

MENTAL HEALTH SERVICES ACT:

Transforming Mental Health Care in Sonoma County



2015-2016 Mental Health Services Act Plan Update & Annual Update for 2013-2014



Table of Contents

	Page
MHSA County Compliance Certification	3
MHSA County Fiscal Accountability Certification	4
Message from Behavioral Health Director	5
Introduction	6
Purpose of this Document	6
Mental Health Services Act History	6
MHSA Today	7
Description of Sonoma County	8-9
Our Review and Approval Process	9
Public Hearing Content and Comment.....	10-11
Description of the Stakeholder Process	12-14
FY 15/16 MHSA Plan Update	15-28
Expansion of MHSA Services.....	16-24
Crisis Intervention Systems Change.....	24-28
FY 13/14 Annual Update for MHSA Programs and Services.....	29-102
Expenditure Plan for FY 2015/2016.....	103-110
Appendices	
Appendix 1: Sonoma County MHSA Learning Circle PowerPoint	111
Appendix 2: Definitions for Spectrum of Intervention Phases and Categories.....	130
Appendix 3: Sonoma County MHSA Newsletters.....	133
Appendix 4: Question, Persuade, Refer (QPR) Outcomes PPT	138
Appendix 5: MHSA Impact Statements for FY 13-14.....	151
Appendix 6: CalMHSA Impact Statement.....	213

MHSA Report prepared by Amy Faulstich, MHSA Coordinator, and Bruce Robbins, Administrative Aide, with the support of Sonoma County Behavioral Health staff and contractors.



WELLNESS • RECOVERY • RESILIENCE

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Sonoma County

☐ Three-Year Program and Expenditure Plan

☒ Annual Update

Local Mental Health Director	Program Lead
Name: Michael Kennedy	Name: Amy Faulstich
Telephone Number: (707) 565-5157	Telephone Number: (707) 565-4823
E-mail: Michael.Kennedy@sonoma-county.org	E-mail: Amy.Faulstich@sonoma-county.org
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 July 29, 2015.

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 true and correct.

Michael Kennedy
Local Mental Health Director (PRINT)

Michael Kennedy
Signature Date

Three-Year Program and Expenditure Plan and Annual Update County/City Certification Final (07/26/2013)

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Sonoma County

- ☐ Three-Year Program and Expenditure Plan
☒ Annual Update
☐ Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Michael Kennedy	Name: David Sundstrom
Telephone Number: (707) 565-5157	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 95404	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Michael Kennedy
Local Mental Health Director (PRINT)

David Sundstrom
Signature Date 8/11/15

I hereby certify that for the fiscal year ended June 30, 2014, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 12/17/14 for the fiscal year ended June 30, 2014. I further certify that for the fiscal year ended June 30, 2015, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Donna Dunk
County Auditor Controller / City Financial Officer (PRINT)

Donna Dunk
Signature Date 8/16/15

¹ Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

Message from the Behavioral Health Director

I am pleased to present Sonoma County's 2015-2016 Mental Health Services Act (MHSA) Updated Plan and 2013-2014 Annual Update. 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 Sonoma County Behavioral Health Division (SC-BHD) has exciting plans for 2015-2016 to both strengthen and enhance existing MHSA services. With the implementation of the Affordable Care Act (ACA), the Sonoma County Behavioral Health Division is working towards leveraging ACA dollars for appropriate MHSA programs in order to enhance and expand programs and services in our communities.

This is an exciting time for our division. We have made significant progress towards the expansion of our Crisis Stabilization Unit and are moving into a new facility in fall 2015. The Division sought and received input from community stakeholders including consumers and family members. Informed by this input, Division staff has worked with County General services to identify a site and to create the necessary architectural plans for the new space.

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.

SC-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. This year we have hired a Workforce, Education and Training (WET) Specialist who will work with the SC-BHD to develop annual training plans for our staff and continued diversification of our workforce.

In the next year, the SC-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 and have developed a solid system for monitoring and tracking all MHSA data. In 2015-2016 we are committed to developing evaluation plans for our MHSA contracted services, providing technical assistance to our contractors to develop goals and logic models as part of their scope of work.

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 2015-2016, and to report on the activities, services, and programs currently funded through MHSA for fiscal year 2013 - 2014.

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 an 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 2013-2014, please refer to the Annual Update beginning on page 26 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 unserved 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, as a result 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

The 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.

Description of Sonoma County

Sonoma County measures 1,576 square miles. In 2014, Sonoma County had the 17th largest county population of the 58 counties in California, with 500,292 residents estimated. According to 2014 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 2010 to 2014, Sonoma County's population grew 3.4%.

Demographics In 2013, 20.9 % of Sonoma County's population is under 18 years old, 5.4% of who were younger than school age (0 to 5 years old). More than 16% are 65 years and older, and the remainder are 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: 65.1% of Sonoma County residents are white (non-Hispanic); 25.9% are Latino, 4.1% 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.

Medi-Cal Beneficiaries and Threshold Languages California's External Quality Review Organization (EQRO), *APS Healthcare*, reports that Sonoma County Mental Health Plan's Medi-Cal average monthly unduplicated eligible by race and ethnicity for calendar year 2012 was as follows: 48% of all Medi-Cal beneficiaries are Hispanic; 3.6% are African American; 2.8% are Native American; and 3.3% are Asian or Pacific Islander. Please Note: The most current numbers available for Medi-Cal beneficiaries and threshold language from APS Healthcare are from 2012.

There are approximately 89,166 Medi-Cal beneficiaries in Sonoma County according to Partnership HealthPlan of California's 2013-2014 Annual Report.

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)]. The threshold language for Sonoma County is Spanish.

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 Plan Update for FY 2015-16 and the MHSA Annual Update for FY 2013-14. 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 Plan Update for FY 2015-16 and the MHSA Annual Update for FY 2013-14 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 Plan Update for FY 2015-16 and the MHSA Annual Update for FY 2013-14 began on Wednesday, April 20, 2014 and ended on Wednesday, May 20, 2014.

The Public Hearing

The Public Hearing for the MHSA Plan Update for FY 2015-16 and the MHSA Annual Update for FY 2013-14 took place at the Sonoma County Mental Health 2015 at 5:00 pm at the Finley Center in Santa Rosa. The community members and stakeholders attended the taking the opportunity to address the Mental Health their experience as a client or family member in an MHSA-shared stories of recovery and support and were

Board Meeting on Wednesday, May 20, public was welcomed and 86 public hearing, with 42 people Board. The speakers shared funded program. They thankful for the services they received. A

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 the plan.

Inclusion

Sonoma County's mental health board will conduct 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 plan or update and make recommendations to BHD 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.

number of the Department's community partners activity of their programs and also expressed their funding and their collaborative relationship with the During the public comment period, SCBH received correct information in the posted draft of the MHSA Plan changes have been made to this report. These changes do the content of this report nor services provided to the public. Public comment at the hearing provided overwhelming support of the Update and Plan. To view the public comment from the MHSA Public Hearing on May 20, 2015 please go to the Sonoma County Behavioral Health Division website at: <http://www.sonoma-county.org/health/about/behavioralhealth.asp>

Below is a table to exhibit the outreach the Behavioral Health Division conducted to obtain feedback on the MHSA Plan Update for FY 2015-16 and the MHSA Annual Update for FY 2013-14 and to announce the MHSA Public Hearing.

MHSA Annual Update Distribution and Public Hearing Outreach Stakeholders for 2015

Date(s)	Place
3/17; 4/21	Mental Health Board Meetings
3/17	MHSA Newsletter for March
3/18	Russian River Area Resources and Advocates Meetings
3/19	California Reducing Disparities Contractors Workshop
4/7, 4/21, 5/14, 5/20	MHSA Contractors and Staff Contact list-emails sent
3/6; 5/1	Behavioral Health Division Managers Meeting
4/15	All SC-BHD Contractors Meeting
5/15	Community Health Initiative for Petaluma Area- Behavioral Health Work Group Meeting
5/15	NAMI Sonoma County Newsletter
4/22	MHSA Newsletter for April
5/8	MHSA Newsletter for May
May	DHS Facebook Page
May	DHS Website
April and May	MHSA Website
April and May	BHD Website
5/14	Sonoma County Libraries- hard copies of Annual Update delivered
5/12	Sonoma County Chambers of Commerce-emailed
3/11	0-5 Collaborative Meeting
5/7	Older Adult Collaborative Meetings
April and May	All BHD Staff emailed document and flyer for public hearing
5/7	Asian Pacific Islander Health Forum-80 people
3/16	All DHS Managers Meeting
5/13	Action Network in Gualala
5/12	Health Care Districts
5/14	Finley Center
5/12	Vet Connect- emailed
4/15	Project Success Plus Collaborative Meeting

MHSA Plan Update for FY 2015-16 and the MHSA Annual Update for FY 2013-14 was approved by the Sonoma County Board of Supervisors on July 28, 2015. The Behavioral Health Division sent the approved plan to the MHSOAC on August 21, 2015 to remain on file for review and evaluation purposes.

Description of the Stakeholder Process

The 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 Update.

- Existing Ongoing Opportunities for update of accomplishments, opportunity for community stakeholder input and discussion with the public. These include the following:

Meeting Name	Stakeholder Group	Meeting dates in FY 13-14
Alcohol and Other Drug Advisory Committee meeting (monthly)	Substance Use Disorders	9/18, 10/16, 11/20, 1/15, 2/19, 4/16, 5/24, 6/18
BHD director/mental health consumer managers meeting	Peers/Consumers	12/5, 1/9, 2/6, 3/6, 5/1, 6/5
C-CAN meeting	Consumers	9/26
Committee for Healthcare Improvement (CHI) meeting (monthly)	Homeless and health care providers	4/16, 6/18
Department of Rehabilitation (DOR) – Co Op meeting (monthly)	Employment	4/10, 2/21, 7/11, 1/6
Early Childhood Mental Health Collaborative Partners meeting (quarterly)	0-5 aged children	11/20, 12/3
Foster Child Collaboration meeting	Foster youth-Human Services Department and Social Services	10/8
Greater Bay Area Mental Health & Education Workforce Collaborative meeting	All Stakeholders	2/26, 5/28
Healthcare for the Homeless meeting	Homeless	7/22, 4/22
Integrated Behavioral Health Summit	Health care providers, hospitals, substance use disorders providers	12/13
Juvenile Justice Coordinating Council	Law enforcement/Social Services organizations	6/25
La Luz	Latino community	6/19
Latino Health Forum Planning Group meeting	Latino community	8/19
Latino Leaders	Latino community	10/16/2013
Leadership Santa Rosa	Business and community leaders in Santa Rosa	12/12/13, 1/24/14, 2/26
Mental Health Board meeting (monthly)	All Stakeholders	7/ , 9/17, 10/15, 11/19, 2/18, 3/18, 4/15, 5/21, 6/17

Meeting Name	Stakeholder Group	Meeting dates in FY 13-14
MHSA 3 Year Integrated Planning meeting	All Stakeholders	2/7, 3/14, 4/3, 4/25
North Bay Regional Center	Developmental disabilities	6/6
North Bay Suicide Prevention Project Regional Council meeting (quarterly)	All Stakeholders- Suicide Prevention	2/27, 4/21
Partnership Health Plan CA – Beacon Health Strategies	Mental health providers for the Medi-Cal managed care plan	2/27
Peer Employment Work Group meeting	Peers/Consumers	2/14, 3/7, 5/15 6/25
PEI Older Adult Collaborative meeting	Older Adults	2/6
Petaluma Health Care District – Community Health Initiative for Petaluma Area	Healthcare/Mental Health/Social Services provider/Veterans/Peers and Family Members	11/21, 12/19/13, 5/15
Portrait of Sonoma Leadership Team	Business and community leaders throughout Sonoma County	12/16
Quality Improvement Committee meeting (monthly)	Consumers, Family Members, providers and community members	4 th Wednesday of each Month
River Area Shelter and Downtown (RASAD) Task Group	Homeless and Geographically Isolated, Veterans	2/20, 6/19
Russian River Area Resources and Advocates meeting (monthly)	Homeless and Geographically Isolated	8/21, 2/20, 6/19
Santa Rosa City Schools	Education	8/27, 3/20, 4/4, 6/4
Santa Rosa City Schools – School Board meeting	Education	2/26
Sonoma County Community Corrections Partnership meeting (monthly)	Law Enforcement	12/10
Sonoma County Indian Health Project	Native American community	8/14
Sonoma County Office of Education; Sonoma County Special Education Local Plan (SELPA)	Education	5/28/2014
South County Mental Health/Behavioral Health Collaborative meeting (bimonthly)	Geographically Isolated	11/2, 5/15
VetConnect	Veterans	Every Tuesday
Crisis Intervention Training (CIT)	Law Enforcement	12/10

- Relevant updates to key representative stakeholders with specific populations or services focus:
 - Mobile Support Team Operations Committees
 - Juvenile Restoration Project Partners
 - Greater Bay Area Collaborative

- Redwood Community Health Coalition & Partner Health Care Centers– West County Health Services; Santa Rosa Community Health Centers; Alliance Medical Centers, Sonoma Valley Community Health Center
 - Human Services Division - JobLink
 - Sonoma County Office of Education
 - Santa Rosa Junior College
 - Sonoma State University
- Informal stakeholder meetings individually or in groups with mental health consumers and faith-based advocacy groups representatives from specific diverse ethnic and cultural communities, including Veterans.

BHD Director and MHSA Coordinator presented relevant information using methods appropriate to the setting, interest area, and the stakeholders that reflect MHSA guidelines, current initiatives and programs, MHSA community planning processes and allowed for clarification, feedback and input.

Mental Health Consumers

- Russian River Empowerment Center
- Interlink Self Help Center
- Wellness and Advocacy Center

Family Members and loved ones of consumers of mental health services

- NAMI-Sonoma County
- Buckelew Programs

Providers of Service & Social Services Agencies

- Latino Services Providers
- Community Baptist Church
- Human Services Department
- Action Network
- Goodwill Industries
- Social Advocates for Youth
- Positive Images

Health Care Organizations

- St. Joseph's Healthcare Systems
- Kaiser Permanente
- Alexander Valley Health Center
- Sonoma County Indian Health Project
- Redwood Community Health Coalition
- Partnership HealthPlan CA

Veterans

- Veterans Administration
- VetConnect

Education

- Sonoma County Office of Education
- Santa Rosa Junior College
- City of Santa Rosa School District
- West County Union High School District

Families & Children

- Early Learning Institute
- First 5 Sonoma
- California Parenting Institute
- VOICES

Law Enforcement

- Sonoma County Sheriff's Department
- Santa Rosa Police Department
- Petaluma Police Department
- Cloverdale Police Department

Older Adult/Seniors

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

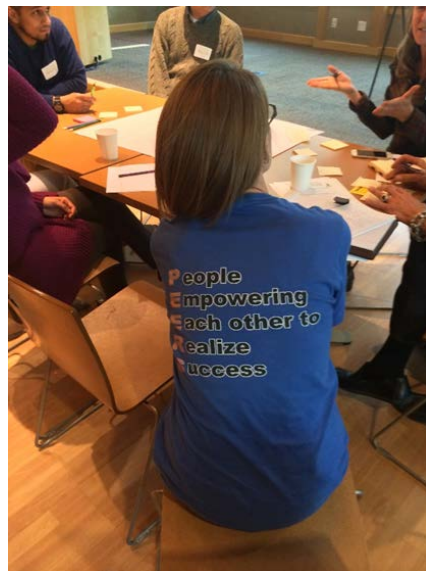
Substance Use Disorders Providers

- Drug Abuse Alternatives Center
- California Human Development

Housing Providers

- Burbank Housing
- Community Housing Sonoma

2015-2016 MHSA Plan Update



Pictured above (clockwise from upper left): Crisis, Assessment, Prevention, and Education (CAPE) team, Elise Krawchuk from SRJC's PEERS Coalition, California Reducing Disparities Project (CRDP) team, MHSA Coordinator Amy Faulstich

Expansion of Services for 2015-2016



As a result of the Sonoma County's community planning process, Sonoma County residents will have access to a strengthened behavioral healthcare 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 Programs
- 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 Sonoma County CalMHSA Projects with PEI funding

Sonoma County will continue to invest MHSA dollars towards CalMHSA projects in FY 15-16 in order to benefit from the promotion of the suicide prevention and stigma and discrimination campaigns in our communities. The SC-BHD is also expanding our MHSA funding to include the projects below that were previously funded through CalMHSA. In FY 15-16, the SC-BHD is committed funding CalMHSA programs and services.

Suicide Prevention Hotline Funding



Stakeholder feedback during our Community Planning Process prioritized support for the Suicide Prevention Hotline. Sonoma County Behavioral Health will support the North Bay Suicide Prevention Hotline using PEI funds in FY 15-16. North Bay Suicide Prevention is a 24/7 confidential hotline. Highly trained telephone counselors respond to over 13,000 calls annually from North Bay Counties. Hotline counselors are able to effectively and efficiently de-escalate callers' level of suicidal intent.

Peer Run Warmline Program

The Sonoma County Suicide Prevention Committee identified a consumer-operated Warmline program as an action plan for their work as part of the North Bay Suicide Prevention Project (NBSPP). The

Sonoma County Behavioral Health Division was able to utilize funds through the NBSPP project to fund the Warmline. The Consumer-Operated Warmline program will provide compassionate and culturally appropriate services to consumers of mental health services.

People Empowering Each Other to Succeed (PEERS) Program at Santa Rosa Junior College

As an expansion of the prevention and early intervention efforts at Santa Rosa Junior College (SRJC), this funding will be used to further develop and integrate the PEERS Coalition project. Goals include mobilizing the student voice to effectively raise awareness, reduce stigma, and increase access to behavioral health services. A student team of interns will work with Student Health Services' staff in addressing priority needs of SRJC students through outreach activities and widespread community collaboration. Interns will serve in a variety of roles including representation on the County Mental Health Board, leading small group peer discussions, teaching Question, Persuade, Refer (QPR) suicide prevention, and educating students on campus about recognizing and responding to students in distress. Interns will also assist the Sonoma County Behavioral Health Crisis, Assessment, Prevention and Education (CAPE) team in training high schools students in QPR.

Expanding Crisis Assessment, Prevention and Education (CAPE) Team and Mobile Support Team (MST)

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 as the Triage Grant.

Sonoma County Behavioral Health Division will receive a total of \$3,000,000 in the next 3 years to expand both the mobile crisis services of the Mobile Support Team (MST) and the Crisis Assessment, Prevention, and Education (CAPE) Team. CAPE will be expanding to Windsor, Healdsburg and Sonoma Valley and MST will be expanding to Petaluma, Rohnert Park and Cotati.

As a result of this expansion made possible by the portion of Triage Grant dedicated to the CAPE Team, Sonoma County Board of Supervisors allocated funds to further support the CAPE Team to expand into Windsor, Healdsburg and Sonoma Valley. These funds will increase students' access to services, and reduce the impact of untreated mental health and/or substance use issues on youth, their families, and school systems and further the goals of the Mental Health Services Act early intervention for first episode psychosis.

CAPE also serves the following high schools, colleges and Community Based Organizations:

- Santa Rosa Junior College
- Sonoma State University
- Analy High School
- Laguna High School
- El Molino High School
- Elsie Allen High School
- Maria Carrillo High School
- Montgomery High School
- Piner High School
- Ridgway High School
- Santa Rosa High School
- Windsor High School
- Healdsburg High School
- Cloverdale High School
- Sonoma Valley High School
- Family Justice Center

- VOICES

Expanding Sonoma County's Crisis Stabilization Unit

In April 2014, Sonoma County Behavioral Health Division received a \$2,000,000 grant award from the California Health Facilities Financing Authority (CHFFA) to fund expansion of the Division's Crisis Stabilization Unit (CSU). This proposed facility expansion was intended to support an increase in the number of individuals served as well as allow for needed changes in how crisis services are provided. Since then, significant progress has been made towards making the new facility a reality. The Division sought and received input from community stakeholders including consumers and family members. Informed by this input, Division staff has worked with County General services to identify a site and to create the necessary architectural plans for the new space. The new site will be in the Southwest Santa Rosa business park known as The Lakes (2225 Challenger Way). The current time line calls for the renovations to be completed in the fall with the CSU moving to the new site in October 2015.

Ensuring Mental Health Services are Accessible to Those Newly Eligible for Medi-Cal Through the Affordable Care Act (ACA)

With the advent of the implementation of the Patient Protection and Affordable Care Act (ACA), Sonoma County Behavioral Health Division has partnered with Partnership HealthPlan of CA (Sonoma County's Medi-Cal Managed Care Plan) and Partnership's managed care administrative services and authorizing body, Beacon Health Strategies, to ensure Sonoma County Medi-Cal beneficiaries, who do not qualify for services from the mental health plan, receive mental health services to do the following:

- Assist in the development of a universal screening tool to determine level of mental health treatment need. The tool is an adaptation of the evidence based Adult Needs and Strengths Assessment (ANSA) and the Child Assessment of Needs and Strengths (CANS) that looks at mental health needs, functional impairments, risks, strengths, and supports to determine level of care need.
- SC-BHD assists Partnership HealthPlan of CA to build a network of mental health providers in Sonoma County so that mental health consumers can have their mental health needs met as they increase or decrease.
- Sonoma County's MHSa funded Access Team is working very closely with Beacon Health Strategies to create a smooth bi-directional referral process including a personal "telephonic warm hand off" with callers. The philosophy is regardless where a call comes in, be it Beacon or SC-BHD, phone screeners from either organization can keep callers on the line and help them to connect with the appropriate level of care in real time. Both organizations are very excited to begin this process and are looking forward to smooth transitions between organizations and ensure connection to care.

Assisting Clients with Life Care Planning and Supportive Care

The Older Adult Intensive Full Service Partnership Team has been chosen to pilot a project that aims to integrate life care planning/supportive care into the overall care of clients served in this program. This effort, initiated at the request of Sonoma County's Department of Health Services Director, aims to develop a model program adaptable across the Behavioral Health Division. Susan Keller, Director of the Community Network Journey Project, is serving as consultant for program development. The Life Care Planning/Supportive Care (also referred to as Advanced Care Planning/Palliative Care) project is focused on empowering clinicians, clients, and trusted advocates to have conversations about life care

planning, complete associated documents, and have care wishes known and honored across the health care continuum.

Workforce, Education and Training (WET) Expansion Efforts for 2014-2016



In FY 14-15 our MHSA Coordinator participate in the Greater Bay Area Mental Health and Education Workforce Collaborative and the North Bay Workforce Collaborative. As a result of this participation, the Sonoma County Behavioral Health Division was able to take advantage of several important projects including training our staff in trauma-informed care, interpreter training for all of our front-line

staff for many of our behavioral health teams, input into the five-year strategic work plan for the region and forums for county human resources to develop strategies to diversify our behavioral health workforce through recruitment of bilingual and bicultural staff and hiring peers with lived experience into the public county mental health system.

In FY 14-15 the SC-BHD has made progress in working towards the development of a system of care workforce that includes people with lived experience. A Peer Employment Workgroup was formed to develop “above the line” characteristics and job description for hiring peers in the county workforce.

The SC-BHD has hired a WET Specialist who will be working with the SC-BHD on the following projects in FY 15-16:

- Peer Employment Workgroups
- Managing Latino Service Providers contract deliverables, which include the development of an annual bilingual bicultural job fair and clearinghouse
- Develop annual training plans for the SC-BHD staff
- Develop formal internship program for the SC-BHD
- Implement WET needs assessment for the SC-BHD
- Facilitate a local WET Advisory Board and participate in North Bay Collaborative
- Work with Greater Bay Area Mental Health and Education Workforce Collaborative

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 15-16, 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. During FY 15-16, we will be moving Full Service Partnership data from Caminar into our Avatar database.

FSP-DCR Data Management Protocol

The Sonoma County Behavioral Health Division is utilizing the MHSOAC FSP-DCR database to manage Full Service Partnerships outcomes data. In FY 15-16 the Division is developing the following strategies to utilize the new database:

- 1) Develop and design of protocol for utilizing the FSP-DCR database
- 2) Develop and determine staff roles in collecting FSP data, including section managers, Avatar Team and program managers
- 3) Develop staff training plan for new data management protocol

Systems Transformation – Improving MHSA Data Collection and Evaluation

Sonoma County uses the MHSA Guiding Principles as our map for stakeholder involvement to achieve system transformation. Stakeholders are invited to participate in the MHSA Learning Circle meetings where feedback is received for the SC-BHD's next phases in improving our MHSA data collection and evaluation processes. At a Learning Circle meeting on September 9, 2014 our MHSA Coordinator presented SC-BHD goals for moving forward in phases:

Phase 1 for FY 14-15:

- Purpose of Quarterly Reporting
- Our Current Process
- Process for FY 14-15
- Presentation of Data- Development of Impact Statements

Phases 2 and 3 for FY 15-16:

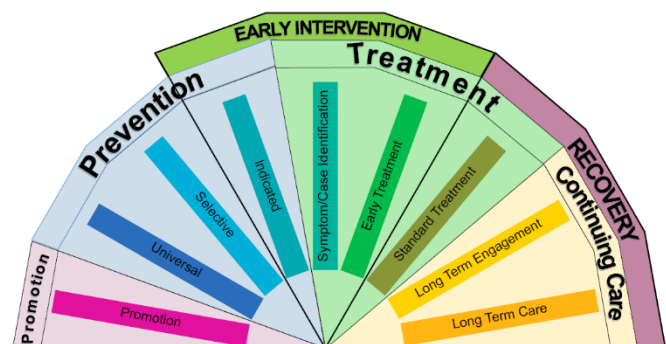
- SWITS FY 15-16
- Define MHSA contract goals and develop logic models with contractors

See the Learning Circle PPT (for 9-9-15 meeting) in Appendix for more information about the BHD's timeline for data collection and evaluation projects to improve our MHSA system of care.¹

<http://www.sonoma-county.org/health/about/pdf/mhsa/learning-circle-presentation.pdf>

New Framework: Sonoma County's Behavioral Health System of Care

In FY 14-15 the SC-BHD introduced a new framework for our behavioral health system of care to MHSA contractors and staff to define their services in the Spectrum of Intervention. SC-BHD is working with stakeholders and MHSA contractors to define and operationalize the Spectrum of Care Definitions² for utilization of the SWITS database in FY 15-16. (See below for definitions)



- *Indicated* - Client level interventions aimed at individuals at risk of the onset of a disorder

¹ See Learning Circle PPT in Appendix 1

² See Spectrum of Care Definitions in Appendix 2

- *Selective* - Group Level Interventions, Individual Outreach, Screening, Information and Referral, Urgent Response
- *Universal* - Social Media Outreach (FB, Twitter), Networking Events, Online Outreach (Website, Newsletters), Resource Table, Community Presentations, Media (PSA, Radio & TV)

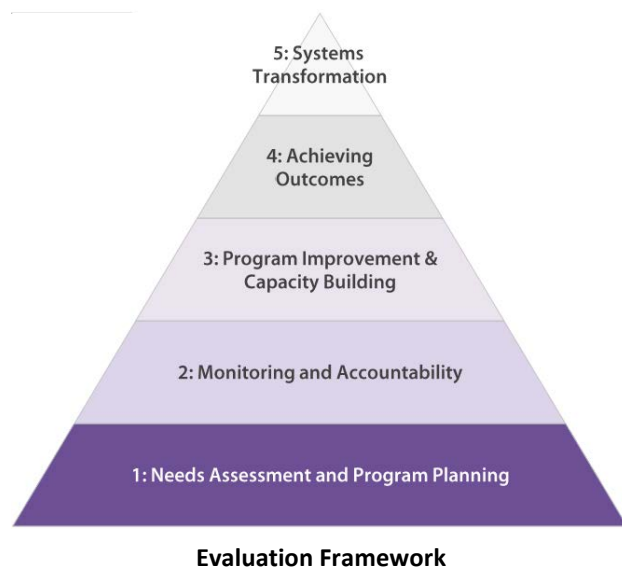
The SC-BHD has provided tables for contractors that defined their contract activities under the three levels of the spectrum to assist in the process of thinking about the data their data in a new way.

Introduction to Impact Statements and MHSA Newsletter

During FY 14-15 our SC-BHD MHSA Coordinator and MHSA Administrative Aide worked to develop MHSA Impact Statements for FY 14-15 data. The SC-BHD wanted to share with our contractors a document that could be utilized for annual reporting and presented to stakeholders in their communities. The SC-BHD is committed to offering support to our MHSA contractors by increasing awareness of the important work they are accomplishing in Sonoma County. In FY 14-15 the SC-BHD developed an electronic MHSA quarterly report PDF in order to collect the data in an Access database. This allowed for the creation of charts and graphs and impact statements. Please see Impact Statements in the Appendix.³

In FY 14-15, our SC-BHD MHSA Coordinator and MHSA Administrative Aide worked to develop a new monthly MHSA Newsletter. The newsletter provides a platform for MHSA contractors and SC-BHD staff to highlight their programs and increase public knowledge of MHSA services offered in the community. For each month, we focus on a different theme for the newsletter; for example mental health month or suicide prevention week. To date, we have 1121 people receiving the newsletter and have published 12 editions. Please see MHSA Newsletters for FY 13-14 in the Appendix.⁴

Mental Health Services Act Data Collection and Evaluation Activities for 2015-2018



To assist in the accomplishment of the systems transformation goal, *Sonoma County Behavioral Health Division (BHD)* is continuing its partnership with *Harder+Company Community Research (H+C)* to build upon previous planning efforts not only to transform but to strengthen Sonoma's mental health system.

In 2015-2016 Harder + Company is assisting Sonoma County Behavioral Health Division (BHD) Mental Health Services Act (MHSA) in establishing the new electronic MHSA Sonoma Web Infrastructure for Treatment Services (SWITS) data system. SWITS aims to provide the department, selected programs, and MHSA contractors with the ability to collect data that will be used to analyze the effectiveness of MHSA-funded services.

³ See Impact Statements in Appendix 5

⁴ See MHSA Newsletters in Appendix 3

Evaluation Questions:

Domain Areas	Questions
Monitoring & Accountability	Are MHSA programs and contractors reaching the appropriate target populations? Who and how many are being served? What services are being offered?
Program Improvement & Capacity Building	How are MHSA programs and contractors working to deliver culturally responsive services? Are MHSA program and contractors increasing access to services? How has BHD assisted in building capacity?
Achieving Outcomes	Have CSS-funded services promoted recovery and wellness for people living with SMI? Have PEI-funded services reduced risk and increased support for people at risk for SED or SMI?
Systems Transformation	To what extent is BHD achieving systems transformation? How are perceptions for county residents changing? Are MHSA contractors reducing disparities? To what extent are MHSA programs and contractors collaborating?

In order to launch and implement SWITS, Harder + Company is providing technical assistance to the MHSA Coordinator, Data Support Team member, Crisis Assessment, Prevention, and Education (CAPE) Team; Community Intervention Program (CIP) and Community Mental Health Centers (CMHC); and Mobile Support Team (MST) programs. The goal of the preliminary launch is to pilot the data system with select programs and to ensure data collection forms, data entry and workflow processes, and reporting are aligned with the SWITS system. This memo outlines our assessment of current data collection practices and workflow processes for these programs, and recommends steps to successfully transition to and implement the SWITS system. **SWITS will launch on July 1, 2015.**

Enhancing Data Quality Through SWITS:

Phases	apr	may	jun	jul	aug - ongoing
Design	X	X			
Training Guide Development	X	X	X		
Pilot with CAPE, CIP, MST				X	
Training & Launch with MHSA Contractors				X	X

Background:

Harder + Company Community Research is pleased to conduct 2014-2018 evaluation activities that build on the MHSA evaluation framework developed to document Sonoma County DHS Behavioral Health Division (BHD) progress in achieving systems transformation. The Harder+Company Evaluation Team uses Francine Jacobs' Five Tiered Approach (FTA) as an organizing framework to support the collection of high quality data at each of the four evaluation tiers (Monitoring, Program Quality,

Outcomes and Systems), while simultaneously working to reduce data burden on contractors, to the extent possible. The FTA model has been presented in previous MHSA Progress Reports and Updates. Five core evaluation questions will continue to guide the evaluation:

1. Who was served by MHSA-funded programs?
2. What services were received?
3. How are MHSA-funded programs addressing essential program characteristics (e.g., access to services)?
4. How are lives changing?
5. How has the mental health system in Sonoma County strengthened?

Evaluation Services to be performed in FY 15-16 to FY 16-17:

Evaluation Design: Outcome and Innovation Evaluation Plans

- Harder + Company will work with the BHD Program Evaluation Manager to conduct evaluation on the departments three Innovation programs, including the Mobile Support Team (MST); the Reducing Disparities project and the Integrated Health Team (IHT).
- Harder + Company will work with the BHD Program Evaluation Manager to support BHD with the development of an MHSA Outcome Evaluation Plan.

Performance Management Reporting System

- The first year of the evaluation project Harder + Company will assist in establishing the BHD's new electronic MHSA Performance Management Reporting System which utilizes an existing county web based application (SWITS) that will be used to track outcomes throughout the spectrum of mental health from prevention and early intervention through treatment and recovery and provide the department the ability to collect data that will be used to analyze the effectiveness of MHSA funded programs and services.

Systems-Level Evaluation

- Carrying out a fourth data point of the Systems-Level evaluation which is based on surveys completed by staff and community contractors who are responsible for delivering MHSA funded services. This evaluation component is intended to provide insights into key factors that impact the system of mental health services available in Sonoma County and document progress made in strengthening the continuum of services. All data will be analyzed and presented in a comprehensive databook containing all output in tables and charts. Harder + Company will meet with MHSA Coordinator and other relevant stakeholders to review databook and identify most salient findings and recommendations to be included in a 10 to 15 page report.

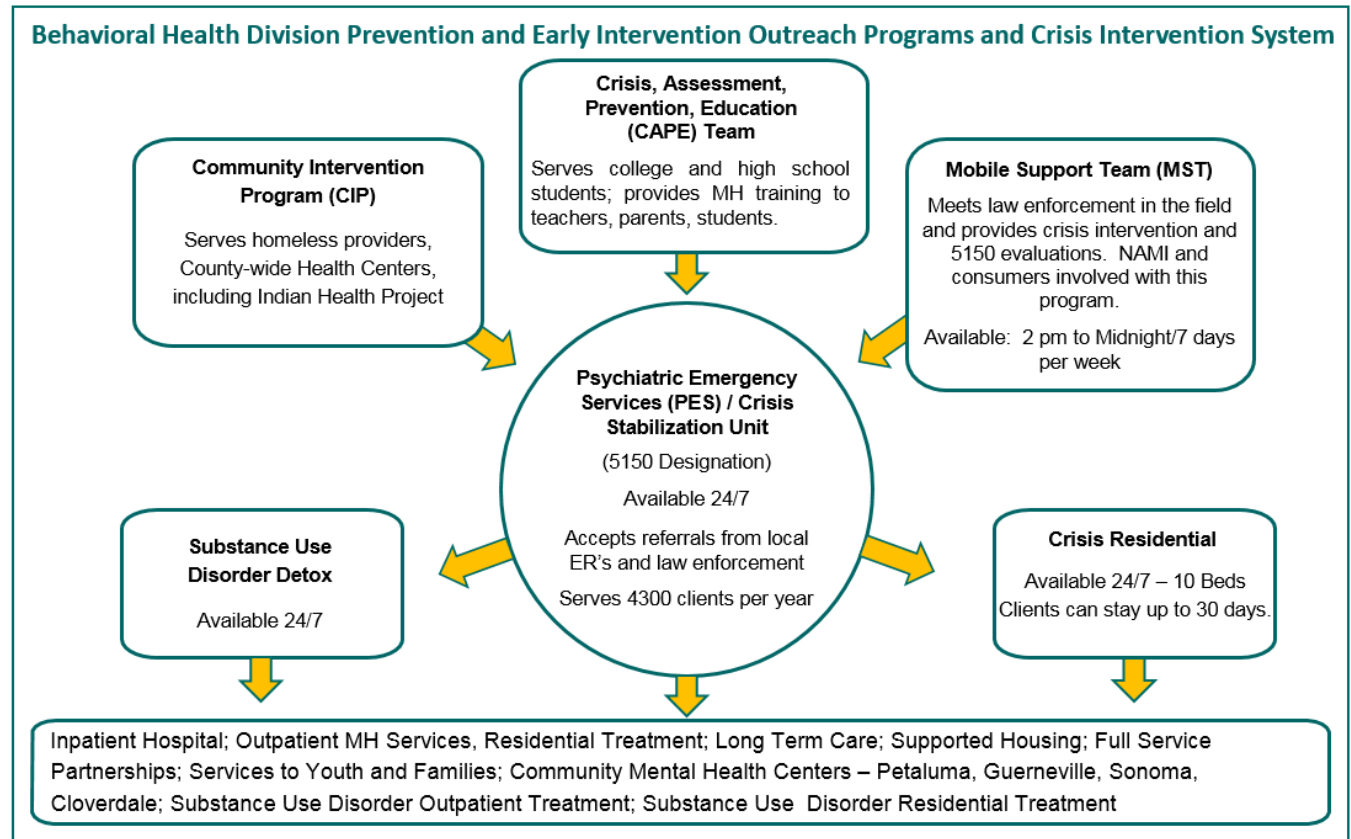
Capacity Building and Technical Assistance

- Finalizing the MHSA Best Practices Toolkit designed to support contractors with improving the delivery of culturally responsive services.
- Harder + Company will work with MHSA Coordinator to convene up to two Learning Circle meetings with BHD program staff and MHSA community contractors. Harder+Company will also provide MHSA Coordinator with assistance to plan for a third Learning Circle, which may be held virtually (webinar or conference call) with MHSA community contractors.

Reporting & Communication

- Assisting MHSA staff to produce the MHSA Annual Evaluation Report to the Sonoma County Board of Supervisors and the Mental Health Oversight and Accountability Commission.
- Meet monthly with MHSA Coordinator and other BHD staff and provide written monthly progress updates on evaluation activities.

Crisis Intervention Systems Change- How Sonoma County Utilizes MHSA Funding to Fill the Gaps



One example of how Sonoma County Leverages MHSA Funding to Develop a Crisis Intervention System is in its crisis system of care. Sonoma County Department of Health Services – Behavioral Health Division (BHD) has developed a comprehensive response to crisis that may occur in the community. As part of the crisis intervention system of care MHSA funded programs are followed by an asterisk. The components include:

- Mobile Support Team (MST)*
- Crisis Assessment, Prevention and Education Team for Transitional Age Youth Ages 16-25 (CAPE)*
- Community Intervention Program (CIP)*
- Crisis Stabilization Unit (CSU)
- Suicide Prevention Crisis Hotline*
- Crisis Intervention Training for Law Enforcement (CIT)*
- Guidelines for Effective Communication with 911 Dispatch*
- North Bay Suicide Prevention Program*
- Substance Use Disorder Detox

*MHSA Funded Programs

Crisis Stabilization Unit

Sonoma County Behavioral Health Division continues to operate 24-hour psychiatric emergency mental health services at CSU. CSU is staffed by licensed mental health clinicians, psychiatric nurses, and psychiatrists. CSU provides crisis intervention, medication assessment, stabilization, and information and referral services 24 hours a day, 7 days a week for adults, children, and families experiencing a mental health crisis.

CSU makes available Crisis Stabilization services providing up to 23 hours supportive care, including medications for individuals in an acute mental health crisis. For those needing a higher level of care, voluntary Crisis Residential services or inpatient hospitalization is arranged. Services are provided in English and Spanish.

Crisis Assessment, Prevention and Education Team for Transitional Age Youth Ages 16-25

The Crisis, Assessment, Prevention, and Education (CAPE) Team is an early intervention prevention strategy specifically designed to intervene with transitional age youth who are at risk of or are experiencing first onset of mental illness and its multiple issues and risk factors (substance use, trauma, depression, anxiety, self-harm, and suicide risk). The CAPE Team is aimed at preventing the occurrence and severity of mental health problems for transitional youth. The CAPE Team is staffed by BHD licensed clinical staff and located in several high schools and at Santa Rosa Junior College to guarantee reaching the largest group of transition age youth (TAY), ages 16 to 25 years, in Sonoma County.

The CAPE Team contains 5 core components:

- **Mobile Response** by licensed staff are available in school-based settings to provide services to TAY at-risk of or experiencing first onset of serious psychiatric illness
- **Training** for selected students, teachers, faculty, parents, counselors and law enforcement personnel to recognize the warning signs of mental illness and refer to the CAPE Team.
- **Screening and Assessment of at-risk youth** in high schools and colleges.
- **Peer-based services** including youth training and counseling and support groups for at-risk youth and families.
- **Educational Activities** for Faculty, families, and youth, related to mental health education and awareness.

The CAPE Team implementation partners include, National Alliance on Mental Illness (NAMI) – Sonoma County, Santa Rosa Junior College (SRJC), Sonoma County Office of Education (SCOE), college faculty, school administrators, school teachers, mental health counselors, health and social service agencies, law enforcement agencies, and community-based organizations. The setting for this project focuses on school based sites. CAPE Team staff participates on the SRJC Crisis Response Team and also work closely with Santa Rosa Police Department–School Resource Officers located in Santa Rosa high schools.

The CAPE Team makes direct referral and linkage to BHD’s Psychiatric Emergency Services and streamlines access to BHD’s follow up services including the range of services offered to minor youth and their family through BHD’s Youth and Family Section and the Transitional Age Youth (TAY) Program to youth ages 18 to 25 years old. Services are provided in English and Spanish.

Community Intervention Program

The Community Intervention Program (CIP) provides urgent response to Sonoma County's most vulnerable populations including, people who are homeless, veterans, people with substance use disorders, indigent people and people who are Medi-Cal beneficiaries who recently experienced psychiatric hospitalizations, communities of color, the LGBTQ community, geographically isolated communities, and people who come to the attention of law enforcement.

CIP staff is regularly out stationed in the environments where these vulnerable populations congregate, including: homeless service organizations and shelters, substance use disorders treatment programs, low income housing projects, community health centers and the free clinic. CIP staff also responds to calls from law enforcement and family members and loved ones of people who are struggling with behavioral health issues. CIP responds to people in their homes and on the street who are not in immediate crisis, but, if ignored, may require in a crisis response. Services are available in English and Spanish.

Crisis Intervention Training for Law Enforcement Personnel

A key approach for crisis response is to develop strategies to train community members to recognize signs and symptoms of mental illness and how to effectively intervene when a crisis occurs.

In March 2008, the Sonoma County Sheriff's Department and the BHD conducted the first Crisis Intervention Training (CIT) Academy for Law Enforcement. The 4-day, 32 hour training academy is designed to increase officers' skills to intervene with mental health consumers, individuals with substance use issues, and individuals in crisis.

The CIT Academy is conducted twice each year. The goals of CIT include:

- Ensure the safety of officers and civilians
- Increase officer understanding of mental illness
- Improve relationships with the community, particularly with mental health professionals, people with mental illness, and family members.

The CIT for Law Enforcement concept is based on a successful crisis intervention program that began in Memphis, Tennessee. Officers are trained to de-escalate potentially violent situations and ensure the safety and diversion of the mental health consumer to a treatment center.

CIT trains law enforcement officers to become more adept at dealing with mental health consumers, individuals with substance abuse issues, and individuals in crisis. CIT is useful in domestic violence cases and in contacts with youth, elderly citizens, and the general public.

CIT is conducted by specially trained law enforcement personnel, mental health professionals, mental health consumers and family advocates. The training includes identification of types of mental illness, verbal skills for de-escalation of potentially violent situations, specifics on suicide intervention, and a mental health system overview.

To date, CIT Academies have trained hundreds of law enforcement personnel, including officers from Sonoma County Sheriff's Department and police departments from Santa Rosa, Petaluma, Cotati, Sonoma Valley, Sebastopol, Cloverdale, Windsor, Healdsburg, and Santa Rosa Junior College.

Mobile Support Team

In December 2010, Sonoma County Board of Supervisors approved the implementation of a Mobile Support Team (MST). The MST is the second phase to the Crisis Intervention Training Model. After training, the CIT Model promotes a specialized field response once a crisis occurs.

The MST is operated by BHD and is staffed by specially trained licensed behavioral health professionals, post-graduate registered interns, a certified substance use specialist and follow up response from consumers and family members. The MST will operate during peak activity hours and days as informed by ongoing data review and coordination with law enforcement agencies.

MST staff will respond to law enforcement requests. Once the scene is secured, the MST provide mental health and substance use disorders interventions to individuals experiencing a behavioral health crisis, including assessment, and placing the individual on an involuntary hold, if needed. MST staff provides crisis intervention, support and referrals to medical and social services as needed. Staff also conducts follow up support visits to individuals and their families in an effort to mitigate future crisis.

Services are provided in English and Spanish.

Guidelines for Effective Communication with 911 Dispatch

In October 2010, the Behavioral Health Division published *Guidelines for Effective Communication with 911 Dispatch*. This brochure was developed behavioral health contractors in an effort to provide family members and loved ones with language to communicate to law enforcement officers that a mental health crisis was in progress.

The brochure provides a variety of scripts that communicate the severity and the circumstances of the mental health crisis. It assists the user to communicate important information about the person experiencing the mental health crisis. It informs the caller how to call and how to ask for assistance. It also prepares the caller with information about the law, their rights, and how the officers might respond.

The goal of *Guidelines for Effective Communication with 911 Dispatch* is to prepare both law enforcement and family members for responding to a mental health crisis in hopes of increasing public safety and decreasing poor outcomes.

Suicide Prevention Crisis Hotline – North Bay Suicide Prevention Project (NBSPP)

Funded by Proposition 63 – Mental Health Services Act NBSPP project expands Family Services Agency -Marin accredited 24/7 Suicide Prevention Crisis Hotline to 5 North Bay counties including Sonoma.

As of January 1, 2012 all National Lifeline calls for Sonoma, Napa, Mendocino, and Lake Counties are referred to Marin counties Suicide Prevention Hotline (Hotline). Beginning in May 2012, Sonoma county residents have direct access to immediate, confidential, high quality and effective services provided by the Hotline staff by calling a local 1-800 toll free number.

California Reducing Disparities Project

The Department of Health Services Behavioral Health Division is preparing local community agencies for the second phase of funding from the State Office of Health Equity's California Reducing Disparities Project (CRDP).

Recognizing that the current mental health delivery system falls short in addressing the needs of diverse communities, the State Office of Health Equity embarked upon an unprecedented community engagement process that will result in additional services for underserved and inappropriately served populations.

The CRDP initiative is focused on improving the engagement and treatment of individuals from five communities statewide: African Americans, Asian American, Latinos, Native Americans, and Lesbian, Gay, Bi-Sexual, Transgender and Questioning. This statewide initiative, funded by the Mental Health Services Act, has set a goal to infuse \$60 million over 4 years to improve awareness, access and service quality for these communities.

Beginning in 2010, 5 Strategic Planning Workgroups (SPWs) were created to develop Population Reports that included recommendations for reducing disparities and removing barriers to accessing programs and services, along with an inventory of community-defined promising practices that could support efforts to reduce disparities. These five Population Reports were combined by the California Pan-Ethnic Health Network (CPEHN) into one comprehensive draft Strategic Plan, which is currently in a 30 day public comment period.

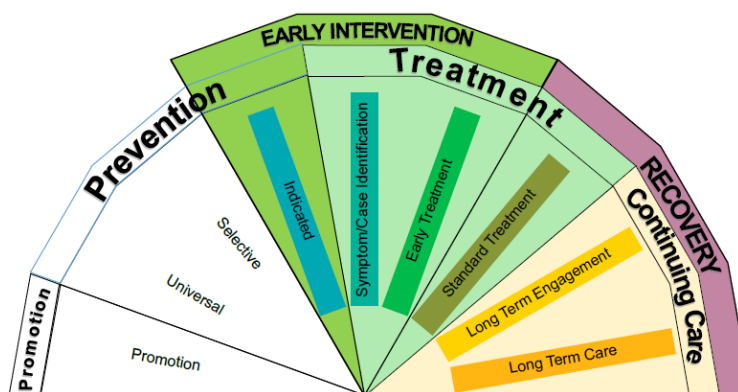
The Sonoma County Behavioral Health Division has begun the process of engaging in this statewide process with the ultimate goal of applying for, and being awarded, funding for the purposes of reducing disparities within Sonoma County. The division has established a coalition of local community based organizations to partner with in this process. Each partnering organization has a history of successfully implementing 'community-defined' best practices included in the CRDP Population Reports. This translates into the Department of Health Services, in partnership with local Community Based Organizations, being in a prime position for achieving the statewide goals of the project. If successful, the additional funding could really make a significant difference in Sonoma County.

FY 13/14 MHSA Annual Update



Pictured above (clockwise from upper left): Community Intervention Program (CIP) team, CFSA's Russian River Empowerment Center staff/members, Petaluma Community Mental Health Center (CMHC), Photo from National Alliance on Mental Health (NAMI) Sonoma County, NAMI Sonoma County staff, CMHC Mental Health Awareness Week BBQ sign

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.

The Sonoma County Department of Health Services, Behavioral Health Division (SC-BHD) provides data to the public showing how MHSA-funded services improve the lives of Sonoma County residents with serious mental illness while lowering the burdens on criminal justice, health care, and other social services. Data is publically available on the SC-BHD website at: http://www.sonoma-county.org/health/about/behavioralhealth_mhsa.asp

For example data is publically available on the Mental Health Services Oversight and Accountability Commission (MHSOAC) website showing the success of the Full Service Partnership Programs (FSPs) which account for 40% of MHSA funds. FSPs serve individuals with chronic mental illness and do “whatever it takes” to improve their wellbeing (including housing assistance and psychological, medical, social and community services). Below are the outcomes for 2013-2014 for FSP’s in Sonoma County:

	Client data 1 year before enrollment in FSP	Client data after 1 year of enrollment in FSP	Client data after 2 years of enrollment in FSP
Psychiatric Hospitalizations	109 clients reported being hospitalized 1 year prior to enrollment into FSP	48 clients were hospitalized 1 year after enrollment into FSP	37 clients were hospitalized 2 years after enrollment into FSP
Homelessness	64 clients reported being homeless 1 year prior to enrollment into FSP	29 clients were homeless 1 year after enrollment into FSP	19 clients were homeless 2 years after enrollment into FSP
Emergency Shelter	65 clients reported staying in an emergency shelter 1 year prior	72 clients stayed in an emergency shelter 1 year after enrollment	43 client stayed in an emergency shelter 2 years after enrollment
Jail	123 clients reported being in jail 1 year prior to enrollment	79 clients went to jail 1 year after enrollment	59 clients went to jail 2 years after enrollment

Sonoma County collects and reports data to the state that shows that MHSA-funded services have reduced homelessness, incarceration, and emergency room visits among Californians with serious mental illness. Counties report the number of people served, the type of service(s) provided, and the results of that service use to both the MHSOAC and the Department of Health Care Services (DHCS) annually, including data about Full Service Partnerships (FSPs), Prevention, Early Intervention, and all other MHSA-funded community behavioral health services.

Sonoma County continuously works with the MHSOAC to facilitate reporting and data analysis, as required by the MHSA. Sonoma County uses this data to assure constant program improvement. For a full accounting of information not utilized in the Little Hoover Commission report, please visit the Mental Health Services Oversight and Accountability Commission (MHSOAC) website (<http://www.mhsoac.ca.gov/Evaluations/default.aspx>)

Total Unique Clients that were served by all FSP programs: **387**

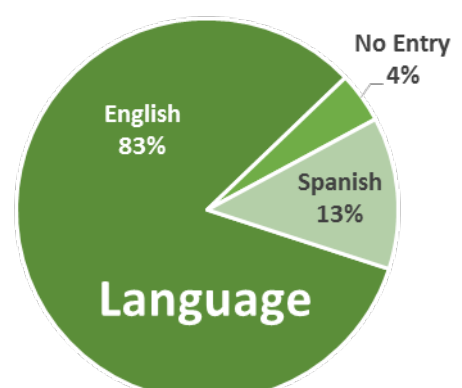
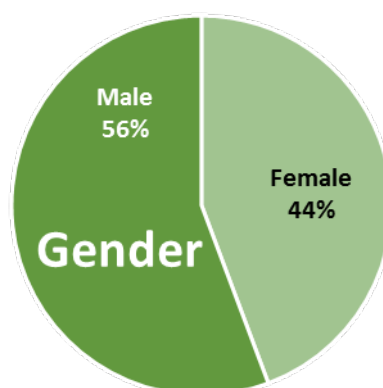
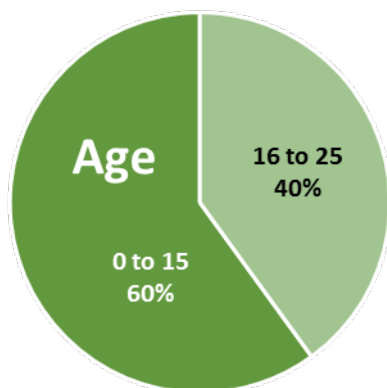
Family Advocacy Support Stabilization Team (FASST)

Initiative/Population: Children Ages 5-12

Program Description: 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 through the FASST Program: **70**

- Carried Over: **34**
- New to Program: **36**



Ethnicity		
Not Hispanic	30	42.86%
Mexican/Mexican-American	29	41.43%
No Entry	6	8.57%
Unknown	3	4.29%
Other Hispanic/Latino	1	1.43%
Puerto Rican	1	1.43%

Race		
White	45	64.29%
Other Race	15	21.43%
Mixed Race	4	5.71%
Black/African-American	3	4.29%
No Entry	3	4.29%

Total Unique Clients that were also served by contractor **Sunny Hills Services** FASST program: **48**

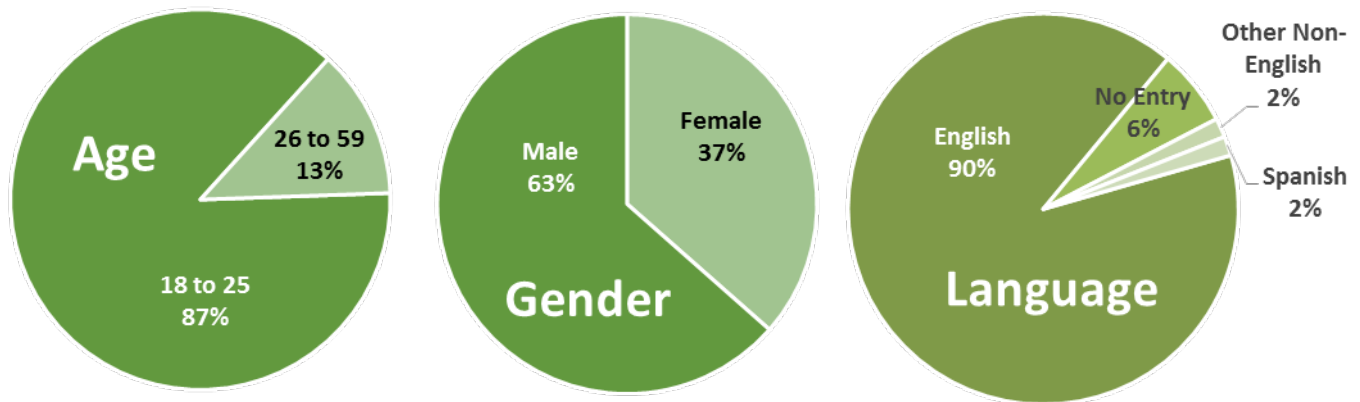
Transition Age Youth (TAY) Team

Initiative/Population: Transition Age Youth (TAY)

Program Description: Provides intensive wraparound services to youth ages 18-25 and their families, in partnership with *Buckelew Programs, Inc.* and *Social Advocates for Youth – Tamayo Village*.

Total Unique Clients that were served through the TAY Program: **63**

- Carried Over: **39**
- New to Program: **24**



Race		
White	39	61.90%
Other Race	6	9.52%
Mixed Race	5	7.94%
No Entry	5	7.94%
Black/African-American	2	3.17%
Filipino	1	1.59%
Guamanian	1	1.59%
Hawaiian	1	1.59%
Laotian	1	1.59%
Other Asian	1	1.59%
Samoan	1	1.59%

Ethnicity		
Not Hispanic	39	61.90%
Mexican/Mexican-American	12	19.05%
No Entry	8	12.70%
Unknown	3	4.76%
Other Hispanic/Latino	1	1.59%

Total Unique Clients that were also served by contractor **Buckelew Employment Services** program: **12**

Total Unique Clients that were also served by contractor **Buckelew TAY SCIL** program: **19**

Integrated Recovery Team (IRT)

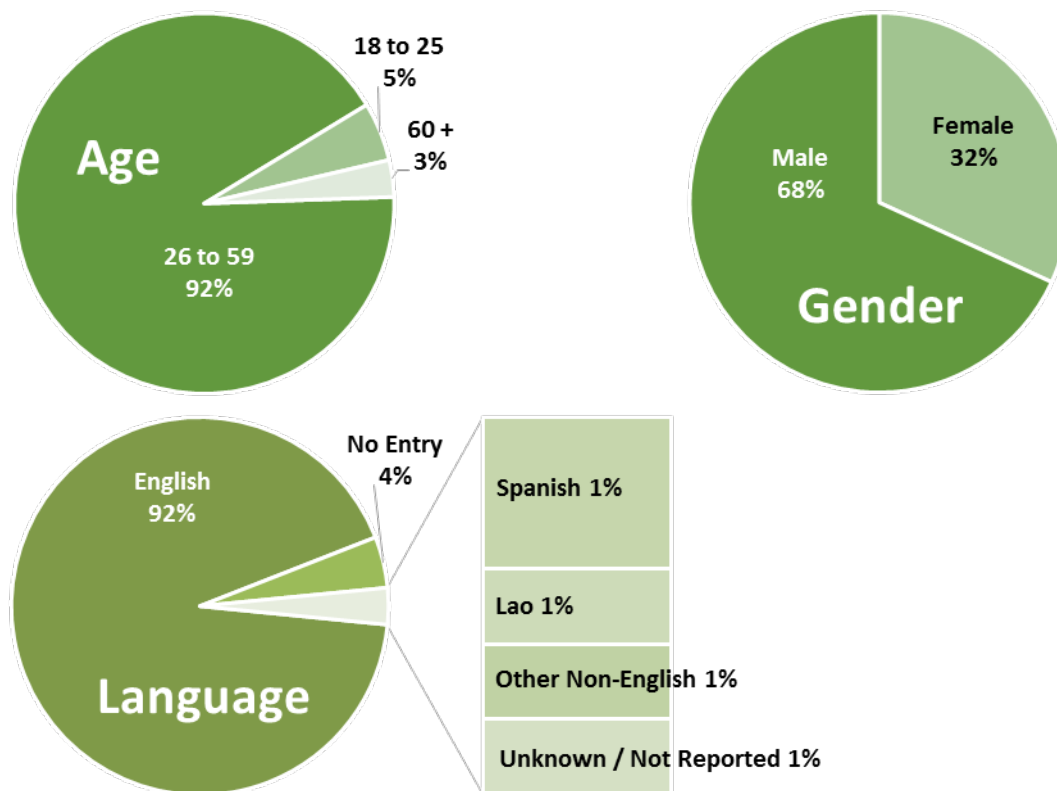
Initiative/Population: Consumers with co-occurring disorders

Program Description: 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 that were served through the IRT Program: **160**

- Carried Over: **108**

- New to Program: **52**



Race		
White	124	77.50%
Mixed Race	14	8.75%
Other Race	11	6.88%
No Entry	6	3.75%
Laotian	2	1.25%
American Indian	1	0.63%
Black/African-American	1	0.63%
Vietnamese	1	0.63%

Ethnicity			
Not Hispanic	109	68.13%	
No Entry	33	20.63%	
Mexican/Mexican-American	13	8.13%	
Unknown	3	1.88%	
Other Hispanic/Latino	2	1.25%	

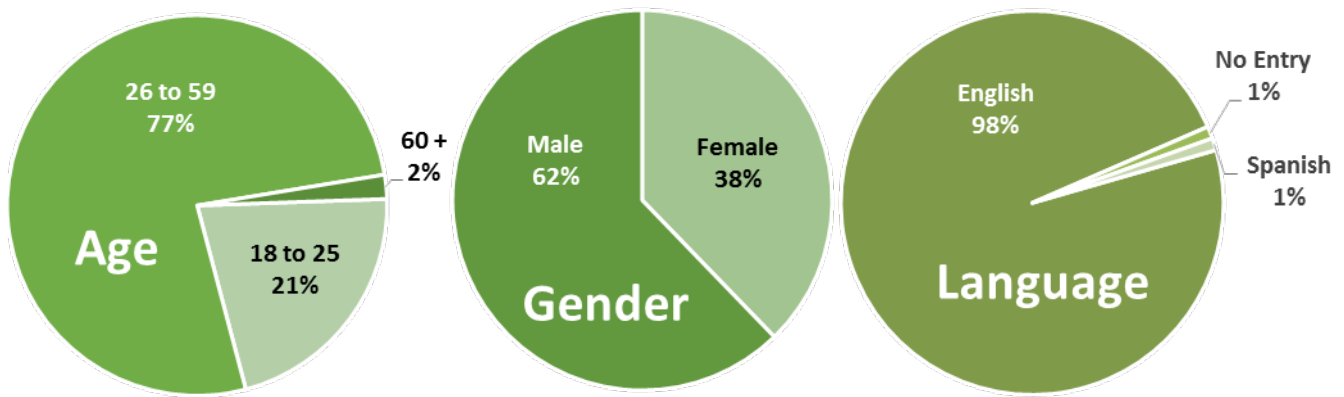
Forensic Assertive Community Treatment Team (FACT)

Initiative/Population: Mental Health Court clients

Program Description: Provides intensive mental health services to mentally ill offenders through a mental health court, in partnership with Buckelew Programs, Inc.

