

**Update on Sacramento County Adult Mental Health Service Delivery System
Stakeholder/Community Input Meetings**

| Name | Type | Date | Location |
|--|-----------------------------|--|--|
| Mental Health Board | Stakeholder/Community Input | Wednesday, October 3, 2012 6:00 p.m. Business Meeting | SETA Building 925 Del Paso Blvd. Sacramento, CA 95815 |
| Mental Health Board | Stakeholder/Community Input | Wednesday, November 7, 2012 6:00 p.m. Business Meeting | SETA Building 925 Del Paso Blvd. Sacramento, CA 95815 |
| Human Services Coordinating Council | Stakeholder/Community Input | Thursday, October 11, 2012 Noon-2:00 p.m. | DHA Building Conference Room 58 2700 Fulton Ave. Sacramento, CA 95821 |
| Human Services Coordinating Council | Stakeholder/Community Input | Thursday, November 8, 2012 Noon-2:00 p.m. | DHA Building Conference Room 58 2700 Fulton Ave. Sacramento, CA 95821 |

FEDERAL LAWSUIT SETTLEMENT AGREEMENT INTRODUCTORY SUMMARY

Sacramento County has reviewed and considered all aspects of the Consent Decree issued by the United States District Court for the Eastern District of California on January 23, 2012. The following response to the court addresses each component of the negotiated agreement. Prior to December 31, 2012, the County, as stipulated by the decree, will complete all agreed upon stakeholder/community input meetings to receive public comment on this review of its existing adult system of care. Such input will be considered carefully and presented to the court.

As part of reviewing its existing Adult System of Care in its entirety, Sacramento County considered the May 10, 2011, report by Dr. Nancy Callahan. A review was also conducted of programming that became operational in 2009 that incorporated many of the recovery-oriented vision and goals held by the two parties to this Decree. Such programming includes a continuum of care that is embedded in the spectrum from prevention and early intervention to acute and sub-acute care needs of adult consumers of mental health services.

Below is a summary of the County's initial response position on each of the Consent Decree's required elements (italicized sections reflect the items in the Consent Decree):

- (1) *“Develop a plan for providing a continuum of care through county-operated and funded adult outpatient mental health system and develop a plan to consolidate the two County outpatient clinics. (4 a, b)*

The County attaches a visual diagram that demonstrates the existence of an adult continuum of care. This continuum starts with prevention and early intervention programs and reaches into the acute and sub-acute service system. The County believes that service needs change and its capacity is measured across this continuum, not solely in one sector at any given time.

The County has moved forward with consolidation of its two County outpatient clinics. Action on this consolidation process is in progress and will result in one clinic located at the 2150 Stockton Boulevard complex once building renovation is completed.

Several other system recommendations are part of the Consent Decree Item 5 for consideration and decision. Below is County's itemized response to each element:

- (2a) *“Modify the intake system so that existing providers can conduct intake assessment for easy access to services” (5a)*

The County has considered this item and has determined that maintaining control of managing its access points is critical to ensure distribution of care to all residents. The County's reasoning on this is based upon the fact that the

County's Adult Continuum of Care consists of multiple entry points through which access to services is provided to a community with varying and diverse needs. The County is responsible for all these access points. It is anticipated healthcare reform efforts at the State and Federal level will impact specialty mental health services over the next few years in dramatic and unpredictable ways. The County maintains the responsibility at the local level to manage its capacity and monitor its access and utilization of its service network. There are opportunities to expedite and improve access and coordination of care through its implementation of the Electronic Health Record (EHR) currently being implemented in its behavioral health system. The County will continue to look for efficiencies in providing access to persons with mental illness at all parts of its system. The County also recognizes that access will be critical in planning for implementation of healthcare reform.

(2b) Increase the use of the Wellness and Recovery model and provide training on this model to existing contract and County providers (5b)

The County agrees with this recommendation. Its commitment to this goal is demonstrated through its incorporation of this model into training and into the development of new programs and services.

(2c) Increase, to the extent of available funding, the use of peer staffing/volunteers at the existing contract and County providers (5c)

The County agrees with this item and demonstrates through its new programming the continued attention to and expansion of this area. The peer partner program funded by Mental Health Services Act dollars has been expanded to both county-operated clinics. When the clinics consolidate, this level of peer support will remain. The County will continue to expand the use of peer staffing/volunteers as funding becomes available and opportunities present.

(2d) Increase collaboration between outpatient and inpatient mental health providers (e.g., Create a system to give immediate notification to outpatient providers when their clients are hospitalized) (5d)

The County has already taken multiple and wide-ranging steps to enhance this outpatient/inpatient collaboration. Of significance, the development of an Intake and Stabilization Unit (ISU) in Fall 2012, the development of the Community Support Team, and the development of the Electronic Health Record (EHR) will ensure that this collaboration remains a focus of attention.

(2e) Develop a 24 hour welcoming line or "warm line" staffed by persons with lived experience. (5e)

The County has implemented a variety of strategies to address this recommendation. These strategies include an expansion of the 24-hour Suicide Prevention Hotline and the development of the Intake and Stabilization Unit (ISU) to meet the community need in this area. New programming addresses the creation of warm lines or welcoming strategies appropriate to the county's large

and diverse community. The Prevention and Early Intervention programming includes the 24-hour crisis line and nine Supporting Community Connections (SCC) programs that provide community specific supports and services. To continue to inform this process, these programs conducted community needs assessments that addressed community acceptance/appropriateness of a warm line or phone support service. The findings of this assessment will further inform development of warm line capacity and enhance the Adult Continuum of Care in a partnership with community stakeholders and behavioral health providers.

Sacramento County is committed to considering these recommendations as funding opportunities develop to continue to build a robust recovery-oriented culturally responsive system of care for adults with mental illness. Sacramento County will utilize its Mental Health Board as the anchor and forum for its community input process in addition to presentations at the provider locations as delineated in the settlement agreement. Additionally, the Human Services Coordinating Council will receive stakeholder/community input.

ADULT MENTAL HEALTH SERVICE CONTINUUM (FY 2012-2013)

