

# COUNTY OF SACRAMENTO CALIFORNIA

For the Agenda of:  
June 17, 2008

To: Board of Supervisors

From: Department of Health and Human Services

Subject: Report Back On First 5 and Mental Health Services Act Funding For The Unmet Need For Public Mental Health Services For Children 0-17 Years Of Age

Contact: Lynn Frank, Director, 875-2002

## **BACKGROUND**

This addresses the questions:

- ♦ As to whether First 5 and/or Mental Health Services Act funding could possibly be used for the unmet need for public mental health services for children 0-17 years of age?
- ♦ What is being funded now?
- ♦ What is being proposed in the next phase?

## **DISCUSSION**

### **FIRST 5**

The Children and Families Act of 1998 was created to provide funds to enhance early childhood development and to ensure that children are ready to enter school. Each County Commission is required to adopt a Strategic Plan to direct funds that support programs and services benefiting children prenatal to 5 years. First 5 Sacramento Commission's Strategic Plan focuses on the priorities of health, early care and development, and empowered families. In addition First 5 funds can only be used to fund new programs, or enhanced or expanded service level for existing services and cannot supplant local or State General Fund monies. Although unlikely that First 5 funds could be used for unmet public mental health services, any requests for funding that meet the above parameters should be directed to the offices of the First 5 Sacramento Commission to the attention of the Executive Director.

### **EXISTING MENTAL HEALTH SERVICES ACT (MHSA) PROGRAMS**

During the initial community planning process, several needs were identified by the community as needing priority for children/youth (ages 0-15) and transition age youth (TAY) (16-25). They include the following:

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- ◆ Affordable, safe, permanent housing
- ◆ Help in a crisis
- ◆ Underserved populations with race/ethnicity as barriers
- ◆ Supportive relationships
- ◆ Involvement in meaningful activities
- ◆ Appropriate school placement
- ◆ Physical health care
- ◆ Alcohol/Substance use
- ◆ Employment

Based on these issues, as well as those identified for the adult (26-59) and older adult (60+) populations, five (5) new MHSA programs were developed and have been providing services for approximately one (1) year. The five programs are:

Program	Ages Served	Program Description
<b>Transitional Community Opportunities for Recovery and Engagement (TCORE)</b>	TAY, Adults, Older Adults	Intensive community-based services for individuals being released from acute care settings or who are at risk of entering acute care settings and who are not linked to on-going services. Services include crisis intervention, case management, rehabilitation and medication management and support. The goal of the program is to reduce or prevent the need for crisis services and ensure that consumers coming out of acute care are linked with services.  Service Capacity: 780 annually
<b>Sierra Elder Wellness Program</b>	Transition Age Adults, Older Adults	Specialized geriatric psychiatric support, multidisciplinary mental health assessments, treatment and intensive case management services for older adults (55 and older) who have multiple co-occurring mental health, physical health, and/or substance abuse and social service needs that require intensive case management services. The goal is to improve medical and functional status, increase social supports, decrease isolation, reduce trips to the emergency room and/or hospital and reduce homelessness.  Service Capacity: 145 at any given time
<b>Pathways to Success After Homelessness</b>	Children, TAY, Adults, Older Adults	Integrated, culturally competent services and supports for children (and their families), adults and older adults who are homeless and who have a qualifying mental health diagnosis. Housing subsidies are available to those enrolled in the program. The goal is to provide supports that will assist consumers in their wellness and recovery plans, in maintaining stable housing and re-integrating into the community. It is anticipated that there will also be an increase in employment and a reduction in hospitalizations, incarcerations and school failure.

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Program	Ages Served	Program Description
		Service Capacity: 206 at any given time
<b>Transcultural Wellness Center</b>	Children, TAY, Adults, Older Adults	<p>TWC is designed to address the mental health needs of the Asian/Pacific Islander (API) communities in Sacramento County. It is staffed by consumers, family members and community members and provides a full range of services with interventions and treatment that take into account cultural and religious beliefs and values; traditional and natural healing practices; and ceremonies recognized by the API community. The goals of the TWC are to increase the number of the API population that receive timely and appropriate mental health services and to decrease the number of individuals utilizing social services, acute care, or public safety providers as a component of untreated mental illness.</p> <p>Service Capacity: 200 at any given time</p>
<b>Wellness and Recovery Center</b>	TAY, Adults, Older Adults	<p>WRC is a neighborhood based multi-service center that provides a supportive environment offering choice and self-directed guidance for recovery and transition into community life. It is consumer owned and operated employing consumers and training individuals for peer counseling, peer mentoring, advocacy, and leadership opportunities throughout Sacramento County. Services include psycho-educational groups, educational guidance, vocational services, psychiatric support, natural healing practices and creative writing groups. Key activities include a library, resource center and computer lab that can be utilized by center participants and the general public interested in learning more about mental health and recovery. The services and activities at WRC are geared toward assisting consumers and family members to develop personal wellness and recovery skills that prevent relapse, promote support and independence, improve quality of life, and provide integration into a variety of roles in the community.</p> <p>Service Capacity: 550 annually</p>

