

SONOMA COUNTY MHSA MENTAL HEALTH SERVICES ACT

2017-2020 Three-Year Integrated Plan & Annual Update for 2015-2016





WELLNESS • RECOVERY • RESILIENCE

Prepared by Amy Faulstich, MHSA Coordinator, and Bruce Robbins, Program Planning and Evaluation Analyst, with the support of Sonoma County Behavioral Health staff and contractors. Special thanks to the MHSA Integrated Plan Advisory Committee and Harder+Company Community Research.

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MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Sonoma County

- Three-Year Program and Expenditure Plan
 Annual Update

Local Mental Health Director	Program Lead
Name: Michael Kennedy	Name: Amy Faulstich
Telephone Number: (707) 565-5157	Telephone Number: (707) 565-4823
E-mail: Michael.Kennedy@sonoma-county.org	E-mail: Amy.Faulstich@sonoma-county.org
Local Mental Health Mailing Address: 3322 Chanate Road Santa Rosa, CA 95404	

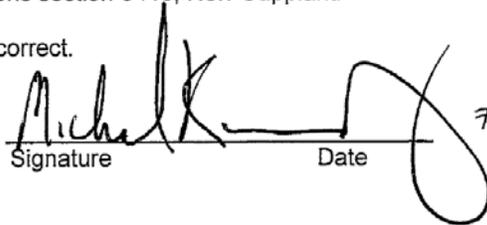
I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on 7/11/2017.

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

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

MICHAEL KENNEDY
Local Mental Health Director (PRINT)


Signature _____ Date 7/24/17

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Sonoma County

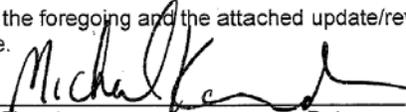
- Three-Year Program and Expenditure Plan
 Annual Update
 Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Michael Kennedy	Name: Erick Roeser
Telephone Number: (707) 565-5157	Telephone Number: (707) 565-3285
E-mail: Michael.Kennedy@sonoma-county.org	E-mail: Erick.Roeser@sonoma-county.org
Local Mental Health Mailing Address: 3322 Chanate Road Santa Rosa, CA 95404	

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

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

Michael Kennedy
Local Mental Health Director (PRINT)


Signature Date 7/24/17

I hereby certify that for the fiscal year ended June 30, 2017, 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 12/23/2016 for the fiscal year ended June 30, 2016. I further certify that for the fiscal year ended June 30, 2017, 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.

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


Signature Date 7/28/17

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

Message from the Behavioral Health Director



I am pleased to present Sonoma County's 2017-2020 Mental Health Services Act (MHSA) Integrated Plan. Our plan was developed as a result of dedicated commitment from stakeholder representatives on our MHSA Integrated Plan Advisory Committee and from Behavioral Health staff. Since 2004 Sonoma County has created a comprehensive system of care under the implementation of the MHSA. Our MHSA programs and services provide a full array of services in communities throughout Sonoma County.

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

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

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

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

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

Best Regards,

Michael Kennedy, MFT
Behavioral Health Director

Purpose of This Document

The purpose of this document is twofold: to provide Sonoma County stakeholders with an overview of the direction of mental health services in Sonoma County for 2017-2020, and to report on the activities, services, and programs funded through the Mental Health Services Act (MHSA) for Fiscal Year (FY) 2015-2016.

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.



Mount Sonoma in Morning by Jeff Glauthier

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 component of MHSA. In FY 2006-2007, Sonoma County, along with community stakeholders, began to identify Workforce, Education and Training needs. In FY 2007-2008, the MHSA housing plan was funded. In FY 2009-2010, the Prevention and Early Intervention Community Planning Process began. In FY 2010-2011, Sonoma's Capital Facilities and Technology Needs 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.

MHSA Today

Today, Sonoma County has a well-developed mental health system of care. It has been implemented in phases and has now been running as a full continuum of care for the past 12 years. These MHSA services, activities, and programs have been reviewed and approved by Sonoma County stakeholders each and every year. For an overview of these programs, services, and activities for FY 2015-2016, please refer to the Annual Update beginning on page 85 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 Division uses a community driven Continuous Quality Improvement model as part of our community planning process. Continuous Quality improvement (CQI) is the complete process of identifying, describing, and analyzing strengths and problems, and then testing, implementing, learning from, and revising solutions. This is achieved beginning at the contracting process and is monitored ongoing through data and information submitted quarterly by MHSA contractors, and with updates and feedback from community stakeholders using formal and informal methods throughout the year. Sonoma County Behavioral Health staff and managers monitor 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 Division partners with the community to ensure each plan and update is developed with local stakeholders with meaningful input and involvement on mental health policy, program planning, implementation, monitoring, quality improvement, evaluation, and budget. BHD uses a variety of opportunities and processes to seek stakeholder input to ensure full community participation. BHD continues to use traditional (meetings, forums, etc.) and non-traditional (radio, one-on-one and small group discussion) approaches for engaging the community about the planning process and seeking input from the community about the Update. BHD takes special care to meet with and receive input from historically underserved communities in ways identified as appropriate by these groups and individuals. BHD seeks used the following methods to educate and seek input from the public about the MHSA Plan and 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 dates in FY 15-16
Alcohol and Drug Problems Advisory Board	Substance Use Disorders	07/15/15, 09/16/15, 10/21/15, 01/20/16, 02/17/16, 03/16/16, 04/20/16, 05/18/16, 06/15/16
BHD director/mental health consumer managers	Peers/Consumers	Occurred every month on the first Thursday
California Reducing Disparities Group	Cultural Populations	1/14/15, 3/5/15, 3/19/15
Early Childhood Mental Health Collaborative Partners (quarterly)	0-5 aged children	2/24/16, 4/21/16, 6/16/16, 1/22/15
Greater Bay Area Mental Health & Education Workforce Collaborative	All Stakeholders	7/22/15,1/29/16, 4/27/16, 6/3/16,
North Bay WET Collaborative	All Stakeholders	12/16/15, 3/4/16
Mental Health Board meeting (monthly)	All Stakeholders	7/22/16, 9/15/15, 10/20/15, 11/17/15, 1/19/16, 2/16/16, 3/15/16, 4/19/16, 5/17/16,
MHSA Learning Circle	MHSA Contractors and MHSA SC-BHD staff	3/10/16
North Bay Suicide Prevention Project Regional Council (quarterly)	All Stakeholders- Suicide Prevention	1/26/2015
PEI Older Adult Collaborative meeting	Older Adults	12/17/15
Petaluma Health Care District – Community Health Initiative for Petaluma Area	Healthcare/Mental Health/Social Services provider/Veterans/Peers and Family Members	Occurred every month on the third Thursday.
Project Success Plus Collaborative	High Schools	9/15/15, 5/4/16
Russian River Area Resources and Advocates (monthly)	Homeless and Geographically Isolated	3/18/15, 6/18/15, 8/20/15, 11/18/15, 8/20/15, 9/16/15, 11/18/15, 1/20/16, 2/18/16, 4/21/16, 5/18/16, 6/16/16
Crisis Intervention Training (CIT)	Law Enforcement	12/07/15 - 12/10/15, 04/18/16 - 04/21/16
Quality Improvement Committee	All Stakeholders	07/22/15, 08/26/15, 09/23/15, 10/28/15, 1/27/16, 02/24/16, 03/23/16, 04/27/16, 05/25/16, 06/22/16

- Relevant updates to key representative stakeholders with specific populations or services focus:
 - Mobile Support Team Operations Committees
 - Greater Bay Area Collaborative
 - Redwood Community Health Coalition & Partner Health Care Centers– West County Health Services; Santa Rosa Community Health Centers; Alliance Medical Centers, Sonoma Valley Community Health Center
 - Human Services Division – Child Welfare

- Santa Rosa Junior College
 - Sonoma State University
 - Partnership Health Plan of California
 - Community Corrections Partnership
- 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 BHD 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.

<p>Mental Health Consumers</p> <ul style="list-style-type: none"> ● Russian River Empowerment Center ● Interlink Self Help Center ● Wellness and Advocacy Center <p>Family Members and loved ones of consumers of mental health services</p> <ul style="list-style-type: none"> ● NAMI - Sonoma County ● Buckelew Programs <p>Providers of Service & Social Services Agencies</p> <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 <p>Health Care Organizations</p> <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 <p>Veterans</p> <ul style="list-style-type: none"> ● Veterans Administration ● VetConnect 	<p>Education</p> <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 <p>Families & Children</p> <ul style="list-style-type: none"> ● Early Learning Institute ● First 5 Sonoma County ● Child Parent Institute ● VOICES <p>Law Enforcement</p> <ul style="list-style-type: none"> ● Sonoma County Sheriff’s Department ● Santa Rosa Police Department ● Petaluma Police Department ● Cloverdale Police Department <p>Older Adult/Seniors</p> <ul style="list-style-type: none"> ● Council on Aging ● Community & Family Services Agency ● Jewish Family & Children’s Services <p>Substance Use Disorders Providers</p> <ul style="list-style-type: none"> ● Drug Abuse Alternatives Center ● California Human Development <p>Housing Providers</p> <ul style="list-style-type: none"> ● Burbank Housing ● Community Housing Sonoma
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MHSA Next Steps

Mental Health Services Act regulations promulgated through Welfare and Institutions Code (WIC) Section 5847 states that county mental health programs shall prepare and submit a Three-Year Program and Expenditure Plan and Annual Updates for Mental Health Service Act (MHSA) programs and expenditures. This Three-Year Integrated Plan requires local communities to look at the components of MHSA that have been implemented in an effort to understand how they relate to one another and how those components fit into the entire mental health system of care. In doing so, communities are asked to find ways to strengthen the current mental health system of care while also identifying opportunities for expanding and improving that system of care.

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

Overview and Organization of the Integrated Plan and Annual Update

In accordance with MHSA and state regulations, Sonoma County sought to update and streamline its 2017-2020 Integrated Plan and 2015-16 Annual Update in order to make sure that local needs were prioritized and that effective strategies helped address those needs. To do this, the Sonoma County Behavioral Health Division (BHD) staff launched an integrated planning process to assess community perspectives related to MHSA priorities, and to reinforce a strengthened vision that continues to move the needle on community collaboration, service integration, and culturally responsive services. The result is an Integrated Plan that blends relevant data and community priorities into a single planning cycle.

Sonoma County's Integrated Plan begins with a description of the Integrated Planning process, the guiding framework used, the review and approval process, the role of the Advisory Committee, and results from the Sonoma MHSA Integrated Plan Community Input Survey.

WIC § 5847 states the Plan shall describe the following programs:

- Services to children, including a wrap-around program (exceptions apply), that shall include services to address the needs of transition age youth ages 16 to 25 and foster youth. The number of children served by program and the cost per person must be included. The standards for these services are defined in WIC § 5851.
- Services to adults and seniors, including services to address the needs of transition age youth ages 16 to 25. The number of adults and seniors served by program and the cost per person must be included. The standards for these services are defined in WIC § 5806. WIC § 5813.5 states that Plans shall consider ways to provide services similar to those established pursuant to the Mentally Ill Offender Crime Reduction Grant Program. Funds shall not be used to pay for persons incarcerated in state prison or parolees from state prisons. Prevention and Early Intervention programs designed to prevent mental illnesses from becoming severe and disabling. The standards for these programs are defined in WIC § 5840. Please describe programs and program components/activities for Prevention versus Early Intervention separately.
- Innovation in accordance with WIC § 5830
- Capital Facilities and Technological Needs
- Identification of shortages in personnel and the additional assistance needs from education and training programs
- Prudent Reserve

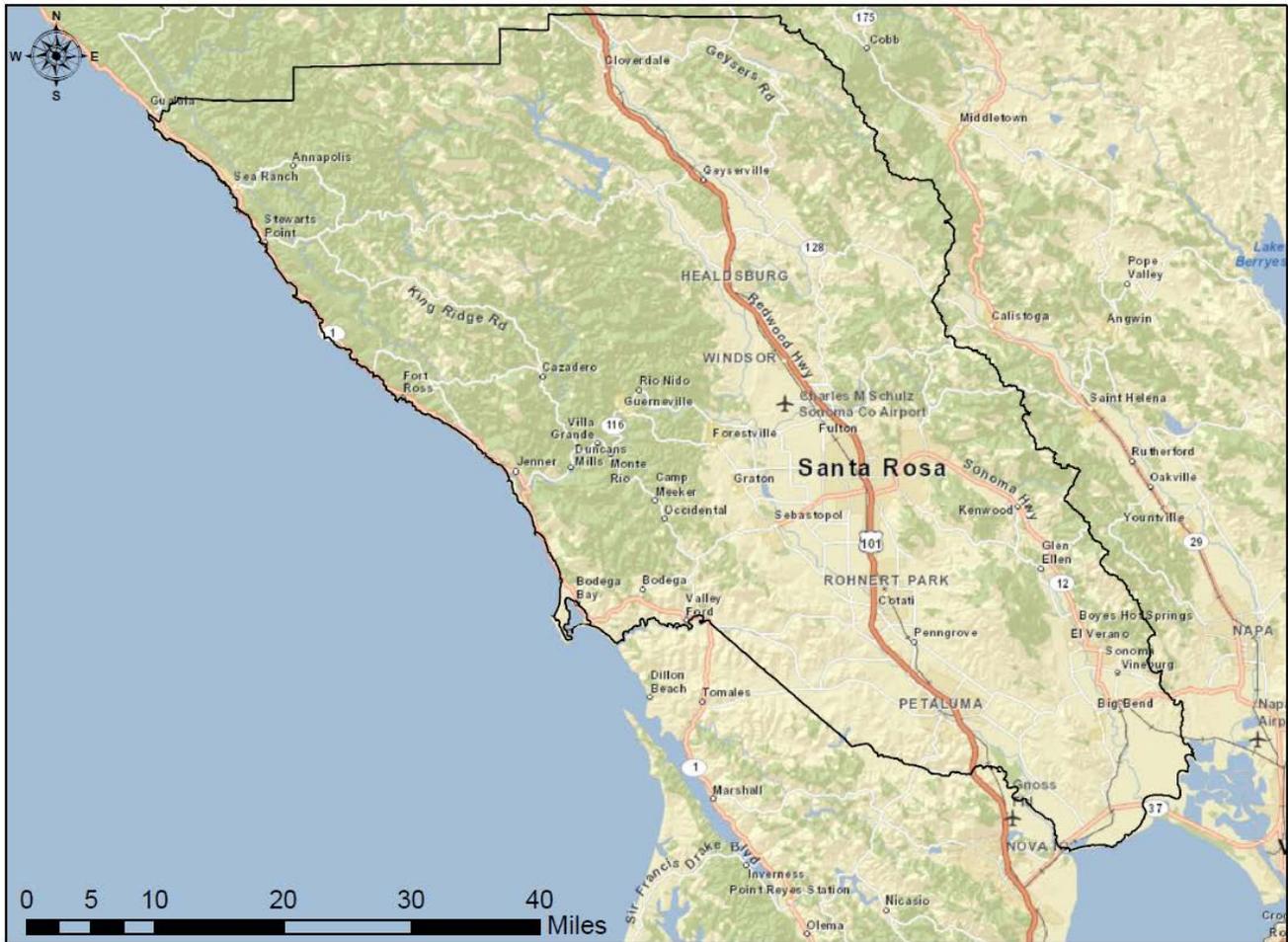
In addition to the required elements above, counties should include the following information as part of the Plan:

- A description of county demographics, including but not limited to size of the county, threshold languages, unique characteristics, age, gender, and race/ethnicity.
- The number of children, adults, and seniors to be served in each PEI and INN program that provide direct services to individuals/groups.
- The cost per person for PEI (separated out by Prevention versus Early Intervention) and INN programs that provide direct services to individuals/groups.

In the Annual Report section, an overview is provided of the populations served and service descriptions that are organized into Sonoma County MHSA Service Categories. The current picture of the MHSA in Sonoma County is further explained with highlights of our MHSA expenditures and notable accomplishments to date.

Description of Sonoma County

Sonoma County measures 1,576 square miles and is the largest and northernmost county in the San Francisco Bay Area. In 2015, Sonoma County had the 17th largest county population of the 58 counties in California, with an estimated 502,000 residents (approximately 318 people per square mile).¹ According to 2015 U.S. Census Bureau estimates, Santa Rosa - the county seat and largest city - is home to about 35% of the total population and ranks as the 28th largest city in the state.^{2,3} 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 3.8% from 483,880 people in 2010 to 502,000 in 2015.



¹ U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates. Table S0501. Retrieved October 2016.

http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_S0501&prodType=table

² U.S. Census Bureau, Population Division. American FactFinder. "Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2015". 2015 Population Estimates Program. Web. October 2016. <http://www.census.gov/quickfacts/table/PST045215/06097>

³ 2015 California City Population Rankings. <https://www.cacities.org/Resources/Learn-About-Cities/2011Cities-by-Population.aspx>

Demographics

In 2015, about 20% of Sonoma County's population was under 18 years old, 5% of whom were 0-5 years of age. More than 24% were 60 years and older.⁴ The median age was 41 years old in 2015. 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 2015, 64% of Sonoma County residents were White/Caucasian, non-Hispanic or Latino; 26% were Hispanic or Latino, 4% were Asian or Pacific Islander, 2% were African American, and 2% were American Indian or Alaska Native.² 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.

The economic and housing landscape also continues to evolve in Sonoma County. Higher costs of living and increasing residential and commercial rents are fueled by job growth and the attractive quality of life in Sonoma County. In 2015, an estimated 87% 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 2015 was approximately \$67,000, over 52% 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 2015, an estimated 3,100 homeless individuals and 127 homeless families with children resided in Sonoma County.^{9,10}

Medi-Cal Beneficiaries and Threshold Languages

California's External Quality Review Organization (EQRO), APS Healthcare, reports that Sonoma County Mental Health Plan's Medi-Cal numbers of unduplicated eligible Medi-Cal beneficiaries by Race/Ethnicity during calendar year 2015 are as follows:

⁴ U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates. Table S0101. Retrieved November 2016.

http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_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 For more information on how homelessness is defined, please see the U.S. Department of Housing and Urban Development (HUD): https://www.hudexchange.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf

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 Number of Eligible Clients per month	Percent
White	33,005	34.72%
Hispanic	39,944	42.02%
African-American	1,936	2.04%
Asian/Pacific Islander	8,097	8.52%
Native American	1,365	1.44%
Other	10,704	11.26%
TOTAL	95,051	

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

Analyzing Mental Health Needs in the Community

The MHSA Integrated Planning process includes work to determine priorities and opportunities for enhancing and strengthening the existing system of mental health services in Sonoma County. In order to do so, it is important to identify prevalence of mental illness, need, and existing disparities. The following is a brief overview of Sonoma County’s mental health landscape, with data provided for specific groups wherever available.

According to the most current Community Health Needs Assessment (CHNA), Sonoma County residents and stakeholders perceive the need for an increase in accessible mental health services, including preventative care and screening. It was also noted that stigma remains an issue surrounding mental health and mental health treatment, and may prevent some residents from seeking care. Socioeconomic and other upstream factors may affect access to care, and it should not be assumed that access issues represent a lack of available services.

Within Sonoma County, attention to mental health has increased in recent years, and was ranked as an issue of high concern in the most recent CHNA. Sonoma Residents have a high risk for suicide, with 12.5¹¹ per 100,000 county residents dying as a result of suicide (2013-2015). This number is notably higher than the rate of suicide deaths for California residents, which is 10.3¹² per 100,000 residents for the same time period. Additionally, an estimated 15.2%¹³ of Sonoma County residents have reported experiencing poor mental health, defined as problems with mental health, emotions, nerves, or use of alcohol and drugs. There are distinct differences in this prevalence when looking at various demographic groups.

¹¹ Health Action Healthy People 2020 Progress Tracker, <http://www.sonomahealthaction.org/index.php?module=indicators&controller=index&action=dashboard&alias=hp2020>

¹² Ibid

¹³ Sonoma County 2016 Community Health Needs Assessment, <http://www.sonomahealthaction.org/index.php?module=Tiles&controller=index&action=display&alias=CHNA>

Age

Mental health challenges vary distinctly by age group. The bullets below provide a summary of available data on mental health challenges for Older Adults, Adults, and Youth in Sonoma County.

Children and Youth

- 19.4% of Sonoma County high school students (2011-2012 and 2012-2013 school years) report having seriously considered suicide in the past year¹⁴
- 48 youth aged 13-20 were hospitalized in Sonoma County in 2014 due to self-inflicted injuries¹⁵
- 5 children aged 5-14 were hospitalized in Sonoma County in 2014 due to self-inflicted injuries¹⁶
- Children aged 5-14 in Sonoma County are hospitalized for mental health issues at a rate of 2.7 per 1,000¹⁷
- Youth aged 15-19 in Sonoma County are hospitalized for mental health issues at a rate of 11.6 per 1,000¹⁸

Adults

- 19.6% of Sonoma County adults 18-59 report needing help for emotional/mental health problems or use of alcohol or drugs, higher than the statewide average of 16.1%¹⁹

Older Adults

- 10.5% of older adults in Sonoma County, aged 60 and higher, report needing help for mental health issues, higher than the statewide average of 7.4%²⁰

Race/Ethnicity

Sonoma County is less racially and ethnically diverse than the State of California as a whole. The vast majority of Sonoma County residents identify as either white or Hispanic, and available demographic data on other groups remains limited.

- 64.8% of white survey respondents in Sonoma County rate their mental health, which includes stress, depression and problems with emotions, as “very good” or “excellent”²¹
- 44.6% of Hispanic respondents survey respondents rate their mental health, which includes stress, depression and problems with emotions, as “very good” or “excellent”²²

Housing Status

Homelessness remains a high priority issue for Sonoma County residents. The 2016 Point in Time Homeless Count identified a population of 2,906 individuals experiencing homelessness, 66% of whom were identified as living without shelter. Unsheltered homeless included those individuals living on the street, in encampment areas, in cars, or in abandoned buildings. The remaining 34% lived in either transitional housing or emergency shelters. A number of the individuals counted during the census were surveyed on the spot. Of 594 respondents, 39% reported psychiatric or emotional conditions, and 42% reported drug or alcohol abuse.²³

¹⁴ A Program of Lucile Packard Foundation for Children’s Health kidsdata.org

¹⁵ Ibid

¹⁶ Ibid

¹⁷ Ibid

¹⁸ Ibid

¹⁹ Sonoma County 2016 Community Health Needs Assessment

²⁰ Sonoma County 2013 Community Health Needs Assessment

²¹ Ibid

²² Ibid

²³ Sonoma County 2016 Point in Time Homeless Count

Economic Status

While many of Sonoma County's residents are socioeconomically secure, 11.7% of county residents reported annual incomes below Federal Poverty Level in 2015.²⁴ According to the 2013 Sonoma County Community Health Needs Assessment, "Given the high cost of living in Sonoma County, it is generally accepted that an annual income under 200% of FPL (\$21,660 for an individual) is inadequate to meet basic needs for food, clothing, shelter, transportation, health care and other necessities."²⁵ There appear to be notable disparities in reported mental health between those living with incomes below 200% of the FPL, and those with higher incomes.

- Among respondents living under 200% of FPL, 40.2% report "excellent" or "very good" mental health as compared with 71.2% of those with higher incomes.²⁶
- Among those living below 200% of FPL, over 30% report only "fair" or "poor" mental health.²⁷

Education

There appear to be similar disparities regarding level of education and mental health.

- Among Sonoma County adults with the highest education levels (college graduate or above), 72% report excellent/very good mental health²⁸
- 28.6% of those without a high school degree report excellent/very good mental health²⁹
- Over 30% of those without a high school degree report fair/poor mental health³⁰

²⁴ U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

²⁵ Sonoma County 2013 Community Health Needs Assessment

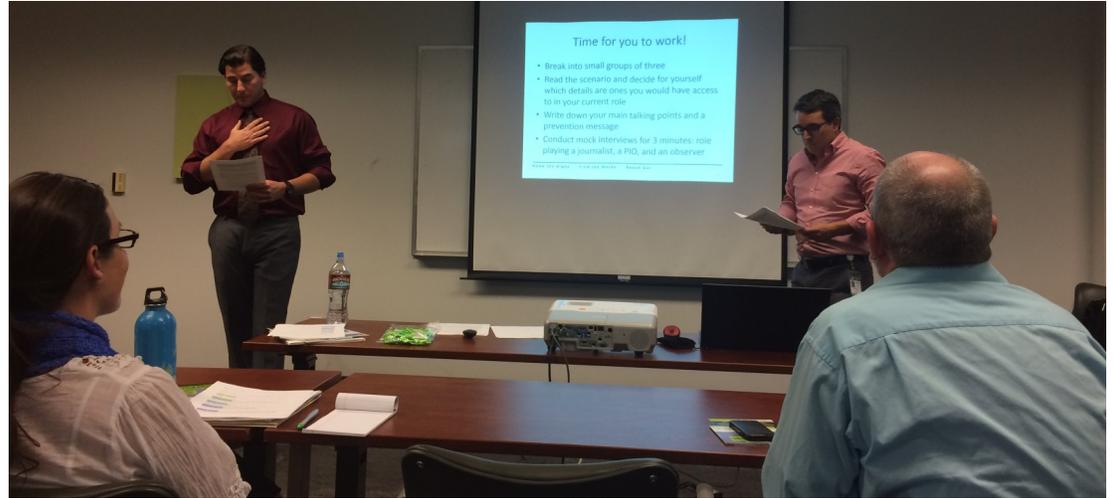
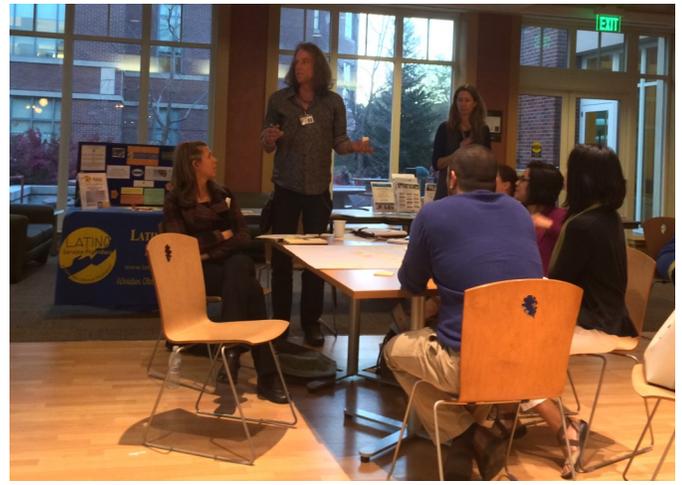
²⁶ Ibid

²⁷ Ibid

²⁸ Ibid

²⁹ Ibid

³⁰ Ibid



Sonoma County's MHSA Three-Year Integrated Planning Process for FY 2017-2020



WELLNESS • RECOVERY • RESILIENCE



Description of the Integrated Planning Process

The intent of this section is to describe the integrated planning process, as well as the involvement of community and local stakeholders in reviewing and approving the Integrated Plan and future MHSA-funded projects. The Sonoma County Behavioral Health Division partners with the community to ensure each plan and update is developed with local stakeholders, with meaningful input and involvement on mental health policy, program planning, implementation, monitoring, quality improvement, evaluation, and budget.

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

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

- Expand mental health services to additional high schools and/or middle schools
- Expand the Crisis Assessment, Prevention, and Education (CAPE) team in high schools and middle Schools
- Expand Mobile Support Team (MST) into additional communities
- Expand the Community Intervention Program (CIP) to strengthen homeless outreach
- Continue to hire consumers to be employed by Sonoma County Behavioral Health
- Increase bilingual/bicultural services
- Enhance children's mental health services, including crisis services
- Strengthen support services to family members
- Enhance older adult mental health services
- Support statewide projects such as mental health public education and suicide prevention campaigns

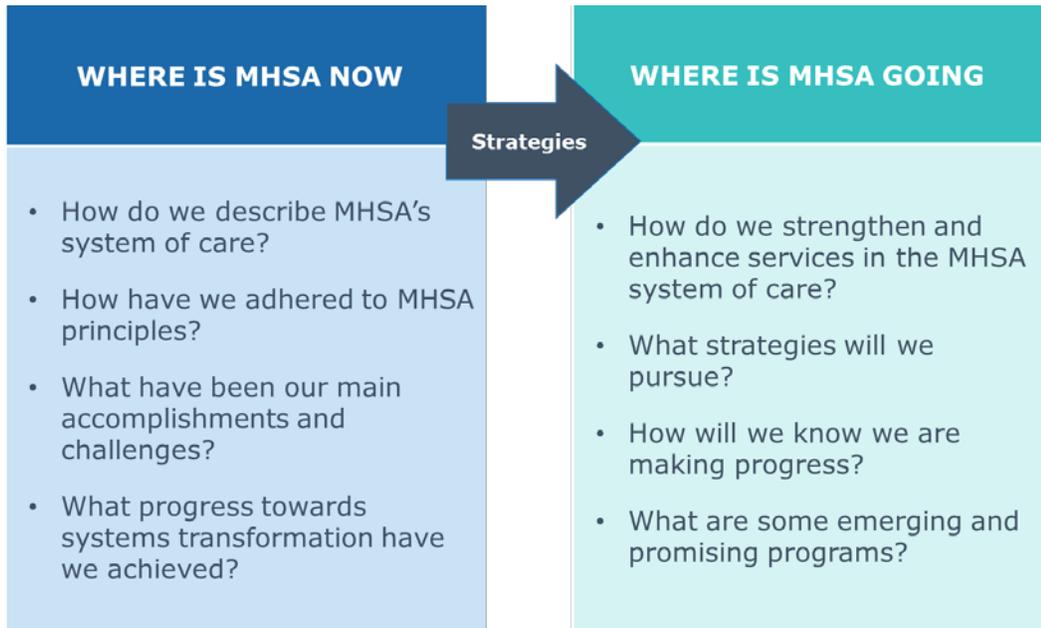
Sonoma County's Integrated Planning process was guided by an Advisory Committee Group comprised of the BHD Director, MHSA Coordinator, and stakeholders from various sectors (e.g., law enforcement, consumers, education), with Harder+Company Community Research providing planning and facilitation services. The Advisory Committee met from November 2016 to April 2017.

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

Integrated Planning Goals and Guiding Framework for FY 2017-2020

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

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



Our Review and Approval Process

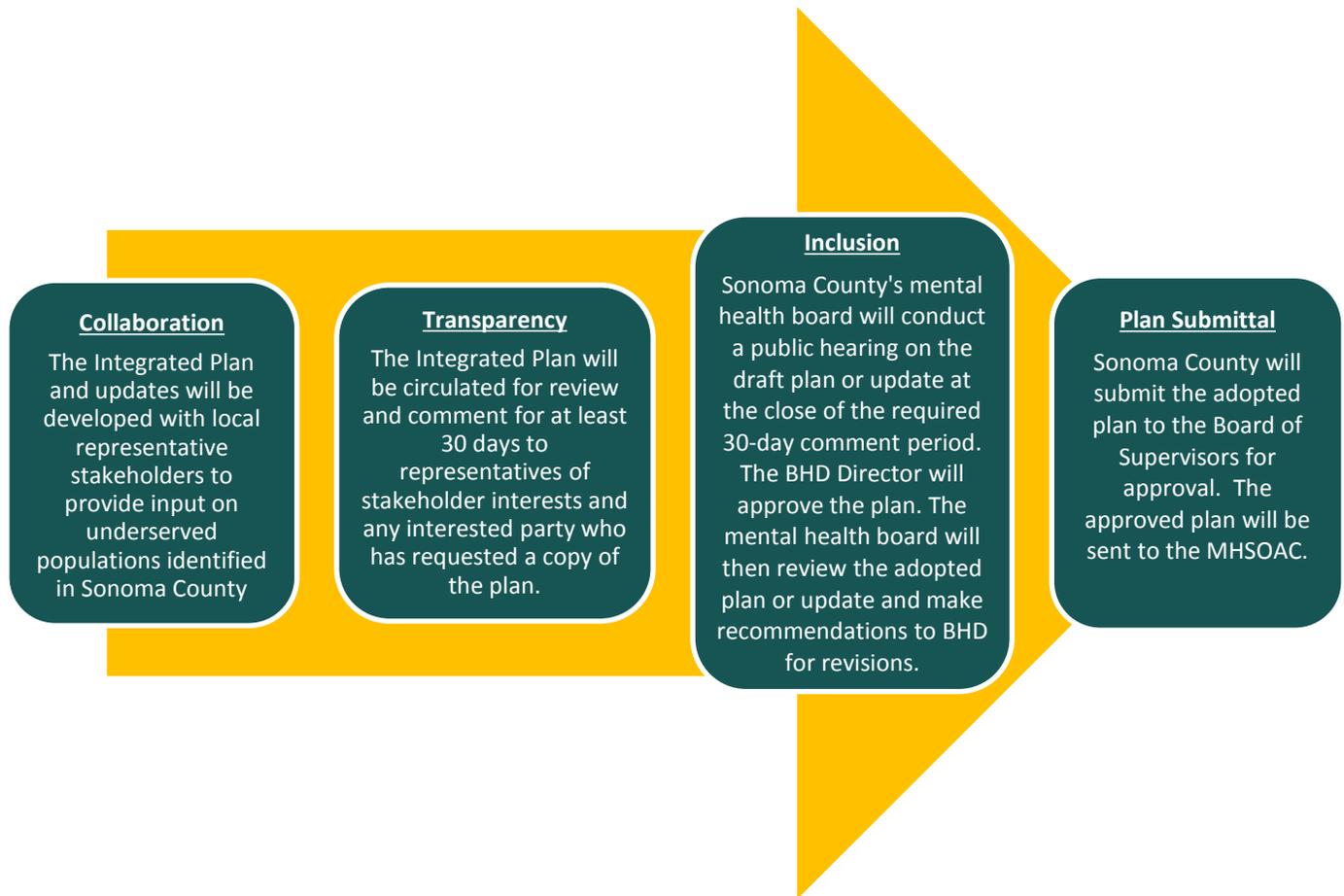
The steps for reviewing and approving Sonoma County’s Integrated Plan reflect the established MHSA stakeholder engagement requirements as shown in the chart on the next page. Welfare and Institutions Code Section (WIC) § 5847 states that county mental health programs shall prepare and submit a Three-Year Program and Expenditure Plan (Plan) and Annual Updates for Mental Health Service Act (MHSA) programs. Plans and Annual Updates must be adopted by the county Board of Supervisors and submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after Board of Supervisor adoption. WIC § 5848 states the mental health board shall conduct a public hearing on the draft three-year program and expenditure plan at the close of the 30-day comment period. These are instructions for the MHSA Fiscal Year (FY) 2017-2018 through FY 2019-2020 Three-Year Program and Expenditure Plan. These instructions are based on WIC and the California Code of Regulations Title 9 (CCR) in effect at the time these instructions were released. WIC § 5891 states that MHSA funds may only be used to pay for MHSA programs.

BHD requested stakeholder review of the MHSA Three-Year Program and Expenditure Plan for FY 2017-2018 through FY 2019-2020 asking for comments and questions be sent to:

Amy Faulstich, MHSA Coordinator
 Sonoma County Department of Health Services
 Behavioral Health Division
 3322 Chanate Road
 Santa Rosa, CA 95404 or email at: Amy.Faulstich@sonoma-county.org

The required thirty (30) day public comment period for the MHSA Three-Year Integrated Plan for 2017-20 and Update for FY 2015-16 began on Friday, April 14, 2017 and closed on Tuesday, May 16, 2017.

The Public Hearing



The Public Hearing for the MHSA Three-Year Integrated Plan for 2017-20 and Update for FY 2015-16 took place at the Sonoma County Mental Health Board Meeting on Tuesday, May 16, 2017 at 5:00 pm at the Finley Center in Santa Rosa. The public was welcomed and over 100 community members and stakeholders attended the public hearing, with 47 people taking the opportunity to address the Mental Health Board. The speakers shared their experience as a client or family member in an MHSA-funded program. They shared stories of recovery and support and were thankful for the services they received. A number of the Department's community partners reported on the activity of their programs and also expressed their appreciation for the funding and their collaborative relationship with the Behavioral Health Division.

During the public comment period, SCBH received comments from contractors to correct information in the posted draft of the MHSA Integrated Plan and Annual Update. Those changes have been made to this report. These changes do not represent substantive changes in the content of this report nor services provided to the public. Public comment at the hearing provided overwhelming support of the Integrated Plan and Update. The following table exhibits the outreach the Behavioral Health Division conducted to obtain feedback on the MHSA Integrated Plan and Annual Update and to announce the MHSA Public Hearing.

MHSA Integrated Plan & Annual Update Distribution and/or Public Hearing Outreach to Stakeholders for 2017

Date(s)	Place
3/21; 4/18	Mental Health Board Meeting
3/31; 5/1	MHSA Newsletter (March & May)
4/10; 4/17; 5/12	MHSA Contractors and Staff Contact list - emails sent
4/7; 5/5	Behavioral Health Division Managers Meeting
4/14	DHS Website
4/14	MHSA Website
4/14	BHD Website
4/21	Sonoma County Libraries - hard copies of Plan delivered
4/20	Sonoma County Chambers of Commerce – emailed link to Plan
April and May	All BHD Staff emailed document and flyer for public hearing
4/20	Action Network in Gualala – mailed hard copy of Update
4/20	Health Care Districts – emailed link to Plan
4/21	Finley Center – posted Public Hearing flyer and delivered hard copy of Plan
4/21	Vet Connect – delivered hard copy of Plan (Santa Rosa and Guerneville)
4/8	Project Success Plus Collaborative Meeting

The MHSA Three-Year Integrated Plan for FY 2017-20 and Annual Update for FY 2015-16 was approved by the Sonoma County Board of Supervisors on July 11, 2017. The Behavioral Health Division sent the approved plan to the MHSOAC on August 4, 2017 to remain on file for review and evaluation purposes.

The Role of the MHSa Integrated Plan Advisory Committee



Sonoma County MHSa Integrated Plan Advisory Committee

The Sonoma County MHSa Integrated Plan Advisory Committee played an active role in guiding this local integrated planning process. Stakeholder representatives met once a month between November 2016 and April 2017 and were charged with oversight and direction in our community engagement process. Committee members also played an active role in the distribution of an MHSa Community Input Survey that collected feedback on current services offered, underserved populations living with mental health challenges, and new ideas for the expansion of services.

At the first meeting, the BHD Mental Health Services Act Coordinator presented an overview of services that have been funded since implementation of Prop 63 in Sonoma County. This launched the process by helping the committee understand the systems transformation that has occurred to date.

Core tasks for the Committee include the following:

- Sonoma County MHSa System and No Place Like Home Presentation³¹ – BHD staff presented an overview of the current system of care under MHSa at the first meeting of the MHSa Integrated Plan Advisory Committee
- No Place Like Home Preparation
- Review the Sonoma MHSa Integrated Plan Community Input Survey
- Develop outreach plans for survey distribution
- Provide specific ideas for each of the local enhanced services
- Discuss the survey results

MHSa Integrated Plan Advisory Committee Composition

The MHSa Advisory Committee is comprised of 31 individuals of diverse demographic backgrounds who represent a mix of consumers, service providers, and family members. Additional stakeholder representation information about the composition of the Advisory Committee is summarized in the chart on the next page.

³¹ The Sonoma County MHSa System and No Place Like Home Presentation is located in Appendix 3.

Organization/Agency	Stakeholder Representation
Buckelew Programs Sonoma County	Families of adults and seniors with severe mental illness
Burbank Housing	Providers of Services and supportive housing for people with severe mental illness
Community Baptist Church	Unserved and/or underserved populations (African Americans)
Community Development Commission	Providers of Services
Community Housing Sonoma County	Providers of Services and supportive housing for people with severe mental illness
Consumer Relations Program-Goodwill Industries of the Redwood Empire	Adults and seniors with severe mental illness; Unserved and/or underserved populations (geographically isolated communities)
Interlink Self Help Center- Goodwill Industries of the Redwood Empire	Adults and seniors with severe mental illness/substance use disorders
Latino Service Providers	Unserved and/or underserved populations (Latinos)
Mental Health Board	Adults and seniors with severe mental illness; Families of children, adults, seniors with severe mental illness, service providers
NAMI – Sonoma County	Families of children, adults, seniors with severe mental illness
Petaluma People Services	Social Services Agency/Providers of Services; Unserved and/or underserved populations (geographically isolated communities)
Petaluma Police Department	Law Enforcement
Santa Rosa Junior College	Education
Sonoma County Sheriff’s Department	Law Enforcement
Veteran Resource Centers of America	Veterans
West County Community Services	Social Services Agency/Provider of Services
West County Health Centers	Health Care Providers
Sonoma County Department of Health Services Staff	
Health Services Department-Behavioral Health Division (BHD)	BHD Director, MHSA Coordinator and Community Mental Health Section Manager, Community Intervention Program Manager, Program Planning and Evaluation Analyst

Organization/Agency	Stakeholder Representation
Health Services Department – Health Policy Planning and Evaluation (HPPE) Division	HPPE Director

No Place Like Home

The recently enacted 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 the winter of 2017-2018. One of these steps is the inclusion of the existing MHSA Integrated Planning Advisory Committee in the RFP planning process, in an effort to maximize stakeholder input, as well as draw on the expertise of those members who represent the housing sector across Sonoma County.

The preliminary timeline for No Place Like Home includes an initial distribution of funds through a non-competitive program, with money allocated proportionately, based on the number of homeless people residing in each county. The minimum funding amount for each county is \$500,000, and allocation is based on 2015 Point In Time (PIT) Counts. It is estimated that Sonoma County will receive \$4,880,247. Non-competitive program funds are earmarked for the construction, rehabilitation, and preservation of permanent supportive housing, as well as to capitalize operating reserves, prioritizing those with SPMI who are homeless or at risk of chronic homelessness.

The NPLH competitive program allocates funds differently. Counties are grouped by size, and counties will compete for funds within their grouping. Sonoma County is part of the Medium County group, and will compete with up to 13 other counties for an estimated \$245,145,198. Sonoma’s history of successfully bidding for competitive funding suggests that this process may result in a substantial award amount for the county to invest in housing for individuals living with SPMI. Competitive funds will be made available as deferred payment loans that can be used to finance capital costs including acquisition, design, construction, rehabilitation, or preservation of permanent supportive housing for the target population, as well as to capitalize operating reserves.

The Integrated Planning Advisory Committee has played a central role in Sonoma County’s initial planning and preparation for No Place Like Home. In composing the Committee, we ensured there was 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. During the course of the Integrated Planning process, the Advisory Committee 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 meant 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 Committee has worked to identify gaps and opportunities for future development, in an effort to inform the No Place Like Home planning process.

The collective expertise of the Integrated Planning Advisory Committee 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. A housing-focused subset of the Integrated Planning Advisory Committee will remain active after the MHSA Three-Year Integrated Plan is finalized, in order to

continue preparations for the release of the NPLH RFP. These preparations will include the continuation of the Integrated Planning Advisory Committee's work, including relationship building, with an emphasis on identifying potential projects and partnerships. It is anticipated that these efforts will position Sonoma County to submit the strongest and most competitive NPLH proposals possible for projects with strong local partnerships and support.



MHSA Integrated Plan Community Input Survey and Stakeholder Outreach Strategy

The Behavioral Health Division, in coordination with Harder+Company Community Research (H+C), collected stakeholder input on services that enhance and strengthen the existing system of mental health services in Sonoma County. This stakeholder input process was designed to gather feedback to inform the 3-year planning process. The MHSA Integrated Plan Advisory Committee developed outreach plans and distributed a 9-item survey to stakeholders from communities throughout Sonoma County. Outreach plans—developed in coordination with BHD and H+C—were designed to ensure survey distribution to diverse and representative stakeholder groups. In total, 564 surveys were collected between January and March 2017, and analysis was then conducted by H+C.

Committee members developed outreach plans to distribute surveys to the following groups:

- Providers
- Service users
- Attendees at relevant meetings
- Attendees at community events that occurred between January and March 2017

The Community Input Survey was then distributed through a variety of methods that were identified by the individual committee member. This ensured that the outreach process was contained within Sonoma County, yet as widely distributed as possible to local MHSA stakeholders who may have been unable to participate in community planning activities. Methods of distribution included an online survey disseminated through email links to contact lists, a mail-in paper survey, as well as electronic PDF surveys. Service providers also distributed copies of the survey to their staff and clients.³²

The Community Input Survey asked respondents to assess the following:

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

MHSA Community Input Survey Highlights

Survey Respondent Demographic Data

Figure 1: Age and Gender

564 individuals participated in the Sonoma MHSA Integrated Plan Community Input Survey. The largest proportions of survey respondents (60%) were adults ages 25-59. Seventeen percent (17%) of survey respondents were age 60 or older. Twenty percent (20%) were between the ages of 16-24, and two percent (2%) were 15 and younger. Of the total sample of respondents, sixty-eight percent (68%) were female, and twenty-eight percent (28%) were male, one percent (1%) were transgender, and three percent (3%) declined to state their gender.

³² The full Community Input Survey (English and Spanish) is located in Appendix 4.

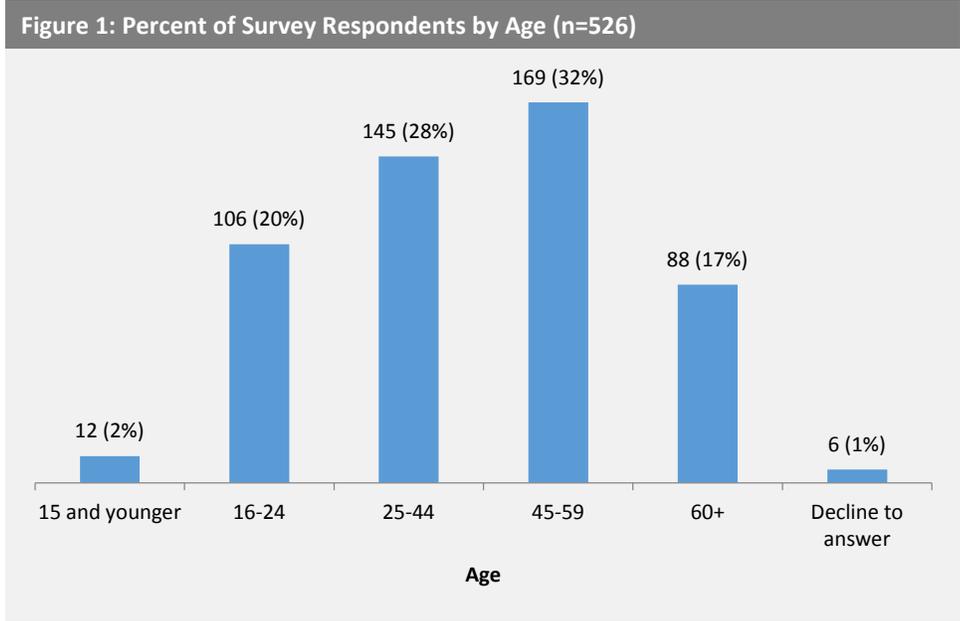


Figure 2: Race/Ethnicity

Race and ethnicity data largely mirrored the demographic makeup of Sonoma County as a whole. Most survey respondents (64%) identified as White/Caucasian, while over a quarter (26%) identified as Hispanic/Latino. Representing smaller population groups within Sonoma County, five percent (5%) identified as Asian/Pacific Islander, four percent (4%) identified as African American/Black, three percent (3%) identified as Native American, and less than one percent (<1%) as another race.

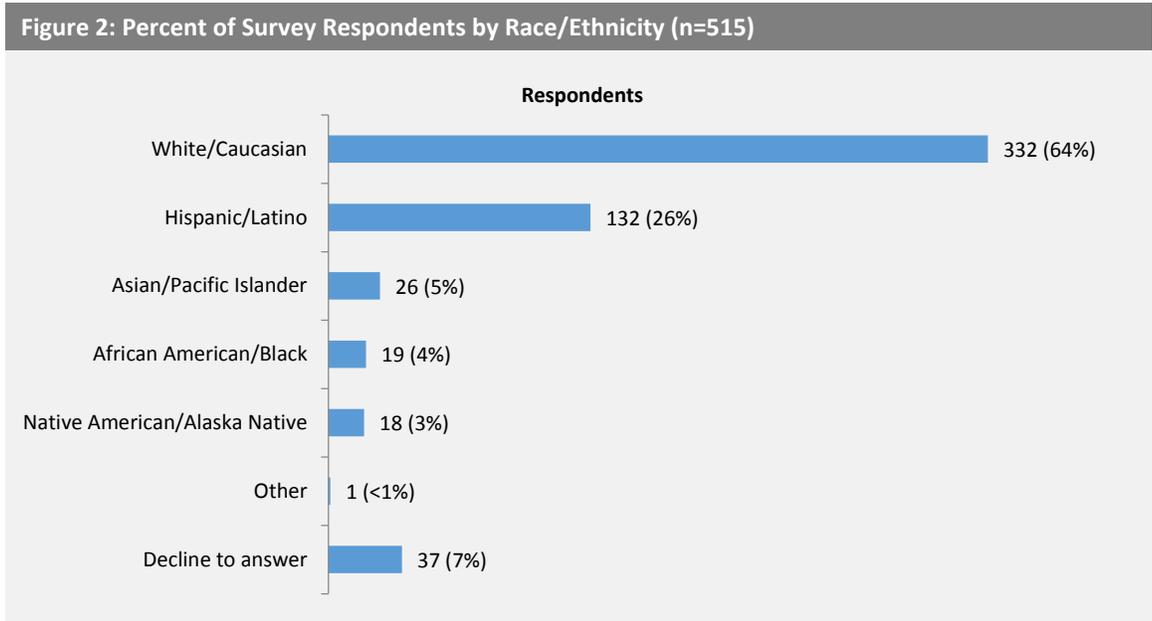


Figure 3: Geographic Area

The majority of respondents (66%) lived and/or worked in Central Sonoma County, which includes the communities of Rohnert Park, Santa Rosa, and Windsor. South County was the second most represented

geographic area, with twenty-three percent (23%) of respondents living or working in the communities of Bloomfield, Cotati, Fulton, Lakeville, Penngrove, Petaluma, Petaluma River, and Two Rock. West County, consisting of Camp Meeker, Cazadero, Cunningham, Duncan Mills, Forestville, Freestone, Graton, Guerneville, Guerneville Park, Mirabel Park, Monte Rio, Occidental, Rio Nido, Russian River, Sebastopol, and Villa Grande, accounted for sixteen percent (16%) of respondents. Nine percent (9%) lived and/or worked in the Sonoma Valley Region, comprised of Agua Caliente, Boyes Hot Spring, El Verano, Eldridge, Fetters Hot Springs, Glen Ellen, Kenwood, Schellville, Sonoma, and Vineburg. Eight percent (8%) of respondents represented North County, consisting of Asti, Cloverdale, Geyserville, Healdsburg, and Las Lomas, while the least represented region was the Sonoma Coast, with four percent (4%) of respondents living or working in Annapolis, Bodega, Bodega Bay, Fort Ross, Gualala, Jenner, Plantation, Sea Ranch, Stewarts Point, Timber Cove, and Valley Ford.

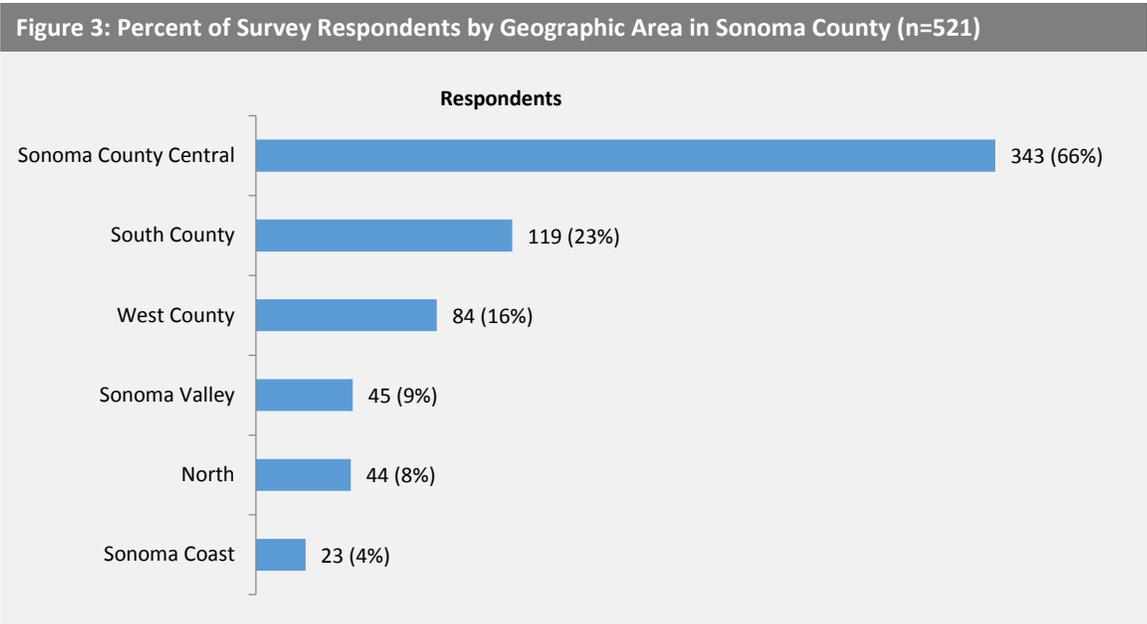


Figure 4: Representative Group

Survey respondents were also asked to identify the group(s) they represent. Many respondents identified with more than one group. Community agencies and/or nonprofit staff were the most represented group with twenty-seven percent (27%) of respondents, while twenty-six percent (26%) identified as an interested community member. One quarter (25%) of survey respondents identified as students, and eighteen percent (18%) identified as a mental health services provider. Seventeen percent (17%) of respondents identified as a representative of a school or education system. Fifteen percent (15%) of respondents identified as being a family member of an adult mental health services consumer, and an additional fifteen percent (15%) identified as a consumer/client of mental health services themselves. Twelve percent (12%) of respondents identified as County of Sonoma staff and, of the remaining respondents, seven percent (7%) identified as a representative of law enforcement, seven percent (7%) as a family member of a mental health services consumer under the age of 18, six percent (6%) as an alcohol/drug services provider, six percent (6%) as a member of a healthcare organization, three percent (3%) as a veteran, and five percent (5%) as a member of another group.

Figure 4: Percent of Survey Respondents by Representative Group (n=508)

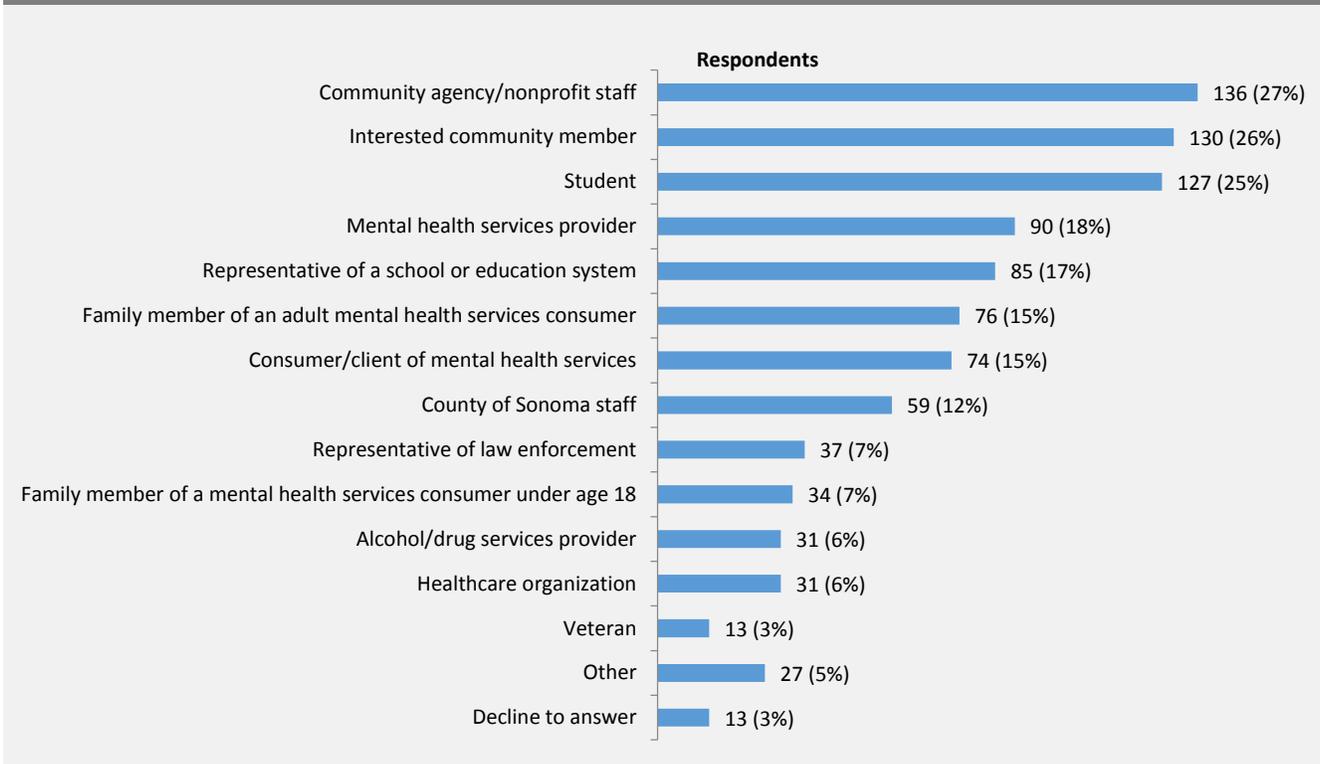
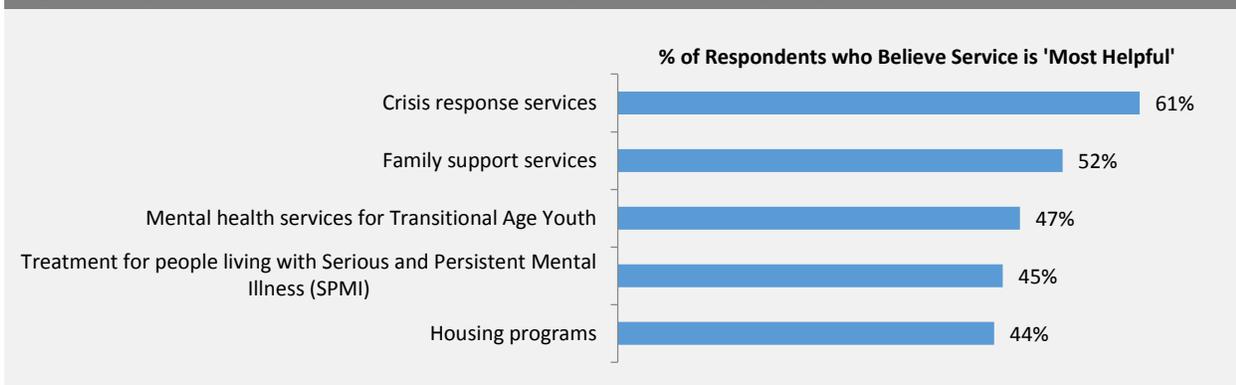


Figure 5: Most Helpful MHSA-Funded Services

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

1. Crisis response services (61% of all respondents)
2. Family support services (52% of all respondents)
3. Mental health services for Transitional Age Youth (47% of all respondents)
4. Treatment for people living with Serious and Persistent Mental Illness (45% of all respondents)
5. Housing programs (44% of all respondents)

Figure 5: Top Five Services Identified as “Most Helpful” by All Survey Respondents (n=520)



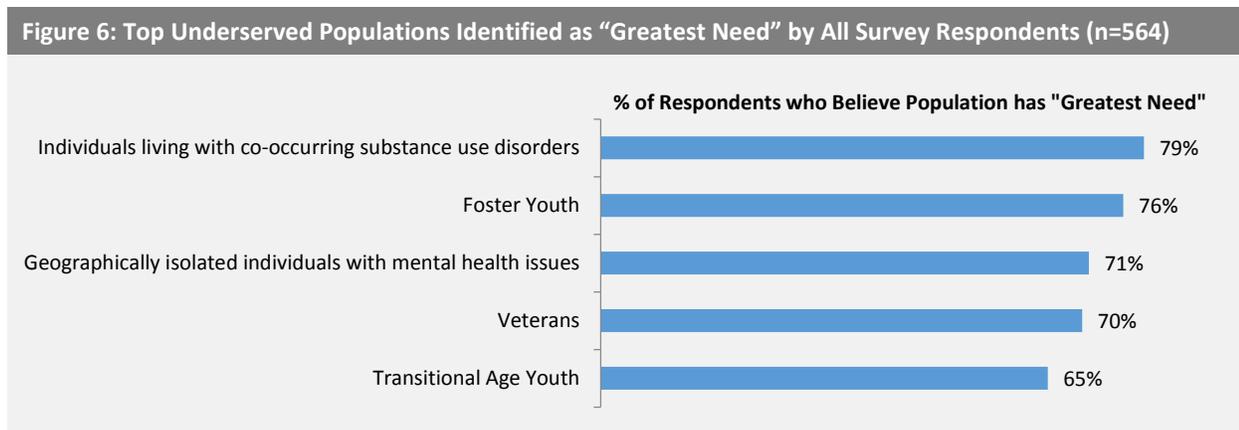
Respondents aged 60 and older selected the same list of top five MHSA-funded services as the general population. Of survey respondents who identified as consumers and clients of mental health services, the top five MHSA-funded services reported most helpful are the following:

1. Crisis response services (72% of all consumers and clients of mental health services)
2. Consumer-operated services (63% of all consumers and clients of mental health services)
3. Treatment for people living with Serious and Persistent Mental Illness (61% of all consumers and clients of mental health services)
4. Family support services (58% of all consumers and clients of mental health services)
5. Housing programs (58% of all consumers and clients of mental health services)

Figure 6: Underserved Population(s) Living with Mental Health Challenges that have Greatest Need

Survey respondents were asked to identify which underserved population(s) living with mental health challenges have the greatest need for mental health prevention and early intervention services in Sonoma County. The top five underserved populations rated as “greatest need” for all respondents are the following:

1. Individuals with co-occurring substance use disorders (79% of all respondents)
2. Foster youth (76% of all respondents)
3. Geographically isolated individuals with mental health issues (71% of all respondents)
4. Veterans (70% of all respondents)
5. Transition Age Youth – TAY (65% of all respondents)



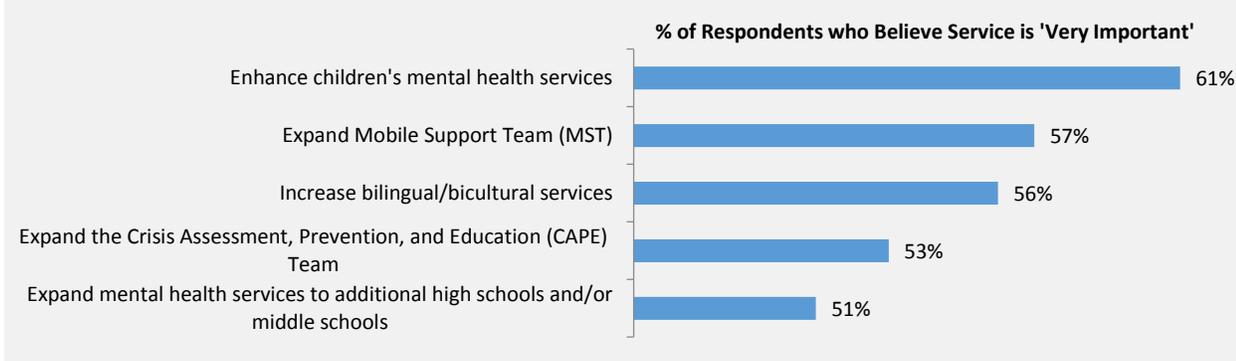
Respondents aged 60 and older—as well as consumers and clients of mental health services—selected the same list of top five greatest need populations as the full group of respondents.

