

SONOMA COUNTY STRONG



SONOMA COUNTY

MHSA

MENTAL HEALTH SERVICES ACT

2018-2019 Plan Update &
Annual Update for 2016-2017



Table of Contents

Mental Health Services Act (MHSA) County Compliance Certification.....	4
MHSA County Fiscal Accountability Certification.....	5
Introduction	6
Purpose of this Document.....	6
MHSA History	6
The Five Components of MHSA.....	7
MHSA Today	8
Description of the Stakeholder Community Planning Process (CPP).....	8
Description of Sonoma County	11
Demographics	12
Medi-Cal Beneficiaries and Threshold Languages.....	12
Review and Approval Process	14
Description of the Review and Approval Process	14
Public Hearing	15
2018-2019 MHSA Plan Update.....	17
2018-2019 Budget Deficits.....	17
Sonoma County Behavioral Health Response to Sonoma Complex Fires.....	18
Behavioral Health Redesign Overview	19
Stakeholder Input on MHSA Program Reductions.....	20
Modifications to MHSA Three-Year Integrated Plan 2017-2020	22
Behavioral Health Campus Moves in 2018	26
Triage Grant – Expansion of Mobile Support Team (MST).....	27
Innovation Project Updates	27
Preparation for No Place Like Home	27
New MHSA Steering Committee	29
Fiscal Year 2018-2019 Work Plan Summary.....	31
Workforce Education and Training (WET) Fiscal Year 2018-2019 Plan Update.....	42
Expenditure Plan for Fiscal Year 2018-2019	44
Annual Update for Fiscal Year 2016-2017	50
Community Services and Supports (CSS)	50
Prevention and Early Intervention (PEI).....	77
Innovation (INN).....	97
Appendices	
Appendix 1: MHSA Impact Statements for Fiscal Year 2016-2017	2
Appendix 2: MHSA Newsletters for Fiscal Year 2016-2017	69
Appendix 3: First 5 Sonoma County MHSA PEI 0-5 Program Evaluation Report for Fiscal Year 2016-2017.....	91
Appendix 4: Sonoma County Behavioral Health WET Training Calendar for Fiscal Year 2016-2017.....	130
Appendix 5: Sonoma County Behavioral Health (SCBH) Question Persuade Refer (QPR) Outcomes	149
Appendix 6: Integrated Health Team (IHT) Final Innovation Report	157
Appendix 7: Reducing Disparities Final Innovation Report.....	171
Appendix 8: Peer Housing Needs Assessment and Survey	186

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Sonoma County

Local Mental Health Director	Program Lead
Name: Bill Carter	Name: Jenny Symons
Telephone Number: (707) 565-5157	Telephone Number: (707) 565-4720
E-mail: Bill.Carter@sonoma-county.org	E-mail: Jenny.Symons@sonoma-county.org
County Mental Health Mailing Address: 2227 Capricorn Way, Suite 207 Santa Rosa, CA 95407	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on 1/8/19.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

William J. Carter
Local Mental Health Director/Designee (PRINT)

William J. Carter 1/16/19
Signature Date

County: Sonoma County

Date: 1/16/19

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Sonoma County

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

Local Mental Health Director Name: Bill Carter Telephone Number: (707) 565-5157 E-mail: Bill.Carter@sonoma-county.org	County Auditor-Controller / City Financial Officer Name: Erick Roeser Telephone Number: (707) 565-3285 E-mail: Erick.Roeser@sonoma-county.org
Local Mental Health Mailing Address: 2227 Capricorn Way, Suite 207 Santa Rosa, CA 95407	

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

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

William J. Carter
Local Mental Health Director (PRINT)

William J. Carter 1/16/19
Signature Date

I hereby certify that for the fiscal year ended June 30, 2018, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 12/21/18 for the fiscal year ended June 30, 2018. I further certify that for the fiscal year ended June 30, 2018, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Amanda Buch for Erick Roeser
County Auditor Controller / City Financial Officer (PRINT)

A. Buch 1/29/19
Signature Date

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

Purpose of This Document

The purpose of this document is twofold: to provide Sonoma County stakeholders with an update on the direction of mental health services in Sonoma County for 2018-2019, and to report on the activities, services, and programs funded through the Mental Health Services Act (MHSA) for Fiscal Year (FY) 2016-2017.

Mental Health Services Act History

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



Bal and the Dragon by David O.

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

Since the passage of MHSA in 2004, Sonoma County has undertaken an ongoing, robust community planning process for each MHSA component. The process began in FY 2005-2006 to plan for the implementation of the Community Services and Supports (CSS) component of MHSA. In FY 2006-2007, Sonoma County, along with community stakeholders, began to identify Workforce, Education and Training (WET) needs. In FY 2007-2008, the MHSA housing plan was funded. In FY 2009-2010, the Prevention and Early Intervention (PEI) Community Planning Process began. In FY 2010-2011, Sonoma's Capital Facilities and Technology Needs (CFTN) plan was finalized; and finally, in FY 2011-2012, the plan for Innovation was finalized.

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

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 ensuing FY 2018-2019 Plan Update, Expenditure Plan for FY 2018-2019, and Annual Update for FY 2016-2017 will all be presented in the context of these five funding components and their associated subcategories.

1. 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 (FSP)

The 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

General System Development (GSD)

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

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 Welfare and Institutions Code 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.

2. 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

Categories

- Promotion
- Prevention
- Early Intervention
- Outreach for Increasing Recognition of Early Signs of Mental Illness
- Access and Linkage to Treatment
- Stigma and Discrimination Reduction
- Suicide Prevention

3. 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

4. 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.

5. Workforce Education and Training (WET)

The goal of the WET component is to develop a diverse workforce. Clients and families/caregivers are given training to help others by providing skills to promote wellness and other positive mental health outcomes. They are able to work collaboratively to deliver client-and family-driven services, provide outreach to unserved and underserved populations, as well as services that are linguistically and culturally competent and relevant, and include the viewpoints and expertise of clients and their families/caregivers.

MHSA Today

Today, Sonoma County has a well-developed mental health system of care. It has been implemented in phases and has now been running as a full continuum of care. These MHSA services, activities, and programs have been reviewed and approved by Sonoma County stakeholders each and every year. For an overview of these programs, services, and activities for FY 2016-2017, please refer to the Annual Update section of this report.

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

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

Sonoma County Behavioral Health (SCBH) Division uses a community driven Continuous Quality Improvement (CQI) model as part of our community planning process. Continuous Quality Improvement is the complete process of identifying, describing, and analyzing strengths and problems, and then testing, implementing, learning from, and revising solutions. Sonoma County Behavioral Health staff and managers monitor performance outcomes with contractors, working with them to make necessary adjustments in real time, in the effort to realize more effective programs, services, and activities.

Description of the Stakeholder Community Planning Process (CPP)

The Sonoma County Behavioral Health (SCBH) Division partners with the community to ensure each plan and update is developed with local stakeholders with meaningful input and involvement on mental health policy, program planning, implementation, monitoring, quality improvement, evaluation, and budget. SCBH uses a variety of opportunities and processes to seek stakeholder input to ensure full community participation. SCBH continues to use traditional (meetings, forums, etc.) and non-traditional (one-on-one and small group discussion) approaches for engaging the community about the planning process and seeking input from the community about the Update. SCBH takes special care to meet with and receive input from historically

underserved communities in ways identified as appropriate by these groups and individuals. SCBH used the following methods to educate and seek input from the public about the MHSA Annual Update.

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

Meeting Name	Stakeholder Group	Meeting Occurrence
Behavioral Health Director/mental health consumer managers	Peers/Consumers	Occurred every month on the first Thursday
Early Childhood Mental Health Collaborative Partners	0-5 aged children	Quarterly Meetings
Greater Bay Area Mental Health & Education Workforce Collaborative	All Stakeholders	Quarterly meeting
Mental Health Board meeting (monthly)	All Stakeholders	Monthly Meetings
Prevention and Early Intervention (PEI) Older Adult Collaborative meeting	Older Adults	Quarterly Meetings
Petaluma Health Care District – Community Health Initiative for Petaluma Area	Healthcare/Mental Health/Social Services provider/Veterans/Peers and Family Members	Monthly Meetings
Project SUCCESS+ (Schools Using Coordinated Community Efforts to Strengthen Students) Collaborative	High Schools	Quarterly Meetings
Russian River Area Resources and Advocates (monthly)	Homeless and Geographically Isolated	Monthly
Crisis Intervention Training (CIT)	Law Enforcement	Twice a year Spring and Fall
Quality Improvement Committee	All Stakeholders	Monthly

- Informal stakeholder meetings individually or in groups with mental health consumers and faith-based advocacy groups representatives from specific diverse ethnic and cultural communities, including Veterans.

The Behavioral Health Director and MHSA Coordinator regularly partner with the following organizations to provide MHSA updates on current initiatives and programs, allowing for opportunities to participate in the community planning process where applicable. These organizations also provide consistent feedback on MHSA guidelines, policies and quality improvement activities.

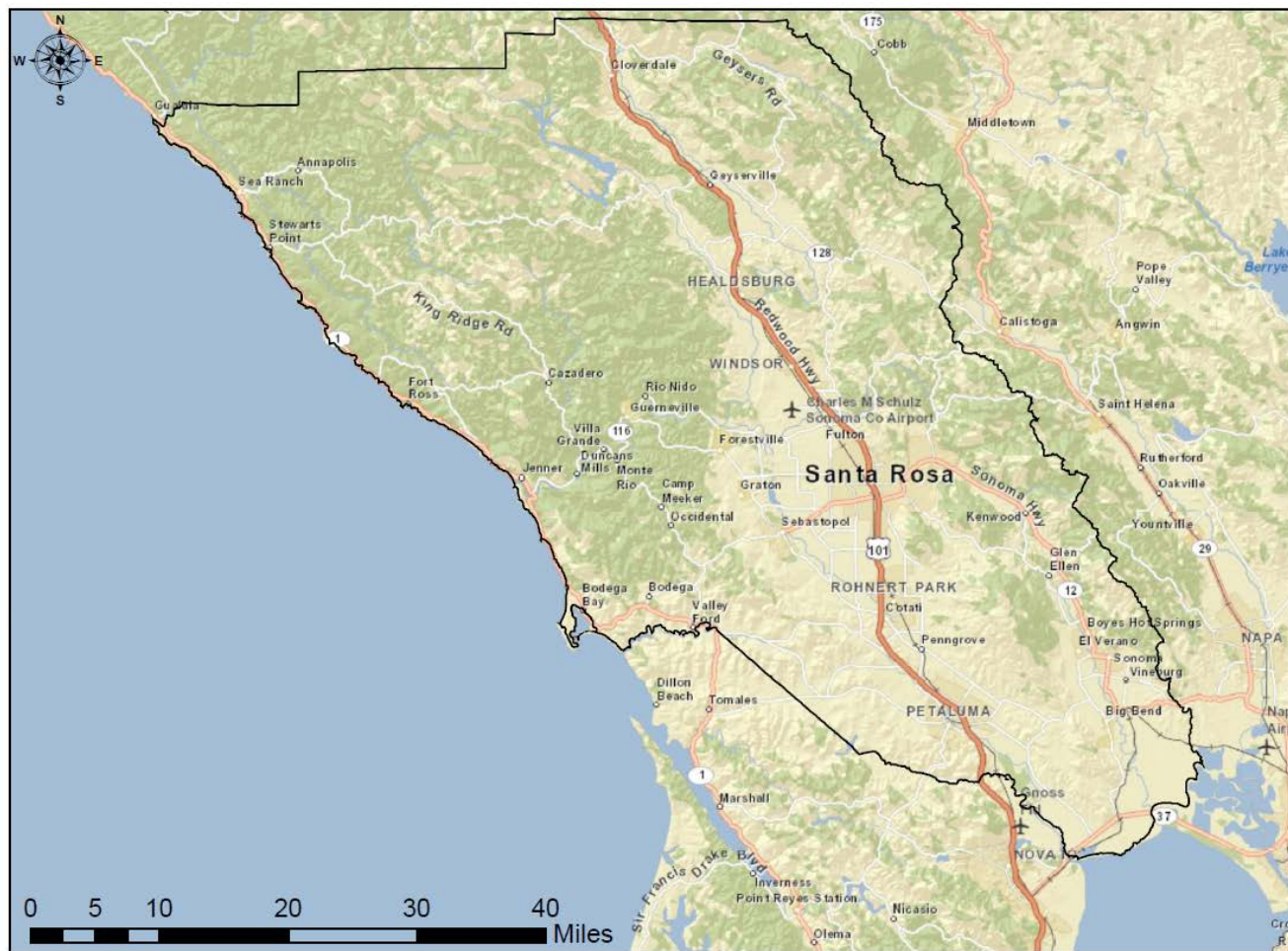
Mental Health Consumers <ul style="list-style-type: none"> • Russian River Empowerment Center • Interlink Self Help Center • Wellness and Advocacy Center Family Members and loved ones of consumers of mental health services <ul style="list-style-type: none"> • NAMI - Sonoma County • Buckelew Programs Providers of Service & Social Services Agencies <ul style="list-style-type: none"> • Latino Service Providers • Community Baptist Church • Human Services Department • Action Network • Goodwill Industries • Social Advocates for Youth • Positive Images Health Care Organizations <ul style="list-style-type: none"> • St. Joseph's Healthcare Systems • Kaiser Permanente • Alexander Valley Health Center • Sonoma County Indian Health Project • Redwood Community Health Coalition • Partnership HealthPlan CA Veterans <ul style="list-style-type: none"> • Veterans Administration • VetConnect 	Education <ul style="list-style-type: none"> • Sonoma County Office of Education • Santa Rosa Junior College • City of Santa Rosa School District • West County Union High School District Families & Children <ul style="list-style-type: none"> • Early Learning Institute • First 5 Sonoma County • Child Parent Institute • VOICES Law Enforcement <ul style="list-style-type: none"> • Sonoma County Sheriff's Department • Santa Rosa Police Department • Petaluma Police Department • Cloverdale Police Department Older Adult/Seniors <ul style="list-style-type: none"> • Council on Aging • Community & Family Services Agency • Jewish Family & Children's Services Substance Use Disorders Providers <ul style="list-style-type: none"> • Drug Abuse Alternatives Center • California Human Development Housing Providers <ul style="list-style-type: none"> • Burbank Housing • Community Housing Sonoma
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Sonoma County Behavioral Health also publishes an MHSA Newsletter, featuring relevant MHSA news, information, and events. A hard copy version of the newsletter is produced every 2-3 months and is shared with a variety of community groups and stakeholders, including the Mental Health Board, the Board of Supervisors, Behavioral Health program managers, and contractors. An archive of the newsletter PDFs is available on the MHSA website. An email version of the newsletter is produced and sent out every 2-3 months. People can subscribe to the email newsletter via the MHSA website.

See Appendix 2 for the MHSA newsletters distributed during FY 2016-2017.

Description of Sonoma County

Sonoma County measures 1,576 square miles and is the largest and northernmost county in the San Francisco Bay Area. In 2016, Sonoma County had the 17th largest county population of the 58 counties in California, with an estimated 503,000 residents (approximately 319 people per square mile).¹ According to 2016 Department of Finance population estimates, Santa Rosa - the county seat and largest city - is home to about 35% of the total population and ranks as the 27th largest city in the state.² The majority (70%) of Sonoma County residents live within nine separate cities, with the remainder living within the unincorporated areas of the county. Sonoma County's population grew 4% from 483,880 people in 2010 to 503,000 in 2016.



¹ U.S. Census Bureau, 2016 American Community Survey 1-Year Estimates. Table S0501. Retrieved March 2018.

https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_1YR_S0501&prodType=table

² California Department of Finance - E-1 Population Estimates for Cities, Counties, and the State — January 1, 2016 and 2017.

<http://www.dof.ca.gov/Forecasting/Demographics/Estimates/E-1/>

Demographics

In 2016, about 18% of Sonoma County's population was under 18 years old, 5% of whom were under 5 years of age.³ More than 26% were 60 years and older.⁴ The median age was 42 years old in 2016. By the year 2030, nearly 31% of the total population of Sonoma County will be aged 60 or older.^{5,6} Although the racial/ethnic composition is changing, Sonoma County is still substantially less diverse than the state as a whole. In 2016, 64% of Sonoma County residents were White/Caucasian, non-Hispanic or Latino; 27% were Hispanic or Latino, 4% were Asian or Pacific Islander, 2% were African American, and 1% were American Indian or Alaska Native.¹ An estimated 17% of Sonoma County residents were foreign born. The total Hispanic or Latino population increased by over 300% in the past 20 years, and is projected to grow at a rate three times faster than the overall population in Sonoma County. By 2060, the Hispanic or Latino population is estimated to increase by approximately 100,000 people.⁷ This increase has cultural and linguistic implications with regards to designing effective governmental programs and community-based initiatives.

In 2016, an estimated 88% of Sonoma County's population aged 25 years and older had a high school diploma or pursued higher education. While the median household income of Sonoma County residents in 2016 was approximately \$74,000, over 53% of Sonoma County residents paid 30% or more of their gross income on rent.¹ Furthermore, an estimated 12% of families with children ages 0-18 years residing in Sonoma County had incomes below the Federal Poverty Level (FPL) and 43% of all residents lived below 300% FPL.⁸ In 2018, an estimated 2,996 homeless individuals and 104 homeless families with children resided in Sonoma County.^{9,10}

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 2016 are as follows:

³ U.S. Census Bureau, 2016 Population Estimates Program (PEP): Quick Facts. Retrieved March 2018.

<https://www.census.gov/quickfacts/fact/table/sonomacountycalifornia/PST045217>

⁴ U.S. Census Bureau, 2016 American Community Survey 1-Year Estimates. Table S0101. Retrieved March 2018.

https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_1YR_S0101&prodType=table

⁵ California Division of Transportation. Sonoma County Economic Forecast.

http://www.dot.ca.gov/hq/tpp/offices/eab/socio_economic_files/2015/Final%20Forecasts/Sonoma.pdf

⁶ Sonoma County Area Agency on Aging. 2016-2020 Area Plan and Community Report.

<http://www.socoaaa.org/pdf/SonomaCountyAAAAreaPlan2016-2020v1.pdf>

⁷ 2014-2015 Sonoma County Hispanic Demographics Report.

<http://sonomacounty.ca.gov/WorkArea/DownloadAsset.aspx?id=2147503852>

⁸ 2015 American Community Survey (ACS) Public Use Microdata Sample (PUMS) 1-year estimates. Estimates have Margin of Error not shown here. Available online at www.factfinder2.census.gov.

⁹ 2018 Sonoma County Homeless Point-In-Time Census survey. Retrieved October 2018.

<https://sonomacounty.ca.gov/WorkArea/DownloadAsset.aspx?id=2147562538>

¹⁰ Due to limitations of the HUD homelessness definition and the nature of homeless individuals as a hard to reach population, the Sonoma County Department of Health Services and community partners believe the homeless individual count is an underestimated approximation.

Race/Ethnicity	Average Monthly Unduplicated Medi-Cal Enrollees	% Enrollees
White	49,051	37.7%
Latino/Hispanic	44,188	34.0%
African-American	2,580	2.0%
Asian/Pacific Islander	14,783	11.4%
Native American	1,830	1.4%
Other	17,685	13.6%
TOTAL	130,114	100.0%

The total for Average Monthly Unduplicated Medi-Cal Enrollees is not a direct sum of the averages above it. The averages are calculated independently. Starting with Calendar Year 2016, CalEQRO has incorporated the Affordable Care Act (ACA) Expansion data in the total Medi-Cal enrollees.

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).

Review and Approval Process

Description of the Review and Approval Process

The steps for reviewing and approving Sonoma County's program and expenditure plan and update reflect the established MHSA stakeholder engagement requirements as shown in Graphic 1 below. Welfare and Institutions Code (WIC) Section § 5847 states that county mental health programs shall prepare and submit a three-year program and expenditure plan, and annual updates, for Mental Health Service Act (MHSA) programs. A draft plan and update shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of the draft plans. WIC § 5848 states the mental health board shall conduct a public hearing on the draft plan and update at the close of the 30-day comment period. Plans and updates must be adopted by the County Board of Supervisors and submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) and the State Department of Health Care Services (DHCS) within 30 days after Board of Supervisor adoption.

