



Sonoma County Mental Health Services Act (MHSA) Program and Expenditure Plan Annual Update for 2019-2020

And Annual Program Report for 2017-2018



WELLNESS • RECOVERY • RESILIENCE



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County Compliance Certification

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Sonoma County

Local Mental Health Director	Program Lead
Name: Bill Carter	Name: Melissa Ladrech
Telephone Number: (707) 565-5157	Telephone Number: (707) 565-4909
E-mail: Bill.Carter@sonoma-county.org	E-mail: Melissa.Ladrech@sonoma-county.org
County Mental Health Mailing Address: 2227 Capricorn Way, Suite 207 Santa Rosa, CA 95407	

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

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on Sept. 24, 2019.

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

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

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

William J. Carter 9-26-19
Signature Date

County: Sonoma County

Date: 9/26/19

County Fiscal Accountability Certification

Enclosure 1

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

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

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

William J. Carter
Local Mental Health Director (PRINT)

William J. Carter 9-26-19
Signature Date

I hereby certify that for the fiscal year ended June 30, 2019, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 12/21/18 for the fiscal year ended June 30, 2018. I further certify that for the fiscal year ended June 30, 2019, 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)

Erick Roeser 10/8/19
Signature Date

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

Message from the Behavioral Health Director



As I enter into the second half of my first year as the Sonoma County Behavioral Health Director, I am pleased to introduce this 2017-2018 Annual Update. As I learn about Sonoma County's service system, and the programs supported by MHSAs funding, I can only be impressed with the breadth of its programming, the partnerships among local public & private entities and the creativity that has driven its development over the years.

That said, I acknowledge the impact that budget shortfalls have had, and continue to have, on the Sonoma County Department of Health Services, and its Behavioral Health Division (DHS-BHD).

Moving forward we will continue to do what we have done in the last year. We will work as a community to prioritize the health and safety of consumers of Behavioral Health Services in Sonoma County. Utilizing available resources as efficiently and effectively as possible, we will provide services and programs that support our family, friends and neighbors as they work toward Recovery.

Sincerely,

Bill Carter, LCSW



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Executive Summary

Purpose of this Document

The purpose of the Sonoma County Mental Health Services Act (MHSA) Program and Expenditure Plan Annual Update 2019-2020 is twofold as per California Welfare and Institutions Code (WIC) Title 9, Section 3310:

1. The Plan Update for Fiscal Year (FY) 2019-2020 (19-20) provides stakeholders with the Expenditure Plan and an update on the direction of MHSA funded services in Sonoma County for FY 19-20.
2. The Annual Program Report for FY 17-18 provides stakeholders with a report on the activities, services, and programs funded through MHSA and their outcomes for FY 17-18.

History of MHSA

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA), placing a one percent tax on personal income above \$1 million to be used to expand mental health services. In FY 18-19, over \$2 billion in MHSA funds were collected statewide, and it is estimated that Sonoma County will receive over \$21 million. MHSA funds are not guaranteed, and the amount of MHSA funds that the County of Sonoma Department of Health Services Behavioral Health Division (DHS-BHD) receives varies each year.



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



The MHSA addresses a broad continuum of prevention, early intervention, service needs, and the necessary infrastructure, technology and training elements that will effectively support this system.

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

The Five Components of MHSA

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

Community Services and Supports (CSS) – 76% of MHSA funds

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

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

Prevention and Early Intervention (PEI) – 19% of MHSA funds

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

Innovation (INN) – 5% of MHSA funds

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

Capital Facilities and Technological Needs (CFTN)¹

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

Workforce, Education and Training (WET)²

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

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

² Ibid.

Highlights of the MHSa Plan Update for FY 19-20

The County of Sonoma Department of Health Services Behavioral Health Division (DHS-BHD) was faced with a budget deficit for FY 19-20 which was a result of increased costs and decreased revenues.

The following changes to MHSa funded programs occurred as a result of these budget challenges:

Component	Service Provider	Program	Change in Funding
CSS-FSP	DHS-BHD	Adult Full Service Partnership	New FSP Program
CSS-FSP	DHS-BHD	Family Advocacy, Stabilization & Support Team (FASST)	Expanding MHSa funding to program
CSS-GSD	Telecare Corporation	Telecare Sonoma ACT	New GSD funding for program
CSS-GSD	Bucklew Programs	Family Service Coordination	No MHSa funding in FY 19-20; Sonoma County Board of Supervisors (BOS) providing 2 years of funding
CSS-GSD	Goodwill Industries of the Redwood Empire (GIRE)	Interlink Self-Help Center	No MHSa funding in FY 19-20; Program will be funded by Mental Health Block Grant
CSS-GSD	GIRE	Wellness and Advocacy Center	No MHSa funding in FY 19-20; BOS providing 2 years of funding
CSS-GSD	GIRE	Petaluma Peer Recovery Center	No MHSa funding in FY 19-20; BOS providing 2 years of funding
CSS-GSD	West County Community Services	Russian River Empowerment Center	No MHSa funding in FY 19-20; BOS providing 2 years of funding
CSS-GSD	WCCS	Crisis Support	No MHSa funding in FY 19-20; BOS providing 2 years of funding
CSS-OE	HSD	Job Link	No MHSa funding in FY 19-20; BOS providing 2 years of funding
CSS-OE	SCIHP	Community Programs	No MHSa funding in FY 19-20; BOS providing 2 years of funding
CSS-OE	DHS-BHD	Whole Person Care	Budget increase due to roll over of previous year's funds

Component	Service Provider	Program	Change in Funding
PEI	DHS-BHD	Crisis Assessment, Prevention and Education (CAPE)	Program eliminated
WET	DHS-BHD	Workforce, Education and Training	MHSA no longer funding dedicated WET position; MHSA Coordinator will perform essential WET responsibilities

[Stakeholder Community Planning Process \(CPP\)](#)

In December 2018, DHS-BHD requested applications for a new MHSA Steering Committee. Twenty-five members were selected, representing diverse populations and age groups throughout the geographical regions of Sonoma County. The MHSA Steering Committee held their first meeting in March 2019.

[Projected MHSA Revenue for FY 19-20:](#)

Sonoma County estimates that it will receive approximately \$24 million in MHSA revenue in FY 19-20.

Introduction

MHSA Background

The Mental Health Services Act (MHSA) creates local mental health systems that are consumer and family member driven, focused on wellness and resiliency, hold a vision in which recovery is possible, and deliver culturally competent and linguistically appropriate services. MHSA aims to facilitate change along a continuum of care that helps identify emerging mental illness and prevents it from becoming severe, to providing treatment for children, transition age youth, adults, and older adults through supporting mental health recovery.

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

Each of these planning processes involved countless stakeholders throughout Sonoma County. The stakeholders participated in various capacities, such as 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 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 Program Overview for FY 19-20

Community Services and Supports (CSS)

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

Full Service Partnerships (FSPs)

Intensive programs with a collaborative relationship between the County and the client, and when appropriate the client's family, through which the County plans for and provides the full spectrum of community services so that the client can achieve the identified goals with a "Whatever it takes" approach. The following are the County's FSPs for FY 19-20:

FSP Program	Target Population	Estimated # to be served	Estimated MHSA cost per person
Family Advocacy, Stabilization & Support Team (FASST)	5-18 years of age with SED	154	\$14,284
Transition Age Youth (TAY) Team	18-25 years of age with SPMI	58	\$10,988
Forensic Assertive Community Treatment (FACT)	18-59 years of age with SPMI and criminal justice involvement	70	\$12,605
Integrated Recovery Team (IRT)	26-59 years of age with SPMI and co-occurring substance use disorder	155	\$5,579
Adult Full Service Partnership (AFSP)	26-59 years of age with acute SPMI	100	\$7,767
Older Adult Intensive Team (OAIT)	60+ years of age with SPMI	128	\$5,662

General System Development (GSD)

The County may develop and operate programs to provide mental health services to clients specified in WIC Section 5600.3 (a-c), and, when appropriate, the clients' families. The following are the County's GSD programs for FY 19-20:

Service Provider	Program Name	Estimated # to be served	Estimated MHSA cost per person
National Alliance on Mental Illness (NAMI) Sonoma County	Family-based Education, Advocacy and Support	624	\$252
DHS-BHD, Support Our Students (SOS) Community Counseling, Goodwill Industries of the Redwood Empire	Mobile Support Team (MST), MST Internship Program, MST Peer Support Specialist	403	\$2,016
DHS-BHD, Buckelew Programs	Community Treatment and Recovery Team (CTRT), CTRT System Navigation	150	\$7,866

Service Provider	Program Name	Estimated # to be served	Estimated MHSA cost per person
Council on Aging	Senior Peer Support	86	\$976
West County Community Services	Senior Peer Counseling	136	\$531
Telecare Corporation	Telecare Sonoma ACT	79	\$3,977

Outreach and Engagement (OE)

The County may develop and operate outreach programs/activities for the purpose of identifying unserved individuals who meet the criteria of WIC Sections 5600.3 (a), (b) or (c) in order to engage them, and when appropriate their families, in the mental health system so that they receive the appropriate services, including access to services. The following are the County's OE programs for FY 19-20:

Service Provider	Program Name	Estimated # to be served	Estimated MHSA cost per person
DHS-BHD	Community Mental Health Centers	363	\$4,233
DHS-BHD in collaboration with Probation, HSD and 11 community based organizations	Whole Person Care	1,100	\$2,416

Prevention and Early Intervention (PEI)

Programs that prevent mental illnesses from becoming severe and disabling, emphasizing improvement on timely access to services for underserved populations, including access to services. The majority of PEI expenditures should go to programs addressing the needs of individuals who are ages 0-25. The following are the County's PEI programs for FY 19-20 (grouped by required service categories):

Service Category	Service Provider and Program Name	Estimated # to be served	Estimated MHSA cost per person
Promotion*	California Mental Health Services Authority (CalMHSA)	N/A	N/A
Prevention	Action Network - Across Ages and Cultures	344	\$198

Service Category	Service Provider and Program Name	Estimated # to be served	Estimated MHSA cost per person
Prevention	Sonoma County Indian Health Project - Aunties & Uncles	2,520 (service contacts)	\$8
Prevention	Community Baptist Church Collaborative	3,832 (service contacts)	\$38
Prevention	Latino Service Providers of Sonoma County	9,000 (duplicated)	\$9
Prevention	Positive Images	6,101 (service contacts)	\$17
Prevention	HSD Adult and Aging Division - Older Adult Collaborative (including the following subcontractors) <ul style="list-style-type: none"> • Council on Aging (COA) • Petaluma People Services (PPSC) • West County Community Services (WCCS) 	3,276	\$74
Early Intervention	First 5 Sonoma County – 0-5 Collaborative (including the following subcontractors) <ul style="list-style-type: none"> • Child Parent Institute (CPI) • Early Learning Institute (ELI) • PPSC 	1,647	\$187
Access and Linkage to Treatment	DHS-BHD Youth Access Team	359	\$2,825
Access and Linkage to Treatment	DHS-BHD Adult Access Team	1,500	\$597
Stigma and Discrimination Reduction	SRJC - People Empowering Each Other to Realize Success	1,989 (service contacts)	\$101
Suicide Prevention*	Buckelew Programs - North Bay Suicide Prevention Program	4,610 (calls received)	\$35

**These service categories are not required*

Innovation (INN)

Novel, creative and/or ingenious mental health practices/approaches that are expected to contribute to learning, which are developed within communities through a process that is inclusive and representative, especially of unserved and underserved individuals. Sonoma County is currently in the Community Planning Process with stakeholders and the community to identify new Innovation projects.

Capital Facilities and Technological Needs (CFTN)³

This component works towards the creation of facilities that are used for the delivery of MHSAs services to mental health clients and their families, or for administrative offices. Funds may also be used to support an increase in peer-support and consumer-run facilities, development of community-based settings, and the development of a technological infrastructure for the mental health system to facilitate the highest quality and cost-effective services and supports for clients and their families. The following projects continue to be funded through CFTN in FY 19-20:

Provider	Project	Description
NetSmart	Avatar Electronic Health Record (EHR)	Implementing fully integrated Electronic Health Record
FEI	Sonoma Web Infrastructure for Treatment Services (SWITS)	Database for tracking demographics and outcomes
A.J. Wong, Inc.	Data Collection Assessment and Reporting (DCAR)	Database for client CANS (Child and Adolescent Needs and Strengths) and ANSA (Adult Needs and Strength Assessment) assessments, reassessment and closing assessments
Echo Consulting	POCO (InSyst)	Database for storage and retrieval of historical service data

³ Pursuant to WIC Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

Workforce, Education and Training (WET)⁴

The goal of the WET component is to develop a diverse workforce. Clients and families/caregivers are given training to help others by providing skills to promote wellness and other positive mental health outcomes. The following program continues to be funded through WET in FY 19-20:

Service Provider	Program Name	Estimated # to be served	Estimated MHSA cost per person
Goodwill Industries of the Redwood Empire	Peer Education and Training	238	\$586

MHSA Today

Today, Sonoma County has a well-developed mental health system of care. It has been implemented in phases and now runs as a full continuum of care. MHSA services, activities, and programs are reviewed and approved by Sonoma County stakeholders each year. For more information on programs and services taking place during FY 17-18, please see the Annual Program Report section of this document on page 49.

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 consumers, 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. The system of care was founded on and continues to develop in concert with the MHSA Guiding Principles cited below:

⁴ Pursuant to WIC Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.