Pathways to Success after Homeless and the Transcultural Wellness Center are both Full Service Partnerships that serve children, youth and transition age youth. According to the MHSA, Full Service Partnerships are to provide “whatever it takes” to assist individuals and families in their recovery process. The goal is to provide services and supports that do not focus only on symptoms, but rather on all the issues that often accompany mental illness. In addition to mental health services, both programs provide 24/7 crisis services, education and employment assistance, and housing subsidies.

TCORE and the Wellness and Recovery Center provide services for transition age youth but they must be 18 and older.

### Future MHSA Programs

In addition to the five existing programs, a workgroup is being established that will utilize \$1 million of MHSA funding to develop a new Full Service Partnership program that will focus specifically on children and transition age youth. This program will be developed over the next several months and will be posted for a 30-day Public Comment period ending with a Public Hearing conducted by the Sacramento County Board of Supervisors. There will also be additional opportunities to meet the needs of children and youth with the Prevention and Early Intervention Component of the MHSA.

### Prevention and Early Intervention

Prevention and Early Intervention (PEI) is one of the five components of the MHSA. An objective of PEI is to increase capacity for mental health prevention programs in all counties throughout the state. The state PEI guidelines set forth by the State Department of Mental Health (DMH) define prevention in mental health as a program or strategy that will reduce risk factors or stressors, build protective factors and skills and increase support. Prevention promotes positive cognitive, social, and emotional development and encourages a state of well being that allows the individual to function well in the face of changing and sometimes challenging circumstances.

In addition to prevention, the PEI component includes a focus on early intervention. Early intervention services address a mental health condition early in its manifestation, are of relatively low intensity, relatively short in duration (usually less than one year), and have the goal of supporting well-being in major life domains to avoid the need for more extensive mental health services.

The state has defined five Key Community Mental Health Needs and six Priority Populations that are to be the focus of PEI projects:

#### Key Community Mental Health Needs:

- Disparities in access to mental health services;
- Psycho-social impact of trauma;
- At-risk children, youth and young adult populations;
- Stigma and discrimination; and
- Suicide Risk

#### Priority Populations:

- Underserved cultural populations;
- Individuals experiencing onset of serious psychiatric illness;
- Children/youth in stressed families;
- Trauma exposed;
- Children/youth at risk of school failure; and
- Children/youth at risk of juvenile justice involvement

County PEI Plans must address all age groups; however a minimum of 51% of the overall PEI Plan budget must be dedicated to individuals who are between the ages of 0 to 25. MHSA calls for an approach to prevention that is collaborative, integrated, and culturally competent, emphasizes wellness and recovery, and is client and family driven.

Each county is required to conduct an extensive community planning process that includes representation from the following sectors: underserved communities; education; individuals with serious mental illness and/or their families; providers of mental health services; health; social services and law enforcement. In addition to these sectors, counties are encouraged to include representatives from Community Family Resource Centers, Employment, Media, and individuals from underserved racial/ethnic and cultural communities.

To date, Sacramento County has developed a planning design that will be inclusive of stakeholder groups and other interested members of our community. We will begin by conducting a “kick-off” meeting to orient the community to PEI, explaining the opportunities of PEI and the timeline for community planning. We will use a variety of methods to gather input including: community forums, surveys, focus groups, interviews with subject matter experts, input papers from system partners, etc. From these methods, we will narrow down which Key Community Mental Health Needs and which Priority Populations Sacramento should target for PEI funding. We will also gather input on community assets related to prevention, gaps in prevention services and strategies to most effectively meet the needs of residents in Sacramento County.

After we complete our stakeholder planning process, we will compile data and provide it to a PEI Taskforce that will form smaller workgroups to review data, develop strategies and make selections that will be presented to the PEI Taskforce. The Taskforce will review all strategy proposals and make recommendations to the MHSA Steering Committee.

Respectfully submitted,

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Department of Health and Human Services

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