



SONOMA COUNTY MENTAL HEALTH BOARD
MHSA PLAN UPDATE/PUBLIC HEARING



Minutes of December 5, 2018

This Meeting:
Finley Community Center, 2060 W. College Avenue,
Santa Rosa, CA 95401

Minutes are posted in draft form and after approval at www.sonoma-county.org/mhboard
Email: dhs-mhb@sonoma-county.org

Please Note: A list of commonly used abbreviations and acronyms is attached

CALL TO ORDER

Meeting called to order at 5:00 PM by Chair, Mary Ann Swanson

ROLL CALL

Present: Mary Ann Swanson, Kathy Smith, Bob Cobb, Dick Kirk, Diana Nelson, Sherry Weyers, Shellie Hadley

Excused: Fran Adams, Patricia Gray, Peter McAweeney

Absent: Matthew Jensen

PEERS Coalition Representative: Sara Stoxen (present; last day with the Mental Health Board)

Sonoma County DHS, Behavioral Health Division: Barbie Robinson (DHS Director); Bill Carter (BH Director); Sid McColley (Acute & Forensic Services); Jenny Symons (BH Administrative Services Officer); Wendy Wheelwright (Quality Improvement Manager); Bruce Robbins (MHSA Analyst).

ANNOUNCEMENTS /PUBLIC INTRODUCTIONS & COMMENTS

- 1) You may submit agenda items for consideration prior to the Executive Committee meeting, normally held on the first Wednesday of each month, 10:30 AM to Noon. Email or call MHB clerk Rhonda Darrow (565-4850), Rhonda.Darrow@sonoma-county.org to verify the next meeting date.
- 2) Please direct all your questions to the Chair.

INTRODUCTORY COMMENTS AND PRESENTATION OVERVIEW FROM THE MENTAL HEALTH BOARD:

Mary Ann Swanson, Chair of the Mental Health Board, introduced all of the Mental Health Board members and welcomed the public. Mary Ann introduced Barbie Robinson, Department of Health Services Director, as one of presenters.

SPECIAL PRESENTATION: *MHSA Plan Update (Barbie Robinson, DHS Director, and Jenny Symons, BH Administrative Services Officer)*

Barbie Robinson welcomed the public in attendance and thanked the Mental Health Board for sponsoring the MHSA Plan Update and Public Hearing. Barbie introduced Bill Carter, the new Behavioral Health Services Director. He came from Napa County as their Behavioral Health Director and his previous position was Compliance Officer. Bill Carter shared that he is looking forward to working with the Mental Health Board, as he had a good working relationship with the board in Napa County. Barbie then introduced Jenny Symons, Administrative Service Officer who oversees many contracts and mandates, as the MHSA Plan.

(Please see the attached PowerPoint slides from Jenny Symons' presentation)



sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION



WELLNESS • RECOVERY • RESILIENCE

Mental Health Services Act 2018-2019 Plan Update & Annual Update for 2016-2017

Wednesday, December 5, 2018

Finley Center, Person Senior Wing
2060 West College Avenue
Santa Rosa, CA
5:00-7:00pm

Agenda

- Brief Overview of the MHSA Annual Update for 2016-2017
- Brief Overview of the MHSA Plan Update for 2018-2019
- Public Comment



Mental Health Services Act Annual Update for 2016-2017



Community Services & Supports (CSS)

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



Community Services & Supports (CSS)

- ❖ Full Service Partnerships - **389** served
- ❖ Outreach & Engagement: Community Intervention Program (CIP) - **861** served; **4,181** reached at Health Fairs
- ❖ General System Development: Consumer/Peer Run & Family Driven Services - Over **2,500** served (duplicated)
- ❖ Workforce, Education & Training (WET) - Over **275** served (duplicated)



Prevention & Early Intervention (PEI)

Programs that prevent mental illnesses from becoming severe and disabling, emphasizing improvement on timely access to services for underserved populations



Prevention & Early Intervention (PEI)

- ❖ California Mental Health Services Authority (CalMHSA)
 - Each Mind Matters, SanaMente
 - Know the Signs
 - Directing Change Student Film Contest
 - California Community College Student Mental Health Program Sponsorship



Prevention & Early Intervention (PEI)

- ❖ Early Childhood Services - Over **2,700** served
- ❖ School-Based Services - Over **2,200** served (duplicated)
- ❖ Campus-Based Services - Over **3,300** served (duplicated)
- ❖ Services Targeting Transition Age Youth - Over **4,400** trained in *Question, Persuade, Refer*
- ❖ Services Targeting Older Adults - Over **3,200** screened for depression



Prevention & Early Intervention (PEI)

- ❖ Services Targeting Communities That Experience Disparity in Access to Mental Health Services - Over **20,000** served (duplicated)
- ❖ Consumer/Peer Run Services - Over **1,900** served (duplicated)
- ❖ Crisis Hotline Services - Over **3,600** served (duplicated)



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



Mental Health Services Act Plan Update for 2018-2019



Plan Update Summary

- ❖ **Access Team** split into Adult Access and Youth Access Teams & will only be conducting screening and assessments
- ❖ **Crisis Assessment, Prevention and Education (CAPE) Team** staff reduced from six to two & will be conducting mobile crisis response in high schools, as needed.
- ❖ **Mobile Support Team** will be funded under CSS component and will expand to serve West County and Sonoma Valley with additional funds from Triage Grant and General Fund
- ❖ **Family Advocacy, Stabilization & Support (FASST)** full service partnership team to expand to met client needs



Plan Update Summary

- ❖ **Community Intervention Program (CIP)** receives grant, becomes **Whole Person Care** and will focus on a slightly narrower target population. New contracts with a number of local agencies.
- ❖ Several programs were eliminated or reduced (from 11-70%), some were restored with a variety of other funding
- ❖ **The Hub (Santa Rosa)** features co-located services at new Behavioral Health Campus.
 - ❖ **Wellness Center** relocated with expanded hours
 - ❖ **Community Treatment & Recovery Team** to serve those with urgent mental health needs, but do not meet "target population" criteria



FY 2018-19 MHSa Expenditure Plan

Components	Estimated Available Funding	Estimated Expenditures	Estimated Balance
Community Services & Supports	\$14,126,270	\$12,647,342	\$1,478,928
Prevention & Early Intervention	\$4,357,468	\$2,688,093	\$1,669,375
Innovation	\$1,072,174	\$0	\$1,072,174
Workforce Education & Training	\$371,172	\$371,172	\$0
Capital Facilities & Tech. Needs	\$1,743,917	\$1,743,917	\$0
Totals:	\$21,671,001	\$17,450,524	\$4,220,477



Public Comment

- > 3 minutes each
- > Raise your hand if you need a number
- > 5 people at a time

Thank you for your participation today!



