A MESSAGE FROM COMMUNITY LEADERS

Earlier this year, President Obama stood in the White House and issued a call to action to communities across the country. He called on our nation to elevate the conversation on mental health, to combat stigmas, to educate our communities and to increase access to mental health treatment. On July 20th, Sacramento was one of the first cities in the country to answer President Obama’s call. A highly diverse audience with a large contingent of youth came together to have a frank conversation about a difficult topic: mental health and mental illness.

The most challenging conversations can often be the most rewarding. Participants spent hours finding ways to break through barriers and to develop recommendations to improve mental health in our community – especially for the youth of Sacramento. And over the past few months, we have worked closely with the community to refine these recommendations into an action plan, addressing the significant mental health challenges in the region. These efforts have created the Sacramento Mental Health Action Plan: *Breaking through Barriers on Mental Health.*

Investing in mental health care services is of the utmost importance, and this action plan allows our region to build on successful efforts taking place in Sacramento and remain a leader in breaking down barriers. While the July event was an important step and the following months have been essential in navigating an action plan, there is still work to be done. We need to make seeking treatment for mental illness the same as any physical illness, which is why we will continue to advocate and work toward full parity for mental health, leveling the playing field in the delivery of health care and mental health services.

Each of us knows someone who has struggled, is struggling, or will struggle with mental health issues. Whether it is a friend, a neighbor, or a family member, mental illness impacts us all in some way. This action plan is set to help bring mental illness out of the shadows and to understand how we can respond to a common set of human conditions. Our region is at a crossroads for mental health and moving forward, we will be working with our partners and community stakeholders to implement this plan.

Thank you to all who have worked tirelessly to improve our region’s mental health care system and to those who will move us forward with the implementation of this plan.

Sincerely,

Chet P. Hewitt  
CEO, Sierra Health Foundation

Mayor Kevin Johnson  
Sen. Darrell Steinberg  
Rep. Doris Matsui
The rich diversity of Sacramento came together on July 20, 2013, to develop community solutions that will break through barriers on mental health.

Participants spent six hours finding ways to break through barriers and to develop recommendations to improve mental health in our community, especially for the youth of Sacramento. Of the 350 participants in the room, 30% were youth ages 14 to 24 – more than 100 youth on a hot sunny day in Sacramento.

In the weeks since the daylong event, members of the community have volunteered to refine the recommendations so that over the next 12 to 18 months, real progress can be made on access to mental health services.

The result, combined with strong support from community leaders, is a detailed action plan with a set of strategies listed in these pages.

In the 50 years since the passage of the Community Mental Health Act from President Kennedy, and the passage of Proposition 63 Mental Health Services Act (MHSA) in California in 2004, significant strides have been made in promoting mental health programs.

But what makes the topic of mental health so compelling and challenging is that we still struggle to talk about mental health, to support those who need help, and to find the best ways to respond to troubling situations that involve mental health problems.

Mental health continues to be a subject that is often relegated to the shadows, where individuals suffer in silence and families cope with how to find effective treatment solutions. The challenges are even more significant in Sacramento with its cultural diversity and where many cultures find language barriers and discrimination in treatment services.

As one of the lead cities to answer President Obama’s call, Sacramento is committed to building a partnership among schools, providers, community organizations and funders to implement a plan that will put Sacramento at the forefront of community-based mental health solutions.
Scope of the Action Plan:

The scope of this plan is larger than can be accomplished in a year or even two years. Its intent is to galvanize action in significant areas of opportunity that bridge barriers and cross community groups. The strategies in the plan will be prioritized as the process moves forward and we identify important commitments from the region.

The plan is a starting point and is intended to complement excellent and existing work already being done in the region. The county has built a good base of programs for children and youth that can be built upon. The schools have formed a Student Mental Health and Wellness Collaborative that provides a foundation to implement recommendations.

The Action Plan is based on a unique and continued interest to engage the community and youth to carry it forward. The spirit of community engagement is what started this effort and it is what will sustain it.

“We in the community who have lived through mental health challenges are your champions; we will help lead this effort!”

….a woman said at the community briefing.
On Saturday, July 20, 2013, more than 350 Sacramento County residents, Yolo County residents, community leaders, public officials and guests joined Mayor Kevin Johnson, Senator Darrell Steinberg, Congresswoman Doris Matsui and Assembly Member Roger Dickinson at the Sacramento Convention Center for the National Dialogue on Mental Health. At this Creating Community Solutions event, participants worked together to envision a community action plan focused on addressing mental health needs.

