



# **MENTAL HEALTH SERVICES ACT**

## **Fiscal Year 2012 – 2013 Annual Update to the Three-Year Program and Expenditure Plan**

**June 29, 2012**

# COUNTY CERTIFICATION

## Exhibit A

County: Sacramento

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. 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 Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft FY 2012/13 annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate.

A.B. 100 (Committee on Budget – 2011) significantly amended the Mental Health Services Act to streamline the approval processes of programs developed. Among other changes, A.B. 100 deleted the requirement that the three year plan and updates be approved by the Department of Mental Health after review and comment by the Mental Health Services Oversight and Accountability Commission. In light of this change, the goal of this update is to provide stakeholders with meaningful information about the status of local programs and expenditures.

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 2012/13 annual update/update are true and correct.

Mary Ann Bennett  
Mental Health Director/Designee (PRINT)

Mary Ann Bennett 6/29/12  
Signature Date

County: Sacramento

Date: June 29, 2012

## Executive Summary

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).

With the passage of AB100, counties have the opportunity to present their MHSA annual updates in a way that is more meaningful to local stakeholders. In past years, the California Department of Mental Health (DMH) published MHSA funding allocations for the coming year and funds were distributed to counties in two lump sum payments during the course of the year. In Fiscal Year 2012-13, MHSA funds will be distributed to counties on a monthly basis based on taxes collected. This new approach makes it challenging to project the revenues for this fiscal year. Therefore, the Division of Behavioral Health Services (DBHS) has budgeted for MHSA programs using the same revenue levels as the prior fiscal year. DBHS will continue to update stakeholders on funding information as it becomes available from the state in the coming months.

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) previously approved CSS Work Plans containing fourteen (14) operational programs.

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

The **Workforce Education and Training** (WET) component is comprised of eight (8) previously approved actions. Actions 1, 2, 4, 5, 7, and 8 are implemented or in advanced stages of planning. Implementation of the remaining Actions (3 and 6) has been delayed due to the nature of the economy and the direct correlation on the job market, and subsequently, the impact on the availability of jobs in the public mental health system. As the economy improves and job opportunities in the public mental health system increase, DBHS, along with stakeholders, will finalize plans for these remaining Actions.

The **Innovation** (INN) Plan was approved in 2011. The plan calls for development of a Respite Partnership Collaborative (RPC). The RPC is in the beginning stages of implementation. We look forward to reporting back on activities and successes in our next annual update.

The **Technological Needs** (TN) project contained within the Capital Facilities and Technological Needs component addresses our commitment to move to an Electronic Health Record and Personal Health Record to improve client care through a multi-phased approach. We will be moving into Phase 3 of the five-phased plan in fiscal year 2012-13.

We are pleased to present our **Capital Facilities** (CF) Plan in this Annual Update. The plan was developed through a community planning process with input from the MHSA Steering Committee, as well as community stakeholders that participated in the community input sessions. In this plan, Sacramento County is proposing to renovate three buildings at the Stockton Boulevard complex. Two of these buildings currently house the MHSA-funded Adult

Psychiatric Support Services (APSS) and Peer Partner Programs, while the third building contains vacant space to be renovated. Because the APSS and Peer Partner program is also currently located at another non-county-owned site, renovating the vacant space of the third building will allow for the entire program to be sited at one physical location. The renovations will allow for an expansion of service capacity with space for additional consumer and family-run wellness activities and social events. Renovations will be made considering the prioritized ideas from the CF community input sessions.

**COMMUNITY PROGRAM PLANNING**

Sacramento County's Community Planning processes for CSS, PEI, WET, INN, and TN have been described in-depth in prior plan updates and documents submitted to DMH. All of the programs contained in this Annual Update evolved from those planning processes. The general plan for the 2012/13 Annual Update was discussed at MHSA Steering Committee meetings on March 15, 2012 and May 17, 2012. The Steering Committee is the highest recommending body in matters related to MHSA programs and activities. MHSA program presentations for CSS, PEI, and WET have been provided at MHSA Steering Committee meetings over the past year. Through these presentations, the committee was able to get a deeper understanding of program services, utilization of consumers and family members in the delivery of services, outcomes, and examples of how clients have benefited from the 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 CalMHSA is making with the Statewide PEI Programs. During the 30-day posting of the Annual Update, the Division will present to the Mental Health Board, the MHSA Steering Committee, and the Cultural Competence Committee in order to obtain additional stakeholder input.

The Steering Committee 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 (DBHS) Deputy Director; 3 Service Providers (Child, Adult, and Older Adult); Law Enforcement; Adult Protective Services/Senior and Adult Services; Education; Department of Human Assistance; Alcohol and Drug Services; Cultural Competence; Child Protective Services; Primary Health; Juvenile Court; Probation; Veterans; 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.

All Steering Committee meetings are open to the public with time allotted for Public Comment. All agendas, meeting minutes and supporting documents are posted to the Division's MHSA website.

Additionally, stakeholders representing unserved and underserved racial, ethnic and cultural groups who are members of the DBHS Cultural Competence and System-wide Outreach Committees are updated and provide feedback on MHSA activities at their monthly meetings.

The FY 2012/13 Annual Update was posted for a 30-day public comment period from May 26, 2012, through June 26, 2012. The Mental Health Board conducted a Public Hearing on Tuesday, June 26, 2012, beginning at 6:30 p.m. at the Department of Health and Human Services Administrative Services Center, located at 7001-A East Parkway, Sacramento, CA 95823.

**Public Comment**

There were several comments received during the 30-day public review and comment period related to our 2012-13 Annual Update and Capital Facilities Plan. Below is a summary of those comments and the Division of Behavioral Health Services' response.

There were several comments in support of the new format and flow of the Update. The Mental Health Board, Cultural Competence Committee, and MHSA Steering Committee supported the Annual Update and Capital Facilities Plan moving forward for submission. A request was made to include demographic information for program participants in future updates. The Committees and community expressed appreciation for the programs contained in the Prevention and Early Intervention Plan, specifically the Suicide Prevention and Mental Health Promotion Projects. There were comments related to the importance of community/ethnic specific strategies for the provision of prevention services, as well as marketing in the Mental Health Promotion Project and addressing community-specific bullying issues in the Bullying Prevention Project. There were also several comments for consideration in relation to the Capital Facilities Plan, including: turnout for the community input sessions; consumer engagement in the co-located Adult Psychiatric Support Services (APSS) clinics once they have discharged from inpatient care; and encouragement to use consumer and family artwork as a means to create a welcoming environment.

There were also comments related to the changes in State oversight of MHSA as a result of AB100 and the request that Sacramento, and counties statewide, redesign their PEI plans based on statute instead of State Department of Mental Health (DMH) issued regulations and guidelines. These community members also expressed the desire to see PEI programs providing early intervention mental health treatment services in place of the prevention programs currently implemented.

### **DBHS Response**

The Division is appreciative of the input provided by community stakeholders, including the Mental Health Board, and the Cultural Competence and MHSA Steering Committees.

The format and flow of future updates will include demographic information and participant success stories. The Division fully supports ensuring that cultural and ethnic specific strategies are employed in service delivery, as well as marketing of the stigma and discrimination reduction Mental Health Promotion Project. The Division recognizes the importance of consumer engagement in outpatient services discharging from inpatient treatment at the Capital Facilities Plan site and notes that consumers have been receiving APSS outpatient services at this site since 2009. The Division will consider all of the community input received in creating a warm and welcoming environment through renovations at the site. The Division is exploring opportunities to display consumer and family artwork at county and community facilities. These efforts began in May 2012 and will continue into the future.

The Prevention and Early Intervention Plan and programs were developed based on guidelines from the State DMH and Mental Health Services Oversight and Accountability Commission (MHSOAC) through a two-phased extensive community planning process. The PEI Plan was submitted to and approved by the State Department of Mental Health and MHSOAC in 2010. The PEI Plan has received support from the community and stakeholders in each of the Annual Updates since original approval. For these reasons, the Division believes we are in compliance with the statewide expectations for the PEI component.