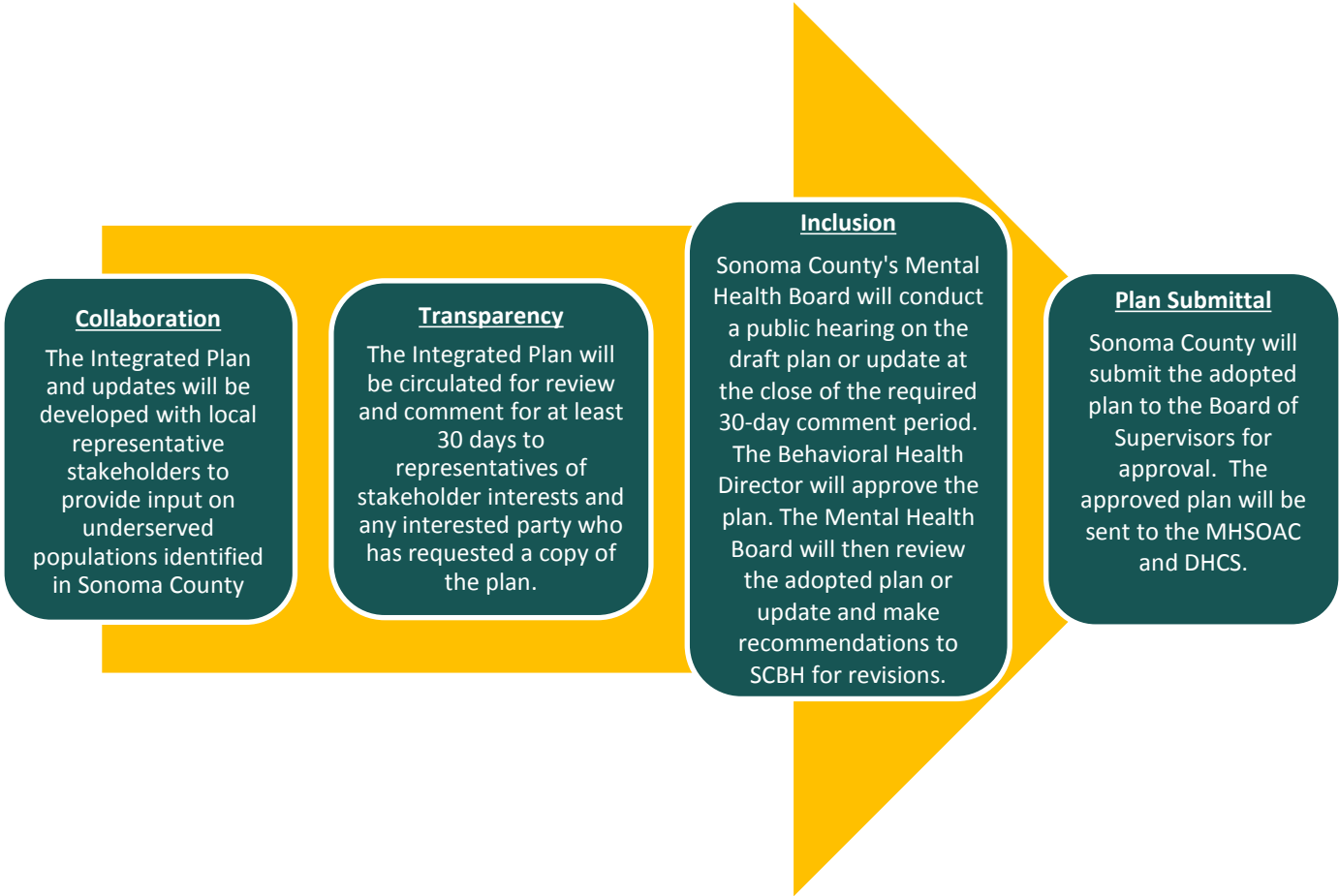
These are instructions for the MHSA Fiscal Year (FY) 2018-2019 Program and Expenditure Plan. These instructions are based on WIC and the California Code of Regulations (CCR) Title 9 in effect at the time these instructions were released. WIC § 5891 states that MHSA funds may only be used to pay for MHSA programs.

Sonoma County Behavioral Health requested stakeholder review of the draft MHSA Program and Expenditure Plan for FY 2018-2019, asking for comments and questions to be sent to:

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

The required thirty (30) day public comment period for the MHSA Plan Update for FY 2018-2019 and Annual Update for FY 2016-2017 began on November 2, 2018 and closed on December 5, 2018.

Graphic 1: The Public Hearing Process



The Public Hearing for the MHSA Plan Update for FY 2018-2019 and Annual Update for FY 2016-2017 took place at the Sonoma County Mental Health Board Meeting on December 5, 2018 at 5:00 pm at the Finley Center in Santa Rosa. The public was welcomed and the hearing was well attended, with a number of community members, service providers, and those receiving MHSA services taking the opportunity to deliver public comment to the Board. To review the public comment from the MHSA Public Hearing, please go to <http://sonomacounty.ca.gov/Mental-Health-Board/Calendar/Mental-Health-Board-Meeting-December-5-2018/>.

During the public comment period, the Behavioral Health Division received comments to correct information in the posted draft of the MHSA Plan and Annual Update. Those changes, including corrections to the Expenditure Plan section, have been integrated into the report. Table 1 below exhibits the outreach activities the Behavioral Health Division conducted to obtain feedback on the MHSA Plan and Annual Update and to announce the MHSA Public Hearing.

MHSA Plan & Annual Update Distribution and/or Public Hearing Outreach to Stakeholders for 2018

Date(s)	Place
10/16	Mental Health Board Meeting
11/9	MHSA Contractors and Staff Contact List – email sent
11/16	DHS, BHD, MHSA, and Mental Health Board web pages
11/20	Sonoma County Libraries (14) – hard copies of Plan delivered
11/16	Sonoma County Chambers of Commerce – emailed link to Plan
11/16	Health Care Districts – emailed link to Plan
11/20	Finley Center – posted Public Hearing flyer and delivered hard copy of Plan
11/20	Vet Connect (Santa Rosa) – posted Public Hearing flyer and delivered hard copy of Plan
11/20	Brookwood Health Center – delivered hard copy of Plan and Public Hearing flyer
11/19	Wellness and Advocacy Center – delivered hard copy of Plan and Public Hearing flyer
11/20	Interlink Self-Help Center – delivered hard copy of Plan and Public Hearing flyer
11/15	Notice sent via email to over 2,000 subscribers to MHSA updates

The MHSA Plan for FY 2018-2019 and Annual Update for FY 2016-2017 was adopted by the Sonoma County Board of Supervisors on January 8, 2019. The Behavioral Health Division sent the approved plan to DHCS and the MHSOAC to remain on file for review and evaluation purposes on January 29, 2019.

FY 2018-2019 MHSA Plan Update

Introduction

The content of this section of the MHSA Plan Update for FY 2018-2019 will explain the process the Behavioral Health Division is undertaking in order to make the proposed structural changes that are necessary to address significant budget deficits. This section is organized as follows:

- Overview of the Behavioral Health Division Budget Deficits for FY 2018-2019
- Behavioral Health Division Response to Sonoma Complex Fires in October 2017
- Behavioral Health Redesign
- Stakeholder Input on MHSA Program Reductions
- Description of Changes to MHSA Programs and Services as Identified in the MHSA Three-Year Plan for 2017-2020 <http://sonomacounty.ca.gov/Health/Behavioral-Health/Mental-Health-Services-Act/>
- Behavioral Health Campus Moves
- Triage Grant- Expansion of Mobile Support Team (MST)
- Innovation Project Planning
- No Place Like Home
- MHSA Steering Committee
- FY 2018-2019 Work Plan Summary
- Workforce Education and Training (WET) FY 2018-2019 Plan Update

2018-2019 Budget Deficits

The Sonoma County Department of Health Services, Behavioral Health Division was faced with a significant budget deficit for Fiscal Years 2017-2018 and 2018-2019. The budget deficit was a result of inaccurate projection of revenue from Federal Financial Participation (FFP) too large to solve by cutting services alone. Structural Redesign was required to enable the continued delivery of necessary services. Cuts must be part of an entirely redesigned system of care, faithful to the guiding principles of the California Mental Health Plan System. To address this deficit, the Department of Health Services Administration had to reduce extra-help and overtime, maintain vacancies of existing budgeted positions, implement a hiring freeze and reduced and/or eliminated MHSA contracts. The reasons for this budget shortfall includes diminished revenue and increased costs in the following areas:

Diminished Revenue:

- Over-Projected Medi-Cal Revenue
- Insufficient Medicare Billing
- MHSA Annual Adjustment
- Depleted Reserves

Increased Costs:

- Crisis Stabilization Unit
- Limited Infrastructure – Housing for Vulnerable Populations
- Prior Expansion of Behavioral Health System without a Sustainable Business Plan

To address the budget deficit the Department of Health Services has developed sustainability strategies and service delivery improvements that included reducing and restructuring contracts and reducing staff levels. In

addition, the Sonoma County Board of Supervisors provided bridge funding for two years with a mix of one time state funding, the redirecting of funds from our criminal justice and safety-net partners, and the General Fund.

The Department also reduced the number of management personnel and consolidated management and staff positions. In order to reduce high cost service demand the Department is seeking new contracts which enable clients to return to the community as an alternative to more expensive locked settings. Other improvements to strengthen the system of care include:

- Build on multi-service strengths of the Collaborative Treatment and Recovery Team to ensure timely prevention of acute episodes, reducing use of more costly services
- Establish Psychiatric Health Facility, allowing for greater reimbursement of services and decreased use of Crisis Stabilization Unit (CSU)
- Maintain Crisis Stabilization Unit at strict 16-bed capacity
- Establish an Overnight Stay Peer Center to decrease demand on Crisis Stabilization services and prevent hospitalizations
- Defer implementation of Organized Substance Abuse Delivery System until imposed by State in 2020 to ensure State participation in new costs

Sonoma County Behavioral Health Response to Sonoma Complex Fires



On Sunday October 8th, a series of fires burned across Northern California. On that day at around 9:43pm a fire broke out on Tubbs Lane in Calistoga. Simultaneously, at 10:00pm, the Nuns Fire broke out spreading mostly across Bennet Valley through the Sonoma Valley and surrounding hills, scorching more than one-third of Kenwood. By 1:00am, what would become known as the Tubbs fire, pushed by strong winds from the northeast, reached Santa Rosa City limits from the north moving through Fountaingrove area, moving down the ravines of Mark West Springs Road. By 2:00am, the fire spread across Highway 101 destroying nearly all the units at Journey's End mobile home park. By 4:30am, the fire storm reached

Coffey Park. Hours later, on Monday October 9th at 3:30am, the Pocket Fire broke out burning the hilly terrain east of Geyserville. On that same day at 2:00pm the 37 Fire off of Highway 37 and Lakeville Highway near Skaggs Island also started to burn. All total, what would become collectively known as the Sonoma Complex Fires would burn over 112,000 acres, destroy over 5,000 homes and take 23 lives.

Site Coordinators managed all deployments from the Crisis Stabilization Unit. Deployed staff provided emotional support, problem solving, and mental health and substance use disorders resources, crisis intervention, assess the "mood" environment to anticipate when behavioral/emotional issues, identify resource needs, communicate to the shelter operators. Staff provided overnight on-call behavioral health response to the shelters, and responded to all shelters for mental health crises requiring a 5150 evaluation at any time.

"Road Dawgs" moved from shelter to shelter to be the Site Coordinators' eyes and ears on the ground. They brought supplies (mental health brochures, resource lists, handouts, etc.) to the sites and trouble shot any political, logistical, or clinical issues the Behavioral Health staff were experiencing in the field; assessed the situation and reported recommendations to Site Coordinators. The Road Dawgs made sure everyone understood their tasks and instructions and gave a report to the Site Coordinators after they left every shelter.

The Behavioral Health Division also staffed the County Emergency Operations Center (EOC), the County Health Department Operations Center (DOC) and the Local Assistance Center (LAC). At the “height” of the Sonoma County Behavioral Health (SCBH) deployment, SCBH had 125 staff deployed at 18 sites. From the start of the fires, Behavioral Health senior managers, quality managers, and program managers were asked to provide trainings, support, resources and information to the community. From October 9th to November 8th 214 SCBH staff responded as Disaster Workers to the Sonoma Complex Fires. Collectively, SCBH staff provided approximately 15,000 hours of assistance to evacuees, emergency disaster workers, and other community members. Approximately one third of SCBH staff were evacuated from their homes; and 7 SCBH staff lost their homes to the fire.

On November 8th, SCBH presented a recovery and healing event with comfort dogs, art therapy, Employee Assistance Program (EAP) counselors, and yoga. On December 20th and 21st, SCBH sponsored 2 separate 1 1/2 hour operations de-briefing sessions for those staff who responded to the disaster. The California Institute for Behavioral Health Solutions facilitated to give staff an opportunity to provide feedback to management on what worked and what could be improved.

Sonoma County was awarded a Crisis Counseling Assistance, and Training Program (CCP) grant; a short-term disaster relief grant awarded after a presidential disaster declaration to support community-based outreach, counseling, and other mental health services to survivors of natural and human-caused disasters. The Federal Emergency Management Agency (FEMA) funds and implements the CCP as a supplemental assistance program to support mental health assistance and training activities in collaboration with the Emergency Mental Health and Traumatic Stress Services Branch of the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS). Funds will be used to support Immediate Service Programs for the first 60 days following declaration of a disaster and Regular Service Programs for up to nine months.

Behavioral Health Redesign Overview

- Preserves core “mandated” services for the most impaired mentally ill individuals in our community.
- Substantial cuts to direct services and contractors without any reduction to the number of moderate-severe clients served.
- Integration of Services and Programs at Lakes Campus improved coordination, higher quality services and experience for clients.
- Multi-Service Integration Hub “The Hub” New Location is 2245 Challenger Way, Santa Rosa
 - Integrates Mental Health and Substance Use Services to Improve Outcomes
 - Located in Most Populous Regions – Santa Rosa, Petaluma, and Guerneville
 - Serves 65% of Mandated Mental Health Clients
 - New Collaborative Treatment and Recovery Team (CTRT)

The Redesign provides opportunities to provide multiple services and service levels in most populous area (Santa Rosa), as well as the south and western county regions. The redesign takes advantage of co-location opportunities in The Lakes Complex and integrates substance use services with mental health for clients with both disorders to promote better outcomes. The redesign also integrates peer engagement and support with ‘professional’ County and contract services. As part of the redesign, the Collaborative Treatment and Recovery Team (CTRT) program also provides a day treatment alternative for Crisis Stabilization Unit clients.

The CTRT provides care coordination, case management, systems navigation and outpatient therapy. The CTRT will accept referrals from the Sonoma County Access Team for clients who are new to the SCBH system and have urgent mental health needs, but who do not meet “target population” criteria for ongoing SCBH services.

These individuals can be safely served in other community settings once their urgent needs have been addressed. CTRT services are provided for up to one year, depending on client need. The Care Coordinators' primary role will be to frequently re-assess clients' needs, update the client plan, and refer clients to outside behavioral health providers to address the specific needs of the clients. Providers will provide therapy to address mental health symptoms, such as anxiety, depression, anger, and trauma symptoms. Case Managers will provide hands-on assistance with system navigation, obtaining housing and resources, skill development, self-advocacy, and a warm hand-off to community providers once clients are ready for referral, if needed. All providers will be working off of a single SCBH client plan.

MHSA funded programs and services are integrated into the Behavioral Health Redesign. The following describes the programs and services available under each section for Adults, Children and Youth. All of these services are now located at the new Behavioral Health Campus at "The Lakes" in Santa Rosa.

Adult Mental Health Services

- Outreach and Engagement Services
- Collaborative Treatment and Recovery Team (CTRT) - new MHSA funded program
- Full Service Partnerships & Telecare ACT
- Crisis Residential Unit
- Medication Supports
- Inpatient and Institutes for Mental Disease (IMDs)
- Assessment and Crisis Stabilization Unit

Children and Youth Mental Health Services

- Outreach and Engagement: Field Crisis
- Outpatient Specialty Mental Health
- Full Service Partnerships
- Foster Youth Team
- Medication Supports
- Inpatient
- Assessment and Crisis Stabilization Unit

The redesign is based on the mandate to preserve core services for the most impaired mentally ill individuals in our community and services that fall outside of this mandate continue to be vulnerable to cuts or elimination. In order to keep as many of integral services, two-years of "bridge" funding was provided by the Sonoma County Board of Supervisors. Over the next two years, we expect the efficiencies created by the redesign to take effect. The redesign coincides with the planned move of the Sonoma County Behavioral Health campus from Chanate to the 'Lakes' complex, located in southwest Santa Rosa and the full implementation of an integrated electronic health record that will facilitate cost-effective services, quality improvement monitoring, and regulatory compliance.

Stakeholder Input on MHSA Program Reductions

Throughout the FY 2018-2019 budget crisis, stakeholders, contractors, staff and community members have had the opportunity to give feedback, voice concerns and air grievances in response to the Behavioral Health Division redesign. The Sonoma County Mental Health Board meetings have provided a forum for stakeholders across the county. The following is a list of dates and a brief description of the meeting content that involved

the budget deficits or system redesign between January 2018 and June 2018. For Mental Health Board agendas and minutes, go to: <http://sonomacounty.ca.gov/Mental-Health-Board/>

Mental Health Board Executive Committee Meeting - February 7, 2018

Mike Kennedy, the former Behavioral Health Director told the Mental Health Board that he will discuss the budgetary issues and protocols, including staff reductions and the methodology of reduction in contractors' funding, at the MHB meeting on 2/20/18. The Board of Supervisors will finalize at 3/20/18 meeting.

Mental Health Board Executive Committee Meeting - March 1, 2018

Former Behavioral Health Director Michael Kennedy met with board members to discuss the Behavioral Health Division's current budget and reductions. Kennedy also presented a proposed budget to the Mental Health Board for feedback and input.

Mental Health Board Executive Committee Meeting - March 7, 2018

The Director of the Department of Health Services (DHS), Barbie Robinson, and the DHS Assistant Director, Rod Stroud, presented an overview of Behavioral Health's budgetary challenges.

Mental Health Board Meeting - March 20, 2018

The Director of the Department, Barbie Robinson presented to the Mental Health Board. Robinson gave a detailed report explaining the reasons for the Behavioral Health Division budget deficit. To review the minutes including public/stakeholder comment from this meeting go the web link above.

Mental Health Board Special Executive Committee Meeting - March 23, 2018

At this meeting there was a continued discussion of Sonoma County Department of Health Services, Behavioral Health Budgetary Challenges with a Public Comment period. Dr. Kozart presented a proposed budget and the Mental Health Board opened up the meeting for public comment.

Mental Health Board Meeting - April 4, 2018

The Assistant Director of DHS, Rod Stroud, began the meeting with Behavioral Health Division fiscal updates. He also asked that fiscal updates be added as an ongoing agenda item at all Mental Health Board meetings in the future.

Mental Health Board Meeting - April 17, 2018

Dr. Kozart reported the SCBH FY 2018-2019 budget is being vetted by the County of Sonoma County Administrator it moves over to vetting by the Board of Supervisors. Once the vetting process has been completed, DHS/SCBH administrators and staff will be meeting on how to reorganize the delivery of BH services. The outcome of these reorganization meetings will be made public in a few weeks. Dr. Kozart noted that SCBH's strengths are improving timelines for services, integrating care and using "all hands on deck" approach in accomplishing delivery of services. Quality assurance of services is a major focus, i.e., training of staff to increase collection of revenue, and getting a highly needed tool, electronic health records, up and running fully for SCBH staff. There are confidential meetings with private agencies to look at partnerships that are rich with financial assets.

Mental Health Board Executive Meeting - May 2, 2018

The Assistant Director of the Department of Health Services, Rod Stroud began the meeting with Behavioral Health Division fiscal updates.

Mental Health Board Meeting - May 15, 2018

Department of Health Service leadership and the Behavioral Health Director presented a continued discussion of the FY 2018-2019 budget and Behavioral Health Division reorganization. The presentation was titled:

“Redesign Overview, A Return to Basics Along with a Big Campus Move.” The presentation also introduced the Multi-Service Integration Hub and a summary of sustainability strategies and service delivery improvements.

Mental Health Board Meeting - June 19, 2018

Dr. Kozart, the Interim Behavioral Health Director, gave updates of Behavioral Health’s budget. He talked about the budget cuts from the contract providers that totaled \$7.3 million dollars. He also discussed the healthcare system with all of the changes.

Modifications to MHSA Three-Year Integrated Plan 2017-2020

The following section briefly describes the modifications to MHSA funded programs and services for FY 2018-2019. Modifications to County-operated programs and services will be discussed first, followed by a table summarizing modifications to contracted programs and services.

Adult Access Team

The Adult Access Team receives Community Services and Supports (CSS) funding. This team will be conducting assessments only and will no longer be carrying caseloads.

The Adult Access Team improves access to mental health treatment for residents of Sonoma County who are Medi-Cal beneficiaries and meet the criteria for treatment by the Mental Health Plan. The Adult Access Team provides information and referral to all Sonoma County residents who are not Medi-Cal beneficiaries who may need mental health services.

Individuals seeking services are able to quickly receive a mental health screening, and, when needed, assessment. The Adult Access Team determines appropriate levels of care for individuals and creates linkage to the network of mental health services available throughout Sonoma County. The Adult Access Team also serves as a gateway for any person needing mental health services regardless of coverage and provides links to other community resources for any caller.

The Adult Access Team no longer provides brief stabilization services (medication management and education, housing options, employment resources, benefits counseling, and therapy) for Medi-Cal beneficiaries. The Adult Access Team also no longer provides specialty mental health treatment planning. This team will be conducting assessments only and will no longer be carrying caseloads.

Youth Access Team

The Youth Access Team improves access to mental health treatment for residents of Sonoma County who are Medi-Cal beneficiaries and meet the criteria for treatment by the Mental Health Plan. The Youth Access Team provides information and referral to all Sonoma County residents who are not Medi-Cal beneficiaries who may need mental health services.

