MENTAL HEALTH SERVICES ACT

Fiscal Year 2013 – 2014
Annual Update to the Three-Year Program and Expenditure Plan

June 11, 2013

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Sacramento

Local Mental Health Director	Program Lead
Name: Mary Ann Carrasco	Name: Jane Ann LeBlanc
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County Mental Health Mailing Address: 7001A East Parkway, Suite 400 Sacramento, CA 95823	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft 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. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on June 11, 2013.

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.

All documents in the attached annual update are true and correct.

Mary Ann Carrasco
Local Mental Health Director/Designee (PRINT)

Mary Ann Carrasco 7/3/13
Signature Date

County: Sacramento

Date: 7/3/13

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Sacramento

- ☐ Three-Year Program and Expenditure Plan
- ☑ Annual Update
- ☐ Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Mary Ann Carrasco	Name: Michael Tateishi
Telephone Number: (916) 875-9904	Telephone Number: (916) 875-1415
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Local Mental Health Mailing Address: 7001A East Parkway, Suite 400 Sacramento, CA 95823	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for other counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report is true and correct to the best of my knowledge.

Mary Ann Carrasco
Local Mental Health Director (PRINT)

Mary Ann Carrasco 7/3/13
Signature Date

I hereby certify that for the fiscal year ended June 30, 2013, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 12/28/12 for the fiscal year ended June 30, 2012. I further certify that for the fiscal year ended June 30, 2013, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached report is true and correct to the best of my knowledge.

Michael Tateishi
County Auditor Controller / City Financial Officer (PRINT)

Michael Tateishi 7/3/2013
Signature Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (02/14/2013)

Executive Summary

Proposition 63 was passed by California voters in November 2004, and became known as the Mental Health Services Act (MHSA). MHSA authorized a tax increase on millionaires (1% tax on personal income in excess of $1 million) to develop and expand community-based mental health programs. The goal of MHSA is to reduce the long-term impact on individuals and families resulting from untreated serious mental illness.

Sacramento County is one of eighteen counties located in the Central Mental Health Region of the State of California. The 2012 United States Census Bureau estimates the population of Sacramento County to be approximately 1.45 million. As such, Sacramento is considered a large county, especially in comparison with the populations of surrounding counties. Sacramento is one of the most diverse communities in California with five threshold languages (Spanish, Russian, Vietnamese, Hmong, and Cantonese). Historically, Sacramento County has been one of three counties with the highest number of newly arriving refugees in California. We welcome these new residents and continue to work towards meeting the unique needs of these communities.

Sacramento County has worked diligently on the planning and implementation of all components of MHSA. The passage of AB100 in 2011 and AB1467 in 2012 made many significant changes to MHSA, including the shift from published funding allocations to monthly distributions based on taxes collected and the transfer of plan/update approval authority from the State level to local Boards of Supervisors. These changes also provide counties with the opportunity to present MHSA annual updates in a way that is more meaningful to local stakeholders.

The plans for each component of MHSA are the result of robust community planning processes. The programs contained in the plans work together with the rest of the system to create a continuum of services that address gaps in order to better meet the needs of our diverse community.

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 designed to address suicide prevention and education; strengthening families; integrated health and wellness; and mental health stigma and discrimination reduction. Twenty-one (21) programs have been implemented and the remaining program will be implemented in FY2013-14.

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 stagnant job market, and subsequently, the impact on the availability of jobs in the public mental health system. There are now early indications that the economy is improving and job

opportunities in the public mental health system may increase. DBHS, along with stakeholders, will work to refine plans for these Actions and move towards implementation.

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 4 of the five-phased plan in fiscal year 2013-14.

The **Capital Facilities** (CF) project will renovate three buildings at the Stockton Boulevard complex in order to consolidate the APSS clinics. The renovations will allow for an expansion of service capacity with space for additional consumer and family-run wellness activities and social events.

COMMUNITY PROGRAM PLANNING

The Sacramento County Division of Behavioral Health Services has met the requirements for the Community Program Planning Process for the MHSA Fiscal Year 2013-14 Annual Update as described in Section 3300 of the California Code of Regulations as described below. Sacramento County's community planning processes for CSS, PEI, WET, INN, CF and TN have been described in-depth in prior plan updates and documents submitted to the State. Those documents are available on the Reports and Workplans page on our website. All of the programs contained in this Annual Update evolved from those planning processes. The general plan for the 2013-14 Annual Update was discussed at MHSA Steering Committee meetings on November 15, 2012 and January 17, 2013. 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. Through these presentations, the committee was able to get a deeper understanding of program services, participation 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 California Mental Health Services Authority (CalMHSA) Joint Powers Authority and the progress CalMHSA is making with the Statewide PEI Programs. During the 30-day posting of the Annual Update, the DBHS 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 Consumers; 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.

Steering Committee meetings are open to the public with time allotted for Public Comment at each meeting. Agendas, meeting minutes and supporting documents are posted to the Division's MHSA webpage.

Additionally, stakeholders representing unserved and underserved racial, ethnic and cultural groups who are members of the DBHS Cultural Competence Committee were updated and provided feedback on MHSA activities at their monthly meetings.

The Division strives to circulate the Annual Update as broadly as possible. A public notice was published in The Sacramento Bee announcing the posting of the Update and the date and time of the public hearing at the beginning of the posting period. The notice also provided instructions on how to request a hard copy of the Update by mail. Fliers announcing the posting and public hearing were posted at public libraries throughout Sacramento. The information was circulated

through multiple email distributions, ethnic and cultural media outlets, and hard copies were available for pick up at the Division administration office.

The Draft FY 2013-14 Annual Update was posted for a 30-day public comment period from April 9, 2013, through May 9, 2013. The Executive Summary was translated into the five threshold languages and posted to the Division website. The Mental Health Board conducted a Public Hearing on Thursday, May 9, 2013, beginning at 6:00 p.m. at the Department of Health and Human Services Administrative Services Center, located at 7001-A East Parkway, Sacramento, CA 95823.

Public Comment

Several comments were received related to our 2013-14 MHSA Annual Update during the 30-day public review and comment period. Below is a summary of those comments and the Division of Behavioral Health Services' response.

There were several comments in support of the general flow and format of the Update. The Mental Health Board, Cultural Competence Committee, and MHSA Steering Committee were supportive of the Annual Update moving forward to the Board of Supervisors for approval. There was a request to include the tables containing demographic information, in addition to the charts included in the draft Update.

The Committees and community again expressed appreciation and support for the programs contained in the Update, with specific focus on the Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) component programs. As was expressed in prior years, there were comments in support of the importance of racial, cultural, and ethnic-specific strategies and programs to address specific needs in the provision of prevention and treatment services.

There were also comments related to the prevention programs contained in the Strengthening Families Project and the desire to see those funds redirected to provide early intervention mental health treatment services to consumers with serious mental illness.

DBHS Response

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

The Division recognizes the need for culturally specific programming in targeted communities and continues to work to develop and ensure that cultural and ethnic-specific strategies are employed in service delivery.

The Prevention and Early Intervention Plan and programs contained in the Update have received support from the community and stakeholders in each of the Annual Updates since original approval by the State Department of Mental Health and the Mental Health Services Oversight and Accountability Commission in 2010. Preliminary data show the PEI programs are making a difference through reduction of suicide, incarcerations, school failure or dropout, unemployment, prolonged suffering, homelessness, and removal of children from their homes. The PEI programs

have also been impactful in helping to reduce the stigma and discrimination toward those living with mental illness or seeking mental health services. For these reasons, the Division is in compliance with the statewide expectations for the PEI component and looks forward to sharing PEI program outcomes in future updates.

The Division has considered all of the comments received and as a result, added additional demographic information and clarification about the clients served in the Community Services and Supports programs, as well as ages served in each of the Community Services and Supports and Prevention and Early Intervention programs.

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)** plan consists of two program components: **Adult Psychiatric Support Services (TCORE-APSS)** clinics, administered by the DBHS Adult Services Unit and **TCORE-HRC**, administered by Human Resources Consultants (HRC) and Transitional Living and Community Supports (TLCS). These programs offer low to moderate intensity community-based services for individuals (age 18 and older) 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 is a site based outpatient clinic that provides mental health and rehabilitation services. Drug and Alcohol counselors are available and specialize in treatment for co-occurring disorders. The Peer Partner component, which is administered by two contracted providers – Hmong Women's Heritage Association and Mental Health America of Northern California, provides culturally and linguistically relevant advocacy and support for program participants and staff are members of the multidisciplinary team. The service array includes; 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.

TCORE-HRC is a county-wide collaborative effort between Human Resources Consultants (HRC) and Transitional Living and Community Supports (TLCS). TCORE-HRC provides primarily community-based mental health and rehabilitation services to Adult community members who are experiencing frequent acute episodes or who are at risk of losing community tenure. Recipients are assigned to a service team familiar with each client's needs. Team staff include a team leader, four (4) Personal Service Coordinators (PSCs) and a Consumer/Family Advocate. There is also a Benefits Acquisition Specialist and an Employment Specialist available to all participants. The goal is for recipients to participate at less intensive service levels over time. The strategies of integrated assessment, mobile crisis intervention, self-directed care, peer supports, vocational services, and integrated mental health and substance abuse services are further supported by available medication supports and services, provided by Physicians, Physician's Assistants, and nursing staff. To support participation, transportation is available for all clinic-based activities and necessary field or community services.