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

Description of the Stakeholder Community Planning Process (CPP)



WIC Section 3300 states that the County shall provide for a Community Program Planning Process as the basis for developing the Three-Year Program and Expenditure Plans and annual updates. DHS-BHD 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. DHS-BHD uses a variety of opportunities and processes

to seek stakeholder input to ensure full community participation. DHS-BHD continues to use traditional (meetings, forums, etc.) and non-traditional (one-on-one and small group discussion) approaches for engaging the community about the planning process and seeking input from the community about the update. DHS-BHD takes special care to meet with and receive input from historically underserved communities in ways identified as appropriate by these groups and individuals. DHS-BHD used the following methods to educate and seek input from the public about the MHSA Annual Update.

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

Meeting Name	Stakeholder Group	Meeting Occurrence
MHSA Steering Committee	All Stakeholders	Quarterly Meetings
MHSA Steering Committee Innovation Subcommittee	All Stakeholders	Monthly Meetings
MHSA Steering Committee Capacity Assessment Subcommittee	All Stakeholders	Monthly Meetings
MHSA Stakeholder Committee	All Stakeholders	Biannual Meetings
Early Childhood Mental Health Collaborative Partners	0-5 aged children	Quarterly Meetings
Greater Bay Area Mental Health & Education Workforce Collaborative	All Stakeholders	Quarterly meeting
Mental Health Board meeting	All Stakeholders	Monthly Meetings
Petaluma Health Care District – Community Health Initiative for Petaluma Area	Healthcare/Mental Health/Social Services provider/Veterans/Peers and Family Members	Monthly Meetings
Russian River Area Resources and Advocates	Homeless and geographically isolated	Monthly Meetings
Crisis Intervention Training (CIT)	Law Enforcement	Biannual Meetings
Quality Improvement Committee	All Stakeholders	Monthly

- Informal stakeholder meetings are held throughout the year with:
 - Individuals or groups
 - Mental health consumers

- Faith-based advocacy group representatives from specific diverse ethnic and cultural communities, including veterans

MHSA Steering Committee



In December 2018, DHS-BHD requested applications from stakeholders and the community for the MHSA Steering Committee. Over 50 applications were received, and 25 individuals were selected to serve on the committee. The remaining applicants were asked to serve on the MHSA Stakeholder Committee that meets biannually and is open to the public. The MHSA Steering Committee members represent diverse populations, age groups, and historically underserved populations throughout the geographical regions of Sonoma County.

MHSA Steering Committee Members:

Name	Organization	Representation
Mechelle Buchignani	Sonoma County Sheriff's Office	Law Enforcement
Stephanie Chandler	Redwood Community Health Coalition	Healthcare and South Sonoma County
Mandy Corbin	Sonoma County Office of Education	Education
Christy Davila	West County Community Services	Provider and West Sonoma County
Gene Calhoun	VOICES Sonoma	TAY

Name	Organization	Representation
Angie Dillon-Shore	First 5 Sonoma County	0-5 year olds and Families
Michael Gause	Community Development Commission	Homeless
Ozzy Jimenez	Healdsburg Forever, an affiliate CFSC, Positive Images	LGBTQ+ and North Sonoma County
Erika Klohe	St. Joseph Health	Healthcare
Maurice Lee	Drug Abuse Alternatives Center	Substance Use Disorders Provider
John Mackey	Kaiser Permanente	Healthcare and Veterans
Debbie Mason	Healthcare Foundation Northern Sonoma County	Healthcare and North Sonoma County
Allison Murphy	Mothers Care	0-5 year olds and Families and South Sonoma County
Ernesto Olivares	California Violence Prevention Network	Focus on Youth, Prior law Enforcement and City Council
Matt Perry	Probation Department	Criminal Justice System
Jill Ravitch	District Attorney's Office	Criminal Justice System
Ellisa Reiff	North Bay Regional Center	Disabled
Andy Salas	Sonoma County Sheriff's Office	Law Enforcement
Kurt Schweigman	Sonoma County Indian Health Project	Native Americans
Karen Silver	Sonoma County Public Defender	Criminal Justice System
Kathy Smith	Mental Health Board	Mental Health Board, Family Member and West Sonoma County
Susan Standen	Independent Contractor	Person with Lived Mental Health Experience and Peer Providers
Angela Struckmann	County of Sonoma Human Services Department	Social Services and Family Member
Jacquelyn Torres	Sonoma County Health Action Council, Sustainable Sonoma, City of Sonoma	Disabled, Family Member and East Sonoma County

Name	Organization	Representation
Kathie Tunstall Lanatti	Making Magic Happen - People Helping People, Inc.	Provider of Mental Health and Social Services and South Sonoma County
Sam Tuttelman	Retired LSCW	Family Member and South Sonoma County

The initial committee meetings provided in-depth training on MHSA history, regulations, current programs and the FY 19-20 Expenditure Plan. The minutes for the Steering Committee are posted on the DHS-BHD MHSA website at <http://sonomacounty.ca.gov/Health/Behavioral-Health/Mental-Health-Services-Act/>. The committee has formed two subcommittees that are working on future Innovation Projects and the Capacity Assessment for the 2020-2023 Three-Year Planning Process. DHS-BHD is very grateful for the dedication of time, energy, resources and commitment of the Steering Committee members. Below is the schedule of meetings from inception through the end of FY 19-20:

Calendar Year 2019

Date	Meeting
March 25	Steering Committee Meeting
April 22	Steering Committee Meeting
May 14	Innovation Sub-Committee Meeting
June 3	Steering Committee Meeting
June 12	Innovation Sub-Committee Meeting
June 19	Capacity Assessment Subcommittee Meeting
July 24	Innovation Sub-Committee Meeting
August 14	Innovation Sub-Committee Meeting
August 21	Capacity Assessment Subcommittee Meeting
September 9	Steering Committee Meeting
September 11	Innovation Sub-Committee Meeting
September 18	Capacity Assessment Subcommittee Meeting
October 9	Innovation Sub-Committee Meeting
October 16	Capacity Assessment Subcommittee Meeting
November 13	Innovation Sub-Committee Meeting
November 20	Capacity Assessment Subcommittee Meeting

Date	Meeting
December 2	Steering Committee Meeting
December 11	Innovation Sub-Committee Meeting
December 18	Capacity Assessment Subcommittee Meeting

Calendar Year 2020

Date	Meeting
January 8	Innovation Sub-Committee Meeting
January 15	2020-2023 Three Year Program Planning Subcommittee
February 12	Innovation Sub-Committee Meeting
February 19	2020-2023 Three Year Program Planning Subcommittee
February 24	Steering Committee Meeting
March 11	Innovation Sub-Committee Meeting
March 18	2020-2023 Three Year Program Planning Subcommittee
April 8	Innovation Sub-Committee Meeting
April 15	2020-2023 Three Year Program Planning Subcommittee
May 13	Innovation Sub-Committee Meeting
May 20	2020-2023 Three Year Program Planning Subcommittee
June 1	Steering Committee Meeting

Additional Stakeholder Outreach

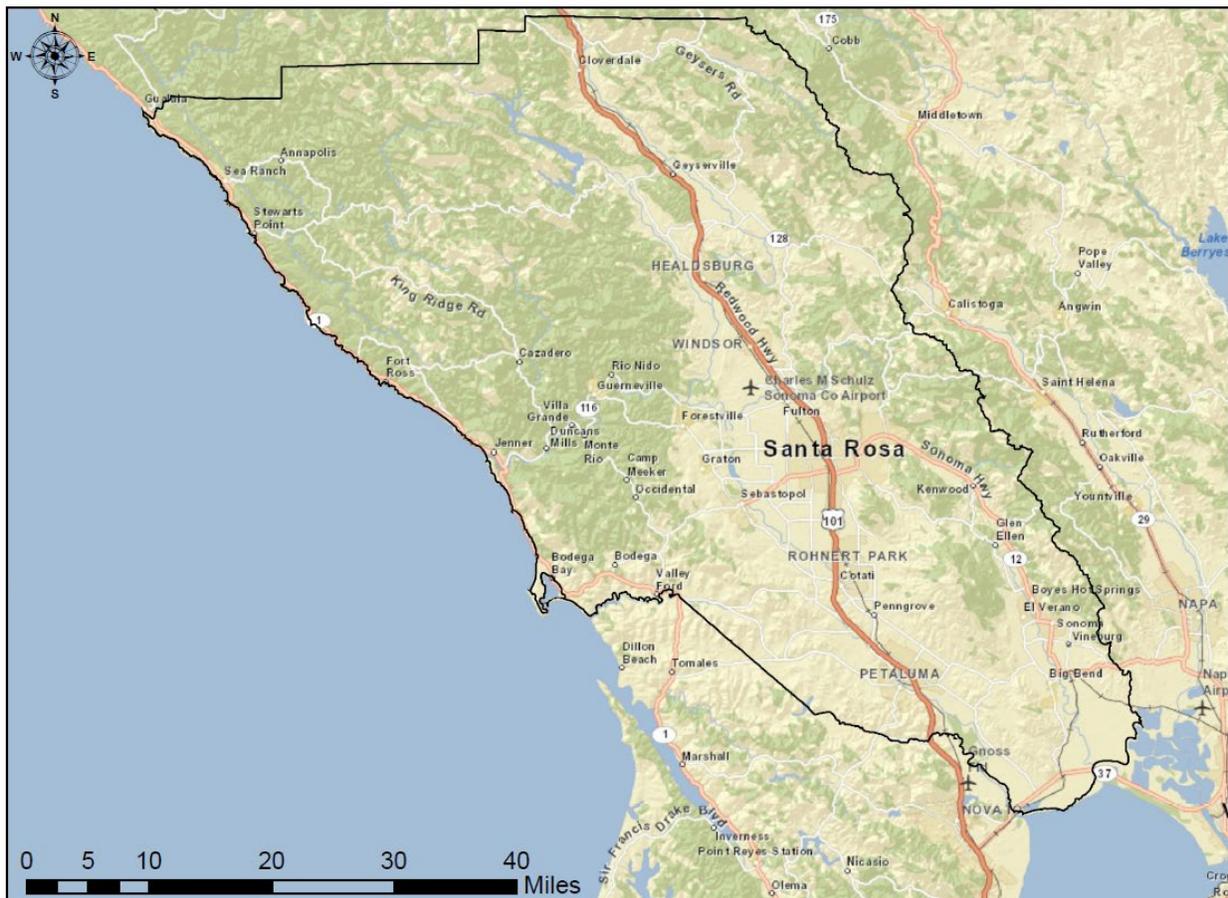
DHS-BHD also publishes an MHSA Newsletter, featuring relevant MHSA news, information, and events. A hard copy version of the newsletter is produced every 2-3 months and is shared with a variety of community groups and stakeholders, including the Mental Health Board, Sonoma County Board of Supervisors, DHS-BHD program managers, and contractors. An archive of the newsletter PDFs is available on the MHSA website. An email version of the newsletter is produced and sent out every 2-3 months. People can subscribe to the email newsletter via the MHSA website at:

http://service.govdelivery.com/service/subscribe.html?code=CASONOMA_181

See Appendix 1 on page 169 for the MHSA newsletters distributed during FY 17-18.

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 2017, Sonoma County had the 17th largest county population of the 58 counties in California, with an estimated 504,217 residents (approximately 319 people per square mile).⁵ According to 2017 Department of Finance population estimates, Santa Rosa - the county seat and most populated city - is home to about 35% of the total population and ranks as the 25th largest city in the state.⁶ The majority (68%) of Sonoma County residents live within nine separate cities, with the remainder living within the unincorporated areas of the county. Sonoma County's population grew 4% from 483,880 people in 2010 to 504,217 in 2017.



⁵ U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates. Table S0501. Retrieved March 2019.

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

⁶ California Department of Finance - E-1 Population Estimates for Cities, Counties, and the State — January 1, 2017 and 2018.

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

Demographics

In 2017, about 20% of Sonoma County's population was under 18 years old, 5% of whom were under 5 years of age.⁷ More than 26% were 60 years and older.⁸ The median age was 42 years old in 2017. By the year 2030, nearly 31% of the total population of Sonoma County will be aged 60 or older.^{9,10} Although the racial/ethnic composition is changing, Sonoma County is still substantially less diverse than the state as a whole. In 2017, 64% of Sonoma County residents were White/Caucasian, non-Hispanic or Latino; 27% were Hispanic or Latino, 5% were Asian or Pacific Islander, 2% were African American, and 2% were American Indian or Alaska Native.¹ An estimated 17% of Sonoma County residents were foreign born. The total Hispanic or Latino population increased by over 300% in the past 20 years, and is projected to grow at a rate three times faster than the overall population in Sonoma County. By 2060, the Hispanic or Latino population is estimated to increase by approximately 100,000 people.¹¹ 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 2017, an estimated 88% of Sonoma County's population aged 25 years and older had a high school diploma or pursued higher education. While the median household income of Sonoma County residents in 2017 was approximately \$71,769 (down from 74,000 in 2016), over 53% of Sonoma County residents paid 30% or more of their gross income on rent.¹ Furthermore, an estimated 13% of families with children ages 0-18 years residing in Sonoma County had incomes below the Federal Poverty Level (FPL). In 2017, an estimated 2,657 homeless individuals resided in Sonoma County.^{12,13}

Medi-Cal Beneficiaries and Threshold Languages

California External Quality Review Organization (CalEQRO), BHC Behavioral Health Concepts, reports that Sonoma County's average monthly unduplicated number of Medi-Cal enrollees by Race/Ethnicity during Calendar Year 2017 are as follows:

⁷ U.S. Census Bureau, 2017 Population Estimates Program (PEP): Quick Facts. Retrieved March 2019.

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

⁸ U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates. Table S0101. Retrieved March 2019.

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

⁹ 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

¹⁰ Sonoma County Area Agency on Aging. 2016-2020 Area Plan and Community Report.

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

¹¹ 2014-2015 Sonoma County Hispanic Demographics Report.

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

¹² 2018 Sonoma County Homeless Point-In-Time Census survey. Retrieved March 2019.

