



Sonoma County Mental Health Services Act (MHSA)



#HopeForChange

DRAFT Program and Expenditure Plan Update for 2021-2022

And Annual Program Report for 2019-2020



sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION



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COUNTY COMPLIANCE CERTIFICATION

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COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

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WHERE WE ARE NOW?

Dear MHSA Supporters,

So much has happened since the Sonoma County Department of Health Services (DHS) published last year's MHSA Three-Year Program Plan, and we have all come so very far. The community is experiencing measurable relief from the pandemic as the county advances tiers, a significant percentage of the local and state population is vaccinated, the CDC released its first guidance lifting some mask use, & the governor forecasts California fully reopening on June 15, 2021. Over this last year I, as I'm sure most of you, have been thinking about how we will get through this and manage the reopening process.

The world's history is marked by those who have survived extreme challenges, by adopting a similar approach; they held on to hope, while accepting the reality of their situation, including the pain. This appears to be the path that our community, hardened by recent disasters, has taken during the pandemic. We have been confident we will get through, while adapting to the losses along the way. This is a strategy familiar to those of us living with mental illness and substance use disorder. We rely upon hope, looking inward and reaching out to others to affirm the belief that we will come through. At the same time, we accept the struggle that comes with mental illness and substance use disorders. We carry hope, in the face of pain and uncertainties, to live well.

This year's MHSA Annual Plan Update outlines one set of resources the Sonoma County Department of Health Services and our partners bring to the community to support the wellness of individuals and families. These services and supports promote hope while we continue our collective recovery.

Be well.

Bill Carter
Sonoma County Behavioral Health Director



EXECUTIVE SUMMARY

HISTORY OF MHSA

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA), placing a one percent tax on personal income above \$1 million to be used to expand mental health services. In FY 21-22, it is estimated that over \$2 billion in MHSA funds will be collected statewide. MHSA funds are not guaranteed, and the amount of MHSA funds that the County of Sonoma Department of Health Services Behavioral Health Division (DHS-BHD) receives varies each year.

The passage of Proposition 63 created the first opportunity in many years for California to increase funding, personnel and other resources to support county mental health programs and monitor progress toward statewide goals for:



THE 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

PURPOSE OF THIS DOCUMENT

As per the California Welfare and Institutions Code (WIC) Title 9, Section 331 the Sonoma County 2021-2022 Mental Health Services Act (MHSA) Annual Program Update and Expenditure Plan provides stakeholders with:

The Annual Program Update and Expenditure Plan for 2021-2022.

- The Annual Program Report for FY 19-20 that includes the activities, services, and programs funded through MHSA and the program outcomes for FY 19-20.

MHSA challenges communities throughout California to utilize MHSA resources to support the transformation of our mental health system.

THE FIVE COMPONENTS OF MHSA

MHSA consists of five funding components, each of which addresses specific goals for priority populations, key community mental health needs, and age groups that require special attention. The programs and services of this report will be presented in the context of these components.

COMMUNITY SERVICES AND SUPPORTS (CSS)

76% of MHSA funds

Provides funds for direct services to individuals with severe mental illness. There are three subcomponents under CSS:

- **Full Service Partnerships (FSPs)** provide wrap-around services or “whatever it takes” services to consumers. (A majority of CSS funds are to be expended on FSPs.)
- **General System Development (GSD)** provides funds to improve the mental health service delivery system.
- **Outreach and Engagement (OE)** is designed to reach, identify, and engage unserved individuals and communities in the mental health system and reduce disparities.

PREVENTION AND EARLY INTERVENTION (PEI)

19% of MHSA funds

Targets individuals of all ages prior to the onset of mental illness, with the exception of early onset of psychotic disorders.

INNOVATION (INN)

5% of MHSA funds

Funds new approaches that increase access to unserved and/or underserved communities, promotes interagency collaboration, and improves the quality of services.

WORKFORCE EDUCATION TRAINING (WET)

Provides funding to improve and build the capacity of the mental health workforce to meet the needs of unserved and underserved populations, and provide linguistically and culturally relevant services.

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

Provides funding for building projects and increasing technological capacity to improve mental health service delivery.

[1] Pursuant to WIC Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

MHSA CHANGES & IMPACTS

The following table highlights the substantial changes to MHSA funded programs from the Three-Year Integrated Program and Expenditure Plan for 2020-2023 compared to this Annual Program Update and Expenditure Plan for FY 21-22:

Changes	Impact
COMMUNITY SERVICES AND SUPPORTS (CSS)	
On The Move's VOICES is receiving MHSA funds.	VOICES is being funded by MHSA with \$238,587 annually, and is no longer receiving First Episode Psychosis Mental Health Block Grant (FEP MHBG) monies. There is no impact to services.
West County Community Services Wellness and Advocacy Center, Petaluma Peer Recovery Center and Russian River Empowerment Center are not being funded with MHSA monies.	The peer services centers will be fully funded by the Division with other funds in FY 21-22. There is no impact to services.
PREVENTION AND EARLY INTERVENTION (PEI)	
La Luz was awarded a PEI contract for FY 21-25.	La Luz was awarded a PEI contract to provide Prevention & Early Intervention services for the Latinx community, and La Luz will be funded \$79,000 in MHSA funds annually. This will expand services for the Latinx Community and includes services for 0-5-year-old's and their caregivers in Sonoma Valley.
First 5 Sonoma County is no longer operating the 0-5 Collaborative.	The 0-5 Collaborative is no longer operated by First 5 Sonoma. The Early Intervention Services for 0-5-year old's and their caregivers will be provided by Child Parent Institute, La Luz and Early Learning Institute.
Child Parent Institute was awarded a PEI contract for FY 21-25	Child Parent Institute (CPI) was awarded a contract to provide Early Intervention services to 0-5-year old's and their caregivers, and CPI will receive \$198,000 in MHSA funds annually. CPI with the Early Learning Institute will provide services similar to the First 5 Sonoma County - 0-5 Collaborative's services.

MHSA Changes & impacts (cont'd)

Changes	Impact
PREVENTION AND EARLY INTERVENTION (PEI)	
Early Learning Institute was awarded a PEI contract for FY 21-25	Early Learning Institute (ELI) was awarded a contract to provide Early Intervention services to 0-5-year old's and their caregivers, and ELI will receive \$44,000 in MHSA funds annually. ELI with CPI will provide services similar to the First 5 Sonoma County - 0-5 Collaborative's services.
INNOVATION (INN)	
On The Move's Nuestra Cultura Cura Social Innovation will be implemented.	This Innovation program focused on the Latinx community will be implemented in the first quarter of FY 21-22. See pages 58-65 for program description. A total of \$736,584 MHSA funding is being allocated for the 3-year Innovation project.
Early Learning Institute's Instructions Not Included, Dads Matter will be implemented.	This Innovation program focused on including new fathers will be implemented in the first quarter of FY 21-22. See pages 58-59 for program description. A total of \$689,860 MHSA funding is being allocated for the 3-year Innovation project.
Sonoma County Human Services Department's Collaborative Care Enhanced Recovery Project (CCERP) will be implemented.	This Innovation program focused on case management for seniors 50+ years will be implemented in the first quarter of FY 21-22. See pages 60-61 for program description. A total of \$998,558 MHSA funding is being allocated for the 3-year Innovation project.
First 5 Sonoma County's New Parent TLC will be implemented.	This Innovation program training gatekeepers to refer new parents will be implemented in the first quarter of FY 21-22. See pages 59-60 for program description. A total of \$394,586 MHSA funding is being allocated for the 3-year Innovation project.

MHSA Changes & impacts (cont'd)

Changes	Impact
WORKFORCE EDUCATION AND TRAINING (WET)	
A new DHS-BHD position of Diversity, Equity, & Inclusion Development Manager has been added.	A total of \$210,164 of MHSA funding will support this position annually.
0.5 Full Time Equivalent (FTE) Senior Office Assistant (SOA)	A total of \$25,711 of MHSA funding will support this position annually.
CAPITAL FACILITIES/TECHNOLOGY NEEDS (CFTN)	
Avatar Electronic Health Record (EHR) - DHS staff	A total of \$183,925 of MHSA funding will support this position annually.

PROJECTED MHSA REVENUE FOR FY 21-22

Sonoma County estimates that it will receive approximately \$26 million in MHSA revenue in FY 21-22. The complete FY 21-22 Expenditure Plan is on pages 70-78.

INTRODUCTION

MHSA BACKGROUND

The Mental Health Services Act (MHSA) creates 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 aims to facilitate 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.

Since the passage of MHSA in 2004, the County of Sonoma Department of Health Services Behavioral Health Division (DHS-BHD) has undertaken an ongoing, robust community planning process for each MHSA component. The process began in FY 05-06 to plan for the implementation of the Community Services and Supports (CSS) component of MHSA. In FY 06-07, Sonoma County, along with community stakeholders, began to identify Workforce, Education and Training (WET) needs. In FY 07-08, the MHSA housing plan was funded. In FY 09-10, the Prevention and Early Intervention (PEI) Community Planning Process began. In FY 10-11, Sonoma's Capital Facilities and Technology Needs (CFTN) plan was finalized; and in FY 11-12, the initial plan for Innovation was finalized.

Each of these planning processes involved countless stakeholders throughout Sonoma County. The stakeholders participated in various capacities, such as attending community planning meetings, responding to community needs questionnaires, as advisory committee members, focus group participants, as committee members to develop request for proposal processes and documents and as review panelists to recommend funding. These processes required a tremendous commitment of time and skill that demonstrates the thought and care that went into each plan. These plans have ultimately resulted in the development of essential programs, activities, and services that make up Sonoma County's current mental health continuum of care.

MHSA TODAY

Today, Sonoma County has a well-developed mental health system of care. It has been implemented in phases and now runs as a full continuum of care. MHSA services, activities, and programs are reviewed and approved by Sonoma County stakeholders each year. For more information on programs and services taking place during FY 19-20, please see the Annual Program Report section of this document starting on Page 79.

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 diverse voices of more consumers, family members, and unserved and underserved populations in the planning and implementation of mental health activities, programs, and services.



MHSA Today (cont'd)

As a consequence, Sonoma County residents now have a more accessible, integrated, comprehensive, and compassionate mental health system of care. The system of care was founded on and continues to develop in concert with the MHSA Guiding Principles cited below:

Community collaboration

Individuals, families, agencies, and businesses work together to accomplish a shared vision.

Cultural competence

Adopting behaviors, attitudes, and policies that enable providers to work effectively in cross-cultural situations.

Client and family driven system of care

Adult clients and families of children and youth identify needs and preferences that result in the most effective services and supports.

Focus on wellness, including recovery and resilience

People diagnosed with a mental illness are able to live, work, learn, and participate fully in their communities.

Integrated service experiences

Services for clients and families are seamless; Clients and families do not have to negotiate with multiple agencies and funding sources to meet their needs.

MHSA Today (cont'd)

MHSA defines four consumer age groups to reflect the different mental health needs associated with a person's age, and counties are directed to provide age-appropriate services for each:

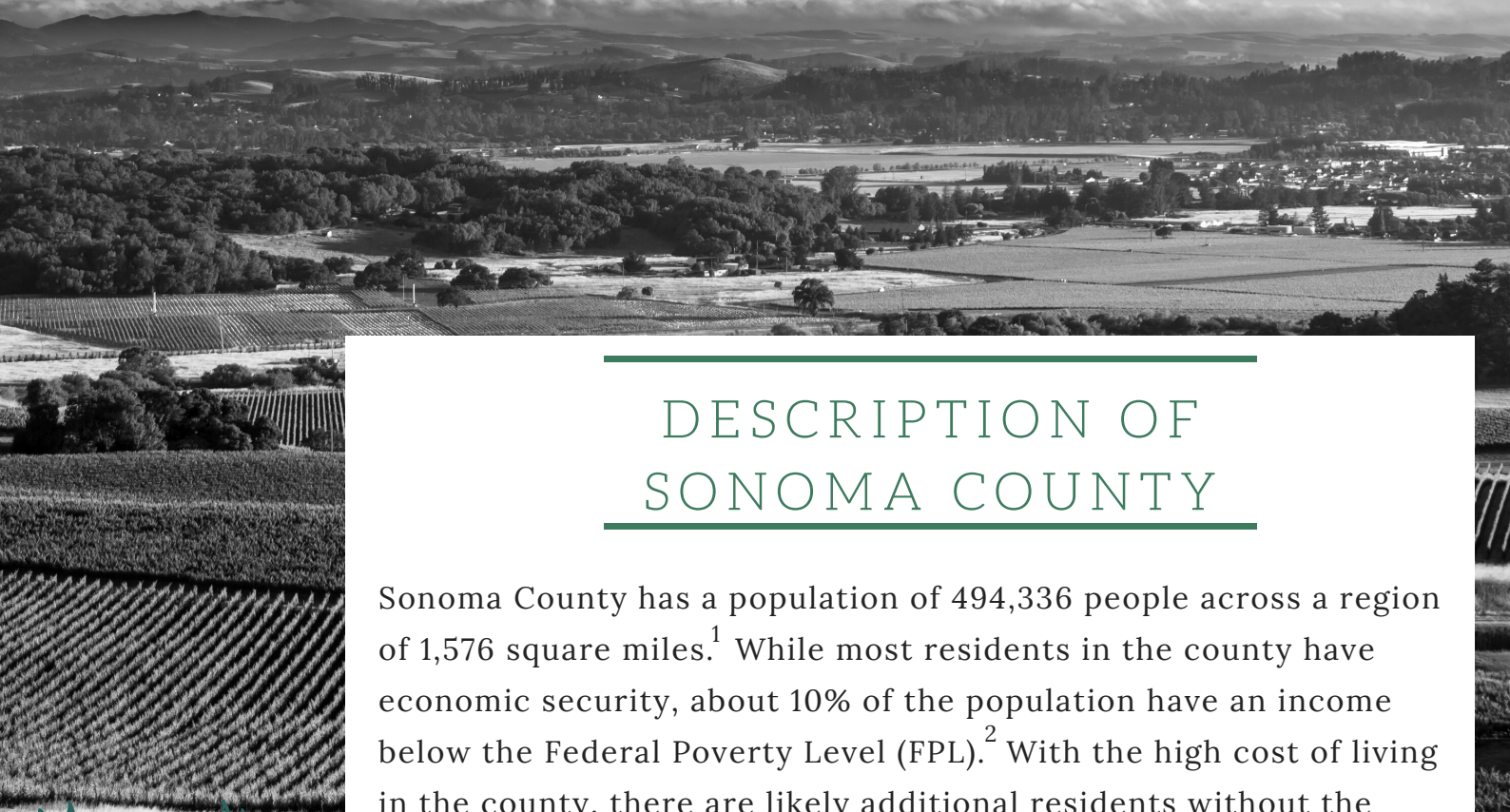
- **Children: 0-15 years**
- **Transition Age Youth (TAY): 16-25 years**
- **Adults: 26-59 years**
- **Older Adults: 60 years and older**



Additionally, MHSA intends to serve individuals who are historically unserved or underserved by the public mental health care system. The California Code of Regulations defines these individuals as follows:

- **Unserved:** "Individuals who may have serious mental illness and/or serious emotional disturbance and are not receiving mental health services. Individuals who may have had only emergency or crisis-oriented contact with and/or services from the County may be considered unserved."
- **Underserved.** "Individuals who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services but are not provided the necessary or appropriate opportunities to support their recovery, wellness, and/or resilience."

Sonoma County recognizes the historical disparities in access and quality of care that additional populations in the county have experienced, thus including them into the unserved and underserved definition. One common factor that contributes to these disparities is language barriers which prohibit people from engaging in services available only in English. Cultural backgrounds also influence individuals' experiences of mental health treatment; some practices are more effective to engage people in services or provide effective treatment for one culture than for others. Additionally, individuals experiencing poverty, individual and institutional discrimination based on race, ethnicity, gender identity, or sexual orientation may be more likely to face difficulty navigating the system of care. Finally, lack of transportation, geography and location affect access and utilization of services.



DESCRIPTION OF SONOMA COUNTY

Sonoma County has a population of 494,336 people across a region of 1,576 square miles.¹ While most residents in the county have economic security, about 10% of the population have an income below the Federal Poverty Level (FPL).² With the high cost of living in the county, there are likely additional residents without the ability to meet their basic needs (i.e., food, clothing, shelter, transportation, health care, etc.). One in four county residents (122,962) were enrolled in Medi-Cal in 2018 with an income at or below 138% FPL.³ These residents rely on the Sonoma County government (County) for support with a number of social services and health care needs, including mental health services for individuals with serious mental illness.

Santa Rosa, the county's most populous city with 179,701 people, is home to over one-third of county residents, is the County seat, and is home to the Behavioral Health Division (DHS-BHD) main campus.⁴ Beyond Santa Rosa, the main population centers are Petaluma (population 60,767) and Rohnert Park (population 42,902) to the south, and Windsor to the north (population 27,447).⁵

Sonoma County is geographically dispersed with limited public transit and bicycle and pedestrian infrastructure. It can therefore be challenging for individuals living in more rural areas and those without a personal vehicle. This is particularly true for residents enrolled in Medi-Cal and can make it difficult to access services.

¹ U.S. Census Bureau. (2019). Quick Facts, Sonoma county, California. Retrieved from <https://www.census.gov/quickfacts/fact/table/sonomacountycalifornia>

² Ibid.

³ California Department of Health Care Services (2018). Medi-Cal Enrollees and Beneficiaries Served in CY 2018 by Race/Ethnicity.

⁴ U.S. Census Bureau. (2019). Quick Facts, Santa Rosa city, California. Retrieved from <https://www.census.gov/quickfacts/fact/table/santarosacitycalifornia/>

⁵ U.S. Census Bureau. (2019). Quick Facts, Petaluma city, California; Rohnert Park city, California; Windsor town, California. Retrieved from <https://www.census.gov/quickfacts/fact/table/petalumacitycalifornia,rohrnertparkcitycalifornia,windsortowncalifornia/>

This map of Sonoma County, California, provides a detailed overview of its infrastructure and geography. Major highways are shown in blue, including State Routes 1, 101, and 128. Other roads are depicted in red. The map identifies numerous cities and census places, such as Cloverdale, Geyserville, Healdsburg, Windsor, Larkfield-Wikiup, Santa Rosa, Roseland, Kenwood, Fettares, Hot Springs - Agua Caliente, Sonoma, El Verano, Temelec, Petaluma, Pennngrove, Cotati, Rohnert Park, Sebastopol, Bodega Bay, Bodega, Vallejo, Bloomfield, Occidental, Graton, Forestville, Guerneville, Cazadero, Jenner, Monte Rio, Sonoma Coast State Park, Carmet, Salmon Creek, and Sea Ranch. Geographical features include the Pacific Ocean to the west, Clear Lake to the north, and Lake Sonoma. The map also shows tribal areas in brown, census places in orange, national forests in light green, and state parks in dark green with diagonal stripes. A legend in the bottom left corner defines these symbols. A compass rose in the top left corner indicates the cardinal directions.

Sonoma County Demographics

In 2019, 86.8% of residents identified as White with 27.3% identifying as Hispanic or Latinx, the county's largest minority population.⁶ The county's poverty rates vary significantly by ethnicity with disparities affecting the Latinx community in particular. While Hispanic or Latinx residents were about a quarter of the population, this group accounts for over 40% of Sonoma County's Medi-Cal beneficiaries in 2018.⁷

The county is also home to five federally recognized Native American tribes, including the Cloverdale Rancheria of Pomo Indians of California, the Dry Creek Rancheria Band of Pomo Indians, the Federated Indians of Graton Rancheria, the Kashia Band of Pomo Indians of the Stewarts Point Rancheria, and the Lytton Band of Pomo Indians.⁸ Native Americans make up just over 2% of the county's total population and about 1% of Medi-Cal beneficiaries.⁹

Over 25% of Sonoma County households speak a language other than English at home, of which almost 20% speak Spanish – the county's only threshold language.¹⁰ About 10% of residents speak English less than “very well,” suggesting possible linguistic isolation for this population.¹¹ Additionally, there are an estimated 29,000 undocumented residents in the county.¹² Individuals that are undocumented and/or linguistically isolated may experience unique challenges accessing medical, transportation, and social services. If services are limited by language, it can reduce access as well as the quality of services available – particularly for individuals with lower levels of income.

⁶ U.S. Census Bureau. (2019). Quick Facts, Sonoma county, California.

⁷ California Department of Health Care Services (2018). Medi-Cal Enrollees and Beneficiaries Served in CY 2018 by Race/Ethnicity.

⁸ County of Sonoma. (2018). Tribal affairs. Retrieved from <http://sonomacounty.ca.gov/CAO/Public-Reports/Legislative-Program/Tribal-Affairs/>

⁹ U.S. Census Bureau. (2019). Quick Facts, Sonoma county, California. Retrieved from <https://www.census.gov/quickfacts/fact/table/sonomacountycalifornia>

¹⁰ U.S. Census Bureau, American Fact Finder. (2019). Occupied housing units, 2013-2017 American Community Survey 5-year estimates. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_B25106&prodType=table

¹¹ U.S. Census Bureau. (2019). Selected social characteristics on the United States, California. Retrieved from https://data.census.gov/cedsci/table?d=ACS%205Year%20Estimates%20Data%20Profiles&table=DP02&tid=ACSDP5Y2017.DP02&y=2017&g=0400000US06_0500000US06097&lastDisplayedRow=146

¹² Migration Policy Institute (MPI) analysis of U.S. Census Bureau data from the pooled 2014–18 American Community Survey (ACS) and the 2008 Survey of Income and Program Participation (SIPP), weighted to 2018 unauthorized immigrant population estimates provided by Jennifer Van Hook of The Pennsylvania State University. Retrieved from <https://www.migrationpolicy.org/data/unauthorized-immigrant-population/county/6097#>

The county's major industries include agriculture, healthcare, hospitality, and manufacturing. The top employers are Kaiser Permanente, Sutter Medical Center of Santa Rosa, St. Joseph Health System, and Graton Resort & Casino.¹³ Like most California counties, Sonoma was severely affected by the COVID-19 pandemic. As a result of COVID-19 job losses, Sonoma County's unemployment rate peaked at 14.5% in April 2020. The rate has since then decreased to just over 5%.¹⁴ According to the U.S. Census Bureau, in 2019 just over 7% of county residents lived in poverty, a little less than half of California's rate of almost 12%.¹⁵ The median household income was \$81,018.¹⁶ The economic impacts from the pandemic are currently being analyzed.

While Sonoma County begins to recover from the COVID-19 pandemic, rising housing costs continue to be a key driver of economic instability. Over 60% of Sonoma County residents who rent their homes and over 30% of residents who own their homes experience housing-cost burden (i.e., spend 30% or more of their household income on rent or mortgage).¹⁷ Historic chronic underbuilding of housing created a disparity between supply and demand and limited the growth potential of the county's economy.¹⁸ Housing costs and underbuilding have the greatest impact on individuals and families with less financial security or who are experiencing home instability, furthering disparities already present.

Economic challenges in Sonoma County were exacerbated not only by the current COVID-19 global pandemic, but also due to an unprecedented number of natural disasters. In the last five years, Sonoma County has recovered from five major and devastating fires and a flood event.

The 2017 Complex Fires burned over 112,000 acres, destroyed over 5,000 homes, and took 24 lives. One in six households reported lost wages or employment and one in ten households reported an increase in housing or rent costs as a direct result of the fires.¹⁹

In 2019 an atmospheric river brought up to 20 inches of rain to Sonoma County over three days. The heavy rains caused the Russian River to raise 13 feet above flood stage to 45.4 feet in Guerneville which resulted in the worst flood event in Sonoma County in 24 years. The flood impacted Russian River communities including

¹³ County of Sonoma. (2019). Industry sectors. Retrieved from <http://sonomaedb.org/Why-Sonoma-County/Industry-Sectors/>

¹⁴ State of California, Employment Development Department. (2021). Sonoma county profile. Retrieved from <https://www.labormarketinfo.edd.ca.gov/cgi/databrowsing/localAreaProfileQSResults.asp?selectedarea=Sonoma+County&selectedindex=49&menuChoice=localAreaPro&state=true&geogArea=0604000097&countyName=>

¹⁵ U.S. Census Bureau. (2019). Quick Facts, Sonoma county, California.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ Beacon Economics. (2018). Sonoma county complex fires: Housing and fiscal impact report. Los Angeles, CA: Thornberg, Kleinhenz, & Meux.

¹⁹ Epidemiology and Assessment Unit. (2019). 2018 Sonoma county rapid needs assessment. [PowerPoint slides].

Guerneville, Jenner, Rio Nido, Monte Rio, Sebastopol, Healdsburg. Over 40 people were rescued, 3,600 residents were evacuated and 8,000 were without power. Additionally, more than 2,000 homes and businesses were flooded, with 527 structures damaged and 31 declared uninhabitable due to flood damage. The flood impacted 578 businesses, totaling \$35 million in damages.²⁰

After the flood in 2019, came the largest wildfire to burn in Sonoma County, the Kincade Fire, which was also the largest fire of the 2019 California wildfire season. The Kincade Fire burned over 77,000 acres in Geyserville, Windsor and Healdsburg and resulted in the evacuation of 90,000 residents. The fire destroyed 174 homes and 200 additional structures, including winery facilities.²¹

In the midst of the COVID-19 pandemic, California experienced rare thunderstorms, in August of 2020, which sparked 376 fires across the state. Two of those fires had grown in Sonoma County: the Walbridge Fire and the Meyers Fire. In total, the Walbridge and Meyers Fires destroyed 298 structures, including 150 residences and 9 motor homes. A third major fire of 2020 started in September, the Glass Fire. The Glass fire, burned over 67,484 acres and destroying 1,555 structures, including 334 homes in Sonoma County.²²

Approximately 2.5% of Sonoma's total housing units were lost only in the 2017 fires, leading the county to require a total of 26,000 new units by 2020 to account for employment growth, fire losses, and overcrowding.²³



Sonoma County's Mental Health

COVID-19, the fires, and the flood have not only impacted Sonoma County economically, but have also brought mental health impacts across the county. 40% of households in Sonoma County had reported individual and collective trauma experiences, such as being separated from a family member or suffering a significant disaster-related illness or injury.²³ Recently, 45% of Americans were said

²⁰ Hundreds out of work as west county businesses recover from flooding. Swindell Retrieved from: <https://www.pressdemocrat.com/article/news/economic-impact-on-west-sonoma-county-businesses-starts-to-emerge-after-rus/?ref=related&gallery=C55B1D90-209A-4491-823F-F6264397AC61>

²¹ Sonoma County Economic Development Board. A Whole Community Approach: Sonoma County Economic Recovery Action Plan, 2020. <http://sonomaedb.org/Business-Assistance/Economic-Recovery-Action-Plan-ENG-ADA/>

²² California Department of Forestry and Fire Protection (CAL FIRE) <https://www.fire.ca.gov/incidents/2020/9/27/glass-fire/>

²³ Beacon Economics. (2018)

the virus and pandemic were having a negative effect on their mental health. Young adults have experienced a number of pandemic-related consequences, such as closures of universities and loss of income, which may contribute to poor mental health. During the pandemic, a larger than average share of young adults (ages 18-24) report symptoms of anxiety and/or depressive disorder (56%). Compared to all adults, young adults are more likely to report substance use (25% vs. 13%) and suicidal thoughts (26% vs. 11%). Prior to the pandemic, young adults were already at high risk of poor mental health and substance use disorder, though many did not receive treatment. Research during the pandemic points to concerns around poor mental health and well-being for children and their parents, particularly mothers, as many are experiencing challenges with school closures and lack of childcare. Women with children are more likely to report symptoms of anxiety and/or depressive disorder than men with children (49% vs. 40%). In general, both prior to, and during, the pandemic, women have reported higher rates of anxiety and depression compared to men.²⁵

The pandemic has disproportionately affected the health of communities of color. Non-Hispanic Black adults (48%) and Hispanic or Latinx adults (46%) are more likely to report symptoms of anxiety and/or depressive disorder than Non-Hispanic White adults (41%). Historically, these communities of color have faced challenges accessing mental health care.²⁶

Vulnerable populations, such as individuals enrolled in Medi-Cal and those with a serious mental illness, are disproportionately impacted by these events as they add to their cumulative trauma. The county saw an increase in the number of people seeking mental health assistance as a result of the fires, many for the first time. DHS-BHD deployed over 120 staff to provide services, resources, and act as Disaster Workers, and the County was subsequently awarded disaster relief grants and funds to support mental health assistance and training activities.²⁷

²⁵ Panchal, Nirmita, et al. "The Implications of COVID-19 for Mental Health and Substance Use." Feb. 2021, www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/

²⁶ Panchal, Nirmita, et al. "The Implications of COVID-19 for Mental Health and Substance Use." Feb. 2021, www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/

²⁷ Epidemiology and Assessment Unit. (2019).

Medi-Cal Beneficiaries and Threshold Languages

California External Quality Review Organization (CalEQRO), BHC Behavioral Health Concepts, reports that Sonoma County's average monthly unduplicated number of Medi-Cal enrollees by Race/Ethnicity during Calendar Year 2018 are as follows:



Race/Ethnicity	Average Monthly Unduplicated Medi-Cal Enrollees	% Enrollees
White	52,458	34.4%
Latino/Hispanic	49,302	32.3%
African-American	20,403	13.4%
Asian/Pacific Islander	8,121	5.3%
Native American	1,122	0.7%
Other	21,162	13.9%
Total	152,568	100%

The total for Average Monthly Unduplicated Medi-Cal Enrollees is not a direct sum of the averages above it. The averages are calculated independently.

California's Department of Health Care Services (DHCS) Information Notice 13-09 reports Spanish as a threshold language for Sonoma County. DHCS defines "Threshold Language" as a language identified as the primary language, as indicated on the Medi-Cal Eligibility Data System (MEDS), of 3,000 beneficiaries or five percent of the beneficiary population, whichever is lower, in an identified geographic area, per Title 9, CCR Section 1810.410 (a)(3).

Community Program Planning (CPP) Process

In the past few years Sonoma County has refined the Behavioral Health Division's system and structure for the Community Program Planning (CPP) process as a basis for developing the Three-Year Program and Expenditure Plans, Annual Plan Updates and other MHSA programs including Innovation proposals and Prevention and Early Intervention Request for Proposals.



This structure is anchored by the MHSA Steering Committee, and it includes the Cultural Responsiveness Committee, Mental Health Board, individuals with lived experience, family members, community committees, stakeholders, and contractors. The County is committed to continual quality improvement, and therefore the CPP process is ever evolving as the County strives to meaningfully engage stakeholders that mirror the population of the County in the CPP process.

California Code of Regulations, Title 9 states that counties must ensure that stakeholders reflecting the diversity of the demographics of the county, including, but not limited to, geographic location, age, gender, race/ethnicity, individuals with lived experience and family members have the opportunity to participate in the CPP process (CCR § 3300). The County's CPP efforts and the involvement of diverse stakeholders in FY 20-21 are described in the following pages.

MHSA Steering Committee

In December of 2018, Department of Health Services, Behavioral Health Division (DHS-BHD) invited community members to submit applications for appointment to the MHSA Steering Committee. Over 50 applications were received and reviewed by staff using a criterion to assure diverse representation of people with lived experience, family members, gender, race/ethnicity, veterans, LGBTQ+, and diverse industry sectors per CCR § 3200.270 and CCR § 3200.300. Twenty-five members were initially selected and received in-depth training on MHSA history, regulations, current programs and the Expenditure Plan. (The minutes for the Steering Committee are posted on the DHS-BHD MHSA website at: www.sonomacounty.ca.gov/Health/Behavioral-Health/Mental-Health-Services-Act/.)

In April and June 2019, the MHSA Steering Committee established two subcommittees: Innovation Subcommittee and Capacity Assessment Subcommittee.

Innovation Proposal Development

In the spring of 2019, the MHSA Steering Committee established the Innovation Subcommittee to develop an inclusive community process that would solicit innovative project proposals, develop and apply a selection criterion for the incoming proposals and make a recommendation to award Innovation funds to selected projects. The Community Program Planning process for the Innovation proposals is outlined below:

2019	Task
May-Jun	Reviewed Innovation regulations and requirements, discussed and defined community planning process.
July	Developed and adopted community application, scoring criteria and FAQs to solicit Innovation Project Ideas.
Aug	Established a calendar for community outreach meetings to inform the community about the Innovation opportunity; developed community presentation; conducted outreach for community meetings.
Sep	Conducted five community meetings in strategic geographic locations throughout the county to inform interested parties about MHSA and Innovation opportunity, including requirements, application form and selection criteria.
Oct	Received sixteen Innovation applications from the community; Innovation Subcommittee members reviewed and scored all applications based upon previously agreed upon selection criteria; Innovation Subcommittee held 2 full day meetings to discuss applications and arrive at consensus on prioritized projects and developed recommendation for funding.
Dec	The Innovation subcommittee presented a recommendation to move forward with the top five scoring proposals to MHSA Steering Committee and Mental Health Board (public meeting). The MHSA Steering committee and Department of Health management endorsed the recommendation. Innovation applicants were notified of status, and meetings convened with approved projects to further develop their proposals.

2020	Task
Feb-Mar	Prepared draft proposals for submission to Mental Health Services Oversight and Accountability Commission (MHSOAC) for technical assistance.
Mar	Submitted draft proposals to MHSOAC for review and technical assistance
Apr	Posted MHSA 2020-2023 Three-Year Plan with the five prioritized Innovation proposals for 30 days
May	Held public hearing at the Sonoma County Mental Health Board meeting. No substantive comments were received about the Innovation proposals.
Jun	Sonoma County Board of Supervisors approved the MHSA 2020-2023 Three-Year Plan that included the five prioritized Innovation proposals. MHSOAC approved one Multi-County proposal: Early Psychosis Learning Health Care Network (EP LHCN)
Sept/Oct	Received feedback and technical assistance from MHSOAC and incorporated feedback into proposals.
Nov	Posted the revised Innovation proposals on November 13 for 30-day public review period.
Dec	Held public hearing at the Sonoma County Mental Health Board meeting on December 15. No substantive comments were received about the Innovation proposals during the 30-day period or at the hearing.

The Community Program Planning process for the Innovation proposals is outlined below:

2021	Task
Feb	February 23 submit board item for Board of Supervisors review and approval. The BOS approved the proposals, and the proposals were resubmitted to MHSOAC for approval.
Mar	The EP LHCN contract was executed.
Apr	The MHSOAC approved On The Move's Nuestra Cultura Cura Social Innovation Lab on April 21.
Jun	<p>The MHSOAC approved Early Learning Institute's Instructions Not Included and Sonoma County Human Services Department's Collaborative Care Enhanced Recovery Project (CCERP) on June 1.</p> <p>The MHSOAC approved First 5 Sonoma County's New Parent TLC on June 27.</p> <p>The four innovation projects that were approved in April and June will be implemented in the first quarter of FY 21-22.</p>

Capacity Assessment Subcommittee

In June of 2019 the Capacity Assessment Subcommittee was formed. The subcommittee was responsible for advising the consulting firm, Resource Development Associates (RDA) on the capacity assessment process, including: stakeholders and key informant interviews, development of survey questions, outreach for community engagement, recruiting for focus groups and reviewing preliminary findings. The efforts of the subcommittee, stakeholders and RDA resulted in a comprehensive and informative FY 2016-2019 Capacity Assessment report located on the MHSA website:

<http://sonomacounty.ca.gov/Health/Behavioral-Health/PDF/Sonoma-County-MHSA-FY-2016-2019-Capacity-Assessment---January-2020/>

The capacity assessment was the foundation of the Three-year Program and Expenditure Plan FY 2020-2023, and the Division continues to utilize the data and findings from the capacity assessment to inform decisions.

2020 MHSA Steering Committee

In January of 2020 another MHSA Steering Committee recruitment was initiated because the loss of members due to attrition and the County's and Stakeholders' desire to increase the diversity of the committee and include more individuals with lived mental health experience and family members. The table below lists the FY 20-21 MHSA Steering Committee.

Name	Subcommittee	Representation
Shannon McEntee		Consumer, TAY
Bill Carter		Mental Health Provider
Mike Merchen		Family Member, Law Enforcement
Allison Murphy		Family Member, 0-5 Year Old's and their Caregivers
Ernesto Olivares	Capacity Assessment	Latino, Social Services
Matt Perry		Law Enforcement/Probation
Erika Klohe	Community Program Planning, Innovation	Community Mental Health, South County
Ellisa Reiff		Individuals with Disabilities
Kate Roberge	Community Program Planning	Lived Experience, Mental Health Peer Educator, Individuals with Disabilities
Kurt Schweigman	Capacity Assessment, Innovation	Native American, Healthcare
Kathy Smith	Innovation, Community Program Planning	Family Member, Mental Health Board, West County
Cynthia Kane Hyman		Nursing Education
Susan Standen	Innovation, Community Program Planning	Lived Experience, Mental Health Peer Educator
Paula Glodowski Valla		Social Services
Katie Swan	Community Program Planning	Family Member, LGBTQIA+, CRC
Sam Tuttleman	Innovation, Capacity Assessment	Family Member, retired Mental Health Provider
Carol Faye West	Community Program Planning	Mental Health Board, Family Member, Peer Provider Advocate
Jessica Carroll	Community Program Planning	LGBTQIA+
Claudia Abend		Family Member, Healthcare
Mechelle Buchignani		Law Enforcement, LGBTQIA+
Susan Castillo	Cultural Responsiveness	Diversity, Equity and Inclusion Development Manager, Family Member,
Mandy Corbin		Education
Christy Davila	Capacity Assessment, Innovation	Mental Health Service Provider, West County
Angie Dillon-Shore		Services for 0-5 Year Old's
Jeane Erlenborn		Transition Age Youth, Education
Ozzy Jimenez		LGBTQIA+, North County
Michael Gause		Housing
John Mackey		Mental Health Provider, Veteran

Community Program Planning (CPP) Subcommittee

During the July 2020 MHSA Steering Committee, participants expressed interest in setting up a subcommittee to work on involving more stakeholders the Community Program Planning (CPP) Process. In August 2020 the MHSA Steering Committee established the MHSA Steering Community Program Planning (CPP) Process Subcommittee. The members of the CPP Subcommittee are listed below:

Name	Representation
Amy Breckenridge	Peer Provider Advocate, Lived Experience
Jessica Carroll	LGBTGIA
Cynthia Kane Hyman	Education, Nursing
Julie Kawahara	MHSA Consultant
Nubia Padilla	Mental Health Provider, Latinx Advocate
Kate Roberge	Lived Experience, Peer Educator
Kathy Smith	Family Member, Mental Health Board, Innovation Committee
Susan Standen	Lived Experience, Peer Educator
Katie Swan	Mental Health Provider, Family Member
Carol Faye West	Mental Health Board, Family Member, Peer Provider Advocate
Melissa Ladrech	MHSA Expert, Facilitator of MHSA Steering, Capacity Assessment, CPP and CRC Committees, Family Member

The CPP subcommittee members are very engaged, and the subcommittee has robust and candid discussions. The subcommittee has been meeting monthly since August 2020 to explore the topics below:

- Defining the purpose and scope of the CPP subcommittee
- Developing CPP Strategic Plan
- Engaging more stakeholders in the CPP in a meaningful way
- Increasing opportunities for a wide variety of stakeholder voices to be heard
- Creating stakeholder feedback loops
- Planning stakeholder meetings
- Facilitating stakeholder meetings

Prevention and Early Intervention Request For Proposals (PEI RFP)

In the fall of 2020 Department of Health Services, Behavioral Health Division (DHS-BHD) decided to release a Request for Proposal (RFP) for MHSA Prevention and Early Intervention (PEI) service providers in the spring of 2021. The decision was based on two factors:

- The last time the Behavioral Health Division released a PEI RFP was a decade ago and the community needs have evolved over that time. The Division has learned more about the community needs through a number of sources including: 2016-2019 Sonoma County MHSA Capacity Assessment, 2020 Sonoma County DHS-BHD Cultural Competency Plan and External Quality Review Organization (EQRO) Report.
- The County is not endorsing the continuation of sole source annual contracts.

PEI Development Committee

Name	Organization/Role	Involvement/Expertise
Susan Castillo	DHS-BHD	CRC, MHSA Expert, Diversity, Equity and Inclusion (DEI) Expert, Family Member
Betsy Chavez	Hanna Boys Center	Mental Health Board, CRC
Julie Kawahara	MHSA Consultant	DEI Expert, MHSA expert
Erika Klohe	Providence Community Behavioral Health	MHSA Steering and CPP Committee, Family Member
Melissa Ladrech	DHS-BHD MHSA Coordinator	MHSA Expert, Facilitator of MHSA Steering, Capacity Assessment, CPP and CRC Committees, Family Member
Bruce Robbins	DHS-BHD ASO I	MHSA Expert
Carol West	Petaluma Peer Recovery Center	Mental Health Board, Peer Provider Advocate, MHSA Steering and CPP Committees
Liana Whisler	Sherriff's Department	CRC

The PEI Development committee reviewed and considered the data from the sources below to inform their recommendation:

- **Sonoma County MHSA FY 2016-2019 Capacity Assessment** - January 2020
 - <https://sonomacounty.ca.gov/Health/Behavioral-Health/Mental-Health-Services-Act/>
 - Changing demographics and needs
 - Access, barriers, utilization of services

- Findings of note:
 - Develop culturally competent services for underserved communities, particularly Latinx and Spanish speaking individuals
 - As with the Latinx/Hispanic community, this could be leading Native American individuals with behavioral health needs to over rely on crisis services, as the majority of Native American consumers went to the CSU in fiscal years 2018-2019. As mentioned previously, Native American consumers were also overrepresented in locked long-term residential treatment. In fiscal year 2018-2019 they made up 7% of program episodes compared to only 2% of the MHSA population.
- **DHS-BHD 2020 Cultural Competency Plan**
 - <https://sonomacounty.ca.gov/WorkArea/DownloadAsset.aspx?id=2147552208>
 - Identified cultural and linguistic needs in access and quality of care: staffing, training, community outreach, service delivery
- **FY 2019-20 Specialty Mental Health External Quality Review Final Report for Sonoma County:**
 - <https://calegro.com/data/MH/Reports%20and%20Summaries/Prior%20Years%20Reports%20and%20Summaries/Fiscal%20Year%202019-2020%20Reports/MHP%20Reports/Sonoma%20MHP%20EQRO%20Final%20FY19-20%2005-28-2020.pdf>
 - Identified low Latino/Hispanic penetration rates and need to identify strategies to improve services to Latino/Hispanic community

The Committee also reviewed the current PEI programs, regulations and requirements, unserved/underserved/at risk populations served, percentage of population in Sonoma and fund allocations.

FY 20-21 Contract Service Provider Operated MHSA PEI Programs for unserved/underserved/at risk populations are listed in the table below: (County operated PEI programs are not included)

Table below: PEI unserved/underserved/at risk populations in FY 20-21 (does not include HSD's Older Adult program as they were not part of the FY 21-25 RFP process)

Unserved/underserved and at-risk population	% of Sonoma County Population	FY 20-21 PEI funds allocated to population	Percentage of PEI funds allocated to population
African-American	1.6%	\$144,410	13.3%
Geographically Isolated/Rural	+ 15.0% (estimated)	\$68,205	6.3%
Latinx	27.3%	\$85,000	7.8%
LGBTQAI+	7.6% (estimated)	\$101,995	9.4%
Native American	.7%	\$20,919	1.9%
0-5 Year olds	4.8%	\$308,169	28.3%
TAY/SRJC	11.0%	\$200,000	18.3%
Suicide Prevention (General Population)	100%	\$160,000	14.7%

2021 PEI Development Committee recommendations to DHS

After taking in to account the current populations of underserved populations and relevant data, the committee recommended the Division redistribute fund allocation to create a more equitable distribution of funding to programs including a culturally responsive Early Intervention program for the Latinx community and additional funds to a Native American Prevention program.

Types of PEI Programs	Underserved Population	Amount	Difference	FY 21-25 Percentage of PEI Funds Allocated to Population
Prevention	African Americans	\$ 120,000	(\$24,410)	10.8%
Prevention	Native Americans	\$ 40,000	\$20,000	3.6%
Prevention	Geographically Isolated	\$ 60,000	(\$8,205)	5.4%
Prevention or both Prevention and Early Intervention	LGBTQIA+	\$ 102,000	\$5	9.2%
Early Intervention or both Prevention and Early Intervention	Latinx	\$ 140,000	\$55,000	12.6%
Early Intervention	0-5-Year-Olds	\$ 288,000	(\$20,169)	26%
Stigma and Discrimination Reduction	TAY	\$ 200,000	\$0	18%
Suicide Prevention	All	\$ 160,000	\$0	14.4%
TOTAL		\$ 1,110,000	\$0	

PEI RFP Process (cont'd)

The Division reviewed and endorsed the PEI Development Committee's recommendation, and the recommendation was used as the foundation to develop the PEI RFP. In March of 2021 the division released the PEI RFP, held a Bidders Conference and formed a PEI RFP Evaluation Panel made up of experts in MHSA and Diversity, Equity and Inclusion to score the proposals.

PEI RFP Evaluation Panel:

Name	Organization and Role	Expertise
Melissa Ladrech	DHS-BHD MHSA Coordinator	MHSA Expert, MHSA Steering and CPP Facilitator, Family Member
Fabiola Espinosa	DHS-BHD MHSA Program Planning and Evaluation Analyst (PPEA)	Latinx Community Expert, Family Member
Susan Castillo	DHS-BHD Diversity, Equity and Inclusion (DEI) Development Coordinator	DEI Expert, Family Member, MHSA Steering Committee, CRC Facilitator
Norine Doherty	Human Services Department, PPEA	0-5 Expert
Julie Kawahara	Kawahara and Associates, MHSA Consultant	MHSA Consultant, DEI Expert
Kelechi Ubozoh	Kawahara and Associates Consultant	DEI Expert, Lived Experience, Peer Provider
Erika Klohe	Providence Community Health,	MHSA Steering and CPP Subcommittee, Behavioral Health Expert, Family Member

The Division received 15 proposals that were all carefully reviewed and scored by the Evaluation Panel and in May 2021 the Division announced intent to contract with ten of the bidders.