Program: Sierra Elder Wellness
Work Plan #/Type: SAC2 – Full Service Partnership (FSP)
Capacity: 150 at any given time
Ages Served: Transition Age Older Adults, Older Adults

The **Sierra Elder Wellness Program (Sierra)** administered by El Hogar Community Services, Inc., serves transition age older adults (ages 55 to 59) and older adults (age 60+) of all genders, races, ethnicities and cultural groups. Sierra provides specialized geriatric services including psychiatric support, multidisciplinary mental health assessments, treatment, and intensive case management services with persons who have co-occurring mental health, physical health, and/or substance abuse and social service needs that require intensive services in order to remain living in the community at the least restrictive level of care.

Success: Responsive Services
Sierra is now offering "Empowering Action and Recovery Through Trust and Hope" for program partners. This group is designed to help consumers who are struggling with both mental illness and substance abuse.

The goals of the program are to improve psychiatric 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 for adults age 18 and older. 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 applications 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.

Success: Collaboration
The SMART program, working with a provider of the MHSA Housing Program, was a recipient of the Social Security Administration Regional Commissioner's Team Citation, which recognized the team's collaborative and community-centered approach to the social security entitlement process.

PSH-New Direction provides permanent supportive housing and an FSP level of mental health services and supports for adults, including older adults, and their families. The program provides integrated, comprehensive services utilizing a "whatever it takes" approach to support consumers in meeting their desired recovery goals. New Direction provides services at two permanent supportive MHSA-financed housing developments, permanent supportive housing within TLCS permanent housing sites, and utilizes community-based housing vouchers and limited subsidies providing permanent housing for approximately 350 consumers. Additionally, New Direction Palmer Apartments Brief Interim Housing provides services and supports in short-term housing, focuses on rapid access to permanent housing within 30 days once income is secured. Longer-term temporary housing is available for individuals awaiting openings in MHSA-financed housing developments.

PSH-Pathways program provides permanent supportive housing and an FSP level of mental health services and supports for children, youth, adults, older adults and families. The program provides integrated, comprehensive services utilizing a "whatever it takes" approach to support consumers and their families in meeting their desired recovery goals. Pathways provides services at six permanent supportive MHSA-financed housing developments, community-based housing vouchers and utilizes limited subsidies to provide permanent housing for approximately 350 consumers and their 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 increase penetration rates and reduce mental health disparities in 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 associated 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**.

The **WRCs**, administered by Consumer Self Help Center, are located in North and South Sacramento and offer a consumer driven recovery environment. WRCs offer an array of comprehensive services and wellness activities designed to support clients in their recovery goals. WRCs provide psychiatric and medication support services and wellness activities are open to enrolled clients and community residents with an interest in mental health support, wellness and recovery services. The 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. WRCs provides curriculum driven and evidence-based skill building activities, vocational supports, family education, self help, peer counseling and support. Services are guided by the MHSA Essential Elements of community collaboration, cultural competence, member driven and wellness focused. Alternative therapies include consumer facilitated art and music expression, journaling, creative writing, yoga, 12 step recovery groups, goal setting, crisis planning, natural healing practices and other wellness services. 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. WRCs have scheduled programming and activities 6 days per week and are closed on Sunday. All wellness activities at WRCs are free and open to the public.

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 APSS clinics. Peer Partners (consumers and family members) are integrated staff members of the APSS multidisciplinary team. Peer Partners provide peer-led services that support APSS participants and their family in their recovery process. Individual support, 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. The consumer and family member advocates promote and encourage parent/caregiver, youth, adult, and older adult consumer involvement in the mental health system from program planning to program participation. 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.

Success: Transition to Independent Living in the Community
During Fiscal Year 2011-12 one of our younger members moved into independent living (own apartment after years of living with mother), has obtained his own vehicle and has arranged for his own health services from community sources. Since being discharged from SOAR, he is has moved to a new community and continues to live independently.

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 (JJDTP)** is jointly administered by DBHS, Sacramento County Probation Department, and River Oak Center for Children. JJDTP 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 26th birthday. Adjudicated youth are 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 complement clinical services.

CSS Administration and Program Support
DBHS provides administration and program support associated with on-going community planning, as well as implementation, training, consultation, and monitoring of the CSS programs and activities.

The table below contains the CSS budget for Fiscal Year 2013-14:

FY2013-14 CSS COMPONENT BUDGET Work Plan / Program	Average Cost/Client*	Budget Amount
SAC1 - GSD: TCORE	$ 1,765	$ 6,176,512
SAC2 - FSP: Sierra Elder Wellness	$ 7,780	$ 1,166,964
SAC4 - FSP: Permanent Supportive Housing	$ 5,250	$ 6,300,310
SAC5 - FSP: Transcultural Wellness Center	$ 7,873	$ 1,810,748
SAC6 - GSD: Wellness and Recovery Center	$ 1,311	$ 2,884,379
SAC7 - FSP: Adult Full Service Partnership	$ 9,136	$ 2,740,863
SAC8 - FSP: Juvenile Justice Diversion and Treatment	$ 19,391	$ 1,784,000
CSS Administration and Program Support	N/A	$ 3,933,281
TOTAL		**$ 26,797,057**

*Average cost per client is based on MHSA funding in Work Plan divided by Work Plan capacity

PENETRATION RATES IN SACRAMENTO COUNTY

Penetration Rates – Calendar Year's 2010 and 2011
Medi-Cal eligible beneficiary numbers are based on EQRO 2011 penetration rates.

Medi-Cal Penetration		Calendar Year 2010					Calendar Year 2011					
		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	Percent Change From CY10 to CY11
		N	%	N	%		N	%	N	%		
Age	0 to 5	57463	18.0	1184	7.3	2.1	60011	18.1	1540	8.6	2.6	22.2
	6 to 17	85384	26.8	7074	43.6	8.3	91370	27.6	7531	42.2	8.2	-0.7
	18 to 59	135907	42.6	7023	43.3	5.2	139079	41.9	7805	43.8	5.6	7.9
	60+	40184	12.6	928	5.7	2.3	41130	12.4	961	5.4	2.3	1.6
	Total	318938	100.0	16209	100.0	5.1	331590	100.0	17837	100.0	5.4	5.5
		N	%	N	%		N	%	N	%		
Gender	Female	177994	55.8	8237	50.8	4.6	185163	55.8	9204	51.7	5.0	8.1
	Male	140944	44.2	7972	49.2	5.7	146426	44.2	8586	48.3	5.9	2.9
	Total	318938	100.0	16209	100.0	5.1	331589	100.0	17790*	100.0	5.4	5.2
		N	%	N	%		N	%	N	%		
Race	White	87349	27.4	6499	40.1	7.4	90373	27.3	6589	36.9	7.3	-1.5
	African American	60574	19.0	4213	26.0	7	63456	19.1	4443	24.9	7.0	0.0
	AI/AN	2741	0.9	208	1.3	7.6	2909	0.9	144	0.8	5.0	-34.9
	API	52570	16.5	1347	8.3	2.6	52591	15.9	1432	8.0	2.7	4.7
	Other	34965	11.0	1176	7.3	3.4	39994	12.1	1998	11.2	5.0	46.9
	Hispanic	80741	25.3	2766	17.1	3.4	82268	24.8	3231	18.1	3.9	15.5
	Total	318940	100.0	16209	100.0	5.1	331591	100.0	17837	100.0	5.4	5.5

*Number does not equal total served due to missing data

The table below shows Sacramento County Penetration Rates for calendar years 2009 through 2011 and demonstrates a significant improvement in the percent change from calendar year 2010 to 2011.

