

MENTAL HEALTH SERVICES ACT: Getting Ready for Change in Sonoma County



2016-2017 Mental Health Services Act Plan Update & Annual Update for 2014-2015



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
SC-BHD Review and Approval Process	9
Public Hearing Content and Comment.....	10-11
Description of the Stakeholder Process	12-14
FY 16/17 MHSA Plan Update	15-29
Expansion of MHSA Services.....	16
Senate Bill SB82.....	17
FY 14/15 Annual Update for MHSA Programs and Services.....	30
Expenditure Plan for FY 2016/2017.....	114
Appendices	
Appendix 1: Sonoma County MHSA Learning Circle PowerPoint	121
Appendix 2: SWITS Implementation & Annual Outcome Report Process.....	135
Appendix 3: MHSA Impact Statements for FY 14-15	138
Appendix 4: CalMHSA Impact Statement.....	203
Appendix 5: Together Against Stigma Conference PowerPoint.....	205
Appendix 6: Sonoma County MHSA Newsletters	230

MHSA Report prepared by Amy Faulstich, MHSA Coordinator, and Bruce Robbins, Program Planning and Evaluation Analyst, 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 August 30, 2016.

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 8/31/16
Signature Date

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: Donna M. Dunk
Telephone Number: (707) 565-5157	Telephone Number: (707) 565-3285
E-mail: Michael.Kennedy@sonoma-county.org	E-mail: Donna.Dunk@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.

Mike Kennedy
Local Mental Health Director (PRINT)

Michael Kennedy 8/31/16
Signature Date

I hereby certify that for the fiscal year ended June 30, 2016, 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 1/29/2016 for the fiscal year ended June 30, 2015. I further certify that for the fiscal year ended June 30, 2016, 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 9/6/16
Signature Date

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 2016-2017 Mental Health Services Act (MHSA) Updated Plan and 2014-2015 Annual Update. Since 2004 Sonoma County has created a comprehensive system of care under the implementation of the MHSA. MHSA programs and services provide a full array of culturally competent services across the lifespan in communities throughout Sonoma County.



Ribbon Cutting Ceremony for new Sonoma County Urgent Care Center on February 29, 2016.

This is an exciting time of organizational change for our division. With funding from the Steinberg Institute and SB82, the Division has opened the new Behavioral Health Urgent Care Center, a Crisis Stabilization Unit and Access Services moved to a new location in March of 2016. The Division sought and received input from community stakeholders including consumers and family members on the program and design of the new Center. The new Center will be the access point for individuals seeking behavioral healthcare services.

Sonoma's county-wide effort is to create a local behavioral health wellness campus where the system of care will be located in one location shared with our Division's new Urgent Care Center. The BHD and community partners have created a system that is consumer, client and family member driven, culturally responsive and linguistically appropriate, promoting a vision in which recovery is possible.

The Division is also committed to continuing to diversify the workforce by hiring consumers and family members, and bilingual/bicultural Spanish speaking staff. This past year the Division has greatly expanded the Workforce, Education and Training (WET) efforts. The Division WET Specialist has implemented multiple training plans for the SC-BHD staff, contractors and community, while also continuing to work on strategies to diversify the workforce. The Division has expanded the MHSA contract with Latino Service Providers (LSP) to include workforce development strategies. LSP strategies include helping the Division with recruitment of behavioral health providers who are specifically Spanish speaking and bicultural to match the demographics with Sonoma County. LSP is also supporting pipeline projects with high school and college students, inspiring future generations to consider careers in behavioral health.

In the next year, the SC-BHD is committed to continuing to develop a system of evaluation for MHSA programs and services. The Division is pleased to announce the implementation the Sonoma Web Infrastructure of Treatment Services (SWITS) database for MHSA funded programs. The Division is also committed to developing an annual evaluation reporting system for MHSA contracted services in the next few years.

The Sonoma County Behavioral Health Division is looking forward to the future of an ever-evolving and expanding system of care. The BHD continues to implement its 3 year plan in partnership with community stakeholders. This could not be accomplished without the spirit of collaboration that is so strong in Sonoma 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 2016-2017, and to report on the activities, services, and programs currently funded through MHSA for Fiscal Year 2014-2015.

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 Sonoma County's mental health system.

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. In FY 2007-2008, the MHSA housing plan was funded. In FY 2009-2010 the Prevention and Early Intervention (PEI) Community Planning Process (CPP) 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 (INN) 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 a tremendous 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. The MHSA system has been implemented in phases and has now been running as a full continuum of care for the past three 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 2014-2015, please refer to the Annual Update beginning on page 30 of this report.

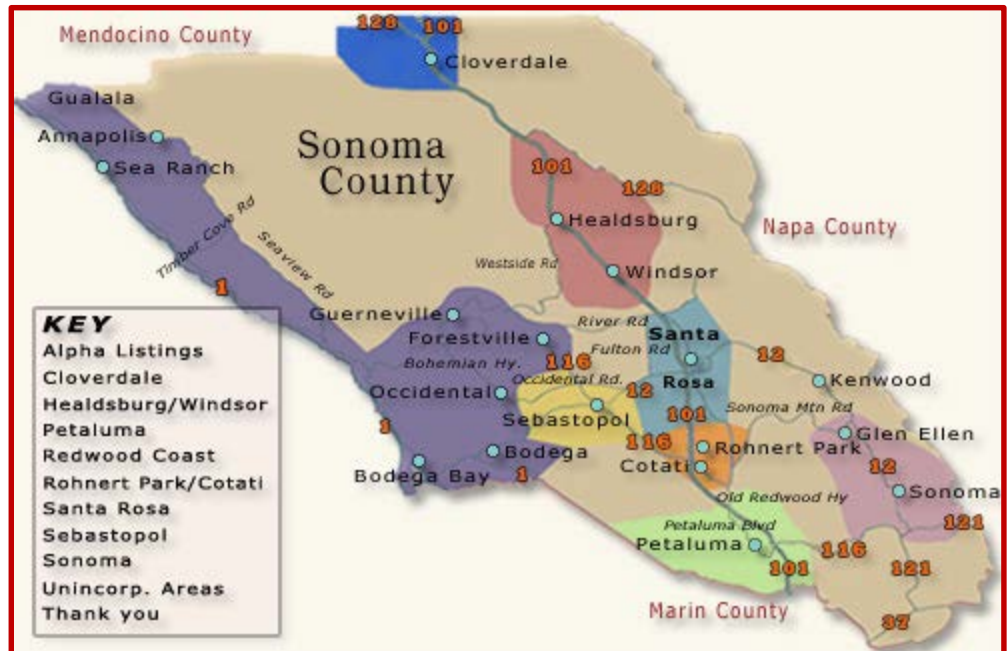
MHSA has provided Sonoma County the opportunity to enhance new partnerships and to strengthen continuing partnerships with community-based organizations, and has supported inclusion of the voices of more consumer, family members, and unserved and underserved populations in the planning and implementation 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 the 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 2015, Sonoma County had the 17th largest county population of the 58 counties in California, with 502,146 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 2015, Sonoma County's population grew 3.8%.



Demographics In 2014, 20.6 % of Sonoma County's population is under 18 years old, 5.8% of who were younger than school age (0 to 5 years old). 16.7% 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: 87.4% of Sonoma County residents are white (non-Hispanic); 26.1% are Latino, 4.3% are Asian/Pacific Islander, 2.2% are American Indian and Alaska Native 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), *BHC Behavioral Health Concepts*, reports that Sonoma County Mental Health Plan's Medi-Cal average monthly unduplicated eligible by race and ethnicity for calendar year 2013 was as follows: 37% of all Medi-Cal beneficiaries are Hispanic; 2.5% are African American; 1.6 % are Native American; and 3.9 % are Asian or Pacific Islander. Please Note: The most current numbers available for Medi-Cal beneficiaries and threshold language from EQRO are from 2013.

There are approximately 106,000 Medi-Cal beneficiaries in Sonoma County according to Partnership HealthPlan of California's 2014-2015 Annual Report.

California's Department of Health Care Services Information Notice 11-7 reports Spanish as a threshold language for Sonoma County. The California Department of Health Care Services (DHCS) 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. Sonoma County Behavioral Health provide services in multiple languages other than English and Spanish.

Sonoma County Behavioral Health Division's MHSA 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 2016-17 and the MHSA Annual Update for FY 2014-15. These instructions are based on WIC and the California Code of Regulations Title 9 (CCR) in effect at the time these instructions were released.

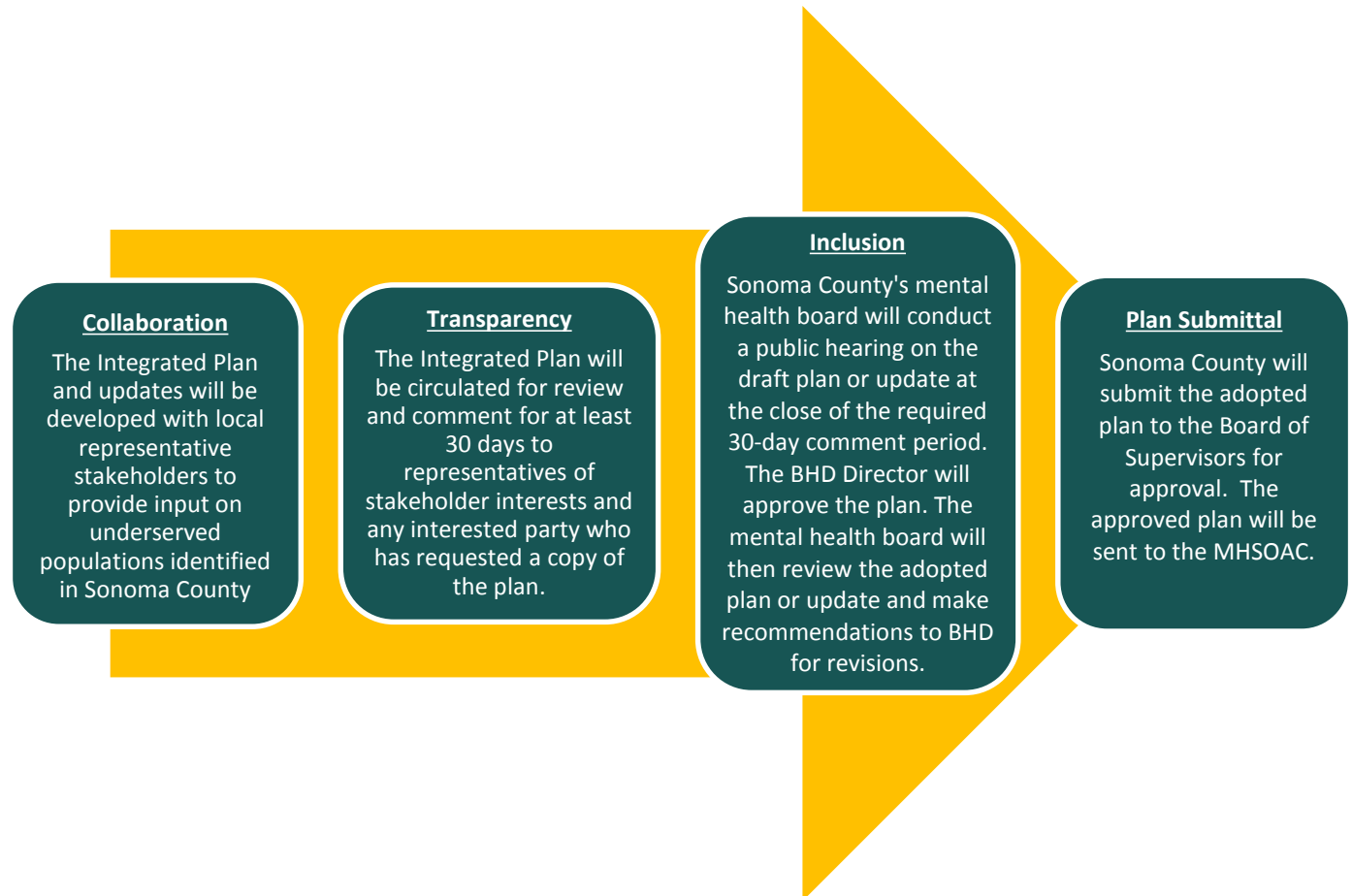
WIC § 5891 states that MHSA funds may only be used to pay for MHSA programs.

BHD requested stakeholder review of the MHSA Plan Update for FY 2016-17 and the MHSA Annual Update for FY 2014-15 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 2016-17 and the MHSA Annual Update for FY 2014-15 began on Sunday, April 17, 2016 and closed on Tuesday, May 17, 2016.

The Public Hearing



The Public Hearing for the MHSA Plan Update for FY 2016-17 and the MHSA Annual Update for FY 2014-15 took place at the Sonoma County Mental Health Board Meeting on Tuesday, May 17, 2016 at 5:00 pm at the Finley Center in Santa Rosa. The public was welcomed and over 100 community members and stakeholders attended the public hearing, with 42 people 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.

During the public comment period, SCBH received comments from contractors to correct information in the posted draft of the MHSA Plan and Annual Update. Those changes have been made to this report. These changes do not represent substantive changes in the content of this report nor services provided to the public. Public comment at the hearing provided overwhelming support of the Update and Plan. To view the public comment from the MHSA Public Hearing on May 17, 2016 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 2016-17 and the MHSA Annual Update for FY 2014-15 and to announce the MHSA Public Hearing.

MHSA Annual Update Distribution and/or Public Hearing Outreach to Stakeholders for 2016

Date(s)	Place
4/19	Mental Health Board Meetings
4/11; 5/3	MHSA Newsletter (April & May)
3/16	Russian River Area Resources and Advocates Meetings
3/11; 4/6	MHSA Contractors and Staff Contact list - emails sent
3/4	Behavioral Health Division Managers Meeting
3/10	All SC-BHD Learning Circle Meeting
4/17	Community Health Initiative for Petaluma Area - Behavioral Health Work Group Meeting
4/12	DHS Facebook Page
4/19	DHS Website
3/29	MHSA Website
3/29	BHD Website
4/26	Sonoma County Libraries - hard copies of Annual Update delivered
4/28	Sonoma County Chambers of Commerce – emailed link to Annual Update
2/18	0-5 Collaborative Meeting
April and May	All BHD Staff emailed document and flyer for public hearing
4/27	Action Network in Gualala – mailed hard copy of Update
4/26	Health Care Districts – emailed link to Annual Update
4/26	Finley Center – posted Public Hearing flyer and delivered hard copy of Update
4/26	Vet Connect – delivered hard copy of Annual Update
4/8	Project Success Plus Collaborative Meeting
4/18	CIT Training

MHSA Plan Update for FY 2016-17 and the MHSA Annual Update for FY 2014-15 was approved by the Sonoma County Board of Supervisors on August 30, 2016. The Behavioral Health Division sent the approved plan to the MHSOAC on September 16, 2016 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 14-15
Alcohol and Drug Problems Advisory Board meeting	Substance Use Disorders	7/16/14, 9/17/14, 10/15/14, 11/19/14, 1/21/15, 2/18/15, 3/18/15, 4/15/15, 5/20/15, 6/17/15
BHD director/mental health consumer managers meeting	Peers/Consumers	7/3/14, 8/15/14, 9/4/14, 10/2/14, 11/6/14, 12/4/14, 2/5/15, 3/5/15, 4/2/15, 6/4/15
California Reducing Disparities Group Planning Meetings	Cultural Populations	9/19/14, 9/23/14, 9/24/14, 10/27/14, 10/30/14, 12/2/14, 1/14/15, 3/19/15, 4/2/15, 6/9/15
Committee for Healthcare Improvement (CHI) meeting (monthly)	Homeless and health care providers	9/17/14, 10/15/14
Department of Rehabilitation (DOR) – Co Op meeting (monthly)	Employment	7/10/14, 7/22/14, 10/9/14, 5/7/15
Early Childhood Mental Health Collaborative Partners meeting (quarterly)	0-5 aged children	11/20/14, 1/22/15
Foster Child Collaboration meeting	Foster youth-Human Services Department and Social Services	7/16/14, 8/4/14, 8/15/14, 8/29/14, 9/4/14, 10/6/14, 10/24/14, 12/5/14, 1/13/15, 1/16/15, 3/16/15, 4/7/15, 4/8/15, 5/5/15, 6/2/15
Greater Bay Area Mental Health & Education Workforce Collaborative meeting	All Stakeholders	9/24/14, 10/22/14, 11/7/14, 12/3/14, 1/28/15, 2/25/15, 4/22/15
North Bay WET Collaborative Meeting	All Stakeholders	8/21/14, 10/30/14, 1/30/15, 4/3/15, 5/19/15, 6/16/15
Santa Rosa Breakfast Club	Business Leaders	7/28
Mental Health Board meeting (monthly)	All Stakeholders	7/17/14, 9/16/14, 10/21/14, 11/18/14, 1/20/15, 2/17/15, 3/17/15
MHSA Learning Circle Meeting and All Contractors Meeting	MHSA Contractors and MHSA SC-BHD staff	9/9/14, 4/15/15

Meeting Name	Stakeholder Group	Meeting dates in FY 14-15
North Bay Suicide Prevention Project Regional Council meeting (quarterly)	All Stakeholders- Suicide Prevention	7/21/14, 10/20/14, 1/26/15, 4/20/15
Partnership Health Plan CA – Beacon Health Strategies	Mental health providers for the Medi-Cal managed care plan	2/27/14, 5/5/15
Peer Employment Work Group meeting	Peers/Consumers	9/18/14,
Peer Workforce Planning	Peers, Providers	7/15, 4/7/15, 4/10/15, 4/17/15
PEI Older Adult Collaborative meeting	Older Adults	
Petaluma Health Care District – Community Health Initiative for Petaluma Area	Healthcare/Mental Health/Social Services provider/Veterans/Peers and Family Members	10/14/14, 3/26/15, 6/18/15
Project Success Plus Collaborative	High Schools	8/26/1, 10/14/14, 11/4/14, 2/10/15, 4/18/15
Quality Improvement Committee meeting (monthly)	Peers, Family Members, providers and community members	Once a week, every Monday
River Area Shelter and Downtown (RA-SAD) Task Group	Homeless and Geographically Isolated, Veterans	2/20/15, 10/16/15
Russian River Area Resources and Advocates meeting (monthly)	Homeless and Geographically Isolated	11/19/14, 12/18/14, 1/21/15, 3/18/15, 6/18/15
Sonoma County Community Corrections Partnership meeting (monthly)	Law Enforcement	Every other Monday during FY14-15
South County Mental Health/Behavioral Health Collaborative meeting (bimonthly)	Geographically Isolated	9/18/14
Crisis Intervention Training (CIT)	Law Enforcement	12/8/14 to 12/11/14, 4/27/15 to 4/30/15

- Relevant updates to key representative stakeholders with specific populations or services focus:
 - Mobile Support Team Operations Committees
 - 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 – Child Welfare
 - 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

2016-2017 MHSA Plan Update



Pictured above (clockwise from upper left): Supervisor Efren Carrillo at My Future is in Healthcare Career Symposium; California Reducing Disparities Workgroup; Directing Change Winners at Sonoma County Board of Supervisors meeting; New Behavioral Health Urgent Care Center.

Expansion of Services for 2016-2017

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 16-17 in order to benefit from the promotion of the suicide prevention and stigma and discrimination campaigns in communities. In FY 16-17, the SC-BHD is committed funding CalMHSA programs and services.

The Division invests in multiple programs as part of its membership with CalMHSA including, but not limited to the following:

- Dissemination of Suicide Prevention Outreach Materials
- Suicide Prevention Technical Assistance, Presentations, Trainings and Outreach
- Dissemination of Each Mind Matters Stigma and Discrimination Reduction Material
- Directing Change Contest
- Walk in Our Shoes presentations at schools

Suicide Prevention Activities in Sonoma County of Sonoma

Sonoma County Behavioral Health Division is dedicated to reducing suicide in Sonoma County. Over the past 5 years the Sonoma County Behavioral Health Division (SC-BHD) has invested in ongoing strategies to assist in the prevention of suicide of Sonoma County residents, including:

- Capitalizing on CalMHSA Suicide Prevention Initiatives for Sonoma County including the *Know the Signs* social marketing campaign, distributing the *Guide to Engaging the Media in Suicide Prevention* to local media partners, as well as promoting *Directing Change Student Video Contest*

- Offering the *Training Resource Guide for Suicide Prevention in Primary Care Settings* to local community health centers to ensure that primary care providers and their staff have resources to address mental health concerns, especially when it comes to suicide
- Sponsoring and promoting activities and disseminations of suicide prevention outreach materials during Suicide Prevention Week
- The Division is working with CalMHSA to partner with the SMART train community outreach staff and to design appropriate signage to help prevent suicides along the tracks
- Funding the North Bay Suicide Prevention 24/7 Hotline which last year alone helped over 7,000 Sonoma County callers and funding the Peer Warmline Connection of Sonoma County



Senate Bill 82 Projects

Crisis Stabilization Unit Expansion & Modernization

On January 14, 2014 the Board approved the County of Sonoma's Mental Health Crisis Facility Grant Application Certification, and approved operational components and proposed funding sources under the grant. In early April 2014 the County received notice of a successful grant award under the Investment in Mental Health Wellness Act of 2013 to expand critical services, including increased capacity for client assistance and services in crisis intervention, crisis stabilization, crisis residential treatment, and rehabilitative mental health services. An area-wide search was conducted to find a suitable replacement Crisis Stabilization Unit facility, resulting in a lease for the facility located at 2225 Challenger Way (The Lakes campus). Following extensive renovations, the new site opened on February 22, 2016.

The purpose of the County's CSU program is to serve anyone in the county who is experiencing a behavioral health crisis. The CSU has not expanded services since its inception more than 30 years ago, while the population of the County has increased from less than 300,000 to over 500,000 during that same period. In addition, the county-owned facility previously occupied by CSU was approximately 80 years old and contained features that were unsuitable for consumers seeking crisis services such as long hallways and difficult-to-observe bedrooms and exits. Through the Mental Health Wellness Act of 2013 CHFFA grant award, the department was able to completely renovate a new facility in a new location and is able to offer the community expanded recovery services to Sonoma County residents of all ages and needs experiencing a behavioral health crisis.

When fully implemented, the CSU expansion will increase the unit's capacity from 12 treatment slots to 30 (an increase of 18 beds), and also expand the Urgent Care respite capacity for those consumers who are in crisis but do not need hospitalization or an overnight stay at the CSU. The newly designed and expanded CSU is able to accept more individuals in crisis and have them stay for the full allowable Crisis Stabilization timeframe in support of stabilization vs. hospitalization when hospitalization is not needed.

When fully expanded, the new SCBHD CSU will be able to serve approximately 6,500 additional individuals each year within the expanded 20 hour overnight CSU capacity, which does not include additional capacity for voluntary respite or urgent care. This will enable SCBHD to provide close to 12,000 episodes of crisis services per year, more than doubling current capacity.

Crisis Residential Unit



New Home for Crisis Residential Unit

On October 28, 2015 the Behavioral Health Division received an announcement from the California Health Facilities Financing Authority (CHHFA) that it had been awarded \$870,343 of SB82 Funding for its Round 5 Grant application to double the County's Crisis Residential Unit capacity. The development of the expanded 10-bed Crisis Residential Unit (CRU) expands access to crisis residential services and doubles the crisis residential unit capacity for Sonoma County residents, which affords a community based alternative to psychiatric hospitalization. The additional CRU is to be licensed as a Social Rehabilitation Facility (SRF) by the State Department of Community Care Licensing

(CCL) and Certified as a mental health provider by the State Department of Health Care Services (DHCS).

Progress Foundation will operate the expanded CRU. Progress Foundation has forty-six years' experience in providing community based, residential alternatives to institutional care. Progress Foundation operates 20 CCL facilities in San Francisco, Napa, and Sonoma Counties. Progress Foundation currently operates two residential facilities in Santa Rosa under contract with Sonoma County. The additional 10-bed CRU expansion will afford opportunities for psychiatrically disabled adults to have increased access to treatment rather than hospitalization or incarceration.



The development of the expanded Crisis Residential Treatment program funded by SB 82 grant dollars will operate on a 24/7/365 basis. The target population to be served will be adults 18 years and older who are experiencing a mental health crisis and have been screened and referred by the Sonoma County Behavioral Health Crisis Stabilization Unit (SCBH CSU). The Crisis Residential Treatment program staff will provide the following services: Intake and assessment services; crisis intervention and stabilization; suicide assessment; 1:1 and group counseling; treatment and discharge planning; life skills assessment and development; encouragement for residents to participate in house activities, recreational pursuits, drug & alcohol counseling, and referrals to NA/AA and substance abuse programs. Additionally, staff will advocate for clients' needs, assist residents with transportation, applying for income and benefits, and referrals to primary health care and housing.

The first CRU runs at 95% capacity with an average wait list of 6 clients needing diversion or step-down from an acute psychiatric facility. As a result, clients in crisis in the SCBH CSU who need further treatment must be hospitalized when they could have benefited from diversion. Likewise, clients in the

hospital who are ready to step-down but still need further stabilization must remain hospitalized until CRU beds are available. Currently, SCBH CSU has few alternatives to offer these clients. The vast majority of these clients are homeless, unfunded, and unlinked to services. Doubling the CRU capacity will eliminate the wait list, which will reduce the length of hospital stays and reduce overall hospitalizations.

The projected opening of the expanded CRU is Fall of 2016.

Peer Respite

SCBH submitted its grant application for Round 5 of the SB82 Mental Health Wellness Act of 2013 on 3/8/2016. The purpose of the grant was to fund the development of the County's first Peer Respite site. The County was awarded \$750,000 for a new Sonoma County Peer Respite Program that will be a community-based, 6 bed, and homelike residence for Sonoma County residents age 18 and over who are experiencing mental or emotional difficulties. This new Peer Respite Program (Peer Respite) will be the first of its kind in Sonoma County. Peer Respite will add a much needed level of service to Sonoma County's already robust crisis intervention continuum for those who are experiencing mental or emotional distress, but who, without additional support, might require a much more restrictive and costly crisis intervention service. Likewise, Sonoma County Behavioral Health Division (SC-BHD) will look to the proposed new Peer Respite to increase the coping strategies for those individuals who use the Peer Respite to prevent crisis in the future.

This new voluntary Peer Respite will provide a homelike environment and will be staffed by mental health peers and consumers with lived experience who are successfully addressing their own mental health challenges and are actively involved in their own recovery. The focus of Peer Respite will be to provide individuals who are experiencing mental and/or emotional distress with prevention and early intervention services before the emotional distress becomes a mental health crisis requiring more restrictive levels of care, such as Crisis Stabilization, Crisis Residential, and/or inpatient hospitalization.

Peer Respite will be provided at no cost to the utilizers of the program (Guests). Peer Respite will be available 24 hours per day, seven (7) days per week. Guests can use Peer Respite for up to 14 days. Peer Respite staff will provide trauma-informed support that will be delivered one-to-one and through group supports. Once a Guest is accepted into the Peer Respite Program, he or she will receive support to mitigate his or her mental or emotional distress. Supports provided will be in the interest of building resilience and preventing crisis. Support will include problem solving techniques and interventions, self-instruction, relaxation techniques, cognitive interventions, assistance with creating Wellness Recovery Action Plans (WRAP), identifying self-care activities, developing future goals, and discovering supportive socialization opportunities that exist in his or her community.

The staff with lived experience will also help connect Guests with community resources and services, including introduction to Consumer Run Programs throughout Sonoma County, the Peer Warmline, the 24 Hour Crisis Hotline, and other relevant community supports. Guests will also be encouraged to access mental health services during and after his or her stay at Peer Respite. Guests will be required to participate in household chores and maintenance such as meal preparation, gardening, and community activities including recreational events. Guests will also be encouraged to identify and pursue hobbies, outdoor exercise, and creative expression such as art, writing, music, and the like.

SC-BHD has partnered with Progress Foundation – an innovative, private, non-profit organization dedicated to providing individuals with mental illness with treatment alternatives to institutional placement – and with key leaders in the mental health consumer and peer community to prepare and submit this application. Progress Foundation is SC-BHD’s co-applicant on this application and, if successful, SC-BHD will contract with Progress Foundation to implement the Peer Respite Program. SC-BHD and Progress Foundation have collaborated for several years to successfully develop and implement new and innovative alternative programs and services for Sonoma County residents with mental illness.

The target population(s) of Peer Respite are individuals who may qualify for specialty mental health services under Sonoma County’s Mental Health Plan Agreement who are facing emotional and/or mental distress which necessitates 24-hour assistance and support in order to prevent escalation of the distress. Implementation of Peer Respite will be mindful to include services and supports that speak to individuals from underserved populations such as ethnic and cultural communities (LGBTQQI, older adult, Transitional Age Youth, Veterans, and communities of color) of Sonoma County.

In FY 16-17, the SB82 Triage Grant continues to fund the expansion of both the Crisis Assessment, Prevention and Education Team and Mobile Support Team described below:

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.

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.

Crisis Intervention Training for Law Enforcement Personnel



CIT Academy Class

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 over 300 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.

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.

Workforce, Education and Training (WET) Activities for FY 16-17

The new SC-BHD Workforce Education and Training (WET) Specialist was hired in April 2015. The WET Specialist has continued with the work that meets the goals of the SC-BHD WET Plan. In FY 15-16, the WET Specialist has been working on a number of innovative and critical workforce development projects for the Behavioral Health Division in the last year, including but not limited to the following projects outlined in the table below:

Staff and Community Training Opportunities	Diversification of Workforce	Community Training	Integrating Peers into the Workforce
Enhanced Staff Development & Comprehensive Training Plan	Expanding Internship Program & Traineeship Stipend for 2015-2016	QPR: Question, Persuade, Refer	Integrating Peers into SCBHD August 12, 2015
Prevention and Recovery for Early Psychosis (PREP)	Latino Service Providers-Workforce Development	Mental Health First Aid and Youth Mental Health First Aid	Coordinate strategy for consumer employment programs Co-Op (Goodwill, DOR, SC-BHD) and Buckelew
Medi-cal Waiver-ASAM Criteria Training	Coordinate financial incentive programs MHLAP/ CalSWEC	AMSR: Assessing and Managing Suicide Risk	Workforce Co-learning Collaborative (WCC): T4T in February
Enhanced Clinical Supervision Training	Attend Job/internship Fairs	Redeveloping Community Mental Health Series	Peer Learning Institute, Living Bridges training

The WET Specialist will continue focusing on these activities outlined in the table above in FY 16-17.

WET Next Steps for Suicide Prevention

Sonoma County Behavioral Health Division is dedicated to reducing suicide in Sonoma County. In FY 16-17 WET activities will include ongoing strategies to assist in the prevention of suicide of Sonoma County residents, including the following activities:

- Training Sonoma Marin Area Rapid Train (SMART) staff in Question Persuade Refer (QPR) suicide prevention training to ensure employees have skills to potentially identify individuals who may need help
- Offering the Training Resource Guide for Suicide Prevention in Primary Care Settings to local community health centers to ensure that primary care providers and their staff have resources to address mental health concerns, especially when it comes to suicide
- Training over 6,000 high school students, community providers, law enforcement professionals in QPR: Question, Persuade, Refer. QPR is a short and simple training where people learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help
- Assessing and Managing Suicide Risk (AMSR) Trainings

Outpatient behavioral health providers play a crucial role in preventing suicides. Studies have shown that a substantial proportion of people who died by suicide had either been in treatment or had some recent contact with a mental health professional. Yet many providers report that they feel inadequately trained to assess, treat, and manage suicidal patients or clients. SC-BHD's next step in developing a comprehensive response to preventing suicide is to ensure SC-BHD staff is well trained in assessing risk factors for suicide and working with individuals to develop a safety plan. In August 2014, Sonoma County Behavioral Health Division began sending SC-BHD clinicians to become certified as Assessing and Managing Suicide Risk (AMSR) Leaders. Currently, the Division had trained 7 SC-BHD certified/certification-ready AMSR Leaders. These SC-BHD AMSR Leaders have already trained approximately 50 Sonoma County mental health professionals in AMSR; some of these 50 clinicians are SC-BHD clinicians, others are community providers.

SC-BHD is sponsoring a mandatory trainings for all clinical staff (AODS counselors/specialists, Behavioral Health Clinicians, Interns, Nurses, Psychiatrists, Peer Support Specialists, Senior Client Support Specialists, Clinical Specialists, Program and Client Care Managers) in Assessing and Managing Suicide Risk (AMSR). SC-BHD selected AMSR as it is promoted by both SAMHSA and the CA Department of Health



AMSR Training

Care Services as an appropriate intervention for individuals who are at risk for suicide. AMSR is also listed on the *Suicide Prevention Resource Center (SPRC) Best Practices Registry*. This mandatory AMSR training is 6.5 hour training is designed for specifically for clinicians.

This AMSR training will train clinician in the best practices in suicide risk assessment, safety planning and documentation. AMSR develops core competencies for Mental Health Professionals to meet providers'

need for research-informed and skills-based training. This training will also prepare SC-BHD staff in the new Suicide Risk Assessment Policy and form. This form will be introduced at the Staff Development on May 4, 2016. The mandatory AMSR training will insure that SC-BHD staff can be effectively trained so the Division can follow the policy and utilize the revised form.

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 16-17, 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.

Full Service Partnership (FSP) Classification Survey Committee

In FY 16-17 the Sonoma County Behavioral Health Division is preparing FSP staff and contractors for the upcoming MHSOAC FSP classification survey implementation. On March 10, 2016 the SC-BHD Quality Improvement staff facilitated an activity with FSP staff to prepare and familiarize them with the process, Mental Health Data Alliance timelines and survey data. The MHSA staff will be partnering with Quality Improvement staff to work with FSP managers, contractors and clinicians to implement the FSP survey for Sonoma County.

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 16-17 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 and program managers
- 3) Develop staff training plan for new data management protocol

Systems Transformation – Improving MHSA Data Collection and Evaluation

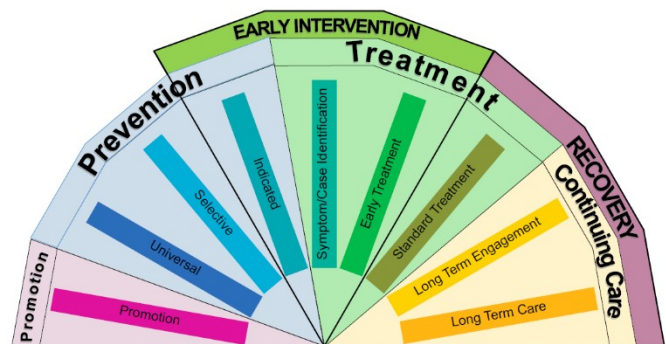


To assist in the accomplishment of the systems transformation goal, Sonoma County Behavioral Health Division (SC-BHD) is continuing its partnership with Harder+Company Community Research (H+C) to build upon previous planning efforts not only to transform but to strengthen Sonoma’s mental health system. In 2015-2016, Harder+Company has assisted Sonoma County Behavioral Health Division Mental Health Services Act (MHSA) in establishing the new electronic MHSA Sonoma Web Infrastructure for Treatment Services (SWITS) performance management reporting 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.

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

In FY 14-15 the SC-BHD introduced a new framework for the behavioral health system of care to MHSA contractors and staff to define their services in the Spectrum of Intervention. As part of SWITS implementation in FY15-16, SC-BHD has worked with stakeholders and MHSA contractors to define and operationalize the Spectrum of Intervention Definitions for utilization of the SWITS database. Common service types shared across programs were also developed and defined for each level of care. (See below for definitions and corresponding service types)



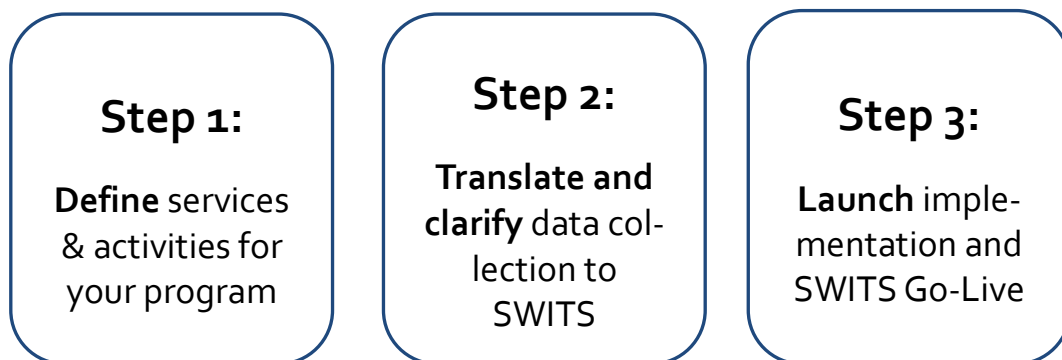
- **Universal** – Directed at whole populations that have not been identified on the basis of risk, and are aimed at improving the overall mental health of a population. Service types: Education/Training, Outreach
- **Selective** – Focused on population groups and individuals at higher risk of health problems and disorders, and aim to reduce the risks to the targeted population. Service types: Group-Level Intervention, Information & Referral, Level 1 Clinical Consultation, Level 1 Screening
- **Indicated** - Client-level interventions aimed at individuals at high risk of the onset of a disorder. Service types: Case Management, Client Referral, Crisis Intervention/Urgent Response,

Launch and Implementation of SWITS Performance Management Reporting System

In order to launch and implement SWITS, Harder+Company has provided technical assistance and capacity-building support to the MHSA team, county programs, and MHSA contractors. The goal of the preliminary launch is to pilot the data system with select programs – Crisis Assessment, Prevention, and Education (CAPE) Team; Community Intervention Program (CIP) and Community Mental Health Centers (CMHC); and Mobile Support Team (MST) – and to ensure data collection forms, data entry and workflow processes, and reporting are aligned with the SWITS system. A new SWITS administrator who will serve as the database manager was also hired in FY 15-16. As part of the implementation process, standardized forms that collect both client-level and aggregate-level data were developed. After a series of trainings, the forms were piloted with the county teams. After ongoing technical assistance to orient the programs to the new forms and processes, a series of database trainings were implemented with all pilot programs in March 2016. The SWITS database launched April 1, 2016 and is now live.

SWITS Implementation Model

As part of implementation, a three-step MHSA-to-SWITS service conversion process has also been developed to operationalize database implementation for MHSA contractors in the mental health system, as illustrated below:



In order to tailor this process to individual programs, the MHSA team works in partnership with contractors to define their services and activities. After completing this step, the team then translates and clarifies the data collection needed to get programs ready for SWITS implementation.

MHSA Learning Circle

On March 10, 2016, the BHD team held a Learning Circle attended by over 55 MHSA contractors and stakeholders. The purpose of the Learning Circle was to revisit the goals of the SWITS database system, deepen understanding of next steps on SWITS implementation and MHSA reporting, get updates from CalMHSA, and promote networking among MHSA contractors and BHD staff. BHD staff also shared updates on what is happening at the federal, state and local levels that impacts behavioral health programs.

In addition, the Learning Circle provided an opportunity for contractors to work in small groups to define their programs' services and activities in order to set the stage for SWITS implementation. According to evaluation survey results, the majority of participants reported their satisfaction with the following Learning Circle activities as "good" or "very good": overall satisfaction (91 percent); discussion of what is happening at the federal, state, and local levels that impacts behavioral health programs (91 percent); review of timeline and next steps on SWITS implementation and quarterly reporting (88 percent); presentation of the overview and evolution of the SWITS Data System (85 percent); presentation of MHSA and BHD updates (82 percent); participation of SWITS service types activity (70 percent); and presentation of CalMHSA Updates (67 percent).

Overall, respondents "agreed" or "strongly agreed" with the following Learning Circle characteristics: good use of my time (100 percent); helpful materials (97 percent); respectful engagement (97 percent); important to Sonoma BHD (97 percent); well-facilitated (97 percent); my opinions were valued (88 percent); and adequate time for discussion (85 percent).

For more information, see the **March 10th MHSA Learning Circle PowerPoint Presentation** in the Appendix.¹

Next Steps with SWITS and MHSA Reporting

As part of Sonoma BHD's goal to develop a system of data collection and evaluation to provide annual reports to the MHSA that are in alignment with statewide requirements to improve the accuracy of MHSA data collection and provide performance-based outcomes reports, the MHSA team has developed the following projected timeline for SWITS implementation and MHSA reporting:

FY 15-16 & FY 16-17: SWITS Implementation with County outreach teams (10) & PEI contractors (20)
FY 17-18: SWITS Implementation with CSS contractors (14)
FY 18-19 & 19-20: MHSA Annual Outcomes Report Process and Implementation with PEI and CSS contractors (34)

FY 16-17 Projected Plan

PEI contractors will continue to report demographic data and outcomes/narrative data via MHSA quarterly reports until they are live in SWITS. Once live in SWITS, PEI contractors will report demographic data via SWITS. They will continue to report outcomes/narrative data via MHSA quarterly reports (narrative section/version). It is projected that PEI contractors will report outcomes/narrative data via an Annual Outcomes Report by FY 20-21.

FY 17-18 Projected Plan

CSS contractors will start and complete the SWITS conversion process and database training. CSS contractors will continue to report demographic data and outcomes/narrative data via MHSA quarterly reports until they are live in SWITS. Once live in SWITS, CSS contractors will report demographic data via SWITS. They will continue to report outcomes/narrative data via MHSA quarterly reports (narrative section/version). It is projected that CSS contractors will report outcomes/narrative data via an Annual Outcomes Report by FY 20-21.

¹ See Appendix 1

FY 18-19 & 19-20 Projected Plan

All MHSA contractors (PEI & CSS) will be in SWITS by the start of FY 18-19. SC-BHD will provide technical assistance to all MHSA contractors, clustered by initiative (i.e. PEI Reducing Disparities), at MHSA Learning Circles to develop evaluation plans and revise scopes of work. SC-BHD will create an MHSA Annual Outcomes Report template for all MHSA contractors to replace the quarterly report (for outcomes/narrative data). It is projected that all MHSA contractors will be using the MHSA Annual Outcomes Report by FY 20-21.

For more information, see the **SWITS Implementation and Annual Outcome Report Process Timeline** in the Appendix.²

Moving Forward with Evaluation in FY 16-17

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 in FY 16-17:

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?

Data collection and evaluation activities include the following:

- Evaluation Design – Outcome and Innovation Evaluation Plans: Harder+Company will work with the SC-BHD MHSA Team 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 support BHD with the development of an MHSA Outcome Evaluation Plan.
- Harder+Company will work with stakeholders to develop common outcome objectives to be measured across PEI programs.

California Reducing Disparities Project (CRDP) and Capacity Building with PEI Reducing Disparities Cohort

Of the four Reducing Disparities PEI contractors (Latino Service Providers, Community Baptist Church, Sonoma County Indian Health Project, Positive Images), three agencies submitted applications to the Office of Health Equity (OHE) for the CRDP funding specific to their communities. Of those three, Latino Service Providers was in the final round for funding consideration on a proposal that would recruit and train mental health Promotores to launch a community-wide bilingual and Spanish speaking educational campaign to reduce stigma on mental health, increase awareness of resources, and encourage workforce development in behavioral health careers. If approved by the State, this infusion of OHE

² See Appendix 2

funding will leverage statewide MHSA funding to enhance and expand Prevention Early Intervention (PEI) services for the Latino community in Sonoma County.

Upcoming support for PEI Reducing Disparities contractors in FY 16/17 will include the transition of reporting quantitative data through the new SC-BHD performance management system, SWITS. This web-based system will provide a more streamlined process for contractors to report their activities and encourage greater accountability. Future training and support for PEI Reducing Disparities contracts will also include defining, collecting and analyzing qualitative data for individual and community outcomes.

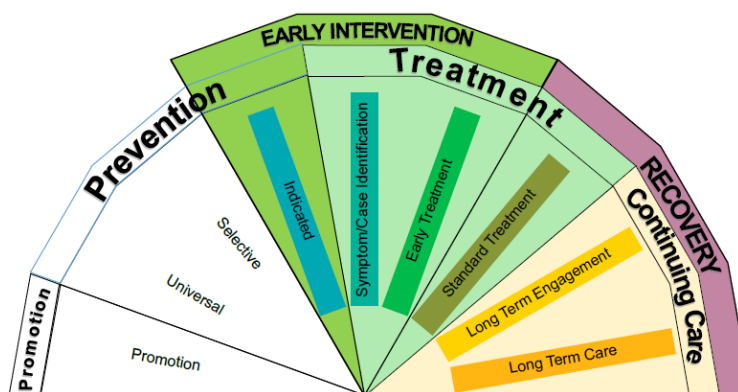
Finally, ongoing organizational development in the areas of leadership development, fund development, and evaluation will be made available to the PEI Reducing Disparities contractors.

FY 14/15 MHSA Annual Update



Pictured above (clockwise from upper left): Katie Bivin, Crisis Specialist with Crisis Assessment, Prevention and Education (CAPE) Team; Community Mental Health Centers (CMHC) Team; Linda Matteson, Goodwill Industries of the Redwood Empire; Kathy Spence from the Integrated Health Team and Bruce Robbins from the MHSA Team at the Recovery Fair at Chanate Hall; Outreach Services Staff Training; Susan Castillo, Community Mental Health Section Manager

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 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 publicly available on the SC-BHD website in the MHSA Annual Update at: http://www.sonoma-county.org/health/about/behavioralhealth_mhsa.asp

Sonoma County collects and reports data to the state that shows that FSP services have reduced homelessness, incarceration, and emergency room visits among Sonoma County residents living with serious and persistent mental illness. Sonoma County reports the number of people served, the type of service(s) provided, and the results of that service use to both the MHSA and the Department of Health Care Services (DHCS) annually, including data about FSPs.

The following chart illustrates some positive outcomes for Sonoma County FSP clients that were active during FY 14-15 (at least one year in the FSP program for children and two years for other clients). Compared to the year before entering the FSP program, clients show significant reductions in areas such as homelessness, arrests, and psychiatric hospitalizations.

CHANGES TO NUMBER OF CLIENTS AFTER ENTERING FSP PROGRAM

		Children	Transition Age Youth	Adults	Older Adults
Homelessness 			↓ 73% after 1 year	↓ 41% after 1 year	
Emergency Shelter Use 			↓ 42% after 2 years	↓ 14% after 1 year ↓ 27% after 2 years	
Arrests 			↓ 88% after 1 year	↓ 89% after 1 year	
Psychiatric Hospitalization 		↓ 81% after 1 year	↓ 74% after 1 year	↓ 26% after 2 years	
Mental Health Emergency Events 		↓ 88% after 1 year	↓ 86% after 1 year	↓ 61% after 1 year	↓ 25% after 1 year

Total Unique Clients that were served by all FSP programs: **388**

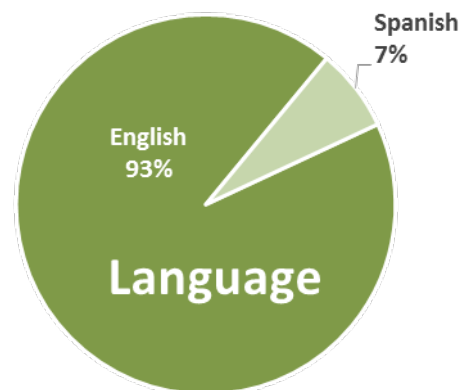
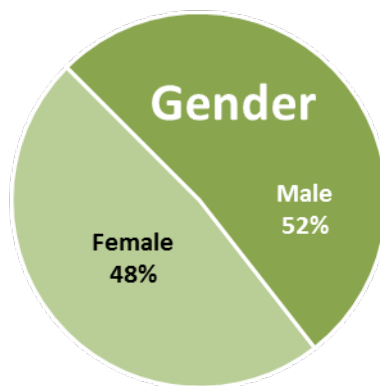
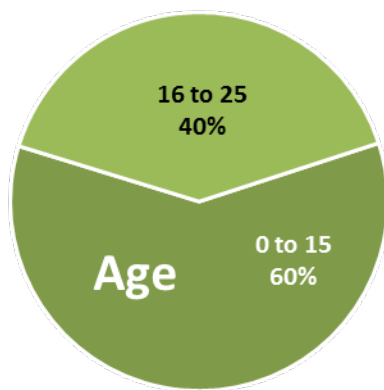
Family Advocacy Support Stabilization Team (FASST)

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: **77**

- Carried Over: **38**
- New to Program: **39**



Race	
White	57.97%
Other Race	20.29%
Mixed Race	13.04%
Black/African-American	5.80%
Alaskan Native	1.45%
Other Asian	1.45%

Ethnicity	
Not Hispanic	57.89%
Mexican/Mexican-American	31.58%
Other Hispanic/Latin	10.53%

Total Unique Clients that were also served by contractor **Sunny Hills Services** FASST program: **21**

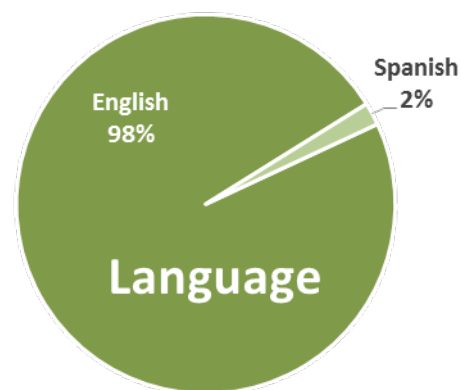
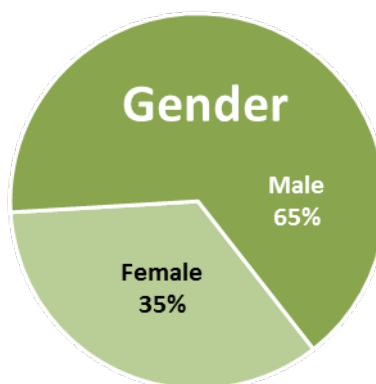
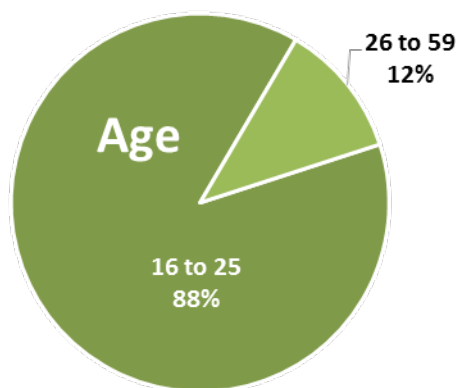
Transition Age Youth (TAY) Team

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: **52**

- Carried Over: **41**
- New to Program: **11**



Race	
White	64.71%
Other Race	11.76%
Mixed Race	9.80%
Black/African-American	3.92%
American Indian	1.96%
Hawaiian	1.96%
Laotian	1.96%
Other Asian	1.96%
Samoan	1.96%

Ethnicity	
Not Hispanic	70.21%
Mexican/Mexican-American	23.40%
Other Hispanic/Latin	6.38%

Total Unique Clients that were also served by contractor **Buckelew Employment Services** program: **15**

Total Unique Clients that were also served by contractor **Buckelew TAY SCIL** program: **20**

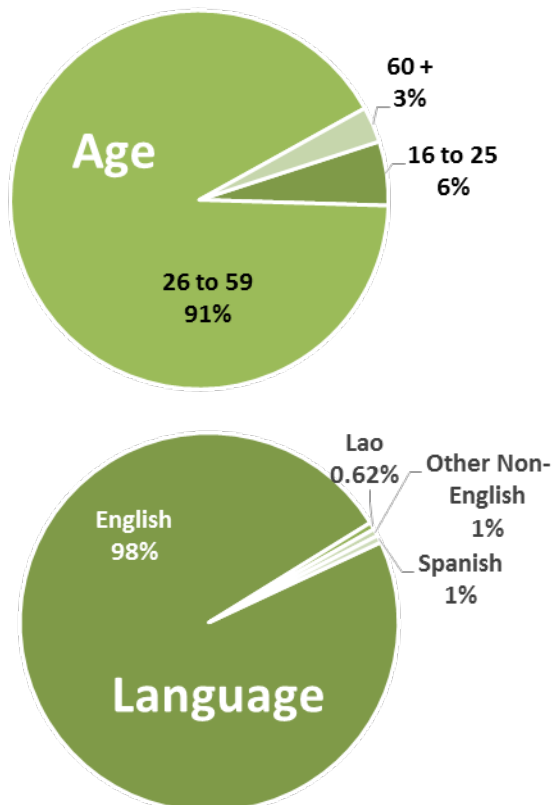
Integrated Recovery Team (IRT)

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: **164**

- Carried Over: **125**
- New to Program: **39**



Race	
White	77.16%
Mixed Race	9.88%
Other Race	8.02%
American Indian	1.85%
Laotian	1.23%
Black/African-American	0.62%
Hawaiian	0.62%
Vietnamese	0.62%

Ethnicity	
Not Hispanic	86.67%
Mexican/Mexican-American	11.11%
Other Hispanic/Latin	2.22%

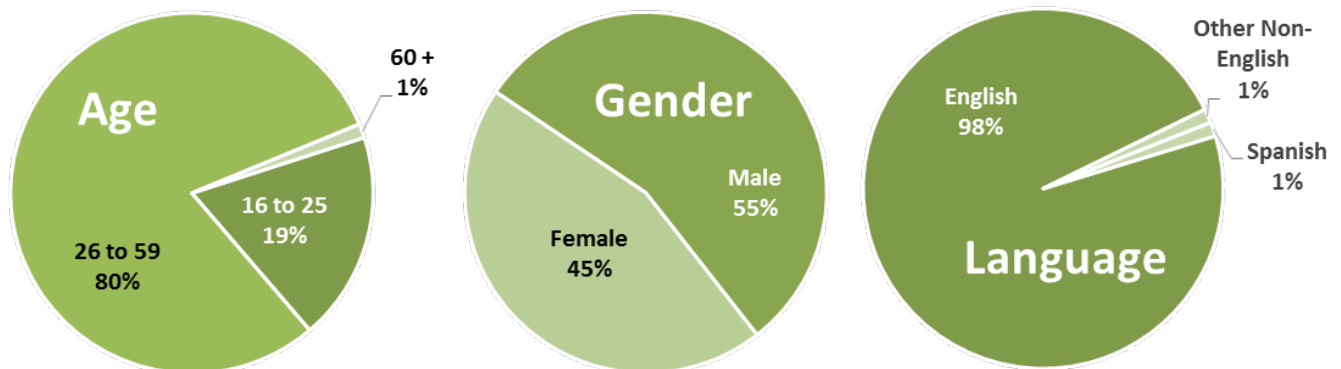
Forensic Assertive Community Treatment Team (FACT)

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: **80**

- Carried Over: **46**
- New to Program: **34**



Race	
White	76.25%
Other Race	11.25%
Mixed Race	8.75%
American Indian	1.25%
Chinese	1.25%
Other Asian	1.25%

Ethnicity	
Not Hispanic	84.38%
Mexican/Mexican-American	9.38%
Other Hispanic/Latin	4.69%
Puerto Rican	1.56%

Total Unique Clients that were also served by contractor **Buckelew FACT** program: **22**

Older Adult Intensive Team (OAIT)

Initiative/Population: Older Adults

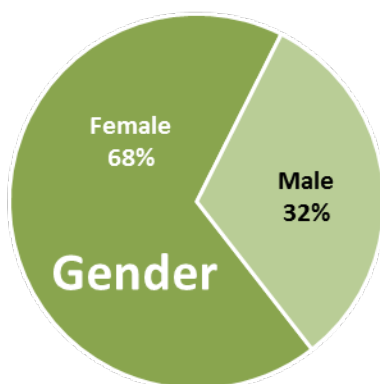
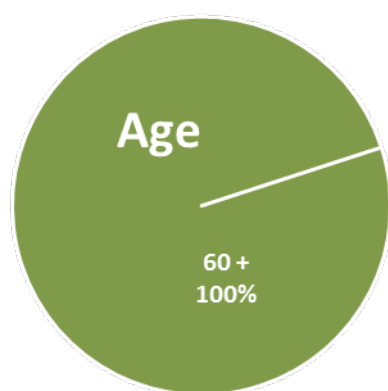
Program Description: Provides intensive mental health services to seriously mentally ill seniors at risk for out-of-home placement, in partnership with the following contracted agencies:

- **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 Intensive 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, the Division uses a “Whatever it takes” approach to engage clients with client-centered treatment planning, individualized to each individuals interests, needs and strengths, in SC-BHD’s 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: **25**

- Carried Over: **12**
- New to Program: **13**



Race	
White	92.00%
Korean	4.00%
Mixed Race	4.00%

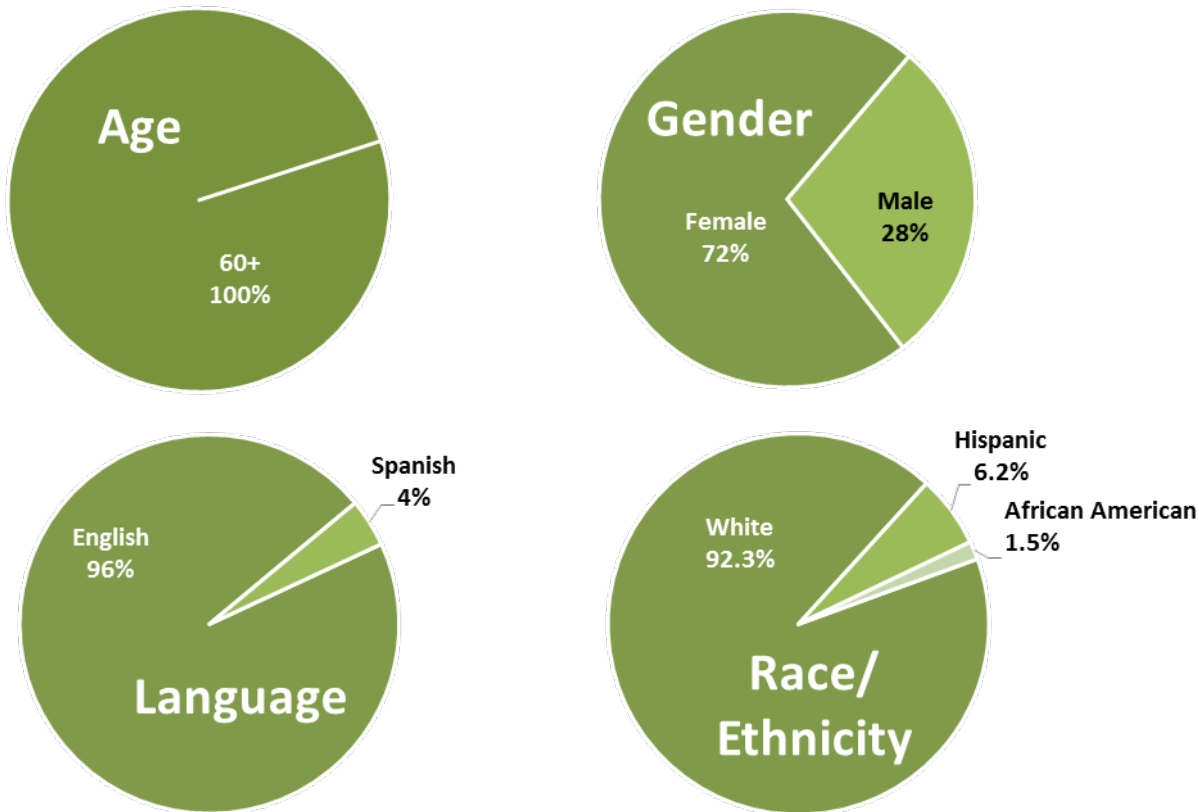
Ethnicity	
Not Hispanic	100.00%

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): **195**

Demographics:



Notable Accomplishments:

Outreach Strategies for the SPS Program:

1. 1500 Newsletters go out monthly which include Peer Support & Healthy Ideas information
2. 15,000 Sonoma Seniors Today newsletters go out monthly.
3. An average of 300 fliers go out quarterly with every Case Manager
4. 6,963 Users and 24, 932 page views at: <http://councilonaging.com/services/care-management>

At least 50% of the clients demonstrated decreased isolation upon completion of the SPS Service. All 40 clients of the SPS program received at least a (1 hour) volunteer home visit. Most follow-up visits by the volunteers last anywhere from an hour and a half to two hours. 60% of the clients have gone through a 12 session program and have completed established goals. 35% of the clients have been seen up to 24 visits. 4% of clients were seen between 6-9 visits with completed goals; 1% self-terminated.

For more information, see the **Council on Aging Senior Peer Support Impact Statement** in the Appendix.³

³ See Appendix 3

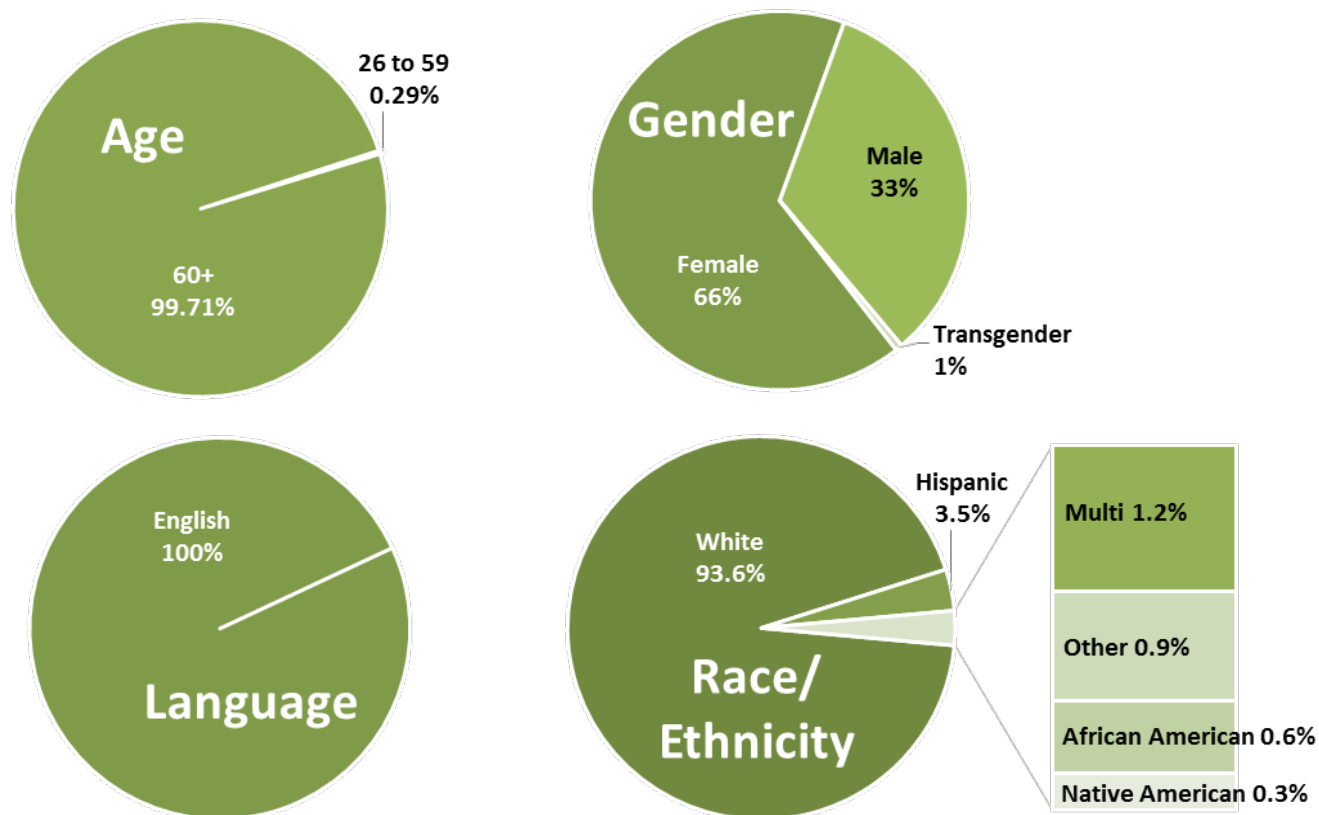
Community and Family Service Agency – Senior Peer Counseling (contractor)

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): **345**

Demographics:



Performance Outcomes:

Senior Peer Counseling Client Satisfaction surveys reflect strong appreciation for these services:

- 95.5% Strongly Agreed that their facilitators knew how to facilitate the group; 4.5% Agreed, and 0% were Neutral, Disagreed or Strongly Disagreed
- 93% Strongly Agreed that they were satisfied with the services they received in attending the support group; 7% Agreed, and 0% were Neutral, Disagreed or Strongly Disagreed

- 95.5 % Strongly Agreed that they would recommend their group to a peer in need of support; 4.5 % Agreed, and 0% were Neutral, Disagreed or Strongly Disagreed
- For clients receiving individual services this fiscal year, 86% Strongly Agreed that their experience with CFSA's Senior Peer Counseling was positive; 11% Agreed; 0% were Neutral; 3% Disagreed and 0% Strongly Disagreed
- 89% Strongly Agreed that they were satisfied with the services they received; 5% Agreed; 3% Neutral; 0% Disagreed; and 3% Strongly Disagreed
- 91% Strongly Agreed that they would recommend the Senior Peer Counseling program to a friend in need of support; 9% Agreed; 0% were Neutral, Disagreed or Strongly Disagreed

The results of CFSA's annual volunteer satisfaction survey are summarized below:

- Over 95% of volunteers Agree or Strongly Agree with the following statements:
 - I enjoy volunteering as a Senior Peer Counselor.
 - I have learned a lot about mental health issues through the peer counselor training and supervision.
 - I feel that I have received enough support from CFSA staff.
- 93% Agree or Strongly Agree with the statements below:
 - I have gained insight into my own issues related to aging through my work as an SPC.
 - My life has more meaning since I started volunteering as a Senior Peer Counselor.