Top scoring PEI RFP proposals:

Population Focus	MHSA PEI Program Type(s)	Intent to Award to CBO	Funding Award
African Americans	Prevention	Community Baptist Church Collaborative	\$120,000.00
Native Americans	Prevention	Sonoma County Indian Health Project	\$40,000.00
Geographically-Isolated	Prevention	Action Network	\$60,000.00
LGBTQIA+	Prevention & Early Intervention	Positive Images	\$102,000.00
Latinx	Early Intervention & Prevention	La Luz	\$33,000
		Latino Service Providers	\$107,000
Children Aged 0-5 (and their caregivers)	Early Intervention	La Luz	\$46,000
		Child Parent Institute (CPI)	\$198,000
		Early Learning Institute (ELI)	\$44,000
Transition Age Youth (ages 16-25)	Stigma and Discrimination Reduction	Santa Rosa Junior College	\$200,000
General Population	Suicide Prevention	Buckelew	\$160,000

MHSA PEI RFP Process Timeline

The table below details the timeline of the PEI RFP process:

Date	Activity	Group
2020		
Nov 19	Sent email stating RFP for PEI programs was going to be released in the first quarter of 2021 for FY 21-24 contracts	PEI Contractors
Dec 15	Discussed release of RFP for PEI programs for FY 21-24 contract	Cultural Responsiveness Committee (CRC)
Dec 16	Discussed release of RFP for PEI programs for FY 21-24 contract	Community Program Planning (CPP) Sub-Committee of MHSA Steering Committee
2021		
Jan 7	Reviewed current PEI programs, populations, fund allocations, regulations and data	PEI Development Committee (DC) - formed by inviting stakeholders from the MHSA Steering Committee and CRC to participate in PEI DC.
Jan 13	Discussed release of PEI RFP for FY 21-24 contracts	MHSA Steering Committee
Jan 14	Reviewed data sources and discussed changes to populations and funding allocation	PEI Development Committee
Jan 21	Formed PEI RFP categorical/population funding allocation recommendation to DHS	PEI Development Committee
Mar 9	DHS-BHD released RFP	Department and County Vendor List
Mar 16	DHS-BHD Bidders Conference	BHD MSHA Team and Fiscal for CBOs/any parties interested in attending conference
Apr 13	Proposals due	CBOs
Apr 21-23	Scored Proposals	Evaluation Panel
May 11	Provided PEI RFP Update	MHSA Steering Committee
May 11	Announced intent to award	MHSA stakeholders and Vendor List
May 27	Provided PEI RFP Update	MHSA Stakeholder Meeting
May and Jun	Developing scopes of work, measurable deliverables, budgets and finalizing contracts	MHSA Team and CBOs

PREVENTION AND EARLY INTERVENTION (PEI) Programs	
Latino Service Providers (LSP) of Sonoma County	
Organization and Background	<p>Latino Service Providers (LSP) of Sonoma County was founded in 1989 by Latino leaders in education, government, and the social service sectors. LSP is currently comprised of over 1,600 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.</p> <p>The mission of LSP is to serve and strengthen Latinx families and children by building healthy communities and reducing disparities in Sonoma County. LSP's vision is a community where Latinos are fully integrated by having equal opportunities, support, and access to services in the pursuit of a higher quality of life.</p>
MHSA Funding and Services Update	<p>In FY 2020-21 LSP was funded \$85,000 to provide a PEI Prevention program consisting of two components: 1). Monthly provider and community meetings to learn about and share resources for the Latinx community and 2) Weekly electronic newsletter to share resources on family economics, education, health and safety to alleviate stress, anxiety and depression. For FY 2021-25, LSP will receive \$107,000 of MHSA PEI funds annually to provide Prevention and Early intervention services that will continue the two prevention components from the prior year and add a third prevention component: A youth promotor model that trains 10 Youth Promotores and two Youth Promotor Leaders to promote mental health information and resources in the Latinx community. In addition, an early intervention component will provide mental health treatment to the Youth Promotores who self-identify that they are experiencing mental health challenges. The clinical support will be provided by SOS Counseling per a Memorandum of Understanding.</p>
Impact	<p>Impact is proposed to be at both a community-level and at an individual-level:</p> <ol style="list-style-type: none"> 1) Increase in knowledge of mental health challenges, community resources and reducing stigma; 2) Build protective factors, including culturally-based strengths and self-care practices; 3) Increase access to treatment and support; and 4) Reduce the negative outcomes resulting from untreated mental illness

Positive Images	
Organization and Background	Positive Images (PI) is a grassroots organization whose mission is to provide support, advocacy, and education to Sonoma County's LGBTQIA+ community by providing a safe, inclusive, and welcoming space. Because LGBTQIA+ identities are present in people across diverse ethnic, linguistic, and cultural populations, PI maintains an intersectional approach to the programs and services that are not only community-driven and informed but are responsive and adaptive to the changing landscape of the mental health needs of LGBTQIA+ individuals. "LGBTQIA+" encompasses a wide umbrella of sexual orientations and gender identities, and resultantly, members of this population are diverse and have experienced a wide range of disparate lived experiences.
MHSA Funding and Services Update	As in the prior year, Positive Images will receive \$102,000 of MHSA PEI funds annually for FY 2021-25. PI's Prevention program is designed to reduce risk factors for developing a serious mental illness and build protective factors to promote well-being. PI has a variety of offerings to engage youth and young adults, including weekly support groups, art jams, leadership training, drop-in resource library and gender closet, and social activities that increase resiliency, build community and reduce risk. In addition, PI provides supplemental education in the schools and at the workplace to promote understanding, reduce stigma and increase acceptance of LGBTQ+ issues.
Impact	Impact is proposed to be at both a community-level and at an individual-level: <ol style="list-style-type: none"> 1) Cultural competency training for mental health and medical providers, educators and law enforcement will increase the understanding of the unique needs of the LGBTQIA+ community; 2) PI member participants will increase community connectedness, self-esteem and acceptance, life satisfaction (social, familial, achievement of goals), and develop life skills (communication, advocacy, leadership, coping strategies)

La Luz Center	
Organization and Background	<p>La Luz Center has been providing the program <i>Your Community, Your Health/Tu Comunidad, Tu Salud</i> since 2017 to address the mental health needs of the Sonoma Valley Latinx community providing no-cost culturally and linguistically competent health and wellness services. The overall mission of the organization is to strengthen community through family services, economic advancement and community engagement.</p> <ul style="list-style-type: none"> • Family services program supports families from early childhood through adulthood. • Economic advancement initiative addresses families' desire to learn and gain new skills for better jobs and higher salaries. • Community engagement includes events that aim to promote community-wide participation and opportunities for community service and leadership. <p>A 10-member Estrellitas Asociación de Padres (EAP), a parent advisory council, which meets twice/year to ensure that the program design and implementation of our programming is family- and child-centered, culturally and linguistically competent, and relevant to the needs of Sonoma Valley Latinx working families' needs.</p>
MHSA Funding and Services Update	<p>For FY 2021-25, La Luz was awarded \$79,000 annually in MHSA PEI funds to provide Prevention & Early Intervention services for the broader Latinx community and age-specific, 0-5 years and their caregivers in Sonoma Valley to reduce risk factors for developing a potentially serious mental illness, build protective factors and improve timely access to mental health services. La Luz will recruit and train community health workers, known as Las Luchadoras, to conduct quarterly workshops to prevent the onset of stress, anxiety, and depression, develop adaptive skills, and share valuable resources and information in a culturally sensitive manner. A case management component will utilize a trauma-informed approach and work in tandem with a therapeutic team to provide individual and family therapy when indicated. Finally, the Luchadoras will be able to refer the community to our internal wellness programming and community engagement activities.</p> <p>This newly funded organization and respective services will expand Sonoma County's reach for the Latinx community in Sonoma Valley, including services for 0-5 year old's and their caregivers.</p>
Impact	<p>Impact is proposed to be at both at an individual and family level:</p> <ol style="list-style-type: none"> 1) Luchadoras and participants will increase knowledge of mental health issues, community resources and skills to manage mild mental health challenges; and 2) Children and families are provided with therapeutic support in parenting and tools for resiliency and positive mental health.

Sonoma County Indian Health Project, Inc.	
Organization and Background	Sonoma County Indian Health Project, Inc. (SCIHP) is a community health clinic that provides services to the Native American community of Northern California, including tribal members of Cloverdale Rancheria, Dry Creek Rancheria, Federated Indians of Graton Rancheria, Lytton Rancheria, Manchester Point Arena Rancheria, Stewarts Point Rancheria, and the Wappo Tribe. Services provided are medical, dental, behavioral health, nutrition/senior lunch, pharmacy, diabetes clinic and WIC. For many community members, they have come to SCIHP their whole lives and for multiple generations; thus, SCIHP, by default, provides a culturally appropriate social network space for local Native American individuals and families, similar to a small village.
MHSA Funding and Services Update	<p>For FY 2021-25, SCIHP will receive \$40,000 of MHSA PEI funds annually for FY 2021-25 and increase over the past fiscal year by \$20,000 due to adjustments to achieve parity in representative communities and their needs. The purpose of this prevention program is to reduce mental health disparity in the local Native American communities and increase access to mental health services by providing a Gathering of Native Americans (GONA) twice a year.</p> <p>The GONA is a SAMHSA best-practice specific to American Indians and its culturally rooted activities are focused under four themes (belonging, mastery, interdependence, generosity) for reducing mental health stigma, improving behavioral health wellness, and help in reducing mental illness and addressing suicidal ideation within an intergenerational context.</p>
Impact	<p>Impact is proposed to be at both a community-level and at an individual-level:</p> <ol style="list-style-type: none"> 1) Reduce mental health stigma and decreasing suicide through community-based awareness campaigns, GONA and other community events; 2) Strengthen cultural protective factors, reinforces resiliency, and community connectedness; and 3) Improve mental health wellness.

Action Network	
Organization and Background	<p>Action Network provides mental health prevention and early intervention services across all ages including 0-15 and 16-25 on the remote Sonoma Coastline. Being the only agency that provides mental health support, Action Network coordinates with other available community and school-based services. The organization's goal is to support families through a strengths-based approach towards solving problems and achieving self-efficacy while overcoming any cultural, ethnic, and socio-economic challenges. Coordinating within a network of services and resources, Action Network serves as the glue for this system of care ensuring community engagement and service utilization, while not duplicating or competing with, existing service providers in the community. Action Network provides bi-lingual, culturally effective services to the parents and other family members of children in local school districts. Family support services are offered in natural settings that encourage the participation of Native American and Hispanic families. Services are also provided at community clinics, Action Network's family resource center, Pomo Indians Tribal Centers, and school campuses.</p>
MHSA Funding and Services Update	<p>Action Network will receive \$60,000 in MHSA PEI funding annually for FY 2021-25. These funds will support an array of prevention strategies designed to offer the largest cross-section of evidence-based services for parents and families possible. This project will support isolated families, youth and seniors struggling with emotional, behavioral, mental health and well-being issues. These issues may be exacerbated by social isolation, lack of knowledge/coping skills, and lack of access to the appropriate supports and services.</p> <p>Action Network administers a thorough protocol for intake assessments to identify the needs of community members and refers to the most appropriate services. Action Network offers school/community-based screening and preventive services, family advocate services on campus, mental health services, and community-based family support services. Our prevention programs are tailored to the diversity of the population that we serve by age, gender and culture.</p>
Impact	<p>Impact is proposed to be at both at an individual and family level:</p> <ol style="list-style-type: none"> 1) Children and adults participating in community-based mental health awareness workshops will reduce mental health stigma, increase protective factors and resiliency, and a reduction in emotional distress; and 2) Seniors served will have an improved sense of well-being, decrease in emotional challenges, and better coping with isolation.

Child Parent Institute	
Organization and Background	Child Parent Institute (CPI) , formerly California Parenting Institute, is a parent education and children’s mental health agency serving families throughout Sonoma County since 1978. Our continuum of care includes child therapy, family resource assistance, parent education, facilitated supervised visitation, therapeutic and recreational creative arts programming, and a non-public school (New Directions) providing adolescent special education/mental health services. We advocate for policies that support families and protect children. The organizational mission is to end child abuse and strengthen the health of children, parents, and families.
MHSA Funding and Services Update	CPI was a member of the Sonoma County 0-5 Collaborative that previously received MHSA PEI funds. However, for FY 2021-25, CPI is receiving \$198,000 for early intervention services for children age 0-5 and their families. CPI will provide a continuum of direct services to children and families at risk for mental illness and for women and their children identified with Perinatal Mood Disorder. Services include risk assessment/screening, case management, parent education (Triple P Parenting) and brief psychotherapy.
Impact	Impact is proposed to be at the individual and family level: <ol style="list-style-type: none"> 1) Triple P participants will increase confidence in parenting skills, knowledge of socio-emotional and behavioral issues impacting young children; 2) Counseling participants will decrease depression and anxiety based upon pre-post screenings; and 3) Increased screenings, consultations and appropriate referrals for additional therapeutic services.

Early Learning Institute	
Organization and Background	Early Learning Institute (ELI) provides individual therapeutic interventions to promote developmental education and support to young children and their families. Through screening and consultation, an individualized family service plan can be developed that focuses on the child's need and supports the parents/caregivers. More than 60% of the multi-disciplinary staff is bilingual and all services are in English and Spanish. Services can be home-based or at one of two ELI centers. Therapeutic play for children are offered in WeePlay playgroups and in a small, inclusive preschool program. For the broader community, ELI provides support to childcare providers and pre-school teachers.
MHSA Funding and Services Update	ELI is a member of the Sonoma County 0-5 Collaborative that previously received MHSA PEI funds. However, for FY 2021-25, ELI is receiving \$44,000 for early intervention services for children age 2-5 and their parents/caregivers. Early childhood mental health is a critical component of healthy development and well-being, and foundations laid during this formative time period set the course for success in later life. ELI's Watch Me Grow program includes professional social-emotional screenings and navigation for children 2-5 years of age; community access to an ECMH on-line screening tool for children birth to 5, with live follow-up and navigation services and basic phone navigation support for families who might need help from early identification through treatment options.
Impact	Impact is proposed to be at the individual and family level: <ol style="list-style-type: none"> 1) Children screened and indicated will receive therapeutic services in a timely manner; and 2) Parents will improve knowledge of early childhood mental health milestones.

Santa Rosa Junior College	
Organization and Background	<p>The Santa Rosa Junior College (SRJC) offers students a Mental Wellness Program, based in the Student Health Services department. This Mental Wellness Program uses a comprehensive non-stigmatizing and non-discriminatory approach to assist the college community in identifying and responding to students experiencing significant mental health problems, and to promote mental health and reduce stigma across the college. Student outreach efforts are focused on reaching transition age youth through orientations and first year experience courses with activities designed to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services.</p> <p>SRJC has recently been designated a Hispanic Serving Institution and the Student Health Services Department has bilingual front desk staff, intern therapists, and a designated bilingual MFT in order to serve the increasing number of Latino students at SRJC.</p>
MHSA Funding and Services Update	<p>In FY 2020-21 and awarded for FY 2021-25, SRJC will receive \$200,000 in MHSA PEI funds for stigma reduction among Transition Age Youth, 16 – 25 years. The People Empowering Each Other to Realize Success (PEERS) Coalition mobilizes the student voice to increase our ability to effectively raise awareness of mental health and increase utilization of services. Santa Rosa Junior College (SRJC) students known as “PEERS” works with Student Health Services’ staff in addressing priority needs of students through outreach activities and widespread community collaboration. PEERS serve in a variety of roles including representation on the County Mental Health Board, planning workshops and events, and educating students about mental wellness and bystander interventions.</p> <p>Online mental health screenings, educational content, and trainings are made available to all students. PEERS will be trained in QPR Suicide Prevention and Mental Health First Aid that assist in reducing stigma, and will facilitate campus-based workshops on mental health topics, including QPR for the student body.</p>
Impact	<p>Impact is proposed to be at the individual and campus community level:</p> <ol style="list-style-type: none"> 1) Staff and students will increase ability to recognize the signs of suicidal ideation and demonstrate knowledge of appropriate referrals; 2) Students trained will increase knowledge about common mental health issues, risk factors and local services; 3) Students trained will increase skills in helping to support mental health on campus; and 4) Students completing Mindwise on-line screening will become more aware of their mental health status and learn about referral sources.

Buckelew Programs	
Organization and Background	<p>The North Bay Suicide Prevention (NBSP) Hotline of Sonoma County, a Buckelew Program, provides Nationally Accredited 24/7 suicide prevention and crisis telephone counseling to Sonoma County Residents. The Program is fully accredited by the American Association of Suicidality and provides free and confidential services to Sonoma residents. The Buckelew Suicide Prevention Program has been part of the National Suicide Prevention Line, which is a toll-free national number connecting callers to their closest certified crisis line, since 2005.</p> <p>Suicide Prevention Hotline Counselors are highly trained to provide risk assessment, prevention, intervention and referrals to callers in distress and/or their family and friends. The hotline counselors are additionally trained by a certified trainer of Question, Persuade and Refer (QPR) Gatekeeper. All Hotline Counselors are trained to follow the National Suicide Prevention Lifeline (NSPL) guidelines and the American Association of Suicidology (AAS) guidelines.</p>
MHSA Funding and Services Update	<p>As in FY 2020-21, Buckelew Programs will be funded \$160,000 of MHSA PEI funds for Suicide Prevention in FY 2021-25. NBSP Program Objectives:</p> <ol style="list-style-type: none"> 1. Operate the 24-hour crisis Hotline Program and maintain coverage of all shifts; 2. Conduct the Suicide Prevention Hotline Training classes 4 times per year following NSPL and AAS guidelines for training and supervision of calls; 3. Provide 24-hour/7 day staff consultation/supervision and back-up to telephone counselors; 4. Review telephone counselor contacts and conduct annual review for quality purposes; 5. Develop and oversee implementation of treatment plans (providing clinical referrals and follow up safety calls) as appropriate for designated callers; 6. Collaborate with the County to inform the community about the Hotline service; 7. Provide evidence-based suicide prevention education in schools, workplaces, clinics, non-profits and other locations. 8. Provide telephone support for individuals and families recovering from suicide or self- injury.
Impact	<p>Impacts are proposed be at the individual and community level:</p> <ul style="list-style-type: none"> • Callers to hotline will receive immediate and intensive support during crisis and referral to resources; • Callers will experience a reduction in intensity of emotions; • Training participants will increase knowledge of signs of suicide; and • Community members will become aware of NBSP services.

Human Services Department – Older Adult Collaborative	
Organization and Background	<p>The Older Adult Collaborative (OAC) is comprised of the primary senior services agencies in the County. OAC is a four-agency collaborative lead by Sonoma County Human Services Department – Adult & Aging Services Division (HSD). The community based, non-profit members serving older adults in their respective communities are: Council on Aging (COA), Petaluma People Services (PPSC) and West County Community Services (WCCS). The County contracts with these agencies to provide case management, nutrition programs, adult day services and transportation programs.</p>
MHSA Funding and Services Update	<p>In FY 2020-21, HSD received \$243,387 of MHSA PEI funds to prevent depression and other mental health challenges for older adults. For FY 2021-25, HSD will receive \$220,000 to provide leadership to the OAC to implement the Healthy IDEAS (Identifying Depression and Empowering Activities for Seniors). IDEAS is a prevention and early intervention evidence-based model to reduce depression and suicide among older adults throughout Sonoma County by:</p> <ol style="list-style-type: none"> 1) Administration of a depression screening by professionals experienced in serving older adults and trained in the Healthy IDEAS evidence-based intervention. 2) Implementation of a behavioral activation model is implemented with those identified with symptoms of depression. 3) Referral of case managed clients to counseling and psychotherapy for those older adults identified as at risk for depression. 4) Contracting with the national Healthy IDEAS training center (http://healthyideasprograms.org) to provide comprehensive training and technical support to the OAC team, which is needed to train new staff and as a refresher for others.
Impact	<p>Impacts proposed will be at the individual level:</p> <ul style="list-style-type: none"> • Depression screening will increase awareness and initiate dialogue about available education/referrals; • Increased education and mental health referrals for seniors; and • Increased utilization of services and improved depression scale measures (PHQ 9 and GDS).

Stakeholder Participation



Additional stakeholder participation occurs at the public meetings of the MHSA Stakeholder Group comprised of individuals with lived experience, family members and community members with interest in MHSA.

A virtual stakeholder meeting was held on May 27, 2021. The CPP committee and the MHSA Coordinator co-facilitated the meeting that started a new conversation with stakeholders. In the past, stakeholder meetings were designed to inform and update stakeholders. The recent meeting was designed to engage stakeholders and invite them to share their perspectives, while still providing updates. The meeting included polls, breakout rooms and group discussions.

The participants discussed the following questions:

- What is working well in Sonoma's behavioral health system, what would you like to see more of?
- What is not working well in Sonoma's behavioral health system, what are the top 2-3 changes you would like to see?
- What is the most effective/ best way to get input from the group you represent?

Stakeholder Participation (cont'd)

Five break-out groups reported out discussions about the following themes and strategies in the table below:

Themes	Recommended Strategies
Diversity	<ul style="list-style-type: none"> • Have more cultural (BIPOC) and linguistic representation; • Clients need to “see” someone who looks like them and can relate to; • Reduce mis-trust in the system; • Inclusion of peers in county run programs; • PEI and Innovation focus is positive
Workforce development	<ul style="list-style-type: none"> • Focus on increasing diversity; • Representation increases the possibility of actualizing recruitment; • Look at pipeline, promotions and retention of staffing; • Re-examining job descriptions and qualification requirements to increase entry-level and peer positions
Safe and welcoming services	<ul style="list-style-type: none"> • Whole person care approach; • Work towards a Cahoots model for Mobile Support Team (no law enforcement); • Decriminalization of mental health
Increase access to services	<ul style="list-style-type: none"> • With limited funding, be creative on leveraging resources and finding new funding streams; • Increase public’s awareness of services – more public forums, campaigns to reduce stigma; • Focus on homeless – meet basic needs and help facilitate entry into the system of care; • Training for clients on ADLs, how to manage housing, money, jobs • No waiting lists; • Not reaching all communities – rural, going to where the people are, social isolation, fear in government; • Examine assessment process/data, e.g. asking if adults have children; • Serving the whole family; • Mobile support team (works well – need more of) and consider cahoots model
Cohesion in the system	<ul style="list-style-type: none"> • Increase communication among providers; • Identify and reduce “cracks” in the system; • Increase collaborations and partnerships; • Great commitment
Utilize the Mental Health Board	<ul style="list-style-type: none"> • To obtain information; • Advocacy; • Encouraged stakeholders to apply to join the MHB – current openings; (again, need diversity)
Broaden community awareness and input	<ul style="list-style-type: none"> • More stakeholder groups and public forums

The CPP Committee will continue to engage stakeholders, and provide a feedback loop to share stakeholder input and guidance. The work of the CPP committee along with stakeholder input will be disseminated to the MHSA Steering Committee, Division leadership and stakeholders.

Community Program Planning Process Calendar – July 2020 - June 2021

Throughout FY 20-21 the Division engaged stakeholders at the virtual meetings listed below:

Date	Location	Stakeholder Group
July 6	WebEx	MHSA Steering Committee
Aug 12	WebEx	Community Program Planning Subcommittee
Sep 16	WebEx	Community Program Planning Subcommittee
Oct 14	Zoom	MHSA Steering Committee
Nov 18	Zoom	Community Program Planning Subcommittee
Nov 19	Email	PEI Service Providers
Dec 15	Zoom	Cultural Responsiveness Committee (CRC)
Dec 16	Zoom	Community Program Planning Subcommittee
Jan 7	Zoom	PEI RFP Development Committee
Jan 13	Zoom	MHSA Steering Committee
Jan 14	Zoom	PEI RFP Development Committee
Jan 20	Zoom	Community Program Planning Subcommittee
Jan 21	Zoom	PEI RFP Development Committee
Feb 17	Zoom	Community Program Planning Subcommittee
Feb	Zoom	Board of Supervisors
March	Zoom	PEI RFP Bidders Conference
April 1	Zoom	Community Program Planning Subcommittee
May 6	Zoom	Community Program Planning Subcommittee
May 11	Zoom	MHSA Steering Committee
May 27	Zoom	MHSA Stakeholder Committee
June 9	Zoom	Community Program Planning Subcommittee

Additional Stakeholder Outreach

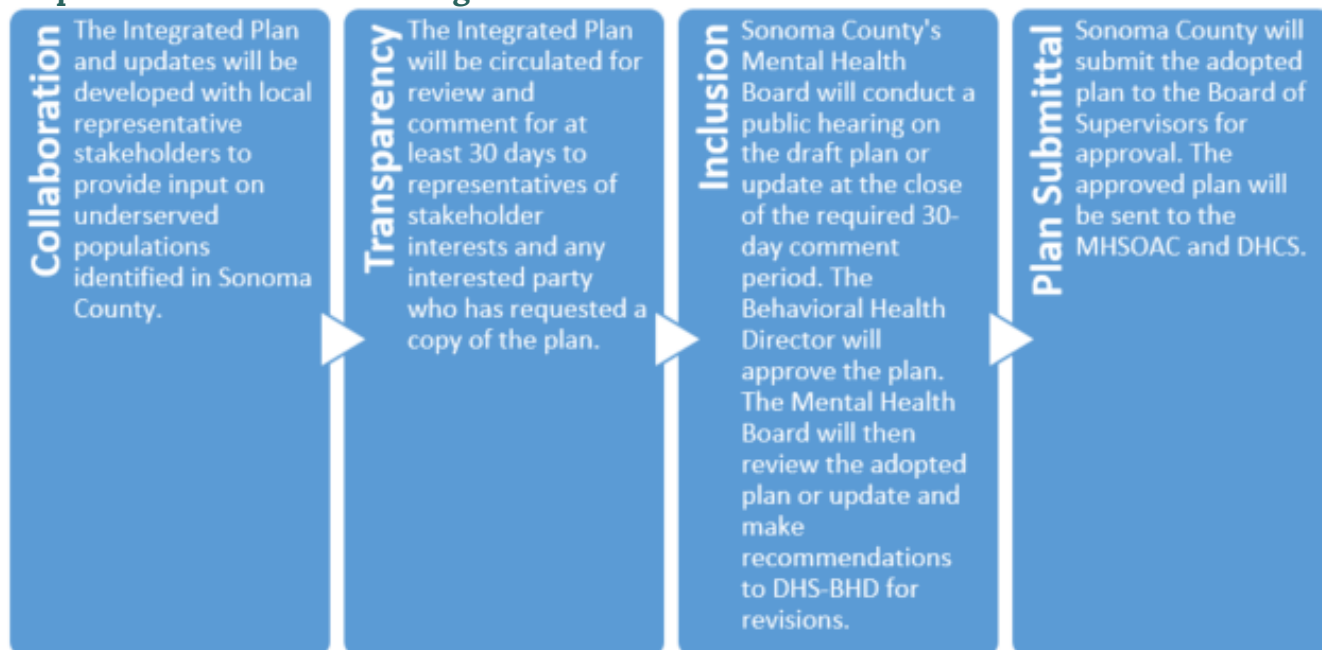
DHS-BHD also publishes an MHSA Newsletter, featuring relevant MHSA news, information and events. A hard copy version of the newsletter is produced and is shared with a variety of community groups and stakeholders, including the Mental Health Board, Sonoma County Board of Supervisors, DHS-BHD program managers, and contractors. Due to low staffing resources and the additional demands of responding to the pandemic, the Division was only able to publish one newsletter in FY 20-21. The Division is anticipating that the newsletter will be published every 2-3 months in FY 21-22. An archive of the newsletter PDFs is available on the MHSA website. Individuals and CBOs can subscribe to the email newsletter via the MHSA website.

See Appendix 1 on Page XXX for the MHSA newsletter distributed in FY 20-21.

The Public Review and Public Hearing Process

Per Title 9, CCR Section 3315, Sonoma County has conducted a local review process for the community to review and comment on the MHSA Three-Year Program and Expenditure Plan.

Graphic 1: The Public Hearing Process



Sonoma County's Draft MHSA Annual Plan Update and Expenditure Plan FY 21-22 was posted and emailed for public review on July 14, 2021. The division held virtual MHSA Steering and Stakeholder meetings in May to provide updates on the MHSA Annual Update and receive feedback from stakeholders. The Division requests that stakeholders review the draft Annual Plan Update and submit comments and questions during the 30 day comment period to:

Melissa Ladrech, LMFT, MHSA Coordinator
Sonoma County Department of Health Services
Behavioral Health Division
2227 Capricorn Way, Suite 207, Santa Rosa, CA 95407
or email at: MHSA@sonoma-county.org

Information will be added about the public hearing at the Mental Health Board and substantive comments from stakeholders. The 30-day comment period culminated in a final virtual public hearing for the MHSA Annual Plan Update on September 21, 2021 at the Mental Health Board meeting.

The minutes for the September 21, 2021 Mental Health Board Meeting can be found on the MHSA Sonoma County website: <https://sonomacounty.ca.gov/Health/Behavioral-Health/Mental-Health-Services-Act/>

MHSA Annual Plan Distribution or Public Hearing Outreach to Stakeholders for 2021

Date	Action
7/21	Post draft MHSA Plan on DHS, BHD, MHSA, and Mental Health Board web pages
7/21	Email Mental Health Board, MHSA Steering Committee, MHSA Stakeholder Committee, MHSA Contractors and Staff Contact List with link to draft Plan
7/21	Send notice via email to 2000+ MHSA Update subscribers
9/21	Public Hearing with Mental Health Board and Stakeholders
9/28	Board of Supervisors reviews final MHSA Three-Year Plan

Information will be added about the BOS review of the plan.

SONOMA COUNTY MHSA

PLAN UPDATE

FY 2021 - 2022



The MHSA Annual Program Work Plan Update (Program Plan) has been developed in collaboration with MHSA stakeholders. As we look forward to FY 21-22 the County, State and Country are emerging from the overwhelming and disruptive impacts of the Covid-19 pandemic. While uncertainty still exists, there is hope for positive change in the future. During these very challenging times the Division staff and contract service providers have been instrumental in supporting our clients, coworkers and community with dedication and respect. The Division is very grateful for all of these efforts and Sonoma County continues to demonstrate strength and grace in the face of adversity.

The table on the next page lists the substantial changes from the Three-Year Program Work Plan for FY 20-23 and the Annual Plan Update for FY 21-22:

Organization	Background	Impact
COMMUNITY SERVICES AND SUPPORTS (CSS)		
On The MOVE - VOICES	In FY 20-21 VOICES was funded with the First Episode Psychosis Mental Health Block Grant (FEP MHBG) with \$238,587 annually. The Division released an RFP for the FEP MHBG in 2021, and the grant was awarded to Aldea. Aldea has partnered with Buckelew Programs to run the services at the Elizabeth Morgan Brown One Mind ASPIRe Clinic in Santa Rosa.	VOICES is no longer receiving FEP MHBG monies and VOICES is being funded by MHSA with \$238,587 annually. Additional services for Transitional Age Youth experiencing serious mental health challenges are available from both VOICES and Elizabeth Morgan Brown One Mind ASPIRe Program of Sonoma County.
West County Community Services (WCCS) Wellness and Advocacy Center, Petaluma Peer Recovery Center and Russian River Empowerment Center.	In FY 20-21 MHSA provided 25% of the funding for the WCCS peer centers.	WCCS peer services centers will be fully funded by the Division with other funding in FY 21-22. There is no impact to services.
PREVENTION AND EARLY INTERVENTION (PEI)		
Note: See pages 26-40 for detailed information about the PEI RFP process.		
Latino Service Providers (LSP) of Sonoma County	LSP was funded \$85,000 in FY 20-21 to provide a PEI Prevention program. LSP was awarded a PEI contract for FY 21-25 to provide Prevention and Early intervention services with \$107,000 of MHSA PEI funds annually.	LSP will continue to provide the services in the prevention program and LSP will also provide the Youth Promotores program that includes early interventions for the Latinx community, who are identified as a high risk population group.
La Luz	La Luz was awarded \$79,000 in MHSA PEI funds to provide Prevention & Early Intervention services for the Latinx community annually for FY 21-25.	La Luz will expand Division services for the Latinx Community including services for 0-5-year-old's and their caregivers in Sonoma Valley.

Organization	Background	Impact
First 5 Sonoma County - 0-5 Collaborative	The 0-5 Collaborative is no longer operated by First 5 Sonoma.	The Early Intervention Services for 0-5-year old's and their caregivers will be provided by the awardees of the PEI RFP: Child Parent Institute, La Luz and Early Learning Institute.
Child Parent Institute (CPI)	CPI was a partner in the First 5 Sonoma County - 0-5 Collaborative. CPI was awarded a contract to provide Early Intervention services to 0-5-year old's and their caregivers, and CPI will receive \$198,000 in MHSA PEI funds annually for FY 21-25.	CPI and ELI will provide services similar to the First 5 Sonoma County - 0-5 Collaborative's services.
Early Learning Institute (ELI)	ELI was a partner in the First 5 Sonoma County - 0-5 Collaborative. ELI was awarded a contract to provide Early Intervention services to 0-5-year old's and their caregivers, and ELI will receive \$44,000 in MHSA PEI funds annually for FY 21-25.	ELI and CPI will provide services similar to the First 5 Sonoma County - 0-5 Collaborative's services.

INNOVATION (INN)

Note: See pages 57 - 65 for more information about the Innovation programs and process

On The Move's Nuestra Cultura Cura Social Innovation Lab	On The Move's Nuestra Cultura Cura Social Innovation Lab was approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) in April 2021	On The Move's Nuestra Cultura Cura Social Innovation Lab will be implemented in the first quarter of FY 21-22. See page 63 for program description. A total of \$736,584 of MHSA Innovation funding is allocated for the 3-year Innovation project.
Early Learning Institute's Instructions (ELI) Not Included: Dads Matter	ELI's Instructions Not Included, Dads Matter was approved by the MHSOAC in June 2021.	ELI's Instructions Not Included: Dads Matter will be implemented in the first quarter of FY 21-22. See page 60 for program description. A total of \$689,860 of MHSA Innovation funding is allocated for the 3-year Innovation project.

Organization	Background	Impact
Sonoma County Human Services Department's (HSD) Collaborative Care Enhanced Recovery Project (CCERP)	HSD's CCERP was approved by the MHSOAC in June 2021.	CCERP will be implemented in the first quarter of FY 21-22. See page 61 for program description. A total of \$998,558 of MHSA Innovation funding is allocated for the 3-year Innovation project.
First 5 Sonoma County's New Parent TLC	First 5 Sonoma County's New Parent TLC was conditionally approved by the MHSOAC in June 2021.	First 5 Sonoma County's New Parent TLC will be implemented in the first quarter of FY 21-22. See page 60 for program description. A total of \$394,586 of MHSA Innovation funding is allocated for the 3-year Innovation project.
WORKFORCE EDUCATION AND TRAINING (WET)		
DHS-BHD	A new position of Diversity, Equity, & Inclusion Development Manager is being added to support cultural responsiveness and WET activities.	A total of \$210,164 of MHSA WET funding will support this position annually.
DHS-BHD	A .5 Full Time Equivalent (FTE) Senior Office Assistant (SOA) is being added to support cultural responsiveness and WET activities.	A total of \$25,711 of MHSA funding WET will support this position annually.
CAPITAL FACILITIES/TECHNOLOGY NEEDS (CFTN)		
DHS-BHD	Staff to administer the Avatar Electronic Health Record (EHR) is being funded by MHSA	A total of \$183,925 of MHSA CFTN funding will support this position annually.

No Place Like Home Update

The State of California No Place Like Home (NPLH) program provides funding and tools that allow the State Department of Housing and Community Development (HCD) to address affordability issues associated with creating housing units that are specifically set aside for persons with serious mental illness who are chronically homeless, homeless, or at-risk of being chronically homeless. Under the program, HCD may make loans to reduce the initial cost of acquisition and/or construction or rehabilitation of housing, and may set funds aside to subsidize extremely low rent levels over time. The NPLH program was created by diverting 7% of MHSA funds to create a new resource for housing for MHSA clients.

A total of 8 proposals have been submitted since 2018. Three projects have been awarded funding, two projects have been scored and three projects are pending scoring. The table below provides additional information about the projects:

Year of Application	Project Sponsor	Project Name	Project City	Total Project Units	NPLH Units	Type	Status/Score (1-200)
2018							
	Burbank Housing Development Corp.	Caritas Home, Phase 1	Santa Rosa	64	30	New Construction	Awarded
	Danco Communities	Santa Rosa College Ave Housing	Santa Rosa	61	29	New Construction	Awarded
2019							
	Danco Communities	Boyd Street Apartments	Santa Rosa	45	15	New Construction	Awarded
2020							
	Burbank Housing Development Corp.	Petaluma River Place Apartments	Petaluma	50	15	New Construction	183
	Mid-Pen Housing	414 Petaluma Blvd North	Petaluma	40	15	New Construction	190

	Scattered Site	8192 Arthur Street	Cotati	3	7	Existing	Pending
	Scattered Site	866 Sonoma Avenue	Santa Rosa	6	6	Existing	Pending
	Mid-Pen Housing	Mahonia Glen	Santa Rosa	99	5	New Construction	Pending

The following Program Plan (as well as the Annual Program Report for FY 19-20 beginning on Page 80) are presented within the five MHSA Service Components: Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Workforce, Education and Training (WET), and Capital Facilities and Technological Needs (CFTN). For program descriptions, see the Annual Program Report sections on Pages 80 – 135.

Community Services and Supports (CSS)

Provides enhanced mental health services for adult populations with Severe and Persistent Mental Illness (SPMI) and Seriously Emotionally Disturbed (SED) children and youth

Full Service Partnerships (FSPs)

Intensive programs with a collaborative relationship between the County and the client, and when appropriate, the client's family, through which the County plans for and provides the full spectrum of community services so that the client can achieve the identified goals with a “whatever it takes” approach. The following are the County’s FSPs for FY 21-22:

FSP Program (DHS-BHD)	Estimated # to be served in FY 21-22	Children and Youth (0-15)	Transition Age Youth (16-25)	Adults (26-59)	Older Adults (60+)	Estimated MHSA cost per person in FY 21-22
Family Advocacy, Stabilization & Support Team (FASST)*	200	105	95	0	0	\$11,870
Transition Age Youth (TAY) Team*	70	0	70	0	0	\$14,983
Forensic Assertive Community Treatment (FACT)*	70	0	3	64	3	\$6,150
Integrated Recovery Team (IRT)	150	0	0	144	11	\$6,507
Adult Full Service Partnership (AFSP)*	100	0	0	100	0	\$13,975
Older Adult Intensive Team (OAIT)	60	0	0	0	60	\$15,670

**Includes contracted services*

General System Development (GSD)

The County may develop and operate programs to provide mental health services to clients specified in WIC Section 5600.3 (a-c), and, when appropriate, the clients' families. The following are the County’s GSD programs for FY 21-22:

Provider/Program	Estimated # to be served in FY 21-22	Children and Youth (0- 15)	Transition Age Youth (16-25)	Adults (26-59)	Older Adults (60+)	Estimated MHSA cost per person in FY 21-22
National Alliance on Mental Illness (NAMI) - Family- based Education, Advocacy and Support	4,599 (service contacts)	0	232	1,979	2,388	\$44
Bucklew Programs - Family Service Coordination	681 (service contacts)	0	12	334	335	\$115
DHS-BHD - Mobile Support Team*	300	36	63	147	53	\$3,876
DHS-BHD - Collaborative Treatment and Recovery Team*	216	0	30	161	24	\$1,709
Council on Aging - Senior Peer Support	477 (service contacts)	0	0	0	477	\$176
WCCS - Senior Peer Counseling	326 (service contacts)	0	0	0	326	\$252
Sonoma County Human Services Department (HSD) - Job Link	17 (service contacts)	0	3	10	4	\$3,971
DHS-BHD – Community Mental Health Centers	277	0	35	198	44	\$3,496
WCCS - Crisis Support	229 (service contacts)	66	26	94	44	\$44

**Includes contracted services*

Outreach and Engagement (OE)

The County may develop and operate outreach programs/activities for the purpose of identifying unserved individuals who meet the criteria of WIC Sections 5600.3 (a), (b) or (c) in

Outreach and Engagement (OE)

order to engage them, and when appropriate their families, in the mental health system so that they receive the appropriate services, including access to services. The following are the County's OE programs for FY 21-22:

Provider/Program	Estimated # to be served in FY 20-21	Children and Youth (0-15)	Transition Age Youth (16-25)	Adults (26-59)	Older Adults (60+)	Estimated MHSA cost per person in FY 20-21
DHS-BHD - Whole Person Care*	1,200	0	100	842	258	\$683
Sonoma County Indian Health Project (SCIHP) - Community Programs	346 (service contacts)	26	35	196	89	\$234

*Includes contracted services

Prevention and Early Intervention (PEI)

Programs that prevent mental illnesses from becoming severe and disabling, emphasizing improvement on timely access to services for underserved populations, including access to services. The majority of PEI expenditures should go to programs addressing the needs of individuals who are ages 0-25.

DHS-BHD conducted a Request for Proposal process for contracted PEI programs in 2021. The PEI RFP process resulted in contracts being awarded for the next four fiscal years. Please see pages 26-40 for detailed information about the PEI RFP process.

The table below lists the County's PEI programs for FY 21-25 (grouped by required service categories):

Service Category	Provider/Program	Estimated # to be served in FY 21-22	Children and Youth (0-15)	Transition Age Youth (16-25)	Adults (26-59)	Older Adults (60+)	Estimated MHSA cost per person in FY 21-22
Promotion*	California Mental Health Services Authority (CalMHSA) – Statewide PEI Program	N/A (not applicable)	N/A (not applicable)	N/A (not applicable)	N/A (not applicable)	N/A (not applicable)	N/A (not applicable)

Service Category	Provider/Program	Estimated # to be served in FY 21-22	Children and Youth (0-15)	Transition Age Youth (16-25)	Adults (26-59)	Older Adults (60+)	Estimated MHSA cost per person in FY 21-22
Prevention	Action Network - Across Ages and Cultures - PEI Program	600 (aggregate of quarterly reports)	100	5	20	475	\$100
Prevention	SCIHP - PEI Program	418	203	215	0	0	\$96
Prevention	Community Baptist Church Collaborative - PEI Programs	2,325 (service contacts)	650	575	800	300	\$52
Prevention	Sonoma County HSD (& subcontractors) - Older Adult Collaborative	3,251 (aggregate of quarterly reports)	0	0	0	3,251	\$75
Prevention & Early Intervention	Latino Service Providers of Sonoma County - PEI Program	73,641 (service contacts, including weekly email newsletters)	2,349	18,275	49,078	3,938	\$1.50
Prevention & Early Intervention	La Luz - PEI Program	250	50	50	100	50	\$316
Prevention and Early Intervention	Positive Images - PEI Program	6,125 (service contacts)	2,006	2,651	1,150	317	\$17
Early Intervention	Early Learning Institute - PEI Program (ELI)	500	200	150	150	0	\$88
Early Intervention	Child Parent Institute (CPI)	300	100	75	125	0	\$660
Access and Linkage to Treatment	DHS-BHD - Youth Access Team	395	299	96	0	0	\$1,919

Service Category	Provider/Program	Estimated # to be served in FY 21-22	Children and Youth (0-15)	Transition Age Youth (16-25)	Adults (26-59)	Older Adults (60+)	Estimated MHSA cost per person in FY 21-22
Access and Linkage to Treatment	DHS-BHD - Adult Access Team	889	0	162	621	105	\$1,276
Stigma and Discrimination Reduction	Santa Rosa Junior College - People Empowering Each other to Realize Success	1,064 (service contacts)	3	668	355	39	\$188
Suicide Prevention*	Buckelew Programs - North Bay Suicide Prevention Program	4,333 (calls received)	171	547	2,408	1,207	\$37
Outreach for Increasing Recognition of Early Signs of Mental Illness	Crisis Intervention Training (CIT) with Law Enforcement Personnel	112	N/A (not available)	N/A (not available)	N/A (not available)	N/A (not available)	\$174

*These service categories are not required

Innovation (INN)

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. Innovation pilot programs are time limited, and MHSA regulation (9 CCR § 3910.010) requires that the end date is not more than five years from the start date of the Innovative Project.

DHS-BHD's last Innovation program was the Mobile Support Team (MST) with funding ending in June 2018. During FY 18-19, DHS-BHD did not have an active Innovation program. Even in the absence of an Innovation program, counties must allocate 5% of funding to Innovation programs. If counties do not utilize the Innovation funds within three years of receiving the funds from the State, the funds can revert back to the State (9 CCR § 3900-3910.015). In order to avoid fund reversion, DHS-BHD started a Community Program Planning (CPP) process to develop new Innovation projects that will be implemented in 2021. This process is outlined on page 25.

DHS-BHD is pleased to report that four of the five projects that were developed with the CPP process received Mental Health Services Oversight and Accountability (MHSOAC) approval and one project received conditional approval. One of the approved projects was implemented in FY 20-21, and the remaining four will be implemented in FY 21-22. DHS-BHD is also developing an additional Diversion Transitional Housing Innovation proposal with key stakeholders. The table below lists the County's Innovation programs.

Provider(s)/Program	Estimated # to be served in FY 20-21	Children and Youth (0-15)	Transitional Age Youth (16-25)	Adults (26-59)	Older Adults (60+)	Estimated MHSA cost per person in FY 20-21
Implemented Innovation Program						
Buckelew, Aldea Children and Family Services, On the Move and UC Davis - Early Psychosis Learning Health Care Network (EP LHCN): Elizabeth Morgan Brown One Mind ASPIRe Program of Sonoma County	276	50	126	75	25	\$573
MHSOAC Approved Innovation Programs to be implemented in Q1 of FY 21-22						
Sonoma County Human Services Department & Santa Rosa Community Health Clinics - Collaborative Care Enhanced Recovery Project (CCERP)	75	0	0	50	25	\$4,442
Early Learning Institute - Instructions Not Included (INI) Dads Matter	1200	600	300	250	50	\$192
On the Move - Nuestra Cultura Cura Social Innovations Lab	166	20	40	80	26	\$1,479
MHSOAC Conditionally Approved Program to be implemented in Q1 of FY 21-22						
First 5 Sonoma County - New Parent TLC	450	0	100	300	50	\$310
Innovation Program in Development						
DHS-BHD & TBD - Diversion Transitional Housing	20	0	5	12	3	\$5,903

Brief descriptions of the Innovation projects can be found on the following pages.

