MENTAL HEALTH SERVICES ACT

Fiscal Year 2016-17
Annual Update to the Three-Year Program and Expenditure Plan

March 21, 2017

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Attachments

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Sacramento

☐ Three-Year Program and Expenditure Plan
☒ Annual Update

Local Mental Health Director		Program Lead	
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Local Mental Health Mailing Address: 7001-A East Parkway, Suite 400 Sacramento, CA 95823			

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan or 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 Three-Year Program and Expenditure Plan or 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 March 21, 2017.

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.

Uma K. Zykofsky
Local Mental Health Director (PRINT)

Uma K. Zykofsky 3/23/17
Signature Date

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:	Uma K. Zykofsky	Name:	Maria Sandoval
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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 counties in future years.

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

Uma K. Zykofsky
Local Mental Health Director (PRINT)

Uma K. Zykofsky 3/28/17
Signature Date

I hereby certify that for the fiscal year ended June 30, 2016, 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 1/18/17 for the fiscal year ended June 30, 2016. I further certify that for the fiscal year ended June 30, 2016, 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 if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Maria Sandoval
County Auditor Controller / City Financial Officer (PRINT)

Maria Sandoval 3/23/17
Signature Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

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 negative 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 State of California, Department of Finance estimates the 2013 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 as well as 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 local 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.

The **Community Services and Supports (CSS)** component provides funding for mental health treatment services and supports for children/youth and their families living with severe emotional disturbance and adults living with a serious mental illness. Housing is also a large part of the CSS component. In Sacramento County, there are nine (9) previously approved CSS Work Plans containing nineteen (19) programs. Over the years, these 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.

As addressed in the Three-Year Plan and previous Annual Update, the Division of Behavioral Health Services facilitated a three-phased community planning process to expand CSS programming beginning in 2014. This new and expanded programming is in varying stages of implementation as described in this Annual Update.

The **Prevention and Early Intervention (PEI)** component provides funding for programs and activities designed to prevent mental illness from occurring or becoming more severe and disabling. Sacramento County's PEI Plan is comprised of four (4) previously approved projects containing thirty-one (31) programs designed to address suicide prevention and education;

strengthening families; integrated health and wellness; and mental illness stigma and discrimination reduction. In FY2015-16, this component was expanded to include mental health respite programs, as well as Mobile Crisis Support Teams.

The **Workforce Education and Training (WET)** component provides time-limited funding with a goal to recruit, train and retain diverse culturally and linguistically competent staff for the public mental health system and ensure they are adequately trained to provide effective services and administer programs based on wellness and recovery. Sacramento County's WET Plan is comprised of eight (8) previously approved actions.

The **Innovation (INN)** component provides time-limited funding to test new and/or improved mental health practices or approaches with the goal of increasing access (including access for underserved groups), increasing the quality of services, or promoting interagency collaboration.

Sacramento County's first approved INN Project, known as the Respite Partnership Collaborative (RPC) spanned five years from 2011 – 2016. The mental health respite programs established through this project have transitioned to sustainable MHSA CSS/PEI funding and are described in more detail in the Annual Update.

In May 2016, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved Sacramento County's second INN Project, known as the Mental Health Crisis/Urgent Care Clinic. Implementation progress for this Project is described in the Annual Update.

The **Technological Needs (TN)** project contained within the Capital Facilities and Technological Needs component funds and addresses our commitment to move to an Electronic Health Record and Personal Health Record to improve client care through a multi-phased approach.

The **Capital Facilities (CF)** project was completed in Fiscal Year 2015-16. The project renovated three buildings at the Stockton Boulevard complex in order to consolidate the Adult Psychiatric Support Services (APSS) clinics. Those renovations allowed for an expansion of service capacity with space for additional consumer and family-run wellness activities and social events.

Detailed descriptions of the programs and activities for each of the above MHSA components are contained in the MHSA Fiscal Year (FY) 2016-17 Annual Update.

The Draft MHSA FY2016-17 Annual Update is being posted for a 30-day public comment period from December 12, 2016 through January 11, 2017. The Mental Health Board will conduct a Public Hearing on Wednesday, January 11, 2017 beginning at 6:00 p.m. at the Grantland L. Johnson Center for Health and Human Services, located at 7001-A East Parkway, Sacramento, CA 95823.

If a community member would like to attend the Public Hearing and needs to arrange for an interpreter or a reasonable accommodation, please contact Jay Ma as soon as possible but no later than Wednesday, January 4, 2017, at (916) 875-4639 or MaJay@saccounty.net.

COMMUNITY PROGRAM PLANNING

The Sacramento County Division of Behavioral Health Services Community Program Planning Process for the MHSA Fiscal Year (FY) 2016-17 Annual Update to the Three-Year Program and Expenditure Plan has met the requirements contained in Section 3300 of the California Code of Regulations as described below. Sacramento County's community planning processes for previously approved CSS, PEI, WET, INN, CF and TN Component plans and activities 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 and activities contained in this Annual Update have evolved from community planning processes. As previously reported in the MHSA Fiscal Year 2014-15, 2015-16, 2016-17 Three-Year Plan and 2015-16 Annual Update, the Division of Behavioral Health Services facilitated a three-phased community planning process beginning in 2014 to expand CSS programming. The new and expanded programming resulting from this process, as well as implementation progress are described in this Fiscal Year 2016-17 Annual Update.

The general plan for this Annual Update was discussed at MHSA Steering Committee meetings on May 19, 2016, June 16, 2016, October 20, 2016 and November 17, 2016. The Steering Committee is the highest recommending body in matters related to MHSA programs and activities. MHSA program presentations for CSS, PEI, INN and WET have been provided at MHSA Steering Committee meetings. Through these presentations, the committee has gained 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 information on PEI and WET implementation as well as updates on 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 Draft Annual Update, DBHS presented to the DBHS Cultural Competence Committee, MHSA Steering Committee and the Mental Health Board in order to obtain additional stakeholder input.

The MHSA 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) Mental Health 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/Spirituality.

MHSA 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. At the beginning of the posting period, a public notice was published in The Sacramento Bee announcing the posting of the Update and the date and time of the public hearing. 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 in public libraries throughout Sacramento. The information was also circulated through multiple email distributions, ethnic, cultural and language-specific media outlets, and hard copies were available for pick up at the Division administrative office.

The Draft MHSA FY2016-17 Annual Update was posted for a 30-day public comment period from December 12, 2016 through January 11, 2017. The Mental Health Board conducted the Public Hearing on Wednesday, January 11, 2017 beginning at 6:00 p.m. at the Grantland L. Johnson Center for Health and Human Services, located at 7001-A East Parkway, Sacramento, CA 95823.

Public Comment

During the posting period, the Division discovered an error that inflated the estimated unspent funds in prior years reflected on the MHSA Funding Summary that was included in the Draft Annual Update. The corrected version was posted on December 29, 2016 as replacement page 78. This corrected version was reviewed with the Mental Health Board and presented at the Public Hearing.

Several comments were received related to the Draft MHSA Fiscal Year 2016-17 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 comments received in support of the Annual Update layout, flow and content, with many expressing appreciation for the success stories and pictures. The DBHS Cultural Competence Committee, MHSA Steering Committee and Mental Health Board were supportive of moving the Annual Update forward to the Sacramento County Board of Supervisors for approval.

The Committees, Board and community expressed ongoing support for the programs contained in the Update, with specific focus on the Community Services and Supports (CSS), Prevention and Early Intervention (PEI) and Workforce Education and Training (WET) component programs and activities. There were many comments expressing support of new and expanded programming resulting from the CSS Expansion Community Planning Process to address timeliness to services and increase system capacity. There were comments expressing appreciation for the expansion of the Mobile Crisis Support Teams, the Full Service Partnerships and other outpatient programs, as well as the MHSA Housing Program investments and sustainability. There were comments expressing appreciation for the fiscal summary and budget explanations and encouragement for ongoing community stakeholder education in these areas.

There were comments expressing appreciation for the inclusion of the Little Hoover Commission Report excerpts, which highlight Sacramento County MHSA successes recognized within the State. There were comments acknowledging the impact of the PEI Supporting Community Connections programs and the value of culturally specific programming. There was ongoing support expressed for the PEI Mental Health Promotion Project which aims to increase community awareness about mental health issues and reduce stigma and discrimination toward individuals and families living with mental illness. There were several comments expressing appreciation for the Project's Stop Stigma Sacramento Speakers Bureau, recognizing the impact of the personal stories of hope and recovery shared across the community.

A variety of stakeholders, including consumers, community members, family members, system partners and others expressed support for continued progress towards implementation of the new Mental Health Crisis/Urgent Care Clinic which will create an alternative to unnecessary/inappropriate emergency department visits and resulting psychiatric hospitalizations. Stakeholders also encouraged the Division to look for opportunities to build off of this new program and explore additional opportunities to partner with health systems in innovative ways to help address the needs of Sacramento County consumers and families experiencing a mental health crisis.

There was ongoing support for the Workforce Education and Training (WET) component activities. Expressly, those activities that encourage high school students from diverse communities to pursue mental health/behavioral health careers to further address the cultural and linguistic needs of our diverse community were recognized. There were also comments expressed valuing WET activities that support the recruitment and retention of a diverse and qualified mental health/behavioral health workforce across the system.

There were comments expressed in appreciation of the data and outcomes included in the Update. There were also comments expressed requesting additional detailed data showing the client/participant demographics in the areas of gender identity and sexual orientation. There were comments related to penetration rates, noting continued low rates for specific cultural and ethnic groups, and lack of retention rates, with a recommendation that the Division continue to work with representatives from unserved, underserved and inappropriately served cultural and ethnic communities in the areas of planning and program design, implementation and evaluation for all programs.

Division Response

The Division values and appreciates the input provided by community stakeholders, including the MHSA Steering Committee, DBHS Cultural Competence Committee and Mental Health Board. This continues to be a core value of the community planning process.

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 opportunities and strategies to further reach these communities are employed in program planning and service delivery. Strategies include translation of the MHSA Annual Update and announcement related to the Public Hearing in all five threshold languages, as well as publishing and announcing in

ethnic media outlets. To this end, the Division expanded the ethnic media outreach to include an additional vendor for Latino/Spanish-Speaking advertising for this Annual Update. We will continue to explore opportunities to further reach the diverse communities in Sacramento County, including periodic review of language-specific media outlets to maximize reach.

The Division also recognizes the need to report demographic data in more detail, especially in the areas of gender identity and sexual orientation. The Division will review the data collected and work with the community and providers to expand the reporting in these areas in the future.

The Division is committed to the ongoing collaboration with community stakeholders as we weigh the sustainability of existing programs and give consideration for growth and development of new/expanded programming. This includes ensuring there is sufficient CSS funding available to sustain critical WET and CF/TN activities when those time limited funds are exhausted, as well as sustaining the highly successful MHSA Housing Program investments. If increased revenue projections are realized, the Division will revisit the sustainable funding levels to determine if additional growth is possible.

The Division appreciates support for the Mental Health Crisis/Urgent Care Clinic Innovation project and will continue to explore opportunities to improve the crises service sector in partnership with community stakeholders.

The Division is committed to using data to help us better understand the needs of diverse communities in Sacramento County and develop services that are responsive to those needs. There are two factors that impact penetration rates: this includes access to data related to healthcare reform and difficulty determining appropriate methodology to merge prevention and early intervention data with specialty mental health plan data. Sacramento County will continue to work with other subject matter experts statewide to identify appropriate methodology to address this moving forward.

The Division recognizes that retention rates data is not included in this Annual Update. The Division will continue to analyze these data to inform programming systemwide and will include this data in subsequent Plans and Updates.

COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT

The **Community Services and Supports (CSS)** component provides funding for mental health treatment services and supports for children/youth and their families living with severe emotional disturbance and adults living with a serious mental illness. The MHSA requires that a minimum of fifty percent of CSS component funding be dedicated to Full Service Partnership (FSP) programs.

Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for Workforce Education and Training (WET), Capital Facilities and Technological Needs (CF/TN), and the Local Prudent Reserve. This means unspent CSS funding is combined with incoming revenue to sustain CSS programming/activities, as well as sustaining critical activities in the time-limited WET and CF/TN components and sustaining successful and applicable Innovation (INN) project components. CSS funding must also be used to sustain MHSA Housing Program investments (see Attachment A - MHSA Funding Summary Presentation).

There are three service categories within the CSS Component:

- Full Service Partnership (FSP) Service Category – FSPs provide the full spectrum of high intensity outpatient mental health treatment for children and youth (and their families) living with severe emotional disturbance and adults and older adults living with serious mental illness.
- General System Development (GSD) Service Category – GSDs provide low to moderate intensity outpatient mental health services to individuals living with serious mental illness and, as appropriate, their families.
- Outreach and Engagement Service Category – Activities to reach, identify and engage unserved individuals and communities in the mental health system and reduce disparities identified by the County. In Sacramento, these activities are embedded into the design of the FSP and GSD programs.

In Fiscal Year 2014-15, the seven implemented FSPs served 1,674 unduplicated clients and the seven implemented GSDs served 7,057 unduplicated clients. Descriptions of these programs are included in this Annual Update.

As previously reported, in 2013 the Division of Behavioral Health Services (DBHS), with fiscal consultation, identified up to $16 million in CSS sustainable growth funding. This sustainable growth funding figure was determined by combining increased future revenue projections with unspent funds from prior years.

As required by statute, an inclusive community planning process for new and enhanced services was introduced to the MHSA Steering Committee for discussion and input in January 2014. Based on compelling data, previous community stakeholder input and other source documents from the previous five years, the overarching focus of the CSS Expansion was increased timeliness to services and expanded system capacity.

In February 2014, the MHSA Steering Committee approved the $11 million three-phased community planning process outlined below.

The Phase A and Phase B community planning processes and resulting new and expanded programming were described in detail in the MHSA Fiscal Year 2014-15, 2015-16 and 2016-17 Three-Year Plan and MHSA FY 2015-16 Annual Update.

Phase C of the community planning process was approached in stages and focused on other system priorities based on historical inputs and/or new ideas and concepts, as well as evolving new initiatives benefitting mental health clients. Progress on initial Phase C expansion efforts was described in the MHSA FY 2015-16 Annual Update.

FY 2016-17 Phase C Expansion Planning Updates:

- DBHS is developing a competitive bidding process for programming to meet the coordinated mental health service needs of children in foster care (also referred to as the Katie A. population).
- DBHS is actively engaged in contract negotiations for the expansion of TCORE and the Wellness and Recovery Centers.

Program: Transitional Community Opportunities for Recovery and Engagement
Work Plan #/Type: SAC1 – General System Development (GSD)
Capacity: 8,000 annually
Ages Served: TAY, Adults, Older Adults

The **Transitional Community Opportunities for Recovery and Engagement (TCORE)** workplan was expanded in the Three-Year plan and now consists of three previously approved and implemented program components: **Adult Psychiatric Support Services (APSS)** clinic, administered by DBHS, **TCORE**, administered by Human Resources Consultants (HRC) and TLCS, Inc. and the redesigned **Regional Support Team (RST)** service delivery system. These programs offer intensity community-based mental health 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.

APSS is a site-based outpatient clinic that provides mental health and rehabilitation services to TAY, adult and older adult clients, ages 18 and above. Counselors with training in integrated mental health and substance abuse care are available and specialize in treatment for co-occurring disorders.

Success: Recovery and Support
A 59 year-old woman was seen at the APSS clinic for severe mood and personality disorders that contributed to multiple hospitalizations and emergency room visits. She would previously come into the APSS clinic shaking, unwashed, and experienced episodes of acute anxiety. Through the APSS clinic, she received peer support, counseling, and medication management. Her symptoms have stabilized and she has improved self-care and developed positive coping skills to manage her recovery. She was referred to the Department of Rehabilitation and now has a job. She is in a relationship, has bought a car, and is in the process of transferring mental health services to her Managed Care provider as part of her overall health care services.

The APSS clinic includes a Peer Partner component, administered by Mental Health America of Northern California, which provides culturally and linguistically relevant advocacy and support for program participants. The Peer Partner staff are members of the multidisciplinary team. The APSS 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 is a countywide collaborative effort between Human Resources Consultants (HRC) and TLCS, Inc. TCORE has the flexibility to provide a range of moderate to high intensity services – primarily community-based mental health and rehabilitation services to adult community members who are experiencing frequent acute mental health episodes or who are at risk of losing their ability to live and function in the community. Individuals 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. A co-located health clinic is available for clients as well.

Success: Transition
A 33 year old client was referred to TCORE in 2008 from an inpatient hospital. He described himself as very depressed from struggling with paranoid delusions. He engaged in services and was motivated to improve his quality of life. He worked closely with staff who linked him to the employment collaborative. He started taking college classes and got a job in the food industry. His passion is writing screenplays and he recently sold one to a movie production company. He contributes his success to the staff and peers at TCORE. Peer staff provided encouragement and stories of success, which inspired him and gave him hope. He reports continued symptoms; however, he states that he now has skills to manage them. He has identified goals and has found purpose. He plans to use his success to encourage others to reach for their dreams. He has recently worked with TCORE to transition to a lower level of care at the Wellness and Recovery Center.

As part of the Phase C expansion, TCORE will increase their capacity and improve timeliness to services – specifically for those in acute care settings. TCORE will also increase their capacity

to support members participating in the Mental Health Court and Co-Occurring Mental Health Court.

Program outcomes are to improve access to services through community-based targeted engagement and assessment services; strengthen functioning level to support clients in the least restrictive community-based housing and reduce unnecessary use of emergency rooms, hospitals, and jails. The strategies of integrated assessment, mobile crisis intervention, self-directed care, peer supports, vocational services, integrated mental health, and co-occurring substance use 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. Services are delivered wherever necessary to meet client needs and preference – in-home, clinic, community, etc.

Regional Support Teams (RSTs): Phase A of the CSS Expansion Planning Process resulted in the expansion of the MHSA CSS Component to include the **Regional Support Team (RST)** service delivery system. The RSTs provide mental health services and supports for TAY (age 18+), adults, and older adults residing in Sacramento County. Individuals must meet target population criteria for a serious mental illness (with an included diagnosis) and significant impairments in important areas of functioning. Currently, there are four RST programs operated by: 1) El Hogar Community Services, Inc., 2) Human Resources Consultants (HRC), 3) Turning Point Community Programs, and 4) Visions Unlimited through contracts with DBHS. Each RST provides individual and group treatment, rehabilitation services, medication evaluations and monitoring, and case management. RST programs are located in four geographic areas (regions) throughout Sacramento County.

Success: El Hogar RST
Due to active symptoms of psychosis – including paranoia – a newly referred member was unable to make their intake appointment in the office. The CCT was able to meet with the member at their residence weekly to address their symptoms of paranoia that prevented the member from leaving the residence. The CCT worked with the member and family to facilitate and encourage independent growth, helping the member learn coping skills and reinforcing the member's strengths. As a result of the CCT's community engagement, the member is now able to independently call for transportation to and from his doctor appointments, including his mental health appointments. The client continues to actively participate in services with El Hogar RST.

As a result of the previously described CSS Expansion Phase A community planning process, the RST service delivery system was redesigned. Through this redesign, each RST implemented a **Community Care Team** (CCT) with the purpose of enhancing engagement and timely access to services at the RSTs using culturally and linguistically competent services. These teams, operationalized in July 2015, deliver flexible, recovery-based individualized services, allowing for seamless transitions

Success: Turning Point RST
The CCT began working with a member who was referred for depression and anxiety symptoms. The member's fear of leaving the home made it difficult for her to engage with others and got in the way of her daily functioning. Due to the CCT's ability to engage members in the community, the CCT began working with her to address her fears of leaving her home. As a result, the member is now participating in groups on a regular basis and enjoying socializing with peers – whom she now calls her extended family. The member is actively engaged in her services with Turning Point RST and expresses interest in working toward recovery. She has become a role model to her peers – engaging and encouraging others in their recovery as well.

throughout the continuum of outpatient services and supports available in Sacramento County. Staffing for each team includes a team lead, clinician/social worker, psychiatrist and nurse, peer/family provider and resource specialist.

Success: HRC RST
A male client in his late 40's was referred to the CCT. Initially, it was extremely difficult to engage him in services as he was drinking heavily and living on the streets. He struggled with paranoia, hallucinations, and severe PTSD symptoms stemming from being incarcerated in prison for 17 years. The CCT was persistent in their attempts to reach out to him, and he eventually attended an intake appointment. During the intake assessment, the CCT discovered the client had no income, and as a result, the member reported feeling extremely hopeless. The CCT recognized that until this barrier was addressed, it would be difficult to stabilize his mental health symptoms. The CCT's Resource and Benefits Specialist helped the client apply and get approved for social security. The CCT helped him find housing and referred him to services to assist with his alcohol abuse. Additionally, he began psychiatric services and initiated medication for his mental health symptoms. The member is now sober, housed, and his mental health symptoms are significantly reduced. He frequently expresses gratitude to HRC for the support he received and states that HRC has made a big difference in his life.

Success: Visions RST
A request was received from Probation for assistance in connecting an individual to services. The member is a 50 year old African American male with a long history of mental health services – including psychiatric hospitalizations who appeared to need services from multiple systems. The member struggled with criminal justice system involvement as a result of his mental health symptoms and substance abuse challenges. The CCT reached out to the member and his mother prior to the intake appointment, provided a home visit, scheduled him an earlier intake appointment, and provided transportation to the appointment. The member is now engaging in Visions RST services – expressing interest in joining a counseling group and a desire to work. Visions RST is working to re-connect him to Alta Regional Services and continuing to engage him in mental health services.

Program: Sierra Elder Wellness
Work Plan #/Type: SAC2 – Full Service Partnership (FSP)
Capacity: Expansion in process. Currently 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., provides an array of FSP services to transition-age older adults (ages 55 to 59) and older adults (age 60+) of all genders, races, ethnicities and cultural groups who are struggling with persistent and significant mental illness who would otherwise utilize the most restrictive and highest level programs. Sierra provides comprehensive, integrated, culturally competent mental health services – including assessments, planning, social rehabilitation, intensive case management, co-occurring substance use services, and psychiatric medication support. Sierra also provides specialized geriatric

Success: Recovery
When initially referred to Sierra Elder Wellness, an older adult woman was utilizing emergency services, including the emergency rooms and inpatient hospitalizations, as a way to cope with mental health symptoms. While participating in services with Sierra, such as support groups and individual therapy, she has learned new skills to manage her symptoms and has been able to manager health mental health in the community. Currently, the member has been experiencing increased stress due to external stressors; however, she has been able to manage it mostly on her own successfully. She occasionally utilizes Sierra's after hours On-Call Support Line as an additional resource and is able to engage in problem solving strategies that keep her out of the emergency room.

services, facilitating the coordination between multidisciplinary mental health, physical health, and social service teams. FSP services also include assistance with benefit acquisition, housing, employment, and transportation. Intended program outcomes are to reduce/prevent unnecessary emergency room, psychiatric hospital, and jail utilization in order to assist community members to remain living in the community at the least restrictive level of care – as independently as possible.

Sierra establishes and maintains successful collaborations with system partners and community agencies – including sub-acute settings; law enforcement; healthcare providers; conservators; and ethnic and cultural groups to assist consumers in maintaining in the community and working toward recovery.

Program outcomes are to strengthen functioning level to support clients in maintaining the least restrictive community-based housing; reducing unnecessary psychiatric hospitalizations; reduce incarceration; improve health by increasing access to primary health care; reduce homelessness; and support engagement in meaningful employment/activities and social connectedness.

Program: Permanent Supportive Housing Program
Work Plan #/Type: SAC4 – Full Service Partnership (FSP)
Capacity: Expansion plan in progress – Currently 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 General System Development (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 TLCS, Inc. 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.