Figure 7: Expanded Services Considered Most Important to Provide in the Future

Respondents were also asked to rate which expanded services are the most or least important to provide in the future to persons of all ages with mental health challenges. The top five expanded services rated as “very important” are the following:

1. Enhance children’s mental health services (61% of all respondents)
2. Expand the Mobile Support Team (MST) (57% of all respondents)
3. Increase bilingual/bicultural services (56% of all respondents)
4. Expand the Crisis Assessment, Prevention, and Education (CAPE) Team (53% of all respondents)
5. Expand mental health services to additional high schools and/or middle schools (51% of all respondents)

Figure 7: Top Expanded Services Identified as “Very Important” by All Survey Respondents (n=564)



Respondents aged 60 and older selected the same list of top five expanded services as the general population. Of survey respondents who identified as consumers and clients of mental health services, the top five expanded services reported as “very important” are the following:

1. Expand the Mobile Support Team (MST) (71% of all consumers and clients of mental health services)
2. Continue to hire consumers to be employed by Sonoma County BHD (70% of all consumers and clients of mental health services)
3. Enhance children’s mental health services (66% of all consumers and clients of mental health services)
4. Strengthen support services to family members (59% of all consumers and clients of mental health services)
5. Expand the Community Intervention Program (CIP) (58% of all consumers and clients of mental health services)



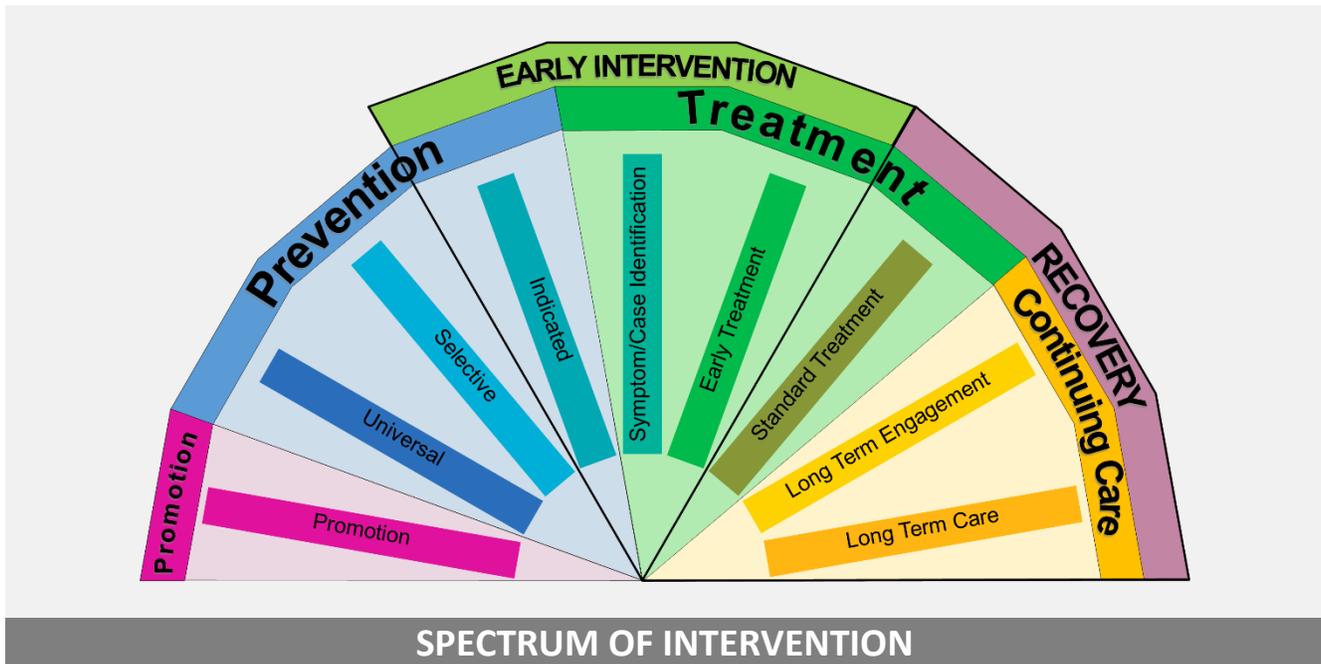
Sonoma County's MHSA Three-Year Integrated Plan for FY 2017-2020



WELLNESS • RECOVERY • RESILIENCE



Understanding Sonoma County's MHSAs System of Care



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

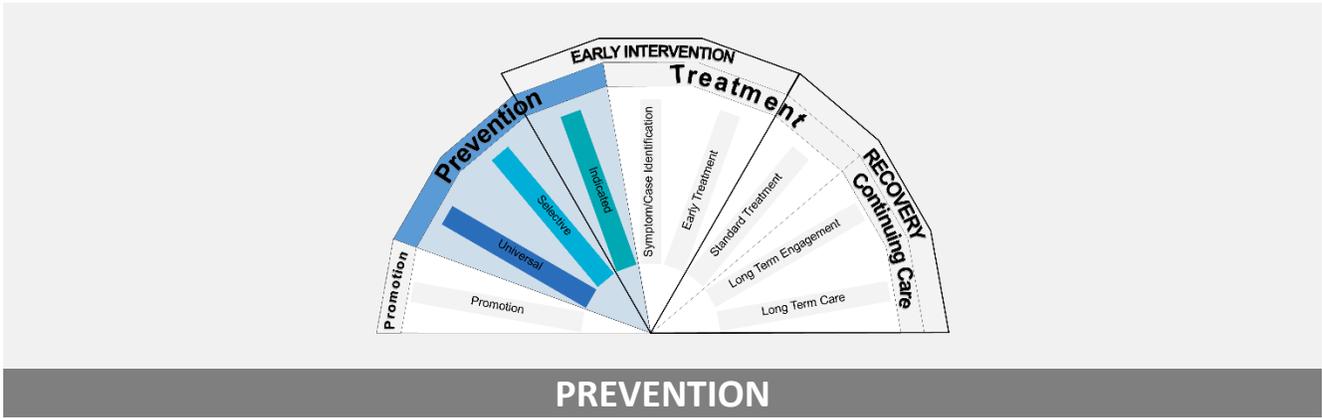
This spectrum also provides a visual tool to demonstrate the multiple opportunities for addressing behavioral health problems and disorders, assists with the development of standardized data collection and evaluation tools, and helps to define appropriate evidence based, promising, and community defined practices that can be used in each category of service.

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

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



Sonoma County’s Three-Year Integrated Plan prioritizes mental health promotion activities that focus on public education campaigns for mental health advocacy.



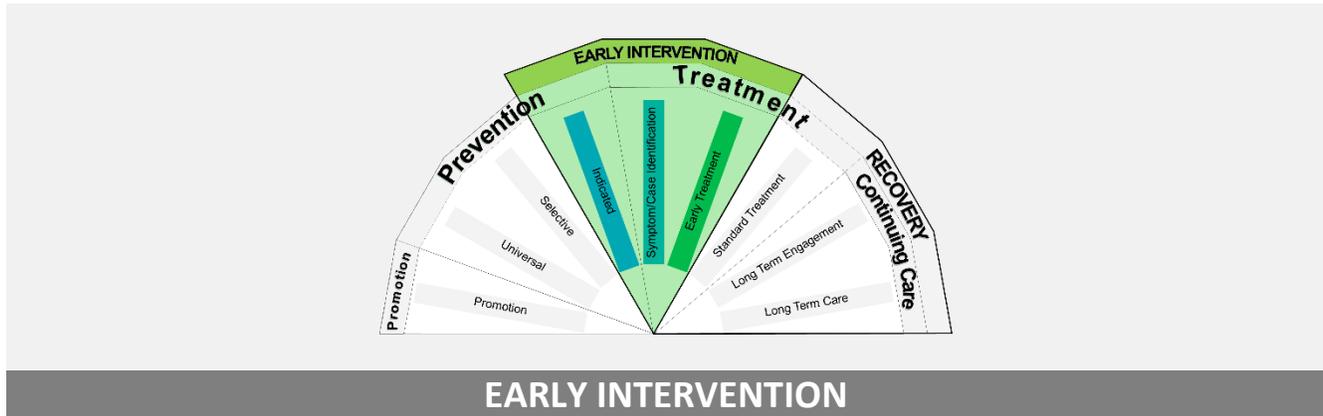
Sonoma County’s Three-Year Integrated Plan prioritizes the following prevention activities, services, and programs to “prevent mental illnesses from becoming severe and disabling.” This structure is part of the mental health system of care, a “help-first” approach that brings mental health awareness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

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

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

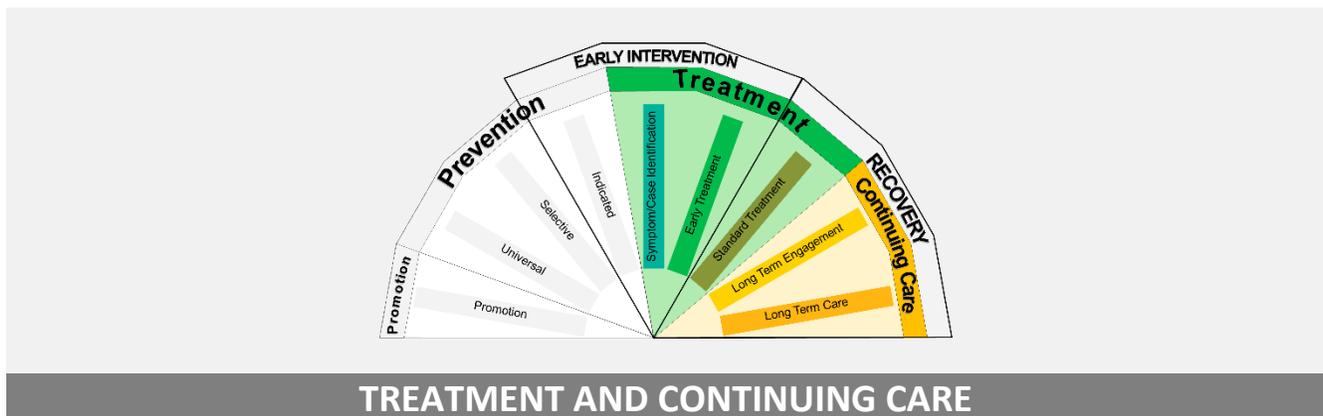
Mental health and wellness interventions are provided both in the home and at community agencies throughout the county to older adults in order to prevent depression and suicide. Interventions for seniors include support groups, depression screening, educating seniors and caregivers about depression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

Mental health and wellness prevention interventions target communities that experience disparity in access to mental health services, particularly geographically isolated communities, and cultural and ethnic communities. These interventions include activities, services, and programs across the prevention spectrum, including universal outreach strategies used by providers of service to the target populations, programs that are community defined and implemented in trusted organizations, and programs that use a variety of methodologies.



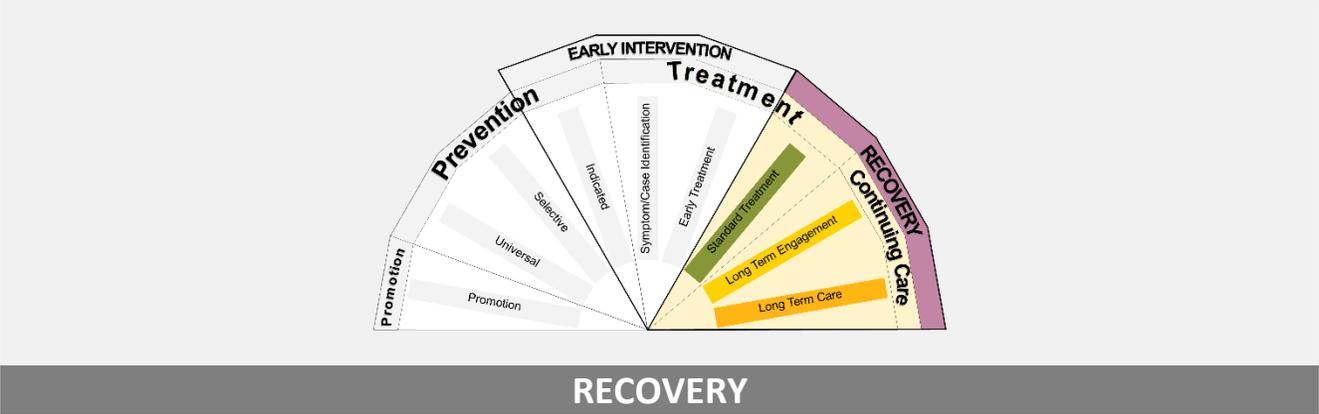
Sonoma County’s Three-Year Integrated Plan prioritizes the following early intervention activities, services, and programs to accessing supports at the earliest possible signs of mental health problems and concerns in order to “prevent mental illnesses from becoming severe and disabling.” Early intervention activities, services, and programs build capacity for providing mental health early intervention services at sites where people go for other routine activities.

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



Sonoma County’s Three-Year Integrated Plan prioritizes treatment and continuing care programs that are defined in MHSA Community Services and Supports (CSS) as “Access and linkage to medically necessary care provided by county mental health programs for children with severe mental illness, and for adults and seniors with severe mental illness, as early in the onset of these conditions, as practicable.”

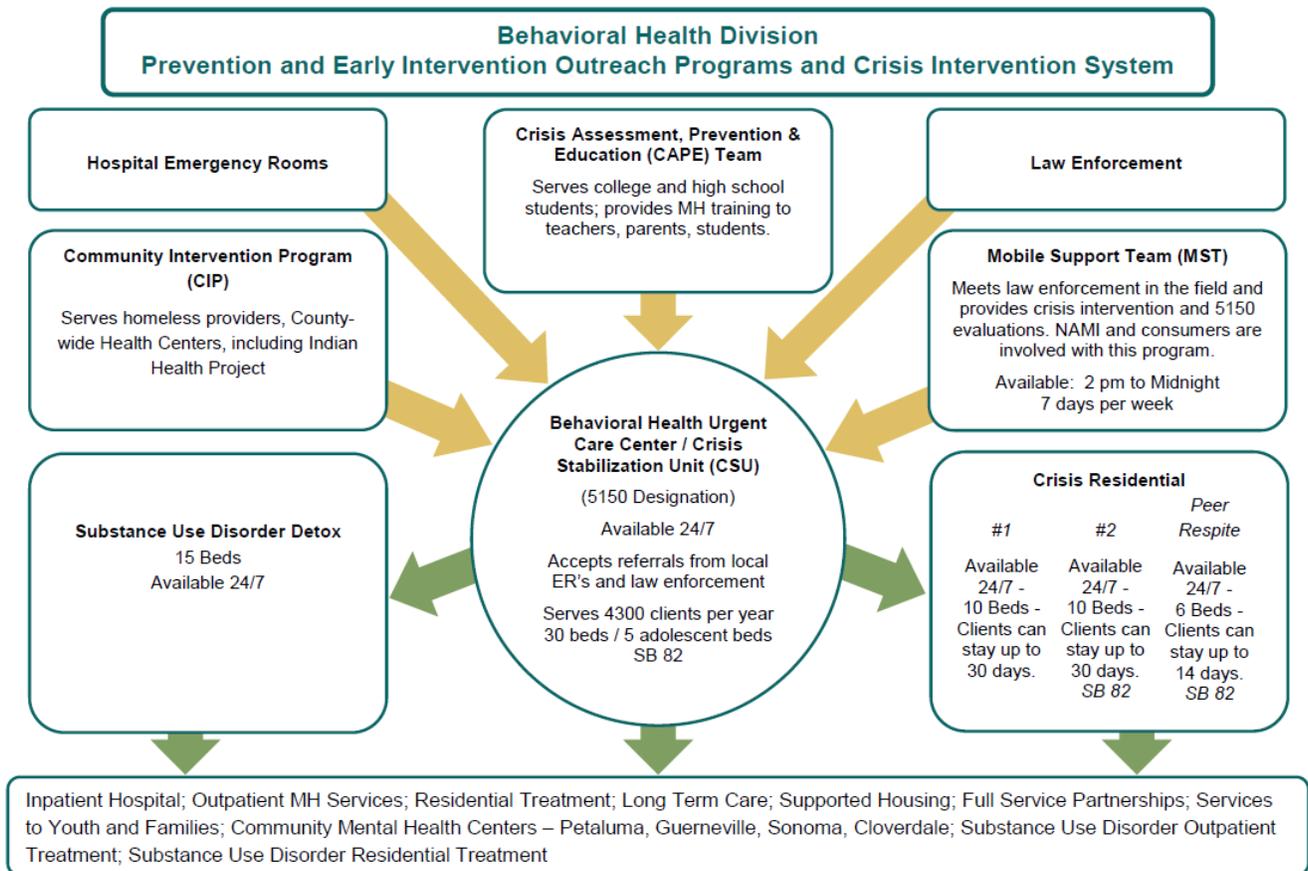
Treatment and continuing care services include wraparound services to children ages 5-12 providing family-centered treatment; intensive wraparound services to youth ages 18-25 and their families; intensive mental health services to mentally ill offenders through a mental health court; intensive mental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



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

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

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



One example of how Sonoma County leverages MHSA funding to develop a crisis intervention system is in its crisis system of care. Sonoma County Department of Health Services – Behavioral Health Division (BHD) has developed a comprehensive response to crisis that may occur in the community. The following programs are part of the crisis intervention system of care:

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



The 2017-2020 Work Plan Summaries for the Integrated Plan (as well as the 2015-2016 Annual Update beginning on Page 85) will be presented within the three MHSA Service Components:

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

Access, Treatment and Recovery Programs

- Full Service Partnerships
- Outreach and Engagement (to increase access)
- General Systems Development

Workforce, Education and Training (WET) - *(falls under the CSS funding component)*

- Consumer/Peer and Family Member Behavioral Health Career Pathways
- Postgraduate Internships
- Bilingual Behavioral Health Career Pathways

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

Promotion

- California Mental Health Services Authority (CalMHSA)
 - Each Mind Matters, Know the Signs, Directing Change

Prevention

- Services targeting children birth to age 5 and their families
- Services targeting school-aged children ages 5 to 18 years
- Campus-based services targeting transition age youth
- Services targeting older adults
- Services targeting communities who experience disparity in access to mental health services
- Consumer/Peer Run Services
- Suicide Prevention

Early Intervention

- Services targeting transition age youth ages 16 to 24 at risk of experiencing first onset of mental illness

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

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



Community Services and Supports FY 2017-2020 WORK PLAN SUMMARY

Service Category:	Full Service Partnership		
Program Name:	Family Advocacy, Stabilization and Support Team (FASST)		
Total # to be served (annually):	64	Cost per Client (for FY 17-18):	\$1,949

Description of Program:

Sonoma County Behavioral Health's Family Advocacy, Stabilization and Support Team (FASST) is an intensive enrollee-based Full Service Partnership program for youth (ages 5-18) identified as needing intensive and integrated services, including:

- Enhanced capacity to provide Therapeutic Behavioral Services (TBS)
- Individual and family therapy
- Rehabilitative groups
- Family/parent education
- Intensive Home Based Services (IHBS)
- Intensive Care Coordination (ICC), including close collaboration with Human Services, Probation, and/or Education
- Medication support services
- Linkage to other services, including Substance Use Disorder (SUD) treatment services
- Crisis intervention

Priority Population:

This program serves high-risk SED children who have not responded to traditional levels of service. Youth are prioritized for the program by meeting any of the following risk criteria, along with meeting medical necessity for specialty mental health services:

- At risk of psychiatric hospitalization, or those who have been hospitalized within the past six months
- At risk of congregate care placement
- Involvement with the Juvenile Probation system
- Human Services dependents

Community Partners:

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

- Sunny Hills Services



Community Services and Supports FY 2017-2020 WORK PLAN SUMMARY

Service Category:	Full Service Partnership		
Program Name:	Transition Age Youth (TAY) Team		
Total # to be served (annually):	55	Cost per Client (for FY 17-18):	\$6,988

Description of Program:

Sonoma County Behavioral Health’s Transition Age Youth (TAY) Full Service Partnership program provides services for youth ages 18 to 25 and their families to respond to the many challenges encountered as the youth with mental illness moves toward greater self-sufficiency.

The TAY program is an intensive integrated service team program for Transition Age Youth (18-25) providing mental health services, intensive case management, housing and employment support services, and independent living skills.

- Case Management Specialist for Transition Age Youth needing referrals to Linkage follow-up
- Permanent supportive housing services, staffed by community partners, that include:
 - Independent living apartments (including master lease and collaboration with a 14 unit building)
 - Psychiatric Rehabilitation Approach (PRA)
 - Assistance w/medication management, medication adherence, and crisis response
- Transition Age Youth County-Wide Team provides:
 - Structured Clinical Interview for DSM-5 Disorders (SCID-5-CV)
 - Outreach
 - Case Management
 - Employment opportunities
 - Socialization activities
- Peer support and mentoring
- Linkage and referral to substance abuse treatment for TAY living with co-occurring disorders

Priority Population:

Transition Age Youth 18-25 with SED/SMI, aging out of children’s Mental Health services, and are at risk of homelessness, hospitalization, or incarceration; aging out of Child Welfare; who are leaving placement; or are experiencing First Episode Psychosis (FEP).

Community Partners:

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

- Buckelew supportive employment
- Buckelew Transition Age Youth housing
- Social Advocates for Youth – Transition Age Youth housing
- VOICES – Peer support and mentoring
- NAMI Sonoma County – Family support and advocacy



Community Services and Supports FY 2017-2020 WORK PLAN SUMMARY

Service Category:	Full Service Partnership		
Program Name:	Forensic Assertive Community Treatment (FACT) Team		
Total # to be served (annually):	50	Cost per Client (for FY 17-18):	\$18,237

Description of Program:

Sonoma County Behavioral Health’s Forensic Assertive Community Treatment (FACT) team is a Full Service Partnership that serves adult offenders with Serious Mental Illness (SMI) by providing a community-based treatment team as an alternative to incarceration.

The FACT team serves offenders with SMI coming directly from the jail through a Mental Health Court (MHC).

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

Priority Population:

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

Community Partners:

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

- Buckelew FACT housing



Community Services and Supports FY 2017-2020 WORK PLAN SUMMARY

Service Category:	Full Service Partnership		
Program Name:	Integrated Recovery Team (IRT)		
Total # to be served (annually):	165	Cost per Client (for FY 17-18):	\$11,648

Description of Program:

Sonoma County Behavioral Health's Integrated Recovery Team (IRT) is a Full Service Partnership that 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. IRT utilizes an Integrated Dual Diagnosis Treatment (IDDT) approach for adults with co-occurring disorders (mental illness and substance use).

Treatment focuses on the stages of change, and both a harm reduction approach and motivational interviewing is utilized. Pharmacological treatment, case management, self-help groups run by peers, family education, and aftercare services are provided. Program has a high staff-to-client ratio and ability to respond 24/7.

Housing and employment services are part of the array of supports offered by this program.

Priority Population:

IRT provides services to adults with serious mental illness and co-occurring alcohol and other drug problems, who currently do not receive comprehensive services.



Community Services and Supports FY 2017-2020 WORK PLAN SUMMARY

Service Category:	Full Service Partnership		
Program Name:	Older Adult Intensive Team (OAIT)		
Total # to be served (annually):	35	Cost per Client (for FY 17-18):	\$19,155

Description of Program:

Sonoma County Behavioral Health's Older Adult Intensive Team (OAIT) is a Full Service Partnership that 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.

- The team provides intensive case management, helping clients to access needed primary and specialty medical care and to ensure ongoing coordination between the clients' mental health and physical health providers.
- The program includes supported housing services designed to assist the older adult clients in living as independently as possible. The support services include medication management and adherence support, coordination with health care providers, and coordination with family or friends who are acting as caregivers for the clients.
- The program leverages existing MHSA funding peer support services.
- The program provides support to the family and friends of clients who are acting as caregivers.

Priority Population:

OAIT provides services to older adults with serious mental illness who also have complicating medical conditions.

Community Partners:

The following community partners provide contracted services under the OAIT program:

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



Community Services and Supports FY 2017-2020 WORK PLAN SUMMARY

Service Category: Outreach & Engagement

Program Name: Access Team

Total # to be served (annually): 550

Cost per Client (for FY 17-18): \$4,065

Description of Program:

The 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 Access Team provides information and referral to all Sonoma County residents who are not Medi-Cal beneficiaries who may need mental health services. The Access Team provides brief stabilization services (medication management and education, housing options, employment resources, benefits counseling, and therapy) for Medi-Cal beneficiaries.

Individuals seeking services are able to quickly receive a mental health screening, and, when needed, assessment and specialty mental health treatment planning. The Access Team determines appropriate levels of care for individuals and creates linkage to the network of mental health services available throughout Sonoma County. The 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.

Priority Population:

Sonoma County Medi-Cal beneficiaries



Community Services and Supports FY 2017-2020 WORK PLAN SUMMARY

Service Category:	Outreach & Engagement		
Program Name:	Community Intervention Program (CIP)		
Total # to be served (annually):	3,750	Cost per Client (for FY 17-18):	\$665

Description of Program:

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

Co-located with community services providers and primary care, the Community Intervention Program (CIP) provides mental health services on-site with participating agencies:

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

Priority Population:

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

Community Partners:

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

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



Community Services and Supports FY 2017-2020 WORK PLAN SUMMARY

Service Category:	Outreach & Engagement		
Program Name:	Community Mental Health Centers (CMHCs) – (part of CIP)		
Total # to be served (annually):	150	Cost per Client (for FY 17-18):	\$15,378

Description of Program:

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

The service teams are linked to the larger adult systems of care but focus on providing services and supports in the smaller communities where they are located. These Sonoma County communities include Guerneville, Cloverdale, Petaluma, and Sonoma.

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

Priority Population:

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



Community Services and Supports FY 2017-2020 WORK PLAN SUMMARY

Service Category: Family Driven Services

Total # to be served (annually): 1,700

Cost per Client (for FY 17-18): \$259

Description of Program:

Sonoma County Behavioral Health provides MHSA funds to support family member programs throughout Sonoma County. Family Driven Services are services that provide support for family members and loved ones of people who have mental disorders.

Supports include Family to Family classes; family support groups in and around Sonoma County, including Petaluma, Santa Rosa, Sebastopol, and Sonoma; Warmline; outreach and individual family support specifically for Latino families; health education, support, and advocacy, service navigation to assist family members and loved ones in accessing services for themselves as well as their loved one.

Priority Population:

Family members and loved ones of people with mental disorders.

Community Partners:

The following community partners provides contracted family driven services:

- National Alliance for Mental Illness (NAMI) – Sonoma County
- Buckelew Programs – Family Services Coordination



Community Services and Supports FY 2017-2020 WORK PLAN SUMMARY

Service Category:	Consumer/Peer Driven/Operated Services		
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Total # to be served (annually):	1,200	Cost per Client (for FY 17-18):	\$949
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Description of Program:

Sonoma County utilizes MHSA funds to develop and support consumer/peer driven programs, including wellness centers for consumers/peers facing the challenges of living with a serious mental illness, and a consumer relations program.

These consumer-driven wellness programs are managed and staffed by people with lived mental health experience; they are a centralized meeting place for consumers. Recovery principles are integrated throughout the centers' programming, which include

- Employment programs
- Recreational and socialization opportunities
- Consumer-operated business
- Art studio and store
- Horticulture and community garden
- Peer/self advocacy program

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

Priority Population:

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

Community Partners:

The following community partners provides contracted consumer driven services:

- Goodwill Industries of the Redwood Empire
 - Interlink Self Help Center
 - Wellness and Advocacy Center
 - Petaluma Peer Recovery Program
 - Consumer Relations Program
- West County Community Services
 - Russian River Empowerment Center



Prevention FY 2017-2020 WORK PLAN SUMMARY

Service Category:	Services to children ages birth to 5 years and their families		
Program Name:	Early Childhood Mental Health (0-5) Collaborative		
Total # to be served (annually):	3,500	Cost per Client (for FY 17-18):	\$132

Description of Program:

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

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

Families are provided with support via Triple P – Positive Parenting Program. Triple P is an evidence-based parenting program that gives parents simple and practical strategies to help them confidently manage their children’s behavior, prevents problems developing, and builds strong, healthy relationships.

Priority Population:

Children ages birth to 5 years old and their families

Community Partners:

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

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



Prevention FY 2017-2020 WORK PLAN SUMMARY

Service Category:	School based services to youth ages 5-18		
Program Name:	Student Assistance Program (Project SUCCESS Plus)		
Total # to be served (annually):	2,000	Cost per Client (for FY 17-18):	\$217

Description of Program:

Project SUCCESS is an evidence-based student assistance program (NREPP) which is also listed as Tier 1 for the Sonoma County Upstream Investments Initiative Portfolio. Enhancements were added to the model with developer-input and became Project SUCCESS+ (Project SUCCESS Plus or PS+). Project SUCCESS Plus addresses a broader spectrum of behavioral health issues, with increased emphasis on mental health issues. This is accomplished through the delivery of culturally appropriate prevention education, early identification, screening strategies, individual/group level interventions and referrals for needed services. The PS+ Model includes the following core components:

- Prevention Education Series (PES)
- Screening
- Individual and group level interventions
- Family engagement and parent programs
- Referral and resources
- School staff development
- School-wide awareness and outreach
- Community coalitions

Priority Population:

Youth ages 13-18

Community Partners:

Six school districts:

- Petaluma, Rohnert Park-Cotati, Windsor, Cloverdale, Healdsburg, and West Sonoma County

Community-based organizations that are service delivery partners:

- Currently, this includes West County Community Services, Support Our Students (SOS) and National Alliance for Mental Illness.



Prevention FY 2017-2020 WORK PLAN SUMMARY

Service Category:	School based services to youth ages 5-18		
Program Name:	Santa Rosa Community Health Centers PEI program		
Total # to be served (annually):	750	Cost per Client (for FY 17-18):	\$124

Description of Program:

Santa Rosa Community Health Centers (SRCHC) Prevention & Early Intervention (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)

The contracted services are:

- Triple P interventions for Latino teens, parents and children at a school-based Health Center, the Lombardi Health Center, and/or the school site
- Community outreach to promote early intervention and reduce stigma
- Student assistance programs
- Screening for identification of behavioral health issues early enough to reduce escalation
- Brief therapy
- Patient support groups
- Parent Child Interaction Therapy (PCIT) and early intervention services to parents of children in preschool or elementary school

Priority Population:

Youth ages 5-18

Community Partners:

The following community partner provides contracted services:

- Santa Rosa Community Health Centers



Prevention FY 2017-2020 WORK PLAN SUMMARY

Service Category:	Campus-based services targeting Transition Age Youth		
Program Name:	Santa Rosa Junior College PEERS Coalition		
Total # to be served (annually):	1,200	Cost per Client (for FY 17-18):	\$167

Description of Program:

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

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

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

Priority Population:

Transition age youth ages 18-25

Community Partners:

The following community partner provides contracted services:

- Santa Rosa Junior College – PEERS (People Empowering Each Other to Realize Success) Coalition



Prevention FY 2017-2020 WORK PLAN SUMMARY

Service Category: Services targeting older adults

Program Name: Older Adult Collaborative

Total # to be served (annually): 4,000

Cost per Client (for FY 17-18): \$61

Description of Program:

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

Priority Population:

Older adults

Community Partners:

The following community partners provide contracted services:

- Sonoma County Human Services Department – Adult and Aging Division
 - West County Community Services
 - Jewish Family and Children’s Services
 - Petaluma People Services Center
 - Council on Aging



Prevention FY 2017-2020 WORK PLAN SUMMARY

Service Category: Services targeting communities that experience disparity in access to mental health services

Program Name: Reducing Disparities

Total # to be served (annually): 14,500

Cost per Client (for FY 17-18): \$43

Description of Program:

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

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

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

Priority Population:

Sonoma County residents who live in geographically isolated communities; ethnically and culturally diverse residents (specifically communities of color); LGBTQ+ residents

Community Partners:

The following community partner provides contracted services:

- Latino Service Providers
- Action Network
- Community Baptist Collaborative
- Alexander Valley Healthcare
- Positive Images
- Sonoma County Indian Health Project



Prevention FY 2017-2020 WORK PLAN SUMMARY

Service Category: Suicide Prevention Services

Program Name: North Bay Suicide Prevention Hotline of Sonoma County

Total # to be served (annually): 4,500

Cost per Client (for FY 17-18): \$36

Description of Program:

The North Bay Suicide Prevention (NBSP) Hotline of Sonoma County, a program of Buckelew Programs, provides 24/7 suicide prevention and crisis telephone counseling. Buckelew'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, Buckelew's 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.

Priority Population:

Sonoma County residents who are experiencing a mental health crisis

Community Partners:

The following community partner provides contracted services:

- Buckelew Programs



Prevention FY 2017-2020 WORK PLAN SUMMARY

Service Category: Consumer/Peer Driven Services

Program Name: Peer Warmline Connection of Sonoma County

Total # to be served (annually): 1,600

Cost per Client (for FY 17-18): \$34

Description of Program:

The Peer Warmline Connection of Sonoma County will provide compassionate and culturally appropriate services to peers with lived mental health experiences. The Warmline program is a peer-run program that is administratively controlled and operated by mental health consumers and emphasizes self-help as its operational approach. The focus of the Warmline program is to provide a telephone connection for people with mental health challenges who are isolated in their homes, feel the need to speak with another consumer about a variety of issues related to their mental health, and/or are requesting information about a county resource in or out of the mental health system. The Warmline provides individuals with the opportunity to talk through their situations, vent their feelings, or make a connection that reduces their feelings of isolation.

Priority Population:

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

Community Partners:

The following community partner provides contracted services:

- Goodwill Industries of the Redwood Empire



Early Intervention FY 2017-2020 WORK PLAN SUMMARY

Service Category: Services targeting transition age youth at risk of or experiencing first onset of mental illness

Program Name: Crisis Assessment, Prevention, and Education (CAPE) Team

Total # to be served (annually): 500 **Cost per Client (for FY 17-18):** \$1,699

Description of Program:

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 Sonoma County high schools and Santa Rosa Junior College.

The CAPE Team provides:

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

Priority Population:

Transition age youth (ages 16 to 25) who may be experiencing first onset of mental illness

Community Partners:

The following community partner provides contracted services:

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



Innovation FY 2017-2020 WORK PLAN SUMMARY

Service Category:	Innovation		
Program Name:	Mobile Support Team (MST)		
Total # to be served (annually):	600	Cost per Client (for FY 17-18):	\$2,012

Description of Program:

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

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

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

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

Priority Population:

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

Community Partners:

The following community partners provide contracted services:

- National Alliance for Mental Illness (NAMI) – Sonoma County
- Goodwill Industries of the Redwood Empire – Peer Support Program
- Support Our Students (SOS)



Innovation FY 2017-2020 WORK PLAN SUMMARY

Service Category:	Innovation		
Program Name:	Integrated Health Team (IHT)		
Total # to be served (annually):	400	Cost per Client (for FY 17-18):	\$2,042

Description of Program:

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

Sonoma County MHSA dollars fund the Integrated Health Team to bring physical health services to a mental health services site. The integrated, collaborative model brings primary care, mental health, and other necessary social supports to one setting, and allows Sonoma County to implement a clinical model which has demonstrated success. The Sonoma County primary care and mental health integration model provides a unique opportunity to capture lessons learned during implementation.

The Integrated Health Team:

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

Priority Population:

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

Community Partners:

- The following community partner provides contracted services:
- Santa Rosa Community Health Centers – SAMHSA Bridges program



Plan Goals

The Workforce Education and Training (WET) program supports the mission of the Sonoma County Behavioral Health Division (SC-BHD) to promote recovery and wellness of Sonoma County residents. SC-BHD embraces a recovery philosophy that promotes the ability of a person with mental illness and/or substance use disorders to live a meaningful life in a community of his or her choosing, while striving to achieve his or her full potential. The principles of a recovery-focused system include:

- Self-direction
- Individualized and person-centered care
- Empowerment and shared decision-making
- Holistic approach that encompasses mind, body, spirit, and community
- Strengths-based approach
- Peer-support
- Focus on respect, responsibility, and hope

SC-BHD fosters a collaborative approach by partnering with clients, consumers, family members, and the community to provide high quality, culturally responsive services.

SC-BHD Workforce Education and Training goals are:

- To provide staff with high quality education and training that promotes and endorses the mission of the Behavioral Health Division.
- To contribute to the development and maintenance of a culturally competent workforce, including individuals with client and family member experience who are capable of providing client and family driven services that promote wellness, recovery, and resilience.
- To teach and promote evidence-based and evidence-informed practices leading to measurable, values-driven outcomes in support of the Quality Improvement Workplan for the Behavioral Health Division.
- To encourage career development and increase job satisfaction by supporting the growth and refinement of a skillful workforce.
- To create and promote community outreach and training opportunities that encourage community stakeholder collaborations and facilitate forums for discussion and education around locally relevant behavioral health topics and needs.

WET Domains

The Workforce Education and Training program addressed the following domains:

- System Level Support
- Career Pathways
- Skill Development: Evidence-Based Practices
- Community Collaboration
- Workforce Diversification

WET Domain Components



System Level Support

Accreditation

Supporting the continuing education of the licensed clinical staff is vital to maintaining a skillful workforce with current and relevant practice. Accordingly, the Workforce Education and Training Coordinator is responsible for obtaining and maintaining accreditation to provide continuing education units (CEUs) for multiple clinical specialties. The accreditation process establishes and monitors course content, instructor qualifications, course evaluation, and records management. Presently, SC-BHD has obtained and maintains 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)

The Workforce Education and Training Coordinator has completed an application for accreditation through the California Consortium of Addiction Programs and Professionals (CCAPP) to provide continuing education units (CEUs) to Substance Use Disorders (SUD) Services staff. Accreditation is expected April 2017. Once obtained, SC-BHD will be 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)

Over the course of the 2017-2020 plan, the WET Coordinator will pursue accreditation to provide Continuing Medical Education (CMEs) through the Accreditation Council for Continuing Medical Education (ACCME). Initial accreditation is a 1-2 year process requiring on-site evaluation by the governing body. During this process, the WET Coordinator will also pursue co-sponsorship opportunities within the community to partner with established medical education providers. This will allow CME opportunities for the following license types:

ACCME

- Psychiatrist (MD)
- Physician Assistant (PA)
- Licensed Psychologist (LPSY)

Workforce Development Plan: Core Competencies

SC-BHD is coordinating with the Public Health Division and with leadership from the Department of Health to establish and define core competencies for the Department Workforce Development Plan. This collaboration supports the Department goal of obtaining Public Health Department Accreditation. The WET Coordinator will support 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 increase critical skills. The goal is to begin the pilot assessment process by May 2017.

Regional Collaboration

The WET Coordinator participates in several networks and collaborations to stay current with best-practices and innovative ideas regarding workforce development. Additionally, the WET Coordinator monitors the Office of Statewide Health Planning and Development (OSHPD) website for funding opportunities to support WET programs.

Regional Networks

Greater Bay Area Collaborative

North Bay Collaborative

WET Summit

Educational Networks

SCOE

University Pipeline Program

Job/Internship Fairs

Quality Improvement

On an annual basis, the WET Coordinator and supervising Section Manager and QI Manager will meet to review the continuing education goals for the following purposes:

- To align with the mission of Sonoma County Behavioral Health Division
- To update course content to reflect current best-practices and evidence-based approaches in the field of Mental Health treatment
- To assess cultural sensitivity and relevance of training subjects
- To support new or adjusted outcomes and goals of the Quality Improvement Workplan

The WET Coordinator is responsible for maintaining current information regarding regulatory changes affecting continuing education. This includes monitoring the knowledge base underlying training content, checking the instructor qualifications, analyzing the course evaluation data, and maintaining the program records.

Knowledge Base

The WET Coordinator provides information to support the methodological, theoretical, research, and/or practice knowledge basis for the course content. This includes best-practices, theoretical models, and research citations that identify the established concepts.

Instructor Qualifications

Instructors must demonstrate expertise and knowledge in the specific content area of the course. Such expertise will be demonstrated by certification or experience in their specialty field. For Peer-Provider trainings, lived experience will substitute for academic/clinical experience. In congruence with the Sonoma County Behavioral Health Division mission, instructors are required to integrate issues of recovery, wellness, best-practice, and cultural sensitivity into their teaching.

Course Evaluation

Responses on the course evaluation forms are entered into the training database from which a statistical report is generated for review. Evaluation reports are reviewed by the training committee to identify content issues, presentation issues, and other identified areas of need. Suggested future topics and speakers from the evaluation forms are recorded in the training database and worked into the annual training curriculum where appropriate.

Training Database Project

During the 2017-2020 plan cycle, a training database will be developed to provide accurate records maintenance and to provide essential data analysis for quality improvement purposes. The following records are obtained and maintained for CE offerings:

- Contract (if applicable)
- Course description and objectives (i.e., syllabus)
- Course materials and handouts
- CV of course presenter
- Fliers and advertising
- Time and location of course
- Registration lists (for mandatory trainings)
- Sign-in and sign-out sheets (attendance rosters with names and license numbers)
- Distance-learning confirmation (by manager)
- CEU certificates issued
- Evaluations

Career Pathways

Career Ladders

The WET Coordinator will support the development of promotional opportunities with career tracks to support a Grow-Your-Own model from entry-level intern/student through supervisory leadership. This includes formalizing an internship & traineeship program, expanding the Peer-Provider program, and providing management-level training specific to the supervision of clinical interns and peer providers. Specific career ladders are as follows:

Medical

- LVN
- LPT
- Phlebotomist (proposed specialty)
- RN/PHN
- NP/PNP
- PA/MD

Clinical

- Trainee/Student Intern
- Clinical Intern (MFTi, ASW, PCCi)
- Licensed Clinician (LMFT, LCSW, LPPC)
- Clinical Specialist

Substance Use Disorders

- AODS Assistant
- AODS Counselor
- AODS Specialist

Non-Licensed

- Client Support Specialist
- Senior Client Support Specialist

Peer Provider

- Peer Support Specialist
- Consumer Education Coordinator
- Consumer Relations Coordinator

Internship & Traineeship

In support of a more skillful clinical workforce, SC-BHD is formalizing the internship and traineeship program to assist staff in obtaining clinical licensure and to develop pipeline programs with participating universities. This

includes a licensure support program, group clinical supervision, and educational outreach events. Presently, 9 new MOU's are in process with local and regional universities.

Pipeline Program

The purpose of the Pipeline Program is to cultivate interest in healthcare careers, particularly in hard-to-fill areas with high-risk populations. Additionally, the Pipeline Program preserves diversity in the workforce and reduces health disparities for the consumers. The WET Coordinator plans and participates in several community career events at both the high school and college level. Particular focus is given to encouraging Latino and bilingual students to consider Behavioral Health as a career option.

Career & Internship Fairs

The WET Coordinator, in collaboration with the Community Intervention Program, engages in outreach through internship and career fairs at Santa Rosa Junior College, Sonoma State University, and University of San Francisco. Additionally, the WET Coordinator helps plan and facilitate the annual "Mi Futuro" event in partnership with Latino Service Providers and Santa Rosa Junior College. See the following event information:



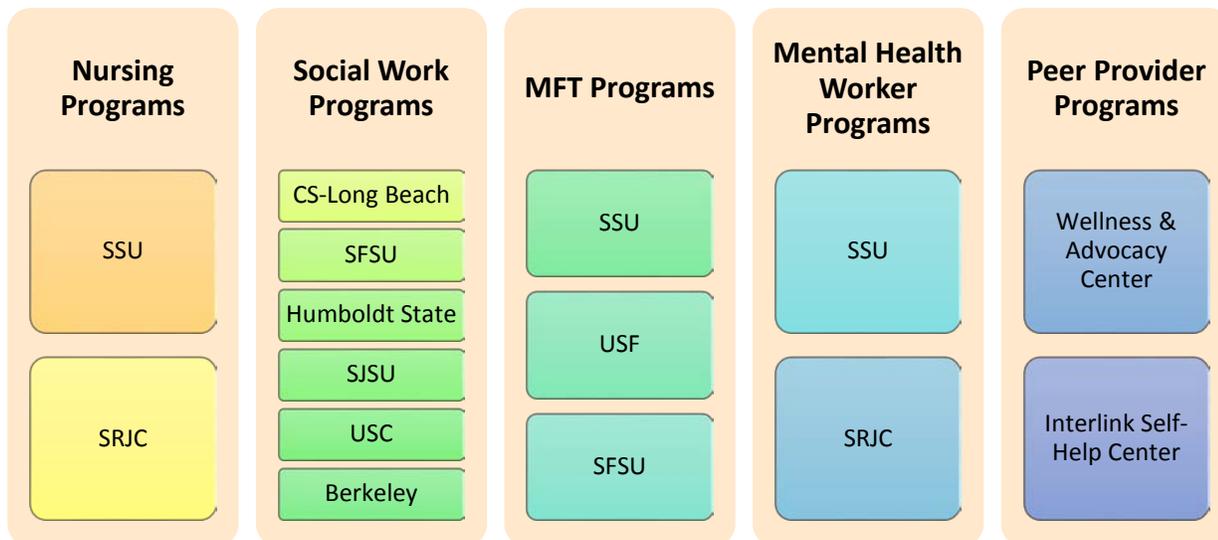
"Mi Futuro esta en Carreras de Salud: My Future is in Healthcare" is the North Bay's healthcare symposium for youth to introduce careers in Mental Health and Primary Healthcare.

This symposium is offered to ALL youth age 16-30. However, the symposium targets Latino youth and is culturally sensitive to the unique Latino patient-care needs. Sonoma County is predicted to have a dominant Latino population by 2050. In an effort to strategically manage the local healthcare workforce development to reflect the expected patient-care demand, *Mi Futuro* highlights and targets the Latino population.

The symposium will expose you to:

- Career opportunities in mental health & primary healthcare
- raise awareness of mental health stigmas
- The impact of mental health in primary healthcare and the community
- Interactive stations to introduce primary healthcare fields
- Dynamic speakers to plant new ideas
- Workshops and tabling will offer educational/financial resources
- Health care agencies tabling their services

Participating Universities



Licensure Support

New to SC-BHD is the Licensure Support Program designed to support clinical interns through the state exam and clinical licensure process. 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 SC-BHD Interns. Additionally, the WET Coordinator will develop and facilitate a monthly test-prep support training.

Group Clinical Supervision

SC-BHD will formalize the clinical supervision process to offer on-going group supervision to clinical interns. Managers, specialists, and the WET Coordinator will rotate facilitation duties to ensure maximum exposure to a variety of clinical styles.

Master Clinical Supervision Series (MCSS)

This training program meets bi-monthly with all managers and clinical specialists to train the clinical leadership on best practices regarding clinical supervision. Topics include: models of supervision, multicultural issues in supervision, ethical and legal issues in supervision, and personal development in supervision.

Skill Development: Evidence-Based Practices

Specialty Trainings

SC-BHD sponsors selected staff, contractors, and leadership in the following training programs:

Outpatient Services

- Dialectical Behavior Therapy (DBT)
- Psychiatric Rehabilitation Approach (PRA)

Crisis Services

- 5150 Certification
- Mandt System Training

Dialectical Behavior Therapy (DBT)

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)

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 people improve their functioning so they can be successful and satisfied in the environment of their choice. 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.

5150 Certification

SC-BHD has updated the 5150 Certification Policy and is in the process of updating the Seclusion & Restraint Policy in an effort to move toward a restraint-minimal environment. This quarterly training instructs clinicians in the legal and ethical requirements of 5150 certification and supports best-practices regarding patients' rights. The WET Coordinator has created and maintains the current 5150 certified providers list.

Mandt Training

The Mandt System is a comprehensive, integrated approach to preventing, de-escalating, and if necessary, intervening when the behavior of an individual poses a threat of harm to themselves and/or others. The focus of The Mandt System is on building healthy relationships between all the stakeholders in human service settings in order to facilitate the development of an organizational culture that provides the emotional, psychological, and physical safety needed in order to teach new behaviors to replace the behaviors that are labeled "challenging". Mandt training supports systems of care moving toward restraint-free environments. Leadership staff from the Crisis Stabilization Unit participate in Mandt Train-the-Trainer and facilitate trainings within their own teams.

Team Trainings

In support of the Quality Assurance team, the WET Coordinator provides team-specific trainings on diagnostics and documentation, as well as any other topic identified in QA audits and reviews.

Diagnostics

The Diagnostic training covers the essentials of diagnostic changes in the transition between DSM-IV and DSM-5. This training includes 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.

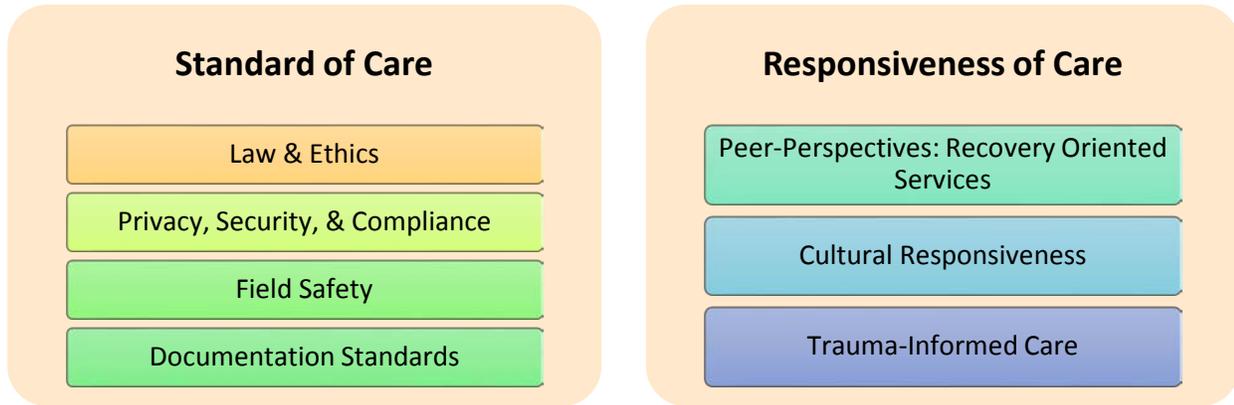
Documentation

The Documentation Training series is aimed at improving staff skill and compliance with Medi-Cal documentation standards. It focuses particularly on Medical Necessity as it filters through Assessment, Client

Planning, and Progress Notes. This on-going training series supports staff to understand how chart requirements apply to their particular program and increases adherence to charting standards.

Staff Development Training Series

In response to the QI Workplan and the Cultural Responsiveness Plan, the Staff Development Training Series provides annual trainings on a core set of skills to support staff in refining their competency in legal issues, cultural awareness, and current interventions. The following topics are featured in this series:



Community Collaboration

Suicide Prevention

SC-BHD continues in its dedicated efforts to reduce suicide in Sonoma County. County Clinical staff have now been trained in AMSR (Assessing and Managing Suicide Risk) and a focused effort is being made to training Contractors as well. Additionally, QPR Training (Question, Persuade, Refer) continues 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 is 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. SC-BHD 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). SC-BHD has certified QPR instructors delivering the training county-wide to high schools, community providers, and law enforcement.

Promoting Wellness & Recovery

The WET Coordinator supports SC-BHD and the Department of Health Services goals to create a healthier community by facilitating educational events that promote wellness and recovery. These events include Mental Health First Aid, the Youth Mental Health Academy, and the Community Mental Health Lecture Series.

Mental Health First Aid (MHFA)

Mental Health First Aid is a public education program that introduces participants to risk factors and warning signs of mental illnesses, builds understanding of their impact, and overviews common supports. This 8-hour

course uses role-playing and simulations to demonstrate how to offer initial help in a mental health crisis and connect persons to the appropriate professional, peer, social, and self-help care. The program also teaches the common risk factors and warning signs of specific types of illnesses, like anxiety, depression, substance use, bipolar disorder, eating disorders, and schizophrenia. Mental Health First Aid is included on the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices (NREPP).

Youth Mental Health Academy (YMHA)

The Youth Mental Health Academy is a free week-long training held annually to increase Sonoma County youth providers' skills and capacity to work with mental health issues in adolescent populations. This interactive training week includes Youth Mental Health First Aid, System Navigation training, Trauma-Informed Care, QPR, Crisis-Response training, and Compassion Fatigue Prevention. Additionally, participants visit key service sites.

Community Mental Health Lecture Series (CMHL)

The Community Mental Health Lecture series provides free educational trainings on a monthly basis to address issues of health and wellness in Sonoma County. Experts in the field of Behavioral Health are invited to present on a wide variety of topics, such as Trauma/PTSD, Human Sexuality, Homeless Services, Outreach Services, Holistic Health, and other topics requested by the community.

Crisis Response

SC-BHD has a comprehensive crisis response plan to address crisis situations occurring in the community. The WET program supports the CIT Academy and the CAPE Team in delivering educational training for crisis situations.

Crisis Intervention Training Academy for Law Enforcement Personnel (CIT)

This 4-day, 32-hour training academy is facilitated in partnership between the Sonoma County Sheriff's Office and the Sonoma County Behavioral Health Division. The training is designed to increase the ability of officers to intervene with mental health consumers, individuals with substance use issues, and individuals in crisis. The CIT academy is conducted twice each year.

Crisis Assessment, Prevention and Education Team (CAPE)

The Crisis Assessment, Prevention, and Education (CAPE) Team is an early intervention prevention strategy specifically designed to intervene with transitional age youth who are at risk of or are experiencing first onset of mental illness and its multiple issues and risk factors (substance use, trauma, depression, anxiety, self-harm, and suicide risk).

The CAPE Team contains 5 core components:

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

The WET Coordinator supports the CAPE Team in its educational and training goals by facilitating and monitoring required certifications needed by CAPE staff and scheduling regular certification opportunities for CAPE and other staff.

Workforce Diversification

Efforts continue to be made to recruit and retain bilingual and bicultural staff to more accurately reflect the diversity of Sonoma County. SC-BHD has contracted with Latino Service Providers to facilitate cultural responsiveness training for County staff and community providers. Additionally, the WET Coordinator supports the “Mi Futuro” event to develop outreach and pipeline programs into the high school and junior college student populations. The WET Coordinator also supports the Cultural Responsiveness Committee in providing culturally relevant trainings to County staff and the community.

The WET Coordinator partners with the Consumer Affairs Coordinator and the Consumer Education Coordinator to support peers in the workforce and expand peer-employment opportunities for people with lived-experience. The Consumer Relations Program is collaborating with the WET Coordinator to bring WISE (Workforce Integration Support and Education) training to the management team in order to facilitate best-practices in integrating peers into the workforce. The WET Coordinator also participates in the Workforce Co-Learning Collaborative (WCC) to develop curriculum for management training of peers in the workforce. In support of peer-support career pathways, the WET Coordinator participates as a trainer in the peer-support programs and facilitates cross-training opportunities between the Peer-Run Self-Help Centers (Wellness Center, Interlink, Petaluma Peer Recovery Project, Russian River Empowerment Center) and Sonoma County Behavioral Health.



Expanded Services Considered Most Important to Provide in the Future

As a result of the Sonoma County’s community planning process, Sonoma County residents will have access to a strengthened mental health system across the intervention spectrum. Feedback from stakeholders identified a number of priorities to strengthen, improve, and expand mental health services to community members. Mental Health Services Act funding has the potential to increase, based upon the activity of the economy. As the State’s economy improves, tax revenue increases and the MHSA allocations to counties increase. As this occurs, Sonoma County Behavioral Health is responsible to manage program expansion as well as maintain a reserve that will allow Sonoma County to sustain current service levels in times when tax revenue decreases. Furthermore, Sonoma County has been able to use MHSA dollars to seed activities, services, and programs that can now leverage other funding sources for expansion. Services will be expanded to many of these priority areas through funding other than Mental Health Services Act.

Respondents to the MHSA Integrated Plan Community Input Survey were also asked to rate which expanded services are the most or least important to provide in the future to persons of all ages with mental health challenges. The top five expanded services rated as “very important” are the following:

- Enhance children’s mental health services (61% of all respondents)
- Expand the Mobile Support Team (MST) (57% of all respondents)
- Increase bilingual/bicultural services (56% of all respondents)
- Expand the Crisis Assessment, Prevention, and Education (CAPE) Team (53% of all respondents)
- Expand mental health services to additional high schools and/or middle schools (51% of all respondents)

To address stakeholder input on services that are very important to expand, the following section provides a description of expanded services that are either MHSA funded or leverage MHSA funding to obtain other funding sources.

VOICES Sonoma - Sonoma County Full Service Partnership Services to Support Transition Age Youth



VOICES will help to create/promote a seamless, Transition Age Youth (TAY) youth-friendly service system. VOICES will become a model partner with Sonoma County Behavioral Health Division (SC-BHD) and work to develop shared language and strategies

in supporting TAY youth identified as having a serious mental disorder. The Sonoma County Services to Support Transition Age Youth (SCSSTAY) is a comprehensive program that fully integrates youth engagement, youth leadership, mental health access support and independent living skills through providing core education, career development, health and safety, mentoring, daily living skills, financial resources, and housing information services.

For the purposes of this program, “serious mental disorder” means a mental disorder that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support and rehabilitation for a long or indefinite period of time.

SCSSTAY incorporates the services and resources that the County and the VOICES have identified as critical to addressing the engagement needs and independent living needs of youth participating in the Sonoma County Transition Age Youth Program. The goal of SCSSTAY includes assisting youth in engaging and accessing appropriate mental health recovery programs, and, as applicable, obtaining a high school diploma or GED, stable housing, a source of income, a job and/or college attendance, supportive permanent relationships, and a plan for utilizing available community resources.

Expanding Community Intervention Program (CIP) Services to People who are Homeless and People with Co-Occurring Substance Use Disorders through the Whole Person Care (WPC) Pilot Program

The Behavioral Health Division has applied for the **Whole Person Care (WPC)** grant, which is one of six Medi-Cal reform initiatives included in the State's 1115 Waiver. The total funding statewide is \$300m and requires a 50% match to draw down federal dollars. Federal Financial Participation (FFP) can't be used to fund services that are claimable to Medi-Cal. WPC provides counties an opportunity to implement five year pilot projects. WPC is designed to coordinate health, behavioral health, and social services, and to improve health and well-being for high users of multiple systems.

The identified Target Population for WPC is Medi-Cal beneficiaries with repeated incidents of avoidable emergency services use, hospital admissions or nursing home placements, two or more chronic conditions, mental health and/or substance use disorders, and currently experiencing homelessness or are at risk of homelessness.

Behavioral Health Division's WPC Pilot Goals:

- To enhance services to Medi-Cal beneficiaries
- To enhance collaboration with community partners
- To more effectively engage individuals who have been difficult to serve
- To reduce the impact that homeless individuals with mental illness have on the organizations serving them, including: Hospital EDs, Homeless Providers and Shelters and Law Enforcement
- To create place-based services in Petaluma/Rohnert Park, Guerneville/Sebastopol, Cloverdale/Healdsburg, Sonoma Valley

The WPC model would expand the Community Intervention Program capacity in Santa Rosa and establish staffing in South, North, West and Southeast parts of the county. The WPC model will enhance the CIP outreach and engagement model by adding Peer Housing Navigators and nursing staff, adding an Intensive Case Management component, including access to social model detoxification services.

Sonoma WPC target population is Medi-Cal beneficiaries who are homeless or at risk of homelessness who have a serious mental illness and have other co-occurring health conditions (e.g., diabetes, substance use disorders, etc.), are high users of emergency services with an emphasis on elderly individuals with mental illness who are hard to place, and are served by multiple agencies.

WPC services include an outreach and engagement component, intensive case management component and social model detoxification services. If funded, the grant will increase staffing by 17.70 FTE, mostly County staff, but also nursing staff at each of six Health Centers including Alliance Medical Center, Alexander Valley Health Center, Santa Rosa Community Health Centers, Sonoma Valley Health Center, Petaluma Health Center, West County Health Centers. There will also be staffing for data analysis and administrative support in partnership with Redwood Coalition of Health Centers. The BHD has requested \$4.4 million over 5 years, matching with MHSA and CGF. The BHD will be notified of award on July 2, 2017.

Leveraging SAMHSA Grants for the Benefit of Homeless Individuals

The **Substance Abuse and Mental Health Services Administration (SAMHSA)**, Center for Substance Abuse Treatment (CSAT), is accepting applications for fiscal year 2017 Grants for the Benefit of Homeless Individuals (Short Title: GBHI). The purpose of this program is to support the development and/or expansion of local implementation of a community infrastructure that integrates behavioral health treatment and services for substance use disorders (SUD) and co-occurring disorders (COD), permanent housing, and other critical services for individuals (including youth) and families experiencing homelessness. The BHD is submitting a proposal that will focus on a grant to fund navigator positions at the Veterans Resource Center. Navigators will work in conjunction with the proposed Whole Person Care expansion of the Community Intervention Program (CIP) to assist veterans in accessing mental health services.

California's Drug Medi-Cal Organized Delivery System Expansion Implementation

In September 2015, the Center for Medicare and Medicaid Services (CMS) approved California's 1115 Demonstration Waiver request to expand the substance use disorders services available through the Medi-Cal program. The **Drug Medi-Cal Organized Delivery System** waiver (DMC ODS) provides counties the opportunity to opt-in to the waiver. The five-year demonstration waiver expands the types of services available for federal funding providing an opportunity to draw down federal funds to cover the costs currently being funded by local and/or State dollars. The waiver provides counties more control over the system of care including selective contracting, local rate setting, and care coordination based on the American Society of Addiction Medicine (ASAM) standards.

Implementation of Continuum of Care Reform

Sonoma County is moving forward in preparing to implement the **Continuum of Care Reform (CCR)**. CCR draws together a series of existing and new reforms to child welfare services programs designed out of an understanding that children who must live apart from their biological parents do best when they are cared for in committed nurturing family homes. AB 403 provides the statutory and policy framework to ensure services and supports provided to the child or youth and his or her family are tailored toward the ultimate goal of maintaining a stable permanent family. Reliance on congregate care should be limited to short-term, therapeutic interventions that are just one part of a continuum of care available for children, youth and young adults.

Sonoma County Behavioral Health will be instrumental in ensuring foster children and youth receive the specialty mental health services they need, participate in Child and Family Team meetings, and ensure Short Term Residential Treatment Programs and Foster Family Organizations are certified to provide appropriate mental health interventions.

California Mental Health Services Authority (CalMHSA) Statewide PEI Project

Program Overview

The **California Mental Health Services Authority (CalMHSA)**, a joint powers authority, represents county behavioral health agencies working to improve mental health outcomes for the state's individuals, families, and communities. On behalf of counties, CalMHSA has implemented statewide prevention and early intervention programs since 2011 to reduce negative outcomes for people experiencing mental illness and prevent mental illness from becoming severe and disabling. The Statewide PEI Project accomplishes population-based public health strategies to reach its goals of mental health promotion and mental illness prevention. These strategies include:



- Statewide social marketing educational campaigns including the *Each Mind Matters* stigma reduction campaigns and the *Know the Signs* suicide prevention campaign with an emphasis in reaching diverse communities throughout California
- Community engagement programs including the *Walk In Our Shoes* stigma reduction programs for middle school students, and the *Directing Change* stigma reduction and suicide prevention program for high schools and higher education
- Technical assistance for counties and community based organizations to integrate statewide social marketing campaigns into local programs, and to provide support to counties in addressing county-specific stigma reduction and suicide prevention concerns
- Networks and collaborations such as community-based mini grants to support dissemination of educational outreach materials

Target Population

All Sonoma County residents

Evaluation

The RAND Corporation, a nonprofit institution that helps improve policy and decision making through research and analysis, is evaluating the impact of the Statewide PEI Project. The most recent evaluation report highlights positive findings, including:

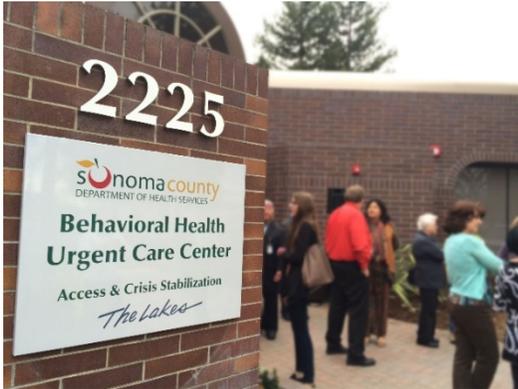
1. Social marketing campaigns were associated with reduced mental illness stigma and increased confidence to intervene
2. Trainings increased knowledge and improved attitudes toward mental illness
3. PEI programs had a positive return on investment
4. Evaluation findings enhanced understanding of California's mental health PEI needs and priorities for ongoing intervention

Please visit http://www.rand.org/pubs/research_briefs/RB9917.html to review the full report entitled, "On the Road to Mental Health: Highlights from Evaluations of California's Statewide Mental Health Prevention and Early Intervention Initiatives."

Sonoma County will continue to invest MHSAs dollars towards CalMHSA projects throughout FY 2017-20 in order to benefit from the promotion of the suicide prevention and stigma and discrimination reduction campaigns in communities.

Senate Bill 82 Projects (Investment of Mental Health Wellness Act of 2013)

SB 82 Funding Cornerstone to the Development of a New Behavioral Health Wellness Campus



As part of a successful Mental Health Crisis Facility Grant application through the State's Mental Health Wellness Act of 2013, Sonoma County Behavioral Health opened a new Behavioral Health Urgent Care Center facility located at 2225 Challenger Way (the "Lakes" campus). Following extensive renovations, the new modernized site had its official open house, with accompanying ribbon cutting, on February 22, 2016. Behavioral Health began providing Access services on March 2, 2016 and then Crisis Stabilization Unit (CSU) services started March 7, 2016. In FY 17-18, CSU will continue to expand by adding eight slots (for a total of 24).

SB 82 funding for the Urgent Care Center has now created an opportunity to develop a new Behavioral Health Wellness Campus at the same location of the Lakes Complex. The landlord, Basin Street Properties, has indicated their desire to engage in an agreement with the County of Sonoma, Department of Health Services to increase its "foot print" at the Lakes. In addition, Basin Street has also indicated that they currently have approximately 34,500 square feet of space available now and, in order to secure the space, requires a formal commitment on the part of the County in order to pull the space off of the market. The process for moving into this new location will be a phased approach. Phase 1 (year 1), which will commence in Calendar Year 2017, of the move includes the division's relocation of its Substance Use Disorder Services, Crisis Intervention Program (CIP), and Crisis, Assessment, Prevention, & Education (CAPE) programs to approximately 21,000 square feet of space at the Lakes campus, as well as the relocation of the County's DUI program site to the Orenda Center. Phase 2 (year 2) of the move will include the Behavioral Health Division's remaining 11 non-community based programs to approximately 24,000 square feet of space at the Lakes campus, thus concluding the transition to the County's new Behavioral Health Wellness Campus.

Successful Award of a Second Mental Health Crisis Facility Grant Application

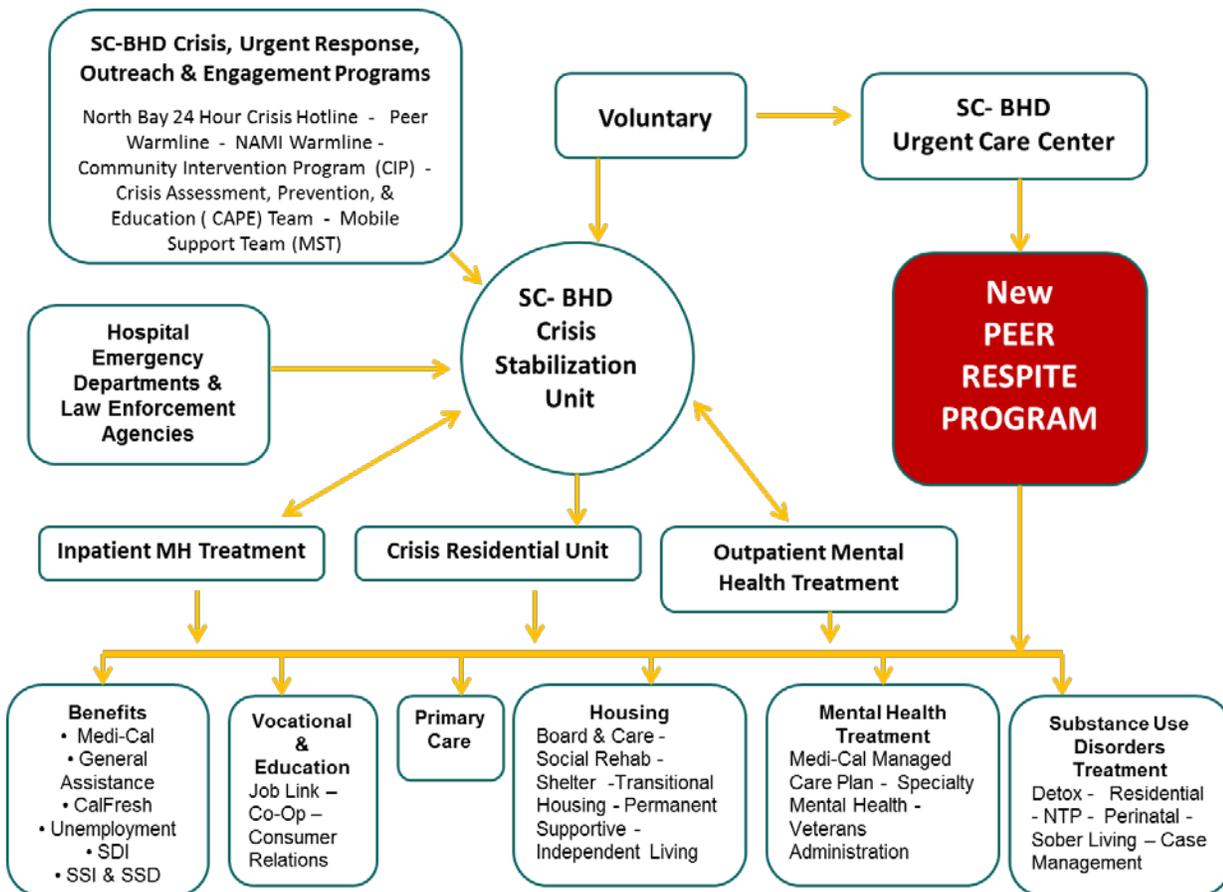


On October 28, 2015, the Behavioral Health Division was notified that it had been awarded over \$870K for the purposes of doubling the Crisis Residential Services available within the County of Sonoma. This award allows for 10 additional beds of Crisis Residential Unit (CRU) services, expanding access to crisis residential services and doubling the crisis residential unit capacity for Sonoma County residents, in order to afford a community based alternative to psychiatric hospitalization. The CRU was licensed as a Social Rehabilitation Facility (SRF) by

the State Department of Community Care Licensing (CCL) and certified as a mental health provider by the State Department of Health Care Services (DHCS) on November 28, 2016.