Total Unique Clients that were served through the FACT Program: **98**

- Carried Over: **51**
- New to Program: **47**



Race		
White	71	72.45%
Other Race	12	12.24%
Mixed Race	10	10.20%
Other Asian	2	2.04%
American Indian	1	1.02%
Chinese	1	1.02%
No Entry	1	1.02%

Ethnicity		
Not Hispanic	60	61.22%
No Entry	19	19.39%
Mexican/Mexican-American	9	9.18%
Unknown	5	5.10%
Other Hispanic/Latino	3	3.06%
Cuban	1	1.02%
Puerto Rican	1	1.02%

Total Unique Clients that were also served by contractor **Buckelew FACT** program: **28**

Older Adult Intensive Team (OAIT)

Initiative/Population: Older Adults

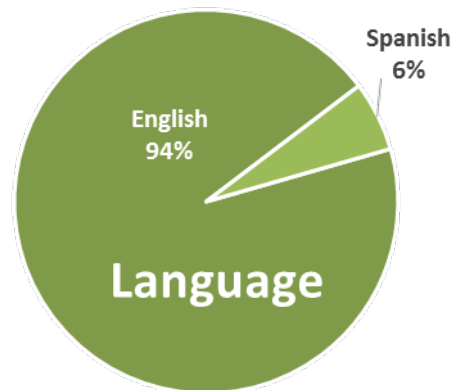
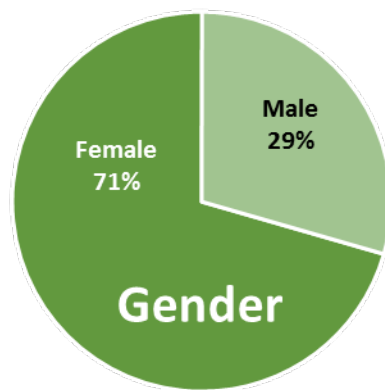
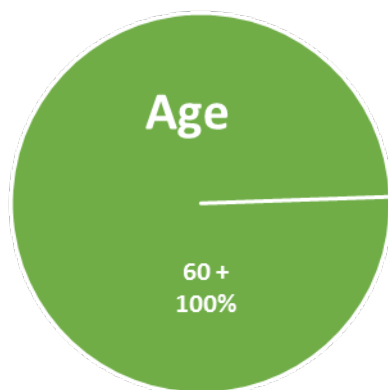
Program Description: Provides intensive mental health services to seriously mentally ill seniors at risk for out-of-home placement, in partnership with the following contracted agencies:

- **Senior Peer Counseling at Community and Family Services Agency (CFSA)** Services provided by Program Director, Clinical Director, and team of dedicated Volunteer Counselors
- **Senior Peer Support at Council of Aging (COA)** Services provided by Clinical Director, and team of dedicated Volunteer Supporters
- **Volunteer Visitor at Jewish and Family Children Services (JFCS) under a subcontract with CFSA-** Services provided by Program Director, Care Manager and team of dedicated Volunteer Visitors. This program sees clients who have been identified with or are at risk for developing SMI. This services is to further support BH-OAITS FSP clients.

The Sonoma County Behavioral Services Older Adult Team FSP utilizes a recovery oriented approach to help older adults with SMI achieve wellness, dignity and meaning and recover from challenges related to their mental illness. With support from the OAT Psychiatrist, Registered Nurse, and Licensed Marriage and Family Therapist, we use a “Whatever it takes” approach to engage clients with client-centered treatment planning, individualized to each individuals interests, needs and strengths, in our outpatient treatment setting. The OAIT collaborates with clients on their chosen treatment goals by supporting them with regular contact during office and home visits.

Total Unique Clients that were served through the OAIT Program: **17**

- Carried Over: **15**
- New to Program: **2**



Ethnicity		
Not Hispanic	15	88.24%
No Entry	1	5.88%
Other Hispanic/Latin	1	5.88%

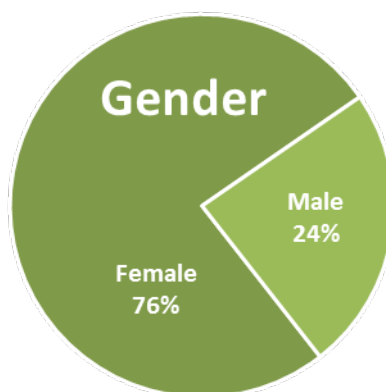
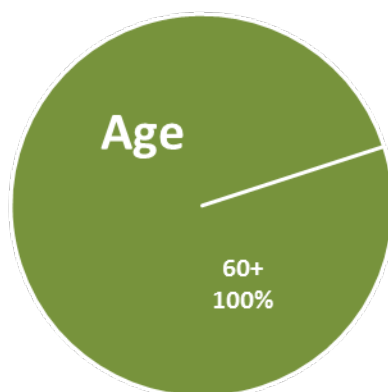
Race		
White	15	88.24%
Mixed Race	2	11.76%

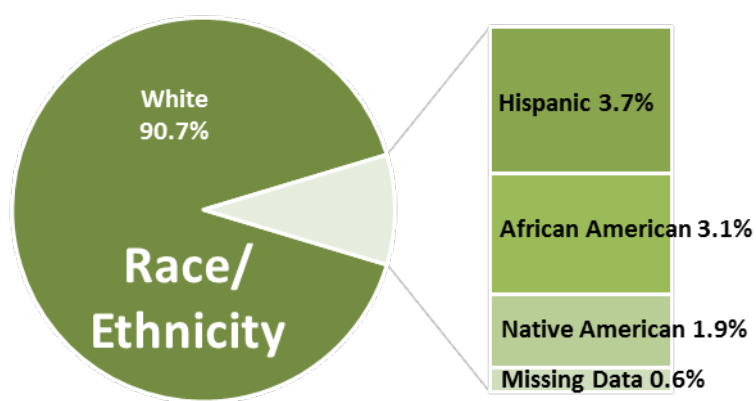
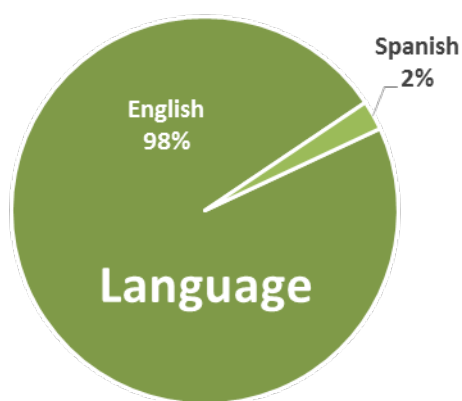
Council on Aging – Senior Peer Support (contractor)

Council on Aging (COA) provides volunteer Senior Peer Support to seniors 60 or older, who have an Axis-I diagnosis, residing in the broad geographic area served by the agency (Sonoma County cities of Santa Rosa, Sebastopol, Rohnert Park, Cotati, Windsor, Healdsburg, Cloverdale, Sonoma and their surrounding rural areas), and who require assistance as a means of maintaining their optimum level of functioning in the least restrictive setting possible.

Total numbers served (aggregate of quarterly reports): **162**

Demographics:





Positive Outcomes:

	<i>Goal:</i>	<i>Outcome:</i>
1.	Reducing the client's isolation, the Clinical Supervisor or SPS Volunteer will assist the client in setting and demonstrating progress on at least one goal addressing isolation reduction	Isolation was reduced through the Senior Peer Support Program by active participation of the volunteers. Clients, with the assistance of the volunteers, chose at least one goal to become less isolated. By continuing educational opportunities for the volunteers they were able to disseminate the information to their clients and the result was an overall ability for clients to understand the need to create a better environment of social activity.
2.	Demonstrate an improvement in the client's quality of life	The client's ability to demonstrate an improvement in quality of life is measured by a beginning and ending interview with the Clinical Supervisor using the Behavioral Activation 2-item questionnaire, the PHQ-2 and the PHQ-9 Questionnaire. These three forms are being used in all agencies having a Senior Peer Support Volunteer program to show consistency, collaboration and effectiveness.

All clients showed an improvement through contact with the Senior Peer Support Volunteers. This was measured through the use of the PHQ-9, with the assumption that less depression would measure better quality of life and possibly less isolation.

For more information, see the **Council on Aging Senior Peer Support Impact Statement** in the Appendix.⁵

⁵ See Appendix 5

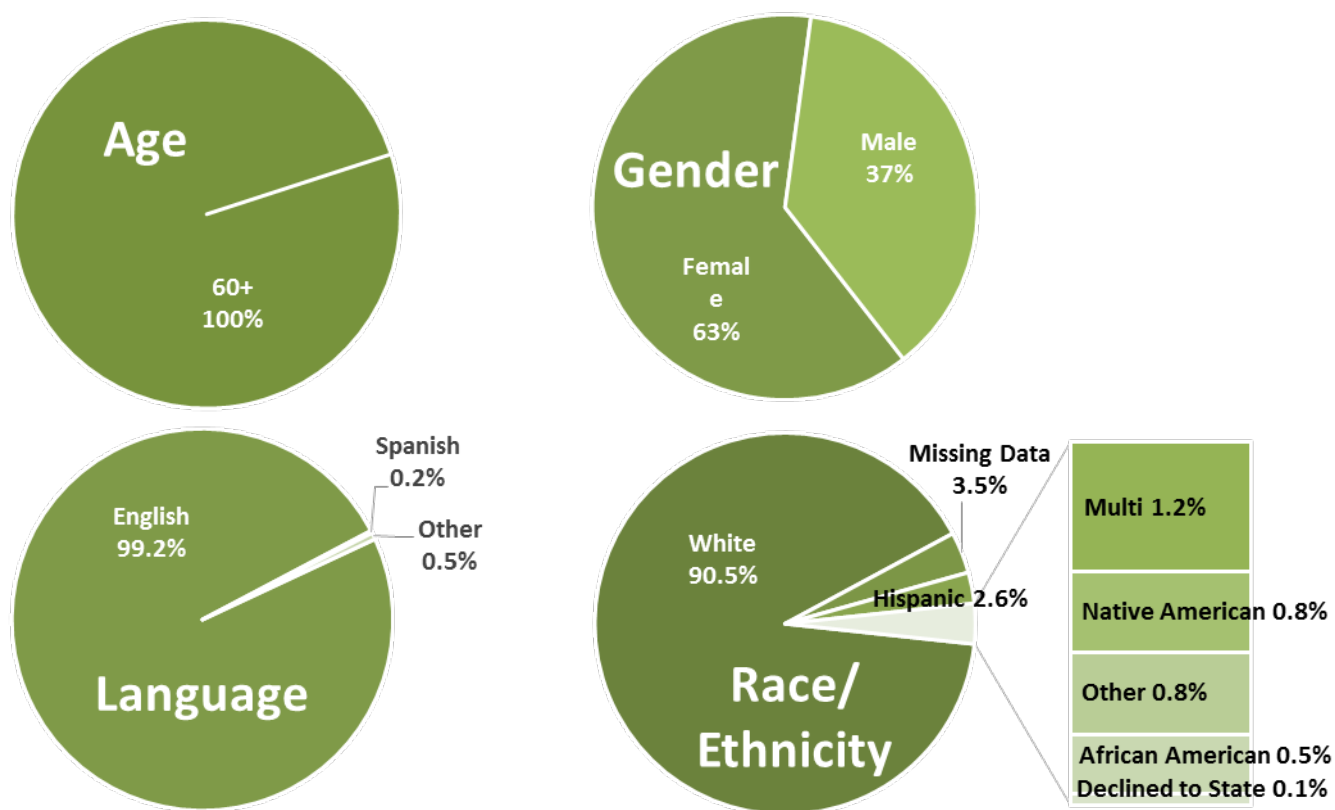
Community and Family Service Agency – Senior Peer Counseling (contractor)

Community & Family Service Agency of Sonoma County (CFSA) has managed its Senior Peer Counseling Program since 2002. Seniors struggling with issues of aging and mental health are matched with trained volunteer Senior Peer Counselors. The program strives to reach at-risk seniors before they experience crisis, helping them to remain self-sufficient, independent, and out of the institutional care system. CFSA works with clients to instill hope and promote wellness through providing in home peer support as well as groups accessibly located in different areas of the County.

As a subcontract of this grant, **Jewish Family and Children's Services (JFCS)** provides Volunteer Visitor services and as needed case management to seniors with mental health issues and serious mental illness to enhance recovery, increase socialization and involvement and reduce isolation for seniors from Windsor to Petaluma, Sonoma to Sebastopol.

Total numbers served (aggregate of quarterly reports): **912**

Demographics:



Performance Outcomes:

Client evaluations of CFSA's services continue to be very positive. For the 2013 – 2014 fiscal year, responses were as follows:

My experience with CFSA's Senior Peer Counseling Seniors was positive:
89% Strongly Agree; 11% Agree; 0% Neutral, Disagree or Strongly Disagree.

I am satisfied with the services I received through CFSA's Senior Peer Counseling Program:

89% Strongly Agree; 11% Agree; 0% Neutral, Disagree or Strongly Disagree.

I would recommend CFSA's Senior Peer Counseling to a peer in need of support:
87% Strongly Agree; 11% Agree; 2% Neutral; 0% Disagree or Strongly Disagree.

"Thank you for this vitally important service. My peer counselor's guidance and nurturing attention helped me get back up again when I had felt too down to even care. I am deeply grateful." (Client of SPS services at CFSA)

New volunteers completed an extensive Course Evaluation at the end of their training. Evaluations were quite positive and provided CFSA with excellent input. Trainees felt the course was very comprehensive and thorough and that the trainers were knowledgeable and prepared.

For more information, see the **CFSA Senior Peer Counseling Impact Statement** in the Appendix.⁶

⁶ See Appendix 5

Outreach and Engagement

Sonoma County Community Intervention Program (CIP)

The purpose of the **Community Intervention Program (CIP)** is to provide outreach to disparate populations (those who have been historically underserved by mental health services) in an effort to engage people from these populations into mental health services. CIP focuses its activities on reaching, identifying, and engaging unserved individuals and communities in the mental health system, and reducing disparities identified by Sonoma County. The MHSA community planning process prioritized the following populations for outreach and engagement:

- People who are homeless
- People who abuse substances
- Veterans
- People experiencing a recent psychiatric hospitalization
- Ethnic and cultural populations – in particular, Latinos
- Individuals from the Lesbian, Gay, Bisexual, Transgendered, Queer, Questioning and Intersex (LGBTQQI) Community
- People who are geographically isolated

CIP conducts outreach activities where these populations congregate and/or already receive other services. They do this by:

- *Direct Services:* Co-locating CIP staff in organizations that provide other services to these populations
- *Contracted Services:* Providing funding to organizations that serve these populations so they can hire their own staff

People who are homeless

CIP provides information and referral about behavioral health services at sites where homeless people receive their services. CIP staff also screen people for mental health issues and assess those who may need care. For those people who refuse to engage in traditional services, CIP ensures those who are severely and persistently mentally ill have access and receive all specialty mental health services. CIP operates in the following locations:

- Mary Isaak Center - Petaluma
- The Living Room - Santa Rosa
- Redwood Gospel Mission - Santa Rosa
- Samuel Jones Homeless Shelter - Santa Rosa
- Morgan Street Homeless Services - Santa Rosa
- Sloan House - Santa Rosa
- The Rose- Santa Rosa

CIP staff provide outreach in the West County area to ensure people who are homeless and living around the Russian River area are connected to services, as there are no specific services for people who are homeless in the West County area.

People who abuse substances

People with Substance Abuse Disorders are served at the following locations:

Drug Abuse Alternatives Center (DAAC) – Turning Point

CIP outstations a psychiatrist 16 hours per month for medication evaluation and support as part of a collaboration with DAAC, Santa Rosa Community Health Centers, and Sonoma County Behavioral Health. MHSA funds also support a licensed mental health professional at Turning Point to provide on-site screening, assessment, individual and group counseling.

Women's Recovery Services

Women's Recovery Services (WRS) provides residential treatment to substance-using Sonoma County women who can be accompanied by up to two children (to age 12). Sonoma County Behavioral Health outstations one psychiatrist two times per month for 4 hours. The psychiatry consultant meets with residential clients along with the program's nurse practitioner. Diagnostic evaluations are performed at the start of the women's four-month stay, and recommendations for medication treatment are implemented by a Nurse Practitioner. Referred women are routinely seen approximately once per month by the psychiatry consultant, until stable.

The psychiatrist also takes part in treatment team meetings, collaborating with the case managers, clinical director, and program director in the client's care. Major Depression, Bipolar Disorder, PTSD, ADHD, and residual psychotic symptoms are typical clinical concerns. Prior to each woman's planned discharge from WRS, the psychiatrist and NP review the client's plans for mental health follow-up and provide assistance and referral to community clinics with integrated psychiatric care or specialty mental health services, as needed.

Veterans

CIP conducts weekly visits with veterans at the Sonoma County VetConnect Center. VetConnect is a partnership of veteran volunteers and providers of veterans' services to create a bridge between veterans in local communities, and governmental and non-governmental service providers each month in Santa Rosa.

People experiencing a recent psychiatric hospitalization

CIP conducts home visits to people who recently experienced psychiatric hospitalization or may be in urgent need of mental health services. Following a psychiatric hospitalization, CIP provides home visits to Medi-Cal beneficiaries and indigent people in the community who are not receiving specialty mental health services, to ensure appropriate follow-up care, medication adherence, benefits counseling, and family/caregiver support. CIP will respond to calls from community members who report a friend or family member may be in urgent need of mental health services.

Ethnic and cultural populations

Native Americans

CIP provides funding for psychiatry and social work positions at Sonoma County Indian Health Project (SCIHP) to identify and provide treatment to Native American people with mental health issues. CIP

works closely with SCIHP to identify Native American people who need referrals to specialty mental health services.

Southeast Asians

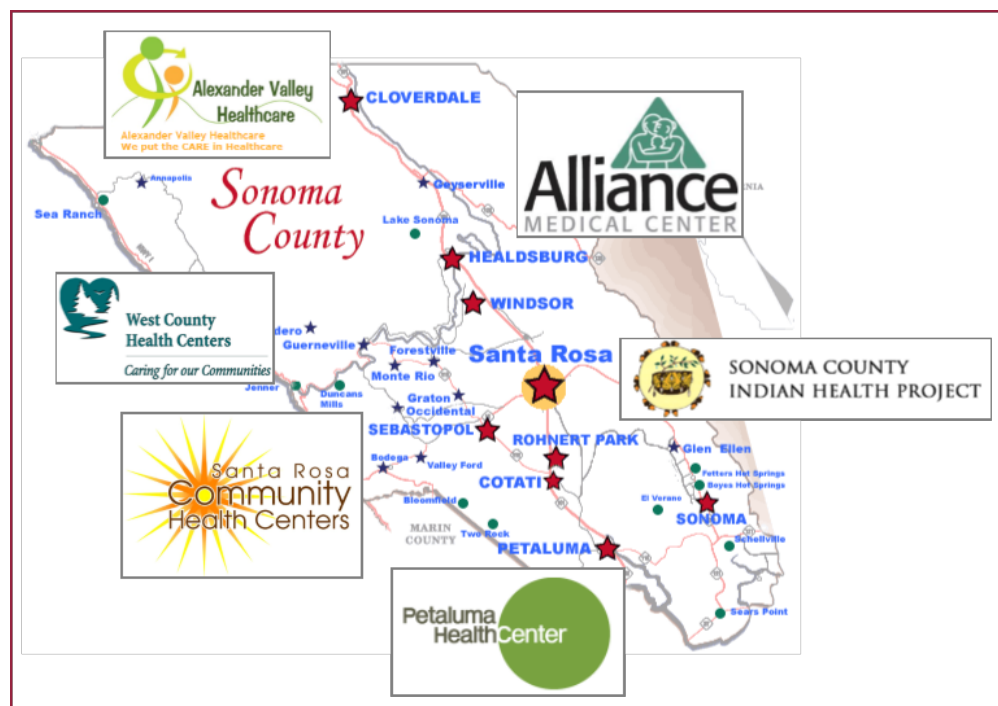
CIP offers specialized engagement and support groups for adult Laotian and Cambodian men and women. Groups focus on education and support to many people who fear engaging outside of their community. The most pressing issues are language and transportation. Group topics include the following:

- *Cambodian Men*: education, support around anger and anxiety issues with their spouse; support about medication management, and other health issues, including chronic pain.
- *Laotian and Cambodian Women*: education about depression and anxiety; support related to physical health, chronic pain, diabetes, parenting, language issues, fears engaging outside their community.

Latinos

Through CIP, Sonoma County Behavioral Health has prioritized services to Latinos. CIP targets Latinos by providing funds to community health centers to hire behavioral health staff, by co-locating Sonoma County Behavioral Health staff inside the community health centers, as well as training community health center staff throughout Sonoma County. Community health centers are where many Latinos seek health services. By embedding services in their trusted health care homes, behavioral health services become accessible to the Latino community. Participating community health centers include:

- Santa Rosa Community Health Centers – Brookwood Health Center, Vista Family Health Center, and Southwest Community Health Center
- Petaluma Health Center
- Alliance Medical Center in Healdsburg



Partner community health centers increasing accessibility for Latinos, LGBTGGI and geographically isolated communities

Individuals in the Lesbian, Gay, Bisexual, Transgendered, Queer, Questioning, and Intersex (LGBTQQI) Community

CIP provides funding for a social worker position at West County Health Services' Russian River Health Center (RRHC) to identify and provide treatment to LGBTQQI people in the Russian River area with mental health issues. RRHC staff provide psychiatric consultation and mental health information with primary care staff. CIP also works directly with Positive Images in Santa Rosa to provide consultation and mental health information and resources.

People who are geographically isolated

CIP conducts outreach and engagement activities to identify adults who live in geographically isolated areas outside of Sonoma County's service hub of Santa Rosa, and who may be in need of specialty mental health treatment. CIP leverages staff from Sonoma County Behavioral Health **Community Mental Health Centers (CMHCs)** to engage in these activities. CMHC offices are located in Sonoma, Guerneville, Cloverdale, and Petaluma, and staff is familiar with the unique cultural issues in these areas.

Law Enforcement

CIP-CMHC meet with law enforcement agencies to target residents who may be exhibiting behaviors that may be a result of a mental illness and who may require services. Law enforcement agencies include: Petaluma Police Department; Cloverdale Police Department; the Sonoma County Sheriff's Office - Sonoma Valley and Guerneville. CIP-CMHC may arrange welfare checks, street outreach, and home visits in each of these geographic areas.

Task Forces and Committees

- West County Multi-Agency Mental Health Collaborative – Guerneville
- South County Mental Health Collaborative, sponsored by the Petaluma Health Care District
- Concilio – Sonoma Valley

Training and Consultation

CIP-CMHC staff provides mental health training and support to Alexander Valley Healthcare, Petaluma Health Center, Russian River Health Center, Alliance Medical Center, and Wallace House Homeless Shelter.

OTHER CIP OUTREACH AND ENGAGEMENT ACTIVITIES TO PRIORITY COMMUNITIES

Faith-Based Outreach

CIP provides outreach to faith-based organizations whose congregations have a large percentage of people of color, especially Latinos. CIP provides information and referral as well as evidence-based Triple P parenting workshops to congregants. CIP provides Triple P (Positive Parenting Program) seminars twice a year at Resurrection Catholic Church in Santa Rosa, St. Vincent de Paul in Petaluma, Our Lady of Guadalupe Church in Windsor, as well as Community Baptist Church's Martin Luther King Jr. Fair.

Targeted Outreach

CIP conducts home visits to any Latino individual or family who needs assistance. CIP also targets outreach efforts at programs that focus specifically on serving Latinos, such as Nuestra Voz, La Luz and day labor centers.

Law Enforcement

CIP meets monthly with Santa Rosa Police Department-Downtown Patrol to talk about individuals whom the police have identified as being in need of mental health or other services.

Fairs and Gatherings

CIP attends community health fairs and other gatherings that target ethnic and cultural groups, especially Latinos, to provide information on mental health.

2013-2014 Health Fairs Attended by Staff of the Community Intervention Program				
	<i>Name:</i>	<i>Location:</i>	<i>Population Reached:</i>	<i>Approx. # Served:</i>
1.	Martin Luther King Health Fair	Baptist Church	African Americans, Faith-Based community	100
2.	Cesar Chavez Health Fair	Cook Middle School	Latino Community	129
3.	Homeless Support Fair	Redwood Gospel Mission	Homeless individuals and families	12
4.	Cinco de Mayo Fair	Roseland	Latino Community	100
5.	Wellness Expo	SR Vets Building	Veterans	400
6.	KBBF Fair	Carpenters' Labor Center	General Community and Latino Community	60
7.	Homeless Support Fair	Julliard Park	Homeless individuals and families	10
8.	Tortilla Factory Health Fair	Tortilla Factory	Latino Community	102
9.	Independence Day	Wells Fargo Center for the Arts	General Community	138
10.	Health Fair	Our Lady of Guadalupe Church, Windsor	Latino Community	40
11.	DLSC Disability Expo	DLSC-Sonoma County Fair Grounds	People with Disabilities	110
12.	Sonoma V. C. Health Fair	Sonoma Valley Community Center	General Community	148
13.	Health & Wellness Fair	Guerneville School	Children and Families	40
14.	Latino Health Forum	Flamingo Hotel	Latino and General populations	297
15.	Health & Wellness Fair	Church of Resurrection	Latino Community	136
16.	Community & Engagement Fair	Vineyard Creek Hotel	General Community	100

Task Forces and Committees

CIP actively participates in groups, committees, and task forces concerned with special populations. These include Latino Service Providers, Sonoma County Homeless Taskforce, and Sonoma County Continuum of Care.

Training and Consultation

CIP staff provide ongoing supervision to other service providers who are concerned about the mental wellness of their target populations. Regular meetings include:

- Monthly Community Health Outreach Worker meetings
- Nurse Family Partnership monthly supervision
- Weekly support for staff who serve a large Latino population at Nuestra Voz and La Luz
- Co-lead weekly Family Support Meetings with Buckelew Programs (Family Services Coordinator)
- Co-leading a weekly group at a consumer run drop-in center (Interlink Self-Help Center)

CIP staff also conduct the following trainings:

- Question, Persuade, Refer (QPR)
- Behavioral Health Services Training (Library, Community Partners, Community)
- Mental Health First Aid (MHFA)
- Applied Managed Suicide Risk (AMSR)

Urgent Response

CIP provides urgent response to Sonoma County's most vulnerable populations. CIP staff respond to calls from law enforcement and family members and loved ones of people who are struggling with behavioral health issues. CIP responds to people in their homes and on the street who are not in immediate crisis, but, if ignored, may require a crisis response.

COMMUNITY INTERVENTION PROGRAM COUNTY & CONTRACTOR DATA

CIP conducts its outreach and engagement activities through the following staffing structure:

- Sonoma County Behavioral Health (SCBH)
 - SCBH CIP Team
 - Community Mental Health Centers (CMHCs) CIP Team
- Contractors
 - Alliance Medical Center
 - Drug Abuse Alternatives Center (DAAC)
 - Petaluma People Services Center (Mary Isaak Center)
 - Santa Rosa Community Health Centers
 - Sonoma County Indian Health Project
 - West County Health Centers

Sonoma County Behavioral Health Division-Older Adult Team Outreach

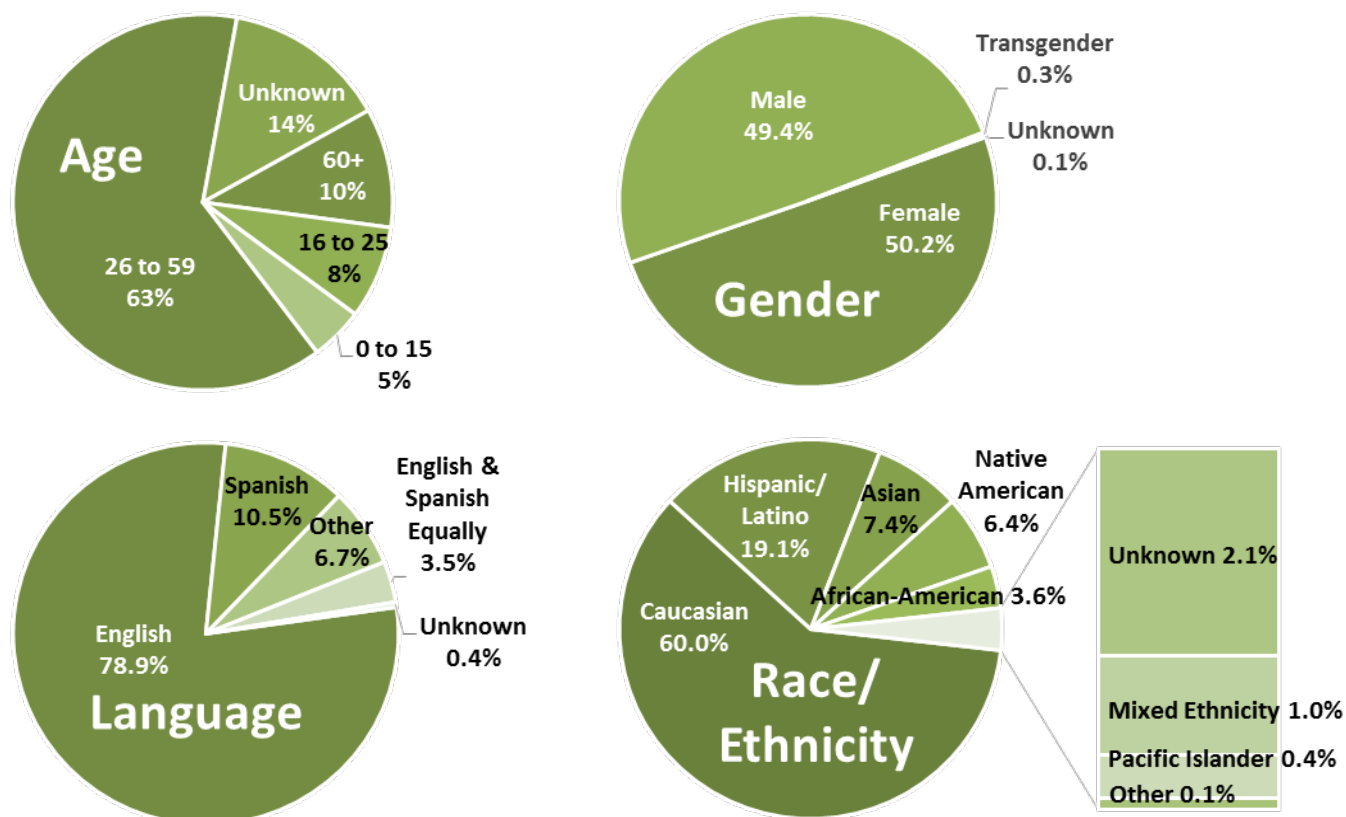
In collaboration with Human Services, Adult and Aging Division, the Sonoma County Behavioral health Division Older Adult Team identifies older adults, age 60 and older, who show symptoms of depression, serious mental illness and/or suicidal thinking, and provide an in-home assessment and care coordination with our Older Adult Mental Health Outreach Liaison. From peer support to in-home counseling to Specialty Mental Health Services, older adults who are interested in receiving support are offered warm handoff to the appropriate level of care. This program partners with each older adult, in promoting their ability to live healthier, more connected and fulfilling lives. Below are the numbers reached by the Older Adult mental Health Outreach Liaison for FY 13-14:

- Referrals accepted to Older Adult Mental Health Outreach Liaison: 155
 - Home Visits made: 81
 - Information and Resources Phone Calls: 54
- Provided Linkage to:
 - Senior Peer Counseling or Senior Peer Support: 47
 - Friendly Visitor: 3
 - Older Adult Collaborative In-Home Therapy: 23
 - Older Adult Collaborative Case Management with Healthy IDEAS: 12
 - Sonoma County Behavioral Health Services: 12
 - Other Mental Health/Psychiatric Providers: 18

Sonoma County Behavioral Health (SCBH) CIP Team

Total unique clients served: **923**

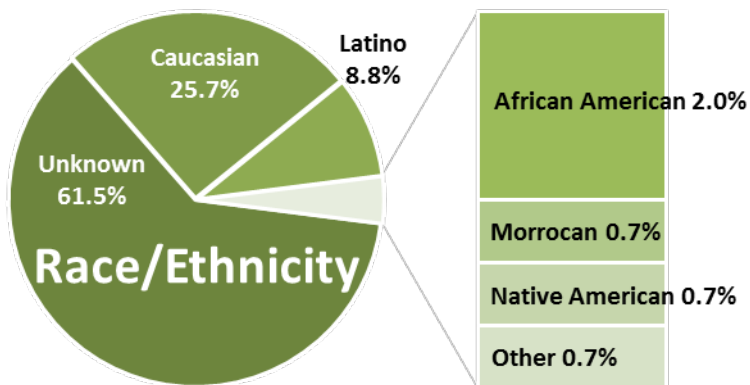
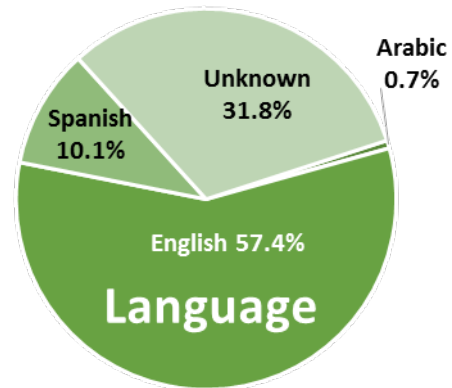
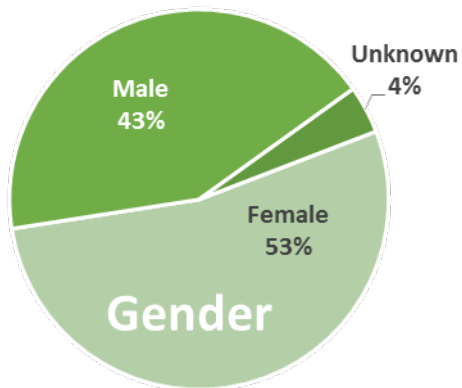
Demographics:



Community Mental Health Centers (CMHCs) CIP Team

Total unique clients served: **148**

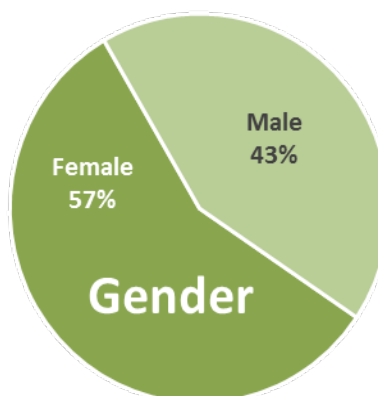
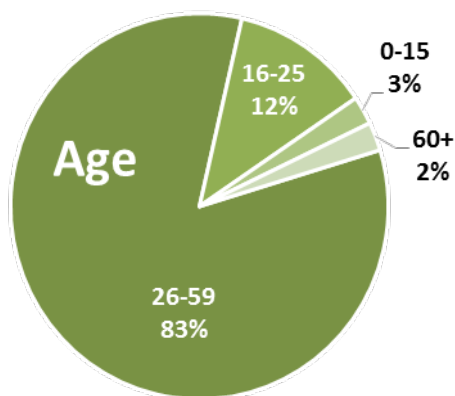
Demographics:

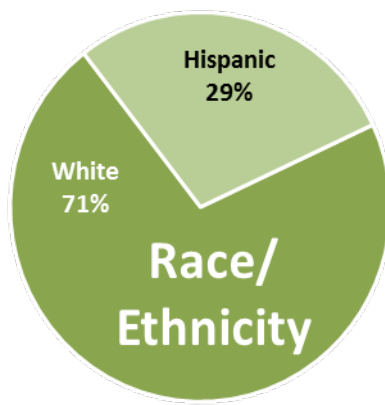
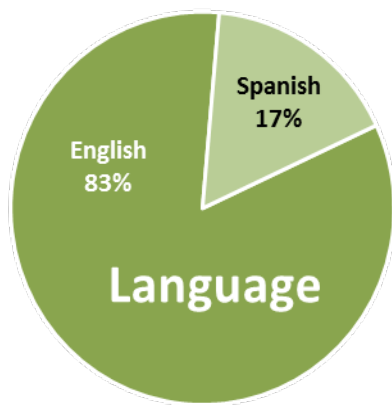


Alliance Medical Center – CIP

Total numbers served (aggregate of quarterly reports): **42**

Demographics:



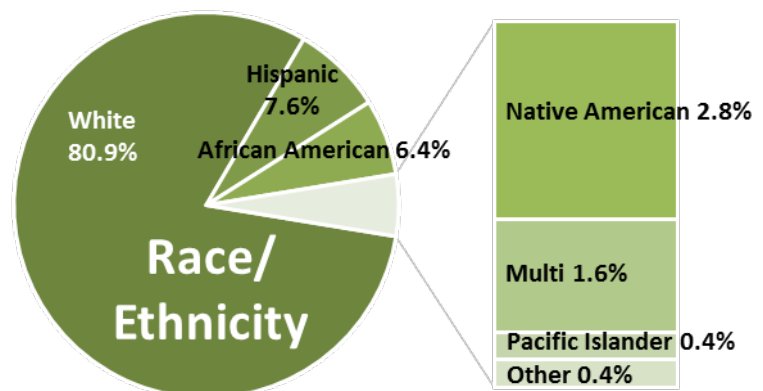
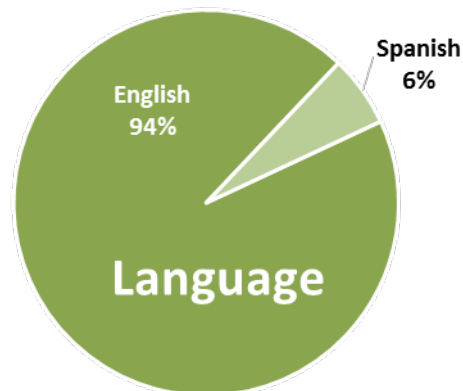
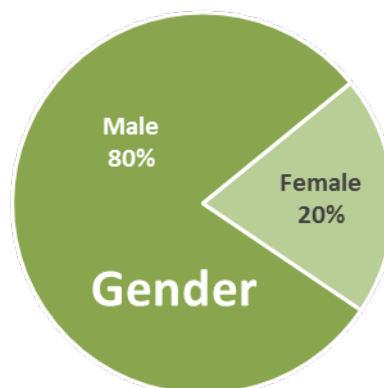
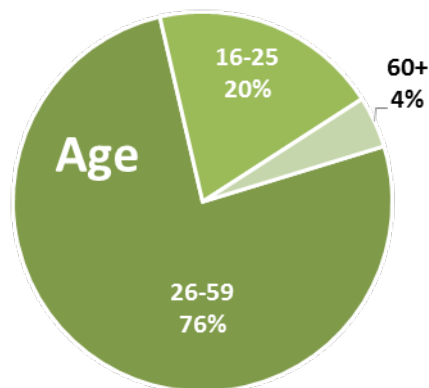


For more information, see the **Alliance Medical Center CIP Impact Statement** in the Appendix.⁷

Drug Abuse Alternatives Center (DAAC) – CIP

Total numbers served (aggregate of quarterly reports): **251**

Demographics:



Positive Outcomes:

Counseling and psychiatric services were offered at an average of three sessions per participant. The average client sees the Mental Health Specialist weekly for the first several weeks and is referred to a

⁷ See Appendix 5

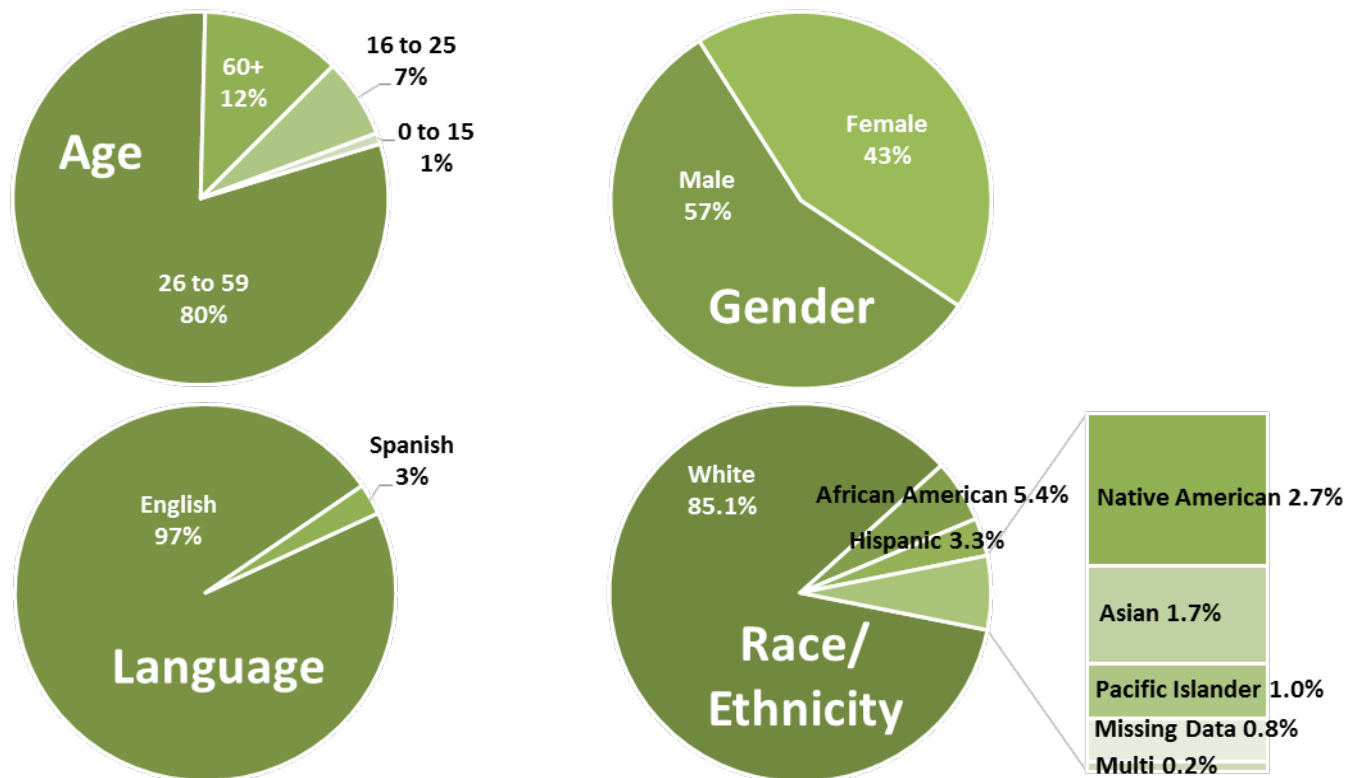
Sonoma County psychiatrist. Participants referred to co-occurring groups remain in the group while in treatment.

For more information, see the **Drug Abuse Alternatives Center (DAAC) CIP Impact Statement** in the Appendix.⁸

Petaluma People Services Center (Mary Isaak Center) – CIP

Total numbers served (aggregate of quarterly reports): **523**

Demographics:



For more information, see the **Petaluma People Services Center (Mary Isaac Center) CIP Impact Statement** in the Appendix.⁹

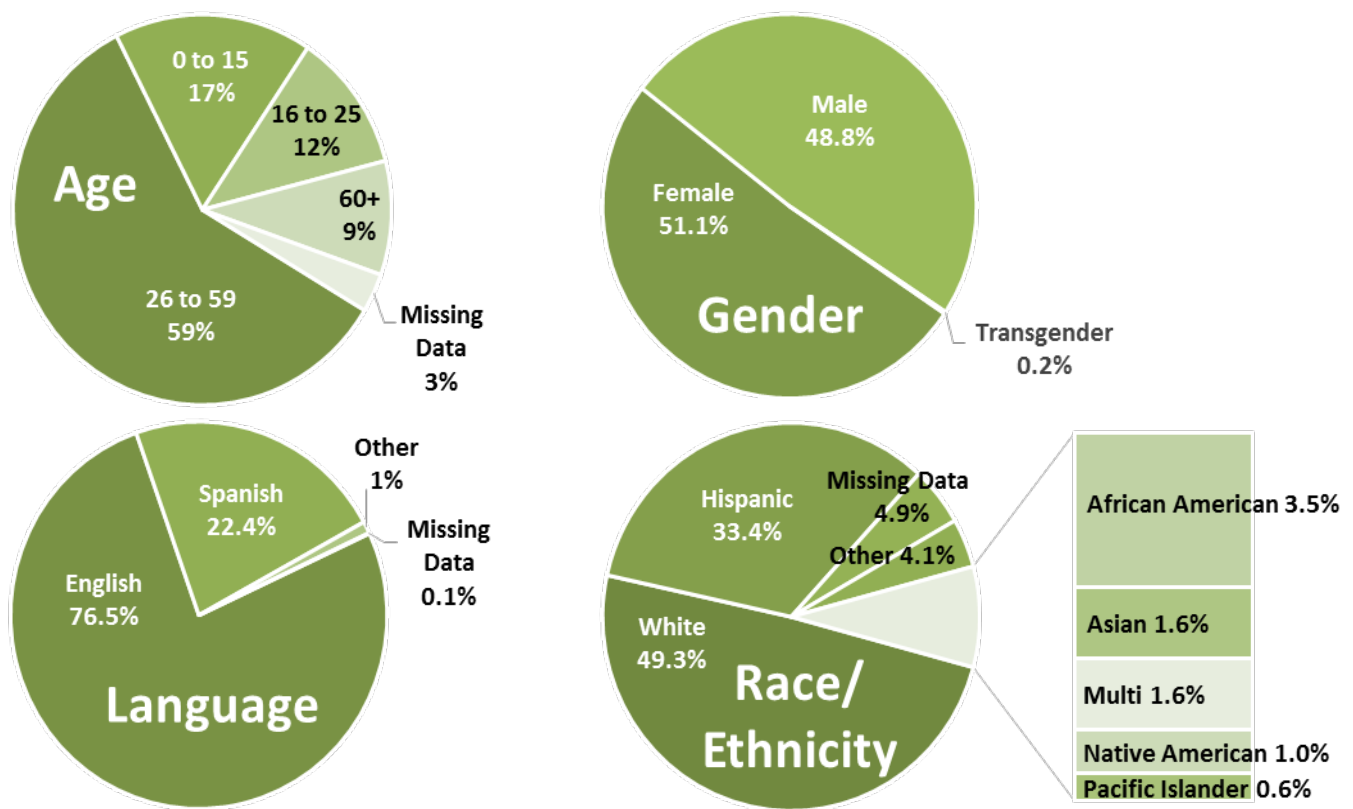
Santa Rosa Community Health Centers – CIP

Total numbers served (aggregate of quarterly reports): **1,905**

Demographics:

⁸ See Appendix 5

⁹ See Appendix 5



Positive Outcomes:

Community Services and Supports (CSS) funding has promoted the development of an integrated Primary Care Provider and Mental Health team member throughout this major provider of health services to the low-income members of Santa Rosa. The integration of staff has helped move towards better expression of empathy towards patients, confidence for primary care providers in managing Mental Health illness in a primary care setting, and building the community safety net to avoid escalation of Mental Health issues.

SRCHC's Brookwood Health Center is an integrated primary care health center that provides a complete spectrum of health services for homeless individuals in an outpatient setting, including psychiatric support, enabling services, and chemical dependency services. The Brookwood environment values and supports individuals at whatever stage of recovery or independent living they may be in. In many ways, the existence of Brookwood Health Center is a tribute to the way MHSA funds have allowed partnerships to develop to meet the needs of individuals with serious mental illness.

SRCHC has been able to leverage nursing support for individuals who are managing their mental health needs in the community by having dedicated nurses for the psychiatric team to be able to stay in contact with patients on their medications and have a place to for family members to talk about symptom and changes.

At Vista Family Health Center a Family Practitioner recently expressed great appreciation for the support from the psychiatric team when she was seeking to support a patient to avoid a hospitalization for an acute exacerbation of her mental illness. This type of mentoring and support for Primary Care Providers when there is an acute incident for a patient with mental illness.

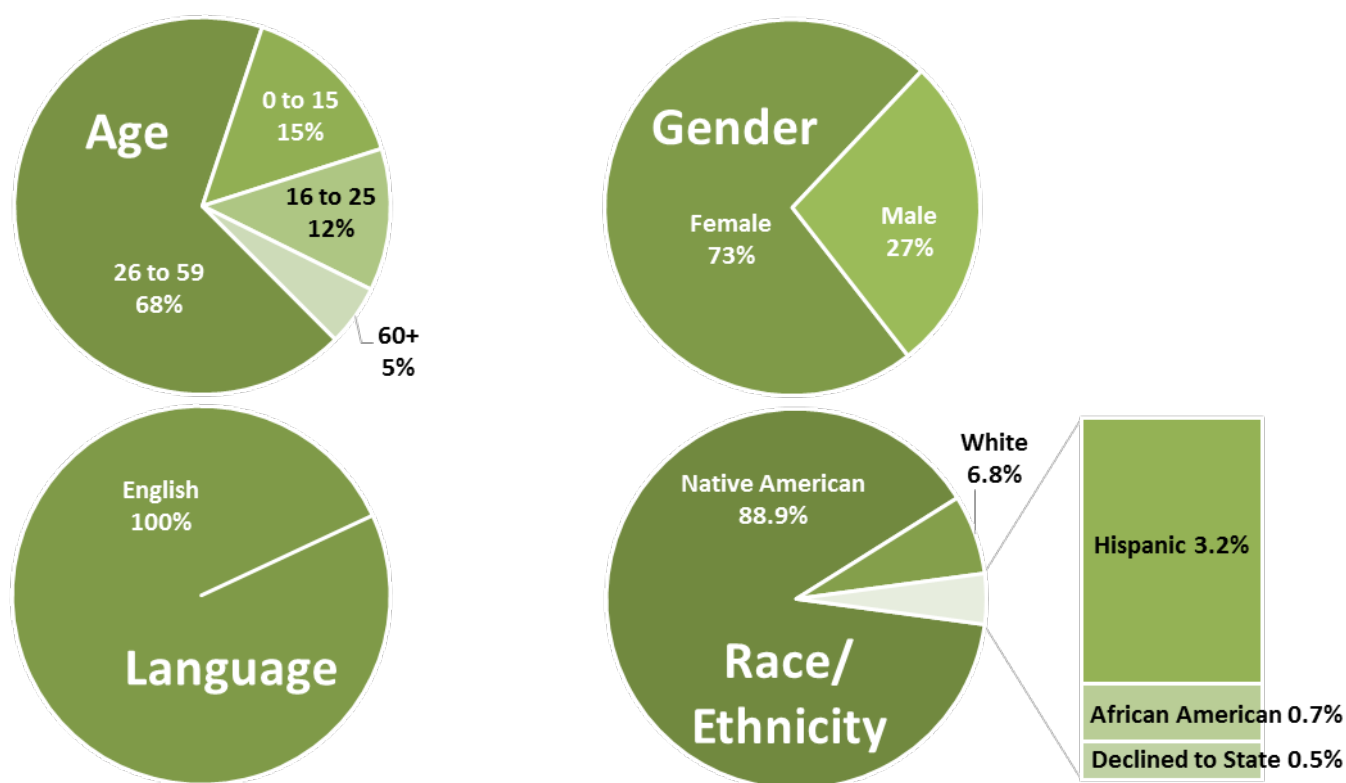
At SRCHC’s Southwest Community Health Center, all care teams have an Integrated Behavioral Health staff member to help with “warm hand-offs” as part of a continuum of services to enable appropriate use of behavioral health resources, including psychiatric care. The presence of co-located integrated behavioral and mental health staff have also enabled SRCHC to implement a practice of training Medical Assistants to administer the PHQ-2.

For more information, see the **Santa Rosa Community Health Centers CIP Impact Statement** in the Appendix.¹⁰

Sonoma County Indian Health Project (SCIHP) – CIP

Total numbers served (aggregate of quarterly reports): **442**

Demographics:



Positive Outcomes:

Adults, families and children have benefited from the support and services provided. Stabilization of psychiatric symptoms and improved health care delivery with the added consultation with primary care providers at SCIHP.

For more information, see the **Sonoma County Indian Health Project CIP Impact Statement** in the Appendix.¹¹

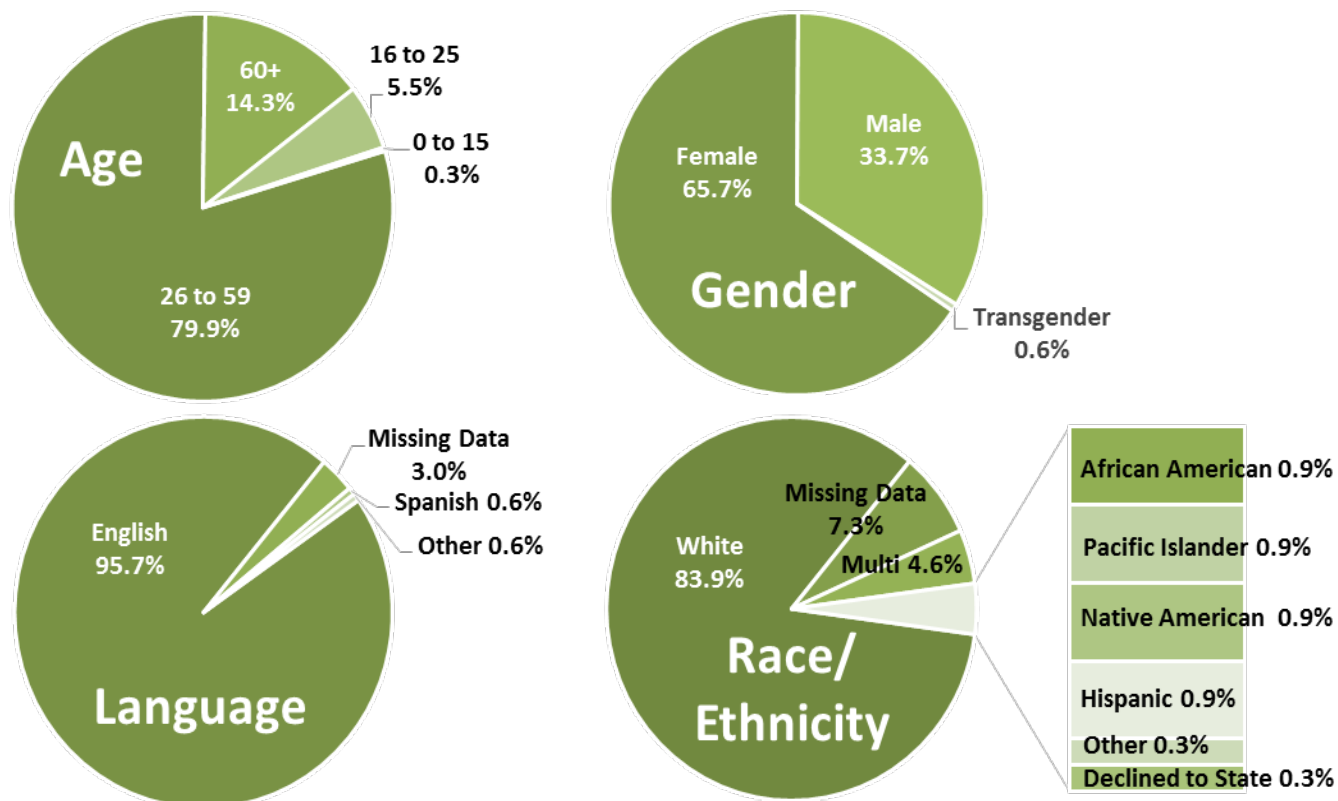
¹⁰ See Appendix 5

¹¹ See Appendix 5

West County Health Centers – CIP

Total numbers served (aggregate of quarterly reports): **329**

Demographics:



Positive Outcomes:

	Goal:	Outcome:
1.	Provide crisis resolution services for 50 unduplicated mentally ill clients.	Crisis intervention services provided to individuals through warm hand offs, referrals from providers or staff or self-referral.
2.	Case management/short term counseling for 50 unduplicated homeless persons or those potentially homeless with a history of mental illness.	In the fourth quarter for FY 13-14, case management/short term counseling services were provided to 87 unduplicated patients during the reporting period. 195 individual visits were provided, exceeding their goal.

For more information, see the **West County Health Centers CIP Impact Statement** in the Appendix.¹²

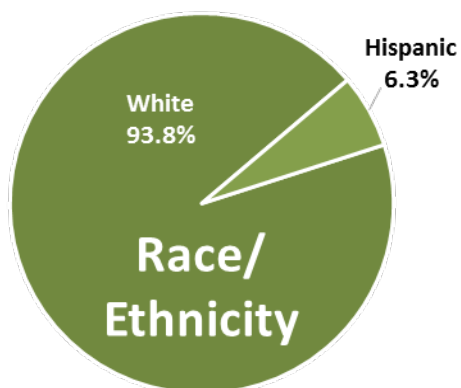
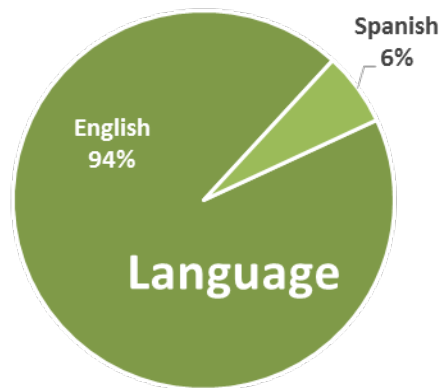
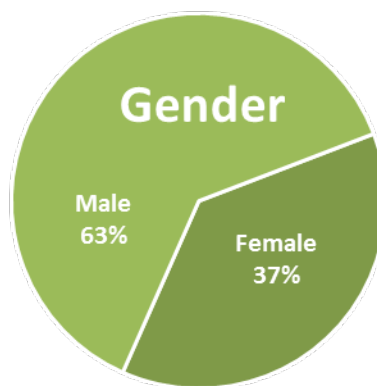
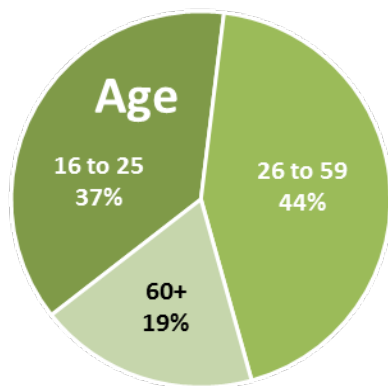
Sonoma County Human Services Department – Job Link

Sonoma County, has implemented the **Job Link** program to assist economically disadvantaged adults to achieve self-sufficiency through employment.