Jenny Symons shared that the Public Hearing comments and feedback are being collected in minutes. The minutes of the MHSa Plan Update and Public Hearing will be incorporated into the packet that will be submitted to the Board of Supervisors by January 8, 2019. Jenny was asked what the definition of homeless in reference to the Whole-Person Care Program. The word homeless or near homelessness, is the same definitions that the CDC issues. SCBH is conducting an assessment of the vulnerable population, not only where they are now but could they be homeless in the next month and for people who are hospitalized. SCBH is working both with the clinic as well as the hospitals by way of the Nightingale Program.

Next Speaker: The other question was there was a zero use in the expenditures and innovation, and I'd like you to explain that, please.

Next Speaker: Absolutely. So, innovation programs have to go through an approval process with give me the Mental Health Services and Accountability Commission.

Next Speaker: The oversight commission.

Next Speaker: Thank you. The innovation plan is for five years, and then they have to do a new one. So, we are quite relieved to be getting a new innovation plan out on how we're going to be using those funds.

Next Speaker: Okay. And then my last question is on the capital facilities' expenditures you had that you are spending the entire one million seven hundred and forty-three and some odd. Does the program get any money from the new funding for mental health housing? If you could explain?

Next Speaker: Absolutely. So, in this particular case, how we will be using a subsection of the CSS funding, which is specifically about how we are supporting our overall system of care. That was put in there as directly related to the expenditures so that is why it equals out. We saw how much we needed and then that's what we put into the balance because this is a subsection of CSS. So, that's why it matches there, and we're currently using that to upgrade and support all of our data infrastructure, which consists of our electronics health record being brought up to modern capabilities.

Next Speaker: Okay.

Next Speaker: So, that's where we keep all of our client records and support all of that process. So, that's where that's going this year. We decided to pull that out to really specify how that money is being used. That was a change from last year, in that we specified that one item. So, it had to not been listed in the past. We just decided to pull it out to look at it.

Next Speaker: I believe there's one more question.

Next Speaker: Oh. Two more.

Next Speaker: The CAPE Program, you said, was drastically reduced from six to two. Now CAPE is the one doing the suicide prevention?

Next Speaker: They're doing the QPR.

Next Speaker: So, does this mean that high schoolers are not getting that suicidal prevention training?

Next Speaker: I don't know what this means. I'm not sure we have to be training people in that.

Next Speaker: So, one of the things that we are working on is developing a model with SCOE, Sonoma County Office of Education, and the various school districts to do a trainer-to-trainer tomorrow. The schools get money for suicide prevention and mental health awareness so we're acting then to help support and contribute to that effort. Whereas we financially have carried that responsibility solely over the years. One of our goals, in the next year, is to come up with a plan for how we can get additional resources into the school. This past year, given some of our budgetary challenges, we changed our model. We respond to crises in the school. Moving forward, we want the schools to be able to deliver the training staff and students going forward as a method for sustainability of the program.

Next Speaker: Thank you. That's very important.

Next Speaker: It absolutely is and we're trying to figure out how, in a broader sense, to share some of that financial responsibility with other partners who've also have a responsibility for the work.

Next Speaker: Thank you.

Next Speaker: Thank you for the presentation. One thing that's never quite been clear to me is what percentage of programs in the budget go to county employees versus contractors. I don't know what roughly that is, and I am very curious about that.

Next Speaker: And can I declare my question, are you asking relative to MHSA funding contractors or broadly.

Next Speaker: I think more broadly.

Next Speaker: I think we can get that information and get back to you.

Next Speaker: Yes, we'll put that on the list of questions to answer when we get back.

Next Speaker: My name is Lee Turner. I'm the executive director for the Community Baptist Church Collaborative. I have Honor Jackson with me and Laura who are directors of the different programs that we house. I appreciate the opportunity to present our full-service preventive program--its uniqueness, the target clients, the innovations, and collaborations. They're going to finish up with some of the information further. Thank you.

Next Speaker: Hello. My name is Honor Jackson, from Community Baptist Collaborative. We have four programs. Two are actually tied together. Our first program is Safe Harbor, and the Safe Harbor Project provides music as relief, stress prevention, music and sustainable living. We provide calming, relaxing sounds, and music outreach to churches, civic groups, healthcare providers, and individuals throughout Sonoma County. Our outreach strategies include community outreach through in-service education presentations, sacred music series events, and health forums. That's our Safe Harbor Project, which is music which primarily uses music as a relief of stress. We've also operated that one throughout the county as well as in jails and, as mentioned, the church. The second one is the Saturday Academy and Village Project. Those two run together. They're our youth programs that runs through the church. The Saturday Academy and Village Project provide faith-based, targeted educational programs to enhance life skills, self-esteem, personal growth, coping skills, and knowledge of community resources. Our target age groups are 5 to 12 years old for the Village Project, and 13 to 18 for the Saturday Academy. Service will be provided to a diverse cultural population in Sonoma County; however, our outreach and program design will primarily, primarily focus on the African-American communities. Our outreach strategies include presentations to civic groups, other churches, social services, and healthcare providers, community events, fairs, and schools. We also had the first-ever, to our knowledge, African-American mental health convention through the funding for this program. We did CPR training, also. We do outreach throughout the whole county and outside of our county, as well. Laura, who is our Bridge to the Future Rites of Passage Program Director will speak to you next.

Next Speaker: Thank you. The Bridge to the Future Rites of Passage Program is in its 19th year. We have graduated over 385 students so far, and 87 percent of those students have gone to take continual classes or onto college. They've gotten their degrees. We have 15 that have gotten advanced degrees. This program is very important in this community, and it's been very vital since its conception. The Bridge to the Future Rites of Passage Program is an 8-month program for youth, ages 14 to 18. This program uses adult mentors, civic

and community leaders, elected officials, volunteers, and curriculum specialists to provide youth with life skills such as self-esteem, team building, wellness nutrition, etiquette, cultural awareness, time management, financial awareness, career planning, public speaking, college preparation, exploration, and community service. These skills, in turn, will assist the youth into a successful transition for the future and adulthood in a culturally diverse community. Activities and/or workshops consist of monthly 3-hour sessions and field trips to practice acquired skills. Bridge to the Future Rites of Passage Program begins in September, continues monthly, through April. In April, a formal ceremony presentation welcoming participants to the community is hosted at a local venue, but I must add, at that time, they receive certificates of completion, they are recognized by state and local politicians for the work that they do, and they take this to add to their college preparation if they're going through that. Rites of Passage is a community education model that is structured around an established curriculum. Thank you.