Guest House is the front door for mental health services with direct access by homeless individuals to a clinic and emergency housing for adults age 18 and older. Services include daily outreach, triage, case management, mental health treatment, comprehensive mental health assessments and evaluations, medication treatment, linkages to housing and other services, and application for benefits. PSH-Guest House has implemented the highly successful Sacramento Multiple Advocate Resource Team (SMART), a promising practice assisting individuals with their applications for SSI/SSDI. This expedited process increases income, which improves access to housing and a wider variety of community services.

Success: Access to Homeless Services
A consumer who had been homeless on and off for four years and had previously worked for Loaves and Fishes, didn't access services due to shame. After contact with the crisis respite program, the consumer accepted a referral to Guest House. After connecting with Guest House, she has maintained sobriety and gotten off the streets by connecting with Palmer Emergency Shelter. She has been verified as chronically homeless and will be connecting with TLCS New Direction for ongoing mental health treatment and permanent supportive housing. Other positive life changes include maintaining a romantic relationship, connecting with a primary care physician to address untreated serious medical conditions and obtaining SSI.

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 projects/developments, permanent supportive housing within TLCS permanent housing sites, and utilizes community-based housing vouchers and limited subsidies providing permanent housing. Additionally, New Direction Palmer Apartments is interim housing that has been designated as a shelter to assist residents in regards to their homeless status and for coordinated entry purposes. At Palmer, they focus on rapid access to permanent housing within 30 days once income is secured.

Success: New Direction
Guest House referred a client to New Direction who could not gain full custody of his children due to lack of housing stability. New Direction immediately began assisting this client in obtaining appropriate housing for him and his children. By providing intensive mental health services and housing supports, New Direction assisted the client with accessing stable housing which enabled him to gain full custody of his children. He worked with the family court and attended parenting classes. He is successfully living in his own apartment with his three children and continues to remain engaged with New Direction.

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 subsidies to provide permanent housing for consumers and their families.

Success: Responsive Services
The following is an excerpt from a letter submitted by a Pathways member (shared with permission) - I was admitted to Pathways in 2010. I suffered from Major Depression, Post-Traumatic Stress Disorder and severe anxiety. I had a long history of homelessness and struggled with relationships. Upon admission to Pathways I had a (Shelter Plus Care) voucher and my housing was at risk due to my hoarding. With the help of the Pathways' treatment team I was committed and determined to get well. I'm very grateful to my therapist at Pathways for helping me learn how to effectively communicate with my parents and establish healthy boundaries. I also thank my PSC and Pathways' treatment team for teaching me healthy coping skills, how to clean and organize my belongings and motivating me to be self-sufficient.

Program outcomes are to reduce homelessness; strengthen functioning level to support clients in maintaining the least restrictive community-based housing; reducing acute psychiatric hospitalizations; reduce incarceration; improve health by increasing access to primary health care; and support engagement in meaningful employment/activities and social connectedness.

Program: Transcultural Wellness Center
Work Plan #/Type: SAC5 – Full Service Partnership (FSP)
Capacity: Expanded to 300 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 (API) communities in Sacramento County. The program is staffed by clinicians, peers, 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. Language specific services are available in Vietnamese, Hmong, Ilocano, Punjabi, Hindi, Laotian, Cantonese, Mandarin, Tongan, Mien and Korean.

Success: Culturally Responsive Services
A 24 year old Mien male living at home was referred to TWC to work on his wellness and recovery. He was isolating himself in his room and there were concerns for his safety and also the safety of family/others living in the home. Prior to services, he reported that he had not left the house for two years. Since participating in treatment at TWC for approximately 10 months, he has reported improved mood, no longer destroys property, has reengaged into the community, and is working towards his goals of education and employment.

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 outcomes are to reduce psychiatric hospitalization, arrests and incarceration and increase linkage to employment and/or education and primary health care providers. Additionally, the program seeks to help clients develop and maintain connection to meaningful activities such as cultural groups, creative groups, volunteer and activist positions. Service goals include wellness and recovery as defined by the program members in relation to their cultural identity.

Program: Wellness and Recovery Center
Work Plan #/Type: SAC6 – General System Development (GSD)
Capacity: 3,000 annually
Ages Served: Children, TAY, Adults, Older Adults

The **Wellness and Recovery Center** program consists of three components: the **Wellness and Recovery Centers**, the **Peer Partner Program** and the **Consumer and Family Voice Program**. In Fiscal Year 2015-16, this work plan was expanded to include the **Mental Health Crisis Respite Center**, **Abiding Hope Respite House**, and **Wellness and Recovery Respite Program**.

The **Wellness and Recovery Centers (WRCs),** administered by Consumer Self Help Center, are located in Eastern and Southern Sacramento County 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 and are open to enrolled clients and community residents with an interest in mental health support, wellness and recovery services. The WRCs serve individuals age eighteen (18) and older 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 provide curriculum driven and evidence-based skill building activities, vocational supports, family education, self-help, peer counseling and support. Services are collaboratively designed, culturally competent, member driven and wellness focused; per the MHSA Essential Elements. 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.

Success: WRC Support
A 44 year old African-American client struggling with symptoms related to bipolar disorder and a history of polysubstance dependence started services at WRC in 2009. Through the support of WRC's psychiatric and clinical services, the member was able to stay sober, raise his children, enter school, graduate from school, and finally acquire a job. The member recently closed services with WRC as he graduated from a Master's program and obtained permanent, full-time employment with a public mental health system.

Program outcomes are to increase linkage to a primary care physician and/or specialty health provider; decrease unnecessary psychiatric hospitalizations, and support engagement in meaningful employment/activities and social connectedness.

The **Peer Partner Program (Peer Partners)** was previously administered by two providers. One provider chose to step away from the program; therefore the program is currently administered solely by Mental Health America of Northern California (NorCal MHA). The program provides peer support services to adults and older adults, from diverse backgrounds, linked to the APSS clinic. Peer Partners (consumers and family members) are integrated staff members of the APSS

Success: Peer Support
The Peer Partner Program was assigned a client who was going through severe mental and physical challenges. Due to these challenges this client had lost her job and her support network. The program was able to support her with enrolling and accessing Medi-Cal eligibility, which allowed her to address her whole health needs. The Peer Partner assisted her with getting her mental health needs met as well as support addressing her physical health needs. With Peer support and a Recovery Plan, the client was able to identify wellness strategies to reduce her isolation and increase her peer support network. She learned about healthy relationships and is now engaged to be married, purchased a new car and is gainfully employed again. She is doing very well and on her own accord will be initiating discharge from the APSS clinic where the Peer Partners work alongside clinical staff. She is grateful for the tools she was provided and will continue to develop and utilize her personal wellness plan.

multidisciplinary team. Peer Partners provide peer-led services that support APSS participants and their families in their recovery process.

Informing clients about recovery and services, training, advocating, connecting to resources, experiential sharing, building community, relationship building, facilitating groups, skills building/mentoring/goal setting, socialization/self-esteem building, treatment team communication, facilitating Wellness Recovery Action Plan (WRAP) and assisting consumers to overcome barriers to seeking services due to racial, ethnic, cultural or language barriers are key strategies contributing to successful outcomes.

Program outcomes include improving overall health and wellness, helping clients engage with their natural supports, increase meaningful activities, improve educational and employment functioning and reduce psychiatric hospitalizations.

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 Sacramento County adults, older adults and their families. The consumer and adult family member advocates by promote and encourage adult and older adult consumer and family involvement in the mental health system from program planning to program participation. This program provides a wide array of services and supports that assist adult consumer and family members in their recovery process. These services include but are not limited to advocacy, system navigation, trainings, support groups, and psycho-educational groups. This program also coordinates and facilitates the annual Consumers Speak client culture conference.

Success: Consumers Speak Conference
The 2016 annual Consumers Speak client culture conference celebrated its 20 year anniversary with attendance of over 250 community members (clients, family members, providers and county behavioral health team members). The keynote address and afternoon presentation was delivered by longtime activist and mental health advocate Sally Zinman. The focus of this year's conference was on the history of the recovery movement and looking backwards to look forward, as well as advocacy and making a difference. The following are written comments submitted by attendees in response to the question: "What aspects of the conference did you especially find helpful":

- *Great to know the history and progression of the recovery movement and how we have come so far.*
- *Stories from the consumers.*
- *The presenters and personal experiences.*
- *Presenter was inspiring.*

As part of the Consumer and Family Voice Program, the advocates coordinate and facilitate an every other month meeting for clients/consumers of behavioral health services, family members and supporters called "Expert Pool Town Hall Meetings." The purpose of these meetings is to build a peer support network, share information about local services and resources, and to inform about how to become involved to shape services for today and the future. Consumers and family members are asked what topics or services/resources they would like to learn about. The Expert Pool Town Hall meetings include speakers that have expertise in various topics related to mental health, local services and resources. In FY 2014-15, four (4) Expert Pool Town Hall Meetings were convened with an average attendance of 25 individuals per meeting.

The **Sacramento Advocacy for Family Empowerment (SAFE) Program**, administered by Mental Health America of Northern California, promotes the DBHS mission to effectively provide quality mental health services to children, youth, and families in Sacramento County. The youth and family member advocates promote and encourage parent/caregiver and youth consumer involvement in the mental health system, from program planning to program participation. Both programs provide a wide array of services and supports including, but not limited to, advocacy, system navigation, trainings, support groups, and psycho-educational groups. This is accomplished through system advocacy, direct client support services and advocacy, as well as training services to children, youth, transition age youth and their families.

Success: Youth Advocate Support

A Transition Age Youth (TAY) living with ADHD and depression was referred to the SAFE Program. He had been kicked out of mom's home due to constant marijuana and alcohol use. The SAFE Youth Advocate recognized that he needed support along with mental health treatment to decrease his substance use. After 6+ months of direct services from the SAFE Youth Advocate, including continued assistance to complete necessary paperwork to apply for and maintain benefits, TAY has SSI and other benefits to support him until he has fully recovered or is able to cope with his mental illness. TAY is now on track to complete his outpatient drug treatment program, has lost the majority of his drug weight, and is experiencing increased overall wellness. The SAFE Youth Advocate has been replaced by family members who are now serving as his support team. Most importantly, TAY is transitioning into a responsible young man and is very active in his community again!

Mental Health Respite Programs: The following three programs were added to the Wellness and Recovery Center Work Plan in FY 2015-16. They originated as mental health respite programs funded through the time-limited MHSA Innovation Project 1: Respite Partnership Collaborative. With support from the MHSA Steering Committee, these programs transitioned to sustainable CSS funding during FY 2015-16.

The **Mental Health Crisis Respite Center**, administered by TLCS, Inc., provides 24-hour, 7 days-a-week Mental Health Crisis respite care to adults who are experiencing overwhelming stress due to life circumstance resulting in a mental health crisis. Services include screening, resource linkage, crisis response and care management for eligible adults for up to 23 hours that is accessed on a drop-in basis in a warm and supportive community-based setting. In addition to reducing emergency department visits or acute psychiatric hospitalizations, a program goal is to provide a stable and supportive environment so the "guest" is better positioned to explore their crisis with a solution oriented mindset. Every guest leaves with an individualized resource plan.

Success: Crisis Respite

Homeless and exhausted from walking the streets and resorting to prostitution, a 46-year-old Native American female came to the CRC frightened, broken, lonely and desperate to make a change but unsure of how or where to even begin. She had been struggling for years with untreated mental health and co-occurring issues. The TLCS Crisis Respite Center team advocated for and worked with her over the course of a year. Staff linked her with the resources and treatment she needed to help get her off the streets and address her ongoing substance use. With a long history of domestic violence, estranged from her family and children, our Guest worked hard to remain clean and sober and make changes.

CRC provided a space for her to begin to heal – a place where she could examine her situation free from judgment and explore her options for solution. Empowered by this support, our Guest was able to connect with resources. A few months after her last visit, she called CRC to share good news. She made it home to North Dakota, reconnected with family, and started a new job, all while maintaining her sobriety.

Abiding Hope Respite House, administered by Turning Point Community Programs, provides Mental Health Crisis respite services, in a welcoming, home like setting, where adults 18 and older experiencing a mental health crisis can stay for up to 14 days. During their stay, clients receive client-centered, recovery oriented services that include crisis response, screening, resource linkage, and care management. There are 5 beds in the home and all clients take part in cooking, cleaning and groups to help them gain back a sense of purpose and dignity through life's routines. Program goals are to reduce emergency department visits or acute psychiatric hospitalizations and that clients will report an improvement in their recovery journey.

Success: Crisis Respite
The following is an excerpt from a client letter (shared with permission) - Abiding Hope helped me to maintain hope in a challenging and sometimes difficult-to-navigate mental health system. Thank you for your loving and caring dedication to supporting and encouraging folks who face unusual obstacles. I felt at home in a family-oriented environment; I instantly felt at ease from the choice of location—it added to making my situation that much easier to cope with. I feel the progress anyone can make here is made possible by a commitment of staff and Turning Point's philosophy—a dignified and truly loving concern and care. This program opened its doors and resources to allow me to collect myself and discover new ways to look at improving my life. Thank you so much! I will never forget you.

Mental Health Respite Program, administered by Saint John's Program for Real Change, provides adult women and adult women and their children in immediate crisis with short-term mental health and supportive services for up to seven (7) days. Services include assessment, treatment planning, resource linkage, crisis intervention, family intervention and case management. Program Goals are to reduce emergency department visits and acute psychiatric hospitalizations and that clients will report an improvement in their recovery journey.

Success: Wellness and Recovery Respite
"Jane" first came to Saint John's mental health respite program in 2014. She was homeless, very early in her recovery, poorly managing her mental health diagnoses, and had limited resources. She was a victim of domestic violence and came to Saint John's feeling quite overwhelmed by her life circumstances. While at the program she was able to regroup and focus her attention on her recovery. Her time in the program allowed her to connect with other organizations and obtain the resources she needed to move forward in her life.

In 2016, "Jane" found herself in need of mental health respite services again. This time she was residing in a shared living community and reported being clean and sober for 2 years. The stress from her living environment coupled with the recent passing of a loved one exasperated the challenges she experienced with her mental health. She felt like she just needed to get away. After three days in our mental health respite program she felt rested, at peace, and ready to return to her home.

Program: Adult Full Service Partnership
Work Plan #/Type: SAC7 – Full Service Partnership (FSP)
Capacity: Expanded to 450 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, struggling with persistent and significant mental illness who would otherwise utilize the most restrictive and highest level programs. Turning Point ISA and Telecare SOAR provide comprehensive, integrated, culturally competent mental health services – including assessments, planning, social rehabilitation, intensive case management, co-occurring substance use services, 24/7 crisis response, and psychiatric medication support.

Success: Integrated Services Agency
Turning Point ISA began working with a member that experienced significant mental health challenges and had a long history of refusing services. She expressed significant high risk behaviors resulting in multiple hospitalizations, incarceration and unstable housing. ISA assisted the member in identifying areas of strengths that could be utilized to retain housing and address basic needs. The member attends anger-management groups and continues to develop and learn more effective independent living, coping, and communication skills/strategies. Since participating in the program, the member has successfully been in stable housing. The member has expressed her gratitude for the supportive services of "Turning Point ISA who never gave up on me."

Services also include assistance with benefit acquisition, housing, employment, education, and transportation. The programs assist consumers transitioning into the community from high-cost restrictive placements, such as the Sacramento County Mental Health Treatment Center, private psychiatric hospitals, incarcerations, and 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 consumer's recovery process.

Success: Sacramento Outreach Adult Recovery
SOAR's High Intensity Team began working with a member for about 30 days before she became homeless. SOAR spent months searching for her with no success. She was then discovered at a local private hospital, presenting with many of the same significant and severe symptoms that led her initially to SOAR – hearing voices, substance abuse, racing/disorganized thoughts and speech, debilitating anxiety and depression, intense fear that she would die, and thoughts of suicide. SOAR supported her throughout her hospitalization and discharge, worked with her on building skills to better cope with intense fear and anxiety, and assisted her in finding a board and care home that remains welcoming, supportive and caring. She is now able to advocate for her needs, structure her day in ways that promote wellness, and participate in SOAR psychoeducational and support groups. She has also built a strong relationship with her psychiatrist and stated, "My meds are working for the first time in my life." She recently reconnected with her adult children and her parents whom she has been estranged for many years. She now has hope for her future saying, "I feel better than I have ever felt in my entire life."

As part of the Phase B FSP expansion to increase capacity and improve timeliness to services for community members, Telecare SOAR and Turning Point ISA are working on identifying and implementing Evidence-Based Practice models to assist consumers to more effectively fulfill their goals for recovery – including co-occurring substance use issues and successful completion of Mental Health Court and Co-Occurring Mental Health Court.

Program outcomes are to reduce/prevent unnecessary emergency room, hospital, and jail utilization in order to assist community members to remain living the community at the least restrictive level of care – as independently as possible.

Turning Point ISA and Telecare SOAR establish and maintain successful collaborations with system partners and community agencies, including sub-acute settings; law enforcement; healthcare providers; conservators; and ethnic and cultural groups to assist consumers in maintaining in the community and working toward recovery.

Program outcomes are to strengthen functioning level to support clients in maintaining the least restrictive community-based housing; reducing acute psychiatric hospitalizations; reduce incarceration; reduce homelessness; improve health by increasing access to primary health care; and support engagement in meaningful employment/activities and social connectedness.

Program: Juvenile Justice Diversion and Treatment Program
Work Plan #/Type: SAC8 – Full Service Partnership (FSP)
Capacity: Expansion plan implemented in fiscal year 2016-17. Capacity expanded to 128.
Ages Served: Youth and TAY ages 13 – 25

The **Juvenile Justice Diversion and Treatment Program (JJDTP)** is a contracted FSP that brings together a partnership between DBHS, Sacramento County Probation Department, and River Oak Center for Children to deliver integrated services to a population of youth involved with juvenile justice with multiple complex needs cutting across service areas . 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.

Success: Support Through Collaboration
An 18 year old client came to JJDTP having received services for 8 years (off and on) through other programs. At admission, the client had been charged with breaking and entering, was actively using drugs and alcohol, had multiple hospitalizations, was not attending school and was well behind on school credits. With support from the program and the youth advocate, client received mental health and substance use treatment, is now in school and, using skills learned in JJDTP, successfully completed his probation. His recovery has progressed to where he is only in need medication management for which he is being linked to his primary care physician. He is looking forward to stepping down to community support as needed.

Program outcomes include youth experiencing reduced psychiatric hospitalization, increased engagement in their educational program as well as reduced arrests and incarcerations. Additionally, the program seeks to link youth and families with primary care and to engage them in meaningful activities.

A JJDTP expansion was implemented in FY 2016-17. In addition to increasing the number of youth and families served from 92 to 128, the expansion allows for the addition of clinicians, a youth advocate, and a family advocate.

Program: TAY Full Service Partnership
Work Plan #/Type: SAC9 – Full Service Partnership (FSP)
Capacity: 240 at any given time
Ages Served: Youth and TAY ages 16 – 25

The new **Transition Age Youth (TAY) FSP** Program will be implemented in late FY 2016-17. As previously reported, in Phase B of CSS Expansion planning, the MHSA Steering Committee approved the recommendation for the development of a new TAY FSP program that will serve youth between the ages of 16-25 who are unserved, underserved and/or inappropriately served. Services will be culturally and linguistically competent with sensitivity to and affirmation of gender identity, gender expression and sexual orientation. Services will be individualized based on age, development and culture. The program will provide core FSP services and flexible supports to TAY that are homeless or at risk of homelessness, aging out of the child mental health system, involved in or aging out of the child welfare and/or foster care system, involved in or aging out of the juvenile/criminal justice system, at risk of involuntary psychiatric hospitalization or institutionalization, experiencing a first episode of a serious mental illness, and/or other at-risk population. The new TAY FSP program will include outreach, engagement, retention and transition strategies with an emphasis in independent living and life skills, mentorship and services that are youth and family driven.

Program: Crisis Residential Program
Work Plan #/Type: SAC10 – General System Development (GSD)
Capacity: 27 at any given time
Ages Served: Adults ages 18 - 59

In FY 2015-16, a new **15-bed Crisis Residential Program**, known as CRP#2, was approved by the MHSA Steering Committee using CSS Expansion funds from Phase C and is operated by Turning Point Community Programs (TPCP). CRP#2, located in Rio Linda, was opened for admissions on August 1, 2016. The addition of this new 15-bed program significantly increases community-based crisis residential service capacity in Sacramento from 12 to 27 beds for individuals served by the County, which represents a 125% increase. Since opening in August 2016, CRP#2 has admitted 37 clients to the program.

In November 2016, the MHSA Steering Committee voted in support of spreading the MHSA funding allocated to CRP#2 across both the longstanding 12-bed crisis residential program, known as CRP#1, and the new 15-bed CRP#2. This shift maximizes the Medi-Cal funding leveraged for both programs.

Both CRP#1 and CRP#2 crisis residential program services are designed for persons who meet psychiatric inpatient admission criteria or are at risk of admission due to an acute psychiatric

crisis, but can appropriately be served voluntarily in a community setting. Beginning with an in-depth clinical assessment and development of an individual service plan, crisis residential program staff will work with consumers to identify achievable goals including a crisis plan and a Wellness Recovery Action Plan (WRAP). The goal is to receive the referral, interview the consumer, and admit the individual to the crisis residential program within the same day.

Once admitted, structured day and evening services are available seven days a week that include individual and group counseling, crisis intervention, planned activities that encourage socialization, pre-vocational and vocational counseling, consumer advocacy, medication evaluation and support, linkages to resources that are available after leaving the program. Family members are included in counseling and plan development. Services are voluntary, community-based, and alternative to acute psychiatric care. While the services are designed to resolve the immediate crisis, they also focus on improving functioning and coping skills, and encourage wellness, resiliency and recovery so that consumers can return to the least restrictive, most independent setting in as short of time as possible. Services are designed to be culturally responsive to the needs of the diverse community members seeking treatment.

Success:
Upon entering the Crisis Residential Program (CRP) in Rio Linda, an adult male client faced treatment barriers such as no family or social support. He has struggled for many years with depression, anxiety, suicidal ideation, paranoia and alcohol abuse. He was unable to independently utilize community resources/services. These symptoms have resulted in multiple hospitalizations and treatment attempts since 2011.

During his stay at CRP, he has built a positive relationship with his case manager who has assisted with accessing resources to increase his limited support. He and his case manager together formed a team that made progress toward his goals of self-sufficiency and independence and explored viable housing resources prior to discharge. At the CRP, his symptoms of depression, anxiety, suicidal ideation, isolation, difficulty sleeping, irritability, and cognitive distortions decreased. Mental health treatment and a consistent medication regimen assisted with reducing these symptoms. He attended daily groups and individual sessions that focused on coping skills and symptom management.

By the end of his stay, he was linked and is now participating in ongoing intensive integrated mental health and substance use services. He now lives in his own studio apartment. As a result of the work that began during his stay at the CRP, he is utilizing services and is making progress towards his self-defined goals.