Category	Information
Organization	Buckelew in partnership with Aldea Children & Family Services and UC Davis
Project	Early Psychosis Learning Health Care Network: Elizabeth Morgan Brown One Mind ASPIRe Program of Sonoma County
Total Project Budget	\$474,181 (leverages startup funds from One Mind Foundation)
Brief Description	Early Psychosis Learning Health Care Network (EP LHCN) will be the first treatment program specifically for youth psychosis in Sonoma County. This project will be part of the Statewide Early Psychosis Learning Collaborative (a Mental Health Services Oversight and Accountability Commission's [MHSOAC] Incubator Project) as approved by the MHSOAC. Aldea is already participating in the collaborative (Incubator) in Napa and Solano counties.
Innovation	Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
Primary Purpose	<ul style="list-style-type: none"> • Increase access to unserved or underserved groups • Increase quality of mental health services, including better outcomes • Promote interagency collaboration related to Mental Health Services or supports • Increase access to mental health services
Population to be served	<ul style="list-style-type: none"> • Youth and adults ages 12 – 30 who have onset of psychosis within the past two years or attenuated psychotic symptoms or recent deterioration in youth with a parent/sibling with psychotic disorder. • Outreach and Education - 200 individuals annually <p>Screenings – 60 annually, Assessment – 16 annually</p> <ul style="list-style-type: none"> • Treatment (group, behavioral training, medication management, case management) – 40 annually • Supported Education/Employment – 80% of clients
Learning Goals	<ol style="list-style-type: none"> 1. Will a collaborative approach of combining the expertise and reach of three organizations significantly enhance the outcomes of an Early Psychosis Intervention Program? 2. Will enhancing the Parent Partner component of the Early Psychosis Intervention Program improve family outcomes?
Need in Sonoma	Addresses a lack of services for youth and young adults experience first-time early psychosis. <i>For more information, visit:</i> http://sonomacounty.ca.gov/Health/Behavioral-Health/PDF/Early-Psychosis-Learning-Health-Care-Network-Statewide-Collaborative/

Category	Information
Organization	Early Learning Institute

Category	Information
Project	Instructions Not Included (INI) - Dads Matter
Total Project Budget	\$689,360
Brief Description	Home visiting program for first time fathers combining three curricula: Promoting First Relationships, Partners for a Health Baby, and Nurturing Fathers with enhancements from Dad's Matter, Adverse Childhood Experiences (ACEs) and depression screening and lessons learned from National Father's Initiative.
Innovation	Makes a change to an existing practice in the field of mental health, including but not limited to application to a different population.
Primary Purpose	<ul style="list-style-type: none"> • Increase access to unserved or underserved group. • Promote interagency collaboration related to Mental Health Services or supports.
Population to be served	<ul style="list-style-type: none"> • 450 first time Dads, likely working so weekend and evening hours will be offered. • Possible low-income, home renters, mid-20s to mid-30s in age • 54% estimated to be Spanish speaking in the home. • County-wide
Learning Goals	<ol style="list-style-type: none"> 1. What 3-5 key strategies are most effective in the engagement of fathers to participate in and complete visits 1-5 of the INI home visitation program? 2. What key community resources (or lack thereof) are utilized by fathers based on results of their Edinburgh Postnatal Depression Scale (EPDS) screening? 3. What key resources (or lack thereof) are utilized by fathers based on the results of their ACES screening? 4. How can we best serve 1st time fathers, especially those who score low-average, or below-average on the Nurturing Skills Competency Scale (NSCS)?
Need in Sonoma	Home visiting programs for first time mothers are prevalent in Sonoma County and demonstrated positive outcomes. However, no programs address or support the screening for mental health of first-time fathers. Addresses 0-5-year-old prevention (intergenerational ACEs), and suicide prevention.
Category	Information
Organization	First 5 Sonoma County
Project	New Parent TLC

Category	Information
Total Project Budget	\$418,185
Brief Description	<i>New Parent TLC</i> seeks to address the lack of screening, identification, and necessary referrals for parents with unidentified and untreated parental depression from pregnancy through the first 12-months after birth. “Gatekeeper” training for early intervention of maternal and paternal mental health issues, preventing progression of more serious depression and/or suicide by parents and reducing the exposure of infant ACEs resulting from parental depressions and associated disruption of optimal infant brain development. To promote community collaboration among nontraditional points of entry for individuals needing mental health support, developing a public health education movement encouraging possible policy change.
Innovation	Makes a change to an existing practice in the field of mental health, including by not limited to, application to a different population.
Primary Purpose	Increase access to unserved or underserved groups Promote interagency collaboration related to Mental Health Services or supports
Population to be served	<ul style="list-style-type: none"> Up to 100 childcare sites, seven faith communities, 3-5 large employers, and seven cosmetology providers to be trained Reaching up to 500-2000 mothers and 250 fathers who are not engaged in any other parental / newborn home visiting program Spanish-speaking, lower-income population, county-wide
Learning Goals	<ol style="list-style-type: none"> Does training nontraditional gatekeepers in Question Persuade Refer (QPR) model result in appropriate referrals for parental depression? Does training nontraditional gatekeepers in QPR model prevent parental suicide? Does training nontraditional gatekeepers in QPR model prevent infant exposure to ACEs as a result of untreated parental depression?
Need in Sonoma	0-5 prevention and early intervention, unserved/underserved group (new fathers/mothers), suicide prevention
Category	Information
Organization	Sonoma County Human Services Department, Adult and Aging Division in partnership with Santa Rosa Community Health Clinics
Project	Collaborative Care Enhanced Recovery Project (CCERP)

Category	Information
Total Project Budget	\$998,558
Brief Description	Combines an established short-term intervention with an additional 9-months of in-home case management, resulting in positive impacts for adults from 50 - 64 years old with depression.
Innovation	Makes a change to an existing practice in the field of mental health, including but not limited to application to a different population.
Primary Purpose	<ul style="list-style-type: none"> • Increase access to unserved or underserved groups • Increase quality of mental health services, including better outcomes • Promote interagency collaboration related to Mental Health Services or supports • Increase access to mental health services
Population to be served	<ul style="list-style-type: none"> • Up to 225 clients, ages 50 - 64 years over three years • Focus on Latinx/Spanish speaking adults • Central Santa Rosa as in partnership with SRCH Lombardi, Vista and Brookwood campuses
Learning Goals	<ol style="list-style-type: none"> 1. For adults 50–64 years old, whose depression symptoms improve with the existing 12-week Collaborative Care Model (CoCM) intervention, are these improvements sustained over the course of an additional nine-month case management period? 2. For adults 50–64 years old, whose depression symptoms improve with the CoCM 12-week intervention plus 9-months of case management, is there an improvement in appropriate healthcare utilization? 3. For Latinx/Spanish Speaking adults 50–64 years old receiving the CCERP intervention, are there sustained depression symptom improvements and improvements in appropriate healthcare utilization?
Need in Sonoma	Addresses a population age group 50-64 years that is in the gap years (older than TAY, younger than elders), at higher risk for suicide than the general population, and Latinx/Spanish Speaking (underserved group) with integrated health model combined with in-home case management. Suicide prevention for mature adults. (Note: 4 out of the 5 SMART Train suicide deaths in 2019 involved adults between the ages of 50-64)

Category	Information
Organization	On the Move/VOICES in partnership with community leaders
Project	Nuestra Cultura Cura Social Innovations Lab
Total Project Budget	\$736,585
Brief Description	A partnership of community organizations will engage a diverse cohort (The Team) from the Latinx communities to determine root causes of mental health stigma and inaccessibility for their communities. A facilitator will support the Team in determining a strategic direction with specific actions to address defined issues. Resources will be provided for the Team members by the various CBO partners.
Innovation	Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
Primary Purpose	<ul style="list-style-type: none"> • Increase access to unserved or underserved groups • Increase quality of mental health services, including better outcomes • Promote interagency collaboration related to Mental Health Services or supports <p>Increase access to mental health services</p> <p>The Social Innovations Lab will create more culturally relevant mental health strategies that will reduce depression and anxiety and promote cultural protective factors.</p>
Population to be served	<ul style="list-style-type: none"> • The Team is composed of 20 diverse individuals from four communities: West County, Sonoma Valley, Healdsburg and Southwest Santa Rosa • Community engagement from a variety of sectors: Intergenerational, faith-based, artists, cultural practitioners, academics and research, public and nonprofit sectors • Reach up to 500 Spanish-speaking community members in four communities
Learning Goals	<ol style="list-style-type: none"> 1. What are the root causes of the unique mental health challenges faced by the Latinx community in Sonoma County? 2. What culturally-specific interventions and language will reduce stigma around mental health among Latinos and increase cultural protective factors that lead to mental health? 3. Can the current clinically-driven mental health system be influenced to adopt and fund culturally-specific experimental interventions deemed successful or promising?

Category	Information
Need in Sonoma	Lack of culturally responsive mental health services for Latinx/Spanish speakers; geographically based w/ localized services and improve low Latinx Mental Health Penetration Rate

Category	Information
Organization	DHS-BHD and CBO (TBD)
Project	Diversion Transitional Housing: Crossroads to Hope
Total Project Budget	\$354,151
Brief Description	The County of Sonoma proposes to expand access to community mental health, substance use disorder, and trauma treatment as an alternative to incarceration, by developing facility space for both housing and service delivery to individuals who are being diverted to the community from the County jail. This facility will include space for six transitional housing beds and include peer support services to encourage a milieu of recovery and self-determination. The facility will also house two Assertive Community Treatment (ACT) teams that will provide services to individuals in the transitional housing facility, as well as other individuals in the community.
Innovation	Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite
Primary Purpose	<ul style="list-style-type: none"> • Increase access to unserved or underserved groups • Increase quality of mental health services, including better outcomes
Population to be served	<ul style="list-style-type: none"> • 12-20 adults annually • Serves individuals with serious mental health concerns referred by probation and the courts
Learning Goals	<ol style="list-style-type: none"> 1. Does providing peer supervised transitional housing with ACT reduce recidivism? 2. Does supervised transitional housing with ACT reduce recidivism for diverted?
Need in Sonoma	The County has seen a significant increase in the number of individuals with mental health and substance use issues entering the criminal justice system in recent years. County jail data for 2017 showed that 479 inmates (45.5% of the jail population) were mental health involved. In 2018, this number increased to 513, (46.5%). The most recent figure for April 17, 2019, indicates 520 inmates (47%) are involved with mental

Category	Information
	health services, with 246 (47.3%) of this group identified as having acute mental illness, and 117 (22.5%) determined to be seriously mentally ill.

Workforce, Education and Training (WET)¹

The goal of the WET component is to develop a diverse workforce. Individuals with lived mental health experience and DHS BHD staff and contractors are given training to promote wellness and other positive mental health outcomes. WET funds are also used to promote and expand the cultural responsiveness of DHS BHD system of care. In order to improve cultural responsiveness and continue to develop the Division's workforce the Division has created a new position: Diversity, Equity, and Inclusion Development Manager.

Diversity, Equity, and Inclusion (DEI) Development Manager

Historically, this position has been referred to as the Ethnic Services Manager (ESM). Each county Mental Health Plan (MHP) in California (CA) has an ESM and this position reports directly to the Behavioral Health Director. The Ethnic Services Manager is responsible for ensuring that counties meet cultural and linguistic competence standards in the delivery of community based mental health services. ESMs function as the liaison between the county and the key cultural groups in their communities and historically has been tasked with the development and submission of CA county's cultural competence plans consistent with Cultural Competency Plan Requirement (CCPR) standards and criteria (per CCR9, 1810.410). The original CCPR (2002), addressed only Medi-Cal Specialty Mental Health Services, but was revised in 2010 and is designed to address all mental health services and programs throughout the County Mental Health System. In Sonoma, with the advent of this new position, the DEI Development Manager will also address substance use disorders services and programs.

The Sonoma County Behavioral Health Division DEI Development Manager position is responsible for ensuring BH services are provided in a culturally appropriate manner to the diversity of our clientele. This involves participation in a number of cross cutting areas in the division. That includes:

- Policy Development: ensuring division policies are nondiscriminatory and inclusive;
- Workforce, Education, and Training: developing a workforce pipeline to diversify the incoming behavioral health workforce that includes participation in the development of strategies related to recruitment, hiring, on-boarding, training, support, and retention practices and ensuring the current behavioral health workforce is appropriately attending to the needs of our diverse clientele;
- Program Design and Development: participation in program design and development to control for bias and ensure equity and cultural relevance in service provision; and
- Leadership Development: Strengthening management and administrative performance.

¹ Pursuant to WIC Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

Workforce, Education and Training (WET)¹

The DEI Development Manager will manage training programs and community events to further DHS-BHD's goals in the following Domains: System Level Support, Career Pathways and Pipeline Program, Staff Skill Development, and Workforce Diversification.

System Level Support	• Accreditation (BRN, CAMFT, CCAPP)
Career Pathways	• Pipeline Programs • Career & Internship Fairs
Staff Skill Development	• Staff Development Trainings
Workforce Diversification	• Mi Futuro Event

System Level Support

Accreditation

The Division will continue to maintain accreditation through the Board of Registered Nursing (BRN), the California Association of Marriage and Family Therapists (CAMFT) and California Consortium of Addiction Programs and Professionals (CCAPP) for the license types listed below, and provides Continuing Education Units (CEUs) for these license types:

BRN	CAMFT	CCAPP
<ul style="list-style-type: none">• Licensed Vocational Nurse (LVN)• Licensed Psychiatric Technician (LPT)• Registered Nurse (RN)• Public Health Nurse (PHN)• Nurse Practitioner (NP)• Psychiatric Nurse Practitioner (PNP)	<ul style="list-style-type: none">• Licensed Clinical Social Worker (LCSW)• Licensed Marriage and Family Therapist (LMFT)• Licensed Professional Clinical Counselor (LPCC)• Licensed Educational Psychologist (LEP)	<ul style="list-style-type: none">• Registered Alcohol Drug Technician (RADT)• Certified Alcohol Drug Counselor I (CADC-I)• Certified Alcohol Drug Counselor II (CADC-II)• Licensed Advanced Alcohol Drug Counselor (LAADC)• Licensed Advanced Alcohol Drug Counselor Supervisor (LAADC-S)

Career Pathways and Pipeline Program

The DEI Development Manager will continue the Internship and Traineeship program to assist staff in obtaining clinical licensure and to develop pipeline programs with participating universities. This includes a Group Clinical Supervision and Educational Outreach Events.

Workforce, Education and Training (WET)¹

Pipeline Program

The DEI Development Manager will participate in several community career events at both the high school and college level. Particular focus will be given to encouraging Latino and bi-lingual students to consider Behavioral Health as a career option.

Participating Universities

Program Category	Participants
Nursing Programs	<ul style="list-style-type: none"> • Sonoma State University (SSU) • Santa Rosa Junior College (SRJC)
Social Work Programs	<ul style="list-style-type: none"> • California State Long Beach • San Francisco State University (SFSU) • Humboldt State • San Jose State University • University of Southern California • Berkeley
MFT Programs	<ul style="list-style-type: none"> • SSU • University of San Francisco • SFSU
Mental Health Worker Programs	<ul style="list-style-type: none"> • SSU • SRJC

The following programs and activities will be funded through WET in FY 21-22:

Provider/Program	Estimated # to be served in FY 21-22	Children and Youth (0-15)	Transition Age Youth (16-25)	Adults (26-59)	Older Adults (60+)	Estimated MHSA cost per person in FY 21-22
West County Community Services - Peer Education and Training	195 (aggregate of quarterly reports)	0	12	145	38	\$715
Diversity, Equity, & Inclusion Development Manager	500	0	50	350	100	\$420

Provider/Program	Estimated # to be served in FY 21-22	Children and Youth (0-15)	Transition Age Youth (16-25)	Adults (26-59)	Older Adults (60+)	Estimated MHSA cost per person in FY 21-22
0.5 Full Time Equivalent (FTE) Senior Office Assistant (SOA)	500	0	50	350	100	\$51
DHS-BHD (and contractors) - WET activities	350	N/A	25	275	50	\$24

Capital Facilities and Technological Needs (CFTN)²

This component works towards the creation of facilities that are used for the delivery of MHSA services to mental health clients and their families, or for administrative offices. Funds may also be used to support an increase in peer-support and consumer-run facilities, development of community-based settings, and the development of a technological infrastructure for the mental health system to facilitate the highest quality and cost-effective services and supports for clients and their families. The following projects will be funded through CFTN in FY 21-22:

Provider	Project	Description
NetSmart	Avatar Electronic Health Record (EHR)	Implementing fully integrated Electronic Health Record
FEI	Sonoma Web Infrastructure for Treatment Services (SWITS)	Database for tracking demographics and outcomes
A.J. Wong, Inc.	Data Collection Assessment and Reporting (DCAR)	Database for client CANS (Child and Adolescent Needs and Strengths) and ANSA (Adult Needs and Strength Assessment) assessments, reassessment and closing assessments
DHS-BHD	Avatar Electronic Health Record (EHR) - DHS staff	DHS-BHD staff to administer Avatar

² Ibid.

SONOMA COUNTY MHSA EXPENDITURE PLAN

FY 2021-2022



A summary of Sonoma County's MHSA estimated funding and expenditures for FY 2021-2022.

MHSA Expenditure Plan for FY 21-22

FY 20-21 Estimated Funding and Expenditures Summary

Category	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
Estimated FY 2021/22 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	10,936,102	2,430,589	2,189,065	0	0	
2. Estimated New FY 21-22 Funding	19,874,240	4,968,560	1,307,516	0	0	
3. Transfer in FY 2021-2022*	(1,721,822)	0	0	400,217	1,352,028	0
4. Access Local Prudent Reserve in FY 21-22	0	0	0	0	0	0
5. Estimated Available Funding for FY 21-22	29,088,520	7,399,149	3,496,581	400,217	1,352,028	
B. Estimated FY 21-22 MHSA Expenditures	15,897,633	4,355,019	1,379,494	400,217	1,352,028	
C. Estimated FY 21-22 Unspent Fund Balance	13,190,887	3,044,130	2,117,087	0	0	

D. Estimated Local Prudent Reserve Balance	Amount
1. Estimated Local Prudent Reserve Balance on June 30, 2021	944,981
2. Contributions to the Local Prudent Reserve in FY 21-22	0
3. Distributions from the Local Prudent Reserve in FY 21-22	0
4. Estimated Local Prudent Reserve Balance on June 30, 2022	944,981

* Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

FY 21-22 Estimated Community Services and Supports (CSS) Funding and Expenditures

Category/Program	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
Forensic Assertive Community Treatment (FACT) Team						
County of Sonoma Department of Health Services Behavioral Health Division (DHS-BHD)	1,061,377	360,847	614,724	0	0	85,806
Bucklew Programs - FACT - Independent Living Skills (ILS) [contractor]	236,398	69,643	166,755	0	0	0
Family Advocacy, Stabilization & Support Team (FASST)						
DHS-BHD	3,209,518	2,164,119	1,001,269	0	0	44,130
Seneca Family of Agencies [contractor]	200,000	50,256	149,744	0	0	
Lifeworks of Sonoma County [contractor]	75,000	33,817	41,183	0	0	0
Social Advocates for Youth (SAY) [contractor]	245,000	125,840	119,160	0	0	0
Integrated Recovery Team (IRT)						
DHS-BHD	1,332,572	976,053	340,560	0	0	15,959
Older Adult Intensive Team (OAIT)						
DHS-BHD	1,147,148	940,191	195,752	0	0	11,205
Transition Age Youth (TAY) Team						
DHS-BHD	800,493	578,722	206,946	0	0	14,825
Bucklew Programs - TAY - Sonoma County Independent Living (SCIL) [contractor]	106,306	106,306		0	0	0
SAY - Tamayo Village [contractor]	164,500	125,210	39,290	0	0	0
VOICES [contractor]	238,587	238,587		0	0	0
Adult Full Service Partnership (AFSP)						
DHS-BHD	1,414,654	1,397,457	180	0	0	17,017

Category/Program	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Non-FSP Programs						
General Systems Development (GSD)						
National Alliance on Mental Illness (NAMI) Sonoma County - Family-based Education, Advocacy and Support (FEAS) [contractor]	203,398	203,398	0	0	0	0
Buckelew Programs - Family Service Coordination [contractor]	77,993	77,993	0	0	0	0
DHS-BHD Mobile Support Team (MST)	3,452,410	1,162,727	0	0	0	2,289,683
Support Our Students (SOS) Community Counseling - MST Internship Program [contractor]	212,672	212,672	0	0	0	0
DHS-BHD Collaborative Treatment and Recovery Team (CTRT)	666,132	253,570	0	372,040	0	40,522
Buckelew Programs - CTRT System Navigation [contractor]	455,674	115,604	340,070	0	0	0
DHS-BHD Community Mental Health Centers	2,388,024	968,470	1,326,545	0	0	93,009
Council on Aging - Senior Peer Support [contractor]	83,951	83,951	0	0	0	0
WCCS - Senior Peer Counseling [contractor]	82,149	82,149	0	0	0	0
Sonoma County Human Services Department (HSD) - Job Link [contractor]	67,500	67,500	0	0	0	0
WCCS - Crisis Support [contractor]	10,000	10,000	0	0	0	0
DHS-BHD Medication Support Services for Adult Programs	3,894,969	1,038,650	1,553,111	1,083,601	0	219,607

Category/Program	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
DHS-BHD Medication Support Services for Youth Programs	2,120,502	1,019,959	1,066,880	0	0	33,663
Telecare Sonoma ACT [contractor]	1,294,588	647,294	647,294	0	0	0
Outreach and Engagement (OE)						
DHS-BHD Whole Person Care (WPC)	655,270	205,053	0	0	0	450,217
Community Development Commission	337,724	168,862	0	0	0	168,862
Drug Abuse Alternatives Center WPC [contractor]	130,039	65,019	0	0	0	65,020
WCCS - WPC Peer Outreach Worker [contractor]	125,000	62,500	0	0	0	62,500
Petaluma Health Care District - WPC Peer Outreach Worker [contractor]	46,180	23,090	0	0	0	23,090
Petaluma Health Center WPC [contractor]	100,394	50,197	0	0	0	50,197
Reach for Home - WPC Peer Outreach Worker [contractor]	44,763	22,382	0	0	0	22,382
Santa Rosa Community Health Centers WPC [contractor]	335,000	167,500	0	0	0	167,500
West County Health Centers WPC [contractor]	110,000	55,000	0	0	0	55,000
Sonoma County Indian Health Project - Community Programs [contractor]	81,040	81,040	0	0	0	0
CSS Annual Planning	116,801	101,080		6,016		9,705
CSS Administration	1,821,431	1,784,925	0	13,858	0	22,648
CSS MHSA Housing Program Assigned Funds	0	0				0
Total CSS Program Estimated Expenditures	29,145,157	15,897,633	7,809,463	1,475,515	0	3,962,546

FY 21-22 Estimated Prevention and Early Intervention (PEI) Funding and Expenditures

Category/Program	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
Action Network [contractor]	60,000	60,000	0	0	0	0
Sonoma County Indian Health Project [contractor]	40,000	40,000	0	0	0	0
Community Baptist Church Collaborative [contractor]	120,000	120,000	0	0	0	0
Sonoma County Human Services Department - Older Adult Collaborative [contractor]	220,000	220,000	0	0	0	0
PEI Programs - Prevention & Early Intervention						
Positive Images [contractor]	102,000	102,000	0	0	0	0
La Luz [contractor]	79,000	79,000	0	0	0	0
Latino Service Providers of Sonoma County [contractor]	107,000	107,000	0	0	0	0
PEI Programs - Early Intervention						
Child Parent Institute (CPI) [contractor]	198,000	198,000	0	0	0	0
Early Learning Institute (ELI) [contractor]	44,000	44,000	0	0	0	0
PEI Programs - Stigma & Discrimination Reduction						
Santa Rosa Junior College [contractor]	200,000	200,000	0	0		0
PEI Programs - Suicide Prevention						
Buckelew Programs - North Bay Suicide Prevention Program [contractor]	160,000	160,000	0	0	0	0
PEI Programs - Access and Linkage to Treatment						
DHS-BHD Youth Access Team	1,480,230	1,030,735	253,474	97,873	0	98,148
DHS-BHD Adult Access Team	1,915,448	1,308,787	380,201	0	0	226,460
PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness						
Crisis Intervention Training (CIT) with Law Enforcement Personnel	16,250	16,250	0	0	0	0

Category/Program	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Annual Planning	22,754	19,706	0	1,157	0	1,891
PEI Administration	483,980	476,868	0	2,700	0	4,412
PEI Assigned Funds (CalMHSA Statewide PEI Project)	172,673	172,673	0	0	0	0
Total PEI Program Estimated Expenditures	5,421,335	4,355,019	633,675	101,730	0	330,911

FY 21-22 Estimated Innovation (INN) Funding and Expenditures

Category/Program	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
Early Learning Institute - Instructions Not Included (INI) - Dads Matter	222,165	222,165	0	0	0	0
Buckelew, Aldea Children & Family Services, and UC Davis - Early Psychosis Learning Health Care Network (EP LHCN) - Elizabeth Morgan Brown One Mind ASPIRe Program of Sonoma County	128,748	128,748	0	0	0	0
On the Move - Nuestra Cultura Cura Social Innovations Lab	244,164	244,164	0	0	0	0
Sonoma County Human Services Department & Santa Rosa Community Health Clinics - Collaborative Care Enhanced Recovery Project (CCERP)	412,569	412,569	0	0	0	0
First 5 Sonoma County - New Parent TLC	166,372	166,372	0	0	0	0
DHS-BHD & contractor TBD - Diversion Transitional Housing	150,000	150,000	0	0	0	0

Category/Program	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Annual Planning	4,551	3,942	0	231	0	378
INN Administration	10,618	9,196	0	540	0	882
Total INN Program Estimated Expenditures	1,339,187	1,337,156	0	771	0	1,260

FY 21-22 Estimated Workforce, Education and Training (WET) Funding and Expenditures

Category/Program	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
West County Community Services - Peer Education and Training [contractor]	139,414	139,414	0	0	0	0
DHS-BHD WET Activities	20,000	8,377	0	0	0	11,623
0.5 FTE Senior Office Assistant (SOA)	25,711	25,711	0	0	0	0
Diversity, Equity, & Inclusion Development Coordinator	210,164	210,164	0	0	0	0
WET Annual Planning	1,517	1,314	0	77	0	126
WET Administration	15,711	15,237	0	180	0	294
Total WET Program Estimated Expenditures	412,517	400,217	0	257	0	12,043

FY 21-22 Estimated Capital Facilities and Technological Needs (CFTN) Funding and Expenditures

Category/Program	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Technological Needs Projects						
Avatar Electronic Health Record (EHR) - Netsmart	1,032,034	1,032,034	0	0	0	0
Avatar Electronic Health Record (EHR) - DHS staff	183,925	183,925	0	0	0	0
Sonoma Web Infrastructure for Treatment Services (SWITS) - FEI	2,000	2,000	0	0	0	0
Data Collection and Reporting (DCAR) - AJW	35,000	35,000	0	0	0	0
CFTN Annual Planning	6,068	5,255	0	309	0	504
CFTN Administration	95,711	93,814	0	720	0	1,177
Total CFTN Program Estimated Expenditures	1,354,738	1,352,028	0	1,029	0	1,681

SONOMA COUNTY MHSA

ANNUAL PROGRAM REPORT

FY 2019-2020



Summary report and highlights from MHSA funded programs in 2019-2020.

Notes about the Data in the Report

In order to ensure the protection of personally identifiable information, some data in this section of the report have been suppressed or “masked” to prevent re-identification (e.g. “Data suppressed due to small cell counts”, “Multiple categories”) as per California Department of Health Care Services (DHCS) Data De-identification Guidelines. For more information visit:

<https://www.dhcs.ca.gov/dataandstats/Pages/PublicReportingGuidelines.aspx>

ANNUAL PROGRAM REPORT

Community Services and Supports (CSS)

Provides enhanced mental health services for Seriously Emotionally Disturbed (SED) children and youth and Seriously Mentally Ill (SMI) adult populations

Full Service Partnerships Programs (FSPs)



Full Service Partnership 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 that would benefit from an intensive service program. The foundation of FSPs is utilizing a “whatever it takes” approach to help individuals on their path to recovery and

wellness. FSPs 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.

In FY 19-20, there were over 370 unique clients served by Sonoma County FSPs.



Family Advocacy, Stabilization and Support Team (FASST)

FASST is an intensive enrollee-based program that serves high-risk Seriously Emotionally Disturbed (SED) children (ages 5-18) who have not responded to traditional levels of service.

In FY 19-20, this program included contracted services from:

- Side by Side (previously known as Sunny Hills Services)

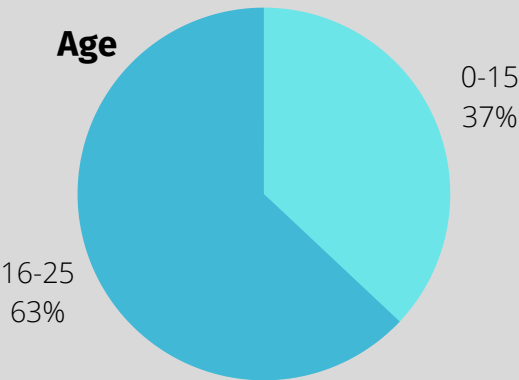
Estimated unique clients served in FY 19-20: 170

- Total unique clients that were also served by Side by Side Services in FY 19-20: 19

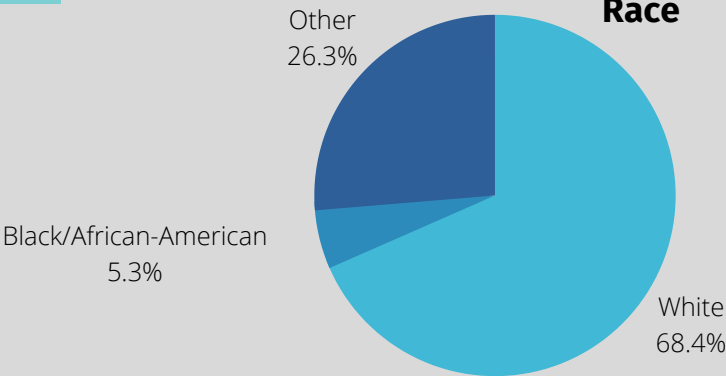


FY 19-20 FASST Team Demographics

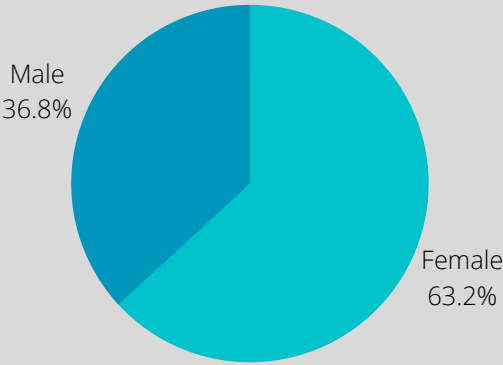
Age



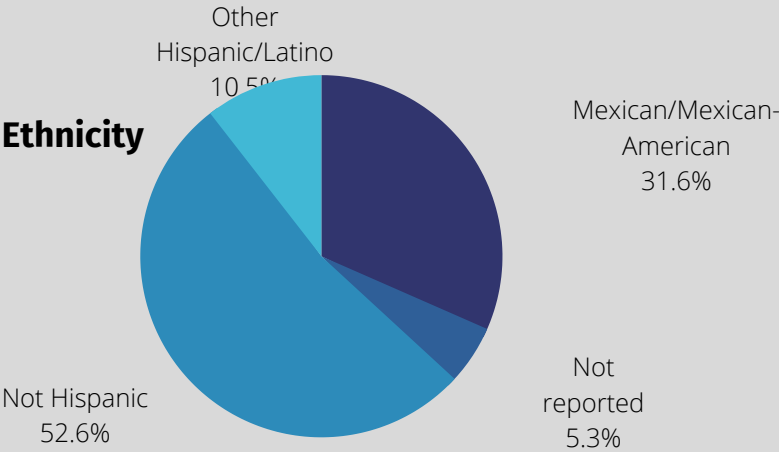
Race



Gender



Ethnicity



Transition Age Youth (TAY) Team

The TAY Team is an intensive, integrated service program for Transition Age Youth (ages 18–25), providing mental health services, intensive case management, housing support services, and independent living skills. Includes contracted services from the following community partners:



- Buckelew Programs – Sonoma County Independent Living (TAY-SCIL) (housing)
- Social Advocates for Youth (SAY) – Tamayo Village (housing)
- VOICES Youth Center (peer support and mentoring)

Total unique clients served in FY 19-20: 68

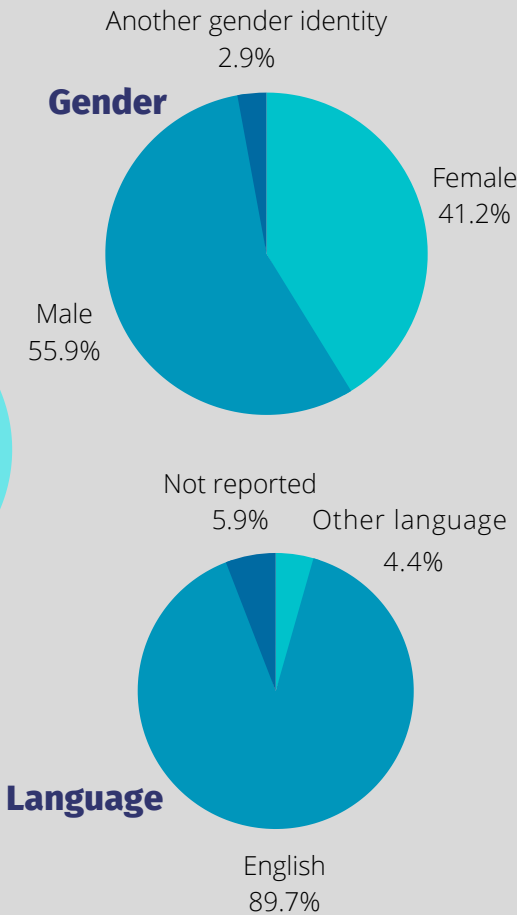
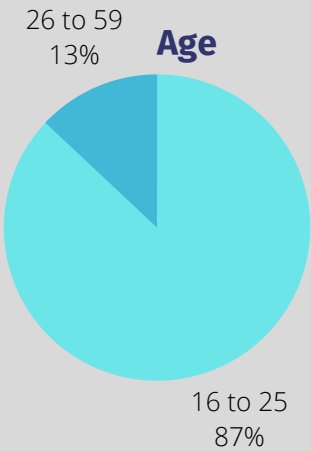
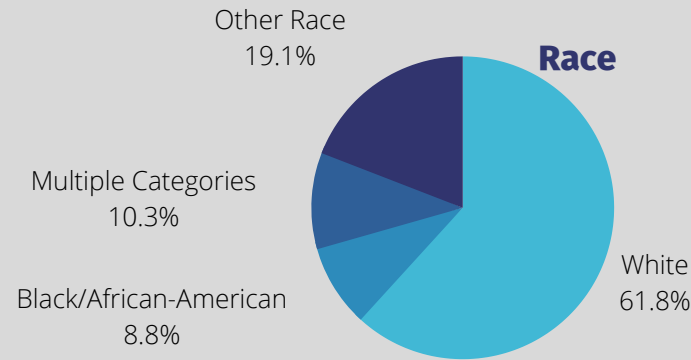
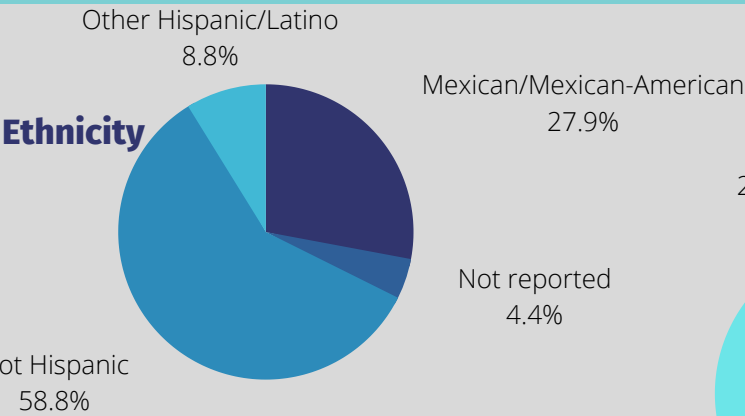
Total unique clients that were also served by **Buckelew TAY-SCIL** in FY 19-20: 19

Total unique clients that were also served by **SAY Tamayo Village** in FY 19-20: 13

Total unique clients that were also served by **VOICES** in FY 19-20: 47

Total unique clients that were also served by **Sonoma County Behavioral Health** in FY 19-20: 53

FY 19-20 TAY Team Demographics



Forensic Assertive Community Treatment (FACT) Team

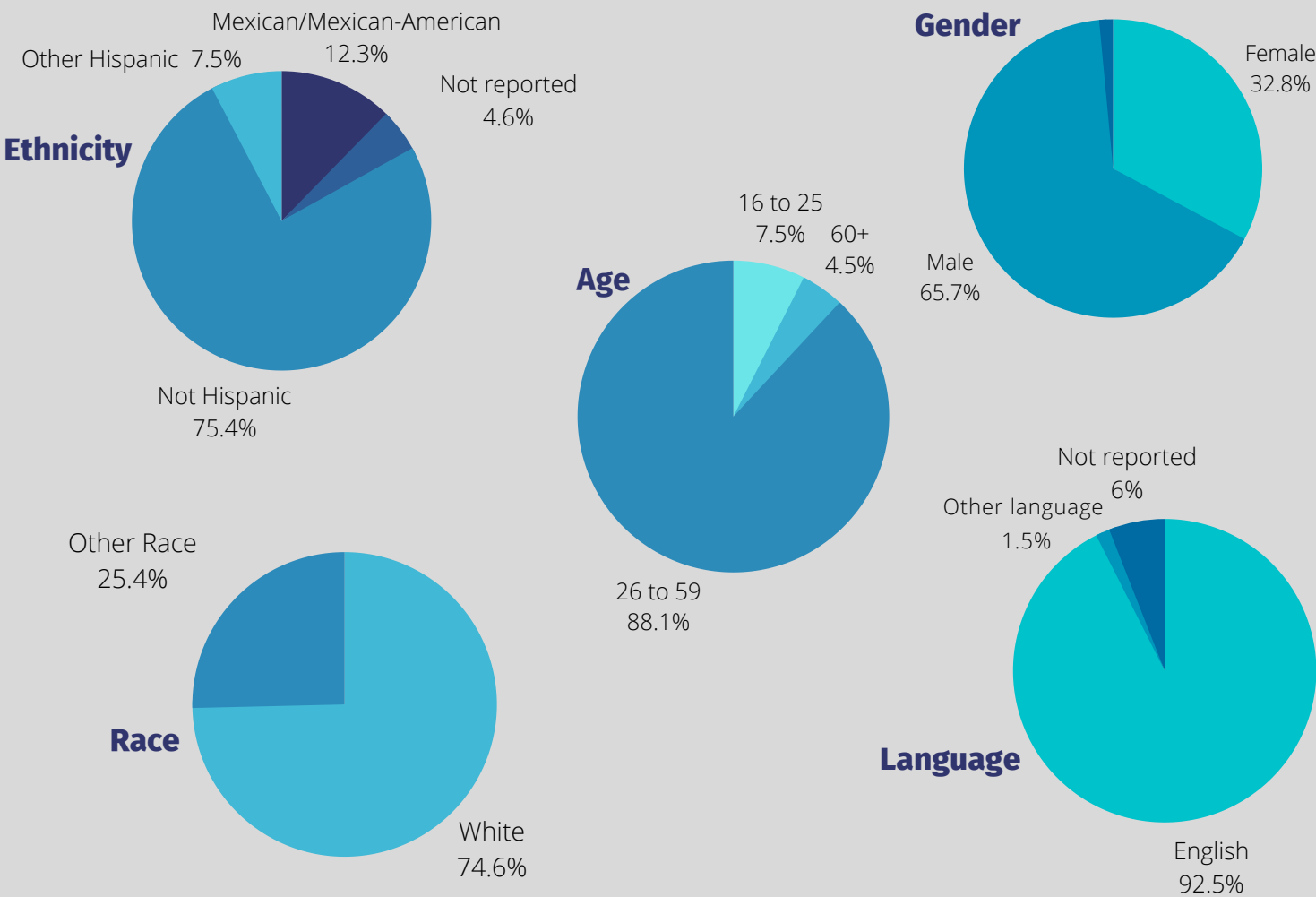


The FACT Team serves adult offenders with Serious Mental Illness (SMI) by providing a community-based treatment team as an alternative to incarceration. Includes contracted services from:

- Buckelew Programs – Independent Living Skills (ILS) (housing)

Total unique clients served in FY 19-20: 66
Total unique clients that were also served by Buckelew FACT-ILS in FY 19-20: **28**

FY 19-20 FACT Team Demographics



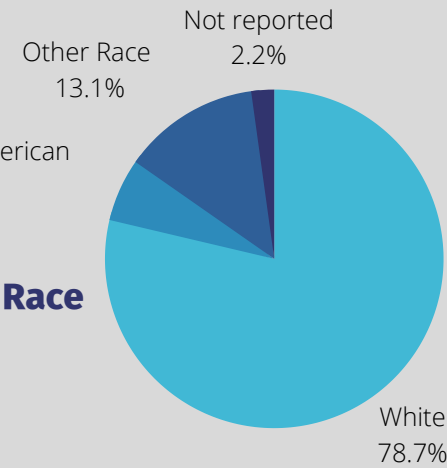
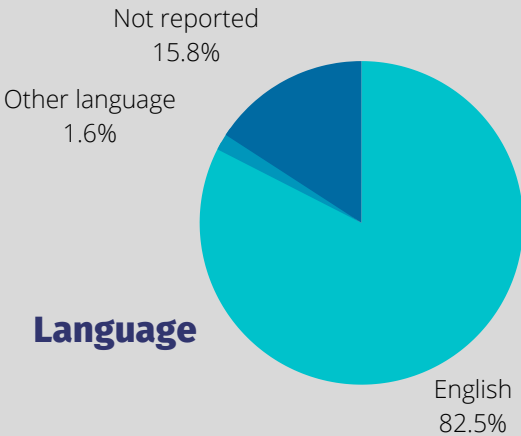
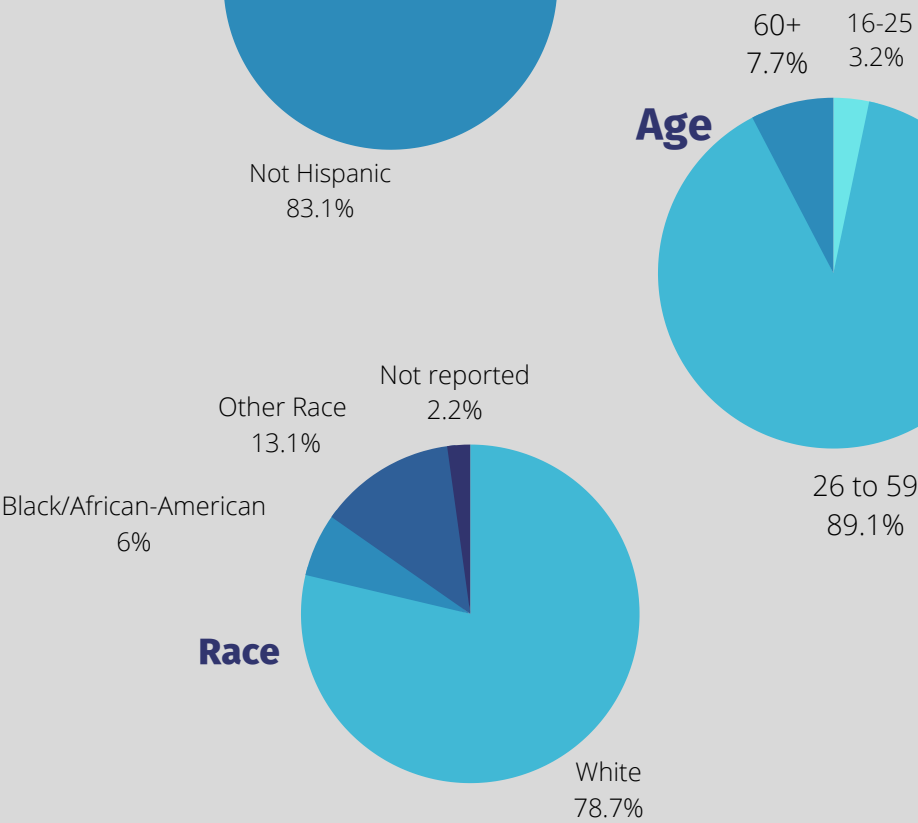
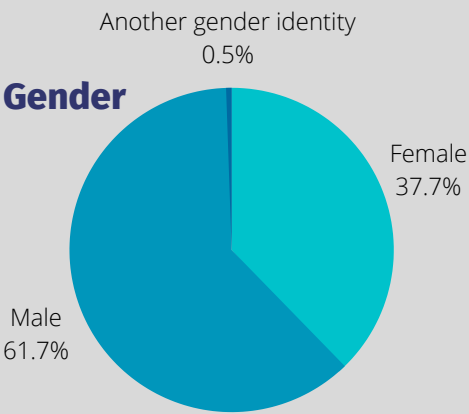
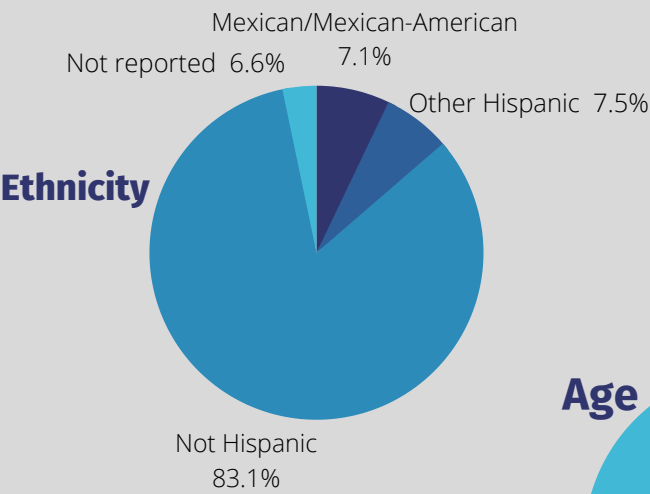
Integrated Recovery Team (IRT)

RT serves adults with co-occurring mental illness and substance use disorders and provides an integrated treatment that addresses mental and substance use conditions at the same time to ensure overall better health outcomes.

Total unique clients served in FY 19-20: 178



FY 19-20 IRT Team Demographics



Adult Full Service Partnership (AFSP)

AFSP is a new FSP that will provide intensive services for adults from 26-59 years old with severe and persistent mental illness and at risk of institutionalization, homelessness, incarceration, or psychiatric in-patient services. Every AFSP client will participate in the development of a treatment plan that is focused on wellness and recovery, and low caseloads of no more than 20 clients will be maintained.

The AFSP team is made up of mental health professionals who work in partnership with the clients they serve to explore individual mental health wellness and recovery using a “whatever it takes” approach to case management. The treatment team is available to provide crisis services to the client, and services can be provided to individuals in their homes, the community and other locations. Peer and caregiver support are available. Embedded in Full Service Partnerships is a commitment to deliver services in ways that are culturally and linguistically competent and appropriate.

AFSP was scheduled to begin services in FY 19-20, but was unable to meet this goal due to the pandemic.

Older Adult Intensive Team (OAIT)

OAIT provides intensive, integrated services for older adults with serious mental illness coupled with more complex medical conditions requiring close coordination between mental health and primary or specialty medical providers. Includes contracted services from the following community partners:

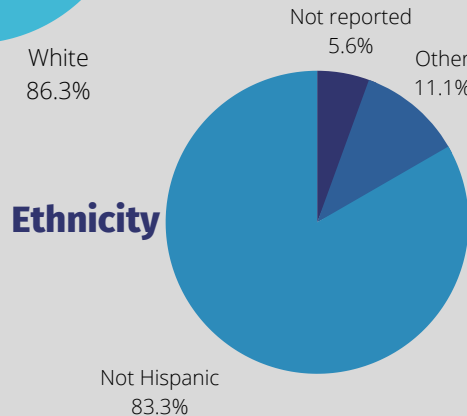
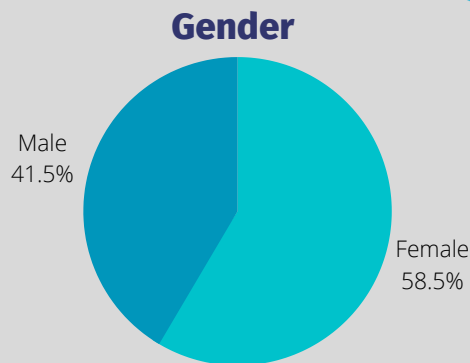
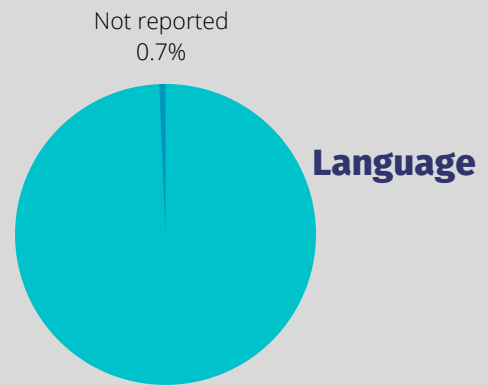
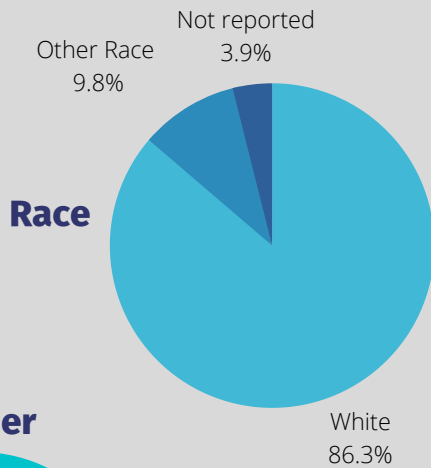
- West County Community Services – Senior Peer Counseling
- Council on Aging – Senior Peer Support

Total unique clients served in FY 19-20: 50

See next page for demographics.



