibility of having no mental health services, we had to develop creative strategies that were in alignment with the MHSA as quickly as possible. It is important to note that our Consumer Liaison, Adult Family Advocate and Youth and Family Advocate all participated in the development of this Plan Amendment. We presented it on five (5) occasions in forums that allowed time for public comments. The Association

of Mental Health Contractors has voiced full support for this Plan. This Plan Amendment builds upon and expands successful services in our system and creates more capacity for consumer and family member involvement.

The Division remains committed to the inclusion of consumers, family members, service providers, system partners and other stakeholders as we move forward with planning for our mental health system. We understand the importance of collaboration, leveraging of resources, and increasing community capacity to better serve individuals and families in our community who have mental health needs.



**County Name**

Sacramento

**Work Plan Title**

Transitional Community Opportunities for Recovery and Engagement (TCORE): SAC1-GSD

**Population to Be Served**

**Modification:**

TCORE will continue to serve transition age youth (18 years and older), adults, and older adults of all genders and ethnicities and cultural and racial ethnic groups that are at risk for entering acute care settings, but will increase enrollment of clients with low and moderate intensity services needs. Specific outreach and engagement to ensure inclusion of Sacramento’s diverse communities will continue to be a priority.

**Work Plan Description**

**Modification:**

TCORE will continue to offer culturally and linguistically competent community-based services and will prioritize services to those who may be at risk for entering acute care settings, or discharging from acute care and who are not linked to on-going mental health services. Additionally, TCORE will change from a transitional program to an ongoing program. Clients in need of low and moderate intensity services will be enrolled and the length of time in the program will be determined on client needs. Along with community-based services, an additional clinic-based service with increased staffing will be offered. Service array will continue to include urgent care, assessment, brief treatment, crisis intervention, case management, rehabilitation, medication management and support, and transition to appropriate specialty mental health services and or community support. Additional program goals include wellness planning, family support, and discharge when appropriate to community services.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

3500 Annually Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

3500 Annually System Development

\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

\_\_\_\_\_ Total

Number of Clients By Type of Prevention

\_\_\_\_\_ Early Intervention

\_\_\_\_\_ Indicated/Selected

\_\_\_\_\_ Universal



**County Name**

Sacramento

**Work Plan Title**

Pathways to Success after Homelessness: SAC4-FSP

**Population to Be Served**

Pathways serves homeless children, transition aged youth, adults, and older adults of all genders, races, ethnicities and cultural groups. Specific efforts are made to outreach to and engage unserved and underserved racial, cultural and ethnic communities with an emphasis on Sacramento’s threshold language groups (Spanish, Hmong, Vietnamese, Cantonese, and Russian); refugee populations; and transition age youth.

**Work Plan Description**

Sacramento County proposes to expand its Permanent Supported Housing (PSH) Program by developing seamless services to meet the increasing needs of the underserved homeless population. The expansion will build upon and expand existing services and will establish a single point of entry providing outreach and engagement activities, mental health services, rapid re-housing, temporary housing and benefits acquisition. The current capacity of the PSH is 206. All of those members are being served by Turning Point Community Programs in their Pathways to Success after Homelessness FSP. This expansion will create capacity to serve 1,170 members: 670 with FSP services and 500 with Outreach and Engagement services.

By streamlining and expanding existing services, access to services will work as follows: at any given time the “front door” will have same day access to temporary housing and will focus on triage, comprehensive mental health assessments and evaluations, assessments of service needs, medication treatment, linkages to housing, and application for benefits. Staff at the temporary housing locations will assist clients to locate safe, affordable housing that matches client housing choice to service needs. The short-term housing will focus on rapid access to permanent housing within three to four weeks. Longer-term temporary housing will be available for individuals awaiting MHSA-financed housing developments to come on line. Temporary housing is essential to maintaining homeless status so that individuals remain eligible for units developed with supportive housing funds from various sources. Clients living in the temporary housing options will continue to receive mental health services and supports, medication and “whatever it takes” (including work with family members) to assist them in their recovery. Staff will also ensure follow-up with any benefit application initiated at the time of request for services.