CSS Administration and Program Support

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

The table below contains the FY2016-17 Cost per Client information for implemented programs:

FY2016-17 CSS COMPONENT BUDGET Work Plan / Program	Average Cost/Client*	Budget Amount
SAC1 - GSD: TCORE	$ 3,116	$ 24,931,090
SAC2 - FSP: Sierra Elder Wellness	$ 13,388	$ 2,008,164
SAC4 - FSP: Permanent Supportive Housing	$ 8,596	$ 10,314,759
SAC5 - FSP: Transcultural Wellness Center	$ 8,501	$ 2,550,246
SAC6 - GSD: Wellness and Recovery Center	$ 1,756	$ 5,269,165
SAC7 - FSP: Adult Full Service Partnership	$ 15,920	$ 7,164,147
SAC8 - FSP: Juvenile Justice Diversion and Treatment	$ 27,057	$ 3,463,242
SAC10 - GSD: Crisis Residential	$ 7,000	$ 3,139,391
TOTAL		**$ 58,840,204**

*Average cost per client is based on all funding sources in Work Plan divided by Work Plan capacity and only includes previously approved and implemented programs for Work Plans SAC1 - SAC8

*Average cost per client for SAC10 Crisis Residential is based on daily rate multiplied by average length of stay

Sacramento County Programs Highlighted in *Promises Still to Keep: A Second Look at the Mental Health Services Act* Little Hoover Commission Report #233, September 2016

In September 2016, the Little Hoover Commission released its second statewide report on the implementation of MHSA. In the course of their investigation, the Commissioners visited four Sacramento County MHSA programs and interviewed consumers from those programs. The programs visited and highlighted within the report are Guest House, Palmer Apartments, Boulevard Court Apartments and the Crisis Respite Center. Each received favorable mention within the report. These write-ups show the positive impact of MHSA funding and housing investments in Sacramento.

Photo of wall hanging taken by Little Hoover Commission staff at the TLCS, Inc. Crisis Respite Center

The following are excerpts from Little Hoover Commission Report #233:
In May and June 2016, Commissioners also visited nine programs funded in part or entirely by the Mental Health Services Act in three counties: San Bernardino, Sacramento and Los Angeles. During these visits, the Commission saw how programs funded by the Act help Californians before they need intensive care, and others recover and reclaim their lives. These visits introduced the Commission to programs that give individuals short respites while getting needed help and others that help people transition from unstable living situations to permanent, supportive housing. Most significantly, the Commission heard directly from Californians whose lives and health are improving as a result of these programs.

El Hogar Guest House Homeless Clinic, Sacramento County

"The Home" is an entry point for mental health and homeless services in Sacramento County. The facility provides a clinic for homeless individuals and temporary housing for adults 18 and older. Services include comprehensive mental health assessments and evaluations, medications, links to housing and applications for benefits and services. The program used MHSA funds to expand services for client care, such as offering subsidies for housing and dental work. (CSS-funded)

One client, thankful for the help she received through El Hogar explained, "California has so many programs compared to [my experiences in] other states. I wish they could have even 10 percent of what California has. Being able to have housing, dental work and services has been awesome for me."

Palmer Apartments, Sacramento County

Run by Transforming Lives, Cultivating Success (TLCS), the Palmer Apartments offer short-term housing for up to 48 adults experiencing homelessness and psychiatric disability. The program provides a safe, hospitable alternative to shelters and access to permanent housing within 30 days once income is secured. Longer-term temporary housing also is available for those awaiting openings in MHSA-financed housing developments. Clients and staff work collaboratively to break the cycle of homelessness during average stays of six to eight months. (CSS-funded)

Reflecting on his experience, one client said "This is the first step for me being who I am. These people give us hope and from here, I'm learning how to live again."

Boulevard Court Apartments, Sacramento County

Operated by Mercy Housing California, the Boulevard Apartments offer a low-income housing program for homeless people with special needs. Using MHSA funds, the program renovated a formerly dilapidated motel in a high-need neighborhood into a campus with 74 studio and one-bedroom units that offer residents supportive services such as health care education, financial literacy and community involvement. With stable housing in a supportive environment, residents can focus on successfully managing their individual disabilities. (CSS-funded)

"I like being here," one participant said. "The best thing is that it is affordable for me and there's a doctor onsite. Otherwise, it takes two to two and a half hours transportation time by the bus [to get to a doctor]."

Crisis Respite Center, Sacramento County

Since opening in December 2013, the Crisis Respite Center provides crisis intervention services that reduce law enforcement calls and unnecessary emergency room visits. The program stabilizes adults experiencing mental health crises with 24/7 drop-in services in a warm and supportive setting. The program provides a stable, supportive environment to help "guests" explore their crises with a solution-oriented mindset. (CSS-funded, formerly INN)

A client reflected, "Here I had the chance to settle down and think straight *because* I felt safe. I had the chance to regroup coming here."

PENETRATION RATES* IN SACRAMENTO COUNTY

Penetration Rates – Calendar Years 2014 and 2015

Medi-Cal eligible beneficiary numbers are based on claims data received from the External Quality Review Organization (EQRO)

Penetration Rates		Calendar Year 2014					Calendar Year 2015					
		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 between CY 2014 and CY 2015
		N	%	N	%	%	N	%	N	%	%	%
Age Group	0 to 5	68,908	17.1%	1,011	4.9%	1.5%	71,427	16.9%	1,243	4.7%	1.7%	13.3%
	6 to 17	123,220	30.5%	7,855	37.9%	6.4%	130,882	77.0%	10,098	38.1%	7.7%	20.3%
	18 to 59	162,903	40.4%	10,362	49.9%	6.4%	169,974	40.1%	13,330	50.2%	7.8%	21.9%
	60+	48,316	12.0%	1,524	7.3%	3.2%	51,391	12.1%	1,857	7.0%	3.6%	12.5%
	Total	403,347	100.0%	20,752	100.0%	5.1%	423,674	100.0%	26,528	100.0%	6.3%	23.5%
		N	%	N	%	%	N	%	N	%	%	%
Gender	Female	222,117	55.1%	10,749	51.8%	4.8%	232,221	54.8%	13,682	51.6%	5.9%	22.9%
	Male	181,229	44.9%	9,991	48.1%	5.5%	191,452	45.2%	12,837	48.4%	6.7%	20.0%
	Unknown	1	0.0%	12	0.1%	-	----	----	9	0.0%	----	----
	Total	403,347	100.0%	20,752	100.0%	5.1%	423,673	100.0%	26,528	100.0%	6.3%	23.5%
		N	%	N	%	%	N	%	N	%	%	%
Race	White	104,315	25.9%	7,229	34.8%	6.9%	107,779	25.4%	8,843	33.3%	8.2%	18.8%
	African American	68,367	16.9%	4,980	24.0%	7.3%	70,073	16.5%	6,078	22.9%	8.7%	19.2%
	American Indian/Alaskan Native	3,123	0.8%	190	0.9%	6.1%	3,173	0.7%	230	0.9%	7.2%	18.0%
	Asian/Pacific Islander	67,493	16.7%	1,490	7.2%	2.2%	75,755	17.9%	1,766	6.7%	2.3%	4.5%
	Other	65,396	16.2%	2,776	13.4%	4.2%	72,079	17.0%	4,263	16.1%	5.9%	40.5%
	Hispanic	94,653	23.5%	4,087	19.7%	4.3%	94,815	22.4%	5,348	20.2%	5.6%	30.2%
	Total	403,347	100.0%	20,752	100.0%	5.1%	423,674	100.0%	26,528	100.0%	6.3%	23.5%

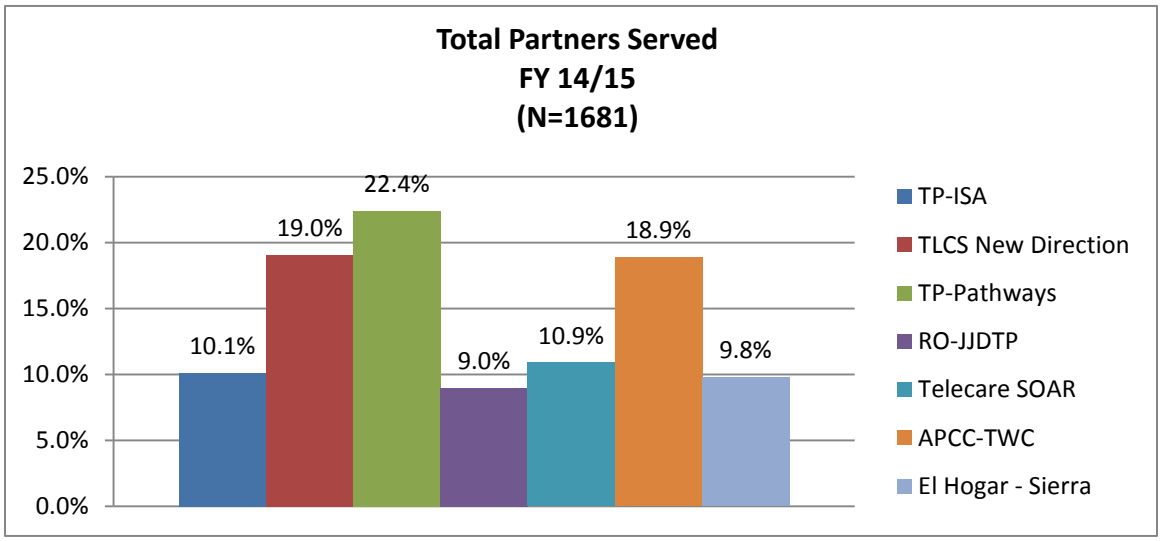
*Penetration Rates are defined as the total number of persons served divided by the number of persons eligible.

Review of the penetration rate chart shows a comparison from Calendar Year (CY) 2014 to CY 2015. There are two factors to note when reviewing these data. First, the penetration rate table reflects the number of Medi-Cal beneficiaries served through the specialty mental health treatment programs; however, it does not account for any of the individuals served, irrespective of insurance status, through the DBHS prevention and mental health respite programs. DBHS funds culturally specific community based organizations to operate prevention programs that specifically serve the cultural, racial and ethnic groups listed in this table. However, due to the nature of the data collection for PEI programs it is challenging to obtain PEI unduplicated individual demographic data that can be merged with specialty mental health plan data. Were it possible to merge the data, we believe that the penetration rates would be more reflective of who is being served by DBHS through specialty mental health services and prevention services. And secondly, efforts related to health care reform and the Affordable Care Act (ACA) may also account for some of the changes experienced in the penetration rates. Through the changes in the health care landscape, more individuals are seeking mental health services from their primary care provider. Methods used to determine penetration rates at the State level will need to be examined. We will also need to work with our healthcare partners to interpret the impacts of the ACA on service utilization throughout the expanded mental health/behavioral health care system.

Full Service Partnership (FSP) Program Fiscal Year 2014-15 Outcomes

During FY 2014-15 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 change overall for all programs (baseline compared to FY 14/15):

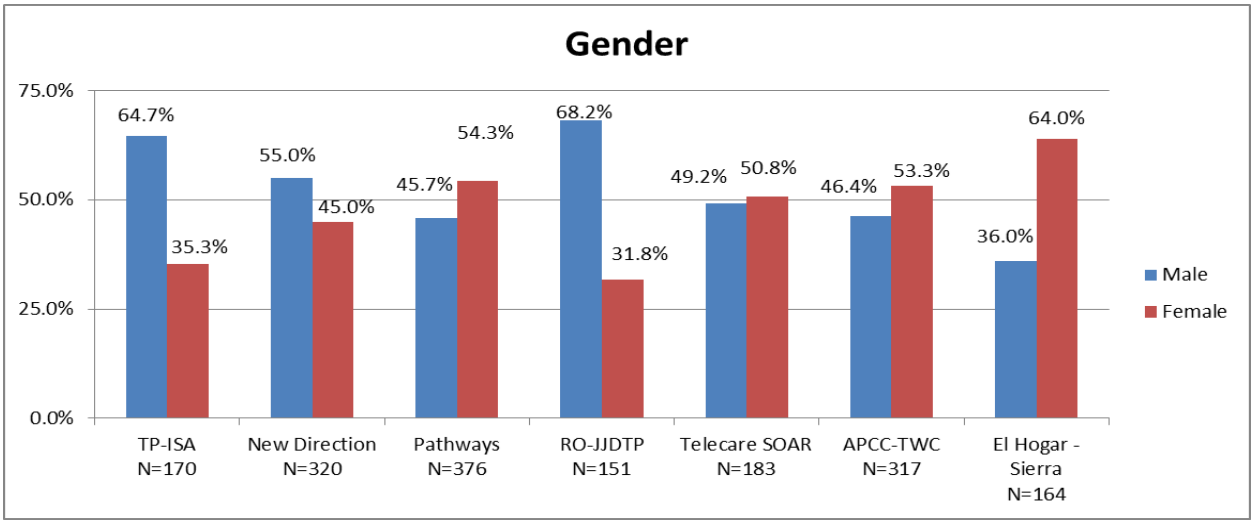
- Hospitalizations decreased by 71%
- Hospital days decreased by 77%
- Arrests decreased by 66%
- Incarcerations decreased by 50%
- Incarceration days decreased by 43%
- Homeless occurrences decreased by 82%
- Homeless days decreased by 85%
- Employment rate increased by 13%
- Partners with Primary Care Physicians increased by 40%



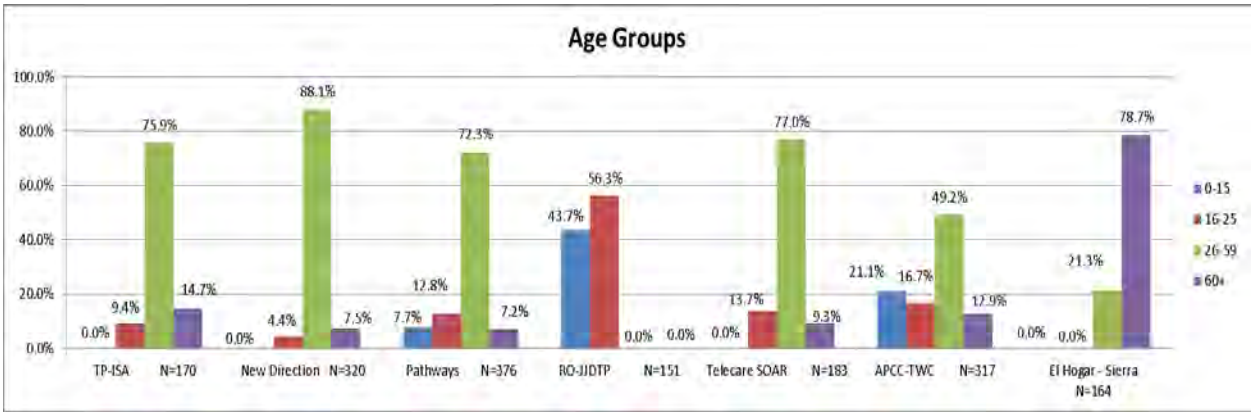
Unduplicated FSP Partners Served by Episode	Undup # Served by Prgm (N)	Percent	Undup # of Ptnrs Admitted in Year	Undup # of Ptnrs Discharged in Year	Avg LOS	Attrition Rate
TP-ISA	170	10.1%	23	20	2.9 Years	13.5%
TLCS New Direction	320	19.0%	57	45	3.0 Years	16.5%
TP-Pathways	376	22.4%	24	39	3.9 Years	11.3%
RO-JJDTP	151	9.0%	73	68	1 Year	84.0%
Telecare SOAR	183	10.9%	33	30	2.4 Years	19.7%
APCC-TWC	317	18.9%	72	79	2.3 Years	32.4%
El Hogar - Sierra	164	9.8%	31	24	3.5 Years	17.6%
Total	1681	100.0%	313	305	2.5 Years	22.1%

Full Service Partnership (FSP) Program Fiscal Year 2014-15 Outcomes (continued)

In Fiscal Year 2014-15, a total of 1,681 clients were served across the seven implemented FSPs. Some clients were served by multiple FSPs throughout the fiscal year, so the 1,681 total includes some duplicated clients. The charts and tables on the following pages show demographic information and outcomes in each of the FSPs:

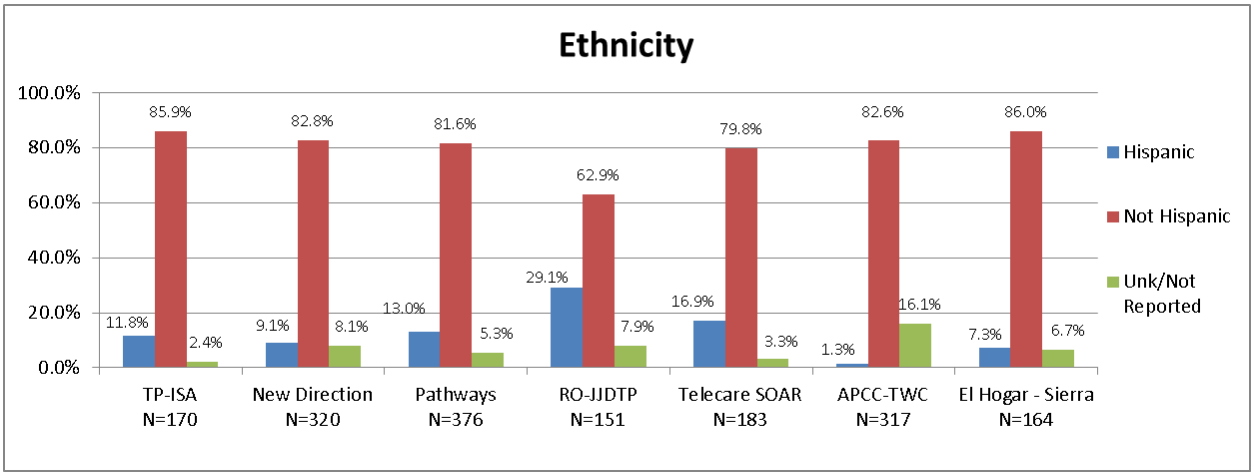


Gender	TP-ISA N=170	New Direction N=320	Pathways N=376	RO-JJDTP N=151	Telecare SOAR N=183	APCC-TWC N=317	El Hogar - Sierra N=164
Male	64.7%	55.0%	45.7%	68.2%	49.2%	46.4%	36.0%
Female	35.3%	45.0%	54.3%	31.8%	50.8%	53.3%	64.0%



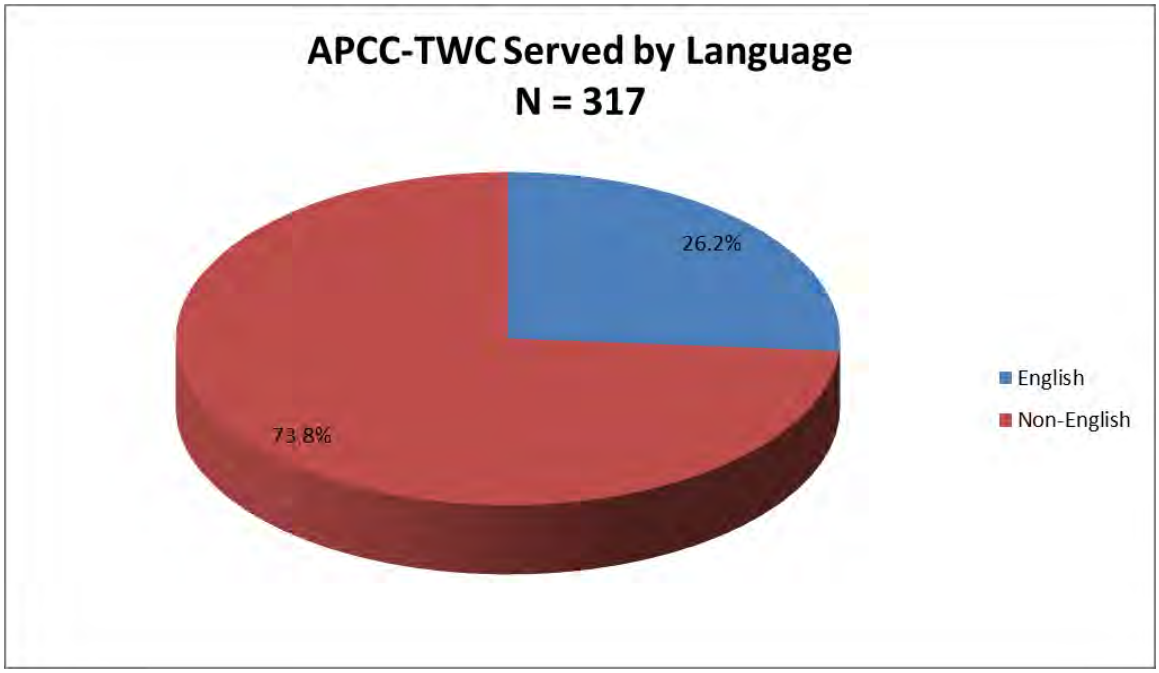
Age Group	TP-ISA N=170	New Direction N=320	Pathways N=376	RO-JJDTP N=151	Telecare SOAR N=183	APCC-TWC N=317	El Hogar - Sierra N=164	Total N=1681
0-15	0.0%	0.0%	7.7%	43.7%	0.0%	21.1%	0.0%	9.6%
16-25	9.4%	4.4%	12.8%	56.3%	13.7%	16.7%	0.0%	14.3%
26-59	75.9%	88.1%	72.3%	0.0%	77.0%	49.2%	21.3%	60.4%
60+	14.7%	7.5%	7.2%	0.0%	9.3%	12.9%	78.7%	15.6%

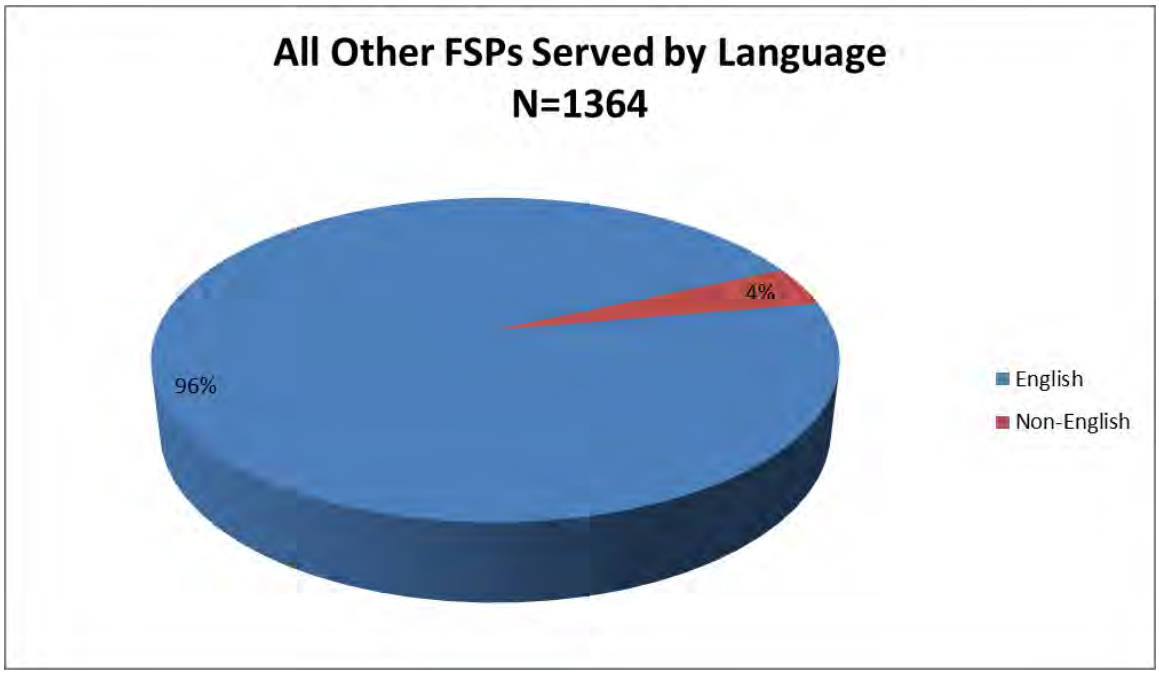
Full Service Partnership (FSP) Program Fiscal Year 2014-15 Outcomes (continued)



Ethnicity	TP-ISA N=170	New Direction N=320	Pathways N=376	RO-JJDTP N=151	Telecare SOAR N=183	APCC-TWC N=317	El Hogar - Sierra N=164
Hispanic	11.8%	9.1%	13.0%	29.1%	16.9%	1.3%	7.3%
Not Hispanic	85.9%	82.8%	81.6%	62.9%	79.8%	82.6%	86.0%
Unk/Not Reported	2.4%	8.1%	5.3%	7.9%	3.3%	16.1%	6.7%

