



MENTAL HEALTH SERVICES ACT

Fiscal Year 2010-11

**Annual Update to the Three-Year Program and Expenditure
Plan**

Executive Summary

April 21, 2010

Introduction

Since the passing of Proposition 63 in November of 2004, Sacramento County has worked diligently on the planning and implementation of the Mental Health Services Act (MHSA). The Community Services and Supports (CSS) component was the first to be planned and implemented and there are currently six CSS Programs operational and one (1) that has been approved and will become operational in spring or summer of 2010. Sacramento's Workforce Education and Training Plan was approved by the State Department of Mental Health (DMH) in June of 2009. Sacramento concluded the Community Planning Process for Prevention and Early Intervention (PEI) and Technological Needs in December of 2009. The PEI and Technological Needs Plans are currently under review with DMH and the Mental Health Services Oversight and Accountability Commission (OAC). For purposes of the Annual Update, Sacramento County will assume DMH and OAC approval of the PEI Plan and will request funding for four (4) PEI Programs.

Request for Fiscal Year 2010-11 MHSA Funding

In this Annual Update, Sacramento County is requesting MHSA funding for the Fiscal Year (FY) 2010-11 in the following areas:

1. Previously approved CSS Programs
2. CSS Administration
3. CSS Operating Reserve
4. Previously Approved PEI Programs
5. PEI Administration
6. PEI Operating Reserve

Previously Approved CSS Programs

Sacramento has five (5) Full Service Partnership (FSP) programs and two (2) General System Development (GSD) programs that have been approved by DMH. Six (6) of those programs are operational and one, the Juvenile Justice Diversion and Treatment program will become operational in spring or summer of 2010. There are no changes to the existing CSS Programs.

Sacramento County is requesting CSS funding for seven (7) previously approved Programs in the amount of \$24,153,295. Below is a summary and funding request for each program:

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Program No. and Funding Type	Ages Served	Program Description	Funding Requirement
<p>SAC1 – GSD TCORE</p> <p>Capacity: 3,500 annually</p>	<p>TAY, Adults, Older Adults</p>	<p>TCORE program consists of three components: TCORE–Human Resources Consultants (TCORE-HRC), TCORE–Aftercare, TCORE–Adult Psychiatric Support Services (TCORE-APSS).</p> <p>TCORE provides culturally and linguistically competent community-based services and prioritizes 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. TCORE provides transitional as well as ongoing services. Clients in need of low and moderate intensity services are enrolled and the length of time in the program is determined based on client needs. Along with community-based services (TCORE-HRC), clinic-based services are offered with capacity to serve those who are indigent (TCORE APSS/Aftercare).</p> <p>The service array includes 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.</p>	<p>\$5,296,383</p> <p>TCORE-HRC: \$1,429,161</p> <p>TCORE-APSS/ Aftercare: \$3,786,870</p>
<p>SAC2 – FSP Sierra Elder Wellness Program</p> <p>Capacity: 145 at any given time</p>	<p>Transition Age Adults, Older Adults</p>	<p>Sierra Elder Wellness Program serves transition age adults (ages 55 to 59) and older adults (age 60 and over) of all genders, races, ethnicities and cultural groups.</p> <p>Sierra provides specialized geriatric psychiatric support, multidisciplinary mental health assessments, treatment, and intensive case management services for older adults (55 and older) who have multiple co-occurring mental health, physical health, and/or substance abuse and social service needs that require intensive case management services.</p> <p>The goals of the program are to improve medical and functional status, increase social supports, decrease isolation, reduce trips to the emergency room and/or hospital, reduce homelessness, and improve overall quality of life.</p>	<p>\$1,908,860</p>

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Program No. and Funding Type	Ages Served	Program Description	Funding Requirement
<p>SAC4 – FSP Permanent Supportive Housing Program (PSH)</p> <p>Capacity: 1170 at any given time</p>	<p>Children, TAY, Adults, Older Adults</p>	<p>The PSH Program is a blend of FSP and GSD funding and provides seamless services to meet the increasing needs of the underserved homeless population. It consists of three components: PSH-Guest House, PSH-New Direction and PSH-Pathways. The program serves homeless children, transition-aged youth, adults, and older adults of all genders, races, ethnicities and cultural groups. The programs serve 600-700 with FSP services and 500 with GSD services.</p> <p>PSH-Guest House is the “front door” (PSH-Guest House) and has same-day access to temporary housing. Services include triage, comprehensive mental health assessments and evaluations, assessments of service needs, medication treatment, linkages to housing, and application for benefits. PSH-Guest House has implemented 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.</p> <p>PSH-New Direction provides short-term housing, focuses on rapid access to permanent housing within three to four weeks, and provides FSP level of services for moderate level service needs. Longer-term temporary housing is available for individuals awaiting MHSA-financed housing developments to come on line.</p> <p>PSH-Pathways provides permanent supportive housing and an FSP level of mental health services and supports children, youth, adults, older adults and families.</p>	<p>\$6,482,583</p> <p>PSH-Guest House: \$972,910</p> <p>PSH-New Direction: \$1,546,964</p> <p>PSH-Pathways: \$2,995,701</p>
<p>SAC5 – FSP Transcultural Wellness Center (TWC)</p> <p>Capacity: 230 at any given time</p>	<p>Children, TAY, Adults, Older Adults</p>	<p>TWC is designed to address the mental health needs of the Asian/Pacific Islander (API) communities in Sacramento County. The program serves children, families, transitional age youth, adults, and older adults.</p> <p>TWC provides a full range of services with interventions and treatment that take into account cultural and religious beliefs and values; traditional and natural healing practices; and ceremonies recognized by the API communities. Services, including psychiatric services, are provided in the home, local community and school with an emphasis on blending with the existing cultural and traditional resources so as to reduce stigma. Staff assignments are made taking into consideration the gender and specific cultural and linguistic needs of the client.</p> <p>The goals of the TWC are to increase the timely and appropriate mental health services to API populations and to decrease the number of individuals utilizing social services, acute care, or public safety providers as a component of untreated mental illness.</p>	<p>\$2,206,933</p>

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Program No. and Funding Type	Ages Served	Program Description	Funding Requirement
<p>SAC6 – GSD Wellness and Recovery Center (WRC)</p> <p>Capacity: 2,150 annually</p>	<p>Children, TAY, Adults, Older Adults</p>	<p>The Wellness and Recovery Center (WRC) program consists of three services: the WRCs, the Peer Partner Program and the Consumer and Family Member Voice Program. Two WRCs serve transition age youth (18 and older), adults and older adults of all genders, races, ethnicities and cultural groups. The WRCs are community-based multi-service centers that provide a supportive environment offering choice and self-directed guidance for recovery and transition into community life. They employ consumers and train individuals for peer counseling, peer mentoring, advocacy, and leadership opportunities throughout Sacramento County. Services include psycho-educational groups, educational guidance, vocational services, medication support services, natural healing practices, and creative writing groups. Key assets include a library, a resource center, and a computer lab that can be utilized by center participants and the general public interested in learning more about mental health and recovery. The WRC centers are located in the South and North Areas of Sacramento County.</p> <p>The Peer Partner Program, (Peer Partners) provides peer support services to 200 unlinked adults transitioning from crisis facilities or psychiatric hospitals. Specifically targeting the ethnic communities of Hmong, Vietnamese, Russian, Spanish and Cantonese speaking communities, Peer Partners provide outreach and engagement to the individuals and families as they return to their homes and communities. They are actively involved with the multi-disciplinary teams serving the individual client and they provide support to the individual and their family in the recovery process. Peer led support groups, mentoring, and benefits acquisition are key strategies contributing to successful outcomes.</p> <p>The Consumer and Family Member Voice Program promotes the Division of Mental Health’s mission to effectively provide quality mental health services to children, youth, adults, older adults and families in Sacramento County by promoting and advocating parent/caregiver, youth, adult and older adult consumer involvement and partnership in the mental health system. Adult Consumer Advocate, Adult Family Member Advocate and the Child, Youth and Family Advocate all hold seats on the Division’s Management Team and participate on the respective adult, child/family and youth services team. This program provides a wide array of services and supports including, but not limited to, multiple trainings throughout the year, support groups, and psycho-educational groups. Staff members also coordinate and facilitate the annual Consumer Speaks Conference.</p>	<p>\$3,044,436</p> <p>WRCs: \$1,786,699</p> <p>Consumer/ Family Voice: \$497,398</p> <p>Peer Partners - HWA: \$102,759</p> <p>Peer Partners- MHA: \$197,241</p>

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Program No. and Funding Type	Ages Served	Program Description	Funding Requirement
<p>SAC7 – FSP Adult Full Service Partnership</p> <p>Capacity: 300 at any given time</p>	<p>TAY, Adults, Older Adults</p>	<p>The Adult FSP consists of two programs: Turning Point ISA and Telecare SOAR.</p> <p>Both programs serve adults age 18 and older, with persistent and significant mental illness that may also have a co-occurring substance use disorder and/or co-morbid medical concerns. The program provides a continuum of integrated, culturally competent services that includes case management, benefits acquisition, crisis response, intervention and stabilization (including a 24/7 response), medication evaluation and support, and effective ongoing specialty mental health services. It also includes FSP support services including housing, employment, education, and transportation. The program assists 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 are 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.</p> <p>This FSP utilizes Motivational Interviewing as a key strategy for identifying, supporting and assisting clients in service plan development for fulfilling their goals for recovery. Service plans are 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 determine service needs.</p> <p>The contract providers identify, establish, and maintain successful collaborations and partnerships with system partners and community agencies, including 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.</p>	<p>\$3,162,500</p> <p>Adult FSP-ISA: \$1,375,000</p> <p>Adult FSP-SOAR: \$1,375,000</p>
<p>SAC8 – FSP Juvenile Justice Diversion and Treatment Program</p> <p>Capacity: 92 at any given time</p>	<p>Youth and TAY ages 13 – 25</p>	<p>JJDTP will provide screening, assessments, intensive mental health services and FSP supports to eligible youth (and their families) involved in the Juvenile Justice system. Youth must meet SED criteria and be between the ages of 13 through 17 at enrollment but will receive services as long as clinically necessary up to their 26th birthday. Pre-adjudicated youth will have the opportunity to avoid incarceration and voluntarily participate in this program. Services for adjudicated youth will also be voluntary. JJDTP will serve fifty (50) diversion youth and forty-two (42) probation youth, as well as their families, at any given time. Family and youth advocates will be used to complement clinical services.</p>	<p>\$2,051,600</p>

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Previously Approved PEI Programs

Sacramento County is requesting funding in the amount of \$7,826,900 for four (4) previously approved PEI Programs. Below is a summary and funding request by program.