Medi-Cal Penetration Rate		CY2009 Medi-Cal Penetration Rate	CY2010 Medi-Cal Penetration Rate	Percent Change From CY09 to CY10	CY2011 Medi-Cal Penetration Rate	Percent Change From CY10 to CY11
Age Group	0 to 5	2.1	2.1	0	2.6	22.2
	6 to 17	9.1	8.3	-8.8	8.2	-0.7
	18 to 59	7.4	5.2	-29.7	5.6	7.9
	60+	3.4	2.3	-32.4	2.3	1.6
	Total	6.4	5.1	-20.3	5.4	5.5
Gender	Female	6.0	4.6	-23.3	5.0	8.1
	Male	6.9	5.7	-17.4	5.9	2.9
	Total	6.4	5.1	-20.3	5.4	5.2
Race	White	9.5	7.4	-22.1	7.3	-1.5
	African American	8.3	7.0	-15.7	7.0	0
	AI/AN	9.6	7.6	-20.8	5.0	-34.9
	API	3.5	2.6	-25.7	2.7	4.7
	Other	5.4	3.4	-37.0	5.0	46.9
	Hispanic	3.9	3.4	-12.8	3.9	15.5
	Total	6.4	5.1	-20.3	5.4	5.5

*The percent of change in penetration rates was calculated on a larger number than the rounded number displayed on this chart for each year

COMMUNITY SERVICES AND SUPPORTS (CSS) PROGRAM OUTCOMES

During FY 2011-12 all FSP programs showed significant improvement and great individual success in decreasing all negative outcomes. Partners are staying out of psychiatric facilities, jail, streets and emergency rooms. The percentages below represent the percent decreases overall for all programs:

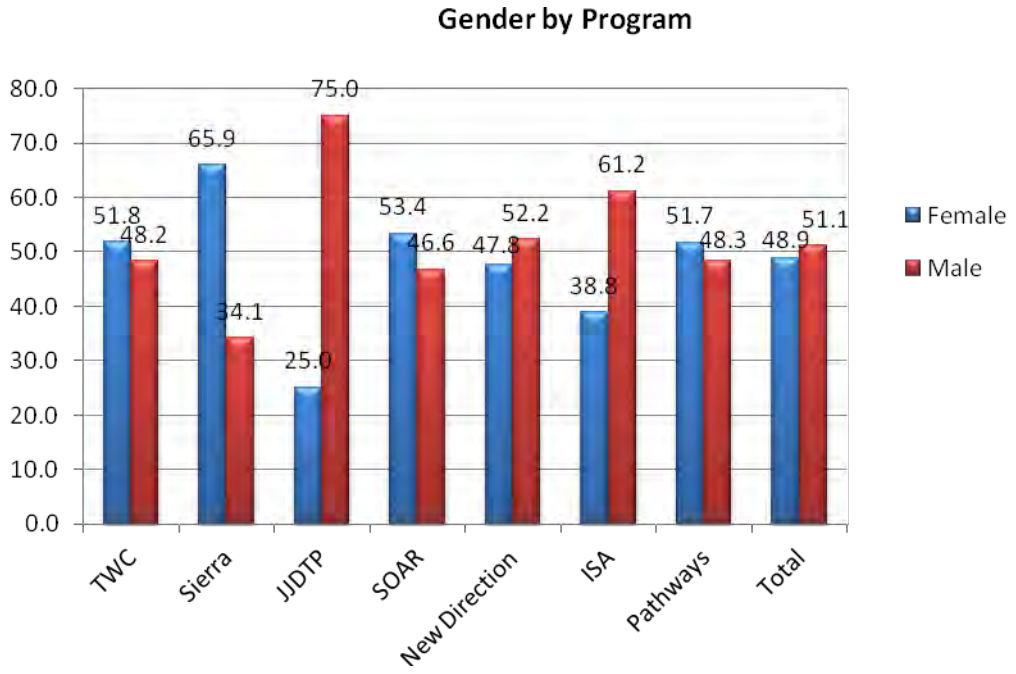
- Hospitalizations decreased by 56%
- Hospital days decreased by 75%
- Total arrests decreased by 62%
- Incarcerations decreased by 41%
- Incarceration days decreased by 86%
- Homeless episodes decreased by 90%
- Homeless days decreased by 98%
- Employment rate increased to 5.7%

During FY 11/12 there were a total of 1,731 unduplicated partners that received services at the FSPs. The table below indicates the number of partners served by program:

Program	Average Length of Stay	Number (N=1,766)	Percent
TWC	2.0 Years	340	19.3
Sierra	2.8 Years	173	9.8
JJDTP	7.7 months	160	9.1
SOAR	1.6 years	178	10.1
New Directions	2.2 Years	312	17.7
ISA	2.1 Years	170	9.6
Pathways	2.4 Years	433	24.5

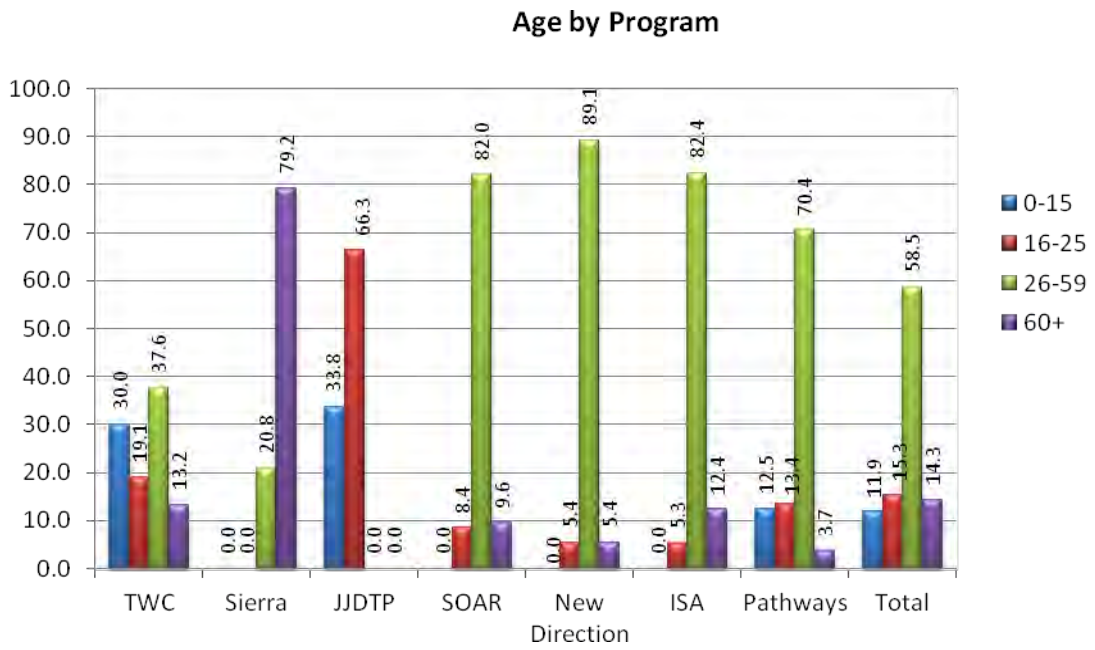
Note: the total number is greater than the unduplicated number of clients due to partners being in multiple programs throughout the year.

Full Service Partnership (FSP) Program Demographics



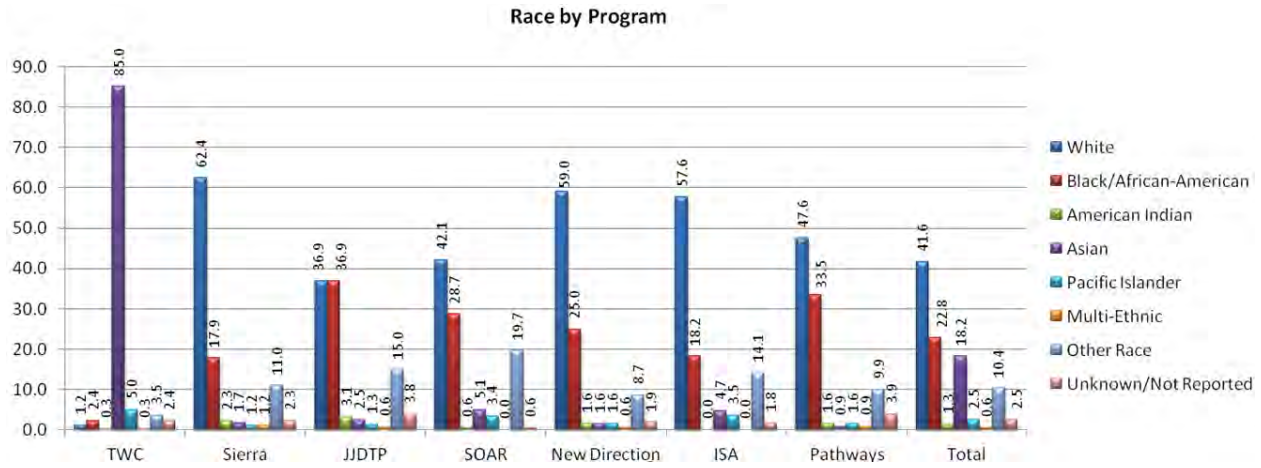
GENDER BY PROGRAM																
	TWC	**%**	**Sierra**	**%**	**JJDTP**	**%**	**SOAR**	**%**	**New Direction**	**%**	**ISA**	**%**	**Pathways**	**%**	**Total**	**%**
Female	176	51.8	114	65.9	40	25.0	95	53.4	149	47.8	66	38.8	224	51.7	**864**	**48.9**
Male	164	48.2	59	34.1	120	75.0	83	46.6	163	52.2	104	61.2	209	48.3	**902**	**51.1**
Total	**340**	**100.0**	**173**	**100.0**	**160**	**100.0**	**178**	**100.0**	**312**	**100.0**	**170**	**100.0**	**433**	**100.0**	**1766**	**100.0**