Full Service Partnership (FSP) Program Fiscal Year 2014-15 Outcomes (continued)





Full Service Partnership (FSP) Program Fiscal Year 2014-15 Outcomes (continued)

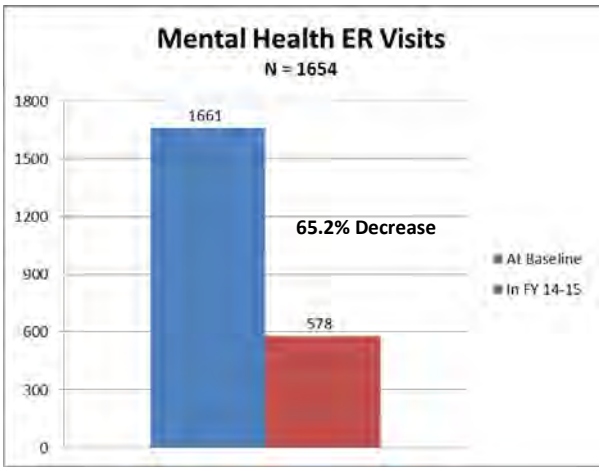
	TP-ISA N=170		New Direction N=320		Pathways N=376		RO-JJDTP N=151		Telecare SOAR N=183		APCC-TWC N=317		El Hogar - Sierra N=164	
Primary Language	#	%	#	%	#	%	#	%	#	%	#	%	#	%
English	154	90.6%	313	97.8%	364	96.8%	148	98.0%	177	96.7%	83	26.2%	154	93.9%
Spanish	4	2.4%	3	0.9%	7	1.9%	2	1.3%	0	0.0%	3	0.9%	6	3.7%
Russian	3	1.8%	2	0.6%	1	0.3%	1	0.7%	3	1.6%	0	0.0%	1	0.6%
Cantonese	1	0.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	41	12.9%	0	0.0%
Vietnamese	1	0.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	60	18.9%	0	0.0%
Hmong	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	1.1%	73	23.0%	0	0.0%
Other	6	3.5%	1	0.3%	4	1.1%	0	0.0%	1	0.5%	55	17.4%	2	1.2%
Unknown/Not Reported	1	0.6%	1	0.3%	0	0.0%	0	0.0%	0	0.0%	2	0.6%	1	0.6%

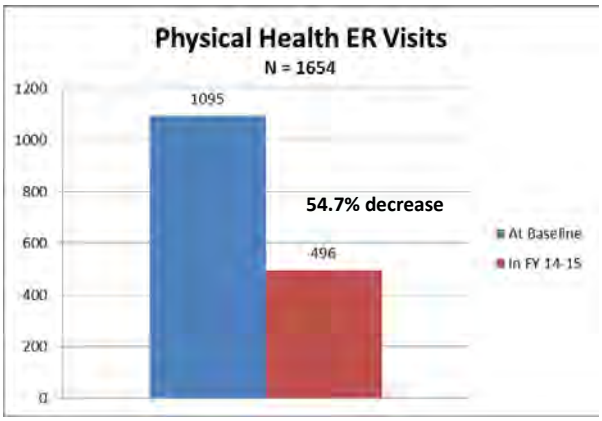
	TP-ISA N=170		New Direction N=320		Pathways N=376		RO-JJDTP N=151		Telecare SOAR N=183		APCC-TWC N=317		El Hogar - Sierra N=164	
Race	#	%	#	%	#	%	#	%	#	%	#	%	#	%
White	91	53.5%	169	52.8%	164	43.6%	47	31.1%	89	48.6%	3	0.9%	104	63.4%
Black/Af. Am.	33	19.4%	104	32.5%	137	36.4%	60	39.7%	49	26.8%	1	0.3%	29	17.7%
American Indian	0	0.0%	7	2.2%	7	1.9%	1	0.7%	1	0.5%	0	0.0%	2	1.2%
Asian/Pacific Islander	19	11.2%	8	2.5%	17	4.5%	5	3.3%	15	8.2%	298	94.0%	6	3.7%
Multi Race	1	0.6%	6	1.9%	4	1.1%	4	2.6%	1	0.5%	5	1.6%	1	0.6%
Other Race	22	12.9%	21	6.6%	36	9.6%	32	21.2%	27	14.8%	3	0.9%	13	7.9%
Unknown/Not Reported	4	2.4%	5	1.6%	11	2.9%	2	1.3%	1	0.5%	7	2.2%	9	5.5%

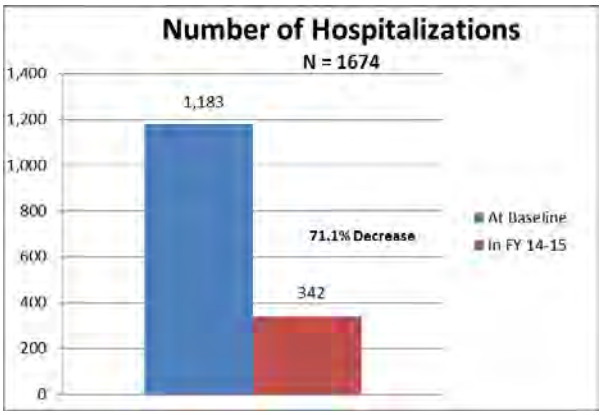
	TP-ISA N=170		New Direction N=320		Pathways N=376		RO-JJDTP N=151		Telecare SOAR N=183		APCC-TWC N=317		El Hogar - Sierra N=164	
Primary Diagnosis	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Depressive	3	1.8%	90	28.1%	83	22.1%	22	14.6%	5	2.7%	131	41.3%	22	13.4%
Bipolar	5	2.9%	74	23.1%	78	20.7%	5	3.3%	17	9.3%	20	6.3%	30	18.3%
Psychotic	155	91.2%	98	30.6%	103	27.4%	7	4.6%	155	84.7%	85	26.8%	107	65.2%
Anxiety/PTSD	1	0.6%	33	10.3%	47	12.5%	5	3.3%	1	0.5%	32	10.1%	2	1.2%
Disruptive Disorders	1	0.6%	0	0.0%	12	3.2%	82	54.3%	0	0.0%	17	5.4%	0	0.0%
Adjustment	0	0.0%	0	0.0%	13	3.5%	4	2.6%	0	0.0%	17	5.4%	0	0.0%
Deferred and No Diagnoses	1	0.6%	0	0.0%	1	0.3%	0	0.0%	0	0.0%	6	1.9%	1	0.6%
Other	4	2.4%	25	7.8%	39	10.4%	26	17.2%	5	2.7%	9	2.8%	2	1.2%

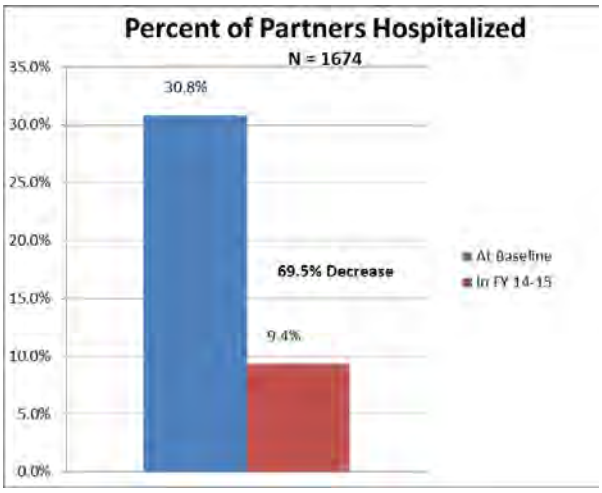
Full Service Partnership (FSP) Program Fiscal Year 2014-15 Outcomes (continued)

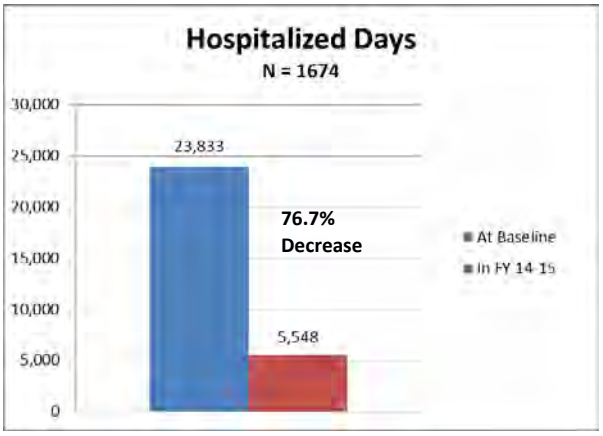
During the fiscal year, 1,674 unduplicated clients were served regardless of FSPs. So, if a client was served by multiple FSPs, that client is only counted once in the 1,674 unduplicated total. Of the 1,674 unduplicated clients, 1,654 had FSP Outcome Forms to pull data from for the following charts (excluding the hospital charts which use data from Avatar, the electronic health record, for all 1,674 clients).

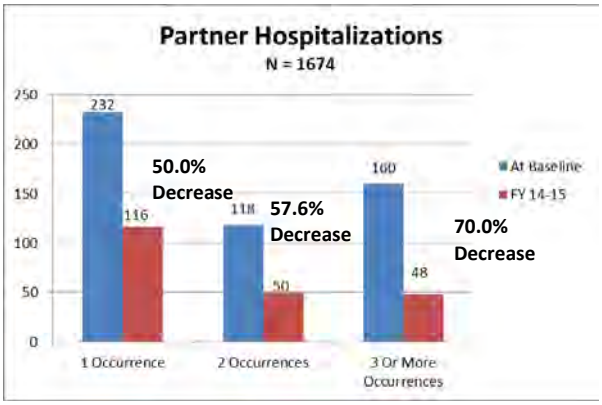




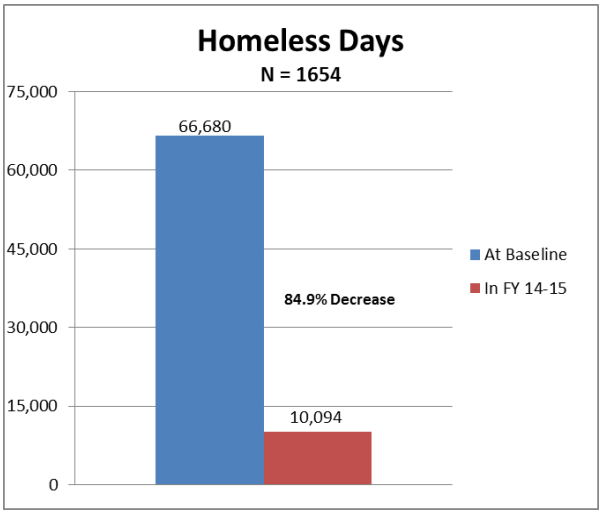


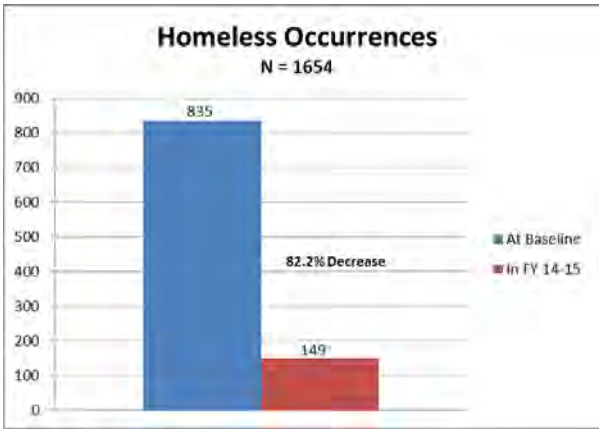


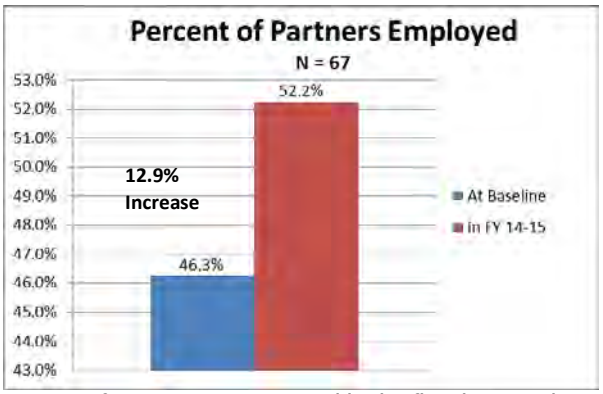




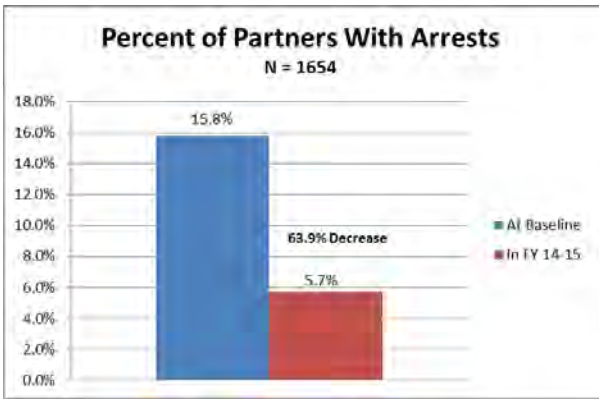
Full Service Partnership (FSP) Program Fiscal Year 2014-15 Outcomes (continued)

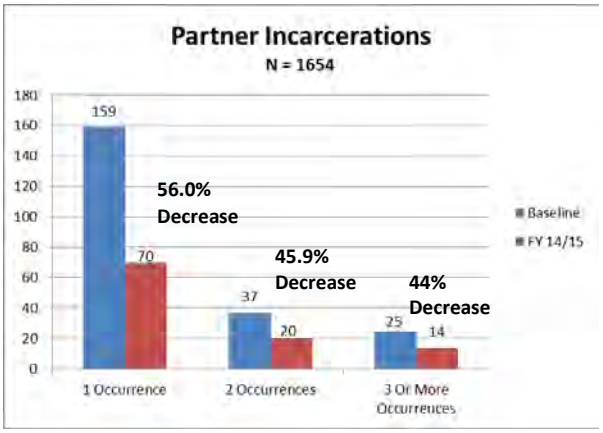


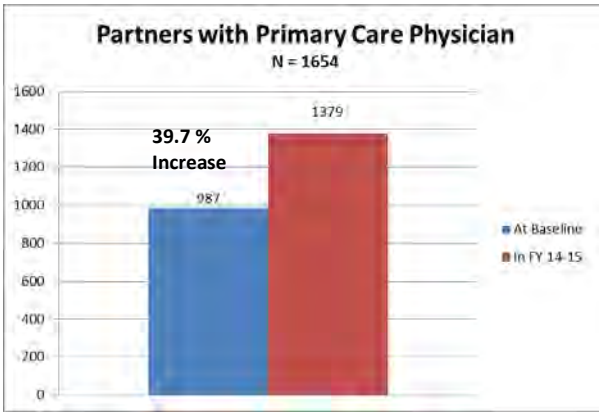




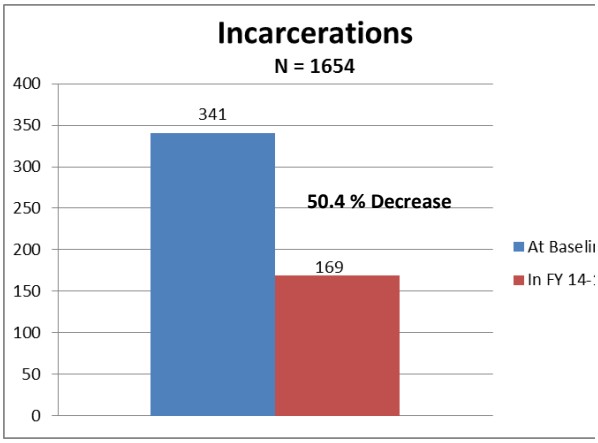
Note: Of 1654 partners served in the fiscal year, who also had outcome forms, 67 had employment goals at intake. Of those 67 partners, 31 had baseline employment (46.3%), and 35 had employment during the fiscal year (52.2%).

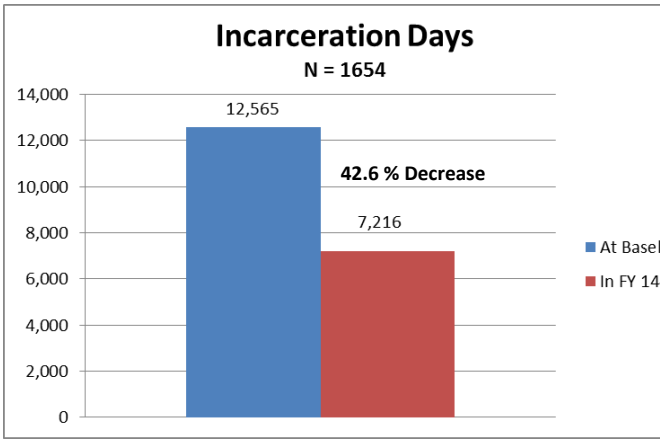


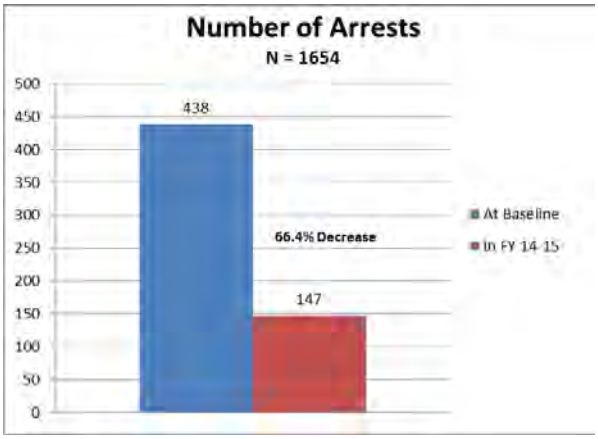




Full Service Partnership (FSP) Program Fiscal Year 2014-15 Outcomes (continued)







General System Development (GSD) Program Fiscal Year 2014-15 Demographics

In Fiscal Year 2014-15, a total of 7,057 unduplicated clients were served across the seven GSD programs. The chart below displays demographic information for individuals served in each of the programs:

ALL SERVED BY PROGRAM – FISCAL YEAR 2014-15																
Characteristic	TCORE - APSS N=2,638		TCORE HRC N=970		Guest House N=720		Peer Partners HWHA N=444		Peer Partners MHANCA N=351		WRC * N=1,612		Consumer and Family Voice N=322		Total N=7,057	
Gender	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	1,635	62.0%	470	48.5%	277	38.5%	273	61.5%	234	66.7%	1092	67.7%	48	14.9%	4,029	57.1%
Male	1,002	38.0%	499	51.4%	442	61.4%	170	38.3%	117	33.3%	518	32.1%	58	18.0%	2,806	39.8%
Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown	1	0.0%	1	0.1%	1	0.1%	1	0.2%	0	0.0%	2	0.1%	216	67.1%	222	3.1%
Age																
0 to 15	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	127	39.4%	127	1.8%
16 to 25	242	9.2%	139	14.3%	68	9.4%	52	11.7%	36	10.3%	124	7.7%	71	22.0%	732	10.4%
26 to 59	2,180	82.6%	746	76.9%	622	86.4%	356	80.2%	297	84.6%	1350	83.7%	5	1.6%	5556	78.7%
60 and Over	216	8.2%	85	8.8%	30	4.2%	36	8.1%	18	5.1%	138	8.6%	0	0.0%	523	7.4%
Unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	119	37.0%	119	1.7%
Ethnicity																
No	1,764	66.9%	830	85.6%	416	57.8%	284	64.0%	195	55.6%	1195	74.1%	59	18.3%	4,743	67.2%
Yes	301	11.4%	122	12.6%	81	11.3%	36	8.1%	43	12.3%	224	13.9%	53	16.5%	860	12.2%
Unknown/Not Reported	573	21.7%	18	1.9%	223	31.0%	124	27.9%	113	32.2%	193	12.0%	210	65.2%	1,454	20.6%
Race																
White	981	37.2%	505	52.1%	296	41.1%	144	32.4%	128	36.5%	730	45.3%	25	7.8%	2,809	39.8%
Black	429	16.3%	229	23.6%	255	35.4%	56	12.6%	72	20.5%	379	23.5%	22	6.8%	1,442	20.4%
Asian/PI	353	13.4%	77	7.9%	21	2.9%	89	20.0%	12	3.4%	101	6.3%	2	0.6%	655	9.3%
Am Indian/Alask. Nat.	37	1.4%	17	1.8%	15	2.1%	6	1.4%	5	1.4%	47	2.9%	1	0.3%	128	1.8%
Multi-Race	37	1.4%	11	1.1%	17	2.4%	8	1.8%	3	0.9%	29	1.8%	8	2.5%	113	1.6%
Other Race	289	11.0%	118	12.2%	87	12.1%	39	8.8%	32	9.1%	182	11.3%	9	2.8%	756	10.7%
Unknown/Not Reported	512	19.4%	13	1.3%	29	4.0%	102	23.0%	99	28.2%	144	8.9%	255	79.2%	1,154	16.4%
Primary Language																
English	2,105	79.8%	905	93.3%	712	98.9%	328	73.9%	299	85.2%	1,442	89.5%	76	23.6%	5,867	83.1%
Other	350	13.3%	41	4.2%	4	0.6%	90	20.3%	5	1.4%	81	5.0%	0	0.0%	571	8.1%
Spanish	80	3.0%	19	2.0%	1	0.1%	5	1.1%	15	4.3%	23	1.4%	29	9.0%	172	2.4%
Unknown/Not Reported	103	3.9%	5	0.5%	3	0.4%	21	4.7%	32	9.1%	66	4.1%	217	67.4%	447	6.3%

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

NOTE: The sum of clients served in programs is greater than the number of unduplicated clients as some clients were served in more than one program.

MHSA Housing Program Accomplishments

Since the inception of MHSA planning, housing for homeless people with mental illness has been a high priority. Local one-time set-aside of MHSA funding, administered by the Sacramento Housing and Redevelopment Agency (SHRA) and county MHSA dollars administered by the California Housing Finance Agency (CalHFA) total more than $16 million. These MHSA funds along with over $130 million of federal, state, and local leveraged funds, financed hundreds of units, of which 161 are dedicated to MHSA tenants. These apartments are financed for 16-20 years, so that low-income tenants will pay 30% of their income for rent for the financial life of the projects.

MHSA funds supported the development of eight supportive housing projects throughout Sacramento County. Now in operation for more than five years, these properties are operating well and provide high quality housing to the most vulnerable members of the Sacramento community. One metric of success is a low vacancy rate of 5.5% in 2015, well below the standard for special needs housing which is a 10% vacancy rate. Keeping these units filled with eligible MHSA homeless individuals has been a program priority. Another measure of success is 82% of all MHSA tenants were able to maintain their housing for more than six months in 2015. Permanent Support Housing services for clients residing in these units are provided by Pathways and New Direction Full Service Partnership Programs. Housing stability and the ability to successfully live independently are important client outcomes and the achievement surpasses the federal Department of Housing and Urban Development's (HUD) established performance standard for permanent supportive housing.

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. A current expansion effort is underway to increase the number of households housed in 2017.

Success: Housing
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.

During this phase in the life of the projects, the goal is to support the ongoing needs of the current units and to ensure their effective use as part of the overall community strategy to end homelessness for people with serious mental illness. Paying close attention to prioritizing these units to the highest need MHSA clients with the most significant barriers to housing is a critical element of Sacramento County's efforts to end homelessness. The Division works closely with Sacramento Steps Forward, the lead agency working to end homelessness in the Sacramento region, to ensure that our efforts in the MHSA housing program not only meet the needs of our FSP clients, but also fit into key regional strategies to reduce homelessness among the most vulnerable members of the community.