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

¹³ Due to limitations of the HUD homelessness definition and the nature of homeless individuals as a hard to reach population, the Sonoma County Department of Health Services and community partners believe the homeless individual count is an underestimated approximation.

Race/Ethnicity	Average Monthly Unduplicated Medi-Cal Enrollees	% Enrollees
White	46,153	35.6%
Latino/Hispanic	53,672	41.4%
African-American	2,438	1.9%
Asian/Pacific Islander	4,899	3.8%
Native American	1,675	1.3%
Other	20,760	16.0%
Total	129,596	100%

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

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

Review and Approval Process

Description of the Review and Approval Process

The steps for reviewing and approving Sonoma County's program and expenditure plan and update reflect the MHSAs stakeholder engagement requirements as shown in Graphic 1 below. WIC Section 5847 states that county mental health programs shall prepare and submit a Three-Year Integrated Program and Expenditure Plan and annual updates for Mental Health Service Act (MHSA) programs¹⁴. A draft plan and update shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of the draft plans. WIC Section 5848 states the mental health board shall conduct a public hearing on the draft plan and update at the close of the 30-day comment period. Plans and updates shall be adopted by the Board of Supervisors and submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) and the State Department of Health Care Services (DHCS) within 30 days after Board of Supervisor adoption.

DHS-BHD requested stakeholders to review the draft MHSA Program and Expenditure Plan Annual Update for FY 19-20, asking for comments and questions to be sent to:

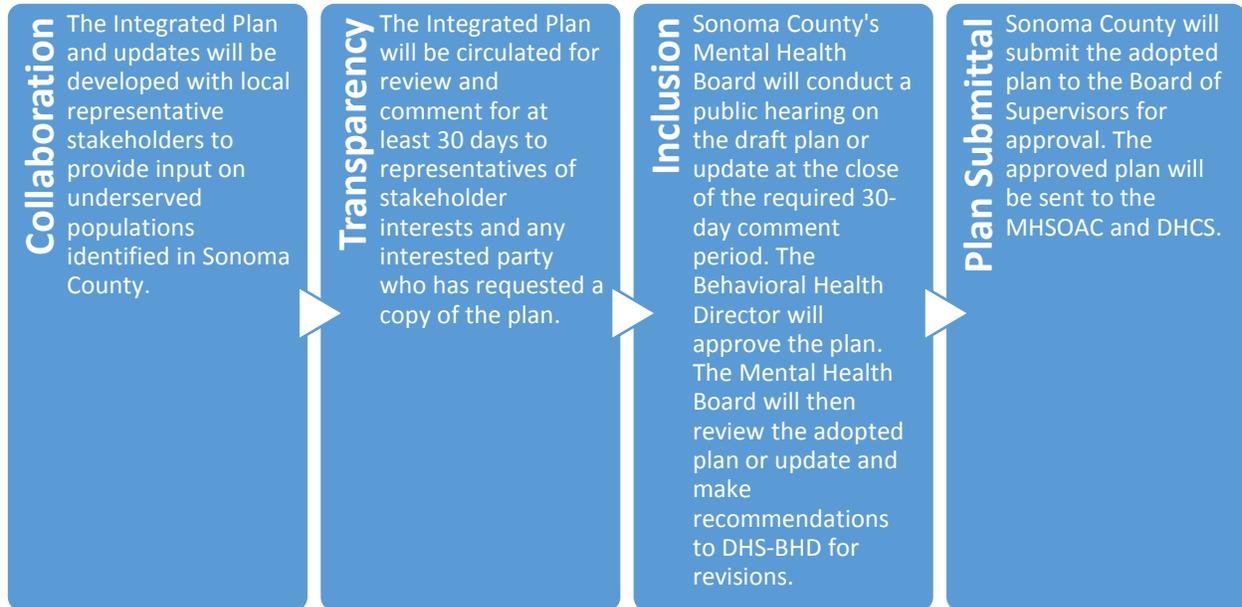
Melissa Ladrech, LMFT, MHSA Coordinator
Sonoma County Department of Health Services
Behavioral Health Division
2227 Capricorn Way, Suite 207
Santa Rosa, CA 95407 or email at: MHSAs@sonoma-county.org

The required thirty (30) day public comment period for the draft MHSA Program and Expenditure Plan Annual Update for FY 19-20 began on July 19 and closed on August 21, 2019.

¹⁴ WIC Section 5891 states that MHSA funds may only be used to pay for MHSA programs.

The Public Hearing Process

Graphic 1: The Public Hearing Process



The Public Hearing for the draft MHSA Program and Expenditure Plan Annual Update for FY 19-20 took place at the Sonoma County Mental Health Board Meeting on August 21, 2019 at 5:00 p.m. at the Finley Center in Santa Rosa. The public was welcomed and over 40 individuals attended. Attendees included community members, service providers, family members, and individuals with lived mental health experience. During the public comment period, 50% (seven of fourteen) of the individuals stated that while they were grateful for a strong historical collaboration with DHS-BHD and the funding for peer support services, they strongly advocate for MHSA funding to be reinstated for peer support services.

The minutes for the 8/21/19 Mental Health Board Meeting can be found at the following URL: <http://sonomacounty.ca.gov/Mental-Health-Board/Calendar/Mental-Health-Board-Meeting-August-21-2019/>

MHSA Annual Update Distribution and/or Public Hearing Outreach to Stakeholders for 2019

Date	Action
5/17	Posted Planned MHSA Program Expenditures: FY 18-19 vs. FY 19-20 on the DHS, BHD, MHSA, and Mental Health Board web pages
5/18	Emailed Mental Health Board, MHSA Steering Committee, MHSA Stakeholder Committee, MHSA Contractors and Staff Contact List with link to the Planned MHSA Program Expenditures: FY 18-19 vs. FY 19-20
5/20	Notice sent via email to over 2,000 MHSA Update subscribers
5/21	Mental Health Board Meeting with review of Planned MHSA Program Expenditures: FY 18-19 vs. FY 19-20 by the Behavioral health Director
6/18	Mental Health Board Meeting with Public Hearing on Planned MHSA Program Expenditures: FY 18-19 vs. FY 19-20 and plan updates including additional funding sources
7/19	Post MHSA Plan Update FY 2019-2020 and Expenditure Plan on the DHS, BHD, MHSA, and Mental Health Board web pages
7/22	Email Mental Health Board, MHSA Steering Committee, MHSA Stakeholder Committee, MHSA Contractors and Staff Contact List with link to MHSA Plan Update FY 2019-2020 and Expenditure Plan
7/22	Send notice via email to 2,153 MHSA Update subscribers
7/25	Email link to Plan Update to Sonoma County Chambers of Commerce
7/25	Email link to Plan Update to Health Care Districts
7/26	Deliver hard copies of Plan Update to Sonoma County Libraries
7/26	Post Public Hearing flyer and delivered hard copy of Plan Update to Finley Center
7/26	Post Public Hearing flyer and delivered hard copy of Plan Update to Brookwood Health Center
7/26	Post Public Hearing flyer and delivered hard copy of Plan Update to Wellness and Advocacy Center
7/26	Post Public Hearing flyer and delivered hard copy of Plan Update to Interlink Self-Help Center
7/30	Post Public Hearing flyer and delivered hard copy of Plan Update to Vet Connect (Santa Rosa)
8/21	Public Hearing with Mental Health Board and Stakeholders
9/24	Board of Supervisors adopted Plan Update

The MHSAs Program and Expenditure Plan Annual Update for FY 19-20 was adopted by the Sonoma County Board of Supervisors on September 24, 2019. The Behavioral Health Division sent the approved plan to DHCS and the MHSOAC to remain on file for review and evaluation purposes on October 24, 2019.

MHSA Plan Update for FY 19-20

The content of this section of the MHSA Annual Update for FY 19-20 is organized as follows:

- Overview of DHS-BHD budget deficits for FY 19-20
- Stakeholder Input on MHSA program reductions
- Key personnel change
- Description of changes to MHSA programs and services as identified in the 2017-2020 MHSA Three-Year Plan <http://sonomacounty.ca.gov/Health/Behavioral-Health/Mental-Health-Services-Act/>
 - Community Services and Supports (CSS) modifications
 - Prevention and Early Intervention (PEI) modifications
 - Innovation project updates
 - Workforce Education and Training (WET) FY 19-20 Plan Update
 - Capital Facilities and Technology Needs (CFTN) FY 19-20 Plan Update
- Update on No Place Like Home
- Three Year Planning Process for 2020-2023

FY 19-20 DHS-BHD Budget Deficits

The County of Sonoma Department of Health Services Behavioral Health Division (DHS-BHD) was faced with a budget deficit for FY 19-20. The primary factor contributing to the shortfall, was the failure of State revenue to keep pace with local service costs and needs. Redirection of 1991 Health and Mental Health Realignment funding from counties to In-Home Support Services (IHSS), the State's decision to require counties to pay the penalties on the Office of the Inspector General's 2018 report and other findings further impacted the DHS-BHD budget. Similarly, increased costs associated with a Cost-of-Living Adjustment (COLA) and higher use and costs of institutional care, had a negative impact on the overall budget picture. In order to put forward a balanced budget reductions were made in both the Behavioral Health and Public Health divisions and focused on mandated, non-mandated services, and the resources necessary to meet our obligations. This includes the following changes to the MHSA programs:

Reductions:

- Reduce MHSA Peer and Family contracts
- Eliminate Crisis Assessment, Prevention, and Education (CAPE) services
- No longer funding DHS-BHD Workforce Education and Training (WET) program

Additions:

- Adult Full Service Partnership program
- Telecare Sonoma ACT

During the June 2019 Board of Supervisors' budget hearings, the Board recognized safety net programs as a priority and approved additional funding for DHS of \$5.96 million (\$5.11 million for BHD) to restore critical and vital public health and behavioral health services. The Board provided funding for two years with a mix of a onetime contributions from Sonoma County

General Fund and the Sonoma County Community Development Commission (CDC). The Department and MHSA stakeholders are very grateful for the Board's intervention and the restoration funding that will allow DHS-BHD to continue to provide peer support services.

Stakeholder Input on MHSA Program Reductions

On May 17, 2019, following the Sonoma County Board of Supervisors Preliminary FY 19-20 Budget Hearings, DHS-BHD posted the Planned MHSA Program Expenditures: FY 18-19 vs. FY 19-20 (<http://sonomacounty.ca.gov/WorkArea/DownloadAsset.aspx?id=2147573772>) on the DHS, BHD, MHSA, and Mental Health Board web pages and emailed stakeholders a link to the post.

Approximately 50 stakeholders attended the Mental Health Board meeting on May 21, and the DHS-BHD Director reviewed the Planned MHSA Program Expenditures: FY 18-19 vs. FY 19-20. Many of the stakeholders attending the meeting were peer providers or utilized peer services, and they provided extensive feedback about the plan. The stakeholders' feedback included serious concerns about the planned cuts in peer services. The stakeholder feedback inspired the Mental Health Board to write a letter to the Board of Supervisors (BOS) to urge the BOS to provide funding for the peer services. On June 3, 2019, the DHS-BHD Director presented the Planned MHSA Program Expenditures: FY 18-19 vs. FY 19-20 to the MHSA Steering Committee. The Steering Committee members echoed concerns shared by the stakeholders at the Mental Health Board meeting in May.

Stakeholders also participated in the BOS's public hearings on the recommended budget for FY 19-20, and they informed the Board about their concerns regarding the reductions of planned cuts to peer services. In mid-June, the week prior to the MHSA public hearing, the Sonoma County FY 19-20 budget was adopted by the Sonoma County BOS, with the BOS approving restoration funding for peer and family supports from the County's general fund.

On June 18, the Mental Health Board hosted the MHSA public hearing on the Planned MHSA Program Expenditures: FY 18-19 vs. FY 19-20 and DHS-BHD facilitated the hearing. The DHS-BHD Director presented the updated Planned MHSA Program Expenditures: FY 18-19 vs. FY 19-20 with the restoration funding. The stakeholders expressed their gratitude for the Mental Health Board's intervention and the BOS's restoration funding that will allow the County to continue to provide the programs originally proposed for elimination. The stakeholders also expressed their concerns about sustainability of funding for peer services in the future.

Key Personnel Change

In February 2019, a new Interim MHSA Coordinator was assigned to the role.

Modifications to the 2017-2020 MHSA Three-Year Plan

The following section briefly describes the modifications to MHSA funded programs and services for FY 19-20.

Adult Full Service Partnership (AFSP)

AFSP is a new FSP that will provide intensive services for adults from 26-59 years old with severe and persistent mental illness and at risk of institutionalization, homelessness, incarceration, or psychiatric in-patient services. Every AFSP client will participate in the development of a treatment plan that is focused on wellness and recovery, and low caseloads of no more than 20 clients will be maintained. The AFSP team is made up of mental health professionals who work in partnership with the clients they serve to explore individual mental health wellness and recovery using a “whatever it takes” approach to case management. The treatment team is available to provide crisis services to the client, and services can be provided to individuals in their homes, the community and other locations. Peer and caregiver support are available. Embedded in Full Service Partnerships is a commitment to deliver services in ways that are culturally and linguistically competent and appropriate.

Family Advocacy, Stabilization & Support Team (FASST)

In FY 18-19, YFS conducted an analysis of CANS (Child and Adolescent Needs and Strengths) outcome data of existing YFS clients. The analysis indicated that many clients were in need of higher levels of service. In FY 19-20, DHS-BHD is expanding the youth FSP, Family Advocacy, Stabilization & Support Team (FASST) to provide services to meet the needs identified by the analysis and serve approximately 154 clients. Youth and families with high levels of need will receive services from DHS-BHD clinicians, and Community Based Organizations (CBO) clinicians as needed, with a “whatever it takes” approach to supporting the youth and family. Youth with moderate needs will be served by CBOs contracted with DHS-BHD to provide needed services such as individual, family, and group therapy, case management, and rehabilitation services.

