18

REPORT TO COUNCIL
City of Sacramento

915 I Street, Sacramento, CA 95814-2604
www. CityofSacramento.org

STAFF REPORT
December 6, 2005

Honorable Mayor and
Members of the City Council

Subject: Update on The Mental Health Services Act – Proposition 63

Location/Council District: Citywide

Recommendation: For Council review and information.

Contact: Gary Little, Area Director, 808-6524

Presenters: Gary Little, Area Director

Richard Harig, Program Manager, Mental Health Services Act, Sacramento County

Darren Bobrowsky, Director of Development Services Sacramento Housing and Redevelopment Agency

Ken Bernard, Lieutenant, Police Department

Department: Neighborhood Services Department

Division: Area 4

Organization No: 3641

Summary:

This report is an update on the Mental Health Services Act - Proposition 63 and the Community Services and Supports Plan, which is of special interest to the City of Sacramento. The Community Services and Supports Plan for Sacramento County is available for public review and comment at www.sacdhhs.com/article.asp?ContentID=1457. A public hearing hosted by Sacramento County's Mental Health Board will be conducted on December 7, 2005. Comments from the public review process and the public hearing will be analyzed, and substantive recommendations will be incorporated into the Plan. The Plan will then be presented to the County Board of Supervisors. Once approved by the Board, the plan will be forwarded to the California Department of Mental Health for review and approval by the Department of Mental Health and the Mental Health Services Act Oversight and Accountability Commission.

Committee/Commission Action:

None

Background Information:

On August 16, 2005, staff, along with former Assemblymember Darrell Steinberg, reported on the implementation of the Mental Health Services Act (MHSA). The target populations to be served by MSHA are adults (18-59 years), older adults (60+ years) with serious mental illness, and children/youth (ages 17 years and younger) with serious emotional disability who are currently not receiving mental health services, or if served, not served adequately.

The Mental Health Services Act required an extensive community based planning effort with the involvement of local mental health services, consumers, and families. Stakeholders developed 120 recommendations/proposals. The highest-ranking recommendation was the Psychiatric Emergency Response Team (PERT). PERT teams mental health workers with selected, specially trained police officers. These teams would work in the field handling dispatched calls involving the mental health consumers and mentally ill homeless. The PERT recommendation is currently listed as an addendum in the Community Services and Supports Plan without a request for funding allocation.

The second highest ranked recommendation was the Permanent Supportive Housing Program for Individuals and Families. That program will provide housing rental subsidies and comprehensive supportive services to the underserved. At the start, participants will be placed in existing housing until permanent housing can be sited and constructed. Permanent housing will be developed with leveraged housing funding through a partnership of agencies and individuals. The Permanent Supportive Housing Program for Individuals and Families recommendation is currently listed in the Community Services and Supports Plan with a request for funding allocation.

The stakeholders of Sacramento County are requesting funding from MHSA for the following programs to address the mental health needs of the community. Each program represents consumers, family members, mental health providers, law enforcement, education, social services, and alcohol/drug service provider communities in developing programs based on the underserved population of mental health consumers in Sacramento County.

- Transitional Community Opportunity for Recovery and Engagement (Transitional CORE). CORE is an intensive community-based multi-disciplinary team approach designed to deliver comprehensive and flexible treatment. The program's targeted population are those referred for services by the acute care system (i.e., Sacramento Mental Health Treatment Center, local acute psychiatric hospitals, the Crisis Stabilization Unit, Crisis Residential Program and Jail

Psychiatric Services). The program services will be considered ongoing until the consumer has been linked and transitioned to a longer-term mental health service.

- Older Adult Intensive Services Program. The Older Adult Intensive Services Program, modeled after the Elder Care Intensive Service Program, will provide specialized geriatric psychiatric support, culturally appropriate, multi-disciplinary outpatient mental health assessment, treatment and intensive case management. Both clinic and home-based services will be provided.

- Older Adult Multi-Disciplinary Crisis Intervention, Stabilization and Intensive Case Management Program. A culturally and linguistically appropriate mobile crisis team will respond to a crisis referral based on the needs of the older adult. An integrated, multi-disciplinary assessment will be completed to determine which services are needed for the participant and referrals will be made to appropriate agencies. The multi-disciplinary treatment team will offer services such as: peer supportive services, family/caregiver information, specialized geriatric psychiatric support, non-geriatric psychiatric support and counseling, health services, and meaningful activities.

