MENTAL HEALTH SERVICES ACT

Fiscal Year 2018-19
Annual Update to the Three-Year Program and Expenditure Plan

May 14, 2019

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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: 7001A 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 May 14, 2019.

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.

Ryan Quist, Ph.D.
Local Mental Health Director (PRINT)

Ryan Quist 5/23/19
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
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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.

Ryan Quist, Ph.D.
Local Mental Health Director (PRINT)

Signature 5/23/19
Date

I hereby certify that for the fiscal year ended June 30, 2018, 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 11/29/18 for the fiscal year ended June 30, 2018. I further certify that for the fiscal year ended June 30, 2018, 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)

Signature 5/23/19
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 2018 population of Sacramento County to be approximately 1.5 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 six threshold languages (Arabic, Cantonese, Hmong, Russian, Spanish, and Vietnamese). Historically, Sacramento County has been one of three counties with the highest number of newly arriving refugees in California. Arabic was added as a threshold language in 2017. We welcome these new residents and continue to work towards meeting the unique needs of these emerging 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.

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 previous Three-Year Plan and Annual Updates, 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 was fully implemented in Fiscal Year (FY) 2017-18.

In addition, in alignment with the Board of Supervisors action on November 7, 2017, the Division of Behavioral Health Services facilitated community planning process in December 2017 and January 2018 resulting in recommended mental health treatment services expansion for individuals living with a serious mental illness who are homeless or at-risk of homelessness. This new and

expanded programming was included in the Three-Year Plan. Expansion of existing programming began in FY 2017-18 and new programming will roll out in FY 2018-19.

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.

The Three-Year Plan included a new PEI program to provide mental health services for foster youth, in alignment with the November 7, 2017, Board of Supervisors action. This new program will be implemented late in FY 2018-19.

In addition, in alignment with the Board of Supervisors action on November 7, 2017, the Division of Behavioral Health Services facilitated a community planning process in December 2017 and January 2018 resulting in recommended mental health treatment services expansion for individuals living with a serious mental illness who are homeless or at-risk of homelessness. Expansion of existing programming began FY 2017-18 and new programming will roll out in FY 2018-19. These programs are described in this Annual Update.

This Annual Update also includes a new PEI program: Trauma Informed Wellness for the African American Community. This program was developed through a community program planning process that is outlined in the Community Program Planning and PEI component sections of this Annual Update.

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 this 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. The Clinic opened in November 2017.

The MHSA Three-Year Plan included the third INN Project, known as the Behavioral Health Crisis Services Collaborative INN Project #3. The project is a public/private partnership with Dignity Health and Placer County with the intent to establish integrated adult crisis stabilization services on a hospital emergency department campus in the northeastern area of Sacramento County. This project was developed as a result of a local community planning process and was approved by the Sacramento County Board of Supervisors April 2018 and the California Mental

Health Services Oversight and Accountability Commission (MHSOAC) May 2018. Project will be implemented late FY 18-19.

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. Per Welfare and Institutions Code (WIC) Section 5892(b), Counties may use a portion of the CSS funds to sustain WET activities once the time-limited WET funds are exhausted. Therefore, these activities are being sustained with CSS funding.

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. Per WIC Section 5892(b), Counties may use a portion of the CSS funds to sustain TN projects once the time-limited TN funds are exhausted. Therefore, these activities are being sustained with CSS funding.

The **Capital Facilities (CF)** project was completed in Fiscal Year 2015-16. The project renovated three buildings at the Stockton Boulevard complex that house the Adult Psychiatric Support Services (APSS) clinic, Peer Partner Program and INN Project #2: Mental Health Crisis/Urgent Care Clinic. 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) 2018-19 Annual Update.

The MHSA Fiscal Year (FY) 2018-19 Annual Update was posted for a 30-day public comment period from February 4 through March 6, 2019. The Mental Health Board conducted a Public Hearing on Wednesday, March 6, 2019 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.

COMMUNITY PROGRAM PLANNING

The Sacramento County Division of Behavioral Health Services Community Program Planning Process for the MHSA Fiscal Year (FY) 2018-19 Annual Update to the Three-Year Program and Expenditure Plan meets 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 Annual Updates, the Division of Behavioral Health Services facilitated a three-phased community planning process beginning in 2014 to expand CSS programming. This new and expanded programming was fully implemented in FY 2017-18.

In alignment with the Board of Supervisors action on November 7, 2017, the Division of Behavioral Health Services facilitated a community planning process in December 2017 and January 2018 resulting in two recommendations for expanded services. The first recommendation directs CSS funding to expand mental health treatment services for individuals living with a serious mental illness who are homeless or at-risk of homelessness. The second recommendation dedicates identified Assembly Bill 114 PEI reversion funding to mental health services for foster youth, in alignment with the November 7, 2017 Board of Supervisors action. Expansion of existing programming began in FY 2017-18 and new programming will roll out in FY 2018-19. This new and expanded programming is included in this Draft Annual Update.

At the March 2018 Public Hearing regarding the MHSA Fiscal Year 2017-18, 2018-19, 2019-20 Three-Year Plan, there were comments regarding an observed gap in services to address trauma experienced in the African American community. DBHS reached out to community members to learn more about their concerns and explored the current array of programs offered by the public mental health system. DBHS and the Cultural Competence Committee (CCC) formed an Ad Hoc Workgroup that would assist DBHS with gathering feedback from the African American community and provide recommendations for a new prevention program to address mental health and wellness needs of African American community members who have experienced or have been exposed to trauma. DBHS convened a meeting of the CCC Ad Hoc Workgroup on December 1, 2018, and the public was invited to attend. Input received at this meeting formed the draft recommendation that was refined and adopted by the CCC on December 19, 2018 and the MHSA Steering Committee on January 17, 2019 (see Attachment B). This new programming is included in this Draft Annual Update.

The general plan for this Annual Update was discussed at MHSA Steering Committee meetings on April 2018, June 2018, September 2018, December 2018 and January 2019. 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 will present 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 (TAY) 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 provides instructions on how to request a hard copy of the Update by mail. Fliers announcing the posting and public hearing are posted in public libraries throughout Sacramento. The information is also circulated through multiple email distributions, ethnic, cultural and language-specific media outlets, and hard copies are available for pick up at the Division administrative office.

The Draft MHSA Fiscal Year 2018-19 Annual Update was posted for a 30-day public comment period from February 4, 2019 through March 6, 2019. The Mental Health Board conducted a Public Hearing on Wednesday, March 6, 2019 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

Several comments were received related to the Draft MHSA Fiscal Year 2018-19 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 content of the Annual Update with special recognition and appreciation for the success stories that put a face on the clients served in many of the programs included in this Annual Update. The MHSA Steering Committee, DBHS Cultural Competence Committee and Mental Health Board were supportive of moving the MHSA Fiscal Ydear 2018-19 Anuual Update forward to the Sacramento County Board of Supervisors for approval.

The Committees, Mental Health Board and community expressed ongoing support for the programs contained in the Annual Update, with a 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 comments expressing support for the expanded programming aligned with the November 2017 Board of Supervisors action and MHSA Steering Committee recommendation for mental health treatment services expansion for individuals living with a serious mental illness who are homeless or at-risk of homelessness. There were comments acknowledging the overall positive impact and outcomes of the Full Service Partnership (FSP) programs and MHSA Housing Program. There were comments recommending that FSPs and other CSS programs work towards improving employment outcomes for their clients.

There were comments expressing appreciation for the fiscal summary and budget explanations as well as comments expressing concerns relating to the unspent funds balance and the projected rapid spend down identified in the funding summary. Comments received reflect a desire for continued clarification of the complex budgeting and expenditure projections, clarity on unspent funds (to better understand how unspent funds are calculated, reflected, and represented), reversion risk, and the plans to address these areas. Requests were made by the Mental Health Board to receive additional information in this area at its meetings including an explanation of the trust fund interest as a potential source for additional programming and encouragement for ongoing community stakeholder education and engagement in these areas.

There were comments acknowledging the ongoing positive impact of the array of PEI Suicide Prevention Project programs. A variety of stakeholders, including consumers, family members, community members and others, expressed support and appreciation for the Suicide Prevention Hotline, Consumer Operated Warmline, and Supporting Community Connections programs and the value of culturally specific programming. Many committee members, community members and system partners expressed appreciation for the Cultural Competence Committee Ad Hoc Workgroup recommendation and Steering Committee support for the new PEI program that will be designed to address the mental health and wellness needs of the African American community. There were also comments related to service needs for a variety of diverse communities with specific focus on Arabic-speaking communities.

There were comments expressed in appreciation of the data and outcomes included in the Annual Update and requests to provide additional information related to program impact in future Plans/Updates. There were also comments expressed requesting more detailed client/participant demographic data in the areas of race/ethnicity, gender identity, and sexual orientation. There were comments related to penetration rates, noting a recommendation not to aggregate data for several groups and communities, and requesting that the Division continue to work with representatives from unserved, underserved, and inappropriately served cultural and ethnic communities in the areas of evaluation and data collection across all programs.

There were comments acknowledging the effectivenss of the FSP programming. There were also comments expressed requesting FSP program specific data, homeless occurrences for clients of non-FSP programs, the inclusion of expanded gender identity categories in the data table, and the inclusion of numbers in addition to outcome percentages.

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 Executive Summary and announcement related to the Public Hearing in all six threshold languages, as well as publishing and announcing in ethnic media outlets. Additionally, this past year, the Division in partnership with the Cultural Competence Committee reached out to the African American community over the past year to hear their concerns and gather input related to the mental health and wellness needs of their community. This community planning process, recommendation, and resulting new programming is included in this Annual Update.

The Division recognizes the volatile nature of tax-based revenue (i.e. MHSA funding). As such, the Division continues to work closely with a fiscal consultant to develop sustainability strategies using a combination of unspent funds and new revenues to sustain current programming and to expand programming at a level that can be sustained into the future. The Division will continue to provide revenue and expenditure projections, as well as education regarding MHSA, including CSS funding demands to sustain existing CSS programs, MHSA Housing Program investments, and critical WET and CF/TN activities when those time limited funds are exhausted. The Division is committed to provide regular program and budget updates including the most current available information on MHSA funds based on local records and comparisons with published records on the MHSOAC and DHCS websites. There remain differences in accounting as the County is continuously revising and reconciling its revenue and expenditure reports following final fiscal audit numbers across all its funding streams and providers. In response to questions and discussion during the posting period, the MHSA Funding Summary contained in the MHSA FY2018-19 Annual Update, has been updated to correspond to the FY2018-19 budgeted expenditures by MHSA funding component. The Division will continue to provide updates/presentations in these key areas at MHSA Steering Committee and Mental Health Board meetings.

The Division is committed to the ongoing collaboration with community stakeholders as a balance is struck between the sustainability of existing programs and implementation of new and expanded programming. These ideas are also considered when new federal, state, or local funding grants opportunities or other partnerships present a path to implement through leveraging or combining of MHSA funds with other revenues. The Division has brought such opportunities to the MHSA Steering Committee for deliberation. For example, the SB 82 Investment in Mental Health Wellness grants made possible the crisis residential programs, triage navigators, mobile crisis support teams and triage program for middle school students.

The Division has considered all comments received related to data collection and outcomes. The Division recognizes the need to report demographic data in more detail, especially in the areas of race/ethnicity, 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. Where available, data and outcomes sections of the Annual Update have been revised to include more detailed demographic data and clarify areas where questions arose during the posting period.

The Divison is committed to using data to better understand the needs of Sacramento County's diverse communites and develop services that are responsive to those needs. This includes the FSP outcomes data related to employment. The Division will continue to work with CSS program providers to address this outcome moving forward.

The Division appreciates the support for MHSA programs, including the array of PEI Suicide Prevention Project programming. The Division will continue to explore opportunities to expand MHSA programming in the future in partnership with community stakeholders.

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:

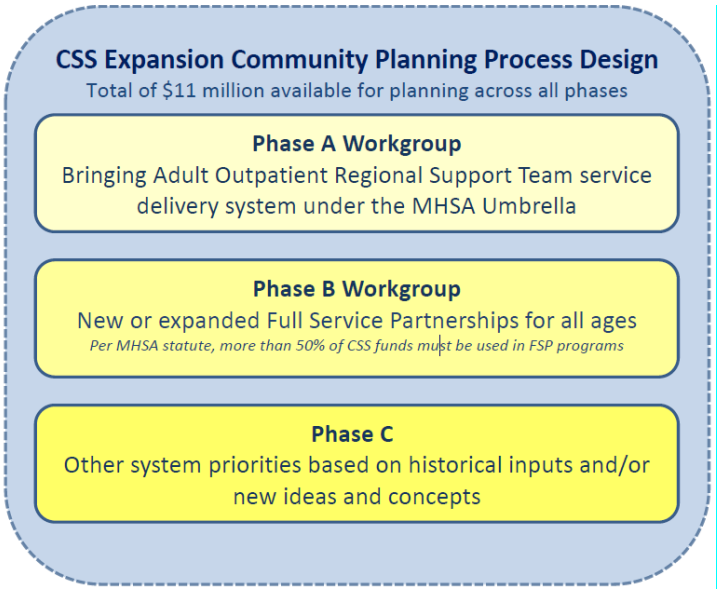
- Full Service Partnership (FSP) Service Category – FSPs provide the full spectrum of high intensity outpatient mental health treatment for children and youth (and their families) living with severe emotional disturbance and adults and older adults living with serious mental illness.
- General System 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 (FY) 2016-17 the implemented FSPs served 1,889 unduplicated clients and the implemented GSDs served 13,276 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 Phase C expansion efforts was described in the MHSA FY 2015-16 and 2016-17 Annual Updates. This new and expanded programming was completely implemented in FY 2017-18. Descriptions and updates for all of these programs are included in this Annual Update.

On November 7, 2017, the Sacramento County Board of Supervisors took action to support dedicating $44 million in MHSA funding over the next three years to fund additional mental health treatment services and supports for individuals with serious mental illness, who may have co-occurring substance used disorders and are experiencing or at-risk of homelessness.

The Board directed staff to engage the MHSA Steering Committee, with a sense of urgency, to plan the expansion of MHSA programs to support efforts to expedite services for individuals with serious mental illness who are homeless or at-risk of becoming homeless. The directed focus on these expansion efforts was the City of Sacramento's Whole Person Care pilot program and Countywide initiatives to provide maximum benefit of all resources for Sacramento County residents (ages 18 and older).

The community planning process for new and expanded MHSA programs for individuals with serious mental illness who are homeless or at-risk of becoming homeless was described in detail in the MHSA Fiscal Year 2017-18, 2018-19, and 2019-20 Three-Year Plan.

FY 2018-19 Expansion Planning Updates:

- Competitive bidding processes will be released for new MHSA programming for individuals with serious mental illness, who are homeless or at-risk of homelessness, and may also have co-occurring disorders.

- Contract negotiations will be completed to expand several CSS General System Development (GSD) and Full Service Partnership (FSP) programs to increase both program capacity and housing resources.

Program: Transitional Community Opportunities for Recovery and Engagement
Work Plan #/Type: SAC1 – General System Development (GSD)
Capacity: 5,600 at any given time
Ages Served: TAY, Adults, Older Adults

The **Transitional Community Opportunities for Recovery and Engagement (TCORE)** workplan, expanded in the MHSA Fiscal Year 2014-15, 2015-16, and 2016-17 Three-Year plan, now consists of three previously approved and implemented program components: **Adult Psychiatric Support Services (APSS)** clinic, administered by DBHS, **TCORE**, administered by TLCS, Inc. and the redesigned **Regional Support Team (RST)** service delivery system. These programs offer 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.

This Work Plan was identified for expansion in alignment with the November 7, 2017, Board of Supervisors action and MHSA Steering Committee recommendation for homeless mental health services expansion. This included expanding identified existing programs within this Work Plan to add housing supports and subsidies, as well as increased treatment capacity. In addition, a new outpatient mental health treatment program will be developed to further address the needs of individuals living with serious mental illness who are homeless or at-risk of homelessness and may also have co-occurring substance use disorders. Expansion of existing programming began in FY 2017-18 and new programming will roll out in FY 2018-19.

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.

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

Success: APSS Clinic
A 58 year old monolingual Hmong speaking woman has been seen at APSS since 2015. She is a mother of nine children and reports suffering from depression since her divorce in 1993. She came to the U.S. as a refugee from Laos in 1987. Prior to treatment, she reported suicidal thoughts and auditory and visual hallucinations. She often cried and felt overwhelmed taking care of her children and had no interest in leaving her home.

She started seeing the APSS psychiatrist for medication support, attending the Hmong Medication Support Group and Hmong Wellness Support Group, attending individual sessions with an APSS counselor, and meeting with one of the program's Peer Partners to help her build life skills and reconnect to her community.

Since receiving treatment and support, she reports that "the programs at APSS have helped me in so many ways…I feel like I belong and can take care of myself and my family." Her symptoms have decreased and suicidal and paranoid thoughts have diminished. She has made several social connections in the Hmong Wellness Group and is observably pleasant and talkative. She enjoys being around her children and babysitting her grandchildren. She has become functionally stable with what she describes as meaningful purpose for life.

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, administered by TLCS, Inc. was previously administered collaboratively by Human Resources Consultants (HRC) and TLCS, Inc. In October 2018, HRC merged under TLCS, Inc. TCORE provides flexible, recovery-oriented, strength-based, culturally competent, client-driven, community-based specialty mental health services and supports to adult beneficiaries meeting target population, as defined by the Sacramento County, Division of Behavioral Health Services (DBHS). The TCORE program model includes a phased approach, initially focused on intensive engagement and assessment services for mental health consumers who are either in, or discharged from, acute care settings, or who are at demonstrated risk of requiring acute care, with the goal of assisting individuals in transitioning to a lower level of service intensity over time. TCORE also provides homeless resource support services, such as housing stability and homeless prevention.

As part of the CSS Phase C expansion, late FY 15/16, TCORE increased capacity and improved timeliness to services – specifically for those in acute care settings. In addition, TCORE increased their capacity to support members participating in the Mental Health Court and Co-Occurring Mental Health Court.

The November 7, 2017 Board of Supervisors action and MHSA Steering Committee recommendation for homeless mental health services expansion increased funding in FY 2017-18 for additional housing supports and subsidies to address the needs of more individuals living with serious mental illness who are homeless or at-risk of homelessness and may also have co-occurring substance use disorders.

Success: TCORE Program

A 47 year old man was referred to TCORE following multiple hospitalizations due to symptoms of severe depression, auditory hallucinations and suicidal ideation with a plan. Initially he reported he felt lonely, hopeless, and had daily thoughts about how he could end his life. Staff introduced him to The Clubhouse, co-located at TCORE, a safe place where consumers can form connections, participate in groups, and develop community.

During the initial tour, he expressed feeling inspired by the "quote of the day." Per client request, TCORE was able to support him in connecting to his health plan so that the plan's transportation support could enable him to access and participate in TCORE services. He has been attending both TCORE groups and The Clubhouse for three months now. He recently reported "what really got me through this is the poetry group and, the quote of the day, which I take home with me every day" and finding purpose in his daily routine and the activities that The Clubhouse and groups at TCORE have provided.

He now has connections with others, including peers and the staff at TCORE. He recently inquired about becoming a Peer Mentor and is currently in the process of working with The Clubhouse manager to be a Peer Mentor.

Program outcomes are to improve access to services for individuals who typically have not responded well to traditional outpatient mental health services, or for individuals who may have been unable to utilize community services due to complex co-occurring needs, provide flexible services/interventions necessary to reduce/prevent negative outcomes such as avoidable emergency room utilization, psychiatric hospitalization, jail/incarceration, and eviction/ homelessness, and provide services that will increase the individual's ability to function at optimal

levels and as independently as possible, with the end of services in mind toward the goal of wellness.

Phase A of the CSS Expansion Planning Process resulted in the expansion of the MHSA CSS Component to include the redesigned **Regional Support Team (RST)** service delivery system. The RSTs provide moderate intensity 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) TLCS, Inc., 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.

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 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: El Hogar RST

A 37 year old, single, Caucasian male, with a history of trauma, began receiving services from El Hogar RST in the recent past. He was motivated to seek out services because he was "tired of being depressed and struggling with anxiety." He wanted "to get out in the world again instead of never leaving the house." Initially, he was extremely anxious about leaving his apartment and did not want to come to the clinic for his initial appointments despite his desire to receive services.

Because the RST Community Care Team (CCT) was able to provide flexible, community-based services, they provided services at the consumer's home and assisted him in developing skills for distress tolerance. Since receiving services, the consumer has increased the amount of time spent outside of the apartment – from no days to almost daily. He has worked to develop tools for managing distress in social environments and is now comfortable and able to utilize the full array of mental health services offered by the RST, something he did not see as possible given his history.

Success: TLCS RST

After a 10-day inpatient stay due to a suicide attempt, a 40 year old Hispanic female was referred to TLCS RST. After being referred to the RST, the Community Care Team (CCT) reached out to her, only to discover that she was extremely distrustful of the mental health system. They also learned that she had been referred several times in the past but had never engaged in services. The CCT's Peer Provider began meeting with the client at her home and was able to develop a rapport with her, helping the client feel more at ease and comfortable. She came to trust the Peer Provider enough that she agreed to come into the clinic to participate in treatment.

Currently, she receives rehabilitation, case management, and psychiatric services. She no longer experiences suicidal ideation and feels safe at the RST. She is involved in a variety of groups at the RST and the co-located The Clubhouse program and is considering volunteering as a "peer mentor" to help support other consumers in their own recovery.

Success: Turning Point RST

A young African American man was referred by a local psychiatric hospital to Turning Point RST. The Community Care Team (CCT) helped engage the client in mental health services by providing outreach and information about the RST services. Upon engagement, it was discovered that the consumer was homeless, on probation for domestic violence, and had no financial support.

Through coordination efforts between the CCT and the RST Personal Service Coordinator, the consumer began participating in Turning Point RST services. Through his participation in and support from the RST's Anger Management group, he quit drinking on his. The RST's CCT Resource Specialist also linked the consumer to a shelter and assisted him in obtaining a part time job at a restaurant.

He now has an apartment and is employed full-time at his job. He will be off probation in a few months and is working towards saving for a car.

Success: Visions RST

A 46-year-old Vietnamese-speaking male was referred to Visions RST after successfully stepping down from a higher level of care service provider.

By engaging in services offered, he was able to benefit from his psychotropic medications and mental health services. As a result, this consumer successfully traveled to Vietnam, got married, and has a baby, who the consumer is responsible for the majority of the time since his wife works full-time.

Upon successfully meeting his individual goals, Vision's RST CCT began assisting him in transitioning from RST services to his managed care plan. The CCT was able to support him getting an appointment with the managed care plan's psychiatrist. The CCT also assisted him in setting up appointments for monthly injectable medications at an easily accessible location. He has since successfully completed services with Visions RST and is now receiving ongoing medication management through his managed care plan.

Program: Sierra Elder Wellness
Work Plan #/Type: SAC2 – Full Service Partnership (FSP)
Capacity: 140 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 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.

Success: Sierra Elder Wellness Program
Sierra is serving a 79 year old woman on LPS conservatorship who has struggled with symptoms of Schizophrenia and had a history of disappearing from services and moving away and coming back to Sacramento. Within the span of one year, she had seven psychiatric hospitalizations and was eventually placed at a sub-acute/secured setting for additional stabilization and safety.

Last year, she was ready for community reentry, reconnected with Sierra, and began engaging in services multiple days a week. She found activities she enjoys, including weekly organized socialization outings, art group, and the Current Events group. In working with her Sierra Personal Service Coordinator, she was able to identify the reason she would disappear in the past was from boredom. As a result, the many Sierra activity groups have helped her stay connected to services.

Sierra utilized MHSA flex funds to support and ensure she had a placement that met all of her needs and as a result she has successfully maintained her placement for over a year. Recently, she has been more involved with Sierra activities. This year, Sierra held an Older Adult Appreciation Day, themed in the spirit of a carnival. She provided the impetus and ideas for some of the event games and activities. She stated, "I didn't know the event would be so good" and "my best experience was with the animals." The event was a success and it was attended by well over 100 Sierra members.

Program outcomes are to strengthen functioning level to support clients in maintaining the least restrictive community-based housing; reduce unnecessary psychiatric hospitalizations; reduce incarceration; improve health by increasing access to primary health care; reduce homelessness; connect clients with co-occurring mental health and substance use disorder treatment, and support engagement in meaningful employment/activities and social connectedness.

Program: Permanent Supportive Housing Program
Work Plan #/Type: SAC3 – Full Service Partnership (FSP)
Capacity: Expansion plan in progress – Currently 1,614 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 644 with FSP services and 970 with GSD services.

This Work Plan has been identified for expansion in alignment with the November 7, 2017, Board of Supervisors action and MHSA Steering Committee recommendation for homeless mental health services expansion. This expansion will include expanding identified existing programs within this Work Plan to add housing supports and subsidies, as well as increased treatment capacity. In addition, a new Full Service Partnership program will be developed to further address needs of individuals living with serious mental illness who are homeless or at-risk of homelessness and may also have co-occurring substance use disorders. Expansion of existing programming began in FY 2017-18 and new programming will roll out in FY 2018-19.

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 eighteen (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. Permanent Supportive Housing-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.

In addition, Guest House opened its Connections Lounge drop-in center as part of the CSS Phase B expansion. Through the drop-in center, guests can learn more about mental health recovery, participate in recovery and resource-focused groups and access referrals and additional linkages for substance abuse treatment and physical health in a safe and supportive space.

Success: Guest House

Consumer has been enrolled with Guest House since 2016. He has a long history of incarceration and homelessness. He has been sober for 22 years stating, "My priority was always to get off the streets. That's what gave me hope."

Guest House connected the consumer with STEP Ministry where he accessed a safe place to stay while working on his housing plan with housing specialist who was hired as part of the expansion. The consumer was diagnosed with Schizoaffective disorder and, through Guest House, was able to stabilize his symptoms with medications and clinical interventions.

With MHSA support and coordination from Guest House, the consumer is moving into his own apartment. and when asked about this he stated, "I feel good. It was long, but worth the wait. If something is worth having, it's good not to rush." When asked about his future goals now that housing is secured, the consumer stated, "I want to go back to college. I want to major in business and maybe start something of my own. It's never too late to start over. I am the only one that can hold me back."

The November 7, 2017 Board of Supervisors action and MHSA Steering Committee recommend-ation for homeless mental health services expansion increased funding in FY 2017-18 for additional housing supports and subsidies to address the needs of more individuals living with serious mental illness who are homeless or at-risk of homelessness and may also have co-occurring substance use disorders. With a second expansion in FY 2018-19, Guest House increased program capacity and improved timeliness by significantly increasing outreach efforts through additional outreach workers, a housing specialist and a transition specialist. Guest House also provides short term housing supports utilizing MHSA Housing Subsidies and Support Services in order to resolve and or prevent homelessness. Additionally, the Connections Lounge now provides additional contact with persons experiencing homelessness resulting in increased program enrollment and participation.

Program outcomes are to reduce homelessness; engage persons experiencing homelessness in mental health treatment services; strengthen functioning level to support clients in obtaining and maintaining community tenure; 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.

New Direction provides permanent supportive housing and FSP-level 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 MHSA-financed supportive 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 provides interim housing that has been designated as a shelter to assist residents in bridging the gap from homelessness to permanent housing. Palmer focuses on rapid access to permanent housing within 30 days once income is secured.

The November 7, 2017 Board of Supervisors action and MHSA Steering Committee recommendation for homeless mental health services expansion expanded increased funding in FY2017-18 for additional housing supports and subsidies to address the needs of more individuals living with serious mental illness who are homeless or at-risk of homelessness and may also have co-occurring substance use disorders.

Success: New Direction

While living homeless on the Sacramento downtown area streets, a middle aged gentleman came to New Direction via Guest House. He was initially housed in MHSA-funded Palmer, interim housing. He struggled with substance use and symptoms of major depression and mild psychosis. New Direction worked diligently to secure permanent supportive housing while providing psychiatry, therapy and intensive case management.

Using MHSA flex funds, New Direction was able to provide him with needed household supplies for health and safe apartment living. Additionally, he attended substance use support groups at New Direction with a focus of managing symptoms of co-occurring mental health and substance use disorders.

He currently has nine months sobriety and is enrolled at American River College with the goal of becoming a drug and alcohol counselor. MHSA funds are being used to buy the necessary books and materials to support his education. He is an active member in the recovery community. He attends NA/AA meetings weekly, works the 12 steps with support of a sponsor, and is the secretary of his home group.

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

Pathways program provides permanent supportive housing and FSP-level 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 MHSA-financed permanent supportive housing developments, community-based housing vouchers and utilizes subsidies to provide permanent housing for consumers and their families.

The November 7, 2017 Board of Supervisors action and MHSA Steering Committee recommendation for homeless mental health services expansion increased funding in FY 2017-18 for additional housing supports and subsidies to address the needs of more individuals living with serious mental illness who are homeless or at-risk of homelessness and may also have co-occurring substance use disorders.

Success: Pathways

In the past 11 years, a 30 year old African American male Pathways member, lived homeless and experienced evictions from permanent supportive housing and room & boards and frequently declined housing options presented to him.

In the recent past, he was referred to Mental Health Court to address the recurring cycle of incarcerations and psychiatric hospitalizations. Pathways provided intensive case management and support, attended all court appointments and helped him follow court orders. Through the advocacy and psychoeducation of his Pathways team and other collaborating Mental Health Court providers, the member agreed to a long acting injectable medication.

For the first time in years, he was amenable to housing. Pathways found room & board housing and used MHSA flex funds to help with the costs. Now stably housed, he has been able to maintain his medication regimen and therapeutic services, which greatly reduced impairment related to his mental health symptoms. In turn, he has been able to avoid legal troubles and hospitalizations. Pathways continues to support him in attending weekly court hearings, and helping him build skills that will enable him to graduate from Mental Health Court, which is one of his personal recovery goals. He continues to fully engage with Pathways staff and is eager to eventually move into permanent housing.

Program outcomes are to reduce homelessness; strengthen functioning level to support clients in maintaining the least restrictive community-based housing; reduce 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: SAC4 – Full Service Partnership (FSP)
Capacity: 250 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 primarily in the Asian/Pacific Islander (API) communities in Sacramento County. The program is staffed by psychiatrists, clinicians, mental health counselors, peers, and family advocates, that are reflective of the API communities. Staff assignments are made taking into consideration the gender and specific cultural and linguistic needs of the client. Language specific services are available in numerous API languages, including Vietnamese, Hmong, Cantonese, Mien, Tagalog, Punjabi, Hindi, Laotian, Mandarin, Farsi, Tongan, Cambodian, Spanish, Thai, Telugu, Japanese and Korean.

TWC FSP services include a full range of mental health services and supports that take into consideration cultural and religious beliefs and values, traditional and natural healing practices, and associated ceremonies recognized by the API communities. Services include linking clients to primary care physicians for comprehensive medical assessments and ongoing medical care, particularly for adults with co-occurring medical and mental health needs; culturally and linguistically relevant mental health interventions and activities that reduce and prevent negative outcomes such as avoidable emergency room utilization, psychiatric hospitalization, jail/incarceration, and eviction/homelessness. Based on client need, all services can be delivered in the home, community and school. Services emphasize blending cultural and traditional resources to reduce stigma.

The goals of the TWC are to improve access to services for individuals who have not typically responded to traditional outpatient mental health /psychiatric treatment or who were unable to utilize community services due to complex co-occurring needs. Using the "whatever it takes" approach, services are provided to assist individuals in identifying goals in relation to their culture, increase individuals' ability to function at optimal levels, and to assist with their wellness, recovery and integration into the community.

Success: Transcultural Wellness Center

A 35-year-old woman, originally from Fiji, was referred to TWC after her fourth psychiatric hospitalization. She was in an abusive relationship and lost custody of her 11-year-old daughter. Furthermore, she was struggling with substance use.

The TWC treatment team provided the client with therapy and medication support. She was able to break through the cycle of relationship violence. TWC used MHSA flex funds to help the client obtain housing and job training.

This client is currently working, bought a car, and is able to pay for her own housing. She is actively working to regain custody of her daughter. She says, "I am really grateful I got a chance to meet the people at TWC."

Program outcomes are to reduce psychiatric hospitalization, arrests and incarceration and to increase linkage to employment, education, health care, and housing resources. Additionally, the program seeks to help clients develop and maintain connection to meaningful activities and improve school or job functioning.

Program: Wellness and Recovery
Work Plan #/Type: SAC5 – General System Development (GSD)
Capacity: 3,375 at any given time
Ages Served: Children, TAY, Adults, Older Adults

The **Wellness and Recovery** program consists of: the **Wellness and Recovery Centers**, the **Peer Partner Program,** the **Consumer and Family Voice Program,** and the **Sacramento Advocates for Family Empowerment (SAFE) Program**. In FY 2015-16, this work plan was expanded to include the **Mental Health Crisis Respite Center**, **Abiding Hope Respite House**, and **Mental Health Respite Program**.

This Work Plan was identified for expansion in alignment with the November 7, 2017, Board of Supervisors action and MHSA Steering Committee recommendation for homeless mental health services expansion. This expansion included identified existing programs within this Work Plan to add housing supports and subsidies, as well as increased treatment capacity to further address the needs of individuals living with serious mental illness who are homeless or at-risk of homelessness and may also have co-occurring substance use disorders. Expansion is targeted to began in FY 2017-18.

Located in the northern and southern regions of Sacramento County, the **Wellness and Recovery Centers (WRCs)**, administered by Consumer Self Help Center, are community based multi-service centers that offer an array of comprehensive services and wellness activities designed to support clients in their recovery goals. Services are provided in a supportive environment offering choice and self-directed guidance for recovery and transition into community life. The WRCs serve individuals age eighteen and older of all genders, races, ethnicities and cultural groups. They

employ consumers and train individuals for peer counseling, peer mentoring, advocacy, and leadership opportunities throughout Sacramento County.

WRCs offer both a treatment program and community program. WRCs treatment program provides psychiatric and medication support services for adult clients with serious mental illness. The community program provides wellness activities available to clients enrolled in the treatment program and to community residents with an interest in mental health support, wellness and recovery services. WRC activities include 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. Alternative therapies are offered in their Community Program that 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.

Success: Wellness and Recovery Centers

"I had been homeless and couch surfing for years also staying with my kids' mother too. I started coming to WRC North in 2016 and got support with hygiene and basic needs, but wasn't yet ready for any other services. One day, a WRC Wellness Mentor sat down, played dominoes with me, and talked to me about housing and the various programs available to me.

I was still reluctant, but she walked me through the process and the application and I was able to obtain a Shelter Plus Care housing voucher. I had to come in three times a week to meet with her to find a landlord that would take the voucher. She worked with me diligently over the next months and was able to help me find a place. She continues to work with me through my hurdles with housing. She also helped me find free furniture and other household items.

I am happy that I accepted that domino game, it changed my life."

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 six days per week and are closed on Sundays. The North Center offers evening hours during the week as well as respite services.

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

As part of the CSS Phase C expansion, WRCs were able to increase the number served through the community centers. Additionally, the November 7, 2017 Board of Supervisors action and MHSA Steering Committee recommendation for homeless mental health services expansion increased WRCs funding in FY 2017-18 which added housing and resource specialists to support and address the needs of the increased number of participants experiencing homelessness.

The **Peer Partner Program (Peer Partners)** is administered by Mental Health America of Northern California (NorCal MHA). The program provides peer support services to adults and older adults linked to the Adult Psychiatric Support Services (APSS) clinic and expanded to provide peer support services to individuals linked to the Mental Health Treatment Center (MHTC). Peer Partner staff are consumers and family members with lived experience. Peer

Partners are integrated staff members of the APSS and MHTC multidisciplinary teams and provide peer-led recovery-oriented services for APSS and MHTC participants and their families.

The primary services provided by the Peer Partners for APSS and MHTC clients include the following: Information and training about wellness and recovery; information about and referrals and connecting to mental health services and other services and resources; navigation assistance; advocacy; experiential sharing; building community; relationship building; education and support group facilitation; Wellness Recovery Action Plan (WRAP) group facilitation; skill building/ mentoring/goal setting; and socialization/self-esteem building. As collaborating members of the APSS and MHTC multidisciplinary teams, Peer Partners staff role is to build awareness and provide information about the client perspective, the consumer culture, and culturally relevant engagement strategies.

Success: Peer Partners Program

A client was admitted to the Adult Psychiatric Support Services (APSS) clinic for issues related to relationship struggles, traumatic experiences from childhood, addiction, and unemployment and was then referred to the Peer Partners Program. The Peer Partners Support Specialist encouraged the client to engage in Peer Partners Program services.

With the support of the Peer Support Specialist, the client began to attend and participate in support groups, employment coaching, and skills training for coping with trauma triggers. After a few years of participating in peer-led services, she is now substance free, is gainfully employed, and is using her lived experience in the community to help others find their own recovery path.

Program outcomes include improving overall health and wellness for client, helping clients engage with their natural supports, helping clients engage in meaningful activities, and reducing psychiatric hospitalizations.

The **Consumer and Family Voice (CFV) 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 serve as liaison to DBHS and represent, communicate and promote the consumer and family member perspective. The consumer and adult family member advocates 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 that include but are not limited to advocacy, system navigation, trainings, support groups, and psycho-educational groups. Program services outcomes include increasing access to services; providing knowledge and understanding of mental health, resiliency, recovery, self-determination, and empowerment; increasing

Success: Consumer and Family Voice Program

CFV Adult Family Advocate Liaison received a call from a gentleman who identified as a consumer of mental health services in Sacramento County. The consumer explained he was going through a very stressful time in his life, as he did not have income and was unable to find a job due to his mental health condition. The consumer wanted to apply for Social Security benefits but had no idea where to start.

With the help of the Advocate, the consumer was referred to El Hogar's SMART Program where he was able to get support and assistance to apply for Social Security benefits. After one month, the consumer contacted the Advocate and shared that the SMART Program was able to help him to get his social security benefits quickly approved and that he expected to start collecting benefits in the near future. He thanked the Advocate for helping him get linked and stated he was feeling so much better.

knowledge of services and available community resources; and decreasing the experience of isolation and/or lack of community supports for clients.

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. Advocates maintain an email database of over 750 community members/experts, many with lived experience, in an effort to keep our community informed of topics that pertain to our client and family member community. In FY 2016-17, four Expert Pool Town Hall Meetings were convened with an average attendance of 35 individuals per meeting.

This program also coordinates and facilitates the annual client culture conference that is sponsored by DBHS.

The **Sacramento Advocates 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 family member/youth advocate serves as liaison to DBHS and represents, communicates and promotes youth and family member perspective. The Youth and Family Advocates promote and encourage parent/caregiver and youth consumer involvement in the mental health system, from program planning to program participation. The program provides a wide array of services and supports including but not limited to direct client support services and advocacy, system navigation, trainings, support groups, and psychoeducational groups. Program outcomes include increasing access to services; providing knowledge and understanding of mental health, resiliency, recovery, self-determination, and empowerment; increasing knowledge of services and available community resources; and decreasing the experience of isolation and/or lack of community supports for clients.

Success: SAFE Program

A Spanish-speaking woman who had just come from Mexico was hospitalized at the Mental Health Treatment Center (MHTC). Her husband and children did not understand why she was hospitalized, nor did they understand the process for her release.

The family sought out support from the SAFE Family Advocate who, in collaboration with the CFV Adult Family Advocate Liaison, informed the family about the reason for hospitalization, about the hearing process, and assisted in system navigation. The family learned that their wife/mother was hospitalized due to observable signs of depression. She also made statements that she could not live without her husband.

