# Strengthening Sonoma County's Mental Health System of Care: The Role of the Mental Health Services Act



"Wellness Center People" - Artwork by Alexis Wilson

2014-2017 Mental Health Services Act Integrated Plan & Annual Update for 2012-2013



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#### MHSA COUNTY COMPLIANCE CERTIFICATION

Sonoma County

Country/City.	Annual Update	
Local Mental Health Director	Program Lead	
Name: Michael Kennedy	Name: Amy Faulstich	
Telephone Number: 707-565-4896	Telephone Number: 707-565-4823	
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Local Mental Health Mailing Address:		
3322 Chanate Road Santa Rosa, CA 95404		

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 June 24, 2014

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 tru	ie and correct.	
Michael Kennedy	M. L.	7/7/14
Local Mental Health Director (PRINT)	Signature	Date \' / /

### MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION<sup>1</sup>

County/City: Sonoma County

<u>r</u>	Annual Opdate
X	Annual Revenue and Expenditure Report
Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Michael Kennedy	Name: David Sundstrom
Telephone Number: 707-565-4896	Telephone Number: 707-565-3285
E-mail: michael.kennedy@sonoma-county.org	E-mail: david.sundstrom@sonoma-county.org
Local Mental Health Mailing Address: 3322 Chanate Road Santa Rosa, CA 954	
Report is true and correct and that the County has complie or as directed by the State Department of Health Care Serv Accountability Commission, and that all expenditures are concept (MHSA), including Welfare and Institutions Code (WIC) of the California Code of Regulations sections 3400 and 3 an approved plan or update and that MHSA funds will only located that the Country in the Country Indiana.	consistent with the requirements of the Mental Health Services sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 3410. I further certify that all expenditures are consistent with be used for programs specified in the Mental Health Services ith an approved plan, any funds allocated to a county which are a specified in WIC section 5892(h), shall revert to the state to re years.
expenditure report is true and correct to the best of my known Michael Kennedy  Local Mental Health Director (PRINT)	
30, 2013 I further certify that for the fiscal year end recorded as revenues in the local MHS Fund; that County/O by the Board of Supervisors and recorded in compliance with	nd that the County's/City's financial statements are audited dit report is dated 12/20/13 for the fiscal year ended June
report attached, is true and correct to the best of my knowle	te that the foregoing, and if there is a revenue and expenditure edge.
David E. Sundstrom, CPA County Auditor Controller / City Financial Officer (PRINT)	Signature Date
<sup>1</sup> Welfare and Institutions Code Sections 5847(b)(9) and 5899(a) Three-Year Program and Expenditure Plan, Annual Update, and RER Cer	tification (07/22/2013)

#### Message from the Behavioral Health Director

I am pleased to present Sonoma County's 2014-2017 Mental Health Services Act (MHSA) Integrated Plan. Our plan was developed as a result of dedicated commitment from stakeholder representatives on our MHSA Integrated Plan Advisory Committee and from Behavioral Health staff. Since 2004 Sonoma County has created a comprehensive system of care under the implementation of the MHSA. Our MHSA programs and services provide a full array of culturally competent services across the lifespan in communities throughout Sonoma County.

The Behavioral Health Division (BHD) has undertaken the integrated planning process to strengthen and enhance existing MHSA services. Sonoma's county-wide effort is to create a local mental health system that focuses on wellness and recovery. The BHD and community partners have created a system that is consumer, client and family member driven, culturally responsive and linguistically appropriate, promoting a vision in which recovery is possible.

The BHD was recently awarded a grant to expand our Mobile Support Team to reach the southern areas of Sonoma County. We also recently received funding to expand our reach into the high schools, Santa Rosa Junior College, and Sonoma State University as part of the Crisis Assessment, Prevention and Education (CAPE) Team.

BHD remains committed to our practice of involving a cross section of public and nonprofit partners in our planning process. We are also committed to continuing to diversify our workforce by hiring consumers and family members, and bilingual/bicultural staff.

In the next three years the BHD is committed to continuing to develop a system of evaluation and data collection for MHSA programs and services. We will be implementing the Sonoma Web Infrastructure of Treatment Services (SWITS) database for all PEI programs this year.

I want to give a special acknowledgment to the MHSA Integrated Plan Advisory Committee for their hard work in creating outreach plans for the community survey, and engaging stakeholders across the county that were reflective of diversity of the MHSA delivery system and its participants. I would also like to thank our MHSA Coordinator, Community Behavioral Health Section Manager, and other BHD staff who were invaluable in developing our three year plan. Finally, I would like to thank Harder+Company for their consulting services throughout the integrated planning process.

The Sonoma County Behavioral Health Division is looking forward to the future of our ever-evolving and expanding system of care. The BHD is always working towards the goal of increasing access and reducing disparities to behavioral health services for all residents of Sonoma County. This could not be accomplished without the spirit of collaboration that is strong in our county.

Best Regards,

Michael Kennedy, MFT Behavioral Health Director

#### Introduction

#### **Purpose of This Document**

The purpose of this document is twofold: To provide Sonoma County stakeholders with an overview of the direction of mental health services in Sonoma County for the next three years, and to report on the activities, services, and programs currently funded through MHSA for fiscal year 2012 - 2013.



"Perfect Circle"-Artwork by Seabreeze

#### **Mental Health Services Act History**

In the 2004 California election, voters passed Proposition 63, the Mental Health Services Act (MHSA), mandating a one percent increase in income taxes for individuals with incomes over \$1 million to expand mental health services. The passage of proposition 63 provided the first opportunity in many years for California to provide increased funding, personnel, and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults, and families. MHSA addresses a broad continuum of prevention, early intervention, service needs, and the necessary infrastructure, technology and training elements that will effectively support this system. MHSA challenges communities throughout California to utilize MHSA resources to support the transformation of our mental health systems.

Mental Health Services Act aims to create local mental health systems that are consumer and family member driven, focused on wellness and resiliency, hold a vision in which recovery is possible, and deliver culturally competent and linguistically appropriate services. MHSA facilitates change along a continuum of care that helps identify emerging mental illness and prevents it from becoming severe, to providing treatment for children, transition age youth, adults, and older adults through supporting mental health recovery. MHSA reinforces the importance of defining meaningful treatment outcomes and program performance measures as well as using appropriate data in making planning decisions. It encourages a culture of cooperation, innovation, and participation among diverse stakeholders and community members.

Since the passage of MHSA in 2004, Sonoma County has undertaken an ongoing, robust community planning process for each MHSA component. The process began in fiscal year (FY) 2005-2006 to plan for the implementation of the community services and supports (CSS) component of MHSA. In FY 2006-2007, Sonoma County, along with community stakeholders began to identify, workforce, education and training (WET) needs for the WET component. In FY 2007-2008 the MHSA housing plan was funded. In FY 2009-2010 the prevention and early intervention (PEI) planning process began. In FY 2010-2011, Sonoma's Capital Facilities and Technology Needs (CFTN) plan was finalized; and finally, in FY 2011-2012, the plan for Innovation was finalized.

Each of these planning processes involved countless stakeholders throughout Sonoma County. The stakeholders participated in various capacities, such as in community planning meetings, as questionnaire respondents, advisory committee members, focus group participants, request for proposal review panels, etc. These processes required enormous commitment of time and skill that only demonstrates the thought and care that went into each plan. These plans have ultimately resulted in the development of essential programs, activities, and services that make up Sonoma County's current mental health continuum of care.

#### **MHSA Today**

Today, Sonoma County has a well developed mental health system of care. It has been implemented in phases and has now been running as a full continuum of care for the past two years. These MHSA services, activities, and programs have been reviewed and approved by Sonoma County stakeholders each and every year. For an overview of these programs, services, and activities for FY 2012-2013, please refer to the Annual Update beginning on page 54 of this report.

MHSA has provided Sonoma County the opportunity to enhance new partnerships and to strengthen continuing partnerships with community-based organizations, and has supported inclusion of the voices of more consumer, family members, and un-served and underserved populations in the planning and implementation of mental health activities, programs, and services. As a consequence, Sonoma County residents now have a more accessible, integrated, comprehensive, and compassionate mental health system of care. At the foundation for the development of this system of care, Sonoma County continues to be driven by the following MHSA Guiding Principles:

- **Community collaboration**: Individuals, families, agencies, and businesses work together to accomplish a shared vision
- Cultural competence: Adopting behaviors, attitudes, and policies that enable providers to work
  effectively in cross-cultural situations
- Client- and family-driven system of care: Adult clients and families of children and youth identify needs and preferences that result in the most effective services and supports
- **Focus on wellness,** including recovery and resilience: People diagnosed with a mental illness are able to live, work, learn, and participate fully in their communities
- Integrated service experiences: Services for clients and families are seamless; clients and families do not have to negotiate with multiple agencies and funding sources to meet their needs

Sonoma County Behavioral Health Division uses a community driven Continuous Quality Improvement model as part of our community planning process. Continuous Quality improvement (CQI) is the complete process of identifying, describing, and analyzing strengths and problems, and then testing, implementing, learning from, and revising solutions. This is achieved beginning at the contracting process and is monitored ongoing through data and information submitted quarterly by MHSA contractors, and with updates and feedback from community stakeholders using formal and informal methods throughout the year. Sonoma County Behavioral Health staff and managers monitor outputs and outcomes with contractors and work with them to make necessary adjustments in real time, in the effort to realize more effective programs, services, and activities.

#### **MHSA Next Steps**

Mental Health Services Act regulations promulgated through Welfare and Institutions Code (WIC) Section § 5847 states that county mental health programs shall prepare and submit a Three-Year Program and Expenditure Plan and Annual Updates for Mental Health Service Act (MHSA) programs and expenditures.

This Three-Year Integrated Plan requires local communities to look at the components of MHSA that have been implemented. Communities must look at all of the components in an effort to understand how they relate to one another and how those components fit into the entire mental health system of care. In doing so, communities are asked to find ways to strengthen the current mental health system of care while also identifying opportunities for expanding and improving that system of care.

This report outlines the description of the culmination of Sonoma County's ongoing community planning process undertaken to meet this requirement.

#### **Description of Sonoma County**

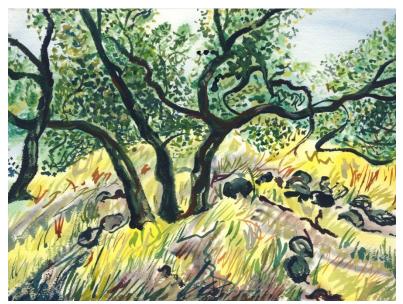
Sonoma County measures 1,576 square miles. In 2012, Sonoma County had the 17th largest county population of the 58 counties in California, with 490,596 residents, of whom 104,986 were children under 18 years. According to 2012 Census estimates, Santa Rosa, the county seat and largest city, has about one third of the total population of Sonoma County and ranks as the 28th largest city in the state. A majority of Sonoma County residents (70%) lives within nine separate cities, with the remainder living within the unincorporated areas of the county. From 2000 to 2010, Sonoma County's population grew by 5.5%, averaging 2,526 residents per year.



<u>Demographics</u>. Just over one fifth of Sonoma County's population is under 18 years old, 27% of whom are younger than school age (0 to 5 years old). More than 20% are 60 years and older, and the remainder (58%) is between 19 and 64 years old. By the year 2020, nearly 24% of the total population of Sonoma County will be aged 60 or older. Although its racial/ethnic composition is changing, Sonoma County is still substantially less diverse than the state as a whole: 65.4% of Sonoma County residents are white (non-Hispanic); 25.5% are Latino, 4.5% are Asian/Pacific Islander, and 1.9% are African American. The biggest demographic shift is within the Latino population. This is the fastest growing ethnic group, already having surpassed the State's 21% projection for increase by 2010, and 23% by 2020. The total Latino population is now projected to increase 300% by 2050 - from 80,742 in 2000 to 250,692 in 2050. This increase means that the county's culture has changed over the last two decades and it is essential to take cultural and linguistic competency into account when designing effective activities and projects.

MediCal Beneficiaries and Threshold Languages. California's External Quality Review Organization (EQRO), APS Healthcare, reports that Sonoma County Mental Health Plan's MediCal average monthly unduplicated eligible by race and ethnicity for calendar year 2012 is as follows: 48% of all MediCal beneficiaries are Hispanic; 3.6% are African American; 2.8% are Native American; and 3.3% are Asian or Pacific Islander.

California's Department of Mental Health Information Notice 11-7 reports Spanish as a threshold language for Sonoma County. The California Department of Mental Health (DMH) defines threshold languages as the annual numeric identification on a county-wide basis and as indicated on the Medi-Cal Eligibility Data System of the Medi-Cal beneficiary population in an identified geographic area, whose primary language is other than English, and for whom information and services shall be provided in their primary language [per California Code of Regulations (CCR), Title 9, Rehabilitative and Developmental Services, Section 1810.410 (f) (3)].



"Dry Dry Santa Rosa" - Artwork by Jeffery Glauthier

#### Overview and Organization of Integrated Plan and Annual Report

In accordance with MHSA and state regulations, Sonoma County sought to update and streamline its 2014-2017 Integrated Plan and 2012-13 Annual Update in order to make sure that local needs were prioritized and that effective strategies helped address those needs. To do this, the Sonoma County Behavioral Health Division (BHD) staff launched an integrated planning process to assess community perspectives related to MHSA priorities, and to

reinforce a strengthened vision that continues to move the needle on community collaboration, service integration, and culturally responsive services. The result is an Integrated Plan that blends relevant data and community priorities into a single planning cycle.

Sonoma County's Integrated Plan begins with a description of the Integrated Planning process, the guiding framework used, the review and approval process, the role of the Advisory Committee, and results from the Sonoma MHSA Integrated Plan Community Input Survey. In the Annual Report section, an overview is provided of the populations served and service descriptions that are organized into Sonoma County MHSA Service Categories. The current picture of the MHSA in Sonoma County is further explained with highlights of our MHSA expenditures and notable accomplishments to date.

#### **Description of the Three-Year Integrated Planning Process**

The intent of this section is to describe the integrated planning process, as well as the involvement of community and local stakeholders in reviewing and approving the Integrated Plan and future MHSA-

funded projects. Sonoma County Behavioral Health Division partners with the community to ensure each plan and update is developed with local stakeholders, with meaningful input and involvement on mental health policy, program planning, implementation, monitoring, quality improvement, evaluation, and budget.

BHD uses a variety of opportunities and processes to seek stakeholder input to ensure full community participation. BHD continues to use traditional (meetings, forums, etc.) and non-traditional (radio, one-on-one and small group discussion) approaches for engaging the community about the planning process and seeking input from the community about the Update. BHD takes special care to meet with and receive input from historically underserved communities in ways identified as appropriate by these groups and individuals. BHD seeks input and used the following methods to educate and seek input from the public about the three year integrated planning process.

BHD's inclusive and ongoing stakeholder engagement process resulted in identifying a priority list of ten enhanced services. The premise for the integrated plan focused on strengthening the existing comprehensive and successful continuum of mental health services that the MHSA has anchored in place, and that has transformed the Sonoma County mental health delivery system. Consequently, ten enhanced services were identified that will help put MHSA principles into practice:

- Develop a consumer-operated warm line
- Expand mental health services to additional high schools
- Expand mobile support team into additional communities
- Hire consumers to be employed by Sonoma County Behavioral Health
- Increase bilingual/bicultural services
- Strengthen homeless outreach
- Strengthen support services to family members
- Support college-level mental health peer programs
- Support public education campaigns (e.g. Know the Signs, Each Mind Matters, SanaMente)
- Support the suicide prevention hotline

Sonoma County's Integrated Planning process was guided by an Advisory Committee Group comprised of the BHD Director, MHSA Coordinator, and stakeholders from various sectors (e.g., law enforcement, consumers, education), with Harder+Company Community Research providing planning and facilitation services. The Advisory Committee met from February 2014 to April 2014.

The committee established planning goals to facilitate the plan development, as well as a guiding framework to reinforce the importance of sustaining the changes that have already taken place as a result of the MHSA.

#### Sonoma County MHSA Three-Year Integrated Planning Goals and Guiding Framework

- 1. Produce a three-year **integrated plan** that connects the multiple MHSA components (CSS, PEI, WET, Housing, etc.) into one comprehensive vision for the three years moving forward
- 2. Have a **process that collects stakeholder feedback and input** to strengthen MHSA system of care moving forward

Our planning process was guided by several key overarching questions designed to reflect on "who we are" and "where we want to go" in order to achieve systems transformation through a comprehensive system of care: (see below).

#### Who Are We?

#### Where are We Going?

- How do we describe MHSA's system of services?
- What have been our main accomplishments and challenges?
- How have we adhered to MHSA principles?
- What progress towards systems transformation have we achieved?
- How do we strengthen and enhance services in the MHSA system of services?
- What strategies will we pursue?
- How will we know we are making progress?

One of the first tasks was to emphasize and review the depth and breadth of the mental health system that was created because of the implementation of the MHSA.

#### **Our Review and Approval Process**

The steps for reviewing and approving Sonoma County's Integrated Plan reflect the established MHSA stakeholder engagement requirements as shown in the chart on the next page.

Welfare and Institutions Code Section (WIC) § 5847 states that county mental health programs shall prepare and submit a Three-Year Program and Expenditure Plan (Plan) and Annual Updates for Mental Health Service Act (MHSA) programs and expenditures.

Plans and Annual Updates must be adopted by the county Board of Supervisors and submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after Board of Supervisor adoption.

WIC § 5848 states the mental health board shall conduct a public hearing on the draft three-year program and expenditure plan at the close of the 30-day comment period.

These are instructions for the MHSA Fiscal Year (FY) 2014-2015 through FY 2016-2017 Three-Year Program and Expenditure Plan. These instructions are based on WIC and the California Code of Regulations Title 9 (CCR) in effect at the time these instructions were released.

WIC § 5891 states that MHSA funds may only be used to pay for MHSA programs.

BHD requested stakeholder review of the MHSA Three-Year Program and Expenditure Plan for FY 2014-15 through FY 2016-17 asking for comments and questions be sent to:

Amy Faulstich, MHSA Coordinator
Sonoma County Department of Health Services
Behavioral Health Division
3322 Chanate Road

Santa Rosa, CA 95404 or email at: MHSA@sonoma-county.org

The required thirty (30) day public comment period for the MHSA Three-Year Program and Expenditure Plan for FY2014-15 through FY2016-17 began on Wednesday, April 22, 2014 and ended on Wednesday, May 21, 2014.

#### The Public Hearing

The Public Hearing for the MHSA Three-Year Program and Expenditure Plan for FY 2014-15 through FY 2016-17 and the MHSA Annual Update for FY 2014-15 took place at the Sonoma County

Mental Health Board Meeting on Wednesday, May 21, in Santa Rosa. The public was welcomed and over 60 stakeholders attended the public hearing, with about 40 to address the Mental Health Board. The speakers shared or family member in an MHSA-funded program.

2014 at 5:00 pm at the Finley Center community members and people taking the opportunity their experience as a client They shared stories of recovery and support **Inclusion** 

#### **Collaboration**

The Integrated Plan and updates will be developed with local representative stakeholders to provide input on underserved populations identified in Sonoma County

#### **Transparency**

The Integrated Plan will be circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of

a public hearing on the draft plan or update at the close of the required 30-day comment period. The BHD Director will approve the plan. The mental health board will then review the adopted the plan. plan or update and make recommendations to BHD

Sonoma County's mental health board will conduct

for revisions.

#### **Plan Submittal**

Sonoma County will submit the adopted plan to the Board of Supervisors for approval. The approved plan will be sent to the MHSOAC.

and

were thankful for the services they received. A Department's community partners reported on the and also expressed their appreciation for the funding and relationship with the Behavioral Health Division. During SCBH received comments from contractors to correct the Three-Year Plan and Annual Update. Those changes

number of the activity of their programs their collaborative the public comment period, information in the posted draft of have been made to this report. These

changes do not represent substantive changes in the content of this report nor services provided to the public. Public comment at the hearing provided overwhelming support of the Update and Plan.

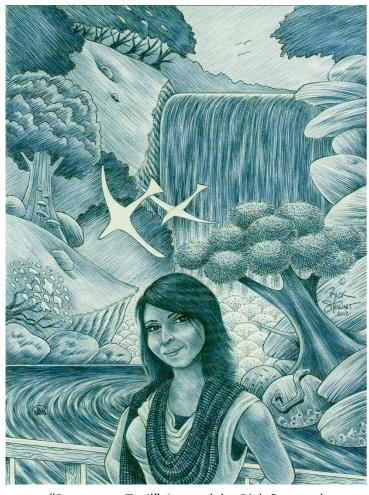
The MHSA Three-Year Program and Expenditure Plan for FY 2014-15 through FY 2016-17 and the MHSA Annual Update for FY 2014-15 was approved by the Sonoma County Board of Supervisors on June 24, 2014. The Behavioral Health Division sent the approved plan to the MHSOAC on July 24, 2014 to remain on file for review and evaluation purposes.

#### The Role of the MHSA Integrated Plan Advisory Committee

The Sonoma County MHSA Integrated Plan Advisory Committee played an active role in guiding this local integrated planning process. Stakeholder representatives met once a month between April and June 2014 and were charged with oversight and direction in our community engagement process. Committee members also played an active role in the distribution of an MHSA Community Input Survey that collected feedback on current services offered, underserved populations living with mental health challenges, and new ideas for expanded services that could be provided in the future.