Program	Ages Served	Program Description	Funding Requirement
Suicide Prevention Program Capacity: 11,700 annually	Children, TAY, Adults, Older Adults	The Suicide Prevention Program includes the following strategies: a County Liaison to oversee efforts and establish a Suicide Prevention Task Force; Warm Lines to provide support to ethnic/multi-lingual communities and populations at high risk of suicide; training for system partners, gatekeepers and service providers; community education; and create local capacity for data collection and program evaluation.	\$1,840,000
Strengthening Families Program Capacity: 3,740 annually	Children, TAY, Adults, Older Adults	This program consists of five components: 1) Early Childhood Consultation; 2) In-Home Support Services for Foster Children; 3) School-Based Social Skills and Violence Prevention; 4) Building Life Skills for Teens and TAY; and 5) Family Conflict Management.	\$1,983,750
Integrated Health and Wellness Program Capacity: 13,900 annually	Children, TAY, Adults, Older Adults	This program consists of three components: 1) Screening, Assessment, Peer Support and Treatment; 2) Assessment and Treatment of Onset of Psychosis; and 3) Senior Navigator Program: Targeting Isolation and Depression in Older Adults	\$2,853,150
Mental Health Promotion Campaign Capacity: 4,500 annually	Children, TAY, Adults, Older Adults	This program will utilize four strategies to promote awareness of mental health issues and reduces stigma and discrimination toward those with mental illness: 1) Multi-Media Campaign; 2) Community Outreach and Engagement; 3) Speaker's Bureau; 4) Community Education	\$1,150,000

CSS and PEI Administration and Operating Reserve

Sacramento County is requesting \$3,622,994 of CSS funding and \$1,174,035 of PEI funding to sustain the costs associated with the intensive amount of administration support required for ensuring ongoing community planning, implementation and monitoring of our MHSA programs and activities. Sacramento is also requesting \$2,777,629 of CSS and \$900,094 of PEI funding for Operating Reserves for both components.

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FY 2010-11 Annual Update Total Funding Request:

CSS Description	CSS Amount	PEI Description	PEI Amount
CSS Previously Approved Programs	\$ 24,153,295	PEI Previously Approved Programs	\$ 7,826,900
CSS Administration	3,622,994	PEI Administration	1,174,035
CSS Operating Reserve	2,777,629	PEI Operating Reserve	900,094
TOTAL CSS REQUEST	\$ 30,553,918	TOTAL PEI REQUEST	\$ 9,901,029
TOTAL COMBINED (CSS & PEI) REQUEST		\$ 40,454,947	

Planning Process

Sacramento County’s CSS and PEI Community Planning processes have been described in-depth in prior documents submitted to DMH.

The general plan for the 2010-11 Annual Update, which was to request all funding for previously approved CSS and PEI programs, was discussed at the MHSA Steering Committee which is the highest recommending body in matters related to MHSA programs and activities. The Steering Committee is comprised of one primary member and one alternate from the following groups: Sacramento County Mental Health Board; Sacramento County’s Mental Health Director; 3 Service Providers (Child; Adult; and Older Adult); Law Enforcement; Adult Protective Services/Sr. and Adult Services; Education; Department of Human Assistance; Alcohol and Drug Services; Cultural Competence; Child Protective Services; Primary Health; Juvenile Court; Probation; two Transition Age Youth; 2 Adult Consumers; 2 Older Adult Consumers; 2 Family Members/Caregivers of Children 0 – 17; 2 Family Members/Caregivers of Adults 18 – 59; 2 Family Members/Caregivers of Older Adults 60 +; and 1 Consumer At-large. All Steering Committee meetings are open to the public with time allotted for Public Comment. All agendas, meeting minutes and supporting documents are posted to the Division’s MHSA website.

This general plan was also discussed at the first meeting of the combined PEI Cultural Competency Advisory Committee and the Division’s long-standing Cultural Competence Committee, as well as at the Mental Health Board meeting in March of 2010.

The FY 2010-11 Annual Update Draft was posted for a 30-day public comment period from March 10, 2010 through April 8, 2010. 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 indicating the link to the posting 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 Executive Summary was translated into Sacramento County’s five (5) threshold languages and also posted for review. Mental Health staff worked with agencies that serve various cultural and ethnic groups in

circulating the translated versions and obtaining feedback from the communities they serve. Efforts were also made to advertise the posting using ethnic media including the following:

- Crossings TV (KBTV): targets Hmong, Vietnamese and Cantonese speaking community members via television and on Crossings' website
- KFSG 1690 Radio: radio announcements regarding PEI in Russian
- El Hispano: a free weekly newspaper ran Spanish versions of the public notice

Note: Sacramento County's Division of Behavioral Health Services (formerly Division of Mental Health) will face significant budget reductions for Fiscal Year 2010-11. In presenting and discussing the Annual Update, the Mental Health Board, the MHSA Steering Committee and the community were advised that the Annual Update may need to be amended to reflect a redesign of Adult Outpatient services in order to mitigate proposed budget reductions. Stakeholders were informed that if that situation should arise, a community planning process would take place to develop a revised plan. The revisions would be reflected in a Plan Amendment and all requirements will be met prior to submission to DMH.

The MHSA Program Manager presented the Annual Update Draft to the MHSA Steering Committee on March 18, 2010. The Steering Committee members unanimously approved submitting the Annual Update as posted with the understanding that any changes to that plan would be presented to the committee and a Plan Amendment would be developed and submitted to DMH.

The Sacramento County Mental Health Board conducted a Public Hearing on Thursday, April 8, 2010 from 6:00 p.m. to 9:00 p.m. at the Sacramento County Voter Registration office, 7000 65th Street, Sacramento, CA 95823. Over 200 individuals attended the Public Hearing and the Division arranged for interpreters to be available for community members who spoke Hmong and Spanish.

Public Comment

There were very few comments submitted regarding the Annual Update during the 30-day review period. While the Annual Update was posted, a parallel process unfolded regarding a redesign of the Adult Outpatient System due to impending budget reductions. Because of this, most of the comments received at the Public Hearing about the Annual Update actually pertained to the proposed redesign.

There was also a written comment submitted entitled "MHSA Material Fact Summary" and it was requested that the document be submitted as part of the Public Comment for submission to DMH. Below are the comments submitted and the Division's Response.

Comment: The funding reflected for each program is inaccurate. Both the TCORE and the WRC programs were expanded and new providers were added. The dollars should reflect a breakdown of those dollars.

Division Response: The TCORE and WRC Programs (previously referred to as Work Plans) were expanded and approved by DMH in June of 2009. New providers were added in these expansions. The table on pages 3, 4 and 5 of this Executive Summary was changed to reflect a breakdown of the funding for the services/components within each program.

Comment: General comments spoke to the differences between the proposed redesign, which involves the use of MHSA funding, and the Annual Update as posted. The proposed redesign includes utilizing MHSA funds differently than what is reflected in the Annual Update. Some community members stated it was disingenuous to submit the Annual Update as posted while knowing there would like be changes.

Division Response: The Division understands the concern voiced by the community but is also aware of the urgency to submit the Annual Update in a timely manner. It was explained to the community, the MHSA Steering Committee and the Mental Health Board that the Annual Update includes a request for FY 2010-11 funding. If the Annual Update is not submitted in a timely manner, funding may be delayed, which would jeopardize services to hundreds of children, youth adults and older adults in our community. This is the same situation this county faced last year – the Division submitted an Annual Update on March 2, 2009, and after a community planning process, submitted a Plan Amendment on June 1, 2009.

The main difference between the proposed redesign and the Annual Update is that the Division would provide the TCORE services currently being provided by Human Resource Consultants (HRC) and the medication support services with the Wellness and Recovery Center (WRC) Program. This proposal is still in the initial stages and the Division is already engaged in the planning process with the community and contract providers. As indicated above, any changes to the Annual Update as submitted will be reflected in a Plan Amendment.

MHSA Material Fact Summary: The comments below in bold script are extracted from the written document submitted as public comment. A Division response is provided after each comment.

March 2007: The Division of Mental Health informed the Sacramento MHSA Steering committee that additional MHSA funds (augmentation) would be best used by expanding the existing 5 MHSA programs created in the CSS MHSA Plan.

Response: On March 1, 2007, the Division of Mental Health presented three (3) funding scenarios to the MHSA Steering Committee about allocation of MHSA growth dollars. At the time, the existing MHSA programs were finalizing contract negotiations so implementation had not yet begun. After much discussion regarding pros and cons, particularly about the amount of time it would take to develop new programs, the Steering Committee adopted Scenario 2 which allocated the growth funds across the five approved MHSA programs.

Oct. 2007: A new Sacramento MHSA Steering Committee was formed.

Response: The original MHSA Steering Committee was reconvened from January 2007 through March 2007 to make recommendations on the future composition of the MHSA Steering Committee given the remaining components yet to be addressed. Several new stakeholder seats were added as were equal numbers of consumer and family member positions in order to ensure the Steering Committee continued to have at least 50% consumer and family member representation. The first meeting was held on October 18, 2007 and the group members were asked for at least a two-year commitment.

May 2008: Turning Point Pathways program was expanded to address some of the needs of clients displaced as a result of the state defunding the AB2034 programs.

Response: When AB2034 was defunded, the Division worked with contract providers on accepting client transfers to ensure individuals did not lose their housing and mental health services. Turning Point's Pathways program is an MHSA Full Service Partnership and they did expand to accept former AB2034 clients. Additionally, our other MHSA Full Service Partnerships, as well as our Regional Support Teams, also accepted former AB2034 clients.

July 2008: Documents with the augmented funding for all 5 MHSA programs were distributed at MHSA Steering committee meetings as well as at Public Hearing and in Plan updates despite the fact that it was unclear when the funds would actually be available to the programs.

Response: The document referenced is Sacramento County's 2008-09 Plan Update, which reflects a request for FY 08-09 MHSA funding for all 5 previously approved MHSA programs. The Plan Update included a request for a new CSS program called Recovery Option 5, which never became operational.

Aug 2008: The Sacramento County Program Coordinator informed the WRC that the Division did not feel that the WRC "needed" additional funding and stated that they would probably not get the funds.