Full Service Partnership (FSP) Program Demographics (continued)



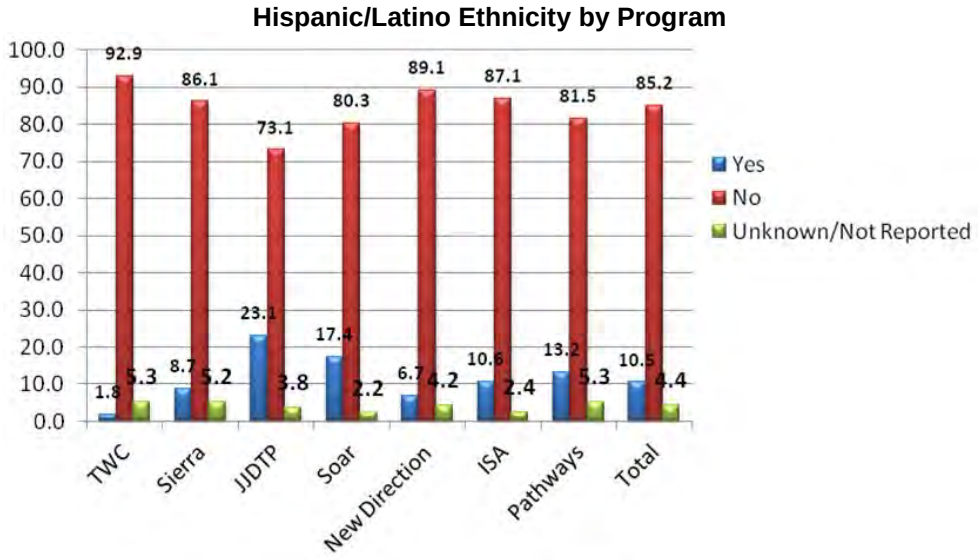
AGE BY PROGRAM																
Age Category	**TWC**	**%**	**Sierra**	**%**	**JJDTP**	**%**	**SOAR**	**%**	**New Direction**	**%**	**ISA**	**%**	**Pathways**	**%**	**Total**	**%**
0-15	102	30.0	0	0.0	54	33.8	0	0.0	0	0.0	0	0.0	54	12.5	**210**	**11.9**
16-25	65	19.1	0	0.0	106	66.3	15	8.4	17	5.4	9	5.3	58	13.4	**270**	**15.3**
26-59	128	37.6	36	20.8	0	0.0	146	82.0	278	89.1	140	82.4	305	70.4	**1033**	**58.5**
60+	45	13.2	137	79.2	0	0.0	17	9.6	17	5.4	21	12.4	16	3.7	**253**	**14.3**
Total	**340**	**100.0**	**173**	**100.0**	**160**	**100.0**	**178**	**100.0**	**312**	**100.0**	**170**	**100.0**	**433**	**100.0**	**1766**	**100.0**

Full Service Partnership (FSP) Program Demographics (continued)



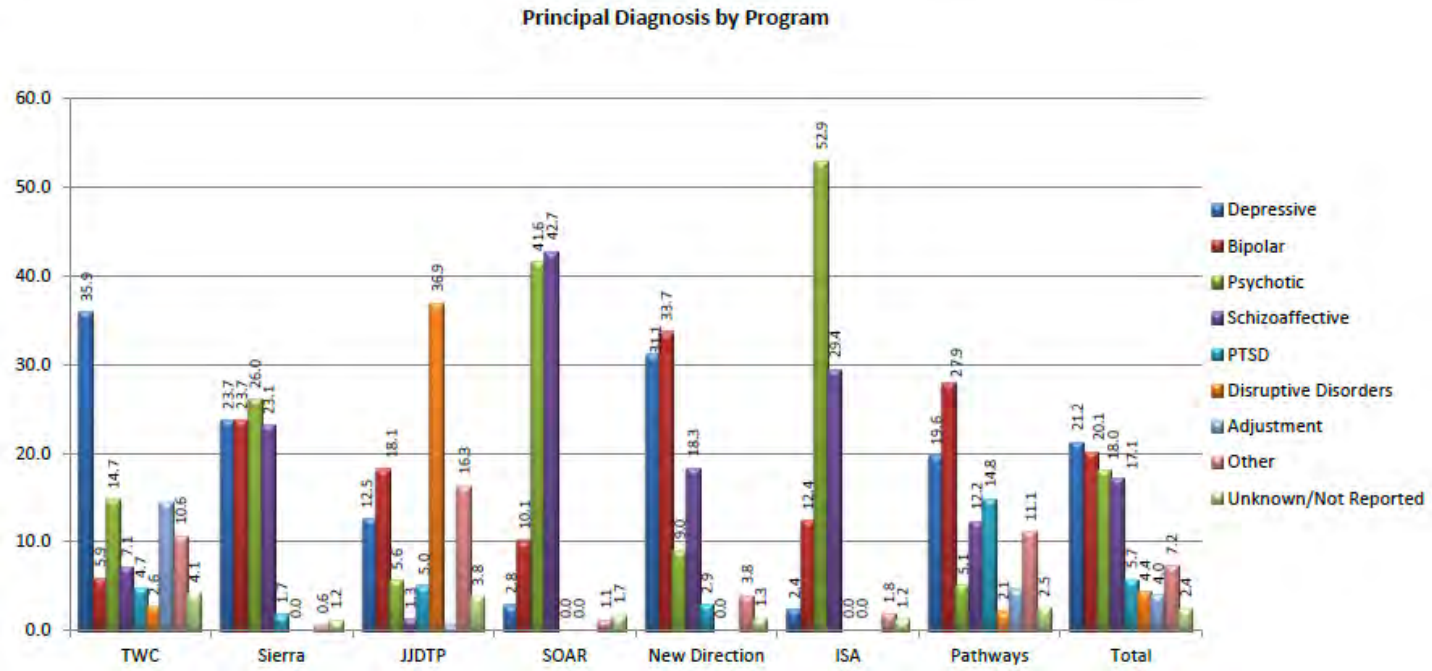
RACE BY PROGRAM																
Race	TWC		Sierra		JJDTP		SOAR		New Direction		ISA		Pathways	%	**Total**	**%**
	n	%	n	%	n	%	n	%	n	%	n	%				
White	4	1.2	108	62.4	59	36.9	75	42.1	184	59.0	98	58	206	47.6	**734**	**41.6**
Black/African-American	8	2.4	31	17.9	59	36.9	51	28.7	78	25.0	31	18	145	33.5	**403**	**22.8**
American Indian	1	0.3	4	2.3	5	3.1	1	0.6	5	1.6	0	0	7	1.6	**23**	**1.3**
Asian	289	85.0	3	1.7	4	2.5	9	5.1	5	1.6	8	5	4	0.9	**322**	**18.2**
Pacific Islander	17	5.0	2	1.2	2	1.3	6	3.4	5	1.6	6	4	7	1.6	**45**	**2.5**
Multi-Race	1	0.3	2	1.2	1	0.6	0	0.0	2	0.6	0	0	4	0.9	**10**	**0.6**
Other Race	12	3.5	19	11.0	24	15.0	35	19.7	27	8.7	24	14	43	9.9	**184**	**10.4**
Unknown/Not Reported	8	2.4	4	2.3	6	3.8	1	0.6	6	1.9	3	2	17	3.9	**45**	**2.5**
Total	**340**	**100.0**	**173**	**100.0**	**160**	**100.0**	**178**	**100.0**	**312**	**100.0**	**170**	**100**	**433**	**100.0**	**1766**	**100.0**

Full Service Partnership (FSP) Program Demographics (continued)



HISPANIC/LATINO ETHNICITY BY PROGRAM																
Hispanic/Latino	TWC	%	Sierra	%	JJDTP	%	SOAR	%	New Direction	%	ISA	%	Pathways	%	**Total**	**%**
Yes	6	1.8	15	8.7	37	23.1	31	17.4	21	6.7	18	10.6	57	13.2	**185**	**10.5**
No	316	92.9	149	86.1	117	73.1	143	80.3	278	89.1	148	87.1	353	81.5	**1504**	**85.2**
Unknown/Not Reported	18	5.3	9	5.2	6	3.8	4	2.2	13	4.2	4	2.4	23	5.3	**77**	**4.4**
Total	**340**	**100.0**	**173**	**100.0**	**160**	**100.0**	**178**	**100.0**	**312**	**100.0**	**170**	**100.0**	**433**	**100.0**	**1766**	**100.0**

Full Service Partnership (FSP) Program Demographics (continued)