At the first meeting, our BHD Community Mental Health Section Manager presented a training overview of Mental Health Services that have been funded since implementation of Prop 63 in Sonoma County. This launched the process by helping the committee understand the systems transformation that has occurred to date.

Core tasks for the Committee include the following:



"Panorama Trail" Artwork by Rick Steward

- Systems Presentation and Review<sup>1</sup> BHD staff presented training on our current system of care under MHSA at our first meeting of the MHSA Integrated Plan Advisory Committee
- CalMHSA As part of our integrated planning process, the BHD has engaged stakeholders in considering investment in the three CalMHSA initiatives Stigma and Discrimination Reduction, Suicide Prevention, and Student Mental Health both local and statewide projects. CalMHSA presented an Impact Statement<sup>2</sup> and PowerPoint that highlighted CalMHSA projects and activities that had significant impact on Sonoma County since 2011-2014. The BHD has included CalMHSA projects as part of the Integrated Planning Community Input Survey
- Review the Sonoma MHSA Integrated Plan Community Input Survey
- Develop outreach plans for survey distribution
- Provide specific ideas for each of the local enhanced services
- Discuss the survey results

<sup>&</sup>lt;sup>1</sup> The Sonoma MHSA Systems Presentation is located in Appendix 1.

<sup>&</sup>lt;sup>2</sup> The CalMHSA Impact Statement is located in Appendix 2.

#### **MHSA Integrated Plan Advisory Committee Composition**

The MHSA Advisory Committee is comprised of 32 individuals of diverse demographic backgrounds who represent a fairly even mix of consumers, service providers, and family members. Additional stakeholder representation information about the composition of the Advisory Committee is summarized in the chart below.

Organization/Agency	Stakeholder Representation
Consumer Relations Program	Adults and seniors with severe mental illness; Unserved and/or underserved populations (geographically isolated communities)
Wellness and Advocacy Center	Adults and seniors with severe mental illness
Interlink Self Help Center	Adults and seniors with severe mental illness/substance use disorders
NAMI – Sonoma County	Families of children, adults, seniors with severe mental illness
Sonoma County Indian Health Project	Unserved and/or underserved populations (Native Americans)
Organization/Agency	Stakeholder Representation
Santa Rosa Junior College	Education/Veterans
Community and Family Service Agency	Social Services Agency/Provider of Services
Community Baptist Church	Unserved and/or underserved populations (African Americans)
Sonoma County Office of Education	Education
Jewish Family and Children's Services	Social Services Agency/Providers of Services
Sonoma County Sheriff's Department	Law Enforcement
Santa Rosa Police Department	Law Enforcement
First 5 Sonoma County	Families of children
Santa Rosa Community Health Centers	Health Care Organization
Buckelew Programs Sonoma County	Families of adults and seniors with severe mental illness
Latino Service Providers	Unserved and/or underserved populations (Latinos)
Petaluma People Services	Social Services Agency/Providers of Services; Unserved and/or underserved populations (geographically isolated communities)
Sonoma County Human Services Department - Adult and Aging Division	Social Service Agency/providers of Services to Older Adults - representing the Older Adult Collaborative (OAC)

Organization/Agency	Stakeholder Representation	
Sonoma County Department of Health Services Staff		
Health Services Department-Behavioral	BHD Director, MHSA Coordinator and	
Health Division (BHD)	Community Mental Health Section	
	Manager	
Health Services Department – Health	HPPE Director	
Policy Planning and Evaluation (HPPE)		
Division		

#### MHSA Integrated Plan Community Input Survey and Stakeholder Outreach Strategy

The Behavioral Health Division in coordination with Harder+Company Community Research (H+C) collected stakeholder input on services that enhance and strengthen the existing system of mental health services in Sonoma County. The MHSA Integrated Plan Advisory Committee developed outreach plans and distributed the MHSA survey to stakeholders from communities throughout Sonoma County. We collected a total of 461 surveys between March and April 2014.

Committee members developed stakeholder outreach plans based on the following distribution criteria established by BHD:

- Providers
- Service users
- Relevant meetings
- Community events that occurred between February and March 2014

The Community Input Survey was then publicized through a variety of methods that were tailored to the individual committee member. This ensured that the outreach process was contained within Sonoma County, yet as widely distributed as possible to local MHSA stakeholders who may have been unable to participate in community planning activities. Methods of distribution include utilizing an online version disseminated through email links to contact lists, as well as electronic PDF surveys. Service providers also provided their staff and clients with paper copies of the survey.<sup>3</sup>

The Community Input Survey asked respondents to rate the following:

- Perspective on existing services offered through MHSA funding
- Underserved populations living with mental health challenges and their greatest needs (e.g. by ethnicity, age, and special populations – foster youth, transition age youth, veterans, geographically isolated individuals with mental health issues)
- Expanded and enhanced services previously identified that put MHSA principles into practice

#### **MHSA Community Input Survey Highlights**

Survey Respondent Demographic Data

<sup>&</sup>lt;sup>3</sup> The full Sonoma MHSA Integrated Plan Community Input Survey is located in Appendix 3.

#### Age Ranges and Gender

In total, 461 individuals participated in the Sonoma MHSA Integrated Plan Community Input Survey. The largest proportions of survey respondents (34%) were adults ages 25-44 and 45-59. A quarter (25%) of survey respondents were age 60 or older. Six percent (6%) were between the ages of 16-24, and the remaining one percent (1%) were 15 and younger. Of the total number of respondents, sixty-five percent (65%) were female and thirty-five percent (35%) were male, while ten percent (10%) declined to state their gender.

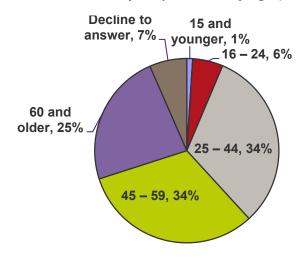


Figure 1: Percent of Survey Respondents by Age (n=461)

#### Race/Ethnicity

Race and ethnicity data was similar to the demographic makeup of Sonoma County. Most survey respondents (75%) identified as White/Caucasian, while almost a quarter (20%) identified as Hispanic/Latino. Representing smaller population groups within Sonoma County, five percent (5%) identified as Native American/Alaska Native, three percent (3%) identified as African American/Black, three percent (3%) identified as Asian/Pacific Islander, and three percent (3%) as another race.

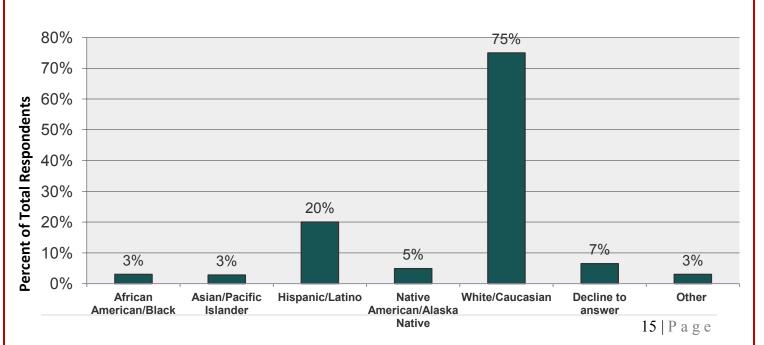


Figure 2: Percent of Survey Respondents by Race/Ethnicity (n=461)

#### Geographic Area

The majority of respondents (64%) lived and/or worked in Central Sonoma County, which includes the communities of Bloomfield, Cotati, Fulton, Lakeville, Penngrove, Petaluma, Petaluma River, Rohnert Park, Santa Rosa, and Two Rock. Countywide representation was eighteen percent (18%). Russian River/West County was the second most represented specific geographic area, with sixteen percent (16%) of respondents either living or working in the communities of Camp Meeker, Cazadero, Cunningham, Duncans Mills, Forestville, Freestone, Graton, Guerneville, Guernewood Park, Mirabel Park, Monte Rio, Occidental, Rio Nido, Russian River, Sebastopol, and Villa Grande.

North County, consisting of Asti, Cloverdale, Geyserville, Healdsburg, Las Lomas, and Windsor, accounted for eleven percent (11%) of respondents, while seven percent (7%) lived and/or worked in the Sonoma Valley Region, which is comprised of Agua Caliente, Boyes Hot Spring, El Verano, Eldridge, Fetters Hot Springs, Glen Ellen, Kenwood, Schellville, Sonoma, and Vineburg. The least represented region was the Sonoma Coast, with four percent (4%) of respondents living or working in Annapolis, Bodega, Bodega Bay, Fort Ross, Gualala, Jenner, Plantation, Sea Ranch, Stewarts Point, Timber Cove, and Valley Ford.

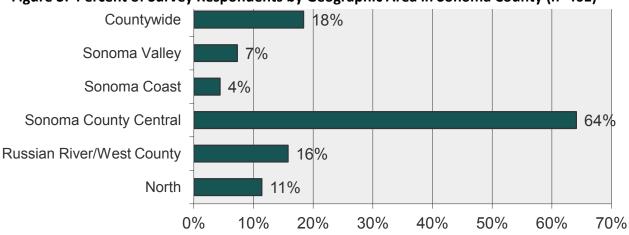


Figure 3: Percent of Survey Respondents by Geographic Area in Sonoma County (n=461)

#### Representative Group

#### **Percent of Total Respondents**

Survey respondents were also asked to identify the group(s) they represent. Community agencies and/or nonprofit staff were the most represented group with thirty-four percent (34%) of respondents, while thirty-two percent (32%) identified as an interested community member. A quarter (25%) of survey respondents identified as County of Sonoma staff, and twenty-one percent (21%) identified as a mental health services provider.

Twenty-one percent (21%) of survey respondents also identified as a consumer/client of mental health services. Another sixteen percent (16%) of respondents identified as being a family member of an adult mental health services consumer, while six percent (6%) were a family member of a mental health services consumer under 18 years old. Of the remaining respondents, eleven percent (11%) identified as a student, ten percent (10%) as another group, four percent (4%) declined to answer the question, and two percent (2%) were law enforcement representatives.

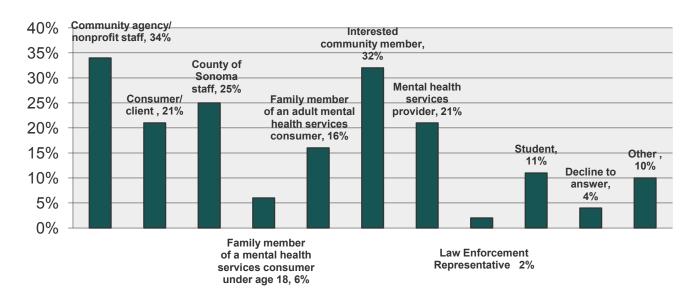


Figure 4: Percent of Survey Respondents by Representative Group (n=461)

#### Most Helpful MHSA-Funded Services

Survey respondents were asked to rate the most helpful services offered through MHSA funding. The top five services for all respondents are the following:

- Crisis response services (50% of all respondents)
- Family support services (45% of all respondents)
- Treatment for people living with Serious and Persistent Mental Illness (45% of all respondents)
- Housing programs (38% of all respondents)
- Outreach and engagement to older adults (34% of all respondents)

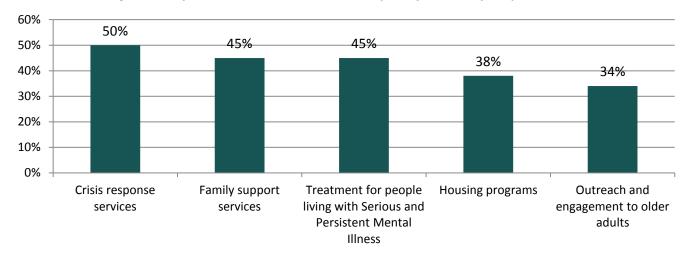


Figure 5: Top Services Identified as Most Helpful by All Survey Respondents (n=461)

At least 50% of respondents for almost all of the geographic regions (except for Russian River/West County - 47%) rated "crisis response services" as the most helpful service. Of those respondents aged 60 and older, the top five MHSA-funded services reported most helpful are the following:

- Outreach and engagement to older adults (50% of all 60 and older respondents)
- Family support services (50% of all 60 and older respondents)
- Crisis response services (48% of all 60 and older respondents)
- Treatment for people living with Serious and Persistent Mental Illness (46% of all 60 and older respondents)
- Housing programs (39% of all 60 and older respondents)

Of those respondents identified as consumers and clients of mental health services, the top four MHSA-funded services reported most helpful are the following:

- Crisis response services (64% of all consumers and clients of mental health services respondents)
- Treatment for people living with Serious and Persistent Mental Illness (54% of all consumers and clients of mental health services respondents)
- Consumer-operated services (46% of all consumers and clients of mental health services respondents)
- Housing programs (46% of all consumers and clients of mental health services respondents)

#### <u>Underserved Population(s) Living with Mental Health Challenges that have Greatest Need</u>

Survey respondents were asked to identify which underserved population(s) living with mental health challenges have the greatest need for mental health prevention and early intervention services in

<sup>&</sup>lt;sup>4</sup> The top four services instead of five were listed because two services had the same percentage of respondents: 1) Mental health services for Transitional Age Youth – TAY (43% of all consumers and clients of mental health services respondents) and 2) Outreach and engagement to older adults (43% of all consumers and clients of mental health services respondents).

Sonoma County. The top five underserved populations rated as "greatest need" for all respondents are the following:

- Foster youth (74% of all respondents)
- Individuals with co-occurring substance use disorders (73% of all respondents)
- Veterans (70% of all respondents)
- Transition Age Youth TAY (68% of all respondents)
- Geographically isolated individuals with mental health issues (67% of all respondents)

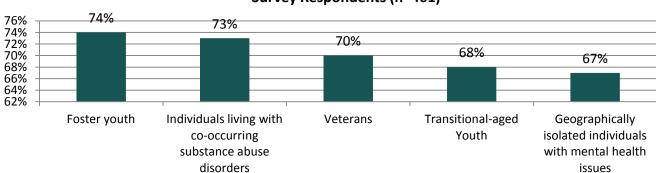


Figure 6: Top Underserved Populations Identified as "Greatest Need" by All Survey Respondents (n=461)

Of those respondents aged 60 or older, seventy-three percent (73%) identified veterans as an underserved population with the "greatest need", while sixty-eight percent (68%) reported individuals living with co-occurring substance abuse disorders. Respondents aged 60 or older also rated the following populations as "greatest need":

- Older adults (64% of all 60 and older respondents)
- Geographically isolated individuals with mental health issues (62% of all 60 and older respondents)
- Transition Age Youth TAY (62% of all 60 and older respondents)

In addition, at least fifty percent (50%) of respondents for all representative groups reported geographically isolated individuals with mental health issues and the TAY population as having the greatest need for services.

#### Expanded Services Considered Most Important to Provide in the Future

Respondents were also asked to rate which expanded services are the most or least important to provide in the future to persons of all ages with mental health challenges. The top five expanded services rated as "very important" were the same for all respondents, as well as for those aged 60 or older:

- Expand mobile support team
- Strengthen homeless outreach
- Support suicide prevention hotline
- Increase bilingual/bicultural services
- Strengthen family support services

57% 58% 56% 56% 54% 53% 54% 52% 50% 48% 48% 46% 44% 42% Expand mobile support Strengthen homeless Support suicide Increase Strengthen family bilingual/bicultural support services team outreach prevention hotline services

Figure 7: Top Expanded Services Identified as "Very Important" by All Survey Respondents (n=461)

Similarly, respondents who are consumers and clients of mental health services rated these same expanded services as "very important", except for the consumer-operated warm line:

- Support suicide prevention hotline
- Strengthen family support services
- Strengthen homeless outreach
- Increase bilingual/bicultural services
- Consumer-operated warm line

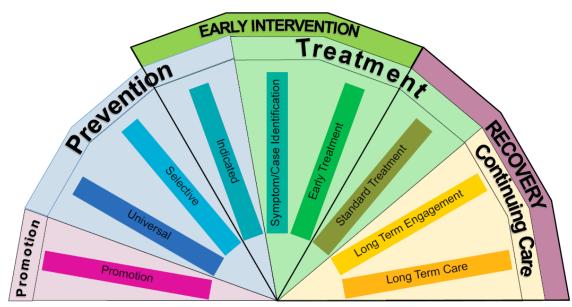
At least fifty percent (50%) of respondents for all geographic regions rated "strengthen homeless outreach" and "support suicide prevention hotline" as "very important" services to expand. In addition, at least fifty percent (50%) of respondents for all representative groups rated "expand mobile support team" as a "very important" service to provide in the future.

#### Sonoma County's MHSA Three-Year Integrated Plan

#### Strengthening MHSA System of Care - Spectrum of Intervention

The Three-Year Integrated Plan provides Sonoma County an opportunity to take stakeholder feedback and to re-conceptualize the framework for Sonoma County's mental health system of care. Sonoma County has adapted the framework first developed by the *Institute of Medicine* using the *Mental Health Intervention Spectrum*. This Spectrum provides a useful description of the actual activities that constitute the continuum of care in behavioral health for Sonoma County.

This spectrum also provides a visual tool to demonstrate the multiple opportunities for addressing behavioral health problems and disorders, assists with the development of standardized data collection and evaluation



tools, and helps to define appropriate evidence based, promising, and community defined practices that can be used in each category of service.

Each 'phase' of the spectrum is further divided to identify particular populations, characteristics, and interventions. These divisions make clear which populations need to be served and appropriate types of services, interventions, or activities that should be undertaken given the service, program, or activity structure. It is important to acknowledge that while this Spectrum is a useful tool, it is not meant to imply that people move along the continuum or that interventions should follow neatly from one phase to another. The usefulness of the Spectrum is that it provides a way to codify the system of care that has been developed over the years.<sup>5</sup>

#### Program Plan for 2014 through 2017

Sonoma County Behavioral Health Division presents its Integrated Program Plan for 2014 through 2017 by conceptualizing MHSA service components (CSS, PEI, WET, INN) into phases of the Spectrum. The Behavioral Health Division has engaged in an integrated planning process to strengthen and enhance existing MHSA services. Below is a comprehensive overview of services BHD and our stakeholders have identified as priorities for continued funding in the next three years. BHD will continue to contract

<sup>&</sup>lt;sup>5</sup> Specific definitions of each of these phases of the spectrum and its imbedded categories can be found in Appendix 4.

with multiple organizations to fund programs and services across the spectrum of care in the areas of promotion, prevention, early intervention, treatment, recovery, and continuing care.

In an important change, MHSA funding for all components has been combined in the Three-Year Integrated Plan; however, Welfare and Institutions Code Section 5892(a)(6) requires that 20% of total funding be utilized for Prevention and Early Intervention and 5% of total funding be utilized for Innovative programs. Furthermore, some activities, programs, and services have been funded by the California Mental Health Services Authority (CalMHSA). CalMHSA is an independent administrative and fiscal government agency focused on the funding and efficient delivery of California's regional and statewide prevention and early intervention mental health projects.

This Spectrum does not reflect the MHSA funding components; it is intended to provide an overview of Sonoma County's MHSA programs and services.

#### **Promotion**

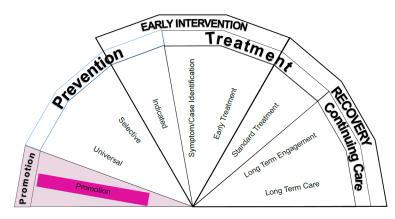
Sonoma County's Three Year Integrated Plan prioritizes mental health promotion activities that focus on

public education campaigns on mental health advocacy.

Examples of current mental health public education campaigns include:

- Know the Signs
- Each Mind Matters
- SanaMente
- ReachOut

(\*All campaigns listed above are CalMHSA funded)



#### **Prevention**

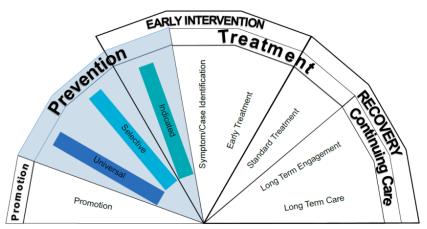
Sonoma County's Three Year Integrated Plan prioritizes the following prevention activities, services, and programs to "prevent mental illnesses from becoming severe and disabling." This structure is part of the mental health system of care, a "help-first" approach that brings mental health awareness into the lives of all members of the community.

Early Childhood mental health and wellness interventions including activities that support developmental, social, and emotional screening for children; parent and provider education, psychological assessments, screening and treatment for women with perinatal mood disorder, and parenting programs for children birth to five and their families.

Examples of current early childhood mental health and wellness activities, services, and programs include:

Developmental and social-emotional screening for at-risk children

- Screening, assessment, and treatment for women with perinatal mood disorder
- Triple P--Positive Parenting Program services for at-risk families
- Psychological assessments
- Intervention for mental health issues of parent or child



Mental health and wellness to children and youth 5 through 18 years old are provided in the school settings using student assistance programs that include mental health training and education for students, faculty, counselors and parents; mental health screening, counseling, training, and education on campuses; family and parent engagement programs, in-class support, teacher training, and screening of at-risk students.

Mental health and wellness activities, programs, and services for transition age youth ages 18 to 24 are provided on college campuses that include on-campus stigma reduction strategies, peer-based activities; and training and education for students, selected teachers, faculty, parents, counselors, and law enforcement personnel, to increase awareness and the ability to recognize warning signs of suicide and psychiatric illness.