PREVENTION AND EARLY INTERVENTION (PEI) COMPONENT

The **Prevention and Early Intervention (PEI)** component provides funding for programs and activities designed to prevent mental illness from occurring or becoming more severe and disabling. It is required that more than fifty percent of PEI funding be dedicated to individuals age 0-25.

Sacramento County's PEI Plan is comprised of four (4) previously approved projects containing programs designed to address:

1) **Suicide Prevention and Education;**
2) Strengthening Families;
3) Integrated Health and Wellness; and
4) Mental Health Promotion (to reduce stigma and discrimination)

In Fiscal Year 2014-15, more than 8,300 individuals were served and more than 176,000 individuals received universal screenings across the PEI programs described below.

In October 2015, revised PEI Regulations were adopted statewide. Sacramento County continues to participate with other counties in statewide discussions related to the implementation and impact of the new regulations. DBHS will continue to update the MHSA Steering Committee on the implementation progress as information becomes available.

Suicide Prevention and Education Program
Capacity: 22,000 annually
Ages Served: Children, TAY, Adults, Older Adults

The Suicide Prevention and Education Project consists of twelve (12) components:

Suicide 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.

Success:
Callers expressed appreciation for the Suicide Crisis Line. Some examples of impact as stated by callers:
"Talking to you tonight was like throwing me a life preserver."
"Thank you for helping me- I'm going to counseling tomorrow because of you."

In Fiscal Year 2014-15, a total of 30,967 callers accessed the Crisis Line for suicide prevention support.

Postvention Counseling Services, administered by Wellspace Health: Brief individual and group counseling services available to individuals and/or families who have attempted suicide, are at high-risk for suicide or are dealing with recent bereavement due to loss by suicide.

In Fiscal Year 2014-15, a total of 108 individuals received 262 postvention counseling sessions.

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.

In Fiscal Year 2014-15, a total of approximately 240 individuals participated in the suicide bereavement support groups.

Success:
After attending the suicide bereavement support group meetings, a young widow began to reach out to other participants inspiring them to help one another. She raised funds for the program and facilitated support group meetings. She is now remarried and still continues to reach out to other grieving families.

Supporting Community Connections (SCC): A constellation of community based agencies working collaboratively throughout the County to provide culturally and linguistically appropriate suicide prevention support services designed to increase access to and linkage with needed services; improve self-reported life satisfaction and well-being; reduce risk factors and enhancement of protective factors; diversion from crisis services or decreased need for crisis services; decreased suicide risk; increased knowledge of available resources and supports; and enhanced connectedness and reduced isolation. Each program is specifically tailored to meet the needs of their respective communities.

During Fiscal Year 2014-15, the SCC programs collectively provided more than 12,000 contacts.

Supporting Community Connections consists of eight (8) programs targeting thirteen (13) specific communities/ populations:

◊ **Consumer-Operated Warm Line:** Administered by Mental Health America of Northern California (NorCal MHA), this service is open to all (age 18+) including consumers, family members and friends. During Fiscal Year 2014-2015, the program provided 84 individual community contacts, 2,586 information and referral contacts and 195 individuals participated in groups.

Success: Consumer-Operated Warm Line SCC
"Julie" called the Consumer Operated Warm Line and expressed that she was depressed because she could no longer afford her apartment. She shared that she was now forced to move in with a friend and was scared that her three animals would not adjust to a new place. During the moving process the moving company lost one of her cats. Julie called the Warm Line again expressing that she wanted her cat back. During both calls, Warm Line staff were able to help her through the emotional stress/anxiety by talking to her and providing her with resources. Ultimately an animal transport company was located through one of the resources provided to her from the Warm Line and her cat was returned safely back to her. She expressed appreciation for the Warm Line support that she needed in a time of crisis. When she was reunited with her lost cat her depression declined and she is doing well living in her new place.

Services include phone support (coaching, supportive listening, mentoring, skill building, social networking, and information and resource referral), Wellness Action Recovery Plan (WRAP) workshops, community outreach, intensive services and other supportive services, community connection, prevention & early intervention, community education training about mental health issues and volunteer development.

◊ **Hmong, Vietnamese, Cantonese-Speaking communities:** Administered by Asian Pacific Community Counseling (APCC), this program continues to provide services focused on

suicide prevention by addressing cultural related risk factors to Hmong, Vietnamese, and Cantonese-speaking communities across the life span. During Fiscal Year 2014-15, the program provided 293 individual community contacts, 71 information and referral contacts and 83 individuals participated in groups.

Success: APCC SCC
At an outreach event, a freshmen college student approached staff to express her problems with loneliness, anxiety and inability to focus on academics. As they spoke, she gradually opened up about her feelings of anxiety, being overwhelmed with a new environment, moving to a new, bigger city, leaving friends and family, making new friends and going to work while attending school. She felt isolated and anxious leading to feelings of loss and hopelessness. She wanted to drop out and go back home to a safe environment. With SCC support, she connected to needed resources at the university and in the community. With these resources and support from the program, she was able to meet new people. She identified her triggers and is now capable of managing her isolation and anxiety. We are pleased to report that she is continuing as a sophomore and doing well in her classes. To her credit, she is currently serving in student government and appears to be thriving.

The program identified risk factors in each community that increase the likelihood of suicidal thoughts, feelings or behaviors. These risk factors include isolation; feelings of geographic and social marginalization; and loss of personal worth related to being disconnected from families. The widening generation gap that is influenced by acculturation rates and other factors can further impact these feelings and experiences. Recognizing that older adults in targeted communities have higher risk for suicide, the APCC SCC program staff continues to engage older adults in activities and social groups to increase social connectedness to decrease isolation. Engagement with younger adults and families with younger children have been an effective means for SCC program staff to expand knowledge of and share information about mental illness and suicide with adults, school-age students and transitional age youth in academic and non-academic settings. Efforts related to suicide prevention include facilitating workshops on mental health and decreasing risk factors of suicide.

◊ **Slavic/Russian-Speaking:** Administered by Slavic Assistance Center, this program provides community workshops/forums/round tables for youth, adults and seniors to increase social connectedness, reduce isolation, and develop positive social skills. During Fiscal Year 2014-15, the program provided 264 individual community contacts, 202 information and referral contacts and 216 individuals participated in groups.

The program utilizes Russian language media, specifically newspaper, radio programming, and TV shows to educate the Russian-speaking community about suicide prevention and emotional wellness. Program staff work closely with faith community networks and charter schools serving the Slavic community to provide SafeTalk training and other workshops about emotional wellness and suicide prevention to clergy, educators, parents and students. Program specialists also work with young people at youth camps to educate them about mental health and suicide and help them overcome suicide risk factors such as addictions. The program focuses on building mutually-beneficial relationships between schools, churches, faith-based organizations, community centers, and businesses that serve the Russian-speaking/Slavic community.

◊ **Youth/Transition Age Youth:** Administered by Children's Receiving Home, suicide prevention information and support services are targeted towards youth from ages 12 years through 25 with an emphasis on the cultural and specific needs of LGBTQ, foster and homeless youth. During Fiscal Year 2014-15, the program provided 375 individual community contacts, 338 information and referral contacts and 990 individuals participated in groups.

Success: Youth/TAY SCC
Participant was a resident in the transitional housing program. She had anxiety about trusting new people. Her advisors and social workers had recently left. Staff acknowledged her fear and assured her they would support her as she phased out of transitional housing and AB12 Foster Care. She was having difficulty securing a job and stable housing, as well as saving money. Over the next few months, staff worked closely with her to improve her life skills. With support from SCC she was able to land two part time jobs, establish a savings plan, and ultimately find an apartment. She is settled into her new apartment. She feels there has been a positive change in her life and is excited for what the future holds.

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 NorCal MHA, this program provides senior peer counseling and support including companionship, emotional support, transportation, phone support, friendship, and resource linkage for lonely, isolated, homebound older adults in Sacramento County. Other types of support include community connection, advocacy, community education and training about mental health issues and volunteer development.

Success: Older Adult SCC
"Kathy"a senior living with a mental health condition, reached out to the Older Adult SCC program because she was in the process of losing her housing voucher. Kathy also suffers from confusion and didn't understand the paperwork that she received from the housing program. Staff contacted the voucher program with her. Several letters were written on her behalf and she was transported to legal services for assistance. Staff assisted with filling out paperwork and transported her to submit the paperwork to the voucher program. As a result, "Kathy" was able to keep her housing voucher. She expressed her deepest gratitude to the Older Adult SCC program for helping her.

During Fiscal Year 2014-2015, the program provided 155 individual community contacts, 3,246 information and referral contacts and 249 individuals participated in groups.

◊ **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 Talk (KTT) small groups; Just Like Sunday Dinners (JLSD), mid-size intergenerational/family-like groups; and Faith Community Roundtables (FCRT) with members of churches and congregations within the African American community.

During Fiscal Year 2014-15, the program provided 136 individual community contacts, 602 information and referral contacts and 332 individuals participated in groups.

In addition to working with faith community members in FCRTs, staff also provide church leaders with culturally sensitive African American suicide prevention resources to disseminate in their churches/ communities. Resources are available in both print and electronic download PDF formats. In order to enhance the program and build community capacity, a KTT Peer Facilitator training was developed in FY 2014-15 and piloted in FY 2015-16. Through an online learning management system, community members who wish to become KTT facilitators would be able to access training materials and engage with a training cohort while they build their peer group facilitation skills and bring KTTs to the community. During FY 2016-17, in addition to offering KTTs, JLSDs, and FCRTs, program staff will begin conducting suicide prevention and awareness community workshops throughout the county. These workshops will enable participants to understand risk and protective factors associated with culturally relevant suicide prevention within diverse African American communities.

Success: African American SCC
G.O.A.L.S. program staff held a listening session with the first ladies and female ministers from local African American churches. Participants shared stories of being survivors of suicide of someone they loved and also concerns about youth and children carrying those feelings inside. Afterwards program staff were invited to conduct two children/youth Kitchen Table Talks (KTTs) for one of the churches. Additionally, one of the pastors invited program staff to hold a Faith Community Roundtable (FCRT) with members of her congregation.

This FCRT was attended by multigenerational families. Many people in attendance had family members or were themselves experiencing mental health related challenges that they felt had not been addressed through a culturally sensitive approach. They stated that they learned about the issues of suicide and said they appreciated that the message did not minimize their faith, preferences and cultural beliefs. They felt comfortable talking about mental health matters. Their feelings around their challenges with depression and sometimes struggling with wanting to give up were normalized. They could definitely believe that even some people of faith struggled with feeling suicidal or having those thoughts. One woman said, "I have had them several times and attempts in the past." The participants appreciated being able to discuss the impact of silence regarding mental health issues and suicide in our community. They expressed feeling truly helped by the message of hope and information provided.

◊ **Native American:** Administered since FY 2011-12 by California Rural Indian Health Board (CRIHB), this program, known as "Life is Sacred," provides Native culture-based suicide prevention training and support services to Native American community members across the life span. During FY 2014-15, the program provided 0 individual community contacts, 0 information and referral contacts and 221 individuals participated in groups. At the end of FY 2015-16, CRIHB assigned the contract to Sacramento Native American Health Center (SNAHC).

Success: Native American SCC
A 13 year old young man who attends the monthly culture night, a SCC suicide prevention workshop offered by SNAHC, was recently expelled from school. While participating in the workshop, he mentioned how he was having some troubles in his life. The elders were able to talk with him and through cultural lessons and teaching, the young man has been able to work through his troubles. He was gifted a necklace made by one of the elders. Upon gifting the necklace, the elder talked about how the necklace is made of medicine, good thoughts, and love. Therefore, whenever the young man wears the necklace, he must remember he is loved and has positive thoughts and medicine always with him. Now, the young man wears the necklace every day. Participants have reported that the suicide prevention coping skills they learn in the workshop are helpful for them in their everyday lives.

Research clearly indicates that for AI/AN community members, culture is a determinant of health and that loss of culture causes harm whereas re-connecting with culture is protective and improves health. The research also indicates that resiliency, generosity and empowerment are fundamental principles within Native cultures. High rates of mental health issues for AI/AN community members are a direct result of historical events and oppression relating to colonialism and loss of culture; therefore, improving well-being requires strategies that counter cultural loss. The incorporation of traditional Native healing practices and ceremony is an integral part of this program. In FY 16/17, the program will offer an array of culturally based workshops and ceremony to strengthen and support community capacity and reduce stigma around suicide within the Native community. These traditional workshops will increase (1) Cultural Identity/Connectedness, 2) Empowerment, 3) Resilience, and 4) Generosity. The program will continue to provide a variety of suicide prevention and awareness trainings such as Mental Health First Aid, ASIST and SafeTalk to Native community members. There will also be community based suicide prevention workshops: Indigenous Peoples Writing workshop; Spoken Word/Poetry Night, in collaboration with the Native American Two Spirit Society (LGBTQ group); Native Parenting Support workshop; monthly culture night; Indian Education Anti-Bullying workshop; and lunch and learn workshops focused on suicide prevention for partner American Indian/Alaska Native (AI/AN) service providers who serve AI/AN community members. A digital storytelling project, congruent with Native culture and tradition, will highlight stories from community members of how suicide has personally affected their family, self, and broader community. All of these efforts include sharing of mental health suicide prevention resources. Native based suicide prevention promotional materials that were developed based on community input will continue to be used to promote the program and educate the community.

◊ **Latino/Spanish-Speaking:** Administered by La Familia Counseling Center (LFCC), this program conducts outreach and provides support services across the life span throughout Sacramento County, including Latino communities in remote rural regions that are typically underserved. During Fiscal Year 2014-15, the program provided 593 individual community contacts, 382 information and referral contacts and 464 individuals participated in groups.

La Familia SCC and DBHS staff at 2016 CELEBRANDO NUESTRA SALUD Community Event

Agency staff has been trained in ASIST and Mental Health First Aid (MHFA) in order to provide information, referrals and phone support to callers in need of suicide prevention support. LFCC provides MHFA and Youth MHFA training in Spanish to the Latino/Spanish speaking community.

LFCC continues to provide the following support services: Grupo de Apoyo, support groups for parents and older adults; Parents of Teens, a support group using a curriculum that is an

evidence-based practice and has been adapted to improve communication between Latino parents and teens, and Education and information sessions/groups on a regular basis at the Mexican Consulate to enhance the community's knowledge of suicide prevention. Additionally, LFCC added the following outreach and resources to the following programs: Senior companion Partnership providing home visitation and assistance to isolated Latino seniors, Familias Unidas partnership with the LGBT Center: Support for Spanish speaking families of LGBT youth, and the Summer recreation program for children Community Charter Collaborative Adult School preparing Latinos for GED and ESL classes in partnership with SCC to provide resources and supports monthly and Health Professions High School and Valley High School partnership to provide opportunities to youth who are interested in the mental health field.

◊ **Iu-Mien:** Administered by Iu-Mien Community Services (IMCS), originated as one of the mental health respite programs funded through the time-limited MHSA Innovation Project #1: Respite Partnership Collaborative. In FY 2015-16 with support from the MHSA Steering Committee, this program transitioned to sustainable PEI funding within the SCC programming. The design of the respite program closely aligned with the design of the Supporting Community Connections programming. As an SCC program, this program provides culturally and linguistically responsive intergenerational support groups, outreach and engagement activities and prevention-focused culturally relevant suicide prevention services to the Iu-Mien community.


Iu-Mien SCC Health Village Senior Group

Success: Culturally Responsive Services
During one of Iu-Mien Community Services' SCC activities, Healthy Village Senior Program, an eighty-six year old client walked up to the program manager and thanked him and the organization for providing a safe, non-judgmental, and inviting space for her to be around and talk with her friends. She said without the program she would not have survived this long. About a month prior, she was told by her doctor that she had a life threating disease. Despite the bad news, she refused to accept treatment because she felt like she had lived her life and that she was a burden to her family. She was isolated and depressed; however once she started attending the program, her friends encouraged her and told her that she was important to her family and that she must pursue medical treatment as soon as possible. She is now in treatment and continues to attend the Healthy Village Senior Program where she receives support and affirmation of her place in her family and the community..

IMCS is a program that provides culturally informed support services, prevention and early intervention services and suicide prevention to the Iu-Mien community members across the life span. The program helps to provide supportive services and decrease the likelihood of isolation and depression.

The IMCS program provides a peer-run adult day program for elderly and disabled Iu-Mien twice per week. The program is structured to provide socialization, exchange news each week, recreation/fieldtrips, and information presentation regarding community concerns and services of local agencies to decrease isolation, loneliness and depression which plague many elderly and disabled Iu-Miens.

Additionally, the IMCS program provides a weekly peer-run youth group whose focus is on youth leadership activities, physical recreation, cultural arts, and informational workshop regarding management of stress for improved mental or physical health.

Lastly, the IMCS program provides a weekly intergenerational support group. The group focuses on communication between multi-generational family members through the promotion of oral fluency and literacy in both the Iu-Mien language and English language. The overarching goal is to provide better communication within multigenerational families. This will decrease stress, support positive mental and physical health of families, increase understanding, and close the perceived generation gaps.

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 a collaboration between 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.

Success: Homeless entry connection
A gentleman in his late 50s came to speak with CST staff at the Rio Linda Food Bank as part of regular outreach. He expressed being homeless and dealing with depression for a long time and also had a significant physical health concern to address. CST connected him to Guest House for mental health care and supported him through orientation. The CST staff shared their own story of living with a significant mental health challenge and their recovery process. This gentleman was moved by their recovery success and shared his rising hope for change in his own life. He followed through with a medical appointment to address his physical health and returned to Guest House for his follow up appointments. His general health visibly improved with the support of CST and Guest House. He has been connected to a housing program through Guest House. Currently, this gentleman has experienced an increase in wellbeing and hope for a positive future for himself.

Mobile Crisis Support Teams: In April 2015, two **Mobile Crisis Support Teams (MCSTs)** were implemented in partnership with law enforcement through a partial funding award from the California Health Facilities Financing Authority (CHFFA). In FY 2016-17, this program will be expanded to four teams partnering with five law enforcement agencies through a Round 5 CHFFA capital funding grant. MCST services are funded with MHSA PEI funding. With support from the MHSA Steering Committee in February 2016, funds from the Independent Living Program (ILP) 2.0 Program were redirected to support this expansion.

The CHFFA grants provide the capital funding to purchase the vehicles and equipment for the MCSTs, as well as limited personnel funding. MHSA PEI funding is used to pay for program operating costs not covered by the grants. These new teams will respond to mental health crisis

calls in geographic areas of Sacramento County that are not served by the original MCSTs. A map showing the coverage area of the MCSTs, as well as a table showing communities served are included below.

MCST A
To date, the existing Sacramento Police Department MCST (MCST A) has focused on the downtown corridor. In FY 2016-17, the service area will be expanded to a City-wide approach which will create the flexibility to meet the larger community need.

MCST B
The existing Sacramento County Sheriff's Department MCST (MCST B) has focused on the south area of Sacramento County within the Sheriff's Department Central Division – District 6. The service area will be expanded to include a larger portion of the south area including the southeast portion of Sacramento County.

MCST C
The new MCST C will be sited in the Sacramento County Sheriff's Department North Patrol Division to respond to mental health related crisis calls across this area. This team may work alongside Sacramento Steps Forward navigators to provide clinical expertise in the community.

MCST D
The new MCST D will serve both Citrus Heights and Folsom in partnership with the Citrus Heights Police Department and Folsom Police Department. This team will be split between two dispatch sites: operating out of the Citrus Heights dispatch center three (3) days per week and the Folsom dispatch center one (1) day per week. This team will explore the challenges and successes of siting a shared team in these geographically dispersed areas.

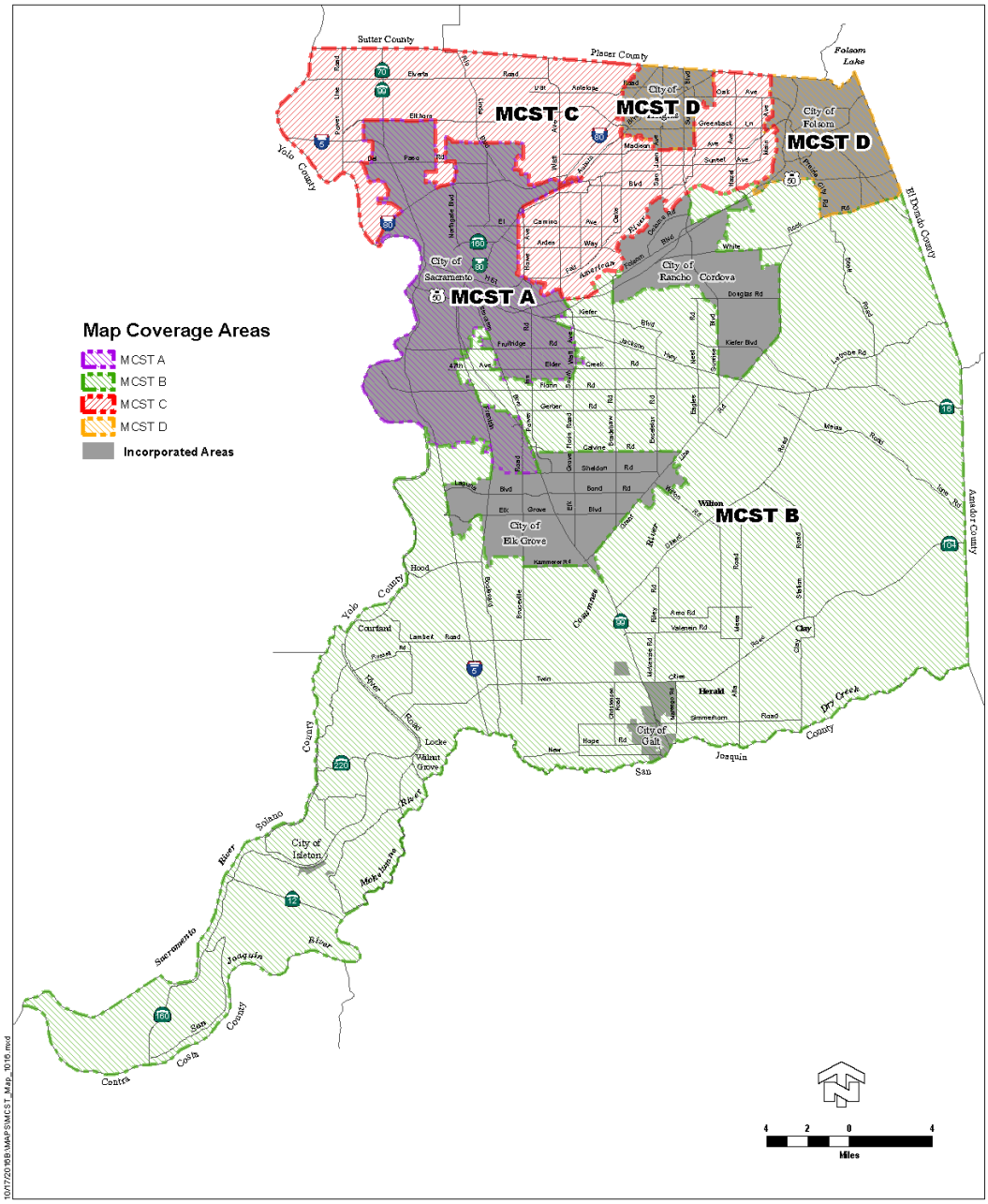
Each MCST is comprised of: Police Officer/Sheriff Deputy who is trained to respond to persons experiencing mental health crisis via Crisis Intervention Training (CIT); DBHS Licensed Mental Health Clinician; and a contracted Peer from TLCS Inc.