¹² See Appendix 5

Total numbers served (aggregate of quarterly reports): **16**

Demographics:



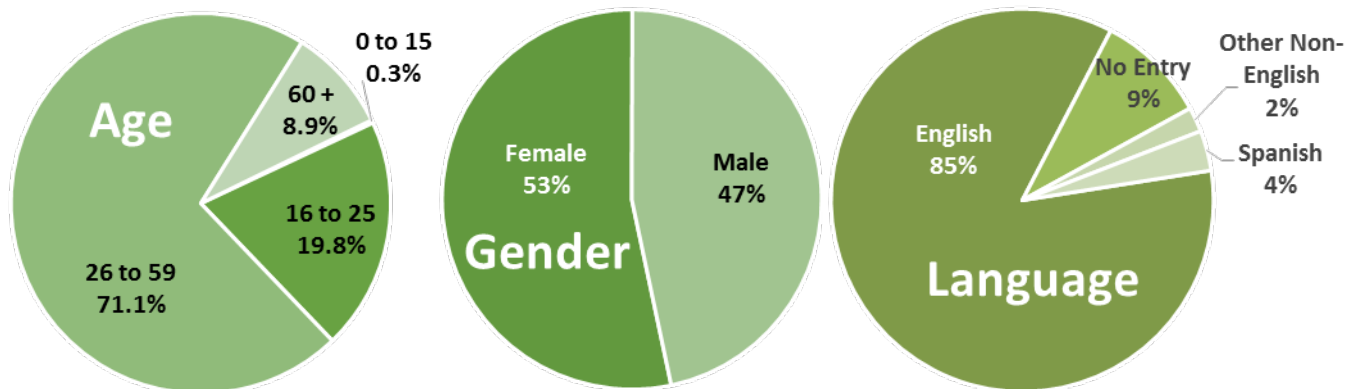
The Access Team improves access to mental health services for residents of Sonoma County. Individuals seeking care are able to quickly receive a mental health screening and, when needed, assessment and treatment planning and/or referral for appropriate levels of care to the network of mental health services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

Total number of clients that were screened by Access Team phone clinicians: **2,826**

- Adults: **1,911**
- Children: **915**

Total Unique Clients that were served through the Access Team: **384**

- Carried Over: **109**
- New to Program: **275**



Race		
White	251	65.36%
Other Race	47	12.24%
No Entry	40	10.42%
Mixed Race	33	8.59%
Black/African-American	6	1.56%
Filipino	3	0.78%
American Indian	1	0.26%
Guamanian	1	0.26%
Korean	1	0.26%
Other Asian	1	0.26%

Ethnicity		
Not Hispanic	200	52.08%
No Entry	106	27.60%
Mexican/Mexican-American	52	13.54%
Unknown	15	3.91%
Other Hispanic/Latino	11	2.86%

General System Development



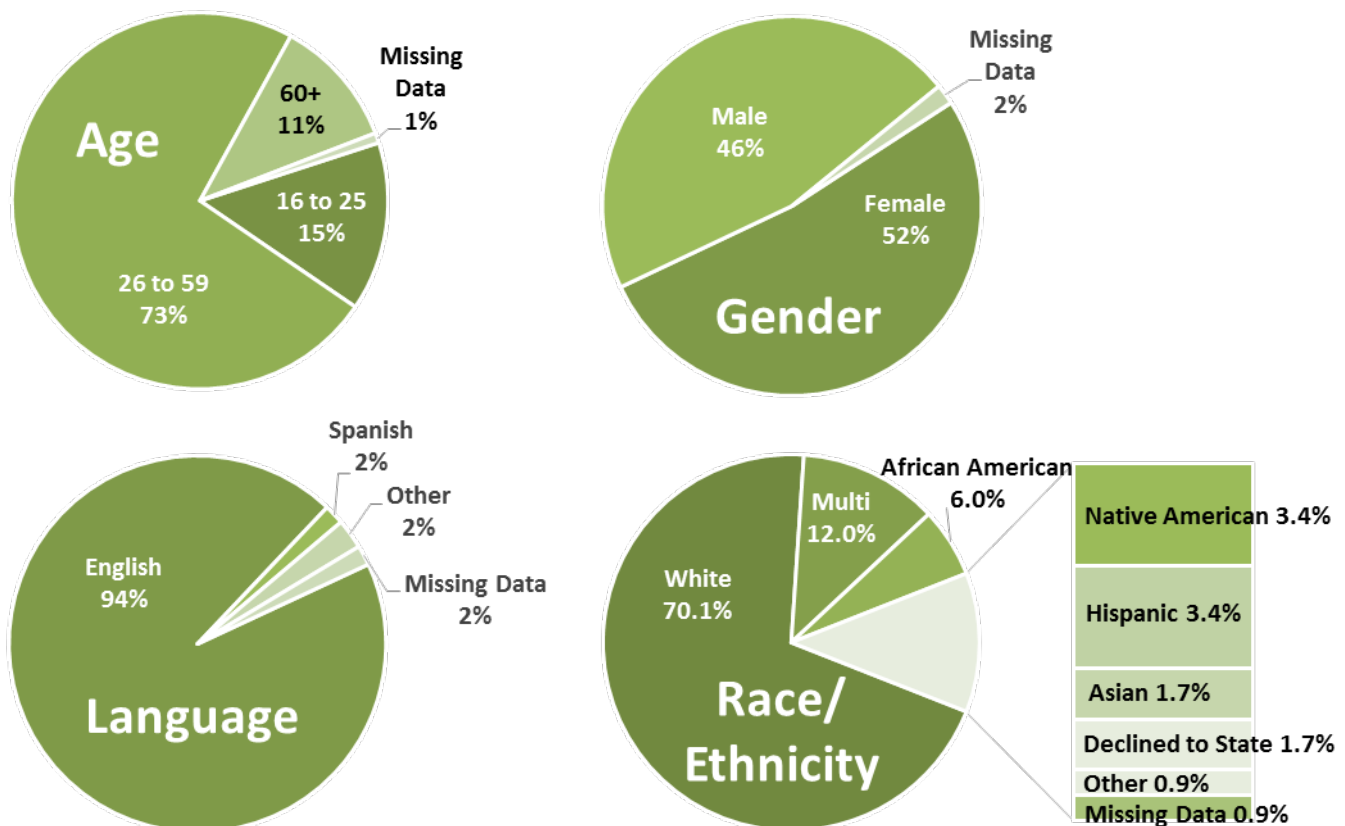
Consumer Run Services

Goodwill Industries of the Redwood Empire – The Wellness and Advocacy Center

Wellness and Advocacy Center (The Wellness Center) 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 numbers served (aggregate of quarterly reports): **117**

Demographics:



Positive Outcomes:

- 28 –New member sign-ups.
- 364-Art studio utilization monthly average.
- 397-Career Lab monthly average usage.
- 15-Individuals participated in Computer Basics class monthly.
- 6-Individuals participated in monthly job search.
- 197-Participated in peer-led groups.
- 5-10 individuals worked on garden related projects.

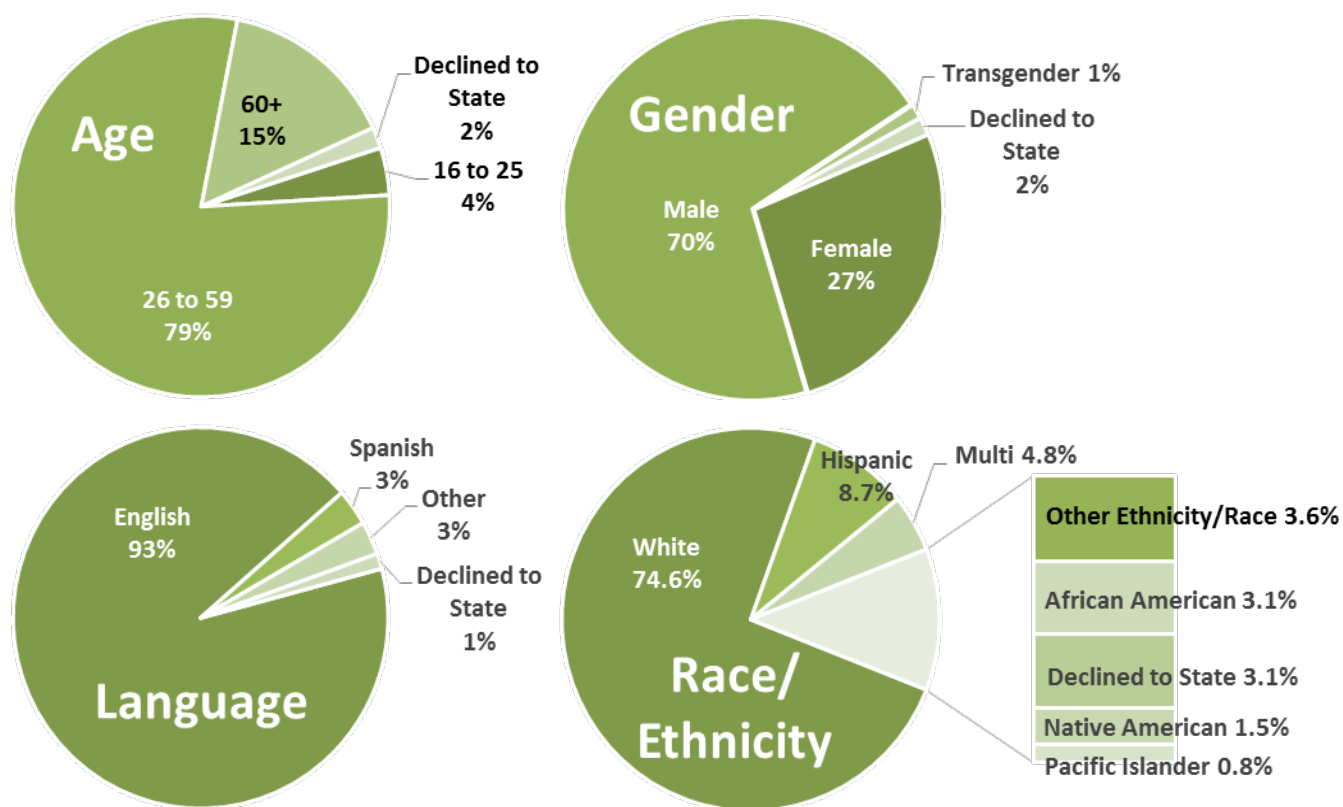
For more information, see the **Wellness Center Impact Statement** in the Appendix.¹³

Goodwill Industries of the Redwood Empire – Interlink Self Help Center

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 numbers served (aggregate of quarterly reports): **396**

Demographics:



Positive Outcomes:

	Goal:	Outcome:
1.	Serve an average of 65 person per day.	Served an average of 55 persons per day
2.	Conduct at least 12 organized socialization/recreation activities inside the center and 6 in the community.	Goal was exceeded. Members report satisfaction with activities on-site and out in the community.

¹³ See Appendix 5

	Goal:	Outcome:
3.	Conduct a minimum of 6 educational or outreach presentations and distribute flyers and schedules to 20 outside organizations in a month.	Goal exceeded.
4.	Provide 1,000 peer counseling sessions.	Goal was achieved for FY 13-14.
5.	Conduct an average of 30 support, education, and information and creativity groups per week.	Goal was achieved.
6.	Provide integrated mental health and substance abuse services by offering sessions on a weekly basis including Saturdays. Provide 200 individual integrated mental health and substance abuse sessions per year.	Goal exceeded.
7.	Conduct 3 Peer Counseling Training programs.	Goal was met.
8.	Train 3 Interns.	2 interns trained.
9.	Explore additional means of documenting the impact of the Center on the lives of Center members and the use of Center Services.	Development of an operations manual to address measuring the impact of programs and services at Interlink.

Members continue to report great satisfaction working one-on-one with the Mental Health Dual Diagnosis Consumer Counselor (MHDDCC). A number of established members, who have not sought support for their substance use issues at Interlink in the past are now seeking out MHDDCC, as are new and prospective members.

Members regularly report satisfaction with Peer Counseling Sessions, a number of which result from group attendees requesting one-on-support from group facilitators. The tour and intake processes flow into one-on-one Peer Counseling Sessions, often setting a helpful pattern of seeking and getting support. The variety of staff often results in members finding safety and resonance with at least one staff member.

For more information, see the **Interlink Self Help Center Impact Statement** in the Appendix.¹⁴

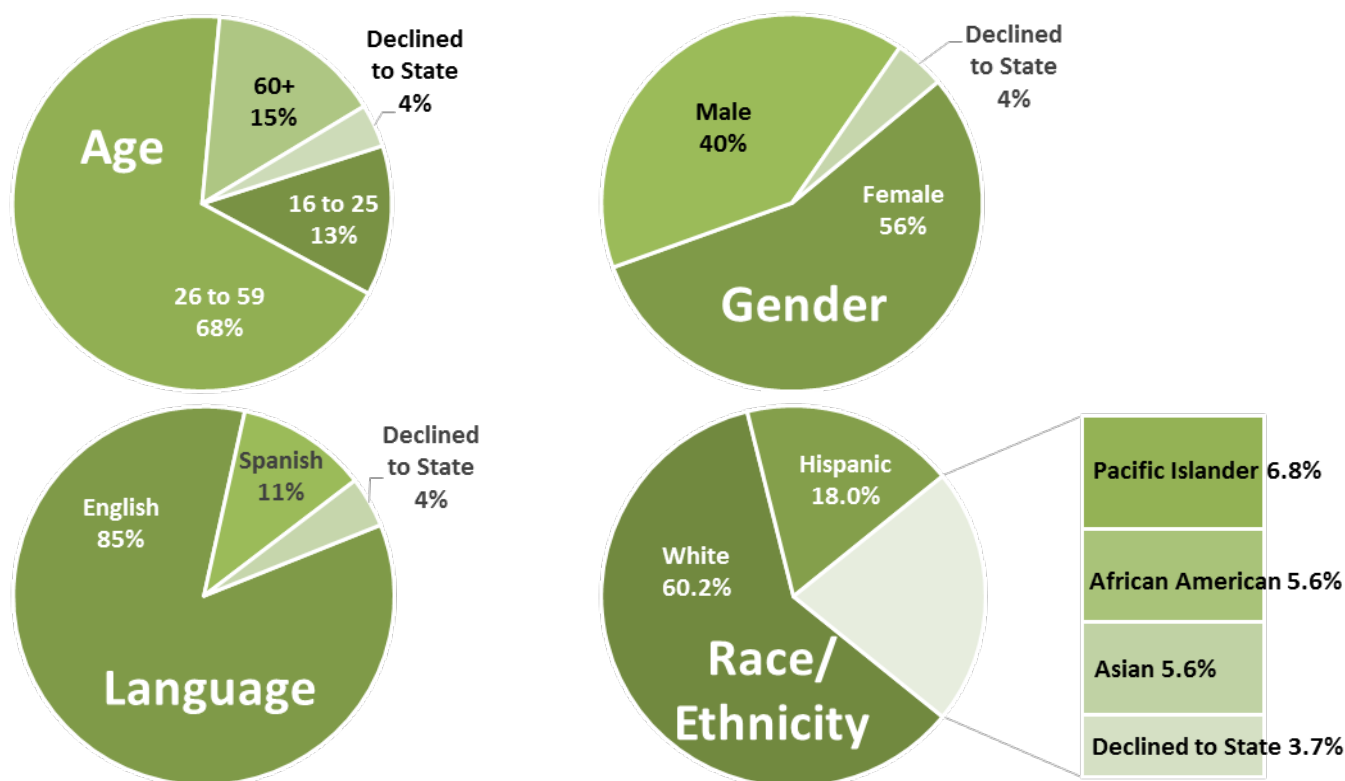
Goodwill Industries of the Redwood Empire – Petaluma Peer Recovery Project

Petaluma Peer Recovery Project (PPRP) 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*.

Total numbers served (aggregate of quarterly reports): **162**

Demographics:

¹⁴ See Appendix 5



Positive Outcomes:

Informal surveying of attendees, including feedback from monthly Focus Council meetings, results in constant praise for the center. Attendees report feeling less isolated, better able to communicate with their loved ones, and more connected in general. Attendees report socializing with new friends made at the Center. Attendees report finding it convenient being housed in a Sonoma County Behavioral Health Department building. Onsite providers often encourage their clientele to attend the PPRP resulting in positive outcomes.

PPRP staff presence at meetings and outreach events often result in referrals. Meeting attendance has resulted in developed working relationships with several Petaluma Police Department Officers, as well as staff from Buckelew Programs, Sonoma County Behavioral Health Department, and The Phoenix Theatre. PPRP has a regular presence at Petaluma Police Department's monthly mental health meeting. PPRP also presents at the Boulevard Apartments in Petaluma, a Buckelew Programs housing program, presenting to residents and caseworkers.

For more information, see the **Petaluma Peer Recovery Project Impact Statement** in the Appendix.¹⁵

Community & Family Services Agency – Russian River Empowerment Center

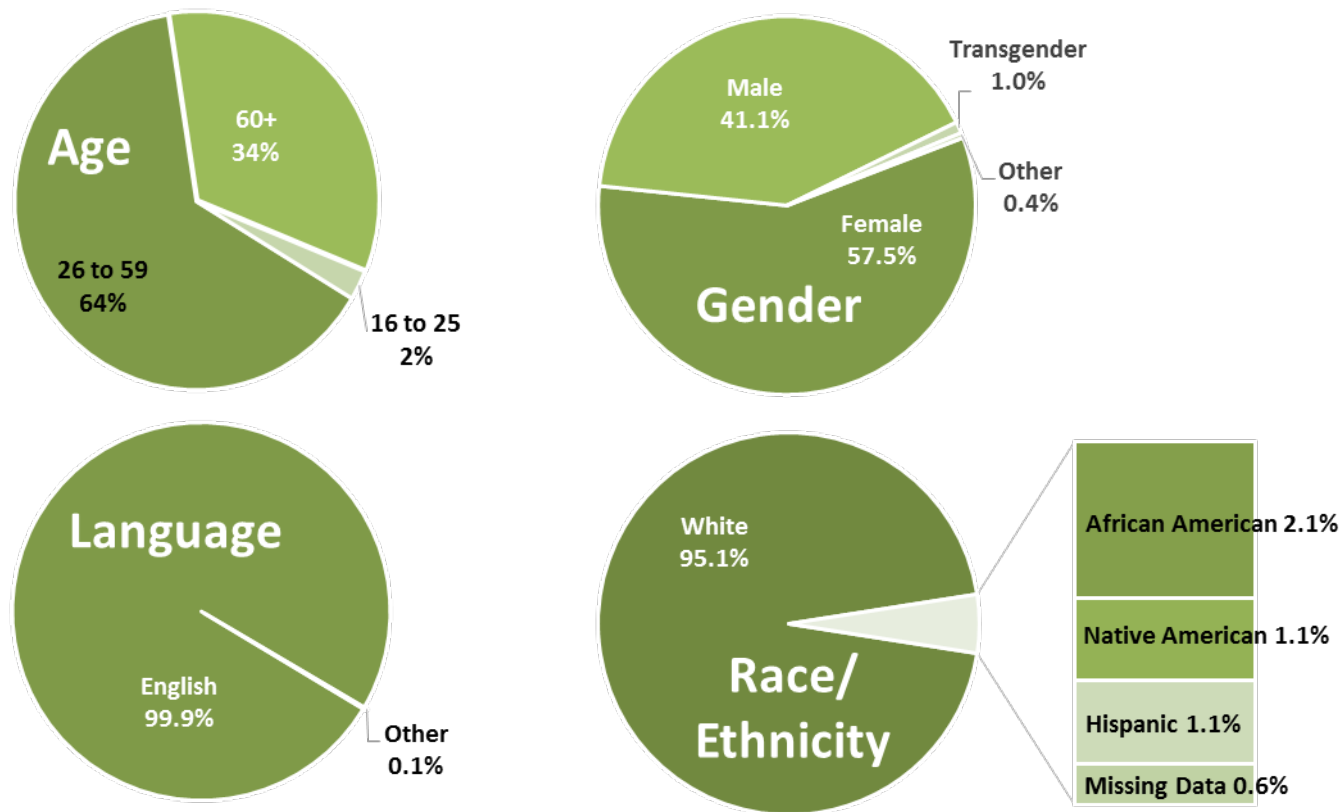
The Russian River Empowerment Center (RREC) is a consumer-run mental health and wellness drop-in center that provides a safe and supportive haven for those who want to transcend serious and persistent mental illness. With peer support, RREC nurtures a positive self-worth, recovery, self-determination, responsibility, and choice. RREC offers a variety of services to support members,

¹⁵ See Appendix 5

including a garden project, community lunch, groups, and other activities. RREC is a program of *Community and Family Services Agency*.

Total numbers served (aggregate of quarterly reports): **709**

Demographics:



Positive Outcomes:

With an active membership of over 167 members, an average of 25 members a day participate 4 days a week in various activities, including 9 regular groups. Activities are focused on recovery oriented activities while members also acquire improved daily living skills and stabilization of behavioral health issues.

Peer to peer support training has been initiated at RREC. With regular meetings involving members, RREC is seeking stakeholder involvement in decision making to further develop a peer run program that is grounded in mental health recovery self-help.

For more information, see the **Russian River Empowerment Center Impact Statement** in the Appendix.¹⁶

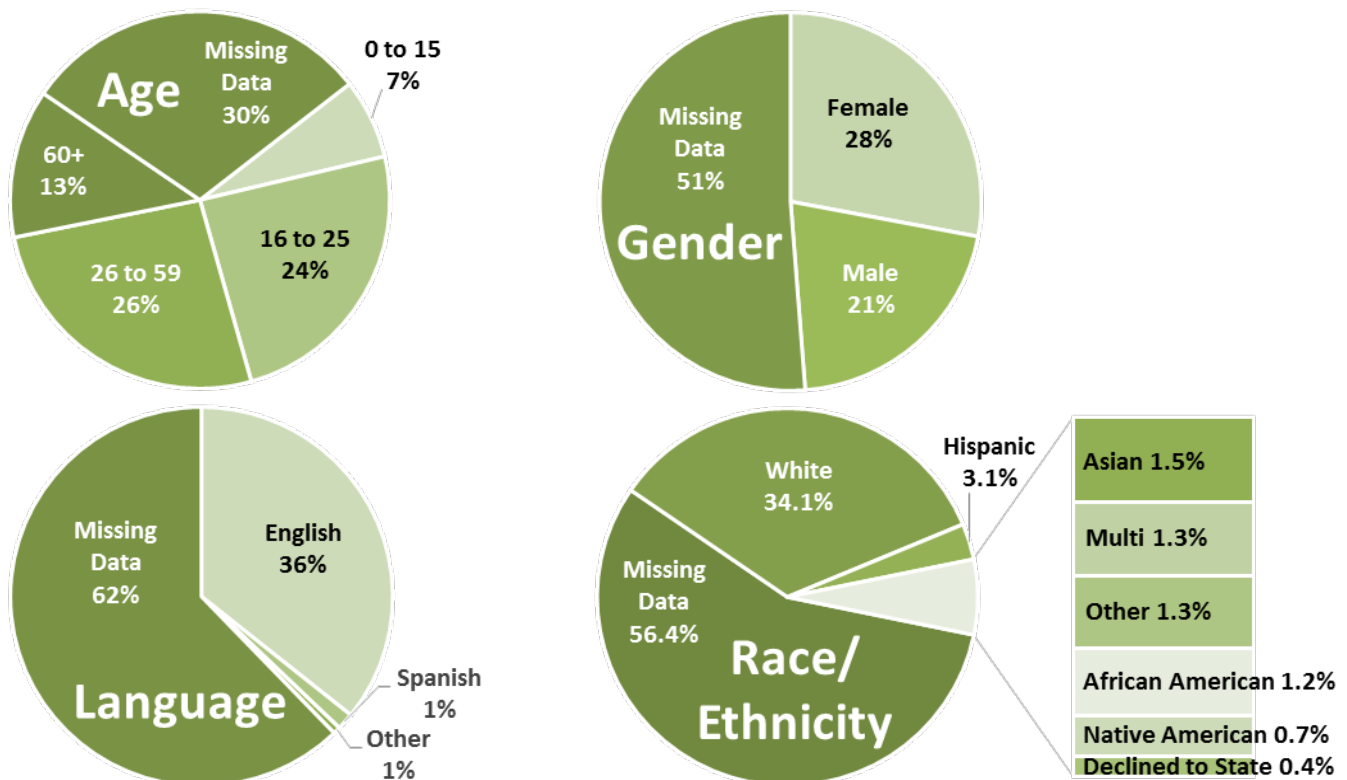
¹⁶ See Appendix 5

National Alliance on Mental Illness (NAMI) Sonoma County – CSS

National Alliance on Mental Illness (NAMI) – 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.

Total numbers served (aggregate of quarterly reports): **4,415**

Demographics:



Performance Outcomes:

Family to Family classes were held in Santa Rosa throughout FY 13-14. Following one of these classes, respondents participated in a survey and responded to three questions:

- 1) *“This program was helpful for me”*; 67% of respondents replied they ‘Strongly Agreed’ and 33% replied they ‘Agreed’ with the above statement.
- 2) *“I have learned information that was new to me”*; 72% of respondents replied they ‘Strongly Agreed’ and 28% of respondents replied they ‘Agreed’ with the above statement.

- 3) *"I would recommend this program to others"*; 89% of respondents replied they 'Strongly Agreed' and 11% replied they 'Agreed' with the above statement.

The Wellness Recovery Action Plan (WRAP) Program and "through the glass" are implemented weekly by NAMI in the Sonoma County Adult Detention facility with groups focused on support, art, and 1:1 contact, often representing the only visits some individuals experience while incarcerated.

A 10-week series of classes, Peer-to-Peer has the reputation of helping clients along the path of recovery, which was demonstrated by the responses of the clients who took a survey after the class.

- *"I feel more confident in my level of knowledge regarding my mental illness."* – 77% strongly agreed with this statement.
- *"I have gained more tools to manage my mental illness."* – 69% strongly agreed with this statement.
- *"I feel more confident in my ability to effectively advocate for myself and others."* – 77% strongly agreed with this statement.

NAMI facilitated Question, Persuade, Refer (QPR) trainings for Suicide Prevention: Participants responded to pre and post survey questions to the QPR training asking them to rate their knowledge (utilizing 'Low', 'Medium' & 'High' rankings) in the following areas:

- 1) *"Facts concerning suicide prevention"*; 5 out of 6 reported an increase in this area following the QPR training
- 2) *"Please rate your level of understanding about suicide and prevention"*; 100% (6/6) reported an increase in this area following the QPR training

NAMI hosted a listening session at the Redwood Empire Chinese Association (RECA) in FY 13-14. The youth present self-identified as Asian-American and ranged in ages from 11 to 18 years.

Youth indicated the following issues as primary concerns needing to be addressed in their communities:

- Self-harm
- Bullying
- Anxiety/Stress

This information helped NAMI to identify needs for Asian American youth for further outreach and mental health education efforts.

For more information, see the **NAMI Sonoma County Impact Statement** in the Appendix.¹⁷

Bucklew Programs – Family Service Coordination

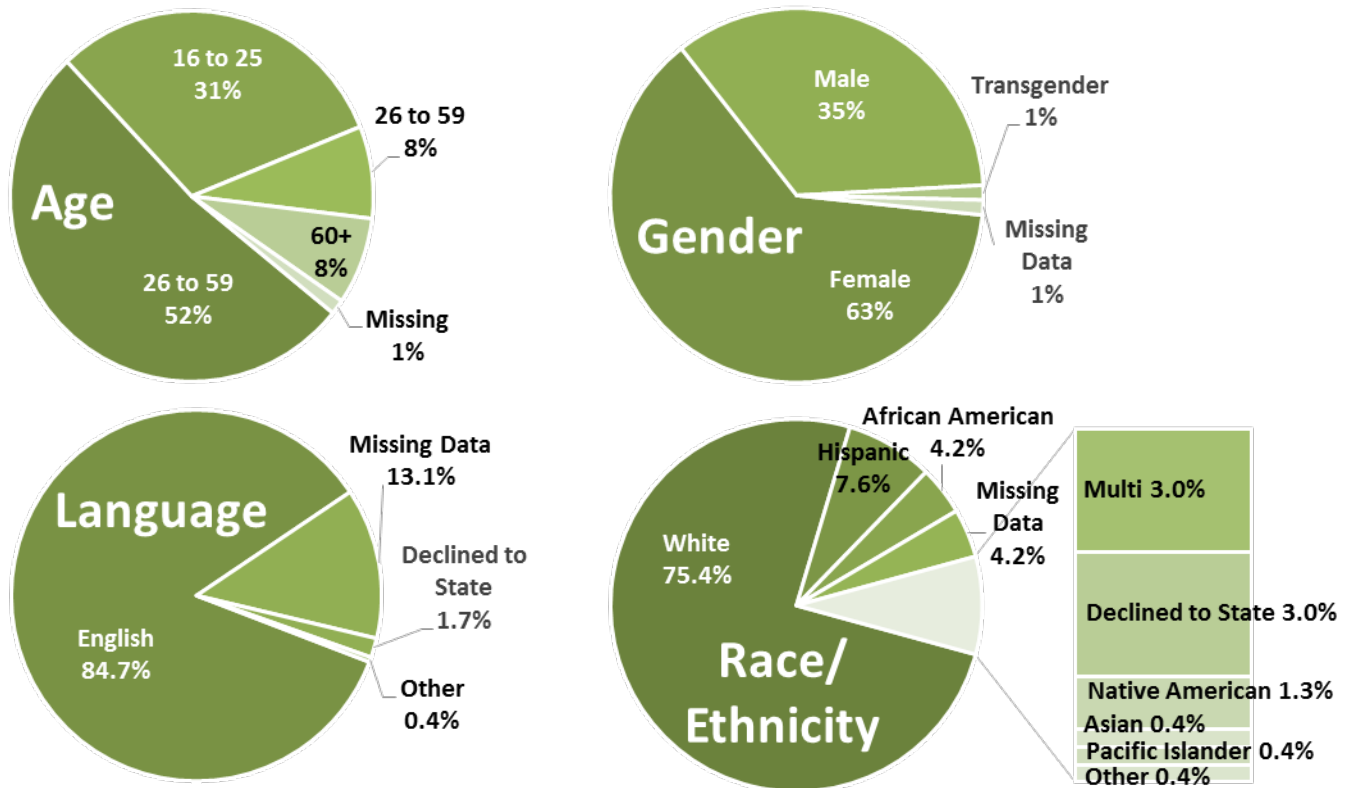
Bucklew Programs Family Services Coordination program (FSC) offers education and referrals to families of those with mental illness. The FSC serves as a liaison between Sonoma County Behavioral Health and other community-based organizations and services. Any family member or support person may contact the FSC for assistance in accessing services for themselves or their loved one. Funded

¹⁷ See Appendix 5

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.

Total numbers served: **953**

Demographics:



Performance Outcomes:

The measurement tools used by the FSC Program were surveys, assessments and the Zarit Burden Interview.

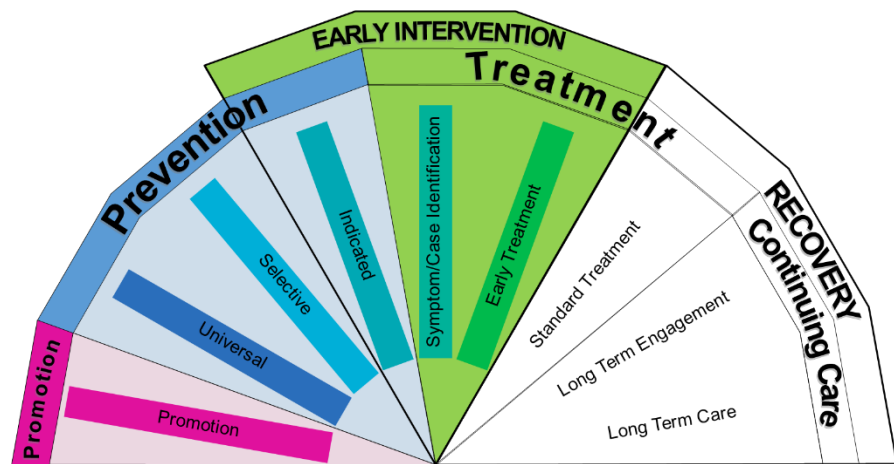
Goal:			Outcome:
1.	System Navigation	A. 75% of families will strongly agree or agree that Family Service Coordinator provided general information about how mental health services and other support system work in our community to begin addressing their loved one's recovery needs.	84% achieved
		B. 75% of families will strongly agree or agree that they can more effectively communicate with their loved ones service provider(s).	73% achieved
		C. 75% of families will report excellent or good understanding of what mental health services are available, how to access those services, and a general understanding of the limitations of the mental health system.	70% achieved

	Goal:	Outcome:
	D. 75% of families will report excellent or good understanding of Sonoma County's Health System, i.e. how to access primary care, therapist, and psychiatrist.	78% achieved
	E. 75% of families reported accessing 1 or more resources for themselves.	95% achieved
	F. 75% of families reported accessing 2 or more resources for their loved one (consumer).	84% achieved
2. Education & Support	A. 75% of families will strongly agree or agree that they have a better understanding of mental illness and how mental illness can affect the entire family system.	81% achieved
	B. 50% of families will report always or often engaging in additional support groups/education.	44% achieved (for Educational Class) 49% achieved (for Support/Education Groups)
3. Community Outreach & Resource Development	A. 75% of service providers/community members attending FSC training/presentation will report increased understanding of family perspective on mental illness and how mental illness affects the whole family and community and of the value of family inclusion in mental health treatment and services.	100% achieved
4. Empowerment & Self-Efficacy	A. 75% of families will strongly agree or agree that they have a sense of increased hope and empowerment for their family member's well-being.	73% achieved
	B. 75% of families will strongly agree or agree that they have been provided with sufficient family education and community resources to help cope better with family member's mental illness.	81% achieved
	C. 75% of families will report always true or usually true that they have a better understanding and ability to cope with loved ones mental health/and or substance dependence illnesses because of education/support due to the services and/or referrals received from FSC.	87% achieved
	D. 75% of caregivers will report a decrease in burden (and thus an increase in empowerment and self-efficacy) on the Zarit Burden Interview.	80% achieved

For more information, see the **Bucklew Programs Family Service Coordination Impact Statement** in the Appendix.¹⁸

¹⁸ See Appendix 5

PREVENTION & EARLY INTERVENTION (PEI)



CalMHSA Promotion Efforts



The **Know the Signs** Suicide Prevention Campaign informs Californians of 3 things: The warning signs for suicide, how to talk to someone about suicide, and how to identify helpful resources. Sonoma County residents received Campaign information through TV, online and magazine ads, resulting in 6.2 million total estimated views within the county. In February 2013, Santa Rosa Junior College in Sonoma County included an insert branded with the Know the Signs look in the Santa Rosa Junior College "Student Health 101" Magazine.

Directing Change is a statewide contest that engages students in creating videos about suicide prevention and stigma and discrimination reduction. **Eleven** Directing Change submissions from Sonoma County were received in the 2013 and 2014 high school contest which placed second place and first place. Sonoma County used and shared those videos at a Board of Supervisor's meeting. Schools that had students participated in Directing Change received several donated suicide prevention and stigma reduction programs. To view the winning entry for the suicide prevention category from Sonoma County go to: <http://www.sonoma-county.org/health/about/behavioralhealth.asp>

The Walk In Our Shoes Campaign educates 4th to 6th graders through school plays and online engagement about individuals with mental health challenges, and helps develop compassion and acceptance. Walk In Our Shoes school plays were held at Sixth Grade Charter Academy – Petaluma Junior High Sonoma County elementary school in 2013. There have been more than **400** website visits from Sonoma County residents to *WalkInOurShoes.org* demonstrating the community's interest in obtaining information about suggestions and resources on how to talk to youth about mental health

Each Mind Matters, California's mental health movement, is a community of individuals and organizations dedicated to a shared vision of mental wellness and equality. There have been **1,150** website visits from May 2013 to September 2014 from Sonoma County residents to *EachMindMatters.org* demonstrating the county's strong interest in support for this mental health movement.

Regional K-12 Student Mental Health Initiative builds the capacity of schools and communities to implement prevention and early identification strategies that promote student mental health. In Sonoma County, more than **150** teachers, administrators, counselors, parents, and community members were trained in mental health topics, such as suicide prevention and bullying prevention.

Mental Health First Aid (MHFA) educates individuals on how to assist someone experiencing a mental health related crisis. In the MHFA course, participants learn risk factors and warning signs for mental health and addiction concerns, strategies for how to help someone in both crisis and non-crisis situations, and where to turn for help. There are **2** new Trainers in Sonoma County available to provide MHFA trainings to the community.

National Alliance on Mental Illness (NAMI) programs provide information on the impact of stigma and how to identify mental health concerns early on. More than **165** presentations have been provided to Sonoma County from NAMI programs including *Ending the Silence*, *In Our Own Voice*, and *Parents and Teachers as Allies* reaching **2,250** individuals.

For more information about the impact of CalMHSA programs and services in Sonoma County see the impact statement in the Appendix.¹⁹

¹⁹ See Appendix 6

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 partnered 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.*

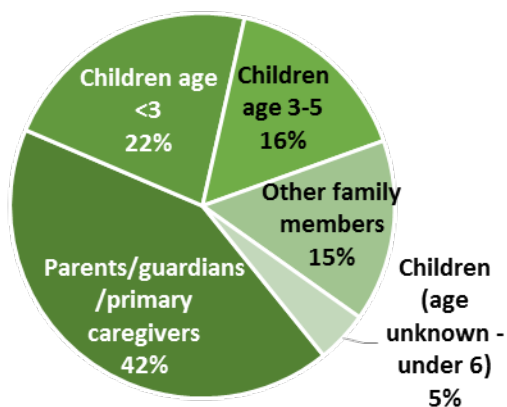
Child Parent Institute – 0-5 Collaborative

The **Child Parent Institute (CPI)** participates in a community continuum of care, which includes screening, intervention, and support strategies, serves children and caregivers, and establishes a framework for success beyond a single program or strategy. CPI provides Triple P Levels 3, 4 and 5 in-home parent education and enhanced services that include mental health consultations. In addition, mental health consultations are available to women living with or at-risk for Perinatal Mood Disorders.

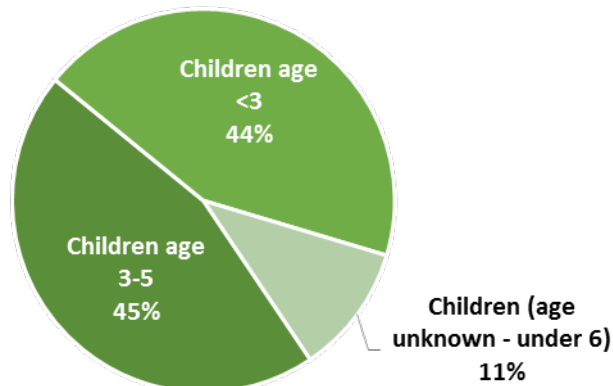
Total population served: **575**

Demographics:

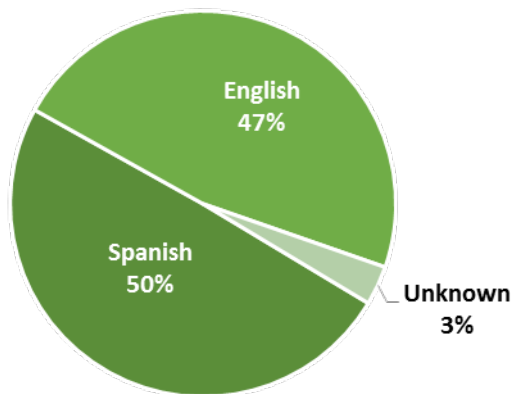
Total Population Served



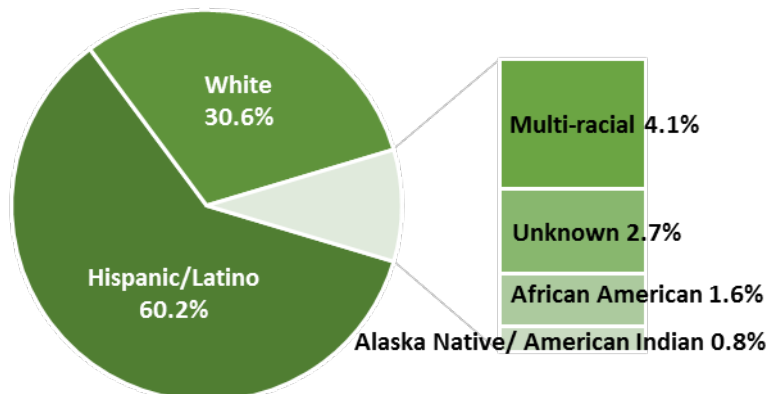
Ages of Special Needs Children Served



Primary Language of Children and Parents/Caregivers



Race/Ethnicity of Children and Parents/Caregivers



For CPI's 0-5 Collaborative **Performance Outcomes** see pages 66-69.

For more information, see the **Child Parent Institute 0-5 Impact Statement** in the Appendix.²⁰

Early Learning Institute – 0-5 Collaborative

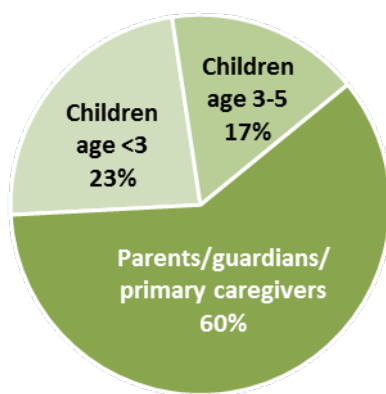
Early Learning Institute (ELI)'s Watch Me Grow (WMG) program serves families of children 0-5 across Sonoma County by:

- Providing comprehensive screenings to at-risk children who would otherwise not receive them
- Providing case management and referral assistance to families of children 0-5 for whom a screening identifies potential problems
- Providing mental-health support/positive parenting education services to parents of children with special needs and challenging behaviors, using Triple P Levels 3 & 4 and/or the PEAS program.

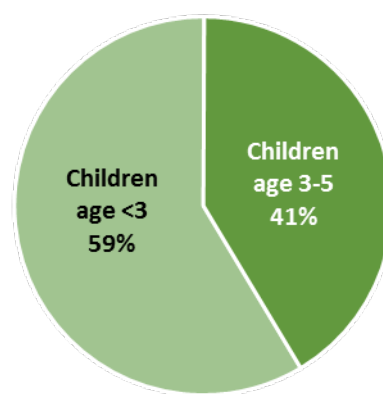
Total population served: **1,675**

Demographics:

Total Population Served

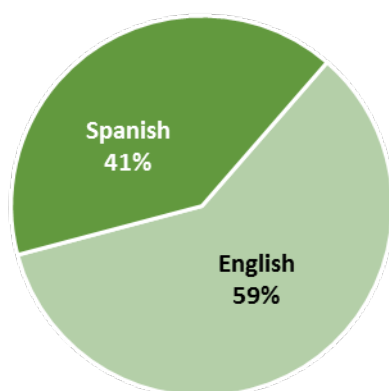


Ages of Special Needs Children Served

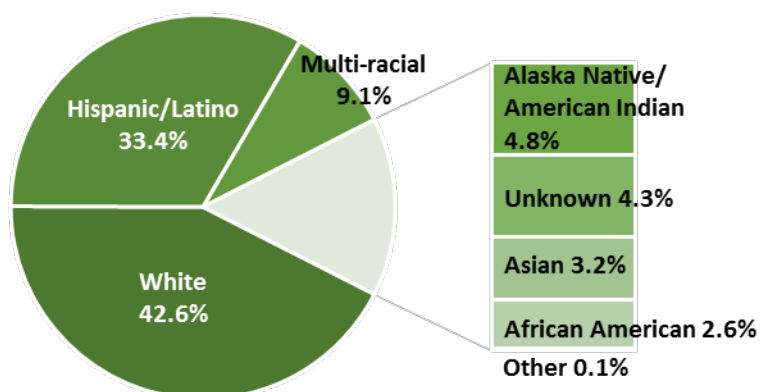


²⁰ See Appendix 5

Primary Language of Children and Parents/Caregivers



Race/Ethnicity of Children and Parents/Caregivers



For ELI's 0-5 Collaborative **Positive Outcomes** see page 66-69

For more information, see the **Early Learning Institute 0-5 Impact Statement** in the Appendix.²¹

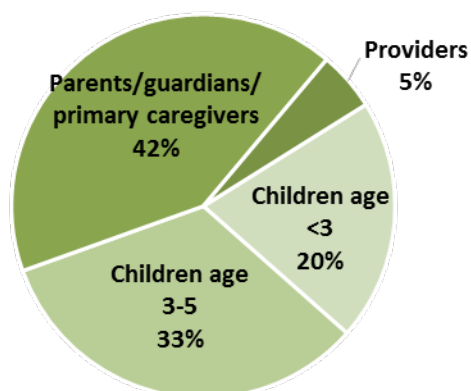
Jewish Family and Children's Services – 0-5 Collaborative

The **Jewish Family and Children's Services** Parents Place Program provides a range of services that address the psycho-social and early intervention needs of Sonoma County children 0-5 years old who exhibit challenging behaviors that are difficult to understand or manage, and that can lead to difficulties at home, school or in the community. Program also provides early intervention educational services to parents and care givers to ameliorate the problems in the children.

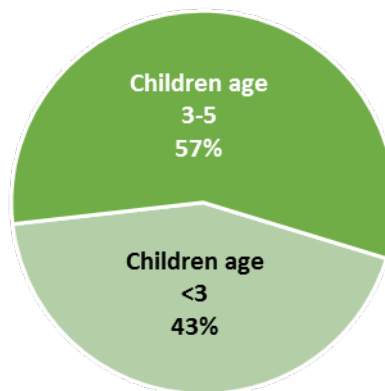
Total population served: **1,024**

Demographics:

Total Population Served



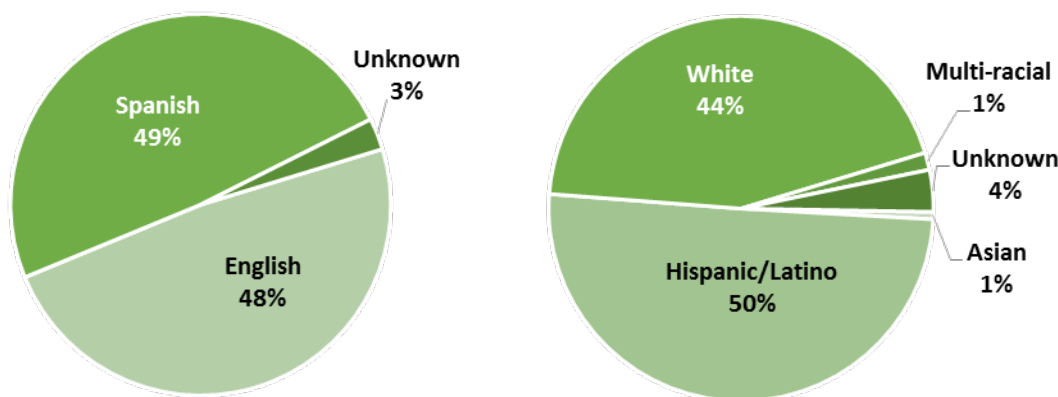
Ages of Special Needs Children Served



Primary Language of Children and Parents/Caregivers

Race/Ethnicity of Children and Parents/Caregivers

²¹ See Appendix 5



For JFCS's 0-5 Collaborative **Performance Outcomes** see page 67

For more information, see the **Jewish Family and Children's Services 0-5 Impact Statement** in the Appendix.²²

Petaluma People Services Center – 0-5 Collaborative

Petaluma People Services Center (PPSC) helps to develop a community continuum of care, which includes screening, intervention, and support strategies, serving children and caregivers, and establishes a framework for success beyond a single program or strategy. PPSC, in partnership with Petaluma City School District (PCSD) provides developmental and social-emotional screening for children in high-risk situations with no other access to screening; Triple P parent education; Triple P mental health services to families of children 0-5; and screening, referral, and treatment services for Perinatal Mood Disorder (PMD).

Triple-P Positive Parenting Program, Levels 2 to 5; individual and group formats. Parent Education, early intervention, linkages and referrals to other resources and assistance. For treatment and screening of PMD, clinically relevant and appropriate strategies will be employed, which can include one-on-one therapy, referral to primary care physician for medication evaluation and assistance, or referral to appropriate community provider for group or individualized treatment.

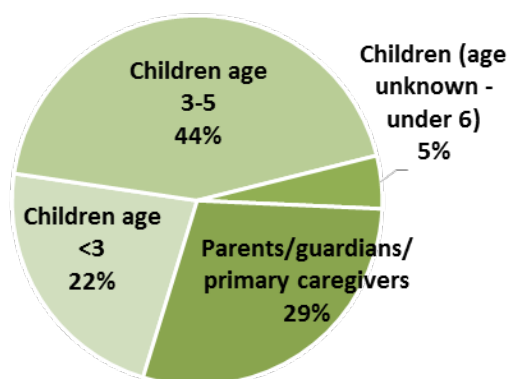
Services are provided at McDowell School (office located in Library) Monday-Friday approximately 8:00am to 7:00pm. Services are also available in client homes and at PPSC's agency site (1500 Petaluma Blvd South) by appointment.

Total population served: **876**

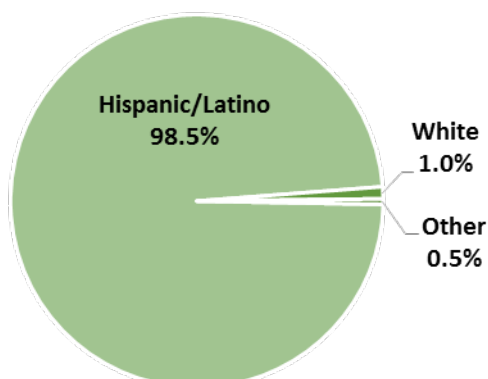
²² See Appendix 5

Demographics:

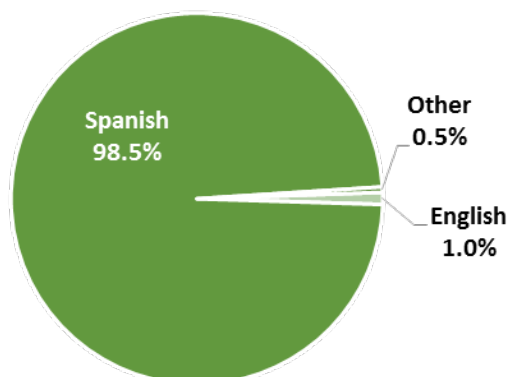
Total Population Served



Race/Ethnicity of Children and Parents/Caregivers



Primary Language of Children and Parents/Caregivers



Positive Outcomes:

For PPSC's 0-5 Collaborative **Performance Outcomes** see page 66-69

For more information, see the **Petaluma People Services Center 0-5 Impact Statement** in the Appendix.²³

First 5 Sonoma County Program Evaluation Report Highlights

In Sonoma County, the Department of Health's Behavioral Health Division has allocated a portion of its Mental Health Services Act funding for Prevention and Early Intervention to provide services to children from birth to five and their families (MHSA-PEI 0-5). Because this effort aligns so closely with First 5 Sonoma County's priority outcomes in early childhood mental health, First 5 has partnered with Behavioral Health to support these MHSA-PEI 0-5 efforts. MHSA provides direct funding to four MHSA-PEI 0-5 grantees, while First 5 provides coordination, evaluation, and training services, as well as supporting services that supplement the MHSA effort. The annual program-level evaluation report is one outcome of this partnership. LaFrance Associates, First 5 staff, Behavioral Health staff, and MHSA

²³ See Appendix 5

grantees collaborate to develop a plan for evaluation, collect quantitative data to measure program effectiveness, and to analyze results to understand the key accomplishments, challenges, and lessons learned.




The report is intended to be a resource to guide program implementation and improvement, as well as to inform the First 5 Sonoma County Commission and the Behavioral Health Division of the impact of their investments and to identify lessons learned to inform future funding decisions.

In Sonoma County, the Mental Health Services Act (MHSA) funds four grantees through its Prevention and Early Intervention 0-5 program (MHSA-PEI 0-5). MHSA-PEI 0-5 grantees are funded to perform a variety of services, all of which aim to “reduce risk factors, build protective factors and skills, and increase support for those at risk of developing serious mental illness.” MHSA-PEI 0-5 grantees are funded to help provide a “continuum of care that includes screening, intervention, and support strategies” for children, from before birth to age five, and their families. Because of the natural alignment of goals between MHSA and First 5, the two organizations have partnered to support the four MHSA-PEI 0-5 grantees. MHSA provides direct funding to these grantees, while First 5 provides coordination, evaluation, and training services. First 5 Sonoma County also funds intervention services for children whose screenings reveal developmental or social-emotional delays. In 2013-14, for one year, First 5 provided funding for an additional 400 children to receive rescreening to support the MHSA effort.



The four MHSA-PEI 0-5 grantees – California Parenting Institute (CPI), Early Learning Institute (ELI), Jewish Family and Children’s Services (JFCS), and Petaluma People Services Center (PPSC) – provide the following services:

- Parent education and intervention services using Triple P—Positive Parenting Program, levels 2, 3, 4, and 5 (described in more detail below)
- Identifying women with Perinatal Mood Disorder (PMD)
- Case management and treatment for women identified 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 (beyond PMD)
- Developmental and social emotional screenings of children 0-5, using the Ages and Stages Questionnaire (ASQ 3) and the ASQ Social-Emotional (ASQ-SE)
- Further assessment or referral for services to children with identified concerns;
- Re-screening children at age-appropriate intervals
- Case management for children in at-risk families for whom a developmental or social-emotional screening identifies potential delays
- One-Call Navigator to link callers with the appropriate services within the early childhood mental health system of care
















Progress Achieved toward Core Outcomes
07/01/2010 – 06/30/2014

Core Program Outcome	Specific Target	Intervention(s) Linked to Outcome	Actual Results: June 2010-June 2013	Actual Results: July 2013-June 2014	Progress Toward Target
Decrease in children exhibiting difficult behaviors	70% of children will show reliable, positive change on the ECBI Intensity subscale	Triple P Services	67% (74 of 111)	38% (15 of 40)	 54%
Decrease in children exhibiting difficult behaviors	60% of children will show reliable, positive change on the ECBI Problem subscale	Triple P Services	59% (66 of 111)	38% (16 of 42)	 63%
Decrease in negative parent-child interactions	40% of parents will show reliable, positive change on the Parenting Scale	Triple P Services	43% (44 of 103)	38% (17 of 45)	 95%

Progress Achieved toward Core Outcomes
07/01/2013 – 06/30/2014



Core Program Outcome	Specific Target	Intervention(s) Linked to Outcome	Actual Results: July 2013-June 2014	Progress Toward Target
Increase in children deemed at risk for developmental or social-emotional delays who are referred for follow-up assessments	494 children will be screened	Periodic developmental & social emotional screening	488 children screened	 99%
	At least 110 children will be referred for assessment	At-risk children referred for further assessment	207 referred for further assessment	 188%

Additional Progress Achieved
07/01/2013 – 06/30/2014

Agency	Program Outcome	Specific Target	Actual Results	Progress Toward Target
CPI	Identify women with PMD and provide case management & treatment	36 women will be identified and treated	93 women received services	 258%
	Provide mental health services for high risk families	30 families will receive consultations and will be referred appropriately	56 families received services	 187%
	Periodic developmental and social emotional screening, using ASQ 3 and ASQ-S/E	60 children will be screened	45 children screened	 75%
		10 children will be referred for further assessment	23 children referred for further assessment	 230%
	Provide Triple P services	80 families will receive the appropriate level of Triple P services, with:	87 families received services	 109%
		• 20 families will receive Level 3 services	33 families served	 165%
		• 60 families will receive Level 4 services	54 families served with Level 4	 90%
		○ 20 of those 60 families will also receive Level 5 services	8 families also received Level 5 services	 40%
ELI	Periodic developmental and social emotional screening, using ASQ 3 and ASQ-S/E	400 children will be screened	412 children screened for the first time	 103%
		250 children will be rescreened	724 children rescreened	 290%
		100 children will be referred for further assessment and/or services	184 children referred for further assessment	 184%
	Case management for children in at-risk families in targeted populations for whom a screening identifies potential problems	240 families will receive case management and/or facilitated referrals	427 families served	 178%
	Navigation services	100 families will receive support/information to access services	145 families served	 145%
	Provide Triple P services or PEAS Program	40 families will receive either PEAS or Triple P, or both	33 families received services	 83%
ELI	Provide Triple P services or PEAS Program	50% of parents receiving PEAS services will report a decrease in score on the Parental Stress Index	77% (16 of 21 parents)	 154%

Additional Progress Achieved
07/01/2013 – 06/30/2014

Agency	Program Outcome	Specific Target	Actual Results	Progress Toward Target
JFCS	Provide psychological assessments for children 0-5	7 assessments will be completed	4 assessments completed	57%
	Provide Triple P services	400 attendees to total of 36 Level 2 seminars	327 attendees to total of 27 seminars	82%
		• 8 of the 36 Level 2 seminars will be in Spanish	15 of the 27 seminars were in Spanish	187%
		189 individuals will receive the appropriate level of Triple P services, with:	130 individuals served	69%
		• 45 individuals in 30 families will receive individual sessions (10 Spanish)	51 individuals in 31 families served in individual sessions (2 Spanish)	113%
		• 132 individuals will participate in 12 discussion groups (4 Spanish)	65 individuals served in 6 discussion groups (0 Spanish)	49%
		12 individuals in 8 families will receive Level 4 Standard Triple P (1 Spanish)	14 individuals in 8 families served (1 Spanish)	117%
	Developmental and social emotional screening, using ASQ 3 and ASQ-S/E	18 children not already screened before referral to JFCS will receive ASQ & ASQ S/E screening	15 children screened with ASQ and 15 children screened with ASQ-S/E	84%
PPSC	Provide screening, referral, and treatment services for Perinatal Mood Disorder	9 women will receive screenings	3 women screened	33%
		4 women will receive treatment	3 women received treatment	75%
		3 women will be referred to Primary Care provider or other care provider	3 women released to the care of their physician	100%
		65% of women will move below the clinical cut-off score (score of 10) on the post-intervention EPDS	50% (1 of 2)	77%
	Periodic developmental and social emotional screening, using ASQ 3 or ASQ-S/E	16 children will be screened and results will be reported to caregivers	16 children screened	100%
PPSC	Assessment of families' need for services, using the CANS or ECBI for children and the Parenting Scale for adults	50 children birth through 5 will be assessed	51 children birth through 5 assessed	102%
	Provide Triple P services	2 Level 2 Seminar Series will be offered (three 90-minute sessions per series)	3 Level 2 Seminar Series offered	150%

Additional Progress Achieved 07/01/2013 – 06/30/2014				
Agency	Program Outcome	Specific Target	Actual Results	Progress Toward Target
		20 total individuals will participate in Level 2 Seminars	14 participants attended	 70%
		70 families will receive the appropriate level of Triple P services (Levels 3, 4 and/or 5)	234 individuals received services	 n/a

To view the First Five Sonoma County 0-5 Collaborative evaluation report go to:

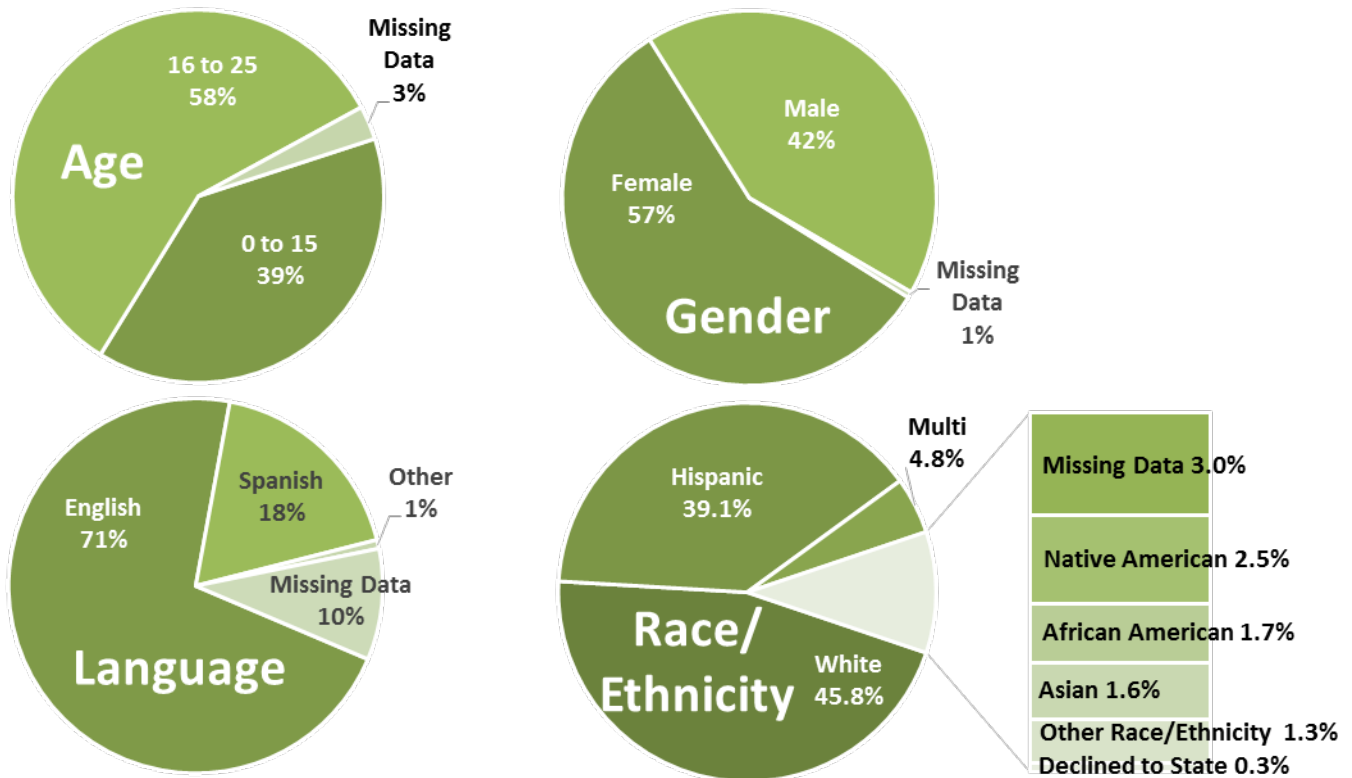
http://www.first5sonomacounty.org/documents/2013-2014-MHSA-Evaluation_20150115.pdf

Project SUCCESS PLUS (PS+)

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 numbers served (aggregate of quarterly reports): **1,982**

Demographics:



Performance Outcomes:

Among students who received the Prevention Education Series, 89.8% reported an increase in knowledge of ATOD and Behavioral Health issues (based on 285 surveys).

Among students who received the NAMI Presentations: 99.4% reported an increase in knowledge on Behavioral Health Issues and 94.7% reported an increase in confidence in dealing with BH issues (based on 170 surveys)

English speaking parents: 100% reported increased knowledge and 100% reported increased confidence in ATOD and Behavioral Health issues (based on 3 surveys). Spanish speaking parents: 100% reported increased knowledge and 95.3% reported increased confidence in ATOD and Behavioral Health issues (based on 43 surveys).