Examples of current transition age youth mental health and wellness activities, services, and programs on college campuses include:

- Santa Rosa Junior College PEERS Project
- QPR student training for students, faculty and staff

Mental health and wellness interventions are provided both in the home and at community agencies throughout the county to older adults in order to prevent depression and suicide. Interventions include support groups for seniors, depression screening for seniors, educating seniors and caregivers about depression and suicide and other mental health issues; and linking seniors to other supports including peer visitors, primary care and mental health providers.

Examples of current services to older adults in order to prevent depression and suicide:

- The Friendly Visitors Program
- Healthy IDEAS
- Senior Peer Counseling Program
- In-Home Counseling

Mental health and wellness prevention interventions target communities that experience disparity in access to mental health services, particularly geographically isolated communities, and cultural and ethnic communities. These interventions include activities, services, and programs across the prevention spectrum, including universal outreach strategies targeting service providers to the

population, programs that are community defined and implemented in trusted organizations, and programs that use a variety of methodologies

Example of current prevention services targeting communities who experience disparity in access to mental health services include the following:

- Latino Service Providers
- Community Baptist Church Collaborative
- Action Network

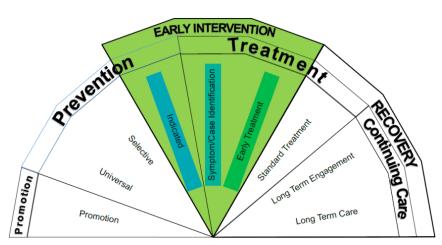
- Sonoma County Indian Health Project
- Positive Images

Mental health and wellness programs are available to any resident in Sonoma County by providing 24 hour, 7 days a week access to a suicide prevention hotline that provides counseling and support as well as referrals to local resources in Sonoma County.

Example of this current service:

North Bay Suicide Prevention Hotline

#### **Early Intervention**



Sonoma County's Three Year Integrated Plan prioritizes the following early intervention activities, services, and programs to accessing supports at the earliest possible signs of mental health problems and concerns in order to "prevent mental illnesses from becoming severe and disabling". Early intervention activities, services, and programs build capacity for providing mental health

early intervention services at sites where people go for other routine activities.

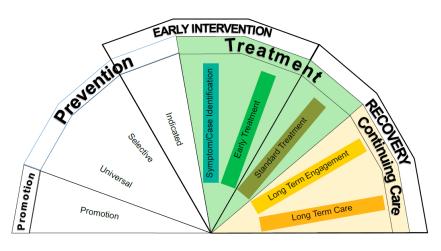
Early intervention services include locating licensed clinical staff in schools and colleges to intervene with youth experiencing mental health crises, providing services to targeted populations most at risk in shelters, health centers and drug treatment programs; providing services in geographically isolated areas in the community; and partnering with law enforcement to intervene during mental health emergencies, wherever they occur, in order to mitigate poor outcomes.

Examples of current early intervention programs:

- Community Intervention Program
- Crisis Assessment, Prevention, and Education Team
- Mobile Support Team

#### **Treatment and Continuing Care**

Sonoma County's Three Year Integrated Plan prioritizes treatment and continuing care programs that are defined in MHSA Community Services and Supports (CSS) as "Access and linkage to medically necessary care provided by county mental health programs for children with severe mental illness, and for adults and seniors with severe

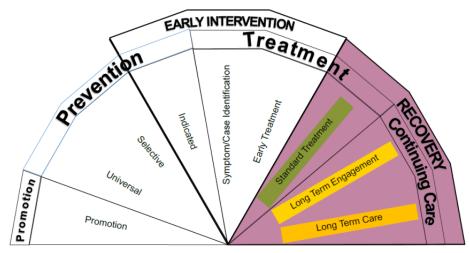


mental illness, as early in the onset of these conditions, as practicable".

Treatment and continuing care services include wraparound services to children ages 5-12 providing family-centered treatment; intensive wraparound services to youth ages 18-25 and their families, intensive mental health services to mentally ill offenders through a mental health court; intensive mental health services to serious mentally ill seniors at risk for out-of-home placement; and treatment that addresses unmanaged physical health conditions that lead to early morbidity for consumers living with serious and persistent mental illness (SPMI).

Examples of current Treatment and Continuing Care programs include:

- Full Service Partnership Programs:
  - Family Advocacy Support and Treatment
  - Integrated Health Team
  - Transition Age Youth
  - Older Adult Intensive Team
- Integrated Health Team
- Community Mental Health Centers Specialty Mental Health Services
- Family Services: NAMI-Sonoma County; Buckelew Programs Family Services Coordination



#### Recovery

Sonoma County's Three Year Integrated Plan prioritizes recovery services. Recovery refers to the unique and personal process of developing attitudes, values, feelings, goals, skills and/or roles that enable a satisfying, hopeful, and contributing life. Recovery is both a process and an

outcome and is essential for promoting hope, well-being, and a valued sense of self determination. A

recovery orientation emphasizes the development of new meaning and purpose for consumers and the ability to pursue personal goals.

Recovery services include support and vocational opportunities for people with mental health issues, consumer-operated self-help programs that provide mental health consumers with the opportunity to participate with their peers in a variety of activities that assist in personal and social enrichment, and opportunities for peer – self-help and leadership development.

Examples of current recovery programs include:

- Consumer Relations Program
- Interlink Self Help Center
- The Wellness and Advocacy Center
- Petaluma Peer Recovery Project
- Russian River Empowerment Center

#### **Workforce, Employment and Training (WET)**

The goals from Sonoma County's original WET plan continue to be enhanced and refined every year. The Consumer Relations Program is funded to provide outreach, education and employment coordination, peer mentoring and counseling, consumer satisfaction projects, and quality improvement. Education and employment coordination encompasses strengthening links between local education programs and interested mental health consumers; promoting internships/externships and certificate programs; collaborating to design job openings that accept and are reflective of consumer experience; and promoting relevant training, evaluations and announcements about workforce training and education developments. Additionally, in order for *consumers* of public mental health services to be successful as *providers* of public mental health services, they need specialized support and training. BHD is committed to hiring peers. BHD funds a consumer relations program and has formed a Peer Employment Work Group, which has been tasked with developing job descriptions and support mechanisms for consumer employees with the county.

Latinos comprise 25.5 % of the population in Sonoma County. The BHD remains committed to hiring bilingual and bicultural staff to reflect the diversity of the county. Efforts have been made to recruit and retain bilingual and bicultural staff. Recruitment efforts include adding bilingual capability as a requirement in job announcements and descriptions. BHD also hires new graduates, creating full time county positions offering full employee benefits that allow for collected supervised hours toward licensure. Once license is obtained and in good standing, there are opportunities for promotion to retain bilingual and bicultural staff.

Sonoma County contracts with CiMH and partners with the Greater Bay Area Collaborative to assist with staff trainings and to develop strategies for diversification of the BHD workforce. BHD will continue to expand this relationship in order to develop a robust internship programs for the division in the future.

#### Mental Health Services Act Three Year Integrated Plan for 2014-2017

#### **Access, Treatment, and Recovery Programs**

## Full Service Partnerships (Intensive Treatment Services)

- Family Advocacy Support and Treatment Team for children ages 4-18
- Transition Age Youth Team for youth ages 18-24
- Integrated Recovery Team for adults with co-occurring mental health and substance use disorders
- Forensic Assertive
   Community Treatment
   Team for adults with mental
   illness referred through
   mental health court
- Older Adult Intensive
   Services Team for seniors at risk of out of home placement
- Activities to reduce depression and prevent suicide
- Activities to decrease stigma and discrimination

#### Consumer and Family Driven Programs

- Consumer Run Self
  Help Centers for
  mental health
  consumers
  throughout Sonoma
  County
- Family Driven
   Services: provides
   education, navigation,
   individually and in
   groups to assist and
   support to families of
   mental health
   consumers
- Consumer Rights and Advocacy Education
- Activities to reduce depression and prevent suicide
- Activities to decrease stigma and discrimination
- Hire consumers for county workforce

## Outreach and Engagement to Increase Access

- Services targeting identified population who are at high risk: people who are homeless, abuse substances, veterans, people from ethnic and cultural communities, people who are LGBTQQI, people who live in geographically isolated areas, seniors
- Improved access to specialty mental health services to priority populations,
- Services targeting older adults to decrease isolation
- Activities to reduce depression and prevent suicide
- Activities to decrease stigma and discrimination

#### **Prevention Programs**

#### Services Targeting Children Birth to Age 5 and their Families

- Education and Support for parents of special needs children
- Identification, treatment, and case management for women with Perinatal Mood Disorder
- Parent Education: Triple P-Positive Parenting Program

- Comprehensive psychological assessments for children
- Developmental and social-emotional screening
- Case management for families with children at risk for developmental and/or social-emotional issues

- Assessment for intensive mental health services
- Mental Health Services to families with mental health concerns of either the child or the family
- Outcome tracking
- Activities to reduce depression and prevent suicide
- Activities to decrease

# Services Targeting School Aged Children Ages 5 to 18 years

- Student Assistance Programs at school sites for students throughout Sonoma County
- Mental health training and education for students, faculty, counselors and parents in a high school setting
- Mental health screening, counseling, training, and education on campuses
- Family and parent engagement programs, inclass support, and teacher training
- Teen support groups
- Activities to reduce depression and prevent suicide
- Activities to decrease stigma and discrimination

 Re-screening of Children following services

## Services Targeting Transition Age Youth Ages 18 to 25

- Organize student outreach
- Utilize on campus social media interventions to decrease stigma and increase access
- Plan and organize events and fairs
- Mental health Training and education for students
- Mental health training for faculty and other staff Training
- Mental Health screening and assessment
- Engage students to be peer leaders
- Activities to reduce depression and prevent suicide
- Activities to decrease stigma and discrimination

stigma and discrimination

## **Services Targeting the Older Adult Population**

- Training of and consultation to 'gatekeeper' staff (Meals on Wheels drivers, in-home support staff) to recognize signs of depression and suicide
- Screening for depression
- Case Management for seniors who are experiencing depression
- Phone calls, home visits, referrals
- Counseling
- Activities to reduce depression and prevent suicide
- Activities to decrease stigma and discrimination

#### Services Targeting Communities Who Experience Disparity in Access to Mental Health Services

- LGBTQQI youth providing support groups provided throughout
- Sonoma County, community education speaker panels, peer counseling training
- Culturally defined mentoring for youth
- Screening Native American youth for depression and suicide
- Activities to reduce depression and prevent suicide Activities to decrease
- Enhance mental health service to residents in Sonoma County's most isolated Redwood Coast across the lifespan; including education via media, evidence based activities and tools used for children and youth, and seniors
- Training and Education for staff that is culturally appropriate
- Activities focused on building protective factors in children

- Staff and Community training
- Networking activities to services providers focusing on Latinos
- Screening for children at community health centers.
- Culturally defined stress reduction activities
- Development and maintenance of electronic information sharing specifically for Latinos
  - Activities to reduce

- stigma and discrimination
- Early childhood mental health services in Spanish for mono-lingual Latino families.
- and youth in a faith- based setting
- Activities to reduce depression and prevent suicide
- Activities to decrease stigma and discrimination
- depression and prevent suicide
- Activities to decrease stigma and discrimination

#### **Early Intervention Programs**

## Services Targeting Transition Age Youth Ages 16-24 At Risk of Experiencing First Onset of Mental Illness

- Crisis response to high schools, Santa Rosa Junior College, and Sonoma State University
- Consultation, screening, and assessment of high risk youth
- Training and Education of students, parents, teachers and other school personnel
- Peer-Based and Family Education and Support Services
- Outreach and Engagement Activities to Students
- Activities to reduce depression and prevent suicide
- Activities to decrease stigma and discrimination

#### **Innovation Programs**

#### **Mobile Support Team**

- Provide mobile support response with law enforcement for people experiencing a mental health or substance use disorder crisis
- Provide follow up services to individuals and families post-crisis

#### **Reducing Disparities Fund Initiative**

 The central purpose is to increase access to underserved groups living with or at risk for serious mental illness by exploring funding strategies for seeding start ups

#### **Workforce Education and Training Programs**

#### **Post Graduate Internship Program**

 Develop competent mental health practitioners who reflect the diversity of Sonoma County by creating real opportunities for qualified candidates to work in a public mental health setting

#### **Integrated Health Care Team**

- Provide integrated primary care co-located at a Behavioral Health community program in order to meet the physical health care needs of mental health clients
- Out-station Family Nurse Practitioner from Santa Rosa Community Health Center
- Integrate people with lived experience to support on team to support care navigation

#### **Consumer Relations Program**

- Provide education, training, internships, employment and other opportunities for mental health consumers.
- Integrate people with lived experience to provide support work on teams that support care navigation in the public mental health system

#### **COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY**

County: SONOMA Program: Full Service

Fiscal Year: 2014-2017

Family Advocacy Support Stabilization Team (FASST)

#### Total number to be served: 50 Cost per Client: \$8,742

## Description of Program:

Full Service Partnership Programs provides services for children ages 8-12 and their families who would benefit from, and are interested in participating in, a program designed to address the total needs of a family whose child is experiencing significant emotional, psychological, or behavioral problems that are interfering with their well being.

Sonoma County Behavioral Health Division's full service partnership Family Advocacy Support Stabilization Team (FASST) is an Intensive Enrollee-Based Program for children (ages 8-14) identified by Human Services, Juvenile Probation, Schools and the Community as needing intensive, integrated wraparound services

- Enhanced Capacity to provide TBS (Therapeutic Behavioral Services)
- Individual and Family therapy
- Rehabilitative groups
- Case Management Services, including intensive collaboration with Human Services, Probation, and Special Education
- Medication support services
- Linkage to Alcohol and Other Drug treatment services
- Human Services Dependents including but not limited to Residents at Valley of the Moon Children's Home at risk of placement in a residential facility
- Juvenile Probation Wards of the Court
- Clients confined at Juvenile Hall and at risk of further incarceration or RCL 12 to 14 placement
  - Clients at risk of out-of-home placement
- Clients at risk of psychiatric hospitalization, or hospitalized within the past six months

## Priority Population:

This program serves high risk SED children who have not responded to traditional levels of service and who have been identified by Human Services, Probation, Education, and the community

#### **Community Partners**

The following community partner provides contracted services under the FASST Program:

#### Sunny Hills Services

COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County:	SONOMA	Program: Full Service Partnership
Fiscal Yea	r: 2014-2017	Transition Age Youth (TAY) Intensive Services
Total num	ber to be served: 60	Cost per Client: \$14,438
Total number to be served: 60		
Priority Population:	occurring disorders  Transition Age Youth 18-25 with SED/SMI, aging out of children's Mental Health services, who require services and are at risk of homelessness, hospitalization, or incarceration, or who are leaving placement.	

#### **Community Partners**

The following community partners provide contracted services under the Transition Age Youth Program:

- Buckelew Supportive Employment
- **Buckelew Transition Age Youth Housing**
- Social Advocates for Youth Transition Age Youth Housing

#### **COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY**

County: SONOMA Program: Full Service Partnership

Fiscal Year: 2014 - 2017 Forensic Assertive Community Team

(FACT) Project

Total number to be served: 50 | Cost per client: \$16,048

## Description of Program:

Full Service Partnership – Forensic Assertive Community Treatment Team serves adults who are mentally ill offenders and provides a community-based sentencing opportunity and treatment as an alternative to incarceration.

Sonoma County Behavioral Health's full service partnership Forensic Assertive Community Team (FACT) and Mental Health Court serves mentally ill offenders coming directly from the jail through a Mental Health Court.

- FACT program components include multiple case management sessions each
  week, monthly psychiatric consultation, medication management, group
  counseling, referral to substance abuse treatment, scheduled and random
  urinalysis testing, and money management. The FACT team is on call 24/7 in
  order to support non-hospital crisis intervention, and FACT clients are required
  to be in attendance at the program's offices several days each week.
- Sonoma County's Behavioral Health Court (BHC) acts as both a diagnostic and disposition tool for the Sonoma County Criminal Justice System. The MHC is a collaboration between the Sheriff's department, Probation, the District Attorney, Public Defender, the Superior Court, and the Santa Rosa Police Department. The Court addresses the complex needs of mentally ill offenders through community-based sentencing and closely supervised probation. All FACT clients are on probation and monitored by the MHC and the on-site probation officer, who participates in all FACT treatment planning meetings. FACT team members participate in MHC decision processes, regularly providing testimony on clients' participation in FACT program activities.
- Peer mentoring / Peer support inclusive of forming a gradual close relationship based on mutual trust. Goal is empowerment and awareness of positive options.

## Priority Population:

Non-violent mentally ill offenders booked into Sonoma County Jail; priority to those with two or more previous incarcerations and/or failures to appear; inmates with no previous incarceration eligible if Mental Health determines them to be at risk for recidivism; severe mental health diagnosis; repeated contact with the mental health system; Sonoma County residents; willing to participate; exclusions for history of arrests for serious violent offenses.

#### **Community Partners**

The following community partner provides contracted services under the FACT Program:

#### Buckelew FACT Housing

COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
,	SONOMA r: 2014-2017	Program Name: Full Service Partnership Integrated Recovery Team (IRT)
Total num	ber to be served: 130	Cost per Client: \$16,256
Description of Program:	ription Full Service Partnership – Integrated Recovery Team serves adults with co-	
Priority Population:	1 · · · · ·	s with serious mental illness and co-occurring alcohol o currently do not receive comprehensive services.

COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: SONOMA Fiscal Year: 2014-2017		Program Name: Full Service Partnership Older Adult Integrated Services Team
Number to be served: 125		Cost per client: \$9,846
Description of Program:	Description Full Service Partnership – Older Adult Integrated Services Team provides	
Priority Population:	The Older Adult Integrated Services Team will provide services to older adults with serious mental illness who also have complicating medical conditions.	

#### **Community Partners**

The following community partners provide contracted services under the Older Adult Integrated Services Program:

- Council on Aging
- Community and Family Services Agency
  - Jewish Family and Children's Services

### **COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY**

County: SONOMA Program Name: Outreach &

Fiscal Year: 2014-2010 Engagement

**Community Intervention** 

Program (CIP)

Number to be served: 1500 Cost per client: \$1,345

# Description of Program:

Collaboration between mental health professionals and community and primary care providers is likely to be more effective when the clinicians are co-located and the location is familiar and non-stigmatizing for clients. (Evolving Models of Behavioral Health Integration in Primary Care – Milbank Memorial Fund)

Co-located with community services providers and primary care, CIP provides mental health services on-site with participating agencies:

- Enhanced mental health services at homeless shelters in Santa Rosa,
   Petaluma and Guerneville. Enhanced outreach capacity.
- Enhanced capacity to provide on-site mental health services at key ethnicspecific health centers serving Latinos, Asians, Native Americans, and African Americans. Improved cultural competency training capacity.
- Enhanced capacity within the community to provide urgent response.
   Mental Health partners with law enforcement in Santa Rosa, Guerneville and Petaluma; includes Peer Outreach positions
- Enhanced capacity to provide mental health services within a collaborative service approach at AODS and substance use provider facilities

CIP provides culturally based services to Latino, Asian, Native American, and African American populations. Services include:

- Psychiatry
- Crisis intervention
- Peer support
- Outreach

# Priority Population:

The priority population is individuals with serious mental illness who are homeless and/or have co-occurring alcohol and other drug problems, and those underserved ethnic minority community members (Latinos, Asians, Native Americans, and African Americans) who are accessing services at the community health centers but are not receiving mental health services; veterans; people at high risk for mental deterioration; people who are geographically isolated, members of the LGBTQQI community.

### **Community Partners**

The following community partners provide contracted services under the Community Intervention Program:

- Alliance Medical Center, Inc. (FQHC)
- Drug Abuse Alternatives Center (DAAC)
- Sonoma County Human Services Department JOB LINK
- **≫** Petaluma People Services Center (PPSC) − Mary Isaak Center for the Homeless
- Sonoma County Indian Health Project (FQHC)
- Santa Rosa Community Health Centers (FQHC)
- West County Community Health, dba Russian River Health Center (FQHC)

COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY			
County: SONOMA Fiscal Year: 2014-2017		Program Name: Outreach & Engagement Access Team	
Total new clients to be served: 300		Cost per client: \$6,013	
Description of Program:	residents of Sonomal criteria for treatment provides information not MediCal benefic.  The Access Team promanagement and expensits counseling,  Individuals seeking son screening, and, when treatment planning, care for individuals a services available the or the Access Team alsonomials.	d: Cost per client: \$6,013  Inimproves access to mental health treatment for oma County who are MediCal beneficiaries and meet the ment by the Mental Health Plan. The Access Team ation and referral to all Sonoma County residents who are reficiaries who may need mental health services.  In provides brief stabilization services (medication deducation, housing options, employment resources, and ring, and therapy) for MediCal beneficiaries.  In services are able to quickly receive a mental health when needed, assessment and specialty mental health ring. The Access Team determines appropriate levels of als and creates linkage to the network of mental health the throughout Sonoma County.  In also serves as a gateway for any person needing mental regardless of coverage. The Access Team provides links to	
Priority Population:	Sonoma County Med	diCal beneficiaries	

### **Community Partners**

The following community partner provides contracted services under the Access Team:

### > LOMI Psychotherapy Clinic

### **COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY**

County: SONOMA Program Name: Outreach &

Fiscal Year: 2014-2017

Community Mental Health Centers

(CMHC)

**Engagement** 

Total numbers to be served: 400 | Cost per Client: \$3,955

Description of Program:

Regionally based Community Mental Health Centers (CMHCs) provide intensive community services and supports enhancing mental health services throughout Sonoma County.