Sonoma County Peer Respite Program

The new Sonoma County Peer Respite Program will be a community-based, 6 bed, and homelike residence for Sonoma County residents age 18 and over who are experiencing mental or emotional difficulties. This new Peer Respite Program (Peer Respite) will be the first of its kind in Sonoma County. Peer Respite will add a much needed level of service to Sonoma County’s already robust crisis intervention continuum for those who are experiencing mental or emotional distress but who, without additional support, might require a much more restrictive and costly crisis intervention service. The diagram below illustrates how the Peer Respite can divert individuals who are experiencing mental and/or emotional distress from requiring care in the crisis continuum.



Likewise, Sonoma County Behavioral Health Division (SC-BHD) will look to the proposed new Peer Respite to increase the coping strategies for those individuals who use the Peer Respite to prevent crisis in the future.

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

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

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

Sonoma County Behavioral Health partnered with Progress Foundation as its co-applicant in this grant who, in the coming months, will be purchasing a house and working with the County/peer-community to develop our first Peer Respite program.

Second Round of Triage Funding

The Mental Health Services Oversight and Accountability Commission (MHSOAC) will release the Request for Application (RFA) for the second round of crisis triage grant funding in Spring 2017. The purpose of the triage grant is to increase the number of personnel to provide crisis intervention, crisis stabilization, mobile crisis support, and intensive case management and linkage to services. Individuals experiencing a mental health crisis will be assisted in various settings such as schools, shelters, jails, clinics, and in the community. These funds provide the opportunity for counties, counties acting jointly and city behavioral health departments to reduce the costs associated with long stays in emergency departments, link to services for those released from jails, and reduce the time spent by law enforcement on mental health crisis calls. The BHD will be applying for the next round of funding to further expand both our **Mobile Support Team** and our **Crisis Assessment, Prevention and Education Team**.

Capital Facilities & Information Technology

Phase One of the Avatar Software Implementation began in FY 12-13. "Go-Live" for the Cal-PM module occurred on July 1, 2013. The remainder of FY 13-14 (and subsequent fiscal year) focused on production support, system stabilization, and the introduction of functionality to support County mental health billing and clinical practices. During FY 17-18, the plan is to implement functionality associated with BHD's Phase Two Plan. This will include the full electronic clinical record, e-prescribing, scheduler and other supporting functionality such as federal or state required changes.

Implementation of PEI and Innovation Regulations

The MHSA Coordinator and the Program Planning and Evaluation (PPEA) Analyst have participated in the MHSOAC PEI Regulations Implementation Meetings hosted by the MHSOAC. The BHD's MHSA Team continues to train PEI contractors and BHD outreach teams into the Sonoma Web Infrastructure for Treatment Services (SWITS) database. The PPEA Analyst maintains the database and monitors the quality of the data. For more information about SWITS implementation go to the next section of the 3 Year Plan. The BHD is also working in the next 3 years to evaluate their Innovation projects and submit to the MHSOAC.

MHSA Prudent Reserve FY 17-18

The Sonoma County Behavioral Health Division's strategy for prudent reserve for FY 17-18 is to maintain its balances and, if at all possible, increase its level of account balance. The division will focus on maintaining a consistent level of programing with an eye toward positioning itself to "weather any future fiscal storms." At the end of FY 16-17, the BHD MHSA Prudent Reserve account is projected to have a balance of \$929,808. This amount reflects a slight increase over the year-end FY 15-16 balances. The total increase in FY 15-16 was approximately \$7,200 and was due to the earning of interest within the account and not as a result of unallocated funding.

In addition, in FY 15-16 it is anticipated that MHSA revenue will exceed costs by approximately \$1.6 million. As a result, the MHSA programing index (account) started FY 17-18 with a fund balance. In FY 17-18, it is anticipated that BHD will be required to use about \$915K of this year-end fund balance in order to maintain the provision of MHSA related services. Should these monies not be needed to cover costs in FY 17-18, they will be moved into the BHD MHSA Prudent Reserve account. Moving forward, BHD will continue to maintain its provision of MHSA funded services while, if at all possible, increasing its Prudent Reserve Account balance in order to prepare for a "rainy day."

Moving Forward with Sonoma Web Infrastructure for Treatment Services (SWITS) Implementation

SWITS Background

SWITS (Sonoma Web Infrastructure for Treatment Services) is a web-based application designed to meet the growing need to capture client services (substance abuse and mental health prevention & treatment) data. In 2015, Sonoma County Behavioral Health began implementing a custom SWITS module designed to act as a Performance Management Reporting System for non Medi-Cal mental health services. The module tracks County and contractor-delivered services funded by the Mental Health Services Act (MHSA), as well as other County outreach and engagement programs. This system utilizes the existing SWITS application used to collect Substance Use Disorder Services treatment data, with modifications made to correspond with mental health service delivery needs, and to accommodate the specific reporting requirements of MHSA and other funding sources. Data is collected on services that span the spectrum of intervention, from Prevention and Early Intervention (PEI) to treatment and recovery.

A number of custom screens were developed for the mental health module, including:

- Outreach and Engagement Event Profile
- Crisis Call Log
- PEI Screening
- Service Referral Log

SWITS Implementation

Implementation began in 2015 with a group of “pilot” County outreach and engagement teams:

- Crisis Assessment, Prevention, and Education (CAPE) Team
- Mobile Support Team (MST)
- Community Intervention Program (CIP)
- Community Mental Health Centers (CMHCs)

As part of the implementation process, standardized forms that collect both client-level and aggregate-level data were developed. After a series of trainings, the forms were piloted with the county teams in November 2015. After ongoing technical assistance to orient the programs to the new forms and processes, a series of database trainings were held with all pilot teams in March 2016. The four teams then began using the mental health module in the live SWITS database in April 2016.

After the SWITS launch for the pilot teams was complete, a three-step model was developed to operationalize SWITS database implementation for MHSA contractors and other County programs:

- **Step 1: Service Conversion** – Specify activities and categorize according to service type
- **Step 2: Forms and Database Training** – Learn how to properly record these activities into SWITS
- **Step 3: Go Live in SWITS** – Implement SWITS for your program

Following the pilot teams, the Older Adult Team’s Mental Health Outreach Liaison began using the live SWITS database in July 2016. Implementation for MHSA contractors began with PEI scopes of work. The “California Reducing Disparities” group of PEI contractors began using the live SWITS database in July 2016. This group consists of the Community Baptist Church (CBC) Collaborative, Latino Service Providers (LSP), the Sonoma County Indian Health Project (SCIHP) Aunties and Uncles program, and Positive Images.

Santa Rosa Junior College began collecting data for their PEI services on paper WITS forms in October 2016 and began using the live database in December 2016. As of April 2017, Buckelew Programs’ North Bay Suicide Prevention Program has completed the SWITS conversion process and is in the training process. Goodwill Industries’ Peer Warmline Connection has also completed the service conversion process and is ready for database training.

The remainder of the MHSA PEI contractors are scheduled to implement SWITS by the end of Fiscal Year 16-17 (or the beginning of FY 17-18) and implementation for Community Services and Supports (CSS) contractors is expected to take place during Fiscal Year 17-18. Beginning in FY 17-18 and moving into FY 18-19, SC-BHD, with support from Harder+Company Community Research, will provide technical assistance to all MHSA contractors, clustered by initiative (i.e., PEI Reducing Disparities), at MHSA Learning Circles to develop evaluation plans and revise scopes of work. SC-BHD will create an **MHSA Annual Outcomes Report** template for all MHSA contractors to replace the quarterly report (for outcomes/narrative data).

Moving Forward with MHSA Evaluation for FY 17-18 to 19-20

The Harder+Company Evaluation Team uses Francine Jacobs’ Five Tiered Approach (FTA) as an organizing framework to support the collection of high quality data at each of the four evaluation tiers (Monitoring, Program Quality, Outcomes and Systems), while simultaneously working to reduce data burden on contractors, to the extent possible. The FTA model has been presented in previous MHSA Progress Reports and Updates. Five core evaluation questions will continue to guide the evaluation in FY 17-18:

1. Who was served by MHSA-funded programs?
2. What services were received?

3. How are MHSAs-funded programs addressing essential program characteristics (e.g., access to services)?
4. How are lives changing?
5. How has the mental health system in Sonoma County strengthened?

Data collection and evaluation activities include the following:

- Evaluation Design – Outcome and Innovation Evaluation Plans: Harder+Company will work with the SC-BHD MHSAs Team to conduct evaluation on the departments’ three Innovation programs, including the Mobile Support Team (MST); the Reducing Disparities project and the Integrated Health Team (IHT). Harder+Company will support BHD with the development of an MHSAs Outcome Evaluation Plan.
- Harder+Company will work with stakeholders to develop common outcome objectives to be measured across PEI programs.

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



On July 11, 2016, the **California Department of Public Health (CDPH)** announced an intent to award \$13 million in grants to California Reducing Disparities Pilot Projects to help reduce mental health disparities in communities that have traditionally been underserved, including African Americans, Asian Americans, Latinos, Native Americans and LGBT+ communities. The primary goal of the project is to validate community-defined evidence practices through rigorous evaluation.

Of the four PEI Reducing Disparities MHSAs contractors (Latino Service Providers, Community Baptist Collaborative, Sonoma County Indian Health Project, & Positive Images), three agencies submitted applications to CDPH/Office of Health Equity (OHE) for the **California Reducing Disparities Project (CRDP)** funding specific to their communities. Of those three submissions, two providers, Latino Service Providers (LSP) and Sonoma County Indian Health Clinic (SCIHP), were awarded a \$1.14 million five-year grant to implement a community-defined evidence practice in the Latino and Native American communities respectively.



LSP will recruit and train Youth Promotores to launch a community-wide bilingual and bicultural education campaign to reduce stigma surrounding mental health, increase awareness of resources, and encourage workforce development in behavioral health careers. SCHIP will decentralize their Aunties and Uncles program through the engagement of three tribal councils and the recruitment and training of “Aunties and Uncles.” These Aunties and Uncles will be the point-of-

contact for mental health resources, conveners of cultural practices that strengthen Native American protective factors (Gathering of Native Americans, Talking Circles, mentoring). This infusion of OHE funding will leverage statewide MHSAs funding to enhance, expand, and sustain Prevention and Early Intervention services in Sonoma County.

Kawahara & Associates continues to support these projects with evaluation and capacity building technical assistance. Based upon the early foundations built by the PEI Reducing Disparities Initiative started in 2009, Sonoma County is well positioned to be part of this unprecedented statewide project with CDPH.

Finally, Support for PEI Reducing Disparities contractors in FY 16-17 included the transition of reporting quantitative data through the new SC-BHD performance management system, Sonoma Web Infrastructure for Treatment Services (SWITS). This web-based system provides a more streamlined process for contractors to report their activities and encourages greater accountability. Future training and support for PEI Reducing Disparities contractors will also include defining, collecting and analyzing qualitative data for individual and community outcomes. Additionally, ongoing organizational development in the areas of leadership development, fund development, and evaluation will be made available to the PEI Reducing Disparities contractors.

Reducing Disparities Work Today



The Behavioral Health Division has expanded the MHSa contract with Latino Service Providers (LSP) to include workforce development strategies. LSP strategies include helping the Division with recruitment of behavioral health providers who are specifically Spanish-speaking and bicultural to match the demographics of Sonoma County. For more information, go to: <http://www.bhworkforcesonoma.com/professional-resources>



With combined MHSa and OHE funding, LSP is also supporting pipeline projects with high school and college students, inspiring future generations to consider careers in behavioral health. In 2017, LSP and the Santa Rosa

Junior College sponsored the second annual youth career symposium, My Future is in Healthcare Careers or **Mi Futuro Esta en Carreras De Salud** with over 300 high school and post-secondary students in attendance.

In January 2017, Behavioral Health Division staff and Kawahara & Associates provided technical assistance to PEI Reducing Disparities contractors to submit applications for the **California Institute for Behavioral Health Solutions (CIBHS) Cultural Competence Summit** held on March 15 & 16. The Summit highlighted community-defined practices implemented by organizations and community groups to reduce stigma and to increase access to mental health services for populations that have historically been unserved or underserved.

Sonoma County Indian Health Project and the Latino Service Providers conducted workshops at the CIBHS conference. SCIHP presented their Aunties and Uncles program and LSP presented on their core programs, including the upcoming Testimonios/Youth Promotores Project. In addition, a collaborative workshop on growing a bilingual bicultural behavioral health workforce was presented by LSP, the SC-BHD and the Santa Rosa Junior College. Positive Images, led the keynote on the second day of the conference raising awareness of LGBTQ+ issues and how just taking time to interact and know each other as people reduces biases and stigma. Finally, the Community Baptist Collaborative conducted the opening/welcome prayer and contributed a session on music as therapy during the lunch hour. SCIHP also offered a Native American blessing and shared traditional drumming and dancing to enrich the Cultural Competence Summit.



Sonoma County's MHSA Fiscal Year 2015-2016 Annual Update



WELLNESS • RECOVERY • RESILIENCE



Community Services and Supports (CSS)

Access, Treatment and Recovery Programs

Full Service Partnerships

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

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

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

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

The following chart illustrates some positive outcomes for Sonoma County FSP clients that were active during FY 15-16 (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 		↓ 90% after 1 year	↓ 27% after 1 year 41% after 2 years ↓	↓ 33% after 1 year 67% after 2 years ↓
Emergency Shelter Use 		22% after 2 years ↓	↓ 21% after 1 year	
Group Homes and Community Treatment 		↓ 25% after 1 year		
Arrests 		↓ 90% after 1 year 100% after 2 years ↓	↓ 85% after 1 year 88% after 2 years ↓	
Psychiatric Hospitalization 	↓ 100% after 1 year	↓ 78% after 1 year	↓ 31% after 1 year 42% after 2 years ↓	
Mental Health Emergency Events 	↓ 80% after 1 year	↓ 88% after 1 year	↓ 58% after 1 year	75% after 2 years ↓

Total Unique Clients that were served by all FSP programs in FY 15-16: **391**

Family Advocacy, Stabilization and Support Team (FASST)

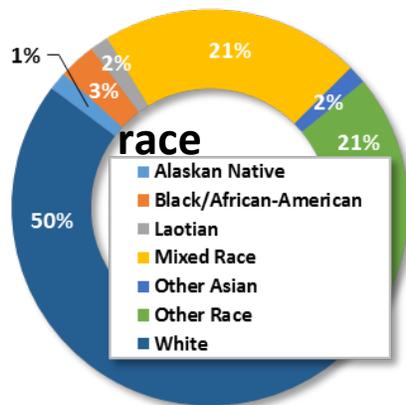
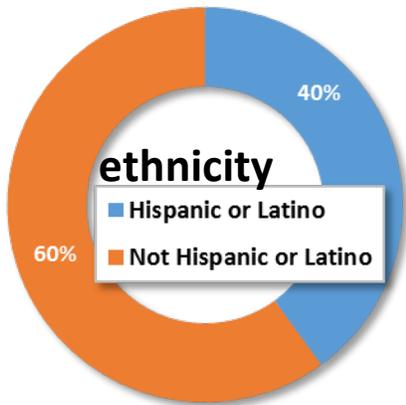
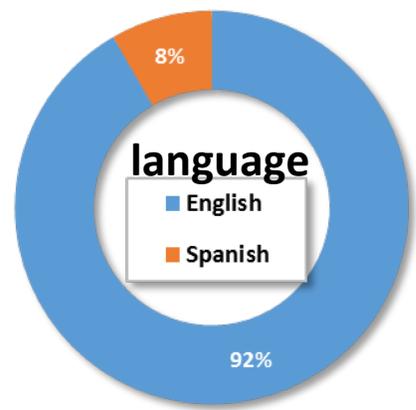
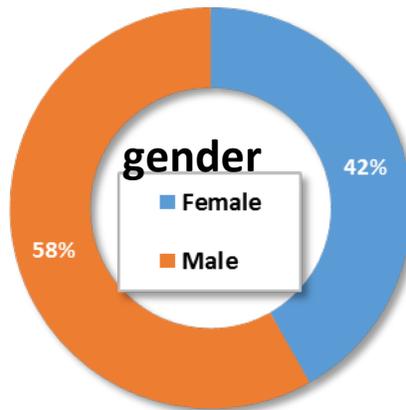
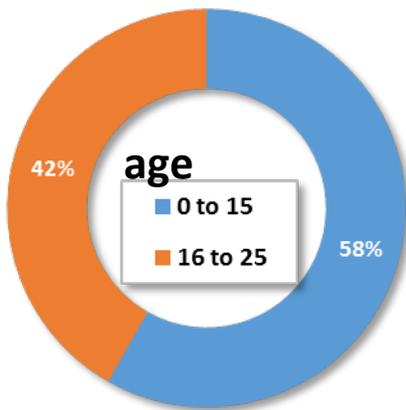
Initiative/Population: Children Ages 5-18

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: **67**

- Carried Over: **51**
- New to Program: **16**

Total Unique Clients that were also served by contractor **Sunny Hills Services** FASST program: **36**



Transition Age Youth (TAY) Team

Initiative/Population: Transition Age Youth (TAY)

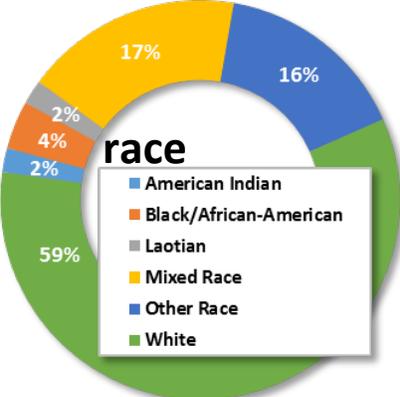
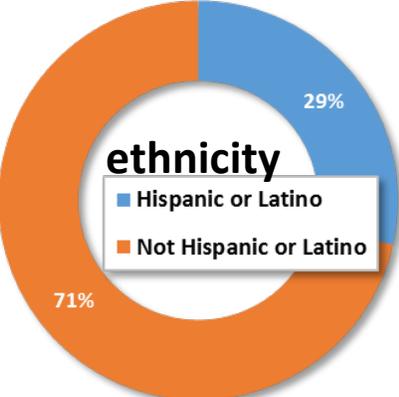
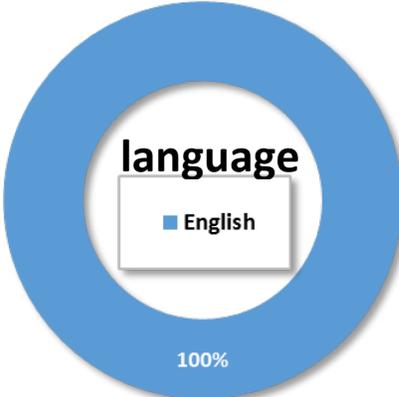
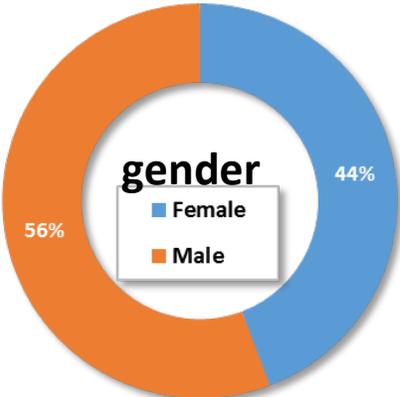
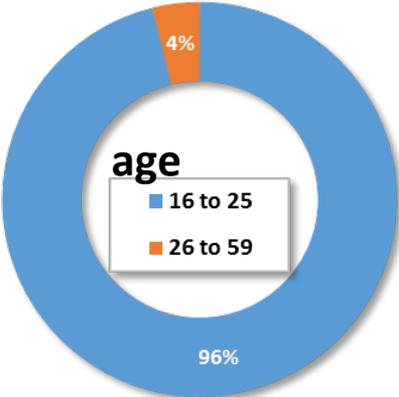
Program Description: Provides intensive wraparound services to youth ages 18-25 and their families, in partnership with *Buckelew Programs, Inc.* and *Social Advocates for Youth – Tamayo Village.*

Total Unique Clients that were served through the TAY Program: **52**

- Carried Over: **50**
- New to Program: **2**

Total Unique Clients that were also served by contractor Buckelew Employment Services program: **5**

Total Unique Clients that were also served by contractor Buckelew TAY SCIL program: **24**



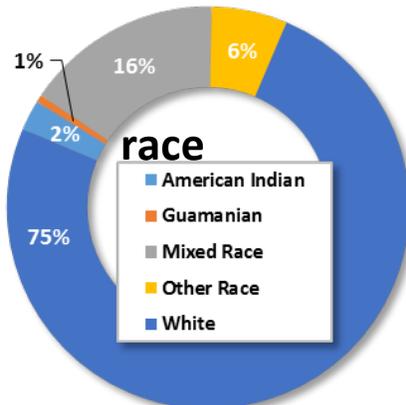
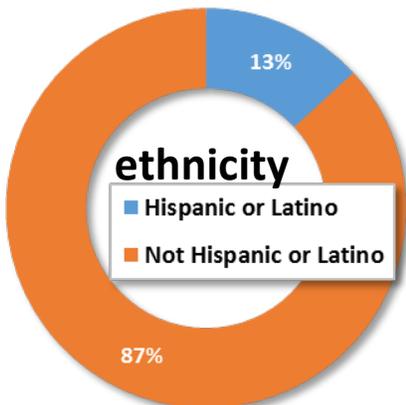
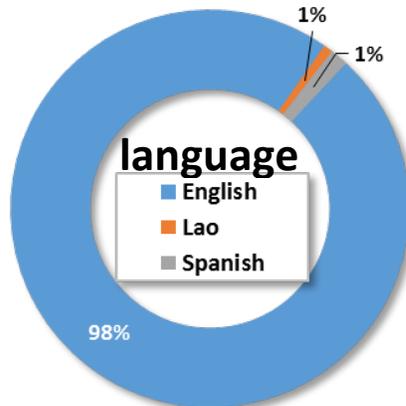
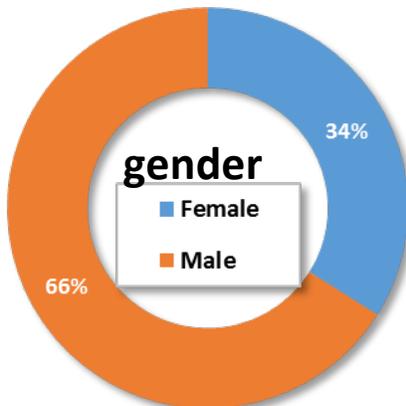
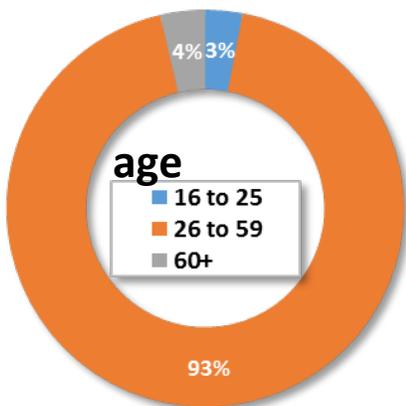
Integrated Recovery Team (IRT)

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: **165**

- Carried Over: **161**
- New to Program: **4**



Forensic Assertive Community Treatment Team (FACT)

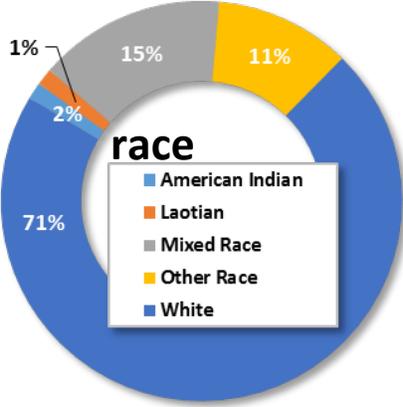
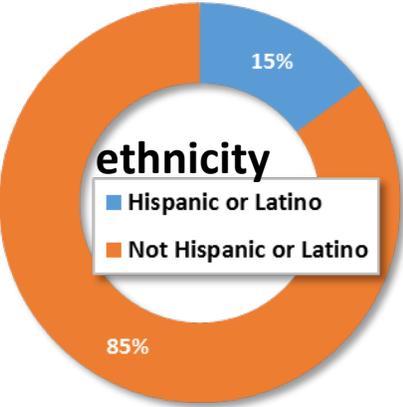
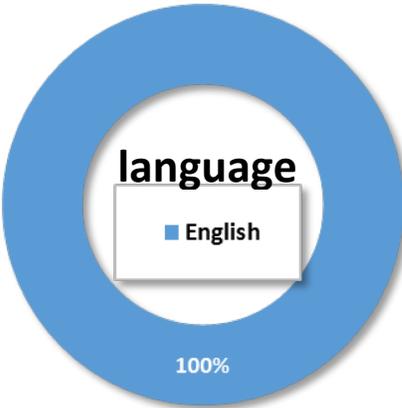
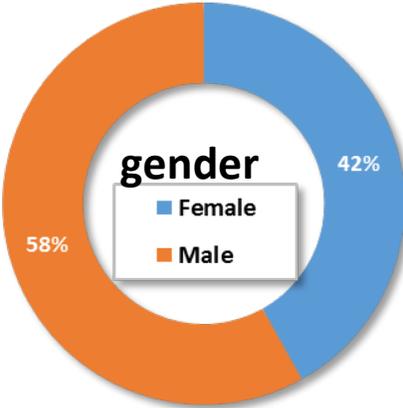
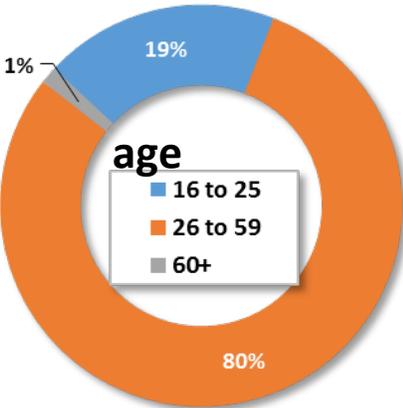
Initiative/Population: Mental Health Court clients

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: **74**

- Carried Over: **67**
- New to Program: **7**

Total Unique Clients that were also served by contractor **Buckelew FACT** program: **24**



Older Adult Intensive Team (OAIT)

Initiative/Population: Older Adults

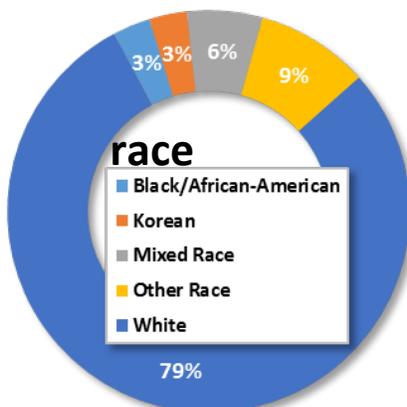
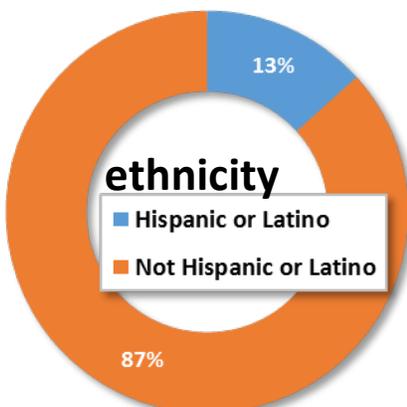
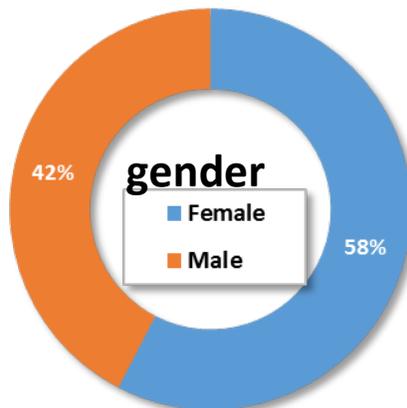
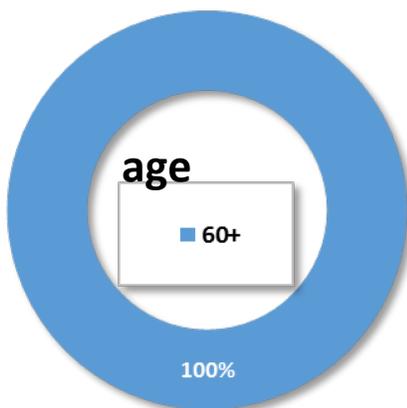
Program Description: Provides intensive mental health services to seriously mentally ill seniors at risk for out-of-home placement, in partnership with the following contracted agencies:

- **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
- **Volunteer Visitor at Jewish Family and Children’s Services (JFCS) under a subcontract with WCCS** - Services provided by Program Director, Care Manager and team of dedicated Volunteer Visitors. This program sees clients who have been identified with or are at risk for developing SMI. This services is to further support BH-OAIT’s FSP clients.

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

Total Unique Clients that were served through the OAIT Program: **33**

- Carried Over: **32**
- New to Program: **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, beginning on page 138.

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.



WCCS Senior Peer Counseling staff

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

For more information on this program, see the Impact Statement in Appendix 1, beginning on page 138.



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. MHSAs 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

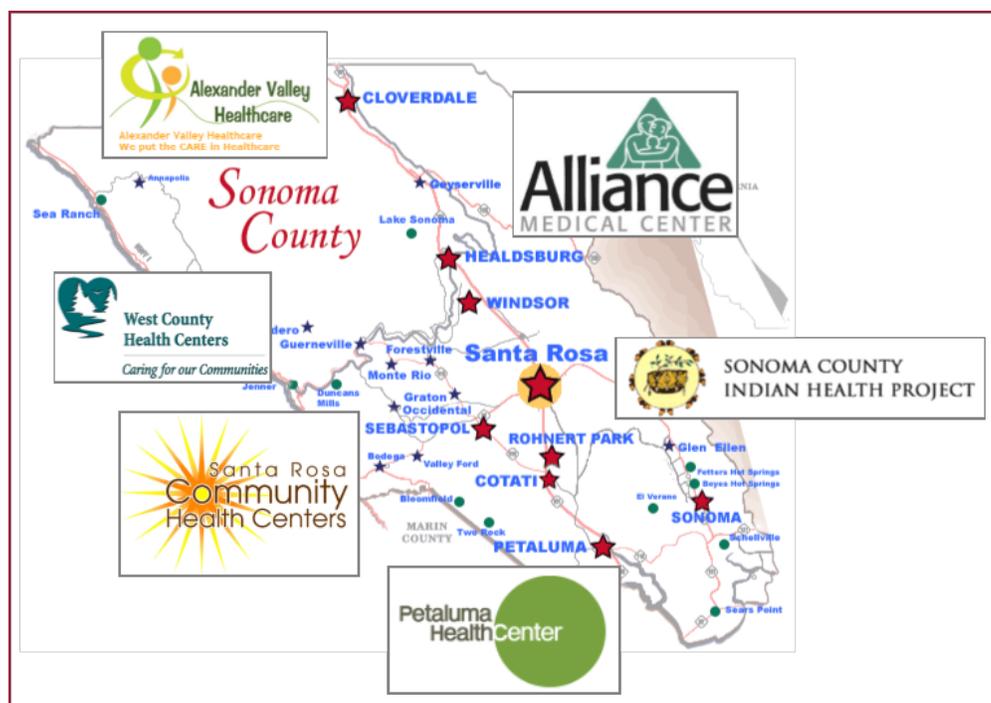
Native Americans

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.

2015-2016 Health Fairs Attended by Staff of the Community Intervention Program				
	Name:	Location:	Population Reached:	Approx. # Served:
1.	Back to School Health Fair	SVCHC – 19270 Sonoma Hwy 12 Sonoma	General community	57
2.	La Tortilla Factory Health Fair	3300 Westwind Blvd Santa Rosa	Latino community	178
3.	Wellness & Music Festival	Arlene Francis C. 99 Sixth St. SR	General community	Unknown

2015-2016 Health Fairs Attended by Staff of the Community Intervention Program				
	Name:	Location:	Population Reached:	Approx. # Served:
4.	10 th Annual DSLC Northern CA Tech Expo & More	SO Fair Grounds 1350 Bennett Valley Rd. SR	People with disabilities	85
5.	Sonoma V. Binational Health Fair	SVCHC- 19270 Sonoma Hwy	General community	204
6.	2 nd Annual Health & Wellness fair	Resurrection Parrish 303 Stony Point Rd. SR	Children and families	172
7.	Latino Health Forum	Flamingo Hotel Santa Rosa	Latino and general populations	302
8.	Health & Wellness Family Event	S. Sebastian Church 983 Covert Ln., Sebastopol	Children and families	Unknown
9.	My Future is in HC- LSP Symposium	SRJC Santa Rosa	Latino community	230
10.	Recovery Night- Addiction & Mental Health Awareness	SRJC – Santa Rosa	General community	73
11.	Cinco de Mayo	Sebastopol Rd. Santa Rosa	Latino community	615
12.	Catholic Charities – Resource Fair	Catholic Charities 600 Morgan St & 456 A St. SR	Homeless individuals and families	132
13.	4 th Asian Pacific Islander H. Forum	SRJC Santa Rosa	Asian Pacific Islander community	168
14.	MH It Takes a Community Forum on Depression	2600 Bennett Valley Rd, SR	General community	68
15.	Mental Health Summit	Guerneville Empower C. Armstrong Wood Rd.	Geographically Isolated area	42

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:

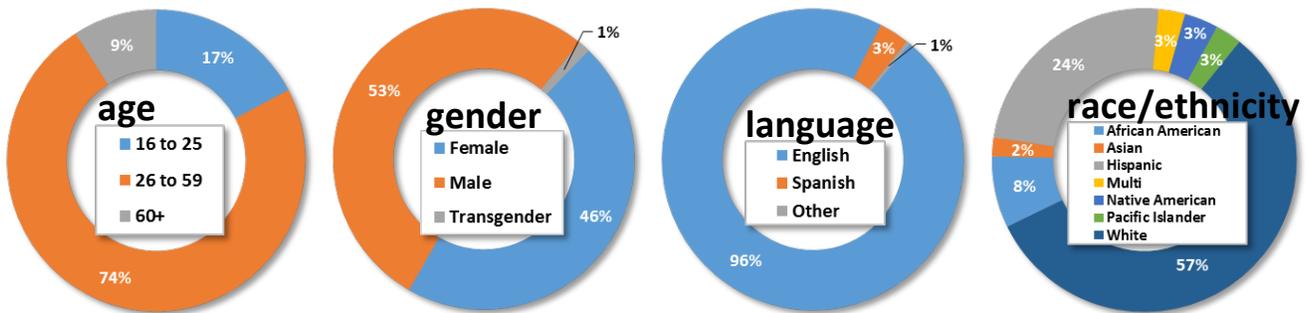
- Sonoma County Behavioral Health (SCBH)
 - SCBH CIP Team
 - Community Mental Health Centers (CMHCs) CIP Team
- Contractors
 - Alliance Medical Center
 - Drug Abuse Alternatives Center (DAAC)
 - Petaluma People Services Center (Mary Isaak Center)
 - Santa Rosa Community Health Centers
 - Sonoma County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

Please see the Impact Statements in Appendix 1, beginning on page 138 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): **247**





Community Services and Supports (CSS)

Access, Treatment and Recovery Programs

Outreach and Engagement (to increase access)

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 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. Below are the numbers reached by the Older

Adult Mental Health Outreach Liaison for FY 15-16 (includes referrals from In-Home Supportive Services and from Behavioral Health Older Adult Team Outreach):

- Referrals accepted to Older Adult Mental Health Outreach Liaison: **239**
 - Home Visits made: **114**
 - Information and Resources Phone Calls: **125**
 - In Depth Consults: **41**

- Provided Linkage to:
 - Senior Peer Counseling or Senior Peer Support: **83**
 - Volunteer Visitor: **3**
 - Older Adult Collaborative In-Home Therapy: **19**
 - Older Adult Collaborative Case Management with Healthy IDEAS: **16**
 - Sonoma County Behavioral Health Services: **14**
 - Other Mental Health/Psychiatric Providers/Case Management: **26**



Community Services and Supports (CSS)

Access, Treatment and Recovery Programs
 Outreach and Engagement (to increase access)

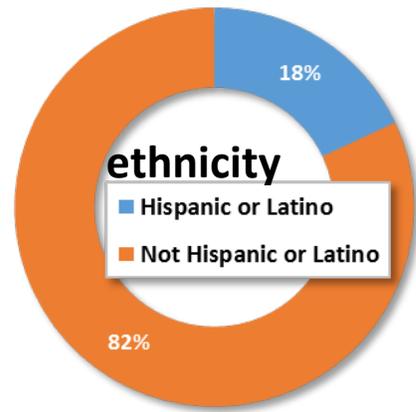
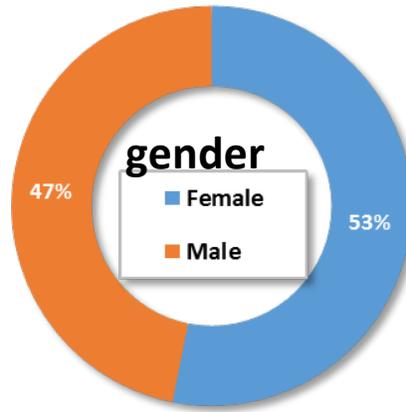
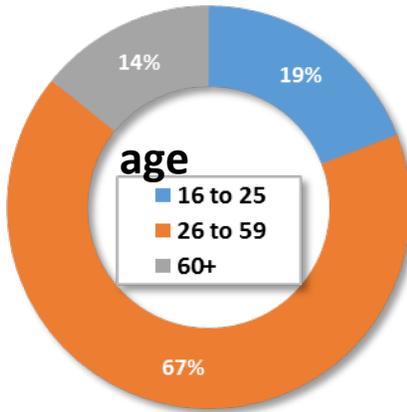
The Access Team

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: **3,217**

- Adults: **2,557**
- Children: **660**

Total Unique Clients that were assessed through the Access Team: **543**



language	
American Sign Language (ASL)	0.25%
English	93.80%
Hebrew	0.25%
Spanish	5.21%
Thai	0.25%
Vietnamese	0.25%

race	
American Indian	0.77%
Black/African-American	0.97%
Chinese	0.19%
Filipino	0.19%
Mixed Race	16.99%
Other Asian	0.19%
Other Race	7.34%
Vietnamese	0.58%
White	72.78%



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, beginning on page 138.

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. MHSAs 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, beginning on page 138.



Sean Kelson and Kevin Berthia

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, beginning on page 138.



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, beginning on page 138.



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, beginning on page 138.

Bucklew Programs – Family Service Coordination

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

For more information on this program, see the Impact Statement in Appendix 1, beginning on page 138.



Jessica Wolfe, Erika Klohe, Sue Tichava



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, beginning on page 138.



Community Services and Supports (CSS)

Workforce Education and Training (WET)

Sonoma County Behavioral Health WET Activities

In Fiscal Year 2015-2016, the new Workforce Education and Training (WET) Specialist for the Sonoma County Behavioral Health Division (SC-BHD), Wendy Wheelwright, implemented several training programs and community events to further SC-BHD goals in the areas of Suicide Prevention, Staff Development, Workforce Diversification, and Peer Integration.

Suicide Prevention	Staff Development	Workforce Diversification	Peer Integration
<ul style="list-style-type: none"> • Assessing and Managing Suicide Risk (AMSR) • Question, Persuade, Refer (QPR) 	<ul style="list-style-type: none"> • Motivational Interviewing • Advancing Recovery • ASAM Criteria • PREP • DBT 	<ul style="list-style-type: none"> • Mi Futuro Event • Master Clinical Supervision Series 	<ul style="list-style-type: none"> • Workforce Peer Integration Plan

Suicide Prevention

Assessing and Managing Suicide Risk (AMSR)

To support SC-BHD commitment to preventing suicides, the WET Specialist successfully implemented the AMSR (Assessing and Managing Suicide Risk) Training Program for all clinical staff (SUDS Counselors/Specialists, Behavioral Health Clinicians, Interns, Nurses, Psychiatrists, Peer Support Specialists, Senior Client Support Specialists, Clinical Specialists, Program and Client Care Managers). Additionally, all staff were introduced to the new Suicide Risk Assessment Policy and Form and trained in its proper use.

Question, Persuade, Refer (QPR)

This essential preventive training was successfully delivered to thousands of high school students, teachers, community providers, and law enforcement professionals in Sonoma County. The WET Specialist coordinated with the CAPE (Crisis Assessment, Prevention and Education) Team to deliver this needed training to the community.

Staff Development Training

Evidence Based Practices

The staff development training program focused on developing and enhancing evidence-based practices within SC-BHD staff. The WET Specialist coordinated special trainings on Motivational Interviewing, Advancing Recovery, ASAM Criteria, PREP (Prevention and Recovery for Early Psychosis), and DBT (Dialectical Behavior Therapy).

Motivational Interviewing

Motivational Interviewing is a clinical approach that helps people with mental health and substance use disorders (and other chronic conditions) make positive behavioral changes to support better health. The

approach upholds four principles—expressing empathy and avoiding arguing, developing discrepancy, rolling with resistance, and supporting self-efficacy.

Advancing Recovery

Through a collaborative learning process, behavioral health programs are taught fundamental changes that promote recovery for individuals with serious mental illness, including those with co-occurring substance use and physical health disorders. These innovative changes help people to develop meaningful, self-directed lives in their communities with a focus on improved:

- Health
- Housing
- Purpose in daily life
- Relationships in their community

ASAM (American Society of Addiction Medicine)

The ASAM criteria is most widely used and comprehensive set of guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions. ASAM’s treatment criteria provide separate placement criteria for adolescents and adults to create comprehensive and individualized treatment plans. Adolescent and adult treatment plans are developed through a multidimensional patient assessment over five broad levels of treatment that are based on the degree of direct medical management provided, the structure, safety and security provided and the intensity of treatment services provided.

PREP (Prevention and Recovery for Early Psychosis)

PREP is an evidence-based, culturally sensitive practice in early psychosis assessment, diagnosis, and treatment. It includes all elements of the Coordinated Specialty Care model referenced by NIHM and SMHSA in their guidance to states on allocating the 5% Mental Health Block Grant set aside for treating individuals with early serious mental illness.

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.

Workforce Diversification

Mi Futuro Event

The WET Specialist coordinated with Latino Service Providers and with Santa Rosa Junior College to plan and sponsor the first 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.

Intern Program

The WET Specialist attended internship fairs at the Santa Rosa Junior College and at Sonoma State University to interest potential graduates in careers within SC-BHD. Additionally, the Master Clinical Supervision Series was introduced as a specialized training for managers who work with clinical interns.

Peer Integration

SC-BHD rolled out its Workforce Peer Integration Plan, beginning with a daylong training event for all staff on the introduction and support of peers in the workforce. This event was led by the SC-BHD Division Director, Mike Kennedy, and included a panel of presenters teaching specific trainings on the system of care, supporting peers, recovery orientation, and HR processes for diversification.

Please see Appendix 6 for the full WET Training Calendar for FY 2015-2016.



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, beginning on page 138.

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 2015-2016 Impact Report – Sonoma County

County FY 2015-2016 contribution to Statewide PEI Project:
\$109,000 (4% of local MHSA PEI Funds)

In Fiscal Year 2015-2016, 42 counties collectively pooled local PEI funds through CalMHSA to support the first year implementation of the Statewide PEI Project. Statewide, the funding supported programs such as maintaining and expanding social marketing campaigns, creating new outreach materials for diverse audiences, providing technical assistance and outreach to counties, schools and local community based organizations, providing stigma reduction trainings to diverse audiences, and building the capacities of higher education schools to address stigma reduction and suicide prevention.

The information below highlights some key activities that were specifically implemented within Sonoma County in FY 2015-2016.

Agencies, Schools and Organizations Reached with Statewide PEI Programs

There were a total of **13** local agencies, schools and organizations that received outreach materials, a training, technical assistance or a presentation about stigma reduction and suicide prevention 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 • Santa Rosa High School • Rancho Cotate High School • El Molino High School • Hidden Valley Elementary School • Rincon Elementary School • Brook Hill Elementary School • Participating John Muir Charter Schools 	<ul style="list-style-type: none"> • NAMI Sonoma County • West County Community Services • At Home Nursing 	<ul style="list-style-type: none"> • Health Care Services • Behavioral Health Division

Technical Assistance

- Received monthly emails from Resource Navigator, which included Each Mind Matters updates, description of new resources, and identifying relevant resources that support specific target audiences
- Provided subject matter expertise, research, guidance, design and support for development of a suicide prevention sign for the SMART Train railway system resulting in over **300** signs placed along the railway
- Provided assistance, research, background and subject matter expertise with media inquiries regarding suicide prevention and life/economic stressors
- Provided support and subject matter expertise in the development of a County suicide prevention strategic plan
- Had continual access to a designated Each Mind Matters Resource Navigator
- Had access to and participated in CalMHSAs monthly County Liaison calls



Dissemination of outreach resources

Between July 1, 2015 and June 30, 2016, a total of **12,076** materials across Each Mind Matters programs and initiatives were disseminated throughout the county. In addition, the county received numerous reminders to access and share resources electronically via www.yourvoicecounts.org and <http://catalogue.eachmindmatters.org/>.

Walk In Our Shoes Materials	2,872
Directing Change Materials	132
Each Mind Matters Promotional Items	6,052
Know the Signs Outreach Materials	3,020

A community engagement mini-grant was provided to John Muir Charter Schools to reach Sonoma County communities with outreach, informational resources and engagement in social marketing campaigns.



Directing Change

There were **7** submissions in 2016 from the following organizations and schools in the county:

- Santa Rosa High School
- Rancho Cotate High School
- El Molino High School

View past Directing Change videos developed within the county here: <http://www.directingchange.org/films-by-county/#Sonoma>

Walk In Our Shoes

There were **4** *Walk In Our Shoes* performances conducted in the county in the following schools:

- Hidden Valley Elementary School
- Rincon Elementary School (two performances)
- Brook Hill Elementary School



In addition, all counties had access to the parent and teacher tools and full Walk In Our Shoes performance on video at www.walkinourshoes.org.

NAMI



There were **3** NAMI *Ending The Silence* trainings implemented in the county.

NAMI Sonoma County received funds to build capacity and implement trainings and programs locally, specifically including piloting a new training program for veterans and their families called *Homefront*.

Higher Education

Santa Rosa Junior College participated in online *Kognito* mental health and suicide prevention trainings reaching **87** faculty, staff and students.





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 are provided by *Child Parent Institute, Jewish Family and Children's Services, Petaluma People Services Center, and Early Learning Institute.*

Child Parent Institute – 0-5 Collaborative



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, beginning on page 138.

Early Learning Institute – 0-5 Collaborative

Early Learning Institute (ELI)'s Watch Me Grow (WGM) 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, beginning on page 138.

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, beginning on page 138.

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, beginning on page 138.



PPSC staff

First 5 Sonoma County Program Evaluation Report Highlights



In Sonoma County, the Department of Health’s Behavioral Health Division has allocated a portion of its Mental Health Services Act (MHSA) funding for Prevention and Early Intervention (PEI) to provide services to children from birth to five and their families (MHSA-PEI 0-5).

Because this effort aligns so closely with First 5 Sonoma County’s priority outcomes in early childhood mental health, First 5 has partnered with Behavioral Health to support these MHSA-PEI 0-5 efforts. MHSA provides direct funding to four MHSA-PEI 0-5 grantees, while First 5 provides coordination, evaluation, and training services, as well as supporting services that supplement the MHSA effort.

The **annual program-level evaluation report** is one outcome of this partnership. Learning for Action (LFA), First 5 staff, Behavioral Health staff, and MHSA grantees collaborate to develop a plan for evaluation, collect quantitative data to measure program effectiveness, and to analyze results to understand the key accomplishments, challenges, and lessons learned. The report is intended to be a resource to guide program implementation and improvement, as well as to inform the First 5 Sonoma County Commission and the Behavioral Health Division of the impact of their investments and to identify lessons learned to inform future funding decisions.

In Sonoma County, MHSA funds four grantees through its Prevention and Early Intervention 0-5 program (MHSA-PEI 0-5). MHSA-PEI 0-5 grantees are funded to perform a variety of services, all of which aim to “reduce risk factors, build protective factors and skills, and increase support for those at risk of developing serious mental illness.” The MHSA grantees’ work is rooted in the science of adverse childhood experiences (ACEs)³³, and aims to reduce children’s exposure to ACEs as well as to prevent the transmission of ACEs across generations. MHSA-PEI 0-5 grantees are funded to help provide a “continuum of care that includes screening, intervention, and support strategies” for children, from before birth to age five, and their families.³⁴

One of the ways in which First 5 helps to facilitate coordination and collaboration among the MHSA grantees is by convening quarterly MHSA collaborative meetings. In collaborative meetings, MHSA-PEI 0-5 grantees meet to discuss coordination of their work, challenges, and best practices. The MHSA collaborative provides a setting where these four agencies can 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 – California Parenting Institute (CPI), Early Learning Institute (ELI), Jewish Family and Children’s Services (JFCS), and Petaluma People Services Center (PPSC) – provide the following services:

- Parent education and intervention services using Triple P (Positive Parenting Program) - Levels 2, 3, 4, and 5 (described in more detail below)
- Identifying women with Perinatal Mood Disorder (PMD)
- Referrals, case management, and treatment for women identified with PMD

³³ SAMHSA (2016). Retrieved from <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>

³⁴ http://www.sonoma-county.org/health/about/pdf/mhsa/pei_plan.pdf

- Education and support for parents of children with special needs
- Mental health services for families with mental health concerns of either parent or child (beyond PMD)
- Developmental and social emotional screenings of children 0-5, using the Ages and Stages Questionnaire (ASQ 3) and the ASQ Social-Emotional (ASQ-SE)
- Further assessment or referral for services to children with identified concerns
- Re-screening children at age-appropriate intervals
- Psychological assessments as needed
- Case management for children in at-risk families for whom a developmental or social-emotional screening identifies potential delays
- One-Call Navigator to link callers with the appropriate services within the early childhood mental health system of care

While implementing the MHSA-PEI 0-5 program during 2015-16 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 plan:

- Decrease in children exhibiting difficult behaviors
- Decrease in negative parent-child interactions
- Of those children who are deemed at risk for developmental or social-emotional delays, increase in number that are referred for follow-up assessments

Progress toward FY 15-16 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 07/01/2015 – 06/30/2016					
Core Program Outcome	Intervention Linked to Outcome	Specific Target	Actual Results		Progress Toward Target
			2014-15	2015-16	
Decrease in children exhibiting difficult behaviors	Triple P Services	40% of children will show positive reliable change on the ECBI Intensity subscale	36% (10 of 28)	56% (31 of 55)	⊕ 135%
		40% of children will show positive reliable change on the ECBI Problem subscale	50% (14 of 28)	53% (29 of 55)	⊕ 133%
Decrease in negative parent-child interactions	Triple P Services	Parents show improvement from the pre-test to post-test on the Protective Factors Survey Family Functioning/Resiliency subscale	34% (12 of 35)	22% (13 of 58)	NA ³⁵

³⁵ This is the second year the PFS measure was used; there are no specific targets for outcomes related to PFS.

Progress Achieved toward Core Outcomes
07/01/2015 – 06/30/2016

Core Program Outcome	Intervention Linked to Outcome	Specific Target	Actual Results		Progress Toward Target	
			2014-15	2015-16		
		Parents show improvement from the pre-test to post-test on the Protective Factors Survey Social Connections subscale	26% (9 of 35)	21% (12 of 58)	NA	
Decrease in negative parent-child interactions	Triple P Services	Parents show improvement from the pre-test to post-test on the Protective Factors Survey Concrete Support subscale	14% (5 of 35)	14% (8 of 58)	NA	
		Parents show improvement from the pre-test to post-test on the Protective Factors Survey Nurturing and Attachment subscale	14% (5 of 35)	15% (8 of 54)	NA	
		Parents show improvement from the Pre PFS to the Post PFS on Knowledge of Parenting and Child Development Items	There are many times that I don't know what to do as a parent. ³⁶	26% (9 of 35)	36% (21 of 58)	NA
			I know how to help my child learn.	57% (20 of 35)	50% (29 of 58)	NA
			My child misbehaves just to upset me.	34% (12 of 35)	38% (22 of 58)	NA
			I praise my child when he/she behaves well.	39% (13 of 33)	43% (23 of 54)	NA
			When I discipline my child, I lose control.	41% (14 of 34)	33% (18 of 54)	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	330 children will be screened	364 children screened	359 children screened	 108%	
	At-risk children referred for further assessment	At least 110 children will be referred for assessment	200 referred for further assessment	204 referred for further assessment	 185%	

³⁶ 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 07/01/2015 – 06/30/2016				
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:	178 families received services	178%
		- Level 3: 30 families will receive services	53 families served	177%
		- Levels 4/5: 70 families will receive Level 4 services (10 of the 70 Level 4 families will also receive Level 5)	224 families served with Levels 4/5	320%
	Periodic developmental and social emotional screening, using ASQ 3 and ASQ-S/E	30 children will be screened	40 children screened	133%
		10 children will be referred for further assessment	25 children referred for further assessment	250%
	Identify women with PMD and provide case management & treatment	40 women will be identified and treated	72 women received services	180%
	Provide mental health consultations for high risk families	20 families will receive brief consultations and will be referred appropriately for mental health services	15 families received consultations	75%
ELI	Periodic developmental and social emotional screening, using ASQ 3 and ASQ-S/E	300 children will be screened	302 children screened for the first time	101%
		350 children will be rescreened	566 children rescreened	162%
		100 children will be referred for further assessment and/or services	179 children referred for further assessment	179%
	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	334 families served	139%
	Navigation services	100 families will receive support/information to access services	699 families served	699%
	Provide PEAS parent support or Triple P or both	40 individuals will receive either PEAS or Triple P, or both	40 individuals received services	100%

Additional Progress Achieved
07/01/2015 – 06/30/2016

Agency	Program Outcome	Specific Target	Actual Results	Progress Toward Target
ELI	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	88% (21 of 24)	 176%
JFCS	Provide Triple P services	Level 2: 23 total Seminars will be offered	24 seminars offered	 104%
		Level 2: 180 attendees to seminars	262 attendees	 146%
		75 families will receive the following appropriate Triple P services:	68 families served	 91%
		- Level 3 Individual Sessions: 40 individuals will receive services	13 individuals served	 33%
		- Level 3 Discussion Groups: 15 individuals will participate	30 individuals served	 200%
		- Levels 4 or 5: 20 individuals will receive Levels 4 or 5	25 individuals served	 125%
	Provide psychological assessments for children 0-5	5 assessments will be completed	12 assessments completed	 240%
Developmental and social emotional screening, using ASQ 3 and ASQ-S/E	Children not already screened before referral to JFCS will receive ASQ & ASQ S/E screening	6 children screened with ASQ /ASQ-S/E	 NA	

Additional Progress Achieved
07/01/2015 – 06/30/2016

Agency	Program Outcome	Specific Target	Actual Results	Progress Toward Target
PPSC	Provide Triple P services	Level 2: 6 Level 2 Seminar Series will be offered	0 Level 2 Seminar Series offered	⊖ 0%
		Level 2: 27 attendees to seminars	0 attendees	⊖ 0%
		70 individuals will receive the appropriate level of Triple P services	187 individuals received services, which includes: - 0 individuals in Level 3 Discussion Groups - 136 individuals in Level 4 Group Sessions - 51 individuals in Level 4 or 5 Individual Sessions	⊕ 226%
	Periodic developmental and social emotional screening, using ASQ 3 or ASQ-S/E	Children not already screened before referral to PPSC will receive ASQ & ASQ S/E screening	11 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 (score of 10) on the post-intervention EPDS	0% (0 of 1)	⊖ NA

For the full **First 5 Sonoma County MHSA PEI 0-5 Program Evaluation Report for FY 15-16**, see Appendix 5.



Prevention and Early Intervention (PEI)

Prevention

Services targeting school-aged children ages 5 to 18 years

Project SUCCESS Plus (PS+)



Project SUCCESS Plus partners

MHSA funds build upon a county-wide Student Assistance Program to add a prevention and early intervention system of care for adolescents at 16 high schools throughout Sonoma County. In FY 15-16, **Project SUCCESS Plus** was in six school districts (Petaluma, Cotati-Rohnert Park, Windsor, Cloverdale, Healdsburg, and West Sonoma County). This 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 provide mental health screening, counseling, training, and education on campuses.

For more information on this program, see the Impact Statement in Appendix 1, beginning on page 138.

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, beginning on page 138.

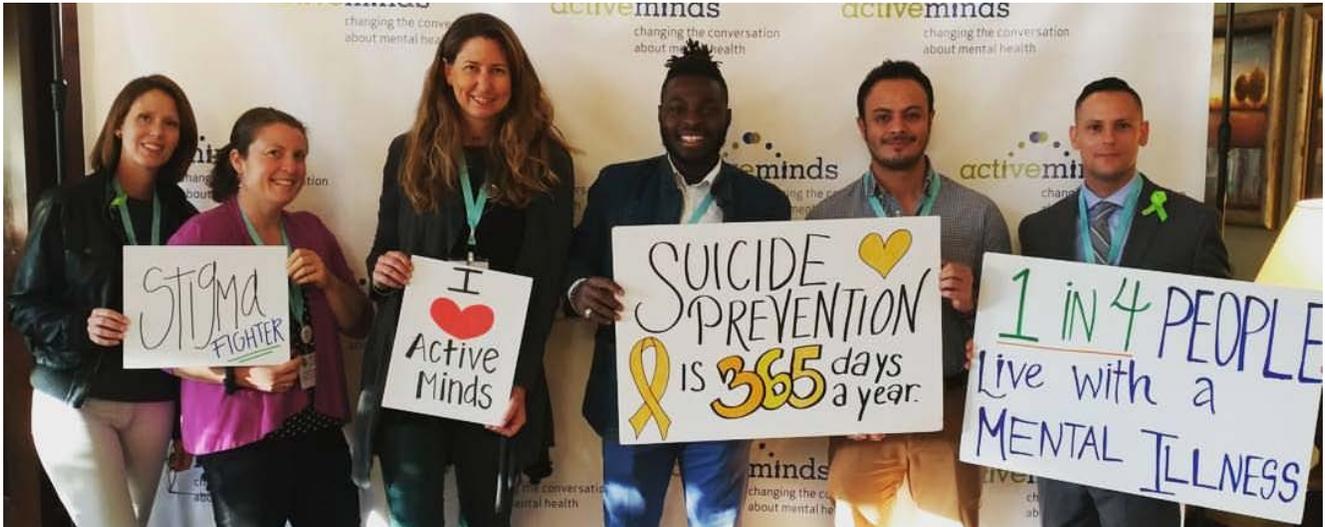


Prevention and Early Intervention (PEI)

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, beginning on page 138.



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, beginning on page 138.



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, beginning on page 138.

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 ASIST) to increase access to mental health services to the community. Other services include print media outreach; attendance at fairs and community gatherings; offering groups to children and youth; parenting classes for families; and services at the Senior Center to reduce isolation.



Action Network staff

For more information on this program, see the Impact Statement in Appendix 1, beginning on page 138.

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, beginning on page 138.

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, beginning on page 138.

Latino Service Providers



Participants in LSP's Mi Futuro youth healthcare symposium
interest for families throughout Sonoma County.

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

For more information on this program, see the Impact Statement in Appendix 1, beginning on page 138.

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, beginning on page 138.



Cecilia Dawson of SCIHP's Aunties and Uncles Program

Prevention and Early Intervention (PEI) Reducing Disparities Project

Project Background

In 2009, in accordance with California’s Welfare and Institutions Code (WIC) Section 3910 (Mental Health Services Act [MHSA] Innovation Project general requirements), Sonoma County proposed an Innovation project to introduce a mental health practice or approach that is new to the overall mental health system that would make changes to existing practices in the field of mental health and apply promising community-driven practices that have been successful in non-mental health contexts or settings.



In an effort to promote funding strategies that are truly responsive to community needs, Sonoma County sought to create a space for a diverse cross-section of community members to shape service strategies, design procurement processes, and decide how public resources would be allocated. The Reducing Disparities Community Fund Initiative, now known as the **Prevention Early Intervention (PEI) Reducing Disparities Project**, was created to test that idea.

PEI Reducing Disparities Technical Assistance Projects

As part of Sonoma County’s ongoing commitment to serve disparate communities, the Behavioral Health Division (SC-BHD) contracted with **Kawahara & Associates**, a local consulting firm specializing in program and organizational development, to provide individualized technical assistance to grassroots organizations and promising programs that served the African American, Asian American, Latino/Hispanic, Native American and LGBTQ+ communities. Kawahara & Associates provided technical assistance to the following organizations:

- Community Baptist Collaborative (CBC)
- Santa Rosa Community Health Centers
- Latino Service Providers (LSP)
- Sonoma County Indian Health Project (SCIHP)
- Positive Images (PI)



SONOMA COUNTY
INDIAN HEALTH PROJECT



Training and support was provided on the following:

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

These trainings resulted in the following organizational improvements:

- 1) Two successful grant applications (over \$2.28 million over 5 years) to the California Department of Public Health, Office of Health Equity
 - i. Testimonios/Youth Promotores to expand community mental health education in the Latino community and reduce mental health stigma through partnerships with the local community college, high schools and media
 - ii. Aunties and Uncles Project to engage local tribal councils and communities in strengthening cultural protective factors to reduce risk for mental illness and increase support and access to treatment
- 2) Successful grant applications to the California Office of Statewide Health Planning and Development to develop interest and opportunity for young adults to pursue a career in mental health and primary health care fields
- 3) Successful application and award of 501c3 status to an organization
- 4) Redesign of community engagement and input into program design that decentralized services to provide better access for outlying geographic communities
- 5) Program evaluations demonstrating effectiveness in reducing mental health stigma, awareness of mental health struggles, and community resources for support and
- 6) Successful organizational transitions in leadership and organizational cohesion.



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, beginning on page 138.

Crisis Hotline Services:

Bucklew Programs – North Bay Suicide Prevention Hotline of Sonoma County

In FY 15-16, the **North Bay Suicide Prevention (NBSP) Hotline of Sonoma County** was a program of Family Service Agency of Marin, a division 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.

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For more information on this program, see the Impact Statement in Appendix 1, beginning on page 138.



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 (SC-BHD)

For more information on this program, see the Impact Statement in Appendix 1, beginning on page 138.



CAPE Team



Innovation (INN)

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

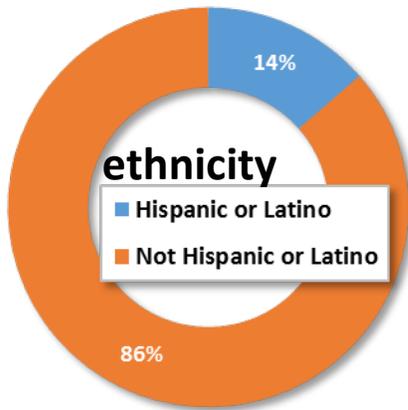
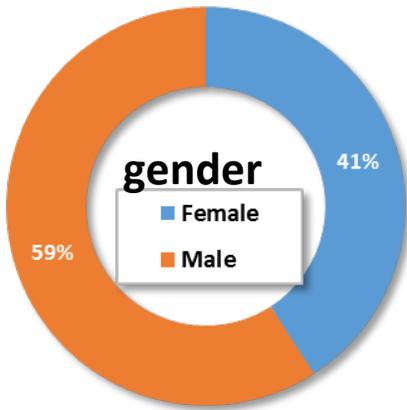
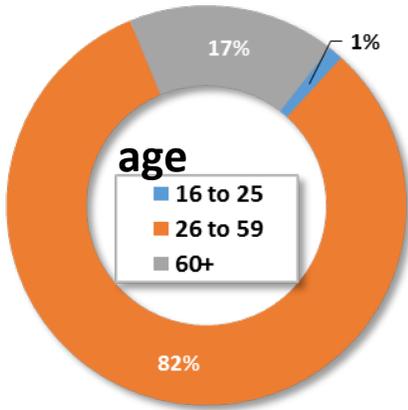
Integrated Health Team (IHT)

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 (SAMHSA Bridges program); Integrates people with lived experience on team to support care navigation

Total Unique Clients that were served through the IHT Program: **411**



language	
English	93.52%
Farsi	0.25%
Lao	0.50%
Spanish	5.49%
Vietnamese	0.25%

race			
American Indian	0.24%	Korean	0.24%
Black/African-American	2.44%	Laotian	0.73%
Cambodian	0.24%	Mixed Race	8.29%
Chinese	0.73%	Other Race	9.51%
Filipino	0.49%	Vietnamese	0.24%
Guamanian	0.24%	White	76.59%

Mobile Support Team (MST)



Sonoma County Department of Health Services Behavioral Health Division has partnered with Santa Rosa Police Department and Sonoma County Sheriff's Office to implement the Sonoma County Behavioral Health (SC-BHD) Mobile Support Team. The **Mobile Support Team (MST)** is staffed by behavioral health 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, beginning on page 138.

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, beginning on page 138.

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 (SC-BHD) to conduct the first Crisis Intervention Training (CIT) Academy for Law Enforcement. The 4-day (32-hour) training academy is designed to increase officers' skills to intervene with mental health consumers, individuals with substance use issues, and individuals in crisis. The CIT Academy goals are to:

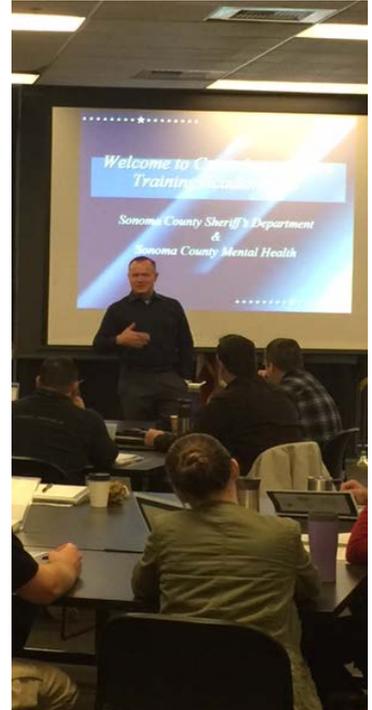
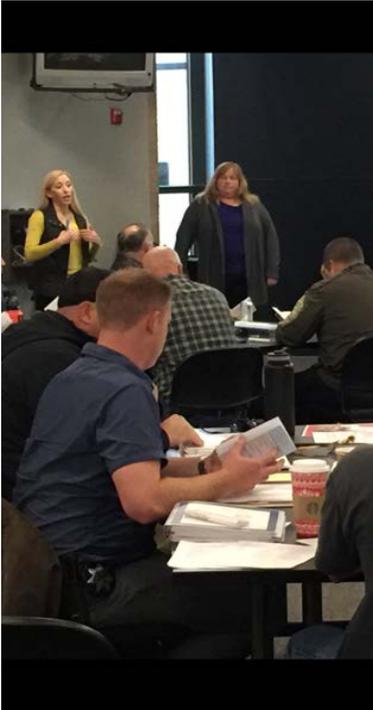
- Ensure the safety of officers and civilians;
- Increase officer understanding of mental illness;
- Improve relationships with the community, particularly with mental health professionals, people with mental illness, and family members.