Success: Jail Diversion
A man was picked up by deputies for making a disturbance at a children's park. Law enforcement was planning to take him to jail for being under the influence in public. Working with the Clinician, the MCST was able to identify that the man had a conservator and had been missing for approximately two weeks. He was experiencing psychotic symptoms – including disorganized thoughts and speech, and hallucinations. The MCST transported him to the Emergency Room for medical clearance. Upon clearance, he was then sent to MHTC and reconnected to his mental health provider and conservator. They were able to provide the appropriate services and avoid incarceration.

The MCSTs are dispatched through law enforcement to provide immediate engagement with individuals experiencing a mental health crisis for the purpose of providing care and maintaining community safety. At the time a mental health crisis comes to the attention of law enforcement, an officer/deputy and the Senior Mental Health Counselor are dispatched to provide timely crisis intervention and assessment. After initial contact with the individual in crisis, the Clinician works in collaboration with the TLCS Peer to provide continued support and linkage to services until stabilized and appropriate community resources and linkages are established.

Teams collaborate with the Mental Health Treatment Center, CST, the Triage/Peer Navigator Team (implemented in August 2015), Downtown Sacramento Partnership (DSP), SPD's Homeless Detail, and local hospital emergency departments (EDs) to coordinate regarding services resources. The Teams are included in SPD and SSD's "roll call" where law enforcement officers meet for daily briefings and announcements.

MCST Coverage Area Map



Sacramento County Mobile Crisis Support Teams (MCST) Map Coverage Areas

Communities Served by Each MCST

MCST A Operational	MCST B Operational	MCST C In Development	MCST D In Development
• American River Parkway • Del Paso Heights • Downtown Corridor • Hollywood Park • Land Park • Meadowview • Midtown • Natomas • Oak Park • Tahoe Park • Valley Hi	• Courtland • Eschinger • Franklin • Freeport • Galt • Herald • Hood • Kiefer • La Riviera to Watt Avenue • Murieta Hills • Portions of Vintage Park • Rancho Cordova • Rancho Oaks East • Rancho Oaks West • Rosemont • Sloughhouse • South Delta • South Franklin • Walnut Grove • Wilton	• Antelope • Arden-Arcade • Carmichael • Elverta/Rio Linda • Fair Oaks • North Highlands • Old Foothill Farms • Orangevale	• Citrus Heights Community • Folsom Community

Mental Health Respite Programs: The following six programs were added to the Suicide Prevention Project in Fiscal Year 2015-16. They originated as mental health respite programs funded through the time-limited MHSA Innovation Project 1: Respite Partnership Collaborative. With support from the MHSA Steering Committee, these programs transitioned to sustainable PEI funding during FY 2015-16.

Respite program goals include providing a safe environment in which participants increase their knowledge of available supports and how to access them, improve well-being, reduce stress, increase connectedness and reduce feelings of isolation, decrease risk of harm, and reduce visits to the emergency room and psychiatric hospitals.

The **Caregiver Crisis Intervention Respite Program**, administered by Del Oro Caregiver Resource Center, helps decrease hospitalizations due to mental health crises of family caregivers of dementia patients. The program provides respite care, family consultation, home visits and an assessment with a Master's level clinician to develop a care plan focused on services, supports and wellness. The program serves adult caregivers of all age groups with the majority of caregivers being in the 60+ age range.

Homeless Teens and Transition Age Youth (TAY) Respite Program, administered by Wind Youth Services, provides mental health crisis respite care, via a drop in center or pre-planning, to transition age youth age 13-25 years old, who are experiencing overwhelming stress due to life circumstance and homelessness. Services include screening, planning, crisis intervention, enriching workshops, health screenings, groups, crisis counseling and case management.

The Ripple Effect Respite Program, administered by A Church For All, provides planned mental health respite care designed to prevent acute mental health crisis from occurring for adults ages eighteen and older, with an emphasis on people of color who may identify as LGBTQ. The program utilizes a peer run structure to increase social connectedness and operates a daily support group that helps participants overcome suicide risk factors.

Danelle's Place Respite Program, administered by Gender Health Center, provides mental health respite care, via a drop in center, to unserved and underserved adults ages 18 and over, who identify as lesbian, gay, bisexual, transgender, queer, questioning and/or allied adults. There is an emphasis on serving transgender individuals who are experiencing overwhelming stress due to life circumstances, in order to prevent an acute mental health crisis. Services shall include: assessment, supportive activities, individual and group chat, narrative authoring activities, therapeutic art activities, peer counseling, other crisis prevention services, and community outreach activities.

Q Spot Youth/Transition Age Youth (TAY) Respite Program, administered by Sacramento LGBT Community Center, provides drop-in mental health respite care and supportive services to unserved and underserved youth/TAY ages thirteen (13) through twenty-three (23) who identify as LGBTQ. In FY 2016-17, several new youth groups were implemented to focus on decreasing suicide risk, promoting healthy relationships and life skill development.

Lambda Lounge Adult Mental Health Respite Program, administered by Sacramento LGBT Community Center, provides drop-in mental health respite care designed to prevent an acute mental health crisis from occurring, as well as suicide prevention support services to unserved and underserved adults ages twenty-four (24) and older who identify as LGBTQ. The program offers a variety of support groups focused on mitigating risk factors, building healthy relationships, health and wellness, etc.

Through this collection of programming, Sacramento County is creating a system of suicide prevention and educating the community on suicide-risk and prevention strategies.

Strengthening Families Project
Capacity: 3,800 annually (not including the Bullying Prevention and Education Program)
Ages Served: Children, TAY, Adults, Older Adults

The Strengthening Families Program consists of six 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. In FY 2014-15, QCCC provided 567 total services (consultations and screenings).

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, mental health assessments, referrals and treatment services) for children ages birth to five that come to the attention of CPS or are placed into protective custody. In FY 2014-15, HEARTS for Kids served 570 children and youth.

The **Bullying Prevention Education and Training Program** 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 educates 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.

In Fiscal Year 2014-15, eighty-four (84) schools participated in the Bullying Prevention Program with 1,200 school personnel trained and 61,996 students received bullying prevention education.

The program goals are to reduce youth at risk of violence and traumatic events and to increase school related successes. The measurable objectives are to increase school staff awareness of the negative effects of bullying, learn techniques to intervene early, collaboration, increase school attendance, develop best practices and policies, improve student perception of school safety, and reduce the incidences of bullying.

Bullying Prevention Education and Training Program Highlights and Successes:

- *Since implementation in 2011, the Bullying Prevention Education and Training Program has educated more than 200,000 students bullying awareness, education and prevention across all thirteen (13) school districts in Sacramento County.*
- *Spring 2016 BPP Demonstration Site School Staff Survey showed significant improvements in student initiated prevention activities and prevalence of bullying incidents had been reduced for the 2015-16 school year (comparison to the baseline data collected in fall 2011 for the beliefs about the 2010-11 year).*
- *Demonstration Site school staff surveyed in Spring 2016 reported an increase in the area of student prevented teasing and a strong increase in the student prevented internet harassment.*
- *Bullying Prevention Project program expansion was successful in 2014 -15 at which time the program had expanded to 350 collective grade levels at schools across the 13 districts.*

San Juan School District

In 2015-16 over 400 students from two different schools (Cottage and Edison) were surveyed from a span of 7 different grade levels. Students reported a decrease in bullying incidents on the playground at both schools and an increase of school staff helping to put a stop to bullying when it occurred. Staff survey results for the school district complement the student survey by demonstrating an increase in staff understanding on how to respond to bullying and comfort intervening in bullying incidents.

Bullying Prevention Education and Training Program

Student responses to the survey question: What can students do to stop or prevent bullying?

Center Unified School District, Cyril Spinelli Elementary School
"The student can go to teachers, parents, adults that you trust. I would try and help the student out. The student can go to an adult for help."

Elk Grove Unified School District, Roy Herburger Elementary School
"Students can talk to teachers and administrators about forming an anti-bullying club, where they support standing up to bullies and supporting anti-bullying. The students can also talk to teachers (and their parents of course) about if they were bullied. By informing an adult they can help you, especially if you have suicidal thoughts."

Natomas Unified School District, Jefferson Elementary School
"What I think kids should do is all group together and the bully would be alone so if he/she messes with one person, they mess with all of us."

Early Violence Intervention Begins with Education (eVIBE) is administered by the 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.

In Fiscal Year 2014-15 the eVIBE program served more than 2,400 students and parents. The Stop and Think model served 1,598 students, the Too Good For Violence model served 610 students and the Nurturing Parenting Program served 235 parents and children combined. These curricula were taught in seventeen (17) schools across four school districts, as well as five community sites and three affordable housing complexes.

Successes: Classroom Impact
The Stop & Think curriculum was introduced to Carmichael Elementary School in San Juan Unified School District. Three weeks into the program, the Skills Trainers reported that the classes were progressing well. One of the teachers emailed stating that the Skills Trainer "was awesome" and the program was great! The Principal observed the Stop & Think lessons and is now actively involved in the program. Stop & Think posters are now displayed throughout the school.

The Principal at David Lubin Elementary wrote a letter to the eVIBE Skills Trainer stating he was grateful for their willingness to share their own personal stories as part of the instruction, so that his students were able to connect personally with them. He has received positive feedback from parents that have seen impact the sessions have had on their children, and from teachers whose students have been participating. He believes the eVIBE program contributes to a supportive school climate.

The program goals are to reduce youth at risk of violence and improve overall youth success in school and home-life. Measurable objectives included are to increase individual and family problem-solving behavior and reduce defiant and aggressive behavior that may lead to mental health issues.

Independent Living Program (ILP) 2.0 was 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. As previously reported, the passage

of AB12 enabled foster youth to participate in the Child Protective Services Independent Living Program until their 21st birthday. This legislation impacted the original design of this program and necessitated an assessment of this program in Fiscal Year 2016-17.

With support from the MHSA Steering Committee in February 2016, funds from the ILP 2.0 Program were redirected to support the expansion of the Mobile Crisis Support Team (MCST) program from two to four teams. Data shows the MCSTs are serving all ages, including children and youth.

Adoptive Families Respite Program, administered by Capital Adoptive Families Alliance, is another program that originated as one of the mental health respite programs funded through the time-limited MHSA Innovation Project #1: Respite Partnership Collaborative. With support from the MHSA Steering Committee, this program transitioned to sustainable PEI funding during FY 2015-16. While families take great joy in providing care for their loved ones, the physical and emotional consequences for the family caregiver can be overwhelming without some support, such as respite. Respite provides a break for the whole family, which research shows, is beneficial for everyone involved. This respite program provides temporary relief for adoptive families that are caring for children with complex mental health issues. Families must live in or have adopted from Sacramento County. The respite model includes planned respite during drop off events, summer camp and recreational activities.

In FY 2015-2016, the program served 54 families and their 122 children. Ages of children at program events range from 0-18. Program goals include reduction in stress and increase in wellbeing as reported by the family.

Integrated Health and Wellness Project
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 and has been expanded to serve those age twelve (12) to thirty (30). 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. This program has informed statewide work related to assessing the impact of early psychosis programs.

Success: Early Intervention
An 18 year old African American youth was admitted to the SacEDAPT early intervention program. He was designated as high risk for development of psychosis due to a strong family history of psychiatric disorders as well as exposure to trauma. Prior to treatment, he experienced auditory and visual hallucinations that resulted in involvement with the juvenile justice system. With medication management, therapy and family support, the client's symptoms subsided, his living situation is stable, and he is on track to finish high school.

In FY 2016-17, the program was expanded through federal funding to increase psychiatric support, case

management, peer support, access to treatment including transportation, translation services, and training for staff.

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 the 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.

Success: Supportive Services
A 60 year old self-referred participant to SeniorLink provided the following statement after six months in the program: "Last year was probably the worst year of my life. I had lost my house, my job, my wife, and my eyesight all at the same time. Through a lot of patience, understanding, and help I have managed to find a new life that I enjoy and look forward to. The resources that SeniorLink provided enabled me to reach out to others and the community in a way I did not know was possible. My advocate kept me on track with my life goals and showed me true understanding for my condition. As a result, I am doing well, and thriving with the new and even better life I have now. Nothing is impossible or too hopeless with real and concerned help."

Screening, Assessment and Brief Treatment: This program was implemented in fiscal year 2013-14 and was administered by four Federally Qualified Health Centers (FQHC). The purpose of this program is to integrate medical and behavioral health services in community health care settings.

Each of the clinics used the Patient Health Questionnaire to screen clients for depression. When the screen indicated a mental health need, the individual was assessed for further treatment. Services included: (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.

As previously reported, the implementation of the Affordable Care Act and changes in Medi-Cal impacted the initial design of this program. These mental health screening, assessment and treatment services are now part of the Managed Care menu of services. This project contributed to improving the four FQHCs, readying them for Affordable Care Act implementation. The Division is exploring new opportunities to partner with primary care clinics for integrated approaches to behavioral health screening, assessment and treatment.

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. The project has multiple components as described below.

"Mental Illness: It's not always what you think" Project:
Since June of 2011, the Division of Behavioral Health Services (DBHS), in partnership with Edelman, a communication marketing agency, and Division of Public Health, developed and coordinated a multi-media stigma and discrimination reduction project titled the "Mental Illness: It's not always what you think" Project. FY 2014-15 marked the fourth year of this project. The goal of the project is to reduce the stigma and discrimination associated with mental illness that keeps many from seeking support and treatment by promoting messages of wellness, hope and recovery, dispelling myths and stereotypes surrounding mental illness, and fundamentally altering negative attitudes and perceptions about mental illness and emotional disturbance. The project aims to reduce stigma and discrimination by engaging diverse communities and the general public through culturally relevant mental health information and education.

(1) **Multi-media outreach**: The project team conducted targeted outreach to Sacramento County media regarding various project activities, securing 24 placements and yielding 8,481,674 impressions among traditional print, broadcast, online and ethnic outlets.

The project also included a heavy advertising component across multiple mediums to reach as many Sacramento County residents as possible. Advertising placements, including TV, radio, online and outdoor advertising, scheduled January 2015 through June 2015 garnered 81,157,864 impressions. New this year, a Russian television PSA was produced and aired on Crossings TV, in partnership with the Slavic Assistance Center. A new English radio PSA was also recorded and aired, featuring the voice of Ken Shuper, a speaker from the Stop Stigma Sacramento Speakers Bureau. The below advertising categories reflect efforts to date. In Fiscal Year 2014-15, forty-six (46) billboards with individuals representing the diversity of community within Sacramento were displayed across the County. Some examples of materials and anecdotal feedback include:

"All my work being an advocate is very important to me, and by telling my story I hope I can help others who struggle with similar issues. Stigma and discrimination is a huge barrier to recovery. We hope that people will see that people living with mental illness are everyday people and help stop hurtful stigma that surrounds it."

– Laura Bemis, billboard participant
Source: Elk Grove Citizen

(2) **Social media**: a microsite (www.StopStigmaSacramento.org), Facebook and Twitter pages were updated regularly. In year four:

- The Facebook page received 5,407 likes, an increase of 1,580 likes from year three
- The Project published more than 175 Facebook posts
- The Twitter account had 274 followers, up from 130 followers the previous year
- The Twitter page followed 173 other pages and posted 640 tweets
- 322 people submitted their email address through the site to receive project updates, up from 268 people in the previous year
- The Project microsite had a total of 15,389 website visits and 12,829 unique visitors in year four

(3) **Stakeholder Engagement**: One hundred and seven organizations confirmed their willingness to participate and be official partners for the project. To help ensure that stakeholders had a chance to participate and provide as much feedback as possible; the project team sent out the following requests for input and engagement in project activities:

- Request for personal stories
- Request for Stop Stigma Sacramento Speaker's Bureau participants
- Requests for artwork and help in promoting the project's May activities
- Requests to attend project-sponsored events or requests to participate in sponsor events

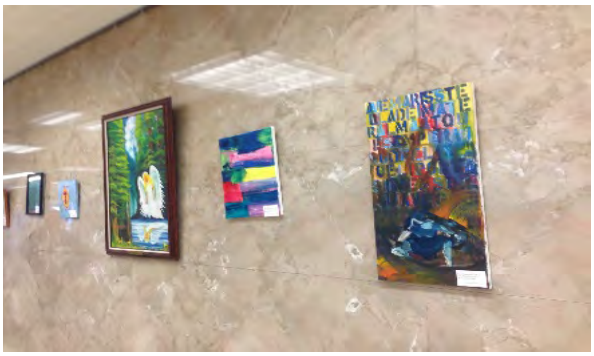
(4) **Collateral Material**: In this fourth year, many of the project's collateral materials, including ecoposters, tip cards and brochures were updated with new images of everyday people. Overall, six new everyday people were recruited and captured by camera, for use in advertising materials and social media. Program materials, including brochure, tip cards and posters, were offered to stakeholders and other interested community members to distribute at provider sites and community events. To date, approximately 175,000

pieces of collateral material have been distributed to stakeholder groups and at events, including approximately 25,000 pieces this year.

(5) Community Outreach Events:

Telling Our Story to End the Stigma of Mental Illness: A Community Storytelling Event (Jan. 24, 2015) – The project targeted eight local ethnic communities to increase awareness about mental illness and stopping stigma. More than 170 people attended the event, which featured eight performances that represented various target audiences, including youth, Native American, Latino, Hmong, African American and Russian-speaking groups. The event featured poetry, videos and personal stories related to mental illness.

Stigma Free 2015 (May 9, 2015) – The project held a youth event at The Clunie Community Center to recognize May is Mental Health Month. It featured youth speakers, a scavenger hunt, Wall of Hope, prizes, selfie station, music from 102.5 KSFM, community resources, and free pizza. More than 150 people attended the event and 20 community organizations shared resources with attendees, including information on mental health, job trainings and volunteer opportunities. Jordana Steinberg, the daughter of former Sen. Darrell Steinberg, was the keynote speaker and shared her inspiring story with attendees.



Art Displays (May 2015) – Two art displays, a rotating display in the lobby of the Sierra Health Foundation promoted the campaign from May through August and a week-long display outside the Governor's Office at the Capitol, created awareness of the project.

(6) **Stop Stigma Sacramento Speakers Bureau:** Sacramento County's Division of Public Health continued to coordinate a speakers bureau in year four of this project. During

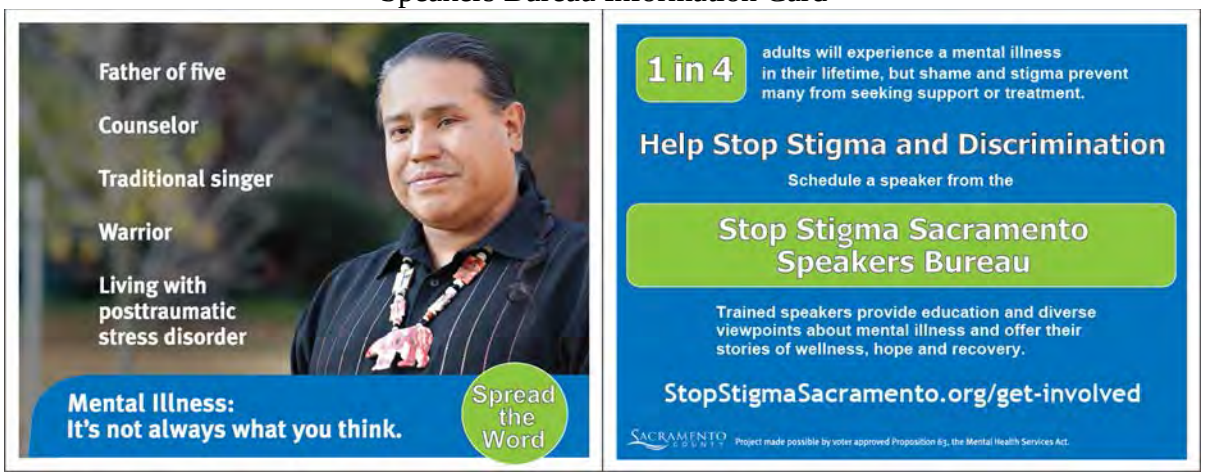
year four, three (3) Orientation and Training sessions were held, during which 18 community members were trained to be speakers. At the close of year four, the Stop Stigma Sacramento Speakers Bureau had a membership of of 84 speakers, of which 35 were actively speaking or preparing to speak.

In year four of the project, Stop Stigma Sacramento Speakers Bureau speakers shared their personal stories at 52 events with a total audience attendance of 1,902 individuals. In school settings, school counseling staff are also invited to attend the scheduled presentations.

The following cards are distributed to recruit potential Speakers and to promote the Speakers Bureau:

Speaker Recruitment Card

Speakers Bureau Information Card



Practice sessions are an integral part of the Speakers Bureau. New speakers attend a minimum of two practice sessions before speaking. Practice sessions allowed speakers to practice and develop their presentations, meet other speakers, and provide support and feedback to one another. Practice sessions also allowed project staff to preview and shape speaker presentation content to assure that it was consistent with the project goals and content guidelines. The practice sessions

continue to serve as a source of support and connection to the project, and have fostered supportive relationships among members.

The following table details the Speakers Bureau speaking events for year four:

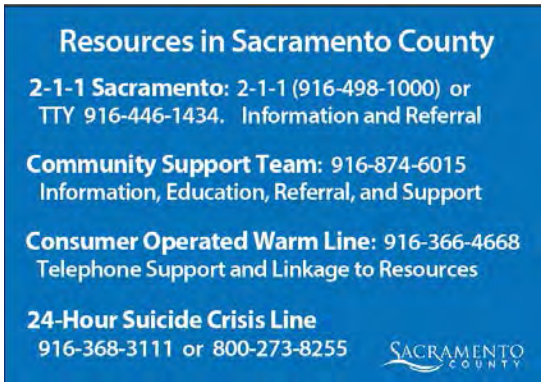
Stop Stigma Sacramento Speakers Bureau Speaking Events: Year 4
July 1, 2014 – June 30, 2015

	Date	Site/Event	# Speakers	# in Audience
1	07.08.14	Sheriff's Advanced Officer Training (AOT)	1	15
2	07.15.14	Sheriff's Advanced Officer Training (AOT)	1	15
3	08.05.14	Sheriff's Advanced Officer Training (AOT)	1	15
4	08.12.14	Sheriff's Advanced Officer Training (AOT)	1	15
5	08.19.14	Sheriff's Advanced Officer Training (AOT)	1	15
6	08.21.14	Foster Grandparents Program	4	17
7	08.25.14	IAAO Assessor's Conference	5	13
8	08.27.14	Folsom Cordova Community Partnership	1	12
9	09.09.14	Sheriff's Advanced Officer Training (AOT)	1	15
10	09.16.14	Sheriff's Advanced Officer Training (AOT)	1	15
11	09.23.14	Sheriff's Advanced Officer Training (AOT)	1	15
12	09.23.14	Inderkum High School	10	163
13	09.29.14	Natomas High School	6	96
14	10.02.14	Greenhaven Rotary Club	1	16
15	10.07.14	Sheriff's Advanced Officer Training (AOT)	1	15
16	10.14.14	Sheriff's Advanced Officer Training (AOT)	1	15
17	10.20.14	Grandparent Support Group	4	11
18	10.21.14	Sheriff's Advanced Officer Training (AOT)	1	15
19	10.22.14	Dept of Water Resources	2	21
20	10,23.14	Kaiser Permanente Mental Health S. Sacto	2	42
21	11.04.14	Soroptimists of Greater Sacramento	2	17
22	11.04.14	Sheriff's Advanced Officer Training (AOT)	1	15
23	11.11.14	Sheriff's Advanced Officer Training (AOT)	1	15
24	11.18.14	Sheriff's Advanced Officer Training (AOT)	1	15
25	11.21.14	Peer to Peer: Sheldon High School	2	26
26	12.02.14	Rotary of West Sacramento	1	10
27	12.09.14	Sheriff's Advanced Officer Training (AOT)	1	15
28	12.15.14	Elk Grove USD Leadership Team	1	20
29	12.16.14	Sheriff's Advanced Officer Training (AOT)	1	15
30	12.22.14	Youth Panel: Mental Health America	1	11
31	01.07.15	Elk Grove USD: Student Support Services	3	23
32	01.23.15	Inderkum High School	10	161
33	02.06.15	Hiram Johnson High School: Parent Group	2	27
34	02.20.15	Natomas Charter School	5	87
35	02.23.15	Respite Partnership Collaborative	1	55

	Date	Site/Event	# Speakers	# in Audience
36	02.24.15	Rotary Club of Sacramento	1	130
37	02.25.15	Folsom Cordova Community Partnership	1	28
38	03.05.15	Elk Grove USD Middle School Leadership Conf	8	60
39	03.09.15	Sac State School of Social Work	2	17
40	03.11.15	Sac State School of Social Work	2	24
41	03.11.15	Mercy McMahon Senior Housing	2	19
42	03.17.15	DBHS Cultural Competency	2	40
43	03.19.15	Vegetarian Society of Elk Grove	1	13
44	03.26.15	Elk Grove USD: Independent Living Program	2	24
45	03.30.15	Natomas High School	6	101
46	04.14.15	Rancho Cordova Rotary	1	26
47	04.29.15	Sac State School of Social Work	3	31
48	05.15.15	DBHS Cultural Competency	2	31
49	06.04.15	DBHS Cultural Competency	2	36
50	06.12.15	CalMHSA IBH Project	1	175
51	06.24.15	Eskaton	3	23
52	06.24.15	Sacramento Children's Home	2	45
	Total		**120**	**1,902**

The Stop Stigma Sacramento speakers have been well received, and speaker evaluations are completed for each event. All audience evaluations are entered into a database, which allows Public Health staff to assess the potential impact of the project and individual speakers, address any training needs and share tangible findings. The emotional content of speaker subject matter means that audience members can become triggered or emotional. During the Orientation and Training, speakers are given training and resources to address this with audience members. As well, Speakers and staff continue to utilize and hand out a project resource card at all speaking events. The card includes phone numbers for mental health resources and crisis support services and is used to begin a conversation with audiences about resources and how to take action for a loved one, a friend, or for themselves.