Jewish Family and Children's Services (JFCS) Volunteer Visitors' client satisfaction surveys were sent out to all clients served during FY 14-15. JFCS clients and family members were unanimous in their stated satisfaction with the program.

Quotes from Senior Peer Counseling clients include:

- "My SPC provided me with support and encouragement as I worked my way back out of isolation so that I could make some positive life changes."
- "My Senior Peer Counselor has been a positive part of my healing process."
- "Great program. So helpful for me."
- "I feel stronger and more committed as a result of this process."
- "Thank you for this wonderful support and opportunity for learning problem-solving skills."
- "Much was accomplished. More needs to be done, but I am feeling better about my situation - I am no longer weepy and clinically depressed. I am very grateful for CFSA's SPC program. I don't know what would have happened in my life if it had not been there."
- "I would recommend CFSA's Senior Peer Counseling to a peer in need of support."

For more information, see the **CFSA Senior Peer Counseling Impact Statement** in the Appendix.⁴

⁴ See Appendix 3

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

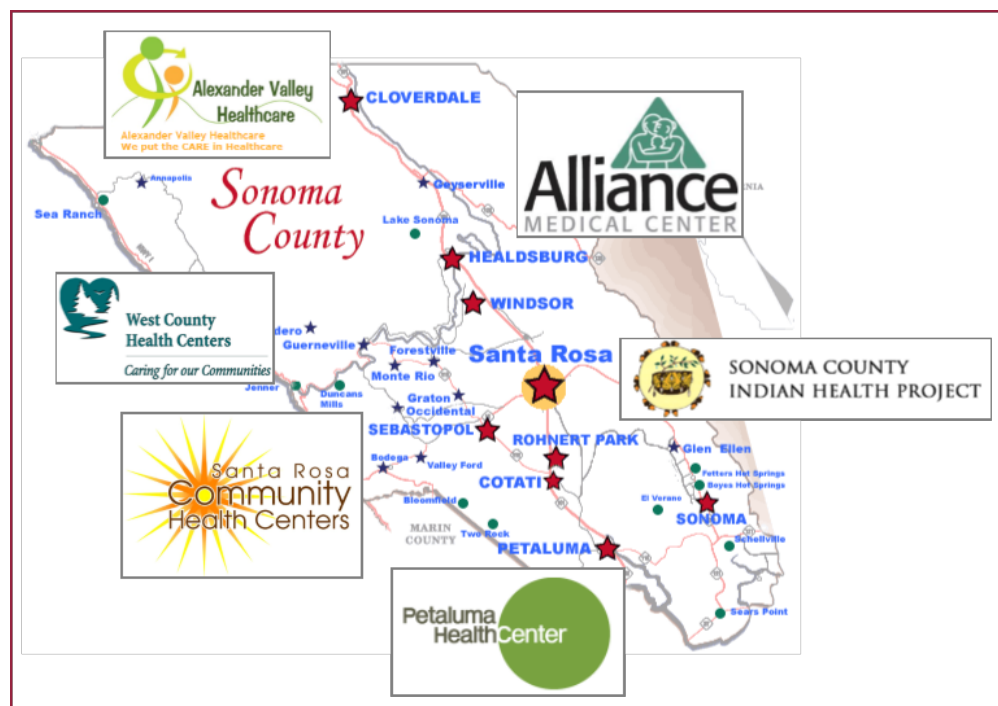
CIP offers specialized engagement and support groups for adult Laotian and Cambodian men and women. Groups focus on education and support to many people who fear engaging outside of their community. The most pressing issues are language and transportation. Group topics include the following:

- *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.

2014-2015 Health Fairs Attended by Staff of the Community Intervention Program				
	Name:	Location:	Population Reached:	Approx. # Served:
1.	Homeless Support Fair	Julliard Park	Homeless individuals and families	10
2.	La Tortilla Factory Health & Wellness Fair	3300 Westwind Blvd, SR	Latino community	102
3.	Independence Day	Wells Fargo Center for the Arts	General community	138
4.	Health Fair	Our Lady of Guadalupe Church, Windsor	Latino community	40
5.	Disability Services & Legal Center (DSLCL) Tech Expo	Sonoma County Fair Grounds	People with disabilities	110
6.	SVCHC Health Fair	Sonoma Valley Community Health Center	General community	148
7.	Health & Wellness Fair	Guerneville School	Children and families	40
8.	Latino Health Forum	Flamingo Hotel	Latino and general populations	297
9.	Health & Wellness Fair	Church of Resurrection	Latino Community	136
10.	Community & Engagement Fair	Vineyard Creek Hotel	General Community	100
11.	Martin Luther King Health Fair	Community Baptist Church	African Americans, Faith-based community	54
12.	Each Mind Matters Networking Event	Santa Rosa Junior College	Transition Aged Youth-community college students	80
13.	Mental Health Awareness Week	Sonoma State University	Transition Aged Youth-community college students	Unknown
14.	Cesar Chavez Health Fair	Cook Middle School	Latino Community	214
15.	Roseland Cinco de Mayo Celebration	Sebastopol Road Area, SR	Latino Community	167
16.	3 rd Annual Asian & Pacific Islander Forum	Santa Rosa	Asian Pacific Islander community	75
17.	West County Mental Health Summit	Russian River Empowerment Center	Geographically Isolated area	59
18.	Health & Wellness Fair	Catholic Charities	Latino Community	40
19.	Redwood Gospel Mission	Julliard Park	Homeless individuals and families	77
20.	Rosa de Lima Health Fair	St. Rose Church	Latino Community	78

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) for Adults and Youth
- 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

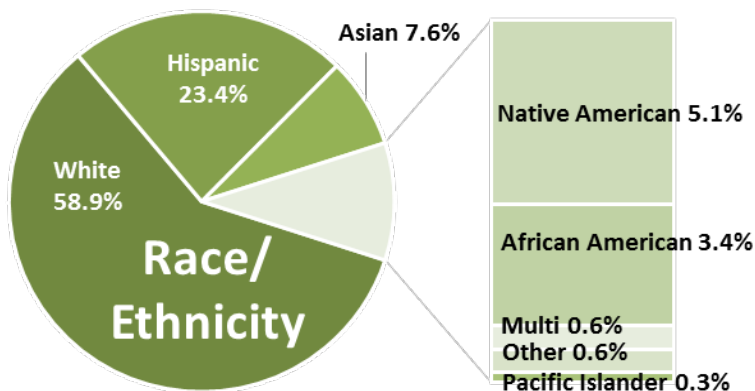
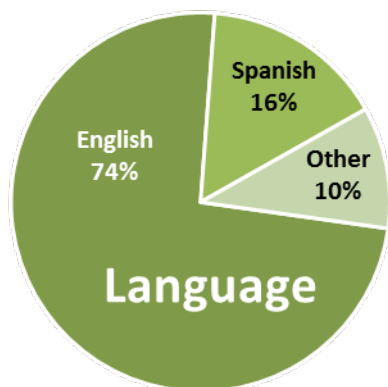
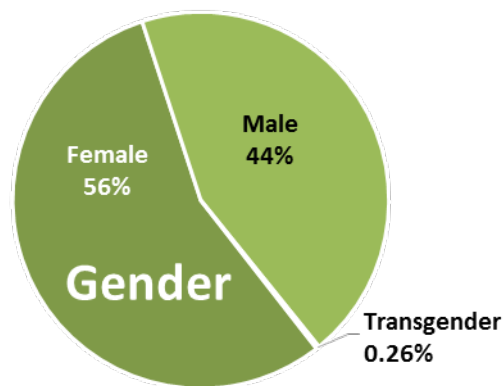
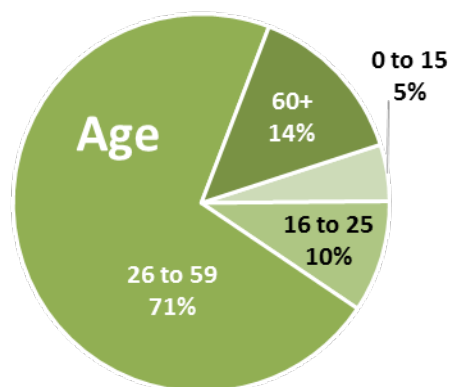
CIP conducts its outreach and engagement activities through the following staffing structure:

- 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 (SCBH) CIP Team

Total unique clients served: **783**

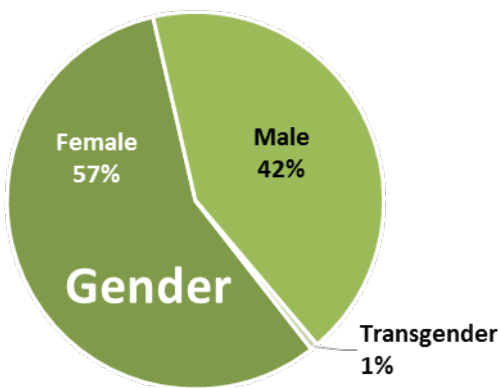
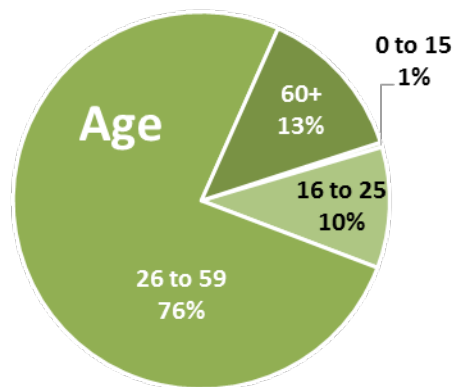
Demographics:

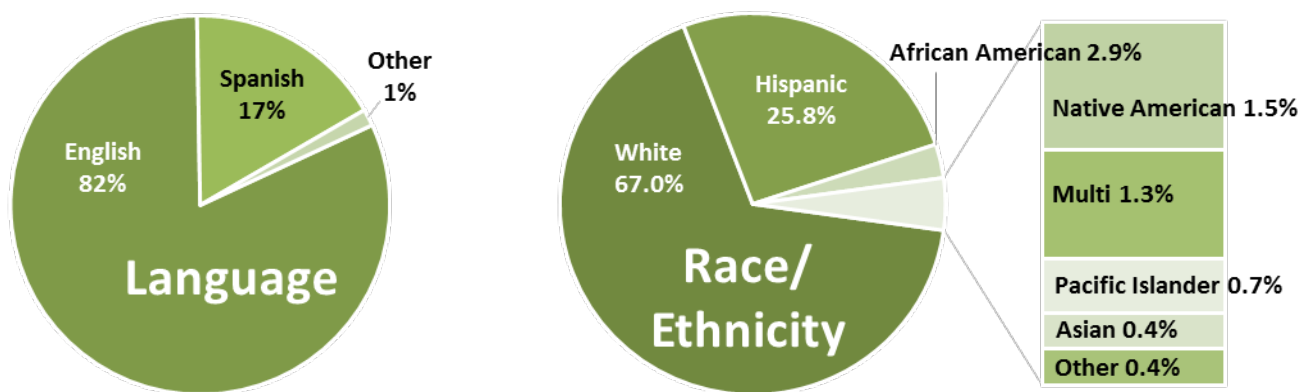


Community Mental Health Centers (CMHCs) CIP Team

Total unique clients served: **491**

Demographics:

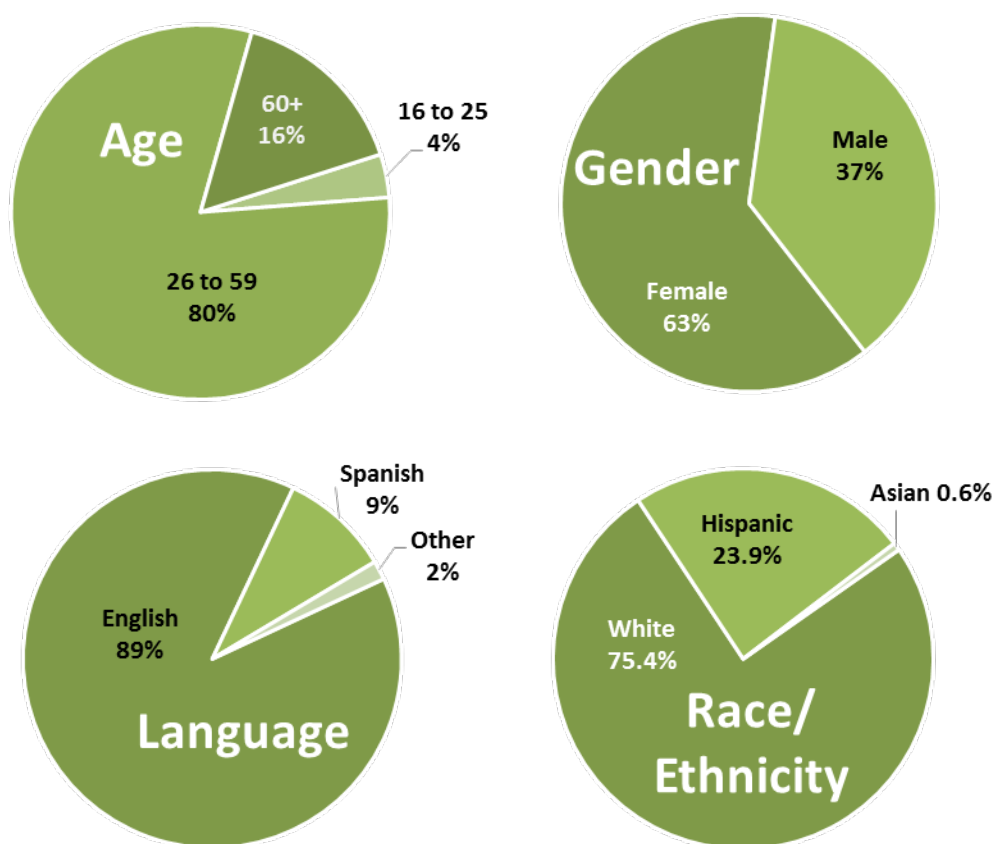




Alliance Medical Center – CIP

Total numbers served (aggregate of quarterly reports): **51**

Demographics:

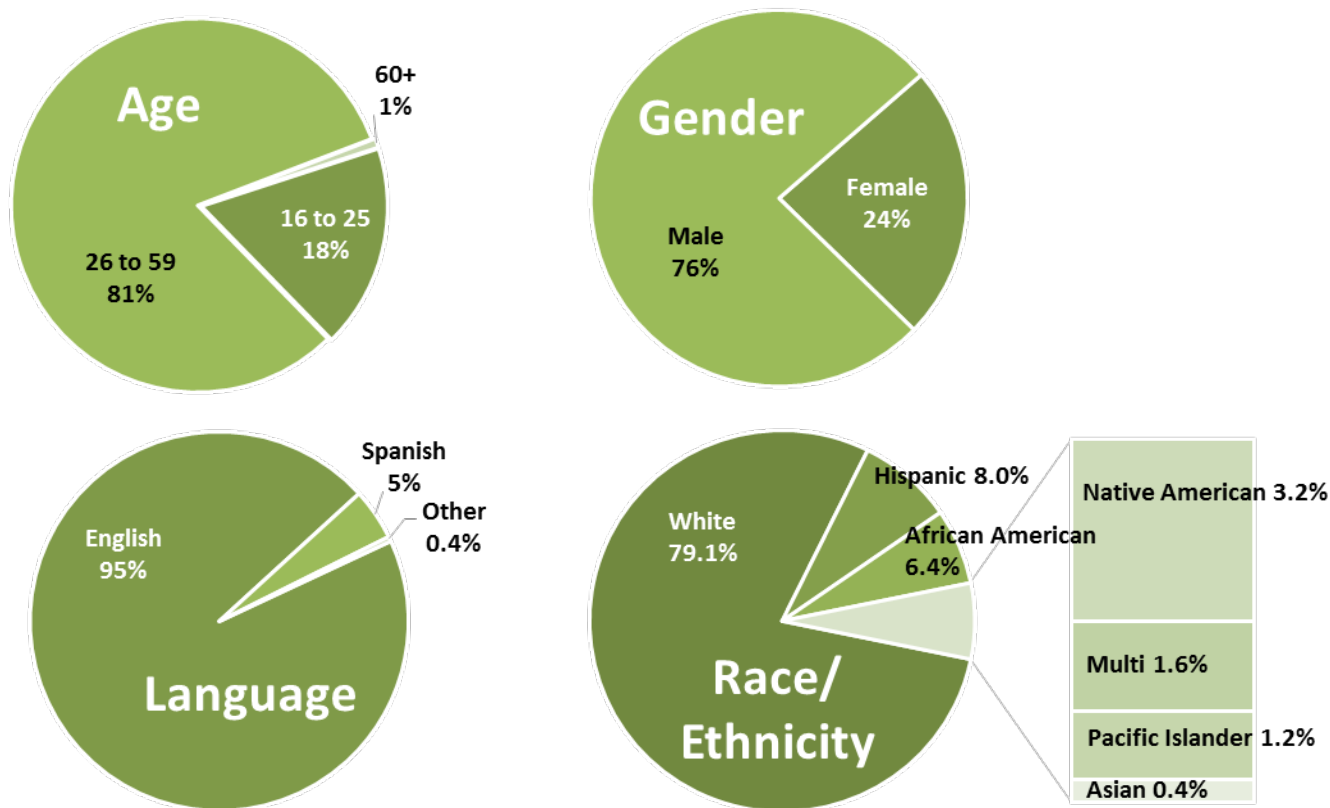


For more information, see the **Alliance Medical Center CIP Impact Statement** in the Appendix.⁵

⁵ See Appendix 3

Total numbers served (aggregate of quarterly reports): **249**

Demographics:



Notable Accomplishments:

With the services provided through this project, Turning Point clients with secondary mental health disorders receive the specialized treatment they need to be successful in their recovery.

109 clients completed treatment; 84% (92/109) of the discharged clients completed treatment successfully or left early with satisfactory progress and 16% (17/109) left before completion with unsatisfactory progress.

Session Rating Scales SRS (cumulative average) conducted by Mental Health Specialist, reported the following scores, as rated by clients:

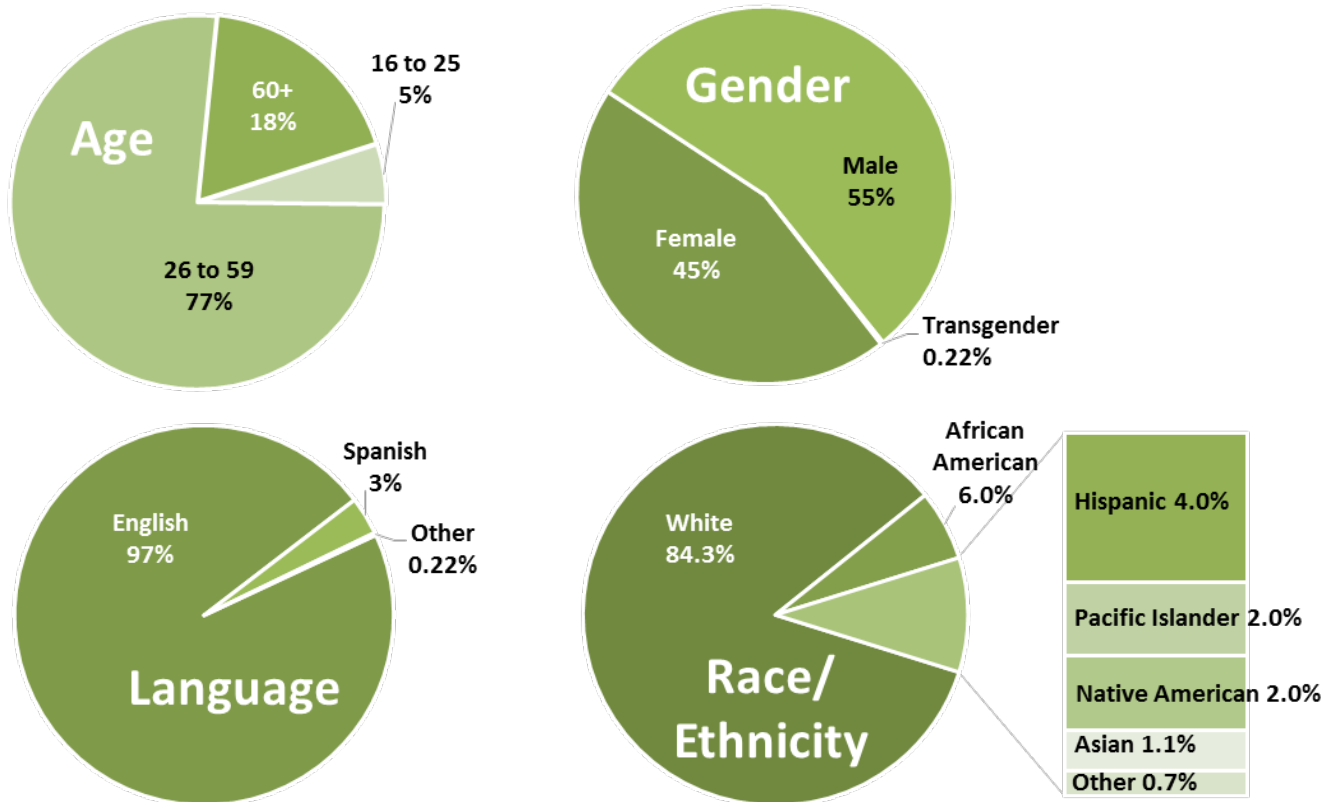
- Relationships: Average score (9.2): "I feel heard, understood and respected."
- Goals and Topics: Average score (9.3): "We worked on and talked about what I wanted to work on and talk about."
- Approach or Method: Average score (9.2): "The therapist's approach is a good fit for me."
- Overall: Average score (9.1): "Overall, today's session was right for me."

For more information, see the **Drug Abuse Alternatives Center (DAAC) CIP Impact Statement** in the Appendix.⁶

Petaluma People Services Center (Mary Isaak Center) – CIP

Total numbers served (aggregate of quarterly reports): **463**

Demographics:



Notable Accomplishments:

The Mary Isaak Center (MIC) offers on average, 4 psychotherapy and/or psycho educational groups each week at varying times. MIC case managers will add participation in groups as a mandate to residents' Individual Action Plans. MIC facilitates many different therapeutic groups including:

- WRAP Groups
- Adjusting to Community Living Groups
- Seeking Safety
- Stress Reduction

MIC sees clients for short-term services and worked with case managers to identify the clients in the most need. Provided emergency intervention when a client was in crisis. MIC makes referrals to Sonoma County Behavioral Health for clients with more severe symptoms.

⁶ See Appendix 3

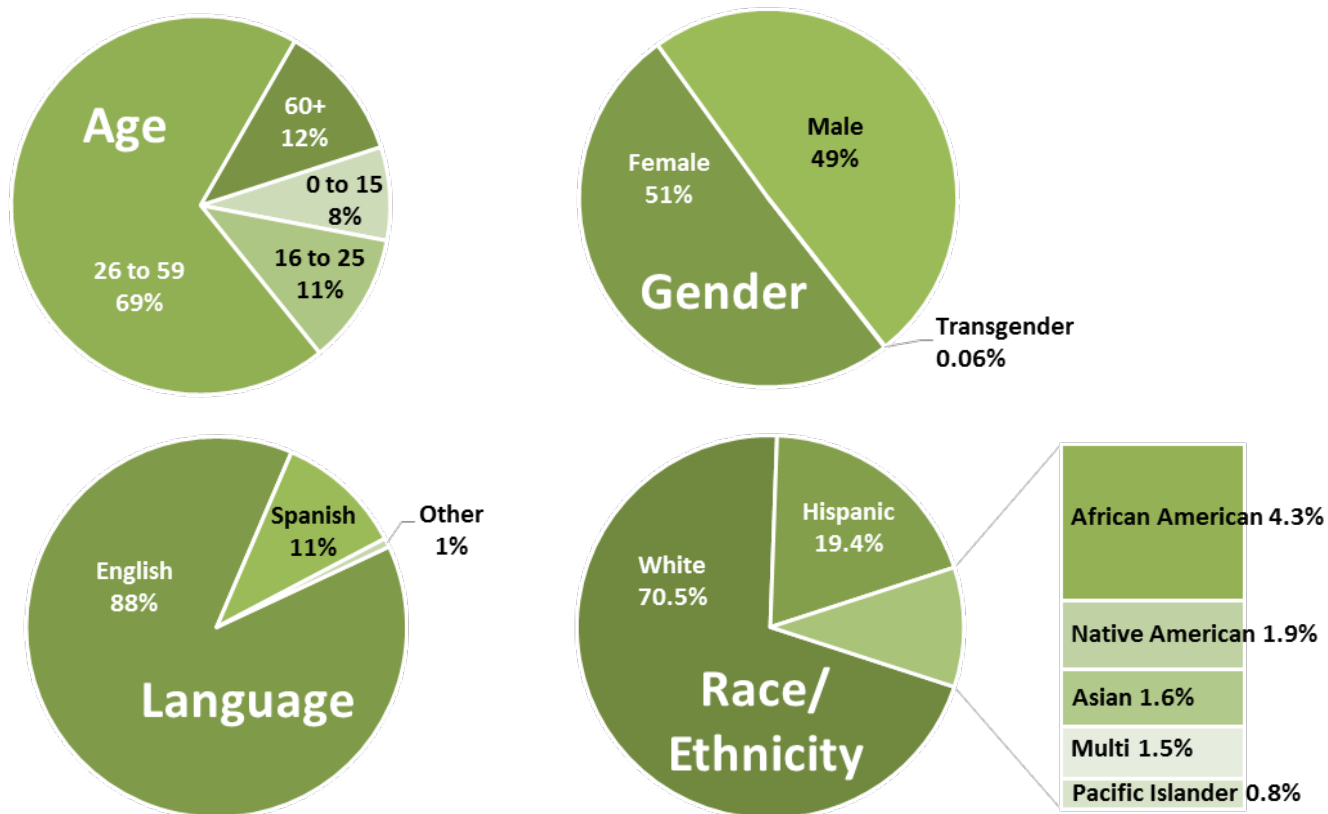
45% of the clients receiving services showed improvement in their presenting symptoms. Groups show that 87% of the participants that complete a pre and post-test demonstrate improvement in knowledge, attitude and behaviors related to the topics presented. Scores were used only for those participants that completed both a pre and post survey.

For more information, see the **Petaluma People Services Center (Mary Isaak Center) CIP Impact Statement** in the Appendix.⁷

Santa Rosa Community Health Centers – CIP

Total numbers served (aggregate of quarterly reports): **1,640**

Demographics:



Notable Accomplishments:

Directly through MHSA funds, 1,581 individuals were seen by psychiatrists for consultation or psychiatric management in an outpatient setting in the first three quarters. The leveraging of MHSA funding with clinic revenue allowed 5,619 individuals to receive care in 2014 at a primary care site operated by Santa Rosa Community Health Centers. Since the original CIP scope of work, this type of patient has become part of the regular work at SRCHC.

The ready access to psychiatrists has been very valuable for the primary care providers and the patients of SRCHC. Through notes in the shared medical records, phone calls, or "curbside" consults, the

⁷ See Appendix 3

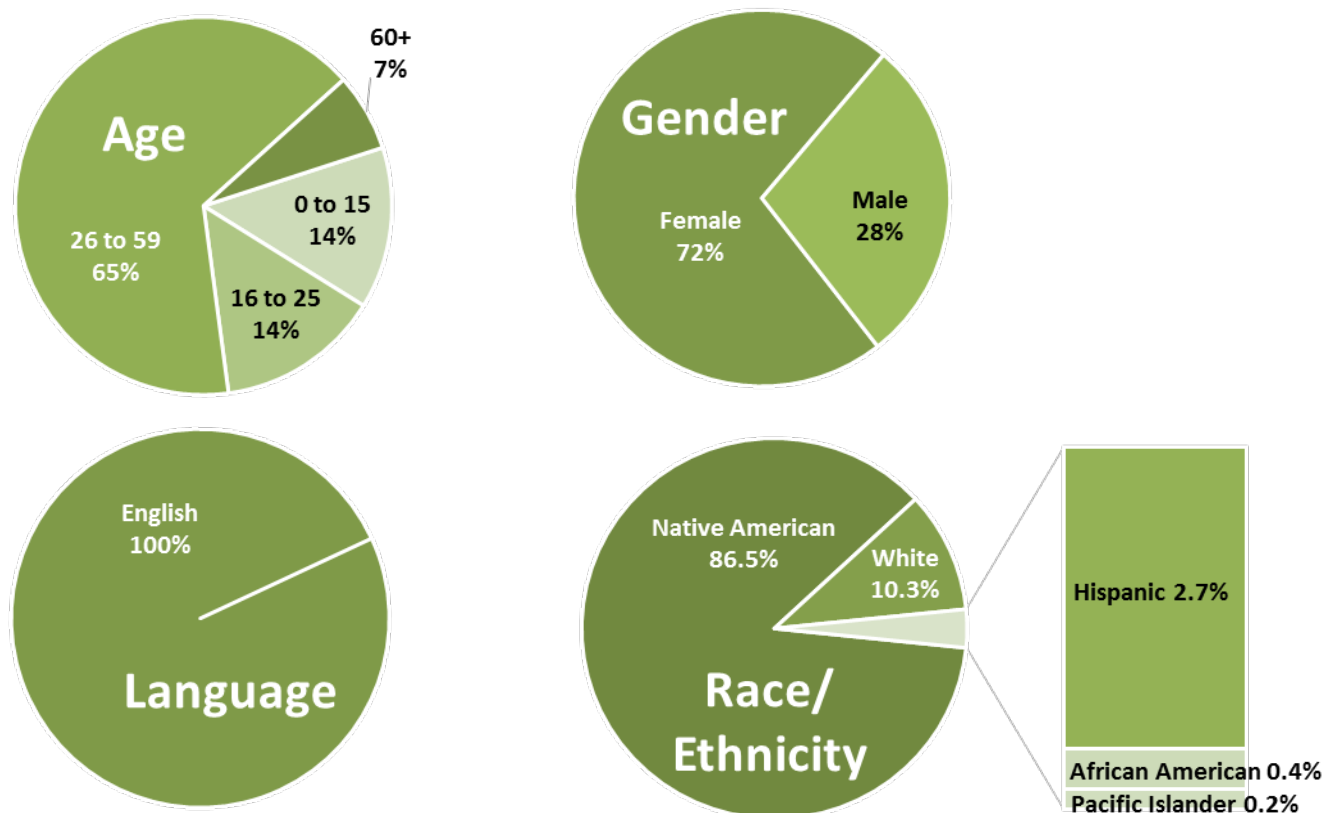
primary care medical staff have the option to ask questions about medications or diagnostic clarifications and thus improve their skills and knowledge.

For more information, see the **Santa Rosa Community Health Centers CIP Impact Statement** in the Appendix.⁸

Sonoma County Indian Health Project (SCIHP) – CIP

Total numbers served (aggregate of quarterly reports): **556**

Demographics:



Notable Accomplishments:

SC-BHD funded psychiatrist provided services to the adult clients at SCIHP which included medication evaluation and treatment and consultation with primary care physicians. Stabilization of psychiatric symptoms improved health care delivery at SCIHP.

For more information, see the **Sonoma County Indian Health Project CIP Impact Statement** in the Appendix.⁹

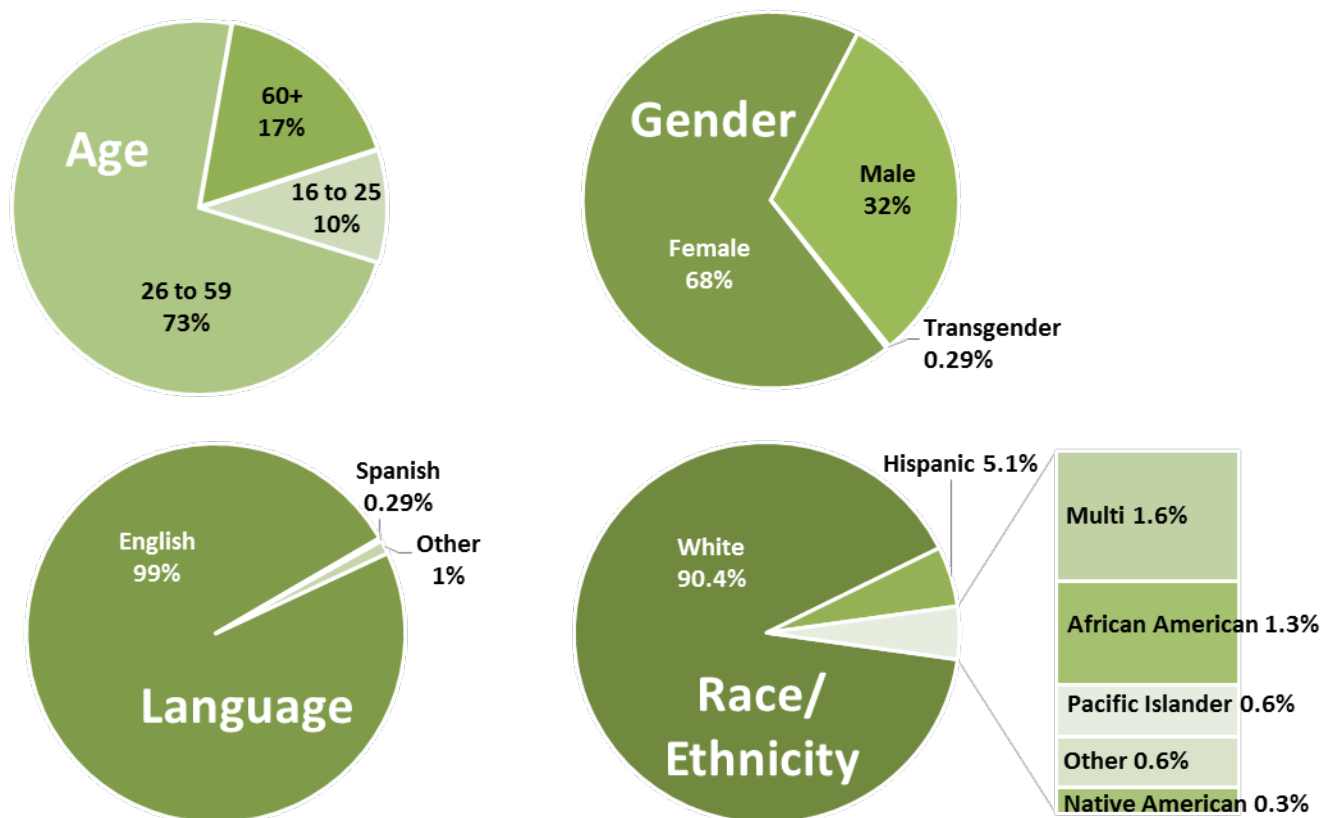
⁸ See Appendix 3

⁹ See Appendix 3

West County Health Centers – CIP

Total numbers served (aggregate of quarterly reports): **349**

Demographics:



Notable Accomplishments:

Crisis and ongoing services were provided, including such areas as managing and improving health/chronic conditions, trauma treatment, interpersonal or family stressors, housing crises, and mood disorders. Outreach and screening for depression was also offered during a week in October as part of the agency-wide response to National Depression Awareness Day/Month.

For more information, see the **West County Health Centers CIP Impact Statement** in the Appendix.¹⁰

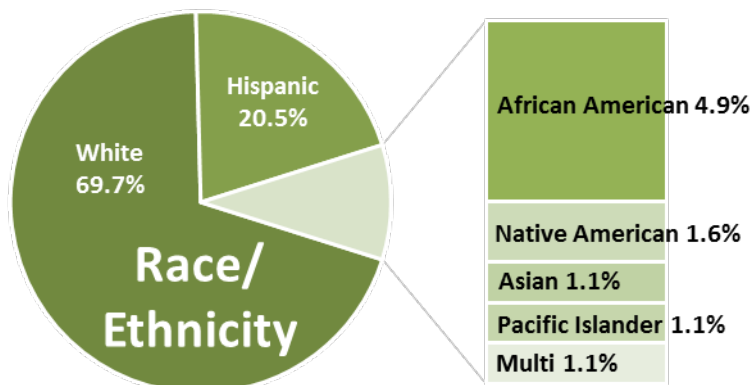
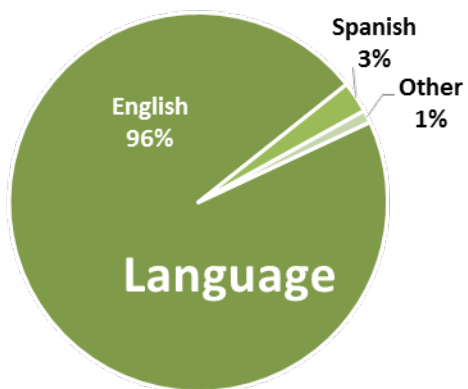
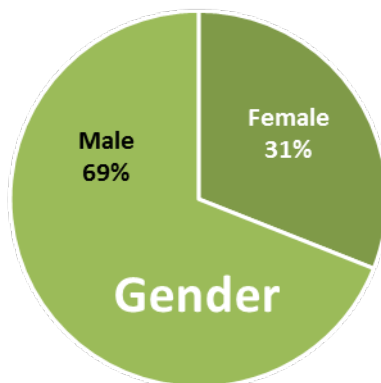
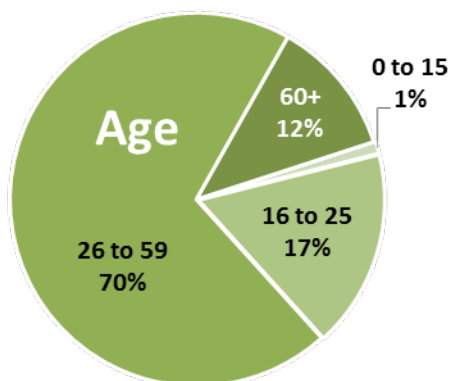
Sonoma County Human Services Department – Job Link

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

Total numbers served (aggregate of quarterly reports): **187**

¹⁰ See Appendix 3

Demographics:



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 the SC-BHD **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 14-15 (includes referrals from In-Home Supportive Services and from Behavioral Health Older Adult Team Outreach):

- Referrals accepted to Older Adult Mental Health Outreach Liaison: **215**
 - Home Visits made: **113**
 - Information and Resources Phone Calls: **59**
 - In Depth Consults: **34**

- Provided Linkage to:
 - Senior Peer Counseling or Senior Peer Support: **62**
 - Volunteer Visitor: **6**
 - Older Adult Collaborative In-Home Therapy: **20**
 - Older Adult Collaborative Case Management with Healthy IDEAS: **34**
 - Sonoma County Behavioral Health Services: **6**
 - Other Mental Health/Psychiatric Providers: **18**

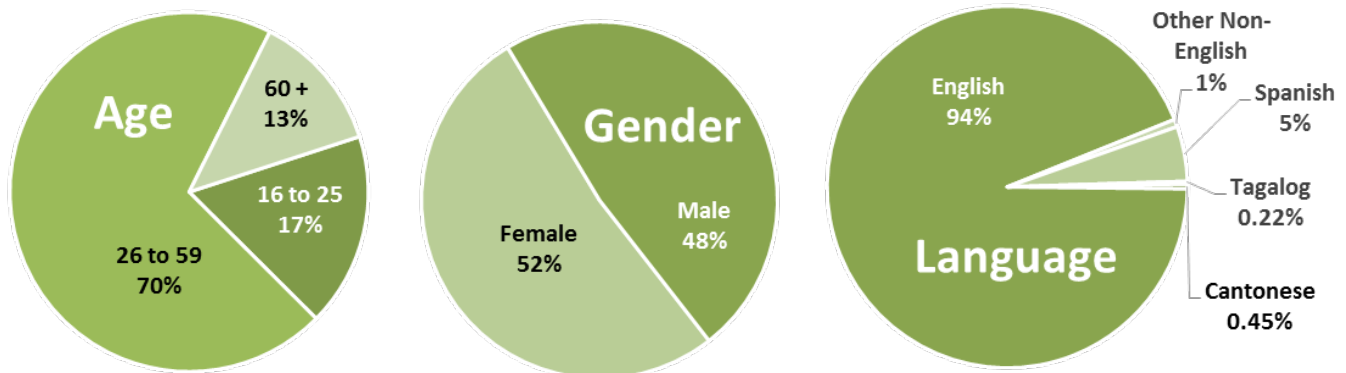
The Access Team improves access to mental health services for residents of Sonoma County. Individuals seeking care are able to quickly receive a mental health screening and, when needed, assessment and treatment planning and/or referral for appropriate levels of care to the network of mental health services 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: **2,987**

- Adults: **2,349**
- Children: **638**

Total Unique Clients that were assessed through the Access Team: **470**

- Carried Over: **114**
- New to Program: **356**



Race	
White	72.65%
Mixed Race	13.68%
Other Race	10.76%
American Indian	1.12%
Chinese	0.45%
Filipino	0.45%
Asian Native	0.22%
Black/African-American	0.22%
Cambodian	0.22%
Vietnamese	0.22%

Ethnicity	
Not Hispanic	77.53%
Mexican/Mexican-American	18.36%
Other Hispanic/Latin	3.56%
Cuban	0.27%
Puerto Rican	0.27%

General System Development

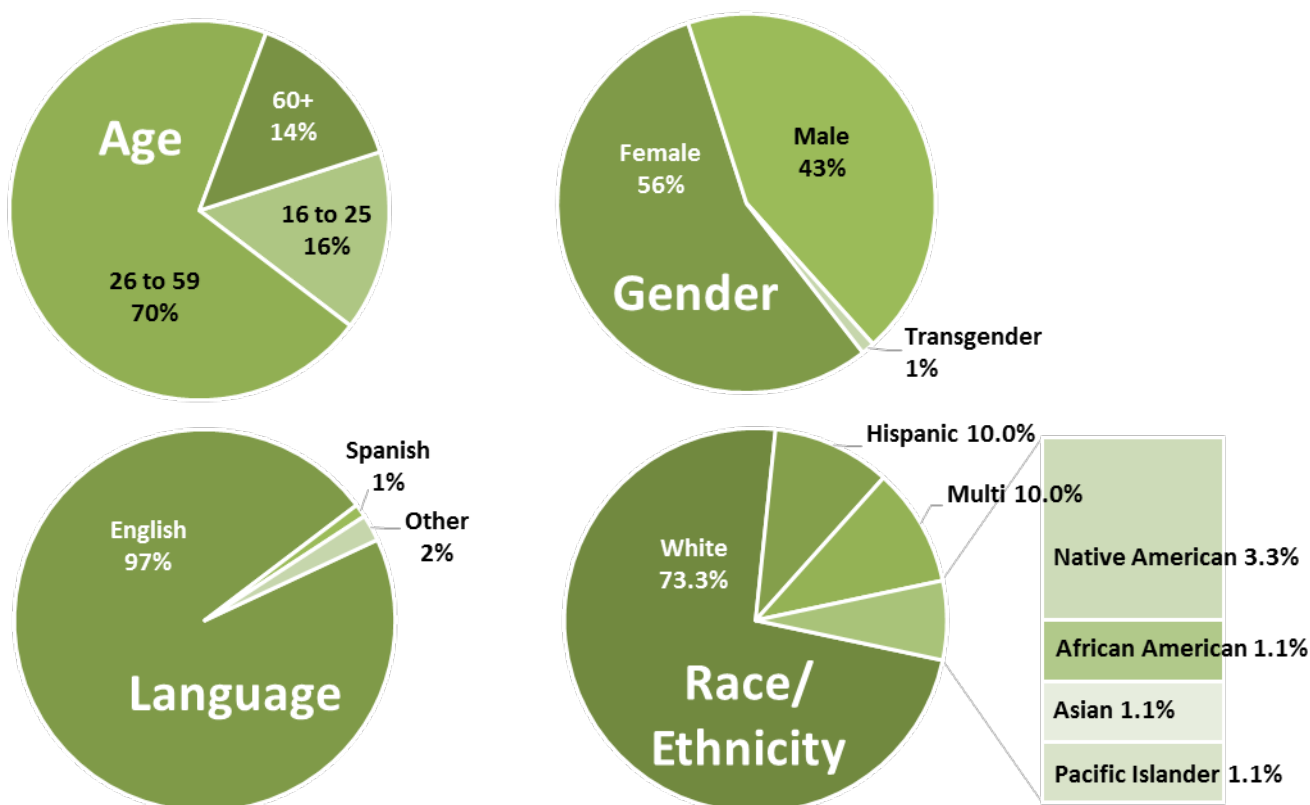
Consumer Run Services

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): **92**

Demographics:



Notable Accomplishments:

Santa Rosa Community Health Center, in conjunction with their SAMSHA grant has asked to collaborate with the Wellness and Advocacy Center to offer health education classes identified by members as well as providing information about how to access the community health centers.

The Speakers' Bureau is now a project of Transforming Peers Lives - a local, volunteer peer organization. The Wellness Center invited members to involve themselves in the opportunity to share their stories with aims of educating the public about lived, mental health experience.

The Finley Community Center invited the Wellness and Advocacy Center to exhibit a unique show, titled "Unseen." This show exhibited 8 artists work and was featured in the Press Democrat. "Unseen" had a large impact in reducing stigma and highlighting mental health and creativity in a highly visible way.

The Center appears to be thriving with new and repeat visiting members. Peer support sessions are increasing as staff members receive more and ongoing training with Intentional Peer Support practices. Hiring a new peer specialist has improved access to individual peer support sessions.

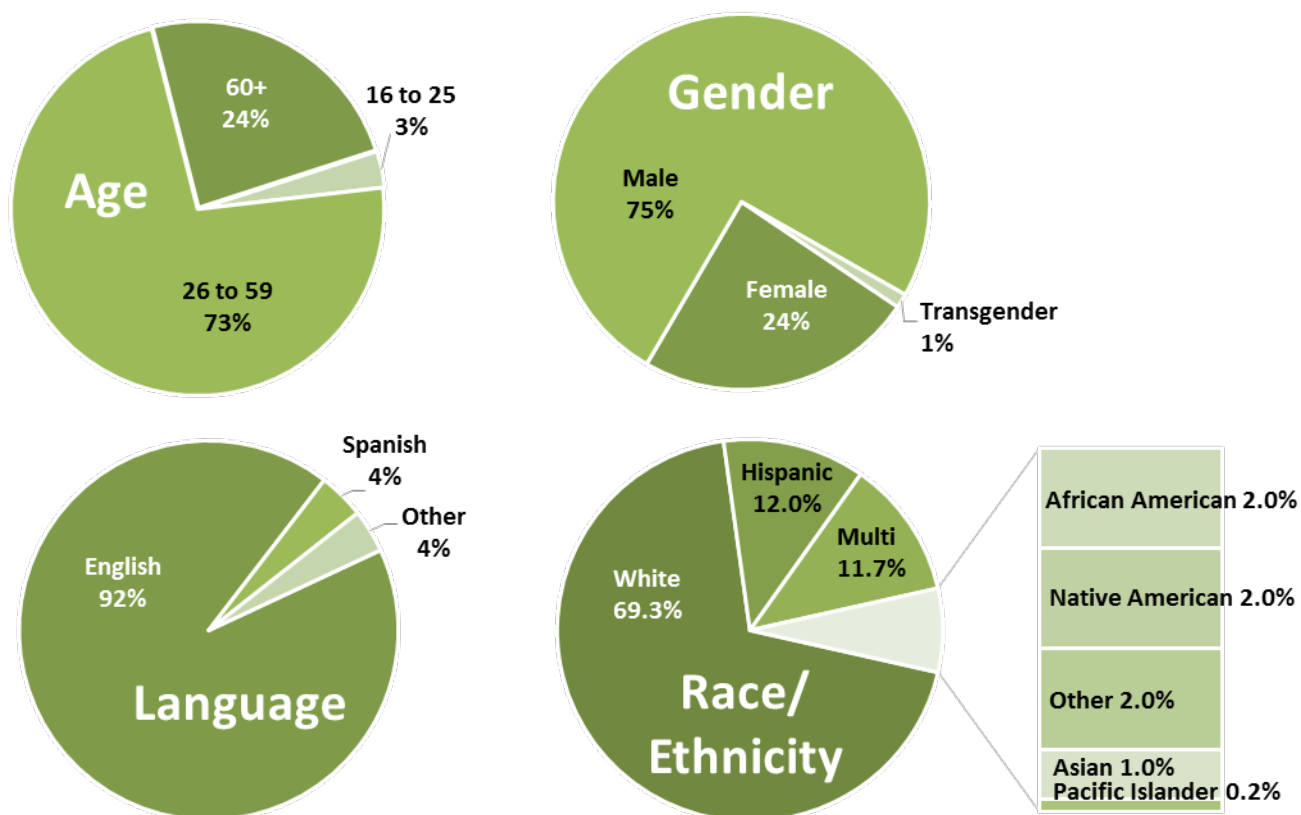
For more information, see the **Wellness Center Impact Statement** in the Appendix.¹¹

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): **416**

Demographics:



¹¹ See Appendix 3

Notable Accomplishments:

Served an average of 41 persons per day (50 weekdays and 32 Saturdays). Formal and informal surveying of members, including feedback at community meeting, from general membership meetings, and membership council continue to note high satisfaction with the Center being helpful and a valued part of members lives.

There has been more talk about emotional literacy in general, and what a relief it is to be in an environment where emotional literacy is valued. Many share they find Interlink to be a place where they can speak up, ask for understanding, negotiate, be heard and be real. The level of emotional safety has continued to rise.

Interlink has continued and clearly matured as a community and a Center, with this last quarter and fiscal year showing a notable positive growth spurt. Staff and members have mentioned this along with what a functional staff team and dynamic membership council they now have.

Besides having all the seats full in the membership council, the council has had very little disciplinary issues to look at and has focused more on event planning and updating the bi-laws.

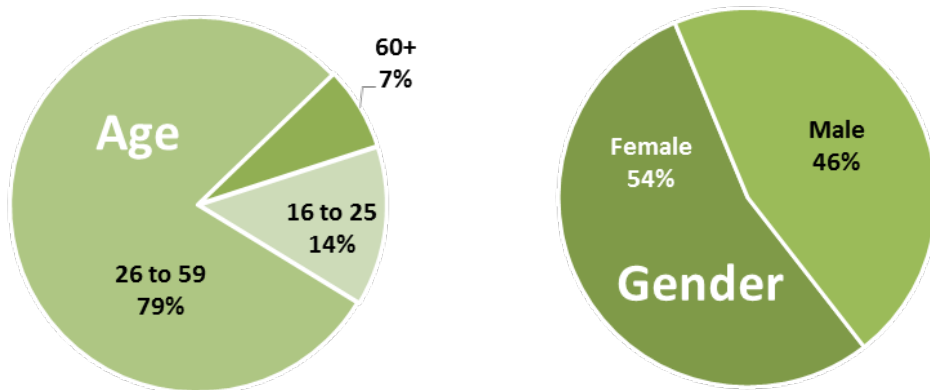
For more information, see the **Interlink Self Help Center Impact Statement** in the Appendix.¹²

Goodwill Industries of the Redwood Empire – Petaluma Peer Recovery Project

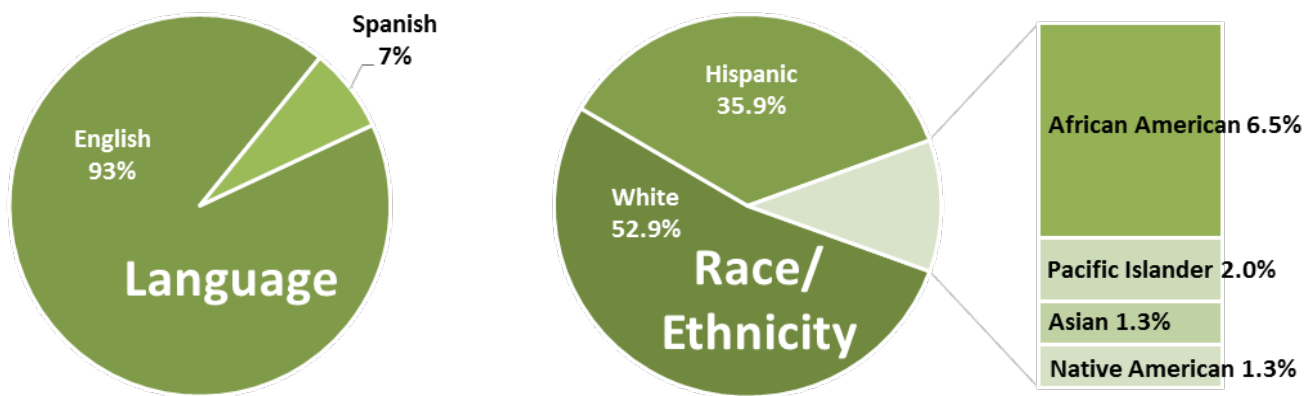
Petaluma Peer Recovery Project (PPRP) is designed to create a safe place that is populated by fellow mental health consumers and is conducive to recovery. PPRP is currently offering support groups that range from general peer support groups, to relaxation and recreation, to groups on learning and practicing 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): **153**

Demographics:



¹² See Appendix 3



Notable Accomplishments:

PPRP has maintained its presence at the Petaluma Police Department meetings this fiscal year. PPRP also presented at the Mary Isaak Center, the homeless shelter in Petaluma.

Outreach efforts often result in referrals, and the relationship-building effect of these efforts enhances PPRP's ability to support participants.

Participants accessed one-on-one support regularly, expressing gratitude for the instances of support.

On May 28th, in collaboration with the Sonoma County Behavioral Health Department's Petaluma Community Mental Health Center, PPRP co-hosted a barbecue and provided speakers in honor of Mental Health Month. There were 23 attendees, consisting of consumers, family members and providers.

PPRP Participant Focus Group Report:

If PPRP didn't exist, would your life be different? If so, how?

- "I would be more isolated."
- "I would be more isolated without PPRP."
- "Yeah, it would be different because I would feel more boxed in."
- "I might be more isolated than I am now so it would change my attitude."
- "I would have more of a struggle trying to fit in."

For more information, see the **Petaluma Peer Recovery Project Impact Statement** in the Appendix.¹³

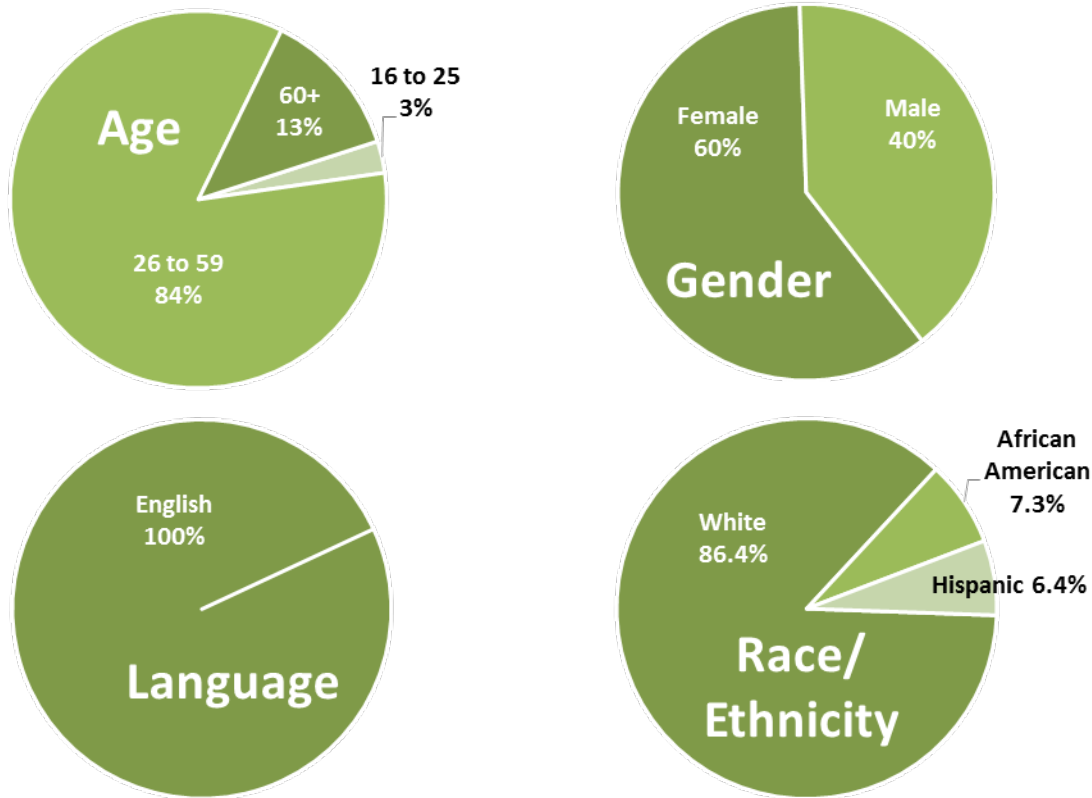
Community & Family Services Agency – Russian River Empowerment Center

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, 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): **110**

¹³ See Appendix 3

Demographics:



Notable Accomplishments:

Members who are regularly using the center report satisfaction with the activities and support services offered and say that their participation in Empowerment Center activities helps them in their recovery efforts.

The RREC opened a new location at 14520 Armstrong Woods Road in Guerneville and members and staff say the natural setting provides a peaceful setting and they feel less stressed in this setting. Members of the Empowerment Center have continued to regularly report satisfaction based on a survey and word of mouth. Members report to us a feeling of support and progress in their mental health recovery. Outreach has contributed to increase census.

A new group, formed in collaboration with Buckelew, provides families with support to help build coping skills and better communication with families and family members who are challenged with mental health issues.

An average of 13 people a day participated in activities at the center resulting in approximately 222 visits per month. The level of involvement by currently active members should serve inspiration for other members to be more involved with peer support and bring former members back to the center. Members who are routinely coming are reporting satisfaction in the effect of groups and how it helps in their recovery.

For more information, see the **Russian River Empowerment Center Impact Statement** in the Appendix.¹⁴

¹⁴ See Appendix 3

National Alliance on Mental Illness (NAMI) Sonoma County

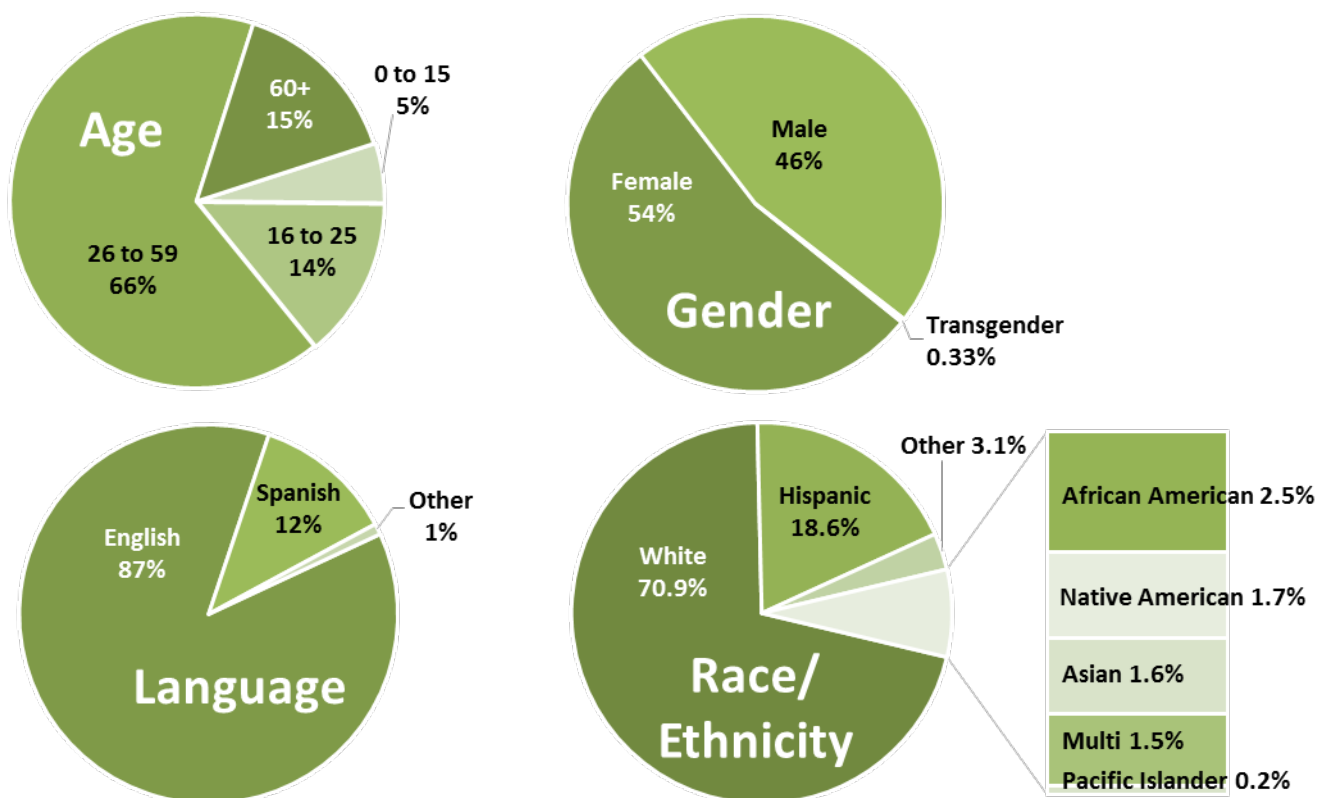
National Alliance on Mental Illness (NAMI) – Sonoma County (NAMI-SC) is a grassroots family, client, and community member organization dedicated to improving the lives of people with mental health challenges, and the lives of their families and friends. NAMI provides health education, support, and advocacy to family members and loved ones of people who have psychiatric disabilities. Sonoma County Behavioral Health Division (SC-BHD) 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 groups
- Outreach and individual family support specifically for Latino families

The NAMI Family Support Project provides support to family members and loved ones of mental health consumers and links them with ongoing NAMI family support groups and activities. The Family Support Project makes available a family support warm line to accept referrals from and to make follow up calls to family members and loved ones who are identified by SC-BHD's Mobile Support Team.