Individuals seeking services are able to quickly receive a mental health screening, and, when needed, assessment. The Youth Access Team determines appropriate levels of care for individuals and creates linkage to the network of mental health services available throughout Sonoma County. The Youth Access Team also serves as a gateway for any person needing mental health services regardless of coverage and provides links to other community resources for any caller.

The Youth Access Team no longer provides brief stabilization services (medication management and education, housing options, employment resources, benefits counseling, and therapy) for Medi-Cal beneficiaries. The Youth Access Team also no longer provides specialty mental health treatment planning. The Youth Access Team now receives Prevention and Early Intervention (PEI) funding as an Access and Linkage program. This team will be conducting assessments only and will no longer be carrying caseloads.

The Behavioral Health Division is also contracting with Petaluma Peoples Services Center, Child Parent Institute and Social Advocates for Youth to provide assessments for youth. Once the assessment is completed by the contracted agency it is shared with the Behavioral Health Division who determines the level of care needed.

Crisis Assessment, Prevention and Education (CAPE) Team

The Crisis Assessment, Prevention, and Education (CAPE) Team aims to prevent the occurrence and severity of mental health problems for transition age youth. The CAPE Team is staffed by Sonoma County Behavioral Health licensed and license-eligible mental health clinicians. Services are located in 15 Sonoma County high schools and Santa Rosa Junior College.

The CAPE Team provides:

- Mobile Response in schools by licensed mental health clinicians with youth who may be experiencing a mental health crisis.

The CAPE Team no longer provides the following services:

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

The CAPE Team is limiting services in FY 2018-2019 to crisis response only in schools, and on crisis teams at Santa Rosa Junior College and Family Justice Center, VOICES and Positive Images. The team will significantly reduce to 2.00 FTE (Full Time Equivalent) Behavioral Health Clinicians (currently at 6.00). Due to the budget deficit, network adequacy and staffing needs of the, CAPE staff were reassigned to the Youth and Family Services Team. The CAPE Team was not generating revenue from Medi-Cal and as part of the Behavioral Health Division redesign, the Department of Health Services (DHS) made a decision to reduce the CAPE program at this time.

Mobile Support Team

The Mobile Support Team (MST) is no longer funded by the Innovation component, but continuing to leverage other funding sources including the Mental Health Services Oversight and Accountability (MHSOAC) supported Triage Grant and Board of Supervisors General Fund. The Mobile Support Team is now funded by MHSA Community Services and Supports (CSS) funds. For more information about the Mobile Support Team, go to the Triage section of this report. The Mobile Support Team will continue their same services. The only impact due to budget shortfalls is reduced hours/days in Santa Rosa.

Sonoma County was awarded Round 2 SB82 Triage Grant funds in 2018-2019. This award will allow for the County of Sonoma's Mobile Support Team (MST) to expand its services into West County (Guerneville). Once expanded, MST will provide services in the following regions:

- Central – Santa Rosa & Windsor Corridor
- South – Petaluma, Cotati, and Rohnert Park
- West – Russian River (Guerneville Area)

Full Service Partnerships (FSPs) - Family Advocacy, Stabilization & Support (FASST) - The Behavioral Health Division has expanded the FASST Team to serve FSP clients with \$600,000 additional MHSA dollars. The FASST Team is in the process of hiring additional clinicians and expanding the contract with Side by Side, formerly known as Sunny Hills Services.

Community Intervention Program (CIP) and the Whole Person Care (WPC) Pilot

The Community Intervention Program (CIP) has transitioned to a Whole Person Care (WPC) Program. The Sonoma County Whole Person Care Pilot includes both Outreach and Engagement (O&E) services and Intensive Case Management (ICM) services. O&E services center around identifying clients, building trust, and completing comprehensive assessments to identify medical, behavioral health, social service, and housing needs.

Placed-based outreach and engagement teams will be 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. Whole Person Care (WPC) Pilot staff will 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, including those serving veterans
- Shelters, supportive low-income housing projects, medical respite programs

In addition, through this project, improvements will be made to the data infrastructure that will allow WPC data analysts to partner with Sonoma County's managed care organization, Partnership HealthPlan of California, to identify likely clients based on past usage of hospital and emergency department services. Key to the success of this effort is the creation of an integrated data hub that compiles and aggregates information from the siloed systems used by each partner agency into a data repository linked to a coordinated referral tool. This data integration system will provide access to a comprehensive client view of the pilot clients and their needs. Front line staff will use these views to better understand the needs of the participants and develop coordinated treatment plans and service delivery to improve outcomes. Access to the aggregated data from multiple systems will allow for continued analysis of individual needs, evaluation of outcomes, and predictive analytics to support more proactive and prevention-focused efforts aimed at addressing critical needs of vulnerable populations. The success of the pilot initiative will be used to improve coordination across systems and eventually provide the blueprint for how County Departments and community health system partners integrate all Safety Net services.

As a result of CIP Services moving to the WPC Pilot the following services will no longer be provided that were identified in the MHSA Three-Year Plan for 2017-2020:

- Question Persuade Refer (QPR) Trainings
- Assessing and Managing Suicide Risk
- Mental Health First Aid Training (MHFA) - Adult and Youth versions
- Triple P Positive Parenting Program

- Post Hospital Home Visits (PHHV)
- iRest Groups
- Resource Tabling Community Events/Health Fairs-formerly attended between 12-20 events per year
- Referrals/Home Visits- referrals from family members, friends and community partners
- Critical Incident Debriefing Training
- Crisis/Emergency Event Community Response
- Public Health Nursing meetings and clinical consultation

Modifications to MHSA Contracted Programs and Services for FY 2018-2019

MHSA Contracted Agency/Program	MHSA Component	Modification
Action Network/Across Ages and Cultures	Prevention and Early Intervention (PEI)	11% reduction
Alexander Valley Healthcare	PEI	Eliminated
Alliance Medical Center	Community Services and Supports (CSS) – Outreach and Engagement (OE)	Eliminated
Buckelew Programs/Family Service Coordination	CSS – General Systems Development (GSD)	50% reduction
Buckelew Programs/Forensic Assertive Community Treatment (FACT) Full Service Partnership (FSP) Buckelew Employment Services	CSS	Eliminated
Child Parent Institute/0-5 Collaborative	PEI	25% Reduction; Restored with First 5 funding
Community Baptist Church Collaborative	PEI	11% reduction
Drug Abuse Alternatives Center	CSS - OE	Eliminated
Early Learning Institute/0-5 Collaborative	CSS	25% Reduction; Restored with First 5 funding
Goodwill Industries of the Redwood Empire (GIRE)/Peer-Operated Warmline	PEI	Eliminated
GIRE/Consumer Relations Program	CSS - GSD	50% reduction; Program changed to the Peer Education and Training Program
GIRE/Wellness and Recovery Center	CSS - GSD	Added \$350,000 to expand hours at new location in Behavioral Health Campus
Latino Service Providers	PEI	47% reduction

MHSA Contracted Agency/Program	MHSA Component	Modification
National Alliance on Mental Illness (NAMI) Sonoma County - Project SUCCESS+ (Schools Using Coordinated Community Efforts to Strengthen Students)	PEI	Eliminated
NAMI Sonoma County - Family Support Project	CSS and PEI	PEI contract eliminated
Petaluma City Schools/Project SUCCESS+	PEI	Eliminated
Petaluma Peoples Services Center/Mary Isaak/COTS	CSS - OE	Eliminated
Petaluma Peoples Services Center/0-5 Collaborative	PEI	25% reduction; Restored with First 5 funding
Positive Images	PEI	11% reduction
Santa Rosa Community Health Centers/Mental Health Services	CSS - OE	Eliminated
Santa Rosa Community Health Centers/School Based Program	PEI	Eliminated
Sonoma County Indian Health Project/Aunties and Uncles	PEI	70% reduction
Support Our Students/Project SUCCESS+	PEI	Eliminated
West County Community Services/Project SUCCESS+	PEI	Eliminated
West County Health Centers	CSS - OE	Eliminated

Behavioral Health Campus Moves in 2018

The Sonoma County Behavioral Health Services programs have been moved:

- Substance Use Disorder & Recovery Services moved to The Lakes Corporate Center in January 2017
- Community Mental Health Center (CMHC) - Petaluma office and the Petaluma Peer Recovery Center moved to 5350 Old Redwood Hwy., Suite 600, in February 2018
- The Adult and Older Adult Services moved to The Lakes Corporate Center in July 2018
- The Whole Person Care Team moved to The Lakes Corporate Center in September 2018
- Behavioral Health Administration, Program Support and Special Projects move to The Lakes Corporate Center in September 2018
- Youth and Family Services and the Mobile Support Team moved to The Lakes Corporate Center in October 2018

Triage Grant - Expansion of Mobile Support Team (MST)

Triage Grant funds will be released in November 2018. The Mobile Support Team (MST) will utilize these funds and General Fund appropriations from the Board of Supervisors to expand to West County and Sonoma Valley. The Round 1 Grant cycle for Sonoma County ended at the end of FY 2017-2018.

The following is a brief description of the timeline, and communication plan related to the Round 2 SB82 Triage Grant. This award will allow for the County of Sonoma's Mobile Support Team (MST) to expand its services into West County. Once expanded, MST will provide services in the following regions:

- Central – Santa Rosa & Windsor Corridor
- South – Petaluma, Cotati, and Rohnert Park
- West – Russian River (Guerneville Area)
- East – Sonoma Valley funded with Sonoma County Board of Supervisors General Fund

Innovation Project Updates

The Behavioral Health Division has closed all three of its Innovation Projects - the Integrated Health Team, the Mobile Support Team and the Reducing Disparities Fund Initiative. The Integrated Health Team is now part of the Adult Services Team and is funded by Medi-Cal dollars. The Mobile Support Team is funded with Community Services and Supports (CSS) funds, General Funds from the Sonoma County Board of Supervisors and by Triage funding. The Reducing Disparities Fund Initiative contractors have been funded by Prevention and Early Intervention (PEI) dollars since 2008. Two of the Reducing Disparities contracts, Latino Service Providers and Sonoma County Indian Health Project, are being funded by the California Reducing Disparities Project (CRDP) through the California Department of Public Health. The Division is not currently operating any existing Innovation projects. In FY 2018-2019 and 2019-2020, the MHSA Steering Committee will be researching statewide Innovation projects to help determine viable projects for proposal to the Mental Health Services Oversight and Accountability Commission (MHSOAC).

Final Innovation Evaluation reports for Reducing Disparities and the Integrated Health Team are found in Appendices 6 and 7. The final Innovation Evaluation report for the Mobile Support Team will be included in the Annual Update for FY 2019-2020.

Preparation for No Place Like Home

No Place Like Home (NPLH) Description and Subcommittee

On July 1, 2016, Governor Brown signed legislation enacting the No Place Like Home (NPLH) Program to dedicate \$2 billion in bond proceeds for the development of permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness, chronic homelessness, or are at-risk of chronic homelessness. The No Place Like Home (NPLH) legislation will provide funds to finance capital costs for the development of permanent supportive housing for individuals living with severe and persistent mental illness (SPMI) across California. While some of the funding is noncompetitive, a much larger pool of money will be competitive, and Sonoma County has already begun taking steps to prepare for the Request for Proposals (RFP) anticipated to be released in 2019.

The No Place Like Home Advisory Group, a partnership between the Department of Health Services, Behavioral Health Division, and the Community Development Commission (CDC), will play a central role in Sonoma County's initial planning and preparation for No Place Like Home. The Advisory Group includes extensive

housing representation, including housing developers with expertise and experience in affordable housing, program experts, peer housing advocates, and members of the Sonoma County Community Development Commission and Sonoma County Department of Health Services Behavioral Health Division. The Sonoma County NPLH Subcommittee has worked to map out Sonoma County's current resources, discussing ways to best maximize existing services for people living with SPMI. This mapping process is designed to ensure that the County is fully leveraging existing community resources, in order to make the best use of future No Place Like Home funding. The NPLH Subcommittee has also worked to identify existing gaps and opportunities for future development, to inform the No Place Like Home planning process. The collective expertise of the NPLH Subcommittee has been leveraged to assess the existing inventory of available housing for individuals with SPMI across Sonoma County, and work is being done to strengthen existing relationships and build new ones in an effort to develop this network of housing partnerships in advance of the release of the NPLH RFP.

In preparation for receipt of the NPLH funding, the State has made technical assistance grants available. Sonoma County was awarded \$100,000 to fund the following funding activities with NPLH Technical Assistance funds:

- Applying for NPLH funds- Contracting for grant writing consultants as needed
- Coordinating NPLH funded activities with local homelessness systems including Coordinating Entry Systems- Identify access points and train staff in appropriate assessments for coordinated entry
- Collecting NPLH data, sharing data amongst multiple systems, evaluating program activities, and meeting other NPLH program requirements to these systems
- Implementing other capacity-building activities related to creating permanent supportive housing models- Training supportive housing agency staff in Housing First, Harm Reduction, etc.
- Hiring staff or consultants to assist with:
 - Identifying potential sites for permanent supportive housing
 - Developing a process to identify potential developers
 - Monitoring activities of developers to ensure adherence with NPLH Program requirements
 - Brokering relationships between the county and affordable housing developers and/or housing authorities, and
 - Identifying and applying for additional resources for capital, supportive services, and operating costs.

The Technical Assistance activities proposed to be conducted with NPLH Technical Assistance Program funds are designed to position County applicants for the competitive NPLH funds in 2019 when the Request for Proposals is released. CDC and the Behavioral Health Division will be restarting the NPLH Advisory Workgroup this fall in 2018.

Peer Housing Needs Survey

In September 2017, the Sonoma County Department of Health Services Behavioral Health Division (SCBH) worked with Harder+Company Community Research (Harder+Company) to conduct a housing needs assessment survey. The survey aims to provide SCBH with the information it needs to better understand the housing needs of its clients. The survey findings will also be used to help inform the County's application for No Place Like Home funding. The No Place Like Home program provides financing for County's to acquire, design, build, and/or restore permanent supportive housing for individuals living with a serious mental illness who are homeless, chronically homeless, or at-risk of chronic homelessness. The survey aimed to explore the following questions:

- What are the housing needs of SCBH clients? How many SCBH clients are homeless, have unstable housing, and/or are unsatisfied with their housing?
- What types of barriers do SCBH clients experience when attempting to secure housing?

- What types of housing would SCBH clients like to have access to?

To ensure the survey was useful to SCBH and reflective of the clients SCBH serves, Harder+Company worked closely with a group of peer leaders to draft the survey. Survey input was also provided by SCBH program managers and SCBH staff. The survey was conducted between September 14, 2017 and December 29, 2017 and administered across 14 SCBH programs with a total of 558 surveys collected. Paper surveys were administered to SCBH clients and were either completed by clients independently or with a case manager, program staff member, or peer leader. All surveys were administered in English.

It is important to note that during the data collection period (October 2017), Sonoma County experienced the worst wildfires in the history of the State of California. These fires were incredibly destructive, burning over 140,000 acres and destroying over 7,000 structures. Not only were SCBH staff overseeing emergency shelters, but many were also directly impacted by the fires and/or assisting clients impacted by the fires. As such, survey data collection was on hiatus for most of October and November. While the original target was to reach 80 percent of SCBH clients, given the events and capacity of SCBH staff, survey administration was extended through the end of December with approximately 40 percent of SCBH clients surveyed. It is also important to note that the survey itself was not updated to include specific questions about the fire. While open-ended responses allowed clients to include any information about if/how the fires impacted their housing, none of the surveys we received after the fire included responses from clients indicating they had been displaced due to the fires.

See Appendix 8 for the full Peer Housing Needs Assessment and Survey.

Peer Housing Needs Focus Groups

In August 2017, a group of peers independently conducted their own focus groups to support the future application for NPLH. Participants from the Peer-Operated programs were invited to participate in an advisory group to Sonoma County's Behavioral Health Director in preparation for supporting Sonoma County's grant for No Place Like Home funding. The advisory group created a two page survey to identify present-time housing conditions, needs and desires among those individuals currently utilizing Sonoma County Behavioral Health services.

Peers created focus groups with the intention of gaining a deeper understanding of factors which influence successful housing. The peers wanted to understand the factors that contributed to homelessness, challenges experienced while homeless; what has helped people to find housing in the past, what the trends in desired housing are and what barriers and impediments people face on their path to finding housing. The hope was to create a snapshot of the components of sustainable housing which could be created under No Place Like Home.

New MHSA Steering Committee

The Sonoma County Mental Health Services Act (MHSA) Steering Committee will lead the community in creating a comprehensive, integrated, culturally responsive system of mental health services that promotes resilience, recovery, wellness and stigma-free integration into the fabric of the community. The transformed system will be easy to access, responsive to consumers and family members, and allow maximum consumer choice. Services will be evidence-based, innovative, effective and accountable. The system will embrace prevention and early intervention and provide seamless services for individuals of all ages. Outcomes will be evaluated based on improvement in the quality of life of individuals served by the system.

To transform the Sonoma County mental health system so that all individuals living with mental health challenges achieve a high quality of life through prevention, early intervention and on-going quality behavioral health services and supports provided within the local community.

The MHSA Steering Committee is expected to meet once every two months for the first year. A meeting calendar will be distributed to all of the MHSA Steering Committee members and stakeholders and shared with the public on the Sonoma County Behavioral Health (SCBH) MHSA website.

The MHSA Steering Committee will provide input on the Community Planning Process and development of the MHSA Three-Year Program and Expenditure Plan (MHSA Plan) and the Annual Updates. MHSA Steering Committee members are invited to participate by the Behavioral Health Director. All MHSA Steering Committee meeting dates, agendas and minutes will be posted on the SCBH MHSA website.

For additional questions about the MHSA Steering Committee please go to the MHSA website at: <http://sonomacounty.ca.gov/Health/Behavioral-Health/Mental-Health-Services-Act/> or contact the MHSA Coordinator at MHSA@sonoma-county.org

Fiscal Year 2018-2019 Work Plan Summary

The following Work Plan Summary for Fiscal Year 2018-2019 provides an overview of the MHSA System of Care, reflecting the modifications to programs and services described in preceding sections. A brief description of MHSA funded programs and services is provided, along with the estimated number of people that will be served (by direct services) and the estimated cost per person. The estimated cost listed is based on the MHSA funds that the program will receive. (Many programs receive funding from other sources in addition to MHSA.)