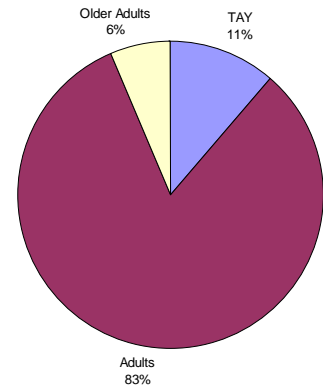
**COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT**

**Program: Transitional Community Opportunities for Recovery and Engagement**

**Work Plan #/Type: SAC1 – General System Development (GSD)**

**Capacity: 3,500 annually**

**Ages Served: TAY, Adults, Older Adults**



The **Transitional Community Opportunities for Recovery and Engagement (TCORE)** program consists of two components: **TCORE-HRC**, administered by Human Resources Consultants, and the **Adult Psychiatric Support Services (TCORE-APSS)** clinics, administered by the DBHS Adult Services Unit. These programs offer low to moderate intensity community-based services for individuals being released from acute care settings or who are at risk for entering acute care settings and are not linked to on-going mental health services. TCORE-APSS also includes a Peer Partner component which is administered by two contracted providers – Hmong Women’s Heritage Association and Mental Health America of Northern California. The Peer Partners provide culturally and linguistically relevant advocacy and support for program participants and are members of the multidisciplinary team.

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).

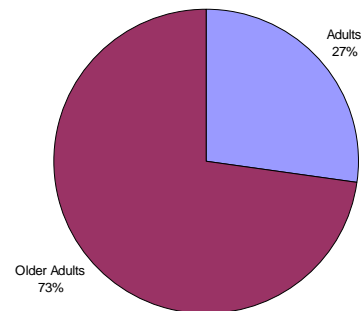
The service array includes urgent care, assessment, brief treatment, crisis intervention, case management, rehabilitation, medication management and support, and transition to appropriate specialty mental health services and/or community support. Additional program goals include wellness planning, family support, and discharge planning, when appropriate, to community services.

**Program: Sierra Elder Wellness**

**Work Plan #/Type: SAC2 – Full Service Partnership (FSP)**

**Capacity: 145 at any given time**

**Ages Served: Transition Age Adults, Older Adults**



The **Sierra Elder Wellness Program (Sierra)**, administered by El Hogar Community Services, Inc., 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.

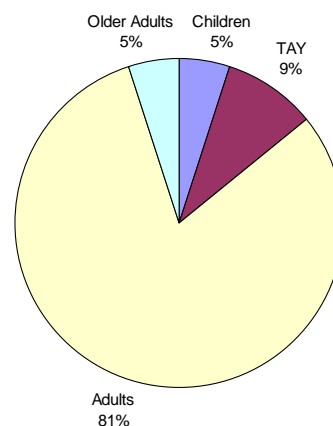
The goals of the program are to improve medical and functional status, increase social supports, decrease isolation, reduce trips to the emergency room and/or hospital, reduce homelessness, and improve overall quality of life.

**Program: Permanent Supportive Housing Program**

**Work Plan #/Type: SAC4 – Full Service Partnership (FSP)**

**Capacity: 1,200 at any given time**

**Ages Served: Children, TAY, Adults, Older Adults**



The **Permanent Supportive Housing Program (PSH)** 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, administered by El Hogar, PSH-New Direction, administered by Transitional Living and Community Support, and PSH-Pathways, administered by Turning Point Community Programs. The PSH Program serves homeless children, transition-aged youth, adults, and older adults of all genders, races, ethnicities and cultural groups. The programs serve 600-700 with FSP services and 500 with GSD services.

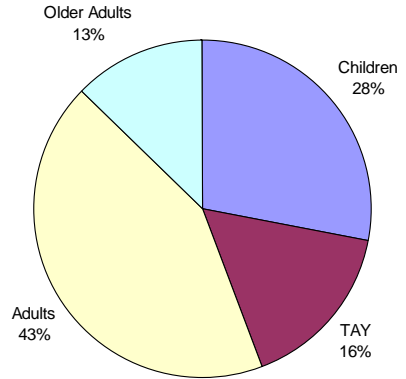
**PSH-Guest House** is the “front door” and has same-day access to service and limited temporary housing. Services include triage, comprehensive mental health assessments and evaluations, assessments of service needs, medication treatment, linkages to housing, and application for benefits. PSH-Guest House has implemented the highly successful Sacramento Multiple Advocate Resource Team (SMART), a promising practice targeting homeless individuals with their application for SSI/SSDI and by default, Medi-Cal. This expedited process increases resources and provides opportunities to benefit from a wider variety of community services.

**PSH-New Direction** provides short-term housing, focuses on rapid access to permanent housing within three to four weeks, and provides FSP level of services for moderate and episodic intensive level service needs. Longer-term temporary housing is available for individuals awaiting MHSA-financed housing developments to come on line.

**PSH-Pathways** provides permanent supportive housing and an FSP level of mental health services and supports children, youth, adults, older adults and families.



**Program: Transcultural Wellness Center**  
**Work Plan #/Type: SAC5 – Full Service Partnership (FSP)**  
**Capacity: 230 at any given time**  
**Ages Served: Children, TAY, Adults, Older Adults**

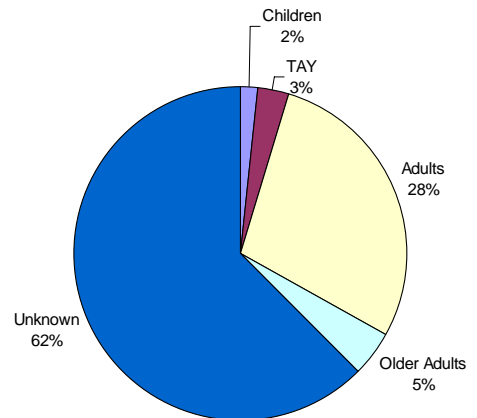


The **Transcultural Wellness Center (TWC)**, administered by Asian Pacific Community Counseling, is designed to address the mental health needs of the Asian/Pacific Islander communities in Sacramento County. The program serves children, families, transition age youth, adults, and older adults. It is staffed by clinicians, consumers, family members, and community members and provides a full range of services with interventions and treatment that take into account the cultural and religious beliefs and values, traditional and natural healing practices, and ceremonies recognized by the API communities.

Services, including psychiatric services, are provided in the home, local community and school with an emphasis on blending with the existing cultural and traditional resources so as to reduce stigma. Staff assignments are made taking into consideration the gender and specific cultural and linguistic needs of the client.

The goals of the TWC are to increase 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.

**Program: Wellness and Recovery Center**  
**Work Plan #/Type: SAC6 – General System Development (GSD)**  
**Capacity: 2,200 annually**  
**Ages Served: Children, TAY, Adults, Older Adults**



The **Wellness and Recovery Center** program consists of three components: the **Wellness and Recovery Centers (WRCs)**, the Peer Partner Program and the Consumer and Family 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, administered by Consumer Self-Help Centers, Inc., 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's are located in the North and South Areas of Sacramento County.

The **Peer Partner Program (Peer Partners)**, administered by Hmong Women’s Heritage Association and Mental Health America of Northern California, provides peer support services to adults and older adults, from diverse backgrounds, linked to the TCORE-APSS clinics. Peer and family member staff are active members of the multidisciplinary teams serving TCORE-APSS program participants, serving the individual client and providing 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.

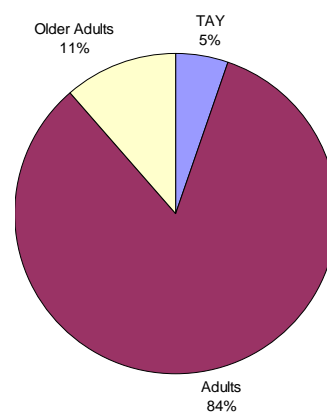
The **Consumer and Family Voice Program**, administered by Mental Health America of Northern California, promotes the DBHS mission to effectively provide quality mental health services to children, youth, adults, older adults and families in Sacramento County by promoting and advocating parent/caregiver, youth, adult, and older adult consumer involvement in the mental health system. This program provides a wide array of services and supports to all age groups including, but not limited to, advocacy, system navigation, trainings, support groups, and psycho-educational groups. This program also coordinates and facilitates the annual Consumer Speaks Conference.