Total numbers served (aggregate of quarterly reports): **1,373**

Demographics:



Success Stories:

Two different mothers attended Family-to-Family and were able to find peace and solidarity in their decisions to set healthy boundaries. Each of them have been supporting daughters who have been in and out of Sonoma County's Main Adult Detention Facility. They each have borrowed out books from the NAMI library on family roles in mental illness and substance use as well.

NAMI came into contact with a monolingual Spanish-speaking father of a young, male adult that was experiencing visual hallucinations. Despite his parents' efforts, a few involuntary hospitalizations, and the fact that he had lost a significant amount of weight, this individual was refusing treatment and believed that nothing was wrong. After months of weekly contact and support from NAMI, the struggle to get their son to continue to take the medication has ended. The family has reached stability in their support of their son living with schizophrenia. Their son now understands that he has an illness and to feel better he needs to take his medicine every day. He now has returned to school and has a new job. The family is hopeful for their son's future and grateful for the support from NAMI. The parents of the young man will also be taking the Familia-a-Familia course.

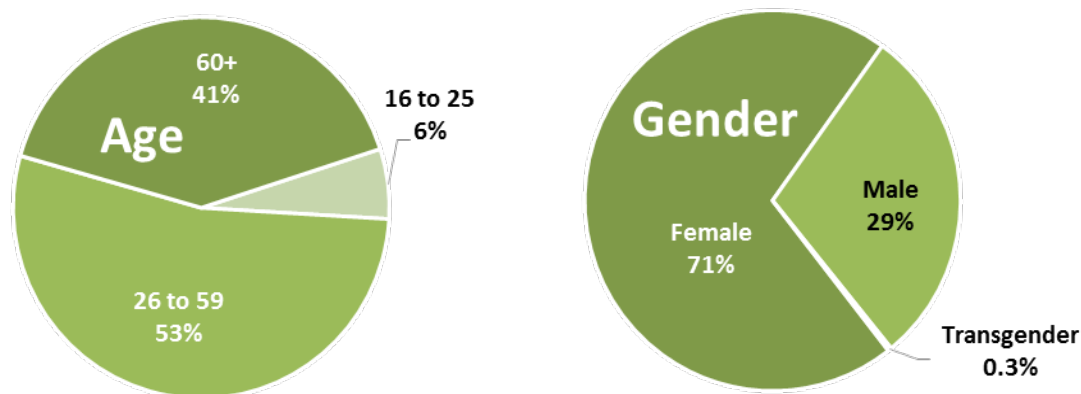
For more information, see the **NAMI Sonoma County Impact Statement** in the Appendix.¹⁵

Bucklew Programs – Family Service Coordination

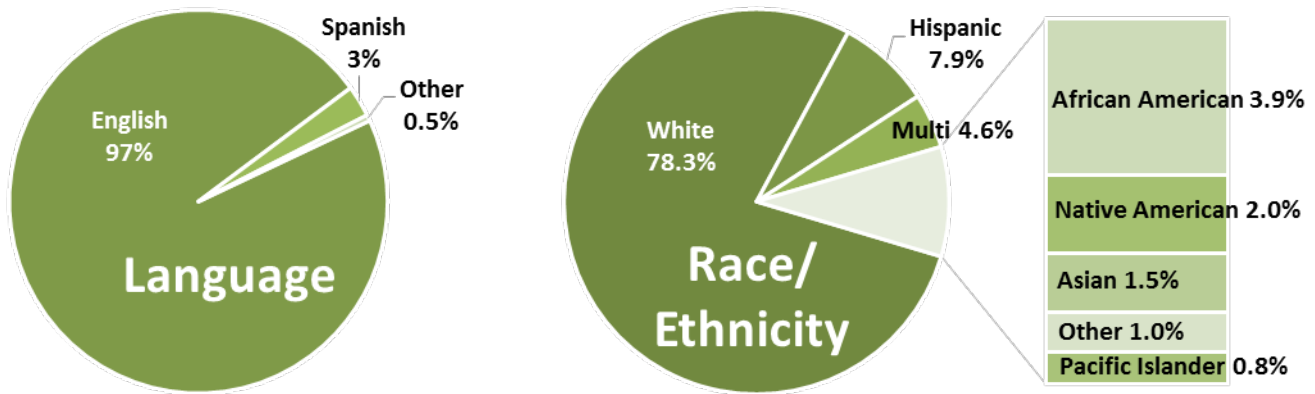
Bucklew Programs Family Services Coordination program (FSC) offers education and referrals to families of those with mental illness. The FSC serves as a liaison between Sonoma County Behavioral Health and other community-based organizations and services. Any family member or support person may contact the FSC for assistance in accessing services for themselves or their loved one. Funded 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: **1,107**

Demographics:



¹⁵ See Appendix 3



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 the community to begin addressing their loved one's recovery needs.	100% achieved
		B. 75% of families will strongly agree or agree that they can more effectively communicate with their loved ones service provider(s).	80% 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.	91% achieved
		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).	64% 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.	45% achieved (for Educational Class) 45% achieved (for Support/Education Groups)

	Goal:		Outcome:
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.	91% 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.	83% 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.	100% 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.	100% 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.	66% achieved

For more information, see the **Bucklew Programs Family Service Coordination Impact Statement** in the Appendix.¹⁶

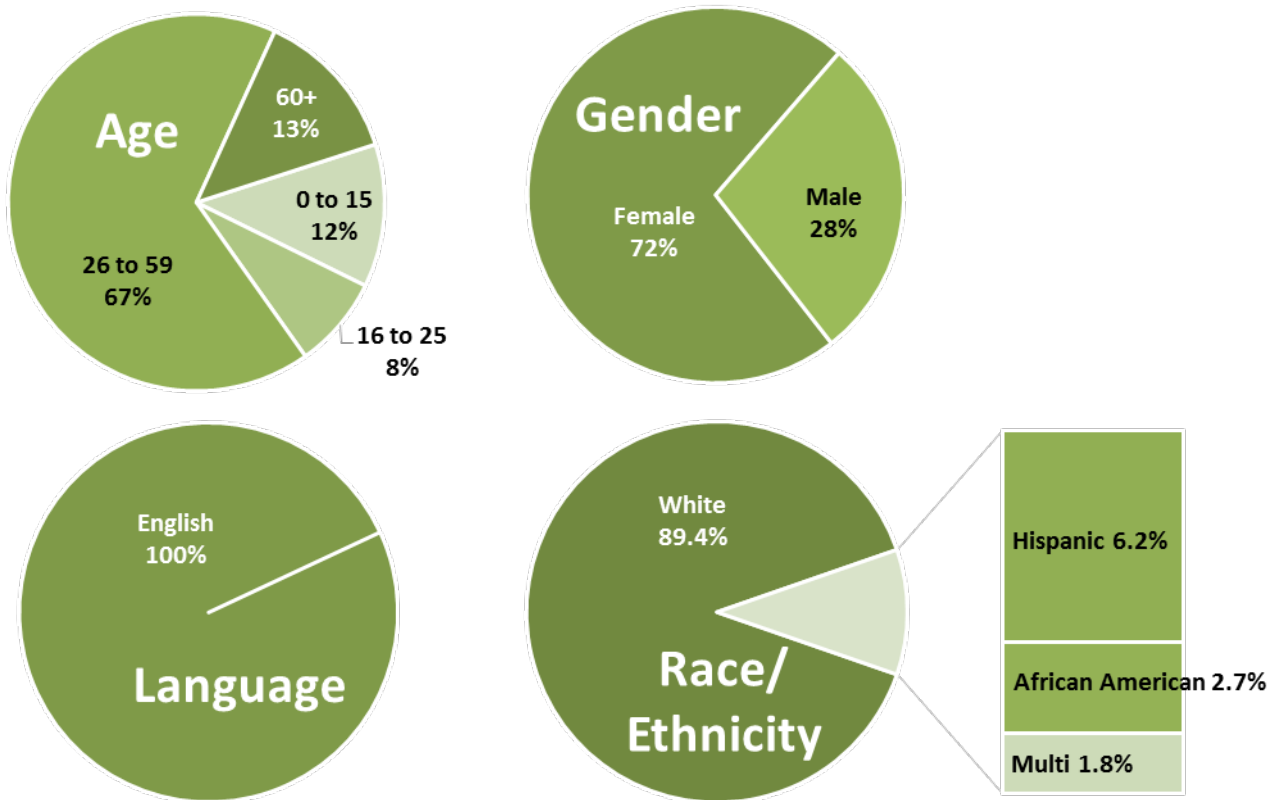
¹⁶ See Appendix 3

Community and Family Services Agency – Crisis Support Services

The Crisis Support Services program is designed to stabilize individuals and families in their existing homes, shorten the amount of time that individuals and families stay in shelters, and assist individuals and families with securing affordable housing.

Total numbers served (aggregate of quarterly reports): **114**

Demographics:



Notable Accomplishments:

The Crisis Support Services (CSS) coordinator talked to administrators and secretaries at Guerneville and Monte Rio Schools to tell them about SOS and the role of the CSS coordinator. Schools shared information with families in their school newsletter about CSS.

CSS coordinator referred all families to programs to help get their needs met. Some families were referred to the Redwood Empire Food Bank, West County Health Centers, and all were helped with housing applications and assistance programs for shelter. One family secured new housing with the assistance of the CSS coordinator. Two families were able to stay in their current housing due to the assistance of the CSS coordinator.

Crisis Support Services (CSS) Coordinator was able to secure funds to assist seven families with items related to obtaining and continuing housing such as money for security deposits, and one month's rent to keep someone in their home.

Forty-two individuals from 28 families were served directly by the CSS Coordinator. Additional individuals were referred by telephone to resources for needs other than housing.

For more information, see the **CFSA Crisis Support Services Impact Statement** in the Appendix.¹⁷

¹⁷ See Appendix 3

CSS - 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.

Peer Employment and Training

Integrating individuals with lived experience into the SC-BHD workforce:



Peer Workforce Group

In 2014, the Behavioral Health Division took a number of steps to bring peers into the behavioral health workforce. In order to start the process the Division reached out to the county's Human Resources Department to invite them to participate in statewide events that provided training on methods for hiring peers into county behavioral health systems of care.

First, the Division facilitated a Peer Employment Work Group to develop job descriptions and job characteristics to submit to Human

Resources in preparation for hiring peer personnel. Next, the Division conducted a Peer Workforce staff development training for all staff to promote a recovery-oriented approach that supports mental health consumers or peers to enter into the county workforce.

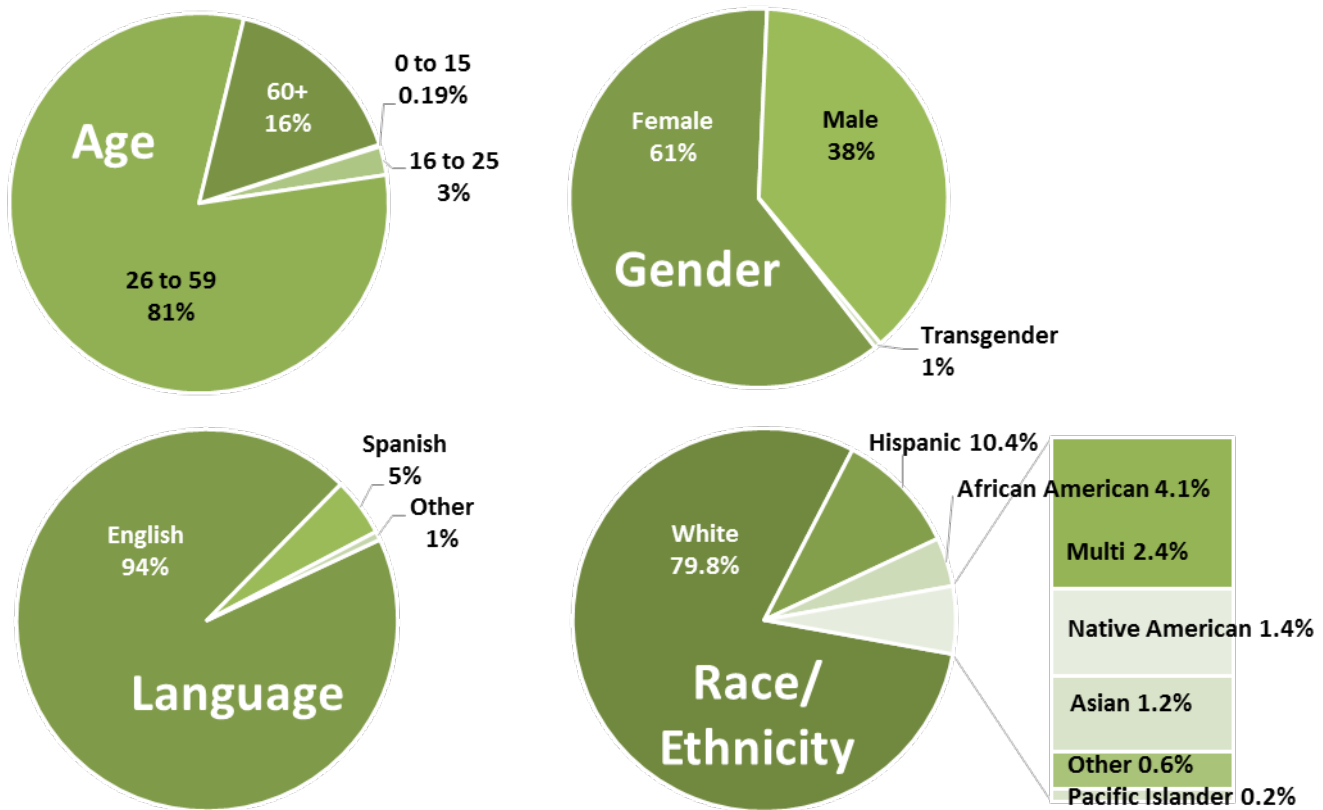
Lastly, the Division partnered with Sonoma State University's Organizational Development Graduate Program to assist the Behavioral Health Division to engage in a process where a cross section of Behavioral Health staff and mental health consumers outlined steps for successful integration of peers in the workforce onto the treatment teams. As a result of all of this work, the Division has hired Peers and Family Members into the SC-BHD county workforce. In acknowledgement of Mental Health Month the Division would like to recognize the new staff and those who participated in the Peer Employment work group today.

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): **558**

Demographics:



Notable Accomplishments:

The CRP worked on two projects during the past two fiscal years to respond to community needs. These projects are:

- 1) Assisting the consumer centers in establishing a more welcoming environment for monolingual Spanish speakers by supporting Spanish classes and Spanish speaking peer support groups at both Interlink and the Wellness and Advocacy Center
- 2) Assisting consumers in the city of Sonoma in developing a peer support project, as consumers in Sonoma voiced this need, and can be considered underserved due lack of access to peer support in their community.

The Consumer Affairs Coordinator completed and distributed a 12 page newsletter *Peer Voices Now!* (Spring 2015 issue) which included updates from the Consumer Affairs Coordinator, Consumer Education Coordinator, Peer Support Specialist Training Program, Russian River Empowerment Center, Petaluma Peer Recovery Project, Corinne Camp Action Network, Stories of Hope and Transformation, Transforming Peers' Lives, Peer Warmline Connection of Sonoma County, Interlink Self-Help Center, the Wellness and Advocacy Center, artwork, articles and poetry by consumer community member.

The Peers in PES Project (Peers in Psychiatric Emergency Services) has been approved by Sonoma County Behavioral Health's Human Resources. Peer counseling volunteers will support clients in crisis while they wait for ACCESS/PES services.

The Consumer Education Coordinator (CEC) has been participating in joint meetings between PES/ACCESS and local peers to provide peer input for the new Crisis Stabilization Unit.

In September, the CEC organized and facilitated a presentation for the Sonoma County Mental Health Board and the local mental health community entitled "Meaningful Consumer Involvement" that explored peer involvement in all aspects of the mental health community.

For more information, see the **Consumer Relations Program Impact Statement** in the Appendix.¹⁸

¹⁸ See Appendix 3

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.

Notable Accomplishments:

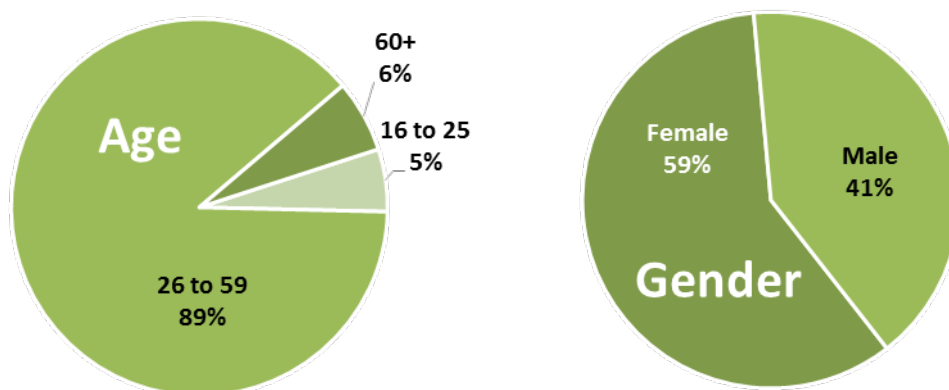
SOS provides monthly didactic trainings and weekly clinical supervision in order to ensure that they are providing the highest quality staff for programs. Mobile Support Team (MST) interns attended training in Motivational Interviewing in the clinical context. MST Interns worked with other SOS Staff in weekly group supervision and participated in regular case presentations through supporting peers and presenting their own cases to the groups. When needed, MST Interns were also seen in individual supervision in order to meet their clinical supervision needs.

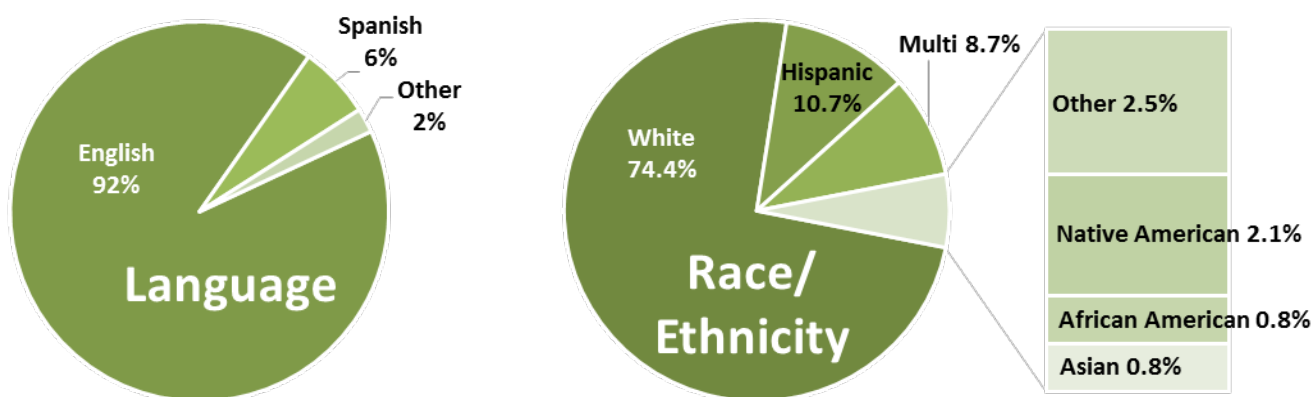
Lomi Psychotherapy Clinic

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. Lomi services were successfully launched by MHSA dollars and will be fully funded by Medi-Cal reimbursement in FY 15-16.

Total numbers served (aggregate of quarterly reports): **242**

Demographics:





Performance Outcomes:

In early 2015, Lomi shifted the measurements used to screen for depression and anxiety. They are now using the Beck Depression, Beck Anxiety, and the PCL. Some clients started with the early measures and will continue with those. The Beck's Anxiety and Depression Scales are self-administered.

Significantly, 100% of clients had a decrease in at least one scale. 82.3% had a decrease in at least two of the scales. No clients had an increase in all three scales (0%). One client had an increase in two scales and no change in the other (4.1%).

Anxiety: 58% of clients showed a decrease in scores on the Anxiety Scales, 25% showed an increase, and 16.6% scored no change.

Depression: 71.4% of clients showed a decrease in scores on the Depression Scales, 7.1% showed an increase, and 21.4% showed no change.

Trauma: 77.7% of clients showed a decrease in scores on the PCL measure, 16.6% showed an increase, and 5.5% showed no change.

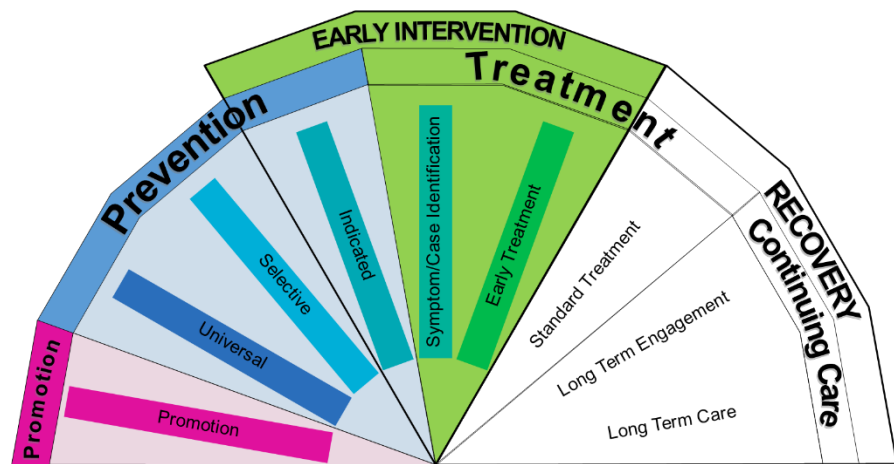
Client Satisfaction Survey Comments:

- “She helped me think clearly and be happier.”
- “What was helpful was her support and her seeing positive things about me. No one else does that or they criticize me.”
- “Depression and anxiety have disappeared somewhat. I have a bit more confidence to ask things of others. Now I do not allow myself to be manipulated.”
- “I feel confident and I am able to control (regulate) myself with your words of support.”

For more information, see the **Lomi Psychotherapy Clinic Impact Statement** in the Appendix.¹⁹

¹⁹ See Appendix 3

PREVENTION & EARLY INTERVENTION (PEI)



CalMHSA Promotion Efforts

Sonoma County Engagement in CalMHSA Activities for FY 14-15



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. Dissemination of Suicide Prevention Outreach Materials

Between July 2014 and June 2015, a total of 14,435 suicide prevention outreach materials were provided to SC-BHD and to community-based organizations in Sonoma County. Materials included posters, brochures, toolkits, the El Rotafolio flipchart and many other educational materials in English, Spanish and several other languages.

- 7,221 outreach materials were in English
- 6,453 in Spanish
- 761 in Khmer, Vietnamese, Tagalog, Lao, Hmong, Korean and Chinese (Mandarin)

Suicide Prevention Technical Assistance, Presentations, Trainings and Outreach



SC-BHD and community partners were provided with support from the Know the Signs team in the form of outreach, presentations, trainings and technical assistance throughout the year. The Division partnered with the Know the Signs Team on the following activities:

- The Know the Signs team regularly participated in the North Bay Suicide Prevention Program Quarterly Regional Council Meetings.
- The KTS team provided guidance on responses to death of Robin Williams in county documents.
- Suicide prevention guidance and an in-depth review was provided for their Sonoma County Department of Health Services newsletter.
- Technical assistance was provided on use of proper language in a county-created suicide prevention fact sheet. KTS staff provided input on final draft of fact sheet.
- KTS staff provided assistance to a poster and brochure to the Sonoma County Indian Health Project for future suicide prevention activities.

- Technical Assistance was provided on how to utilize the Spanish Low Literacy Flipchart “El Rotafolio” training and the KTS Training Resource Guide for Suicide Prevention in Primary Care Settings.
- The KTS team tabled API Health Forum in Sonoma County on May 7, 2015. Materials were disseminated primarily to Latino Service Providers, Filipino American Community Center, and Kaiser Permanente.



Directing Change is a statewide contest that engages students in creating videos about suicide prevention and stigma and discrimination reduction. For the past three years, 19 films have been submitted from eight high schools in Sonoma County.

In 2015, seven films were submitted from the following high schools from Sonoma County: El Molino High

School and Santa Rosa High School. Students from El Molino High School received 1st place in the regional contest for the Suicide Prevention Category and students from Santa Rosa High School received 3rd place in the regional contest for the Ending the Silence Category. All participating schools were offered suicide prevention programs and an Ending the Silence presentation from NAMI California. In 2015, one person from Sonoma County judged films and participated in a one-hour training on appropriate messaging about suicide prevention and mental health.

Seth Friesen, Digital Media Instructor El Molino High School: *"The Directing Change film contest provided my students with a great learning opportunity. Not only did this project challenge my student's filmmaking skills; it also provided an opportunity for them to achieve a deeper understanding of the issues surrounding suicide prevention."*

Sonoma County has utilized and shared those videos at a Board of Supervisor's meeting and other community meetings. To view the winning entry for the suicide prevention category from Sonoma County go to: <http://www.sonoma-county.org/health/about/behavioralhealth.asp>



Walk in Our Shoes cast with Rincon Valley Middle School Counselor Dan Evans

The Walk In Our Shoes Campaign Walk In Our Shoes is an integrated communications campaign that reaches out to youth ages 9 – 13 to introduce the topic of mental health through a variety of mediums, such as an interactive website and musical school performance. The goal of this campaign is to educate youth about mental illness and promote understanding and empathy towards individuals experiencing a mental health challenge.

One of the ways in which this targeted age group was reached in Sonoma County, was through a live school play that was produced and performed at Sixth Grade Charter Academy- Petaluma Junior High School. This performance reached 64 students and enabled them to learn about empathy towards people with mental health challenges and allowed for an interactive Q&A to further strengthen their knowledge of mental health.

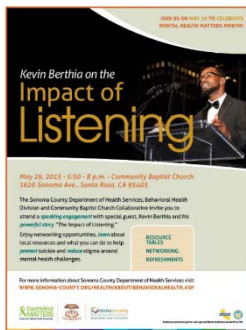


Each Mind Matters, California's mental health movement, is a community of individuals and organizations dedicated to a shared vision of mental wellness and equality.

Each Mind Matters Mini-Grants

Santa Rosa Junior College's PEERS Club received a Lime Green Ribbon Partner School mini-grant of \$1,000 each to reach students and faculty with education and awareness activities for Mental Health Matters Month May 2015.

Kevin Berthia on "The Impact of Listening"- community speaking engagement



On May 29, 2015 year partnership with the California Mental Health Services Authority (CalMHSA) and Community Baptist Church, the Sonoma County Behavioral Health Division hosted a community speaking engagement, "Kevin Berthia on The Impact of Listening." Kevin Berthia is a suicide survivor and suicide prevention advocate. Kevin was born with a genetic major depression disorder that he inherited from his biological mother. In 2005 at the age of 22, Kevin attempted to take his own life by jumping from the Golden Gate Bridge. Kevin will share his story of recovery and hope to help reduce stigma and discrimination around mental illness.

Together Against Stigma Conference

On February 19, 2015 Sonoma County Behavioral Health presented a symposium "A Story of Successful Systems Change," at the Together against Stigma Conference, a CalMHSA partnership. The symposium topics included the history of systems change effort in Sonoma County and Accomplishments. Sonoma County law enforcement discussed their involvement in systems change and stigma reduction through Crisis Intervention Training (CIT) training. The Crisis Assessment Prevention and Education (CAPE) and Mobile Support Team (MST) presented on building relationships with schools and law enforcement. The symposium curriculum also included a discussion about the impact of suicide prevention training- Question, Persuade, Refer (QPR) and peer and family support.

For more information about this presentation see the Appendix.²⁰

For more information about the impact of CalMHSA programs and services in Sonoma County see the impact statement in the Appendix.²¹

²⁰ See Appendix 5

²¹ See Appendix 4

Services to Children ages Birth to 5 years and their Families

Early Childhood Collaborative

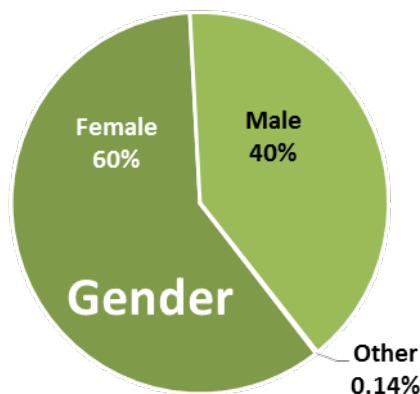
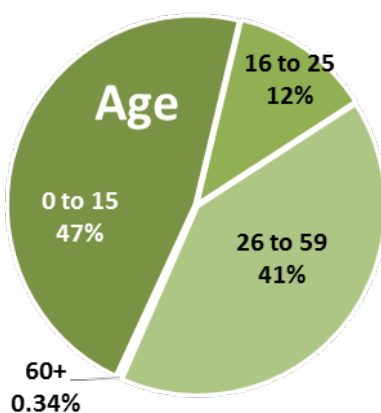
In the **Early Childhood Mental Health Collaborative**, BHD, First 5 Sonoma County, and four grantees partnered to provide the following services: Triple P—Positive Parenting Program, levels 2, 3, 4, or 5; identifying women with Perinatal Mood Disorder (PMD); case management and treatment of women with 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 *Child Parent Institute, Jewish Family and Children’s Services, Petaluma People Services Center, and Early Learning Institute*.

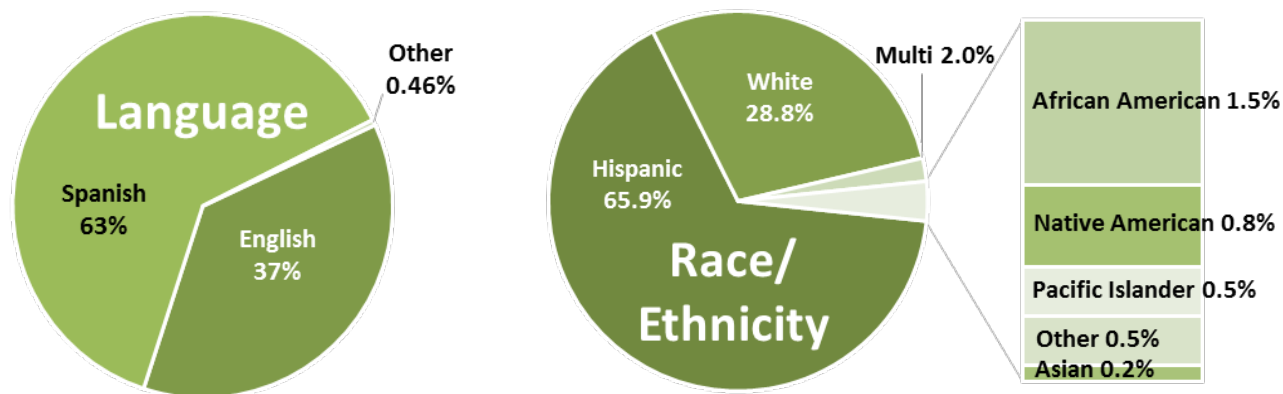
Child Parent Institute – 0-5 Collaborative

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: **712**

Demographics:





For CPI's 0-5 Collaborative **Performance Outcomes**, see page 83.

For more information, see the **Child Parent Institute 0-5 Impact Statement** in the Appendix.²²

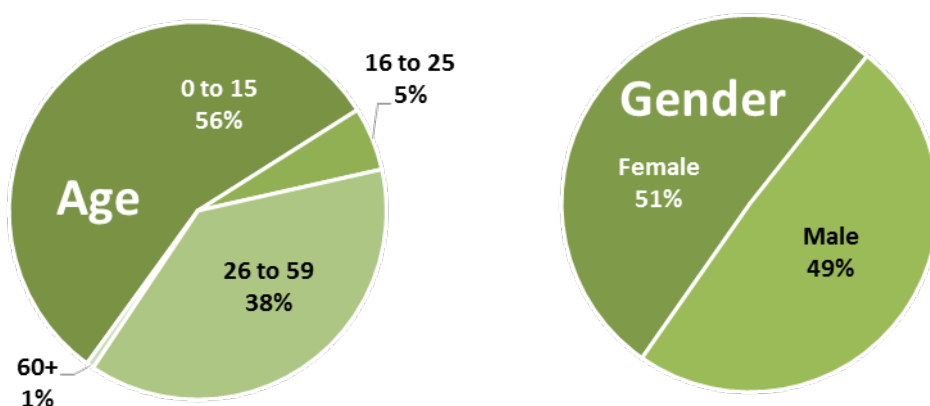
Early Learning Institute – 0-5 Collaborative

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

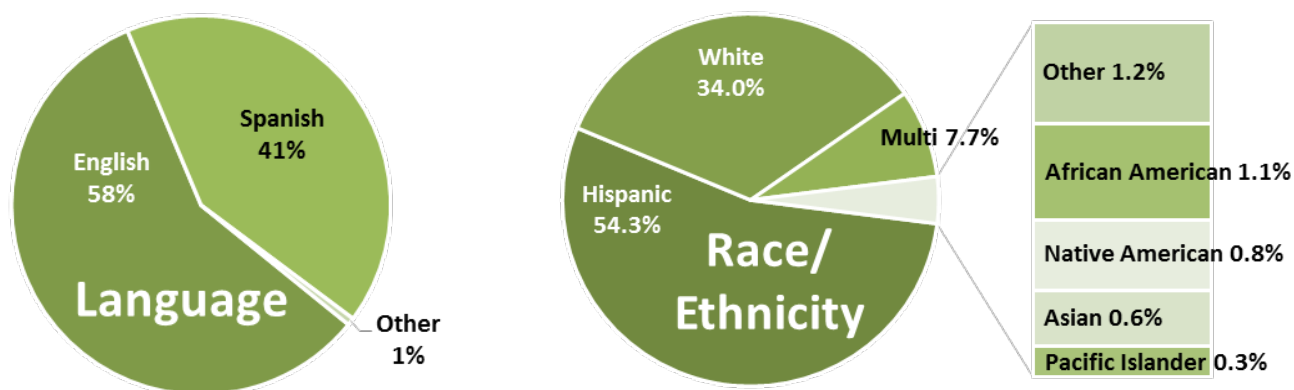
- Providing comprehensive screenings to at-risk children who would otherwise not receive them
- Providing case management and referral assistance to families of children 0-5 for whom a screening identifies potential problems
- Providing mental-health support/positive parenting education services to parents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

Total population served: **1,775**

Demographics:



²² See Appendix 3



For ELI's 0-5 Collaborative **Performance Outcomes**, see page 83.

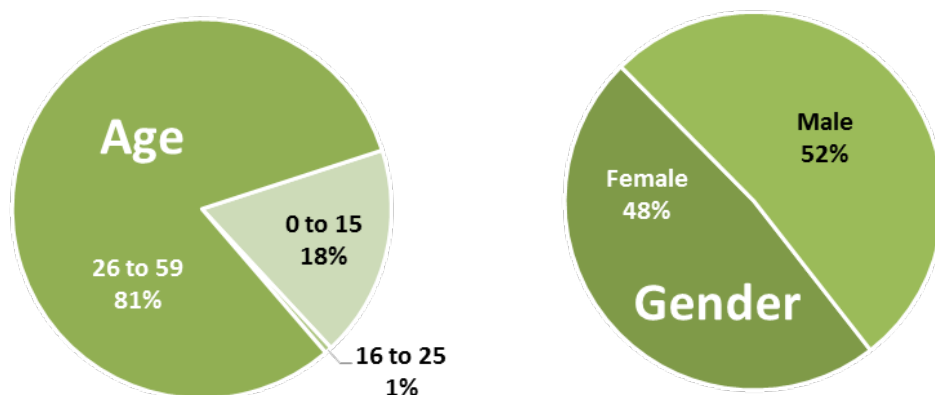
For more information, see the **Early Learning Institute 0-5 Impact Statement** in the Appendix.²³

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. The program also provides early intervention educational services to parents and care givers to ameliorate the problems in the children.

Total population served: **185**

Demographics:



²³ See Appendix 3



For JFCS's 0-5 Collaborative **Performance Outcomes**, see page 84.

For more information, see the **Jewish Family and Children's Services 0-5 Impact Statement** in the Appendix.²⁴

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).

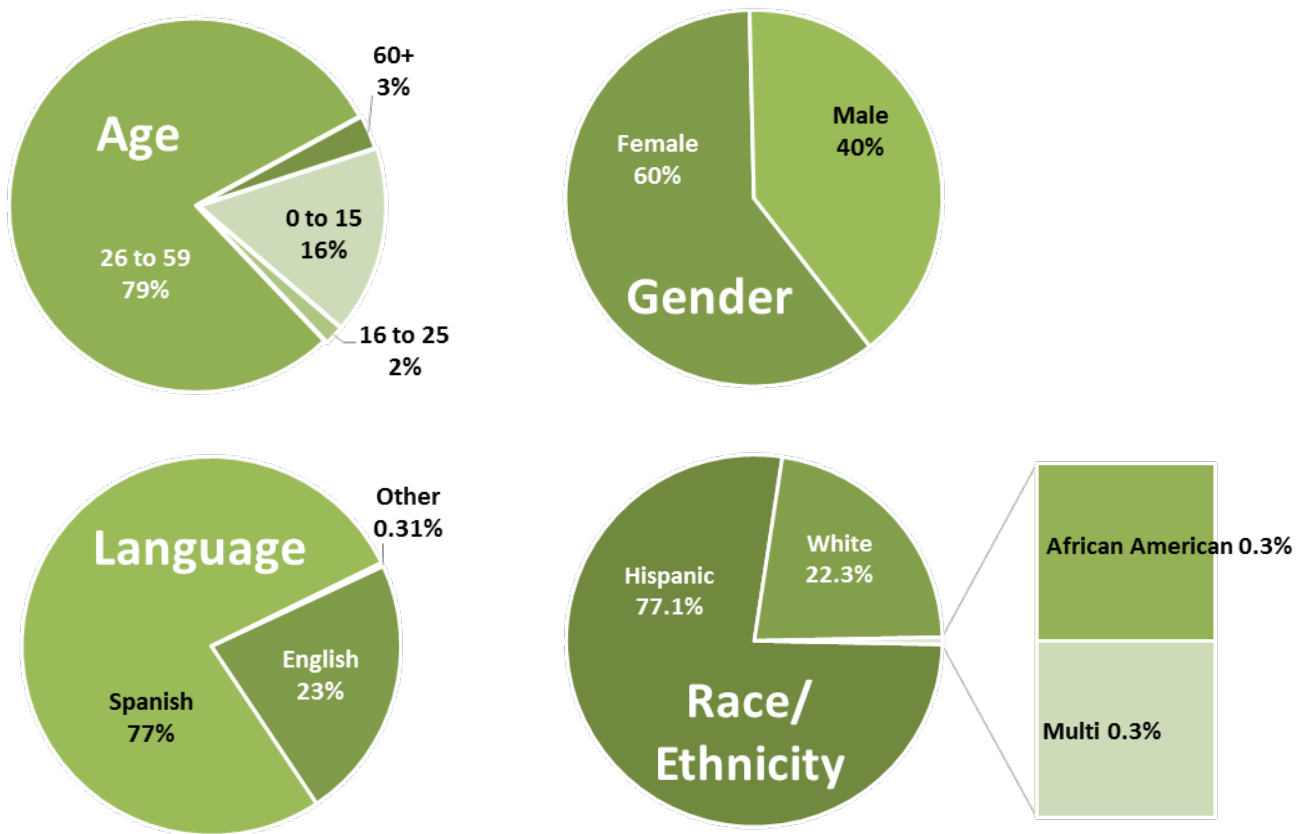
Triple-P Positive Parenting Program, Levels 2 to 5; individual and group formats. Parent Education, early intervention, linkages and referrals to other resources and assistance. For treatment and screening of PMD, clinically relevant and appropriate strategies will be employed, which can include one-on-one 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: **651**

²⁴ See Appendix 3

Demographics:



For PPSC's 0-5 Collaborative **Performance Outcomes**, see pages 84-85.

For more information, see the **Petaluma People Services Center 0-5 Impact Statement** in the Appendix.²⁵

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 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.

²⁵ See Appendix 3

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. One of the ways in which First 5 helps to facilitate coordination and collaboration among the MHSA grantees is by convening quarterly MHSA collaborative meetings. In collaborative meetings, MHSA-PEI 0-5 grantees meet to discuss coordination of their work, challenges, and best practices. The MHSA collaborative provides a setting where these four agencies can convene and reflect on their efforts to provide services for children and families in Sonoma County.

First 5 Sonoma County also funds intervention services for children whose screenings reveal developmental or social-emotional delays.



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);
- Referrals, 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;
- Psychological assessments as needed;
- Case management for children in at-risk families for whom a developmental or social-emotional screening identifies potential delays; and
- One-Call Navigator to link callers with the appropriate services within the early childhood mental health system of care.















Progress Achieved toward Core Outcomes
07/01/2014 – 06/30/2015

Core Program Outcome	Intervention(s) Linked to Outcome	Specific Target		Actual Results	Progress Toward Target
Decrease in children exhibiting difficult behaviors	Triple P Services	40% of children will show positive reliable change on the ECBI Intensity subscale		36% (10 of 28) <i>FY2013-14: 38% (15 of 40)</i>	 90%
		40% of children will show positive reliable change on the ECBI Problem subscale		50% (14 of 28) <i>FY2013-14: 38% (16 of 42)</i>	 125%
Decrease in negative parent-child interactions	Triple P Services	Parents show improvement from the pre-test to post-test on the Protective Factors Survey Family Functioning/Resiliency subscale		15% (5 of 35)	NA
		Parents show improvement from the pre-test to post-test on the Protective Factors Survey Social Connections subscale		15% (5 of 35)	NA
Decrease in negative parent-child interactions	Triple P Services	Parents show improvement from the pre-test to post-test on the Protective Factors Survey Concrete Support subscale		26% (9 of 35)	NA
		Parents show improvement from the pre-test to post-test on the Protective Factors Survey Nurturing and Attachment subscale		9% (3 of 35)	NA
		Parents show improvement from the Pre PFS to the Post PFS on Knowledge of Parenting and Child Development Items	There are many times that I don't know what to do as a parent.	26% (9 of 35)	NA
			I know how to help my child learn.	57% (20 of 35)	NA
			My child misbehaves just to upset me.	34% (12 of 35)	NA
			I praise my child when he/she behaves well.	39% (13 of 33)	NA
			When I discipline my child, I lose control.	41% (14 of 34)	NA















Progress Achieved toward Core Outcomes
07/01/2014 – 06/30/2015

Core Program Outcome	Intervention(s) Linked to Outcome	Specific Target	Actual Results	Progress Toward Target
Increase in children deemed at risk for developmental or social-emotional delays who are referred for follow-up assessments	Periodic developmental & social emotional screening	460 children will be screened	364 children screened	 79%
	At-risk children referred for further assessment	At least 110 children will be referred for assessment	200 referred for further assessment	 182%



Additional Progress Achieved
07/01/2014 – 06/30/2015

Agency	Program Outcome	Specific Target	Actual Results	Progress Toward Target
CPI	Provide Triple P services	100 families will receive the following appropriate Triple P services:	112 families received services	 112%
		- Level 3: 30 families will receive services	37 families served	 123%
		- Levels 4/5: 70 families will receive Level 4 services (10 of the 70 Level 4 families will also receive Level 5)	75 families served with Levels 4/5 (6 families received Level 5)	 107%
	Periodic developmental and social emotional screening, using ASQ 3 and ASQ-S/E	30 children will be screened	46 children screened	 153%
		10 children will be referred for further assessment	0 children referred for further assessment	 0%
	Identify women with PMD and provide case management & treatment	40 women will be identified and treated	65 women received services	 163%
	Provide mental health services for high risk families	20 families will receive brief consultations and will be referred appropriately	26 families received services	 130%
	ELI	300 children will be screened	302 children screened for the first time	 100%
		350 children will be rescreened	558 children rescreened	 159%
		100 children will be referred for further assessment and/or services	200 children referred for further assessment	 200%
		Case management for children in at-risk families for whom a screening identifies potential problems	240 families will receive case management and/or facilitated referrals	 115%
		Navigation services	100 families will receive support/information to access services	 238%
		Provide Triple P services or PEAS Program	40 families will receive either PEAS or Triple P, or both	 110%
		Provide Triple P services or PEAS Program	50% of parents receiving PEAS services will report a decrease in score on the Parental Stress Index	 125%

Additional Progress Achieved
07/01/2014 – 06/30/2015

Agency	Program Outcome	Specific Target	Actual Results	Progress Toward Target
JFCS	Provide Triple P services	Level 2: 36 total Seminars will be offered	32 seminars offered	 89%
		Level 2: 280 attendees to seminars	149 attendees	 53%
		125 families will receive the following appropriate Triple P services:	55 families served	 44%
		- Level 3 Individual Sessions: 50 individuals will receive services	37 individuals served	 74%
		- Level 3 Discussion Groups: 60 individuals will participate	0 individuals served	 0%
		- Levels 4 or 5: 15 individuals will receive Levels 4 or 5	18 individuals served	 120%
	Provide psychological assessments for children 0-5	5 assessments will be completed	3 assessments completed	 60%
	Developmental and social emotional screening, using ASQ 3 and ASQ-S/E	Children not already screened before referral to JFCS will receive ASQ & ASQ S/E screening	7 children screened with ASQ /ASQ-S/E	 NA
PPSC	Provide Triple P services	Level 2: 6 Level 2 Seminar Series will be offered	6 Level 2 Seminar Series offered	 100%
		Level 2: 27 attendees to seminars	46 attendees	 170%
		70 individuals will receive the appropriate level of Triple P services	158 individuals received services, which includes: - 90 individuals in Level 3 Discussion Groups - 38 individuals in Level 4 Group Sessions - 30 individuals in Level 4 or 5 Individual Sessions	 226%
	Periodic developmental and social emotional screening, using ASQ 3 or ASQ-S/E	Children not already screened before referral to PPSC will receive ASQ & ASQ S/E screening	9 children screened	 NA
	Provide screening, referral, and treatment services for Perinatal Mood Disorder	9 women will receive screenings	1 woman screened	 11%
		4 women will receive treatment	1 woman received treatment	 25%

Additional Progress Achieved
07/01/2014 – 06/30/2015

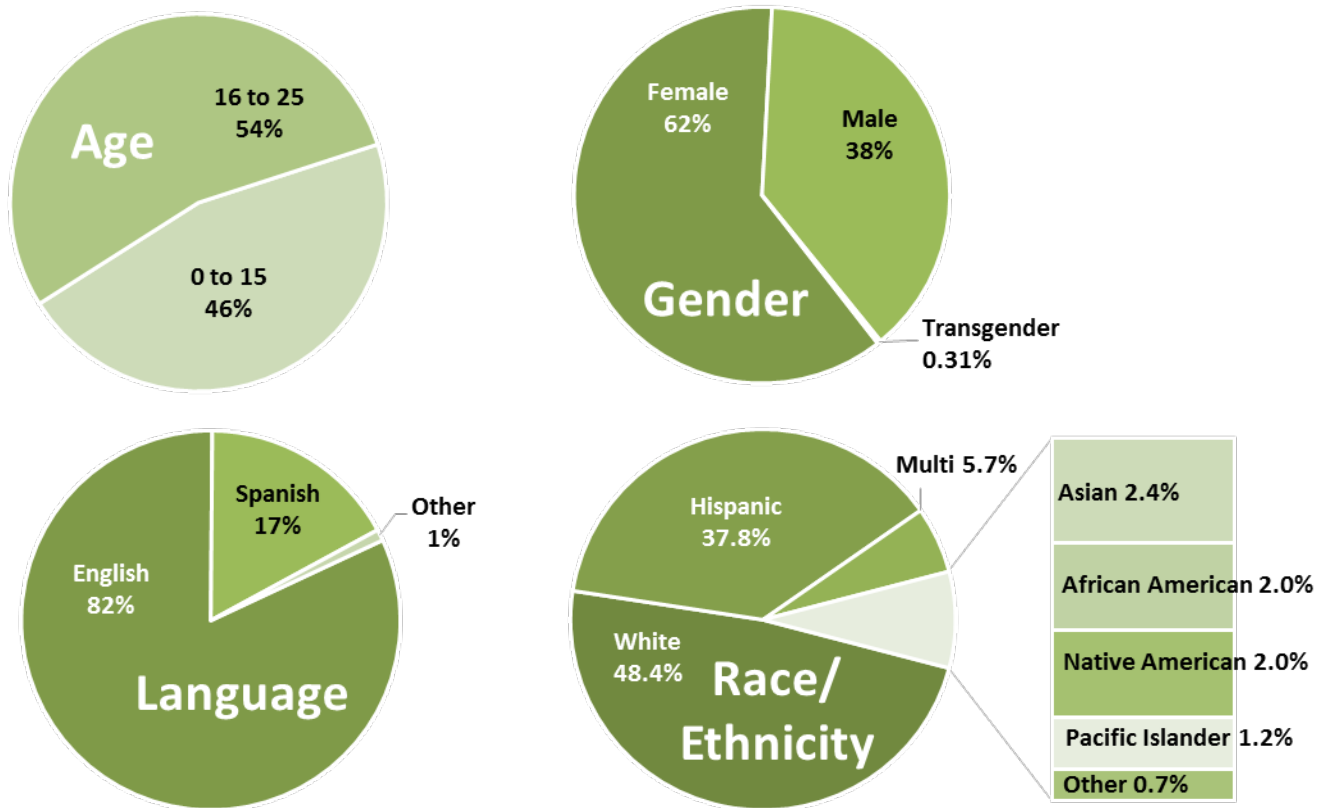
Agency	Program Outcome	Specific Target	Actual Results	Progress Toward Target
PPSC	Provide screening, referral, and treatment services for Perinatal Mood Disorder	3 women will be referred to Primary Care provider or other care provider	2 women received referrals	 67%
		65% of women will move below the clinical cut-off score (score of 10) on the post-intervention EPDS	0% (0 of 1)	 NA

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). This project is managed by the Health, Policy, Planning and Evaluation (HPPE) division of the Sonoma County Health Services Department, which contracts with community-based partners *Community and Family Services Agency, Drug Abuse Alternatives Center, Support Our Students (SOS) Counseling, and National Alliance for Mental Illness*, who provide mental health screening, counseling, training, and education on campuses.

Total numbers served (aggregate of quarterly reports): **1,291**

Demographics:



Notable Accomplishments:

The alternative high school for West County (Laguna) as well as another West County school (Analay) do not have groups offered, but instead have PS+ clubs which meet weekly and complete various projects throughout the year.

Cotati - RP is running 4 groups:

1. Girls Circle with a topic of healthy relationships

2. Stress management
3. Assessment and education for students who have been suspended for AOD
4. Support

(However, the assessment and education group stopped after Q3.)

Windsor is running 4 groups:

1. Girls Circle
2. Girls Circle in Spanish
3. Young Men's Council
4. Coping Skills Group

Cloverdale now has enough members to begin a Coping Skills group. There is also potentially going to be a Grief group, if more students decide to join. An Emotional Skills groups was also held at the end of the school year.

Healdsburg also has enough members for an anti-bullying group.

Petaluma is running a pro-active group that helps youth to choose and develop positive behaviors that benefit them and their relationships.

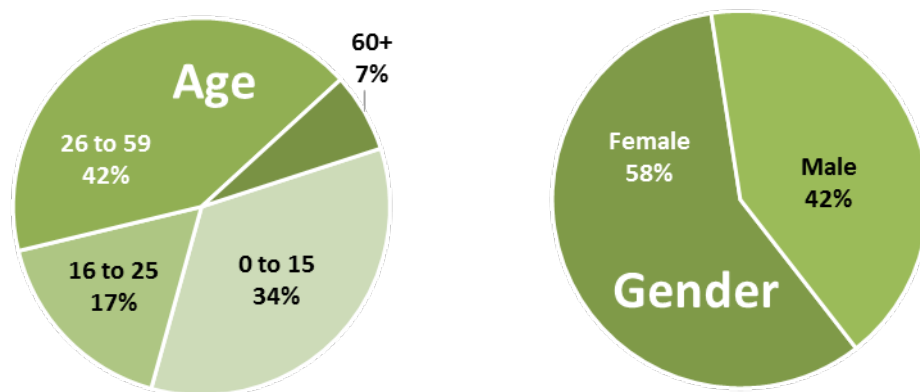
For more information, see the **Project Success Plus (PS+) Impact Statement** in the Appendix.²⁶

Santa Rosa Community Health Centers - PEI

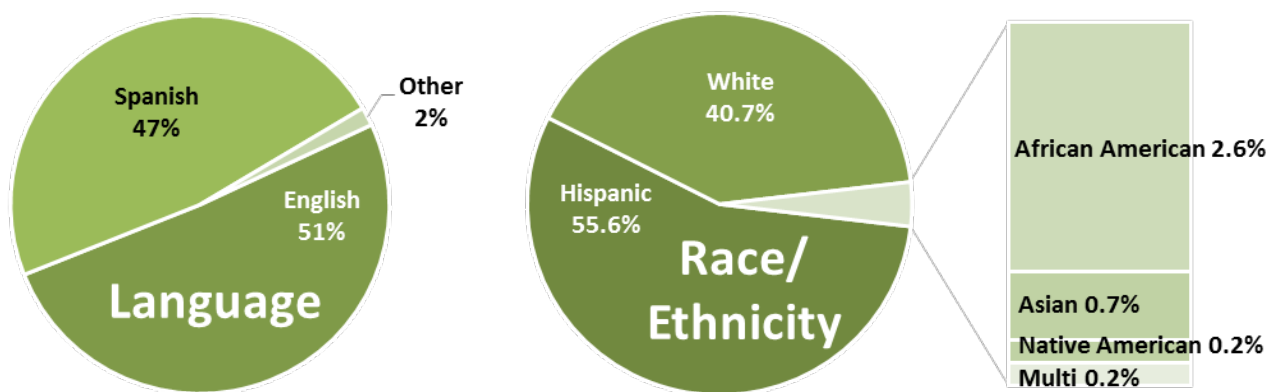
Santa Rosa Community Health Centers (SRCHC) specifically targets Latino children and youth ages 5 to 18 and their families. There are three clinics where this population seeks care: *Roseland Children's Health Center*, *Southwest Community Health Center at Lombardi*, and *Elsie Allen Health Center*. 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): **446**

Demographics:



²⁶ See Appendix 3



Notable Accomplishments:

The Outreach and Education team reached 22 classrooms in public, public charter, community, and court schools. In addition to including information about accessing mental health services, over 40 middle school, high school, and junior college students received QPR (Question, Persuade, and Refer) training so that they could assist other youth to find mental health services in the community. The Teen Advocacy Group also completed a training on suicide prevention.

The School Based Health Projects have both launched new training for all staff on provision of Trauma Informed Care. In the first quarter of the year, 7.4% of patients over age 12 at the Roseland Health Center were screened using the PHQ tool. It appears that the staff is still using this tool when they suspect depression, as 78% of those screened were positive. 61% of that group saw a mental health provider within 30 days.

In 2014 about half of the students seen at the Elsie Allen Health Center had a Trauma screening completed. 82% of those screened were positive on this scale, however, only 20% of those referred for counseling followed through on referral within 30 days.

For more information, see the **Santa Rosa Community Health Centers PEI Impact Statement** in the Appendix.²⁷

²⁷ See Appendix 3



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 and license-eligible mental health clinicians. CAPE is onsite at fifteen Sonoma County high schools. CAPE provides crisis response and training in mental health issues to Santa Rosa Junior College, Sonoma State University, Family Justice Center, Positive Images, and VOICES.

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 = **233**

Total Number of Service Contacts = **1,155**

Total Number of Involuntary Psychiatric Holds* = **14**

**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.*

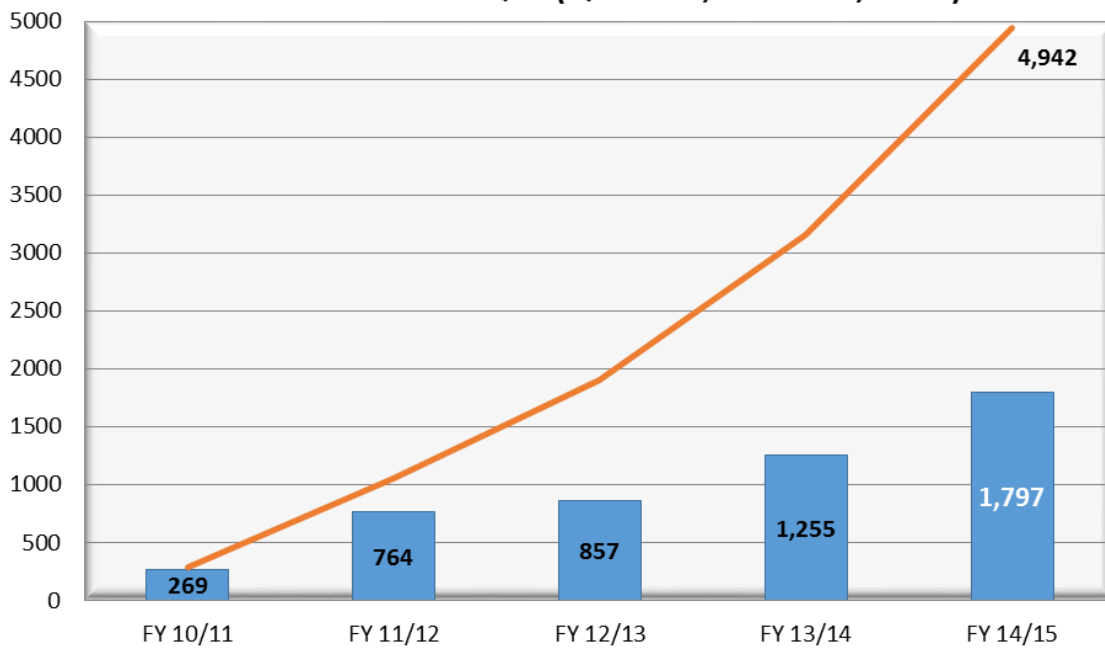
Total Number of Crisis Calls* = **49**

**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 assess the individuals psychological functioning and refer them to the appropriate resources.*

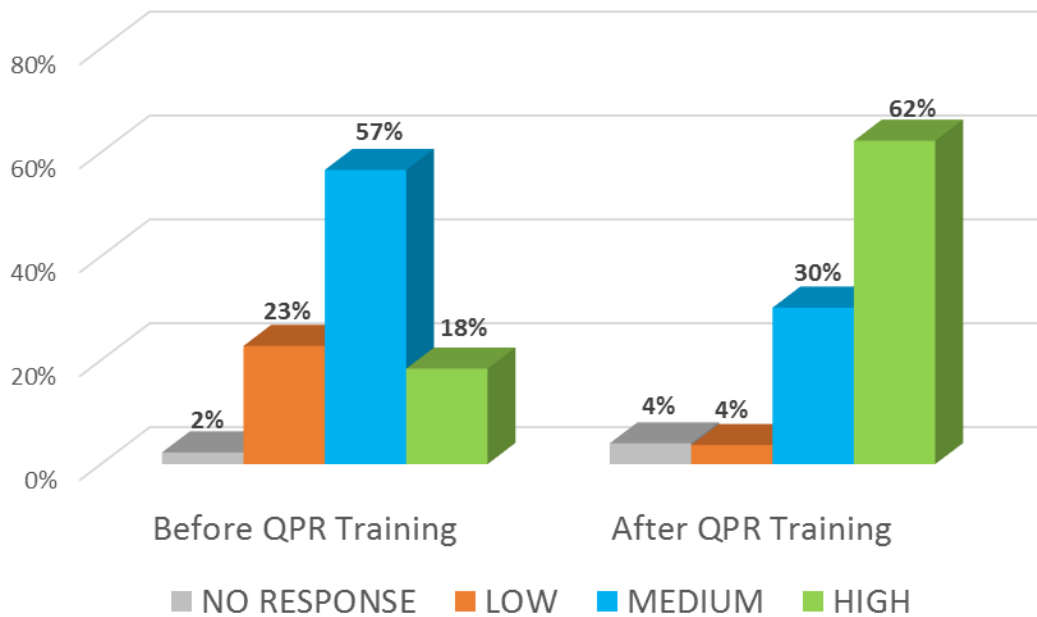
Total Number of Students Trained in QPR (Question, Persuade, Refer)* = **1,797**

**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.*

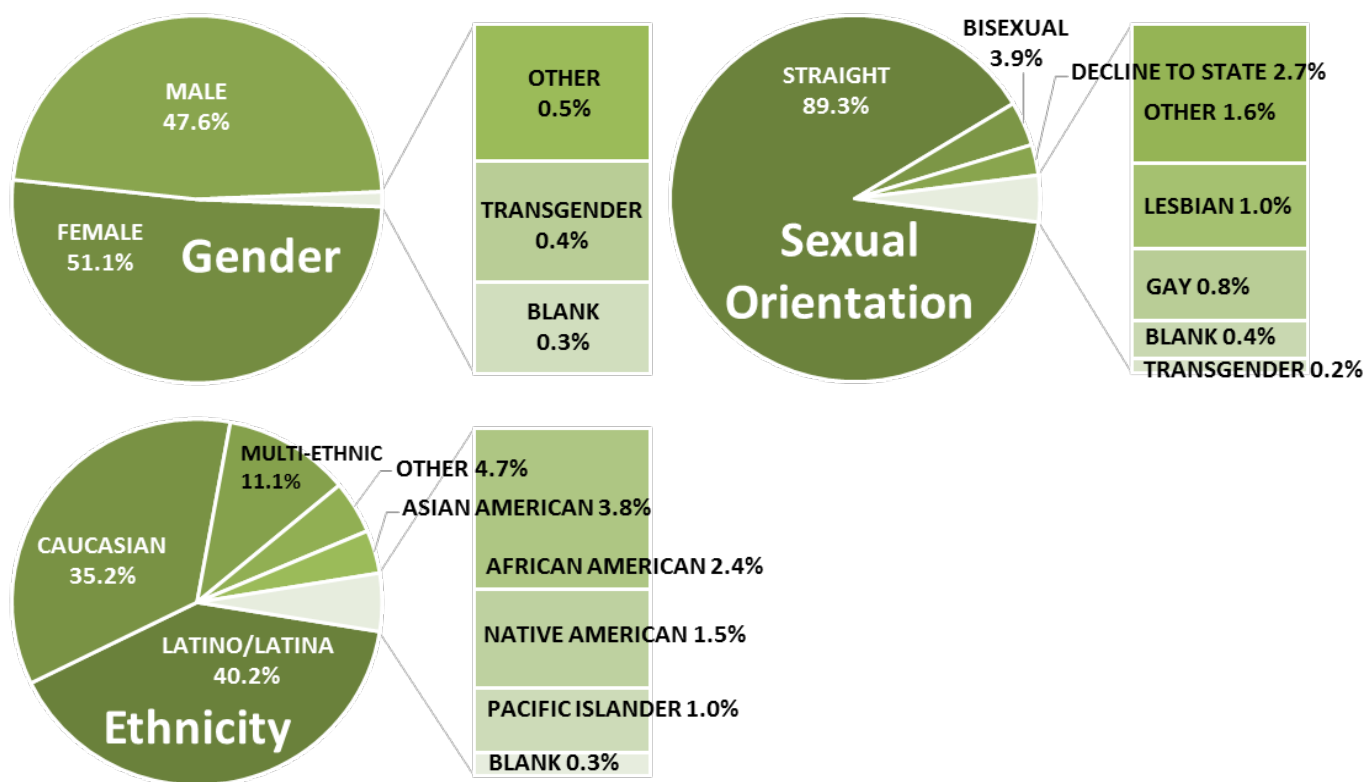
Numbers Trained in QPR (Question, Persuade, Refer)



Overall Level of Understanding about Suicide & Suicide Prevention (from FY 14-15 QPR trainings)



Demographics of Individuals Trained in QPR in FY 14-15:



For more information, see the **CAPE Impact Statement** in the Appendix.²⁸

Santa Rosa Junior College

The Prevention and Early Intervention (PEI) efforts at Santa Rosa Junior College are used to further develop and integrate the People Empowering Each Other to Realize Success (PEERS) Coalition project. Goals for the PEERS project include mobilizing the student voice to effectively raise awareness, reduce stigma, and increase access to behavioral health services. A student team of interns work with Student Health Services' staff in addressing priority needs of SRJC students through outreach activities and widespread community collaboration.