FY 19-20 OAIT Demographics (cont'd)



West County Community Services – Senior Peer Counseling

West County Community Services (WCCS) 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. WCCS 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.

Total number served in FY 19-20 (aggregate of quarterly reports): **234**

Client quotes & comments about WCCS Senior Peer Support Program:

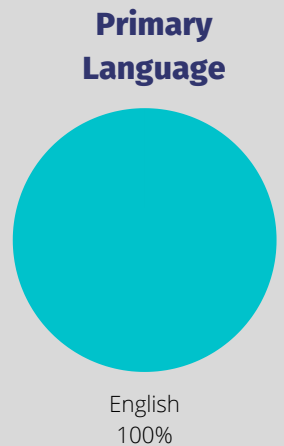
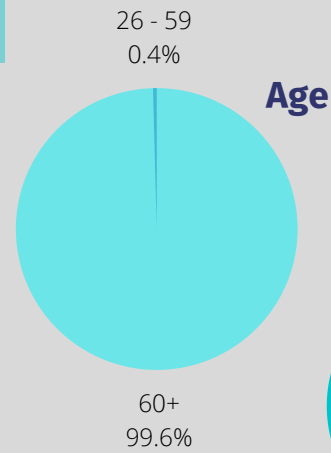
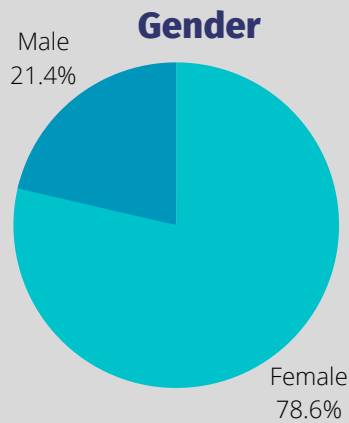
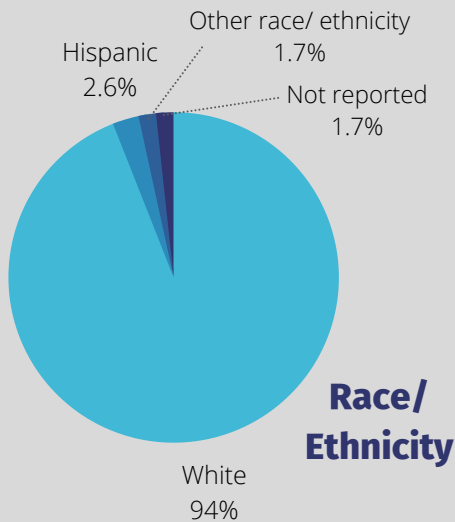
"My counselor is a great listener, compassionate and came fully equipped with her own life experiences that she could draw from to try to help me with my problems and quandaries, impossible tasks. She's very observant too. I'm grateful for the time she spent with me as well as WCCS for making it possible."

"Wonderful people and I feel very supported by them. They are individuals of great depth which I deeply appreciate."

"I can only feel grateful to be granted a sensitive counselor that I could trust to let go a few of my boundaries locked by unsolved trauma – generated not by me but the system. She helped me to navigate over so many issues I could no longer face....I have with X's assistance found a clear vision in the mist of overwhelming reality."

"Very satisfied. Learned how to act more comfortably with my son – we understand each other better when he and I talk. I'm accepting of my daughter and do not cry and get upset about her behavior toward me."

WCCS – Senior Peer Counseling Demographics



Performance Outcomes/Notable Accomplishments in FY 19-20:

Results of WCCS Senior Peer Counseling (SPC) 2018 volunteer satisfaction survey:

Statement	% that "strongly Agree" or "Agree"
I enjoy volunteering as a Senior Peer Counselor.	100%
I have learned a lot about mental health issues through the peer counseling training and supervision.	100%
I feel that I have received enough support from WCCS staff.	96%
My participation in SPC has helped me gain insight into my own life and issues	100%
My life is enhanced through my participation in the SPC program	100%
I believe my input and ideas for making the SPC Program stronger are valued and utilized.	88%

Ranking of components of the SPC program:

Component	Extremely valuable	Valuable	Neutral	Not useful
Group supervision for seeing clients 1:1	35%	60%	5%	0%
Group supervision for group facilitators	89%	11%	0%	0%
Training (miscellaneous topics)	38%	62%	0%	0%
Small group discussion	48%	43%	9%	0%
Availability of WCCS staff for consultation	67%	25%	8%	0%

Council On Aging – Senior Peer Support

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 number served in FY 19-20 (aggregate of quarterly reports): **96**



Performance Outcomes/Notable Accomplishments in FY 19-20:

- Number of COA website Pageviews: Approximately 70,000
- Number of new clients assessed: 31
- Number of Sonoma Seniors Today newspapers that go out monthly: 8,500
- Average number of fliers that go out quarterly with every case manager: 300
- 100% of clients set a goal of decreased isolation.
- Pre and post questionnaire comparison showed 90% of those who set a goal of decreased isolation showed improvement.
- 53% of clients showed improvement on a post program PHQ-9.
- All clients were offered additional COA and community resource referrals, including: Fiduciary and Estate Planning services and additional mental health resources.
- The California state order to “Shelter-in-Place” due to the Covid-19 Pandemic restricted in-person gatherings; therefore, all services are being offered by telephone or web-video conferencing.

General Systems Development (GSD)

The County may develop and operate programs to provide mental health services to clients specified in WIC Section 5600.3 (a-c), and, when appropriate, the clients' families.

National Alliance on Mental Illness (NAMI) Sonoma County – Family-based Education, Advocacy and Support (FEAS) Services

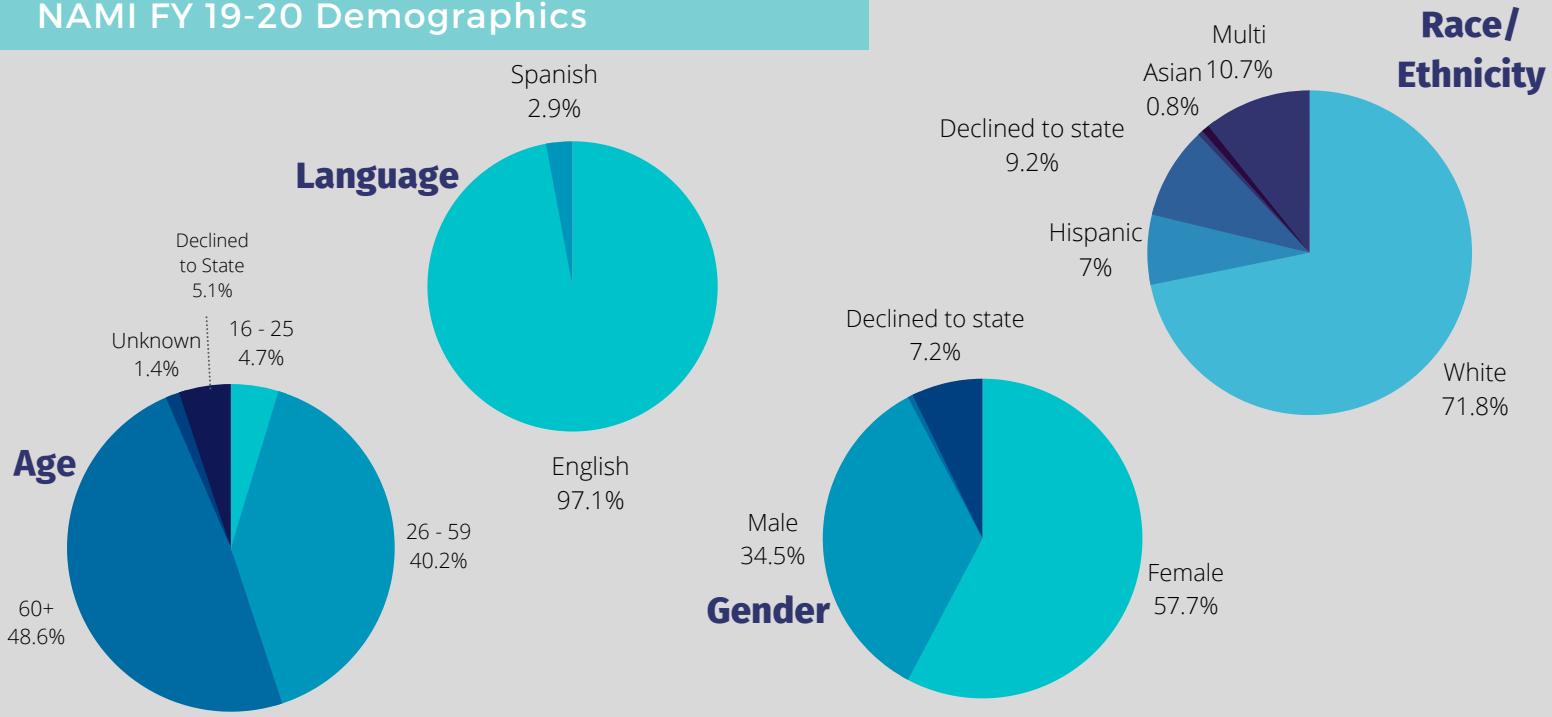


NAMI Sonoma County (NAMI) provides education, support and advocacy to families and individuals affected by severe mental health challenges. These services include:

- NAMI Sonoma County Warmline (non-crisis helpline) providing information, support and resource referrals by telephone, text messaging, live chat and email
- NAMI Family-to-Family, a 12-class educational program for adult family members and caregivers of individuals living with severe mental health challenges
- NAMI Family Support Group, a confidential drop-in support group for family members and caregivers (aged 18+) of individuals living with severe mental health challenges, led by trained facilitators who are also family members with mental health challenges in their lives
- NAMI Community Mental Health Presentations that provide the opportunity to learn key facts about mental illness, its signs and symptoms, how mental illness impacts families, how to help someone in need, stigma and how to reduce stigma, and how NAMI Sonoma County programs and services can help those in need
- Mental Health Support, Information and Resources provided to family members referred by the County of Sonoma Department of Health Services Behavioral Health Division (DHS-BHD) Youth and Family Services (YFS) Team and/or Mobile Support Team (MST)
- Mental Health Educational Programs for youth (high school students)
- Mental Health Educational Programs for family members and caregivers of youth (high school students), teachers or other school personnel

Total number served in FY 19-20 (aggregate of quarterly reports): 4,599

NAMI FY 19-20 Demographics



Performance Outcomes/Notable Accomplishments in FY 19-20:

- Number of new families referred to NAMI by MST: Over 72
- Number of new incoming calls received by the Warmline: Over 615
- Number of follow-up calls made to check on previous Warmline callers: Over 2,901
- Number of Family Support Group sessions: 44
- Number of Family to Family sessions: 3
- Educational presentations for Community-Based Organizations: 30
- Community mental health awareness events: 5
- Mental health education presentations to high school students or parents, teachers and school personnel: 4

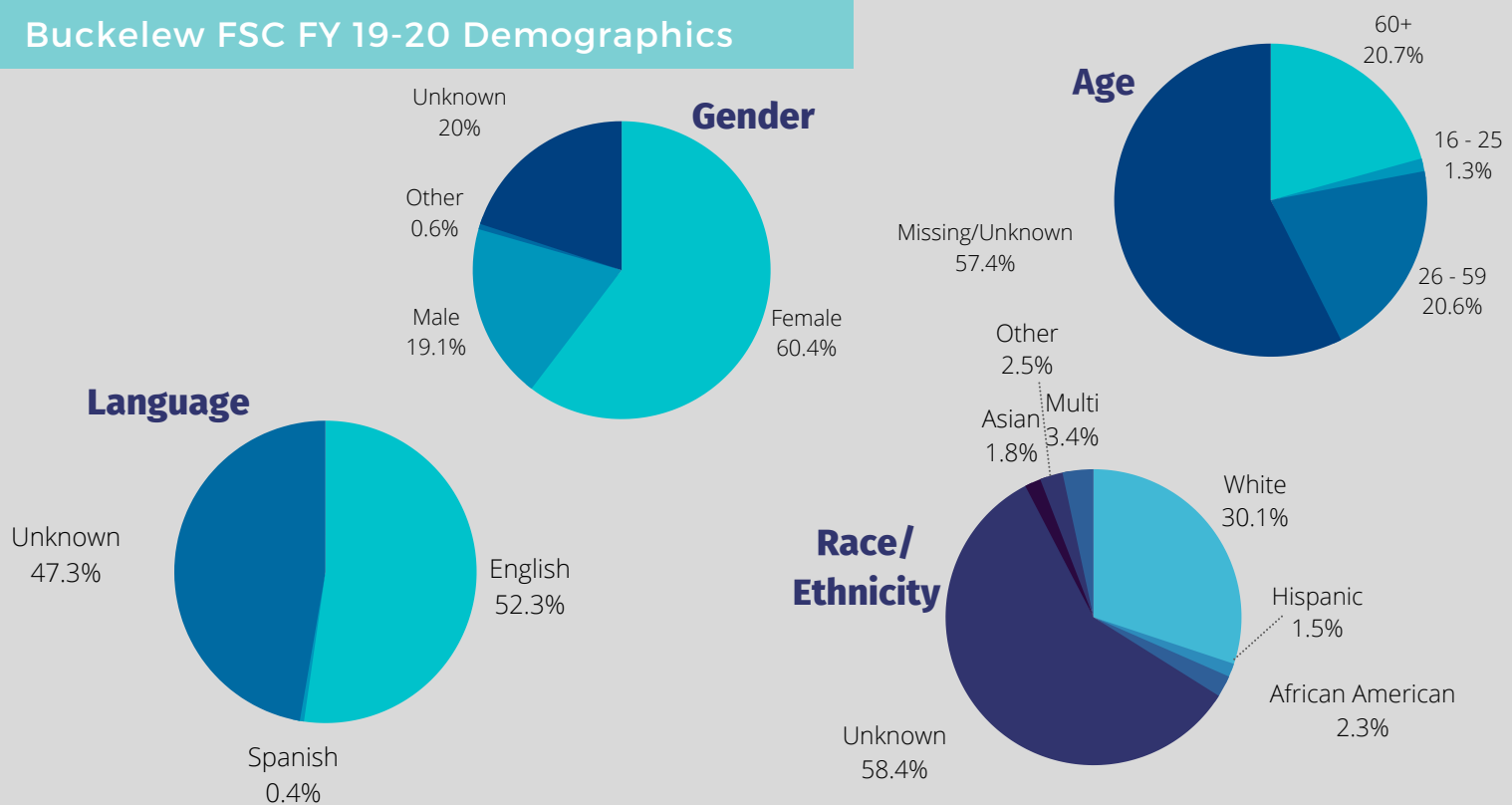
During FY 19-20, NAMI presentations included, but were not limited to, the following:

- NAMI “In Our Own Voice” shares a first-person perspective of what it is like to live with mental illness.
- NAMI “Mental Health 101” provides an opportunity to learn about the signs and symptoms of mental illness and how to help those in need of support through the lens of one’s own cultural lens.
- NAMI “What We Do” offers an overview of why the National Alliance on Mental Illness was formed, NAMI’s philosophy and services and as well as educational information on mental illness that can be tailored to the audience.
- NAMI “Ending the Silence” helps participants learn about the warning signs of mental health conditions and what steps to take if they or a loved one are showing symptoms.

Buckelew Programs – Family Service Coordination (FSC)

- The goal of the FSC program is to empower family members of adults with mental illness by helping them to gain competencies in system navigation, providing education about mental illness, and helping them develop knowledge of, access to, and contact with community resources and supports. The FSC program maintains a flexible, collaborative and recovery-oriented approach. Services include:
 - System navigation
 - Education and support
 - Community outreach and resource development
 - Empowerment and self-efficacy
- Total number served in FY 19-20 (aggregate of quarterly reports): **681**

Buckelew FSC FY 19-20 Demographics



Performance Outcomes/Notable Accomplishments in FY 19-20:

In FY 19-20, FSC received and made contact with 49 referrals provided by the Mobile Support Team. (Please note: FSC was unable to collect the number of MST referrals in the third quarter due to using a new electronic healthcare record system).

Families reported that their loved ones (consumers) accessed healthcare in the community by FSC referral, support and assistance that prevented the following adverse events/outcomes:

- Decompensating (75%)
- At-risk behavior (80%)
- Hospitalization (84%)
- Homelessness (100%)
- Incarceration (73%)

The FSC facilitated or co-facilitated the following ongoing education and support groups:

Name of Group	Number of unduplicated attendees this fiscal year
Sonoma County Behavioral Health Family Support Group	80
West County Care and Share in Sebastopol	19
Community Resource Clinic	43
Petaluma Community Resource Clinic	4
Petaluma Education & Support Group	20
2nd Petaluma Education & Support Group (new group)	9
Affirmations Support and Education Group	2

Families reported the following outcomes as a result of the FSC program:

Category		Target %	19-20 %
System Navigation	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.	75%	100%
System Navigation	Families will strongly agree or agree that they can more effectively communicate with their loved ones service provider(s).	75%	100%
System Navigation	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.	75%	100%
System Navigation	Families will report excellent or good understanding of Sonoma County's Health System, i.e. how to access primary care, therapist, and psychiatrist.	75%	100%
System Navigation	Families will report accessing one or more resources.	75%	100%
System Navigation	Families will report accessing two or more resources.	75%	100%

Families reported the following outcomes as a result of the FSC program (cont'd):

Category		Target %	19-20 %
Education and Support	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.	75%	100%
Education and Support	Families will report always or often engaging in additional support from an education class.	50%	90%
Community Outreach and Resource Development	Service providers/community members attending FSC trainings/presentations will report increased understanding of family perspective on mental illness and how mental illness affects the whole family and community.	75%	100%
Community Outreach and Resource Development	Service providers/community members attending FSC will report increased understanding of the value of family inclusion in mental health treatment and services.	75%	100%
Empowerment and Self-Efficacy	Families will strongly agree or agree that they have a sense of increased hope and empowerment for their family member's well-being.	75%	100%
Empowerment and Self-Efficacy	Families will strongly agree or agree that they have been provided with sufficient family education and community resources to help better cope with family member's mental illness.	75%	100%
Empowerment and Self-Efficacy	Families will report always true or usually true that they have a better understanding and ability to cope with loved one's mental health/and or substance dependence illnesses because of education/support due to the services and/or referrals received from FSC.	75%	100%

Interlink Self-Help Center

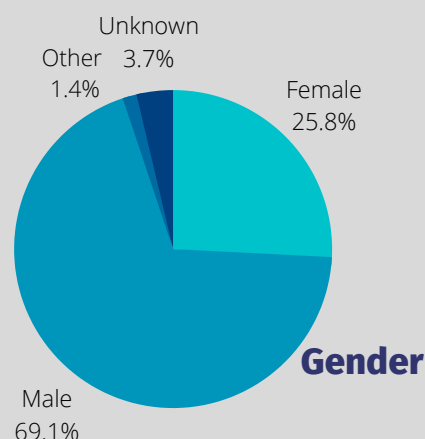
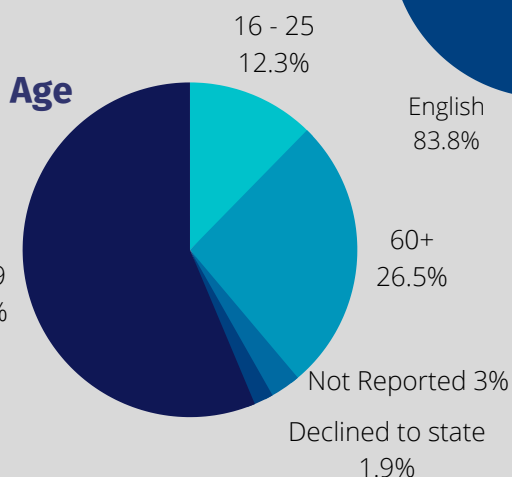
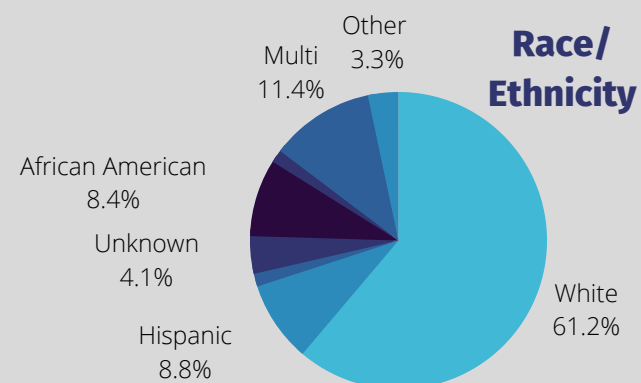
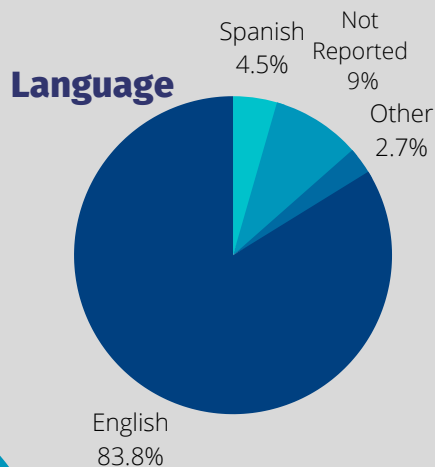


Based on a philosophy of peer empowerment, Interlink Self Help Center provides a centralized location where persons with psychiatric disabilities receive individual and group peer support; linkage to vocational, housing, medical, and social services; receive training in peer support; participate in an intern training program; and engage in social and recreational activities. Interlink is staffed and managed by persons in recovery from psychiatric disabilities.

Starting in FY 19-20, this program was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) Mental Health Block Grant in addition to MHSA funding.

Total number served in FY 19-20 (aggregate of quarterly reports): 852

Interlink FY 19-20 Demographics



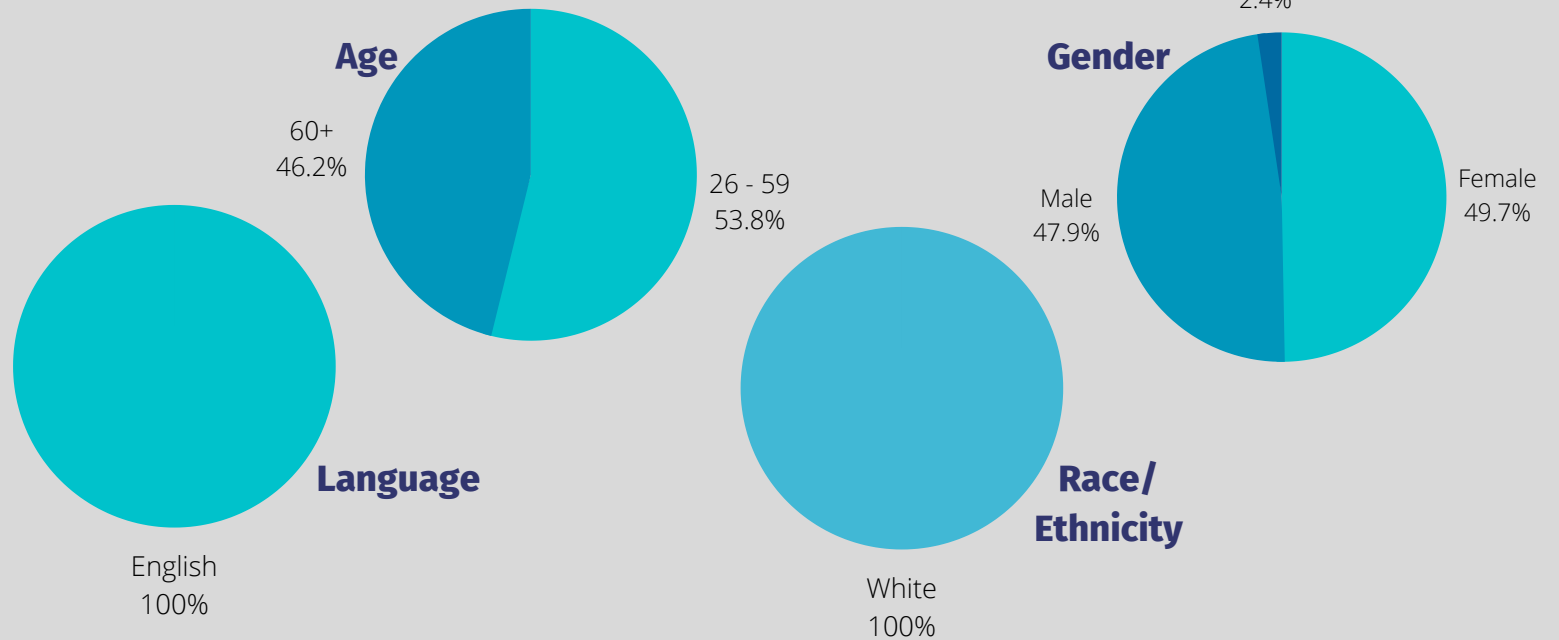
WCCS – Russian River Empowerment Center



The Russian River Empowerment Center is a peer operated program that provides supports, activities, and services to help increase the quality of life for adults who live with mental health challenges.

Total number served in FY 19-20 (aggregate of quarterly reports): **169**

Russian River Empowerment Center Demographics



Performance Outcomes/Notable Accomplishments in FY 19-20:

RREC conducts many groups, activities, workshops and/or seminars each week that allow members to build their tools and skills in the areas of mental and behavioral health. These include staff led, volunteer led and member led groups that approach mental and behavioral health from mental, physical, emotional and spiritual aspects.

In FY 19-20, RREC experienced a flood event which caused the center to temporarily be relocated to The Senior Center. This temporary space had limited amenities and resulted in lower attendance. In October of 2019, RREC moved into their new permanent location, added staff, and secured necessary materials and supplies to provide members with a warm inviting environment. They also implemented a shuttle service to aid members with transportation difficulties, unfortunately due to the pandemic, RREC had to close and go virtual during the last two quarters of FY 19-20.

Performance Outcomes/Notable Accomplishments in FY 19-20 (cont'd):

Prior to the pandemic, RREC was offering 4-7 ongoing groups that met weekly, 5-6 ongoing workshops that met weekly, and 4-7 ongoing weekly activities. The groups offered members an opportunity for self-exploration through a variety of topics. Members reported that having a safe place to explore their challenges and gain skills has benefitted them in their mental and behavioral well-being.

The workshops offered members an opportunity for learning coping skills and increasing relationship building strategies. Members reported that participation had expanded their skill level in areas covered.

The activities offered members an opportunity for personal development and intrapersonal connection. Members reported that participation had reduced their stress and increased their positive relationships within the program. This program is based on the peer support model, to better serve the members, all staff complete an intensive Peer Support Specialist training. This training provides the staff with the tools necessary to maintain and improve the program.

During the first half of FY 19-20, RREC staff attended community meetings to expand awareness of programs mission and offerings, met with outside human services agencies to share ideas and promote the RREC program as a potential resource when needed. Through these outreach endeavors with other agencies and the community, RREC was able to add new members that were unaware of the program.

RREC's groups, workshops, and activities moved to a virtual model during the third quarter of FY 19-20. Members reported that having access to staff and other members online and by phone aided them in dealing with the isolation they have been experiencing during this pandemic. While the online presence offered support to members and non-members the challenge has been the lack of access for people who do not possess a phone or online access.

In FY 19-20, as a response to the pandemic, RREC opened a support line to aid members and non members with concerns or questions they may have. The line was operational Monday through Friday, 9:30am-3:30pm. Keeping up with changes in services to support the community and not provide false information was challenging during the pandemic. RREC staff was able to share information about the RREC program and other resources available to members and others who are part of a vulnerable community.

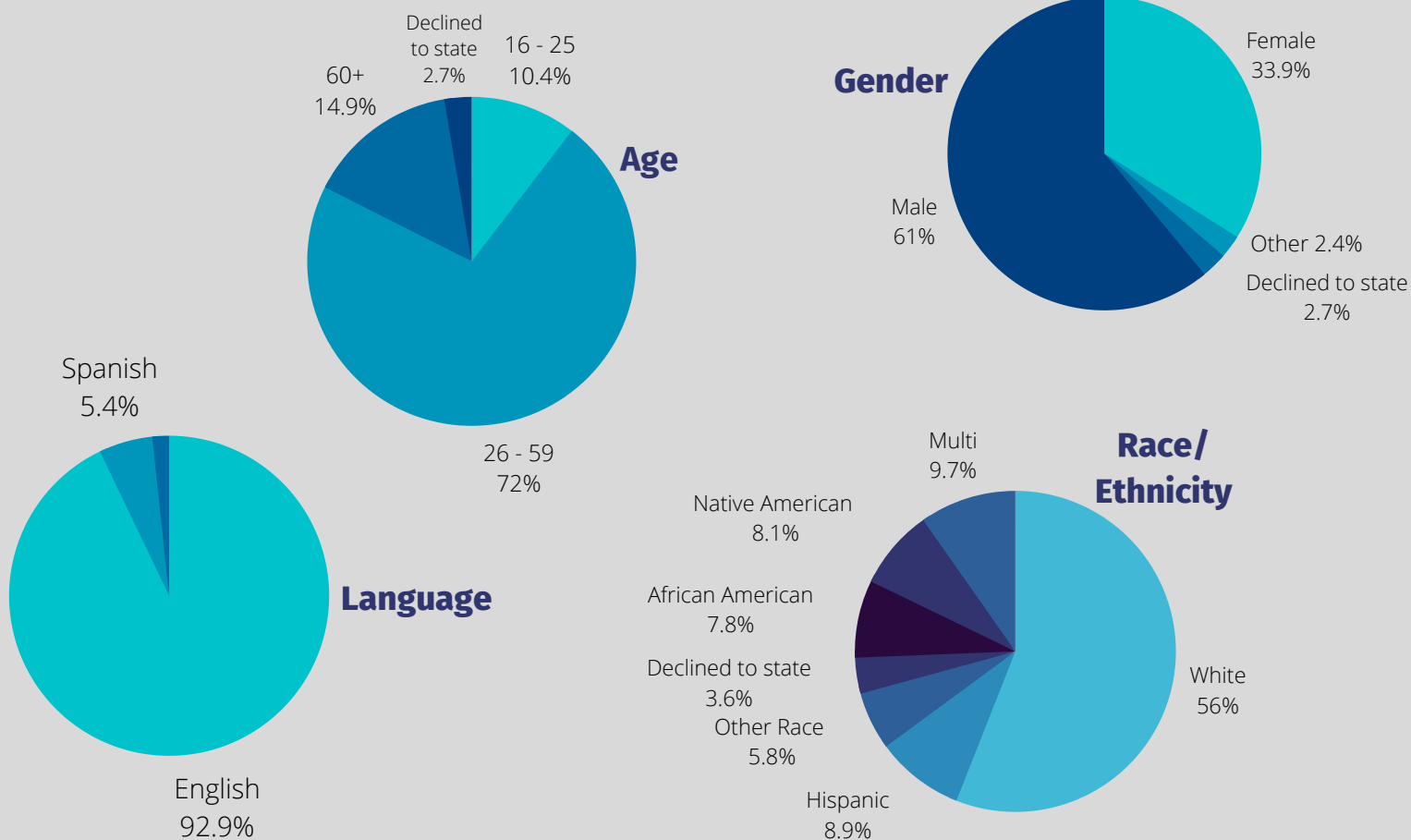
Goodwill Industries of the Redwood Empire – Wellness and Advocacy Center

The Wellness and Advocacy Center works with the County of Sonoma Department of Health Services Behavioral Health Division (DHS-BHD), peers, and family organizations to develop and support a wellness, recovery, and support center for peers facing serious mental health challenges. Self-help and peer-run programs have been developed for educational forums, computer training, employment readiness and job search classes, peer advocacy training, arts and craft classes, peer-led self-help/support groups, volunteer opportunities, paid Peer Support Specialist internships, and daytime socialization/recreational activities.

Total service contacts in FY 19-20: **1,491**

(Demographics below are for new members)

Wellness & Advocacy Center Demographics



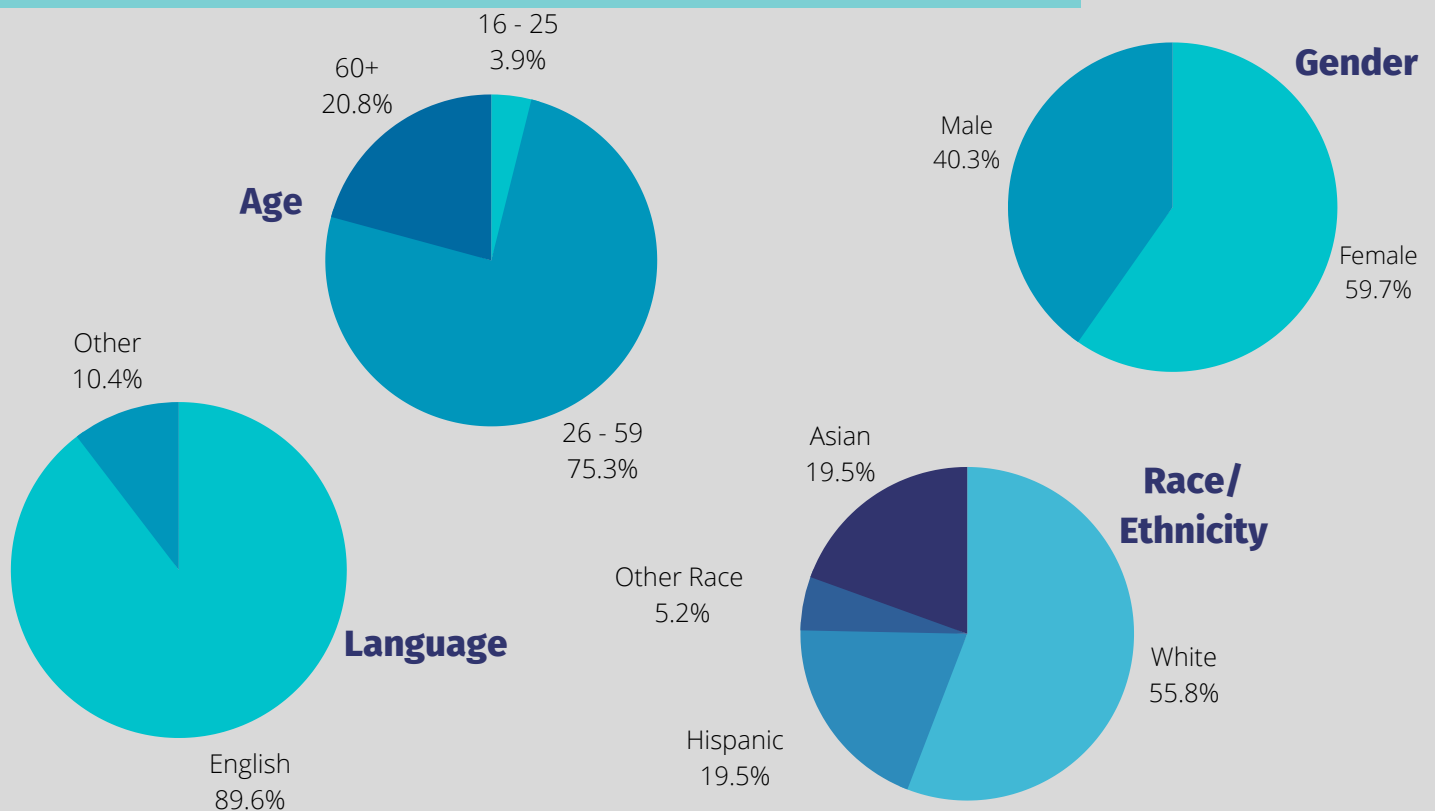
Goodwill Industries of the Redwood Empire – Petaluma Peer Recovery Center

The Petaluma Peer Recovery Center (PPRC) is a peer run and managed program dedicated to empowering the local mental health community through peer support and education. The PPRC sponsors lectures, groups, workshops, and activities as needed by adult mental health consumers over the age of 18, specifically those who are diagnosed with severe and persistent mental illness.

Total number served in FY 19-20 (aggregate of quarterly reports): 77



Petaluma Peer Recovery Center FY 19-20 Demographics



Mobile Support Team (MST)

In partnership with the Santa Rosa Police Department, Sebastopol Police Department, Cotati Police Department, Rohnert Park Police Department, Petaluma Police Department, Santa Rosa Junior College District Police, and the Sonoma County Sheriff's Office, the Mobile Support Team (MST) is staffed by behavioral health professionals who provide field-based support to law enforcement officers responding to behavioral health crises.

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.

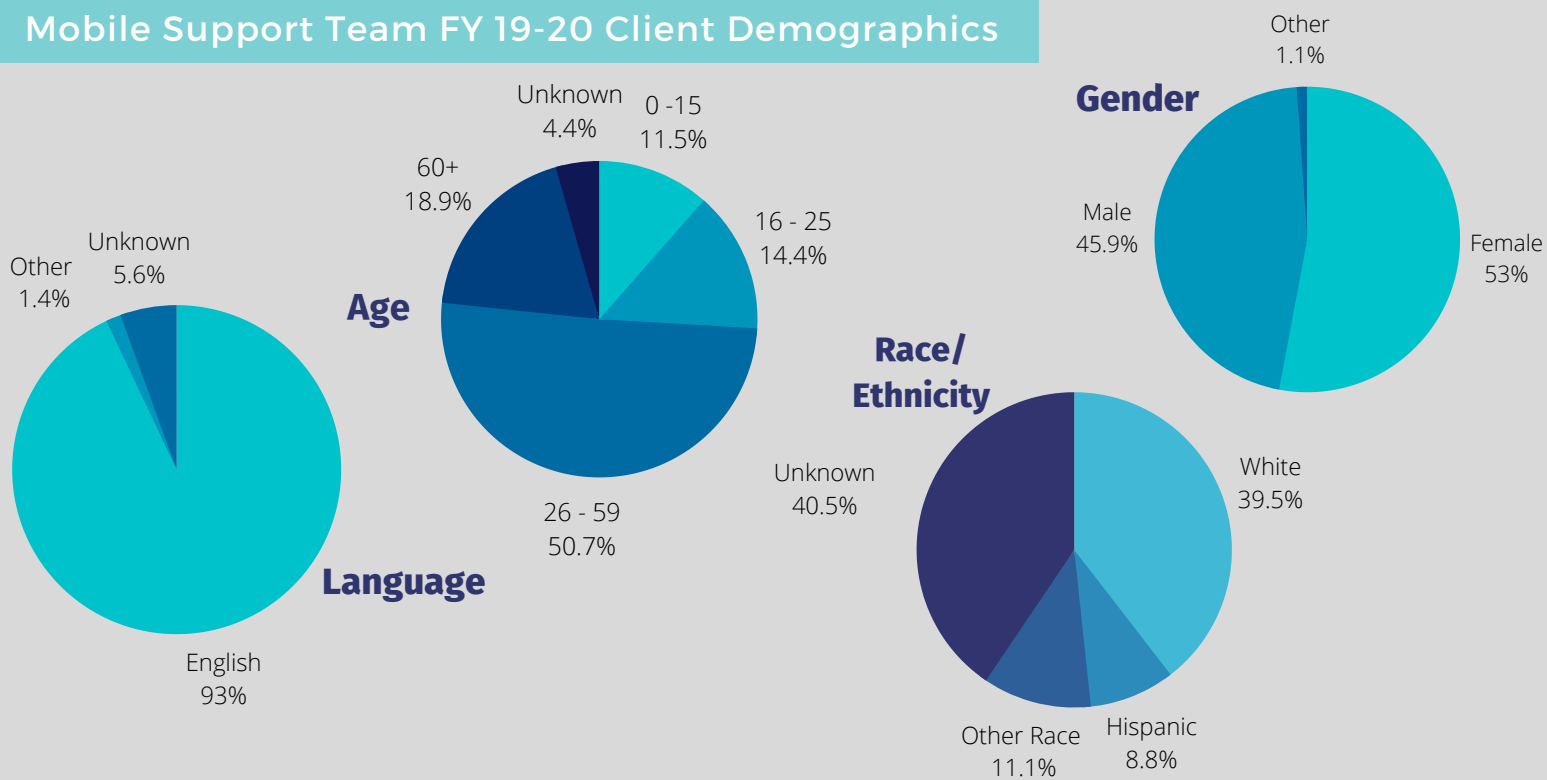
MST staff responds in the field to law enforcement requests to behavioral health crises. Once the scene is secured, MST provides mental health and substance use disorders interventions to individuals experiencing a behavioral health crisis, including an evidence-based assessment that assists in determining 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 consumers' family members to help link community members to ongoing care and treatment to mitigate future crisis.

Total unique clients served by MST in FY 19-20: **270**

Total number of encounters conducted by MST in FY 19-20: **759**

See next page for MST FY 19-20 client demographics.

Mobile Support Team FY 19-20 Client Demographics



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 Office partnered with the County of Sonoma Department of Health Services Behavioral Health Division (DHS-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 are to:

- 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 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.

Through 2020, DHS-BHD has conducted 21 Crisis Intervention Trainings with over 625 Sonoma County law enforcement personnel, including officers from Sonoma County Sheriff's Office, California Highway Patrol, and police departments from Santa Rosa, Petaluma, Cotati, Rohnert Park, Sonoma Valley, Sebastopol, Cloverdale, Windsor, Healdsburg, and Santa Rosa Junior College. Sonoma County Regional Park Rangers, Dispatchers, and Probation Officers have also participated in this training.

Support Our Students (SOS) Community Counseling – MST Internship Program

Support Our Students (SOS) Community Counseling provides crisis intervention and assessment, under the guidance of DHS-BHD's Mobile Support Team (MST) 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.



Performance Outcomes/Notable Accomplishments in FY 19-20:

In FY 19-20, SOS provided monthly trainings on various relevant mental and behavioral health topics. Trainings included:

- Annual All-staff training
- SOS monthly trainings – Staff reported:
 - “Really helpful around my resistant teens + doing hands on games, non-verbal, art, etc. Also a good reminder of how to talk to parents!”*
 - “the training allowed for more tools for the toolbox in working with students.”*
 - “ I will know what interventions to use with clients who do not want to talk.”*
- Employment training to SOS-MST staff relevant to their work in the crisis intervention field, and development as therapists working in the community.

Performance Outcomes/Notable Accomplishments in FY 19-20 (cont'd)

- Restorative Justice Training – staff reported:
"I really enjoyed the relevance of restoring the negative impact one experienced. whether that with law enforcement and or adult figures."
"I think that the communicative tools learned will be a helpful aid if ever I were to do MST or any therapy working with the justice populations."
"I want to learn more. I feel like this training really gave me the space to process and open my eyes to how powerful restorative practices really are. Very instrumental in repairing and re-strengthening."
"Please offer again, or perhaps allow for the potential to explore this training and principles further."
- Due to the ongoing COVID-19 responses, SOS dealt with staffing issues. One staff member was working for the Emergency Operations Center with the Behavioral Health Warm Line, and the another for the DOC.
- SOS is taking an active role in ongoing recruitment to ensure a lack of staffing shortages in the future and maintain consistent, qualified clinicians to staff MST in conjunction with county team members. By doing so, SOS plans to continue to increase the number of clinicians with excellent crisis intervention skills
- Due to staffing issues and covid-19, some data was not captured in FY 19-20.

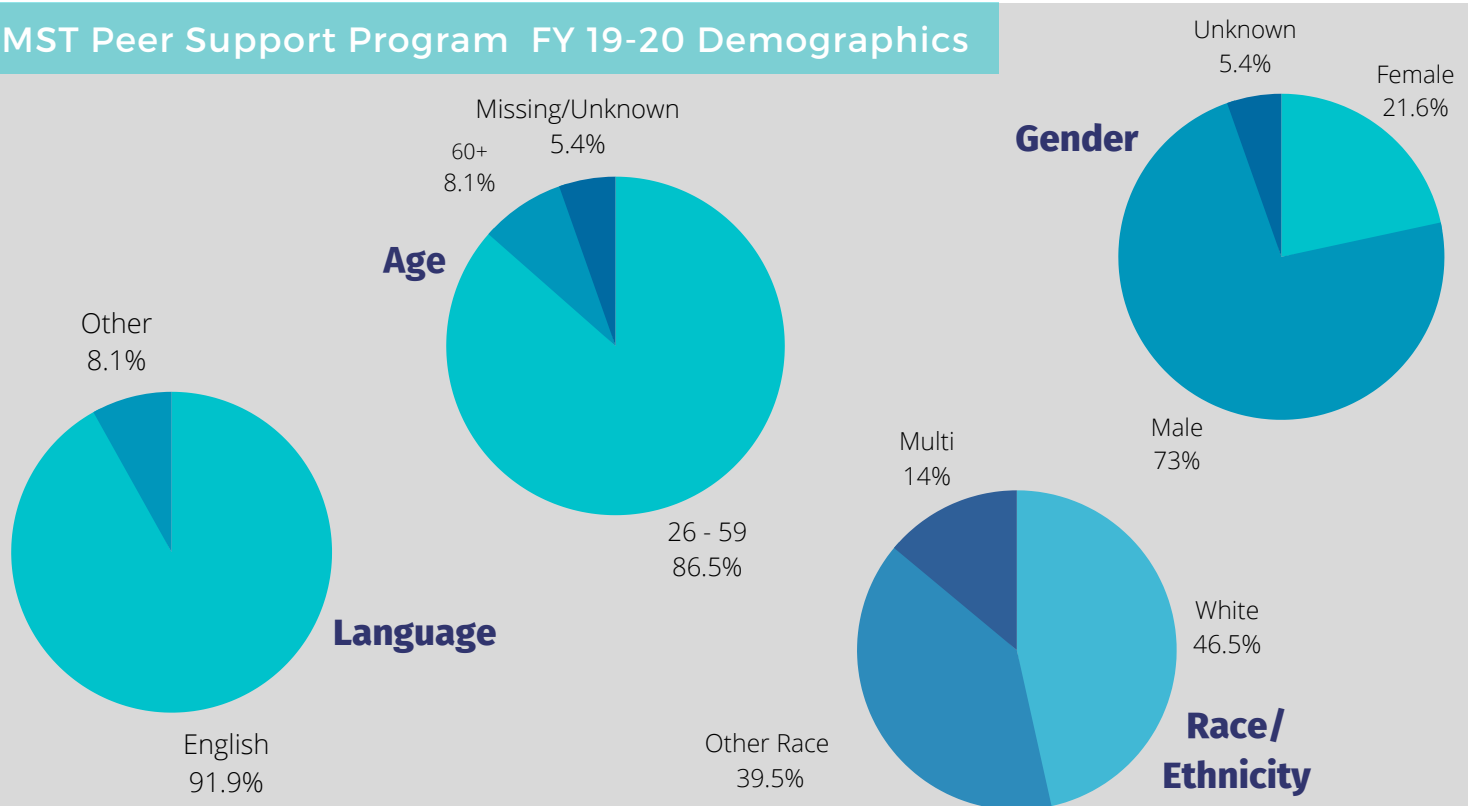
Goodwill Industries of the Redwood Empire – Peer Support Program

The purpose of the Goodwill Industries of the Redwood Empire (GIRE) Peer Support Program is to provide mental health peers with support from another peer. A Peer Support Specialist will provide assistance to the following:

- Mental health peers who are identified by the Mobile Support Team and agree to peer support services
- Mental health peers who are identified by Jail Mental Health Services and agree to peer support services

Total number served in FY 19-20 (aggregate of quarterly reports): **37**

MST Peer Support Program FY 19-20 Demographics



Performance Outcomes/Notable Accomplishments in FY 19-20 (cont'd):

Feedback provided from Peer Support Sessions:

- 80% reported feeling much more supported
- 13% reported feeling somewhat more supported
- 80% reported feeling much more connected
- 13% reported feeling somewhat more connected
- 87% reported feeling much less isolated
- 13% reported feeling somewhat less isolated
- Peers were referred to other resources such as: Interlink Self-Help Center, Wellness and Advocacy Center, Petaluma Peer Recovery Center, Sonoma County Coordinated Entry, Whole Person Care, SCBH Access Team, Refuge Recovery, Santa Rosa Community Health Centers, and more.