Speakers Bureau audiences receive this resource card:



a. Speakers Bureau Sponsored Events

In year four, Speakers Bureau members began to express interest in attending and creating speaker social gatherings to create community and support each other through positive social interaction. Speakers, with staff support, organized two gatherings.

Holiday/End of the Year Gathering - On December 30, 2014 the Speakers Bureau hosted a speaker social gathering to celebrate the year's achievements, to plan for the coming year, and to bring speakers together to build community. The event was attended by 12 speakers. Large pieces of paper were placed on the wall for speakers to record and share accomplishments they reached both within the program and outside the program and to share goals for the coming year. Selected responses are offered below:

Things I am Proud of 2014

"I graduated with my master's degree!"
"Working in the AA community to fight stigma."
"Being alive and sharing my story of hope." [seconded with exclamations]
"Being a very involved parent."
"Finding 3 part-time, temporary jobs."
"Being involved in mental health advocacy."
"Moved into my OWN apartment!"
"I made it through 2 very serious depressive episodes- the worst since my diagnosis 13 years ago."

Goals I have for 2015

"Growing in my job and learning new things."
"To continue to do volunteer work and be hired in this field."
"Find a new job that meets my financial needs, allows for opportunities in the future and where I can be fulfilled and challenged."
"Do more volunteer work and build a photo studio."
"Be happy and healthy."
"Work toward my non-profit for AA community in Sacramento."
"Make more in-roads in educating communities about mental health resources."

Speakers Bureau Goals for 2015

The group also brainstormed goals for the Speakers Bureau for 2015. They included:

- Increased presentations to schools and parents
- Increased number of presentations
- Increased outreach in the following areas: faith-based, African-American, Native American, Asian-American, colleges and universities, consumer groups.
- Increased customization of presentations depending on venue

Friends and Family Event - In February 2015, speakers began organizing a "friends and family event" to allow friends and family to learn more about the Speakers Bureau and to come together to hear speaker stories. The event took place May 2, 2015 at the Coloma Community Center.

A planning team of 6 speakers organized and facilitated the event. The speakers created a formal program, which included scripted dialogue for a speaker emcee, a project overview, and 9 speaker stories. The speakers also coordinated food and beverages for the event with support from County staff. The event was attended by 48 people, which included 15 speakers. Speakers estimate that they collectively volunteered over 90 hours planning the 2 hour event.

b. Speaker Facebook Group

The speaker Facebook group was started by a speaker who wanted a forum for connecting speakers and increasing cohesion among members. The Facebook group, which currently has 23 members, is a closed group, open solely to Stop Stigma Sacramento Speakers.

Group members communicate online via Facebook, but also meet periodically for social outings. To date, the group has had 6 social outings. These include coffee socials, dinners, shopping trips and working on the Friends and Family event.

In addition to the in-person social gatherings, the group also created a Stop Stigma Speakers Phone Call List which can be used when a speaker wants to gain support from another speaker. The Phone Call List does not replace crises resources, but is an additional resource available to group members.

Overall, it is reported that the Facebook group is a useful resource for the speakers and offers another level of community support.

c. Speakers Bureau Goals and Next Steps

Over the past four years, Speakers Bureau activities have focused on the fundamental goal of building a speakers bureau which has stable membership, quality presentations, and can meet the community's demands in terms of capacity and relevance. An unintended benefit is that the speakers themselves have found community and support through membership.

With a core group of 35 active speakers, project staff is confident that the quality of the presentations has been high and that the number of speakers currently involved is adequate based upon the number of current requests. While the presentation evaluations indicate that the Speakers Bureau is having a positive impact on audiences, staff does not believe that the received requests are a complete reflection of the diversity or the needs in the community. During year four, the Speakers Bureau added speakers from the African-American community, the Asian-American community and the Latino community, however, it does not yet fully reflect the cultural, racial and ethnic diversity of Sacramento County. For example, to date, no speaking requests have been received from the Vietnamese or Former Soviet communities. As well, Speakers Bureau membership does not adequately represent these communities. Project research conducted by Meta Research, indicates that stigma exists across cultural, racial and ethnic boundaries.

To be truly relevant and to meet the needs of a wider range of community members, the Speakers Bureau must increase membership to better represent the diverse communities in Sacramento County and improve connections with particular communities. As well, addressing stigma in particular workforce sectors will multiply the impact of the Speakers Bureau's efforts.

In year five, the Speakers Bureau will collaborate with DBHS and Edelman to focus its efforts on continuing to:

- Engage ethnically and racially diverse communities in culturally relevant and meaningful ways (as defined by those communities),
- Modify our methods of project interaction to include and accommodate the involvement of ethnically, racially and culturally diverse communities,
- Enlist transition age youth and minor youth as speakers,
- Target specific workforce sectors (e.g. health care, media, higher education, law enforcement, etc.) for stigma reduction efforts and presentations, and
- Continue to increase speaker membership to keep pace with increasing requests.

PEI Administration and Program Support

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

PEI IMPLEMENTATION PROGRESS DATA - FISCAL YEAR 2014-15

In Fiscal Year 2014-15, a total of 8,348 individuals were served across eight* of the PEI programs. The chart below displays demographic information for individuals served in each of those programs:

Total Number of Individuals Served in PEI Programs FY 2014-15									
	Senior Link	eVIBE	ILP 2.0	Quality Childcare Collaborative	Supporting Community Connections	HEARTS for Kids	Sac EDAPT	SABT	Total
	# of Served Individuals Only								
Age Group									
Child and Youth	0	2232	74	30	127	570	49	NR	3,082
Transition Age Youth	0	59	391	0	382	0	86	NR	918
Adult	20	77	0	0	903	0	8	NR	988
Older Adult	222	0	0	0	162	0	0	NR	162
Not Reported	0	75	123	0	171	0	0	2587	369
Total	**242**	**2443**	**588**	**30**	**1745**	**570**	**143**	**2587**	**8,348**
Race/Ethnicity									
White	91	428	98	NR	564	115	30	876	2,202
African American	58	240	161	NR	294	142	46	702	1,643
Asian	6	170	14	NR	160	27	14	415	806
Pacific Islander	9	30	3	NR	2	8	1	35	88
Native	2	11	6	NR	3	2	1	89	114
Hispanic	31	810	112	NR	570	109	35	289	1,956
Multi	0	333	62	NR	73	20	3	57	548
Other	24	54	6	NR	10	136	6	20	256
Not Reported	21	367	126	30	69	11	7	104	735
Total	**242**	**2443**	**588**	**30**	**1745**	**570**	**143**	**2587**	**8,348**
Primary Language									
Spanish	9	235	9	NR	569	NR	7	NR	829
Vietnamese	1	5	0	NR	49	NR	1	NR	56
Cantonese	0	2	0	NR	26	NR	0	NR	28
Mandarin	0	0	0	NR	0	NR	0	NR	0
Tagalog	0	4	0	NR	0	NR	0	NR	4
Cambodian	0	0	0	NR	0	NR	0	NR	0
Hmong	3	19	1	NR	54	NR	1	NR	78
Russian	6	14	0	NR	269	NR	0	NR	289
Farsi	0	8	1	NR	0	NR	0	NR	9
Arabic	0	5	0	NR	0	NR	0	NR	5
Other	218	1847	430	NR	744	NR	130	NR	3369
Not Reported	5	304	147	30	34	570	4	2587	1094
Total	**242**	**2443**	**588**	**30**	**1745**	**570**	**143**	**2587**	**8348**

*Note – The chart above displays number of served individuals only. It does not contain data for individuals served and reached by the following PEI Programs: Suicide Crisis Line; Postvention Services; Community Support Team; Mobile Crisis Support Teams; Mental Health Respite Programs, Bullying Prevention Education and Training; and Mental Health Promotion project.

PEI IMPLEMENTATION PROGRESS DATA - FISCAL YEAR 2014-15 (cont'd)

In Fiscal Year 2014-15, a total of 176,285 individuals were served across the four PEI programs with universal components. The chart below displays demographic information for individuals served in each of those programs:

Total Number Served in Universal Prevention FY 2014/2015					
	Senior Link	**Quality Childcare Collaborative**	**Supporting Community Connections**	**SABT**	**Total**
	Universal prevention estimates and # of served individuals				
Age Group					
Child and Youth	0	537	802	NR	1,339
Transition Age Youth	0	0	1,463	NR	1,463
Adult	36	0	6,110	NR	6,146
Older Adult	244	0	4,195	NR	4,439
Not Reported	0	0	427	162,471	427
Total	**280**	**537**	**12,997**	**162,471**	**176,285**
Race/Ethnicity					
White	102	NR	925	1622	2,649
African American	63	NR	521	1194	1,778
Asian	12	NR	3,120	698	3,830
Pacific Islander	9	NR	2	81	92
Native	2	NR	148	174	324
Hispanic	41	NR	343	733	1,117
Multi	0	NR	163	128	291
Other	30	NR	2	85	117
Not Reported	21	537	7,773	157,756	166,087
Total	**280**	**537**	**12,997**	**162,471**	**176,285**
Primary Language					
Spanish	11	NR	NR	NR	11
Vietnamese	2	NR	NR	NR	2
Cantonese	5	NR	NR	NR	5
Mandarin	1	NR	NR	NR	1
Tagalog	0	NR	NR	NR	0
Cambodian	0	NR	NR	NR	0
Hmong	3	NR	NR	NR	3
Russian	7	NR	NR	NR	7
Farsi	0	NR	NR	NR	0
Arabic	1	NR	NR	NR	1
Other	242	NR	NR	NR	242
Not Reported	8	537	12,997	162,471	176013
Total	**280**	**537**	**12,997**	**162,471**	**176,285**

Note: Only four of Sacramento County's PEI programs utilize universal screenings

WORKFORCE EDUCATION AND TRAINING (WET) COMPONENT

The Workforce Education and Training (WET) component provides time limited funding with a goal to recruit, train and retrain diverse culturally and linguistically competent staff for the public mental health system and ensure they are adequately trained to provide effective services and administer programs based on wellness and recover. Sacramento County's WET Plan is comprised of eight (8) previously approved actions.

The Sacramento County Workforce Needs Assessment, which was used to help inform the development of the WET Plan, 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 (CCP), a human resources survey and report was completed that provided an overview of human resources system-wide. Subsequently, DBHS was advised by the State Department of Health Care Services (DCHS) that they would be releasing updated CCP requirements that would impact the annual Sacramento County Human Resources Survey/MHSA Workforce Assessment. We are still anticipating the release of these updated requirements. When the new requirements are released, DBHS anticipates tailoring 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.

Action 1: Workforce Staffing Support

The function of the WET Coordinator is to assist in the facilitation and implementation of previously approved WET Actions. The Coordinator attends and participates in statewide WET Coordinator Meetings; the WET Central Region Partnership, the California Educational Marriage Family Therapist (MFT) Stipend Program Selection Committee; MFT Consortium of Greater Sacramento; Health Professions Education Foundation Advisory/Selection Committee; and participates in the monthly Mental Health First Aid Facilitator's Conference Call. 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.

Action 2: System Training Continuum

This Action expands the training capacity of mental health staff, system partners, consumers, family members, and community members through a Training Partnership Team, Train the Trainer Models, training delivery and other community-based efforts.

In 2010, a Crisis Responder Training Workgroup was established as the first Training Partnership Team and resulted in the development of a two (2) hour mental health education training program that trained Sacramento City Police Department (SPD) and Citrus Heights Police Department officers and supervisors. The two hour education program was designed to provide a basic overview of mental illness symptomology and strategies to increase the safety of patrol officers, consumers, family members and other citizens when interacting with Law Enforcement (LE) in the community, thereby reducing the potential for use of deadly force tactics when LE encounter individuals who suffer from mental illness. In 2012, that program was improved to meet Police Officer Standards and Training (POST) certification requirements.

Between 2012 and 2014, 92 training sessions were provided to deputies and other Sheriff's Department staff. In January 2015, the two hour training program was discontinued, as Sacramento County Sheriff's Department began providing Crisis Intervention Training (CIT) to its dispatchers and first responders and later in the year began partnering with behavioral health specialists to assist with calls involving individuals who are mentally ill. Sacramento County, Division of Behavioral Health Services (DBHS), participates in this CIT training by providing local resource information to support the educational component of the training curriculum.

Subsequently, DBHS was contacted by the California Highway Patrol (CHP), who advised that they were going to provide mental health education training to their field officers and dispatch staff. This was very exciting, as DBHS continually looks for ways to partner with local law enforcement agencies on educational/training activities. In 2014, the National Alliance on Mental Illness (NAMI), Sacramento, one of our system partners, began providing CIT training to CHP field officers and dispatch staff. DBHS partners with NAMI in this mental health education effort by providing stipends and other financial supports for NAMI staff and volunteers as they provide timely and relevant CIT training to the CHP. The highly regarded CIT training promotes community solutions, expands understanding of mental health conditions, improves Law Enforcement responses to individuals in crisis and reduces stigma associated with mental illness.

Mental Health First Aid (MHFA), Adult and Youth versions, is another popular training that is provided to our community and system partners as part of the System-wide Training Continuum at no cost to them. While Sacramento County staff focuses on facilitating the adult version of MHFA, our system partners primarily facilitate the Youth version of MHFA in both English and Spanish. Since beginning to offer MHFA, Sacramento County has found that interest in the course and class size remains fairly consistent. The following table provides information regarding average class size and number of participants through Fiscal Year (FY) 2015/16.

Fiscal Year	**Average Class Size**	**Number of Participants**
2011-12	17	175
2012-13	17	256
2013-14	20	362
2014-15	19	270
TOTAL		**1,063**

DBHS and system partners continue to provide the 8-hour MHFA training course throughout the county for individuals, groups and organizations, at no cost to participants.

The initial training of local instructors was sponsored by the MHSA Central Region Partnership Workforce, Education and Training's (CRPWET) strategic effort in 2010. Since then, Sacramento County, DBHS, has continued to leverage CRPWET funds to expand the trainer pool and uses local WET funds to provide training opportunities to participants at no charge. Sacramento County has a cadre of certified MHFA trainers that have conducted several organized trainings throughout the year in English and languages other than English in community based sites throughout the county. The trainings are provided to specialty groups (i.e. Sacramento City College Occupational Therapy Program and Sacramento Employment and Training Agency, Head Start, church and other community organizations, etc.) but are also open to system partners and the general public, including those with lived-experience.

Prior to 2014, only Adult MHFA was available. However, during 2014, Youth MHFA Instructors received specialized training and began making general YMHFA sessions available as well as language/cultural specific sessions as part of the MHP and partner training schedule. The Adult and Youth MHFA have been provided in both English and Spanish through a partnership with a community-based contract provider, La Familia Counseling Center.

In December 2016, Sacramento County, DBHS, will send two additional staff to the five-day Adult MHFA Training for Trainers in an effort to add to the existing pool of trainers who provide MHFA training to the diverse communities in Sacramento County. Additional Youth and Adult MHFA sessions are scheduled throughout the 2016-17 Fiscal Year.

In 2014, Sacramento County, DBHS, initiated a project that was funded through Action 2 and administered by the Sacramento County Office of Education (SCOE) to expand the number of individuals receiving the YMHFA Training. The project educated teachers, school staff and caregivers on how to help adolescents ages 12-18 who may be experiencing mental health or addiction challenges or other emotional crisis situations. The course introduced common mental health challenges for youth, reviewed typical adolescent development and taught a 5-step action plan for how to help young people in both crisis and non-crisis situations. In FY 2014-15, twenty-four (24) school district staff were trained in Youth Mental Health First Aid.

In addition to the training efforts described above, DBHS provided scholarships and/or support for more than 230 behavioral health staff, system partners, providers and persons with lived mental health experiences and other mental health stakeholders to attend 21 behavioral health related trainings and conferences in FY 2014-15.

Sacramento County, DBHS has continued to expand Action 2 by offering Wellness Recovery Action Plan (WRAP) Facilitator Training to system partners and community based organizations at no cost to them. In November 2015, through a partnership with Mental Health America of Northern California (NorCal MHA), nineteen individuals participated in and successfully completed a 5-day intensive WRAP Facilitator training. WRAP is a self-designed prevention and wellness process that was developed in 1997 by a group of people who were searching for ways to overcome their personal mental health issues and move on to fulfilling their life dreams and goals. WRAP can be used by anyone to get well, stay well and address a variety of physical, mental health and life issues. The 19 Facilitators are now certified and are providing WRAP groups to consumers, family members and others throughout Sacramento County and surrounding areas. Sacramento County system partners continue to provide WRAP groups in and around Sacramento County at no cost to participants. For ongoing support, a WRAP Master Trainer conducts a quarterly support group/conference call where facilitators provide relevant information, share personal experiences and coping strategies and provide sympathetic understanding to support and encourage one another.

In March 2016, DBHS sponsored the three-day Mental Health Interpreter Training. La Familia Counseling Center hosted and participated in the training. This training meets the State requirement that all interpreters working in the public mental health system receive training specific to interpreting in a mental health/ behavioral health environment. The training is designed to support bilingual staff, including: direct service staff, clinicians, administrative support staff, community members, system partners, contractors, consumers, case managers and others who are currently serving as interpreters or want to become interpreters. Trained interpreters are necessary to ensure accurate and complete communication in order to maximize the delivery of quality services and minimize risk. With this training, DBHS has maintained the standard that 98% of staff identified as interpreters complete an approved mental health/behavioral health interpreter training and receive certification.

March 2016 MH Interpreter Training Cohort

Since Sacramento County was identified as a pilot for the evidence-based California Brief Multi-Cultural Competence Scale and accompanying training, Sacramento County has successfully trained more than 700 individuals working in behavioral health settings throughout the mental health service system. This training provides a means to measure service provider cultural competency and training to enhance knowledge in areas where the need for skill development is identified. It is required that all service delivery staff, supervisors and managers receive this training.

In June 2017, DBHS will partner with NorCal MHA to host and sponsor the Copeland Center for Wellness and Recovery 2017 Wraparound the World client culture conference.

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. Over time, many changes have occurred impacting the original design of this action. For instance, the Office of Statewide Health Planning and Development (OSHPD) has rolled out numerous MHSA-funded projects that address the needs of consumer and family members interested in obtaining employment. As a result of these efforts, DBHS has looked for alternative opportunities to leverage these projects and further move the activities described in this action forward. In line with DBHS core values and community/stakeholder input, DBHS has

thoughtfully included consumer and family member positions in all programs using creative partnerships between county and contract providers.

Action 4: High School Training

Through this Action, a pilot behavioral health curriculum was developed in FY 2013-14. Currently two High Schools are participating in this action and offer mental/behavioral health-oriented career pathways for their student body. The participating High Schools are Arthur A. Benjamin Health Professions High School and Valley High Health TECH Academy (VHHTA). The pilot curriculum has since been expanded for both schools and was built upon MHSA principles of wellness, recovery and resiliency. The curriculum was developed through partnerships between Mental Health Plan providers and the Sacramento County Division of Behavioral Health Services Cultural Competence Committee, including community partners and other interested stakeholders. The curriculum focuses on introducing mental/behavioral health to high school youth, (9^{th} through 12^{th} grade) during the time they are typically considering career opportunities and empowers students to discuss mental health and mental illness in a supportive, familiar environment where they can gain knowledge, ask questions, combat stigma and develop awareness about community resources. The curriculum was designed with several goals in mind, including cultivating the interest of young people in public mental/behavioral health careers, expanding their knowledge and understanding of mental/behavioral conditions, broadening their understanding of associated stigma and discrimination against individuals with mental illness, increasing their awareness of community resources and available supports, increasing understanding of mental health issues from diverse ethnic and racial perspectives and exploring mental health across age groups.

Students from both Arthur A. Benjamin Heath Professions High School and Valley High Health TECH Academy were surveyed and analysis of the data was used to modify, expand and improve the 2015-16 curriculum. The areas of related activities was expanded to include more guest speakers with lived experience to present to students on topics such as wellness and recovery, resiliency, stigma, discrimination and barriers that hinder consumers from seeking emotional support and services. In addition to curriculum modifications, the students were also able to increase their knowledge of mental illness through work based learning opportunities wherein they met with mental health professionals from local hospitals, mental health clinics and other community based organizations to do project research on mental health disorders such as Bipolar Disorder, Post-Traumatic Stress Disorder, Obsessive Compulsive Disorder and Schizophrenia. These ongoing learning opportunities help students improve their understanding of how mental illness can interfere with a person's daily life and provide opportunities for them to explore their own mental health and emotional coping skills. By pairing students with local mental health professionals, the students are given a greater exposure to a wide array of mental/behavioral health careers, which not only fosters interest, but also raises awareness about mental illness and provides authentic opportunities in job preparation and skill development for students in hopes they will pursue future careers in the field of mental health. Internship and other work-based learning opportunities extend and deepen classwork work and help students make progress toward learning outcomes that are difficult to achieve through classroom work alone. This High School training program relies on teachers and other mental health professionals to increasingly blend academic and technical curriculum in ways that connect

theoretical knowledge and real-world applications. Sacramento County, DBHS, continually looks for ways to assist school staff in garnering the skills needed to provide those connections.

Sacramento County continues to serve on the Community Advisory Committee and advises on student projects related to mental health and the delivery of culturally and linguistically competent health/behavioral health care services. Sacramento County works with the selected schools with on-the-job training, mentoring, existing Regional Occupational Programs (ROP), and experiential learning opportunities for public high school youth who express interest in learning more about mental health and public mental health as a possible career option.