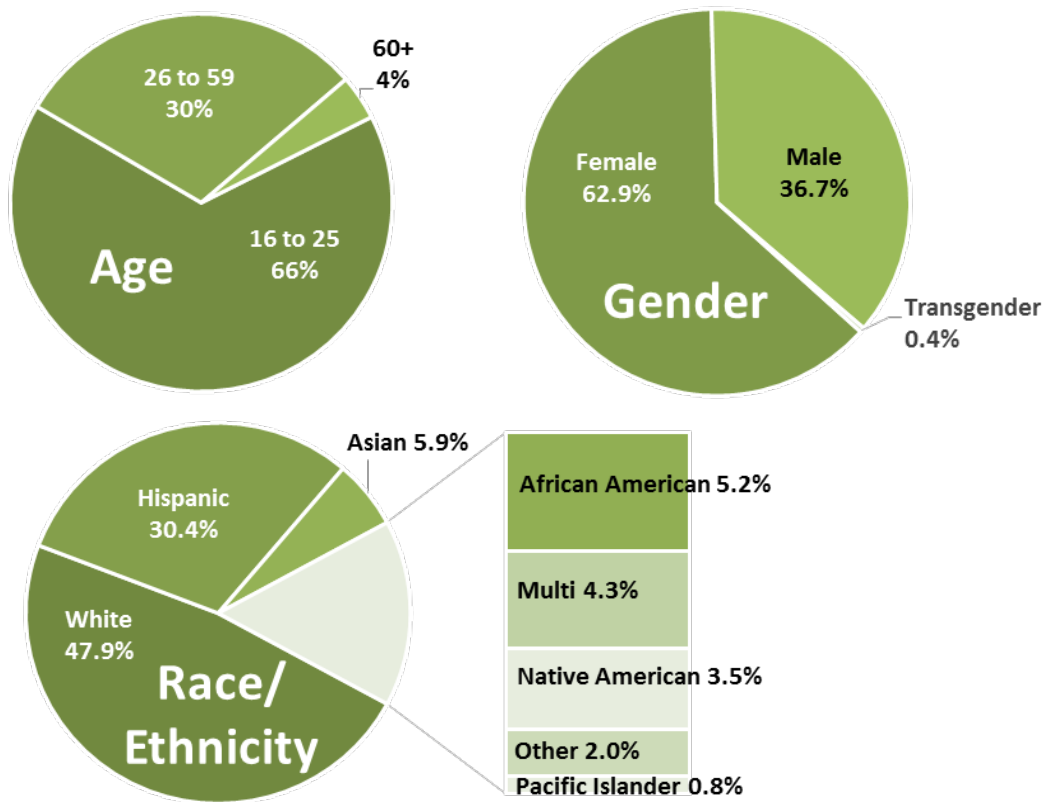
Interns serve in a variety of roles including representation on the County Mental Health Board, leading small group peer discussions, teaching QPR suicide prevention, and educating students on campus about recognizing and responding to students in distress. Interns also assist the Sonoma County Behavioral Health Crisis Assessment, Prevention and Education (CAPE) team in training high schools students in QPR.

The PEI Program provides a range of educational and training activities on both the Santa Rosa and Petaluma campuses. Services and activities will occur through the Student Health Services department and the colleges' Crisis Intervention Resource Team. Services will target the transition age youth population.

²⁸ See Appendix 3

Total numbers served (aggregate of quarterly reports): **1,081**

Demographics:



Performance Outcomes:

233 students attended **PEERS Workshops** this year.

- 98% of students that attended workshops said they agree or strongly agree that this presentation will help them maintain or improve their health.

102 staff and students completed the **Kognito At-Risk Students on-line training**.

- 73% of faculty trained report high or very high preparedness to "recognize when a student's behavior is a sign of psychological distress"
- 87.5% of students trained report high or very high preparedness to "recognize when a fellow student's behavior is a sign of psychological distress"

244 students completed an **on-line mental health screening** this year.

40 mental health providers, community representatives, and students attended the **Each Mind Matters Networking Event**. An evaluation completed by attendees found that:

- 100% agree that attending this event will lead to improved collaborative efforts
- 85% learned of new stigma reduction programs and resources
- 85% connected with new providers at the event

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

²⁹ See Appendix 3

Older Adult Collaborative

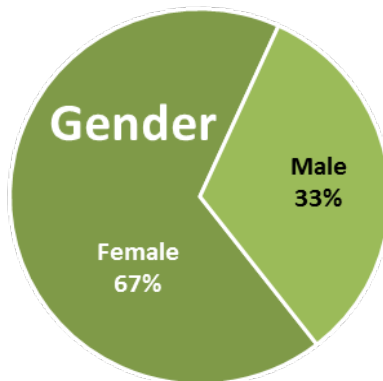
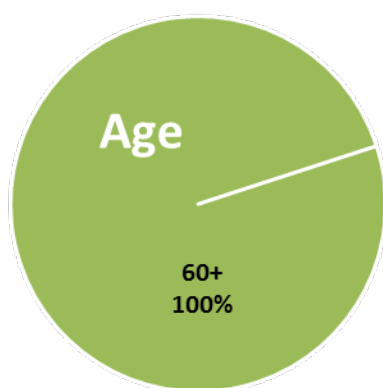
The **Older Adult Collaborative (OAC)** is a five agency project led by Sonoma County Human Services Department – Adult and Aging Division, in partnership with Council on Aging, Petaluma People Services Center, Community and Family Services Center, and Jewish Family and Children’s Services. The OAC provides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

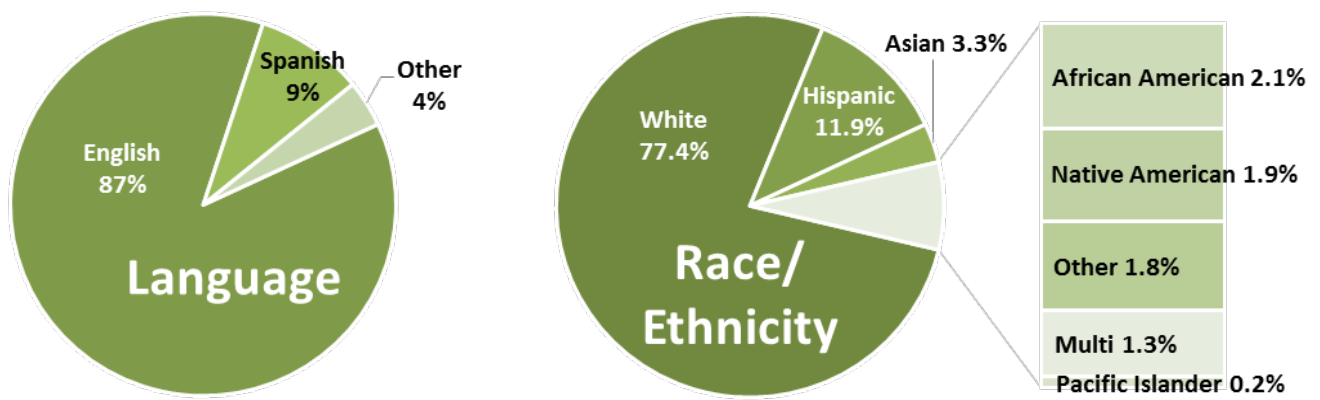
Recently added to Sonoma County’s Portfolio of Model Upstream Programs, Healthy IDEAS is a community-based depression program designed to identify and reduce the severity of depressive symptoms in older adults with chronic health conditions and functional limitations. The program sits within existing 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): **3,329**

Demographics:





Notable Accomplishments:

During the 4th Quarter, outreach and engagement from the Older Adult Collaborative (OAC) remained very strong; 792 older adults, many of whom are isolated and might otherwise not come into contact with mental health treatment resources, were offered education and screening for depression in their homes. This number puts OAC progress for outreach at more than 125% of its annual goal.

The OAC provided screening for depression to 684 seniors during the 4th quarter. These screenings helped the OAC surpass its annual screening goal by nearly one third. A continued rate of nearly 90% acceptance of screening among seniors who are offered the service indicates a very strong demand for the services provided through the OAC. Of those screened, 26% (178) screened positive for depression (at which time additional tools were used to help assess the severity of depression and risk for suicide) and were offered referrals or services appropriate to their needs.

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

³⁰ See Appendix 3



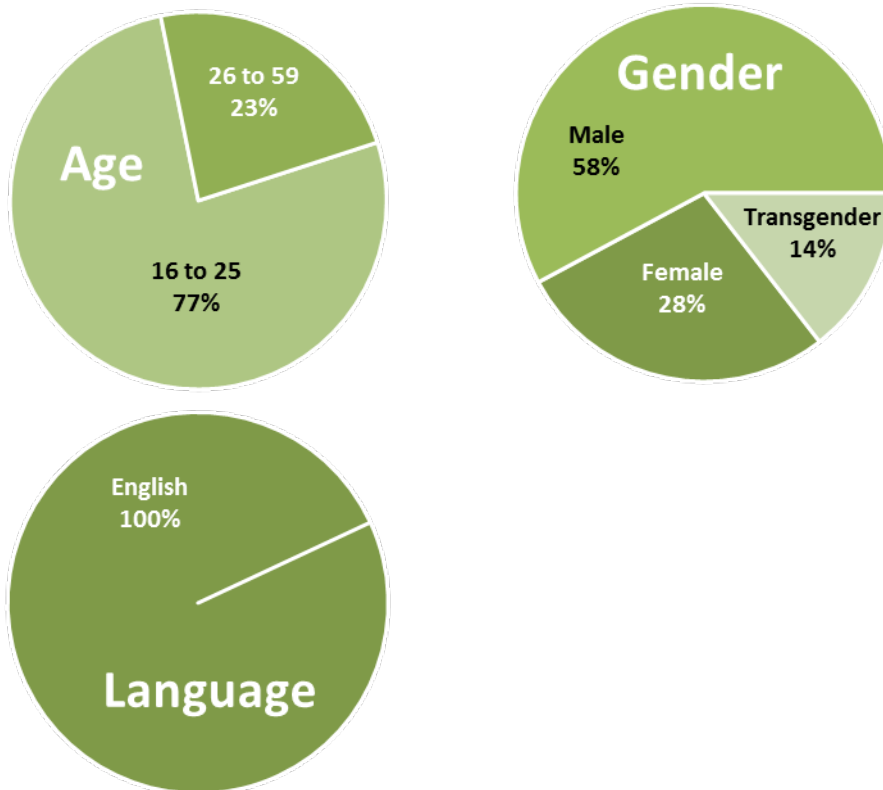
Gay, Lesbian, Bisexual, Transgender, Queer, Questioning, and Intersex (GLBTQQI) Youth

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): **1,150**

Demographics:



Notable Accomplishments:

Member Support Groups:

Positive Images conducts weekly meetings for returning and new members providing a safe and supportive space for GLBTQQIAA youth in the community. Meetings focus on monthly themes (such as identity and gratitude), grounding workshops, and check-ins, where members can share their current

experiences and feelings in a safe and confidential space. Additionally, peer counselors attend each meeting and provide their services if needed.

A review of weekly records documenting attendance at Thursday night support groups in Santa Rosa indicate that attendance has grown 36.7% in eight months, from an average of 24.5 Positive Images members in September of 2014 to 33.5 in May of 2015.

Community Panel Presentations:

To increase awareness of the issues faced by LGBTQQIAA youth and to promote allies, Positive Images provides community education to high school and college classes, businesses, community-based organizations, healthcare professionals, social service departments, criminal justice agencies and other organizations.

From March to early May of 2015, ten community presentations were conducted. The locations included: Sonoma State University (two occasions), Santa Rosa Junior College (two occasions), Santa Rosa High School (three occasions), Lomi Clinic, Fountain Grove Lodge (for the Community Foundation of Sonoma County Giving Circle), and Sonoma County Behavioral Health Division.

At the conclusion of most panel presentations, attendees are asked to complete a one-page feedback form that sought to identify whether the presentation resulted in an increase in knowledge and/or attitudes that would be favorable in creating a supportive community for LGBTQQIAA youth. Overall, the survey results were favorable with 90% of the respondents stating that they had a greater understanding of the challenges others had around gender and sexual identity. When asked whether the respondent would be more likely to “stand up” for a GLBTQQI student, friend or colleague, 87% said they agreed or strongly agreed.

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

Geographically Isolated Communities

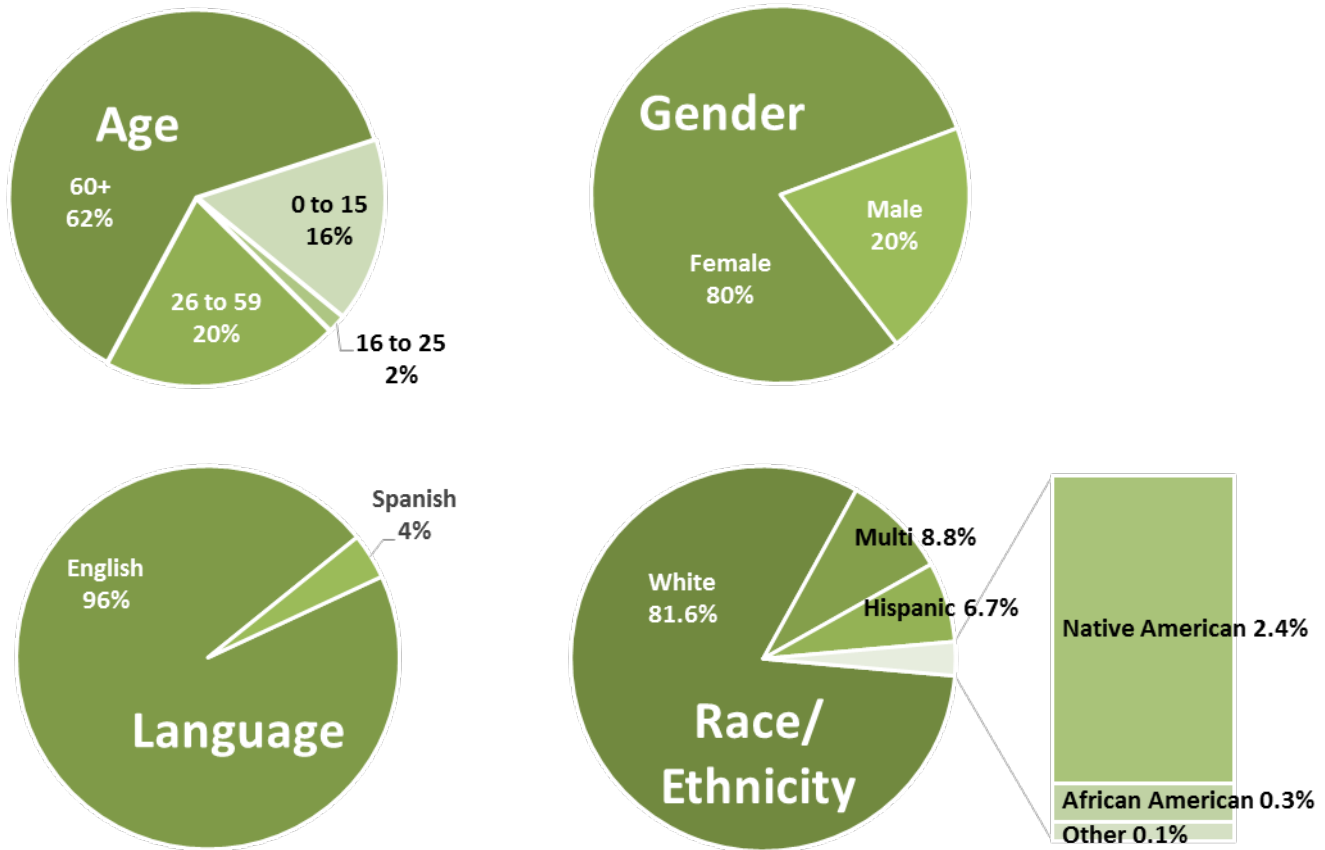
Action Network

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): **1,093**

³¹ See Appendix 3

Demographics:



Notable Accomplishments:

Across all Ages and Cultures:

"Learning through Play" sessions - 100% of parents have seen improvements in the social-emotional, and school-readiness development in their children.

Action Network staff are trained in Triple P and conduct Playgroups. 100% of Playgroup parents are satisfied with services. In these groups, parents become aware of mental health services offered by Action Network and are offered weekly Triple P workshops and individual sessions.

School readiness/enrichment sessions were conducted at the Kashia Pomo Indian Reservation. 90% of Action Network clients are aware of mental health services. 100% are satisfied with the services Action Network provides to them. 100% of families are aware of Positive Parenting services.

Action Network provides 2 hour sessions at the Burbank Apartments, an affordable housing complex in the Sea Ranch, an isolated area of the Sonoma Coast. Fliers are handed out at these sessions to increase awareness of mental health services including counseling and Positive Parenting. 100% of clients are very satisfied with this summer program.

Action Network launched a new program called "Bright Beginnings", at Horicon School in Annapolis. It is an evidence-based program for 3-5 year olds to help prepare them for kindergarten.

South Coast Seniors:

Home-delivered meals were provided to home-bound senior clients. Volunteers are all trained to recognize signs of depression and elder abuse. Volunteers or the Meals on Wheels Coordinator visit with each senior to monitor their physical and mental health. Clients receiving meals are able to discuss their needs with meal delivery workers. In most cases, the issues facing home-bound seniors include isolation and loneliness. Action Network is then able to provide additional services on an on-going basis (i.e. transportation to lunches or referrals to local counselors and therapists).

Action Network interviewed on the local radio station, 98.3 KGUA, to discuss suicide prevention and interventions and how depression, if untreated, can lead to suicide. The show reached over 200 listeners, many of which live in the Sea Ranch in the most northern part of the Sonoma County coast. Contact information for local and national suicide lines were also given over the broadcast.

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

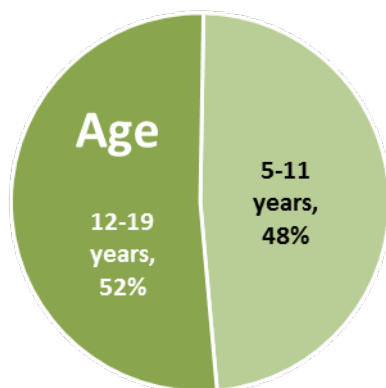
Alexander Valley Healthcare

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.

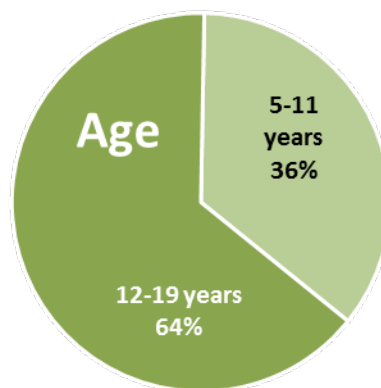
Total numbers served: **2,892**

Demographics:

CHILDREN SCREENED:



CHILDREN SEEN BY BEHAVIORAL HEALTH:



³² See Appendix 3

Positive Findings:

Children Aged	Total # of Children Screened *	Total # of Children Seen by Behavioral Health **
5-11 years	1,397	54
12-19 years	1,495	98
TOTAL	2,892	152

*=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

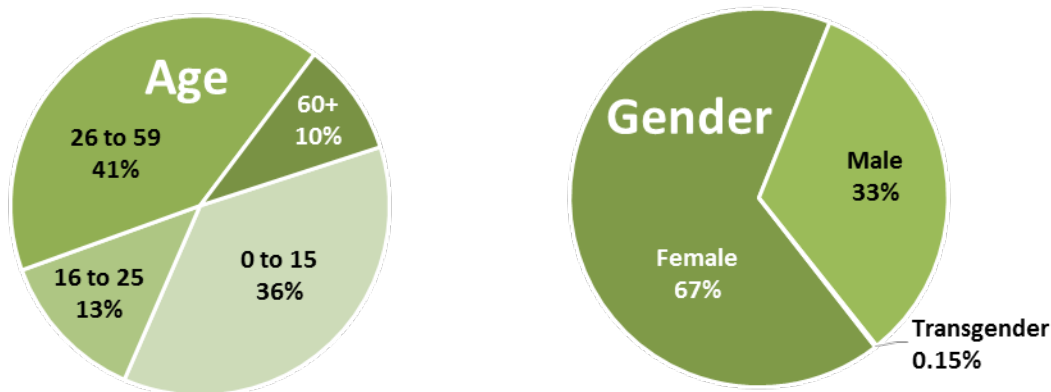
Communities of Color

Community Baptist Church

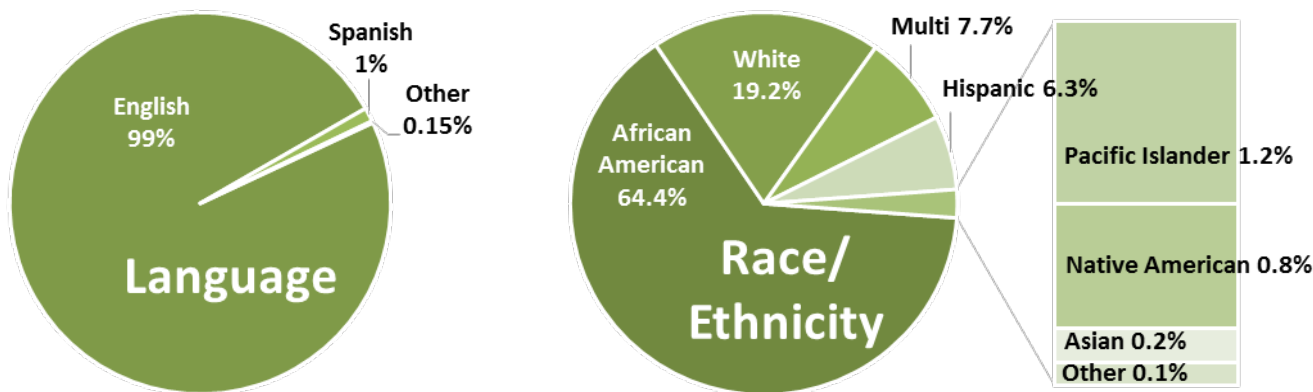
Community Baptist Church (CBC) provides services to predominately African American children and youth in a faith-based setting. CBC is located in Santa Rosa and was the denomination's first African-American church. Currently, CBC has an ethnically and culturally diverse congregation. CBC provides prevention 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 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): **3,832**

Demographics:



³³ See Appendix 3



Notable Accomplishments:

On May 29, 2015, Community Baptist Church (CBC) had Kevin Berthia, a young African American man, come speak at CBC to share his story with the congregation about living with depression and his attempted suicide. Eighty people attended the event and those that attended had an excellent response to Kevin's story. 87% stated they were more likely to seek out help for themselves or loved ones. 82% agreed they would now feel more comfortable talking to someone about mental health issues.

This event was highly successful in raising awareness, creating community conversation and reducing stigma associated with mental illness. The Community Baptist Collaborative agreed that hosting another event with a "celebrity" speaker would be planned for the upcoming year. Furthermore, the Collaborative would like to see a larger audience and agreed to strategize on stronger marketing and publicity methods. The partnership with the local chapter of the National Alliance on Mental Illness and the County Behavioral Health Division shall be expanded to include other African American organizations such as the 100 Black Men chapter.

The **Village Project** program insures that youth and their parents are aware of the mental health resources that are available. Through this program, the facilitators teach principles and character development in areas of giving, humility, family, hope and honesty.

Saturday Academy - Each of this program's youth can name people they know who are depressed or have mentioned thoughts of suicide. Each was given a list of mental health resources to be given to anyone they deemed could use them. At Saturday Academy, the CBC staff conducted 12 sessions concerning mental health with focus on suicide. The youth participants were given mental health resources and learned how to recognize someone who might be considering suicide. Honor Jackson, the adult leader of Saturday Academy, was trained as a trainer in QPR (Question, Persuade, and Refer) by the Sonoma County Behavioral Health Division.

Rites of Passage conducted a three-hour workshop, "Self-Esteem/Diversity" on January 10th. Topics discussed were "What is Self Esteem?" and "What is Diversity?" and "What Exactly Are Stereotypes?" The students got a chance to physically display how it is okay to be different. They each had to get to the opposite side of the room differently while not walking or running. The students also had a chance to listen to Ruben Scott, a published author, share inserts from his book. He shared how he grew up in the "inner city" surrounded by a lot of death and without a male role model. He shared how he struggled with low self-esteem and how he was able to overcome it. The students enjoyed the "open discussion" setting for this workshop.

Rites of Passage conducted a three-hour workshop, “Wellness/Nutrition”, on April 11th. Fourteen students participated. Katie Bivin from the Sonoma County Behavioral Health Division spoke to the students about “Teen Suicide.”

The **Safe Harbor Project** plays music to audiences across Sonoma County for stress relief. At these music events the project shares mental health resources with the audience and talks about music as stress relief, the importance of using music as stress prevention and the many positive enhancements music can promote, including heart rate, respiratory system and memory recall.

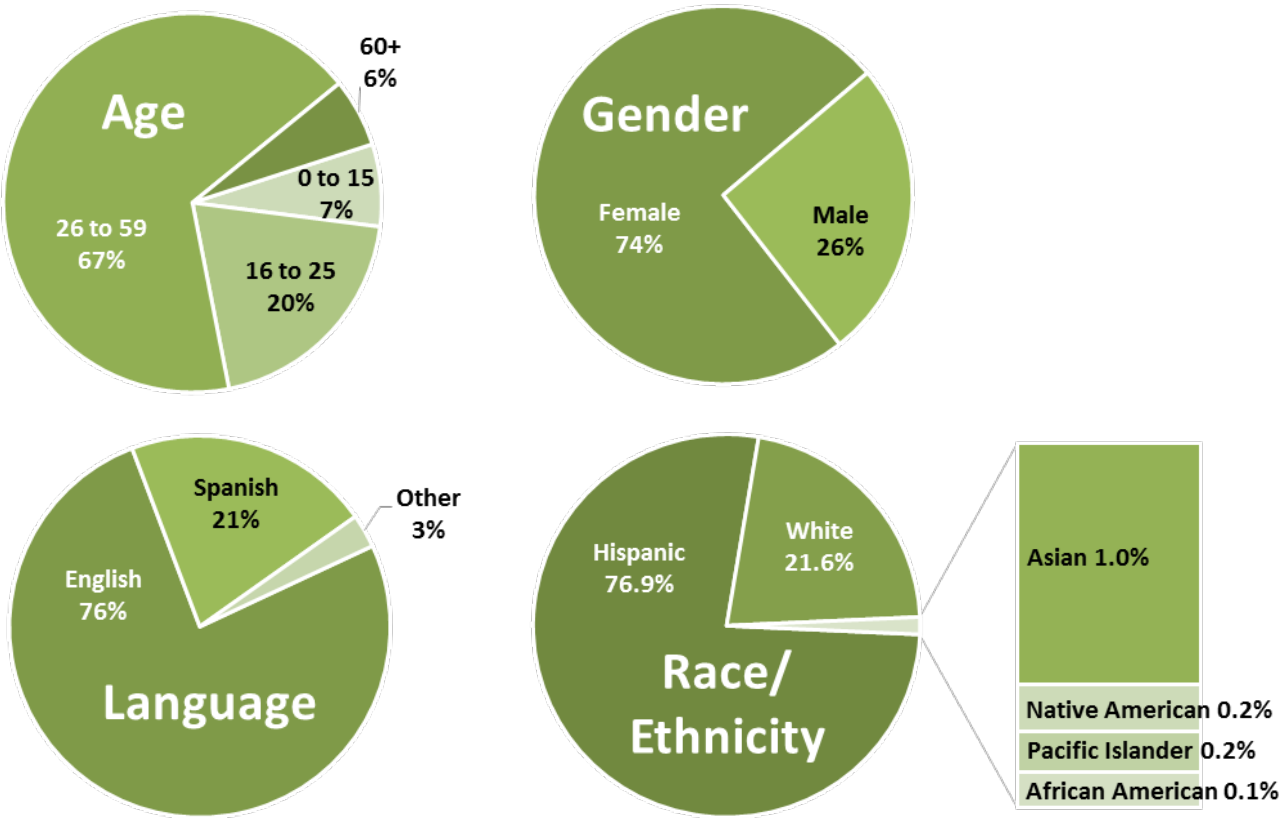
For more information, see the **Community Baptist Church Impact Statement** in the Appendix.³⁴

Latino Service Providers

Latino Service Providers (LSP) helps 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): **4,274**

Demographics:



³⁴ See Appendix 3

Notable Accomplishments:

This year the use of the LSP Facebook has increased. LSP has been using Facebook to post announcements from the newsletter and it was used to announce their own event, the LSP Appreciation Fiesta. Facebook continues to be a great resource for community events, employment opportunities and other resources to share with the community. LSP likes have increased to 621 likes! LSP also began to use Linked In as an outlet of communication.

The SRJC Health Careers Fair was a successful collaboration between SRJC staff and LSP. The event served 46 students to increase knowledge of various healthcare fields and careers. LSP had the opportunity to have a station to inform students about Behavioral Health careers through a fun and interactive matching game.

This year LSP conducted their first Question, Persuade, and Refer (QPR) training in collaboration with the Sonoma County Behavioral Health Division. The training was conducted in Spanish and served well to train 8 parents and gate keepers the skills to question someone if they are suicidal, persuade them to look for resources first and refer them to the most appropriate resources.

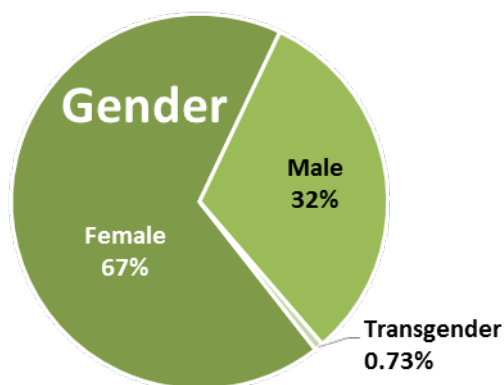
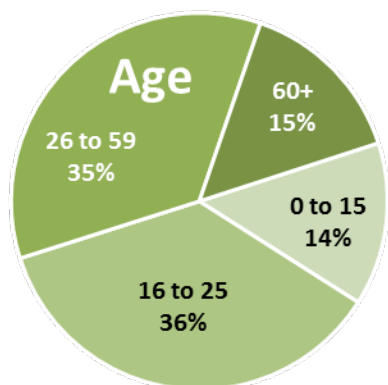
For more information, see the **Latino Service Providers Impact Statement** in the Appendix.³⁵

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): **1,288**

Demographics:



³⁵ See Appendix 3



Notable Accomplishments:

Sonoma County Indian Health Project reports the following notable accomplishments for FY 14-15:

“On June 15 -17th, youth attended a GONA (Gathering of Native Americans) in the Marin Headlands. The GONA was sponsored by CRIHB (California Rural Indian Health Board in Sacramento) and Sonoma County Behavioral Health Division through CalMHSA and over 25 youth from surrounding counties attended. The Youth GONA consistent of a two-day curriculum that focused on youth development, cultural strengthening, and leadership. Youth reported having a positive experience.”

“A Memorial Gathering was held on March 14, 2014 at Ya Ka Ama in Forestville. 261 signed in and approximately 60 to 100 attended but didn't sign in. The ages ranged from infants to 90 year old elders. SCIHP had a traditional fire starter and keeper of the fire. Native Men and women prepared the meal. The following 6 tribal dance group members attended the Gathering: Round Valley from Mendocino County, Big Valley, Elem, and Robinson Rancheria/Reservations from Lake County, Cloverdale, Dry Creek, Federated Indians of Graton, Lytton Rancheria Manchester Point Area, Sonoma, and Manchester Point Arena & Kashia Reservation all from Sonoma County. This gathering was to show support for those who had lost someone to suicide. The gathering was held on land that has been blessed by our People for years. Many who attended stated during and after that it felt like a big weight was lifted off of them. They felt at peace and felt that is was very special to have happened in their community.”

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

PEI Reducing Disparities Technical Assistance Projects

In Sonoma County’s ongoing commitment to serve disparate communities, the Division contracted with a local consulting firm, Kawahara & Associates. Kawahara & Associates specializes in program and organizational development providing individualized technical assistance to grass-roots organizations and nascent programs that served the African American, Asian American, Latino/Hispanic, Native American and LGBTQ communities. Upon early assessment, organizations and communities were identified as having a wide range of organizational capacity and need. Some groups had been operating with a core of volunteers and no funding or administrative structure. Other organizations had organizational structure, but limited programmatic capacity due to lack of leadership, constant staff turn-

³⁶ See Appendix 3

over, lack of clarity, accountability or direction. Providing technical assistance to this group as a whole was challenging, but a model was developed that could move the group as a whole and yet, provide the individualized support to each organization based upon their unique status and challenges. Training and support was provided on the following:

- 1) Developing goals and SMART objectives
- 2) Developing a theory of change and corresponding logic model
- 3) Developing and implementing simple program evaluations that documented quantitative outputs and qualitative outcomes
- 4) Completing required reporting for funders
- 5) Accessing mental health resources for staff, consumers, and general public
- 6) Completing grant applications
- 7) Enhancing and expanding programming based upon organizational learning and stakeholder input

These trainings resulted in the following organizational improvements:

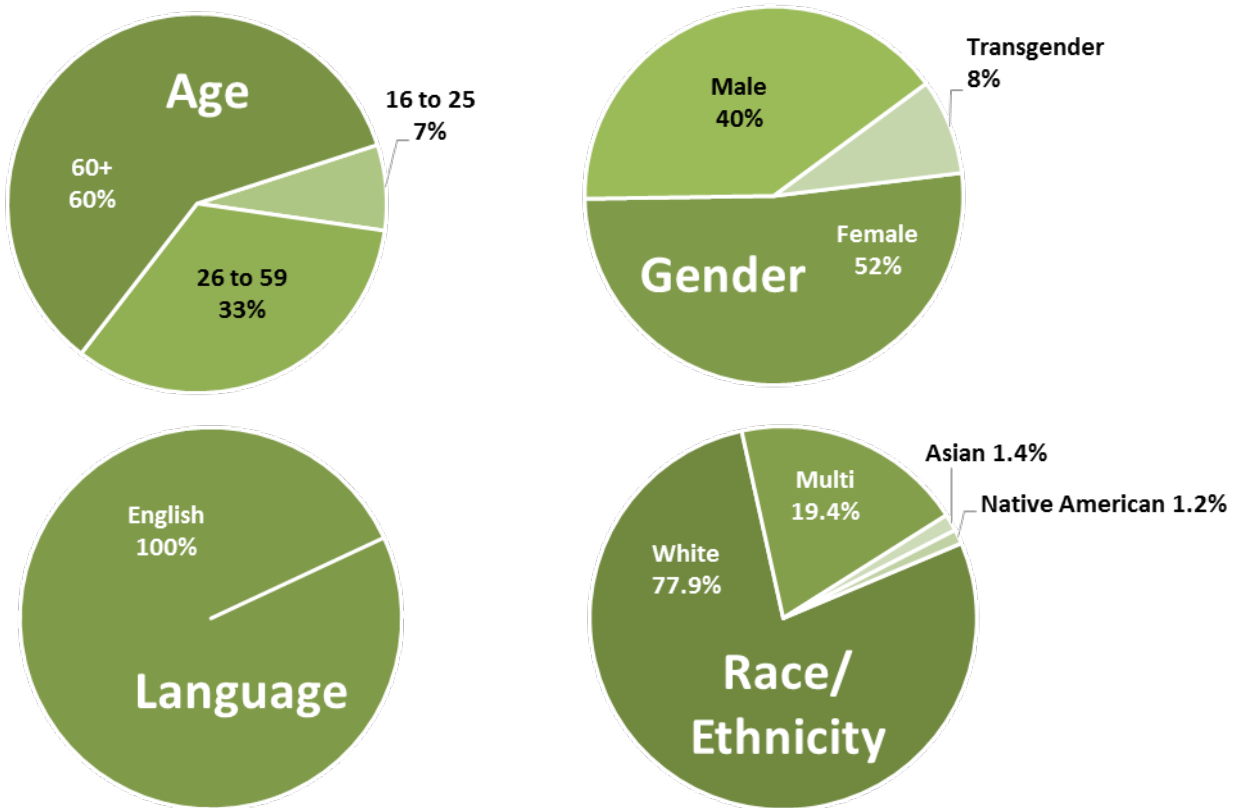
- 1) Successful grant application to the Office of Health Planning, Evaluation and Development to develop interest and opportunity for young adults to pursue a career in mental health and primary health care fields.
- 2) Successful application and award of 501c3 status to an organization.
- 3) Redesign of community engagement and input into program design that decentralized services to provide better access for outlying geographic communities.
- 4) Successful grant application to the Office of Health Equity for expansion of community education (Promotores) to the Latino community through partnerships with the local Community College, high schools and media.
- 5) Program evaluations demonstrating effectiveness in reducing mental health stigma, awareness of mental health struggles and community resources for support.

Goodwill Industries of the Redwood Empire – Peer Warmline Connection of Sonoma County

The **Peer Warmline Connection of Sonoma County** is a peer-run program that is administratively operated by mental health consumers and emphasizes self-help as its programmatic approach. The focus of the Warmline 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 community resources in or out of the mental health system. The Warmline provides individuals with the opportunity to talk through their situations, vent their feelings, or make a connection that reduces their feelings of isolation. The Warmline is a program of *Goodwill Industries of the Redwood Empire*.

Total numbers served (aggregate of quarterly reports): **454**

Demographics:



Notable Accomplishments:

There has been a significant increase in Warmline call volume from the third quarter to the fourth quarter (about 400%). Clients and their families are utilizing the Warmline service as intended; to obtain resources, share their experiences and find others with whom they may connect on a peer level. Review of call log data suggests that 31% of callers would not have called anyone if they hadn't called the Warmline; those who would have called a friend or family member declined from 25% in Q3 to

11% in the fourth quarter, while those who stated they would have called ER/PES or mental health provider if not the Warmline fell from 25% to 7% over the same period. This data indicates that Warmline outreach is shifting support from community and family resources to an engagement with the Peer Warmline Connection service.

For more information, see the **Peer Warmline Connection Impact Statement** in the Appendix.³⁷

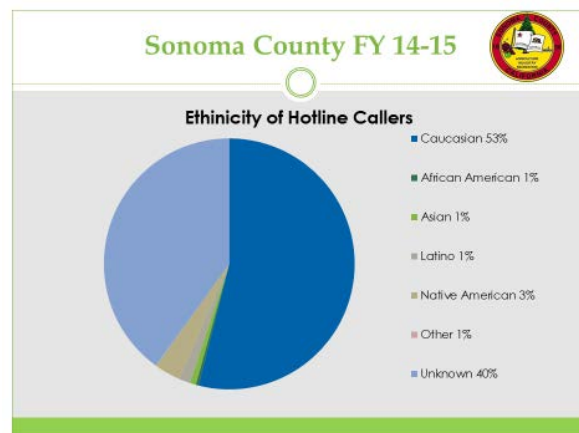
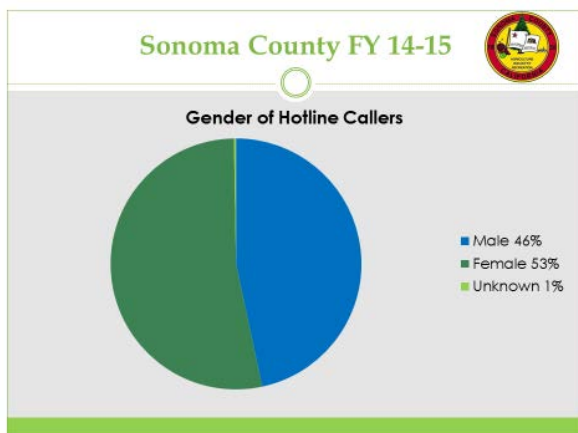
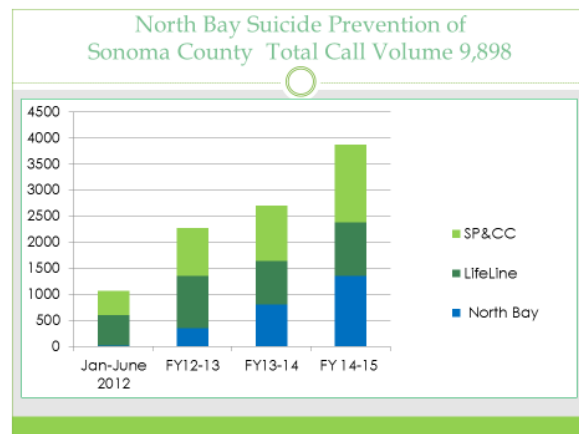
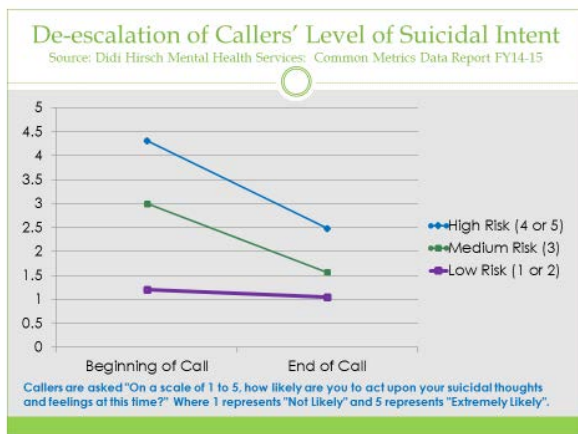
³⁷ See Appendix 3

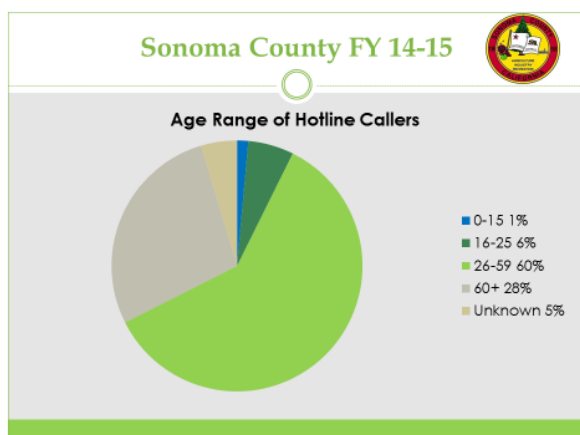
North Bay Suicide Prevention Project

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 four North Bay communities.

NBSPP reduces suicide in the four North Bay counties of Marin, Sonoma, 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 four North Bay county governments.

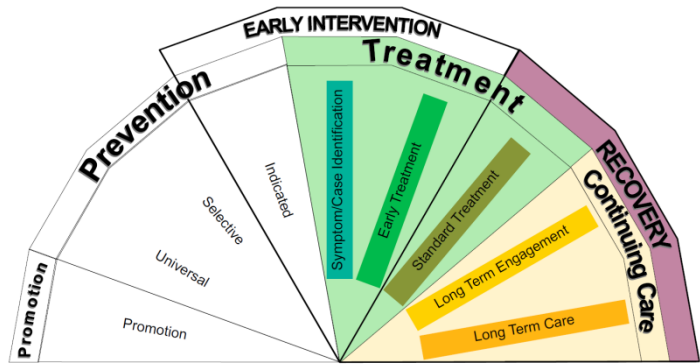
North Bay Suicide Prevention is a 24/7 confidential hotline. Highly trained telephone counselors respond to over **15,000** calls annually from North Bay Counties. Hotline counselors are able to effectively and efficiently de-escalate callers' level of suicidal intent. Callers are asked "On a scale of 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.





In FY 15-16, the North Bay Suicide Prevention Hotline of Sonoma County became an MHSA funded contracted service for the Sonoma County Behavioral Health Division. The contractor that provides this service is Family Service Agency of Marin, a Division of Buckelew Programs.

INNOVATION (INN)



Integrated Health Team

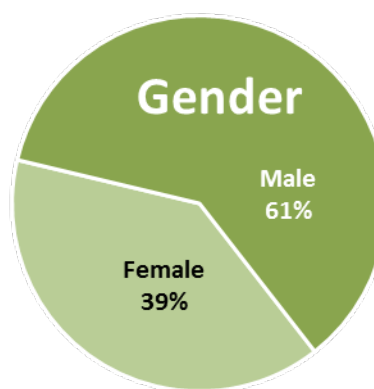
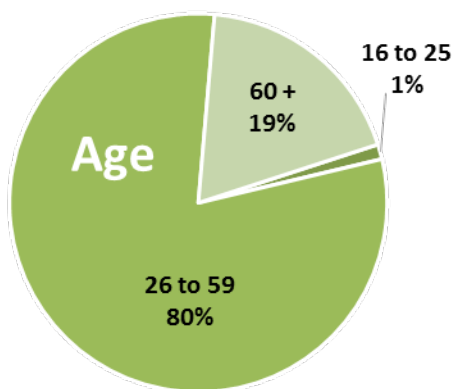
The **Integrated Health Team (IHT)** creates a client-centered, holistic approach that incorporates community health education strategies as a core component of primary care and behavioral health service provision. In this model, the primary goal is to address unmanaged physical health conditions that 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.

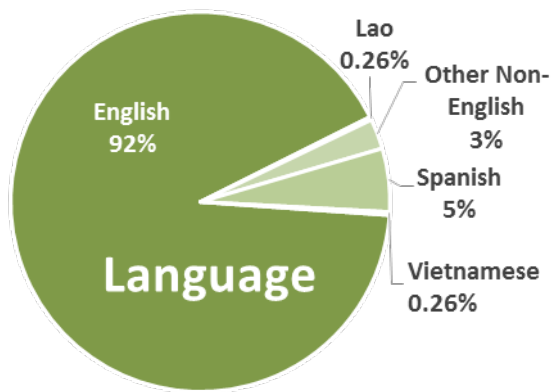
Initiative/Population: Consumers with co-occurring disorders

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: **392**

- Carried Over: **290**
- New to Program: **102**





Race	
White	78.41%
Other Race	10.28%
Mixed Race	4.63%
Black/African-American	3.34%
American Indian	0.51%
Chinese	0.51%
Filipino	0.51%
Laotian	0.51%
Vietnamese	0.51%
Cambodian	0.26%
Guamanian	0.26%
Korean	0.26%

Ethnicity	
Not Hispanic	83.49%
Mexican/Mexican-American	14.33%
Other Hispanic/Latin	2.18%

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.

Total number of crisis calls from law enforcement = **730**

Total number of involuntary psychiatric holds* written: **147**

**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 calls to Detox*: **5**

**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.*

Total referrals provided = **741**

Mobile Support Team (MST) follow-up calls = **1,645**

Crisis Stabilization Unit (CSU) follow-up calls = **765**

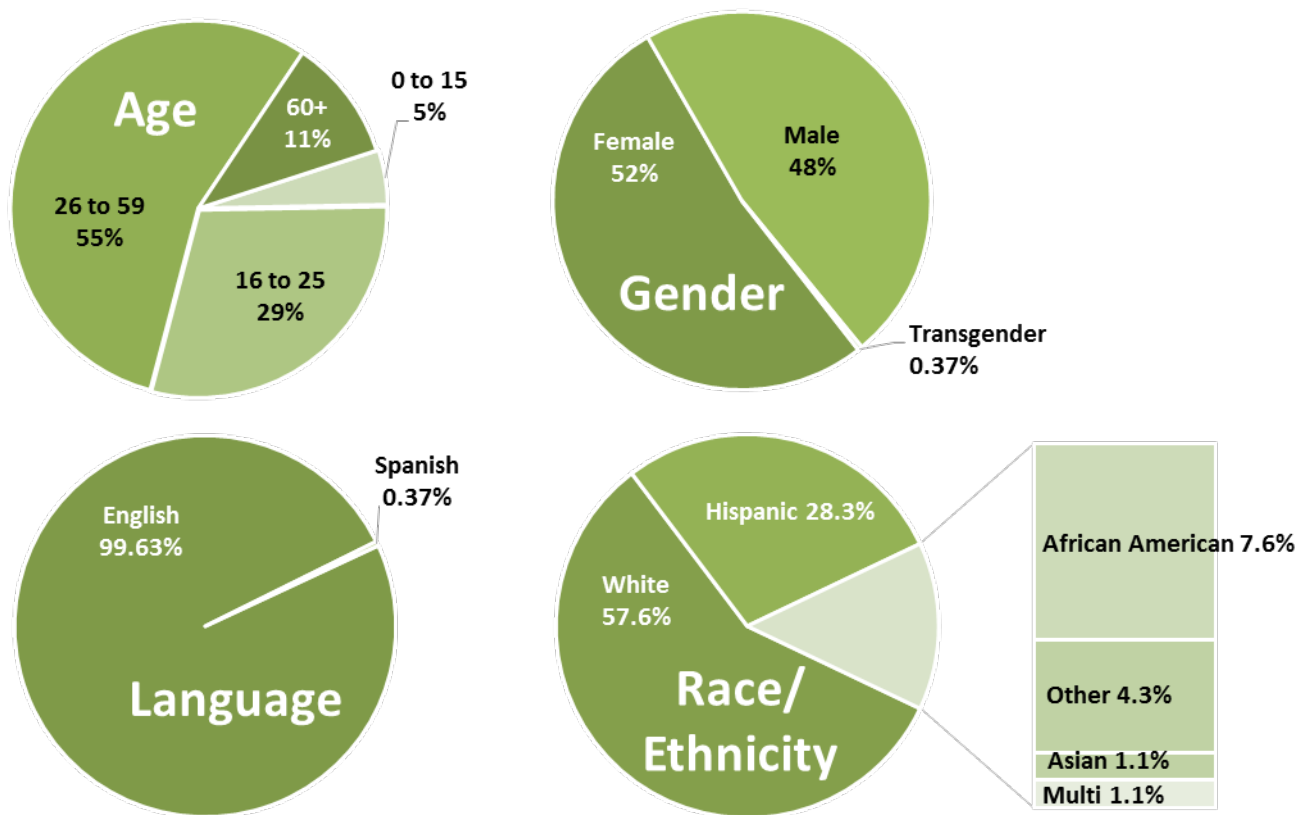
Goodwill Industries of the Redwood Empire – Peer Support Program

The purpose of the **Goodwill Industries of the Redwood Empire (GIRE) Peer Support Program** is for mental health consumers to provide mental health consumers with support. The Peer Support Specialist will provide assistance to people the following people:

- 1) Mental health consumers who are identified by the Mobile Support Team and agree to peer support services, and
- 2) Mental health consumers who have contact with Psychiatric Emergency Services.

Total numbers served (aggregate of quarterly reports): **268**

Demographics:



Notable Accomplishments:

The Peer Support Specialist was successful in providing access for individuals into Nightingale, Redwood Gospel Mission's shelter and long-term residential treatment program. Additionally, the Specialist was able to get individuals into Domestic Violence victims' shelters and collaborated with case managers with providing extra support to their clients.

The Peer Supports staff provided follow-up phone calls and resources/referrals, and provided discharge planning to individuals who were admitted at PES and assessed by the Mobile Support Team. This staff person also provided a listening ear and emotional validation to most individuals, which is what is most wanted.

Staff found beds available for individuals from PES into Nightingale on an emergency basis and was able to support individuals in being accepted into Opportunity House, providing resources/referrals to the following organizations and supportive services:

- Landlord/Tenant Rights
- North Bay Regional Center and was able to refer someone for an assessment
- NAMI-provides group specifically for families referred from MST
- Buckelew Family Service Coordinator Program

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 unit complex. Each unit has two private rooms and a secured bathroom. Service partner is Telecare ACT – Sonoma County.

Expenditure Plan for Fiscal Year 2016/2017

A. Overview of FY 2016/2017 MHSA Funded Programs:

Community Services and Supports Programs

The Community Services and Supports component of the plan and budget in FY 16/17 includes MHSA funding of approximately \$17.1 million for the previously approved and implemented programs which total over \$22 million in expenditures including the non-MHSA funded costs. 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 \$3.9 million in MHSA funds and include contracts with over 15 community-based organizations. Factoring in non-MHSA funded costs, the County's PEI expenditures total approximately \$6 million. 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 \$850K 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 16/17. The total cost for these two programs is \$4.2 million with approximately \$1 million in MHSA funds and \$3.2 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 WET Projects were implemented in FY 12/13 and are planned to continue in FY 16/17. The MHSA portion of the WET Program has been rolled into the CSS Category for FY 16/17. The County’s WET program will be funded with MHSA dollars in the amount of \$671,986 in FY 16/17.

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 16-17 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 16/17

In FY 15/16, the Plan calls for the continuation of all existing MHSA programs as previously approved. Total MHSA funding for FY 16/17 is approximately \$22 million. In FY 16/17, the components of MHSA were further 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:	\$17,077,649
Prevention & Early Intervention:	\$3,924,034
Innovation:	\$1,028,537
Total FY 16/17 MHSA Funding:	\$22,030,220

Community Services and Supports (CSS)

The Community Services and Supports component of the plan and budget in FY 16/17 includes MHSA funding of approximately \$17.1 million for the previously approved and implemented programs. There are no new programs proposed for FY 16/17, however, the County’s WET program will be moved into the CSS budget component in FY 16/17. Table 1 below provides detail regarding CSS funding.

Prevention & Early Intervention (PEI)

The County’s PEI component is funded by approximately \$3.9 million of MHSA funds. PEI includes the County of Sonoma’s Crisis Assessment, Prevention and Education (CAPE) program 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 Mobile Support Team and Integrated Health Team (IHT) will continue in FY 16/17. The total MHSA funds for these programs are slightly over \$1 million. Table 3

below provides detail regarding Innovation funding. *The county will utilize significant Federal Financial Participation (FFP) to fund its Integrated Health Team program in FY 16/17. This is due to IHT being a Medi-Cal program and, thus, claiming a significant amount of service to the state's Medi-Cal program.

Table 1: Planned MHSA Funding FY 16/17	
Community Services & Supports	
Approved Programs	MHSA Funding
Family Advocacy Support Stabilization Team (FASST)	\$200,345
Transition Age Youth Program (TAY)	\$689,137
Forensic Assertive Community Treatment Program (FACT)	\$911,858
Integrated Recovery Team (IRT)	\$2,595,277
Workforce, Education & Training (WET)	\$671,235
Older Adult Integrated Services Team (OAIS)	\$670,426
Transportation	\$315,931
Access Team	\$1,906,835
Outreach & Engagement	\$5,643,531
General System Development	\$1,434,384
Sub Total: Programs	\$15,038,959
MHSA Program Support	\$2,038,690
Total MHSA Funding for CSS	\$17,077,649

Table 2: Planned MHSA Funding FY 16/17	
Prevention & Early Intervention	
Approved Programs	MHSA Funding
CAPE Team	\$849,563
Avatar System (Application & County Staff)	\$1,045,352
Evaluation Services	\$114,250
Contracted PEI Programs & Services	\$1,914,869
Total MHSA Funding for PEI	\$3,924,034

Table 3: Planned MHSA Funding FY 16/17	
Innovation	
Approved Programs	MHSA Funding
Mobile Support Team (MST) - Including Contracts	\$1,028,537
Integrated Health Team (IHT) *Please Note: Funding from this program has transitioned from MHSA to Medi-cal	\$0.00
Total MHSA Funding for INN	\$1,028,537

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. Estimated FY 2016/17 Funding						
1. Estimated Unspent Funds From Prior Fiscal Years	\$871,746	\$0	\$999	\$524,508	\$329,542	
2. Estimated New FY 2016/17 Funding	\$16,205,903			\$3,399,526	\$698,995	
3. Transfer in FY 2016/17						\$0
4. Access Local Prudent Reserve in FY 2016/17						\$0
5. Use of Non MHSA Funds	\$5,040,901	\$0	\$0	\$2,033,089	\$3,156,524	\$0
6. Estimated Available Funding for FY 2016/17	\$22,118,550	\$0	\$999	\$5,957,123	\$4,185,061	
B. Estimated FY 2016/17 Expenditures	\$21,453,374	\$0	\$0	\$5,957,123	\$4,056,928	
C. Estimated FY 2017/18 Contingency Funding	\$665,176	\$0	\$999	\$0	\$128,133	

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2016	\$910,228
2. Contributions to the Local Prudent Reserve in FY 2016/17 (interest earned)	\$8,492
3. Distributions from Local Prudent Reserve in FY 2016/17	\$0
4. Estimated Local Prudent Reserve Balance on June 30, 2017	\$918,720



Appendix 1

Sonoma County MHSA Learning Circle Powerpoint Presentation

Mental Health Services Act Learning Circle: *Getting Ready for Change*

March 10, 2016



WELLNESS • RECOVERY • RESILIENCE

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

Today's Agenda

- Welcome and Introductions
- SWITS Data Collection System
 - Understand current **data collection needs**
 - Share the **purpose and process** for the SWITS data system
 - Update group on **quarterly reporting** requirements
 - Discuss **next steps** for SWITS implementation
- Presentation from CalMHSA
- Working lunch
 - Updates on MHSA work
 - Networking opportunity

sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

2

Introductions

Share your name and
team/organization/program
on which you work

Welcome from Susan Castillo & Amy Faulstich

- 2016 – 17 focus on **standardized data collection**
- **Requirements** for evaluation and outcomes:

Federal

Affordable
Care Act

State

Regulatory
Bodies

Local

Community
Stakeholders
& Board of
Supervisors

BHD

Data Collection
Outcomes



Refresh: SWITS Data Collection System

Why SWITS?

- **SWITS** stands for Sonoma Web Infrastructure for Treatment Services
- Cutting edge: Sonoma is the **first** California County to use WITS for PEI
- **New SWITS Administrator:** Bruce Robbins
- How will this help our staff?

Where We Are Now

The image shows a paper form titled 'County of Sonoma Department of Health Services' and 'Outreach and Engagement Event Profile Form' on the left. On the right is a digital interface for the same form. The digital form includes fields for Agency (Sonoma County BH PEI), Facility (Test Facility), Program, and Event Purpose (None). It also has dropdown menus for Available Purpose and Selected purpose, and a section for Services Delivered with fields for Date of Service, Type of Activity Provided, and Time spent in providing services (in minutes). The Sonoma County Department of Health Services Behavioral Health Division logo is at the bottom right.

7

SWITS Implementation Model

Step 1:

Define services
& activities for
your program

Step 2:

**Translate and
clarify** data
collection to
SWITS

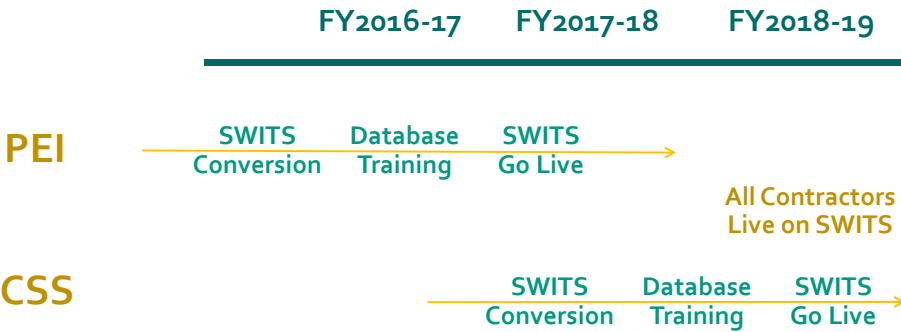
Step 3:

Launch
implementation
and SWITS Go-
Live

8



Where We Are Going
SWITS Implementation Timeline



PEI and CSS Contractors Participating in SWITS

PEI

- Reducing Disparities Group
- Santa Rosa Junior College
- Older Adult Collaborative (HSD, JFCS, COA, WCCS, PPSC)
- Peer Warmline (Goodwill) and NBSP Hotline (Bucklelew/FSA of Marin)
- Action Network
- Alexander Valley
- Project Success Plus
- Santa Rosa Community Health Centers (SRCHC)
- 0 – 5 Collaborative (First 5, CPI, JFCS, ELI, PPSC)

CSS

- CIP Alliance Medical Center
- Buckelew FSC
- CFSA RREC
- CIP DAAC
- Goodwill Industries (Wellness Center, PPRP, CRP, Interlink)
- HSD Joblink
- NAMI
- PPSC Mary Isaac Center
- CIP Santa Rosa Community Health Centers (SFCHC)
- CIP Sonoma County Indian Health Project
- Support Our Students (SOS)
- CIP West County Health Centers (WCHC)



11

Next Steps for Quarterly Reporting

Next Steps for Quarterly Reporting

- **Before SWITS goes live:**

Continue to report demographic data and outcomes/narrative data on quarterly reporting form



demographic data



narrative data

- **When SWITS goes live:**

Report demographic data in SWITS and outcomes/narrative data on quarterly reporting form



demographic data



narrative data



13

Getting Started with SWITS

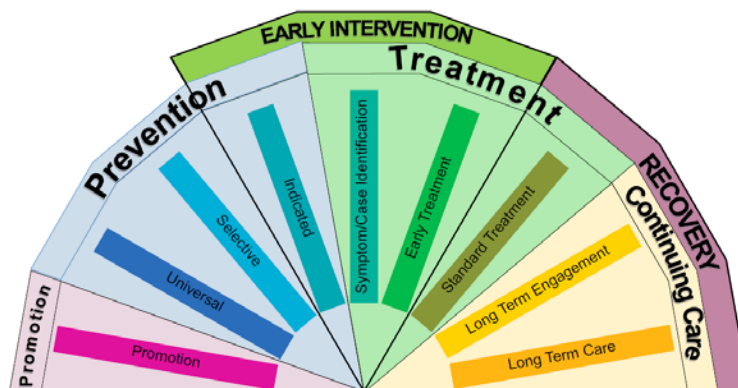
SWITS Service Types

Purpose

- Promote a **shared understanding** and **common language** for SWITS
- Learn about the **Sonoma MHA service types** developed as part of SWITS implementation
- **Set the stage** for defining your programs' services and activities

Spectrum of Intervention

The SWITS system is organized around the MHA Spectrum of Intervention



Spectrum of Intervention

Universal Care: 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.