The CMHCs are primarily aimed at providing access for underserved populations, including providing culturally and linguistically appropriate services to locally underserved racially and ethnically diverse communities, and homeless individuals with mental illness, in four regionally-based areas of Sonoma County.

The service teams are linked to the larger Adult Systems of Care but focuses on providing services and supports in the smaller communities where they are located. These Sonoma County communities include Guerneville, Cloverdale, Petaluma, and the City of Sonoma.

Additionally, these CMHCs have enhanced capacity within each community to provide in the field crisis response, not previously available in any of Sonoma County Behavioral Health Services programs. Services are provided through partnerships between each CMHC and community-based providers and law enforcement agencies in each city. CMHC behavioral health staff work in collaboration with the local Federally Qualified Health Centers (FQHCs).

Priority Population:

CMHCs provide services to adults with serious mental illness who are living in areas that are geographically isolated. CNHCs also provide access to services to people who are homeless and/or have co-occurring alcohol and other drug problems, and those underserved ethnic minority community members (Latinos, Asians, Native Americans, and African Americans).

COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: SONOMA Fiscal Year: 2014-2017		Program Name: Family Driven Services
Total to be served	d: 3000	Cost per Client: \$67
Description of Program:	d: 3000 Cost per Client: \$67  Sonoma County Behavioral Health Division provides MHSA funds to support family member programs throughout Sonoma County.  Family Driven services are those services that focus specifically on providing support for family members and loved ones of people who have mental disorders.  Supports include Family to Family classes; family support groups in and around Sonoma County, including Petaluma, Santa Rosa, Sebastopol, and Sonoma; Warmline; outreach and individual family support specifically for Latino families; health education, support, and advocacy, service navigation to assist family members and loved ones in accessing services for themselves as well as their loved one.	
Priority Population:	Family members and loved ones of people with mental disorders.	

### **Community Partners:**

The following community partners provides contracted family driven services:

- National Alliance for Mental Illness (NAMI) Sonoma County
- ➢ Buckelew Programs Family Services Coordinator

### **COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY Program Name: Consumer** County: SONOMA **Driven/Operated Services** Fiscal Year: 2014-2017 Cost per Client: \$28 Total to be served: 10,000 **Description of** Sonoma County will utilize MHSA funds to develop and support Program: consumer driven programs, including wellness centers for consumers facing the challenges of serious mental illness, and a consumer relations program. These consumer-driven wellness programs are managed and staffed by people with lived mental health experience; they are a centralized meeting place for consumers. Recovery principles are integrated throughout the Centers' programming, which include **Employment programs** Recreational and socialization opportunities Consumer-operated business Art studio and store Horticulture and community garden

Peer/Self Advocacy Program

The Consumer Relations program provides opportunities for mental health consumers to have direct participation in developing appropriate mental health services.

### **Priority Population:**

The priority population is transition age young adults, adults, and older adults with serious mental illness. Persons of all genders, sexual orientation, races and ethnicities are served.

### **Community Partners:**

The following community partners provides contracted consumer driven services:

Warmline

Goodwill Industries of the Redwood Empire:

Interlink Self Help Center
Wellness and Advocacy Center
Petaluma Peer Recovery Program
Consumer Relations Program

> Community and Family Services Agency: Russian River Empowerment Center

County: SONOMA Program: Early Childhood

Fiscal Year: 2014-2017 Mental Health

Total number to be served: 5,000 | Cost per Client: \$55

# Description of Program:

The American College Health Association survey finds strong evidence that mental health needs are related to measures of academic success. (American College Health Association, 2009)

Sonoma County will utilize MHSA funds for the Early Childhood Mental Health Collaborative to provide screening, services, and support through a continuum of care for children ages birth to 5 years and their families, as well as pregnant and newly parenting mothers at risk for perinatal mood disorder. This collaborative is a partnership with First 5 Sonoma County

The Ages and Stages Questionnaire (ASQ 3) and the ASQ Social-Emotional (ASQ-SE) are used by primary care providers, and others child care provides to screen children for developmental and social emotional issues.

Families are providing with support via Triple P – Positive Parenting Program. Triple P is an evidence-based parenting program that gives parents simple and practical strategies to help them confidently manage their children's behavior, prevent problems developing, and build strong, healthy relationships. Triple P is currently used in 25 countries and has been shown to work across cultures, socio-economic groups and in all kinds of family structures by providing the following services:

Pregnant and newly parenting women are identified in women with Perinatal Mood Disorder (PMD). Those who are screened are given a full assessment, case management, and treatment.

# Priority Population:

Pregnant and newly parenting mothers at risk for perinatal mood disorder Children ages birth to 5 years old and their families

### **Community Partners**

The following community partners provide contracted services under the Early Childhood Mental Health Collaborative Program:

- **&** Early Learning Institute
- > Jewish Family and Children's Services
- Petaluma People Services Center
- California Parenting Institute

PREVENTION WORK PLAN SUMMARY			
County: SONOMA Fiscal Year: 2014-2017			Program: Student Assistance Programs for students ages 5 to 18
Total number to 12,000	be served:	Cos	t per client: \$36
Description of Program:	Research demonstrates that students who receive social-emotional support and prevention services achieve better academically in school. (Fleming et al., 2005).  Sonoma County will utilize MHSA funds to support Student Assistance Programs (SAPs) that are a school-based approach to providing focused services to students needing interventions for substance abuse, mental health, academic, emotional, or social issues.  SAPs connect education, programs, and services within and across school and community systems to create a network of supports to help students. MHSA funds build upon a county-wide Student Assistance Program to add a prevention and early intervention system of care for students throughout Sonoma County.  Student Assistance Program will coordinate through the Sonoma County Office of Education (SCOE) in high schools throughout Sonoma County that provide mental health screening, counseling, training, and		
<b>Priority Population:</b>	Children ages 5 to 18		

### **Community Partners:**

The following community partners provide contracted services under the Student Assistance Programs for students ages 5 to 18:

### ➢ Sonoma County Office of Education

- Social Advocates for Youth
- Petaluma People Services Center
- Community and Family Services Agency
- Drug Abuse Alternative Program
- Support Our Students
- o National Alliance for Mental Illness (NAMI) Sonoma County

**County: SONOMA** 

Fiscal Year: 2014-2017

**Program: Campus-based** services targeting Transition

**Age Youth** 

### Total number to be served: 3000

# Description of Program:

Community colleges in particular serve a high proportion of students who are at greater risk of suicide than traditional students, including older students and commuter students. Also at high risk are international students, LGBTQ students, and veterans. (California Community College Task Force, 2012).

Sonoma County will utilize MHSA funds to support prevention activities at Santa Rosa Junior College. Activities include:

- Organize student outreach
- Utilize on-campus social media interventions to decrease stigma and increase access
- Plan and organize events and fairs
- Mental health training and education for students, faculty, and other staff
- Mental Health student screening and assessment
- Engage students to be peer leaders
- Activities to reduce depression and present suicide
- Activities to decrease stigma and discrimination

**Priority Population:** 

Transition age youth ages 18-25

### **Community Partners:**

The following community partner provides contracted services

Santa Rosa Junior College

**County: SONOMA** 

Fiscal Year: 2014-2017

**Program: Depression and Suicide Reduction of Seniors** 

### Total number to be served: 2,500

Description	of
Program:	

Prevention of suicide in older adults requires many different strategies. Multi-layered prevention initiatives that combine universal, selective, and indicated prevention strategies may provide the greatest benefit in reducing suicide in older adults. (Erlangsen A, Nordentoft M, et al. (2011).

Sonoma County Behavioral Health will utilize MHSA funds to support the Older Adult Collaborative to provide multi-layered prevention services to reduce depression and suicide among older adults countywide. This is accomplished through outreach to seniors; screening of seniors identified to be at risk for isolation, depression, and/or suicide; counseling through an expansion of an intern program, and referral of seniors to Healthy IDEAS/Care for Elders.

**Priority Population:** Seniors

### **Community Partners:**

The following community partners provide contracted services

- > Sonoma County Human Services Department Adult and Aging Division
  - Community and Family Services Agency
  - o Jewish Family and Children's Services
  - Petaluma People Services Center
  - Council on Aging

County: SONOMA

Fiscal Year: 2014-2017

Program: Reducing
Disparities in Access to
mental health services

# Description of Program:

Targeted outreach is essential and necessary to provide effective mental health prevention into communities who have historically been denied easy access to care. People who are from historically disparate communities are best served by trusted messengers from their community. These communities include rural residents, communities of color, including tribal areas, LGBTQQI community members. (National Association of State Mental Health Program Directors, January 2014).

Sonoma County MHSA funds programs that provide culturally appropriate, community defined activities, programs, and services that reach historically un and underserved populations in Sonoma County.

Services are providers include faith based organizations, organizations in rural and isolated areas in Sonoma County, trusted youth organizations, and health providers, and providers that focus on specific populations.

# Priority Population:

Sonoma County residents who: live in geographically isolated communities, are ethnic and culturally diverse specifically communities of color, LGBTQQI,

**Community Partners:** The following community partner provides contracted services:

- Latino Service Providers
- Action Network
- Community Baptist Church
- Alexander Valley Medical Center
- Positive Images
- Sonoma County Indian Health Project

### **EARLY INTERVENTION WORK PLAN SUMMARY**

**County: SONOMA** 

Fiscal Year: 2014-2017

Program: Mental Health Services to transition age youth who may be experiencing first onset of

mental illness

### Total number to be served: 500

# Description of Program:

Crisis Assessment, Prevention, and Education (CAPE) Team aims to prevent the occurrence and severity of mental health problems for transition age youth. The CAPE Team is staffed by Sonoma County Behavioral Health licensed mental health clinicians. Services are located in Sonoma County high schools and Santa Rosa Junior College.

### The CAPE Team provides:

- Mobile Response in schools by licensed mental health clinicians with youth who may be experiencing a mental health crisis.
- Screening and Assessment of at-risk youth in high schools and colleges.
- Training and Education for students, selected teachers, faculty, parents, counselors and law enforcement personnel to increase awareness and ability to recognize the warning signs of suicide and psychiatric illness.
- Peer-based and Family Services, including increasing awareness, education and training, counseling, and support groups for at-risk youth and their families.
- Integration and Partnership with existing school and community resources, including school resource officers, district crisis intervention teams, student and other youth organizations, health centers, counseling programs, and family supports

### **Priority Population:**

Transition age youth (ages 18 to 25) who may be experiencing first onset of mental illness

### **Community Partners:**

The following community partner provides contracted services:

> National Alliance for Mental Illness (NAMI) - Sonoma County

### **INNOVATION WORK PLAN SUMMARY**

County: SONOMA Program: Mobile Support

Fiscal Year: 2014-2017

### Total number to be served: 1,000

### Description of Program:

The need for better collaboration between law enforcement and mental health providers has long been reported. Research shows that an integrated mobile response to behavioral health crises has numerous positive outcomes for the person in crisis, law enforcement officers, and the community (Kisely, S. 2010).

Sonoma County Behavioral Health MHSA will fund crisis services to respond with law enforcement to support Sonoma County residents who are having a behavioral health crisis.

Sonoma County's Mobile Support Team adapts crisis response team models that rely solely on the involvement of licensed clinicians by integrating trained consumers and family members into the team who engage in a number of bridge-building activities with consumers and family members following a crisis.

Consumers and family members are a key resource not only to mitigate further crisis, but also to create relationships with law enforcement officers in order to reduce stigma and increase awareness.

### **Priority Population:**

Sonoma County residents who are experiencing a behavioral health crisis that requires law enforcement intervention

### **Community Partners:**

The following community partners provide contracted services:

- **№** National Alliance for Mental Illness (NAMI) Sonoma County
- ➢ Goodwill Industries of the Redwood Empire Wellness and Advocacy Center
- Support Our Students (SOS)

### **INNOVATION WORK PLAN SUMMARY**

County: SONOMA Program: Integrated Health

Fiscal Year: 2014-2017

### Total number to be served: 300

### Description of Program:

Well referenced studies show that individuals with serious mental illness treated by the public mental health system die 25 years earlier than the general population, due in part to untreated physical health conditions. Their life expectancy is 51 years on average, compared with 76 years for the general population. People living with serious mental illness are 3.4 times more likely to die of heart disease, 6.6 times more likely to die of pneumonia and influenza, and 5 times more likely to die of other respiratory ailments (C. Colton, based on 1997-2000 data.).

Sonoma County MHSA dollars will fund the Integrated Health Team that creates the opportunity to pilot the Sonoma County Behavioral Health Division's first physical health service into a mental health site. The integrated, collaborative model will bring primary care, mental health, and other necessary social supports to one setting, and allow Sonoma County to implement a clinical model which has demonstrated success. The Sonoma County primary care and mental health integration model provides a unique opportunity to capture lessons learned during implementation.

The Integrated Health Team will:

- Provide integrated primary care co-located at a Behavioral Health community program in order to meet the physical health care needs of mental health clients
- Out-station Family Nurse Practitioner from Santa Rosa Community Health Center
- Integrate people with lived experience on team to support care navigation

### **Priority Population:**

People who are diagnosed with a severe and persistent mental disorder who have co-occurring physical health issues

### **Community Partners:**

The following community partner provides contracted services:

### Santa Rosa Community Health Center

### **INNOVATION WORK PLAN SUMMARY**

County: SONOMA Program: Reducing

Fiscal Year: 2014-2017

**Disparities Fund Initiative** 

Description of Program:

The central purpose of the Reducing Disparities Community Fund Initiative is to increase access to underserved groups living with, or at risk for, serious mental illness. The Sonoma County Mental Health Division will work with community partners to organize and test a community-driven grant-making model, including researching funding opportunities. This will be done by bringing community leaders together to 1) increase community leaders' and members' influence over funding decisions; 2) empower community leaders who have not been involved in making funding decisions for local mental health projects to direct the use of public funds; and 3) increase community understanding of the mental health system through active involvement in decision-making.

The Reducing Disparities Fund Initiative will look to the State Office of Health Equity to leverage available dollars locally.

**Priority Population:** 

Un- and under-served ethnic and cultural communities in Sonoma County

### **WORKFORCE EDUCATION AND TRAINING**

County: SONOMA

Fiscal Year: 2014-2017

**Program: Employment for People with Lived Experience** 

Description of Program:

Sonoma County Behavioral Health has partnered with Consumer-Driven organizations and other interested consumers to develop pathways for mental health consumers to become members of the mental health workforce.

Sonoma County's Workforce, Education, and Training (WET) Specialist will develop internships for mental health consumers to gain necessary experience. The WET Specialist will also work closely with Human Resources to develop job descriptions and positions specifically for people with lived mental health experience.

WORKFORCE EDUCATION AND TRAINING			
County: SONOMA		Program: Increase Bilingual and Bicultural Services	
Fiscal Year: 2014	Fiscal Year: 2014-2017		
Description of	Sonoma County's Workforce, Education, and Training (WET) Specialist		
Program:	will partner with colleges, universities, and community partners to		
	develop a internship training program that will increase the diversity		
	of Sonoma County Behavioral Health Division and its community		
	partners, in an effort to increase bilingual and bicultural services.		

### **Expansion of Services for 2014-2017**

As a result of the Sonoma County's community planning process, Sonoma County residents will have access to a strengthened mental health system across the intervention spectrum. Feedback from stakeholders identified a number of priorities to strengthen, improve, and expand mental health services to community members.

Mental Health Services Act funding has the potential to increase, based upon the activity of the economy. As the State's economy improves, tax revenue increases and the MHSA allocations to counties increase. As this occurs, Sonoma County Behavioral Health is responsible to manage program expansion as well as maintain a reserve that will allow Sonoma County to maintain current service levels in times when tax revenue decreases. Furthermore, Sonoma County has been able to use MHSA dollars to seed activities, services, and programs that can now leverage other funding sources for expansion. Stakeholder feedback will be used to expand the following:

- Housing Program
- Outreach and Engagement to older adults
- ➢ Geographically Isolated Individuals with mental health issues
- Veterans

Services will be expanded to many of these priority areas through funding other than Mental Health Services Act.

### Maintaining Suicide Prevention Hotline through CalMHSA Funding

Community members' feedback prioritized support for the Suicide Prevention Hotline. Sonoma County Behavioral Health will support the Suicide Prevention Hotline using funds from the Suicide Prevention Initiative through the California Mental Health Services Authority (CalMHSA).

CalMHSA is an independent administrative and fiscal government agency focused on the efficient delivery of California Mental Health Projects. Mental Health Services Act statewide Prevention and Early Intervention funds are administered through CalMHSA to member counties who jointly develop, fund, and implement mental health services, projects, and educational programs at the state, regional,

and local levels. Sonoma County will continue to fund the Suicide Prevention Hotline using CalMHSA dollars.

### **Expanding Services to Foster Youth through Katie A Services**

Community members' feedback prioritized support for increased services to foster children and youth. In 2012, Sonoma County Behavioral Health Division (BHD) partnered with Sonoma County Human Services Division (HSD) to ensure that foster children and youth in Sonoma County receive comprehensive mental health services. BHD co-located a mental health clinician at HSD Family Youth & Children to screen and assess children and youth who are newly entering the foster care system, as well as existing foster youth, for mental health needs.

Beginning in June 2014, BHD will co-locate behavioral health clinicians at HSD FY&C to participate with HSD FY&C in an evidence-based "access-linkage" model identified as being effective in the delivery of services to families who present with multiple co-occurring problems. BHD clinical staff will participate as the provider of specialty mental health services to foster children and youth who meet the eligibility requirement for specialty mental health services.

These expanded mental health screening and assessment services will meet the Federal District Court settlement of the lawsuit (known as "Katie A") which seeks to improve the provision of mental health and supportive services for children and youth in, or at imminent risk of placement in, foster care in California.

# Expanding Mobile Crisis Services and Services to Transition Age Youth through the Investment of Mental Health Wellness Act of 2013

Community members' feedback prioritized support for mobile crisis services and services for transition age youth. These services will be expanded using funds from a recently awarded grant from the Mental Health Services Oversight and Accountability Commission.

In March 2014, Sonoma County Behavioral Health Division was awarded a grant by the Mental Health Services Oversight and Accountability Commission (MHSOAC) to expand the number of mental health personnel available to provide crisis support services that include crisis triage, targeted case management, and linkage to services for individuals with mental health illness who require a crisis intervention. The funding is the result of Senate Bill 82, the Investment in Mental Health Wellness Act of 2013, more commonly referred to at the Triage Grant.

Sonoma County Behavioral Health Division will receive a total of \$3,000,000 in the next three years to expand the mobile crisis services of the Mobile Support Team (MST) and the Crisis Assessment, Prevention, and Education (CAPE) Team.

The Triage Grant will expand Mobile Support Team crisis services to the cities of Cotati, Rohnert Park, and Petaluma, increasing residents' access to these services and decreasing the impact of mental health and/or substance use crisis calls on law enforcement and local emergency departments. The Triage Grant will also allow for additional personnel to expand the service to additional schools (Healdsburg, Petaluma, and Sonoma Valley), increase students' access to services, and reduce the impact of untreated undertreated mental health and/or substance use issues on youth, their families, and school systems.

# Expanding Services to People who are Homeless and People with Co-Occurring Substance Use Disorders through the Affordable Care Act (ACA)

Community members' feedback prioritized support for increased outreach for people who are homeless and people with co-occurring substance use disorders. Beginning January 1, 2014, adults without children, ages 19-64, became eligible for Medi-Cal. Open enrollment for Medi-Cal coverage for these individuals began on October 1, 2013. The Affordable Care Act now provides an opportunity to connect homeless people to services. The ACA will provide coverage, for the first time, for low-income, childless adults, which is the situation for many people who are homeless. The vast majority of people who are homeless will be eligible for MediCal under the ACA expansion since they generally have little income (except undocumented immigrants, who are ineligible).

Sonoma County Behavioral Health Division has worked closely with Sonoma County Human Services Department to ensure BHD eligibility workers who go to homeless shelters and work at other mental health access points are trained to assist people to enroll in the new expanded MediCal coverage.

The ACA benefit also includes a new substance use disorders benefit, both in the community and for residential treatment, and now through voluntary inpatient detoxification. People with co-occurring mental health disorders and substance use disorders can now receive appropriate care for co-occurring issues. BHD is working hard to ensure that community providers are aware of this new benefit and can assist individuals with access.

# Expanding Services to People Living With Serious and Persistent Mental Illness through funding from the California Health Facilities Financing Authority (CHFFA)

Community members' feedback prioritized support for increased treatment for people with serious mental illness. In April 2014, Sonoma County Behavioral Health Division received a \$2,000,000 award from California Health Facilities Financing Authority (CHFFA) to expanded the Crisis Stabilization Unit (CSU).

This award will expand Sonoma County's CSU to a new location that will be renovated according to a recovery-oriented state of the art design to increase the CSU capacity from 12 overnight treatment beds to 30. The new facility will also augment and build capacity for the Urgent Care component of the CSU for mental health consumers in crisis who may not need an overnight stay but simply need respite support that their outpatient clinician does not have the ability to provide.

The design phase of the project will include solicited input from community stakeholders including consumers and family members. The new CSU location will have the capacity to house *voluntary* and *involuntary* clients separately, addressing safety and treatment needs individually. In addition, the funding will allow for a CSU design that would ensure safe and evidenced-based treatment of minors and older adults, addressing the special needs of each of these populations uniquely. Minors will have a service/treatment area separate from adults that is designed with the treatment needs of this population in mind.