The following three goals set the context for the meeting and for continued work to carry the recommendations forward:

a. Get Americans talking about mental health to break down barriers and promote recovery and healthy communities

b. Find innovative community-based solutions to mental health needs, with a focus on helping young people

c. Develop clear steps for communities to move forward in a way that complements existing local initiatives and activities

The flow of the day was designed to explore how the Sacramento region can work together to accomplish the three goals. Discussions focused on mental health in the community, key challenges and barriers, solutions that focused on youth and action steps.
Updated materials and reports from the July 20th event and the action planning process: Please visit the web site at: http://creatingcommunitysolutions.org/event/creating-community-solutions-sacramento-ca

1. **Summary Meeting Report:** Synopsis of the voting and recommendations of the day.

2. **Detailed Report on the Sacramento Mental Health Dialogue:** Analysis of the voting patterns during the July 20th event. Voting is separated between youth and adults, and service providers and non-service providers.

3. **Discussion Guide and Materials:** The background materials that are used to assist in the discussions.

Since July 20th, the executive team, content experts and a community action team have been working together to support more detailed analysis of the recommendations and to develop them into a community action plan. For a list of the Executive Committee members, content experts, and Action Planning Team participants, please see the Acknowledgements Section.

Only 40% of people with mental illness receive treatment.

**Wellness-Illness Continuum**

- High Level Wellness
- Growth
- Resilience
- Awareness
- Signs
- Symptoms
- Disability
- Reduced Lifespan

**Ages When Some Mental Disorders Can Start**

- **Infancy-5 Years**
  - Attention Hyper Activity Disorder
  - Autism
- **5-10 Years**
  - Anti-social Behavior
  - Conduct Disorder
  - Depression
  - Anxiety
- **10-13 Years**
  - Drug Abuse and Addiction
  - Eating Disorders
  - Obsessive Compulsive Disorders
- **13-20 Years**
  - Schizophrenia
  - Social Phobia
  - Panic Disorder
  - Bipolar Disorder
The following are the key action planning strategies that are the building blocks for the Sacramento Action Plan on Mental Health:

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<td>Continue the mental health conversations through use of media and materials from the day of dialogue in community centers, schools and nonprofit organizations.</td>
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<td>3</td>
<td>Create a broad-based effort to identify the early signs and symptoms of mental health problems through schools and related community programs.</td>
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<td>Develop a youth-based social media campaign to encourage youth to get involved in addressing mental health issues.</td>
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More than 45 million adults have some mental illness.

Stigma can cause up to 60% of those with mental illness not to seek treatment.

Half of the cases of lifelong mental illness begin by age 14.
BARRIERS AND CHALLENGES

The ability to make progress on mental health will depend on our ability to address the key barriers that prevent people from seeking the treatment and support they need. These challenges can be grouped into three categories:

a. **Attitudes and Beliefs**: Including how our attitudes toward mental health lead to stigma and discrimination; how bullying affects our young people and leads to mental health problems; how cultural bias and language barriers reduce access to effective treatment; and how bias toward sexual orientation can influence an individual’s health and wellness.

b. **Economic Impacts and Untreated Mental Conditions**: Including how poverty increases the rate of mental illness; the impact of homelessness on rates of treatment; and how people in the criminal justice system have high rates of mental illness and substance abuse problems.

c. **Serious Mental Health Conditions**: Including how repeated trauma increases the risk for mental health problems; how suicide remains a persistent problem for youth; and how drugs and alcohol continues to co-occur with mental illness and make it that much more difficult to treat.

An additional challenge is affordability and access to effective treatment options. People with mental and substance abuse disorders have historically had higher rates of being uninsured. While the Affordable Care Act will enable many uninsured with mental health and substance abuse problems to obtain health coverage, it remains to be seen whether it will create increased access to services. With a renewed focus on early identification of mental health challenges, there is potential to put greater stress on a service delivery system that is constrained by limited funding.