Next Speaker: Good evening. I'm Laurie Petta, and I'm the director of Behavioral Health Programs for Goodwill Redwood Empire. First, I want to thank the Mental Health Board for your time, your dedication and for your generous unpaid work on behalf of mental health services in our community; it is much appreciated by us all. Thank you. Between the tragedy and trauma of the fires and the budget crisis, this has been a year I'm sure none of us will forget. The costs eliminated two successful MHSAs funded programs with Goodwill. The Peer WarmLine Connection that operated Friday and Saturday evenings offering peers needed emotional supports and referrals to resources and the Peer Support Project which worked closely with the county Mobile Support Team to assist parents who had been involved with the police and later those who were incarcerated offering support, recovery information and encouragement. These were successful programs that were being well utilized and demonstrated a real impact. We hope that when the dust settles funding for these valuable programs be reconsidered. We greatly appreciate the funding that has been received to enhance and integrate the services of the Wellness and Advocacy Center at The Hub. The center's manager is Sean Bolan who has embraced the new location and direction and is dedicated to building the program. We are very excited about this opportunity and look forward to growing this important collaboration to enhance recovery services throughout our community. The Interlink Self-Help Centers remains the main community resource that has for 22 years been a leader in peer support and mental health recovery, as well as the model for others looking to develop a peer recovery center or a program in the community. Sean Kelson, the manager, is deeply involved in many countywide projects and committees and continues to be a valuable resource to many of us for advice and information on mental health recovery. The consumer relations program was cut in half during budget cuts and was resurrected as a Peer Education and Training Program with Kate Roberge as the developer and the Peer Education Coordinator. We are working hard with the funding we have to make certain that the integrity of the peers' work training program that was so meticulously created over the past years remains intact and meaningful. Petaluma Peer Recovery Center is thriving under the direction of Peer Support Coordinator, Carol West. They love their new location and the membership is increasing. We appreciate the continued support for this growing program that began as a grass roots community effort and has been so graciously embraced by the county. Goodwill has exceptional staff of the MHSAs funded programs that employ 30 peers and annually provide education training, peer support and recovery services to thousands of our community members identifying as having mental health challenges. Thank you for allowing us to be part of this important work.

Next Speaker: I am Carol West from the Petaluma Peer Recovery Center. I would also like to say thank you very much from our staff and from our participants. The Mental Health Service Act funding keeps us our doors open. We very much appreciate that. Petaluma Peer Recover Center is the youngest of the three peer-run centers that are programs of Goodwill Industries. We started off on McDowell Boulevard, and we had the exciting opportunity to move to a location that is now co-located with Sonoma County Health and Human Services. We are right next door to the Sonoma County Behavioral Health, Petaluma Community Center. So, that is working very well. To reflect our growing size and stuff and space in programming, we re-did our logo

and upgraded our website. I invite you to visit our website. If you go to “Petaluma Peer Recovery Center,” you will find it. I am the on-site coordinator. Our manager is Sean Kelson and you just heard from our director, Laurie Petta. We're very proud of what we've accomplished and had the opportunity to invite people from the community to visit us in March. Petaluma Peer Recovery Center has open doors, and we're very happy to have you as visitors. Thank you for visiting. We provide groups, classes, art, socialization, goal setting, resource navigation and much, much more. We meet people where they're at, allow them to be in the driver's seat, and all three staff--who have had peer support training, meet with them, using our own personal life experience, to be a person to walk with others on the recovery journey. Some of the things that participants have said about the center are: “I like coming to PPRC because I feel like I belong here;” “These are my people;” “The atmosphere here is friendly and homey;” “Staff are genuinely welcoming;” “I feel safe here to be my authentic self;” “I come to PPRC to learn how to communicate with other people;” “I love coming here to do art;” “It's the one thing that gives my life meaning.”

Next Speaker: Hi, I'm Grace Harris from the Child Parent Institute, and I'm actually representing The Early Childhood Mental Health (0-5) Collaborative, which also includes the Early Learning Institute. This has been going on the last 10 years. Granted it's been going longer, but we actually have been established and served over 800 women who were pregnant or new mom's suffering from mood disorder, depression and anxiety. We've served over 1,000 parents of children over 5 with positive parenting strategies. Early Learning Institute has easily screened at least 3,000 children within that time for disabilities and other things. So I'm going to have one of our staff talk to you about what we've have done in our programs with one of our mom's that I told Early Learning Institute I would share tonight. So over a year and a half ago, they had a 4½ year old child who was in foster care at the time, and she was referred to the Watch Me Grow, which is their version of screening kids to see what is going on. This child had been physically and emotionally abused by a mentally ill mother. During her screening, the emergency foster provider said they weren't even sure if she had language ability yet because she wasn't responding to any of their questions and mostly just babbled in English. It was discovered that English was her first and only language. She was hesitant and often withdrawn. She didn't seem to know how to play like a child her age would. So, after the assessment she was able to be referred to a school district for further help, and also to the Child Parent Institute and mental health services through our Medi-Cal contract. Six months later she was screened in her new foster adoptive home, and she seemed like a completely different child. She spoke clearly, in full sentences, was imaginative and was excited to be starting kindergarten. She was catching up on her academic skills, such as counting, identifying colors, and, with support of her therapist, she was learning how to trust adults again. The current foster parents were surprised and pleased that they were able to get assessment services and receive mental health services by staff coming into the home every six months and continually assessed and made sure that they were catching any problems before they became serious. Now I'd like to introduce one of our service providers.