PRINCIPAL DIAGNOSIS BY PROGRAM																
Diagnosis	TWC	%	Sierra	%	JJDTP	%	SOAR	%	New Direction	%	ISA	%	Pathways	%	Total	%
Depressive	122	35.9	41	23.7	20	12.5	5	2.8	97	31.1	4	2.4	85	19.6	374	21.2
Bipolar	20	5.9	41	23.7	29	18.1	18	10.1	105	33.7	21	12.4	121	27.9	355	20.1
Psychotic	50	14.7	45	26.0	9	5.6	74	41.6	28	9.0	90	52.9	22	5.1	318	18.0
Schizoaffective	24	7.1	40	23.1	2	1.3	76	42.7	57	18.3	50	29.4	53	12.2	302	17.1
PTSD	16	4.7	3	1.7	8	5.0	0	0.0	9	2.9	0	0.0	64	14.8	100	5.7
Disruptive Disorders	9	2.6	0	0.0	59	36.9	0	0.0	0	0.0	0	0.0	9	2.1	77	4.4
Adjustment	49	14.4	0	0.0	1	0.6	0	0.0	0	0.0	0	0.0	20	4.6	70	4.0
Other*	36	10.6	1	0.6	26	16.3	2	1.1	12	3.8	3	1.8	48	11.1	128	7.2
Unknown/Not Reported	14	4.1	2	1.2	6	3.8	3	1.7	4	1.3	2	1.2	11	2.5	42	2.4
Total	340	100.0	173	100.0	160	100.0	178	100.0	312	100.0	170	100.0	433	100.0	1766	100.0

General System Development (GSD) Program Demographics

GENERAL SYSTEM DEVELOPMENT PROGRAMS ALL SERVED BY PROGRAM – FISCAL YEAR 11/12														
Characteristic	**TCORE APSS (N=2,726)**		**TCORE HRC (N=829)**		**Guest House (N=834)**		**Peer Partners HWHA (N=119)**		**Peer Partners MHANCA (N=131)**		**WRC* (N=1,138)**		**Total (N=5,777)**	
Gender	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	1632	58	443	53.4	314	37.6	65	54.6	94	71.8	737	64.8	3,285	56.9
Male	1039	40.1	385	46.4	498	59.7	53	44.5	35	26.7	390	34.3	2,400	41.5
Unknown	55	1.9	1	0.1	22	2.6	1	0.8	2	1.5	11	1	92	1.6
Age														
0 to 15	2	0	0	0	1	0.1	0	0	0	0	0	0	3	0.1
16 to 25	326	13.3	102	12.3	74	8.9	12	10.1	20	15.3	98	8.6	632	10.9
26 to 59	2,264	83.5	660	79.6	741	88.8	102	85.7	105	80.2	939	82.5	4,811	83.3
60 and Over	133	3.2	67	8.1	18	2.2	5	4.2	6	4.6	101	8.9	330	5.7
Unknown	1	0	0	0	0	0	0	0	0	0	0	0	1	0.0
Hispanic/ Latino Origin														
No	2,159	83.6	787	94.9	791	94.8	94	79	89	67.9	962	84.5	4,882	84.5
Yes	96	5.3	17	2.1	24	2.9	1	0.8	8	6.1	134	11.8	280	4.8
Unknown/ Not Reported	471	11	25	3	19	2.3	24	20.2	34	26	42	3.7	615	10.6
Race														
White	1103	53.3	437	52.7	460	55.2	30	25.2	49	37.4	528	46.4	2,607	45.1
Black	421	15.4	182	22	234	28.1	11	9.2	20	15.3	313	27.5	1,181	20.4
Asian/PI	350	6.4	61	7.4	28	3.4	32	26.9	7	5.3	72	6.3	550	9.5
American Indian	32	1.6	13	1.6	18	2.2	2	1.7	1	0.8	18	1.6	84	1.5
Multi-Race	43	1.9	9	1.1	7	0.8	1	0.8	1	0.8	4	0.4	65	1.1
Other Race	331	12.8	107	12.9	82	9.8	19	16	18	13.7	153	13.4	710	12.3
Unknown/ Not Reported	446	8.5	20	2.4	5	0.6	24	20.2	35	26.7	50	4.4	580	10.0
Primary Language														
English	2,178	88	774	93.4	827	99.2	67	56.3	114	87	1,043	91.7	5,003	86.6
Other	402	6.7	44	5.3	0	0	49	41.2	4	3.1	64	5.6	563	9.7
Spanish	77	2.7	8	1	5	0.6	1	0.8	7	5.3	19	1.7	117	2.0
Unknown/ Not Reported	69	2.6	3	0.4	2	0.2	2	1.7	6	4.6	12	1.1	94	1.6

*Only inclusive of clients receiving medication supports at the Wellness and Recovery Centers

MHSA Housing Program Accomplishments

Since the inception of MHSA planning, housing for homeless people with mental illness has been a high priority. Financing and building affordable housing takes years to accomplish at the project level. Typically, it takes a few years to identify a site, meet local planning requirements related to building or remodeling properties, and secure funding sources. This time is followed by the construction period and, finally, occupancy. Affordable housing units are restricted to tenants who meet MHSA eligibility using the local one-time set-aside of MHSA funding and/or county MHSA dollars administered by the California Housing Finance Agency (CalHFA). In total, these two funds were more than $16 million.

More than 90% of these funds have been awarded, leveraging over $130 million of federal, state, and local housing dollars to finance hundreds of apartments, of which 171 are dedicated to MHSA tenants. These apartments are financed for 20 years, so that low-income tenants will pay 30% of their income for rent for the life of these properties. Currently, the 7th and H development is leasing up 28 MHSA units. 7th and H is the eighth property to be completed and leased up.

In addition to the newly built and remodeled units, the MHSA housing program also uses rental subsidies and community partnerships to provide an additional 425 housing units throughout the community. Finally, a carefully designed system for assessing and housing homeless with mental illness includes interim housing and unsubsidized units in the community.

As a result of efforts to date, approximately 660 households, with a total of about 760 homeless persons with mental illness, are housed thanks to MHSA funding in Sacramento. Efforts to create more housing opportunities are underway.

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 Wellspace Health: A 24-hour nationally accredited telephone crisis line that utilizes professional and trained volunteer staff to provide suicide prevention and crisis services to callers of all ages at risk of suicide.

Postvention Counseling Services, administered by Wellspace Health: Brief individual and group counseling services available to individuals and/or families dealing with recent bereavement due to loss by suicide. As part of a pilot project, this program worked directly with Sutter Hospital Emergency Room doing follow-up calls to individuals that had attempted 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), this service is open to all (age 18+) including consumers, family members and friends. Services include information and referral, walk-in support groups and WRAP (Wellness Action Recovery Plan) groups, as well as volunteer training to assist with Warm Line calls.

◊ Hmong, Vietnamese, Cantonese: Administered by Asian Pacific Community Counseling, this program provides services focused on suicide prevention to Cantonese, Hmong, and Vietnamese communities across the life span. The program utilizes groups designed to support connections and decrease isolation for Cantonese-speaking, Vietnamese and Hmong older adults including contact with family and community through use of the internet. The program provides support activities such as tai chi and ballroom dancing for adults and older adults to increase social connectedness, and decrease isolation and depression, creating

***Success:** Tailoring Services to Community Needs*
During the first year of the Supporting Community Connections (SCC) Program, seven agencies completed community needs assessments. In seeking feedback from the culturally diverse communities they serve, 2,177 surveys were analyzed. As a result, agencies have further refined and tailored their suicide prevention services to more closely align with the needs of the community.

opportunities for adults to share their knowledge about cultural traditions as a protective factor with each other and younger generations. The program includes peer-led groups using music to express creativity and honoring traditions through music to promote interaction and decrease the risk of suicide. The program uses innovative ways to reach out to schools and participate in discussion groups with students regarding suicide and reducing suicidal behavior and enhancing awareness by teaching empathy through positive reinforcement.

◊ Slavic/Russian-Speaking: Administered by Slavic Assistance Center, this program provides peer clubs for youth, adults and seniors to increase social connectedness, reduce isolation, and develop positive social skills. The program utilizes Russian language newspaper and radio programming to educate the Russian-speaking community about suicide prevention and emotional wellness. Program staff works closely with faith community networks to provide workshops in their communities about emotional wellness and suicide prevention.

◊ Youth/Transition Age Youth: Administered by Children's Receiving Home, services are targeted towards individuals from ages 12 years through 25 with an emphasis on the cultural and specific needs of LGBTQ, foster and homeless youth. Services range from outreach and engagement activities to promote and support community connections and improve access to mental health through support services that will address suicide prevention. These services may include individual and group support services.

◊ Older Adult: Administered by MHANCA, this program provides phone support and outreach to older adults, with a focus on underserved non-English speaking older adults; a peer counseling component matches isolated, depressed older adults with trained volunteers for companionship; three support groups are in operation including a Russian-speaking group. Volunteer training is offered every other month.

◊ African American: Administered by G.O.A.L.S. for Women, this program provides culturally informed support services across the life span known as Kitchen Table Talks within the African American community. Program staff work with faith community leaders to provide culturally sensitive African American suicide prevention training in order to equip them to better support their members around suicide prevention.

◊ Native American: Administered by California Rural Indian Health Board (CRIHB), this program provides Native culture-based training to Native American community members across the life span about suicide prevention, including the Native Wellness Institute Healthy Relationships training and Gathering of Native Americans (GONA). The program also provides ASIST and SafeTalk training to Native community members. Native based suicide prevention promotional materials were developed based on community input and are being used to promote the program and educate the community.