**Program: Adult Full Service Partnership**

**Work Plan #/Type: SAC7 – Full Service Partnership (FSP)**

**Capacity: 300 at any given time**

**Ages Served: TAY, Adults, Older Adults**



The **Adult Full Service Partnership Program** consists of two components: **Turning Point’s Integrated Services Agency (ISA)** and **Telecare’s Sacramento Outreach Adult Recovery (SOAR)**. Both programs provide an array of FSP services to 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, many of whom are transitioning from long-term hospitalizations. The programs provide 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. Services also include FSP supports such as housing, employment, education, and transportation. The programs assist clients transitioning 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 as much as possible at the initiation of services and offered support services, such as education, consultation and intervention, as a crucial element of the client’s recovery process.

This FSP utilizes Motivational Interviewing as a key strategy for identifying, supporting and assisting clients in service plan development to fulfill 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.

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.

**Program: Juvenile Justice Diversion and Treatment Program**

**Work Plan #/Type: SAC8 – Full Service Partnership (FSP)**

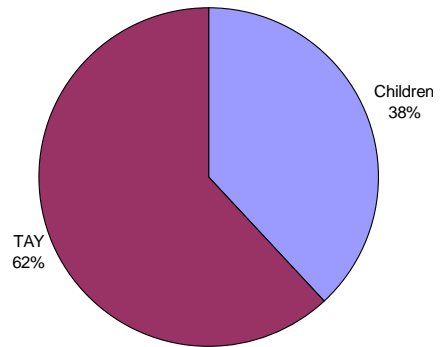
**Capacity: 92 at any given time**

**Ages Served: Youth and TAY ages 13 – 25**

**The Juvenile Justice Diversion and Treatment Program**

**(JJDTTP)** is jointly administered by DBHS, Sacramento County Probation Department, and River Oak Center for Children. JJDTTP provides screenings, assessments and intensive mental health services and FSP supports to eligible youth (and their families) involved in the Juvenile Justice System. Youth must meet serious emotional disturbance criteria and be between the ages of 13 through

17 at enrollment. Pre-adjudicated youth are screened and given an assessment. With court approval, these youth will have the opportunity to avoid incarceration and voluntarily participate in this program as long as clinically necessary up to their 26<sup>th</sup> birthday. Adjudicated youth will be referred, assessed, and have the opportunity to voluntarily receive intensive, evidence-based services that are delivered in coordination with a specialized Probation Officer. Family and youth advocates will be used to complement clinical services.



**Sacramento County MHSa Fiscal Year 2012-13 Annual Update**

**PENETRATION RATES IN SACRAMENTO COUNTY**

Medi-Cal Penetration		Calendar Year 2009					Calendar Year 2010					Percent Change From CY09 to CY10
		A		B		B/A	A		B		B/A	
		Medi-Cal Eligible Beneficiaries		Medi-Cal Clients (undup)		Medi-cal Penetration Rates	Medi-Cal Eligible Beneficiaries		Medi-Cal Clients (undup)		Medi-cal Penetration Rates	
		N	%	N	%		N	%	N	%		
Age Group1	0 to 5	56876	18.1	1219	6.0	2.1	57463	18.0	1184	7.3	2.1	0
	6 to 17	86897	27.6	7924	39.2	9.1	85384	26.8	7074	43.6	8.3	-8.8
	18 to 59	131650	41.8	9766	48.3	7.4	135907	42.6	7023	43.3	5.2	-29.7
	60+	39343	12.5	1320	6.5	3.4	40184	12.6	928	5.7	2.3	-32.4
	<b>Total</b>	<b>314765</b>	<b>100.0</b>	<b>20229</b>	<b>100.0</b>	<b>6.4</b>	<b>318938</b>	<b>100.0</b>	<b>16209</b>	<b>100.0</b>	<b>5.1</b>	<b>-20.3</b>
		N	%	N	%		N	%	N	%		
Age Group2	0 to 17	143773	45.7	9143	45.2	6.4	142847	44.8	8258	50.9	5.8	-9.4
	18+	170993	54.3	11086	54.8	6.5	176091	55.2	7951	49.1	4.5	-30.8
	<b>Total</b>	<b>314765</b>	<b>100.0</b>	<b>20229</b>	<b>100.0</b>	<b>6.4</b>	<b>318938</b>	<b>100.0</b>	<b>16209</b>	<b>100.0</b>	<b>5.1</b>	<b>-20.3</b>
		N	%	N	%		N	%	N	%		
Gender	Female	176621	56.1	10666	52.7	6	177994	55.8	8237	50.8	4.6	-23.3
	Male	138144	43.9	9563	47.3	6.9	140944	44.2	7972	49.2	5.7	-17.4
	Unknown				0.0					0.0		
	<b>Total</b>	<b>314765</b>	<b>100.0</b>	<b>20229</b>	<b>100.0</b>	<b>6.4</b>	<b>318938</b>	<b>100.0</b>	<b>16209</b>	<b>100.0</b>	<b>5.1</b>	<b>-20.3</b>
		N	%	N	%		N	%	N	%		
Race	White	87527	27.8	8313	41.1	9.5	87349	27.4	6499	40.1	7.4	-22.1
	African American	59548	18.9	4916	24.3	8.3	60574	19.0	4213	26.0	7	-15.7
	AI/AN	2616	0.8	250	1.2	9.6	2741	0.9	208	1.3	7.6	-20.8
	API	51796	16.5	1789	8.8	3.5	52570	16.5	1347	8.3	2.6	-25.7
	Other	33494	10.6	1819	9.0	5.4	34965	11.0	1176	7.3	3.4	-37.0
	Hispanic	79787	25.3	3142	15.5	3.9	80741	25.3	2766	17.1	3.4	-12.8
	<b>Total</b>	<b>314765</b>	<b>100.0</b>	<b>20229</b>	<b>100.0</b>	<b>6.4</b>	<b>318940</b>	<b>100.0</b>	<b>16209</b>	<b>100.0</b>	<b>5.1</b>	<b>-20.3</b>

Increase in the Medi-Cal population contributed to the percentage change between 2009/2010. As Prevention and Early Intervention programs are implemented, we anticipate that the number of individuals accessing the continuum of services/programs will increase. Sacramento County, along with counties statewide, is discussing how these numbers will be captured as the current penetration formula does not capture this new population.

**PREVENTION AND EARLY INTERVENTION (PEI) COMPONENT**

**Suicide Prevention Program**

**Capacity: 11,700 annually**

**Ages Served: Children, TAY, Adults, Older Adults**

The Suicide Prevention Program consists of five components:

**Crisis Line**, administered by The Effort: A 24-hour nationally accredited telephone crisis line that utilizes professional and trained volunteer staff to provide suicide prevention and crisis services to callers at risk of suicide.

**Postvention Counseling Services**, administered by The Effort: Brief individual and group counseling services available to individuals and/or families dealing with recent bereavement due to loss by suicide.

**Postvention - Suicide Bereavement Support Groups and Grief Services**, administered by Friends for Survival: Staff and volunteers directly impacted by suicide provide support groups and services designed to encourage healing for those coping with a loss by suicide.

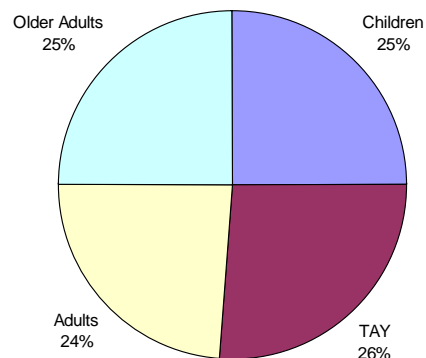
**Supporting Community Connections (SCC):** A constellation of community based agencies working collaboratively throughout the County to provide culturally and linguistically appropriate support services designed to reduce isolation and decrease the risk of suicide. Supporting Community Connections targets nine communities/populations:

- ◇ Consumer-Operated Warm Line: administered by Mental Health America of Northern California (MHANCA)
- ◇ Hmong, Vietnamese, Cantonese: administered by Asian Pacific Community Counseling
- ◇ Slavic/Russian-Speaking: administered by Slavic Assistance Center
- ◇ Transition Age Youth: administered by Children’s Receiving Home
- ◇ Older Adult: administered by MHANCA
- ◇ African American: administered by G.O.A.L.S. for Women
- ◇ Native American: administered by California Rural Indian Health Board (CRIHB)
- ◇ Campus Connections: administered by CSU Sacramento
- ◇ Latino/Spanish-Speaking: administered by La Familia Counseling Center

SCC programs are in varying stages of implementation. These community based agencies will work together to form the Supporting Community Connections Collaborative which will allow for referral exchanges and cross training.