The CIT for Law Enforcement concept is based on a successful crisis intervention program that began in Memphis, Tennessee. Officers are trained to de-escalate potentially violent situations and ensure the safety and diversion of the mental health consumer to a treatment center. CIT trains law enforcement officers to become more adept at assisting mental health consumers, individuals with substance abuse issues, and individuals in crisis. CIT is useful in domestic violence cases and in contacts with youth, elderly citizens, and the general public.

CIT is conducted by specially trained law enforcement personnel, mental health professionals, mental health consumers and family advocates. The training includes identification of types of mental illness, verbal skills for

de-escalation of potentially violent situations, specifics on suicide intervention, and a mental health system overview.

Through 2016, SC-BHD has conducted 16 Crisis Intervention Trainings (CIT) 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.



For more information on Crisis Intervention Training (CIT) for Law Enforcement and the Mobile Support Team (MST), go to: <http://www.sonoma-county.org/health/services/citmst.asp>



Mental Health Services Act Housing Program

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

Completed Sonoma County Housing Projects:



Fife Creek Commons in Guerneville - eight permanent supportive housing units dedicated to mental health clients (7 singles and 1 family unit).



McMinn Avenue in Santa Rosa – provides shared permanent supportive housing in a four unit complex. Each unit has two private rooms and a secured bathroom. Service partner is Telecare ACT – Sonoma County.



Windsor Redwoods in Windsor - eight permanent supportive housing units dedicated to mental health clients (6 singles and 2 family units).



Vida Nueva in Rohnert Park – six permanent supportive housing units dedicated to mental health clients (4 singles and 2 family units). Service partners include St. Joseph’s Health Care Systems and COTS



MHSA Expenditure Plan for Fiscal Year 2017-2018

MHSA Plan Budget Narrative FY 17-18

In FY 17-18, the Expenditure Plan calls for the continuation of all existing MHSA programs as previously approved. Total MHSA funding for FY 17-18 is approximately \$21 million. In FY 15-16, the components of MHSA were condensed into three categories: Community Services & Supports (CSS), Prevention & Early Intervention (PEI), and Innovation. The table below summarizes the funding by component.

Components	MHSA Funds
Community Services & Supports:	\$16,054,042
Prevention & Early Intervention:	\$3,922,490
Innovation:	\$1,207,378
Total FY 17-18 MHSA Funding:	\$21,223,910

Community Services and Supports (CSS)

The Community Services and Supports component of the plan and budget in FY 17-18 includes MHSA funding of approximately \$16.0 million for the previously approved and implemented programs. There are no new programs proposed for FY 17-18. Workforce, Education and Training (WET) is funded under the CSS component. Table 1 below provides detail regarding CSS funding.

Table 1: Planned MHSA Funding FY 17-18	
Community Services & Supports	
Approved Programs	MHSA Funding
Family Advocacy Support Stabilization Team (FASST)	\$124,753
Transition Age Youth Program (TAY)	\$384,330
Forensic Assertive Community Treatment Program (FACT)	\$911,858
Integrated Recovery Team (IRT)	\$1,921,948
Workforce, Education & Training (WET)	\$864,310
Older Adult Integrated Services Team (OAIS)	\$670,426
Transportation	\$315,931
Access Team	\$2,235,851
Outreach & Engagement	\$4,800,915
General System Development	\$1,815,030
Sub Total: Programs	\$14,045,352
MHSA Program Support	\$2,038,690
Total MHSA Funding for CSS	\$16,084,042

Prevention & Early Intervention (PEI)

The County’s PEI component is funded by approximately \$3.9 million of MHSA funds. PEI includes the County of Sonoma’s Crisis Assessment, Prevention and Education (CAPE) program and costs associated with Capital and Information Technology (IT). There are 20 contracts with community-based providers included in this component. Contractors provide the following services: Early Childhood 0-5, School Based, Older Adults - Reducing Depression & Suicide, Reducing Disparities, Statewide PEI Projects and WET Related Activities. Table 2 below provides detail regarding PEI funding.

Table 2: Planned MHSA Funding FY 17-18	
Prevention & Early Intervention	
Approved Programs	MHSA Funding
CAPE Team	\$849,563
Avatar System (Application & County Staff)	\$1,045,352
Evaluation Services	\$124,375
Contracted PEI Programs & Services	\$1,913,200
Total MHSA Funding for PEI	\$3,932,490

Innovation

The previously approved Innovation projects - Mobile Support Team (MST) and Integrated Health Team (IHT) - will continue in FY 17-18. The total MHSA funds for these programs are slightly over \$1.2 million. Table 3 below provides detail regarding Innovation funding. *The County will utilize significant Federal Financial Participation (FFP) to fund its Integrated Health Team program in FY 17-18. This is due to IHT being a Medi-Cal program and, thus, claiming a significant amount of service to the state’s Medi-Cal program.

Table 3: Planned MHSA Funding FY 17-18	
Innovation	
Approved Programs	MHSA Funding
Mobile Support Team (MST) - Including Contracts	\$1,207,378
Integrated Health Team (IHT) *Please Note: Funding from this program has transitioned from MHSA to Medi-Cal	\$0.00
Total MHSA Funding for INN	\$1,207,378

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. Estimated FY 2017-18 Funding						
1. Estimated Unspent Funds From Prior Fiscal Years	\$1,099,110	\$0	\$1,004	\$802,206	\$193,068	
2. Estimated New FY 2017-18 Funding	\$15,222,780			\$4,070,761	\$1,014,926	
3. Transfer in FY 2017-18						\$0
4. Access Local Prudent Reserve in FY 2017-18						\$0
5. Use of Non MHSA Funds	\$6,577,123	\$0	\$0	\$1,881,681	\$247,947	\$0
6. Estimated Available Funding for FY 2017-18	\$22,899,013	\$0	\$1,004	\$6,754,648	\$1,455,941	
B. Estimated FY 2017-18 Expenditures	\$22,661,165	\$0		\$5,814,171	\$1,455,325	
C. Estimated FY 2017/18 Contingency Funding	\$237,848	\$0	\$1,004	\$940,477	\$616	

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2017	\$929,299
2. Contributions to the Local Prudent Reserve in FY 2017-18 (interest earned)	\$6,707
3. Distributions from Local Prudent Reserve in FY 2017-18	\$0
4. Estimated Local Prudent Reserve Balance on June 30, 2018	\$936,006



Appendix 1

MHSA Impact Statements for FY 15-16



WELLNESS • RECOVERY • RESILIENCE

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



program description

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

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

contracted services

- Convene community meetings and public education about issues of mental health for children, youth, families, and seniors
- Outreach campaigns in newspaper and on the radio about issues of mental health for children, youth, families, and seniors about issues of mental health for children, youth, families, and seniors

ACTION NETWORK

Program Name:

Across Ages and Cultures

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

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

Program Location:

Gualala, CA

For more information, go to:

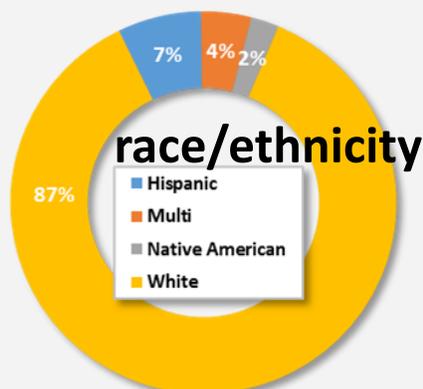
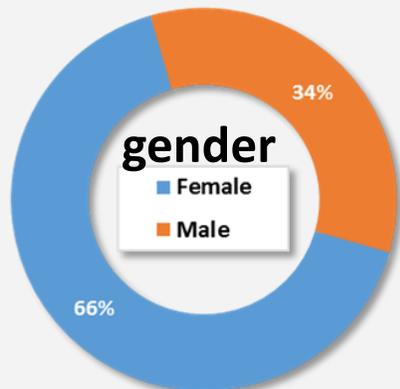
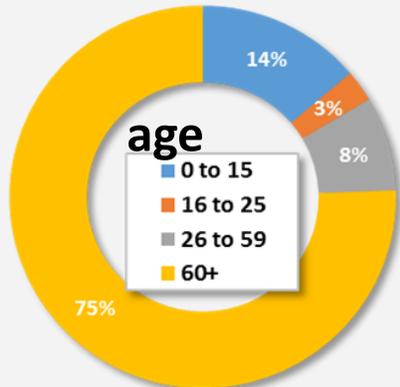
<http://www.actionnetwork.info>



program demographics

Total numbers served: 855

(Aggregate of quarterly reports)



contracted services (continued)

- Introduce PEI strategies to senior services including, train Meals on Wheels volunteers (staff and drivers) in QPR and IM-PACT
- Cross-train staff of various school-age and pre-school, parent education programs, mentoring, family and peer support programs, anger management and senior services programs in culturally competent early identification of at risk behaviors
- Recruit volunteers to visit homebound seniors
- Provide transportation to and from doctor visits

notable accomplishments

100% of clients became aware of Action Network programs such as Triple P Parenting Classes, access to Mental Health Services, Early Learning programs, Tutoring and Mentoring, ESL classes, Counseling services, Music Together and substance abuse prevention through Across Ages and Culture Coalition (AAC).

100% of families appreciate that Action Network programs role model Triple P and teach the kids organically as teachable moments while they play. All of their families are aware of their varied services such as Triple P parenting, counseling, and anger management. 90% of families have completed ASQ SE assessments.

10, 2-hour sessions were held at the Kashia Band Pomo Indian Reservation. The sessions begin with early enrichment for pre-school aged children. 100% of families are satisfied with this double program, 90% of these families are aware of our services. 50% of these families have been given ASQ SE assessments.

Clients received information and training in Suicide Prevention techniques through classes called QPR (Question, Persuade, Refer). Pre and Post tests showed 100% of clients had greater awareness of suicide prevention strategies after class.



WELLNESS • RECOVERY • RESILIENCE

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



program description

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

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

contracted services

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

notable accomplishments

Children Aged	Total # of Children Screened *	Total # of Children Seen by Behavioral Health **
5-11 years	1,698	46
12-19 years	1,770	90
TOTAL	3,468	136

*=total seen in practice: physician, nurse, psychologist, LCSW or dental visit
**=of those, number seen by psychologist or LCSW

ALEXANDER VALLEY HEALTHCARE

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

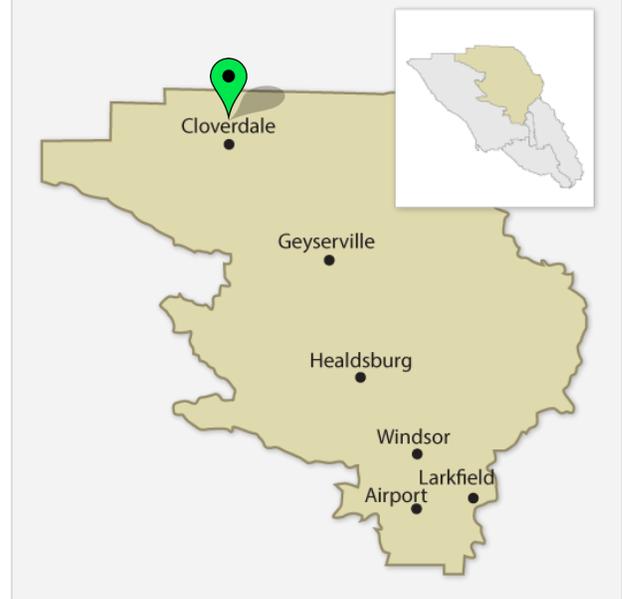
Children ages 5-18 years old

Program Location:

Cloverdale, CA

For more information, go to:

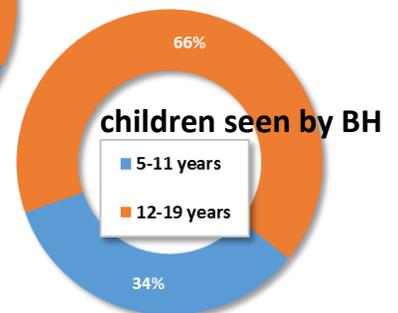
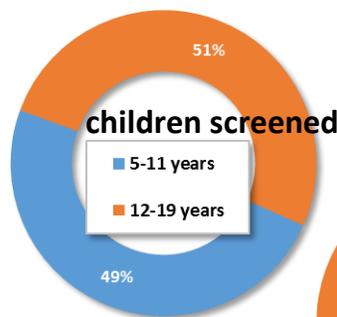
<http://alexandervalleyhealthcare.org>



program demographics

Total numbers served: 3,468

(Aggregate of quarterly reports)



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



program description

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

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

contracted services

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

ALLIANCE MEDICAL CENTER

MHSA Component:

System of Care - Community Services and Supports (CSS)

Initiative/Population:

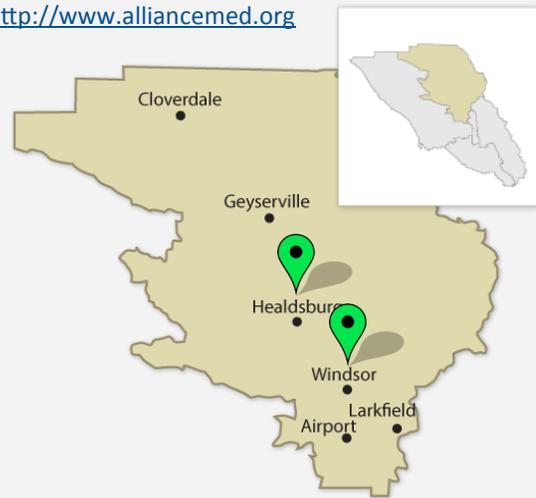
Community Intervention Program (CIP)

Program Location:

Healdsburg and Windsor, CA

For more information, go to:

<http://www.alliancemed.org>



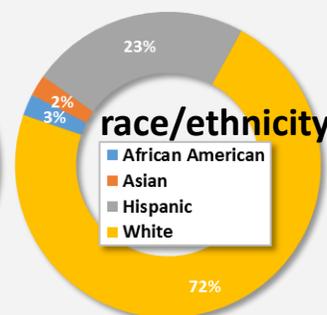
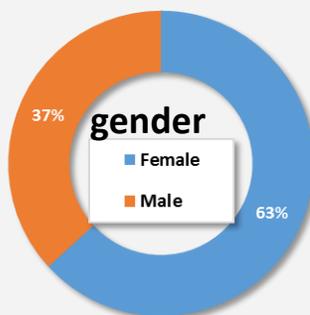
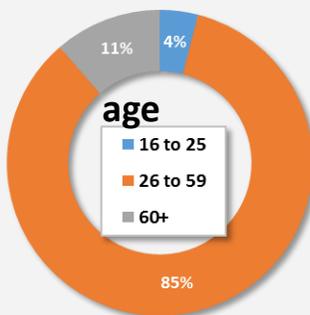
notable accomplishments

Services provided were face-to-face psychiatric intakes and follow-up appointments; Individual level Interventions; Medication management; Screening and Assessments; and Crisis Intervention.

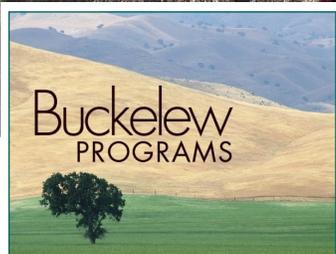
Patients were stabilized and kept from deteriorating into psychiatric disorders of severity requiring a higher level of care such as ER and 5150 hospitalizations.

program demographics

Total numbers served (Aggregate of quarterly reports): **40**



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



program description

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

contracted services

- Systems Navigation
- Education and Support
- Community Outreach and Resource Development
- Empowerment and Self-Efficacy

BUCKELEW PROGRAMS SONOMA COUNTY

Program Name:

Family Service Coordination

MHSA Component:

System of Care - Community Services & Supports (CSS)

Initiative/Population:

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

Program Location:

Santa Rosa, CA

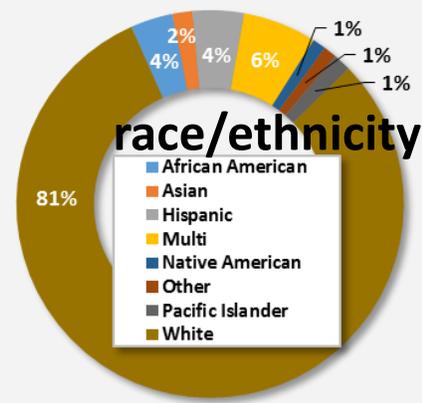
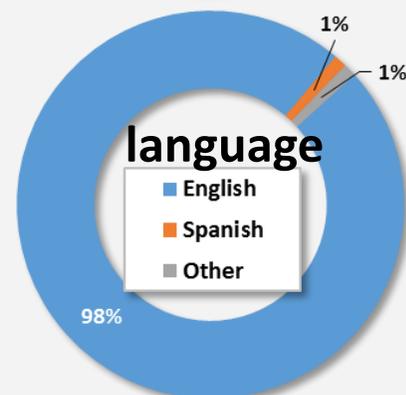
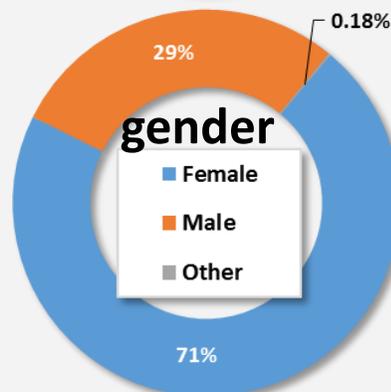
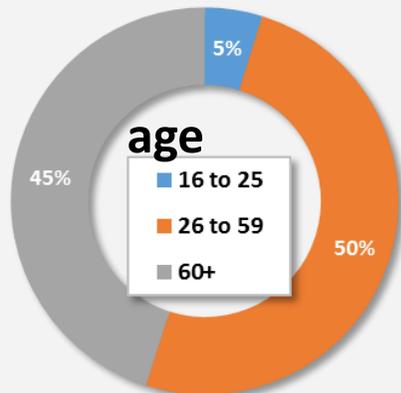
For more information, go to:

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



program demographics

Total numbers served: 963



performance outcomes

Below are examples of performance outcomes from the Family Service Coordination (FSC) program at Buckelew Programs. The measurement tools used by the FSC program were surveys, assessments and the Zarit Burden Interview.

Goal #1: System Navigation

- 100% of families reported that they strongly agree or agree that they can more effectively communicate with their loved ones service provider(s).
- 100% of families reported accessing 2 or more resources for their loved one (consumer).

Goal #2: Education and Support

- 100% of families reported that they strongly agree or agree that they have a better understanding of mental illness and how mental illness can affect the entire family system.

Goal #3: Community Outreach and Resource Development

- 100% of service providers/community members attending FSC training/presentation reported increased understanding of family perspective on mental illness and how mental illness affects the whole family and community.

Goal #4: Empowerment and Self-Efficacy

- 100% of families reported strongly agree or agree that they have a sense of increased hope and empowerment for their family member's well being.
- 91% of families reported always true or usually true that they have a better understanding and ability to cope with loved ones mental health/and or substance dependence illnesses because of education/support due to the services and/or referrals received from FSC.



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



24 HOUR HOTLINE
NORTH BAY SUICIDE PREVENTION
HOTLINE OF SONOMA COUNTY
1.855.587.6373

Suicide Prevention • Crisis Intervention • Toll free



program description

The North Bay Suicide Prevention (NBSP) Hotline of Sonoma County, a program of Family Service Agency of Marin (FSA), provides 24/7 suicide prevention and crisis telephone counseling. FSA’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, FSA’s 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.

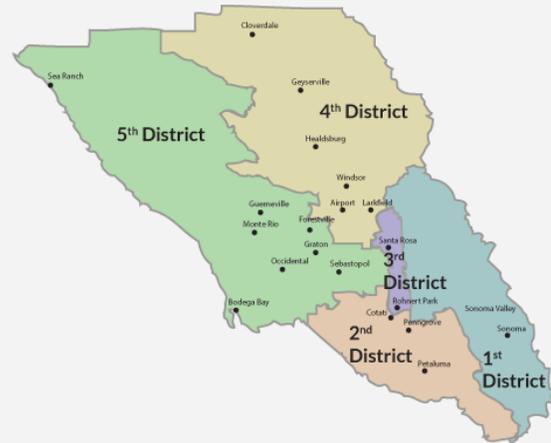
Because no fees are charged for the phone service and help is accessible 24/7, the hotline is available for people of all ages and socio-economic levels. Factors that tend to inhibit individuals from seeking other sources of help, like cost and transportation, do not impede people from seeking support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

NORTH BAY SUICIDE PREVENTION HOTLINE OF SONOMA COUNTY

Family Service Agency of Marin (a division of Buckelew Programs)

MHSA Component:
Prevention and Early Intervention (PEI)

Program Serves:
Sonoma County, CA

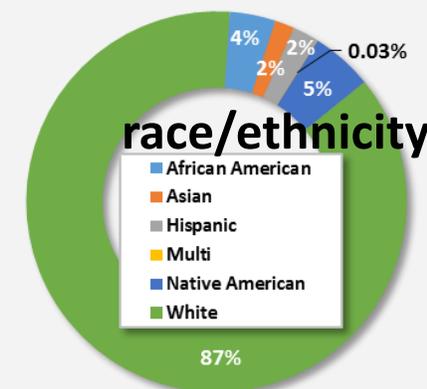
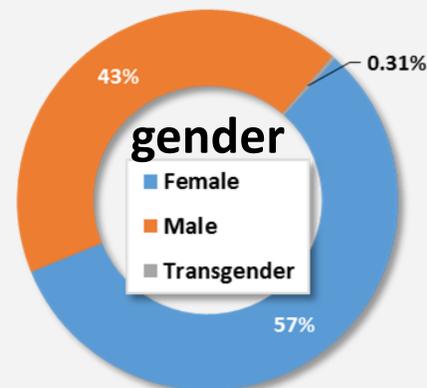
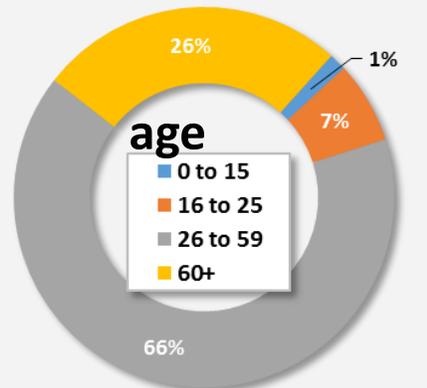


contracted services

- Operate the 24-hour crisis Hotline Program and maintain coverage of 35 shifts weekly
- Conduct the Suicide Prevention Hotline Training class 3 times per year
- Provide 24-hour/7 day staff consultation and back-up to telephone counselors

program demographics

Total numbers served: **4,494**
(Aggregate of quarterly reports)



contracted services (continued)

- Review all telephone counselor contacts for quality of response
- Conduct an in-person review of all volunteer telephone counselors at least once annually
- Develop and oversee implementation of treatment plans as appropriate for designated callers
- Collaborate with Sonoma County Behavioral Health to expand methods to better inform the community about the Hotline service
- Maintain the data software program and update referral information on a regular basis
- Provide in-service trainings for hotline volunteers at least twice a year

notable accomplishments

100% of the callers who were in a suicidal emergency received intensive and immediate support and intervention. For each of the five callers, emergency response teams were contacted and intervened. Two of the calls involved suicide attempts in progress and the other three callers were at imminent risk for suicide, with a specific plan and access to means. Two of the calls involved voluntary emergency rescue (callers agreed to the intervention) and three were involuntary.

66% of people calling the hotline in crisis or experiencing depression, anxiety, anger, or other extreme states experienced a reduction in the intensity of their emotions. (Emotional state is rated at the beginning and end of the call on a scale of 0 - 5. 0 = poor, 5 = very good).

100% of students who completed the Hotline Training Class Evaluation reported that their goals for the class were achieved. 100% of students who completed the Class Evaluation also reported that their overall rating for the class was very good to excellent.



WELLNESS • RECOVERY • RESILIENCE

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



program description

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

The CAPE Team is staffed by Sonoma County Behavioral Health licensed and license-eligible mental health clinicians. Services are located in:

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

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

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

program services

- **Mobile Response** to schools by licensed mental health clinicians with youth who may be experiencing a mental health crisis.
- **Screening and Assessment** of at-risk youth in high schools and colleges.
- **Training and Education** for students, selected teachers, faculty, parents, counselors, and law enforcement personnel to increase awareness and ability to recognize the warning signs of suicide and psychiatric illness.

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

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

Transition age youth at risk of experiencing first onset of mental illness

Program Location:

Sonoma County, CA

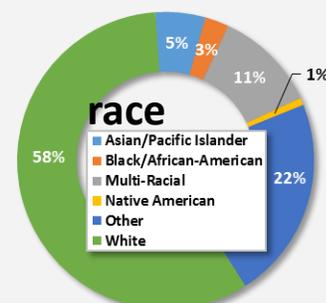
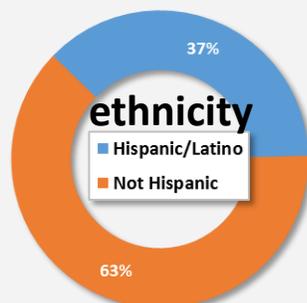
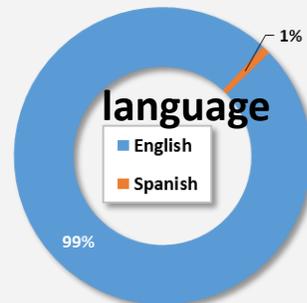
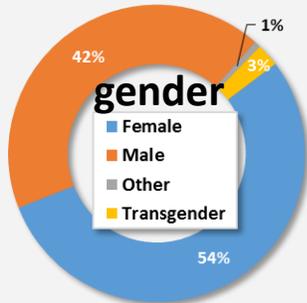
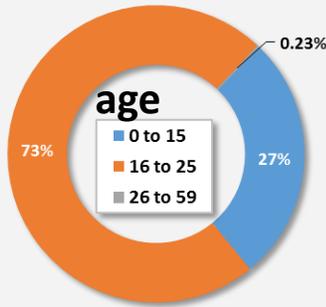
For more information, go to:

www.sonoma-county.org/health/services/cape.asp



- **Peer-based and Family Services**, including increasing awareness, education and training, and counseling and support groups for at-risk youth and their families.
- **Integration and Partnership** with existing school and community resources, including school resource officers, district crisis intervention teams, student and other youth organizations, health centers, counseling programs, and family supports including National Alliance on Mental Illness (NAMI) and Sonoma County Behavioral Health Division (SC-BHD).

program demographics



program statistics

- 442** - Total number of unduplicated clients served
- 469** - Total number of episodes
- 1,832** - Total number of encounters
- 3,709** - Total number of people trained in QPR*

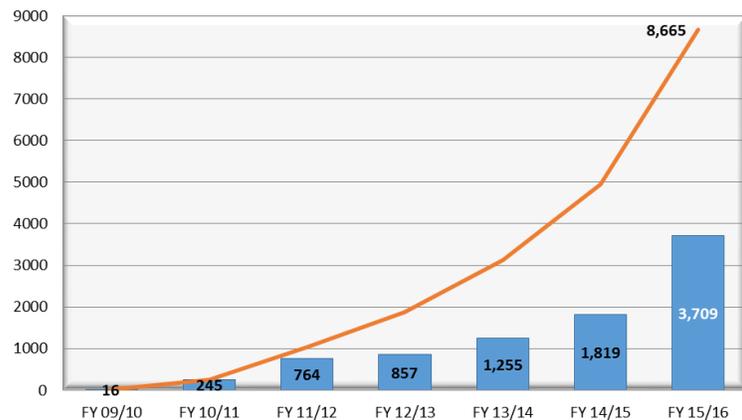
*QPR is an evidence-based training that teaches any person how to look for signs of suicide and how to talk to the person, and refer them on for care.

notable accomplishments

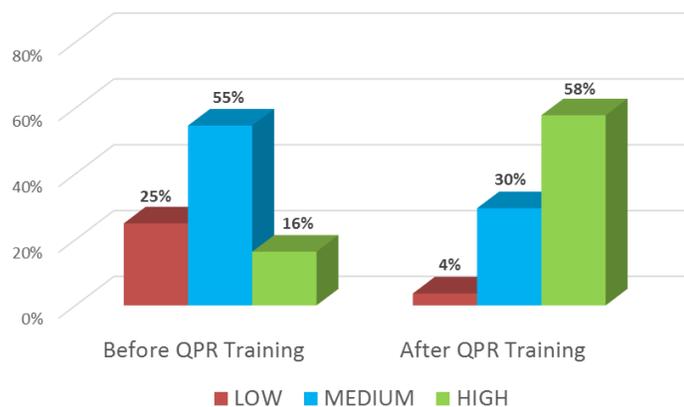
Training and education are a key part of the CAPE Team’s mission. CAPE offers the following trainings:

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

Numbers Trained in QPR (Question, Persuade, Refer)



Overall Level of Understanding about Suicide & Suicide Prevention (from FY 15-16 Q1 & Q2 QPR trainings)



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program description

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

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

program services

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

SONOMA COUNTY BEHAVIORAL HEALTH: COMMUNITY INTERVENTION PROGRAM (CIP)

MHSA Component:

Community Services and Supports (CSS)

Initiative/Population:

Outreach & Engagement (to Increase Access)

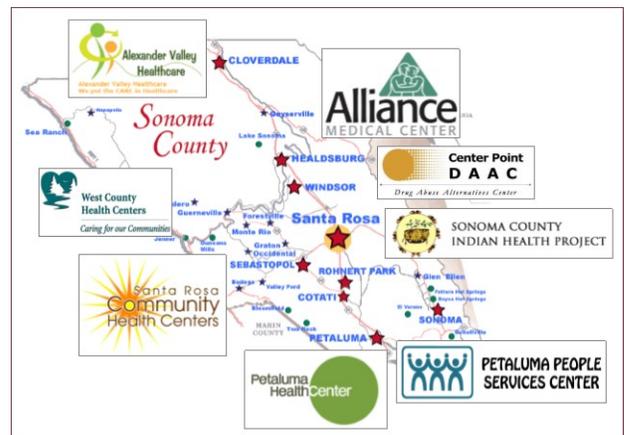
Program Location:

Sonoma County, CA

For more information, go to:

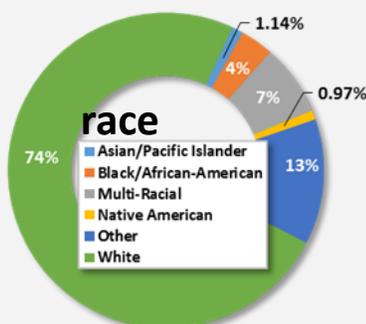
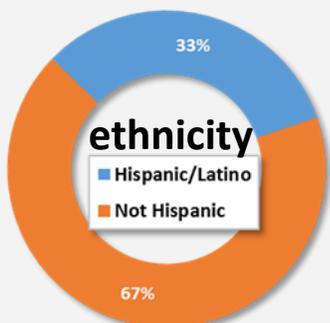
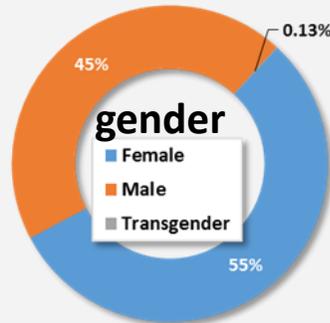
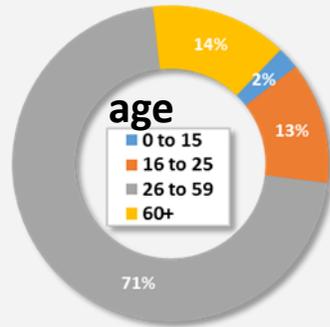
<http://www.sonoma-county.org/health/services/mentalhealthcrisis.asp>

partnerships across the county



Community Intervention Program partners - increasing accessibility for Latinos, LGBTQQI, and geographically isolated communities

program demographics



program services (continued)

- *Contracted Services*: Providing funding to organizations that serve these populations so they can hire their own staff

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

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 who may be in need of specialty mental health treatment. CIP leverages staff from SCBH 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.

program statistics (for both SCBH & CMHCs CIP Teams)

771 - Total number of unduplicated clients served

1,373 - Total number of encounters

2,326 - Approximate numbers reached at Health Fairs

outreach activities to priority communities

- Faith-based outreach
- Targeted outreach
- Work with law enforcement
- Fairs and gatherings
- Task forces and committees
- Training and consultation
- Urgent response



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program description

Community Baptist Church (CBC) is located in Santa Rosa and was the denomination’s first African American church. Currently, CBC has an ethnically and culturally diverse congregation. CBC provides programming and services to children, youth, and their families including special services to seniors that are supported by volunteers and donations. MHSA-funded programs include:

Village Project is a weekly program for children ages 8-12 using a faith-based curriculum that focuses on character building.

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

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

COMMUNITY BAPTIST CHURCH

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

Reducing disparities in access to mental health services for African Americans

Program Location:

Santa Rosa, CA

For more information, go to:

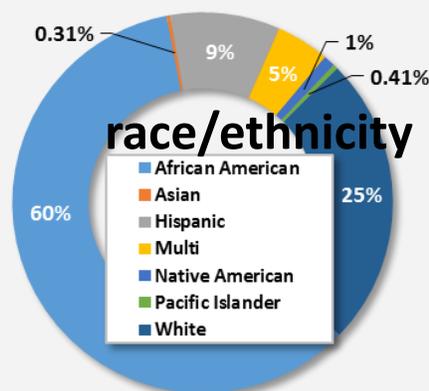
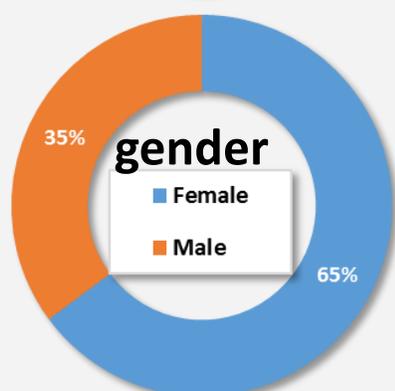
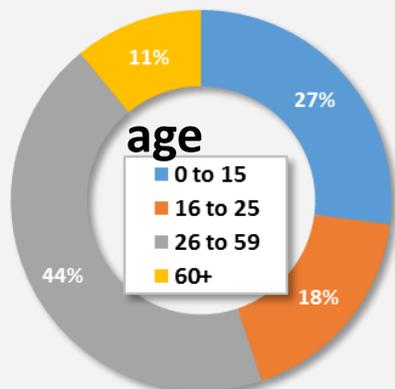
<http://cbcscr.org/>



program demographics

Total numbers served: 1,956

(Aggregate of quarterly reports)



program description (continued)

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

contracted services

The following programs include promotion and education of mental health and suicide prevention resources:

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

Trainings:

- QPR (Question, Persuade, Refer) Training for Community Baptist Church Programs
- Mental Health First Aid (MHFA) Training

notable accomplishments

The Village Project

Through the year there was information about mental illness presented as a part of the classes for the Village Project. The CBCC Village Project is a Faith-Based Children's program that serves a diverse community. The predominantly African-American Community is taught spiritual principles to build character, resiliency and protective factors.

Saturday Academy

At least one week every month the Saturday Academy focuses on mental health, with presentations on, knowing signs of mental health challenges, depression and available resources. The Community Baptist Collaborative conducts 2 QPR trainings each year. Following the training 71% of all who attended stated they were more likely to ask someone if they were thinking about suicide. 77% stated their level of understanding about suicide and suicide prevention were rated high compared to 39% before.

Rites of Passage

Conducted three-hour workshop, "Self-Esteem/Diversity". Eleven students were in attendance.

Behavioral Health Division Clinician co-facilitated "Stress and Self-Care, Different Kinds of Stress, Causes of Stress for High School Students, Symptoms of Stress, Self-Care Techniques, and Suicide Prevention and Resources." The students responded really well to the facilitator and appreciated the open discussion, question and answer time during the workshop and also the fact that he provided them with resources and also informed them that help was available if ever needed on the local high school campuses

Safe Harbor Project

As part of Safe Harbor Project's "Music as Relief" program, the musicians provided important health information from Buckelew Programs, Catholic Charities, Sonoma County Behavioral Health, NAMI, and Redwood Gospel Mission. The project also promotes Each Mind Matters materials, particularly focused on African Americans and mental health.

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program description

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

contracted services

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

notable accomplishments

- 7,363 users and 23,046 page views for COA Care Management webpage
- 5,000 Sonoma Seniors Today newsletters go out monthly.
- An average of 300 fliers for Senior Peer Support go out

COUNCIL ON AGING

Program Name:

Senior Peer Support

MHSA Component:

System of Care - Community Services and Supports (CSS)

Initiative/Population:

Older Adult Intensive Services Full Service Partnership

Program Location:

Santa Rosa, CA

For more information, go to:

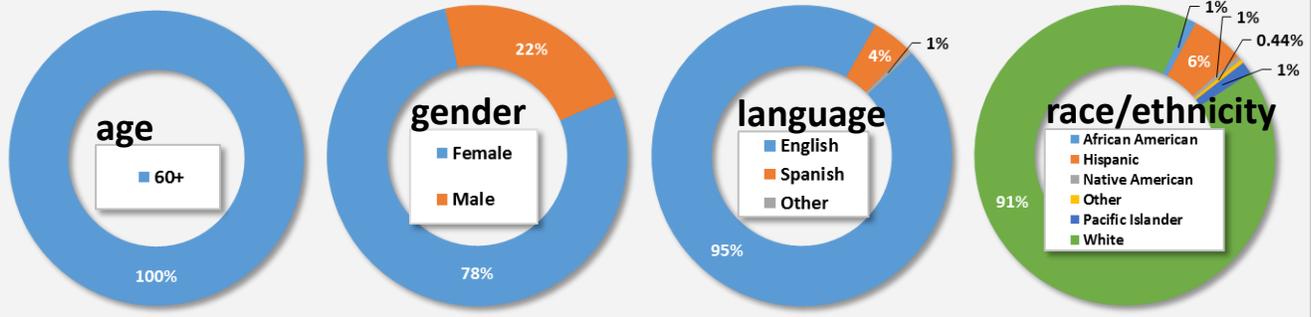
<http://www.councilonaging.com/>



- quarterly with every case manager.
- All clients received a care plan by the clinical supervisor with the goal of decreasing isolation, anxiety and depression. All are 60 years of age and older. All clients receive a minimum of a one hour volunteer home visit.
- On follow-up with clients of the Senior Peer Support program, there was a 20.6% increase in the HOPE Scale. 20.6% were more hopeful of their living situation.

program demographics

Total numbers served (Aggregate of quarterly reports): **227**



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program description

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

contracted services

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

EARLY CHILDHOOD MENTAL HEALTH (0-5) COLLABORATIVE:

CHILD PARENT INSTITUTE

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

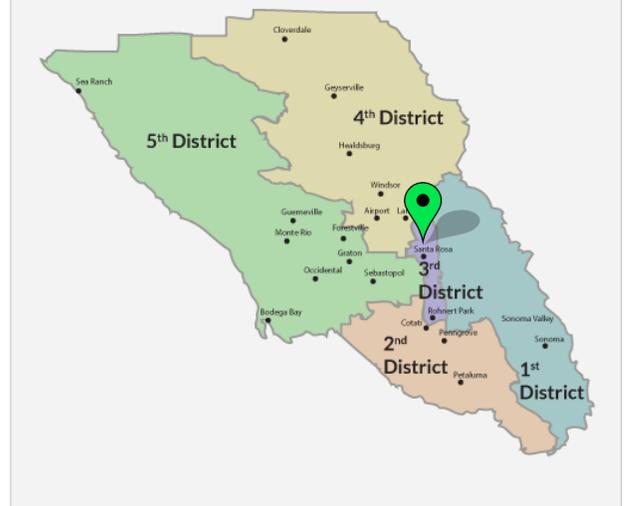
Families of children 0-5 at risk of mental health problems

Program Location:

Santa Rosa, CA

For more information, go to:

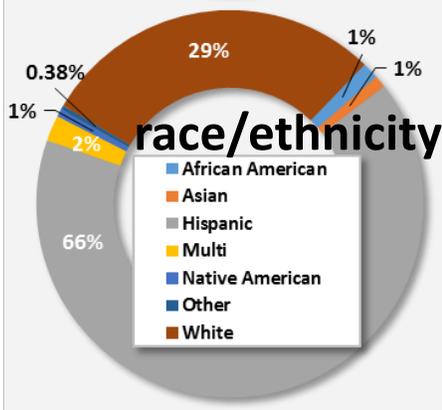
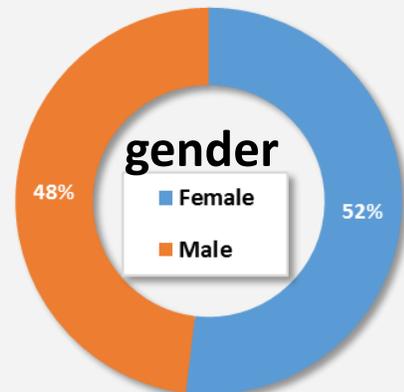
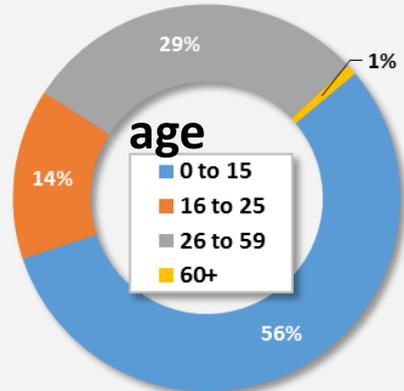
<http://www.calparents.org/>



program demographics

Total numbers served: 817

(Aggregate of quarterly reports)



notable accomplishments

- 178 families received in-home Triple P Parenting services
- 40 children were given a periodic developmental and social emotional screening, using ASQ 3 and ASQ-S/E
- 72 women were identified with Perinatal Mood Disorder (PMD) and were provided case management and treatment
- 15 high risk families received brief mental health consultations and were referred appropriately for mental health services

The CPI program continues to serve women and families that are affected by perinatal anxiety and depression. This is critically important for mother-infant attachment in the early months and supports the development of Parental Resilience. The program continues to promote to others the need to notice and refer mental health concerns early on in the life of a parent or child. The parent education program helps young parents have more knowledge of parenting and child development, helping them create a safe and engaging environment that will allow for children to be more socially and emotionally competent.



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program description

Sonoma County Department of Health Services Behavioral Health Division - Community Intervention Program (SCBH-CIP) funds **Drug Abuse Alternative Center (DAAC)** to increase access to mental health services to community members who are traditionally underserved or unserved by mental health services. DAAC’s focus is to increase access to mental health services for people with substance use disorders.

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

CIP-DAAC provides a mental health specialist to provide the following services:

- Screening of Turning Point residents for mental health concerns
- Care coordination with community psychiatrists

DRUG ABUSE ALTERNATIVES CENTER

MHSA Component:

System of Care - Community Services & Supports (CSS)

Initiative/Population:

Community Intervention Program (CIP)

Program Location:

Santa Rosa, CA

For more information, go to:

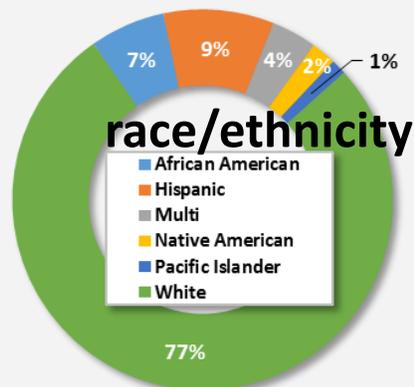
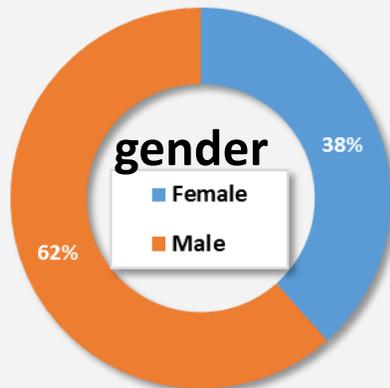
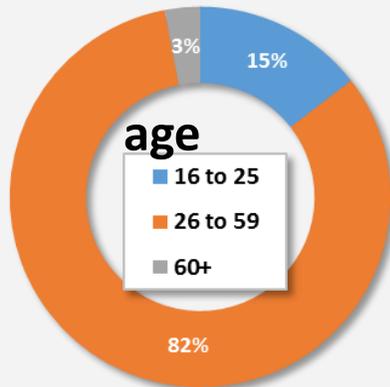
<http://www.daacinfo.org/>



program demographics

Total numbers served: 234

(Aggregate of quarterly reports)



program description (continued)

- Individual Treatment Planning and Case Management consultation
- Individual Cognitive Behavioral Therapy
- Collateral coordination of care with other health providers
- Referral and linkage to aftercare

The overall goal of this program is to ensure at least 50% of clients with co-occurring Mental Health and Substance Use Disorder (SUD) successfully complete their treatment episode, or leave early with satisfactory progress.

Quality assurance measures include tracking referrals and outcomes, successful engagement and participation in group and/or individual sessions, and the measure of fidelity of the evidenced-based practices.

contracted services

- Screening for clients with co-occurring mental health concerns
- Conducting co-occurring disorder groups
- Individual co-occurring intervention sessions
- Discharge

notable accomplishments

The Session Rating Scale (SRS) v.3.3.0 (Miller, S., Duncan, B., Johnson, L.), completed at the end of each assessment session by the Mental Health Specialist, reviews Relationships, Goals and Topics, Approach or Method, and Overall indicators (scaled 1-10).

During FY 2015-16, Session Rating Scales SRS (cumulative average) conducted by the DAAC CIP Mental Health Specialist, reported the following scores, as rated by clients:

Relationships:

Average score (8.5): "I feel heard, understood and respected."

Goals and Topics:

Average score (8.5): "We worked on and talked about what I wanted to work on and talk about."

Approach or Method:

Average score (9): "The therapist's approach is a good fit for me."

Overall:

Average score (8.9): "Overall, today's session was right for me."

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program description

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

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

contracted services

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

notable accomplishments

- 302 children were given a periodic developmental and social emotional screening, using ASQ 3 and ASQ-S/E, for the first time
- 566 children were rescreened
- 334 at-risk families received case management and/or facilitated referrals
- 699 families received support/information to access services (navigation services)

EARLY CHILDHOOD MENTAL HEALTH (0-5) COLLABORATIVE:

EARLY LEARNING INSTITUTE

Program Name:
Watch Me Grow

MHSA Component:
Prevention and Early Intervention (PEI)

Initiative/Population:
High-risk children, birth to 5, and their families

Program Location:
Rohnert Park, CA

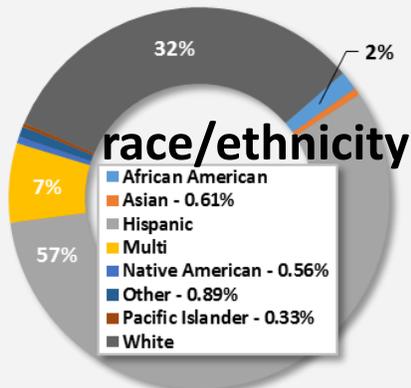
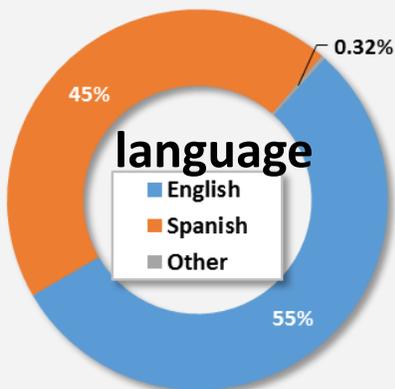
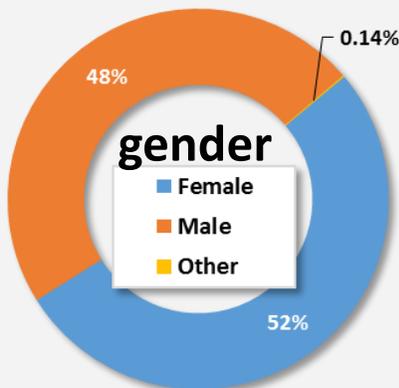
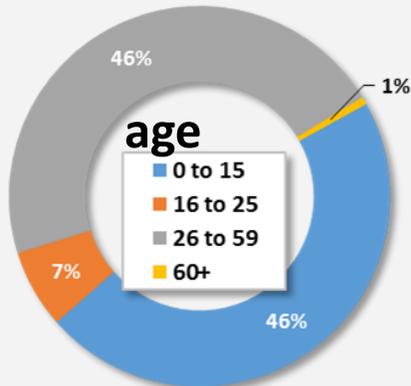
For more information, go to:
<http://earlylearninginstitute.com/>



- 40 individuals received either Triple P services, or Parenting Education and Support (PEAS), or both
- 88% of individuals receiving PEAS services reported a decrease in score on the Parental Stress Index

program demographics

Total numbers served: 2,205
(Aggregate of quarterly reports)



notable accomplishments (continued)

Parenting Education and Support (PEAS) is a short term flexible parent support service available in English or Spanish to Sonoma County parents with young children receiving developmental or special education services, birth to 5, or not yet in Kindergarten. Services are provided at no cost to families and are available in the privacy of parents' homes or other quiet settings, making parent support private, confidential, and accessible for busy parents.

In 2015-16, PEAS served parents of children with Autism, seizure disorders, Down Syndrome, Cerebral Palsy, speech delays, delays in general development, sensory processing differences, Albinism, Cystic Fibrosis and others diagnosed and not yet diagnosed.

success stories

"My son delayed walking and by the end of our time he was not only walking but was running and jumping on everything! The support and care that we received was outstanding and very supportive. I [...] learned many ways to help enrich my child's life [...] the care and information I had helped my child make continual strides."

-ELI Watch Me Grow Parent

"Aprecio el apoyo único de su programa y por siempre estar chequeando en mi hijo"

"I appreciated your support through your unique program for always checking on my child"

-ELI Watch Me Grow Parent

"A mother left me a message the other day letting me know that her twins were now in kindergarten and no longer needed the Watch Me Grow screenings. The children had been followed by the program since infancy. With WMG's guidance, they were connected to various services as needed and mom was given support and ideas to continue their healthy development. She said that she loved ELI; it was reassuring to her to have input from our program on how her kids were doing. 'As a first-time mom, that was priceless!'"

-ELI Watch Me Grow staff member



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program description

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

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

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

contracted services

- Establish and maintain countywide awareness campaign

GOODWILL INDUSTRIES OF THE REDWOOD EMPIRE (GIRE):

CONSUMER RELATIONS PROGRAM

MHSA Component:

System of Care - Community Services & Supports (CSS)

Initiative/Population:

Consumer/Peer Support

Program Location:

Santa Rosa, CA

For more information, go to:

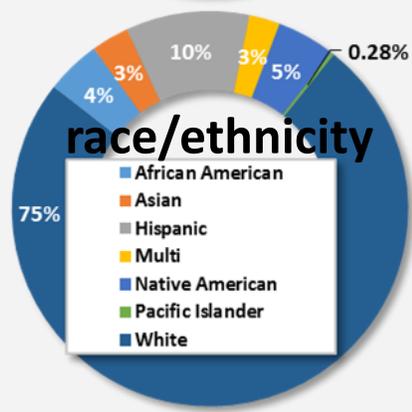
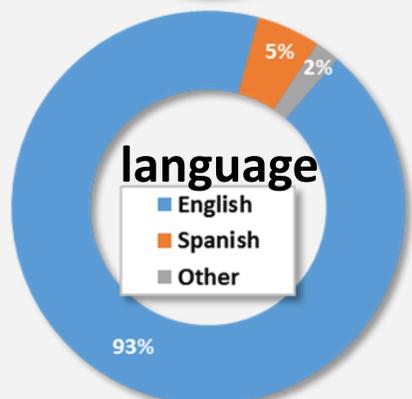
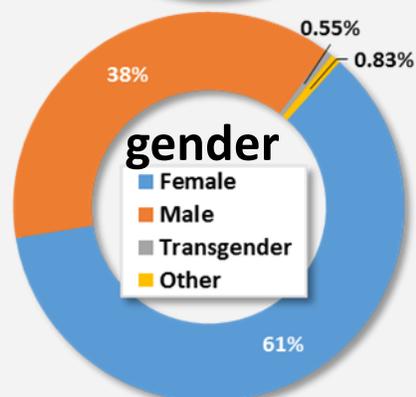
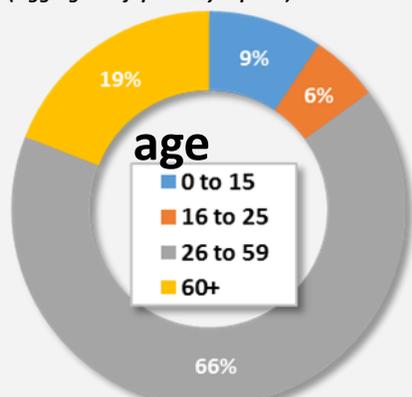
<http://www.gire.org/menus/programs.html>



program demographics

Total numbers served: 382

(Aggregate of quarterly reports)



contracted services (continued)

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

notable accomplishments

- Discussions were held with 85 consumers from diverse backgrounds to gather input about their experiences of hospitalization in the County's Crisis Stabilization Unit (CSU) System.
- A large, comprehensive survey was conducted to receive peer-input for the new Sonoma County CSU. The survey was started in June 2015 and conducted in September 2015. 85 consumers were interviewed throughout the life span of 12 years to 60+. The survey was shared with the SC-BHD Quality Improvement Committee members and with the CSU staff.
- The Consumer Education Coordinator (CEC) identified training materials for SC-BHD supervisory staff who will be working with peer providers for the first time. The materials are as follows: "Mental Health Consumer Providers - A Guide for Clinical Staff" (Rand Corporation) and "Toolkit for Employing Individuals with Lived Mental Health Experience Within the Public Mental Health Workforce" (Working Well Together).
- In December 2015, the CEC developed and presented a training for a portion of the CSU staff on integrating peer providers into the new work site.
- A peer provider support group has been meeting since April of 2014; the group was at first facilitated by the CEC, and has since been facilitated by group members. The group consists of peer providers from mental health peer-run and non-profit work sites.

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program description

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

contracted services

- Peer Counseling
- Linkage to Services
- Intern Program
- Peer Counseling Training
- Warm Line
- Social Activities

GOODWILL INDUSTRIES OF THE REDWOOD EMPIRE (GIRE):

INTERLINK SELF-HELP CENTER

MHSA Component:

System of Care - Community Services & Supports (CSS)

Initiative/Population:

Consumer/Peer Support

Program Location:

Santa Rosa, CA

For more information, go to:

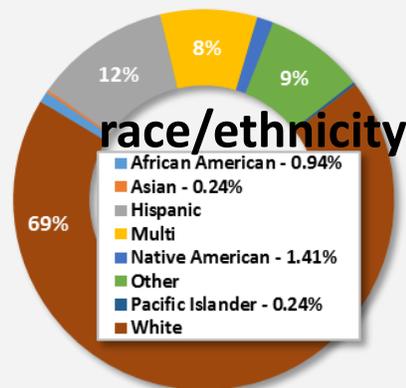
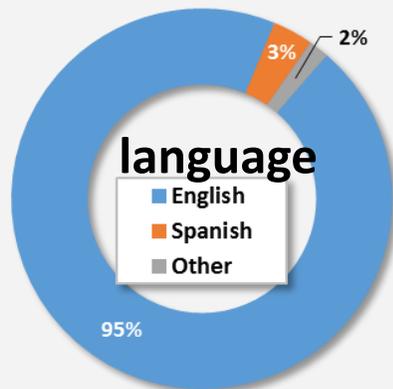
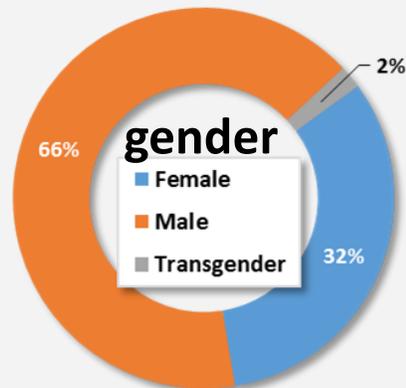
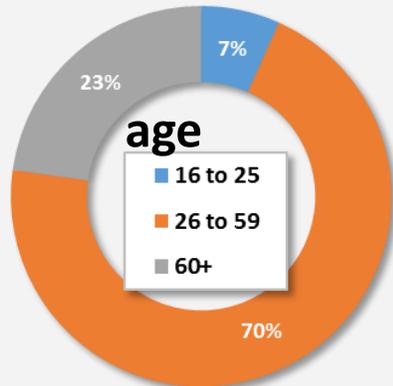
<http://www.interlinkselfhelpcenter.org/>



program demographics

Total numbers served: 429

(Aggregate of quarterly reports)



notable accomplishments

Formal and informal surveying of members, including feedback at daily community meetings, monthly general membership meetings, and the membership council continue to note high satisfaction with the Center being helpful and a valued part of members lives. Members often reported on how safe they feel there, and how engaged in activities they find the membership, in general, to be. Overall, surveys noted high satisfaction with Interlink's services and that they would recommend their services to others. One comment was that Interlink has saved this member's life.

Below is a listing of the 8 questions followed by the percent of responses that agreed or strongly agreed:

- 1) The services were delivered in a timely and responsive manner: 100.00%
- 2) I was treated in a helpful and respectful manner: 90.91%
- 3) I feel better prepared to deal with challenges: 81.82%
- 4) The staff assisted me in planning for my success: 81.82%
- 5) I gained information or resources that will be helpful in improving my quality of life: 90.91%
- 6) Programs and services were easy to access: 100.00%
- 7) Please rate your overall experience with our program: 100.00% Excellent or Good.
- 8) Would you recommend our services to others? 100.00% responded Yes or Maybe.



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program description

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

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

contracted services

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

GOODWILL INDUSTRIES OF THE REDWOOD EMPIRE (GIRE):

PETALUMA PEER RECOVERY PROJECT

MHSA Component:

System of Care - Community Services & Supports (CSS)

Initiative/Population:

Consumer/Peer Support

Program Location:

Petaluma, CA

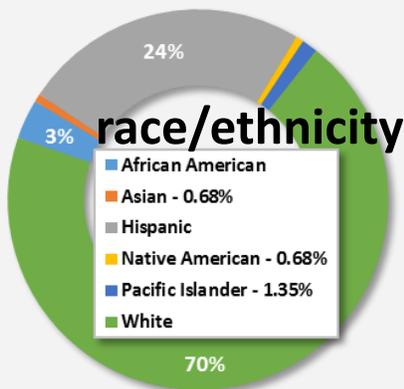
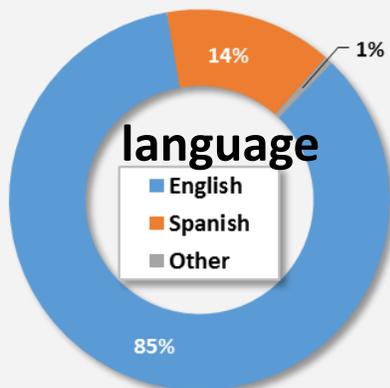
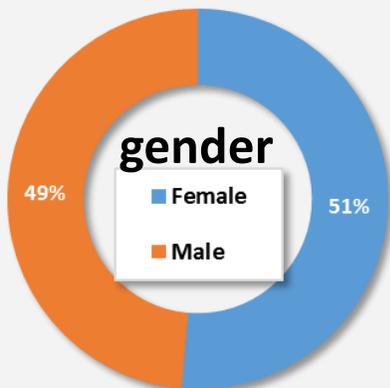
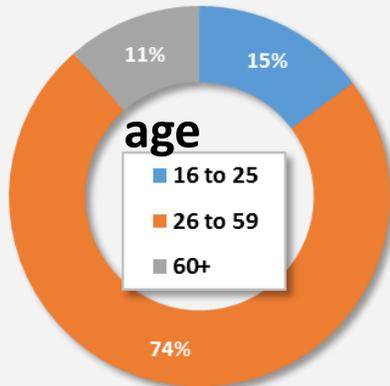
For more information, go to:

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



program demographics

Total numbers served: 148
(Aggregate of quarterly reports)

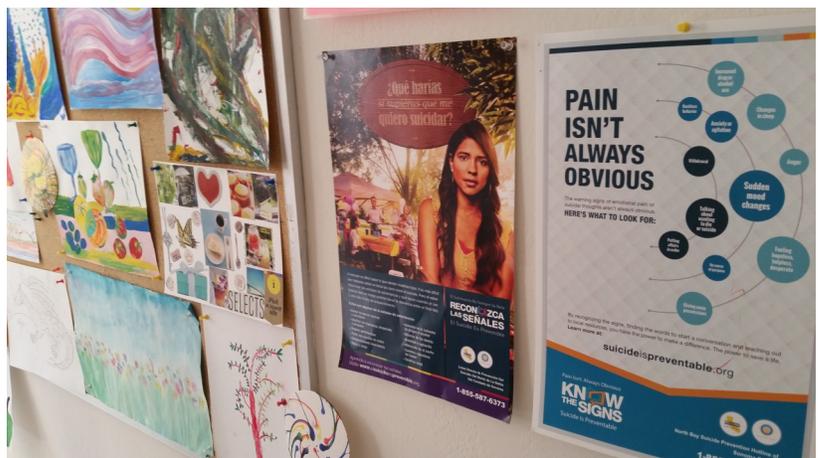


notable accomplishments

Individualized peer counseling sessions continue to be effective. PPRP participants continue to respond positively, saying that it helps with gaining a sense of perspective. They also report feeling positive that someone was willing to provide a nonjudgmental ear. In addition, participants who often engage in peer counseling sessions with staff report a desire to become peer support workers themselves.

PPRP participants report that they enjoy PPRP groups, stating that they like the nonjudgmental atmosphere along with the opportunity to socialize with other consumers. Some of PPRP's volunteers have offered to run the groups if their help is necessary. When a "regular" misses a group, he or she will often explain their absence unprompted by PPRP staff, apologizing for missing the group.

Attendees continue to express gratitude for the support they get at PPRP, clearly appreciate the opportunity to connect, and report that it is helpful.



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program description

The **Peer Warmline Connection of Sonoma County** program provides compassionate and culturally appropriate services to consumers of mental health services. The Warmline program is a peer-run program or service that is administratively controlled and operated by the mental health consumers and emphasizes self-help as its operational approach.

The focus of the Warmline program is to provide a telephone connection for people with mental health challenges who are isolated in their homes, feel the need to speak with another consumer about a variety of issues related to their mental health and/or are requesting information about a county resource in or out of the mental health system.

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

contracted services

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

notable accomplishments

There was a 392% increase in call volume from quarter three of last year, the first operational quarter of the Warmline program. 55% of callers in Q3 said they would not have called anyone if they hadn't called the Warmline. 100 % of

GOODWILL INDUSTRIES OF THE REDWOOD EMPIRE (GIRE)

PEER WARMLINE CONNECTION OF SONOMA COUNTY

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

Peers/Consumers

Program Location:

Sonoma County, CA

For more information, go to:

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



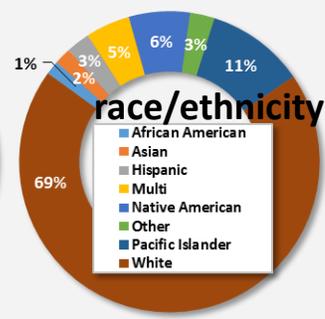
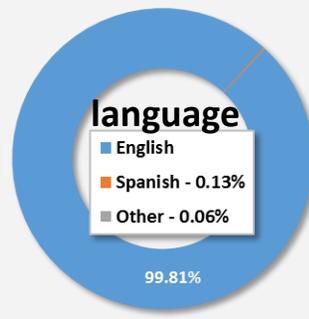
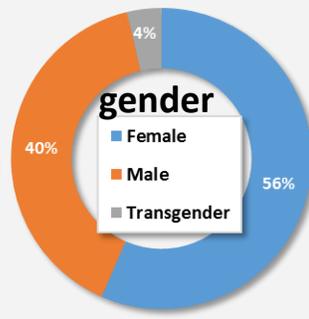
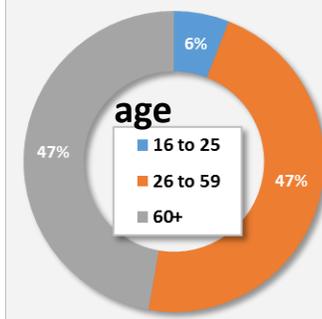
those who answer the question “Do you feel more supported?” stated that they feel somewhat to much more supported.

In May 2016, impacts for community are similar to previous month with close to a third (32%) of callers being 60+ years of age and 48.6% aged 26-59; 16% either declined to answer or data was not obtained. An average of about 4% were between 16-25 years of age for the quarter.

