



# **MENTAL HEALTH SERVICES ACT**

## **Fiscal Year 2011 – 2012 Annual Update to the Three-Year Program and Expenditure Plan**

**June 21, 2011**

COUNTY CERTIFICATION

County: Sacramento

Components Included:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> CSS | <input checked="" type="checkbox"/> WET |
| <input type="checkbox"/> CF             | <input type="checkbox"/> TN             |
| <input checked="" type="checkbox"/> PEI | <input type="checkbox"/> INN            |

| County Mental Health Director   | Project Lead                    |
|---|---------------------------------|
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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 2011/12 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing<sup>1</sup> 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.<sup>2</sup>

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 2011/12 annual update/update are true and correct.

Mary Ann Bennett  
Mental Health Director/Designee (PRINT)

  
Signature

6/21/11  
Date

<sup>1</sup> Public Hearing only required for annual updates.

<sup>2</sup> Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement.

# Executive Summary

## Introduction

Since Proposition 63 was passed in November of 2004, Sacramento County has worked diligently on the planning and implementation of the Mental Health Services Act (MHSA).

Over the years, our Community Services and Supports (CSS) programs have expanded and evolved as we strive to deliver high quality and effective services to meet the needs of children, youth, adults, older adults and their families. There are currently seven (7) CSS Work Plans containing fourteen (14) operational Programs.

The Prevention and Early Intervention (PEI) component is comprised of four (4) projects containing twenty-two (22) programs in varying stages of implementation.

## Request for Fiscal Year 2011-12 MHSA Funding

In this Annual Update, Sacramento County is requesting MHSA funding for the Fiscal Year (FY) 2011-12 in the following areas:

1. Previously approved CSS Programs
2. CSS Administration
3. Previously Approved PEI Programs
4. PEI Administration

| <b>CSS Description</b>                                      | <b>CSS Amount</b>    | <b>PEI Description</b>                        | <b>PEI Amount</b>   |
|---|----------------------|---|---------------------|
| CSS Previously Approved Programs <sup>1</sup>               | \$ 21,469,597        | PEI Previously Approved Programs <sup>2</sup> | \$ 5,714,612        |
| CSS Administration  | \$ 3,281,035         | PEI Administration                            | \$ 900,000          |
| <b>TOTAL CSS REQUEST</b>                                    | <b>\$ 24,750,632</b> | <b>TOTAL PEI REQUEST</b>                      | <b>\$ 6,614,612</b> |
| <b>TOTAL COMBINED (CSS &amp; PEI) REQUEST \$ 31,652,244</b> |                      |   |                     |

<sup>1</sup> See Exhibits D1 for CSS program descriptions.

<sup>2</sup> See Exhibits D3 for PEI program descriptions.

**COMMUNITY PROGRAM PLANNING  
AND LOCAL REVIEW PROCESS**

County: Sacramento

30-day Public Comment period dates: May 17 through June 16, 2011

Date: June 21, 2011

Date of Public Hearing (Annual update only): June 16, 2011

**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.

| <b>Community Program Planning</b>   |  |
|---|--|
| <p><b>1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2011/12 annual update/update. Include the methods used to obtain stakeholder input.</b></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 those planning processes. The general plan for the 2011/12 Annual Update was discussed at MHSA Steering Committee meetings over the last couple of months. The Steering Committee is the highest recommending body in matters related to MHSA programs and activities. Several MHSA program presentations for both PEI and CSS have been conducted at MHSA Steering Committee meetings over the past year. The committee gained a deeper understanding of program services, utilization of consumers and family members in the delivery of services, outcomes, and examples of how consumers have benefited from services. The Steering Committee has also been provided with updates on PEI and WET implementation as well as our involvement with the Joint Powers Authority, CalMHSA, and the progress they are making with the Statewide PEI Programs. To obtain more stakeholder input during the 30-day posting of the Annual Update, the Division will also present to the Mental Health Board, the MHSA Steering Committee, and the Cultural Competence Committee.</p>  |
| <p><b>2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process. (i.e., name, agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)</b></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 Division of Behavioral Health Services Deputy 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; 2 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. Some members of the committee have volunteered to represent other stakeholder interests including Veterans and Faith-based.</p> <p>Additional stakeholders include representatives from unserved and underserved racial, ethnic and cultural groups who are members of the DBHS Cultural Competence and System-wide Outreach Committees.</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 of Behavioral Health Services MHSA website.</p> |

**COMMUNITY PROGRAM PLANNING  
AND LOCAL REVIEW PROCESS**

**3. If consolidating programs or 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.**

N/A

**Local Review Process**

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

The FY 2011/12 Annual Update was posted for a 30-day public comment period from May 17, 2011, through June 16, 2011. The Mental Health Board conducted a Public Hearing on Thursday, June 16, 2011, beginning at 6:00 p.m. at the Department of Health and Human Services Administrative Services Center, 7001-A East Parkway, Sacramento, CA 95823.

**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.**

There were several comments received during the 30-day public review and comment period related to our FY 2011-12 Annual Update. Below is a summary of the comments and the Division of Behavioral Health Services' response.

There were several comments related to the implementation and funding of the WET Actions and a question regarding interest on the funds and how consumers not affiliated with a contracted agency can utilize the skills they develop from WET training. There were also comments about potential workforce training leveraging opportunities with the Department of Rehabilitation (DOR) that could incorporate the use of consumers as trainers and support the MHSA value of being client-driven. Community members also expressed appreciation for the Division's efforts in WET implementation. There were two comments unrelated to WET. One comment that there should be temporary employment made available to homeless adults to enable them to get back on their feet. The final comment was a question about the differences in cost per client between FYs 09-10 and 11-12.

**DBHS Response**

The Division appreciates the input provided by the community on the Annual Update. During the Update reporting period of FY 2009-10, we were in the early stages of WET implementation; however, much work has been done since then and we are moving forward to implement all of the Actions. The Division requested the total planning estimates when we submitted the WET Plan. All funding was approved and is at the local level earning interest. The WET Actions promote consumer involvement and volunteer/employment opportunities. Consumers not affiliated with provider agencies may realize personal benefits from training and can also use the skills developed in training in work at an agency, volunteer work, hosting self-help groups, providing advocacy, etc. The Division has assigned staff to research the potential for leveraging Department of Rehabilitation (DOR) funds and will provide updates on this issue and overall WET implementation at the MHSA Steering Committee meetings. The Division fully supports the goal of employment for consumers for those desiring to work. Our contracted providers work with consumers to assist them with employment opportunities. In the fourth quarter of FY 2009-10, Pathways to Success after Homelessness (one of our Full Service Partnership programs), indicated that five (5) of their clients were employed while actively participating in mental health services and supports. The Division discovered an error in the calculation formula for the 09-10 cost per client and has corrected the error in this submission.

OVERALL IMPLEMENTATION PROGRESS REPORT  
ON FY 09/10 ACTIVITIES

County: Sacramento

Date: June 21, 2011

**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, WET, PEI, and INN components during FY 2009-10. NOTE: Implementation includes any activity conducted for the program post plan approval.

**CSS, WET, PEI, and INN**

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.**

**Please check box if your county did NOT begin implementation of the following components in FY 09/10:**

- WET
- PEI
- INN

Overall, implementation of the MHSA is proceeding as described in Sacramento County's approved plan. Over the years, our Community Services and Supports (CSS) programs have expanded and evolved as we strive to deliver high quality and effective services to meet the needs of children, youth, adults, older adults and their families. From our initial CSS submission, we have grown from five (5) original Work Plans and programs to seven (7) Work Plans with a total of fourteen (14) programs. We have strengthened our permanent supportive housing efforts by expanding our Work Plan resulting in a full continuum of services for homeless individuals with psychiatric disabilities. In creating a new Full Service Partnership, we expanded our community's capacity to provide intensive services for adults and older adults. There are two providers (one in the north area of town and one in the south) who focus on providing intensive wrap around services to individuals transitioning from high-cost restrictive placements into the community. Our Wellness and Recovery Centers continue to operate in the north and south areas of the county and there has been an expansion of peer-run services within that Work Plan.

Our Workforce Education and Training (WET) efforts have proceeded more slowly than anticipated. We have a strong focus on training of staff, community and consumers; forging valuable relationships for continued implementation of the approved Actions.

In FY 09/10 Sacramento County engaged in the Community Planning Process (CPP) for the MHSA Prevention and Early Intervention (PEI) component. Based on DMH Information Notice 08-27, Sacramento submitted an Early Start Suicide Prevention Project to complement the PEI Statewide Suicide Prevention Initiative. The community had recognized for some time the need for strengthened local suicide prevention efforts. In 2004, the Deputy Administrator from Sacramento's County Wide Services Agency established a Teen Suicide Prevention Task Force in response to four (4) youth fatalities by suicide. This Task Force, comprised of the Division of Mental Health, Child Protection Services, Alcohol and Drug Services, education, and an array of community members, system partners, and services providers from diverse communities, developed recommendations that reflected a coordinated community response to teen suicide. During the initial Community Services and Supports (CSS) CPP, all age groups identified the need for help in a crisis situation. Additionally, suicide prevention was specifically named as a high priority need for transition age youth and older adults. Finally, suicide data indicate that Sacramento County has a higher suicide rate than the state-wide average.

Implementation of the Suicide Prevention Project has progressed as expected. The Effort, administrator of the local Suicide Prevention Crisis Line, has significantly increased staffing and has also been successful at recruiting more bilingual individuals to meet the language needs of callers. The Effort and Friends for Survival are also providing postvention services for survivors who have lost loved ones to suicide. Sacramento County is partnering with several other counties in the Central Region in sponsoring the Northern California Suicide Awareness and Prevention Conference in October of 2011. In 2009/10, Sacramento County continued the PEI planning process and received approval of additional programs.

**OVERALL IMPLEMENTATION PROGRESS REPORT  
ON FY 09/10 ACTIVITIES**

**2. During the initial Community Program Planning Process for CSS, major community issues were identified by age group. Please describe how MHSA funding is addressing those issues. (e.g., homelessness, incarceration, serving unserved or underserved groups, etc.)**

Sacramento County identified several issues and populations to address during its initial CSS Community Planning Process (CPP): Affordable, safe, permanent housing; Help in a Crisis; Unserved or underserved ethnic and cultural populations, including Asian Pacific Islander, Latino, Native American and members of refugee populations; crisis services across all age groups; Transition Age Youth; and Older Adults. The table below illustrates how approved programs are addressing the issues and populations identified:

| Work Plans - Programs  | Issues and Populations             |                  |  |                      |              |
|--|------------------------------------|------------------|--|----------------------|--------------|
|  | Affordable, safe permanent housing | Help in a crisis | Unserved/underserved ethnic and cultural populations including Asian Pacific Islander, Latino, Native American, and members of refugee populations | Transition Age Youth | Older Adults |
| SAC1 – GSD: Transitional Community Opportunities for Recovery and Engagement (TCORE) |                                    | X                | X  | X                    | X            |
| SAC2 – FSP: Sierra Elder Wellness Program (SEWP)                                     | X                                  | X                | X  | X                    | X            |
| SAC4 – FSP: Permanent Supportive Housing   | X                                  | X                | X  | X                    | X            |
| SAC5 – FSP: Transcultural Wellness Center (TWC)                                      | X                                  | X                | X  | X                    | X            |
| SAC6 – GSD: Wellness and Recovery Center (WRC)                                       |                                    |                  | X  | X                    | X            |
| SAC7 – FSP: Adult Full Service Partnership   | X                                  | X                | X  | X                    | X            |
| SAC8 – FSP: Juvenile Justice Diversion and Treatment Program (JJTDP)                 | X                                  | X                | X  | X                    |              |
| PEI - Suicide Prevention Project   |                                    | X                | X  | X                    | X            |

In our Permanent Supportive Housing (PSH) Work Plan, the administrator of the Guest House Program (our central intake for homeless individuals) established a collaborative partnership to implement a new method for benefits acquisition. This new approach, Sacramento Multiple Advocacy Resource Team (SMART) includes representation from Social Security Administration (SSA) and Disability Determination Services (DDS). Each individual applying for SSI/SSDI meets face-to-face with SSA, DDS and a consultative examiner, if indicated, on the same day. The SMART method has resulted in benefits acquisition within 11 to 30 days of application submission as compared to the 1 to 2 years it took with the traditional paper application submission process. This has not only been an invaluable change for consumers but has reduced the amount of funding spent by programs on housing subsidies and medication.

Our PSH efforts, coupled with our MHSA Statewide Housing Program efforts, have resulted in successful leveraging of local, state and federal dollars to advance permanent supportive housing opportunities in our community. We have developed and nurtured partnerships with community homeless providers, housing developers, system partners and other community organizations to help support the efforts of Sacramento Steps Forward, formally known as Sacramento City and County's Ten-Year Plan to End Chronic Homelessness.

**OVERALL IMPLEMENTATION PROGRESS REPORT  
ON FY 09/10 ACTIVITIES**

At the end of FY 09/10, Sacramento had 60 units for homeless adults and children (and their families) that were fully developed and rented. By the end of 2010/11, we anticipate adding another 30 units. Our ultimate goal is to reach 167 units by fiscal year 2012/13.

During FY 09-10, the Wellness and Recovery Centers continued providing an array of recovery services provided by peers and medication support services for those utilizing medication to manage their mental illness. The TCORE program expanded to include the county-operated APSS/Aftercare program which allowed expansion for individuals exiting from acute care settings and indigent clients needing outpatient services.

The CSS Full Service Partnerships continued providing a full array of services to children, youth, adults, older adults and their families and collectively reduced homelessness, incarceration and hospitalization.

**PEI**

1. Provide the following information on the total number of individuals served across all PEI programs (for prevention, use estimated #):

| Age Group                    | # of Individuals | Race and Ethnicity | # of Individuals | Primary Language | # of Individuals | Culture | # of Individuals |
|------------------------------|------------------|--------------------|------------------|------------------|------------------|---------|------------------|
| Child and Youth (0-17)       | 1083             | White              | 5946             | English          | 14,617           | LGBTQ   | 87               |
| Transition Age Youth (16-25) | 2596             | African American   | 1403             | Spanish          | unknown          | Veteran | 56               |
| Adult (18-59)                | 9575             | Asian              | 501              | Vietnamese       | unknown          | Other   |                  |
| Older Adult (60+)            | 1363             | Pacific Islander   | unknown          | Cantonese        | unknown          |         |                  |
|                              |                  | Native American    | 122              | Mandarin         | unknown          |         |                  |
|                              |                  | Hispanic           | 1292             | Tagalog          | unknown          |         |                  |
|                              |                  | Multi              | 1058             | Cambodian        | unknown          |         |                  |
|                              |                  | Unknown            | 807              | Hmong            | unknown          |         |                  |
|                              |                  | Other              | 891              | Russian          | unknown          |         |                  |
|                              |                  |                    |                  | Farsi            | unknown          |         |                  |
|                              |                  |                    |                  | Arabic           | unknown          |         |                  |
|                              |                  |                    |                  | Other            |                  |         |                  |

2. Provide the name of the PEI program selected for the local evaluation<sup>1</sup>.  N/A

Integrated Health and Wellness Program – not implemented in 09-10

<sup>1</sup> Note that very small counties (population less than 100,000) are exempt from this requirement.