**Community Support Team (CST)**, administered jointly by DBHS and Crossroads Vocational Services: The CST provides field-based flexible services to community members experiencing a crisis. Services include assessment, support services and linkage to ongoing services and supports. CST serves all age groups and the individual’s family members and/or caregivers.

Through these five components, Sacramento County is creating a system of suicide prevention and educating the community on suicide-risk and prevention strategies.



**Strengthening Families Program**

**Capacity: 3,740 annually**

**Ages Served: Children, TAY, Adults, Older Adults**

The Strengthening Families Program consists of five components:

The **Quality Child Care Collaborative (QCCC)** is a collaboration between DBHS, Child Action, Sacramento Office of Education, and the Warm Line Family Resource Center that leverages First 5 funding to provide behavioral consultations to preschools and early care learning environments for children from birth to age five.

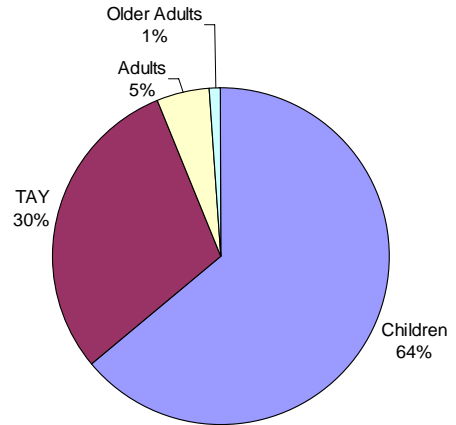
Consultations are designed to increase teacher awareness about the meaning of behavior to ensure the success of the child while in a daycare and/or preschool setting.

**HEARTS for Kids** is a collaboration between DBHS, Child Protective Services, and Public Health that leverages First 5 funding to provide a comprehensive menu of services (health exams, assessments, referrals and treatment services) for children ages birth to five (5) who are placed into protective custody.

The **Bullying Prevention Education and Training Project** is administered by the Sacramento Office of Education and targets all 13 school districts in Sacramento County. A Training of Trainer (TOT) model uses evidence-based practices to train school staff, who then educate other school staff, students, and parents/caretakers on anti-bullying strategies. The project is being implemented at elementary school demonstrations sites and focuses on grades 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup>. The long-term goal of the project is to change school climates across all 13 school districts. This project is not sustainable. Services will continue through FY2012-13.

**Early Violence Intervention Begins with Education (eVIBE)**, administered by Sacramento Children’s Home, uses universal and selective evidence-based prevention approaches to target children and youth ages six (6) to eighteen (18) and their family members/caregivers to improve social skills, increase protective factors, prevent youth violence, and reduce or eliminate family conflict.

**Independent Living Program (ILP) 2.0** is a collaboration with Child Protective Services to expand the Independent Living Program to non-foster, homeless, and LGBTQ youth ages sixteen (16) to twenty-five (25) to gain positive, proactive, successful life skills either through a classroom setting or through individual life skills counseling. Services are administered by Twin Rivers Unified School District, Sacramento City Unified School District, and Elk Grove Unified School District on school campuses and in the community. San Juan Unified School District will join the program in fiscal year 2012-13.



**Integrated Health and Wellness Program**

**Capacity: 13,900 annually**

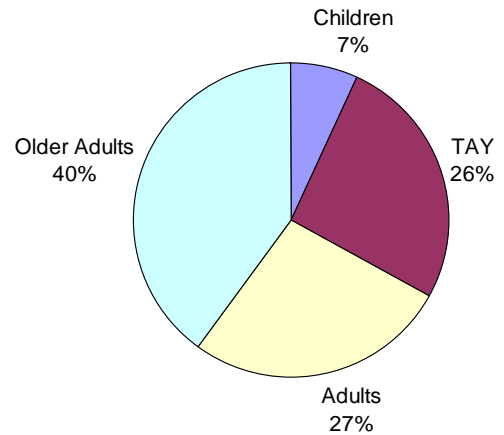
**Ages Served: Children, TAY, Adults, Older Adults**

The Integrated Health and Wellness Program consists of three components:

**SacEDAPT (Early Diagnosis and Preventative Treatment)**, administered by UC Davis, Department of Psychiatry, focuses on early onset of psychosis. It is a nationally recognized treatment program utilizing an interdisciplinary team of physicians, clinicians, support staff, consumers and family advocates to provide assessment, early identification and treatment of the onset of psychosis.

**SeniorLink**, administered by El Hogar, serves adults aged 55 and older who are demonstrating early signs of isolation and depression. Senior advocates outreach to individuals in their homes or other community settings. Program participants are connected to community activities and services, including socialization opportunities, skill-building groups, transportation services and collaboration with health care providers.

**Screening, Assessment and Brief Treatment:** This program will be implemented in fiscal year 2012-13. Services will include mental health assessments designed to increase early detection and treatment of depression, anxiety, substance use/abuse and symptoms related to trauma and brief treatment, provided in Community Health Care Clinics, when clinically indicated. Linkages to individual counseling, support groups and other kinds of supports will also be provided.



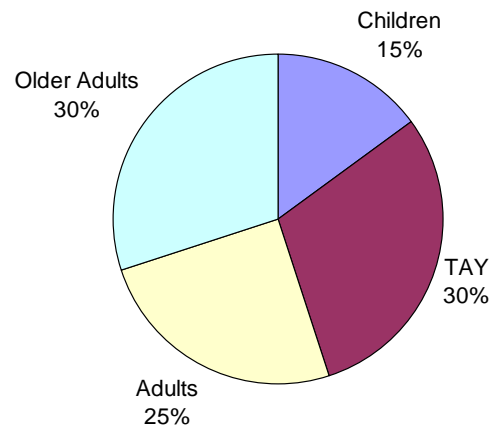
**Mental Health Promotion Project**

**Capacity: 500,000 (estimated community members touched by project)**

**Ages Served: Children, TAY, Adults, Older Adults**

The Mental Health Promotion Project is designed to increase community awareness about mental health issues and reduce stigma and discrimination toward individuals and families living with mental illness.

In fiscal year 2011-12, Daniel J. Edelman Company, in partnership with the DBHS and the Division of Public Health, developed and coordinated a multi-media campaign targeting diverse communities and providing culturally relevant information on mental health issues. DBHS provides Community Outreach and Engagement to members of unserved, underserved and inappropriately served racial, ethnic and cultural communities who experience





disparities in access to behavioral health services. Sacramento County's Division of Public Health is coordinating a Speaker's Bureau. Unfortunately, the entire project is not sustainable due to limited resources. Community Outreach and Engagement will be on-going; however the multi-media campaign and Speakers Bureau will only continue through fiscal year 2012-13.

**WORKFORCE EDUCATION AND TRAINING (WET) COMPONENT**

The Workforce Education and Training (WET) Component consists of eight (8) previously approved Actions:

**Action 1: Workforce Staffing Support**

The WET Coordinator continues to facilitate the implementation of previously approved WET Actions. The Coordinator attends and participates 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 fiscal year 2012-13.

**Action 2: System Training Continuum**

This Action expands the training capacity of mental health staff, system partners, consumers, and family members through a Training Partnership Team, Train the Trainer models, and Training Delivery at all levels. A Crisis Responder Training Workgroup was established as the first Training Partnership Team. In partnership with the Sacramento City Police Department (SPD), this workgroup developed a two-hour mental health education program that trained all SPD field officers. This component has now been added to SPD's annual required training. Additionally, the Sacramento Sheriff's Department will receive a similar training for all of their Deputies over a two year period which began in 2012.

Through our established relationship 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 former MHSA manager spoke to students about the background, core values and principles of MHSA. A DBHS senior manager 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.

**Action 3: Office of Consumer and Family Member Employment**

This Action will develop entry and supportive employment opportunities for consumers, family members and individuals from Sacramento's culturally and linguistically diverse communities to address occupational shortages identified in the Workforce Needs Assessment.

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.

**Action 4: High School Training**

This Action will be implemented in fiscal year 2012-13 and builds upon a foundation developed through partnerships between Mental Health Plan providers and the Cultural Competence Committee, including community partners and other interested stakeholders. 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 will 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 serves on the Community Advisory Committee and advises on student projects related to mental health and cultural competence delivery in healthcare services. Sacramento County works with the selected school with on-the-job training, mentoring, 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.