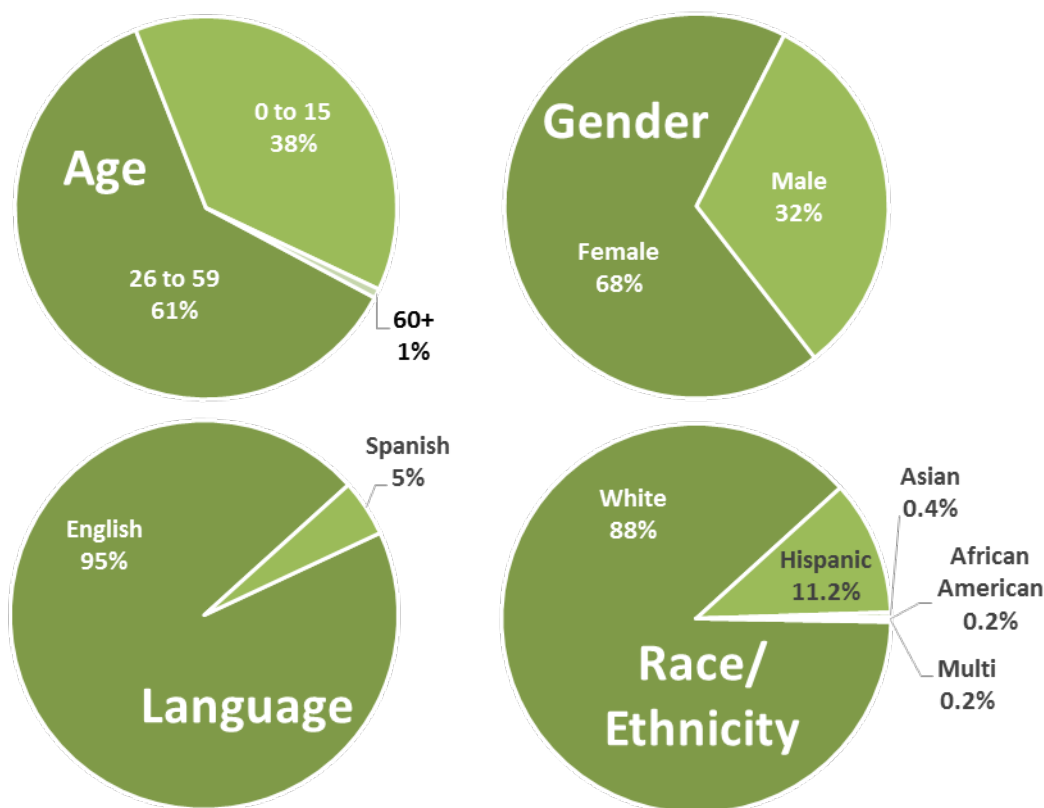
For more information, see the **Project Success Plus (PS+) Impact Statement** in the Appendix.²⁴

Community and Family Services Agency – Early Risers

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

Total numbers served (aggregate of quarterly reports): **508**

Demographics:



Positive Outcomes:

The Early Risers Family Advocate started a Girls Circle. Third grade girls participated in a four-week skills building program teaching them life skills, communication skills, tools for conflict resolution and ways to boost their self-esteem.

²⁴ See Appendix 5

Twenty six youth continued to be actively engaged in Club Live attending weekly meetings where they learned information about substance use prevention and mental health in a supportive and fun environment.

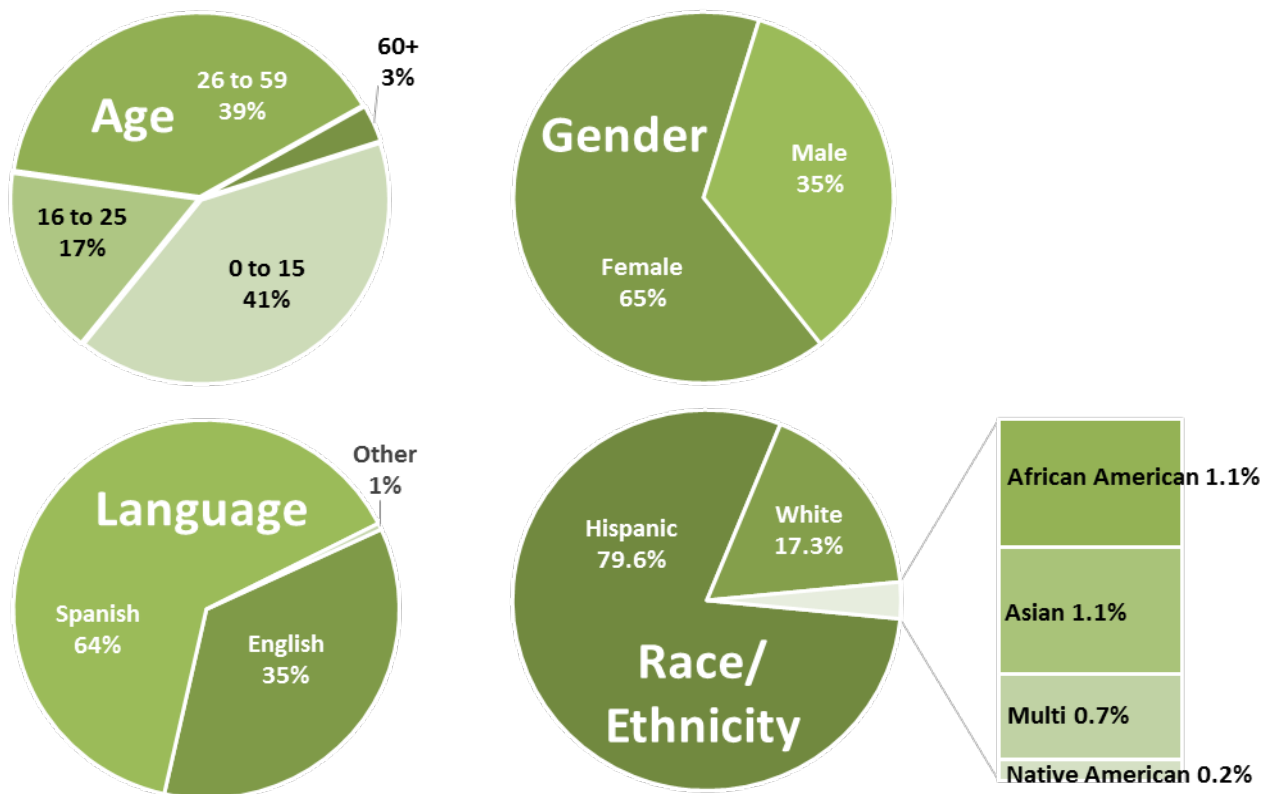
For more information, see the **CFSA Early Risers Impact Statement** in the Appendix.²⁵

Santa Rosa Community Health Centers - PEI

Santa Rosa Community Health Centers (SRCHC) specifically targets Latino children and youth ages 5 to 18 and their families. There are three 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.

Total numbers served (aggregate of quarterly reports): **550**

Demographics:



Performance Outcomes:

Santa Rosa's 2013-14 PEI services have been focused on outreach, school-based services and resiliency building services for low income individuals, particularly children.

²⁵ See Appendix 5

PEI Funding has provided school based therapy appointments for youth on the campus at Elsie Allen High school. Youth at this site largely seek care as a confidential service, so MHSA funding makes it possible to provide care even if the health centers cannot bill insurance.

SRCHC provided three 90-minute Parent Workshops focused on strengthening relationships between fathers and their children. Parent Workshop evaluations indicated that 75% of participants were satisfied with the content and delivery of the workshop. Participants shared that they enjoyed the interactive activities and the group discussions.

SRCHC conducted a two-hour parenting training workshop for Regional High School staff. Training evaluations showed that 95% of staff increased their knowledge of 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, etc.)

With PEI funding Roseland Health Center's Behavioral health staff member reached out to a range of local schools for consultation on Individual Education Plans that were cognizant of emerging health needs.

For more information, see the **Santa Rosa Community Health Centers PEI Impact Statement** in the Appendix.²⁶

Child Parent Institute – School-Based Support

The **Child Parent Institute (CPI)** continues to support the implementation of the Toolbox Project Teacher Training and Triple P Positive Parenting Program with K-6 teachers in six school districts in Santa Rosa. These districts include Bellevue, Wright, Piner-Olivet, Mark West, Rincon Valley and Bennett Valley.

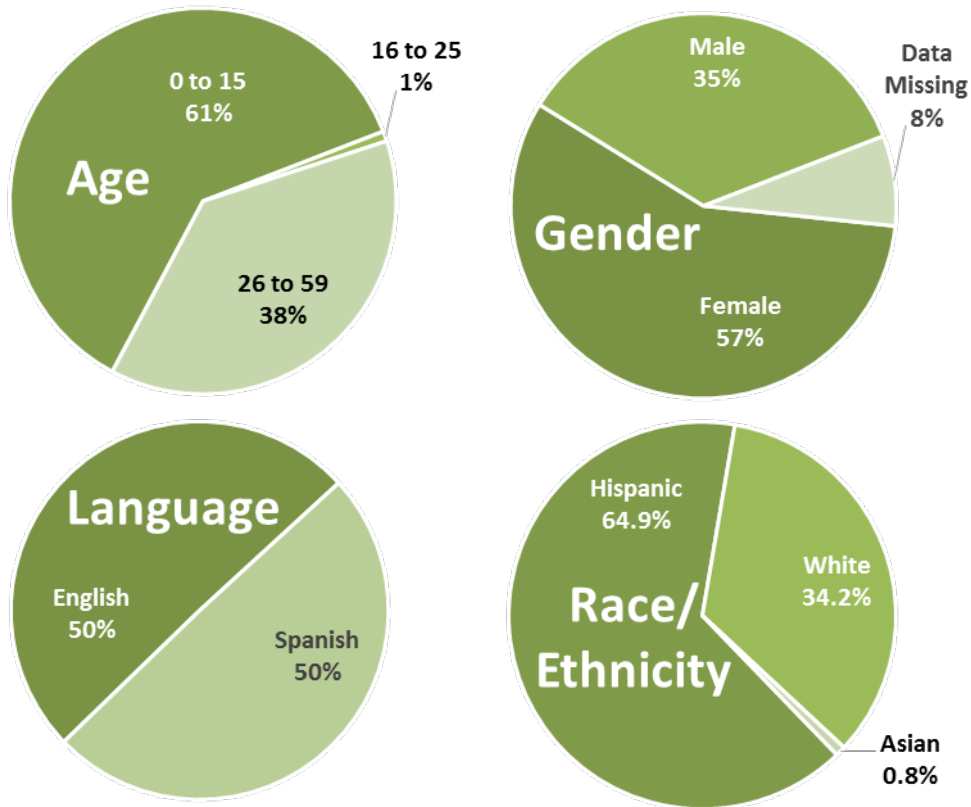
The fourth year of this grant period included professional development for teacher and classified staff in all districts. Dovetail Learning (Toolbox) implemented a Teacher-Leader Cohort model. Teacher-Leaders worked to have a positive impact on other instructors and staff utilizing this Social-Emotional Learning model in the schools. This prevention curriculum included self-management and mental health skill components for relationship to self and other.

The parent program was offered to all families in the schools by a trained parent educator. The schools sponsored parent nights where parents could receive Triple P Seminars, Toolbox information or subject specific parenting classes. In addition, the parent educator was available to assist other school staff who were beginning the implementation of an in-school Triple P program. Additional support was available to very high risk families identified by the schools. All parent services were available in English and Spanish.

Total numbers served (aggregate of quarterly reports): **476**

²⁶ See Appendix 5

Demographics:



Positive Outcomes:

CPI's bilingual parent educator served several high risk families with multiple home visits. They offered parenting classes at different school sites where at least 50 parents attended each quarter for FY 13-14. Families learn more about child development and gain strategies to set up routines and to promote behavior management.

As a final activity for the year, participants brainstormed ways to act as Toolbox/SEL leaders to promote school-wide use of the Tools. Each teacher developed goals for moving forward as a teacher-leader in their school to promote the development of self-awareness and self-regulation skills for students, faculty and staff throughout the school, through supporting students and coworkers in different aspect of the Toolbox program.

For more information, see the **CPI School-Based Support Impact Statement** in the Appendix.²⁷

²⁷ See Appendix 5



Crisis, Assessment, Prevention, and Education (CAPE) Team

The **Crisis, Assessment, Prevention, and Education (CAPE) Team** 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 Unduplicated Students Served = **312**

Total Number of Service Contacts = **1,329**

Total Number of Psychiatric Holds* = **10**

**Section 5150 is a section of the California Welfare and Institutions Code (WIC) (in particular, the Lanterman–Petris–Short Act or "LPS") which authorizes a qualified officer or clinician to involuntarily confine a person suspected to have a mental disorder that makes him or her a danger to themselves, a danger to others, and/or gravely disabled. A qualified officer, which includes any California peace officer, as well as any specifically designated county clinician, can request the confinement after signing a written declaration.*

Total Number of Crisis Calls* = **86**

**The CAPE Team answers crisis calls from local high schools. In response to a crisis call the team provides emergency care in order to assist individuals in a crisis situation and assesses the individuals psychological functioning and refer them to the appropriate resources.*

Total Number of Students Trained in QPR (Question, Persuade, Refer)* = **1,255**

**QPR is an evidence-based training that teaches any person how to look for signs of suicide and how to talk to the person, and refer them on for care.*

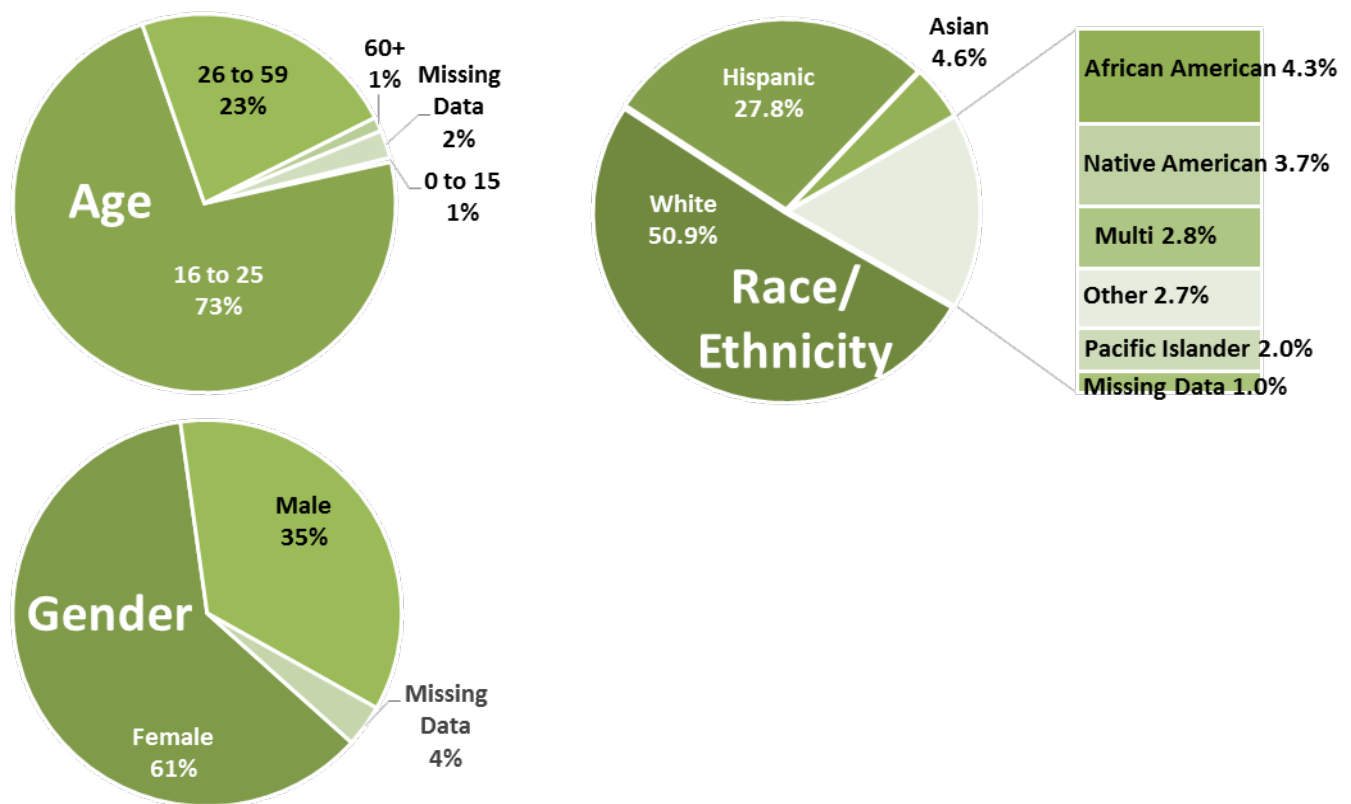
For more information on QPR Trainings, see the “The Impact of QPR: Suicide Prevention Trainings in our Community” in the Appendix.²⁸

Santa Rosa Junior College

The CAPE Team funds a Health Promotion Specialist in Santa Rosa Junior College (SRJC) 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.

Total numbers served (aggregate of quarterly reports): **1,312**

Demographics:



Performance Outcomes:

Training evaluations were very positive and showed an increase in knowledge in all areas. Evaluations indicate that students were satisfied with the presentations and believe it will help them maintain or improve their health. Some students indicated intention to seek services for their anxiety or depression.

²⁸ See QPR Presentation in Appendix 4

A steady increase in the number of classroom based educational interventions with students by PEI staff is noted, with the central pillars being QPR suicide prevention trainings (offered regularly in some classes now), and “Health and Student Success” presentations, focusing on health issues that are impediments to academic performance.

For more information, see the **Santa Rosa Junior College Impact Statement** in the Appendix.²⁹

²⁹ See Appendix 5

Services Targeting Older Adults

Older Adult Collaborative

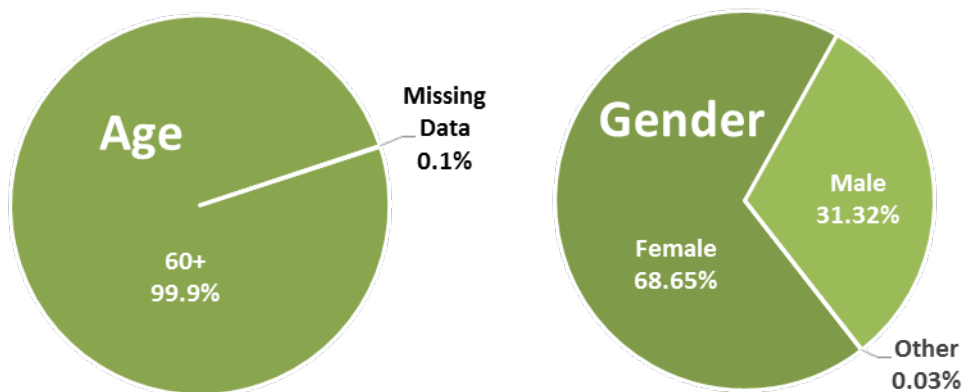
The **Older Adult Collaborative (OAC)** is a five agency project led by Sonoma County Human Services Department – Adult and Aging Division, in partnership with Council on Aging, Petaluma People Services Center, Community and Family Services Center, and Jewish Family and Children’s Services. The OAC provides 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.

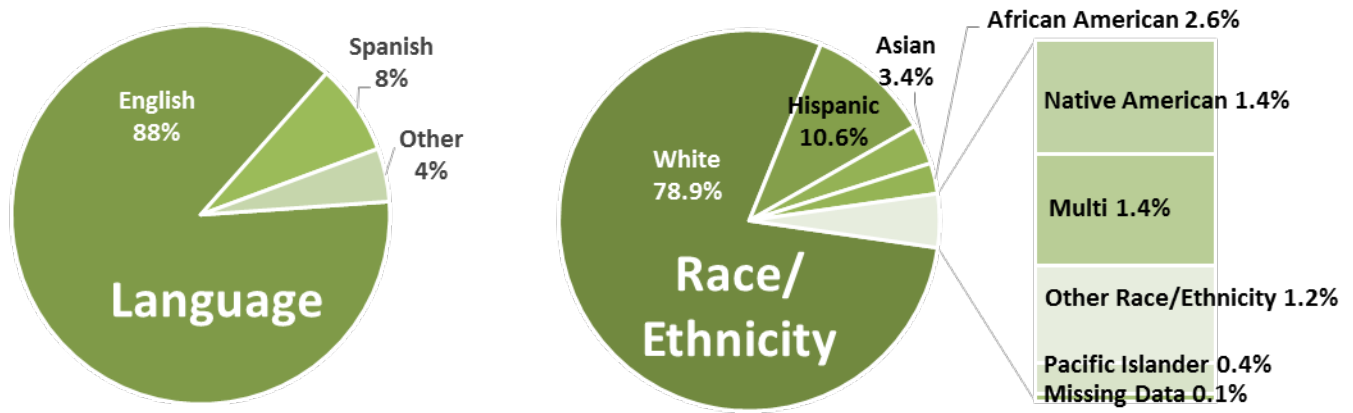
Recently added to Sonoma County’s Portfolio of Model Upstream Programs, Healthy IDEAS is a community-based depression program designed to identify and reduce the severity of depressive symptoms in older adults with chronic health conditions and functional limitations. The program sits within existing 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

Total numbers served (aggregate of quarterly reports): **2,925**

Demographics:





Positive Outcomes:

The Older Adult Collaborative continues to reach far more seniors through counseling than set out in the contract goal. This is one of the strongest and most consistently impactful components of Healthy IDEAS through the OAC.

84% of the seniors offered screening participated in the screening. The consistently high actual number of screenings (685), in combination with a relatively low proportion of declined screenings (10%) during the quarter, indicates a strong appreciation and need for the service. All seniors who are offered screening are also provided with basic depression education. As in previous quarters, the percentage of seniors who screened positive for depression (26%) continues to be consistent with the percentage of seniors in the general population who screen positive for depression (based on research associated with the PHQ-9.)

For more information, see the **Older Adult Collaborative Impact Statement** in the Appendix.³⁰

³⁰ See Appendix 5



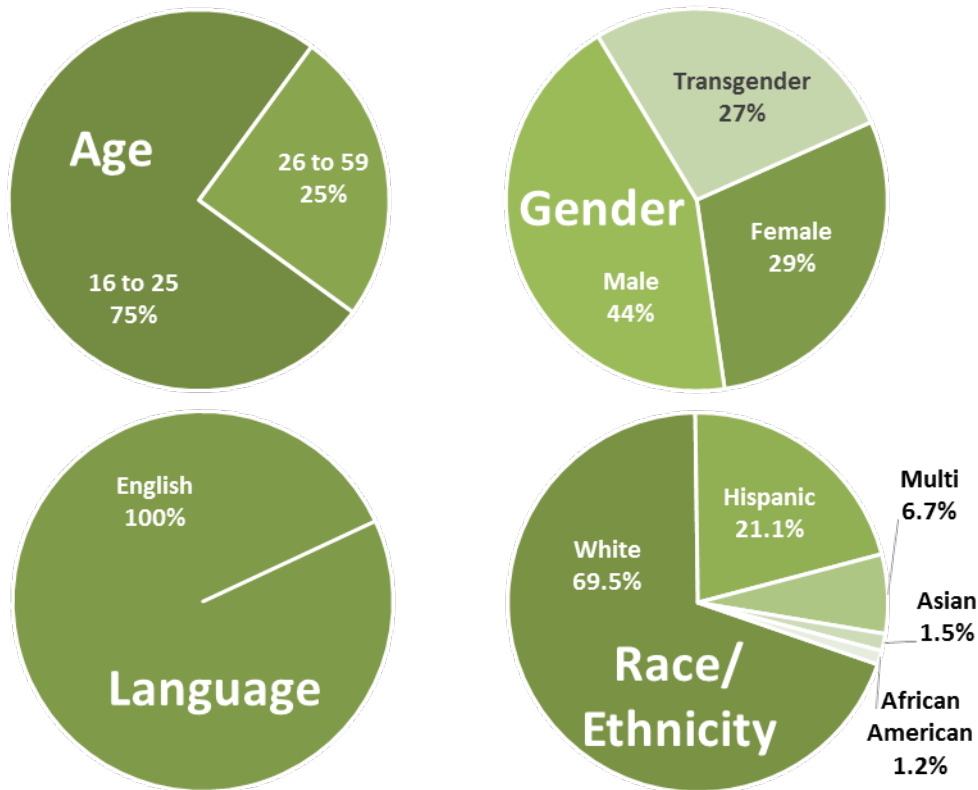
Gay, Lesbian, Bisexual, Transgender, Queer, Questioning, and Intersex (GLBTQQI) Youth

Positive Images

Positive Images 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.

Total numbers served (aggregate of quarterly reports): **341**

Demographics:



Performance Outcomes:

Positive Images facilitates a counseling group in Petaluma. All of the Petaluma participants returned more than twice to participate in counseling sessions. All Petaluma counseling participants find that the program is helpful for their healing process, and all learn to take their own responsibility for this.

The Petaluma counseling participants find the program helpful at relieving the anxiety they have regarding rejection they get about their sexual identity.

Positive Images presented a panel discussion for groups in high schools and community based-organizations throughout Sonoma County. As a result of the panel audience members reported the following:

- 95% of audience members realized more than they knew before about ways that people express their sexual identities.
- 90% of audience members realized more than they knew before about the rejection that non heterosexual people face from their families.

For more information, see the **Positive Images Impact Statement** in the Appendix.³¹

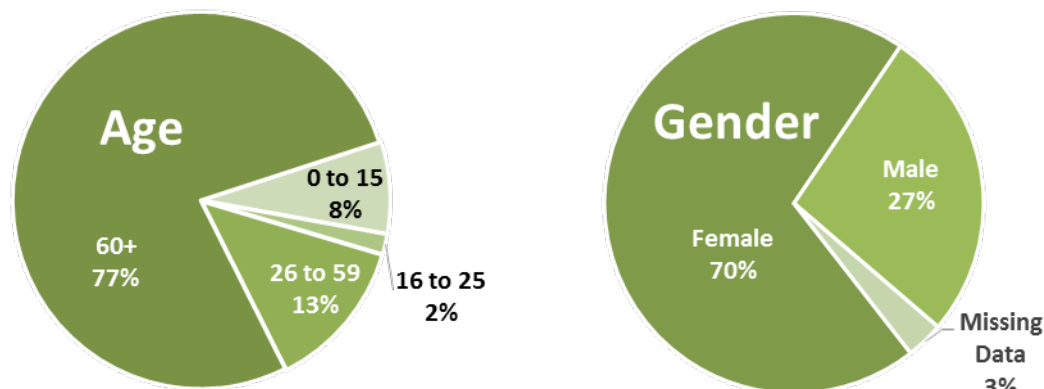
Geographically Isolated Communities

Action Network

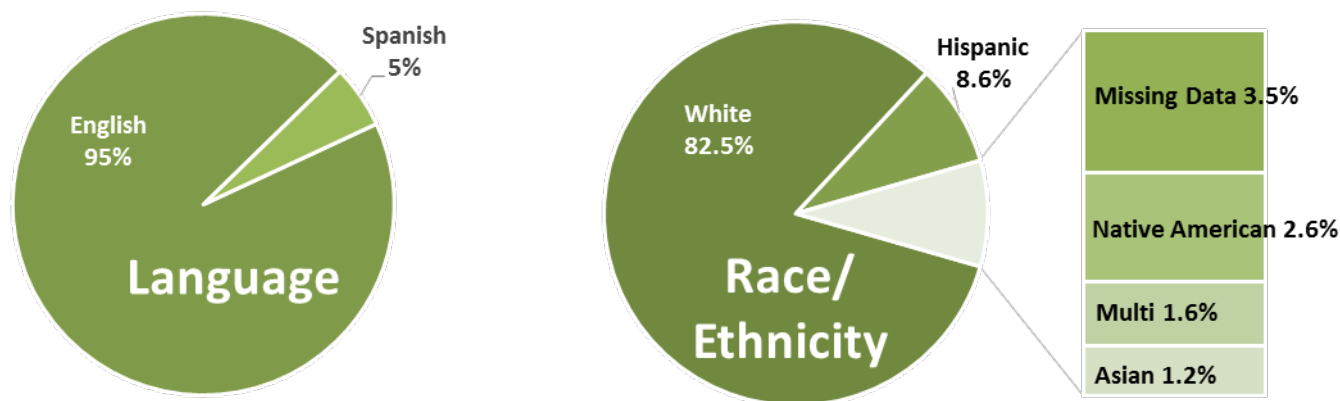
Action Network provides enhanced mental health services to Sonoma County residents of the Redwood Coast. The Redwood Coast is a bi-county region of Northern California coastal and ridge communities spanning Sonoma and Mendocino Counties, from Fort Ross to Elk. Because Action Network is located in one of the most geographically isolated area in Sonoma County, the contractor provides services to people across the lifespan. These services include outreach and engagement to the 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.

Total numbers served (aggregate of quarterly reports): **2,077**

Demographics:



³¹ See Appendix 5



Positive Outcomes:

Across all Ages and Cultures

In FY 13-14 Action Network provided multiple educational sessions at the Kashia Pomo Indian reservation, delivering Level 2 Triple P with parents and providing mental health resources. 100% of families were aware of services available. 30% of the parent population have participated in our Level 3 Triple P classes.

Action Network also provided multiple educational sessions in the low income Sea Ranch Burbank Housing neighborhood. The activities included “Handwriting without Tears.”

Action Network conducted multiple Learning through Play sessions. The focus is to prepare children for pre-school in a safe and engaging environment, role modeling Triple P for social/emotional growth. 100% of families are aware of the mental health services and support offered at Action Network, and are aware of their Triple P classes.

South Coast Seniors

Action Network serves congregate lunches to Sonoma County seniors living on the coast providing an opportunity for socialization and reducing isolation. Geriatric Mood Scales were completed seniors to identify those for risk of depression and/or suicide. Referrals to mental health services were made to seniors who were identified as at risk. Action Network is also increasing their outreach to the Latino community to participate in the lunches.

In September 2013 Action Network hosted an informational meeting on suicide prevention to 35 members of the local Lions Club during National Suicide Awareness Week.

Action Network serves hundreds of people with their Meals on Wheels program to homebound seniors on the Sonoma County coast. The volunteer drivers are trained in QPR to increase awareness of signs of depression and suicidal ideation in seniors living in a geographically isolated community.

For more information, see the **Action Network Impact Statement** in the Appendix.³²

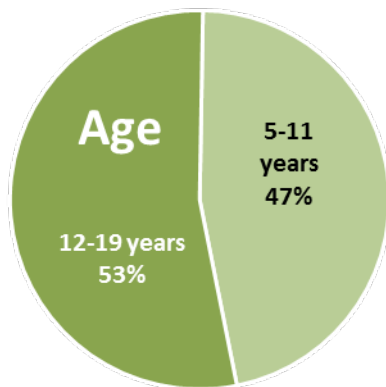
³² See Appendix 5

Alexander Valley Healthcare

Alexander Valley Healthcare in Cloverdale 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.

Total numbers served: **204**

Demographics:



Positive Outcomes:

Children Aged	Total # of Children Seen *	Total # of Children Seen by Behavioral Health **
5-11 years	1251	95
12-19 years	2822	109

**=total seen in practice: physician, nurse, psychologist, LCSW or dental visit*

***=of those, number seen by psychologist or LCSW*

For more information, see the **Alexander Valley Healthcare Impact Statement** in the Appendix.³³

Communities of Color

Community Baptist Church

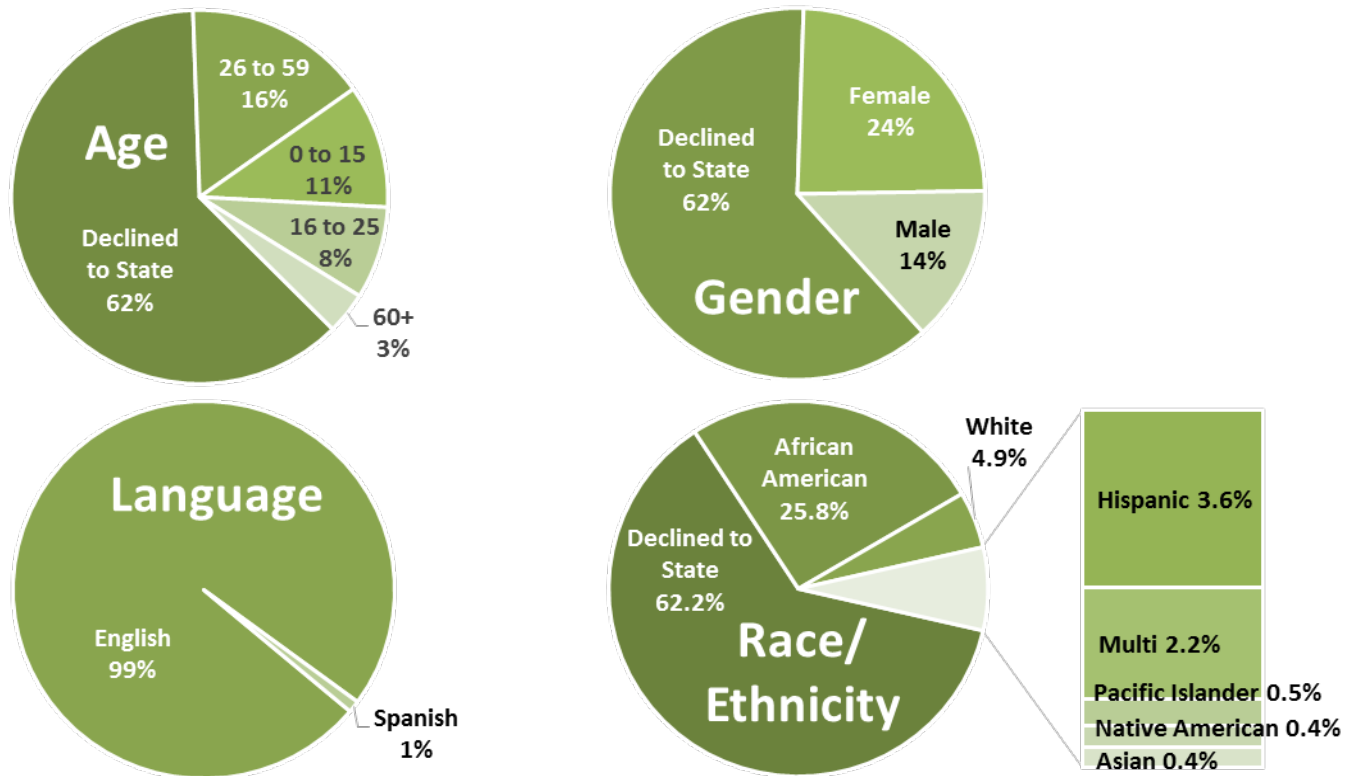
Community Baptist Church (CBC) provides services to predominately African American children and youth in a faith-based setting. CBC is located in Santa Rosa and was the denomination's first African-American church. Currently, CBC has an ethnically and culturally diverse congregation. CBC provides prevention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

³³ See Appendix 5

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 the evidence-based practice Question, Persuade, Refer (QPR) and Triple P Positive Parenting.

Total numbers served (aggregate of quarterly reports): **3,287**

Demographics:



Positive Outcomes:

Rites of Passage

Rites of Passage presented a 3-hour workshop, "Self-Esteem/Diversity." Thirteen students and thirteen parents were in attendance. Topics discussed were "What is Self Esteem?", "What is Diversity?" and "What Exactly Are Stereotypes?" The students got a chance to physically display how it is okay to be different.

Safe Harbor Project

The Safe Harbor Project (SHP) has partnered with the Sonoma County Sheriff's Office Mental Health Unit to provide music for inmates living with severe and persistent mental illness. The SHP agreed to provide "Music as Relief" at the mental health unit of Sonoma County Main Detention Center. As a result of non-compliance with inmate programs provided for them, staff states they are trying to reach these particular inmates for a positive response. SHP started "Music as Relief" in early October. This is a weekly program where SHP provides calming, meditative music to 70 inmates for half hour intervals on two cell blocks.

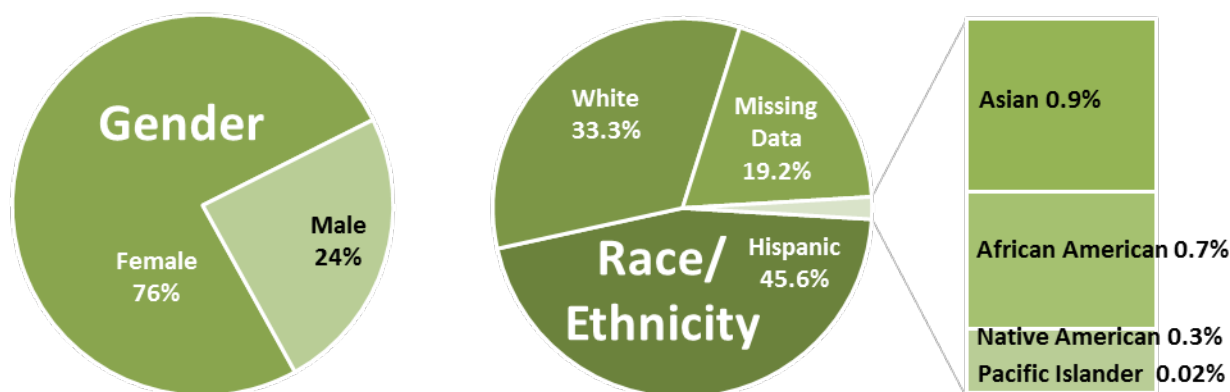
For more information, see the **Community Baptist Church Impact Statement** in the Appendix.³⁴

Latino Service Providers

Latino Service Providers - Sonoma County (LSP-SC), supported by Community and Family Services 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 numbers served (aggregate of quarterly reports): **4,998**

Demographics:



Positive Outcomes:

- **LSP hosts three 90 minute meetings a quarter**, inviting stakeholders throughout Sonoma County to host and participate in the meetings. The following agencies hosted meetings this year discussing mental health and other important health topics important to communities: *the Council on Aging, the Healdsburg Day Labor Center, the Family Justice Center, Catholic Charities, Northern California Center for Well-Being, Kaiser of Santa Rosa, SC-BHD, Interlink Self-Help Center, California Parenting Institute, Internet Essentials, County of Sonoma's Voluntary Family Maintenance Team Decision Making Program, KRCB*, among others.
- From the results of an online survey taken by LSP members last summer, found that **95.4 % of LSP members think the LSPSC e-newsletter is helpful to very helpful**. The feedback was from 206 survey-respondents that included mental health agency representatives and community stakeholders. From the survey, LSP learned that the top three things members seek in the e-newsletter are physical health and mental health programs and services; community events; and job announcements. In another quarterly survey **76% of LSP members stated they have referred someone to the LSPSC website**.
- Sonoma County Behavioral Health Division delivered a presentation at an LSP meeting describing our MHSA system of care and then asked the LSP meeting attendees to complete the MHSA Integrated Plan Survey as part of our community planning process. This survey helped to **inform the Integrated Plan with input from the Latino Community**, a very important stakeholder group in Sonoma County.

³⁴ See Appendix 5

- **LSP composed 86 electronic newsletters in FY 13-14 that were sent out to 1,020 LSPSC members at least once a week.** This translates to **82,044 impressions** for this year! Some announcements were sent out in both English and Spanish when available. LSP's E-newsletter included: community events, free or low cost educational classes, low cost health and mental health wellness programs, bilingual/bicultural employment opportunities, among others.

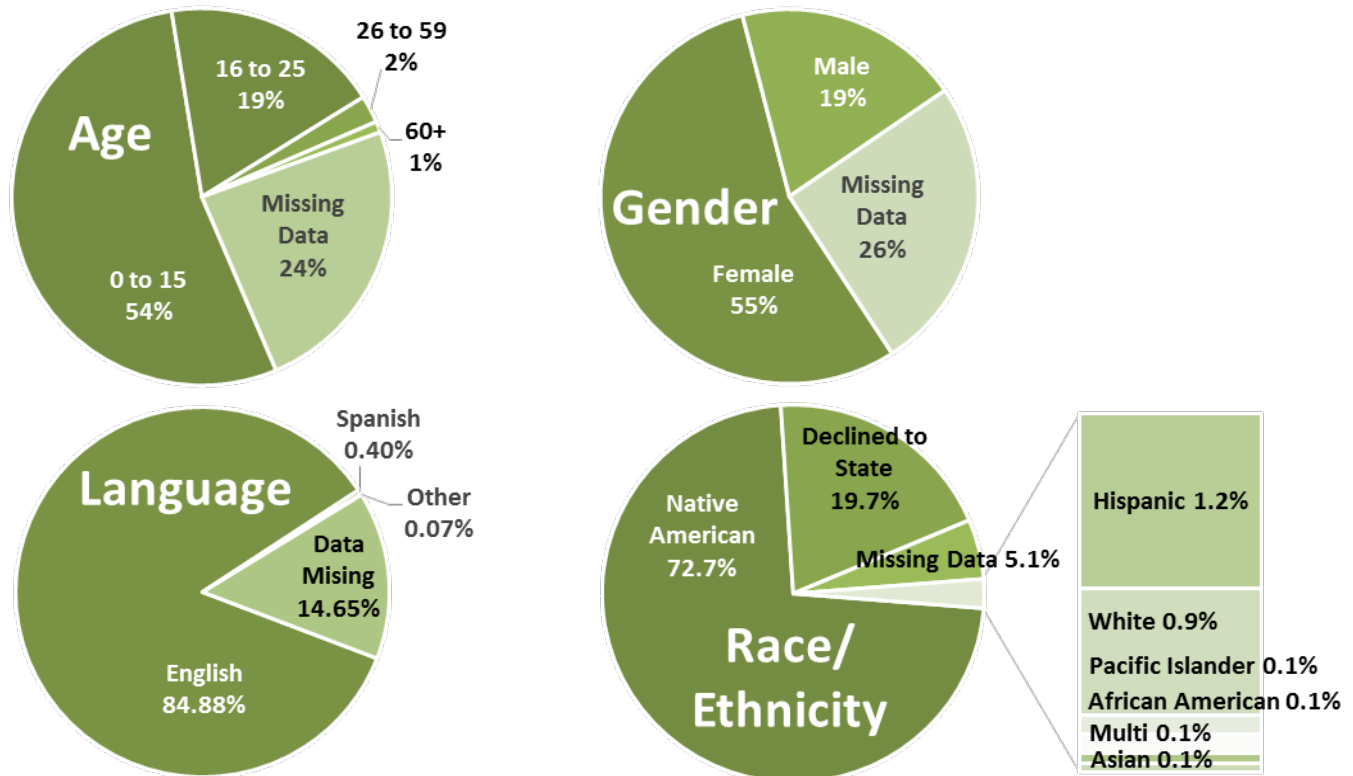
For more information, see the **Latino Service Providers Impact Statement** in the Appendix.³⁵

Sonoma County Indian Health Project - PEI

Sonoma County Indian Health Project (SCIHP) 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, administers 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 numbers served (aggregate of quarterly reports): **1,488**

Demographics:



Positive Outcomes:

SCIHP educates the Native American community to increase access to mental health services by providing community events, workshops, trainings and cultural activities which also helps to reduce the stigma associated with behavioral health services.

³⁵ See Appendix 5

The Aunties and Uncles Program continues to host an After School Program to screen and refer youth and families to behavioral health services when needed. The After School Program also provides positive role models from peers and staff for youth who need extra support.

The Aunties and Uncles Project continues to develop and promote wellness and address access to mental health services for Native American Communities, incorporating Traditional Native American teachings, culture and healing as methods of prevention and early intervention. By utilizing traditional ceremonies like sweat lodges they have been able to reduce some of the stigma associated with the conventional behavioral health methods and practices. Clients view the ceremony as group therapy session that allows them to freely vent and discuss issues that are affecting them in their daily lives and receive support from the participating clients and staff.

The Aunties and Uncles project has begun hosting smaller group therapy sessions for youth who have been screened and identified through the PHQ-9 as being severally at risk of suicide. The group therapy session consist of 3 to 6 male or female participants that discuss their suicidality amongst themselves supported by one another and counselors. Many of the youth who have participated in the group therapy sessions find comfort amongst one another and are more than willing to speak about their mental health behaviors with peers. The youth also enjoy the art therapy which is the second component of the weekly therapy sessions. Youth also have learned how to bead Native American jewelry and sew blankets.

For more information, see the **Sonoma County Indian Health Project PEI Impact Statement** in the Appendix.³⁶

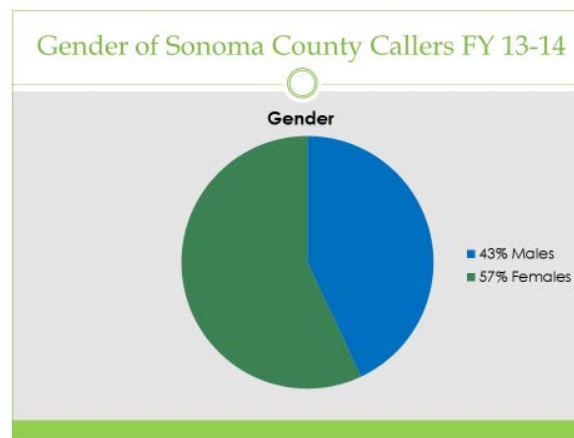
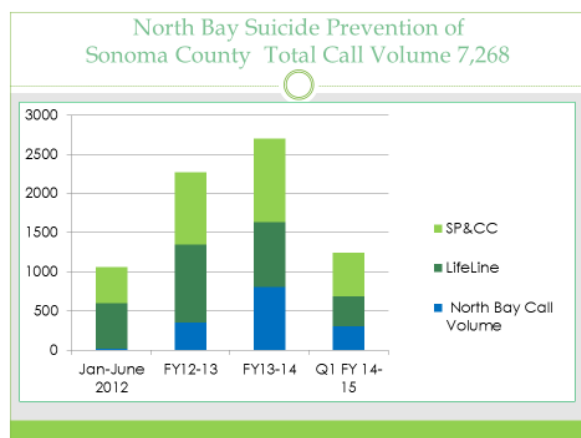
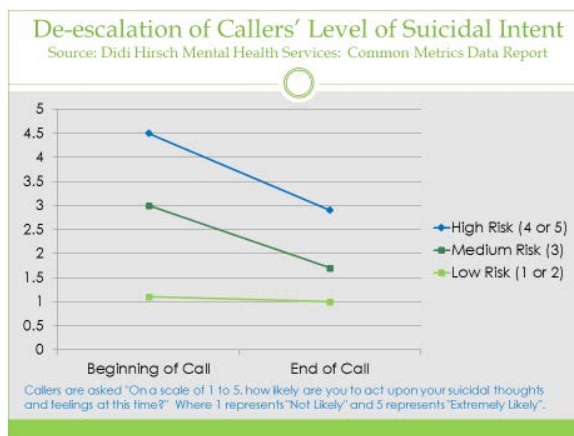
³⁶ See Appendix 5

North Bay Suicide Prevention Project

The **North Bay Suicide Prevention Project (NBSPP)** is a regional California Mental Health Services Authority (CalMHSA) funded initiative that has brought American Association of Suicidology (AAS) accredited, locally responsive suicide prevention and crisis hotline services to five North Bay communities.

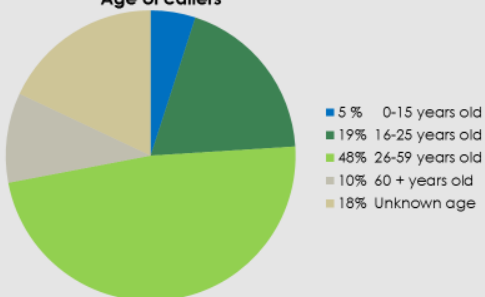
NPSPP reduces suicide in the six North Bay counties of Marin, Sonoma, Napa, Lake and Mendocino. All people living in these North Bay counties now have access to immediate, confidential, high-quality and effective 24/7 suicide prevention hotline services. The lead agency for the NBSPP is Family Service Agency of Marin (FSA), a program of Buckelew Programs. The project is a collaboration between FSA of Marin and the five North Bay county governments.

North Bay Suicide Prevention is a 24/7 confidential hotline. Highly trained telephone counselors respond to over 13,000 calls annually from North Bay Counties. Hotline counselors are able to effectively and efficiently de-escalate callers' level of suicidal intent. Callers are asked "On a scale of 1 to 5, how likely are you to act upon your suicidal thoughts and feelings at this time?" Where 1 represents "Not Likely" and 5 represents "Extremely Likely". Callers at high risk (with 4 to 5 ratings) report at the end of the call that they are less likely to act upon their thoughts.



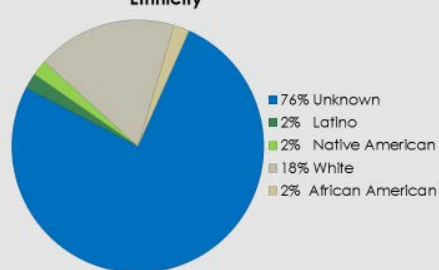
Age of Sonoma County Callers FY13-14

Age of callers



Ethnicity of Sonoma County Callers FY13-14

Ethnicity



Family Service Agency
~OF MARIN~

A Lifeline for Marin Families
a division of Buckelew Programs



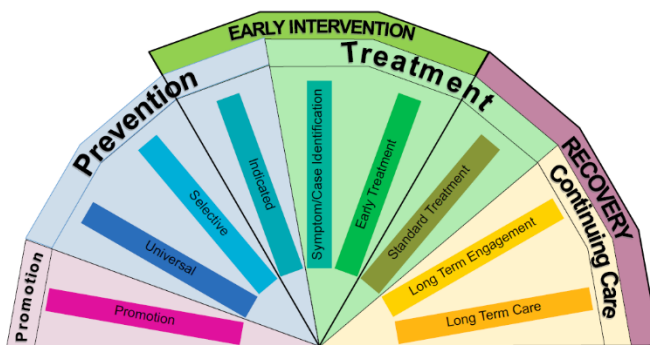
24 HOUR HOTLINE

SUICIDE PREVENTION - CRISIS INTERVENTION
CALL TO TALK TO A HOTLINE COUNSELOR NOW TOLL FREE

1-855-587-6373

North Bay Suicide Prevention Hotline of Sonoma County
A Program of Family Service Agency of Marin

WORKFORCE, EDUCATION, & TRAINING (WET)



Consumer and Family Member Behavioral Health Career Pathways

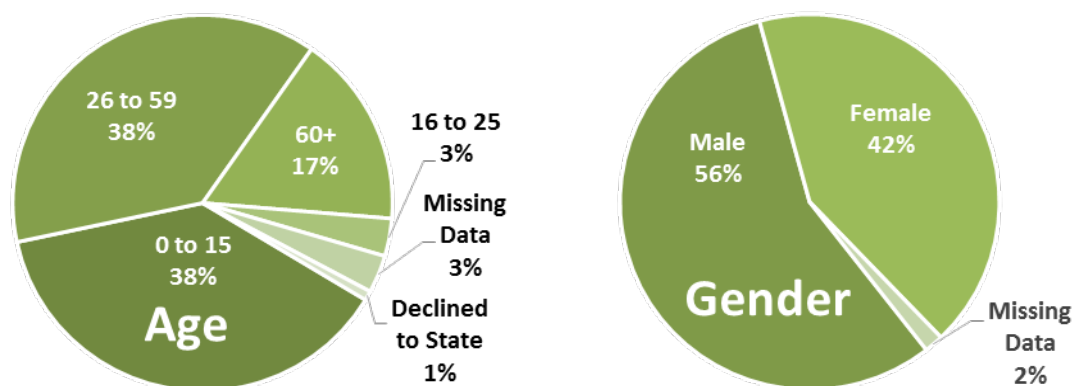
The MHSA Component, Workforce, Education and Training (WET) provides opportunities for individuals interested in mental health careers across the entire spectrum of mental health intervention.

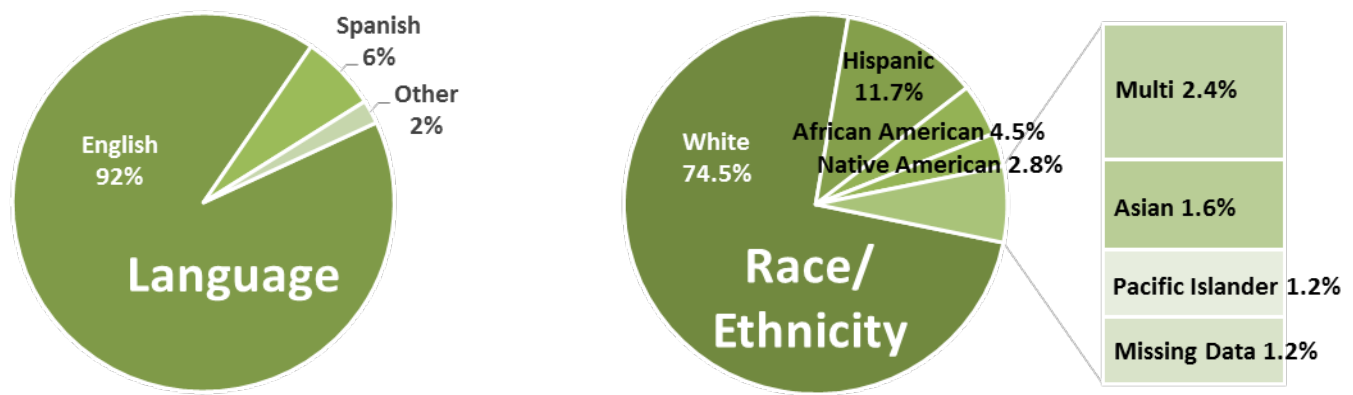
Goodwill Industries of the Redwood Empire – Consumer Relations Program

The **Consumer Relations Program (CRP)** 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.

Total numbers served (aggregate of quarterly reports): **247**

Demographics:





Positive Outcomes:

In April of this fiscal year, the first cohort of Peer Support Specialists graduated from CRP’s training program. Those students are being readied to enter the workforce through internships, volunteer positions and employment-seeking activities. They continue to be provided with support from the, Consumer Education Coordinator, peer support specialist mentors, the Wellness and Advocacy Career Lab Manager, the self-help center managers, and the exceptionally supportive community they have formed among themselves.

The Consumer Education Coordinator (CEC) designed, organized, and presented at a comprehensive training on the topic of changing the Sonoma County Behavioral Health workplace culture to facilitate the inclusion of peer providers. The CEC continued to participate in the SC-BHD Peer Employment Workgroup developing “above the line” job characteristic for peer positions with the SC-BHD as well as working with county staff to prepare for peers entering the workforce.

For more information, see the **Consumer Relations Program Impact Statement** in the Appendix.³⁷

³⁷ See Appendix 5

Support Our Students Community Counseling

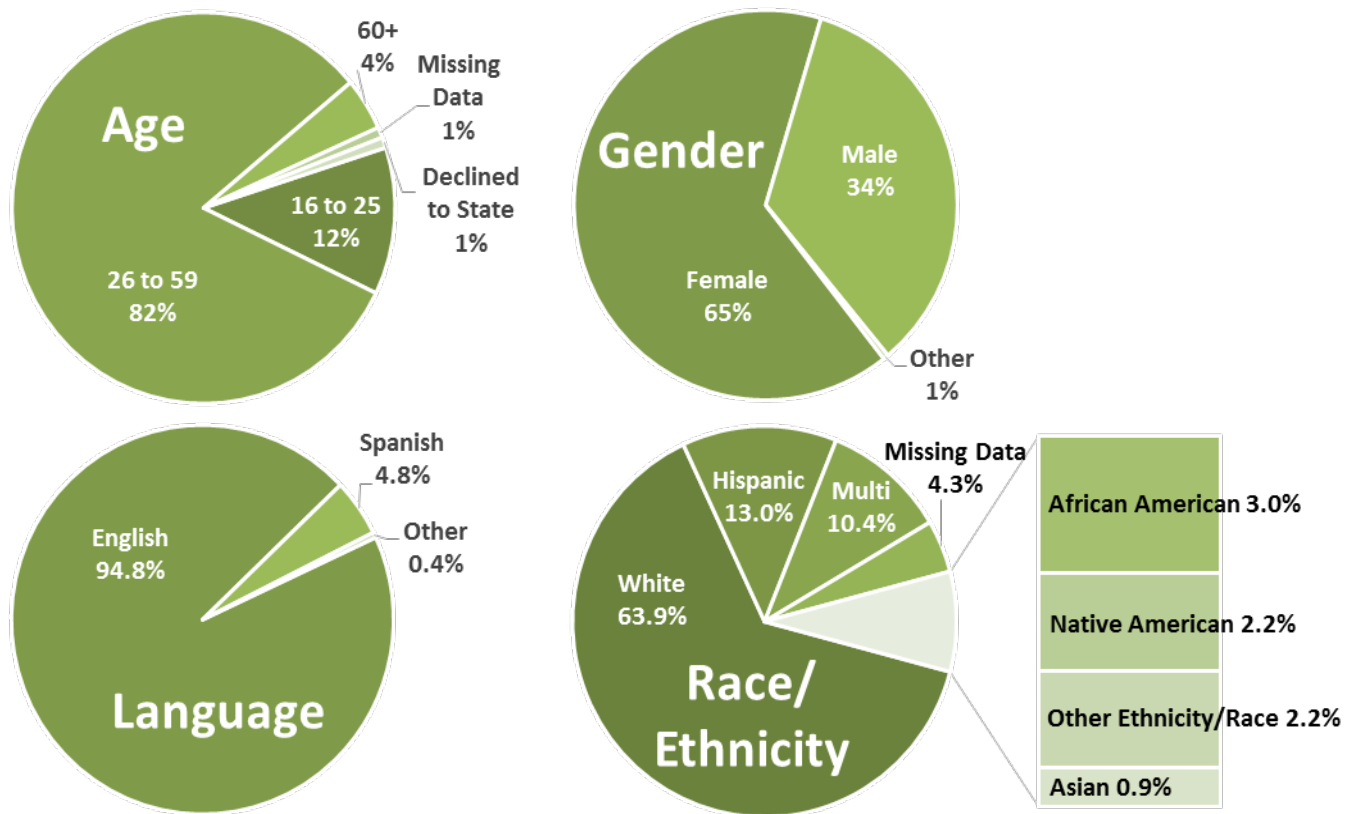
Support Our Students Community Counseling (SOS) provides crisis intervention and assessment under the guidance of Sonoma County Behavioral Health’s Mobile Support Team members, to individuals identified by law enforcement as having a behavioral health crisis. SOS provides clinical supervision for post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

Lomi Psychotherapy Clinic

Lomi Psychotherapy Clinic 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 numbers served (aggregate of quarterly reports): **230**

Demographics:



Performance Outcomes:

Treatment Goals are reviewed and evaluated in three ways by the Lomi Psychotherapy Clinic. The fourth goal involves re-administering an ANSA, and the BHD will share those results as this process is completed.

The 3 methods used by the Lomi Clinic include review of:

1. Change in Psychological Measures (Pre-and Post-Therapy)
2. Evaluation of Client Plan Completion of Objective
3. Review of Client Satisfaction Survey

The Hamilton Depression and Anxiety scales are clinician-administered and now used. The self-administered PTSD Checklist (PCL) is used when trauma is indicated.

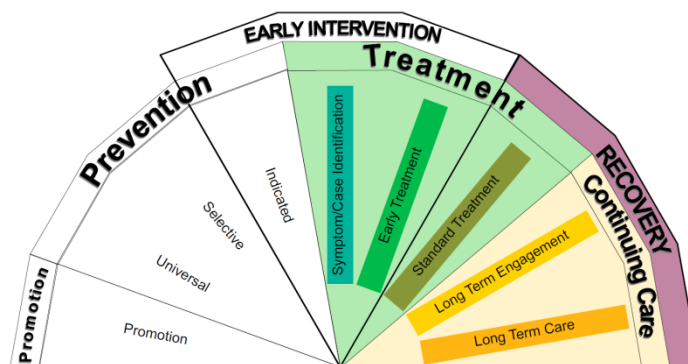
Outcome Highlights:

- 95% of clients showed a decrease on at least one scale
- Overall, there were no major spikes in symptoms comparing beginning and ending scores. Increases were often seen when the score was high at first, and the increase was not significant. There were scores that showed decreases in symptoms of 81%
- The objectives were relevant to the diagnosis, the symptoms, and the stated needs of the client. In all the notes and discharge summaries, the objectives of the plan were addressed
- 100% of clients completing satisfaction surveys showed that they were very satisfied overall with the program. They all got along with their counselor, felt their concerns were addressed, and the sessions had an impact on helping them with their problems.

For more information, see the **Lomi Psychotherapy Clinic Impact Statement** in the Appendix.³⁸

³⁸ See Appendix 5

INNOVATION (INN)



Integrated Health Team

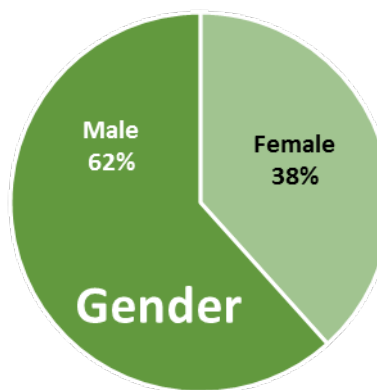
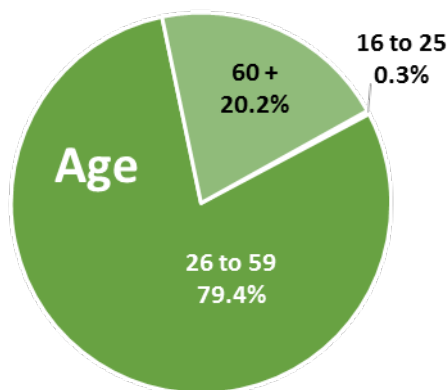
The **Integrated Health Team (IHT)** creates a client-centered, holistic approach that incorporates community health education strategies as a core component of primary care and behavioral health service provision. In this model, the primary goal is to address unmanaged physical health conditions that lead to early morbidity for consumers living with serious and persistent mental illness (SPMI). IHT is 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.