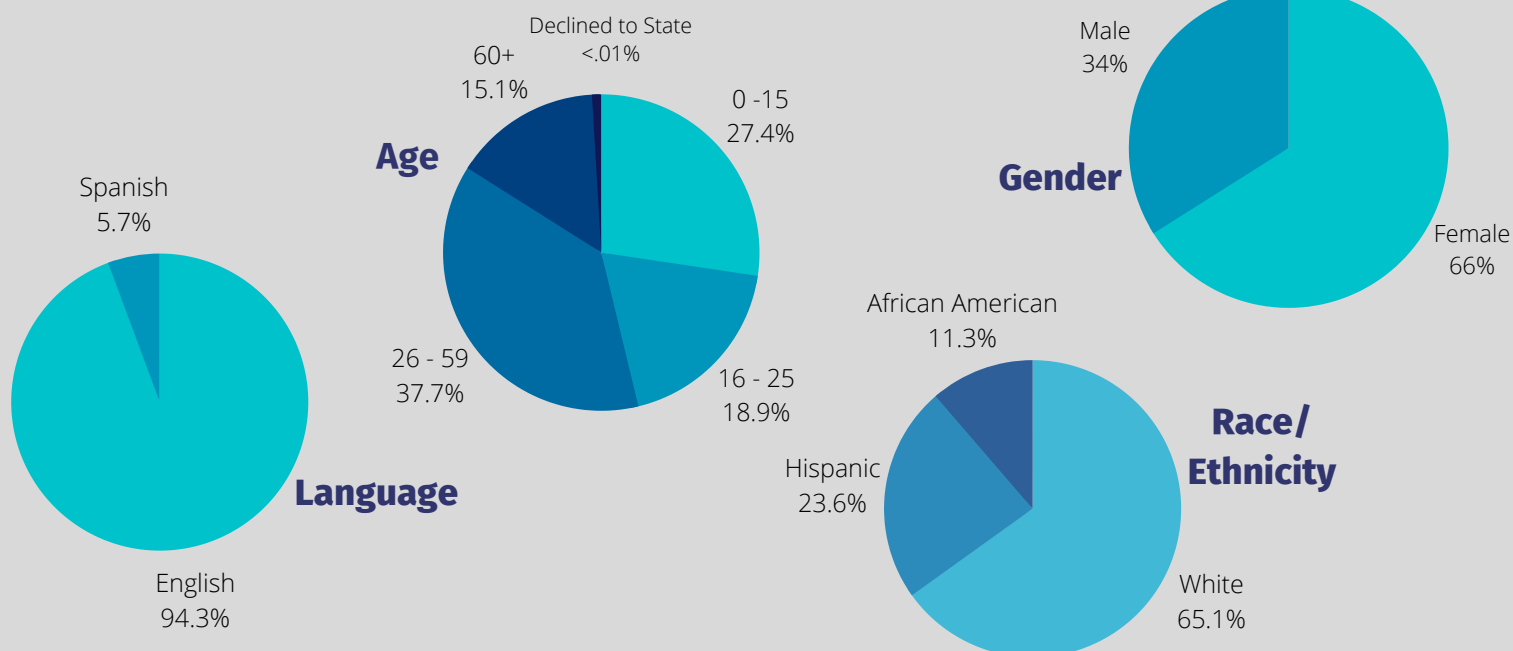
West County Community Services (WCCS) – Crisis Support



This 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. Individual case management is provided to help with employment, housing, health care, and other benefits.

Total number served in FY 19-20 (aggregate of quarterly reports): **106**

WCCS Crisis Support Client Demographics



Performance Outcomes/Notable Accomplishments in FY 19-20 (cont'd):

- A senior client who had been living out of her car for two years was finally housed, thanks to WCCS with the help of SOS.
- WCCS helped a family with children who fled from domestic violence get relocated.
- Four single mothers were able to get or stay in their homes through WCCS's Crisis Support housing help program. Two of these head of households were undocumented and were not eligible for many kinds of programs being offered.
- WCCS's Crisis Support Program helped supply food and clothing for a middle school student who's mom was in the end stages of Cancer.
- WCCS assisted a single mom with a newborn get clothing and food.
- WCCS helped a single mom who is Deaf and Hard of Hearing pay her mortgage.
- WCCS got food and clothing for a middle school student who's mom went to rehab and dad went into the hospital.

Sonoma County Human Services Department – Job Link



Job Link provides job search and career development services to Sonoma County residents. Partnering with education, economic development, education and other workforce agencies across the community, Job Link

provides workshops, labor market information, monthly job fairs, individualized career prep, and access to money for re-training. The target population for this contract is individuals living with severe and persistent mental illness that are referred by the County of Sonoma Department of Health Services Behavioral Health Division (DHS-BHD). Job Link supervises qualified staff to serve DHS-BHD clients and provides pre-employment and employment services and other informational groups related to employment to these clients.



Due to the lack of a referral system and Covid-19, FY19-20 client numbers and demographics were not tracked.

MHSA staff and Job Link have worked together to initiate and implement a referral form and a better tracking system which was started in May of 2021.

Performance Outcomes/Notable Accomplishments in FY 19-20:

- Job Link offered approximately 12 workshops a month to Job Link clients. Workshops focused on: job search skills, interview skills, resume, soft skills, social media, ex-offender support, obtaining employment in recovery, and self-confidence.
- Client evaluations of workshops indicate 90% satisfaction with content and facilitation.
- Job Link established a single point of contact for homeless and at-risk clients receiving General Assistance, many of whom are experiencing mental health issues.
- Job Link staff have been trained and has knowledge and experience working with clients regarding their Social Security Insurance (SSI) and Social Security Disability Insurance (SSDI) applications. They assist clients with the initial application and follow the case through the appeal process.

Telecare Sonoma ACT (Assertive Community Treatment)

Telecare Sonoma ACT (Assertive Community Treatment) is an intensive community outreach program that is contracted to provide culturally-competent mental health services to adults who have serious mental illness (SMI).

Telecare Sonoma ACT (TSA) employs a recovery model based on traditional Assertive Community Treatment standards. The program offers a low (1:10) staff-to-member ratio, and the program serves as the fixed point of responsibility for all members. Caseloads are shared among team members and the team employs a "whatever it takes" approach.

The program, partners with other agencies in the community to meet the needs of clients. Each client participates in the development of a treatment plan that incorporates their hopes and dreams, and the program uses recovery dialogues to support members in making choices, building connections, awakening hope, reducing harm, and individual uniqueness

Performance Outcomes/Notable Accomplishments in FY 19-20:

- With the exception of quarter 4, more than half of program discharges were at a lower level of care.
- At least 75% of beneficiaries demonstrated a decrease in incarceration days compared to FY 18-19 year of service.
- At least 75% of beneficiaries demonstrated a decrease in psychiatric hospitalization days compared to FY 18-19 of service.
- At least 85% of beneficiaries demonstrated housing stability as measured by fewer than two moves per year that are considered disruptive to their recovery plan.
- All new beneficiaries demonstrated a reduction in homeless days from PAF baseline. All beneficiaries admitted prior to FY 19-20, demonstrated a decrease in homeless days every subsequent year.
- At least 10% of beneficiaries were competitively employed. "Employed" is defined as any employment activities, volunteering or gainful part/full time employment.
- More than 5% of beneficiaries reported educational involvement. "Educational Involvement" is defined as training, classes, attending groups or peer led activities, or enrollment in educational courses.
- During the County's shelter-in-place orders, Sonoma ACT shifted to conducting assessments for new enrollments and annuals over the phone. Case Managers met virtually every morning with Clinical Director and Administrator to triage member needs, and to develop a plan for every member. Case Managers engaged with members over the phone to teach rehabilitation skills and dropped off RCCS workbooks, art supplies and groceries to members in their homes, at CRU and at CSU. Case Managers worked with members to identify online resources to practice mindfulness and to manage distress. Sonoma ACT continued to provide crisis intervention and psychiatric nursing to members in-person when needed.

Community Services and Supports (CSS)

Outreach and Engagement (OE)

The County may develop and operate outreach programs/activities for the purpose of identifying unserved individuals who meet the criteria of WIC Sections 5600.3 (a), (b) or (c) in order to engage them, and when appropriate their families, in the mental health system so that they receive the appropriate services, including access to services.

Whole Person Care (WPC)

The Whole Person Care (WPC) program includes Outreach and Engagement (OE) services, Short Term Recuperative Care (STRC) services, and Intensive Case Management (ICM) services. OE services center around identifying clients, building trust, providing informed consent and collecting clients' data sharing permissions, completing comprehensive assessments and screenings to identify medical, behavioral health, social service, housing needs and eligibility for ICM services.

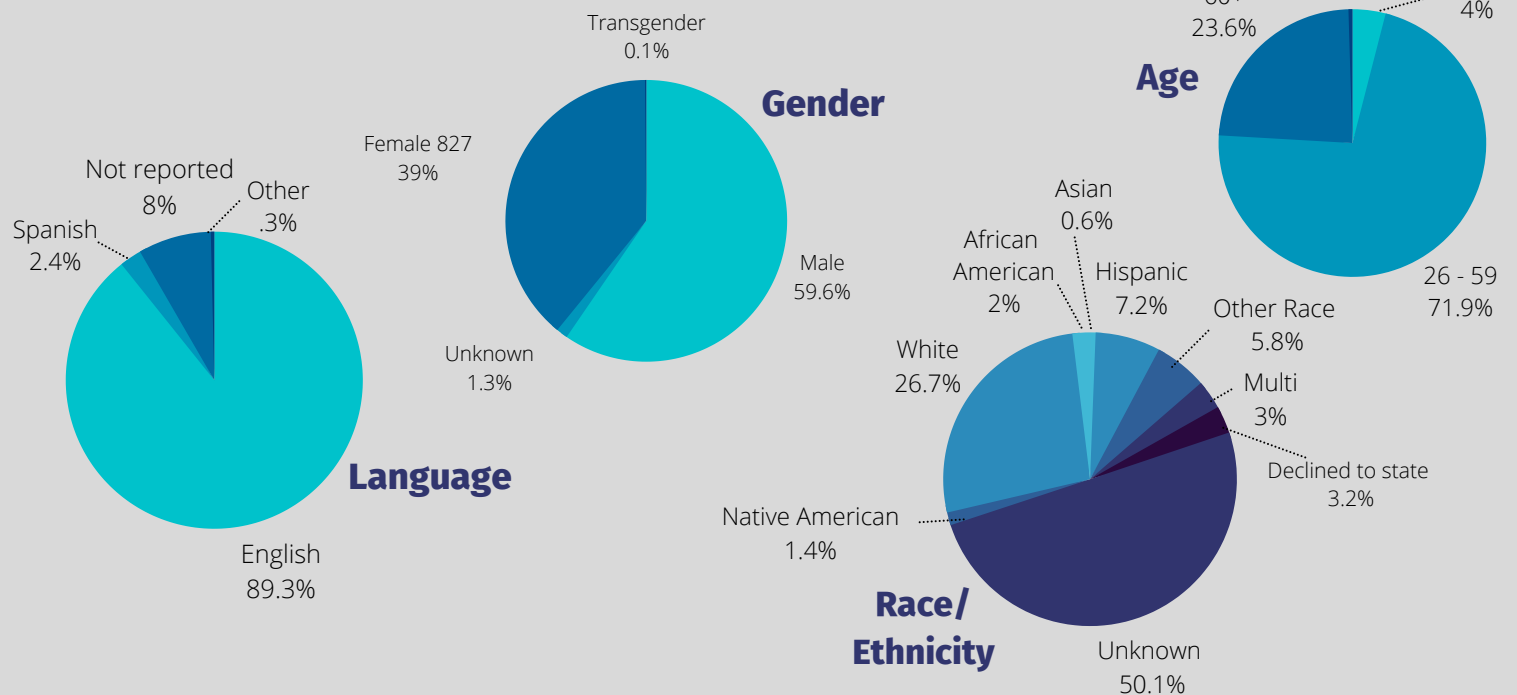
Placed-based outreach and engagement teams are strategically located throughout Sonoma County in high-density cities, as well as geographically remote, and typically underserved, areas to find and enroll participants in the field. WPC Pilot staff also actively partner with and take referrals from community partners, who typically encounter potential WPC's target population, such as:

- Hospitals, community health centers, emergency departments
- Local law enforcement agencies, jail, probation
- Community-based service organizations
- Shelters, supportive low-income housing projects, medical respite programs
- Self-refer into the program



Whole Person Care (WPC) - cont'd

WPC FY 19-20 Demographics



Intensive Case Management services include, but are not limited to, the following activities:

- A client driven comprehensive care coordination plan created within 30-days of enrollment, which is then monitored and updated regularly by the clients care team to problem solve around barriers to completion of shared goals
- Referrals, transportation support, peer support, self-management skills and empowering education to encourage and ensure the use of needed medical, behavioral health (mental health and substance use/abuse services), social services, financial, and shelter/housing navigation

Total unique clients served by WPC in FY 19-20:
2,122

Total number of encounters conducted by WPC in
FY 19-20: **20,586***

*Includes contracted services



Community Mental Health Centers (CMHCs)

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

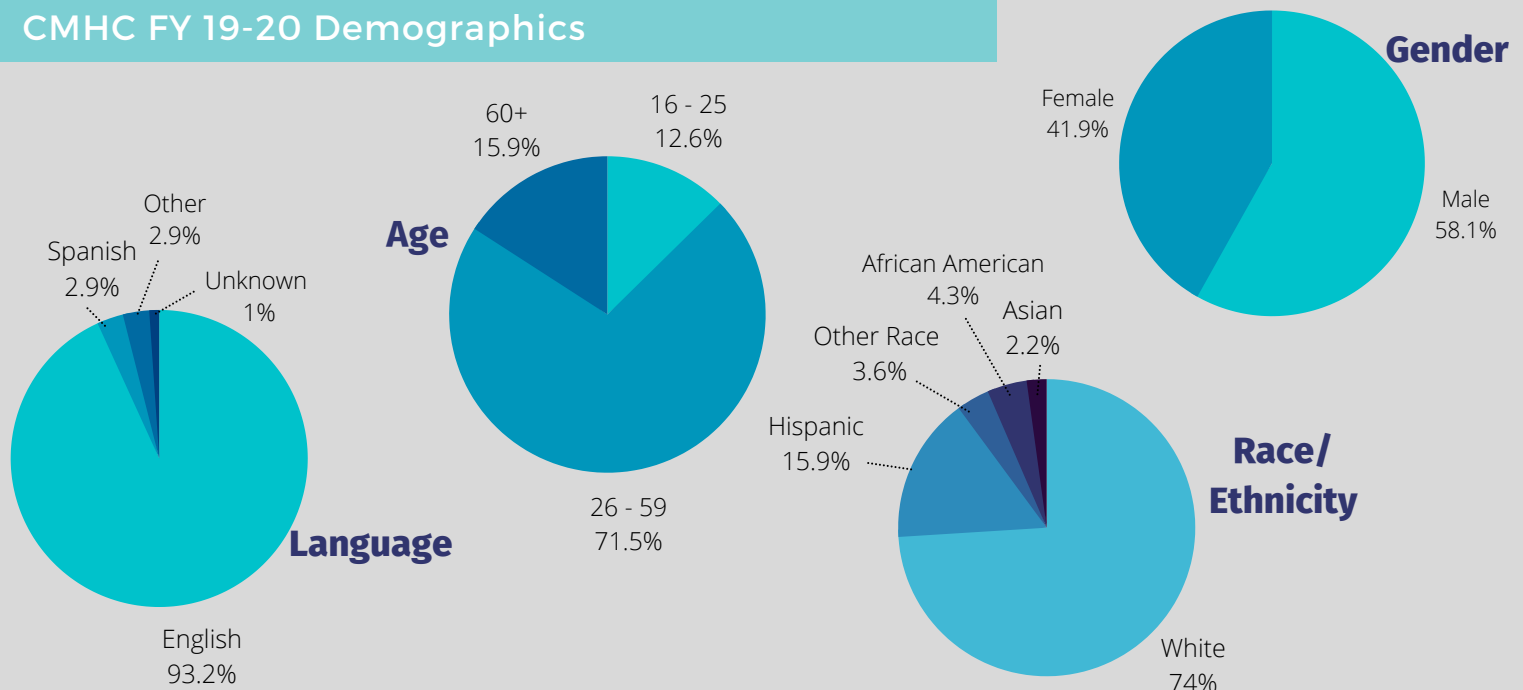
- Guerneville
- Cloverdale
- Petaluma
- Sonoma

The service teams are linked to the larger adult systems of care but focus on providing services and supports in the smaller communities where they are located. Services are available through collaborations between each CMHC and community-based providers, law enforcement agencies, and local Federally Qualified Health Centers (FQHCs).

Starting in FY 20-21, CMHCs will be funded under the Community Services and Supports (CSS) General Systems Development (GSD) component.

Total unique clients served in FY 19-20: 277

CMHC FY 19-20 Demographics



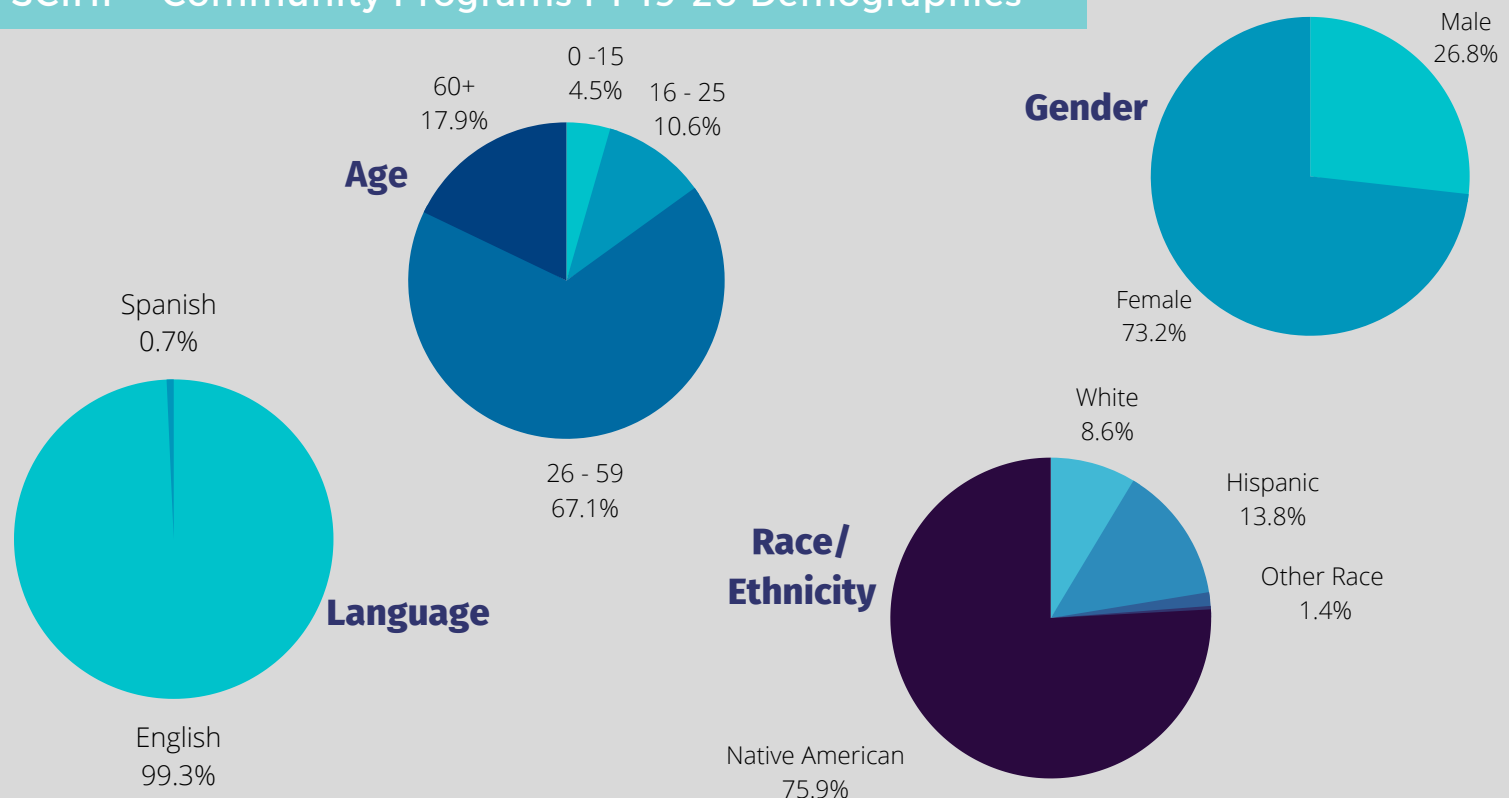
Sonoma County Indian Health Project - Community Programs

The purpose of this program is to help directly address barriers to access to behavioral health care within the Native American community in Sonoma County. Sonoma County Indian Health Project (SCIHP) will expand mental health services delivery 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 enhances the quality of health care services available with an emphasis on services to underserved ethnic and cultural populations served by SCIHP.

The role of the integration Licensed Clinical Social Worker (LCSW)/Associate Clinical Social Worker (ASW) position is to be a member of the primary care team who assists the primary care providers in managing the overall health of the SCIHP patient population. The LCSW/ASW goals are to help improve recognition, treatment, and management of psychosocial/behavioral problems and medical conditions in the patient population. They also provide consultation services to all patients referred by the primary care team.

Total number served in FY 19-20 (aggregate of quarterly reports): 280

SCIHP - Community Programs FY 19-20 Demographics



Programs that prevent mental illnesses from becoming severe and disabling, emphasizing improvement on timely access to services for underserved populations. Programs shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness:

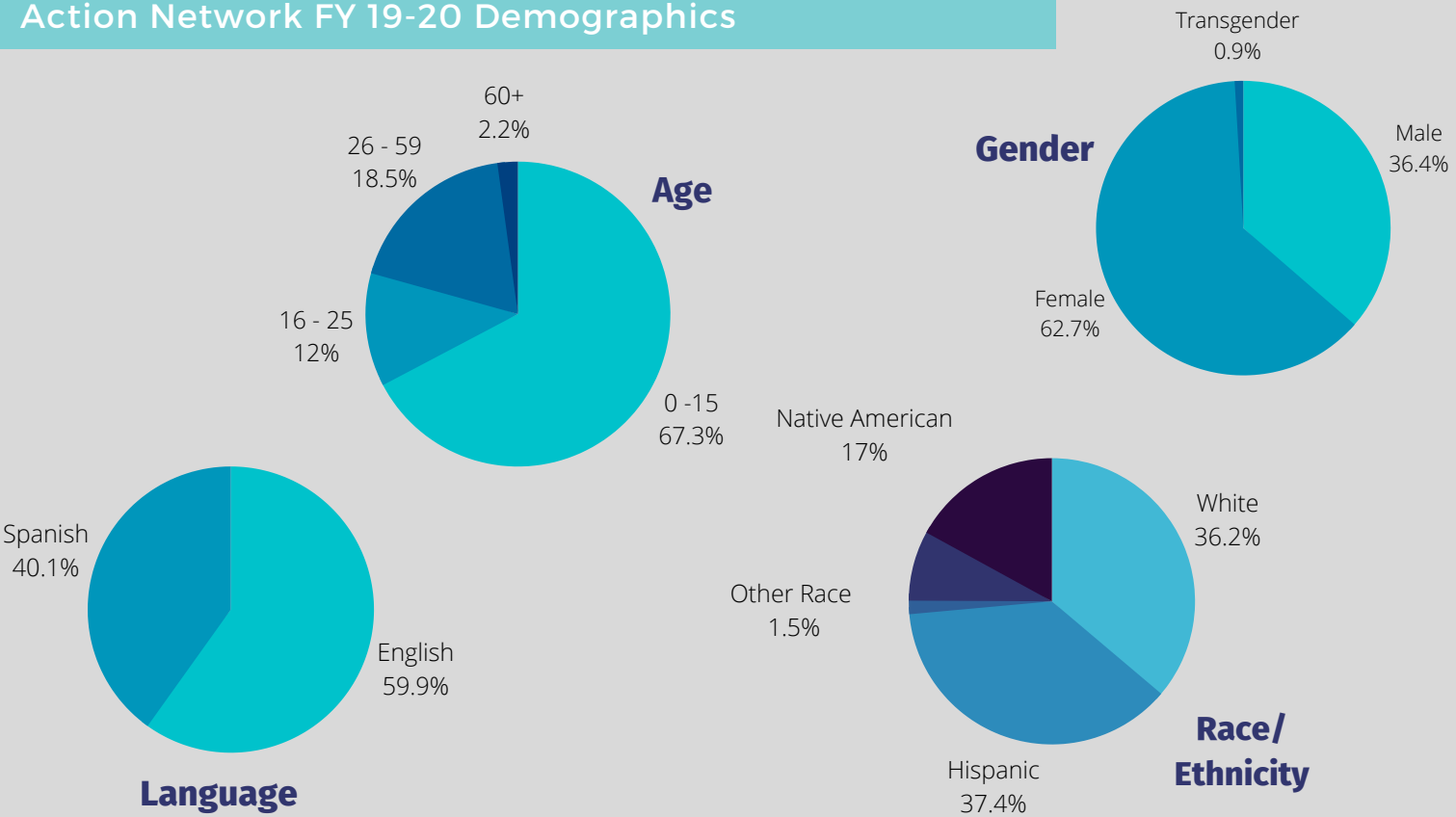
- Suicide
- Incarcerations
- School failure or dropout
- Unemployment
- Prolonged suffering
- Homelessness
- Removal of children from their homes

Action Network

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. 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 living in Sonoma County.

Total number served in FY 19-20 (aggregate of quarterly reports): 287

Action Network FY 19-20 Demographics



Sonoma County Indian Health Project - Aunties & Uncles Project

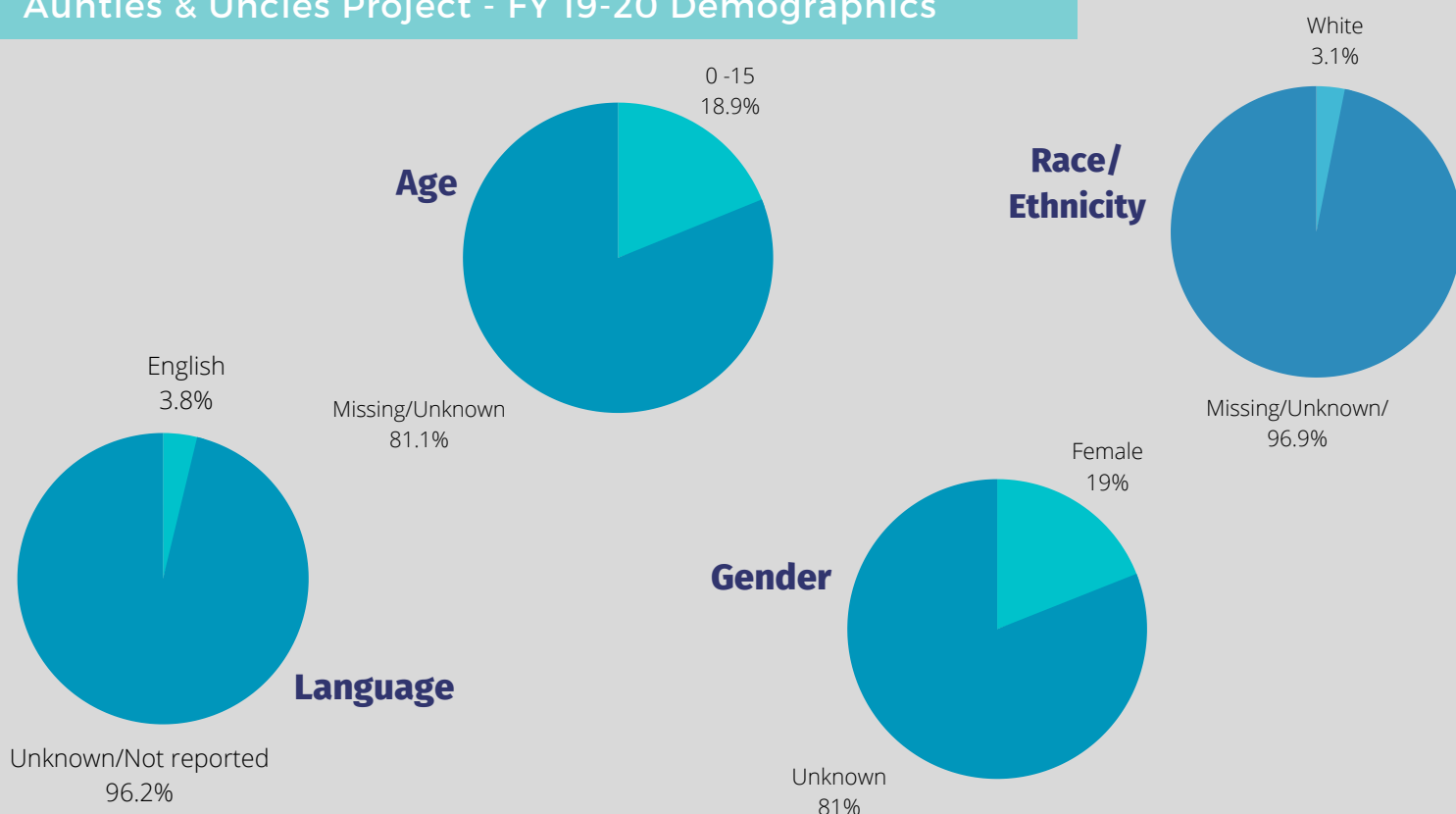
The purpose of the Aunties and Uncles Project is to reduce mental health disparity in the local Native American communities by increasing access to mental health services by:

- Mental health stigma reduction and decreasing suicide through community-based awareness campaigns and education (utilizing community wellness gatherings and community outreach)
- Providing youth mentoring and tutoring to improve academic performance and cultural enrichment for Native American youth who are at risk

The name of the SCIHP PEI program will be updated in FY 20-21 and there will be adjustments to the services being delivered.

Total number served in FY 19-20 (service contacts - duplicated): **159**

Aunties & Uncles Project - FY 19-20 Demographics



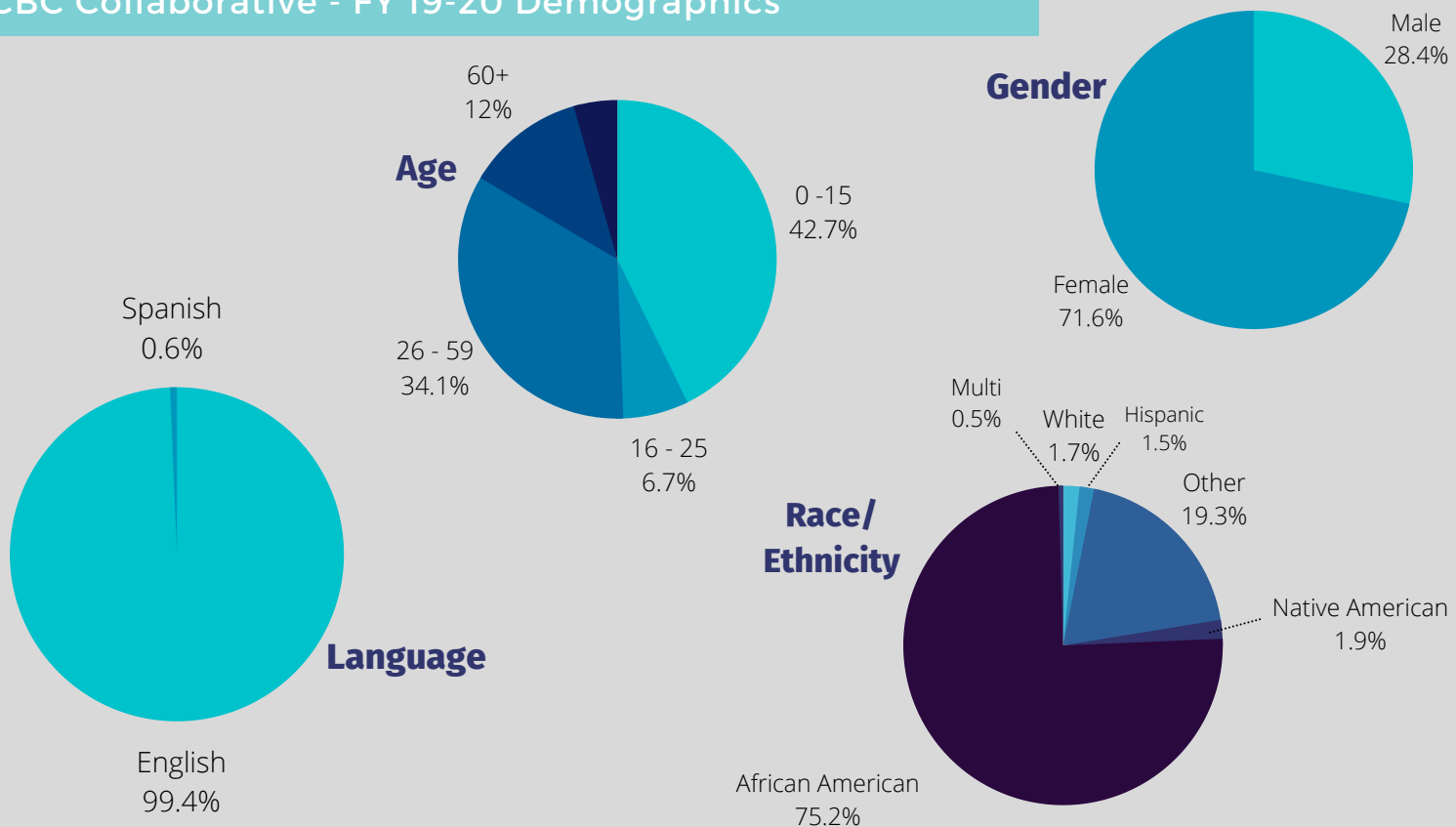
Community Baptist Church Collaborative

The purpose of this program is to reduce disparities in access to mental health services by decreasing stigma, focusing on the African American population. Projects include:

- Village Project: A weekly program for children ages 8-13 using a faith-based curriculum that focuses on character building.
- Saturday Academy: A weekly program that features topics of importance to youth of the church and the community.
- Rites of Passage: An eight month program predominantly 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 with a successful transition into adulthood.
- Safe Harbor Project: Facilitated by African American peers that represent an at-risk population to assist people in dealing with 'life-disrupting' events, and to provide education, support and referral using music therapy, gardening, etc.

Total number served in FY 19-20 (service contacts - duplicated): 2,390

CBC Collaborative - FY 19-20 Demographics



Latino Service Providers of Sonoma County

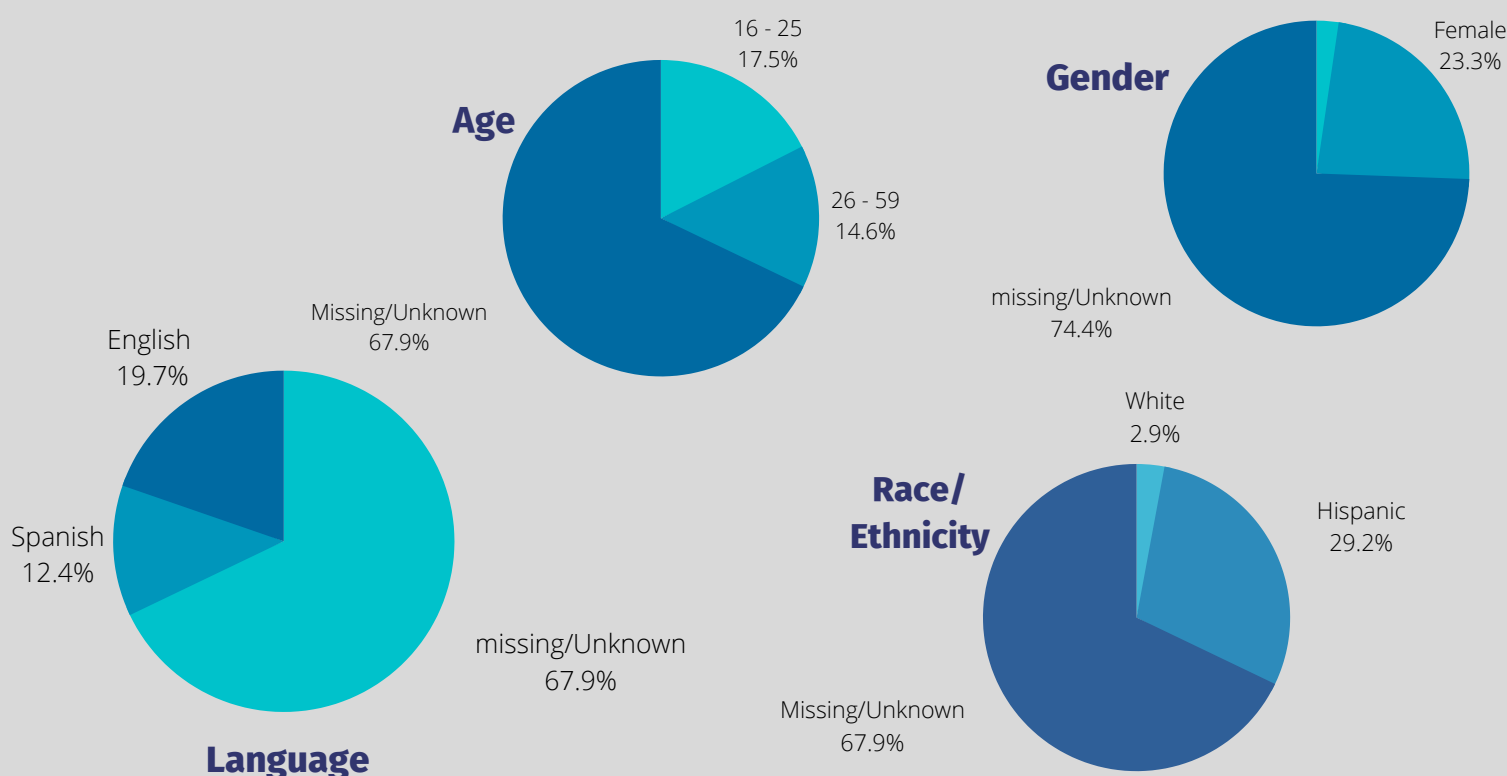
Latino Service Providers (LSP) was founded in 1989 by Latino leaders in education, government, and the social service sectors. LSP is currently comprised of over 1,600 members from neighborhood and community groups, mental health programs, public and private health service providers, education, law enforcement, immigration and naturalization agencies, social service agencies, community based organizations, city and county governments, criminal justice systems, and the business community.

The mission of LSP is to serve and strengthen Latinx families and children by building healthy communities and reducing disparities in Sonoma County. LSP's vision is a community where Latinos are fully integrated by having equal opportunities, support, and access to services in the pursuit of a higher quality of life.

To reduce disparities, the specific focus of this program is to utilize a networking model among community providers to exchange information about activities and resources that will promote economic stability and educational success; increase access to healthcare, mental health, housing, and legal services and resources; reduce the stigma associated with behavioral/mental health issues; and to address other areas of interest for families throughout Sonoma County.

Total number served in FY 19-20 (service contacts - duplicated): 5,742* *Includes weekly newsletters sent out to approximately 1,600 people

Latino Service Providers- FY 19-20 Demographics



Positive Images

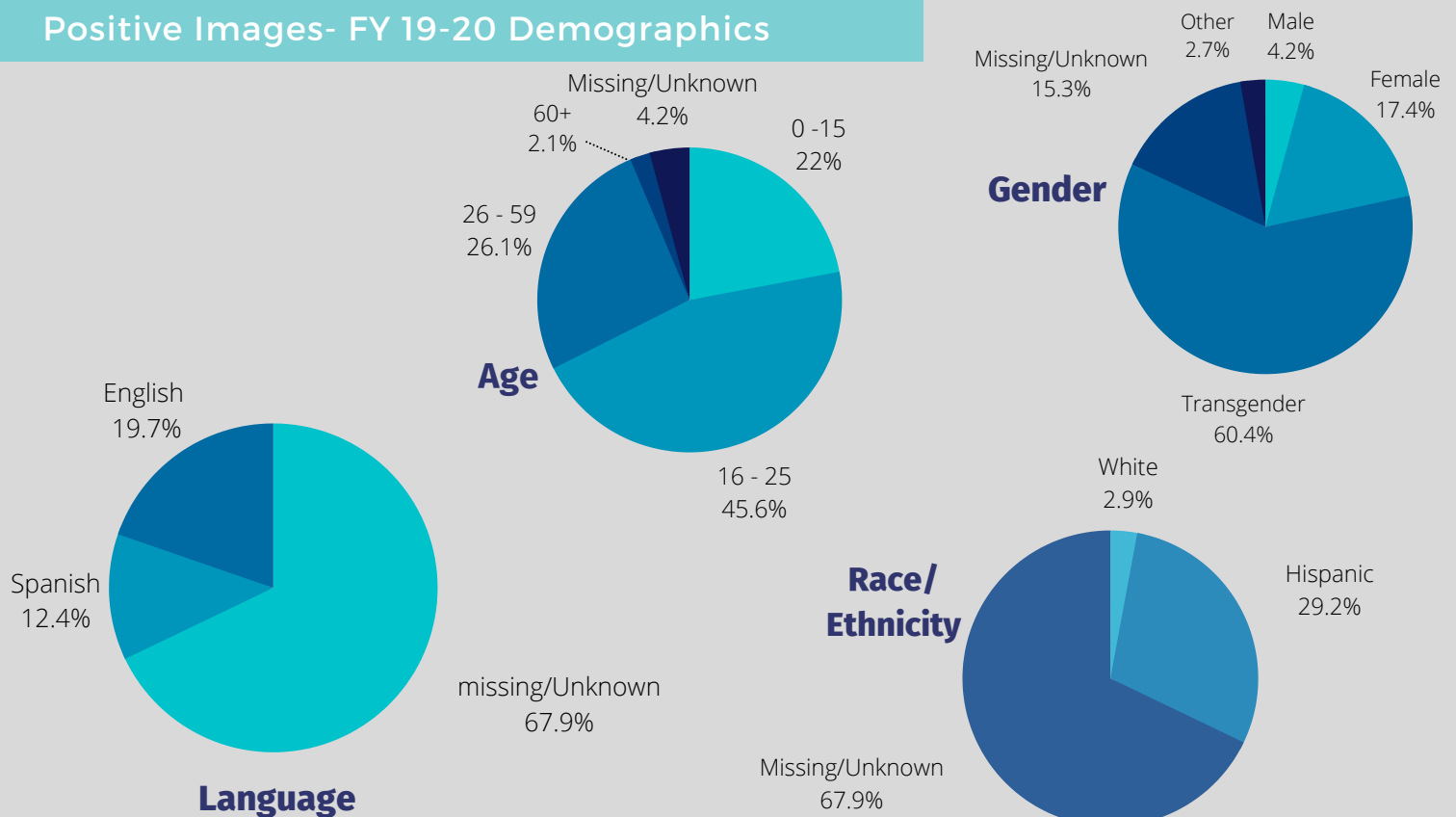
Positive Images (PI) is an agency in Sonoma County serving the unique needs of lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+) youth ages 12 to 24. For the past 26 years, Positive Images has provided programs and services that help youth, service providers and the public 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 LGBTQIA+ issues

Services target LGBTQIA+ youth of color ages 12-24 and their parents and caregivers. The purpose of this work is to reduce disparities in access to mental health services by decreasing stigma focusing on the LGBTQIA+ population.

Total number served in FY 19-20 (service contacts - duplicated): 2,391

Positive Images- FY 19-20 Demographics



Sonoma County Human Services - Older Adult Collaborative

The Older Adult Collaborative (OAC) is comprised of the primary senior services agencies in Sonoma County and is led by the Sonoma County Human Services Department – Adult & Aging Services Division. The community based, non-profit members serving older adults in their respective communities are:

- Council on Aging (COA)
- Petaluma People Services (PPSC)
- West County Community Services (WCCS)

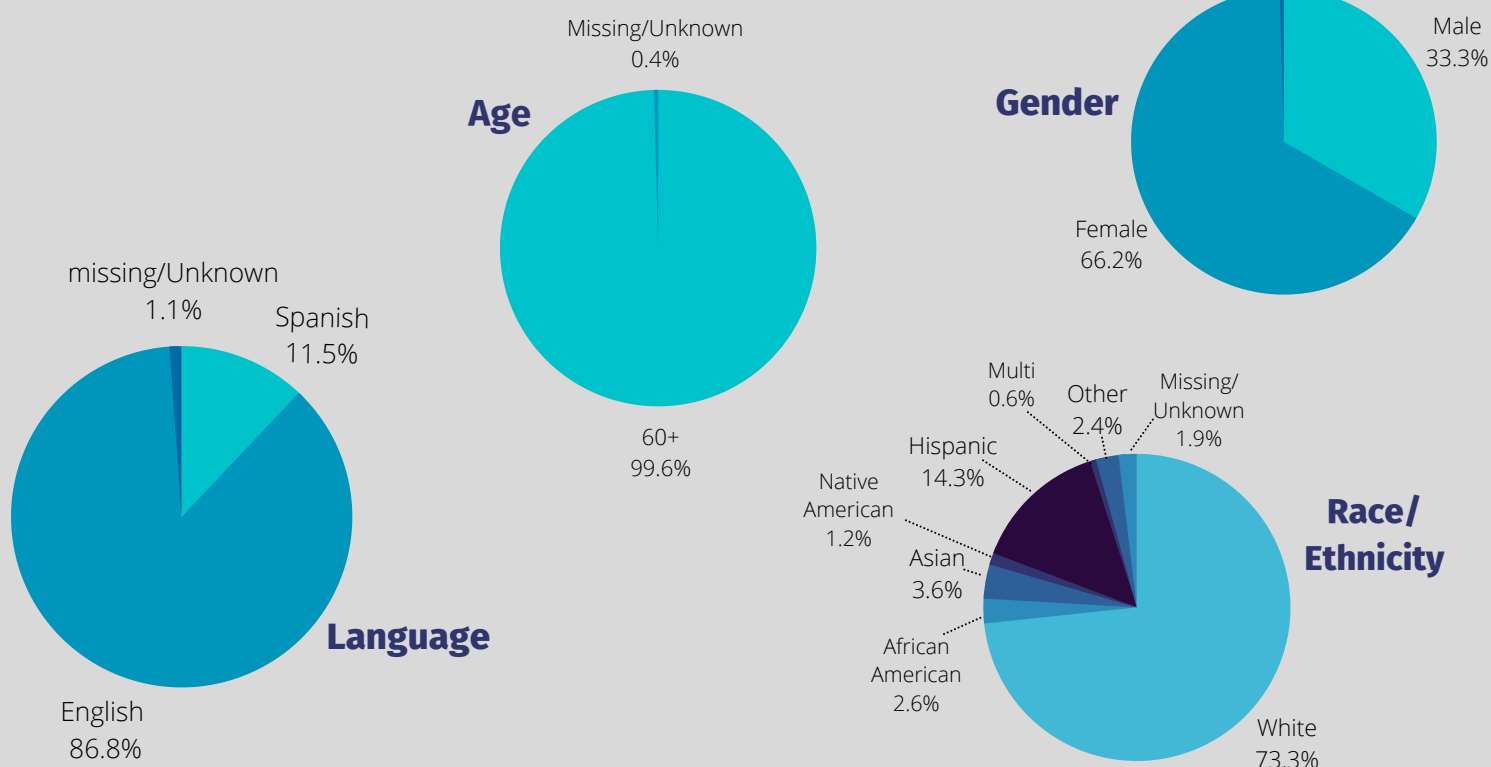
The OAC utilizes Healthy IDEAS (Identifying Depression and Empowering Activities for Seniors), a prevention and early intervention evidence-based model, to reduce depression and suicide among older adults throughout Sonoma County by:



- Administration of a depression screening by both licensed experience professionals and peer/volunteers who are supervised by licensed professionals
- Referral of case managed clients to counseling and psychotherapy for those older adults identified as at risk for depression.