There is a steady base of repeat callers who are utilizing the Warmline for support as well as new callers and those calling from other areas. The Warmline is part of a national peer support system offering an opportunity to connect with someone who is nonjudgmental and understanding. The program coordinator estimates based on actual phone contact that more than 90% of callers are lonely and or alone and report gratitude and feeling better having someone to talk with.

program demographics

Total numbers served (Aggregate of quarterly reports): **1,596**



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program description

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

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

The Center provides consumers with a rich, culturally

GOODWILL INDUSTRIES OF THE REDWOOD EMPIRE (GIRE):

WELLNESS AND ADVOCACY CENTER

MHSA Component:

System of Care - Community Services & Supports (CSS)

Initiative/Population:

Consumer/Peer Support

Program Location:

Santa Rosa, CA

For more information, go to:

<http://wellnessandadvocacy.org/>

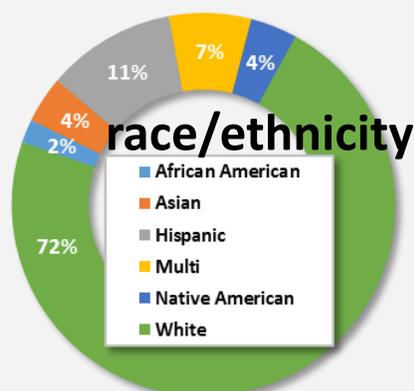
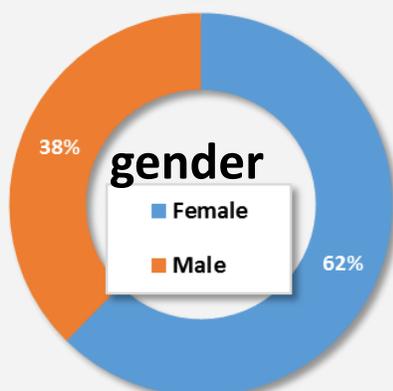
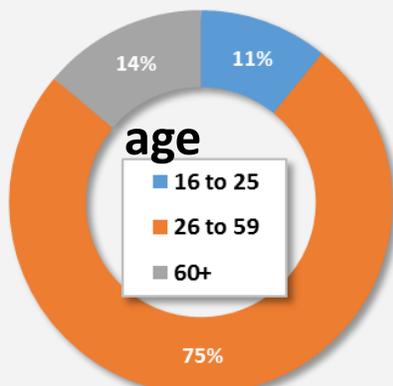


diverse environment in which everyone, regardless of age, gender, sexual preference, or race, is able to access services and support. The center advances recovery and resiliency through its programs and supports.

program demographics

Total service contacts: **11,431**

(Demographics below are for new members)



program description (continued)

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

contracted services

- Computer lab, Arts & Crafts Studio, Speakers Group, Wellness Workshops
- Job Search and Employment Readiness Activities
- Peer Counseling Sessions
- Peer Counseling Training
- Restaurant Intern Program
- Social Activities
- Outreach to outside agencies

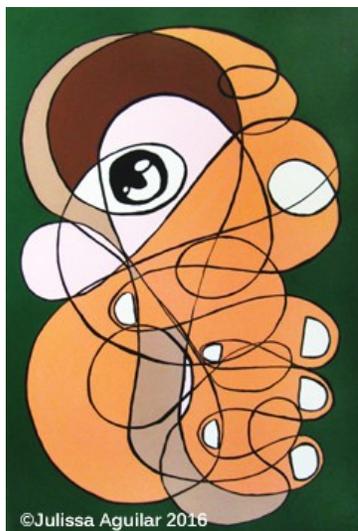
notable accomplishments

During the Final Quarter of Fiscal Year 2015-2016:

38 new members joined the Center during the final quarter of FY 2015-2016. The average monthly Art Studio utilization was 323. Monthly average for the Career/Computer Lab was 205. 46 individuals participated in Computer Basics learning and 39 participated in aspects of a Job Search. Peer Support groups' attendance for the quarter was 548 and the Garden Group had 5 individuals who participated.

39 people actively engaged in job seeking activities-including on-line search and application. Twenty nine individuals completed their resume with guidance from the Career and Computer Lab Specialist.

Staff training in self/help support utilized Sherry Mead's text, *Intentional Peer Support*. 548 individuals participated in an array of groups including Community meetings, Diabetes Support Group, Empowering Ourselves towards Success, Open Mic, Peer Support, Poetry Day, Quarter Life group, Stretch/Walk group, living with depression, Games Group and Jeff's Water Color class. 414 individuals were involved in individual peer support meetings.



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program description

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

contracted services

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

EARLY CHILDHOOD MENTAL HEALTH (0-5) COLLABORATIVE:

JEWISH FAMILY & CHILDREN'S SERVICES

Program Name:

Parents Place

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

Children 0-5 years old

Program Location:

Santa Rosa, CA

For more information, go to:

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

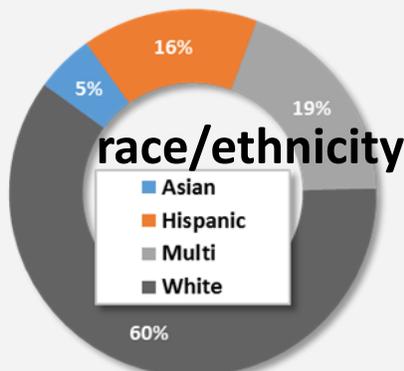
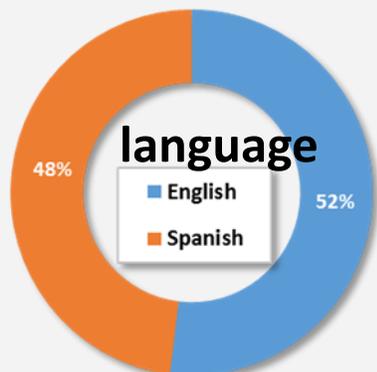
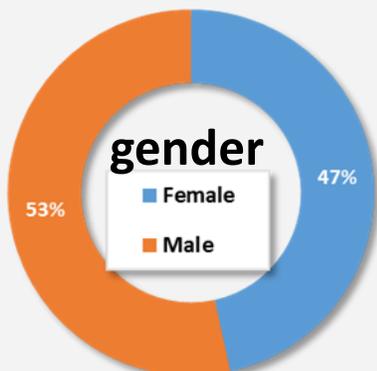
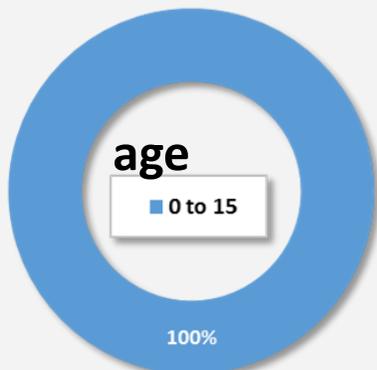


program demographics*

Total numbers served: 340

(Aggregate of quarterly reports)

**Full demographic data not collected by contractor for all services. The charts below are indicative of when data was collected.*



notable accomplishments

- 12 psychological assessments completed for children 0-5
- 24 Level 2 Triple P seminars offered (242 attendees)
- 30 individuals served in Level 3 Triple P Discussion Groups
- 13 individuals served in Level 3 Individual Sessions
- 25 individuals served in Level 4 or 5 Triple P services
- 6 children received developmental and social/emotional screening, using ASQ 3 and ASQ-S/E

Feedback from clients of all levels of JFCS Triple P services is consistently positive and note very high levels of satisfaction. JFCS provides monthly Triple P Seminars and Discussion Groups to families that wouldn't otherwise connect. JFCS partnered with Community Action Partnership to provide Spanish seminars and discussion groups. There was fantastic attendance and audience involvement. The attendees consisted of both mothers and fathers instead of only mothers as is often the case. Attendees of both events self-referred for Individual Triple P.

success story

Father of a two year old boy and 7 month old requested support because his two year old lived in two households and only attended childcare 3 times per week. This made it difficult for him to adjust and adapt to routines and structure. Transitions were particularly hard. Communication between the parents was strained and there was a lack of consistency. Dad worried about how all this impacted his son's development.

It was suggested upon intake that Parents receive counseling to work on their communication as a couple. It was clear that their son was not receiving the guidance and nurturing he needed to develop. Dad agreed to work on predictability and routine to foster a sense of safety and to help his son feel secure enough to receive appropriate challenges (transitions, developmental milestones, etc.). Parents altered their schedule so that their son had more consistency.

Dad registered his son with North Bay Regional Services so that his son could attend daycare full time. During sessions 3 and 4, Dad reflected that praise and quality time have impacted his relationship with his son in a very positive way. In the final session, Dad shared that his son is cooperating almost every time with two clear and calm instructions. His son is also now potty training without conflict. Activities for home that would promote problem solving skills, fine motor activity and social skills were shared with Dad. The provider also discussed possible community resources, including extending his son's speech services at the junior college.

Dad said that by looking at his son in a new way and completing the ASQ he was surprised to see how well his son was doing. This was a relief to Dad. He said that parenting is easier now that he is relieved and has strategies.

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program description

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 will be provided by Seniors At Home.

contracted services

- Caring Connection Services
- Clinical Supervision of Caring Connection Volunteers
- Caring Connection volunteers, and staff attend training coordinated by WCCS

notable accomplishments

One JFCS client had the following to say about her experience with the CC program:

"My visitor is the most beneficial help I've had in 20 years. She has been extremely helpful. The program

JEWISH FAMILY & CHILDREN'S SERVICES

Program Name:
Caring Connections

MHSA Component:
System of Care - Community Services & Supports (CSS)

Initiative/Population:
Older adults

Program Location:
Santa Rosa, CA

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



gives me choices and resources and always calls back! I'm extremely happy with this program."

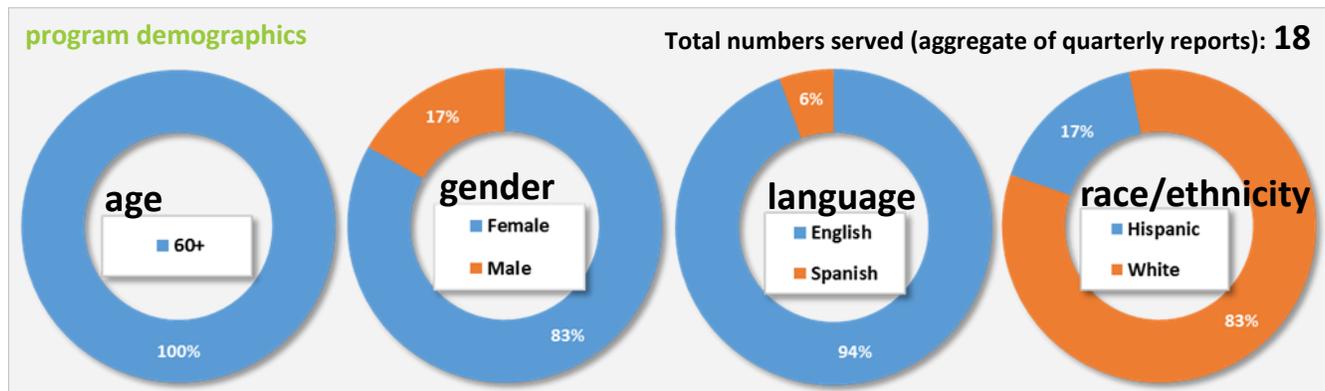
And another has this to say:

"I love my volunteer and I love this program. They are part of the reason I feel like I have come out of a long winter. With people like these, I have more hope for the world and for all of us."

One of the CC client's family members had this to say:

"This is the first program that my mom has not bailed on after 2 visits. There is usually a reluctance on her part that is completely not there for this. I've never seen this with my mom and it is a welcome change. Anything I can do to keep her going with it, let me know."

Our volunteers unanimously report significant satisfaction with their client assignments, and the challenges and breakthroughs they as volunteers experience as part of the CC program.



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



program description

Latino Service Providers was founded in 1989 by Latino leaders in education, government, and the social service sectors. LSP is currently comprised of over 1,000 members from neighborhood and community groups, mental health programs, public and private health service providers, education, law enforcement, immigration and naturalization agencies, social service agencies, community based organizations, city and county governments, criminal justice systems, and the business community.

The mission of 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, Latino Service Providers utilizes a networking model among community providers to exchange information about activities and resources that will promote economic stability, educational success, increase access to healthcare and mental health services and resources, housing, and legal services, reduce the stigma associated with Behavioral Health/

LATINO SERVICE PROVIDERS

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

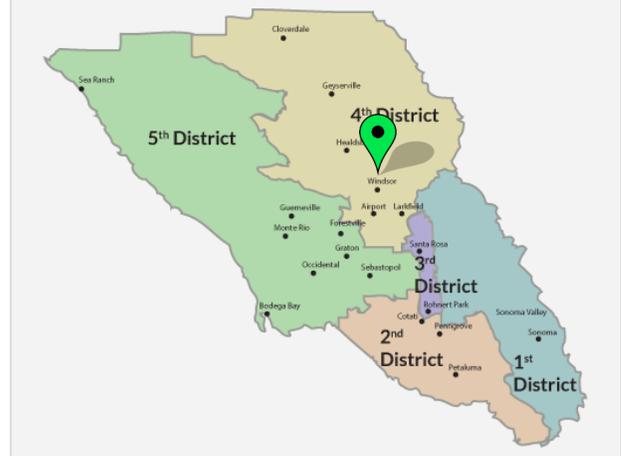
California Reducing Disparities Initiative

Program Location:

Windsor, CA - Serves all of Sonoma County

For more information, go to:

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

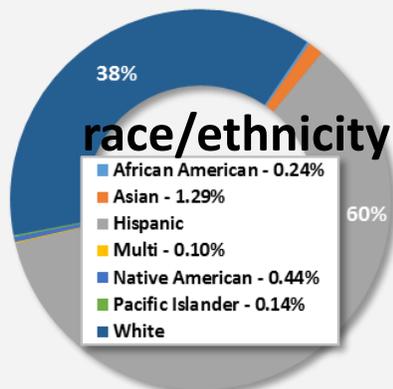
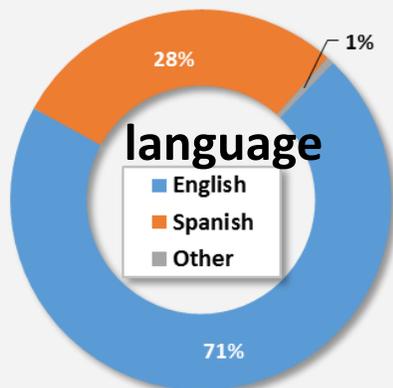
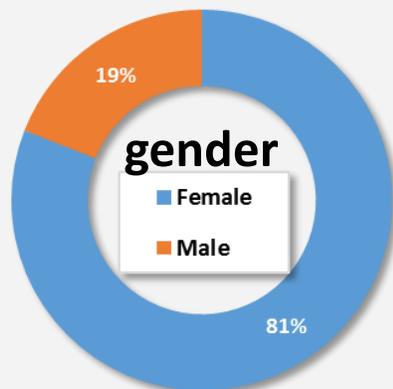
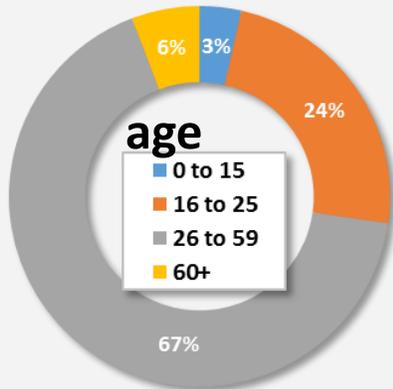


Mental Health issues, and address other areas of interest for families throughout Sonoma County.

program demographics

Total numbers served: 4,969

(Aggregate of quarterly reports)



contracted services

- Convene and facilitate monthly LSP meetings hosted by LSP members throughout the Sonoma County regions
- Maintain an Electronic Newsletter distribution system - A system of email distribution. Members submit announcements that are added to the e-newsletter, distributed one to three times per week via email
- Social media and communications: maintain website and other social media outlets for member communication. Continue media outreach using Spanish radio, TV, print
- Targeted engagement strategies to promote awareness and increase membership. Provide technical support when needed.
- Participate in community events, i.e. health fairs, to increase awareness and educate community on available social service resources.
- Develop website for recruitment of bilingual/bicultural staff for Sonoma County Behavioral Health Division (SC-BHD) Workforce
- Under the direction of the WET Specialist of Sonoma County develop a list of contacts at colleges, universities and community colleges in Bay Area
- Under the direction of the Sonoma County WET Specialist participate in activities to support bilingual/bicultural applicants to apply to Sonoma County Behavioral Health Division jobs
- Participate in North Bay Collaborative meetings
- Participate in local Workforce, Education and Training (WET) Advisory Board
- Coordinate with WET Specialist to organize and sponsor annual job fair to recruit bilingual/ bicultural clinicians

notable accomplishments

The *My Future is in Healthcare: Mi Futuro es en Cuidado de Salud* planning was highly successful and reached 160 students! The event took place on Nov. 6 and LSP facilitated partnerships with organizations around the county. SC-BHD was a key partner in serving on the planning committee, providing incentives and speakers to provide their professional insight about the Behavioral Health field.

LSP staff developed the Behavioral Health Workforce Development Program website with information and current job opportunities. The LSP staff is checking the County of Sonoma Human Resources page to promote new positions within the Behavioral Health Division. LSP has printed collateral material in order to conduct outreach about the Workforce Development program. Analytics have show positive results and there have been 403 visits to the website. With continued outreach LSP looks forward to another successful year of the Workforce Development Program.

LSP has begun a campaign to increase the number of “likes” on Facebook. With the continued outreach of e-newsletter content LSP has increased the awareness of LSP meetings for members that stay connected through social media.

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program description

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

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

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

SONOMA COUNTY BEHAVIORAL HEALTH: MOBILE SUPPORT TEAM (MST)

MHSA Component:

Innovation (INN)

Initiative/Population:

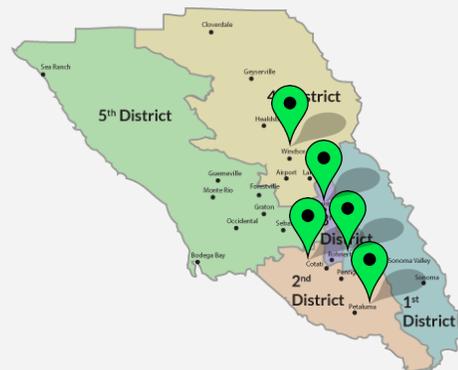
Sonoma County residents who are experiencing a behavioral health crisis that requires law enforcement intervention

Operational Areas:

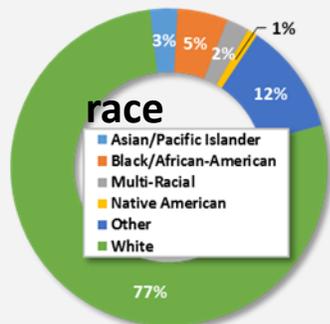
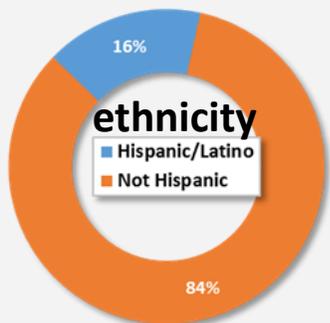
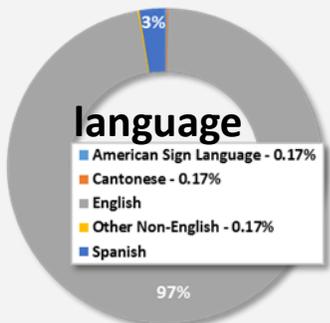
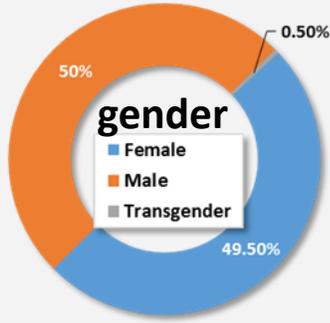
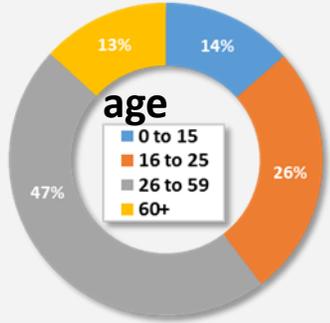
Santa Rosa, Windsor, Rohnert Park, Cotati, and Petaluma

For more information, go to:

www.sonoma-county.org/health/services/citmst.asp



program demographics



program description (continued)

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.

program statistics

611 - Total number of unduplicated clients served

702 - Total number of episodes

1,813 - Total number of encounters

expansion of the mobile support team

Funding from Senate Bill 82, the Investment in Mental Health Wellness Act of 2013, along with the County General Fund (allocated by the Sonoma County Board of Supervisors), has allowed the Sonoma County Behavioral Health Division to expand the Mobile Support Team into Rohnert Park, Cotati, and Petaluma (from a previous operational area of Santa Rosa and Windsor). The expansion increased the number of behavioral health personnel available to provide crisis support services that include crisis triage, targeted case management and linkage to services for individuals with mental health illness who are in crisis & require a police intervention.

mst in the news:

“Teaming up on mental health in Sonoma County”

www.pressdemocrat.com/news/2214221-181/guest-opinion-teaming-up-on?page=0



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



program description

National Alliance on Mental Illness (NAMI) Sonoma County provides services to the families and loved ones of mental health consumers. These services are provided within the CSS component of the Mental Health Services Act. NAMI provides family based advocacy, education and support services to families and caregivers of individuals experiencing first onset of a serious psychiatric illness. NAMI receives referrals from many Sonoma County Behavioral Health Division teams, including the Mobile Support Team (MST) and the Access Team. NAMI’s services include the following: warm-line calls, support groups (for families & clients) and educational classes (for families & clients), outreach to schools and colleges and to other agencies that serve Sonoma County.

The purpose of NAMI’s Family Based Advocacy, Education and Support Services Program is to provide support to family members and loved ones of mental health consumers and to link them with ongoing NAMI family support groups and activities. The program provides 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 MST. The MST liaison will provide the following:

- Immediate follow up support to family members and loved ones of people experiencing a mental health crisis and who have been in contact with MST or the Crisis Stabilization Unit

NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) SONOMA COUNTY

Program Name:
Family Based Advocacy, Education, & Support Services

MHSA Component:
System of Care-Community Services & Supports (CSS)

Initiative/Population:
Family members

Program Location:
Santa Rosa, CA

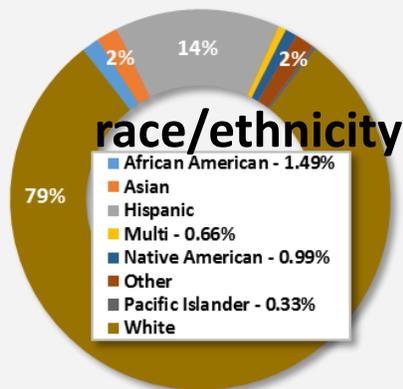
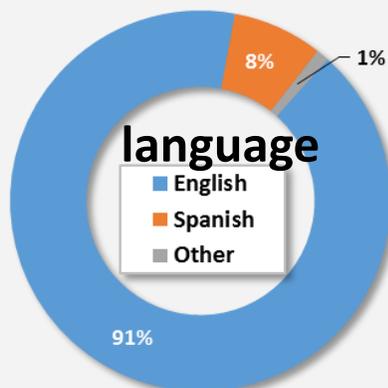
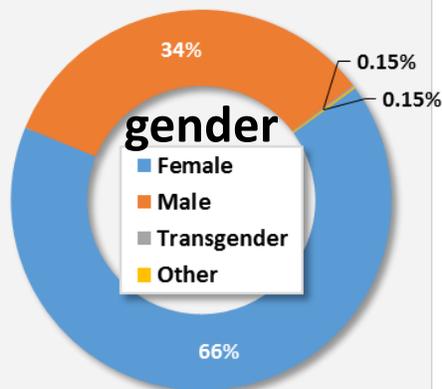
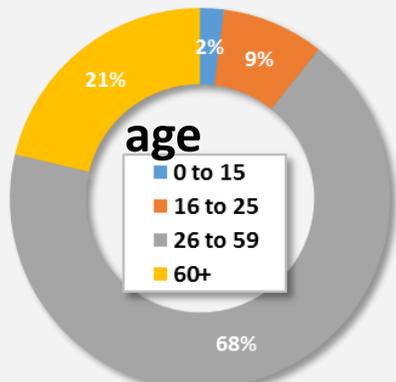
For more information, go to:
<http://www.namisonomacounty.org/>



program demographics

Total numbers served: 728

(Aggregate of quarterly reports)



program description (continued)

- Collect and input data and outcomes related to activities
- Organize and arrange a volunteer program for family members and loved ones of mental health consumers
- Recruit two part-time bi-lingual/bi-cultural trainees (interns)

contracted services

- Warmline
- Advocacy and Outreach focusing on underserved communities
- Referrals to NAMI Signature programs
- Educational Groups
- Support Groups
- # of MST referrals who have volunteered at NAMI
- Referrals to other resources

notable accomplishments

The NAMI Warmline received 103 new inquiries during the third quarter of FY 15-16. The Mobile Support Team (MST) and Warmline made over 149 referrals to other agencies and 152 referrals to NAMI signature programs and a total of 284 of non-NAMI referrals. The top referrals for MST and Warmline were to Mental Health Services at 49. Referrals to education services was 66, counseling and therapy 39 and housing 38. Additionally, there were 453 follow up calls on the Warmline this quarter.

NAMI's outreach and advocacy events were successful in terms of continued outreach to the Hispanic/Latino community, especially among monolingual Spanish speakers. They are continuing the outreach efforts with attendance at events and a new collaboration with La Luz in the City of Sonoma. NAMI conducts presentations at Graton Labor Center on various mental health topics regularly.

There were 33 new individuals referred to the Family Support Project during the first quarter by MST. Twelve of these individuals are currently attending the Family-to-Family course. Nine of these individuals are Spanish speaking and will attend the Familia-a-Familia class (Family-to-Family in Spanish).

Overall, individuals in the Family Support Project had a positive experience. Many who did not wish to participate in a class or group were grateful for the information that was mailed or emailed to them about how to manage their loved one's symptoms, what their illness entails, and/or self-care strategies. There were also numerous individuals who benefited more from referrals to community resources, such as psychologist/psychiatrist, rather than resources that NAMI Sonoma County provides in our office.

Other individuals who were not ready to actively engage in resources were greatly appreciative for the opportunity to be heard objectively. Often even their own family, spouse, or friends perpetuate the stigma surrounding mental illness and contribute to their loved one not seeking or receiving proper treatment. The general feedback received from family members and loved ones was that they enjoyed knowing someone was thinking of them and checking in, and that the opportunity to share their experience provided stress-relief and validation.

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program description

The **Older Adult Collaborative (OAC)** is a five agency collaborative comprised of: the Sonoma County Human Services Department – Adult & Aging Division (A&A), Council on Aging (COA), Jewish Family and Children’s Services (JFCS), Petaluma People Services Center (PPSC) and West County Community Services (WCCS).

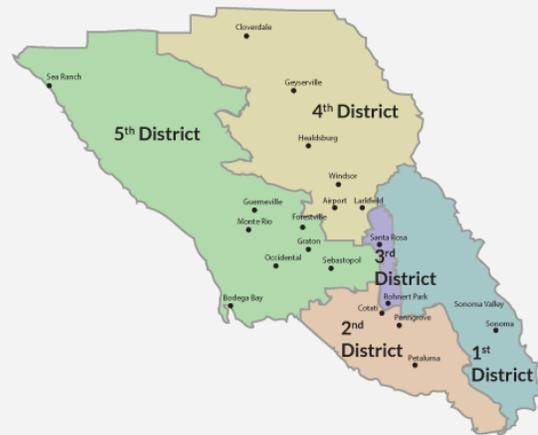
The members of the collaborative are the primary senior services agencies in Sonoma County, serving older adults (60+) in their respective communities. The services provided include case management, nutrition programs, adult day services, peer support, counseling, and transportation programs, among others. COA, JFCS, PPSC, and WCCS are all nonprofit agencies, while A&A is a Division of Sonoma County Human Services Department.

Incorporated into the services mentioned above, the OAC implements Healthy IDEAS, an evidence-based prevention and early intervention model designed to reduce depression and suicide among older adults. The primary components of the Healthy IDEAS intervention include:

- 1) Administration of a depression screening by

**SONOMA COUNTY HUMAN SERVICES:
OLDER ADULT COLLABORATIVE**

MHSA Component:
Prevention and Early Intervention (PEI)
Initiative/Population:
Reducing depression in older adults
Program Location:
Sonoma County, CA

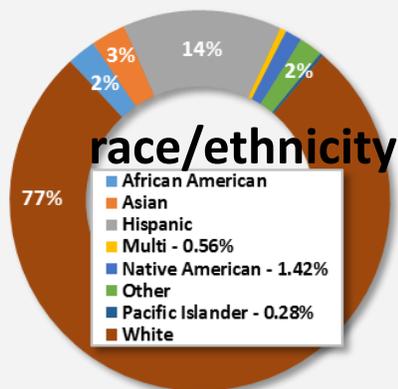
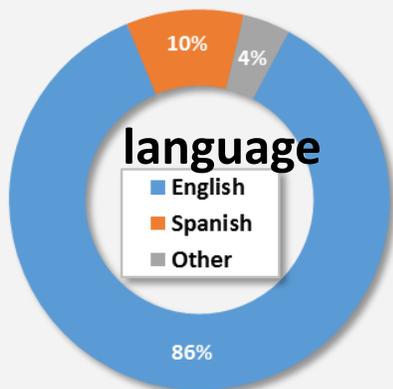
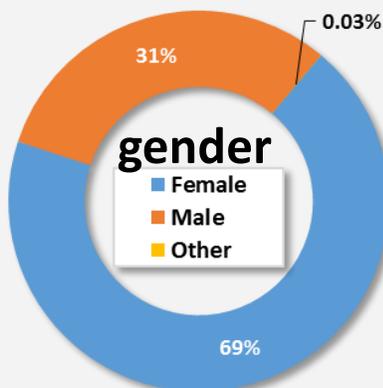
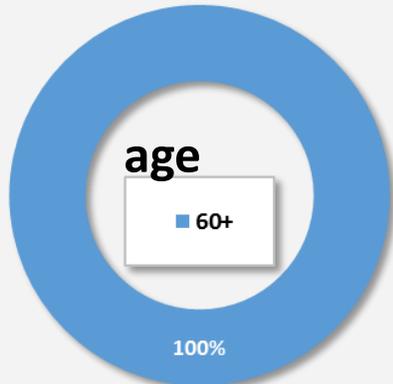


- trained agency staff who are supervised by licensed professionals
- 2) Educating older adults about depression and its treatment
- 3) Referral of case managed clients to various

program demographics

Total numbers served: **3,969**

(Aggregate of quarterly reports)



program description (continued)

community resources, including medical providers, in-home counseling, and/or psychotherapy for those older adults identified as at risk for depression

- 4) When appropriate, working with older adults to empower themselves through identification and completion of an activity goal, thereby learning how their own engagement in daily activities can reduce their depression symptoms.

contracted services

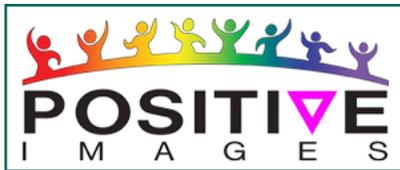
- Healthy IDEAS intervention
 - Depression screening
 - Mental health education
 - Resource referrals
 - Establishing goals for activity engagement
- In-Home Counseling

notable accomplishments

- 4,002 older adults were offered depression screenings
- 3,488 older adults were screened for depression
- 815 older adults were referred for Mental Health Services
- 938 older adults received home visits
- 744 older adults received phone calls
- 445 older adults were referred to community resources



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program description

Positive Images is the only agency in Sonoma County serving the unique needs of Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual, Agender (LGBTQ+) youth ages 12 to 25. For the past 22 years, Positive Images has provided programs and services that help youth, service providers and the public develop positive, healthy, life affirming, and accepting behaviors and views of personal expression of gender identity and sexual preference. These services include:

- Engage youth in programs, activities and services that increase resiliency and reduce risk;
- Educate youth, schools, and service providers to reduce stigma and increase acceptance;
- Train providers about LGBTQ+ issues

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

contracted services

- Panel Presentations to professionals and youth in the community, teaching indicators of mental distress specific to the LGBTQ+ population

POSITIVE IMAGES

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

Reducing Disparities in Access to the LGBTQ+ TAY community

Program Location:

Santa Rosa, CA

For more information, go to:

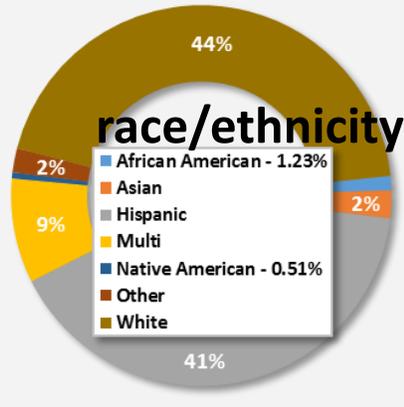
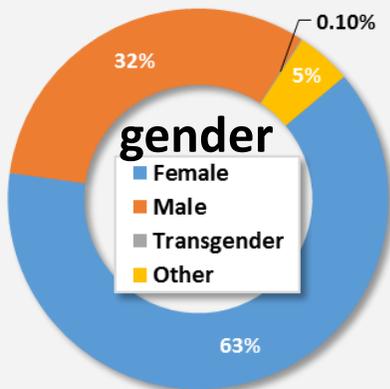
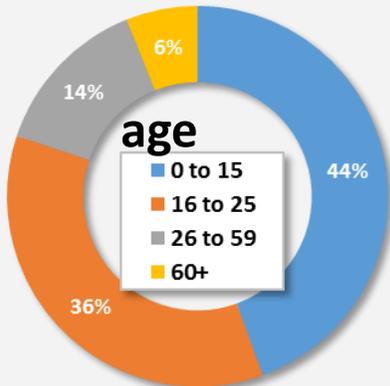
<http://www.posimages.org/>



- Recruitment of youth and adults from communities of color to participate in peer programs and leadership activities

program demographics

Total numbers served: 1,014
(Aggregate of quarterly reports)



contracted services (continued)

- Outreach to youth and adults from communities of color to participate in peer programs and leadership activities
- Increase member referrals to appropriate community behavioral health resources for those PI members demonstrating greater levels of psychological and emotional care
- Increase the number of trained youth outreach workers and panel members to generate participation of more youth and allies in PI LGBTQ+ programs and services.
- Increase the number of unduplicated PI members utilizing peer support.

notable accomplishments

PI is celebrating its 25th year anniversary. In this first 3 months of this fiscal year, PI has conducted 10 panel presentations reaching over 1,500 individuals. PI offers supports groups to 25-45 people every Thursday night. PI completed their 2nd Peer Counseling Training this fiscal year. 8 members went through this training.

Sonoma State University (SSU) continues to be a huge advocate for PI and 3 panels were presented at SSU this quarter. The topics ranged from sexual orientation, gender identity, identity in general, norms, and how to be an ally. The responses to the presentations have been positive and SSU is grateful for PI's efforts to build an inclusive and understanding community.

Santa Rosa High School Invited PI for the 3rd year in a row, due to popular demand, to speak to over 650 students about the struggles and triumphs the LGBTQ+ youth live with. Roseland Academy Middle School and Roseland Collegiate Prep High School, invited PI to speak at their "Empathy Day" events. Reaching over 600 individuals all together. Forestville Teen Clinic staff came to an all morning training/panel/discussion, which helped them understand the complexity and diversity of sexual orientation and gender.



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program description

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

Triple-P Positive Parenting Program - Levels 2-5; Individual and group formats. Parent Education, early intervention, linkages and referrals to other resources and assistance.

Treatment and screening of PMD - Clinically relevant and appropriate strategies will be employed, which can include one-on-one therapy, referral to primary care physician for medication evaluation and assistance, or referral to appropriate community provider for group or individualized treatment.

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

EARLY CHILDHOOD MENTAL HEALTH (0-5) COLLABORATIVE:

PETALUMA PEOPLE SERVICES CENTER

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

Children 0-5 years old

Program Location:

Petaluma, CA

For more information, go to:

<http://petalumapeople.org/>



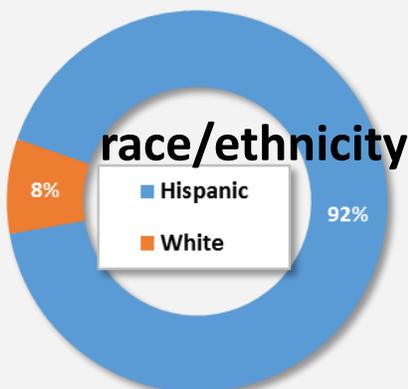
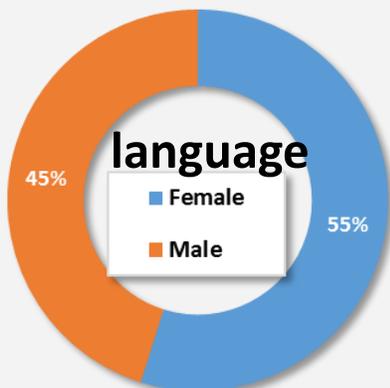
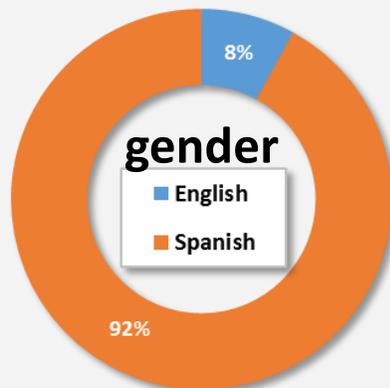
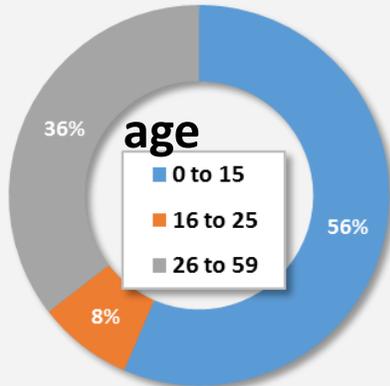
contracted services

- Social/emotional and developmental screening, using ASQ 3 or ASQ-S/E when children were not screened by referring agency or medical home
- Level 2 Triple P—Positive Parenting Program seminars at community sites
- Triple P levels 3, 3 Discussion, 4, 4 Group, & 5
- Screening, referral, and treatment services for Perinatal Mood Disorder

program demographics

Total numbers served: 187

(Aggregate of quarterly reports)



notable accomplishments

- 11 children received social/emotional and developmental screening, using ASQ 3 or ASQ-S/E
- 187 individuals received Triple P services, including 136 individuals in Level 4 Group Sessions and 51 individuals in Level 4 or 5 Individual Sessions
- 1 woman received treatment services for Perinatal Mood Disorder (PMD)

success story

PPSC receives steady referrals and attendance of participants for Parent Education to the community, delivering the Triple P Model. Participants speak highly of the Triple P Program provided by PPSC.

One parent reports how well her 10 year old daughter is doing since completing Triple P. Prior to Triple P, the participant's daughter refused to eat what her mother prepared for dinner. This became an issue in the family with associated negative behaviors.

With a Triple P provider, PPSC was able to teach new skills and facilitate the family's learning about behavior. By working the Triple P Program and the trust that developed between mother and the provider, after the 4th visit, the child's target behavior had subsided. The mother stated how appreciative she is that the provider came into their home to help improve the family dynamic by addressing negative behaviors that occur.



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PETALUMA PEOPLE SERVICES CENTER

program description

Petaluma People Services Center (PPSC) provides 23-26 hours of direct community-based mental health services to individuals, couples, and families who are residents at the Mary Isaak Center in Petaluma and to individuals residing in transition housing units in Petaluma. Services are prioritized as follows:

- 1) Single people in the emergency shelter on the 1st floor after initial goals have been met and after completing 3 months of stable residency
- 2) Families residing on the 2nd floor (transitional housing, families may stay up to 2 years)
- 3) Single people residing in COTS community-based transitional housing

contracted services

- Psychotherapy and or psycho-educational groups weekly
- Outpatient mental health services to individuals and couples utilizing best practices, including Brief and Strategic Therapy, Cognitive Behavioral Therapy (8-10 individual sessions)

notable accomplishments

Good Morning Group - Attendance in this group is open and is fluctuating due to the dynamic nature of the shelter population. Content of the group is mostly focused on relaxation and affect regulation. Topics have included Guided Meditation, Grounding Techniques, and Hope. The group averages between 20-25 participants.

Stress Relief for Families - The group is open format and fluctuates slightly when new families enter the shelter. The average attendance to this group is between 8-10. Topics

PETALUMA PEOPLE SERVICES CENTER

MHSA Component:

System of Care - Community Services & Supports (CSS)

Initiative/Population:

Community Intervention Program (CIP) - Individuals who are homeless and receiving services at the Committee on the Shelterless (COTS) shelter, Mary Isaak Center

Program Location:

Petaluma, CA

For more information, go to:

<http://petalumapeople.org/>



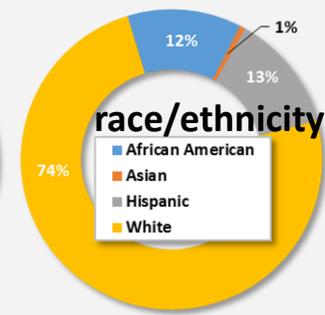
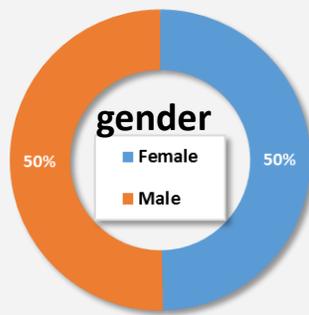
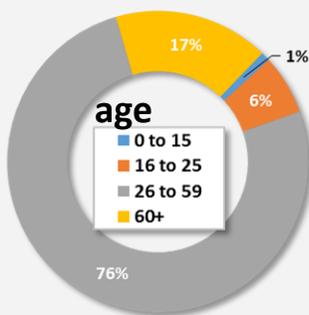
are meant to introduce the idea that play and relaxation is important for parents. Some activities are meant to give parents ideas about ways to interact with their child/children. Activities have included guided meditation, grounding techniques, relaxation through mandala coloring, and various other art-related activities.

Women's Circle - This is a group to help women form connections to other women and to help with forming a positive strong identity. Activities are verbal and creative in nature and women share their experiences around important issues.

Seeking Safety - This is a group that is focused on addiction and trauma and teaches skills to keep participants safe through acquiring information about attitudes and typical problems faced by people with addiction and trauma histories and by teaching new coping skills and affect regulation. The group averages between 25-30 participants.

program demographics

Total numbers served (Aggregate of quarterly reports): 515



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Cloverdale Unified School District

COTATI-ROHNERT PARK
UNIFIED SCHOOL DISTRICT

West Sonoma County
Union High School District

NAMI Sonoma County
National Alliance on Mental Illness

Community SOS
Counseling

WEST COUNTY
COMMUNITY SERVICES

PETALUMA CITY SCHOOLS

HEALDSBURG UNIFIED
SCHOOL DISTRICT

Center Point
D A A C
Drug Abuse Alternatives Center

Windsor Unified School District
Over 90 Years of Excellence

PROJECT SUCCESS PLUS

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

Student Assistance Program - School-aged youth ages 13 to 18 years

Program Location:

Sonoma County, CA



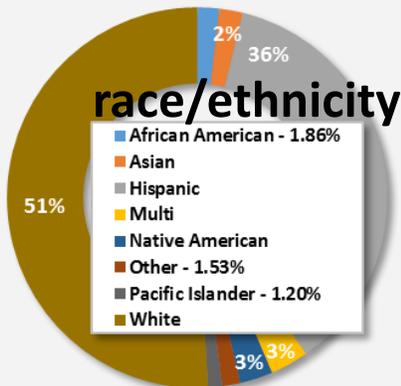
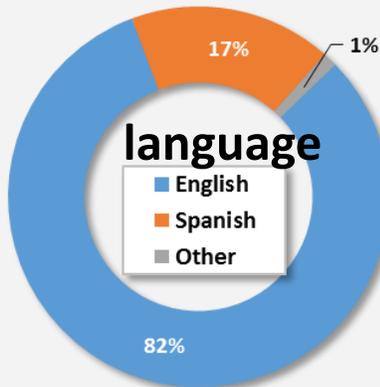
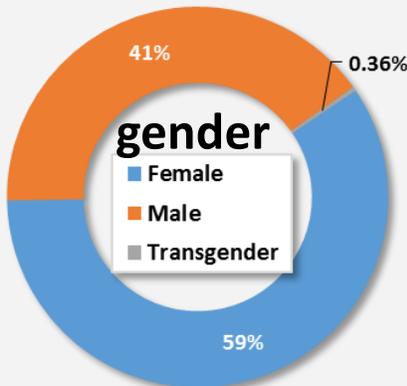
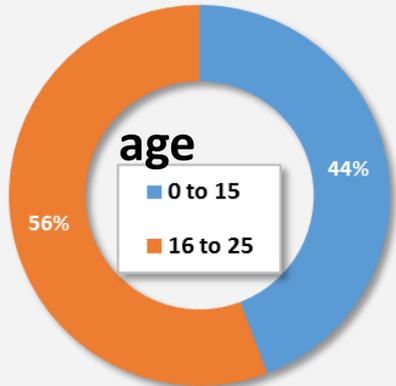
program description

The **Sonoma County Project SUCCESS+ Collaborative** was formed to ensure the development and coordination of a countywide prevention and early intervention system of care for adolescents at 16 mainstream and alternative high schools in Sonoma County. In FY 15-16, membership in the Collaborative consisted of six districts (Petaluma, Cotati-Rohnert Park, Windsor, Cloverdale, Healdsburg, and West Sonoma County) and included partner community-based organizations for service delivery (West County Community Services, Drug Abuse Alternatives Center, SOS Counseling and National Alliance for Mental Illness). The contract was managed by the Health Policy, Planning and Evaluation (HPPE) division of the Sonoma County Health Services Department.

Project SUCCESS is an evidence-based student assistance program (NREPP) which is also listed as Tier 1 for the Sonoma County Upstream Investments Initiative Portfolio. Enhancements were added to the model, with developer-input, as Project SUCCESS+ (Project SUCCESS Plus or PS+) to address a broader spectrum of behavioral health issues increasing emphasis with mental health issues through the delivery of culturally appropriate prevention education, early identification, screening strategies, individual and group level interventions, and referrals for needed services.

program demographics

Total numbers served: 1,982
(Aggregate of quarterly reports)



contracted services

- Prevention Education Series (PES)
- Screening
- Individual and Group Level Interventions
- Family engagement and parent programs
- Referral and Resources
- School Staff Development
- School-wide Awareness and Outreach
- Community Coalitions
- Yearly evaluation report

notable accomplishments

- Over the summer, PS+ counselors participated in a week-long training, 'Youth Mental Health Training Academy' organized by Sonoma County's Behavioral Health Division.
- Cotati-Rohnert Park hosted a presentation by NAMI and sponsored by PS+ and Rancho Cotati PTA: "Parents and Teachers as Allies."
- Windsor gave 4 presentations for parents during the fall on suicide prevention, anxiety and a presentation in Spanish on mental health education.
- Cloverdale and Eagle Creek High Schools offered two Social and Emotional Skills groups.
- Petaluma facilitated a pro-active group that helps youth to choose and develop positive behaviors that benefit them and their relationships.
- El Molino began its Children of Substance Abusing Parents (COSAP) group and a girls circle group.
- A Healdsburg PS+ counselor created a school club to raise awareness about Mental Health issues and to reduce stigma
- The PS+ counselor at Analy tabled at the beginning of the school year on Club Day. Five students signed up for PS+ services as a result of the tabling.
- Students in the PS+ club at Laguna put on the Parent Back to School BBQ and set up an information table that contained mental health and drug prevention information and resources
- A PS+ Training on Harm Reduction was given to counselors.



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program description

The purpose of Mental Health Services Act (MHSA) Community Services and Supports Community Intervention Program is to directly address barriers to accessibility and provide culturally/linguistically competent services by partnering with **Sonoma County Indian Health Project (SCIHP)**, who has demonstrated significant experience serving diverse ethnic and cultural communities. SCIHP will house mental health services and extend existing outreach activities to facilitate increased access to mental health services specifically among ethnic/linguistic minority populations who are uninsured, and who may be Medi-Cal beneficiaries who are able to receive appropriate care in the primary care setting.

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

Sonoma County Behavioral Health (SCBH) contracts for a structured approach to meeting the mental health needs of SCIHP clients. There are four types of service and specific criteria for each service type will guide access and utilization of mental health services. The four service levels are:

- Service Type 1. Psychiatric consultation, training and education to primary care providers

SONOMA COUNTY INDIAN HEALTH PROJECT

MHSA Component:

System of Care - Community Services & Supports (CSS)

Initiative/Population:

Community Intervention Program (CIP) - Native Americans

Program Location:

Santa Rosa, CA

For more information, go to:

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

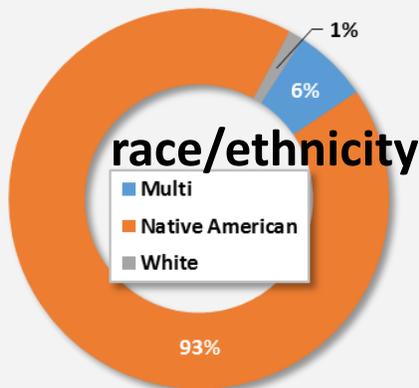
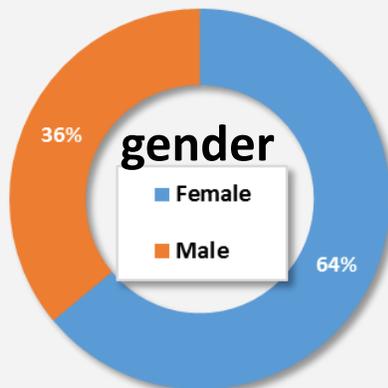
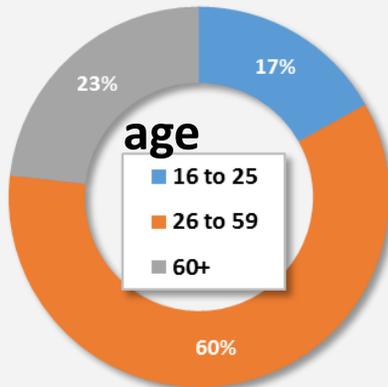


- Service Type 2. Face-to-face psychiatric consultation (time limited)
- Service Type 3. On-going psychiatric treatment/management
- Service Type 4. Non-physician mental health services

program demographics

Total numbers served: 880

(Aggregate of quarterly reports)



contracted services

- Psychiatric services including medication support
- Psychiatric consultation to primary care providers and other providers in the clinics
- Provide support to psychiatrists to ensure on-going psychiatric treatment and management. Provide assistance to ensure smooth bi-directional referral between clinic and Sonoma County Behavioral Health Division
- Provide case management to assist people with mental health issues receiving psychiatry services in establishing eligibility for and gaining access to federal, state, and local programs that provide or financially support the provision of medical, social, housing, education, employment, or other related services. This includes providing follow-up to ensure service options are accessed.

notable accomplishments

The face-to-face psychiatric consultation has improved communication between primary care providers and the consulting psychiatrist who is stationed within the behavioral health department.

390 individual case management supports were provided to clients with psychiatric treatment plans. These individuals were provided referrals for social support services, family support services, vocational training/education and housing related issues.



WELLNESS • RECOVERY • RESILIENCE

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**SONOMA COUNTY
INDIAN HEALTH PROJECT**

program description

Sonoma County Indian Health Project (SCIHP) provides services to Native American tribes of Northern California, Pomo, Miwok, Wappo and other tribe members from other nations who reside in Sonoma County. Services provided include medical and dental clinic, behavioral health, pharmacy, diabetes program, WIC, Nutrition/Senior Lunch, and Community Health Outreach. The clinic is also a social network gathering place for Native people to meet and support each other.

contracted services

- Facilitate presentations and workshops conducted by Native American Health experts addressing obstacles to Native Americans seeking mental health services through education and outreach to the Native community to foster normalcy for accessing mental health services at SCIHP
- Recruit Native “Aunties and Uncles” and 5 Native American mentors to provide support services to transition age youth and families who will be trained to increase their awareness of signs and symptoms of mental illness and to be proficient in accessing resources available in the community
- Provide routine screening for depression for transition age youth ages 15-24 in the medical clinic

SONOMA COUNTY INDIAN HEALTH PROJECT

Program Name:

Aunties and Uncles

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

Transition Age Youth

Program Location:

Santa Rosa, CA

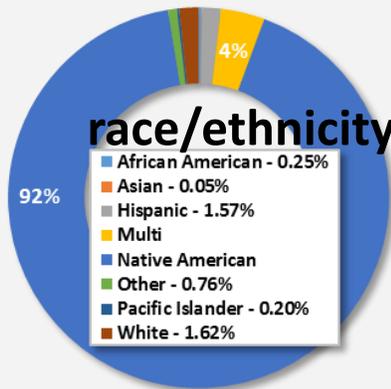
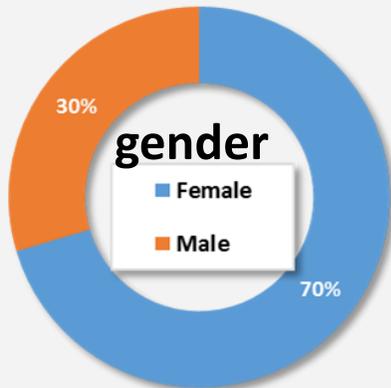
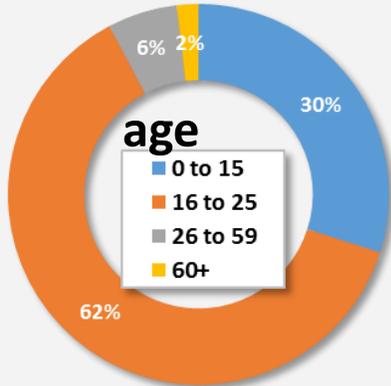
For more information, go to:

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



program demographics

Total numbers served: 1,977
(Aggregate of quarterly reports)



notable accomplishments

The Aunties and Uncles program staff organized and facilitated a Traditional Talking Circle that included a local Native woman who led the Circle in a discussion about traditional wellness and recovery, a continuation of the "Culture is Prevention" topic. In March, staff coordinated a talking circle that included a conversation on the impact of HIV on Native people. This was an opportunity for positive social connection and culturally congruent wellness and recovery practice that diminishes early onset of mental illness and/or suicidality, and providing a foundation for resiliency for Native people.

The Aunties and Uncles staff outreached to tribal councils of Kashia and met with community members to provide information on suicide prevention and the signs of suicide to youth and their parents.

The Aunties and Uncles program organized a Big Time Gathering at Ya-Ka-Ama on May 21st, which was attended by over 250 local Native American community members.



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SANTA ROSA COMMUNITY HEALTH CENTERS

MHSA Component:

System of Care - Community Services & Supports (CSS)

Initiative/Population:

Community Intervention Program (CIP)

Program Location:

Santa Rosa, CA

For more information, go to:

<http://srhealthcenters.org/>



program description

This Mental Health Services Act (MHSA) Community Services and Supports Community Intervention program is an outreach strategy to directly address barriers to access and provide culturally and linguistically competent services, integrated mental health and medical services, and a coordinated system of care by partnering with **Santa Rosa Community Health Centers (SRCHC)**. SRCHC has demonstrated significant experience serving diverse ethnic and cultural communities. SRCHC will provide:

- Psychiatry and associated nursing case management services;
- Integrated health services with the SRCHC's mental health and medical services; and
- A strengthened bi-directional referral process and collaboration between the SRCHC and the County's public mental health system to facilitate increased access specifically among ethnic/linguistic minority populations and to promote integrated health care.

contracted services

- Psychiatric consultation, training and education to primary care providers
- Face-to-face psychiatric consultation (time limited)
- On-going psychiatric treatment/management
- Nurse case management

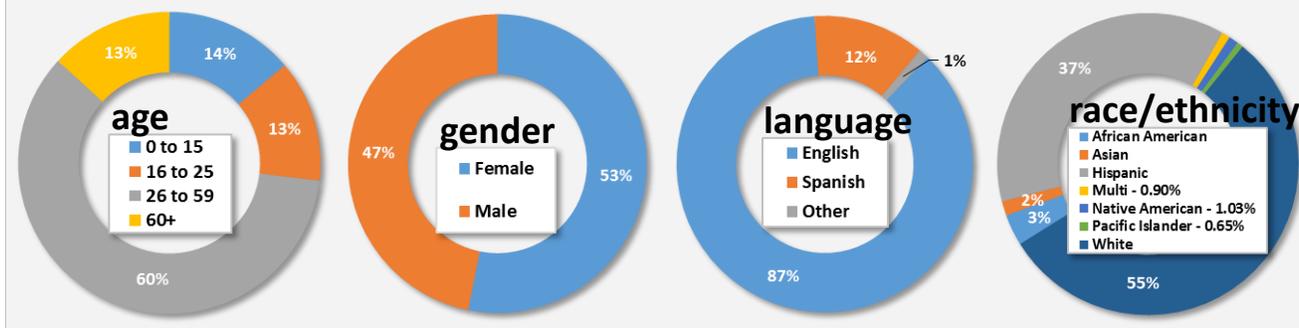
notable accomplishments

During this year, 811 individuals received 2,392 individual consultations from psychiatric staff funded by the CSS funding stream.

The Nurse Case Managers continue to be important parts of the SRCHC teams to reach out to patients and to support follow-up, case management, medication therapy and psychiatric management.

program demographics

Total numbers served (aggregate of quarterly reports): **811**



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program description

The **Santa Rosa Community Health Centers** MHSA PEI contract goals are as follows:

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

contracted services

- Triple P interventions for Latino teens, parents and children at 1 school-based Health Center and/or the Lombardi Health Center and/or school site

SANTA ROSA COMMUNITY HEALTH CENTERS

Program Name:

Early Childhood Education

MHSA Component:

Prevention and Early Intervention (PEI)

Initiative/Population:

School-Linked Student Assistance Programs for ages 5-18

Program Location:

Santa Rosa, CA

For more information, go to:

<http://srhealthcenters.org/>

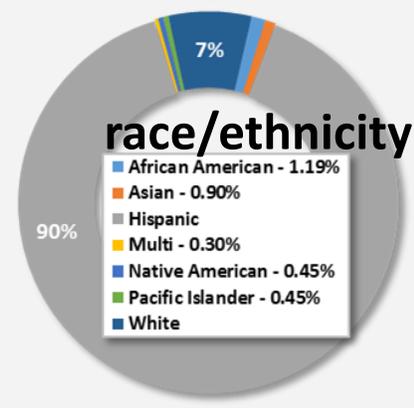
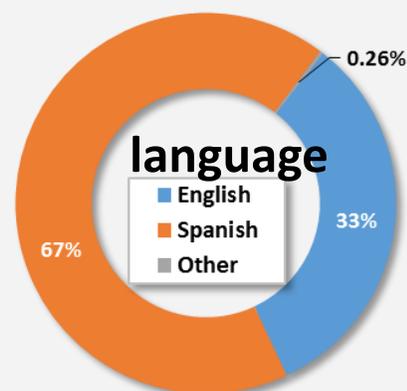
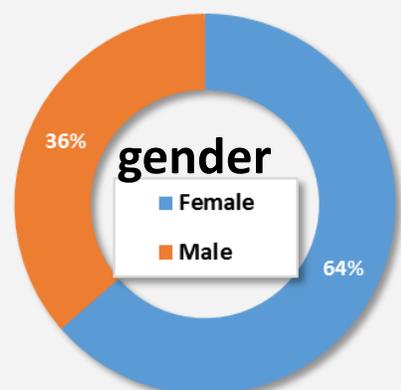
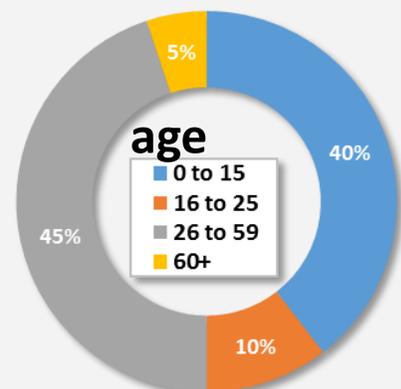


- Community Outreach to promote early intervention and reduce stigma
- Student Assistance Programs
- Early Screening for identification of behavioral health issues early enough to reduce escalation

program demographics

Total numbers served: 764

(Aggregate of quarterly reports)



contracted services (continued)

- Brief Therapy
- Patient Support Groups
- Parent Child Interaction Therapy (PCIT) early intervention services to parents of children in preschool or elementary school

notable accomplishments

Parent Child Interaction Therapy (PCIT):

Feedback is routinely very positive regarding the quality of the Parent Child Interaction Therapy (PCIT) and the resulting improvements in the parent-child relationship as parents learn to play with their children as well as communicate more effectively.

Brief Therapy:

Early identification of life stressors that impact both physical and mental health enables us to offer needed services to families in a timely fashion. With an integrated team model, therapists and medical providers work hand-in-hand, sharing cases to provide more comprehensive services to keep children healthy.

Community Outreach:

Annual Latino Health Forum; the Binational Health Fairs held at a local Latino market; Graton Day Labor Center; Teen Health Advisory Coalition; Latino Service Providers meeting; presentations at Casa Grande High School, Elsie Allen High School, Santa Rosa High School, Piner High School, Stony Point Academy, Roseland Accelerated Middle School, Northwest Prep, Sonoma County Office of Education Special Education, Roseland University Prep, Ridgway High School, and Wright School

success stories

Triple P Interventions:

"One of the children was very introverted and presented with selective mutism following a trauma. After several classes the mom noticed that by using the parenting strategies taught, his communication improved, and he was able to even talk with the MH provider directly during the last session."

"During this time we had a couple with two children (both toddlers) and she has older children from a previous marriage. They described a very difficult adjustment process for the mom and for the father as well including mom feeling that she started all over again with motherhood, and dad reporting that he was experiencing being a dad for the first time which was described as very difficult.

They heard about the positive parenting program when I went to AVANCE to provide a presentation about positive parenting and they decided to come to the group. After the third session, they described how they feel empowered in the parenthood process, and that they are working as a team which decreased the level of stress in the family and improved their communication and relationship as a couple. They brought the kids in the third session because they want me to meet them and they feel more confident to come with them and show me the strategies they were using. They are still participating in the class because we had some scheduling issues and they want to keep coming together."

-Triple P Group Leader

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program description

The 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.

The **People Empowering Each Other to Realize Success (PEERS) Coalition** mobilizes the student voice to increase the ability to effectively raise awareness of mental health and increase utilization of services. PEERS 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, planning workshops and events, and educating students about mental wellness and bystander interventions.

The PEI Program staff have established community partnerships to better serve students and host an annual mental health networking event. PEI program staff works closely with the SRJC Crisis Intervention Resource Team (CIRT) to provide trainings for faculty and staff on recognition and response to students of concern. The CIRT team collaborates with Sonoma County Behavioral Health Crisis Assessment, Prevention and Education (CAPE) Team to implement mobile crisis support and threat assessment services for

SANTA ROSA JUNIOR COLLEGE

Program Name:
People Empowering Each Other to Realize Success (PEERS)

MHSA Component:
Prevention and Early Intervention (PEI)

Initiative/Population:
Transition age youth

Program Location:
Santa Rosa, CA

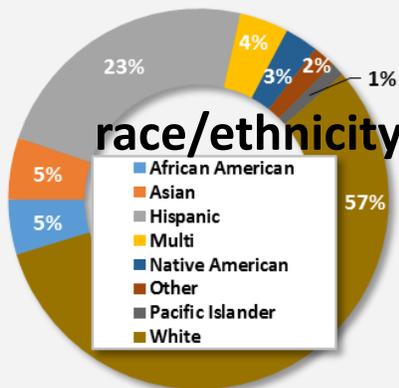
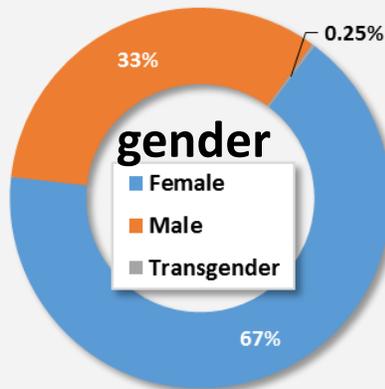
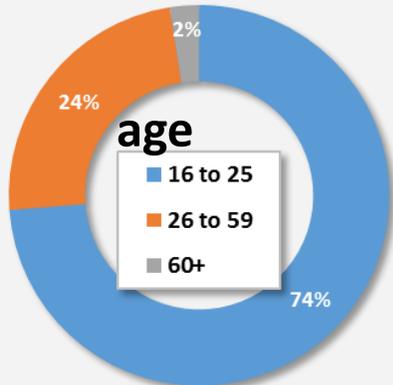
For more information, go to:
<http://www.santarosa.edu/>



students that are a danger to self and/or others. Additionally, the PEI Program collaborates with CAPE on trainings, including assisting with QPR trainings in local high schools.

program demographics

Total numbers served: 1,203
(Aggregate of quarterly reports)



contracted services

- Provide QPR training to SRJC staff and students
- Psycho educational interventions in classrooms
- SRJC CIRT Team will train faculty and staff in early recognition and appropriate response to students at risk for mental health issues.
- Promote on-line mental health screenings to SRJC students.
- Develop and present PEERS Coalition Workshops
- Implement National College Health Assessment Survey
- Add customized content monthly to Student Health 101 online magazine
- Host a Mental Health Collaborative Event
- Facilitate outreach activities at the College

notable accomplishments

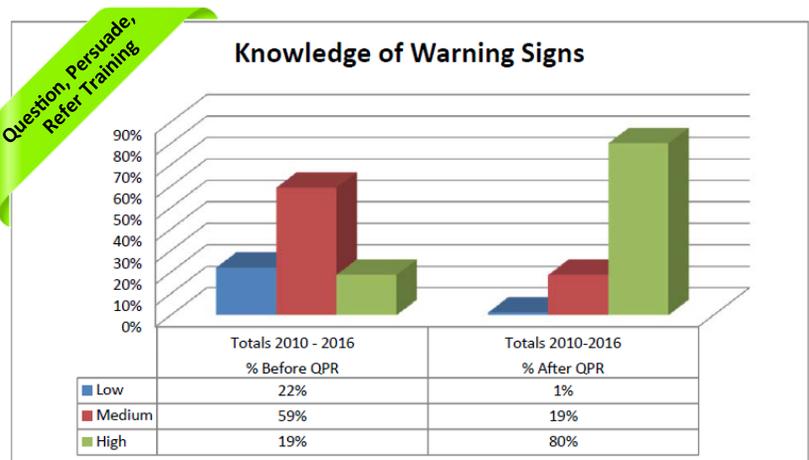
SRJC reached **347** students with QPR Suicide Prevention trainings this year. Training evaluations were very positive and pre and post tests showed an increase in knowledge in all areas. **316** students took an on-line mental health screening this year, which is the highest number since SRJC started offering it in 2010.

PEERS hosted an Each Mind Matters event on each campus during the month of May. They offered resources on mental health, Each Mind Matters swag, and fun activities to engage students during this stressful time of the year. The PEERS engaged **30** students on the Petaluma campus, and **119** in Santa Rosa.

SRJC presented 'Student Health and Success' to **385** students this past year. This presentation reviews the signs and symptoms of stress, anxiety, and depression, and covers resources and support available to the students. **96%** of students agreed or strongly agreed that this presentation will help them maintain or improve their health. **100%** agreed or strongly agreed that they are more aware of resources on campus and in the community to support their mental health.

334 students attended a PEERS workshop this year. PEERS Workshops were well received by participants, as evidenced by positive evaluations. Students learned about mental health resources both on and off campus. **93%** agreed or strongly agreed that they are more aware of resources on campus and in the community to support their mental health.

For the year there were **3,032** unique visitors to the on-line health magazine. **66%** of student readers polled responded that they learned something they would apply to their daily lives.



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program description

The West County Community Services (WCCS) **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 & families with securing affordable housing.

contracted services

Provide information, resource information & referral assistance & advocacy to clients five hours per week to assist them with access to basic human needs. Assistance includes services provided directly by WCCS and by referral to other service providers. Supportive services include individual case management to help with employment, housing, health care, and other benefits.

notable accomplishments

The crisis services programs provides clients support around food, mental health assistance, homeless and case management services, housing assistance, referrals for medical care, and employment services.