Service types:

- *Education/Training*
- *Outreach*

Spectrum of Intervention

Selective Care: Focused on **population groups and individuals** at higher risk of health problems and disorders, and aim to reduce the risks to the targeted population.



Service types:

- *Group-Level Intervention*
- *Information & Referral*
- *Level 1 Clinical Consultation*
- *Level 1 Screening*

Spectrum of Intervention

Indicated Care: Client-level interventions aimed at individuals at high risk of the onset of a disorder.



Service types:

- Case Management
- Client Referral
- Crisis Intervention/Urgent Response
- Individual-Level Intervention
- Level 2 Clinical Consultation
- Level 2 Screening
- Medication Management



19

Getting Started with SWITS Service Types Activity

- What activities/strategies for “Outreach” does your program or agency implement?
- Discuss worksheet with your group

Behavioral Health Updates

- New Urgent Care Center has opened
- SB 82- CAPE, MST Expansion, Peer Respite
- California Reducing Disparities Project
- AB 403-Continuum of Care Reform
- Drug Medi-cal

MHSA Updates

- MHSA Annual Update posted April 17, 2016
- MHSA Public Hearing on May 17, 2016
- May is Mental Health Month Calendar
- MHSA Newsletter and Upcoming events
- MHSA Site Visits with Amy and Bruce
- Suicide Prevention Project with SMART Train

Workforce, Education and Training

Staff and Community Training Opportunities	Diversification of Workforce	Community Training	Integrating Peers into the Workforce
Enhanced Staff Development & Comprehensive Training Plan	Expanding Internship Program & Traineeship Stipend for 2015-2016	QPR: Question, Persuade, Refer	Integrating Peers into SCBHD August 12, 2015
Prevention and Recovery for Early Psychosis (PREP)	Latino Service Providers- Workforce Development	Mental Health First Aid and Youth Mental Health First Aid	Coordinate strategy for consumer employment programs Co-Op (Goodwill, DOR, SC-BHD) and Bucklelew
Medi-cal Waiver-ASAM Criteria Training	Coordinate financial incentive programs MHLAP/ CalSWEC	AMSR: Assessing and Managing Suicide Risk	Workforce Co-learning Collaborative (WCC): T4T in February
Enhanced Clinical Supervision Training	Attend Job/internship Fairs	Redeveloping Community Mental Health Series	Peer Learning Institute, Living Bridges training

Resources For More Information

- **Sonoma County BHD:** <http://www.sonoma-county.org/health/about/behavioralhealth.asp>
- **Mental Health Services Oversight and Accountability (MHSOAC):** <http://www.mhsoac.ca.gov/>
- **California Department of Health Care Services (DHCS):** http://www.dhcs.ca.gov/services/mh/Pages/MH_Prop63.aspx
- **Steinberg Institute:** <http://steinberginstitute.org/>
- **Affordable Care Act:** <http://www.dhcs.ca.gov/individuals/Pages/AffordableCareActLinks.aspx>
- **California Behavioral Health Directors Association (CBHDA):** <http://www.cbhda.org/>
- **California Mental Health Services Authority (CalMHSA):** <http://calmhsa.org/>
- **California Mental Health Services Act (Prop 63):** <http://prop63.org/>
- **Harder+Company Community Research:** <http://harderco.com/>

Comments & Questions



Amy Faulstich

707-565-4823
Amy.Faulstich@sonoma-county.org



Bruce Robbins

707-565-4830
Bruce.Robbins@sonoma-county.org



25



Appendix 2

SWITS Implementation and Annual Outcome Report Process

**Proposed SWITS Implementation and Annual Outcomes Report Process
For County Outreach Teams and MHSA Contractors
(Plan for FY 15-16, 16-17, 17-18, 18-19)**

Goal: Develop a system of data collection and evaluation to provide annual reports to the MHSAOAC that are in alignment with statewide requirements to improve the accuracy of MHSA data collection and provide performance-based outcomes reports

FY 15-16 & FY 16-17: SWITS Implementation with County outreach teams (10) & PEI contractors (20)
FY 17-18: SWITS Implementation with CSS contractors (14)
FY 18-19 & 19-20: MHSA Annual Outcomes Report Process and Implementation with PEI and CSS contractors (34)

FY 15-16 & FY 16-17 Projected Timeline:

Team/Contractor	SWITS Conversion- Projected Dates	SWITS Database/Forms Training-Projected Dates	Projected Go Live Date in SWITS
CAPE/MST/CIP/CMHC	Complete	February-March 2016	April 1, 2016
OAT	Complete	June 2016	July 1, 2016
AB 109, 1370 Outpatient, Jail Discharge Planner	TBD	TBD	TBD
YFS-HSD Liaison	TBD	TBD	TBD
PEI Reducing Disparities Group- (SCIHP, LSP, CBC, PI)	March 2016 (1 st conversion mtg. 3-3- 16)	April-June 2016	July 1, 2016
PEI SRJC	July-September 2016	October-December 2016	January 1, 2017
PEI Older Adult Collaborative (HSD, JFCS, COA, WCCS, PPSC)	July-September 2016	October-December 2016	January 1, 2017
PEI Peer Warmline (Goodwill) and NBSP Hotline (Buckelew/FSA of Marin)	October-December 2016	January-March 2017	April 1, 2017
PEI Action Network	October-December 2016	January-March 2017	April 1, 2017
PEI Alexander Valley	October-December 2016	January-March 2017	April 1, 2017
PEI Project Success Plus*	January-March 2017	April-June 2017	July 1, 2017
PEI SRCHC	January-March 2017	April-June 2017	July 1, 2017
PEI O-5 Collaborative (First 5, CPI, JFCS, ELI, PPSC)	TBD	TBD	TBD

*To participate with other PEI contractor to observe process

FY 16/17 Projected Plan:

- PEI contractors will continue to report demographic data and outcomes/narrative data via MHSA quarterly reports until they are live in SWITS.
- Once live in SWITS, PEI contractors will report demographic data via SWITS. They will continue to report outcomes/narrative data via MHSA quarterly reports (narrative section/version).
- It is projected that PEI contractors will report outcomes/narrative data via an Annual Outcomes Report by FY 20-21.

FY 17-18 Projected Timeline:

Team/Contractor	SWITS Conversion- Projected Dates	SWITS Database/Forms Training-Projected Dates	Projected Go Live Date in SWITS
CSS CIP Alliance Medical Center	TBD	TBD	TBD
CSS Buckelew FSC	TBD	TBD	TBD
CSS CFSA RREC	TBD	TBD	TBD
CSS CIP DAAC	TBD	TBD	TBD
CSS Goodwill Industries)Wellness Center, PPRP, CRP, Interlink)	TBD	TBD	TBD
CSS HSD Joblink	TBD	TBD	TBD
CSS NAMI	TBD	TBD	TBD
CSS CIP PPSC Mary Isaac Center	TBD	TBD	TBD
CSS CIP SRCHC	TBD	TBD	TBD
CSS CIP SCIHP	TBD	TBD	TBD
CSS SOS	TBD	TBD	TBD
CSS CIP WCHC	TBD	TBD	TBD

FY 17-18 Projected Plan:

- CSS contractors will start and complete the SWITS conversion process and database training
- CSS contractors will continue to report demographic data and outcomes/narrative data via MHSA quarterly reports until they are live in SWITS.
- Once live in SWITS, CSS contractors will report demographic data via SWITS. They will continue to report outcomes/narrative data via MHSA quarterly reports (narrative section/version).
- It is projected that CSS contractors will report outcomes/narrative data via an Annual Outcomes Report by FY 20-21.

FY 18-19 & 19-20 Projected Plan:

- All MHSA contractors (PEI & CSS) will be in SWITS by the start of FY 18-19
- SC-BHD will provide technical assistance to all MHSA contractors, clustered by initiative (i.e. Reducing Disparities), at MHSA Learning Circles to develop evaluation plans and revise scopes of work
- SC-BHD will create an MHSA Annual Outcomes Report template for all MHSA contractors to replace the quarterly report (for outcomes/narrative data)
- It is projected that all MHSA contractors will be using the MHSA Annual Outcomes Report by FY 20-21



Appendix 3

MHSA Impact Statements for FY 14-15

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

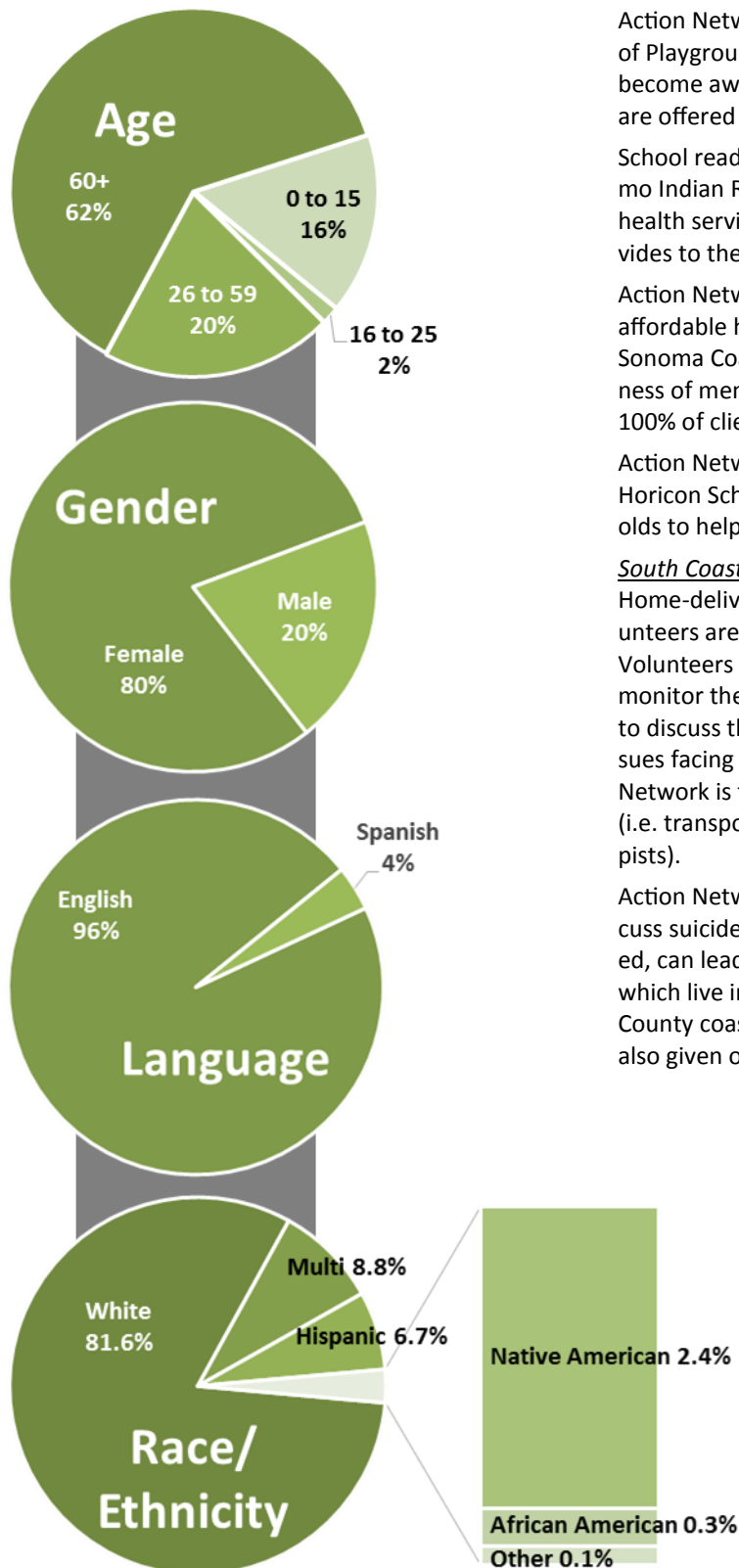
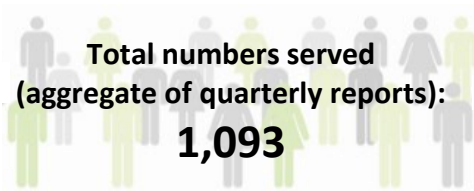
Program Location:

Gualala, CA

For more information, go to:

<http://www.actionnetwork.info>

program demographics



notable accomplishments

Below are examples of notable accomplishments from the MHSA-funded programs at Action Network.

Across all Ages and Cultures:

"Learning through Play" sessions - 100% of parents have seen improvements in the social-emotional, and school-readiness development in their children.

Action Network staff are trained in Triple P and conduct Playgroups. 100% of Playgroup parents are satisfied with services. In these groups, parents become aware of mental health services offered by Action Network and are offered weekly Triple P workshops and individual sessions.

School readiness/enrichment sessions were conducted at the Kashia Pomo Indian Reservation. 90% of Action Network clients are aware of mental health services. 100% are satisfied with the services Action Network provides to them. 100% of families are aware of Positive Parenting services.

Action Network provides 2 hour sessions at the Burbank Apartments, an affordable housing complex in the Sea Ranch, an isolated area of the Sonoma Coast. Fliers are handed out at these sessions to increase awareness of mental health services including counseling and Positive Parenting. 100% of clients are very satisfied with this summer program.

Action Network launched a new program called "Bright Beginnings", at Horicon School in Annapolis. It is an evidence-based program for 3-5 year olds to help prepare them for kindergarten.

South Coast Seniors:

Home-delivered meals were provided to home-bound senior clients. Volunteers are all trained to recognize signs of depression and elder abuse. Volunteers or the Meals on Wheels Coordinator visit with each senior to monitor their physical and mental health. Clients receiving meals are able to discuss their needs with meal delivery workers. In most cases, the issues facing home-bound seniors include isolation and loneliness. Action Network is then able to provide additional services on an on-going basis (i.e. transportation to lunches or referrals to local counselors and therapists).

Action Network interviewed on the local radio station, 98.3 KGUA, to discuss suicide prevention and interventions and how depression, if untreated, can lead to suicide. The show reached over 200 listeners, many of which live in the Sea Ranch in the most northern part of the Sonoma County coast. Contact information for local and national suicide lines were also given over the broadcast.

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.



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 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.

AVRMC implements and supports 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 is administered in the waiting room by support staff in preparation for the physician. If the PSC is positive, the clinician pursues 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

notable accomplishments

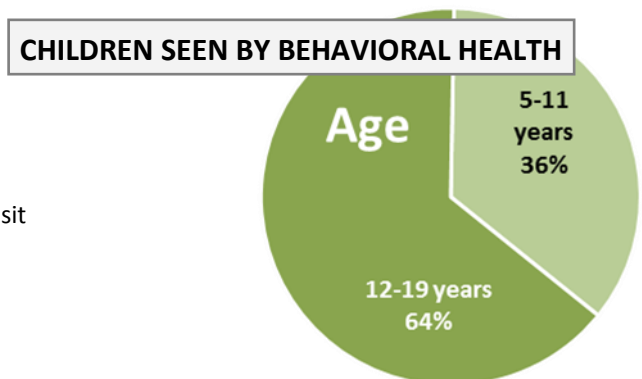
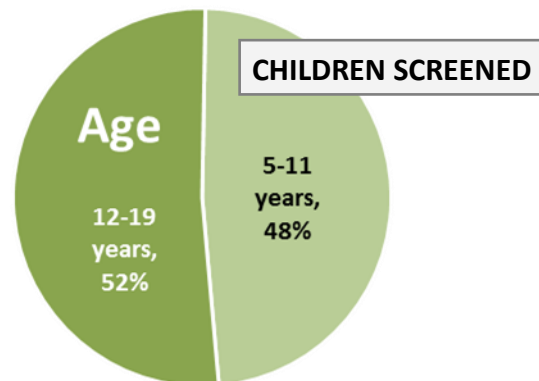
Children Aged	Total # of Children Screened *	Total # of Children Seen by Behavioral Health **
5-11 years	1,397	54
12-19 years	1,495	98
TOTAL	2,892	152

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

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

program demographics

Total numbers served
(aggregate of quarterly reports):
2,892



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)

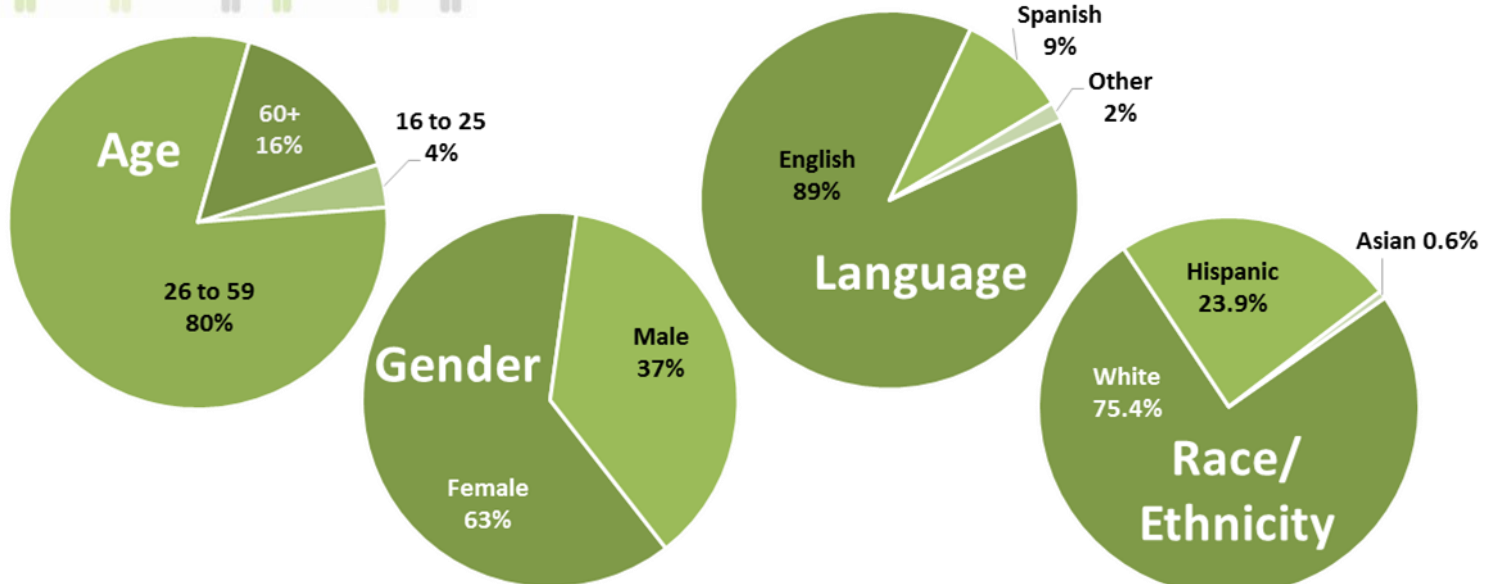
Program Location:

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@bucklew.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

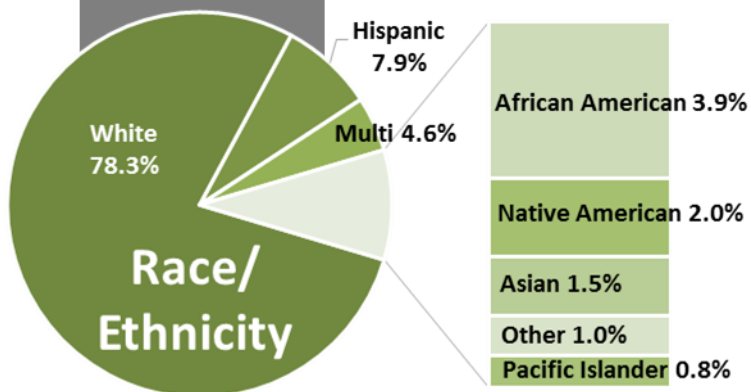
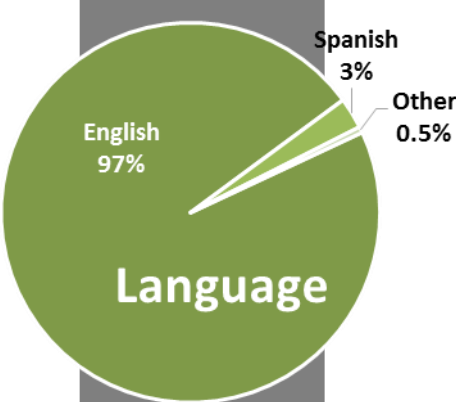
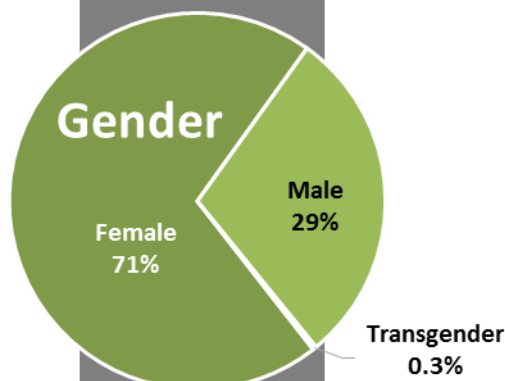
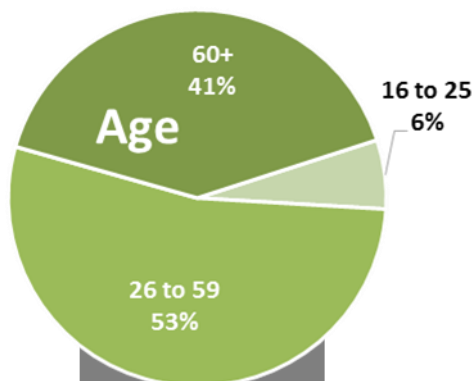
Program Location:

Santa Rosa, CA

For more information, go to:

<http://www.bucklew.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 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. Outcome: 100% achieved for FY 14-15
- 75% of families will strongly agree or agree that they can more effectively communicate with their loved ones service provider(s). Outcome: 80% achieved for FY 14-15
- 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: 91% achieved for FY 14-15
- 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 14-15
- 70% of families reported accessing 1 or more resources for themselves. Outcome: 95% achieved for FY 14-15
- 100% of families reported accessing 2 or more resources for their loved one (consumer). Outcome: 64% achieved for FY 14-15

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 14-15
- 50% of families will report always or often engaging in additional support groups/education. Outcome: 45% for Educational Class achieved; 45% 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: 91% achieved for FY 14-15

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: 83% achieved for FY 14-15
- 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: 100% achieved for FY 14-15
- 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: 100% achieved for FY 14-15
- 75% of caregivers will report a decrease in burden (and thus an increase in empowerment and self-efficacy) on the Zarit Burden Interview. Outcome: 66% achieved for FY 14-15

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 **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 and license-eligible mental health clinicians. Services are located in:

- Fifteen Sonoma County high schools - Analy, Cloverdale, El Molino, Elsie Allen, Healdsburg, Laguna, Maria Carrillo, Montgomery, Piner, Rancho Cotate, Ridgway, Santa Rosa High School, Sonoma Valley, Technology High School, Windsor

CAPE provides crisis response and training in mental health issues to the following sites:

- Santa Rosa Junior College (SRJC), Sonoma State University (SSU), Family Justice Center, Positive Images, VOICES

program services

- **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.

SONOMA COUNTY BEHAVIORAL HEALTH CRISIS ASSESSMENT, PREVENTION, AND EDUCATION (CAPE) TEAM

490 Mendocino Ave, Suite 202

Santa Rosa, CA 95401

CAPE@sonoma-county.org

MHSA Component:

Prevention and Early Intervention (PEI)

Program Location:

Sonoma County, CA

For more information, go to:

<http://www.sonoma-county.org/health/services/cape.asp>

- **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).

program demographics

Total Number of Unduplicated Students Served:

233

Total Number of Service

Contacts:

1,155

Total Number of Psychiatric

Holds*:

14

**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*:

49

**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 assess the individuals psychological functioning and refer them to the appropriate resources.*

Total Number of Students Trained in QPR (Question, Persuade, Refer)*:

1,797

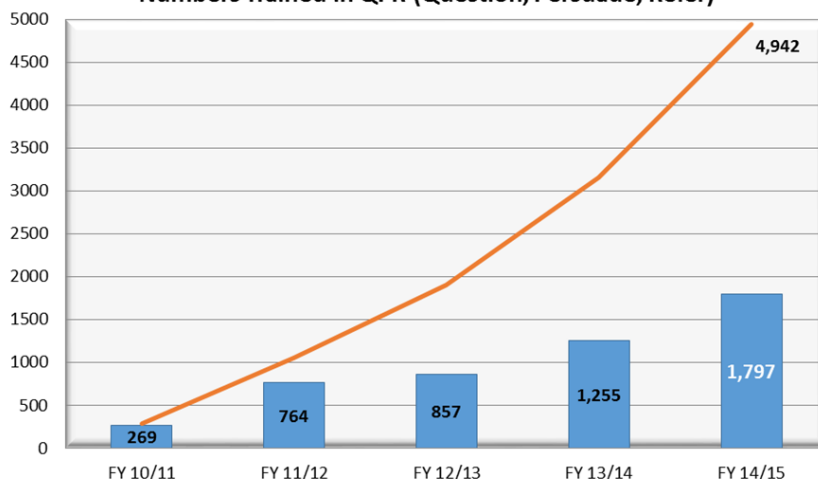
**QPR is an evidence-based training that teaches any person how to look for signs of suicide and how to talk to the person, and refer them on for care.*

notable accomplishments

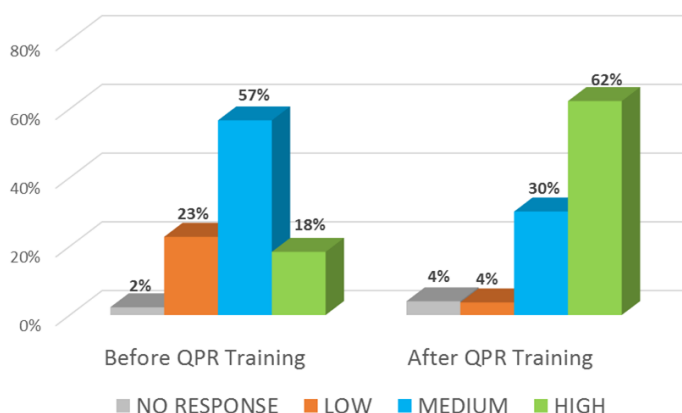
Training and education are a key part of the CAPE Team's mission. CAPE offers the following trainings:

- QPR (Question, Persuade, Refer) - A suicide prevention training geared towards the general public
- Classroom presentations on a variety of mental health topics and trainings for school/site staff on mental health topics as requested
- AMSR (Assessing and Managing Suicide Risk) - A suicide prevention training geared towards mental health professionals
- MHFA (Mental Health First Aid) - An overview of mental health topics & first response
- YMHA (Youth Mental Health First Aid) - For adults assisting young people

Numbers Trained in QPR (Question, Persuade, Refer)



Overall Level of Understanding about Suicide & Suicide Prevention (from FY 14-15 QPR trainings)



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!

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 Crisis Support Services program is designed to stabilize individuals and families in their existing homes, shorten the amount of time that individuals and families stay in shelters, and assist individuals and families with securing affordable housing.

contracted services

Provide information, resource information & referral assistance & advocacy to clients five hours per week to assist them with access to basic human needs. Assistance includes services provided directly by West County Community Services and by referral to other service providers.

Supportive Services include:

- Individual Case Management to help with self sufficiency
- Access to the community resource center
- Internet access
- Telephone & Voice Mail & Fax service
- Education about public transportation
- Application assistance - housing, employment, Cal Win benefits
- Job readiness coaching
- Referral service for substance use disorders & support

COMMUNITY & FAMILY SERVICE AGENCY- CRISIS SUPPORT SERVICES

Program Name:

Crisis Support Services "Resource Services on the River"

MHSA Component:

System of Care - Community Services and Supports (CSS)

Initiative/Population:

Individuals and families living in poverty, Parents at risk of being involved with the child welfare system, Individuals with severe and persistent mental health, individuals on the verge of becoming homeless and individuals who are homeless

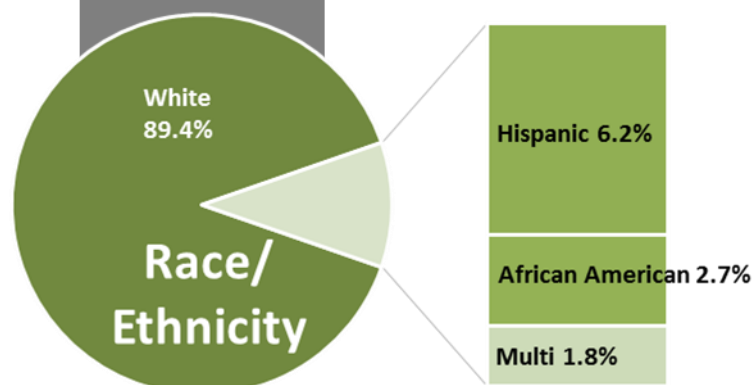
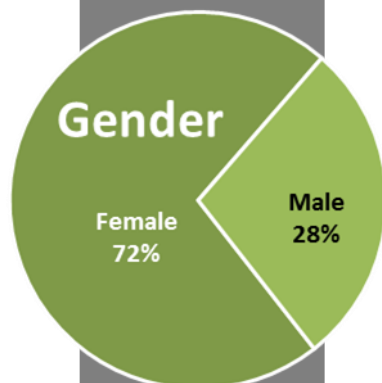
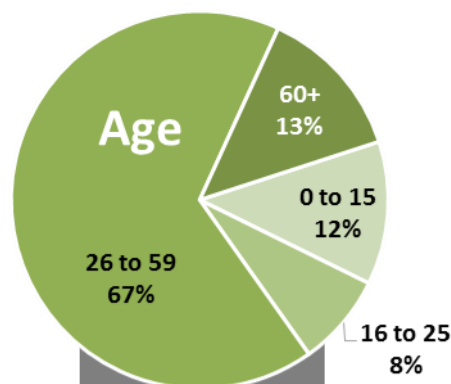
Program Location:

Guerneville, CA

For more information, go to:

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

program demographics



notable accomplishments

The Crisis Support Services (CSS) coordinator talked to administrators and secretaries at Guerneville and Monte Rio Schools to tell them about SOS and the role of the CSS coordinator. Schools shared information with families in their school newsletter about CSS.

CSS coordinator referred all families to programs to help get their needs met. Some families were referred to the Redwood Empire Food Bank, West County Health Centers, and all were helped with housing applications and assistance programs for shelter. One family secured new housing with the assistance of the CSS coordinator. Two families were able to stay in their current housing due to the assistance of the CSS coordinator.

Crisis Support Services (CSS) Coordinator was able to secure funds to assist seven families with items related to obtaining and continuing housing such as money for security deposits, and one month's rent to keep someone in their home.

Forty-two individuals from 28 families were served directly by the CSS Coordinator. Additional individuals were referred by telephone to resources for needs other than housing.

success story

A single mom was working three jobs and was finally able to get one job that came up on the HUD list, and found a house but the security deposit was expensive but she didn't have the funds. CSS was able to help her secure funds for the security deposit. She was able to start getting on her feet with a job that paid well, and secure, affordable housing.

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:

System of Care - Community Services and Supports (CSS)

Initiative/Population:

Mental Health Consumers

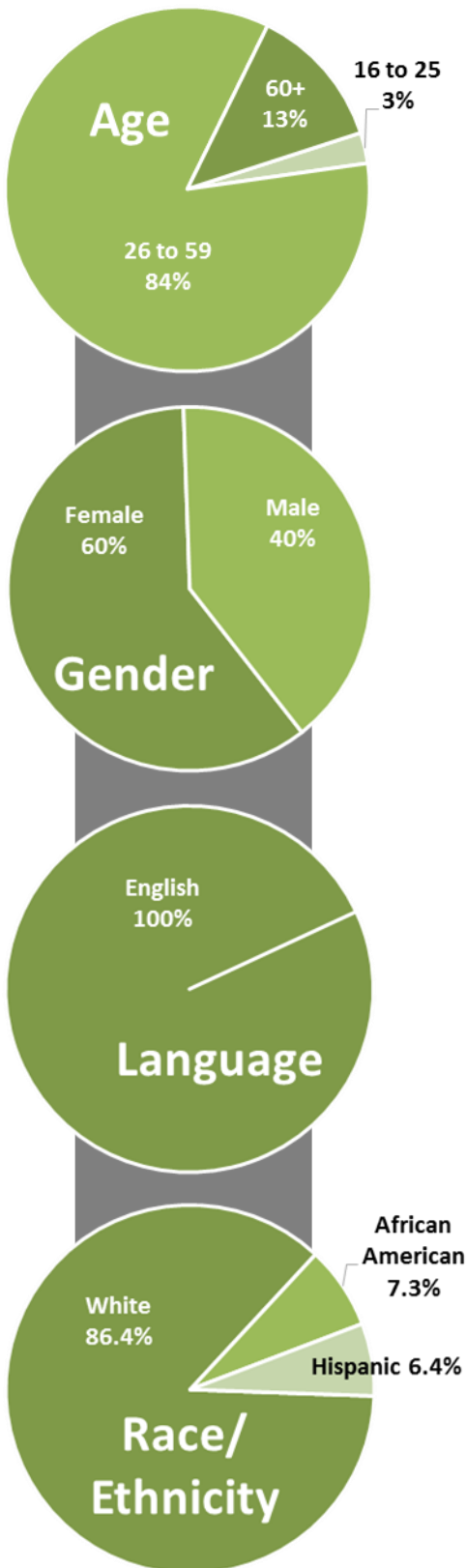
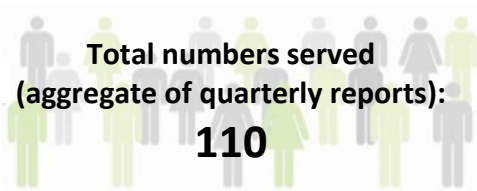
Program Location:

Guerneville, CA

For more information, go to:

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

program demographics



notable accomplishments

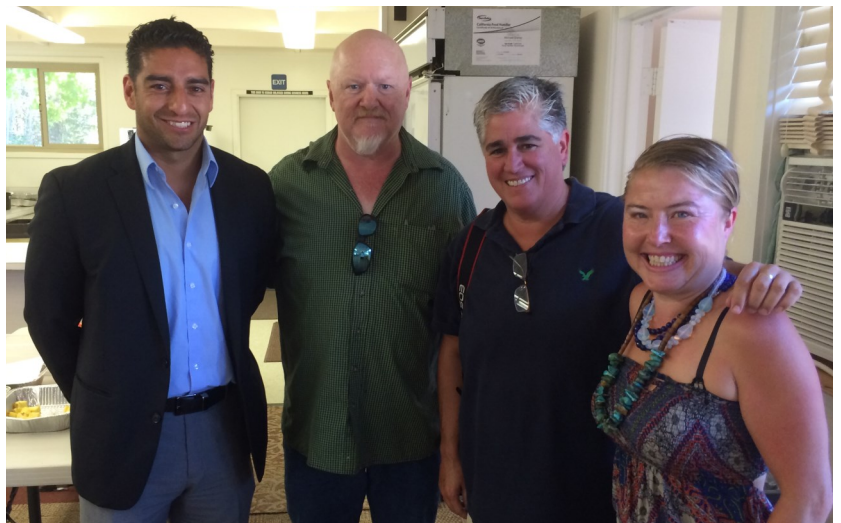
Members who are regularly using the center report satisfaction with the activities and support services offered and say that their participation in Empowerment Center activities helps them in their recovery efforts.

The RREC opened a new location at 14520 Armstrong Woods Road in Guerneville and members and staff say the natural setting provides a peaceful setting and they feel less stressed in this setting.

Members of the Empowerment Center have continued to regularly report satisfaction based on a survey and word of mouth. Members report to us a feeling of support and progress in their mental health recovery. Outreach has contributed to increase census.

A new group, formed in collaboration with Buckelew, provides families with support to help build coping skills and better communication with families and family members who are challenged with mental health issues.

An average of 13 people a day participated in activities at the center resulting in approximately 222 visits per month. The level of involvement by currently active members should serve inspiration for other members to be more involved with peer support and bring former members back to the center. Members who are routinely coming are reporting satisfaction in the effect of groups and how it helps in their recovery.



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 & 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, 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

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, Older Adult Intensive Team (OAIT)
FSP

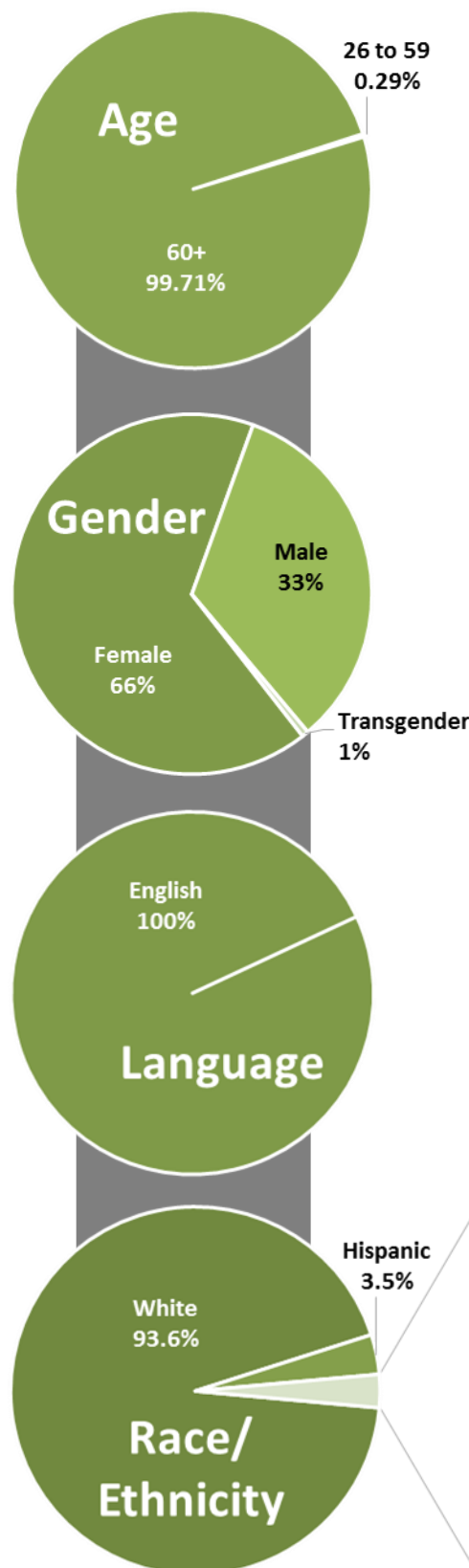
Program Location:

Sonoma County

For more information, go to:

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

program demographics



performance outcomes

Senior Peer Counseling Client Satisfaction surveys reflect strong appreciation for these services:

- 95.5% Strongly Agreed that their facilitators knew how to facilitate the group; 4.5% Agreed, and 0% were Neutral, Disagreed or Strongly Disagreed
- 93% Strongly Agreed that they were satisfied with the services they received in attending the support group; 7% Agreed, and 0% were Neutral, Disagreed or Strongly Disagreed
- 95.5 % Strongly Agreed that they would recommend their group to a peer in need of support; 4.5 % Agreed, and 0% were Neutral, Disagreed or Strongly Disagreed
- For clients receiving individual services this fiscal year, 86% Strongly Agreed that their experience with CFSA's Senior Peer Counseling was positive; 11% Agreed; 0% were Neutral; 3% Disagreed and 0% Strongly Disagreed
- 89% Strongly Agreed that they were satisfied with the services they received; 5% Agreed; 3% Neutral; 0% Disagreed; and 3% Strongly Disagreed
- 91% Strongly Agreed that they would recommend the Senior Peer Counseling program to a friend in need of support; 9% Agreed; 0% were Neutral, Disagreed or Strongly Disagreed

The results of CFSA's annual volunteer satisfaction survey are summarized below:

- Over 95% of volunteers Agree or Strongly Agree with the following statements:
 - I enjoy volunteering as a Senior Peer Counselor.
 - I have learned a lot about mental health issues through the peer counselor training and supervision.
 - I feel that I have received enough support from CFSA staff.
- 93% Agree or Strongly Agree with the statements below:
 - I have gained insight into my own issues related to aging through my work as an SPC.
 - My life has more meaning since I started volunteering as a Senior Peer Counselor.

Jewish Family and Children's Services (JFCS) Volunteer Visitors' client satisfaction surveys were sent out to all clients served during FY 14-15. JFCS clients and family members were unanimous in their stated satisfaction with the program.

Quotes from Senior Peer Counseling clients include:

- "My SPC provided me with support and encouragement as I worked my way back out of isolation so that I could make some positive life changes."
- "My Senior Peer Counselor has been a positive part of my healing process."
- "Great program. So helpful for me."
- "I feel stronger and more committed as a result of this process."
- "Thank you for this wonderful support and opportunity for learning problem-solving skills."
- "Much was accomplished. More needs to be done, but I am feeling better about my situation - I am no longer weepy and clinically depressed. I am very grateful for CFSA's SPC program. I don't know what would have happened in my life if it had not been there."
- "I would recommend CFSA's Senior Peer Counseling to a peer in need of support."

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 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 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 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

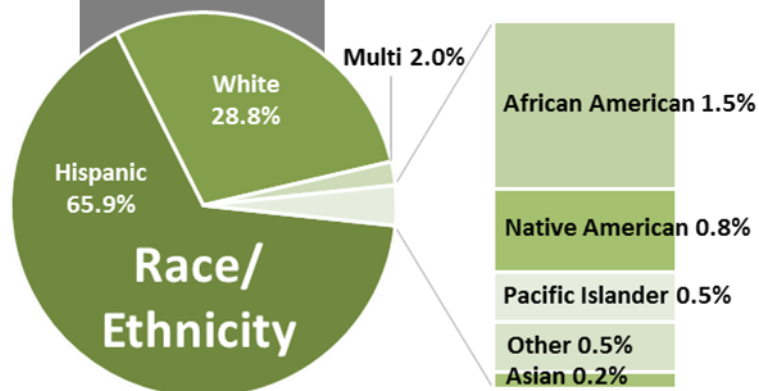
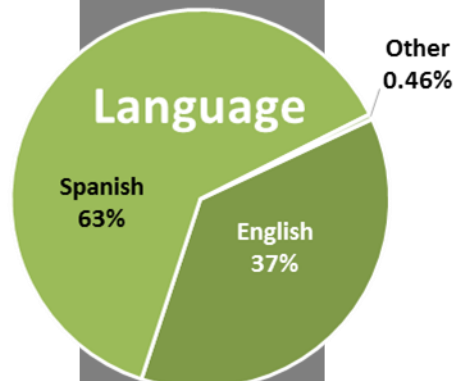
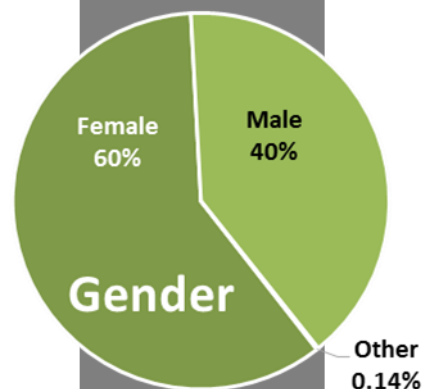
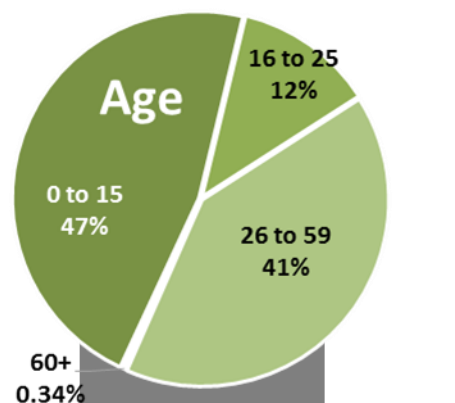
Program Location:

Santa Rosa, CA

For more information, go to:

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

program demographics



notable accomplishments

70% of the women in PMD treatment were in the clinical range of depression at their Edinburgh pre-assessment. At post-assessment this percentage dropped to 22%.

The CPI program not only serves families, but also helps raise awareness of the importance of early intervention for both parenting concerns and perinatal mood disorders. This means that more community agencies that come into contact with families are able to notice when a need for additional support begins and refer appropriately. In addition to Public Health Nursing and WIC, they receive referrals within our collaborative, most often from ELI. In addition, they receive referrals from medical clinics and other family serving agencies.

success story

"A 31-year old mother was referred to us by WIC. She had been married 5 years and had two children (aged 2 years old and 2 months old). Although her husband has a large family locally, all of her relatives are still in Mexico. This mom was feeling overwhelmed and was very reluctant to leave the house. She told our therapist that she had been depressed since childhood. She is one of 10 children. She and another sister suffered sexual abuse from the ages of 6-10. When she was finally brave enough to tell her mother, her mother told her not to tell anyone. For several years she had suicidal thoughts.

In addition to supportive Interpersonal Psychotherapy and Cognitive Behavioral Therapy, we worked on having the mother leave the house. She enrolled in English classes that had childcare available, although her daughter did not want to stay in care. She and the therapist worked on ways to make her daughter more comfortable in this setting and also in having her husband provide some care himself. As she slowly gained some confidence, she was able to talk to a physician about some concerns she had about her older daughter and this resulted in her getting some appropriate developmental services. We are continuing to look for ways to build her confidence and to have her integrate more into the community so that she does not feel so house-bound."



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 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 8-12 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:

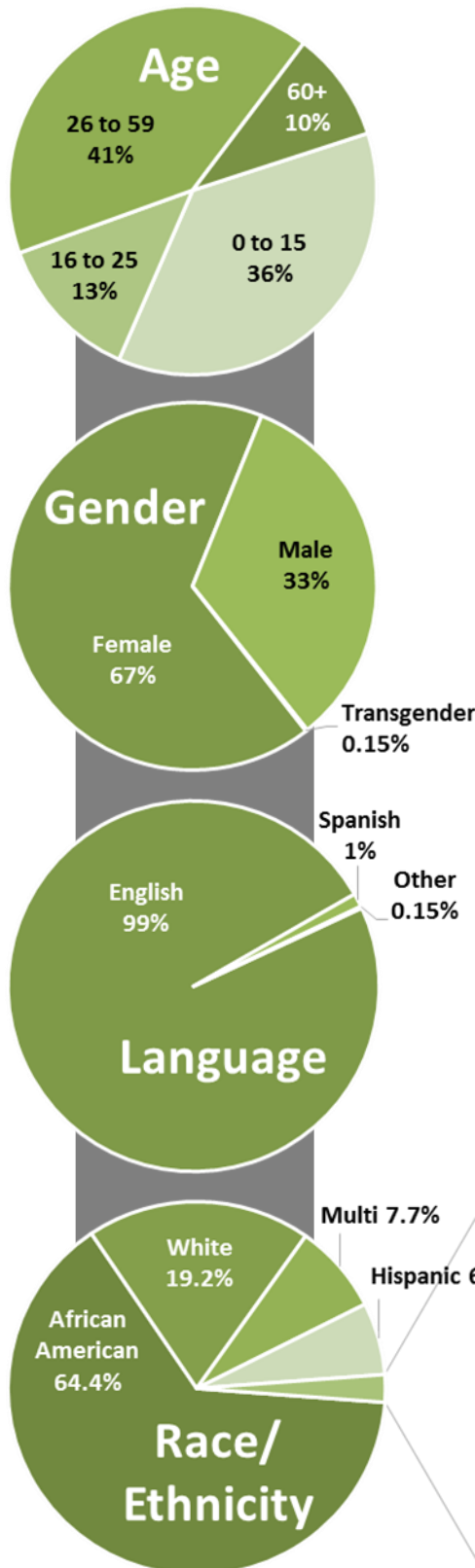
<http://cbcsr.org/>

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):**
3,832



notable accomplishments

On May 29, 2015, Community Baptist Church (CBC) had Kevin Berthia, a young African American man, come speak at CBC to share his story with the congregation about living with depression and his attempted suicide. Eighty people attended the event and those that attended had an excellent response to Kevin's story. 87% stated they were more likely to seek out help for themselves or loved ones. 82% agreed they would now feel more comfortable talking to someone about mental health issues.

This event was highly successful in raising awareness, creating community conversation and reducing stigma associated with mental illness. The Community Baptist Collaborative agreed that hosting another event with a "celebrity" speaker would be planned for the upcoming year. Furthermore, the Collaborative would like to see a larger audience and agreed to strategize on stronger marketing and publicity methods. The partnership with the local chapter of the National Alliance on Mental Illness and the County Behavioral Health Division shall be expanded to include other African American organizations such as the 100 Black Men chapter.



The **Village Project** program insures that youth and their parents are aware of the mental health resources that are available. Through this program, the facilitators teach principles and character development in areas of giving, humility, family, hope and honesty.

Saturday Academy - Each of this program's youth can name people they know who are depressed or have mentioned thoughts of suicide. Each was given a list of mental health resources to be given to anyone they deemed could use them. At Saturday Academy, the CBC staff conducted 12 sessions concerning mental health with focus on suicide. The youth participants were given mental health resources and learned how to recognize someone who might be considering suicide. Honor Jackson, the adult leader of Saturday Academy, was trained as a trainer in QPR (Question, Persuade, and Refer) by the Sonoma County Behavioral Health Division.

Rites of Passage conducted a three-hour workshop, "Self-Esteem/Diversity" on January 10th. Topics discussed were "What is Self Esteem?" and "What is Diversity?" and "What Exactly Are Stereotypes?" The students got a chance to physically display how it is okay to be different. They each had to get to the opposite side of the room differently while not walking or running. The students also had a chance to listen to Ruben Scott, a published author, share inserts from his book. He shared how he grew up in

the "inner city" surrounded by a lot of death and without a male role model. He shared how he struggled with low self-esteem and how he was able to overcome it. The students enjoyed the "open discussion" setting for this workshop.

Rites of Passage conducted a three-hour workshop, "Wellness/Nutrition", on April 11th. Fourteen students participated. Katie Bivin from the Sonoma County Behavioral Health Division spoke to the students about "Teen Suicide."

The **Safe Harbor Project** plays music to audiences across Sonoma County for stress relief. At these music events the project shares mental health resources with the audience and talks about music as stress relief, the importance of using music as stress prevention and the many positive enhancements music can promote, including heart rate, respiratory system and memory recall.

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

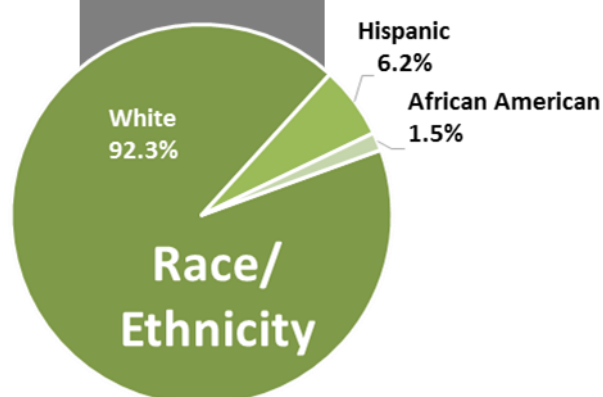
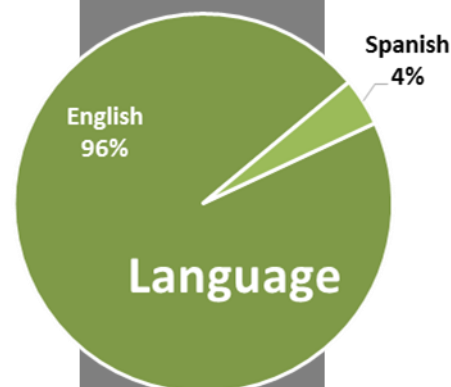
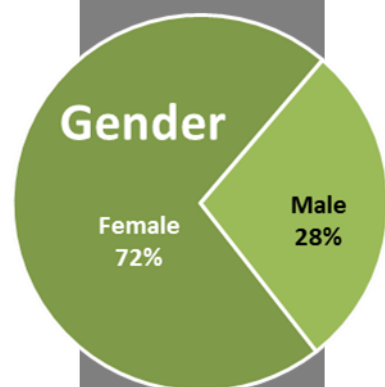
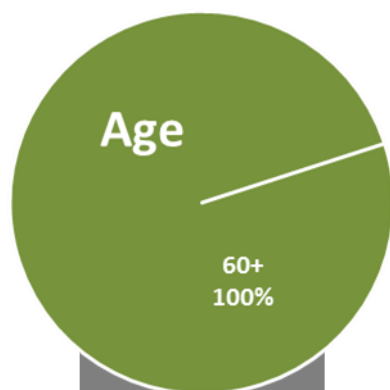
Program Location:

Santa Rosa, CA

For more information, go to:

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

program demographics



notable accomplishments

Outreach Strategies for the SPS Program:

- 1,500 Newsletters go out monthly which include Peer Support & Healthy Ideas information
- 15,000 Sonoma Seniors Today newsletters go out monthly.
- An average of 300 fliers go out quarterly with every Case Manager
- 6,963 Users and 24, 932 page views at: <http://councilonaging.com/services/care-management>

At least 50% of the clients demonstrated decreased isolation upon completion of the SPS Service. All 40 clients of the SPS program received at least a (1 hour) volunteer home visit. Most follow-up visits by the volunteers last anywhere from an hour and a half to two hours. 60% of the clients have gone through a 12 session program and have completed established goals. 35% of the clients have been seen up to 24 visits. 4% of our clients were seen between 6-9 visits with completed goals; 1% self-terminated.



success story

An 89-year old widowed veteran was extremely lonely and depressed over the loss of his wife. Client's stated goal was to link to organizations for socialization and transportation. With the volunteer's help, client was able to write up an Emergency Medical form, volunteer encouraged the client to set an appointment with a neurologist at the V.A. center in San Francisco (which did occur), volunteer also connected client with the Paratransit system in Santa Rosa.

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 embedded 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.

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.

contracted services

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

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)

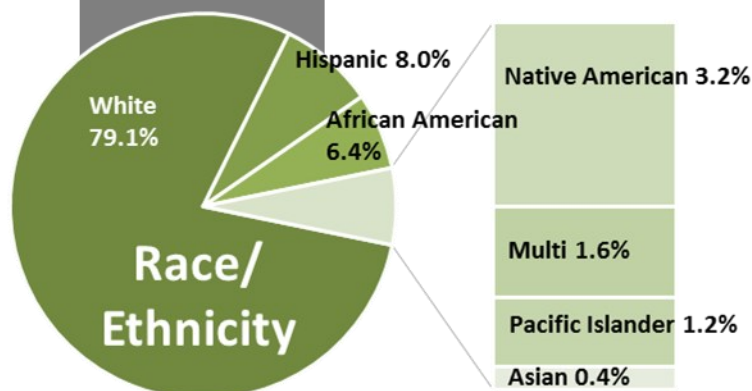
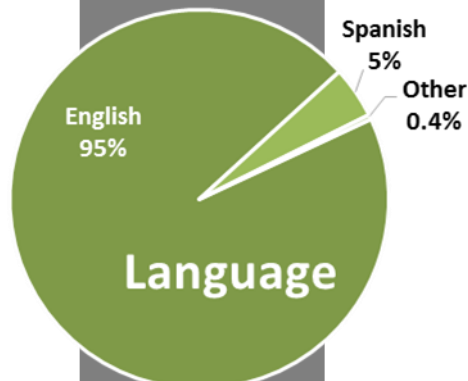
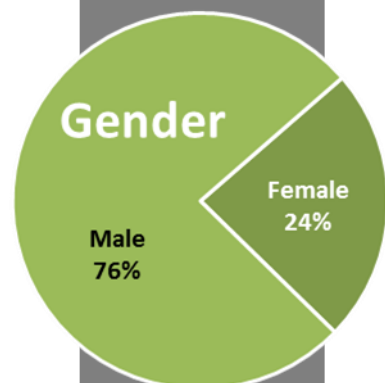
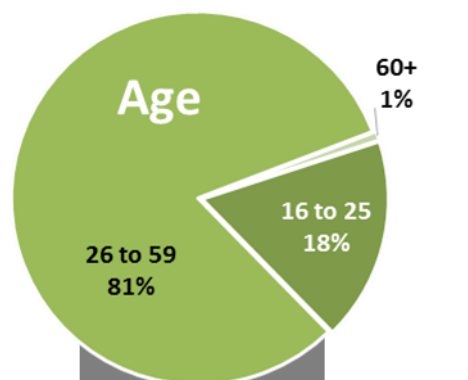
Program Location:

Santa Rosa, CA

For more information, go to:

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

program demographics



notable accomplishments

With the services provided through this project, Turning Point clients with secondary mental health disorders receive the specialized treatment they need to be successful in their recovery.

109 clients completed treatment; 84% (92/109) of the discharged clients completed treatment successfully or left early with satisfactory progress and 16% (17/109) left before completion with unsatisfactory progress.

Session Rating Scales SRS (cumulative average) conducted by Mental Health Specialist, reported the following scores, as rated by clients:

- Relationships: Average score (9.2): "I feel heard, understood and respected."
- Goals and Topics: Average score (9.3): "We worked on and talked about what I wanted to work on and talk about."
- Approach or Method: Average score (9.2): "The therapist's approach is a good fit for me."
- Overall: Average score (9.1): "Overall, today's session was right for me."

success stories

Here's what participants are saying about Turning Point's Treatment Facility, Co-Occurring Treatment Component:

"The co-occurring classes and individual therapy sessions at Turning Point has given me a safe environment to discuss my mental health issues. I've moved past the social isolation, caused by my post-traumatic stress disorder due to my three military combat tours. I now can say, I feel mentally and emotionally stable and at this point in my life; I am free from the negative effects of fear and anxiety."

- Aka, Mental Freedom

(note: at the time of publishing will have over two years clean and sober).

"Co-Occurring is beneficial to my recovery in many ways. Not only does it offer a safe place for me to talk about my mental health issues, but it's a place and time that I can relate to others and feel comfortable discussing my issues. My Counselor has a way of opening me up to discuss issues I wasn't capable of touching on prior to meeting him. I feel that our class is the most important class in terms of my recovery and I have felt growth within the walls of the group."

- B.C.

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 Early Learning Institute's (ELI) 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.

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:

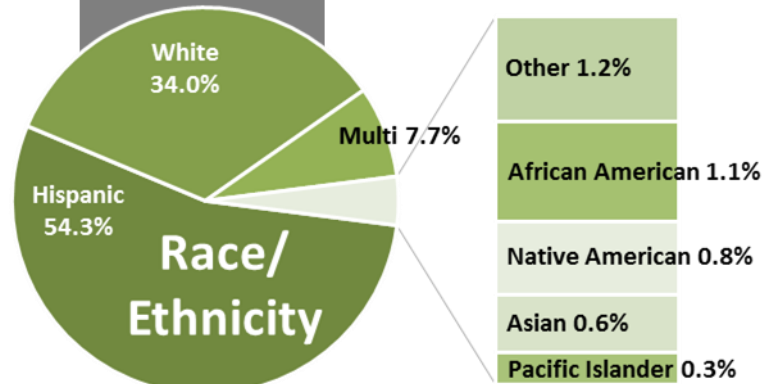
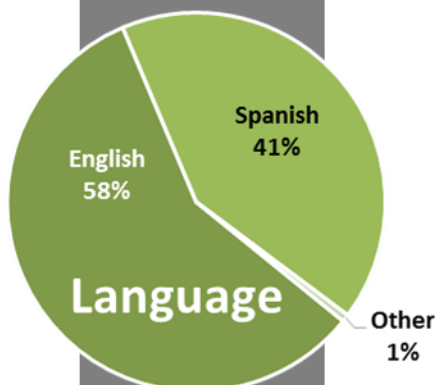
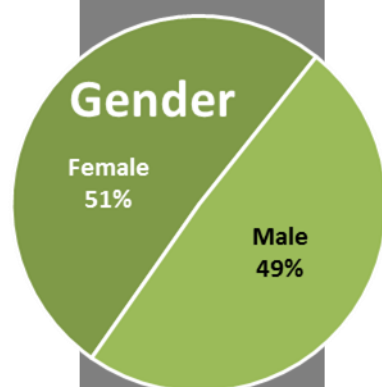
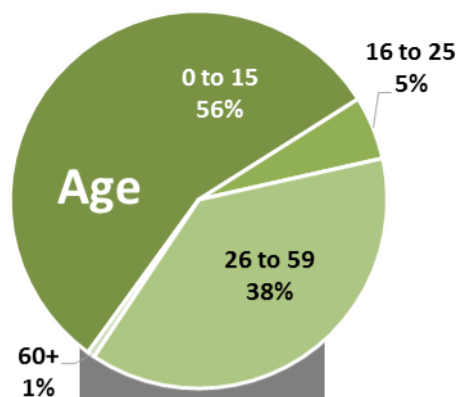
Rohnert Park, CA

For more information, go to:

<http://earlylearninginstitute.com/>



program demographics



notable accomplishments

ONE CALL NAVIGATOR SERVICES:

161 calls in Q4

- Who called?
 - o Caregiver: 14, 8.7%
 - o Medical Professional: 28, 17.4%
 - o Other: 14, 8.7%
 - o Parent: 92, 57.1%
 - o Teacher: 13, 8.1%
 - o Total: 161
- Primary reason for call
 - o Medical Professional asked to call: 23, 14.3%
 - o Mental Health Concerns: 32, 19.9%
 - o Overall Developmental Concerns: 29, 18.0%
 - o Resources/Information: 36, 22.4%
 - o Speech: 41, 25.5%
 - o Total: 161
- Outcome
 - o Information given (child aged 0-3): 26, 16.1%
 - o Information given (child aged 3-5): 42, 26.1%
 - o Information given (child aged 6+): 16, 9.9%
 - o Other: 19, 11.8%
 - o Referral made: 58, 36.0%
 - o Total: 161

success story

During the third screening for this family, mom expresses her gratitude to the Watch Me Grow (WGM) program. Her son had been dealing with extreme behavioral issues and it was really hard for her to deal with him. It wasn't until WGM came out to screen the child that mom was referred to CPI for parent education. The mom, "Perla," mentioned that without our referral and our connection with her she wouldn't know what might have happened to her and her son. She now has the skills to understand David's behavior and help him in ways that she couldn't do before any of the services started.