**OVERALL IMPLEMENTATION PROGRESS REPORT  
ON FY 09/10 ACTIVITIES**

| PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB)  |   |
|--|---|
| <p><b>1. Please provide the following information on the activities of the PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB) funds.</b></p> <p>Sacramento did not address this area in FY 09/10.</p> |   |
| Activity Name; Brief Description; Estimated Funding Amount <sup>2</sup>  | Target Audience/Participants <sup>3</sup> |
| 1.   |   |
| 2.   |   |
| 3.   |   |
| 4.   |   |

<sup>2</sup> Provide the name of the PEI TTACB activity, a brief description, and an estimated funding amount. The description shall also include how these funds support a program(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities.

<sup>3</sup> Provide the names of agencies and categories of local partners external to mental health included as participants (i.e., K-12 education, higher education, primary health care, law enforcement, older adult services, faith-based organizations, community-based organizations, ethnic/racial/cultural organizations, etc.) and county staff and partners included as participants.

PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports

County: Sacramento

No funding is being requested for this program.

Program Number/Name: TCORE/APSS/Aftercare – SAC1

Date: June 21, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

**A. List the number of individuals served by this program during FY 09/10, as applicable.**

| Age Group  | # of individuals FSP | # of individuals GSD | # of individuals OE | Cost per Client FSP Only |
|--|----------------------|----------------------|---------------------|--------------------------|
| Child and Youth  |                      | ---                  |                     |                          |
| TAY  |                      | 304                  |                     |                          |
| Adults   |                      | 2,221                |                     |                          |
| Older Adults   |                      | 173                  |                     |                          |
| Total  |                      | 2,698                |                     |                          |
| Total Number of Individuals Served (all service categories) by the Program during FY 09/10: <b>2,698</b> |                      |                      |                     |                          |

**B. List the number of individuals served by this program during FY 09/10, as applicable.**

| Race and Ethnicity | # of Individuals | Primary Language | # of Individuals | Culture | # of Individuals |
|--------------------|------------------|------------------|------------------|---------|------------------|
| White              | 1,270            | English          | 2,115            | LGBTQ   |                  |
| African American   | 420              | Spanish          | 78               | Veteran |                  |
| Asian              | 350              | Vietnamese       | 75               | Other   |                  |
| Pacific Islander   | 36               | Cantonese        | 9                |         |                  |
| Native American    | 25               | Mandarin         | ---              |         |                  |
| Hispanic           | 244              | Tagalog          | 4                |         |                  |
| Multi              | 23               | Cambodian        | 12               |         |                  |
| Unknown            | 168              | Hmong            | 148              |         |                  |
| Other              | 162              | Russian          | 69               |         |                  |
|                    |                  | Farsi            | 20               |         |                  |
|                    |                  | Arabic           | 3                |         |                  |
|                    |                  | Other            | 165              |         |                  |

**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

**C. Answer the following questions about this program.**

**1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.**

TCORE-Adult Psychiatric Services and Supports (APSS) and Aftercare programs provided culturally appropriate services, in part through their very diverse staff. In addition to the cultural interpretation services available to all providers, the clinics have staff members that provide direct services in Hmong, Farsi, Spanish and Cantonese. The clinics have developed good relationships with the local primary care providers, including Sacramento County's Primary Care Clinic. The clinics have developed a good referral system for clients requiring specialty mental health care and Sacramento County's Primary Care Clinic has one of the most diverse patient populations in the State.

Utilizing a modified Assertive Community Treatment (ACT) approach and philosophy, TCORE-Human Resources Consultants (HRC) provided access for transition age youth (TAY), adults and older adults with serious mental illnesses through the provision of timely, comprehensive and flexible mental health treatment services and supports. As a result of these efforts, TCORE-HRC has higher penetration rates with TAY and older adults as compared to the larger adult system of care. Clients who would not have entered into outpatient community mental health services at the end of an acute episode are now receiving services, which decrease the likelihood of further crisis services or re-hospitalization. TCORE-HRC's ability to engage clients with treatment options prior to discharge from an acute inpatient setting has also increased services to the unserved and underserved ethnic and cultural populations. In addition to the cultural interpretation services available to all providers, TCORE-HRC staff can provide direct services in Japanese, Tagalog, American Sign Language, Spanish, Hmong, Lao, Thai and Punjabi. In the fourth quarter of fiscal year 2009/10, 27 of 36 employees (75%) self-identified as consumers of mental health services or family members.

**2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.**

This program began implementation in FY 09/10 and there were no challenges as a result of MHSA and overall mental health funding.

**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

| 1) Is there a change in the service population to be served?  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   |                  |                |              |              |      |
|---|---|---|------------------|----------------|--------------|--------------|------|
| 2) Is there a change in services?   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   |                  |                |              |              |      |
| 3) a) Complete the table below:   | <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$ 5,296,383</td> <td>\$ 4,923,996</td> <td>(7%)</td> </tr> </tbody> </table> | FY 10/11 funding  | FY 11/12 funding | Percent Change | \$ 5,296,383 | \$ 4,923,996 | (7%) |
| FY 10/11 funding  |   | FY 11/12 funding  | Percent Change   |                |              |              |      |
| \$ 5,296,383  |   | \$ 4,923,996  | (7%)             |                |              |              |      |
| b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, <b>or</b> ,                                 |   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                  |                |              |              |      |
| <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? | Yes <input type="checkbox"/> No <input type="checkbox"/> <b>N/A</b>   |   |                  |                |              |              |      |
| c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.                                      |   |   |                  |                |              |              |      |

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

**A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.**

| Age Group       | # of individuals<br>FSP | # of individuals<br>GSD | # of individuals<br>OE | Cost per Client<br>FSP Only |
|-----------------|-------------------------|-------------------------|------------------------|-----------------------------|
| Child and Youth |                         | ---                     |                        |                             |
| TAY             |                         | 304                     |                        |                             |
| Adults          |                         | 2,221                   |                        |                             |
| Older Adults    |                         | 173                     |                        |                             |
| Total           |                         | 2,698                   |                        |                             |

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: **2,698**

**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

|  |
|--|
| <b>B. Answer the following questions about this program.</b>   |
| <b>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</b>  |
| <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> |
| <b>2. If this is a consolidation of two or more programs, provide the following information:</b>   |
| <ul style="list-style-type: none"> <li>a) Names of the programs being consolidated.</li> <li>b) How existing populations and services to achieve the same outcomes as the previously approved programs.</li> <li>c) The rationale for the decision to consolidate programs.</li> </ul>   |
| N/A  |
| <b>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</b>  |
| N/A  |

PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports

County: Sacramento

No funding is being requested for this program.

Program Number/Name: Sierra Elder Wellness – SAC2

Date: June 21, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

**A. List the number of individuals served by this program during FY 09/10, as applicable.**

| Age Group       | # of individuals<br>FSP | # of individuals<br>GSD | # of individuals<br>OE | Cost per Client<br>FSP Only <sup>1</sup> |
|-----------------|-------------------------|-------------------------|------------------------|--|
| Child and Youth |                         |                         |                        |  |
| TAY             |                         |                         |                        |  |
| Adults          | 50                      |                         |                        | \$9,021                                  |
| Older Adults    | 134                     |                         |                        | \$9,021                                  |
| Total           | 184                     |                         |                        | \$9,021                                  |

Total Number of Individuals Served (all service categories) by the Program during FY 09/10: **184**

**B. List the number of individuals served by this program during FY 09/10, as applicable.**

| Race and Ethnicity | # of Individuals | Primary Language | # of Individuals | Culture | # of Individuals |
|--------------------|------------------|------------------|------------------|---------|------------------|
| White              | 119              | English          | 174              | LGBTQ   |                  |
| African American   | 31               | Spanish          | 8                | Veteran |                  |
| Asian              | 2                | Vietnamese       |                  | Other   |                  |
| Pacific Islander   | 1                | Cantonese        | 1                |         |                  |
| Native American    | 2                | Mandarin         |                  |         |                  |
| Hispanic           | 18               | Tagalog          |                  |         |                  |
| Multi              | 1                | Cambodian        |                  |         |                  |
| Unknown            | 4                | Hmong            |                  |         |                  |
| Other              | 6                | Russian          |                  |         |                  |
|                    |                  | Farsi            |                  |         |                  |
|                    |                  | Arabic           |                  |         |                  |
|                    |                  | Other            | 1                |         |                  |

<sup>1</sup> Cost per Client is based on a program capacity of 150 clients at any given time.

**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

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| <b>C. Answer the following questions about this program.</b>   |
| <b>1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.</b>  |
| Sierra is operated by El Hogar. They continued providing intensive services and supports to seniors 55 and older during FY 09-10. Staff provided referrals to and coordinated care with a number of agencies who provide needed services to their clientele including physical therapy, occupational therapy, wound care and home-based nursing services. Sierra also coordinated services with senior centers that provide social activities, assist with transportation and provide lunch; all of these interactions have helped reduce feelings of isolation. Sierra continues to make efforts to provide culturally relevant services for the individuals and families they serve. They have assisted clients in accessing alternative healing practices when they have expressed interest. Several clients were interested in meditation, so Sierra staff provided transportation to a from a meditation group at a local Buddhist temple. Some of the individuals began attending services at the Temple. As a result of requests, Sierra also started providing a yoga group which has become very popular with members. Sierra continues to provide an ongoing Women's Depression Group for Spanish-speaking clients and each year participates in Latino Behavioral Health Week. In FY 09/10, El Hogar closed down the street in front of one of their buildings and a staff member's mother catered a Mexican food lunch. Sierra staff transported clients to the location so they could participate in the celebration. |
| <b>2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.</b>  |
| There were no key differences or major challenges with program implementation. While capacity was slightly increased, there was no impact on the level of services clients received in SEWP.   |

PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

| 1) Is there a change in the service population to be served?   | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |                |              |              |       |  |  |
|--|------------------------------|--|----------------|--------------|--------------|-------|--|--|
| 2) Is there a change in services?  | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |                |              |              |       |  |  |
| 3) a) Complete the table below:  |                              |  |                |              |              |       |  |  |
| <table border="1"> <thead> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$ 1,908,860</td> <td>\$ 1,536,819</td> <td>(19%)</td> </tr> </tbody> </table> | FY 10/11 funding             | FY 11/12 funding                       | Percent Change | \$ 1,908,860 | \$ 1,536,819 | (19%) |  |  |
| FY 10/11 funding   | FY 11/12 funding             | Percent Change                         |                |              |              |       |  |  |
| \$ 1,908,860   | \$ 1,536,819                 | (19%)                                  |                |              |              |       |  |  |
| b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, <b>or</b> ,  | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |                |              |              |       |  |  |
| <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> N/A        |                |              |              |       |  |  |
| c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.   |                              |  |                |              |              |       |  |  |

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

**A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.**

| Age Group  | # of individuals FSP | # of individuals GSD | # of individuals OE | Cost per Client FSP Only <sup>2</sup> |
|--|----------------------|----------------------|---------------------|---------------------------------------|
| Child and Youth TAY  |                      |                      |                     |                                       |
| Adults   | 15                   |                      |                     | \$10,245                              |
| Older Adults   | 135                  |                      |                     | \$10,245                              |
| Total  | 150                  |                      |                     | \$10,245                              |
| Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: <b>150</b> |                      |                      |                     |                                       |

<sup>2</sup> Cost per Client is based on a program capacity of 150 clients at any given time.



**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

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| <b>B. Answer the following questions about this program.</b>   |
| <b>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</b>  |
| 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. |
| <b>2. If this is a consolidation of two or more programs, provide the following information:</b><br>a) Names of the programs being consolidated.<br>b) How existing populations and services to achieve the same outcomes as the previously approved programs.<br>c) The rationale for the decision to consolidate programs.   |
| N/A  |
| <b>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</b>  |
| N/A  |

PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports

County: Sacramento

No funding is being requested for this program.

Program Number/Name: SAC4 – FSP: Permanent Supported Housing

Date: June 21, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

**A. List the number of individuals served by this program during FY 09/10, as applicable.**

| Age Group       | # of individuals<br>FSP | # of individuals<br>GSD | # of individuals<br>OE | Cost per Client<br>FSP Only <sup>1</sup> |
|-----------------|-------------------------|-------------------------|------------------------|--|
| Child and Youth | 34                      |                         | ---                    | \$8,170                                  |
| TAY             | 63                      |                         | 73                     | \$8,170                                  |
| Adults          | 558                     |                         | 760                    | \$8,170                                  |
| Older Adults    | 35                      |                         | 17                     | \$8,170                                  |
| Total           | 690                     |                         | 850                    | \$8,170                                  |

Total Number of Individuals Served (all service categories) by the Program during FY 09/10: **1,540**

**B. List the number of individuals served by this program during FY 09/10, as applicable.**

| Race and Ethnicity | # of Individuals | Primary Language | # of Individuals | Culture | # of Individuals |
|--------------------|------------------|------------------|------------------|---------|------------------|
| White              | 779              | English          | 1457             | LGBTQ   |                  |
| African American   | 378              | Spanish          | 53               | Veteran |                  |
| Asian              | 9                | Vietnamese       | ---              | Other   |                  |
| Pacific Islander   | 20               | Cantonese        | ---              |         |                  |
| Native American    | 20               | Mandarin         | ---              |         |                  |
| Hispanic           | 136              | Tagalog          | ---              |         |                  |
| Multi              | 4                | Cambodian        | ---              |         |                  |
| Unknown            | 121              | Hmong            | ---              |         |                  |
| Other              | 73               | Russian          | 1                |         |                  |
|                    |                  | Farsi            | ---              |         |                  |
|                    |                  | Arabic           | ---              |         |                  |
|                    |                  | Other            | 29               |         |                  |

<sup>1</sup> Cost per Client is based on a program capacity of 350 clients at any given time.