Total number served in FY 19-20 (aggregate of quarterly reports): 2,817

OAC - FY 19-20 Demographics



Treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the applicable negative outcomes listed in Welfare and Institutions Code Section 5840, subdivision (d) that may result from untreated mental illness

Early Childhood Mental Health (0-5) Collaborative



Sonoma County utilizes MHSA funds for the Early Childhood Mental Health (0-5) Collaborative to provide screening, services, and support through a continuum of care for children ages birth to 5 years and their families, as well as pregnant and newly parenting mothers at risk for perinatal mood disorder. This collaborative is a partnership with First 5 Sonoma County.

The following community partners provide contracted services under the 0-5 Collaborative:

- **Child Parent Institute**
- **Early Learning Institute**
- **Petaluma People Services Center**

Performance Outcomes/Notable Accomplishments in FY 19-20:

- 987 children aged 0-5 received services
- 1,669 parents/caregivers received services
- 887 developmental and social-emotional screenings were conducted
- 1,554 children were re-screened
- 60 women with or at risk for perinatal mood disorder received home visits
- 30 Triple P (Positive Parenting Program) Level 2 seminars focused on parenting advice
- 135 Triple P Level 3 discussion groups and services focused on specific parenting skills training
- 359 Triple P Levels 4/5 sessions focused on broad parenting skills training and intensive family intervention
- 2,078 calls were made to the Watch Me Grow One-Call Navigation Line
- 246 parents/caregivers received referrals

Early Childhood Mental Health (0-5) Collaborative (cont'd)

MHSA agencies use a community-based approach, providing services either in the client's home or at a community-site. Agencies offer services in English and Spanish, which bolstered Hispanic/Latinx participation. The majority of those served under the Collaborative are Hispanic/Latinx, and 38% spoke Spanish as their primary home language.

Other important outcomes included:

- **Parents increased their knowledge of parenting and child development** and developed their parenting skills.
- Women at risk of or experiencing perinatal mood disorder experienced **improvement in their depression and anxiety**.
- **Children at risk of development delays were identified** through timely screenings and referred to the relevant providers for ongoing evaluation and support.
- **Families received critical referrals and resources to address their basic needs.** MHSA agencies stress the importance of meeting families' basic needs and focusing on the whole family's wellbeing in order to support parent-child relational health.

Service Adaptations in Response to COVID-19 Pandemic

MHSA agencies adapted swiftly to the pandemic, rising to the challenge of meeting the emergent needs of the community in safe and creative ways. This section provides an overview of CPI, ELI, and PPSC's response.

Virtual Programming

- Provided sources of support for parents and caregivers during the isolation of the pandemic
- Removed transportation and childcare barriers, helping to increase access for Spanish-speaking families and families located in rural areas of the County
- Allowed for greater flexibility for when providers could meet with parents, including in the evenings after children were asleep

Modified Outreach Efforts

Increased community outreach, expanded access for parenting and child development resources, and deepened relationships with existing clients.

Provision of Basic Needs

Connected clients to food, diaper banks, financial assistance, testing sites and other resources.

Child Parent Institute (CPI)



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 (Positive Parenting Program) Level 2 Seminars
- Levels 3, 4, and 5 (individual and group formats) in an in-home parent education format or at CPI or a community site
- Enhanced services that include mental health consultations as needed

CPI served 113 parents/caregivers in Triple P Seminars and Groups, exceeding their goal for FY 19-20.

Early Learning Institute

The Early Learning Institute's Watch Me Grow (WMG) program will serve families of children ages birth through five 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 ages 0-5 for whom a screening identifies potential problems

Total number served in FY 19-20 (aggregate of quarterly reports): 721

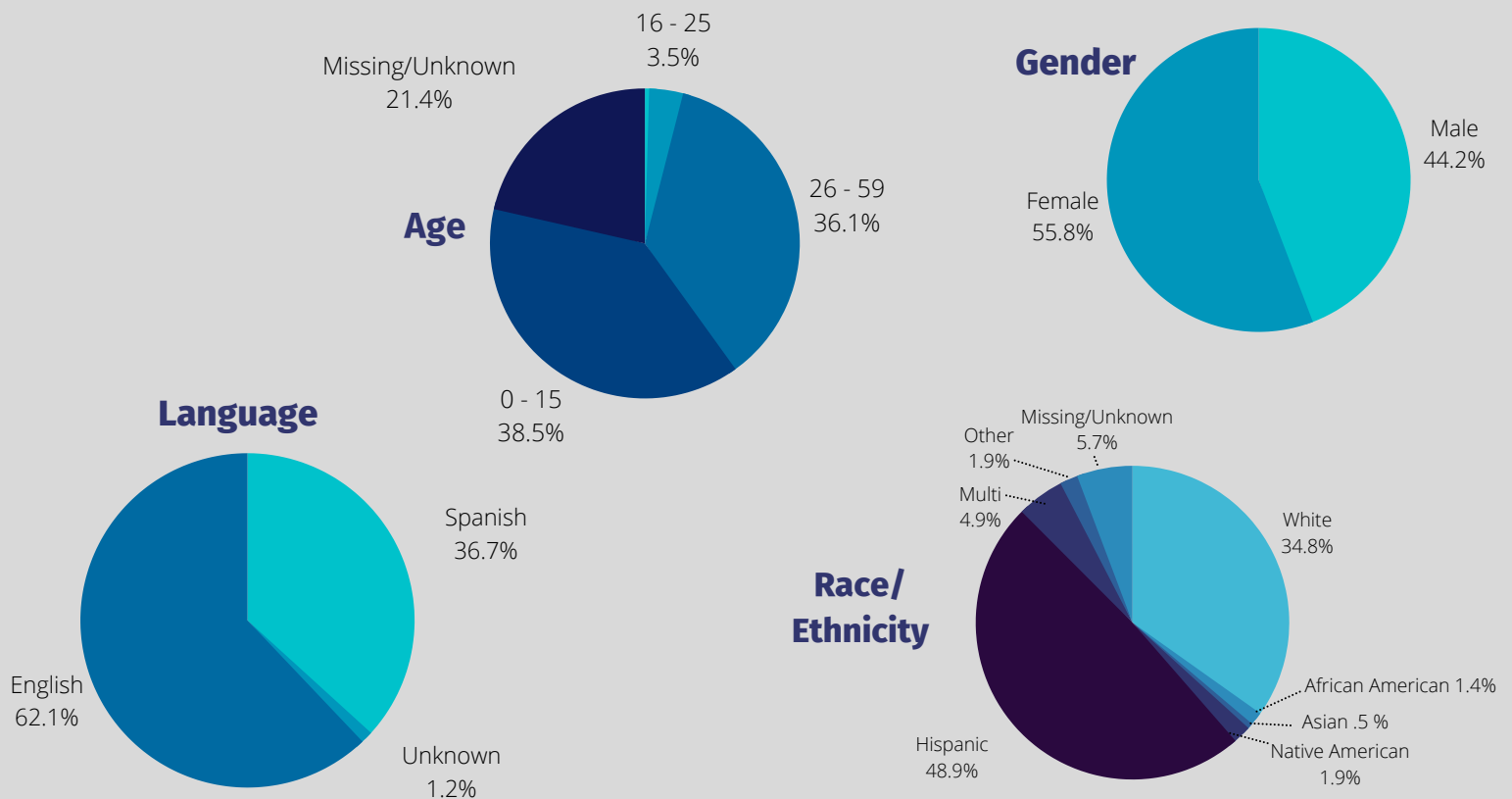


Petaluma People Services Center (PPSC)

Petaluma People Services Center (PPSC), in partnership with Petaluma City School District provides developmental and social-emotional screening for children in high-risk situations with no other access to screening, Triple P (Positive Parenting Program) parent education, and Triple P mental health services to families of children 0-5.



0 - 5 Collaborative FY 19-20 Demographics



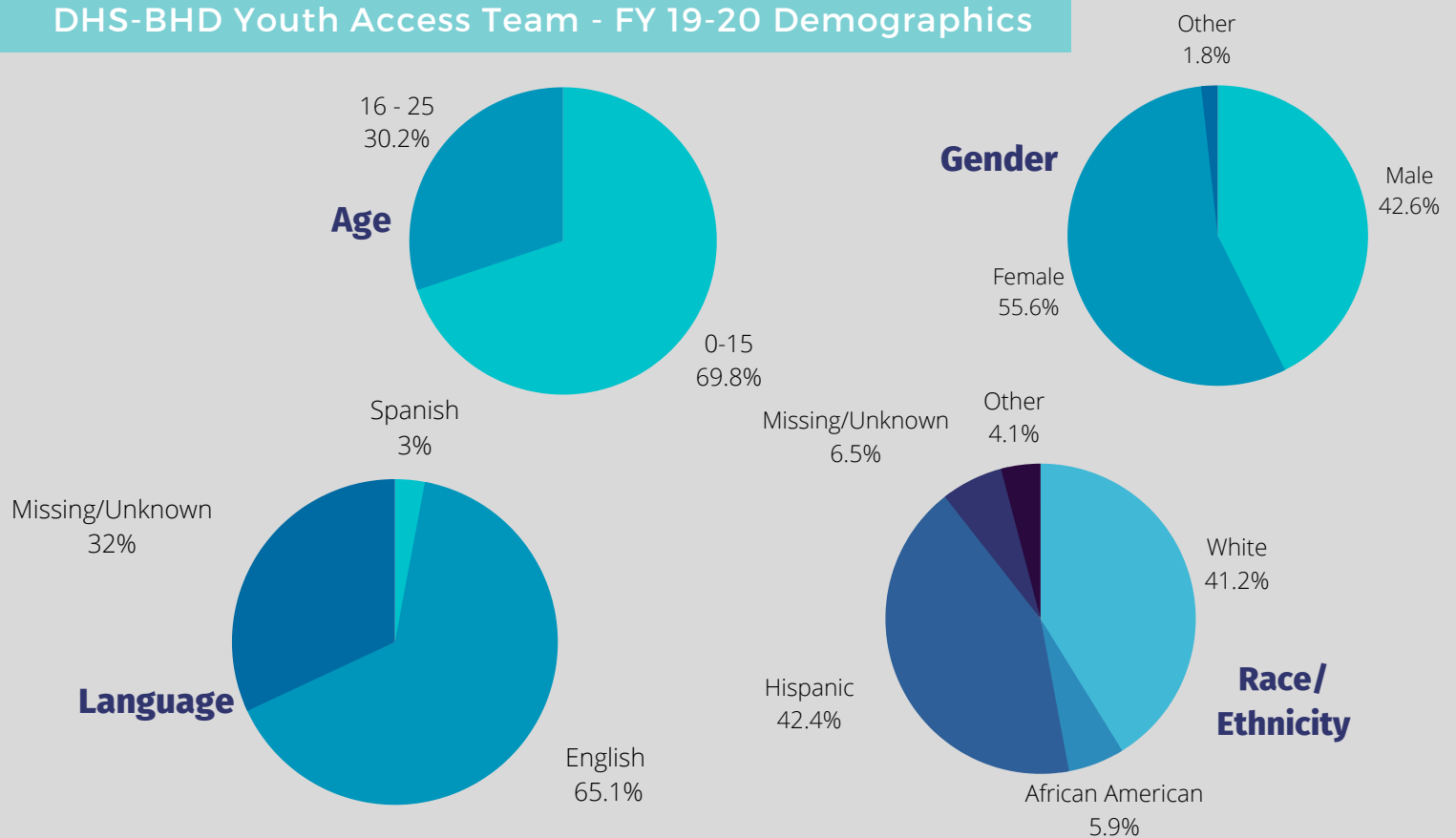
A set of related activities to connect children with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, and adults and seniors with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, as early in the onset of these conditions as practicable, to medically necessary care and treatment, including, but not limited to, care provided by county mental health programs.

DHS-BHD Youth Access Team

The Youth Access Team improves access to mental health services for residents of Sonoma County under the age of 18. 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 the county. While the primary purpose of the Youth Access Team is to assist the Medi-Cal beneficiary into care, the Youth Access Team also provides links to other community resources for any caller.

- Total unique clients assessed through the Youth Access Team in FY 19-20:
Approximately 170

DHS-BHD Youth Access Team - FY 19-20 Demographics

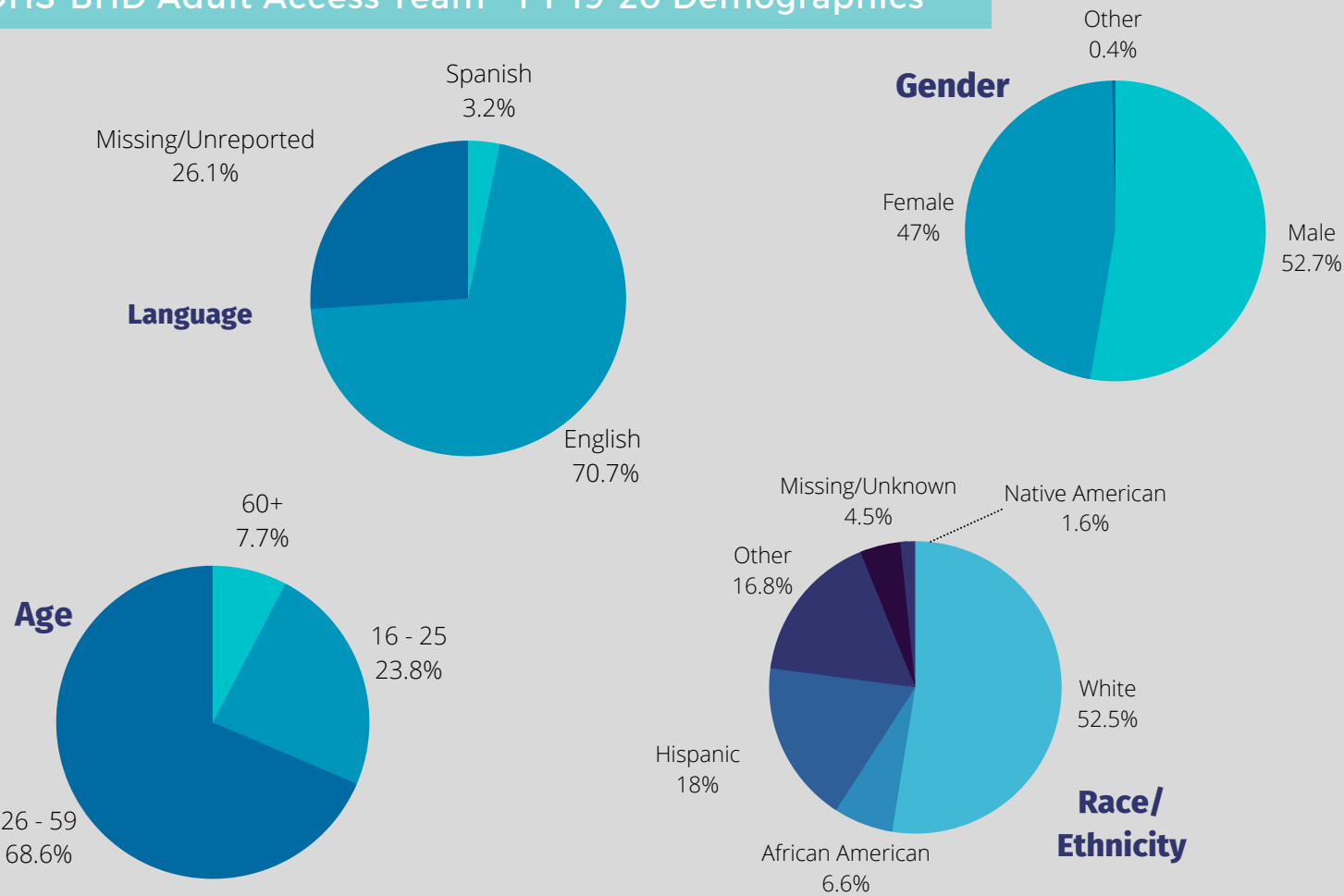


DHS-BHD Adult Access Team

The Adult Access Team improves access to mental health services for adult 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 the county. While the primary purpose of the Adult Access Team is to assist the Medi-Cal beneficiary into care, the Adult Access Team also provides links to other community resources for any caller.

Total unique clients that were assessed through the Adult Access Team in FY 19-20: **560**

DHS-BHD Adult Access Team - FY 19-20 Demographics



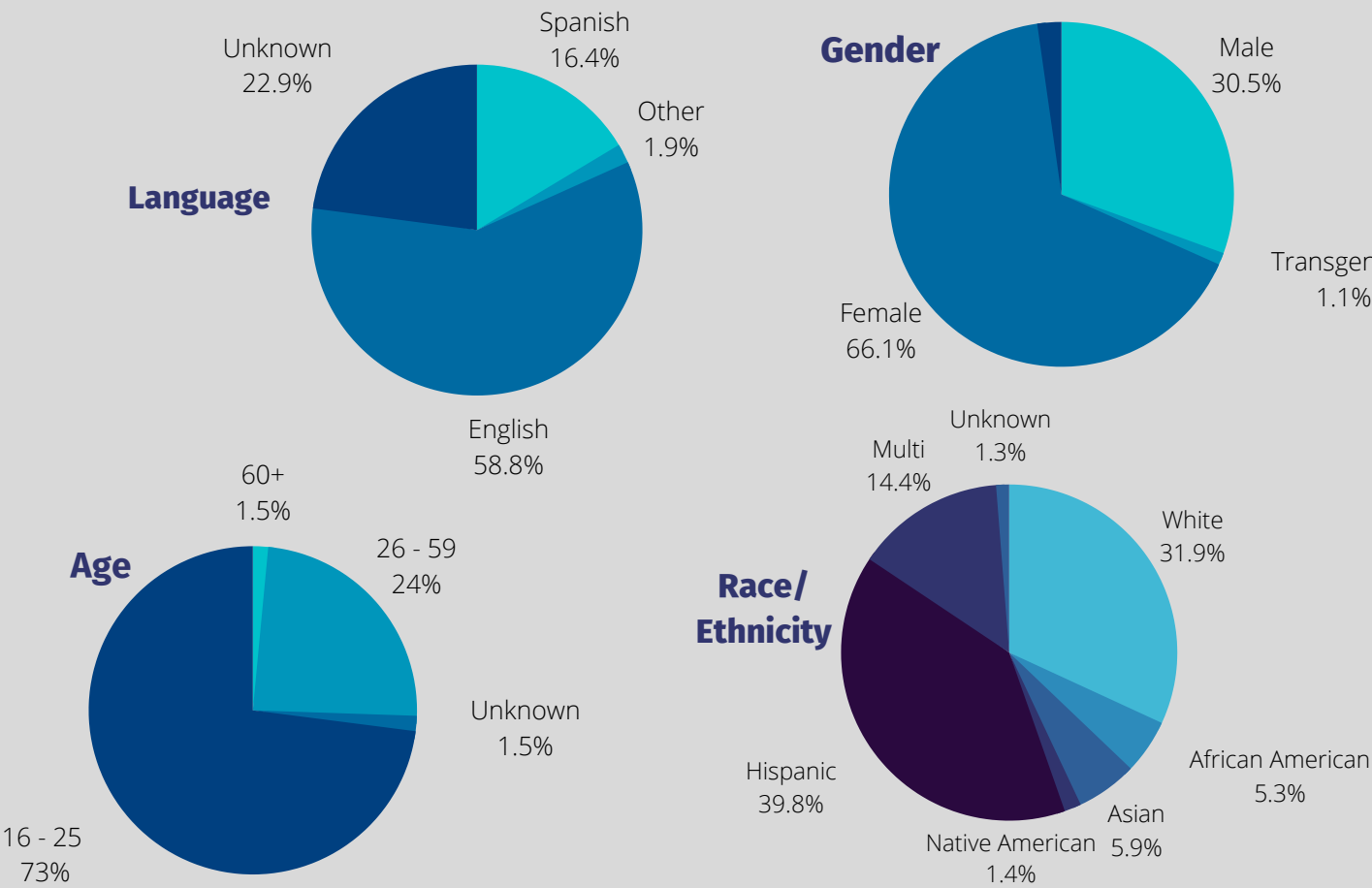
The County’s direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families.

Santa Rosa Junior College - People Empowering Each Other to Realize Success

The Prevention and Early Intervention (PEI) Program, based in the Santa Rosa Junior College (SRJC) Student Health Services department, uses a comprehensive approach to assist the college community in identifying and responding to students experiencing significant mental health problems, and to promote mental health and reduce stigma across the college. Student outreach efforts are focused on reaching transition age youth through orientations and first year experience courses. Online mental health screenings, educational content, and trainings are made available to all students.

Total number served in FY 19-20 (service contacts - duplicated): **799**

SRJC PEERS - FY 19-20 Demographics



Organized activities that the County undertakes to prevent suicide as a consequence of mental illness.

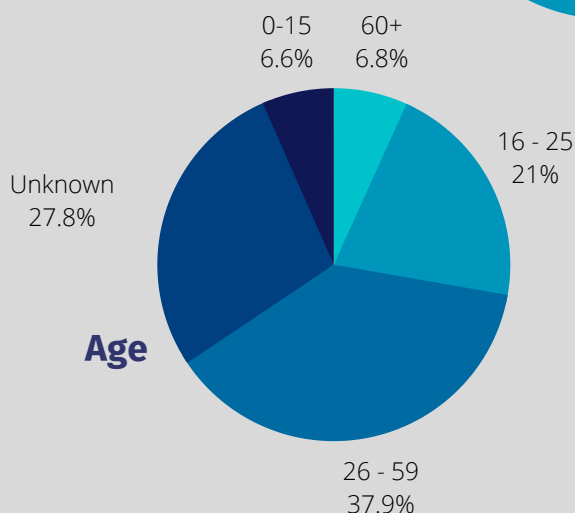
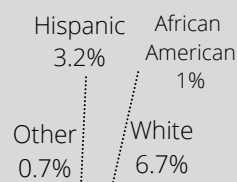
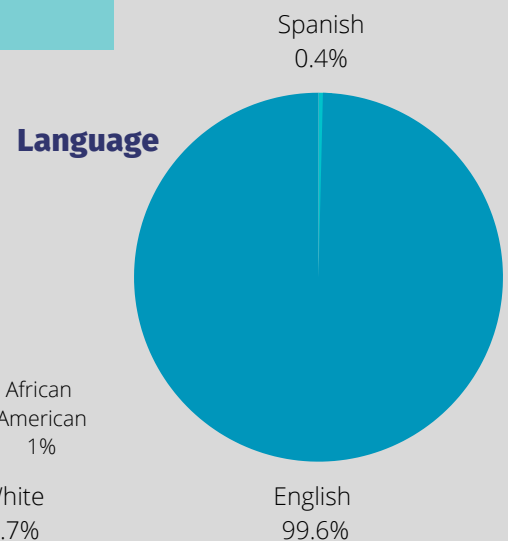
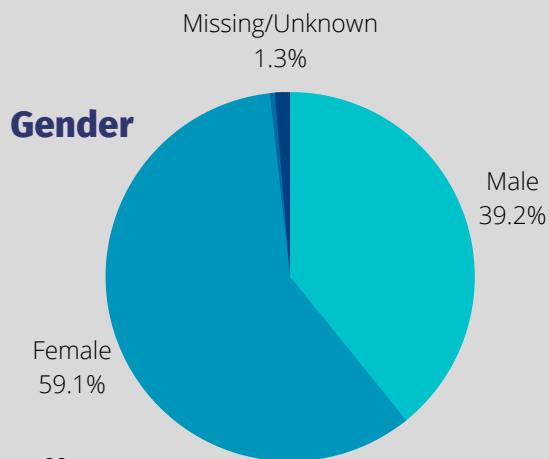
Buckelew Programs - North Bay Suicide Prevention Program (NBSPP)

The North Bay Suicide Prevention (NBSP) Hotline of Sonoma County, a program of Buckelew Programs, provides 24/7 suicide prevention and crisis telephone counseling. The Hotline's highly trained and supervised phone counselors provide crisis prevention and intervention to people in distress and/or their family and friends.

Counselors help to enhance the callers' coping and problem-solving skills, giving people in crisis alternatives to violence to themselves or others and relief from the profound isolation of crisis, loss and/or chronic mental illness. Accredited by the American Association of Suicidology, the Hotline has been part of the National Suicide Prevention Lifeline (a toll free national number that connects callers to their closest certified crisis line) since its inception in 2005. The NBSP Hotline responds to calls from Sonoma County made to the National Lifeline.

Total number served in FY 19-20 (total number of calls received): 1820

Buckelew's NBSPP - FY 19-20 Demographics



Innovation (INN)

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.

In FY 19-20, DHS-BHD did not have any projects/programs funded through the Innovation component.

For a list of Innovation projects currently in development that are being implemented in FY 20-21, see page 58.



Workforce Education and Training (WET)

The goal of the WET component is to develop a diverse workforce. Individuals with lived mental health experience and DHS BHD staff and contractors are given training to promote wellness and other positive mental health outcomes. WET funds are also used to promote and expand the cultural responsiveness of DHS BHD.



Workforce Education and Training (WET)

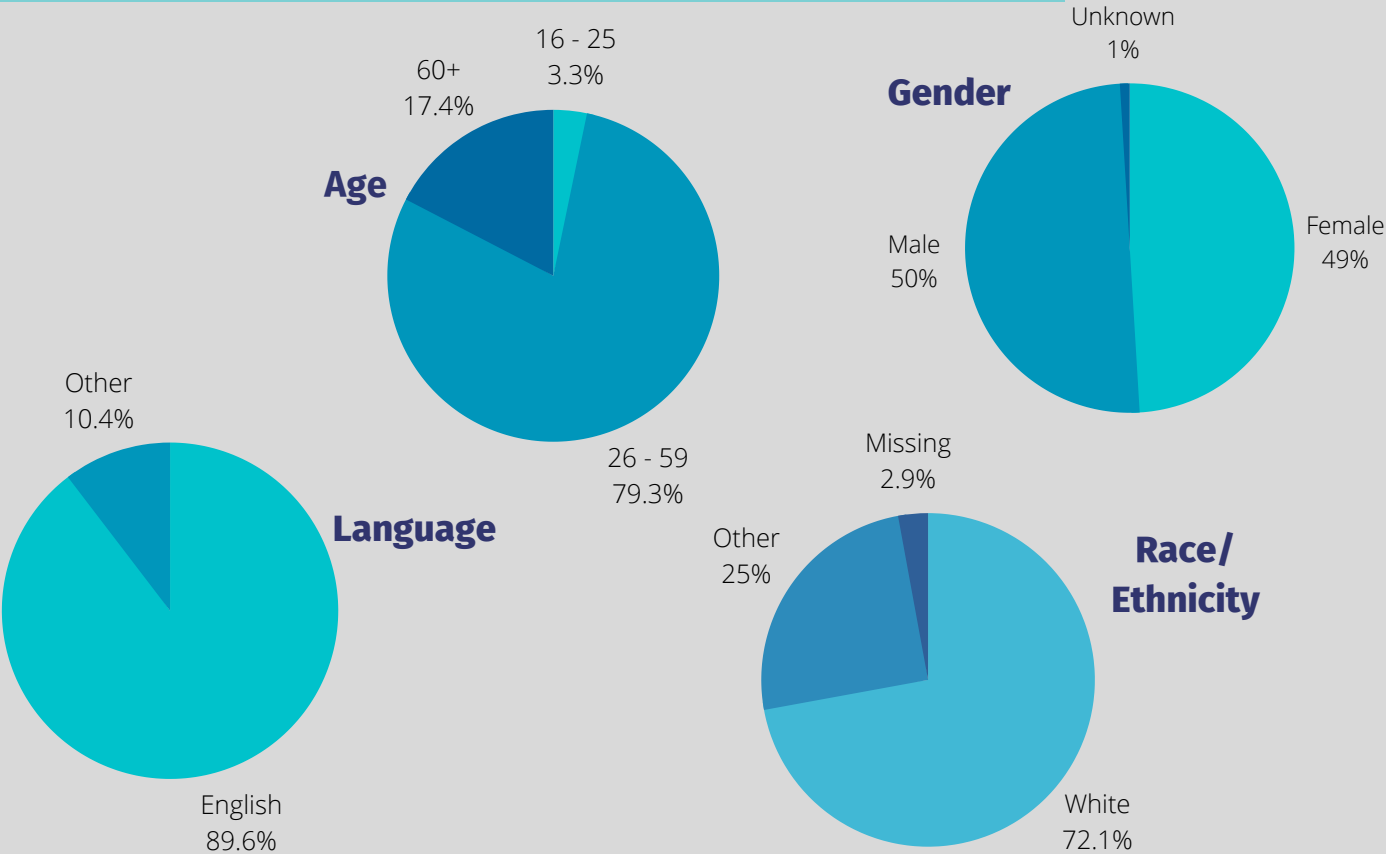
Goodwill Industries – Peer Education and Training (PET) Program

The Peer Education and Training (PET) Program provides workforce development opportunities with a peer perspective to support system transformation and a recovery vision that is consumer-driven and holistic in its services and supports. PET collaborates with the community to create awareness of opportunities for involvement in transformation activities to increase knowledge of, and participation in the development and provision of mental health services. Additionally, the program recruits, engages, supervises and supports consumers as volunteers and interns in mental health agencies and organizations. PET provides education, employment, promotion of mental health system transformation through peer participation in quality improvement activities, and expands awareness of mental health recovery to all segments of the mental health community.

Total number served in FY 19-20
(aggregate of quarterly reports): **104**



PET Program FY 19-20 Demographics



Performance Outcomes/Notable Accomplishments in FY 19-20:

Measure	Total Number
# of students trained in mental health recovery and resiliency, communication, boundaries, codependency, co-occurring disorders, stigma, cultural responsiveness, crisis intervention and suicide prevention, emotional literacy, compassion fatigue and job satisfaction, Wellness Recovery Action Plan, PTSD, trauma-informed care, self-care, advocacy, community resources, employment in the mental health workforce, and more	18*
# of Peer Support Specialist Training graduates enrolled in internships	5*
# peers that received notifications of peer employment opportunities via e-mail	70*
# peer employment seekers that were able to broaden their job-seeking skills, make decisions regarding applying for jobs, access employment resources, and submit quality application materials to prospective employers	7*
# sessions of peer employee support group	19*
# of attendees per presentation on peer employment and educational opportunities	2*
# of mental health providers trained on peer issues	0*
# of attendees of mental health recovery presentations	35*

*Due to covid-19, numbers were affected by group suspensions, presentation cancellations, internships put on hold, and virtual activities.

WET Coordinator

In FY 19-20, the WET Coordinator managed several training programs and community events to further DHS-BHD's goals in the following Domains: System Level Support, Career Pathways and Pipeline Program, Staff Skill Development, and Workforce Diversification.

Starting in FY 20-21, a Diversity, Equity, and Inclusion (DEI) Development Manager will be hired. Historically, this position has been referred to as the Ethnic Services Manager (ESM). Each county Mental Health Plan (MHP) in California (CA) has an ESM and this position reports directly to the Behavioral Health Director.

WET Coordinator (cont'd)

The Ethnic Services Manager is responsible for ensuring that counties meet cultural and linguistic competence standards in the delivery of community based mental health services. ESMs function as the liaison between the county and the key cultural groups in their communities and historically has been tasked with the development and submission of CA county's cultural competence plans consistent with Cultural Competency Plan Requirement (CCPR) standards and criteria (per CCR9, 1810.410). The original CCPR (2002), addressed only Medi-Cal Specialty Mental Health Services, but was revised in 2010 and is designed to address all mental health services and programs throughout the County Mental Health System. In Sonoma, with the advent of this new position, the DEI Development Manager will also address substance use disorders services and programs.

The Sonoma County Behavioral Health Division DEI Development Manager position is responsible for ensuring behavioral health services are provided in a culturally appropriate manner to the diversity of our clientele. This involves participation in a number of cross cutting areas in the division. That includes:

- Policy Development: ensuring division policies are nondiscriminatory and inclusive;
- Workforce, Education, and Training: developing a workforce pipeline to diversify the incoming behavioral health workforce that includes participation in the development of strategies related to recruitment, hiring, on-boarding, training, support, and retention practices and ensuring the current behavioral health workforce is appropriately attending to the needs of our diverse clientele;
- Program Design and Development: participation in program design and development to control for bias and ensure equity and cultural relevance in service provision;
- Leadership Development: Strengthening management and administrative performance;

The DEI Development Manager will manage training programs and community events to further DHS-BHD's goals in the following Domains: System Level Support, Career Pathways and Pipeline Program, Staff Skill Development, and Workforce Diversification.

DHS-BHD Workforce Education and Training (WET) Activities

In FY 19-20, the WET Coordinator managed several training programs and community events to further DHS-BHD's goals in the following Domains: System Level Support, Career Pathways and Pipeline Program, Staff Skill Development, and Workforce Diversification.

Domain	Programs/events/goals
System Level Support	<ul style="list-style-type: none"> • Accreditation (BRN, CAMFT, CCAPP)
Career Pathways	<ul style="list-style-type: none"> • Pipeline Programs • Career & Internship Fairs
Staff Skill Development	<ul style="list-style-type: none"> • Staff Development Trainings
Workforce Diversification	<ul style="list-style-type: none"> • Mi Futuro Event

System Level Support: Accreditation

At the onset of FY 19-20, BHD maintained accreditation through the Board of Registered Nursing (BRN), the California Association of Marriage and Family Therapists (CAMFT) and California Consortium of Addiction Programs and Professionals (CCAPP) for the license types listed below, and provides Continuing Education Units (CEUs) for these license types:

BRN	CAMFT	CCAPP
<ul style="list-style-type: none"> • Licensed Vocational Nurse (LVN) • Licensed Psychiatric Technician (LPT) • Registered Nurse (RN) • Public Health Nurse (PHN) • Nurse Practitioner (NP) • Psychiatric Nurse Practitioner (PNP) 	<ul style="list-style-type: none"> • Licensed Clinical Social Worker (LCSW) • Licensed Marriage and Family Therapist (LMFT) • Licensed Professional Clinical Counselor (LPCC) • Licensed Educational Psychologist (LEP) 	<ul style="list-style-type: none"> • Registered Alcohol Drug Technician (RADT) • Certified Alcohol Drug Counselor I (CADC-I) • Certified Alcohol Drug Counselor II (CADC-II) • Licensed Advanced Alcohol Drug Counselor (LAADC) • Licensed Advanced Alcohol Drug Counselor Supervisor (LAADC-S)

Career Pathways and Pipeline Program

The WET Coordinator continued the Internships and Traineeship program to assist staff in obtaining clinical licensure and to develop pipeline programs with participating universities. This included a Licensure Support Program, Group Clinical Supervision, and Educational Outreach Events.

Pipeline Program

The WET Coordinator planned and participated in several community career events at both the high school and college level. Particular focus was given to encouraging Latino and bi-lingual students to consider Behavioral Health as a career option.

Participating Universities

Program Category	Participants
Nursing Programs	<ul style="list-style-type: none"> • Sonoma State University (SSU) • Santa Rosa Junior College (SRJC)
Social Work Programs	<ul style="list-style-type: none"> • California State Long Beach • San Francisco State University (SFSU) • Humboldt State • San Jose State University • University of Southern California • Berkeley
MFT Programs	<ul style="list-style-type: none"> • SSU • University of San Francisco • SFSU
Mental Health Worker Programs	<ul style="list-style-type: none"> • SSU • SRJC
Peer Provider Programs	<ul style="list-style-type: none"> • Wellness and Advocacy Center • Interlink Self-Help Center

Staff Skill Development: Staff Development Trainings

DATE	TITLE	CEUs	PRESENTER(S)	AUDIENCE
Jul 3, 2019	Staff Development: "Patients' Rights Advocacy: History, Process and Resources"	1.5	Bill SmithWaters Frank SmithWaters; SmithWaters Group	Mandatory for all Clinical Staff (if you did not attend 10/3/18)
Sep 10, 2019	AMSR: Assessing and Managing Suicide Risk	6.5	Melissa Ladrech, LMFT	Clinical Staff
Sep 13, 2019	Suicide Prevention Week: "Collaborative Crisis Management"	3.0	Elizabeth Vermilyea, PhD, Child Parent Institute	Open
Sep 24, 2019	5150 – Review of 5150's and Other Legal Holds in Mental Health	2.5	Bill SmithWaters Frank SmithWaters; SmithWaters Group	Staff at Aurora

Staff Skill Development: Staff Development Trainings (cont'd)

DATE	TITLE	CEUs	PRESENTER(S)	AUDIENCE
Oct 1, 2019	Child and Adolescent Assessment	3.0	Lynne Marsenich, LCSW	YFS Clinical Staff
Oct 1 & 2, 2019	Full Service Partnership Services for Children and Youth	6.0	Lynne Marsenich, LCSW	YFS Clinical Staff
Oct 2, 2019	Staff Development: "The Era of Marijuana Legalization: Research and Best Practices for Working with Adolescents and Adults"	2.0	Dr. Sarah Ferraro Cunningham, PsyD, co-founder Panaptic Dr. Richard Von Feldt, PsyD, co-founder Panaptic	Recommended for All Staff
Nov 6, 2019	Staff Development: "Notice of Adverse Benefit Determination (NOABD) Issuance and Tracking"	2.0	Katrina Surprise, LCSW Wendy Wheelwright, LMFT	Mandatory for all Clinical Staff and All Clerical-Clinical Support Staff
Dec 17 2019	5150 – Review of 5150's and Other Legal Holds in Mental Health	2.5	Bill Smith Waters Frank SmithWaters; SmithWaters Group	Clinical Staff
Jan 8, 2020	Staff Development: "Clients Rights: Grievances and Beneficiary Requests for Service Procedures"	2.0	Katrina Surprise, LCSW Shannon Beaudoin, LMFT Christine Thomas, LMFT	Behavioral Health Clinical and Clerical Staff

Staff Skill Development: Staff Development Trainings (cont'd)

DATE	TITLE	CEUs	PRESENTER(S)	AUDIENCE
Jan 8, 2020	Contractor Development: "Grievances, NOABDs and Beneficiary Requests for Service – Policy and Procedures"	2.0	Katrina Surprise, LCSW Shannon Beaudoin, LMFT Christine Thomas, LMFT	SCBH Contractors
Jan 10, 2020	Managers Meeting: "Clients Rights: Grievances and Beneficiary Requests for Service Procedures"	1.5	Katrina Surprise, LCSW	SCBH Managers
Jan 28, 2020	5150 – Review of 5150's and Other Legal Holds in Mental Health	2.5	Bill SmithWaters Frank SmithWaters; SmithWaters Group	Licensed Staff
Feb 11, 2020	5150 – Review of 5150's and Other Legal Holds in Mental Health	2.5	Bill SmithWaters Frank SmithWaters; SmithWaters Group	Staff at Aurora
Feb 19, 2020	Staff Development: "Law & Ethics"	6.0 3.0 - RNs	Linda Garrett, JD; Garrett Consulting Group, LLC	Mandatory for all Staff
Mar 11, 2020	Staff Development" Behavioral Health and Culture"	2.0	Yatviel Owens, MSW Jessica Hetherington, SSWII	Mandatory for all Staff
Apr 28, 2020	5150 – Review of 5150's and Other Legal Holds in Mental Health	2.0	Bill SmithWaters Frank SmithWaters; SmithWaters Group	SCBH Clinical Staff (using Zoom)

Staff Skill Development: Staff Development Trainings (cont'd)

DATE	TITLE	CEUs	PRESENTER(S)	AUDIENCE
May 7, 2020	5150 – Review of 5150's and Other Legal Holds in Mental Health	2.0	Bill SmithWaters Frank SmithWaters; SmithWaters Group	Staff at Designated Sites (using Zoom)
May 26, 2020	5150 – Review of 5150's and Other Legal Holds in Mental Health	2.0	Bill SmithWaters Frank SmithWaters; SmithWaters Group	Staff at Kaiser (using Zoom)
May 28, 2020	5150 – Review of 5150's and Other Legal Holds in Mental Health	2.0	Bill SmithWaters Frank SmithWaters; SmithWaters Group	Staff at Kaiser (using Zoom)
June 2, 2020	5150 – Review of 5150's and Other Legal Holds in Mental Health	2.0	Bill SmithWaters Frank SmithWaters; SmithWaters Group	Staff at Kaiser (using Zoom)
June 4, 2020	5150 – Review of 5150's and Other Legal Holds in Mental Health	2.0	Bill SmithWaters Frank SmithWaters; SmithWaters Group	Staff at Kaiser (using Zoom)
June 18, 2020	5150 – Review of 5150's and Other Legal Holds in Mental Health	2.0	Bill SmithWaters Frank SmithWaters; SmithWaters Group	Staff at Kaiser (using Zoom)
June 23, 2020	5150 – Review of 5150's and Other Legal Holds in Mental Health	2.0	Bill SmithWaters Frank SmithWaters; SmithWaters Group	Staff at Kaiser (using Zoom)

DHS-BHD WET Activities (cont'd)

Community Collaboration

Suicide Prevention

DHS-BHD continued its dedicated efforts to reduce suicide in Sonoma County. An AMSR (Assessing and Managing Suicide Risk) training was provided to staff and contractors.

Assessing and Managing Suicide Risk (AMSR)

AMSR is a one-day training workshop for behavioral health professionals. The 6.5-hour training program is based on the latest research and designed to help participants provide safer suicide care. AMSR presents five of the most common dilemmas faced by providers and the best practices for addressing them. DHS-BHD has dedicated trainers providing this training to new staff and to contract providers.

Workforce Diversification

Mi Futuro Event

The WET Coordinator worked with Latino Service Providers and with Santa Rosa Junior College to plan and sponsor the third annual Mi Futuro Event. This career fair targeted high school and college students who are bilingual or bicultural to promote interest in health care careers, including nursing, behavioral health, dentistry, and lab sciences.



Capital Facilities and Technological Needs (CFTN)

Works towards the creation of facilities that are used for the delivery of MHSA services to mental health clients and their families, or for administrative offices. Funds may also be used to support an increase in peer-support and consumer-run facilities, development of community-based settings, and the development of a technological infrastructure for the mental health system to facilitate the highest quality and cost-effective services and supports for clients and their families.



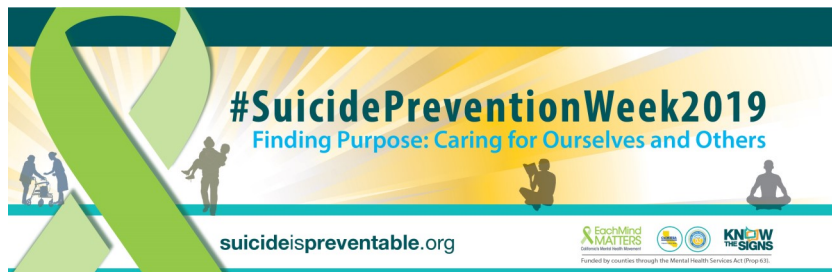
in FY 19-20, the following projects were funded under the CFTN component:

Provider	Project	Description
NetSmart	Avatar electronic health record (EHR)	Implementing fully integrated Electronic Health Record
FEI	Sonoma Web Infrastructure for Treatment Services (SWITS)	Database for tracking demographics and outcomes
A.J. Wong, Inc.	Data Collection Assessment and Reporting (DCAR)	Database for client CANS (Child and Adolescent Needs and Strengths) and ANSA (Adult Needs and Strength Assessment) assessments, reassessment and closing assessments

Appendix 1 - FY 19-20 MHSA Newsletters



WELLNESS • RECOVERY • RESILIENCE



Suicide Prevention Week is September 8th-14th, 2019

During this week individuals and organizations around the country join their voices to broadcast the message that suicide can be prevented, and to reach as many people as possible with the tools and resources to support themselves and those around them. The theme of **Suicide Prevention Week** is **Finding Purpose: Caring for Ourselves and Others**. It truly takes whole communities joining together to make a difference – from individuals and families to workplaces, government agencies, and community organizations.

For a listing of the various suicide prevention activities and events scheduled for Suicide Prevention Week in Sonoma County, see the Suicide Prevention Week Calendar 2019:

<http://sonomacounty.ca.gov/WorkArea/DownloadAsset.aspx?id=2147577924>

In support of Suicide Prevention Week and **World Suicide Prevention Day** (September 10), Each Mind Matters: California's Mental Health Movement has created the 2019 Suicide Prevention Activation Kit (www.eachmindmatters.org/spw2019/), which includes information on:

- Suicide prevention tools for the general public
- Messaging and working with the media
- A coaster and coffee sleeve activity
- Loteria activity
- First responders
- Self care resources
- Older adults
- Activities and resources for schools



For more information on how to recognize the warning signs of suicide, how to find the words to have a direct conversation with someone in crisis and where to find professional help and resources, visit Know the Signs at www.suicideispreventable.org/.

Suicide & the Elderly: Risks & Prevention



Wednesday, 9/18/19, 5:30-7:00 p.m.

**Person Senior Wing, The Finley Center
2060 College Avenue, Santa Rosa**

Presentation & panel discussion will follow an open meeting of the Sonoma County Mental Health Advisory (MH) Board at 5:00-5:30 p.m.

A community forum organized by the MH Board for community members, family members and caregivers, providing practical information on risk factors, early recognition and prevention

Featured Speaker: Patrick Arbore, EdD
Founding Director, Center for Elderly Suicide Prevention, Institute on Aging, San Francisco

Sonoma County MHSA Innovation 2020

Each year, 5% of the County's Mental Health Services Act dollars are set aside to fund Innovative Projects that the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports.

Sonoma County is currently in the Community Planning Process with stakeholders and the community to identify new Innovation Projects. The Department of Health Services Behavioral Health Division (DHS-BHD) is currently accepting applications for project proposals.
(continued on page 2)

MHSA Three-Year Planning Process for Fiscal Year 2020-2023

In July of 2019, the County of Sonoma Department of Health Services Behavioral Health Division (DHS-BHD) started building the basis for the MHSA Three-Year Plan for FY 20-23 by embarking on a comprehensive capacity assessment of Sonoma County's MHSA-funded system of care. DHS-BHD will partner with stakeholders throughout the three-year planning and capacity assessment process and will elicit meaningful stakeholder involvement on mental health program planning, implementation, monitoring, quality improvement, evaluation, and budget allocations.