### **Funding for School Based Services**

Sonoma County Department of Health Services, Sonoma County Office of Education, Santa Rosa City Schools and community partners are working together to expand mental health support services on

high school campuses, and to implement them on elementary and grade school campuses. Medi Cal programs for low-income individuals can be a key funding stream for schools.

Local educational agencies (LEAs) can claim MediCal Administrative Activities (MAA) through a local educational consortium (LEC). Sonoma County Department of Health Services and education partners will explore how mental health services offered at schools can be reimbursed through this potential funding stream.

### **Capital Facilities & Information Technology**

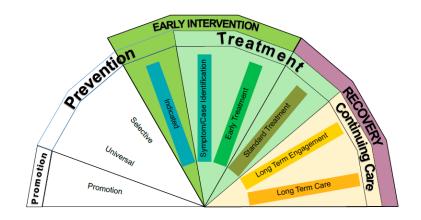
In FY 12-13, Phase One of the Avatar Software Implementation began. "Go-Live" for the Cal-PM module occurred on July 1, 2013. The remainder of the fiscal year focused on production support, system stabilization, and the introduction of functionality to support County mental health billing and clinical practices. During FY 14-15, the plan is to complete Phase Two, which will include the full electronic clinical record, e-prescribing, and other supporting functionality such as federal or state required changes.



"Bal and the Dragon" Artwork by David O.

## FY 12/13 Annual Update

# COMMUNITY SERVICES & SUPPORTS (CSS)



### **Full Service Partnerships**

Full Service Partnership (FSP) programs are designed specifically for children who have been diagnosed with severe emotional disturbances, and for transition age youth, adults and seniors who have been diagnosed with a severe mental illness and would benefit from an intensive service program. The foundation of Full Service Partnerships is doing "whatever it takes" to help individuals on their path to recovery and wellness. Full Service Partnerships embrace client-driven services and supports, with each client choosing services based on individual needs. Unique to FSP programs are a low staff-to-client ratio, a 24/7 crisis availability, and a team approach that is a partnership between mental health staff and consumers. Embedded in Full Service Partnerships is a commitment to deliver services in ways that are culturally and linguistically responsive and appropriate.

Total Unique Clients that were served by FSP programs: 232

### **ALL FSP**

Age	
0 - 15	39
16 - 25	60
26 - 59	96
60+	37

Primary Language	
English	218
Unknown / Not Reported	3
Spanish	6
Other Non-English	1
No Entry	4
	1
New Clients	81

New Clients	81
Clients Carried over	151

Ethnicity	
White	185
Black/African-American	13
American Indian	5
Chinese	1
Other Asian	1
Guamanian	2
Other Race	21
No Entry	4

Gender	
Female	98
Male	134

<u>Family Advocacy Support Stabilization Team (FASST)</u> - Wraparound services provided to children ages 5-12, including family-centered treatment in partnership with *Sunny Hills Children's Services*.

Total Unique Clients that were served by the FASST program: **54** 

### **Sunny Hills FASST**

Age	
0 - 15	39
16 - 25	15
26 - 59	0
60+	0

Primary Language	
English	50
Unknown / Not Reported	0
Spanish	4
Other Non-English	0
No Entry	0
New Clients	27
Clients Carried over	27

Ethnicity	
White	40
Black/African-American	5
American Indian	1
Chinese	0
Other Asian	0
Guamanian	1
Other Race	7
No Entry	0

Gender	
Female	26
Male	28

Notable Accomplishments: FASST has achieved a low recidivism rate of one youth and their family returning for service at the FASST level this year. We increased Spanish language interpretation ability by our FSP (Sunny Hills), responding to the need to add staff to the team serving monolingual parents participating in services.

<u>Transition Age Youth (TAY) Team</u> - Provides intensive wraparound services to youth ages 18-25 and their families, in partnership with *Buckelew Programs, Inc.* and *Social Advocates for Youth – Tamayo House*.

Total Unique Clients that were served through the TAY Program: 28

### TAY FSP SCBH

Age	
0 - 15	0
16 - 25	28
26 - 59	0
60+	0

Primary Language	
English	25
Unknown / Not Reported	0
Spanish	0
Other Non-English	0
No Entry	3
New Clients	6
Clients Carried over	22

Ethnicity	
White	21
Black/African-American	1
American Indian	1
Chinese	0
Other Asian	0
Guamanian	0
Other Race	2
No Entry	3

Gender	
Female	12
Male	16

<u>Integrated Recovery Team (IRT)</u> - Provides intensive services and supports to adult with serious and persistent mental illness and substance use disorders, in partnership with *Buckelew Programs, Inc.* 

Total Unique Clients Served through the IRT program: 56

### **IRT FSP SCBH**

Age	
0 - 15	0
16 - 25	4
26 - 59	51
60+	1

Primary Language	
English	53
Unknown / Not Reported	2
Spanish	1
Other Non-English	0
No Entry	0
	1
New Clients	13
Clients Carried over	43

Ethnicity	
White	46
Black/African-American	3
American Indian	1
Chinese	1
Other Asian	0
Guamanian	0
Other Race	5
No Entry	0

Gender	
Female	16
Male	40

Notable Accomplishments: IRT has held several large Recovery Education events for IRT, and then for all Chanate clients. A new Recovery oriented group called "Us" is being led by two peer counselors along with staff support. IHT has continued to help over 100 clients transition to receiving their psychiatric care. The embedded FNP from Brookwood has become an integrated member of the adult psychiatric treatment teams.

<u>Forensic Assertive Community Treatment Team (FACT)</u> - Provides intensive mental health services to mentally ill offenders through a mental health court, in partnership with *Buckelew Programs, Inc.* 

Total Unique Clients Served through the FACT program: 61

### **FACT FSP SCBH**

Age	
0 - 15	0
16 - 25	13
26 - 59	45
60+	3

Primary Language	
English	60
Unknown / Not Reported	0
Spanish	0
Other Non-English	0
No Entry	1

Ethnicity	
White	49
Black/African-American	1
American Indian	2
Chinese	0
Other Asian	1
Guamanian	0
Other Race	7

Gender	
Female	26
Male	35

New Clients	32
Clients Carried over	29

<u>Older Adult Intensive Team (OAT)</u> - Provides intensive mental health services to seriously mentally ill seniors at risk for out-of-home placement, in partnership with *Community and Family Services Agency*.

Total Unique Clients Served through the OAT program: 33

### **OAT FSP SCBH**

Age	
0 - 15	0
16 - 25	0
26 - 59	0
60+	33

	•
Primary Language	
English	30
Unknown / Not Reported	1
Spanish	1
Other Non-English	1
No Entry	0
Now Cliente	1 2
New Clients	3
Clients Carried over	30

Ethnicity	
White	29
Black/African-American	3
American Indian	0
Chinese	0
Other Asian	0
Guamanian	1
Other Race	0
No Entry	0

Gender	
Female	18
Male	15

Notable Accomplishments: The Older Adult Behavioral Health Liaison continues to collaborate with our community partners to provide screening and assessment for behavioral health needs for older adults that may be home bound or have limited support, and linking them to appropriate services including older adult peer support, counseling, or to Sonoma County Behavioral Health Access Team for further evaluation. The Older Adult Team is actively researching and planning ways to better identify needs and enhance services for our severely, persistently mentally ill older adults through the utilization of evidence-based /best practices

### **Outreach & Engagement**

Community Intervention Program (CIP) provides services to community members who are traditionally underserved or unserved by mental health services, including communities of color, LGBTQQI communities, homeless, people with substance use issues, people who experienced recent psychiatric hospitalizations, people in geographically isolated areas, and veterans. Services are provided where populations go for services, including homeless shelters, drug treatment programs, community health centers, housing projects, fairs, gatherings, etc. Partnerships include: Services for the Homeless: *The Mary Isaak Homeless Services Center, Catholic Charities Homeless Services Programs*; Substance Use Disorders programs: *Drug Abuse Alternatives Center, Women's Recovery Services*; Community Health Centers: *Santa Rosa Community Health Centers, Sonoma County Indian Health Project, Alliance Medical Center, Petaluma Health Center, and West County Health Services – Russian River Health Center*; home visits, *VetConnect* in Petaluma

<u>Community Mental Health Centers (CMHCs)</u> Staff in CMHCs provide outreach and engagement (CIP services) in Sonoma County's less populated and geographically isolated communities. CMHCs are located in Guerneville, Petaluma, Cloverdale, and Sonoma.

Total Unique Clients Served through Community Intervention Program Outreach and Engagement: 1279

(Data reported in this table is a representative sample collected for those activities where demographic information can be obtained on individual participants. Demographic data is not collected for all promotional or universal outreach strategies such as fairs and other large events, etc.)

By Age	
Birth to age 18	65
19-25	105
25-45	463
45-65	517
65 and over	34
Unknown	156

By Gender	
Male	686
Female	593
Transgender	

By Language Spoken	
English	954
Spanish	141
English and Spanish Equally	42
Other Language	132
Missing/Unknown	2

By Ethnicity	
White	750
African American	44
Asian	153
Pacific Islander	5
Native American	74
Latino/Hispanic	225
Other	3
Missing/Unknown	13
Declined to State	

<u>The Access Team</u> improves access to mental health services for residents of Sonoma County. Individuals seeking care are able to quickly receive a mental health screening and, when needed, assessment and treatment planning and/or referral for appropriate levels of care to the network of mental health services available throughout Sonoma County. While the primary purpose of the Access Team is to assist the MediCal beneficiary into care, the Access Team provides links to other community resources for any caller.

Total Unique Clients Served through the Access Team: 306

By Age	
18-25	78
26-59	204
60+	24

By Gender	
Male	122
Female	183
Unknown	1

By Language Spoken	
English	282
Spanish	12
Unknown/Not Reported	2
No Entry	4
Other Non-English	6

By Ethnicity	
White	235
African American	12
Asian	3
Pacific Islander	4
Native American	3
Latino/Hispanic	44
Filipino	1
No Entry	4

95 Clients carried over from the previous FY (11-12), 211 clients were open during FY 12-13

Older Adult Peer Support At Home Friendly Visitor Program Plus is a collaboration between Community and Family Services Agency and through sub-contract with Jewish Family and Children's Services that provides Adult Peer Support Services to Sonoma County's older adult community. The At Home Friendly Visitor Program recruits, hires, trains, supervises, and supports senior peer counselors to ensure quality services are being provided and volunteers are retained.

### **General System Development**

### **Consumer Run Services**

<u>Wellness and Advocacy Center (The Wellness Center)</u> is a consumer-operated self-help program that provides mental health consumers with the opportunity to participate with their peers in a variety of activities that assist in personal and social enrichment. Ongoing activities include a career/computer lab, the art program, the garden project, self-help groups, speakers' bureau, and a quarter-life group. The Wellness Center is a program of *Goodwill Industries of the Redwood Empire*.

Total Number Served by the Wellness Program: **5001**Total Number of Sessions/Contact/Visits: **3455**Estimated Numbers Encountered/Reached through Outreach Activities: **1546** 

Interlink Self-Help Center (Interlink), a consumer-operated self-help center, provides many groups, one-to-one support, Peer Support Training, and information and referral to other agencies and resources, within a safe environment, for people to explore their mental health recovery. MHSA funds were used to support staff and services for people with co-occurring disorders of substance use and mental health issues. Interlink provides specific outreach, peer, and group opportunities. Interlink is a program of *Goodwill Industries of the Redwood Empire*.

Total Clients Reached through the Interlink Program: 2249

Notable Accomplishments: In FY12/13 Interlink had two interns, one from Sonoma State University and one from Santa Rosa Junior College. Both interns have lived experience of being a mental health consumer and have participated at Interlink as part of their educational process. This has been a great boon to their educational journeys and to the Interlink community. They have both co-facilitated support groups, including the group at Creekside's inpatient mental health unit. The students have participated in and facilitated Peer Support Classes. The students have reported great satisfaction with the rounding out of their educational experience as of a result of being at Interlink.

<u>The Russian River Empowerment Center (The Empowerment Center)</u> is a consumer-run mental health and wellness drop-in center that provides a safe and supportive haven for those who want to transcend serious and persistent mental illness. With peer support, The Empowerment Center nurtures a positive self-worth, recovery, self- determination, responsibility, and choice. The Empowerment Center offers a variety of services to support members, including a garden project, community lunch, groups, and other activities. The Empowerment Center is a program of *West County Community Services – Community and Family Services Agency*.

<u>Disability Rights California – Peer/Self-Help Advocacy Program (DRC)</u> helps mental health consumers learn and understand their rights and become advocates for themselves and their peers, provides technical assistance and training, and develops and implements advocacy projects that will create positive change in a mental health consumer's life.

### **Family Driven Services**

National Alliance on Mental Illness – Sonoma County (NAMI-SC) is a grassroots family, client, and community member organization dedicated to improving the lives of people with mental health Challenges, and the lives of their families and friends. NAMI provides health education, support, and advocacy to family members and loved ones of people who have psychiatric disabilities. Sonoma County Behavioral Health Division provides funds to support NAMI's consumer and family member programs throughout Sonoma County. Funding includes: Family to Family classes; family support groups in Petaluma, Santa Rosa, Sebastopol, and Sonoma; Warmline, consumer support group, outreach, and individual family support specifically for Latino families.

<u>Buckelew Programs Inc.</u> - Family Services Coordinator (FSC) offers education and referrals to families of those with mental illness. The Family Services Coordinator serves as a liaison between Sonoma County Behavioral Health and other community-based organizations and services. Any family member or support person may contact the Family Service Coordinator for assistance in accessing services for themselves or their loved one. Funded services include outreach to family members and loved ones, education and support groups, consumer and family resource clinics, Friends and Family Forum in Petaluma, and family support groups.

### Served through Family-Driven Services activities: 3004

(Data reported in this table is a representative sample collected for those activities where demographic information can be obtained on individual participants. Demographic data is not collected for all promotional or universal outreach strategies such as fairs and other large events, etc.)

By Age	
Transition Age Youth (16-25)	56
Adults (26-59)	971
Older Adults (+60)	1425
Missing/Unknown	434

By Gender	
Male	550
Female	924
Transgender	2
Other	4
Missing/Unknown	435

By Targeted Cultural Group (self ID optional)	
LGBTQQI	37
Veteran	72
Homeless	9
Individual in Foster Care	1
Other: (specify)	48

By Ethnicity	
White	1130
African American	37
Asian	39
Pacific Islander	
Native American	15
Latino/Hispanic	61
Multi Ethnic	39
Other	23
Missing/Unknown	390
Declined to State	174

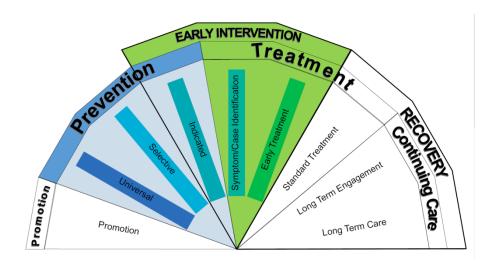
By Language Spoken	
English	1103
Spanish	14
Other	14
Missing/Unknown	306
Declined to State	476

Notable Accomplishments: NAMI made concerted efforts to outreach to communities of color particularly Latinos. A sample of targeted activities includes providing individual drop- in support to Latino families, outreach to migrant farm workers, collaborating with KBBF Radio (a local radio station whose mission is "To create a strong multilingual voice that empowers and engages the community to achieve social justice through education, celebration of culture and local and international news coverage"), offering Family Support Groups in Spanish, and sponsoring Familia a Familia.

Buckelew Family Support Services reports notable outcomes resulting from their activities. These include:

- 93% of families are better able to understand what mental health services are available, how to access those services, and have a general understanding of the limitations of the mental health system.
- 83% of families have a better understanding of Sonoma County's Health System, i.e., how to access primary care, therapist, and psychiatrist.

# PREVENTION & EARLY INTERVENTION (PEI)



### Services to Children ages Birth to 5 years and their Families

Early Childhood Collaborative In the Early Childhood Mental Health Collaborative, BHD, First 5 Sonoma County, and four grantees partner to provide the following services: Triple P—Positive Parenting Program, levels 2, 3, 4, or 5; identifying women with Perinatal Mood Disorder (PMD); case management and treatment of women with PMD; education and support for parents of children with special needs, mental health services for families with mental health concerns of either parent or child; developmental and social-emotional screening for children from birth to age 5, using the Ages and Stages Questionnaire (ASQ 3) and the ASQ Social – Emotional (ASQ-SE); and psychological assessment and referral. Services are provided by *California Parenting Institute, Jewish Family and Children's Services, Petaluma People Services Center, and, Early Learning Institute*.

Total Served through Early Childhood Collaborative Services: 4,914

By Service Recipient	
Children	1955
Parent/ Guardians/ Primary Caregivers	2396
Other Family Members	511
Providers	52

Primary Language			
Spoken by Child			
English	1115		
Spanish	744		
Other	69		
Unknown	27		
	Primary Language Spoken by Parent/Caregiver		
Spoken	by		
Spoken	by		
Spoken Parent/Car	by egiver		
Spoken Parent/Car English	by egiver 1335		

By Ethnicity of Child		
Hispanic/Latino	850	
White	871	
Multi-racial	124	
Other	44	
Native American	14	
African American	3	
Asian	11	
Pacific Islander	0	
Unknown	38	

By Ethnicity of Parent/Primary Caregiver	
Hispanic/Latino	1097
White	1048
Multi-racial	87
Other	67
Native American	9
African American	6
Asian	5
Pacific Islander	3
Unknown	74

By Targeted Cultural Group	
Children with	805
Special Needs	805

Notable Accomplishments: MHSA-PEI 0-5 achieved key goals at both the community level and the program level. Achievements include:

Parents report a decrease in difficult behavior in their children: Over 80% of parents who rated their children as having a high frequency of problem behaviors, and/or indicated that they see their children's behavior as a substantial problem, rated their children as substantially improved after participation in Triple P – Positive Parenting Program®.

The rate of substantiated reports for child abuse and neglect in Sonoma County is decreasing: The rate of these reports, per 1,000 children, has gone down from 10.5 in 2010, to 10.0 in 2011, and most recently to 8.5 in 2012. LFA and First 5 believe this positive development is, in part, a product of the combined efforts of MHSA-PEI 0-5 grantees.

### **School Based Services to Youth Ages 5-18**

<u>Project SUCCESS PLUS (PS+)</u> MHSA funds build upon a county-wide Student Assistance Program to add a prevention and early intervention system of care for adolescents at 17 high schools throughout Sonoma County; Project SUCCESS Plus is in six school districts (Petaluma, Cotati-Rohnert Park, Windsor, Cloverdale, Healdsburg, and West Sonoma County).

The project is coordinated through the Sonoma County Office of Education (SCOE). SCOE contracts with community-based partners, Social Advocates for Youth, Petaluma People Services Center, West County Community Services, Drug Abuse Alternatives Center, Support Our Students, and National Alliance for Mental Illness, who provide mental health screening, counseling, training, and education on campuses.

Total Served through Sonoma County Office of Education - School Based Services and Activities:

11,771

(Data reported in this table is a collected for those activities where demographic information can be obtained on individual participants. Demographic data is not collected for all promotional or universal outreach strategies such as fairs and other large events, etc.)

By Age	
Children & Youth under 16	870
Transition Age Youth (16-25)	1264
Adults (26-59)	1
Older Adults (+60)	0
Missing/Unknown	54

By Ethnicity	
White	1200
African American	53
Asian	38
Pacific Islander	30
Hispanic/Latino	738
Multi Ethnic	65
Other	26
Missing/Unknown	32
Declined to State	10

By Gender	
Male	1028
Female	1150
Other	5
Missing/Unknown	33
Declined to State	2

By Languages Spoken	
English	1532
Spanish	267
Other	13
Missing/Unknown	379

By Targeted Cultural Group (self ID optional)	
LGBTQQI	42

Outreach and Engagement Only	
Total # of Participants	9582

Notable Accomplishments: Among English and Spanish speaking parents who received training, 100% reported increased knowledge and 94% reported increased confidence in ATOD and Behavioral Health issues (based on 17 surveys).

Outreach activities include annual Health and Wellness Fairs on campuses. More outreach is being offered to monolingual Spanish-speaking parents – including support groups. A community "mobilize" from St. Joseph's Healthcare System is collaborating with DAAC/PS+ in Cotati/Rohnert Park Unified School District to provide substance use education to Spanish-speaking families.

Parents and law enforcement are coming together in the West County. A community-sponsored event brought together the PS+ club on campus with a motivational speaker, and outreach to the middle schools and high schools. As an outgrowth of PS+ efforts, the West County high schools and feeder schools are working on an articulated prevention curriculum. Windsor PS+ gave a Parent Night presentation on marijuana and the developing brain and the continuum of use/abuse.

Windsor and West County PS+ students have sponsored anti-bullying efforts and are delivering anti-bullying presentations to 8th grade students/parents.

NAMI is about half way to the goal of 30 presentations this year. NAMI did 11 presentations at Analy High School and is going to Casa Grande. NAMI will do more in West County and Windsor this spring.

<u>Toolbox</u> provides parents and children with comprehensive, systematic and practical methodologies that teach fundamental tools and practices in personal and social awareness, in *Bellevue Unified School District* in southwestern Santa Rosa. This project is implemented by *California Parenting Institute*. Toolbox interventions include Family and Parent Engagement programs, School Based In-Class Support, and Social/Emotional Learning Curriculum teacher training.