The expansion of this FSP will include implementation of the highly successful SOAR Model (SSI/SSDI Outreach, Access and Recovery), a promising practice targeting homeless individuals with their application for SSI/SSDI and by default Medi-Cal. SOAR has a documented success rate of 70% with an average turn around time of 90 days. Effective implementation of SOAR will leverage Medi-Cal dollars more quickly, and secure income for clients who can then pay their share of rent, which in turn creates capacity for additional consumers to be served.

Millions of local, state and federal dollars are leveraged with successful implementation of this expansion and hundreds of homeless consumers will be housed and served. As a community, Sacramento is aggressively implementing the Sacramento City and County’s Ten-Year Plan to End Chronic Homelessness. This expansion supports the goals of the Ten-Year Plan and promotes partnerships with homeless providers, affordable housing developers, system partners and our local housing authority. The expansion also offers the promise of improved quality of life for individuals and families enrolled in this Permanent Supportive Housing Full Service Partnership program.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

1170 Total

Number of Clients By Funding Category

670 Full Service Partnerships

System Development

500 Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



**County Name**

Sacramento

**Work Plan Title**

Wellness and Recovery Center: SAC6-GSD

**Population to Be Served**

The Wellness and Recovery Center serves transition age youth (18 and older), adults and older adults of all genders, races, ethnicities and cultural groups. Specific efforts are made to outreach to and engage unserved and underserved racial, cultural and ethnic communities with an emphasis on Sacramento’s threshold language groups (Spanish, Hmong, Vietnamese, Cantonese, and Russian) and other unserved and underserved groups identified in our CSS planning process, including refugee populations and homeless individuals. In addition to center services, a Peer Partner component will provide consumer voice as well as crisis support across the age span at the Mental Health .Treatment

**Work Plan Description**

The Wellness and Recovery Centers (WRC) are community-based multi-service centers that provide a supportive environment offering choice and self-directed guidance for recovery and transition into community life. They are consumer operated, employ consumers and train individuals for peer counseling, peer mentoring, advocacy, and leadership opportunities throughout Sacramento County. Services include psycho-educational groups, educational guidance, vocational services, psychiatric support, natural healing practices, and creative writing groups. Key assets continue to include a library, a resource center, and a computer lab that can be utilized by center participants and the general public interested in learning more about mental health and recovery. The services and activities at WRC are geared toward assisting consumers and family members to develop personal wellness and recovery skills to navigate personal and community needs. The WRC will expand its operations to include a location in the South Area of Sacramento County. Services will continue to focus on wellness and recovery skills and medication support services will be increased to provide consumers with an opportunity to access this resource at the WRC.

A Peer Partner component will be added to the Work Plan to serve consumers across the age span, increasing the number served annually from 1600 to 2150. These peer partners will either have direct experience navigating the public mental health system or have bilingual/bicultural skills in Sacramento County’s threshold languages (Spanish, Hmong, Vietnamese, Cantonese and Russian), LBGT community, or transition-age youth as well as an understanding of mental health needs of their cultural community. Representatives of this Peer Partner component will be members of the Mental Health Division’s Management Team to ensure client and family member perspectives are considered in program and policy development and in the decision making process; providing Wellness and Recovery Action Plan (WRAP) training and support groups; assisting consumers, youth, caregivers and family members in developing and maintaining a wellness and recovery plan; assisting in locating benefit information; and linking with community services and natural cultural supports. In addition, representatives of this Peer Partners component will facilitate community events and link consumers and providers to community supports beyond traditional mental health services. This component will establish a foundation of youth, consumer, and parent/caregiver/family voice in the system which can be built upon with the development of new plans and integration of funding.

The WRC and the additional Peer Partner component strengthens Sacramento County’s efforts to integrate the consumer, youth, caregiver and family voice into all aspects of our mental health system and in our work with our diverse community.