On the day of the hearing, the Family Advocate supported the family by attending the hearing and interpreting. The family was able to offer information that supported their wife/mother's release from the MHTC. The wife/mother was successfully discharged from the MHTC and released to a family member. The family was appreciative of the Family Advocate's support, navigation and interpreting assistance.

As part of the program, SAFE advocates coordinate and facilitate various support groups for clients/consumers of behavioral health services and their family members, including Latino Support Groups, Teen Coed Support Groups, Parent/Family Support Groups, an eight-week Anger

Management Group, and a 16-hour Wellness and Recovery Action Plan (WRAP) group. In FY 2017-18, there were 97 individuals who participated in these groups.

Mental Health Respite Programs: The following three programs were added to the Wellness and Recovery 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 twenty-four (24)-hour/seven (7) days a week mental health crisis respite care in a warm and supportive community-based setting to eligible 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 up to twenty-three (23)-hours. The program has the capacity to serve up to ten (10) adults at any given time.

Program goals are to reduce emergency department visits or acute psychiatric hospitalizations and that clients will report an improvement in their recovery journey.

Success: Mental Health Crisis Respite Center

A guest, who first visited in 2015, has utilized the Mental Health Crisis Respite Center multiple times since. This guest is a Veteran and reported he has been diagnosed with PTSD. He would experience night terrors and, at times, rage. He had been assaulted on many occasions, been kicked out of several room & boards, and experienced homelessness, which he attributed to triggers associated with PTSD. The guest would often talk about his struggle with being in the Army and the "kill or be killed" mentality.

The last time he was at the Center in 2017, he had just broken up with his significant other and his grandmother had passed. He would often turn to alcohol to help manage the losses but on this occasion he decided to come into the Center to remain safe. While at the Center, staff provided him with a safe space, listening sessions with Peer Counselors, resources for housing options, resources to assist him with the ability to maintain his sobriety, and genuine care.

The guest has called several times since his last stay stating he is doing well. He says he is grateful to the Center for working with him so often during his lowest times – that the Center has always given him a place to clear his mind, get his thoughts together, and remain safe. He has maintained his housing and often says, "if it weren't for Crisis Respite, I doesn't know where I would be today."

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 five 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: Abiding Hope Respite House
A client served by Abiding Hope Respite house shared "I am very grateful for my stay at Abiding Hope. I was in an unsafe situation and feeling anxious and scared when I came to Abiding Hope. I was able to work hard, regroup, and gain my stability back. This program is awesome and very supportive. If you work hard, it pays off. There are a select number of staff that have been extremely positive and supportive to me. I would like to honor the staff and the director for supporting me. I am leaving feeling good and positive."

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.

Program: Adult Full Service Partnership
Work Plan #/Type: SAC6 – Full Service Partnership (FSP)
Capacity: 450 at any given time
Ages Served: TAY, Adults, Older Adults

Success: Mental Health Respite Program
A client came to Saint John's Mental Health Respite Program after sharing she was assaulted by her employer. After the assault, she left the area and came to Sacramento County seeking a new job. Due to trauma being so recent, she often wouldn't speak; therefore, every day, a Respite Program team member would just sit with her and remind her to breathe. As a former athlete, it felt profound for staff to witness a tall, strong, athletic woman appear and report feelings of powerlessness.

As the client thought about what her next steps might be, she became clear that she needed to work on recovery and healing before looking for employment. The client was supported in working with shelter care and accessing legal support during her stay. Saint John's extended her respite stay until there was an opening in another shelter thereby providing seamless transition for the client. On the day the client left, she expressed deep gratitude for St. John's Respite Program and even took selfies with staff to remember her time in the respite program.

The **Adult Full Service Partnership Program** consists of: **Integrated Services Agency (ISA)**, administered by Turning Point, and **Sacramento Outreach Adult Recovery (SOAR)**, administered by Telecare. 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 of care 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.

Services also include assistance with benefit acquisition, housing supports and subsidies, 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.
Turning Point ISA and Telecare SOAR have established and maintained successful collaborations with system partners, community agencies, sub-acute care providers, law enforcement, healthcare providers, conservators, and ethnic and cultural groups to assist consumers in maintaining in the community and working toward recovery.

Success: Integrated Services Agency
A member, aged 62, came to Turning Point's ISA requesting help with her anxiety and symptoms related to her diagnosis of Schizophrenia. She also had a long-standing history of substance use which interfered with her ability to remain stably housed.

Upon coming to the ISA, the member developed a good working relationship with her assigned care manager. Together they were able to identify several housing options the member could choose from and were able to find the "homey" group living environment that finally met her needs.

Once having a safe place to live, the member reported feeling safe enough to participate in the ISA's counseling groups and made several close connections with peers she met there. This member has increased her coping skills and has benefited from the trusting relationships she now enjoys. Her care manager continues to works with her on symptom management so her self-care does not fall by the wayside again. The member has been working with program staff to advocate for herself and has now been able to stay housed and safe for over three years.

Success: SOAR
A Russian-speaking gentlemen, in his 40s, was referred to Telecare SOAR from TCORE about three and a half years ago. At time of referral, he had multiple hospitalizations, no income and had a history of homelessness. Speaking minimal English, he had difficulty communicating with others at his room & board and in the community and would often isolate himself in his room as a result.

After a year of being linked to SOAR, SOAR staff assisted him in obtaining benefits, find suitable and stable housing. After consistent engagement by SOAR staff, he began walking to the Telecare office to his appointments and later started attending support and informational groups on a daily basis. SOAR staff also worked with the client on navigating the public transportation system. One of his initial goals was to become more independent, which included learning to budget his money to save for a car.

In the last few months, the client bought a car independently and he now maintains his registration and insurance. He reported that, "I feel like a man now that I can drive again." He reports feeling closer to his long term goal, stating, "I always wanted to start working to get my own place and send money to my family back home [Russia]. I have a car to get me to my jobs."

These programs were expanded in alignment with the November 7, 2017, Board of Supervisors action and MHSA Steering Committee recommendation for homeless mental health services expansion to add additional housing supports and subsidies, as well as increased treatment capacity to further address the needs of individuals living with serious mental illness who are homeless or at-risk of homelessness and may also have co-occurring substance use disorders.

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: SAC7 – Full Service Partnership (FSP)
Capacity: 128 at any given time
Ages Served: Youth and TAY ages 13 – 25

The **Juvenile Justice Diversion and Treatment Program (JJDTP)** is a FSP that brings together a partnership between DBHS, Sacramento County Probation Department, and River Oak Center for Children to deliver integrated services to youth involved with juvenile justice with multiple complex needs across several service systems. JJDTP provides screenings, assessments and intensive mental health services and FSP supports to eligible youth and their families. 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, youth 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 the program's intensive, evidence-based services delivered in coordination with a specialized Probation Officer. Family and youth advocates provide family and peer support which complement clinical FSP services.

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.

Success: Juvenile Justice Diversion and Treatment Program
A youth was admitted into the JJDTP Program with diagnoses of Anxiety and Depression. During the course of services, the youth and her boyfriend married and were expecting their first child. Because the couple was homeless and living in their car, it was difficult to remain in contact with the youth.

JJDTP staff, were able to connect and engage the youth in services. The program supported the youth and her family with hotel stays. The husband was offered employment and, within a few weeks, the family was able to move into an apartment of their own. The program supported the youth and family with a security deposit, three months of rent, furniture, and other household items. For the first time in their lives, the family has opened a bank account and is saving money. JJDTP continues to provide services and support to the youth.

As part of the CSS Phase B expansion, in FY 2016-17, JJDTP increased the number of youth and families served from 92 to 128. This expansion also allowed for dedicated focus on serving youth who are at risk of becoming involved in the Juvenile Justice System.

Program: TAY Full Service Partnership
Work Plan #/Type: SAC8 – 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, administered by Central Star Behavioral Health, was implemented in late FY 2016-17. The program provides core FSP services and flexible supports to TAY between the ages of 16-25 who 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. Services are culturally and linguistically competent with sensitivity to and affirmation of gender identity, gender expression and sexual orientation. Services are individualized based on age, development and culture. The new TAY FSP program includes outreach, engagement, retention and transition strategies with an emphasis in independent living and life skills, mentorship and services that are youth and family driven. The TAY FSP also has the capacity to serve young people that need low/moderate to high level specialty mental health services.

Success: Transition Age Youth FSP Program

A TAY client was supported by the FSP Team consisting of a facilitator, a clinician, advocates, and a psychiatrist. The team provided the Youth with services to address his symptoms and support independent living skills. During the course of services, the youth expressed interest obtaining employment. Initially, the Youth did not have appropriate employment documents.

With the support of his TAY FSP Team, the Youth was able to obtain necessary documents and complete a job readiness training program comprised of a one-week training course and three months on-the-job paid training. Youth learned employment skills such as customer service, inventory/stocking, communication skills, resume building, and was eventually offered a part-time job. Shortly after,the Youth applied for additional employment and now has two jobs!

The Youth now has a vehicle and is able to get to and from work and has graduated from FSP TAY services.

This program is designed to improve access to services for individuals who typically have not responded well to traditional outpatient mental health /psychiatric treatment, or for individuals who are unserved, underserved, and/or inappropriately served; ensure linkage to a Primary Care Physician (PCP) to provide a comprehensive medical assessment and ongoing medical care, particularly for clients with co-occurring medical and mental health needs; provide various services/interventions necessary to reduce/prevent avoidable emergency room utilization, psychiatric hospitalization, jail/incarceration, and eviction/homelessness; and provide services that will increase the individual's ability to function as independently as possible within the community.

Program: Crisis Residential Program
Work Plan #/Type: SAC9 – General System Development (GSD)
Capacity: 27 at any given time
Ages Served: Adults ages 18 - 59

Twelve-Bed Crisis Residential Program (CRP) #1 in South Sacramento and fifteen-bed CRP #2 in Rio Linda are both administered by Turning Point Community Programs. Both CRPs are short-term residential treatment programs that operate in a structured home-like setting twenty-four (24) hour, seven (7) days a week. Eligible consumers may be served through the CRP for up to 30 days.

These programs are designed to address the MHSA General Standards and embrace peer facilitated activities that are culturally responsive. CRPs are designed for individuals, age 18 and up, 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).

Success: Crisis Residential

A client came to South Sacramento CRP after a suicide attempt (her third attempt within three months) with symptoms of Major Depressive Disorder and a history of Methamphetamine Use. When she first came to the program, she appeared to struggle with appropriate social boundaries and skills, and presented with frequent tearfulness, anger, dependency on others to soothe and lack of motivation to engage with outside resources.

As she engaged in program services , she gradually began to trust that others could assist her in her recovery, and therefore began to seek staff for support. As her participation in groups increased, she started practicing new coping skills independently and even became a great support to her peers. She continued building appropriate relationships with others (letting go of the need to control others to predict their behaviors to keep herself "safe") while maintaining her compassion and care for others.

By the time she graduated the program, she reported being able to independently and successfully use at least seven new coping skills, experienced a significant decrease in her depressive symptoms, and found a place to live. About a month after she completed the program, she returned to share her progress and excitement with staff – including that she had been able to find sustainable housing and continue managing her mental health independently.

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: Crisis Residential Program #2

Rio Linda CRP received a referral for an individual with comorbidity of both a Mood Disorder and Substance Abuse. He had been referred to CRP#2 one time previously. During his first admission, he was determined to use the Methadone clinic to assist in his recovery; therefore, with staff support, he woke up at 5:00 am to walk five miles to the clinic in order to return to CRP#2 in time for group therapy. Though it was hard for staff to see him struggle and miss groups occasionally due to the distance, staff provided unconditional support of his recovery goals. Despite his efforts with engaging in his recovery along with the support of CRP staff, he unfortunately relapsed and left the program.

When he returned to CRP#2 the second time, he told his case manager how much he valued the staff supporting his decision to go the Methadone clinic on his own terms, that he felt supported and heard for the first time in his life. As the case manager continued to work with him, they noticed huge changes in his engagement in treatment and personality. By the end of his second admission at CRP, with hard work from this individual and his case manager along with other CRP staff, he was on his way to obtaining a job, utilizing services and strategies that helped stabilize his symptoms, and was ready to begin the next steps of his journey.

Several months after leaving the program, he had maintained sobriety, had begun repairing relationships with his family, and wrote to staff, "Thank you for another chance at completing this program. I definitely got a lot accomplished and a new perspective on life. My case manager pushed me to keep up on my responsibilities. The rest of the staff showed me nothing but respect and encouragement and I appreciate that. Thank you."

Program goals are to provide crisis stabilization, promote recovery, and optimize community functioning by the provision of short-term, effective mental health services and supports; and to decrease utilization of hospital emergency departments, Mental Health Treatment Center (MHTC), private psychiatric facilities, and incarceration.

Program: Consultation, Support and Engagement Teams (CSET) Program
Work Plan #/Type: SAC10 – General System Development (GSD)
Capacity: 50 at any given time.
Ages Served: Children and Youth (up to age 21)

This new program evolved from the CSS Phase C expansion community planning process and addresses the needs of children and youth that have been commercially sexually exploited. This program has two components: 1) Outreach and engagement services for children, youth and families; contracted provider works closely with court systems to identify children and youth in need of services, and attends weekly case staffing to engage children/youth that are unlinked to supportive resources and mental health programs. This component is administered by Central Star Behavioral Health. 2) Regents of the University of California, Davis (UCD) conducts consultation, education and training to mental health providers and system partners that deliver treatment services to this underserved population. It is hoped that this training will annually reach approximately 180 clinical staff and 300 support staff (unlicensed staff and advocates).

Central Star began providing program services early in in July 2018. The program has developed processes for referral, attending court meetings, and establishing connection with other providers who interface with this at-risk population. More information on program implementation will be provided in future updates.

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 FY 2018-19 Cost per Client information for implemented programs:

FY2018-19 CSS COMPONENT BUDGET Work Plan / Program	Average Cost/Client*	Budget Amount
SAC1 - GSD: TCORE	$ 5,957	$ 33,357,813
SAC2 - FSP: Sierra Elder Wellness	$ 14,631	$ 2,048,327
SAC3 - FSP: Permanent Supportive Housing	$ 10,676	$ 17,230,424
SAC4 - FSP: Transcultural Wellness Center	$ 10,613	$ 2,653,266
SAC5 - GSD: Wellness and Recovery Center	$ 2,296	$ 7,749,522
SAC6 - FSP: Adult Full Service Partnership	$ 20,951	$ 9,427,929
SAC7 - FSP: Juvenile Justice Diversion and Treatment	$ 28,324	$ 3,625,533
SAC9 - GSD: Crisis Residential	$ 12,086	$ 3,746,579
TOTAL		**$ 79,839,393**

*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

Penetration Rates – Calendar Years 2016 and 2017

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

Penetration Rates		Calendar Year 2016					Calendar Year 2017					
		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 2016 and CY 2017
		N	%	N	%	%	N	%	N	%	%	%
Age Group	0 to 5	72,266	12.8%	1,555	5.7%	2.2%	69,886	12.5%	1,203	4.3%	1.7%	-20.0%
	6 to 17	134,120	23.7%	9,967	36.5%	7.4%	133,236	23.8%	9,737	34.7%	7.3%	-1.7%
	18 to 59	293,755	52.0%	13,894	50.9%	4.7%	288,999	51.7%	15,070	53.7%	5.2%	10.2%
	60+	65,086	11.5%	1,894	6.9%	2.9%	67,305	12.0%	2,075	7.4%	3.1%	5.9%
	Total	565,227	100.0%	27,310	100.0%	4.8%	559,426	100.0%	28,085	100.0%	5.0%	3.9%
		N	%	N	%	%	N	%	N	%	%	
Gender	Female	298,366	52.8%	14,261	52.2%	4.8%	296,052	52.9%	14,523	51.7%	4.9%	2.6%
	Male	266,860	47.2%	13,039	47.7%	4.9%	263,373	47.1%	13,553	48.3%	5.1%	5.3%
	Unknown/Not Reported	----	----	10	0.0%	N/A	----		9	0.0%	N/A	N/A
	Total	565,226	100.0%	27,310	100.0%	4.8%	559,425	100.0%	28,085	100.0%	5.0%	3.9%
		N	%	N	%	%	N	%	N	%	%	
Race	White	149,383	26.4%	8,766	32.1%	5.9%	140,900	25.2%	8,927	31.8%	6.3%	8.0%
	African American	89,118	15.8%	6,037	22.1%	6.8%	85,432	15.3%	6,174	22.0%	7.2%	6.7%
	American Indian/Alaskan Native	4,290	0.8%	264	1.0%	6.2%	3,927	0.7%	286	1.0%	7.3%	18.3%
	Asian/Pacific Islander	112,185	19.8%	1,706	6.2%	1.5%	78,944	14.1%	1,788	6.4%	2.3%	48.9%
	Other	101,461	18.0%	4,837	17.7%	4.8%	121,538	21.7%	5,036	17.9%	4.1%	-13.1%
	Hispanic	108,792	19.2%	5,700	20.9%	5.2%	128,686	23.0%	5,874	20.9%	4.6%	-12.9%
	Total	565,229	100.0%	27,310	100.0%	4.8%	559,427	100.0%	28,085	100.0%	5.0%	3.9%

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

**The EQRO data for Medi-cal eligible beneficiaries includes the newly eligible individuals through the Affordable Care Act (ACA).

Review of the penetration rate chart shows a comparison from Calendar Year (CY) 2016 to CY 2017. 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) have also accounted for some of the changes experienced in the penetration rates. The data shows that the number of Medi-Cal beneficiaries has decreased for several age groups and populations but increased for older adults, and for both Hispanic and Other populations. The number of Medi-Cal beneficiaries served has decreased for children and youth through age 17; however, it has increased for all other populations. The penetration rate is calculated as the total number of persons served divided by the number of persons eligible. Sacramento County is a Geographic Managed Care (GMC) county with bifurcated mental health benefits provided through plans and Sacramento County Mental Health Plan (MHP). As a result, several other organizations are providing mild to moderate mental health services to Medi-Cal beneficiaries in Sacramento County. It is possible that penetration rates for some age, race, cultural and ethnic groups are underreported due to services being delivered in the community by community partners that are not part of the MHP, such as Federally Qualified Health Centers (FQHC) and health plans' subcontractors.

Retention Rates FY 2016-17

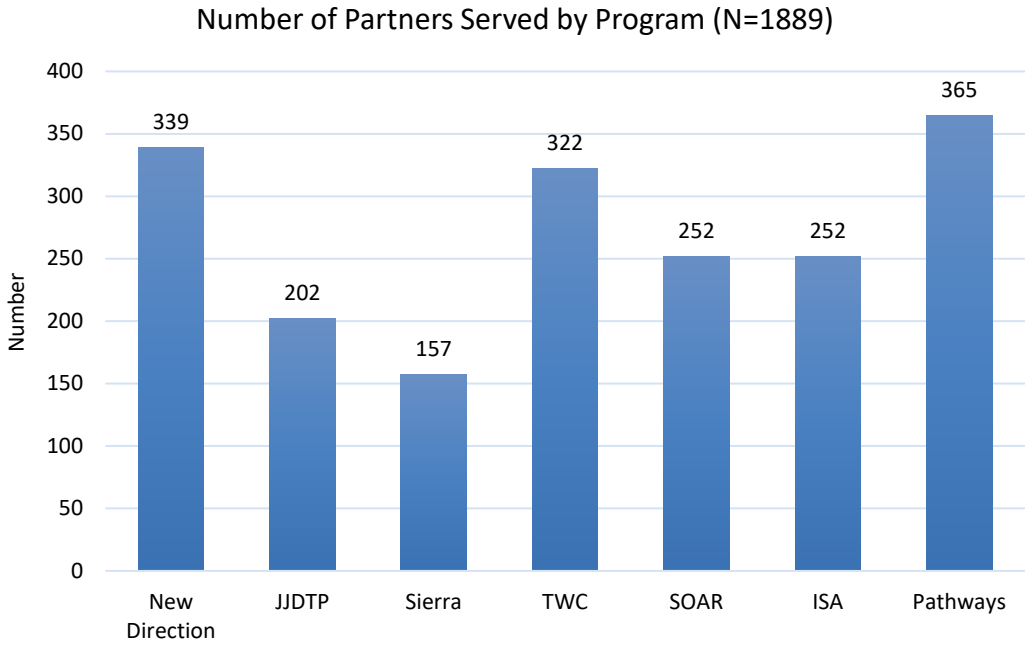
Retention FY 16/17														
FY 16/17		Total Served	1 Service		2 Services		3 Services		4 Services		5 to 15 Services		>15 Services	
			N	%	N	%	N	%	N	%	N	%	N	%
Race (0-17.9)	API	325	23	7.1%	22	6.8%	13	4.0%	12	3.7%	106	32.6%	149	45.8%
	Black	2227	203	9.1%	147	6.6%	88	4.0%	74	3.3%	664	29.8%	1051	47.2%
	Hispanic	3189	268	8.4%	164	5.1%	129	4.0%	142	4.5%	1088	34.1%	1398	43.8%
	Nat-Amer	93	8	8.6%	1	1.1%	4	4.3%	5	5.4%	24	25.8%	51	54.8%
	White	2312	144	6.2%	100	4.3%	90	3.9%	83	3.6%	661	28.6%	1234	53.4%
	Other	646	41	6.3%	29	4.5%	27	4.2%	33	5.1%	218	33.7%	298	46.1%
	Unknown	601	81	13.5%	56	9.3%	46	7.7%	30	5.0%	204	33.9%	184	30.6%
Race (≥18)	API	1433	101	7.0%	74	5.2%	65	4.5%	50	3.5%	670	46.8%	473	33.0%
	Black	3607	562	15.6%	337	9.3%	196	5.4%	158	4.4%	1304	36.2%	1050	29.1%
	Hispanic	2322	353	15.2%	199	8.6%	109	4.7%	111	4.8%	872	37.6%	678	29.2%
	Nat-Amer	192	17	8.9%	21	10.9%	9	4.7%	8	4.2%	81	42.2%	59	30.7%
	White	6369	775	12.2%	486	7.6%	329	5.2%	309	4.9%	2503	39.3%	1967	30.9%
	Other	750	91	12.1%	69	9.2%	56	7.5%	41	5.5%	295	39.3%	198	26.4%
	Unknown	1832	548	29.9%	231	12.6%	147	8.0%	98	5.3%	580	31.7%	228	12.4%
Age	0-17.9	9393	768	8.2%	519	5.5%	397	4.2%	379	4.0%	2965	31.6%	4365	46.5%
	≥ 18	16505	2447	14.8%	1417	8.6%	911	5.5%	775	4.7%	6305	38.2%	4650	28.2%
Sex	Male	12594	1805	14.3%	954	7.6%	612	4.9%	540	4.3%	4176	33.2%	4507	35.8%
	Female	13296	1408	10.6%	981	7.4%	695	5.2%	613	4.6%	5093	38.3%	4506	33.9%
	Other/Unk*	8	2	25.0%	1	12.5%	1	12.5%	1	12.5%	1	12.5%	2	25.0%
Language	English	22173	2738	12.3%	1652	7.5%	1101	5.0%	973	4.4%	7698	34.7%	8011	36.1%
	Spanish	1470	129	8.8%	89	6.1%	72	4.9%	81	5.5%	588	40.0%	511	34.8%
	Russian	249	9	3.6%	13	5.2%	7	2.8%	6	2.4%	144	57.8%	70	28.1%
	Hmong	323	18	5.6%	18	5.6%	12	3.7%	13	4.0%	164	50.8%	98	30.3%
	Vietnamese	190	3	1.6%	10	5.3%	8	4.2%	6	3.2%	96	50.5%	67	35.3%
	Cantonese	66	0	0.0%	2	3.0%	4	6.1%	0	0.0%	32	48.5%	28	42.4%
	Other	634	34	5.4%	39	6.2%	30	4.7%	28	4.4%	347	54.7%	156	24.6%
	Unknown	793	284	35.8%	113	14.2%	74	9.3%	47	5.9%	201	25.3%	74	9.3%
TOTAL		**25898**	**3,215**	12.4%	**1,936**	7.5%	**1,308**	5.1%	**1154**	4.5%	9270	35.8%	9015	34.8%

Review of the FY 2016-17 retention table shows the number of services per individual to determine retention. Retention is defined as receiving five or more specialty mental health services in a fiscal year. The table above shows, by demographic characteristic, the number of services individuals received in FY 2016-17. The majority of individuals (73.3%) received more than five servies during FY 2016-17 with almost 42% of individuals receiving more than 15 services in the FY. Retention rates for children, aged 0 to 17 years, are higher than the overall system. Whites and Native Americans have the highest retention rates at just over 83%, while those with an unknown/unreported race have the lowest retention. Females are retained at a higher rate than males (72.2%, 69%, respectively).

Full Service Partnership (FSP) Program FY 2016-17 Outcomes

During FY 2016-17, Sacramento County's seven FSP programs served 1,889 partners (clients). FSPs showed considerable progress in reducing negative outcomes and in assisting partners with mental health and/or substance use disorders to manage their conditions successfully. The following section examines outcomes over time for partners that have been receiving services in an FSP for at least one year. Of the 1,889 partners served in FY 2016-17, 1,142 (60.5%) had been receiving services in an FSP the previous year. Changes are represented in percent change from baseline (one year prior to enrollment in an FSP).

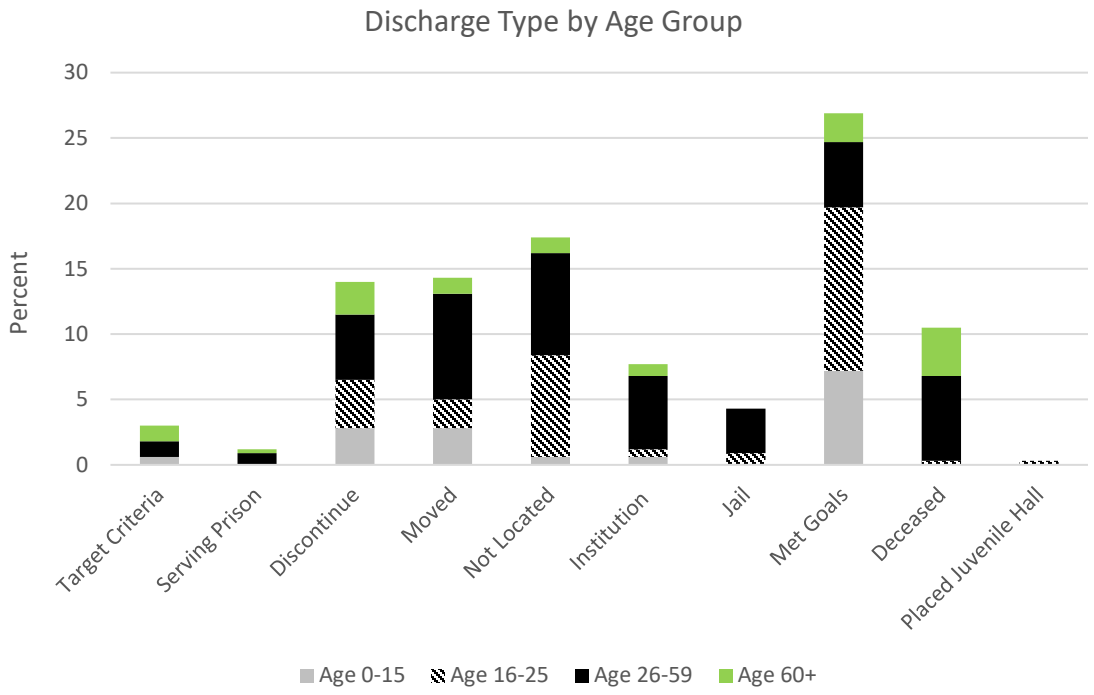
- Psychiatric hospitalizations decreased by 59.6%
- Psychiatric hospital days decreased by 72.5%
- Arrests decreased by 60.1%
- Incarcerations decreased by 44.9%
- Incarceration days decreased by 53%
- Homeless occurrences decreased by 72.4%
- Homeless days decreased by 90.8%
- Emergency room (ER) visits for psychiatric reasons decreased by 67.9%
- Emergency room (ER) visits for medical reasons decreased by 74.8%
- Employment rate increased by 0.8%
- Majority (83.5%) of partners in all ages groups are connected to a Primary Care Physician



During FY 2016-17, there were 321 discharges from Sacramento's FSP providers (see Table A). For discharged partners, the average length of stay was nearly three years, and stays ranged from one day to five years or longer. The primary discharge reason across all seven providers was the category of "Met Goals" at 26.8% (86).

Table A: Discharges from FSPs

	Age Group (n and %)									
Discharge Type	Age 0-15	%	Age 16-25	%	Age 26-59	%	Age 60+	%	Total	%
Target Criteria	2	0.6	0	0.0	4	1.2	4	1.2	10	3.1
Serving Prison	0	0.0	0	0.0	3	0.9	1	0.3	4	1.2
Discontinue	9	2.8	12	3.7	16	5.0	8	2.5	45	14.0
Moved	9	2.8	7	2.2	26	8.1	4	1.2	46	14.3
Not Located	2	0.6	25	7.8	25	7.8	4	1.2	56	17.4
Institution	2	0.6	2	0.6	18	5.6	3	0.9	25	7.8
Jail	0	0.0	3	0.9	11	3.4	0	0.0	14	4.4
Met Goals	23	7.2	40	12.5	16	5.0	7	2.2	86	26.8
Deceased	0	0.0	1	0.3	21	6.5	12	3.7	34	10.6
Placed Juvenile Hall	0	0.0	1	0.3	0	0.0	0	0.0	1	0.3
Grand Total	47	14.6	91	28.3	140	43.6	43	13.4	321	100.0



Across all seven FSP programs, the majority (52.8%) were male (See Table B). Three programs: Pathways, Sierra, and TWC, served a higher percentage of females (54.2% Pathways, 59.9% Sierra, and 51.9% TWC).

Table B: Gender

	New Direction		JJDTP		Sierra		TWC		SOAR		Turning Point ISA		Pathways		Grand Total	
Gender	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	143	42.2	80	39.6	94	59.9	167	51.9	114	45.2	95	37.7	198	54.2	891	47.2
Male	196	57.8	122	60.4	63	40.1	154	47.8	138	54.8	157	62.3	167	45.8	997	52.8
Unknown/Not Reported	0	0.0	0	0.0	0	0.0	1	0.3	0	0.0	0	0.0	0	0.0	1	0.1
Grand Total	339	100.0	202	100.0	157	100.0	322	100.0	252	100.0	252	100.0	365	100.0	1889	100.0

Just under 13% (12.9%) of all partners identified as Hispanic, with JJDTP reporting the highest percentage at 30.2% (See Table C).

Table C: Ethnicity

	New Direction		JJDTP		Sierra		TWC		SOAR		Turning Point ISA		Pathways		Grand Total	
Ethnicity	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Hispanic	39	11.5	61	30.2	8	5.1	13	4.0	32	12.7	34	13.5	57	15.6	244	12.9
Not Hispanic	289	85.3	121	59.9	137	87.3	295	91.6	210	83.3	211	83.7	288	78.9	1551	82.1
Unknown/Not Reported	11	3.2	20	9.9	11	7.0	14	4.3	10	4.0	7	2.8	20	5.5	93	4.9
Grand Total	339	100.0	202	100	157	100.0	322	100.0	252	100.0	252	100.0	365	100.0	1889	100.0

Partners served speak a variety of languages and the County provides services in their preferred language (see Table D). The majority of partners reported English as their primary language at nearly 85% (84.4%, n=1,596), followed by Hmong at 4.2% (n=79) and Vietnamese at 3.0% (n=56).

Table D: Primary Language

Primary Language	Age 0-15	%	Age 16-25	%	Age 26-59	%	Age 60+	%	Total	%
Arabic	0	0.0	0	0.0	1	0.1	0	0.0	1	0.1
Other	15	9.4	8	3.0	53	4.6	17	5.8	93	4.9
Cantonese	10	6.3	2	0.7	18	1.5	8	2.7	38	2.0
English	124	78.0	240	88.6	990	85.1	242	82.0	1596	84.5
Hmong	5	3.1	12	4.4	53	4.6	9	3.1	79	4.2
Russian	1	0.6	1	0.4	10	0.9	1	0.3	13	0.7
Vietnamese	4	2.5	6	2.2	30	2.6	16	5.4	56	3.0
Unknown / Not Reported	0	0.0	2	0.7	9	0.8	2	0.7	13	0.7
Total	159	100.0	271	100.0	1164	100.0	295	100.0	1889	100.0

Partners from various racial backgrounds were served, and nearly one-third (37.5%, 709) of partners reported their race as White/Caucasian (see Table E). Just over 26% (26.5%, 500) reported their race as Black/African American. Almost 9%, (8.9%, 170) indicated their race as "Other". Other prevalent race categories included Hmong (4.9%, 92) and Vietnamese (4.0%, 76).

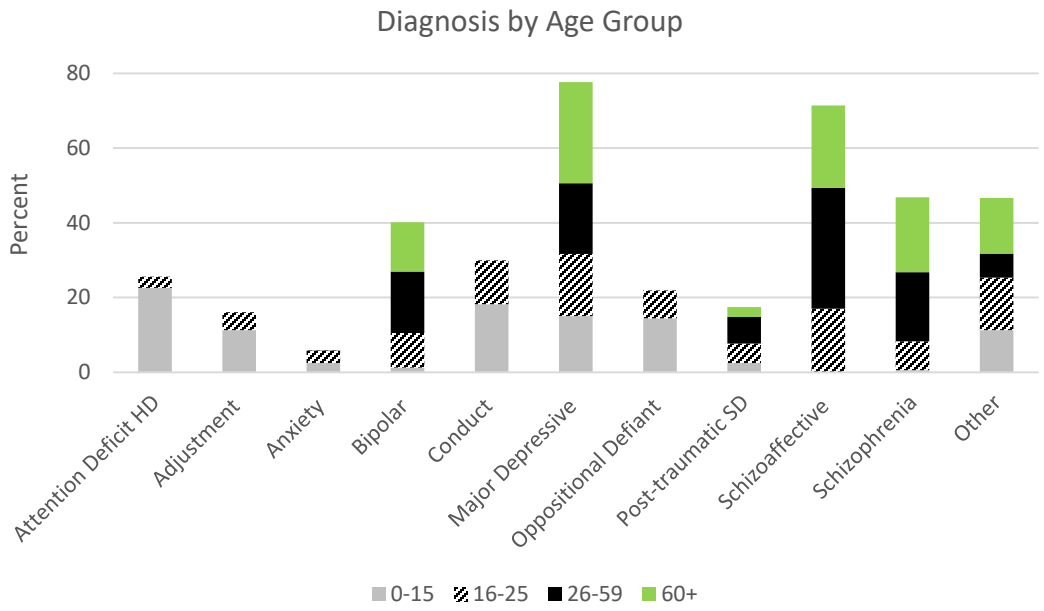
Table E: Race

Race	Age 0-15	%	Age 16-25	%	Age 26-59	%	Age 60+	%	Total	%
American Indian	2	1.3	2	0.7	18	1.5	4	1.4	26	1.4
Asian/Pacific Islander	47	29.6	50	18.5	216	18.6	51	17.3	364	19.3
Black/African-American	45	28.3	107	39.5	295	25.3	53	18.0	500	26.5
Multi-Ethnic	14	8.8	11	4.1	20	1.7	2	0.7	47	2.5
White	25	15.7	60	22.1	486	41.8	149	50.5	720	38.1
Other Race	19	11.9	33	12.2	99	8.5	19	6.4	170	9.0
Unknown/Not Reported	7	4.4	8	3.0	30	2.6	17	5.8	62	3.3
Total	159	100.0	271	100.0	1164	100.0	295	100.0	1889	100.0

Partners with a primary diagnosis of schizoaffective disorder account for just over one-quarter (25.5%, 482) of consumers (see Table F), followed by Major Depressive disorder at just over 19% (19.3%, 365). The table below and the graph that follows indicate the distribution by age group and percent of diagnosis category.

Table F: Primary Diagnosis

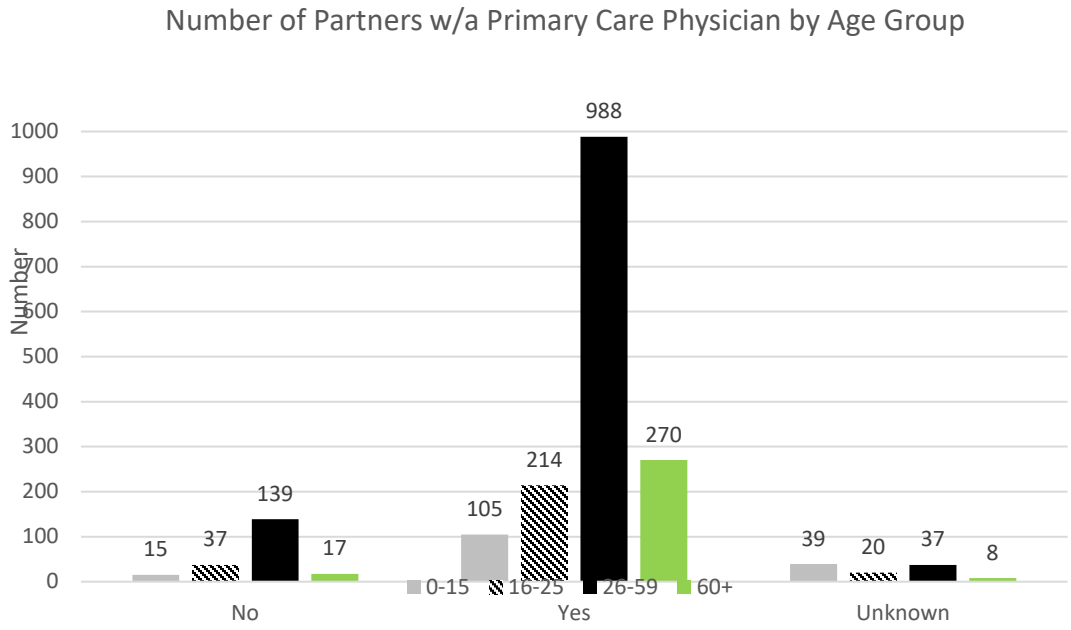
Diagnosis Disorder	0-15	%	16-25	%	26-59	%	60+	%	Total	%
Attention Deficit Hyperactivity	36	22.6	8	3.0	0	0.0	0	0.0	44	2.3
Adjustment	18	11.3	13	4.8	0	0.0	0	0.0	31	1.6
Anxiety	4	2.5	9	3.3	1	0.1	0	0.0	14	0.7
Bipolar	2	1.3	25	9.2	189	16.5	39	13.2	255	13.5
Conduct	29	18.2	32	11.8	0	0.0	0	0.0	61	3.2
Major Depressive	24	15.1	45	16.6	216	18.9	80	27.1	365	19.3
Oppositional Defiant	23	14.5	20	7.4	0	0.0	0	0.0	43	2.3
Post-traumatic Stress	4	2.5	14	5.2	81	7.1	8	2.7	127	6.7
Schizoaffective	0	0.0	46	17.0	371	32.4	65	22.0	482	25.5
Schizophrenia	1	0.6	21	7.7	212	18.5	59	20.0	293	15.5
Other	18	11.3	38	14.0	74	6.5	44	14.9	174	9.2
Total	159	100	271	100	1144	100	295	100	1889	100



The majority (83.5%) of partners in all ages groups are connected to a Primary Care Physician (See Table G).