Response: The Division initially did not add additional funding to the WRC program as the provider was not going to expend the existing amount already in the contract. However, in December of 2008, the WRC contract was amended and \$598,051 was added to allow for the addition of a Wellness and Recovery Center in the south area of town.

Sept 2008: **Sacramento County eliminated the CSHC drop in centers in order to shift funds to other programs due to budget reductions. Sacramento County eliminated the VOA contract for Halcyon Place – Creating a new Full Service Partnership for TLCS funded by MHSA and transferring the entire program to TLCS. I am unaware of any publicized competitive bidding process. I believe this is MHSA CSS Plan Sac 7/FSP Adult Full Service Partnership.**

Response: The Consumer Self-Help Drop-In Centers and Volunteers of America (VOA) contracts were discontinued due to budget shortfalls. The funding for those contracts was eliminated, not shifted elsewhere. Services provided by VOA were incorporated into existing homeless services at Transitional Living and Community Support (TLCS). Although the contract with TLCS was also reduced due to the budget deficit, they had existing capacity to provide those services.

TLCS did not get transformed into an MHSA FSP until July 2009 and a competitive bid process did take place as required by the county. TLCS is not the CSS Sac 7 – Adult Full Service Partnership. That is a separate CSS Program and that also was put out for a competitive bid process.

Oct-Dec 2008: **CSHC requested to use the unallocated augmentation funds plus some additional funds to open another Wellness & Recovery Center to offset the loss of services caused by the elimination of the drop in centers.**

Response: As stated above, the WRC contract was amended in December of 2008 and funding was increased by \$589,051 to allow for the addition of a Wellness and Recovery Center in the south area of town.

Dec 2008: **The Division of Mental Health gives updates to the public and the MHSA Steering Committee stating that the WRC is receiving \$1.8 million in funding. \$61,000+ of this amount is actually used by the Division for administration of the WRC programs. The use of these funds for program administration is not clearly identified and is in addition to funding already allocated for administration of all MHSA activities. It is unclear how many additional funds are being diverted to County administrative functions in addition to those clearly stated by the Division in budget updates. If the additional funds are redirected to County administrative activities in each work plan, it is possible that the Sacramento County Division of Mental Health/Behavioral Health has exceeded the 15% maximum allowable funding for administrative activities.**

Response: The Wellness and Recovery Center was one of five Sacramento Work Plans approved by DMH in 2006. The \$61,000 referenced above was not used for program administration; rather, the funding was used to provide technical assistance and program oversight, which are legitimate program functions and therefore are included in the cost of service provision. Our administrative funding supports functions that are much broader in scope and provide the infrastructure to support planning, implementation, quality assurance and outcome reporting. The Division has remained at or below the 15% allowable administrative level.

Feb 2009: Wellness & Recovery South opened to the public for services.

Response: The Division, community and consumers welcomed the addition of WRC South.

March 2009: The Division of Mental Health stated that the Wellness & Recovery Centers would increase medication support services by 400% by July 1, 2009 without consideration to the impact this shift in service provision would have on the agency's ability to provide Wellness & Recovery oriented services.

Response: In March of 2009, subsequent to submitting the FY 2009-10 Annual Update, the Division engaged in an intensive planning process to restructure services in order to mitigate the impact of critical budget reductions for FY 2009-10. Division managers met with contract providers to determine what they could each do to help address the 3,600 individuals who would be impacted by the budget reductions. Negotiations with the Executive Director of Consumer Self Help, Inc. (who administers the Wellness and Recovery Centers) yielded an agreement to accept up to 850 transferred clients if necessary. An additional \$350,000 in Federal Financial Participation (FFP) was included in the contract to assist with this anticipated growth. In order to meet the additional needs, the WRC increased the number of Wellness Mentors from 11 to 18, maintained the Peer Guide stipends, and added an Executive Assistant, a psychiatrist and a part-time nurse. Alternative therapies and wellness activities continued to be the focus of the program.

Apr-Jun 2009: Over 500 clients were transferred to the Wellness & Recovery Centers for medication support services. WRC alternative services were decreased to provide traditional mental health services to consumers attempting to meet the needs of the community and continue to provide services as stated in the WRC work plan.

Response: From April to June of 2009, a total of 638 clients were opened to Avatar (our client service and claiming system). As of June 2009, 465 of those individuals received services. In order to appropriately serve the individuals being transferred, including meeting their medication needs, WRC divided 16 mentors into 8 FTE Med Support Mentors

and 8 FTE Wellness Mentors. The Wellness Mentors were assigned exclusively to wellness activities. Additionally, the community outreach, trainings and workshops on recovery continued and alternative therapies were offered at a minimum of twice daily – these included diet/nutrition; yoga; meditation; creative writing; music; painting; sculpture; dance; and sports. Alternative services were not decreased but were reorganized to be available when there were larger numbers of consumers going to the centers.

July 2009: **The Sacramento County Division of Mental Health/Behavioral Health expands “work plans” to create costly NEW County operated programs instead of utilizing the existing private non-profit program already providing services to create employment opportunities for displaced county employees. The community is confused as the name used for the NEW county operated services and facilities are the same as the program that was initially created “T-Core”.**

Response: By DMH definition, “Work Plans” are clusters of programs. The previously approved T-CORE Work Plan was expanded to include clinic-based services that would also meet the needs of indigent individuals with psychiatric disabilities. Additionally, a smaller county-operated program was created as part of the T-CORE Work Plan to work with individuals discharging from acute care settings that were not linked to ongoing services. This is one of several T-CORE approved services. There is confusion regarding names of programs within expanded Work Plans. This can be addressed by renaming Work Plans or Programs in a Plan Amendment.

March 2010: **The Division of Behavioral Health informed providers that they intend to decrease MHSA funding to WRC by 900,000.00 and eliminate funding to HRC T-Core approximately 1,500,000.00. The MHSA funding will be redirected to create NEW county operated services. I do not believe that this proposal has been approved by the Steering Committee and is not reflected in the 2010/2011 Annual MHSA Plan update for public comment.**

Response: Due to budget deficits, the Division is facing severe reductions for FY 2010-11. Civil service and Sacramento County Charter issues leave little room for flexibility in addressing the deficit.

The proposed redesign includes shifting the provision of T-CORE services, currently provided by Human Resource Consultants (HRC), to county-operated Wellness Centers. Additionally, the Executive Director of Consumer Self-Help, Inc. who administers the WRC, agreed to partner with the Division of Behavioral Health in the provision of services at WRC.

In this proposed collaboration, the Division would provide the medication services and supports and the WRC staff would provide wellness and recovery activities, groups, alternatives therapies, etc. The Executive Director has been a strong

partner in collaborating about service provision at the WRC as well as partnering with the Division on providing Peer Mentors at the proposed county Wellness Centers. This will strengthen the Division's ability to provide wellness and recovery services and alternative therapies at various locations in the county and reflects the Divisions commitment to providing peer-run services.

This proposal has not been approved by the Steering Committee nor is it reflected in the 2010-11 Annual Update as it is still in draft form. The Division is conducting a planning process and has received public input at two community meetings thus far. Additionally, the Division will partner with contract providers to conduct focus groups with consumers at provider agencies to obtain input on the proposed plan. In discussing the redesign of services, the Division remains acutely aware of the need for continuity of services for all consumers in the system.

April 2010: **On April 1 the Division informs the Steering Committee of its plans to redirect funds from existing programs to fund NEW more costly county services but does not ask for any action from the Steering Committee. This is just days prior to the public hearing scheduled to be held for the Plan update which does not include any of the changes being proposed by the Division.**

Response: As stated above, the proposal is still in draft form and the Division is continuing to obtain community input on the redesign. Further, no final decisions regarding proposed budget reductions will be made until late June 2010 when the Sacramento County Board of Supervisors (BOS) conducts budget hearings. There are many unknown factors at this point; however, the Division is committed to having a service system on the ground by July 1, 2010, and in order to ensure the continuation of services for thousands of individuals in our community, it is imperative to move forward with a preliminary program design.

The omissions/ misrepresentations of material facts made by the Division of Mental Health/Behavioral Health may constitute Fraud and approval of the MHSA 2010-2011 Annual update by the Sacramento County Mental Health Advisory Board could be perceived as a Breach of Fiduciary Responsibility.

Response: The Division has been clear that the Annual Update as posted may need to be amended. Given that no final decisions will be made until the BOS budget hearings, the Division is moving forward with submitting the Annual Update in order to ensure continued funding for all the MHSA programs that have been previously approved. The Division believes that failure to submit this document in a timely manner could result in delayed funding for all existing MHSA CSS and PEI programs and jeopardize existing services.

The Division does not perceive the submission of this document as fraudulent; rather, the Division is acting responsibly and within DMH Guidelines to request funding to ensure the continuation of services for vulnerable consumers being served in previously approved MHSA programs. As stated several times in this document and as communicated to the community, the Division will submit a Plan Amendment once a formalized plan has been developed and presented to the MHSA Steering Committee and community.

It is important to note again that the services being proposed are not new – the services and target population have already been approved in the TCORE and Wellness and Recovery Center Work Plans or Programs. For TCORE, the change is that the county will be delivering the services rather than a contract provider. For the WRC, the change is that the county and Consumer Self Help will partner together in delivering the services.

I have requested that the MHSOAC request an opinion from the Attorney General's office to determine the applicability of W& I Section 5652.5 to the Mental Health Services Act since it clearly states that each county shall use existing programs and facilities to provide services prior to developing NEW programs and facilities. The use of MHSA funds to create NEW more costly County operated services and facilities is clearly a violation of section 5652.5 and should not be approved prior to the Attorney General's opinion.

Response: The Division understands that the OAC has referred these issues to DMH as they involve factual, not legal issues. It is Sacramento County's opinion that W&I Code Section 5652.5 does not pertain to MHSA programs and that even if it does, that section does not prevent a county from restructuring its system of care.

COUNTY SUMMARY SHEET

This document is intended to be used by the County to provide a summary of the components included within this annual update or update. Additionally, it serves to provide the County with a listing of the exhibits pertaining to each component.