**Objectives**      Linking to services and benefits as appropriate  
                          Increased consumer involvement in driving own recovery

**Outcomes:**      Reduced inpatient hospitalization  
                          Reduced recidivism

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

2150 Annually Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

2150 Annually System Development

\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

\_\_\_\_\_ Total

Number of Clients By Type of Prevention

\_\_\_\_\_ Early Intervention

\_\_\_\_\_ Indicated/Selected

\_\_\_\_\_ Universal



**County Name**

Sacramento

**Work Plan Title**

Adult Full Service Partnership Program

**Population to Be Served**

The proposed Adult Full Service Partnership program will serve adults, age 18 and older, with persistent and significant mental illness that may also carry a diagnosis of co-occurring substance use disorder and/or co-morbid medical concerns. Generally, this population is isolated, having limited family and personal support systems. Frequently, these individuals come to the attention of professionals when they are already in high-cost services such as emergency rooms, crisis services, inpatient facilities, sub-acute services, and incarceration. Special efforts will be made for outreach to and engagement of unserved and underserved racial, cultural and ethnic communities.

**Work Plan Description**

Sacramento County proposes to expand upon an existing adult intensive mental health program by providing a continuum of integrated culturally competent services that includes case management, benefits acquisition, crisis response, intervention and stabilization (to include a 24/7 response capacity), medication evaluation and support, and effective ongoing specialty mental health services. This program will also provide a full array of FSP support services to include but not limited to housing, employment, education, and transportation. This new FSP is designed to assist clients to transition into the community from high-cost restrictive placements, such as the Sacramento County Mental Health Treatment Center, private psychiatric hospitals, incarcerations, or other secured settings. In addition, family members and/or caregivers will be identified and engaged at the initiation of services as much as possible and offered support services such as education, consultation and intervention as a crucial element of the client's recovery process. The current adult intensive services program serves 300 clients; however, this program was not able to provide a full array of FSP support services. This FSP will start with the capacity of 300 with the understanding that capacity will increase as individuals move forward in their recovery and require less intensive services and supports. The hope is that capacity will increase to 350 annually.

Each referral for enrollment will have a face-to-face interview with linguistic and cultural accommodations available. This program will include the implementation of Motivational Interviewing as a key strategy for identifying, supporting and assisting clients in service plan development for fulfilling their goals for recovery. Service plans will be developed in partnership with the client and, if possible, the client's family or significant support person(s). Once an individualized service plan is established, clients and program staff will determine service needs.

This FSP will provide integrated services for Co-Occurring Substance Use Disorders, Pre-Treatment Group and SacPort Substance Abuse Management Module (SAMM) and/or Managing Dual Recovery Groups. Potential contract providers will implement evidenced-based and/or community defined evidence-based practices including Cognitive Behavioral Therapy (CBT) group and SacPort Rehabilitation groups.

The contract provider will be expected to identify, establish and maintain successful collaborations and partnerships with system partners and community agencies, including but not limited to sub-acute settings; law enforcement; healthcare providers; conservators; and ethnic and cultural groups to strengthen communication and service coordination among all organizations/groups that mutually support and assist clients.

Finally, contract provider will utilize peer partners as part of their program development and treatment teams. The peer partners will provide support and assistance with coping skills, linkages to community resources, and other supports the individual may need in his/her recovery process.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