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

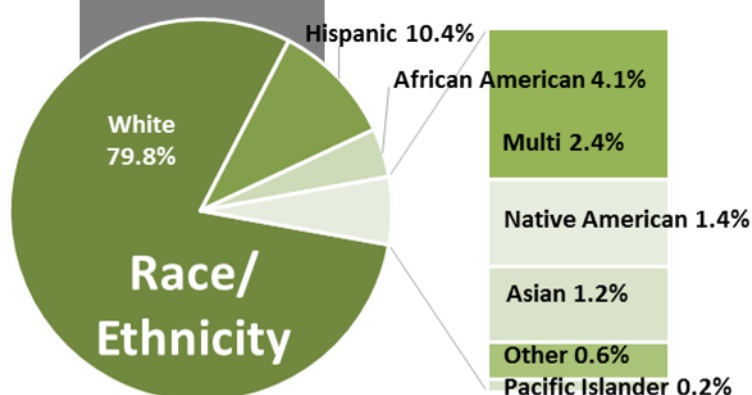
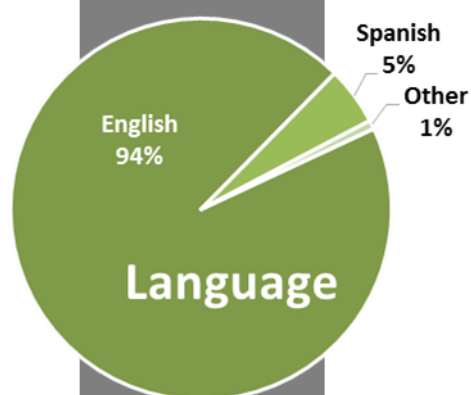
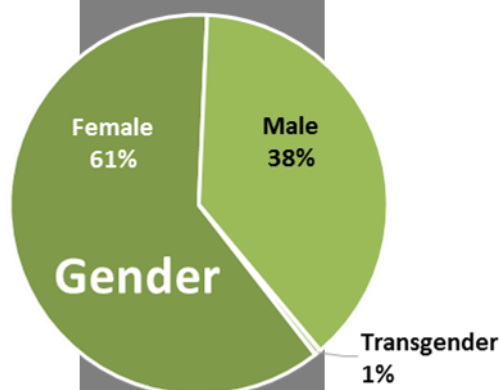
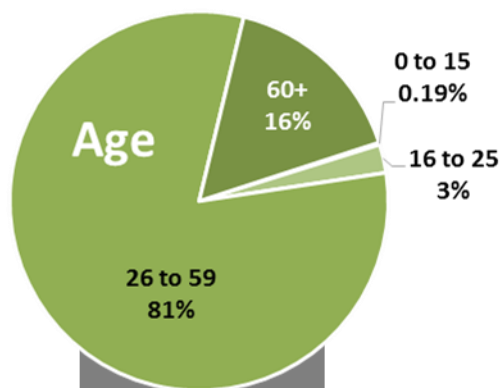
Program Location:

Santa Rosa, CA

For more information, go to:

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

program demographics



contracted services

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

notable accomplishments

The CRP worked on two projects during the past two fiscal years to respond to community needs. These projects are:

- 1) Assisting consumer centers in establishing a more welcoming environment for monolingual Spanish speakers by supporting Spanish classes & Spanish speaking peer support groups at both Interlink & the Wellness & Advocacy Center
- 2) Assisting consumers in the city of Sonoma in developing a peer support project, as consumers in Sonoma voiced this need, and can be considered underserved due lack of access to peer support in their community.

The Consumer Affairs Coordinator completed and distributed a 12 page newsletter *Peer Voices Now!* (Spring 2015 issue) which included updates from the Consumer Affairs Coordinator, Consumer Education Coordinator, Peer Support Specialist Training Program, Russian River Empowerment Center, Petaluma Peer Recovery Project, Corinne Camp Action Network, Stories of Hope and Transformation, Transforming Peers' Lives, Peer Warmline Connection of Sonoma County, Interlink Self-Help Center, the Wellness and Advocacy Center, artwork, articles and poetry by consumer community member.

The Peers in PES Project (Peers in Psychiatric Emergency Services) has been approved by Sonoma County Behavioral Health's Human Resources. Peer counseling volunteers will support clients in crisis while they wait for ACCESS/PES services.

The Consumer Education Coordinator (CEC) has been participating in joint meetings between PES/ACCESS and local peers to provide peer input for the new Crisis Stabilization Unit.

In September, the CEC organized and facilitated a presentation for the Sonoma County Mental Health Board and the local mental health community entitled "Meaningful Consumer Involvement" that explored peer involvement in all aspects of the mental health 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

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)

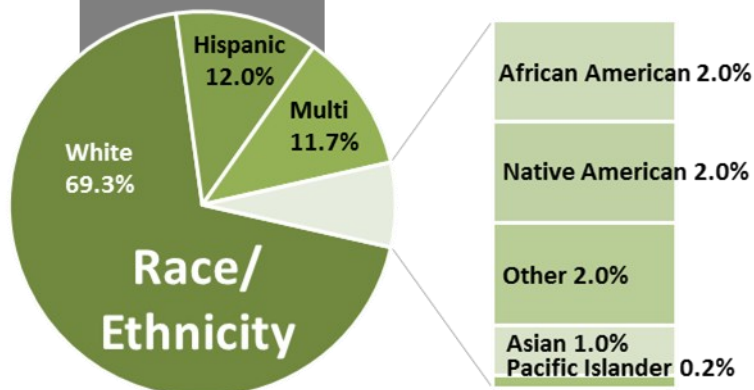
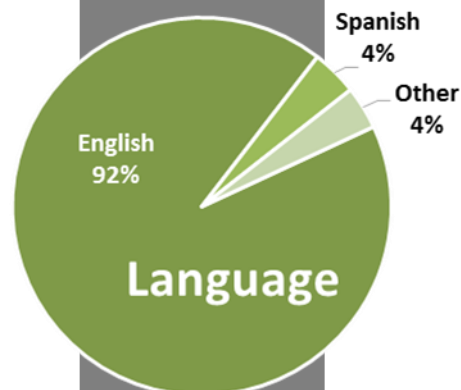
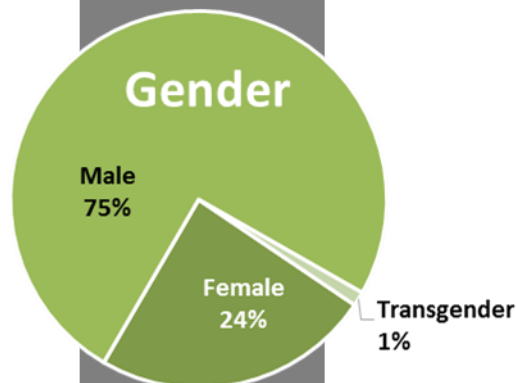
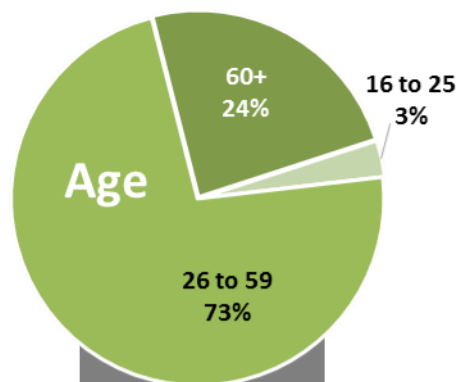
Program Location:

Santa Rosa, CA

For more information, go to:

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

program demographics



notable accomplishments

Served an average of 41 persons per day (50 weekdays and 32 Saturdays). Formal and informal surveying of members, including feedback at community meeting, from general membership meetings, and membership council continue to note high satisfaction with the Center being helpful and a valued part of members lives.

There has been more talk about emotional literacy in general, and what a relief it is to be in an environment where emotional literacy is valued. Many share they find Interlink to be a place where they can speak up, ask for understanding, negotiate, be heard and be real. The level of emotional safety has continued to rise.

Interlink has continued and clearly matured as a community and a Center, with this last quarter and fiscal year showing a notable positive growth spurt. Staff and members have mentioned this along with what a functional staff team and dynamic membership council they now have.

Besides having all the seats full in the membership council, the council has had very little disciplinary issues to look at and has focused more on event planning and updating the bi-laws.



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 sponsors 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 works 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

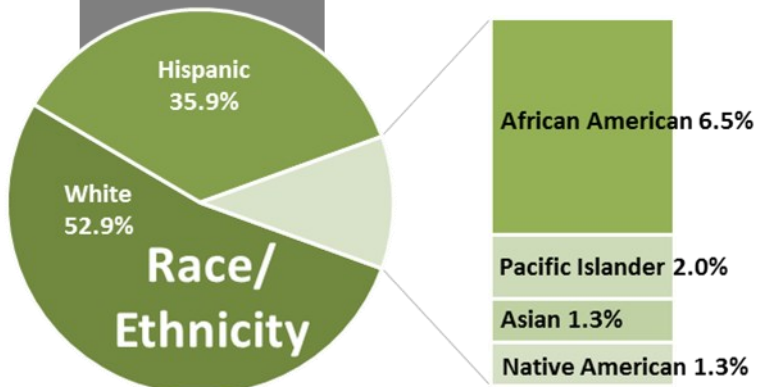
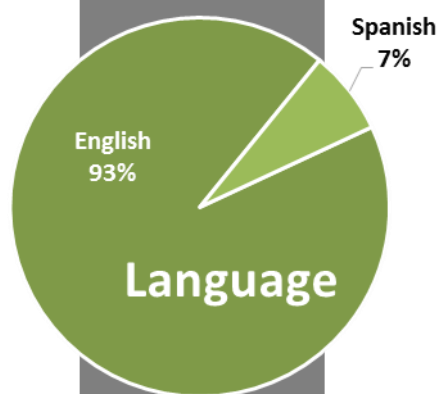
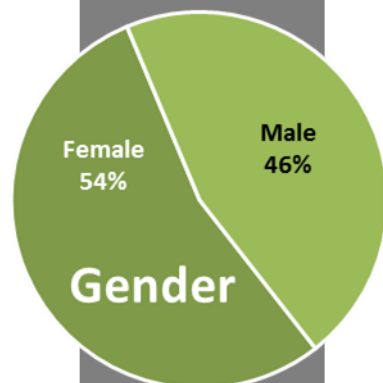
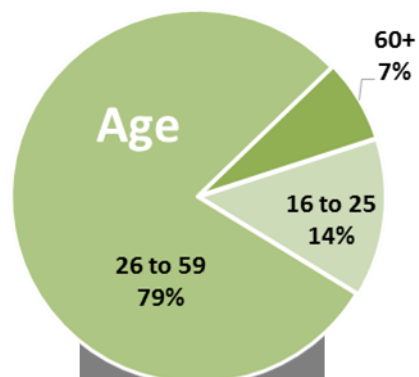
Program Location:

Sonoma County, CA

For more information, go to:

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

program demographics



notable accomplishments

PPRP has maintained its presence at the Petaluma Police Department meetings this fiscal year. PPRP also presented at the Mary Isaak Center, the homeless shelter in Petaluma.

Outreach efforts often result in referrals, and the relationship-building effect of these efforts enhances PPRP's ability to support participants.

Participants accessed one-on-one support regularly, expressing gratitude for the instances of support.

On May 28th, in collaboration with the Sonoma County Behavioral Health Department's Petaluma Community Mental Health Center, PPRP co-hosted a barbecue and provided speakers in honor of Mental Health Month. There were 23 attendees, consisting of consumers, family members and providers.

PPRP Participant Focus Group Report:

If PPRP didn't exist, would your life be different? If so, how?

- "I would be more isolated."
- "I would be more isolated without PPRP."
- "Yeah, it would be different because I would feel more boxed in."
- "I might be more isolated than I am now so it would change my attitude."
- "I would have more of a struggle trying to fit in."



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-Operated Warmline program will provide compassionate and culturally appropriate services to consumers of mental health services. The primary objectives of a Consumer-Operated Warmline Program for Sonoma County are:

- Develop, implement, and operate a new Consumer-Operated Warmline Program for mental health consumers
- Develop a Warmline peer counselor training plan
- Identify program location(s) and install phone system and/or virtual call system
- Implement a data collection system for call volume and caller demographics
- Develop an evaluation plan for measuring program outcomes
- Create a sustainability plan for funding Warmline after 6 months
- Develop an outreach marketing plan for Warmline service

The 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.

A Warmline will provide individuals with the opportunity to talk through their situations, vent their feelings, or make a connection that reduces their feelings of isolation.

GOODWILL INDUSTRIES OF THE REDWOOD EMPIRE- PEER WARMLINE CONNECTION OF SONOMA COUNTY

(707) 565-4466

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

Peers/Consumers

Program Location:

Sonoma County, CA

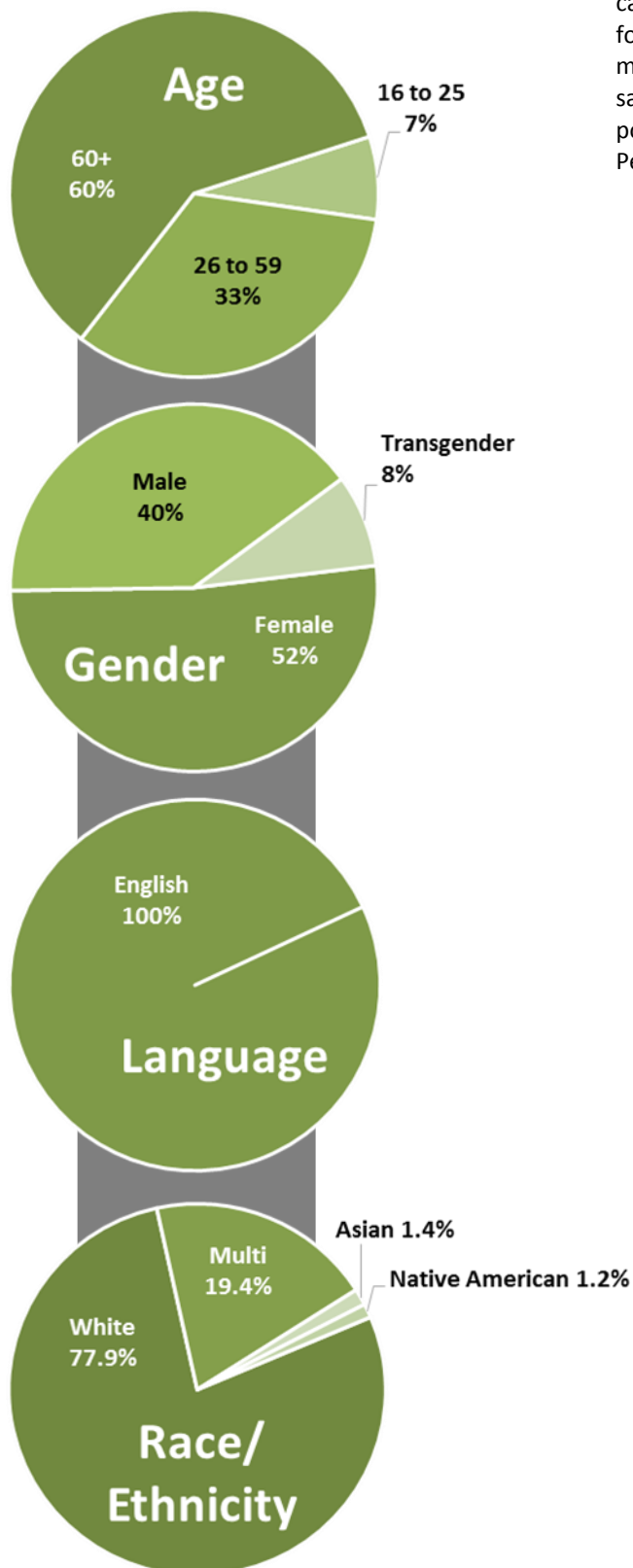
For more information, go to:

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

contracted services

- Warmline calls
- Program Outreach
- Warmline Advisory Committee
- Peer Counseling Training Program
- Sustainability Plan
- Install Phone System
- Evaluation plan and data collection system

program demographics



notable accomplishments

There has been a significant increase in Warmline call volume from the third quarter to the fourth quarter (about 400%). Clients and their families are utilizing the Warmline service as intended; to obtain resources, share their experiences and find others with whom they may connect on a peer level. Review of call log data suggests that 31% of callers would not have called anyone if they hadn't called the Warmline; those who would have called a friend or family member declined from 25% in Q3 to 11% in the fourth quarter, while those who stated they would have called ER/PES or mental health provider if not the Warmline fell from 25% to 7% over the same period. This data indicates that Warmline outreach is shifting support from community and family resources to an engagement with the Peer Warmline Connection service.

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 Behavioral 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:

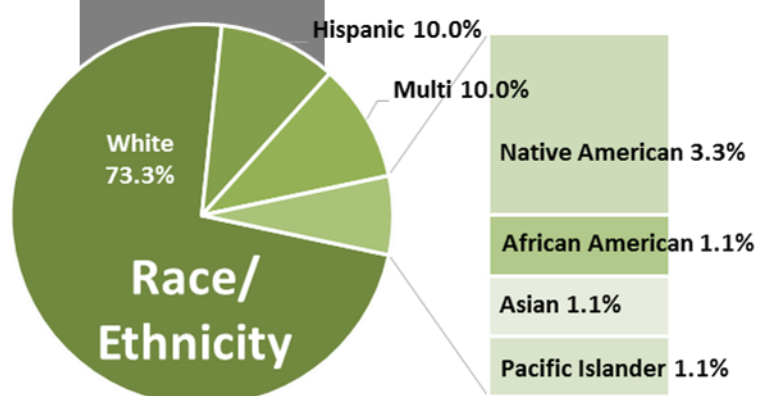
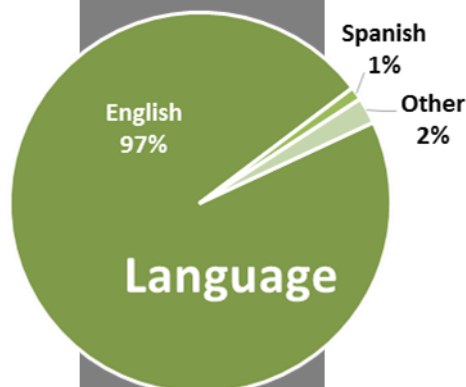
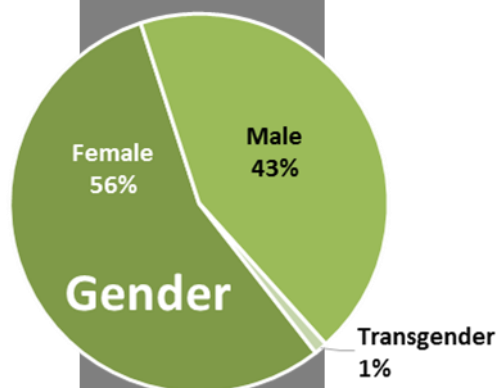
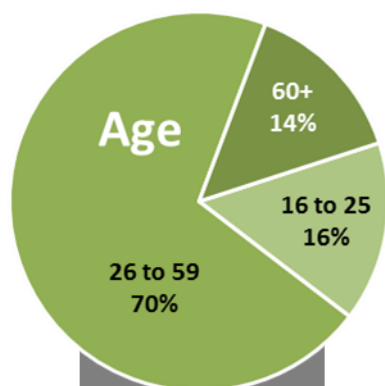
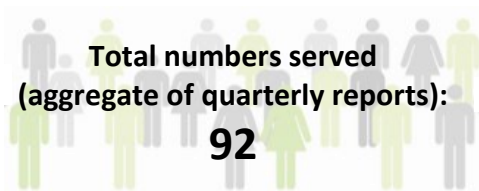
Santa Rosa, CA

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
- Job Search and Employment Readiness Activities
- Peer Counseling Sessions
- Peer Counseling Training
- Restaurant Intern Program
- Social Activities
- Outreach to outside agencies

notable accomplishments

Santa Rosa Community Health Center, in conjunction with their SAMSHA grant has asked to collaborate with the Wellness and Advocacy Center to offer health education classes identified by members as well as providing information about how to access the community health centers.

The Speakers' Bureau is now a project of Transforming Peers Lives - a local, volunteer peer organization. The Wellness Center invited members to involve themselves in the opportunity to share their stories with aims of educating the public about lived, mental health experience.

The Finley Community Center invited the Wellness and Advocacy Center to exhibit a unique show, titled "Unseen." This show exhibited 8 artists work and was featured in the Press Democrat. "Unseen" had a large impact in reducing stigma and highlighting mental health and creativity in a highly visible way.

The Center appears to be thriving with new and repeat visiting members. Peer support sessions are increasing as staff members receive more and ongoing training with Intentional Peer Support practices. Hiring a new peer specialist has improved access to individual peer support sessions.



"Tree of Life" by Max Van Holt



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



"Wellness Center People" by Alexis Wilson

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.



**Jewish Family and
Children's Services**
OF SAN FRANCISCO, THE PENINSULA,
MARIN AND SONOMA COUNTIES



program description

Jewish Family and Children's Services' (JFCS) Parents Place 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. This 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:

Parents Place

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

Children 0-5 years old

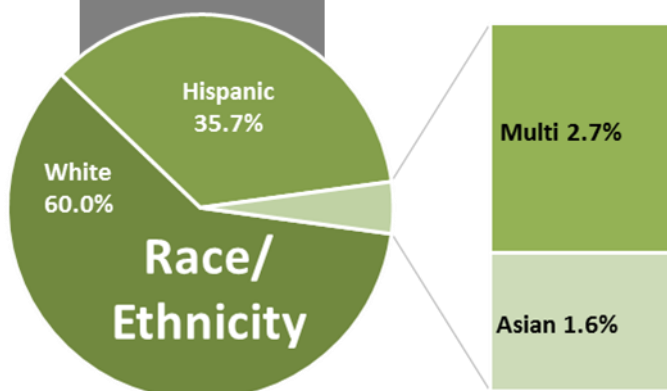
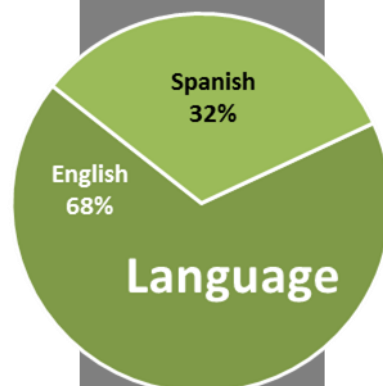
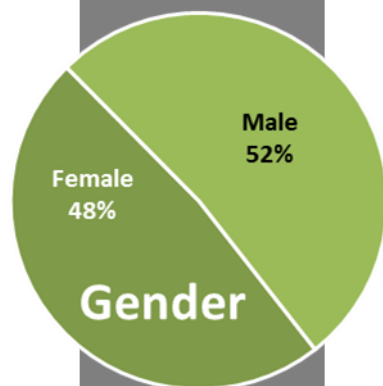
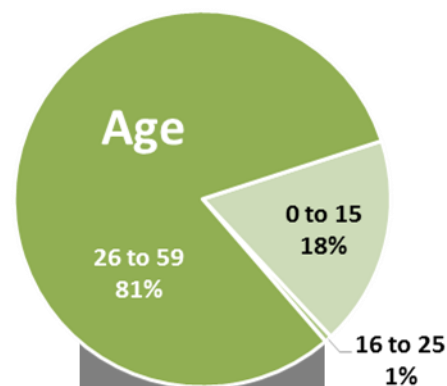
Program Location:

Santa Rosa, CA

For more information, go to:

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

program demographics



notable accomplishments

A significant accomplishment is the cross-fertilization between Early Learning Institute's (ELI) Behavior Consultation Project staff and the referrals to the Triple P Program. JFCS met with Melanie Dodson at ELI to discuss collaboration for the upcoming year. It was decided that a new approach might lead to successful outcomes. Parents Place will host a series of Level 2 Triple P Seminars and Level 3 Triple P Discussion Groups. As a result, instead of having parents or staff choose from Seminars vs. Discussion Groups, JFCS has created an option in which Seminars are followed by a Discussion Group. They also offer this 'package' to local schools. To create more of an incentive for parents to attend Level 2 and Level 3 Discussion Groups, JFCS took action to hire a program aide to supervise children while parents attend these events.

success story

After only 3 sessions, a Level 4 parent said that the quality time she spent with her child had significantly increased. She explained that she never thought their relationship would improve. During her first session she mentioned that she felt abused by her child; a victim to his moods and behavior. She went on to explain that his behavior was causing her extreme stress that impacted her physical health and mental health. However, by session 3 she said with a smile on her face, that she could see how the relationship between them was starting to change. According to her the positive changes between her and her child positively impacted her health, work performance, and her relationship with her partner as well.



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 Providers’ 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.

Latino Service Providers was founded in 1989 by Latino leaders in education, government, and the social service sectors. LSP is currently comprised of over 1,000 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.

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

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

wtapia@latinoserviceproviders.org

MHSA Component:

Prevention Early Intervention (PEI)

Initiative/Population:

California Reducing Disparities Initiative

Program Location:

Windsor, CA - Serves all of Sonoma County

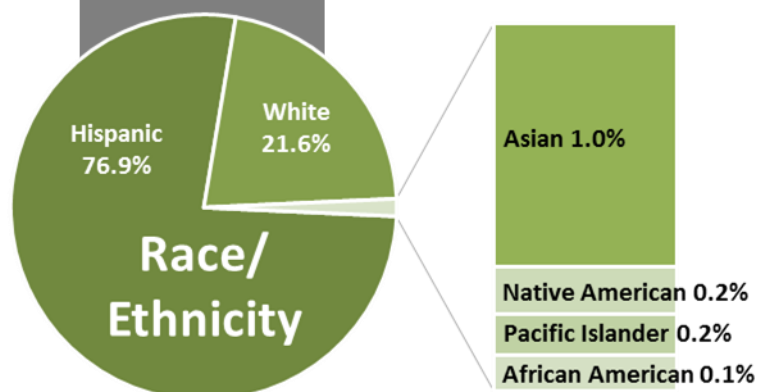
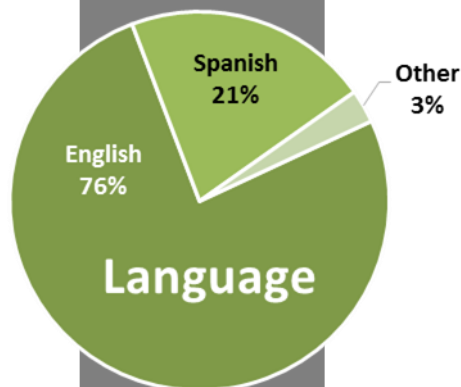
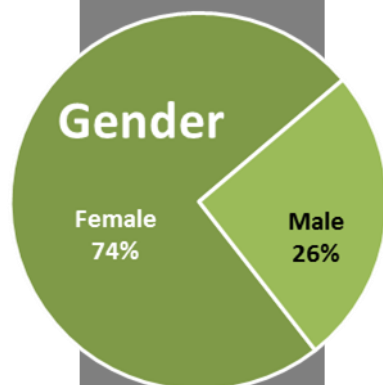
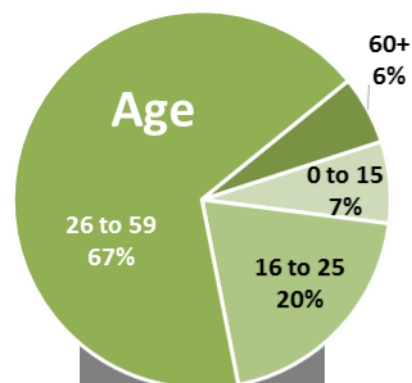
For more information, go to:

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



program demographics

**Total numbers served
(aggregate of quarterly reports):**
4,274



contracted services

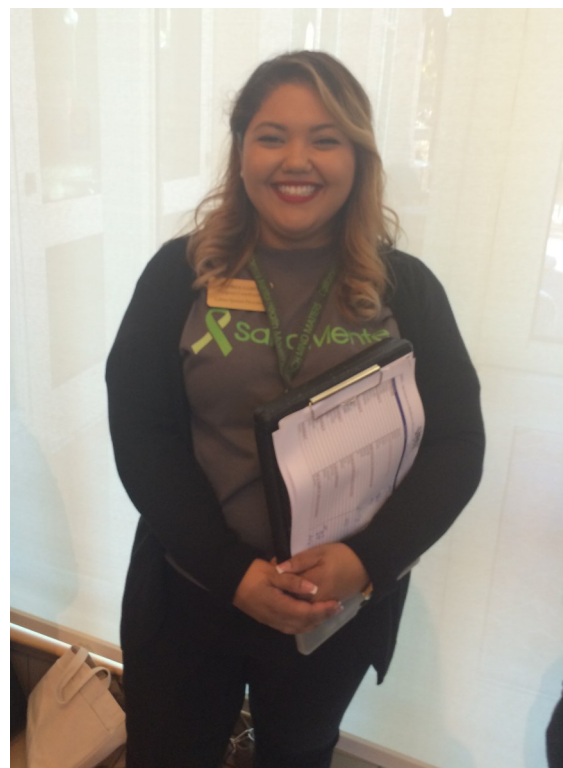
- Convene and facilitate monthly LSP meetings hosted by LSP members throughout the Sonoma County regions
- Maintain an Electronic Newsletter distribution system – A system of email distribution. Members submit announcements that are added to the e-newsletter, distributed one to three times per week via 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.

notable accomplishments

This year the use of the LSP Facebook has increased. LSP has been using Facebook to post announcements from the newsletter and it was used to announce their own event, the LSP Appreciation Fiesta. Facebook continues to be a great resource for community events, employment opportunities and other resources to share with the community. LSP likes have increased to 621 likes! LSP also began to use Linked In as an outlet of communication.

The SRJC Health Careers Fair was a successful collaboration between SRJC staff and LSP. The event served 46 students to increase knowledge of various healthcare fields and careers. LSP had the opportunity to have a station to inform students about Behavioral Health careers through a fun and interactive matching game.

This year LSP conducted their first Question, Persuade, and Refer (QPR) training in collaboration with the Sonoma County Behavioral Health Division. The training was conducted in Spanish and served well to train 8 parents and gate keepers the skills to question someone if they are suicidal, persuade them to look for resources first and refer them to the most appropriate resources.



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 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 18 years of age or over, who are referred from 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

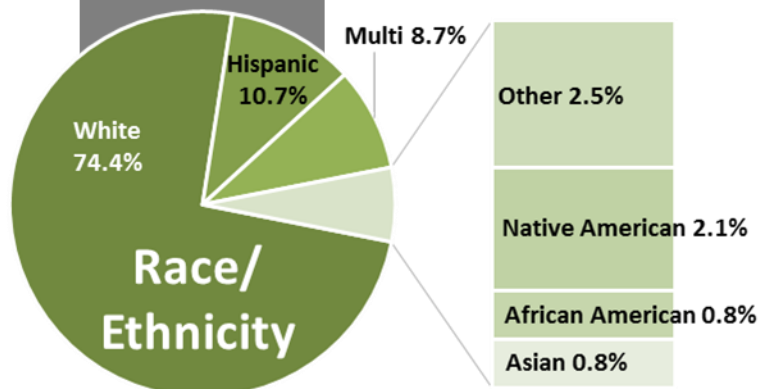
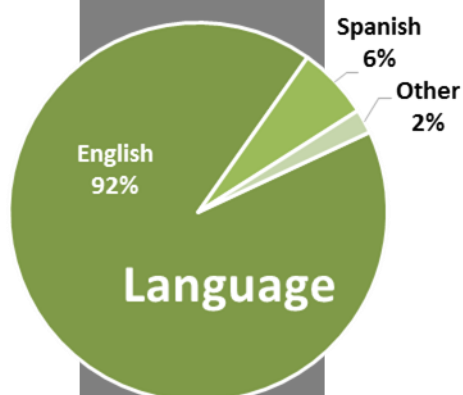
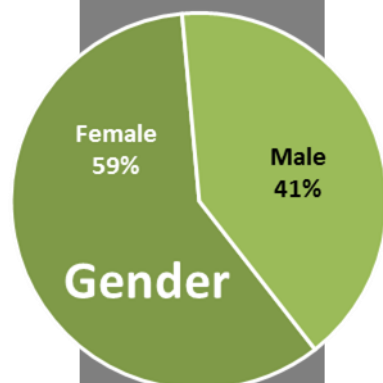
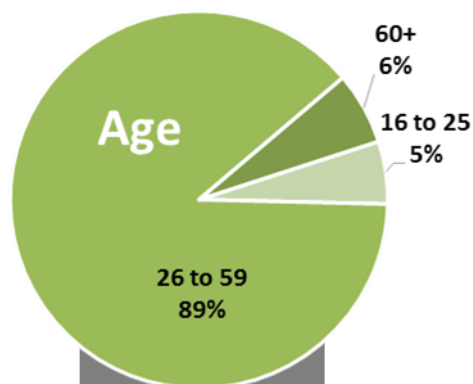
MHSA Component:
Workforce Education and Training (WET)

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

In early 2015, Lomi shifted the measurements used to screen for depression and anxiety. They are now using the Beck Depression, Beck Anxiety, and the PCL. Some clients started with the early measures and will continue with those. The Beck's Anxiety and Depression Scales are self-administered.

Significantly, 100% of clients had a decrease in at least one scale. 82.3% had a decrease in at least two of the scales. No clients had an increase in all three scales (0%). One client had an increase in two scales and no change in the other (4.1%).

Anxiety: 58% of clients showed a decrease in scores on the Anxiety Scales, 25% showed an increase, and 16.6% scored no change.

Depression: 71.4% of clients showed a decrease in scores on the Depression Scales, 7.1% showed an increase, and 21.4% showed no change.

Trauma: 77.7% of clients showed a decrease in scores on the PCL measure, 16.6% showed an increase, and 5.5% showed no change.

Client Satisfaction Survey Comments:

- "She helped me think clearly and be happier."
- "What was helpful was her support and her seeing positive things about me. No one else does that or they criticize me."
- "Depression and anxiety have disappeared somewhat. I have a bit more confidence to ask things of others. Now I do not allow myself to be manipulated."
- "I feel confident and I am able to control (regulate) myself with your words of support."

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 National Alliance on Mental Illness (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.

The purpose of the NAMI Family Support Project is for provide support to family members and loved ones of mental health consumers and to link them with ongoing NAMI family support groups and activities. The Family Support Project will make available a family support warm line to accept referrals from and to make follow up calls to family members and loved ones who are identified by the Mobile Support Team.

CSS 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

Mobile Support Team (MST) Family Support Project Services:

- Referrals to NAMI
- Individual contacts
- Referrals from NAMI to other organizations and referral type
- Recruit and supervise two part-time trainees (interns)

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 Names:

Family-Based Advocacy, Education & Support Program and MST Family Support Project

MHSA Component:

System of Care-Community Services and Supports (CSS) and Prevention & Early Intervention (PEI)

Initiative/Population:

Family members

Program Location:

Santa Rosa, CA

For more information, go to:

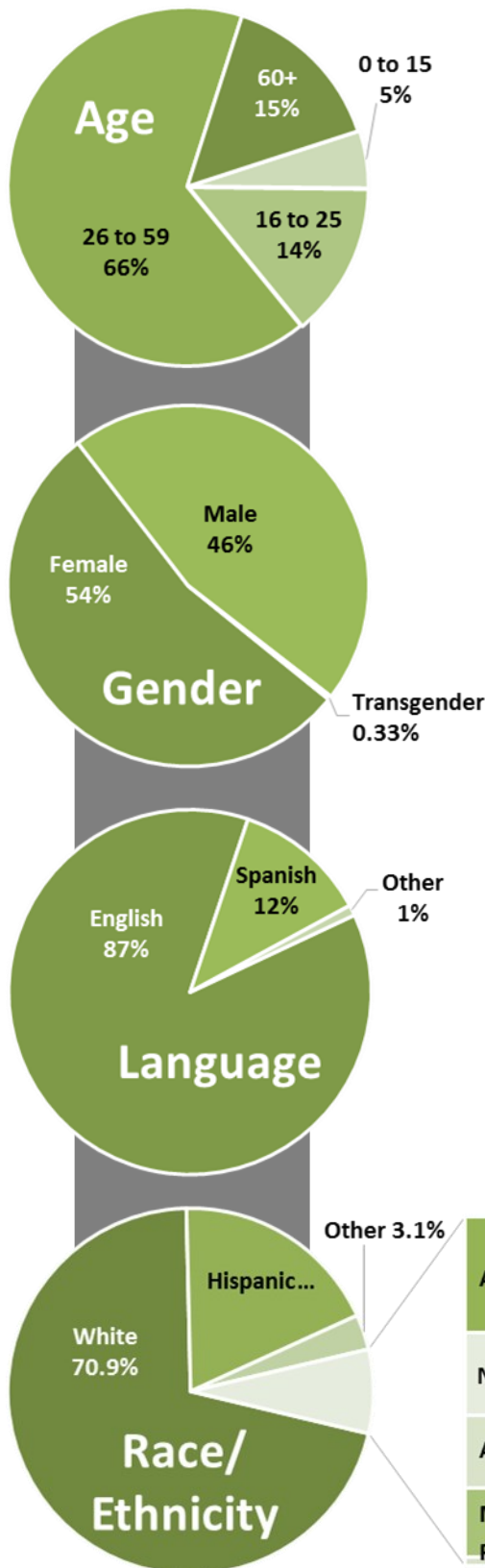
<http://www.namisonomacounty.org/>

PEI contracted services

- Special Events focusing on ethnic and cultural communities
- Outreach to Latino Transitional Age Youth on radio stations
- Peer Presentations on suicide and depression to area high schools and colleges
- NAMI Basics to parents and caregivers of Transitional Age Youth

program demographics

**Total numbers served
(aggregate of quarterly reports):**
1,373



success stories

Two different mothers attended Family-to-Family and were able to find peace and solidarity in their decisions to set healthy boundaries. Each of them have been supporting daughters who have been in and out of Sonoma County's Main Adult Detention Facility. They each have borrowed out books from the NAMI library on family roles in mental illness and substance use as well.

NAMI came into contact with a monolingual Spanish-speaking father of a young, male adult that was experiencing visual hallucinations. Despite his parents' efforts, a few involuntary hospitalizations, and the fact that he had lost a significant amount of weight, this individual was refusing treatment and believed that nothing was wrong. After months of weekly contact and support from NAMI, the struggle to get their son to continue to take the medication has ended. The family has reached stability in their support of their son living with schizophrenia. Their son now understands that he has an illness and to feel better he needs to take his medicine every day. He now has returned to school and has a new job. The family is hopeful for their son's future and grateful for the support from NAMI. The parents of the young man will also be taking the next Familia-a-Familia course.



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:

Jenay Cottrell
(707) 565-5738
jcottrell@schsd.org

Program Name:

Older Adult Collaborative

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

Reducing depression in older adults

Program Location:

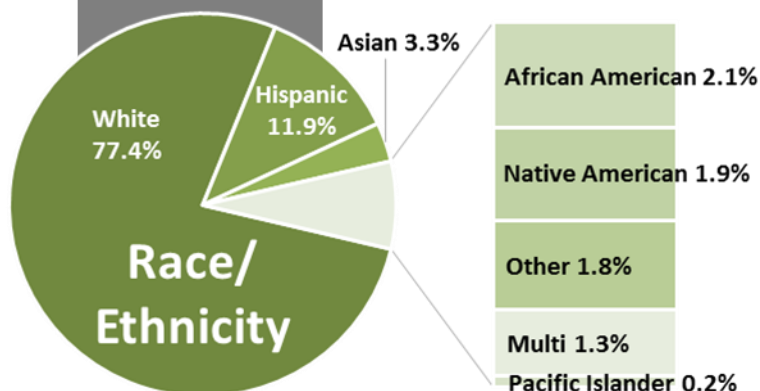
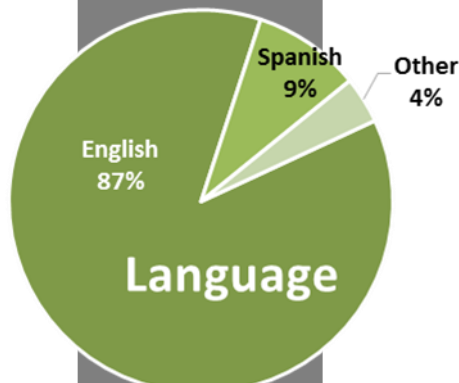
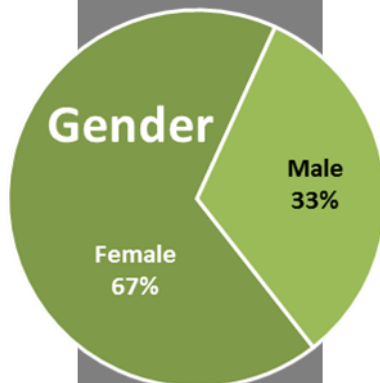
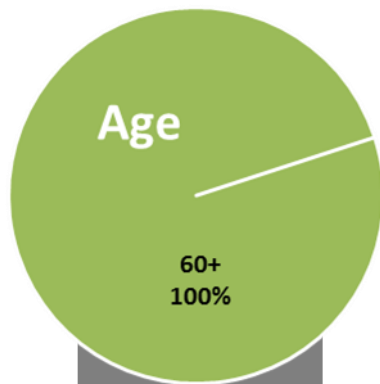
Sonoma County, CA

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 14-15
(aggregate of quarterly reports):
3,329**



notable accomplishments

During the 4th Quarter, outreach and engagement from the Older Adult Collaborative (OAC) remained very strong; 792 older adults, many of whom are isolated and might otherwise not come into contact with mental health treatment resources, were offered education and screening for depression in their homes. This number puts OAC progress for outreach at more than 125% of its annual goal.

The OAC provided screening for depression to 684 seniors during the 4th quarter. These screenings helped the OAC surpass its annual screening goal by nearly one third. A continued rate of nearly 90% acceptance of screening among seniors who are offered the service indicates a very strong demand for the services provided through the OAC. Of those screened, 26% (178) screened positive for depression (at which time additional tools were used to help assess the severity of depression and risk for suicide) and were offered referrals or services appropriate to their 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

Positive Images is the only agency in Sonoma County serving the unique needs of Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual, Agender (LGBTQQIAA) 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 LGBTQQIAA issues

Services target the LGBTQQIAA youth of color ages 12-25 and their parents and caregivers.

contracted services

- Teach youth, staff, volunteers and the community the indicators of mental distress specific to the LGBTQQIAA population
- Target recruitment for youth and adults of color for peer and mentoring programs
- Maximize information sharing with all partners especially faith-based groups, law enforcement, & juvenile justice organizations
- Increase the number of trained youth outreach workers to engage more LGBTQQIAA youth and allies in programs and services

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 LGBTQQIAA TAY community

Program Location:

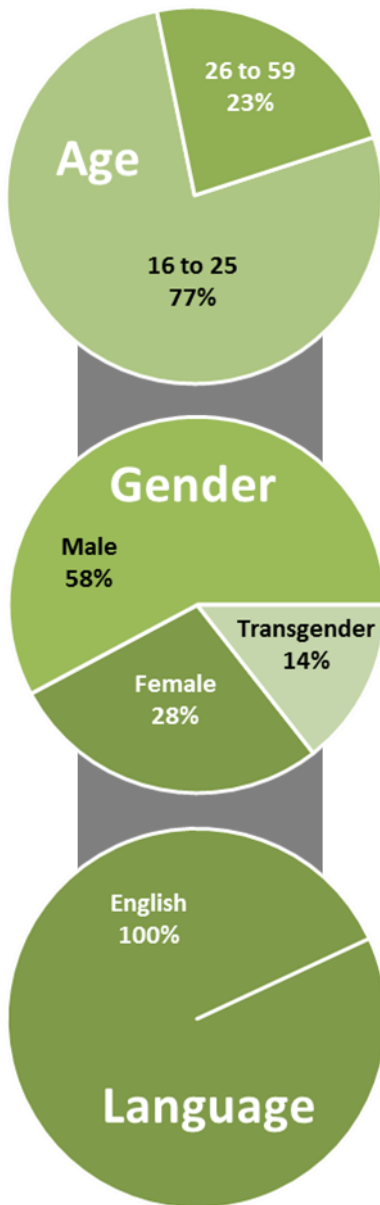
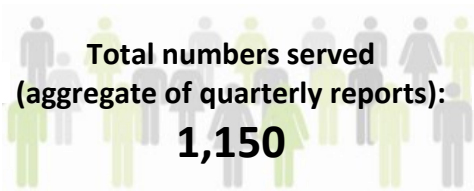
Santa Rosa, CA

For more information, go to:

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



program demographics

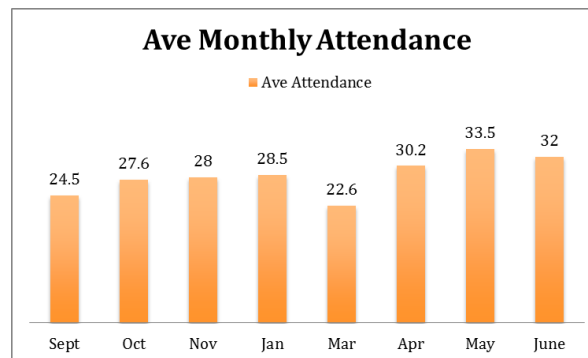


notable accomplishments

Member Support Groups

Positive Images conducts weekly meetings for returning and new members providing a safe and supportive space for LGBTQQIAA youth in the community. Meetings focus on monthly themes (such as identity and gratitude), grounding workshops, and check-ins, where members can share their current experiences and feelings in a safe and confidential space. Additionally, peer counselors attend each meeting and provide their services if needed.

A review of weekly records documenting attendance at Thursday night support groups in Santa Rosa indicate that attendance has grown 36.7% in eight months, from an average of 24.5 Positive Images members in September of 2014 to 33.5 in May of 2015.

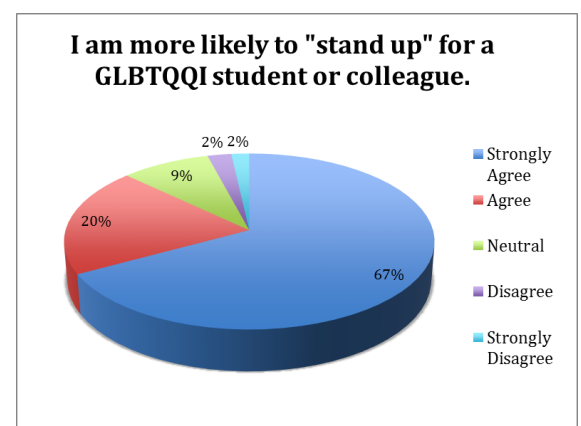
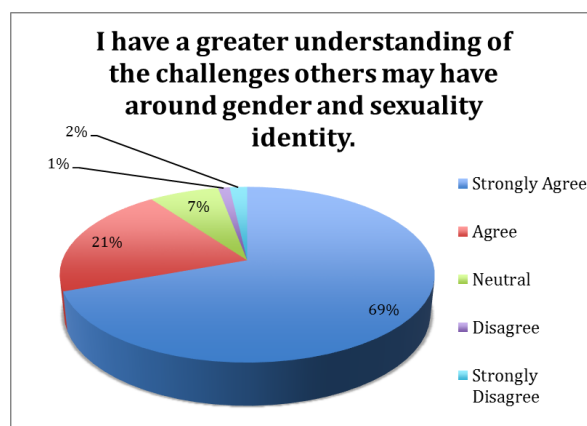


Community Panel Presentations

To increase awareness of the issues faced by LGBTQQIAA youth and to promote allies, Positive Images provides community education to high school and college classes, businesses, community-based organizations, healthcare professionals, social service departments, criminal justice agencies and other organizations.

From March to early May of 2015, ten community presentations were conducted. The locations included: Sonoma State University (two occasions), Santa Rosa Junior College (two occasions), Santa Rosa High School (three occasions), Lomi Clinic, Fountain Grove Lodge (for the Community Foundation of Sonoma County Giving Circle), and Sonoma County Behavioral Health Division.

At the conclusion of most panel presentations, attendees are asked to complete a one-page feedback form that sought to identify whether the presentation resulted in an increase in knowledge and/or attitudes that would be favorable in creating a supportive community for LGBTQQIAA youth. Overall, the survey results were favorable with 90% of the respondents stating that they had a greater understanding of the challenges others had around gender and sexual identity. When asked whether the respondent would be more likely to "stand up" for a GLBTQI student, friend or colleague, 87% said they agreed or strongly agreed.



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

Petaluma People Services Center (PPSC) will help to 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.

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

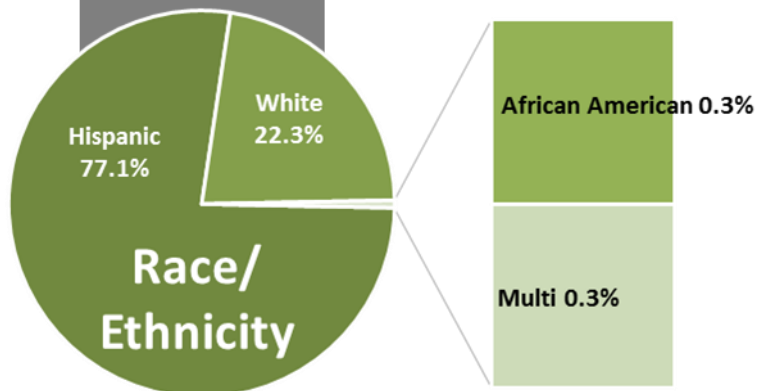
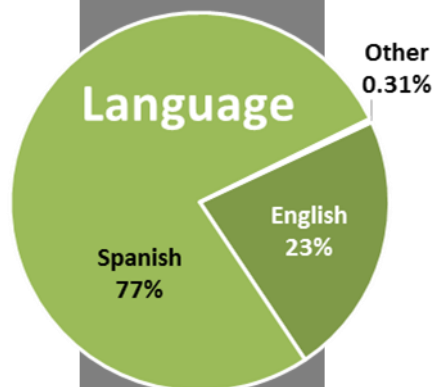
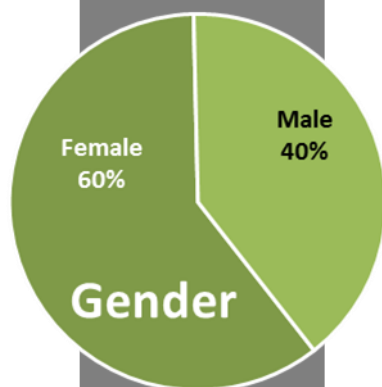
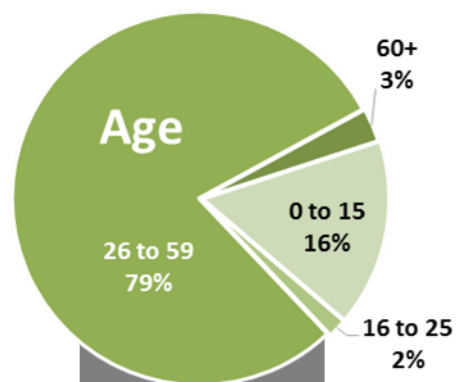
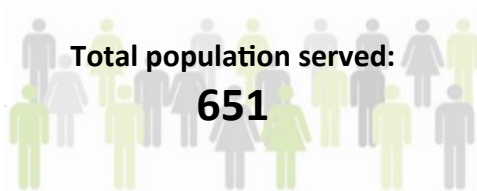
For more information, go to:

<http://petalumapeople.org/>

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

program demographics



notable accomplishments

Triple P outcome analyses will be performed by CIBHS.

Between July-Dec, 16 pre- Eyberg & Sutter Behavior Inventories (ECBI) and 11 post-ECBI were administered. In addition, 24 clients completed the pre -Protective Factors Survey (PFS) and 11 have pre/post PFS. (See 0-5 Evaluation Report in MHSA Annual Update for more detailed analysis)

PPSC's Level 2 Triple P Seminar and Level 3 Triple P Discussion groups have been very successful this quarter. Additionally, for our Level 4 Triple P Group we had the highest level of participation we have had in this group for a long time. We believe that our persistence in posting flyers, having phone calls go out to parents and our presence on campus has helped increase parental attendance.



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)

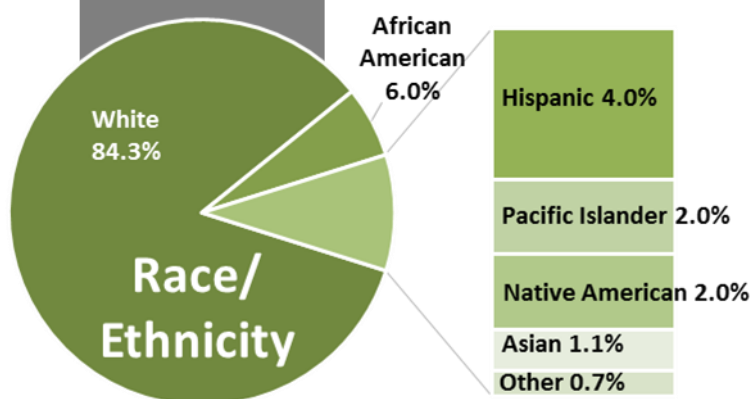
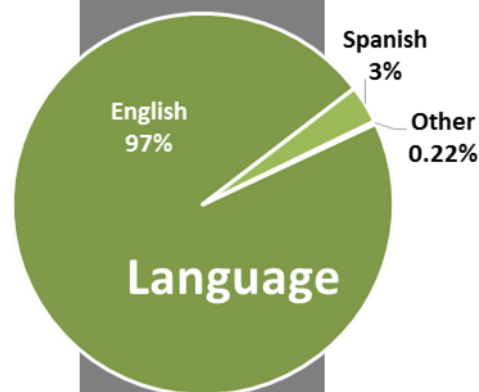
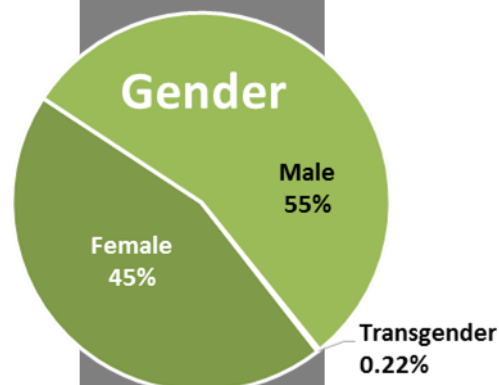
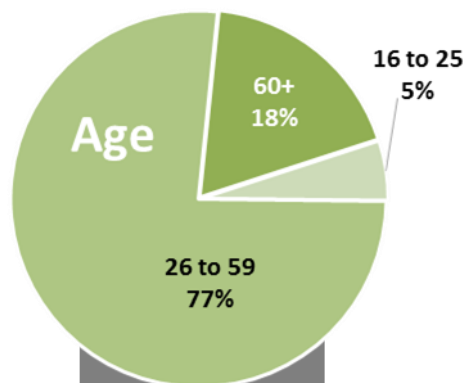
Program Location:

Petaluma, CA

For more information, go to:

<http://petalumapeople.org/>

program demographics



notable accomplishments

The Mary Isaak Center (MIC) offers on average, 4 psychotherapy and/or psycho educational groups each week at varying times. MIC case managers will add participation in groups as a mandate to residents' Individual Action Plans. MIC facilitates many different therapeutic groups including:

- WRAP Groups
- Adjusting to Community Living Groups
- Seeking Safety
- Stress Reduction

MIC sees clients for short-term services and worked with case managers to identify the clients in the most need. Provided emergency intervention when a client was in crisis. MIC makes referrals to Sonoma County Behavioral Health for clients with more severe symptoms.

45% of the clients receiving services showed improvement in their presenting symptoms. Groups show that 87% of the participants that complete a pre and post-test demonstrate improvement in knowledge, attitude and behaviors related to the topics presented. Scores were used only for those participants that completed both a pre and post survey.

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) 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.

PROJECT SUCCESS PLUS

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

PETALUMA CITY SCHOOLS

community & family
SERVICE AGENCY — CFSA —

Community
SOS
Counseling

 **nami** | Sonoma
National Alliance on Mental Illness | County

 **Center Point**
DAAC
Drug Abuse Alternatives Center

 **COTATI-ROHNERT PARK**
UNIFIED SCHOOL DISTRICT

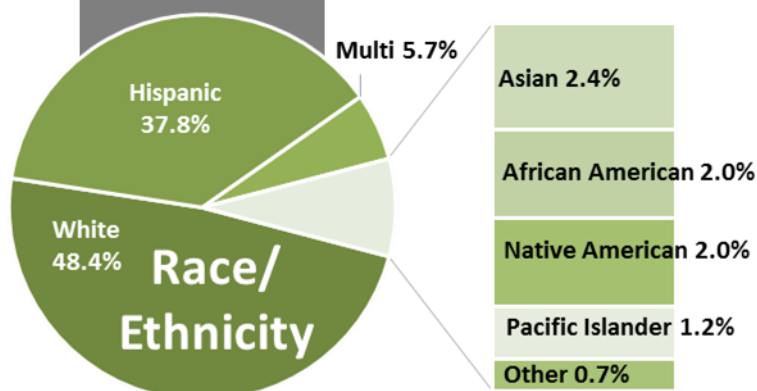
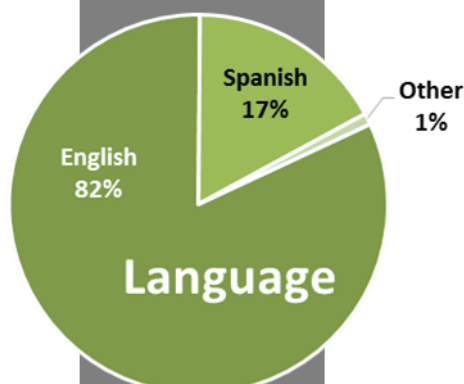
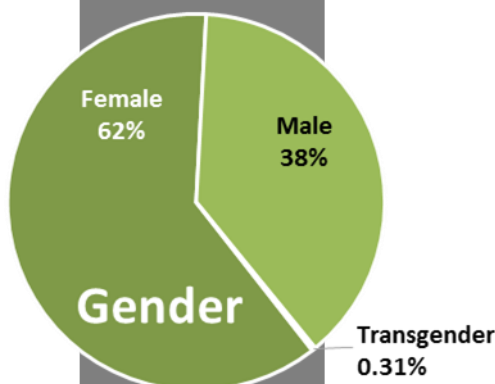
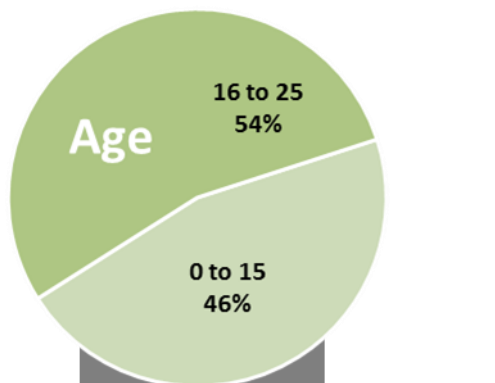
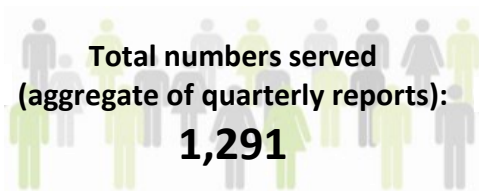
 **HEALDSBURG UNIFIED**
SCHOOL DISTRICT



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

notable accomplishments

The alternative high school for West County (Laguna) as well as another West County school (Analy) do not have groups offered, but instead have PS+ clubs which meet weekly and complete various projects throughout the year.

Cotati - RP is running 4 groups:

- 1) Girls Circle with a topic of healthy relationships
- 2) Stress management
- 3) Assessment and education for students who have been suspended for AOD
- 4) Support

(However, the assessment and education group stopped after Q3.)

Windsor is running 4 groups:

- 1) Girls Circle
- 2) Girls Circle in Spanish
- 3) Young Men's Council
- 4) Coping Skills Group

Cloverdale now has enough members to begin a Coping Skills group. There is also potentially going to be a Grief group, if more students decide to join. An Emotional Skills groups was also held at the end of the school year.

Healdsburg also has enough members for an anti-bullying group.

Petaluma is running a pro-active group that helps youth to choose and develop positive behaviors that benefit them and their relationships.