The MHSA Steering Committee has established a Capacity Assessment Subcommittee that is collaborating

with Resource Development Associates (RDA) to engage in a needs analysis of the system of care. This process will initially gather data to build a foundation of knowledge and materials from which to guide the assessment process. The assessment will be designed to develop a shared understanding of the primary issues facing DHS-BHD and explore stakeholder perspectives about critical gaps and needs as well as areas of strength. The capacity assessment will include the following activities:

- Data and Documentation Review
- Key Informant Interviews
- System of Care Discussions
- System Mapping
- Focus Groups
- Community Survey
- Data Analysis
- Final MHSA Assessment

This targeted analytic process will provide DHS-BHD with a deeper understanding of the underlying dynamics necessary to develop actionable and feasible strategies and approaches to strengthen the MHSA-funded system of care and design the Three-Year Plan for FY 20-23.

7th Annual Santa Rosa Out of the Darkness Community Walk

When you walk in the Out of the Darkness Walks, you join the effort with hundreds of thousands of people to raise awareness & funds that allow the American Foundation for Suicide Prevention (AFSP) to invest in new research, create educational programs, advocate for public policy, & support survivors of suicide loss. This year's Santa Rosa Community Walk will take place on October 12, 2019 at Howarth Park! Registration/check-in begins at 8am & the walk begins at 9am. For more information, to register, or to donate, go to: www.afsp.org/santarosa

(continued from page 1)

-posals. The application, scoring criteria and Frequently Asked Questions (FAQs) are all available on the MHSA website under the "Innovation 2020" heading at www.sonoma-county.org/MHSA.

DHS-BHD is also holding five public Community Outreach and Education sessions in different geographical locations throughout the county. Meetings will include a brief MHSA overview, definition of innovation projects, available funding, timeframe, and review of application materials. A schedule of sessions can be found at the link above.

Melissa Ladrech is the new MHSA Coordinator



Melissa Ladrech is a Licensed Marriage and Family Therapist and serves as the MHSA Coordinator for DHS-BHD. Melissa is responsible for preparing the MHSA Three-Year Plans and Annual Updates, as well as facilitating the MHSA Steering Committee, Innovation 2020, the Capacity Assessment, and the ongoing Community Planning Process. Melissa

also serves as the Ethnic Services Manager and the Behavioral Health Coordinator for the Crisis Intervention Training for Law Enforcement.

She joined the County of Sonoma in 2015 and has been the Workforce, Education and Training (WET) and Quality Improvement (QI) Manager. Prior to joining the County, Melissa was the project coordinator for North Bay Suicide Prevention (NBSP) Project, where she worked closely with six North Bay counties to improve suicide prevention practices & implement a wide range of trainings & community awareness events.

For more information about MHSA programs and services, or to submit updates, events, success stories, or other content for this newsletter, please email MHSA@sonoma-county.org. To sign up for this newsletter, go to: www.sonoma-county.org/mhsa.

Appendix 2 - CalMHSA Sonoma County Impact Statement FY 19-20



WELLNESS • RECOVERY • RESILIENCE

SONOMA COUNTY

Sonoma County contribution to the PEI Project in FY 19/20: \$161,971.20

The PEI Project: Achieving More Together

In Fiscal Year 19/20, 47 counties collectively pooled local Prevention and Early Intervention (PEI) funds through the California Mental Health Services Authority (CalMHSA) to support the ongoing implementation of the PEI Project. The PEI Project is publicly known as *Each Mind Matters: California's Mental Health Movement*, which represents an umbrella name and vision to amplify individual efforts from the county and other organizations that are taking place across California under a united movement to reduce stigma and discrimination and prevent suicides.

Strategies of the PEI Project in Fiscal Year 19/20

Funding to the PEI Project supported programs such as:

- Expanding public awareness and education campaigns
- Creating new outreach materials for diverse audiences
- Providing technical assistance and outreach to county agencies, schools, and community-based organizations
- Providing mental health/stigma reduction trainings to diverse audiences
- Engaging youth through the Directing Change program
- Building the capacities of schools to address mental health, stigma reduction, and suicide prevention

Projected Outcomes of the PEI Project

Changing the current culture around mental health and suicide prevention requires a long-term commitment and an ongoing investment in the unprecedented statewide investment in strategies implemented by the PEI Project. PEI will result in larger social impact (e.g., changing attitudes, increasing knowledge, and modifying behaviors) by implementing programs that can benefit counties regionally and statewide, procuring resources at lower cost (e.g., cost efficiencies), and ultimately making a significant impact on preventing mental illnesses from becoming severe.

Projected 10-year outcomes:

- Increased intervention and provision of support by a community helper
- Increased proactive inclusion of individuals with mental health challenges
- Increased community encouragement and acceptance of seeking services early
- Increased knowledge and skills for recognizing and facilitating help seeking

Projected 20-year outcomes:

- Reduced discrimination against persons with mental illnesses
- Reduced social isolation, self-stigma, and suicidal behavior
- Improved functioning at school, work, home, and in the community
- Reduced societal costs related to untreated mental illness

The following information provides a comprehensive summary of activities that were implemented by CalMHSA PEI Project contractors and their subcontractors in FY 19/20:

CONTRACTOR NAME:	CONTRACTOR STRATEGY:
RSE	<ul style="list-style-type: none"> Disseminate existing EMM materials Create EMM materials, including May is Mental Health Month toolkit Maintain EMM family of websites Propose strategic statewide media buys to reach diverse populations
The Directing Change Program and Film Contest	<ul style="list-style-type: none"> Inspire youth to create a 60-second Public Service Announcement video to prevent suicide or help change minds about mental health Disseminate materials Train judges Implement awards ceremony Provide mini-grants
Your Social Marketer (YSM)	<ul style="list-style-type: none"> Provide technical assistance and resource navigation to contributing counties Provide training Disseminate materials
NAMI California	<ul style="list-style-type: none"> Provide sponsorships and mini-grants Disseminate materials Coordinate and expand NAMI on Campus High School Clubs
Active Minds	<ul style="list-style-type: none"> Technical assistance and support to Active Minds chapters Provide training & presentations Provide mini-grants Provide outreach & engagement
Foundation for California Community Colleges (FCCC)	<ul style="list-style-type: none"> Engage students Provide mini-grants and sponsorships Disseminate materials Maintain CCC Health & Wellness project website Provide training and technical assistance
RAND Corporation	<ul style="list-style-type: none"> Provide expertise and strategic guidance to CalMHSA Provide evaluation
Each Mind Matters (EMM) Outreach & Engagement	<ul style="list-style-type: none"> Provide outreach and engagement Disseminate materials Create strategic opportunities
The Social Changery	<ul style="list-style-type: none"> Provide technical assistance and resource navigation to community-based organizations Provide outreach and engagement Disseminate materials Provide mini-grants and sponsorships

Organizations Reached

In FY 19/20, 6 local schools and organizations received outreach materials, a training, technical assistance or a presentation about stigma reduction, suicide prevention, and/or student mental health through the collective efforts of all programs implemented under the PEI Project. Specific activities and organizations reached within Sonoma County include:

K-12 Schools and Systems:

- Cloverdale High School
- El Molino High School
- Sonoma Valley High School

Local Community-Based Organizations:

- Latino Service Providers
- NAMI Sonoma County

Colleges and Universities:

- Santa Rosa Junior College

Training, Presentations, and Outreach

Trainings, presentations, and other forms of in-person and virtual outreach provide additional skills and knowledge to communities about stigma reduction and suicide prevention. Multitudes of individuals were reached through trainings, presentations, and various outreach efforts with stigma reduction, suicide prevention, and student mental health messages, resources, tools, and materials through the collective efforts of all programs implemented under the PEI Project. These include:

- **NAMI California Youth Mental Health Symposium Scholarships:** Due to COVID-19, the Youth Symposium was switched to a Zoom format and consisted of two workshops, a Taking Action Panel, and a School-Based Peer Supports Panel.
 - Number of attendees from your county: 2
- **Directing Change Judges Training:** Directing Change hosted a series of webinar-based judge trainings, which included a curriculum based upon the Safe and Effective Messaging for Suicide Prevention, and information from NAMI California, which included participation from a member or members from your county.

Technical Assistance

Technical assistance (TA) is provided by all PEI Project contractors, each targeting a different audience. TA includes providing crisis support, capacity building, guidance, and resource navigation on stigma reduction, suicide prevention, and student mental health. It also includes building and maintaining a statewide network of providers and organizations who collaborate and learn from each other to implement more effective efforts and reach broader audiences. In addition, an Each Mind Matters Resource Navigation Team member provides regular communication in the form of in-person meetings, phone calls, and TA emails covering a range of topics with practical tools and information. During the FY 19/20, 49 TA emails covered topics such as Suicide Prevention month, week and day, SanaMente, a Holiday series, self-care during the COVID-19 pandemic, May is Mental Health Month, and more. During FY 19/20, specific TA consultations included:

Technical Assistance to Counties

- TA Support included:
 - The EMM Team participated in a phone call utilizing webinar software (for screen sharing) with staff from **Sonoma County** Department of Health Services Behavioral Health Division and staff from Buckelew Suicide Prevention Program to share slides, provide content and talking points for conducting media trainings on suicide prevention. The EMM Team provided guidance on effective strategies for engaging media, as well as help staff from both agencies to develop talking points for media trainings. (YSM, 9.3.2019)

EMM Webinars throughout FY 19/20 *(all recordings can be found on the EMM Resource Center):*

- Suicide Prevention and First Responders
- Building Resiliency: Self-Care
- New Practices for Serving LGBTQ+ Communities
- Building Resiliency: In Communities
- May Activation Kit
- Responses to COVID-19 for CBOs
- Addressing Mental Health Disparities and Social Determinants of Health During and Following COVID-19
- Self-Care During Physical Distancing
- Suicide Prevention Activation Kit
- For Educators: Mental Health Strategies to Support Students

Material Dissemination

All materials mentioned below, and more, can be found on the [EMM Resource Center](#).

Materials & Resources Created throughout FY 19/20:

- Tips for Self-Care During COVID-19 [Infographic](#): adapted into 13 different languages (Arabic, Chinese – Simplified and Traditional, Farsi, Hmong, Khmer, Korean, Lao, Punjabi, Russian, Spanish, Tagalog, and Vietnamese)
- COVID-19 Response [Collection](#)
- May is Mental Health Month Activation [Kit](#)
- Suicide Prevention Activation [Kit](#)
- [Resources](#) for Suicide Prevention for First Responders

Materials Disseminated:

- 3,084 Lime Green Promotional Materials
- 848 EMM Educational Materials
- 1,962 Directing Change Materials
- 5,605 Other
- 26 California Community Colleges Student Mental Health Materials

Materials Translated into the Following Languages:

- 7,925 English
- 3,214 Spanish



Mini-Grants and Sponsorships

As a part of the PEI Project, mini-grants and sponsorships are awarded to local community-based organizations, schools, and clubs/chapters/affiliates to grow the Each Mind Matters movement across the state through increasing reach and dissemination and implementing community events and activities. Mini-grants and sponsorships awarded in your county during FY 19/20 include:

- **Each Mind Matters SanaMente Mini-Grant:** Awardees of this mini-grant were to promote mental health awareness, suicide prevention, and reduce the stigma and discrimination associated with mental health challenges specific to Latinx communities. Due to COVID-19, previously scheduled grantee activities were modified, in which the EMM Team provided individual TA to support grantees.
 - Awarded CBO(s): Sonoma Valley High School
- **Each Mind Matters *The S Word* Sponsorship:** Awardees of this mini-grant received a DVD of *The S Word*, a public film screening license, event facilitation guidelines and materials, and a sponsorship payment to support direct costs related to the event, as well as EMM resources. Due to COVID-19, awardees submitted their plan to completing grant requirements when the timing is appropriate.
 - Recipient: Santa Rosa Junior College

Directing Change

The Directing Change program offers young people the exciting opportunity to participate in the movement by creating 60-second films about suicide prevention and mental health that are used to support awareness, education, and advocacy efforts on these topics. NORC at the University of Chicago conducted a comprehensive cross-sectional control study in 2017. Findings from the study found Directing Change to be highly effective in increasing knowledge, behavior and attitudinal outcomes related to suicide prevention and mental health, and demonstrated changes in school climate. In addition to providing technical assistance and social media engagement:

- Participating schools: Cloverdale High School, El Molino High School, Santa Rosa Junior College, Latino Service Providers
- Total number of films submitted: 5
- Total number of youths participating: 24
- Web Sessions: 195

Appendix: Statewide Outcomes to Date

Outcomes to Date

Since counties began pooling funds through CalMHSA to implement the PEI Project in 2011, the following short-term outcomes have been achieved. Given the outcomes so far, independent evaluators of the PEI Project, the RAND Corporation, have identified the following outcomes from the PEI Project:

- 15.4% more Californians exposed to Each Mind Matters turn to help for mental health challenges.
- Over 50% of Californians were exposed to Know the Signs.
- Individuals exposed to the Know the Signs campaign report higher levels of confidence to intervene with someone at risk for suicide.¹
- The Know the Signs campaign was rated by experts to be aligned with best practices and be one of the best media campaigns on the subject.²
- 87% of students have a better understanding of mental illness and suicide after participating in Directing Change.⁵
- 97% of students who participated in Directing Change pledged to support a friend with a mental health challenge.⁶
- The Directing Change Program has seen a 107% increase in participation from 2013 to 2020.
- “Evidence Supports Social Marketing of Mental Health Treatment: California’s Mental Illness Stigma Reduction Campaign” a paper by Dr. Rebecca Collins of RAND which evaluates Each Mind Matters, was accepted by the American Journal of Public Health (AJPH) and published in June 2019. Read here: <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2019.305129>

¹ https://www.rand.org/pubs/research_reports/RR1134.html

² https://www.rand.org/pubs/research_reports/RR818.html

³ <http://walkinourshoes.org/content/NORCReportonWIOSWebsite.pdf>

⁴ <http://walkinourshoes.org/content/NORCReportonWIOSWebsite.pdf>

⁵ <http://www.directingchange.org/wp-content/uploads/CalMHSA%20DC%20Eval%20Report.pdf>

⁶ <http://www.directingchange.org/wp-content/uploads/CalMHSA%20DC%20Eval%20Report.pdf>

⁷ https://www.rand.org/pubs/research_reports/RR954.html

⁸ https://www.rand.org/pubs/research_reports/RR954.html

STATEWIDE

The PEI Project: Achieving More Together

In Fiscal Year 19/20, 47 counties collectively pooled local Prevention and Early Intervention (PEI) funds through the California Mental Health Services Authority (CalMHSA) to support the ongoing implementation of the PEI Project. The PEI Project is publicly known as *Each Mind Matters: California's Mental Health Movement*, which represents an umbrella name and vision to amplify individual efforts from the county and other organizations that are taking place across California under a united movement to reduce stigma and discrimination and prevent suicides.

Strategies of the PEI Project in Fiscal Year 19/20

Funding to the PEI Project supported programs such as:

- Expanding public awareness and education campaigns
- Creating new outreach materials for diverse audiences
- Providing technical assistance and outreach to county agencies, schools, and community-based organizations
- Providing mental health/stigma reduction trainings to diverse audiences
- Engaging youth through the Directing Change program
- Building the capacities of schools to address mental health, stigma reduction, and suicide prevention

Statewide achievements in FY 2019-2020

The effects of the Statewide PEI Project go beyond county lines. Influencing all Californians in the message of Each Mind Matters is critical for creating a culture of mental wellness and wellbeing regardless of where individuals live, work or play. Key statewide achievements of the Statewide PEI Project in FY 2019-2020 include:

- Over 250,000 Lime Green Ribbons disseminated throughout the state
- Almost 1 million hardcopy materials were disseminated in counties, schools, and CBOs
- Over \$80,000 in mini-grant funds were provided to CBOs, NAMI affiliates, Active Minds Chapters and Community Colleges to host community outreach events utilizing Each Mind Matters resources and messaging
- The Directing Change Program received over 1,000 videos submissions from almost 200 schools across California, engaging over 3,400 students
- 5 new Each Mind Matters culturally adapted resources were developed
- 29 news broadcasts, news articles and radio reports discussed programs implemented by the Statewide PEI Project
- Over 500 county agencies, schools, local and statewide organizations across California were touched by programs implemented by the Statewide PEI Project

The following information provides a comprehensive summary of activities that were implemented by CalMHSA Statewide PEI Project contractors and their subcontractors in 2019-2020:

CONTRACTOR NAME:	CONTRACTOR STRATEGY:
RSE	<ul style="list-style-type: none"> Disseminate existing EMM materials Create EMM materials, including May is Mental Health Month toolkit Maintain EMM family of websites Propose strategic statewide media buys to reach diverse populations
The Directing Change Program and Film Contest	<ul style="list-style-type: none"> Inspire youth to create a 60-second Public Service Announcement video to prevent suicide or help change minds about mental health Disseminate materials Train judges Implement awards ceremony Provide mini-grants
Your Social Marketer (YSM)	<ul style="list-style-type: none"> Provide technical assistance and resource navigation to contributing counties Provide training Disseminate materials
NAMI California	<ul style="list-style-type: none"> Provide sponsorships and mini-grants Disseminate materials <p>Coordinate and expand NAMI on Campus High School Clubs</p>
Active Minds	<ul style="list-style-type: none"> Technical assistance and support to Active Minds chapters Provide training & presentations Provide mini-grants Provide outreach & engagement
Foundation for California Community Colleges (FCCC)	<ul style="list-style-type: none"> Engage students Provide mini-grants and sponsorships Disseminate materials Maintain CCC Health & Wellness project website Provide training and technical assistance
RAND Corporation	<ul style="list-style-type: none"> Provide expertise and strategic to CalMHSA Provide evaluation
Each Mind Matters (EMM) Outreach & Engagement	<ul style="list-style-type: none"> Provide outreach and engagement Disseminate materials Create strategic opportunities
The Social Changery	<ul style="list-style-type: none"> Provide technical assistance and resource navigation to community-based organizations Provide outreach and engagement Disseminate materials Provide mini-grants and sponsorships

Organizations Reached

In FY 2019-2020, more than **500** local county agencies, schools, and organizations received outreach materials, a training, technical assistance, or a presentation about stigma reduction, suicide prevention, and/or student mental health through the collective efforts of all programs implemented under the Statewide PEI Project. See Appendix A for a comprehensive list of organizations reached by the Statewide PEI Project.

Training, Presentations, and Outreach

Trainings, presentations, and other forms of in-person and virtual outreach provide additional skills and knowledge to communities about stigma reduction and suicide prevention. Multitudes of individuals were reached through trainings, presentations and various outreach efforts with stigma reduction, suicide prevention and student mental health messages, resources, tools, and materials through the collective efforts of all programs implemented under the Statewide PEI Project. These include:

- **Each Mind Matters webinars:** Online trainings available to all Californians that included more.
 - Total number of webinars implemented: 10
 - Total number of people attending the webinars: 393
 - Recording viewings: 155
- **Kognito Suicide Prevention and Mental Health trainings:** Online avatar-based suicide prevention and mental health trainings for college students, faculty and staff. All California Community Colleges staff and students were provided with the opportunity to utilize the Kognito training.
 - Total number of students, faculty and staff trained: 12,602
- **Student Wellness Ambassador Training:** Foundation for California College provide a 2 day in person training for their Student Wellness Ambassadors.
 - Total number of students trained: 20
- **Foundation for California Community Colleges Crisis Text Line:** Since the service launch in 2017, the Crisis Text Line partnership offers a no-cost 24/7 support service for students.
 - Total number of completed conversations: 13,042 (27 active rescues conducted by local law enforcement)
 - Primary issues students are texting in for: Anxiety/Stress (44.7%), Relationships (38.6%), Depression/Sadness (31.1%) and Isolation/Loneliness (16.9%)
- **NAMI Youth Symposium:** “Youth Leaders: Creating Lifelong Advocates” was held in Sacramento, CA on April 30, 2019.
 - Number of attendees from across the state: 179
 - Counties represented: 29
- **Directing Change Judges Training:** Online trainings that provided an overview of best practices in suicide prevention and mental health messaging, as a platform for judging submitted Directing Change videos.
 - Total number of people trained: 303 judges

- **Active Minds Send Silence Packing Exhibits:** There were several campuses across California that were going to receive a discounted rate for the Send Silence Packing exhibit, which publicly displays backpacks on campus grounds representing youth suicide deaths to begin a conversation about suicide prevention. Due to the events of COVID-19, all the exhibits were canceled except for the exhibits at the following 2 campuses: San Diego City College and Skyline College
- **Active Minds Speakers Program**
 - Number of Participating campuses: 9
 - Speakers: Pablo Campos, Colleen Coffey, Diana Chao, Kai Roberts, Abraham Sculley, Greg Vogt, Robyn Suchy, Becky Fein, Alison Malmon
- **EMM Learning Collaboratives:** A major focus on this year's technical assistance efforts was the implementation of two learning collaboratives. The Learning Collaborative model consisted of a combination of group learning (webinars) and individual TA. As part of the group learning each participant was required to take an active role in presenting content for a portion of one of the webinars.
 - Number of counties involved: 23
 - Modules included: Strategic Planning Framework; Using Data; Selecting Interventions; Means Safety; Population-Level Strategies, Reaching High Risk Populations, Postvention, Building and Maintaining a Coalition, Logic Models and Evaluation, and Messaging.

E-Newsletters:

- **Each Mind Matters Insiders Newsletter:** A monthly electronic newsletter created specifically for service providers that provides information about relevant resources, upcoming events and opportunities for providers to get involved in California's Mental Health Movement.
- **Each Mind Matters Community Newsletter:** A monthly electronic newsletter created for community members to engage all Californians in the mental health movement.
- **The California Community Colleges Student Mental Health Program Newsletter:** A monthly electronic newsletter that engages individuals from the California Community Colleges about mental health and includes information about Each Mind Matters resources.

Technical Assistance

Technical assistance (TA) is provided by all Statewide PEI Project contractors, each targeting a different audience. Technical assistance includes providing crisis support, capacity building, guidance, and resource navigation on stigma reduction, suicide prevention and student mental health. It also includes building and maintaining a statewide network of providers and organizations who collaborate and learn from each other to implement more effective efforts and reach broader audiences. In addition, an Each Mind Matters Resource Navigation Team provides regular communication in the form of in person meetings and TA emails covering a range of topics with practical tools and information.

Technical Assistance to Counties

- Total number of TA consultations: 498

EMM Webinars throughout FY 19/20 (*all recordings can be found on the EMM Resource Center*):

- Suicide Prevention and First Responders
- Building Resiliency: Self-Care
- New Practices for Serving LGBTQ+ Communities
- Building Resiliency: In Communities
- May Activation Kit
- Responses to COVID-19 for CBOs
- Addressing Mental Health Disparities and Social Determinants of Health During and Following COVID-19
- Self-Care During Physical Distancing
- Suicide Prevention Activation Kit
- For Educators: Mental Health Strategies to Support Students

Dissemination and Website Visits

Between July 1, 2019 and June 30, 2020, a total of **878,224** physical, hardcopy materials across Each Mind Matters programs and initiatives were disseminated throughout California. In addition, individuals the state received numerous emails to access and share resources electronically via the Each Mind Matters Resource Center (www.emmresourcecenter.org).

Materials Disseminated:

- Each Mind Matters Promotional Items: 269,090
- Each Mind Matters Educational Materials: 53,567
- Materials Provided in Spanish: 196,036
- Know the Signs/El Suicidio Es Prevenible Educational Materials: 143,780
- Directing Change Materials: 189,759
- The Foundation for California Community Colleges Student Mental Health Program Materials: 25,067
- Walk In Our Shoes: 925



The Statewide PEI Project supports the following campaign and program websites. All resources encourage recipients to visit these websites to learn more about mental illness stigma, mental health and suicide prevention. These websites allow for all Californians to engage and learn about Each Mind Matters and join in the Mental Health Movement. In FY 2019-2020:

- **EachMindMatters.org**
 - Total visits to the website: 108,302
 - Total unique visitors to the website: 85,906
- **EMMResourceCenter.org**
 - Total visits to the website: 249,627
 - Total unique visitors to the website: 46,371
- **SanaMente.org**
 - Total visits to the website: 92,917
 - Total unique visitors to the website: 82,705
- **SuicidelsPreventable.org**
 - Total visits to the website: 59,350
 - Total unique visitors to the website: 48,688
- **ElSuicidioEsPrevenible.org**
 - Total visits to the website: 8,244
 - Total unique visitors to the website: 7,315
- **DirectingChange.org**
 - Total visits to the website: 50,691
 - Total unique visitors to the website: 24,657
- **WalkInOurShoes.org**
 - Total visits to the website: 200,410
 - Total unique visitors to the website: 131,249
- **PonteEnMisZapatos.org**
 - Total visits to the website: 3,688
 - Total unique visitors to the website: 3,212
- **CCCStudentMentalHealth.org**
 - Total visits to the website: 106,602
 - Total unique visitors to the website: 58,445

Mini-Grants and Sponsorships

As a part of the Statewide PEI Project, mini-grants and sponsorships are awarded to local community-based organizations, schools, and clubs/chapters/affiliates to grow the Each Mind Matters movement across the state through increasing reach and dissemination and implementing community events and activities. Mini-grants and sponsorships awarded in FY 2019-2020 include:

- **Directing Change Mini-Grant:** Directing Change offered a mini-grant opportunity on the condition that the school facilitated patriation in at least one classroom in the Directing Change program during the school year and submit at least five Directing Change film submissions.
 - Total number of Awarded Schools: 9
 - Mini-Grant Amount: \$8,000 total.
- **Directing Change SOSL Mini-Grant:** In partnership with Survivors of Suicide Loss (SOSL), Directing Change hosted the 13th annual Walk in Remembrance with Hope in Balboa Park held on September 13, 2019. This Walk was the signature event for San Diego's suicide prevention and survivor support community with one hundred percent (100%) of funds raised at the Walk used to advance the suicide support and prevention efforts of Survivors of Suicide Loss (SOSL) and the Directing Change program. Funds raised by the SOSL Walk allowed the Directing Change Program to offer \$2,500 mini grants to eligible San Diego County schools.
 - Participating Schools: Cal Coast Academy, Hawking STEAM Charter School 2, Torrey Pines High School
 - Mini-Grant Amount: \$7,500 total.
- **Foundation for California Community Colleges Student Wellness Ambassadors:**



Over the course of the Fall 2019 and Spring 2020 semesters, 20 Student Wellness Ambassadors received in depth training to serve their respective campuses by promoting health and wellness resources through peer to peer outreach. Collectively, the Student Wellness Ambassadors reached a total of **30,018 students** across **16 California Community College campuses**. Student Wellness Ambassadors support the California Community Colleges Health and Wellness Program, promoting the Each Mind Matters Campaign, Crisis Text Line, and Kognito Suicide Prevention Online Training. All Ambassadors traveled to Sacramento in August of 2019 to receive a comprehensive two-day training. In the fall of 2019, the Ambassadors developed action plans for the Spring semester. Due

to COVID-19 and campus closures, Student Wellness Ambassadors were unable to execute their action plan for the Spring semester. However, the Student Wellness Ambassador program was able to strategically pivot all outreach efforts to digital methods, which resulted in very successful outreach numbers due to intentional strategies to promote mental health resources while campuses remained remote.

- **CCC Health & Wellness Sponsorship:** The CCC Health & Wellness Sponsorships supports the opportunity for colleges to organize and coordinate events to raise awareness and decrease stigma around mental health challenges throughout the month of May.
 - Number of Participating Colleges: 19
 - Sponsorship Amount: \$28,500 total (\$1,500)
- **Active Minds for Every Mind Mini-Grant:** Active Minds selected one to two student ambassadors from 5 campuses in California to lead the Active Minds for Every Mind project on their campuses during the 2019-20 school year. Ambassadors were provided with technical assistance, a \$250 mini-grant and resources from Active Minds and Each Mind Matters to put on a mental health event.
 - Number of Participating Campuses: 5
 - Mini-Grant Total: \$1,250
- **V.A.R. Mini-Grant Program:** Following the release of Active Minds' new V-A-R (Validate, Appreciate, Refer) resources, California students were provided with a \$250 mini-grant opportunity to pilot a V-A-R program of their own design on their campuses.
 - Number of Participating Campuses: 12
 - Mini-Grant Total: \$3,000
- **Active Minds Program Mini-Grant:** 21 CA students were granted support for their attendance to the Active Minds National Conference in Washington, DC, where they received valuable training and networking opportunities.
- **Active Minds Student Advisory Committee:** The Student Advisory Committee is a diverse group of 15-20 students from across the United States. California-based students have historically struggled to attend Student Advisory Committee events due to the expense of traveling to DC. Now, they receive financial support through the CalMHSA – Active Minds contract, which ensures that the California student voice is represented on the national level.
- **Each Mind Matters SanaMente Mini-Grant:** SanaMente Mini-Grants of \$3,000 each were awarded to a community-based organization to promote mental health awareness, suicide prevention and reduce the stigma and discrimination associated with mental health challenges specific to Latino/x communities.
 - Number of Participating Community-Based Organizations: 11
 - Mini-Grant Total: \$33,000
- **Each Mind Matters The S Word Sponsorship:** The S Word Sponsorships included a DVD of the film and a public film screening license as well as Each Mind Matters resources.
 - Number of Participating Organizations: 24

Directing Change

The Directing Change program offers young people the exciting opportunity to participate in the movement by creating 60-second films about suicide prevention and mental health that are used to support awareness, education and advocacy efforts on these topics. NORC at the University of Chicago conducted a comprehensive cross-sectional control study in 2017. Findings from the study found Directing Change to be highly effective in increasing knowledge, behavior and attitudinal outcomes related to suicide prevention and mental health and demonstrated changes in school climate. In addition to providing technical assistance and social media engagement:

- Total number of films submitted: **1,080**
- Schools, organizations and colleges/universities that submitted videos: **190**
- Total number of youths participating: **3,475**

New Materials and Resources

During FY 2019-2020, the Statewide PEI Project prioritized working with stakeholders to determine resource gaps in mental health awareness and suicide prevention materials and developed new materials and resources to address these gaps. The new materials were developed by stakeholders with input from subject matter experts as needed, reviewed by multiple stakeholder groups across the state for feedback, and tested with target audience focus groups for additional input. The materials developed included:

Materials & Resources Created throughout FY 19/20:

- Tips for Self-Care During COVID-19 [Infographic](#): adapted into 13 different languages (Arabic, Chinese – Simplified and Traditional, Farsi, Hmong, Khmer, Korean, Lao, Punjabi, Russian, Spanish, Tagalog, and Vietnamese)
- COVID-19 Response [Collection](#)
- May is Mental Health Month Activation [Kit](#)
- Suicide Prevention Activation [Kit](#)
- [Resources](#) for Suicide Prevention for First Responders

Media

Activities implemented under the Statewide PEI Project received significant media attention in FY 2019-2020. Across the state, the following news outlets reported on these activities:

Alameda County:

- Alameda Sun: *City Hall 'Shines Light' on Mental Health Issue*, 5/14/2020
<https://alamedasun.com/news/city-hall-%E2%80%98shines-light%E2%80%99-mental-health-issue>

Amador and Calaveras Counties:

- Ledger Dispatch: *Mental Health Month: A 'Peer Perspective' on Mental Health*, 5/16/2020
http://www.ledger.news/roots/mental-health-month-a-peer-perspective-on-mental-health/article_c55acea0-9625-11ea-a1af-8fb7c1f73cf4.html

Butte County:

- Action News Now: *Pleasant Valley high students win regional award in mental health film contest*, 5/7/2020
<https://www.actionnewsnow.com/content/news/Pleasant-Valley-High-students-win-regional-award-in-mental-health-film-contest-570292181.html>
- Chico Enterprise-Record: *Pleasant Valley High film students place in mental health awareness contest*, 5/14/2020
<https://www.chicoer.com/2020/05/14/pleasant-valley-high-film-students-place-in-mental-health-awareness-contest/>

Los Angeles:

- Los Angeles Time – High School: *Hilda Solis juniors complete mental health PSAs*, 5/11/2020
<https://highschool.latimes.com/hilda-l-solis-learning-academy/hilda-solis-juniors-complete-mental-health-psas/>

Orange County:

- San Clemente Times: *Bartlett Bulletin: Mental Health Awareness Month*, 5/28/2020
<https://www.sanclementetimes.com/bartlett-bulletin-mental-health-awareness-month/>
- Patch – Mission Viejo Local News: *Mission Viejo: Make A Promise To Talk During Mental Health Month*, 5/10/2020
<https://patch.com/california/missionviejo/mission-viejo-make-promise-talk-during-mental-health-month>
- Orange County Register: *End the stigmatization of mental health challenges*, 5/31/2020
<https://www.ocregister.com/2020/05/30/end-the-stigmatization-of-mental-health-challenges/>

Riverside County:

- Record Gazette: *Riverside County buildings illuminated in lime green*, 5/8/2020
https://www.recordgazette.net/news/riverside-county-buildings-illuminated-in-lime-green/article_fde7bc20-9165-11ea-aaf8-5352fd4e1cc4.html
- Press-Enterprise: *Inland Empire students win state awards in Directing Change mental health film contest*, 6/11/2020
<https://www.pe.com/2020/06/11/inland-empire-students-win-state-awards-in-directing-change-mental-health-film-contest/>

Sacramento County:

- FOX 40: *The novel coronavirus and its impact on your mental health*, 3/17/2020
<https://fox40.com/morning/the-novel-coronavirus-and-its-impact-on-your-mental-health/>
- Good Day Sacramento: *Maintaining Mental Health*, 4/14/2020
<https://gooddaysacramento.cbslocal.com/video/4513537-maintaining-mental-health/>
- Good Day Sacramento: *Shootings Mental Health*, 8/11/2020
<https://gooddaysacramento.cbslocal.com/video/4142960-shootings-mental-health/>

San Bernardino County:

- Sac County News: *Mental Health Services Available Amid COVID-19*, 4/20/2020
<https://www.sacounty.net/news/latest-news/Pages/Mental-Health-Services-Available-Amid-COVID-19.aspx>
- CA School News Report: *Fontana Unified TV Production student wins state film contest for mental health PSA*, 5/26/2020
<https://caschoolnews.net/articles/fontana-unified-tv-production-student-wins-state-film-contest-for-mental-health-psa/>
- Fontana Herald News: *Summit student takes first place in statewide film contest*, 5/26/2020
https://www.fontanaheraldnews.com/news/summit-student-takes-first-place-in-statewide-film-contest/article_98fd20bc-9f83-11ea-81cf-175bee0933ee.html
- Inland Empire Community News: *Fontana Unified TV Production student wins state film contest for mental health PSA*, 5/28/2020
<http://iecn.com/fontana-unified-tv-production-student-wins-state-film-contest-for-mental-health-psa/>
- San Bernardino Sun: *Inland Empire students win state awards in Directing Change mental health film contest*, 6/11/2020
<https://www.sbsun.com/2020/06/11/inland-empire-students-win-state-awards-in-directing-change-mental-health-film-contest/>

San Diego County:

- The Cougar Chronicles: *Students learn about local health services and risks of substance abuse*, 9/25/2019
<https://csusmchronicle.com/19075/news/students-learn-about-local-health-services-and-risks-of-substance-abuse/>
- San Diego City Times: *Exhibit raises mental health awareness at City College*, 3/8/2020
<https://sdcitytimes.com/news/2020/03/08/exhibit-raises-mental-health-awareness-at-city-college/>
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Appendix A: Comprehensive List of Schools, Colleges, and Organizations reached through the Statewide PEI Project

K-12 Schools and School Systems

Alameda:

- California Crosspoint High School
- Irvington High School
- Mission San Jose High School
- Skyline High School

Butte:

- Inspire School of Arts & Sciences
- Pleasant Valley High School
- Chico Unified School District

Colusa:

- Pierce High School
- Williams Jr Sr High School

Contra Costa:

- Freedom High School
- Las Lomas High School
- Pittsburg Senior High School
- Salesian College Preparatory
- Antioch Unified School District

El Dorado:

- Oak Ridge High School

Fresno:

- Tehipite Middle School
- Buchanan High School
- Clovis East High School
- Coalinga High School
- Kings River High School
- Sanger High School
- Selma High School
- Sierra High School
- Washington Union High School
- Parlier Unified School District
- Sanger Unified School District

Imperial:

- Calexico High School
- Central Union High School
- Southwest High School

Kern:

- Norris Middle School
- Tropico Middle School
- Bakersfield High School
- Centennial High School
- Cesar E. Chavez High School
- Delano High School
- Golden Valley High School
- Highland High School
- Independence High School
- North High School
- Robert F Kennedy High School
- Shafter High School
- Stockdale High School
- Tierra Del Sol High School
- Bakersfield City School District
- Regional Occupational Center – Kern High School District

Kings:

- Lemoore Union High School District

Los Angeles:

- Monte Vista Elementary
- Mountain View Elementary School
- Belvedere Middle School
- Bethune Middle School
- Bret Harte Preparatory Middle School
- Charles T. Kranz Intermediate
- Cole Middle School
- Griffith STEAM Magnet Middle School
- John Adams Middle School

-
- Marshall Middle School
 - Madrid Middle School
 - Palms Middle School
 - Placerita Junior High School
 - Richard L. Graves Middle School
 - Roy Romer Middle School
 - Agoura High School
 - Alverno Heights Academy
 - Artesia High School
 - Assurance Learning Academy
 - Baldwin Park High School
 - Birmingham Community Charter High School
 - Canoga Park High School
 - Central High School
 - Cerritos High School
 - Chatsworth Charter High School
 - Clark Magnet High School
 - Cleveland Charter High School
 - Covina High School
 - Da Vinci Design High School
 - Dominguez High School
 - East Los Angeles Performing Arts Magnet
 - Edgewood High School
 - Glendora High School
 - Grover Cleveland Charter High School
 - Green Design STEAM Academy
 - Hawthorne High School
 - Herbert Hoover High School
 - Highland High School
 - Hilda Solis Learning Academy
 - Hughes Elizabeth Lakes School
 - iLead Lancaster Charter School
 - Intellectual Virtues Academy
 - International Studies Learning Center High School
 - Ivy Academia
 - James Monroe High School
 - John A. Rowland High School
 - John F. Kennedy High School
 - John Marshall High School
 - John R. Wooden High School
 - LA County High School for the Arts
 - La Quinta High School
 - Lancaster High School
 - Legacy High School
 - Lennox Academy
 - Leuzinger High School
 - Monrovia High School
 - Mt. SAC Academy (Covina)
 - Mt. SAC Early College Academy
 - Mountain View High School
 - New West Charter High School
 - Nogales High School
 - North Park High School
 - North View High School
 - Ontario High School
 - PUC Inspire Charter Academy
 - Ramon C. Cortines School of Visual and Performing Arts
 - Rancho Alamitos High School
 - San Marino High School
 - Santa Fe Fundamental
 - Santa Monica High School
 - Saugus High School
 - Sierra Vista High School
 - South Beauregard High School
 - South Gate High School
 - University Prep Value High School
 - Valor Academy High School
 - Warren High School
 - West Covina High School
 - Western Christian High School
 - Wildwood High School
 - William J. Pete Knight High School

- Alhambra Unified School District
- Alliance Charter Schools
- Baldwin Park Unified School District
- Garvey School District
- Glendora Unified School District
- Hacienda La Puente School District
- Hart Unified School District
- Magnolia Unified School District
- Pomona Unified School District
- Redondo Beach Unified School District
- South Whittier Unified School District

Madera:

- Madera South High School

Marin:

- Davidson Middle School

Merced:

- Turlock Unified School District

Monterey:

- Seaside Middle School
- Notre Dame High School
- Salinas High School

Napa:

- Pathways Charter School

Nevada:

- Earle Jamieson Educational Options

Orange:

- James A Whitaker Elementary School
- Buena Park Junior High School
- Aliso Niguel High School
- Applied Technology Center
- Arnold O Beckman High School
- Buena Park High School
- Canyon High School
- Cypress High School
- El Dorado High School
- Fairmont High School
- Garden Grove High School
- Innovation High School

- Irvine High School
- Katella High School
- La Quinta High School
- Magnolia Science Academy
- Sage Hill High School
- Samueli Academy
- Santiago High School
- Savanna High School
- Trabuco Hills High School
- Valencia High School
- Valley View High School
- Villa Park High School
- Vista Del Lago High School
- Yorba Linda High School
- Garden Grove Unified School District
- Newport-Mesa Unified School District

Placer:

- Whitney High School

Riverside:

- David A Brown Middle School
- Martin Luther King Jr. High School
- Mountain View Middle School
- Painted Hills Middle School
- Palm Middle School
- Arlington High School
- California School for the Deaf – Riverside
- Chaparral High School
- Coachella Valley High School
- Desert Mirage High School
- Eleanor Roosevelt High School
- Encore High School for the Arts
- Great Oak High School
- King High School
- March Mountain High School
- Martin Luther King High School
- Murrieta Valley High School
- Ramona High School
- Rancho Mirage High School

- Rancho Verde High School
- Tahquitz High School
- Valley View High School
- Vista Del Lago High School

Sacramento:

- Bates Elementary
- Albert Powell High School
- Creative Connection Arts Academy
- Elk Grove High School
- Florin High School
- Folsom High School
- Franklin High School
- George Washington Carver School of Arts and Sciences
- Monterey Trails High School
- Natomas Charter School
- Pleasant Grove High School
- Shelton High School
- Vista del Lago High School

San Bernardino:

- A. B. Miller High School
- Heritage Intermediate School
- Jehue Middle School
- Apple Valley High School
- Barstow High School
- Cajon High School
- Chino High School
- Citrus Valley High School
- Encore High School (Hesperia)
- Jurupa Hills High School
- Los Osos High School
- Pacific High School
- Redlands East Valley High School
- Rim of the World High School
- Summit High School
- Upland High School
- Yucaipa High School
- Etiwanda School District

San Diego:

- Meadowbrook Middle School
- Rancho Minerva Middle School
- Twin Peaks Middle School
- Wilson Middle School
- All Tribes Charter School
- America's Finest Charter School – San Diego
- Bayfront Charter High School
- Bonita Vista High School
- Brawley Union High School
- Cal Coast Academy
- Canyon Crest Academy
- Chula Vista High School
- Coronado High School
- Del Norte High School
- El Camino High School
- Fallbrook High School
- Great Oak High School
- Grossmont High School
- Hawking STEAM Charter School
- Hawking STEAM Charter School 2
- Helix Charter High School
- Hilltop High School
- Imperial High School
- Junipero Serra High School
- La Jolla High School
- Mater Dei Catholic High School
- Morse High School
- Mt. Carmel High School
- Mt. Everest Academy
- Murrieta Mesa High School
- Olympian High School
- Otay Ranch High School
- Rancho Bernardo High School
- San Dieguito High School Academy
- San Marcos High School
- Serra High School
- Sierra Vista High School

- The Preuss School UCSD
- Torrey Pines High School
- Westview High School
- Jamul Dulzura Union School District
- Poway Unified School District
- San Diego Unified School District

San Francisco City & County:

- Pinewood High School
- Ruth Asawa School of the Arts High School

San Joaquin:

- Burton Middle School
- John C. Kimball High School
- Lathrop High School
- Middle College High School
- Mountain House High School
- Sierra High School
- University Preparatory

San Luis Obispo:

- Morro Bay High School

San Mateo:

- Burlington High School
- Hillsdale High School

Santa Barbara:

- Pioneer Valley High School

Santa Clara:

- Downtown College Prep Alum Rock Middle School
- Cupertino High School
- Pinewood High School
- Los Altos High School (Mountain View)
- Palo Alto Unified School District

Shasta:

- Central City High School
- Red Bluff High School

Siskiyou:

- Golden Eagle Charter School

Solano:

- White Elementary School
- Vanden High School

- Vacaville Unified School District

Sonoma:

- Cloverdale High School
- El Molino High School
- Sonoma Valley High School

Stanislaus:

- Central Valley High School
- Ceres High School
- Gregori High School
- Hughson High School
- Modesto High School
- Oakdale High School
- Patterson High School
- Pitman High School
- Turlock High School
- Valley Charter High School

Sutter Yuba:

- Yuba County Career Prep Charter School

Tehama:

- Salisbury High School

Tri-City:

- Mountain View Elementary School
- Marshall Middle School
- Claremont High School
- The School of Arts and Enterprise

Trinity:

- Trinity County Community School

Tulare:

- Crowley Elementary School
- Washington Elementary School
- Bravo Lake High School
- Monache High School
- Orosi High School
- Woodlake High School
- Burton Unified School District
- Farmersville Unified School District
- Parlier Unified School District

Yolo:

- Da Vinci Charter Academy

Colleges and Universities

Alameda:

- Berkeley City College
- Chabot College
- Laney College
- Las Positas College
- Merritt College
- Ohlone College
- Samuel Merritt University

Butte:

- Butte College
- California State University, Chico

Contra Costa:

- Contra Costa College
- Diablo Valley College
- Los Medanos College

El Dorado:

- Lake Tahoe Community College

Fresno:

- California State University, Fresno
- Clovis Community College
- Fresno City College
- Reedley College
- West Hills College - Coalinga

Humboldt:

- College of the Redwoods

Imperial:

- Imperial Valley College

Kern:

- Bakersfield College
- Cerro Coso Community College
- Taft College

Kings:

- West Hills College - Lemoore

Lassen:

- Lassen Community College

Los Angeles:

- Antelope Valley College
- California State University, Long Beach
- Cerritos College
- Citrus College
- College of the Canyons
- Compton College
- East Los Angeles College
- El Camino College
- Ghetto Film School
- Glendale Community College
- Long Beach City College
- Los Angeles City College
- Los Angeles Harbor College
- Los Angeles Mission College
- Los Angeles Pierce College
- Los Angeles Southwest College
- Los Angeles Trade Tech College
- Mount San Antonio College
- Occidental College
- Pasadena City College
- Rio Hondo College
- Santa Monica College
- University of California, Los Angeles
- West Los Angeles College

Marin:

- College of Marin

Merced:

- Merced Community College
- University of California, Merced

Monterey:

- Hartnell College
- Monterey Peninsula College
- California State University, Monterey Bay

Napa:

- Napa Valley College

Orange:

- California State University, Fullerton
- Chapman University
- Coastline Community College
- College of the Desert
- Cypress College
- Fullerton College
- Golden West College
- Irvine Valley College
- Orange Coast College
- Saddleback College
- Santa Ana College
- Santiago Canyon College
- University of California, Irvine

Placer:

- Sierra College

Plumas:

- Feather River College

Riverside:

- College of the Desert
- Grand Canyon University
- La Sierra University
- Moreno Valley College
- Mount San Jacinto College
- Norco Community College
- Palo Verde College
- Providence Medical Center
- Riverside City College
- University of California, Riverside
- University of California, Riverside - Sigma Beta Xi

Sacramento:

- American River College
- California State University, Sacramento
- Cosumnes River College
- Folsom Lake College
- Sacramento City College

San Bernardino:

- Barstow Community College
- Chaffey Community College
- Copper Mountain College
- Crafton Hills College
- San Bernardino Valley College
- University of Redlands

San Diego:

- California State University, San Marcos
- Cuyamaca College
- Grossmont College
- MiraCosta College
- Palomar Community College
- San Diego City College
- San Diego Mesa College
- San Diego Miramar College
- San Diego State University
- Southwestern College
- University of California, San Diego

San Francisco City & County:

- San Francisco State University
- City College of San Francisco

San Joaquin:

- San Joaquin Delta College
- University of the Pacific

San Luis Obispo:

- California Polytechnic State University, San Luis Obispo
- Cuesta Community College

San Mateo:

- Cañada Community College
- College of San Mateo
- Skyline College

Santa Barbara:

- Allan Hancock College
- Santa Barbara City College
- University of California, Santa Barbara
- Westmont College

Santa Clara:

- De Anza College
- Evergreen Valley College
- Foothill College
- Gavilan Community College
- Mission College
- San Jose City College
- San Jose State University
- Santa Clara University
- West Valley College

Santa Cruz:

- Cabrillo College
- University of California, Santa Cruz

Shasta:

- Shasta College

Siskiyou:

- College of the Siskiyous

Solano:

- Solano Community College

Sonoma:

- Santa Rosa Junior College

Stanislaus:

- Modesto Junior College

Sutter Yuba:

- Yuba College

Tulare:

- College of the Sequoias
- Porterville College

Tuolumne:

- Columbia College

Ventura:

- California State University, Channel Islands
- Moorpark College
- Oxnard College
- Ventura College

Yolo:

- University of California, Davis
- Woodland Community College

Local Community-Based Organizations

Alameda:

- California Youth Connection
- Civicorps
- California Youth Connection (CYC)
- Pool of Consumer Champions (POCC)
- Resource Development Associates (RDA)
- StarVista

Amador:

- Nexus Youth & Family Services

Butte:

- Harmony House
- Northern Valley Catholic Social Services, Inc.