Program Name and Description	Estimated # to be served	Estimated MHSA cost per person
Community Services and Supports (CSS) – Full Service Partnerships (FSPs)		
<u>Family Advocacy, Stabilization and Support Team (FASST)</u> 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 Includes contracted services from <i>Side by Side (previously known as Sunny Hills Services)</i>	79	\$11,517
<u>Transition Age Youth (TAY) Team</u> An intensive integrated service team program for Transition Age Youth (ages 18-25), providing mental health services, intensive case management, housing and employment support services, and independent living skills Includes contracted services from the following community partners: <ul style="list-style-type: none"> • <i>Buckelew Programs – Sonoma County Independent Living</i> • <i>Social Advocates for Youth – Tamayo Village</i> • <i>VOICES Youth Center</i> 	52	\$5,632
<u>Forensic Assertive Community Treatment (FACT) Team</u> Serves adult offenders with Serious Mental Illness (SMI) by providing a community-based treatment team as an alternative to incarceration Includes contracted services from <i>Buckelew Programs – Independent Living Skills</i>	70	\$8,604

Program Name and Description	Estimated # to be served	Estimated MHSA cost per person
<u>Integrated Recovery Team (IRT)</u> 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.	162	\$4,583
<u>Older Adult Intensive Team (OAIT)</u> Provides intensive, integrated services for older adults with serious mental illness, coupled with more complex medical conditions requiring close coordination between the mental health and primary or specialty medical providers. Includes contracted services from the following community partners: <ul style="list-style-type: none"> • <i>Council on Aging – Senior Peer Support</i> • <i>West County Community Services – Senior Peer Counseling</i> • <i>Jewish Family and Children’s Services – Caring Connections</i> 	60	\$11,040
Community Services and Supports (CSS) – General Systems Development (GSD) – Family Driven Services		
<u>National Alliance on Mental Illness (NAMI) Sonoma County</u> Provides education, support and advocacy to families and individuals affected by severe mental health challenges, including a non-crisis warmline, 12-class educational program, drop-in family support group, and community mental health presentations.	624	\$287
<u>Bucklew Programs – Family Service Coordination</u> Empowers family members of adults with mental illness by helping them gain competencies in system navigation, providing education about mental illness, and helping them develop knowledge of, gain access to, and make contact with, community resources and supports.	330	\$230

Program Name and Description	Estimated # to be served	Estimated MHSA cost per person
Community Services and Supports (CSS) – General Systems Development (GSD) – Consumer/Peer Driven/Operated Services		
<u>Goodwill Industries of the Redwood Empire – Interlink Self Help Center</u> 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 with psychiatric disabilities.	338	\$248
<u>Goodwill Industries of the Redwood Empire – Wellness and Advocacy Center</u> The Wellness and Advocacy Center works with Sonoma County Behavioral Health, 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.	500	\$1,221
<u>Goodwill Industries of the Redwood Empire – Petaluma Peer Recovery Center</u> 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.	238	\$306
<u>West County Community Services (WCCS) – Russian River Empowerment Center</u> A peer operated program providing supports, activities, and services to help increase the quality of life for adults who live with mental health challenges	305	\$531

Program Name and Description	Estimated # to be served	Estimated MHSA cost per person
Community Services and Supports (CSS) – General Systems Development – Crisis Intervention		
<u>Mobile Support Team (MST)</u> In partnership with Santa Rosa Police Department and 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.	575* <i>*includes only MHSA-funded service areas</i>	\$643* <i>*includes contracted services</i>
<u>Support Our Students (SOS) Community Counseling – Mobile Support Team (MST) Internship Program</u> Provides training and supervision to post graduate Mobile Support Team (MST) interns in the provision of emergency behavioral health services and consultation in the clinic setting and in the field.		
<u>Goodwill Industries of the Redwood Empire – Mobile Support Team (MST) Peer Support Specialist</u> The purpose of the Goodwill of the Redwood Empire (GIRE) - Peer Support Specialist is to provide mental health peers with support from another peer. The Peer Support Specialist will provide assistance to mental health peers who are identified by the Mobile Support Team and agree to peer support services. The Peer Support Specialist will provide peer support and link peers to services and community resources.		
Community Services and Supports (CSS) – General Systems Development – Other Services		
<u>Sonoma County Behavioral Health (SCBH) – Community Treatment and Recovery Team (CTRT) Care Coordination</u> The Community Treatment and Recovery Team (CTRT) will accept referrals from the Sonoma County Adult Access Team for clients who are new to the Sonoma County Behavioral Health (SCBH) system and have urgent mental health needs, but who do not meet “target population” criteria for ongoing SCBH services. These individuals can be safely served in other community settings once their urgent needs have been addressed. CTRT services are provided for up to one year, depending on client need. The Care Coordinators’ primary role will be to frequently re-assess clients’ needs, update the client plan, and refer clients to System Navigation, Short Term Therapy, or both to address the specific needs of the clients. All providers will be working off of a single SCBH client plan.	80	\$5,371
<u>TBD – Community Treatment and Recovery Team (CTRT) System Navigation</u> (See above for general overview of CTRT.) CTRT System Navigation staff will provide hands-on assistance with system navigation, obtaining housing and resources, skill development, self-advocacy, and a warm hand-off to community providers once clients are ready for referral, if needed.	80	\$7,314

Program Name and Description	Estimated # to be served	Estimated MHSA cost per person
<u>TBD – Community Treatment and Recovery Team (CTRT) Short Term Therapy</u> (See above for general overview of CTRT.) The CTRT therapists will provide therapy to address mental health symptoms, such as anxiety, depression, anger, and trauma symptoms.	80	\$4,267
<u>West County Community Services – Crisis Support/Resources on the River</u> 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	10 families	\$975* *per family
<u>Sonoma County Human Services Department – Job Link</u> 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 scope of work is individuals living with severe and persistent mental illness that are referred by Sonoma County Behavioral Health (SCBH). Job Link supervises qualified staff to serve SCBH clients. Job Link provides pre-employment and employment services and other informational groups related to employment to SCBH Clients.	313	\$210
Community Services and Supports (CSS) – Outreach and Engagement (OE)		
<u>Whole Person Care</u> Pilot program targets Medi-Cal beneficiaries who are homeless or at risk of homelessness; have moderate/complex or severe/persistent mental health conditions; and have a substance use disorder, multiple chronic conditions, or are high-utilizers of emergency services. Includes contracted services from the following community partners: <ul style="list-style-type: none"> • Alliance Medical Center • Alexander Valley Healthcare • Sonoma County Human Services Department • Petaluma Health Center • Redwood Community Health Coalition • Santa Rosa Community Health Centers 	1,000	\$1,647

Program Name and Description	Estimated # to be served	Estimated MHSA cost per person
<ul style="list-style-type: none"> • <i>Sonoma Valley Community Health Center</i> • <i>Drug Abuse Alternatives Center</i> 		
<p><u>Adult Access Team</u></p> <p>The Adult Access Team improves access to mental health treatment for residents of Sonoma County who are Medi-Cal beneficiaries and meet the criteria for treatment by the Mental Health Plan. The Team provides information and referral to all Sonoma County residents who are not Medi-Cal beneficiaries who may need mental health services. Individuals seeking services are able to quickly receive a mental health screening, and, when needed, assessment. The Team determines appropriate levels of care for individuals and creates linkage to the network of mental health services available throughout Sonoma County. The Adult Access Team also serves as a gateway for any person needing mental health services regardless of coverage and provides links to other community resources for any caller.</p>	1,500	\$571
<p><u>Community Mental Health Centers</u></p> <p>The Community Mental Health Centers (CMHCs) are primarily aimed at providing access for under-served populations, including providing culturally and linguistically appropriate services to locally under-served racially and ethnically diverse communities, and homeless individuals with mental illness, in four regionally-based areas of Sonoma County: Guerneville, Cloverdale, Petaluma, and 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).</p>	363	\$3,149
<p><u>Sonoma County Indian Health Project – Community Programs</u></p> <p>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 under-served ethnic and cultural populations served by SCIHP.</p>	317	\$249

Program Name and Description	Estimated # to be served	Estimated MHSA cost per person
Prevention and Early Intervention (PEI) – Promotion		
<p><u>California Mental Health Services Authority (CalMHSA)</u> Many California counties collectively pool local Prevention and Early Intervention (PEI) funds through the California Mental Health Services Authority (CalMHSA) to support the ongoing implementation of the Statewide PEI Project. The Statewide 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. The Project provides trainings, presentations, outreach, technical assistance, dissemination of hardcopy promotional materials, mini-grants and sponsorships, and the Directing Change student film contest.</p>	n/a	n/a
Prevention and Early Intervention (PEI) – Prevention		
<p><u>Action Network – Across Ages and Cultures</u> Across Ages and Cultures (AAC) is a bi-county (Mendocino and Sonoma Counties), substance use, violence prevention coalition committed to strengthening culturally, ethnically, and linguistically diverse youth, families, seniors and the community as a whole through education, direct support services and advocacy. AAC is a collaboration of over 30 entities representing non-profit, for-profit, government, schools, law enforcement, faith-based organizations and groups on the Redwood Coast region. Targets for the program are at-risk and high-risk children, adults, and seniors primarily from Native American Pomo, Hispanic (English and Spanish speaking), Caucasian, and mixed heritage families living in Sonoma County.</p>	n/a	n/a
<p><u>Sonoma County Indian Health Project (SCIHP) – Aunties and Uncles Project</u> 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 1) mental health stigma reduction and decreasing suicide through community-based awareness campaign and education (utilizing community wellness gatherings and community outreach), and 2) providing youth mentoring and tutoring to improve academic performance and cultural enrichment for Native American youth who are at risk.</p>	n/a	n/a
<p><u>Community Baptist Church Collaborative</u> 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:</p>	n/a	n/a

Program Name and Description	Estimated # to be served	Estimated MHSA cost per person
<ol style="list-style-type: none"> 1. Village Project: A weekly program for children ages 8-13 using a faith-based curriculum that focuses on character building. 2. Saturday Academy: A weekly program that features topics of importance to youth of the church and the community. 3. Rites of Passage: An eight month program for predominantly youth ages 14-18. This program uses adult mentors (civic and community leaders elected officials etc.) to provide youth with life skills to assist youth into a successful transition into adulthood. 4. Safe Harbor Project: Facilitated by African American peers that represent an at-risk population to assist people to deal with 'life-disrupting' events, and provide education, support and referral using music therapy, gardening, etc. 		
<p><u>Latino Service Providers (LSP) of Sonoma County</u> To reduce disparities, Latino Service Providers utilizes a networking model among community providers to exchange information about activities and resources that will promote economic stability, educational success, increase access to healthcare and mental health services and resources, housing, and legal services, reduce the stigma associated with behavioral/mental health issues, and address other areas of interest for families throughout Sonoma County.</p>	n/a	n/a
<p><u>Positive Images</u> Positive Images serves the unique needs of lesbian, gay, bisexual, transgender, queer, plus (LGBTQ+) youth ages 12 to 24 and their parents and caregivers, providing 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. The purpose of this work is to reduce disparities in access to mental health services by decreasing stigma focusing on the LGBTQ + population.</p>	n/a	n/a
<p><u>Older Adult Collaborative</u> The Older Adult Collaborative (OAC) is comprised of the primary senior services agencies in Sonoma County. It is a five agency collaborative lead by 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), Jewish Family and Children’s Services (JFCS), Petaluma People Services (PPSC) and West County Community Services (WCCS). 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:</p>	2,140	\$57

Program Name and Description	Estimated # to be served	Estimated MHSA cost per person
<ol style="list-style-type: none"> 1. Administration of a depression screening by both licensed experience professionals and peer/volunteers who are supervised by licensed professionals 2. Referral of case managed clients to counseling and psychotherapy for those older adults identified as at risk for depression 		
Prevention and Early Intervention (PEI) – Early Intervention		
<p><u>Crisis Assessment, Prevention and Education (CAPE) Team</u></p> <p>The Crisis Assessment, Prevention, and Education (CAPE) Team aims to prevent the occurrence and severity of mental health problems for transition age youth. The CAPE Team is staffed by Sonoma County Behavioral Health licensed and license-eligible mental health clinicians. The CAPE Team provides mobile response in 15 Sonoma County high schools to youth who may be experiencing a mental health crisis and participates on crisis teams at Santa Rosa Junior College, Family Justice Center, VOICES and Positive Images.</p>	100	\$4,711
<p><u>Early Childhood Mental Health (0-5) Collaborative</u></p> <p>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:</p> <ul style="list-style-type: none"> • <i>Child Parent Institute</i> • <i>Early Learning Institute</i> • <i>Petaluma People Services Center</i> 	2,700	\$114
Prevention and Early Intervention (PEI) – Access and Linkage to Treatment		
<p><u>Youth Access Team</u></p> <p>The Youth Access Team improves access to mental health treatment for residents of Sonoma County who are Medi-Cal beneficiaries and meet the criteria for treatment by the Mental Health Plan. The Team provides information and referral to all Sonoma County residents who are not Medi-Cal beneficiaries who may need mental health services. Individuals seeking services are able to quickly receive a mental health screening, and, when needed, assessment. The Team determines appropriate levels of care for individuals and creates linkage to the network of mental health services available throughout Sonoma County. The Youth Access Team also</p>	550	\$1,188

Program Name and Description	Estimated # to be served	Estimated MHSA cost per person
serves as a gateway for any person needing mental health services regardless of coverage and provides links to other community resources for any caller.		
Prevention and Early Intervention (PEI) – Stigma and Discrimination Reduction		
<u>Santa Rosa Junior College (SRJC) – People Empowering Each other to Realize Success (PEERS)</u> 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.	n/a	n/a
Prevention and Early Intervention (PEI) – Suicide Prevention		
<u>Buckelew Programs – North Bay Suicide Prevention Program</u> 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.	800	\$200
Innovation (INN)		
There are no active Innovative Projects for FY 2018-2019.	n/a	n/a

Program Name and Description	Estimated # to be served	Estimated MHSA cost per person
Capital Facilities and Technological Needs (CFTN)		
<u>Avatar Electronic Health Record (EHR)</u> Vendor: NetSmart	n/a	n/a
<u>Sonoma Web Infrastructure for Treatment Services (SWITS)</u> Vendor: FEI	n/a	n/a
<u>Data Collection Assessment and Reporting (DCAR)</u> Vendor: AJW	n/a	n/a
<u>Whole Person Care (WPC) - Technology Component</u> Vendor: IBM	n/a	n/a
<u>POCO (InSyst)</u> Vendor: Echo Consulting	n/a	n/a
<u>Yellow Schedule</u> Vendor: Yellow Schedule	n/a	n/a

Workforce Education and Training (WET)		
<u>Goodwill Industries of the Redwood Empire – Peer Education and Training (PET)</u> The Peer Education and Training (PET) program will provide 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. The program will recruit, engage, supervise and support consumers as volunteers and interns in mental health agencies and organizations. The program will provide education and employment support, promote mental health system transformation through peer participation in quality improvement activities, and expand awareness of mental health recovery to all segments of the mental health community.	n/a	n/a
<u>Workforce Education and Training (WET) Coordinator</u> (See Workforce Education and Training Plan Update following this section.)	n/a	n/a

Key Personnel Changes

In FY 2018-2019, a new Workforce Education and Training (WET) Coordinator has assumed the role.

Workforce Needs Assessment

Pursuant to 9 CCR § 3830 in the Mental Health Services Act Regulations, the WET Coordinator will conduct an updated Workforce Needs Assessment, which will include the following:

List of Occupations in the Mental Health System

- Licensed Mental Health Staff
- Unlicensed Mental Health Staff
- Other healthcare professionals
- Managerial and supervisory positions
- Support Staff

Additional Positions Needed

- Hard-to-fill Positions
- Hard-to-retain Positions

Positions where Recruitment Priority is given to Clients/Family Members

Cultural Diversity

- Personnel within each racial/ethnic group
- Estimated number of clients/family members within each racial/ethnic group
- Language capacity of staffing
- Additional staffing needed to meet language needs

Staff Skill Development

The WET Coordinator will start new cohorts through the specialty evidence-based practice skills programs.

Dialectical Behavior Therapy (DBT) Training Series

The purpose of the DBT Skills Facilitators Preparation Training series is to prepare DBT facilitators for implementation of DBT skills groups in their respective programs and provide ongoing support, feedback, and monitoring to the adherence of the DBT model. Dialectical Behavior Therapy (DBT) is a cognitive behavioral treatment that was originally developed to treat chronically suicidal individuals diagnosed with borderline personality disorder (BPD) and it is now recognized as the gold standard psychological treatment for this population. In addition, research has shown that it is effective in treating a wide range of other disorders such as substance dependence, depression, post-traumatic stress disorder (PTSD), and eating disorders. This course focuses on the practical application of DBT Skill Group Facilitation within the wider system of care.

Psychiatric Rehabilitation Approach (PRA) Training Series

The Psychiatric Rehabilitation Approach (PRA) is an evidence-based approach centered in recovery-oriented practice. PRA focuses on supporting people to live, learn, work, and socialize in the environments and roles of their choice. Psychiatric Rehabilitation is designed to help support people in their role functioning: success and

satisfaction in the valued roles that can be an essential part of recovery. Valued roles may include, but are not limited to: worker, volunteer, resident, homeowner, spouse, friend, trainee or student.

This training offers personnel the skills, information, and tools they need to deliver effective rehabilitation supports to people who have psychiatric disabilities. Direct service staff and contractors learn how to support people to consider, choose, get, and keep the housing, jobs, education, and social settings they want to be in, and to develop the skills and supports a person needs for success and satisfaction in those roles and settings.

Community Collaboration

Greater Bay Area Collaborative

The WET Coordinator will increase their participation in the Greater Bay Area Collaborative to stay current with best-practices and innovative ideas regarding workforce development.

Promoting Evidence-Based Practices

Community providers and contractors have been invited into the DBT and PRA training series. The WET Coordinator will seek additional opportunities to promote and co-sponsor evidence-based practices within the community of care.

Community Mental Health Lecture Series

After the relocation to the new Behavioral Health Campus, the WET Coordinator will identify a suitable community training space to resume the Community Mental Health Lecture Series, providing recovery oriented trainings to staff, educators, community providers, law enforcement, peers, family members, and interested public.

FY 2018-2019 MHSA Expenditure Plan

FY 2018/19 Mental Health Services Act Annual Update Funding Summary

County: Sonoma

Date: 11/2/18

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	2,916	297,857	3,855	0	0	
2. Estimated New FY 2018/19 Funding	16,238,443	4,059,611	1,068,319			
3. Transfer in FY 2018/19 ^{a/}	(2,115,089)			371,172	1,743,917	0
4. Access Local Prudent Reserve in FY 2018/19	0	0				0
5. Estimated Available Funding for FY 2018/19	14,126,270	4,357,468	1,072,174	371,172	1,743,917	
B. Estimated FY 2018/19 MHSA Expenditures	10,532,253	2,688,093	0	371,172	1,743,917	
C. Estimated FY 2018/19 Unspent Fund Balance	3,594,017	1,669,375	1,072,174	0	0	

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2018	944,981
2. Contributions to the Local Prudent Reserve in FY 2018/19	0
3. Distributions from the Local Prudent Reserve in FY 2018/19	0
4. Estimated Local Prudent Reserve Balance on June 30, 2019	944,981

a/ 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 2018/19 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding**

County: Sonoma

Date: 11/2/18

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Forensic Assertive Community Treatment (FACT) [County]	1,046,154	533,833	481,231	25,945		5,145
2. Buckelew Programs - Forensic Assertive Community Treatment - Independent Living Skills (FACT-ILS) [FACT contractor]	160,908	68,418	88,499	3,991		
3. Family Advocacy, Stabilization & Support (FASST) [County]	919,712	557,139	331,096	22,809		8,668
4. Sunny Hills Services - FASST Program [FASST contractor]	940,000	352,688	564,000	23,312		
5. Integrated Recovery Team (IRT) [County]	1,239,698	742,451	458,688	30,745		7,814
6. Older Adult Intensive Team (OAIT) [County]	734,581	462,164	249,758	18,218		4,441
7. Council on Aging - Senior Peer Support [OAIT contractor]	83,951	81,869		2,082		
8. West County Community Services (WCCS) - Senior Peer Counseling [OAIT contractor]	72,149	70,360		1,789		
9. Jewish Family and Children's Services - Seniors at Home - Caring Connections [OAIT contractor]	49,242	48,021		1,221		
10. Transition Age Youth (TAY) Team [County]	749,121	210,447	277,175	18,578		242,921
11. Buckelew Programs - Transition Age Youth - Sonoma County Independent Living (TAY-SCIL) [TAY contractor]	100,811	42,865	55,446	2,500		
12. Social Advocates for Youth (SAY) - Tamayo Village [TAY contractor]	155,000	39,556	111,600	3,844		
Non-FSP Programs						
1. National Alliance on Mental Illness (NAMI) Sonoma County - Family-based Education, Advocacy and Support (FEAS) [General Systems Development (GSD) contractor]	203,398	179,077		5,044		19,277
2. Buckelew Programs - Family Service Coordination [GSD contractor]	77,993	76,059		1,934		
3. Goodwill Industries of the Redwood Empire (GIRE) - Interlink Self Help Center [GSD contractor]	396,277	83,953				312,324
4. GIRE - Wellness and Advocacy Center [GSD contractor]	685,000	610,728		74,272		
5. GIRE - Petaluma Peer Recovery Center [GSD contractor]	74,706	72,853		1,853		
6. WCCS - Russian River Empowerment Center [GSD contractor]	166,000	161,883		4,117		
7. Mobile Support Team (MST) [County GSD]	1,247,110	169,082		30,928		1,047,100
8. Support Our Students (SOS) Community Counseling - MST Internship Program [GSD contractor]	212,672	171,825		5,274		35,573
9. GIRE - MST Peer Support Specialist [GSD contractor]	44,533	28,578		1,104		14,851
10. Community Treatment and Recovery Team (CTRT) [County GSD]	457,315	429,705		11,341		16,269
11. Contractor TBD - CTRT System Navigation [GSD contractor]	600,000	585,120		14,880		
12. Contractor TBD - CTRT Short Term Therapy [GSD contractor]	350,000	341,320		8,680		
13. WCCS - Crisis Support/Resources on the River [GSD contractor]	10,000	9,752		248		
14. Sonoma County Human Services Department - Job Link [GSD contractor]	67,500	65,826		1,674		
15. Whole Person Care [County Outreach and Engagement (OE)]	3,328,321	1,647,129		82,542		1,598,650
16. Adult Access Team [County OE]	1,713,510	855,908	805,350	42,495		9,757
17. Community Mental Health Centers [County OE]	2,079,381	1,143,221	873,340	51,569		11,251
18. Sonoma County Indian Health Project - Community Programs [OE contractor]	81,040	79,030		2,010		
CSS Administration	621,466	611,393		10,073		
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	18,667,549	10,532,253	4,296,183	505,072	0	3,334,041
FSP Programs as Percent of Total	59.4%					

**FY 2018/19 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding**

County: Sonoma

Date: 11/2/18

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Promotion						
1. California Mental Health Services Authority (CalMHSA) [Joint Powers Authority]	167,644	167,644				
PEI Programs - Prevention						
2. Action Network - Across Ages and Cultures [contractor]	68,205	68,205				
3. Sonoma County Indian Health Project - Aunties and Uncles Project [contractor]	20,919	20,919				
4. Community Baptist Church Collaborative [contractor]	144,410	144,410				
5. Latino Service Providers of Sonoma County [contractor]	85,000	85,000				
6. Positive Images [contractor]	101,995	101,995				
Sonoma County Human Services Department - Older						
7. Adult Collaborative [contractor]	243,387	121,693				121,694
PEI Programs - Early Intervention						
8. Crisis Assessment, Prevention and Education (CAPE) Team [County]	473,775	471,064				2,711
9. Child Parent Institute - 0-5 Collaborative [contractor]	193,137	144,853				48,284
10. Early Learning Institute - 0-5 Collaborative [contractor]	128,261	96,196				32,065
11. Petaluma People Services Center - 0-5 Collaborative [contractor]	90,094	67,570				22,524
PEI Programs - Access and Linkage to Treatment						
12. Youth Access Team [County]	1,244,149	653,465	584,750			5,934
PEI Programs - Stigma and Discrimination Reduction						
13. Santa Rosa Junior College - People Empowering Each other to Realize Success [contractor]	200,000	200,000				
PEI Programs - Suicide Prevention						
14. Buckelew Programs - North Bay Suicide Prevention Program [contractor]	160,000	160,000				
PEI Administration	185,079	185,079				
PEI Assigned Funds	2,688,093	2,688,093				
Total PEI Program Estimated Expenditures	3,506,055	2,688,093	584,750	0	0	233,212

**FY 2018/19 Mental Health Services Act Annual Update
Innovations (INN) Funding**

County: Sonoma

Date: 11/2/18

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	0	0	0	0	0	0

**FY 2018/19 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding**

County: Sonoma

Date: 11/2/18

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Goodwill Industries of the Redwood Empire - Peer Education and Training [contractor]	139,414	139,414				
2. Workforce Education and Training Coordinator [County]	221,741	220,503				1,238
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	11,255	11,255				
Total WET Program Estimated Expenditures	372,410	371,172	0	0	0	1,238

**FY 2018/19 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding**

County: Sonoma

Date: 11/2/18

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Netsmart	1,032,034	1,032,034				
12. FEI	2,000	2,000				
13. AJW	50,000	50,000				
14. Whole Person Care - IBM	1,000,000	500,000				500,000
15. Echo Consulting	20,000	20,000				
16. Yellow Schedule	4,946	4,946				
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	134,937	134,937				
Total CFTN Program Estimated Expenditures	2,243,917	1,743,917	0	0	0	500,000

FY 2016-2017 MHSA Annual Update

The following section will report on the programs and services that were funded by MHSA during FY 2016-2017. Impact Statements have been developed for most of the programs. Impact Statements are 1-2 page overviews featuring program descriptions, a listing of services provided, demographics of those served, notable accomplishments, program outcomes, and success stories. The FY 2016-2017 Impact Statements have been included in Appendix 1 of this report. Information for all programs can be found either in the accompanying Impact Statements or in the body of the Annual Update section. The Annual Update will be presented in the context of the following MHSA components: Community Services and Supports (CSS), Prevention and Early Intervention (PEI) and Innovation (INN). (See Page 8 for a description of the MHSA components and their subcategories.)