Table G: Partners Connected to Primary Care Physician (PCP)

Primary Care Physician	0-15	%	16-25	%	26-59	%	60+	%	Total	%
Yes	105	66.0	214	79.0	988	84.9	270	91.5	1577	83.5
No	15	9.4	37	13.7	139	11.9	17	5.8	208	11.0
Unknown	39	24.5	20	7.4	37	3.2	8	2.7	104	5.5
Total	159	100.0	271	100.0	1164	100.0	295	100.0	1889	100.0



The following section examines outcomes over time for partners that have received services in an FSP for at least one year. Of the 1,889 partners served in FY 2016-17, 1,142 (60.5%) had been receiving services in an FSP the previous year.

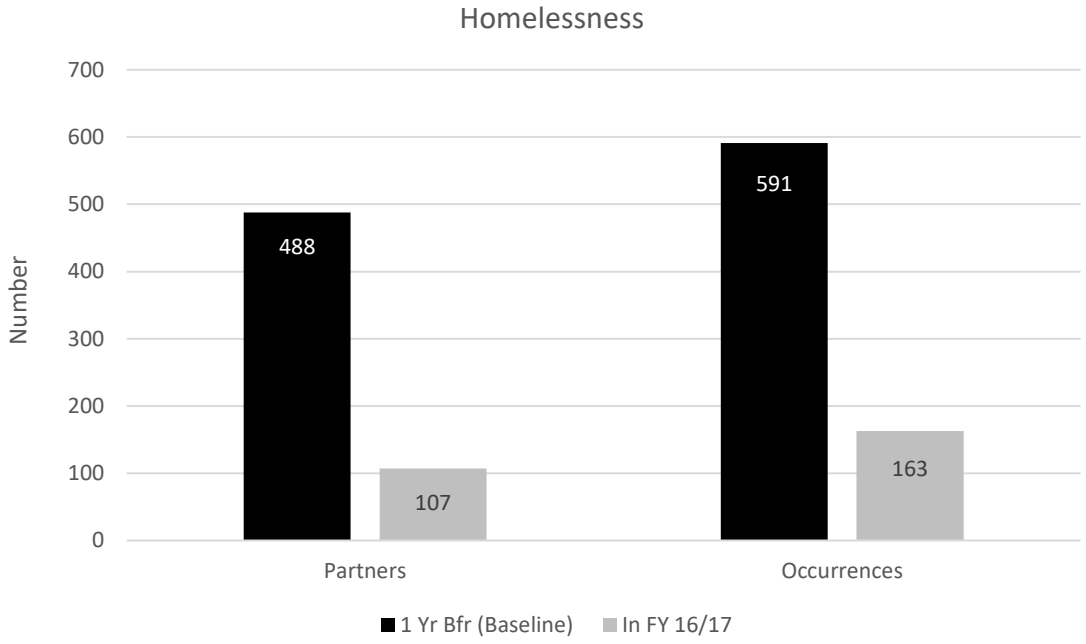
Baseline data (one year prior to enrollment) was compared to FY 2016-17 data to determine whether outcomes improved in the areas of homelessness, emergency room visits, psychiatric hospitalizations, arrests, incarcerations and employment.

The tables and charts in the following section include the subset of partners who completed one year in an FSP to fully capture the effects of FSP participation from one year before (baseline) to one year of partnership (change is represented in percent change). Primarily, partner data was collected using FSP outcome assessment forms as developed by the California State Department of Health Care Services. These forms include: Partnership Assessment form (PAF) that collects baseline and current data when clients first enter FSP services; Quarterly assessment form (3M) that updates the data from the PAF and is done every three months for each client as long as they are receiving FSP services; and the Key Event Tracking form (KET) that is done each time a key event (i.e. crisis visit, arrest, incarceration, hospitalization) occurs. In addition to the FSP outcomes assessment forms, the County's electronic health record (Avatar) was used to collect primary diagnosis and hospitalization data.

Of the 1,142 partners in the cohort, 488 (25.8%) unduplicated partners experienced homelessness prior to enrollment (See Table H). Compared to baseline, the unduplicated number of partners homeless as well as total homeless occurrences and days in FY 2016-17 decreased significantly overall.

Table H: Homelessness

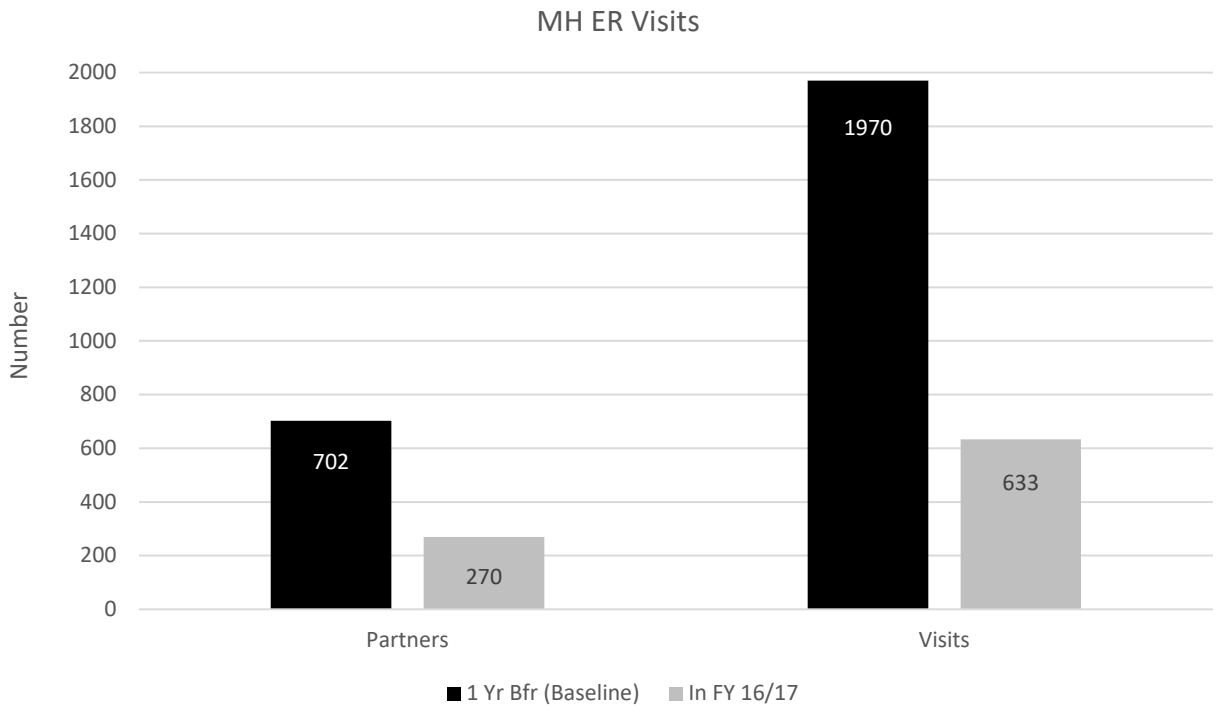
All Partners who Experienced Homelessness								
1 Year Before (Baseline)			FY 16/17			Percent Change Between Baseline and After One Year of Services in FSP		
# Unduplicated Partners Homeless	Total Homeless Occurrences	# Homeless Days	# Unduplicated Partners Homeless	Total Homeless Occurrences	# Homeless Days	Percent Change Unduplicated Partners	Percent Change Total Homeless Occurrences	Percent Change Homeless Days
488	591	62,220	107	163	5,714	-78.07	-72.4	-90.8



Nearly 700 (61.3%, 702) unduplicated partners had at least one ER visit for psychiatric (mental health) reasons prior to enrollment. Compared to baseline, the unduplicated number of partners with ER visits and the total ER visits for psychiatric (mental health) reasons both decreased significantly.

Table I: Mental Health (MH) Emergency Room (ER) Visits

Partners w/Mental Health Emergency Room Visits					
1 Year Before (Baseline)		FY 16/17		Percent Changes Between Baseline and After One Year of Services in FSP	
Unduplicated Partners w/MH ER Visits	Total MH ER Visits	Unduplicated Partners w/MH ER Visits	Total MH ER Visits	Percent Change Unduplicated Partners w/MH ER Visits	Percent Change Total MH ER Visits
702	1970	270	633	-61.5	-67.9



There were 627 (54.9%) partners with 1,883 ER visits for physical health reasons in the year prior to admission to an FSP. That number decreased significantly to 267 (23.4%) unduplicated partners for a total of 475 ER visits for physical health reasons, accounting for an 81.3% decrease in ER utilization.

Table J: Medical/Physical ER Visits

Partners w/Medical Emergency Room Visits					
1 Year Before (Baseline)		FY 16/17		Percent Changes Between Baseline and After One Year of Services in FSP	
Unduplicated Partners w/Medical ER Visits	Total Medical ER Visits	Unduplicated Partners w/Medical ER Visits	Total Medical ER Visits	Percent Change Unduplicated Partners w/Medical ER Visits	Percent Change Total Medical ER Visits
627	1883	267	475	-57.4	-74.8

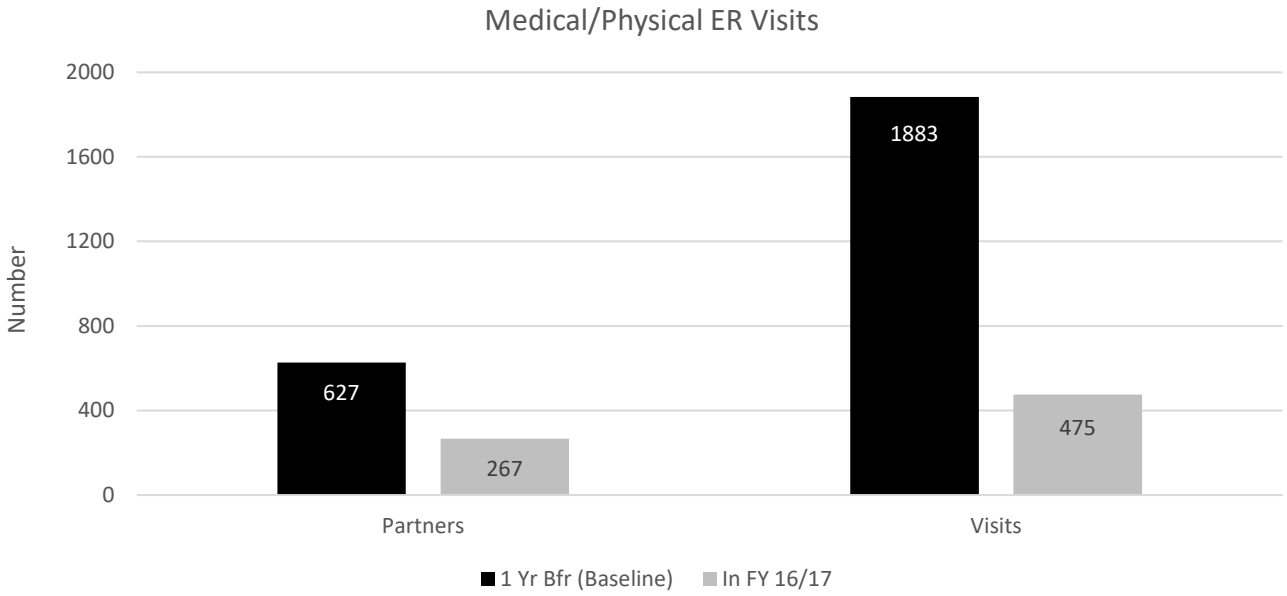
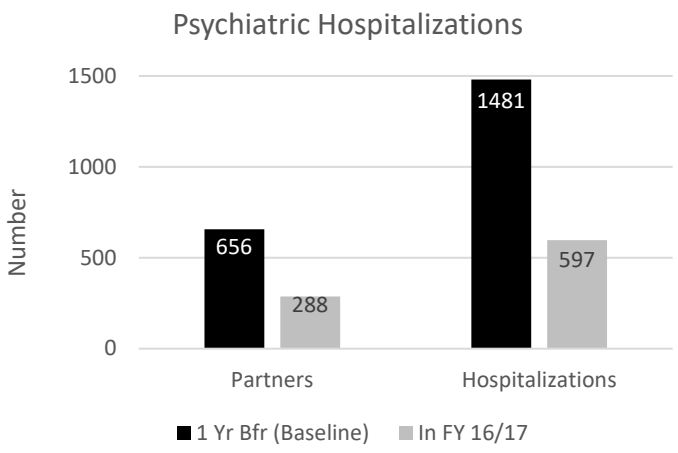
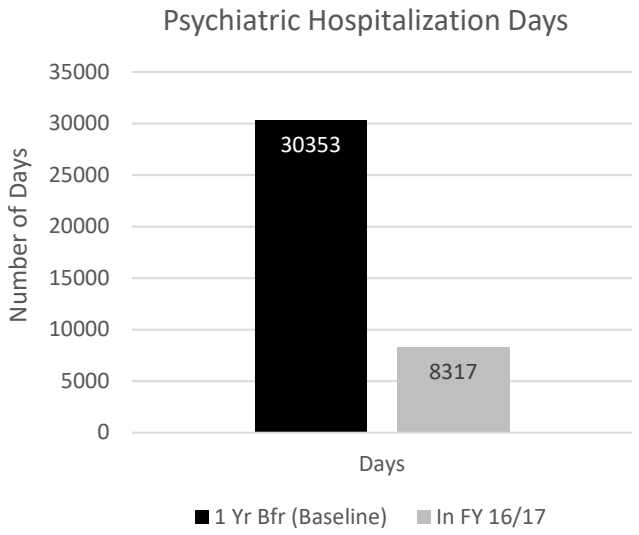


Table K illustrates the number of unduplicated partners as well as total number of psychiatric hospitalizations one year prior to enrollment compared to FY 2016-17. Just over 650 (56.9%, 656) unduplicated partners had at least one hospitalization prior to enrollment. That number decreased to 288 (25.2%) unduplicated partners in FY 2016/17, resulting in 58.1% decrease in partners hospitalized.

Table K: Psychiatric Hospitalizations

All Partners Who Completed 1 Year w/Psychiatric Hospitalizations								
1 Year Before (Baseline)			FY 16/17			Percent Changes Between Baseline and After One Year of Services in FSP		
Unduplicated Partners Hospitalized	Total Hospitalizations	Total Days	Unduplicated Partners Hospitalized	Total Hospitalizations	Total Days	Percent Change Unduplicated Partners	Percent Change Total Hospitalizations	% Change Days
656	1481	30353	288	597	8317	-58.1	-59.6	-72.5

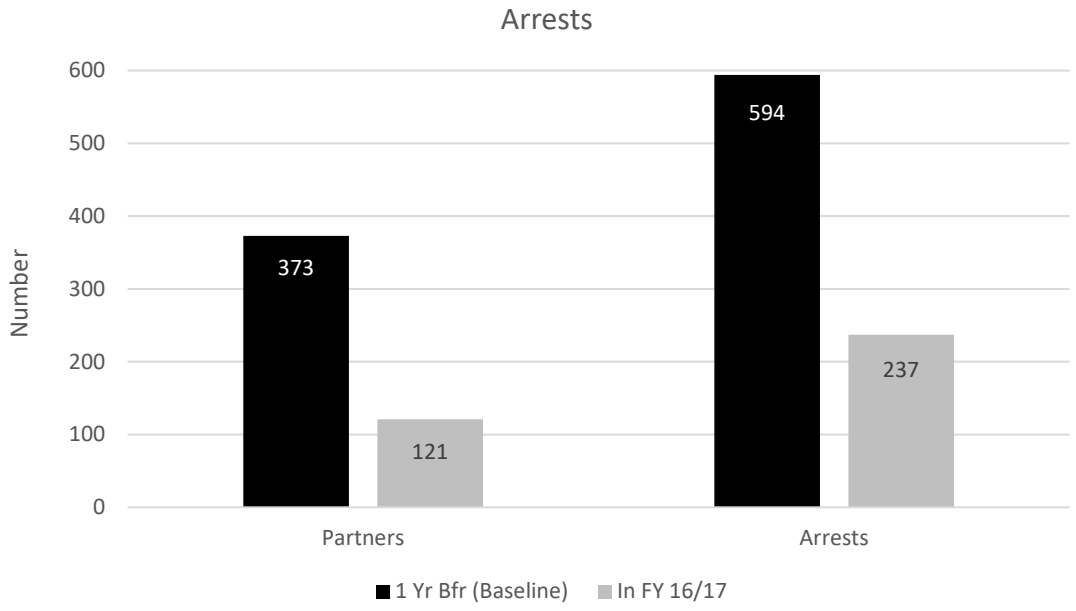




Nearly 375 (373, 32.7%) unduplicated partners had at least one arrest prior to enrollment. That number decreased to 121 (10.6%) in FY 2016-17, resulting in a 67.6% decrease in partners arrested.

Table L: Arrests

Arrests-All Partners Who Completed 1 Year					
1 Year Before (Baseline)		FY 16/17		Percent Change from Baseline (# of partners)	
Unduplicated Partners	Total Number of Arrests	Unduplicated Partners	Total Number of Arrests	% Change Partners	% Change Arrests
373	594	121	237	-67.6	-60.1



Of the partners in the cohort, 308 (26.9%) unduplicated partners had at least one incarceration prior to enrollment. That number decreased to 125 (10.9%) in FY 2016-17, resulting in a 59.4% decrease in partners incarcerated.

Table M: Incarcerations

Incarcerations-All Partners Who Completed 1 Year								
1 Year Before (Baseline)			FY 16/17			Percent Change from Baseline (# of partners)		
Unduplicated Partners Incarcerated	Total Number of Incarcerations	Total Days	Unduplicated Partners Incarcerated	Total Number of Incarcerations	Total Days	% Change Partners	% Change Incarcerations	% Change Days
308	490	13,225	125*	270	6,211	-59.4	-44.9	-53.0

* Note: The number of incarcerations is larger than arrests—as the data is based on self-report of partners who may not always disclose the arrest, but do disclose the incarceration.

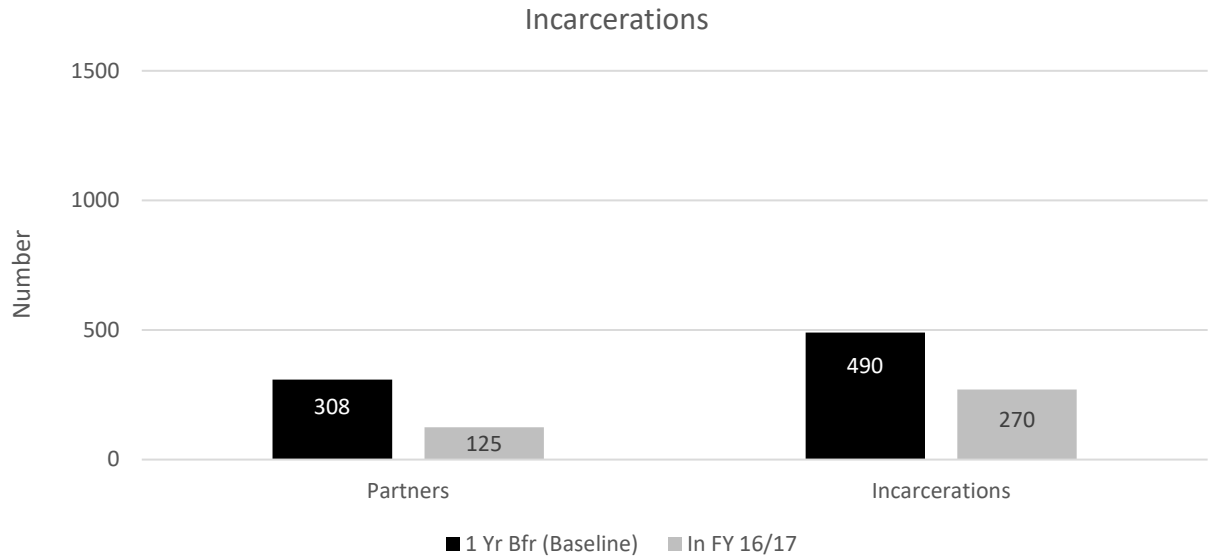


Table N illustrates the number of partners who indicated they wanted to be employed. It compares the number of partners who had employment at the start of their partnership and also had the goal of employment as part of their recovery goals. The FSPs were able to assist nine partners in securing employment and 47 partners in maintaining employment.

Table N: Employment

Unduplicated Partners w/Employment Goal		
Timeframe	Total	% Employed
At Start of Partnership (baseline)	47	4.1
Added in FY 16/17	9	0.8
Total Partners Employed at End of FY	56	4.9

General System Development (GSD) Program FY 2016-17 Demographics

In FY 2016-17, a total of 6,366 clients were served across the implemented GSD programs. The table below displays demographic information for individuals served in each program:

Total Number Served in General System Development Programs – FY 16/17																		
Characteristic	APSS		TCORE		Guest House		Crisis Residential Program 34th St.		Crisis Residential Program M St.		Peer Partners		Wellness and Recovery Center		Consumer and Family Voice - SAFE		Total	
Gender	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	925	63.0%	400	49.0%	362	41.9%	76	46.1%	78	49.7%	143	62.4%	1424	56.6%	38	25.2%	3,446	54.1%
Male	543	37.0%	415	50.9%	501	58.1%	89	53.9%	78	49.7%	86	37.6%	1088	43.2%	48	31.8%	2,848	44.7%
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%	0	0.0%
Unknown/Not Reported	0	0.0%	1	0.1%	0	0.0%	0	0.0%	1	0.6%	0	0.0%	5	0.2%	65	43.0%	72	1.1%
Total	**1,468**	**100.0%**	**816**	**100.0%**	**863**	**100.0%**	**165**	**100.0%**	**157**	**100.0%**	**229**	**100.0%**	**2517**	**100.0%**	**151**	**100.0%**	**6,366**	**100.0%**
Age																		
0 to 15	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50	33.1%	50	0.8%
16 to 25	61	4.2%	76	9.3%	60	7.0%	20	12.1%	23	14.6%	9	3.9%	194	7.7%	31	20.5%	474	7.4%
26 to 59	1,203	81.9%	636	77.9%	752	87.1%	145	87.9%	128	81.5%	195	85.2%	1969	78.2%	5	3.3%	5,033	79.1%
60 and Over	204	13.9%	103	12.6%	51	5.9%	0	0.0%	6	3.8%	25	10.9%	338	13.4%	0	0.0%	727	11.4%
Unknown/Not Reported	0	0.0%	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	16	0.6%	65	43.0%	82	1.3%
Total	**1,468**	**100.0%**	**816**	**100.0%**	**863**	**100.0%**	**165**	**100.0%**	**157**	**100.0%**	**229**	**100.0%**	**2517**	**100.0%**	**151**	**100.0%**	**6,366**	**100.0%**
Ethnicity																		
Non-Hispanic	1,050	71.5%	678	83.1%	663	76.8%	133	80.6%	124	79.0%	163	71.2%	1742	69.2%	28	18.5%	4,581	72.0%
Hispanic	162	11.0%	107	13.1%	126	14.6%	19	11.5%	20	12.7%	30	13.1%	404	16.1%	45	29.8%	913	14.3%
Unknown/Not Reported	256	17.4%	31	3.8%	74	8.6%	13	7.9%	13	8.3%	36	15.7%	371	14.7%	78	51.7%	872	13.7%
Total	**1,468**	**100.0%**	**816**	**100.0%**	**863**	**100.0%**	**165**	**100.0%**	**157**	**100.0%**	**229**	**100.0%**	**2517**	**100.0%**	**151**	**100.0%**	**6,366**	**100.0%**
Race																		
White	540	36.8%	411	50.4%	397	46.0%	76	46.1%	72	45.9%	95	41.5%	1036	41.2%	16	10.6%	2,643	41.5%
Black	222	15.1%	191	23.4%	288	33.4%	57	34.5%	45	28.7%	36	15.7%	646	25.7%	18	11.9%	1,503	23.6%
Asian/Pacific Islander	253	17.2%	58	7.1%	25	2.9%	2	1.2%	11	7.0%	27	11.8%	154	6.1%	1	0.7%	531	8.3%
Am Indian/Alask. Native	22	1.5%	14	1.7%	19	2.2%	2	1.2%	2	1.3%	8	3.5%	88	3.5%	0	0.0%	155	2.4%
Multi-Race	19	1.3%	19	2.3%	9	1.0%	2	1.2%	2	1.3%	5	2.2%	73	2.9%	15	9.9%	144	2.3%
Other	172	11.7%	95	11.6%	79	9.2%	19	11.5%	17	10.8%	23	10.0%	267	10.6%	8	5.3%	680	10.7%
Unknown/Not Reported	240	16.3%	28	3.4%	46	5.3%	7	4.2%	8	5.1%	35	15.3%	253	10.1%	93	61.6%	710	11.2%
Total	**1,468**	**100.0%**	**816**	**100.0%**	**863**	**100.0%**	**165**	**100.0%**	**157**	**100.0%**	**229**	**100.0%**	**2517**	**100.0%**	**151**	**100.0%**	**6,366**	**100.0%**
Primary Language																		
English	1,099	74.9%	745	91.3%	847	98.1%	157	95.2%	148	94.3%	189	82.5%	2,286	90.8%	58	38.4%	5,529	86.9%
Spanish	48	3.3%	17	2.1%	4	0.5%	1	0.6%	1	0.6%	11	4.8%	37	1.5%	25	16.6%	144	2.3%
Other	277	18.9%	35	4.3%	3	0.3%	1	0.6%	2	1.3%	24	10.5%	106	4.2%	1	0.7%	449	7.1%
Unknown/Not Reported	44	3.0%	19	2.3%	9	1.0%	6	3.6%	6	3.8%	5	2.2%	88	3.5%	67	44.4%	244	3.8%
Total	**1,468**	**100.0%**	**816**	**100.0%**	**863**	**100.0%**	**165**	**100.0%**	**157**	**100.0%**	**229**	**100.0%**	**2,517**	**100.0%**	**151**	**100.0%**	**6,366**	**100.0%**

Note: General System Development programs are treatment programs and enter data directly into the Electronic Health Record (EHR). Some data elements in the EHR (sexual orientation, gender identity and veteran status) are being redefined and are therefore not available at this time.

MHSA Housing Program Accomplishments

Since the inception of MHSA planning, housing for homeless people with mental illness has been a high priority. Using the local one-time set-aside of MHSA funding and/or MHSA dollars administered by the California Housing Finance Agency (CalHFA), in total, more than $16 million in local MHSA funds along with over $130 million of federal, state, and local leveraged funds, financed hundreds of units across eight properties, of which 161 are dedicated to MHSA tenants.

Implemented between 2008 and 2012, these properties continue to perform 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 3.5% in 2018, well below the standard for special needs housing which is a 10% vacancy rate. Low vacancy rates signal that a) people experiencing homelessness are being housed and b) the property's financial feasibility forecast remains stable. Keeping these units filled with eligible MHSA homeless individuals has been a program priority and success. Additionally, the portfolio has a high rate of applicant acceptance and move-ins which affirms that appropriate referrals are being made to the units and that partners hold true to the intent of the property and the agreed upon tenant selection processes.

In addition to the 161 units within the eight-project portfolio (with another 15 units in development), the MHSA housing program uses both short- and long-term rental subsidies to provide additional housing supports for MHSA clients throughout the community. Furthermore, the continuum of housing for people who are homeless and have mental illness includes interim housing and unsubsidized units in the community.The MHSA portfolio is regularly evaluated against key performance indicators, with adjustments or refinements to the projects made as necessary, to ensure quality, effectiveness, and continued alignment with the vision and goals of the community strategy to end homelessness for people with serious mental illness. The Division works closely with the Sacramento County Director of Homeless Initiatives, Sacramento Housing and Redevelopment Agency, Sacramento Steps Forward (lead agency working to end homelessness in the Sacramento region), consultants and other key partners 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. The Division continues to explore opportunities to expand housing options through programs such as No Place Like Home, Housing Choice Vouchers, and housing grants. Progress updates in these areas will be included in future updates.

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 at any given time thanks to MHSA funding in Sacramento. Efforts to create more housing opportunities are underway.

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 FY 2016-17, approximately 7,400 individuals were served and more than 22,000 individuals received universal screenings across the PEI programs described below.

In October 2015, revised PEI Regulations were adopted statewide and recent legislation has further changed the PEI Component requirements. Sacramento County continues to participate with other counties in statewide discussions related to the implementation and impact of these changes. DBHS continues to update the MHSA Steering Committee on the implementation progress as information becomes available.

On November 7, 2017, the Sacramento County Board of Supervisors took action to support using available MHSA Prevention and Early Intervention (PEI) funding, including any potential AB114 reversion dollars in this category, where appropriate, to address the needs of children and youth under age 25 with a specific focus on programs that help foster youth experiencing serious emotional disturbances. The community planning process for this programming was described in the MHSA FY 2017-18, 2018-19, 2019-20 Three Year Plan. This programming is described in this Annual Update.

In April 2018, the Division submitted a grant proposal to the Mental Health Services Oversight and Accountability Commission (MHSOAC) in response to Senate Bill (SB) 82, "Investment in Mental Health and Wellness of 2013." The grant proposal supports hiring mental health triage personnel to provide a range of crisis triage services to middle school students and their parents/caregivers. The Division received the grant award in May 2018; however, in July 2018, grant awardees were informed that, due to the Governor's budget, grant funding allocations would be reduced. After a program presentation and discussion in August 2018, the MHSA Steering Committee recommended dedicating PEI funding to make this program whole. This new program is included in this Annual Update.

In May and June, 2018, the MHSA Steering Committee discussed ongoing support for the California Mental Health Services Authority (CalMHSA) Joint Powers Authority and the progress CalMHSA is making with the Statewide PEI Programs. After a rich discussion, the Steering Committee recommended dedicating 3% ($350,500) of local FY 2018-19 PEI funding to CalMHSA to support ongoing activities in this area.

At the March 2018 Public Hearing regarding the MHSA Fiscal Year 2017-18, 2018-19, 2019-20 Three-Year Plan, there were comments regarding an observed gap in services to address trauma experienced in the African American community. DBHS reached out to community members to learn more about their concerns and explored the current array of programs offered by the public mental health system. DBHS worked in partnership with local African American community leaders to develop and distribute a video series designed to address issues of racial and historical trauma to promote healing for the African American community. DBHS and the Cultural Competence Committee (CCC) worked collaboratively to form an Ad Hoc Workgroup that would assist DBHS with gathering feedback from the African American community and provide recommendations for a new prevention program to address mental health and wellness needs of African American community members who have experienced or have been exposed to trauma. The CCC Ad Hoc Workgroup met with DBHS staff throughout the fall and winter of 2018 to plan community listening sessions. DBHS convened a meeting of the CCC Ad Hoc Workgroup on December 1, 2018 that was open to the public. Input received at this meeting formed the draft recommendation that was refined and adopted by the CCC on December 19, 2018 and the MHSA Steering Committee on January 17, 2019. This new programming is included in the Annual Update and implementation is anticipated in FY 2019-20.

Suicide Prevention and Education Program
Capacity: 30,000 contacts annually
Ages Served: Children, TAY, Adults, Older Adults

The Suicide Prevention and Education Project consists of several components. This Project was identified for expansion in alignment with the November 7, 2017, Board of Supervisors action and MHSA Steering Committee recommendation for homeless mental health services expansion. Expanded programming is anticipated to be fully implemented in FY 2018-19. Descriptions and updates for the expansion of these programs are included in this Annual Update.

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.

In FY 2016-17, a total of 18,133 callers accessed the Crisis Line for suicide prevention support.

Success: Suicide Crisis Line
The following are statements by callers expressing the impact that the Crisis Line had on them:

"Incredibly helpful. I feel much better. Wonderful."

"Extremely helpful, useful information to help this person and others. I appreciate you all being there."

"My fiancé killed himself recently. You have been very helpful. This is the most traumatic time of my life but talking has helped me immensely. Thank you so very much. You've really helped."

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 FY 2016-17, a total of 118 individuals received 720 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 FY 2016-17, approximately 327 individuals participated in the suicide bereavement education and support groups.

Success: Friends For Survival
"When my husband Travis died by suicide in 2012, it was an unbelievable nightmare. I felt abandoned, angry, sad, cheated and terrified. I had to tell our very young children that their dad died. At Friends for Survival, I found a group of people who understood the trauma suicide hammers through a family. They helped me learn that I was not to blame and there was hope for happiness in the new life I now have. Now, I volunteer and help fund raise so that Friends for Survival will be able to serve whomever needs our help in the future. The accomplishment I'm most proud of is the ability to create and nurture a happy childhood for my two kids. We miss Travis, but we are also thriving in our new normal."

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 enhance of protective factors; divert from crisis services or decrease need for crisis services; decrease suicide risk; increase knowledge of available resources and supports; and enhance connectedness and reduce isolation. Each program is specifically tailored to meet the needs of their respective communities.

During FY 2016-17, the SCC programs collectively provided more than 20,000 contacts. Supporting Community Connections consists of nine (9) programs targeting thirteen (13) specific communities/ populations:

◊ **Consumer-Operated Warm Line:** Administered by Mental Health America of Northern California (NorCal MHA), this service is available to Sacramento County residents. The non-crisis warm-line serves 1500 individuals and provides accompanying support services to 100 individuals. The hours of operation are Monday-Friday from 9:00 AM to 5:00 PM.

For each warm line call, services include a minimum of two to six of the following: supported listening, coaching, mentoring, referral and linkage, skill building and social networking. Support services include Wellness Action Recovery Plan (WRAP) workshops, community outreach and connection, support groups, one on one peer supports, community education training about mental health issues, and volunteer training, development and support.

Goals of the Consumer Operated Warm Line are to: increase access to and linkage to needed services such as support

Success: Friends For Survival
Steve called the Consumer Operated Warm Line because he was feeling both homicidal and suicidal. He told the staff that he got into a heated argument with his neighbor which escalated quickly. Steve explained he had a knife and "it was time for him to go". Steve also communicated to Consumer Operated Warm Line staff, "I'm going to take care of my neighbor first". The staff kept Steve on the line while another person called emergency services. Steve opened up to Consumer Operated Warm Line staff and answered all the questions that he was asked. Steve was able to stay on the line with Consumer Operated Warm Line Staff until authorities arrived and placed him on a protective psychiatric hold. Before Steve hung up, he thanked the Warm Line for saving his life.

services, self–help, professional supports, etc.; improve self-reported life satisfaction and wellbeing; reduce risk factors.

◊ **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 FY 2016-17, the program provided 131 individual community contacts, 6 information and referral contacts and 2,493 individuals participated in groups.

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 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 transition 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.

Success: Hmong, Vietnamese, Cantonese-Speaking SCC

"When I was young, my husband and I came to the United States as refugees from Vietnam. We eventually settled in Sacramento and started our family. My husband worked and I stayed home and took care of our home and children. About 6 years ago, my husband went home to Vietnam to visit his family. He was away for about a month and when he returned, he told me that he was divorcing me to marry a girl he had met in Vietnam. When our divorce was final, my husband married the girl and returned with her to the U.S.

It was a very difficult time for me because I felt ashamed, isolated and became very depressed. Even my children did not want anything to do with me. I thought it would be better to be dead than to live with the humiliation of being divorced.

One day, at the Vietnamese market, I read an ad in the Vietnamese newspaper of free classes being offered by SCC. I knew no one would know me there or what had happened with my husband and children. I got the courage to start taking the class and now attend the Ballroom dancing, Tai Chi and computer classes, which gave me a sense of belonging. I met a woman in the program who is about my age and we became friends and started supporting each other. Being part of the SCC classes has given me my cultural identity and a support system. It has helped me regain my confidence and realize my self-worth."

◊ **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 FY 2016-17, the program provided 246 individual community contacts, 244 information and referral contacts, and 421 individuals participated in groups.

The program continues to utilize 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 regarding 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.

Success: Slavic/Russian-Speaking SCC

"This year I lost my son. He died by suicide. He had a long history of mental illness, and it was a devastating experience for our family.

In the former Soviet Union, a person who committed suicide would often be denied funeral rites or even burial in a Church cemetery. When I told my church how my son died, it was followed by a silence. My wife and me felt alone and isolated and felt guilty that we weren't able to stop it.

Fortunately, I read some articles written in Russian by the Slavic Assistance Center in the "Word & Deed" newspaper about Mental Health and heard about their suicide prevention program while listening to a Russian language radio program on 1690 AM. I was really depressed and decided to meet with them at one of their round table with pastors. During the discussion, I received an opportunity to share my pain with others. They prayed for me and gave me support. As said one of the pastors: "We need to help eliminate the image of a crazy person in a padded cell with the word mental illness because most struggling with this illness are just like you and me except they are fighting a battle internally that we cannot see."

My best advice for people suffering from depression and dealing with death by suicide: Seek help, there is always a way out."

– Submitted by a Russian speaking older adult.

◊ **Youth/Transition Age Youth (TAY):** Administered by Children's Receiving Home, suicide prevention information and support services for youth/TAY from ages 12 years through 25 with an emphasis on the cultural and specific needs of LGBTQ, foster and homeless youth. During FY 2016-17, the program provided 487 individual community contacts and 280 individuals participated in groups. Services range from outreach and engagement activities to individual and group support services. Program outcomes include promoting and supporting community connections, improving access to mental health services, and reducing suicide risk.

Success: Youth/Transition-Age Youth SCC

Youth/TAY SCC staff received a call from a foster family regarding their foster youth. The SCC staff had previously worked with this youth. SCC staff reached out to the youth who agreed to meet.

The youth reported struggling with connecting to their cultural heritage, suicide ideation, and mental health. The youth also disclosed that they had been involved in Commercially Sexually Exploited Children activity since being placed and decided to disclose this to their foster parents. The youth stated that they felt this heavy burden which made them feel compelled to self-harm.

SCC staff assessed the need and linked the youth to mental health services, CSEC services, and other services to assist the youth in connecting to their heritage. Since working with the youth they have expressed their will to live. The youth stated that they feel more supported by the people in their life and feels that they have a better connection to the community.

◊ **Older Adult:** Administered by Mental Health America of Northern California, 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
Nora, an Older Adult program volunteer answered the phone and heard a caller say, "I am going to kill myself". The caller communicated to Nora that he felt like he "needed to end it all" due to recently receiving divorce papers. Nora alerted a coworker to contact law enforcement while she kept the caller on the line. The caller stated, "I've been drinking a lot and I don't want to live anymore without my wife". Nora engaged the caller by asking questions about what was happening in his life. Caller stated, "I tried to talk to people but no one wants to speak with me and have asked to be left alone". Nora told the caller that she was willing to listen and offered support group and other resources that may be helpful. He thanked Nora for listening and being there for him.

◊ **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 FY 2016-17, the program provided 51 individual community contacts, 502 information and referral contacts, and 240 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. During FY 2016-17, in addition to offering KTTs, JLSDs, and FCRTs, program staff began conducting suicide prevention and awareness community workshops throughout the county. These workshops enable participants to understand risk and protective factors associated with culturally relevant suicide prevention within diverse African American communities.

Success: African-American SCC
While staff were setting up for a Just Like Sunday Dinner (JLSD) discussion/support group, a young Black male told them that he could not understand why the Black community needed a black suicide prevention/mental health program because he believed that Black people were "strong, didn't commit suicide," and didn't have "those types of issues."