Additionally, a request for proposal process was conducted by DHS-BHD in FY 18-19 to secure outpatient Youth & Family Services from CBOs. Three CBOs were selected by the competitive process:

- Lifeworks of Sonoma County
- Seneca Family of Agencies
- Social Advocates for Youth

Whole Person Care (WPC)

The Community Intervention Program (CIP) has transitioned to a Whole Person Care (WPC) Program. The Sonoma County Whole Person Care (WPC) Pilot includes Outreach and Engagement (OE) services, Short Term Recuperative Care (STRC) services, and Intensive Case Management (ICM) services. OE services center around identifying clients, building trust, providing informed consent and collecting clients’ data sharing permissions, completing comprehensive assessments and screenings to identify medical, behavioral health, social service, housing needs and eligibility for ICM services.

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

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

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

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

In addition, through this project, improvements will be made to the data infrastructure that will allow WPC data analysts to partner with Sonoma County's Safety Net Departments to identify likely clients and develop a "no wrong door" wraparound care service model targeting these clients. This project also works closely with the managed care organization, Partnership HealthPlan of California, to identify likely clients based on past usage of hospital and emergency department services.

Key to the success of this effort is the creation of an integrated data hub that compiles and aggregates information from the siloed systems used by each partner agency into a data repository linked to a coordinated referral tool. This data integration system will provide access to a comprehensive client view of the pilot clients and their needs. Front line staff will use these views to better understand the needs of the participants and develop coordinated treatment plans and service delivery to improve client outcomes. Access to the aggregated data from multiple systems will allow for continued analysis of individual needs, evaluation of outcomes, and predictive analytics to support more proactive and prevention-focused efforts aimed at addressing critical needs of vulnerable populations. The success of the pilot initiative will be used to improve coordination across systems and eventually provide the blueprint for how county departments and community health system partners integrate all safety net services.

[Telecare Corporation – Telecare Sonoma ACT](#)

Telecare Sonoma ACT (Assertive Community Treatment) is an intensive community outreach program that is contracted to provide culturally-competent mental health services to adults who have serious mental illness (SMI). Telecare Sonoma ACT (TSA) employs a recovery model based on traditional Assertive Community Treatment standards. The program offers a low

(1:10) staff-to-member ratio, and the program serves as the fixed point of responsibility for all members. Caseloads are shared among team members and the team employs a "whatever it takes" approach. The program, partners with other agencies in the community to meet the needs of clients. Each client participates in the development of a treatment plan that incorporates their hopes and dreams, and the program uses recovery dialogues to support members in making choices, building connections, awakening hope, reducing harm, and individual uniqueness.

Prevention and Early Intervention (PEI) Modifications

Adult Access Team

In January 2019 the Adult Access Team, which was funded with Community Services and Supports (CSS) Outreach and Engagement monies, became funded by the Prevention and Early Intervention (PEI) component. This program will continue to be funded by PEI in FY 19-20.

Crisis Assessment, Prevention and Education (CAPE) Team

The Crisis Assessment, Prevention, and Education (CAPE) Team has been eliminated. Over the past two years, CAPE services have decreased and school districts have been able to secure other funding to provide suicide prevention training and respond to student crises.

Innovation (INN) Project Updates

The last DHS-BHD Innovation Project was the Mobile Support Team (MST). Beginning in FY 18-19, MST was no longer being funded with Innovation monies and is now funded with Community Services and Supports (CSS) monies, General Funds from the Sonoma County Board of Supervisors (BOS) and by Triage Grant funding. The Final Innovation Evaluation Report for MST is found in Appendix 2 on page 183.

The Division is not currently operating any Innovation Projects. The MHSA Steering Committee has formed an Innovation Subcommittee to collaborate with the community to identify viable projects for proposal to the BOS and Mental Health Services Oversight and Accountability Commission (MHSAOAC). The Innovation Subcommittee held the first monthly meeting on May 14, 2019. The subcommittee has established a process and timeline for implementing new Innovation Project(s), which can be found in Appendix 3 on page 197.

Capital Facilities and Technological Needs (CFTN) Modifications

The following programs are no longer being funded by MHSA CFTN monies:

- IBM - Whole Person Care (WPC) data infrastructure
- Yellow Schedule

Workforce, Education and Training (WET) Plan Update

DHS-BHD - Workforce, Education and Training (WET)

MHSA is no longer funding the DHS-BHD - Workforce, Education and Training (WET) Program.

Key Personnel Changes:

In February of 2019, the WET Coordinator became the Interim MHSA Coordinator and maintains responsibility for a portion of the WET Coordinator role. There is no longer a dedicated WET Coordinator due to budget constraints.

Workforce Needs Assessment:

Pursuant to 9 CCR § 3830 in the MHSA Regulations, in FY 19-20 the MHSA Coordinator will conduct an updated Workforce Needs Assessment, which will include the following:

Component	Detail
List of occupations in the mental health system	<ul style="list-style-type: none">• Licensed Mental Health staff• Unlicensed Mental Health staff• Other healthcare professionals• Managerial and supervisory positions• Support staff
Additional positions needed	<ul style="list-style-type: none">• Hard-to-fill-positions• Hard-to-retain positions
Cultural diversity	<ul style="list-style-type: none">• Personnel within each racial/ethnic group• Estimated number of clients/family members within each racial/ethnic group• Language capacity of staffing• Additional staffing needed to meet language needs

Staff Skill Development:

The MHSA Coordinator will organize training opportunities for staff and contractors on the following topics:

- Cultural Responsiveness
- Involuntary Holds
- Law and Ethics
- Patients' Rights
- Peer Recovery
- Safety in the Work Environment
- Suicide Risk Assessment

Community Collaboration:

Greater Bay Area Collaborative - The MHSa Coordinator will participate in the Greater Bay Area Collaborative to stay current with best-practices and innovative ideas regarding workforce development.

Promoting Evidence-Based Practices - The MHSa Coordinator will seek additional opportunities to promote and co-sponsor evidence-based practices within the community of care.

System Level Support:

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

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

For more information on modifications, see the table on page 10.

Update on No Place Like Home

On July 1, 2016, Governor Brown signed legislation enacting the No Place Like Home (NPLH) Program to dedicate \$2 billion in bond proceeds for the development of permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness, chronic homelessness, or are at-risk of chronic homelessness. The No Place Like Home (NPLH) legislation provides funds to finance capital costs for the development of permanent supportive housing for individuals living with severe and persistent mental illness (SPMI) across California. NPLH is comprised of both competitive and non-competitive funding opportunities.

The No Place Like Home Advisory Group, a partnership between the DHS-BHD and the Community Development Commission (CDC), plays a central role in Sonoma County’s initial

planning and preparation for No Place Like Home. The Advisory Group is comprised of 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 (CDC) and Sonoma County DHS-BHD. One outcome of the Advisory Group is the Sonoma County Homeless Action Plan developed in 2014 as a result of the collaboration with the Advisory Group and stakeholders. In order for Sonoma County to be eligible for additional funding the plan is required to be updated every 5 years.



The Sonoma County NPLH Subcommittee has mapped out Sonoma County's current resources, discussing ways to best maximize existing services for people living with SPMI. This mapping process was designed to ensure that the County is fully leveraging existing community resources, in order to make the best use of future No Place Like Home funding. The NPLH Subcommittee has also worked to identify existing gaps and opportunities for

future development and to inform the No Place Like Home planning process. The collective expertise of the NPLH Subcommittee has been leveraged to assess the existing inventory of available housing for individuals with SPMI across Sonoma County, and work is being done to strengthen existing relationships and build new ones in an effort to develop this network of housing partnerships in advance of the release of the NPLH Request for Proposal (RFP).

Two proposals were submitted in January 2019 during the first round of competitive funding, and both proposals have passed threshold review. The two projects, Caritas Homes and Danco Permanent Supportive Housing, are going through a due diligence process and are likely to bring \$15 million in capital development funds for 114 total units, of which 54 will be dedicated to the NPLH target population.

For the non-competitive allocation, the County stands to bring in \$3.9 million for additional housing projects, to be determined through a local competitive process. The "acceptance of funds" submission is due August 15, 2019.

The submission requires an update to the Homeless Action Plan every 5 years. CDC is collaborating with DHS and stakeholders to update the 10 year Homeless Action Plan with an Addendum. The No Place Like Home Plan/Addendum's objective is to end homelessness in Sonoma County. The required elements include:

- Goals, strategies and activities to reduce homelessness and make it non-recurring
- A description of homelessness county-wide, in this case including estimates of homeless persons experiencing serious mental illness, homeless persons with co-occurring disorders, and children with serious emotional disturbance
- A description of special challenges/barriers to serving people who are members of the NPLH target population

- Resources to address homelessness
- Systems in place to collect data
- Efforts to ensure eligible homeless persons are appropriately referred to NPLH-funded units through Coordinated Entry.

CDC circulated a draft of the Addendum in June 2019 for public comment. CDC plans to present the Addendum to the Board of Supervisors in September for approval and then present the Addendum to DHCS and MHSOAC.

[MHSA Three-Year Planning Process for FY 20-23](#)

In July of 2019, DHS-BHD started building the basis for the three-year plan for FY 20-23 by embarking on a comprehensive capacity assessment of Sonoma County’s MHSA funded system of care. Both the three-year plan and capacity assessment will be developed with local stakeholders including adults and seniors with severe mental illness, families of children, adults and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans organizations, providers of alcohol and drug services, health care organizations, MHSA Steering Committee and MHSA Stakeholder Committee as stipulated in Title 9 CCR Section 3310.

DHS-BHD will partner with stakeholders throughout the process and provide meaningful stakeholder involvement on mental health policy, program planning, implementation, monitoring, quality improvement, evaluation, and budget allocations. The MHSA Steering Committee established a Capacity Assessment Subcommittee in June of 2019 that is collaborating with Research Development Associates (RDA) to engage in a needs analysis of Sonoma County’s MHSA funded system of care.

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

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

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

Mental Health Services Act Expenditure Plan FY 19-20

Funding Summary

Category	Community Services & Supports	Prevention & Early Intervention	Innovation	Workforce Education & Training	Capital Facilities & Technological Needs	Prudent Reserve
A. Estimated FY 19-20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	2,114,151	1,691,699	1,069,280	0	0	
2. Estimated New FY 19-20 Funding	18,255,200	4,563,800	1,201,000			
3. Transfer in FY 19-20 ¹⁵	(957,030)			139,414	817,616	0
4. Access Local Prudent Reserve in FY 19-20	0	0				0
5. Estimated Available Funding for FY 19-20	19,412,321	6,255,499	2,270,280	139,414	817,616	
B. Estimated FY 19-20 MHSA Expenditures	13,586,124	3,600,935	0	139,414	817,616	
C. Estimated FY 19-20 Unspent Fund Balance	5,826,197	2,654,564	2,270,280	0	0	

D. Estimated Local Prudent Reserve Balance¹⁶	Amount
1. Estimated Local Prudent Reserve Balance on June 30, 2019	962,861

¹⁵ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

¹⁶ For Sonoma County's Calculation of Maximum Local Prudent Reserve Level as per DHCS Info Notice 19-017, see Appendix 11 on page 286.

D. Estimated Local Prudent Reserve Balance¹⁶	Amount
2. Contributions to the Local Prudent Reserve in FY 2019/20	0
3. Distributions from the Local Prudent Reserve in FY 2019/20	0
4. Estimated Local Prudent Reserve Balance on June 30, 2020	962,861

Community Services and Supports (CSS) Funding

Category/Program	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
Forensic Assertive Community Treatment (FACT) Team						
Department of Health Services Behavioral Health Division (DHS-BHD)	1,019,095	826,002	193,093	0	0	0
Buckelew Programs - FACT - Independent Living Skills (ILS) [contractor]	160,908	56,318	94,936	0	0	9,654
Family Advocacy, Stabilization & Support Team (FASST)						
DHS-BHD	2,349,746	1,879,797	69,287	400,662	0	0
Seneca Family of Agencies, Lifeworks of Sonoma County, Social Advocates for Youth (SAY) [contractors]	640,000	320,000	320,000	0	0	0
Integrated Recovery Team (IRT)						
DHS-BHD	1,235,430	864,801	229,035	0	0	141,594
Older Adult Intensive Team (OAIT)						

Category/Program	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
DHS-BHD	1,035,262	724,683	69,776	81,507	0	159,296
Transition Age Youth (TAY) Team						
DHS-BHD	754,651	550,895	98,848	0	0	104,908
Buckelew Programs - TAY - Sonoma County Independent Living (SCIL) [contractor]	100,811	40,324	60,487	0	0	0
SAY - Tamayo Village [contractor]	164,500	46,060	118,440	0	0	0
VOICES [contractor]	238,587	0	0	0	0	238,587
Adult Full Service Partnership (AFSP)						
DHS-BHD	970,844	776,675	194,169	0	0	0
Non-FSP Programs						
General Systems Development (GSD)						
National Alliance on Mental Illness (NAMI) Sonoma County - Family-based Education, Advocacy and Support (FEAS) [contractor]	203,398	157,533	0	0	0	45,865
Buckelew Programs - Family Service Coordination [contractor]	77,993	0	0	0	0	77,993
Goodwill Industries of the Redwood Empire (GIRE) - Interlink Self Help Center [GSD contractor]	396,277	0	0	0	0	396,277
GIRE - Wellness and Advocacy Center [contractor]	685,000	0	0	0	0	685,000