This action plan recognizes that moving forward on mental health requires addressing these barriers by:

a. **Continuing the Conversation**: There continues to be a need to hold community conversations that will explain the facts about mental illness, educate about how to address the issues and normalize mental health conditions in such a way that there is no discrimination or bias toward those struggling with a mental health challenge.

b. **Addressing the Underlying Issues**: The strong relationship between mental health and fundamental economic issues stresses the need to link treatment for those who are low income and disadvantaged to job training, internships,
and educational settings that understand how mental health issues may impact employment. Focus on these types of programs need to positively address mental health issues in the workplace, so as to maximize the work experience.

c. **Supporting a Continuum of Care:** There is a broad patchwork of public and private programs in the county and a varied system of access to navigate the available services. Excellent work has been accomplished to create a system of care for children and youth, but continued effort needs to be made to ensure that there is “no wrong door” to effective treatment, especially for transition age youth who enter an adult system with unique needs.

**Selection of Strategies**

The Executive Committee has refined the recommendations from the July 20th meeting with the assistance of the Action Planning Team to develop a set of strategies that can make a difference for youth and mental health needs in Sacramento over the next 18 months and beyond.

The selection of the strategies was based on the following criteria:

- Aligns with the recommendations of the day of dialogue
- Opportunity to achieve success within the next 12 to 18 months
- Local commitment to support the development of the focus area
- Area of innovation, pilot project, with potential scalability
- Planning support will be beneficial

The strategies align directly with the recommendations from the July 20th dialogue with some additional emphasis. We believe it is important to continue to build leadership for mental health initiatives in Sacramento, and that our focus should be more upstream, emphasizing early identification and prevention rather than developing treatment services.

The following strategies represent our action plan elements and milestones.
1. Capitalize on the momentum from the dialogue to build leadership and support for mental health.

The dialogue on mental health has raised greater awareness about the needs and opportunities to improve mental health in the region. The question is how to build on the momentum and political leadership that has been demonstrated into a longer-term effort that will support the action planning. Fortunately, foundations that have funded the dialogue have stepped up to support an 18-month effort to guide the implementation of the action plan. The following activities are moving the action plan forward in the coming months:

a. Utilize funding support from the foundations to create additional leadership and support with existing County and Mental Health Partnership leadership.

b. Submit a Request for Proposals to interested organizations that will support the leadership and implementation of the Action Plan. Organization to be selected and in operation in January 2014.

c. Decision-making and support for the action plan will continue with the Executive Committee and funders. Tom Campbell from AmericaSpeaks will continue to provide facilitation support and linkage to the National Dialogue on Mental Health – Creating Community Solutions.

d. Continue to further the recommendations and strategies from the day of dialogue by participating in related processes including the Mental Health Partnership and the county public comment process on MHSA funding priorities.

e. Engage youth and the community to build leadership and support for the Action Plan.

f. Milestones:
   i. Selection of organization to continue the work for implementation of the Action Plan.
   ii. Prioritizing the recommendations to facilitate implementation.
   iii. Completion of milestones for the project in the strategies listed below in the Action Plan.
2. **Continue the mental health conversations through use of media and materials from the day of dialogue in community centers, schools and nonprofit organizations.**

The July 20th discussion was an inspiring event for those who attended and helped develop a renewed sense of optimism to improve mental health in the community. Fortunately, the event was taped and developed into an hour-long program that can be used by schools and community groups to further the conversations.

a. Develop the July 20th mental health dialogue into a program that can be used by a wide variety of schools, groups and community organizations.

b. Consult with potential users and network providers to test the interest and use of the program, and make modifications that will enable it to be used in a variety of settings. Review materials with CalMHSA.

c. Advertise the program through various community networks and channels.

d. Link the work in the community conversations to the national Creating Community Solutions efforts and to the community action team planning.

e. **Milestones:**

   i. Extent of use of the mental health dialogue materials and programs.

   ii. Reports from those conversations to influence community actions and beliefs about mental health.
3. **Create a broad-based effort to identify the early signs and symptoms of mental health problems through schools and related community programs.**

A significant treatment gap exists between those who have mental health challenges and those who seek treatment. Often youth are not aware of the signs and symptoms, nor are their parents and teachers. In other cases, youth and/or parents do not feel safe to disclose concerns for fear of stigma and shame. Mental health and wellness is an important aspect of education if youth are to be successful in schools. Research is indicating that the signs and symptoms of mental health challenges can be identified at even earlier ages, such as age five, and that early identification of emerging problems can lead to greater success in treatment. Trauma-informed care is increasingly influencing how youth are evaluated for underlying experiences that have a high correlation to mental health problems.

- **a.** Evaluate the most effective early identification and training programs, such as youth mental health first aid and trauma-informed care and education.