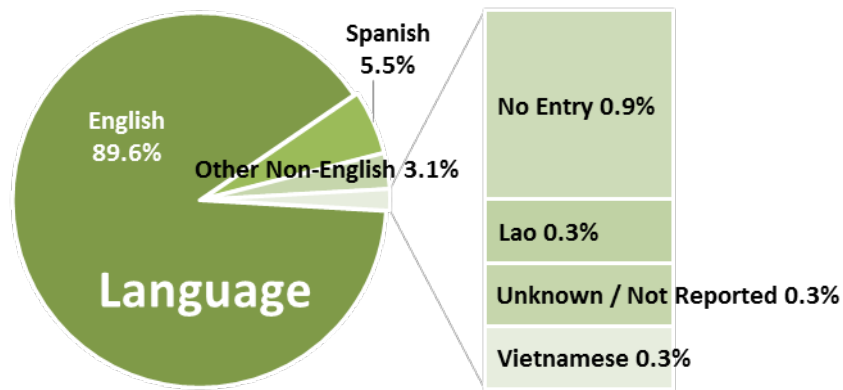
Initiative/Population: Consumers with co-occurring disorders

Program Description: Provides intensive services and supports to adults with serious and persistent mental illness and substance use disorders, in partnership with *Buckelew Programs, Inc.*

Total Unique Clients that were served through the IHT Program: **326**

- Carried Over: **262**
- New to Program: **64**



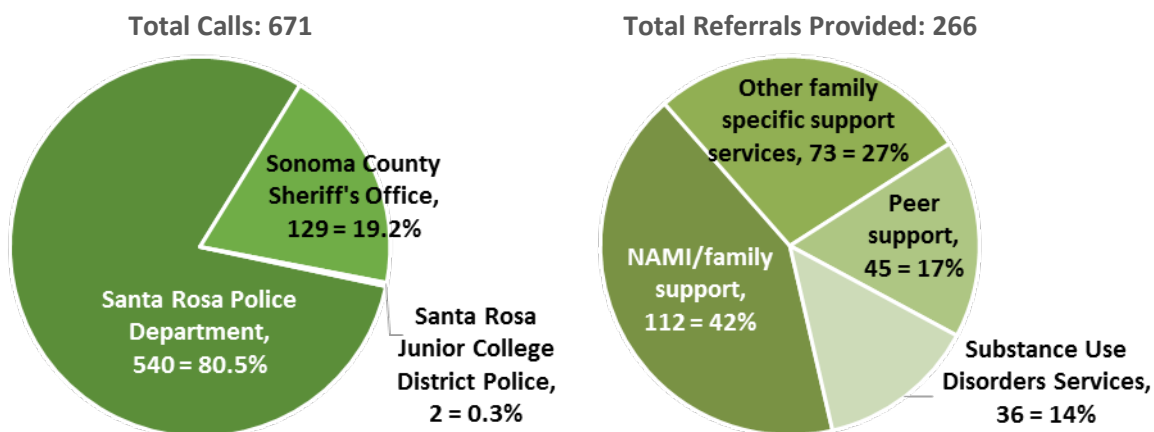


Race		
White	252	77.30%
Other Race	30	9.20%
Black/African-American	14	4.29%
Mixed Race	13	3.99%
American Indian	5	1.53%
No Entry	3	0.92%
Laotian	2	0.61%
Vietnamese	2	0.61%
Cambodian	1	0.31%
Chinese	1	0.31%
Filipino	1	0.31%
Guamanian	1	0.31%
Korean	1	0.31%

Ethnicity		
Not Hispanic	220	67.48%
No Entry	59	18.10%
Mexican/Mexican-American	33	10.12%
Unknown	10	3.07%
Other Hispanic/Latin0	4	1.23%

Mobile Support Team

The **Mobile Support Team (MST)** integrates consumers and family members into a mobile response team, and retrains mental health staff to work effectively alongside consumers and family members. MST 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.



Follow-up Calls: 2,821



Total number of psychiatric holds written: **161**

Section 5150 is a section of the California Welfare and Institutions Code (WIC) (in particular, the Lanterman–Petrus–Short Act or "LPS") which authorizes a qualified officer or clinician to involuntarily confine a person suspected to have a mental disorder that makes him or her a danger to themselves, a danger to others, and/or gravely disabled. A qualified officer, which includes any California peace officer, as well as any specifically designated county clinician, can request the confinement after signing a written declaration.

Total number of calls to Detox: **10**

Drug Abuse Alternatives Center staff are available 24 hours a day at the Orenda Center for alcohol and other drug detoxification services. The Detox Program has fifteen beds, open to males and females, in a social model (non-medical) live-in program usually lasting 72 hours. It is designed to provide evaluation and supportive services to assist acutely intoxicated individuals in withdrawing from the effects of alcohol and other drug abuse and plan for continuing recovery.

Mental Health Services Act Housing Program



WELLNESS • RECOVERY • RESILIENCE

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 Creek Commons** in Guerneville - eight permanent supportive housing units dedicated to mental health clients (7 singles and 1 family unit).
- **McMinn Avenue** in Santa Rosa – provides shared permanent supportive housing in a four plex. Each unit has two private rooms and a secured bathroom. Service partner is Telecare ACT – Sonoma County.

Expenditure Plan for Fiscal Year 2015/2016

A. Overview of FY 2015/2016 MHSA Funded Programs:

Community Services and Supports Programs

The Community Services and Supports component of the plan and budget in FY 15/16 includes MHSA funding of approximately \$15 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)	Consumer and Family- Driven Programs	Outreach and Engagement to Increase Access
<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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 \$2.8 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 –for youth at 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, in-class support, and teacher training
- Teen support groups
- Activities to reduce depression and prevent suicide
- Activities to decrease stigma and discrimination

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

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

- LGBTQI 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 Crisis, Assessment, Prevention and Education (CAPE) Team is an early intervention program funded with \$721K 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 15/16. The total cost for these two programs is \$3.7 million with \$2 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

The goal of the Mental Health Services Act 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 15/16. The total cost for the three projects is about \$728K 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 FY 14/15, the County’s primary focus was on service documentation and becoming current with its claims submissions. In FY 15-16 the plan is to roll out 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 15/16

In FY 15/16, the Plan calls for the continuation of all existing MHSA programs as previously approved. Total MHSA funding for FY 15/16 is approximately \$22 million. In FY 15/16, the components of MHSA were condensed into three categories: Community Services & Supports (CSS), Prevention & Early Intervention (PEI), and Innovation. The table below summarizes the funding by component.

Components	MHSA Funds
Community Services & Supports:	\$15,232,266
Prevention & Early Intervention:	\$5,593,035
Innovation:	\$1,180,806
Total FY 15/16 MHSA Funding:	\$22,006,107

Community Services and Supports (CSS)

The Community Services and Supports component of the plan and budget in FY 15/16 includes MHSA funding of approximately \$15.2 million for the previously approved and implemented programs. There are no new programs proposed for FY 15/16. Table 1 below provides detail regarding CSS funding.

Prevention & Early Intervention (PEI)

The County's PEI component is funded by approximately \$5.6 million of MHSA funds. PEI includes the County of Sonoma's Crisis, Assessment, Prevention and Education (CAPE) program; Workforce Education & Training (WET) initiatives; and costs associated with Capital and Information Technology (IT). There are also over 16 contracts with community based providers included in this component. Contractors provide the following services: Early Childhood 0-5, School Based, Older Adults - Reducing Depression & Suicide, Reducing Disparities, Statewide PEI Projects and WET Related Activities. Table 2 below provides detail regarding PEI funding.

Innovation

The previously approved Innovation projects and the Mobile Support Team and the California Reducing Disparities Program will continue in FY 15/16. The total MHSA funds for these programs are \$1.2 million. Table 3 below provides detail regarding Innovation funding.

Table 1: Planned MHSA Funding FY 15/16	
Community Services & Supports	
Approved Programs	MHSA Funding
Family Advocacy Support Stabilization Team (FASST)	\$186,023
Transition Age Youth Program (TAY)	\$541,346
Forensic Assertive Community Treatment Program (FACT)	\$797,885
Integrated Recovery Team (IRT)	\$2,058,009
Older Adult Integrated Services Team (OAIS)	\$785,858
Integrated Health Team (IHT)	\$571,732
Access Team	\$1,960,030
Outreach & Engagement	\$4,027,489
General System Development	\$1,422,861
Sub Total: Programs	\$12,351,233
MHSA Program Support	\$2,881,033
Total MHSA Funding for CSS	\$15,232,266

Table 2: Planned MHSA Funding FY 15/16	
Prevention & Early Intervention	
Approved Programs	MHSA Funding
CAPE Team	\$441,106
County WET Staffing & Services/Supplies Costs	\$225,686
Avatar System (Application & County Staff)	\$947,706
Evaluation Services	\$114,250
Contracted PEI Programs & Services	\$2,503,938
Capital & Facilities	\$1,360,349
Total MHSA Funding for PEI	\$5,593,035

Table 3: Planned MHSA Funding FY 15/16	
Innovation	
Approved Programs	MHSA Funding
California Reducing Disparities Project	\$24,375
Mobile Support Team (MST) - Including Contracts	\$874,072
Innovation (Transportation)	\$282,359
Total MHSA Funding for INN	\$1,180,806

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. Estimated FY 2015/16 Funding						
1. Estimated Unspent Funds From Prior Fiscal Years	\$3,170,514	\$0	\$0	\$2,040,556	\$313,250	
2. Estimated New FY 2015/16 Funding	\$13,128,991			\$3,715,801	\$925,843	
3. Transfer in FY 2015/16						\$0
4. Access Local Prudent Reserve in FY 2015/16						\$0
5. Use of Non MHSA Funds	\$7,430,763	\$728,064	\$0	\$184,051	\$256,905	\$0
6. Estimated Available Funding for FY 2015/16	\$23,730,268	\$728,064		\$5,940,408	\$1,495,998	
B. Estimated FY 2015/16 Expenditures	\$23,104,135	\$728,064		\$5,361,730	\$1,413,336	
C. Estimated FY 2015/16 Contingency Funding	\$626,133	\$ -	\$0	\$578,678	\$82,662	

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2015	\$910,228
2. Contributions to the Local Prudent Reserve in FY 2015/16 (interest earned)	
3. Distributions from Local Prudent Reserve in FY 2015/16	\$0
4. Estimated Local Prudent Reserve Balance on June 30, 2016	\$910,228



Appendix 1

Sonoma County MHSA Learning Circle Powerpoint Presentation



sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION
Michael Kennedy, MFT – Division Director

Mental Health Services Act Learning Circle

September 9, 2014

North Coast Builder's Exchange
1030 Apollo Way, Santa Rosa, CA 95407
10am-1pm

Morning Agenda 10am-11:30am

- Welcome from Mike Kennedy and Behavioral Health Division Updates
- Introductions and MHSA Brief Programs Updates with Contractors and Staff
- Quarterly Reporting-Tracking, Monitoring and Collecting MHSA Data
- Introduction to SWITS Data Collection System

sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

Lunchtime Networking and MHSA Program Updates and Presentations- 11:30am-12:30pm

- Crisis Assessment, Prevention and Education Team (CAPE) – QPR Data Presentation
- MST and CAPE expansion updates



Afternoon Agenda 12:30pm-1pm

- CalMHSA Updates
- MHSA Newsletter, Website Progress and MHSA Updates
- Adjourn and schedule next meeting

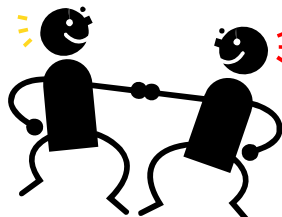


Welcome and Behavioral Health Division Updates



Introductions and MHSA Contractor Updates

- Please give a brief 3 minute update on MHSA programs and services



MHSA Quarterly Reporting



sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

Moving forward with the MHSA Quarterly Reporting Project

Phase I:

- Purpose of Quarterly Reporting
- Our Current Process
- Process for FY 14-15
- Presentation of Data

Phases II and III:

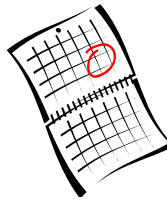
- Contract goals and SWITS FY 15-16
- Evaluation FY 16-17

sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

Purpose of Quarterly Reporting

For MHSA-funded programs to develop consistent and complete reporting of:

1. Who receives MHSA services
2. How many individuals are served
3. What services are delivered (e.g., successes, challenges, outcomes)



Our Current Process

Quarterly Report template form used in FY 13-14
(and previous years)

PART A: MHSA PROGRAM BACKGROUND

1. MHSA Program Background		
Agency/Organization	MHSA Initiative	Current Quarter
Agency/Program Name	LKSS MPEI	<input checked="" type="checkbox"/> Q1 (July - Sept) <input type="checkbox"/> Q2 (Oct - Dec) <input type="checkbox"/> Q3 (Jan - Mar) <input type="checkbox"/> Q4 (April - June)

2. Quarterly Report Contact Information		
Name(s)	Email Address	Phone Number
Contact Name	Contact Email Address	Contact Phone #

PART B: DIRECT SERVICES: DEMOGRAPHIC BACKGROUND OF INDIVIDUALS SERVED

3. Total Numbers Served				
	Quarter 1 (2013) July 1 - Sept 30 th	Quarter 2 (2013) Oct 1 st - Dec 31 st	Quarter 3 (2014) Jan 1 st - Mar 31 st	Quarter 4 (2014) April 1 st - June 30 th
Total	77			

4. Total Numbers Served by Age				
	Quarter 1 (2013) July 1 - Sept 30 th	Quarter 2 (2013) Oct 1 st - Dec 31 st	Quarter 3 (2014) Jan 1 st - Mar 31 st	Quarter 4 (2014) April 1 st - June 30 th
Children & Youth (0-15)	9			
Transition Age Youth (16-25)	10			
Adult (26-55)	36			
Older Adult (60+)	22			
Missing/Unknown				
Declined to State				
Total	77			

Our Current Process

Excerpts from FY 12-13 Annual Update

Visible Accomplishments: SAMHSA made several efforts to increase the accessibility of our particularly children. A sample of efforts to increase the accessibility of our particularly children is provided below. In support of Latino families, outreach to support services, collaborating with SAMHSA to host radio shows where visitors to the radio station were able to request services that supported and engaged the community to address mental health through a radio show, and providing a radio and informational news coverage, reflecting family support through a radio show, and providing a radio show.

Behavioral Health Support to reduce impacts on vulnerable populations resulting from their children. These include:

- 10% of families are better able to seek out and use mental health services are available, how to access these services, and have a general understanding of the behavioral health services available.
- 80% of families have a better understanding of Sonoma County's Health System, i.e., how to access primary care, the report, and pay history.

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 (ECMHC), First 5 Sonoma County, and four partners (to provide the following services): Triple P – Positive Parenting Program, Nurturing 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, Pediatric People Services Center, and Early Learning Institute.

Total Served through Early Childhood Collaborative Services: **4,314**

By Age	By Gender	By Language Spoken at Home
Children & Youth under 18	Male	English
Transition Age Youth (16-25)	Female	Spanish
Adults (26-65)	Other	Other
Older Adults (66+)	Missing/Unknown	Missing/Unknown
Missing/Unknown	Missing/Unknown	Missing/Unknown

By Ethnicity	By Reported Cultural Background
White	Latino
Latino	Latino
Black or African American	Latino
Asian	Latino
Native Hawaiian or Other Pacific Islander	Latino
Hispanic/Latino	Latino
Asian/Pacific Islander	Latino
Other	Latino
Missing/Unknown	Latino
Other	Latino

Visible Accomplishments: During FY12 and FY13, reported increased engagement in 2012 and behavioral health services showed an 87 increase.

Outreach activities to both mental health and PMD have been successful. More outreach is being offered to underserved populations including parents, including support groups, a community "radio" show to support the behavioral health community, and outreach to the Latino community. Outreach to the Latino community is being offered to support the behavioral health community, including support groups, a community "radio" show to support the behavioral health community, and outreach to the Latino community.

Parents and the community are coming together in the local community. A community sponsored event brought together the PEI staff, an outreach specialist, and outreach to the Latino community and high school. An outreach specialist is offering the PEI staff and outreach specialist are working on outreach to the community and the community of our clients.

Within our local community PEI students have sponsored and building efforts and are offering and building parent outreach to both parents and students.

SAMHSA is a national leader in the field of PEI services. SAMHSA will be providing a family high school and a family high school. SAMHSA will be providing a family high school and a family high school.

Outreach to the community and outreach to the community. Outreach to the community and outreach to the community. Outreach to the community and outreach to the community.



Process for FY 14-15

Quarterly Report Template for FY 14-15

www.sonoma-county.org/health/publications/contractors-mhsa.asp

PART A: MHSA PROGRAM BACKGROUND

1. MHSA Program Background			
Agency/Organization:			
MHSA Initiative: <input type="checkbox"/> CSS <input type="checkbox"/> PEI			
Current Quarter: <input type="checkbox"/> 1 (July–Sept) <input type="checkbox"/> 2 (Oct–Dec) <input type="checkbox"/> 3 (Jan–Mar) <input type="checkbox"/> 4 (April–June)			
2. Quarterly Report Contact Information			
Name(s)	Email Address	Phone Number	

PART B: DIRECT SERVICES: DEMOGRAPHIC BACKGROUND OF INDIVIDUALS SERVED

3. Total Numbers Served				
	Quarter 1 (2014) July 1 st – Sept 30 th	Quarter 2 (2014) Oct 1 st – Dec 31 st	Quarter 3 (2015) Jan 1 st – Mar 31 st	Quarter 4 (2015) April 1 st – June 30 th
Total				
4. Total Numbers Served by Age				
	Quarter 1 (2014) July 1 st – Sept 30 th	Quarter 2 (2014) Oct 1 st – Dec 31 st	Quarter 3 (2015) Jan 1 st – Mar 31 st	Quarter 4 (2015) April 1 st – June 30 th
Children & Youth (0-15)				
Transition Age Youth (16-25)				
Adult (26-59)				



Send your quarterly reports to:

BHQuarterlyReports@sonoma-county.org



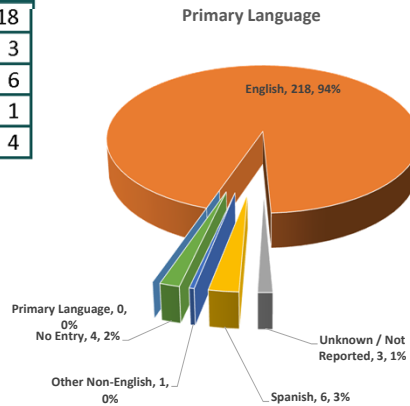
The quarterly reports will be tracked and the data will be collected in a database.

#	A	B	C	D	E	F	G	H
1	MHSA CONTRACTORS - QUARTERLY REPORT TRACKING - FY 13-14							
2	STANDARD QUARTERLY REPORTS							
3				DATES COVERED BY REPORT:				
4				DATE REPORT DUE	10/1/2013	1/1/2014	4/30/2014	7/31/2014
5	CONTRACTOR	PROGRAM	CONTACT PERSON	Q1	Q2	Q3	Q4	Added to DB?
6	Action Network	Across Ages and Cultures Prevention	Claudia Hilary or Janet Kukulinsky	X	X	X	X	X
7	Action Network	South Coast Seniors	Michelle White	X	X	X	X	X
8	Buckelew Programs	Family Service Coordinator (FSC)	Erika Klohe	X	X	X	X	X
9	California Parenting Institute	School-Based	Grace Harris	Requested on 8/1/13	X	X	X	
10	Community and Family Services Agency	Senior Peer Counseling and Support	Melissa Fike	X	X	X	X	X
11	Community and Family Services Agency	Russian River Empowerment Center	Megan Rooney	X	X	X	X	X
12	Community and Family Services Agency	Latino Service Providers	Wanda Tapia, Fabiola Espinoza	Requested on 8/1/13	X	X	X	
13	Community and Family Services Agency	Early Risers Skills for Success	Megan Rooney	Requested on 8/1/13	Requested on 8/1/13	Requested on 8/1/13	Requested on 8/1/13	
14	Community Baptist Church	Rites of Passage	Jacqueline Jones	X	X	X	X	X
15	Community Baptist Church	Safe Harbor	Jarvis Coffey	X	X	X	X	X
16	Community Baptist Church	Saturday Academy	Honor Jackson	X	X	X	X	X
17	Community Baptist Church	Village Project	Rev. Lee Turner	X	X	X	X	X
18	Council on Aging	Senior Peer Support	Don Deffenbaugh or Marianne McBride		X	X	X	
19	Goodwill Industries	Consumer Relations Program	Theresa Bruton	Requested on 8/1/13	Requested on 8/1/13	Requested on 8/1/13	Requested on 8/1/13	
20	Goodwill Industries	Interlink	Sean Kelton	X	X	X	X	X
21	Goodwill Industries	The Advocacy and Wellness Center	Amy Breckenridge	Requested on 8/1/13	Requested on 8/1/13	Requested on 8/1/13	Requested on 8/1/13	
22	Goodwill Industries	Petaluma Peer Recovery Project	Sean Kelton or Laurie Petta	X	X	X	X	X
23	Lomi	Lomi Psychotherapy Clinic	Thomas Pope, Aynne Shore	X	X	X	X	X
24	NAMI	Various Programs and Activities	Courtney Puckett					
25	Petaluma People Services Center	MIC, COTS	Kira Kaylor	X	X	X	X	X
26	Positive Images	Various Programs and Activities	Gig Hittao	X	X	X		
27	Santa Rosa Community Health Centers	CIP	Cruz Cavallo				X	
28	Standard	Non-Standard						



Presentation of Data

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



Moving forward with the MHSA Quarterly Reporting Project

Phases II and III:

- Reviewing Contract goals and SWITS FY 15-16
- Evaluation FY 16-17



Introduction to SWITS Data Collection System



Sonoma Web Infrastructure for Treatment Services (SWITS)

- Introduce SWITS Team: Lisa Norton , David Sheaves, Bruce Robbins, Amy Faulstich
- FEI Vendor:
http://feisystems.com/wits_center.php?sec=10170
- Why SWITS? David Sheaves presents
- Cutting edge- First County to use SWITS for PEI



Implementing SWITS

- The SWITS system is a web based application with extensive security and privacy controls built-in. WITS provides a role-based authorization mechanism
- The WITS application also includes reporting so a provider and the County can extract pertinent information from the system to support the management of programs at various levels.



SWITS Implementation Strategy

- Policy and Planning Issues
- Process Documentation and Change
- Treatment System Coordination
- Technology Support for SWITS
- Communication, Education, and Training
- System Implementation and Support



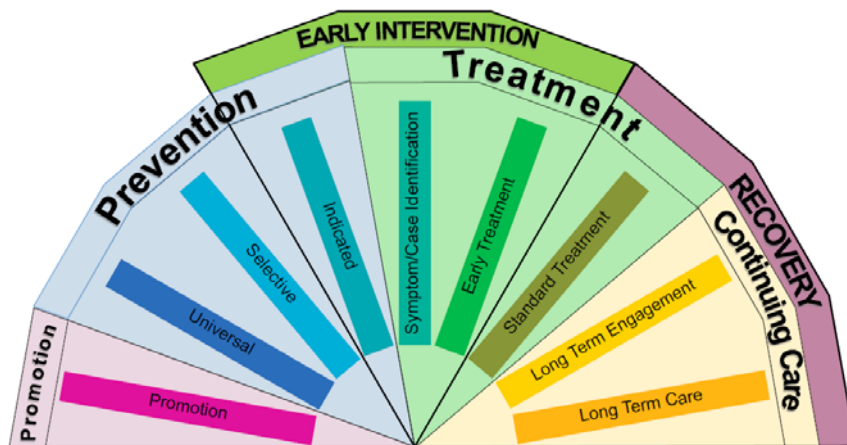
SWITS Design

- Flexibility
- Ease of Use
- Security
- Privacy
- Substance Abuse and Mental Health Best Practices
- Scalability
- Maintainability
- Reliability



sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

New Framework: Sonoma County's Mental Health System of Care



sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

Spectrum of Care Definitions for SWITS Database

- **Indicated**- Client level interventions aimed at individuals at risk of the onset of a disorder
- **Selective**-Group Level Interventions, Individual Outreach, Screening, Information and Referral, Urgent Response
- **Universal**-Social Media Outreach (FB, Twitter), Networking Events, Online Outreach (Website, Newsletters), Resource Table, Community Presentations, Media (PSA, Radio & TV)



SWITS Database and Forms

County of Sonoma Department of Health Services
Behavioral Health Division
Outreach and Engagement Event Profile Form

Facility: _____ Program: _____ IOM Spectrum: ☐ Universal ☐ Selective

Services Delivered

Date of Service: _____ Time spent providing services (in minutes): _____

Type of Activity Provided:

☐ UNIVERSAL ☐ Social Media Outreach (FB & Twitter) ☐ Networking Events ☐ Online Outreach (Website)

☐ Resource Table ☐ Community Presentations ☐ Media (PSA, Radio, & TV)

☐ SELECTIVE ☐ Group level interventions ☐ Individual outreach ☐ Screening ☐ Provider training

☐ Information & referral ☐ Urgent response ☐ Other

Service Location (Zip Code): _____ Town: _____

Name of Agency/Center/School: _____

Provide open-ended comments about the nature of services provided:

Estimated Number of Participants

Total number of people served: _____

Age	Gender	Primary Language
Children & Youth (0-15)	Female	English
Transition Age Youth (16-25)	Male	Chinese
Adults (26-50)	Transgender	Spanish
Older Adults (51+)	Intersex	Tamil
Unknown	Unknown	Vietnamese
Decline to State	Decline to State	Other
		Unknown
		Decline to State

Race/Ethnic Groups	Other Cultural Populations
African American/Black	Latino/Hispanic
Asian	Veteran of the U.S. Armed Forces
Native American	Homeless
Hispanic/Latino	Individuals in the foster care/child welfare system
White	Unknown
Multiracial	Decline to State
Other	
Unknown	
Decline to State	

DRAFT



Outreach and Engagement Event Profile																																	
Agency	Sanoma County SH PEI	Created On																															
Facility	Test Facility	Created By																															
Program																																	
PHL Specimen																																	
Available Outcomes		Selected Outcome																															
Event Purpose	None																																
<div> <div>Services Delivered</div> <table border="1"> <thead> <tr> <th>Date of Service</th> <th>Accession Type of Activity</th> <th>Time spent in providing services (in minutes)</th> <th>Unselected Type of Activity</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> </div>				Date of Service	Accession Type of Activity	Time spent in providing services (in minutes)	Unselected Type of Activity																										
Date of Service	Accession Type of Activity	Time spent in providing services (in minutes)	Unselected Type of Activity																														
Service Location ZIP Code		Team																															
Name of Agency/Center/Division																																	
Provide experienced comments about the status of service provided:																																	
<div></div>																																	
<div> <div>Individuals Number of Participants</div> <table border="1"> <thead> <tr> <th>Total number of people served</th> <th>Gender</th> <th>Primary Language</th> </tr> </thead> <tbody> <tr> <td>Age</td> <td></td> <td></td> </tr> <tr> <td>Children & Youth (0-17)</td> <td>Female</td> <td>English</td> </tr> <tr> <td>Transition Age Youth 18-24</td> <td>Male</td> <td>Chinese</td> </tr> <tr> <td>Adults (25-64)</td> <td>Transgender</td> <td>Spanish</td> </tr> <tr> <td>Over 65 (65+)</td> <td>Hispanic</td> <td>Tagalog</td> </tr> <tr> <td>Decline to state</td> <td>Unknown</td> <td>Vietnamese</td> </tr> <tr> <td>Decline to state</td> <td>Decline to state</td> <td>Other</td> </tr> <tr> <td></td> <td></td> <td>Unknown</td> </tr> <tr> <td></td> <td></td> <td>Decline to state</td> </tr> </tbody> </table> </div>				Total number of people served	Gender	Primary Language	Age			Children & Youth (0-17)	Female	English	Transition Age Youth 18-24	Male	Chinese	Adults (25-64)	Transgender	Spanish	Over 65 (65+)	Hispanic	Tagalog	Decline to state	Unknown	Vietnamese	Decline to state	Decline to state	Other			Unknown			Decline to state
Total number of people served	Gender	Primary Language																															
Age																																	
Children & Youth (0-17)	Female	English																															
Transition Age Youth 18-24	Male	Chinese																															
Adults (25-64)	Transgender	Spanish																															
Over 65 (65+)	Hispanic	Tagalog																															
Decline to state	Unknown	Vietnamese																															
Decline to state	Decline to state	Other																															
		Unknown																															
		Decline to state																															
<div> <div>Racial/Ethnic Groups</div> <table border="1"> <tbody> <tr> <td>Asian American/Asian</td> <td></td> </tr> <tr> <td>Asian</td> <td></td> </tr> <tr> <td>Native Hawaiian</td> <td></td> </tr> <tr> <td>Hispanic/Latino</td> <td></td> </tr> <tr> <td>Other</td> <td></td> </tr> <tr> <td>Unknown</td> <td></td> </tr> </tbody> </table> </div>		Asian American/Asian		Asian		Native Hawaiian		Hispanic/Latino		Other		Unknown		<div> <div>Other Culture Populations</div> <table border="1"> <tbody> <tr> <td>Lesbian/Gay/Bisexual</td> <td></td> </tr> <tr> <td>Members of the U.S. Armed Forces</td> <td></td> </tr> <tr> <td>Immigrants</td> <td></td> </tr> <tr> <td>Individuals in the foster care/child welfare system</td> <td></td> </tr> <tr> <td>Unemployed</td> <td></td> </tr> <tr> <td>Decline to state</td> <td></td> </tr> </tbody> </table> </div>		Lesbian/Gay/Bisexual		Members of the U.S. Armed Forces		Immigrants		Individuals in the foster care/child welfare system		Unemployed		Decline to state							
Asian American/Asian																																	
Asian																																	
Native Hawaiian																																	
Hispanic/Latino																																	
Other																																	
Unknown																																	
Lesbian/Gay/Bisexual																																	
Members of the U.S. Armed Forces																																	
Immigrants																																	
Individuals in the foster care/child welfare system																																	
Unemployed																																	
Decline to state																																	
<div> <div>Cancel</div> <div>Save</div> <div>Print</div> </div>																																	



- MHSA Contractors Training Tables
- Meeting individually with MHSA Contractors
- Developing agency profiles in SWITS
- Scheduling Trainings Starting in November



Contractor:
Contact person(s):

Program: MHSA: PEI Services		
Facility/ Contractor/Program:	Activity/Strategy	Information Collected

Indicated-Client Level Data

Selective-Group Level Interventions, Individual Outreach, Screening, Information and Referral,
Urgent Response

Universal-Social Media Outreach (FB, Twitter), Networking Events, Online Outreach (Website,
Newsletters), Resource Table, Community Presentations, Media (PSA, Radio & TV)



CAPE and MST Expansion Updates and QPR Data Collection Presentation



CalMHSA Updates

- Suicide Prevention Primary Care Toolkit
- CalMHSA Impact Statement
- Asian and Pacific-Islander Communities
- Following the Loss of Robin Williams- Resources for Journalists and Public
- Know the Signs and Each Mind Matters campaign resources available- contact Amy at: amy.faulstich@sonoma-county.org



The Directing Change Student Video Contest

www.directingchange.org



2014 statewide-winning video in the Suicide Prevention category, from Kendra Goff and Sullivan Rutherford, students at Analy High School in Sebastopol:

<http://youtu.be/Er6hJVBrjPo>



MHSA Newsletter and MHSA Website

- Suicide Prevention Week-Theme for September Newsletter
- Send us your brief success stories!!
- Photo Banner Project
- Future Project: MHSA Contractors Resources Links- Send us your Links, Logos and Programs Descriptions
- Media Guide for MHSA Contractors
- www.sonoma-county.org/behavioralhealth



MHSA Updates

- Prop 63 Stories for MHSOAC- Daryl Steinberg
- Assessing and Managing Suicide Risk (AMSR) Trainers
- FY 14/15 Contractors List
- Mental Health First Aid Trainers
- Workforce Education and Training (WET) Updates
- Suicide Prevention Week (Sept 7-13 2014)



WELLNESS • RECOVERY • RESILIENCE



Suicide Prevention Week Activities

- QPR with NAMI on September 10, 2014
- QPR Training for Trainers at Santa Rosa Junior College on September 19, 2014
- Suicide Prevention themed MHSA newsletter for September issue
- Melissa Ladrech from the North Bay Suicide Prevention Project will be presenting the toolkit: “Training Resource Guide for Suicide Prevention in Primary Care Settings” at Health Action Subcommittee meeting on September 17, 2014. Toolkit found at: <http://resource-center.yourvoicecounts.org/content/training-resource-guide-suicide-prevention-primary-care-settings>



Share Comments & Questions

Amy Faulstich, MSW

Mental Health Services Act Coordinator

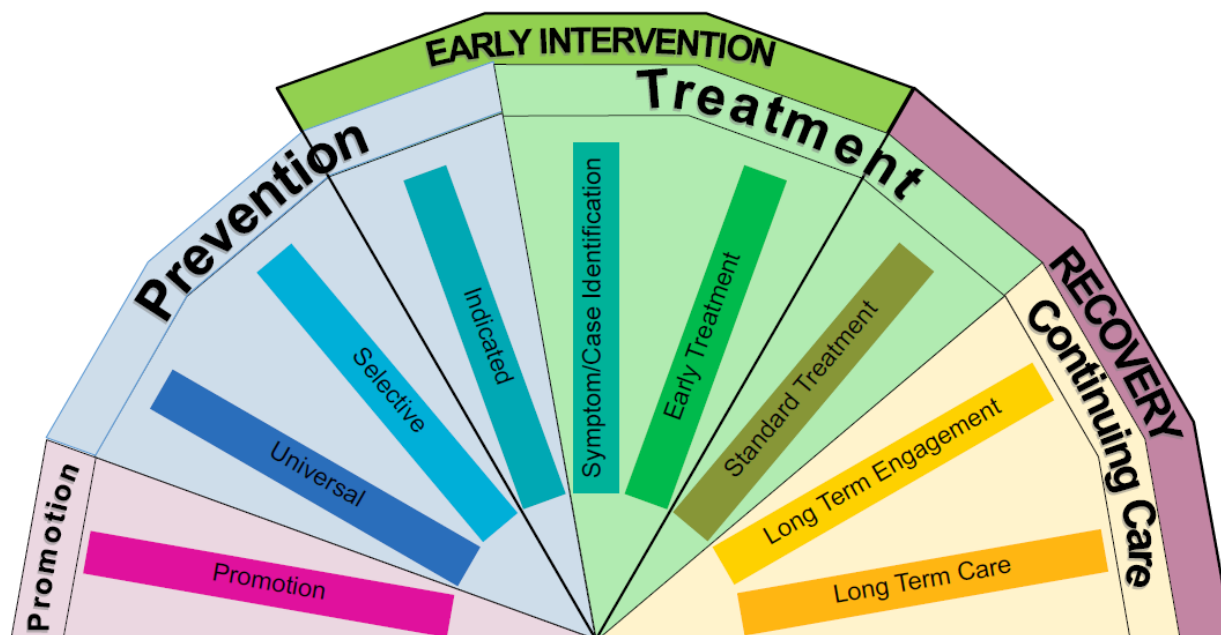
Amy.Faulstich@sonoma-county.org





Appendix 2

Definitions for Spectrum of Intervention Phases & Categories



Spectrum of Intervention

Developed by 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 Services, Victoria Australia

Definitions

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.

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 meet 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.

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.

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.

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.

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.

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.

Long-term Engagement - with longer term treatment and support may focus on vocational, educational, social and cognitive functioning. Relapse prevention is a critical issue 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.



Appendix 3

Sonoma County MHSA Newsletters



From the Behavioral Health Division

First Edition, April 4, 2014



MHSA SUCCESS STORY:

John (name changed for privacy) was depressed and hopeless in the face of his mental health challenges, but then in the Summer of 2013 he attended a mental health recovery forum put on by Sonoma County Behavioral Health's Integrated Recovery Team, with the assistance of Goodwill's MHSA-funded Consumer Relations Program.

In November 2013 John enrolled and was accepted into the Peer Support Specialist Certificate Training Program, a joint offering of Goodwill's Interlink Self-help Center and the Consumer Relations Program.

"I've made more progress in the past 11 months that in the past 11 years" says John. "I feel empowered and self-directed. I have a role to play in my own life."

In January of 2014, along with a fellow peer support student, John was asked to facilitate a Wellness and Recovery group as part of the county's Integrated Recovery Team. It was the first consumer-run group in the history of Sonoma County Behavioral Health.

In April, John will graduate from the first-ever Peer Support Certification Training class. He has expressed a strong interest in continuing his education and becoming a therapist.

-Story submitted by Kate Roberge, Consumer Education Coordinator-Consumer Relations Program at Goodwill Industries-Redwood Empire

The Behavioral Health Division and Stakeholder Advisory Committee work together to develop Mental Health Services Act (MHSA) 3-Year Integrated Plan

In Title 9 of the California Administration Code Section 3300, the General Requirements state that each County shall provide for a Community Planning Process (CPP) as the basis for developing plans for utilization of MHSA funds. This requirement ensures that stakeholders have the opportunity to participate in the CPP. The CPP also ensures that stakeholders reflect the diversity of the demographics of the County; the MHSA Integrated Planning process satisfies the CPP requirement. The Behavioral Health Division is undertaking this integrated planning process to strengthen and enhance existing MHSA services.

SanaMente
Movimiento de Salud Mental de California



WELLNESS • RECOVERY • RESILIENCE

For more information about MHSA programs and services, or to submit updates, events, success stories, or other content for the MHSA newsletter, please contact Amy Faulstich at amy.faulstich@sonoma-county.org.

WHAT'S NEW



Amy Faulstich, MSW is the new MHSA Coordinator for the Sonoma County Behavioral Health Division. She was formerly the North Bay Suicide Prevention Project (NBSPP) Coordinator at Family Service Agency of Marin, a Division of Buckleup Programs.

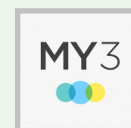
UPCOMING EVENTS

Mental Health Month Activities Calendar coming soon!

CalMHSA NEWS

CalMHSA is a Joint Powers of Authority (JPA), created by counties in 2009 to implement Prevention and Early Intervention (PEI) statewide projects in suicide prevention, stigma and discrimination reduction and student mental health.

New tools for suicide prevention and stigma and discrimination reduction:



MY3 App for suicide prevention - Go to:
<http://www.my3app.org/>

SanaMente Campaign launched. For more information, go to:

<http://www.eachmindmatters.org/get-informed/sobre-sanamente/>

MHSA UPDATE

The Behavioral Health Division is in the process of reviewing proposals for a new Consumer-Operated Warmline program in Sonoma County!

A Warmline program is a peer-run program or service that is administratively controlled and operated by the mental health consumers and emphasizes self-help as its operational approach. The focus of a Warmline program is to provide a telephone connection for people with mental health challenges who are isolated in their homes, feel the need to speak with another consumer about a variety of issues related to their mental health and/or are requesting information about a county resource in or out of the mental health system.



From the Behavioral Health Division

Second Edition, May 5, 2014



Public Hearing on the Mental Health Services Act DRAFT 3-Year Integrated Plan for 2014-2017 & Annual Update for fiscal year 2012/2013

Please join us for an informative evening discussing the services provided by

MHSA-funded programs throughout the community, and by Sonoma County Behavioral Health. You'll hear from individuals who are transforming their lives with the help of these programs.

Behavioral Health is interested in your feedback about the DRAFT 3-Year Program and Expenditure Plan. Public comment about the draft plan will close following the Mental Health Board public hearing on:

Wednesday May 21, 2014, 5-7pm, Finley Center (Cypress Room), 2060 West College Avenue, Santa Rosa

You are invited to attend the public hearing, or you can provide your feedback before May 21, 2014 by emailing your comments to:
MHSA@sonoma-county.org

The DRAFT 3-Year Integrated Plan is found at:
<http://www.sonoma-county.org/health/about/pdf/mhsmhsmh-integrated-plan.pdf>

EACH MIND MATTERS California's Mental Health Movement

A New State of Mind

The 2014 Wellness Expo will include a special viewing "A New State of Mind: Ending the Stigma of Mental Illness", a documentary narrated by award-winning actress Glenn Close. Followed by a panel discussion.

1st viewing & discussion: **10:30am-Noon**

2nd viewing & discussion: **1pm-2:30pm**

To view the film, visit:
<http://www.eachmindmatters.org/great-minds-gallery/view-the-film>

For more information about MHSA programs and services, or to submit updates, events, success stories, or other content for the MHSA newsletter, please contact Amy Faulstich at amy.faulstich@sonoma-county.org.

WHAT'S NEW

May is Mental Health Month! Sonoma County MHSA partners are hosting a number of activities & events for Mental Health Month. For more information, view our calendar of activities & events at:
<http://www.sonoma-county.org/health/announcements/pdf/mentalhealthmonth.pdf>



2014 Wellness Expo

Saturday, May 10th, from 10 AM to 3 PM
Santa Rosa Veterans' Memorial Building

A day of education, information, product sampling, activities, and services to support the health and well-being of our families. For more information, visit the Wellness Expo website at:
<http://www.thewellnessexpo.org>

CalMHSA NEWS



CalMHSA is a Joint Powers of Authority (JPA), created by counties in 2009 to implement Prevention and Early Intervention (PEI) statewide projects in suicide prevention, stigma and discrimination reduction and student mental health.



Mental Health Matters Day

May 13th, 2014, 10:30 a.m. / South Lawn, Capitol Building, Sacramento, CA

On May 13, we will give voice to the growing community of Californians who know that mental health is a critical issue for all of us, and that widespread wellness is possible only when we overcome fear and stigma. For more information, visit the Mental Health Matters Day website at:
<http://www.eachmindmatters.org/events/>



From the Behavioral Health Division

Third Edition, June 13, 2014



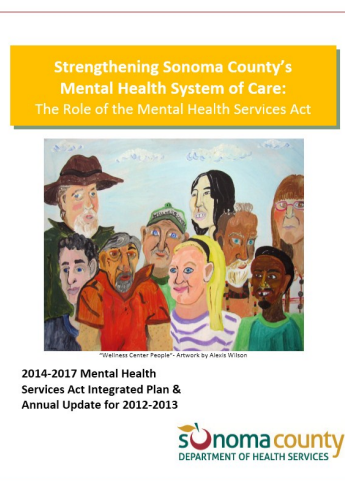
Happy Graduation!

Rites of Passage Class of 2014 Graduates - Rites of Passage is an MHSA-funded eight-month Prevention & Early Intervention 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.

Public Hearing on the MHSA Three-Year Integrated Plan & Annual Update

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 Mental Health Board Meeting on Wednesday, May 21, 2014 at 5:00 pm at the Finley Center. The public was welcomed and over 60 community members and stakeholders attended the public hearing, with about 40 taking the opportunity to address the Mental Health Board.

The speakers shared their experience as a client or family member in an MHSA-funded program. They shared stories of recovery and support and were thankful for the services they received. A number of the Department's community partners reported on the activity of their programs and also expressed their appreciation for the funding and their collaborative relationship with the Behavioral Health Division. Public comment at the hearing provided overwhelming support of the Update and Plan.



Bradley Buecker and Max Adler with Analy High School students Kendra Goff, Sullivan Rutherford and their lead actor.

Sonoma County Students Win First Prize in 2014 "Directing Change" Video Contest!

Analy High School students Kendra Goff and Sullivan Rutherford claimed first prize in the Suicide Prevention category at this year's "Directing Change" video contest. The statewide student video contest, sponsored by the California Mental Health Services Authority (CalMHSA), empowers young people to promote suicide prevention and end the silence associated with mental illness among their peers. Films were judged based on how the entries creatively explored the topics while also adhering to guidelines about how to safely and appropriately communicate about suicide prevention and mental illness. For more information, visit:

www.eachmindmatters.org/blog/directing-change-2014-winners/

View Kendra and Sullivan's award-winning video, "A New Tomorrow" at:

www.youtube.com/watch?v=Er6hJVBriPo

Resources

Sonoma County Behavioral Health

www.sonoma-county.org/behavioralhealth

Sonoma County MHSA page

www.sonoma-county.org/mhsa

CalMHSA

www.calmhsa.org



MHSA SUCCESS STORY:

Triple P Helps Parents Establish Consistent Rules and Follow Through

At Jewish Family and Children's Services' Parents Place, MHSA-PEI 0-5 funded Triple P-Positive Parenting Program helps parents develop confidence and competence in parenting. Parents with strong parenting skills are less likely to resort to child abuse, and children are less likely to exhibit more severe behavior problems when they become teenagers and then adults.

One mother's story:

My husband and I contacted Parents Place for assistance when we found ourselves unable to cope with our strong willed 3½-year-old daughter's misbehavior and frequent temper tantrums. The Triple P Positive Parenting coaching program was tremendously helpful in teaching us a variety of techniques to encourage the behavior we wanted and manage uncooperative behavior. One effective technique was to establish a set of family rules together. We worked with our coach on how to conduct a family meeting to agree on rules.

My husband and I prepared by making a list of our four most important rules to maintain family harmony.

- Use kind words and quiet voices
- Use gentle touches
- Share
- Clean up after yourself

We told our daughter that we would have a family meeting the next day to talk about how we could get along better. We made it sound fun and said we'd have a special dinner afterwards. The next evening, we got our notepads and sat down together. We explained that we wanted to come up with a set of family rules to help us be nicer to each other and be happier. Following our coach's instructions, we took turns suggesting possible rules.

Our daughter was so excited that she got her own notepad and made notes, too. I went first and said, "I'd like a rule that we use kind words and quiet voices. That means we don't yell or say mean things to each other." I turned to my daughter. She suggested, "Share and take turns." Then my husband suggested another of the rules we'd come up with beforehand, and described what that rule meant.

We ended up "brainstorming" a list of eight rules. Next, we went through the list together and agreed upon the five rules that we thought were the most helpful. We talked about how we would all agree to follow the rules and that they applied everywhere, not just at our house. We gave our daughter lots of praise for being so helpful during the meeting.

These rules have become a very effective reminder to our daughter when she's having trouble cooperating. We are really grateful to Parents Place for helping us learn how to create more harmony in our household!



NEW MHSA STAFF

Bruce Robbins has recently joined the Behavioral Health Division (BHD) as an Administrative Aide and is assisting with MHSA contracts and services. Bruce comes to BHD from the Department of Health Services Public Health Division.

California Celebrates First Ever Mental Health Matters Day

On May 13th, Mental Health Matters Day brought together leaders and visionaries from all over the state to share ideas, tools and resources for reducing stigma and raising awareness of mental health. Through a dynamic speaking program and resource booths hosted by mental health and community-based organizations across California, approximately 1,500 attendees were empowered to explore existing opportunities and bring them back to their communities. An energetic rally at the State Capitol showed the growing energy of **Each Mind Matters: California's Mental Health Movement**.

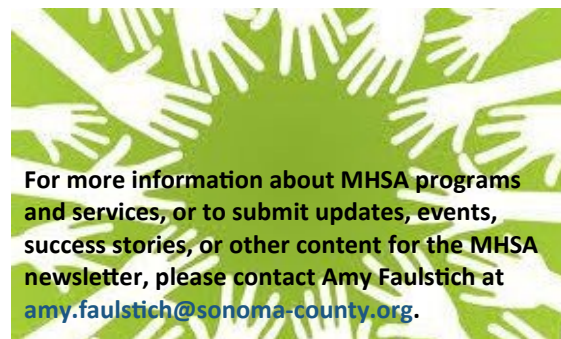


"A New State of Mind" Featured at 2014 Wellness Expo

The 2014 Wellness Expo was held on Saturday, May 10th, at the Santa Rosa Veterans' Memorial Building. It was a day of education, information, product sampling, activities, and services to support the health and well-being of our families. The County of Sonoma Department of Health Services hosted two community screenings of "A New State of Mind: Ending the Stigma of Mental Illness," an inspiring documentary that tells the stories of everyday Californians who have lived with a mental illness, shattering myths as it highlights their hope, resilience, and recovery. After each screening of the hour-long documentary, the audience met a panel of local Sonoma County residents who shared their own stories of overcoming mental illness and the stigma associated with it.

Visit the Each Mind Matters website to view the film. The website also includes details on how to download the documentary and host your own community screening event.

www.eachmindmatters.org/great-minds-gallery/view-the-film/



For more information about MHSA programs and services, or to submit updates, events, success stories, or other content for the MHSA newsletter, please contact Amy Faulstich at amy.faulstich@sonoma-county.org.



Appendix 4

Question, Persuade, Refer (QPR) Outcomes PPT



sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION
Michael Kennedy, MFT – Division Director

The Impact of QPR

Suicide Prevention Trainings in our Community

September 9, 2014



“The QPR mission is to save lives and reduce suicidal behaviors by providing innovative, practical and proven suicide prevention training. We believe that quality education empowers all people, regardless of their background, to make a positive difference in the life of someone they know.”

<http://www.qprinstitute.com/mission.html>

sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

Research Supporting QPR

- QPR is an evidence-based training
- 3 studies (two in the US, one in the EU) show statistically significant results
- This training positively affects knowledge, skills and attitudes of trainees
- Some studies of similar suicide prevention trainings show promising results with a reduction in suicidal ideation, attempts, and deaths by suicide

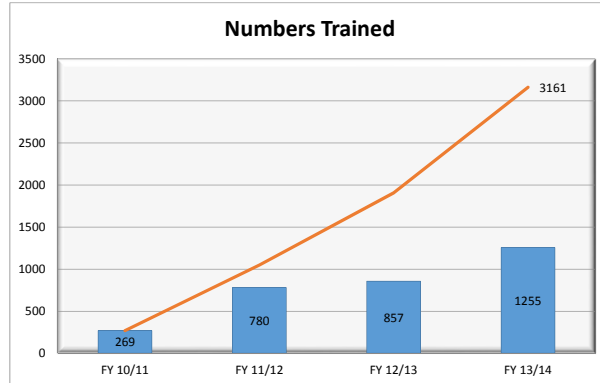


Our Trainers

- There are 31 individuals who are certified to teach QPR in Sonoma County
- 9 trainers are employed by Behavioral Health
- 3 trainers are also Master trainers
- We have been providing QPR trainings in the community for four years



How Many Do We Train?



- 3,161 Sonoma County residents trained in QPR by County Behavioral Health staff since 2010



Where Do We Train?

High Schools

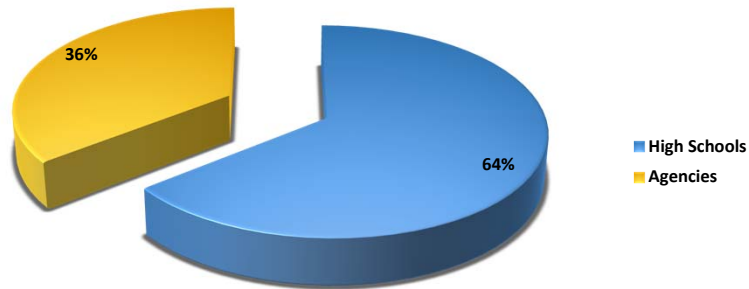
- Analy High
- El Molino High
- Piner High
- Sonoma Academy
- Santa Rosa High
- Ridgway High
- Laguna High
- Elsie Allen High

Community

- Job Link
- VOICES
- NAMI
- Goodwill
- Santa Rosa Veterans Memorial Building – Suicide Network Event
- Conference for Foster Parents and Workers (in Spanish)
- Family Justice Center
- YWCA
- Catholic Charities
- Nuestra Voz/La Luz
- + 25 more agencies



QPR's Provided From 2010 to 2014



sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

Who Do We Train?

Date: _____
Location of Training: _____

QPR Pre-training Survey
SECTION I: Please provide the following information BEFORE the Gatekeeper Training. The anonymous information you provide will be used to assess the effectiveness of the QPR training.

- Age: _____
- Gender: ☐ Male ☐ Female ☐ Transgender ☐ Other: _____
- Sexual Orientation: ☐ Straight ☐ Lesbian ☐ Transgender ☐ Bisexual ☐ Gay ☐ Other: _____
- Ethnicity: ☐ African American ☐ Asian American ☐ Caucasian ☐ Multi-Ethnic ☐ Latino/Latina ☐ Native American ☐ Pacific Islander ☐ Other: _____
- Highest grade completed: ☐ Junior High ☐ High School ☐ Trade/vocational school ☐ 2 years of college ☐ 4 years of college ☐ 5+ years of college

6. How would you rate your knowledge of suicide in the following areas?

a) Facts concerning suicide prevention: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	f) Information about local resources for help with suicide: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
b) Warning signs of suicide: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	g) Do you feel that asking someone about suicide is appropriate? <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
c) How to ask someone about suicide: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	h) Do you feel likely to ask someone if they are thinking of suicide? <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
d) Preempting someone to get help: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	i) Please rate your level of understanding about suicide and suicide prevention: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
e) How to get help for someone: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	

7. Please provide your OVERALL rating of the quality of this training:
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

8. Would you recommend QPR training to others? ☐ YES ☐ NO ☐ Undecided

9. Comments: _____

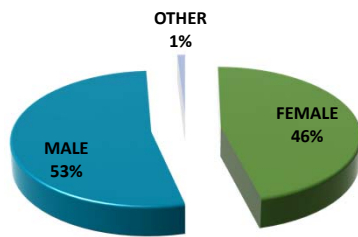
THANK YOU!

STOP HERE. Please complete the BACK of this form when your instructor tells you to do so.

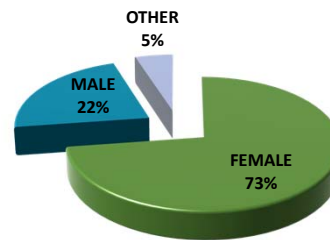
sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

Demographics – Gender

High Schools

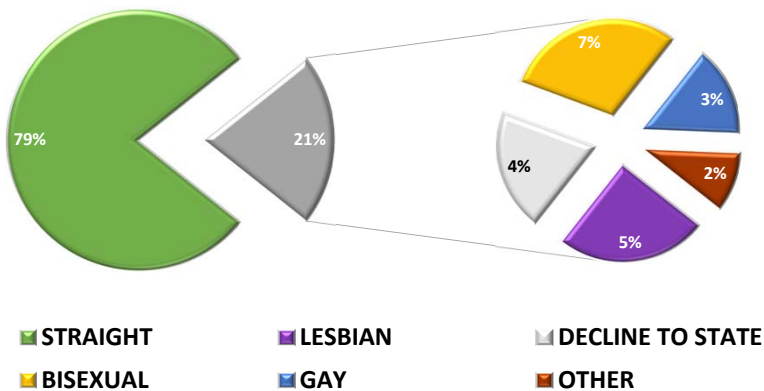


Community



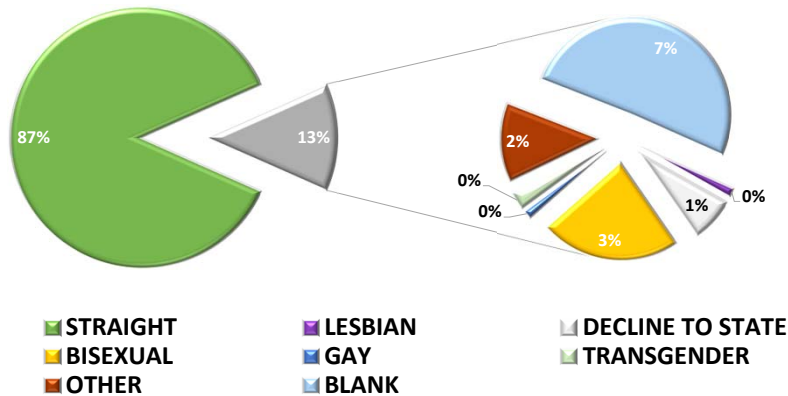
Demographics – Sexual Orientation

Community



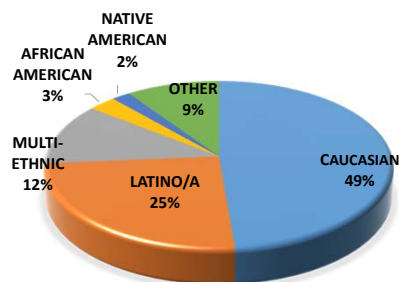
Demographics – Sexual Orientation

High School

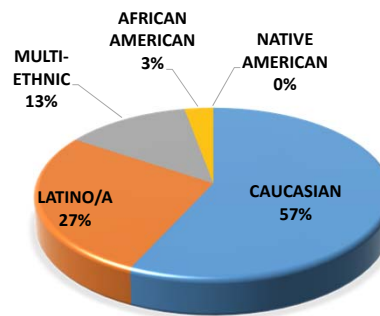


Demographics – Ethnicity

High School

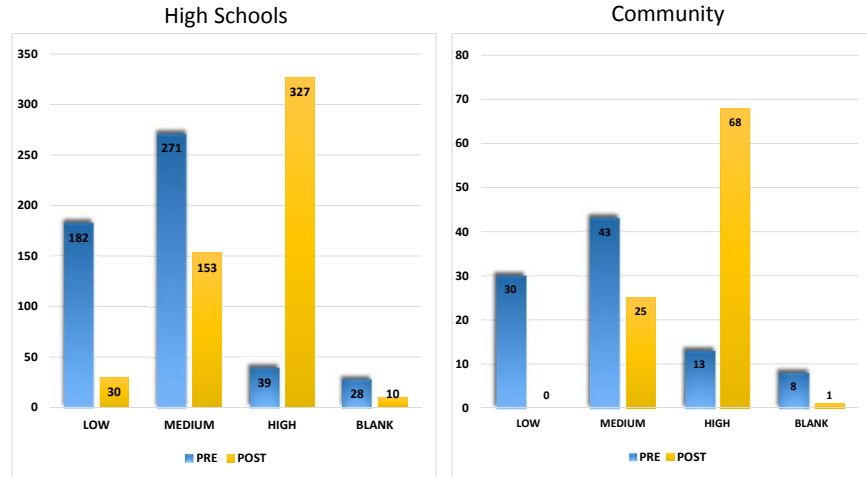


Community



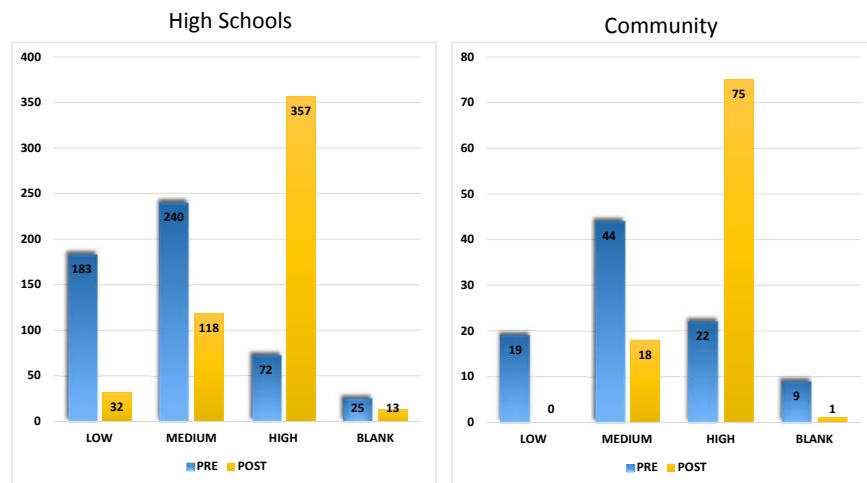
Impact of Training: Knowledge

"Facts Concerning Suicide Prevention"



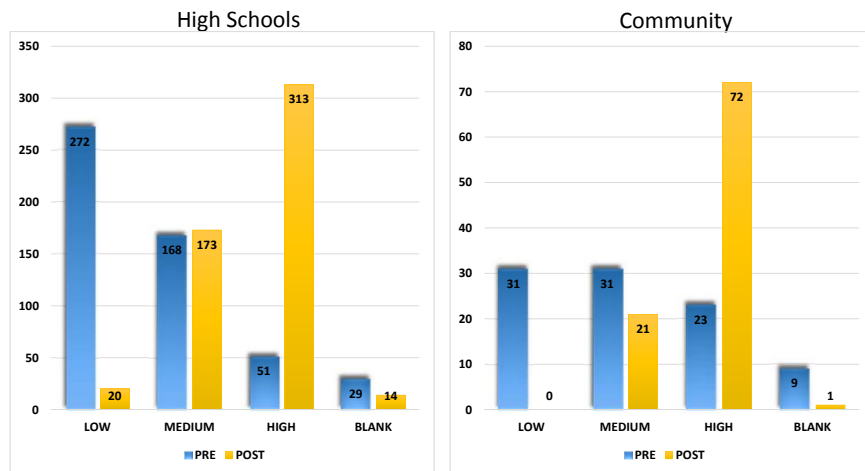
Impact of Training: Knowledge

"Suicide Warning Signs"



Impact of Training: Knowledge

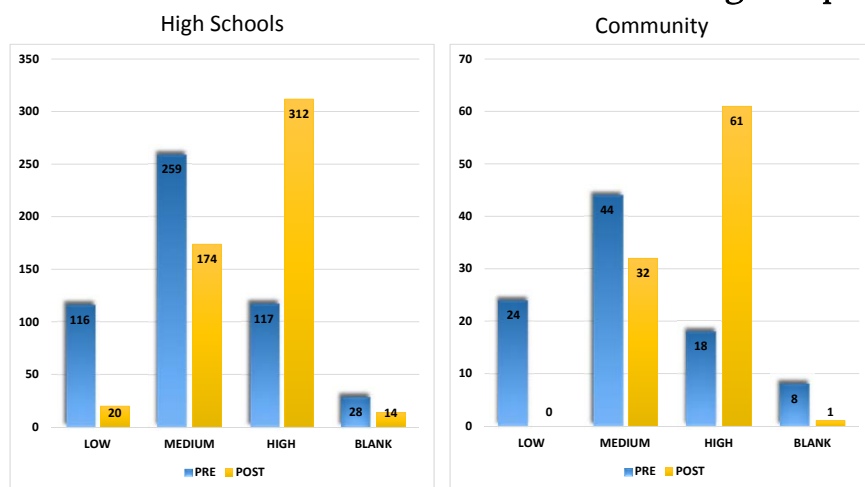
“How to Ask Someone about Suicide”



sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

Impact of Training: Knowledge

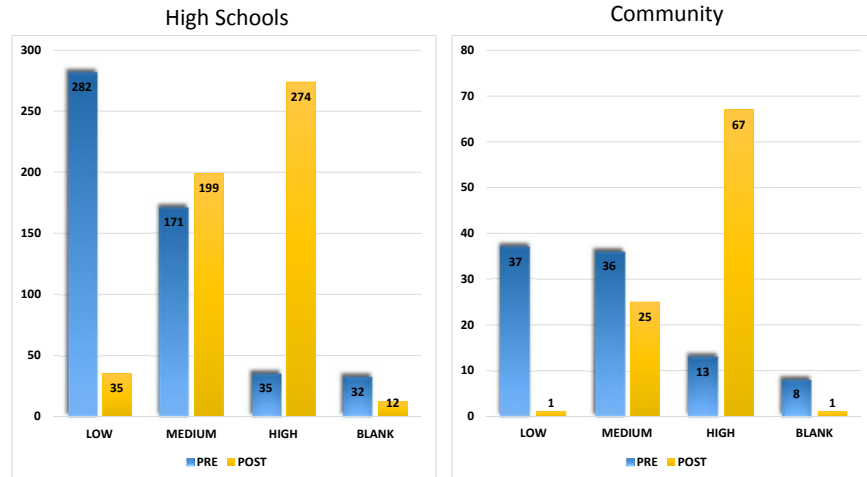
“How to Persuade Someone to get Help”



sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

Impact of Training: Knowledge

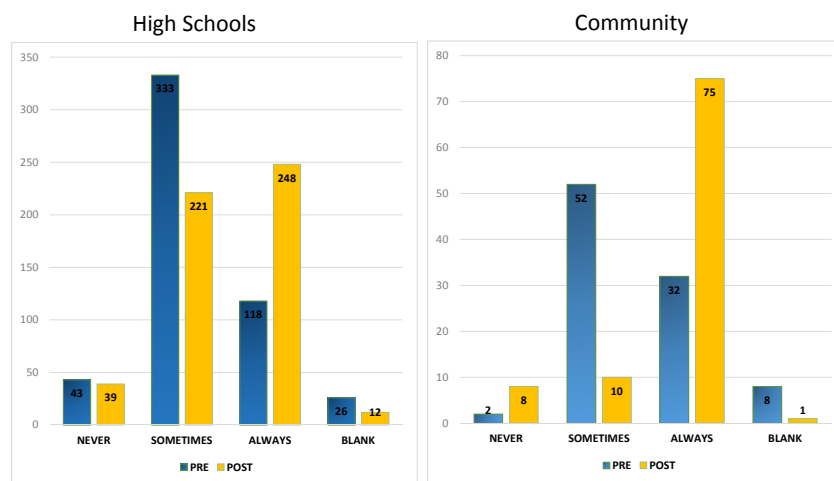
"Local Resources related to Suicide"



sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

Impact of Training: Attitude

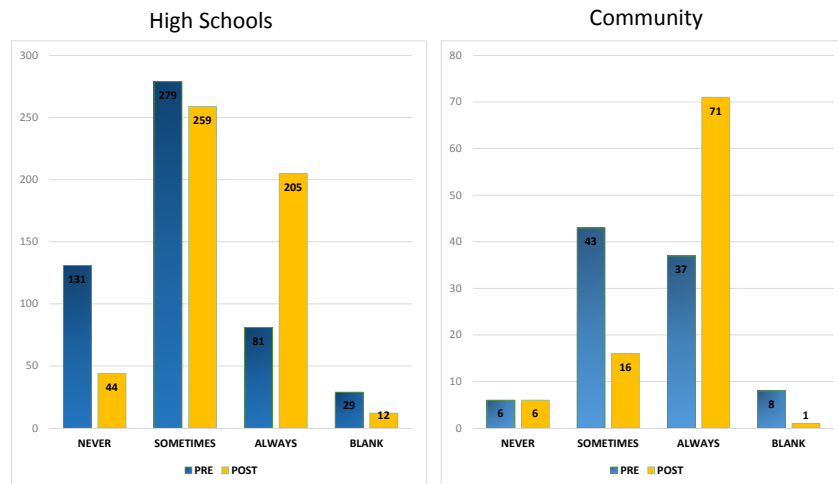
"Do you feel that asking someone about suicide is important?"



sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

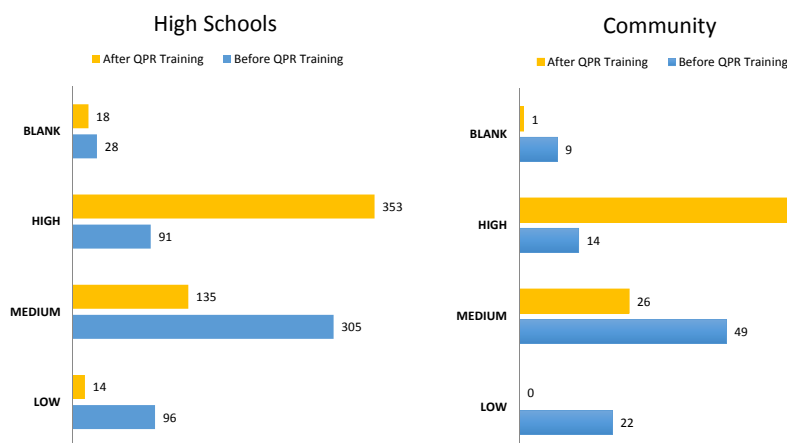
Impact of Training: Attitude

"Do you feel likely to ask someone if they are thinking about suicide?"



sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

Overall Level of Understanding about Suicide and Suicide Prevention



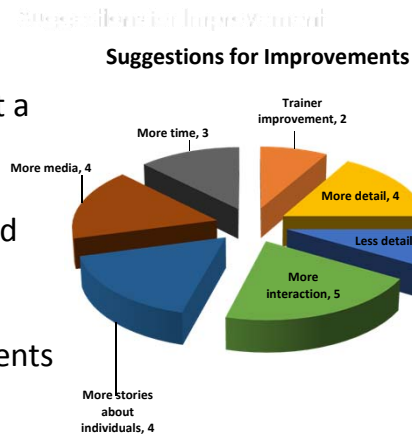
sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

COMMENTS!