◊ Campus Connections: Administered by CSU Sacramento, is a Suicide Awareness and Prevention program for faculty and students on campus. Information about suicide is provided through ASIST trainings, classroom presentations and other campus outreach activities.

◊ Latino/Spanish-Speaking: Administered by La Familia Counseling Center (LFCC), this program conducts outreach and provides support services throughout Sacramento County, including Latino communities in remote rural regions that are typically underserved;

Agency staff has been trained with ASIST in order to provide information and referrals and phone support to callers in need of suicide prevention support. Tu y Yo is a mother daughter group that encourages healthy communication between mother and daughter (a protective factor for Latinas at high risk for suicide); Parents of Teens, a curriculum that is an evidence-based practice and has been adapted to serve the Latino community to improve communication between parents and teens is also being used. LFCC has also been providing education and information on a regular basis at the Mexican Consulate to enhance the community's knowledge of suicide prevention.

These community based agencies together form the Supporting Community Connections Collaborative which allows for referral exchanges and cross training.

Community Support Team (CST) is administered jointly by DBHS and Crossroads Vocational Services: The Community Support Team is collaboration with county and community based organization staff creating one team with a variety of clinical and outreach skills. The team includes Peer support specialists with lived experience, Professional staff with clinical experience and Family support specialists whose experience builds bridges and communication with family members, natural supports and extended family systems**.** The CST serves all age groups and the individual's family members and/or caregivers. CST provides field-based flexible services to community members experiencing a crisis. Services include assessment, support services and linkage to ongoing services and supports.

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. The collaborative leverages First 5 funding to provide behavioral health consultations to preschools and early childcare learning environments for children ages birth to five. Consultations are designed to increase teacher awareness about the meaning of behavior to ensure the success of the child while in a childcare and/or preschool setting. Support and education is also available for parents.

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

The **Bullying Prevention Education and Training Project** is administered by the Sacramento County 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 primarily being implemented at elementary school demonstrations sites; however, it is intended to expand services to other grades by leveraging school district resources. The long-term goal of the project is to change school climates across all 13 school districts. Given the early indications that the economy is stabilizing, DBHS is reviewing the PEI revenue projections for the coming years and exploring the possibility of sustaining this project beyond fiscal year 2013-14.

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, Elk Grove Unified School District and San Juan Unified School District on school campuses and in the community.

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 for those age twelve (12) to twenty-six (26). 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. The program continues to engage in outreach services throughout Sacramento County with a particular focus on underserved populations.

SeniorLink, administered by El Hogar, provides community integration support for adults aged 55 and older who are demonstrating early signs of isolation, anxiety and/or depression. Para-professional Advocates outreach to individuals in their homes or other community-based settings. Based on participant needs, program services include home visits; collaboration with and linkage to health care providers, socialization opportunities, transportation, service coordination, advocacy, information and referral, skill-building groups and liaison to community services.

Screening, Assessment and Brief Treatment: This program will be further implemented in fiscal year 2013-14. There are five Federally Qualified Health Care Centers that will participate. The purpose of this program is to integrate medical and behavioral health services in a

community health care setting. Services can include: (1) screening and assessment in a primary care clinic setting designed to increase early detection and treatment of depression, anxiety, substance use/abuse and symptoms related to trauma; (2) brief treatment when clinically indicated; (3) case management and follow-up care; and (4) linkages to individual counseling, support groups and other kinds of supports.

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 and consists of two projects:

"Mental Illness: It's not always what you think" Project: 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. With input from consumers, family members, and culturally and linguistically diverse communities, the "Everyday People" concept was developed. The concept is meant to convey that mental illness affects everyone, no matter your age, race, culture or background. The tagline, "Mental Illness: It's not always what you think" was also developed and is included in all project medium. In order to reach our diverse communities, the following outreach channels were utilized:

(1) Multi-media outreach: advertising placements including TV, radio, online, billboards, gas toppers, and bus shelters from January to June 2012 garnered 122,582,241 impressions. Some examples of materials include:

(2) Social media: a microsite (www.StopStigmaSacramento.org), Facebook and Twitter pages were developed.

(3) Stakeholder Engagement: More than 500 organizations/agencies/partners were invited to participate in various project activities such as distributing collateral materials, participating at community events, promoting the project, sharing success stories. One hundred and seven organizations confirmed their willingness to participate.

(4) Collateral Material: Program materials were developed to include brochures, tip cards and posters. These materials are offered to stakeholders and other interested community members to distribute at provider sites and community events.

(5) Community Outreach Events:

a. "Mental Illness: It's not always what you think" project launch/health fair event (January 21, 2012): fifty-two organizations participated and approximately 500 community members attended

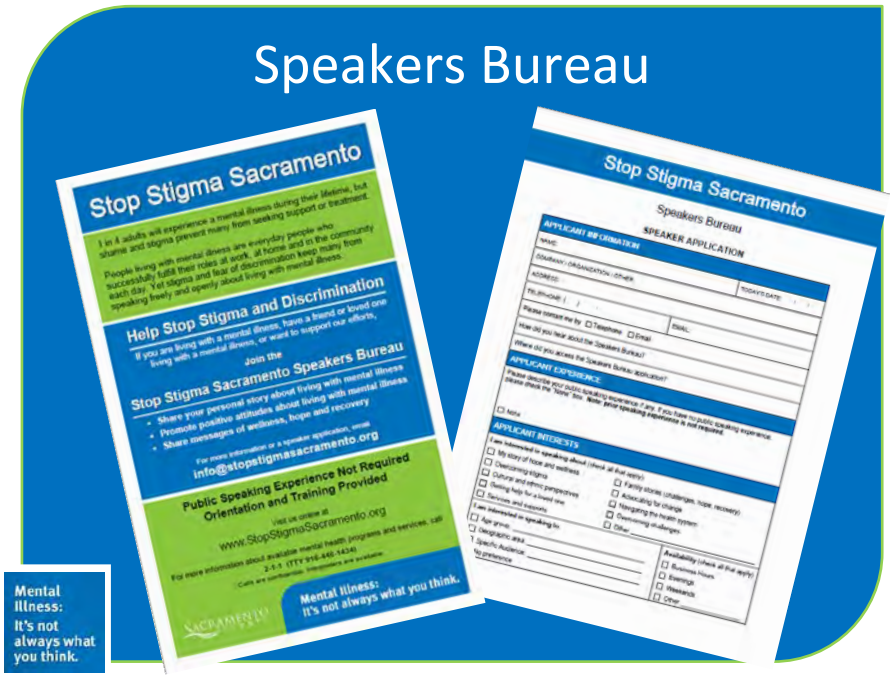
b. Second Saturday Mental Health Art Show (May 12, 2012): Fifty pieces of artwork created by local consumers and family members were on loan and displayed at Wellspace Health (formerly The Effort) and Sacramento Native American Health Center. Approximately 200 people walked through the exhibits.

c. Art Displays (May – June 2012): Two art displays, a rotating display in the lobby of the Sacramento County Administration promoted the campaign in May and June and a week-long display outside the Governor's Office at the Capitol, created awareness of the project.

d. Mental Health Champions: This project actively recognized individuals and organizations that contribute to furthering mental health services and reducing stigma and discrimination throughout the County. The project honored its first seven (7) Mental Health Champions at the May 12, 2012 Second Saturday Mental Health Art Show.

Due to the unique nature of this project and the manner in which hits are recorded, the numbers reached for this project were not included in the PEI Implementation Progress Report included on page 26.

Speakers Bureau: Sacramento County's Division of Public Health is coordinating a Speaker's Bureau. The first Speakers Bureau orientation and training was held on May 16, 2012 where 16 consumers and family members participated. Since that time, several additional orientations, trainings and practice sessions were scheduled and well attended. During fiscal year 2012-13, many of our speakers have shared their personal stories at scheduled speaking events.



PEI Training, Technical Assistance and Capacity Building

PEI Training, Technical Assistance, and Capacity Building (TTACB) funding is time-limited and must address the focal areas of the TTACB Plan. Fiscal Year 2013-14 is the final year of funding for TTACB which focuses on developing specific capacity to serve unserved and underserved racial, cultural and ethnic communities in all PEI programs and related prevention services. These funds support specific training for contract providers and county staff on PEI implementation. Sacramento County is partnering with counties statewide through CalMHSA, the Joint Powers Authority, to address PEI evaluation at the state and local levels, consistent with the capacity building feature of this time-limited funding.

PEI Administration and Program Support

DBHS provides administration and program support associated with on-going community planning, as well as implementation, training, consultation, and monitoring of the PEI programs and activities.