300 Total

Number of Clients By Funding Category

300 Full Service Partnerships

System Development

Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal

**REVISED**

FY 2009/10 Mental Health Services Act  
Summary Funding Request

County: Sacramento

Date: 6/8/2009

	MHSA Component				
	CSS*	CFTN	WET	PEI	Inn
<b>A. FY 2009/10 Planning Estimates</b>					
1. Published Planning Estimate <sup>a/</sup>	\$28,851,100	\$14,775,200	\$0	\$10,712,200	\$2,267,300
2. Transfers <sup>b/</sup>	\$0	\$0	\$0		
3. Adjusted Planning Estimates*	\$28,851,100	\$14,775,200	\$0	\$10,712,200	\$2,267,300
<b>B. FY 2009/10 Funding Request</b>					
1. Required Funding in FY 2009/10 <sup>c/</sup>	\$8,744,541	\$0	\$0	\$0	\$0
2. Net Available Unspent Funds					
a. Unspent FY 2007/08 Funds <sup>d/</sup>	\$1,954,530	\$0	\$0	\$0	\$0
b. Adjustment for FY 2008/09 <sup>e/</sup>	\$1,954,530	\$0	\$0	\$0	\$0
c. Total Net Available Unspent Funds	\$0	\$0	\$0	\$0	\$0
<b>3. Total FY 2009/10 Funding Request</b>	<b>\$8,744,541</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. Funding</b>					
1. Unapproved FY 06/07 Planning Estimates			\$0		
2. Unapproved FY 07/08 Planning Estimates	\$0	\$0	\$0	\$0	
3. Unapproved FY 08/09 Planning Estimates	\$0	\$0	\$0	\$0	\$0
4. Unapproved FY 09/10 Planning Estimates	\$8,744,541			\$0	\$0
<b>5. Total Funding<sup>f/</sup></b>	<b>\$8,744,541</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

a/ Published in DMH Information Notices  
 b/ CSS funds may be transferred to CFTN, WET and Prudent Reserve up to the limits specified in WIC 5892b.  
 c/ From Total Required Funding line of Exhibit E for each component  
 d/ From FY 2007/08 MHSA Revenue and Expenditure Report  
 e/ Adjustments for FY 2008/09 additional expenditures and/or lower revenues than budgeted  
 f/ Must equal line B.3., Total FY 2009/10 Funding Request, for each component  
 \* Available CSS Planning Estimate is \$9,567,132 (adjusted for approved 09-10 Annual Update)



**FY 2009/10 Mental Health Services Act  
Community Services and Supports Funding Request**

County: Sacramento

Date: 6/8/2009

CSS Work Plans				FY 09/10 Required MHA Funding	Estimated MHA Funds by Service Category				Estimated MHA Funds by Age Group			
No.	Name	New (N)/ Approved Existing (E)			Full Service Partnerships (FSP)	System Development	Outreach and Engagement	MHA Housing Program	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult
1.	SAC1	TCORE	E	\$2,250,000	\$0	\$2,250,000	\$0	\$0	\$0	\$517,500	\$1,665,000	\$67,500
2.	SAC2	Sierra Elder Wellness	E	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3.	SAC4	Permanent Supportive Housing	E	\$2,519,964	\$1,149,090	\$0	\$1,370,874	\$0	\$100,799	\$201,597	\$2,116,770	\$100,799
4.	SAC5	Transcultural Wellness Center	E	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
5.	SAC6	Wellness and Recovery Center	E	\$798,898	\$0	\$798,898	\$0	\$0	\$0	\$159,780	\$599,174	\$39,945
6.	SAC7	Adult FSP	N	\$2,750,000	\$2,750,000	\$0	\$0	\$0	\$0	\$412,500	\$2,200,000	\$137,500
7.	SAC8	Juvenile Justice Diversion	E	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8.												
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22.												
23.												
24.												
25.												
26.	Subtotal: Work Plans <sup>a/</sup>			\$8,318,862	\$3,899,090	\$3,048,898	\$1,370,874	\$0	\$100,799	\$1,291,377	\$6,580,943	\$345,743
27.	Plus County Administration			\$425,679								
28.	Plus Optional 10% Operating Reserve*			\$0								
29.	Plus CSS Prudent Reserve <sup>b/</sup>			\$0								
30.	Total MHA Funds Required for CSS			\$8,744,541								

a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs=

46.87%

b/Transfers to Capital Facilities and Technological Needs, Workforce Education and Training, and Prudent Reserve are subject to limitations of WIC 5892b.