- **b.** Select a training program with proven outcomes that can be effectively scaled through selected school districts. Examine the experience and costs from the Mental Health First Aid partnership in the Central MHSA Region, as well as the current Mental Health First Aid Training being undertaken between Sacramento County Behavioral Health Services and Sacramento County Office of Education.

- **c.** Ensure that the early identification training program is culturally competent for non-English speakers.

- **d.** Develop a proposal with selected school districts to expand early identification effort.

- **e.** Examine the feasibility of linking current efforts to address bullying, violence reduction, suicide prevention, and stigma into a more integrated campaign to create positive and safe avenues for mental health services.

- **f.** **Milestones:**
  - i. Analysis of existing early identification program and a proposal to expand/enhance existing early identification programs.
  - ii. Number of staff trained in early identification efforts.
4. Develop a youth-based social media campaign to encourage youth to get involved in addressing mental health issues.

The potential of youth-generated media to influence the perceptions of other youth is significant. Communication between youth is powered by digital media in ways that can be both positive and harmful. The youth media campaign leading up to the July 20th dialogue was insightful and reached youth that would not have otherwise heard of the event. There are a wide variety of social media campaigns on stigma, bullying and suicide prevention that are running in the community. There are a wide variety of messages in the mental health campaigns. Youth speaking to youth can take the messages from the July 20th event into an audience that has been seeking positive peer support models. A youth media campaign can provide a connection to needed support and access to services in the region. As part of the youth involvement, there can be an important opportunity to increase youth leadership for mental health.

a. Review current social media platforms related to mental health and determine best methods for collaboration and enhancement of youth-related content.

b. Develop plan for development of youth-involved content including cultural communities’ involvement. Develop positive and consistent messages to link to services and support.

c. Outreach to promote media distribution through the schools, public broadcasting, private media, etc. Work to leverage in kind services (i.e., public service announcements, donated media time or web real estate online) or funding to support the distribution of the work.

d. Engage and build youth leadership and capacity to lead efforts to promote early identification, effective mental health discussions and access to services.

e. Milestones:

i. Meeting with social media and mainstream media providers to evaluate opportunities for collaboration.

ii. Development plan for youth-generated media.

iii. Reach of youth social media in metrics such as web views, etc.
5. **Integrate behavioral and mental health more directly into primary health care services at health care clinics, schools, and in colleges.**

Mental health services are often a separate system in the health care field. However, one of the most important gateways for screening and referral for mental health is in the primary care clinics and in student health centers in schools and colleges. The responsiveness of these platforms for the early identification of signs and symptoms and the integration of behavioral and mental health services in these settings is vital to making progress in Sacramento. The implementation of the Affordable Care Act provides additional coverage for mental health, and the parity of payment for mental health services with health care indicates the need to provide a more seamless and integrated system of care.

   a. Review the opportunities to work with primary care clinics and pediatricians to learn more about their attitudes, beliefs and interest in working closely on mental health needs.

   b. Identify local champions and examples for integrating mental health and health care services.

   c. Create and distribute a list of existing mental health programs/services to increase efficiency and access to referrals.

   d. Develop educational materials to inform primary care providers about the latest research and opportunities to provide integrated mental health services.

   e. Determine the level of interest to engage in a training and technical assistance process to integrate mental health and primary care services.

   f. Develop and deliver training and assistance to clinics willing to work toward integration of services.

   g. **Milestones:**

      i. Needs assessment for integration of mental health and health care services.

      ii. Development of educational materials and research on the opportunities and benefits of integration.

      iii. Level of engagement of health care clinics in the process of integration.
6. Establish reliable and up-to-date systems to navigate access to mental and behavioral services.

One of the most important recommendations from the day of dialogue was the need for service navigators that will help individuals seeking services to locate appropriate treatment. It is one thing to focus on early identification of signs and symptoms and it is another to find treatment that matches those needs. Mental health can be a complex set of services and coverage, for those services can be complicated, especially given different levels of insurance packages. Treatment needs to be responsive to the development needs of children and youth, to the type of presenting condition and effective practices, and to cultural requirements. Support for a reliable process for navigating the system of mental health services can help promote greater access to services.

a. Review the need and plan for service navigators and referral services in the public and private mental health system. Work closely with existing access services to determine the need and potential solutions.

b. Assess implications of Affordable Care Act on access to mental health services and implications for workforce supply and capacity.