**Action 5: Psychiatric Residents and Fellowships**

This Action was implemented in fiscal year 2011-12 and is being administered by UC Davis, Department of Psychiatry. Through this action, interested psychiatric residents and fellows are placed at public/community mental health settings with accessible and dedicated supervision and support to ensure a positive community mental health experience. Additionally, residents, fellows, and other team members receive in-service trainings on wellness and recovery principles, consumer movement and client culture, and an integrated service delivery system. Targeted activities to promote holistic services while coordinating services with the primary care needs of consumers are a part of this integrated service delivery effort.

In fiscal year 2012-13, residents and fellows will be involved in California Brief Multi-cultural Competence Scale (CBMCS) training, as well as the Use of Interpreters in a Mental Health Setting for Mental Health Providers training.

**Action 6: Multidisciplinary Seminar**

This Action increases the number of psychiatrists and other non-licensed and licensed practitioners working in community mental health that are trained in the recovery and resiliency

and integrated service models; improves retention rates; supports professional wellness by addressing work stressors and burn-out; and improves quality of care.

Implementation of this Action has been delayed. Given budget reductions and the focus on billable services, DBHS 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.

**Action 7: Consumer Leadership Stipends**

This Action provides consumers and family members from diverse backgrounds with the opportunity to receive stipends for leadership or educational opportunities that increase knowledge, build skills, and further advocacy for consumers on mental health issues. Educational opportunities include, but are not limited to: the California Association of Social Rehabilitation Association (CASRA) social rehabilitation certificate and certification in group facilitation.

Sacramento County is providing scholarships to attend trainings/conferences that provide leadership training. Sacramento County is also exploring other strategies to further implement this Action to address logistics that are challenging for the county to manage. The county will continue to 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.

**Action 8: Stipends for Individuals, Especially Consumers and Family Members, for Education Programs to Enter the Mental Health Field**

This Action supports efforts to develop a diverse, culturally sensitive and competent public mental health system by establishing a stipend fund to allow individuals to apply for stipends to participate in educational opportunities that will lead to employment in Sacramento County's mental health system.

Sacramento County is working with the Central Region Partnership Collaborative to develop a Financial Incentives Pilot Project to leverage county WET and Central Region funds.

**INNOVATION COMPONENT**

The Innovation Component provides time-limited funding for the sole purpose of developing and trying out new practices and/or approaches in the field of mental health. An Innovation project is defined as one that contributes to learning rather than focusing on providing a service. The DBHS Innovation Project approved in 2011 is **The Respite Partnership Collaborative (RPC)**. The RPC is a community-driven collaborative comprised of community partners committed to developing, providing and supporting a continuum of respite services and supports designed to reduce mental health crisis in Sacramento County.

The learning opportunity for this project will be using an administrative entity (Sierra Health Foundation) to implement the project to determine if a public/private endeavor will lead to new

partnerships, increased efficiencies, and ultimately, improve services to our community members experiencing a crisis.

Ideas for respite programs across the age span will be submitted to the Sierra Health Foundation through a grantmaking process. The RPC will approve and fund ideas for innovative approaches to increase respite services and reduce the need for crisis services and hospitalization. This project will be implemented in fiscal year 2012-13.

**CAPITAL FACILITIES (CF) AND TECHNOLOGICAL NEEDS (TN) COMPONENT**

The **Technological Needs (TN) Project** consists of five phases over a five-year period which began in fiscal year 2010-11 to build the infrastructure necessary to meet Sacramento's goals of the Community Services and Supports Plan by improving integrated services that are client and family driven, meet the needs of target populations and are consistent with the recovery vision in Sacramento County. This project will also further the County's efforts in achieving the federal objectives of meaningful use of electronic health records to improve client care.

The **Capital Facilities (CF) Project Plan** begins on page A1 and is presented in a format based on DMH issued guidelines.

## **PROJECT PROPOSAL NARRATIVE**

### **1) Provide a brief narrative description of stakeholder involvement in identification and development of the proposed Capital Facilities Project.**

In 2009, Sacramento County submitted an initial Capital Facilities/Technological Needs (CF/TN) Component Plan. Included in the approved plan was a project to move to an Electronic Health Record and Personal Health Record which was developed from a comprehensive community planning process.

In preparation for a secondary stakeholder process to determine the use of funds for the Capital Facilities Needs portion of the CF/TN component, Sacramento County reviewed the CF guidelines issued by the State to determine possible uses for the CF funds. In response to the guidelines, the following areas were researched: county-owned facilities, use of current space, space needs, lease costs and expiration dates for MHSa programs in relation to the CF guidelines.

After considering the narrow scope of the CF guidelines, the purpose of this component, the available uses and subsequent restrictions on the funds, and the amount of CF funding available, and reviewing the results of the research, Sacramento County identified a total of three (3) county-owned buildings that meet the CF requirement of housing mental health programs and thus the most probable focus for the CF plan.

The three (3) buildings identified are located at 2130, 2140, and 2150 Stockton Boulevard and are collectively referred to as a complex in the context of this plan. Two of these buildings currently house the MHSa-funded Adult Psychiatric Support Services (APSS) and Peer Partner Programs, while the third building contains vacant space to be renovated. The occupied space in the third building is used to deliver inpatient treatment services. Additionally, because one portion of the APSS and Peer Partner program is sited at a second non-county-owned site, renovating the vacant space of the third building will allow for all program staff to be sited together at one physical location.

On November 17, 2011 and December 15, 2011, these findings were presented to the MHSa Steering Committee in the form of a preliminary proposal. After much discussion and community input, on December 15m 2011, the Steering Committee recommended that County move forward with the stakeholder process to develop details regarding the renovation plan and conduct community input sessions.

Significant outreach was made to recruit consumers, family members, providers, and other stakeholders to participate in the CF Community Input Sessions. Flyers announcing the CF Community Input Sessions were delivered and posted at contracted mental health provider sites, posted on the MHSa website, and emailed to the MHSa list-serve. The Community Input sessions were announced at MHSa Steering Committee, Mental Health Board, Cultural Competence Committee, Adult Provider Meetings and the consumer-run Expert Pool meetings, to reach the broadest distribution to attract a variety of existing and new stakeholder participation.

Two (2) CF Community Input Sessions were convened on the evenings of April 24 and April 25, 2012 (see attached flier). Between 27 and 36 individuals attended the sessions. Session attendees included a variety of stakeholders representing education, consumers, family members, contracted mental health providers, social service providers, Mental Health Board, MHA Steering Committee, Division of Behavioral Health Services.

At each session, Sacramento County thoroughly reviewed with attendees the CF Guidelines, CF Use of Funds (see Attachment A), current proposal and detailed information about required renovation elements that are mandatory for Americans with Disabilities Act (ADA), health care laws, and building codes. Attendees were given a tour of the three buildings. In breakout groups, attendees were asked to give their ideas about how reception and waiting areas would be welcoming to them, ideas about the beautification of a brick wall that surrounds the courtyard at one of the buildings, and landscaping ideas. These areas were identified at the Steering Committee meetings as potential focuses for input. The top renovation ideas from collective feedback for reception and waiting areas included: creating privacy without barriers, creating a soothing and calming environment by using tranquil colored paint on walls and a water feature, constructing an area for children, constructing an area for meditation, making resource and information available on a designated bulletin board, and handrail removal. The top ideas for the brick wall beautification included: changing the look of the wall, removing the wall, creating an archway above or removing the door in the wall. Landscaping ideas included: using natural elements, installing a fountain, creating space that is calm yet appropriate for activities.







Attendees were also asked to vote on paint colors which resulted in a majority of the votes favoring colors in the brown and green range. When voting on carpet versus laminate flooring, attendees' votes were evenly distributed.

At the end of each session, attendees participated in a “Spending Prioritization” activity. Each attendee was given play money to spend on what they prioritized as the most important renovations they want to see happening. The prioritization looked slightly different from the brainstorming activities at the front end of the session. The top four renovations that both sessions' attendees wanted include: new paint throughout, some wall beautification, remodeling lobby and reception area, install coffee and water bar. Flooring, handrail removal and landscaping were not top priorities for attendees in this exercise.





Sacramento County reviewed all of the valuable input gathered in these sessions, as well as input from the discussion and public comment at the November and December 2011 Steering Committee meetings in developing this Capital Facilities Plan.