County:		Sacramento																			
		Exhibits																			
		A	B	C	C1	D	D1*	E	E1	E2	E3	E4	E5	F**	F1**	F2**	F3**	F4**	F5**	G***	H****
For each annual update/update:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>													
Component	Previously Approved	New																			
<input checked="" type="checkbox"/> CSS	\$ 30,553,918	\$			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>												
<input type="checkbox"/> WET	\$	\$																			
<input type="checkbox"/> CF	\$	\$																			
<input type="checkbox"/> TN	\$	\$																			
<input checked="" type="checkbox"/> PEI	\$ 9,901,029	\$			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>									
<input type="checkbox"/> INN	\$	\$																			
Total	\$ 40,454,947	\$ -																			
Dates of 30-day public review comment period:		3/10/10 - 4/08/10																			
Date of Public Hearing****:		4/8/2010																			
Date of submission of the Annual MHSAs Revenue and Expenditure Report to DMH:		4/21/2010																			

*Exhibit D1 is only required for program/project elimination.
 **Exhibit F - F5 is only required for new programs/projects.
 ***Exhibit G is only required for assigning funds to the Local Prudent Reserve.
 ****Exhibit H is only required for assigning funds to the MHSAs Housing Program.
 *****Public Hearings are required for annual updates, but not for updates.

COUNTY CERTIFICATION

County: **Sacramento**

County Mental Health Director	Project Lead
Name: Mary Ann Bennett	Name: Michelle L. Callejas, MFT
Telephone Number: 916-875-9904	Telephone Number: 916-875-6486
E-mail: bennettma@saccounty.net	E-mail: callejasm@saccounty.net
Mailing Address: DHHS Administrative Services Center Division of Mental Health 7001-A East Parkway, Suite 400 Sacramento, CA 95823	

I hereby certify that I am the official responsible for the administration of county 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/update, including all requirements for the Workforce Education and Training component. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This Annual Update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2010/11 Annual Update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board of commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.¹

The County Mental Health Director approves all Capital Facilities and Technological Needs (CFTN) projects.

The County has complied with all requirements for the Workforce Education and Training component and the Capital Facilities segment of the CFTN component.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY 2010/11 annual update/update are true and correct.

Mary Ann Bennett
Director, Behavioral Health Services

Mary Ann Bennett 4-20-10
Signature Date

¹ Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement and may strike this line from the certification.

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

County: SACRAMENTO

Date: MARCH 10, 2010

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per title 9 of the California Code of Regulations, sections 3300 and 3315.

Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

Community Program Planning
<p>1. Briefly describe the Community Program Planning (CPP) Process for development of the FY 2010/11 annual update/update. Include the methods used to obtain stakeholder input.</p> <p>Sacramento County’s CSS and PEI Community Planning processes have been described in-depth in prior documents submitted to DMH. All of the programs in this Annual Update evolved from the various planning processes. The general plan for the 2010-11Annual Update was discussed at the MHSA Steering Committee which is the highest recommending body in matters related to MHSA programs and activities. The general plan was also discussed at the first meeting of the combined PEI Cultural Competency Advisory Committee and the Division’s long-standing Cultural Competence Committee. Finally, the plan was discussed at the Mental Health Board meeting in March of 2010. During the 30-day posting of the Annual Update, the Division will obtain more stakeholder input.</p>
<p>2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process.</p> <p>The Steering Committee, which is the highest recommending body regarding MHSA programs and activities, is comprised of one primary member and one alternate from the following groups: Sacramento County Mental Health Board; Sacramento County’s Mental Health Director; 3 Service Providers (Child; Adult; and Older Adult); Law Enforcement; Adult Protective Services/Sr. and Adult Services; Education; Department of Human Assistance; Alcohol and Drug Services; Cultural Competence; Child Protective Services; Primary Health; Juvenile Court; Probation; two Transition Age Youth; 2 Adult Consumers; 2 Older Adult Consumers; 2 Family Members/Caregivers of Children 0 – 17; 2 Family Members/Caregivers of Adults 18 – 59; 2 Family Members/Caregivers of Older Adults 60 +; and 1 Consumer At-large.</p> <p>Additional stakeholders include representatives from unserved and underserved racial, ethnic and cultural groups who participate on the PEI Cultural Competency Advisory Committee, the Cultural Competence Committee and the System-wide Outreach Committee.</p> <p>All Steering Committee meetings are open to the public with time allotted for Public Comment. All agendas, meeting minutes and supporting documents are posted to the Division’s MHSA website.</p>
<p>3. If eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.</p> <p>Not Applicable</p>

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

Local Review Process

4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.

The FY 2010-11 Annual Update is being posted for a 30-day public comment period from March 10, 2010 through April 8, 2010. The Mental Health Board will conduct a Public Hearing on Thursday, April 8, 2010 beginning at 6:00 p.m. at the Department of Health and Human Services Administrative Services Center, 7001-A East Parkway, Sacramento, CA 95823.

If a community member would like to attend the Public Hearing and needs to arrange for an interpreter or a reasonable accommodation, please contact Mary Nakamura *by Friday, April 2, 2010* at (916) 876-5821 or Nakamura@saccounty.net

5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.

Public Comment

There were very few comments submitted regarding the Annual Update during the 30-day review period. While the Annual Update was posted, a parallel process unfolded regarding a redesign of the Adult Outpatient System due to impending budget reductions. Because of this, most of the comments received at the Public Hearing about the Annual Update actually pertained to the proposed redesign.

There was also a written comment submitted entitled “MHSA Material Fact Summary” and it was requested that the document be submitted as part of the Public Comment for submission to DMH. Below are the comments submitted and the Division’s Response.

Comment: The funding reflected for each program is inaccurate. Both the TCORE and the WRC programs were expanded and new providers were added. The dollars should reflect a breakdown of those dollars.

Division Response: The TCORE and WRC Programs (previously referred to as Work Plans) were expanded and approved by DMH in June of 2009. New providers were added in these expansions. The table on pages 3, 4 and 5 of this Executive Summary was changed to reflect a breakdown of the funding for the services/components within each program.

Comment: General comments spoke to the differences between the proposed redesign, which involves the use of MHSA funding, and the Annual Update as posted. The proposed redesign includes utilizing MHSA funds differently than what is reflected in the Annual Update. Some community members stated it was disingenuous to submit the Annual Update as posted while knowing there would like be changes.

Division Response: The Division understands the concern voiced by the community but is also aware of the urgency to submit the Annual Update in a timely manner. It was explained to the community, the MHSA Steering Committee and the Mental Health Board that the Annual Update includes a request for FY 2010-11

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

funding. If the Annual Update is not submitted in a timely manner, funding may be delayed, which would jeopardize services to hundreds of children, youth adults and older adults in our community. This is the same situation this county faced last year – the Division submitted an Annual Update on March 2, 2009, and after a community planning process, submitted a Plan Amendment on June 1, 2009.

The main difference between the proposed redesign and the Annual Update is that the Division would provide the TCORE services currently being provided by Human Resource Consultants (HRC) and the medication support services with the Wellness and Recovery Center (WRC) Program. This proposal is still in the initial stages and the Division is already engaged in the planning process with the community and contract providers. As indicated above, any changes to the Annual Update as submitted will be reflected in a Plan Amendment.

MHSA Material Fact Summary: The comments below in bold script are extracted from the written document submitted as public comment. A Division response is provided after each comment.

March 2007: **The Division of Mental Health informed the Sacramento MHSA Steering committee that additional MHSA funds (augmentation) would be best used by expanding the existing 5 MHSA programs created in the CSS MHSA Plan.**

Response: On March 1, 2007, the Division of Mental Health presented three (3) funding scenarios to the MHSA Steering Committee about allocation of MHSA growth dollars. At the time, the existing MHSA programs were finalizing contract negotiations so implementation had not yet begun. After much discussion regarding pros and cons, particularly about the amount of time it would take to develop new programs, the Steering Committee adopted Scenario 2 which allocated the growth funds across the five approved MHSA programs.

Oct. 2007: **A new Sacramento MHSA Steering Committee was formed.**

Response: The original MHSA Steering Committee was reconvened from January 2007 through March 2007 to make recommendations on the future composition of the MHSA Steering Committee given the remaining components yet to be addressed. Several new stakeholder seats were added as were equal numbers of consumer and family member positions in order to ensure the Steering Committee continued to have at least 50% consumer and family member representation. The first meeting was held on October 18, 2007 and the group members were asked for at least a two-year commitment.

May 2008: **Turning Point Pathways program was expanded to address some of the needs of clients displaced as a result of the state defunding the AB2034 programs.**

Response: When AB2034 was defunded, the Division worked with contract providers on accepting client transfers to ensure individuals did not lose their housing and mental health services. Turning Point's Pathways program is an MHSA Full Service Partnership and they did expand to accept former AB2034 clients. Additionally, our other MHSA Full Service Partnerships, as well as our Regional Support Teams, also accepted former AB2034 clients.

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

July 2008: Documents with the augmented funding for all 5 MHSA programs were distributed at MHSA Steering committee meetings as well as at Public Hearing and in Plan updates despite the fact that it was unclear when the funds would actually be available to the programs.

Response: The document referenced is Sacramento County's 2008-09 Plan Update, which reflects a request for FY 08-09 MHSA funding for all 5 previously approved MHSA programs. The Plan Update included a request for a new CSS program called Recovery Option 5, which never became operational.

Aug 2008: The Sacramento County Program Coordinator informed the WRC that the Division did not feel that the WRC "needed" additional funding and stated that they would probably not get the funds.

Response: The Division initially did not add additional funding to the WRC program as the provider was not going to expend the existing amount already in the contract. However, in December of 2008, the WRC contract was amended and \$598,051 was added to allow for the addition of a Wellness and Recovery Center in the south area of town.

Sept 2008: Sacramento County eliminated the CSHC drop in centers in order to shift funds to other programs due to budget reductions. Sacramento County eliminated the VOA contract for Halcyon Place – Creating a new Full Service Partnership for TLCS funded by MHSA and transferring the entire program to TLCS. I am unaware of any publicized competitive bidding process. I believe this is MHSA CSS Plan Sac 7/FSP Adult Full Service Partnership.

Response: The Consumer Self-Help Drop-In Centers and Volunteers of America (VOA) contracts were discontinued due to budget shortfalls. The funding for those contracts was eliminated, not shifted elsewhere. Services provided by VOA were incorporated into existing homeless services at Transitional Living and Community Support (TLCS). Although the contract with TLCS was also reduced due to the budget deficit, they had existing capacity to provide those services.

TLCS did not get transformed into an MHSA FSP until July 2009 and a competitive bid process did take place as required by the county. TLCS is not the CSS Sac 7 – Adult Full Service Partnership. That is a separate CSS Program and that also was put out for a competitive bid process.

Oct-Dec 2008: CSHC requested to use the unallocated augmentation funds plus some additional funds to open another Wellness & Recovery Center to offset the loss of services caused by the elimination of the drop in centers.