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 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

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

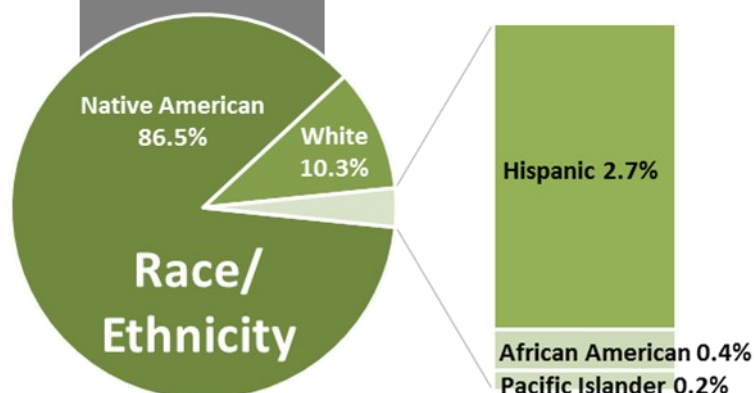
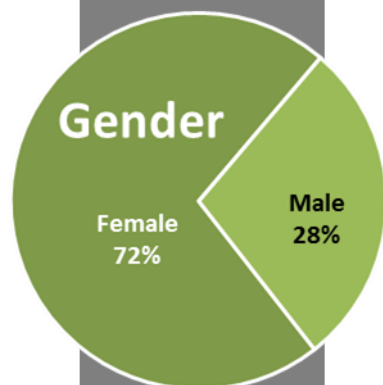
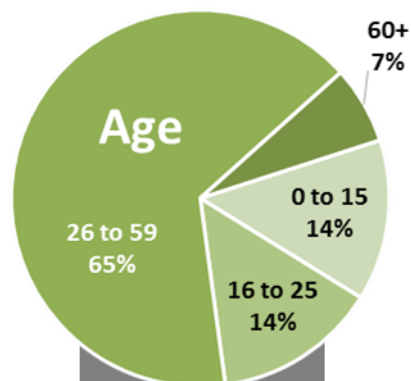
Program Location:

Santa Rosa, CA

For more information, go to:

<http://scihp.org/services/behavioral-health-services/>

program demographics



contracted services

- Psychiatric services including medication support
- Psychiatric consultation to primary care providers and other providers in the clinics
- 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.

notable accomplishments

Dr. Susan Ahart, MD provided services to the adult clients at SCIHP which included medication evaluation and treatment and consultation with primary care physicians. Stabilization of psychiatric symptoms improved health care delivery 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

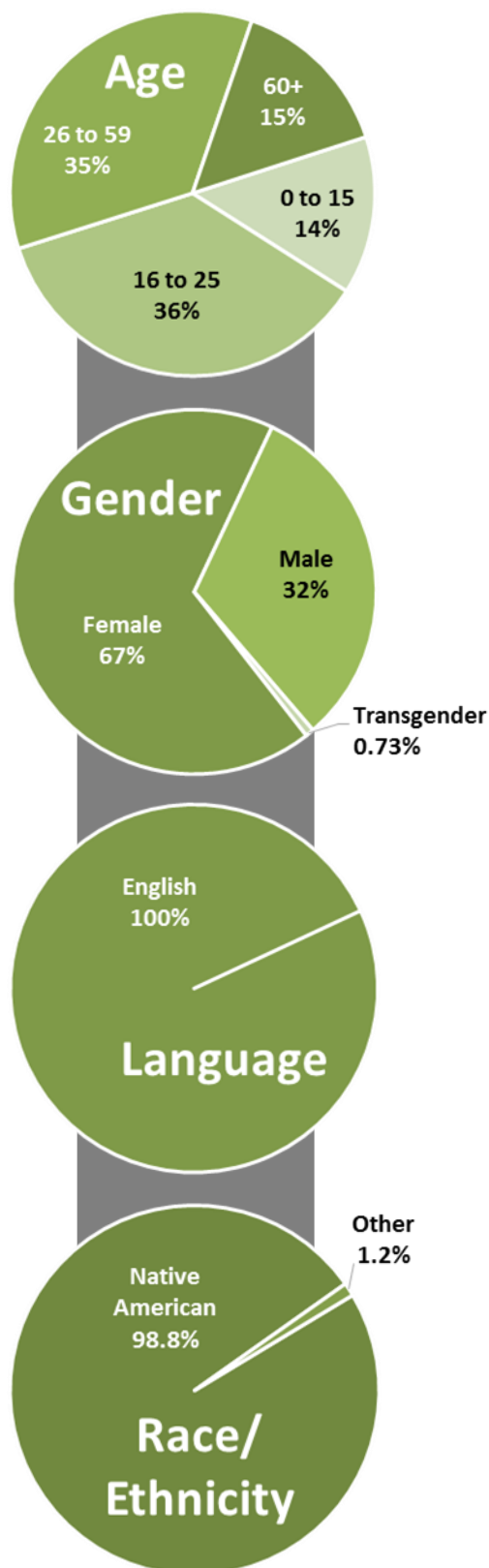
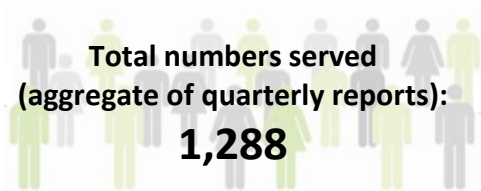
Program Location:

Santa Rosa, CA

For more information, go to:

<http://scihp.org/services/behavioral-health-services/>

program demographics



notable accomplishments

Sonoma County Indian Health Project reports the following notable accomplishments for FY 14-15:

“On June 15 -17th, youth attended a GONA (Gathering of Native Americans) in the Marin Headlands. The GONA was sponsored by CRIHB (California Rural Indian Health Board in Sacramento) and Sonoma County Behavioral Health Division through CalMHSA and over 25 youth from surrounding counties attended. The Youth GONA consistent of a two-day curriculum that focused on youth development, cultural strengthening, and leadership. Youth reported having a positive experience.”

“A Memorial Gathering was held on March 14, 2014 at Ya Ka Ama in Forestville. 261 signed in and approximatively 60 to 100 attended but didn't sign in. The ages ranged from infants to 90 year old elders. SCIHP had a traditional fire starter and keeper of the fire. Native Men and women prepared the meal. The following 6 tribal dance groups members attended the Gathering: Round Valley from Mendocino County, Big Valley, Elem, and Robinson Rancheria/Reservations from Lake County, Cloverdale, Dry Creek, Federated Indians of Graton, Lytton Rancheria Manchester Point Area, Sonoma, and Manchester Point Arena & Kashia Reservation all from Sonoma County. This gathering was to show support for those who had lost someone to suicide. The gathering was held on land that has been blessed by our People for years. Many who attended stated during and after that it felt like a big weight was lifted off of them. They felt at peace and felt that it was very special to have happened in their 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

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

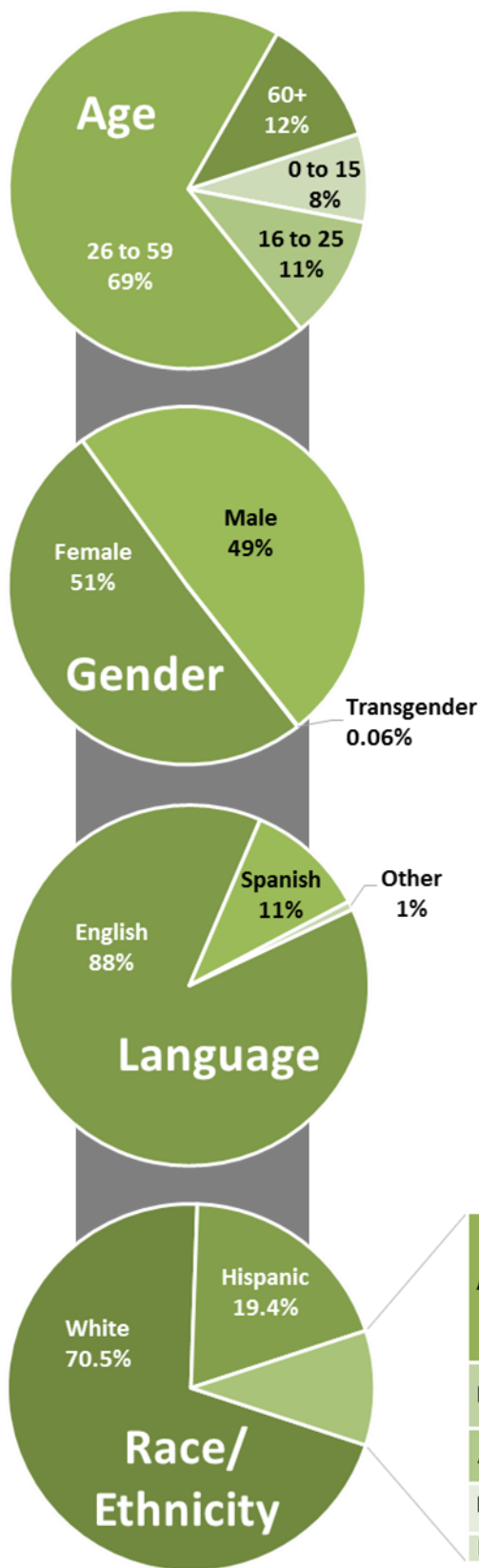
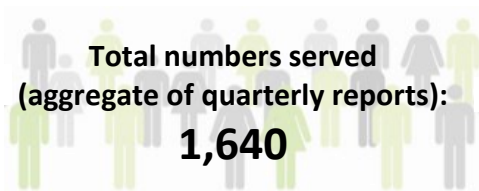
For more information, go to:

<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



notable accomplishments

Directly through MHSA funds, 1,581 individuals were seen by psychiatrists for consultation or psychiatric management in an outpatient setting in the first three quarters. The leveraging of MHSA funding with clinic revenue allowed 5,619 individuals to receive care in 2014 at a primary care site operated by Santa Rosa Community Health Centers. Since the original CIP scope of work, this type of patient has become part of the regular work at SRCHC.

The ready access to psychiatrists has been very valuable for the primary care providers and the patients of SRCHC. Through notes in the shared medical records, phone calls, or "curbside" consults, the primary care medical staff have the option to ask questions about medications or diagnostic clarifications and thus improve their skills and knowledge.



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

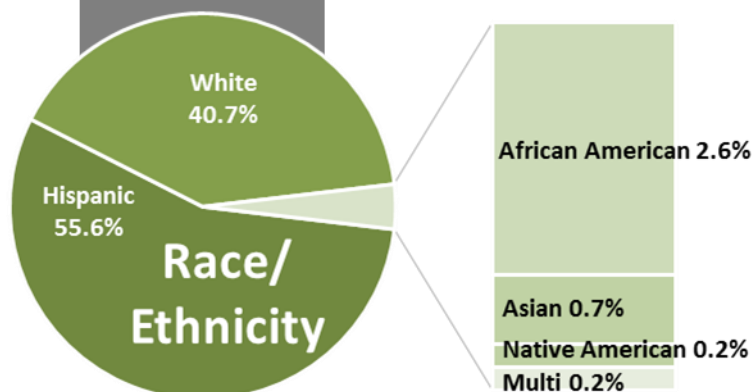
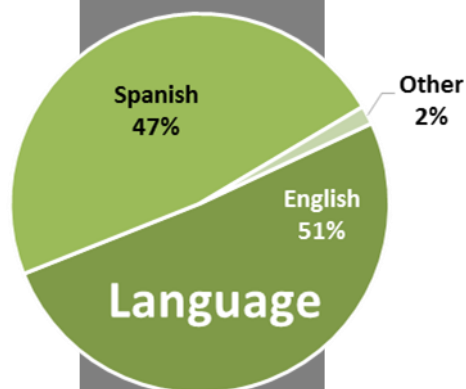
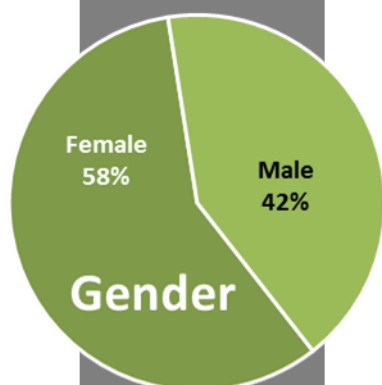
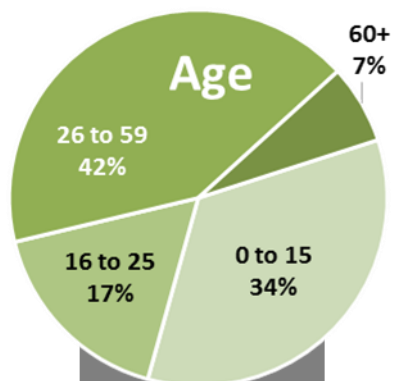
Program Location:

Santa Rosa, CA

For more information, go to:

<http://srhealthcenters.org/>

program demographics



notable accomplishments

The Outreach and Education team reached 22 classrooms in public, public charter, community, and court schools. In addition to including information about accessing mental health services, over 40 middle school, high school, and junior college students received QPR (Question, Persuade, and Refer) training so that they could assist other youth to find mental health services in our community. The Teen Advocacy Group also completed a training on suicide prevention.

The School Based Health Projects have both launched new training for all staff on provision of Trauma Informed Care. In the first quarter of the year, 7.4% of patients over age 12 at the Roseland Health Center were screened using the PHQ tool. It appears that the staff is still using this tool when they suspect depression, as 78% of those screened were positive. 61% of that group saw a mental health provider within 30 days.

In 2014 about half of the students seen at the Elsie Allen Health Center had a Trauma screening completed. 82% of those screened were positive on this scale, however, only 20% of those referred for counseling followed through on referral within 30 days.



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

As an expansion of the prevention and early intervention efforts at Santa Rosa Junior College, 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 wide-spread community collaboration.

Interns will serve in a variety of roles including representation on the County Mental Health Board, leading small group peer discussions, teaching 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.

The PEI Program will provide a range of educational and training activities on both the Santa Rosa and Petaluma campuses. Services and activities will occur through the Student Health Services department and the colleges' Crisis Intervention Resource Team. Services will target the transition age youth population.

contracted services

- Recruit and train PEERS interns
- Develop and present PEERS Coalition Workshops
- Host a Spring Wellness Fair
- Promote Kognito At-Risk online training for students
- Host a Mental Health Collaborative Event
- Facilitate additional outreach activities at the College

SANTA ROSA JUNIOR COLLEGE

1501 Mendocino Ave
Santa Rosa, CA 95401

Contact Info:

Jeane Erlenborn, MPH
707-524-1595
jerlenborn@santarosa.edu

Program Name:

People Empowering Each Other to Realize Success (PEERS)

MHSA Component:

Prevention and Early Intervention (PEI)

Program Location:

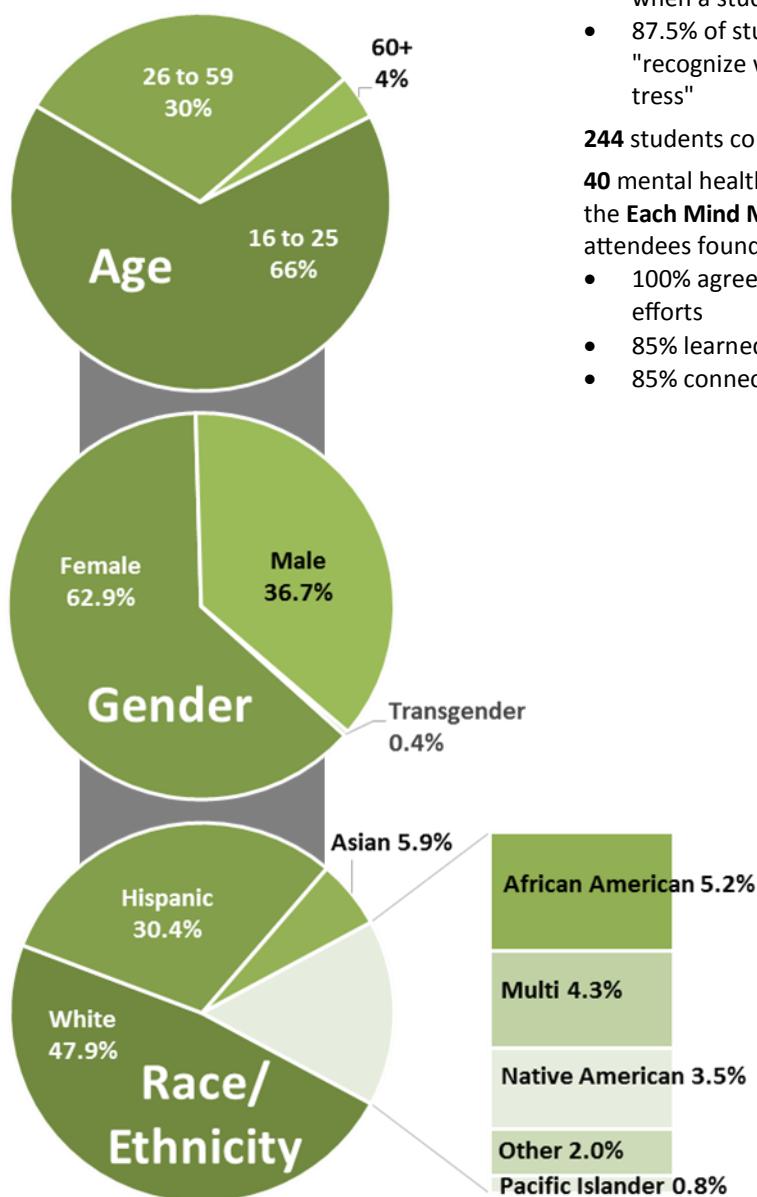
Santa Rosa, CA

For more information, go to:
<http://www.santarosa.edu/>

- Provide QPR Training to SRJC staff and students
- SRJC Crisis Intervention Resource Team will promote and enlist staff and faculty to complete At-Risk: University Faculty online training
- Psycho educational interventions in classrooms
- Promote on-line mental health screenings to SRJC students
- Psycho educational interventions on campus

program demographics

Total numbers served
(aggregate of quarterly reports):
1,081



performance outcomes

233 students attended **PEERS Workshops** this year.

- 98% of students that attended workshops said they agree or strongly agree that this presentation will help them maintain or improve their health.

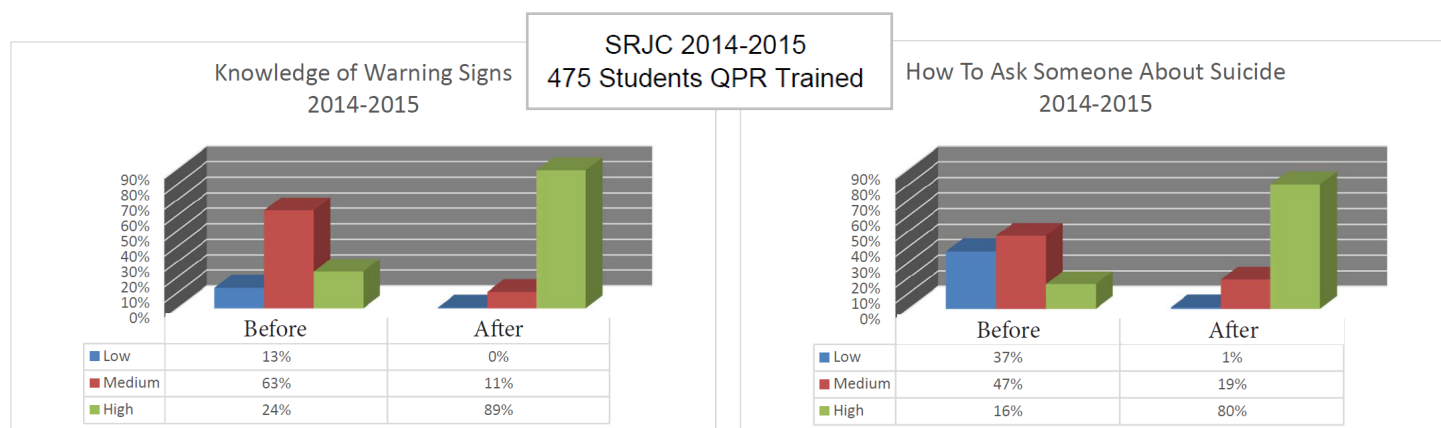
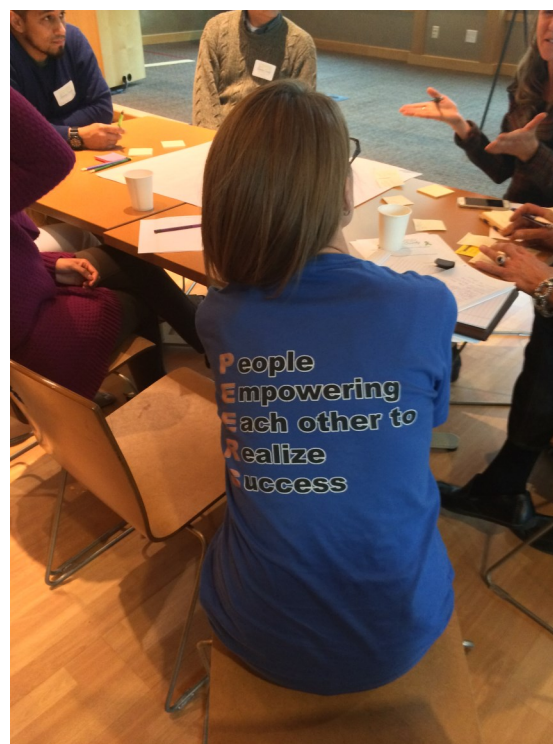
102 staff and students completed the **Kognito At-Risk Students on-line training**.

- 73% of faculty trained report high or very high preparedness to "recognize when a student's behavior is a sign of psychological distress"
- 87.5% of students trained report high or very high preparedness to "recognize when a fellow student's behavior is a sign of psychological distress"

244 students completed an **on-line mental health screening** this year.

40 mental health providers, community representatives, and students attended the **Each Mind Matters Networking Event**. An evaluation completed by attendees found that:

- 100% agree that attending this event will lead to improved collaborative efforts
- 85% learned of new stigma reduction programs and resources
- 85% connected with new providers at the event



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 a 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.

The Mental Health Services Act provides funding for a Licensed Clinical Social Worker (LCSW) for RRHC. The purpose of the LCSW at RRHC is 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)

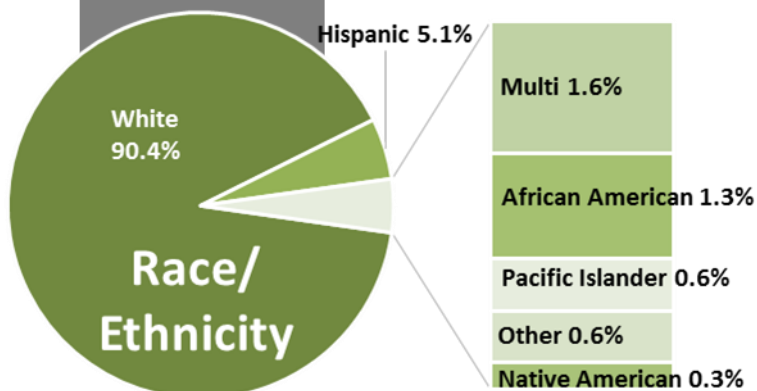
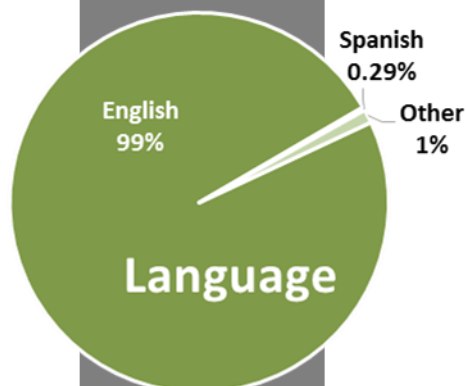
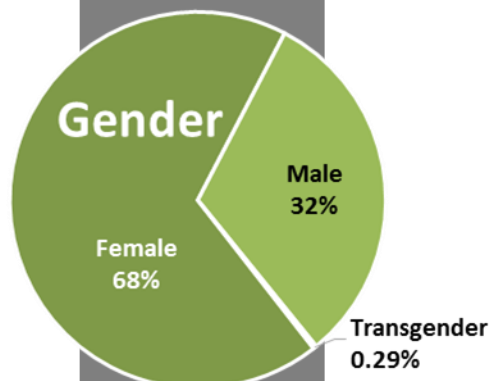
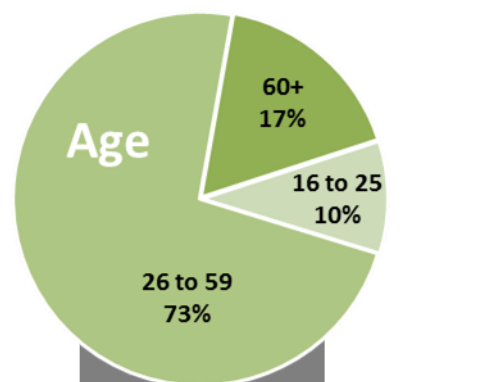
Program Location:

Guerneville, CA

For more information, go to:

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

program demographics



notable accomplishments

Crisis and ongoing services were provided, including such areas as managing and improving health/chronic conditions, trauma treatment, interpersonal or family stressors, housing crises, and mood disorders. Outreach and screening for depression was also offered during a week in October as part of the agency-wide response to National Depression Awareness Day/Month.





Appendix 4

CalMHSA Impact Statement

Sonoma County

The Know the Signs campaign is a statewide suicide prevention effort with the goal to empower Californians to know the warning signs for suicide, find the words to offer support to someone they are concerned about and to reach out to resources. All campaign materials refer individuals to the campaign websites:

suicideispreventable.org

elsuicidioisprevenible.org

14,435

Suicide Prevention Materials

Know the Signs materials in English, Spanish, Khmer, Vietnamese, Tagalog, Lao, Hmong, Korean and Chinese were provided to 2 organizations in Sonoma County. (July 2014-June 2015)



64

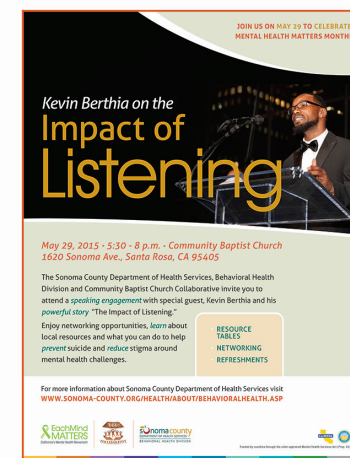
64 students from 1 school were reached through **Walk in Our Shoes** Program. (2013 and 2014 school tours)



Directing Change

Program and Student Film Contest

Over three years, **19** films from **8** high schools in Sonoma County were submitted.



Each Mind Matters: California's Mental Health Movement serves as the megaphone to amplify the voices of all people who want to put an end to stigma related to mental health and create a community where everyone feels comfortable reaching out for the support they deserve.

eachmindmatters.org

sanamete.org



Appendix 5

Together Against Stigma Conference Powerpoint Presentation



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

A Story of Successful Systems Change

How Local High Schools, Law Enforcement, Peer Providers and a California County Behavioral Health Division Work Together to Reduce Stigma, Prevent Suicide and Increase Mental Health Awareness

7th International Together Against Stigma Each Mind Matters Conference

February 17-20, 2015

Hyatt Regency San Francisco, Five Embarcadero Center
San Francisco, CA

Today's Presenters

- Mike Kennedy- Behavioral Health Division (BHD) Director
- Lt. Mark Essick- Sonoma County Sheriff's Office
- Karin Sellite- Client Care Manager
- Cruz Cavallo- Program Manager
- Lauren Peterson- NAMI Sonoma County
- Jessie Panoski- Goodwill Industries of the Redwood Empire



Workshop Learning Objectives

- Learn how to locate resources for training and education for students, selected teachers, faculty, parents, counselors and law enforcement personnel to increase mental health awareness and to increase ability to recognize the warning signs of suicide and psychiatric illness.
- Learn ways to integrate peer-based and family services into mobile support team programming including the following activities: increasing awareness, stigma and discrimination reduction, education and training, counseling, and support groups for at-risk youth and their families.
- Learn ways to coordinate partnerships with existing school and community resources, including school resource officers, law enforcement, district crisis intervention teams, student and other youth organizations, health centers, counseling programs, and family supports



Workshop Agenda

- History of systems change effort in Sonoma County and Accomplishments- Mike Kennedy
- Law Enforcement involvement in systems change and stigma reduction through Crisis Intervention Training (CIT) training - Lt. Mark Essick
- Crisis Assessment Prevention and Education (CAPE) and Mobile Support Team (MST)- Building Relationships with Schools and Law Enforcement- Karin Sellite
- Impact of Suicide Prevention Training-Question, Persuade, Refer (QPR)- Cruz Cavallo
- Peer and Family Support - Lauren Peterson and Jessie Panoski

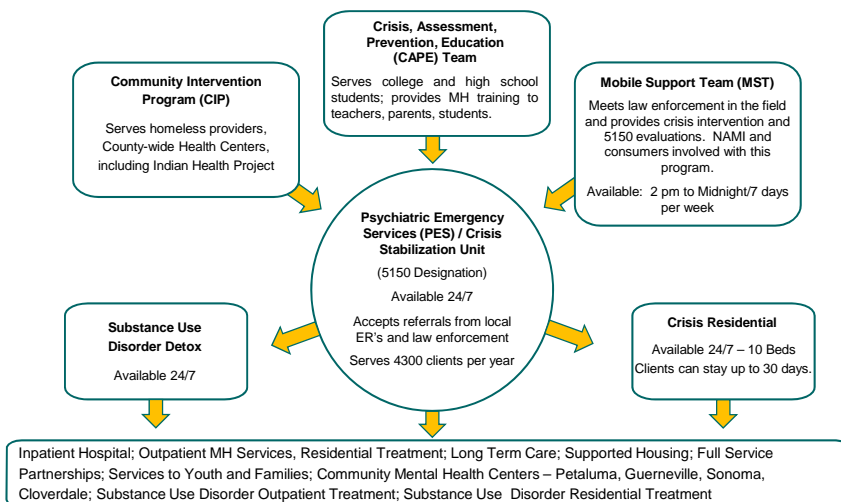


History of Systems Change

- Building bridges with law enforcement
- Relationships with local high schools and colleges
- Collaboration with family members and peer providers
- Mental Health Services Act Community Planning Process



Behavioral Health Division Prevention and Early Intervention Outreach Programs and Crisis Intervention System



MST, CIT and CAPE Accomplishments

- Awarded Steinberg Grant to expand geographically
- Board of Supervisors invested funds to support expansion of MST and CAPE Teams
- Press Coverage for CAPE, MST and CIT:

Sebastopol Police Receive Mental Health Crisis Training- Sonoma West Times and News

Reaching Out to Students in Crisis- Press Democrat

New Years Hope for Those Suffering- Press Democrat- Op-Ed by Sonoma County Board of Supervisor Shirlee Zane



Crisis Intervention Training



Crisis Intervention Training (CIT) Goals

- Increase officer understanding of mental illness and substance abuse
- Improve relationships with the community, particularly with mental health professionals, people with mental illness, and family members
- Redirect those with mental illness away from the judicial system to the health care system
- Since 2008, over 350 officers in Sonoma County have participated in the **CIT** Academy
- Memphis Model developed in 1988 and nationally recognized as best practice



Law Enforcement Partnership

- Collaboration with Behavioral Health Division
- Stigma and Discrimination Reduction
- Mental Health Awareness and Promotion
- Building Trust and Relationships
- Shift in Law Enforcement Culture



Crisis Assessment, Prevention & Education (CAPE) Team



sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

CAPE Team Purpose

- Educate the community about identifying youth struggling with mental health issues
- Educate the community about what to do if they find a youth who needs help
- Intervene early with identified youth
- Assess youth needs, connect them to treatment providers in the community

sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

CAPE Team Origins

- Highly requested service through the MHSA Community Planning process
- Community members wanted mobile response to youth experiencing mental health concerns in the community
- Specific request was for high school and college age youth



sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

CAPE Team – Staffing

- Licensed or licensed eligible clinicians with experience in youth services, school settings, crisis response, mental health
- Graduate level student interns
- Bi-lingual and bi-cultural staff
- Community partners include youth mental health services, CPS, family support services, and youth-run services

sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

CAPE Team – Direct Services

- Meet with students screened and referred by school/site staff
- Complete a crisis assessment of needs
- Evaluate for involuntary treatment, place on hold if indicated
- Refer individual/family to community treatment resources
- Assist in successful connection



CAPE Team – Direct Services

- Facilitate groups on site if indicated, targeting depression, anxiety, skill-building, etc.
- Respond to schools, sites, community to provide support and critical incident debriefing after a tragedy has occurred
- Sit on Santa Rosa Junior College CIRT (Crisis Intervention Resource Team) to collaborate on students of concern



CAPE Team Trainings

- QPR – Question, Persuade, Refer, a suicide prevention training geared towards the general public
- Classroom presentations on a variety of mental health topics
- Trainings for school/site staff on mental health topics as requested
- AMSR – Assessing and Managing Suicide Risk, a suicide prevention training geared towards MH professionals
- MHFA – Mental Health First Aid, an overview of mental health topics and first response



Mobile Support Team (MST)



Mobile Support Team - Origins

- Highly requested services during the public community planning process for Mental Health Services Act (**MSHA**) funds
- A study done with Santa Rosa Police Department indicated a high number of calls had mental health and/or substance use components
- Natural evolution out of the 4-day Crisis Intervention Training (**CIT**) for law enforcement



Mobile Support Team - Goals

- Promote the safety and emotional stability of community members experiencing behavioral health crises
- Minimize negative outcomes for community members experiencing behavioral health crises
- Help community members experiencing behavioral health crises obtain ongoing support and treatment
- Prevent placement in settings that are more intensive, costly, or restrictive than necessary and appropriate



Mobile Support Team – Staffing

- Licensed or license eligible clinicians with experience in crisis response, mental health, and individuals with co-occurring disorders
- Certified substance abuse counselors with experience assessing substance use treatment needs, and managing crises
- Post-graduate clinical interns
- Family members and peer providers
- Bi-lingual and bi-cultural staff



Mobile Support Team –Operations

- Respond to calls only from **Santa Rosa Police Department, Sonoma County Sheriffs Office, and Santa Rosa Junior College District Police**(not directly from the community)
- Meet officers in the field on calls relating to mental health and/or substance use
- Provide crisis management and assessment of individual/family needs
- Write involuntary holds if necessary
- Coordinate with **Crisis Stabilization Unit, Emergency Departments**, detox, and other providers in managing the crisis



Mobile Support Team –Operations

- Provide referral and linkage to community treatment providers
- Conduct phone and in-person follow-up to increase the success of referrals
- Work with family and consumer providers to offer connections to support
- Conduct follow-up phone calls to individuals who have gone to the **Crisis Stabilization Unit (CSU)**



Impact of Suicide Prevention Training-Question, Persuade, Refer (QPR)



What is QPR?

- QPR stands for Question, Persuade and Refer
- Three steps anyone can learn to help prevent suicide
- Just like CPR, QPR is an emergency response to someone in crisis and can save lives.
- Learn how to recognize the warning signs of a suicide crisis and
- Learn to question, persuade, and refer someone to help



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

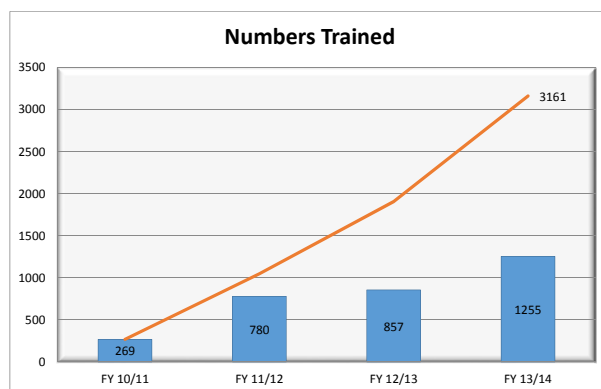


QPR Trainers

- 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 since 2010



How Many People Do We Train?



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



Where Do We Train?

High Schools

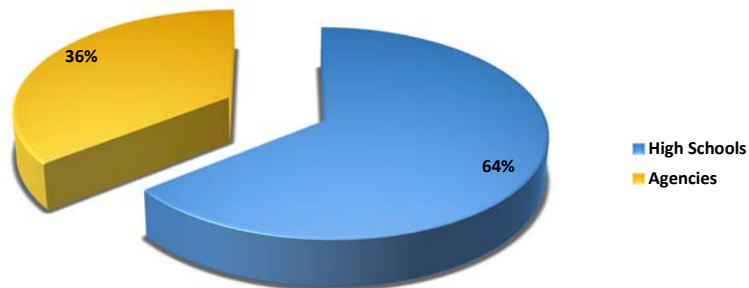
- Analy High
- El Molino High
- Piner High
- Sonoma Academy
- Santa Rosa High
- Ridgway High
- Laguna High
- Elsie Allen High

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

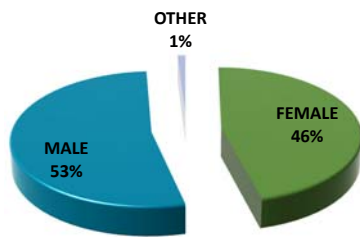


QPR's Provided From 2010 to 2014

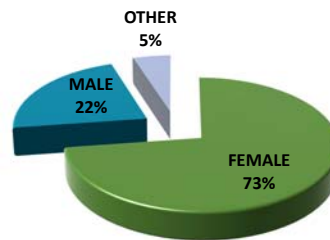


Demographics - Gender

High Schools



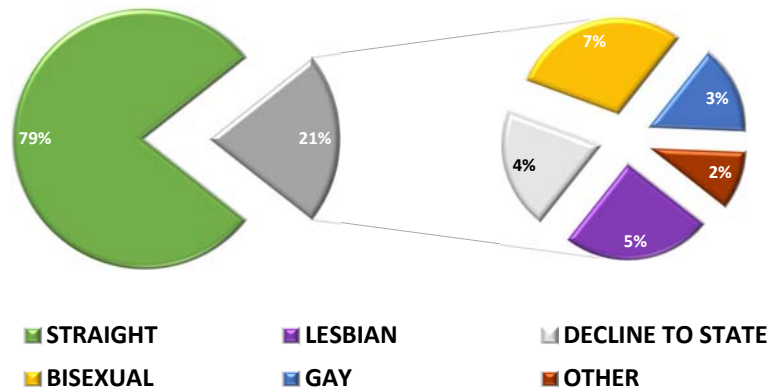
Community



sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

Demographics – Sexual Orientation

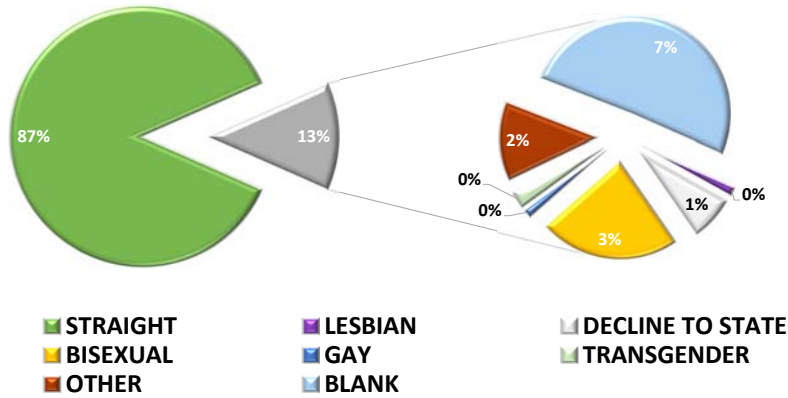
Community



sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

Demographics – Sexual Orientation

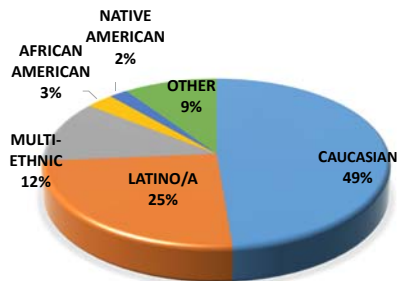
High School



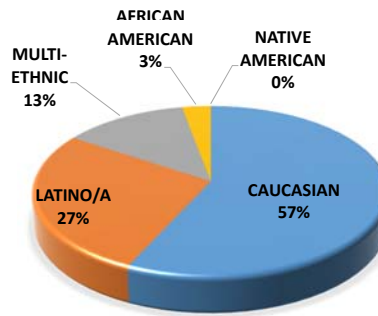
sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

Demographics - Ethnicity

High School



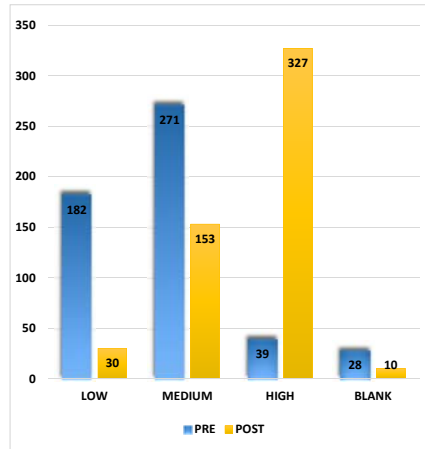
Community



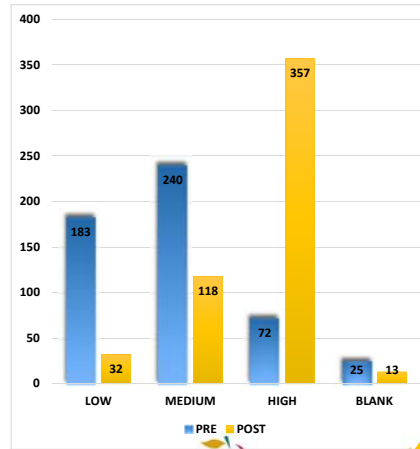
sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

Impact of Training: Knowledge

"Facts Concerning Suicide Prevention"



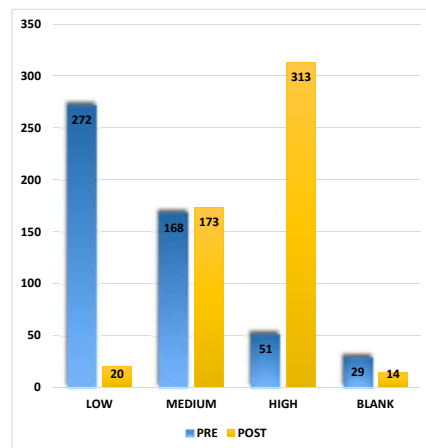
"Suicide Warning Signs"



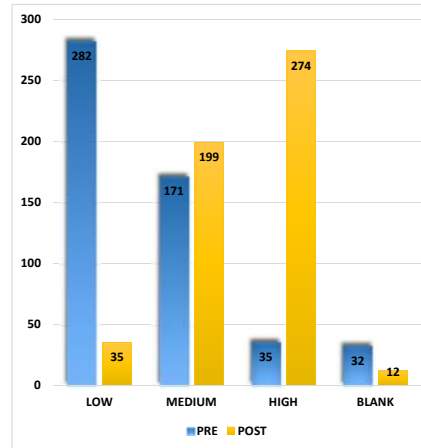
sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

Impact of Training: Knowledge

"How to Ask Someone about Suicide"



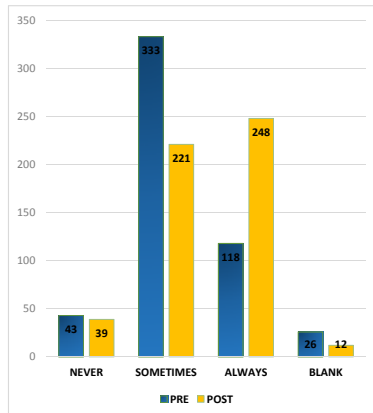
"Local Resources related to Suicide"



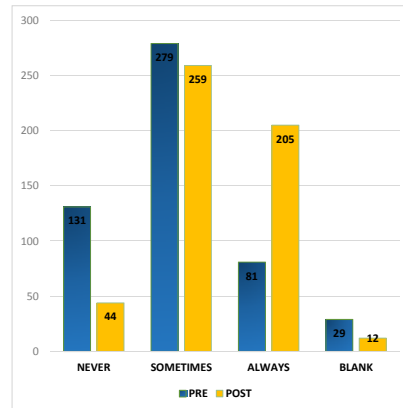
sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

Impact of Training: Attitude

“Do you feel that asking someone about suicide is appropriate?”



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



sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

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!

sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

Peer and Family Partnership with Mobile Support Team



Peer Providers

- Share how lived experience impacts change
- Story from peers working with the Mobile Support Team
- Peer and family member services available
- Navigation of the Behavioral Health System of Care



Family Member Provider

- Family members share how their lived experience impacts change
- Stories from family members working with the Mobile Support Team
- Family members navigate consumers to available services
- Provide support navigating Behavioral Health System of Care



CalMHSA Campaign Promotion

- Each Mind Matters and Know the Signs
- Mental Health Services Act Newsletter
- North Bay Suicide Prevention Hotline
- New Peer Warmline Connection of Sonoma County



EACH MIND MATTERS
California's Mental Health Movement



SanaMente
Movimiento de Salud Mental de California



An Example of How Sonoma County incorporates the Each Mind Matters Campaign in the MHSA Newsletter



sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

Links to CalMHSA Resources

- Know the Signs: www.suicideispreventable.org
- Reconozca Las Senales: www.elsuicidiooesprevenible.org
- My3: www.my3app.org
- Reach Out: us.reachout.com/reachouthere
- North Bay Suicide Prevention Hotline: www.sonoma-county.org/health/topics/suicideprevention.asp
- Each Mind Matters: www.eachmindmatters.org
- SanaMente: www.eachmindmatters.org/get-informed/sobre-sanamente
- Peer Warmline Connection of Sonoma County: www.gire.org/menus/Programs.html

sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

Thank you!

- Questions?



- Please fill out Post Survey



Other Resources

- Sonoma County Behavioral Health Division: www.sonoma-county.org/health/about/behavioralhealth.asp
- Crisis Intervention Training- Memphis Model: www.citinternational.org/training-overview/163-memphis-model.html
- Question, Persuade Refer: www.qprinstitute.com/index.html
- National Alliance on Mental Illness of Sonoma County: www.namisonomacounty.org/
- Goodwill Redwood Empire: www.gire.org/menus/programs.html
- Applied Managed Suicide Risk: www.sprc.org/news-events/events/amsr-training
- Mental Health First Aid: www.mentalhealthfirstaid.org/cs/
- Sonoma County Sheriff's Office: www.sonomasheriff.org



Follow Up Questions?

For more information contact:

Karin Sellite, Client Care Manager

Karin.Sellite@sonoma-county.org, (707)565-3542

For more information about Crisis Response Services in Sonoma County go to: www.sonoma-county.org/health/about/behavioralhealth_mh.asp

To learn more about Sonoma County's MHSA funded programs or to request a copy of this PowerPoint contact:

Amy Faulstich, MHSA Coordinator

Amy.Faulstich@sonoma-county.org, (707)565-4823





Appendix 6

Sonoma County MHSA Newsletters



From the Behavioral Health Division

Fourth Edition, July 16, 2014

THE BEHAVIORAL HEALTH DIVISION IS CELEBRATING THE 3RD YEAR OF CalMHSA PEI EFFORTS BOTH LOCALLY AND STATEWIDE!



CalMHSA's statewide Prevention and Early Intervention (PEI) initiatives enhance the ability of counties to meet the mental health needs of their communities through effective and cost-efficient suicide prevention and student mental health programs.

Sonoma County's partnership in California's nationally-recognized Stigma and Discrimination Reduction campaign is

critical to achieving the transformation of mental health services by communicating to all Californians that help is available and recovery is achievable, thereby removing barriers to seeking help.

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

Spotlight on Campaigns and Resources Within CalMHSA's Three PEI Initiatives

STIGMA AND DISCRIMINATION REDUCTION (SDR)



Each Mind Matters

A community of individuals and organizations dedicated to a shared vision of mental wellness and equality.

www.eachmindmatters.org

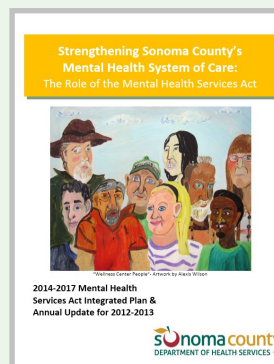
Sana Mente
Each Mind Matters' Spanish language resource.

www.eachmindmatters.org/get-informed/sobre-sanamente/



WHAT'S NEW

3-Year Plan Approved by Sonoma County Board of Supervisors



The 3-Year MHSA Integrated Plan was approved by the Board of Supervisors on June 24, 2014. There was great support from the Board for MHSA programs and services provided countywide.

Warmline contract awarded to Goodwill Industries of the Redwood Empire (Goodwill)!

Goodwill will be responsible for developing, implementing and operating a Consumer-Operated Warmline for mental health consumers in Sonoma County. A Consumer-Operated Warmline program is a peer-run program or service that is administratively controlled and operated by peers with lived experience 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, or are requesting information about a county resource in or out of the mental health system.

The first step in the development of a Consumer-Operated Warmline in Sonoma County was the release of a Request for Proposals (RFP) in March 2014. A single proposal from Goodwill Industries of the Redwood Empire (Goodwill) was received in response to the RFP. An evaluation committee consisting of Behavioral Health Division staff and community representatives reviewed Goodwill's proposal and determined that Goodwill's experience in providing consumer-operated support services to mental health consumers provided them with experience and knowledge necessary to develop, implement and operate a new Consumer-Operated Warmline Program.

(continued on next page)

STIGMA AND DISCRIMINATION REDUCTION (cont'd)



Reach Out Here

A safe, anonymous space for youth (13-24 years) going through tough times.

www.us.reachout.com/reachouthere

Walk In Our Shoes

A resource for 9-13 year-olds to learn about mental health.

www.walkinourshoes.org



NAMI Sonoma County - In Our Own Voice

A recovery-education program presented by trained client presenters/facilitators to other

clients, families, friends and professionals.

www.namisonomacounty.org/client_programs.shtml

SUICIDE PREVENTION



Know the Signs

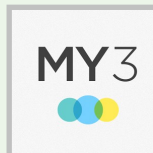
A statewide suicide prevention social marketing campaign.

www.suicideispreventable.org

My3 App

Application designed to help individuals who may be having thoughts of suicide.

www.my3app.org



North Bay Suicide Prevention Project (Hotline)

(855) 587-6373

www.sonoma-county.org/health/about/behavioralhealth_nbspp.asp

STUDENT MENTAL HEALTH

PEERS Coalition, Student Health Services, Santa Rosa Junior College



Since its inception in 2012, the PEERS Coalition at SRJC has become one of the flagship program components of Student

Health Services. Offering student development opportunities, awareness building events, and innovative approaches to stigma reduction, the PEERS program has been received extremely positively by the campus community and the community at-large.

www.santarosa.edu

(continued from previous page)

The Behavioral Health Division believes the implementation of a Warmline is an important step in the Division's efforts to build a comprehensive system of mental health care in Sonoma County that focuses on wellness and recovery that is consumer, client and family driven. The availability of a Consumer-Operated Warmline will foster a caring community and improve the health and safety of Sonoma County residents by providing them with another consumer to communicate with about a variety of issues related to their mental health. The Warmline can also be used by residents to request information about a county resource in or out of the mental health system.

RESOURCES

Sonoma County Behavioral Health

www.sonoma-county.org/health/about/behavioralhealth.asp

Sonoma County MHSA page

www.sonoma-county.org/health/about/behavioralhealth_mhspa.asp

CalMHSA

www.calmhspa.org

Prop63

www.prop63.org

CalMHSA Impact Statement - Sonoma County

www.sonoma-county.org/health/about/pdf/mhspa/impact-statement.pdf



WELLNESS • RECOVERY • RESILIENCE

To sign up for this newsletter, go to:

www.service.govdelivery.com/service/subscribe.html?code=CASONOMA_181



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.

From the Behavioral Health Division

Fifth Edition, August 11, 2014



Joe Wagner, V.P. of Programs at SRJC

Reflection on the Santa Rosa Junior College (SRJC) PEERS Coalition

The Behavioral Health Division contracts with SRJC to provide the PEERS Coalition, or People Empowering Each Other To Reach Success.

The PEERS Coalition was an incredible opportunity for myself and over a dozen other students looking for a chance to get involved at SRJC in a

meaningful way. I first heard about the chance to join a team of students looking to help educate and bring fun to the topic of mental health, that is sadly, often times, over looked. Back in the Fall of 2012, I attended the first ever Coalition Workshop and was introduced to two women that would change my life and influence the lives of many at SRJC - Becky Fein, the PEERS Coordinator, and Jeane Erlenborn, the Coordinator for the PEI program through Student Health Services. They spoke about the creation of a team of students with the help of funding through the Mental Health Services Act. This team was to help brainstorm and implement activities on campus that would inform their fellow students on several issues in mental health that deeply affected the student body.

I was interested from the very beginning and could hardly wait for the meeting to end so I could sign my name on the dotted line to join this team. Over the next four semesters the PEERS Coalition continued to gain momentum and truly created change on the SRJC campus. We developed an amazing set of monthly workshops that we used to bring knowledge to nearly 45 students a month about important mental health topics. There were also other programs that developed over the past two years that include the Active Minds Club, a nationally recognized club that strives to raise awareness of mental health issues, and PEERS in Conversation, a more intimate meeting of students to encourage discussion on a broad spectrum of relevant topics. I was trained in Question, Persuade, Refer (QPR), which is a suicide prevention technique and have since assisted and put on several QPR sessions to students from the SRJC as well as high school students.

My experiences with the PEERS Coalition were life changing. Through these experiences I was able to gain a large body of knowledge on many mental health topics. I was also able to develop into not only a more successful student but into a more competent leader as well. I will forever cherish the memories, friendships and lessons I learned over the past two years. I began my journey as a PEERS intern, just a student looking for an outlet to help out, and I have come out of it a student looking for ways to empower the students around me to create the same sort of change the PEERS Coalition has given me.

For more information about the PEERS Coalition, contact Jeane Erlenborn at: jerlenborn@santarosa.edu



WHAT'S NEW

22nd Annual Latino Health Forum



*Latino Behavioral Health:
Healthy Mind, Healthy Spirit, Healthy Body*

One of the most educational and informative Latino health care events in Northern California, the Forum strives to inform professionals about some of the most relevant issues facing the Latino population, and seeks to enhance the availability and quality of health services.

This year, the Forum will focus specifically on mental health, addressing issues and challenges in Latino communities. The Behavioral Health Division, as well as many other providers, will be presenting resources and materials that are available to the Latino community.

Attendees include social workers, teachers, nurses, physicians, health care providers, promotores, and distinguished members of the Latino community. Additionally, high school and college level students are invited to attend to learn about careers in medical/health related fields.

When: Thursday, October 16, 2014

Time: 7:30am - 4:30pm

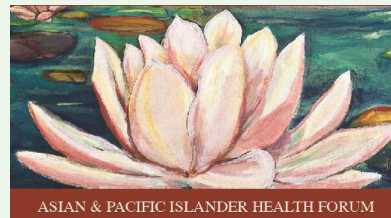
Where: Flamingo Conference Resort & Spa
2777 Fourth Street, Santa Rosa, CA

Cost: \$110 (\$80 if paid before September 24th)

CEUs: \$25.00 (for BBS/BRN, no partial credit)

Visit the website at: www.LatinoHealthForum.org

2nd Annual Asian & Pacific Islander Health Forum



The Forum seeks to inform professionals about the most relevant challenges facing the Asian & Pacific Islander population in Sonoma County.

When: Thursday, August 14, 2014

Time: 1:30pm - 6:30pm

Where: Vista Family Health Center
3569 Round Barn Circle, Santa Rosa, CA

Cost: Registration fee: \$50

For more info, email: asianhealthforuminfo@gmail.com

RUSSIAN RIVER EMPOWERMENT CENTER NEWS



The living room of the new Russian River Empowerment Center location in Guerneville

A New Location and a New Shuttle Service!

In July, the Russian River Empowerment Center completed its move to its new location at 14520 Armstrong Woods Road in Guerneville.

The Empowerment Center is a peer run mental health and wellness drop-in center for those who want to transcend serious and persistent mental illness. With peer support, the Center nurtures positive self-worth, recovery, self-determination, responsibility and choice. The Center offers activities and support groups that create opportunities for learning, growth and empowerment.



The Russian River Empowerment Center's new member Shuttle

The Empowerment Center now offers a new Shuttle Service for its members. The Shuttle picks up and drops off members in Sebastopol, Forestville, Rio Nido, Monte Rio, and Guerneville. The Shuttle Service has been made possible by MHSA funding from Sonoma County Behavioral Health.

Russian River Empowerment Center



Open Tuesday – Friday from 12:00pm to 5:00pm
14520 Armstrong Woods Road
Guerneville, CA 95446
www.cfsa-sonoma.org

HOW HAS PROP 63 CHANGED YOUR LIFE?



Share Your Story of Hope and Recovery

Proposition 63, or the Mental Health Services Act (MHSA), was passed by voters in 2004 and places a one percent tax on personal incomes above one million dollars. The money generated from Prop 63 has helped fund approximately 1,500 community mental health programs, serving thousands of people throughout the state. The Mental Health Services Oversight and Accountability Commission (MHSOAC) is producing a commemorative book entitled, "The Prop 63 Story", showcasing individual stories of hope and recovery. This book will be presented to Senate President Pro Tem Darrell Steinberg, author of Prop 63, for his hard work and dedication to improving mental health services in California. The book will be available online and in print by December 2014.

If you or a loved one has benefited from Prop 63-funded mental health services, we want to hear your story! Consumers in recovery, family members, peers, and the mental health community at large are encouraged to participate. Please submit a photograph of yourself (a "selfie") and a short story of your recovery, wellness, or personal triumph as related to mental health to be considered for inclusion in The Prop 63 Story.

Deadline to submit is October 31, 2014. Submission Guidelines & Consent Forms available at:
www.mhsoac.ca.gov.

RESOURCES

Sonoma County Behavioral Health
www.sonoma-county.org/behavioralhealth

Sonoma County MHSA page
www.sonoma-county.org/mhsa

CalMHSA
www.calmhsa.org

Prop63
www.prop63.org

To sign up for this newsletter, go to:

www.service.govdelivery.com/service/subscribe.html?code=CASONOMA_181

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.

The Department of Health Services-Behavioral Health Department Coordinates Activities for Suicide Prevention Week 2014

Our September issue of the MHSA Newsletter is dedicated to suicide prevention efforts across the country to recognize National Suicide Prevention Week (September 8-14, 2014) surrounding World Suicide Prevention Day on September 10th.

Every year the Sonoma County Behavioral Health Division (BHD) coordinates various activities for Suicide Prevention Week. The BHD continues to work closely with the California Mental Health Services Authority (CalMHSA) to bring the most current suicide prevention resources and tools to Sonoma County residents.

The BHD will co-sponsor Question, Persuade, Refer (QPR) training with National Alliance for Mental Illness (NAMI) to any member of the public on Wednesday Sept. 10th at 6pm at Church of the Roses in Santa Rosa. The BHD also promotes resources for suicide awareness and prevention throughout the year. These resources can be found on the BHD website at:

www.sonoma-county.org/behavioralhealth

To receive the monthly Mental Health Services Act Newsletter, go to:

www.sonoma-county.org/mhsa

BHD Meets with Ian Cummins on his Walk for Suicide Prevention



Lauren Petersen of NAMI Sonoma County, Behavioral Health Director Michael Kennedy, and Ian Cummins

Rosemary Milbrath, the Executive Director of the National Alliance on Mental Illness (NAMI) Sonoma County hosted Ian in Santa Rosa and invited the BHD to connect with Ian in the last leg of his walk.

Ian's goal was to initiate discussion with people to end the stigma around mental illness so people will know they are not alone. Ian's journey started in his home state of Pennsylvania and ended in San Francisco, CA where he walked the Golden Gate Bridge and ended at Ocean Beach on Saturday, August 30, 2014 just under his goal of arriving in California on Sept 1st. Ian walked 3,200 miles in honor of his brother's life and for his belief in ending the stigma of mental illness and in promotion of suicide prevention. Ian's blog and video journal can be found at:

www.ianwalksamerica.com/author/ianwalksamerica/

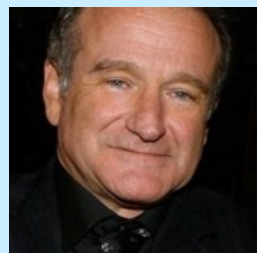
The Behavioral Health Division had the opportunity to meet with Ian Cummins, his family, and friends, on August 27, 2014 - just two days before the end of his amazing journey walking across America in dedication to his brother Ryan, who died by suicide last November.

Rosemary Milbrath, the Executive Director of the National Alliance on Mental Illness



For more information about NAMI Sonoma County, go to:

www.namisonomacounty.org/

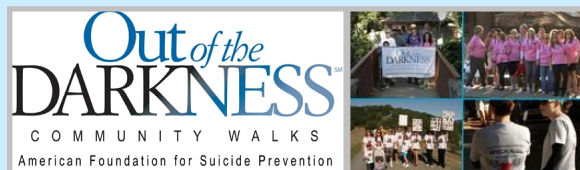


Sonoma County's mental health community mourns the loss of Robin Williams. An inspirational artist and friend to many, Mr. Williams' public disclosure of his mental health challenges reminds us that people living with mental

illness are not defined by their diagnoses but by the entirety of their human spirit.

Each of us touched by this tragedy can take meaningful action to honor his life. By engaging with the Each Mind Matters community, we not only heal ourselves, we can help others heal as well.

For some actions you can take right now to make a difference, go to: www.eachmindmatters.org



Santa Rosa Out of the Darkness Community Walk

October 11, 2014 @ Howarth Park, Santa Rosa

The 2nd Annual Santa Rosa Out of the Darkness Community Walk will take place on 10/11/14 in a new location and the Greater SF Bay Area Chapter is thrilled to be bringing the event back for its second year!

For more information or to register, go to:

www.afsp.org/local-chapters/find-your-local-chapter/afsp-greater-san-francisco-bay-area/bay-area-community-walks/santa-rosa-community-walk

The Directing Change Student Video Contest

is heading into its third year of engaging youth on the subjects of suicide prevention and mental health. Directing Change invites high school and University of California students to submit 60-second films focused on "Suicide Prevention" or "Ending the Silence of Mental Illness". Each school that participates is provided a school-based prevention program and other resources to help further their efforts on campus. Students are also eligible to receive a cash prize for their entry. For more information, go to: www.directingchange.org. View the 2014 statewide-winning video in the Suicide Prevention category from Sebastopol's Analy High School students, Kendra Goff and Sullivan Rutherford: www.youtube.com/watch?v=Er6hJVBrjPo



Golden Gate Bridge Suicide Barrier Now Possible Thanks to Proposition 63 Funding



In June, mental health advocates celebrated the vote that clears the way for construction of the Golden Gate Bridge Physical Suicide Deterrent System Project. In a unanimous decision on June 26, the Golden Gate Bridge, Highway and Transportation District's Board of

Directors approved a \$76 million funding package that will come from federal dollars, local tolls, District reserves, and Mental Health Services Act (Prop 63) funds. An estimated 1,600 suicides have occurred since the bridge opened in 1937. Studies show that barriers are effective deterrents to suicide, and despite concerns that those intent on ending their lives might go elsewhere, the research found the opposite effect. The life-saving steel net system is expected to be complete in 2018.

For more information, go to:

<http://sd06.senate.ca.gov/news/2014-06-25-golden-gate-bridge-suicide-barrier-now-possible-thanks-proposition-63-funding>

SUICIDE PREVENTION RESOURCES



Know the Signs

A statewide suicide prevention social marketing campaign.

www.suicideispreventable.org

My3 App

Application designed to help individuals who may be having thoughts of suicide.

www.my3app.org



Reach Out Here

A safe, anonymous space for youth (13-24 years) going through tough times.

www.us.reachout.com/reachouthere

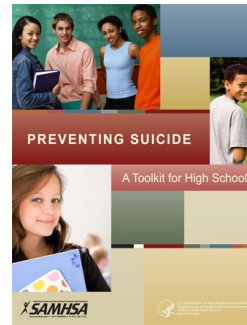
Sonoma County Behavioral Health

www.sonoma-county.org/health/topics/suicideprevention.asp



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.

SUICIDE PREVENTION TOOLKITS



Preventing Suicide: A Toolkit for High Schools

This toolkit was designed by the Substance Abuse and Mental Health Services Administration (SAMHSA) to assist high schools and school districts in designing and implementing strategies to prevent suicide and promote behavioral health. It includes tools to implement a multi-

faceted suicide prevention program that responds to the needs and cultures of students. It can also serve as an excellent resource to college campuses. Order free print copies (shipping charges may apply) or download the digital version at:

<http://store.samhsa.gov/product/SMA12-4669>

The BHD has invited Melissa Ladrech, Program Coordinator for the North Bay Suicide Prevention Project – Sonoma County's 24/7 Hotline, to Sonoma Health Action's Health Care Improvement subcommittee to present the **Training Resource Guide for Suicide Prevention in Primary Care Settings**. The BHD will be working with Melissa to present the toolkit to primary care providers throughout Sonoma County in the next year. For more information please contact Amy Faulstich at amy.faulstich@sonoma-county.org. Link for the toolkit:

<http://resource-center.yourvoicecounts.org/content/training-resource-guide-suicide-prevention-primary-care-settings>



Suicide Prevention • Crisis Intervention • Toll free

What are the Warning Signs for Suicide?

- Talking about wanting to die or to kill oneself.
- Looking for a way to kill oneself, such as searching online or buying a gun.
- Talking about feeling hopeless or having no reason to live.
- Talking about feeling trapped or in unbearable pain.
- Talking about being a burden to others.
- Increasing the use of alcohol or drugs.
- Acting anxious or agitated; behaving recklessly.
- Sleeping too little or too much.
- Withdrawing or feeling isolated.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.