**EXHIBIT F1(a)**  
**Community Services and Supports New Work Plan Narrative**  
**FY 2009/10 Annual Update**  
**Mental Health Services Act**

**County of Sacramento**

**a) Work Plan Number: SAC 7**

**Title: ADULT FULL SERVICE PARTNERSHIP PROGRAM**

**b) Explanation of how the New Work Plan relates to the priorities identified in the Community Planning Process.**

During Sacramento County's initial CSS Community Planning Process in 2005, the community identified the following as priority issues for adults:

- Housing Supports and Services
- Help in Crisis
- Linkage to Services Barrier Reduction
- Consumer/Peer Driven Services
- Involvement in meaningful activities
- Supportive Relationships
- Ability to take care of self

The initial CSS Planning Process yielded several proposals to serve Sacramento County's adult population; however, many did not receive funding. With the success of the previously approved FSPs and the need for adult mental health services, the current community planning process supported the concept of a newly designed adult intensive services program to include FSP services. Generally, Sacramento County's adult clients with persistent and significant mental illness have limited family and social support and are isolated. Frequently, these circumstances create crises and the time that many of these clients come to the attention of helping professionals are in high-cost or urgent care through crisis services, inpatient facilities, sub-acute serves, and incarceration.

The proposed program will respond to the priority issues identified by the community planning process by providing culturally competence services that support wellness and recovery, support and assist client in achieving identified life-goals, promote community integration, promote family inclusion and supports. Services will include integrated mental health and substance use treatment, as well as intensive case management, peer and family support, benefits acquisition, 27/6 response capacity and a full array of full service partnership supports and services. The potential contractor of this program will implement at least one evidence-based practice that is culturally competent and has been proven effective with the target population.

**c) A description of how the proposed Work Plan relates to the General Standards (Title 9, CCR, Section 3320) of the MHSA.**

**1. Community Collaboration:**

The proposed Adult FSP program will utilize and expand many existing collaborative relationships with local hospitals, sub-acute facilities, local law enforcement, and community service providers. This proposed program will work to strengthen communication and coordination among these service providers to ensure effective identification, engagement, intervention, crisis response and integrated services. Additionally, we will develop/strengthen linkages and collaborative relationships with health, mental health and social service providers and refugee resettlement programs to promote recovery beyond the crisis response and stabilization interventions. Healthcare providers will include Sacramento County DHHS Primary Care Clinic, family practice/internal medicine physicians, dentists and ethnic-specific health and wellness practitioners. The proposed program will establish, maintain and strengthen existing collaborative partnerships including: Public Conservators office, treatment facilities, Sacramento Primary Care providers, churches, spiritual centers or temples, local community colleges, refugee and community resettlement organizations, workforce/career centers, Wellness and Recovery Centers, Peer Partner groups, and traditional healing practitioners.

**2. Cultural Competence:**

The proposed program will provide culturally and linguistically competent services to ethnically/culturally diverse adults. To accomplish this, the program staff will develop/strengthen collaborative relationships with community organizations serving diverse populations, such as Latino, Eastern European, Southeast Asian, Native American, LGBTQ, as well as faith-based organizations, tribal organizations and others. Program staff familiar with existing services for cultural and ethnic communities will assist in identifying additional community service providers working with diverse populations. To reduce ethnic disparity in the utilization of mental health services by adults, this program will recruit bilingual/bicultural staff to provide culturally and linguistically competent services. This program will give priority to recruiting peers and staff, including family/client advocates and peer counselors, who reflect the ethnic and linguistic diversity of the community and who are skilled in working with ethnically/culturally diverse populations. Cultural competence training will be provided to all staff and will address elements of culture, such as traditions, language, race, ethnicity, customs, family structure, sexual orientation, community dynamics, acculturation, multigenerational trauma, gender roles, and the perception and/or experience of racism and oppression on health.