- Permanent Supportive Housing Program for Individuals and Families. The program will provide integrated, comprehensive, culturally competent, supportive housing subsidies and services to the underserved population. Initially participants will be housed in existing housing. It is anticipated that permanent housing units will be developed with leveraged housing funding through a partnership with the Sacramento Housing and Redevelopment Agency (SHRA), Sacramento County Department of Health and Human Services (DHHS) Mental Health Division, non-profit housing developers, and a contract mental health service agency. Staffing will include consumers, family/child advocates, licensed professionals, psychiatrists, nurses, bilingual/bi-cultural staff, housing specialists, and employment specialists.

- Trans-cultural Wellness Center. The Trans-cultural Wellness Center will be established to specially address the mental health needs of the Asian/Pacific Islander (API) communities in Sacramento County. The center will serve Chinese, Filipino, Japanese, Korean, Hmong, Vietnamese, Mien, Laotian, Cambodian, Tongan, Samoan, Hawaiian, and Fijian Americans. The center will be the base for an efficient delivery system of culturally appropriate mental health services to all age groups. The center will be developed through the use of a Steering Committee, made up of consumers, and family members. API community leaders and elders come from all API ethnicities. Consumers, family members and community members will be recruited to fill designated program staff positions.

The program will present culturally appropriate mental health interventions, as well as treatment and prevention strategies in various languages that include: cultural and religious beliefs and values; traditional practices; natural healing practices, and ceremonies recognized by the API community. Services may include: culturally appropriate wellness, resilience and recovery services; psychotherapy, counseling, and psychiatric consultation; medication support; networking peer support; interpreter/translator; and psycho-educational services. The program will include a comprehensive multi-disciplinary, bi-cultural/bilingual staff.

- Wellness and Recovery Center. The Wellness and Recovery Center will be a neighborhood multi-service center that will provide a supportive environment offering choices for self-directed guidance for recovery and transition into community life. A special effort will be made to employ consumers and family members from the community to staff the center. The center will offer peer counseling, peer mentoring, interpreter/translator and psycho-educational services, psychiatric support, as well as natural healing practices. There will be opportunities to experience real life situations in a supportive and non-threatening environment. Educational partnerships will be formed with local colleges and other educational activities. A library at the center will be available to center participants as well as the general public. There will be an emphasis on mental health, recovery and cultures in our community.

Financial Considerations:

The programs in the draft plan would be included in a three-year funding cycle with revenue provided by the Mental Health Services Act. The allocation for Sacramento County is estimated to be approximately $9.6 million for FY 05-06, FY 06-07 and FY 07-08.

Environmental Considerations:

None required.

Policy Considerations:

The City is a stakeholder and can make recommendations and comments on Sacramento County's MHSA plan. If there are program recommendations that are incomplete, missing, or should be removed, the Council may request the County modify the recommendations. The Council may also make recommendations and comments directly to the Mental Health Services Oversight Commission.

Emerging Small Business Development (ESBD):

No goods or services are being purchased under this report.

Respectfully Submitted by: _____
Gary L. Little
Area Director

_____
Albert Nájera
Chief of Police

_____
Anne M. Moore
Executive Director
Sacramento Housing and Redevelopment Agency

Approved by: _____
Richard J. Ramirez
Assistant City Manager

FOR CITY COUNCIL INFORMATION:

_____
ROBERT P. THOMAS
City Manager

Table of Contents:

Pg 1-5 Report
Pg 6-12 Attachment 1 August 16, 2005 Staff Report

REPORT TO COUNCIL
City of Sacramento

915 I Street, Sacramento, CA 95814-2604
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STAFF REPORT
August 16, 2005

Honorable Mayor and
Members of the City Council

Subject: Implementation of Proposition 63 – The Mental Health Services Act

Location/Council District: Citywide

Recommendation: For Council review and information.