Clients seek information about homeless shelter services and most of those served are people coming for Season of Sharing (SOS) funds for rental deposits and general housing assistance. SOS funded every person

**WEST COUNTY COMMUNITY SERVICES (WCCS)
CRISIS SUPPORT SERVICES**

MHSA Component:

System of Care - Community Services & Supports (CSS)

Initiative/Population:

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

Program Location:

Guerneville, CA

For more information, go to:

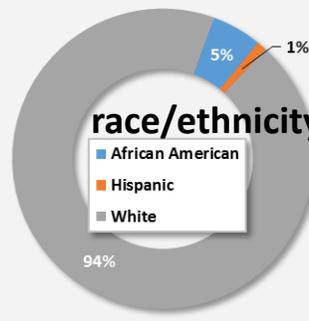
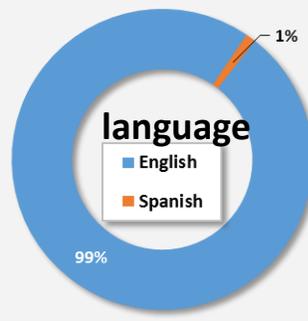
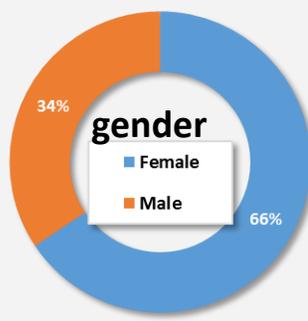
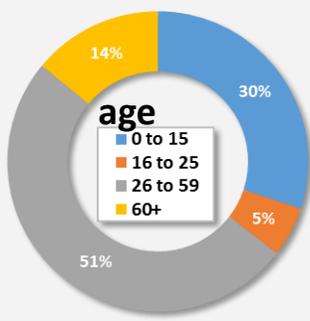
<https://www.westcountyservices.org/>



that the Crisis Support Coordinator has helped fill out an application for.

program demographics

Total numbers served (Aggregate of quarterly reports): **93**



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program description

Based on a philosophy of consumer empowerment, the **Russian River Empowerment Center (RREC)** is a consumer-operated program that provides a centralized location where people with psychiatric disabilities receive individual and group peer counseling and support.

The focus of the program is to provide supports, activities, and services to increase the quality of life of mental health consumers who are severely and persistently mentally ill.

West County Community Services (WCCS) will provide transportation assistance to the Empowerment Center. This transportation service will broaden the membership by offering transportation for individuals living in Forestville and Sebastopol, as well as Guerneville.

contracted services

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

notable accomplishments

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

WEST COUNTY COMMUNITY SERVICES (WCCS)

RUSSIAN RIVER EMPOWERMENT CENTER

MHSA Component:

System of Care - Community Services & Supports (CSS)

Initiative/Population:

Mental health consumers

Program Location:

Guerneville, CA

For more information, go to:

<https://www.westcountyservices.org/>

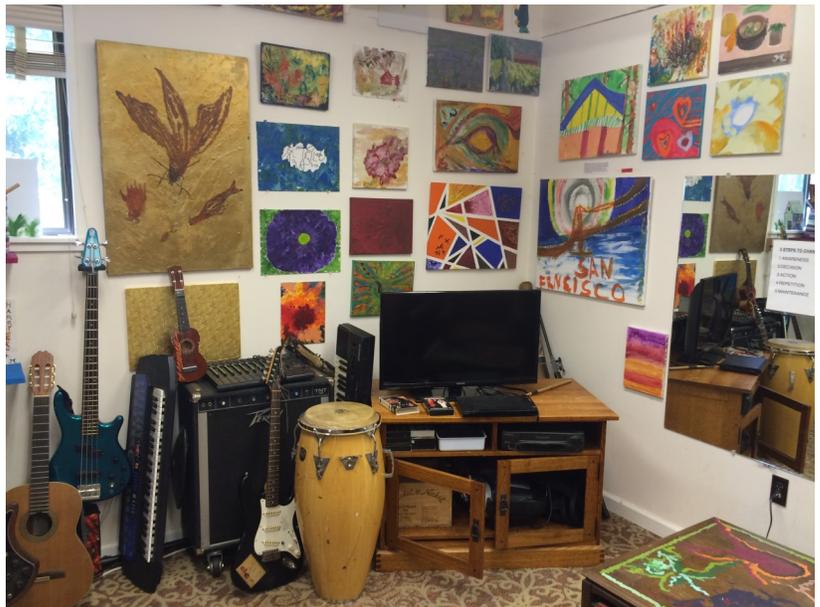
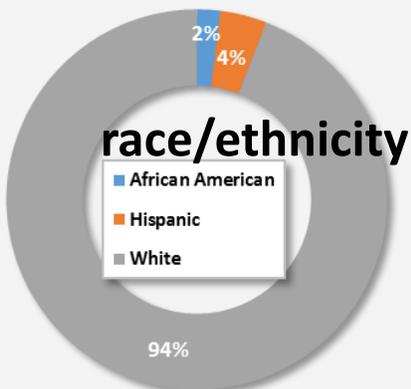
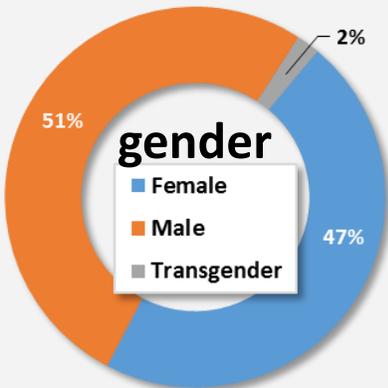
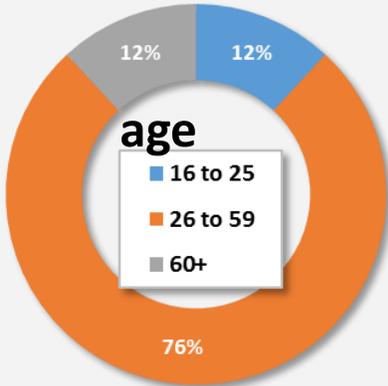


A new group, formed in collaboration with Buckelew Programs, provides families with support to help build coping skills and better communication with families and family members who are challenged with mental health issues.

Members are showing pride and enthusiasm for the radio show they prepare and pre-record for a weekly show.

program demographics

Total numbers served: 101
 (Aggregate of quarterly reports)



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program description

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.

A key component of this program is WCCS’s free 35 hour Senior Peer Counseling Training Program for volunteers who are seniors themselves. Senior Peer Counselors (SPCs) are trained in issues related to aging, and each peer counselor brings a special area of skill that reflects his/her own life experience. They are trained in active listening, communication techniques, problem solving, assertiveness, and grief issues, and they learn how to screen for depression, anxiety and a multitude of other mental health issues. A recovery orientation is integrated throughout. They are also

**WEST COUNTY COMMUNITY SERVICES (WCCS)
SENIOR PEER COUNSELING**

MHSA Component:

System of Care - Community Services & Supports (CSS)

Initiative/Population:

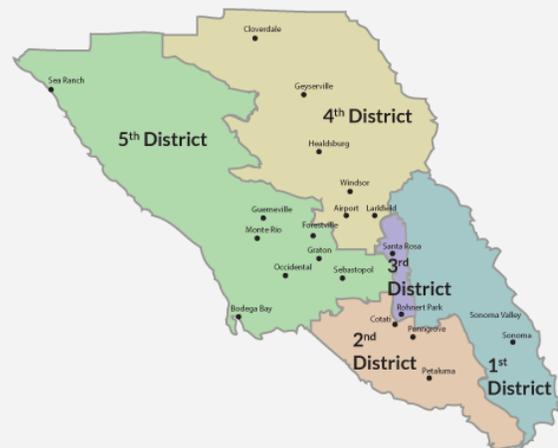
Older Adult Intensive Services Full Service Partnership

Program Location:

Sonoma County, CA

For more information, go to:

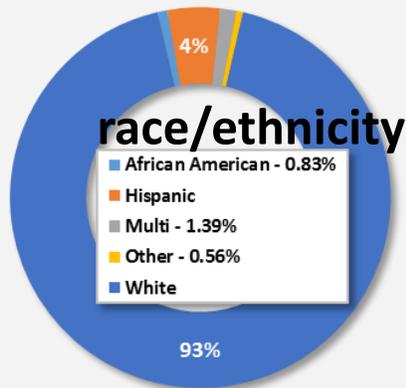
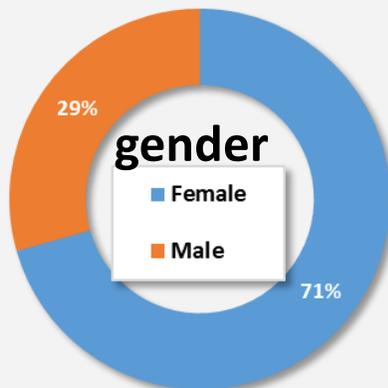
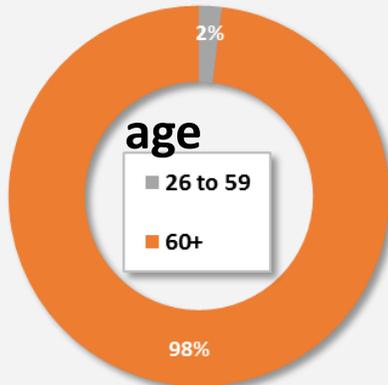
<https://www.westcountyservices.org/>



program demographics

Total numbers served: 360

(Aggregate of quarterly reports)



program description (continued)

trained in reporting elder abuse according to current law, and in making appropriate referrals to other community resources. Once trained, SPCs provide counseling, outreach, information, education and support to seniors in their homes or at the agency.

contracted services

- Assessments by Senior Programs Clinical supervisor as needed
- Senior Peer Counseling or Group Services
- Clinical Supervision of Senior Peer Counselors
- Behavioral Health, recovery-oriented training for agency senior peer volunteers

notable accomplishments

Results for the fiscal year for the Geriatric Depression Scales were as follows:

Individual:

75% decreased scores, 10% remained the same, and 15% had an increased score.

Groups:

47% decreased scores, 31% remained the same, and 22% had an increased score.

For the training on Substance Abuse and Mis-Use, 85% agreed or strongly agreed that the training would be useful to their work; 90% agreed or strongly agreed that the topic was relevant to them, and 80% agreed or strongly agreed that the trainer was knowledgeable about the topic.

100% of individual clients agreed or strongly agreed with the statements:

- "My experience with WCCS's Senior Peer Counseling was positive."
- "I would recommend WCCS's Senior Peer Counseling to a peer in need of support."

97% agreed or strongly agreed with the statement, "I am satisfied with the services I received through WCCS's Senior Peer Counseling Program." 3% were neutral.

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



program description

Russian River Health Center (RRHC), a clinic of **West County Health Centers**, is designated as a Federally Qualified Health Center in the western Sonoma County. RRHC provides primary care, mental health, and dental care to people in the lower Russian River area.

The Mental Health Services Act provides funding for a Licensed Clinical Social Worker (LCSW) for RRHC. The purpose of the LCSW at RRHC is to increase access to mental health services to populations identified at high need. These populations include: people who are in geographically isolated communities, people who identify as members of the LGBTQI community, and people who are homeless.

contracted services

- Warm Hand Off from primary care provider
- Rapid psychosocial assessment;
- Mobilization of psychosocial supports;
- Stabilization counseling (case management)
- Follow-up services through the crisis
- Linkage with needed services including referral to RRHC or other therapy services or for assessment for specialty mental services

notable accomplishments

Crisis and ongoing services were provided and included such

WEST COUNTY HEALTH CENTERS

MHSA Component:

System of Care - Community Services & Supports (CSS)

Initiative/Population:

Community Intervention Program (CIP)

Program Location:

Guerneville, CA

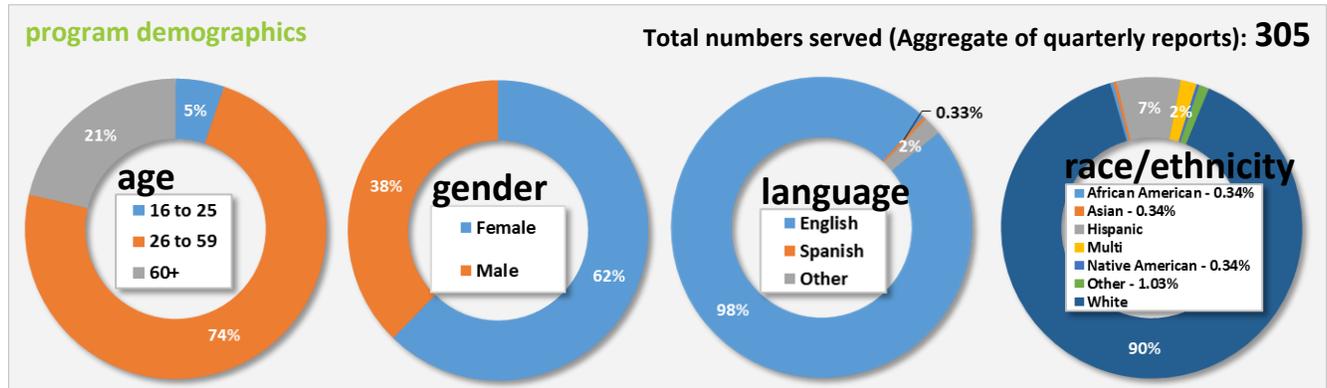
For more information, go to:

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



areas as managing and improving health/chronic conditions, trauma treatment, interpersonal or family stressors, housing crises, and mood disorders.

51 group visits were provided for 15 individuals through the Seeking Safety group with a focus upon improving understanding and coping skills for persons with histories of trauma and substance use disorders. This group includes both men and woman and is currently provided on an ongoing drop in basis.





Appendix 2

MHSA Newsletters for FY 15-16



WELLNESS • RECOVERY • RESILIENCE

SPOTLIGHT ON LGBTQ COMMUNITIES

To celebrate the news from the U.S. Capitol and acknowledge Pride month in June, the Behavioral Health Division (BHD) is dedicating this newsletter to the LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning) communities and the important mental health awareness happening across the state and locally with MHSa funding with a spotlight on **Positive Images** of Sonoma County.

POSITIVE IMAGES OF SONOMA COUNTY



Positive Images is the only agency in Sonoma County serving the unique needs of LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning) youth ages 12 to 25. For the past 22 years Positive Images has provided programs and services that help youth, service providers, and the public develop positive, healthy, life-affirming, and accepting behaviors and views of personal expression of gender identity and sexual preference.

These services include: engaging youth in programs, activities and services that increase resiliency and reduce risk; educating youth, schools, and service providers to reduce stigma and increase acceptance; training providers about LGBTQ issues.

MHSa Contracted Services:

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



For more information, go to: www.posimages.org

“At the crest of a hill in June, 1969, far to the horizon, lesbians and gays burst onto sidewalks from the street. This simple but profound experience was pivotal to me, and for so many who fall outside the bounds of heterosexual sexuality and/or binary gender identity. Visceral moments of solidarity connect us across cultures, ethnicities, class, spirituality and language. Being present in the face of those who despise us - these are key inspirations in any social movement.

Activist elders teach that every movement for liberation builds upon those before; labor, civil rights, anti-war, women and social justice efforts set the stage for our victory. They stood up so that others could sit. Now that we have gained recognition, it's crucial that we don't dare sit, and continue to support new alliances for equality and equity for all!”

-Nancy Vogl, Positive Images

HISTORIC DECISION! SUPREME COURT BRINGS MARRIAGE EQUALITY TO THE U.S.



“Today, the Supreme Court of the United States has recognized the equality, dignity and essential humanity of our gay and lesbian brothers and sisters and reaffirmed this country's bedrock principle – engraved over the entrance to

the Court itself – that all Americans are entitled to equal justice under law.

By putting an end to an era of state-sanctioned discrimination, the decision lights the way to a future of acceptance, inclusion and opportunity for gay and lesbian Americans and their families. It encapsulates a nation's enormous leap of understanding – rooted in compassion, tolerance and empathy – and reflects the countless hearts touched and minds opened along the way. It vindicates an idea whose time has come at last.”

-Excerpt from U.S. Dept. of Justice Press Release from the office of Attorney General Loretta E. Lynch, 6/26/15

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY (CALMHSA) EFFORTS ARE WORKING



In a one year period, the RAND California Statewide Survey found that Californians became more aware of stigma and more accepting and supportive of those with mental health challenges. Across the state, people are taking

action, speaking up, and reaching out to help when they see someone struggling.

More Inclusion - Nearly 1.5 million more Californians (a 5% increase year-over-year) are willing to socialize with, live next door to, or work with people who have mental health challenges.

More Momentum - 3.8 million Californians (or 13% of Californians surveyed) saw someone wearing a lime green ribbon, and almost half of those had a conversation about mental health because of the green ribbon.

More Support - Approximately 600,000 additional Californians (a 2% increase year-over-year) provided emotional support to someone with a mental health challenge.

“It is clear that the methods in use by the SDR (Stigma and Discrimination Reduction) initiative have the potential to touch the lives of every Californian.”

-RAND Corporation

CALMHSa LAUNCHES SUICIDE PREVENTION RESOURCES FOR LGBTQ COMMUNITIES

CalMHSa programs take into account special concerns for the LGBTQ community when it comes to suicide prevention. While times have certainly changed over the last few decades, discrimination against gay, lesbian, transgender and bisexual people still exists and can cause feelings of isolation, which can lead to suicidal feelings. With support from CalMHSa, California's crisis hotlines are providing specialized resources and help to LGBTQ Californians.



San Francisco Suicide Prevention's (SFSP) Crisis Hotline and National HIV Hotline provide emotional and informational support to any caller in need. SFSP also provides suicide prevention trainings to LGBTQ and HIV service providers throughout San Francisco city and county to raise awareness of the stress factors and

suicide risk specific to the LGBTQ population.

<http://www.sfsuicide.org/prevention-strategies/lgbtqi/>

CalMHSa's **Know the Signs** suicide prevention campaign has produced a website featuring an introductory video aimed at helpers of LGBTQ youth at risk of suicide. Viewers then have the option to interact with the ad by viewing additional films developed by the Trevor Project, visiting the Know the Signs website or connecting with phone and chat support offered by the Trevor Project. More resources are available at:

www.yourvoicecounts.org

www.suicideispreventable.org/

www.thetrevorproject.org/



2015 DIRECTING CHANGE WINNERS - EL MOLINO HIGH SCHOOL IN FORESTVILLE



We would like to acknowledge the regional winner in the suicide prevention category of the statewide campaign, **Directing Change Student Film Initiative**.

On Tuesday, May 19th Digital Filmmaking students Cade Van Stone and Forest Murnane from El Molino High School in Forestville visited the State Capital as winners for the Directing Change PSA competition were presented an award for their suicide prevention video: "Waiting for the Storm to Pass". Forest and Cade won first place in their region which consisted of six Northern California counties. The winners visited with state legislators and were treated to a red-carpet award ceremony at the Crest Theater in downtown Sacramento.

To view the Directing Change video submitted by El Molino High School students, go to: <https://www.youtube.com/watch?v=-AnMpBkOgml>

LGBTQ RESOURCES



LGBTQ Youth Voices Shape New ReachOut.com Resources

The voices and experiences of LGBTQ youth in California and the Gay-Straight Alliance Network make new LGBTQ-specific content on ReachOut.com relevant and relatable to a youth population often affected by mental health stigma and challenges around sexual orientation and identity. The content produced from this partnership includes a full-color booklet that will be available for distribution at community events and youth centers and download on:

www.EachMindMatters.org/resources/

Contact: Kate Calderazzo at kcalderazzo@rs-e.com



California Older Adult LGBTQ Program Receives National Recognition

The Community Gatekeeper Training: LGBTQ Older Adults & Suicide Prevention has recently been accepted into the Suicide Prevention Resource Center's Best Practices Registry, which identifies, reviews, and disseminates information about best practices for suicide prevention. The Community Gatekeeper Training helps gatekeepers recognize when a Lesbian, Gay, Bisexual, or Transgender older adult may be at-risk for suicide and respond appropriately according to their role. For more information, visit:

<http://www.sprc.org/bpr/section-III/community-gatekeeper-training-lesbian-gay-bisexual-transgender-lgbt-older-adults-sui>



Written with the help of LGBTQ teens across California, the **"Be True and Be You: A Basic Mental Health Guide for LGBTQ Teens"** booklet includes descriptions of common mental health challenges, myths and facts, ways to handle stressful or difficult situations, real stories of others who have been through tough times and where to get help or help someone you know.

For more information, visit:

<http://www.eachmindmatters.org/movement-moment/be-true-and-be-you-booklet-for-lgbtq-teens/>

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

Newsletter designed by Bruce Robbins.

SPOTLIGHT ON THE OLDER ADULT COLLABORATIVE (OAC)

The **Older Adult Collaborative (OAC)** is a five agency collaborative comprised of primary senior services agencies in Sonoma County. The agencies include the Human Services Department/Adult & Aging Division, Council on Aging, Jewish Family and Children's Services, Petaluma People Services Center and Community and Family Services Agency (CFSA).

The five agencies provide an array of services to older adults including case management, nutrition programs, adult day services, peer support, counseling, and transportation services. Leveraging Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funding, the OAC has a primary focus on the Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) intervention that includes screening, referrals, education, and behavior activation.



PETALUMA PEOPLE SERVICES CENTER



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



HEALTHY IDEAS EVIDENCE-BASED PROGRAM



It is estimated that 20% of Americans suffer from depression and older adults experience depression at an even higher rate. Depression is not a normal part of aging. In Sonoma County, help is available. Utilizing the **Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)** evidence-based program, case managers from the Older Adult Collaborative (OAC) have been trained to help older adults reduce their feelings of depression. Program components and activities include:

Program components and activities include:

- Screening for symptoms of depression
- Performing basic assessments for severity of depressive symptoms using a standardized tool
- Educating older adults and caregivers about depression, effective treatment and self-care
- Referring and linking clients to treatment and follow-up with primary care and mental/behavioral health providers
- Empowering clients through behavioral activation
- Assessing client progress and identifying a plan to maintain gains or pursue other assistance.

Over the last two years OAC staff has offered more than **6,200** older adults a chance to become more engaged with family, friends, and their community. For more information, contact Josh Gottschalk at jgottschalk@schsd.org.

CONGRATULATIONS, MIKE!



The Sonoma County Behavioral Health Division (SC-BHD) is pleased to announce that NAMI (National Alliance on Mental Illness) California has selected SC-BHD Director **Mike Kennedy** as the 2015 Outstanding Mental Health Director. Mike is recognized for excellence in establishing goals to better support and

treat those admitted into mental health treatment facilities. Mike will be honored at the annual NAMI California Conference on August 22, 2015 in Newport Beach. We're excited to see Mike acknowledged for his leadership and innovation in expanding services and working with health care providers to focus on prevention and early treatment and care.

DR. MICHAEL KOZART IS THE NEW BEHAVIORAL HEALTH MEDICAL DIRECTOR!



Dr. Michael Kozart

The Behavioral Health Division (SC-BHD) is happy to report that **Dr. Michael Kozart** has accepted the position of the Medical Director for the Division. He began his new role on June 29th.

As many of you know, Dr. Gary Bravo has done an amazing job during his tenure with Behavioral Health and has played an instrumental role in transforming our County's system of care. We are pleased that Dr. Bravo will be continuing with the Division as a contractor, providing Psychiatry Services as needed. As part of Dr. Kozart's orientation, he will "dual fill" the position with Dr. Bravo to allow for a period of training and orientation, as well as providing the organization with a seamless transition.

Please join us in congratulating Dr. Kozart and welcoming him to his new role!



Dr. Gary Bravo

HEALTHY IDEAS DEPRESSION SCREENING



Perhaps the most important piece of the Older Adult Collaborative's Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) intervention is the in-home screening of older adults for symptoms of depression.

A two-question depression screening is a part of the case manager's assessment process with all new and ongoing clients that are 60 or older. By

bringing the screening to the client, many individuals who might otherwise never get help (due to isolation, etc.) are brought to the attention of providers who can offer support.

If an individual is found to be at risk for depression, further tools are used to help assess the severity of depression and risk of suicide so appropriate next steps or referrals can be made. In the past six years, the Older Adult Collaborative has provided more than **10,000 screenings** to older adults in their homes as part of their regular case management or In-Home Supportive Services (IHSS).



Human Service Department's Adult & Aging Division staff

"ADDIE" - OLDER ADULT COLLABORATIVE SUCCESS STORY

As part of her IHSS home visit, "Addie" was screened for depression and referred to the IHSS Behavioral Health Liaison who visited her at home and screened her further for mental health symptoms and assessed how they were impacting her life and her ability to feel fulfilled and connected with her community.

Addie is a 76 year old woman who lives in low-income housing in Santa Rosa. She screened positive to the two question screen administered in her home and after meeting with a Behavioral Health Liaison, was referred to Community and Family Services Agency (CFSA) for counseling through the OAC.

Her treatment through the OAC focused on increasing her sense of self-worth & self-empowerment, and learning to develop relationships with healthy boundaries. She started to express herself more effectively and made progress setting boundaries. Additionally, she began to value herself and understand that self-love originated from within rather than through affirmation from others. She was able to end a destructive relationship and cope with the subsequent feelings of guilt and loneliness.

Wanting to continue her work after therapy, Addie was offered Senior Peer Counseling (SPC) through CFSA. The focus of SPC will be to build on the progress that Addie has made, especially in the areas of boundary-setting and increasing connection to her community.

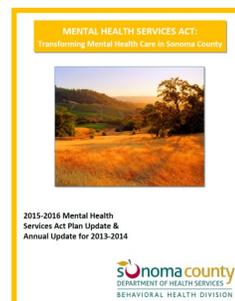
BEHAVIORAL HEALTH DIVISION TO OPEN NEW CRISIS STABILIZATION UNIT IN FALL 2015 AT THE LAKES!



In April 2014, Sonoma County Behavioral Health Division received a \$2,000,000 grant award from the California Health Facilities Financing Authority (CHFFA) to fund expansion of the Division's Crisis Stabilization Unit (CSU). This proposed facility expansion was intended to support an increase in the number of individuals served as well as allow for needed changes in how crisis services are provided.

The new site will be in the Southwest Santa Rosa business park known as The Lakes (2225 Challenger Way). The current time line calls for the renovations to be completed and the CSU moving to the new site in Fall 2015.

SONOMA COUNTY BOARD OF SUPERVISORS APPROVES MHSA ANNUAL UPDATE



The Sonoma County Board of Supervisors approved the Mental Health Services Act (MHSA) 2015-2016 Plan Update and the 2013-2014 Annual Update on Tuesday, July 28th! The approved report will be posted on the MHSA website. The Behavioral Health Division thanks everyone who participated in the Public Hearing in

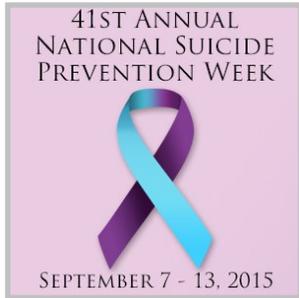
May, for your comments on the Annual Update, as well as your inspiring stories of the impact of MHSA programs and services in Sonoma County.



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

Newsletter designed by Bruce Robbins.

PREVENTING SUICIDE: REACHING OUT AND SAVING LIVES



The September issue of the MHSA Newsletter is dedicated to the people of Sonoma County, California, and across the globe that will come together during this year's National Suicide Prevention Week (Sept. 7-13, 2015) to spread awareness about the warning signs of suicide and to offer support to those who have lost someone to suicide.

This issue will highlight the many suicide prevention resources and tools that are available, as well as upcoming events and trainings. We will also look at how suicide prevention efforts make a difference, both locally and statewide.

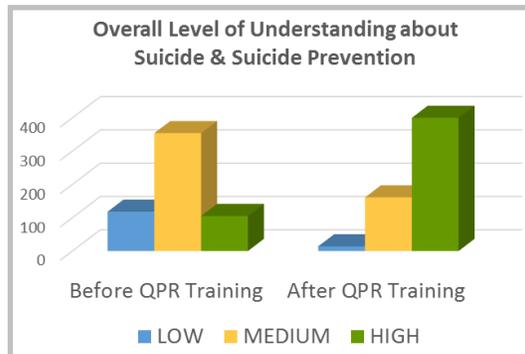
QUESTION, PERSUADE, REFER (QPR)



QPR stands for **Question, Persuade, and Refer** — the 3 simple steps anyone can learn to help save a life from suicide. Just as people trained in CPR and the Heimlich Maneuver help save thousands of lives each year, people trained

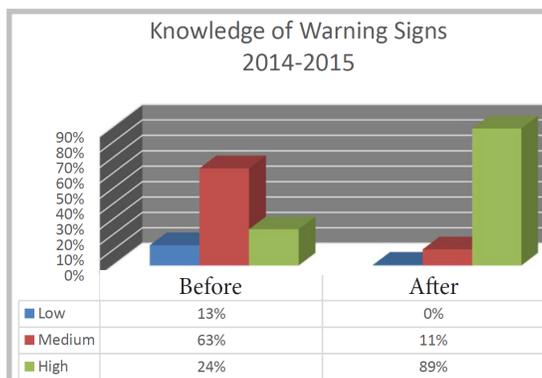
in QPR learn how to recognize the warning signs of a suicide crisis and how to *question, persuade, and refer* someone to help.

The Sonoma County Behavioral Health Division (SC-BHD) is committed to sharing this important suicide prevention technique with high school students, faculty, and the community-at-large. Since 2010, SC-BHD has trained over **4,900** individuals in QPR, primarily through its Crisis, Assessment, Prevention and Education (CAPE) Team and Community Intervention Program (CIP).



An excerpt of survey responses from over 600 QPR trainees shows an increase in overall level of understanding about suicide as a result of the training.

SC-BHD also contracts with other agencies to provide QPR training. Data from MHSA contractor Santa Rosa Junior College shows an increase in trainees' knowledge of warning signs of suicide after taking the QPR training.



AMSR: ASSESSING & MANAGING SUICIDE RISK



The Sonoma County Behavioral Health Division (SC-BHD) is offering two "AMSR: Assessing & Managing Suicide Risk" workshops on September 11 & 18.

The 6 1/2 hour, one-day workshop was developed by the Suicide Prevention Resource Center (SPRC) for behavioral health professionals and focuses on assessing suicide risk, planning treatment, and managing the ongoing care of the at-risk client.

9/11/15, 8:30am-5pm

West Wing Conf. Rm, 3322 Chanate Rd, Santa Rosa

9/18/15, 8:30am-5pm

Manzanita Rm, 490 Mendocino Ave, Santa Rosa

Continuing education credits available from NASW, NBCC, APA, LMFT and LCSW. Lunch & light refreshments will be served.

Space is limited. To register, email:

BH-Training@sonoma-county.org



Suicide Prevention • Crisis Intervention • Toll free

What are the Warning Signs for Suicide?

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

SUICIDE PREVENTION TOOLS & RESOURCES



Know the Signs

Statewide suicide prevention social marketing campaign.

www.suicideispreventable.org



Your Voice Counts

Online forum & resource center for suicide prevention campaign developers and the community.

www.yourvoicecounts.org



Reach Out Here

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

www.us.reachout.com/reachouthere



Suicide Safe

Free suicide prevention app for health care providers from the Substance Abuse & Mental Health Services Administration (SAMHSA).

<http://store.samhsa.gov/apps/suicidesafe/index.html>



My3 App

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

www.my3app.org

SUICIDE PREVENTION TOOLKITS

Preventing Suicide: A Toolkit for High Schools

Designed by SAMHSA to assist high schools and school districts in designing and implementing strategies to prevent suicide and promote behavioral health.

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

Training Resource Guide for Suicide Prevention in Primary Care Settings

A toolkit to help guide county efforts to engage primary care in suicide prevention.

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

American Association of Suicidology (AAS) Suicide Prevention Week Toolkit

The AAS has created a comprehensive Media and Information Kit that includes fact sheets, templates, and ideas for planning events.

<http://www.suicidology.org/about-aas/national-suicide-prevention-week>



Californians were exposed to the Know the Signs campaign that was rated by an expert panel to be aligned with best practices and one of the best media campaigns on the subject.

SUICIDE PREVENTION EFFORTS MAKING A DIFFERENCE!

Independent analysis by the RAND Corporation found that the California Mental Health Services Authority's (CalMHSA) statewide suicide prevention initiatives are preparing more Californians than ever before to assist those at risk of suicide and that CalMHSA's investment will save lives and dollars. Read the full reports at:

http://www.rand.org/pubs/research_reports/RR1134.html

http://www.rand.org/pubs/research_reports/RR1115.html

DIRECTING CHANGE STUDENT FILM INITIATIVE



The **Directing Change** student video contest is heading into its fourth year of engaging youth on the subjects of suicide prevention and mental health. Directing Change invites high school and University of California students to submit 60-second films focused on "Suicide Prevention" or "Ending the Silence of Mental Illness".

Each school that participates is provided a school-based prevention program and other resources to help further their efforts on campus. Students are also eligible to receive a cash prize for their entry. Directing Change 2016 will launch September 1, 2015! For more information about the contest, go to: www.directingchange.org.

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

www.youtube.com/watch?v=Er6hJVBrjPo

View the 2015 video that won first place in the Suicide Prevention category for their six-county region from Forestville's El Molino High School students, Cade Van Stone and Forest Murnane:

<https://www.youtube.com/watch?v=-AnMpBkOgml>



3RD ANNUAL SANTA ROSA OUT OF THE DARKNESS COMMUNITY WALK

When you walk in the Out of the Darkness Walks, you join the effort with hundreds of thousands of people to raise awareness and funds that allow the American Foundation for Suicide Prevention (AFSP) to invest in new research, create educational programs, advocate for public policy, and support survivors of suicide loss. Each year, nearly 200,000 people walk in 350 cities across the country.

This year's Santa Rosa Community Walk will take place on **October 10, 2015** at **Howarth Park**! Registration/check-in begins at 9am and the walk begins at 10am. For more information, to register, or to donate, go to:

<http://afsp.donordrive.com/event/santarosa>

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

www.sonoma-county.org/mhsa

Newsletter designed by Bruce Robbins.

Mental Health Awareness Week

October 4-10, 2015



NAMI SONOMA COUNTY HOSTING EVENTS AT SONOMA STATE UNIVERSITY IN RECOGNITION OF MENTAL ILLNESS AWARENESS WEEK

In 1990 the United States Congress established the first full week of October as **Mental Illness Awareness Week** in recognition of the **National Alliance on Mental Illness' (NAMI)** efforts to raise mental illness awareness. Since then, mental health advocates across the country have joined with others in their communities to sponsor activities, large and small, for public education about mental illness. This year marks the 25th anniversary of Mental Illness Awareness Week (also known as **Mental Health Awareness Week**) which will take place October 4th through 10th.

stigmafree

The NAMI theme for 2015 revolves around building a movement through the new **StigmaFree** initiative. Being

Stigma Free means learning about and educating others on mental illness, focusing on connecting with people to see each other as individuals and not a diagnosis, and most importantly, taking action on mental health issues and taking the StigmaFree pledge. While mental health disorders are important to address year round, highlighting these issues during Mental Illness Awareness Week provides a time for people to come together and display the passion and strength of those working to improve the lives of the tens of millions of Americans affected by mental health disorders.



NAMI Sonoma County will be hosting mental illness awareness events on the **Sonoma State University** campus throughout the week. On Monday, **October 5th** & Thursday, **October 8th** from 11am to 2pm, NAMI Sonoma County staff members will be tabling between the Sonoma State University Student Recreation Center and Salazar Hall. They will be on campus to reach college students potentially struggling with anxiety, depression, and other mental health issues, providing support, resources, and information, and helping fight the stigma that surrounds mental illness.

NAMI Sonoma County is also one of the sponsors of the **3rd Annual Santa Rosa "Out of the Darkness" Community Walk** on **October 10th** at Howarth Park. The walk raises awareness and funds for suicide prevention. For more information, go to:

<http://afsp.donordrive.com/event/santarosa>

To learn more about NAMI's Mental Health Illness Week efforts, go to:

<http://www.nami.org/Get-Involved/Raise-Awareness/Awareness-Events/Mental-Illness-Awareness-Week>

THE DISASTER DISTRESS HELPLINE 1-800-985-5990 PROVIDES IMMEDIATE CRISIS COUNSELING TO PEOPLE AFFECTED BY THE WILDFIRES IN CALIFORNIA



A disaster or tragedy is unexpected and often brings out strong emotions. The **Disaster Distress Helpline 1-800-985-5990** can provide immediate counseling to anyone who needs help in dealing with the wildfires in California. The toll-free Helpline is a 24 hours-a-day, seven-days-a-week resource that responds to people who need crisis counseling after experiencing a natural or man-made disaster or tragedy.



Sponsored by the **Substance Abuse and Mental Health**

Services Administration (SAMHSA), the Helpline immediately connects callers to trained and caring professionals from the closest crisis counseling center in the nationwide network of centers. The multilingual Helpline staff will provide confidential counseling, referrals, and other needed support services. The Helpline can also be accessed by texting TalkWithUs to 66746, TTY for deaf and hearing impaired (1-800-846-8517), & at: <http://disasterdistress.samhsa.gov/>

COMMUNITY CRISIS RESPONSE TRAINING WEEK FOR BEHAVIORAL HEALTH STAFF

During Mental Health Awareness Week, the Behavioral Health Division is offering comprehensive training to our teams that provide urgent response and crisis intervention for Sonoma County: the **Community Intervention Program (CIP)**, the **Crisis Assessment Prevention and Education (CAPE) Team** and the **Mobile Support Team (MST)**. The training topics include Grief Counseling Training, Critical Incident Stress Debriefing, Compassion Fatigue and Self-Care, 5150 Certification and suicide prevention trainings.



We would also like to thank these teams for their response to victims of the Valley Fire in

Lake County, providing counseling and support for families and individuals in crisis during this difficult time.

MENTAL HEALTH AWARENESS WEEK RESOURCES



Each Mind Matters, California's Mental Health Movement, has created a **toolkit** to help counties and Community Based Organizations (CBOs) plan activities, events, and conversation starters

in the community. The toolkit includes a ribbon wall activity, event planning guide, activity ideas, and a social media guide, and can be viewed & downloaded online at:

<http://www.eachmindmatters.org/get-involved/spread-the-word/mental-health-awareness-week/>

Each Mind Matters has teamed up with **Text, Talk, Act** for an **October 6th** Awareness Event! Text, Talk, Act uses text messaging to facilitate a face-to-face conversation on mental health. Participants gather in small groups (3-4 people) with one cell phone per group. They text **START** to the number **89800** to receive a series of text messages that guides their group through a conversation on mental health: why it is important, how to care for it, and how to help a friend in need.



The text messages include videos, social media interactions, polling questions and discussion questions. Organize Text, Talk, Act events on October 6th and you could win a \$1,000 prize for your school, club or community organization! Register for the contest at: bit.ly/TTAContest.

MY FUTURE IS IN HEALTHCARE: MI FUTURO ES EN CUIDADO DE SALUD



Friday, November 6th, 8:30am-2:30pm

Bertolini Dining Hall

Santa Rosa Junior College

1501 Mendocino Ave, Santa Rosa, CA

Latino Service Providers, in cooperation with **Santa Rosa Junior College**, invite you to a Fall Health Career Symposium for Youth, **"My Future is in Healthcare: Mi Futuro es en Cuidado de Salud."**

The day will expose you to career opportunities in mental & primary health, raise awareness of mental health stigmas in the Latino community, the impact of mental health in primary healthcare and the community beyond. Interactive stations will get your hands dirty in the fields of your future. Dynamic speakers to plant new ideas. Workshops and tabling will offer educational/financial resources. Come explore your future in healthcare!

Who Should Attend?

- 16-30 Year Olds
- Those interested in a career in Mental Health/Primary Healthcare
- Counselors and School Administrators

To Register: www.myfutureisinhealthcare.eventbrite.com

DIRECTING CHANGE WINNERS TO BE RECOGNIZED BY SONOMA COUNTY BOARD OF SUPERVISORS ON OCTOBER 6, 2015



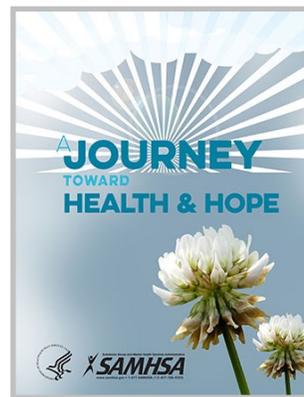
In recognition of Mental Illness Awareness Week, the **Board of Supervisors** is honoring several high school students who received awards for their entries in the **"Directing Change"** video contest. Award recipients include the following:

eo contest. Award recipients include the following:

- El Molino High School students Cade Van Stone and Forest Murane claimed first prize in the Suicide Prevention category in a six county region for their video "Waiting for the Storm to Pass" (Sebastopol's Rialto Cinemas will start running this video on October 3rd);
- Santa Rosa High School student Natalie Gospe received an Honorable Mention in the Suicide Prevention category for her video "Balancing the Equation";
- Connor Macheras and Griffin Malone received Best Original Cinematography in the Suicide Prevention category for their video "Brighter Future"; and
- Santa Rosa High School students Alex Rennie, Jenna Ellis, and Duncan MacDonald won third place in the Ending the Silence category for their video "Depression PSA."

For more information on the Directing Change Student Film Contest, go to www.directingchange.org.

A JOURNEY TOWARD HEALTH AND HOPE: YOUR HANDBOOK FOR RECOVERY AFTER A SUICIDE ATTEMPT



Guides people through the first steps toward recovery and a hopeful future after a suicide attempt. Includes personal stories from survivors who share their experiences as well as strategies, such as re-establishing connections and finding a counselor to work with.

This free book can now be ordered and downloaded from the Substance Abuse & Mental Health Services Administration (SAMHSA) Store (shipping charges may apply).

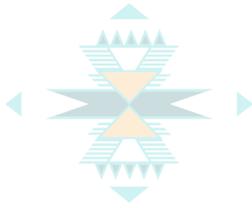
http://store.samhsa.gov/product/SMA15-4419?WT.mc_id=EB_20150910_SMA15-4419

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

www.sonoma-county.org/mhsa.

Newsletter designed by Bruce Robbins.

A HISTORY OF NATIONAL NATIVE AMERICAN HERITAGE MONTH: THE NATION'S EFFORTS TO HONOR AMERICAN INDIANS AND ALASKA NATIVES



For almost one hundred years, Americans both Indian and non-Indian have urged that there be permanently designated by the nation a special place on the calendar to honor the contributions, achievements, sacrifices, and cultural and historical legacy of the original inhabitants of what is now the United States and their descendants: the

American Indian and Alaska Native people.

The quest for a national honoring of Native Americans began in the early 20th Century as a private effort. As far back as the late 1970s, Congress has enacted legislation and subsequent presidents have issued annual proclamations designating a day, a week or a month to celebrate and commemorate the nation's American Indian and Alaska Native heritage. In 2009, Congress passed and the President signed legislation that established the Friday immediately following Thanksgiving Day of each year as "Native American Heritage Day."

- From the U.S. Department of the Interior, Indian Affairs



IN HONOR OF NATIVE AMERICAN HERITAGE MONTH THIS MHSA NEWSLETTER SPOTLIGHT IS ON SONOMA COUNTY INDIAN HEALTH PROJECT (SCIHP)



SONOMA COUNTY INDIAN HEALTH PROJECT

Sonoma County Indian Health Project (SCIHP) provides services to Native American tribes of Northern California, Pomo, Miwok, Wappo and tribe members from other nations who reside in Sonoma County. Services include: a medical and dental clinic; behavioral health services; a pharmacy; a diabetes program; a Women, Infants & Children (WIC) program; Nutrition/Senior Lunch; and Community Health Outreach. The clinic is also a social network gathering place for Native people to meet and support each other.



The Behavioral Health Division (SC-BHD) contracts with SCIHP to provide two Mental Health Services Act (MHSA) funded programs - the Aunties and Uncles Project, a Prevention & Early Intervention (PEI) program, and the Community Intervention Program (CIP), a Community Services & Supports (CSS) program.

Aunties and Uncles Project

The goal of Aunties and Uncles is to implement culturally-relevant, community-defined and evidence-based practices to address risk and early onset of mental illness and suicidality for Native Americans with the support of the local tribal communities, tribal councils, key community members and elders. The project seeks to reduce stigma related to mental health problems, build the capacity of a pool of youth mentors, and systematically incorporate a youth depression screening tool into medical visits at the local Native health clinic.

(continued on Page 2)

MENTAL HEALTH AWARENESS WEEK



In recognition of Mental Health Awareness Week (October 4-10, 2015), the **Sonoma County Board of Supervisors** honored several high school students who received awards for their entries in the "Directing Change" video contest. The Board also presented **NAMI Sonoma County** with a gold resolution in recognition for their contributions to mental health awareness and stigma reduction.

The "Directing Change" statewide student video contest, sponsored by the California Mental Health Services Authority (CalMHSA), empowers young people to raise awareness of suicide prevention and end the silence associated with mental health disorders among their peers.



Submitted by Forestville's El Molino High School students Cade Van Stone and Forest Murnane, the video "Waiting for the Storm to Pass" won first place in the 2015 Suicide Prevention category for their six-county region. To watch the video, go to:

<https://www.youtube.com/watch?v=-AnMpBkOgml>

Directing Change is now accepting submissions for their 2016 contest! The submission deadline is March 1, 2016. The contest is now open to high schools students and young adults ages 16 to 25 in partnership with a college, organization, club, program or other agency. For more information, go to:

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

(continued from Page 1)

The “Aunties and Uncles” concept derives from the special role that aunts and uncles, as well as other extended family members, play in the local tribal community, such as providing guidance, teachings, support, mentorship and safety for younger members. In Native communities, an aunt may also act in the role of mother, grandparents may help raise children, an uncle may be the primary teacher for a youth, or cousins may be treated as brothers and sisters. Responsibility for child and elder care is communal. Aunties and Uncles utilizes and integrates these cultural strengths, principles and protective factors in achieving prevention and early intervention for mental health risk and addressing associated stigma.



Rituals and ceremony, like the community and family structures, provide a space and honored responsibility for all who attend. During the cultural Memorial Gathering in March 2015 at Ya ka ama (local ceremonial ground), the community came together to remember those who crossed over into the spirit world due to suicide or other tragic circumstances in their lives. Many shared that they have not been able to resolve or even talk about these losses prior to this gathering.

In many Native traditions, the name of a deceased should never be mentioned again. However, in our present day contemporary community, the loss is often the result of a life circumstance that could be changed or addressed. Unresolved grief and loss can perpetuate stigma, shame, anger or hopelessness. Thus, the Memorial Gathering serves as an appropriate cultural-based mechanism to provide healing, restoration of hope, and the reconnection of each community member to draw on their traditional songs, prayers, dances, and relation-making.

SCIHP’s Community Intervention Program

This MHSAs Community Services and Supports contract provides client case management and psychiatric services for Native Americans. During the eight month period between January 1, 2015 and September 30, 2015, SCIHP Behavioral Health provided 468 psychiatric contacts and 510 case management and counseling services under the MHSAs contract.

SONOMA COUNTY INDIAN HEALTH PROJECT STAFF

Nelson Jim, LMFT, enrolled member of the Navajo Nation, is the Behavioral Health Director at Sonoma County Indian Health Project. A Licensed Marriage Family Therapist, Mr. Jim has over 20 years of experience in the areas of mental health and substance abuse prevention and treatment, HIV/AIDS health services, domestic violence victim advocacy and working with perpetrators, cultural and linguistic competency, organization and community development, and integration of traditional Native American healing methods and practices.



Cecilia Dawson

Cecilia Sharon Cortez Dawson, the Aunties and Uncles Project Coordinator, is a descendant of the KonKow, Maidu, Wylaki Nation of Mendocino County, Round Valley Reservation in Covelo, CA, and Pomo Nation from Big Valley Rancheria, Lake County. Ms. Dawson has many years of experience in the areas of public health education, nursing, critical chronic care in an ambulatory care setting, and community support services. Ms. Dawson is the proud mother of two and cherishes her spare time doing bead work & gardening.

RESOURCES FOR NATIVE AMERICAN COMMUNITIES

Native Communities of Care brings together California’s American Indian and Alaska Native Wellness Movement to support behavioral health and wellness for mind, body, and spirit. The Native Communities of Care Toolkit is available for download at:

<http://ccuih.org/native-communities-of-care-toolkit/>

Culture and Community: Suicide Prevention Resources for Native Americans highlights culturally relevant and responsive suicide prevention marketing materials developed by tribal and urban Native organizations throughout the US. Other sections describe resources that are helpful in planning, finding and creating suicide prevention programs. Download the guide at:

<http://resource-center.yourvoicecounts.org/content/culture-and-community-suicide-prevention-resources-native-americans-california>

Native American Stories are vignettes of mental health, hope, resilience and recovery from a Native American perspective. (Choose Native American Stories category)

<http://www.eachmindmatters.org/stories/>

Howi’s Story is an animated teen narrative located on the Walk In Our Shoes website at:

<http://www.walkinourshoes.org/our-stories/howi>

Native Vision- A Focus on Improving Behavioral Health Wellness for California Native Americans:

http://nativehealth.org/sites/dev.nh.edeloa.net/files/native_vision_report_compressed.pdf

CIP PROVIDES RESOURCES AT LATINO HEALTH FORUM



Raul Matamoros, from SC-BHD’s Community Intervention Program (CIP), staffs a resource table at the 23rd annual Latino Health Forum on October 15th.

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

www.sonoma-county.org/mhsa.

Newsletter designed by Bruce Robbins.

SPOTLIGHT ON BUCKELEW PROGRAMS' FAMILY SERVICE COORDINATION



About Buckelew Programs

Buckelew Programs' mission is to enhance the quality of life of individuals and families in our community by providing mental health & addiction services that promote recovery, resilience, and hope. Buckelew Programs operates the following programs in Sonoma County:

- Sonoma County Independent Living (SCIL) housing program
- Transition Age Youth (TAY) services
- Forensic Assertive Community Treatment (FACT) services
- Buckelew Employment Services (BES)
- Family Service Coordination (FSC)

Family Service Coordination (FSC)

The Mental Health Services Act (MHSA) funded Family Service Coordination (FSC) program offers families of those living with mental illness educational and referral services. The Family Service Coordinator serves as a liaison with Sonoma County Behavioral Health and other community-based organizations and services. Any family member or support person may contact the Family Service Coordinator for assistance in accessing services for themselves or their loved one.

The goal of the FSC program is to empower 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, access to, and contact with community resources and supports. The FSC program maintains a flexible, collaborative, and recovery-oriented approach.

Family Advocate Roundtable 2015

Transitions Mental Health Association hosted the 4th Annual California Family Advocate Roundtable (CFAR) in October of 2015. CFAR is the only known Family Advocate training in California specifically designed by MHSA funded providers, and brings together family advocates, coordinators, liaisons, partners, and peers throughout California. In 2015, the Roundtable focused on mental illness and the justice system, spirituality in mental health, consumer and family partnerships, cultural competency and collaboration across counties.



Buckelew Programs' staff at CFAR 2015

Sonoma County was able to impact other counties present by sharing Family Service Coordination and other Sonoma County MHSA outcome tools. It appeared evident from FSC staff's experience that Sonoma County's Department of Health Services Behavioral Health Division has brought a significant

amount of services to the county that benefits the community.

For more information on Buckelew Programs, go to:

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

"MENTAL HEALTH - IT TAKES A COMMUNITY" 2016 FILM SERIES AND FORUM



"A Reason To Live"
Explores teen and young adult suicide
Sat, February 20, 7:30 pm

"The Mask You Live In"
Addresses narrow definitions of masculinity
Sat, March 19, 7:30 pm



"Poster Girl"
Cheerleader turned machine gunner in Iraq battles PTSD
Sat, April 16, 7:30 pm

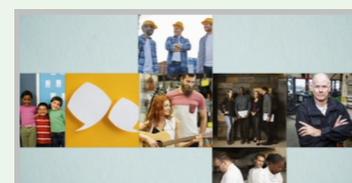
COMMUNITY FORUM ON DEPRESSION

Featuring leading experts in Sonoma County.
Sun, May 22, 2:00 pm

This series is sponsored by National Alliance on Mental Illness (NAMI) Sonoma County, Jewish Family and Children's Services, American Foundation for Suicide Prevention, Sonoma County Behavioral Health Division, St. Joseph's Health - Sonoma County, Kaiser Permanente, and Sutter Health.

All events will be held at **Congregation Shomrei Torah**. They are free & open to the public. Donations accepted.
2600 Bennett Valley Road, Santa Rosa
(707) 578-5519 — www.cstsr.org

EACH MIND MATTERS LAUNCHES NEW VIDEO: "WHAT IS STIGMA?"



EACH MIND MATTERS
California's Mental Health Movement

The latest video from **Each Mind Matters** explains what stigma is and how it can stand in the way of seeking help. Half of us will deal with a mental health challenge. All of us have a reason to speak openly and honestly about mental health. Take a look:

<https://vimeo.com/145923301>

NEW STUDY: INVESTMENT IN STUDENT MENTAL HEALTH PAYS OFF



A new study conducted by the **RAND Corporation** shows that statewide prevention and early intervention programs on California college campuses help students graduate, which increases the net societal benefit overall. The findings show that efforts to change the conversation about mental health on campuses and to enable faculty, staff, and students to better identify and support struggling students can lead to increased wage employment and tax revenues.

To read the study, go to:

http://www.rand.org/pubs/research_reports/RR1370.html



Recent media coverage of mass shootings and other tragedies has fed the longstanding public misconception that people living with mental illness are prone to violence. However, more than two decades of research has established that **“most people who are violent are not mentally ill and most people who are mentally ill are not violent”** (National Association of State Mental Health Program Directors & Council of State Governments Justice Center). According to the U.S. Surgeon General, “the overall contribution of mental disorders to the total level of violence in society is exceptionally small.”

The media’s perpetuation of the mythical link between mental disabilities and violence has exacerbated our society’s stigma and discrimination against mental health consumers. “The stigma around mental illness means our society is quick to jump to conclusions when acts of violence occur,” said Dr. Wayne Clark, Executive Director of the California Mental Health Services Authority (CalMHSA). **“The fact is that people with mental illness are far more likely to be victims, not perpetrators, of violence.** The recent tragic event in San Bernardino is a chance for us all to reconsider the biases that prevent people in our community from seeking help.”

FACTS ABOUT MENTAL HEALTH AND VIOLENCE:

- Although violent incidents draw significant attention that makes their impact feel widespread, violence is statistically rare.
- Individuals with common mental health conditions, such as anxiety and depression, are not much more likely to be violent to others than individuals without these conditions.
- One in four people experience a diagnosable mental health challenge each year. About the same percentage of the population has blonde hair – but we wouldn’t say blonde hair causes violence.
- For those people who do have mental health challenges, recovery is not only possible but probable.
- People with mental illness are more likely to be victims of violence than individuals without these conditions.
- Suicide accounts for more than half of annual gun deaths in the U.S.

Sources: <http://www.eachmindmatters.org/movement-moment/calmhsa-calls-for-mental-health-education-acceptance-after-tragic-shooting/>

LATINO SERVICE PROVIDERS HOLDS SUCCESSFUL CAREER SYMPOSIUM FOR OVER 140 YOUTH



On Friday, 11/6/2015, Latino Service Providers, in cooperation with Santa Rosa Junior College, held their Fall Health Career Symposium for Youth, **“My Future is in Healthcare: Mi Futuro es en Cuidado de Salud.”** The event, attended by students from 14 local high schools, succeeded in exposing students to career opportunities in mental & primary health, raising awareness of mental health stigmas in the Latino community, and showing the impact of mental health in primary healthcare and the community beyond.

“I learned a lot about mental health and the different jobs, internships, and shadowing opportunities.”

-Student attending the Symposium

PROP63.ORG SPOTLIGHT ON SONOMA COUNTY!



WELLNESS • RECOVERY • RESILIENCE

The Mental Health Services Oversight & Accountability Commission (MHSOAC) recently spotlighted Sonoma County on their Prop 63 website! MHSOAC highlighted several Mental Health Services Act (MHSA) programs that are making a difference in the community, including:

- Crisis, Assessment, Prevention and Education (CAPE) Team
- Mobile Support Team (MST)
- Crisis Intervention Training (CIT) for Law Enforcement Personnel
- Community Baptist Church Collaborative
- Latino Service Providers
- Relocation and expansion of Crisis Stabilization Unit (CSU)
- New Crisis Residential Unit (CRU)

Check out the Spotlight here (scroll down to Sonoma County): <http://prop63.org/services/county-spotlights/>

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

www.sonoma-county.org/mhsa.

Newsletter designed by Bruce Robbins.

SONOMA COUNTY'S BEHAVIORAL HEALTH URGENT CARE CENTER OPENS WITH NEW CAPACITY LEVEL

Behavioral Health's Access Team Also Located at Urgent Care Center



Behavioral Health Director Mike Kennedy and Supervisors Shirlee Zane and Efren Carrillo, at opening ceremony on February 29th. Sid McColley and David Sheaves also pictured.

On March 7, 2016, the Sonoma County Department of Health Services (DHS) Behavioral Health Division (SC-BHD) opened its new Urgent Care Center at 2225 Challenger Way in Santa Rosa. The Urgent Care Center is open to the public and replaces some services, including the County's Crisis Stabilization Unit, formerly known as Psychiatric Emergency Services or Oakcrest, and Behavioral Health's Access Team, previously located at Dr. Charles W. Norton Mental Health Center.

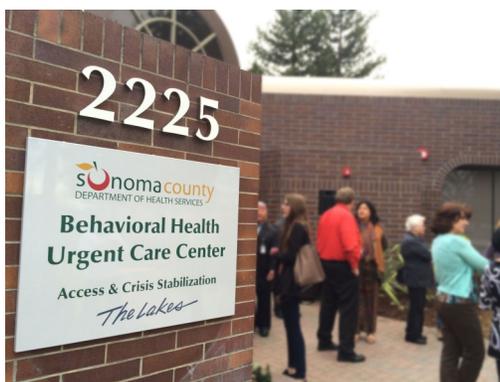
"Our County continues to strive to improve access to excellent mental health services. This new facility will provide clients with a local, central location for services," said Supervisor Efren Carrillo, Chair of the Sonoma County Board of Supervisors. The new Behavioral Health Urgent Care Center is located in Chair Carrillo's 5th supervisorial district in Southwest Santa Rosa.

The new Behavioral Health Urgent Care Center will be the access point for individuals seeking behavioral health services whether they are a Medi-Cal or Medi-Cal-eligible person seeking outpatient services for the first time or a person with an urgent or emergent mental health need. Services provided by the Access Team include mental health screening & triage, referral, resources, assessment, brief case management, peer support, individual and group counseling, and medication services.

"The modern Urgent Care Center will expand critical services, including increased capacity for client assistance and services in crisis intervention, crisis stabilization, crisis residential treatment, and rehabilitative mental health services," said Sonoma County Supervisor Shirlee Zane. Supervisor Zane serves as the liaison to DHS.

When fully expanded, the new Center will be able to serve approximately 6,500 additional individuals each year within the expanded 23 hour overnight capacity, in addition to capacity for voluntary respite or urgent care. This will enable the County to provide close to 12,000 episodes of crisis services per year, more than doubling current capacity.

(continued on page 2)



CONGREGATION SHOMREI TORAH TO HOST FINAL FILM IN SERIES & COMMUNITY FORUM ON DEPRESSION



Congregation Shomrei Torah will wrap up its "Mental Health - It Takes a Community" film series on **Saturday, April 16th at 7:30pm**, with a screening of "Poster Girl", an Oscar-nominated documentary about an Iraq War veteran dealing with

Post-Traumatic Stress Disorder.

Also, in recognition of "May is Mental Health Matters Month", the Congregation will hold a **Community Forum on Depression on Sunday, May 22nd from 2-5pm**. The Forum will feature six leading Sonoma County mental health care providers and activists.

All events will be held at Congregation Shomrei Torah and are free & open to the public. Donations accepted.

2600 Bennett Valley Road, Santa Rosa
(707) 578-5519 — www.cstsr.org

MAY IS MENTAL HEALTH MATTERS MONTH TOOLKIT



Throughout the month of May, people from across California will come together to spread awareness about the

importance of mental health and show their support for the issue. Visit the **Each Mind Matters** website for a free, downloadable toolkit and videos that are designed to help counties and Community Based Organizations (CBOs) conduct mental health awareness activities locally. The toolkit includes:

- Photo Booth Activity to help you snap that perfect "lime green selfie"
- Ribbon Wall Activity for your lobby, store, or other public place
- Activity ideas to incorporate throughout the month
- Social media guide to help spread the word online
- Mental Health Matters Day Poster to hang in your office or around your community

Toolkit available at:

<http://www.eachmindmatters.org/get-involved/spread-the-word/may-mental-health-matters-month-2016/>

MENTAL HEALTH MATTERS MONTH ACTIVITY CALENDAR

If your organization is planning any activities or events for May is Mental Health Matters Month 2016, please let us know so we can feature them in our Activity Calendar that we will be posting on the Behavioral Health website and sharing broadly.

Send activities to: amy.faulstich@sonoma-county.org

(Continued from page 1)

The Center will provide crisis assessment, peer support, stabilization, counseling, and medication services for up to 23 hours as well as function as a hub for referral to acute inpatient psychiatric hospitals or to Crisis Residential Treatment (up to 30 days, voluntary) as needed.



"This up-to-date Urgent Care Center was part of a \$2 million grant from the state of California SB 82 grant, Senator Steinberg's Mental Health Wellness Bill. We are thrilled that our grant application for this funding was the highest rated application in the Bay Area Region. With this funding, we are transitioning our services to this location to meet the needs of our clients. We worked closely with our clients to plan this facility to ensure their needs were going to be met," stated Michael Kennedy, MFT, DHS Behavioral Health Director.

Sid McColley, Acute and Forensic Section Manager for SC-BHD was responsible for oversight and management for developing the new Urgent Care Center. The demolition for the new Center started in August 2015 and then renovation started right away.



Community stakeholders at opening ceremony on Feb. 29th. Pictured: David Drum and Lauren Petersen from Aurora Hospital, Nikki Buckstead from NAMI, Laurie Petta and Sean Kelson from Goodwill Industries

The new Center is made possible by a partnership with SC-BHD and many other community stakeholders. Sid conducted focus groups with peer advocates to solicit input for programming at the new Center. SC-

BHD has recruited peers for county provider positions to provide important peer support for clients on the new Center. Sid conducted stakeholder groups with various community partners, including family members, peers, hospitals and law enforcement for input on logistics, planning, and program implementation. The peers involved with the development of the new Center met with General Services to help choose aesthetically pleasing and comfortable furniture for the new Center.

The capacity at the new Crisis Stabilization Unit (CSU) will stay the same upon opening, with 12 beds available, with a plan to expand to 30 beds over a 2 year period. There is a secure site for adults on involuntary status and a separate locked adolescent unit. In collaboration with community partners, SC-BHD sought to create a warm, friendly and welcoming environment. Part of the design for the new CSU includes a voluntary "walk-in" unit that has a comfortable "lounge" feeling. SC-BHD is very excited to share progress on the new CSU over the next few years. This is a great opportunity for the community to share in the development of a critical new service in Sonoma County.



SAVE THE DATE!



The Behavioral Health Division
presents a Public Hearing
to review the
Mental Health Services Act (MHSA)
FY 14/15 Annual Update
and MHSA Plan for FY 16/17

Tuesday, May 17, 2016
5:00 to 7:00 PM
Finley Center, Person Senior Wing
2060 West College Avenue
Santa Rosa 95401

Please join us for an informative evening discussing the services provided by MHSA-funded programs throughout the community, and by Sonoma County Behavioral Health. You'll hear from individuals who are transforming their lives with the help of these programs. There will also be an opportunity for public comment.

Contact: 707-565-4850

4TH ANNUAL ASIAN & PACIFIC ISLANDER HEALTH FORUM



A New State of Mind: Breaking the Silence on Mental Health

May 19, 2016 - Santa Rosa Junior College Bertolini Student Center, 1501 Mendocino Ave, Santa Rosa

Presented by Santa Rosa Family Residency Program, the 4th Annual Asian & Pacific Islander Health Forum is Northern California's premier health education conference focusing on the Asian and Pacific Islander Communities. Seating is Limited - Registration is now open. To download registration, exhibitor, and sponsorship forms, visit: <http://asianhealthforum.wix.com/apihf>

NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) SONOMA COUNTY OFFERS FREE E-LEARNING STIGMA & DISCRIMINATION REDUCTION TRAINING



NAMI's Ending the Silence (ETS) is a stigma-busting, free classroom presentation given by a young adult

(age 18-30) living with mental illness and a family member. Presenters teach students about suicide prevention, mental health symptoms and signs, how and where to get help, and their personal experiences with mental health.

Train online to become an ETS presenter! You can learn how to make a difference in the lives of youth from the comfort of your home! To apply for this training, call Lisa at (707) 527-6655 ext. 3.

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

Newsletter designed by Bruce Robbins.

May is Mental Health Matters Month

May 2016

Since 1949, activities associated with National Mental Health Matters Month have increased the public's awareness of mental health issues. Mental health associations, families, consumers, and advocacy groups across Sonoma County participate in Mental Health Matters Month activities each year. In recognition of Mental Health Matters Month, many events are being held throughout the county. This newsletter is dedicated to all the great work happening around Sonoma County this month! Check out the Mental Health Month Calendar for more information.

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MAY IS MENTAL HEALTH MATTERS MONTH RESOURCES

Activity & Event Calendar

A comprehensive list of activities, events, trainings, film screenings, & celebrations during May is Mental Health Matters Month! Calendar available at:

www.sonoma-county.org/behavioralhealth

Mental Health Month Toolkit

Downloadable toolkit and videos that are designed to help organizations conduct mental health awareness activities locally. Includes ideas for photo booth and ribbon wall activities, a social media guide, and more! Toolkit available at:

www.eachmindmatters.org/get-involved/spread-the-word/may-mental-health-matters-month-2016/



BEHAVIORAL HEALTH DIRECTOR MIKE KENNEDY PARTICIPATES IN SONOMA INTERNATIONAL FILM FESTIVAL



On April 2nd, 2016, Sonoma County Behavioral Health Director **Mike Kennedy** and Family, Youth, and Children's Services Director **Nick Honey** participated in a panel discussion following the screening of the film "Resilience: The Biology of Stress and the Science of Hope", directed by **James Redford** (son of Robert Redford) at the Sonoma International Film Festival. The documentary delves into the science of Adverse Childhood Experiences (ACEs), extremely stressful experiences in childhood that can alter brain development and have lifelong effects on health and behavior.

REDUCING STIGMA IS A STRONG INVESTMENT

Stigma and discrimination towards people with mental health challenges partially explains why only 1 in 4 people seek help for such challenges. Since 2011, California has invested in changing attitudes toward mental health challenges with social marketing campaigns, including Each Mind Matters.