Seizing on the moment to apply culturally responsive social exchange in that immediate environment and to set the space for a comfortable dialogue, team members immediately "codeswitched" and engaged the young Black man respectfully in a less formal and authentic manner. The young Black man attended the JLSD and heard others speak candidly about the realities of the Black experience that can put individuals at risk for self-harm behaviors up to and including suicide.

He began to open up and share more and more about his upbringing to the point where he perceived for himself that he guessed he had just become "immune to everything" in his Black experiences from toxic stressors, forms of trauma, and miscommunicated cultural beliefs about "Black people just strong" and are able to deal with any hardship. His attitude changed about Black suicide and he left that day informed and empowered to reach out for support.

The agency administerting this program chose not to renew their SCC contract for FY 2018-19. The Division has conducted a competitive bidding process to select a new provider and will provide progress updates on implementation in the next Annual Update.

◊ **American Indian:** Administered by Sacramento Native American Health Center (SNAHC), this program, known as "Life is Sacred," provides Native culture-based suicide prevention training and support services to American Indian/Alaska Native community members across the life span. The unique program design, which is sensitive to specific community needs, does not lend itself to individual data collection. During FY 2016-17, the program provided two individual community contacts, 132 information and referral contacts, and 718 individuals participated in groups.

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 2018-19, the program continues to offer an array of culturally based workshops such as Gathering of Native American Training/Workshop, Culture is Prevention workshops, Native Family workshop, and Indian Education Self-Esteem workshops. These workshops are designed to strengthen and support community capacity, and reduce the prevalence of mental health challenges and suicide by increasing 1) Cultural Identity/Connectedness, 2) Empowerment, 3) Resilience, and 4) Generosity.

Success: American Indian SCC

"I have been coming to the Culture is Prevention workshop since its first class. Since then, I have learned to become more open in my relationships. I stopped being in a relationship that was domestically violent. It was through the curriculum at Culture is Prevention that I realized I didn't have to live that way. I applied the different skills that I learned in order to improve my life. Today I live free and happy. I'm also in a new relationship with someone who values me. We practice open communication, trust, love, patience, and equality.

I loved making drums and painting them. I was inspired by my daughter's painting, and I dedicated my drum to my children and grandchildren. I also enjoyed making rattles and other cultural items as well as learning the different curriculums throughout the years at the Culture is Prevention workshops.

Thank you to all the instructors for allowing me to grow and become the woman I have become."

– Culture is Prevention participant, Sacramento Native American Health Center

The Native American Training/ Workshop (GONA), a project that is congruent with Native culture and tradition, is a culture based intervention where community members gather to address various mental health topics, identify cultural practices and traditions, and address the effects of historical trauma to promote healing. Since it was developed in 1992, GONA has been recognized as an effective Culture Based intervention to counter culture loss and promote resiliency. 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.

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 FY 2016-17, the program provided 784 individual community contacts, 772 information and referral contacts and 144 individuals participated in groups.

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.

Success: Latino-Spanish Speaking SCC
My name is "Maria." I am married and I have three young daughters. My husband has a problem with alcohol and when he drinks too much, he beats me. With this, I was also grieving the loss of my father and my brother; both died last year.

I am very grateful for La Familia Counseling Center (LFCC). Through LFCC, I was able to attend their domestic violence groups and the Mental Health First Aid class. They also got my daughters signed up for children's counseling services.

LFCC's Supporting Community Connections program was also very helpful in helping me to secure part-time employment and a safe home for my girls and me to live.

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 an evidence-based practice curriculum that 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 continues to outreach to their Senior Companion Partnership program by providing home visitation and assistance to isolated Latino seniors.

◊ **Iu-Mien:** Administered by Iu-Mien Community Services (IMCS), this program continues to provide culturally and linguistically responsive intergenerational support groups, outreach and engagement activities and prevention-focused culturally relevant suicide prevention services to the Iu-Mien community across the life span to decrease the likelihood of isolation and depression. The unique program design, which is sensitive to specific community needs, does not lend itself to information and referral contacts. During FY 2016-17, the program provided 58 individual community contacts, 0 information and referral contacts and 3,594 individuals participated in groups.

The IMCS program provides a peer-run adult day program for elderly and disabled Iu-Mien community members 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-Mien community members.

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 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.

Success: Iu-Mien SCC

Hi, my name is Ann (name changed to protect identity) and I am 15 years old. I was bullied in middle school by someone who I thought was a friend. It made me really sad and hard for me to focus on schoolwork.

Iu Mien Community Services, SCC Youth Club program, had a workshop about anti-bullying and bullying prevention. We learned about different forms of bullying, (cyberbullying, physical, verbal bullying, etc.) how to stand up to bullying safely and resources that we can use. It was empowering to hear that I am not alone and that I have friends and allies that have gone through the same thing as me.

I learned how to safely stand up to bullying and how to be a better ally to those who are being bullied. I also learned that there are anonymous ways to report bullying. I am happy that I have friends who I can talk to at Youth Club program.

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

The **Community Support Team (CST)** provides community-based flexible services to community members experiencing mental health distress, which can include assessment, crisis intervention, safety planning, and linkage to ongoing services and supports. The CST is a collaboration between DBHS licensed mental health counselors and Crossroads Vocational Services peer/family specialists, creating one team with a variety of clinical and outreach skills.

Success: Community Support Team

A Community Support Team (CST) Referral came in from Jail Psychiatric Services regarding an individual who requested additional support with getting linked to mental health services upon release. The referral stated, "Patient would like support in individual counseling and family counseling. Patient requested support in anger management resources. Patient currently unemployed. Patient would like support in adjusting to post incarceration and seeking support to help manage anxiety and depressed moods." Upon receipt of the referral, the CST peer Community Support Specialist (CSS) made contact with this individual via telephone.

After explaining the services CST could offer, the individual was highly interested in meeting face to face to receive these resources. The peer CSS coordinated with a CST Senior Mental Health Counselor (SMHC) to assist in linking the individual to mental health services. The CSS and SMHC met with the individual at a public space per individual's request. During the visit, the CSS and SMHC spoke about the possible services the participant could qualify for and what each service provided.

After agreeing to services, the CST SMHC completed a mental health assessment and the CSS provided active listening and feedback when appropriate. The CSS then provided the individual with specific resources associated with anger management, classes on managing anxiety, and possible job opportunities as a peer professional, along with other support groups for mental health to support the individual while awaiting connection to their new mental health provider. The CST also provided information regarding urgent and emergency services such as the Mental Health Urgent Care Clinic and Respite programs.

The CST services resulted in this individual attaining authorization and linkage to a mental health provider where the individual is participating in treatment.

The County mental health counselors and Crossroads peer/family specialists together engage and build bridges between family members, individuals, natural supports systems, and community resources or services. The CST serves Sacramento County children, youth, Transition Age Youth (TAY), adults, and older adults that are experiencing mental health distress, including those at risk for suicide. The CST provides education, resources, and connections to services for individuals and their caregivers, loved-ones and other natural supports. The goal of CST is to provide services in a culturally and linguistically competent manner while promoting recovery, resiliency and well-being resulting in decreased use of crisis services and/or acute care hospitalization services; decreased risk for suicide; increased knowledge of available resources and supports; and increased personal connection and active involvement within the community.

In alignment with the November 7, 2017 Board of Supervisors action and MHSA Steering Committee recommendation for homeless mental health services expansion, the CST program was expanded with additional staff to provide community-based flexible services to more community members experiencing mental health distress.

Mental Health Navigator Program: administered by TLCS, Inc., provides brief site-based and community-based engagement for those recently involved in crisis services or incarceration as a result of their mental illness. Triage Navigators provide care coordination, advocacy, system navigation and linkage to services for individuals living with serious mental illness who are homeless, at-risk of homelessness, and/or may have a co-occurring substance use disorder. Navigators are sited at participating hospital emergency departments and law enforcement agencies as well as community-based Navigators able to follow-up with individuals where needed throughout Sacramento County. The Triage Navigator Program serves children, youth, Transition Age Youth (TAY), adults, and older adults with the goal of reducing unnecessary hospitalizations and incarcerations, as well as mitigating unnecessary expenditures of law enforcement. The Triage Navigator Program plays a large role in the collaboration of community agencies who deliver crisis mental health services in Sacramento County.

This program was originally funded through the Senate Bill 82: Investment in Mental Health and Wellness Act of 2013/MHSOAC Triage Personnel grant from FY 2014-15 through 2017-18. In alignment with the the November 7, 2017 Board of Supervisors action and MHSA Steering Committee recommendation, this program will be incorporated in to the suicide prevention programming using MHSA PEI funds.

Mobile Crisis Support Teams (MCST): The MCSTs are a collaboration between DBHS and local law enforcement agencies across Sacramento County. The MCSTs serve individuals of all ages and diversity in Sacramento County by providing timely crisis assessment and intervention to individuals who are experiencing a mental health crisis. The goals of the program are to provide safe, compassionate and effective responses to individuals with a mental illness; increase public safety; decrease unnecessary hospitalizations for community members experiencing a mental health crisis; decrease unnecessary incarceration for community members experiencing a mental health crisis; and increase consumer participation with mental health providers by problem solving barriers and increasing knowledge of local resources.

Each MCST is comprised of a Police Officer/ Deputy Sheriff who is trained in Crisis Intervention Training (CIT) to respond to persons experiencing mental health crisis, a DBHS licensed Senior Mental Health Counselor, and a contracted Peer Navigator with TLCS, Inc. The team employs a ride a long model where the DBHS Counselor and a law enforcement Officer/Deputy respond together to emergency calls involving a mental health crises with the goal of mitigating the crisis in the community and linking individuals to resources and services. The Peer Navigator follows up for individuals with potential mental health needs to ensure they are offered support in navigating care systems and successfully link to appropriate services.

The November 7, 2017 Board of Supervisors action and MHSA Steering Committee recommendation identified the expansion of the MCST program. In FY 2017/18, the MCST Program expanded from four teams covering five areas to six teams covering seven areas. These areas are inclusive of the North and South areas of unincorporated Sacramento County, as well as in the cities of Sacramento, Citrus Heights, Folsom, Elk Grove, and Rancho Cordova. To serve these areas, DBHS has partnerships with the Sacramento Sheriff Department-North Division, Sacramento Sheriff Department-Central Division, Sacramento Police Department, Citrus Heights Police Department, Folsom Police Department, and Elk Grove Police Department.

Success: Mobile Crisis Support Teams (MCST)

The MCST Officer and Counselor responded to a call for service for an adult individual living at a room and board who sent a suicidal text message to his mother.

When the MCST arrived on scene, the individual was in the passenger seat of his mother's car breathing heavily, crying, and rocking back and forth. The MCST counselor was able to engage the individual using active listening and validation while also providing crisis mental health intervention services. The individual was eventually able to engage in deep breathing and identify other coping skills to manage his anxiety in the moment. He was then able to regulate enough to effectively communicate to the MCST regarding his current stressors and begin participating in safety planning and follow-up service planning.

Through the planning process, he was able to identify support systems, triggers, coping skills, as well as his current service provider. The MCST Counselor contacted their service provider to coordinate care and develop a follow-up support plan that included the individual, his mother, and the provider. As a result, this individual was able to stay in the community with increased support from the family and provider.

Mental Health Respite Programs: The following six programs were added to the Suicide Prevention Project 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 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 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.

Success: Caregiver Crisis Intervention Respite Program
A 79 year-old client is the primary caregiver for her husband who, following a stroke, is frail and has dementia. The caregiver reported feeling depressed and overwhelmed by the amount of care her husband required. His condition declined and eventually Del Oro connected her with hospice for additional support. The caregiver shared she has never "really asked for help but was tired and desperate."

The caregiver shared she has been "praying" and believes "God has answered" her prayers by her Family Consultant offering respite care services at no cost to her. She reports feeling less overwhelmed and that she has more time to manage her own health concerns now that respite is in place.

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 with a pre-planned visit to help youth age 13-25 years old experiencing overwhelming stress due to life circumstance and homelessness. Services include screening, planning, crisis intervention, life skills workshops, health screenings, groups, crisis counseling and case management.

Program outcomes include reducing risk factors, increasing crisis services, increasing knowledge of supports and resources, and diverting from restrictive environments.

Success: Homeless Teens and TAY Respite Program
"Beka" has been coming to the Wind Drop-in Center and utilizing Homeless Teens and TAY Respite services. Her family had been having trouble maintaining stable housing, as her father is on a fixed income of SSI. By utilizing the Wind Respite services, she avoided crisis and was diverted from more restrictive environments.

With support and coordination from the Wind Respite staff, she was linked to emergency shelter housing and entered a youth leadership program. Since then, she has attended the Wind Respite's life skills workshops on dress and grooming, job interviewing, and making the most out of opportunities. She's very excited to share with her peers back at Wind Respite "you have to do something. Life isn't going to just happen for you. You have to participate." Her stay and participation in Wind Respite led to big things; she submitted her application to a youth leadership conference, and recently she started a Certified Nursing Assistant program which will lead to employment. With Wind Respite's support and coordination, she also moved into transitional housing, with the goal to a more permanent living situation in the next year. Beka says she feels like everything is looking up for her now.

The Ripple Effect Respite Program, administered by A Church For All, provides planned mental health respite care 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 offers a daily support group. Program services are designed to prevent acute mental health crisis from occurring and to help participants overcome suicide risk factors.

Success: Ripple Effect Respite Program
"I have been participating in Ripple Effect Respite program for seven months. I am physically disabled and have mental health challenges. My mental health issues/symptoms make it difficult at times for me to handle everyday problems.

The Ripple Effect has been helpful by teaching me coping strategies and skills for stress management. It is also reassuring to know that if I become really overwhelmed, a kind staff member is a phone call away. The Ripple Effect provides a safe, calm environment which helps me to regulate my emotions, so that I can think more clearly. The Ripple Effect is helping me to achieve one of my long term goals, which is to obtain a part time job.

I am very grateful for the program. My family members have noticed a profound change in my mental health since I have been in the program. It helped save my life."

Danelle's Place Respite Program, administered by Gender Health Center (GHC), 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. There is an emphasis on serving transgender individuals who are experiencing overwhelming stress due to life circumstances, with the goal of preventing 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.

Success: Danelle's Place Respite Program
"Zander" first reached out to Danelle's Place Respite at Gender Health Center for help in the fall of 2018. Zander was experiencing depression and isolation, had gotten behind on rent and was at risk for homelessness. Zander had just come out as transgender and was looking for support and services. His Medi-Cal and Social Security benefits had been cut off.

He needed a place to rest, relax, and stabilize his life so he could do the hard work to regain access to benefits and hopefully keep his apartment. Danelle's Place Respite provided a place for Zander to get away from his life stresses and get support for his gender identity issues. Respite also provided a valuable internal referral to Gender Health Center's Peer Advocacy services, where a Case Manager helped Zander regain access to benefits and ensure him the income he needed in order to keep from losing his housing.

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 addition, support groups are provided with a range of topics including but not limited to: anti-bullying, coming out, health relationships, and life skills development.

Success: Q Spot Youth/TAY Respite Program
"The Q-Spot's Friday group has saved me. I recently moved to Sacramento and was feeling alone, and with no community support my mental health was getting worse. I found out about the group online and have been going for a few weeks. I have had a chance to make new friends and their staff were very supportive. I will be attending my first community event that the Q-Spot is hosting in a few weeks and I am really excited.

I am thankful for their services and have really allowed me to find other young people to connect with. I look forward to continue attending the Friday group and future events."

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.

Success: Lambda Lounge Adult Mental Health Respite Program
"I would like to thank the Lambda Lounge for their support and services. I am a Lesbian Indian person coming from a hostile environment where I was brutally violated. I escaped my country and was seeking asylum. I walked into the center to be helped and was greeted by open arms by their staff. They helped me overcome my past trauma by listening to me, working with me on a weekly basis and providing mental health resources. I was given support groups to attend, information about local events in the LGBTQ community, and a caring environment. I am thankful for the cultural competence that I was given by staff who allowed me to express myself."

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: 3,000 annually (not including the Bullying Prevention and Education Program)
Ages Served: Children, TAY, Adults, Older Adults

The Strengthening Families Program has expanded and now consists of several components.

The **Quality Child Care Collaborative (QCCC**) is a collaboration between DBHS, Child Action, Sacramento County Office of Education (SCOE), 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 and to provide strategies to ensure the success of the child while in a childcare and/or preschool setting. Support and education is also available for parents.

Success: Quality Child Care Collaborative (QCCC)
Noah is a 4 year old child who was exhibiting challenging behaviors at his preschool, including hitting and kicking other children. Noah had difficulty regulating his emotions and expressing his feelings in words. The Quality Child Care Collaborative Consultant was assigned to this referral and completed 11 on-site observations and visits at Noah's school.

The consultant spoke to Noah's mother via phone twice to discuss Noah's behaviors at home and at school and to complete the Ages and Stages Questionnaire. After talking to Noah's mother and teachers, the consultant referred Noah to the Sacramento County Access Team where he was linked to a clinician and a behavioral specialist at a Mental Health Plan outpatient provider. The consultant provided Noah's teachers with strategies to use in the classroom to decrease challenging behaviors and increase pro-social behaviors.

Noah's behaviors have improved in the classroom and at home and Noah's behavioral specialist is working with him weekly in his classroom.

HEARTS for Kids was a collaboration between DBHS, Child Protective Services (CPS), and Public Health. This collaborative leveraged 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 (5) that came to the attention of CPS or were placed into protective custody. DBHS Early Interventionist services included assessing the developmental, social, and emotional needs of the child. Clinicians provided culturally responsive in-home services to foster parents, relative caretakers or biological parents.

Success: HEARTS for Kids
Joe is a two year-old toddler who lost two foster placements due to excessive tantrums and insecure attachment. The HEARTS for Kids clinician was referred as the child was placed with his third family. The foster parent expressed concerns related to difficulties around transitions such as bedtime and drop off at daycare. The Clinician completed a social-emotional screener, provided the family with initial interventions including establishing predictable routines, giving multiple prompts to prepare the child for upcoming transitions, and provided a transitional object from home to ease his transition to daycare. The clinician also provided the family with education on how trauma and multiple attachment disruptions impact infant functioning. The HEARTS for Kids clinician connected the family with Parent-Child CARE (PC-CARE) to stabilize the placement as well as the Sacramento County Office of Education Infant Development Program to assist with speech development. Upon program completion, the family reported significant progress and expressed interest in ongoing services. The clinician submitted a referral requesting in-home services to continue addressing the mental health concerns of this young child. With the child's progress and supportive interventions available, the family expressed their long term commitment to the child and were willing to pursue adoption if a permanent home was needed.

As discussed in the Three-Year Plan and at the June 21, 2018, MHSA Steering Committee meeting, due to the loss of First 5 funding, this program was redesigned with an ongoing commitment to continued collaboration to meet the mental health needs of children of all ages within the child welfare system. DBHS in partnership with CPS has redesigned this collaborative program that is now known as the "**CPS Mental Health Team."** This program aligns with the implementation of Continuum of Care Reform (CCR) and the requirement that a Child and Family Team (CFT) is provided to all children entering the Child Welfare system. The program's DBHS clinicians will complete the Child and Adolescent Needs and Strengths (CANS) assessment and provide mental health consultation informing the CFT meeting process and CPS social worker case planning for children and youth ages birth through 20. The CANS represents a shared vision of the child and family in collaboration with the CFT. Clinicians will participate in the CFT to identify supports, mental health and other services needed to achieve permanency, enable the child to live in the least restrictive family setting, and promote normal childhood experiences. The redesigned program started in early FY 2018-19. More information about program implementation will be included in future updates.

The **Bullying Prevention Education and Training Program** is administered by the Sacramento County Office of Education (SCOE) and is available to all 13 Sacramento County school districts. SCOE uses a train-the-trainer model and evidence-base curricula to train school staff who then educates other school staff, students, and parents/caretakers on anti-bullying strategies. The program is implemented primarily 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 program is to change school climates across all 13 school districts.

In FY 2016-17, 101 schools participated in the Bullying Prevention Program with 1,158 school personnel trained, 8,114 parents/ caregivers trained, and 79,950 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 program objectives are to increase awareness of the negative effects of bullying, learn techniques to intervene early, collaboration, increase school attendance, develop best practices and policies for school staff, and to improve student perception of school safety, and reduce the incidences of bullying.

Success: Bullying Prevention Education and Training Program

Elk Grove Unified School District:

We facilitated bullying prevention workshops by high school students in Sheldon High School's Students Helping Students program at their feeder elementary schools. It was so powerful to have bullying prevention come from teenage students to our 5th grade students.

Folsom Cordova Unified School District:

Classroom Circles, a restorative practice, is being conducted in all classrooms. Classroom Circles help students thrive and helps them feel a sense of connectedness to their classroom and school. By creating a community where children feel supported, safe, included, and known, students are able to take risks and jump into the learning at hand. They are also learning to have empathy for one another and hear each other's stories and understand one another. This will hopefully help students develop kindness, caring, and understanding for others and reduce bullying behaviors.

River Delta Unified School District:

"Second Step", a social-emotional learning component, has been implemented by the school counselor in all D.H. White Elementary classrooms. There have been many positive changes from the program. We reduced our school suspensions by 71.6% this year, and we feel this is largely due to a solid Second Step program.

Early Violence Intervention Begins with Education (eVIBE), administered by the Sacramento Children's Home, uses universal and selective evidence-based prevention approaches, "Stop and Think", "Too Good For Violence", and "Nurturing Parenting" to improve social skills, increase protective factors, prevent youth violence, and reduce or eliminate family conflict for children and youth ages six (6) to eighteen (18) and their family members/caregivers.

In FY 2016-17 the eVIBE program served 2,030 students and family members/ caregivers. eVIBE facilitated "The Stop and Think" social skills program to 813 students, the "Too Good For Violence" program to 1,044 students, and the "Nurturing Parenting Program" to 173 family members/caregivers and children combined. These curricula were taught in fifteen schools across eight school districts, as well as five community sites and one affordable housing complex.

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

Success: Early Violence Intervention Begins with Education

eVIBE partnered with the Sheriffs Community Impact Program known as S.H.O.C.K., which is designed to combat negative influences facing today's youth. One of the Too Good for Violence lessons, titled "You've Been Played: A Look at Underage Drinking", focuses on media manipulation and its effects on a teenager's brain. A student shared, "it is acceptable to drink in my culture and environment" and he believed teenage girls should not drink. Another student agreed. Another student believed that girls put themselves in dangerous situations. This discussion created an opportunity to discuss underage drinking and consent. The eVIBE trainer engaged the students in discussion about consequences of drinking: while a teenager is intoxicated they often make impulsive and unclear decisions which will have negative consequences. The trainer further engaged students in discussion about the consequences of violence and sexual assault. After discussion, students had more insight on the impact of alcohol and decision making. This powerful lesson helped students understand some of the legal, scientific and behavioral effects of underage drinking.

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. Eligible 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.

Success: Adoptive Families Respite Program

"My family is beyond grateful for the respite services provided by Capital Adoptive Families Alliance. The respite events help my family by providing my kids a safe environment to interact with other local adopted kids. As parents we benefit because there is a reduction in our stress levels, resulting in our improved well-being. We are able to enjoy some much needed one-on-one time due to having a break from managing challenging behaviors.

Adoption has brought so much love into our home, but we also have a need for a break and CAFA's respite events do just that. Thank you for providing such an invaluable service to our family."

– Adoptive Family

Foster Families Urgent Response System (FFURS): This program evolved from the November 7, 2017 Board of Supervisors action and community planning process for the new MHSA PEI program for mental health services for foster youth experiencing serious emotional disturbances and their foster families, detailed in the MHSA FY 2017-18, 2018-19, 2019-20 Three Year Plan. FFURS is a 24 hours per day, 7 days per week, 365 day per year call center that provides immediate phone response, mobile in-person/face-to-face crisis intervention, triage services, mediation, follow-up support, and information and referral services available to current and former foster youth and their foster parents/caregivers who are experiencing crisis, or emotional or behavioral distress that, without immediate support, risks disruption to the current living situation. FFURS services also include peer mentoring, youth and family engagement, support and advocacy, temporary relief for youth and/or foster parents/caregivers. Opportunities are provided for youth to participate in normative, developmentally appropriate activities. The program will also provide outreach and information via a dedicated website, text, video conferencing and popular social media and apps to be popular and relevant to affected youth.

FFURS program will be administered by Sacramento Children's Home. Program is expected to open in FY 2018-19. More information about program implemention will be included in future updates.

Safe Zone Squad (SZS): In August 2018, the MHSA Steering Committee supported dedicating PEI funding to this program which is partially funded through a MHSOAC grant.

SZS is comprised of a two-person team on each campus that includes a Youth Advocate and a Safe Zone Coach (mental health counselor). SZS program will provide mental health crisis and triage services to students, ages 11 to 14, at three identified middle school campuses (Martin Luther King Jr. Technology Academy, Albert Einstein Middle School, and Sam Brannan Middle School). Mental health support services include but are not limited to crisis intervention services, listening circles, skills development, psychoeducation, stress/crisis management, parent/caregiver trainings, restorative mediation and mental health screening to identify appropriate levels of support from the SZS and provide linkage to a mental health provider or other resources within the community. Program outcomes include enhancing school success, reducing stigma, improving relationships, and reducing hospitalizations.

This program will be administered by Sacramento County Office of Education and will start services mid FY 2018-19. More information about program implementation will be included in future updates.

Integrated Health and Wellness Project
Capacity: 420 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 serves individuals age twelve (12) to thirty (30). The program is a nationally recognized treatment model utilizing an inter-disciplinary team of physicians, clinicians, support staff, consumers and family advocates to provide assessment, early identification and treatment of the onset of psychosis. The program provides culturally and linguistically responsive psychiatric support, case management, peer support, and access to treatment including transportation. The program also engages 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: SacEDAPT
An 18-year-old self-identified Hispanic cisgender male was referred to SacEDAPT after being hospitalized for a manic episode with psychotic features. He participated in individual therapy and medication management consistently and was ready to graduate high school and transition to a lower level of care when he witnessed violence in his classroom. Though this caused him to develop new symptoms, he was able to complete school and graduate. He has shared that working closely with the SacEDAPT peer case manager, supported education specialist, and his clinician in both Spanish and English for individual and family services has helped him feel excited again to attend college and become a music composer one day.

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: SeniorLink Program
A women, age 69, was experiencing depression, isolation and grief regarding her daughter's death by a drunk driving accident over 20 years ago. She resides in a senior apartment complex where she previously kept to herself.

Through involvement with SeniorLink, the Behavioral Health Advocate connected her to counseling, grief support group and Peer to Peer support group for weekly activities. She was finally able to address her grief issues, reconnect with her family and make new friends. Participant expressed to SeniorLink Behavioral Health Advocate; "I used to isolate myself from everyone and did not want to share my life experiences. I am feeling better every day and now able to visit my daughter's grave site to leave flowers. I can deal with my emotions and no longer feel guilty about the passing of my daughter. Thanks to SeniorLink, I cannot stop smiling and have an active lifestyle now."

Trauma Informed Wellness Program for the African American Community: This new program evolved from a Cultural Competence Committee (CCC) Ad Hoc Workgroup that gathered feedback from the African American community for prevention services for their community. The recommendation for a new prevention program to address mental health and

wellness needs of African American community members who have experienced or have been exposed to trauma was adopted by the CCC on December 19, 2018 and the MHSA Steering Committee on January 17, 2019. It is anticipated that this new programming will be implemented in FY 2019-20.

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, "Mental Illness: It's not always what you think", 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.

Since June 2011, DBHS has worked in partnership with Edelman, a communication marketing agency, and the Division of Public Health, to implement its county-wide mental health promotion, and stigma and discrimination reduction project to promote messages of wellness, hope and recovery, dispelling the myths and stereotypes surrounding mental illness. This project aims to fundamentally alter negative attitudes and perceptions about mental illness and emotional disturbances. The "Mental Illness: It's not always what you think" project underscores that mental illness can affect almost anyone, and also promotes community resources and support available throughout the County to foster hope and recovery.

The project's FY 2016-17 activities spanned from July 1, 2016 – June 30, 2017. The team planned and executed the Living Well Expo 2017, a free event to raise awareness around mental health in the Sacramento community and to acknowledge over five years of work. The project team collaborated with a multi-cultural creative agency to conduct two phases of research, including focus groups and a literature review, both of which will be used to help inform a broader message and creative refresh. This refresh will help ensure the project reaches its target audiences and overarching goals in a more meaningful way moving forward.

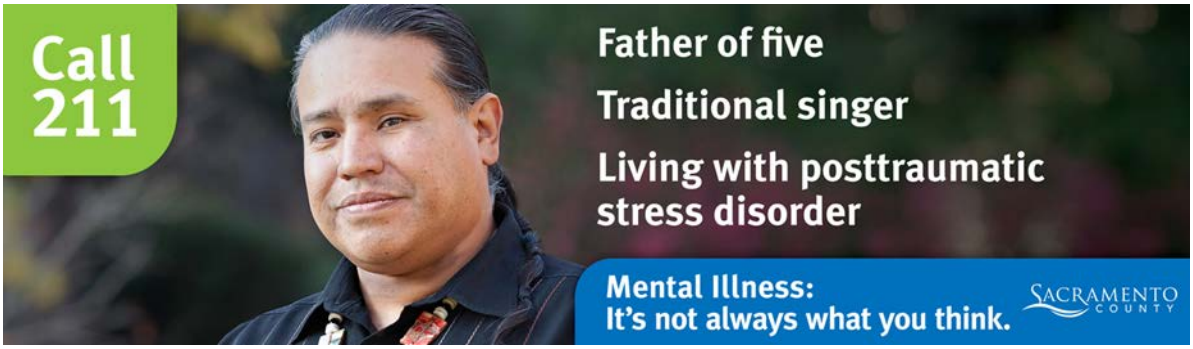
DBHS has continued to fund the anti-stigma promotion project year after year, leading to the successful conclusion of six years' work to change minds, attitudes and outcomes for those living with a mental illness.

(1) Multi-media outreach: To reach the project's 11 target audiences, and as many Sacramento County residents as possible, FY 2016-17 activities included the development and implementation of a strong advertising campaign across multiple mediums. Advertising placements, including TV, radio, online and outdoor advertising, were scheduled for January through June 2017 and garnered 52,919,453 impressions. The following advertising categories reflect efforts during FY 2016-17.

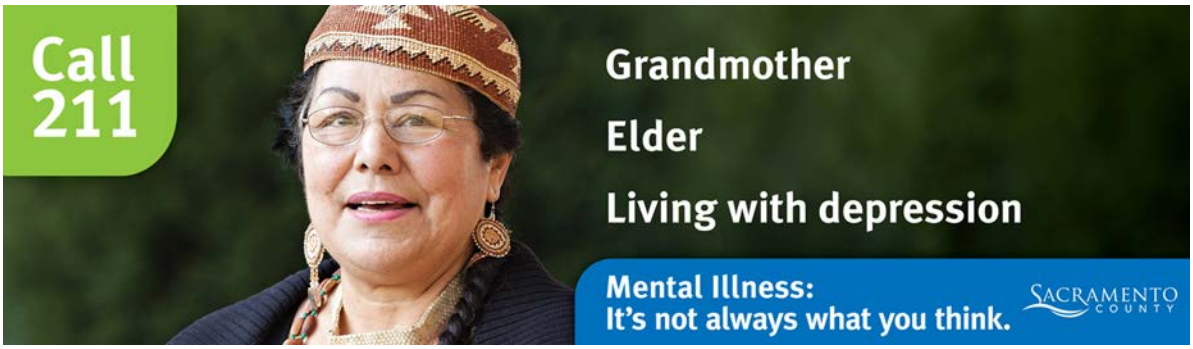
<u>Outdoor Ads:</u>
Outdoor advertising ran from January through June 2017. Advertising included eco-posters, digital billboards, bus tails and bus interior cards. In total, these paid placements garnered an estimated 38,597,679 impressions.


TOWER
LIQUOR

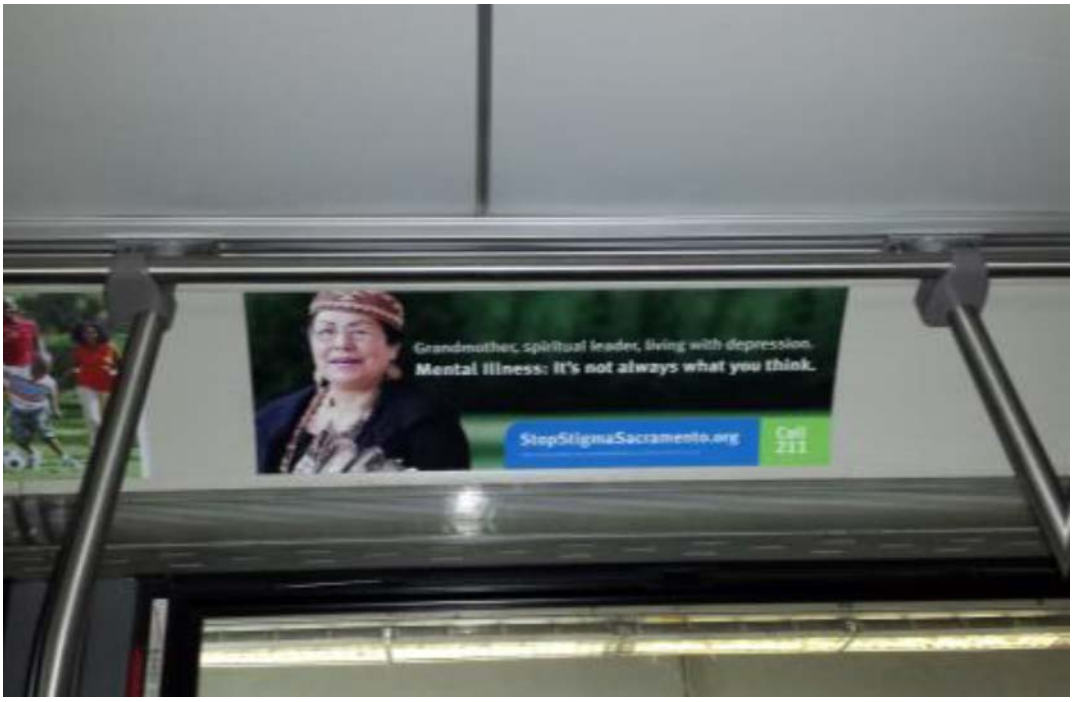

CLEAR CHANNEL
Father of five
Traditional singer
Living with posttraumatic stress disorder
Call 211
StopStigmaSacramento.org
Mental Illness:
It's not always what you think.
004007


Call 211
Father of five
Traditional singer
Living with posttraumatic stress disorder
Mental Illness:
It's not always what you think.
SACRAMENTO COUNTY


Call 211
Son
Volunteer
Living with depression
Mental Illness:
It's not always what you think.
SACRAMENTO COUNTY


Call 211
Grandmother
Elder
Living with depression
Mental Illness:
It's not always what you think.
SACRAMENTO COUNTY


2878
51
1307033
Father of three, church pastor, living with depression.
Mental Illness: It's not always what you think.
StepStigmaSacramento.org
Call 211



TV Ads:
Television advertisements supporting the campaign messages and branding ran from January through June 2017. These advertisements, which are available to view here, ran on various stations throughout Sacramento County.
Broadcast TV: Univision
Crossings TV: In-language broadcasts in Russian, Chinese, Hmong and Vietnamese

Through the advertising buy, the project paid for 56 spots and received an additional 215 extra spots as added value, which means they aired at no cost to the County. Overall, these 56 spots provided 695,575 impressions, 290,581 of which were added value (aired at no cost).

Radio Ads:
Radio advertisements supporting the campaign messages and branding ran at various times on numerous stations from March through June 2017.

In FY 2016-17, the project team recorded a new 30-second English radio public services announcement (PSA), which featured the Stop Stigma Sacramento Speakers Bureau members as everyday people, spreading messages of hope, wellness and recovery to encourage those interested to learn more by visiting the project website. To listen to the advertisements, please visit the microsite here.

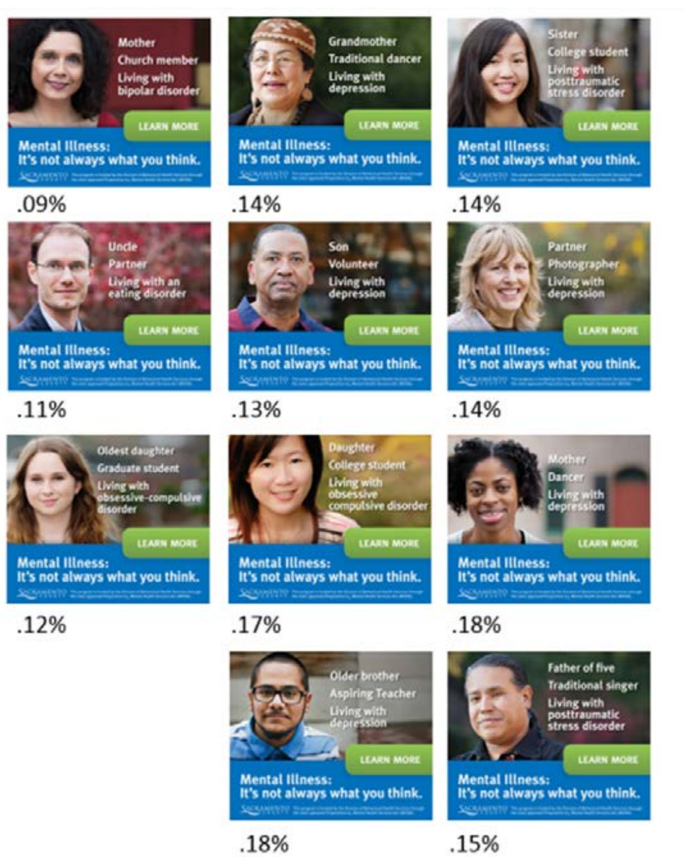
Overall, 1,995 radio advertisements ran, 85 of which were added value (aired at no cost). These placements, which were featured on 14 general/Hispanic and in-language radio stations, including KRXQ, KUDL, KHYL, KSFM, KZZO, KSEG, KFBK, KYMX, KCCL, KDEE (African American), KRCX (Hispanic), KXSE (Hispanic), KFSG (Vietnamese, Russian) and KJAY

(Hmong). Media outlets designed for African American audiences, as well as in-language Spanish, Vietnamese, Russian and Hmong outlets, garnered 7,645,218 impressions.


APRIL 27 - MAY 3, 2017
The Observer Newspapers
PAGE A-7
County Project Continues To Reduce Stigma About Mental Illness
Program Locations:
N. Sacramento/ Del Paso Heights
Twin Rivers Housing Complex
Marina Vista Housing Complex
Roberts Family Development Center
770 Darina Ave. • Sacramento, CA • 916.646.6631 • Robertsfdc.com
Programs for K-12th Grade, Focusing On:
Academic Performance & Improvement • Parent Engagement & Education
Civic Awareness & Involvement • Nutrition & Overall Health • Internet Access
Community Empowerment • Technology • High School Exit Exam
In the Community - Serving Sacramento for 10 Years!
RFDC is a State Approved Supplemental Education Service (SES) Provider

<u>Print Ads:</u>
Print advertising ran in six local publications, including *Russian Observer, Thang Mo, Sacramento Observer, Word & Deed, Outword Magazine* and *d'Promeramano*. Overall, 36 print ads ran in these publications. During May is Mental Health Month, *Thang Mo* and *Lang Magazine* placed the Living Well Expo event flyer in their May publications which encouraged their readers to attend.