❖ 172 of the 614 who completed surveys also left a written comment.

❖ 68% of comments praised the training.

❖ Almost 30% of all comments included suggestions for improvement.



Impact:

I knew a lot about suicide but not a lot about how to prevent it so this has really helped me expand my knowledge.

It was important for me to hear that not everybody is alone.

I wish I had called the suicide hotline before I attempted suicide. Luckily I am still here and I hope many people decide not to do the same thing.

I have a couple of friends that are suicidal and I know how to make them better. The whole time I was thinking about them.

I have a friend who uses many of these suicidal warning signs. This helps a lot.

It's excellent because a lot of people don't know to confront people. Now that we know and have a procedure, it's easy.

This was very helpful and brought lots of awareness. Thank you!

Next Steps...

- ❖ Connect with community agencies who also provide QPR's so we have better data for the entire County
- ❖ Continue to track QPR survey data, use it in reports to funders to show outcomes, help us improve outreach to target populations
- ❖ Offer QPR trainings to community entities, train more trainers, and increase our outreach
- ❖ Offer AMSR (Assessing and Managing Suicide Risk) trainings to community agencies for their clinicians





Appendix 5

MHSA Impact Statements for FY 13-14

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



program description

Across Ages and Cultures (AAC) is a bi-county (Mendocino and Sonoma Counties) substance use, violence prevention coalition committed to strengthening culturally, ethnically, and linguistically diverse youth, families, seniors and the community as a whole through education, direct support services and advocacy. AAC is a collaboration of over 30 entities representing non-profit, for-profit, government, schools, law enforcement, faith-based organizations and groups on the Redwood Coast region.

Targets for the program are at-risk and high-risk children, adults, and seniors primarily from Native American Pomo, Hispanic (English and Spanish speaking), Caucasian, and mixed heritage families.

contracted services

- Convene community meetings and public education about issues of mental health for children, youth, families, and seniors
- Outreach campaigns in newspaper and on the radio about issues of mental health for children, youth, families, and seniors
- Introduce PEI strategies to senior services including, train Meals on Wheels volunteers (staff and drivers) in QPR and IMPACT Cross-train staff of various school-age and pre-school, parent education programs, mentoring, family and peer support programs, anger management and senior services programs in culturally competent early identification of at-risk behaviors
- Recruit volunteers to visit homebound seniors
- Provide transportation to and from doctor visits

ACTION NETWORK

39144 Ocean Dr (Suites 3 & 4)
Gualala, CA 95445
(707) 884-5413
janet@actionnetwork.info

Program Name:

Across Ages and Cultures

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

Reducing disparities in access to mental health services by decreasing stigma and increasing mental health awareness

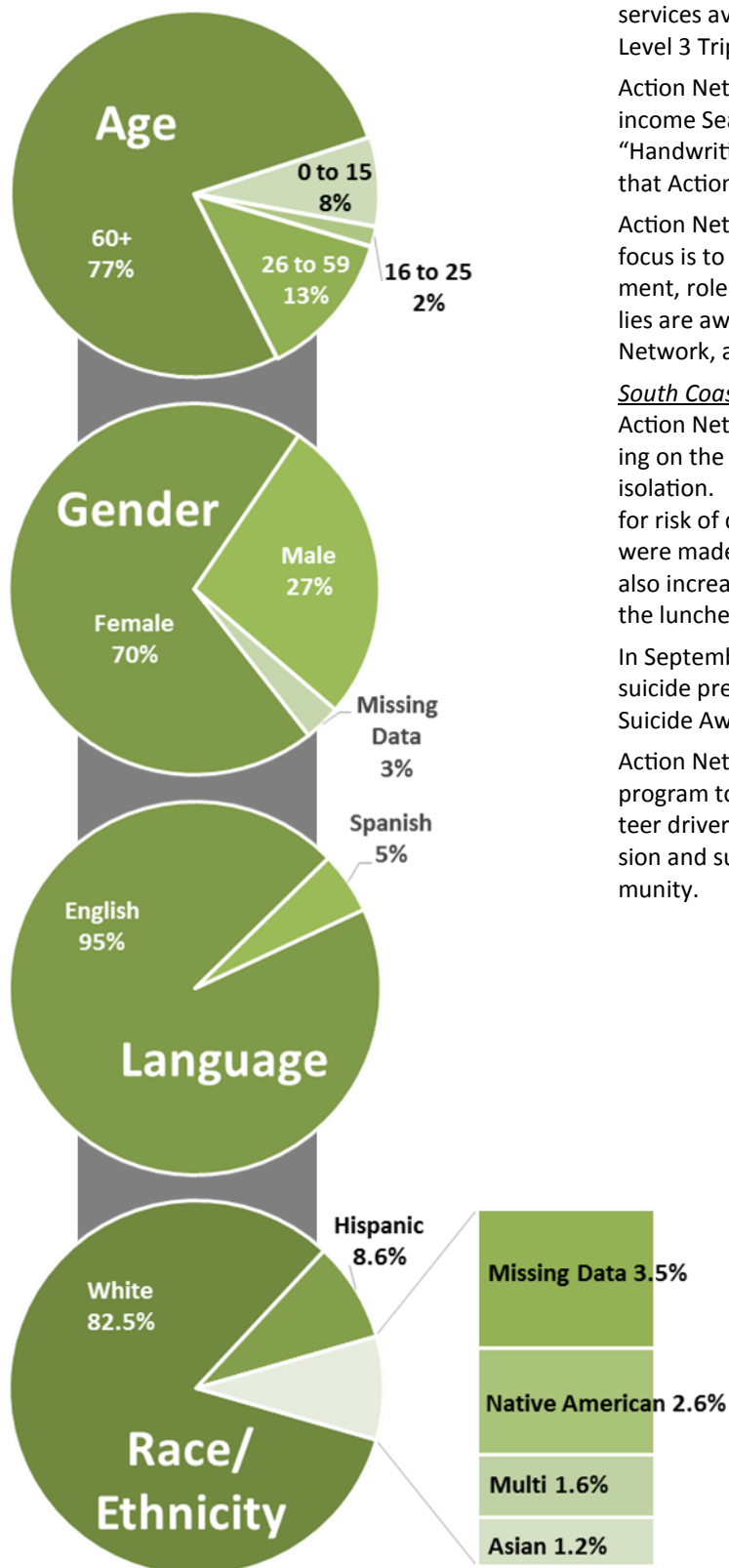
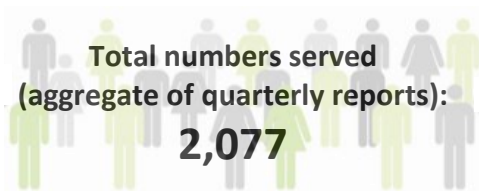
Program Location:

Gualala, CA

For more information, go to:

<http://www.actionnetwork.info>

program demographics



positive outcomes

Below are examples of positive outcomes from the MHSA-funded programs at Action Network.

Across all Ages and Cultures:

In FY 13-14 Action Network provided multiple educational sessions at the Kashia Pomo Indian reservation, delivering Level 2 Triple P with parents and providing mental health resources. 100% of families were aware of services available. 30% of the parent population have participated in our Level 3 Triple P classes.

Action Network also provided multiple educational sessions in the low income Sea Ranch Burbank Housing neighborhood. The activities included "Handwriting without Tears." 70% of families were aware of the services that Action Network provides.

Action Network conducted multiple Learning through Play sessions. The focus is to prepare children for pre-school in a safe and engaging environment, role modeling Triple P for social/emotional growth. 100% of families are aware of the mental health services and support offered at Action Network, and are aware of their Triple P classes.

South Coast Seniors:

Action Network serves congregate lunches to Sonoma County seniors living on the coast providing an opportunity for socialization and reducing isolation. Geriatric Mood Scales were completed seniors to identify those for risk of depression and/or suicide. Referrals to mental health services were made to seniors who were identified as at risk. Action Network is also increasing their outreach to the Latino community to participate in the lunches.

In September 2013 Action Network hosted an informational meeting on suicide prevention to 35 members of the local Lions Club during National Suicide Awareness Week.

Action Network serves hundreds of people with their Meals on Wheels program to homebound seniors on the Sonoma County coast. The volunteer drivers are trained in QPR to increase awareness of signs of depression and suicidal ideation in seniors living in a geographically isolated community.

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



program description

Alexander Valley Regional Medical Center (AVRMC) is a non-profit 501(c)3, Rural Health Center founded in 1996 by community volunteers to address the healthcare needs of the indigent, uninsured and underserved in the communities of Northern Sonoma County. Since 2002, AVRMC has been the sole medical service provider in an estimated 300 square mile region. AVRMC provides full scope primary care, dentistry, and behavioral health.

Implement and support the Pediatric Screening Checklist (PSC) program to promote prevention, detection, and intervention of mental and/or emotional disorders in children 5-18 years old. The PSC will be administered in the waiting room by support staff in preparation for the physician. If the PSC is positive, the clinician will pursue a brief interview of child's major areas of functioning (school, family, activities, friends, and mood). If the brief interview supports the PSC findings, the clinician decides whether a referral for behavioral health is indicated.

contracted services

- Implement the Pediatric Screening Checklist
- Brief interview by a clinician of child's major areas of functioning
- Referral to clinic behavioral health services

positive outcomes

Children Aged	Total # of Children Seen *	Total # of Children Seen by Behavioral Health **
5-11 years	1251	95
12-19 years	2822	109

*=total seen in practice: physician, nurse, psychologist, LCSW or dental visit

**=of those, number seen by psychologist or LCSW

ALEXANDER VALLEY HEALTHCARE

6 Tarman Drive
Cloverdale, CA 95425
(707) 894-4229

dhowell@alexandervalleyhealthcare.org

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

Children ages 5-18 years old

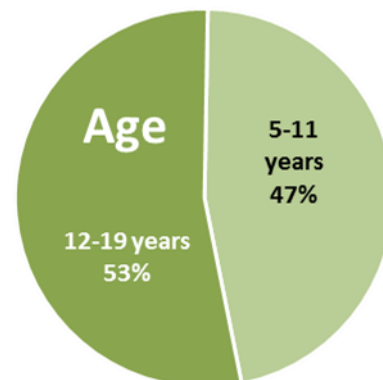
Program Location:

Cloverdale, CA

For more information, go to:

<http://alexandervalleyhealthcare.org>

program demographics



In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



program description

The purpose of Mental Health Services Act (MHSA) Community Services and Supports Community Intervention Program (CIP) is to directly address barriers to accessing mental health services and to provide culturally and linguistically competent services. Alliance houses mental health services and extends existing outreach activities to facilitate increased access to mental health services specifically among ethnic/linguistic minority populations who are uninsured, and who may be Medi-Cal beneficiaries who are able to receive appropriate care in the primary care setting.

Alliance expands the mental health service delivery in order to provide a coordinated system of care to its patients in a manner that increases the availability of integrated mental health, medical, and other social services, and will enhance the quality of health care services available with an emphasis on services to underserved ethnic and cultural populations served by Alliance.

ALLIANCE MEDICAL CENTER- COMMUNITY INTERVENTION PROGRAM

1381 University Avenue
Healdsburg, CA 95448
(707) 433-5494

MHSA Component:

System of Care - Community Services and Supports (CSS)

Initiative/Population:

Community Intervention Program (CIP)

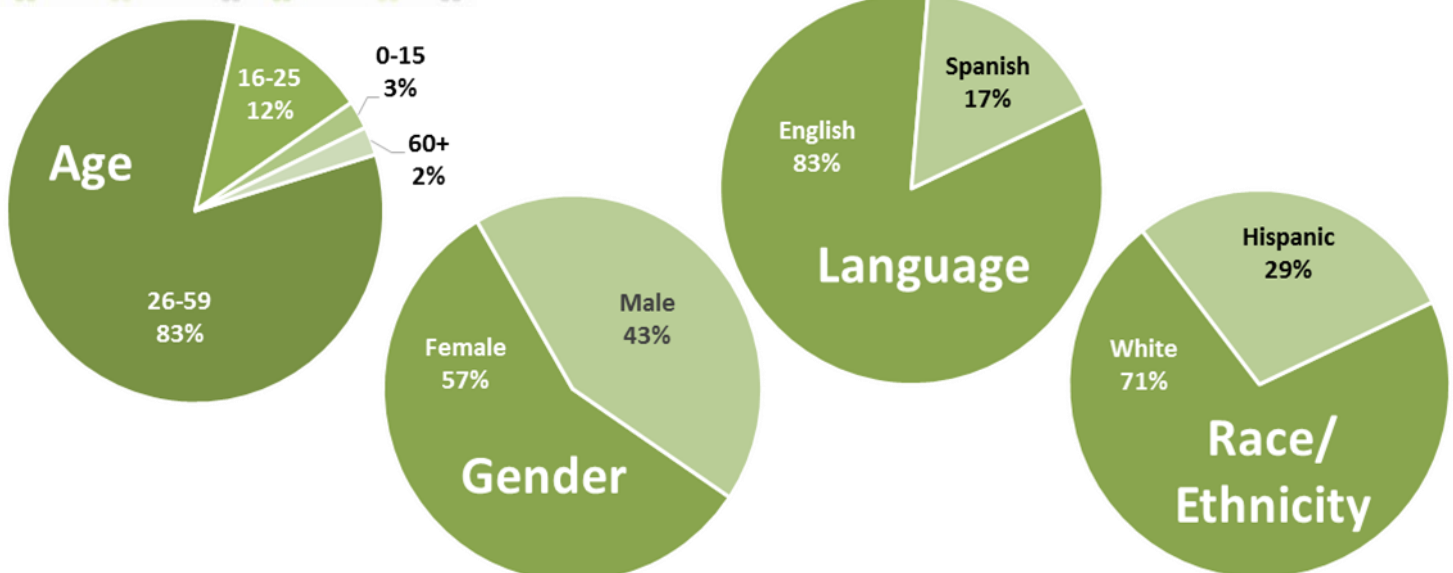
Program Location:

Healdsburg and Windsor, CA

For more information, go to:

<http://www.alliancemed.org>

program demographics



contracted services

- Psychiatric consultation, training and education to primary care providers
- Face-to-face psychiatric consultation (time limited)

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



program description

The goal of the Family Service Coordination program (FSC) is to empower family members of adults with mental illness of by helping them gain competencies in system navigation, providing education about mental illness, helping them develop knowledge of, access to, and contact with, community resources and supports. The FSC maintains a flexible, collaborative, and recovery-oriented approach.

contracted services

- Systems Navigation
- Education and Support
- Community Outreach and Resource Development

BUCKELEW PROGRAMS SONOMA COUNTY

144 South E Street, Suite 200
Santa Rosa, CA 95404
(707) 571-5581
erikak@buckelew.org

Program Name:

Family Service Coordination

MHSA Component:

System of Care - Community Services and Supports (CSS)

Initiative/Population:

Families of adult Sonoma County residents with serious and persistent mental illness

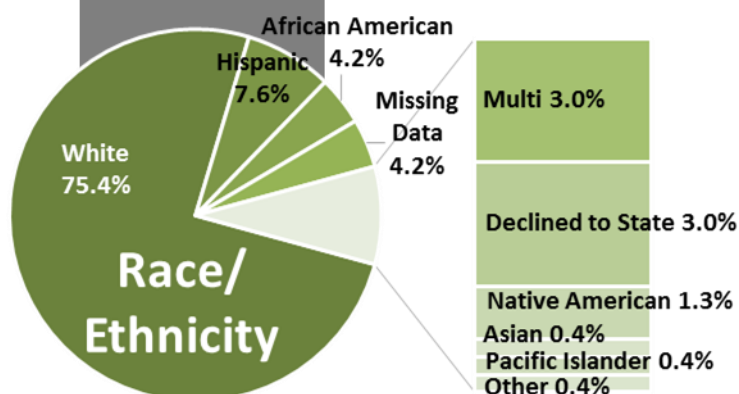
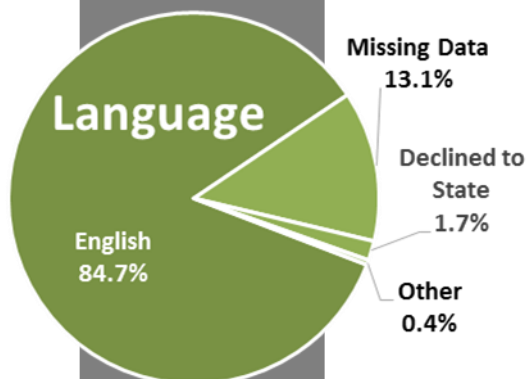
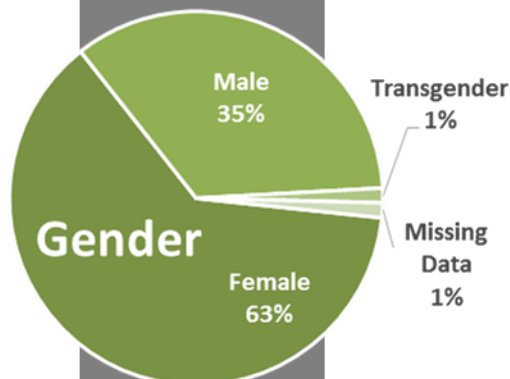
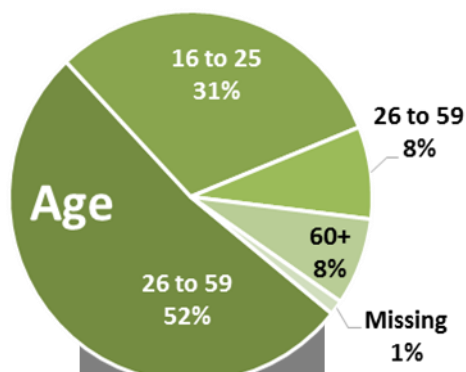
Program Location:

Santa Rosa, CA

For more information, go to:

<http://www.buckelew.org/programs/sonoma.html>

program demographics



performance outcomes

The measurement tools used by the Family Service Coordination (FSC) program were surveys, assessments and the Zarit Burden Interview.

Goal #1 System Navigation

- 75% of families will strongly agree or agree that FSC provided general information about how mental health services and other support system work in our community to begin addressing their loved one's recovery needs. Outcome: 84% achieved for FY 13-14
- 75% of families will strongly agree or agree that they can more effectively communicate with their loved ones service provider(s). Outcome: 73% achieved for FY 13-14
- 75% of families will report excellent or good understanding of what mental health services are available, how to access those services, and a general understanding of the limitations of the mental health system. Outcome: 70% achieved for FY 13-14
- 75% of families will report excellent or good understanding of Sonoma County's Health System, i.e. how to access primary care, therapist, and psychiatrist. Outcome: 78% achieved for FY 13-14
- 75% of families reported accessing 1 or more resources for themselves. Outcome: 95% achieved for FY 13-14
- 75% of families reported accessing 2 or more resources for their loved one (consumer). Outcome: 84% achieved for FY 13-14

Goal #2 Education and Support

- 75% of families will strongly agree or agree that they have a better understanding of mental illness and how mental illness can affect the entire family system. Outcome: 81% achieved for FY 13-14
- 50% of families will report always or often engaging in additional support groups/education. Outcome: 44% for Educational Class achieved; 49% for Support/Education Groups achieved

Goal #3 Community Outreach and Resource Development:

- 75% of service providers/community members attending FSC training/presentation will report increased understanding of family perspective on mental illness and how mental illness affects the whole family and community and of the value of family inclusion in MH treatment and services. Outcome: 100% achieved for FY 13-14

Goal #4 Empowerment and Self-efficacy

- 75% of families will strongly agree or agree that they have a sense of increased hope and empowerment for their family member's well-being. Outcome: 73% achieved for FY 13-14
- 75% of families will strongly agree or agree that they have been provided with sufficient family education and community resources to help cope better with family member's mental illness. Outcome: 81% achieved for FY 13-14
- 75% of families will report always true or usually true that they have a better understanding and ability to cope with loved ones mental health/and or substance dependence illnesses because of education/support due to the services and/or referrals received from FSC. Outcome: 87% achieved for FY 13-14
- 75% of caregivers will report a decrease in burden (and thus an increase in empowerment and self-efficacy) on the Zarit Burden Interview. Outcome: 80% achieved for FY 13-14

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



program description

Community and Family Services partnered with Guerneville and Monte Rio K-8 schools to implement Early Risers "Skills for Success", a multi-component developmentally focused, competency enhancement program. The child-focused components included:

- Summer Day Camp offered 4 days per week for 6 weeks consisting of social-emotional skills training and education, reading enrichment, and created arts experiences supported by a behavioral management protocol
- School Year Friendship Groups offered during or after school and providing advancement and maintenance of skills learned over the summer
- School Support which occurred throughout the school year and was intended to assist and modify academic instruction, as well as address children's behavior while in school, through case management, consultation, and mentoring activities.

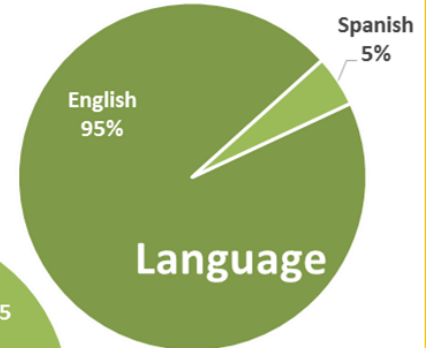
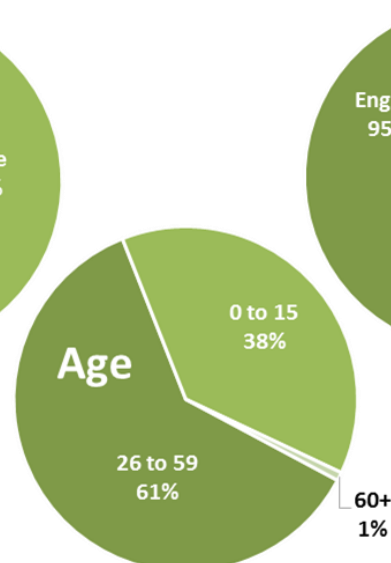
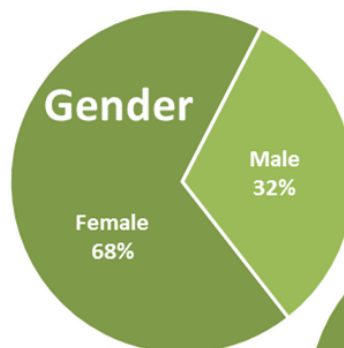
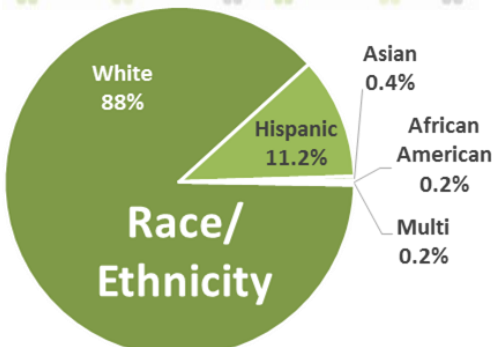
The family-focused component included:

- Family Nights with Parent Education where children and parents came to the school five times per year during the evening, with children participating in fun activities while their parents meet in small groups for parenting-focused education and skills-training, and
- Family support which was the implementation of an individually designed case plan for each family to address their specific needs, strengths, and maladaptive patterns through goal setting, brief interventions, referral, continuous monitoring, and if indicated, more intensive and tailored parent skills training.

The target population for this project was 6-13 year old elementary/middle school students and their families, who are at high risk for early development of conduct problems, mental health issues, and substance use.

program demographics

**Total numbers served
(aggregate of quarterly reports):**
508



COMMUNITY & FAMILY SERVICE AGENCY- EARLY RISERS "SKILLS FOR SUCCESS"

Program Name:

Early Risers "Skills for Success"

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

School Age children ages 5 to 18 years

Program Location:

Guerneville, CA

For more information, go to:

<http://cfsa-sonoma.org/>

contracted services

- Summer Day Camp
- School Year Friendship Groups
- School Support
- Family Nights with Parent Education
- Family support

positive outcomes

The Early Risers Family Advocate started a Girls Circle. Third grade girls participated in a four-week skills building program teaching them life skills, communication skills, tools for conflict resolution and ways to boost their self-esteem.

Twenty six youth continued to be actively engaged in Club Live attending weekly meetings where they learned information about substance use prevention and mental health in a supportive and fun environment.

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



community & family
SERVICE AGENCY — CFSA —

program description

Community & Family Service Agency of Sonoma County (CFSA) has managed its Senior Peer Counseling Program since 2002. Seniors struggling with issues of aging and mental health are matched with trained volunteer Senior Peer Counselors. The program strives to reach at-risk seniors before they experience crisis, helping them to remain self-sufficient, independent, and out of the institutional care system. CFSA works with clients to instill hope and promote wellness through providing in home peer support as well as groups accessibly located in different areas of the County.

A key component of this program is CFSA's free, 35 hour Senior Peer Counseling Training Program for volunteers who are seniors themselves. Senior Peer Counselors (SPCs) are trained in issues related to aging, and each peer counselor brings a special area of skill that reflects his/her own life experience. They are trained in active listening, communication techniques, problem solving, assertiveness, and grief issues, and they learn how to screen for depression, anxiety and a multitude of other mental health issues. A recovery orientation is integrated throughout. They also are trained in reporting elder abuse according to current law, and in making appropriate referrals to other community resources. Once trained, SPCs provide counseling, outreach, information, education and support to seniors in their homes or at the agency.

Individual Peer Counseling (provided in the home or at CFSA) is available free of charge. Seniors are matched with a volunteer SPC who will work with them for 12 sessions focused on improving quality of life related to identify concerns. CFSA's Senior Programs Clinical Supervisor, a licensed mental health professional, completes an in-home clinical assessment with seniors who have significant mental

COMMUNITY & FAMILY SERVICE AGENCY- SENIOR PEER COUNSELING (OLDER ADULT INTENSIVE TEAM—FULL SERVICE PARTNERSHIP)

Program Name:

Senior Peer Counseling

MHSA Component:

System of Care-Community Services and Supports (CSS)

Initiative/Population:

Older Adults

Program Location:

Santa Rosa and Rohnert Park, CA

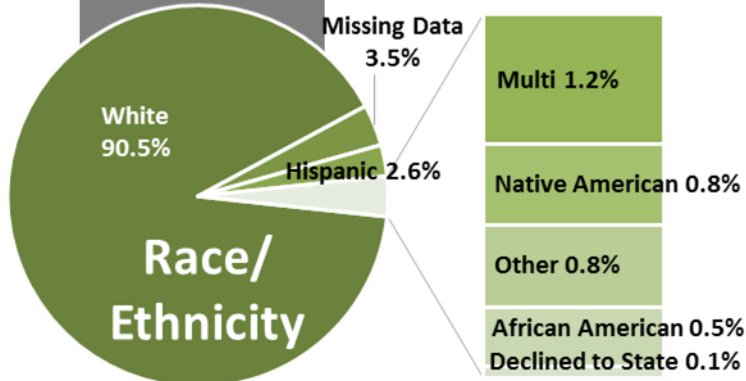
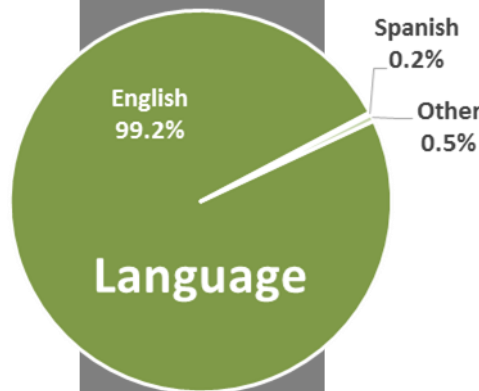
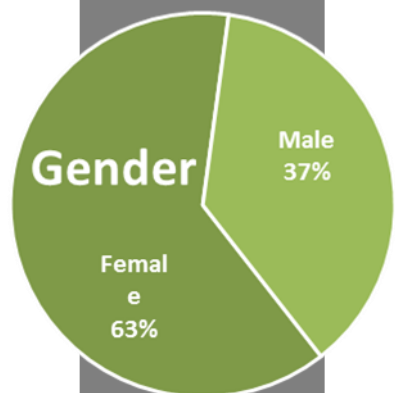
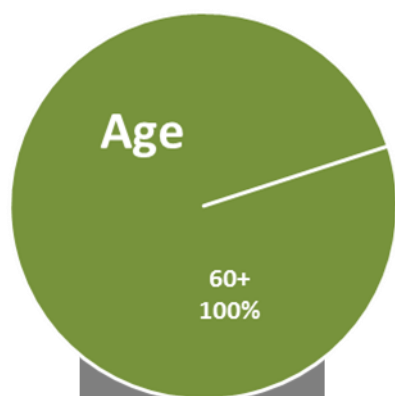
For more information, go to:

<http://cfsa-sonoma.org/>

health issues to ensure the most appropriate match. If it is determined that peer counseling services are not appropriate, she works to connect the client with the most appropriate resources and services.

Group Senior Peer Counseling is also available free of charge. Two experienced SPC counselors co-facilitate each Group. Currently ongoing men's groups are available in Santa Rosa, and Sebastopol. Women's groups, which run in 12 week cycles, are currently offered in Windsor, Sebastopol, and Santa Rosa. Senior Peer Counselors who facilitate groups receive additional

program demographics



Continued from Page 1

training, and groups are provided based on the availability of Senior Peer Counselors with this extra training. CFSA offers volunteers 6 hours of group supervision and training per month and individual consultation on a per case basis with the Senior Programs Clinical Supervisor.

CFSA's Clinical Director provides additional clinical oversight and linkage to CFSA's other clinical services. The Senior Programs Manager is a licensed MFT who coordinates the program, provides further supervision to the SPCs and co-facilitates trainings. CFSA also coordinates topic based trainings 3x annually to volunteers and staff at CFSA, JFCS and COA to build competency to provide services to this population of seniors.

As a subcontract of this grant, Jewish Family and Children's Services (JFCS) provides Volunteer Visitor services and as needed Case Management, and to seniors with mental health issues and serious mental illness to enhance recovery, increase socialization and involvement and reduce isolation for seniors from Windsor to Petaluma, Sonoma to Sebastopol.

contracted services

- Assessments by Senior Programs Clinical supervisor as needed
- Senior Peer Counseling or Group Services
- Clinical Supervision of Senior Peer Counselors
- Administration of PHQ and PHQ 9 or GDS/BAS (subcontractor)
- Volunteer Visitor Services
- Clinical Supervision of Volunteer Visitors
- Volunteer Visitors and Senior Peer Counselor training

performance outcomes

Client evaluations of CFSA's services continue to be very positive. For the 2013 – 2014 fiscal year, responses were as follows:

- My experience with CFSA's Senior Peer Counseling Seniors was positive: 89% Strongly Agree; 11% Agree; 0% Neutral, Disagree or Strongly Disagree.
- I am satisfied with the services I received through CFSA's Senior Peer Counseling Program: 89% Strongly Agree; 11% Agree; 0% Neutral, Disagree or Strongly Disagree.
- I would recommend CFSA's Senior Peer Counseling to a peer in need of support: 87% Strongly Agree; 11% Agree; 2% Neutral; 0% Disagree or Strongly Disagree.

New volunteers completed an extensive Course Evaluation at the end of their training. Evaluations were quite positive and provided CFSA with excellent input. Trainees felt the course was very comprehensive and thorough and that the trainers were knowledgeable and prepared.

"Thank you for this vitally important service. My peer counselor's guidance and nurturing attention helped me get back up again when I had felt too down to even care. I am deeply grateful."

-Client of SPC services at CFSA

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



program description

Based on a philosophy of consumer empowerment, The Russian River Empowerment Center (RREC) is a peer-operated, self-help drop-in center that provides a centralized location where people with psychiatric disabilities receive individual and group peer counseling and support. The program focuses on providing support, activities, and services to increase the quality of life of mental health consumers who are severely and persistently mentally ill.

The RREC offers various groups, field trips, workshops, volunteer opportunities and resource referrals. The Center provides services to adults over 18 years of age. The program assists members with referrals and resources for their Disability benefits or housing, employment, and mental health needs. The RREC also has many guests who are experts that come in from various agencies to provide assistance with housing, recovery, and creating a healthy diet.

contracted services

- Membership
- Art, cooking, gardening, computer lab, support groups, etc.

COMMUNITY & FAMILY SERVICE AGENCY- RUSSIAN RIVER EMPOWERMENT CENTER

14520 Armstrong Woods Road
Guerneville, CA 95446
(707) 604-7264

Program Name:

Russian River Empowerment Center

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

Mental Health Consumers

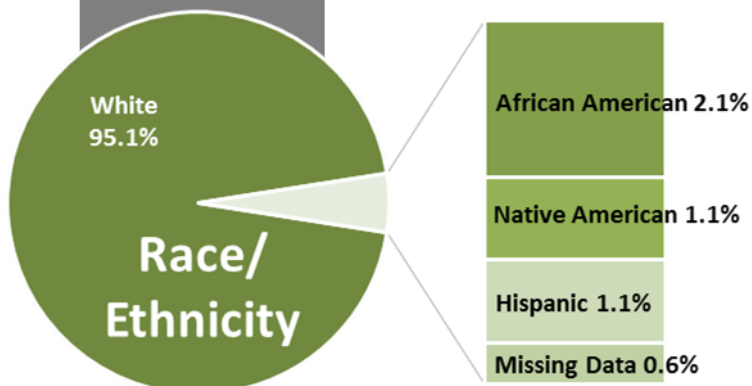
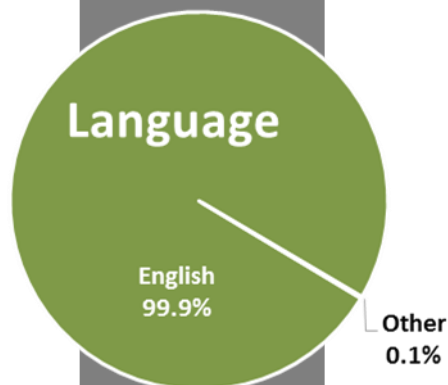
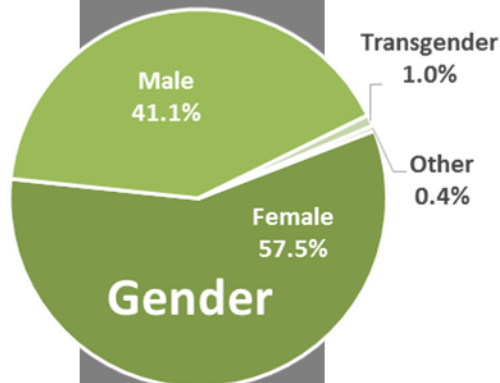
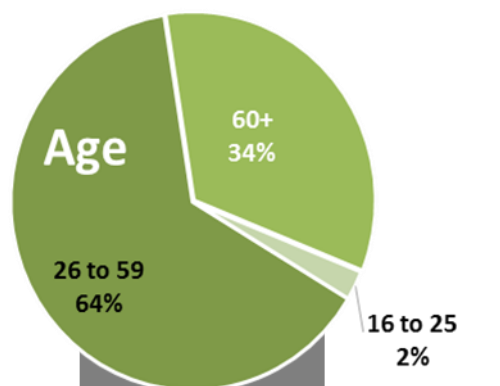
Program Location:

Guerneville, CA

For more information, go to:

<http://cfsa-sonoma.org/>

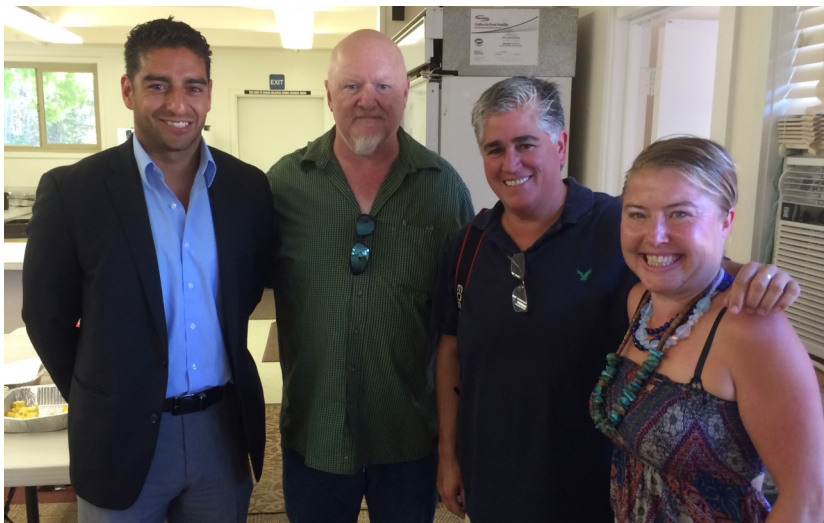
program demographics



positive outcomes

With an active membership of over 167 members, an average of 25 members a day participate 4 days a week in various activities, including 9 regular groups. Activities are focused on recovery-oriented activities while members also acquire improved daily living skills and stabilization of behavioral health issues.

Peer-to-peer support training has been initiated at RREC. With regular meetings involving members, RREC is seeking stakeholder involvement in decision making to further develop a peer-run program that is grounded in mental health recovery self-help.



Below are a list of groups offered at CFSA Russian River Empowerment Center:

- Art Studio
- Life Skills Group
- Sobriety Support
- Members Meeting:
- Mindful Movement
- Women's Support Group
- Writing Group
- Breathing & Stretching Yoga
- Daily Check-In
- Music Appreciation
- Lunch Club
- Computers with Mike



In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



Pictured: Rites of Passage 2014 Graduates

program description

Community Baptist Church (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 programming and services to children, youth, and their families including special services to seniors that are supported by volunteers and donations. MHSA-funded programs include:

Village Project is a weekly program for children ages 8-13 using a faith-based curriculum that focuses on character building.

The Saturday Academy is a weekly program that features topics of importance to youth of the church & the community. Adults from the community are asked to bring a youth relative or friend. The program focuses on building character through faith-based teachings, and other relevant issues (hygiene, fashion, health, education, respect for elders, etc.) using open discussion, role-playing, speakers, etc.

Rites of Passage is an eight-month Prevention & Early Intervention program for youth ages 14-18. This program uses adult mentors (civic & community leaders, elected officials, etc.) to provide youth with life skills to assist them in a successful transition into adulthood.

Safe Harbor Project is a multifaceted project utilizing various modalities to assist individuals and their families to gain knowledge and skills to enable them to better understand, manage and cope with issues that arise. Self help groups are facilitated by African American peers that represent an at-risk population to assist people to deal with 'life-disputing' events, and provide education, support and referral using music therapy, gardening, etc.

COMMUNITY BAPTIST CHURCH

1620 Sonoma Ave
Santa Rosa, CA 95405
(707) 546-0744
cbc1620@att.net

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

Reducing Disparities in Access to African Americans

Program Location:

Santa Rosa, CA

For more information, go to:

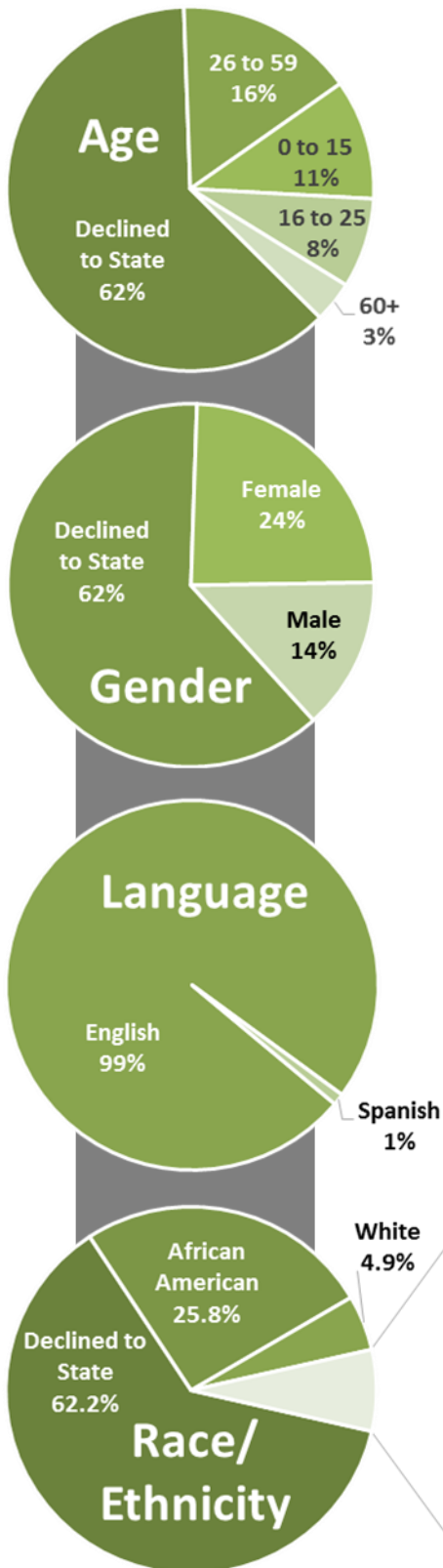
<http://cbcsr.org/>

contracted services

- Groups - The Village Project emphasizes character building for children ages 8 to 12.
- Groups - Saturday Academy emphasizes character building for youth ages 12 to 18.
- Groups - Rites of Passage Program for youth ages 14 to 18.
- Outreach - Safe Harbor Stress Reduction Program for adults
- Groups - Safe Harbor Stress Reduction Program for adults

program demographics

Total numbers served
(aggregate of quarterly reports):
3,287



positive outcomes

Below are examples of positive outcomes from the MHSA-funded programs at Community Baptist Church:

Rites of Passage presented a 3-hour workshop, "Self-Esteem/Diversity." Thirteen students and thirteen parents were in attendance. Topics discussed were "What is Self Esteem?", "What is Diversity?" and "What Exactly Are Stereotypes?" The students got a chance to physically display how it is okay to be different.

The **Safe Harbor Project** (SHP) has partnered with the Sonoma County Sheriff's Office Mental Health Unit to provide music for inmates living with severe and persistent mental illness. The SHP agreed to provide "Music as Relief" at the mental health unit of Sonoma County Main Detention Center. As a result of non-compliance with inmate programs provided for them, staff states they are trying to reach these particular inmates for a positive response. SHP started "Music as Relief" in early October. This is a weekly program where SHP provides calming, meditative music to 70 inmates for half hour intervals on two cell blocks.



In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



program description

Council on Aging (COA) will provide volunteer Senior Peer Support to seniors 60 or older, who have an Axis-I diagnosis, residing in the broad geographic area served by the agency (Sonoma County cities of Santa Rosa, Sebastopol, Rohnert Park, Cotati, Windsor, Healdsburg, Cloverdale, Sonoma and their surrounding rural areas), and who require assistance as a means of maintaining their optimum level of functioning in the least restrictive setting possible.

contracted services

- Outreach Strategies
- Recruit and Retention of Volunteers
- Training of volunteers
- Assessment of seniors referred for SPS services
- Care plans developed for seniors receiving SPS services
- Senior Peer Specialist

COUNCIL ON AGING- SENIOR PEER SUPPORT (OLDER ADULT INTENSIVE TEAM—FULL SERVICE PARTNERSHIP)

30 Kawana Springs Road
Santa Rosa, CA 95404

(707) 525-0143

Info@CouncilonAging.com

Program Name:

Senior Peer Support

MHSA Component:

System of Care-Community Services and Supports (CSS)

Initiative/Population:

Older Adult Intensive Services Full Service Partnership

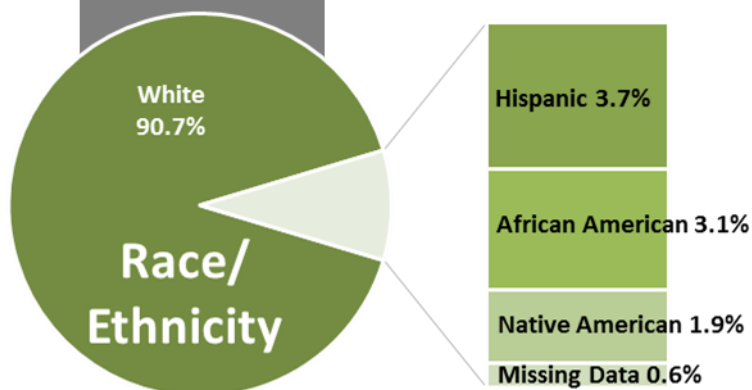
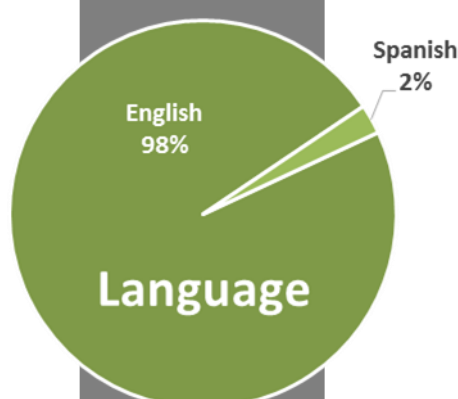
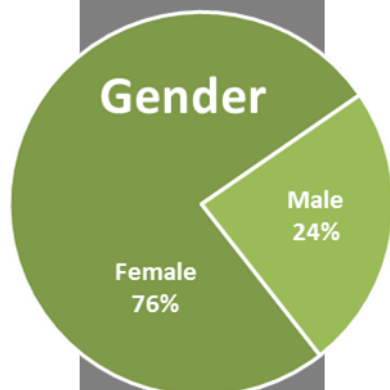
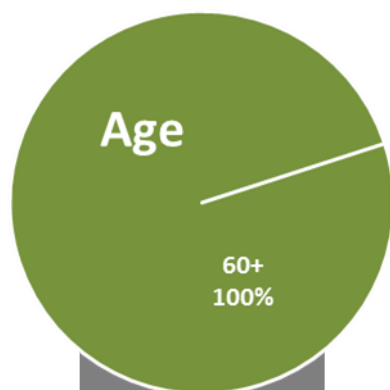
Program Location:

Santa Rosa, CA

For more information, go to:

<http://www.councilonaging.com/>

program demographics



positive outcomes

Goal: Reducing the client's isolation, the Clinical Supervisor or SPS Volunteer will assist the client in setting and demonstrating progress on at least one goal addressing isolation reduction. **Outcome:** Isolation was reduced through the Senior Peer Support Program by active participation of the volunteers. Clients, with the assistance of the volunteers, chose at least one goal to become less isolated. By continuing educational opportunities for the volunteers they were able to disseminate the information to their clients and the result was an overall ability for clients to understand the need to create a better environment of social activity.

Goal: Demonstrate an improvement in the client's quality of life. **Outcome:** The client's ability to demonstrate an improvement in quality of life is measured by a beginning and ending interview with the Clinical Supervisor using the Behavioral Activation 2-item questionnaire, the PHQ-2 and the PHQ-9 Questionnaire. These three forms are being used in all agencies having a Senior Peer Support Volunteer program to show consistency, collaboration and effectiveness.

All clients showed an improvement through contact with the Senior Peer Support Volunteers. This was measured through the use of the PHQ-9, with the assumption that less depression would measure better quality of life and possibly less isolation.

success story

"I am a 75 year old woman who thought my life was over. By the fall of 2013, the total accumulation of the past three years hit me very hard: the death of my mother, my partner and two of my closest friends all in a six month period, followed by a lawsuit filed by my half-brother, niece and nephew over the handling of a trust fund, complicated by my having to file for bankruptcy; the list seemed to go on and on. It all became unbearably heavy and I found myself on a path to self-destruction.

Through word-of-mouth, I heard about how Council on Aging helps seniors. I contacted their Social Service Department and obtained a Resource Navigator who connected me with Season of Sharing and the Senior Peer Support (SPS) Program. The Clinical Supervisor came out to my home and I scored very high on a test for depression. He and I discussed a few things; I felt comfortable and safe with his advice and he convinced me to become a volunteer for the SPS Program. The new educational training started in the Spring of 2014 and I attended all 12 of the classes.

Slowly, as I became more involved with my new social connections and the information that I was learning through the program, I moved out of that destructive mind set and began to heal inch by inch. One day, the clinical supervisor told our group that with the growing demands of the program, he could use a volunteer to assist him. I offered my service and thus opened a door of opportunity, furthering my journey of accomplishment and metamorphose. For the first few months, I assisted on Tuesdays with filing and photocopying but within a relatively short period, I committed to 10 hours a week and was

empowered with more meaningful tasks. Now I am a paid contractor and work 20 hours a week. I discovered a profound joy in learning new things. My confidence grew as I discovered success in doing things I never knew I could do. Learning how to compile statistics for our quarterly reports is not only fun, but I find that I bring a sense of calmness to those around me who might otherwise suffer from anxiety. It's such a pleasure to work with people who see your talents even if you don't.

What I like to say to myself (and to anyone else who is interested), is this: Take a risk! Open your eyes and open your heart to others. You can heal yourself from the past. When I wake up in the morning, I'm so happy. The days just keep getting better and better!"



Carole Bratton

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



program description

CPI participates in a community continuum of care, which includes screening, intervention, and support strategies, serves children and caregivers, and establishes a framework for success beyond a single program or strategy. CPI will provide Triple P Levels 3, 4 and 5 in-home parent education and enhanced services that include mental health consultations. In addition mental health consultations will be available to women living with or at-risk for Perinatal Mood Disorders.

contracted services

- Social/emotional and developmental screening of all children not previously screened, using ASQ 3 or ASQ-S/E
- Parents/caregivers will receive in-home Triple P Parenting services Levels 3, 4 and 5
- Mothers at risk of or experiencing perinatal mood disorders will receive individual counseling services in-home as well as appropriate resource and referral information. (Target 40 women).
- Mental health services for high-risk families with additional mental health concerns of parent or child

CHILD PARENT INSTITUTE (formerly California Parenting Institute)- EARLY CHILDHOOD MENTAL HEALTH (0-5) COLLABORATIVE

3650 Standish Avenue
Santa Rosa, CA 95407
(707) 585-6108

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

Families of children 0-5 at risk of mental health problems

Program Location:

Santa Rosa, CA

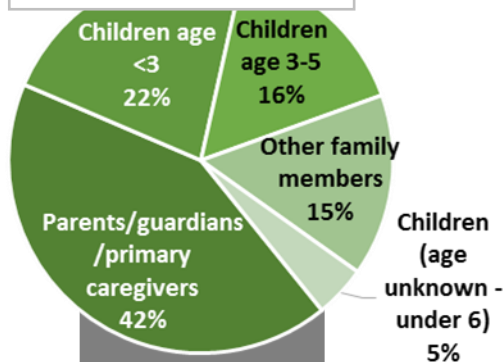
For more information, go to:

<http://www.calparents.org/>

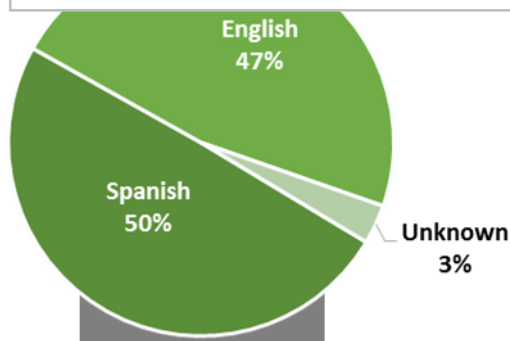
program demographics



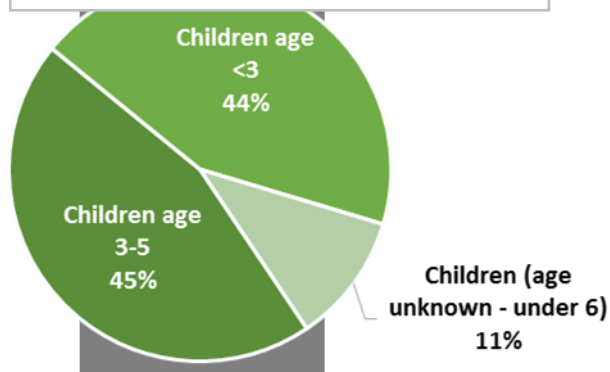
Total Population Served



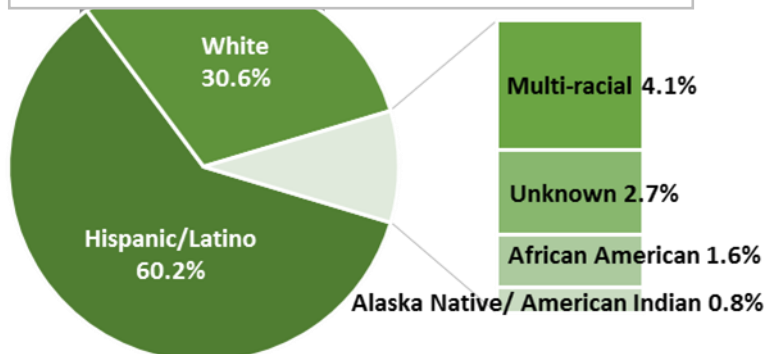
Primary Language of Children and Parents/Caregivers



Ages of Special Needs Children Served



Race/Ethnicity of Children and Parents/Caregivers



positive outcomes

Below is an example of a positive outcome from an MHSA-funded programs at CPI:

A caregiver that CPI served in FY 13-14 was a grandmother who had been given her son's 20 month old toddler. Her son was drug addicted and his partner, the child's mother, had died of a drug overdose. A parent educator at CPI screened the child utilizing the ASQ, referring to CPI's Children's Counseling program and to help the grandmother find counseling help. In addition the grandmother began the Triple P level 4 program and worked hard to help the child feel cared for and to make her life less chaotic.



In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



child parent institute

program description

California Parenting Institute will continue to support the implementation of the Toolbox Project Teacher Training and Triple P Positive Parenting Program with K-6 teachers in six school districts in Santa Rosa. These districts include Bellevue, Wright, Piner-Olivet, Mark West, Rincon Valley and Bennett Valley.

The fourth year of this grant period will include professional development for teacher and classified staff in all districts. Dovetail Learning (Toolbox) will institute a Teacher-Leader Cohort model. Teacher-Leaders will work to have a positive impact on other instructors and staff utilizing this Social-Emotional Learning model in the schools. This prevention curriculum includes self-management and mental health skill components for relationship to self and other.

The parent program will be offered to all families in the schools by a trained parent educator. The schools will sponsor parent nights where parents can receive Triple P Seminars, Toolbox information or subject specific parenting classes. In addition, the parent educator will be available to assist other school staff who are beginning the implementation of an in-school Triple P program. Additional support will be available to very high risk families identified by the schools. All parent services are available in English and Spanish.