Community Services and Supports (CSS)

Access, Treatment and Recovery Programs

Full Service Partnerships (FSPs)

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







The Sonoma County Department of Health Services Behavioral Health Division (SCBH) provides data to the public showing how MHSA-funded services improve the lives of Sonoma County residents with serious mental illness while lowering the burdens on criminal justice, health care, and other social services. Data is publicly available on the SCBH website in the MHSA Annual Update at:

http://www.sonoma-county.org/health/about/behavioralhealth_mhsa.asp

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

The following chart illustrates some positive outcomes for Sonoma County FSP clients that were active during FY 2016-2017 (at least one year in the FSP program for children and two years for other clients). Compared to the year before entering the FSP program, clients show significant reductions in areas such as homelessness, arrests, and psychiatric hospitalizations.

CHANGES TO NUMBER OF CLIENTS AFTER ENTERING FSP PROGRAM

	Children	Transition Age Youth	Adults	Older Adults
Homelessness 		↓ 82% after 1 year	↓ 53% after 1 year 57% after 2 years ↓	↓ 40% after 1 year 80% after 2 years ↓
Emergency Shelter Use 		13% after 2 years ↓	↓ 15% after 1 year 26% after 2 years ↓	↓ 50% after 1 year 75% after 2 years ↓
Group Homes and Community Treatment 		↓ 40% after 1 year 80% after 2 years ↓		
Arrests 		↓ 78% after 1 year 100% after 2 years ↓	↓ 85% after 1 year 92% after 2 years ↓	
Psychiatric Hospitalization 	↓ 100% after 1 year	↓ 71% after 1 year 79% after 2 years ↓	↓ 45% after 1 year 62% after 2 years ↓	↓ 50% after 1 year
Mental Health Emergency Events 	↓ 85% after 1 year	↓ 73% after 1 year 76% after 2 years ↓	↓ 63% after 1 year 67% after 2 years ↓	↓ 40% after 1 year 100% after 2 years ↓

Total Unique Clients that were served by all FSP programs in FY 2016-2017: **389**

Family Advocacy, Stabilization and Support Team (FASST)

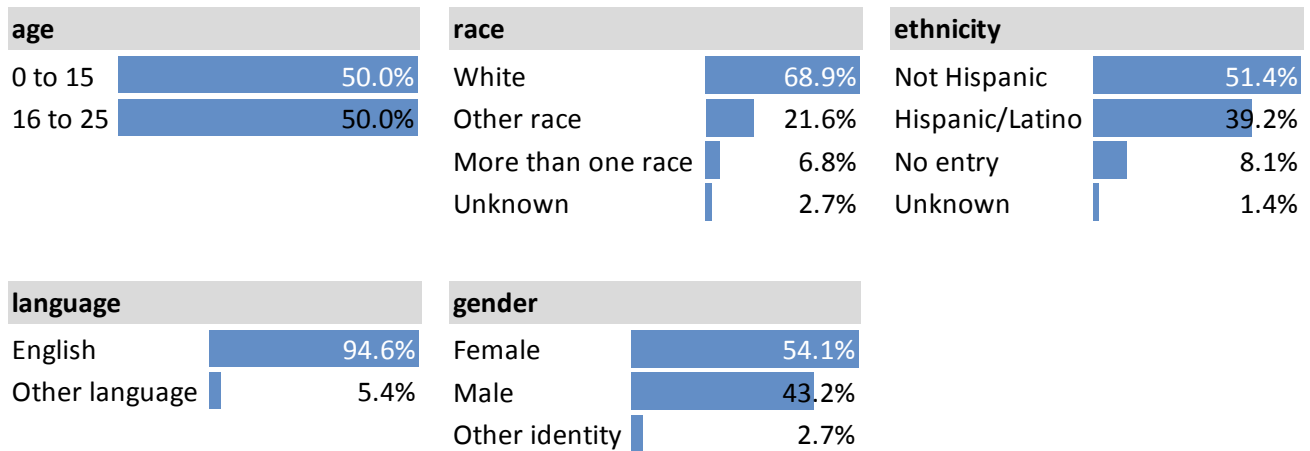
Initiative/Population: Children Ages 5-18

Program Description: Wraparound services provided to children ages 5-18, including family-centered treatment in partnership with *Sunny Hills Children's Services*.

Total Unique Clients that were served through the FASST Program: **74**

- Carried Over: **40**
- New to Program: **34**

Total Unique Clients that were also served by contractor **Sunny Hills Services** FASST program: **45**



Transition Age Youth (TAY) Team

Initiative/Population: Transition Age Youth (TAY)

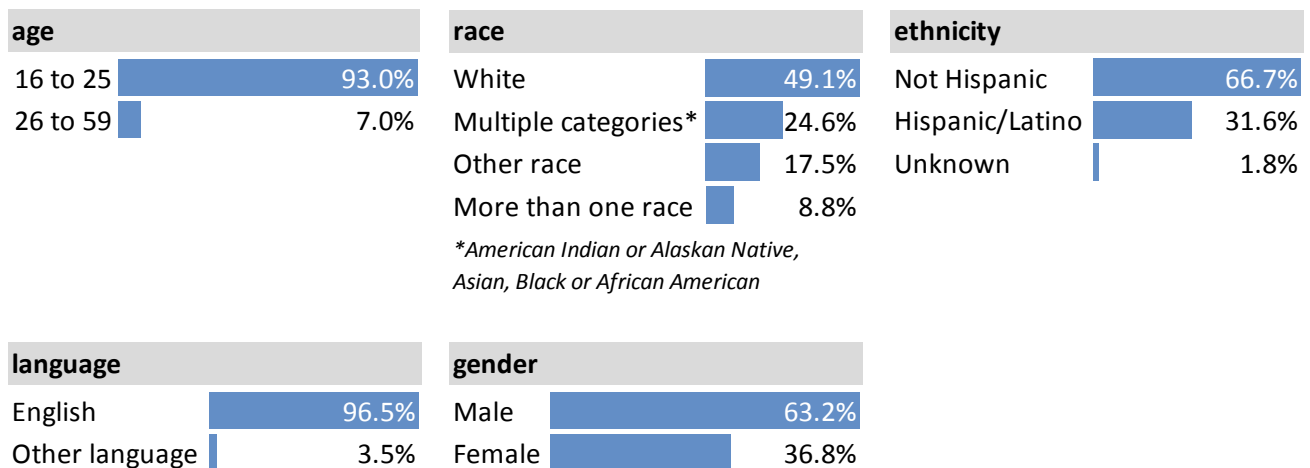
Program Description: Provides intensive wraparound services to youth ages 18-25 and their families, in partnership with *Buckelew Programs, Inc.* and *Social Advocates for Youth – Tamayo Village*.

Total Unique Clients that were served through the TAY Program: **55**

- Carried Over: **36**
- New to Program: **19**

Total Unique Clients that were also served by contractor Buckelew Employment Services program: **6**

Total Unique Clients that were also served by contractor Buckelew TAY Sonoma County Independent Living (SCIL) program: **22**



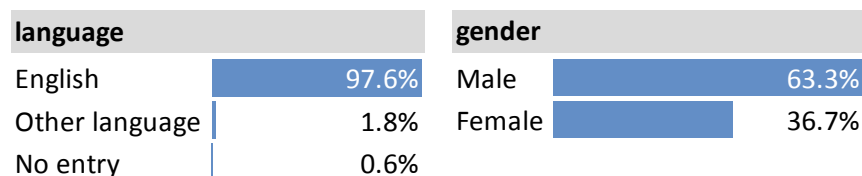
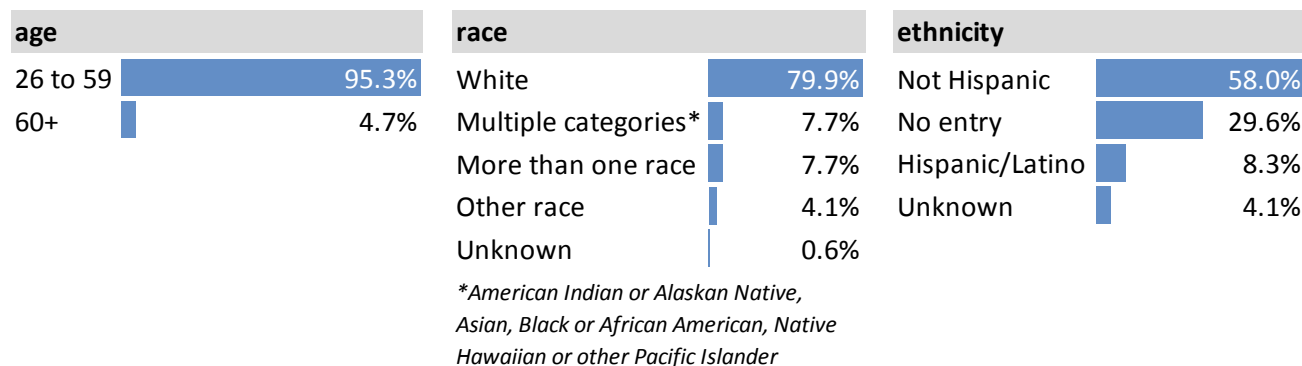
Integrated Recovery Team (IRT)

Initiative/Population: Consumers with co-occurring disorders

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

Total Unique Clients that were served through the IRT Program: **169**

- Carried Over: **128**
- New to Program: **41**



Forensic Assertive Community Treatment Team (FACT)

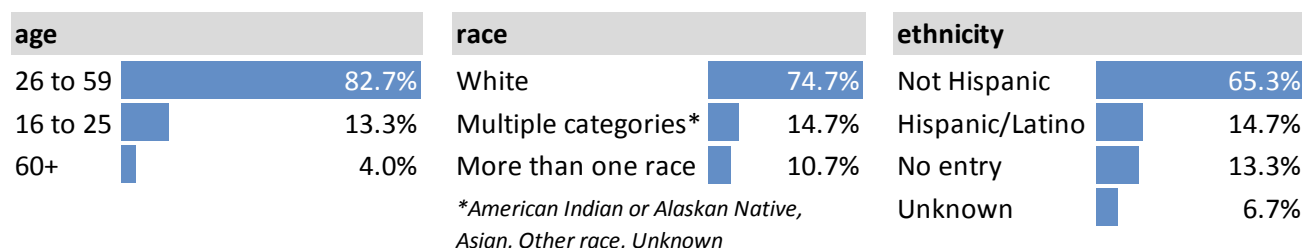
Initiative/Population: Mental Health Court clients

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

Total Unique Clients that were served through the FACT Program: **75**

- Carried Over: **50**
- New to Program: **25**

Total Unique Clients that were also served by contractor **Buckelew FACT** program: **23**



language		gender	
English	97.3%	Male	58.7%
Other language	2.7%	Female	40.0%
		Other identity	1.3%

Older Adult Intensive Team (OAIT)

Initiative/Population: Older Adults

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

- **Senior Peer Counseling at West County Community Services (WCCS)** - Services provided by Program Director, Clinical Director, and team of dedicated Volunteer Counselors
- **Senior Peer Support at Council on Aging (COA)** - Services provided by Clinical Director and team of dedicated Volunteer Supporters
- **Caring Connections at Jewish Family and Children's Services (JFCS)** - Services provided by Program Director, Care Manager and team of dedicated Caring Connection Volunteers. This program provides focused support to older clients recovering from depression or other challenging behavioral health issues.

The Sonoma County Behavioral Health (SCBH) Older Adult Intensive Team FSP utilizes a recovery oriented approach to help older adults with Serious Mental Illness (SMI) achieve wellness, dignity and meaning and recover from challenges related to their mental illness. With support from the OAIT Psychiatrist, Registered Nurse, and Licensed Marriage and Family Therapist, the Division uses a “whatever it takes” approach to engage clients with client-centered treatment planning, individualized to each person’s interests, needs and strengths, in SCBH’s outpatient treatment setting. The OAIT collaborates with clients on their chosen treatment goals by supporting them with regular contact during office and home visits.

Total Unique Clients that were served through the OAIT Program: **34**

- Carried Over: **22**
- New to Program: **12**

age		race		ethnicity	
60+	100.0%	White	88.2%	Not Hispanic	85.3%
		Multiple categories*	11.8%	Hispanic/Latino	5.9%
		*Other race, More than one race		No entry	5.9%
				Unknown	2.9%

language		gender	
English	97.1%	Female	55.9%
Other language	2.9%	Male	44.1%

Council on Aging – Senior Peer Support (OAIT FSP contractor)



Council on Aging Senior Peer Support staff

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.

For more information on this program, see the Impact Statement in Appendix 1.

West County Community Services – Senior Peer Counseling (OAIT FSP contractor)

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.

For more information on this program, see the Impact Statement in Appendix 1.



WCCS Senior Peer Counseling staff

Jewish Family and Children's Services – Caring Connections (OAIT FSP contractor)



**Jewish Family and
Children's Services**
of San Francisco, the Peninsula,
Marin and Sonoma Counties

Jewish Family and Children's Services (JFCS) Seniors At Home program in Sonoma County helps older adults and their families each year. One key component of these services involves matching clients with caring volunteers who want to give back in meaningful ways to make a positive difference in seniors' lives. Caring Connections Program provides focused support to older clients recovering from depression or other challenging behavioral health issues. Concerned

community members serve as volunteer visitors to these clients playing an integral role in their continued recovery with targeted support. Clients referred by Sonoma County Behavioral Health can receive a minimum of 6 months of volunteer support. Volunteer Visitors visit weekly, working directly with an older adult to help him or her combat isolation, loneliness, and depression. Recruitment, screening, training and ongoing support of volunteers is provided by Seniors At Home. SCBH Liaison assumes the Case Management role for these cases.

For more information on this program, see the Impact Statement in Appendix 1.



Community Services and Supports (CSS)

Access, Treatment and Recovery Programs

Outreach and Engagement (to increase access)

Sonoma County Community Intervention Program (CIP)

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

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



Raul Matamoros of the CIP Team

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

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

People who are homeless

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

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

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

People who abuse substances

People with substance abuse disorders are served at the following locations:

Drug Abuse Alternatives Center (DAAC) – Turning Point

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

Women's Recovery Services

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

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

Veterans

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

People experiencing a recent psychiatric hospitalization

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

Ethnic and cultural populations

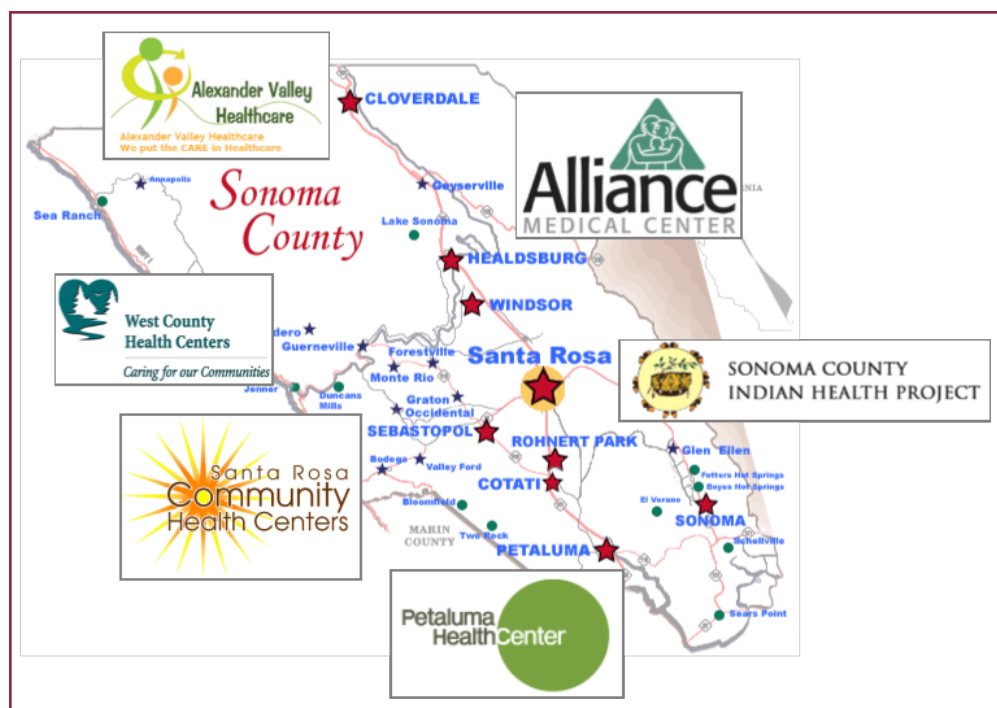
Native Americans

CIP provides funding for psychiatry and social work positions at Sonoma County Indian Health Project (SCIHP) to identify and provide treatment to Native American people with mental health issues. CIP works closely with SCIHP to identify Native American people who need referrals to Specialty Mental Health services.

Latinos

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

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



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

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

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

People who are geographically isolated

CIP conducts outreach and engagement activities to identify adults who live in geographically isolated areas outside of Sonoma County's service hub of Santa Rosa, and who may be in need of Specialty Mental Health treatment. CIP leverages staff from Sonoma County Behavioral Health **Community Mental Health Centers**

(CMHCs) to engage in these activities. CMHC offices are located in Sonoma, Guerneville, Cloverdale, and Petaluma, and staff is familiar with the unique cultural issues in these areas.