<u>Early Risers - Skills for Success</u> provides a multi-component, developmentally focused competency enhancement program at Guerneville and Monte Rio elementary schools in the West County. This project is implemented by *Community and Family Services/West County Community Services*.

Santa Rosa Community Health Centers (SRCHC) specifically targets Latino children and youth ages 5-18 and their families, at three of the clinics where this population seeks care: Roseland Children's Health Center, Southwest Community Health Center at Lombardi, and Elsie Allen Health Center. Services include Parent Child Interaction Therapy (PCIT), an evidence-based practice that targets conduct-disordered young children by placing emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns; Triple P-Positive Parenting Program services from Lombardi and Roseland clinics; and drop-in psycho-educational Teen Support Groups.

# Services Targeting Transition Age Youth at Risk of or Experiencing First Onset of Mental Illness

<u>Crisis, Assessment, Prevention, and Education (CAPE) Team</u> is a prevention and early intervention strategy specifically designed to intervene with transition age youth ages, 16 to 25, who are at risk of or are experiencing first onset of serious psychiatric illness and its multiple issues and risk factors: substance use, trauma, depression, anxiety, self-harm, and suicide risk. The CAPE Team aims to prevent the occurrence and severity of mental health problems for transition age youth.

The CAPE Team is staffed by Sonoma County Behavioral Health licensed mental health clinicians. Services are located in nine Sonoma County high schools and Santa Rosa Junior College.

The CAPE Team has five essential components:

- **Mobile Response** to schools by licensed mental health clinicians with youth who may be experiencing a mental health crisis.
- Screening and Assessment of at-risk youth in high schools and colleges.
- Training and Education for students, selected teachers, faculty, parents, counselors, and law
  enforcement personnel to increase awareness and ability to recognize the warning signs of
  suicide and psychiatric illness.
- **Peer-based and Family Services,** including increasing awareness, education and training, and counseling and support groups for at-risk youth and their families.
- Integration and Partnership with existing school and community resources, including school resource officers, district crisis intervention teams, student and other youth organizations, health centers, counseling programs, and family supports including *National Alliance on Mental Illness* and Sonoma County Behavioral Health Division (SC-BHD).

Total Number of Students Trained in QPR (Question, Persuade, Refer) = 1473

(QPR is an evidence-based training that teaches any person how to look for signs and symptoms Of depression and suicide, how to talk to the person, and how to refer them on for care)

Total Number of High School Students Trained in Various Mental Health Issues (not QPR) = 1130

(Training topics included: Overview of mental health diagnoses, depression, self-care, stress management, anxiety, substance use, anger management, bullying, bipolar disorder, psychosis)

Notable Accomplishments: The CAPE Team facilitated two Critical Incident Stress Debriefings following two school incidents.

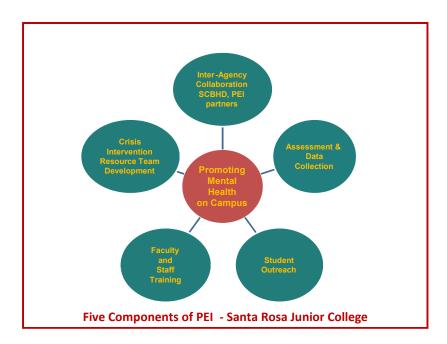
The CAPE Team worked closely with School Resource Officer, resulting in the rescue of both a student and a family member.

The CAPE Team participated in Santa Rosa Junior College's event marking World Depression Month by assisting with universal depression screening for any student at the Junior College. CAPE Team provided resources and support.

The CAPE Team participated in the Santa Rosa City School sponsored event "Every 15 Minutes." "Every 15 Minutes" is a two-day event that offers real-life experience without real-life risks. This emotionally charged event is designed to dramatically instill teenagers with the potentially dangerous consequences of drinking alcohol and texting while driving. This powerful program challenges students to think about drinking, texting while driving, personal safety, and the responsibility of making mature decisions when lives are involved.

### Santa Rosa Junior College

The CAPE Team funds a Health Promotion Specialist in Santa Rosa Junior College (SRJCs) Student Health Services who works with the CAPE Team on CIRT; collects and analyzes data from the National College Health Assessment and other data sources; provides staff and faculty professional development activities including **QPR**; organizes student outreach such as sponsoring a Mental Health Awareness Week with on-campus activities and online mental health screening events; developing an online monthly health magazine linked to every student's home page; and participates with BHD in other prevention and early intervention activities. SRJC's model offers a robust and comprehensive student mental health program that can be replicated at other community colleges and universities.



### **Services Targeting Older Adults**

Older Adult Collaborative (OAC) is a five agency project lead by Sonoma County Human Services
Department – Adult and Aging Division, in partnership with Council on Aging, Petaluma People Services
Center, Community and Family Services Center, and Jewish Family and Children's Services. The
OAC provides services to reduce depression and suicide among older adults county-wide. This is
accomplished through various services that are provided to seniors in the community: outreach and
education on depression, screening for depression, counseling (including in-home counseling for
isolated seniors), referrals to other community agencies, and use of the Healthy IDEAS (Identifying
Depression Empowering Activities for Seniors) intervention in case management.

Recently added to Sonoma County's Portfolio of Model Upstream Programs, Healthy IDEAS is a community-based depression program designed to identify and reduce the severity of depressive symptoms in older adults with chronic health conditions and functional limitations. The program sits within existing case management models and incorporates four evidence-based components into the ongoing service delivery of care/case management or social service programs serving older individuals in the home over several months:

- Screening and assessment of depressive symptoms
- Education about depression and self-care for clients and family caregivers
- Referral and linkage to health and mental health professionals
- Behavioral activation

Number of Seniors Who Participated in	Number of Counseling Sessions Provided in	
Healthy IDEAS*	the Home for Isolated Seniors*	
2599	281	

<sup>\*</sup>FY2012-13

Notable Accomplishments: The Older Adult Collaborative (OAC) maintained impressive outreach to seniors through the 4th quarter of FY 12/13. OAC surpassed their annual goal for offered screenings by more than 10%, serving 272 seniors. This outreach demonstrates a continued commitment from the agencies to work towards meeting the needs of a rapidly growing senior population.

### Services Targeting Communities That Experience Disparity in Access to Mental Health Services

### LGBTQQI Youth

<u>Positive Images (PI)</u> is a community-based non-profit and is the only agency in Sonoma County serving the unique needs of Gay, Lesbian, Bisexual, Transgender, Queer, Gender-Queer, Questioning, and Intersex (GLBTQQI) youth ages 12 to 25. Positive Images provides seminars teaching youth, staff, volunteers, and the community about the indicators of mental distress specific to the GLBTQQI population; enhancing relationships with ethnic communities through targeted recruitment for youth and adults of color for peer and mentoring programs; sharing information with all partners, especially faith-based groups, law enforcement, and juvenile justice organizations; and training youth outreach workers to engage more GLBTQQI youth and allies in programs and services

Notable Accomplishments: Independent annual evaluation process completed for 2012-2013 - Results: 84% of Positive Images members are optimistic and live productive lifestyles.

85% of Positive Images members who have psychological problems, take personal responsibility for their own healing process.

93% of Positive Images member, who experienced rejection from people they know regarding their own sexuality, feel relieved from the anxieties of this rejection by participating in the Positive Images program.

95% of people, who have some awareness of L/G/B/T/Q issues as presented by the Positive Images program, realize that their own acceptance or rejection of another person's sexual Identity does have an effect on those persons.

### **Geographically Isolated Communities**

Action Network provides enhanced mental health services to Sonoma County residents of the Redwood Coast. The Redwood Coast is a bi-county region of Northern California coastal and ridge communities spanning Sonoma and Mendocino Counties, from Fort Ross to Elk. Because Action Network is located in one of the most geographically isolated area in Sonoma County Action Network provides services to people across the lifespan. These services include outreach and engagement to Kashia Tribal Office, Sea Ranch public apartments, Horicon Elementary School, South Coast Senior Center and at high schools located in Mendocino but attended by Sonoma County Teens. Staff are trained in evidence based practices (Triple P Positive Parenting for children ages birth to 5 years and Triple P Teens, Girls Circle, Questions, Persuade, Refer, and ASIST) to increase access to mental health services to the community. Other services include print media outreach, attendance at fairs and community gatherings; and offering groups to children and youth, parenting classes for families, and services at the Senior Center to reduce isolation.

Notable Accomplishments: 100% of families are aware of the mental health services and supports that Action Network offers, including Triple P classes. Also 100% of families served have signed up for the Imagination Library program which supports literacy for young children and infants. Action Network can say that, with confidence, that 100% of their families are satisfied with their services.

<u>Alexander Valley Health Center in Cloverdale</u> administers Pediatric Symptoms Checklist to all children and youth ages 5 to 19. The Pediatric Symptom Checklist (PSC) is a psychosocial screen designed to facilitate the recognition of cognitive, emotional, and behavioral problems in order to initiate appropriate interventions early. PSCs for children between the ages of 5 and 11 years were completed by a parent or guardian; youth ages 12 to 19 years completed the assessment themselves.

Children Aged	Total Children Screened	# Seen by Behavioral Health
5-11 years	765	107
12-19 years	902	73

### Communities of Color

<u>Community Baptist Church (CBC)</u> provides services to predominately African American children and youth in a faith-based setting. CBC is located in Santa Rosa and was the denomination's first African-American church. Currently, CBC has an ethnically and culturally diverse congregation. CBC provides

prevention and early intervention programming and services to children, youth, and their families. MHSA-funded programs at CBC utilize existing program structures to implement prevention and early intervention services. These services build protective factors in children, youth, and their families and other adults, that promote health behaviors and decrease engagement in risky behaviors. Protective factors include building strong parent-child bond, early academic success, appropriate peer relationships, and creating social connections and concrete support in times of need. Program interventions include the use of evidence-based practices (QPR: Question, Persuade, Refer) and Triple P Positive Parenting. Programs are as follows:

The Saturday Academy: A weekly program that features topics of importance to youth and the community. Adults from the community are asked to bring a youth relative or friend aged 14-18. This is a participatory program that focuses on building protective factors through faith-based teachings and other relevant issues (hygiene, etc.).

The Village Project: A weekly program for children ages 8-13 using curriculum that focuses on building protective factors. The Village Project allows children and youth to have an opportunity to test out what they learned with projects and outings.

*Bridge to the Future*: Rites of Passage: An eight-month program for youth ages 14-18. This program uses adult mentors (civic and community leaders, elected officials, etc.) to provide youth with life skills to assist them in a successful transition into adulthood.

Safe Harbor Project: The Safe Harbor project uses various modalities to assist individuals and their families to gain knowledge and skills that enable them to better understand, manage and cope with stress. Activities include self help groups, specialized mental wellness workshops, music as relief events, distribution of resource literature, etc.

Notable Accomplishments: Training evaluations from two-hour training to regional high school staff about addressing the needs of teen fathers showed that 95% of staff increased their knowledge about the challenges teen fathers face and ways to better support them. Participants brainstormed ideas to work together to identify the needs of teen fathers and provide resources (e.g., support groups, educational materials).

Rites of Passage Class 2014-Community Baptist Church

<u>Latino Service Providers</u> - <u>Sonoma County (LSP-SC)</u>, supported by <u>Community and Family Services</u> to strengthen Latino families and children by building healthy communities, and reduces disparities in Sonoma County by offering a variety of mechanisms for networking, collaboration and information exchange. This enables all groups to work together to leverage resources, influence service delivery and promote professional development.

Total Number of Individuals served by LSP-SC: 5200

Notable Accomplishments: A new partnership was initiated by LSP with the Consumer Relations Program, a program of Goodwill – Redwood Empire to start the Grupos de Amistad. Grupos de Amistad are Spanish-speaking support and resource groups by and for persons with mental or emotional health issues. They are encouraging bilingual Spanish speakers to help facilitate these groups. There is a stigma among the Latino

community to seek mental health services, and LSP is trying to reduce that stigma and encourage more mental health awareness of education, programs, and services.

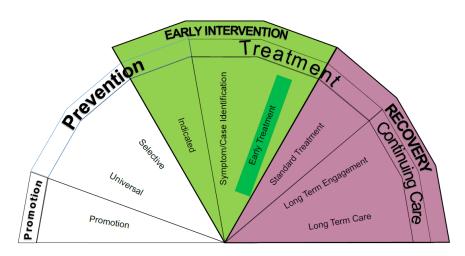
Latino Service Providers is growing. Membership started with a few hundred in 2010 and now there are well over 1000 members. They currently have 1109 members that are part the LSP resource network.

<u>Sonoma County Indian Health Project (SCIHP)</u> implements the *Aunties and Uncles Program*, a mentoring program that provides workshops, social connections, and builds self-esteem in transition age youth ages 16 to 25, depression screening to all youth ages 12 to 25, and workshops and training to providers to better understand how to work best with Native Americans.

Total Number of Individuals Reached through Direct Services and Outreach and Engagement at Sonoma County Indian Health Project: **3337** 

Notable Accomplishments: As a result of the Aunties and Uncles Project, SCIHP has worked alongside CPS and the juvenile justice system, successfully assisting in the reunification of removed children from their homes and the placement of native teens into the homes of relatives or treatment centers. Most of the community members who were assisted are now receiving regularly scheduled BH appointments and participating in SCIHP programs.

# WORKFORCE, EDUCATION, & TRAINING (WET)



Consumer and Family Member Mental Health Career Pathways

<u>Consumer Relations Program</u> is funded to provide outreach, education and employment coordination, peer mentoring and counseling, consumer satisfaction projects, and quality improvement. Education and employment coordination encompasses strengthening links between local education programs and interested mental health consumers; promoting internships/externships and certificate programs; collaborating to design job openings that accept and are reflective of consumer experience; and promoting relevant training, evaluations, and announcements about workforce training and education developments. Additionally, in order for consumers of public mental health services to be successful as providers of public mental health services, they need specialized support and training.

Postgraduate Internships

<u>Support Our Students Community Counseling</u> (SOS) provides crisis intervention and assessment under the guidance of Sonoma County Behavioral Health's Mobile Support Team members, to individuals identified by law enforcement as having a behavioral health crisis. SOS provides clinical supervision for post graduate master's level interns as they gain experience responding to crises.

<u>Lomi Psychotherapy Clinic</u> is funded to assist Masters' level post-graduate interns to gain experience providing mental health treatment services to mental health consumers referred by the Access Team. Post graduate interns provide brief, evidence-based individual psychotherapy integrating Cognitive Behavioral Therapy, Solution-Focused Therapy, Wellness and Recovery Action Plans, Mindfulness-Based Cognitive Behavioral Therapy, Dialectical Behavioral Therapy and Acceptance, and Commitment Therapy, as appropriate. Lomi Psychotherapy Clinic provides ongoing training, supervision, and support to their interns.

Total receiving Mental Health Treatment through Lomi Psychotherapy Clinic: 180

By Age	
Transition Age Youth (16-25)	19
Adults (26-59)	153
Older Adults (+60)	8

By Gender	
Male	41
Female	136
Transgender	3

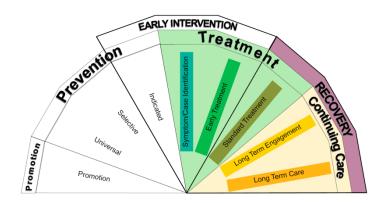
By Language	
English	172
Spanish	8

By Ethnicity	
White	127
African American	11
Asian	5
Pacific Islander	
Native American	3
Latino/Hispanic	22
Multi Ethnic	10
Other	3
Missing/Unknown	3
Declined to State	2

By Targeted Cultural Group	
LGBTQQI	12
Homeless	3

Notable Accomplishments: Lomi clinicians implemented the Hamilton Depression Rating Scale (HDRS). The HDRS is a multiple- item questionnaire used to provide an indication of depression and as a guide to evaluate recovery. During the fourth quarter, Lomi clinicians looked at HDRS scores from clients at the beginning of their therapy and compared those ratings of the same clients who completed therapy. The beginning and ending cumulative comparison scores of 16 of the 21 clients shows a 76% decrease in impairments.

# INNOVATION (INN)



Integrated Health Team (IHT) creates a client-centered, holistic approach that incorporates community health education strategies as a core component of primary care and behavioral health service provision. In this model, the primary goal is to address unmanaged physical health conditions that lead to early morbidity for consumers living with serious and persistent mental illness (SPMI). IHT will launch an integrated, multidisciplinary team of peer health educators, physicians, nurses, psychiatrists, behavioral health specialists, and care managers. This creates a new three-pronged model by adapting two existing models: 1) primary care and behavior health integration model, and 2) peer- based community health education.

<u>Mobile Support Team (MST)</u> integrates consumers and family members into a mobile response team, and retrains mental health staff to work effectively alongside consumers and family members. Adapts crisis response team models that rely solely on the involvement of licensed clinicians by integrating trained consumers and family members into the team, and engages in a number of bridge-building activities with law enforcement to support crisis response.

Total Calls	533
Santa Rosa Police	429
Department	
Sonoma County Sheriff's	103
Office	
Santa Rosa Junior College	01
District Police	

5150's	
Total # of 5150's written	129

Total Referrals Provided	128
NAMI/family support	61
Family Service Coordinator	52
at Buckelew Programs	
Substance Use Disorders	15
Services	

Follow-up calls	
Psychiatric Emergency	257
Services	
Mobile Support Team	316

Notable Accomplishments: The BHD launched the MST program on September 26<sup>th</sup> 2012.

MST staff were cross-trained in law enforcement field tactics and participated in ride-along trainings. MST also was taught detoxification and Psychiatric Emergency Services procedures and protocols

Horicon is a K-8 school where the MST provided critical incident stress debriefing and suicide prevention training with students, faculty, and family members in Spanish and English, after the suicide death of a 13-year old student at the school.

MST continues to provide presentations on the MST program in communities across Sonoma County.

Interns from the MST program were then hired by the team after completing their internships.

<u>Petaluma Peer Recovery Project (PPRP)</u> is designed to create a safe place that is populated by fellow mental health consumers and is conducive to recovery. PPRP is currently offering support groups that range from general peer support groups, to relaxation and recreation, to groups on learning and practicing self-therapeutic techniques for recovery. Alongside all other services, PPRP acts as a community resource for both mental health consumers and their loved ones. They offer their experience in the mental health community by directing all those who come through their doors toward the help they seek whether offered by PPRP or by other organizations. PPRP is a program of Goodwill Industries of the Redwood Empire.

Notable Accomplishments: Fiscal year 12/13 was the first year PPRP was a funded program. The Center got further established with two half-time staff, formerly volunteers, in November of 2012. Acclimating as paid employees with set hours and heightened levels of accountability, PPRP staff were trained on Goodwill's Policies and Procedures, including safety trainings and protocols. With a budget, PPRP was able to do more, and were able to buy a number of items for socialization activities, such as musical instruments and art supplies. PPRP also purchased more office supplies and obtained a locking file cabinet for record-keeping. PPRP's first year as a funded program resulted in foundational solidification in many aspects. This foundational work has changed/enhanced perspectives of staff, attendees and the community at large, enabling further solidification and growth.

#### MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

Mental Health Services Act (MHSA) funds financed the capital costs associated with development, acquisition, construction and/or rehabilitation of permanent supportive housing for individuals with mental illness and their families, especially including homeless individuals with mental illness and their families. All housing money has been expended and housing expenditures have been reported in the previous fiscal year. For purposes of this report, Sonoma County provides a reminder of its housing expenditures.

Completed Sonoma County Housing Projects:

- Vida Nueva in Rohnert Park six permanent supportive housing units dedicated to mental health clients (4 singles and 2 family units). Service partners include St. Joseph's Health Care Systems, and COTS
- **Windsor Redwoods** in Windsor eight permanent supportive housing units dedicated to mental health clients (6 singles and 2 family units).

Fife Coast Commences in Coasta will a sight assurement over	
<ul> <li>Fife Creek Commons in Guerneville - eight permanent supp mental health clients (7 singles and 1 family unit).</li> </ul>	portive nousing units dedicated to
<ul> <li>McMinn Avenue in Santa Rosa – provides shared permane Each unit has two private rooms and a secured bathroom.</li> <li>Sonoma County.</li> </ul>	
	73   P a g e

#### **Expenditure Plan for Fiscal Year 2014/2015**

#### A. Overview of FY 2014/2015 MHSA Funded Programs:

#### **Community Services and Supports Programs**

The Community Services and Supports component of the plan and budget in FY 14/15 includes MHSA funding of \$11.9 million for the previously approved and implemented programs. Community Services and Supports programs will serve an estimated 9,000 mental health consumers, their family members, and other Sonoma County residents identified as priority populations. **The BHD will be contracting with a number of community partners to provide these services.** Funding will be used for the following services:

#### Full Service Partnerships (Intensive Treatment Services)

- Family Advocacy Support and Treatment Team for children ages 4-18
- Transition Age Youth Team for youth ages 18-24
- Integrated Recovery Team for adults with co-occurring mental health and substance use disorders
- Forensic Assertive
   Community Treatment
   Team for adults with mental
   illness referred through
   mental health court
- Older Adult Intensive
   Services Team for seniors at risk of out of home
   placement
- Activities to reduce depression and prevent suicide
- Activities to decrease stigma and discrimination

#### Consumer and Family-Driven Programs

- Consumer-Run Self-Help Centers for mental health consumers throughout Sonoma County
- Family-Driven
   Services: provides
   education, navigation,
   individually and in
   groups, to assist and
   support families of
   mental health
   consumers
- Consumer Rights and Advocacy Education
- Activities to reduce depression and prevent suicide
- Activities to decrease stigma and discrimination

#### Outreach and Engagement to Increase Access

- Services targeting identified population who are at high risk: people who are homeless, abuse substances, veterans, people from ethnic and cultural communities, people who are LGBTQQI, people who live in geographically isolated areas, seniors
- Improved access to specialty mental health services to priority populations,
- Services targeting older adults to decrease isolation
- Activities to reduce depression and prevent suicide
- Activities to decrease stigma and discrimination

#### **Prevention Programs**

The Prevention programs are funded by \$2.4 million in MHSA funds through contracts with over 15 community-based organizations. Prevention programs will serve an estimated 25,000 Sonoma County children, youth, their families, and other adults to provide evidence-based, promising, and/or community informed services needed to prevent mental illness.