Response: As stated above, the WRC contract was amended in December of 2008 and funding was increased by \$589,051 to allow for the addition of a Wellness and Recovery Center in the south area of town.

Dec 2008: The Division of Mental Health gives updates to the public and the MHSA Steering Committee stating that the WRC is receiving \$1.8 million in funding. \$61,000+ of this

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

amount is actually used by the Division for administration of the WRC programs. The use of these funds for program administration is not clearly identified and is in addition to funding already allocated for administration of all MHSA activities. It is unclear how many additional funds are being diverted to County administrative functions in addition to those clearly stated by the Division in budget updates. If the additional funds are redirected to County administrative activities in each work plan, it is possible that the Sacramento County Division of Mental Health/Behavioral Health has exceeded the 15% maximum allowable funding for administrative activities.

Response: The Wellness and Recovery Center was one of five Sacramento Work Plans approved by DMH in 2006. The \$61,000 referenced above was not used for program administration; rather, the funding was used to provide technical assistance and program oversight, which are legitimate program functions and therefore are included in the cost of service provision. Our administrative funding supports functions that are much broader in scope and provide the infrastructure to support planning, implementation, quality assurance and outcome reporting. The Division has remained at or below the 15% allowable administrative level.

Feb 2009: Wellness & Recovery South opened to the public for services.

Response: The Division, community and consumers welcomed the addition of WRC South.

March 2009: The Division of Mental Health stated that the Wellness & Recovery Centers would increase medication support services by 400% by July 1, 2009 without consideration to the impact this shift in service provision would have on the agency's ability to provide Wellness & Recovery oriented services.

Response: In March of 2009, subsequent to submitting the FY 2009-10 Annual Update, the Division engaged in an intensive planning process to restructure services in order to mitigate the impact of critical budget reductions for FY 2009-10. Division managers met with contract providers to determine what they could each do to help address the 3,600 individuals who would be impacted by the budget reductions. Negotiations with the Executive Director of Consumer Self Help, Inc. (who administers the Wellness and Recovery Centers) yielded an agreement to accept up to 850 transferred clients if necessary. An additional \$350,000 in Federal Financial Participation (FFP) was included in the contract to assist with this anticipated growth. In order to meet the additional needs, the WRC increased the number of Wellness Mentors from 11 to 18, maintained the Peer Guide stipends, and added an Executive Assistant, a psychiatrist and a part-time nurse. Alternative therapies and wellness activities continued to be the focus of the program.

Apr-Jun 2009: Over 500 clients were transferred to the Wellness & Recovery Centers for medication support services. WRC alternative services were decreased to provide traditional mental health services to consumers attempting to meet the needs of the community and continue to provide services as stated in the WRC work plan.

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

Response: From April to June of 2009, a total of 638 clients were opened to Avatar (our client service and claiming system). As of June 2009, 465 of those individuals received services. In order to appropriately serve the individuals being transferred, including meeting their medication needs, WRC divided 16 mentors into 8 FTE Med Support Mentors and 8 FTE Wellness Mentors. The Wellness Mentors were assigned exclusively to wellness activities. Additionally, the community outreach, trainings and workshops on recovery continued and alternative therapies were offered at a minimum of twice daily – these included diet/nutrition; yoga; meditation; creative writing; music; painting; sculpture; dance; and sports. Alternative services were not decreased but were reorganized to be available when there were larger numbers of consumers going to the centers.

July 2009: **The Sacramento County Division of Mental Health/Behavioral Health expands “work plans” to create costly NEW County operated programs instead of utilizing the existing private non-profit program already providing services to create employment opportunities for displaced county employees. The community is confused as the name used for the NEW county operated services and facilities are the same as the program that was initially created “T-Core”.**

Response: By DMH definition, “Work Plans” are clusters of programs. The previously approved TCORE Work Plan was expanded to include clinic-based services that would also meet the needs of indigent individuals with psychiatric disabilities. Additionally, a smaller county-operated program was created as part of the TCORE Work Plan to work with individuals discharging from acute care settings that were not linked to ongoing services. This is one of several TCORE approved services. There is confusion regarding names of programs within expanded Work Plans. This can be addressed by renaming Work Plans or Programs in a Plan Amendment.

March 2010: **The Division of Behavioral Health informed providers that they intend to decrease MHSA funding to WRC by 900,000.00 and eliminate funding to HRC T-Core approximately 1,500,000.00. The MHSA funding will be redirected to create NEW county operated services. I do not believe that this proposal has been approved by the Steering Committee and is not reflected in the 2010/2011 Annual MHSA Plan update for public comment.**

Response: Due to budget deficits, the Division is facing severe reductions for FY 2010-11. Civil service and Sacramento County Charter issues leave little room for flexibility in addressing the deficit. The proposed redesign includes shifting the provision of TCORE services, currently provided by Human Resource Consultants (HRC), to county-operated Wellness Centers. Additionally, the Executive Director of Consumer Self-Help, Inc. who administers the WRC, agreed to partner with the Division of Behavioral Health in the provision of services at WRC.

In this proposed collaboration, the Division would provide the medication services and supports and the WRC staff would provide wellness and recovery activities, groups, alternatives therapies, etc. The Executive Director has been a strong partner in collaborating about service provision at the WRC as well as partnering with the Division on providing Peer Mentors at the proposed county Wellness Centers. This will strengthen the Division’s ability to provide wellness and recovery services and alternative therapies at various locations in the

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

county and reflects the Divisions commitment to providing peer-run services.

This proposal has not been approved by the Steering Committee nor is it reflected in the 2010-11 Annual Update as it is still in draft form. The Division is conducting a planning process and has received public input at two community meetings thus far. Additionally, the Division will partner with contract providers to conduct focus groups with consumers at provider agencies to obtain input on the proposed plan. In discussing the redesign of services, the Division remains acutely aware of the need for continuity of services for all consumers in the system.

April 2010:

On April 1 the Division informs the Steering Committee of its plans to redirect funds from existing programs to fund NEW more costly county services but does not ask for any action from the Steering Committee. This is just days prior to the public hearing scheduled to be held for the Plan update which does not include any of the changes being proposed by the Division.

Response: As stated above, the proposal is still in draft form and the Division is continuing to obtain community input on the redesign. Further, no final decisions regarding proposed budget reductions will be made until late June 2010 when the Sacramento County Board of Supervisors (BOS) conducts budget hearings. There are many unknown factors at this point; however, the Division is committed to having a service system on the ground by July 1, 2010, and in order to ensure the continuation of services for thousands of individuals in our community, it is imperative to move forward with a preliminary program design.

The omissions/ misrepresentations of material facts made by the Division of Mental Health/Behavioral Health may constitute Fraud and approval of the MHSA 2010-2011 Annual update by the Sacramento County Mental Health Advisory Board could be perceived as a Breach of Fiduciary Responsibility.

Response: The Division has been clear that the Annual Update as posted may need to be amended. Given that no final decisions will be made until the BOS budget hearings, the Division is moving forward with submitting the Annual Update in order to ensure continued funding for all the MHSA programs that have been previously approved. The Division believes that failure to submit this document in a timely manner could result in delayed funding for all existing MHSA CSS and PEI programs and jeopardize existing services.

The Division does not perceive the submission of this document as fraudulent; rather, the Division is acting responsibly and within DMH Guidelines to request funding to ensure the continuation of services for vulnerable consumers being served in previously approved MHSA programs. As stated several times in this document and as communicated to the community, the Division will submit a Plan Amendment once a formalized plan has been developed and presented to the MHSA Steering Committee and community.

It is important to note again that the services being proposed are not new – the services and target population have already been approved in the TCORE and Wellness and Recovery Center Work Plans or Programs. For TCORE, the change is that the county will be delivering the services rather than a contract provider. For the WRC, the change is that the county and Consumer Self Help will partner together in delivering the services.

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

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Response: The Division understands that the OAC has referred these issues to DMH as they involve factual, not legal issues. It is Sacramento County's opinion that Section 5652.5 does not pertain to MHSA programs and that even if it does, that section does not prevent a county from restructuring its system of care.

**IMPLEMENTATION PROGRESS REPORT
ON FY 08/09 ACTIVITIES**

County: Sacramento

Date: April 27, 2010

Instructions: Welfare and Institutions Code section 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County's implementation of the MHSA including CSS, PEI and WET components during FY 2008/09.

CSS, WET and PEI

1. Briefly report on how the implementation of the MHSA is progressing: whether implementation activities are generally proceeding as described in the County's approved Plan, any key differences, and any major challenges.

In FY 08/09 five (5) Community Supports and Services programs were fully implemented in accordance with the approved plans. No Prevention and Early Intervention or Workforce, Education and Training Programs were operational.

Three Full Service Partnerships, the Permanent Supported Housing Program (Pathways), Sierra Elder Wellness Program (Sierra) and Transcultural Wellness Center (TWC) functioned at capacity and in accordance with the approved Plan. The two General System Development Programs, Transitional Community Opportunities for Recovery and Engagement (TCORE) and Wellness and Recovery Center (WRC), also provided services as described in the approved plan. The TCORE team is staffed with over 50% peer mentors while 100% of WRC staff is consumers.

In addition to providing the full array of FSP services, Pathways housed their first 49 clients in two supported housing developments. They provided permanent supportive housing services to three families and sixteen single adults in a 53 unit affordable housing complex (Ardenaire Apartments) as well as to 30 MHSA clients at an 80-unit special needs housing development for eighty formerly homeless single adults (Martin Luther King Village). Pathways staff have been instrumental with mental health trainings to inform its partners about mental health issues and strategies and interventions in working with people with long-term mental health issues.

In April of 2009, the Mental Health Services Oversight and Accountability Commission (OAC) visited Sierra. The Commissioners were particularly impressed with the level of involvement by the enrolled consumers. The consumers served by this program frequently have significant medical and psychiatric conditions, yet they consistently join in both program and community based activities offered by the program. Sierra continues to work with and ensure strong linkages with the medical doctors serving Sierra's clients. This continues to be a challenge due to the multiple medical conditions complicated by psychiatric conditions experienced by the population served by Sierra.

In June of 2009, the OAC visited TWC, an FSP that delivers services to the Asian Pacific Islander (API) communities in Sacramento County. The Commissioners heard testimonials from clients and families who received services tailored to meet their cultural and linguistic needs. As the only fully-integrated FSP serving this underserved population it continues to be inclusive and responsive to traditional healing practices. Challenges to serving this multi-ethnic population are two-fold: 1) Many Evidence Based Practices (EBPs) and client evaluation tools are not relevant to the API community and there is a potential to cause harm to the clientele if EBPs and evaluation tools that are not normed on an API populace are arbitrarily applied to them; and 2) Case load management for direct services staff has been a challenge – TWC has a limited ability to evenly distribute clients as assignments are primarily based on cultural and linguistic needs.