Next Speaker: I am a parent educator who meets with many of the families that we serve thanks to you. I just want to say that I feel that we are breaking barriers that will last a lifetime, starting with the parents, which to me, are the number one in a child's life. So, I want to tell you about a family. It's a mom and a dad and 2 ½ year old little boy, and she told me just unexpectedly, she said, that she wanted to thank me for what we did, that she can say now that she is a happy mother and a proud parent. She said, “I was not happy. I did not have the feeling of happiness before your visit with the family and others about my son's behaviors and tantrums. I was embarrassed. I'm supposed to feel happy.” She said when she would go to the store or public places she would think to herself, oh, we don't want him, and she feel guilty about that, and she would avoid being with the big family gatherings. In the area where she lived there's about seven family members, so they stopped going on the weekends to enjoy family time because of his tantrums. Now, she says that at the end of this visit, her and her husband feel more about the child and, they understand his behaviors and they are not angry at each other anymore or with the little one. I asked her what have you learned? She told me more about what she had learned, and she shared all this with her husband. We would discuss because they now

understand that he's little and that his behaviors are not like on purpose to defy or embarrass her. She says that she truly feels that is what really changed—the understanding where his tantrums are coming from and that others may not understand and that's okay. She said that she feels that she can take on the world now, and I just know that I'm the one that will make a difference in my child's life. So, that was really exciting for me. She said it's been really hard, but we are doing it. Can I tell you one more minute about another family? Really fast. Just a highlight. So, another family, who had a little one, a 5 year old, that had to be picked up from school or while having a fight in a family gathering with the other little cousins, imagine being told this is embarrassing. Of course, it's you again. It's always you and then you get taken home and the whole family has to leave, and then imagine that little guy being told he is here because they will have to find another family for you because you don't listen. From that, to make a long story short with lots of visits and good commitment from the parents, and including the school and resources, both parents are receiving my ongoing home visits. Mom has enrolled in therapy and is in active communication with the school. They have a much better understanding of their child's behaviors and of the stage where he's at; they are spending a lot of quality time with him. On the phone, two days ago, Thursday or Friday last week, when I confirmed with her, she said I just want to tell you something. We went to the dentist and my son started crying she says, and she asked herself if she felt ashamed? Aren't you embarrassed, like be quiet, and she says, I thought of what we were being taught, and my husband reminded me and said eye level with our son, and explained to him that I know that you're scared. This is what an X-ray means. It's going to be okay. You want your dad to go with you? We can ask the lady, and everything worked out good. She cried while she was telling me this over the phone, and I held it together. But this is just an example of how we help families. The other two kids stay with dad because she understands the importance of quality time, and she said that he held her hand and said, “Momma, I love you,” and she was very touched by his like he doesn't do it on purpose. So, that's the work that I do and I love it. This is one of the moms that I work with and she's going to talk to you guys, and I will be her voice. She'll be talking, but I'll translate, okay?

Next Speaker: “I have a son with autism. I did not understand what was happening with my son. He was depressed. We started to understand what was happening with my son. I understand what was happening with him, me and my husband. We also started to be able to communicate with other people outside of family, people are around, but after each visit, it was a lot of help because now we can see that we can be happy with our son regardless. We can have no fear about what other people think or say about our son, and I'm very grateful for all the visits that we were provided because it was very helpful. She took away a lot of the things we didn't understand. She helped us to understand, and we're very grateful people that she understood our situation.” She tells me that she has started a group, a support group by my suggestion, because she was very hesitant to reach out back to Kaiser, and she started getting those evaluations going. She started showing that she got a letter from an evaluation and that it was scary. No, it's not scary. Let's deal with it. She got resources and she's working on connections. She changed her communication in her home. She has older kids that were not minding her and now they are. She's the boss. Communication with her husband and self-care, are number one for her and her husband.

Next Speaker: My name is Kate Roberge. I'm the patient care coordinator for the Peer Education and Training Program at Goodwill Industries. Our program offers a path to education and employment for people with mental health challenges who want to provide support to their peers. The Peer Support Specialist Training Program consists of 3 ½-month training, with classes such as communication, boundaries, ethics, behavioral health disorders, such as drug and alcohol, posttraumatic stress, self-care, cultural responsiveness and many more. Upon completing the training, graduates are offered internships in order to polish their peer support skills. Graduates who complete their internships are assisted to find positions as peer support specialists. In addition to its vocational aspect, our program also provides personal enrichment for its participants. The nature of the coursework encourages self-examination and personal growth, helping to make each graduate a contributing member of Sonoma County's mental health recovery community. As of this December, 83 people

have graduated from the class. There are currently 25 working peer support specialists in Sonoma County who have been educated by the Peer Education and Training Program. Peer support specialist positions change lives. Peer support provides help and mitigates despair. People who are afraid of other mental health service providers will often be willing to speak to an understanding peer. Often the best person to help someone in a mental health crisis is the person who has walked a similar path. There's some things that doctors and clinicians, no matter how well versed or compassionate, have never experienced. I like to say that the Peer Support Specialists have been, if not in the same shoes, at least in the same shoe store as people they are supporting. This familiarity with the type of difficulties that people with mental health challenges experience make peer providers especially qualified to offer support and comfort. Additionally, peer support has proven to be a physically sound cost effective investment. Research shows that peer involvement substantially decreases hospitalizations and re-hospitalizations for those who receive this type of support. Tonight, I want to express my gratitude that in the midst of a budget crisis, Sonoma County still value the importance of peer support and fund the peer education and training program. Despite losing one half of our funding, we are starting to maintain quality education and employment services for those with limited mental health experience who want to help others. Thank you.