**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

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| <p><b>C. Answer the following questions about this program.</b></p>   |
| <p><b>1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.</b></p>  |
| <p>In FY 09/10, SAC4-PSH was expanded to add two additional programs that would form a continuum of services for homeless children and TAY with serious emotional disturbance, and adults and older adults with serious mental illness. (See MHSA FY 2009-12 Plan Amendment). The three programs are Guest House, New Direction and Pathways to Success after Homelessness (Pathways). In FY 09/10, PSH provided outreach and engagement activities, triage services, comprehensive mental health services and supports, peer supports and housing for enrolled members. PSH has achieved the intended outcomes of MHSA in the areas of decreased homelessness, hospitalization and incarceration. Additionally, Turning Point Pathways reported that five consumers were actively engaged in mental health services while also maintaining employment.</p> <p>Through a collaborative effort with a community organization, Guest House hosted Benefits Specialists who assisted homeless individuals with SSI/SSDI benefits application and acquisition. Applications were processed using an evidence-based practice, SSI/SSDI Outreach, Access and Recovery Model (SOAR). Utilizing SOAR resulted in 76% of applications being granted within 90 days. Once income and benefits have been granted, many individuals received Medi-Cal and/or Medicare much more quickly than the traditional paper submission method. As a result, the program was able to leverage Medi-Cal dollars more quickly, and was reimbursed for services and medication already provided.</p> <p>Guest House, New Direction and Pathways all provided culturally appropriate services and supports through their diverse staff members and in collaboration with community partners. Many staff members identify as consumers or family members with a history of homelessness and/or mental health and/or co-occurring substance use disorders. In addition, many staff members are bilingual and identify with a variety of cultures. When a language or cultural need is presented, interpretation/translation services are available at no charge to programs by a County-contracted provider.</p> <p>Our programs and providers embrace the cultural experiences and diverse communities within Sacramento County. El Hogar Guest House hosts a Latino event every year during Latino week and invites consumers, family members, community partners, and local citizens to the event to share information, create partnerships and increase awareness of their services and supports. TLCS New Direction hosts monthly cultural awareness events for members and the community to come together to learn about others, share food, and strengthen relationships through their celebrations. These are just a few examples highlighting the culturally competent and diverse workforce represented in the FSP PSH program.</p> |
| <p><b>2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.</b></p>  |
| <p>This program was redesigned in 09-10 adding providers to create a central intake and continuum of permanent supportive housing services. There were no major challenges with implementation as a result of funding fluctuation.</p>  |

**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

| 1) Is there a change in the service population to be served?  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                  |                  |                |              |              |       |
|---|--|------------------|------------------|----------------|--------------|--------------|-------|
| 2) Is there a change in services?   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                  |                  |                |              |              |       |
| 3) a) Complete the table below:   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br><br>Yes <input type="checkbox"/> No <input type="checkbox"/> <b>N/A</b> |                  |                  |                |              |              |       |
| <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> <tr> <td>\$ 6,482,583</td> <td>\$ 5,594,944</td> <td>(14%)</td> </tr> </table> b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, <b>or</b> ,<br><br>For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? |  | FY 10/11 funding | FY 11/12 funding | Percent Change | \$ 6,482,583 | \$ 5,594,944 | (14%) |
| FY 10/11 funding  |  | FY 11/12 funding | Percent Change   |                |              |              |       |
| \$ 6,482,583  |  | \$ 5,594,944     | (14%)            |                |              |              |       |
| c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.  |  |                  |                  |                |              |              |       |
|   |  |                  |                  |                |              |              |       |

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

**A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.**

| Age Group       | # of individuals<br>FSP | # of individuals<br>GSD | # of individuals<br>OE | Cost per Client<br>FSP Only <sup>2</sup> |
|-----------------|-------------------------|-------------------------|------------------------|--|
| Child and Youth | 20                      |                         |                        | \$15,986                                 |
| TAY             | 25                      |                         |                        | \$15,986                                 |
| Adults          | 275                     |                         |                        | \$15,986                                 |
| Older Adults    | 30                      |                         |                        | \$15,986                                 |
| Total           | 350                     |                         |                        | \$15,986                                 |

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: **350**

<sup>2</sup> Cost per Client is based on a program capacity of 350 clients at any given time.

**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

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| <p><b>B. Answer the following questions about this program.</b></p>   |
| <p><b>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</b></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 (<b>SSI/SSDI Outreach, Access and Recovery</b>), a promising practice to help homeless individuals expedite 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> |
| <p><b>2. If this is a consolidation of two or more programs, provide the following information:</b></p> <ul style="list-style-type: none"> <li>a) Names of the programs being consolidated.</li> <li>b) How existing populations and services to achieve the same outcomes as the previously approved programs.</li> <li>c) The rationale for the decision to consolidate programs.</li> </ul>  |
| <p>N/A</p>  |
| <p><b>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</b></p>  |
| <p>N/A</p>  |

PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports

County: Sacramento

No funding is being requested for this program.

Program Number/Name: Transcultural Wellness Center – SAC5

Date: June 21, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

| Age Group       | # of individuals<br>FSP | # of individuals<br>GSD | # of individuals<br>OE | Cost per Client<br>FSP Only <sup>1</sup> |
|-----------------|-------------------------|-------------------------|------------------------|--|
| Child and Youth | 86                      |                         |                        | \$6,231                                  |
| TAY             | 50                      |                         |                        | \$6,231                                  |
| Adults          | 133                     |                         |                        | \$6,231                                  |
| Older Adults    | 39                      |                         |                        | \$6,231                                  |
| Total           | 308                     |                         |                        | \$6,231                                  |

Total Number of Individuals Served (all service categories) by the Program during FY 09/10: **308**

B. List the number of individuals served by this program during FY 09/10, as applicable.

| Race and Ethnicity | # of Individuals | Primary Language | # of Individuals | Culture | # of Individuals |
|--------------------|------------------|------------------|------------------|---------|------------------|
| White              | 6                | English          | 90               | LGBTQ   |                  |
| African American   | 9                | Spanish          | 17               | Veteran |                  |
| Asian              | 233              | Vietnamese       | 50               | Other   |                  |
| Pacific Islander   | 23               | Cantonese        | 29               |         |                  |
| Native American    | ---              | Mandarin         | 2                |         |                  |
| Hispanic           | 12               | Tagalog          | 1                |         |                  |
| Multi              | 3                | Cambodian        | 6                |         |                  |
| Unknown            | 13               | Hmong            | 64               |         |                  |
| Other              | 9                | Russian          | ---              |         |                  |
|                    |                  | Farsi            | ---              |         |                  |
|                    |                  | Arabic           | ---              |         |                  |
|                    |                  | Other            | 49               |         |                  |

<sup>1</sup> Cost per Client is based on a program capacity of 230 clients at any given time.

**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

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| <p><b>C. Answer the following questions about this program.</b></p>  |
| <p><b>1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.</b></p>   |
| <p>TWC receives referrals directly from the community including family members of Asian Pacific Islander (API) individuals suffering from severe mental health conditions. Additional referrals are received from other providers who are seeking transfer of their existing clients in order to provide them access to culturally and/or linguistically appropriate mental health services. TWC always prioritizes clients who are unserved to be approved for services.</p> <p>TWC continues to focus on the recruitment and retention of culturally and linguistically competent staff and has multiple employees in different disciplines who are linguistically and culturally competent for the most prevalent language/ethnic groups of clients (Hmong, Vietnamese and Cantonese). The agency also retains at least one staff person who is linguistically and culturally competent in each of the less prevalent language/ethnic groups.</p> <p>During FY2009/10, TWC developed and implemented expanded group activities in target population languages to reduce chronic isolation of clients, especially in monolingual or LEP adult and older adult populations.</p> |
| <p><b>2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.</b></p>   |
| <p>In FY 2009-10, TWC added 30 additional slots in anticipation of an increased need for services due to budget reductions elsewhere in the division. However, the additional 30 slots have not impacted the level of services TWC members receive. Many members have achieved a level of recovery that requires less support, thus allowing staff to provide more services to those with more intensive needs.</p>  |

**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

| 1) Is there a change in the service population to be served?  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   |                  |                |              |              |       |
|---|--|---|------------------|----------------|--------------|--------------|-------|
| 2) Is there a change in services?   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   |                  |                |              |              |       |
| 3) a) Complete the table below:   | <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$ 2,206,933</td> <td>\$ 1,931,683</td> <td>(12%)</td> </tr> </tbody> </table> | FY 10/11 funding  | FY 11/12 funding | Percent Change | \$ 2,206,933 | \$ 1,931,683 | (12%) |
| FY 10/11 funding  |  | FY 11/12 funding  | Percent Change   |                |              |              |       |
| \$ 2,206,933  |  | \$ 1,931,683  | (12%)            |                |              |              |       |
| b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, <b>or</b> ,                                 |  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                  |                |              |              |       |
| <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   |   |                  |                |              |              |       |
| c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.                                      |  |   |                  |                |              |              |       |

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

**A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.**

| Age Group       | # of individuals<br>FSP | # of individuals<br>GSD | # of individuals<br>OE | Cost per Client<br>FSP Only <sup>2</sup> |
|-----------------|-------------------------|-------------------------|------------------------|--|
| Child and Youth | 72                      |                         |                        | \$8,399                                  |
| TAY             | 47                      |                         |                        | \$8,399                                  |
| Adults          | 86                      |                         |                        | \$8,399                                  |
| Older Adults    | 25                      |                         |                        | \$8,399                                  |
| Total           | 230                     |                         |                        | \$8,399                                  |

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: **230**

<sup>2</sup> Cost per Client is based on a program capacity of 230 clients at any given time.



**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

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| <p><b>B. Answer the following questions about this program.</b></p>   |
| <p><b>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</b></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><b>2. If this is a consolidation of two or more programs, provide the following information:</b></p> <ul style="list-style-type: none"> <li>a) Names of the programs being consolidated.</li> <li>b) How existing populations and services to achieve the same outcomes as the previously approved programs.</li> <li>c) The rationale for the decision to consolidate programs.</li> </ul>  |
| <p>N/A</p>  |
| <p><b>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</b></p>  |
| <p>N/A</p>  |

PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports

County: Sacramento

No funding is being requested for this program.

Program Number/Name: Wellness and Recovery Center – SAC6

Date: June 21, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

**A. List the number of individuals served by this program during FY 09/10, as applicable.**

| Age Group*      | # of individuals<br>FSP | # of individuals<br>GSD | # of individuals<br>OE | Cost per Client<br>FSP Only |
|-----------------|-------------------------|-------------------------|------------------------|-----------------------------|
| Child and Youth |                         | 41                      |                        |                             |
| TAY             |                         | 85                      |                        |                             |
| Adults          |                         | 735                     |                        |                             |
| Older Adults    |                         | 120                     |                        |                             |
| Unknown         |                         | 1,628                   |                        |                             |
| Total           |                         | 2,609                   |                        |                             |

\*Age of individuals is unknown due to difficulties in obtaining date of birth during phone contacts.

**Total Number of Individuals Served by the Program during FY 09/10:** 2,609  
Note: Due to the structure of the two Wellness and Recovery Centers, we were unable to collect demographics on most of the clients served.

**B. List the number of individuals served by this program during FY 09/10, as applicable.**

| Race and Ethnicity | # of Individuals | Primary Language | # of Individuals | Culture | # of Individuals |
|--------------------|------------------|------------------|------------------|---------|------------------|
| White              | 466              | English          | 923              | LGBTQ   |                  |
| African American   | 185              | Spanish          | 46               | Veteran |                  |
| Asian              | 42               | Vietnamese       | 7                | Other   |                  |
| Pacific Islander   | 11               | Cantonese        | 3                |         |                  |
| Native American    | 8                | Japanese         | 1                |         |                  |
| Hispanic           | 118              | Cambodian        | ---              |         |                  |
| Multi              | 16               | Hmong            | 4                |         |                  |
| Unknown            | 1,714            | Russian          | 7                |         |                  |
| Other              | 49               | Farsi            | 1                |         |                  |
|                    |                  | Arabic           | 1                |         |                  |
|                    |                  | Other/Unknown    | 42               |         |                  |
|                    |                  | Unknown          | 1,574            |         |                  |

PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

The SAC6 Work Plan expanded in FY 09/10 based on community input and DMH approval. It now includes two Wellness and Recovery Center (WRC) locations, a consumer and family member advocacy program – Consumer and Family Member Voice (CFMV) and a Peer Partner Program. Unfortunately, due to staffing issues and time constraints involved with the competitive bid and other county processes, the Peer Partner Program did not get started during FY 09/10.

Wellness and Recovery Center

The Wellness and Recovery Center (WRC) continued to provide the vast array of services and supports they have been providing since initial implementation. Services include groups, educational guidance, vocational services, medication support services, and natural healing practices. Some groups focus on mental health topics such as Cognitive Support groups, medication support/education groups, emotional support and healthy relationships. Other groups focus on life supports such as spiritual enrichment, financial stability, physical health and creative support. Within these categories, outings such as going to a Farmer’s Market, Yoga, Nutrition Support, Peer Support, Women’s Wisdom, Writing as a Path to Healing, Bingo, the Art of Happiness, Healthy Boundaries, Open Movement, Open Drumming, Relapse Prevention, as well as a variety of other activities are offered. SacPort groups, a scripted series of groups dealing with mental health issues and relationships, are also offered. Art groups provide a way for differing cultural ideals and expectations to be shared among and between people. It is believed that with such an open atmosphere where folks are encouraged to offer ideas of topics to be enjoyed by all, there is a cultural openness that encourages cultural and ethnic participation in the Wellness Centers. Many of these groups are offered in different languages.

The WRC entered into a collaborative relationship with DreamWorks in order to offer employment supports. Pre-employment groups are offered and focus on job readiness, e.g., getting up at a regular time, getting somewhere at a set time on a set schedule, work relationships and boundaries, etc. Volunteer stipends are provided for individuals interested in developing advocacy and leadership skills, which could lead to further paid employment at a future time.

Consumer and Family Member Voice

The Consumer and Family Member Voice (CFMV) program has three distinct programs: Senior Peer Counseling (SPC); Sacramento Advocacy for Family Empowerment (SAFE) which focuses on children, youth and families; and Adult and Older Adult Family Advocacy. All programs provide system and client level advocacy, information and educational trainings as well as peer-to-peer support. CFMV serves all age groups with dedicated programs for Older Adults and Transition Age Youth.

The SPC program plays a vital role with outreach to isolated adults ages 60 and older. The key feature to the SPC program is its active volunteer staff, which makes up the majority of the program and provides the services. There are a total of 80 older adults who volunteer and have a high degree of accountability and reliability. The volunteers provide daily phone calls to provide support and reassurance and conduct home visits when indicated. The volunteers are organized and lead by a part-time program advocate.