Category/Program	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
GIRE - Petaluma Peer Recovery Center [contractor]	74,706	0	0	0	0	74,706
West County Community Services (WCCS) - Russian River Empowerment Center [contractor]	166,000	0	0	0	0	166,000
DHS-BHD Mobile Support Team (MST)	1,125,866	630,698	0	423,470	0	71,698
Support Our Students (SOS) Community Counseling - MST Internship Program [contractor]	212,672	159,312	0	0	0	53,360
GIRE - MST Peer Support Specialist [contractor]	44,533	22,256	0	0	0	22,277
DHS-BHD Community Treatment and Recovery Team (CTRT)	874,817	699,854	52,703	122,260	0	0
Buckelew Programs - CTRT System Navigation [contractor]	600,000	480,000	120,000	0	0	0
Council on Aging - Senior Peer Support [contractor]	83,951	83,951	0	0	0	0
WCCS - Senior Peer Counseling [contractor]	72,149	72,149	0	0	0	0
Sonoma County Human Services Department (HSD) - Job Link [contractor]	67,500	0	0	0	0	67,500
Telecare Corporation - Telecare Sonoma ACT [contractor]	1,256,884	314,221	628,442	314,221	0	0
WCCS - Crisis Support [contractor]	10,000	0	0	0	0	10,000

Category/Program	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Outreach and Engagement (OE)						
DHS-BHD Whole Person Care (WPC)	2,112,597	1,040,566	0	0	0	1,072,031
Alexander Valley Healthcare WPC [contractor]	252,057	199,789	0	0	0	52,268
Alliance Medical Center WPC [contractor]	170,000	141,290	0	0	0	28,710
Drug Abuse Alternatives Center WPC [contractor]	273,000	136,500	0	0	0	136,500
GIRE WPC [contractor]	89,500	44,750	0	0	0	44,750
Petaluma Health Care District WPC [contractor]	98,362	49,181	0	0	0	49,181
Petaluma Health Center WPC [contractor]	322,600	247,429	0	0	0	75,171
Reach for Home WPC [contractor]	86,417	43,209	0	0	0	43,208
Redwood Community Health Coalition WPC [contractor]	20,000	10,000	0	0	0	10,000
Santa Rosa Community Health Centers WPC [contractor]	402,829	307,271	0	0	0	95,558
Sonoma County HSD WPC [contractor]	169,481	84,741	0	0	0	84,740
Sonoma County Probation Department WPC [contractor]	55,000	0	0	0	0	55,000
Sonoma Valley Community Health Center WPC [contractor]	186,560	152,202	0	0	0	34,358
WCCS WPC [contractor]	75,337	37,669	0	0	0	37,668

Category/Program	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
West County Health Centers WPC [contractor]	200,850	163,283	0	0	0	37,567
DHS-BHD Community Mental Health Centers	2,381,594	1,536,665	844,929	0	0	0
Sonoma County Indian Health Project - Community Programs [contractor]	81,040	0	0	0	0	81,040
CSS Administration	845,228	686,050		159,178		0
CSS MHA Housing Program Assigned Funds	0	0	0	0	0	0
Total CSS Program Estimated Expenditures	22,444,032	13,586,124	3,094,145	1,501,298	0	4,262,465

Prevention and Early Intervention (PEI) Funding

Category/Program	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Prevention						
Action Network - Across Ages and Cultures [contractor]	68,205	68,205	0	0	0	0
Sonoma County Indian Health Project - Aunties and Uncles Project [contractor]	20,919	20,919	0	0	0	0

Category/Program	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Community Baptist Church Collaborative [contractor]	144,410	144,410	0	0	0	0
Latino Service Providers of Sonoma County [contractor]	85,000	85,000	0	0	0	0
Positive Images [contractor]	101,995	101,995	0	0	0	0
Sonoma County Human Services Department - Older Adult Collaborative [contractor]	243,387	243,387	0	0	0	0
Early Intervention						
First 5 Sonoma County - 0-5 Collaborative [contractor]	308,619	308,619	0	0	0	0
Access and Linkage to Treatment						
DHS-BHD Youth Access Team	1,729,064	1,014,312	377,155	337,597	0	0
DHS-BHD Adult Access Team	2,072,968	895,722	514,248	662,998	0	0
Stigma and Discrimination Reduction						
Santa Rosa Junior College - People Empowering Each other to Realize Success [contractor]	200,000	200,000	0	0	0	0
Suicide Prevention						
Bucklew Programs - North Bay Suicide Prevention Program [contractor]	160,000	160,000	0	0	0	0
PEI Administration	200,926	190,722	0	10,204	0	0
PEI Assigned Funds	167,644	167,644	0	0	0	0

Category/Program	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Total PEI Program Estimated Expenditures	5,503,137	3,600,935	891,403	1,010,799	0	0

Innovation (INN) Funding

There are no planned Innovation expenditures for FY 19-20 at this time. Sonoma County is currently in the Community Planning Process with stakeholders and the community to identify new Innovation projects.

Workforce Education and Training (WET) Funding

Category/Program	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Goodwill Industries of the Redwood Empire - Peer Education and Training [contractor]	139,414	139,414	0	0	0	0
WET Administration	5,493	0	0	5,493	0	0
Total WET Program Estimated Expenditures	144,907	139,414	0	5,493	0	0

Capital Facilities and Technological Needs (CFTN) Funding

Category/Program	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Technological Needs Projects						
Netsmart (Avatar)	1,032,034	745,616	0	0	0	286,418
FEI (SWITS)	98,000	2,000	0	0	0	96,000
AJW (DCAR)	50,000	50,000	0	0	0	0
Echo Consulting (POCO)	20,000	20,000	0	0	0	0
CFTN Administration	46,908	0	0	46,908	0	0
Total CFTN Program Estimated Expenditures	1,246,942	817,616	0	46,908	0	382,418

MHSA Annual Program Report for FY 17-18

DHS-BHD Response to the Sonoma Complex Fires of October 2017



On Sunday October 8, 2017, a series of fires burned across Northern California and throughout Sonoma County. On October 9th, two additional fires started in Sonoma County. These fires became collectively known as the Sonoma Complex Fires and burned over 112,000 acres, destroying in excess of 5,000 homes and taking 23 lives. DHS-BHD staff provided approximately 15,000 hours of assistance to evacuees, emergency disaster workers, and other community members. Approximately one third of DHS-BHD staff were evacuated from their homes and 7 DHS-BHD staff lost their homes to the fires.

DHS-BHD Disaster Site Coordinators managed all staff deployments from the Crisis Stabilization Unit. Staff deployed in shelters throughout the county provided emotional support, problem solving, mental health and substance use disorders resources, crisis intervention, assessed the “mood” environment to anticipate behavioral/emotional issues, identified resource needs and communicated with the shelter operators. Staff provided overnight on-call behavioral health response to the shelters, and provided 24/7 response for mental health crises requiring a 5150 evaluation. At the “height” of the DHS-BHD deployment, 125 staff were deployed at 18 sites.

The main DHS-BHD campus on Chanate was evacuated for three weeks, and basic services were provided to clients from an outpatient clinic that was set up at the Crisis Stabilization Unit. Many of DHS-BHD contract providers were able to maintain services to clients, and Early Intervention contractors were able to adapt their services to meet the needs of those impacted by the fires. Many DHS-BHD clients and potential clients utilized the disaster shelters, although these individuals were not necessarily impacted by the fires but rather in need of additional support. These individuals were provide with ongoing support for the five weeks the shelters were operating. While DHS-BHD staff provided assistance in the shelters with potential clients, staff was able to identify hard to reach individuals that qualify for DHS-BHD services. As a result of the Sonoma Complex Fires, the Chanate campus evacuation, and the support provided in the shelters, fewer services were provided to clients by DHS-BHD and contractors in Quarter 2 of FY 17-18.

Notes about the Data in the Report

In order to ensure the protection of personally identifiable information, some data in this section of the report have been suppressed or “masked” to prevent re-identification (e.g. “Data suppressed due to small cell counts”, “Multiple categories”) as per California Department of Health Care Services (DHCS) Data De-identification Guidelines.¹⁷

¹⁷ <https://www.dhcs.ca.gov/dataandstats/Pages/PublicReportingGuidelines.aspx>

Community Services and Supports (CSS)

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

Full Service Partnerships (FSPs)

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

In FY 17-18, there were **418** unique clients served by Sonoma County FSPs. The chart on the following page illustrates many positive outcomes for Sonoma County FSP clients that were active during FY 17-18 (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.

Decreases to Number of Clients after Entering FSP Program

		Children	Transition Age Youth	Adults	Older Adults
Homelessness			75% After 1 year ↓ 92% After 2 years ↓	56% After 1 year ↓ 65% After 2 years ↓	50% After 1 year ↓ 80% After 2 years ↓
Emergency Shelter Use			40% After 2 years ↓	16% After 1 year ↓ 28% After 2 years ↓	20% After 1 year ↓ 40% After 2 years ↓
Group Homes & Community Treatment			33% After 1 year ↓ 83% After 2 years ↓		
Arrests			78% After 1 year ↓ 100% After 2 years ↓	87% After 1 year ↓ 90% After 2 years ↓	100% After 1 year ↓ 100% After 2 years ↓
Psychiatric Hospitalization		100% After 1 year ↓	73% After 1 year ↓ 88% After 2 years ↓	66% After 1 year ↓ 74% After 2 years ↓	50% After 2 years ↓
Mental Health Emergency Events		86% After 1 year ↓	67% After 1 year ↓ 83% After 2 years ↓	74% After 1 year ↓ 76% After 2 years ↓	25% After 1 year ↓ 75% After 2 years ↓

Family Advocacy, Stabilization and Support Team (FASST)



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

In FY 17-18, this program included contracted services from:

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

Total unique clients served in FY 17-18: **79**

Total unique clients that were also served by Sunny Hills Services in FY 17-18: **50**

FY 17-18 Demographics:

Age	Percentage	
0 to 15	53.2%	
16 to 25	46.8%	

Race	Percentage	
White	62.0%	
Other race	26.6%	
Multiple categories	7.6%	

Race	Percentage
Not reported	3.8%

Ethnicity	Percentage
Not Hispanic	49.4%
Hispanic/Latino	38.0%
Not reported	8.9%
Unknown	3.8%

Language	Percentage
English	75.9%
Not reported	17.7%
Other language	6.3%

Gender	Percentage
Female	60.8%
Male	38.0%
Another gender identity	1.3%

Transition Age Youth (TAY) Team

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

- Buckelew Programs – Sonoma County Independent Living (TAY-SCIL) (housing)
- Buckelew Programs – Buckelew Employment Services (BES) (in FY 17-18 only)
- Social Advocates for Youth (SAY) – Tamayo Village (housing)
- VOICES Youth Center (peer support and mentoring)

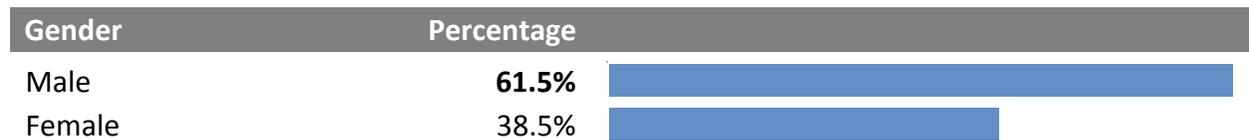
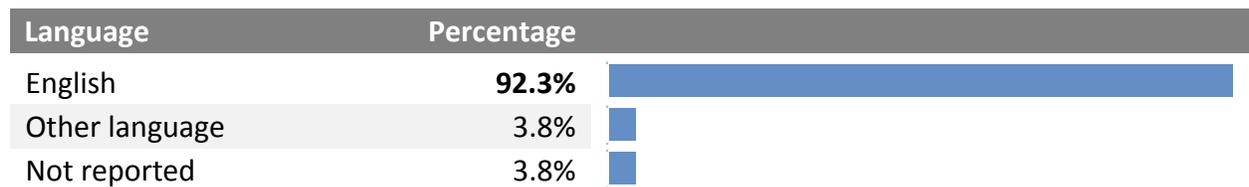
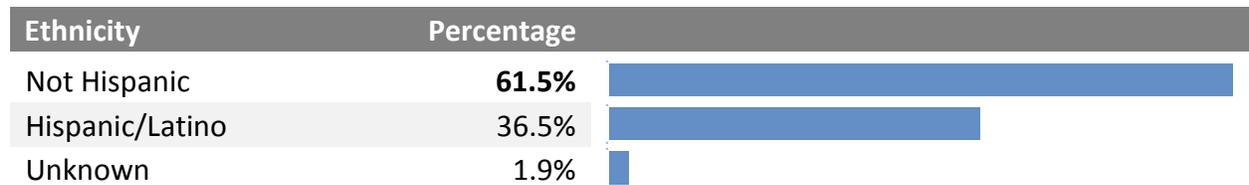
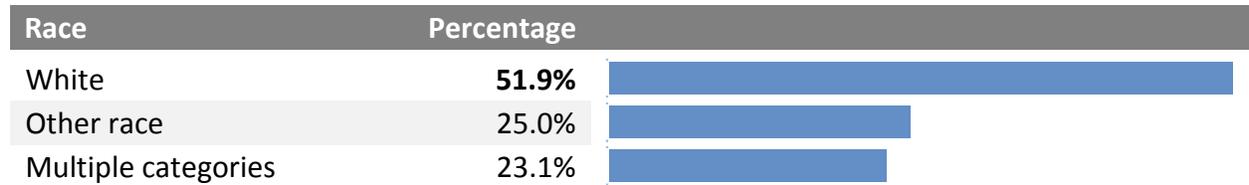


Total unique clients served in FY 17-18: **52**

Total unique clients that were also served by Buckelew TAY-SCIL in FY 17-18: **15**

Total unique clients that were also served by VOICES in FY 17-18: **51**

FY 17-18 Demographics:



Older Adult Intensive Team (OAIT)

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

- Council on Aging – Senior Peer Support
- West County Community Services – Senior Peer Counseling
- Jewish Family and Children’s Services – Caring Connections (not active in FY 19-20)



Total unique clients served in FY 17-18: **60**

FY 17-18 Demographics:

Age	Percentage
60+	100.0%

Race	Percentage
White	88.3%
Multiple categories	10.0%
Not reported	1.7%

Ethnicity	Percentage
Not Hispanic	88.3%
Not reported	5.0%
Unknown	3.3%
Hispanic/Latino	3.3%

Language	Percentage
English	80.0%
Not reported	18.3%
Other language	1.7%

Gender	Percentage
Female	55.0%
Male	45.0%



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.