Next Speaker: Good evening. It's good to see everybody. I'm Sean Kelson. I'm a program manager at Interlink Self-Help Center and also a participant in the oldest mental health recovery program in Sonoma County for 23 years. I also oversee the Petaluma Peer Recovery Center, the youngest one in the county, and all of my staff at PPRC have been trained through the peer support training there at PPRC. We provided groups, classes, one-on-one peer support, socialization activities, health resource navigation and more. So, you know, that was quite a year wasn't it? Particularly challenging due to the fires, the budget cuts and we are grateful for continued ability to provide services in our community. It's often difficult to remember things that were pre-fire, so to speak. It's hard going back and looking at what's been going on. During the fire, PPRC didn't close a day. Interlink Self-Help Center only closed two days after the fires, and we also hosted staff as well in the extended area of fires to help provide services at Interlink. We provided support onsite and over the phone. We connected with other agencies. Interlink Self-Help Center was chosen as the recipient of YMCA's Helping Healthy Living Change Award. Last year, just after the fire, it was quite an honor from such a greatly valuable community partner, and so soon after the fires, that Interlink came to the forefront and was able to, through all the confusion, to provide support and services in our community. We and Sonoma County Behavioral Health Division were able to coordinate a meaningful well attended mental health kickoff event with other programs, particularly the reducing disparities contractors during our resource fair and we had 80 people in attendance. Although Sonoma County Behavioral Health was unable to be on site, we were able to represent as contractors and had a roundtable featuring resources supplied to us and along with other county literature. The funding allows a dual diagnosis counselor at Interlink to remain, which is greatly needed and appreciated. It also helps me to be able to go to all the meetings that I go to and provide and participate in quality improvement of other programs in the county, including working on some advanced care planning tools. This last year, right after the fires, many of the participants were using our services more. Our people in our alcohol and other drug groups really were buckling down on their sobriety and stopped using substances by working together more, being deeper committed, and starting to meet offsite. We have a number groups during the week and at jobsites, as well. It was very exciting to see that support and see it go on beyond our walls. It's something a lot of people talk about now, too. They feel more comfortable with being out in the world, especially with going to more than one center as an outlet. They only have one place where they feel safe. They often feel safer out in the world and being able to connect with people this year. This period after the fires has been a great opportunity for stigma busting. Much experience is needed in the recovering from trauma and other life challenges to be there for those who may be new to heightened levels of distress. Thank you for your support and we are proud to be a part of this community.

Next Speaker: Good evening, everybody. Good evening, Mental Health Board. My name is Lupe Aguilar. I am the executive director of Latino Service Providers. Latino Service Providers will be celebrating our 30th anniversary this year. We have been serving communities the past 30 years by connecting community members through various methods with an intention to educate the community on different issues that have been impacting the community. Our way of communicating and connecting with the community has been through various events, such as community events. Latino Providers staff have been in attendance of various events throughout Sonoma County. The intention of us participating in these events is to help reduce disparities by connecting the community to the different resources available. Most of our material is of a various agencies and resources available, and we often provide this information both in English and in Spanish. Community members will then often reach out to us for additional support or with support in connecting them to these agencies. In addition, we have a newsletter that is member-driven and is distributed on a weekly basis to more than 1,600 members. This newsletter is comprised of different events, jobs, emotional development opportunities and community support, and last, but not least, we also have monthly meetings that are with other organizations on a month-to-month basis with an opportunity for us, as professionals, to come together and collaborate with services that are available. In line with Latino Service Provider's mission, we have a separate grant. Due to the 27 percent reduction, we unfortunately have to cut off other events, such as work force development. But in alignment with our mission and vision, we were able to receive a separate grant from the California Reducing Disparities Project, which allows us to train 16 to 20 youth on a year-to-year basis between the ages of 16 to 25, to get with LSP advocates for mental and emotional health. With both grants that LSP has received from MHA and CRDP, Latino Service Providers aim to reduce the stigma around health in our community and help increase our future workforce. Our impact continues to get recognized. We currently received a grant from Healdsburg, so we will be expanding the area from Healdsburg to Petaluma. Currently, we're also being considered for a second grant through the American Red Cross to continue our efforts. It is my hope that we are able to continue our collaboration and continue to focus on mental health services in our future workforce. Thank you for your time and have a good evening.

Next Speaker: Hi, my name Tricia Ellis-Christensen, and I am a lead therapist at DAAC Center Point. I'm here with our Regional Director, Susan Hertel. Thank you for taking the time to listen to me today. I work in four of the programs at DAAC assisting folks with dual diagnosis. I'm a therapist. Presently, DAAC is only able to retain my services at a part-time level, and I spend about 13 hours a week working where there is most need in our residential program, Turning Point. We have about 90 clients and residents. That varies a little bit, but it's not an underestimation to say that about 60 percent of them are in need of mental health services and affected by co-occurring disorders. That is roughly 45 to 54 people a week that I need to serve. I cannot do it on 13 hours. My job is impossible. It is not possible to see all those clients in the hours I work or conduct the groups that I do and still serve everyone. As a therapist and community member, it is frustrating to see this profound lack for a residential service that is relatively unique and typically carries the highest census of recovering members in the community. These people badly need our assistance and are starting to climb, many at the first time, back up into integrating within our community, all the time needing recovery from trauma, as well as battling other mental illnesses. They tend to carry more Aces than could be found in several packs of cards and are therefore deserving of support. MHSA funded a 32-hour therapist position at DAAC which greatly helped to address this issue, but when I joined, there was only DAAC funding for a part-time position. I make the most of my hours with a communication-strong, team-based approach. Every day, I run out of time, and there are clients that do not get served. I come to my job, split clinical hours and draw on many other community resources. Still, many of our residents go without needed therapeutic care. There is also a middle ground -- not sick enough for hospitalization or too sick without regular therapeutic care. We cannot meet it, and I have to discharge clients I know will return directly to the streets and to using as they were too mentally ill for our program and ineligible for others. There are no words to describe what this feels like and how to respond to our whole community. So, I would like to petition MHSA to restore their grant to us. We are working with folks who have lost almost everything. Taking care of them begins with this ground up work, the basics, but we do

need help. We need help to offer more hours of just the basics so that when the clock runs out the day, there was no one left on the other side of the door waiting for that chance for help and not getting it. Thank you.

Next Speaker: Hi. Good evening, I'm Sean Bolan. I'm the program manager of the Wellness and Advocacy Center. Thank you for the opportunity to speak about our program, a program of Goodwill Redwood Empire funded entirely by MHSA dollars. We are a year-round, self-help, drop-in center that has been providing services for over 11 years and a lot has changed for us since we entered this fiscal year. On August 3rd, we moved from 3400 Chanate Road to 2245 Challenger Way and reopened our doors on August 13th, as part of the new Behavioral Health Hub. We've expanded our hours from 4 per day to 7 per day. We've seen our average daily attendance nearly double from 37 per day in July to 65 per day in November. We are now able to offer 36 support, educational and socialization activities in groups per week. One of the most exciting aspects of being part of the Hub is the new relationship we are development with behavioral health staff. Since moving, we have signed up 77 new members, which is more than the total for the last fiscal year, and many of these new members were brought to the center by behavioral health staff. Peer services are being integrated into the county system in a way that we have never seen before. As such, we are also acting as a training center for new peer workers. We are able to offer paid internships to graduates of peer support specialist training offered through peer education and training program as well as partnering with Behavioral Health Co-op to offer work adjustment training and clerical or janitorial services. We look forward to continuing to provide services to peers in the county and create a robust peer workforce, and so thank you for your continuing support and time. If you haven't had a chance, please walk around the Finley Center. We still have the Recovart art exhibit up and displaying the work of our multiple members of the center. It's up until tomorrow. Thank you.