<u>Online and Mobile Ads:</u>
Through the purchase of radio advertisements, radio stations included in the media buy provided an added value on banner advertisements on their websites. Additionally, mobile advertising was implemented, providing 5,126,413 impressions.


Mother
Church member
Living with bipolar disorder
Grandmother
Traditional dancer
Living with depression
Sister
College student
Living with posttraumatic stress disorder
Uncle
Partner
Living with an eating disorder
Son
Volunteer
Living with depression
Partner
Photographer
Living with depression
Oldest daughter
Graduate student
Living with obsessive-compulsive disorder
Daughter
College student
Living with obsessive compulsive disorder
Mother
Dancer
Living with depression
Older brother
Aspiring Teacher
Living with depression
Father of five
Traditional singer
Living with posttraumatic stress disorder
LEARN MORE
Mental Illness:
It's not always what you think.
.09%
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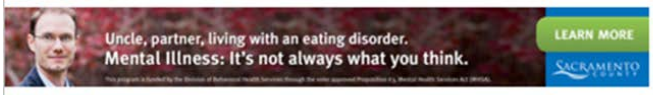

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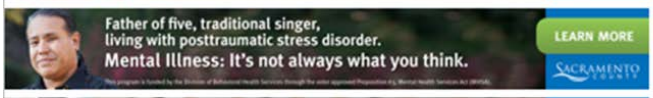

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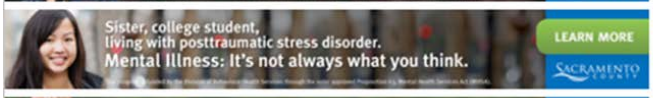

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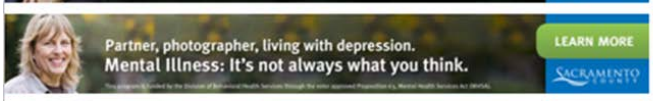

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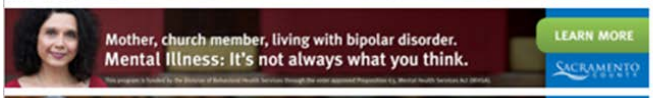

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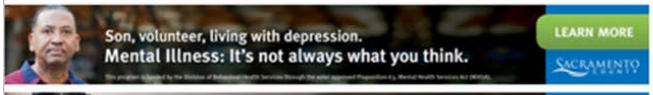

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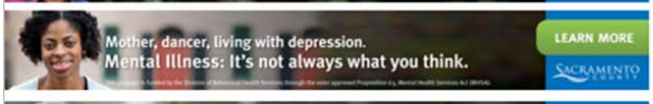

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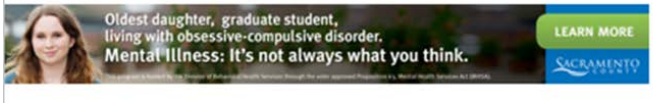

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Earned Media:

With the assistance of two multicultural media specialists and Edelman's regional media experts, the team conducted outreach to Sacramento County media to promote key project activities. The list below represents the 36 placements and impressions secured in FY 2016-17. The majority of media outreach took place around Mental Health Month (May), with additional milestones surrounding the Journey of Hope event (August), Mental Illness Awareness Week (October) and the holiday season (November – December). The project was included in targeted local and national news publications, such as NPR, ABC10, CBS 13 and KFBK, in addition to ethnic publications like the Sacramento Observer, Thang Mo, Russian American Media, garnering more than 10,944,118 total impressions.

Project Media Highlights

Date	Title	Outlet	Impressions
Radio			
5/13/2017	Live Remote: Living Well Expo 2017 Feature	Now 100.5	548,200
5/4/2017	MIAW feature- Interview with Xiomara Seide	Latino Radio 97.9	-
5/11/2017	Sacramento Observes Mental Health Month With Living Well Expo To Soften Stigma	Capital Public Radio	300,000
4/27/2017	MIAW feature- Interview with Patrick Ma	Radio TNT	
2/27/2017	National Eating Disorders Awareness Week	KFBK-AM	450,900
11/1/2016	UC Davis Student Shares Research And Experiences On The Neuroscience Of Eating Disorders	Capital Public Radio	300,000
10/5/2016	Mental Health with Patrick Ma	Radio TNT	
10/3/2016	Mental Illness Awareness Week Ft. Crystal Rowland	KFBK-AM	450,900
8/5/2016	Journey of Hope (features interview w/Julie Leung)	KFBK-AM	450,900
8/6/2016	Journey of Hope (features interviews w/Diane Mintz and Julie Leung)	KFBK-AM	450,900
8/7/2016	Journey of Hope (features interview w/Julie Leung)	KFBK-AM	450,900
8/8/2016	Journey of Hope (teaser)	KFBK-AM	450,900
8/9/2016	Journey of Hope (features interviews w/Diane Mintz and Julie Leung)	KFBK-AM	450,900
8/6/2016	Illustrated Stories Of Mental Illness In New Art Exhibit	Capital Public Radio	300,000
7/29/2016	Mental Health with Sam Le	Radio TNT	-
7/5/2016	Mental Health with Dr. Aguilar-Gaxiola	VIVE 92.1	-

Online/Print			
5/11/2017	Sacramento Observes Mental Health Month With Living Well Expo To Soften Stigma	Capital Public Radio	148,353
4/4/2017	MIAW feature- Lynn Keune Interview	Univision	-
1/20/2017	All this rain and cold bringing you down? Here's how to beat the stormy weather blues	The Sacramento Bee	4,766,230
11/1/2016	UC Davis Student Shares Research And Experiences On The Neuroscience Of Eating Disorders	Capital Public Radio	148,353
10/7/2016	MIAW feature	Thang Mo	
10/7/2016	MIAW feature	Lang Magazine	
10/7/2016	MIAW feature	Russian American Media	
10/5/2016	¿Cómo detectar y atender una enfermedad mental?	Univision	
8/10/2016	Artworks capture the struggle to overcome mental illness	The Sacramento Bee	3,074,671
8/6/2016	Illustrated Stories Of Mental Illness In New Art Exhibit	Capital Public Radio	300,000
7/22/2016	Firms can ease the path for workers with mental illness	Sacramento Business Journal	54,214
7/22/2016	It's not always what you think	Elk Grove Citizen	23,497
TV Broadcast			
5/13/2017	Mental Health Fair	Good Day Sacramento	42,628
5/10/17	Mental Health Awareness; reducing the stigma	ABC 10	5,056
10/5/2016	¿Cómo detectar y atender una enfermedad mental?	Univision	-
10/5/2016	Youth Mental Health Day	KCRA	1,053,479
8/6/2016	Journey of Hope segment (Interview with Laura Bemis)	Fox 40	17,597
8/6/2016	Journey of Hope Preview	ABC 10	5,056
Total Impressions between 7/1/16-6/30/17:			**10,944,118**

*Impression values are based on data from Quantcast and CisionPoint.

(2) Social Media and Microsite: To support the project's stakeholder and media outreach efforts and engage with key audiences, the team regularly updated the www.StopStigmaSacramento.org microsite, as well as Facebook and Twitter pages. The team highlights project news, events and messages of hope, as well as stakeholder events on its social channels.

Facebook:

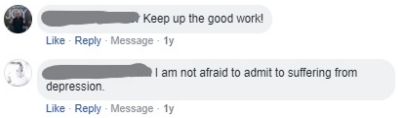
In FY 2016-17, the page totaled 8,095 likes, up from 6,824 likes from last fiscal year:

- 81 percent of people who like the page are women, while 18 percent are men
- One of the project's highest performing posts, which was during Mental Health Month (May), received more than 8,400 post engagements, including 793 reactions, 11 comments and 513 shares

Twitter:

In FY 2016-17:

- The page had 611 followers, up from 482 followers last year. Seventy-three percent of people who like the page were women, while 27 percent were men
- The page was following 223 other pages
- The page had posted 1,046 tweets



Microsite

The project microsite, www.StopStigmaSacramento.org, is a project resource and information hub. The project's virtual Wall of Hope page garnered 11 positive messages of hope and recovery from visitors, resulting in 62 total messages of support in FY 2016-17.

Engagement

As of June 30, 2017, 379 people have submitted their email addresses through the site to receive project updates, up from 322 people in total last year. There were 16,702 unique visitors, up from 16,645 last fiscal year.

(3) Stakeholder Engagement: To engage relevant community organizations and services in the project, activities included distributing collateral materials, conducting media interviews, participating at project-sponsored or community events, sharing success stories, providing photography, promoting the project through digital and social media or joining the speaker's bureau. Through June 2017, the project received stakeholder engagement forms, which confirm an organization's willingness to participate in the project, from 112 organizations. To view a list of partner organizations, please visit the StopStigmaSacramento.org microsite here.

To help ensure that stakeholders have a chance to participate and provide as much feedback as possible; the project team has sent the following requests for input to the database:

- Request for personal stories
- Request for speaker's bureau participants
- Requests for everyday people (advertising outreach)
- Requests for artwork and help in promoting the May activities
- Requests to attend project-sponsored events

Following is a list of the most active stakeholders in FY 2016-17. These stakeholders provided spokespeople for media interviews, participated in planning meetings for events and hosted information booths at the project-sponsored events.

1. Arthur A. Benjamin Health Professions High School
2. Another Choice, Another Chance
3. Asian Pacific Community Counseling (APCC)
4. California Family Fitness
5. Crossroads Diversified Services
6. CSH Wellness and Recover Center – South Center
7. Sacramento County Division of Behavioral Health Services
8. Each Mind Matters
9. Elica Health
10. G.O.A.L.S. for Women
11. Happy with Baby
12. Health Education Council
13. Health Insurance Counseling and Advocacy Program
14. Health Professions High School
15. Heritage Oaks Hospital
16. Hope for Healthy Families Counseling Center
17. La Familia Counseling Center
18. NAMI Sacramento
19. NorCal Mental Health America
20. Planned Parenthood
21. Sacramento Bulling Prevention
22. Sacramento County CPS
23. Sacramento County Tobacco Education Program
24. Samuel Merritt University
25. Safer Alternatives through Networking and Education (SANE)
26. Shifa Community Clinic
27. Sacramento Native American Health Clinic
28. Stop Stigma Sacramento Speakers Bureau
29. The African American Mental Health Providers
30. The Arthritis Foundation
31. The Ripple Effect Respite Center
32. The Silver Orange Teen Center
33. TLCS Crisis Respite Center
34. Turning Point Community Programs
35. Valley High School
36. Wellspace Health

(4) Collateral Material: The team has conducted outreach to stakeholder organizations to offer free program materials, including brochures, tip cards and posters. All available collateral materials can be found on the StopStigmaSacramento.org microsite here. Through June 2017, approximately 205,000 pieces of collateral material had been distributed to stakeholder groups and at events, including approximately 16,525 pieces in FY 2016-17.

(5) Community Outreach Events and Presentations:

- Journey of Hope (Aug. 6, 2016) - The Speakers Bureau planned and executed the second annual Journey of Hope art exhibit, which brings awareness about mental health to the community and gives others insight, inspiration, strength and understanding. The collaborative

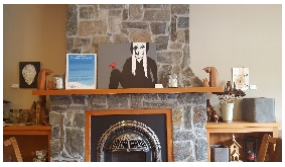
art exhibit paired local artists and writers to share stories of hope and recovery at an artist reception on Aug. 6, 2016.

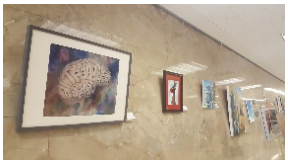
- Youth Mental Health Day (Oct. 5, 2016) - In recognition of NAMI's Mental Illness Awareness Week (Oct. 2-18, 2016), Edelman planned and executed Youth Mental Health Day, a mental health resource fair at Arthur A. Benjamin Health Professions High School. In addition, the team coordinated community booths for organizations to distribute information and materials at the event. The Walls of Hope and personal stories from Speakers Bureau members were also shared and displayed at the event. Youth Mental Health Day also served as an opportunity to release and promote the project's new youth-focused PSA, which features students from Arthur A. Benjamin Health Professions High School and members of Sacramento County's youth community, aiming to reduce the stigma associated with mental illness among young people.

- Mental Health Services Act Steering Committee Meeting (Oct. 20, 2016) - In conjunction with the County, Edelman presented at the Mental Health Services Act Steering Committee Meeting, providing an overview of the project's new youth-focused PSA and how it will be used to help increase awareness and stop stigma for the Transition Age Youth (16-25) audience and youth within each of the project's target audiences. The presentation also featured a Speakers Bureau member, who shared her personal story of hope and recovery.

- Student Mental Health and Wellness Collaborative Presentation (Oct. 20, 2016) - On behalf of the project, Edelman provided an overview of the "Mental Illness: It's not always what you think" project at Sacramento County Student Mental Health and Wellness Collaborative meeting. This presentation served as an opportunity to share the project's new youth-focused PSA, as well as seek input on developing a school outreach toolkit.

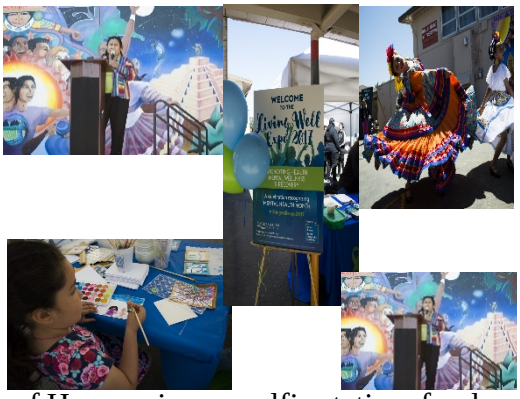
- Art Displays (May 2017) - Four art displays helped create awareness of the project. Edelman coordinated stakeholder outreach, secured venues and put up/took down displays. The displays included:
  - A display outside the Governor's Office at the Capitol (May 8-12)
  - A display in the Sacramento Poetry Center (May 1-31).
  - A display in the Sacramento County DBHS lobby at East Parkway (May 12)
  - A display at Living Well Expo 2017 (May 13)





- Mental Health Month DBHS Event (May 12, 2017) - An event was organized for DBHS employees to recognize Mental Health Month. This event also gave employees a chance to learn more about the project and recognize its anniversary, and promote the Living Well Expo. Invitations were emailed to DBHS employees on behalf of Uma Zykofsky, Behavioral Health Director. Approximately 25 DBHS employees and seven members of the Speaker's Bureau attended the event.

- Living Well Expo 2017 (May 13, 2017) - Edelman worked with DBHS to develop the concept behind Living Well Expo 2017, which celebrated over five years of the project's work, as well as health, mental wellness and recovery, in recognition of Mental Health Month.



The event featured free health screenings, living well information booths, fitness activities, educational sessions, art demonstrations, performances, prize drawings, refreshments and more. Additional activities included a scavenger hunt, Speakers Bureau panel, Walls of Hope, prizes, a selfie station, food trucks and music. Members of the Stop Stigma Sacramento Speakers Bureau – Gina Montoya and Ruben Lizarraga – were emcees for the event and shared their stories of hope and recovery.

Approximately 100 people attended the event. Additionally, more than 33 community organizations shared resources with attendees, including information on mental health, resources and health screenings.

(6) Research: In FY 2016-17, Edelman, DBHS, and the Public Health Division partnered with a third-party firm to conduct research to ensure that its messages and materials are still resonating with those impacted by mental illness within Sacramento County. Key research findings of this preliminary research included:

- A refreshed approach to the program must involve more robust information to target audiences, to more effectively lower stigma and discrimination toward mental illness.
- For those with direct mental illness experience, this will create an effective sense of relief and the promise of effectively living with their situation.
- For the greater population, the refreshed approach will lay the foundation to accept a more positive view of mental illness and those living with it.
- The ultimate goal of refreshed project creative and messaging is sustained lowered stigma and change.
- Creating messages to promote this more active perspective to diverse audiences in culturally sensitive ways will reach out to communities experiencing health disparities in use and services.

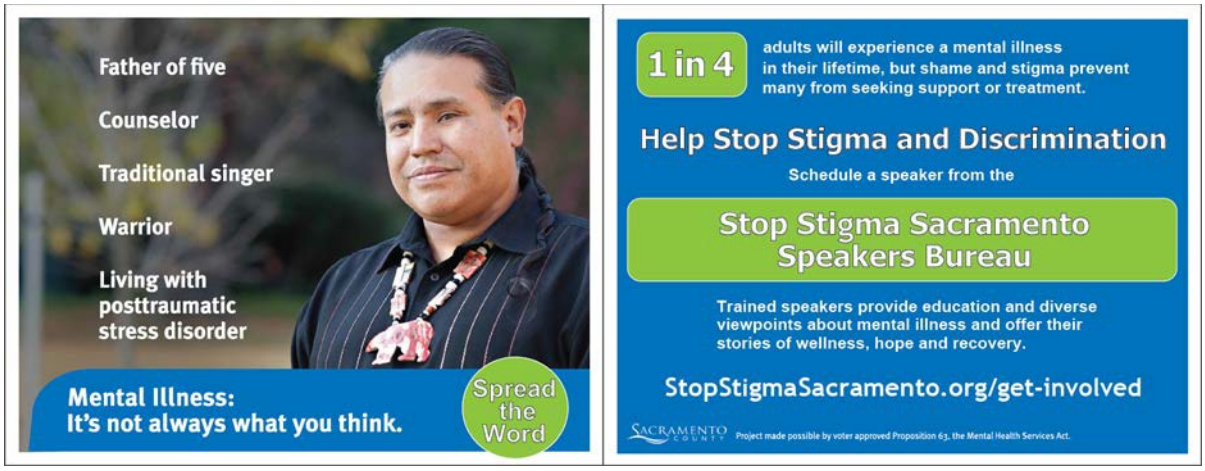
(7) Stop Stigma Sacramento Speakers Bureau: Sacramento County's Division of Public Health continued to coordinate a speakers bureau in FY 2016-17. In FY 2016-17, three Orientation and Training sessions were held, during which 21 community members were trained to be speakers. At the close of FY 2016-17, the Stop Stigma Sacramento Speakers Bureau had a membership of 153 speakers, of which 51 were actively speaking or preparing to speak.

IIn FY 2016-17, Stop Stigma Sacramento Speakers Bureau speakers shared their personal stories at 34 events with a total audience attendance of 1,379 individuals. In school settings, school counseling staff were also invited to attend the scheduled presentations.

The following cards were 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 in FY 2016-17:

Stop Stigma Sacramento Speakers Bureau Speaking Events July 1, 2016 – June 30, 2017

	Date	Site/Event	# Speakers	# in Audience
1	08.23.16	Turning Point: Crisis Residential	3	7
2	09.28.16	CA Dept. of Insurance	5	42
3	10.04.16	CA Youth Crisis Line	1	18
4	10.05.16	Health Professions HS	4	59
5	10.06.16	Crossroads Diversified	2	17
6	10.12.16	Dept. of Veteran's Affairs	1	20
7	10.20.16	SCOE Health Wellness Collab	1	47
8	11.16.16	Sac State: Rec students	1	12
9	11.18.16	Sac Children's Home- Valley HI FRC	3	21
10	11.21.16	Sac State: Social Work students	1	33
11	11.29.16	Sac State: Social Work students	2	25
12	12.01.16	Vista Del Lago HS: AP Psych	5	60
13	12.02.16	DBHS Cultural Competency	1	36
14	01.15.17	Japanese United Methodist Church	3	32
15	01.24.17	EDD Disability Advisory Committee	2	14
16	01.27.17	DBHS Cultural Competency/CBMCS	2	21
17	01.28.17	Retrograde Collective Art Salon	3	225
18	02.07.17	CA Youth Crisis Line	2	10
19	02.17.17	Sac State: Active Minds In-service	1	19
20	02.23.17	Elk Grove USC Middle School Conf.	8	130
21	03.03.17	CA Northstate University	3	38
22	03.08.17	WEAVE	3	47
23	03.29.17	Sac State Gerontology Panel	4	88
24	04.04.17	Hiram Johnson HS	4	40
25	04.18.17	DMV DAC	2	15
26	04.19.17	DBHS Cultural Competency/CBMCS	2	43
27	05.03.17	Sac State School of SW: Policy Class	2	41
28	05.04.17	Natomas Pacific Pathways Prep HS	5	59
29	05.10.17	JFK HS	3	30
30	05.11.17	Health Professions HS	2	40
31	05.13.17	Living Well Expo (project hosted) Panel	5	8
32	06.16.17	Rotary Club of Twin Rivers	1	14
33	06.20.17	CA Youth Crisis Line	2	37
34	06.21.17	DBHS Cultural Competency/CBMCS	2	31
	Total	**34 Speaking events**	**91**	**1,379**

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:

Speakers Bureau Sponsored Events and Affiliated Activities

In addition to fulfilling speaking events, the Speakers Bureau creates speaker only, speaker specific events, and sponsors events for the general public. While the specific events vary by year, the goal of promoting community and connection within the Speakers Bureau remains a fundamental goal. Also of importance in the planning of any Speakers Bureau activity is a focus on creating opportunities for personal growth, learning, and supporting the recovery of each speaker. The section below includes the FY 2016-17 events created by the Speakers Bureau by project staff and by Speakers Bureau members and project volunteers.

- **August 2016: Journey of Hope Art Event**
  Journey of Hope: Real Life Stories of Living with Mental Health Challenges Portrayed Through Art is an exhibit designed to discourage stigma and "bridge the gap" between the broader community and individuals living with a mental health condition. The exhibit was developed by a group of Speakers Bureau members in collaboration with the *Mental Illness: It's not always what you think* project to give others insight, inspiration, understanding, strength, connection, hope, and to raise awareness.

  Journey of Hope is unique, and is comprised of two components: personal stories and corresponding original artworks. Individuals with lived mental health experience in Sacramento County were invited to submit a story or poem about their experience with mental illness. The stories and poems were then given to a local artist to be used as inspiration for an original art piece. The works were then featured together at an exhibit at the Elk Grove Fine Arts Center, which was held August 6 -25, 2016. A reception was held on August 6, 2016,

from 2:00-7:00pm to unveil the exhibit. The Journey of Hope 2016 exhibit was the second annual exhibit. Sixty-one individuals participated in the exhibit. The number of participants nearly tripled from the previous year, with approximately 400 people attending the exhibit reception on August 6, And approximately 700 people attending the exhibit August 6 - 25, 2016.

- **February 14, 2017: Valentine's Day Outreach**

  Speakers handed out custom message cards on February 14, 2017 with a heart shaped lollipop. Of the 1,000 cards printed, 700 general public "be a friend" cards were given out and 300 "love yourself" cards (directed to mental health consumers) were given out. Speakers wore their Speakers Bureau polos and had additional materials on hand for those individuals who wanted more information about the project or resources.

  Eleven speakers handed out message cards and lollipops at the following locations:
  - Sacramento State University (in collaboration with NAMI on Campus)
  - Sacramento City College
  - Human Resources Consultants Regional Support Team/Transitional Community Opportunities for Recovery (HRC/TCORE)
  - Bradshaw Starbucks and Food Source
  - Sutter Center for Psychiatry (After Care group)
  - TLCS Respite Center
  - LGBT Community Center and NorCal MHA (drop off only)

  The general consensus among the participating speakers was that there were many surprised smiles and they enjoyed handing out the message cards. Following are few quotes from the speakers who participated:
  - "We passed out all of the Valentine's in under an hour!! We created a "theme" for the tabling with a large poster and it was a huge success. A good number of people inquired about Stop Stigma and how to get involved, so I made sure they were aware of the website." [Sac State]
  - "All went well. It was fun and nice to meet the NAMI students/club! I love their dedication!" [Sac State]
  - "They went fast! Lots of smiles! I searched for the ones stressed out and studying :)" [Sac State]
  - "Handing out the Valentine's out at HRC and TCORE went very well. Lots of smiles, and very appreciated. And of course I enjoyed passing them out and connecting with others." [HRC/TCORE]

Samples of Cards:

- **Speaker Retreats:** In FY 2016-20, two speaker retreats were held to build community, establish a collective vision, and create a leadership structure that will allow the Stop Stigma Sacramento Speakers Bureau to be increasingly speaker led. With a core group of speakers who expressed a desire to be more active, the specific goal of the retreats was to: a) Develop a shared vision, mission and values statement; b)Create formal structures (e.g. subcommittees) that will allow speakers to assist with various speaking trainings and practice sessions, speaking events, and social gatherings; and, c) Identify and pursue short and long-term goals.
    - October 2016 Session I Retreat was facilitated by Edelman and was attended by 28 speakers. The group brainstormed vision, mission and values statements and speaker roles. The result was a suggestion to create Speakers Bureau subcommittees that can work as task groups to continue increasing speaker leadership. The suggested subcommittees include speaker recruitment; speaker training and development; speaking venue outreach; promotion and outreach; social and wellness.

- January 2017 Session II Retreat was also facilitated by Edelman. The goal was to refine the vision and mission statements and continue discussion of subcommittees. The session was attended by 23 speakers. The speakers developed the following:

  Mission: To increase understanding and compassion for people living with and affected by mental illness.

  Vision*:* To let people know they are not alone, to be self-sufficient, to have a strong marketing presence, top-of-mind resource, to be peer-driven; to inform and connect, to be in high demand.

  As a follow-up to the retreat, several subcommittee meetings were scheduled one time monthly in the months that followed to support speaker efforts in this area. The meetings were scheduled after hours at public library rooms. Six speakers attended the first subcommittee meeting in January 2017, however, none attended the meetings after the first meeting. The notes from the meeting are archived for future use if needed. To date, the subject of subcommittees has not been revisited and is discussed further in the "Goals and Next Steps" portion of this report.

- **Speaker WRAP Training**
  To continue investing in the recovery of the Speakers Bureau speakers, the County sponsored a Wellness, Recovery, Action Plan (WRAP) training for speakers. The two seven-hour sessions were held March 11 and March 18, 2017. Eight speakers attended. The reasoning for sending speakers to WRAP training, was that speakers who took WRAP could use a common language to promote wellness within the Speakers Bureau and could share basic self-care strategies learned during WRAP with other speakers.

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 2016-17

In Fiscal Year 2016-17, a total of 15,176 individuals were served across seventeen PEI programs.* The tables below and on the following pages display demographic information for individuals served in each of those programs.

**Not including the following PEI Programs: Suicide Crisis Line; Postvention Services; Bullying Prevention Education and Training; and the Mental Health Promotion project.*

Total Number of Individuals Served in PEI Programs FY 16/17											
	Senior Link	eVIBE	Quality Childcare Collaborative	Supporting Community Connections	HEARTS for Kids	Mobile Crisis Support Teams	Triage Navigators	Community Support Team	SacEDAPT	Friends for Survival	Total
Age Group											
Child and Youth (0-15)	0	1,866	48	103	411	17	14	2	61	12	2,534
Transition Age Youth (16-25)	0	69	0	528	0	75	244	86	107	9	1,118
Adult (26-59)	21	47	0	1,236	0	433	1,246	324	11	192	3,510
Older Adult (60+)	136	3	0	377	0	63	103	119	0	91	892
Unknown/Not Reported	32	45	0	101	0	0	1	3	0	31	213
Total	**189**	**2,030**	**48**	**2,345**	**411**	**588**	**1,608**	**534**	**179**	**335**	**8,267**
Race/Ethnicity											
White	66	369	NR	827	83	266	574	147	46	168	2,546
African American	52	181	NR	332	125	157	401	100	55	18	1,421
Asian	2	148	NR	170	21	31	41	24	17	16	470
Pacific Islander	0	21	NR	2	5	2	4	3	0	2	39
Native American	0	8	NR	15	1	8	13	6	2	8	61
Hispanic	35	683	NR	0	33	27	107	27	31	0	943
Multi-Race	2	268	NR	61	6	19	21	8	15	1	401
Other	0	69	NR	923	127	15	46	7	4	17	1,208
Unknown/Not Reported	32	283	48	15	10	63	401	212	9	105	1,178
Total	**189**	**2,030**	**48**	**2,345**	**411**	**588**	**1,608**	**534**	**179**	**335**	**8,267**
Primary Language											
English	135	1512	NR	1110	NR	544	1,339	388	163	249	5,440
Spanish	16	157	NR	783	NR	6	15	9	10	2	998
Vietnamese	0	8	NR	54	NR	3	7	3	2	0	77
Cantonese	0	2	NR	13	NR	1	0	0	0	0	16
Hmong	0	25	NR	60	NR	3	1	2	1	0	92
Russian	0	10	NR	254	NR	0	0	2	0	0	266
Arabic	1	5	NR	0	NR	0	1	1	0	0	8
Other	0	0	NR	57	NR	1	6	13	0	1	78
Unknown/Not Reported	37	311	48	14	411	30	239	116	3	83	1,292
Total	**189**	**2,030**	**48**	**2,345**	**411**	**588**	**1,608**	**534**	**179**	**335**	**8,267**

Total Number of Individuals Served in PEI Programs FY 16/17 Cont.											
	Senior Link	eVIBE	Quality Childcare Collaborative	Supporting Community Connections	HEARTS for Kids	Mobile Crisis Support Teams	Triage Navigators	Community Support Team	SacEDAPT	Friends for Survival	Total
Sexual Orientation											
Gay or Lesbian	NR	0	NR	36	NR	2	3	0	0	NR	41
Heterosexual or Straight	NR	98	NR	2,141	NR	30	92	15	7	NR	2,383
Bisexual	NR	0	NR	57	NR	3	5	1	0	NR	66
Questioning or unsure	NR	0	NR	8	NR	0	0	0	1	NR	9
Queer	NR	0	NR	1	NR	0	0	0	0	NR	1
Another sexual orientation	NR	0	NR	77	NR	0	0	2	0	NR	79
Unknown/Not Reported	189	1,932	48	25	411	553	1508	516	171	335	5,688
Total	**189**	**2,030**	**48**	**2,345**	**411**	**588**	**1,608**	**534**	**179**	**335**	**8,267**
Gender Identity											
Male	37	1030	NR	795	NR	155	597	26	56	81	2,777
Female	120	979	NR	1489	NR	126	468	22	40	223	3,467
Transgender	0	0	NR	21	NR	3	4	0	4	0	32
Genderqueer	0	0	NR	0	NR	0	0	0	0	0	0
Questioning or unsure	0	0	NR	0	NR	0	0	0	0	0	0
Another gender identity	0	0	NR	19	NR	0	1	0	1	0	21
Unknown/Not Reported	32	21	48	21	411	304	538	486	78	31	1,970
Total	**189**	**2,030**	**48**	**2,345**	**411**	**588**	**1,608**	**534**	**179**	**335**	**8,267**
Veteran Status											
Yes	NR	NR	NR	6	NR	NR	NR	NR	NR	NR	6
No	NR	NR	NR	2339	NR	NR	NR	NR	NR	NR	2,339
Decline to Answer	NR	NR	NR	0	NR	NR	NR	NR	NR	NR	0
Unknown/Not Reported	189	2030	48	0	411	588	1608	534	179	335	5,922
Total	**189**	**2,030**	**48**	**2,345**	**411**	**588**	**1,608**	**534**	**179**	**335**	**8,267**

Note: Some data elements were not reported for some programs based on program model. Those programs indicate NR for Not Reported.

Prevention and Early Intervention (PEI) Respite Programs FY 16/17																
	Adoptive Families Respite		Danelle's Place Respite		Caregiver Crisis Intervention Respite*		LGBT-Lambda Lounge		LGBT-Q-Spot		Ripple Effect Respite		Teens and TAY Respite		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Age Group																
Children/Youth (0-15)	103	60.6%	3	0.9%	0	0.0%	784	34.1%	325	12.6%	0	0.0%	29	2.6%	1,244	18.0%
TAY (16-25)	0	0.0%	123	37.2%	0	0.0%	159	6.9%	2,075	80.1%	35	10.2%	965	85.1%	3,357	48.6%
Adults (26-59)	67	39.4%	154	46.5%	13	29.5%	1,114	48.5%	4	0.2%	250	73.1%	18	1.6%	1,620	23.4%
Older Adults (60+)	0	0.0%	20	6.0%	31	70.5%	76	3.3%	0	0.0%	40	11.7%	1	0.1%	168	2.4%
Unknown/Not Reported	0	0.0%	31	9.4%	0	0.0%	166	7.2%	185	7.1%	17	5.0%	121	10.7%	520	7.5%
Total	**170**	**100.0%**	**331**	**100.0%**	**44**	100.0%	**2,299**	**100.0%**	**2,589**	**100.0%**	**342**	**100.0%**	**1,134**	**100.0%**	**6,909**	**100.0%**
Ethnicity																
Hispanic or Latino	5	2.9%	57	17.2%	0	0.0%	390	17.0%	427	16.5%	42	12.3%	174	15.3%	1,095	15.8%
Non-Hispanic/Non-Latino	141	82.9%	206	62.2%	44	100.0%	1,799	78.3%	2,157	83.3%	225	65.8%	756	66.7%	5,328	77.1%
Unknown/Not Reported	24	14.1%	68	20.5%	0	0.0%	110	4.8%	5	0.2%	75	21.9%	204	18.0%	486	7.0%
Total	**170**	**100.0%**	**331**	**100.0%**	**44**	**100.0%**	**2,299**	**100.0%**	**2,589**	**100.0%**	**342**	**100.0%**	**1,134**	**100.0%**	**6,909**	**100.0%**
Race																
American Indian or Alaska Native	1	0.6%	8	2.4%	0	0.0%	42	1.8%	12	0.5%	7	2.0%	20	1.8%	90	1.3%
Asian	1	0.6%	5	1.5%	4	9.1%	59	2.6%	25	1.0%	8	2.3%	13	1.1%	115	1.7%
Black or African American	4	2.4%	19	5.7%	10	22.7%	231	10.0%	610	23.6%	124	36.3%	635	56.0%	1,633	23.6%
Native Hawaiian/Pacific Islander	0	0.0%	1	0.3%	0	0.0%	14	0.6%	7	0.3%	1	0.3%	6	0.5%	29	0.4%
White	32	18.8%	194	58.6%	30	68.2%	1,006	43.8%	1,426	55.1%	141	41.2%	201	17.7%	3,030	43.9%
Other	2	1.2%	16	4.8%	0	0.0%	130	5.7%	28	1.1%	17	5.0%	42	3.7%	235	3.4%
More than one race	4	2.4%	74	22.4%	0	0.0%	307	13.4%	253	9.8%	33	9.6%	127	11.2%	798	11.6%
Decline to answer	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/Not Reported	126	74.1%	14	4.2%	0	0.0%	510	22.2%	228	8.8%	11	3.2%	90	7.9%	979	14.2%
Total	**170**	**100.0%**	**331**	**100.0%**	**44**	**100.0%**	**2,299**	**100.0%**	**2,589**	**100.0%**	**342**	**100.0%**	**1,134**	**100.0%**	**6,909**	**100.0%**
Primary Language																
English	166	97.6%	308	93.1%	43	97.7%	2,102	91.4%	2,248	86.8%	339	99.1%	1,077	95.0%	6,283	90.9%
Spanish	0	0.0%	1	0.3%	0	0.0%	15	0.7%	0	0.0%	0	0.0%	1	0.1%	17	0.2%
Vietnamese	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Cantonese	0	0.0%	1	0.3%	0	0.0%	6	0.3%	0	0.0%	0	0.0%	0	0.0%	7	0.1%
Russian	0	0.0%	0	0.0%	0	0.0%	3	0.1%	0	0.0%	0	0.0%	0	0.0%	3	0.0%
Hmong	0	0.0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
Arabic	0	0.0%	0	0.0%	0	0.0%	5	0.2%	0	0.0%	0	0.0%	2	0.2%	7	0.1%
Other	1	0.6%	14	4.2%	1	2.3%	107	4.7%	1	0.0%	0	0.0%	11	1.0%	135	2.0%
Unknown/Not Reported	3	1.8%	7	2.1%	0	0.0%	60	2.6%	340	13.1%	3	0.9%	43	3.8%	456	6.6%
Total	**170**	**100.0%**	**331**	**100.0%**	**44**	**100.0%**	**2,299**	**100.0%**	**2,589**	**100.0%**	**342**	**100.0%**	**1,134**	**100.0%**	**6,909**	**100.0%**

*Caregiver Crisis Intervention data collection did not begin until October 2016, therefore, the numbers do not represent a full year's data

Prevention and Early Intervention (PEI) Respite Programs FY 16/17 Cont.																
	Adoptive Families Respite		Danelle's Place Respite		Caregiver Crisis Intervention Respite*		LGBT-Lambda Lounge		LGBT-Q-Spot		Ripple Effect Respite		Teens and TAY Respite		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Sexual Orientation																
Gay or Lesbian	7	4.1%	70	21.1%	0	0.0%	524	22.8%	365	14.1%	24	7.0%	61	5.4%	1,051	15.2%
Heterosexual or Straight	35	20.6%	30	9.1%	44	100.0%	957	41.6%	364	14.1%	253	74.0%	794	70.0%	2,477	35.9%
Bisexual	1	0.6%	62	18.7%	0	0.0%	414	18.0%	1,142	44.1%	33	9.6%	102	9.0%	1,754	25.4%
Questioning or unsure	0	0.0%	22	6.6%	0	0.0%	37	1.6%	20	0.8%	1	0.3%	3	0.3%	83	1.2%
Queer	0	0.0%	59	17.8%	0	0.0%	64	2.8%	43	1.7%	5	1.5%	5	0.4%	176	2.5%
Another sexual orientation	1	0.6%	60	18.1%	0	0.0%	131	5.7%	520	20.1%	24	7.0%	49	4.3%	785	11.4%
Unknown/Not Reported	126	74.1%	28	8.5%	0	0.0%	172	7.5%	135	5.2%	2	0.6%	120	10.6%	583	8.4%
Total	**170**	**100.0%**	**331**	**100.0%**	**44**	**100.0%**	**2,299**	**100.0%**	**2,589**	**100.0%**	**342**	**100.0%**	**1,134**	**100.0%**	**6,909**	**100.0%**
Current Gender Identity																
Male	16	9.4%	60	18.1%	13	29.5%	1,233	53.6%	839	32.4%	134	39.2%	611	53.9%	2,906	42.1%
Female	31	18.2%	69	20.8%	31	70.5%	668	29.1%	922	35.6%	192	56.1%	463	40.8%	2,376	34.4%
Transgender	0	0.0%	163	49.2%	0	0.0%	144	6.3%	439	17.0%	14	4.1%	17	1.5%	777	11.2%
Genderqueer	0	0.0%	2	0.6%	0	0.0%	24	1.0%	5	0.2%	0	0.0%	0	0.0%	31	0.4%
Questioning or unsure	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Another gender identity	0	0.0%	18	5.4%	0	0.0%	142	6.2%	191	7.4%	2	0.6%	1	0.1%	354	5.1%
Unknown/Not Reported	123	72.4%	19	5.7%	0	0.0%	88	3.8%	193	7.5%	0	0.0%	42	3.7%	465	6.7%
Total	**170**	**100.0%**	**331**	**100.0%**	**44**	**100.0%**	**2,299**	**100.0%**	**2,589**	**100.0%**	**342**	**100.0%**	**1,134**	**100.0%**	**6,909**	**100.0%**
Veteran Status																
Yes	3	1.8%	22	6.6%	7	15.9%	138	6.0%	28	1.1%	20	5.8%	24	2.1%	242	3.5%
No	167	98.2%	309	93.4%	37	84.1%	2,161	94.0%	2,561	98.9%	322	94.2%	1,110	97.9%	6,667	96.5%
Decline to answer	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	**170**	**100.0%**	**331**	**100.0%**	**44**	100.0%	**2,299**	**100.0%**	**2,589**	**100.0%**	**342**	**100.0%**	**1,134**	**100.0%**	**6,909**	**100.0%**

*Caregiver Crisis Intervention data collection began in October 2016, therefore, the numbers shown do not represent a full year's data

PEI IMPLEMENTATION PROGRESS DATA - FISCAL YEAR 2016-17 (cont'd)

In FY 2016-17, a total of 22,011 individuals were served across three 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 16/17				
	Senior Link	Quality Childcare Collaborative	Supporting Community Connections	Total
	Universal prevention estimates and # of served individuals	Universal prevention estimates and # of served individuals	Universal prevention estimates and # of served individuals	Universal prevention estimates and # of served individuals
Age Group				
Child and Youth (0-15)	0	731	1,575	2,306
Transition Age Youth (16-25)	0	0	1,455	1,455
Adult (26-59)	0	0	9,453	9,453
Older Adult (60+)	200	0	7,669	7,869
Unknown/Not Reported	41	0	887	928
Total	**241**	**731**	**21,039**	**22,011**
Race/Ethnicity				
White	117	NR	827	944
African American	55	NR	332	387
Asian	15	NR	170	185
Pacific Islander	4	NR	2	6
Native American	2	NR	15	17
Hispanic	36	NR	0	36
Multi-Race	0	NR	61	61
Other	0	NR	923	923
Unknown/Not Reported	12	731	18,709	19,452
Total	**241**	**731**	**21,039**	**22,011**
Primary Language				
Spanish	12	NR	783	795
Vietnamese	1	NR	54	55
Cantonese	2	NR	13	15
Mandarin	0	NR	0	0
Tagalog	1	NR	0	1
Cambodian	0	NR	0	0
Hmong	7	NR	60	67
Russian	0	NR	254	254
Farsi	0	NR	0	0
Arabic	0	NR	0	0
Other	208	NR	1161	1,369
Unknown/Not Reported	10	731	18,714	19,455
Total	**241**	**731**	**21,039**	**22,011**

Note: Universal prevention is prevention that is targeted to the community as opposed to certain groups of people. Because of this, demographic data is very limited and in some cases not reported (NR). Sexual orientation, gender identity and veteran status are not collected for universal prevention projects.