Contact: Gary Little, Area Director, 566-6524

Presenters: Gary Little, Area Director

Darren Bobrowsky, Director of Development Services
Sacramento Housing and Redevelopment Agency

Ken Bernard, Lieutenant – Police Department

Ann Edwards Buckley, Chief, Adult Mental Health Services
Sacramento County

Department: Neighborhood Services Department

Division: Area 4

Organization No: 3641

Summary:

Sacramento County is expected to annually receive at least $20 million in additional funds for mental health services as a result of Proposition 63, which California voters passed in November 2004. This report provides a general overview of the proposition, outlines the process and timelines Sacramento County is using to develop its expenditure plan, and highlights two proposals that are expected to be of special interest to the City of Sacramento.

Committee/Commission Action:

None

Background Information:

In November 2004, California voters approved Proposition 63, the Mental Health Services Act. Proposition 63 was a voter initiative sponsored by former Assemblymember (and Sacramento Councilmember) Darrell Steinberg, and a coalition of mental health groups and organizations. It became effective on January 1, 2005 and is now referred to as the

Mental Health Services Act (MHSA). (Attachment 1 is a copy of the Mental Health Services Act.) Among other things, the MHSA does the following:

- Annually imposes a one-percent tax surcharge on personal incomes over $1 million. The tax will provide dedicated funding for the expansion of mental health services and programs in California.
- Counties are provided funds to expand services and develop innovative programs and integrated service plans for mentally ill children, transition age youth, adults and older adults.

According to an analysis by the Legislative Analyst for Proposition 63, MHSA funds would be used to support the following:

- Community Services and Supports for Children and Transition Age Youth. Expansion of existing or development of new mental health services for children and transition age youth who lack other public or private health coverage to pay for mental health treatment.
- Community Services and Supports for Adults and Transition Age Youth. Expansion of existing or development of new mental health services for adults and transition age youth with serious mental disorders.
- Prevention and Early Intervention. New County prevention and early intervention programs to get persons showing early signs of a mental illness into treatment quickly before their illness becomes more severe.
- "Wraparound" Services for Families. A new program to provide state assistance to counties to establish wraparound services, which provide various types of mental health and social services for families (for example, family counseling) where the children are at risk of being placed in foster care.
- "Innovation" Programs. New County programs to experiment with ways to improve access to mental health services, including for unserved and underserved groups, to improve program quality, or to promote interagency collaboration in the delivery of services to clients.
- Mental Health Workforce: Education and Training. Stipends, loan forgiveness, scholarship programs, and other new efforts to (1) address existing shortages of mental health staffing in County programs and (2) help provide the additional staffing that would be needed to carry out the program expansions proposed in this measure.
- Capital Facilities and Technology. A new program to allocate funding to counties for technology improvements and capital facilities needed to provide mental health services.

Funding

Under MHSA, each county drafts and submits for state approval a three-year plan for the delivery of mental health services. A Mental Health Services Oversight Commission has been established by the State to review the County's plans and approve expenditures for mental health programs as specified. The State Department of Mental Health also has a role in that it is the lead state agency for allocating the funds through contracts with the

counties.

The State of California is implementing MHSA incrementally. The allocation of funds is being done on a categorical basis with Community Services and Support Plans being the first to be funded (i.e., Community Services and Supports for Children, Transition Age Youth, Adults, and Older Adults.

Sacramento County is tentatively scheduled to receive approximately $9.6 million in MHSA funds for a Community Services and Support Plan the first full year, FY 2005/2006, with a one percent increase in FY 2006/2007, and six percent increase in FY 2007/2008. There is no sunset clause, so the increased funding is expected to continue in perpetuity (unless the Act is changed or repealed, or if personal incomes drop for people who earn over $1 million per year). It should be noted that for FY 2004/2005, Sacramento County's allocation was $384,385 for the community planning process.

For the FY 2005/2006 to FY 2007/2008, MHSA provides that a portion of the funds must also be used for the following.

- Ten percent to a trust fund to be spent for education and training programs as specified.
- Ten percent for capitol facilities & technological needs as specified.
- Twenty percent for Prevention and Early Intervention programs (this amount can be increased).
- Five percent for innovative programs.