Both Arthur A. Benjamin Health Professions High School and Valley High Health TECH Academy have culturally and linguistically diverse student bodies and have participated in many community events throughout the year, including Stigma Free 2016. Valley High Health TECH Academy brought their Teen Bullying and Hmong Depression CACHE groups to the Stigma Free event and the Teen Bullying group did a brief presentation for event attendees. On Friday, May 13, 2016 Valley High School hosted the 10th Annual Health and Fitness Expo at the Franklin High School Campus, where Sacramento County DBHS and other community based organizations conducted exercise and fitness demonstrations and staffed information booths that provided health and fitness and mental health and wellness information in a fun and interactive way for students, faculty, staff, community members and families. This year's activities included mini workouts, cooking demos, nutrition information, games, local mental/behavioral health service information, and other wellness and healthy living opportunities.

VHHTA Students at Stigma Free 2016 event

In 2015, VHHTA participated in a career seminar featuring primary care and mental/behavioral health professions. There was a significant variety of careers and professions represented, including mental health services coordination and geriatric social work, patient's rights and cultural competence. The career seminar increased the student's understanding of careers in mental/behavioral health field and provided a greater understanding of the importance of providing effective and culturally sensitive treatment across the culturally broad communities in Sacramento County. This year, the student body took field trips to California State University, Sacramento, School of Nursing and California Northstate University to learn more about the changing healthcare needs of society, providing patient-centered and culturally competent care, and professionalism. Additionally, VHHTA continues to expand their Health TECH career pathway program and has informed us that through the WET grant they were able to create and adopt a new year-round curriculum for seniors, Behavioral Health Theory and Practicum for the Community Health Worker (CHW). This expansion replaced the prior single semester course and "added tremendous depth to academy students' understanding of mental and behavioral health issues and was successful in engaging students in learning about mental/behavioral health as possible careers. Additionally, it increased instruction on careers in behavioral health, research methods in psychology and enhanced their existing units in brain anatomy and function,

psychological theory, abnormal psychology and social psychology." Through our partnership, VHHTA was able to add additional coursework and units for courses, including mental health attitudes, issues and subgroups, cultural competence in behavioral health, mental health case management and the role of the CHW. Through this collaboration with VHHTA, they were able to expand opportunities toward educating students in the field of mental/behavioral health and increase student knowledge about mental health conditions and related careers. Academy staff can now be more deliberate in mental/behavioral health activities and promotion of mental/behavioral health awareness, informing not only VHHTA students, but also the general public of important mental health issues and career possibilities.

For FY 2016-17, DBHS is working with both High Schools to implement stipends for students to spend time in service delivery programs or agencies so that they may combine knowledge that they obtain in class with hands-on, real world experience.

Partnering with both Arthur A. Benjamin Health Professions High School and Valley High Health Tech Academy and their feeder schools has continued to assist DBHS in our goal to recruit diverse staff that are reflective of the cultural and linguistic make-up of the community.

Action 5: Psychiatric Residents and Fellowships

This Action was implemented in fiscal year 2011-12 and continues to be administered through a partnership with UC Davis, Department of Psychiatry. Through this Action, the following three (3) components have been implemented: 1.) Community Education; Psychiatry Residents and Fellowship Training Program; 2.) Mental Health Collaboration; Psychiatry Residents, Primary Care and Mental Health Providers Training Program; 3.) Residents and Post-Doctoral Fellows at Youth Detention Facility-Special Needs Unit.

Community Education; Psychiatry Residents and Fellowship Training Program: Since its implementation in academic year 2011-12, a total of 65 psychiatric residents have participated in this action and attended the required Psychiatric Resident Fellowship Program (PRFP) trainings. Some of the participating psychiatric residents have dual interest in psychiatry and other areas such as internal or family medicine. Below is a chart indicating the number of residents enrolled in the program. The chart also indicates the total number of residents that have psychiatry as their sole interest, those with dual interest and the percentage of those who attended the required fellowship program training.

Academic Year	Number of Residents Enrolled	Number of Residents w/ dual Interest	Percentage of residents that attended required number of trainings
2011-12	12	2	77%
2012-13	9	4	70%
2013-14	12	4	75%
2014-15	11	3	75%

Through this action, psychiatrists are placed in public/community mental health settings to assist in primary care collaboration through consultation and education on mental health/primary

healthcare integration. Additionally, residents, fellows, and other team members continue to receive in-service trainings on wellness and recovery principles, culture competence including consumer movement and client culture, and an integrated service delivery system. Targeted activities to understand mental health programming and promote holistic services while coordinating services with the primary care needs of consumers are a part of this integrated service delivery experience.

More detailed information regarding the Psychiatric Residency Fellowship Program is detailed below:

FY 11/12, twelve (12) second year residents were enrolled in the UCD Psychiatry Residency and Fellowship Program (PRFP), 8 being dedicated to Psychiatry and 2 training in Psychiatry/Internal Medicine and 2 training in Psychiatry/Family Medicine. All five of the dedicated psychiatry residents attended at least 77% of the required PRFP training. The remaining 4 trainees attended at least 23% of the trainings –largely due to their commitments in internal medicine and family medicine respectively.

FY 12/13, nine (9) second year residents were enrolled in the UCD Psychiatry PRFP, 5 being dedicated to Psychiatry and 2 training in Psychiatry/Internal Medicine and 2 training in Psychiatry/Family Medicine. All five of the dedicated psychiatry fellows attended at least 70% of the required PRFP trainings. The remaining 4 trainees attended at least 21% of the trainings – largely due to their commitments in internal medicine and family medicine respectively.

FY 13/14, twelve (12) second year residents were enrolled in the UCD Psychiatry PRFP, 8 being dedicated to Psychiatry and 2 training in Psychiatry/Internal Medicine and 2 training in Psychiatry/Family Medicine. Seven of the 8 dedicated psychiatry fellows attended 75% of the required PRFP training, with only one trainee missing this attendance percentage due to a maternity leave. The remaining 4 trainees attended at least 25% of the required trainings –largely due to their commitments in internal medicine and family medicine respectively.

FY 14/15, eleven (11) second year residents were enrolled in the UCD Psychiatry PRFP, 8 being dedicated to Psychiatry and 3 training in Psychiatry/General Medicine. Five of the 8 psychiatry fellows attended 75% of the required PRFP trainings, the other 3 attended over 64% of the required PRFP trainings.

FY 15/16, nine (9) students are enrolled in the UCD PRFP, with 7 dedicated to Psychiatry only and 2 have combined interest in Psychiatry/Family Medicine. All nine psychiatry fellows attended 75% of the required PRFP trainings.

FY 16/17, twelve (12) students are enrolled in the UCD PRFP, with 8 dedicated to Psychiatry only. Two (2) students have combined interests in Psychiatry/Family Medicine and two (2) have combined interests in Psychiatry/Internal Medicine. DBHS has not received training numbers for academic year 2016-17, as we are still in the midst of the academic year and training data is not yet available.

Mental Health Collaboration; Psychiatry Residents, Primary Care and Mental Health Providers Training Program: Smoking Cessation groups were held at the Adult Psychiatric Support Services (APSS) clinic through a collaboration between the APSS medical team and UC Davis dual boarded physicians. Groups were provided to three different cohorts. Attendees received education, support and assistance with understanding the physical and behavioral aspects of

nicotine addiction. Information on smoking cessation aides that would be approved by the attendee's psychiatrist was also provided. Through this Action, no less than two psychiatrists are placed in public/community mental health settings to assist in primary care collaboration with physicians through consultation and education on mental health/primary healthcare integration with staff and consumers.

Residents and Post–Doctoral Fellows at Youth Detention Facility-Special Needs Unit: Sacramento DBHS has expanded the contract with UCD to include Residents and Post Doctorate Fellows providing consultation and support related to diagnostic impressions, antecedent behaviors and behavioral interventions to better serve the youth residing at the Youth Detention Facility (YDF), Special Needs Unit. This collaborative fosters community education opportunities for Probation staff and other stakeholders to share valuable and timely information to aid in the mental health recovery of YDF, Special Needs Unit residents and optimize the care and treatment they receive. The program provides learning opportunities for Probation staff to improve communication with residents, increase development of behavioral interventions that improve outcomes such as re-offense and family relationships and increases staff's awareness and understanding of how mental illness, treated or untreated can significantly impact a person's behavior. This program is in the first year of implementation. Outcomes data is not yet available.

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 them in the delivery of effective mental health services. Moving forward, DBHS will continue to identify opportunities to establish multidisciplinary collaborations with key system partners.

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 and Wellness Recovery Action Plan (WRAP) Facilitator training as described in Action 2.

During FY 2014-15, Sacramento County leveraged Central Region Partnership funds to pay for on-line Human Services courses using CASRA curriculum at Modesto Junior College (MJC) for individuals with lived experience. For the 2015 academic school year, Sacramento County had four (4) students enrolled in on-line classes through MJC. At the completion of their coursework, the students were qualified to advance to the next level, eventually leading to a Certified

Psychiatric Rehabilitation Practitioner (CPRP) credential. The CPRP credential is a test-based certification curriculum that fosters the growth of a qualified, ethical and culturally diverse workforce and is designed to provide wellness and recovery oriented services for individuals who are coping with mental health issues. During the 2015 academic year, Sacramento County had students who completed the required on-line coursework. DBHS continues to offer emotional support and financial assistance to those students who are pursuing the CPRP certification. The CPRP curriculum is specifically designed to meet the goal of developing a multicultural, diverse, and recovery-oriented mental health workforce. The courses provide core training in the values and principles of psychosocial rehabilitation and the skills necessary to provide hope-filled, values-driven services to consumers.

Additionally Sacramento County continues to provide funding support for individuals with lived experience from diverse cultures to attend trainings/conferences that offer leadership training. As previously stated, the Office of Statewide Health Planning and Development (OSHPD) has rolled out numerous MHSA-funded projects that address the needs of consumer and family members interested in obtaining employment and enhancing leadership skills. The county continues to look for opportunities to leverage the statewide efforts and work with diverse stakeholders to determine an array of leadership and training opportunities that would be beneficial for consumers and family members.

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 has a mechanism to provide stipends that leverages County WET and other related funds, as needed.

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. DBHS has completed one Innovation project, known as **Innovation Project 1: Respite Partnership Collaborative** and is working to implement a second project known as **Innovation Project 2: Mental Health Crisis/Urgent Care Clinic.**

DBHS Innovation Project 1: Respite Partnership Collaborative (RPC)
The RPC Project spanned five-years from 2011 – 2016. The RPC was designed to be 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 was using an administrative entity (Sierra Health Foundation: Center for Health Program Management) to implement the project to determine if a public/private endeavor could lead to new partnerships, increased efficiencies, and ultimately, improve services to our community members experiencing a crisis.

The RPC project was implemented in fiscal year 2012-13 and began with the formation of a Respite Partnership Collaborative comprised of twenty-two (22) stakeholders and community members. A total of five million dollars was set aside to fund grants for respite programs that could reduce the impact of crisis and create alternatives to psychiatric hospitalization. The RPC made the decision to award grants in three different funding cycles over the course of the Project.

In the role of the Administrative Entity, Sierra Health Foundation (SHF) Center for Health Program Management assisted the RPC to develop grant making procedures and practices and oversaw the distribution of grant dollars. Requests for Proposals were developed and publicized throughout the community. Organizations were invited to submit proposals for respite programs that could address mental health crisis and reduce psychiatric hospitalization. Proposals were reviewed by review teams comprised of RPC members as well as community stakeholders. All awards were determined by the RPC.

As an Innovation project, funding was time-limited for the term of the project, which means that the mental health respite grantees had to look for sustainable funding from other sources. The Welfare and Institutions Code allows for the transition of successful innovation projects to sustainable MHSA funding, if the County so chooses. In 2015 and early 2016, the MHSA Steering Committee reviewed RPC-funded respite programs for consideration of sustainability through other MHSA components. This review was based on component funding requirements, as well as system needs. With support from the MHSA Steering Committee, all eleven mental health respite programs transitioned to sustainable MHSA CSS and PEI funding during FY 2015-16. Descriptions of those respite programs are included in the CSS and PEI component sections of this Annual Update.

DBHS Innovation Project 2: Mental Health Crisis/Urgent Care Clinic

The Mental Health Crisis/Urgent Care Clinic project was reviewed and approved by the MHSOAC in May 2016. The primary purpose of this project is to increase the quality of services, including better outcomes for individuals experiencing a mental health crisis with the secondary purpose of increasing access to services.

Over the past two decades, urgent care clinics have emerged as an alternative and effective care setting that improves access to quality healthcare, addresses intermediate physical health needs, and provides an alternative to emergency department visits. The project will test the adaptation of an urgent care clinic/medical model, which is an intermediate step between routine and emergency care, to provide crisis response/care for individuals experiencing a mental health crisis. Furthermore, this project will fully incorporate wellness and recovery principles into service delivery. Specifically, the adaptations will focus on:

1. **Crisis Program Designation** - Operate as an extended hours outpatient treatment program versus a Crisis Stabilization Unit thus has a more flexible staffing pattern, allowing for tailored services to better meet community needs;

2. **Direct Access** - Provide direct linkage as an access point for both Sacramento County Mental Health Plan (MHP) and Alcohol and Drug Services (ADS);

3. **Ages Served** - Designed to serve all ages (children, youth, adults and older adults); and

4. **Medical Clearance Screening Pilot** - Pilot a medical clearance process utilizing a screening tool that will allow clinical staff to initially screen to identify medical issues on site as needed. This will expedite mental health and substance use disorder interventions, either directly at the clinic or through other levels of care, including real-time coordination with system providers.

In turn, these adaptations will achieve better client outcomes including the following: creating an effective alternative for individuals needing crisis care, improving the client experience in achieving and maintaining wellness, reducing unnecessary or inappropriate psychiatric hospitalizations and incarcerations, reducing emergency department visits, improving care coordination across the system of care to include linkages to other needed resources and timely access to mental health services.

In October 2016, Sacramento County initiated the competitive selection process to seek out organizations interested in collaboratively operating this project. It is anticipated that project implementation will commence early FY 2017-18.

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

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

The Department of General Services (DGS) and the County Architects developed and implemented a Scope of Work that incorporated the community feedback and the necessary Americans with Disabilities Act (ADA) requirements. The construction was completed in late 2015 and the APSS and Peer Partners programs have successfully transitioned into the renovated space.

The **Technological Needs (TN)** Project consists of five phases, 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.

There two Roadmaps to address Sacramento County Technological needs; Sacramento's Health Information Exchange, known as SacHIE (County operated providers and those contracted providers that have chosen to use the County's electronic health record) and HIE (Contracted providers with their own electronic medical record system).

SacHIE Roadmap –

- Phase 1: Clinical Documentation, Electronic Prescribing
- Phase 2: Document Imaging, Consent Management, Billing and State Reporting Electronic Exchange
- Phase 3: Clinical Documentation Exchange
- Phase 4: Laboratory Order Entry and Lab History Exchange
- Phase 5: Health Information Exchange/Personal Health Record Implementation and Expansion

Sacramento County is currently in phase 4 of the SacHIE project. All of our County Operated providers and those contracted outpatient providers that have chosen to use the County's electronic health record are utilizing an electronic health record that allows for electronic requests and responses for mental health services, collection of client demographics, completion of assessments, progress notes, client plans as well as electronic prescribing of medications and claiming for services provided. Sacramento County anticipates the completion of Phase 4 of the SacHIE project in the second quarter of fiscal year 2016-17. The County will begin Phase 5 of the project which addresses Health Information Exchange/Personal Health Record implementation and expansion in the second half of fiscal year 2016-17.

HIE (Health Information Exchange/Providers with their own system) Roadmap

- Phase 1: Practice Management, Electronic Prescribing
- Phase 2: Electronic Exchange of Claiming and State Reporting Information
- Phase 3: Electronic Exchange of Clinical Information
- Phase 4: Electronic Order Entry
- Phase 5: Fully Integrated Electronic Health Record and Personal Health Record

Sacramento County will complete Phase 1 of the HIE project in January 2017. All of contracted providers that have chosen to use their own electronic health record will continue to utilize the County's EHR system to record electronic requests for mental health services, collection of client demographics, as well as electronic prescribing of medications and claiming for services provided until Phases 2 through 4 have been completed. Phases 2 through 5 address electronic exchange of information and are included in the scope of work in Phase 5 of the SacHIE Roadmap. Sacramento County will begin these phases in the second half of fiscal year 2016-17 as they begin Phase 5 of the SacHIE Roadmap.

FY 2016/17 Mental Health Services Act Annual Update
Funding Summary

County: Sacramento Date: 12/29/16

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	78,621,575	17,039,994	10,711,973	1,564,948	3,523,284	
2. Estimated New FY 2016/17 Funding	43,309,020	10,827,255	2,849,277			
3. Transfer in FY 2016/17[a/]	(969,931)			969,931	0	
4. Access Local Prudent Reserve in FY 2016/17	0	0				0
5. Estimated Available Funding for FY 2016/17	120,960,664	27,867,249	13,561,250	2,534,879	3,523,284	
B. Estimated FY 2016/17 MHSA Expenditures	47,452,869	13,344,218	3,681,741	2,534,879	2,994,482	
G. Estimated FY 2016/17 Unspent Fund Balance	73,507,795	14,523,031	9,879,509	0	528,802	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2016	19,391,847
2. Contributions to the Local Prudent Reserve in FY 2016/17	0
3. Distributions from the Local Prudent Reserve in FY 2016/17	0
4. Estimated Local Prudent Reserve Balance on June 30, 2017	19,391,847

a/ Pursuant to 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.

FY 2016/17 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding

County: Sacramento Date: 12/12/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Sierra Elder Wellness	2,008,164	1,190,304	817,860			
2. Permanent Supportive Housing	10,314,759	6,642,690	2,735,756		11,901	924,412
3. Transcultural Wellness Center	2,550,246	1,860,753	689,493			
4. Adult Full Service Partnership	7,164,147	4,210,863	2,953,284			
5. Juvenile Justice Diversion and Treatment	3,463,242	2,231,002	716,120		516,120	
6. TAY Full Service Partnership	4,000,000	2,500,000	1,500,000			
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Transitional Community Opportunities for	24,931,090	10,275,239	7,638,441	5,122,781	6,619	1,888,010
2. Wellness and Recovery Center	5,269,165	4,663,886	605,279			
3. Crisis Residential	3,139,391	1,500,000	878,510	168,181		592,700
4. CSS Expansion - Phase C Katie A	800,000	800,000				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	6,578,132	6,578,132				
CSS MHSA Housing Program Assigned Funds	5,000,000	5,000,000				
Total CSS Program Estimated Expenditures	75,218,336	47,452,869	18,534,743	5,290,962	534,640	3,405,122
FSP Programs as Percent of Total	62.2%					

FY 2016/17 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding

County: Sacramento Date: 12/12/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Suicide Prevention	4,871,589	4,871,589				
2. Strengthening Families	2,045,975	2,045,975				
3. Integrated Health and Wellness	1,375,000	1,375,000				
4. Mental Health Promotion	1,170,716	1,170,716				
5. Placeholder for PEI Expansion	800,000	800,000				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Integrated Health and Wellness - SacEDAP	887,881	510,000	105,131			272,750
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	2,250,613	2,250,613				
PEI Assigned Funds	320,325	320,325				
Total PEI Program Estimated Expenditures	13,722,099	13,344,218	105,131	0	0	272,750

FY 2016/17 Mental Health Services Act Annual Update
Innovations (INN) Funding

County: Sacramento Date: 12/12/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Mental Health Crisis/Urgent Care Clinic	3,500,000	3,500,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	181,741	181,741				
Total INN Program Estimated Expenditures	3,681,741	3,681,741	0	0	0	0

FY 2016/17 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding

County: Sacramento Date: 12/12/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET Actions	2,534,879	2,534,879				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	2,534,879	2,534,879	0	0	0	0

FY 2016/17 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding

County: Sacramento Date: 12/12/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Upgrading System and Architecture Suppo	2,994,482	2,994,482				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	2,994,482	2,994,482	0	0	0	0

Mental Health Services Act (MHSA) FY 2016-17 Annual Update
Funding Summary Presentation to MHSA Steering Committee
November 17, 2016

A. Community Services and Supports (CSS) Component

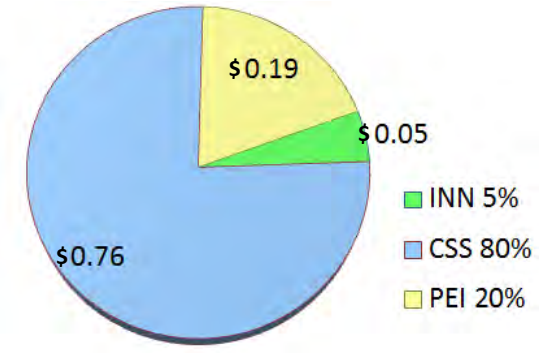
- Provides funding for mental health treatment services and supports for children/youth and their families living with severe emotional disturbance and adults living with a serious mental illness. This includes funding for the MHSA Housing Program.
- A majority of CSS funding must be directed to Full Service Partnership programs
- Pursuant to 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
  - This means unspent CSS funding is combined with incoming revenue to sustain CSS programming/activities, as well as sustaining critical activities in the time-limited WET and CF/TN components, sustaining successful and applicable INN project components
  - Unspent CSS funding must also be used to sustain MHSA Housing Program investments
    - MHSA funds have resulted in 161 built units across 8 developments since 2008
    - MHSA investment of $15m-$22m must be replenished as projects mature
- 80% of each MHSA dollar is directed to the CSS Component (see funding chart below)

B. Prevention and Early Intervention (PEI) Component

- Provides funding for programs and activities designed to prevent mental illness from occurring or becoming more severe and disabling
- A majority of PEI funding must be directed to ages 0-25
- 20% of each MHSA dollar is directed to the PEI Component (see funding chart below)

C. Innovation (INN) Component

- Provides funding to test new and/or improved mental health practices or approaches with the goal of increasing access (including access for underserved groups), increasing the quality of services, or promoting interagency collaboration
- Projects can span up to 5 years – If successful, other funding must be identified to sustain
- Successful INN projects must be sustained by CSS/PEI components (as applicable), if County so chooses
- 5% of each MHSA dollar is directed to the INN Component (see funding chart below)



D. Workforce Education and Training (WET) Component

- Provides time limited funding with a goal to recruit, train and retain diverse culturally and linguistically competent staff for the public mental health system and ensure they are adequately trained to provide effective services and administer programs based on wellness and recovery
- WET activities must be sustained by CSS funding once dedicated WET funding is exhausted

E. Capital Facilities and Technological Needs (CF/TN) Component

- Capital Facilities (CF) project – Time limited funding to renovate three buildings at the Stockton Boulevard complex in order to consolidate the Adult Psychiatric Support Services (APSS) clinics
- Technological Needs project – Time limited funding to addresses our commitment to move to an Electronic Health Record and Personal Health Record to improve client care through a multi-phased approach
- CF/TN activities must be sustained by CSS funding once dedicated CF/TN funding is exhausted

F. Prudent Reserve

- Per Welfare and Institutions Code, each County must establish and maintain a prudent reserve to ensure the county program will continue to be able to serve children, adults, and seniors during years in which revenues for the Mental Health Services Fund are below recent averages

G. **Overarching Points**

- Mental Health Services Act (MHSA) funding is generated by a 1% tax on personal income in excess of $1M
  - As income tax-based revenue, MHSA funding is greatly impacted by the economy (impacts lag by approximately 2 years)
  - State revenue projections may be overestimated by $150-200M annually
- In FY2015-16, Sacramento County allocation was reduced from 3.21% to 3.16% of State MHSA funding due to statewide recalculation of distribution methodology
- In FY2016-17, Sacramento County allocation was increased from 3.16% to 3.26% of State MHSA funding due to statewide recalculation of distribution methodology (this recalculation is expected to happen annually moving forward)