WORKFORCE EDUCATION AND TRAINING (WET) COMPONENT

The WET component provides time limited funding with the goals of recruiting, training and retaining diverse culturally and linguistically competent public mental health system staff. The WET component ensures that staff receive training to provide effective services and administer programs based on the principles of wellness and recovery. Sacramento County's WET Plan is comprised of eight (8) previously approved actions.

The Sacramento County Workforce Needs Assessment, completed in 2007 as part of the Workforce Education and Training (WET) Component planning process, helped inform the development of the WET Plan. As part of the annual Cultural Competence Plan requirements, DBHS conducted a Human Resource (HR) Survey to provide current data on the entire mental health system. The final report of the 2018 HR Survey is attached as part of this update.

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 the Valley High School-Health TECH Academy Community Advisory Board. Additionally, the WET Coordinator participates in the WET Central Region Partnership 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, coordinates/collaborates with other MHSA and DBHS efforts, and participates in the implementation of WET Actions.

Action 2: System Training Continuum

This Action expands the training capacity for 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.

As part of the System Training Continuum, both adult and youth versions of the Mental Health First Aid (MHFA) are popular trainings provided for individuals, groups, organizations, system partners and the community free of charge. MHFA is an eight-hour training that teaches participants how to help individuals developing a mental health problem or experiencing a worsening of an existing mental health problem. Both DBHS staff and system partners facilitate adult and youth versions of MHFA, in both English and Spanish, targeting specific cultural populations.

Since 2010, Sacramento County has trained more than 1,600 community members. Interest in the course and class size has remained consistent.

In 2010, the MHSA Central Region Partnership Workforce, Education and Training's (CRPWET) strategic effort sponsored the initial training of local MHFA instructors. Since then, DBHS continues to leverage CRPWET and local WET funds to train interested individuals that wish to be instructors, thereby expanding the MHFA instructor pool. Sacramento County's cadre of

certified MHFA instructors have conducted several organized trainings in English and other languages in community-based sites countywide throughout the year. Specialty groups (i.e. Sacramento City College Occupational Therapy Program and Sacramento Employment and Training Agency, Head Start, churches and other community organizations, etc.), system partners, the community, including those with lived mental health experience have participated in MHFA trainings.

Prior to 2014, only adult MHFA training was available; however, since 2016 DBHS has sent additional staff to both adult and youth MHFA Trainings for Trainers in an effort to expand the pool of MHFA instructors. Currently, adult and youth MHFA training sessions, including language/culturally specific sessions, are part of the MHP and partner training schedule. Additionally, adult and youth MHFA trainings are offered in both English and Spanish through a partnership with a community-based contract provider, La Familia Counseling Center. Other system partners, including Sacramento Native American Health Center and Muslim American Society-Social Services Foundation, also provide adult and youth MHFA trainings to community members free of charge.

In 2014, DBHS initiated an Action 2-funded project administered by the Sacramento County Office of Education (SCOE) to increase the number of individuals receiving the youth MHFA (YMHFA) training. Initially, SCOE provided YMHFA to twenty-four (24) teachers, school staff and caregivers. The course introduced and reviewed common mental health challenges for youth, typical adolescent development, and a five-step action plan for assisting youth, age 12 to 18 years old, experiencing crisis and non-crisis situations. In FY 2015-16, SCOE trained 40 school personnel who are now certified YMHFA instructors. In FY 2017-18 SCOE conducted 38 YMHFA trainings in which 637 individuals participated.

The Action 2 System Training Continuum also supports the provision of Pro-ACT Training. DBHS provides this training to Sacramento County Mental Health Treatment Center (MHTC) and the Adult Psychiatric Support Services (APSS) staff. These programs provide mental health treatment services in inpatient and outpatient milieus to individuals experiencing moderate to severe mental illness. Pro-ACT Training emphasizes critical thinking, continued assessment of client behaviors and needs, and employs a distinctive problem-solving approach designed to improve safety and enhance treatment outcomes.

In FY 2006-07, DBHS piloted the evidence-based California Brief Multi-Cultural Competence Scale and accompanying training. Since that time, DBHS has successfully trained more than 1,100 individuals working in the local mental health service system. This training enhances provider staffs' knowledge in areas of identified and needed skill development and provides a means to measure providers' cultural competency. DBHS requires that all providers' service delivery staff, supervisors and managers receive this training. In FY 2017-18, DBHS offered three CBMCCS trainings and 186 participants attended.

In FY 2017-18, DBHS offered a three-day Mental Health Interpreter Training with 36 individuals participating and a "Training for Providers Who Use Interpreters" with 52 participants in attendance. The former 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. Trained interpreters are necessary to ensure accurate and complete communication to minimize risk and maximize the delivery of quality services. The training supports bilingual staff, including clinicians, case managers, administrative support staff, community members, system partners, contractors, consumers/peers, and others who are or want to become interpreters. 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.

In addition to the training efforts described above, DBHS sponsors the annual client culture conference. In FY 2017-18, DBHS provided scholarships and support for more than 160 behavioral health staff, system partners, providers, stakeholders, and individuals with lived mental health experiences to attend 13 behavioral health related trainings and conferences .

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 influenced the original design of this action. For instance, the Office of Statewide Health Planning and Development (OSHPD) rolled out numerous MHSA-funded projects that address the needs of consumer and family members interested in obtaining employment. As a result, DBHS has looked for alternative opportunities to leverage these projects and further move forward the activities described in this action. 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, in FY 2013-14 a pilot behavioral health curriculum was developed in partnership with DBHS' MHP providers, DBHS Cultural Competence Committee, community partners and other interested stakeholders. The curriculum was designed for high school students with several goals in mind: cultivating interest in public mental/behavioral health careers; expanding knowledge and understanding of mental/behavioral health conditions; broadening understanding of associated stigma and discrimination against individuals with mental illness; increasing 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.

Currently two local high schools, Arthur A. Benjamin Health Professions High School (AABHPHS) and Valley High School Health TECH Academy (VHSHTA), participate in this action and offer mental/behavioral health-oriented career pathways for their student body. The pilot curriculum, built upon the principles of wellness, recovery and resiliency, has since expanded for both schools and relies on teachers and other mental health professionals to blend academic and technical curriculum in ways that connect theoretical knowledge and real-world applications.

AABHPHS and VHSHTA students were surveyed and analysis of the data was used to modify, enhance and improve the FY 2017-18 curriculum. Activities were expanded to include more community-based internship opportunities, participation in community outreach events, and more

presentations to students from guest speakers with lived experience on topics such as wellness and recovery, resiliency, stigma and discrimination, and barriers that hinder consumers from seeking emotional support and services.

In addition to curriculum modifications, the students have increased their knowledge of mental illness through work and project-based research. Students meet with mental health professionals from community colleges, local hospitals, mental health clinics and other community-based organizations to learn about mental health disorders such as Bipolar Disorder, Post-Traumatic Stress Disorder, Obsessive Compulsive Disorder and Schizophrenia. Pairing students with local mental health professionals raises awareness about mental illness and provides authentic job preparation opportunities and skills development in the hope students will pursue future careers in the field of mental health. Internship and other work-based learning opportunities extend and deepen classroom learning and help students make progress toward learning outcomes that are difficult to achieve through classroom work alone. These ongoing opportunities help students improve their understanding of how mental illness affects an individual's daily life and provide opportunities for them to explore their own mental health and emotional coping skills.

AABHPHS – "All about Health" Information Forum 2018

Both AABHPHS and VHSHTA have culturally and linguistically diverse student bodies that participated in many community events in FY 2017-18, including LATINX Community Wellness Fair at Cosumnes River College in October 2017 and the Health Fair and Family Fun Event at The Light Church on January 20, 2018.

On April 6, 2018, the 12th Annual Health and Fitness Expo was held at the Valley High School campus. DBHS and community-based organizations staffed information booths that provided health, fitness, and mental health and wellness information in a fun and interactive way for students, faculty, staff, community members, and families. There were many engaging wellness and healthy living activities, including obstacle courses, nutrition, healthy eating and cooking demonstrations, guard flag demonstrations, games, and local mental/behavioral health service information.

VHSHTA also participated in the second annual Prairie Elementary College and Career Day event for fifth and sixth grade students on April 20, 2018. The purpose of College and Career Day is to expose students to educational and career opportunities for their future. Community partners and Elk Grove Unified School District (EGUSD) employees presented information on career paths and students shared information on college/university degrees offered, extracurricular activities, housing costs, and graduation requirements.

VHHTA – Annual Health & Wellness Event 2018

In October 2018, VHSHTA hosted and participated in a career seminar featuring primary care and the mental/ behavioral health field. Many careers and professions were represented, including mental health services coordination and geriatric social work, patient's rights advocacy, and cultural competence. The career seminar increased the students' understanding of careers in the mental/behavioral health field and provided greater understanding of the importance of providing effective and culturally responsive treatment across the culturally broad communities in Sacramento County.

VHSHTA students continue to take field trips to local colleges and universities, such as California Northstate University and Sacramento City College, to learn more about the social determinants of health; ever changing healthcare needs; patient-centered and culturally competent care provision; and advocacy, governance, and leadership skills. Additionally, VHSHTA continues to expand its Health TECH career pathway program. Students report that they continue to benefit from WET funding, which has helped create and adopt an expanded year-round curriculum for seniors: Behavioral Health Theory and Practicum for the Community Health Worker (CHW). This expansion replaced the prior single semester course, adding depth to academy students' understanding of mental and behavioral health issues, increased instruction on careers in behavioral health, research methods in psychology, brain anatomy and function, psychological theory, abnormal psychology, and social psychology, and has been successful in engaging students in learning about career opportunities in mental/behavioral health. The current curriculum integrates a more holistic perspective in providing healthcare services and focuses on overall wellness, while exploring and understanding the more complex social determinants of health and the long-term effects of Adverse Childhood Experiences (ACEs). Academy staff are now training the CHW students to investigate and understand how mental health and physical health affects each other. The staff also challenge students to learn and understand how environment affects both physical and mental health of individuals. Academy staff are now more deliberate in mental/behavioral health activities and promotion of mental/behavioral health awareness, informing not only VHSHTA students, but also the community of important mental/behavioral health issues and career possibilities.

AABPHS staff took students on field trips to UC Davis, School of Medicine, Sacramento City College, UC Merced and Sonoma State University, School of Social Sciences. AABHPHS also participated in community events, including Blood Source blood drives and Pathways to Paychecks, a program involving Elk Grove Unified School District and other community partners and stakeholders that promotes career planning, breaking down silos between high school and colleges, and engaging industry to collaborate with schools to prepare students for jobs and careers

that provide personal satisfaction and financial benefit for years to come. On April 5 - 8, 2018, AABHPHS's Health Occupation Students of America team attended a state leadership conference and competed against other schools in several competitions, including an essay-writing contest on the topic of mental health.

The partnership with both AABHPHS and VHSHTA and their feeder schools has continued to assist DBHS in the goal of recruiting a diverse workforce that is reflective of the cultural and linguistic make-up of the community.

DBHS continues to work with both high schools to implement stipends for students to spend time in service delivery programs and/or community agencies in order to combine knowledge they obtain in the classroom with hands-on, real world experience.

DBHS serves on the Community Advisory Board that advises on student projects related to mental health and the delivery of culturally and linguistically responsive health/behavioral health services. DBHS works with the selected schools with on-the-job training, mentoring, existing Regional Occupational Programs (ROP), and experiential learning opportunities for students who express interest in learning more about possible career options in mental health and public mental health.

Action 5: Psychiatric Residents and Fellowships

Action 5 was first implemented in FY 2011-12 and continues to be administered through University of California, Davis (UCD), Department of Psychiatry. This Action has the following components:

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, serving the special needs population; and
4. Clinical Child Psychology, Pre-Doctoral Internship Training Program

Community Education: Psychiatry Residents and Fellowship Training Program

Since its implementation in academic year 2011-12, a total of 92 psychiatric residents have participated in this action and attended the required Psychiatric Resident Fellowship Program (PRFP) trainings. In FY 2017-18, 14 students were enrolled in the UCD PRFP. Nine were dedicated to psychiatry only. Three students had combined interests in Psychiatry/Internal Medicine and two had combined interests in Psychiatry/Family Medicine.

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.

Mental Health Collaboration: Psychiatry Residents, Primary Care and Mental Health Providers Training Program

Smoking Cessation groups initially 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.

Given the changing landscape of integrated health/mental health services resulting from the implementation of the Affordable Care Act, the Division plans to shift the focus of this action to improve the integration of services for individuals living with both a substance use disorder and a mental health disorder. Through this Action, a dually boarded psychiatrist will provide specialized training and consultation to improve the skillsets of behavioral health providers who offer substance use disorder services to individuals living with a serious mental illness in order to improve the integrated service experience for individuals living with co-occurring disorders who are being served in both systems.

Residents and Post–Doctoral Fellows at Youth Detention Facility

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 identified as having special needs residing at the Youth Detention Facility (YDF). 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 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 early stages of implementation. Outcomes data will become available next year.

Clinical Child Psychology, Pre-Doctoral Internship Training Program

This program was implemented in the current year and gives pre-doctoral interns hands-on experience at the Sacramento County Child and Adolescent Psychiatric Services (CAPS) Clinic involving supervised provision of psychological testing services; psychosocial assessments; case management services; and short or long-term individual, conjoint and/or group therapy services. The objectives of the program include: increasing interns' skill at providing evidenced-based, developmentally appropriate, culturally sensitive and trauma informed care; promoting professional development and preparing interns for independent practice as clinical child psychologists, with the hope that they become interested in working within the Sacramento County system of care; and providing opportunities throughout the training year for interns to coordinate and collaborate with multiple professionals involved in clients' care, especially those working in the mental health, child welfare, medical, academic, and legal domains.

Action 6: Multidisciplinary Seminar

This Action increases the number of psychiatrists and other non-licensed and licensed practitioners working in community mental health who 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 trainings that support 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.

Additionally Sacramento County continues to provide funding support for individuals with lived experience from diverse cultures to attend trainings/conferences that offer leadership training, including but not limited to: the California Association of Social Rehabilitation Association (CASRA) social rehabilittation certificate and certification in group facilitation and Wellness Recovery Action Planning (WRAP) Facilitator 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.** DBHS' **Innovation Project 2: Mental Health Crisis/Urgent Care Clinic** establishes alternative mental health crisis service for individuals needing crisis care. This project is described in this Annual Update. DBHS is working to implement a third project known as **Innovation Project 3: Behavioral Health Crisis Services Collaborative** which was approved by the MHSOAC in May 2018.

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 meant 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) *Operate as an extended hours outpatient treatment program* versus a Crisis Stabilization Unit thus allowing for a more flexible staffing pattern to tailor services that better meet community needs; 2) *Provide direct linkage* as an access point for both Sacramento County Mental Health Plan (MHP) and Alcohol and Drug Services (ADS); 3) *Serve all ages* (children, youth, adults and older adults); and, 4) *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.

Success: Mental Health Urgent Care Clinic

A 58 year old female walked into to the Mental Health Urgent Care Clinic expressing feelings hopelessness and loneliness. She had a long history of negative experiences with previous mental health services. After engagement with a clinic peer support specialist, she was able to share interest in wanting advice of the psychiatrist and also someone who would hear her story and with whom she could talk. After meeting with a clinic assessment clinician and psychiatrist, she met with the peer support specialist again to review her discharge plan and next steps.

During discharge planning from the clinic, she reported a renewed sense of hope she felt had been missing for years. The following week, she contacted the clinic to express gratitude to the clinic staff and for the services she received. She described how her experience at the clinic changed her perception of mental health staff and that she was especially surprised by the way her story was valued and included in the treatment process.

As a result of her clinic visit, she followed through on picking up her medications and was linked with an outpatient mental health provider for ongoing care. She was also inspired to visit the Medi-Cal office for the first time to sign up for benefits and continue her ongoing care with her new service provider.

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. As a result, Turning Point

Community Programs was selected to administer the Mental Health Urgent Care Clinic which opened in November 2017.

The Mental Health Urgent Care Clinic, certified as a Medi-Cal outpatient clinic, provides voluntary and immediate access to short-term crisis intervention services including integrated services for co-occurring substance abuse disorders to individuals of any age who are experiencing a mental health crisis. Services are designed to provide an alternative to emergency department visits for individuals who have immediate mental health needs. Services focus on wellness and recovery as well as linkage to ongoing community services. Interventions assist in decreasing unnecessary and lengthy involuntary inpatient treatment while increasing access to care in a voluntary setting.

Clinic service outcomes are to provide comprehensive, integrated, culturally competent, supportive services to underserved and unserved individuals experiencing mental health crisis to 1. Offer an effective alternative for crisis mental health services; 2. Improve their experience in achieving and maintaining wellness; 3. Reduce psychiatric hospitalizations and/or incarcerations; 4. Reduce emergency department visits for urgent mental health needs; and, 5. Improve care coordination across the system, including linkages to other needed resources and timely access to mental health services.

DBHS Innovation Project 3: Behavioral Health Crisis Services Collaborative

In Fiscal Year 2017-18, the Division held a community planning process to develop a third INN Project, known as INN Project 3: Behavioral Health Crisis Services Collaborative. The project is a public/private partnership with Dignity Health and Placer County with the intent to establish integrated adult crisis stabilization services on the Mercy San Juan hospital emergency department campus in the northeastern area of Sacramento County.

This innovative emergency care integration initiative advances the standard for existing crisis services in several distinctive ways:

- It is a unique public/private collaboration between Sacramento County, Placer County and Dignity Health, and engages multiple Plan and community-based partners to serve residents of both Counties.
- It represents a commitment from a large hospital system, Dignity Health, to provide quality and integrated medical and behavioral health services under the hospital's license and make a financial investment that includes:
  - Dedicated hospital campus space and construction of facilities, designed to meet crisis stabilization services specifications
  - Ongoing facility operations and maintenance
  - Client transportation
  - Funding for a hospital navigator position
- Project services will:
  - Be sited in the northern region of Sacramento which lacks sufficient crisis service programs across two counties with growing populations
  - Serve adults, 18 years and older, who:

        - Present in the emergency department (ED), are medically treated and stabilized, and would benefit from multi-disciplinary mental health evaluation and crisis stabilization services for up to 23 hours
        - Voluntarily or involuntarily elect to receive services with the expressed goal of minimizing the time being on an involuntary 5150 hold
    - Provide front door integrated medical emergency and mental health crisis stabilization services that embrace the concept of whole person care, wellness and recovery.
    - Promote prevention by incorporating an assessment tool for early identification and intervention of first episodic psychosis that will be developed by the University of California Davis Medical Center's (UCDMC) Sacramento Early Diagnosis and Preventive Treatment Program (SacEDAPT). Project services will also connect Sacramento County clients to ongoing care with the SacEDAPT program, a project partner.
- It presents a new opportunity to serve both publically and privately insured residents from both Sacramento and Placer Counties.
- It creates an opportunity to develop a model for:
    - Shared governance and regulatory responsibilities related to delivering seamless integrated medical emergency and crisis stabilization care on a hospital emergency department campus
    - Electronic medical records exchange for both clinical coordination of care and claiming processes with the goal of delivering effective and efficient seamless integrated crisis care
- A robust resource center under the same roof will allow multiple community-based partners to support the project by providing care coordination, peer support and navigation, and social services support at the point of care. This will ensure consumers are directly linked to aftercare and other resources necessary for ongoing management of conditions and wellness.
- Local Health Plans operating in Sacramento and Placer Counties will provide navigation and support services to their private and public enrollees that utilize project services.
- The project is a natural fit with collaborative efforts between Sacramento County and Sacramento City's Whole Person Care (WPC) initiative, and will serve as a direct access point for assessing eligibility, continuity of care, and referral opportunities for homeless individuals with serious mental health conditions in the northern part of Sacramento County.

By integrating mental and physical health care and social support services in one location, the project will ensure continuity of care and strengthen the region's continuum of care for an estimated 2,000 or more public and private clients annually.

The primary purpose of this emergency care integration innovation project is to demonstrate improved behavioral health outcomes through a public/private collaboration that removes existing barriers to care, increases access to, and the quality and scope of, crisis stabilization and supportive mental health services that are integrated and coordinated. Project services, sited in the northern region of Sacramento County, will increase access to crisis services for underserved area residents. The secondary purpose of this project is to improve the efficacy and integration of medical and mental health crisis stabilization services through a public/private partnership between a licensed acute care general hospital and an onsite provider of mental health rehabilitative crisis stabilization services. The project will result in the development of assessment, stabilization and treatment protocols between a hospital emergency department (ED) and an onsite mental health crisis stabilization service focused on timely intervention and restoration of civil rights, early psychosis

identification and intervention, and reduced ED patient boarding. Treatment protocols will apply to two adjoining counties as well as Health Plans and will include best practices to change the trajectory of care for individuals seeking crisis services.

This project was developed as a result of a local community planning process and was reviewed and approved by the Sacramento County Board of Supervisors and the California Mental Health Services Oversight and Accountability Commission (MHSOAC) in 2018. This project was described in detail as an attachment to the Three-Year Plan. It is anticipated that this project will be implemented in FY 2018-19.

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), Peer Partner program, and the Mental Health Urgent Care Clinic (INN Project 2).

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 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. Per WIC Section 5892(b), Counties may use a portion of the CSS funds to sustain TN projects once the time-limited TN funds are exhausted. Therefore, these activities are being sustained with CSS funding.

There are 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 (EHR) 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 fourth quarter of FY 2018-19. Next the County will begin Phase 5 of the project which addresses Health Information Exchange/Personal Health Record implementation and expansion.

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 has completed Phase 1 of the HIE. All of the 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 fourth quarter FY 2018-19 as they begin Phase 5 of the SacHIE Roadmap.

FY 2018-19 Mental Health Services Act Expenditure Plan
Funding Summary

County: Sacramento Date: 3/7/19

	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 2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	90,405,387	27,635,040	14,556,721	631,887	110,932	
2. Estimated New FY 2018/19 Funding	45,228,304	11,307,076	2,975,546			
3. Transfer in FY 2018/19[a/]	(5,415,710)			1,750,000	3,665,710	
4. Access Local Prudent Reserve in FY 2018/19	0	0				0
5. Estimated Available Funding for FY 2018/19	130,217,981	38,942,116	17,532,267	2,381,887	3,776,642	
B. Estimated FY 2018/19 MHSA Expenditures	64,348,970	18,176,102	3,862,178	1,489,769	3,415,710	
G. Estimated FY 2018/19 Unspent Fund Balance	65,869,011	20,766,014	13,670,089	892,118	360,932	

Note - Estimated Unspent Funds from Prior Fiscal Years figures are dynamic and will change based on actual expenditures, finalized cost reports, and cost settlements.

H. Estimated Local Prudent Reserve Balance*	
1. Estimated Local Prudent Reserve Balance on June 30, 2018	14,891,847
2. Contributions to the Local Prudent Reserve in FY 2018/19	0
3. Distributions from the Local Prudent Reserve in FY 2018/19	0
4. Estimated Local Prudent Reserve Balance on June 30, 2019	14,891,847

*Estimated Local Prudent Reserve Balance reflects adjustment of $4,500,000 per direction from Department of Health Care Services

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 2018-19 Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Sacramento Date: 3/7/19

	Fiscal Year 2018/19					
	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	2,048,328	1,214,110	834,218			
2. Permanent Supportive Housing (incl new/ex	16,960,913	12,551,083	3,478,088		0	931,742
3. Transcultural Wellness Center	2,653,266	1,935,922	717,344			
4. Adult Full Service Partnership (incl expansio	9,427,929	5,740,579	3,687,350			
5. Juvenile Justice Diversion and Treatment	3,625,533	2,343,511	745,052		536,970	
6. Transition Age Youth (TAY) Full Service Partr	4,080,000	2,550,000	1,530,000			
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 R	33,357,813	17,138,372	10,237,115	5,162,986	0	819,340
2. Wellness and Recovery	7,167,165	5,702,810	1,464,355			
3. Crisis Residential	3,746,579	1,472,729	873,696	61,452	0	1,338,702
4. Consultation Support and Engagement Tean	915,000	813,050	101,950			
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	7,886,804	7,886,804				
CSS MHSA Housing Program Assigned Funds	5,000,000	5,000,000				
Total CSS Program Estimated Expenditures	96,869,330	64,348,970	23,669,168	5,224,438	536,970	3,089,784
FSP Programs as Percent of Total	60.3%					

FY 2018-19 Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Sacramento Date: 3/7/19

	Fiscal Year 2018/19					
	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 (Incl new/expanded programming)	7,275,029	6,920,477				354,552
2. Strengthening Families (Incl new program for foster youth)	6,065,796	6,065,796				
3. Integrated Health and Wellness (Incl new programming for trauma-inform	1,385,500	1,385,500				
4. Mental Health Promotion	1,374,533	1,374,533				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Integrated Health and Wellness - SacEDAPT	905,639	533,065	64,804			307,770
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	1,546,231	1,546,231				
PEI Assigned Funds	350,500	350,500				
Total PEI Program Estimated Expenditures	18,903,228	18,176,102	64,804	0	0	662,322

FY 2018-19 Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Sacramento Date: 3/7/19

	Fiscal Year 2018/19					
	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. N/A	0					
2. Mental Health Crisis/Urgent Care Clinic	2,500,000	2,500,000				
3. Behavioral Health Crisis Services Collaborati	1,116,907	1,116,907				
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	245,271	245,271				
Total INN Program Estimated Expenditures	3,862,178	3,862,178	0	0	0	0

FY 2018-19 Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Sacramento Date: 3/7/19

	Fiscal Year 2018/19					
	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	1,489,769	1,489,769				
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	1,489,769	1,489,769	0	0	0	0

FY 2018-19 Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Sacramento Date: 3/7/19

	Fiscal Year 2018/19					
	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 Support	3,415,710	3,415,710				
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	3,415,710	3,415,710	0	0	0	0

Mental Health Services Act (MHSA) FY 2018-19 Annual Update
Funding Summary Presentation to MHSA Steering Committee

A. Community Services and Supports (CSS) Component

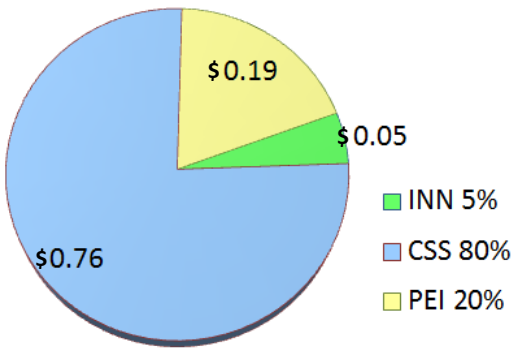
- Provides funding for mental health treatment services and supports for children/youth and their families living with severe emotional disturbance and adults living with a serious mental illness. This includes funding for the MHSA Housing Program.
- A majority of CSS funding must be directed to Full 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
    - 15 units are in development through the Special Needs Housing Program
    - 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 may be sustained by CSS/PEI components (as applicable), if County so chooses
- All new or changed INN projects must be approved by the Mental Health Services Oversight and Accountability Commission (OAC)
- 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 that house Adult Psychiatric Support Services (APSS) clinic, Peer Partner Program and INN 2 Project (Mental Health Urgent Care Clinic)
- 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
- In FY2017-18, Sacramento County allocation was increased from 3.26% to 3.29% of State MHSA funding due to statewide recalculation of distribution methodology
- In FY2018-19, Sacramento County allocation decreased from 3.29% to 3.23% of State MHSA funding due to statewide recalculation distribution methodology (this recalculation is expected to happen annually moving forward)

Cultural Competence Committee and Ad Hoc Workgroup Recommendation **ATTACHMENT B**

PEI Program for the African American Community

Presented to the MHSA Steering Committee on January 17, 2019

Recommendation:

The Cultural Competence Committee Ad Hoc Workgroup recommends using Prevention and Early Intervention (PEI) funding to develop a new program to address mental health and wellness needs of African American/Black community members who have experienced or have been exposed to trauma.

The Workgroup recommends that this new prevention program serve Sacramento County African American/Black community members of all ages and genders across the life span, with special consideration given as a prevention measure to children, youth, teens, and Transition Age Youth (ages 0 through 25). The Workgroup recommends that all program elements incorporate an understanding of African American/Black cultural heritage, including norms and traditions, the broad and multifaceted definition of family, and historical trauma.

The Workgroup recommends convening community listening sessions to obtain input from the Sacramento County African American/Black community in order to further refine these strategies.

The Workgroup recommends that the following key elements of prevention services and supports for African American/Black community members who have experienced or have been exposed to trauma are incorporated into the new program:

- Recruit, hire, and retain a diverse workforce that is reflective of the African American/Black community.
- Cultural Brokers and Peers are utilized to provide support to youth, young people, and their families who have experienced trauma within educational, health, mental health, and other systems.
- Services are provided by staff who can relate to and are reflective of the community they are serving. Outreach, engagement strategies and communication strategies are culturally responsive, relatable, and easy to understand.

Services include an array of support groups that provide safe healing spaces for community members such as, but not limited to:

- Ethnic/topic specific
- Gender specific support groups
- Healing circles and groups
- LGBQ and Transgender support groups
- Trauma from gun violence for family members and victims
- Victims of racial profiling support groups for men

Services will leverage or enhance existing mentorship opportunities that are available in the community to build protective factors.

Training for community members to increase their recognition of early signs of mental illness and providing assistance with linkage to the appropriate level of treatment.

Collaboration and cross training regarding cultural competence, trauma informed care/practice/implementation, implicit bias, social determinants of health and historical trauma for stakeholders, governmental agencies, and other large institutions (i.e. Law Enforcement, CPS, educators, health systems).

Collaboration with other local PEI efforts such as the Suicide Prevention Project/Supporting Community Connections program serving the African American/Black community and the local mental illness stigma and discrimination reduction project.

The Workgroup recommends that services be provided at easily accessible locations in the community where participants feel safe such as:

- Community centers and organizations, including libraries
- Faith Based Organizations such as churches or other places of worship
- Online support services through social media groups
- In home services
- Community mental health locations and public health centers

Photo by Rmarmion at dreamstime.com

SACRAMENTO COUNTY

CAN WE TALK?

MENTAL HEALTH AND WELLNESS IN THE AFRICAN AMERICAN COMMUNITY DIALOGUE

Sacramento County Division of Behavioral Health Services would like to invite African American community members who live in Sacramento County to participate in an open dialogue with the Cultural Competence Committee Ad Hoc Workgroup. Join us to provide your insights and ideas on the mental health and wellness needs of African Americans who have experienced trauma and/or mental health challenges. This is an opportunity to have direct input into future programming to meet the needs of the African American community in Sacramento County.

SATURDAY, DECEMBER 1ST, 2018

10 AM - 2PM

GRANTLAND L JOHNSON CENTER FOR HEALTH AND HUMAN SERVICES

7001-A EAST PARKWAY,

CONFERENCE ROOM 1

SACRAMENTO, CA 95823

Lunch will be provided. If interested in attending, please RSVP at **https://mhdialogue.eventbrite.com.*
***I**f you wish to attend and need reasonable accommodation, please contact Jay Ma at (916) 875-4639 or via email at maJay@saccounty.net by 11/28/18. For questions or concerns, please contact Darlene Moore at (916) 875-7227.*

Division of Behavioral Health Services
Mental Health Services Act (MHSA)
Cultural Competence Committee Ad Hoc Workgroup
Workgroup Composition
(9/24/2018)

The Division of Behavioral Health Services (DBHS) tasked the DBHS Cultural Competence Committee with forming an Ad Hoc Workgroup to gather feedback from the community and develop a recommendation(s) to address the mental health and wellness needs of African American community members who have experienced or have been exposed to trauma.

DBHS and the DBHS Cultural Competence Committee determined the composition and membership of the Workgroup, as identified in the table below:

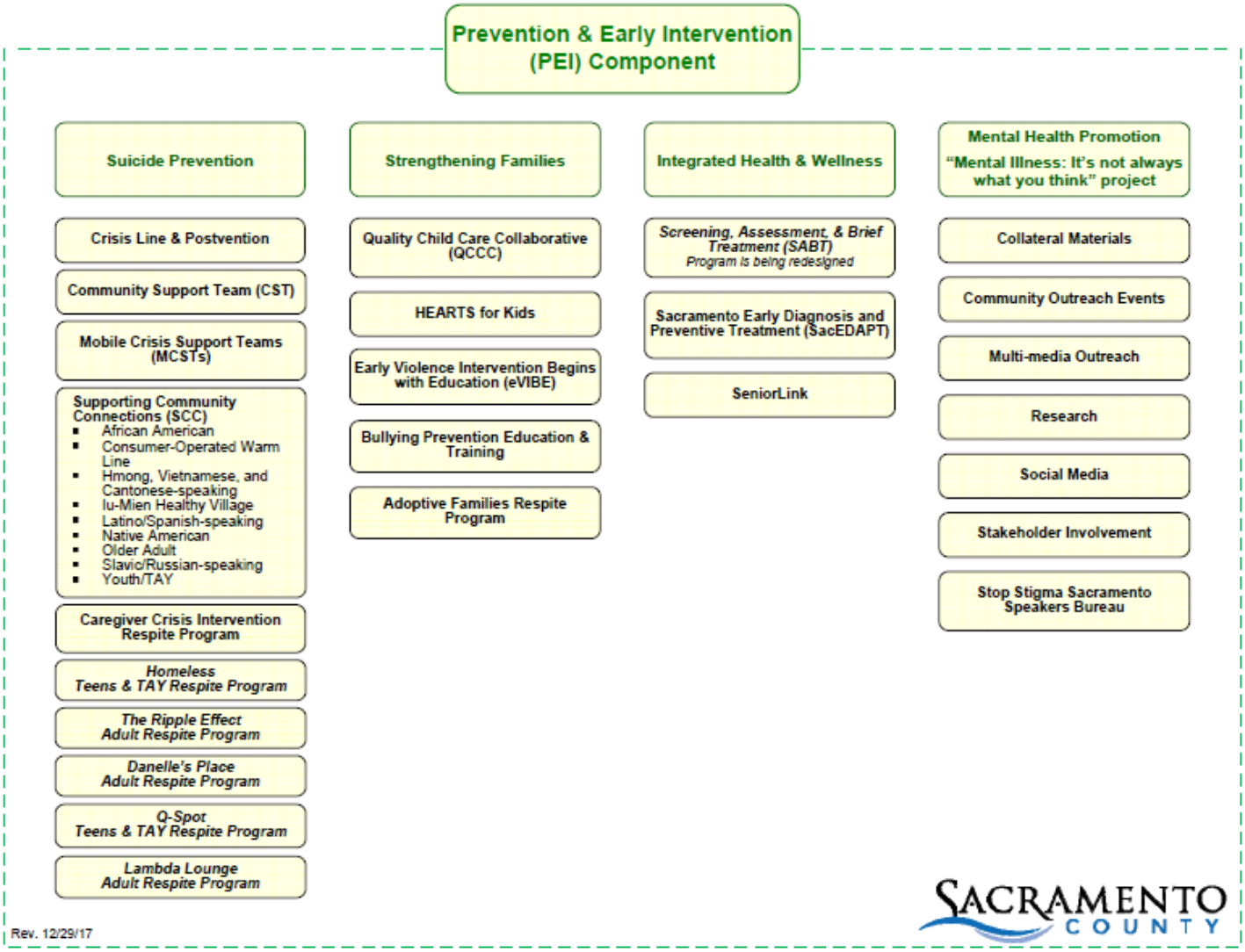
	Member
1.	Flojaune G. Cofer, PhD, MPH
2.	Michael Craft
3.	Lilyane Glamben
4.	Kristee Haggins, PhD
5.	Danielle Lawrence
6.	Ryan McClinton
7.	Kindra Montgomery-Block
8.	Leslie Napper
9.	Kim Pearson
10.	Rev. Kevin Kitrell Ross
11.	Kellie Todd Griffin
12.	Donna Wood

Mental Health Services Act

Annual Prevention and Early Intervention Program and Evaluation Report

Fiscal Year 2017/18

The Sacramento County Department of Health and Human Services, Division of Behavioral Health Services (DBHS) has an array of Mental Health Services Act (MHSA) funded Prevention and Early Intervention (PEI) programs designed to serve the unserved and underserved communities in the County. The PEI programs range from outreach and engagement services to early identification and intervention for individuals experiencing early signs of psychosis. In Fiscal Year (FY) 17/18, DBHS PEI funded programs served 38,217 individuals in selective prevention programs and 200,220 adults, children, parents/caregivers and education staff in universal prevention (Supporting Community Connections outreach, Respite outreach and Bullying Prevention). The chart below depicts the range of programs the County offers.



Suicide Prevention and Education Program
Ages Served: Children, TAY, Adults, Older Adults

The Suicide Prevention and Education Program consists of:

- Suicide Crisis Line
- Postvention Counseling Services
- Postvention – Suicide Bereavement Support Groups and Grief Services
- Supporting Community Connections
- Community Support Team
- Mobile Crisis Support Teams
- Mental Health Respite Programs

Suicide Crisis Line

Program Type: Suicide Prevention

Program Description: Administered by WellSpace Health, the 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.

Number Served: In FY 17/18, over 20,130 calls were made to the suicide hotline.

Demographics: Due to the nature of the program, demographics were not collected.