In FY 19-20, this program will be categorized as Community Services and Supports (CSS) General Systems Development (GSD).

Total number served in FY 17-18 (aggregate of quarterly reports): **86**

FY 17-18 Demographics:

Age	Percentage	
60+	100.0%	<div style="width: 100%;"></div>

Race/Ethnicity	Percentage	
White	93.0%	<div style="width: 93%;"></div>
Other race/ethnicity	7.0%	<div style="width: 7%;"></div>

Language	Percentage	
English	100.0%	<div style="width: 100%;"></div>

Gender	Percentage
Female	79.1%
Male	20.9%

Performance Outcomes/Notable Accomplishments in FY 17-18:

- Number of COA website users (duplicated): Over **22,000**
- Number of COA website Pageviews: Over **53,000**
- Number of new clients assessed: **29**
- Number of Sonoma Seniors Today newspapers that go out monthly: **8,500**
- Average number of fliers that go out quarterly with every case manager: **300**

West County Community Services – Senior Peer Counseling



West County Community Services (WCCS) has managed its Senior Peer Counseling program since 2002. Seniors struggling with issues of aging and mental health are matched with trained volunteer Senior Peer Counselors. The program strives to reach at-risk seniors before they experience crisis, helping them to remain self-sufficient, independent, and out of the institutional care system. WCCS works with clients to instill hope and promote wellness through providing in home peer support as well as groups accessibly located in different areas of the County.

In FY 19-20, this program will be categorized as Community Services and Supports (CSS) General Systems Development (GSD).

Total number served in FY 17-18 (aggregate of quarterly reports): **136**

FY 17-18 Demographics:

Age	Percentage
60+	99.4%
26 to 59	0.6%

Race/Ethnicity	Percentage
White	93.5%

Race/Ethnicity	Percentage
Multiple categories	5.3%
Other	0.6%
Multi	0.3%
Declined to state	0.3%

Language	Percentage
English	100.0%

Gender	Percentage
Female	76.8%
Male	23.2%

Performance Outcomes/Notable Accomplishments in FY 17-18:

Results of WCCS Senior Peer Counseling (SPC) 2017 volunteer satisfaction survey:

Statement	% that Strongly Agree or Agree
I enjoy volunteering as a Senior Peer Counselor.	100%
I have learned a lot of mental health issues through the peer counseling training and supervision.	96%
I feel that I have received enough support from the WCCS staff.	87%
I have learned a lot about myself through my participation in the SPC program.	100%
I have gained insight into my own issues related to aging through my work as an SPC.	100%
My quality of life has improved because of my work as an SPC.	91%
My life has more meaning since I started volunteering as an SPC.	86%
I believe my input and ideas for making the SPC program stronger are valued and utilized.	95%

Ranking of components of the SPC program:

Component	Extremely valuable	Valuable	Neutral	Not useful
Group supervision for seeing clients 1:1	45%	45%	10%	0%
Group supervision for group facilitators	100%	0%	0%	0%
Training	59%	41%	0%	0%
Availability of WCCS staff for consultation	77%	18%	5%	0%
Joint trainings with Council on Aging and Jewish Family and Children’s Services	42%	58%	0%	0%
Small group discussion/sharing/active listening	26%	43%	26%	5%

Quotes from Senior Peer Counselors (SPCs):

The best thing about being a SPC is:

- “The idea that I can make a difference in another person’s life, hopefully a change that is positive. I have learned how to be a better, more caring person.”
- “I have the privilege of connecting with peers who are currently challenged in some way. I get to practice listening to and being present with them. Through my experiences, I find compassion and self-growth. I am also grateful for my connection with other SPCs.”

Other comments:

- “I feel the SPC program is of great value to the clients. From a peer counselor point of view, I feel the program is very well managed, staff are excellent communicators and listeners. We are always treated with respect and caring and it is a very safe place to express ourselves. I wish all work places operated the way the SPC treats its counselors.”
- “This program is special because of our supervisors who go above and beyond the call of duty to educate and teach us how to really relate and be present to others!”



STRENGTHENING INDIVIDUALS. STRENGTHENING FAMILIES.
STRENGTHENING COMMUNITY.

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 (CC) 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 the County of Sonoma Department of Health Services Behavioral Health Division (DHS-BHD) can receive a minimum of 6 months of volunteer support. Volunteer Visitors visit weekly, working directly with an older adult to help him or her combat isolation, loneliness, and depression. Recruitment, screening, training and ongoing support of volunteers is provided by Seniors At Home.

This program was discontinued by JFCS at the end of Calendar Year 2018.

Total number served in FY 17-18 (aggregate of quarterly reports): **10**

[FY 17-18 Demographics:](#)

(Data suppressed due to small cell counts)

[Performance Outcomes/Notable Accomplishments in FY 17-18:](#)

Volunteers worked one-on-one with their clients to achieve client-centered goals. A majority of CC clients identified greater community involvement as their goal. This fiscal year clients and volunteers accomplished:

- Numerous walks in the surrounding community
- Advocacy for client regarding their psychiatric services
- Regular outings to engage in music, art, and community venues
- Numerous visits where the client played piano for the volunteer and other residents joined in listening and singing
- Conception, creation, and distribution of handmade inspirational greeting cards to Skilled Nursing Facility and prison residents

Clients have stated that the CC program "is the best thing that has happened to me".

Integrated Recovery Team (IRT)



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

Total unique clients served in FY 17-18: **162**

FY 17-18 Demographics:

Age	Percentage	
26 to 59	94.4%	
60+	4.9%	
16 to 25	0.6%	

Race	Percentage	
White	81.5%	
Other race	8.6%	
Multiple categories	8.6%	
Not reported	1.2%	

Ethnicity	Percentage	
Not Hispanic	71.6%	
Not reported	16.0%	
Hispanic/Latino	7.4%	
Unknown	4.9%	

Language	Percentage	
English	96.3%	
Not reported	2.5%	
Multiple categories	1.2%	

Gender	Percentage	
Male	63.0%	
Female	37.0%	

Forensic Assertive Community Treatment (FACT) Team



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

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

Total unique clients served in FY 17-18: **70**

Total unique clients that were also served by Buckelew FACT-ILS in FY 17-18: **24**

FY 17-18 Demographics:

Age	Percentage
26 to 59	91.4%
16 to 25	5.7%
60+	2.9%

Race	Percentage
White	77.1%
Other race	11.4%
Multiple categories	8.6%
Not reported	2.9%

Ethnicity	Percentage
Not Hispanic	64.3%
Hispanic/Latino	21.4%
Not reported	10.0%

Ethnicity	Percentage
Unknown	4.3%

Language	Percentage
English	90.0%
Not reported	10.0%

Gender	Percentage
Male	62.9%
Female	35.7%
Another gender identity	1.4%

General Systems Development (GSD)

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

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

In FY 17-18, this program provided the following services:

- NAMI Warmline - A non-crisis line provided by Warmline Allies who are trained to listen, provide empathy and refer community members to local resources that can provide assistance
- Introduction to supportive services for family members and loved ones for those involved in the County's Mobile Support Team (MST) program
- Referrals to NAMI Signature Programs and Family Support Groups
- Outreach and advocacy through presentations

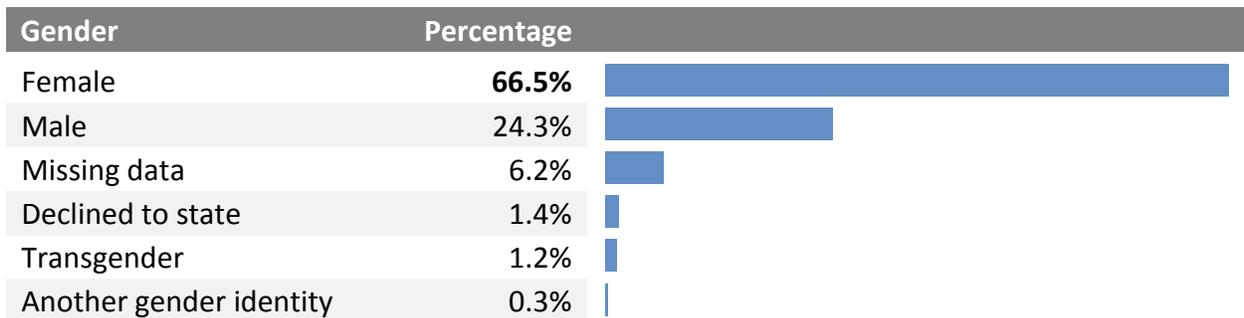
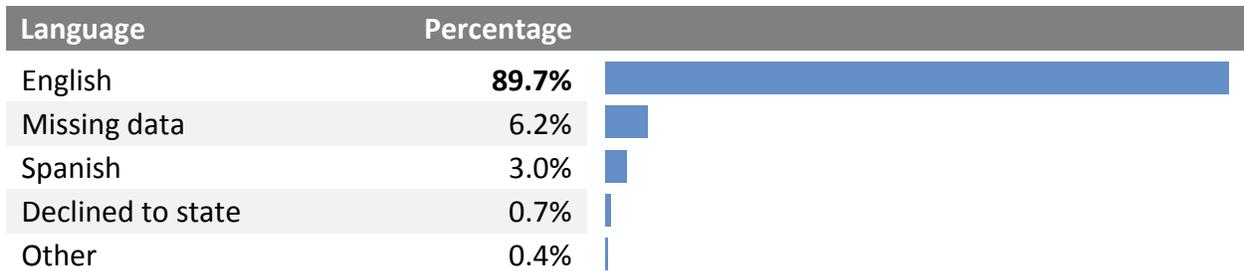
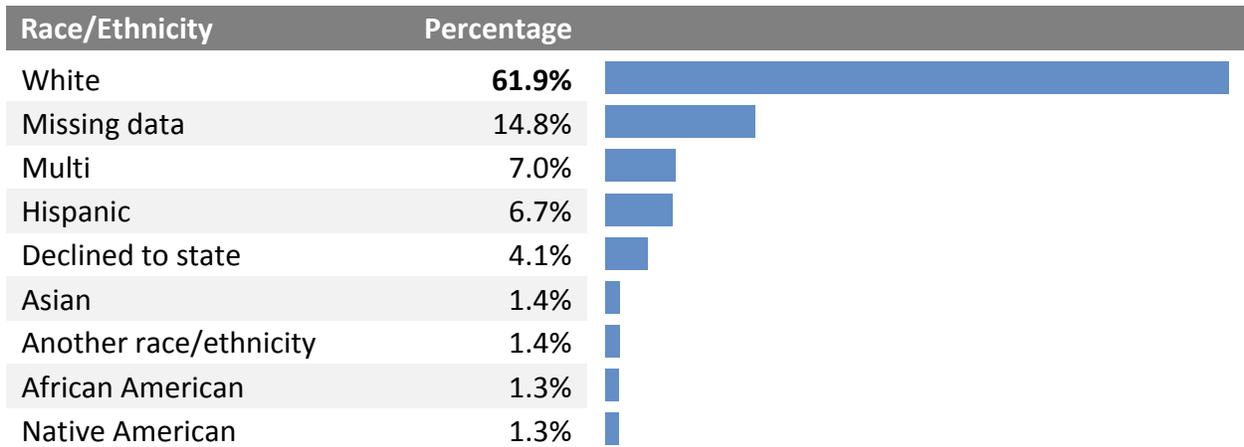
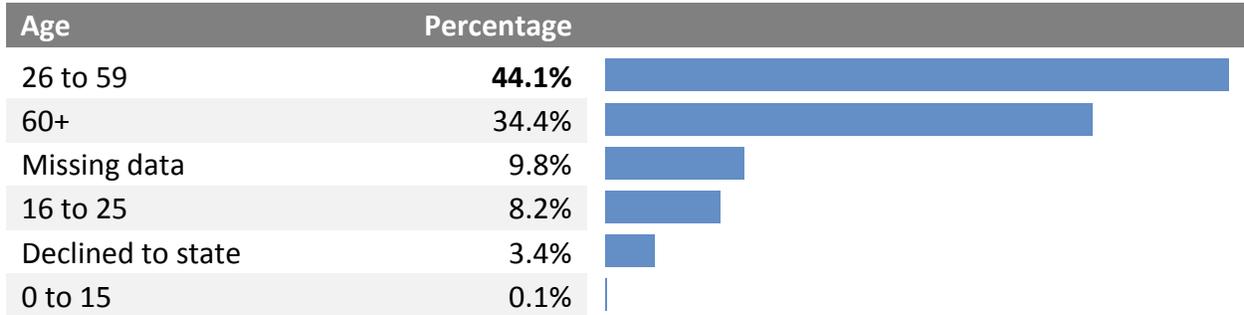


In FY 18-19, this program became the Family-based Education, Advocacy and Support (FEAS) Services program. The program included referrals from the County of Sonoma Department of Health Services Behavioral Health Division's (DHS-BHD) Youth and Family Services, as well as mental health educational presentations for high school students,

family members, caregivers, teachers, or other school personnel.