The SAFE program is comprised of family advocates and transition age youth. Two-part-time youth advocates provide peer to peer services for youth and transition age youth. The youth advocates also serve on several community committees and advisory councils to provide advocacy and develop and expand their leadership skills. In addition, the youth advocates facilitate three weekly youth support groups focused on various topics.

**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

The Child Family Member Advocate, Adult Family Advocate and Adult Consumer Advocate are members of the Division of Behavioral Health's Management Team and provide input on policies and practices that impact the delivery of services. Collectively, the advocates provided an array of services and supports in FY 09-10 including, but not limited to, the following: WRAP trainings; facilitated a monthly Depression and Bipolar Support Alliance group; facilitated a weekly family support group at the Mental Health Treatment Center; conducted consumer focus groups to assist DBHS with community planning; recruited consumers to attend trainings and conferences; served on advisory councils and committees; provided consumer led trainings on recovery and resiliency; served as panel members and speakers to educate community members about mental health issues, including stigma and discrimination; organized and facilitated a monthly "Open Mic" night for consumers and family members to showcase their talents; and organized, coordinated and sponsored the annual Consumer Speaks conference that drew more than 300 consumers and supporters from the Sacramento region.

**2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.**

There were no key differences or major challenges with program implementation as a result of MHSA and mental health funding fluctuation.

**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

| 1) Is there a change in the service population to be served?  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                  |                  |                |              |              |      |
|---|--|------------------|------------------|----------------|--------------|--------------|------|
| 2) Is there a change in services?   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                  |                  |                |              |              |      |
| 3) a) Complete the table below:   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br><br>Yes <input type="checkbox"/> No <input type="checkbox"/> <b>N/A</b> |                  |                  |                |              |              |      |
| <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$ 3,044,436</td> <td>\$ 2,948,155</td> <td>(3%)</td> </tr> </tbody> </table> |  | FY 10/11 funding | FY 11/12 funding | Percent Change | \$ 3,044,436 | \$ 2,948,155 | (3%) |
| FY 10/11 funding  |  | FY 11/12 funding | Percent Change   |                |              |              |      |
| \$ 3,044,436  |  | \$ 2,948,155     | (3%)             |                |              |              |      |
| b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, <b>or</b> ,   |  |                  |                  |                |              |              |      |
| <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?   |  |                  |                  |                |              |              |      |
| c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.  |  |                  |                  |                |              |              |      |

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

**A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.**

| Age Group  | # of individuals<br>FSP | # of individuals<br>GSD | # of individuals<br>OE | Cost per Client<br>FSP Only |
|--|-------------------------|-------------------------|------------------------|-----------------------------|
| Child and Youth  |                         | 20                      |                        |                             |
| TAY  |                         | 300                     |                        |                             |
| Adults   |                         | 1,945                   |                        |                             |
| Older Adults   |                         | 225                     |                        |                             |
| Total  |                         | 2,490                   |                        |                             |
| <b>Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 2,490</b> |                         |                         |                        |                             |

**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

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| <p><b>B. Answer the following questions about this program.</b></p>   |
| <p><b>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</b></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 Behavioral Health Services' 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. The Adult Consumer Advocate, Adult Family Member Advocate and the Child and Youth 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, advocacy, system navigation, trainings for TAY and adult consumers, support groups, and psycho-educational groups. Staff also coordinate and facilitate the annual Consumer Speaks Conference.</p> |
| <p><b>2. If this is a consolidation of two or more programs, provide the following information:</b></p> <ul style="list-style-type: none"> <li>a) Names of the programs being consolidated.</li> <li>b) How existing populations and services to achieve the same outcomes as the previously approved programs.</li> <li>c) The rationale for the decision to consolidate programs.</li> </ul>  |
| <p>N/A</p>  |
| <p><b>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</b></p>  |
| <p>N/A</p>  |

PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports

County: Sacramento

No funding is being requested for this program.

Program Number/Name: Adult FSP – SAC7

Date: June 21, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

**A. List the number of individuals served by this program during FY 09/10, as applicable.**

| Age Group  | # of individuals<br>FSP | # of individuals<br>GSD | # of individuals<br>OE | Cost per Client<br>FSP Only <sup>1</sup> |
|--|-------------------------|-------------------------|------------------------|--|
| Child and Youth  | ---                     |                         |                        |  |
| TAY  | 18                      |                         |                        | \$7,880                                  |
| Adults   | 291                     |                         |                        | \$7,880                                  |
| Older Adults   | 40                      |                         |                        | \$7,880                                  |
| Total  | 349                     |                         |                        | \$7,880                                  |
| Total Number of Individuals Served (all service categories) by the Program during FY 09/10: <b>349</b> |                         |                         |                        |  |

**B. List the number of individuals served by this program during FY 09/10, as applicable.**

| Race and Ethnicity | # of Individuals | Primary Language | # of Individuals | Culture | # of Individuals |
|--------------------|------------------|------------------|------------------|---------|------------------|
| White              | 180              | English          | 329              | LGBTQ   |                  |
| African American   | 78               | Spanish          | 6                | Veteran |                  |
| Asian              | 16               | Vietnamese       | 2                | Other   |                  |
| Pacific Islander   | 9                | Cantonese        | ---              |         |                  |
| Native American    | 1                | Mandarin         | ---              |         |                  |
| Hispanic           | 46               | Tagalog          | 1                |         |                  |
| Multi              | 2                | Cambodian        | ---              |         |                  |
| Unknown            | 5                | Hmong            | ---              |         |                  |
| Other              | 12               | Russian          | 3                |         |                  |
|                    |                  | Farsi            | 2                |         |                  |
|                    |                  | Arabic           | ---              |         |                  |
|                    |                  | Other            | 6                |         |                  |

<sup>1</sup> Cost per Client is based on a program capacity of 300 clients at any given time.

**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

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|   |
| <p><b>C. Answer the following questions about this program.</b></p>   |
| <p><b>1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.</b></p>  |
| <p>The Adult Full Service Partnership Program started in July 2009. Sacramento County contracted with two community-based providers, Turning Point Community Programs and Telecare Corporation, to provide a continuum of integrated, culturally competent services for eligible consumers. Having two providers has been an advantage, as services are offered in both the South and North area of Sacramento and, in some cases, allows consumers and/or family members a choice of service providers.</p> <p>The Adult FSP provides the most intensive, wraparound services to Adults that are transitioning to community living from high-cost, restrictive environments such as emergency departments, the Mental Health Treatment Center (our local Psychiatric Health Facility), private psychiatric hospitals, jail settings, and other sub acute facilities. The Adult FSP is designed to offer a prompt face-to-face interview with referred individuals in order to expedite service provision, community placement, and support individuals' continued recovery.</p> <p>Staff is available to provide linguistic services in the following languages: Spanish, Tagalog, Tongan, French, Edo, Vietnamese, and Italian. When necessary, interpreters are utilized to provide services in the consumer's preferred language. There has been a significant increase of community outreach to local church and faith-based organizations to form partnerships that will improve support systems, to increase staff awareness and education, and to provide a connection for individuals with their desired cultural and ethnic communities.</p> <p>The Adult FSP also started outreach to a Day Program within the Russian community that has resulted in a mutual learning experience for both the provider and the Russian community. This outreach has greatly increased understanding of mental health issues within the Russian community and will hopefully reduce the disparity in access and quality of services. In addition, non-traditional resources and community linkage continues with the following: Gay, Lesbian, Bisexual, Transgendered support; options of traditional/holistic/non-Western medical intervention; group work and AA/NA offered in non-English languages.</p> |
| <p><b>2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.</b></p>  |
| <p>This program began implementation in FY 09/10 and there were no challenges as a result of MHSA and overall mental health funding.</p>  |



**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

| 1) Is there a change in the service population to be served?  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                  |                  |                |             |              |       |
|---|--|------------------|------------------|----------------|-------------|--------------|-------|
| 2) Is there a change in services?   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                  |                  |                |             |              |       |
| 3) a) Complete the table below:   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br><br>Yes <input type="checkbox"/> No <input type="checkbox"/> <b>N/A</b> |                  |                  |                |             |              |       |
| <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$3,162,500</td> <td>\$ 2,750,000</td> <td>(13%)</td> </tr> </tbody> </table> |  | FY 10/11 funding | FY 11/12 funding | Percent Change | \$3,162,500 | \$ 2,750,000 | (13%) |
| FY 10/11 funding  |  | FY 11/12 funding | Percent Change   |                |             |              |       |
| \$3,162,500   |  | \$ 2,750,000     | (13%)            |                |             |              |       |
| b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, <b>or</b> ,   |  |                  |                  |                |             |              |       |
| For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?   |  |                  |                  |                |             |              |       |
| c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.  |  |                  |                  |                |             |              |       |

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

**A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.**

| Age Group       | # of individuals<br>FSP | # of individuals<br>GSD | # of individuals<br>OE | Cost per Client<br>FSP Only <sup>2</sup> |
|-----------------|-------------------------|-------------------------|------------------------|--|
| Child and Youth |                         |                         |                        |  |
| TAY             | 20                      |                         |                        | \$9,167                                  |
| Adults          | 250                     |                         |                        | \$9,167                                  |
| Older Adults    | 30                      |                         |                        | \$9,167                                  |
| Total           | 300                     |                         |                        | \$9,167                                  |

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: **350**

<sup>2</sup> Cost per Client is based on a program capacity of 300 clients at any given time.

**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

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| <b>B. Answer the following questions about this program.</b>  |
| <b>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</b>   |
| <p>The Adult FSP consists of two programs: Turning Point ISA and Telecare SOAR. 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 FSP 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> |
| <b>2. If this is a consolidation of two or more programs, provide the following information:</b><br><b>a) Names of the programs being consolidated.</b><br><b>b) How existing populations and services to achieve the same outcomes as the previously approved programs.</b><br><b>c) The rationale for the decision to consolidate programs.</b>   |
| N/A   |
| <b>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</b>   |
| N/A   |

PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports

County: Sacramento

No funding is being requested for this program.

Program Number/Name: SAC8 – FSP: Juvenile Justice Diversion and Treatment Program

Date: June 21, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

**A. List the number of individuals served by this program during FY 09/10, as applicable.**

| Age Group   | # of individuals<br>FSP | # of individuals<br>GSD | # of individuals<br>OE | Cost per Client<br>FSP Only |
|---|-------------------------|-------------------------|------------------------|-----------------------------|
| Child and Youth   |                         |                         |                        |                             |
| TAY   |                         |                         |                        |                             |
| Adults  |                         |                         |                        |                             |
| Older Adults  |                         |                         |                        |                             |
| Total   |                         |                         |                        |                             |
| Total Number of Individuals Served (all service categories) by the Program during FY 09/10: |                         |                         |                        |                             |

**B. List the number of individuals served by this program during FY 09/10, as applicable.**

| Race and Ethnicity | # of Individuals | Primary Language | # of Individuals | Culture | # of Individuals |
|--------------------|------------------|------------------|------------------|---------|------------------|
| White              |                  | English          |                  | LGBTQ   |                  |
| African American   |                  | Spanish          |                  | Veteran |                  |
| Asian              |                  | Vietnamese       |                  | Other   |                  |
| Pacific Islander   |                  | Cantonese        |                  |         |                  |
| Native American    |                  | Mandarin         |                  |         |                  |
| Hispanic           |                  | Tagalog          |                  |         |                  |
| Multi              |                  | Cambodian        |                  |         |                  |
| Unknown            |                  | Hmong            |                  |         |                  |
| Other              |                  | Russian          |                  |         |                  |
|                    |                  | Farsi            |                  |         |                  |
|                    |                  | Arabic           |                  |         |                  |
|                    |                  | Other            |                  |         |                  |

**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

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|   |
| <b>C. Answer the following questions about this program.</b>  |
| <b>1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.</b> |
| Not implemented in FY 09/10   |
| <b>2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.</b>                                   |
| Not implemented in FY 09/10   |

PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

| 1) Is there a change in the service population to be served? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   |                  |                |              |              |       |
|--|---|---|------------------|----------------|--------------|--------------|-------|
| 2) Is there a change in services?                            | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   |                  |                |              |              |       |
| 3) a) Complete the table below:                              | <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$ 2,051,600</td> <td>\$ 1,784,000</td> <td>(13%)</td> </tr> </tbody> </table> b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, <b>or</b> ,<br><br><u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?<br><br>c) If you are requesting an exception to the ±25% criteria, please provide an explanation below. | FY 10/11 funding  | FY 11/12 funding | Percent Change | \$ 2,051,600 | \$ 1,784,000 | (13%) |
| FY 10/11 funding   |   | FY 11/12 funding  | Percent Change   |                |              |              |       |
| \$ 2,051,600   |   | \$ 1,784,000  | (13%)            |                |              |              |       |
|  |   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                  |                |              |              |       |
|  | Yes <input type="checkbox"/> No <input type="checkbox"/> <b>N/A</b>   |   |                  |                |              |              |       |

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

**A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.**

| Age Group       | # of individuals<br>FSP | # of individuals<br>GSD | # of individuals<br>OE | Cost per Client<br>FSP Only |
|-----------------|-------------------------|-------------------------|------------------------|-----------------------------|
| Child and Youth | 35                      |                         |                        | \$19,391                    |
| TAY             | 57                      |                         |                        | \$19,391                    |
| Adults          |                         |                         |                        |                             |
| Older Adults    |                         |                         |                        |                             |
| Total           | 92                      |                         |                        | \$19,391                    |

**Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 92**

**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

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|---|
| <p><b>B. Answer the following questions about this program.</b></p>   |
| <p><b>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</b></p>  |
| <p>JJDTP provides 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 must meet SED criteria and be between the ages of 13 through 19 at enrollment but will receive services as long as clinically necessary up to their 26<sup>th</sup> 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> |
| <p><b>2. If this is a consolidation of two or more programs, provide the following information:</b></p> <ul style="list-style-type: none"> <li>a) Names of the programs being consolidated.</li> <li>b) How existing populations and services to achieve the same outcomes as the previously approved programs.</li> <li>c) The rationale for the decision to consolidate programs.</li> </ul>  |
| <p>N/A</p>  |
| <p><b>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</b></p>  |
| <p>N/A</p>  |

**PREVIOUSLY APPROVED PROGRAM  
Workforce Education and Training**

County: Sacramento

No funding is being requested for this program.