Mental Health Awareness Week

October 5-11 • Show your support!



What is Mental Health Awareness Week (MHAW)?

- October 5-11, 2014 is a week when people across California and Sonoma County will come together to spread awareness about the importance of mental health.
- This week is also called Mental Illness Awareness Week. In 1990, the U.S. Congress established the first full week of October as Mental Illness Awareness Week (MIAW) in recognition of the National Alliance on Mental Illness (NAMI)'s efforts to raise mental illness awareness.
- During this week, we can grow the community of individuals and organizations dedicated to a shared vision of mental wellness and equality by sharing information and resources.

Why is Mental Health Awareness Week important?

1 in 4 American adults
lives with a
diagnosable
mental illness.



Millions of people are personally affected by mental health challenges, and family, friends and co-workers also want to show support.

MHAW is one opportunity during the year for us to increase awareness and speak out against stigma.

The stigma associated with mental illness can be more destructive than the illness itself. Early support and help for mental health challenges can reduce suffering and save lives. MHAW is a time for us to let others know that people are not defined by a mental health diagnosis.

**Research shows that
half of all mental illnesses
start by age 14**

**An average of 6 to 8 years pass
after the onset of symptoms
before young people get help**

By increasing mental health awareness, we have the power to create an environment where young people feel comfortable seeking help.

How can I get involved in Mental Health Awareness Week?

There are many activities that you can plan or participate in during MHAW:



Take a pledge against stigma!

Visit www.eachmindmatters.org/join-the-movement/ and become a Change Agent!

(Continued on Page 2)

The Behavioral Health Division's Community Mental Health Centers (CMHCs) promote activities for Mental Health Awareness Week!

The Community Mental Health Centers (CMHCs) in Sonoma County are funded by the Mental Health Services Act. The CMHC clinics are located in Petaluma, Guerneville, Sonoma, and Cloverdale. The CMHCs are local area offices of the Behavioral Health Division's outpatient adult psychiatric treatment program. Each clinic offers traditional psychiatric outpatient support, case management and linkage to Goodwill's consumer-operated programs: Petaluma Peer Recovery Services, the Russian River Empowerment Center, the Advocacy and Wellness Center and the Interlink Self-Help Center.

The CMHCs work closely with all of the local health centers in the outlying areas to ensure that residents have a coordinated continuum of care. For questions, please contact their Petaluma Office at 769-5270, or their Guerneville Office at 869-4007. For more information about Goodwill's consumer operated programs go to: www.gire.org/menus/programs.html.

For Mental Health Awareness Week (MHAW) the CMHCs are hosting the following activities:

1. Posting story cards in each of the clinics so people will have an opportunity to share why Each Mind Matters to them.
2. Passing out lime green ribbons and encouraging people to wear lime green clothing during MHAW. The CMHCs are also giving away other materials from the Each Mind Matters campaign at their clinics.
3. In collaboration with the Petaluma Peer Recovery Program, the Petaluma CMHC (1360 N. McDowell Blvd) will host a BBQ on October 8th at 11:30am to celebrate MHAW. The BBQ is open to all community members who support mental health awareness!



CMHC SUCCESS STORY

I am a client at the Behavioral Health Division's Community Mental Health Center (CMHC) in Petaluma. My name is Steve. I have a very long ongoing relationship with my psychiatrist, actually since 1994. I find this to be helpful, as I can be honest about my needs and my issues. Because I am honest, my doctor can provide the best care because she's informed.

Last year I quit taking my medicine as prescribed and

(Continued on Page 2)

(Continued from Page 1)



Show your support!

Add the Each Mind Matters ribbon to your Facebook and Twitter profile photo.

<http://twibbon.com/Support/each-mind-matters>

Pain isn't always obvious.

Learn the signs for suicide prevention by visiting:

www.suicideispreventable.org



Go lime green at work or school!

Show your support by wearing a lime green ribbon or shirt, paint your fingernails or put on a lime green tie.

Follow the campaign!

Follow Each Mind Matters on Facebook and Twitter and share a post with your followers to spread awareness.

www.facebook.com/EachMindMatters

<https://twitter.com/EachMindMatters>



Why do you believe Each Mind Matters?

Take a few minutes to complete your Lime Green Ribbon story and share it at www.eachmindmatters.org.

Start a conversation!

Wear your lime green ribbon all week and talk to your family and friends about why you believe Each Mind Matters.



OTHER MENTAL HEALTH AWARENESS WEEK RESOURCES

Speak Our Minds - Find a mental health speaker to come to your workplace, church, or school. www.speakourminds.org

Reach Out Here - A resource designed specifically for young people ages 14-24. www.reachouthere.com

Walk in Our Shoes - A resource designed specifically for young people ages 9-13. www.walkinourshoes.org

California Mental Health Services Act Authority - www.calmhsa.org

National Alliance on Mental Illness (NAMI) Sonoma County - www.namisonomacounty.org

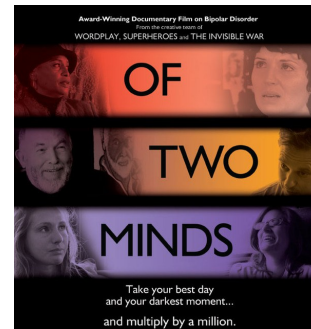
Each Mind Matters Spanish-language resource - www.eachmindmatters.org/get-informed/sobre-sanamente/



(Continued from Page 1)

suffered greatly as a result. I was hospitalized twice, and while at Marin General, balanced on a new set of meds. After being released from the hospital, I spent seven months in a board and care facility. This required patience on my part, all the while proving to my treatment team and my family that I could cooperate and become stable.

I now live at home with my family and see my therapist and psychiatrist regularly. I feel balanced, yet still feel mildly depressed at times-- yet because of the support I receive from the Behavioral Health Division's CMHC in Petaluma, I can cope.



"Of Two Minds" Film Screening

NAMI Sonoma County is proud to host the Sonoma County screening of the award-winning documentary film on bipolar disorder, "Of Two Minds". Film directors Doug Blush and Lisa Klein will host a Q&A

following the screening. Presale tickets available at:

www.brownpapertickets.com/event/850796

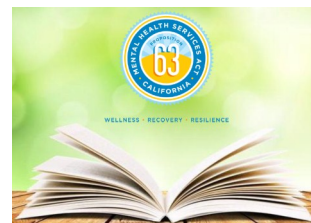
Date: October 11, 2014

Time: 3:00pm

Price: \$8 Presale, \$12 at door (pending availability)

Location: Summerfield Cinemas, 551 Summerfield Rd, Santa Rosa

The Prop 63 Story: How has Prop 63 changed your life?



The Mental Health Services Oversight and Accountability Commission is producing a commemorative book entitled, The Prop 63 Story, showcasing individual stories of hope and recovery. If you or a

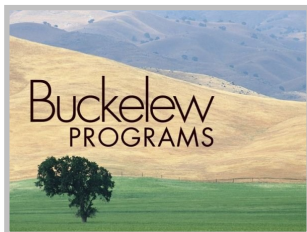
loved one has benefited from Prop 63-funded mental health services, we want to hear your story! Consumers in recovery, family members, peers, and the mental health community at large are encouraged to participate. The book will be available online and in print by December 2014.

Please submit a photograph of yourself (a "selfie") and a short story of your recovery, wellness, or personal triumph as related to mental health to be considered for inclusion in The Prop 63 Story. All submissions must include a signed consent form. For more information, go to: www.mhsoac.ca.gov.

Deadline to Submit: October 31, 2014.

For more information about MHSa programs and services, or to submit updates, events, success stories, or other content for this newsletter, please contact Amy Faulstich at amy.faulstich@sonoma-county.org. To sign up for this newsletter, go to: www.sonoma-county.org/mhsa.

SPOTLIGHT ON BUCKELEW PROGRAMS OF SONOMA COUNTY



The Mental Health Services Act (MHSA) funded FAMILY SERVICE COORDINATION (FSC) program at Buckelew offers education and referral to families of people with mental illness. The Family Service Coordinator serves as a liaison with Sonoma County Behavioral Health and other community-based organizations and services. Buckelew facilitates two

groups as part of the FSC program:

Family Services Resource Clinic

Facilitator: Erika Klohe, Buckelew Programs
Dates: Every Tuesday
Hours: 3:00 PM until 4:30 PM
Contact: (707) 571-8452
Location: Buckelew Programs - Santa Rosa Office
144 S. E St. Santa Rosa, CA - Suite 200

This clinic offers families of those with mental illness, and/or consumers education and referrals. Any family member or mental health consumer may come to a resource clinic for help with understanding or assistance in accessing services for themselves or their loved one.

Sonoma County Behavioral Health Family Support Group

Facilitators: Erika Klohe, Buckelew and Sid McColley, SCBH
Dates: 2nd Monday of Every Month
Hours: 4:00 PM until 6:00 PM
Contact: (707) 565-4935 Sid.McColley@sonoma-county.org
Location: Sonoma County Behavioral Health
3333 Chanate Rd. Santa Rosa, CA

This monthly education and support group to increase understanding of the nature of mental illness and its interaction with substance abuse, facilitate supportive dialogue, and foster confidence in family members' insights, interventions, and coping strategies.

For more information on Buckelew Programs, visit:

www.buckelew.org/programs/sonoma.html

PROP 63 SUCCESS STORY - "Annie" from Buckelew Programs



Our daughter Annie was a sweet, loving, warm, bright, skillful, creative and socially gifted child. After turning 18, she became ensnared in a sex trafficking ring where she was verbally and physically abused and drugged on a daily basis. When Annie finally found her way back home, she spoke incoherently and manifested numerous dissociative mechanisms of the mind associated with PTSD and Bipolar. I was deeply frightened for my little girl.

When Erika Klohe, FSC, with Buckelew Programs stepped in to Annie's life, her world began to turn around. Annie developed a multitude of healthy coping skills. Annie is now clean and sober, holds a full-time job with meaningful career potential and has re-built her valued relationships.

Sonoma County Board of Supervisors Recognizes Mental Health Awareness Week



BHD Director Mike Kennedy & Rosemary Milbrath of NAMI accepted the BOS Resolution along with NAMI staff

On October 7, 2014, the Sonoma County Board of Supervisors adopted a Gold Resolution proclaiming October 5-11, 2014 as Mental Health Awareness Week (MHAW) in Sonoma County. In recognition of MHAW, the Board honored two students from Analy High School, Kendra Goff and Sullivan Rutherford, who claimed first prize in the Suicide Prevention category in this year's "Directing Change" video contest.

View their award-winning video on the Sonoma County Behavioral Health webpage (scroll down on the right-hand side of the page):

www.sonoma-county.org/behavioralhealth



The Directing Change Student Video Contest

is heading into its third year of engaging youth on the subjects of suicide prevention and mental health. Directing

Change invites high school and University of California students to submit 60-second films focused on "Suicide Prevention" or "Ending the Silence of Mental Illness". Each school that participates is provided a school-based prevention program and other resources to help further their efforts on campus. Students are also eligible to receive a cash prize for their entry. The deadline for the 2015 Contest is **February 1, 2015**. For more information, go to:

www.directingchange.org

Karin Sellite, from Sonoma County Behavioral Health's **Crisis, Assessment, Prevention and Education Team (CAPE)**, recently talked to the Press Democrat about how CAPE reaches out to students in crisis:

www.pressdemocrat.com/entertainment/3025980-181/reaching-out-to-students-in

TOGETHER AGAINST STIGMA: EACH MIND MATTERS

Empowering Community Mental Health through
Research, Practice, Policy and Advocacy



The 7th "Together Against Stigma" International Conference will be held in San Francisco at the Hyatt Regency from February 17-20, 2015 on behalf of the World Psychiatric Association, the California Institute for Behavioral Health Solutions, the County Behavioral Health Directors Association, and the California Mental Health Services Authority.

The international character of this conference will underscore the fact that stigma is not exclusive to any one country or culture; it is pervasive, encountered at all levels of society, institutions, among families and within the healthcare profession itself. This conference will be the first to be hosted in the United States. For more information, visit:

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



Apply to Volunteer as a "Peer Warmline Connection of Sonoma County" Operator!

Training provided and begins **December 8, 2014**.

Funded through Sonoma County Health Services Behavioral Health Division and administered by Goodwill Industries of the Redwood Empire, the Warmline program is a peer-run program that is

administratively controlled and operated by peers with lived experience and emphasizes self-help as its operational approach. The focus of the 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 peer about a variety of issues related to their mental health, or are requesting information about a county resource in or out of the mental health system.

Contact Ann Tate, Warmline Program Coordinator, with any questions. Phone: (707) 565-7837 or Email: atate@gire.org



SCBHD Community Intervention Team member, Raul Matamoros, at the Forum

trends at the local and national level. The conference, sponsored in part by the County of Sonoma Department of Health Services, continues to be one of the most educational and informative Latino healthcare events in Northern California.

¡No hay salud sin salud mental! (There is no health without mental health!)

The **22nd Annual Latino Health Forum** on October 16, 2014 was a great success, helping to increase the awareness of the impact of mental and behavioral health issues in the Latino Community. The sold-out event brought to light many important issues, such as mental health treatment gaps in Latino underserved populations and health

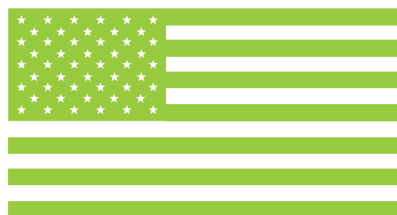
NEW TO THE MHSA TEAM



Dr. Catherine Williams has joined the Sonoma County Behavioral Health Division (BHD) as a Program Evaluation Manager in the Quality Assurance & Improvement program. She will perform quality improvement and evaluation activities that will focus on program performance and client outcomes, including MHSA-funded programs.



Petaluma Community Mental Health Center holds a BBQ to celebrate Mental Health Awareness Week!



Many returning service members face complex mental health challenges in re-adjusting to life after deployment. Fear of personal embar-

Veterans Day - Nov 11

rassment, disappointing comrades, losing the opportunity for career advancement and dishonorable discharge are motivators to hide symptoms of mental illness. Each Mind Matters, California's Mental Health Movement, is making strides to end the stigma associated with mental illness to make it easier for veterans to get the help they need. To learn more about the movement and for more resources, visit www.eachmindmatters.org/veteran/.

Throughout this fall, Star Behavioral Health Providers (SBHP), which offers behavioral health services to California National Guard members and families, are providing FREE trainings on how to better understand and serve veterans, service members, and their families as clients. CEUs are provided. More information and the list of scheduled trainings is provided here:

<http://starproviders.org/providers/states/california/training-dates-locations-page-id-16>

The U.S. Department of Veterans Affairs offers a free Military Culture Training sponsored by the Center for Deployment Psychology. This web based training can be accessed by visiting:

<http://www.deploymentpsych.org/military-culture-course-modules>

For more information about MHSA programs and services, or to submit updates, events, success stories, or other content for this newsletter, please contact Amy Faulstich at amy.faulstich@sonoma-county.org. To sign up for this newsletter, go to: www.sonoma-county.org/mhsa.

SPOTLIGHT ON GOODWILL INDUSTRIES OF THE REDWOOD EMPIRE



This issue of the Mental Health Services Act (MHSa) Newsletter focuses on the many MHSa-funded programs of **Goodwill Industries of the Redwood Empire (GIRE)**. Since 1974, GIRE has developed, provided and supported programs and services that specifically serve mental health consumers (peers). They work to bring innovative and empowering programs to our communities that help people re-

alize their potential and embrace opportunity. They take pride in offering a wide variety of community programs and activities supporting choice, independence, quality of life, self-help, and personal empowerment. For more information, visit: www.gire.org/menus/Programs.html.

GOODWILL'S WELLNESS AND ADVOCACY CENTER



Members living with mental health challenges are offered an array of services and programs including employment and training,

art classes, facilitated groups on a variety of topics, access to psychiatric services, community resources, peer counseling, a community garden and much more. Visit their website at: www.wellnessandadvocacy.org.

WELLNESS AND ADVOCACY CENTER ART PROGRAM

The Wellness and Advocacy Center Art Program focuses on the creativity too often hidden by the social and economic difficulties associated with having mental or emotional challenges.

Art Exhibit - "Unseen"

The Wellness and Advocacy Center Art Program is presenting the art exhibit "Unseen" from 12/13/14 through 1/30/15 at the Finley Community Center, 2060 West College Ave, Santa Rosa. The exhibit's reception will be held at the Finley Center on 1/16/15 from 4:30-6:30pm.



2015 Wellness and Advocacy Center Calendar now available for \$15!



For more information on the Art Program, Exhibit, or Calendar, contact Wellness & Advocacy Center Art Director Naomi Murakami at (707) 565-7820 or nmurakami@gire.org.

In Memory of Lynn Campanario



It is with great sadness that we bring you news of the passing of our friend and colleague, Lynn Campanario. Lynn died unexpectedly Tuesday, December 2nd 2014.

Lynn's legacy of work in Sonoma County is inspiring and immeasurable. Lynn worked with the County of Sonoma preventing the abuse of drugs and alcohol and promoting mental health in her role as Project

SUCCESS Plus Coordinator (an MHSa-funded program) and Friday Night Live Coordinator. Lynn was a valued member of the Department of Health Services team this past year as a Health Information Systems Specialist II.

Lynn served for years on Sonoma County's Commission on AIDS and co-founded the HIV Service Provider group that continues to guide, develop and support HIV prevention treatment and care services in the county. Lynn was committed to improving the health and well-being of youth in Sonoma County, and was a founding member of the Student Assistance Program Collaborative, which now supports programs on 16 High School campuses in 6 school districts.

Lynn touched thousands of lives in our community and forged relationships with many partners across the county. Her commitment, elegant countenance, and genuine joy at giving will not be forgotten. Please keep Lynn's family and friends in your thoughts as they go through this difficult time.



GOODWILL'S PEER SUPPORT PROJECT

The purpose of the GIRE Peer Support Project is to provide peer-to-peer support. The Peer Support Specialist, Jessie Panoski, is a member of the Mobile Support Team (MST). Jessie provides assistance to peers who are identified by the MST and agree to participate in peer support services. She also works with peers who have contact with Psychiatric Emergency Services (PES). Jessie assists peers involved in the MST and PES in the following ways:

- Works closely with MST staff to identify and coordinate aftercare responsibilities and tasks
- Provides assistance to peers and/or family members to link with recommended care after MST or PES contact
- Assists peers in implementing their PES after-care plans
- Works with the Consumer Relations Program to organize and arrange internship program opportunities for peers

GOODWILL'S INTERLINK SELF-HELP CENTER



Interlink offers over 35 opportunities for members to connect in groups, classes, and socialization activities each week. They provide one-on-one peer support; help with community resources; host patients' rights clinics, monthly forums and more. A range of groups are available, such as Coping with Anxiety and Managing Depression & Mania. Available classes include Introduction to Peer Support and Mental Health & Addiction Support.

Interlink's Dual Diagnosis Consumer Counselor, Jennifer Peoples, is a certified Smart Recovery trainer, facilitating a number of groups for members that want support dealing with substances, such as alcohol, drugs, food, as well as behavioral issues, such as shopping and gambling. Jenn's groups are well attended and Interlink gets constant feedback about the positive impact these groups have on member's lives. Jenn facilitates weekly LifeRing and Relapse Prevention meetings, as well as "Expressing Creativity", where participants have made tie-dye shirts, recovery collages, mandalas, spin art, recovery notebooks, and pinatas.



Claire Newman, the Activities Director, leads the coordination of numerous activities, including parties and "Wednesday Activities" when members celebrate birthdays, play games, make thank-you cards and much more. Interlink is open Mon-Sat from 10am-3pm, except Thursdays when they close at 2pm. You can check them out online at: www.interlinkselfhelpcenter.org.

GOODWILL'S CONSUMER RELATIONS PROGRAM



The Consumer Relations Program (CRP) was created to provide, through education and advocacy, the opportunity for peers with lived mental health experience to build an energetic, participatory, and

recovery-oriented community. CRP's Consumer Education Coordinator, Kate Roberge, is responsible for the training and employment of peer support specialists in the local mental health workforce. Kate encourages and supports the growth of a recovery-oriented and self-advocacy-based peer population in Sonoma County.

Three new graduates of CRP's Peer Support Specialist Training are now working in Sonoma County! Each of the Goodwill-operated peer-run centers in the county has now added a new peer counselor who has completed this comprehensive, peer-taught training.

All three trainees interned at the Interlink Self-Help Center or the Wellness and Advocacy Center, honing and "polishing" their skills. Following a competitive hiring process, each peer was hired on at Interlink, Wellness and Advocacy, and the Petaluma Peer Recovery Center! Graduate A.J. Duzan also recently became employed by San Bernardino County Behavioral Health!



Jennifer Shanholtzer, new peer support specialist at Interlink

GOODWILL'S PETALUMA PEER RECOVERY PROJECT

Petaluma Peer Recovery Project (PPRP) is a consumer-run program dedicated to empowering the local mental health community through peer support and education.

Opened in January of 2012 as a volunteer venture, PPRP became an MHSA-funded program of GIRE in the fall of 2012. This fall, PPRP restructured from a two-staff to a three-staff program with Sasha Tutelman continuing as PPRP's Peer Support Coordinator. Susana Carillo and Lynda Yager were recently hired as Team Leaders. PPRP is very excited about the experience, heart, and wisdom Susana and Lynda bring to the program and is looking forward to new groups and further expansion. Stay tuned for updates on PPRP's continuing transformation!



PPRP is open Mon, Wed & Thur from 10am-3pm, offering support groups, one-on-one peer support and information and referral to other community resources. They share space with the Sonoma County Behavioral Health Division at 1360 N. McDowell Blvd., Suite 1A, Petaluma, CA 94954 and their phone number is (707) 769-5299.

GOODWILL'S PEER WARMLINE CONNECTION

Peers Listening to Peers



The Peer Warmline Connection of Sonoma County is a peer-run service managed and operated by peers emphasizing self-help. Its focus is to provide a telephone connection for people with mental health challenges who would like to speak with a peer about a variety of issues or to receive resource referrals.

The Warmline launches in January, 2015, and is currently seeking volunteers! For more information, contact Ann Tate, Warmline Program Coordinator: (707) 565-7837 or Email: atate@gire.org

The Warmline launches in January, 2015, and is currently seeking volunteers! For more information, contact Ann Tate, Warmline Program Coordinator: (707) 565-7837 or Email: atate@gire.org



The Behavioral Health Division (BHD) has been accepted to present at the 7th International "Together Against Stigma: Each Mind Matters" Conference, which will be held February 18-20, 2015 at the Hyatt Regency in San Francisco. For more information or to register, go to: www.togetheragainststigma.org

For more information about MHSA programs and services, or to submit updates, events, success stories, or other content for this newsletter, please contact Amy Faulstich at amy.faulstich@sonoma-county.org. To sign up for this newsletter, go to: www.sonoma-county.org/mhsa.

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). In this issue, we are putting a spotlight on the important work of the CRDP.

Our January issue of the MHSA Newsletter also celebrates Dr. Martin Luther King's birthday with a spotlight on MHSA contractor, Community Baptist Church.

SPOTLIGHT ON 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.

This initiative, the **California Reducing Disparities Project (CRDP)**, 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. Funded by the Mental Health Services Act, the goal is to infuse \$60 million over four years to improve awareness, access and service quality for these communities.

CRDP Strategic Plan

Beginning in 2010, five 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 draft Plan, as well as the Population Reports, are available on the California Department of Public Health (CDPH) website:

www.cdph.ca.gov/programs/Pages/StakeholdersGeneratedReports.aspx

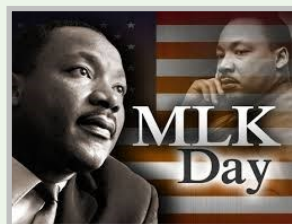
Stakeholders may provide feedback on the draft Plan at five town hall meetings around the state or via email at CRDPStrategicPlan@cpehn.org through February 12, 2015. CPEHN's CRDP website:

www.cpehn.org/page/statewide-strategic-plan-reduce-mental-health-disparities

CRDP in Sonoma County

Sonoma County Behavioral Health Division has retained Julie Kawahara of Kawahara & Associates to support local organizations to engage in this

(Continued on Page 2)



MARTIN LUTHER KING JR. DAY: A Day ON, Not a Day Off

Community Baptist Church (CBC) presents the "MLK Day: A Day ON, Not A Day Off" community event on

Monday, January 19, 2015. The event provides an opportunity to give back to the community through a variety of Service Projects.



Schedule:

Opening: 10am; Service Projects: 10am-1pm; Lunch: 1:30-2:30pm; March: 3pm

(Marching from CBC to Courthouse Square, where the Closing Ceremony will take place.) For information, or Service Projects recommendations or volunteers, call or email:

Community Baptist Church, 1620 Sonoma Avenue, Santa Rosa; (707) 546-0744; cbc1620@att.net

SPOTLIGHT ON COMMUNITY BAPTIST CHURCH (CBC)



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.

There are four programs run by CBC that are funded by the Mental Health Services Act (MHSA). The target populations for these programs are members of CBC with specific focus on African Americans.

(Continued on Page 2)

(Continued from Page 1)

statewide process and ultimately apply for funding. These organizations include: Community Baptist Church, Latino Services Providers, Positive Images, Sonoma County Indian Health Project, and Vista Health Clinic.

Ms. Kawahara reports that, "All of these organizations have a history of successfully implementing 'community-defined' best practices included in the CRDP Population Reports. They are in prime position to be strong contributors in achieving statewide goals and with additional funding could really make a significant difference in Sonoma County."



Community Baptist Church
www.cbcsr.org/



Latino Service Providers
www.latinoserviceproviders.org/



Sonoma County Indian Health Project
www.scihp.org/



Positive Images
www.posimages.org/



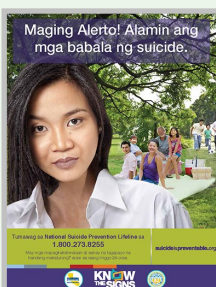
Vista Family Health Center
www.srhealthcenters.org/service/vista-family-health-center/

Julie Kawahara has been a consultant to public and non-profit programs for over 25 years, specializing in program development, organizational capacity building and evaluation services primarily in education, health and human services.



"YOUR VOICE COUNTS" RESOURCE CENTER

Know the Signs is a statewide suicide prevention social marketing campaign with the goal to prepare more Californians to prevent suicide by encouraging them to know the warnings signs for suicide, find the words to offer help to someone they care about and reach out to local resources. www.resource-center.yourvoicecounts.org/



The deadline for the 2015 Directing Change Video Contest has been extended until February 16, 2015!

For more information, go to:
www.directingchange.org

PEER WARMLINE CONNECTION OF SONOMA COUNTY IS LIVE!
(707) 565-4466

Peers Listening to Peers



**Fri, Sat, & Sun
evenings
5:30-9:30pm**

For more information about MHSa programs and services, or to submit updates, events, success stories, or other content for this newsletter, please contact Amy Faulstich at amy.faulstich@sonoma-county.org. To sign up for this newsletter, go to: www.sonoma-county.org/mhsa.

(Continued from Page 1)



Rites of Passage is an 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.



Safe Harbor 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.



Saturday Academy is a weekly program that features topics of importance to youth of the church and the community. Adults from the community are asked to bring a youth relative or friend. The program is a participatory program that 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.



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

The Sonoma County Department of Health Services Behavioral Health Division (BHD) has developed a comprehensive response to crises that may occur in the community. This issue of the MHSa Newsletter will focus on three of these critical MHSa-funded programs delivering crisis response services: the Crisis Assessment, Prevention, and Education Team (CAPE), Crisis Intervention Training for Law Enforcement Personnel (CIT), and the Mobile Support Team (MST).

CRISIS ASSESSMENT, PREVENTION, AND EDUCATION (CAPE) TEAM



The **Crisis Assessment, Prevention, and Education Team (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 13 Sonoma County High Schools, Santa Rosa Junior College and Sonoma State University.



**SANTA ROSA
JUNIOR COLLEGE**

The CAPE Team has 5 essential components:

1. **Mobile Response** in schools by licensed mental health clinicians with youth who may be experiencing a mental health crisis.
2. **Screening & Assessment** of at-risk youth in high schools and colleges.
3. **Training & 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.
4. **Peer-based & Family Services** including increasing awareness, education and training, counseling, and support groups for at-risk youth and their families.
5. **Integration & 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 BHD.

CAPE TEAM IN THE NEWS:

"Reaching out to students in crisis"

www.pressdemocrat.com/entertainment/3025980-181/reaching-out-to-students-in

CRISIS INTERVENTION TRAINING (CIT) 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 partnered with Sonoma County Department of Health Services Behavioral Health Division (BHD) to conduct 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 goals 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 assisting 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

(Continued on Page 2)

CAPE SUCCESS STORY



Keller McDonald,
Superintendent
West Sonoma
County Union High
School District

CAPE has been a valuable resource for West County High Schools for several years. CAPE has become an integral part of our continuum of student support services on all our campuses. CAPE has helped our teachers, guidance counselors, administrators, and other staff better understand how to recognize and respond to student mental health crisis situations.

We know that CAPE is there to help get students into safe, supporting environments quickly and effectively when needed; while involving parents, law enforcement, health care, and community services in sensitive and appropriate ways. The CAPE team is a great partner in helping us provide safe campus environments and productive climates for learning and teaching!

MOBILE SUPPORT TEAM (MST)

Sonoma County Department of Health Services Behavioral Health Division has partnered with Santa Rosa Police Department and Sonoma County Sheriff's Office to implement the Sonoma County Behavioral Health (SC-BHD) Mobile Support Team. The Mobile Support Team (MST) is staffed by behavioral health professional who provide field-based support to law enforcement officers responding to a behavioral health crisis. The goals of MST are:

- Promote the safety and emotional stability of community members experiencing behavioral health crises;
- Minimize further deterioration of community members experiencing behavioral health crises;
- Help community members experiencing crises to obtain ongoing care and treatment;
- Prevent placement in settings that are more intensive, costly, or restrictive than necessary and appropriate.



MST is staffed by licensed mental health clinicians, certified substance abuse specialists, post-graduate registered interns, mental health consumers and family members. MST staff receives specialized field safety training by law enforcement partners. MST operates during peak activity hours and days as informed by ongoing data review and coordination with law enforcement agencies. MST staff participates in law enforcement shift briefings to maintain open communication.

MST staff responds in the field to law enforcement requests to behavioral health crises. Once the scene is secured, MST provides mental health and substance use disorders interventions to individuals experiencing a behavioral health crisis, including an evidence-based assessment that assists in determining if the individual should be placed on an involuntary hold. MST staff provides crisis intervention, support and referrals to medical and social services as needed. Follow up services are provided by mental health consumers and mental health consumer's family members to help link community members to ongoing care and treatment to mitigate future crisis.

MST IN THE NEWS:

"Teaming up on mental health in Sonoma County"

www.pressdemocrat.com/news/2214221-181/guest-opinion-teaming-up-on?page=0

(Continued from Page 1)

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, 300 Sonoma County law enforcement personnel have been trained in CIT.

CRISIS INTERVENTION TRAINING IN THE NEWS:

"Sebastopol Police receive mental health crisis training"
www.sonomawest.com/sonoma_west_times_and_news/news/sebastopol-police-receive-mental-health-crisis-training/article_65d9b622-9c29-11e4-a4bb-033415fc5ec3.html



**SRJC STUDENT
HEALTH SERVICES**

EACH MIND MATTERS

SONOMA COUNTY NETWORKING EVENT

Thursday, February 26th, 4-6pm

Bertolini Student Activities Center, SRJC Santa Rosa Campus

Santa Rosa Junior College's Student Health Services invites you to attend the EACH MIND MATTERS, Sonoma County, Mental Health Networking Event. Join us to connect with local providers, enjoy hors d'oeuvres, and take part in action planning to reduce stigma in Sonoma County. RSVP & request a parking pass by Thur, February 19th.

For more information contact Javier Rivera

Email: jrivera2@santarosa.edu or call: 707-535-3731



The 7th International "Together Against Stigma" Conference will be held February 18-20, 2015 in San Francisco. This conference will be the first to be hosted in the United States and underscores the fact that stigma of mental health challenges is not exclusive to any one country or culture: it is pervasive, encountered at all levels of society, institutions, among families and within the healthcare profession itself.

The Sonoma County Behavioral Health Division will be presenting a workshop at the conference titled "A Story of Successful Systems Change: How Local High Schools, Law Enforcement, Peer Providers and a California County Behavioral Health Division Work Together to Reduce Stigma, Prevent Suicide and Increase Mental Health Awareness". For more information on the conference, or to register, go to:

www.togetheragainststigma.org

For more information about MHSA programs and services, or to submit updates, events, success stories, or other content for this newsletter, please contact Amy Faulstich at amy.faulstich@sonoma-county.org. To sign up for this newsletter, go to: www.sonoma-county.org/mhsa.

Newsletter designed by Bruce Robbins.

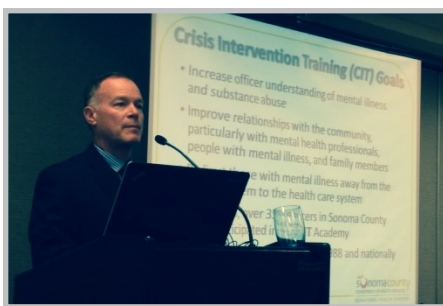
7th INTERNATIONAL "TOGETHER AGAINST STIGMA: EACH MIND MATTERS" CONFERENCE



Lt. Mark Essick, Cruz Cavallo, Lauren Petersen, Karin Sellite, Mike Kennedy

On February 19th, 2015 the Sonoma County Behavioral Health Division presented a 90 minute symposium entitled "A Story of Successful Systems Change: How Local High Schools, Law Enforcement, Peer Providers and a California County Behavioral Health Division Work Together to Reduce Stigma, Prevent Suicide and Increase Mental Health Awareness."

The Sonoma County Behavioral Health Director, Mike Kennedy, Lt. Mark Essick from the Sonoma County Sheriff's Office, Karin Sellite from the Mobile Support Team (MST) and the Crisis Assessment Prevention and Education (CAPE) Team, Cruz Cavallo from the Community Intervention Program (CIP) and Lauren Petersen from the National Alliance on Mental Illness (NAMI) presented their contributions to the development of the Crisis Intervention Training (CIT) program, the MST and the CAPE Team.



Lt. Mark Essick from the Sonoma County Sheriff's Office



Amy Faulstich and Melissa Ladrech

Karin, Cruz and Lauren talked about the ways these programs have increased outreach and engagement to youth and community members, helping to connect them with much needed mental health services offered by the Sonoma County Behavioral Health Division. The presenters spoke of how this collaboration has led to fundamental systems change, building bridges from mental health promotion and gatekeeper training to service provision.

SONOMA COUNTY MENTAL HEALTH NETWORKING EVENT AT SANTA ROSA JUNIOR COLLEGE



Jeane Erlenborn, Javier Rivera, Brain Kauffman, Stephanie Sanchez, Diana Kingsbury, Lauren Brennan

On February 26, 2015 the Sonoma County Behavioral Health Division partnered with Santa Rosa Junior College (SRJC) for the annual Sonoma County Mental Health Networking event held at the college.

The theme for this year's event was focused on furthering efforts to promote the Each Mind Matters campaign to reduce stigma around mental illness in Sonoma County. Attendees worked in small groups to brainstorm ideas on how to increase campaign awareness to local business and agencies, schools and local media. The networking event's objectives were:



Elise Krawchuk

- Present an overview of tools and resources available to promote mental health awareness
- Present and discuss local efforts to reduce stigma, including a presentation from Mike Kennedy about his experience presenting at the Together Against Stigma Conference
- Launch the "Each Bear Cub Matters" campaign at SRJC
- Begin an action plan on how to reduce stigma in Sonoma County

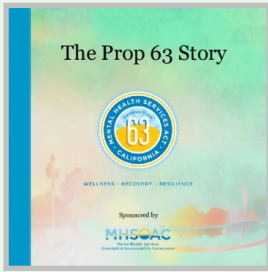


For more information about the PEERS Coalition, contact Jeane Erlenborn at:

jerlenborn@santarosa.edu



"THE PROP 63 STORY" BOOK IS NOW AVAILABLE!



The Mental Health Services Oversight and Accountability Commission (MHSOAC) is pleased to announce the publication of "The Prop 63 Story". This book is full of personal stories and pictures of those whose lives have been changed by Prop 63.

Prop 63 was passed by California voters in 2004 and places a one percent tax on personal incomes above one million dollars. The money generated from Prop 63 has helped fund approximately 1,500 community mental health programs, serving thousands of people throughout the state.

The book can be viewed online here:

www.bookemon.com/read-book/449319

Books can also be purchased through the publisher here:

www.bookemon.com/book-profile/the-prop-63-story/449319

SONOMA STATE UNIVERSITY'S MENTAL HEALTH AWARENESS WEEK



The Sonoma County Behavioral Health Division's Community Intervention Program (CIP) team took part in Sonoma State University's recent Mental Health Awareness Week. During this week, education, destigmatization, resources, and the student voice were spread all over campus!



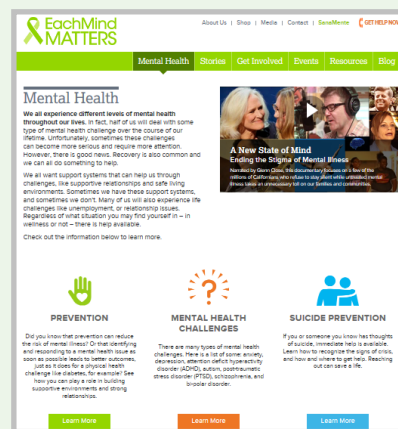
NEW LOOK FOR "EACH MIND MATTERS" AND "SANA MENTE" WEBSITES!



The "Each Mind Matters" and "Sana Mente" websites have undergone a recent makeover! With a sleek new look and simple interface, these sites help connect individuals and organizations with tools to participate in California's Mental Health Movement, including a blog, event listings, toolkits, stories of inspiration and more!

Visit the sites and see for yourself:

www.eachmindmatters.org/



www.sanamente.org/

SAVE THE DATE!



The Behavioral Health Division presents a Public Hearing to review the Mental Health Services Act (MHSA) FY 13/14 Annual Update and MHSA Plan for FY 15/16

Wednesday, May 20, 2015

5:00 to 7:00 PM

Finley Center, Cypress Room
2060 West College Avenue
Santa Rosa 95401

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. There will also be an opportunity for public comment. **Contact: 707-565-4850**



The Program and Resource Catalogue is a searchable website that puts information on hundreds of programs, resources, and tools produced through the California Mental Health Services Authority (CalMHSA) within easy, searchable reach of counties, organizations and mental health partners, making it easy to integrate these resources into behavioral health and wellness prevention and early intervention efforts. Browse the catalogue at:

<http://catalogue.eachmindmatters.org/>

LATINO SERVICE PROVIDERS (LSP) NEWSLETTER



The LSP Newsletter provides information on upcoming community events, fundraisers, job openings, job seekers, and other notifications of interest. You can sign up for the newsletter by visiting:

www.latinoserviceproviders.org/member.html

For more information about MHSA programs and services, or to submit updates, events, success stories, or other content for this newsletter, please contact Amy Faulstich at amy.faulstich@sonoma-county.org. To sign up for this newsletter, go to: www.sonoma-county.org/mhsa.

Newsletter designed by Bruce Robbins.

naeyc
WEEK of the YOUNG CHILD

April 2015
Celebrating Our
Youngest Learners!



The Week of the Young Child is an annual celebration sponsored by the National Association for the Education of Young Children (NAEYC), the world's largest early childhood education association. The purpose of the Week of the Young Child is to focus public attention on the needs of young children and their families and to recognize the early childhood programs and services that meet those needs.

Sonoma County Behavioral Health Division (BHD) is celebrating the Week of the Young Child by focusing the April issue of the MHSA Newsletter on the great work of the Early Childhood Mental Health (0-5) Collaborative.

IDENTIFICATION, PREVENTION, AND EARLY INTERVENTION



From their birth, identification, prevention, and early intervention services are key to promoting life-long mental health for children at risk. To that end, the Mental Health Services Act (MHSA) funds the **0-5 Collaborative**, which consists of four grantees who provide services for children from

the prenatal stage through age five and their families: Child Parent Institute (CPI), Early Learning Institute (ELI), Jewish Family and Children's Services' (JFCS) Parents Place, and Petaluma People Services Center (PPSC). Providers seeking services for families and young children can refer directly to these agencies or *contact the 0-5 Navigator at ELI by calling 707-591-0170*.

MHSA provides direct funding to the four grantees, while **First 5 Sonoma County** provides coordination, evaluation, and training services, as well as supporting services that supplement the MHSA effort.

<http://www.first5sonomacounty.org/>

First 5 Program Evaluation Report:

http://www.first5sonomacounty.org/documents/2013-2014-MHSA-EvaluationBrief_20150115.pdf



WELLNESS • RECOVERY • RESILIENCE

The Behavioral Health Division
presents a Public Hearing
to review the
Mental Health Services Act (MHSA)
FY 13/14 Annual Update
and MHSA Plan for FY 15/16

Wednesday, May 20, 2015

5:00 to 7:00 PM

Finley Center, Cypress Room

2060 West College Avenue

Santa Rosa 95401

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. There will also be an opportunity for public comment. The MHSA Annual Update and Plan is available at:

www.sonoma-county.org/behavioralhealth

Contact: 707-565-4850

WHY EARLY INTERVENTION MATTERS



**PETALUMA PEOPLE
SERVICES CENTER**

From the moment children are born, they are rapidly developing, changing,

and growing. Children learn to move, communicate, interact with the world, and develop a sense of personal and cultural identity. Early childhood offers the greatest opportunities for positive development, but it is also the period when children are most at risk. Adverse influences on a child's development during early childhood can be irreparable.

Children growing up in difficult circumstances, such as poverty, abuse, or neglect often require specific interventions. If left untreated, these adverse childhood experiences can prevent the child's full participation in society and lead to drug abuse, mental illness, or criminal activity. However, well-planned and specific interventions that happen early can make a difference.

Petaluma People Services Center (PPSC) provides Triple P—Positive Parenting Program services to help parents and caregivers learn parenting skills in order to prevent or mitigate such adverse experiences and create better health and economic outcomes for children and our communities. *For more information or to refer families, contact PPSC at (707) 765-8488.*

<http://petalumapeople.org/>

WHY SCREENINGS ARE IMPORTANT FOR YOUNG CHILDREN



When it comes to a child's early development, unidentified learning differences,

speech delays, and challenges with self-regulation can threaten a child's success in school and in life. Social-emotional or behavioral issues can affect a child's ability to make and keep friends or develop long-term relationships. A child who finds himself constantly "in trouble" and contributing to family strife and parental stress loses self-esteem.

Sadly, statistics show that the risk for child abuse rises when stressed families face the challenges of caring for children with special needs. Developmental and social-emotional screenings identify difficulties early and are essential to assure the child receives timely help to mitigate problems. It is critical for adult-serving professionals to ask their clients, "How are your children doing?"

The **Watch Me Grow** program, through the **Early Learning Institute (ELI)**, offers free, in-home developmental and social-emotional screenings for children birth to 5 (before entering Kindergarten) as well as help for parents or professionals looking for appropriate services for young children. *Referrals can be made directly on the ELI website (earlylearninginstitute.com) or call: (707) 591-0170.*

INTERVENING IN PERINATAL MOOD DISORDERS



child parent institute

Child Parent Institute (CPI) worked with a young Latina mom who experienced both depression and anxiety following the birth of her second child this year. When her first child was born she was a teenager and in an abusive relationship. After several years on her own with her child, she remarried. She expressed her

postpartum depression and anxiety as irritability towards her new husband and sleeplessness.

CPI's therapist worked initially with the mother to help her understand her fears and develop habits that would reduce her depression. Then the therapist worked with the mom and dad together. Both parents had been raised in alcoholic households and realized they did not have good relationship skills. They benefited greatly from learning new communication strategies and joined an Adult Children of Alcoholics group to support each other in making more positive changes.

These interventions to reduce mom's depression and anxiety allowed her to be more responsive to her young children, supporting their mental health and healthy development. *To refer clients for Perinatal Mood Disorder or Triple P services, phone CPI at (707) 585-6108.*

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

KEVIN BERTHIA ON THE IMPACT OF LISTENING



May 29, 2015, 5:30 - 8pm
1620 Sonoma Ave, Santa Rosa, CA

Join us on May 29 to celebrate Mental Health Matters Month!

The Sonoma County Department of Health Services, Behavioral Health Division and Community Baptist Church invite you to attend a speaking engagement with special guest, Kevin Berthia and his powerful story "The Impact of Listening." Enjoy networking opportunities, learn

about local resources and what you can do to help prevent suicide and reduce stigma around mental health challenges.

EARLY INTERVENTION TO PROMOTE HEALTHY DEVELOPMENT



Prevention and early intervention services for young children help support their growth into happy productive adults.

Parents Place at Jewish Family and Children's Services (JFCS) offers two important services that support healthy social-emotional development in young children.

1. Triple P—Positive Parenting Program services offered through preschools help teachers & parents be on the same page in raising resilient, confident, and competent children. Parents Place has served over 2,500 parents & teachers countywide in English & Spanish.
2. Psychological assessments are provided for preschool-aged children who do not qualify for services elsewhere. We help identify reasons for troubling behavior and offer parents concrete recommendations & strategies.

Parents say:

"Until now we were just moving our child from one day care to the other, without understanding what else we could do—just hoping that he would figure it out himself."

"It is a relief to know what is really going on, instead of feeling like a bad parent all the time."

To refer families to Parents Place for Triple P services, phone (707) 571-2048.

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

THANK YOU, CAROL!

It is with both joy and sadness that we announce the retirement of Carol Caldwell-Ewart. Carol has been a friend and fierce ally of the Early Childhood Mental Health community in Sonoma County for many years. As a staff member at First 5 Sonoma County, Carol has championed and coordinated the countywide implementation of Triple P-Positive Parenting Program and facilitated the MHSA-PEI 0-5 Collaborative for DHS Behavioral Health Division.



In her long and eclectic career, Carol has been a mental health counselor, public relations director, writer and editor, business owner, film producer and also found time to raise three children. While we will greatly miss Carol's advocacy and leadership, we wish her a happy retirement with many new adventures ahead!

For more information about MHSA programs and services, or to submit updates, events, success stories, or other content for this newsletter, please contact Amy Faulstich at amy.faulstich@sonoma-county.org. To sign up for this newsletter, go to: www.sonoma-county.org/mhsa.

Newsletter designed by Bruce Robbins.



May is Mental Health Matters Month! Throughout the month, people from across Sonoma County and California will come together to spread awareness about the importance of mental health and show their support for the issue.

tal health and show their support for the issue.

In Sonoma County, approximately seven percent of our population lives with a serious mental illness. Each year 20 percent of county residents will experience a mental health issue that impacts their ability to function effectively in some area of their life. Through increased outreach efforts and other opportunities this month, Department of Health Services staff, contract providers, Sonoma County Mental Health Board members, and National Alliance on Mental Illness (NAMI) staff will emphasize the importance and effectiveness of increasing awareness of mental health services and decreasing stigma; promoting peer employment, empowerment, and self-help; integrated mental health and substance use service delivery; and similar principles of recovery in community mental health.

Mental health associations, families, clients, and advocacy groups across the county participate in mental health awareness activities each year. To download the Mental Health Matters Month 2015 Activities and Events Calendar, visit:

www.sonomacounty.ca.gov/Health/News/May-is-Mental-Health-Matters-Month/



This year, in partnership with the California Mental Health Services Authority (CalMHSA) and Community Baptist Church, the Behavioral Health Division is hosting a community speaking engagement, "Kevin Berthia on The Impact of Listening." Kevin Berthia is a suicide survivor and suicide prevention advocate. Kevin was born with a genetic major depression disorder that he inherited from his biological mother. In 2005, at the age of 22, Kevin attempted to take his own life by jumping from the Golden Gate Bridge. Kevin will share his story of recovery and hope to help reduce stigma and discrimination around mental illness.

May 29, 2015, 5:30-8pm

Community Baptist Church, 1620 Sonoma Ave, Santa Rosa, CA 95405

Resource Tables - Networking - Refreshments

For more information, visit:

www.sonomacounty.ca.gov/Health/News/May-is-Mental-Health-Matters-Month/



The Behavioral Health Division
presents a Public Hearing
to review the
Mental Health Services Act (MHSA)
FY 13/14 Annual Update
and MHSA Plan for FY 15/16

Wednesday, May 20, 2015

5:00 to 7:00 PM

Finley Center, Cypress Room

2060 West College Avenue, Santa Rosa 95401

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. There will also be an opportunity for public comment. The MHSA Annual Update and Plan is available at:

www.sonomacounty.org/behavioralhealth

Please submit comments or questions to:

MHSA@sonoma-county.org

Contact: 707-565-4850

PREVENTION & EARLY INTERVENTION STRATEGIES WORKING IN SONOMA COUNTY

Through the California Mental Health Services Authority (CalMHSA), counties are leveraging their Proposition 63 (Mental Health Services Act) resources to support Prevention & Early Intervention (PEI) statewide programs that are preventing suicide, improving student mental health, and reducing stigma and discrimination. Here are a few examples of the local impact of statewide PEI programs on Sonoma County residents.

Know the Signs - Sonoma County residents received Suicide Prevention Campaign information through TV, online and magazine ads, resulting in **6.2 million total estimated views** within the county.

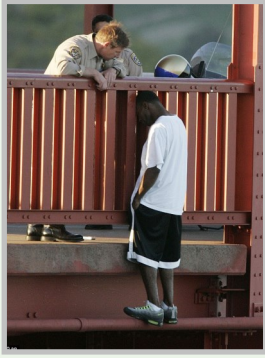
Regional K-12 Student Mental Health Initiative - In Sonoma County, **more than 150** teachers, administrators, counselors, parents, and community members were trained in mental health topics, such as suicide prevention and bullying prevention.

California Community Colleges - At Santa Rosa Junior College, **more than 6,400 individuals** were trained in mental health topics.

National Alliance on Mental Illness (NAMI) - **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, visit: www.sonomacounty.org/health/about/pdf/mhsa/impact-statement.pdf

KEVIN BERTHIA'S POWERFUL STORY



Kevin Berthia was born with a genetic major depression disorder that he inherited from his biological mother. In 2005, at the age of 22, Kevin attempted to take his own life by jumping from the Golden Gate Bridge. After jumping the railing, he stood on a 4 inch narrow cord about 220 feet in the air. For 96 minutes, with nothing to stop him from falling except a listening ear, Kevin spoke with a first responder who eventually talked him back over the railing.

In May of 2013, 8 years after his attempt at the Golden Gate Bridge, Kevin was invited by The American Foundation for Suicide Prevention (AFSP) to present The Life Savers Award to the officer who talked him back to safety. Kevin spoke publicly for the first time of the about the events that led up to that day March 11, 2005. Since, his story of recovery and hope has been featured by multiple media outlets including Nightly News with Brian Williams, ABC Fusion, The Steve Harvey Show, Men's Health Magazine and People Magazine. The photo of Kevin standing on the cord was front page of the San Francisco Chronicle, placed on the 75 most iconic photos of the 21st Century, and has since gone viral on social media.



Kevin Berthia is a suicide prevention advocate, encouraging people to talk through their problems rather than think about ending their lives. Kevin believes that depression may be a part of you, but it is not who you are and that no one knows better the darkness that surrounds suicide than



those who have walked in its shadow, or the light that comes from knowing that they might be able to help others avoid similar grief.

Kevin speaks both individually and with the officer who saved his life: Sgt. Kevin Briggs (Ret.), The Guardian of The Golden Gate. Kevin is now the father of three beautiful children and resides with his family in Northern California.

"MAY IS MENTAL HEALTH MATTERS MONTH" TOOLKIT



The Each Mind Matters campaign has developed a Mental Health Matters Month Toolkit, where you will find some great ideas and resources for planning mental health month activities. The toolkit includes posters for adult and youth, customizable fliers, a ribbon wall activity, an event planning guide, a social media guide, a fun PSA challenge, and more! The toolkit is available at:

www.eachmindmatters.org/get-involved/spread-the-word/may-is-mental-health-matters-month/

DIRECTING CHANGE STUDENT FILM INITIATIVE



The Department of Health Services would like to acknowledge the regional winners of the statewide campaign, **Directing Change Student Film Initiative**. Directing Change is one of several

statewide efforts to prevent suicide, reduce stigma and discrimination related to mental illness, and to promote the mental health and wellness of students. This student film contest encourages students to create a 60-second public service announcement in one of two categories, Suicide Prevention and Ending the Silence on Mental Illness. Students are responsible for researching the topic and adhering to best practices in media depiction of mental health. Regional first-place winners advance to the statewide-level. Sonoma County regional winners are listed below.

Sonoma County Regional Winners - Suicide Prevention Category (Region 8 & 9):

- **First Place:** "Waiting for the Storm to Pass" (Advancing to statewide round of judging)
Forest Murnane and Cade Van Stone - El Molino High School (Forestville)
- **Honorable Mention:** "Balancing the Equation"
Natalie Gospe - Santa Rosa High School
- **Special Recognitions:** Best Original Cinematography "Brighter Future"
Connor Macheras and Griffin Malone - Santa Rosa High School

Sonoma County Regional Winners - Ending the Silence Category (Region 5, 6, & 8):

- **Third Place (tied):** "Depression PSA"
Alex Rennie, Jenna Ellis and Duncan MacDonald - Santa Rosa High School

For more information and to view the videos, visit:
www.directingchange.org/contest-winners-finalists/

This initiative is funded by the voter-approved Mental Health Services Act (Prop 63) and administered by the California Mental Health Services Authority (CalMHSA). CalMHSA is an organization of county governments working to improve mental health outcomes for individuals, families, and communities, and administers programs at the statewide, regional, and local levels.



For more information about MHSa programs and services, or to submit updates, events, success stories, or other content for this newsletter, please contact Amy Faulstich at amy.faulstich@sonoma-county.org. To sign up for this newsletter, go to: www.sonoma-county.org/mhsa.

Newsletter designed by Bruce Robbins.

SPOTLIGHT ON WORKFORCE DEVELOPMENT

For the June newsletter, the Sonoma County Behavioral Health Division (SC-BHD) presents our **Workforce, Education and Training (WET)** local, regional and statewide goals and activities. The purpose of the Mental Health Services Act (MHSA) WET component is to **address the shortage of qualified individuals who provide or support services in the Public Behavioral Health System**. WET needs include: addressing shortages in occupations, skills sets, and individuals with unique cultural and linguistic competence; and, education and training for all individuals who provide or support services in the Public Behavioral Health System.

MELISSA LADRECH JOINS THE MHSA TEAM!



Melissa Ladrech, MS, LMFT, is the new **Workforce, Education and Training (WET) Specialist** for SC-BHD. She was formerly the North Bay Suicide Prevention Project (NBSPP) Coordinator at Family Service Agency (FSA) Marin, a Division of Buckelew Programs.

At FSA Marin, Melissa was responsible for overseeing the North Bay regional hotline expansion project funded by the California Mental Health Services Authority (CalMHSA), including providing consultation, support and community education for Sonoma County.

Melissa also supervised and managed the TeenScreen Program (evidence-based mental wellness screen for 12-18 year olds developed by Columbia University) at FSA Marin, and she specializes in working with adolescents in her private practice.

Melissa is a knowledgeable presenter and has extensive experience working with behavioral health clinicians, school staff, medical professionals and parents. Melissa earned a Master of Science degree in Counseling Psychology from Dominican University of California in 2009. Melissa is a Master Question, Persuade, Refer (QPR) trainer, a certified Assessing and Managing Suicide Risk (AMSR) leader, and an Applied Suicide Intervention Skills Trainer (ASIST).

LATINO SERVICE PROVIDERS' WORKFORCE DEVELOPMENT ACTIVITIES



Latino Service Providers (LSP) is a nonprofit 501(c)(3) organization. LSP has held a long standing foundation in "sharing information to empower people" by increasing access to services that otherwise would not have reached the Latino community. LSP received funding from the Mental Health Services Act (MHSA) in 2010 to create awareness of behavioral health care resources with an aim to increase access to services and to reduce stigma among the Latino communities in Sonoma County.

LSP utilizes a networking model to reach community organizations, businesses, and educational institutions to address the needs of the growing Latino population in Sonoma County. LSP conducts a monthly collaborative/networking meeting and distributes a bicultural online resource newsletter. To sign up for the LSP Newsletter go to: www.latinoserviceproviders.org

With MHSA funding, LSP is developing a workforce development component to their work, including the 2015 launch of a website to **enhance SC-BHD's recruitment of bilingual/bicultural staff**. This website will provide links to current job

(continued on Page 2)

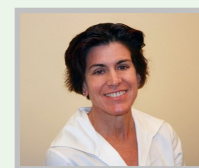
GREATER BAY AREA & NORTH BAY AREA COLLABORATIVES



The **Greater Bay Area Mental Health & Education Workforce Collaborative** (the Collaborative) represents many different counties, agencies, organizations and institutions, all committed to expanding the Greater Bay Area's public mental/behavioral health workforce.

Today, mental health practice is focused on creating hope and supporting wellness, recovery and resiliency for people living with mental illness. The Collaborative's goal is to **create a workforce that understands and supports wellness and recovery, is culturally and linguistically competent, and includes consumers and family members throughout the mental health system**.

Kristin Dempsey, MS, LMFT, LPCC, is a Senior Associate at California Institute for Behavioral Health Solutions (CiBHS) where she is the Project Manager for the Collaborative. Prior to her current work at CiBHS, Kristin most recently worked as Director of Workforce Development at San Mateo County Behavioral Health and Recovery Services.



The **Northern Bay Area Mental Health and Education Workforce Collaborative** meets as a separate group quarterly in Sonoma, Marin, Solano or Napa Counties. The North Collaborative focuses on **addressing behavioral health workforce development needs specific to the communities in the North Bay**. The quarterly meeting allows for networking among the region's diverse providers and helps to promote collaboration on complex workforce projects. If you are interested in meetings, receiving newsletters or connecting via social media, check out the website at: www.mentalhealthworkforce.org

SUPERVISORS RECOGNIZE MENTAL HEALTH MATTERS MONTH

THROUGHOUT THE MONTH, PEOPLE FROM ACROSS SONOMA COUNTY CAME TOGETHER TO SPREAD AWARENESS ABOUT THE IMPORTANCE OF MENTAL HEALTH AND SHOW THEIR SUPPORT FOR THE ISSUE. THE BOARD OF SUPERVISORS ADOPTED A RESOLUTION PROCLAIMING MAY 2015 AS MENTAL HEALTH MATTERS MONTH IN SONOMA COUNTY.



Throughout the month, people from across Sonoma County came together to spread awareness about the importance of mental health and show their support for the issue. The Board of Supervisors **adopted a resolution proclaiming May 2015 as Mental Health Matters Month in Sonoma County**.

(continued from Page 1)

openings for the Division. Potential candidates can also post their resumes and access other helpful links for career development in the behavioral health care field.

LSP will also be partnering with SC-BHD, Santa Rosa Junior College, (SRJC) and the Sonoma County Office of Education (and others) to conduct a Mental Health Career Symposium on Friday, November 6, 2015 at the SRJC campus. The symposium will target ages 16-30, although everyone is welcome. For more information on LSP's workforce development projects, contact Andrea Garfia at 707-837-9577 or email to agarfia@latinoserviceproviders.org



LSP's Wanda Tapia, Andrea Garfia, and Gonzalo Romo

CONSUMER RELATIONS PROGRAM



Goodwill Industries of the Redwood Empire. It is the program's mission to assist in developing a strong peer voice throughout the county.

The CRP is dedicated to **training those with lived mental health experience who wish to become a part of the mental health workforce**. The program, in collaboration with the Interlink Self-Help Center, offers an extensive course in peer support specialist training and certification. Graduates of the training are then provided with internships with SC-BHD and non-profit agencies throughout the county.

During their internships, the new peer support specialists have the opportunity to practice their new skills in real situations, as well as to learn in-depth about the services that various social service agencies in the county provide. Once their internships are completed, participants are provided employment services. The object of this process is to create and staff new peer positions in the local mental health workforce, providing much-needed peer support to those with lived mental health experience. For more information go to:

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

LOMI PSYCHOTHERAPY CLINIC BHD INTERNSHIP PROGRAM



The goal of the **Lomi Psychotherapy BHD Internship Program** is to provide culturally competent, linguistically appropriate individual, family, couple, and/or group therapy

services to mental health consumers who are Medi-Cal beneficiaries and who are referred from SC-BHD. Therapy services will be provided by post graduate interns under the supervision of a licensed mental health professional. For more information go to: <http://www.lomi.org/Welcome.html>

"SUPPORT OUR STUDENTS" INTERN PROGRAM



Support Our Students (SOS) is a Workforce Education and Training, Post Graduate Intern Program that works with the SC-BHD Mobile Support Team (MST). The Intern Program **provides training for post graduate SOS Interns in the provision of emergency behavioral health services and consultation in the clinic setting and in the field**. Interns must commit to a minimum of 20 hours per week and be available nights and weekends. Interns have paperwork and data requirements and are required to attend the weekly MST staff meeting, trainings, and case conferences. For more information go to: <http://soscounseling.org/>

PEER CERTIFICATION LEGISLATION



(SB 614, Leno) – New legislation which will require the Department of Health Care Services to establish a program for **certifying peer and family support specialists (PFSS)** to provide services to Medi-Cal beneficiaries

with mental health care needs was approved by the Assembly Appropriations Committee by a unanimous vote of 7-0 on May 31, 2015. This is a significant accomplishment for mental health peer specialists across the State of California. The next step for the bill will be the full Assembly.

A peer is a person with lived experience in mental illness and recovery. Behavioral health includes mental health and drug and alcohol use disorders. This program will offer training and certification for peers to deliver services in behavioral health settings and would enable California to receive federal funds for this purpose. This bill would also amend California's Medi-Cal State Plan to include peers as a provider category. Certification of peers serves several purposes:

- Establishes a standard of practice;
- Legitimizes the role by establishing recognized standards of practice and a code of ethics;
- Provides peer support employees with a professional voice;
- Qualifies services for federal financial participation of at least 50%; and
- Allows for portability from one county to another

INTEGRATING PEERS INTO THE COUNTY BEHAVIORAL HEALTH WORKFORCE



In April 2015, an ad hoc group of behavioral health staff and mental health peers met to discuss **integrating peers into the Sonoma County workforce** as county employees. This process was facilitated by **Sonoma State University M.A. O.D. (Masters in Organization Development)** graduate students. Members of the ad hoc group were chosen by managers as a representative sample to participate.

The group held five sessions and the students also held individual interviews with key informants. Small groups worked collaboratively to create a vision for integrating peers into the workforce. The group also discussed the Human Resources processes and the culture shift that is necessary for integrating peers into the county workforce.



For more information about MSHA programs and services, or to submit updates, events, success stories, or other content for this newsletter, please contact Amy Faulstich at amy.faulstich@sonoma-county.org. To sign up for this newsletter, go to: www.sonoma-county.org/mhsa.

Newsletter designed by Bruce Robbins.