TCORE Program served clients at expected capacity and quality assurance reviews indicate they are fulfilling our expectations regarding cultural competency, client-driven services, family support and services focused on wellness and recovery. Program offers clients clinical services based on evidence based practices including SacPORT and CBT groups. Medication services are fully integrated with these groups and individual services, and are driven by client's individual needs. Peer mentors are an integral part of the program. TCORE served clients transitioning from acute care services as well as those either newly diagnosed, new to the area, or for any reason are unlinked to appropriate services. The peer mentors continue to be core to the success of the program by providing community based response and employment support.

**IMPLEMENTATION PROGRESS REPORT
ON FY 08/09 ACTIVITIES**

WRC offered over thirty alternative therapy classes every month, the computer lab was well-utilized and various social activities and outings were provided. Medication services are fully integrated into the WRC with peer mentors/staff providing support and advocacy in collaboration with the consumer receiving services. WRC continues to seek ways to involve peers in volunteer positions side by side with peers who are in paid positions. WRC has faced some expected challenges in implementing a full medication clinic and ensuring the Medi-Cal compliance this service requires.

2. Provide a brief narrative description of progress in providing services to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities.

Sacramento County's CSS programs utilize strategies to engage unserved and underserved populations with an emphasis on reducing racial/ethnic service disparities. Programs include those that are staffed by consumers, family members, and community members and provide a range of services with interventions and treatment that take into account cultural and religious beliefs and values. The Transcultural Wellness Center is a Full Service Partnership program that provides services and supports specifically designed to meet the cultural and linguistic needs of the Asian and Pacific Islander communities in Sacramento. CSS includes programs that are neighborhood-based which increases access and utilization of the county's unserved and underserved populations.

The Utilization table below illustrates the racial and ethnic breakdown of clients served in each of the MHSA programs as compared to those we served in the County's Mental Health Plan as a whole for FY 2008-09.

UTILIZATION RATES: FY 2008-09							
Race	Sierra	TWC	Pathways	TCORE	WRC	Overall	System 08-09
	N=204	N=26 2	N=276	N=1205	N=91 9	N=2866	N=32,586
African American	18.6%	0.8%	27.5%	20.2%	15.3%	17.5%	22.9%
American Indian/Alaskan Native (AIAN)	2.0%	1.9%	0.7%	1.6%	3.3%	2.1%	1.0%
API	2.0%	79.0%	2.5%	8.5%	2.9%	12.1%	7.7%
Multi	5.4%	5.0%	14.1%	5.7%	3.7%	5.8%	7.2%
Other	11.3%	8.8%	8.0%	15.5%	8.3%	11.5%	14.6%
Unknown/Not Reported	0.5%	3.4%	0.4%	0.4%	8.6%	3.3%	4.7%
White	60.3%	1.1%	46.7%	48.0%	57.9%	47.6%	42.0%
	Sierra	TWC	Pathways	TCORE	WRC	Overall	System 08-09
	N=204	N=26 2	N=276	N=1205	N=91 9	N=2866	N=32,586
Hispanic Origin	11.8%	8.8%	14.5%	12.7%	12.3%	12.3%	18.4%

- The number of AIAN clients served in the MHSA CSS programs is higher than in our overall system
- Largely due to the continuing enrollment of API clients at TWC, the CSS programs continue to serve many more API clients than the system overall
- With the exception of Pathways, CSS programs served lower percentages of multi-racial clients than the system overall
- All 5 CSS programs served a lower percentage of clients of a Hispanic Origin than the System

**IMPLEMENTATION PROGRESS REPORT
ON FY 08/09 ACTIVITIES**

A goal with respect to reducing disparities is to increase in the penetration rate in unserved and underserved communities. Historically, the standard counties have been measured against the penetration rate of the Medi-cal eligible population. As time has passed, there has been greater recognition that it is too restrictive a definition and consensus has grown that the penetration rate of the 200% of Poverty population is more applicable. During the last two (2) years Sacramento County has looked at penetration utilizing both 200% poverty and Medi-cal eligibility data. However, the California Department of Health Care Services recently ceased providing Medi-cal beneficiary data by Race, Language and Age at the local level making it impossible for Counties to calculate Medi-cal eligible penetration rates.

The following tables illustrate the 200% of Poverty penetration rates for each population as they were prior to implementation of the MHPA programs, 1st year of implementation (FY07-08) and 2nd year of implementation (FY08-09).

PENETRATION RATES						
	Year Prior to MHPA Implementation: FY 06-07			1ST Year: FY 07-08		
	Sac Co Clients 06- 07	200% Poverty Estimates 2006	Penetration	Sac Co Clients 07-08	200% Poverty Estimates 2006	Penetration
African American	6235	50044	12.5	7510	50044	15.0
AIAN	206	4111	5.0	230	4111	5.6
API	1328	62749	2.1	1722	62749	2.7
Hispanic	5402	87008	6.2	6017	87008	6.9
Other/Unknown	7814	20952	37.3	4159	20952	19.9
White	11986	164097	7.3	13695	164097	8.3
Total	32971	388961	8.5	33333	388961	8.6

PENETRATION RATES: FY 2008-09			
	Sac Co Clients 08-09	200% Poverty Estimates 2007	Penetration
African American	7,251	56,769	12.8
AIAN	241	3,558	6.8
API	2,430	74,142	3.3
Hispanic	5,991	117,547	5.1
Multi	1,595	18,372	8.7
Other/Unknown	2,071	0	NA
White	13,007	161,101	8.1
Total	32,586	431,489	7.6

In comparing the three fiscal years, there was an increase each subsequent year in penetration rates for AIAN and API races. While there was a larger increase in penetration for African American's in FY07-08, the rate dropped in FY08-09 to slightly above the FY06-07 rate. The following are the percentage changes from FY06-07 to FY08-09:

- 0.3% for African American
- 1.8% for AIAN
- 1.2% for API
- 0.8% for White
- -1.1% for Hispanic

**IMPLEMENTATION PROGRESS REPORT
ON FY 08/09 ACTIVITIES**

Sacramento County is continuing to increase penetration rates for the AIAN and API communities, but continues to struggle with lower utilization and penetration rates for Hispanics. Although the penetration rates for Hispanics dropped, the number served in Sacramento County stayed relatively unchanged. The number of Hispanics that were reported in the 2007 200% poverty population had a dramatic increase from the 2006 200% poverty population data. This would account for the penetration rate decrease.

The following are challenges that Sacramento County faced in calculating penetration rates for this Annual Report. It is not possible to know the extent to which these challenges impact penetration rates, however it is clear that the likelihood of great impact exists.

- Race and Ethnicity data is not collected in a standardized way by different reporting systems: (1) Sacramento County (due to State DMH requirements) collects Hispanic ethnicity separately from race. Therefore, the County Hispanic numbers in the table above reflect those clients that report they are of Hispanic origin regardless of their race. The remaining race categories report only clients that indicate they are not Hispanic. (2) State DMH provides 200% poverty population data with Hispanic regarded as one of many races. By using Hispanic ethnicity to define Hispanic race, we discount client reported race. This method of reporting also results in an under-reporting of our Native American population, and to a lesser extent our API, African American and White populations as well.
- Updated 200% Poverty Population data provided by State DMH (Updated in 2009 for 2007) added the “Multi” category and estimated “0” for the “Other” category so comparison to prior years is not possible at this time.
- In May 2009 Sacramento County implemented a new IT system, Avatar. As with any new system there are issues with data conversion, data collection and other startup operational challenges. While Sacramento County is diligently working on the integrity of the race and ethnicity data in Avatar it is a work in progress.

**IMPLEMENTATION PROGRESS REPORT
ON FY 08/09 ACTIVITIES**

3. Provide the following information on the number of individuals served:

Age Group	CSS	PEI	WET	
	# of individuals	# of individuals (for universal prevention, use estimated #)	Funding Category	# of individuals
Child and Youth	117		Workforce Staff Support	
Transition Age Youth	354		Training/Technical Assist.	
Adult	1967		MH Career Pathway	
Older Adult	311		Residency & Internship	
Unknown	213		Financial Incentive	
Race/Ethnicity				
White	1338			
African/American	498		[X] WET not implemented in 08/09	
Asian	299			
Pacific Islander	42			
Native	51			
Hispanic	220			
Multi	25			
Other	216			
Unknown/Not Reported	273			
Other Cultural Groups				
LGBTQ	125			
Other	0			
Primary Language				
Spanish	77			
Vietnamese	51			
Cantonese	21			
Mandarin	1			
Tagalog	3			
Cambodian	5			
Hmong	78			
Russian	29			
Farsi	1			
Arabic	0			
Other	83			
Unknown/Not Reported	180			

PEI

4. Please provide the following information for each PEI Project:

- a) The problems and needs addressed by the Project.
- b) The type of services provided.
- c) Any outcomes data, if available. (Optional)
- d) The type and dollar amount of leveraged resources and/ or in-kind contributions (if applicable).