Program Number/Name: Action 1: WET Coordinator

Date: June 21, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

**1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).**

The WET Coordinator continued to facilitate the implementation of approved WET Actions. The Coordinator attended and participated in statewide WET Coordinator Meetings; twice monthly WET Coordinator Conference Calls; the WET Central Region Partnership; Transitional Age Youth (TAY) Workgroup; Training Sub-Committee; and the Community College Workgroup. The WET Coordinator will continue to evaluate WET plan implementation and effectiveness; coordinate efforts with other MHSA and Division/Department efforts; and participate fully in the implementation of WET Actions coming in 2010-2011.

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes  No

2) Is there a change in the activities and strategies? Yes  No

3) a) Complete the table below:

| FY 10/11 funding | FY 11/12 funding | Percent Change |
|------------------|------------------|----------------|
| N/A              | N/A              |                |

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or**, Yes  No

**No funding being requested**

**PREVIOUSLY APPROVED PROGRAM  
Workforce Education and Training**

|   |  |
|---|--|
| <p>For Consolidated Programs, is the FY 11/12 funding requested outside the <math>\pm 25\%</math> of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the <math>\pm 25\%</math> criteria, please provide an explanation below.</p> | <p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p> |
|---|--|

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

**A. Type of Funding by Category**

| WET Funding Category            | Check the Box that Applies |
|---------------------------------|----------------------------|
| Workforce Staffing Support      | <input type="checkbox"/>   |
| Training & Technical Assistance | <input type="checkbox"/>   |
| Mental Health Career Pathway    | <input type="checkbox"/>   |
| Residency & Internship          | <input type="checkbox"/>   |
| Financial Incentive             | <input type="checkbox"/>   |

**B. Answer the following questions about this program.**

|   |
|---|
| <p><b>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</b></p>  |
| <p>N/A</p>  |
| <p><b>2. If this is a consolidation of two or more previously approved programs, provide the following information:</b></p> <p>a) Name of the programs.<br/>                 b) The rationale for the decision to consolidate programs.<br/>                 c) How the objectives identified in the previously approved programs will be achieved.</p> |
| <p>N/A</p>  |



**PREVIOUSLY APPROVED PROGRAM  
Workforce Education and Training**

County: Sacramento

No funding is being requested for this program.

Program Number/Name: Action 2: Training and Technical Assistance

Date: June 21, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

**1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).**

During the 09/10 FY, two WET funded projects were launched. The first was the Crisis Responder Training Workgroup and the second was the Child and Adolescent Needs and Strengths (CANS) Workgroup. Both of these projects began with the creation of a Training Partnership Team that included consumers and family members along with other interested community stakeholders. Great progress was made with regard to initial planning for the Crisis Responder Training, but the majority of the efforts are taking place in FY 10/11. The initial training is focusing on the Sacramento City Police Department; however, the hope is to include the Sacramento County Sheriff's Department when they implement their next round of training.

It is also important to note the relationship established with California State University, Sacramento (CSUS). Two professors in the CSUS Social Work Department participated in the WET Community Planning Process several years ago and have participated at various points in other MHSA planning processes. Since then, DBHS staff members have been invited to speak to graduate students who are recipients of the MHSA Stipend Program in the University's Social Work Department. The county's MHSA manager spoke to students about the background, core values and principles of MHSA. The manager of the county's Quality Management Unit presents one to two times per year and addresses the issue of documentation in the public mental health system. She provides examples of services provided and how to write a progress note that is in compliance with federal, state and county guidelines and in alignment with the wellness and recovery principles of MHSA. The information provides students with unique insight into Sacramento County's mental health system and addresses a gap in student training, as this information is not adequately addressed in typical graduate school curriculum.

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

|   |                              |  |
|---|------------------------------|--|
| 1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2) Is there a change in the activities and strategies?  | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

**PREVIOUSLY APPROVED PROGRAM  
Workforce Education and Training**

| <p>3) a) Complete the table below:</p> <table border="1" style="margin-left: 20px; border-collapse: collapse; width: 80%;"> <tr> <th style="text-align: center;">FY 10/11 funding</th> <th style="text-align: center;">FY 11/12 funding</th> <th style="text-align: center;">Percent Change</th> </tr> <tr> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> <td></td> </tr> </table> <p>b) Is the FY 11/12 funding requested outside the <math>\pm 25\%</math> of the previously approved amount, <b>or</b>,</p> <p style="margin-left: 20px;"><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the <math>\pm 25\%</math> of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the <math>\pm 25\%</math> criteria, please provide an explanation below.</p> | FY 10/11 funding | FY 11/12 funding | Percent Change | N/A | N/A |  | <p><b>No funding being requested</b></p> <p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p> |
|--|------------------|------------------|----------------|-----|-----|--|--|
| FY 10/11 funding   | FY 11/12 funding | Percent Change   |                |     |     |  |  |
| N/A  | N/A              |                  |                |     |     |  |  |
| <p><b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.</p>  |                  |                  |                |     |     |  |  |

**A. Type of Funding by Category**

| WET Funding Category            | Check the Box that Applies |
|---------------------------------|----------------------------|
| Workforce Staffing Support      | <input type="checkbox"/>   |
| Training & Technical Assistance | <input type="checkbox"/>   |
| Mental Health Career Pathway    | <input type="checkbox"/>   |
| Residency & Internship          | <input type="checkbox"/>   |
| Financial Incentive             | <input type="checkbox"/>   |

**B. Answer the following questions about this program.**

|   |
|---|
| <p><b>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</b></p>  |
| <p>N/A</p>  |
| <p><b>2. If this is a consolidation of two or more previously approved programs, provide the following information:</b></p> <p style="margin-left: 20px;"><b>a) Name of the programs.</b></p> <p style="margin-left: 20px;"><b>b) The rationale for the decision to consolidate programs.</b></p> <p style="margin-left: 20px;"><b>c) How the objectives identified in the previously approved programs will be achieved.</b></p> |
| <p>N/A</p>  |

**PREVIOUSLY APPROVED PROGRAM  
Workforce Education and Training**

County: Sacramento

No funding is being requested for this program.

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

Date: June 21, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

**1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).**

Due to budget reductions and lack of employment opportunities over the last couple of years, implementation of this Action has been delayed. While employment has been challenging across the state, Sacramento County ranked second for the highest unemployment in the state. However, efforts to train existing Consumers, Family Members, and Caregivers to ensure successful service delivery and employment are taking place through other efforts.

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?      Yes       No

2) Is there a change in the activities and strategies?      Yes       No

3) a) Complete the table below:

| FY 10/11 funding | FY 11/12 funding | Percent Change |
|------------------|------------------|----------------|
| N/A              | N/A              |                |

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or**,

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?

**No funding being requested**

Yes       No

Yes       No

**PREVIOUSLY APPROVED PROGRAM  
Workforce Education and Training**

|  |  |
|--|--|
| c) If you are requesting an exception to the ±25% criteria, please provide an explanation below. |  |
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**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

**A. Type of Funding by Category**

| WET Funding Category            | Check the Box that Applies |
|---------------------------------|----------------------------|
| Workforce Staffing Support      | <input type="checkbox"/>   |
| Training & Technical Assistance | <input type="checkbox"/>   |
| Mental Health Career Pathway    | <input type="checkbox"/>   |
| Residency & Internship          | <input type="checkbox"/>   |
| Financial Incentive             | <input type="checkbox"/>   |

**B. Answer the following questions about this program.**

|   |
|---|
| 1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.  |
| N/A   |
| 2. If this is a consolidation of two or more previously approved programs, provide the following information:<br>a) Name of the programs.<br>b) The rationale for the decision to consolidate programs.<br>c) How the objectives identified in the previously approved programs will be achieved. |
| N/A   |

**PREVIOUSLY APPROVED PROGRAM  
Workforce Education and Training**

County: Sacramento

No funding is being requested for this program.

Program Number/Name: Action 4: High School Training

Date: June 21, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

**1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).**

Implementation of this Action has been delayed; however, there has been much progress made during FY 10/11 and the County is very excited to begin implementation. The curriculum will focus on introducing mental health to high school youth (9<sup>th</sup> through 12<sup>th</sup> grade) during the time they are typically considering career opportunities. Additional focus would include, but not be limited to, addressing issues of stigma and discrimination toward individuals and family members living with mental illness; increasing understanding of mental health issues from diverse racial and ethnic perspectives; exploring mental health issues across age groups; exploring the various career opportunities in public mental health; and other areas. Sacramento County will work with the selected school with on-the-job training, existing Regional Opportunity Programs (ROP), and experiential learning opportunities for public high school youth possibly interested in learning more about mental health and public mental health as a health career option.

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes  No

2) Is there a change in the activities and strategies? Yes  No

3) a) Complete the table below:

| FY 10/11 funding | FY 11/12 funding | Percent Change |
|------------------|------------------|----------------|
| N/A              | N/A              |                |

b) Is the FY 11/12 funding requested outside the ± 25% of the previously Yes  No

**No funding being requested**

**PREVIOUSLY APPROVED PROGRAM  
Workforce Education and Training**

|  |  |
|--|--|
| approved amount, or,<br><br>For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?<br><br>c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|

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**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

**A. Type of Funding by Category**

| WET Funding Category            | Check the Box that Applies |
|---------------------------------|----------------------------|
| Workforce Staffing Support      | <input type="checkbox"/>   |
| Training & Technical Assistance | <input type="checkbox"/>   |
| Mental Health Career Pathway    | <input type="checkbox"/>   |
| Residency & Internship          | <input type="checkbox"/>   |
| Financial Incentive             | <input type="checkbox"/>   |

**B. Answer the following questions about this program.**

|   |
|---|
| <p><b>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</b></p>  |
| <p>N/A</p>  |
| <p><b>2. If this is a consolidation of two or more previously approved programs, provide the following information:</b><br/>                 a) Name of the programs.<br/>                 b) The rationale for the decision to consolidate programs.<br/>                 c) How the objectives identified in the previously approved programs will be achieved.</p> |
| <p>N/A</p>  |

PREVIOUSLY APPROVED PROGRAM  
Workforce Education and Training

County: Sacramento

No funding is being requested for this program.

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

Date: June 21, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Continued efforts are being made to strengthen the Division's partnership with the University of California Davis Medical Center to move forward with this Action in order to improve retention of psychiatrists within the public mental health system of care. A strength-based approach with a more supportive rotational assignment in mental health will hopefully increase the number of psychiatrists entering public mental health versus private practice or other opportunities. This Action is being implemented in FY 10/11.

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes  No

2) Is there a change in the activities and strategies? Yes  No

3) a) Complete the table below:

| FY 10/11 funding | FY 11/12 funding | Percent Change |
|------------------|------------------|----------------|
| N/A              | N/A              |                |

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,  
For Consolidated Programs, is the FY 11/12 funding requested outside the

No funding being requested

Yes  No

Yes  No

**PREVIOUSLY APPROVED PROGRAM  
Workforce Education and Training**

|   |  |
|---|--|
| <p>± 25% of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.</p>       |  |
| <p><b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.</p> |  |

**A. Type of Funding by Category**

| WET Funding Category            | Check the Box that Applies |
|---------------------------------|----------------------------|
| Workforce Staffing Support      | <input type="checkbox"/>   |
| Training & Technical Assistance | <input type="checkbox"/>   |
| Mental Health Career Pathway    | <input type="checkbox"/>   |
| Residency & Internship          | <input type="checkbox"/>   |
| Financial Incentive             | <input type="checkbox"/>   |

**B. Answer the following questions about this program.**

|  |
|--|
| <p><b>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</b></p>   |
| <p>N/A</p>   |
| <p><b>2. If this is a consolidation of two or more previously approved programs, provide the following information:</b></p> <p style="margin-left: 20px;">a) Name of the programs.</p> <p style="margin-left: 20px;">b) The rationale for the decision to consolidate programs.</p> <p style="margin-left: 20px;">c) How the objectives identified in the previously approved programs will be achieved.</p> |
| <p>N/A</p>   |



**PREVIOUSLY APPROVED PROGRAM  
Workforce Education and Training**

County: Sacramento

No funding is being requested for this program.

Program Number/Name: Action 6: Multidisciplinary Seminar

Date: June 21, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

**1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).**

Implementation of this Action has been delayed. Given budget reductions and the focus on billable services, the County is assessing the design of the program as this is an important strategy towards training and retaining staff in the delivery of effective mental health services.

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes  No

2) Is there a change in the activities and strategies? Yes  No

3) a) Complete the table below:

| FY 10/11 funding | FY 11/12 funding | Percent Change |
|------------------|------------------|----------------|
| N/A              | N/A              |                |

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or**,

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?

No funding being requested

Yes  No

Yes  No

**PREVIOUSLY APPROVED PROGRAM  
Workforce Education and Training**

|  |  |
|--|--|
| c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.   |  |
|  |  |
| <b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2. |  |

**A. Type of Funding by Category**

| WET Funding Category            | Check the Box that Applies |
|---------------------------------|----------------------------|
| Workforce Staffing Support      | <input type="checkbox"/>   |
| Training & Technical Assistance | <input type="checkbox"/>   |
| Mental Health Career Pathway    | <input type="checkbox"/>   |
| Residency & Internship          | <input type="checkbox"/>   |
| Financial Incentive             | <input type="checkbox"/>   |

**B. Answer the following questions about this program.**

|  |
|--|
| <b>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</b>  |
| N/A  |
| <b>2. If this is a consolidation of two or more previously approved programs, provide the following information:</b><br>a) Name of the programs.<br>b) The rationale for the decision to consolidate programs.<br>c) How the objectives identified in the previously approved programs will be achieved. |
| N/A  |

PREVIOUSLY APPROVED PROGRAM  
Workforce Education and Training

County: Sacramento

No funding is being requested for this program.

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

Date: June 21, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Sacramento County is exploring strategies to implement this Action as there are logistics that are challenging for the county to manage. The county will work with stakeholders to determine an array of leadership and training opportunities that would be beneficial for consumers and also establish fair and equitable selection criteria for the awarding of Stipends.