Next Speaker: Good evening. Thank you for being here. I am Anita LaFollette from Homeless Action. I just wanted to let you know that last Saturday, Homeless Action had a meeting and we are talking about trying to get shelter for those that are out in this weather. As you know, there are a lot a people that are sleeping underneath trees and bushes and this is a precursor for mental health issues. Last Saturday, at the forum, we discussed ways to quickly get shelter for them. We are not going to build houses right now and there is this anticipation of the \$12.1 million that's coming in because we are in an emergency situation now. There is an emergency proclamation, so this money is coming. If interested, please come and advocate for homeless services so we do not have more homeless people. They want to prevent sweeps of an encampment that is built by people who are out there, and then as soon as they set it up, they come out with the police force and make them move on. To where? Well, I notice they're up and down College Avenue and up and down Stony Point Road. They need an encampment of some kind right now, because what's needed when you're homeless are roots that's basic to getting your life together and companionship, a union of people working together. Many documentaries about how they're doing it in Seattle and Portland, Oregon are actually setting up shelters in some way, shape or form, even if it is tents rather than having people out in this weather. It's going to get colder and colder. So, one of the things that did come out of that meeting that we had on Saturday was the lack of alcohol and drug services. You know it, and I know it. We haven't had Drug Medi-Cal for years. So, as she so aptly put to you about DAAC, there's no place for anyone to go. The other day I had a man who couldn't get into us. Well, he was in a wheelchair, and he did want to go to alcohol and drug treatment. So, I took him over to a facility, and they would not take him because he didn't have proof where he lives. Where is a homeless person going to get proof of that? Anyway, it's just because they're full probably, because they don't have enough services for folks that want to get off drugs and alcohol. They can't. I ended up taking him back to another home of a friend who was probably the very person that was selling drugs, but I don't know that. Right? So, if you are interested in supporting our contention that homeless people need shelter now and you'd like to come and support that the money not just be given to developers but to try to help those that are out in the rain right now and, believe me, there are over 2,000, then you can come to that leadership meeting at on Monday, the 10th of December at 1:00 P.M. Thank you for listening. Thank you for being here.

Next Speaker: Hello. My name is Stephanie Sanchez. I'm a health promotion specialist at Santa Rosa Junior College, and I'm here representing our Protection and Early Intervention Program. We have two part-time health promotion specialists and five part-time student workers that are peer health educators and together we are a partnership at the college to raise awareness around mental health, reduce stigma, and increase the capacity of our students, our staff, to recognize signs and symptoms and be able to reach out, offer support, and connect people to resources with specific attention to our transitional age youth, a large part of the population the junior college serves. So, we do this by our mental health promotion and awareness campaign. We start off with all of the wellness fairs where we bring 25 or 30 campus and community resources together. We have classes of students that come in and are connected to available supports. I think within the last year, we started a social media campaign, a wellness Wednesday on SRJC's Facebook page. We're getting those messages out as we can. We're also kind of responsive to what's going on campus and in the committee. A while back, we had some elections that we're going to be studying. Our peers and our programs were able to be there to support our students. There was rape on campus and sexual assault awareness and prevention is something we work on. We do work in May for Mental Health Month, and we were really involved in the college's response to active fires last year and during the smoke days this year, which traumatized a lot of people. We have been out in the classrooms, and we do some presentations. We have student health and success presentations where we address stress, anxiety, depression, and sleep, which are four of the top six issues that students say negatively impact their academics. So, we are out there in counseling classes trying to get our new students connected with information about mental health resources that are available to them and to teach them how to support themselves and others. We also, I think now that PACE is reduced, I don't know, we may be the only ones providing Question Persuade Refer (QPR) training for the site and mental health first aid. We train student leaders and a handful of staff in Santa Rosa and Petaluma in mental health first aid, and since we started our PEERS Program, we have trained over 4,000 students, staff, and faculty in QPR. So, that is definitely something we are very proud of. QPR is integrated now in several programs, for example nursing, dental hygiene, and secondary transition programs at the JC. However, we would like to expand our ability to provide those kinds we need to get more trainers trained on the campus. So, something you have to think about in terms of funding. Another really exciting thing that we are working on this year is what we are calling our Student Empowerment Academy (SEA) in social work. We have partnered with departments across campus to provide ongoing training throughout the semester to our student workers that are front line for vulnerable populations--our student health workers, our student success coaches, our Cal Worth peers and support coaches, and we are integrating health and mental health into that. We have trauma and self-care sessions. We provide QPR for them, and we do our student health and success for that cohort to design benefits and success. Just in general, we think we are making an impact. We are getting mental health out there. We are bringing it into the light. We are helping students feel supported, just anecdotally. They are so happy to see us come. I do have anxiety. Nobody ever talked about it through K-12 education and sometimes we get to go to therapy. I'm going to reach out to my mom and have her get therapy. So we get a lot of positive anecdotal response, and we also see that in the time that we have done our programs, there has been a consistent increase in helping to seek therapy services that we provide on campus. I is so gratifying to see the graphs because it just goes up and up and up since our program started. Recently, we have seen that although suicidal ideation has increased in our student population, we are seeing that attempts are going down. We are hoping that it is because we are reaching people and helping connect them to resources and tools they can use, and we are helping people be able to recognize and reach out for people that are having mental health challenges. I just want to thank the town. I want to thank the Mental Health Board for your ongoing support of our programs, and I hope that this brief summary has helped you see that it is making a difference and finding that we are getting therapy. The PEERs program is allowing us to do this meaningful work for our community and our students. We thank you, and I have a couple of students with me tonight that will share their experiences in I hope the 3 minutes we set. Okay.