*Figures from a RAND report: www.rand.org/pubs/research_reports/RR1491.html



DIRECTING CHANGE REGIONAL WINNERS ANNOUNCED

The *Directing Change Program & Film Contest* is part of Each Mind Matters: California's Mental Health Movement. The 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.

The **regional winners for the 2016 Contest** have been announced and Sonoma County's own **Alex Diaz Pena** from **El Molino High School** has won **Second Place in the Suicide Prevention category** in his region for his film "A Conversation Can Save a Life". Alex will be moving on to the statewide round of judging. View Alex's film: <https://youtu.be/nD5oHL63jW8>

For more information: www.directingchange.org

INTEGRATING PEERS INTO THE COUNTY BEHAVIORAL HEALTH WORKFORCE



Sonoma State University Organizational Change students, Goodwill Industries staff and Behavioral Health Staff pictured at Integrating Peers into County Workforce workshop in Spring 2015

The Sonoma County Behavioral Health Division's (SC-BHD) Workforce, Education and Training (WET) activities have included a focus on preparing for the integration of staff with lived mental health experience, or peers, into the County workforce, providing opportunities for individuals interested in mental health careers across the entire spectrum of mental health intervention.

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

First, SC-BHD facilitated a Peer Employment Work Group with support from Goodwill Industries of the Redwood Empire and other stakeholders from the peer community to develop job descriptions and job characteristics to submit to Human Resources in preparation for hiring peer personnel.



Pictured: Jesse Panoski speaking at Integrating Peers into the Workforce Staff Development Training on 8/12/15. Behavioral Health Director Mike Kennedy in audience.

Next, the Division partnered with Sonoma State University's Organizational Development Graduate Program to assist SC-BHD in engaging in a process where a cross section of Behavioral Health staff and mental health consumers worked together to outline steps for successful integration of peers in the workforce onto treatment teams.

SC-BHD then conducted a Peer Workforce staff development training for all staff to promote a recovery-oriented approach that supports mental health consumers, or peers, to enter into the County workforce. As a result of all of this work, the Division has hired seven extra help and one full time peer support employees into the SC-BHD workforce to date. On **May 10th**, in acknowledgement of **Mental Health Matters Month**, the **Sonoma County Board of Supervisors** will be recognizing the new peer staff and those who participated in efforts to help integrate peers into the Sonoma County Behavioral Health Division.



The Behavioral Health Division presents a Public Hearing to review the Mental Health Services Act (MHSA) FY 14/15 Annual Update and MHSA Plan for FY 16/17

**Tuesday, May 17, 2016
5:00 to 7:00 PM
Finley Center, Person Senior Wing
2060 West College Avenue
Santa Rosa 95401**

Please join us for an informative evening discussing the services provided by MHSA-funded programs throughout the community, and by Sonoma County Behavioral Health. You'll hear from individuals who are transforming their lives with the help of these programs. There will also be an opportunity for public comment. The MHSA Annual Update and Plan is available at:
www.sonoma-county.org/behavioralhealth
Please submit comments or questions to:
MHSA@sonoma-county.org
Contact: 707-565-4850



WALK IN OUR SHOES PERFORMANCE AT RINCON VALLEY MIDDLE SCHOOL

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

On March 15th, Rincon Valley Middle School hosted a performance of **Walk in Our Shoes**, an initiative aimed at preventing early development of stigma in youth. Walk in Our Shoes is part of the overall stigma reduction efforts funded by Sonoma County and administered by the California Mental Health Services Authority (CalMHSA).

The 35-minute play follows the lives of four high school students and introduces their various experiences with both mental health challenges and stigma. Following the play, the youth had the opportunity to participate in a 15-minute facilitated discussion about mental wellness with mental health professionals on-site to address any issues that may arise. To learn more about the program, visit:
www.walkinourshoes.org & www.ponteenmizapatos.org

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

COMMUNITY FORUM ON DEPRESSION

In recognition of Mental Health Matters Month, Congregation Shomrei Torah will host a **Community Forum on Depression on Sunday, May 22nd from 2-5pm**. The Forum will feature six leading Sonoma County mental health care providers and activists who will reveal the reality of depression through their own personal journey, those of loved ones, and through the perspectives of their professional lives in the mental health field. Free & open to the public. Donations accepted.

**2600 Bennett Valley Road, Santa Rosa
(707) 578-5519 — www.cstr.org**

Mental Health... It Takes A Community
Forum on Depression
Sunday, May 22, 2:00-5:00 pm
Featuring leading experts and activists on mental health...

 RABBI STEPHANIE KRAMER Forum Moderator, Congregation Shomrei Torah	 SHIRLEY ZANE Sonoma County Supervisor, On-Call Supervisor for Behavioral Health Services and Depression, What We Do	 DIANA KLEIN Regional Director, Jewish Family and Children's Services, Depression and Older Adults
 MICHAEL KENNEY Senior Deputy Director of Health Services, Sonoma State University	 DR. MICHAEL TOMICH Psychiatrist, Sonoma State University	 KEVIN E. BRIGGS Senior Deputy Director of Behavioral Health Services, Sonoma County
 WHITNEY RODGERS Senior Deputy Director of Behavioral Health Services, Sonoma County	 WHITNEY RODGERS Senior Deputy Director of Behavioral Health Services, Sonoma County	

*We bring will sign and offer for sale the network. Consideration of the dates date.
This event is free and open to the public.
Refreshments will be provided.
For more info call (707) 578-5519 or go to www.cstr.org



Appendix 3

MHSA System and No Place Like Home Presentation



WELLNESS • RECOVERY • RESILIENCE



DEPARTMENT OF HEALTH SERVICES

BEHAVIORAL HEALTH DIVISION

Michael Kennedy, MFT – Division Director



WELLNESS • RECOVERY • RESILIENCE

Overview of Sonoma County Mental Health Services Act & No Place Like Home

**MHSA Integrated Planning Advisory Committee Launch Meeting
November 18, 2016**

Goals for today's presentation

- Brief overview of current MHSA System of Care
- Progress to date - MHSA Updates
- Understanding the MHSA funding environment
- Overview of No Place Like Home

Overview of Mental Health Services Act



WELLNESS • RECOVERY • RESILIENCE

Mental Health Services Act (MHSA)

- Passage of Prop 63 in November 2004
- 1% income tax on personal income in excess of \$1 million
- Provides mental health treatment, prevention and early intervention, education and training to Californians affected by mental health challenges
- FY 16-17 CA MHSA budget is \$1.4 billion
- FY 17-18 projections for Sonoma County is approximately \$19 million

MHSA Components

- Community Services and Supports (CSS)
- Prevention and Early Intervention (PEI)
- Innovation (INN)

Community Services & Supports (CSS)



- Full Service Partnerships
- Outreach and Engagement
- General Systems Development
- Workforce, Education and Training (WET)



Prevention & Early Intervention (PEI)



- Early Childhood Services
- School Based Services
- Services targeting Older Adults
- Services targeting communities that experience disparity in access to mental health services
- CaIMHSA Efforts



Innovation (INN)

Innovation Project Highlights



Mobile Support Team (MST)

- Awarded Triage Grant to expand services

Integrated Health Team (IHT)

- Partnership with Santa Rosa Community Health Centers



MHSA Housing Investments



Fife Creek Commons - Guerneville



McMinn Avenue - Santa Rosa



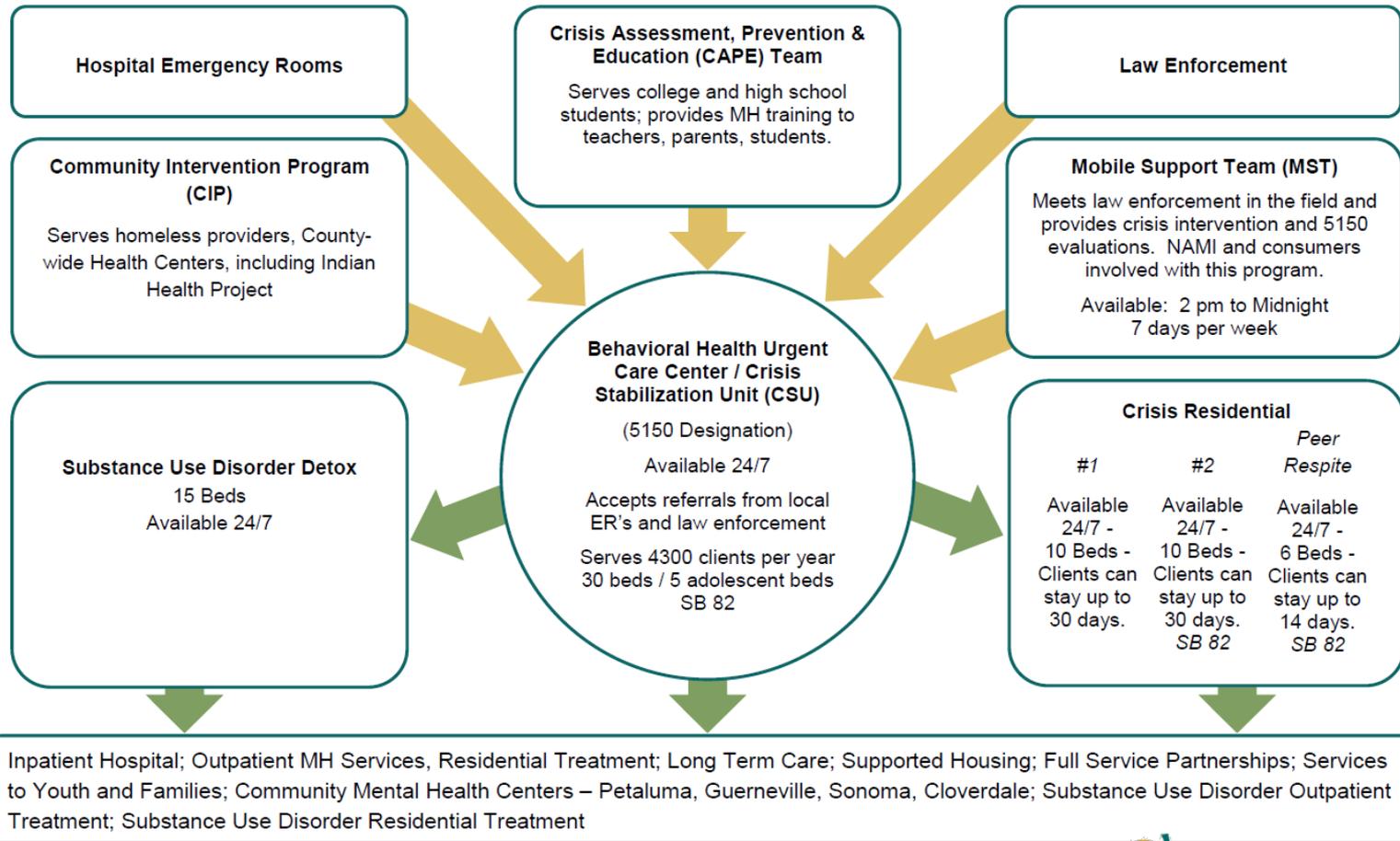
Windsor Redwoods - Windsor



Vida Nueva - Rohnert Park

Sonoma County Utilizes MHSA Funding to Fill the Gaps

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



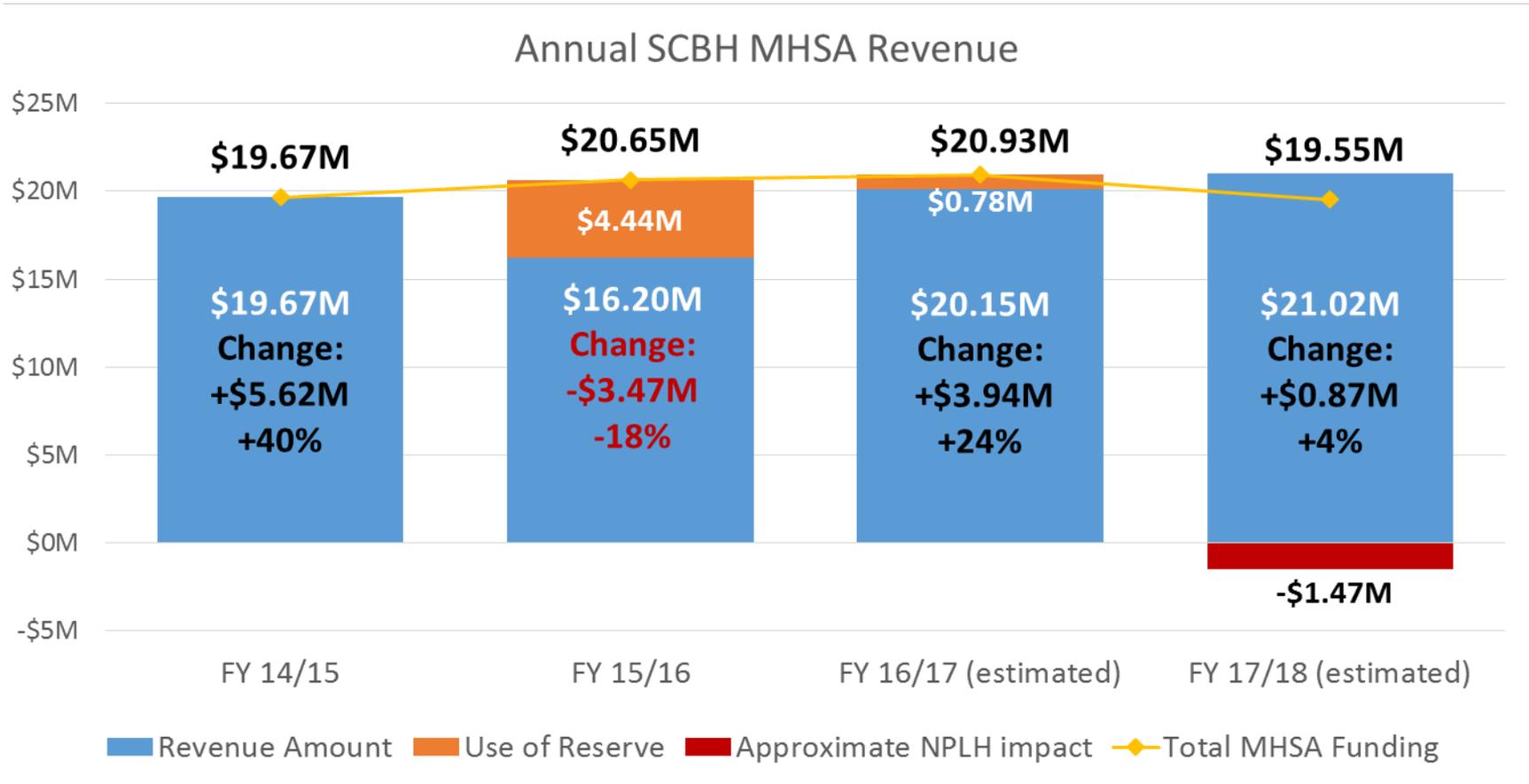
MHSA Progress to Date

- Leverage MHSA funding to increase crisis services
 - Expansion of CAPE, MST
 - New Crisis Stabilization Unit & Crisis Residential Units
 - Suicide Prevention Hotline
- Peer Driven Services
 - Peer Respite program in development
 - Peer Warmline program
 - Peer Employment
- Family Support Services
 - Full Service Partnership for Transitional Age Youth
 - CAPE Team

Understanding the MHSA Funding Environment

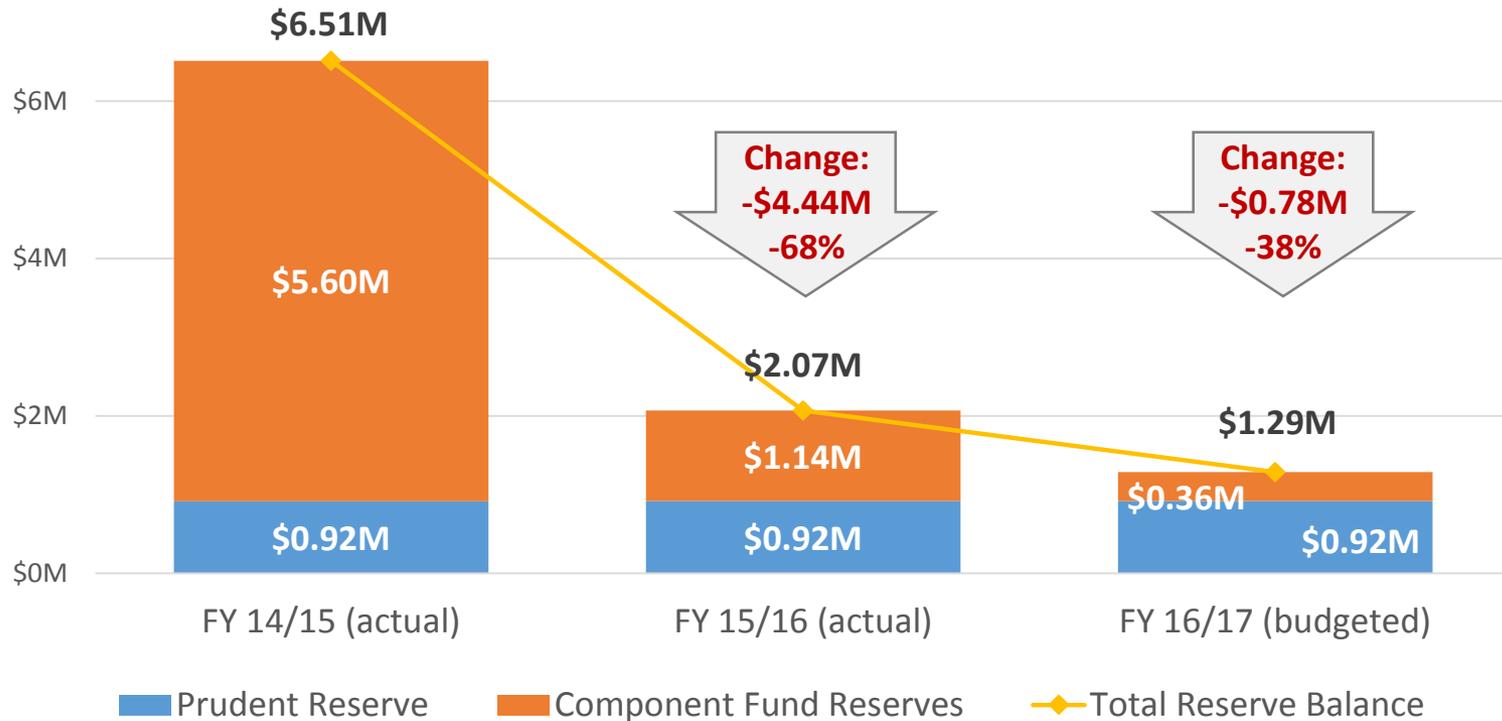
- MHSA Annual Revenue/Funding
- MHSA Annual Reserve Balances
- Sustainability and protecting the current MHSA system of care

MHSA Annual Revenue/Funding



MHSA Annual Reserve Balances

Year End MHSA Reserve Balances (as of November 2016)



Sustainability and Protecting MHSA System of Care

- MHSA funding driven by economy
- Depressions and recessions significantly impact the amount of available County MHSA dollars
- Unstable economic and political climate
- Historic data/trends
- Rebuilding reserves now will minimize and help to mitigate the need to reduce programming in the future

Overview of “No Place Like Home”



NPLH Background Information

On July 1, 2016, Governor Brown signed landmark legislation to invest in the development of permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness, chronic homelessness, or at risk of chronic homelessness. The bonds are repaid by funding from the Mental Health Services Act (MHSA).

Population Served

- Adults with serious mental illness, or children with severe emotional disorders and their families and persons who require or are at risk of requiring acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention because of a mental disorder with symptoms of psychosis, suicidality or violence and who are homeless, chronically homeless, or at risk of chronic homelessness.
- At risk of chronic homelessness includes persons who are at high risk of long-term or intermittent homelessness, including persons with mental illness exiting institutionalized settings, transition age youth experiencing homelessness or with significant barriers to housing stability.

NPLH Funding

- \$2 Billion in Capital Funding
- Seeks to Fund: 10,000-14,000 new units of permanent supportive housing for homeless people with severe and persistent mental illness.
- Revenue From: \$2 billion revenue bond, to be repaid over 20 years from 7% of Proposition 63/Mental Health Services Act (MHSA) revenue, totaling payments of \$137 million per year for 20 years.
- Funding would be issued through a competitive process to counties.

NPLH Advisory Committee

- The No Place Like Home Advisory Committee is comprised of 15 members, including state agencies, and Governor and legislative appointees. The Advisory committee will assist and advise in the implementation of NPLH, review and make recommendations on program guidelines, and review the progress in distributing awards.



California Department of
Housing and Community Development

Behavioral Health Housing Principles



- *Expanding safe and affordable housing is a key priority for behavioral health providers and advocates.*
- *Community Stakeholders are essential partners in any effort to reduce and prevent homelessness when mental illness and/or substance use are key contributing factors.*
- *A safe place to call home is essential for personal recovery and wellness, and behavioral health services are critical in preventing homelessness.*
- *Based on our experiences, we strongly believe the following principles must be considered in designing new efforts and targeting new investments.*

Behavioral Health Housing Principles

1. Utilize the public behavioral health target population definition for homelessness prevention and reduction efforts
2. Utilize strategies that prevent homelessness
3. Utilize proven models to respond to homelessness
4. Invest in supportive services and break the cycle of long-term homelessness
5. Fund construction, operating subsidies, and supportive services
6. Ensure residents of all counties can benefit from additional housing investments
7. Balance investment
8. Consider MESA revenue volatility
9. Ensure flexibility to address local needs
10. Address “Not in My Backyard” (NIMBY) and siting challenges
11. Leverage and increase the impact of existing and emerging state housing and services

3 Year Integrated Plan Advisory Committee Projects for NPLH

- Getting Grant Ready - prepared for applying for NPLH funding
- Establishing NPLH funding connection to the Behavioral Health population in Sonoma County
- Harder + Company support for Housing Needs Inventory and update to 2009 Consumer Housing Needs Survey
- Roundtable Discussions on Housing and Homelessness

For more information

SCBH MHSA Website: <http://www.sonoma-county.org/MHSA>

CA Dept. of HCD: <http://www.hcd.ca.gov/financial-assistance/no-place-like-home/index.html>

CBHDA MHSA Committee: <http://www.cbhda.org/member-info/committees/mhsa/>

Contact: Amy Faulstich, MHSA Coordinator at:

Amy.Faulstich@Sonoma-county.org



Appendix 4

MHSA Integrated Planning Community Input Survey (English and Spanish)



WELLNESS • RECOVERY • RESILIENCE



COMMUNITY INPUT SURVEY FOR SONOMA COUNTY BEHAVIORAL HEALTH DIVISION'S 3-YEAR MHSA INTEGRATED PLAN

WE WANT TO HEAR FROM YOU!

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

December 2016 – February 2017

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

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

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

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

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



WELLNESS • RECOVERY • RESILIENCE

HOW DO I RETURN A COMPLETED SURVEY?

You may return a completed survey the following ways:

Scan and Email to:
Minda Murphy
mmurphy@harderco.com

Mail to:
Minda Murphy
Harder+Company Community Research
299 Kansas Street
San Francisco, CA 94103

Fax to:
Minda Murphy
(415) 522-5445



SONOMA COUNTY BEHAVIORAL HEALTH DIVISION (SBHD): INTEGRATED PLANNING COMMUNITY INPUT SURVEY

1. Based on your experience, what services offered through MHS funding are most helpful? (check all that apply)

- Consumer-operated services
- Crisis response services
- Early childhood mental health services (0 – 5)
- Family support services
- Housing programs
- Mental health services for Transitional Age Youth (TAY) (16-25)
- Mental health services targeting underserved cultural populations
- Outreach and engagement activities to geographically isolated communities
- Outreach and engagement to Older Adults
- Partnership with school programs
- Treatment for people living with Serious and Persistent Mental Illness (SPMI)
- Youth leadership and mentoring programs
- Other (please specify) _____

2. Which underserved population(s) living with mental health challenges do you believe have the greatest need for mental health prevention and early intervention services in Sonoma County? (check all that apply)

	Greatest Need	Some Need	Least Need
African American/Black	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian/Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geographically isolated individuals with mental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic/Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals living with co-occurring substance use disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQ+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older Adults (60+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitional Age Youth (16 – 24 years of age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Very Important	Important	Not Important	Don't Know
Expand mental health services to additional high schools and/or middle schools <i>(Expand mental health training and education for students, faculty, counselors and parents in a high school setting)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expand the Crisis Assessment, Prevention, and Education (CAPE) team in high schools and middle Schools <i>(CAPE is an early intervention prevention strategy specifically designed to intervene with transitional age youth who are at risk of or are experiencing first onset of mental illness and its multiple issues and risk factors)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expand Mobile Support Team (MST) into additional communities <i>(MST staff participates in law enforcement shift briefings to maintain open communication and responds in the field to law enforcement requests to behavioral health crisis)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expand the Community Intervention Program (CIP) to strengthen homeless outreach <i>(Strengthen outreach to ensure individuals with mental health challenges who are homeless are connected to services)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continue to hire consumers to be employed by Sonoma County Behavioral Health <i>(Recruit and hire individuals at Sonoma County Behavioral Health who have had mental health challenges and achieved success with their own mental health recovery)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase bilingual/bicultural services <i>(Increase bilingual/bicultural mental health services offered)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enhance children's mental health services, including crisis services <i>(Enhance mental health services for children 0-18 years old)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strengthen support services to family members <i>(Strengthen mental health support services such as workshops, support groups, one-on-one education, and resource clinics to family members)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enhance older adult mental health services <i>(Enhance mental health services for older adults)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very Important	Important	Not Important	Don't Know
Support statewide projects such as mental health public education and suicide prevention campaigns <i>(Support campaigns focused on mental health advocacy, such as Each Mind Matters, Know the Signs, SanaMente, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What are your ideas for new services you would like to see supported by the Mental Health Services Act (MHSA) funds in Sonoma County?

DEMOGRAPHICS

5. What is your age?

- 15 and younger
- 16 – 24
- 25 – 44
- 45 – 59
- 60+
- Decline to answer

6. What geographic area in Sonoma County do you represent [live and/or work]? (Check all that apply)

- North:** Asti, Cloverdale, Geyserville, Healdsburg, Las Lomas
- West County:** Camp Meeker, Cazadero, Cunningham, Duncans Mills, Forestville, Freestone, Graton, Guerneville, Guerneville Park, Mirabel Park, Monte Rio, Occidental, Rio Nido, Russian River, Sebastopol, Villa Grande
- Sonoma Coast:** Annapolis, Bodega, Bodega Bay, Fort Ross, Gualala, Jenner, Plantation, Sea Ranch, Stewarts Point, Timber Cove, Valley Ford
- South County:** Bloomfield, Cotati, Fulton, Lakeville, Penngrove, **Petaluma**, Petaluma River, Two Rock
- Sonoma County Central:** Rohnert Park, **Santa Rosa**, Windsor
- Sonoma Valley:** Agua Caliente, Boyes Hot Springs, El Verano, Eldridge, Feters Hot Springs, Glen Ellen, Kenwood, Schellville, Sonoma, Vineburg

7. What is your gender?

- Female
- Male
- Transgender
- Other (please specify) _____
- Decline to answer

8. Which of the following groups do you represent? (check all that apply)

- Alcohol/drug services provider
- Community agency/nonprofit staff
- Consumer/client of mental health services
- County of Sonoma staff
- Family member of a mental health services consumer under age 18
- Family member of an adult mental health services consumer
- Healthcare organization
- Interested community member
- Mental health services provider
- Representative of law enforcement
- Representative of a school or education system
- Student
- Veteran
- Other (please specify) _____
- Decline to answer

9. What do you consider your ethnic background? (check all that apply)

- African American/Black
- Asian/Pacific Islander
- Hispanic/Latino
- Native American/Alaska Native
- White/Caucasian
- Other (please specify) _____
- Decline to answer

END OF SURVEY

Thank you very much for your time. Your feedback is valuable to the Behavioral Health Division. For any questions about this survey, please contact Minda Murphy, Research Assistant at Harder+Company Community Research, (email: mmurphy@harderco.com; phone: (415) 522-5400). Please feel free to leave any final comments you may have.



ENCUESTA COMUNITARIA PARA EL PLAN INTEGRADO DE 3 AÑOS DEL MHSA DEL DEPARTAMENTO DE SALUD MENTAL DEL CONDADO DE SONOMA

¡QUEREMOS ESCUCHAR SUS OPINIONES!

Ayúdenos a formar un plan para proveer servicios de salud mental en el Condado de Sonoma

Diciembre 2016 – Febrero 2017

Gracias por tomarse el tiempo de compartir sus opiniones e ideas para el Plan Integrado de Tres Años del Acta de Servicios de Salud Mental del Condado de Sonoma (MHSA).

En el Condado de Sonoma, el MHSA busca crear un sistema de salud mental a nivel local que se enfoque en el bienestar y la recuperación, que sea dirigido por los consumidores o clientes de los servicios y sus familias, que promueva una visión en la que la recuperación es posible, y que entregue servicios atentos y apropiados en cuanto a la cultura y el idioma.

El Departamento de Salud Mental está llevando a cabo un proceso de planificación integrado para fortalecer y mejorar los servicios actuales del MHSA. Necesitamos sus comentarios sobre los servicios que se ofrecen actualmente y sobre las poblaciones que carecen de servicios y viven con problemas de salud mental.

También necesitamos sus comentarios sobre algunas nuevas ideas para aumentar los servicios que se podrían proveer en el futuro, además de sus propias ideas sobre otros servicios nuevos o aumentados que le gustaría ver que se apoyen con los fondos del MHSA en el Condado de Sonoma.

Completar la encuesta le tomará alrededor de 3 a 5 minutos. **Todas las secciones de la encuesta son anónimas.** Gracias por su tiempo y esperamos su participación.

¿CÓMO DEVUELVO UNA ENCUESTA COMPLETADA?

Puede devolver su encuesta completada en cualquiera de las siguientes maneras:

Escanéela y envíela por email/correo electrónico a:
Minda Murphy
mmurphy@harderco.com

Envíela por correo regular a la siguiente dirección:
Minda Murphy
Harder+Company Community Research
299 Kansas Street
San Francisco, CA 94103



WELLNESS • RECOVERY • RESILIENCE

Envíela por fax a:
Minda Murphy
(415) 522-5445



DEPARTAMENTO DE SALUD MENTAL DEL CONDADO DE SONOMA (SBHD): ENCUESTA COMUNITARIA PARA LA PLANIFICACIÓN INTEGRADA

1. Basándose en su experiencia, ¿cuáles servicios que se ofrecen con fondos del MHSA son más útiles? (marque todas las respuestas que guste)

- Los servicios dirigidos por los consumidores/usuarios
- Los servicios para responder a las crisis
- Los servicios de salud mental para los niños pequeños (0 – 5 años)
- Los servicios de apoyo para las familias
- Los programas de vivienda
- Los servicios de salud mental para los jóvenes en edad transicional (TAY) (16-25 años)
- Los servicios de salud mental para los grupos culturales que carecen de servicios
- Las actividades de promoción y participación para las comunidades que viven en zonas geográficas aisladas
- Las actividades de promoción y participación para las Personas Mayores
- Las colaboraciones con los programas de las escuelas
- Los tratamientos para las personas que viven con Enfermedades Mentales Graves y Constantes (SPMI)
- Los programas de liderazgo y mentores para jóvenes
- Otros servicios (por favor especifique) _____

2. ¿Cuáles poblaciones que carecen de servicios y que experimentan problemas de salud mental cree usted que tienen la mayor necesidad de recibir servicios de prevención e intervención temprana en el Condado de Sonoma? (marque todas las respuestas que guste)

	La Mayor Necesidad	Un Poco de Necesidad	La Menor Necesidad
Las personas Afroamericanas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Las personas Asiáticas/de las Islas del Pacifico	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Los Jóvenes de Crianza/cuidado temporal (<i>Foster Youth</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Las personas que viven en zonas geográficas aisladas y que experimentan problemas de salud mental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Las personas Hispanas/Latinas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Las personas que experimentan problemas coexistentes con el consumo de sustancias (además de problemas de salud mental)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Las personas Lesbianas, Gay, Bisexuales, Transgénero, Queer+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Las personas que son Nativo-Americanas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Las Personas Mayores (mayores de 60 años)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Los Jóvenes en Edad Transicional (16 – 24 años de edad)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Los Veteranos de Guerra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otras Poblaciones (por favor especifique) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Debajo hay una lista de servicios aumentados o ampliados que se podrían proveer en el futuro para las personas con problemas de salud mental. Por favor califique los servicios que usted considere que son más o menos importantes proporcionar.

	Muy Importante	Importante	No Importante	No Sé
<p>Aumentar los servicios de salud mental a más escuelas preparatorias (<i>high schools</i>) y/o escuelas secundarias (<i>middle schools</i>) <i>(Aumentar la capacitación/entrenamiento y la educación para los estudiantes, maestros, consejeros y padres de familia en las escuelas preparatorias)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Ampliar el equipo de Evaluación, Prevención y Educación de Crisis (CAPE) en las escuelas preparatorias (<i>high schools</i>) y escuelas secundarias (<i>middle schools</i>) <i>(CAPE es una estrategia de prevención e intervención temprana especialmente diseñada para intervenir con los jóvenes de edad transicional que están en riesgo o que experimentan sus primeros episodios de enfermedades mentales y los problemas y riesgos asociados con éstas)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Ampliar el Equipo de Apoyo Móvil (MST) a más comunidades <i>(El personal del MST participa en las sesiones informativas de las agencias de policía para mantener abiertas las vías de comunicación y además responde en la comunidad a las solicitudes de las agencias de policía cuando se presentan situaciones de crisis de salud mental)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Ampliar el Programa de Intervención Comunitaria (CIP) para fortalecer la promoción/alcance a las personas sin hogar <i>(Fortalecer las estrategias de promoción o alcance para asegurarse que las personas con problemas de salud mental que no tienen hogar estén conectadas a los servicios)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Continuar contratando consumidores o usuarios como empleados del Departamento de Salud Mental del Condado de Sonoma <i>(Reclutar y contratar personas al Departamento de Salud Mental del Condado de Sonoma que hayan experimentado problemas de salud mental y que hayan tenido éxito con su recuperación en la salud mental)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Aumentar los servicios bilingües/biculturales <i>(Aumentar los servicios bilingües/biculturales que se ofrecen)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Mejorar los servicios de salud mental para los niños, incluyendo los servicios de crisis <i>(Mejorar los servicios de salud mental para los niños de 0-18 años de edad)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fortalecer los servicios de apoyo para los familiares

(Fortalecer los servicios de apoyo para la salud mental, tales como los talleres, grupos de apoyo, educación individual y clínicas de recursos para los familiares)

Mejorar los servicios de salud mental para las personas mayores

(Mejorar los servicios de salud mental para las personas mayores)

Muy Importante **Importante** **No Importante** **No Sé**

Apoyar los proyectos estatales tales como la educación pública sobre salud mental y las campañas de prevención de suicidio

(Apoyar las campañas que se enfocan en abogar por la salud mental, tales como Each Mind Matters, Know the Signs, SanaMente, etc.)

Otros servicios (por favor especifique)

4. ¿Cuáles son sus ideas sobre servicios nuevos que le gustaría ver que se apoyen con los fondos del Acta de Servicios de Salud Mental (MHSA) del condado de Sonoma?

INFORMACIÓN DEMOGRAFICA

5. ¿Cuál es su edad?

- Menor de 15 años
- 16 – 24 años
- 25 – 44 años
- 45 – 59 años
- Mayor de 60 años
- Se niega a contestar

6. ¿A cuál zona geográfica del Condado de Sonoma representa usted [dónde vive y/o trabaja]? (Marque todas las respuestas que correspondan)

- Norte:** Asti, Cloverdale, Geyserville, Healdsburg, Las Lomas
- Oeste del Condado:** Camp Meeker, Cazadero, Cunningham, Duncans Mills, Forestville, Freestone, Graton, Guerneville, Guernewood Park, Mirabel Park, Monte Rio, Occidental, Rio Nido, Russian River, Sebastopol, Villa Grande
- Costa de Sonoma:** Annapolis, Bodega, Bodega Bay, Fort Ross, Gualala, Jenner, Plantation, Sea Ranch, Stewarts Point, Timber Cove, Valley Ford
- Sur del Condado:** Bloomfield, Cotati, Fulton, Lakeville, Penngrove, **Petaluma**, Petaluma River, Two Rock
- Centro del Condado de Sonoma:** Rohnert Park, **Santa Rosa**, Windsor
- Valle de Sonoma:** Agua Caliente, Boyes Hot Springs, El Verano, Eldridge, Fetters Hot Springs, Glen Ellen, Kenwood, Schellville, Sonoma, Vineburg

7. ¿Cuál es su género?

- Mujer
- Hombre
- Transgénero
- Otro género (por favor especifique) _____
- Se niega a contestar

8. ¿A cuáles de los siguientes grupos representa usted? (marque todo lo que corresponda)

- Proveedor de servicios relacionados con el alcohol/drogas
- Agencia comunitaria/personal o empleado(a) de una organización no lucrativa (*nonprofit*)
- Consumidor/cliente de servicios de salud mental
- Personal o empleado(a) del Condado de Sonoma
- Familiar de un consumidor(a) de servicios de salud mental menor de 18 años de edad
- Familiar de un consumidor(a) de servicios de salud mental adulto
- Organización de servicios de salud (*healthcare*)
- Miembro de la comunidad interesado(a) en estos temas
- Proveedor de servicios de salud mental
- Representante de una agencia de policía/del orden público
- Representante de una escuela o del sistema de educación
- Estudiante
- Veterano(a) de la guerra
- Otro grupo (por favor especifique) _____
- Se niega a contestar

9. ¿Cuál considera usted que es su origen étnico? (marque todo lo que corresponda)

- Afroamericano(a)
- Asiático(a)/de las Islas del Pacífico
- Hispano(a)/Latino(a)
- Nativo-Americano(a)/Nativo(a) de Alaska
- Blanco(a)/Caucásico(a)
- Otro grupo étnico (por favor especifique) _____
- Se niega a contestar

FIN DE LA ENCUESTA

Muchas gracias por su tiempo. Sus comentarios son muy valiosos para el Departamento de Salud Mental. Si tiene cualquier pregunta sobre esta encuesta, por favor comuníquese con Minda Murphy, Asistente de Investigación de la organización *Harder+Company Community Research*, (por email o correo electrónico: mmurphy@harderco.com; por teléfono: (415) 522-5400). Por favor comuníquese con nosotros si tiene cualquier otro comentario adicional.



Appendix 5

First 5 Sonoma County MHSA PEI 0-5 Program Evaluation Report for FY 15-16



WELLNESS • RECOVERY • RESILIENCE



First 5 Sonoma County Program Evaluation Report

7/1/2015 - 6/30/2016

Mental Health Services Act: Prevention and Early Intervention (0-5)

March 2017

Prepared For

First 5 Sonoma County

Prepared By

Learning for Action



Learning for Action enhances the impact and sustainability of social sector organizations through highly customized research, strategy development, and evaluation services.

About First 5 Sonoma County

The mission of First 5 Sonoma County is to maximize the healthy development of all Sonoma County children from the prenatal stage through age five through support, education, and advocacy. To achieve this mission, the First 5 Sonoma County Commission funds an array of programs, services, and initiatives designed to achieve its Strategic Plan goals in the areas of health and healthy development, early childhood education, parent support and education, and school readiness. The Evaluation Committee of the Commission provides guidance to evaluation efforts for First 5 Sonoma County.

First 5 Sonoma County
490 Mendocino Avenue, Suite 203
Santa Rosa, CA 95401
(707) 565-6686
www.first5sonomacounty.org

About Learning for Action

Established in 2000, and with offices in San Francisco and Seattle, Learning for Action (LFA) provides highly customized research, strategy, and evaluation services that enhance the impact and sustainability of social sector organizations across the U.S. and beyond. LFA's technical expertise and community-based experience ensure that the insights and information we deliver to nonprofits, foundations, and public agencies can be put directly into action. In the consulting process, we build organizational capacity, not dependence. We engage deeply with organizations as partners, facilitating processes to draw on strengths, while also providing expert guidance. Our high quality services are accessible to the full spectrum of social sector organizations, from grassroots community-based efforts to large-scale national and international foundations and initiatives.

Learning for Action
170 Capp Street Suite C
San Francisco, CA 94110
(415) 392-2850
www.learningforaction.com

About this Evaluation Report

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

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

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I. Executive Summary

Program Details	
Program Name	Mental Health Services Act: Prevention and Early Intervention 0-5 (MHSA-PEI 0-5 program)
Contractor	California Parenting Institute (CPI), Early Learning Institute (ELI), Jewish Family and Children's Services (JFCS), Petaluma People Services Center (PPSC)
Term of Grant	July 1, 2015 – June 30, 2016
2011-20 Strategic Plan Goal Area	<ul style="list-style-type: none"> Goal 1: Health and Healthy Development of Children Goal 2: Supported and Nurturing Families Goal 4: Increase Integration of Systems and Effect Policy Change
Priority Outcome	<ul style="list-style-type: none"> Priority Outcome 1B: Increase early detection of, and intervention for, developmental concerns Priority Outcome 2A: Increase support for parents to strengthen their parenting capacity Priority Outcome 4C: Reduce child abuse and neglect and promote early childhood mental health through collaboration with community partners to support families with substance abuse, mental health, or domestic violence issues
Strategic Plan Core Program Outcomes (First 5 Sonoma County Pathways to Results)	<p>Community Outcomes:</p> <ul style="list-style-type: none"> Decrease in substantiated reports for child abuse and neglect Decrease in recurrence of substantiated reports for child abuse and neglect Decrease in out-of-home placements Decrease in number of children visiting the emergency room for suspected maltreatment <p>Program Level Outcomes:</p> <ul style="list-style-type: none"> Decrease in children exhibiting difficult behaviors Decrease in negative parent-child interactions Decrease in PMD among identified/treated women Children whose screenings show developmental/social-emotional delays are referred for further assessment
First 5 Funding Amount	First 5 provides training and evaluation services for the MHSA-PEI 0-5 grantees. Grant funding for direct services comes from Sonoma County's Mental Health Services Act.
Level of Evidence at Start of Grant¹	<ul style="list-style-type: none"> Triple P – Positive Parenting Program®: Evidence-Based Practice (Achieved Tier 1 placement in Portfolio of Model Upstream Programs) Screenings with Ages and Stages Questionnaire (ASQ 3 and ASQ-SE): Evidence-Based Practice Perinatal Mood Disorder: Interpersonal Psychotherapy for Perinatal Mood/Anxiety Disorders (Achieved Tier 1 placement in Portfolio of Model Upstream Programs) Parent Education and Support (PEAS) Program: Emerging Practice

Key Accomplishments

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

- The rates of reoccurrence of child abuse and neglect and out-of-home placements are declining in Sonoma County:** LFA and First 5 believe this positive development is, in part, a product of the combined efforts of MHSA-PEI 0-5 grantees.
- Over 2,000 at-risk children 0-5 and their families received services:** Agencies met the majority of their targets and supported parents to become confident nurturers who promote their children's healthy social-emotional development.
- Grantees are part of a growing county-wide effort to prevent ACEs:** MHSA grantees are using the Adverse Childhood Experiences (ACEs) framework to reduce ACEs for children and prevent the intergenerational transmission of ACEs.²
- More than 550 children were screened and referred for further assessment:** MHSA PEI 0-5 grantees used the ASQ 3 and ASQ-SE to screen children for developmental or social-emotional delays and referred those deemed at risk for further assessment. Navigation assistance supported providers and caregivers to identify referrals and guided families to additional resources.

Key Challenges and Lessons Learned

- The service landscape continuously evolves as additional providers deliver screenings and services in the community. Grantees collectively will need to monitor and adapt to the shifting landscape in order to focus services where there is the greatest need.
- The Protective Factors Survey provides valuable information as well as brings other family needs and challenges to the fore that are outside the scope of grantees' services. Grantees, in collaboration with other Sonoma County partners, will need to continue to identify resources and supports in the community to address those needs and promote family resiliency.

¹ Please see the First 5 Sonoma County Evaluation Plan for a complete description of the evidence-based continuum, and definitions of each level of evidence.

² SAMHSA (2016). Retrieved from <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>

II. Program Description

In Sonoma County, the Mental Health Services Act (MHSA) funds four grantees through its Prevention and Early Intervention 0-5 program (MHSA-PEI 0-5). MHSA-PEI 0-5 grantees are funded to perform a variety of services, all of which aim to “reduce risk factors, build protective factors and skills, and increase support for those at risk of developing serious mental illness.” The MHSA grantees’ work is rooted in the science of adverse childhood experiences (ACEs)³, and aims to reduce children’s exposure to ACEs as well as to prevent the transmission of ACEs across generations. MHSA-PEI 0-5 grantees are funded to help provide a “continuum of care that includes screening, intervention, and support strategies” for children, from before birth to age five, and their families.⁴ 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.⁵

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

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 – California Parenting Institute (CPI), Early Learning Institute (ELI), Jewish Family and Children’s Services (JFCS), and Petaluma People Services Center (PPSC) – provide the following services:

- Parent education and intervention services using Triple P—Positive Parenting Program, levels 2, 3, 4, and 5 (described in more detail below);
- Identifying women with Perinatal Mood Disorder (PMD);
- Referrals, case management, and treatment for women identified with PMD;
- Education and support for parents of children with special needs;
- Mental health services for families with mental health concerns of either parent or child (beyond PMD);
- Developmental and social emotional screenings of children 0-5, using the Ages and Stages Questionnaire (ASQ 3) and the ASQ Social-Emotional (ASQ-SE);
- Further assessment or referral for services to children with identified concerns;
- Re-screening children at age-appropriate intervals;
- Psychological assessments as needed;
- Case management for children in at-risk families for whom a developmental or social-emotional screening identifies potential delays; and

³ SAMHSA (2016). Retrieved from <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>

⁴ http://www.sonoma-county.org/health/about/pdf/mhsa/pei_plan.pdf

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

- One-Call Navigator to link callers with the appropriate services within the early childhood mental health system of care.

Triple P – Positive Parenting Program

Because the Triple P – Positive Parenting Program® accounts for the majority of the work funded by this grant, this report includes more detailed information about Triple P than about the other services grantees provide under the MHSA-PEI 0-5 grant.

Triple P is a multi-level evidence-based⁶ program proven to significantly reduce child abuse and out-of-home placement by increasing the knowledge, skills, and confidence of parents. Parents receive the services, and their children benefit because the family relationship improves. At its core, Triple P focuses on strengthening the relationship between the parent and the child and incorporates trauma informed principles such as a safe environment, stability and mutual respect and attunement. The program aims to prevent problems for children in various settings (e.g. family, school, or community) before they arise. Triple P supports the mental health and well-being of both caregivers and children. Each of the five levels offers tips, tools, and strategies to support parents. These levels progress in intensity of intervention as follows:⁷

- Level 1 is a social marketing and promotional campaign to reduce the stigma of seeking parenting help and to increase parental awareness of Triple P resources in the community. This campaign is called “Stay Positive” and is coordinated by First 5 Sonoma County. The county was the pilot site for the Stay Positive program in the U.S. The program includes a parent website, a provider website, and marketing materials in English and Spanish to explain and promote Triple P services.
- Level 2 consists of a series of three seminars, introducing groups of parents/caregivers to positive parenting concepts and strategies.
- Level 3 consists of brief, flexible parent consultation, targeting parents who have children with mild to moderate behavioral difficulties or a one-time brief discussion group on a single topic, such as discipline.
- Level 4 is a more intensive intervention for parents who have children with moderate to severe behavioral/emotional difficulties, and is delivered in a group or in an individual setting. Level 4 individual interventions are frequently delivered in the home.
- Level 5 is delivered in conjunction with Level 4 and is an enhanced family intervention when parenting is complicated by relationship conflict, depression, or high stress.

Together, the four MHSA-PEI 0-5 grantees (CPI, ELI, JFCS, and PPSC) provide Triple P Levels 2 through 5 in Sonoma County. First 5 Sonoma County provides Triple P training and parenting support materials for Levels 2 through 5 to the MHSA-PEI 0-5 grantees and more than 30 agencies in the community. These agencies form a strong provider network, delivering consistent evidence-based messages about positive parenting throughout the community, supporting parents to become confident, competent nurturers who promote their children’s healthy social-emotional development.

The MHSA-PEI 0-5 grantees report process and outcome measures to Cricket Mitchell Consulting (CMC) to assess fidelity to the Triple P model. The CMC report on the data shared by MHSA-PEI 0-5 grantees is included as Appendix A. This evaluation report aims to complement the CMC report with additional data on grantee activities, community-level outcomes, and other targets achieved by the four grantees.

⁶ Please see the First 5 Sonoma County Evaluation Plan for a complete description of the evidence-based continuum, and definitions of each level of evidence.

⁷ Triple P America. <http://www.triplep.net/glo-en/the-triple-p-system-at-work/the-system-explained/>

Program Theory

Need for the Program

The MHSA-PEI 0-5 program addresses the needs of the following populations in Sonoma County:

- **Children at risk for abuse, neglect, or mental health issues.** In 2015-16, 231 Sonoma County children ages 0-5 had substantiated reports of child abuse or neglect at a rate of 7.2 substantiated cases per 1,000 children.⁸ While this rate has declined since 2010, it is probable that many more children are abused or neglected than these statistics show, since they do not include unsubstantiated cases or the vast number of cases that are unreported. In one study, mothers responding to anonymous telephone surveys reported incidences of physical child abuse at rates 40 times greater than official child abuse reports.⁹ A growing body of research seeks to quantify the prevalence of ACEs. In a nationally representative non-clinical sample using data from the 2011/2012 National Survey of Children's Health, approximately 33% of children aged birth to 17 in California experienced one or two ACEs, and 9% experienced 3 or more.¹⁰ Because wide ranging mental health consequences can be attributed to adverse childhood experiences, supporting families to develop positive relationships with children and address any early problems contributes to future positive mental health and well-being for caregivers and their children.
- **Women with Perinatal Mood Disorder.** Up to 20% of women experience diagnosable pregnancy-related mood disorders.¹¹ Sonoma County had 5,209 births in 2015,¹² meaning that nearly 1,000 Sonoma County women could have experienced pregnancy-related mood disorders in that year alone. Infants with depressed mothers are at an increased risk for child abuse and neglect.¹³ A longitudinal study of families investigated by child protective services found that depressed mothers are more likely to cause their children harm than mothers who are not depressed.¹⁴ Maternal depression also impacts child development. Living with a mother who is mentally ill or severely depressed is an ACE that can impact a child's future wellbeing. Treating women with depression can be considered an intervention to help reduce a child's potential exposure to ACEs and promote better outcomes for the mother and child.
- **Children with a developmental delay.** Nationwide, developmental disabilities were reported in approximately 15% of children in the US in 2006-2008.¹⁵ Sonoma County has 32,216 persons under age six,¹⁶ which suggests that more than 4,800 children under six in Sonoma County could have developmental disabilities. Research indicates that the majority of young children who are eligible for early intervention programs due to developmental delays do not receive services: nationwide, only 9%

⁸ Webster, D. et al. (2017). CCWIP reports. University of California at Berkeley California Child Welfare Indicators Project website. Retrieved from http://cssr.berkeley.edu/ucb_childwelfare/RefRates.aspx.

⁹ Theodore, A., et al. (2005). *Epidemiologic features of the physical and sexual maltreatment of children in the Carolinas*. Pediatrics 115; 331. Retrieved from <http://pediatrics.aappublications.org/content/115/3/e331.full.pdf>.

¹⁰ Sacks et al. (2014) Child Trends Research Brief: Adverse Childhood Experiences: National and State-Level Prevalence. Retrieved: https://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf

¹¹ Stone, S. & Menken, A. (2008). *Perinatal and Postpartum Mood Disorders: Perspectives and Treatment Guide for the Healthcare Practitioner*. Springer Publishing Company.

¹² SoCoDATA. Sonoma County Births by year. Retrieved from <https://data.sonomacounty.ca.gov/Fun/Sonoma-County-Births-By-Year/exx5-5heu>

¹³ Earls, M. (2010). Clinical Report- Incorporating Recognition and Management of Perinatal and Postpartum Depression into Pediatric Practice. Pediatrics, DOI: 10.1542/peds.2010-2348. Retrieved from <http://pediatrics.aappublications.org/content/early/2010/10/25/peds.2010-2348.full.pdf+html>

¹⁴ Conron, K. et al. (2009). *A longitudinal study of maternal depression and child maltreatment in a national sample of families investigated by child protective services*. Archives of Pediatrics and Adolescent Medicine 163(10). Retrieved from <http://archpedi.amanetwork.com/article.aspx?articleid=382254>

¹⁵ Boyle, et al. (2011). *Trends in the prevalence of developmental disabilities in US children, 1997-2008*. Pediatrics; originally published online May 23, 2011; DOI: 10.1542/peds.2010-2089.

¹⁶ California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2010, 2010-2060 (Jun. 2015); U.S. Census Bureau, Current Population Estimates, Vintage 2013 (Jun. 2015). Retrieved from www.kidsdata.org.

of nine-month-olds with developmental delays and only 12% of 24-month-olds with developmental delays receive early intervention services.¹⁷

- **Young children who are not screened for a social-emotional or developmental delay.** Only 53% of parents in California and 51% of parents nationwide report that a doctor or other health care provider asked them to complete a questionnaire about their specific concerns or observations about their child's development, communication, or social behaviors.¹⁸

How the Intervention Links to Outcomes

The following research findings show that the services provided by MHSA-PEI 0-5 grantees support positive outcomes for mothers and their children:

- **Triple P – Positive Parenting Program has been shown to reduce child maltreatment.** The Triple P program has more than 35 years of program development and evaluation. A recent meta-analysis of Triple P identified moderate effects in children's social, emotional, and behavioral outcomes, parenting practices, and parenting satisfaction and efficacy.¹⁹ In Australia, a population-based trial evaluating Triple P communities and comparison communities found that Triple P communities experienced a significant reduction in parental depression, coercive parenting, psychosocial problems, and emotional difficulties.²⁰ Additionally, a random sample, population-based trial by the Centers for Disease Control (CDC) in 18 South Carolina counties found that counties with the Triple P program experienced a significant reduction in child maltreatment, out-of-home placements, and children with injuries requiring hospitalization or emergency room treatment.²¹ If Sonoma County were to achieve a similar saturation of trained providers as existed in the South Carolina CDC study (and with all other factors being equal), First 5 would expect that population-wide implementation of Triple P would achieve an annual decrease of 217 cases of child maltreatment, 77 cases of out-of-home placement, and 19 cases of children's injuries resulting in hospitalization or emergency room treatment amount the 0-5 population in Sonoma County. Although there are significant contextual differences between Sonoma County, Australia, and South Carolina, Triple P is an evidence-based model; programs in diverse regions implementing the Triple P model with fidelity should be able to expect results similar to those highlighted by these studies.
- **Triple P – Positive Parenting Program may prevent or reduce harm from adverse childhood experiences.** ACEs are traumatic experiences that can damage a child's developing brain and body and lead to toxic stress and lifelong problems with health, wellness, and learning.²² ACEs include abuse and neglect as well as experiences such as divorce or living with a parent who is depressed or alcoholic. The ACE study found a connection between childhood trauma and adult chronic disease and mental health issues such as depression.²³ Research over the past two decades confirms that the more ACEs a child experiences, the greater the risk for adult chronic disease, mental illness, substance abuse, obesity, violence or being a victim of violence, and suicide.²⁴ Furthermore, epigenetic research has shown that toxic stress can alter the way in which genes are expressed, and whether or not they

¹⁷ Feinberg, et al. (2011). *The Impact of Race on Participation in Part C Early Intervention Services*. *Journal of Developmental & Behavioral Pediatrics* 32:284-291.

¹⁸ National Survey of Children with Special Health Care Needs. NS-CSHCN 2009/10. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved from www.childhealthdata.org.

¹⁹ Sanders, et al. (2014). *Towards a public health approach to parenting: A systemic review and meta-analysis of the Triple P-Positive Parenting Program*. *Clinical Psychology Review*, 32: 337–357.

²⁰ Sanders, et al. (2008). *Every Family: A Population Approach to Reducing Behavioral and Emotional Problems in Children Making the Transition to School*. *Journal of Primary Prevention*.

²¹ Prinz, et al. (2009). *Population-based prevention of child maltreatment: the U.S. Triple P System population trial*. *Prevention Science*. Published with open access at www.springerlink.com

²² Feletti et al. (1998). *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study*. *American Journal of Preventive Medicine*. 14(4): 245-258.

²³ Ibid.

²⁴ Anda et al. (2006) *The Enduring Effects of Abuse and Related Adverse Experiences in Childhood*. *European Archives of Psychiatry and Clinical Neuroscience*. 256: 174-186.

are expressed at all.^{25,26} Without intervention, parents may pass ACEs onto their children in a cycle that produces negative outcomes across multiple generations. When early experiences are nurturing, stable, and predictable, healthy brain development is supported. As a result, responsive caregiving early in life is associated with better physical and mental health, fewer behavioral problems, higher educational achievement, better employment, and less involvement with social systems in adulthood.²⁷ Triple P helps build protective factors and reduce risk for future physical and mental health problems among children, adolescents, and adults.

- **Evidence-based screening tools are critical to identifying women with Perinatal Mood Disorder (PMD).** In one study, routine clinical evaluation (using no screening tool) resulted in a 6% detection rate for postnatal depression, while screenings that used the Edinburgh Postnatal Depression Scale (EDPS) resulted in a 35% detection rate.²⁸
- **Treatment for perinatal mood disorders supports mothers' and children's health.** Several studies have shown that psychological and psychosocial interventions are effective in reducing depression symptoms among new mothers.²⁹ Early maternal depression is associated with "adverse cognitive and emotional infant development."³⁰ Children of depressed mothers exhibit poor mental and motor development, low interpersonal functioning, and behavioral problems.³¹ Living with a mother who is depressed, particularly in the first three years of life when the brain is developing rapidly can alter a child's brain and stress response.³² Effects for the child are long-lasting; maternal depressive symptoms are associated with poor self-control and executive functioning in preschool as well as acting out and behavior problems in elementary school.^{33, 34} There is increasing evidence that maternal depression is linked to a child's risk of developing depression or other emotional disorders later in life.³⁵ Research shows that remission of maternal depression is associated with decreases in children's problem behaviors and psychiatric symptoms.³⁶ Effectively, detecting and treating PMD is an intervention that can improve maternal and child well-being and mental health outcomes.
- **Screening with valid and reliable instruments is critical to identifying children with developmental and social-emotional delays.** When pediatricians rely upon clinical judgment alone, they fail to detect developmental delays in children over 70% of the time.³⁷ Valid, reliable screening instruments are able to identify developmental delays 70-80% of the time.³⁸

²⁵ Szyf, M. (2009b). The early life environment and the epigenome. *Biochimica Biophysica Acta (BBA)*. 1790(9): 878-885.

²⁶ National Scientific Council on the Developing Child (2010). *Early Experiences Can Alter Gene Expression and Affect Long-Term Development: Working Paper No. 10*. <http://www.developingchild.net>

²⁷ Shonkoff, J.P. (2010) Building a New Biodevelopmental Framework to Guide the Future of Early Childhood Policy. *Child Development*, January/February 2010. 81(1): 357–367. http://steinhardt.nyu.edu/scmsAdmin/media/users/eez206/srb_conference/Building_a_New_Biodevelopmental_Framework_-_J_Shonkoff.pdf.

²⁸ Evins, G., Theofrastous, J., & Galvin, S. (2000). *Postpartum depression: a comparison of screening and routine clinical evaluation*. *American Journal of Obstetrics and Gynecology* 182(5): 1080-1082.

²⁹ Hodnett, D. (2007). *Psychosocial and psychological interventions for treating postpartum depression (Review)*. The Cochrane Collaboration. Published in The Cochrane Library 2007, Issue 4.

³⁰ Murray, L. and Cooper, P. (1997). *Effects of Postnatal Depression on Infant Development*. *Archives of Disease in Childhood* 77(2): 99-101.

³¹ Dawson, G., Ashman, S. B., Panagiotides, et al. (2003). *Preschool Outcomes of Children of Depressed Mothers: Role of maternal behavior, contextual risk, and children's brain activity*. *Child Development*. 74(4):1158-1175. Abstract available at: <http://www.blackwell-synergy.com/doi/abs/10.1111/1467-8624.00599>

³² Ronsaville, D.S. et al. (2006) *Maternal and environmental factors influence the hypothalamic-pituitary-adrenal axis response to corticotropin-releasing hormone infusion in offspring of mothers with or without mood disorders*. *Development & Psychopathology*. 18: 173-194.

³³ Moore, K.A. et al. (2006) *Depression Among Moms: Prevalence, Predictors, and Acting Out Among Third Grade Children*. *Child Trends Research Brief*. March 2006. Retrieved: https://www.childtrends.org/wp-content/uploads/2013/03/Child_Trends-2006_03_31_RB_MomDepression.pdf

³⁴ Canadian Paediatric Society. (2004) *Maternal Depression and Child Development*. 9(8): 575-583. Retrieved: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2724169/>

³⁵ Gump, B. B. et al (2009). *Trajectories of maternal depressive symptoms over her child's life span: Relation to adrenocortical, cardiovascular, and emotional functioning in children*. *Development and Psychopathology*. 21: 207-225.

³⁶ Wickramaratne, et al. (2011). *Children of depressed mothers 1 year after remission of maternal depression: Findings from the STAR*D-Child study*. *American Journal of Psychiatry* 168(6):593-602.

³⁷ Glascoe, F. (2000). *Early detection of developmental and behavioral problems*. *Pediatrics in Review* 21(8): 272-280.

³⁸ Squires, J., Nickel, R., & Eisert, D. (1996). *Early detection of developmental problems: strategies for monitoring young children in the practice setting*. *Journal of Developmental and Behavioral Pediatrics* 17(6): 420-427.

- **Early intervention is more efficient and effective than remediation later in life.** Because the brain's elasticity decreases with age, early intervention produces more favorable outcomes for children with developmental delays than do interventions later in life.³⁹ The "emotional and physical health, social skills, and cognitive linguistic capacities" developed during early years lay an important foundation for later school, work, and community success.⁴⁰
- **Education for parents of children with developmental and social-emotional disabilities may improve child development outcomes.** Education for parents as a key component in early interventions may have the following results: parents increase their knowledge and provide better childcare; relationships between parents and children are enhanced; and children acquire specific skills, such as language development.⁴¹

Long-Term Cost Savings

MHSA-PEI 0-5 is well-positioned to generate long-term cost savings to Sonoma County public and private sectors based on the following research findings:

- **Triple P is highly cost-effective and likely to spur significant long-term savings.** Child maltreatment is associated with extremely high direct and indirect costs, including hospitalization, mental health care, child welfare services, law enforcement, special education, adult criminal justice system involvement, and lost labor productivity.⁴² Recent Cost-Benefit Analyses conducted by Research Development Associates for Sonoma County found that the next two years of Triple P implementation offer up to \$840,666 in cost savings.⁴³ A reduction in the number of out-of-home placements, reduced social worker time spent on substantiated cases of abuse and neglect, and a reduction in emergency room-related costs contributed to the total cost savings for Sonoma County. (See Appendix E) A study of nine counties in South Carolina found that building the infrastructure needed to implement Triple P would cost less than \$12 per child.⁴⁴ Additional research shows that Triple P will pay for itself if it averts less than 1.5% of conduct disorder cases.⁴⁵
- **Treating depression generates cost savings by reducing lost productivity due to depression impairment.** There is a strong relationship between severity of depression and work performance, suggesting improvement in depression symptoms may be linked to improvement in work functions.⁴⁶ People suffering from depression are less productive at work, and have even higher annual sick days and rates of short-term disability than do people suffering from other chronic diseases.⁴⁷ One study found that primary care depression management saves \$9,592 to \$14,306 (in 2000 dollars) per quality-adjusted life-year. These savings derive from increased productivity and fewer depression-impaired days per month.⁴⁸ Additionally, treating maternal depression supports positive outcomes for child development and stable home environments, which also generate cost savings, as described below.

³⁹ Center on the Developing Child at Harvard University. (2012). In Brief: The Science of Early Childhood Development. Retrieved from www.developingchild.harvard.edu

⁴⁰ Ibid.

⁴¹ Mayoney, et al. (1999). Parent Education in Early Intervention: A Call for Renewed Focus. *Topics in Early Childhood Special Education* 19: 131-139.

⁴² Fromm, S. (2007). Total estimated cost of child abuse and neglect in the United States. Prevent Child Abuse America.

⁴³ Cost-Benefit Analyses for Sonoma County- Triple P. Developed by Research Development Associates.

⁴⁴ Foster, et al. (2008). The cost of public health infrastructure for delivering parenting and family support. *Children and Youth Services Review* 30:493-501. As cited in Sanders, M. (2008). Triple P-Positive Parenting Program as a public health approach to strengthening parenting. *Journal of Family Psychology* 22(3): 506-517.

⁴⁵ Mihalopoulos, et al. (2007). Does the Triple P- Positive Parenting Program provide value for money? *Australian and New Zealand Journal of Psychiatry* 41(3):239-246. As cited in Sanders, M. (2008). Triple P-Positive Parenting Program as a public health approach to strengthening parenting. *Journal of Family Psychology* 22(3): 506-517.

⁴⁶ Beck, et al. (2011). *Severity of depression and magnitude of productivity loss*. *Annals of Family Medicine* 9(4): 305-311.

⁴⁷ National Alliance on Mental Illness. *The Impact and Cost of Mental Illness: The Case of Depression*. Retrieved from www.nami.org

⁴⁸ Rost, et al. (2005). *Cost-Effectiveness of Enhancing Primary Care Depression Management on an Ongoing Basis*. *Annals of Family Medicine* 3(1): 7-14.

- **Early childhood interventions generate public savings.** Early childhood interventions are “more effective and less costly” than addressing problems at a later age through downstream interventions, such as clinical treatment, special education, and incarceration.⁴⁹ Children who participate in interventions before kindergarten are more likely to graduate from high school, live independently, and avoid teen pregnancy and violent crime.⁵⁰ These improved outcomes generate a cost savings of between \$30,000 and \$100,000 per child, meaning that \$13 in cost savings is generated for every dollar spent on early intervention.⁵¹ Up to 67% of behavioral and physical problems that cause adults to seek social services could be attributable to ACEs.⁵² Reducing the number of ACEs children are exposed to and their effects has the potential to decrease a variety of health, education, and disability problems resulting in significant cost savings for government, public, and private sectors.⁵³

⁴⁹ National Scientific Council on the Developing Child. (2007). *The Science of Early Childhood Development*. Retrieved from <http://www.developingchild.net>

⁵⁰ Glascoe, F. (2000). *Early detection of developmental and behavioral problems*. *Pediatrics in Review* 21(8): 272-280.

⁵¹ Ibid.

⁵² Chapman D. P. et al. (2007) *Adverse childhood events as risk factors for negative mental health outcomes*. *Psychiatric Annals*. 37(5):359–364.