CHILD PARENT INSTITUTE (formerly California Parenting Institute) SCHOOL-BASED SUPPORT

3650 Standish Avenue
Santa Rosa, CA 95407
(707) 585-6108

Program Name:
School-Based Support

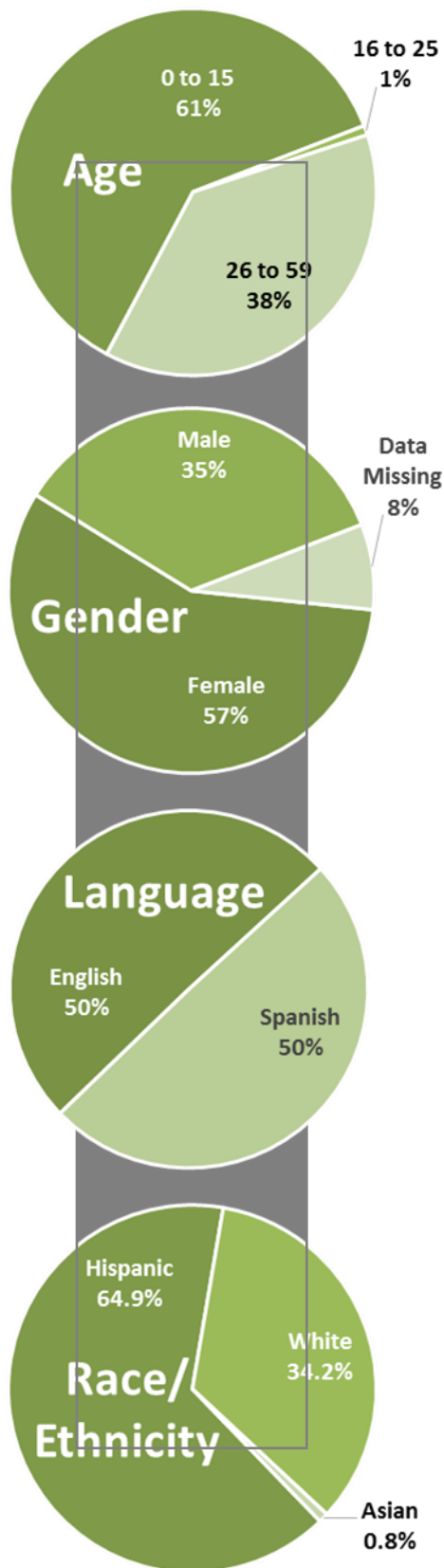
MHSA Component:
Prevention and Early Intervention (PEI)

Initiative/Population:
School-based Services for Children 5-18

Program Location:
Santa Rosa, CA

For more information, go to:
<http://www.calparents.org/>

program demographics



contracted services

- Social/Emotional Learning Curriculum professional development and establishment of a Teacher-Leader Cohort model.
- CPI Family Engagement and Parent programs in school. CPI will provide parent education programs in 18 elementary schools that will support the implementation of Toolbox and Triple P programs.
- CPI Family Engagement and Parent programs: in-home parent education using Triple P, primarily Level 3 or 4. This intensive intervention will be limited to the most high risk families referred through the schools.

positive outcomes

Below are examples of positive outcomes from the MHSA-funded programs at CPI:

CPI's bilingual parent educator served several high risk families with multiple home visits. They offered parenting classes at different school sites where at least 50 parents attended each quarter for FY 13-14.

Families learn more about child development and gain strategies to set up routines and to promote behavior management. Assessments are given pre and post visits and improvements are noted.

As a final activity for the year, participants brainstormed ways to act as Toolbox/SEL leaders to promote school-wide use of the Tools. Each teacher developed goals for moving forward as a teacher-leader in their school to promote the development of self-awareness and self-regulation skills for students, faculty and staff throughout the school, through supporting students and coworkers in different aspect of the Toolbox program.

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



program description

Sonoma County Department of Health Services Behavioral Health Division - Community Intervention Program (SCBH-CIP) funds Center Point DAAC (Drug Abuse Alternative Center) to increase access to mental health services to community members who are traditionally underserved or unserved by mental health services.

Center Point DAAC's focus is to increase access to mental health services to people with substance use disorders. CIP outstations a Sonoma County Behavioral Health staff psychiatrist at Santa Rosa Community Health Center's Turning Point Satellite Clinic which is imbedded in Center Point DAAC's Turning Point, a residential treatment program. Turning Point is a 112-bed site that serves both men and women specializing in substance use disorder treatment with a co-occurring mental health component. Treatment utilizes evidenced-based practices.

CIP – Center Point DAAC provides a mental health specialist to provide the following services:

- Screening of Turning Point residents for mental disorders using the Session Rating Scale assessment tool
- Referral to psychiatric assessment to SCBH – CIP staff psychiatrist at Turning Point Satellite Clinic
- Care coordination with community psychiatrists
- Individual Treatment Planning and Case Management consultation
- Individual Cognitive Behavioral Therapy
- Collateral coordination of care with other health providers
- Referral and linkage to aftercare

The overall goal of this program is to ensure at least 50% of clients with co-occurring Mental Health and Substance Use Disorder (SUD) successfully complete their treatment episode, or leave early with satisfactory progress. Quality assurance measures include tracking referrals and outcomes, successful engagement and participation in group and/or individual sessions, and the measure of fidelity of the evidenced-based practices.

DRUG ABUSE ALTERNATIVES CENTER- COMMUNITY INTERVENTION PROGRAM

Centralized Intake:

2403 Professional Drive, Suite 101
Santa Rosa, CA 95403
(707) 544-3295

Residential Program:

440 Arrowood Drive
Santa Rosa, CA 95407

Contact:

Darryl Smith, Residential Service Director
dsmith@daacmail.org

Program Name:

Mental Health Services

MHSA Component:

System of Care- Community Services and Supports (CSS)

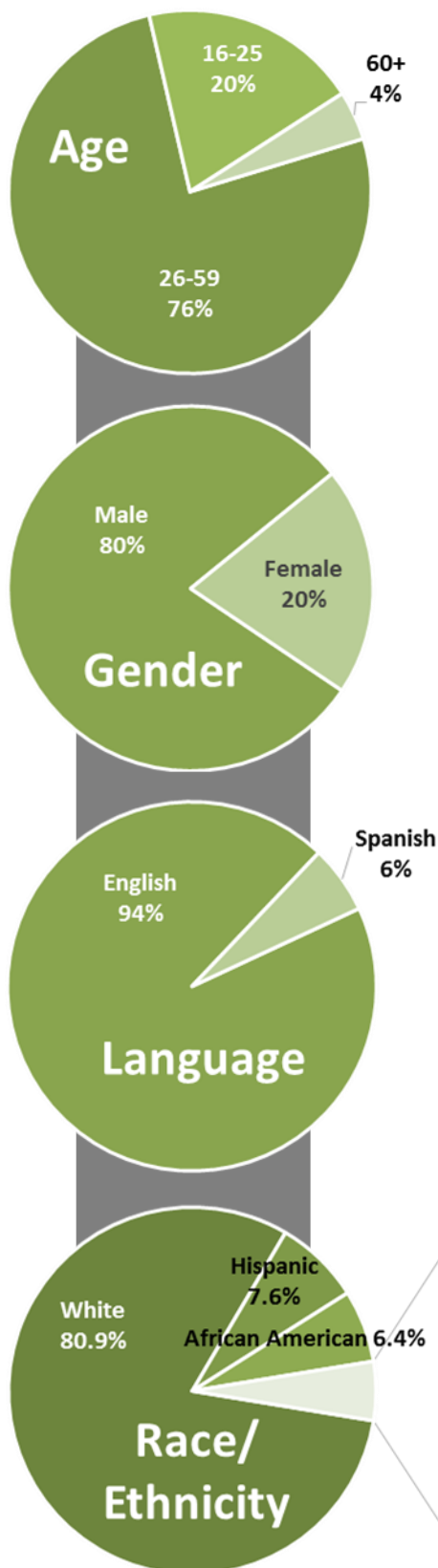
Program Location:

Santa Rosa, CA

For more information, go to:

<http://www.daacinfo.org/>

program demographics



contracted services

- Screening for clients with co-occurring mental disorders
- Referral to Sonoma County Mental Health Psychiatrist for evaluation.
- Referral and facilitation of Co-Occurring Disorder Group using evidenced-based curriculum
- Individual Cognitive Behavioral Therapy sessions
- Discharge Planning



positive outcomes

Counseling and psychiatric services were offered at an average of three sessions per participant. The average client sees the Mental Health Specialist weekly for the first several weeks and is referred to a Sonoma County psychiatrist. Participants referred to co-occurring groups remain in the group while in treatment.



In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



program description

ELI's Watch Me Grow (WMG) program will serve families of children 0-5 across Sonoma County by:

- providing comprehensive screenings to at-risk children who would otherwise not receive them
- providing case management and referral assistance to families of children 0-5 for whom a screening identifies potential problems
- providing mental-health support/positive parenting education services to parents of children with special needs and challenging behaviors, using Triple P Levels 3 & 4 and/or the PEAS program.

contracted services

- Developmental and social-emotional screening, using evidence-based tools, the ASQ3 and ASQ/SE.
- Case management/facilitated referrals
- Navigation services
- Triple P and PEAS services for parent education and mental health support

EARLY LEARNING INSTITUTE- EARLY CHILDHOOD MENTAL HEALTH (0-5) COLLABORATIVE

311 Professional Center Drive, Suite 100
Rohnert Park, CA 94928
(707) 591-0170

eli@earlylearninginstitute.com

Program Name:

Watch Me Grow

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

High-risk children, birth to 5, and their families

Program Location:

Rohnert Park, CA

For more information, go to:

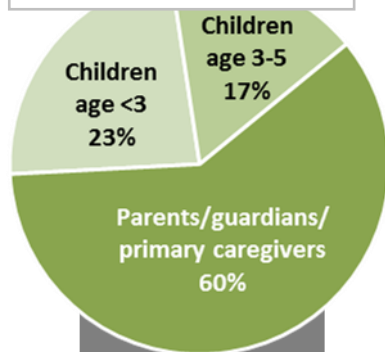
<http://earlylearninginstitute.com/>



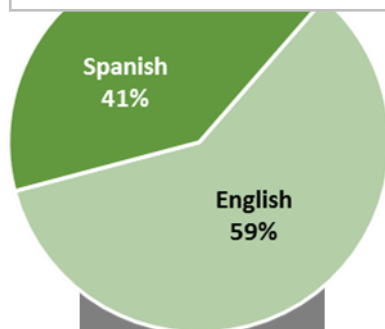
program demographics



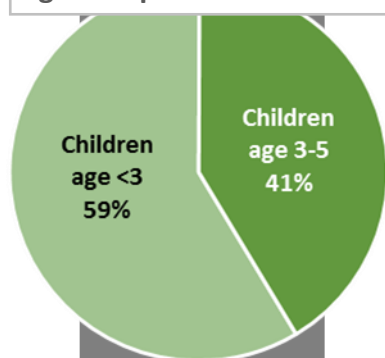
Total Population Served



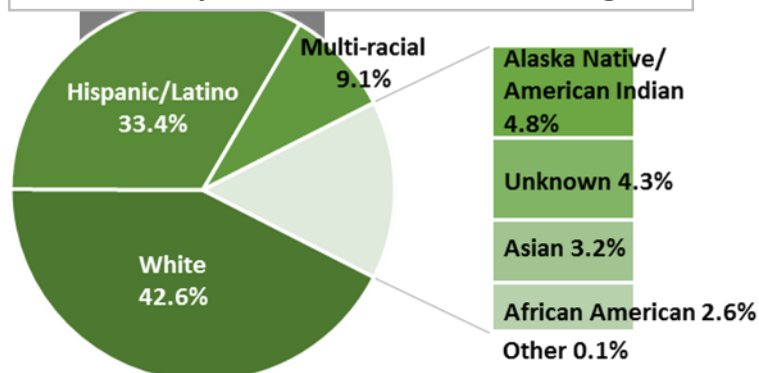
Primary Language of Children and Parents/Caregivers



Ages of Special Needs Children Served



Race/Ethnicity of Children and Parents/Caregivers



positive outcomes

WMG continues to support community wide early child find efforts and screen children who would not otherwise receive mental health screenings. WMG has been integrated into a system of care for children and many community partners look to the WMG screeners and navigators for help with this service.

From a WMG Screener:

"I had the pleasure of working with a three year old boy that was timid and very shy in the beginning of the screening but with the magic touch of toys he brightened up. This was my first time meeting the family and child, as he was due for a developmental evaluation. She expressed that if it were not for Early Learning Institute her son would not be where he is now, mom shared that he has progressed so much and is very thankful!"



In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



program description

The Consumer Relations Program works closely with Sonoma County Behavioral Health Division (SCBHD), consumers, their groups, and organizations throughout Sonoma County in all geographic areas. The Consumer Relations Program (CRP) provides a consumer perspective in transforming Sonoma County's mental health service system to a recovery vision that is consumer driven and holistic in its service and supports.

CRP collaborates and works closely with the SCBHD to create awareness of opportunities for involvement in transformation activities by engaging mental health consumers through outreach activities to increase knowledge of and participation in the development and provision of mental health services. CRP also recruits, engages, supervises, and supports consumers to participate as volunteers and interns in mental health agencies and organization.

The Consumer Relations Program is culturally responsive to consumers as defined by a number of factors, including race, ethnicity, language and lifestyle, identity, traditions, and rituals.

GOODWILL INDUSTRIES OF THE REDWOOD EMPIRE- CONSUMER RELATIONS PROGRAM

Program Name:

Consumer Relations Program

MHSA Component:

System of Care - Community Services and Supports (CSS)

Initiative/Population:

Consumer/Peer Support

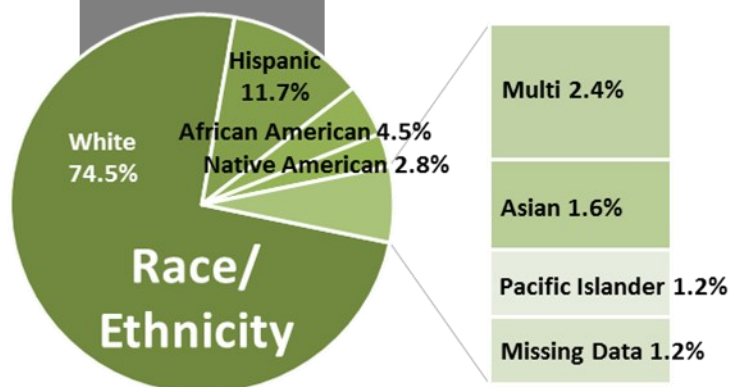
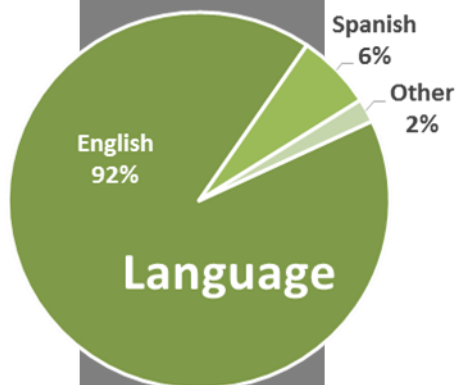
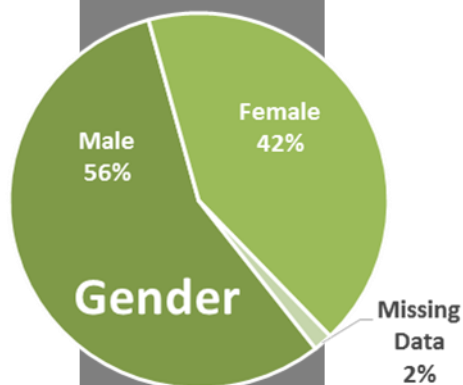
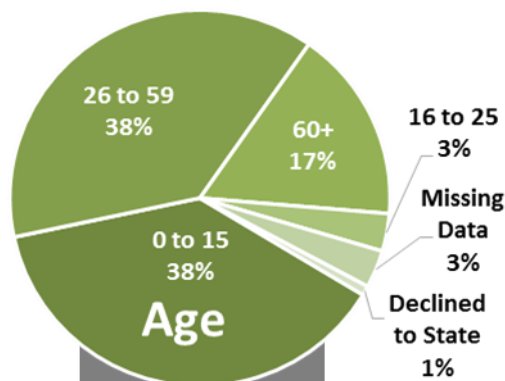
Program Location:

Santa Rosa, CA

For more information, go to:

<http://www.gire.org/menus/programs.html>

program demographics



contracted services

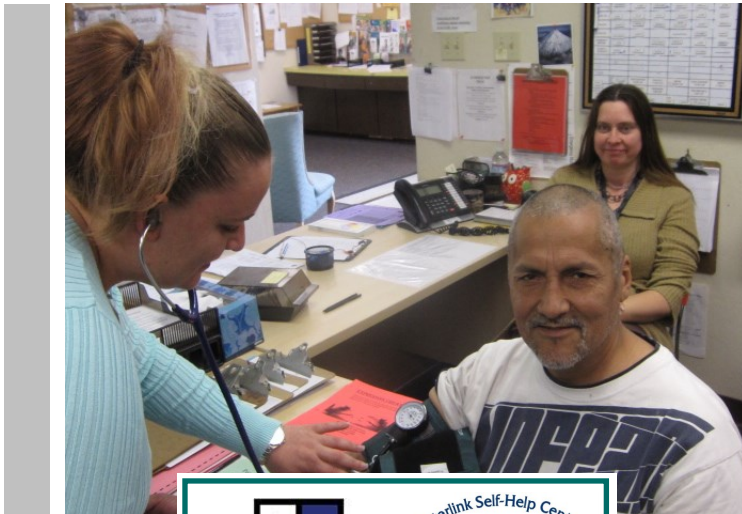
- Establish and maintain countywide awareness campaign
- Assist and collaborate in planning, development & implementation of consumer advisory committee(s), councils
- Collaborate with Patients' Rights Advocate to identify complaint patterns and recommend solutions
- Assist in the development and implementation of consumer satisfaction surveys and other appropriate quality improvement activities as identified by the SCBH Quality Improvement Steering Committee
- Recruit, engage, train, supervise and support mental health consumers as volunteers and paid interns to participate in consumer relations activities
- Promote careers in public mental health
- Provide mental health consumers with volunteer and paid internships to gain experience to become members of the public mental health workforce
- Recruit, engage, train, supervise and support mental health consumers to participate in the mental health workforce
- Work closely with SCBHD to develop meaningful paid positions in mental health organizations and agencies
- Provide ongoing supervision and supports to consumers in the mental health workforce
- Provide professional supervision, including identifying job requirements, leadership and organizational culture, addressing role conflict, performance management to volunteer and paid interns at mental health agencies and organizations
- Develop and implement a peer counseling/mentoring program for mental health consumers in the workforce.
- Provide supports for consumers at organizations and agencies that employ mental health consumers

positive outcomes

In April of this fiscal year, the first cohort of Peer Support Specialists graduated from CRP's training program. Those students are being readied to enter the workforce through internships, volunteer positions and employment-seeking activities. They continue to be provided with support from the CEC, peer support specialist mentors, the Wellness and Advocacy Career Lab Manager, the self-help center managers, and the exceptionally supportive community they have formed among themselves.

The Consumer Education Coordinator (CEC) designed, organized, and presented at a comprehensive training on the topic of changing the Sonoma County Behavioral Health workplace culture to facilitate the inclusion of peer providers. The CEC continued to participate in the SC-BHD Peer Employment Workgroup developing "above the line" job characteristic for peer positions with the SC-BHD as well as working with county staff to prepare for peers entering the workforce.

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



program description

Based on a philosophy of consumer empowerment, Interlink Self Help Center provides a centralized location where persons with psychiatric disabilities receive individual and group peer counseling and support; linkage to vocational, housing, medical, and social services; receive training in peer counseling; participate in an intern training program; and engage in social and recreational activities. Interlink is staffed and managed by persons with psychiatric disabilities. As a result, it offers a concrete example of self-direction, success, and hope to persons with psychiatric disabilities, their family members, mental health professionals, and the community.

contracted services

- Peer Counseling
- Support Groups
- Linkage to Services
- Socialization
- Recreation
- Intern Program
- Peer Counseling Training
- Warm Line
- Information

GOODWILL INDUSTRIES OF THE REDWOOD EMPIRE- INTERLINK SELF-HELP CENTER

1033 Fourth Street
Santa Rosa, CA 95404
(707) 546-4481

Program Name:

Interlink Self-Help Center

MHSA Component:

System of Care - Community Services and Supports (CSS)

Program Location:

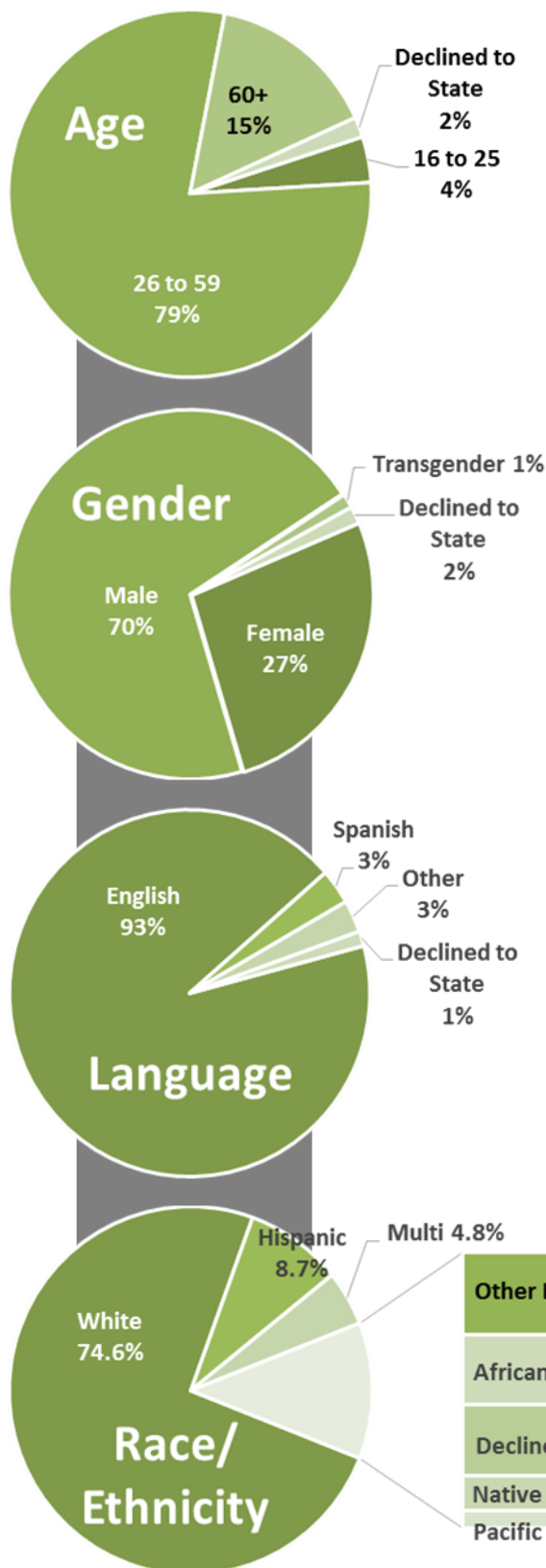
Santa Rosa, CA

For more information, go to:

<http://www.interlinkselfhelpcenter.org/>



program demographics



positive outcomes

	Goal:	Outcome:
1.	Serve an average of 65 person per day.	Served an average of 55 persons per day
2.	Conduct at least 12 organized socialization/recreation activities inside the center and 6 in the community.	Goal was exceeded. Members report satisfaction with activities on-site and out in the community.
3.	Conduct a minimum of 6 educational or outreach presentations and distribute flyers and schedules to 20 outside organizations in a month.	Goal exceeded.
4.	Provide 1,000 peer counseling sessions.	Goal was achieved for FY 13-14.
5.	Conduct an average of 30 support, education, and information and creativity groups per week.	Goal was achieved.
6.	Provide integrated mental health and substance abuse services by offering sessions on a weekly basis including Saturdays. Provide 200 individual integrated mental health and substance abuse sessions per year.	Goal exceeded.
7.	Conduct 3 Peer Counseling Training programs.	Goal was met.
8.	Train 3 Interns.	2 interns trained.
9.	Explore additional means of documenting the impact of the Center on the lives of Center members and the use of Center Services.	Development of an operations manual to address measuring the impact of programs and services at Interlink.

Members continue to report great satisfaction working one-on-one with the Mental Health Dual Diagnosis Consumer Counselor (MHDDCC). A number of established members, who have not sought support for their substance use issues at Interlink in the past are now seeking out MHDDCC, as are new and prospective members.

Members regularly report satisfaction with Peer Counseling Sessions, a number of which result from group attendees requesting one-on-support from group facilitators. Our tour and intake processes flow into one-on-one Peer Counseling Sessions, often setting a helpful pattern of seeking and getting support. Our variety of staff often results in members finding safety and resonance with at least one staff member.

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



program description

The Petaluma Peer Recovery Project (PPRP) is a consumer run program dedicated to empowering the local mental health community through peer support and education. PPRP will sponsor lectures, groups, workshops, and activities as defined as needed by the target population.

The target population is adult mental health consumers over the age of 18 specifically those who are diagnosed with severe and persistent mental illness. The PPRP will work closely with Sonoma County Behavioral Health Division – Community Health Centers in Petaluma to ensure mental health consumers with severe and persistent mental illness are able to benefit from the PPRP.

contracted services

- Recovery-Oriented Groups
- Lectures
- Workshops
- Activities
- Outreach

GOODWILL INDUSTRIES OF THE REDWOOD EMPIRE- PETALUMA PEER RECOVERY PROJECT

1360 N. McDowell Blvd
Petaluma, CA 94954
(707) 769-5299

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

Consumer/Peer Support

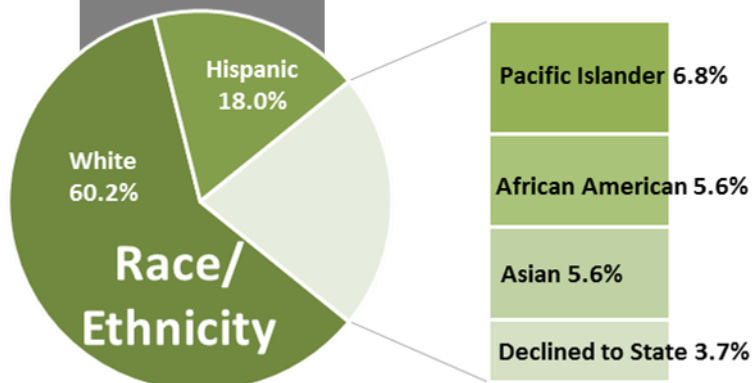
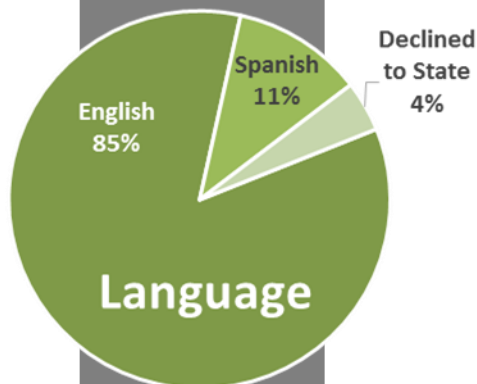
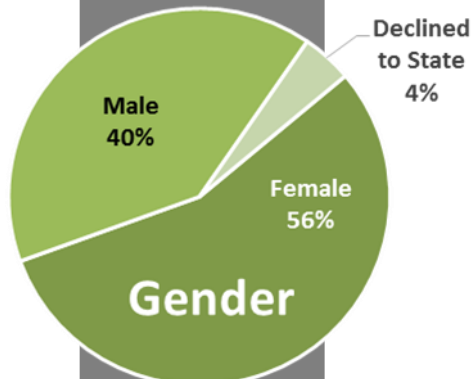
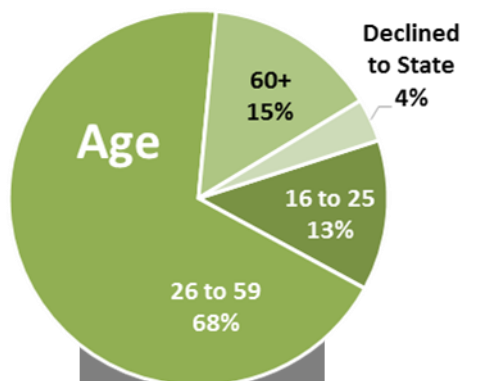
Program Location:

Sonoma County, CA

For more information, go to:

<http://www.gire.org/menus/programs.html>

program demographics



positive outcomes

Informal surveying of attendees, including feedback from monthly Focus Council meetings, results in constant praise for the center. Attendees report feeling less isolated, better able to communicate with their loved ones, and more connected in general. Attendees report socializing with new friends made at the Center offsite. Attendees report finding it convenient being housed in a Sonoma County Behavioral Health Department building. Onsite providers often encourage their clientele to attend the PPRP resulting in positive outcomes.

PPRP staff presence at meetings and outreach events often result in referrals. A number of attendees were referred from providers who have been attended presentations. Meeting attendance has resulted in developed working relationships with several Petaluma Police Department Officers, as well as staff from Buckelew Programs, Sonoma County Behavioral Health Department, and The Phoenix Theatre. PPRP has a regular presence at Petaluma Police Department's monthly mental health meeting. PPRP also presents at the Boulevard Apartments in Petaluma, a Buckelew Programs housing program, presenting to residents and caseworkers.



In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



program description

The Wellness and Advocacy Center works with the Corrine Camp Consumer Advisory Committee, Sonoma County Mental Health, consumers and family organizations to develop and support a wellness, recovery, and support center for consumers facing the challenges of serious mental illness. The center has been fully planned, developed and operated by consumers embracing a wellness mindset that fosters recovery for everyone. Self-help and client-run programs have been developed for job search classes, peer advocacy training, art classes with the Center's Art Director, peer-led self-help/support groups, supportive employment volunteer opportunities, cooking and life skills classes, a community garden and daytime socialization/recreational activities.

The Wellness Center serves the priority population identified in the Mental Health Services Act (MHSA) Plan, which includes transition age young adults, adults, older adults with serious mental illness, and consumer and family organizations. Persons of all sexual orientations, genders, ethnicities, and races are welcomed and served at the Wellness Center. The center serves approximately 35-50 consumers per day and has a strong recovery orientation focusing on programs and services that will empower individuals to take control of their lives, manage their most distressing difficulties, and enjoy meaningful lives as full members of the community.

The Center provides consumers with a rich, culturally diverse environment in which everyone, regardless of age, gender, sexual preference, or race, is able to access services and support. The center advances recovery and resiliency through its programs and supports.

GOODWILL INDUSTRIES OF THE REDWOOD EMPIRE- WELLNESS AND ADVOCACY CENTER

3400 Chanate Road
Santa Rosa, CA 95404
(707) 565-7800

Program Name:

Wellness and Advocacy Center

MHSA Component:

System of Care - Community Services and Supports (CSS)

Initiative/Population:

Consumer/Peer Support

Program Location:

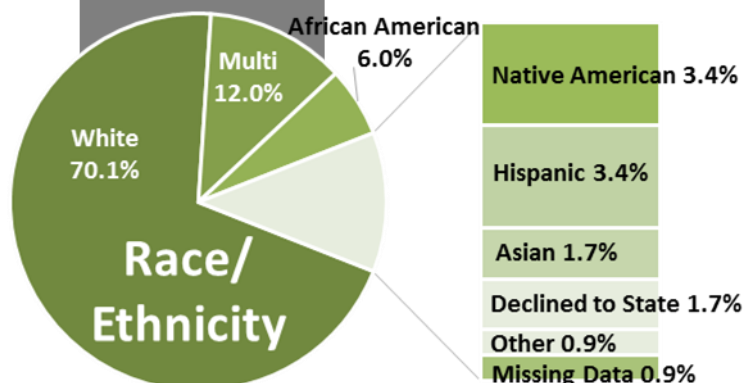
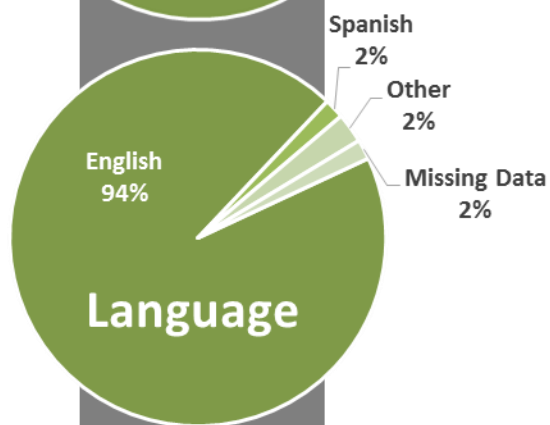
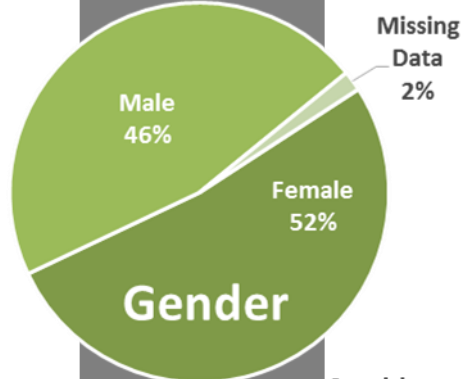
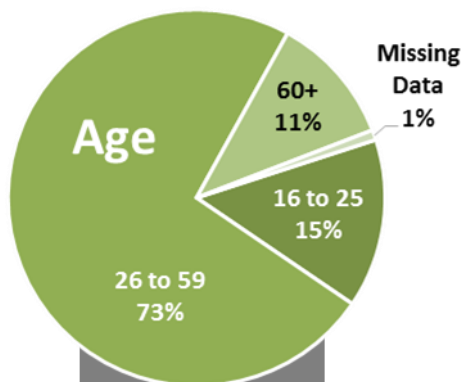
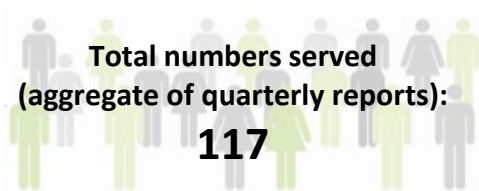
Santa Rosa, CA

For more information, go to:

<http://wellnessandadvocacy.org/>

Through the center, consumers are able to access peer support to reduce isolation, participate in recreation and socialization activities, and learn about resources and community supports. Additionally, it is a place where consumers can take part in a variety of trainings, acquire life skills such as cooking, participate in a community garden, explore alternative treatment options, access employment assistance, volunteer opportunities and work experience.

program demographics



contracted services

- Computer lab, Arts and Crafts Studio, Speakers Group, Wellness Workshops
- Number of sessions delivered, number of consumers participating
- Job Search and Employment Readiness Activities
- Peer Counseling Sessions
- Peer Counseling Training
- Restaurant Intern Program
- Social Activities
- Outreach to outside agencies

positive outcomes

- 28 –New member sign-ups.
- 364-Art studio utilization monthly average.
- 397-Career Lab monthly average usage.
- 15-Individuals participated in Computer Basics class monthly.
- 6-Individuals participated in monthly job search.
- 197-Participated in peer-led groups.
- 5-10 individuals worked on garden related projects.



"Wellness Center People" by Alexis Wilson



"Tree of Life" by Max Van Holt



Naomi Murakami - Art Director for Wellness and Advocacy Center Art Program

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



program description

Program provides a range of services that address the psycho-social and early intervention needs of Sonoma County children 0-5 who exhibit challenging behaviors that are difficult to understand or manage, and that can lead to difficulties at home, school or in the community. Program also provides early intervention educational services to parents and care givers to ameliorate the problems in the children.

contracted services

- Psychological assessments
- Level 2 Triple P seminars
- Level 3 Triple P Discussion Group
- Level 3 Triple P Primary Care
- Level 4 Triple P Individual
- Developmental and social/emotional screening of children who have not been screened by referring entity
- Evaluation

JEWISH FAMILY & CHILDREN'S SERVICES- EARLY CHILDHOOD MENTAL HEALTH (0-5) COLLABORATIVE

1360 N. Dutton Ave, Suite C
Santa Rosa, CA 95401
(707) 571-2048

Program Name:

Parent's Place

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

Children 0-5 years old

Program Location:

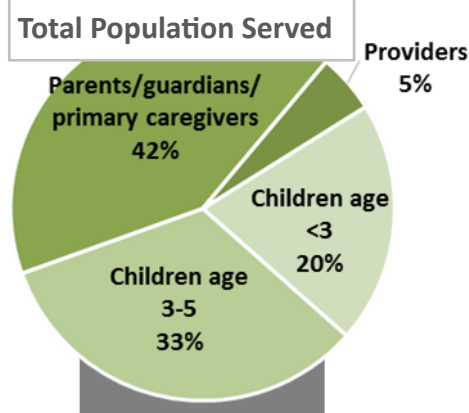
Santa Rosa, CA

For more information, go to:

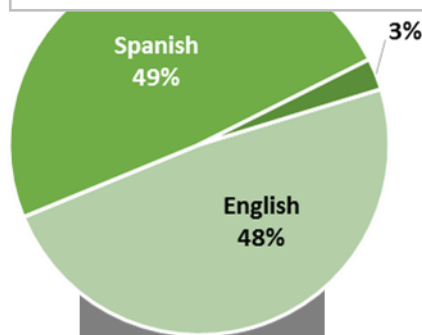
<http://parentsplaceonline.org/location/sonoma-county/>



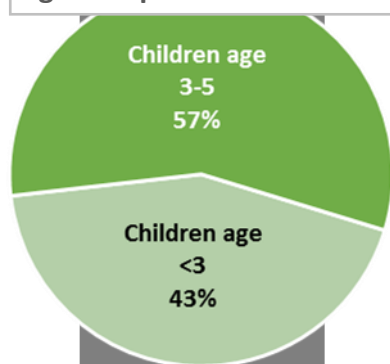
program demographics



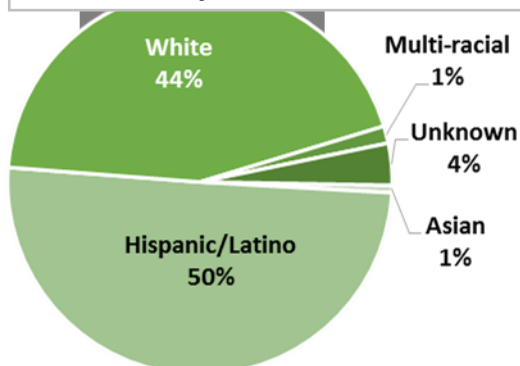
Primary Language of Children and Parents/Caregivers



Ages of Special Needs Children Served



Race/Ethnicity of Children and Parents/Caregivers



positive outcomes

With encouragement from a Triple P educator, one family is seeking further assessment for their son from a medical provider. Cross-referrals were completed with son's preschool in order to access the Behavioral Consultation Project to address issues at school and build partnerships between the school and the family.

After completing Level 3 Triple P, the family reported "major success" using active ignoring, positive praise and learning about age appropriate behaviors.

One family had a high level of marital conflict with accompanying aggression for the child. One of the parents had relapsed into prescription drug abuse and had brought the child along on trips involving drug transactions. This parent agreed to marriage counseling, individual counseling and doctor supervision of drug issue. As a result, the other parent expressed a new feeling of empowerment to address child's behavior. Through the changes in the family situation and the use of behavior charts, planned ignoring and spending quality time on projects and activities, the child's behavior has improved dramatically.



In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



program description

Mission: “The mission of Latino Service Providers (LSP) is to serve and strengthen Hispanic families and children by building healthy communities and reducing disparities in Sonoma County.”

Vision: The Latino Service Provider’s vision is a community where Latinos are fully integrated by having equal opportunities, support, and access to services in the pursuit of a higher quality of life.

To reduce disparities, the specific focus of Latino Service Providers utilizes a networking model among community providers to exchange information about activities and resources that will promote economic stability, educational success, increase access to healthcare and mental health services and resources, housing, and legal services, reduce the stigma associated with Behavioral Health/Mental health issues, and addresses other areas of interest for families throughout Sonoma County.

Latino Service Providers was founded in 1989 by Latino leaders in education, government, and the social service sectors. LSP is currently comprised of over 1000 members from neighborhood and community groups, mental health programs, public and private health service providers, education, law enforcement, immigration and naturalization agencies, social service agencies, community based organizations, city and county governments, criminal justice systems, and the business community.

LATINO SERVICE PROVIDERS

930 Shiloh Road Bldg. 44 Suite D
Windsor, CA 95492
(707) 837-9577

wtpia@latinoserviceproviders.org

Program Name:

MHSA Component:

Prevention Early Intervention (PEI)

Initiative/Population:

California Reducing Disparities Initiative

Program Location:

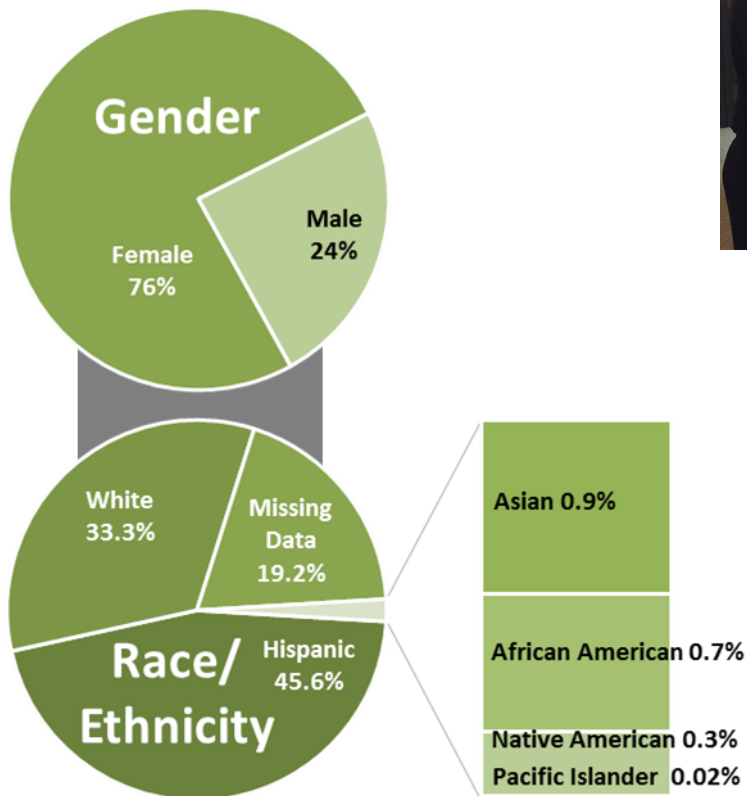
Windsor, CA - Serves all of Sonoma County

For more information, go to:

<http://www.latinoserviceproviders.org/>

program demographics

Total numbers served
(aggregate of quarterly reports):
4,998



contracted services

- Convene and facilitate monthly LSC meetings hosted by LSP members throughout the Sonoma County regions
- Maintain an Electronic Newsletter distribution system – A system of email distribution. Members submit announcements that are added to the e-newsletter, distributed one to three times per week via email
- Social media and communications: maintain website and other social media outlets for member communication. Continue media outreach using Spanish radio, TV, print
- Targeted engagement strategies to promote awareness and increase membership. Provide technical support when needed.
- Participate in community events, i.e. health fairs, to increase awareness and educate community on available social service resources.

positive outcomes

Below are examples of positive outcomes from the MHSA-funded programs at Latino Service Providers:

- **LSP hosts three 90 minute meetings a quarter**, inviting stakeholders throughout Sonoma County to host and participate in the meetings. The following agencies hosted meetings this year discussing mental health and other important health topics important to communities: *the Council on Aging, the Healdsburg Day Labor Center, the Family Justice Center, Catholic Charities, Northern California Center for Well-Being, Kaiser of Santa Rosa, SC-BHD, Interlink Self-Help Center, California Parenting Institute, Internet Essentials, County of Sonoma's Voluntary Family Maintenance Team Decision Making Program, KRCB, among others.*
- From the results of an online survey taken LSP members last summer, found that **95.4 % of LSP members think the LSPSC e-newsletter is helpful to very helpful**. The feedback was from 206 survey-respondents that included mental health agency representatives and community stakeholders. From the survey LSP learned that the top three things members seek in the e-newsletter are physical health and mental health programs and services; community events; and job announcements. In another quarterly survey 76% of LSP members stated they have referred someone to the LSPSC website.
- Sonoma County Behavioral Health Division delivered a presentation at an LSP meeting describing our MHSA system of care and then asked the LSP meeting attendees to complete the MHSA Integrated Plan Survey as part of our community planning process. This survey helped to **inform the Integrated Plan with input from the Latino Community**, a very important stakeholder group in Sonoma County.
- LSP composed 86 electronic newsletters in FY 13-14 and were sent out to 1,020 LSPSC members at least once a week. This translates to **82,044 impressions** for this year! Some announcements were sent out in both English and Spanish when available. LSP's E-newsletter included: *community events, free or low cost educational classes, low cost health and mental health wellness programs, bilingual/bicultural employment opportunities, among others.*

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



program description

The goal of the Lomi Psychotherapy BHD Internship Program (Lomi) is to provide culturally competent, linguistically appropriate individual, family, couple, and/or group therapy (Therapy) services to mental health consumers who are MediCal beneficiaries and meet CCR Title 9, Chapter 11, Article 2.1830.205 (Title 9) Medical Necessity criteria (see Attachment 1) 18 years of age or over, who are referred from the Sonoma County Behavioral Health (SCBH).

Therapy services are provided to MediCal Beneficiaries who meet Medical Necessity criteria outlined in Title 9. Therapy services are offered in order to address the impairments and significantly diminish the impairment or prevent significant deterioration in an important area of life functioning. In order to fully provide therapy services, Lomi may also provide collateral, crisis intervention, and plan development, as determined medically necessary through the SCBH referral.

Lomi shall meet regularly with SCBH staff to discuss administrative issues and clinical cases. Times and regularity will be determined jointly upon execution of contract.

Lomi will use time limited evidence based, best or promising practices (EBP) that are proven or substantiated to address the impairments and significantly diminish the impairment or prevent significant deterioration in an important area of life functioning. Lomi will document interventions and utilize appropriate scales to determine initial baseline functioning and progress toward alleviation of symptoms.

Services will be offered that are linguistically and culturally appropriate at times and locations that are accessible for MediCal Beneficiaries. Special attention shall be made to meet the linguistic and cultural

LOMI PSYCHOTHERAPY CLINIC

534 B Street
Santa Rosa, CA 95401
(707) 579-0465

Program Name:
Lomi BHD Internship Program

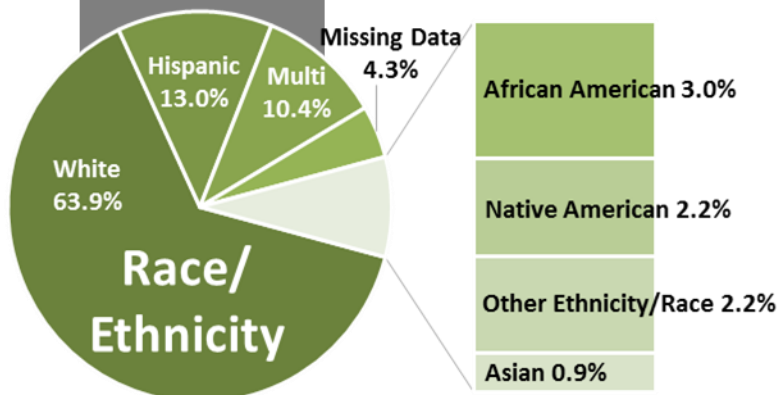
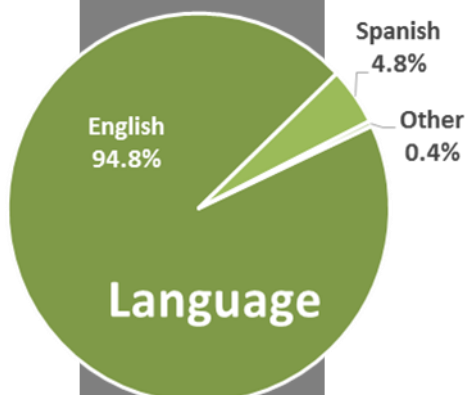
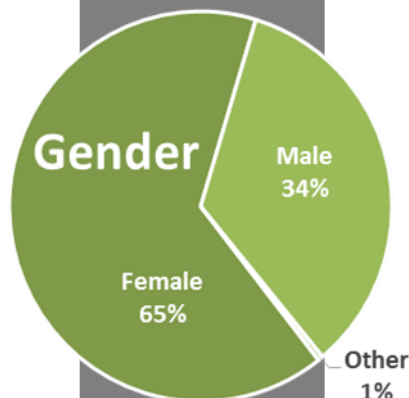
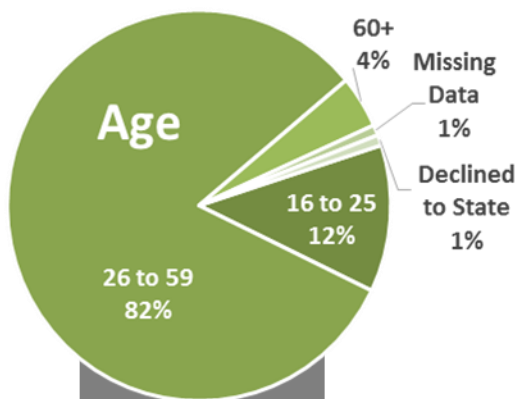
MHSA Component:
Workforce Education and Training (WET)

Program Location:
Santa Rosa, CA

For more information, go to:
<http://www.lomi.org/Welcome.html>

needs of Sonoma County's Spanish speaking community. Therapy services will be provided by post graduate interns (interns) under the supervision of a licensed mental health professional.

program demographics



contracted services

- Time limited, structured, face to face sessions that are evidence based
- Document interventions and utilize appropriate scales to determine initial baseline functioning and progress toward alleviation of symptoms.
- Goals to be rehabilitative in nature
- Services available to clients whose primary language is not English
- Clinical supervision of interns
- Continuous review of progress of client goals
- Assistance toward reduction of services and transition toward independence
- Support for interventions to address client barriers toward skill acquisition

performance outcomes

Treatment Goals are reviewed and evaluated in three ways by the Lomi Psychotherapy Clinic. The fourth goal involves re-administering an ANSA, and the BHD will share those results as this process is completed.

The 3 methods used by the Lomi Clinic include review of:

1. Change in Psychological Measures (Pre-and Post-Therapy)
2. Evaluation of Client Plan Completion of Objective
3. Review of Client Satisfaction Survey

The Hamilton Depression and Anxiety scales are clinician-administered and now used. The self-administered PTSD Checklist (PCL) is used when trauma is indicated.

Outcome Highlights:

- 95% of clients showed a decrease on at least one scale
- Overall, there were no major spikes in symptoms comparing beginning and ending scores. Increases were often seen when the score was high at first, and the increase was not significant. There were scores that showed decreases in symptoms of 81%
- The objectives were relevant to the diagnosis, the symptoms, and the stated needs of the client. In all the notes and discharge summaries, the objectives of the plan were addressed
- 100% of clients completing satisfaction surveys showed that they were very satisfied overall with the program. They all got along with their counselor, felt their concerns were addressed, and the sessions had an impact on helping them with their problems.

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



program description

NAMI Sonoma County 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. These challenges are known as neurobiological brain disorders, or psychiatric disabilities. NAMI offers an array of peer education and training programs, initiatives and services for individuals, family members, health care providers and the general public. NAMI and volunteer grassroots leaders are committed to education as the pathway to recovery, empowerment and wellness.

contracted services

- Warmline
- Family to Family-12 week session and Familia a Familia
- Drop In NAMI Family Support Groups in English and Spanish
- Outreach and special events to underserved communities
- NAMI Signature Programs
- Support Groups and Educational Groups

NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) OF SONOMA COUNTY

182 Farmers Lane, Suite 202

Santa Rosa, CA 95405

Phone: (707) 527-6655

info@namisoco.org

Program Name:

Family-Based Advocacy, Education & Support Program

MHSA Component:

System of Care-Community Services and Supports (CSS)

Initiative/Population:

Family members

Program Location:

Santa Rosa, CA

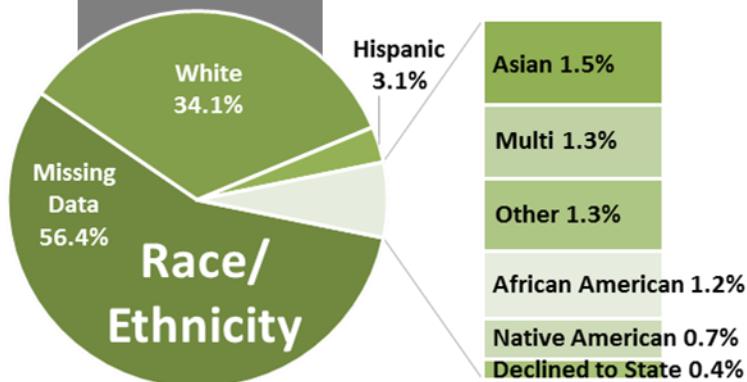
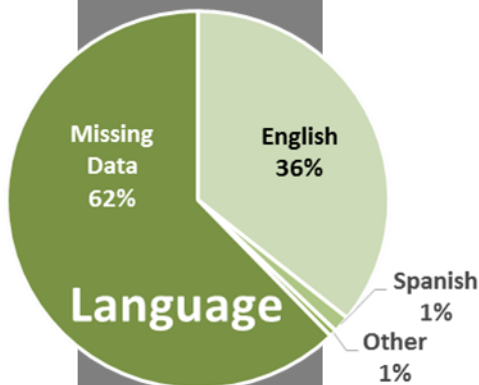
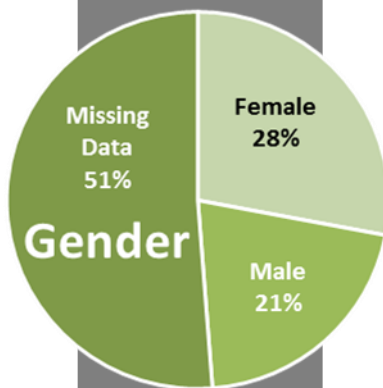
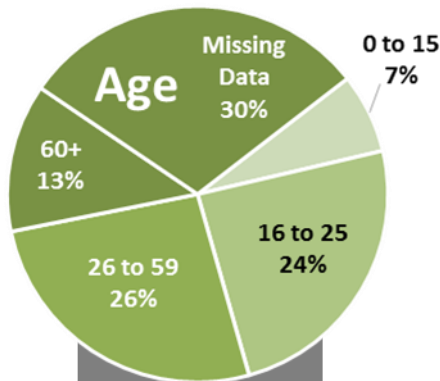
For more information, go to:

<http://www.namisonomacounty.org/>



program demographics

**Total numbers served
(aggregate of quarterly reports):**
4,415



performance outcomes

Family to Family classes were held in the 1st in Santa Rosa throughout FY 13-14. Following one of these classes, respondents participated in a survey and responded to three questions:

- *"This program was helpful for me";* 67% of respondents replied they 'Strongly Agreed' and 33% replied they 'Agreed' with the above statement.
- *"I have learned information that was new to me";* 72% of respondents replied they 'Strongly Agreed' and 28% of respondents replied they 'Agreed' with the above statement.
- *"I would recommend this program to others";* 89% of respondents replied they 'Strongly Agreed' and 11% replied they 'Agreed' with the above statement.

The WRAP Program and "through the glass" are implemented weekly by NAMI in the Sonoma County Adult Detention facility with groups focused on support, art, and 1:1 contact, often representing the only visits some individuals experience while incarcerated.

A 10-week series of classes, Peer-to-Peer has the reputation of helping clients along the path of recovery, which was demonstrated by the responses of the clients who took a survey after the class.

- *"I feel more confident in my level of knowledge regarding my mental illness."* – 77% strongly agreed with this statement.
- *"I have gained more tools to manage my mental illness."* - 69% strongly agreed with this statement.
- *"I feel more confident in my ability to effectively advocate for myself and others."* - 77% strongly agreed with this statement.

NAMI facilitated Question, Persuade, Refer (QPR) trainings for Suicide Prevention: Respondents participated in pre and post survey questions to the QPR training asking them to rate their knowledge (utilizing 'Low', 'Medium' & 'High' rankings) in the following areas:

- *"Facts concerning suicide prevention";* 5 out of 6 reported an increase in this area following the QPR training
- *"Please rate your level of understanding about suicide and prevention";* 100% (6/6) reported an increase in this area following the QPR training

NAMI hosted a listening session at the Redwood Empire Chinese Association (RECA) in FY 13-14. The youth present self-identified as Asian-American and ranged in ages from 11 to 18 years.

Youth indicated the following issues as primary concerns needing to be addressed in their communities:

- Self-harm
- Bullying
- Anxiety/Stress

This information helped NAMI to identify needs for Asian American youth for further outreach and mental health education efforts.



In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



program description

The Older Adult Collaborative (OAC) is a five agency collaborative comprised of: the Sonoma County Human Services Department – Adult & Aging Division (A&A), Council on Aging (COA), Jewish Family and Children's Services (JFCS), Petaluma People Services Center (PPSC) and Community and Family Services Agency (CFSA).

The members of the collaborative are the primary senior services agencies in Sonoma County, serving older adults (60+) in their respective communities. The services provided include case management, nutrition programs, adult day services, peer support, counseling, and transportation programs, among others. COA, JFCS, PPSC, and CFSA are all nonprofit agencies, while A&A is a Division of Sonoma County Human Services Department.

Incorporated into the services mentioned above, the OAC implements Healthy IDEAS, an evidence-based prevention and early intervention model designed to reduce depression and suicide among older adults. The primary components of the Healthy IDEAS intervention include:

- 1) Administration of a depression screening by trained agency staff who are supervised by licensed professionals
- 2) Educating older adults about depression and its treatment
- 3) Referral of case managed clients to various community resources, including medical providers, in-home counseling, and/or psychotherapy for those older adults identified as at risk for depression
- 4) When appropriate, working with older adults to empower themselves through identification and completion of an activity goal, thereby learning how their own engagement in daily activities can reduce their depression symptoms.

SONOMA COUNTY HUMAN SERVICES- OLDER ADULT COLLABORATIVE

3725 Westwind Boulevard
Santa Rosa, CA 95403

Contact:

Josh Gottschalk
(707) 565-5938
jgottschalk@schsd.org

Program Name:

Older Adult Collaborative

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

Reducing depression in older adults

Program Location:

Sonoma County, CA

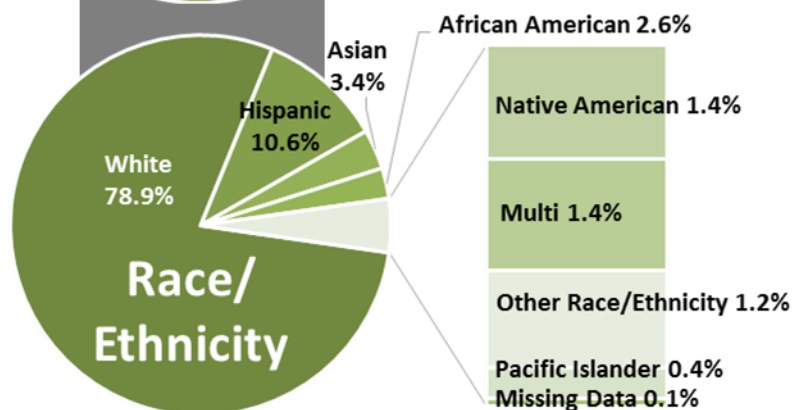
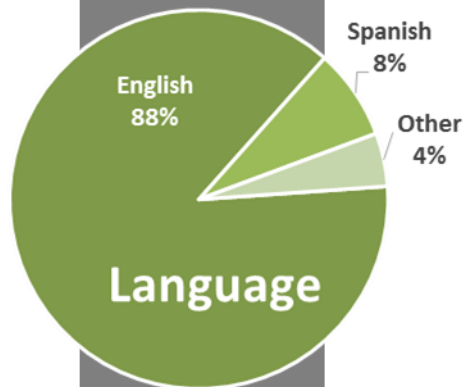
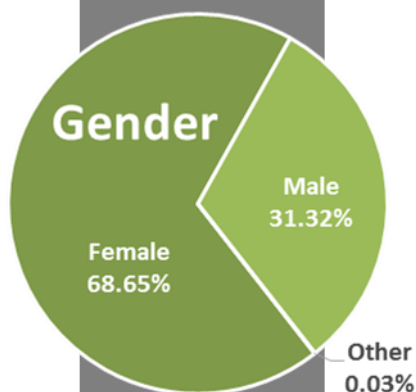
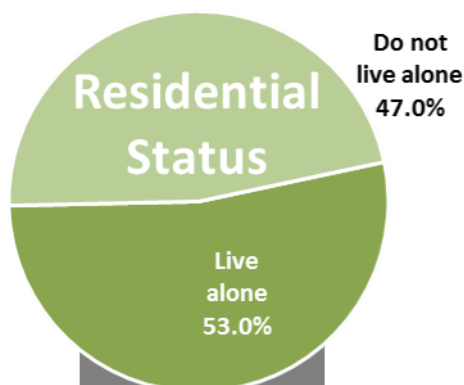
contracted services

- Healthy IDEAS intervention
 - Depression screening
 - Mental health education
 - Resource referrals
 - Establishing goals for activity engagement
- In-Home Counseling

program demographics

**Total numbers served in FY 13-14
(aggregate of quarterly reports):**

2,925



performance outcomes

Through its various activities, the OAC continues to reach several thousand vulnerable older adults each year, providing a much needed access for the prevention, identification, and treatment of depression within the population.

In FY 13-14, 86% of the seniors offered to complete a depression questionnaire participated. The consistently high actual number of completed screening questionnaires (2,516 in FY13-14), in combination with a relatively low proportion of those that declined participation (10%) during the year, indicates a strong need for the service. All seniors who are offered depression screening are also provided with basic education about symptoms of depression. The percentage of seniors who respond positively to questions indicating depression (approximately 25%) continues to be consistent with the percentage of seniors in the general population who screen positive for depression (based on research associated with the PHQ-9.)