Total number served in FY 17-18 (aggregate of quarterly reports): **1,665**

FY 17-18 Demographics:



Performance Outcomes/Notable Accomplishments in FY 17-18:

- Number of new families referred to NAMI by MST: **164**
- Of those families, number that were monolingual Spanish-speaking: **17**
- Number of families that reported that the crisis with their loved one had been resolved: **63**
- Number of Family Support Group participants: Over **384**
- Number of Connections groups participants: **434**
- Number of new callers to the Warmline: **516**
- Of those new callers, number that were monolingual Spanish speakers: **35**
- Number of events where NAMI tabled and/or provided outreach: **46**

During FY 17-18, NAMI presentations included, but were not limited to, the following:

- Mental Health 101/Mental Health Basics - Designed to give individuals an opportunity to learn about the signs and symptoms of mental illness and how to help themselves, friends or family members who may be in need of support; Promotes a recovery attitude, shares stories of hope in a way that is free of derogatory language and uses short videos that represent a variety of cultures, beliefs and values
- NAMI Ending the Silence - Designed for middle and high school students, this presentation includes warning signs, facts and statistics and how to get help for themselves or a friend.
- Panel discussions on mental illness



The goal of the FSC program is to empower family members of adults with mental illness by helping them to gain competencies in system navigation, providing education about mental illness, and helping them develop knowledge of, access to, and contact with community resources and supports. The FSC program maintains a flexible, collaborative and recovery-oriented approach. Services include:

- System navigation
- Education and support
- Community outreach and resource development
- Empowerment and self-efficacy

In FY 19-20, this program will not utilize MHSA funding, but will continue through other funding sources.

Total number served in FY 17-18 (aggregate of quarterly reports): **659**

FY 17-18 Demographics:

Age	Percentage	
Missing data	64.0%	
60+	18.1%	
26 to 59	16.7%	
16 to 25	1.2%	

Race/Ethnicity	Percentage	
Missing data	65.6%	

Race/Ethnicity	Percentage
White	27.5%
Multiple categories	4.6%
Hispanic	2.0%
Other	0.5%

Language	Percentage
Missing data	63.0%
English	36.4%
Other language	0.6%

Gender	Percentage
Missing data	63.1%
Female	26.6%
Male	10.3%

Performance Outcomes/Notable Accomplishments in FY 17-18:

In FY 17-18, FSC received and made contact with 71 referrals provided by the Mobile Support Team.

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

- Decompensating (**94%**)
- At-risk behavior (**70%**)
- Hospitalization (**69%**)

The FSC continued to facilitate or co-facilitate the following ongoing education and support groups:

Name of Group	# of unduplicated attendees this fiscal year
Sonoma County Behavioral Health Family Support Group	61
West County Care and Share in Sebastopol	35
Family Resource Clinic (with bilingual support)	114
A Safe Place to Land Support Group	5
Petaluma Family Education and Support	29
Spiritual Exploration and Support Group	4

Name of Group	# of unduplicated attendees this fiscal year
Fire Support Group	8

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

Category	Goal	Target %	17-18 %
System Navigation	Families will strongly agree or agree that FSC provided general information about how mental health services and other support systems work in our community to begin addressing their loved one's recovery needs	75%	100%
System Navigation	Families will strongly agree or agree that they can more effectively communicate with their loved one's service provider(s).	75%	100%
System Navigation	Families will report excellent or good understanding of what mental health services are available, how to access those services, and a general understanding of the limitations of the mental health system.	75%	87%
System Navigation	Families will report excellent or good understanding of Sonoma County's Health System, i.e. how to access primary care, therapists, and psychiatrists.	75%	100%
System Navigation	Families will report accessing one or more resources for themselves.	75%	100%
System Navigation	Families will report accessing 2 or more resources for their loved one (consumer).	75%	94%
Education and Support	Families will strongly agree or agree that they have a better understanding of mental illness and how mental illness can affect the entire family system.	75%	100%
Education and Support	Families will report always or often engaging in additional support from an education class.	50%	63%
Education and Support	Families will report always or often engaging in additional support groups.	50%	84%

Category	Goal	Target %	17-18 %
Community Outreach and Resource Development	Service providers/community members attending FSC trainings/presentations will report increased understanding of family perspective on mental illness and how mental illness affects the whole family and community.	75%	100%
Community Outreach and Resource Development	They will report increased understanding of the value of family inclusion in mental health treatment and services.	75%	100%
Empowerment and Self-Efficacy	Families will strongly agree or agree that they have a sense of increased hope and empowerment for their family member's well-being.	75%	100%
Empowerment and Self-Efficacy	Families will strongly agree or agree that they have been provided with sufficient family education and community resources to help better cope with family member's mental illness.	75%	100%
Empowerment and Self-Efficacy	Families will report always true or usually true that they have a better understanding and ability to cope with loved one's mental health/and or substance dependence illnesses because of education/support due to the services and/or referrals received from FSC.	75%	100%
Empowerment and Self-Efficacy	Caregivers will report a decrease in burden (and thus an increase in empowerment and self-efficacy) on the Zarit-Burden Interview.	75%	86%

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



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

In FY 19-20, this program will not utilize MHSA funding, but will be funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) Mental Health Block Grant.

Total number served in FY 17-18 (aggregate of quarterly reports): **338**

FY 17-18 Demographics:

Age	Percentage	
26 to 59	68.9%	<div style="width: 68.9%;"></div>
60+	28.7%	<div style="width: 28.7%;"></div>
16 to 25	2.4%	<div style="width: 2.4%;"></div>

Race/Ethnicity	Percentage	
White	72.8%	<div style="width: 72.8%;"></div>

Race/Ethnicity	Percentage
Multi	13.6%
Hispanic	4.7%
Multiple categories	4.4%
African American	3.3%
Other	1.2%

Language	Percentage
English	90.5%
Spanish	3.6%
Other	3.0%
Missing Data	3.0%

Gender	Percentage
Male	59.2%
Female	39.3%
Another gender identity	1.5%

Performance Outcomes/Notable Accomplishments in FY 17-18:

Measure	Total Number
# of new members	81
# of in house socialization/recreational activities	251
# of attendees of in house socialization/recreational activities	3,155
# of outside socialization/recreational activities	81
# of attendees of outside socialization/recreational activities	311
# of outreach presentations	147
# reached by presentations	2,038
# of peer counseling sessions	9,511
# of attendees of support, education, information and creativity groups	8,170
# of individual integrated mental health and substance abuse sessions	2,891

Socialization/recreational activities included:

- Music Groups
- Movies
- Raffles

- Birthday Celebrations
- Comedy Improv Groups
- Game Days
- Karaoke Groups
- Video Watching Groups
- Ice Cream Socials
- Holiday Meals/Celebrations
- Barbecues
- Qi Gong Groups
- Bingo
- Walks

Quotes from Interlink members:

- "This center has changed my life. I have finally found where I belong. I'm safe and supported and loved here."
- "The staff are very patient, compassionate, and teach us so much on how to grow as humans. There is no stigma. I feel safe."
- "The staff here at Interlink are very compassionate and help members with social skills, friendships, activities and work well together. I love how I can be myself here and not worry. Thank you Interlink for helping me learn to take care of myself."
- "This Center has helped me to save my life and has given me a sense of purpose. I absolutely love it here."
- "The Interlink groups strongly support me in my battle of addictions and help me to better understand myself."
- "It's nice to have a safe place to socialize and tell jokes."



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

In FY 19-20, this program will not utilize MHSA funding, but will continue through other funding sources.

Total service contacts in FY 17-18: **11,888**
(Demographics below are for new members)

FY 17-18 Demographics:

Age	Percentage	
26 to 59	69.3%	
60+	21.3%	

Age	Percentage
16 to 25	9.3%

Race/Ethnicity	Percentage
White	70.7%
Declined to state	12.0%
Multi	10.7%
Multiple categories	5.3%
Other	1.3%

Language	Percentage
English	86.7%
Missing data	12.0%
Another language	1.3%

Gender	Percentage
Female	54.7%
Male	41.3%
Another gender identity	2.7%
Declined to state	1.3%

Performance Outcomes/Notable Accomplishments in FY 17-18:

Measure	Total Number
# of new members	75
# of visits to Art Studio	2,784
# of visits to Career/Computer Lab	2,016
# of individuals who participated in Computer Basics learning	89
# of individuals who participated in aspects of a Job Search	30
Peer Support groups attendance	3,123
# of Garden Group sessions	303
# of socialization activities	98
Socialization activities attendance	631
# of people actively engaged in job seeking activities, including online search and application	33

Measure	Total Number
# of individuals that completed their resume with guidance from the Career and Computer Lab Specialist	39

Peer-led support groups included:

- Community meetings
- Empowering Ourselves Toward Success
- Open Mic
- Peer Support
- Mining the Source writing group
- Quarter Life group
- Stretch/Walk group
- Living with Depression
- Voices and Visions support group

The local consignment shop, Made Local Marketplace provided consignment for Wellness and Advocacy artists on an ongoing basis, which offered great exposure to the larger community. Twenty-one Wellness Center artists were featured at the Sonoma County Fair. Multiple Wellness Center artists were featured at the Center’s annual holiday arts and crafts fair. Multiple Wellness Center artists were also featured at The National Arts Program at Finley Community Center. Goodwill's Deja Blue began selling Wellness Center artists' work. There was an art sale at the Center’s May is Mental Health Month kickoff event featuring the movie “Crazywise”. Multiple Wellness Center artists went on a field trip to the Charles Schultz Museum.

Goodwill Industries of the Redwood Empire – Petaluma Peer Recovery Center

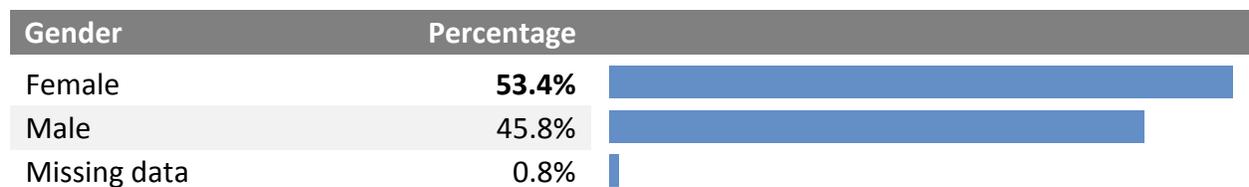
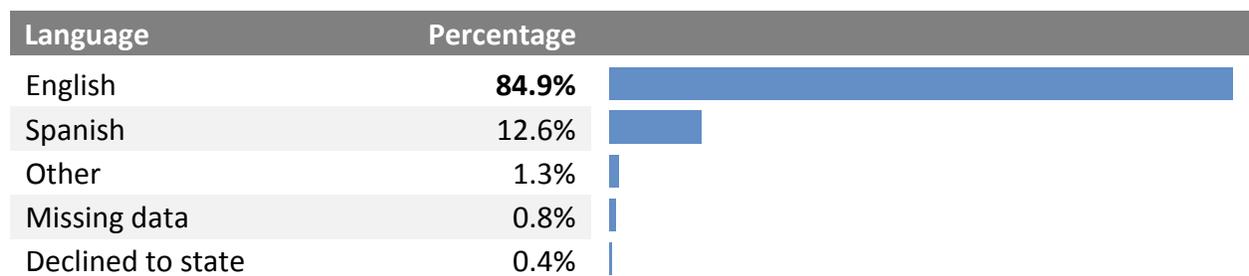
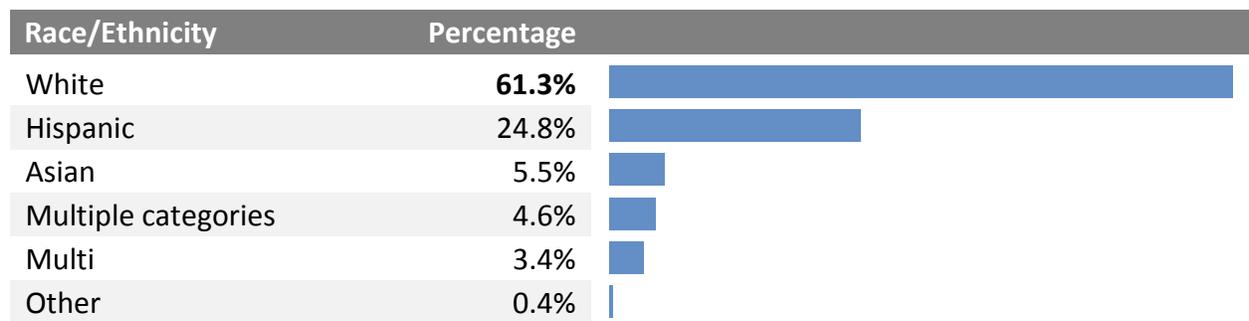
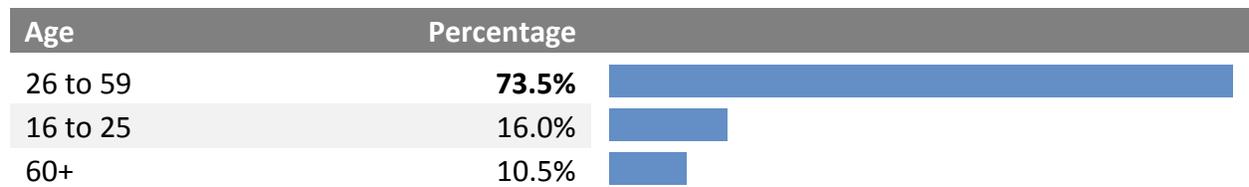


The Petaluma Peer Recovery Center (PPRC) is a peer run and managed program dedicated to empowering the local mental health community through peer support and education. The PPRC sponsors lectures, groups, workshops, and activities as needed by adult mental health consumers over the age of 18, specifically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

In FY 19-20, this program will not utilize MHSA funding, but will continue through other funding sources.