#### Services Targeting Children Birth to Age 5 and their Families

- Education and Support for parents of special needs children
- Identification and treatment of Perinatal Mood Disorder (PMD)
- Case Management to Women with PMD
- Parent Education:
   Triple P Positive
   Parenting Program

- Comprehensive psychological assessments
- Developmental and social-emotional screening for children
- Case management for families with children at risk for developmental and/or social-emotional issues
- Re-screening of Children following services

- Mental Health Services to families with mental health concerns of either the child or the family
- Outcome tracking
- Activities to reduce depression and prevent suicide
- Activities to decrease stigma and discrimination

#### Services Targeting School Aged Children Ages 5 to 18 years

- Student Assistance Programs

   Project SUCCESS Plus (+)
   for high school youth at 17
   high school sites
- Mental health training and education for students, faculty, counselors and parents in a high school setting
- Mental health screening, counseling, training, and education on campuses
- Family and parent engagement programs, inclass support, and teacher training
- Teen support groups
- Activities to reduce depression and prevent suicide

#### Services Targeting Transition Age Youth Ages 18 to 25

- Organize student outreach
- Utilize on-campus social media interventions to decrease stigma and increase access
- Plan and organize events and fairs
- Mental health training and education for students
- Mental health training for faculty, and other staff training
- Mental health screening and assessment
- Engage students to be peer leaders
- Activities to reduce depression and present suicide
- Activities to decrease stigma

#### **Services Targeting the Older Adult Population**

- Training of and consultation to 'gatekeeper' staff (Meals on Wheels drivers, in-home support staff) to recognize signs of depression and suicide
- Screening for depression
- Case Management for seniors who are experiencing depression
- Phone calls, home visits, referrals
- Counseling
- Activities to reduce depression and prevent suicide

 Activities to decrease stigma and discrimination and discrimination

 Activities to decrease stigma and discrimination

#### Services Targeting Communities Who Experience Disparity in Access to Mental Health Services

- LGBTQQI youth providing support groups provided throughout
- Sonoma County, community education speaker panels, peer counseling training
- Culturally defined mentoring for youth
- Screening Native American youth for depression and suicide
- Activities to reduce depression and prevent suicide
- Activities to decrease stigma and discrimination

- Enhance mental health service to residents in Sonoma County's most isolated Redwood Coast across the lifespan; including education via media, evidence based activities and tools used for children and youth, and seniors
- Training and Education for staff that is culturally appropriate
- Activities focused on building protective factors in children and youth in a faith- based setting
- Activities to reduce depression and prevent suicide
- Activities to decrease stigma and discrimination

- Staff and Community training
- Networking activities to services providers focusing on Latinos
- Screening for children at community health centers.
- Culturally defined stress reduction activities
- Development and maintenance of electronic information sharing specifically for Latinos
- Activities to reduce depression and prevent suicide
- Activities to decrease stigma and discrimination

#### **Early Intervention Programs**

The County-operated Early Intervention Program Crisis/Assessment/Prevention/Education (CAPE) Team is funded with \$248K in order to prevent mental illness or intervene early at the onset of mental illness.

#### **Services Targeting Transition Age Youth Ages 16-24 At Risk of Experiencing First Onset of Mental Illness**

- Crisis response to high schools, Santa Rosa Junior College, and Sonoma State University
- Consultation, screening, and assessment of high risk youth
- Training and Education of students, parents, teachers and other school personnel
- Peer-Based and Family Education and Support Services
- Outreach and Engagement Activities to Students
- Activities to reduce depression and prevent suicide
- Activities to decrease stigma and discrimination

#### **Innovation**

Mental Health Services Act requires Innovations component funds to be used for, "novel, creative and/or ingenious mental health practices/approaches that are expected to contribute to learning, which are developed within communities through a process that is inclusive and representative, especially of unserved and underserved individuals." These innovative programs will serve over 1,600 people in crisis through the Mobile Support Team and an estimated 160 mental health consumers with severe and persistent mental illness will be provided comprehensive and integrated health care. The two previously approved Innovation projects (the Integrated Health Team and the Mobile Support Team) will continue in FY 14/15. The total cost for these two programs is \$3.3 million, with \$1.6 million in MHSA funds and \$1.7 million in non-MHSA funds covering these costs.

#### **Mobile Support Team**

- Provides mobile support response with law enforcement for people experiencing a mental health or substance use disorder crisis
- Provides follow-up services to individuals and families, post-crisis

#### Reducing Disparities Fund Initiative

 The central purpose is to increase access to underserved groups living with, or at risk for, serious mental illness by exploring funding strategies for seeding start ups

#### **Integrated Health Care Team**

- Provides integrated primary care co-located at a Behavioral Health community program, in order to meet the physical health care needs of mental health clients
- Out-stations Family Nurse Practitioner from Santa Rosa Community Health Center
- Will integrate peer support on team to support care navigation

#### **Workforce Education and Training**

Mental Health Services Act goal of the Workforce, Education, and Training (WET) component is to develop programs and activities that contribute to developing and maintaining a culturally competent workforce, which includes individuals who have client and family member experience, who are capable of providing client and family-driven services that promote wellness, recovery, and resiliency. All the approved projects in this component were implemented in FY 12/13 and are planned to continue in FY 14/15. The total cost for the three projects is about \$1.1 million, with MHSA covering almost all of these costs.

#### **Workforce Education and Training Programs**

#### **Post Graduate Internship Program**

 Develop competent mental health practitioners who reflect the diversity of Sonoma County by creating real opportunities for qualified candidates to work in a public mental health setting

#### **Consumer Relations Program**

 Provide education, training, internships, employment and other opportunities for mental health consumers' involvement in the public mental health system

#### **Capital Facilities & Information Technology**

In FY 12-13, Phase One of the Avatar Software Implementation began. "Go-Live" for the Cal-PM module occurred on July 1, 2013. The remainder of the fiscal year focused on production support, system stabilization and the introduction of functionality to support County mental health billing and clinical practices. During FY14-15, the plan is to complete Phase Two, which will include the full electronic clinical record, e-prescribing and other supporting functionality such as federal or state required changes.

#### MHSA Plan Budget Narrative FY 14/15

As of FY 12/13, Sonoma County has implemented programs, services, projects and/or activities in each of the original component areas. In FY 14/15, the Plan calls for the continuation of all existing MHSA programs as previously approved. The total costs for the Plan is \$27.8 million with MHSA funds accounting for \$17.7 million and the remaining \$10.1 million in costs being covered by non-MHSA sources (e.g., Medi Cal Federal Financial Participation [FFP] revenues, OAC funding, realignment and/or intergovernmental transfer [IGT] funds). Table One below summarizes the funding by component.

Table One: MHSA Component Funding Summary				
FY 14/15				
Components	MHSA Funds	Total Costs		
Community Services & Supports	\$11,857,533	\$17,575,145		
Early Intervention	\$251,790	\$536,636		
Prevention	\$2,193,936	\$2,846,597		
Innovation	\$1,628,111	\$3,843,746		
Workforce Education & Training	\$944,956	\$949,433		
Capital Facilities & Technology	\$1,179,350	\$1,179,350		
OAC Funded Triage Grant	\$0	\$871,522		
TOTAL	\$18,055,676	\$27,802,429		

#### **Community Services and Supports**

The Community Services and Supports component of the plan and budget in FY 14/15 includes MHSA funding of \$11.9 million for the previously approved and implemented programs. There are no new programs proposed for FY 14/15.

#### **Prevention**

The Prevention component is funded by \$2.4 million in MHSA funds that support contracts with over 16 community-based organizations. Table Four summarizes the allocation of these funds.

#### **Early Intervention**

The County-operated Crisis/Assessment/Prevention/Education (CAPE) Team is funded with \$250K of these funds with the remaining \$286K covered by non-MHSA funding.

#### Innovation

The previously approved Innovation projects (the Integrated Health Team, Innovation Team, and the Mobile Support Team) will continue in FY 14/15. The total cost for these three programs is \$3.3 million, with \$1.7 million in MHSA funds and \$1.6 million in non-MHSA funds covering these costs. Table Four provides a funding summary.

#### **Workforce Education and Training**

All the approved projects in this component have been implemented in FY 12/13 and are planned to continue in FY 14/15. The total cost for the three projects is about \$950,000, with MHSA covering almost all of these costs. Table Six provides a funding summary for this component.

#### **Capital Facilities & Information Technology**

In FY 12-13, Phase One of the Avatar Software Implementation began. "Go-Live" for the Cal-PM module occurred on July 1, 2013. The remainder of the fiscal year focused on production support, system stabilization and the introduction of functionality to support County mental health billing and clinical practices. During FY 14-15, the plan is to complete Phase Two which will include the full electronic clinical record, e-prescribing and other supporting functionality such as federal or state required changes. There will be funding for evaluation services in FY 14/15. The total cost budgeted for FY 14/15 for Capital Facilities and Information Technology is \$1.2 million.

#### **OAC Funded Triage Grant**

These non-MHSA funds will be used to increase access to crisis services in Sonoma County by expansion of the Mobile Support Team to serve a larger geographic area, and increasing the number of high schools served by the Crisis Assessment, Prevention and Education (CAPE) Team.

Table Two: Planned MHSA Funding FY 14/15		
Community Services & Supports	Planned	
Approved Programs	Funding	
Family Advocacy Support Stabilization Team (FASST)	\$303,124	
Transition Age Youth Program (TAY)	\$557,079	
Forensic Assertive Community Treatment Program (FACT)	\$697,452	
Integrated Recovery Team (IRT)	\$2,438,359	
Older Adult Integrated Services Team (OAIS)	\$1,134,659	
Outreach & Engagement	\$5,388,101	
General System Development	\$972,123	
Sub Total: Programs	\$11,490,897	
Plus up to 15% County Administration	\$366,636	
Plus up to 10% Operating Reserve		
Sub Total: County Admin/Operating Reserve		
Total MHSA Funding for CSS	\$11,857,533	

Table Three: Planned MHSA Funding FY 14/15		
Early Intervention Planned		
	Funding	
CAPE Team	\$219,342	
Sub Total: Programs	\$219,342	
Plus up to 15% County Administration	\$32,448	
Plus up to 10% Operating Reserve	\$	
Sub Total: County Admin/Operating Reserve	\$32,448	
Total MHSA Funding for Early Intervention	\$ 251,790	

Table Four: Planned MHSA Funding FY 14/15		
Prevention Planned		
Approved Programs	Funding	
Early Childhood - 0 to 5	\$412,000	
School Based	\$755,722	
Older Adults - Reducing Depression & Suicide	\$243,387	
Reducing Disparities	\$506,074	
Statewide PEI Projects	\$30,000	
Sub Total: Programs	\$1,947,183	
Plus up to 15% County Administration	\$246,753	
Plus up to 10% Operating Reserve	0	
Sub Total: County Admin/Operating Reserve	\$246,753	
Total MHSA Funding for PEI	\$2,193,936	

Table Five: Planned MHSA Funding FY 14/15	
Innovation	Planned
Approved Programs	Funding
Integrated Health Team (IHT)	\$980,150
Mobile Support Team (MST)	\$311,632
Innovation (Transportation)	\$336,329
Sub Total: Programs	\$1,628,111
Plus up to 15% County Administration	
Plus up to 10% Operating Reserve	
Sub Total: County Admin/Operating Reserve	
Total MHSA Funding for INN	\$1,628,111

**Table Six: Planned MHSA Funding** FY 14/15 **Workforce Education & Training** Planned **Approved Programs Funding** County Staffing & Services/Supplies Costs \$564,956 Post Graduate Internship Program \$160,000 Consumer Operated Programs \$120,000 Internship Program \$100,000 Sub Total: Programs \$944,956 Plus up to 15% County Administration Plus up to 10% Operating Reserve Sub Total: County Admin/Operating Reserve

\$944,956

**Total MHSA Funding for WET** 

Table Six: Planned MHSA Funding FY 14/15		
Capital Facilities & Technology	Planned	
Approved Programs	Funding	
Avatar Project (Technology)	\$1,079,350	
Evaluation Services	\$100,000	
Sub Total: Programs	\$1, 179,350	
Plus up to 15% County Administration		
Plus up to 10% Operating Reserve		
Sub Total: County Admin/Operating Reserve		
Total MHSA Funding for Capital Facilities & Technology	\$1, 179, 350	

County: Sonoma

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. Estimated FY 2014/15 Funding						
1. Estimated Unspent Funds From Prior Fiscal						
Years	772,920	12,899	364,192	2,275,028	991,838	
2. Estimated New FY 2014/15 Funding	12,375,000			3,300,000	825,000	
3. Transfer in FY 2014/15						\$0
4. Access Local Prudent Reserve in FY 2014/15						\$0
5. Use of Non MHSA Funds	4,427,225	1,059,434	722,258		1,214,337	\$0
6. Estimated Available Funding for FY 2014/15	\$17,575,145	\$1,072,333	\$1,086,45 0	\$5,575,028	\$3,349,307	
B. Estimated FY 2014/15 Expenditures	17,575,145	1,072,333	1,086,450	3,353,233	3,349,307	
C. Estimated FY 2014/15 Contingency Funding	\$ -	\$ -	\$0	\$2,221,795	\$ -	

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2014	\$910,635
2. Contributions to the Local Prudent Reserve in FY 2014/15 (interest earned)	\$7,126
3. Distributions from Local Prudent Reserve in FY 2013/14	\$0
4. Estimated Local Prudent Reserve Balance on June 30, 2015	\$917,761





Michael Kennedy, MFT – Behavioral Health Division Director

#### Overview of Mental Health Services and MHSA Integrated Planning

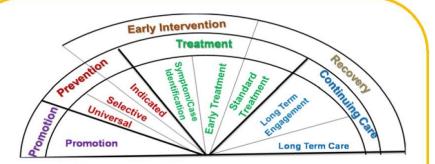
**Behavioral Health Services Division** 

Presented by Amy Faulstich, Mental Health Services Act Coordinator

### **Agenda**

- History and Overview of Mental Health
   Services Act
  - Sonoma County Behavioral Health
     Division Mental Health Services Before
     and Now
- Sonoma County's Mental Health Service
   System
  - Survey

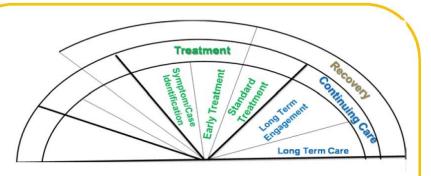




#### Spectrum of Intervention

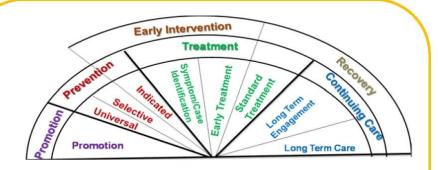
Adapted from the following sources: The National Research Council (US) and Institute of Medicine (US) Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults with further adaptation from Southern Synergy The Southern Health Adult Psychiatry Research, Training and Evaluation Centre - Monash University Medicine, Nursing, and Health Sciences, Victoria Australia





Sonoma County Behavioral Health - Mental Health Services BEFORE Mental Health Services Act





Sonoma County Behavioral Health supported system of care AFTER implementation of Mental Health Services Act



#### Sonoma County's Mental Health System of Care



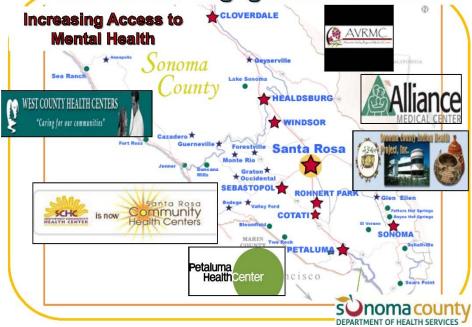
# Community Services & Supports (CSS)

Outreach and Engagement
 General System Enhancement
 Full Service Partnerships





#### Outreach & Engagement Services



#### **Outreach & Engagement Services**

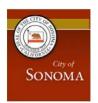
Geographically Isolated Communities

Community Mental Health Centers













### General Systems Development Crisis Intervention Training with Law Enforcement



- Collaboration with Santa Rosa Police Department and Sonoma County Sherriff's Department
- 32 Hours of Training in 4 consecutive days
- Over 350 Law Enforcement Officers Trained since 2007
- Every municipality including Regional Parks has participated in the training



#### **Full Service Partnerships**

- Family Advocacy, Support & Treatment Team
- Transition Age Youth Team
- Integrated Recovery Team
- Forensic Assertive Community Treatment Team
- Older Adult Intensive
   Team





- Community & Family Services Agency
- Buckelew Programs, Inc.
- Social Advocates for Youth
- Sunny Hills Services







#### **Housing Program**



Fife Creek Commons - Guerneville



Vida Nueva – Rohnert Park





Windsor Redwoods -Windsor



### Prevention & Early Intervention (PEI)

- Birth to Age Five
- School Based Services
- Transition Age Youth experiencing first onset of mental illness
- Older Adults experiencing depression and at risk for suicide
- Reducing Disparities to ethnic and cultural populations



#### Children Ages Birth – 5 years

**Early Learning Institute** 



Strengthening community.



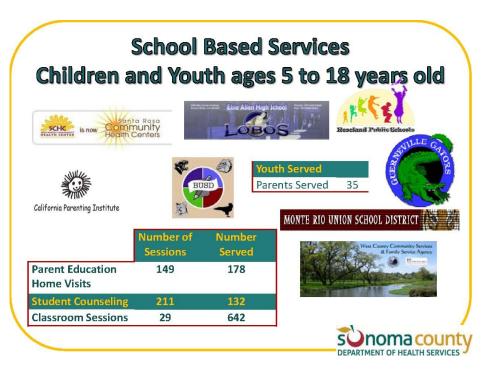


California Parenting Institute

Children Birth to 5	Parents/guardians/care givers	Other family members	Providers
1,860	1,173	188	85









### Services Targeting Transition Age Youth At Risk of Experiencing First on-set of Mental Illness





QPR	
Number	Number
reported	reported
HIGH	HIGH



Degree of knowledge of warning signs of suicide and depression	61	216
Degree of knowledge of how to ask someone about suicide	41	216
Ability to persuade someone to help	40	181
Degree of knowledge of local resources available for help with suicide	31	196

WEST COUNTY UNION HIGH SCHOOL DISTRICT







### Services Targeting Transition Age Youth At Risk of Experiencing First on-set of Mental Illness — The CAPE Team



Question, Persuade, Refer (QPR) presentation -



# Older Adult Collaborative: Reducing Depression and Suicide Human Services Department COUNTY OF SONOMA Prvices provided this contract year: UTREACH 2,399 seniors offered depression screening.

OUTREACH 2,399 seniors offered depression screening. 2.126 seniors were screened for depres CASE 30 seniors completed Healthy IDEAS MANAGEMENT 40 seniors completed activity engagement 174 seniors referred for mental health MENTAL HEALTH 322 seniors received home visits REFERRALS 477 seniors received phone contacts 271 seniors received referrals to other community resources 58 seniors received counseling 368 sessions occurred in the home















### Workforce, Education, and Training (WET)

### Diversifying the Mental Health Workforce



#### **Workforce, Education, & Training**



#### Program One:

Peer Provider -Independent Living Skills Rehabilitation Program Workforce Development

## (WET) ne: ler -

Petaluma Peer Recovery Project

Program Two: Consumer Relations Program -Consumer Mental Health Career Pathways

#### **Program Three:**

Post Graduate
Internship Program Post-Graduate
Internships and
Supervision



SOS Counseling

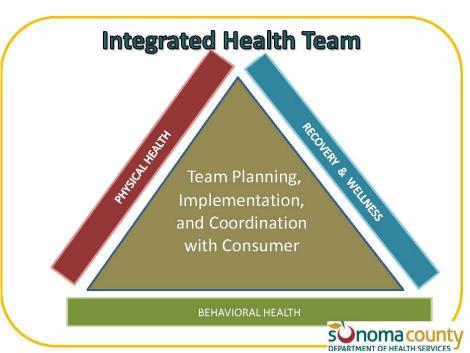




#### **Innovation (INN)**

# Novel, Creative and/or Ingenious Mental Health Practices/Approaches







#### **Mobile Support Team**



- Mobile Response
- Screening & Assessment
- Linkage and Referral
- Peer-based
   Follow Up for
   Consumers and
   Family Members



### Reducing Disparities Funding Project













### MHSA Capital Facilities & Information Technology



### MHSA Capital Facilities & Information Technology











### Regional & Statewide PEI Projects in Sonoma County









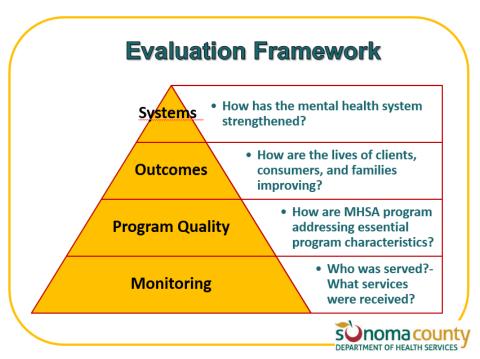


EACH MIND MATTERS
California's Mental Health Movement



#### **Evaluation Framework**





#### **Evaluation Highlights**

Services are more culturally and linguistically responsive.