The table below contains the PEI budget for Fiscal Year 2013-14:

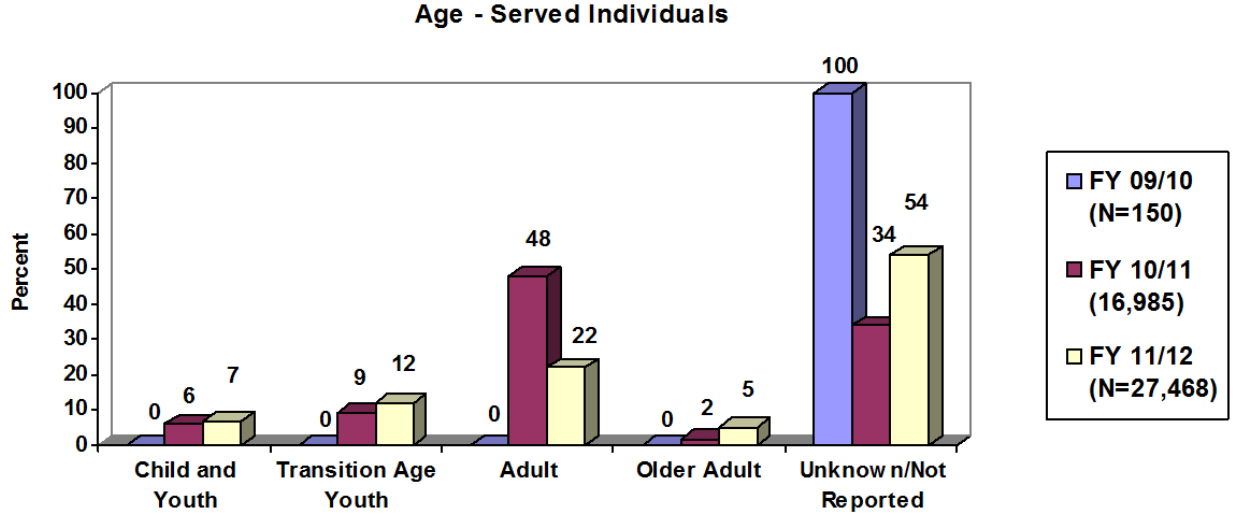
FY2013-14 PEI COMPONENT BUDGET		
Project / Programs		**Budget**
Suicide Prevention	$	3,126,959
Strengthening Families	$	2,101,145
Integrated Health and Wellness	$	1,975,000
Mental Health Promotion	$	722,259
Training, Technical Assistance and Capacity Building	$	202,700
PEI Administration and Program Support	$	1,270,785
TOTAL	**$**	**9,398,848**

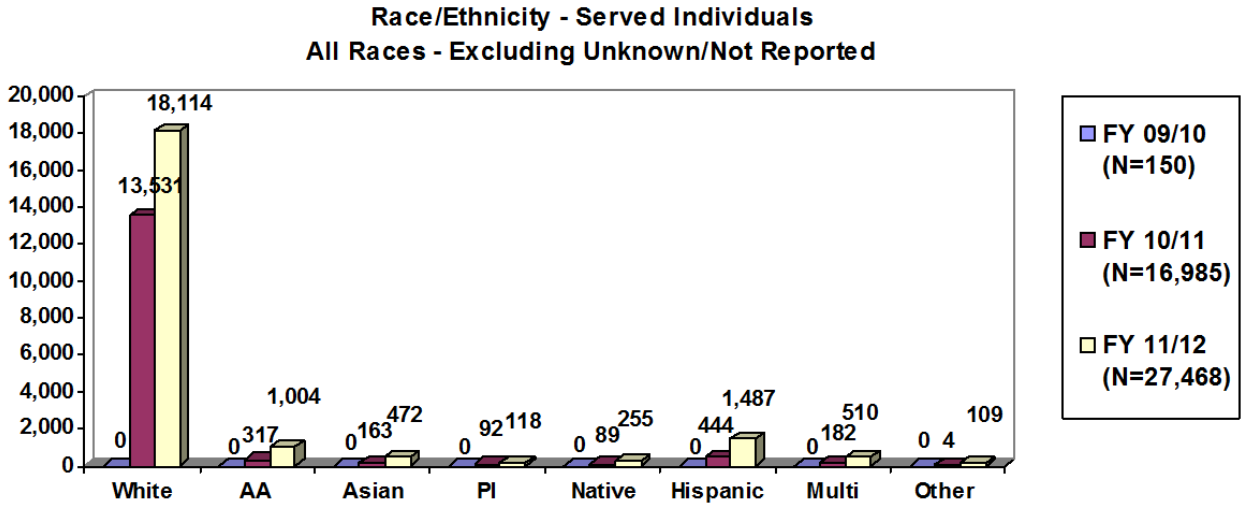
PEI IMPLEMENTATION PROGRESS REPORT*

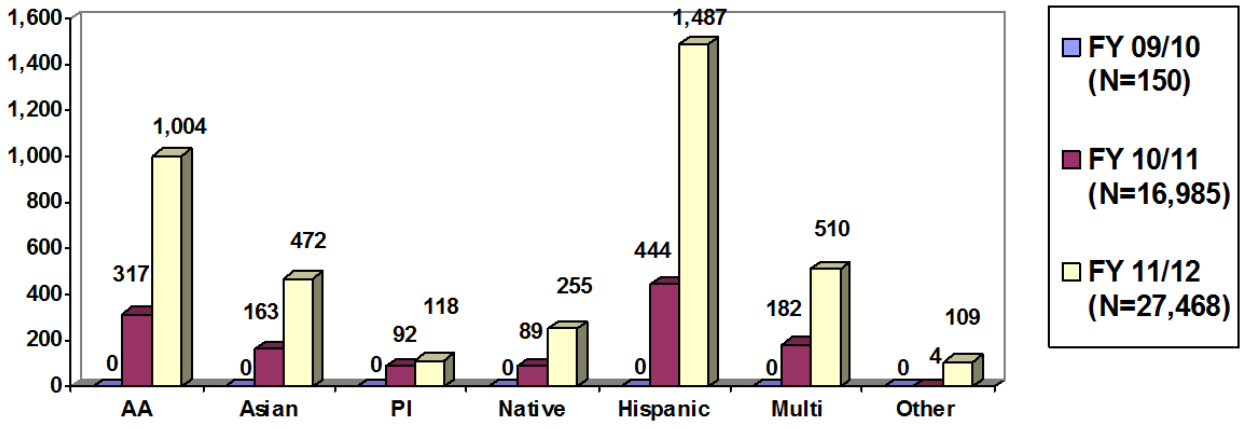
	FY 09/10		FY 10/11		FY 11/12	
Age Group	**Universal prevention estimates**	**# of served individuals only**	**Universal prevention estimates**	**# of served individuals only**	**Universal prevention estimates**	**# of served individuals only**
Child and Youth	1,083	0	1,482	988	1,083	1,856
Transition Age Youth	2,596	0	0	1,587	514	3,178
Adult	9,575	0	9	8,163	21	6,173
Older Adult	1,363	0	43	404	4,555	1,366
Unknown/Not Reported	0	150	947	5,843	12,481	14,895
Total	**14,617**	**150**	**2,481**	**16,985**	**18,654**	**27,468**
Race/Ethnicity						
White	5,946	0	22	13,531	59	18,114
African American	1,403	0	3	317	17	1,004
Asian	501	0	4	163	5	472
Pacific Islander	0	0	0	92	0	118
Native	122	0	0	89	1	255
Hispanic	1,292	0	18	444	14	1,487
Multi	1,058	0	0	182	0	510
Other	891	0	3	4	1	109
Unknown/Not Reported	3,404	150	943	2,163	2,926	5,399
Total	**14,617**	**150**	**993**	**16,985**	**3,023**	**27,468**
Primary Language						
Spanish	0	0	11	75	20	781
Vietnamese	0	0	2	0	0	11
Cantonese	0	0	1	1	0	6
Mandarin	0	0	0	0	0	3
Tagalog	0	0	0	0	0	2
Cambodian	0	0	0	0	0	3
Hmong	0	0	1	1	4	28
Russian	0	0	4	2	0	327
Farsi	0	0	0	0	0	0
Arabic	0	0	0	2	0	3
Other	0	0	31	10	84	817
Unknown/Not Reported	0	0	36	28	11	1,075
Total	**0**	**0**	**86**	**119**	**119**	**3,056**

*The data reported in FY2009-10 above was prepared using a State definition of Universal Prevention estimates. In FY2010-11, as Sacramento County rolled out the remaining PEI projects, these definitions were redefined as follows: 1) Universal Prevention estimates are large group activities where little specific demographic information was recorded; and 2) Individual numbers served are based on instruments that were created to collect specific individual data.

Prevention and Early Intervention (PEI) Program Demographics







*White was excluded from this graph in order to better show the increases over the three fiscal years for underserved populations.

WORKFORCE EDUCATION AND TRAINING (WET) COMPONENT

The Sacramento County Workforce Needs Assessment was completed in 2007 as part of the Workforce Education and Training (WET) Component planning process. In 2010, as part of the annual Cultural Competence Plan, a human resources survey and report was completed that provided an overview of human resources system-wide. In spring/summer of 2013, DBHS will tailor a new human resources survey document to provide data on the entire mental health system, including an updated assessment of resources and needs based on the current job market indicators.