The MHSA Fiscal Year 2012-13 Annual Update (including the Capital Facilities Plan) will be available for Public Review and Comment May 26, 2012 through June 26, 2012. During the posting period the Annual Update (including the Capital Facilities Plan) will be presented to the MHSA Steering Committee on June 21, 2012 and to the Mental Health Board (MHB) on June 6, 2012 to gather collective comment from these recommending bodies. The MHB will conduct a public hearing on June 26, 2012.

**2) Explain how the proposed CF Project supports the goals of the MHSA and the provision of programs/services contained in the County's Three-Year Program and Expenditure Plan including consistency with the County's approved CF segment of the CF/TN Component.**

As explained above, the CF Plan was developed through a community planning process with input from the MHSA Steering Committee, as well as community stakeholders that participated in the community input sessions. In this plan, Sacramento County is proposing to renovate three buildings at the Stockton Boulevard complex. Two of these buildings currently house the MHSA-funded Adult Psychiatric Support Services (APSS) and Peer Partner Programs, while the third building contains vacant space to be renovated. Because the APSS and Peer Partner program is also currently located at another non-county-owned site, renovating the vacant space of the third building will allow for the entire program to be sited at one physical location.

This project is consistent with the CF guidelines and supports the County's goals contained in the Three-Year Program and Expenditure Plan of improving integrated services that are client and family driven, meeting the needs of target populations, and is also consistent with the County's recovery vision.

This project will enable Sacramento County to continue to provide current MHSA services to the community's unserved, underserved and inappropriately served transition age youth, adults, and older adults who are experiencing mental health issues. Furthermore, the renovations will allow the County to provide integrated services, increase the number of group support services and support an expansion of service capacity with space for additional consumer and family-run wellness activities and social events. Renovations will be made considering the prioritized ideas from the CF community input sessions.

## PROJECT DETAILS

### **1) Describe the type of buildings and whether the building is being acquired with/without renovation or whether the Project is new construction.**

The proposed project involves renovations and improvements to the county-owned complex at 2130, 2140, 2150 Stockton Boulevard. The 2130 and 2140 Stockton Boulevard buildings were constructed over 30 years ago and have not undergone any improvements since initial construction. Vacant space at the 2150 Stockton Boulevard was created due to the downsizing of inpatient treatment services in recent years. Sacramento County is proposing to renovate this complex for the purpose of co-locating the MHSA-funded Adult Psychiatric Support Services (APSS) and Peer Partner programs and consolidating its current two APSS program into one location.

- **Describe the scope of the renovations, method used to ensure that the costs are reasonable and consistent with what a prudent buyer would incur.**

The scope of the renovation includes facility upgrades to three (3) county owned buildings (complex) to comply with the requirements of the Americans with Disability Act (ADA). The upgrades will ensure that people with disabilities have equal physical access to the complex so they can participate in the programs just as non-disabled persons do. Key building features in need of ADA upgrades include: fire alarm systems, reception areas, parking lot modifications, restrooms, and paths of travel to the main facility entrances which includes tactile warning surfaces for persons with visual impairments. In addition, directional and information signage modifications are necessary for compliance with ADA.

Building-specific renovations include: sound mediation for compliance with Health Insurance Portability and Accountability Act requirements (HIPAA); paint; and safety and environmental modifications and interior abatement as necessary for compliance with current building code.

County of Sacramento Departments are mandated to utilize the County of Sacramento Department of General Services (DGS) for building renovation projects, improvements and modifications. Feasibility/Preliminary Cost Estimates: Preliminary cost estimates for this project were based on DGS knowledge, industry best practices, and data from similar projects and are in alignment with State and local government requirements related to procurement for goods and services and prevailing wage requirements for construction/renovation projects. Bid Process: DGS follows public purchasing guidelines to obtain bids through a competitive bidding process to ensure that the costs are reasonable and consistent with industry standards for construction. Under the authority of the County Purchasing Agent, DGS will advertise and issue a Request for Bid on the construction job, meet with contractors to provide the Scope of Work in order for the contractor to develop and return a cost proposal. The DGS Architects will review the cost proposals and select the most qualified and competitive contractor.

- **When the renovation is for treatment facilities, describe how the renovation will result in an expansion of the capacity/access to existing services or the provision of new services.**

Renovations of the county-owned complex at 2130, 2140 and 2150 Stockton Boulevard will allow for the consolidation of the MHSa-funded APSS and Peer Partners Programs that currently at the County-owned complex, as well as a non-County owned site.

The 2130, 2140 Stockton Boulevard buildings currently house the MHSa-funded Adult Psychiatric Support Services (APSS) and Peer Partner Programs, while the third building contains vacant space to be renovated. Because the APSS and Peer Partner program is also currently located at another non-county-owned site, renovating the vacant space of the third building will allow for the entire program to be sited at one physical location. Program staff work closely together and have established outpatient multidisciplinary teams that are comprised of peer partners, clinicians, drug and alcohol counselors, nurses and psychiatrists, having space at one physical site will support a more cohesive program staff and promote an integrated services experience. Additionally, it will provide an opportunity to expand the current array of services, which include pre-crisis, crisis, ongoing outpatient care and integrated co-occurring treatment with clinical, peer and family support services. The renovations will allow for an expansion of service capacity with space for additional consumer and family-run wellness activities and social events. Renovations will be made considering the prioritized ideas from the CF community input sessions.

The interior renovation of the complex will provide an opportunity to make significant upgrades to the reception and waiting areas so that they are more accessible, comfortable and welcoming for consumers, family members and staff. Special emphasis will be placed on the open waiting areas and group spaces so that they are designed using the community input from the community input sessions. Furthermore, interior renovations will allow for more confidential individual office/interview spaces, group and community collaboration rooms, exam rooms, chart storage and other administrative offices. Finally, the parking lot of this complex will be expanded to augment spaces to accommodate the increase in staff and consumers and family members.

The County strongly supports the community input focusing on potential use of this complex for consumer and family member run wellness activities, social events and community and cultural events. Therefore, interior and exterior renovations will strongly consider the prioritized ideas from the CF community input sessions to support these types of activities and events.

A benefit of renovating the complex is having the University of California Davis, School of Medicine (UCDMC) in close proximity. Sacramento County has a longstanding relationship with UCDMC. They provide psychiatrists and psychiatric residents and fellows to work within the County's public mental health system. UCDMC is adjacent to this proposed renovation location with a valuable opportunity to immediately reduce inefficiencies associated with travel and scheduling. Urgent care appointments, consultations, and participation in new and innovative training become more feasible with the close proximity of the County-owned complex to the UCDMC campus.

**2) Describe the intended purpose, including programs/services to be provided and the projected number of clients/individuals and families and the age groups to be served.**

This adult outpatient delivery site would colocate the County-operated APSS Program at one site, and provide space and an environment to support peer partners, family advocates and drug and alcohol counselors. As part of this multidisciplinary site, consumers would have access to a larger variety of treatment, service modalities, and peer supported and initiated services.

The APSS Programs delivers services to approximately 2,000 Sacramento County residents annually. Staffing includes psychiatrists, nurse practitioners, nurses, mental health and co-occurring alcohol and drug clinical staff and contracted peer partners with lived experience. Services include medication support, comprehensive assessment, targeted case management; brief individual therapy, rehabilitation services, a variety of group opportunities such as, educational, skill building, therapeutic and support groups, and treatment and referrals for other necessary services.

Hmong Women’s Heritage Association and Mental Health of America Northern California jointly operate the Peer Partner Program. The Peer Partner Program provides individual and group activities that include: Wellness and Recovery Action Plan (WRAP®), peer support groups, benefits acquisition, family support, and cultural specific groups. The Peer Partners are integrated in the APSS clinics and its multidisciplinary team providing insights, ideas, and direction from the consumer/family member’s perspective.

Age Group	Projected Client/Family Capacity
TAY	Approximately 200
Adults	Approximately 1,700
Older Adults	Approximately 350

**3) Provide a description of the Project location. If providing services to clients, describe the proximity to public transportation and type of structures and property uses in the surrounding area.**

The proposed complex is located in a neighborhood with single family homes and various business establishments that are geared towards health care services. The Oak Park historic neighborhood is adjacent to facility. Oak Park has been the focus of revitalization efforts as it is the home to communities reflecting Sacramento’s diversity and socioeconomic challenges.