⁵³ Anda R. F., Brown D. W. (2010) *Adverse childhood experience and population health in Washington: The face of a chronic public health disaster*. Retrieved from <http://www.legis.state.wv.us/senate1/majority/poverty/ACEsinWashington2009BRFSSFinalReport%20-%20Crittenton.pdf>.

Evaluation Methods

This evaluation report includes data from the following sources:

- **Quarterly progress reporting:** Progress reports submitted by CPI, ELI, JFCS, and PPSC to First 5 Sonoma County and Behavioral Health during the span of the grant period.
- **Annual demographic data:** Data on populations served, submitted by CPI, ELI, JFCS, and PPSC to First 5 Sonoma County for the Annual Report to First 5 California.
- **Communications with First 5 Sonoma County staff and grantees:** Emails and calls with First 5 Sonoma County staff members and MHSA grantees.
- **Triple P data and reports:** Cricket Mitchel Consulting (CMC) uses a database of Triple P outcome data to create reports summarizing these data (as produced by CMC).

CMC data for Triple P outcomes includes the use of two measures: 1) the ECBI (Eyberg Child Behavior Inventory), which measures child-related outcomes, and 2) the Protective Factors Survey (PFS), which measures parental perception of change (See Appendix D). To analyze Triple P outcomes, CMC calculated the percent of clients showing Positive Reliable Change.⁵⁴ Prior to fiscal Year 2014-15, program staff collected parent outcome data from Triple P parents using the Parenting Scale. The PFS has been used for the second consecutive year in fiscal Year 2015-16. First 5 is working closely with other agencies across the county to promote widespread adoption of the PFS. MHSA grantee use of the PFS provides an important opportunity for cross-agency communication.

To analyze the MHSA-PEI 0-5 data, LFA used the following approaches:

- Descriptive statistics to show rates and frequency distributions; and
- Content analysis of qualitative data to supplement and provide context for quantitative data.

The MHSA-PEI 0-5 Pathway to Results provides a complete overview of the program strategies, measurable outcomes, and accompanying targets. The Pathway can be found in Appendix B following this report.

⁵⁴ Positive Reliable Change is the difference from pre-treatment to post-treatment that can be considered reliable and is not likely to be due to measurement error. Positive Reliable Change is a more accurate measure of change than looking at the percent of families moving from above to below clinical cut-off points. For additional information on reliable change, please see Appendix A.

III. Reaching the Target Population

The MHSA-PEI plan summarizes the target populations for its services as follows:

The target populations for PEI funding support are at-risk children ages 0-5 in Sonoma County and their parents/caregivers. These at-risk populations include children in stressed families—especially those with parents and caregivers with depression, including perinatal mood disorders, and other forms of mental illness, and those impacted by alcohol and other drug problems; children at risk of school failure; trauma-exposed children, including those exposed to domestic violence; children with special needs; and children with challenging behaviors.

In addition, consistent with PEI planning participants across workgroups, early childhood workgroup members identified Latino children and their families as priority populations given demographic trends in the county as well as disproportionate health outcomes and a lack of culturally-appropriate services for Latino populations.⁵⁵

Consistent with these goals, MHSA-PEI 0-5 grantees target a variety of groups for each of the mental health services they provide. For example, grantees focus on providing screening services to at-risk perinatal women and young children for a variety of developmental and social-emotional delays (using the ASQ 3 and ASQ-SE).

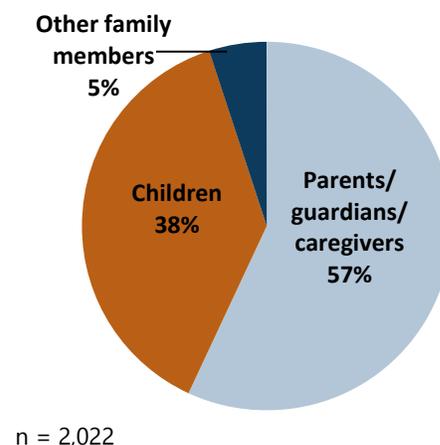
Additionally, the various levels of Triple P services offer parenting support and intervention in different formats and at different levels of intensity, based on the needs of the parent:

- Level 2 services are targeted to parents needing support for the early detection and effective management of child behavior problems. These services are offered in a seminar format or brief individual consultation where parents learn specific parenting strategies to promote child development, principles of positive parenting, and behavior change.
- Level 3 services offer support to parents during three to four individual or group sessions and are best suited for practitioners working with families experiencing mild behavioral or emotional difficulties with recent onset.
- Levels 4 and 5 offer an intensive, focused parenting support intervention in either a group or individual format. Level 5 Pathways is targeted towards parents who are deemed at risk for maltreating their children.

Number Served

Exhibit 1 summarizes the populations served by all four of the MHSA-PEI 0-5 grantees during FY 2015-16. A recorded total of 2,022 clients (parents/caregivers, children 0-5, and other family members) were served by MHSA PEI 0-5 providers. These numbers may reflect some duplication, as it is possible that some grantees served the same clients. For specific information on numbers served under each service, please see the Additional Progress Achieved table in the following section. The population served by each of the four MHSA-PEI 0-5 grantees individually is summarized in Appendix C.

Exhibit 1. Numbers Served in FY 2015-16



⁵⁵ http://www.mhsoac.ca.gov/Counties/PEI/docs/PEIplans/Sonoma_PEI.pdf [Accessed 1/15/15]

Race, Ethnicity, and Language of Participants

As summarized in Exhibit 2, the majority of the parents/caregivers served under MHS-PEI 0-5 are Hispanic/Latino. Nearly two-thirds of children served in FY2015-16 are Hispanic/Latino (Exhibit 3).

Exhibit 2. Ethnicity of Parents/ Caregivers Served in FY 2015-16

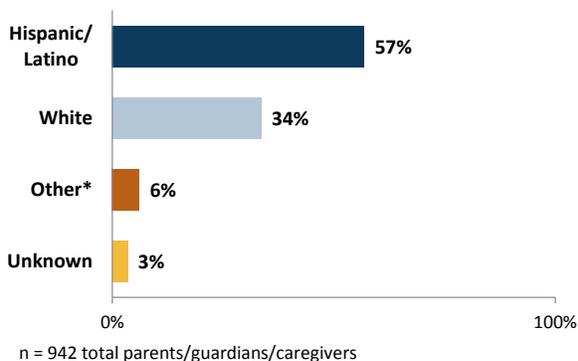
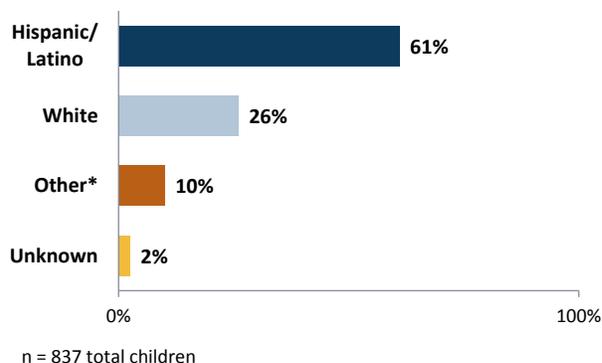


Exhibit 3. Ethnicity of Children 0-5 Served in FY 2015-16



*Includes, in descending order of population size: multi-racial, Alaska Native/ American Indian, Asian, Black/African-American, other, & Pacific Islander. For specific numbers for each population, please see Appendix C

In terms of primary language, MHS-PEI 0-5 parents/caregivers' are mostly Spanish and English speakers (Exhibit 4) and half (50%) speak Spanish as their primary language (Exhibit 5). Grantees continue to offer services in Spanish for Triple P which has bolstered Hispanic/Latino participation. Recruiting bicultural and bilingual staff is a priority for the MHS-PEI 0-5 grantees.

Exhibit 4. Primary Language of Parents/ Caregivers Served in FY 2015-16

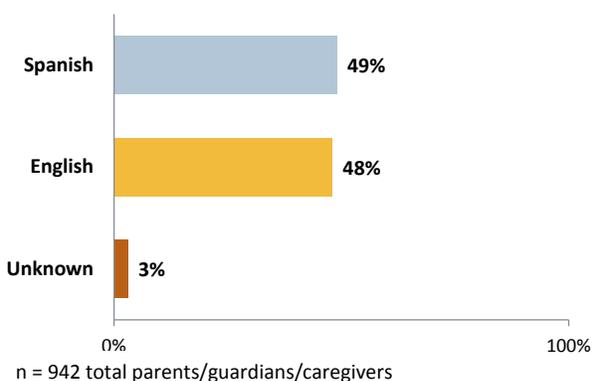
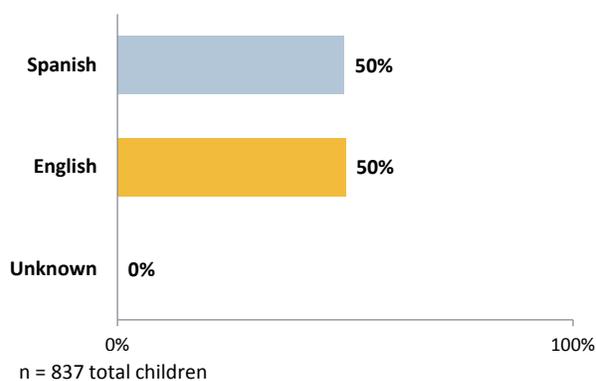


Exhibit 5. Primary Language of Children 0-5 Served in FY 2015-16



Special Needs Population

Of the 834 children served by MHS-PEI 0-5 programs from July 1, 2015, to June 30, 2016, a total of 109 (13%) were reported to have special needs.⁵⁶ The vast majority of these children were served through ELI's Watch Me Grow program.

⁵⁶First 5 California defines special needs as, *Children with identified disability, health, or mental health conditions requiring early intervention, special education services, or other specialized services and supports; or Children without identified conditions, but requiring specialized services, supports, or monitoring.* The reported number of children with special needs may be an under estimate because all of the children in the Watch Me Grow program are considered to have special needs.

IV. Progress Achieved

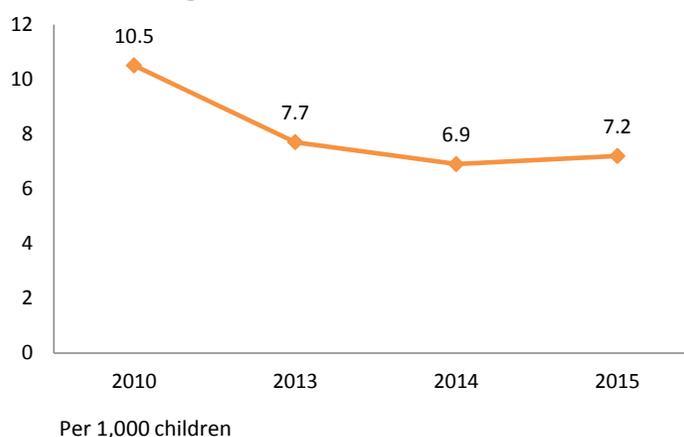
Community-Level Outcomes

In order to understand the context within which MHSA PEI 0-5 grantees are working, three outcomes are tracked at the county level. These are: 1) substantiated reports of child abuse and neglect, 2) recurrence of substantiated reports of abuse and neglect, and 3) out-of-home placements. These results cannot be wholly attributed to the work of grantees; there are numerous and complex factors in the community landscape that can impact rates of child abuse and neglect, such as employment or shifting economic contexts. However, monitoring community-level trends is important for understanding the need for interventions and services, and serves as one way to assess community-level changes.

- **Substantiated reports of child abuse and neglect.**

The total number of substantiated reports of child abuse and neglect in Sonoma County has decreased by a third since 2010. In 2010, the rate of substantiated reports for child abuse and neglect was 10.5 per 1,000 children under the age of six. In 2013, this rate decreased to 7.7 and further decreased to 6.9 in 2014. Most recently, from October 2015-September 2016, the rate of substantiated reports of child abuse and neglect increased slightly to 7.2 per 1,000 children.⁵⁷

Exhibit 6. Rate of Substantiated Reports of Child Abuse and Neglect for Children under Six Years of Age



California's rate of substantiated reports for child abuse and neglect for children under six years of age for the same time period was 11.1 per 1,000 children.

- **Recurrence of substantiated reports of child abuse and neglect.** The recurrence of substantiated reports of child abuse and neglect for children under age six remained steady at 5.9% (19 of 321) in 2010 and 5.7% (17 of 300) in 2011, and then increased to 6.8% (17 of 250) in 2012. In 2015, recurrence decreased to 3.8% (8 of 210).⁵⁸ It is important to note that the relatively small number of substantiated reports makes it difficult to determine whether fluctuations in recurrence rates indicate larger trends or simply reflect a change in a very small number of cases. While these rates have fluctuated over the past few years, the total number of substantiations is declining, as noted above.
- **Out-of-home placements.** The rate of out-of-home placements per 1,000 children has fluctuated slightly in recent years. The rate increased from 3.7 per 1,000 children in 2010 to 4.0 in 2011. However, the latest data show the rate has declined to 3.3 in 2015-16.⁵⁹ For comparison, California's rate of out-of-home placements for children under six years of age was 4.8 per 1,000 children.

Overall, this trend shows improvement, some of which may be attributable to effective supports such as those provided by grantees. Although rates of reoccurrence of child abuse and neglect and out-of-home placements are declining, substantiated rates of abuse and neglect have increased slightly. Grantees and First 5 should continue to monitor rates of child abuse and neglect in order to understand the evolving community landscape.

⁵⁷ UC Berkeley's CSSR database. Retrieved from http://cssr.berkeley.edu/ucb_childwelfare/RecurAlleg.aspx.

⁵⁸ 6 Month Reoccurrence Disposition per calendar year. UC Berkeley's CSSR database. Retrieved from http://cssr.berkeley.edu/ucb_childwelfare/RecurAlleg.aspx.

⁵⁹ Webster, D. et al. (2016). CCWIP reports. University of California at Berkeley California Child Welfare Indicators Project website. Retrieved from http://cssr.berkeley.edu/ucb_childwelfare/RefRates.aspx.

Grantee-Level Outcomes

While implementing the MHSA-PEI 0-5 program during the 2015-16 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 plan:⁶⁰

- 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 Achieved toward Core Outcomes ⁶¹ 07/01/2015 – 06/30/2016					
Core Program Outcome	Intervention Linked to Outcome	Specific Target	Actual Results		Progress Toward Target
			2014-15	2015-16	
Decrease in children exhibiting difficult behaviors ⁶²	Triple P Services	40% of children will show positive reliable change on the ECBI Intensity subscale ⁶³	36% (10 of 28)	56% (31 of 55)	 135%
		40% of children will show positive reliable change on the ECBI Problem subscale ⁶⁴	50% (14 of 28)	53% (29 of 55)	 133%
Decrease in negative parent-child interactions	Triple P Services	Parents show improvement from the pre-test to post-test on the Protective Factors Survey Family Functioning/Resiliency subscale	34% (12 of 35)	22% (13 of 58)	NA ⁶⁵
		Parents show improvement from the pre-test to post-test on the Protective Factors Survey Social Connections subscale	26% (9 of 35)	21% (12 of 58)	NA

⁶⁰ The MHSA-PEI 0-5 Pathway to Results provides a complete overview of the program's measureable outcomes and accompanying targets. The Pathway can be found in Appendix B following this report.

⁶¹ Progress toward FY15-16 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).

⁶² 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.

⁶³ LFA, CMC, 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. (Sanders, Matthew R.; Markie-Dadds, Carol; Tully, Lucy A.; Bor, William The Triple P-Positive Parenting Program: A comparison of enhanced, standard, and self-directed behavioral family intervention for parents of children with early onset conduct problems. *Journal of Consulting and Clinical Psychology*, Vol 68(4), Aug 2000, 624-640) For discussion of the Eyberg Child Behavior Inventory (ECBI) and the Parenting Scale, please see Appendix D.

⁶⁴ Ibid

⁶⁵ This is the second year the PFS measure was used; there are no specific targets for outcomes related to PFS.

Progress Achieved toward Core Outcomes⁶¹

07/01/2015 – 06/30/2016

Core Program Outcome	Intervention Linked to Outcome	Specific Target	Actual Results		Progress Toward Target	
			2014-15	2015-16		
Decrease in negative parent-child interactions	Triple P Services	Parents show improvement from the pre-test to post-test on the Protective Factors Survey Concrete Support subscale	14% (5 of 35)	14% (8 of 58)	NA	
		Parents show improvement from the pre-test to post-test on the Protective Factors Survey Nurturing and Attachment subscale	14% (5 of 35)	15% (8 of 54)	NA	
		Parents show improvement from the Pre PFS to the Post PFS on Knowledge of Parenting and Child Development Items	There are many times that I don't know what to do as a parent. ⁶⁶	26% (9 of 35)	36% (21 of 58)	NA
			I know how to help my child learn.	57% (20 of 35)	50% (29 of 58)	NA
			My child misbehaves just to upset me. ⁵⁰	34% (12 of 35)	38% (22 of 58)	NA
			I praise my child when he/she behaves well.	39% (13 of 33)	43% (23 of 54)	NA
			When I discipline my child, I lose control. ⁵⁰	41% (14 of 34)	33% (18 of 54)	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	330 children will be screened	364 children screened	359 children screened	 108%	
	At-risk children referred for further assessment	At least 110 children will be referred for assessment	200 referred for further assessment	204 referred for further assessment	 185%	

Overall, grantee results for the three core program outcomes are encouraging. Children in families receiving Triple P services exhibited a decrease in difficult behaviors. The Protective Factors Survey was administered for the second consecutive year. While progress targets have not been set, this year's findings provide additional data against which progress can be benchmarked in future years. Lastly, grantees far exceeded targets to screen or rescreen children for developmental delays.

⁶⁶ Items were reverse scored to reflect strength based responses.

Child behavioral outcomes, as measured by the ECBI,⁶⁷ are showing significant improvement after program participation. Fifty-six percent of children exhibited positive, reliable change from pre-treatment to post-treatment in the frequency of child problem behaviors, as measured by the ECBI Intensity subscale.⁶⁸ Positive Reliable Change is the difference from pre-treatment to post-treatment that can be considered reliable and is not likely to be due to measurement error.⁶⁹ Fifty-three percent of children exhibited positive, reliable change on the Problem subscale which measures the extent to which child behaviors are perceived as concerning by the parent or caregiver.⁷⁰ Participant improvement measured by ECBI results exceeded the 40% target for both the Problem subscale and the Intensity subscale. These results show improvement from last year and are slightly higher results than those observed in clinical trials and other studies reporting ECBI findings.⁷¹ These results are evidence that the efforts of grantees are successfully contributing to positive child outcomes.

The Protective Factors Survey provides valuable data on parental knowledge of child development and family characteristics that strengthen well-being. Between 14% to 22% of families showed improvement on the four PFS subscales, and the percent improvement from pre-test to post-test for each of these subscales was statistically significant (see Appendix A). Slightly greater percentages of families showed improvement in knowledge of parenting and child development measures on the PFS, ranging from 33% to 50%. The greatest improvement from pre-treatment to post-treatment was in parents' perceptions of their ability to help their child learn.

MHSA grantees are administering the PFS for the second year and are exploring ways to maximize the utility of the tool. Though the tool is not designed to be used as a clinical measure, it can both equip grantees with findings to assess program impact, as well as help grantees identify family needs in order to connect families with additional services. Some measures captured by the PFS are more closely related to MHSA services than others. Put another way, not all of the items measured by the PFS are areas one would expect to see change as a result of the intervention. First 5 can be a valuable partner in helping grantees determine reasonable benchmarks, where appropriate, to measure program effectiveness. Some constructs measured by the PFS such as stability in housing and employment, are less subject to change as a result of program participation. While it may not be meaningful to establish benchmarks for these measures, participant responses can help grantees identify family stressors and needs that may impact family functioning and risk for child neglect or maltreatment. Grantees recognize the value of this tool in highlighting areas of need including those that are beyond their direct scope of services and are invested in supporting families to identify appropriate supports and resources in the community.

The MHSA grantees served a large number of children, exceeding the goal for developmental screening and surpassing the goal for providing referrals for additional screening when necessary. Agencies providing ASQ 3 and ASQ-S/E screenings exceeded their goal for assessment, screening 359 children identified as being at risk for developmental or social-emotional delays. Two hundred and four children received referrals for further assessments, nearly doubling the target of 110. Grantees explain that over the past several years there has been an increase in the number of providers in the county conducting ASQ 3 and ASQ-S/E screenings. Increasingly, screening services are provided at medical clinics, preschools, and other early childhood education programs. Because of this shift in the service landscape, MHSA providers are finding that many of the children referred to them have already been screened, expediting the follow-up process in which they connect children with appropriate services

⁶⁷ ECBI results are from clients who completed Triple P Levels 4/5 and have pre/post ECBI data.

⁶⁸ The Intensity Subscale is based on parent/caregiver observations of a child's behavior.

⁶⁹ Positive Reliable Change is a more accurate measure of change than looking at the percent of families moving from above to below clinical cut-off points. For additional information on reliable change, please see Appendix D.

⁷⁰ The Problem Subscale reflects the extent to which the parent/caregiver perceives certain behaviors to be a problem.

⁷¹ Whittingham, K. et al. (2008). *Stepping Stones Triple P: An RCT of a Parenting Program with Parents of a Child Diagnosed with an Autism Spectrum Disorder*. *Journal of Abnormal Child Psychology*, 37(4), 469–480. Sanders, M. et al. *The Triple P-Positive Parenting Program: A Comparison of Enhanced, Standard, and Self-directed Behavioral Family Intervention for Parents of Children with Early Onset Conduct Problems*. *Journal of Consulting and Clinical Psychology*, Vol 68(4), Aug 2000, 624-640.

and/or submit referrals for further assessments. MHSA grantees are a critical part of the support network that connects children and families to appropriate services and strengthens child well-being.

One child was having a really **difficult time socially and emotionally**. He was extremely aggressive and volatile towards any situation. His behavior was negatively affecting his social interactions with everyone that he interacted. The child's **parents were referred** and were asked to follow through with the school for a speech therapist. Nearly a year later, the child was screened again and has **overcome his behaviors with the love of his parents and the services that he is still receiving**. The father followed through with parent education and finished a round of Triple P. The parents report that the services have been a **huge success for their family** and they can't believe how far they have come. The child continues to make progress with his behavior and is doing a lot better.

-ELI

Additional Accomplishments

In addition to the key accomplishments described above specifically related to Strategic Plan outcomes, the four grantees also accomplished the following through the MHSA-PEI 0-5 program:

Additional Progress Achieved 07/01/2015 – 06/30/2016				
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:	178 families received services	178%
		- Level 3: 30 families will receive services	53 families served	177%
		- Levels 4/5: 70 families will receive Level 4 services (10 of the 70 Level 4 families will also receive Level 5)	224 families served with Levels 4/5	320%
	Periodic developmental and social emotional screening, using ASQ 3 and ASQ-S/E	30 children will be screened	40 children screened	133%
		10 children will be referred for further assessment	25 children referred for further assessment	250%
	Identify women with PMD and provide case management & treatment	40 women will be identified and treated	72 women received services	180%
	Provide mental health consultations for high risk families	20 families will receive brief consultations and will be referred appropriately for mental health services	15 families received consultations	75%
ELI	Periodic developmental and social emotional screening, using ASQ 3 and ASQ-S/E	300 children will be screened	302 children screened for the first time	101%
		350 children will be rescreened	566 children rescreened	162%
		100 children will be referred for further assessment and/or services	179 children referred for further assessment	179%
	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	334 families served	139%
	Navigation services	100 families will receive support/information to access services	699 families served	699%

Additional Progress Achieved 07/01/2015 – 06/30/2016

Agency	Program Outcome	Specific Target	Actual Results	Progress Toward Target
ELI	Provide PEAS parent support or Triple P or both	40 individuals will receive either PEAS or Triple P, or both	40 individuals received services	 100%
	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	88% (21 of 24)	 176%
JFCS	Provide Triple P services	Level 2: 23 total Seminars will be offered	24 seminars offered	 104%
		Level 2: 180 attendees to seminars	262 attendees	 146%
		75 families will receive the following appropriate Triple P services:	68 families served	 91%
		- Level 3 Individual Sessions: 40 individuals will receive services	13 individuals served	 33%
		- Level 3 Discussion Groups: 15 individuals will participate	30 individuals served	 200%
		- Levels 4 or 5: 20 individuals will receive Levels 4 or 5	25 individuals served	 125%
	Provide psychological assessments for children 0-5	5 assessments will be completed	12 assessments completed	 240%
Developmental and social emotional screening, using ASQ 3 and ASQ-S/E	Children not already screened before referral to JFCS will receive ASQ & ASQ S/E screening	6 children screened with ASQ /ASQ-S/E	 NA	

Additional Progress Achieved

07/01/2015 – 06/30/2016

Agency	Program Outcome	Specific Target	Actual Results	Progress Toward Target
PPSC	Provide Triple P services	Level 2: 6 Level 2 Seminar Series will be offered	0 Level 2 Seminar Series offered	⊖ 0%
		Level 2: 27 attendees to seminars	0 attendees	⊖ 0%
		70 individuals will receive the appropriate level of Triple P services	187 individuals received services, which includes: - 0 individuals in Level 3 Discussion Groups - 136 individuals in Level 4 Group Sessions - 51 individuals in Level 4 or 5 Individual Sessions	⊕ 226%
	Periodic developmental and social emotional screening, using ASQ 3 or ASQ-S/E	Children not already screened before referral to PPSC will receive ASQ & ASQ S/E screening	11 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 (score of 10) on the post-intervention EPDS	0% (0 of 1)	⊖ NA

MHSA grantees made progress towards additional service delivery targets. Three providers (CPI, ELI, and JFCS) met or exceeded nearly all of their targets—and often by a substantial margin. PPSC exceeded their targets for Triple P provision, though not for delivering PMD services. PPSC attributes this to other community providers meeting this need, and a resulting lack of referrals to PPSC for PMD services.

Several factors contributed to grantees' overall successful program implementation:

My son delayed walking and by the end of our time he was not only walking but was running and jumping on everything! The support and care that we received was **outstanding and very supportive**. I [...] learned many ways to help enrich my child's life [...] **the care and information I had helped my child** make continual strides.

-ELI Watch Me Grow Parent

- **Grantees developed community partnerships that enabled them to reach more families and reduce barriers to access.** Lack of child care can be a barrier for families to accessing services. PPSC worked with AVANCE, a local partner, to provide Triple P services at a community venue where childcare is offered. Providing access to child care at service locations has facilitated access for families. Grantees pursued other exciting connections this program year: for example, JFCS established partnerships with the Sonoma County Children’s Museum and Tiny Tots to deliver Triple P services at new locations in the community. Seminars and discussion groups at these settings attract both mothers and fathers from throughout the community who might not otherwise have heard of Triple P. Diversifying service locations and providing services in convenient locations where parents already go also removes barriers to access.

The program has inspired me to trust my intuition.

-Triple P Parent

- **Reduced stigma related to early childhood mental health services may contribute to an increase in families served.** Grantees report that many clients are directed to Triple P services through word of mouth. This growing trend in caregivers talking about Triple P and recommending it to others suggests that families may be helping to normalize services and reduce stigma, and this cultural shift may also be contributing to improved access. Furthermore, one grantee anecdotally reflected on the perceived increase in willingness among parents and caregivers to have their children assessed. The reduction of stigma surrounding early childhood mental health may contribute to more children being served.
- **A newly implemented curriculum increased agency capacity to serve women with PMD.** PMD services focus on mother-infant attachment in the early months and support the development of parental resilience. To serve that purpose, CPI began using a program, Mothers and Babies, that promotes healthy mood management and supports new and pregnant mothers in coping with stress. The program is designed to be delivered by providers from a variety of educational and professional levels including clinic or community-based workers. In adopting a curriculum that can be offered by a wider range of providers than the curriculum previously in place, CPI is now able to deliver PMD services to more women.
- **The MHSA collaborative continues to foster grantee partnerships and provide a setting where grantees can coordinate across agencies.** Grantees communicate closely with one another throughout the year and at quarterly MHSA collaborative meetings. The collaborative creates a forum where grantees can share challenges and discuss solutions to ensure they are strategically serving children and families. This may mean collectively filling gaps where one agency has capacity or resources to support another agency. Each agency in the MHSA collaborative has a place in delivering services that support children and families; furthermore, the coordinated effort of the collaborative strengthens the system of care for children and families in Sonoma County.
- **Grantees continue to assist and refer families presenting complex needs, in spite of limited resources.** Grantees aim to take a “whole person” approach when working with families. Though their funded services focus on behavioral health, there are various other needs, stressors, and priorities that often emerge in the course of working with families. And though they may be outside of the scope of services grantees provide, they may be issues that impact family stability and children’s well-being, such as housing instability, legal issues, employment, etc. Furthermore, with the implementation of the PFS, these other types of needs may be more likely than before to come up in the course of providing services. Agencies approach their work with families from a strengths-based mindset and encourage families to seek the resources they need to be able to successfully navigate transitions. Even with limited time and capacity, grantees actively support families with complex needs to mitigate stress and improve outcomes for parents and children.

- **Early Learning Institute’s Navigation services dramatically increased this year with support from First 5.** Through the Navigation hotline, and accompanying online ELI General Referral Form, ELI helps refer and direct families to services in the community. As a provider offering an array of developmental assessment, screening, and support services, ELI is well positioned to serve in this capacity. ELI navigates a range of calls or questions from both caregivers and providers: For caregivers who are unsure if a child presents a developmental delay, Watch Me Grow will complete a screening. Caregivers can call the hotline and explain their concerns or questions about a child. The navigator will solicit additional information as needed to advise the caregiver about next steps over the phone. The navigator assists providers by coaching and supporting them to engage parents and gain their cooperation in taking steps to ensure children are assessed as needed and connected to services as early as possible. Thanks to an additional grant from First 5, this is the first year that full-time Navigation support was feasible. Demand appears to be very high: the agency has seen an increase in both providers and caregivers contacting the navigator to determine how to best support a child’s development.
- **In ongoing partnership with First 5 and partners, grantees are part of a growing county-wide effort to promote community awareness of ACEs.** Some of the MHSA-PEI 0-5 grantees have received a two-day training in ACEs and resiliency to become local experts on how to use the science of ACEs to improve the health and well-being of children and their families. In addition to the two day training, grantees are participating in a nine month intensive, interdisciplinary program to become community educators on the topics of toxic stress, trauma, ACEs, and resiliency. Grantees have integrated knowledge of trauma informed care into their work and have a strong commitment to raise awareness of ACEs and resiliency in the community.

V. Learning for Action: Building on Successes and Lessons Learned

MHSA-PEI 0-5 grantees exceeded many of their service targets and have many accomplishments to be proud of from the past year. Their work to provide Triple P services and to identify and treat mothers with PMD is likely to lead to lower rates of child abuse in Sonoma County, and strengthen the health and well-being of families. Additionally, grantees' efforts to screen children resulted in identifying over 500 children in need of services and further assessment. Now that these children's needs have been identified, they can receive targeted support and early intervention services to promote their optimal development. Over the course of the year, MHSA grantees, First 5, and the evaluation team identified several factors that have contributed to grantees' successful program implementation. The following recommendations and lessons learned point to ways to sustain these effective practices as well as opportunities for streamlining, sustaining, and maximizing the impact of grantees' crucial efforts to address the mental health needs of Sonoma County's children and families.

The following are recommendations that MHSA PEI 0-5 grantees can consider, in partnership with First 5 staff:

- **Review findings from the Protective Factors Survey in order to set targets, where appropriate, and to enhance its utility for assessing and serving the needs of children and families.** This year's PFS results provide additional data to inform setting reasonable benchmarks for assessing program impact where appropriate. The PFS measure is being used widely throughout the county and First 5 is an important partner working to establish consistent use of this strengths-based measure. Grantees should look to First 5 and other partners who are adopting this tool to learn more about reasonable benchmarks for constructs closely aligned with services provided by MHSA grantees. Grantees should also continue to collaborate with others in the community to strengthen the system of care for referring families to additional supports and services to promote family resiliency and stability. Existing community entities such as 2-1-1 or CPI's mental health navigator are well connected and knowledgeable about resources specific to Sonoma County. These partners can help build MHSA grantees' capacity to connect families with assistance as needed.
- **Explore ways to better align data analysis and reporting coordination among child abuse prevention partners.** By using PFS, grantees are contributing to a broader community-wide effort to establish common language and frameworks for understanding and supporting the needs of children ages 0-5. Additional efforts in Sonoma County that contribute to a multi-disciplinary collective impact approach include initiatives such as Cradle to Career and Upstream Investments. As the approach and focus of collective impact efforts in Sonoma County continues to evolve, there may be valuable opportunities to align efforts in a way that minimizes burden. For example, several agencies and partners such as Health and Human Services department also administer and analyze findings from the PFS with all of their grantees that are doing child abuse prevention work. Coordinating and streamlining PFS reporting with all agencies that are using the measure would help to reduce duplication of efforts and reporting burden for grantees. County wide initiatives such as Upstream Investments may be well positioned to provide leadership for aligning data evaluation and reporting measures among partners who are using the PFS.
- **Continue to leverage the MHSA collaborative as a forum to interpret evaluation results and strategize to fill gaps.** The MHSA collaborative provides an opportune venue to explore and make meaning of the evaluation findings in this report, including both the ECBI and PFS results. Grantees can continue their current practice of strategizing together about how to best serve children and

families collectively. Grantees find that other community settings are increasingly able to deliver lower levels of Triple P, while the MHSA grantees fill a need to deliver more intensive levels of support. As the service landscape has shifted, it is apparent that MHSA grantees are addressing specific gaps in the community. In ongoing partnership with First 5 and one another, agencies should continue to keep a finger on the pulse of the volume and types of services most needed in the community so they can best maximize resources and align their work with the needs of the community and changing provider landscape.

- **Leverage evaluation data to speak to the impact of grantees' programs as they work to continue to secure supplemental funding.** While MHSA funding does not appear to be threatened at this time, grantees find themselves supplementing MHSA funds to be able to meet the demand for services in their communities. The evaluation results provide data that can be used to communicate the need for, and effectiveness of, services delivered by grantees. By funding evaluation of MHSA, First 5 is providing grantees with a valuable resource they can leverage as they pursue supplemental funding to ensure their sustainability.

As a result of the collective work of MHSA grantees in Sonoma County, children and families are supported in a system of care that strengthens family resiliency and provides guidance and services to address the developmental and early intervention needs of young children. Grantees contribute to positive child outcomes and family outcomes that are likely to make a lasting difference. The evaluation findings summarized in this report affirm the value of the services the MHSA grantees provide and reflect their ongoing commitment to address these critical needs of children and families in the future.

VI. Appendices

- A. CMC: Triple P Positive Parenting Program – L4/5 Outcome Data for MHSA-Funded Families Clients Age 0-5**
- B. Pathway to Results**
- C. Numbers Served By Grantee**
- D. Description of Triple P Outcome Measures**
- E. Cost-Benefit Analyses**

A. CMC: Triple P Positive Parenting Program – L4/5 Outcome Data for MHSA-Funded Families Clients Age 0-5



Triple P Positive Parenting Program – First 5 Sonoma

L4/5 Outcome Data for MHSA-Funded Families Clients Age 0-5

These tables report outcome data for MHSA-funded Triple P families in Sonoma County for clients who entered services prior to their sixth birthday.

FY 2015-2016: The ECBI outcomes are based on 97 clients who completed L4/5 within three provider organizations [Note that the ECBI clients/outcomes for MHSA 0-5 are the same clients/outcomes included in the Aggregate 0-5 Report]:

- **California Parenting Institute** (75 completed; 48 have pre/post ECBI outcome data)
- **Jewish Family and Children’s Services** (6 completed; 0 have pre/post ECBI outcome data)
- **Petaluma People Services Center** (16 completed; 7 have pre/post ECBI outcome data)

Table 1. FY 2015-2016 Triple P Level 4/5 Outcome Data [±] for MHSA-Funded Clients who Completed Triple P Level 4/5 (n=97)					
	Percent Improvement [±] from the Average Pre-Score to the Average Post- Score	Effect Size Estimate [±] (Cohen’s <i>d</i>)	Percent of Clients Showing Reliable Change [±] from Pre- to Post-		
			Positive Change	No Change	Negative Change
Eyberg Child Behavior Inventory (ECBI)					
Intensity Raw Score	22.6%* (n=55) [pre=121.4]	.67	56.4% (n=31)	36.4% (n=20)	7.3% (n=4)
Problem Raw Score	61.6%* (n=55) [pre=13.8]	.95	52.7% (n=29)	45.5% (n=25)	1.8% (n=1)

[±]Please see Appendix A. of the Aggregate Report for a description of the First 5 Sonoma Triple P outcome measures and the outcome indicators (percent improvement in average scores; effect size estimate; and, percent of clients showing reliable change).

*A statistically significant improvement, $p \leq .01$.

	Clients with Pre-Scores In the Clinical Range (At or Above the Clinical Cutpoint)	Clients with Pre-Scores In the Clinical Range who Have Post-Scores In the <u>Non</u>-Clinical Range (Below the Clinical Cutpoint)
Eyberg Child Behavior Inventory (ECBI)		
Intensity Raw Score (n=55)	38.2% (n=21)	81.0% (n=17)
Problem Raw Score (n=55)	47.3% (n=26)	76.9% (n=20)

[±]Please see Appendix A. for a description of the Eyberg Child Behavior Inventory.

FY 2015-2016: The PFS outcomes are based on 97 clients who completed L4/5 within three provider organizations:

- **California Parenting Institute** (75 completed; 48 have pre/post PFS outcome data)
- **Jewish Family and Children’s Services** (6 completed; 5 have pre/post PFS outcome data)
- **Petaluma People Services Center** (16 completed; 5 have pre/post PFS outcome data, with the exception of the Nurturing & Attachment Scale, and Items 15 and 16 in the Knowledge of Parenting and Child Development domain, for which only 1 client has pre/post PFS data)

	Percent Improvement[±] from the Average Pre-Score to the Average Post- Score	Effect Size Estimate[±] (Cohen’s <i>d</i>)	Percent of Families Showing Reliable Change[±] from Pre- to Post-		
			Positive Change	No Change	Negative Change
Protective Factors Survey (PFS)					
Family Functioning/ Resiliency Scale Score	10.1%* (n=58) [pre=5.1]	.45	22.4% (n=13)	77.6% (n=45)	0% (n=0)
Social Emotional Support Scale Score	11.3%* (n=58) [pre=5.2]	.40	20.7% (n=12)	77.6% (n=45)	1.7% (n=1)
Concrete Support Scale Score	10.4% (n=58) [pre=5.2]	.33	13.8% (n=8)	84.5% (n=49)	1.7% (n=1)
Nurturing and Attachment Scale Score	8.0%* (n=54) [pre=5.9]	.60	14.8% (n=8)	85.2% (n=46)	0% (n=0)

[±]Please see Appendix A. for a description of the First 5 Sonoma Triple P outcome measures and the outcome indicators (percent improvement in average scores; effect size estimate; and, percent of families showing reliable change).

*A statistically significant improvement, $p \leq .01$.

Table 4. FY2015-2016 Triple P Level 4/5 Protective Factors Survey Pre/Post Change on Knowledge of Parenting and Child Development Items – Families That Completed Triple P Level 4/5 (n=97)

	Pre Mean and Standard Deviation	Post Mean and Standard Deviation	Percent Mean Change	Percent of Clients That Improved
Protective Factors Survey (PFS) Knowledge of Parenting and Child Development Items				
12. There are many times that I don't know what to do as a parent. (n=58)	3.33 (±1.9)	3.84 (±2.1)	15.3%	36.2%
13. I know how to help my child learn. (n=58)	5.45 (±1.4)	6.07 (±0.9)	11.4%*	50.0%
14. My child misbehaves just to upset me. (n=58)	5.21 (±1.9)	5.74 (±1.4)	10.2%	37.9%
15. I praise my child when he/she behaves well. (n=54)	5.85 (±1.1)	6.43 (±0.8)	9.9%*	42.6%
16. When I discipline my child, I lose control. (n=54)	5.01 (±1.3)	6.09 (±1.0)	8.6%*	33.3%

Note1: Percent of clients improved indicates the proportion that have a post rating higher than their pre rating.

Note2: Items 12, 14 and 16 have been reverse-scored and reflect strength-based responses.

Note3: ± indicates the standard deviation

*A statistically significant improvement, $p \leq .01$.

B. Pathway to Results

First 5 Sonoma County Mental Health Services Act—Prevention and Early Intervention (MHSA-PEI): Pathway to Results

Organizations: California Parenting Institute (CPI), Early Learning Institute (ELI), Jewish Family and Children Services (JFCS), Petaluma People Services Center (PPSC)

Grant Period: July 1, 2015 – June 30, 2016

Strategies/ Activities	Measureable Short-Term Program Outputs	Measureable Long-Term Program Outcomes	Specific Targets	Measurement Tool	Timeline
I. Screening and Services for Women Experiencing Perinatal Mood Disorder (PMD)					
<p>A. Screening (CPI, PPSC)</p>	<ul style="list-style-type: none"> ▪ Identify women with PMD <ul style="list-style-type: none"> ➡ CPI – min. 40 women screened ➡ PPSC – 9 women screened ▪ Demographic data on populations served (for descriptive purposes and for State Annual Reporting) 		<ul style="list-style-type: none"> ▪ Providers meet the targets specified in their SOWs 	<ul style="list-style-type: none"> ▪ Providers' data tracking on numbers served (Number of screenings), self-reported in First 5 Sonoma County quarterly progress report ▪ Edinburgh Postnatal Depression Scale (EPDS) ▪ PHQ-9 ▪ Whooley Depression Screen 	

Strategies/ Activities	Measureable Short-Term Program Outputs	Measureable Long-Term Program Outcomes	Specific Targets	Measurement Tool	Timeline
<p>B. Intervention – PMD case management, psychotherapy , referral to medical provider</p> <p><i>(CPI, PPSC)</i></p>	<ul style="list-style-type: none"> ▪ Provide case management and treatment to women identified with PMD: <ul style="list-style-type: none"> ☞ CPI – 40 women ☞ PPSC – 4 women receive treatment (approx. 24 sessions) 3 women will be referred to Primary Care provider or other care provider ▪ Demographic data on populations served (for descriptive purposes and for State Annual Reporting) 	<ul style="list-style-type: none"> ▪ Decrease in PMD among identified/ treated women ▪ Decrease in substantiated reports for child abuse and neglect (measured at community level)** 	<ul style="list-style-type: none"> ▪ Providers meet the targets specified in their SOWs ▪ For those women who have completed a pre- and post-intervention EPDS, and who were at or above the clinical cut-off point on the pre-intervention EPDS, 65 percent will move below the clinical cut-off point (score of 10) on the post-intervention EPDS 	<ul style="list-style-type: none"> ▪ Edinburgh Postnatal Depression Scale (EPDS) 	

Strategies/ Activities	Measureable Short-Term Program Outputs	Measureable Long-Term Program Outcomes	Specific Targets	Measurement Tool	Timeline
II. Education and Early intervention for Parents/Caregivers and Providers					
<p>C. Positive Parenting Program (Triple P)</p> <p>(CPI, PPSC, ELI, JFCS)</p>	<ul style="list-style-type: none"> ▪ Provide positive parent education services using the level of Triple P appropriate to parents' needs: <ul style="list-style-type: none"> ➤ CPI – 100 families <ul style="list-style-type: none"> ➤ Level 3: 30 families ➤ Level 4: 70 families (in conjunction with Level 5) ➤ PPSC - <ul style="list-style-type: none"> ➤ Level 2: 2 Level 2 Seminar Series (three 90-minute sessions per series), with 20 total participants ➤ Levels 3, 4, and 5: 70 families ➤ ELI – 40 families <ul style="list-style-type: none"> ➤ Using Level 3, 4, or 5 as appropriate ➤ Some amount of families may receive PEAS instead (please see area D of this document for more information) ➤ JFCS - <ul style="list-style-type: none"> ➤ Level 2: 180 attendees to total of 23 seminars ➤ Level 3 Discussion Groups: 15 attendees to a total of 3 sessions ➤ Level 3 Individual: 40 individuals ➤ Levels 4 and 5: 15 individuals ▪ Demographic data on populations served (for descriptive purposes and for State Annual Reporting) ▪ For full list of outputs to be measured, please see Triple P Pathway to Results. 	<p>For Level 4 and 5:</p> <ul style="list-style-type: none"> ▪ Decrease in children exhibiting difficult behaviors** ▪ Decrease in negative parent-child interactions ** <p>Note:</p> <ul style="list-style-type: none"> ▪ First 5 Sonoma will also be monitoring the recurrence of substantiated reports of child abuse and neglect and the number of children visiting the emergency room for suspected maltreatment in Sonoma County. 	<ul style="list-style-type: none"> ▪ Providers meet the targets specified in their SOWs <p><u>Note:</u> The following targets will be measured by First 5 in collaboration with CMC. Providers of Triple P need to gather this information but only need to provide it to CMC.</p> <p>Intensity Score: The numerical score on the ECBI Intensity subscale, which measures the intensity of a child's behavioral problems, as rated by the parent.</p> <p>Problem Score: The numerical score on the ECBI Problem subscale, which measures the extent to which the parent view the child's behaviors as problematic, as rated by the parent.</p> <ul style="list-style-type: none"> ▪ 40 percent of children will show reliable, positive change on the Intensity score, as calculated by CMC ▪ 40 percent of children will show reliable change on the Problem score, as calculated by CMC. ▪ Protective Factor Survey 	<p>For Level 4 and 5:</p> <ul style="list-style-type: none"> ▪ Protective Factors Survey pre/post testing ▪ ECBI pre/post testing <p>For all Levels:</p> <ul style="list-style-type: none"> ▪ Other data to be self reported in regular progress reports submitted to CIBHS 	<p><u>Data Collection:</u> Semi-annual data sent to CIBHS(sent in at the beginning of January and July)</p> <p><u>Reporting back:</u> 60 days after data is submitted</p>

Strategies/ Activities	Measureable Short-Term Program Outputs	Measureable Long-Term Program Outcomes	Specific Targets	Measurement Tool	Timeline
D. Other education and early intervention programs	<ul style="list-style-type: none"> ▪ Parent Education and Support Program (PEAS) <ul style="list-style-type: none"> ➤ ELI – 40 families <ul style="list-style-type: none"> ➤ Families receive either PEAS or Triple P (or both) ➤ 6 visit model, which includes Triple P Level 3. ▪ Mental Health Services for High Risk Families <ul style="list-style-type: none"> ➤ CPI – 20 (estimate) limited consultations will be available to families with other mental health concerns of either parent or child. These families will be referred to an appropriate community agency or program. ▪ Demographic data on populations served (for descriptive purposes and for State Annual Reporting) 		<ul style="list-style-type: none"> ▪ Providers meet the targets specified in their SOWs ▪ For ELI, 50% of parents will report a decrease in score on the Parental Stress Index, which is a proxy measure for an increased understanding of typical child development, including early childhood social, emotional and behavioral issues. 	<ul style="list-style-type: none"> ▪ Providers' data tracking on number of families receiving assistance, self-reported in First 5 Sonoma County quarterly progress report ▪ For ELI, the Parental Stress Index (PSI). ▪ For CPI, data on where families are referred for additional services 	
III. Social/Emotional Screening of Children					
E. Periodic developmental and social emotional screening (ELI, PPSC, CPI)	<ul style="list-style-type: none"> ▪ Provide comprehensive developmental and social emotional screenings to children 0-5. Information provided to parents to allow reporting to medical home. <ul style="list-style-type: none"> ➤ ELI – 300 children screened/350 rescreened, 100 of whom are referred for further assessment and/or services ➤ PPSC – screen children who are referred to PPSC and have not already been screened ➤ CPI – 60 children screened, 10 children referred for further assessment. ➤ JFCS – screen children who are referred to JFCS and have not already been screened ▪ Demographic data on populations served (for State Annual Reporting) 	<ul style="list-style-type: none"> ▪ Children deemed at risk are referred for follow-up assessments** 	<ul style="list-style-type: none"> ▪ Providers meet the targets specified in their SOWs 	<ul style="list-style-type: none"> ▪ Providers' data tracking on numbers served (Number of screenings), self-reported in First 5 Sonoma County quarterly progress report ▪ ASQ3 or ASQ SE (developmental screening) done for all children not yet screened by ASQ 	

Strategies/ Activities	Measureable Short-Term Program Outputs	Measureable Long-Term Program Outcomes	Specific Targets	Measurement Tool	Timeline
IV. Assessment and Facilitated Referral to Services for High-Risk Children and their Families					
F. Navigation/ Case Management (<i>ELI</i>)	<ul style="list-style-type: none"> ▪ Provide community-wide case management for children in at-risk families in targeted populations for whom a screening identifies potential problems <ul style="list-style-type: none"> ➡ ELI – 240 families receiving case management and/or facilitated referrals ➡ ELI Navigator – 100 additional callers linked to appropriate services ▪ Demographic data on populations served (for descriptive purposes and for State Annual Reporting) 		<ul style="list-style-type: none"> ▪ Providers meet the targets specified in their SOWs 	<ul style="list-style-type: none"> ▪ Providers' data tracking on number of families receiving case management, self-reported in First 5 Sonoma County quarterly progress report 	
G. Psychological Assessments of Children 0- 5 (<i>JFCS</i>)	<ul style="list-style-type: none"> ▪ Provide psychological assessments for children 0-5 <ul style="list-style-type: none"> ➡ JFCS – 5 children ▪ Demographic data on populations served (for descriptive purposes and for State Annual Reporting) 		<ul style="list-style-type: none"> ▪ Providers meet the targets specified in their SOWs 	<ul style="list-style-type: none"> ▪ Providers' data tracking on number of assessments provided, self-reported in First 5 Sonoma County quarterly progress report ▪ Results of assessments and where clients were referred 	

***Outcome links to the First 5 Sonoma County Pathways to Results framework*

Demographic data on populations served to be captured for Descriptive Purposes and for the State Annual Report:

- # of children served less than 3 years old
- # of children served, ages 3-6th birthday
- # of parents/ guardians/primary caregivers served
- # of other family members served
- # of providers served
- Race/ethnicity of providers, children, and parents/primary caregivers served
 - ➡ Please use the following categories: Alaska Native/American Indian, Asian, Black/African-American, Hispanic/Latino, Pacific Islander, White, Multiracial, Other (Specify: _____), Unknown
- Primary language of providers, children, and parents/primary served
 - ➡ Please use the following categories: English, Spanish, Cantonese, Mandarin, Vietnamese, Korean, Other (Specify: _____), Unknown
- # of children less than 3 years with special needs
- # of children 3-6 years with special needs

C. Numbers Served, by Grantee

This section contains the numbers served by each grantee, as well as demographic information on the population served by each grantee.

Numbers Served, by Grantee FY 2015-16						
		California Parenting Institute	Early Learning Institute	Jewish Family & Children's Services	Petaluma People Services Center	Total
Total Served	Parents/Guardians/ Primary Caregivers	327	188	359	68	942
	Children	268	126	398	45	837
	Other Family Members Served	182		12	49	243
	Total Population Served	777	314	769	162	2,022
Parent/ Caregiver's Ethnicity	Hispanic/Latino	206	104	173	60	543
	White	94	58	147	7	306
	Multi-racial	6	13	12		31
	Asian	2	2	13		17
	Black/ African-American	5	1			6
	Alaska Native/ American Indian	3		2		5
	Pacific Islander		2	2		4
	Other	4	2			6
Parent/ Caregiver's Primary Language	Unknown	7	6	10	1	24
	Spanish	154	81	144	61	440
	English	173	105	215	6	499
	Other		2			2
Child's Ethnicity	Unknown					
	Hispanic/Latino	166	71	217	41	495
	White	83	37	156	3	279
	Multi-racial	4	13	15		32
	Black/ African-American	4	1		1	6
	Other	3	1			4
	Alaska Native/ American Indian	2				2
	Asian	1	1	9		11
	Pacific Islander		1	1		2
Unknown	5	1			6	
Child's Primary Language	English	150	69	197	3	419
	Spanish	118	56	201	42	417
	Other		1			1
Special Needs Children		14	95			109

D. Description of Triple P Outcome Measures

This section contains brief descriptions of the instruments used to measure progress for parents and children who receive Triple P. These descriptions were provided by CMC.

Eyberg Child Behavior Inventory (ECBI)

The Eyberg Child Behavior Inventory (ECBI) is an outcome measure completed by the child's parent/caregiver before and after participation in Triple P Level 4/5. This 36-item measure has two components: one that assesses the frequency, or intensity, of current child behavior problems displayed by children between the ages of 2-16; and one that assesses the extent to which these behaviors are currently perceived as problematic to the child's parent/caregiver.

Possible ECBI Intensity Raw Scores range from 36-252, with a clinical cut-off point of 131; and possible ECBI Problem Raw Scores range from 0-36, with a clinical cut-off point of 15.

Protective Factors Survey

The *Protective Factors Survey* (PFS) is a collective impact measure implemented by all Sonoma County Human Services Department's Children, Youth and Families grantees; and, is implemented before and after participation in Triple P Level 4/5 for all clients, regardless of age. This 20-item questionnaire is designed for use with caregivers receiving child maltreatment prevention services with the purpose of providing agencies with feedback for continuous improvement and evaluation. It assesses five domains of protective factors: family functioning and resilience; social emotional support; concrete support; nurturing and attachment; and, knowledge of parenting and child development. Items in the first four domains sum to create subscales that can be used to identify pre/post change.

Possible scores on the PFS Family Functioning/Resilience, Social Emotional Support, Concrete Support and Nurturing & Attachment Scales range from 1-7; and, there are no clinical cut-points. As a strength-based measure, higher scores indicate a greater presence of that domain of protective factors.

Outcome Indicator: Percent of Clients Showing Reliable Change

The percent of clients showing reliable change reflects those with an amount of change on an outcome measure from pre-Triple P to post-Triple P that meets or exceeds the value of the Reliable Change Index (RCI). RCI, as calculated using the Jacobson-Truax (1991) method, is the amount of change that can be considered reliable based on the difference from pre- to post-, taking the variability of the pre-treatment group and measurement error into consideration. It reflects an amount of change that is not likely to be due to measurement error ($p < .05$) [see Wise, E.A. (2004). *Methods for Analyzing Psychotherapy Outcomes: A Review of Clinical Significance, Reliable Change, and Recommendations for Future Directions*. *Journal of Personality Assessment*, 82(1), 50-59].

The percent of clients with positive change, no change, and negative change are reported in Tables; and, Graphs present reliable change in these three categories for each measure.

Outcome Indicator: Percent Improvement in Average Pre- and Post- Scores

The percent improvement in the average scores from pre-Triple P to post-Triple P is reported for each outcome measure, when available. A paired t test analysis is conducted with each set of scores; and, when the difference observed is not likely to be due to chance ($p < .01$), this is indicated with a footnote.

In addition to reporting the percent of change in average scores in Tables, Graphs present the average pre-score and the average post-score, with solid lines indicating the clinical cut-points when applicable.

Outcome Indicator: Effect Size Estimate, Cohen's d

Cohen's d is a standardized effect size measure that estimates the magnitude, or strength, of a relationship. In this dashboard report it estimates the strength of the relationship between the average pre score and the average post score, expressed in terms of standard deviations. An effect size of .5 indicates that the average pre score is .5 standard deviations greater than the average post score. While there is no absolute agreement about what magnitude of an effect size is necessary to establish practical or clinical significance, conventional interpretations of Cohen's d are that effect sizes of .2 to .3 represent a "small" effect; effect sizes around .5 reflect a "medium" effect; and, effect sizes of .8 or greater represent a "large" effect. However, an alternate schema has been proposed for the social sciences, where the recommended minimum effect size representing a "practically" significant effect is .41, with 1.15 representing a moderate effect and 2.70 a strong effect [see Ferguson, C.J. (2009). An Effect Size Primer: A Guide for Clinicians and Researchers. *Professional Psychology: Research and Practice*, 40 (5), 532-538].

E. Cost-Benefit Analyses

Developed by Research Development Associates (RDA)

In addition to the long term cost-savings described on page 7, estimates of further cost savings are listed below.

Net Costs & (Net Savings) over 2-Year & 4-Year Periods

	Conservative Estimate	Optimistic Estimate
Two Years of/after Implementation		
Costs of Triple P Direct Service	\$ 1,512,596	\$ 588,305
Costs of Triple P Implementation*	\$ 444,822	\$ 444,822
Total Costs	\$ 1,957,417	\$ 1,033,126
Savings from Out-Of-Home Placements	\$ 154,303	\$ 154,303
Savings from Social Worker Time	\$ 1,048,452	\$ 1,437,782
Savings from ER visits	\$ 281,708	\$ 281,708
Total Savings	\$ 1,484,462	\$ 1,873,793
Net Costs (Net Savings) - 2 years	\$ 472,955	\$ (840,666)
Four Years of/after Implementation		
Costs of Triple P Direct Service	\$ 3,025,191	\$ 1,176,609
Costs of Triple P Implementation*	\$ 889,643	\$ 889,643
Total Costs	\$ 3,914,834	\$ 2,066,253
Savings from Out-Of-Home Placements	\$ 820,417	\$ 820,417
Savings from Social Worker Time	\$ 5,698,701	\$ 7,814,846
Savings from ER visits	\$ 1,412,372	\$ 1,412,372
Total Savings	\$ 7,931,491	\$ 10,047,635
Net Costs (Net Savings) - 4 years	\$ (4,016,656)	\$ (7,981,383)

* MHS Collaborative Implementation Costs for Level 4, only



Appendix 6

Sonoma County Behavioral Health WET Training Calendar for FY 15-16



WELLNESS • RECOVERY • RESILIENCE

WET Training Calendar for FY 2015-2016

Date	Training Topic and Facilitator(s)	Type of Training
August 12, 2015	<u>Integrating Peers into SC-BHD Workforce</u> Michael Kennedy, LMFT, SC-BHD Director; Susan Castillo, CMHS Section Manager; Melissa Ladrech, WET Specialist; The Lotus Group; David Sheaves, Administrative Services Officer; Amy Faulstich, MHSA Coordinator; Kate Roberge, Consumer Education Coordinator; Kristin Dempsey, CIBHS Open to all Staff	<u>Staff Development</u> Peer Integration
September 11, 2015	<u>Assessing and Managing Suicide Risk</u> Mary Killian, LMFT Open to all Clinical Staff	<u>Specialty</u> Suicide Prevention
October 13 & 14, 2015	<u>Motivational Interviewing</u> Kristin Dempsey, CIBHS Open to all Clinical Staff	<u>Specialty</u> Evidenced-Based Practice
November 18, 2015	<u>ASAM (American Society of Addiction Medicine) Criteria</u> Dr. Mee-Lee Required Training for All Licensed Staff	<u>Staff Development</u> Assessment: Substance Use Disorders
December 28, 2015	<u>5150 Training – Special Training</u> Michael Kozart, M.D., Steve Parsons, MFT, Tamara Winer, PRA Open to Licensed Clinicians Only	<u>Specialty</u> Patients' Rights & Certification
January 3, 2016	<u>Advancing Recovery: Webinar</u> Rick Goscha, Executive Director, University of Kansas, Center for Mental Health Research and Motivation Open to selected Managers and Clinical Staff	<u>Specialty</u> Recovery Oriented Client Driven Services
January 11, 2016	<u>Master Clinical Supervision Series</u> Audrey Boggs, PhD, Quality Assurance Manager Required Training for Health Managers and Clinical Specialists	<u>Leadership Development</u> Intern Program
January 20, 2016	<u>BBS Exam Restructure</u>	<u>Staff Development</u>

	Melissa Ladrech, LMFT, WET Specialist <i>Open to all Registered Interns: MFTi and ACSW</i>	Intern Program
February 3, 2016	<u>Law & Ethics: Update</u> Linda Garrett, JD, Risk Management Services <i>Required Training for All Staff</i>	<u>Staff Development</u> Law & Ethics
February 3, 2016	<u>Law & Ethics: Clinical</u> Linda Garrett, JD, Risk Management Services <i>Required Training for All Clinical Staff</i>	<u>Staff Development</u> Law & Ethics
February 3, 2016	<u>Advancing Recovery: Webinar</u> Rick Goscha, Executive Director, University of Kansas, Center for Mental Health Research and Motivation <i>Open to selected Managers and Clinical Staff</i>	<u>Specialty</u> Recovery Oriented Client Driven Services
February 18, 2016	<u>ASAM Criteria</u> Scott Boyles, LAADC, Senior National Training Director, Train For Change, Inc. <i>Open to selected Managers and Clinicians</i>	<u>Specialty</u> Assessment
February 19, 2016	<u>ASAM Criteria</u> Scott Boyles, LAADC, Senior National Training Director, Train For Change, Inc. <i>Open to selected Managers and Clinicians</i>	<u>Specialty</u> Assessment
February 22, 2016	<u>PREP: Prevention and Recovery for Early Psychosis</u> Carole McKindley-Alvarez, PsyD <i>Open to selected CAPE, TAY, YFS & CSU Clinical Staff</i>	<u>Specialty</u> Evidence Based Practice
February 23, 2016	<u>PREP: Prevention and Recovery for Early Psychosis</u> Carole McKindley-Alvarez, PsyD <i>Open to selected CAPE, TAY, YFS & CSU Clinical Staff</i>	<u>Specialty</u> Evidence Based Practice
February 24, 2016	<u>PREP: Prevention and Recovery for Early Psychosis</u> Carole McKindley-Alvarez, PsyD <i>Open to selected CAPE, TAY, YFS & CSU Clinical Staff</i>	<u>Specialty</u> Evidence Based Practice
March 2, 2016	<u>Advancing Recovery: Webinar</u>	<u>Specialty</u>

	Rick Goscha, Executive Director, University of Kansas, Center for Mental Health Research and Motivation <i>Open to selected Managers and Clinical Staff</i>	Recovery Oriented Client Driven Services
March 11, 2016	<u>Self-Care for Work-Life Series</u> <i>Open to All Staff</i>	<u>Specialty</u> Wellness Series
March 14, 2016	<u>Master Clinical Supervision Series</u> Audrey Boggs, PhD, Quality Assurance Manager <i>Required Training for Health Managers and Clinical Specialists</i>	<u>Leadership Development</u> Intern Program
March 18, 2016	<u>Self-Care for Work-Life Series</u> <i>Open to All Staff</i>	<u>Specialty</u> Wellness Series
April 1, 2016	<u>Self-Care for Work-Life Series</u> <i>Open to All Staff</i>	<u>Specialty</u> Wellness Series
April 6, 2016	<u>Advancing Recovery: Webinar</u> Rick Goscha, Executive Director, University of Kansas, Center for Mental Health Research and Motivation <i>Open to selected Managers and Clinical Staff</i>	<u>Specialty</u> Recovery Oriented Client Driven Services
April 6, 2016	<u>Staff Development: Four Habits</u> Dr. Michael Kozart, MD & Melissa Ladrech, LMFT <i>Open to All Staff</i>	<u>Staff Development</u> Best Practices
April 13, 2016	<u>Assessing and Managing Suicide Risk</u> Melissa Ladrech, LMFT & Serina Torres <i>Open to all Clinical Staff</i>	<u>Specialty</u> Suicide Prevention
April 14, 2016	<u>Self-Care for Work-Life Series</u> <i>Open to All Staff</i>	<u>Specialty</u> Wellness Series
April 14, 2016	<u>Assessing and Managing Suicide Risk</u> Patti Mills, LMFT <i>Open to all Clinical Staff</i>	<u>Specialty</u> Suicide Prevention
April 15, 2016	<u>Assessing and Managing Suicide Risk</u> Patti Mills, LMFT <i>Open to all Clinical Staff</i>	<u>Specialty</u> Suicide Prevention

April 20, 2016	<u>Assessing and Managing Suicide Risk</u> Melissa Ladrech, LMFT & Cruz Cavallo, LMFT <i>Open to all Clinical Staff</i>	<u>Specialty</u> Suicide Prevention
April 28, 2016	<u>Assessing and Managing Suicide Risk</u> Melissa Ladrech, LMFT & Mary Killian, LMFT <i>Open to all Clinical Staff</i>	<u>Specialty</u> Suicide Prevention
May 3, 2016	<u>One Day Change Agent ASAM Criteria Training</u> Scott Boyles, LAADC, Senior National Training Director, Train For Change, Inc. <i>Open to selected Managers and Clinicians</i>	<u>Specialty</u> Assessment
May 4, 2016	<u>Suicide Risk Assessment: Revised Policy and Form</u> Cruz Cavallo, Katie Bivin, & Melissa Ladrech <i>Open to All Clinical Staff</i>	<u>Staff Development</u> Suicide Prevention
May 4, 2016	<u>Advancing Recovery: Webinar</u> Rick Goscha, Executive Director, University of Kansas, Center for Mental Health Research and Motivation <i>Open to selected Managers and Clinical Staff</i>	<u>Specialty</u> Recovery Oriented Client Driven Services
May 9, 2016	<u>Master Clinical Supervision Series</u> Audrey Boggs, PhD, Quality Assurance Manager <i>Required Training for Health Managers and Clinical Specialists</i>	<u>Leadership Development</u> Intern Program
May 23, 2016	<u>5250 Training – Special Training</u> Michael Kozart, M.D., Steve Parsons, MFT, Tamara Winer , PRA <i>Open to Licensed Clinicians Only</i>	<u>Specialty</u> Patients' Rights & Certification
June 1, 2016	<u>Privacy, Security, & Compliance Awareness</u> Wendy Sanders, Tanya Narath, Kim Pierre-Saint <i>Required for All Staff</i>	<u>Staff Development</u> Legal Compliance
June 1, 2016	<u>Advancing Recovery: Webinar</u> Rick Goscha, Executive Director, University of Kansas, Center for Mental Health Research and Motivation <i>Open to selected Managers and Clinical Staff</i>	<u>Specialty</u> Recovery Oriented Client Driven Services

June 8, 2016	<u>DBT Skills Training</u> Jennifer Sayrs, PhD, Rhonda Oswald Reitz, PhD <i>Open to selected Managers and Clinical Staff</i>	<u>Specialty</u> Evidenced Based Practice
June 9, 2016	<u>DBT Skills Training</u> Jennifer Sayrs, PhD, Rhonda Oswald Reitz, PhD <i>Open to selected Managers and Clinical Staff</i>	<u>Specialty</u> Evidenced Based Practice
June 17, 2016	<u>Assessing and Managing Suicide Risk</u> Melissa Ladrech, LMFT & Mary Killian, LMFT <i>Open to all Clinical Staff</i>	<u>Specialty</u> Suicide Prevention
June 22, 2016	<u>PREP: SCID Structured Clinical Interview for DSM</u> Ryan Melton, PhD <i>Open to selected CAPE, TAY, YFS & CSU Clinical Staff</i>	<u>Specialty</u> Evidence Based Practice
June 23, 2016	<u>PREP: SCID Structured Clinical Interview for DSM</u> Ryan Melton, PhD <i>Open to selected CAPE, TAY, YFS & CSU Clinical Staff</i>	<u>Specialty</u> Evidence Based Practice