The WET Component consists of eight (8) previously approved Actions:

Action 1: Workforce Staffing Support

The WET Coordinator assists in the facilitation and implementation of previously approved WET Actions. The Coordinator attends and participates in statewide WET Coordinator Meetings; twice monthly WET Coordinator Conference Calls; and the WET Central Region Partnership, including the Transitional Age Youth (TAY) Workgroup, Training Sub-Committee, and the Community College Workgroup. The WET Coordinator will continue to assist in the evaluation of WET plan implementation and effectiveness; coordinate efforts with other MHSA and Division/Department efforts; and participate in the implementation of WET Actions coming in fiscal year 2013-14.

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. A Crisis Responder Training Workgroup was established as the first Training Partnership Team and resulted in the development of a 2 hour mental health training education program that trained Sacramento City Police Department (SPD) and Citrus Heights Police officers and supervisors. The training component has now been added to SPD's annual required training. Additionally, the training program was updated this year, expanded to 3 hours and now meets Police Officer Standards and Training (POST) certification requirements. Currently all Sacramento County Sheriff's Department officers and supervisors as well as some officers and supervisors from other law enforcement agencies including Rancho Cordova are receiving the training which will be conducted through 2014. Plans are underway to formally extend the training to other local law enforcement agencies that have expressed interest as resources are available.

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. A DBHS senior manager presents once per year to address the issue of documentation in the public mental health system and acts as an available resource for consultation, when needed. This training 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 was designed to 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 several 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 have taken place through other efforts. In anticipation of improving job market conditions, current job market indicators and data from the upcoming 2013 Sacramento County Human Resources Survey will be used to guide planning and implementation of this Action.

Action 4: High School Training

This Action will be further implemented in fiscal year 2013-14 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^{th} through 12^{th} 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 continue to 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 experience.

In fiscal year 2013-14, 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 was delayed due to budget reductions and the focus on billable services. We recognize this is an important strategy and have sent staff to training that supports staff in the delivery of effective mental health services. Given early indications that the economy is stabilizing, DBHS will further assess the design of the program in light of current market trends and available resources and move towards formal implementation of this Action.

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 funding support 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 diverse 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 and other community partners to develop a Financial Incentives Pilot Project to potentially leverage county WET and Central Region funds.

INNOVATION COMPONENT

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 objective of the RPC is to increase voluntary community-based local mental health respite service options to offer a variety of alternatives to psychiatric hospitalization for community members experiencing a crisis in Sacramento County. It is doing this by providing time-limited funding for the sole purpose of developing and trying out new respite practices and/or approaches. There are many types of mental health respite ranging from planned respite with scheduled events and/or programming which offer limited time outs from the triggers that may lead to mental health crisis to 24/7 crisis respite which is available at all hours and designed to help those experiencing a mental health crisis transition to stabilization.

Respite programs for different populations exist in many communities and are neither new nor innovative on their own. Therefore, the respite services are ancillary to this project. The learning objective for the innovation project in Sacramento County's plan is to explore having an administrative entity implement the project to determine if a public-private partnership can lead to new partnerships, increased efficiencies and, ultimately, improved services to community members. The RPC is a new public-private partnership of the County of Sacramento, Division of Behavioral Health Services, Sierra Health Foundation: Center for Health Program Management (SHF) and the community-at-large. The Sacramento County Board of Supervisors approved Sierra Health Foundation to be the administrative entity for this project in November 2011.

INNOVATION PROJECT – RESPITE PARTNERSHIP COLLABORATIVE (RPC) IMPLEMENTATION PROGRESS REPORT

DBHS and SHF entered into contract and began planning for the implementation of the RPC in Fiscal Year 2011-12. Weekly planning meetings with DBHS and SHF were held. A facilitator/planner and a project officer were hired by the Foundation. To prepare for the formation of the RPC, the initial Innovation Workgroup was reconvened for a three-hour meeting and asked to provide input into membership and governance.

The RPC needed to be a community-driven collaborative comprised of diverse community partners. Using input from the Innovation Workgroup meeting, a membership application was developed and broad outreach into the community occurred. Members for the RPC were selected through an open competitive application process. Applicants were asked to complete a questionnaire and submit two letters of reference from the stakeholder group they wanted to represent. A selection committee consisting of a diverse stakeholder group reviewed and ranked applications based on the need to fill specific stakeholder groups. Twenty-two members were selected representing those with lived experience, family members, system partners and other cultural groups.

The first RPC meeting was held on May 14, 2012. To begin the work of the RPC, it was agreed they would operate on a consensus model. The committee established the goal of releasing funds

into the community by August 2012. Between May 14 and June 26, 2012 there were four meetings held. Initial meetings were dedicated to learning about respite, understanding community need, and becoming familiar with mental health crisis data. The MHSA Innovation Plan was used as the blueprint to provide guidance and structure for defining long reaching goals.

Through a deliberate and inclusive decision making process, the RPC began the work of developing criteria to select the kinds of programs they wanted to fund. The last meeting of 2012 included a presentation of respite programs across the lifespan and a presentation of grant making considerations and best practices. The last part of the meeting began the arduous task of thinking about how to structure available funding to meet the target populations identified in the Innovation Plan.

In August 2012, the RPC released a Request for Proposals (RFP) for Round 1 of funding for new respite programs in Sacramento County to meet an unfilled community need. Four grants were awarded in Round 1 and those programs are in the early stages of implementation with grantees providing planned mental health respite and crisis respite services. The RPC is working to develop the structure for Round 2 funding and expects to release those funds in 2013. A third Round of funding may be released in Fiscal Year 2013-14. Information about the activities of the RPC, including mental health respite funding opportunities, can be found online at http://www.sierrahealth.org/doc.aspx?279.

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.

Sacramento County is currently through phase 3 and is in the process of implementing phase 4 of the SacHIE (Sacramento's Health Information Exchange) project. To date, over half of our contracted outpatient providers are utilizing an electronic health record that allows them to collect client demographics, complete assessments, progress notes, client plans as well as electronic prescribing of medications and claiming for services provided.

The **Capital Facilities (CF) Project Plan** was approved in July 2012. The project involves renovations and improvements to the county-owned complexes at 2130, 2140, 2150 Stockton Boulevard. The renovations and improvements of these complexes will allow for the co-location of the MHSA-funded Adult Psychiatric Support Services (APSS) and Peer Partner programs and consolidating its current two APSS program into one location.

Currently, the Department of General Services (DGS) and the County Architects are developing a Scope of Work that incorporates feedback from the community, the necessary Americans with Disabilities Act (ADA) requirements, and cost estimates for this project. In April and May 2013, DGS will release a request for project proposals to interested contractors. The County Architects will review project proposals and select a contractor and execute a contract by July 2013. It is anticipated that the project construction timeline will be established by and construction will begin in September 2013.

FY 2013/14
MHSA FUNDING SUMMARY

County: Sacramento **Date:** 4/9/2013

	MHSA Funding					
	CSS	**WET**	**CFTN**	**PEI**	**INN**	**Local Prudent Reserve**
A. Estimated FY 2013/14 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years[a/]	$40,111,421	$4,709,706	$8,370,716	$14,459,085	$3,862,347	
2. Estimated New FY 2013/14 Funding[b/]	$32,712,242			$8,178,060	$2,152,121	
3. Transfer in FY 2013/14[c/]	($5,117,777)		$5,117,777			
4. Access Local Pruduent Reserve in FY 2013/14						
5. Estimated Available Funding for FY 2013/14	$67,705,886	$4,709,706	$13,488,493	$22,637,145	$6,014,468	
B. Estimated FY 2013/14 Expenditures	$26,797,057	$2,012,803	$4,244,292	$9,398,848	$3,500,000	
C. Estimated FY 2013/14 Contingency Funding[d/]	$40,908,829	$2,696,903	$9,244,201	$13,238,297	$2,514,468	

[a/]This figure includes unanticipated one-time unsustainable increased funding, as well growth dollars received in FY2012-13. A Community Planning Process will be conducted in FY2013-14 to expand the CSS Component plan. This figure also includes CSS funds that will be used to sustain successful projects in other components when those funds are exhausted.

[b/]New information in March 2013 indicates MHSA revenues are increasing. Due to the volatile nature of this tax-based revenue, the sustainability of these increased revenues is being reviewed.

[c/]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.

[d/]The amount of sustainable growth funding available is being calculated based on future year projections and fiscal consultation. A Community Planning Process will be conducted in FY2013-14 to plan for expansion of the CSS Component plan. This figure also includes CSS funds that will be used to sustain successful projects in other components when those funds are exhausted.

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2013	$19,391,847
2. Contributions to the Local Prudent Reserve in FY13/14	$0
3. Distributions from Local Prudent Reserve in FY13/14	$0
4. Estimated Local Prudent Reserve Balance on June 30, 2014	$19,391,847