Specifically, the County-owned complex is located approximately one mile from the County Primary Care Clinic for Health Services and the County Pharmacy. The site is adjacent to the University of California of Davis Medical Center which contains the County’s busiest Emergency Room (ER). Being in close proximity to the UCDCM allows for access to the University’s Department of Psychiatry, Internal Medicine, Pediatrics and Primary Care Department. The County maintains a master agreement with UCD whereby physicians and residents from the University have an opportunity to experience and contribute to public behavioral health treatment.

This site is close to several modes of public transportation. A bus line runs directly in front of the complex with a bus stop less than one block away. Additionally, there is a light rail station less than a half mile away. Sacramento's primary freeways (Business 80 and Highway 50) are less than half a mile from this proposed location. The nearness of both public transportation and primary freeways to this site will create easy access for both clients and collaborating providers.

**4) Describe whether the building will be used exclusively to provide MHSA programs/services and supports or whether it will be used for other purposes.**

- MHSA only
- MHSA and other services

The 2150 is a larger, more modern building than the 2130 and 2140 buildings. Approximately one half of this building is vacant due to the downsizing of voluntary and involuntary inpatient treatment. One half of the building continues to be utilized for inpatient services, a referral and intake team, and a child crisis stabilization unit. The renovation would completely separate the inpatient from outpatient services. Renovation plans will accommodate new entrances that will allow the customer to enter the program through an enclosed, welcoming, landscaped garden sensitive to mental health consumer and family members' needs. The renovation would also add a large outdoor garden area and expand the existing parking.

**5) Describe the steps that County will take to ensure that property/facility is maintained and will be used to provide MHSA programs/services and/or supports, for a minimum of twenty years.**

Each fiscal year the County of Sacramento Board of Supervisors approves a County-Owned Facility Use Allocation budget to ensure that county owned property is properly funded for annual building maintenance and ongoing infrastructure projects.

The County Department of General Services provides maintenance and operations services, custodial and security services where applicable, and they manage contract services (such as pest control, landscaping, fire extinguisher maintenance, etc.) and materials and supplies for preventative and corrective maintenance to ensure that the facilities remain in compliance with Local, State and Federal Regulations.

Sacramento County has a strong commitment to the complex. This complex has been owned and operated by the County for over 30 years. In Fiscal Year 2009/2010 the HVAC systems for the complex were upgraded to provide energy efficient heating / cooling and ventilation. Making this type of major capital expenditure and reinvestment in the complex demonstrates that Sacramento County is committed to the maintenance of the complex for a minimum of twenty years. Throughout its 30 year usage, Sacramento County has provided an array of outpatient mental health services in this facility. As previously stated, the complex currently houses a portion of two (2) MHSA-funded programs and Sacramento County is committed through this Capital Facilities Plan to continue providing MHSA programs/services and supports at this location for the required 20 year period.

***CAPITAL FACILITIES PROJECT PROPOSAL FACT SHEET***

**Project Location**

Name of Project: Stockton Boulevard Complex Renovations  
Site Address: 2130, 2140, 2150 Stockton Boulevard, Sacramento, CA

**Project Information**

Renovation of a County-owned structure  
Intended Use: Mental Health only

Amount of Capital Facilities funds requested in this Project Proposal:	\$1,797,290
CSS Capital Facilities funds requested in this Project Proposal:	0
<b>Total</b>	<b>\$1,797,290</b>

**Priority Populations**

Transition Age Youth  
Adults  
Older Adults

The project will allow for expanded services: The APSS Program delivers services to approximately 2,000 Sacramento County residents annually. Staffing includes psychiatrists, nurse practitioners, nurses, mental health and co-occurring alcohol and drug clinical staff. Services include medication support, comprehensive assessment, targeted case management; brief individual therapy, rehabilitation services, a variety of group opportunities such as: educational, skill building, therapeutic and support groups, and treatment and referrals for other necessary services. The Peer Partner Program provides individual and group activities that include: Wellness and Recovery Action Plan (WRAP<sup>®</sup>), peer support groups, benefits acquisition, family support, and cultural specific groups. The Peer Partners are integrated in the APSS clinics and its multidisciplinary team, providing insights, ideas, and direction from the consumer/family member's perspective.

Sacramento County MHSa Capital Facilities Plan

**BUDGET SUMMARY**

County: Sacramento

Project Name: Stockton Boulevard Complex Renovations

Expenditure Category	(1) Capital Facilities Funds	(2) CSS Capital Facilities Funds	(3) Future Year Costs	(4) Total (1+2+3)	Estimated Annual Ongoing Costs*
<b>A. Project Expenditures</b>					
1. Acquisition of Land (including deposits)	0	0	0	0	0
2. Acquisition of Existing Structures	0	0	0	0	0
3. Survey & Soil Investigation	0	0	0	0	0
4. Appraisal	0	0	0	0	0
5. Cal-EPA	0	0	0	0	0
<b>6. Architectural &amp; Engineering (A&amp;E) expenditures</b>					
a. Plan Check Fees, Permits, etc		0	0	0	0
b. Contract Architect	\$215,675	0	0	0	0
c. Contract Engineer	\$89,898	0	0	0	0
d. Other A&E Consultant Fees	\$6,074	0	0	0	0
e. A&E Travel Expenditures	\$6,074	0	0	0	0
<b>7. Construction</b>					
a. Landscaping	\$9,111	0	0	0	0
b. Construction Contracts		0	0	0	0
c. Insurance	\$35,946	0	0	0	0
d. Material Testing	\$4,252	0	0	0	0
e. Contingency	\$291,460	0	0	0	0
* f. Other Construction Expenditures	\$53,918	0	0	0	0
8. Rehabilitation/Renovation of Existing Structures	\$1,038,354	0	0	0	0
9. Fixed/Movable Equipment	\$0	0	0	0	0
10. Supervision - Inspector	\$0	0	0	0	0
11. Title and Recording	\$0	0	0	0	0
12. Other Fees and Charges	\$0	0	0	0	0
13. On-Site Management	\$10,083	0	0	0	0
14. Project Management/Administration	\$36,445	0	0	0	0
15. Other Project Expenditures (Please Describe)	0	0	0	0	0
16. Other Expenses (Describe)	0	0	0	0	0
<b>17. Total Ongoing Operating Expenses</b>					
	0				
<b>18. Total Project Expenditures</b>					
	\$1,797,290				
<b>II. Other Funding sources (please list)</b>					
	0				
<b>6. Total Other Funding Sources</b>					
	0				
<b>Total Offsetting Revenues</b>					
	0				
<b>MHSa Funding Requirement (Column 1 + 2)</b>					
	\$1,797,290				

**Notes:** \*7f -Other Construction Expenditures: Inflation factor escalator of 3% to cover any future material and labor cost increases.



- **Provide information regarding ability to maintain and update the property/facility for the required time period. (Include proposed funding sources, capitalized reserves, etc.)**

The maintenance, update of Sacramento County Owned Facilities and ongoing capital infrastructure projects are funded through a County Wide Cost Allocation Plan. Each fiscal year, the County of Sacramento Board of Supervisors approves a County-Owned Facility Use Allocation budget to ensure that county owned property is properly funded for annual building maintenance. The Department of General Services (DGS) provides staffing for carpenters, electricians and assigns onsite building stationary engineers to perform ongoing building maintenance for the Complex. DGS handles contracted services for landscaping/tree trimming, pest control and Janitorial to ensure that the Complex remains a healthy and safe environment for staff and external customers.

The allocated charges reflect occupancy for a full fiscal year and are charged to each tenant based upon the percent of total building square footage occupancy. The facility Use allocation includes a “Use Allowance” in addition to funding for general maintenance. The Use Allowance funds the Capital Construction Reserve Fund for major capital expenditures such as roof replacements, Heating, Ventilation, and Air Conditions system upgrades, infrastructure changes and to address health and life safety issues.

Sacramento County maintains an around the clock (24/7) communication center for dispatch in case of a facility emergency and capital outlays to the Complex were made within the last three (3) years to modernize and upgrade the facility for the future 20 years.