This proposed program will identify and collaborate with service providers and organizations currently providing services to ethnically and culturally diverse adults. Particular attention will be given to identifying primary care physicians and ethnic specific health and wellness practitioners acceptable to diverse populations. Consultation and education will be provided by the program's multidisciplinary team to these healthcare providers to promote the integration of mental health and health services. Program staff will seek input from racial, cultural, ethnic and faith-based communities regarding community defined evidence and promising practices that are effective with clients of their communities. Community input will continue to refine the services provided by this program.

**3. Client/Family driven:**

Clients participating in this program will be engaged in creating their own service plans and identify their life goals. Whenever permission is given, family members or support persons and caregivers will participate as well. Clients will be encouraged to develop treatment goals and plans that are consistent with their traditions, values, and beliefs, to identify their own resources, strengths, and personal supports to manage any future crisis. Peer support will also encourage clients to take necessary steps toward self-reliance and the management of their recovery their way. In this proposed program, clients and their families will be considered as the experts of the kinds of services that work best for them.

#### **4. Wellness focus, which includes the concept of recovery and resilience:**

The ultimate goal of this proposed program is to support the client in achieving his/her self-defined recovery. The program will take a consumer-driven, recovery-focused approach to treatment that relies on the therapeutic value of clinical support, primary care/mental health collaboration, peer support, honoring culture, and community-based meaningful activities. All service/care plans will be developed using the principles of wellness and recovery: Client directed, restoring hope, emphasizing strengths and assets, and promoting self-determination in order to achieve high quality of life. Recovery will be supported by access to needed services, such as mental health, medical, co-occurring treatment, spirituality, social services, supportive relationships, and meaningful activities that could include volunteer opportunities and more. Program staff will be trained in the principles of wellness and recovery at least once per year and on an ongoing basis to ensure that these values are promoted, reinforced and integrated into clinical practice. Using welcoming, strengths-based, harm-reduction approaches, this program will support individuals with their continued search for identifying, discovering, and practicing their abilities and aptitudes toward self-sufficiency thereby honoring recovery, wellness, and resiliency.

This program will also recognize that the concept and experience of recovery may also be different for clients with different cultural and ethnic backgrounds. The California Mental Health Directors Association (CMHDA) framework will be the basis for program planning and the wellness focus which states the following: “The cultural identities and world view of the consumers shape health and healing beliefs, practices, behaviors, and expectations. Wellness is therefore uniquely defined by each individual and each cultural group” (CMHDA, 2000).

#### **5. Integrated service experiences for Clients and their families:**

This proposed program will develop an integrated services experience for their clients and clients’ families throughout all aspects of service delivery. Program staff will work collaboratively with system partners and community agencies and groups involved in the client’s services to create a sense of seamless service delivery. The Multidisciplinary Team will take a positive approach to using models of care that foster improved integrated services for mental health, co-occurring treatment, and general health care. This will include increasing communication between PCPs and MH providers, reducing stigma, and improving access to care. Clients will be linked with a primary care physician or preferred traditional healer for preventative and follow-up care of medical issues as needed so both mental health, co-occurring substance use, and/or co-morbid medical needs can be addressed.

#### **c) For project-based housing expenditures using General System Development funding, ...**

N/A for this project

**EXHIBIT F1(b) - CSS Projected Revenues and Expenditures for New Work Plans**

**FY 2009/10 Mental Health Services Act  
Community Services and Supports Projected Revenues and Expenditures for New Work Plans**

County: Sacramento  
 Work Plan # SAC7  
 Work Plan Name Adult FSP  
 Months of Operation 12

Fiscal Year: 2009/10

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Total Expenditures when service provider is not known				\$5,090,900
6. Non-recurring expenditures				\$0
<b>7. Total Proposed Work Plan Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$5,090,900</b>
<b>B. Revenues</b>				
<b>1. New Revenues</b>				
a. Medi-Cal (FFP only)				\$2,340,900
b. State General Funds				\$0
c. Other Revenue				\$0
<b>2. Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,340,900</b>
<b>C. Total Funding Requirements</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,750,000</b>

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Date 04/27/09