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes  No

2) Is there a change in the activities and strategies? Yes  No

3) a) Complete the table below:

| FY 10/11 funding | FY 11/12 funding | Percent Change |
|------------------|------------------|----------------|
| N/A              | N/A              |                |

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,  
For Consolidated Programs, is the FY 11/12 funding requested outside the

No funding being requested

Yes  No

Yes  No

**PREVIOUSLY APPROVED PROGRAM  
Workforce Education and Training**

|   |  |
|---|--|
| <p>± 25% of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.</p>       |  |
| <p><b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.</p> |  |

**A. Type of Funding by Category**

| WET Funding Category            | Check the Box that Applies |
|---------------------------------|----------------------------|
| Workforce Staffing Support      | <input type="checkbox"/>   |
| Training & Technical Assistance | <input type="checkbox"/>   |
| Mental Health Career Pathway    | <input type="checkbox"/>   |
| Residency & Internship          | <input type="checkbox"/>   |
| Financial Incentive             | <input type="checkbox"/>   |

**B. Answer the following questions about this program.**

|  |
|--|
| <p><b>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</b></p>   |
| <p>N/A</p>   |
| <p><b>2. If this is a consolidation of two or more previously approved programs, provide the following information:</b></p> <p style="margin-left: 20px;">a) Name of the programs.</p> <p style="margin-left: 20px;">b) The rationale for the decision to consolidate programs.</p> <p style="margin-left: 20px;">c) How the objectives identified in the previously approved programs will be achieved.</p> |
| <p>N/A</p>   |

**PREVIOUSLY APPROVED PROGRAM  
Workforce Education and Training**

County: Sacramento

No funding is being requested for this program.

Program Number/Name: Action 8: Stipends for Individuals, Especially Consumers and Family Members

Date: June 21, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

**1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).**

Sacramento County is exploring strategies to implement this Action. There are logistics that are challenging for the county to manage and there was also consideration given to the economic downturn over the last several years which was impacting employment in behavioral health services. The county will continue with discussions on this effort at the Regional effort and, prior to implementation, will work with stakeholders to establish fair and equitable selection criteria for the awarding of stipends.

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes  No

2) Is there a change in the activities and strategies? Yes  No

3) a) Complete the table below:

| FY 10/11 funding | FY 11/12 funding | Percent Change |
|------------------|------------------|----------------|
| N/A              | N/A              |                |

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or**,  
For Consolidated Programs, is the FY 11/12 funding requested outside the

**No funding being requested**

Yes  No

Yes  No

**PREVIOUSLY APPROVED PROGRAM  
Workforce Education and Training**

|   |  |
|---|--|
| <p>± 25% of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.</p>       |  |
| <p><b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.</p> |  |

**A. Type of Funding by Category**

| WET Funding Category            | Check the Box that Applies |
|---------------------------------|----------------------------|
| Workforce Staffing Support      | <input type="checkbox"/>   |
| Training & Technical Assistance | <input type="checkbox"/>   |
| Mental Health Career Pathway    | <input type="checkbox"/>   |
| Residency & Internship          | <input type="checkbox"/>   |
| Financial Incentive             | <input type="checkbox"/>   |

**B. Answer the following questions about this program.**

|   |
|---|
| <p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p>   |
| <p>N/A</p>  |
| <p>2. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <p style="margin-left: 20px;">a) Name of the programs.</p> <p style="margin-left: 20px;">b) The rationale for the decision to consolidate programs.</p> <p style="margin-left: 20px;">c) How the objectives identified in the previously approved programs will be achieved.</p> |
| <p>N/A</p>  |

**PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention**

County: Sacramento

Program Number/Name: 1 / Suicide Prevention

Please check box if this program was selected for the local evaluation

Date: June 21, 2011

|  |
|--|
| <b>SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10</b>  |
| <input type="checkbox"/> Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12. |
|  |

**A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)**

| Age Group                    | # of Individuals | Race and Ethnicity | # of Individuals | Primary Language | # of Individuals | Culture | # of Individuals |
|------------------------------|------------------|--------------------|------------------|------------------|------------------|---------|------------------|
| Child and Youth (0-17)       | 1083             | White              | 5946             | English          |                  | LGBTQ   | 87               |
| Transition Age Youth (16-25) | 2596             | African American   | 1403             | Spanish          | No data          | Veteran | 56               |
| Adult (18-59)                | 9575             | Asian              | 501              | Vietnamese       |                  | Other   |                  |
| Older Adult (60+)            | 1363             | Pacific Islander   | unk              | Cantonese        |                  |         |                  |
|                              |                  | Native American    | 122              | Mandarin         |                  |         |                  |
|                              |                  | Hispanic           | 1292             | Tagalog          |                  |         |                  |
|                              |                  | Multi              | 1058             | Cambodian        |                  |         |                  |
|                              |                  | Unknown            | 807              | Hmong            |                  |         |                  |
|                              |                  | Other              | 891              | Russian          |                  |         |                  |
|                              |                  |                    |                  | Farsi            |                  |         |                  |
|                              |                  |                    |                  | Arabic           |                  |         |                  |
|                              |                  |                    |                  | Other            |                  |         |                  |

**PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention**

**B. Please complete the following questions about this program during FY 09/10.**

**1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.**

Sacramento County contracts with The Effort, a community based agency that has a federally accredited Suicide Prevention Crisis Line. During FY 2009/10, 12,021 direct services were provided to individuals in distress, including 1,204 individuals who were assessed as having a high level of lethality or threat to self. Due to many variables, including increased outreach in the community, the Suicide Prevention Crisis Line had an increase in call volume. Demand was met through the use of increasing the number of staff and increasing the number of volunteers that work the crisis line from 39 to 45. This increase also helped minimize the number of *abandoned phone calls* (or hang-ups) to the crisis line. The crisis line utilizes a translation service and has 8 bilingual volunteer staff (5 Spanish, 2 Hindi and 1 Russian speaker). Outreach was done in the community with a focus on reducing disparities through the provision of translation services, recruiting and training bilingual volunteers, targeting culturally specific service providers, and developing outreach materials in the threshold languages of Sacramento County. During this program year, the crisis line was re-accredited through the American Association of Suicidology.

The crisis line was able to provide outreach (awareness and/or training) to 1,882 persons in the community during the program year. While there was an increase in the number of volunteers trained, training volunteer staff is time intensive and requires a significant amount of time and effort. Resources are leveraged with the use of volunteers in a training capacity when appropriate and available. Other challenges faced by this crisis line (as well as many other crisis lines) involve maintaining adequate supervision ratios. Staff and volunteers are required to receive one hour of direct supervision for every forty hours they serve on the crisis line.

**2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program<sup>1</sup>, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:**

This program is **not** our selected program for evaluation review

**a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program.**

- During the 09/10 fiscal year the Suicide Prevention Crisis Line received 12021 calls from persons in distress or crisis. During fiscal 09-10, four volunteer trainings were held and 68 volunteers completed approximately 816 hours of individual training.
- For crisis line callers, there was an increase in knowledge of resources and supports for 5393 crisis contacts when callers were referred to agencies and supports in the community.
- Decreased suicide risk was achieved as 1204 persons with high levels of suicide risk contacted the crisis line for assistance.
- The call abandonment rate (callers hanging up before the call is answered) decreased from 9.1% to 4.3% reflecting increased effectiveness as a result in augmented staffing and training (training to address effective assessment of risk and triage when appropriate).
- The use of follow up calls increased by 37% and third party intervention contacts increased by 500% resulting in the probability of decreasing isolation and increasing connectedness among persons at risk of suicide. (A third party intervention contact is when the crisis line initiates a call to a person at risk at the request of a concerned party- these contacts are an effective outreach to persons who may not otherwise contact the crisis line).
- The capacity of the crisis line was increased by screening and training an additional 23 volunteers beyond our projection of 45 new volunteers for

<sup>1</sup> Note that very small counties (population less than 100,000) are exempt from this requirement



**PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention**

the program year.

**b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken**

Each crisis contact is documented and logged into a database. Data collected includes the above (age, gender, race) as well as information regarding the callers presenting issue, level of suicide risk, resources given, and how the call ended. The caller's primary language is documented on the paper call sheet but until now has not been tracked in the database. Information is analyzed on a quarterly basis to evaluate overall utilization of the crisis line and implementation of crisis line procedures by crisis line staff.

**c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants**

The following are evaluation methods utilized by the crisis line to ensure quality of service and to reflect the perspectives of our diverse volunteer staff and clients.

- Pre/Post testing is used in our crisis line training to demonstrate increased awareness and knowledge in trainees and to identify areas in which the training may have not been sufficient and should be remedied in future trainings.
- Pre/Post testing is utilized for the Applied Suicide Intervention Skills Training to demonstrate increased knowledge skills and abilities in participants.
- Volunteers are surveyed after our in-service trainings to determine if the training met their expectation and if there are areas of concern that could be addressed to increase their knowledge and the crisis line's effectiveness.
- The general service delivery of the crisis line is evaluated through weekly review of documentation to ensure adherence to policies, mandated reporting guidelines, effective risk assessments etc. The information from the call sheets is entered into a database and evaluated on a quarterly basis.
- The phone system tracks the rates and occurrences of abandoned calls (when the caller hangs up before the counselor answers the phone). This information is used to determine which shifts are busiest or which volunteers may need additional support- leading to increased staffing during these times. Callers are periodically surveyed during follow-up to evaluate effectiveness of the interventions and the caller's satisfaction with the service provided by the crisis line.
- Crisis line volunteers are evaluated (a trainer listens and critiques them on their work) on a quarterly basis to ensure that persons at risk who contact the crisis line are being served effectively and that procedures and ethics are being adhered to.

**d) Specific program strategies implemented to ensure appropriateness for diverse participants**

The crisis line utilizes a translation service and has 8 bilingual volunteer staff (5 Spanish 2 Hindi and 1 Russian speaker). Outreach materials were developed for five threshold languages in Sacramento. During 09/10, twenty-six trainings were provided in the community on suicide risk and Suicide Prevention staff attended outreach events to promote understanding of suicide risk to diverse populations- these activities reached 1882 persons with information about suicide risk and helping strategies.

**e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes**

Training hours were increased by 8 hours at the start of the 09 year. Current total training time for volunteers has increased to 60 hours to ensure trainees are able to demonstrate the required knowledge skills and abilities to be effective helpers to persons at risk of suicide on the crisis line.

PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

| 1. Is there a change in the Priority Population or the Community Mental Health Needs?   | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |                |              |              |       |   |  |
|---|------------------------------|--|----------------|--------------|--------------|-------|---|--|
| 2. Is there a change in the type of PEI activities to be provided?  | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |                |              |              |       |   |  |
| <p>3. a) Complete the table below:</p> <table border="1" data-bbox="157 576 955 649"> <thead> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$ 1,840,000</td> <td>\$ 1,625,000</td> <td>(12%)</td> </tr> </tbody> </table> <p>b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, <b>or</b>,<br/><br/><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.</p> | FY 10/11 funding             | FY 11/12 funding                       | Percent Change | \$ 1,840,000 | \$ 1,625,000 | (12%) | <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> | <p>No <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/> N/A</p> |
| FY 10/11 funding  | FY 11/12 funding             | Percent Change                         |                |              |              |       |   |  |
| \$ 1,840,000  | \$ 1,625,000                 | (12%)                                  |                |              |              |       |   |  |

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

**A. Answer the following questions about this program.**

**1. Please include a description of any additional proposed changes to this PEI program, if applicable.**

N/A

**2. If this is a consolidation of two or more previously approved programs, please provide the following information:**

- a. Names of the programs being consolidated
- b. The rationale for consolidation
- c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

**PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention**

|  |                   |                           |
|--|-------------------|---------------------------|
| N/A  |                   |                           |
| <b>B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.</b>   |                   |                           |
| <p><b><u>Activity</u></b></p> <ul style="list-style-type: none"> <li>• Suicide Prevention Crisis Line 12,000</li> <li>• Outreach 12,000</li> <li>• Postvention services 500</li> </ul> |                   |                           |
|  | <b>Prevention</b> | <b>Early Intervention</b> |
| Total Individuals:   | 24,000            | 250                       |
| Total Families:  |                   | 500                       |
|  |                   |                           |

**PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention**

County: Sacramento

Program Number/Name: 2 / Strengthening Families

Please check box if this program was selected for the local evaluation

Date: June 21, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

The PEI Plan Amendment that included the Strengthening Families Program was not approved until March, 2010.

**A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)**

| Age Group                    | # of Individuals | Race and Ethnicity | # of Individuals | Primary Language | # of Individuals | Culture | # of Individuals |
|------------------------------|------------------|--------------------|------------------|------------------|------------------|---------|------------------|
| Child and Youth (0-17)       |                  | White              |                  | English          |                  | LGBTQ   |                  |
| Transition Age Youth (16-25) |                  | African American   |                  | Spanish          |                  | Veteran |                  |
| Adult (18-59)                |                  | Asian              |                  | Vietnamese       |                  | Other   |                  |
| Older Adult (60+)            |                  | Pacific Islander   |                  | Cantonese        |                  |         |                  |
|                              |                  | Native American    |                  | Mandarin         |                  |         |                  |
|                              |                  | Hispanic           |                  | Tagalog          |                  |         |                  |
|                              |                  | Multi              |                  | Cambodian        |                  |         |                  |
|                              |                  | Unknown            |                  | Hmong            |                  |         |                  |
|                              |                  | Other              |                  | Russian          |                  |         |                  |
|                              |                  |                    |                  | Farsi            |                  |         |                  |
|                              |                  |                    |                  | Arabic           |                  |         |                  |
|                              |                  |                    |                  | Other            |                  |         |                  |

**PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention**

**B. Please complete the following questions about this program during FY 09/10.**

|  |
|--|
| <p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>  |
| <p><b>Not Applicable</b></p>   |
| <p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program<sup>1</sup>, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none"><li>a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program</li><li>b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken</li><li>c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants</li><li>d) Specific program strategies implemented to ensure appropriateness for diverse participants</li><li>e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes</li></ul> |
| <p><b>Not Applicable</b></p>   |

<sup>1</sup> Note that very small counties (population less than 100,000) are exempt from this requirement

**PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

| 1. Is there a change in the Priority Population or the Community Mental Health Needs?   | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |                |              |             |       |  |  |
|---|---|--|----------------|--------------|-------------|-------|--|--|
| 2. Is there a change in the type of PEI activities to be provided?  | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |                |              |             |       |  |  |
| 3. a) Complete the table below:   |   |  |                |              |             |       |  |  |
| <table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="padding: 2px;">FY 10/11 funding</th> <th style="padding: 2px;">FY 11/12 funding</th> <th style="padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$ 1,983,750</td> <td style="padding: 2px;">\$1,650,000</td> <td style="padding: 2px;">(17%)</td> </tr> </tbody> </table> | FY 10/11 funding                        | FY 11/12 funding                       | Percent Change | \$ 1,983,750 | \$1,650,000 | (17%) |  |  |
| FY 10/11 funding  | FY 11/12 funding                        | Percent Change                         |                |              |             |       |  |  |
| \$ 1,983,750  | \$1,650,000                             | (17%)                                  |                |              |             |       |  |  |
| b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, <b>or</b> ,   | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |                |              |             |       |  |  |
| <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?   | Yes <input type="checkbox"/>            | No <input type="checkbox"/> N/A        |                |              |             |       |  |  |
| c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.  |   |  |                |              |             |       |  |  |

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

**A. Answer the following questions about this program.**

**1. Please include a description of any additional proposed changes to this PEI program, if applicable.**

The Strengthening Families Program includes the following activities: Childhood Consultation – renamed Quality Child Collaborative; In-home Support Services for Foster Youth – renamed HEARTS for Kids; School-Based Social Skills and Violence Prevention; Building Life Skills for Teens and TAY; and Family Conflict Management. The School Based Social Skills and Violence Prevention activity was expanded to include bullying prevention education and training for teachers and school staff working with youth. See Exhibit F3 for more detail.