- **Describe what structure is in place to manage the Project and track usage, costs, maintenance, etc., over time (e.g. agreement with County Department of General Services, contractor consultants, etc.).**

The County Department of General Services (DGS) will provide project management (PM) throughout all phases of the project including the scope and estimate and overall client coordination from pre to post construction. The administration component entails creating an internal order to track all aspects of the project through our County Wide Integrated Accounting System (COMPASS). The Internal Orders breakdown the job elements via a work breakdown structure (WBS) for cost accounting, monitoring and tracking. During the design phase they will prepare plans and specification, review as-builts, and review all cost proposals. The PM will handle construction management and review and approval submittals, change orders and review and process contractor invoices to contain cost.

During the development of the annual Facility Use Allocation Budget, DGS reviews actual facility utilization for utility charges including electric, natural gas sewer and water costs for the proceeding fiscal year in conjunction with Sacramento Municipal Utility District (SMUD), Pacific Gas and Electric Company (PG&E), and Water and Sewer District to identify usage over time for possible conservation measures.

All ongoing building maintenance is received, dispatched and monitored via an online computerized work order system (CAFM). Maintenance is either assigned to DGS staff or a contract is secured with an approved county vendor for specialized repairs as necessary.

The Department of Health and Human Services assigns a Department Facilities Project Coordinator to work closely with the DGS PM during all phases of the project and to provide final authorization for expenditures.

## **PROJECT TIMELINE**

**Name of Project:** Stockton Boulevard Complex Renovations

**Site Address:** 2130, 2140, 2150 Stockton Boulevard, Sacramento, CA

**Community Project Planning Process:**

30-day public review and comment period: May 26 – June 26, 2012

Public hearing: June 26, 2012

**Construction/Renovation Start up:** January 1, 2013

**Construction/Renovation completion:** December 31, 2014

**Note:** Construction/Renovation start up and completion dates are tentative. Upon receipt of funding the department will initiate the 4-6 week planning process with the Sacramento County Department of General Services. The actual planning will begin to establish a meeting with potential contractors who will receive the Scope of Work in order to develop and return a cost proposal. The Architects will review the cost proposal and select a contractor and execute a contract. The notice to proceed with the project will be issued and the contractor will provide submittals for review and approval and provide a specific project timeline for the renovations.



County of Sacramento  
Department of Health and Human Services  
Division of Behavioral Health Services

**Mental Health Services Act – Prop 63  
CAPITAL FACILITIES  
Community Input Sessions**

Learn about the use of MHSA Capital Facilities funding and provide input on the use of funds to –

- renovate facility space
- develop details of the facility renovation plan (e.g. paint, reception area, flooring, etc), and
- prioritize details

What are your thoughts?

What can the funding be used for?

Provide Ideas!

**Tuesday, April 24, 2012, 5:30–8:30 pm  
OR  
Wednesday, April 25, 2012, 5:30–8:30 pm  
Sacramento County Stockton Campus  
2150 Stockton Blvd  
Sacramento, CA 95817  
Refreshments will be served**

Visit our Website at [www.sacdhhs.com/MHSA](http://www.sacdhhs.com/MHSA)

**If you wish to attend and need to arrange for an interpreter or a reasonable accommodation, please contact Mary Nakamura one week prior to each meeting at (916) 876-5821 or [NakamuraM@SacCounty.net](mailto:NakamuraM@SacCounty.net)**  
Sacramento County MHSA Capital Facilities Plan

## Capital Facilities Use of Funds Chart

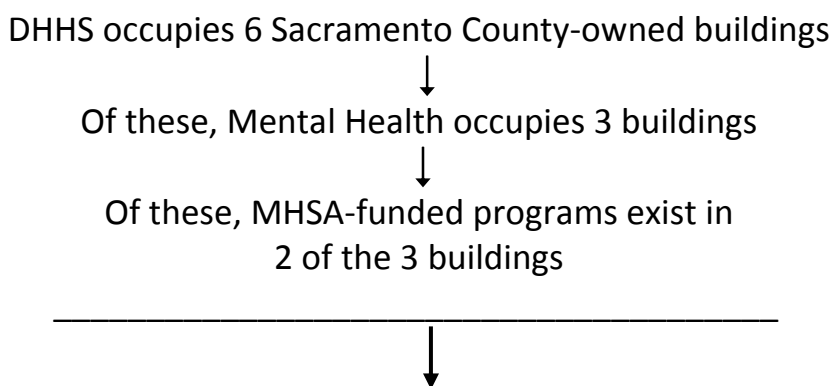
A “**Capital Facility**” is a building secured to a foundation which is permanently affixed to the ground and used for the delivery of MHSAs services to individuals with mental illness and their families or for administrative offices.

Available Capital Facilities Funding
➤ Sacramento County Allocation: \$1,797,290 (one-time)



Parameters of Capital Facilities Funding
<ul style="list-style-type: none"> <li>➤ County must be owner of record</li> <li>➤ Must house a MHSAs program or support a MHSAs program for a minimum of 20 years</li> <li>➤ Must comply with federal, state, local laws related to building/renovation</li> <li>➤ Cannot pay for mental health services, supports, or housing</li> <li>➤ Cannot be used for furniture or fixtures that are not attached to the building</li> <li>➤ Cannot be used for restrictive settings</li> </ul>

Other Local Factors to Consider
<ul style="list-style-type: none"> <li>➤ The General Services County Master Plan prohibits purchase or development of property while there is currently vacant space at a county-owned facility</li> <li>➤ County pays for leasing space at Bowling Drive while other space sits vacant; vacant space still costs the Division money</li> <li>➤ Co-located programs can be more efficient for consumers and optimize service dollars across the Division</li> </ul>


Funding Goals
<ul style="list-style-type: none"> <li>➤ Long-term impacts with lasting benefits that move the mental health system towards the MHSAs Five Essential Elements</li> <li>➤ Development of County-owned community-based facilities that support an integrated service experience that are culturally and linguistically appropriate</li> <li>➤ Support an increase in peer-support and consumer-run facilities</li> <li>➤ Development of County-owned community-based, less restrictive settings that will reduce the need for incarceration or institutionalization</li> </ul>





### Five Potential Uses of Funds

<p><b><u>Acquire land and a building</u></b> to house MHSAs services/administration</p> <p><b>Approximate cost: \$13.2M</b></p> <div style="display: flex; justify-content: space-around;">   </div>
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<p><b><u>Construct a new building</u></b> to house MHSAs services/administration</p> <p><b>Approximate cost: \$9M</b></p> <div style="display: flex; justify-content: space-around;">   </div>
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<p><b><u>Acquire and renovate a building</u></b> to house MHSAs services/administration</p> <p><b>Approximate costs range from: \$3.1M - \$4.8M</b></p> <div style="display: flex; justify-content: space-around;">   </div>
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<p><b><u>Establish a capitalized repair/replacement reserve</u></b> for a county-owned building that houses MHSAs services/administration</p> <div style="display: flex; justify-content: space-around;">   </div>
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<p><b><u>Renovate existing County-owned space</u></b> that houses MHSAs services/administration</p> <div style="display: flex; justify-content: space-around;">   </div>
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**Proposal: Co-locate APSS and Peer Partner programs (all MHSAs funded) by renovating the buildings at 2130, 2140 and 2150 Stockton Blvd**

**FY 2012/13  
MHSA FUNDING SUMMARY**

County: Sacramento

Date: 6/29/2012

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
<b>A. Estimated FY 2012/13 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	\$17,204,806	\$5,572,763	\$10,783,196	\$13,909,028	\$9,097,802	
2. Estimated New FY 2012/13 Funding	\$23,754,100			\$6,011,800	\$1,565,200	
3. Transfer in FY 2012/13 <sup>a/</sup>						
4. Access Local Prudent Reserve in FY 2012/13						
5. Estimated Available Funding for FY 2012/13	\$40,958,906	\$5,572,763	\$10,783,196	\$19,920,828	\$10,663,002	
<b>B. Estimated FY 2012/13 Expenditures</b>	\$25,731,990	\$1,944,052	\$4,060,011	\$9,862,570	\$2,075,000	
<b>C. Estimated FY 2012/13 Contingency Funding</b>	\$15,226,916	\$3,628,711	\$6,723,185	\$10,058,258	\$8,588,002	

<sup>a/</sup>Per Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

<b>D. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2011	\$14,891,847
2. Contributions to the Local Prudent Reserve in FY11/12	\$4,500,000
3. Contributions to the Local Prudent Reserve in FY12/13	\$0
4. Distributions from Local Prudent Reserve in FY12/13	\$0
5. Estimated Local Prudent Reserve Balance on June 30, 2013	\$19,391,847