Law Enforcement

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

Task Forces and Committees

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

Training and Consultation

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

OTHER CIP OUTREACH AND ENGAGEMENT ACTIVITIES TO PRIORITY COMMUNITIES

Faith-Based Outreach

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

Targeted Outreach

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

Law Enforcement

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

Fairs and Gatherings

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

2016-2017 Health Fairs Attended by Staff of the Community Intervention Program				
	Name:	Location:	Population Reached:	Approx. # Served:
1.	Back to School Health Fair	Sonoma Charter School – Sonoma, 95476	General community	196
2.	Summer Health Careers Institute - SRJC	Santa Rosa Junior College – Santa Rosa, 95401	Education	129
3.	La Tortilla Factory's Annual Health & Wellness Fair	3300 Westwind Blvd. Santa Rosa, 95403	Latino community	170
4.	Fiesta de Independencia	Luther Burbank Center –	Latino community	526

2016-2017 Health Fairs Attended by Staff of the Community Intervention Program				
	Name:	Location:	Population Reached:	Approx. # Served:
		Santa Rosa, 95403		
5.	Recovery Resource Fair	Interlink – 1033 4 th St. Santa Rosa, 95404	General community	59
6.	Sonoma Valley Health Clinic	Sonoma Valley Community Health Center – 19270 Sonoma Hwy. Sonoma 95476	Healthcare Providers	128
7.	Health & Wellness Fair	Resurrection Parrish – 303 Stony Point Rd. Santa Rosa 95401	Children and families	193
8.	Community Health Workers Chapter	Santa Rosa Junior College – Santa Rosa, 95401	Education	35
9.	DSL Tech Expo & More	Sonoma County Fairgrounds – 1350 Bennett Valley Rd. Santa Rosa 95404	People with disabilities	166
10.	Health Fair/Feria de Salud	St. John's de Baptist Catholic Church – 240 E. St. Healdsburg 95448	Latino community	148
11.	Kevin Berthia	Santa Rosa Junior College – Santa Rosa, 95401	TAY	175
12.	Out of the Darkness Walk	Howarth Park – Santa Rosa	Peers and Family Members	110
13.	Health & Wellness Fair-Year of the Farm Worker	Our Lady of Guadalupe Church – Windsor 95492	Latino community	581
14.	TransLife	Finley Center – 2060 W. College Ave. Santa Rosa 95401	LGBTQQI community	130
15.	Mi Futuro Esta en Health Care	Santa Rosa Junior College – Santa Rosa, 95401	Latino community	345
16.	Roseland Cinco de Mayo Annual Festival	Roseland Area – Sebastopol Rd. Santa Rosa 95407	Latino community	535
17.	Day Under the Oaks	Santa Rosa Junior College – Santa Rosa, 95401	Education	405
18.	Asian & Pacific Islander Health Forum	Finely Community Center – Santa Rosa, 95401	Asian/Pacific Islander community	40
19.	SRCHC 2 nd Annual Clinic Resource Fair	Santa Rosa Community Health Center – 751 Lombardi Ct. Santa Rosa 95407	Healthcare	110
TOTAL				4,181

Task Forces and Committees

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

Training and Consultation

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

- Monthly Community Health Outreach Worker meetings

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

CIP staff also conduct the following trainings:

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

Urgent Response

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

Community Intervention Program – County and Contractor Staffing Structure

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

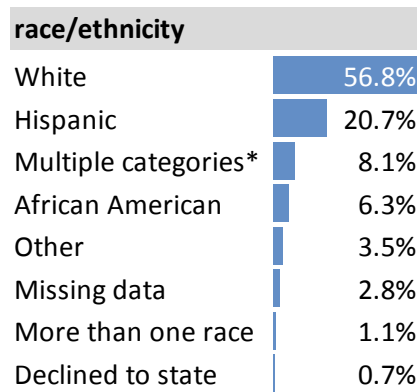
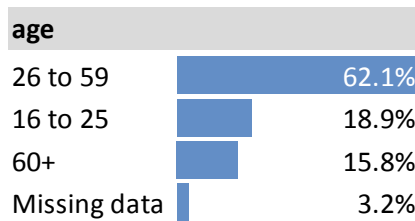
- Sonoma County Behavioral Health (SCBH)
 - SCBH CIP Team
 - Community Mental Health Centers (CMHCs) CIP Team
- Contractors
 - Alliance Medical Center
 - Drug Abuse Alternatives Center (DAAC)
 - Petaluma People Services Center (Mary Isaak Center)
 - Santa Rosa Community Health Centers
 - Sonoma County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

Please see the Impact Statements in Appendix 1 for information on each program above.

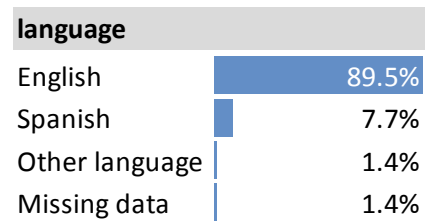
Sonoma County Human Services Department – Job Link

As part of the Community Intervention Program, Sonoma County has implemented the **Job Link** program to assist economically disadvantaged adults to achieve self-sufficiency through employment.

Total numbers served (aggregate of quarterly reports): **285**



*Native American, Asian, Pacific Islander



*Transgender, Another gender identity, Missing data

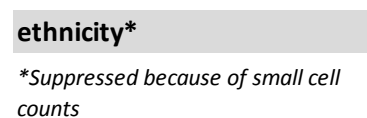
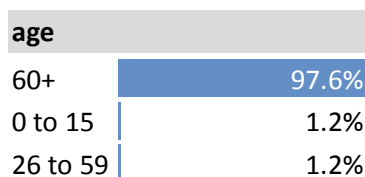
Sonoma County Human Behavioral Health Division – Older Adult Team Outreach



Sonoma County Behavioral Health Older Adult Team

In collaboration with Human Services, Adult and Aging Division, the **Sonoma County Behavioral Health Division (SC-BHD) Older Adult Team** identifies older adults, age 60 and older, who show symptoms of depression, serious mental illness and/or suicidal thinking, and provide an in-home assessment and care coordination with the SC-BHD **Older Adult Mental Health Outreach Liaison**. From peer support to in-home counseling to Specialty Mental Health services, older adults who are interested in receiving support are offered a warm handoff to the appropriate level of care. This partnership enables older adults the opportunity to live healthier, more connected and fulfilling lives.

Total unique clients that received client-level services: **84**



language	
English	100.0%

sexual orientation	
Heterosexual	64.3%
Multiple categories*	35.7%
*Gay/Lesbian, Unknown	

gender	
Female	76.2%
Male	23.8%

The Access Team

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

Total number of clients that were screened by Access Team phone clinicians: **3,069**

- Adults: **2,466**
- Children: **603**

Total Unique Clients that were assessed through the Access Team: **760**

- Carried Over: **210**
- New to Program: **550**

age	
26 to 59	70.9%
16 to 25	17.4%
60+	11.3%
0 to 15	

race	
White	69.9%
Other race	9.5%
More than one race	8.4%
Multiple categories*	6.1%
Black or African American	4.5%
Asian	1.7%

*American Indian or Alaskan Native,
Native Hawaiian or other Pacific Islander,
Unknown

ethnicity	
Not Hispanic	65.4%
Hispanic/Latino	17.6%
No entry	13.9%
Unknown	3.0%

language	
English	93.2%
Spanish	4.1%
No entry	1.4%
Other language	0.9%
Unknown/Not reported	0.4%

gender	
Male	50.4%
Female	49.5%
Another gender identity	0.1%



Community Services and Supports (CSS)

Access, Treatment and Recovery Programs

General Systems Development: Consumer/Peer Run Services

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



Wellness and Advocacy Center staff

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

For more information on this program, see the Impact Statement in Appendix 1.

Goodwill Industries of the Redwood Empire – Interlink Self-Help Center

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

For more information on this program, see the Impact Statement in Appendix 1.



Interlink Self-Help Center Staff

Goodwill Industries of the Redwood Empire – Petaluma Peer Recovery Project



Lynda Yager, Kelsey Dean, and Lana Zientek

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

For more information on this program, see the Impact Statement in Appendix 1.

West County Community Services – Russian River Empowerment Center



Art room at RREC

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

For more information on this program, see the Impact Statement in Appendix 1.



Community Services and Supports (CSS)

Access, Treatment and Recovery Programs

General Systems Development: Family Driven Services

National Alliance on Mental Illness (NAMI) Sonoma County



Whitney Rogers staffing NAMI resource table

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

The NAMI Family Support Project provides support to family members and loved ones of mental health consumers and

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

For more information on this program, see the Impact Statement in Appendix 1.

Bucklelew Programs – Family Service Coordination

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



Jessica Wolfe, Erika Klohe, Sue Tichava

For more information on this program, see the Impact Statement in Appendix 1.



Community Services and Supports (CSS)

Access, Treatment and Recovery Programs

General Systems Development: Crisis Support Services

West County Community Services – Crisis Support Services



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

For more information on this program, see the Impact Statement in Appendix 1.



Community Services and Supports (CSS)

Workforce Education and Training (WET)

Sonoma County Behavioral Health WET Activities

In Fiscal Year 2016-2017, the new WET Coordinator implemented several training programs and community events to further Sonoma County Behavioral Health (SCBH) goals in the following Domains: System Level Support, Career Pathways and Pipeline Program, Staff Skill Development – Evidence-Based Practices, Community Collaboration, and Workforce Diversification.

System Level Support	Career Pathways	Staff Skill Development	Community Collaboration	Workforce Diversification
<ul style="list-style-type: none"> • Accreditation (BRN, CAMFT, CCAPP) • Core Competencies 	<ul style="list-style-type: none"> • Clinical Intern Support Program • Pipeline Programs • Career & Internship Fairs 	<ul style="list-style-type: none"> • DBT • Psychiatric Rehabilitation Approach • Team Trainings: Diagnostics & Documentation 	<ul style="list-style-type: none"> • Suicide Prevention • Youth Mental Health Academy • Community Mental Health Lecture Series 	<ul style="list-style-type: none"> • Mi Futuro Event • Cultural Responsiveness Survey

System Level Support

Accreditation

At the onset of FY 2016-2017, SCBH had obtained and maintained accreditation through the Board of Registered Nursing (BRN) and the California Association of Marriage and Family Therapists (CAMFT) for the following license types:

BRN	CAMFT
<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)

In 2016, the Workforce Education and Training Coordinator completed application for accreditation through the California Consortium of Addiction Programs and Professionals (CCAPP) to provide continuing education units (CEUs) to Substance Use Disorders Services (SUDS) staff. Accreditation was awarded retroactive to November 2015. SCBH is now able to provide CEUs for the following certification types:

CCAPP

- 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)

Workforce Development Plan: Core Competencies

SCBH participated in the Department's efforts to establish and define core competencies for the Department Workforce Development Plan. This collaboration supports the Department goal of improving the knowledge, skills, and abilities of our staff to improve the quality of the services we provide. The WET Coordinator supported this process soliciting and analyzing input from Behavioral Health Division Leadership to define core competencies, assess current staffing skill level within these competencies, and deliver training programs to up-level critical skills. Pilot Assessment process began in May 2017. Core Competencies were established as follows, with definitions below:



Planning and Evaluation

Establishes a systematic approach to set and evaluate priorities, goals, and timelines to ensure accomplishment of a specific objective, policy, program, or service to achieve maximum effectiveness toward outcomes, efficient use of resources, and consistency with the Department of Health Services (DHS) Strategic Plan. Ability to create and implement integrated plans, ensuring access to an array of linked services across prevention, population health, treatment and recovery. Uses information technology and knowledge of data sources in accessing, collecting, analyzing, using, maintaining and disseminating data and information. Identifies, analyzes, develops plans and evaluates using data and uses assessments to understand and address health status and factors. Implements DHS Strategic Plan and utilizes best practice strategies for continuous quality improvement. Uses and monitors evaluation results to improve program and departmental performance.

Communications

Presents and disseminates information in a clear and concise manner orally and in writing; appropriately designs and adapts message, style and tone to accommodate a variety of diverse audiences. Respectfully listens to others to gain full understanding of issues. Conveys commitment to strategies in DHS Strategic Plan and solicits input from internal and external stakeholders to inform and engage in strategies aimed at maximum impact.

Cultural Humility

Supports and promotes an environment that respects, values, and creates opportunities for all, regardless of individual differences. Provides services, collaborates, and develops programs, plans and policies that are relevant to the culture and language of the community, clients, and families. Supports and commits to the value of a diverse health workforce.

Collaboration

Works with and values contribution of colleagues across DHS and in community partnerships to achieve shared goals, develop a vision for community health and wellbeing, and collaborate to maximize impact. Treats others with dignity and respect and maintains a professional and courteous demeanor. Engages community residents, clients and leaders for input, leadership, planning and support of efforts for health and wellbeing of residents.

Personal and Professional Accountability

Consistently demonstrates an outcomes orientation in development and implementation of programs, plans, policies and service delivery. Sets and achieves goals, working in a way that meets deadlines and standards. Accepts full responsibility for self and contribution as a team member and displays honesty and truthfulness. Appropriately confronts problems quickly and accepts their role in them when necessary. Displays careful and responsible management of entrusted resources, including people, time, finances, supplies, and materials.

Organizational Awareness

Combines job knowledge and broad organizational knowledge to help achieve the Department's OneDHS Vision and implementation of the DHS Strategic Plan, including operationalizing DHS core values of equity, collaboration and excellence. Prioritizes tasks in order of value and urgency, allocating time and resources effectively based on appropriate priorities. Adheres to, implements and manages policies and procedures of DHS and operates programs and plans within budgeted resources. Incorporates ethical standards of practice. Motivates colleagues for the purpose of achieving shared program, departmental goals and County priorities.

Leadership and Systems Thinking

Understands DHS' role in public health and behavioral health as part of a larger inter-related system of organizations that influence health and well-being of residents and clients. Identifies, analyzes, and leads efforts to address opportunities and barriers that may affect delivery of public health and behavioral health services, programs, policies and population health improvement. Demonstrates transparency, sound judgment and department-wide thinking in decision-making and encourages critical thinking in the work. Participates in professional development opportunities.

Understanding of the Disciplines

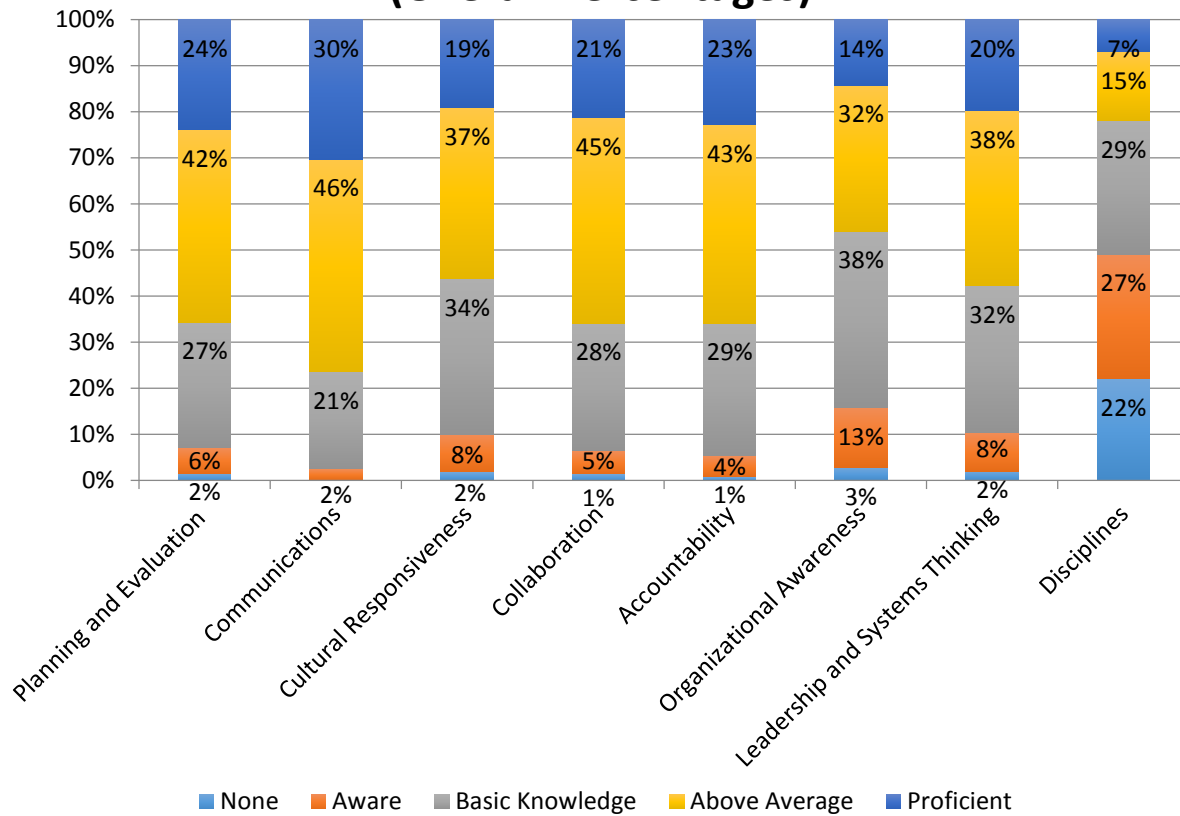
Understands and applies basic knowledge of best practices in the disciplines of public health and behavioral health in the planning, administration, management, and evaluation of service delivery, programs, plans and policies. Knowledge and understanding of Substance Abuse and Mental Health Services Administration (SAMHSA) 2.0 Leading Change and the 10 Essential Public Health Services.

Pilot Assessment Results

All DHS employees were asked to rate themselves based on competencies within 8 domains. For each listed competency, employees were asked to rate their proficiency on scale of 1 to 5 (1=None, 2=Aware, 3=Basic Knowledge, 4= Above Average, 5=Proficient).

On average, DHS employees rated their proficiency lower in Cultural Responsiveness, Organizational Awareness, Leadership and System Thinking, and Understanding of the Disciplines, indicating a need for training in those domains.

Core Competency Self-Assessment (Overall Percentages)



Average scores by domain were as follows:

	Planning and Evaluation	Communications	Cultural Responsiveness	Collaboration	Accountability	Organizational Awareness	Leadership and Systems Thinking	Understanding of the Disciplines
Non Supervisory Staff	3.85	4.05	3.65	3.74	3.82	3.38	3.70	2.53
Managers & Supervisors	3.63	3.98	3.59	3.89	3.78	3.43	3.43	2.59
Directors & Senior Leaders	3.92	4.15	3.57	3.97	4.05	3.86	3.91	3.26

Analysis uses a threshold of ≥ 3.75 to indicate lower proficiency.

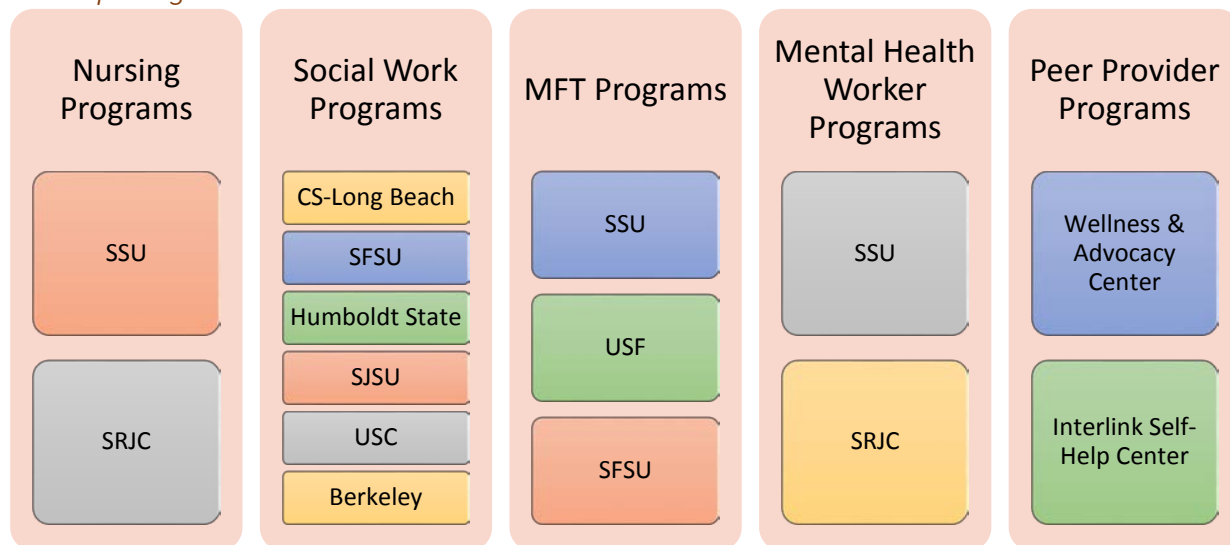
Career Pathways and Pipeline Program

The new WET Coordinator formalized 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. Presently, 9 new Memoranda of Understanding (MOUs) have been executed with local and regional universities.

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



Career & Internship Fairs

The WET Coordinator, in collaboration with the Community Intervention Program, engaged in outreach through internship and career fairs at Santa Rosa Junior College, Sonoma State University, and University of San Francisco. Additionally, the WET Coordinator helped plan and facilitate the annual Mi Futuro Event in partnership with Latino Service Providers and Santa Rosa Junior College.

Licensure Support

The WET Coordinator conducted a Licensure Needs Assessment which identified a barrier in the examination process regarding cultural diversity of clinicians. Consequently, a test-prep support program has been developed.

Clinical Licensure Exam Support

The WET Coordinator partnered with the Therapist Development Center and with the Association for Advanced Training in the Behavioral Sciences (AATBS) to provide discounted test-prep materials for SCBH Interns. Additionally, the WET Coordinator developed and facilitated a monthly Test-Prep Support Training.

Group Clinical Supervision

The WET Coordinator partnered with SCBH Clinical Specialists to organize group supervision opportunities for clinical interns at the Forensic Assertive Community Treatment (FACT) program and at the Crisis Stabilization Unit (CSU).

Master Clinical Supervision Series (MCSS)

This training program met bi-monthly with all Managers and Clinical Specialists to train the clinical leadership on best practices regarding clinical supervision. Topics included: Models of Supervision, Multicultural Issues in Supervision, Ethical and Legal Issues in Supervision, and Personal Development in Supervision.

Staff Skill Development

Evidence Based Practices

The staff development training program focused on developing and enhancing evidence-based practices within SCBH staff. The WET Coordinator implemented training programs in Dialectical Behavior Therapy (DBT) and Psychiatric Rehabilitation Approach (PRA).