Next Speaker: Hi, my name is Tori. I work under Stephanie's supervision at SRJC. I started with the PEERS Coalition Program and that stands for People Empowering Each Other to Realize Success. We are a group of students, five or six students who are passionate about mental health; and we really work hard to raise awareness and reduce stigma surrounding it. Stephanie highlighted a bunch of the really, really great opportunities and things that we have done so far; and I just wanted to highlight three different areas. The first would be the awareness component because I have personally seen a rise in the people who have told me that not only were they able to learn about our program, the services we provide, and the resources we provide on and off campus, but it gave them information they never knew they had access to and that is super important to me because mental health has always been a part of my life. I have struggled with anxiety since I was 8 years old. I believe everybody should have access to resources, learn how to understand and help themselves and being able to integrate mental health into a very basically health-oriented world. I think it is very important, especially for college students. We are able to also let people know about our suicide hotline. We have our text line cards because in this day and age, phone calls are just a little too scary and I personally used that text line and I have found it incredibly helpful. It is a great resource. A lot of people have let me know about it. They feel more comfortable. Everybody's happy when we are able to spread a resource like that. We were also able to distribute coffee cup sleeves for our students at prevention week on campus or in the café and through distribution, which was a really a great way to raise awareness and attention. Just to highlight how this job has influenced me, I was actually told of this position after I went on a rant about how upset I am how people are portrayed with mental health issues. So to be able to be in a position like this and really being of an influence is a real way where they are able to understand the resources they have, what is accessible to them, how they can help themselves and is probably the best thing I can do with my time right now. It is just meant a lot to be able to connect with other students on campus, whether it be while I am at work, if they recognize me when I am not at work, or just friends and family letting me know what a difference I am making around campus and with my team. I am very grateful to be in this position, and I am grateful that we even exist. I think if we did not, it would be a much different environment at SRJC. Thank you.

Next Speaker: Hi, my name is Fiona. So, I'm also a peer and what I do mainly is I help out with our social media, letting people know about different events that are going on that we put on and that other community resources put on like for example, last weekend, we put up a Facebook event about an event put on by LGBTQ Connections, NOMA. It's good that PEERS helps people know not just about our college resources but about community resources. We've put on a lot of different events, for example, one has been the wellness fair where we had a lot of different organizations from around the community come and share their focus. We focused on physical, mental, and social health, and we made sure that every organization was engaging with participants at the fair. Through our efforts, we help people become connected, and we help people be creative, get connections and being a community. All of these help people reduce their stress. At the Wellness Fair, for example, I put on created a vision board where everybody would put micro view pictures of what kind of social environment they want to see at the junior college because I think that some creative social connections were really important, especially here at Santa Rosa Junior College. People are coming and going. There's not as much connection as 4-year colleges. Through our event, we help people become connected and feel a part of the community. Thank you.

Next Speaker: Hi, my name is Nicole Estill, and I work for Creekside Pharmacy. Besides that, I was born and raised in Sonoma County. My mother was a methamphetamine addict and my older brother has been diagnosed with bipolar and borderline personality disorder. I call him my big little brother because he got to about the age of 13 and basically stopped mentally. He is 4 years older than me, and he is 6 foot 8 inches tall. He is a huge man, but in his mind, he's 14 years old. I have watched him go through our county mental health system, and I watched him be prescribed Ritalin. I watched him get bused from school to school and get just dropped through the cracks. When he reached 13, they dropped him off his Ritalin, he got dropped out of services, and so my mom's idea was well, Ritalin's methamphetamine, right. She gave him methamphetamine,

and my brother went in and out into the world and dumped the methamphetamine on it. I was lucky enough that I got taken away by my father. I think about it every day how easy it could have been for me to end up in his shoes. He is lucky enough to be in another program now. He is in an 18-month program, and I really, really hope that this is the one that changes his life. Mental health has been my passion my whole life, and I really, really want to see a difference, not in just our community, but really the world in the way that we view each other. He is not just another drug addict. He is not just another troublemaker. I thank whoever is watching out that my mom finally got off the drugs and she's a functioning part of society now. I get to work for a wonderful company that also wants to help our community. We do work directly with a lot of mental health programs. We do the bubble packaging services, and we do want to start extending those bubble packaging services out to other facilities as well, especially when it comes to mental health. It should not just be here in a facility. It should be when you sometimes just cannot leave your home. You should not have to worry about taking your medications today if you cannot make it to the pharmacy. At Creekside Pharmacy, which is right by Memorial Hospital, we actually do a free delivery service where we will deliver the medications directly to your home, no extra cost to you, three times daily. We also delivery directly to the different facilities, and I am trying to reach out to more facilities. I have been out for quite a few months, so I recognize some faces that I have seen over the past year, but I had two brain surgeries, so I'm getting back at it again. You will definitely be seeing more of me if you have not already. We also do a lot of other free services. We do free multivitamins to seniors and children, really anybody if you need a free multivitamin deal once a month; and we'll give them to you. Free diabetic supplies--your lancets, your meters, your test strips--will be given to you free of charge. We are looking to fill that gap that has been created by a lot a big pharmacies, and you are more than just a dollar in somebody's pocket. You are people with individual needs that need to be met and that is what we are trying to create here. Given that we are an independent pharmacy, with an amazing owner that gives us the ability to do this type of outreach and give more things back to our community, I am out there trying to figure out more ways to assist our community's needs, what is lacking in your pharmacy services, and what is lacking in the mental health services. We just recently got certified that we can now do the long-term mental health injections. If for some reason, somebody cannot get into the facility, make their monthly meeting, or it is just easier for them to come into the pharmacy, they can come directly to us and get their injection. That is just some of the things that we can do. I am also doing a medication-to-bed program. For those folks who do not know what medication-to-bed program is, it is where by chance you are in a facility and you are going to be discharged, we actually fill up the medication, deliver directly to you in your bed before you are discharged from the hospital so that you can go home and just recover and you do not have to worry. Your family does not have to worry about going to the pharmacy, and you can just go home and worry about getting better with the medication-to-bed program.

Jenny Symons wanted to make sure everybody knew that SCBH is formalizing their process for selecting members of a steering committee for MHSA starting in January. Applications are available to fill out at the meeting or to take with you if you prefer. It is also on the website and it can be emailed to you if you request it on the contact form there. The applications will be due to Friday, January 4th. The first introductory committee meeting will occur the last week of January. The MHSA Steering Committee will be able to shape the next update and the next year plan. Jenny clarified that if someone had already attended a MHSA Steering Committee meeting they would still need to complete the MHSA Steering Committee Member Application so everyone will go through the same process of ranking of applications so proper representation can be considered. Jenny thanked Bruce Robbins was putting the MHSA presentation together. Jenny also thanked Rhonda Darrow, Mental Health Board Clerk, for supporting the Mental Health Board for the last four years and been part of the Behavioral Health Services Division for the last 40 years.