City of Berkeley:

- Lifelong Medical Care

Contra Costa:

- Aspiranet
- NAMI Contra Costa
- RYSE Center
- The Latina Center

Fresno:

- Centro La Familia
- Fresno Barrios Unidos
- Kings View Blue SKY Youth Empowerment Center
- NAMI Fresno

Imperial:

- Imperial County Special Education Local Plan Area

Lassen:

- Lassen Aurora Network

Los Angeles:

- California Pan Ethnic Health Network
- Child and Family Guidance Center
- Latino Equality Alliance

- Mindful Warrior Project
- Mis Hermanos Penequitos
- NAMI Glendale
- NAMI San Fernando Valley
- NAMI Westside LA
- Providence Little Company of Mary Foundation
- Pueblo de Los Angeles
- Stars Behavioral Health Group
- Strategy for Impact
- Tarzana Treatment Centers
- Vision y Compromiso
- Well Being Trust

Monterey:

- AIM for Mental Health
- Second Chance Youth Program
- The Epicenter

Napa:

- Napa Valley Community Housing
- Puertas Abiertas Community Resource Center

Orange:

- Hope Clinic
- Latino Health Access
- LGBT Center OC
- Multi-Ethnic Collaborative of Community Agencies (MECCA)

Placer:

- Lighthouse Counseling & FRC
- New Morning Youth and Family Services

Riverside:

- Family Health & Support Network
- NAMI Mt. San Jacinto
- SIATech Perris
- Women Achieving Success

Sacramento:

- Behavioral Health Planning Council
- California Department of Education
- California Behavioral Health Directors

Association

- California Highway Patrol Headquarters
- California Hospital Association
- California Institute for Behavioral Health Solutions
- California Pan-Ethnic Health Network
- Department of Healthcare Services
- Health Education Council Sacramento
- MHA NorCal
- Mil Mujeres, Inc.
- NAMI California
- Sacramento Native American Health Center
- Sutter Health
- Turning Point

San Bernardino:

- CHORDS Hip-Hop Shop
- Healthy RC Youth Leaders
- Hearts & Lives
- Valley Star Community Services

San Diego:

- Jewish Family Services of San Diego
- NAMI San Diego
- San Diego Rescue Mission
- Vista Community Clinic

San Joaquin:

- California Healthy Kids Resource Center
- Migrant Education Program

San Luis Obispo:

- Center for Family Strengthening / Promotores Collaborative
- Transitions-Mental Health Association

San Mateo:

- StarVista San Mateo

Santa Barbara:

- Hearts & Lives

Santa Clara:

- Community Legal Services
- Culture to Culture Foundation
- NAMI Santa Clara County

Solano:

- Sources of Strength

Sonoma:

- Latino Services Providers
- NAMI Sonoma County

Tehama:

- Well Being Trust

Trinity:

- Southern Trinity Health Services

Tulare:

- Turning Point of Central California

Ventura:

- BRITE: Building Resilience and Inclusion Through Engagement
- Career Education Center Moorpark
- Interface: Children and Family Services
- Revive Community Church

Yolo:

- Health Education Council

Appendix B: Statewide Outcomes to Date

Outcomes to Date

Since counties began pooling funds through CalMHSA to implement the Statewide PEI Project in 2011, the following short-term outcomes have been achieved. Given the outcomes so far, independent evaluators of the Statewide PEI Project, the RAND Corporation, have identified the following outcomes from the Statewide PEI Project:

- 15.4% more Californians exposed to Each Mind Matters turn to help for mental health challenges.
- Over 50% of Californians were exposed to Know the Signs.
- Individuals exposed to the Know the Signs campaign report higher levels of confidence to intervene with someone at risk for suicide.¹
- The Know the Signs campaign was rated by experts to be aligned with best practices and be one of the best media campaigns on the subject.²
- Students exposed to the Walk In Our Shoes website demonstrate significantly higher knowledge of mental health.³
- 63% of teachers and administrators who saw the Walk In Our Shoes performance started a conversation about mental health in the classroom.⁴
- 87% of students have a better understanding of mental illness and suicide after participating in Directing Change.⁵
- 97% of students who participated in Directing Change pledged to support a friend with a mental health challenge.⁶
- 87% of those who completed the Kognito training report that they are better prepared to identify, approach and refer students exhibiting signs of psychological distress.⁷
- 66% of California Community College faculty who completed Kognito training report an increase in the number of conversations they had with other faculty and staff about students that they were concerned about.⁸
- “Evidence Supports Social Marketing of Mental Health Treatment: California’s Mental Illness Stigma Reduction Campaign” a paper by Dr. Rebecca Collins of RAND which evaluates Each Mind Matters, was accepted by the American Journal of Public Health (AJPH) and published in June 2019. Read here:
<https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2019.305129>

¹ https://www.rand.org/pubs/research_reports/RR1134.html

² https://www.rand.org/pubs/research_reports/RR818.html

³ <http://walkinourshoes.org/content/NORCReportonWIOSWebsite.pdf>

⁴ <http://walkinourshoes.org/content/NORCReportonWIOSWebsite.pdf>

⁵ <http://www.directingchange.org/wp-content/uploads/CalMHSA%20DC%20Eval%20Report.pdf>

⁶ <http://www.directingchange.org/wp-content/uploads/CalMHSA%20DC%20Eval%20Report.pdf>

⁷ https://www.rand.org/pubs/research_reports/RR954.html

⁸ https://www.rand.org/pubs/research_reports/RR954.html



WELLNESS • RECOVERY • RESILIENCE

First 5 Sonoma County: Highlights from the Mental Health Services Act Prevention and Early Intervention 0-5 Programs FY2019-20

May 2021

Prepared by:



LEARNING *for ACTION*



How does MHSA-PEI 0-5 support Sonoma County children & families?

Introduction and Context

Early relational health recognizes that a nurturing and responsive parent-child relationship is interrelated with positive and healthy child development. The First 5 Sonoma County Commission has long supported early relational health, investing in evidence-based practices for the social-emotional health and wellbeing of both children and their parents/caregivers. By investing in the early relational health of children and their parents, families are better equipped to offset adversities and build healthy foundations for future successful outcomes.

The County of Sonoma Department of Health Services' Behavioral Health Division allocates a portion of its Mental Health Services Act (MHSA) funding for Prevention and Early Intervention services for children prenatal to five and their families (MHSA-PEI 0-5). These services support early relational health by:

- Preventing and reducing the impact of **Adverse Childhood Experiences (ACEs)**;
- Identifying **developmental and social-emotional concerns and delays**, and linking families to resources;
- Strengthening **parent-child relationships** and building parents' knowledge and skills; and
- Identifying and treating women with **perinatal mood and anxiety disorders (PMDs)**.

Early childhood mental is all about relationships, and that relationship starts from the moment a mom finds out she is pregnant... When thinking about infant/child mental health, we also think about maternal mental health because it heavily impacts the child.

– MHSA Agency

MHSA-PEI 0-5 Collaborative's Strategy for Early Relational Health

The MHSA-PEI 0-5 initiative provides direct funding to three agencies: **Child Parent Institute (CPI)**, **Early Learning Institute (ELI)**, and **Petaluma People Services Center (PPSC)**. The MHSA agencies provide preventative and early intervention services along a continuum of care and play a crucial role in the county's system of care for promoting healthy development and social-emotional wellbeing among children 0-5 and their parents.



First 5 Sonoma County supports the agencies' capacity to operate collaboratively as a system of care and strengthen county-wide services for early relational health. Specifically, First 5 Sonoma County:

- **Convenes bi-monthly MHSA collaborative meetings**, in which agencies share best practices, coordinate services to maintain a cohesive system of care, and engage in joint problem-solving.
- **Supports agencies' community engagement efforts** by sharing county-level data on COVID impact and supporting communication campaigns for community outreach.
- **Assists the agencies in developing their specific scope of work**, identifying program and process outputs, and setting targets associated with outcome measures for the services they deliver.
- **Provide opportunities for evaluation and learning** for continuous improvement and measuring progress.

I see F5 as the **glue that brings us all together**.

– MHSA Agency

With support from its local evaluator, Learning for Action, First 5 Sonoma County collects evaluation data from grantees to capture program accomplishments and inform ongoing efforts. This brief summarizes the context in which MHSA PEI 0-5 agencies operated and their accomplishments between July 2019 and June 2020.

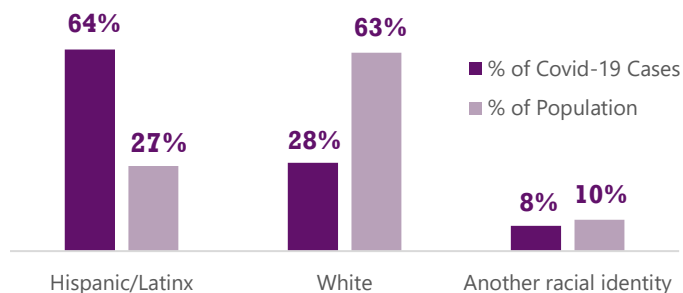
How has the current context impacted Sonoma County children and families?

Current Landscape

The community landscape in 2019 and 2020 was a unique time of heightened stressors for children and families accompanied by shifts in access to supports and services. In the summer and fall of 2019, parents and families faced wildfires, evacuations, and power outages. Soon after, the COVID-19 pandemic gripped the country and deepened existing disparities in economic and health outcomes in Sonoma County.

The COVID-19 pandemic produced changes in almost every aspect of family life: employment, childcare, home and family life, and access to outside support and resources. The following section highlights impacts of the pandemic on Sonoma County families based on a [parent support survey](#) administered by First 5 Sonoma County between July 31, 2020 and September 15, 2020.

COVID-19 disproportionately impacted Hispanic/Latinx residents in Sonoma County¹



Employment and Economic Strain

With many non-essential businesses closing or reducing their services, many families experienced lost income as a result of layoffs or reduced employment. Faced with reduced or lost income, many families found basic needs such as rent, food, diapers, or other essential items more difficult to cover. Latinx households were hardest hit, revealing profound differences in the way financial hardships from COVID-19 impacted Sonoma County families along racial/ethnic lines.

Households also faced new challenges resulting from the pandemic. Essential workers retained jobs during pandemic shutdowns at the expense of increased risk of exposure to COVID-19. While those able to work from home had less risk of getting sick, many parents found themselves struggling to balance work and parenting, caring for children who were with them in the home rather than in school or daycare.

As a **single mother** it has been a super difficult challenge, because I was the only one who brought income to the house. [...] **Not having a job** and having to explain to someone so small that we have to **feed ourselves**, like, at lunchtime or things like that, [has] been a big impact, which is something that I think I would've never imagined as a mother - **having to restrict certain things** to [my daughter] because there aren't any.

– F5 Sonoma County Parent Focus Group Participant

Financial hardships from COVID-19 impacted Sonoma County families along racial/ethnic lines²

44% of Latinx parents,

25% of White parents,

28% of parents of another racial identity

either temporarily or permanently **lost employment**

97% of Latinx households,

50% of White households,

75% of households of another racial identity

had at least **one parent working outside the home**

59% of Latinx parents,

11% of White parents,

40% of parents of another racial identity

say **food, diapers, and other essential items** would be very helpful

¹ Sonoma County Emergency Management, May 2021

² F5 Sonoma County Parent Support Survey, September 2020

How has the current context impacted Sonoma County children and families?

Parenting Stress and Coping with Concerns

Navigating the many changes and challenges of the pandemic contributed to considerable stress for Sonoma County parents. Parents were plagued by concerns about their family’s wellbeing including family conflict and staying healthy and safe during the pandemic. The pandemic shutdown, job loss, and school/daycare closures meant families were sharing close quarters with one another with fewer outlets for discharging energy and stress. **Forty-two percent (42%) of households were very worried or somewhat worried about family conflict.** MHSA agencies share that reports of child abuse and neglect have declined in this time period, but this is likely due to underreporting as a result of children having less interaction with adults outside of the home, when in fact risk factors for (and likely actual incidence of) child maltreatment may be heightened.

I think my **biggest challenge as a parent is patience with my kids.** Your kids are stressed out because they want to go out; they're stressed out because they can't go to school and do their regular routine, so having to step in and replace all of that [along with] limited exposure to the outside world probably was the biggest challenge. I think it was always there, **it just got ten times harder** having to be stuck inside 24/7.

– F5 Sonoma County Parent Focus Group Participant

Child and Family Relational Health in a Time of Crisis

The impacts of the pandemic, compounded by wildfires, evacuations, and power outages in Sonoma County in recent years, are tremendous stressors in the lives of children and families, and many of the impacts were disproportionately experienced by Latinx families. In addition to adversities experienced by infants, toddlers, and young children directly, the mental health challenges experienced by caregivers under stress impacts their children’s early brain development and social-emotional learning. As children, families, and the community recover from the stress and trauma endured in 2019 and 2020, **mental health supports will be more crucial than ever.**

Sonoma County families are eager for mental health supports for themselves and their children

<p>56% of Latinx parents,</p> <p>9% of White parents,</p> <p>53% of parents of another racial identity</p> <p>say information on child development and early brain development would be very helpful</p>	<p>69% of Latinx households,</p> <p>53% of White households,</p> <p>80% of households of another racial identity</p> <p>say parenting groups (online or in-person) would be very or somewhat helpful</p>	<p>51% of Latinx parents,</p> <p>15% of White parents,</p> <p>33% of parents of another racial identity</p> <p>say developmental and/or social-emotional screenings would be very helpful</p>
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Impacts on MHSA Agency Staff

The COVID-19 pandemic has had profound impacts on staff who provide MHSA-funded services. Staff had to quickly and creatively respond to the pandemic, requiring them to problem solve and adapt in order to find new ways to do their work, such as providing services and conducting assessments virtually. The ways in which agencies responded to the pandemic are detailed later in this report. Serving as a direct line of contact with families in crisis made staff vulnerable to experiencing vicarious trauma. Additionally, as members of the community, staff themselves faced similar challenges resulting from the pandemic and wildfires as the families they served, navigating concerns about their physical, emotional, and economic security. MHSA agencies doubled down on strengthening supports to promote staff wellbeing and resilience during the pandemic, such as by offering weekly wellness checks and the flexibility to take mental health days or reduce hours.

How does MHSA-PEI 0-5 support Sonoma County children & families?

MHSA-PEI 0-5 Services for Children and Families

The MHSA-PEI 0-5 initiative is designed to support families across a spectrum of needs. The funded agencies – CPI, ELI, and PPSC – provide a continuum of care that serves as a safety net for children and families. They offer a range of services, from intensive at-home visits for parents with acute needs to group sessions that serve as a low-barrier entry point for families to connect and build relationships with providers.

In FY 2019-2020, MHSA agencies provided the following services to children 0-5 and their parents/caregivers:

Developmental and Social-Emotional Screenings

Developmental and social-emotional screenings of children at risk of developmental delay, using the Ages and Stages Questionnaire (ASQ) and the ASQ Social-Emotional (ASQ-SE)

887 Children **screened**

1544 Children **re-screened**

Positive Parenting Program

Parent education in individual and group formats through the Positive Parenting Program (Triple P) to strengthen parent-child relationships and build parents' knowledge and skills. Triple P Levels 2-5 range in intensity, from general parenting advice in groups to more intensive, one-on-one interventions for parents and children with acute needs.

30 Parents attended **Triple P Level 2 seminars** focused on parenting advice

135 Parents attended **Triple P Level 3 discussion groups and services** focused on specific parenting skills training

359 Parents attended **Triple P Levels 4/5 sessions** focused on broad parenting skills training and family intervention

Mental Health Consultations

Mental health consultations and other supportive services for families with mental health concerns for the parent or child

357 Families received **home visits**

Individual and Group Counseling Services

Individual and group counseling services for mothers experiencing or at risk of **Perinatal Mood Disorder (PMD)**.

60 Women with or at risk for **perinatal mood disorder** received individual and peer support

Information & Referrals

Information & Referrals through the **One Call Navigation Line**, operated by ELI's Watch Me Grow program. ELI makes referrals to mental health and developmental services for families for whom a screening identifies potential problems. Watch Me Grow also responded to the increased economic and parenting challenges from the pandemic by connecting families to services in the broader Sonoma County community, such as food and diaper banks.

2078 Parents/caregivers received **information**

247 Parents/caregivers received **referrals**

How does MHSA-PEI 0-5 support Sonoma County children & families?

Who MHSA-PEI 0-5 Serves

MHSA agencies use a community-based approach, providing services either in the client's home or at a community-site. Agencies offer services in English and Spanish, which bolsters access for Hispanic/Latinx families in Sonoma County. The majority of those served by MHSA agencies are Hispanic/Latinx (54%), and over a third (38%) speak Spanish as their primary home language.

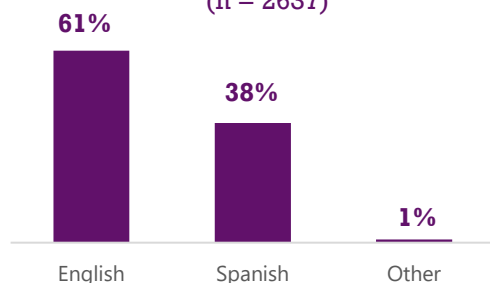
Total Served in FY 2019-20

987 Children 0-5

1669 Parents/Caregivers

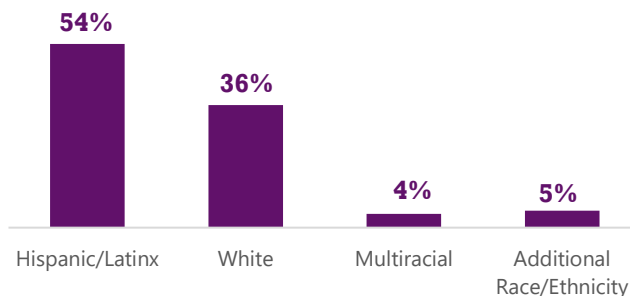
Primary Language of Clients Served in FY 2019-20

(n = 2637)



Race/Ethnicity of Clients Served in FY 2019-20

(n=2520)



Service Adaptations in Response to COVID-19 Pandemic

MHSA agencies adapted swiftly to the pandemic, rising to the challenge of meeting the emergent needs of the community in safe and creative ways. This section provides an overview of CPI, ELI, and PPSC's response.

Virtual Programming

In response to the shelter-in-place order of March 2020, MHSA agencies quickly shifted to virtual programming. Staff conducted check-ins, screenings, virtual home visits, and group classes via phone calls and virtual platforms. Agencies noted the shift to virtual was largely successful, in part because virtual services:

- **Provided sources of support** for parents and caregivers during the isolation of the pandemic;
- **Removed transportation and childcare barriers**, helping to increase access for Spanish-speaking families and families located in rural areas of the County; and
- **Allowed for greater flexibility** for when providers could meet with parents, including in the evenings after children were asleep.

Virtual service provision also posed some challenges for both families and providers. Some families had trouble navigating technologies or did not have Internet access. Providers lamented the inability to directly interact with and observe children in the home environment. Interacting through a screen for developmental screenings was difficult, especially for young children, and providers could only rely on caregiver reports for assessments.

With group classes, families benefited from...having a **sense of community**... Families shared, this is great; I'm alone, and in this group, I see all of these little squares of parents [on Zoom] who are **going through the same thing as I am**.

– MHSA Agency

It's **challenging** for a two-year-old to relate to **having a screen be part of the interaction**, and the parent's focus is on capturing the interactions as opposed to **being in relationship with the child**.

– MHSA Agency

What services does the MHSA PEI 0-5 Collaborative provide to children and families?

Fewer Referrals and Shifts in Outreach

Referrals from healthcare providers, schools, childcare providers, and other community partners are primary pathways through which children and families are connected to MHSA agencies. During the pandemic, fewer well-child visits, school and daycare closures, and shifts in priority to crisis management led to a large decline in referrals.

During the last quarter of the 2019-2020 fiscal year, referrals to WMG were down dramatically. Doctors' offices were postponing well-child visits, so **referrals from those avenues were slow to non-existent**. Many community partners were shifting from direct family services to crisis management; concentrating on food and financial assistance, so the **developmental and social skills of children were not a focus**.

– MHSA Agency

We have been in front line with partnering with organizations to support families that might otherwise not come to us. **Those connections have helped bring in families**. Even though referrals are lower, we're continuing to see families.

– MHSA Agency

In response, MHSA agencies modified their outreach efforts to directly reach families and promote awareness of mental health and child development resources in the following ways:

- **Increased Community Outreach:** ELI sent mailers, used social media blasts, and engaged in a radio ad campaign to inform community members about its services. PPSC held outreach presentations about parenting support at food distribution sites and sent information home with students' homework. CPI conducted outreach to community providers to encourage referrals during the pandemic.
- **Expanded Access to Parenting and Child Development Resources:** ELI utilized its websites and social media platforms to make parenting and child development resources, including the ASQ assessment, accessible to a wider audience.
- **Deepening Relationships with Existing Clients:** MHSA agencies focused on maintaining relationships with families in their network. CPI proactively reached out to parents and offered flexible services. ELI saw more families returning for re-screenings, which they attribute to their strong connections with the Sonoma County community.

Despite the decrease in referrals and the shift to virtual service delivery during the third and fourth quarters, programs met agency yearly goals and saw **increased uptake in services from existing clients**.

Provision of Basic Needs

The pandemic left many families struggling to meet basic needs and navigate COVID-19 safety and testing. MHSA agencies responded by connecting families to community resources such as food and diaper banks, financial assistance, and testing sites. Staff noted that **meeting basic needs is an important part of creating a "safety net" for families**. Alleviating immediate concerns allows families to focus on higher-level needs including early relational health. Critical to MHSA agencies' ability to be adaptive and responsive to needs was their ongoing relationship with the families they served. Connecting over the phone or virtually, staff checked in with families regularly to assess and meet needs as they arose.

During a screening for a 2-year-old, the parent was overwhelmed with everything that is going on with COVID-19 and the impacts it has had on her family and others around her. The mother asked the screener for **resources in the community** for information on **food or any support** as her husband had lost work and she had lost wages. The screener was able to **share food bank resources** and **share UndocuFund resources** that were available during that time.

– MHSA Agency

How are MHSA-PEI 0-5 services making a difference for children and families?

Impact of MHSA-PEI 0-5 Services

MHSA-funded partners use several assessment tools to inform clinical practice as well as to evaluate the impact of services and supports. While providers continued the use of these assessment tools to their best ability, the transition from in-person to remote services created challenges making data collection less consistent than in prior years. Due to the resulting small sample size, this evaluation relies more on interviews with MHSA agencies and additional qualitative data than in prior years, with the intention of telling the story of MHSA-PEI 0-5 in the time of COVID-19. In this unprecedented year, MHSA-funded services supported children 0-5 and their families in the following ways:

- **Parents increased their knowledge of parenting and child development** and developed their parenting skills.
- Women at risk of or experiencing perinatal mood disorder experienced **improvement in their depression and anxiety**.
- **Children at risk of development delays were identified** through timely screenings and referred to the relevant providers for ongoing evaluation and support.
- **Families received critical referrals and resources to address their basic needs.** MHSA agencies stress the importance of meeting families' basic needs and focusing on the whole family's wellbeing in order to support parent-child relational health.

MHSA-PEI 0-5 services are **evidence-based interventions**, and agencies use the following assessment tools to support their clinical services:

- **Ages and Stages Questionnaire (ASQ)**, an accessible developmental screening tool to identify children that would benefit from in-depth evaluation for developmental delays.
- **Protective Factors Survey (PFS)**, which measures changes in family's protective factors, including family resiliency and parenting/child development knowledge, both key components of Triple P services.
- **Eyberg Child Behavior Inventory (ECBI)** assessment, which measures the frequency and intensity of behavior problems in children.
- The **General Anxiety Disorder (GAD-7)** and **Patient Health Questionnaire (PHQ-9)** assessments to measure anxiety and depressive disorders respectively for mothers at risk of or experiencing perinatal mood disorder.

Families seemed **eager to want some input**, especially around activities to help keep their children busy while at home and how to keep the stress of the pandemic from having a major impact on their children.

– MHSA Agency

We started doing **more [PMD] group work** especially now because moms are so isolated. The perinatal time can be so isolating, even more so in the pandemic. We started building groups via Zoom to come up with more interaction with moms and babies.

– MHSA Agency

I am always impressed when families have done 2-3 screenings, what observations they make about their own child. They become **better observers** and **better advocates for their kids**.

– MHSA Agency

Many families that came through funding for MHSA were diagnosed with COVID and we had to **provide food, rental assistance, payments** for household bills. That also **helps their mental health**...[it] gives them room for them to breathe and focus on other things that's going to help them.

– MHSA Agency

What are lessons and opportunities for the future?

Looking Ahead for MHSA-PEI 0-5 Services

Addressing Heightened Mental Health Needs

As a result of the COVID-19 pandemic, MHSA agencies saw fewer referrals for some developmental supports and other services in FY19-20. As the community begins to normalize following the pandemic surge, there will likely be an uptick in demand. Family stress is heightened, and many parents need more support than before the pandemic. Children have also been exposed to more stressful environments, and risk factors for abuse, neglect, and other forms of conflict in the home have been elevated. Children may have additional social-emotional and development needs resulting from decreased interaction with other children and other impacts of sheltering in place on their learning and development. As families and the community as a whole emerge from a prolonged period of individual and collective trauma, early relational health services for children and families should be a critical component of Sonoma County's post-pandemic response.

Equipping the Workforce to Deliver Trauma-Responsive Services

As agencies address heightened demand for mental health services, collaboration and support for direct service providers remains as crucial as ever. Workplace practices to nurture and support staff wellbeing will be valuable in preventing burnout and despair and in coping with emotional fatigue during the recovery period in the months and years ahead. Attending to workforce needs is necessary not only for staff retention, but also for quality of care: caring for the adults who care for others is a core component of providing trauma-informed services to children and families.

Addressing Community Needs with a Focus on Equity

Though the pandemic affected all families in Sonoma County, Latinx families were hardest hit in many ways, including job loss, instability, illness, and household stress. Dedicating particular attention and focus to the needs of families who have been most impacted by the pandemic and related stressors will be important for promoting family resilience in support of young children's early development. It is critical now more than ever to support MHSA agencies' ability to address the community's needs, which may include expanding the number of Spanish-speaking providers to offer services that are linguistically and culturally accessible to Latinx families.

Carrying Lessons Forward

As the pandemic threat wanes in 2021, the MHSA collaborative has tested innovative approaches and gained skills that pave the way for new opportunities. While communities are eager and grateful to see many aspects of life return to close to what we knew before, there are elements of what has been newly made possible that are worth holding onto. For example, virtual services expanded access for families in a myriad of ways, and many agencies may continue hybrid models. Greater public focus on mental health reduces stigma, making this a unique moment of opportunity for normalizing and promoting prevention and early intervention supports. Leveraging the lessons gained through this challenging period and using the momentum in favor of strengthening early relational health holds great potential for MHSA agencies to deepen and broaden their work.



Appendix 4 - SRJC QPR Outcomes Report FY 19-20



WELLNESS • RECOVERY • RESILIENCE

QPR Training Outcomes Report - Date Range

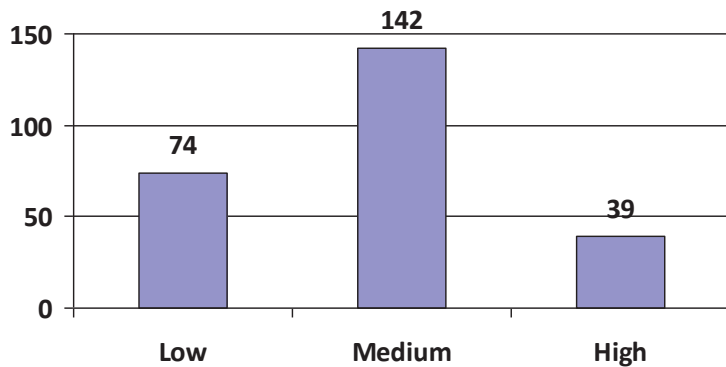
Report Range: 7/1/2019 to 6/30/2020

Report Filters: Training Location: All; Training Type: All; Trainee Type: All; Trainer: All

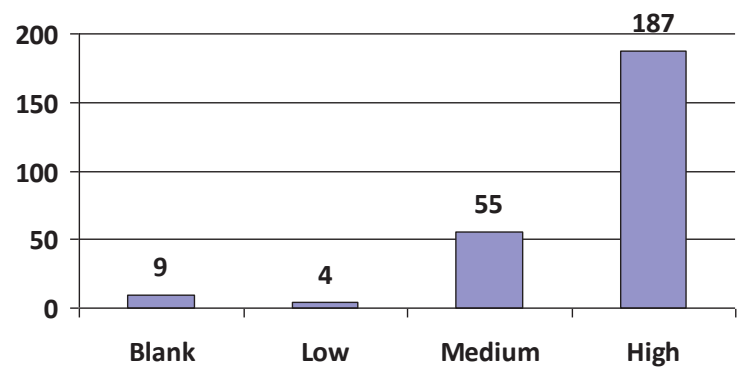
How would you rate your knowledge of suicide in the following areas?

Facts concerning suicide prevention:

Before Training

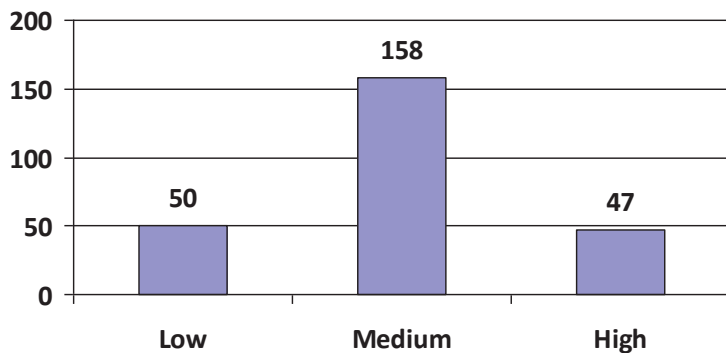


After Training

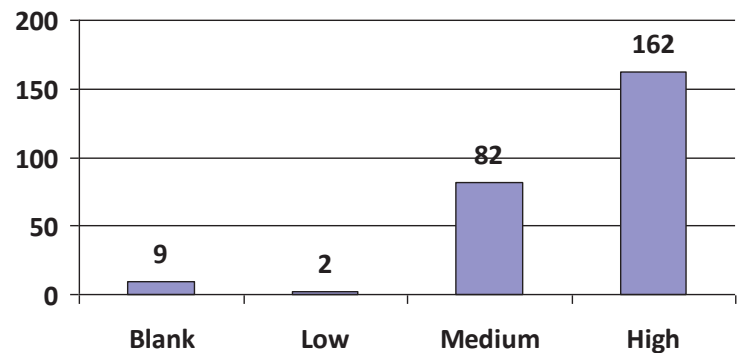


Warning signs of suicide:

Before Training

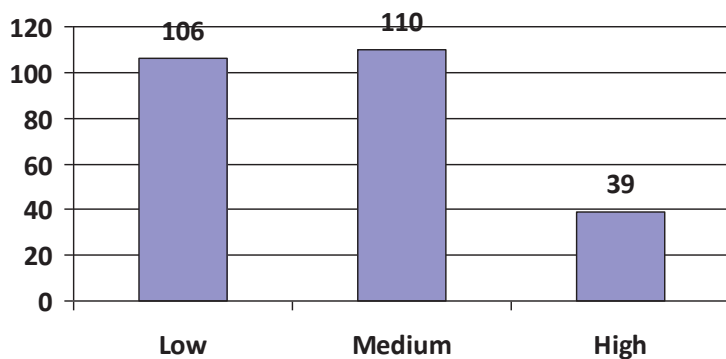


After Training

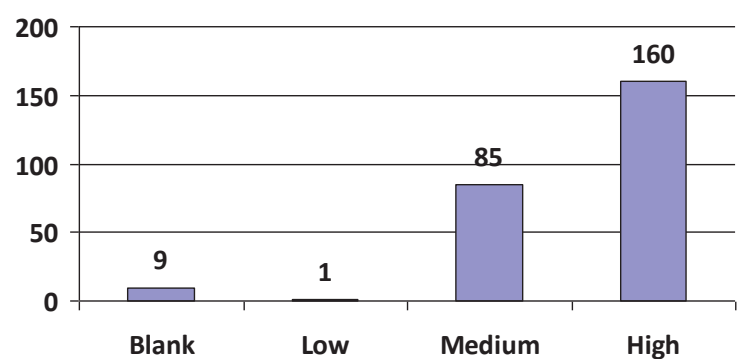


How to ask someone about suicide:

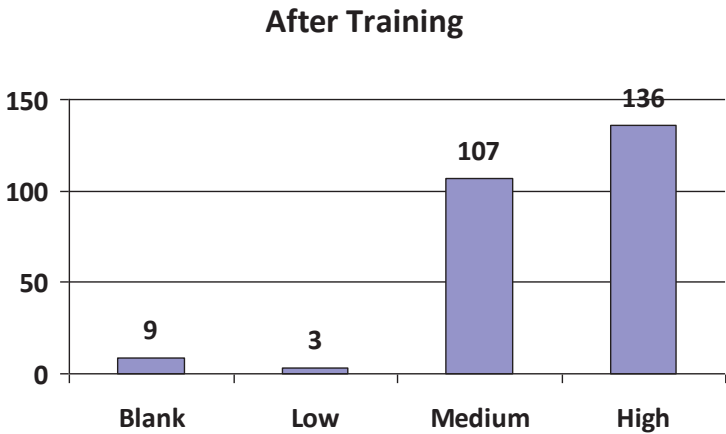
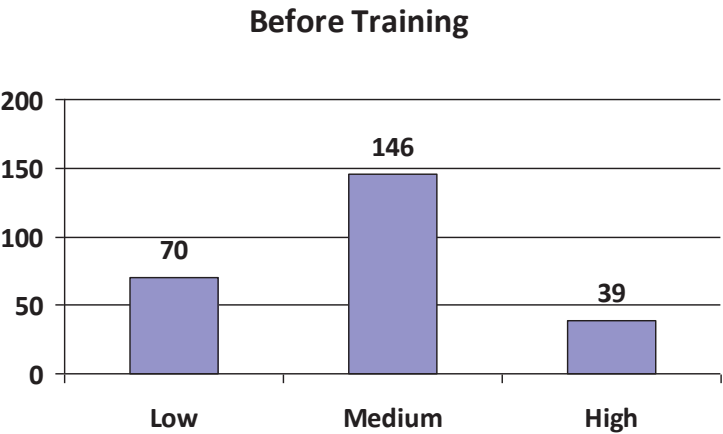
Before Training



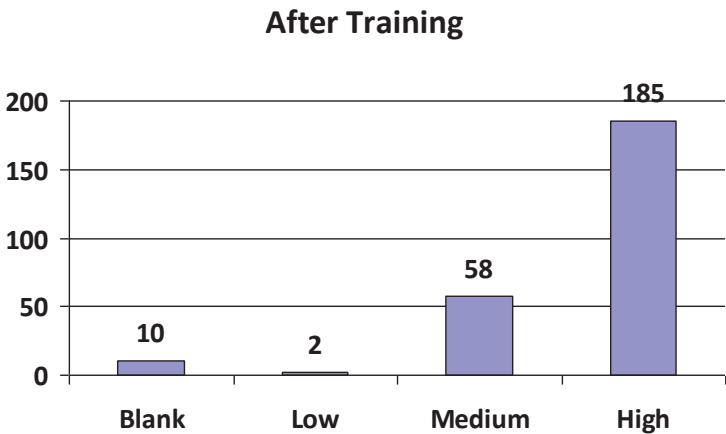
After Training



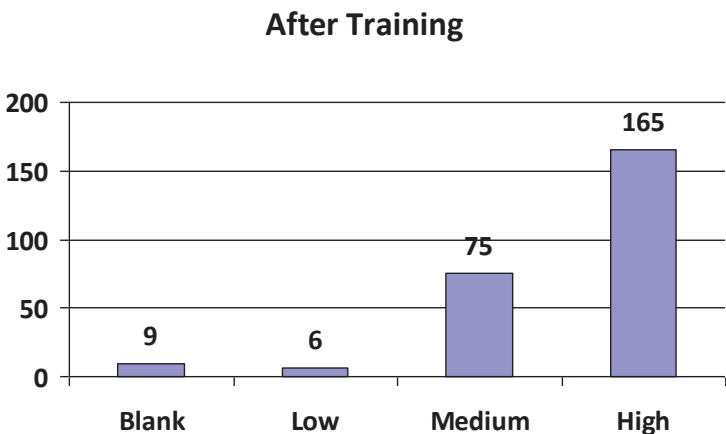
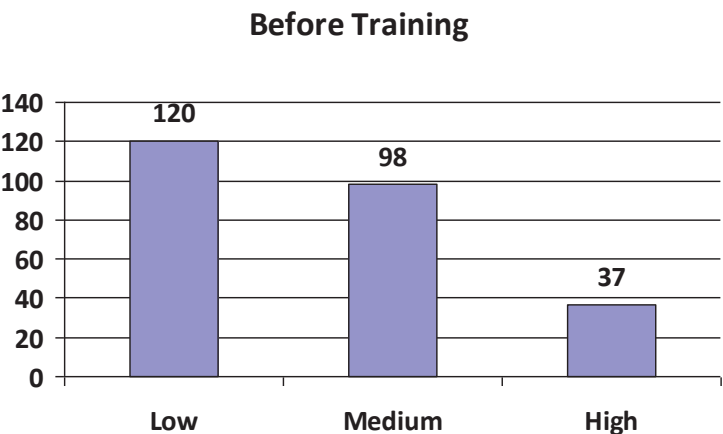
Persuading someone to get help:



How to get help for someone:

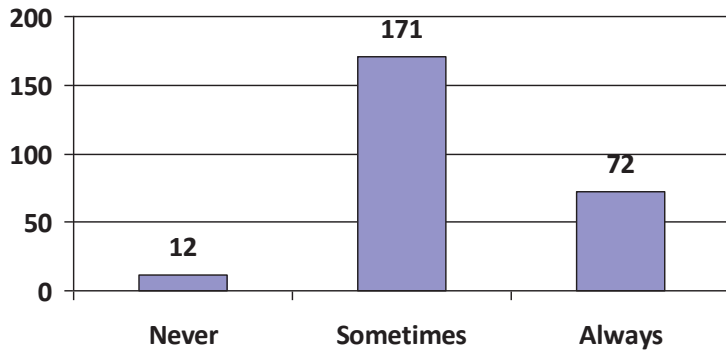


Information about local resources for help with suicide:

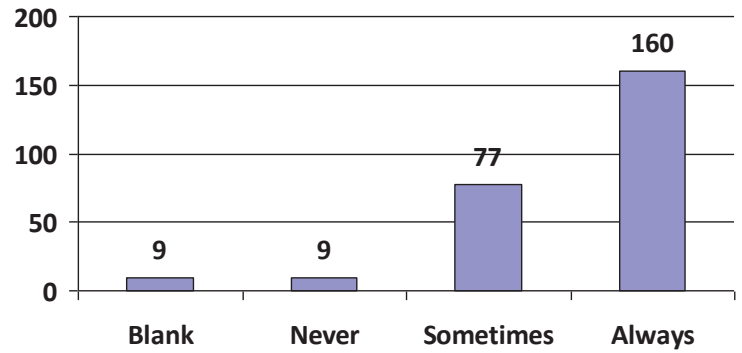


Do you feel that asking someone about suicide is appropriate?

Before Training

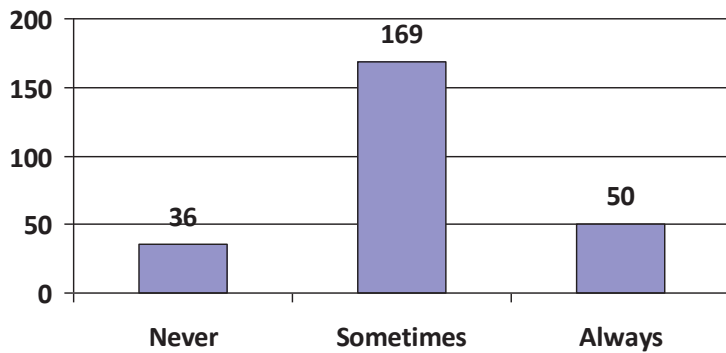


After Training

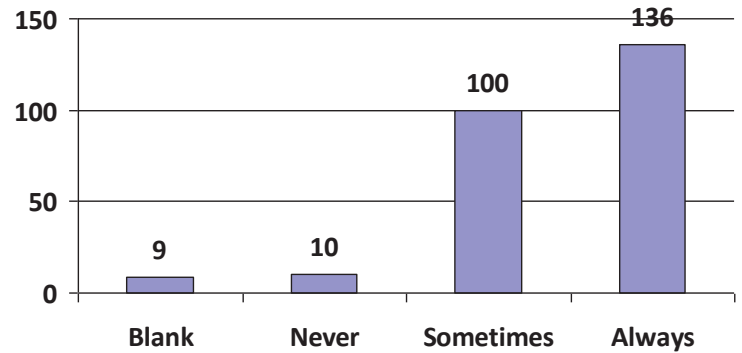


Do you feel likely to ask someone if they are thinking of suicide?

Before Training

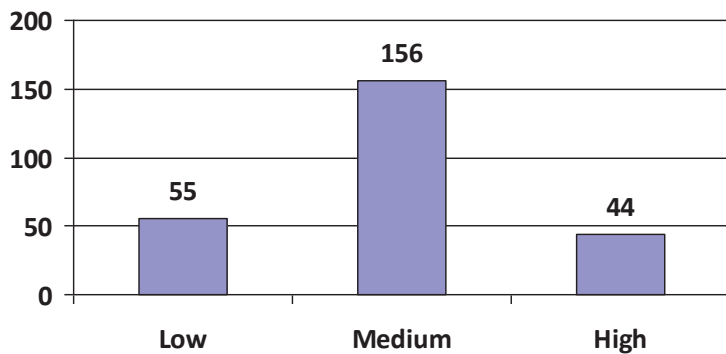


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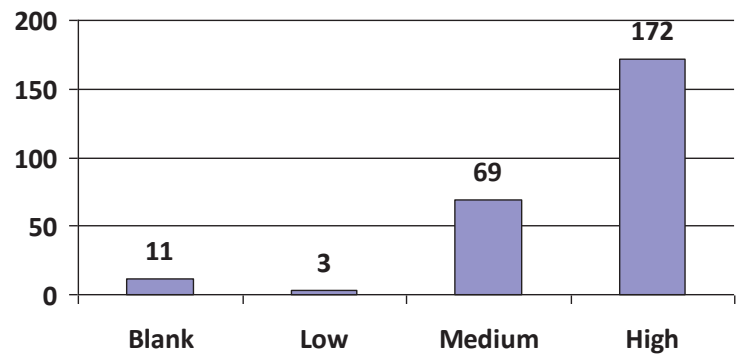


Please rate your level of understanding about suicide and suicide prevention:

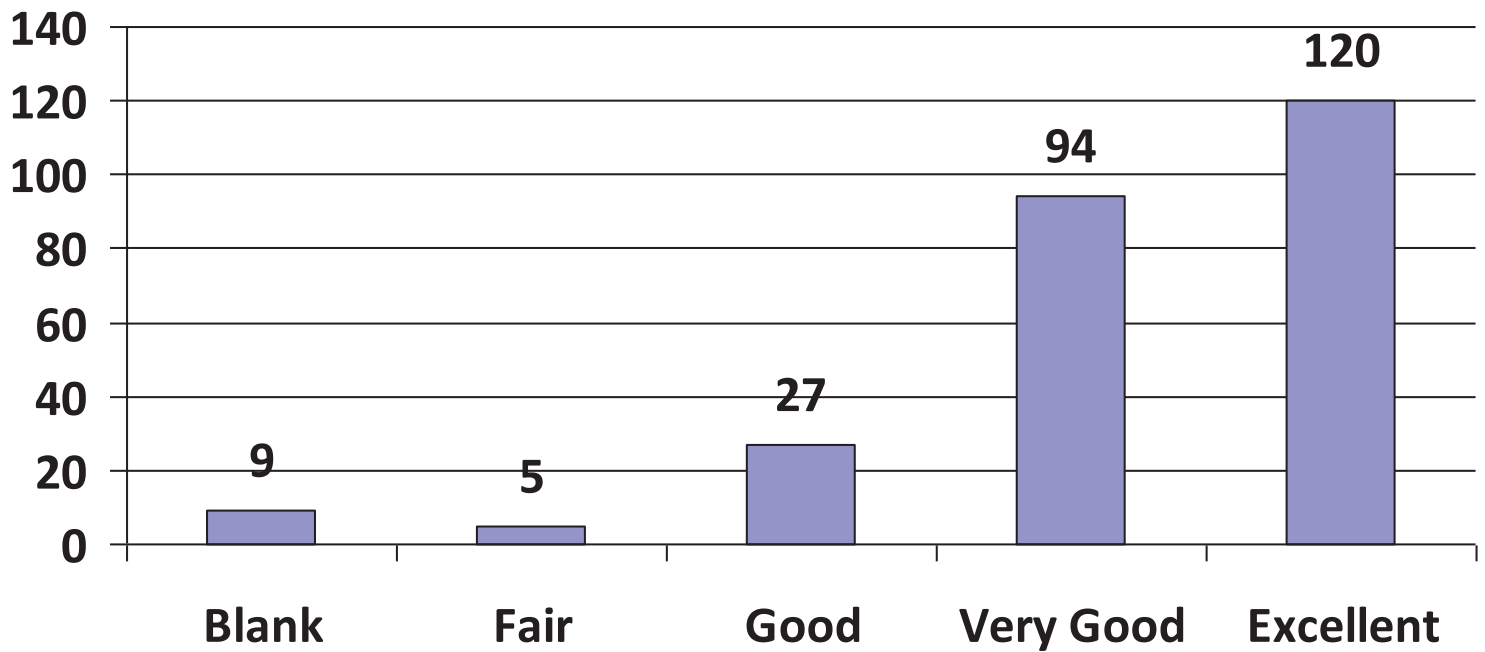
Before Training



After Training



Please provide your OVERALL rating of the quality of this training:



Would you recommend QPR training to others?