**2. If this is a consolidation of two or more previously approved programs, please provide the following information:**

- a. Names of the programs being consolidated**
- b. The rationale for consolidation**
- c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)**

Not applicable

**PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention**

| <b>B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.</b> |                    |                           |
|--|--------------------|---------------------------|
| <u>Activity</u>  | <u>Individuals</u> | <u>Families</u>           |
| • In-home Support services for Foster Youth  | 240                | 240                       |
| • Early Childhood Consultation   | 450                | 100                       |
| • Social-based Social Skills and Violence Prevention   | 5100               | 500                       |
| • Building Life Skills for Teens and TAY   | 200                | 35                        |
| • Family Conflict Management   | 300                |                           |
|  | <b>Prevention</b>  | <b>Early Intervention</b> |
| Total Individuals:   | 3440               |                           |
| Total Families:  | 1175               |                           |

PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention

County: Sacramento

Program Number/Name: 3 / Integrated Health and Wellness  Please check box if this program was selected for the local evaluation

Date: June 21, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

The PEI Plan Amendment that included the Strengthening Families Program was not approved until March, 2010.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

| Age Group                    | # of Individuals | Race and Ethnicity | # of Individuals | Primary Language | # of Individuals | Culture | # of Individuals |
|------------------------------|------------------|--------------------|------------------|------------------|------------------|---------|------------------|
| Child and Youth (0-17)       |                  | White              |                  | English          |                  | LGBTQ   |                  |
| Transition Age Youth (16-25) |                  | African American   |                  | Spanish          |                  | Veteran |                  |
| Adult (18-59)                |                  | Asian              |                  | Vietnamese       |                  | Other   |                  |
| Older Adult (60+)            |                  | Pacific Islander   |                  | Cantonese        |                  |         |                  |
|                              |                  | Native American    |                  | Mandarin         |                  |         |                  |
|                              |                  | Hispanic           |                  | Tagalog          |                  |         |                  |
|                              |                  | Multi              |                  | Cambodian        |                  |         |                  |
|                              |                  | Unknown            |                  | Hmong            |                  |         |                  |
|                              |                  | Other              |                  | Russian          |                  |         |                  |
|                              |                  |                    |                  | Farsi            |                  |         |                  |
|                              |                  |                    |                  | Arabic           |                  |         |                  |
|                              |                  |                    |                  | Other            |                  |         |                  |



**PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention**

**B. Please complete the following questions about this program during FY 09/10.**

|   |
|---|
| <p><b>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</b></p>  |
| <p>N/A</p>  |
| <p><b>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program<sup>1</sup>, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</b></p> <ul style="list-style-type: none"> <li>a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program</li> <li>b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken</li> <li>c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants</li> <li>d) Specific program strategies implemented to ensure appropriateness for diverse participants</li> <li>e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes</li> </ul> |
| <p>N/A</p>  |

<sup>1</sup> Note that very small counties (population less than 100,000) are exempt from this requirement

**PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

| 1. Is there a change in the Priority Population or the Community Mental Health Needs?  | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |                |              |              |       |  |  |
|--|------------------------------|--|----------------|--------------|--------------|-------|--|--|
| 2. Is there a change in the type of PEI activities to be provided?   | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |                |              |              |       |  |  |
| 3. a) Complete the table below:  |                              |  |                |              |              |       |  |  |
| <table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="padding: 2px;">FY 10/11 funding</th> <th style="padding: 2px;">FY 11/12 funding</th> <th style="padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$ 2,853,150</td> <td style="padding: 2px;">\$ 2,439,612</td> <td style="padding: 2px;">(14%)</td> </tr> </tbody> </table> | FY 10/11 funding             | FY 11/12 funding                       | Percent Change | \$ 2,853,150 | \$ 2,439,612 | (14%) |  |  |
| FY 10/11 funding   | FY 11/12 funding             | Percent Change                         |                |              |              |       |  |  |
| \$ 2,853,150   | \$ 2,439,612                 | (14%)                                  |                |              |              |       |  |  |
| b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, <b>or</b> ,  | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |                |              |              |       |  |  |
| <p><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?</p>  | Yes <input type="checkbox"/> | No <input type="checkbox"/> N/A        |                |              |              |       |  |  |
| c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.   |                              |  |                |              |              |       |  |  |

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

**A. Answer the following questions about this program.**

**1. Please include a description of any additional proposed changes to this PEI program, if applicable.**

There are no anticipated changes for FY 2011/12

**2. If this is a consolidation of two or more previously approved programs, please provide the following information:**

- a. Names of the programs being consolidated
- b. The rationale for consolidation
- c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A

**PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention**

**B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.**

| <u>Activity</u>   | <u>Prevention</u> | <u>Early Intervention</u> |
|---|-------------------|---------------------------|
| • Screening Assessment/Peer Support and Treatment                         | 13,000            | 400                       |
| • Assessment and Treatment of Onset of Psychosis                          |                   | 50                        |
| • Senior Navigator: Targeting Isolation and Depression<br>In Older Adults |                   | 400                       |
|   | <b>Prevention</b> | <b>Early Intervention</b> |
| Total Individuals:  | 13,000            | 800                       |
| Total Families:   |                   | 50                        |

**PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention**

County: Sacramento

Program Number/Name: 4 / Mental Health Promotion  Please check box if this program was selected for the local evaluation

Date: June 21, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

The PEI Plan Amendment that included the Mental Health Promotion Project was not approved until March, 2010

**A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)**

| Age Group                    | # of Individuals | Race and Ethnicity | # of Individuals | Primary Language | # of Individuals | Culture | # of Individuals |
|------------------------------|------------------|--------------------|------------------|------------------|------------------|---------|------------------|
| Child and Youth (0-17)       |                  | White              |                  | English          |                  | LGBTQ   |                  |
| Transition Age Youth (16-25) |                  | African American   |                  | Spanish          |                  | Veteran |                  |
| Adult (18-59)                |                  | Asian              |                  | Vietnamese       |                  | Other   |                  |
| Older Adult (60+)            |                  | Pacific Islander   |                  | Cantonese        |                  |         |                  |
|                              |                  | Native American    |                  | Mandarin         |                  |         |                  |
|                              |                  | Hispanic           |                  | Tagalog          |                  |         |                  |
|                              |                  | Multi              |                  | Cambodian        |                  |         |                  |
|                              |                  | Unknown            |                  | Hmong            |                  |         |                  |
|                              |                  | Other              |                  | Russian          |                  |         |                  |
|                              |                  |                    |                  | Farsi            |                  |         |                  |
|                              |                  |                    |                  | Arabic           |                  |         |                  |
|                              |                  |                    |                  | Other            |                  |         |                  |

**PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention**

**B. Please complete the following questions about this program during FY 09/10.**

|   |
|---|
| <p><b>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</b></p>  |
| <p>N/A</p>  |
| <p><b>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program<sup>1</sup>, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</b></p> <ul style="list-style-type: none"><li>a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program</li><li>b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken</li><li>c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants</li><li>d) Specific program strategies implemented to ensure appropriateness for diverse participants</li><li>e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes</li></ul> |
| <p>N/A</p>  |

<sup>1</sup> Note that very small counties (population less than 100,000) are exempt from this requirement

**PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

| 1. Is there a change in the Priority Population or the Community Mental Health Needs?   | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |                |            |                |  |  |  |
|---|------------------------------|--|----------------|------------|----------------|--|--|--|
| 2. Is there a change in the type of PEI activities to be provided?  | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |                |            |                |  |  |  |
| 3. a) Complete the table below:   |                              |  |                |            |                |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="padding: 2px;">FY 10/11 funding</th> <th style="padding: 2px;">FY 11/12 funding</th> <th style="padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$1,150,00</td> <td style="padding: 2px;">None requested</td> <td style="padding: 2px;"></td> </tr> </tbody> </table> | FY 10/11 funding             | FY 11/12 funding                       | Percent Change | \$1,150,00 | None requested |  |  |  |
| FY 10/11 funding  | FY 11/12 funding             | Percent Change                         |                |            |                |  |  |  |
| \$1,150,00  | None requested               |  |                |            |                |  |  |  |
| b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, <b>or</b> ,   | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |                |            |                |  |  |  |
| <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> N/A        |                |            |                |  |  |  |
| c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.  |                              |  |                |            |                |  |  |  |

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

**A. Answer the following questions about this program.**

**1. Please include a description of any additional proposed changes to this PEI program, if applicable.**

N/A

**2. If this is a consolidation of two or more previously approved programs, please provide the following information:**

- a. Names of the programs being consolidated
- b. The rationale for consolidation
- c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A

**PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention**

| <b>B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.</b> |                              |                           |
|--|------------------------------|---------------------------|
| <b><u>Activity</u></b>   | <b><u>Numbers Served</u></b> |                           |
| • Community Education  | 600                          |                           |
| • Community Outreach and Engagement  | 600                          |                           |
| • Speakers bureau  | 600                          |                           |
| • Multi-media Campaign   | 71,659                       |                           |
|  |                              |                           |
|  | <b>Prevention</b>            | <b>Early Intervention</b> |
| Total Individuals:   | 73,459                       |                           |
| Total Families:  |                              |                           |

County: Sacramento

Date: 6/21/2011

|  | MHSA Funding        |            |            |                    |            |                       |
|--|---------------------|------------|------------|--------------------|------------|-----------------------|
|  | CSS                 | WET        | CFTN       | PEI                | INN        | Local Prudent Reserve |
| <b>A. FY 2011/12 Component Allocations</b>                                   |                     |            |            |                    |            |                       |
| 1. Published Component Allocation  | \$23,754,100        |            |            | \$6,011,800        |            |                       |
| 2. Transfer from FY 11/12 <sup>a/</sup>                                      | \$0                 | \$0        | \$0        |                    |            |                       |
| 3. Adjusted Component Allocation   | \$23,754,100        |            |            |                    |            |                       |
| <b>B. FY 2011/12 Funding Request</b>   |                     |            |            |                    |            |                       |
| 1. Requested Funding in FY 2011/12   | \$24,750,632        | \$0        |            | \$6,614,612        |            |                       |
| 2. Requested Funding for CPP   | \$0                 |            |            | \$0                | \$0        |                       |
| 3. Net Available Unexpended Funds  |                     |            |            |                    |            |                       |
| a. Unexpended Funds from FY 09/10 Annual MHSA Revenue and Expenditure Report | \$12,117,040        |            |            | \$2,123,337        | \$0        |                       |
| b. Amount of Unexpended Funds from FY 09/10 spent in FY 10/11 (adjustment)   | \$12,117,040        |            |            | \$2,123,337        | \$0        |                       |
| c. Unexpended Funds from FY 10/11  | \$0                 | \$0        |            | \$0                | \$0        |                       |
| d. Total Net Available Unexpended Funds                                      | \$0                 | \$0        |            | \$0                | \$0        |                       |
| <b>4. Total FY 2011/12 Funding Request</b>                                   | <b>\$24,750,632</b> | <b>\$0</b> | <b>\$0</b> | <b>\$6,614,612</b> | <b>\$0</b> |                       |
| <b>C. Funds Requested for FY 2011/12</b>                                     |                     |            |            |                    |            |                       |
| 1. Unapproved FY 06/07 Component Allocations                                 |                     |            |            |                    |            |                       |
| 2. Unapproved FY 07/08 Component Allocations                                 |                     |            |            |                    |            |                       |
| 3. Unapproved FY 08/09 Component Allocations                                 |                     |            |            |                    |            |                       |
| 4. Unapproved FY 09/10 Component Allocations <sup>b/</sup>                   | \$0                 |            |            |                    |            |                       |
| 5. Unapproved FY 10/11 Component Allocations <sup>b/</sup>                   | \$996,532           |            |            | \$602,812          |            |                       |
| 6. Unapproved FY 11/12 Component Allocations <sup>b/</sup>                   | \$23,754,100        |            |            | \$6,011,800        |            |                       |
| <b>Sub-total</b>   | <b>\$24,750,632</b> | <b>\$0</b> | <b>\$0</b> | <b>\$6,614,612</b> | <b>\$0</b> |                       |
| 7. Access Local Prudent Reserve  |                     |            |            |                    |            |                       |
| <b>8. FY 2011/12 Total Allocation<sup>c/</sup></b>                           | <b>\$24,750,632</b> | <b>\$0</b> | <b>\$0</b> | <b>\$6,614,612</b> | <b>\$0</b> |                       |

**NOTE:**

1. Line 3.a and 3.b. should be completed if annual update is being submitted prior to the end of FY 10/11.
2. Line 3.a., 3.b., 3.c., and 3.d. should be completed if annual update is being submitted after the end of FY 10/11.
3. Line 3.a. should be consistent with the amount listed on the FY 09/10 Annual MHSA Revenue and Expenditure report, Enclosure 9, Total Unexpended Funds line.
4. Line 3.c. should be consistent with the amount listed on the FY 10/11 Annual MHSA Revenue and Expenditure report, Total Unexpended Funds line.
5. Line 3.c. will be verified upon receipt of the FY 10/11 Annual MHSA Revenue and Expenditure report and adjustments will be made as necessary.

<sup>a/</sup>Per Welfare and Institutions Code Section 5892(b), in any year after 2007-08, Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve in an amount not to exceed 20% of the average amount of funds allocated to that County for the previous five years. The 20% limits are included in Enclosure 8.

<sup>b/</sup>For WET and/or CFTN components, enter amount of unapproved funds being requested for use from any of the years a transfer from CSS was made.

<sup>c/</sup> Must equal line B.4. for each component.