c. Develop a more comprehensive plan and need for service navigation and access to services.

d. Create a toolkit and online guide to access to services and provide them to schools, community organizations and clinics.

e. Milestones:

   i. Assessment of need for service navigators and access to service programs

   ii. Understanding of workplace supply and capacity and potential gaps in services.

   iii. Plan for improvement of service navigators and toolkit to enhance service navigation.
7. **Develop a more focused system of care for transition age youth, ages 18 to 24, and ensure greater linkage to the employment and training system.**

The challenges for transition age youth with mental health conditions are significant. As they become of legal age at 18, they age out of MediCal eligibility and it can become difficult to find benefits. In addition, they may have more limited family and system support, especially for young mothers and families. It can also be difficult to get help meeting social development milestones. There needs to be a greater focus on services to transition age youth and their unique needs. This will assist in preventing or reducing more severe mental health issues in adult life and provide greater opportunities for these youth to have fulfilling and productive lives as adults. Recommendations from the day of dialogue were to create a more direct linkage to the education and training system and more entry-level job training opportunities. In addition, they wanted help with service navigation and peer support.

a. Review various county approaches and best practices that are specifically targeted to transition age youth.

b. Develop needs assessment on transition age youth services related to behavioral health and early identification of mental health needs.

c. Convene key transition age youth funders and agencies, especially employment and educational institutions to determine areas of opportunity, and draft a system of care to meet their specific needs.

d. **Milestones:**

   i. Needs identification for transition age youth

   ii. Listing of some best practices to address transition age youth mental health challenges and needs

   iii. Draft system of care for transition age youth.
8. **Ensure all services meet standards for cultural and language competencies.**

The diversity of Sacramento requires that all services and offerings meet standards for cultural and language competencies. Work going forward on the action plan needs to be sensitive to this so all work meets standards to ensure that groups can access materials, so that implementation is inclusive, and that ethnic communities are included in the work. Action planning cannot go forward if groups are left out or if there is not appropriate access to services. The real work in cultural competencies is in its implementation, and it is our intent that action planning can be responsive to cultural needs of our community.

a. Regroup with ethnic and cultural groups who attended the July 20th event to share results and encourage their continued participation for the implementation of the action plan.

b. Review existing Culturally and Linguistically Appropriate Services (CLAS) and other culturally relevant standards and determine whether areas of implementation could be strengthened or enhanced.

c. Research models of strong culturally competent community mental health and consider their application locally.

d. **Milestones:**

   i. Ethnic/cultural community groups reconvene
   
   ii. List of areas of standard improvements
   
   iii. List of innovative cultural competency models/programs
CONCLUSION

This work will be more successful when the broader community, especially our youth, get involved in taking these recommendations forward. The goal is to generate significant new partnerships and resources that will indeed break through barriers in mental health in Sacramento.

The first step is to be aware of symptoms and life situation. Then, get treatment.
This effort has been generously funded by four California health foundations: Sierra Health Foundation, The California Endowment, Blue Shield of California Foundation and The California Wellness Foundation. The project is managed by the Center for Health Program Management.

The following people and organizations have dedicated time and effort toward the development of the Sacramento day of dialogue and the resulting Action Plan:

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Cassandra Jennings – Mayor Kevin Johnson’s Office
Karen Ziebron – Senator Darrell Steinberg’s Office
Kari Lacosta – Congresswoman Doris Matsui’s Office
Sherri Heller – Sacramento County Department of Health and Human Services
Dorian Kittrell – Sacramento County Division of Behavioral Health Services
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Center for Health Program Management

With offices in Sacramento and Merced, California, the Center for Health Program Management was developed by Sierra Health Foundation at a time when nonprofits and public agencies throughout California faced diminishing resources and a rapidly increasing need for their services. Operating as an independent 501(c)(3) nonprofit, the Center brings people, ideas and infrastructure together to create a collective impact that reduces health disparities and improves community health for the underserved living in California. Leveraging leadership, operational and funding support from Sierra Health Foundation and its partners, the Center establishes investment partnerships with public and private funders; community members; community organizations; national, state and local government agencies; nonprofits and businesses.

The Center for Health Program Management’s vision is for all people in California to live healthy lives. With commitment, creativity and collaboration, the Center will work to promote efforts to eradicate health inequities across the state, with a special focus on the San Joaquin Valley. Visit www.SHFCenter.org for more information.