Overall, the County may receive $20 million annually from MHSA, but the State has yet to make a final determination on the allocation of funds for most of the above categories.

Sacramento County's Planning Efforts

MHSA requires an extremely extensive community based planning effort with the involvement of local mental health services consumers and families. The process being used to develop the Community Services and Supports Plan consists of stakeholders developing recommendations that were reviewed by task forces and sent to a steering committee for further review, sifting, modifications, and prioritizing. Steering committee recommendations will be the basis for the plan the Director of Health and Human Services will forward to the State through the Board of Supervisors. (Attachment 2 Sacramento County Wide Planning Process.)

A snapshot of key elements of the planning process includes:

- A February 16, 2005 Kick-off event. The purpose was to engage and familiarize stakeholders with the Mental Health Services Act, and receive input from them. According to reports from the County, almost 300 stakeholders attended the full-day event. Obtaining information for the "Plan-to-Plan" funding request (the $384,385 awarded to help Sacramento prepare its Community Services and Supports Plan) was a major component of the event.
- Training. Sacramento County conducted numerous training sessions for stakeholders throughout the area. Training included providing information about MHSA to

stakeholders and an overview of the mental health system. In the City, training sites included Granite Regional Park, Crest Theater, Oak Park Community Center, Antioch Church in Meadowview, and Roberts Family Development Center. Completing a training session was a pre-requisite for stakeholders being allowed to vote to prioritize or rank proposals.

- Orientation Meeting. An orientation meeting was held at the County Administration Building in May. This session was designed to orient stakeholders on the structure and process they would use in making mental health program and/or service recommendations for the Plan. Also covered were the roles and responsibilities of stakeholders.
- Steering Committee. A steering committee was created to help guide the project, including assisting task forces and stakeholder groups that were also being created. The Steering Committee responded to a number of policy, procedural and process questions from those groups. The City of Sacramento was represented on the committee with Police Chief Al Nájera as a member. Lt. Ken Bernard participated as his alternate.
- Task Forces. Four task forces were created to obtain and provide input, and to help manage and assist the stakeholders groups (including reviewing and commenting on their recommendations). The Task Forces were also responsible for independently scoring and ranking recommendations. The four task forces are:
    - Children and Transition Age Youth Task Force
    - Adult and Transition Age Youth Task Force
    - Older Adult Task Force
    - Cultural Competency Task Force
- Stakeholder Groups. Thirty-six (36) stakeholder groups met on several occasions to develop program and service recommendations. An extensive effort was made to insure the groups were diverse with a broad representation of consumers and families. The following list contains examples of several stakeholder groups that developed, scored and ranked recommendations.
    - Children's issues: Juvenile Justice, Schools, Youth Culture, Birth to Five, etc.
    - Adult issues: Employment / Vocational Services / Education, Law Enforcement, Homeless and Housing, Board & Care / Board & Room, etc.
    - Older Adult issues: Mental Health and Co-Occurring Disorders, Frail, Homebound, Isolated (& Other Elderly).
    - Cultural Competency issues: the Latino Community, Lesbian, Gay, Bisexual, Transgender, Disabled Stakeholder Group: Emphasis Visually Impaired, African-American Community, Small Refugee Populations, Russian/ Ukrainian/ Slavic, etc.

Timeline

The Community Services and Supports Plan is currently scheduled to be submitted to the State on November 14, 2005. Attached is a draft timeline (Attachment 3), illustrating key

action items to be completed prior to submission of the Plan. Public review of the draft plan and public hearings on the plan is being scheduled. Tentatively, public review is scheduled for September 5 – October 6, 2005.

Role of the City of Sacramento

MHSA does not specify a role for cities relative to the development or approval of Community Services and Supports Plans. Therefore, there is no official role for the City of Sacramento in the approval of the plan (some of the recommendations may require action by the City or the Sacramento Housing and Redevelopment Agency in order to be implemented within the City boundaries). Nevertheless, the City is a stakeholder and can make recommendations and comments along with other stakeholders. In that regard, it should be noted that the Chief of Police is a member of the Steering Committee representing all law enforcement in Sacramento County. City and SHRA staffs have also participated in some Stakeholder Group meetings.