DBT (Dialectical Behavior Therapy)

Dialectical Behavior Therapy (DBT) is a cognitive behavioral treatment that was originally developed to treat chronically suicidal individuals diagnosed with borderline personality disorder (BPD) and it is now recognized as the gold standard psychological treatment for this population. In addition, research has shown that it is effective in treating a wide range of other disorders such as substance dependence, depression, post-traumatic stress disorder (PTSD), and eating disorders.

Psychiatric Rehabilitation Approach (PRA)

The Psychiatric Rehabilitation Approach (PRA) is an evidence-based approach centered in recovery-oriented practice. PRA focuses on supporting people to live, learn, work, and socialize in the environments and roles of their choice. Psychiatric Rehabilitation is designed to help support people in their role functioning: success and satisfaction in the valued roles that can be an essential part of recovery. Valued roles may include, but are not limited to: worker, volunteer, resident, homeowner, spouse, friend, trainee or student.

This training offered staff the skills, information, and tools they need to deliver effective rehabilitation supports to people who have psychiatric disabilities. Direct service staff and contractors learned how to support people to consider, choose, get, and keep the housing, jobs, education, and social settings they want to be in, and to develop the skills and supports a person needs for success and satisfaction in those roles and settings.

Team Trainings

In support of the Quality Assurance Team, the WET Coordinator provided team-specific trainings on diagnostics and documentation.

Diagnostics

The Diagnostic Training covered the essentials of diagnostic changes in the transition between the Diagnostic and Statistical Manual of Mental Disorders (DSM)-IV and DSM-5. This training included an overview of structural changes to the DSM-5, the removal of the multi-axial system of diagnosis, specific changes to commonly used diagnosis for mental health and substance use disorders, and targeted trainings for diagnostics of children, youth, and older adults.

Documentation

The Documentation Training Series was aimed at improving staff skill and compliance with Medi-Cal documentation standards. It focused particularly on Medi-Cal Necessity as it filters through Assessment, Client Planning, and Progress Notes. This on-going training series supported staff to understand how chart requirements apply to their particular program and increased adherence to charting standards.

Community Collaboration

Suicide Prevention

SCBH continued its dedicated efforts to reduce suicide in Sonoma County. A focused effort was made to deliver AMSR (Assessing and Managing Suicide Risk) trainings to Contractors. Additionally, QPR Training (Question, Persuade, Refer) continued to be delivered on a broad scale, covering multiple high-schools, community providers, medical providers, and law enforcement.

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. SCBH has dedicated trainers providing this training quarterly to all new staff and to contract providers.

Question, Persuade, Refer (QPR)

QPR Gatekeeper Training for Suicide Prevention is a 1-2 hour educational program designed to teach lay and professional "gatekeepers" the warning signs of a suicide crisis and how to respond. Gatekeepers can include anyone who is strategically positioned to recognize and refer someone at risk of suicide (e.g., parents, friends, neighbors, teachers, coaches, caseworkers, police officers). SCBH has certified QPR instructors delivering the training county-wide to high schools, community providers, and law enforcement.

Youth Mental Health Academy

SCBH sponsored and facilitated the first annual Youth Mental Health Academy to increase Sonoma County youth providers' understanding of and capacity to work with mental health issues in the adolescent population. Participants were given an overview of the entire mental health system of care, including community treatment, crisis services, and hospitalization, with instruction on how to access mental health treatment services. Additionally, participants learned strategies to keep energized in their work, prevent burn-out and compassion fatigue, and promote good self-care. Special sessions on the Recovery Model and Trauma-Informed practices were also included.

Community Mental Health Lecture Series

The Community Mental Health Lecture Series provided free educational trainings on a monthly basis to address issues of health and wellness in Sonoma County. Experts in the field of Behavioral Health were invited to present on a wide variety of topics, such as Trauma/PTSD (Post Traumatic Stress Disorder), Human Sexuality, Homeless Services, Outreach Services, Holistic Health, and Substance Disorder Treatment.

Workforce Diversification

Mi Futuro Event

The WET Coordinator worked with Latino Service Providers and with Santa Rosa Junior College to plan and sponsor the second 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.

Cultural Responsiveness Survey

In accordance with the Cultural Competency Plan, a division-wide Cultural Responsiveness Survey was conducted to assess cultural awareness, knowledge, and training needs of the SCBH staff. The results of this survey then informed elements of the Workforce Education and Training Plan. The following table depicts the training content areas indicated by the survey results, and which level of staffing reported the training needs.

Training Content Area	Admin/Clerical	Clinical	Management
Interpreters	How and when to use the Interpretation Services		Training of interpreters in Behavioral Health terms and skills
	Timeliness of services		
Immigration		Acculturation models	Impact and issues of immigration
Cultural Differences		Understanding differences within cultures	Managing a culturally diverse workforce
			Engagement of culturally diverse clients
			Cultural awareness
Assessment		Assessment of cultural needs/issues	Utilizing Acculturation section of CANS/ANSA
			Assessing cultural proficiency in performance evaluations

Training Content Area	Admin/Clerical	Clinical	Management
Specific Populations		LGBTQ client needs	Family members
			Developmentally disabled clients
			Older adults

The following chart depicts the system issues raised in the survey results, as well as possible solutions.

System Issue	Recommendation
Appointment Reminders: Non-English-Speaking Clients	Create adaptable templates in multiple languages based upon current appointment reminder forms/cards
Diverse Perspectives in Decision-Making	When policies come under review, utilize the Cultural Responsiveness Committee (CRC) to give perspective and make recommendations; Include a representative from the CRC on the Quality Improvement Committee
Information Gap: Hiring/Recruitment	Provide information and overview of the process of job postings, specifically in culturally diverse media
Information Gap: Targeted Populations of Service	Provide training overview of the current treatment population targets within the Quality Improvement (QI) Plan and Mental Health Plan and the process by which these populations are chosen
Information Gap: Hands-on Coaching Opportunities	Facilitate more interactive team trainings on-site; Provide regular updates of training calendar highlighting hands-on coaching opportunities

Please see Appendix 4 for the full WET Training Calendar for FY 2016-2017.



Community Services and Supports (CSS)

Workforce, Education and Training (WET)

Consumer and Family Member Behavioral Health Career Pathways & Postgraduate Internships

Consumer and Family Member Behavioral Health Career Pathways:

Goodwill Industries of the Redwood Empire – Consumer Relations Program



Consumer Relations Program staff

The **Consumer Relations Program (CRP)** is funded to provide outreach, education and employment coordination, peer mentoring and counseling, consumer satisfaction projects, and quality improvement. Education and employment coordination encompasses strengthening links between local education programs and interested mental health consumers; promoting internships/externships and certificate programs; collaborating to design job openings that accept and are reflective of consumer experience; and promoting relevant training, evaluations, and announcements about workforce training and education developments. Additionally, in order for consumers

of public mental health services to be successful as providers of public mental health services, they need specialized support and training.

For more information on this program, see the Impact Statement in Appendix 1.

Postgraduate Internships:

Support Our Students (SOS) Community Counseling

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



Support Our Students (SOS) staff



Prevention and Early Intervention (PEI)

Promotion

California Mental Health Services Authority (CalMHSA)

CalMHSA Statewide PEI Project 2016-2017 Impact Report – Sonoma County

County FY 2016-2017 contribution to Statewide PEI Project:
\$109,200 (4% of local MHSA PEI Funds)

In Fiscal Year 2016-2017, 41 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 Statewide PEI Project. The Statewide 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.

The information below highlights some key activities that were specifically implemented within Sonoma County in FY 2016-2017.

Agencies, Schools and Organizations Reached with Statewide PEI Programs

In FY 2016-2017, **21** 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. These include:



The **California Mental Health Services Authority (CalMHSA)** is an organization of county governments working to improve mental health outcomes for individuals, families and communities. Prevention and early intervention (PEI) initiatives implemented by CalMHSA – and collected under the banner of Each Mind Matters: California's Mental Health Movement – include Stigma and Discrimination Reduction, Suicide Prevention and Student Mental Health, all of which are funded through the voter-approved Mental Health Services Act (Prop. 63). For more information: www.calmhsa.org

Schools	Community-Based Organizations	County Agencies
<ul style="list-style-type: none"> • Santa Rosa Junior College • Windsor High School • Analy High School • El Molino High School • Rancho Cotate High School • Sonoma Valley High School • San Antonio High School • Cloverdale High School • Casa Grande High School • Sonoma Mountain Alternative High School • Petaluma High School • Laguna High School • Santa Rosa High School 	<ul style="list-style-type: none"> • NAMI Sonoma County • CHOPS Teen Center • Council on Aging • Graton Labor • Lilliput Children's Services • At Home Nursing • Latino Service Providers of Sonoma County 	<ul style="list-style-type: none"> • Sonoma County Department of Health Services

Trainings, Presentations, and Outreach

Trainings, presentations and other forms of in-person 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:

Trainings: Trainings allow community members to learn valuable skills in how to address stigma reduction and suicide prevention

- **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: **1,078**
 - Campuses that participated in the training: **Santa Rosa Junior College**
- **School-Based Trainings:** These trainings covered an overview of the spectrum of suicide prevention in the school setting, how to identify and respond to students at risk for suicide, postvention planning and an overview of additional suicide prevention trainings, resources and programs.
 - Total number of people trained: **17**
 - Schools and school systems that received the training: **Sonoma County Unified**
- **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: **2**
 - Organizations that received the training: **Sonoma County Department of Health Services; Kaiser Permanente Santa Rosa**
- **Suicide Prevention Media Messaging Training:** In person trainings targeted to reach members of the media and public information officers and focused on how to appropriately create messages and report on suicide.
 - Total number of people trained: **8**
- **California Community College Student Mental Health Trainings:** Distance learning training and technical assistance webinars for campus staff on relevant topics to improve local community colleges' student mental health programs and services.
 - Total number of people trained: **3**
 - Training topics: **Crisis Text Line**
 - Campuses receiving the training: **Santa Rosa Junior College**

Presentations: Presentations increases knowledge and awareness around stigma reduction and suicide prevention.

- **Each Mind Matters Conferences and Presentations**
 - Conferences receiving Each Mind Matters presentations:
Sonoma County "The Many Faces of Youth Mental Health: Fostering Solutions, Resiliency and Hope" conference
- **NAMI Mental Health 101 Presentations:** In person presentations that give individuals an opportunity to learn about mental illness through presentations, personal testimonies and videos that represent a variety of cultures, beliefs and values
 - Total number of people in attendance: **105**
 - Organizations receiving the presentation: **Kaiser Hospital; San Antonio High School; Sonoma Valley High School; Cloverdale High School; Windsor High School; Council on Aging; Lilliput Children's Services; Graton Labor; NAMI Sonoma volunteers**



- **NAMI Ending the Silence Presentations:** In-school presentations for students to learn about mental illness directly from family members and individuals living with mental illness themselves



- Total number of students in attendance: **607**
- Schools receiving the presentation: **Analy High School; San Antonio High School; El Molino High School; Laguna High School; Petaluma High School; Sonoma Mountain Alternative School; Casa Grande High School; CHOPS Teen Center; Santa Rosa High School; At Home Nursing**

Outreach/Events: Outreach and other events are public events in which community members can learn about Each Mind Matters.

- **Active Minds Chapter Events:** Active Minds Chapters utilized Each Mind Matters materials and messaging to host outreach events on their higher education campuses



- Total estimated number of attendees: **670**
- Campuses where the event took place: **Santa Rosa Junior College**

- **Community College Outreach Events:** The Foundation for California Community Colleges and their local campuses conduct mental health outreach to campuses utilizing Each Mind Matters materials and messaging

- Total estimated number of attendees: **230**
- Campuses where the event took place: **Santa Rosa Junior College**

E-Newsletters: Online communications for various audience to engage them in Each Mind Matters, stigma reduction and suicide prevention.

- **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.
- Total number of Each Mind Matters Insider Newsletter Subscribers: **7**
- Organizations subscribed: **County of Sonoma; Adult and Aging; Sonoma County Behavioral Health; Sonoma County Juvenile Hall Mental Health.**

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. During FY 2016-2017, sixteen TA emails covered topics such as the Suicide Prevention and Mental Health Awareness Month Toolkits, Veteran's Mental Health, Supporting PEI Efforts in Schools and others. During FY 2016-2017, specific TA consultations included:

- **TA to counties**
 - Technical Assistance Support included support data support; additional outreach materials as requested; and monthly technical assistance calls to discuss and support activities for May is Mental Health Month.
- **TA to NAMI affiliates and programs**
 - Total technical assistance consultations: **4**
 - NAMI Affiliates receiving Technical Assistance: **NAMI Sonoma County**

- **TA to Active Minds Chapters**
 - Total technical assistance consultations: **5**
 - Campuses receiving Technical Assistance: **Santa Rosa Junior College**
 - Total number of new Active Minds Chapters that resulted from TA: **Santa Rosa Junior College**

Dissemination of Hardcopy Materials

Between July 1, 2016 and June 30, 2017, a total of **29,939** physical, hardcopy materials across Each Mind Matters programs and initiatives were disseminated throughout Sonoma County. In addition, county contacts received numerous emails to access and share resources electronically via the Each Mind Matters Resource Center (www.emmresourcecenter.org).

Each Mind Matters Promotional Items	7,052
Each Mind Matters Educational Materials	4,087
SanaMente Materials	2,044
Know the Signs/El Suicidio Es Prevenible Educational Materials	11,215
Directing Change Materials	361
Walk In Our Shoes/Ponte En Mis Zapatos Materials	220
California Community College Student Mental Health Program Materials	4,240

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 2016-2017 include:

- **Each Mind Matters School Sponsorships**
 - Total funding amount granted: **\$500**
 - Recipients: **Sonoma Valley High School**
- **SanaMente Mini-Grants**
 - Total funding amount granted: **\$5,000**
 - Recipients: **Latino Service Providers of Sonoma County**
- **NAMI Bebe Moore Campbell Minority Mental Health Awareness Month Mini-Grants**
 - Total funding amount granted: **\$1,000**
 - Recipient name: **NAMI Sonoma County**
 - Activity: "Self-Care Fair" - NAMI Sonoma County conducted a Self-Care Fair on that brought in 64 people in attendance. Ten local nonprofit agencies were represented offering information on approaches to and the importance of self-care; 8 workshops were offered throughout the day to allow attendees to experience a variety of guided approaches to health-care. The affiliate disseminated EMM green ribbons and pamphlets during the Self-Care Fair. As a result, attendees provided feedback that included the following: "We should do this again. I never would have thought of doing a self-care fair" and "Our community needs this so much."
- **California Community College Student Mental Health Program Sponsorships**
 - Total funding amount granted: **\$750**
 - Recipient name: **Santa Rosa Junior College**
 - Activity: Santa Rosa College hosted on-campus stress reduction activities in May (Santa Rosa and Petaluma campuses).



NAMI also provided sponsorships to NAMI affiliates to support the implementation of Mental Health 101 and Ending the Silence presentations for community members.

- **NAMI Mental Health 101 Sponsorships**
 - Total funding amount granted: **\$1,650**
 - Recipients: **NAMI Sonoma County**
- **NAMI Ending the Silence Sponsorships**
 - Total funding amount granted: **\$4,250**
 - Recipients: **NAMI Sonoma County**

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: **6**
- Schools, organizations and colleges/universities that submitted videos: **Windsor High School; Analy High School; El Molino High School; Rancho Cotate High School**
- Total number of youth participating: **6**

View past Directing Change videos developed within the county here:

<http://www.directingchange.org/films-by-county/#Sonoma>

Media

Activities implemented under the Statewide PEI Project received significant media attention in FY 2016- 2017. In Sonoma County, the following news outlets reported on these activities:

Sonoma Index-Tribune: *SVHS tackles mental health awareness*

<http://www.sonomanews.com/news/6189916-181/svhs-tackles-mental-health-awareness>



Prevention and Early Intervention (PEI)

Prevention

Services targeting children birth to age 5 and their families

Early Childhood Mental Health (0-5) Collaborative

In the **Early Childhood Mental Health (0-5) Collaborative**, the Sonoma County Behavioral Health Division, First 5 Sonoma County, and four grantees partnered to provide the following services:

- Triple P (Positive Parenting Program) - Levels 2, 3, 4, or 5
- Identifying women with Perinatal Mood Disorder (PMD)
- Case management and treatment of women with PMD
- Education and support for parents of children with special needs
- Mental health services for families with mental health concerns of either parent or child
- Developmental and social-emotional screening for children from birth to age 5, using the Ages and Stages Questionnaire (ASQ 3) and the ASQ Social – Emotional (ASQ-SE)
- Psychological assessment and referral

Services in FY 2016-2017 were provided by *Child Parent Institute, Jewish Family and Children's Services, Petaluma People Services Center, and Early Learning Institute.*

Child Parent Institute – 0-5 Collaborative



CPI staff member

living with or at-risk for Perinatal Mood Disorders.

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

For more information on this program, see the Impact Statement in Appendix 1.

Early Learning Institute – 0-5 Collaborative

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

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



ELI program participants

For more information on this program, see the Impact Statement in Appendix 1.

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



JFCS Parents Place staff

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

For more information on this program, see the Impact Statement in Appendix 1.

Petaluma People Services Center – 0-5 Collaborative

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

For more information on this program, see the Impact Statement in Appendix 1.



PPSC staff

First 5 Sonoma County Program Evaluation Report Highlights



In Sonoma County, the Mental Health Services Act (MHSA) funds four grantees through its Prevention and Early Intervention 0-5 program (MHSA-PEI 0-5). MHSA-PEI 0-5 grantees are funded to perform a variety of services, all of which aim to reduce risk factors, build protective factors

and skills, and increase support for families and children from before birth to age five. The four MHSA grantees including Child Parent Institute (CPI), Early Learning Institute (ELI), Jewish Family and Children's Services (JFCS), and Petaluma People Services Center (PPSC) work together to build a continuum of care that includes screening, interventions, and support strategies for children and their families.¹¹ These services and supports occur at a critical time early in a child's life when the foundation for sound mental health is built.

MHSA grantees' work is rooted in the science of adverse childhood experiences (ACEs)¹², and aims to reduce children's exposure to ACEs as well as to prevent the transmission of ACEs across generations. Because of the natural alignment of goals between MHSA and First 5, the two organizations have partnered to support the four MHSA-PEI 0-5 grantees. Sonoma County's Department of Health, Behavioral Health Division Mental Health Services Act provides direct funding to grantees for services, while First 5 provides coordination, evaluation, and training support.¹³

One of the ways in which First 5 helps to facilitate coordination and collaboration among the MHSA grantees is by convening bi-monthly MHSA collaborative meetings. In collaborative meetings, MHSA-PEI 0-5 grantees meet to discuss coordination of their work, referral capacity, challenges, and best practices. The collaborative also works to identify ways to integrate the work of early childhood mental health providers and build an effective system of early childhood social-emotional health. The MHSA collaborative provides a setting where these four agencies can convene and reflect on their efforts to provide services for children and families in Sonoma County. As an evaluation partner, First 5 assists grantees in developing their specific Scope of Work, identifying program and process outputs, and targets associated with outcome measures for delivered services. First 5 provides ongoing feedback and support as grantees report on service provision throughout the year via quarterly progress reports. First 5 Sonoma County also funds intervention services for children whose screenings reveal developmental or social-emotional delays.

The four MHSA-PEI 0-5 grantees –Child Parent Institute (CPI), Early Learning Institute (ELI), Jewish Family and Children's Services (JFCS), and Petaluma People Services Center (PPSC) – provide the following services as part of a comprehensive prevention and early intervention (PEI) program:

- Parent education and intervention services using Triple P—Positive Parenting Program, levels 2, 3, 4, and 5 (described in more detail below);
- Developmental and social emotional screenings of children 0-5, using the Ages and Stages Questionnaire (ASQ-3) and the ASQ Social-Emotional (ASQ:SE-2);
- Further assessment or referral for services to children with identified concerns;
- Re-screening children at age-appropriate intervals;
- One-Call Navigator to link callers with the appropriate services for families with children birth to 5;
- Psychological assessments as needed;
- Case management for children in at-risk families for whom a developmental or social-emotional screening identifies potential delays;

¹¹ Sonoma County Department of Health Services, Behavioral Health Division Mental Health Services Act, Prevention and Early Intervention Plan. Retrieved: http://www.sonoma-county.org/health/about/pdf/mhsa/pei_plan.pdf

¹² SAMHSA (2016). Retrieved from <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>

¹³ For a complete description of the First 5 Sonoma County evaluation approach, please see <http://first5sonomacounty.org/Results/Reports/>

- Education and support for parents of children with special needs;
- Identifying women with Perinatal Mood Disorder (PMD);
- Referrals, case management, and treatment for women identified with PMD; and
- Mental health services for families with mental health concerns of either parent or child (beyond PMD).