No PEI Projects were implemented in FY08-09

PREVIOUSLY APPROVED PROGRAM

County: Sacramento

Program Number/Name: SAC1/Transitional Opportunity for Outreach and Engagement (TCORE)

Date: April 21, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<p>TCORE program consists of three components: TCORE–Human Resources Consultants (TCORE-HRC), TCORE–Aftercare, TCORE–Adult Psychiatric Support Services (TCORE-APSS). TCORE provides culturally and linguistically competent community-based services and prioritizes 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. TCORE provides transitional as well as ongoing services. Clients in need of low and moderate intensity services are enrolled and the length of time in the program is determined based on client needs. Along with community-based services, clinic-based services are offered with capacity to serve those who are indigent. The service array includes 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.</p>										
Existing Programs to be Consolidated NOT APPLICABLE FOR SACRAMENTO COUNTY										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served), and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

County: Sacramento

Program Number/Name: SAC2 - Sierra Elder Wellness

Date: April 21, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<p>Sierra Elder Wellness Program serves transition age adults (ages 55 to 59) and older adults (age 60 and over) of all genders, races, ethnicities and cultural groups. Sierra provides specialized geriatric psychiatric support, multidisciplinary mental health assessments, treatment, and intensive case management services for older adults (55 and older) who have multiple co-occurring mental health, physical health, and/or substance abuse and social service needs that require intensive case management services. The goals of the program are to improve medical and functional status, increase social supports, decrease isolation, reduce trips to the emergency room and/or hospital, reduce homelessness, and improve overall quality of life.</p>										
Existing Programs to be Consolidated NOT APPLICABLE FOR SACRAMENTO COUNTY										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

County: Sacramento

Program Number/Name: SAC4- Permanent Supported Housing (PSH)

Date: April 21, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<p>The PSH Program is a blend of FSP and GSD funding and provides seamless services to meet the increasing needs of the underserved homeless population. It consists, of three components: PSH-Guest House, PSH-New Directions and PSH-Pathways. The program serves homeless children, transition aged youth, adults, and older adults of all genders, races, ethnicities and cultural groups. There is a single point of entry providing outreach and engagement activities, mental health services, rapid re-housing, temporary housing and benefits acquisition. The programs serve 1,170 consumers: 600-700 with FSP services and 500 with GSD services.</p> <p>PSH-Guest House is the “front door” (PSH-Guest House) and has same day access to temporary housing. Services include 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 assists clients to locate safe, affordable housing that matches client housing choice to service needs. PSH-Guest House has implemented 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.</p> <p>PSH-New Directions provides short-term housing, focuses on rapid access to permanent housing within three to four weeks, and provides FSP level of services for moderate level service needs. Longer-term temporary housing is 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.</p> <p>PSH-Pathways, provides permanent supportive housing and FSP level of services to children, youth, adults, older adults and families.</p>										

PREVIOUSLY APPROVED PROGRAM

Existing Programs to be Consolidated NOT APPLICABLE FOR SACRAMENTO COUNTY				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

PREVIOUSLY APPROVED PROGRAM

County: Sacramento

Program Number/Name: SAC 5 Transcultural Wellness Center

Date: April 21, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<p>TWC is designed to address the mental health needs of the Asian/Pacific Islander (API) communities in Sacramento County. The program serves children, families transitional age youth, adults, and older adults. TWC is staffed by clinicians, consumers, family members and community members and provides a full range of services with interventions and treatment that take into account cultural and religious beliefs and values; traditional and natural healing practices; and ceremonies recognized by the API communities. Services, including psychiatric services, are provided in the home, local community and school with an emphasis on blending with the existing cultural and traditional resources so as to reduce stigma. Staff assignments are made taking into consideration the gender and specific cultural and linguistic needs of the client. The goals of the TWC are to increase the timely and appropriate mental health services to API populations and to decrease the number of individuals utilizing social services, acute care, or public safety providers as a component of untreated mental illness.</p>										
Existing Programs to be Consolidated NOT APPLICABLE FOR SACRAMENTO COUNTY										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

County: Sacramento

Program Number/Name: SAC 6 – Wellness and Recovery Centers (WRC)

Date: April 21, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<p>The Wellness and Recovery Center (WRC) program consists of three components: the WRCs, the Peer Partner Program and the Consumer and Family Member Voice Program. Two WRCs serve transition age youth (18 and older), adults and older adults of all genders, races, ethnicities and cultural groups. The WRCs are community-based multi-service centers that provide a supportive environment offering choice and self-directed guidance for recovery and transition into community life. They employ consumers and train individuals for peer counseling, peer mentoring, advocacy, and leadership opportunities throughout Sacramento County. Services include psycho-educational groups, educational guidance, vocational services, medication support services, natural healing practices, and creative writing groups. Key assets include a library, a resource center, and a computer lab that can be utilized by center participants and the general public interested in learning more about mental health and recovery. The WRC centers are located in the South and North Areas of Sacramento County.</p> <p>The Peer Partner Program, (Peer Partners) provides peer support services to 200 unlinked adults transitioning from a crisis facility as well as psychiatric hospitals. Specifically targeting the ethnic communities of Hmong, Vietnamese, Russian, Spanish and Cantonese speaking Chinese communities, Peer Partners provide outreach and engagement to the individuals and families as they return to their home and communities. They are actively involved with the multi-disciplinary teams serving the individual client and they provide support to the individual and their family in the recovery process. Peer led support groups, mentoring and benefit acquisition are key strategies contributing to successful outcomes.</p> <p>The Consumer and Family Member Voice Program promotes the Division of Mental Health’s mission to effectively provide quality mental health services to children, youth, adults, older adults and families in Sacramento County by promoting and advocating parent/caregiver, youth, adult and older adult consumer involvement and partnership in the mental health system. Adult Consumer Advocate, Adult Family Member Advocate and the Child, Youth and Family Advocate all hold seats on the Division’s Management Team and participate on the respective adult, child/family and youth services team. This program provides a wide array of services and supports including, but not limited to, multiple trainings throughout the year, support groups, psycho-educational groups, and staff members coordinate and facilitate the annual Consumer Speaks conference.</p>										

PREVIOUSLY APPROVED PROGRAM

Existing Programs to be Consolidated NOT APPLICABLE FOR SACRAMENTO COUNTY				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount \pm 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

County: Sacramento

Program Number/Name: Sac 7/FSP Adult Full Service Partnership

Date: April 21, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<p>The Adult FSP consists of two components: Turning Point ISA and Telecare SOAR and serves adults age 18 and older, with persistent and significant mental illness that may also have a co-occurring substance use disorder and/or co-morbid medical concerns. The program provides a continuum of integrated, culturally competent services that includes case management, benefits acquisition, crisis response, intervention and stabilization (including a 24/7 response), medication evaluation and support, and effective ongoing specialty mental health services. It also includes FSP support services including housing, employment, education, and transportation. The program assists 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 are 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.</p> <p>This FSP utilizes Motivational Interviewing as a key strategy for identifying, supporting and assisting clients in service plan development for fulfilling their goals for recovery. Service plans are 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 determine service needs.</p> <p>The contract providers identify, establish and maintain successful collaborations and partnerships with system partners and community agencies, including 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.</p>										

PREVIOUSLY APPROVED PROGRAM

Existing Programs to be Consolidated NOT APPLICABLE FOR SACRAMENTO COUNTY				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount \pm 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

PREVIOUSLY APPROVED PROGRAM

County: Sacramento

Program Number/Name: SAC 8/Juvenile Justice Diversion and Treatment Program (JJJDP)

Date: April 21, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<p>This program will provide screening, assessments, intensive mental health services and supports to eligible youth (and their families) involved in the Juvenile Justice system. There are two stages of treatment – one for pre-adjudicated youth and one for adjudicated youth. Pre-adjudicated youth will have the opportunity to avoid incarceration and voluntarily participate in this program. Services for adjudicated youth will also be voluntary. JJDTP will serve fifty (50) diversion youth and forty-two (42) probation youth, as well as their families, at any given time.</p> <p>Eligible youth will meet SED criteria and be between the ages of 13 through 17 at enrollment but will receive services as long as clinically necessary up to their 26th birthday. All referrals to the program will come from Juvenile Justice.</p> <p>Services and supports include mental health treatment, intensive case management, life skills development, advocacy, benefits acquisition, and assistance with education, employment, housing, and transportation. Services are designed to reduce recidivism, increase school success and maintain placement in the family home. For youth with substance abuse issues, integrated co-occurring services will be provided. Family and youth advocates will be used to complement clinical services.</p> <p>The program will use a comprehensive evidence-based practice for mental health services and a youth development framework to help youth establish healthy relationships with peers and family to build positive social interactions, to set obtainable goals, and to equip them with the life skills they need to transition into adulthood.</p>										

PREVIOUSLY APPROVED PROGRAM

Existing Programs to be Consolidated NOT APPLICABLE FOR SACRAMENTO COUNTY				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount \pm 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

PREVIOUSLY APPROVED PROGRAM

County: SACRAMENTO

Program Number/Name: SUICIDE PREVENTION PROJECT

Date: April 21, 2010

Select one:

- CSS
- WET
- PEI
- INN

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes. N/A			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates SAME Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates: SAME	Universal Prevention		Selective/Indicated Prevention
	Total Individuals:			Early Intervention
	Total Families:			
Existing Programs to be Consolidated NOT APPLICABLE FOR SACRAMENTO COUNTY				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

County: SACRAMENTO

Program Number/Name: STRENGTHENING FAMILIES PROJECT

Date: April 21, 2010

Select one:

- CSS
- WET
- PEI
- INN

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes. N/A			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates SAME Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates: SAME	Universal Prevention	Selective/Indicated Prevention	Early Intervention
	Total Individuals:			
	Total Families:			
Existing Programs to be Consolidated N/A				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

County: SACRAMENTO

Program Number/Name: INTEGRATED HEALTH AND WELLNES PROJECT

Date: April 21, 2010

Select one:

- CSS
- WET
- PEI
- INN

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes. N/A			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates SAME Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates: SAME	Universal Prevention		Selective/Indicated Prevention
	Total Individuals:			Early Intervention
	Total Families:			
Existing Programs to be Consolidated NOT APPLICABLE FOR SACRAMENTO COUNTY				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

County: SACRAMENTO

Program Number/Name: MENTAL HEALTH PROMOTION CAMPAIGN

Date: April 21, 2010

Select one:

- CSS
- WET
- PEI
- INN

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes. N/A			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates SAME Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates: SAME	Universal Prevention		Selective/Indicated Prevention
	Total Individuals:			Early Intervention
	Total Families:			
Existing Programs to be Consolidated NOT APPLICABLE FOR SACRAMENTO COUNTY				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

County: Sacramento

Program Number/Name: Action 1: WET Coordinator

Date: April 21, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<p>The WET Coordinator will continue to facilitate implementation of WET Actions as previously approved; attend and participate in statewide WET Coordinator meetings; evaluate plan implementation and effectiveness; coordinate efforts with other MHSA and division efforts; and participate in the WET Regional Partnership.</p>										
Existing Programs to be Consolidated NOT APPLICABLE FOR SACRAMENTO COUNTY										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

County: Sacramento

Program Number/Name: Action 2: System Training Continuum

Date: April 21, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>Initial training efforts will focus on crisis intervention for law enforcement and system partners as our community adjusts to the impact of continued budget reductions within our mental health system. Training will target increasing knowledge and skills related to crisis response across all age groups. Use of Behavioral Health Cards and a Triage Screening Scale for defined populations will be developed and piloted with service providers and community stakeholders. Consumers and Family Members will be members of the Training Partnership Team as well as the target audience to grow skills and knowledge base across the community.</p>									
Existing Programs to be Consolidated NOT APPLICABLE FOR SACRAMENTO COUNTY										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	Description of Previously Approved Programs to be consolidated. Include in your description: <ul style="list-style-type: none"> a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation. 									