There are at least four upcoming opportunities for the Council to provide input on the plan prior to submission to the State. The first opportunity is in response to the presentation of this report. Second, the Board of Supervisors is tentatively scheduled to review a draft of the plan on September 5. As indicated above, it is anticipated that a public review period would follow, lasting approximately 30 days. During that time period, staff could return to Council with a copy of the draft plan to seek input from the Council. Third, the Mental Health Board is also tentatively scheduled to hold public hearings in October 2005. That would present another opportunity for City/Council input. Lastly, the Board of Supervisors is tentatively scheduled to approve the plan in early November and would be a final opportunity for City input to be heard prior to the submission of the plan to the State.

In addition, the City could actively participate in meetings held by the Oversight Commission, when they review and approve the County's plan. It should be noted that former Assemblymember Steinberg is the Chair of the State Oversight Commission.

Proposals of Special Interest to the City of Sacramento

According to County staff, stakeholders developed 120 recommendations/proposals and all were referred to the four task forces and Steering committee. Two of the recommendations are attached to this staff report for information (Attachments 4 & 5). Both were well received by evaluators, ranking in the top spots on the list of recommendations (Attachments 6 & 7 are the two ranking lists as submitted by the Steering Committee). The two recommendations are summarized below.

- Psychiatric Emergency Response Team. It has been recognized for several years by Sacramento law enforcement and the mental health community that there is a need for improved methods of response by law enforcement to calls involving the mentally ill and homeless (who frequently have mental health issues). Prior to the passage of Proposition 63, a committee had been formed by representatives from the Police and Sheriff's Departments, County Mental Health Services, and community providers and members to discuss ways to address this issue. After researching several programs nationwide, it was determined that the Psychiatric Emergency Response Team (PERT) model, which teams mental health workers with selected, specially trained officers,

would be most beneficial for the Sacramento area. These teams work in the field handling dispatched calls involving the mentally ill, and when time allows, perform follow-up and/or check-ups on those consumers most in need. This model has been in place for several years in other communities (such as San Diego and Long Beach) and is considered one of the most effective mental health/law enforcement program models. With a trained clinician on-scene with an officer, mental health consumers receive more beneficial assistance which often de-escalates potentially dangerous situations, leads to fewer unnecessary hospitalizations and a reduction in injuries to the mentally ill and officers. Also, patrol officers, relieved of these calls by PERT teams, are able to return to regular patrol duties more quickly. The recent MHSA prioritization process determined the PERT program to be the top system development recommendation.

- Housing Availability & Options Capital Funding Proposal. This recommendation was developed based on a suggestion from former Assemblymember Steinberg. It suggests bonding a portion of the anticipated MHSA revenue stream (up to 10 percent of the funds), to create housing targeted for individuals with psychiatric disabilities who are homeless or at the risk of being homeless. It is widely recognized that safe, decent, and affordable housing is a vital part of an individual's mental health and without housing it is often difficult to address a mental health client's other needs. Although this proposal is still in the conceptual stage, the concept is to bond against up to 20 years of this revenue stream to capitalize up to $40 million. These bond funds could further leverage other public and private resources up to $70 million in order to develop up to 600 housing units. In order to develop these housing units a source of operational/rental subsidy is necessary either from the MHSA or other sources.

Financial Considerations:

Although the numbers are not firm, Sacramento County is expected to receive approximately $20 million per year through MHSA. Funds are also expected to increase approximately seven percent annually.

Environmental Considerations:

None required

Policy Considerations:

There are no policy considerations at this time. However, the City is a stakeholder and can make recommendations and comments to the Sacramento County MHSA plan. The City Council may also request to hear the "draft" plan prior to submission to the State of California and weigh in with additional recommendations, which may need policy consideration.

Emerging Small Business Development (ESBD):

No goods or services are being purchased under this report.

Respectfully Submitted by: _____
Gary L. Little
Area Director

_____
Albert Nájera
Chief of Police

_____
Anne M. Moore
Executive Director
Sacramento Housing and Redevelopment Agency

Approved by: _____
Richard J. Ramirez
Assistant City Manager

FOR CITY COUNCIL INFORMATION:

_____
ROBERT P. THOMAS
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