While implementing the MHSA-PEI 0-5 program during the 2016-17 fiscal year, the four grantees contributed to progress on three core outcomes as targeted in the First 5 Sonoma County Strategic Plan and the MHSA-PEI 0-5 Pathway to Results:

- Decrease in children exhibiting difficult behaviors
- Decrease in negative parent-child interactions
- Increase in children deemed at risk for developmental or social-emotional delays who are referred for follow-up assessments

Progress toward FY 16-17 targets is measured using the following definition:

- ⊖ *Not Achieved* (more than 5 numeric or percentage points below target)
- ☑ *On Track/Achieved* (0-5 numeric or percentage points below target)
- ⊕ *Exceeded* (1-5+ numeric or percentage points above target)



Progress Achieved toward Core Outcomes 07/01/2016 – 06/30/2017						
Core Program Outcome	Intervention Linked to Outcome	Specific Target	Actual Results			Progress Toward Target
			2014-15	2015-16	2016-17	
Decrease in children exhibiting difficult behaviors ¹⁴	Triple P Services, Levels 4/5	40% of children will show positive reliable change on the ECBI Intensity subscale ¹⁵	36% (10 of 28)	56% (31 of 55)	71% (22 of 31)	⊕ 178%
		40% of children will show positive reliable change on the ECBI Problem subscale	50% (14 of 28)	53% (29 of 55)	79% (26 of 33)	⊕ 198%
Decrease in negative parent-child interactions	Triple P Services, Levels 4/5	Parents show improvement from the pre-test to post-test on the PFS Family Functioning/Resiliency subscale	34% (12 of 35)	22% (13 of 58)	3% (1 of 31)	NA ¹⁶
		Parents show improvement from the pre-test to post-test on the PFS Social Connections subscale	26% (9 of 35)	21% (12 of 58)	17% (5 of 30)	NA
		Parents show improvement from the pre-test to post-test on the PFS Concrete Support subscale	14% (5 of 35)	14% (8 of 58)	8% (2 of 25)	NA
		Parents show improvement from the pre-test to post-test on the PFS Nurturing and Attachment subscale	14% (5 of 35)	15% (8 of 54)	8% (2 of 24)	NA

¹⁴ The results for this target reflect outcome data for MHSA-funded Triple P agencies in Sonoma County for clients who entered services prior to their sixth birthday.

¹⁵ LFA, CIBHS, and First 5 worked together to determine a realistic, accurate target for ECBI results. These targets are realistic and reflect outcomes typically seen in research studies that also use a Reliable Change Index to measure progress on the ECBI.













¹⁶ This is the third year the PFS measure was used; specific targets for outcomes related to PFS have not been set.
















Progress Achieved toward Core Outcomes
07/01/2016 – 06/30/2017

Core Program Outcome	Intervention Linked to Outcome	Specific Target		Actual Results			Progress Toward Target
				2014-15	2015-16	2016-17	
		Parents show improvement from the Pre PFS to the Post PFS on Knowledge of Parenting and Child Development Items	There are many times that I don't know what to do as a parent. ¹⁷	26% (9 of 35)	36% (21 of 58)	17% (5 of 30)	NA
			I know how to help my child learn.	57% (20 of 35)	50% (29 of 58)	53% (16 of 30)	NA
			My child misbehaves just to upset me.	34% (12 of 35)	38% (22 of 58)	60% (18 of 30)	NA
			I praise my child when he/she behaves well.	39% (13 of 33)	43% (23 of 54)	47% (14 of 30)	NA
			When I discipline my child, I lose control.	41% (14 of 34)	33% (18 of 54)	63% (19 of 30)	NA
Increase in children deemed at risk for developmental or social-emotional delays who are referred for follow-up assessments	Periodic developmental & social emotional screening	300 children will be screened		364 children screened	359 children screened	482 children screened	 161%
	At-risk children referred for further assessment	At least 110 children will be referred for assessment		200 children referred	204 children referred	292 children referred	 265%

¹⁷ Items were reverse scored to reflect strength based responses.

The four grantees also accomplished the following through the MHSA-PEI 0-5 program:

Additional Progress Achieved 07/01/2016 – 06/30/2017				
Agency	Program Outcome	Specific Target	Actual Results	Progress Toward Target
CPI	Provide Triple P services	100 families will receive the following appropriate Triple P services:	152 families received services	 152%
		- Level 3: 30 families will receive services	40 families served	 133%
		- Levels 4/5: 70 families will receive Level 4 (10 of the 70 Level 4 families will also receive Level 5)	112 families served with Levels 4/5 (4 families received Level 5)	 160%
	Periodic developmental and social emotional screening, using ASQ-3 and ASQ-SE 2	Children not already screened will be screened and referred for further assessment as needed	34 children screened and referred as needed	 NA
		10 children will be referred for further assessment and/or services	6 children referred for further assessment	 60%
	Identify women with PMD and provide case management & treatment	40 women will be identified and treated	49 women received services	 123%
	Provide mental health consultations/services for high risk families	20 families will receive brief consultations, referred appropriately for mental health services	10 families received consultations/services	 50%
	ELI	Periodic developmental and social emotional screening, using ASQ-3 and ASQ:SE-2	300 children will be screened	418 children screened for the first time
350 children will be rescreened			434 children rescreened	 124%
100 children will be referred for further assessment and/or services			286 children referred for further assessment and/or services	 286%
Case management for children in at-risk families for whom a screening identifies potential problems		240 families will receive case management and/or facilitated referrals	394 families served	 164%
Navigation services		100 families will receive support/information to access services	987 families served	 987%
Provide PEAS parent support or Triple P or both		40 individuals will receive either PEAS or Triple P, or both	44 individuals received services	 110%

	Provide PEAS parent support or Triple P or both	50% of individuals receiving PEAS services will report a decrease in score on the Parental Stress Index	72% (27 of 38)	 144%
JFCS	Provide Triple P services	Level 2: 23 total Seminars will be offered	15 seminars offered	 54%
		Level 2: 180 attendees to seminars	138 attendees	 77%
		75 families will receive the following appropriate Triple P services:	111 families served	 148%
		- Level 3 Individual Sessions: 40 individuals will receive services	9 individuals served	 23%
		- Level 3 Discussion Groups: 15 individuals will participate	89 individuals served	 593%
		- Levels 4 or 5: 10 individuals will receive Levels 4 or 5	13 individuals served	 130%
	Provide psychological assessments for children 0-5	5 assessments will be completed	9 assessments completed	 180%
	Developmental and social emotional screening, using ASQ-3 and ASQ:SE-2	Children not already screened before referral to JFCS will receive ASQ-3 & ASQ:SE-2 screening	3 children screened with ASQ-3 / ASQ:SE-2	 NA
PPSC	Provide Triple P services	Level 2: 6 Level 2 Seminar Series will be offered	1 Level 2 Seminar Series offered	 16%
		Level 2: 27 attendees to seminars	5 attendees	 19%
		70 individuals will receive the appropriate level of Triple P services	47 individuals received services, which includes: - 3 individuals in Level 3 Individual - 7 individuals in Level 4 Group Sessions - 37 individuals in Level 4 or 5 Individual Sessions	 67%
	Periodic developmental and social emotional screening, using ASQ-3 or ASQ:SE-2	Children not already screened before referral to PPSC will receive ASQ-3 & ASQ:SE-2 screening	27 children screened	 NA
	Provide screening, referral, and treatment services for Perinatal Mood Disorder	9 women will receive screenings	0 woman screened	 0%
		4 women will receive treatment	1 woman received treatment	 25%

	Provide screening, referral, and treatment services for Perinatal Mood Disorder	3 women will be referred to Primary Care provider or other care provider	0 women received referrals	⊖ 0%
		65% of women will move below the clinical cut-off score (10) on the post EPDS	0% (0 of 1)	⊖ NA

For the full **First 5 Sonoma County MHSA PEI 0-5 Program Evaluation Report for FY 2016-2017**, see Appendix 3.



Prevention and Early Intervention (PEI)

Prevention

Services targeting school-aged children ages 5 to 18 years

Project SUCCESS+



Project SUCCESS+ partners

The Sonoma County **Project SUCCESS+ (Schools Using Coordinated Community Efforts to Strengthen Students)**

Collaborative was formed to ensure the development and coordination of a countywide prevention and early intervention system of care for adolescents at 15 mainstream and alternative high schools in Sonoma County. In FY 2016-2017, Project

SUCCESS+ was in six school districts (Petaluma, Cotati-Rohnert Park, Windsor, Cloverdale, Healdsburg, and West Sonoma County). The project was managed by the Health Policy, Planning and Evaluation (HPPE) division of the Sonoma County Department of Health Services, which contracted with community-based partners *West County Community Services*, *Drug Abuse Alternatives Center*, *Support Our Students (SOS) Counseling*, and *National Alliance for Mental Illness*, who provided mental health screening, counseling, training, and education on campuses.

For more information on this program, see the Impact Statement in Appendix 1.

Santa Rosa Community Health Centers – PEI

Santa Rosa Community Health Centers (SRCHC) PEI program specifically targets Latino children and youth ages 5 to 18 and their families. The goals of the program are to:

- Ensure earlier access to mental health services, to lower the incidence of mental illness and suicide, to enhance wellness and resilience, and to reduce stigma and discrimination in Sonoma County for children from early childhood through the school years
- Engage children, youth and their parents prior to the development of serious mental illness or serious emotional disturbances and to alleviate the need for additional mental health; or to transition the individual to extended mental health treatment
- Build capacity for mental health prevention and early intervention services at sites where people go for other daily activities (e.g., health providers, education facilities, and community organizations)
- Ensure earlier access to mental health services, to lower the incidence of mental illness and suicide, to enhance wellness and resilience, and to reduce stigma and discrimination in Sonoma County



SRCHC PEI program participants

For more information on this program, see the Impact Statement in Appendix 1.



Prevention and Early Intervention (PEI)

Prevention

Campus-based services targeting Transition Age Youth

Santa Rosa Junior College – PEERS Coalition



SRJC PEERS Coalition staff

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

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

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

For more information on this program, see the Impact Statement in Appendix 1.



Prevention and Early Intervention (PEI)

Prevention

Services targeting older adults

Older Adult Collaborative

The **Older Adult Collaborative (OAC)** is a five agency project led by Sonoma County Human Services Department – Adult and Aging Division, in partnership with Council on Aging, Petaluma People Services Center, West County Community Services, and Jewish Family and Children's Services. The OAC provides services to reduce depression and suicide among older adults county-wide. This is accomplished through various services that are provided to seniors in the community:

- Outreach and education on depression
- Screening for depression
- Counseling (including in-home counseling for isolated seniors)
- Referrals to other community agencies
- Use of the Healthy IDEAS (Identifying Depression Empowering Activities for Seniors) intervention in case management



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

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

- Behavioral activation

For more information on this program, see the Impact Statement in Appendix 1.



Prevention and Early Intervention (PEI)

Prevention

Services targeting communities who experience disparity in access to mental health services

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

Positive Images



Javier Rivera, Program Director for Positive Images

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

For more information on this program, see the Impact Statement in Appendix 1.

Geographically Isolated Communities

Action Network

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

These services include outreach and engagement to the Kashia Tribal Office, Sea Ranch public apartments, Horicon Elementary School, South Coast Senior Center and at high schools located in Mendocino but attended by Sonoma County Teens. Staff are trained in evidence based practices (Triple P Positive Parenting for children ages birth to 5 years and Triple P Teens, Girls Circle, Questions, Persuade, Refer, and Applied Suicide Intervention Skills - ASIST) to increase access to mental health services to the community. Other services include print media outreach; attendance at fairs and community



Action Network staff

gatherings; offering groups to children and youth; parenting classes for families; and services at the Senior Center to reduce isolation.

For more information on this program, see the Impact Statement in Appendix 1.

Alexander Valley Healthcare



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

For more information on this program, see the Impact Statement in Appendix 1.

Communities of Color

Community Baptist Church

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

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



Class of 2016 photo of Rites of Passage (a CBC MHSA-funded program)

For more information on this program, see the Impact Statement in Appendix 1.

Latino Service Providers



Participants in LSP's Mi Futuro youth healthcare symposium

The mission of **Latino Service Providers (LSP)** is to serve and strengthen Hispanic families and children by building healthy communities and reducing disparities in Sonoma County. 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, LSP utilizes a networking model among community providers to exchange information about activities and resources that will promote economic stability, educational success, increase access to healthcare and mental health services and resources, housing, and legal services, reduce the stigma associated with Behavioral Health/Mental Health issues, and address other areas of

interest for families throughout Sonoma County.

For more information on this program, see the Impact Statement in Appendix 1.

Sonoma County Indian Health Project – PEI

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

For more information on this program, see the Impact Statement in Appendix 1.



Cecilia Dawson of SCIHP's Aunties and Uncles Program



Prevention and Early Intervention (PEI)

Prevention

Consumer/Peer Run Services & Crisis Hotline Services

Consumer/Peer Run Services:

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



Goodwill
Redwood Empire

The **Peer Warmline Connection of Sonoma County** is a peer-run program that is administratively operated by mental health consumers and emphasizes self-help as its programmatic approach. The focus of the Warmline is to provide a telephone connection for people with mental

health challenges who are isolated in their homes, feel the need to speak with another consumer about a

variety of issues related to their mental health and/or are requesting information about community resources. The Warmline provides individuals the opportunity to talk through their situations, vent their feelings, or make a connection that reduces their feelings of isolation.

For more information on this program, see the Impact Statement in Appendix 1.

Crisis Hotline Services:

Buckleleew Programs – North Bay Suicide Prevention Hotline of Sonoma County

In FY 2016-2017, the **North Bay Suicide Prevention (NBSP) Hotline of Sonoma County** was a program of Buckelew Programs.

The NBSP Hotline provides 24/7 suicide prevention and crisis telephone counseling. 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 NBSP 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.



Because no fees are charged for the phone service and help is accessible 24/7, the Hotline is available for people of all ages and socio-economic levels. Factors that tend to inhibit individuals from seeking other sources of help, like cost and transportation, do not impede people from seeking support from the Hotline. The Hotline serves as a vital link to essential mental health support services and referrals throughout Sonoma County.

For more information on this program, see the Impact Statement in Appendix 1.



Prevention and Early Intervention (PEI)

Early Intervention

Services targeting Transition Age Youth ages 16 to 25 at risk of experiencing first onset of mental illness

Crisis Assessment, Prevention, and Education (CAPE) Team

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

The CAPE Team is staffed by Sonoma County Behavioral Health licensed and license-eligible mental health clinicians. CAPE is onsite in fifteen Sonoma County high schools. CAPE also provides crisis response and training in mental health issues to the following sites:

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

The CAPE Team has five essential components:

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

For more information on this program, see the Impact Statement in Appendix 1. For more information on the outcomes of the Question, Persuade, Refer (QPR) Trainings (a gatekeeper suicide prevention technique) that the CAPE Team provided in FY 2016-2017, see Appendix 5.



CAPE Team



Innovation (INN)

Integrated Health Team (IHT) & Mobile Support Team (MST)

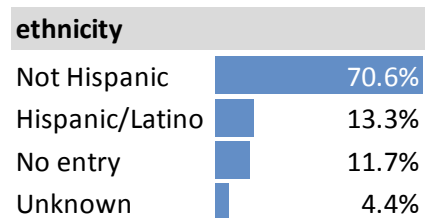
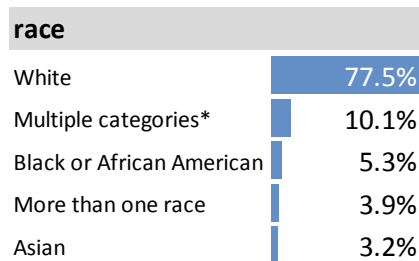
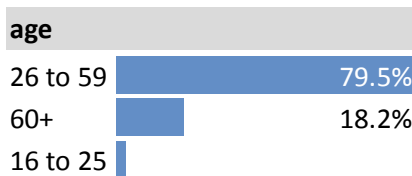
Integrated Health Team (IHT)

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

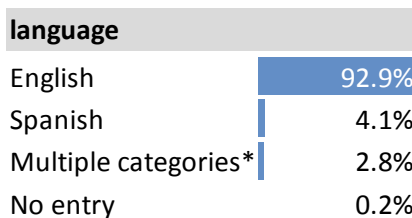
Initiative/Population: People who are diagnosed with a severe and persistent mental disorder, many of whom have co-occurring physical health issues

Program Description: Provides integrated primary care co-located at a Behavioral Health community program in order to meet the physical health care needs of mental health clients; Out-stations Family Nurse Practitioner from Santa Rosa Community Health Centers (Substance Abuse and Mental Health Services Administration Bridges program); Integrates people with lived experience on team to support care navigation

Total unique clients that were served through the IHT Program: **435**



*American Indian or Alaskan Native,
Native Hawaiian or other Pacific Islander,
Other race, Unknown



*Hebrew, Lao, Other Non-English,
Vietnamese

For the Final Innovation Report for IHT, see Appendix 6.

Mobile Support Team (MST)



Sonoma County Department of Health Services Behavioral Health Division has partnered with Santa Rosa Police Department and Sonoma County Sheriff's Office to implement the Sonoma County Behavioral Health (SCBH) Mobile Support Team. The **Mobile Support Team (MST)** is staffed by behavioral health professionals who provide field-based support to law enforcement officers responding to a behavioral health crisis. The goals of MST are:

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

MST is staffed by licensed mental health clinicians, certified substance abuse specialists, post-graduate registered interns, mental health consumers and family members. MST staff receives specialized field safety training by law enforcement partners. MST operates during peak activity hours and days as informed by ongoing data review and coordination with law enforcement agencies. MST staff participates in law enforcement shift briefings to maintain open communication.

MST staff responds in the field to law enforcement requests to behavioral health crises. Once the scene is secured, MST provides mental health and substance use disorders interventions to individuals experiencing a behavioral health crisis, including an evidence-based assessment that assists in determining if the individual should be placed on an involuntary hold. MST staff provides crisis intervention, support and referrals to medical and social services as needed. Follow-up services are provided by mental health consumers and mental health consumers' family members to help link community members to ongoing care and treatment to mitigate future crisis.

For more information on this program, see the Impact Statement in Appendix 1.

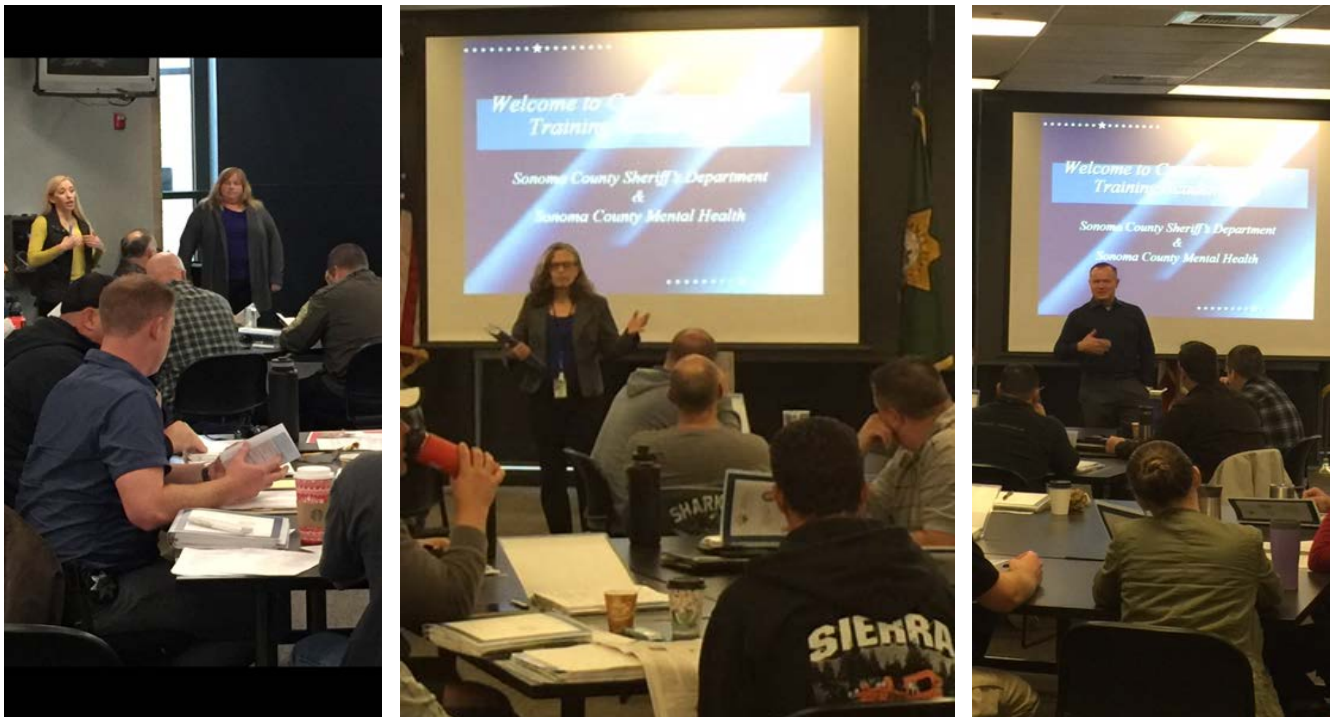
Goodwill Industries of the Redwood Empire – Peer Support Program

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

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

Information on the Mobile Support Team can be found in the MST Impact Statement in Appendix 1.

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 Sonoma County Department of Health Services Behavioral Health Division (SCBH) 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 2017, SCBH has conducted 17 Crisis Intervention Trainings with over 500 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 have also participated in this training.