Postvention Counseling Services

Program Type: Suicide Prevention

Program Description: Administered by WellSpace Health, brief individual and group counseling services are 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.

Number Served: In FY 17/18, 34 individuals were served.

Demographics: Due to the nature of the program, demographics were not collected.

Postvention – Suicide Bereavement Support Groups and Grief Services

Program Type: Suicide Prevention

Program Description: 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.

Number Served: In FY 17/18, 358 total served. Note: total number served reflects a duplicated count due to the anonymous nature of the program.

Demographics:

	Friends for Survival N=358	**%**
Age Group		
Children/Youth (0-15)	9	2.5%
TAY (16-25)	8	2.2%
Adults (26-59)	149	41.6%
Older Adults (60+)	156	43.6%
Unknown/Not Reported	36	10.1%
Ethnicity		
Hispanic or Latino	32	8.9%
Non-Hispanic/Non-Latino	131	36.6%
Other	0	0.0%
More than one ethnicity	0	0.0%
Unknown/Not Reported	195	54.5%
Race		
White	176	49.2%
Black or African American	13	3.6%
Asian	16	4.5%
American Indian or Alaska Native	5	1.4%
Native Hawaiian or other Pacific Islander	8	2.2%
More than one race	0	0.0%
Decline to answer	0	0.0%
Other	18	5.0%
Unknown/Not Reported	122	34.1%

	Friends for Survival N=358	%
Primary Language		
English	239	66.8%
Spanish	0	0.0%
Vietnamese	0	0.0%
Cantonese	0	0.0%
Russian	0	0.0%
Hmong	0	0.0%
Arabic	0	0.0%
Other	3	0.8%
Unknown/Not Reported	116	32.4%
Sexual Orientation		
Heterosexual or Straight	214	59.8%
Gay or Lesbian	6	1.7%
Bisexual	13	3.6%
Questioning or unsure	2	0.6%
Queer	1	0.3%
Another sexual orientation	6	1.7%
Decline to answer	0	0.0%
Unknown/Not Reported	116	32.4%
Current Gender Identity		
Female	220	61.5%
Male	66	18.4%
Transgender	0	0.0%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	7	2.0%
Unknown/Not Reported	65	18.2%

Supporting Community Connections (SCC)

Program Type: Suicide Prevention

Program Description: 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. Nine underserved populations are served by different agencies throughout the community:

- Hmong, Vietnamese, Cantonese- speaking communities – Administered by Asian Pacific Community Counseling (APCC)
- Youth/Transition Age Youth – Administered by the Children's Receiving Home
- African American – Administered by G.O.A.L.S for Women
- Iu-Mien – Administered by Iu-Mien Community Services (IMCS)
- Latino/Spanish Speaking Community – Administered by La Family Counseling Center (LFCC)
- Older Adult – Administered by Mental Health America of Northern California (NorCal MHA)
- Native American – Administered by Sacramento Native American Health Center (SNAHC)
- Slavic/Russian Speaking Community – Administered by Slavic Assistance Center
- Consumer Operated Warmline – Administered by Mental Health America of Northern California (NorCal MHA)

Number Served: In FY 17/18, SCC agencies served a total of 2,203 individuals.

Demographics:

Demographics	G.O.A.L.S For Women (N=14)		Cantonese/ Vietnamese/Hmong (N=120)		Consumer Warmline (N=451)		Iu-Mein (N=125)		Native American (N=29)		Older Adults (N=22)		Russian Speaking/Slavic (N=242)		Spanish Speaking/Latino (N=604)		Youth/TAY (N=596)		Total (N=2203)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Age Group																				
Children/Youth (0-15)	0	0.0%	6	5.0%	1	0.2%	1	0.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	186	31.2%	194	8.8%
TAY (16-25)	0	0.0%	28	23.3%	20	4.4%	3	2.4%	1	3.4%	1	4.5%	20	8.3%	35	5.8%	393	65.9%	501	22.7%
Adults (26-59)	7	50.0%	37	30.8%	308	68.3%	41	32.8%	14	48.3%	9	40.9%	135	55.8%	482	79.8%	1	0.2%	1034	46.9%
Older Adults (60+)	0	0.0%	25	20.8%	118	26.2%	56	44.8%	8	27.6%	12	54.5%	85	35.1%	51	8.4%	0	0.0%	355	16.1%
Unknown	7	50.0%	24	20.0%	4	0.9%	24	19.2%	6	20.7%	0	0.0%	2	0.8%	36	6.0%	16	2.7%	119	5.4%
Ethnicity																				
Hispanic or Latino	4	28.6%	0	0.0%	39	8.6%	1	0.8%	9	31.0%	1	4.5%	2	0.8%	600	99.3%	126	21.1%	782	35.5%
Non-Hispanic/Non-Latino	4	28.6%	118	98.3%	358	79.4%	120	96.0%	14	48.3%	21	95.5%	237	97.9%	0	0.0%	357	59.9%	1229	55.8%
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%	0	0.0%	0	0.0%
More than one ethnicity	0	0.0%	0	0.0%	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	6	42.9%	2	1.7%	54	12.0%	4	3.2%	6	20.7%	0	0.0%	3	1.2%	4	0.7%	113	19.0%	192	8.7%
Race																				
American Indian or Alaska Native	0	0.0%	0	0.0%	3	0.7%	0	0.0%	14	48.3%	0	0.0%	0	0.0%	0	0.0%	40	6.7%	57	2.6%
Asian	0	0.0%	119	99.2%	5	1.1%	121	96.8%	1	3.4%	0	0.0%	0	0.0%	0	0.0%	4	0.7%	250	11.3%
Black or African American	10	71.4%	0	0.0%	54	12.0%	0	0.0%	1	3.4%	5	22.7%	0	0.0%	0	0.0%	118	19.8%	188	8.5%
Pacific Islander	0	0.0%	0	0.0%	2	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.3%	4	0.2%
White	0	0.0%	0	0.0%	355	78.7%	2	1.6%	5	17.2%	15	68.2%	228	94.2%	0	0.0%	225	37.8%	830	37.7%
Other	4	28.6%	0	0.0%	24	5.3%	0	0.0%	4	13.8%	1	4.5%	0	0.0%	604	100.0%	180	30.2%	817	37.1%
More than one race	0	0.0%	1	0.8%	2	0.4%	0	0.0%	1	3.4%	0	0.0%	14	5.8%	0	0.0%	18	3.0%	36	1.6%
Unknown	0	0.0%	0	0.0%	6	1.3%	2	1.6%	3	10.3%	1	4.5%	0	0.0%	0	0.0%	9	1.5%	21	1.0%
Primary Language																				
English	10	71.4%	3	2.5%	439	97.3%	7	5.6%	27	93.1%	21	95.5%	0	0.0%	0	0.0%	586	98.3%	1093	49.6%
Spanish	4	28.6%	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	601	99.5%	4	0.7%	610	27.7%
Vietnamese	0	0.0%	42	35.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	42	1.9%
Cantonese	0	0.0%	2	1.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.1%
Russian	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	231	95.5%	0	0.0%	0	0.0%	231	10.5%
Hmong	0	0.0%	50	41.7%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	51	2.3%
Arabic	0	0.0%	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
Other	0	0.0%	23	19.2%	0	0.0%	116	92.8%	0	0.0%	0	0.0%	9	3.7%	3	0.5%	2	0.3%	153	6.9%
Unknown	0	0.0%	0	0.0%	9	2.0%	2	1.6%	2	6.9%	1	4.5%	2	0.8%	0	0.0%	4	0.7%	20	0.9%
Sexual Orientation																				
Gay or Lesbian	0	0.0%	0	0.0%	13	2.9%	0	0.0%	1	3.4%	1	4.5%	0	0.0%	0	0.0%	51	8.6%	66	3.0%
Heterosexual or Straight	14	100.0%	118	98.3%	424	94.0%	118	94.4%	16	55.2%	21	95.5%	239	98.8%	599	99.2%	404	67.8%	1953	88.7%
Bisexual	0	0.0%	1	0.8%	2	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	40	6.7%	43	2.0%
Questioning or unsure	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	6.9%	0	0.0%	0	0.0%	0	0.0%	18	3.0%	20	0.9%
Queer	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	0.5%	3	0.1%
Another sexual orientation	0	0.0%	0	0.0%	7	1.6%	0	0.0%	0	0.0%	0	0.0%	1	0.4%	3	0.5%	73	12.2%	84	3.8%
Unknown	0	0.0%	1	0.8%	5	1.1%	7	5.6%	10	34.5%	0	0.0%	2	0.8%	2	0.3%	7	1.2%	34	1.5%
Current Gender Identity																				
Male	0	0.0%	76	63.3%	147	32.6%	36	28.8%	5	17.2%	7	31.8%	128	52.9%	112	18.5%	315	52.9%	826	37.5%
Female	14	100.0%	39	32.5%	302	67.0%	83	66.4%	20	69.0%	14	63.6%	107	44.2%	482	79.8%	219	36.7%	1280	58.1%
Transgender	0	0.0%	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	43	7.2%	44	2.0%
Genderqueer	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Questioning or unsure	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Another gender identity	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.4%	0	0.0%	7	1.2%	8	0.4%
Unknown	0	0.0%	5	4.2%	1	0.2%	6	4.8%	4	13.8%	1	4.5%	6	2.5%	10	1.7%	12	2.0%	45	2.0%
Veteran Status																				
Yes	0	0.0%	1	0.8%	7	1.6%	6	4.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%	15	0.7%
No	14	100.0%	119	99.2%	444	98.4%	119	95.2%	29	100.0%	22	100.0%	242	100.0%	604	100.0%	595	99.8%	2188	99.3%

Supporting Community Connections (SCC) – Outreach

Program Type: Suicide Prevention – Universal Prevention

The SCC programs are required to provide outreach to the underserved communities for which they served. The agencies attend many community events throughout the year to educate their communities around suicide and mental illness.

Number Served - Outreach: In FY 17/18, the SCC programs attended 238 community events and disseminated information to 127,419 individuals.

Demographics: Due to the nature of the outreach events, demographics were not collected.

Supporting Community Connections (SCC) - Information and Referral

Program Type: Suicide Prevention

The SCC programs provide information and referrals to individuals in the community. These individuals may or may not receive ongoing services through the SCC program.

Number Served: in FY 17/18, the SCC programs disseminated information and made referrals to 9,327 individuals.

Demographics:

Demographics	Children's Receiving Home (N=3)		Consumer Warmline (N=5831)		G.O.A.L.S For Women (N=135)		Friends for Survival (N=587)		Iu-Mein (N=2)		La Familia Counseling Center (N=669)		Norcal MHA Older Adults (N=1839)		Sacramento Native American Health Center (N=13)		Slavic Assistance Center (N=248)		Total (N=9327)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Age Group																				
Children/Youth (0-15)	0	0.0%	3	0.1%	0	0.0%	0	0.0%	0	0.0%	1	0.1%	1	0.1%	0	0.0%	0	0.0%	5	0.1%
TAY (16-25)	0	0.0%	55	0.9%	0	0.0%	11	1.9%	0	0.0%	40	6.0%	25	1.4%	0	0.0%	20	8.1%	151	1.6%
Adults (26-59)	3	100.0%	4095	70.2%	8	5.9%	240	40.9%	1	50.0%	595	88.9%	842	45.8%	6	46.2%	138	55.6%	5928	63.6%
Older Adults (60+)	0	0.0%	1590	27.3%	3	2.2%	80	13.6%	1	50.0%	8	1.2%	922	50.1%	0	0.0%	87	35.1%	2691	28.9%
Unknown/Not Reported	0	0.0%	88	1.5%	124	91.9%	256	43.6%	0	0.0%	25	3.7%	49	2.7%	7	53.8%	3	1.2%	552	5.9%
Current Gender Identity																				
Male	0	0.0%	1895	32.5%	3	2.2%	477	81.3%	0	0.0%	136	20.3%	397	21.6%	2	15.4%	134	54.0%	3044	32.6%
Female	3	100.0%	3895	66.8%	94	69.6%	100	17.0%	2	100.0%	511	76.4%	1391	75.6%	10	76.9%	112	45.2%	6118	65.6%
Transgender	0	0.0%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	4	0.6%	0	0.0%	0	0.0%	0	0.0%	5	0.1%
Genderqueer	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Questioning or unsure	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Another gender identity	0	0.0%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.1%	0	0.0%	0	0.0%	2	0.0%
Unknown/Not Reported	0	0.0%	39	0.7%	38	28.1%	10	1.7%	0	0.0%	18	2.7%	50	2.7%	1	7.7%	2	0.8%	158	1.7%
Veteran Status																				
Yes	0	0.0%	0	0.0%	0	0.0%	7	1.2%	0	0.0%	0	0.0%	6	0.3%	0	0.0%	0	0.0%	13	0.1%
No	3	100.0%	5831	100.0%	135	100.0%	580	98.8%	2	100.0%	669	100.0%	1833	99.7%	13	100.0%	248	100.0%	9314	99.9%
Unknown/Not Reported	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

Community Support Team (CST)

Program Type: Suicide Prevention

Program Description: Administered jointly by DBHS and Crossroads Vocational Services, the CST 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.

Number Served: In FY 17/18, the CST served a total of 634 individuals in the CST clinical component. Note: all individuals are served by CST clinical component but not all are served by CST Peer Services component. The numbers below are duplicated across components if a client was served in both components.

Demographics:

Demographics	Sacramento County Clinical Services (N=634)		Crossroads Peer Services (N=531)	
	N	**%**	**N**	**%**
Age Group				
Children/Youth (0-15)	17	2.7%	11	2.1%
TAY (16-25)	86	13.6%	56	10.5%
Adults (26-59)	391	61.7%	307	57.8%
Older Adults (60+)	136	21.5%	155	29.2%
Unknown	4	0.6%	2	0.4%
Ethnicity				
Hispanic	59	9.3%	44	8.3%
Non-Hispanic	336	53.0%	247	46.5%
Unknown	239	37.7%	240	45.2%
Race				
American Indian or Alaska Native	6	0.9%	4	0.8%
Asian	25	3.9%	23	4.3%
Black or African American	117	18.5%	105	19.8%
Native Hawaiian or other Pacific Islander	5	0.8%	2	0.4%
White	197	31.1%	149	28.1%
Other	42	6.6%	28	5.3%
More than one race	11	1.7%	10	1.9%
Unknown	231	36.4%	210	39.5%

	Sacramento County Clinical Services (N=634)		Crossroads Peer Services (N=531)	
Primary Language	**N**	**%**	**N**	**%**
English	465	73.3%	398	75.0%
Spanish	11	1.7%	7	1.3%
Vietnamese	7	1.1%	5	0.9%
Cantonese	1	0.2%	2	0.4%
Russian	2	0.3%	2	0.4%
Hmong	5	0.8%	4	0.8%
Arabic	2	0.3%	2	0.4%
Other	9	1.4%	5	0.9%
Unknown	132	20.8%	106	20.0%
Sexual Orientation				
Gay or Lesbian	1	0.2%	0	0.0%
Heterosexual or Straight	30	4.7%	23	4.3%
Bisexual	1	0.2%	2	0.4%
Questioning or unsure	0	0.0%	0	0.0%
Queer	0	0.0%	0	0.0%
Another sexual orientation	1	0.2%	2	0.4%
Unknown	601	94.8%	504	94.9%
Sex at Birth				
Male	342	53.9%	246	46.3%
Female	291	45.9%	283	53.3%
Unknown	1	0.2%	2	0.4%
Current Gender Identity				
Male	0	0.0%	4	0.8%
Female	0	0.0%	8	1.5%
Transgender	0	0.0%	0	0.0%
Genderqueer	0	0.0%	0	0.0%
Questioning or unsure	0	0.0%	0	0.0%
Another gender identity	0	0.0%	0	0.0%
Unknown	634	100.0%	519	97.7%

Note: gender identity was not collected for the County Clinical Services. This will be addressed in future reporting

Mobile Crisis Support Teams (MCST)

Program Type: Suicide Prevention

Program Description: Administered in partnership with DBHS, TLCS Inc., and local law enforcement. 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.

Number Served: In FY 17/18, the MCST teams served a total of 1,452 individuals in the community.

Demographics:

MCST Demographics (N=1,452)	**N**	**%**
Age Group		
Children/Youth (0-15)	108	7.4%
TAY (16-25)	214	14.7%
Adults (26-59)	907	62.5%
Older Adults (60+)	212	14.6%
Unknown	11	0.8%
Ethnicity		
Hispanic	173	11.9%
Non-Hispanic	922	63.5%
Unknown	357	24.6%
Race		
American Indian or Alaska Native	11	0.8%
Asian	55	3.8%
Black or African American	308	21.2%
Native Hawaiian or other Pacific Islander	9	0.6%
White	732	50.4%
Other	102	7.0%
More than one race	28	1.9%
Unknown	207	14.3%

MCST (N=1,452)	N	%
Primary Language		
English	1355	93.3%
Spanish	20	1.4%
Vietnamese	3	0.2%
Cantonese	2	0.1%
Russian	4	0.3%
Hmong	4	0.3%
Arabic	3	0.2%
Other	11	0.8%
Unknown	50	3.4%
Sexual Orientation		
Gay or Lesbian	9	0.6%
Heterosexual or Straight	84	5.8%
Bisexual	5	0.3%
Questioning or unsure	0	0.0%
Queer	0	0.0%
Another sexual orientation	1	0.1%
Unknown	1353	93.2%
Sex at Birth		
Male	701	48.3%
Female	749	51.6%
Unknown	2	0.1%
Current Gender Identity		
Male	442	30.4%
Female	442	30.4%
Transgender	2	0.1%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	1	0.1%
Unknown	565	38.9%

Mental Health Respite Programs

Program Type: Suicide Prevention

Program Description(s):

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. There are currently six (6) respite programs:

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.

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 include: assessment, supportive activities, individual and group chat, narrative authoring activities, therapeutic art activities, peer counseling, other crisis prevention services, and community outreach activities.

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.

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.

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.

Number Served: In FY 17/18, the respite programs served a total of 1,059 individuals in the community.

Demographics:

Demographics - Unduplicated Count	Del Oro (N=92)		A Church For US (N=116)		Gender Health Center (N=202)		Sacramento LGBT Community Center-Lambda Lounge (N=173)		Sacramento LGBT Community Center-Q Spot (N=258)		Wind Youth Services (N=218)		Total (N=1,059)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Age Group														
Children/Youth (0-15)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	39	15.1%	4	1.8%	43	4.1%
TAY (16-25)	0	0.0%	5	4.3%	42	20.8%	12	6.9%	214	82.9%	206	94.5%	479	45.2%
Adults (26-59)	25	27.2%	89	76.7%	100	49.5%	111	64.2%	2	0.8%	5	2.3%	332	31.4%
Older Adults (60+)	65	70.7%	22	19.0%	19	9.4%	9	5.2%	0	0.0%	0	0.0%	115	10.9%
Unknown	2	2.2%	0	0.0%	41	20.3%	41	23.7%	3	1.2%	3	1.4%	90	8.5%
Ethnicity														
Hispanic or Latino	5	5.4%	20	17.2%	35	17.3%	19	11.0%	54	20.9%	31	14.2%	164	15.5%
Non-Hispanic/Non-Latino	82	89.1%	73	62.9%	129	63.9%	96	55.5%	150	58.1%	142	65.1%	672	63.5%
Unknown	5	5.4%	23	19.8%	38	18.8%	58	33.5%	54	20.9%	45	20.6%	223	21.1%
Race														
American Indian or Alaska Native	0	0.0%	3	2.6%	13	6.4%	14	8.1%	12	4.7%	16	7.3%	58	5.5%
Asian	3	3.3%	1	0.9%	14	6.9%	3	1.7%	11	4.3%	5	2.3%	37	3.5%
Black or African American	25	27.2%	46	39.7%	28	13.9%	36	20.8%	49	19.0%	147	67.4%	331	31.3%
Native Hawaiian or other Pacific Islander	0	0.0%	0	0.0%	2	1.0%	2	1.2%	3	1.2%	0	0.0%	7	0.7%
White	60	65.2%	54	46.6%	130	64.4%	75	43.4%	129	50.0%	33	15.1%	481	45.4%
Other	4	4.3%	8	6.9%	11	5.4%	18	10.4%	29	11.2%	15	6.9%	85	8.0%
More than one race	0	0.0%	0	0.0%	0	0.0%	4	2.3%	11	4.3%	0	0.0%	15	1.4%
Unknown	0	0.0%	4	3.4%	4	2.0%	21	12.1%	14	5.4%	2	0.9%	45	4.2%
Primary Language														
English	89	96.7%	115	99.1%	191	94.6%	160	92.5%	255	98.8%	214	98.2%	1024	96.7%
Spanish	0	0.0%	0	0.0%	5	2.5%	0	0.0%	0	0.0%	0	0.0%	5	0.5%
Vietnamese	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Cantonese	0	0.0%	0	0.0%	1	0.5%	0	0.0%	0	0.0%	0	0.0%	1	0.1%
Russian	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.5%	1	0.1%
Hmong	0	0.0%	0	0.0%	0	0.0%	1	0.6%	0	0.0%	0	0.0%	1	0.1%
Arabic	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other	3	3.3%	0	0.0%	4	2.0%	2	1.2%	1	0.4%	1	0.5%	11	1.0%
Unknown	0	0.0%	1	0.9%	1	0.5%	10	5.8%	2	0.8%	2	0.9%	16	1.5%

Demographics - Unduplicated Count	Del Oro (N=92)		A Church For US (N=116)		Gender Health Center (N=202)		Sacramento LGBT Community Center-Lambda Lounge (N=173)		Sacramento LGBT Community Center-Q Spot (N=258)		Wind Youth Services (N=218)		Total (N=1,059)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Sexual Orientation														
Asexual	0	0.0%	0	0.0%	12	5.9%	4	2.3%	16	6.2%	5	2.3%	37	3.5%
Bisexual	0	0.0%	6	5.2%	28	13.9%	28	16.2%	59	22.9%	13	6.0%	134	12.7%
Demisexual	0	0.0%	1	0.9%	6	3.0%	0	0.0%	3	1.2%	0	0.0%	10	0.9%
Fluid	0	0.0%	1	0.9%	3	1.5%	5	2.9%	6	2.3%	0	0.0%	15	1.4%
Graysexual	0	0.0%	0	0.0%	1	0.5%	5	2.9%	6	2.3%	1	0.5%	13	1.2%
Gay or Lesbian	1	1.1%	10	8.6%	37	18.3%	36	20.8%	51	19.8%	9	4.1%	144	13.6%
Heterosexual or Straight	88	95.7%	86	74.1%	27	13.4%	46	26.6%	36	14.0%	170	78.0%	453	42.8%
Pansexual	0	0.0%	0	0.0%	23	11.4%	6	3.5%	39	15.1%	4	1.8%	72	6.8%
Questioning or Unsure	0	0.0%	2	1.7%	26	12.9%	3	1.7%	13	5.0%	3	1.4%	47	4.4%
Queer	0	0.0%	0	0.0%	42	20.8%	5	2.9%	8	3.1%	0	0.0%	55	5.2%
Another sexual orientation	1	1.1%	2	1.7%	9	4.5%	4	2.3%	3	1.2%	0	0.0%	19	1.8%
Unknown	2	2.2%	8	6.9%	17	8.4%	31	17.9%	18	7.0%	13	6.0%	89	8.4%
Current Gender Identity														
Male	27	29.3%	52	44.8%	96	47.5%	78	45.1%	88	34.1%	121	55.5%	462	43.6%
Female	65	70.7%	62	53.4%	65	32.2%	49	28.3%	92	35.7%	88	40.4%	421	39.8%
Transgender	0	0.0%	0	0.0%	84	41.6%	10	5.8%	34	13.2%	7	3.2%	135	12.7%
Genderqueer	0	0.0%	0	0.0%	20	9.9%	5	2.9%	5	1.9%	0	0.0%	30	2.8%
Questioning or unsure	0	0.0%	2	1.7%	26	12.9%	3	1.7%	13	5.0%	2	0.9%	46	4.3%
Another gender identity	0	0.0%	3	2.6%	78	38.6%	10	5.8%	40	15.5%	2	0.9%	133	12.6%
Unknown	0	0.0%	2	1.7%	6	3.0%	26	15.0%	12	4.7%	2	0.9%	48	4.5%
Veteran Status														
Yes	14	15.2%	7	6.0%	23	11.4%	7	4.0%	4	1.6%	2	0.9%	57	5.4%
No	78	84.8%	109	94.0%	179	88.6%	162	93.6%	235	91.1%	216	99.1%	979	92.4%
Decline to answer	0	0.0%	0	0.0%	0	0.0%	4	2.3%	19	7.4%	0	0.0%	23	2.2%

Mental Health Respite Programs – Outreach

Program Type: Suicide Prevention – Universal Prevention

Number Served: In FY 17/18, the respite programs attended 156 community events and disseminated information to 10,672 individuals.

Demographics: Due to the nature of the outreach events, demographics were not collected.

Strengthening Families Project
Ages Served: Children, TAY, Adults, Older Adults

The Strengthening Families Project consists of:

- Quality Childcare Collaborative (QCCC)
- HEARTS for Kids
- Bullying Prevention Education and Training Program
- Early Violence Intervention Begins with Education (eVIBE)
- Adoptive Families Respite Program

Quality Childcare Collaborative (QCCC)

Program Type: Prevention

Program Description: 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.

Number Served: In FY 17/18, 30 children and family members were served.

Demographics:

	N=30	%
Age		
Children/Youth (0-15)	30	100.0%
TAY (16-25)	0	0.0%
Adults (26-59)	0	0.0%
Older Adults (60+)	0	0.0%
Declined to answer	0	0.0%

Note: Due to the nature of this program, only the age of the child is captured.

HEARTS for Kids

Program Type: Access and Linkage

Program Description: 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.

Number Served: In FY 17/18, 366 children, 0-5 years of age, received mental health screenings.

Demographics:

	HEARTS for Kids N=366	**%**
Age Group		
Children/Youth (0-15)	366	100.0%
TAY (16-25)	0	0.0%
Adults (26-59)	0	0.0%
Older Adults (60+)	0	0.0%
Decline to answer	0	0.0%
Ethnicity		
Non-Hispanic	295	80.6%
Hispanic	58	15.8%
Other	0	0.0%
Unknown/Not Reported	13	3.6%
Race		
Black or African American	105	28.7%
White	118	32.2%
Asian	20	5.5%
American Indian or Alaska Native	3	0.8%
Native Hawaiian or other Pacific Islander	2	0.5%
More than one race	6	1.6%
Decline to answer	0	0.0%
Other	27	7.4%
Unknown/Not Reported	85	23.2%
Assigned Sex at Birth		
Male	194	53.0%
Female	171	46.7%
Declined to answer	0	0.0%

Bullying Prevention Education and Training Program

Program Description: 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.

Program Type: Universal Prevention

Number Served: In FY17/18, 5,076 school personnel, 46,332 students and 10,721 parents/caretakers in 13 school districts across Sacramento County were trained and/or educated.

Demographics: Unavailable due to program design.

Early Violence Prevention Begins with Education (eVIBE)

***Program Description*:** 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.

Program Type: Prevention

Number Served: In FY 17/18, 2,177 youth were served.

Demographics:

	eVIBE N=2,177	**%**
Age Group		
Children/Youth (0-15)	2067	94.9%
TAY (16-25)	24	1.1%
Adults (26-59)	39	1.8%
Older Adults (60+)	1	0.0%
Unknown/Not Reported	46	2.1%
Ethnicity		
Non-Hispanic	697	32.0%
Hispanic	710	32.6%
Other	0	0.0%
More than one ethnicity	0	0.0%
Unknown/Not Reported	770	35.4%
Race		
More than one race	481	22.1%
White	278	12.8%
Black or African American	158	7.3%
Asian	286	13.1%
American Indian or Alaska Native	16	0.7%
Native Hawaiian or other Pacific Islander	11	0.5%
Other	504	23.2%
Decline to answer	0	0.0%
Unknown/Not Reported	443	20.3%

	eVIBE N=2,177	%
Primary Language		
English	1457	66.9%
Spanish	203	9.3%
Vietnamese	20	0.9%
Cantonese	22	1.0%
Russian	17	0.8%
Hmong	25	1.1%
Arabic	1	0.0%
Other	48	2.2%
Unknown/Not Reported	384	17.6%
Sexual Orientation		
Heterosexual or Straight	74	3.4%
Gay or Lesbian	0	0.0%
Bisexual	1	0.0%
Questioning or unsure	1	0.0%
Queer	0	0.0%
Another sexual orientation	0	0.0%
Unknown/Not Reported	2101	96.5%
Current Gender Identity		
Male	1117	51.3%
Female	1049	48.2%
Transgender	0	0.0%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	0	0.0%
Unknown/Not Reported	11	0.5%

Adoptive Families Respite Program (CAFA)

Program Description: Administered by Capital Adoptive Families Alliance, 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.

Program Type: Prevention

Number Served: In FY 17/18, 137 youth and family members utilized this respite service.

Demographics:

	CAFA N=137	**%**
Age Group		
Children/Youth (0-17)	54	39.41
TAY (18-25)	0	0
Adults (26-59)	42	30.65
Older Adults (60+)	1	0.72
Unknown/Not Reported	24	29.19
Ethnicity		
Non-Hispanic/Non-Latino	56	40.87
Hispanic or Latino	30	21.89
Other Subtotal	0	0
More than one ethnicity	0	0
Unknown/Not Reported	51	37.22
Race		
White	62	45.25
Black or African American	12	8.75
More than one race	23	16.78
American Indian or Alaska Native	4	2.91
Asian	4	2.91
Native Hawaiian or other Pacific Islander	2	1.45
Other	19	13.86
Decline to answer	11	8.02
Unknown	0	0

	CAFA N=137	%
Primary Language		
English	119	86.8
Spanish	1	0.72
Vietnamese	0	0
Cantonese	0	0
Russian	0	0
Hmong	0	0
Arabic	0	0
Other	0	0
Unknown/Not Reported	17	12.4
Sexual Orientation		
Heterosexual or Straight	93	67.88
Gay or Lesbian	21	15.32
Bisexual	0	0
Questioning or unsure	4	2.91
Queer	1	0.72
Another sexual orientation	4	2.91
Unknown/Not Reported	14	10.21
Gender		
Female	61	44.52
Male	53	38.68
Transgender	0	0
Genderqueer	0	0
Questioning or unsure	7	5.1
Another gender identity	0	0
Unknown/Not Reported	16	11.67
Veteran Status		
Yes	2	1.45
No	109	79.56
No Response/Decline to Answer	26	18.97

Integrated Health and Wellness Project
Ages Served: Children, TAY, Adults, Older Adults

The Integrated Health and Wellness Project consists of:

- SacEDAPT (Early Diagnosis and Prevention Treatment)
- Senior Link

SacEDAPT

Program Description: Administered by UC Davis, Department of Psychiatry, SacEDAPT 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.

Program Type: Early Intervention

Number Served: In FY 17/18, 149 clients were served.

	SacEDAPT N=149	**%**
Age Group		
Children/Youth (0-15)	53	35.6%
TAY (16-25)	82	55.0%
Adults (26-59)	14	9.4%
Older Adults (60+)	0	0.0%
Unknown/Not Reported	0	0.0%
Ethnicity		
Non-Hispanic/Non-Latino	91	61.1%
Hispanic or Latino	40	26.8%
Other	0	0.0%
More than one ethnicity	0	0.0%
Unknown/Not Reported	18	12.1%

	SacEDAPT N=149	%
Race		
Black or African American	40	26.8%
White	38	25.5%
Asian	11	7.4%
More than one race	16	10.7%
Native Hawaiian or other Pacific Islander	1	0.7%
American Indian or Alaska Native	0	0.0%
Other	29	19.5%
Decline to answer	0	0.0%
Unknown/Not Reported	14	9.4%
Primary Language		
English	136	91.3%
Spanish	8	5.4%
Vietnamese	1	0.7%
Cantonese	0	0.0%
Russian	0	0.0%
Hmong	0	0.0%
Arabic	0	0.0%
Other	0	0.0%
Unknown/Not Reported	4	2.7%
Current Gender Identity		
Male	62	41.6%
Female	40	26.8%
Transgender	3	2.0%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	5	3.4%
Unknown/Not Reported	39	26.2%

Senior Link

Program Description: Administered by El Hogar, Senior Link 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.

Program Type: Prevention

Number Served: In FY 17/18, 153 older adults were served.

Demographics:

	Senior Link N=153	**%**
Age Group		
Children/Youth (0-15)	0	0.0%
TAY (16-25)	0	0.0%
Adults (26-59)	24	15.7%
Older Adults (60+)	117	76.5%
Unknown/Not Reported	12	7.8%
Ethnicity		
Hispanic or Latino	28	18.3%
Non-Hispanic/Non-Latino	111	72.5%
Other	0	0.0%
More than one ethnicity	0	0.0%
Unknown/Not Reported	414	9.2%
Race		
White	1	30.1%
Black or African American	38	24.8%
Asian	6	3.9%
More than one race	1	0.0%
American Indian or Alaska Native	1	0.0%
Native Hawaiian or other Pacific Islander	7	4.6%
Other	32	20.9%
Decline to answer	0	0.0%
Unknown/Not Reported	22	14.4%

	Senior Link N=189	%
Primary Language		
English	109	71.2%
Spanish	7	4.6%
Vietnamese	2	1.3%
Cantonese	1	0.0%
Russian	0	0.0%
Hmong	0	0.0%
Arabic	0	0.0%
Other	21	13.7%
Unknown/Not Reported	13	8.5%
Current Gender Identity		
Female	121	79.1%
Male	26	17.0%
Transgender	0	0.0%
Genderqueer	0	0.0%
Questioning or unsure	0	0.0%
Another gender identity	0	0.0%
Unknown/Not Reported	6	3.9%

Mental Health Promotion
Ages Served: Children, TAY, Adults, Older Adults

Program Description: 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.

"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. The project has multiple components:

- Multi-Media Outreach
- Social Media – www.StopStigmaSacramento.org
- Stakeholder Engagement
- Collateral Material
- Community Outreach Events
- Research
- Stop Stigma Sacramento Speakers Bureau

Program Type: Universal Prevention

Number Served: Because this is universal outreach, the total number served is not available.

Limitations

The first Sacramento County DBHS PEI programs were implemented in FY 09/10, with new programs being implemented as recently as 2015. At the time of program implementation reporting requirements were not established. The County established reporting requirements based on the type of program and the population served. After the updated PEI regulations were released, all PEI contracts were adjusted to attempt to meet the reporting requirements. Demographics, as well as participant satisfaction surveys were implemented in all programs. The bullets below describe some challenges the County has faced in collecting and reporting data:

- Obtaining unduplicated clients served – participants are required to complete demographic forms as well as satisfaction surveys on every visit. Participants were hesitant to give identifying information. Because of this it was very difficult to link a client to multiple visits.
- Inability to identify participants receiving services in the Mental Health Plan (MHP) - PEI programs were originally set up to be "Pre-Treatment", so they were not part of our Electronic Health Record (EHR). Because of that, data is collected outside of the EHR and participants are not assigned a medical record number. Participants' hesitation to provide identifying information has made it difficult to link them to the EHR to determine if they are receiving treatment services in the MHP.
- Demographic data for crisis services – obtaining demographic data on crisis services is difficult due to the nature of the program (i.e. suicide hotline). This program focuses on the crisis at hand and staff does not want to add any more stress to the situation by asking questions regarding the individuals' personal characteristics. Information is collected on these programs, but much of it is unknown due to the inability to collect data at the time of the crisis.

Future Steps

The MHP is currently in the planning stage of getting all PEI programs into the EHR in order to meet the reporting requirement that requires the MHP to have the ability to show the number of PEI participants linked to treatment services. This will also give the MHP the ability to reliably report unduplicated participants served as well as demographics that are consistent across all programs.

Sacramento County Mental Health
2018 Human Resource Survey
December 2018

Romeal Samuel
Program Planner
Research, Evaluation and Performance Outcomes
Sacramento County, Division of Behavioral Health Services

OVERVIEW

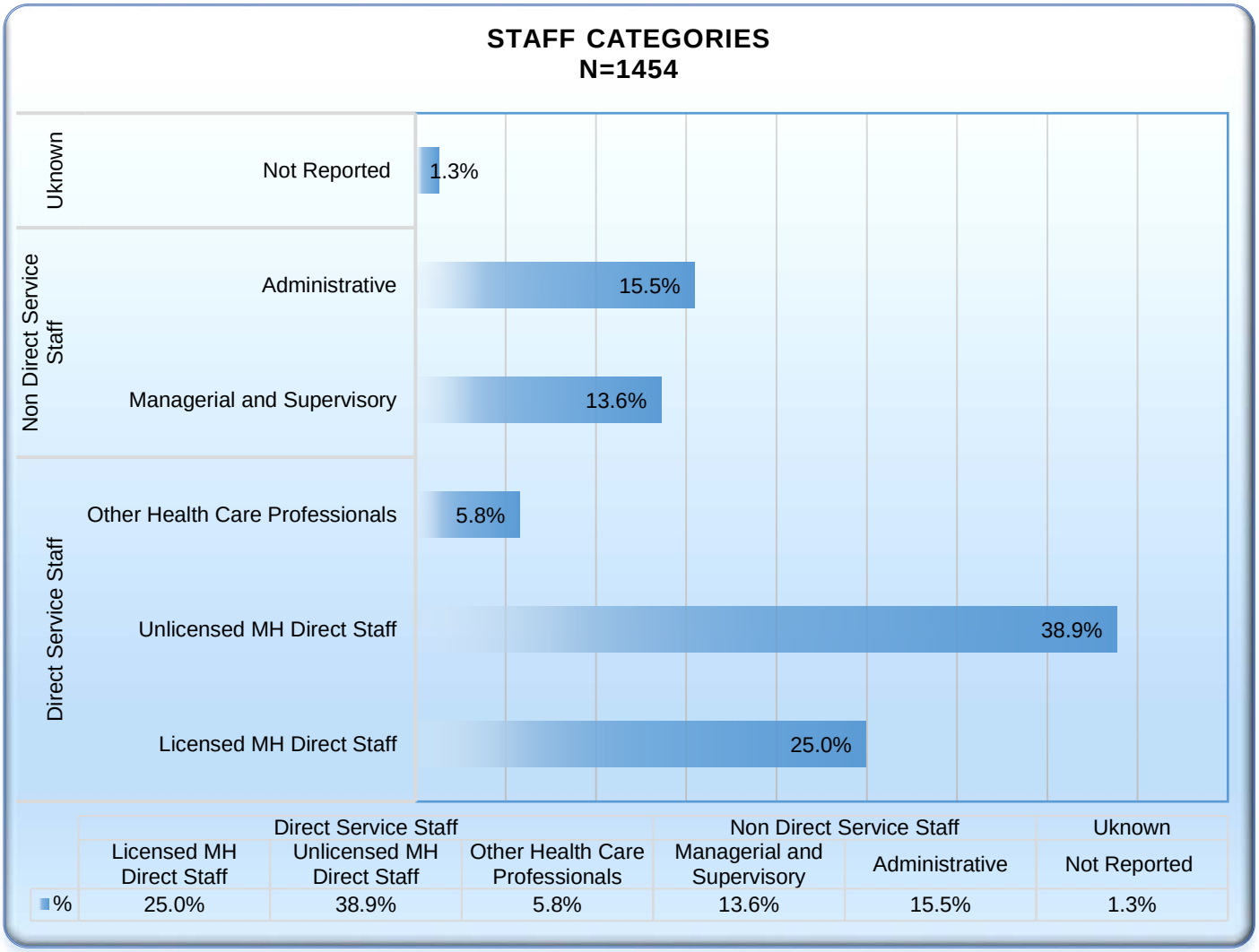
The Cultural Competence Plan Requirements (CCPR) Modification (2010), issued by the Department of Mental Health (DMH) in DMH Information Notice No. 10-17, states that counties are required to collect demographic information and language capabilities of staff, volunteers and any committee members who participate in serving individuals throughout the entire County Mental Health System. The purpose of the surveys is to assess demographic and linguistic information for those who provide services in our county to determine whether it is reflective of the diversity of the community as a whole.
The information collected focuses on staff ethnicity, language proficiencies, consumer/family member status, gender, sexual orientation, disability and veteran status.