PREVIOUSLY APPROVED PROGRAM

County: Sacramento

Program Number/Name: Action 3: Office of Consumer and Family Member Employment

Date: April 21, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<p>Due to budget reductions within our mental health system, implementation of this Action will be delayed. There are few, if any, opportunities for employment and it is unknown when future opportunities will arise. However, efforts to train existing Consumers and Family Members to ensure successful service delivery and employment will take place in Action 2, the System Training Continuum.</p>										
Existing Programs to be Consolidated NOT APPLICABLE FOR SACRAMENTO COUNTY										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

County: Sacramento

Program Number/Name: Action 4: High School Training

Date: April 21, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<p>Given budget reductions to education, efforts will focus on developing a curriculum and identifying a high school in which this Action can be piloted. The curriculum will introduce youth to the topic of mental health; reduce stigma around mental health issues; address effective ways of engaging cultural, ethnic, and linguistically diverse communities in mental health services and; present mental health as a career choice. The Train-the-Trainer team (from Action 2) will utilize engaging activities such as experiential exercises and small group discussions to keep youth interested in the topics. Efforts will also be directed toward exploring the feasibility of On the Job Training/Experiential Learning Opportunities for youth.</p>										
Existing Programs to be Consolidated NOT APPLICABLE FOR SACRAMENTO COUNTY										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	Description of Previously Approved Programs to be consolidated. Include in your description: <ul style="list-style-type: none"> a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation. 									

PREVIOUSLY APPROVED PROGRAM

County: Sacramento

Program Number/Name: Action 5: Psychiatric Residents and Fellowships

Date: April 21, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<p>Continued efforts will be made to strengthen the Division’s partnership with University of California Davis Medical Center to move forward with this Action in order to improve retention of psychiatrists within our system. Locations will be explored and determined based on redesign of services with the goal of selecting a setting that will provide a rich learning experience.</p>										
Existing Programs to be Consolidated NOT APPLICABLE FOR SACRAMENTO COUNTY										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

County: Sacramento

Program Number/Name: Action 6: Multidisciplinary Seminar

Date: April 21, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<p>Implementation of this Action will be revisited due to anticipated budget reductions. It may be difficult for interested staff members to take the time to attend a seminar; however, this Action may be an important strategy toward retaining and training staff to deliver effective mental health services, particularly as available resources shift the way in which services are delivered.</p>										
Existing Programs to be Consolidated NOT APPLICABLE FOR SACRAMENTO COUNTY										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

County: Sacramento

Program Number/Name: Action 7: Stipends for Consumer Leadership Opportunities

Date: April 21, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<p>Efforts in 2010-11 will focus on working through the logistics of issuing stipends, exploring the types of leadership opportunities available for consumers, and establishing selection criteria for stipend awards.</p>										
Existing Programs to be Consolidated NOT APPLICABLE FOR SACRAMENTO COUNTY										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

County: Sacramento

Program Number/Name: Action 8: Stipends to Enter the Mental Health Field

Date: April 21, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<p>Implementation of this Action has been and will continue to be delayed due to ongoing budget reductions. The Division does not want to award stipends with the idea of paying back through employment if there are no employment opportunities available. The Division will continue to assess the situation while combining efforts with Action 7 regarding working through the logistics of issuing stipends should the opportunity present itself, developing selection criteria, etc.</p>										
Existing Programs to be Consolidated NOT APPLICABLE FOR SACRAMENTO COUNTY										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

County: Sacramento

Date: 5/5/2010

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2010/11 Planning Estimates						
1. Published Planning Estimate	\$25,119,700			\$7,018,100	\$3,844,500	
2. Transfers	\$0	\$0	\$0			\$0
3. Adjusted Planning Estimates	\$25,119,700					
B. FY 2010/11 Funding Request						
1. Requested Funding in FY 2010/11	\$30,553,918	\$0	\$0	\$9,901,029	\$0	
2. Requested Funding for CPP					\$0	
3. Net Available Unexpended Funds						
a. Unexpended FY 06/07 Funds						
b. Unexpended FY 2007/08 Funds ^{a/}						
c. Unexpended FY 2008/09 Funds	\$17,521,544			\$1,232,942		
d. Adjustment for FY 2009/2010	\$17,521,544			\$1,232,942		
e. Total Net Available Unexpended Funds	\$0	\$0	\$0	\$0	\$0	
4. Total FY 2010/11 Funding Request	\$30,553,918	\$0	\$0	\$9,901,029	\$0	
C. Funds Requested for FY 2010/11						
1. Previously Approved Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{a/}						
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates	\$8,021,407					
e. Unapproved FY10/11 Planning Estimates	\$22,532,511			\$9,901,029		
Sub-total	\$30,553,918	\$0		\$9,901,029	\$0	
f. Local Prudent Reserve						
2. New Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{a/}						
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates						
e. Unapproved FY10/11 Planning Estimates						
Sub-total	\$0	\$0	\$0	\$0	\$0	
f. Local Prudent Reserve						
3. FY 2010/11 Total Allocation^{b/}	\$30,553,918	\$0	\$0	\$9,901,029	\$0	

a/Only applies to CSS augmentation planning estimates released pursuant to DMH Info. Notice 07-21, as the FY 07/08 Planning Estimate for CSS is scheduled for reversion on June 30, 2010.

b/ Must equal line B.4. for each component.

CSS BUDGET SUMMARY

County: Sacramento

Date: 4/21/2010

CSS Programs			FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group				
No.	Name	Full Service Partnerships (FSP)		General System Development	Outreach and Engagement	MHSA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult		
Previously Approved Programs												
1.	SAC1	TCORE	\$5,296,383	\$0	\$5,296,383	\$0	\$0	\$0	\$1,218,163	\$3,919,328	\$158,892	
2.	SAC2	Sierra Elder Wellness	\$1,908,860	\$1,908,860	\$0	\$0	\$0	\$0	\$0	\$534,481	\$1,374,379	
3.	SAC4	Permanent Supportive Housing	\$6,482,583	\$4,906,078	\$0	\$1,576,505	\$0	\$761,151	\$948,762	\$4,513,367	\$259,304	
4.	SAC5	Transcultural Wellness Center	\$2,206,933	\$2,206,933	\$0	\$0	\$0	\$684,149	\$452,422	\$827,600	\$242,763	
5.	SAC6	Wellness and Recovery Center	\$3,044,436	\$0	\$3,044,436	\$0	\$0	\$0	\$608,887	\$2,283,327	\$152,222	
6.	SAC7	Adult FSP	\$3,162,500	\$3,162,500	\$0	\$0	\$0	\$0	\$474,375	\$2,530,000	\$158,125	
7.	SAC8	Juvenile Justice Diversion and Treatment	\$2,051,600	\$2,051,600	\$0	\$0	\$0	\$1,579,732	\$471,868	\$0	\$0	
8.			\$0									
9.			\$0									
10.			\$0									
11.			\$0									
12.			\$0									
13.			\$0									
14.			\$0									
15.			\$0									
16.	Subtotal: Programs ^{a/}		\$24,153,295	\$14,235,971	\$8,340,819	\$1,576,505	\$0	\$3,025,031	\$4,174,476	\$14,608,103	\$2,345,685	Percentage
17.	Plus up to 15% County Administration		\$3,622,994									15%
18.	Plus up to 10% Operating Reserve		\$2,777,629									10.0%
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$30,553,918									
New Programs												
1.			\$0									
2.			\$0									
3.			\$0									
4.			\$0									
5.			\$0									
6.	Subtotal: Programs ^{a/}		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Percentage
7.	Plus up to 15% County Administration											#VALUE!
8.	Plus up to 10% Operating Reserve											#VALUE!
9.	Subtotal: New Programs/County Admin./Operating Reserve		\$0									
10.	Total MHSA Funds Requested for CSS		\$30,553,918									

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs= 58.90%

Additional funding sources for FSP requirement:

County must provide the majority of MHSA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. In addition, the funding amounts must match the Annual Cost Report. Refer to DMH FAQs at http://www.dmh.ca.gov/Prop_63/MHSA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf

CSS Majority of Funding to FSPs

Other Funding Sources

	CSS	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re-alignment	County Funds	Other Funds	Total	Total %
Total Mental Health Expenditures:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	59%

PEI BUDGET SUMMARY

County: Sacramento

Date: 4/21/2010

PEI Programs		FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Type of			Estimated MHSA Funds by Age Group				
No.	Name		Universal Prevention	Selected/ Indicated Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs										
1.	1	Suicide Prevention	\$1,840,000	\$1,840,000	\$0	\$460,000	\$478,400	\$441,600	\$460,000	
2.	2	Strengthening Families	\$1,983,750	\$1,983,750	\$0	\$1,269,600	\$595,125	\$99,188	\$19,838	
3.	3	Integrated Health and Wellness	\$2,853,150	\$2,278,150	\$575,000	\$199,721	\$741,819	\$770,351	\$1,141,260	
4.	4	Mental Health Promotion Campaign	\$1,150,000	\$1,150,000	\$0	\$172,500	\$345,000	\$287,500	\$345,000	
5.			\$0							
6.			\$0							
7.			\$0							
8.			\$0							
9.			\$0							
10.			\$0							
11.			\$0							
12.			\$0							
13.			\$0							
14.			\$0							
15.			\$0							
16.	Subtotal: Programs		\$7,826,900	\$7,251,900	\$0	\$575,000	\$2,101,821	\$2,160,344	\$1,598,638	\$1,966,098
17.	Plus up to 15% County Administration		\$1,174,035							Percentage 15%
18.	Plus up to 10% Operating Reserve		\$900,094							10.0%
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$9,901,029							
New Programs										
1.			\$0							
2.			\$0							
3.			\$0							
4.			\$0							
5.			\$0							
6.	Subtotal: Programs		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7.	Plus up to 15% County Administration									Percentage #VALUE!
8.	Plus up to 10% Operating Reserve									#VALUE!
9.	Subtotal: New Programs/County Admin./Operating Reserve		\$0							
10.	Total MHSA Funds Requested for PEI		\$9,901,029							

Note: Previously Approved Programs that propose changes to Key Community Health Needs, Priority Populations, and/or funding as described in the Information Notice are considered New.