Additionally, each year that the OAC has been funded, far more seniors receive counseling (in-home) through the Collaborative than were identified in the contract goal. The in-home counseling intervention is one of the strongest and most consistently impactful components of the OAC.



In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



program description

Positive Images is the only agency in Sonoma County serving the unique needs of gay, lesbian, bi-sexual, transgender, queer, gender-queer, questioning, and intersex (GLBTQQI) youth ages 12 to 25. For the past 22 years Positive Images has provided programs and services that help youth, service providers and the public develop positive, healthy, life affirming, and accepting behaviors and views of personal expression of gender identity and sexual preference. These services include:

- Engage youth in programs, activities and services that increase resiliency and reduce risk;
- Educate youth, schools, and service providers to reduce stigma and increase acceptance;
- Train providers about GLBTQQI issues

Services target the GLBTQQI youth of color ages 12-25 and their parents and caregivers.

POSITIVE IMAGES

312 Chinn Street
Santa Rosa, CA 95404
(707) 568-5830
posimage@sonic.net

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

Reducing Disparities in Access to the GLBTQQI TAY community

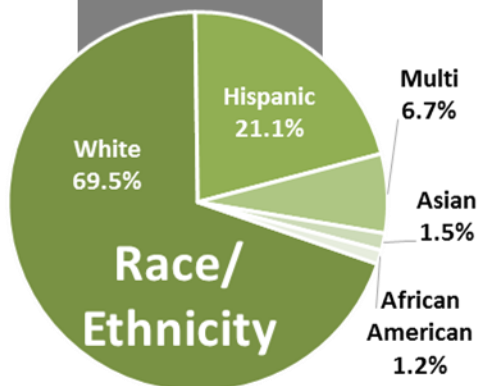
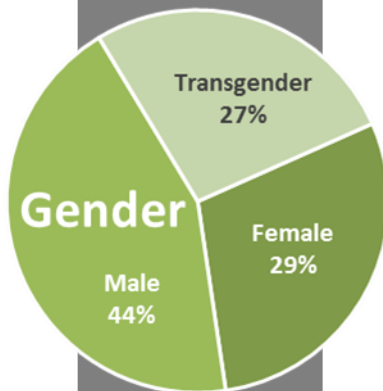
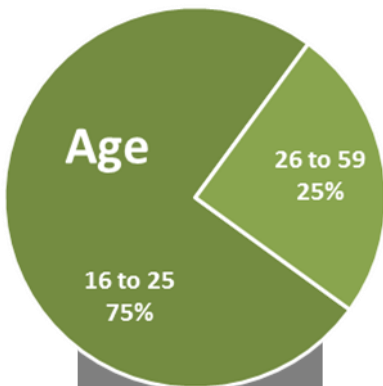
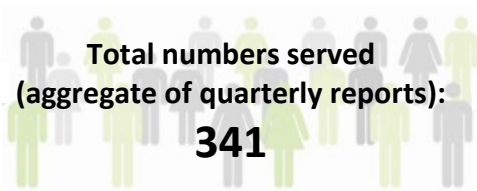
Program Location:

Santa Rosa, CA

For more information, go to:

<http://www.posimages.org/>

program demographics



contracted services

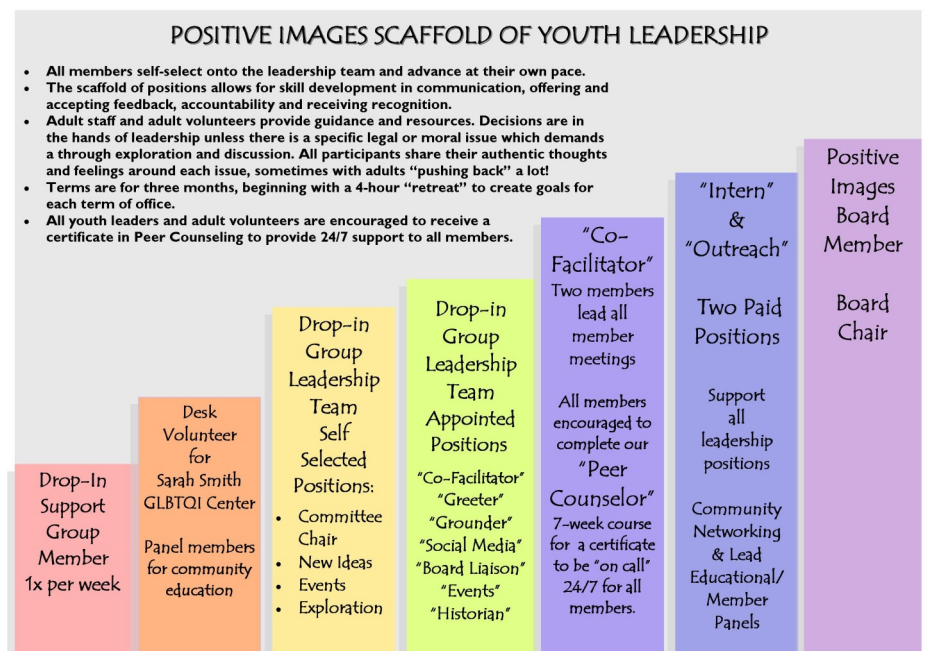
- Teach youth, staff, volunteers and the community the indicators of mental distress specific to the GLBTQQI population
- Target recruitment for youth and adults of color for peer and mentoring programs
- Youth and adults of color recruited peer and mentoring programs
- Maximize information sharing with all partners especially faith-based groups, law enforcement, and juvenile justice organizations
- Increase the number of trained youth outreach workers to engage more GLBTQQI youth and allies in programs and services

performance outcomes

Positive Images facilitates a counseling group in Petaluma. All of the Petaluma participants returned more than twice to participate in counseling sessions. All Petaluma counseling participants find that the program is helpful for their healing process, and all learn to take their own responsibility for this. The Petaluma counseling participants find the program helpful at relieving the anxiety they have regarding rejection they get about their sexual identity.

Positive Images presented a panel discussion for groups in high schools and community based-organizations throughout Sonoma County. As a result of the panel audience members reported the following:

- 95% of audience members realized more than they knew before about ways that people express their sexual identities.
- 90% of audience members realized more than they knew before about the rejection that non-heterosexual people face from their families.



All youth ages 12-24 are encouraged to climb the leadership ladder. In the fourteen year history of our Board, thirteen members have served on the Board, and five have been elected to Board Chair.

Nancy Vogl 328-4448 nancyvoglpi@gmail.com



In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



PETALUMA PEOPLE SERVICES CENTER

program description

Develop a community continuum of care, which includes screening, intervention, and support strategies, serves children and caregivers, and establishes a framework for success beyond a single program or strategy. PPSC, in partnership with Petaluma City School District (PCSD) will provide developmental and social-emotional screening for children in high-risk situations with no other access to screening; Triple P parent education; Triple P mental health services to families of children 0-5; and screening, referral, and treatment services for Perinatal Mood Disorder (PMD).

Triple-P Positive Parenting Program, Levels 2-5; individual and group formats. Parent Education, early intervention, linkages and referrals to other resources and assistance. For treatment and screening of PMD, clinically relevant and appropriate strategies will be employed, which can include one-on-one therapy, referral to primary care physician for medication evaluation and assistance, or referral to appropriate community provider for group or individualized treatment.

Services are provided at McDowell School (office located in Library) M-F approx. 8a to 7p. Services are also available in client homes, and at PPSC's agency site (1500 Petaluma Blvd South) by appointment.

contracted services

- Social/emotional and developmental screening, using ASQ 3 or ASQ-S/E when children were not screened by referring agency or medical home
- Level 2 Triple P—Positive Parenting Program seminars at community sites
- Triple P levels 3, 3 Discussion, 4, 4 Group, and 5
- Screening, referral, and treatment services for Perinatal Mood Disorder

PETALUMA PEOPLE SERVICES CENTER- EARLY CHILDHOOD MENTAL HEALTH (0-5) COLLABORATIVE

1500A Petaluma Blvd S

Petaluma, CA 94952

(707) 765-8488

admin@petalumapeople.org

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

Children 0-5 years old

Program Location:

Petaluma, CA

For more information, go to:

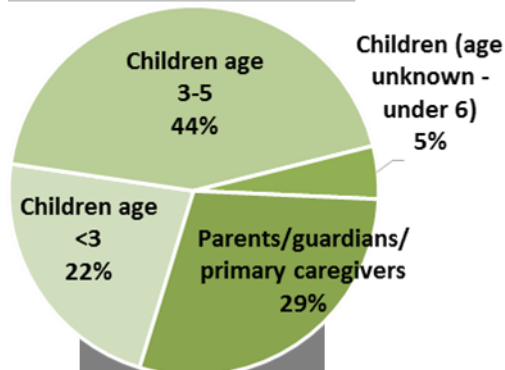
<http://petalumapeople.org/>



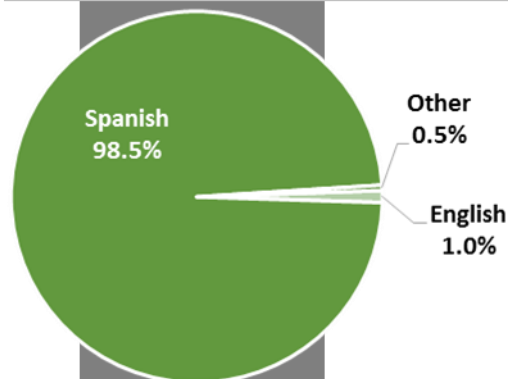
program demographics



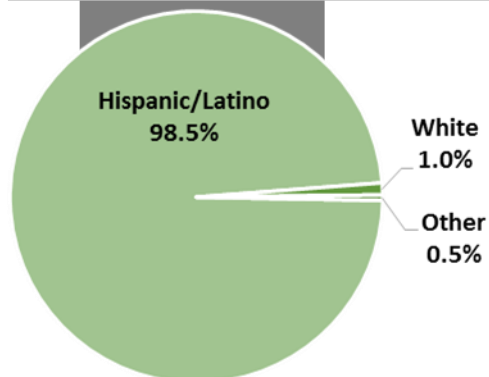
Total Population Served



Primary Language of Children and Parents/Caregivers



Race/Ethnicity of Children and Parents/Caregivers



positive outcomes

Program Level Outcomes:

- Decrease in children exhibiting difficult behaviors
- Decrease in negative parent-child interactions
- Decrease in PMD among identified/treated women

Children whose screenings show they have developmental or social-emotional delays are referred for further assessment



In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



program description

Petaluma People Services Center provides 23-26 hours of direct community-based mental health services to individuals, couples, and families who are residents at the Mary Isaak Center in Petaluma and to individuals residing in transition housing units in Petaluma. Services are prioritized as follows;

1. Single people in the emergency shelter on the 1st floor after initial goals have been met and after completing 3 months of stable residency
2. Families residing on the 2nd floor (transitional housing, families may stay up to 2 years)
3. Single people residing in COTS community-based transitional housing

contracted services

- Psychotherapy and or psycho-educational groups weekly
- Outpatient mental health services to individuals and couples utilizing best practices, including Brief and Strategic Therapy, Cognitive Behavioral Therapy (8-10 individual sessions)

PETALUMA PEOPLE SERVICES CENTER- COMMUNITY INTERVENTION PROGRAM

1500A Petaluma Blvd S

Petaluma, CA 94952

(707) 765-8488

admin@petalumapeople.org

MHSA Component:

System of Care- Community Services and Supports (CSS)

Initiative/Population:

Individuals who are homeless and receiving services at the Committee on the Shelterless (COTS) shelter- Mary Isaak Center- Community Intervention Program (CIP)

Program Location:

Petaluma, CA

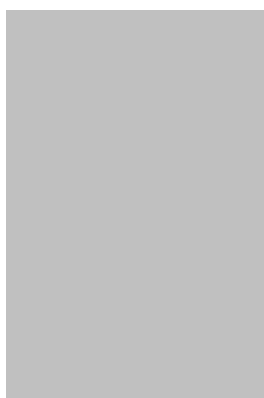
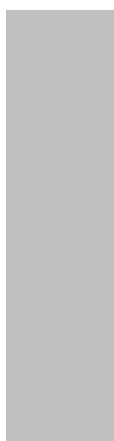
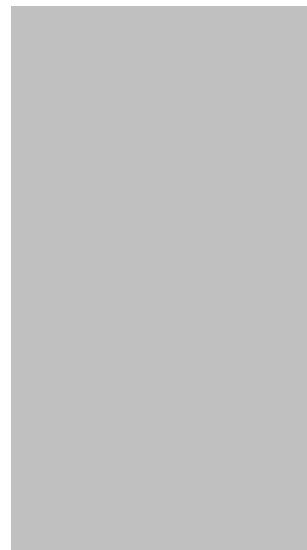
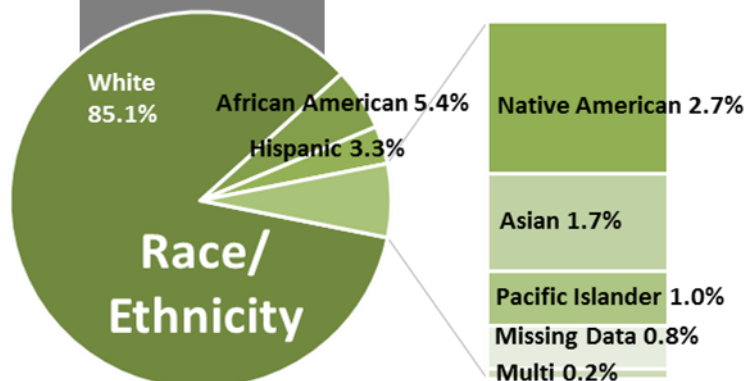
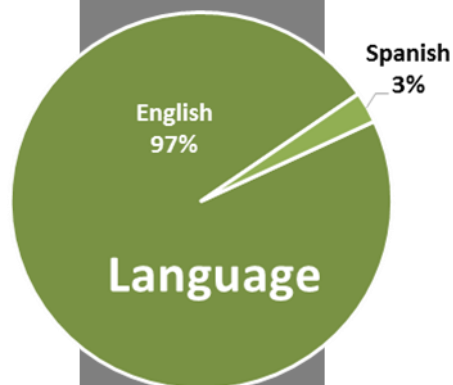
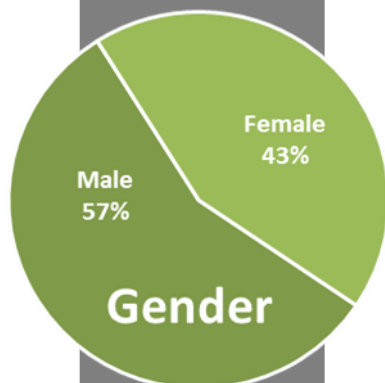
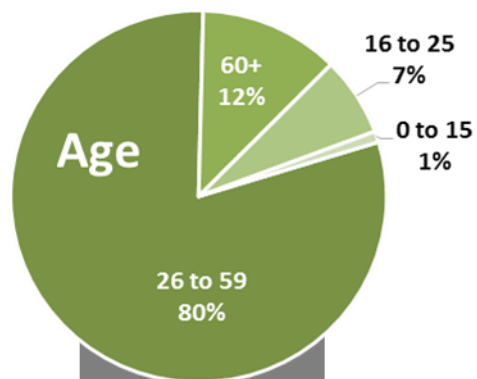
For more information, go to:

<http://petalumapeople.org/>

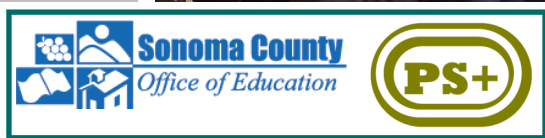


program demographics

Total numbers served
(aggregate of quarterly reports):
523



In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



program description

The Sonoma County Project SUCCESS+ Collaborative was formed to ensure the development and coordination of a countywide prevention and early intervention system of care for adolescents at 15 mainstream and alternative high schools in Sonoma County. Membership in the Collaborative consists of six districts (Petaluma, Cotati-Rohnert Park, Windsor, Cloverdale, Healdsburg, and West Sonoma County) and includes partner community-based organizations for service delivery (currently, this includes Community and Family Services Agency, Drug Abuse Alternatives Center, SOS Counseling and National Alliance for Mental Illness). This contract is managed by the Health, Policy, Planning and Evaluation (HPPE), a division of the Sonoma County Health Services Department.

Project SUCCESS is an evidence-based student assistance program (NREPP) which is also listed as Tier 1 for the Sonoma County Upstream Investments Initiative Portfolio. Enhancements were added to the model, with developer-input, as Project SUCCESS+ (Project SUCCESS Plus or PS+) to address a broader spectrum of behavioral health issues increasing emphasis with mental health issues through the delivery of culturally appropriate prevention education, early identification, screening strategies, individual/group counseling and referrals for needed services.

SONOMA COUNTY OFFICE OF EDUCATION- PROJECT SUCCESS PLUS

5340 Skylane Boulevard
Santa Rosa, CA 95403
(707) 524-2600

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

Student Assistance Program- School Aged Youth
Ages 13 to 18 years

Program Location:

Sonoma County, CA

For more information, go to:

<http://www.scoe.org/>

community & family
SERVICE AGENCY — CFSA —

Community
SOS
Counseling

 **nami** | Sonoma
County
National Alliance on Mental Illness

 **Center Point
DAAC**
Drug Abuse Alternatives Center

PETALUMA CITY SCHOOLS

 **COTATI-ROHNERT PARK
UNIFIED SCHOOL DISTRICT**

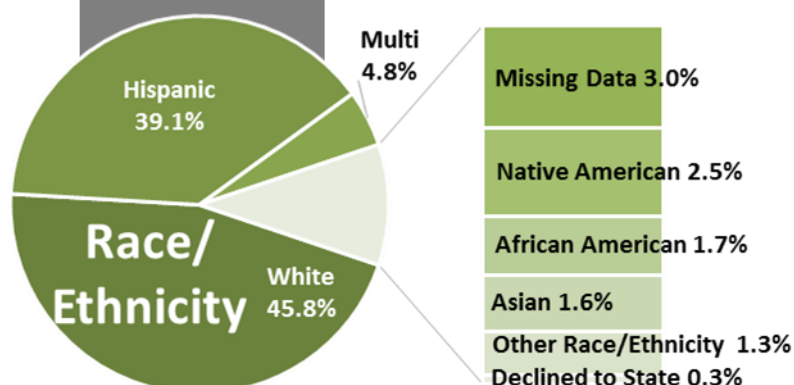
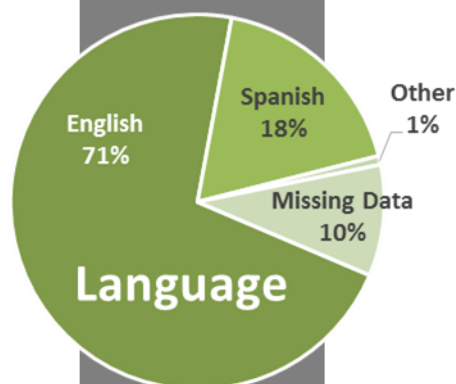
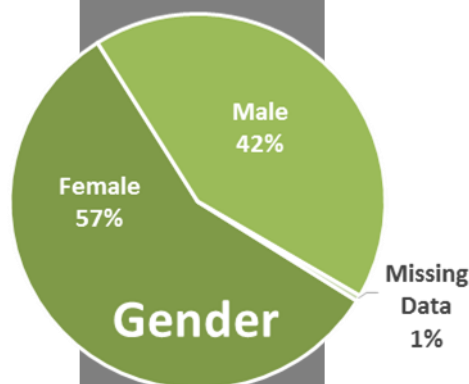
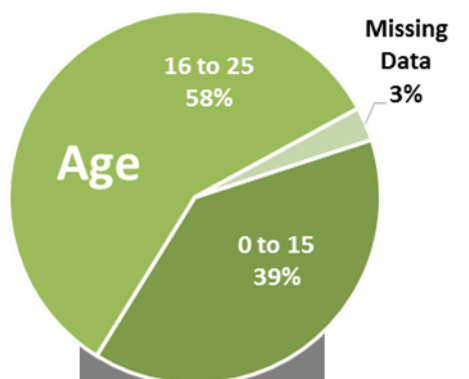
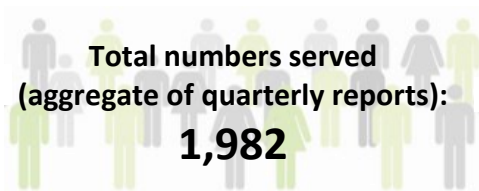
 **HEALDSBURG UNIFIED
SCHOOL DISTRICT**



Cloverdale Unified School District

**West Sonoma County
Union High School District**

program demographics



contracted services

- Prevention Education Services (PES)
- Screening
- Individual and Group Counseling
- Family engagement and parent programs
- Referral and Resources
- School Staff Development
- School-wide Awareness and Outreach
- Community Coalitions
- Yearly evaluation report

performance outcomes

Among students who received the Prevention Education Series, 89.8% reported an increase in knowledge of ATOD and Behavioral Health issues (based on 285 surveys).

Among students who received the NAMI Presentations: 99.4% reported an increase in knowledge on Behavioral Health Issues and 94.7% reported an increase in confidence in dealing with BH issues (based on 170 surveys)

English speaking parents: 100% reported increased knowledge and 100% reported increased confidence in ATOD and Behavioral Health issues (based on 3 surveys). Spanish speaking parents: 100% reported increased knowledge and 95.3% reported increased confidence in ATOD and Behavioral Health issues (based on 43 surveys).



In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



SONOMA COUNTY INDIAN HEALTH PROJECT

program description

The purpose of Mental Health Services Act (MHSA) Community Services and Supports Community Intervention Program is to directly address barriers to accessible and provide cultural/linguistic competent services by partnering Sonoma County Indian Health Project (SCIHP) who has demonstrated significant experience serving diverse ethnic and cultural communities. SCIHP will house mental health services and extend existing outreach activities to facilitate increased access to mental health services specifically among ethnic/linguistic minority populations who are uninsured, and who may be MediCal beneficiaries who are able to receive appropriate care in the primary care setting.

SCIHP will expand the mental health services delivery in order to provide a coordinated system of care to its patients in a manner that increases the availability of integrated mental health, medical, and other social services, and will enhance the quality of health care services available with an emphasis on services to underserved ethnic and cultural populations served by SCIHP.

SCBH contracts for a structured approach to meeting the mental health needs of SCIHP clients. There are four types of service and specific criteria for each service type will guide access and utilization of mental health services. The four service levels are:

- Service Type 1. Psychiatric consultation, training and education to primary care providers
- Service Type 2. Face-to-face psychiatric consultation (time limited)
- Service Type 3. On-going psychiatric treatment/management
- Service Type 4. Non-physician mental health services

contracted services

- Psychiatric services including medication support
- Psychiatric consultation to primary care providers and other providers in the clinics

SONOMA COUNTY INDIAN HEALTH PROJECT COMMUNITY INTERVENTION PROGRAM

144 Stony Point Road
Santa Rosa, CA 95401
(707) 521-4545
admin@scihp.org

MHSA Component:

System of Care- Community Services and Supports (CSS)

Initiative/Population:

Native Americans

Program Location:

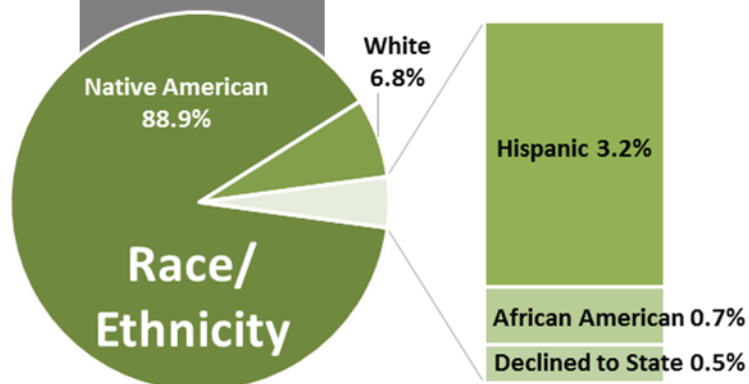
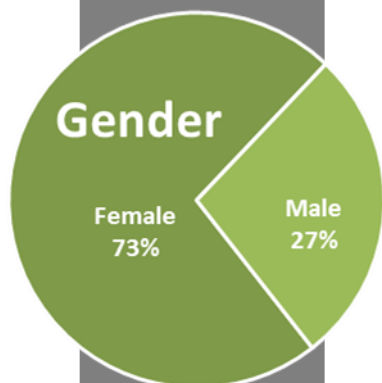
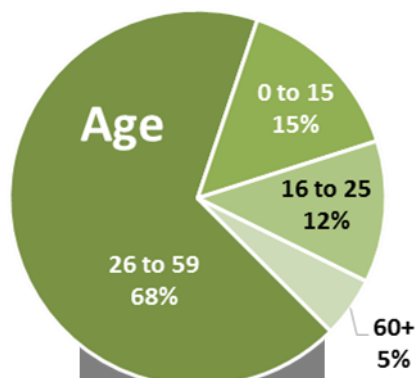
Santa Rosa, CA

For more information, go to:

<http://scihp.org/services/behavioral-health-services/>

- Provide support to psychiatrist to ensure on going psychiatric treatment and management. Provide assistance to ensure smooth bi-directional referral between clinic and Sonoma County Behavioral Health Division
- Provide case management to assist people with mental health issues receiving psychiatry services in the following areas: establishing eligibility for and gaining access to federal, state, and local programs that provide or financially support the provision of medical, social, housing, education, employment, or other related services. This includes providing follow up to ensure service options are accessed.

program demographics



positive outcomes

Adults, families and children have benefited from the support and services provided. Stabilization of psychiatric symptoms and improved health care delivery with the added consultation with primary care providers at SCIHP.



In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



SONOMA COUNTY INDIAN HEALTH PROJECT

program description

Sonoma County Indian Health Project (SCIHP) provides services to Native American tribes of Northern California, Pomo, Miwok, Wappo and other tribe members from other nations who reside in Sonoma County. Services provided include medical and dental clinic, behavioral health, pharmacy, diabetes program, WIC, Nutrition/Senior Lunch, and Community Health Outreach. The clinic is also a social network gathering place for Native people to meet and support each other. MHSA services include:

- 1) Facilitate presentations and workshops conducted by Native American Health experts addressing obstacles to Native Americans seeking mental health services through education and outreach to the Native community to foster normalcy for accessing mental health services at SCIHP
- 2) Recruit Native "Aunties and Uncles" and 5 Native American mentors to provide support services to transition age youth and families who will be trained to increase their awareness of signs and symptoms of mental illness and to be proficient in accessing resources available in the community.
- 3) Implement routine screening for depression for transition age youth ages 15-24 in the medical clinic

contracted services

- Facilitate presentations and workshops conducted by Native American Health experts addressing obstacles to Native Americans seeking mental health services
- Recruit and Train Native "Aunties and Uncles" and 5 Native American mentors to provide support services to transition age youth and families
- "Aunties and Uncles" and 5 Native American mentors to provide support services to transition age youth and families
- Provide screening for depression for transition age youth ages 15-24 in the medical clinic

SONOMA COUNTY INDIAN HEALTH PROJECT

144 Stony Point Road
Santa Rosa, CA 95401
(707) 521-4545
admin@scihp.org

Program Name:
Aunties and Uncles

MHSA Component:
Prevention and Early Intervention (PEI)

Initiative/Population:
Transitional Age Youth

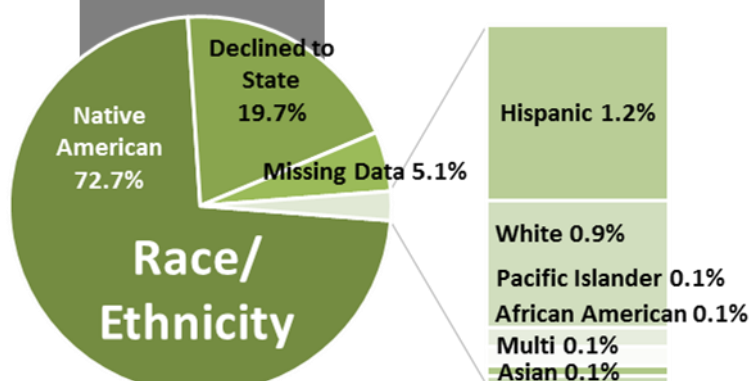
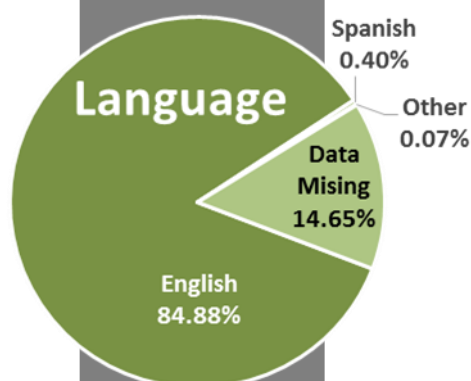
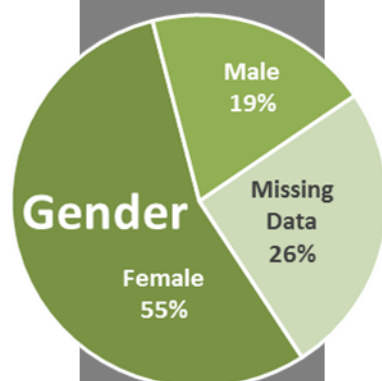
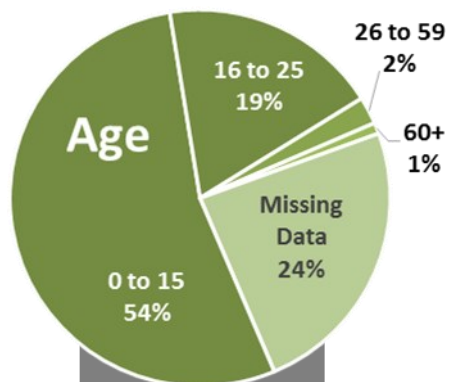
Program Location:
Santa Rosa, CA

For more information, go to:
<http://scihp.org/services/behavioral-health-services/>



program demographics

**Total numbers served
(aggregate of quarterly reports):
1,488**



positive outcomes

Below are examples of positive outcomes from the MHSA-funded programs at Sonoma County Indian Health Project:

SCIHP educates the Native American community to increase access to mental health services by providing community events, workshops, trainings and cultural activities which also helps to reduce the stigma associated with behavioral health services.

The Aunties and Uncles Program continues to host an After School Program to screen and refer youth and family to behavioral health Services when needed. The After School Program also provides positive role models from peers and staff for youth who need extra support.

The Aunties and Uncles Project continues to develop and promote wellness and address access to mental health services for Native American Communities, incorporating Traditional Native American teachings culture and healing as methods of prevention and early intervention. By utilizing traditional ceremonies like the sweat lodges they have been able to reduce some of the stigma associated with the conventional behavioral health methods and practices. Clients view the ceremony as group therapy session that allows them to freely vent and discuss issues that are affecting them in their daily lives and receive support from the participating clients and staff.

The Aunties and Uncles project has begun hosting smaller group therapy sessions for youth who have been screened and identified through the PHQ-9 as being severally at risk of suicide. The group therapy session consist of 3-6 male or female participants that discuss their suicidality amongst themselves supported by one another and counselors. Many of the youth who have participated in the group therapy sessions find comfort amongst one another and are more than willing to speak about their mental health behaviors with peers. The youth also enjoying the art therapy which is the second component of the weekly therapy sessions, they have learned how to bead Native American jewelry, sew blankets.



In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



program description

This Mental Health Services Act (MHSA) Community Services and Supports Community Intervention Program is an outreach strategy to directly address barriers to access and provide culturally and linguistically competent services, integrated mental health and medical services, and a coordinated system of care by partnering with Santa Rosa Community Health Centers (SRCHC). SRCHC has demonstrated significant experience serving diverse ethnic and cultural communities.

To facilitate increased access, specifically among ethnic/linguistic minority populations, and promote integrated health care, SRCHC will provide:

- Psychiatry and associated nursing case management services
- Integrated mental health and medical services
- A strengthened bi-directional referral process and collaboration between SRCHC and the County's public mental health system

Populations to be served include:

- Medi-Cal beneficiaries who meet CCR Title 9, Chapter 11, Article 2.1830.205 (Title 9) Medical Necessity Criteria
- People who meet Target Population criteria (Welfare and Institutions Code 5600.3) who would not otherwise engage in care
- Underserved populations, including the uninsured and monolingual Spanish-speakers

SANTA ROSA COMMUNITY HEALTH CENTERS- COMMUNITY INTERVENTION PROGRAM

3569 Round Barn Circle

Santa Rosa, CA 95403

(707) 303-3600

info@srhealthcenters.org

MHSA Component:

System of Care- Community Services and Supports (CSS)

Program Location:

Santa Rosa, CA

For more information, go to:

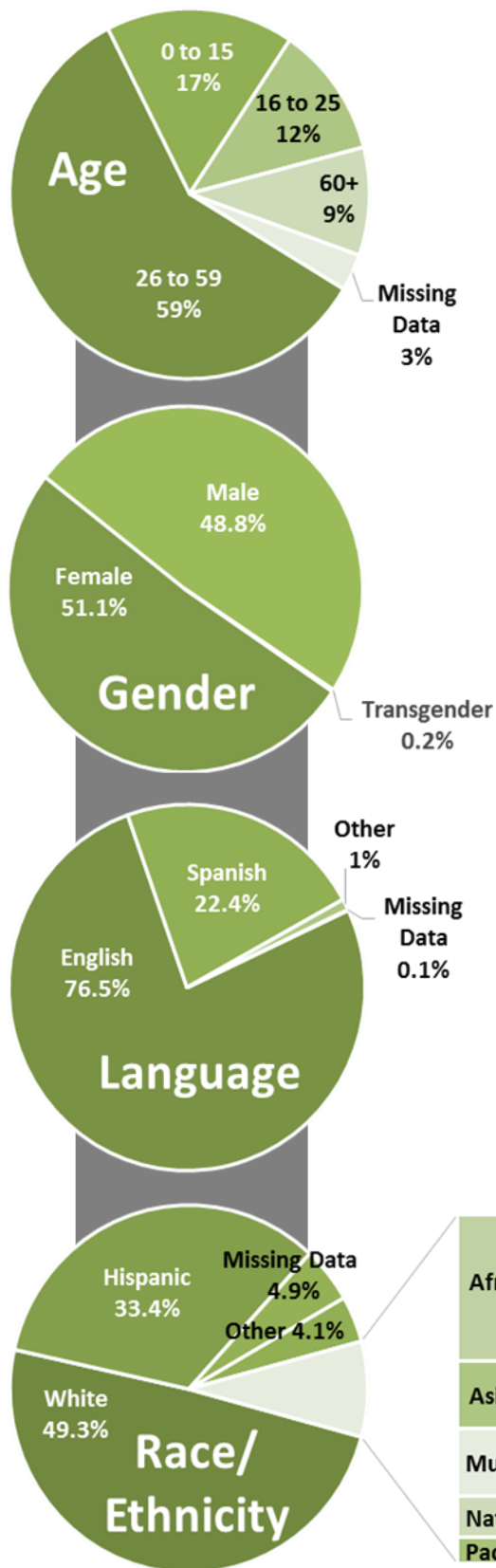
<http://srhealthcenters.org/>

contracted services

- Psychiatric consultation, training and education to primary care providers
- Face-to-face psychiatric consultation (time limited)
- On-going psychiatric treatment/management
- Nurse case management



program demographics



positive outcomes

CSS funding has promoted the development of an integrated Primary Care Provider and Mental Health team member throughout this major provider of health services to the low-income members of Santa Rosa. The integration of staff has helped move towards better expression of empathy towards patients, confidence for primary care providers in managing Mental Health illness in a primary care setting, and building the community safety net to avoid escalation of Mental Health issues.

SRCHC's Brookwood Health Center is an integrated primary care health center that provides a complete spectrum of health services for homeless individuals in an outpatient setting, including psychiatric support, enabling services, and chemical dependency services. The Brookwood environment values and supports individuals at whatever stage of recovery or independent living they may be in. In many ways, the existence of Brookwood Health Center is a tribute to the way MHSA funds have allowed partnerships to develop to meet the needs of individuals with serious mental illness.

SRCHC has been able to leverage nursing support for individuals who are managing their Mental Health needs in the community by having dedicated nurses for the psychiatric team to be able to stay in contact with patients on their medications and have a place to for family members to talk about symptom and changes.

At the Vista Family Health Center a Family Practitioner recently expressed great appreciation for the support from the psychiatric team when she was seeking to support a patient to avoid a hospitalization for an acute exacerbation of her mental illness. This type of mentoring and support for Primary Care Providers when there is an acute incident for a patient with mental illness.

At SRCHC's Southwest Community Health Center, all care teams have an integrated Behavioral Health staff member to help with "warm hand-offs" as part of a continuum of services to enable appropriate use of behavioral health resources, including psychiatric care. The presence of co-located integrated behavioral and mental health staff have also enabled SRCHC to implement a practice of training Medical Assistants to administer the PHQ-2.

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



program description

The Santa Rosa Community Health Centers MHSA PEI contract goals are as follows:

- Ensure earlier access to mental health services, to lower the incidence of mental illness and suicide, to enhance wellness and resilience, and to reduce stigma and discrimination in Sonoma County for children from early childhood through the School years.
- Engage children, youth and their parents prior to the development of serious mental illness or serious emotional disturbances and to alleviate the need for additional mental health; or to transition the individual to extended mental health treatment.
- Build capacity for mental health prevention and early intervention services at sites where people go for other daily activities (e.g., health providers, education facilities, and community organizations).
- Ensure earlier access to mental health services, to lower the incidence of mental illness and suicide, to enhance wellness and resilience, and to reduce stigma and discrimination in Sonoma County.

contracted services

- Triple P interventions for Latino teens, parents and children at 1 school-based Health Center and/or the Lombardi Health Center and/or school site
- Community Outreach to promote early intervention and reduce stigma
- Student Assistance Programs
- Early Screening for identification of behavioral health issues early enough to reduce escalation
- Brief Therapy
- Patient Support Groups
- Parent Child Interaction Therapy (PCIT) early intervention services to parents of children in preschool or elementary school

SANTA ROSA COMMUNITY HEALTH CENTERS

3569 Round Barn Circle
Santa Rosa, CA 95403
(707) 303-3600

info@srhealthcenters.org

Program Name:

Early Childhood Education

MHSA Component:

Prevention & Early Intervention (PEI)

Initiative/Population:

School-Linked Student Assistance Programs for ages 5-18

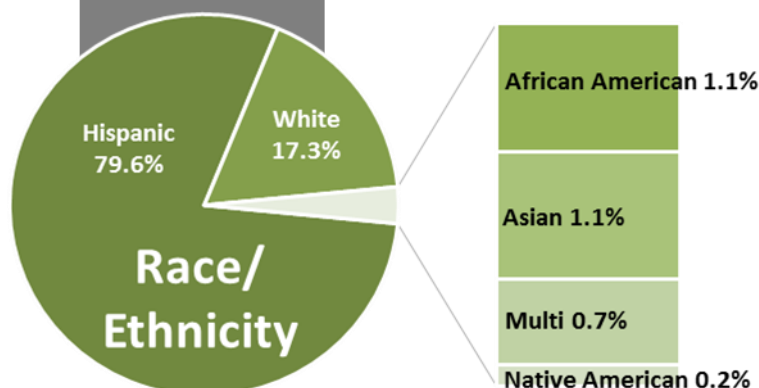
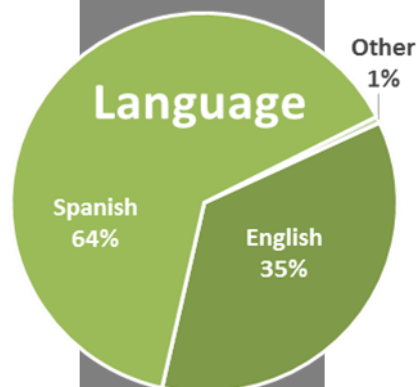
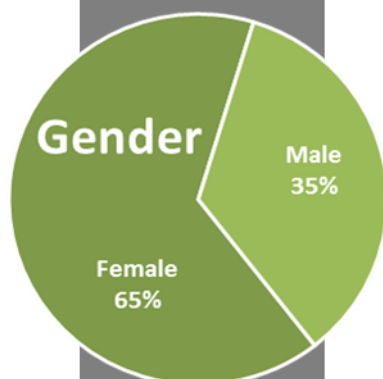
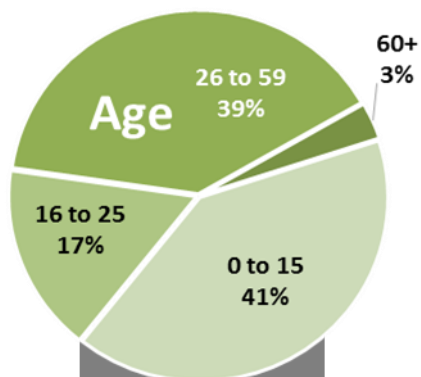
Program Location:

Santa Rosa, CA

For more information, go to:

<http://srhealthcenters.org/>

program demographics



performance outcomes

Santa Rosa's 2013-14 PEI services have been focused on outreach, school-based services and resiliency building services for low income individuals, particularly children.

PEI Funding has provided school based therapy appointments for youth on the campus at Elsie Allen High school. Youth at this site largely seek care as a confidential service, so MHSA funding makes it possible to provide care even if the health centers can't bill insurance.

SRCHC provided three 90-minute Parent Workshops focused on strengthening relationships between fathers and their children. Parent Workshop evaluations indicated that 75% of participants were satisfied with the content and delivery of the workshop. Participants shared that they enjoyed the interactive activities and the group discussions.

SRCHC conducted a two-hour parenting training workshop for Regional High School staff. Training evaluations showed that 95% of staff increased their knowledge of 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, etc.)

With PEI funding Roseland Health Center's Behavioral health staff member reached out to a range of local schools for consultation on Individual Education Plans that were cognizant of emerging health needs.



In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



program description

The PEI Program, based in the Student Health Services department, uses a comprehensive approach to promote mental health and reduce stigma across campus. Student outreach efforts are focused on reaching transitional aged youth through orientations and first year experience courses. Online mental health screenings and training are made available to all students. The PEI Program works closely with the SRJC Crisis Intervention Resource Team (CIRT) which provides trainings for faculty and staff on recognition and response to students of concern. PEI Program staff have established community partnerships to better serve our students including collaborating with Sonoma County's Behavioral Health Division (SCBHD) to implement mobile crisis assessment services for students that are a danger to self and/or others, and hosting mental health networking and strategizing events with local mental health agencies.

contracted services

- Provide QPR Training to SRJC students and staff
- Faculty and staff trainings on recognition and response for students of concern including the Kognito At-Risk on line training
- Psycho-educational intervention in classrooms with a focus on reaching first year students
- Online outreach to students includes Student Health 101 magazine, Kognito At-Risk for Student Leaders training, and College Response anonymous mental health screenings
- Campus wide events to raise awareness and reduce stigma

SANTA ROSA JUNIOR COLLEGE

1501 Mendocino Ave
Santa Rosa, CA 95401

Contact Info:

Jeane Erlenborn, MPH
707-524-1595

jerlenborn@santarosa.edu

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

Transitional Age Youth

Program Location:

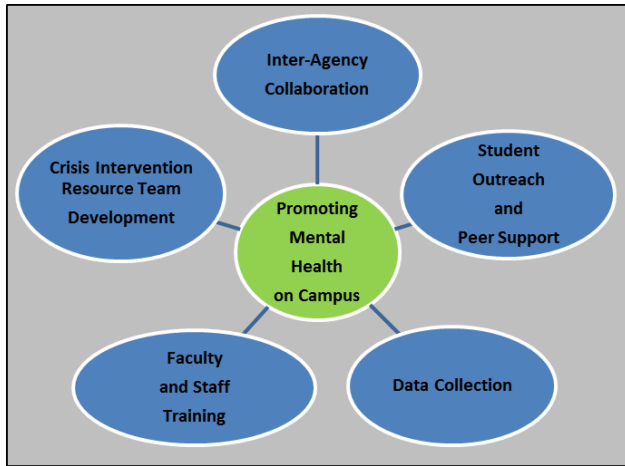
Santa Rosa, CA

For more information, go to:

<http://www.santarosa.edu/>

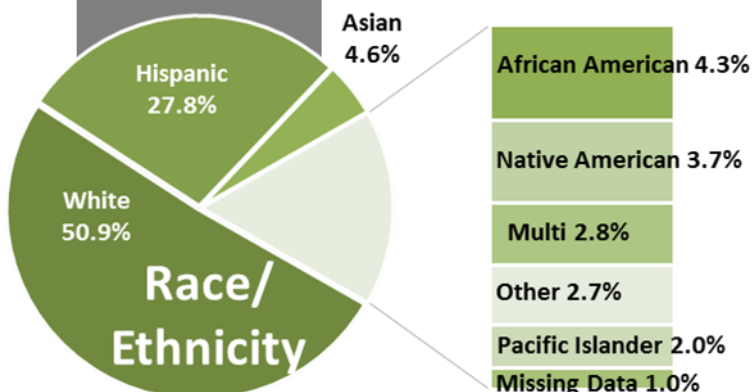
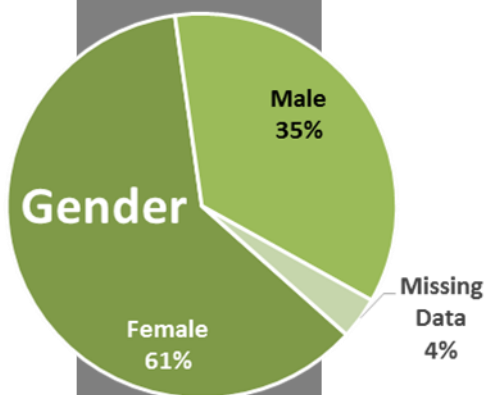
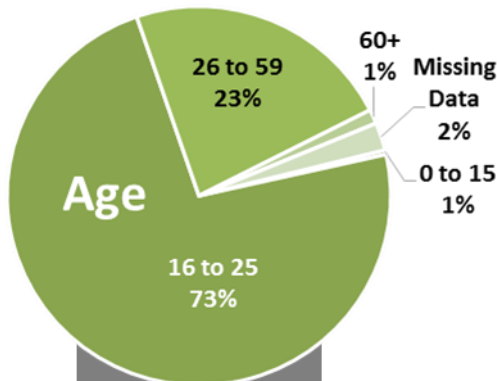


Prevention and Early intervention (PEI) model at SRJC



program demographics

**Total numbers served
(aggregate of quarterly reports):**
1,312



performance outcomes

717 students were trained in QPR during 2013-2014 (over 2,000 over all years).

618 students received a Student Health & Success presentation in their classroom. Student Health & Success shares information and resources on common mental health issues which may interfere with academic performance and student success. Evaluations indicate:

- 97% of participants were satisfied with the presentations
- 93% believe it will help them maintain or improve their health
- 86% intend to share something they learned with friends or other students.

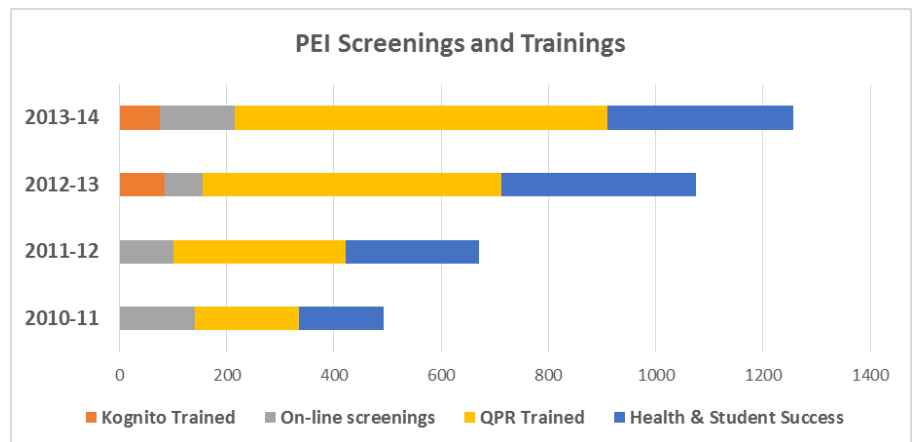
Student Health 101 on-line magazine:

4,398 unique visitors accessed the magazine over the 2013-2014 school year.

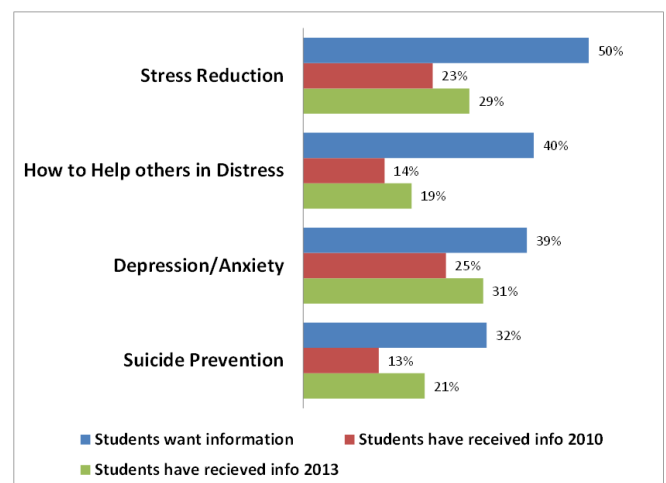
- 85% of students polled responded that they learned something that they would apply to their daily life.

Students reported reading and learning from the following mental health related articles:

- Stress Effects – 85%
- How to make yourself a priority – 72%
- How to Manage Anxiety – 70%
- Conquer your stress – 67%
- Many Faces of Depression – 63%



SRJC as a Source of Information



In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health services system throughout California.



program description

Russian River Health Center (a clinic of West County Health Centers) is designated as Federally Qualified Health Center in the western Sonoma County. Russian River Health Center (RRHC) provides primary care, mental health, and dental care to people in the lower Russian River area.

Mental Health Services Act provides funding for a Licensed Clinical Social Worker (LCSW) for RRHC. The purpose of the LCSW at RRHC to increase access to mental health services to populations identified at high need. These populations include: people who are in geographically isolated communities, people who identify as members of the LGBTQQI community, and people who are homeless.

contracted services

- Warm Hand Off from primary care provider
- Rapid psychosocial assessment;
- Mobilization of psychosocial supports;
- Stabilization counseling (case management)
- Follow-up services through the crisis
- Linkage with needed services including referral to RRHC or other therapy services or for assessment for specialty mental services

WEST COUNTY HEALTH CENTERS- COMMUNITY INTERVENTION PROGRAM

16319 3rd Street
Guerneville, CA 95446
(707) 869-2849

MHSA Component:

System of Care- Community Services and Supports (CSS)

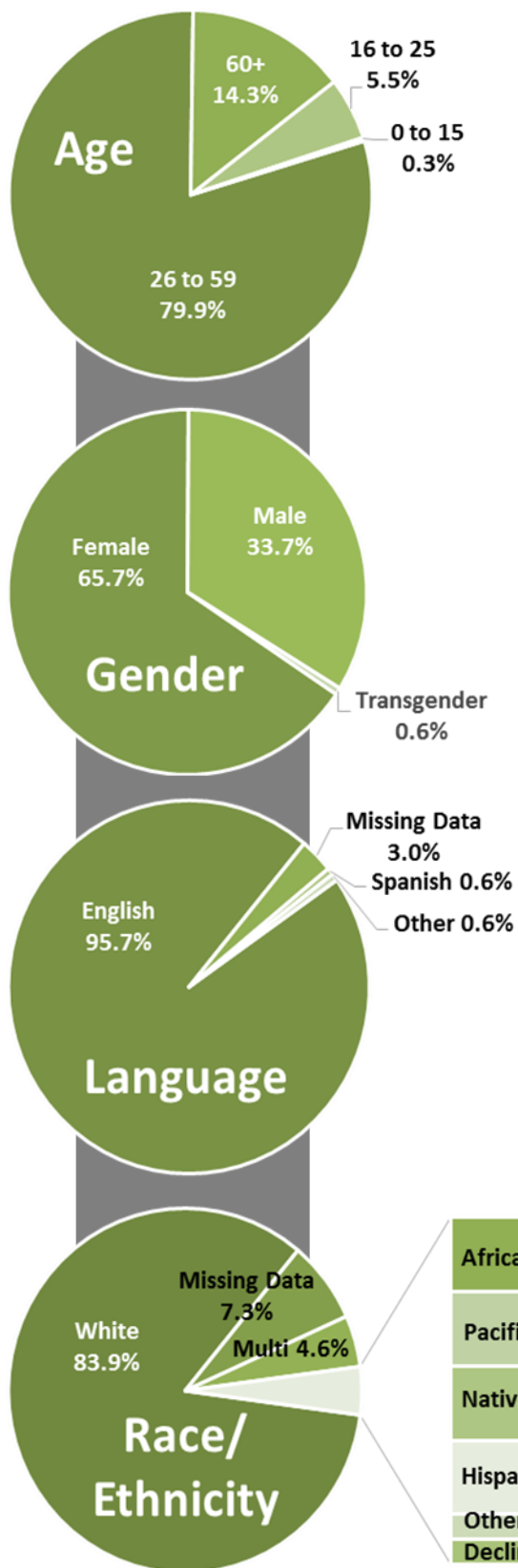
Program Location:

Guerneville, CA

For more information, go to:

<http://www.wchealth.org/>

program demographics



positive outcomes

	Goal:	Outcome:
1.	Provide crisis resolution services for 50 unduplicated mentally ill clients.	Crisis intervention services provided to individuals through warm hand offs, referrals from providers or staff or self-referral.
2.	Case management/short term counseling for 50 unduplicated homeless persons or those potentially homeless with a history of mental illness.	In the fourth quarter for FY 13-14, case management/short term counseling services were provided to 87 unduplicated patients during the reporting period. 195 individual visits were provided, exceeding their goal.





Appendix 6

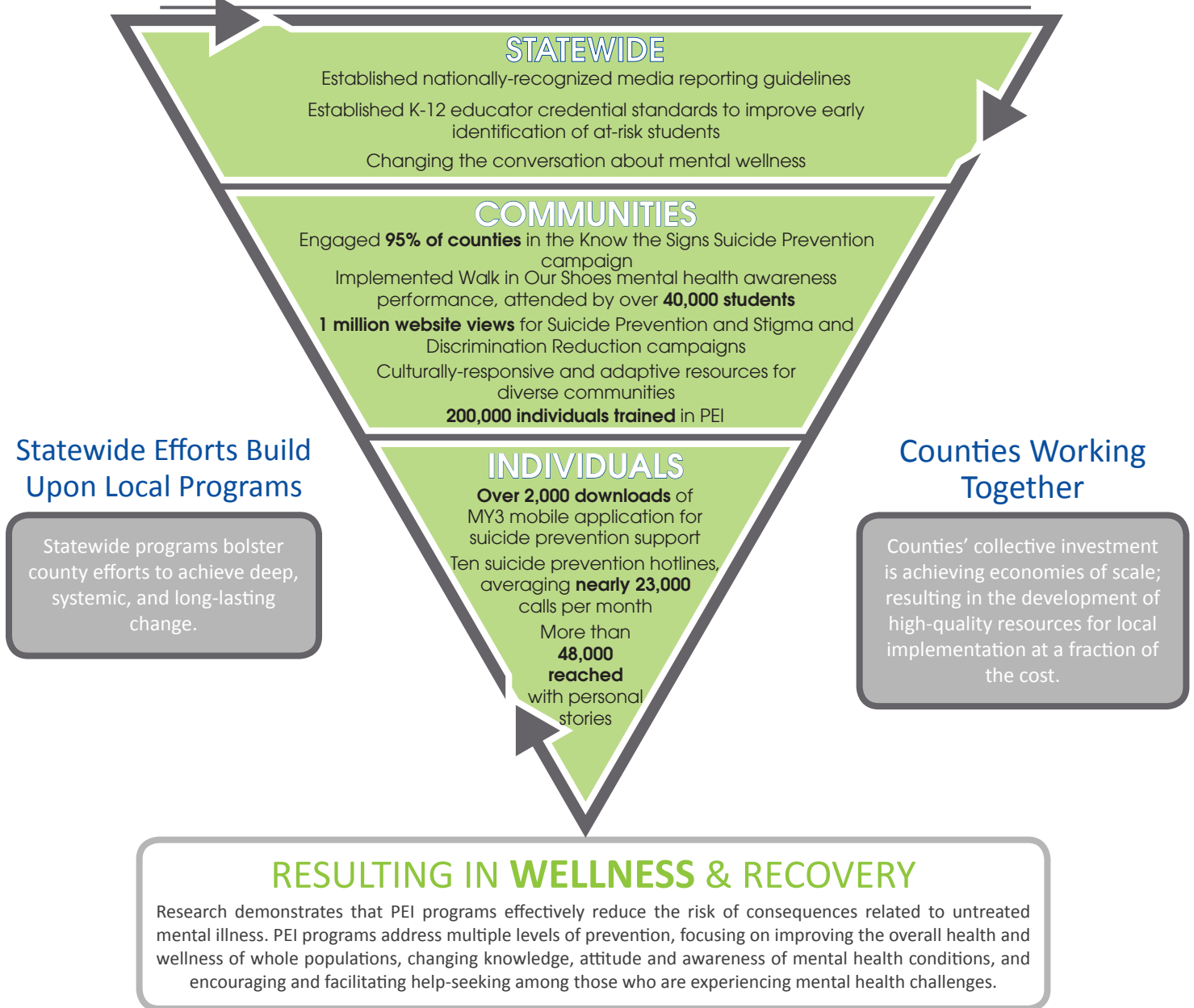
CalMHSA Impact Statement

Sonoma County & The California Mental Health Services Authority: Supporting Mental Health Through Statewide Prevention and Early Intervention Programs

Affirming that Each Mind Matters in California

Through the *California Mental Health Services Authority (CalMHSA)*, counties are leveraging their *Proposition 63 (Mental Health Services Act)* resources to support Prevention and Early Intervention (PEI) statewide programs that are preventing suicide, improving student mental health, and reducing stigma and discrimination.

What Have CalMHSA's Statewide PEI Programs Accomplished?



A California Legacy

A unique spotlight is on California as one of the most innovative states implementing programs to promote mental health at an unprecedented scale. The Phase Two Plan continues this legacy. California's collective commitment to mental wellness thrives outside of California, as other states and counties adopt and benefit from these locally-developed programs.

**EACH MIND
MATTERS**
California's Mental Health Movement



Prevention & Early Intervention Strategies working in Sonoma County

Sonoma County has benefited from statewide efforts: CalMHSA's multi-faceted PEI statewide projects are designed to complement local activities. Here are a few examples of the local impact of statewide PEI programs on Sonoma County residents.



The **Know the Signs** Suicide Prevention Campaign informs Californians of 3 things: The warning signs for suicide, how to talk to someone about suicide, and how to identify helpful resources. Sonoma County residents received Campaign information through TV, online and magazine ads, resulting in **6.2** million total estimated views within the county. In February 2013, Santa Rosa Junior College in Sonoma County included an insert branded with the Know the Signs look in the Santa Rosa Junior College "Student Health 101" Magazine.



Directing Change is a statewide contest that engages students in creating videos about suicide prevention and stigma and discrimination reduction. **Eleven** Directing Change submissions from Sonoma County were received in the 2013 and 2014 high school contest which placed second place and first place. Sonoma County used and shared those videos at a Board of Supervisor's meeting. Schools that had students participated in Directing Change received several donated suicide prevention and stigma reduction programs.



The **Walk In Our Shoes Campaign** educates 4th-6th graders through school plays and online engagement about individuals with mental health challenges, and helps develop compassion and acceptance. Walk In Our Shoes school plays were held at Sixth Grade Charter Academy – Petaluma Junior High Sonoma County elementary school in 2013. There have been more than **400** website visits from Sonoma County residents to WalkInOurShoes.org demonstrating the community's interest in obtaining information about suggestions and resources on how to talk to youth about mental health



Each Mind Matters, California's mental health movement is a community of individuals and organizations dedicated to a shared vision of mental wellness and equality. There have been **1,150** website visits from May 2013 to September 2014 from Sonoma County residents to EachMindMatters.Org demonstrating the county's strong interest in support for this mental health movement.



Regional K-12 Student Mental Health Initiative builds the capacity of schools and communities to implement prevention and early identification strategies that promote student mental health. In Sonoma County, more than **150** teachers, administrators, counselors, parents, and community members were trained in mental health topics, such as suicide prevention and bullying prevention.



Mental Health First Aid (MHFA) educates individuals on how to assist someone experiencing a mental health related crisis. In the MHFA course, participants learn risk factors and warning signs for mental health and addiction concerns, strategies for how to help someone in both crisis and non-crisis situations, and where to turn for help. There are **24** new Trainers in the Bay Area County Regions available to provide MHFA trainings to the community.



California Community Colleges focus on prevention and early intervention strategies addressing the mental health needs of college students and advancing the collaboration between community colleges and community-based agencies. At Santa Rosa Junior College, more than **6,400** individuals were trained in mental health topics.



National Alliance on Mental Illness (NAMI) programs provide information on the impact of stigma and how to identify mental health concerns early on. More than **165** presentations have been provided to Sonoma County from NAMI programs including *Ending the Silence*, *In Our Own Voice*, and *Parents and Teachers as Allies* reaching **2,250** individuals.



CalMHSA has expanded the reach of 24/7 crisis hotline services as well as the types of community support services they provide. Suicide Prevention & Community Counseling of **Family Service Agency of Marin** received **7,200** calls from Sonoma County residents.