Key findings

- A total of 1,454 staff responded to at least one question on the survey.
- Of all staff surveyed 496 (34.1%) unduplicated staff indicated speaking a language other than English. For those who spoke one language other than English, the majority spoke Spanish (43.1%) followed by Hmong at just over 7% (7.3%). Nineteen percent (19.0%) of staff indicated speaking more than one language other than English.
- 19.1% of staff self-identify as being of Hispanic ethnicity.
- 71.7% of the staff identify as being female and 24.3% as male.
- 44.8% of staff self-identified as Caucasian, 14.2.% as African American, 8.2% as Multi-ethnic, 3.6% as Filipino, 2.1% as Other Asian, and 2.1% as Hmong, 1.7 % as Asian Indian, 1.4 % as Chinese, and 7.8% as “Other”.
- 35.3% self-identify as a family member of a consumer, 19.5% of staff self-identify as a consumer of Mental Health Services, while 9.2% of staff self-reported that they live with a disability and 2.3% currently serve or have served in the US Military.
- 78.8% of the staff self-identified as being heterosexual/straight, 2.7% as lesbian, 2.8% as bisexual, 1.7 % as gay 1.1% pansexual, and 0.7% as queer, 0.4% other, 0.2% as questioning, 0.1 as asexual and 11.5% choose not to answer the question.
- 1,012 direct service staff are included in the total number of staff described above.
- 19.2% of direct service staff self-identify as being of Hispanic ethnicity.
- 21.4% of direct service staff self-identify as a consumer of Mental Health Services, while 35.5% self-identify as having a family member who is a consumer of Mental Health Services.

ALL STAFF

There were a total of 1,454 active staff who responded to the survey. Almost 40% (38.9%) reported Unlicensed Direct Service Staff, 25% reported Licensed Direct Service Staff and almost 6% (5.8%) reported Other Healthcare Professionals. Direct Service Staff accounted for just under 70% (69.6%) of all staff surveyed. Administrative Staff represented over 15% (15.5%) and Managerial Staff represented 13.6% of all staff.

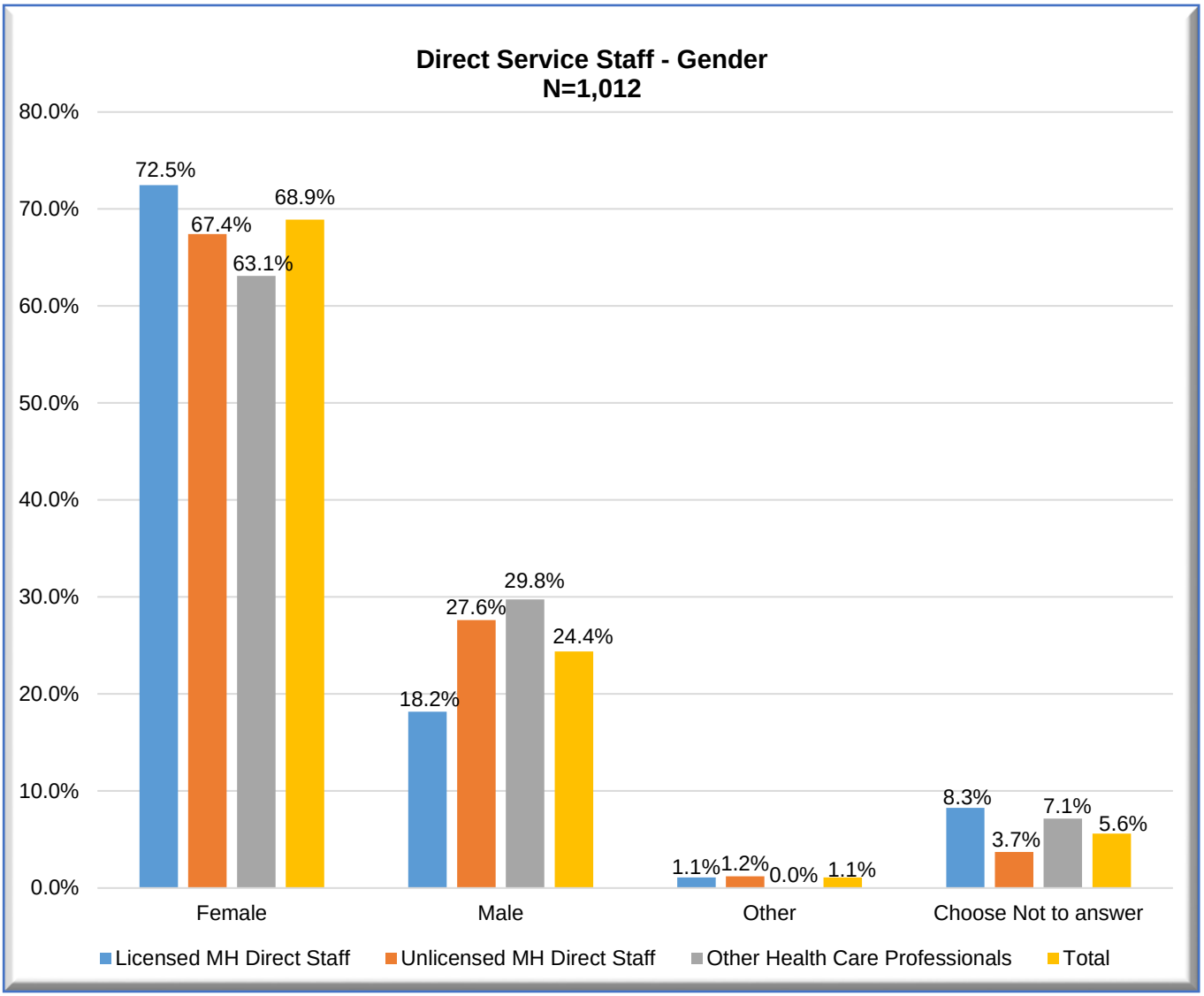


DIRECT SERVICE STAFF

There were a total of 1,012 survey responses from direct services staff in the system. This represents just under 70% (69.6%) of all respondents. The charts below depict the demographic characteristics for all direct service staff including Licensed Staff, Unlicensed Staff and Other Health Care Professionals.

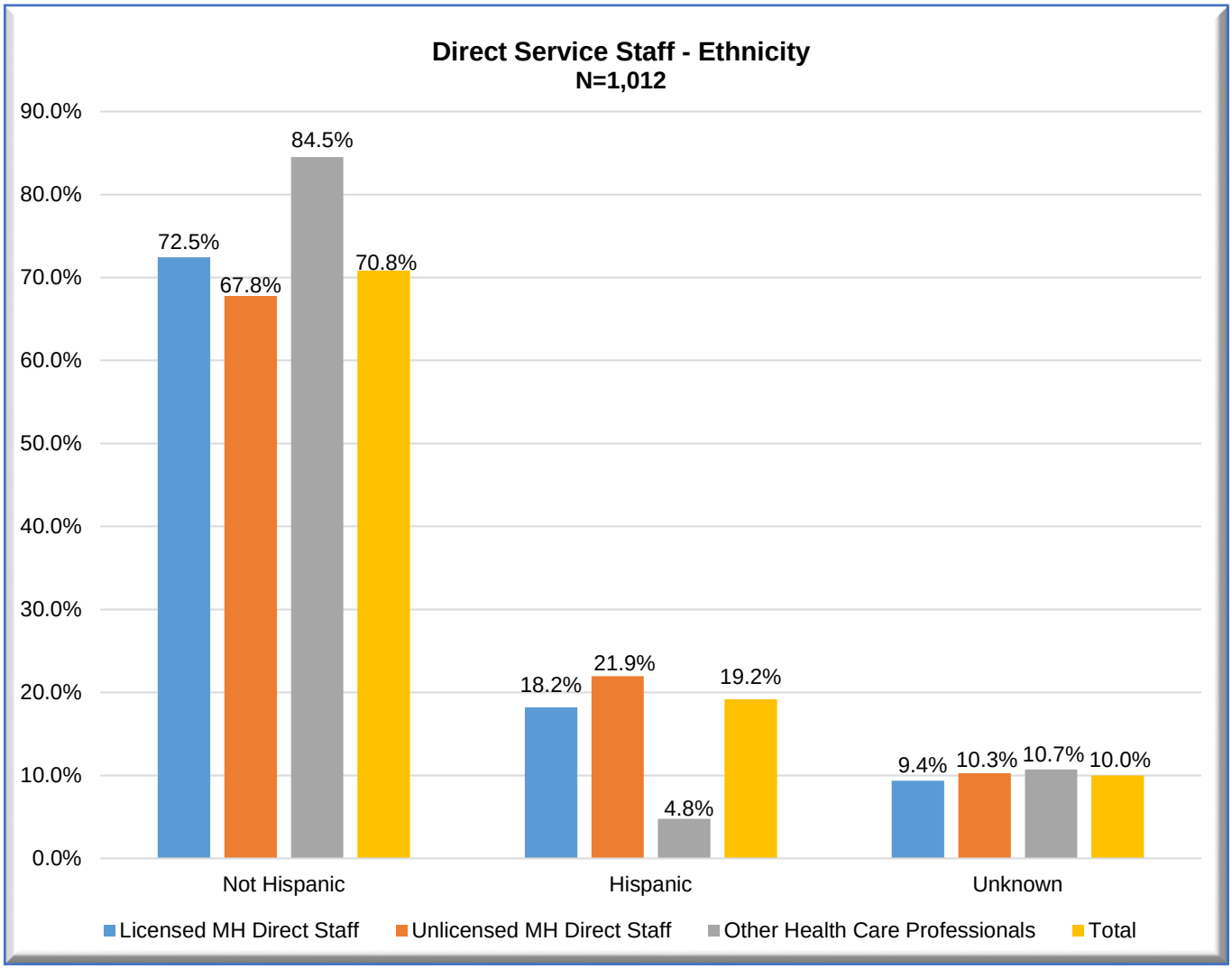
Gender

The majority of direct service staff are female, ranging from 63.1% (Other Healthcare Professionals) to 72.5% (Licensed MH Direct Staff).



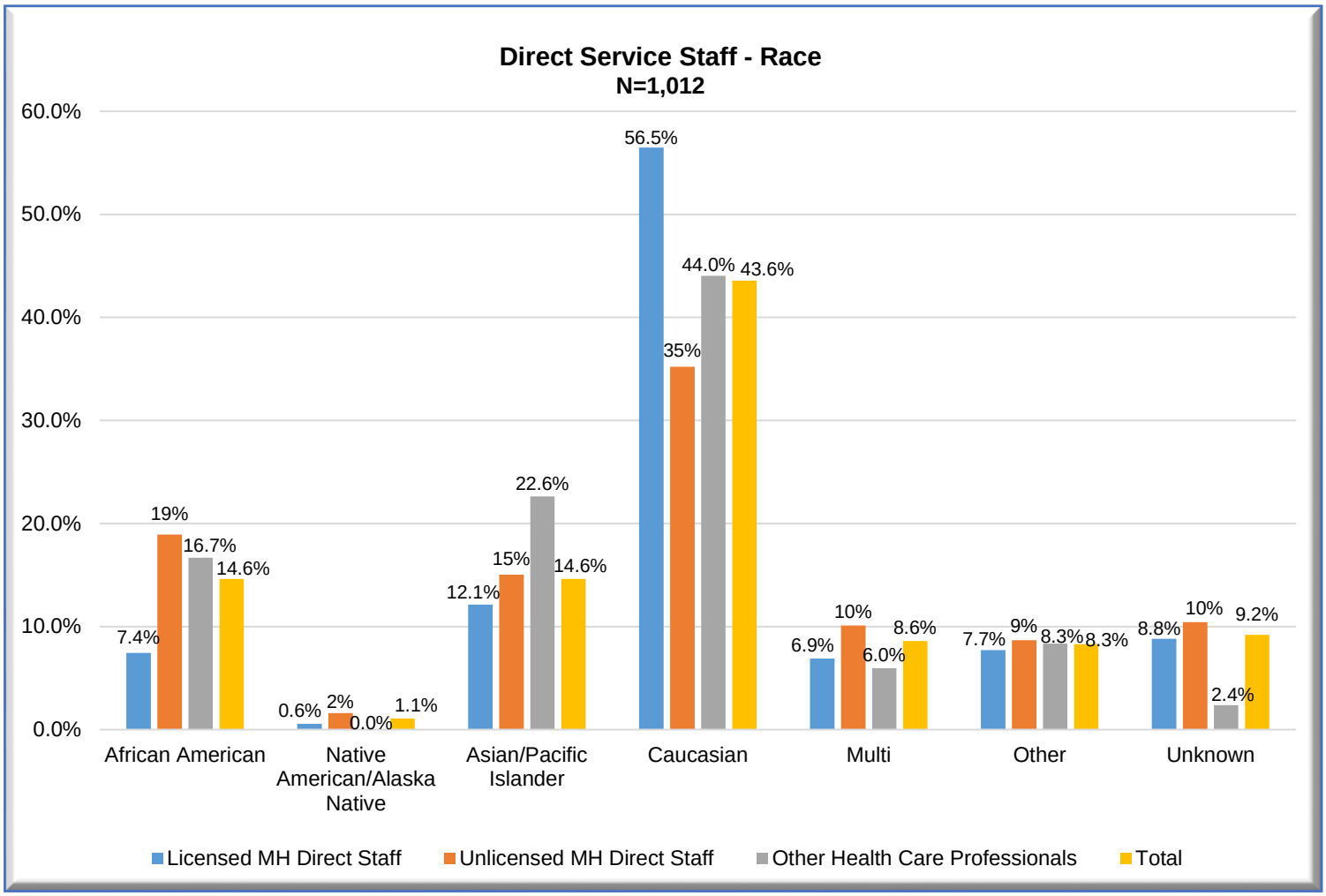
Ethnicity

Almost 20% (19.2%) of all direct service staff identify as Hispanic. Of all direct service staff, just over 21% of Unlicensed Direct Service Staff identify as Hispanic, while less than 5% of Other Health Care Professionals identify as Hispanic.



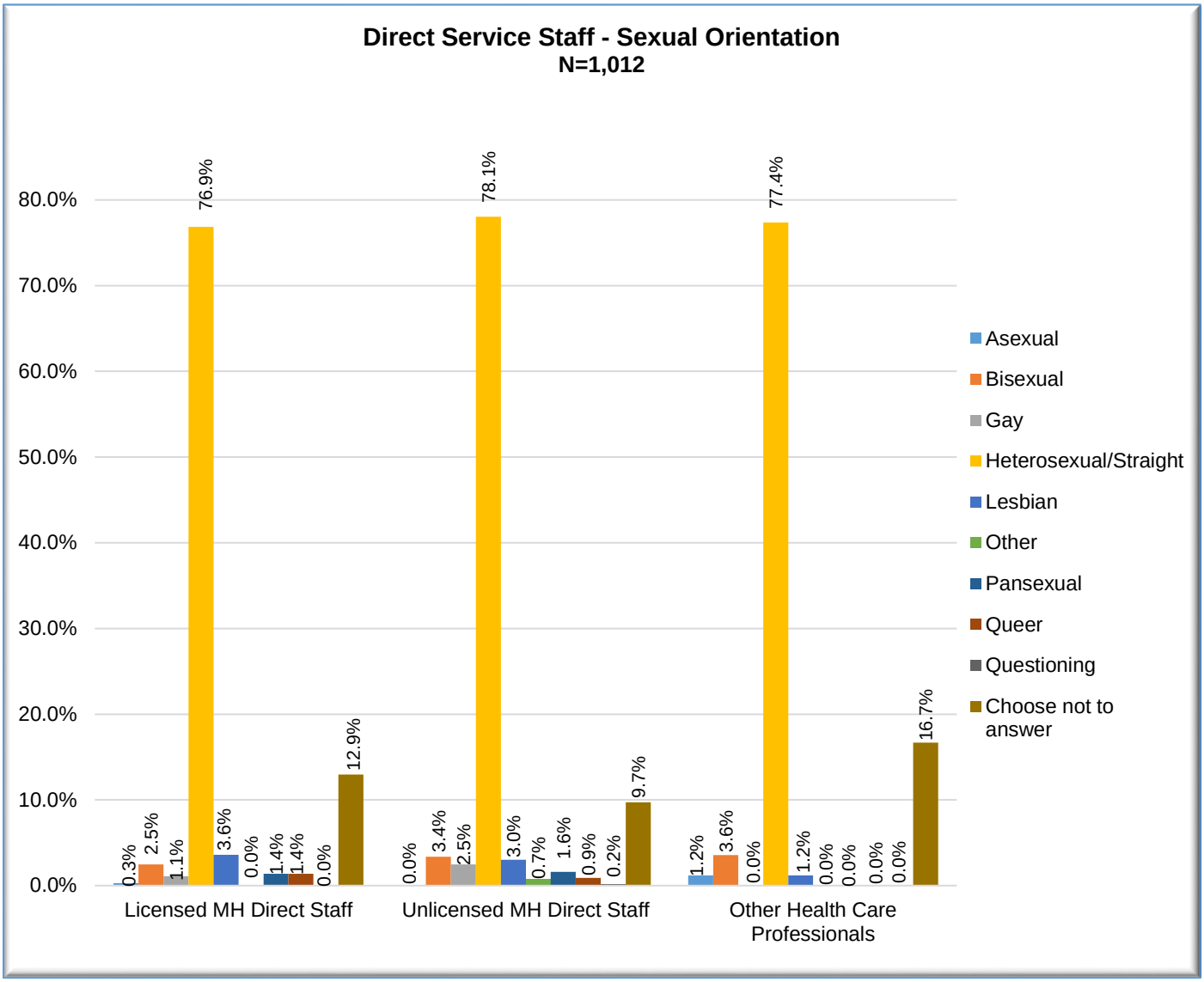
Race

While Caucasian represented 43.6% of direct service staff surveyed, the majority (47.2%) of direct service staff identify with a race other than Caucasian. Fifty-four percent (54%) of Unlicensed Direct Service Staff and 53.6% of Other Health Care Professionals identify with a race other than Caucasian, while just under 35% (34.7%) of Licensed Direct Service Staff identify with a race other than Caucasian.



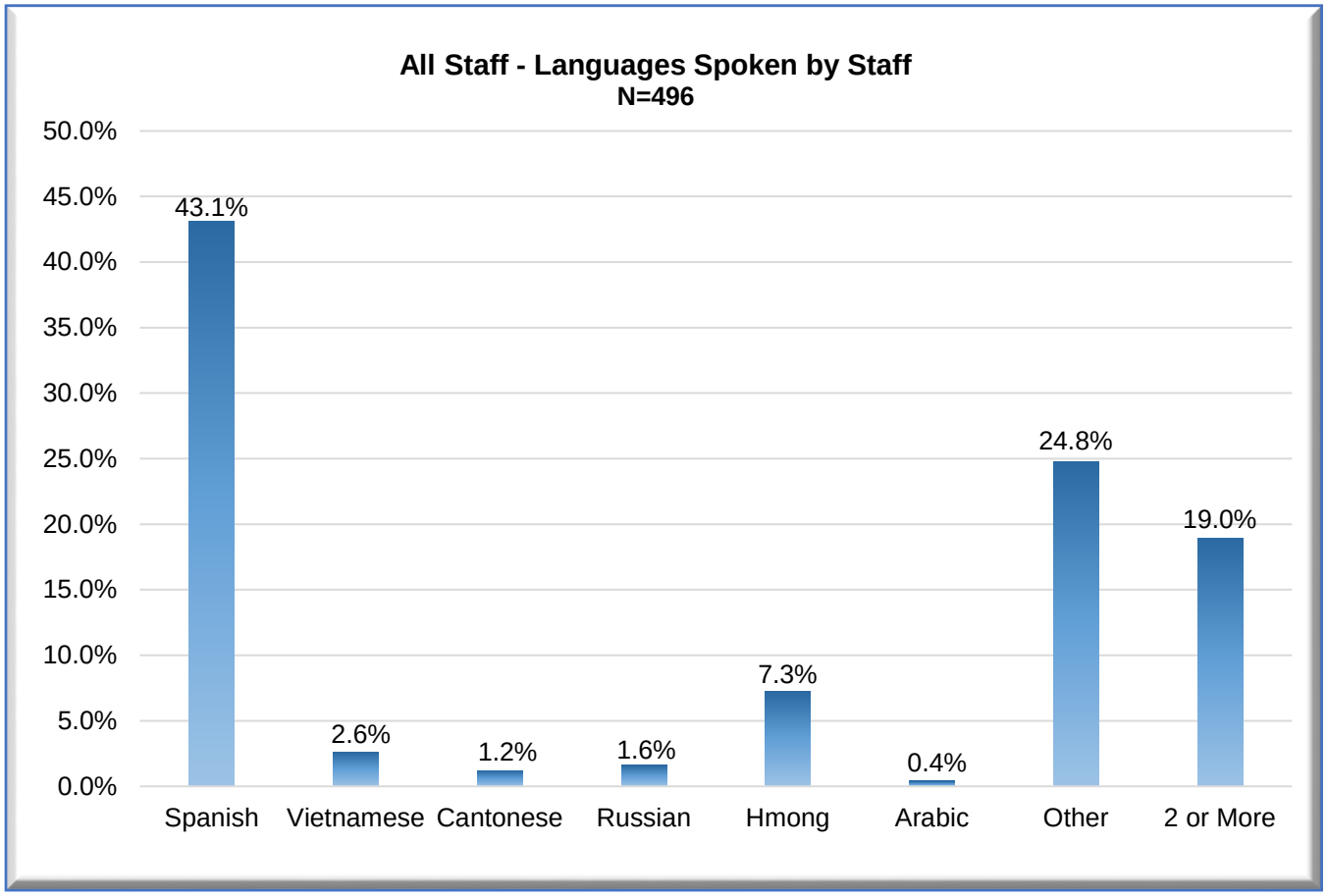
Sexual Orientation

Over 77.6**%** of all Direct Service staff identified as heterosexual/straight. Almost 77% of Licensed MH Direct Service staff, 78% Unlicensed Direct Service Staff and of 77% of Other Health Care Professionals identify as heterosexual/straight. Over 13% of all Direct Service staff chose not to answer.



Language

Of all staff surveyed, 496 (34.1%) unduplicated staff indicated speaking a language other than English of those who spoke one language other than English, the majority spoke Spanish (43.1%) followed by Hmong at just over 7% (7.3%). Nineteen percent (19.0%) indicated speaking more than one language other than English.



Consumers, Family Members, Disabled and Military

As part of the HR survey, staff were asked whether they identified as a consumer, family member, other disability, and/or have served or currently serving in the military.

Consumer – The graph below indicates the number of staff that identified as being a Consumer of Mental Health Services 19.5%.

Family Member – 35.3% of staff identified as having a family member who is a consumer of mental health services.

Disabled– Most of the staff reported not being disabled, while over 10% declined to answer.

Military: The majority of staff reported not serving in the military. Of those who had served, Unlicensed staff represented the highest percentage at 3.0%.

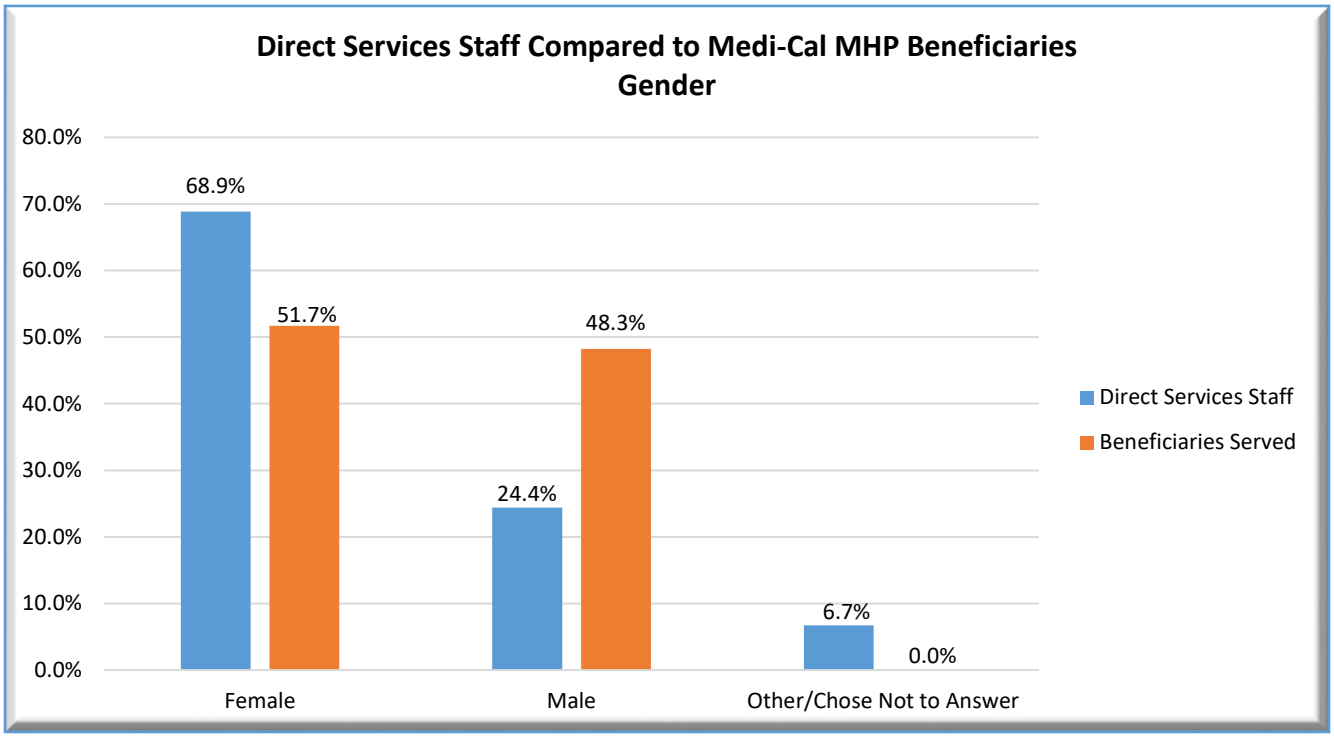
	Administrative Staff/Advisory Board/Steering Committee/Other		Licensed MH Direct Staff		Managerial and Supervisory		Other Health Care Professionals		Unlicensed MH Direct Staff		Unknown		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
I am a consumer of Mental Health Services	28	12.4%	66	18.2%	34	17.2%	3	3.6%	148	26.2%	5	26.3%	284	19.5%
I have a family member who is a consumer of Mental Health Services	68	30.2%	120	33.1%	78	39.4%	16	19.0%	223	39.5%	8	42.1%	513	35.3%
I live with a disability	22	9.8%	30	8.3%	13	6.6%	5	6.0%	62	11.0%	2	10.5%	134	9.2%
I am currently or have served in the US Military	0	0.0%	9	2.5%	5	2.5%	2	2.4%	17	3.0%	0	0.0%	33	2.3%

Direct Services Staff Compared to Clients served in the Mental Health Plan (MHP)

The data below compares direct service staff gender and race with the gender and race of Medi-Cal beneficiaries served in the MHP during Calendar Year 2017. Note: not all demographics collected on the HR survey are comparable to the clients served due to the way in which the data was collected.

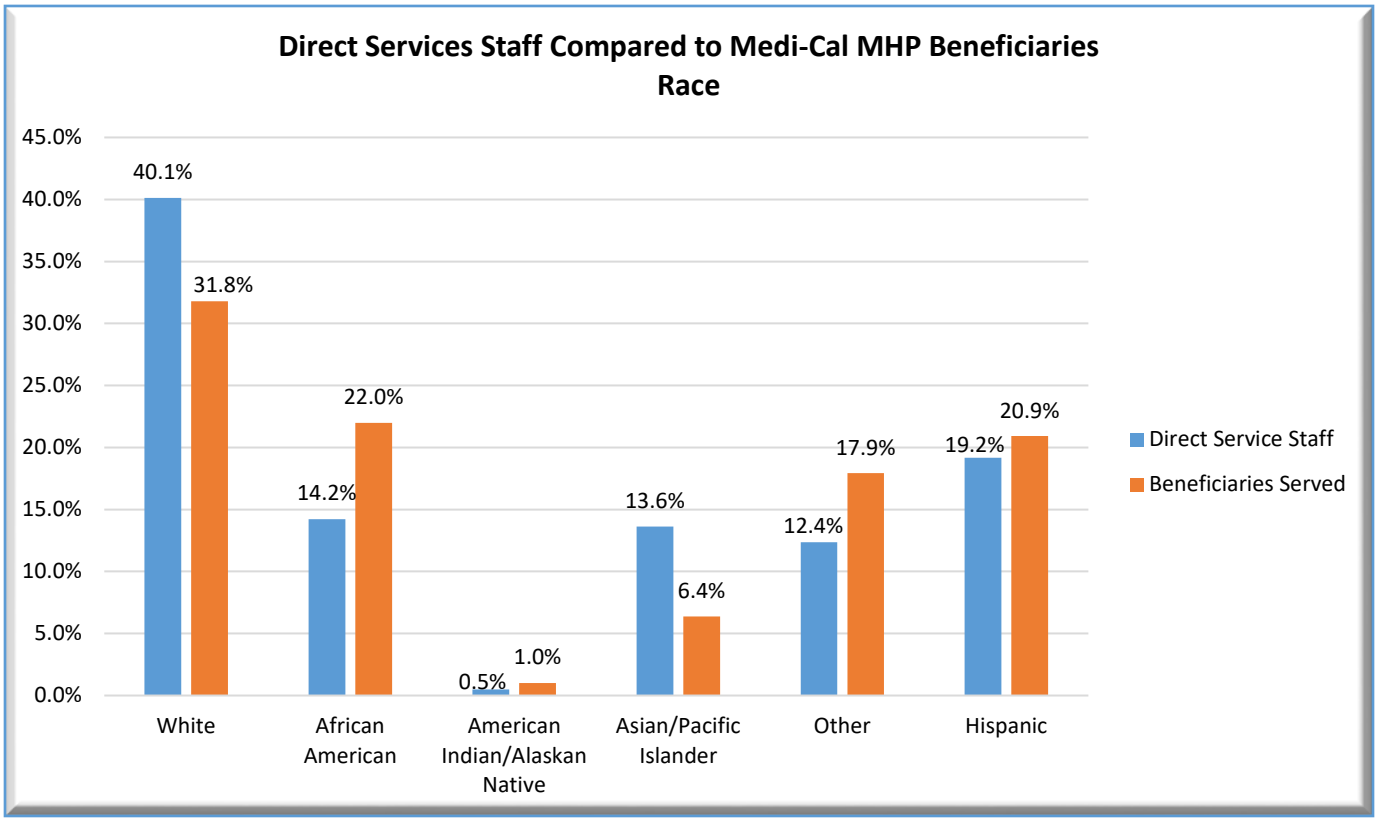
Gender

As indicated below, males are underrepresented in direct service staff compared to the number of males served in the system.



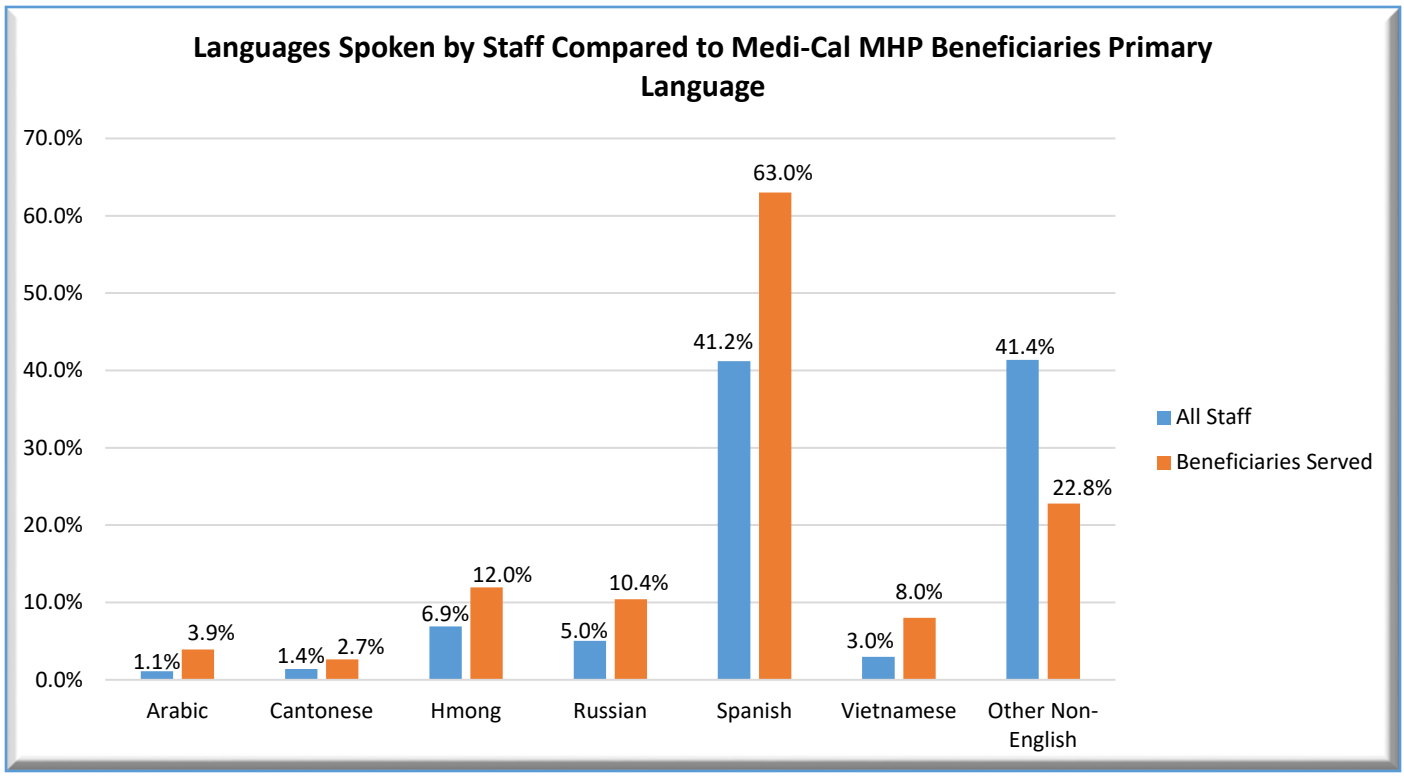
Race

In regards to race, African American and Other direct service staff are underrepresented compared to the number of African American clients served, while Caucasian and Asian/Pacific Islander direct service staff are overrepresented. Hispanic and American Indian/Alaskan Native direct service staff represent the population served.



Language

While the MHP has a wide variety of languages spoken by staff, the percent who speak the Sacramento County threshold languages is lower than the beneficiaries served.



Mental Health Services Act

Annual Innovation Project Evaluation Report

Fiscal Year 2017/18

Project Overview

The Mental Health Crisis/Urgent Care Clinic Innovation (INN) Project was reviewed and approved by the Mental Health Services Oversight and Accountability Commission (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 tests 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 fully incorporates wellness and recovery principles into service delivery. Specifically, the adaptations focus on: 1. Crisis Program Designation, including hours; 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. Serve all ages (children, youth, adults and older adults); and 4. Pilot Medical Clearance Screening that will allow clinical staff to initially screen to identify medical issues on site as needed.

In turn, this project will test how these adaptations can improve the following client and system outcomes: 1. create an effective alternative for individuals needing crisis care; 2. improve the client experience in achieving and maintaining wellness; 3. reduce unnecessary or inappropriate psychiatric hospitalizations and incarcerations; 4. reduce emergency department visits; and 4. improve care coordination across the system of care to include linkages to other needed resources and timely access to mental health services.

Late 2016, Sacramento County initiated the competitive selection process to seek out organizations interested in collaboratively operating this project and the contract was awarded to Turning Point Community Programs (TPCP).

Sacramento County, in partnership with TPCP, opened the Mental Health Crisis/Urgent Care Clinic (MHUCC) in November 2017. The MHUCC offers the following service array for individuals of any age experiencing an urgent mental health need: Triage and crisis intervention services, comprehensive behavioral health assessment, medical screening, medication support, peer and family support, care coordination and linkage to other services and resources.

Data Summary

The MHUCC opened its doors to the public on November 29, 2017. This report includes data retrieved from Avatar (Sacramento County Electronic Health Record) for the period of January 1, 2018 through June 30, 2018.

Referrals:

- The majority of referrals to the MHUCC were from "Other" sources (47.5%)
- Thirty-six percent of clients were self-referred and 4% were from law enforcement

Admissions and Discharges:

- There were 1,985 unduplicated individuals admitted to the MHUCC for a total of 2,105 admissions from January 1, 2018 through June 30, 2018
    - 109 individuals returned to the MHUCC during the 6 month timeframe
- There were 2,092 discharges from the Urgent Care Clinic

Demographics

MHUCC DEMOGRAPHICS JANUARY 1, 2018 THROUGH JUNE 30, 2018		
	Number (N=1,985)	**Percent**
Race		
American Indian or Alaska Native	33	1.7
Asian or Pacific Islander	120	6.0
African American/Black	389	19.6
Caucasian/White	923	46.5
Other	215	10.8
More than one race	71	3.6
Unknown/Not Reported	234	11.8
Primary Language		
English	1804	90.9
Spanish	45	2.3
Vietnamese	10	0.5
Russian	5	0.3
Arabic	2	0.1
Other	33	1.7
Unknown/Not Reported	86	4.3

MHUCC DEMOGRAPHICS JANUARY 1, 2018 THROUGH JUNE 30, 2018		
	Number (N=1,985)	**Percent**
Gender		
Male	936	47.2
Female	1049	52.8
Transgender	0	0.0
Intersex	0	0.0
Questioning	0	0.0
Unknown/Not Reported	0	0.0
Veteran Status		
Yes	N/A	N/A
No	N/A	N/A
Homeless Status		
Yes	168	8.5
No	1817	91.5

N/A = Not available

MHUCC Client Satisfaction Questionnaire Focus Groups

Three focus groups were held in November 2017 with mental health services clients and their families. Each focus group represented a sub-group of mental health service users: adult mental health crisis service users, family members of service users, and crisis residential service users. The purpose of these focus groups was to help with the development of a satisfaction questionnaire for the MHUCC. The focus group discussions will be used to improve the questionnaire and to understand how the each of the questions is interpreted.

Participants identified the following elements important to service satisfaction:

- Being treated with respect and kindness
- Being acknowledged
- Being listened to and understood
- Not being judged
- Timely service
- Having choices explained and being given the opportunity to make choices
- Recognizing supporters and including them in the plan
- Feeling safe and feeling that services will protect them when they feel vulnerable
- Being reassured and feeling that there is hope of getting better