Kathy Smith of the Mental Health Board: I didn't have a question, but I would like to thank Susan Upchurch from Supervisor Lynda Hopkins' District 5 office, for coming. Thank you.

A Mental Health Board member noted how he wished we could have an interactive kind of meeting where there could be multiple discussions back and forth on what is working and what is not working. I appreciated this session, but he would like more sessions.

Jenny thanked the public for coming and listening to the great testimony about how important behavioral health services are you. The Department will rebuild and be stronger than ever. Thank you to everyone.

Meeting adjourned at 6:45 p.m.

Respectfully submitted,

Rhonda Darrow, Mental Health Board Clerk

ABBREVIATIONS & ACRONYMS

5150	Declared to be a danger to self and/or others
AB3632	Assembly Bill - State-mandated MH services for seriously emotionally disturbed youth - discontinued by State
ACA	Affordable Care Act
ACT	Assertive Community Treatment (program run by Telecare)
ANSA	Adult Needs and Strengths Assessment – a “tool” for determining which services are needed by each particular adult client
AODS	Alcohol and Other Drugs Services – now a part of the Mental Health Division and called SUDS
BHD	Behavioral Health Division (Sonoma County)
CADPAAC	County Alcohol and Drug Program Administrators’ Association of California
CALMHB/C	California Association of Local Mental Health Boards & Commissions - comprised of representatives from many MHBs in the State
CANS	Child, Adolescent Needs and Strengths (Assessment) – helps determine which services are needed by each child client
CAPE	Crisis Assessment, Prevention, and Education Team; goes into the schools when called to intervene in student mental health matters
CAPSC	Community Action Partnership-Sonoma County
CCAN	Corinne Camp Advocacy Network - Peers involved in mental health advocacy
CDC	Sonoma County Community Development Commission
CHD	California Human Development
CIP	Community Intervention Program
CIT	Crisis Intervention Training (4-day training for law enforcement, to help them identify and respond to mental health crisis situations)
CMHC	Community Mental Health Centers, Located in Petaluma, Guerneville, Sonoma, and Cloverdale (part of SCBH))
CMHDA	California Mental Health Directors Association
CMHL	SCBH’s Community Mental Health Lecture series - open to the public - usually takes place monthly
CMSP	County Medical Services Program - for uninsured, low-income residents of the 35 counties participating in the State program
CONREP	Conditional Release Program (State-funded, SCBH-run, but will be turned over to the State 6/30/14)
CRU	Crisis Residential Unit (aka Progress Sonoma-temporary home for clients in crisis, run by Progress Foundation)
CSU	Crisis Stabilization Unit (Sonoma County Behavioral Health’s psychiatric emergency services at 2225 Challenge Way, Santa Rosa, CA 95407)
CSAC	California State Association of Counties
CSN	Community Support Network (contract Provider)
CSS	Community Services and Support (part of Mental Health Services Act-MHSA)
DAAC	Drug Abuse Alternatives Center
DHCS	(State) Department of Health Care Services (replaced DMH July 1, 2011)
DHS	Department of Health Services (Sonoma County)
EPSDT	Early Periodic Screening, Diagnosis & Treatment (Children’s Full Scope Medi-Cal to age 21)
EQRO	External Quality Review Organization (annual review of our programs by the State)
FACT	Forensic Assertive Community Treatment
FASST	Family Advocacy Stabilization, Support, and Treatment (kids 8-12)
FQHC	Federally Qualified Health Center
HIPPA	Health Insurance Portability and Accountability Act

HSD	Human Services Department
IHT	Integrated Health Team (medical and MH services for adults)
IPU	Inpatient Psychiatric Unit
IRT	Integrated Recovery Team (for those with mental illness + substance use issues)
IMDs	Institutes for Mental Disease (residential facilities for those unable to live on their own)
INN	Innovation (part of MHSA)
JCAHO	Joint Commission on Accreditation of Healthcare Organizations - accredits hospitals & other organizations
LG	Los Guillicos-Juvenile Hall
LGBQQTI	Lesbian/Gay/Bisexual/Queer/Questioning/Transgender/Intersexed (also LGBT)
MADF	Main Adult Detention Facility (Jail)
MHB	Mental Health Board
MHSA	Mental Health Services Act
MST	Mobile Support Team - gets called by law enforcement to scenes of mental health crises
NAMI	National Alliance on Mental Illness
NBSPP	North Bay Suicide Prevention Project
NOA	Notice of Action
OSHPD	Office of Statewide Health Planning and Development - the building department for hospitals and skilled nursing facilities in state
PAM	Program Assessment Matrix Work Group
PC1370	Penal Code 1370 (Incompetent to Stand Trial, by virtue of mental illness)
PCP	Primary Care Provider (medical doctor)
PES	Psychiatric Emergency Services – open 24/7 for psychiatric crises - 3322 Chanate Road
PEI	Prevention and Early Intervention (part of Mental Health Services Act-MHSA)
PHP	Parker Hill Place - Telecare's transitional residential program in Santa Rosa
PHP	Partnership Health Plan
PPP	Triple P - Positive Parenting Program
PPSC	Petaluma People Services Center
QI/QA	Quality Improvement/Quality Assurance
QIP	Quality Improvement Policy (meeting)
QIS	Quality Improvement Steering (meeting)
QIC	Quality Improvement Committee (meeting)
RCC	Redwood Children's Center
RFP	Request For Proposals (released when new programs are planned and contractors are solicited)
RRC	Russian River Counselors
SCBH	Sonoma County Behavioral Health
SCOE	Sonoma County Office of Education
SELPA	Special Education Local Plan Area
SNF (Sniff)	Skilled Nursing Facility
SPMI	Serious Persistent Mental Illness (or Seriously Persistently Mentally Ill)
SUDS	Substance Use Disorders Services (formerly AODS)
SWITS	Sonoma Web Infrastructure for Treatment Services
TAY	Transition Age Youth (18-25)
VOMCH	Valley of the Moon Children's Home
WET	Workforce Education and Training (part of MHSA)
WRAP	Working to Recognize Alternative Possibilities
Wraparound	Community-based intervention services that emphasize the strengths of the child and family