CSS FUNDING REQUEST

County: Sacramento

Date: 6/21/2011

| CSS Programs   |  | FY 11/12 Requested MHPA Funding          | Estimated MHPA Funds by Service Category |                            |                         |                      | Estimated MHPA Funds by Age Group |                      |             |              |             |            |
|--|--|--|--|----------------------------|-------------------------|----------------------|-----------------------------------|----------------------|-------------|--------------|-------------|------------|
| No.  | Name   |  | Full Service Partnerships (FSP)          | General System Development | Outreach and Engagement | MHPA Housing Program | Children and Youth                | Transition Age Youth | Adult       | Older Adult  |             |            |
| <b>Previously Approved Programs</b>                      |  |  |  |                            |                         |                      |                                   |                      |             |              |             |            |
| 1.   | SAC1   | TCORE                                    | \$4,923,996                              | \$0                        | \$4,923,996             | \$0                  | \$0                               | \$0                  | \$554,816   | \$4,053,445  | \$315,734   |            |
| 2.   | SAC2   | Sierra Elder Wellness                    | \$1,536,819                              | \$1,536,819                | \$0                     | \$0                  | \$0                               | \$0                  | \$0         | \$153,682    | \$1,383,137 |            |
| 3.   | SAC4   | Permanent Supported Housing              | \$5,594,944                              | \$4,007,230                | \$1,587,714             | \$0                  | \$0                               | \$319,711            | \$399,639   | \$4,396,027  | \$479,567   |            |
| 4.   | SAC5   | Transcultural Wellness Center            | \$1,931,683                              | \$1,931,683                | \$0                     | \$0                  | \$0                               | \$601,581            | \$397,375   | \$723,001    | \$209,726   |            |
| 5.   | SAC6   | Wellness and Recovery Center             | \$2,948,155                              | \$0                        | \$2,948,155             | \$0                  | \$0                               | \$23,680             | \$355,199   | \$2,302,876  | \$266,400   |            |
| 6.   | SAC7   | Adult FSP                                | \$2,750,000                              | \$2,750,000                | \$0                     | \$0                  | \$0                               | \$0                  | \$183,333   | \$2,291,667  | \$275,000   |            |
| 7.   | SAC8   | Juvenile Justice Diversion and Treatment | \$1,784,000                              | \$1,784,000                | \$0                     | \$0                  | \$0                               | \$678,696            | \$1,105,304 | \$0          | \$0         |            |
| 8.   |  |  | \$0                                      |                            |                         |                      |                                   |                      |             |              |             |            |
| 9.   |  |  | \$0                                      |                            |                         |                      |                                   |                      |             |              |             |            |
| 10.  |  |  | \$0                                      |                            |                         |                      |                                   |                      |             |              |             |            |
| 11.  |  |  | \$0                                      |                            |                         |                      |                                   |                      |             |              |             |            |
| 12.  |  |  | \$0                                      |                            |                         |                      |                                   |                      |             |              |             |            |
| 13.  |  |  | \$0                                      |                            |                         |                      |                                   |                      |             |              |             |            |
| 14.  |  |  | \$0                                      |                            |                         |                      |                                   |                      |             |              |             |            |
| 15.  |  |  | \$0                                      |                            |                         |                      |                                   |                      |             |              |             |            |
| 16.  | Subtotal: Programs <sup>a/</sup>                     |  | \$21,469,597                             | \$12,009,732               | \$9,459,865             | \$0                  | \$0                               | \$1,623,668          | \$2,995,667 | \$13,920,699 | \$2,929,563 | Percentage |
| 17.  | Plus up to 15% Indirect Administrative Costs         |  | \$3,281,035                              |                            |                         |                      |                                   |                      |             |              |             | 15%        |
| 18.  | Plus up to 10% Operating Reserve                     |  | \$0                                      |                            |                         |                      |                                   |                      |             |              |             | 0.0%       |
| 19.  | Subtotal: Programs/Indirect Admin./Operating Reserve |  | \$24,750,632                             |                            |                         |                      |                                   |                      |             |              |             |            |
| <b>New Programs/Revised Previously Approved Programs</b> |  |  |  |                            |                         |                      |                                   |                      |             |              |             |            |
| 1.   |  |  | \$0                                      |                            |                         |                      |                                   |                      |             |              |             |            |
| 2.   |  |  | \$0                                      |                            |                         |                      |                                   |                      |             |              |             |            |
| 3.   |  |  | \$0                                      |                            |                         |                      |                                   |                      |             |              |             |            |
| 4.   |  |  | \$0                                      |                            |                         |                      |                                   |                      |             |              |             |            |
| 5.   |  |  | \$0                                      |                            |                         |                      |                                   |                      |             |              |             |            |
| 6.   | Subtotal: Programs <sup>a/</sup>                     |  | \$0                                      | \$0                        | \$0                     | \$0                  | \$0                               | \$0                  | \$0         | \$0          | \$0         | Percentage |
| 7.   | Plus up to 15% Indirect Administrative Costs         |  |  |                            |                         |                      |                                   |                      |             |              |             | #VALUE!    |
| 8.   | Plus up to 10% Operating Reserve                     |  |  |                            |                         |                      |                                   |                      |             |              |             | #VALUE!    |
| 9.   | Subtotal: Programs/Indirect Admin./Operating Reserve |  | \$0                                      |                            |                         |                      |                                   |                      |             |              |             |            |
| 10.  | <b>Total MHPA Funds Requested for CSS</b>            |  | \$24,750,632                             |                            |                         |                      |                                   |                      |             |              |             |            |

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

55.90%

**Additional funding sources for FSP requirement:**

County must provide the majority of MHPA 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/MHPA/Community\\_Services\\_and\\_Supports/docs/FSP\\_FAQs\\_04-17-09.pdf](http://www.dmh.ca.gov/Prop_63/MHPA/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 % |
|--|--------------|--------------------|-------------------|--------------|----------|---------------------|--------------|--------------|-------------|--------------|---------|
| <b>Total Mental Health Expenditures:</b> | \$12,009,732 | \$0                | \$0               | \$0          | \$0      | \$0                 | \$0          | \$0          | \$0         | \$12,009,732 | 56%     |

PEI FUNDING REQUEST

County: Sacramento

Date: 6/21/2011

| PEI Programs                                    |  |                                  | FY 11/12 Requested MHSAs Funding | Estimated MHSAs Funds by Type of Intervention |                    | Estimated MHSAs Funds by Age Group |             |             |             |            |
|---|--|----------------------------------|----------------------------------|---|--------------------|------------------------------------|-------------|-------------|-------------|------------|
| No.   | Name   | Prevention                       |                                  | Early Intervention                            | Children and Youth | Transition Age Youth               | Adult       | Older Adult |             |            |
| <b>Previously Approved Programs</b>             |  |                                  |                                  |   |                    |                                    |             |             |             |            |
| 1.  | 1  | Suicide Prevention               | \$1,625,000                      | \$1,625,000                                   |                    | \$406,250                          | \$422,500   | \$390,000   | \$406,250   |            |
| 2.  | 2  | Strengthening Families           | \$1,650,000                      | \$1,650,000                                   |                    | \$1,056,000                        | \$495,000   | \$82,500    | \$16,500    |            |
| 3.  | 3  | Integrated Health and Wellness   | \$2,439,612                      | \$1,939,612                                   | \$500,000          | \$170,773                          | \$634,299   | \$658,695   | \$975,845   |            |
| 4.  | 4  | Mental Health Promotion Campaign | \$0                              | \$0   |                    |                                    |             |             |             |            |
| 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*                                  |                                  | \$5,714,612                      | \$5,214,612                                   | \$500,000          | \$1,633,023                        | \$1,551,799 | \$1,131,195 | \$1,398,595 | Percentage |
| 17.   | Plus up to 15% Indirect Administrative Costs         |                                  | \$900,000                        |   |                    |                                    |             |             |             | 15.7%      |
| 18.   | Plus up to 10% Operating Reserve                     |                                  | \$0                              |   |                    |                                    |             |             |             | 0.0%       |
| 19.   | Subtotal: Programs/Indirect Admin./Operating Reserve |                                  | \$6,614,612                      |   |                    |                                    |             |             |             |            |
| <b>New/Revised Previously Approved Programs</b> |  |                                  |                                  |   |                    |                                    |             |             |             |            |
| 1.  |  |                                  | \$0                              |   |                    |                                    |             |             |             |            |
| 2.  |  |                                  | \$0                              |   |                    |                                    |             |             |             |            |
| 3.  |  |                                  | \$0                              |   |                    |                                    |             |             |             |            |
| 4.  |  |                                  | \$0                              |   |                    |                                    |             |             |             |            |
| 5.  |  |                                  | \$0                              |   |                    |                                    |             |             |             |            |
| 6.  | Subtotal: Programs*                                  |                                  | \$0                              | \$0   | \$0                | \$0                                | \$0         | \$0         | \$0         | Percentage |
| 7.  | Plus up to 15% Indirect Administrative Costs         |                                  |                                  |   |                    |                                    |             |             |             | #VALUE!    |
| 8.  | Plus up to 10% Operating Reserve                     |                                  |                                  |   |                    |                                    |             |             |             | #VALUE!    |
| 9.  | Subtotal: Programs/Indirect Admin./Operating Reserve |                                  | \$0                              |   |                    |                                    |             |             |             |            |
| 10.   | <b>Total MHSAs Funds Requested for PEI</b>           |                                  | \$6,614,612                      |   |                    |                                    |             |             |             |            |

\*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 yea 56%

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

**NEW/REVISED PROGRAM DESCRIPTION**  
**Prevention and Early Intervention**

County: Sacramento

Completely New Program

Program Number/Name: Strengthening Families  
School-based Social Skills and Violence Prevention Program  Revised Previously Approved Program

Date: June 21, 2011

**Instructions:** Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices Nos.: 07-19 and 08-23. Complete this form for each new PEI Program. For existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, Activities, and/or funding as described in the Information Notice, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

| 1. PEI Key Community Mental Health Needs<br><i>No Change</i> | Age Group                           |                                     |                          |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Children and Youth                  | Transition-Age Youth                | Adult                    | Older Adult              |
| 1. Disparities in Access to Mental Health Services           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Psycho-Social Impact of Trauma                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. At-Risk Children, Youth and Young Adult Populations       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Stigma and Discrimination                                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Suicide Risk  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

| 2. PEI Priority Population(s) <i>No Change</i><br><b>Note: All PEI programs must address underserved racial/ethnic and cultural populations.</b> | Age Group                           |                                     |                                     |                                     |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  | Children and Youth                  | Transition-Age Youth                | Adult                               | Older Adult                         |
| 1. Trauma Exposed Individuals  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. Individuals Experiencing Onset of Serious Psychiatric Illness   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. Children and Youth in Stressed Families   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. Children and Youth at Risk for School Failure   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6. Underserved Cultural Populations  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

**No change**

3. PEI Program Description (attach additional pages, if necessary).

As part of the previously approved School-based Social Skills and Violence Prevention Program, a Bullying Prevention Education and Training program has been added to provide training and professional development for teachers and school personnel working with students. In coordination with the Sacramento County Office of Education and local school districts, a Train the Trainer model will be utilized to train teachers and parents in bullying prevention as a means to support the skills learned by children in the social skills and violence prevention groups as well as the entire school population

| 4. Activities | Activity Title  | Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention: |                    | Number of months in operation through June 2012 |
|---------------|---|--|--------------------|---|
|               |   | Prevention   | Early Intervention |   |
|               | School based Social Skills and Violence Prevention Teacher Training | Individuals: 2200<br>Families: 2200  |                    |   |
|               |   | Individuals:   |                    |   |

**NEW/REVISED PROGRAM DESCRIPTION  
Prevention and Early Intervention**

|   |              |      |  |  |
|---|--------------|------|--|--|
|   | Families:    |      |  |  |
|   | Individuals: |      |  |  |
|   | Families:    |      |  |  |
| <b>Total PEI Program Estimated Unduplicated Count of Individuals to be Served</b> | Individuals: | 2200 |  |  |
|   | Families:    | 2200 |  |  |

5. Describe how the program links PEI participants to County Mental Health and providers of other needed services.

**No changes**

6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.

**No changes**

7. Describe intended outcomes.

**Intended Outcomes** The intended outcomes of the *Student Mental Health and Wellness Education and Training* component will assist in improving the wellness and academic success of students in Sacramento County. Changes will occur in teachers and other school staff, students, parents/caretakers, and additionally at broader systems of community level, with the reduction of bullying in schools, as well as other targeted prevention efforts.

The short-term intended outcomes of the bullying prevention project are:

- Increased awareness among school staff of the negative effects of bullying
- School personnel will learn specific techniques to intervene early
- Shared collaboration among school districts, SCOE and DBHS
- Develop administration policies that support efforts to decrease bullying
- Educational material is disseminated and available to students, staff and family members

The longer-term outcomes for bullying prevention and other education and training efforts will be:

- School attendance rates and the desire to be at school increase
- The development of best practices and policies regarding bullying and other educational efforts as part of a comprehensive school improvement and safety plan
- Students' perception of school safety improves

8. Describe coordination with Other MHSA Components.

**No changes**

9. Additional Comments (Optional).

**NEW/REVISED PROGRAM DESCRIPTION  
Prevention and Early Intervention**

10. Provide an estimated annual program budget, utilizing the following line items.

| <b>NEW PROGRAM BUDGET</b>  |  |                                 |                             |  |       |
|--|--|---------------------------------|-----------------------------|--|-------|
| <b>N/A – approved program; not requesting additional funding</b> |  |                                 |                             |  |       |
| <b>A. EXPENDITURES</b>   |  |                                 |                             |  |       |
|  | Type of Expenditure                                    | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers/CBO's | Total |
| 1.   | Personnel  |                                 |                             |  |       |
| 2.   | Operating Expenditures                                 |                                 |                             |  |       |
| 3.   | Non-recurring Expenditures                             |                                 |                             |  |       |
| 4.   | Contract Services (Subcontracts/Professional Services) |                                 |                             |  |       |
| 5.   | Other Expenditures                                     |                                 |                             |  |       |
|  |  |                                 |                             |  |       |
|  | <b>Total Proposed Expenditures</b>                     |                                 |                             |  |       |
| <b>B. REVENUES</b>   |  |                                 |                             |  |       |
| 1.   | New Revenues   |                                 |                             |  |       |
|  | a. Medi-Cal (FFP only)                                 |                                 |                             |  |       |
|  | b. State General Funds                                 |                                 |                             |  |       |
|  | c. Other Revenues                                      |                                 |                             |  |       |
|  |  |                                 |                             |  |       |
|  | <b>Total Revenues</b>                                  |                                 |                             |  |       |
| <b>C. TOTAL FUNDING REQUESTED</b>                                |  |                                 |                             |  |       |
| <b>D. TOTAL IN-KIND CONTRIBUTIONS</b>                            |  |                                 |                             |  |       |

**E. Budget Narrative**

|    |  |
|----|--|
| 1. | Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program. |
|    |  |