Agencies may be helping to reduce some barriers to service.

Families are playing a greater role in agency activities

More MHSA community contractors want trainings on capacity building.

There are slight increases in agencies' ability to access non-MHSA funding.

Agencies are satisfied with BHD's role as a convener and advocate.

More MHSA-funded agencies are collaborating with one another.



#### Plan 2013/2014

Component	MHSA Funds	Total Cost		
Community Services & Supports	\$ 12,398,010	\$ 17,462,439		
Prevention & Early Intervention	2,324,627	2,324,627		
Innovation	774,876	1,339,806		
Sub Total	15,497,513	21,166,771		
Workforce Education & Training	934,746	939,657		
Capital Facilities & Technology	809,891	1,309,891		
Grand Total	\$ 17,242,150	\$ 23,416,319		
		sonoma county		

#### STATEWIDE PREVENTION AND EARLY INTERVENTION PROGRAMS

#### transforming mental health care in Sonoma County

CalMHSA's statewide Prevention and Early Intervention (PEI) initiatives enhance the ability of counties to meet the mental health needs of their communities through effective and cost-efficient suicide prevention and student mental health programs. Sonoma County's partnership in California's nationally-recognized Stigma and Discrimination Reduction campaign is critical to achieving the transformation of mental health services by communicating to all Californians that help is available and recovery is achievable, thereby removing barriers to seeking help.

In a dynamic policy environment and with the implementation of the Affordable Care Act, the cost-effective delivery of statewide PEI initiatives frees up county resources for community-responsive and innovative local efforts. With participation in this statewide partnership, Sonoma County has invested in California's mental health transformation and in development of breakthrough and culturally relevant best practices that serve the needs of California's diverse communities.

#### Benefitting all California Counties

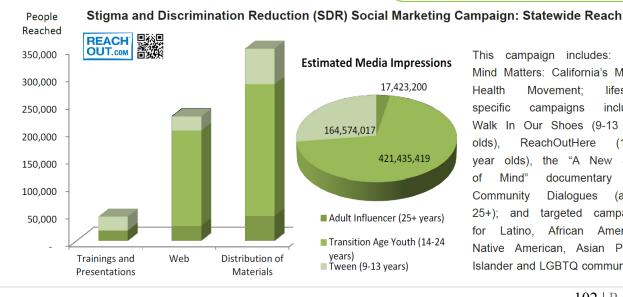
- Invest now, save later. Research suggests that for each dollar invested in prevention today, dollars saved by avoiding suffering, loss of income and lives.
- Achieve economies of scale by purchasing services across counties. Bulk media purchases stretch dollars 35-50% further. Regional county partnerships deliver value in crisis hotline services.
- Prepare counties for Affordable Care Act implementation through Integrated Behavioral Health Care training and technical assistance.
- Create lasting systems change. K-12 educator credential standards now include training to improve early identification of at-risk students.
- Associated Press standards now support accurate reporting mental health, supporting help-seeking
- Reduce each county's cost for critical investments, such culturally adapted training, social marketing, Discrimination Stigma and Reduction best practices.
- Promote mental health awareness. inclusion and equity for individuals with mental health challenges through a coordinated campaign—Each Mind Matters.

Sonoma County's initial investment in statewide Prevention and Early Intervention is \$417,715 per year over a four year period. This initial investment built and strengthened California's crisis delivery, student mental health, and stigma reduction infrastructure. These capacities can now be sustained at much lower funding levels.

#### Statewide Impact: **January- December 2013**

Approximate reach across all CalMHSA programs:

Individuals	Program/Activity
124,774	Trained and/or educated on prevention strategies
81 <b>9</b> ,881	Reached through crisis and early intervention services, etc.
1,475,713	Reached through informational resources
265,764,543	Views of social marketing campaign materials



This campaign includes: Each Mind Matters: California's Mental Health Movement; lifespanspecific campaigns including Walk In Our Shoes (9-13 year olds), ReachOutHere (14-24)year olds), the "A New State Mind" documentary and Community Dialogues (adults 25+); and targeted campaigns for Latino, African American, Native American, Asian Pacific Islander and LGBTQ communities.

#### **Key Examples of Local Reach in Sonoma County**

Prevention and Early Intervention (PEI) Statewide Projects are designed to complement local efforts while building statewide capacity to improve mental health.

#### **Enhanced Local Crisis Response**

Suicide Prevention Crisis Centers respond 24/7 to individuals in a mental health crisis. The local crisis center is the North Bay Suicide Prevention Project (855-587-6373). CalMHSA partners with the hotline to enhance local crisis response with: training, outreach and marketing, support to the local suicide prevention committee and Native American community (Sonoma County Indian Health Project-SCIHP). SCIHP held a Gathering of Native Americans training focused on youth suicide prevention.

YEAR	2012	2013
CALL VOLUME	1,858	2,091

Based on partial year data, call volume is increasing, in part due to additional outreach and marketing.







#### Training and Education Investments to Improve Local Response

Student Mental Health Partners offered local training in the following areas:

- Pre-K-12 (January-December 2013): Trained 147
  participants on wellness and suicide prevention.
   School demonstration projects are available and
  have the potential to reach nearly 12,400 students.
- Sonoma State (January December 2013):
   Provided Question, Persuade, Refer (QPR) suicide prevention training to 196 community members.
- Santa Rosa Junior College: To date, reached 705 individuals through training on topics such as peer support and mental health awareness.

Prevention and early intervention saves lives and dollars by delivering help before a crisis when it's most effective and less costly.

#### Identify Warning Signs and Access Help before a Crisis

The Know the Signs Suicide Prevention campaign informs Californians of warning signs, how to talk to someone they are worried about and identify helpful resources.



Sonoma County residents received this information through: TV (e.g. cable, Univision, 497,000 views), online (e.g. Hulu, Facebook, 4.4 million views), magazines (289,000 views), resulting in nearly 5.2 million total views of the

campaign materials. During the first 4 months, **over 5,000** residents visited the campaign websites to seek information.

Sonoma County integrated the campaign materials into their outreach to college students.

Directing Change student video contest: a Sonoma County student placed 2nd statewide in the Eliminating Stigma Category. Her mother shared that "Not only did you give... the opportunity to express...the importance of mental health awareness but you motivated students to continue to the good work of advocating for those with mental illness."

Why Statewide? In 2008, state strategic plans were developed for suicide prevention, stigma and discrimination reduction and student mental health. CalMHSA, a Joint Powers Authority, was created by counties in 2009 to implement the PEI Statewide projects efficiently and effectively. These are just a few program highlights; for more information please visit: www.calmhsa.org

Stigma and Discrimination Reduction Partners offered local training in the following areas:

- Speakers' Bureau Grants: Trained 66 speakers and reached 239 individuals to date.
- ReachOutHere Online Forums: 425 local youth sought information and support in English, 198 in Spanish. (BuscaApoyo).
- Walk In Our Shoes school performances reached 64 sixth graders, providing education about mental health challenges.
- Provided technical assistance on integrated behavioral health implementation to Partnership HealthPlan; planning for local Integration Summit.
- Trained 15 youth as In Our Own Voice presenters, 13 Parents and Teachers as Allies and reached 10 medical providers (NAMI).

Draft Document Updated: 3/13/2014

#### **APPENDIX 3: Sonoma MHSA Integrated Plan Community Input Survey**



### COMMUNITY INPUT SURVEY for SONOMA COUNTY BEHAVIORAL HEALTH DIVISION'S (BHD): 3-YEAR INTEGRATED PLAN

#### We Want To Hear From You

Help us create a plan to provide mental health services for Sonoma County

Thank you for taking the time to share your opinions and ideas for the Sonoma County Mental Health Services Act (MHSA) Three Year Integrated Plan.

In Sonoma County, the MHSA aims to create a local mental health system that focuses on wellness and recovery, is consumer, client and family member driven, promotes a vision in which recovery is possible, and delivers culturally responsive and linguistically appropriate services.



WELLNESS . RECOVERY . RESILIENCE

The Behavioral Health Division is undertaking an integrated planning process to strengthen and enhance existing MHSA services. We need your input on current services offered and underserved populations living with mental health challenges.

We also need your feedback on new ideas for expanded services that could be provided in the future, as well as your ideas of new and/or expanded services you would like to see supported by the MHSA funds in Sonoma County.

The survey should take no longer than 3 – 5 minutes to complete. **All sections of the survey are anonymous.** Thank you for your time, and we look forward to hearing from you.

#### **HOW DO I RETURN A COMPLETED SURVEY?**

You may return a completed survey the following ways:

Scan and Email to:

Karrie Tam

ktam@harderco.com

**Fax:** 415-522-5445

Maii:

Karrie Tam

Research Associate

Harder+Company Community Research

299 Kansas Street

San Francisco, CA 94103



### 2014 SONOMA COUNTY BEHAVIORAL HEALTH DIVISION (BHD): INTEGRATED PLANNING COMMUNITY INPUT SURVEY

#### **INTRODUCTION**

☐ Consumer-operated services

In Sonoma County, the Mental Health Services Act (MHSA) aims to create a local mental health system that focuses on wellness and recovery, is consumer, client and family member driven, promotes a vision in which recovery is possible, and delivers culturally responsive and linguistically appropriate services. The Behavioral Health Division is undertaking an integrated planning process to strengthen and enhance existing MHSA services. As part of the process, we are gathering ideas from community stakeholders to continue our efforts to transform the Sonoma County mental health system. Thank you for your ideas.

1. Based on your experience, what services offered through MHSA funding are most helpful?

Crisis response services					
Early Childhood Mental Health services (o – 5)					
Family support services					
☐ Housing programs					
☐ Mental Health Services for Transitional Age Youth (TAY)					
Mental health services targeting underserved cultural populations					
	Outreach and engagement activities to geographically isolated communities				
<ul> <li>Outreach and engagement to Older Adults</li> </ul>					
☐ Partnership with school programs					
☐ Treatment for people living with Serious and Persistent M	lental Illness				
. 5. 5					
□ Other (specify)					
2. Which underserved population(s) living with mental he	مرم الممام ماخلم				
greatest need for mental health prevention and early in (check all that apply):	_	•			
greatest need for mental health prevention and early in	_	•			
greatest need for mental health prevention and early in (check all that apply):	ntervention se	rvices in Son	oma County?		
greatest need for mental health prevention and early in (check all that apply):  Underserved populations  African American/Black	Greatest	rvices in Sono	coma County?		
greatest need for mental health prevention and early in (check all that apply):  Underserved populations	Greatest need	Some need	oma County? Least need		
greatest need for mental health prevention and early in (check all that apply): Underserved populations  African American/Black Asian/Pacific Islander Foster youth	Greatest need	Some need	Least need		
greatest need for mental health prevention and early in (check all that apply): Underserved populations  African American/Black Asian/Pacific Islander	Greatest need	Some need	Least need		
greatest need for mental health prevention and early in (check all that apply):  Underserved populations  African American/Black Asian/Pacific Islander  Foster youth  Geographically isolated individuals with mental health issues Hispanic/Latino	Greatest need	Some need	Least need		
greatest need for mental health prevention and early in (check all that apply):  Underserved populations  African American/Black Asian/Pacific Islander Foster youth Geographically isolated individuals with mental health issues Hispanic/Latino Individuals living with co-occurring substance use disorders	Greatest need	Some need	Least need		
greatest need for mental health prevention and early in (check all that apply):  Underserved populations  African American/Black Asian/Pacific Islander  Foster youth  Geographically isolated individuals with mental health issues Hispanic/Latino	Greatest need	Some need	Least need		
greatest need for mental health prevention and early in (check all that apply):  Underserved populations  African American/Black Asian/Pacific Islander Foster youth Geographically isolated individuals with mental health issues Hispanic/Latino Individuals living with co-occurring substance use disorders	Greatest need	Some need	Least need		
greatest need for mental health prevention and early in (check all that apply):  Underserved populations  African American/Black Asian/Pacific Islander Foster youth Geographically isolated individuals with mental health issues Hispanic/Latino Individuals living with co-occurring substance use disorders LGBTQ Native American Older Adults (60+)	Greatest need	Some need	Least need		
greatest need for mental health prevention and early in (check all that apply):  Underserved populations  African American/Black Asian/Pacific Islander Foster youth Geographically isolated individuals with mental health issues Hispanic/Latino Individuals living with co-occurring substance use disorders LGBTQ Native American Older Adults (60+) Transitional age youth (16 – 24 years of age)	Greatest need	Some need	Least need		
greatest need for mental health prevention and early in (check all that apply):  Underserved populations  African American/Black Asian/Pacific Islander Foster youth Geographically isolated individuals with mental health issues Hispanic/Latino Individuals living with co-occurring substance use disorders LGBTQ Native American Older Adults (60+) Transitional age youth (16 – 24 years of age) Veterans	Greatest need	Some need	Least need		
greatest need for mental health prevention and early in (check all that apply):  Underserved populations  African American/Black Asian/Pacific Islander Foster youth Geographically isolated individuals with mental health issues Hispanic/Latino Individuals living with co-occurring substance use disorders LGBTQ Native American Older Adults (60+) Transitional age youth (16 – 24 years of age)	Greatest need	Some need	Least need		

3. Listed below are expanded services that could be provided in the future to persons of all ages with mental health challenges. Please rate the services that you consider are the most or least important to provide: (check all that apply)

Services	Very	Important	Not	Don't
	Important	ппроглапс	Important	Know
Develop a consumer-operated warm line				
A direct phone line for individuals who need				
support and may be isolated that is also staffed by				
those who have had mental health challenges and				
achieved success with their own mental health				
recovery				
Expand mental health services to additional high schools				
Expand mental health training and education for				
students, faculty, counselors and parents in a high				
school setting				
Expand mobile support team into additional				
communities				
Expand the Mobile Support Team (MST), which is				
staffed by licensed mental health clinicians,				
certified substance abuse specialists, and post-				
graduate registered interns, mental health				
consumers and family members. MST staff				
participates in law enforcement shift briefings to				
maintain open communication and responds in the				
field to law enforcement requests to behavioral				
health crisis				
Hire consumers to be employed by Sonoma County				
Behavioral Health				
Recruit and hire individuals at Sonoma County				
Behavioral Health who have had mental health				
challenges and achieved success with their own				
mental health recovery				
Increase bilingual/bicultural services				
> Increase bilingual/bicultural mental health services				
offered				
Strengthen homeless outreach				
> Strengthen outreach to ensure individuals with				
mental health challenges who are homeless are				
connected to services				
Strengthen support services to family members				
Strengthen mental health support services such as				
workshops, support groups, one-on-one education,				
and resource clinics to family members				
Support college-level mental health peer programs				
> Support preventive mental health peer programs				
and services in a college setting				

Support public education campaigns (e.g. Know the					Ш
Signs, Each Mind Matters, SanaMente)					
Support public education campaigns focused on					
mental health advocacy, such as Each Mind					
Matters ( <u>http://www.eachmindmatters.org</u> ), Know					
the Signs ( <u>http://www.suicideispreventable.org</u> ),					
and SanaMente					
( <u>http://www.eachmindmatte</u>	ers.org/get-				
<u>informed/sobre-sanamente</u>					
Support the suicide prevention hotline					
<ul><li>Support the Sonomα County suicide prevention</li></ul>					
hotline which provides local resources in addition to					
crisis support					
Other (specify):					
4 244					
4. What are your ideas of new	-	•	ild like to see	supported b	y the
Mental Health Services Act	(MHSA) funds in Sono	ma County?			
DEMOGRAPHICS					
5. What is your age?	6. What geogra	nhic area in S	onoma Coun	ty do you ren	resent
☐ 15 and younger	6. What geographic area in Sonoma County do you represent (live and/or work)? Check all that apply:				
☐ 15 and younger	■ North: Asti, Cloverdale, Geyserville, Healdsburg, Las Lomas,				
	Windsor				
☐ 25 <del>-</del> 44					
□ 45−59 □ 60+	Russian River/West County: Camp Meeker, Cazadero,				
□ Decline to answer	Cunningham, Duncans Mills, Forestville, Freestone, Graton,			_	
□ Decline to answer	Guerneville, Guernewood Park, Mirabel Park, Monte Rio, Occidental, Rio Nido, Russian River, Sebastopol, Villa				
	Occidental, R	io ivido, Russ	sian River, Sel	oastopoi, Villa	3

Grande

7. What is your gender?

☐ Female

☐ Transgender

☐ Decline to answer

☐ Male

Timber Cove, Valley Ford

Park, Santa Rosa, Two Rock

☐ Sonoma Coast: Annapolis, Bodega, Bodega Bay, Fort Ross, Gualala, Jenner, Plantation, Sea Ranch, Stewarts Point,

Lakeville, Penngrove, Petaluma, Petaluma River, Rohnert

Verano, Eldridge, Fetters Hot Springs, Glen Ellen, Kenwood,

☐ Sonoma County Central: Bloomfield, Cotati, Fulton,

☐ Sonoma Valley: Agua Caliente, Boyes Hot Springs, El

	☐ Interested community member
	☐ Mental health services provider
	☐ Representative of law enforcement
	☐ Student
	☐ Other (specify)
	☐ Decline to answer
9. What do you consider your	
ethnic background? (check	
all that apply)	
☐ African American/Black	
☐ Asian/Pacific Islander	
☐ Hispanic/Latino	
☐ Native American/Alaska	
Native ,	
☐ White/Caucasian	
☐ Other (specify)	
☐ Decline to answer	

#### **END OF SURVEY**

Thank you very much for your time. Your feedback is valuable to the Behavioral Health Division. For any questions about this survey, please contact Karrie Tam, Research Associate at Harder+Company Community Research (email: <a href="https://ktam@harderco.com">ktam@harderco.com</a>; phone: (415) 522-5400). Please feel free to leave any final comments you may have.

#### **APPENDIX 4: Definitions for Spectrum of Intervention Phases and Categories**

**Early Intervention** - refers to interventions targeting people displaying the early signs And symptoms of a health problem or disorder and people developing or experiencing a first episode of disorders. It is the early identification of people with emerging signs and symptoms to enable timely, effective and appropriate treatment to prevent illness as far as possible and reduce disability.

**Recovery** – refers to the unique and personal process of developing attitudes, values, feelings, goals, skills and/or roles that enable a satisfying, hopeful and contributing life. Recovery is both a process and an outcome and is essential for promoting hope, well being, and a valued sense of self-determination. A recovery orientation emphasizes the development of new meaning and purpose for consumers, and the ability to pursue personal goals.

**Promotion** – any action taken to maximize mental health and well being among populations and individuals. It aims to protect, support and sustain emotional and social wellbeing of the population by promoting the factors that enhance mental health. It is relevant across the continuum of care and entire spectrum of interventions.

**Prevention** – "interventions that occur before the initial onset of a disorder" to prevent the development of disorder. The prevention of health problems and disorders relies on reducing the risk factors for disorders as well as enhancing the protective factors that promote health.

**Treatment** – Treatment is made up of early intervention in the form of symptom identification and proactive case identification for the first episodes of disorder, as well as case identification more generally, along with standard treatment for diagnosed disorders.

**Continuing Care** – comprises interventions for individuals whose disorders continue or recur. The aim is to provide optimal treatment and the necessary rehabilitation and support in order to prevent relapse or the recurrence of symptoms, and to maintain optimal functioning to promote recovery. Ongoing health promotion, the reduction of risk factors and enhancement of protective factors are still relevant at this end of the spectrum.

**Universal Prevention Interventions** – are directed at whole populations that have not been identified on the basis of risk, and are aimed at improving the overall mental health of a population. Examples include programs to build community connectedness in local neighborhoods, and education programs to prevent bullying in schools.

**Selective Prevention Interventions** – focus on population groups and individuals at higher risk of health problems and disorders, and aim to reduce the risks to the targeted population. Examples include positive parenting programs for disadvantaged families, and social support programs to prevent depression for older people in residential care.

**Indicated Prevention Interventions** - aimed at population groups and individuals at high risk of the onset of a disorder, who have the early signs and symptoms foreshadowing health problems and disorders but who do not currently met the formal criteria for diagnosis of a disorder. Examples include

programs for children with behavior problems that are an early warning sign of a conduct disorder and intervention programs for young people who are feeling and behaving in ways that are an early warning sign for psychosis.

**Symptom or case identification** - results in the identification and diagnosis of individuals in clinical settings or clinical outreach. Early and reliable recognition of disorder is the primary goal of symptom / case identification. Activities include screening of referrals, triage and initial assessment.

**Early treatment** -aims to provide the timeliest and effective treatment to achieve the fullest possible recovery in the early stages of a diagnosed disorder.

**Standard treatment** -involves the application of effective, evidence based treatments for individuals with diagnosed disorders, including cognitive and pharmacological therapies.

**Long-term Engagement** -with longer term treatment and support may focus on vocational, educational, social and cognitive functioning. Relapse prevention is a critical issues and refers to interventions in response to the early signs of recurring disorder or deterioration for people who have already experienced a disorder

**Long-term care** -encompasses a range of programs that assist people with serious disorders who have care and support needs resulting from high levels of ongoing disability.