Total number served in FY 17-18 (aggregate of quarterly reports): **238**

FY 17-18 Demographics:



Performance Outcomes/Notable Accomplishments in FY 17-18:

- Number of visits to the Center: **530**
- Number of peer counseling sessions: **193**
- Number of group/activity participants: Over **590**
- Number of outreach events: Over **60**
- Number of attendees of outreach events: Over **600**

Groups included:

- Open Art Studio
- Open Round Table
- Community Tea Time
- Learning Peer Support
- Health, Wealth and Happiness
- Advocacy: Peer, Self, and Beyond
- Drum Circle
- Spirituality in Recovery
- Women's Group
- Storytelling
- Member's Meeting
- Community Meeting
- Calming Our Anxiety
- TED Talk Series
- Creative Writing
- Emotional Balance

Activities included:

- Painting
- Collage
- Card Making
- Beading
- Board Games
- Cards
- Knitting
- Word Search

Quotes from PPRC members:

- "Staff are very kind and respectful."
- "I love coming to PPRC as I always feel better when I leave than what I did when I arrived."

- "Sometimes I worry a lot and I feel more on top of things when I speak to someone at PPRC."
- "When I come to PPRC I do not feel so isolated and alone."
- "I enjoy the company of other people at PPRC. I get very lonely at home sometimes. It helps to quiet the voices."
- "I love coming to do art and I do sometimes listen in to the groups"
- "Coming to the Calming Our Anxiety group is very important to me. It helps me with my anxiety and it gets me out of my house."

West County Community Services – Russian River Empowerment Center



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

In FY 19-20, this program will not utilize MHSAs funding, but will continue through other funding sources.

Total number served in FY 17-18 (aggregate of quarterly reports): **305**

FY 17-18 Demographics:

Age	Percentage	
26 to 59	92.8%	
60+	6.3%	
16 to 25	0.7%	
Missing data	0.3%	

Race/Ethnicity	Percentage	
White	96.7%	
Multiple categories	3.3%	

Language	Percentage	
English	100.0%	

Gender	Percentage	
Male	51.5%	
Female	46.6%	
Another gender identity	2.0%	

Performance Outcomes/Notable Accomplishments in FY 17-18:

Seventeen groups were facilitated and attended by members each month. These groups included:

- Men's group
- Special presentations
- Garden to table
- Air brush
- Radio
- Counseling
- Members meeting
- Check-in
- Jewelry making



This program is designed to stabilize individuals and families in their existing homes, shorten the amount of time that individuals and families stay in shelters, and assist individuals and families with securing affordable housing. Individual case management is provided to help with employment, housing, health care, and other benefits.

In FY 19-20, this program will not utilize MSHA funding, but will continue through other funding sources.

Total number served in FY 17-18 (aggregate of quarterly reports): **384**

FY 17-18 Demographics:

Age	Percentage
26 to 59	51.0%
0 to 15	34.1%
60+	9.4%
16 to 25	5.5%

Race/Ethnicity	Percentage
White	78.6%
Hispanic	13.0%
African American	4.2%
Multi	2.9%
Multiple categories	1.3%

Language	Percentage
English	89.1%
Spanish	10.9%

Gender	Percentage
Female	49.7%
Male	49.7%
Another gender identity	0.5%

Performance Outcomes/Notable Accomplishments in FY 17-18:

- One housing client who was fleeing domestic violence and was able to move to a safer community for her and her family.
- An elder client who was suffering from Post-Traumatic Stress Disorder (PTSD) was able to move to her own small apartment from a difficult shared rental.
- Large food boxes were provided to a number of families from Guerneville and Monte Rio schools.
- One elder client who owned his home was scheduled for surgery with a recovery time of 2 months. WCCS was able to get his mortgage paid for those two months. He was able to recover and keep his home. WCCS helped him with food as well.
- WCCS helped a mother of two fleeing domestic violence to get a job and get into her own home by paying her deposit.
- WCCS, in collaboration with Monte Rio School, was able to house a single mother of four. Together they provided food, clothing, moving help, furnishings and deposit help.
- WCCS gave out bus passes and gas vouchers to many individuals so that they could attend a variety of appointments, including:
 - Job interviews
 - Medical appointments
 - Therapist appointments
 - Social Security appointments

Goodwill Industries of the Redwood Empire – Consumer Relations Program/Peer Education and Training Program



In FY 17-18, the Consumer Relations Program (CRP) provided a consumer perspective in transforming Sonoma County’s mental health system to a recovery vision that was consumer-driven and holistic in its services and supports. CRP collaborated with the DHS-BHD to create awareness of opportunities for involvement in transformational activities to increase knowledge of, and participation in, the development and provision of mental health services. CRP recruited, engaged, supervised and supported consumers as volunteers and interns in mental health agencies and organizations. CRP provided:

- Education
- Employment
- Promotion of mental health system transformation through peer participation in quality improvement activities
- Expanded awareness of mental health recovery to all segments of the mental health community

In FY 18-19, this program was reduced and became the Peer Education and Training (PET) program. The PET program is funded through the Workforce Education and Training (WET) component of MHSA.

Total number served in FY 17-18 (aggregate of quarterly reports): **252**

FY 17-18 Demographics:

Age	Percentage
26 to 59	63.9%
60+	27.0%
16 to 25	7.1%
Missing data	2.0%

Race/Ethnicity	Percentage
White	80.2%
Multi	7.5%
African American	5.2%
Multiple categories	5.2%
Missing data	0.8%
Declined to state	0.8%
Other	0.4%

Language	Percentage
English	97.6%
Another language	1.2%
Missing data	1.2%

Gender	Percentage
Female	70.2%
Male	29.4%
Another gender identity	0.4%

Performance Outcomes/Notable Accomplishments in FY 17-18:

Measure	Total Number
# peers that received notifications of peer employment opportunities via e-mail	70
# peer employment seekers that were able to broaden their job-seeking skills, make decisions regarding applying for jobs, access employment resources, and submit quality application materials to prospective employers	25
# sessions of DHS-BHD peer support specialist support group	19

Measure	Total Number
# sessions of non-DHS-BHD peer employee support group	19
# sessions of training/support group for peer staff at RREC	18

CRP's Peer Support Specialist training included the following topics:

- Mental health recovery and resiliency
- Communication
- Boundaries
- Codependency
- Co-occurring disorders
- Stigma
- Cultural responsiveness
- Crisis intervention and suicide prevention
- Emotional literacy
- Compassion fatigue and job satisfaction
- Wellness Recovery Action Plan
- Post-Traumatic Stress Disorder (PTSD)
- Trauma-informed care
- Self-care
- Advocacy
- Community resources
- Employment in the mental health workforce

The Consumer Education Coordinator (CEC) was able to provide a perspective on peer recovery in a variety of settings, to give input regarding peer community needs, and to participate in a number of projects, including the development of a peer class in Psychiatric Advance Directive/ Mental Health Crisis and Palliative Care planning, improvement of the Crisis Stabilization Unit, and the planning of DHS-BHD's future Peer-run Respite facility. The CEC participated in a great many DHS-BHD collaborative meetings and committees during the course of the fiscal year.

The activities of the Consumer Affairs Coordinator (CAC) included, but were not limited to, the following:

- Participating in DHS-BHD's Quality Improvement (QI) Committee and Steering Committee
- Participating in DHS-BHD's No Place Like Home stakeholder committee
- Informal discussions about mental health issues were undertaken at The Living Room, a day-time, drop-in program for women who are experiencing homelessness. The CAC connected with approximately 20 participants during these discussions.
- Training on peer and self-advocacy issues was offered at the Wellness and Advocacy Center for a First Friday Forum in October 2017.

Outreach and Engagement (OE)

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

The Access Team

In FY 17-18, the DHS-BHD **Access Team** improved access to mental health services for residents of Sonoma County. Individuals seeking care were able to quickly receive a mental health screening and, when needed, assessment and treatment planning and/or referral for appropriate levels of care to the network of mental health services available throughout the county. While the primary purpose of the Access Team was to assist the Medi-Cal beneficiary into care, the Access Team also provided links to other community resources for any caller.

In FY 18-19, the Access Team became the Youth Access Team (funded by the Prevention and Early Intervention [PEI] component) and the Adult Access Team (funded by the Community Services and Supports [CSS] component for the first half of the fiscal year and by the PEI component in the second half of the year).

Total number of clients that were screened by Access Team phone clinicians in FY 17-18: **2,093**

- Adults: **1,539**
- Children: **554**

Total unique clients that were assessed through the Access Team in FY 17-18: **951**

FY 17-18 Demographics:

Age	Percentage	
26 to 59	70.7%	
16 to 25	17.5%	
60+	11.9%	

Race	Percentage	
White	65.4%	
Other Race	12.7%	
Not reported	12.2%	
Black/African-American	5.0%	
Multiple categories	2.7%	
American Indian	1.9%	

Ethnicity	Percentage
Not Hispanic	61.1%
Not reported	17.7%
Hispanic/Latino	17.0%
Unknown	4.2%

Language	Percentage
English	77.0%
Not reported	20.1%
Other language	2.9%

Gender	Percentage
Female	50.5%
Male	49.1%
Another gender identity	0.4%

Community Intervention Program (CIP) / Whole Person Care (WPC)

In April 2018, the DHS-BHD Community Intervention Program (CIP) became the Whole Person Care (WPC) Team. For a program description of WPC, please see page 33.

In FY 17-18 (through March 2018), the purpose of CIP was 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 focused 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

CIP conducted outreach activities where these populations congregated and/or already received other services. They did this by:

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

CIP conducted outreach and engagement activities to identify adults who lived in geographically isolated areas outside of Sonoma County’s service hub of Santa Rosa, and who may have been in need of Specialty Mental Health treatment. CIP leveraged staff from DHS-BHD’s **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. For more information on CMHCs, see page 90.

Total unique clients served by CIP in FY 17-18: **472**

Total number of encounters conducted by CIP in FY 17-18: **838**

[FY 17-18 CIP Demographics \(June-March 2018\):](#)

Age	Percentage	
26 to 59	65.3%	
16 to 25	19.7%	
60+	9.5%	
0 to 15	5.1%	
Unknown	0.4%	

Race	Percentage	
White	44.9%	
Unknown	32.7%	
Multi-racial	15.1%	
Multiple categories	4.5%	
Other	2.7%	
Declined to state	0.2%	

Ethnicity	Percentage	
Not Hispanic	42.4%	
Unknown	34.3%	
Hispanic/Latino	23.3%	

Language	Percentage	
English	86.4%	
Spanish	10.6%	
Unknown language	3.0%	

Gender	Percentage	
Female	54.0%	
Male	45.3%	
Another gender identity	0.6%	

Sexual Orientation	Percentage	
Unknown	66.1%	
Heterosexual	30.3%	
Multiple categories	2.1%	
Another orientation	1.3%	
Declined to state	0.2%	

Total unique clients served by WPC in FY 17-18: **232***

Total number of encounters conducted by WPC in FY 17-18: **472**

*There may be duplication between those served by CIP and WPC in FY 17-18.

FY 17-18 WPC Demographics (April-June 2018):

Age	Percentage	
26 to 59	61.2%	
60+	23.7%	
16 to 25	14.7%	
Unknown	0.4%	

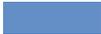
Race	Percentage	
Unknown	54.0%	
White	32.8%	
Multi-racial	7.7%	
Multiple categories	3.8%	
Other	1.7%	

Ethnicity	Percentage	
Unknown	52.2%	

Ethnicity	Percentage	
Not Hispanic	33.2%	
Hispanic/Latino	14.7%	

Language	Percentage	
English	96.1%	
Another language	3.0%	
Unknown language	0.9%	

Gender	Percentage	
Female	57.8%	
Male	41.8%	
Another gender identity	0.4%	

Sexual Orientation	Percentage	
Unknown	83.6%	
Heterosexual	13.4%	
Multiple categories	2.2%	
Declined to state	0.4%	
Other	0.4%	

FY 17-18 Health Fairs Attended by CIP Staff (approximately 1,088 people reached):

Name	Location	Population Reached	Approximate # Reached
2 nd Annual Recovery Resources Fair	Interlink Self-Help Center, Santa Rosa	Children and families	63
Cloverdale Health Fair	Cloverdale	General community	132
Fiesta de Independencia	Luther Burbank Center, Santa Rosa	Latino community	542
Mi Futuro is in Health Care Careers Symposium	Sonoma State University, Rohnert Park	Latino community	255
TransLife Conference	Finley Center, Santa Rosa	LGBTQ Community	96

Community Mental Health Centers (CMHCs)

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

- Guerneville
- Cloverdale
- Petaluma
- Sonoma

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

Total unique clients served in FY 17-18: **363** (319 Treatment, 44 Outreach)*

*There may be some duplication between these two subsets.

FY 17-18 Demographics (Treatment):

Age	Percentage	
26 to 59	69.9%	
60+	21.6%	
16 to 25	8.5%	

Race	Percentage	
White	78.4%	
Other race	11.9%	
Multiple categories	4.7%	
Black/African-American	4.1%	
Not reported	0.9%	

Ethnicity	Percentage	
Not Hispanic	71.2%	
Hispanic/Latino	14.7%	
Not reported	10.7%	
Unknown	3.4%	

Language	Percentage	
English	95.6%	
Other language	3.1%	
Multiple categories	0.9%	
Not reported	0.3%	

Gender	Percentage	
Male	54.9%	
Female	44.8%	
Another gender identity	0.3%	

FY 17-18 Demographics (Outreach):

Age	Percentage	
26 to 59	61.4%	
16 to 25	15.9%	
60+	15.9%	
Unknown	6.8%	

Race	Percentage	
White	58.7%	
Unknown	28.3%	
Another race	13.0%	

Ethnicity	Percentage	
<i>(Data suppressed because of small cell counts)</i>		

Language	Percentage	
English	100.0%	

Gender	Percentage	
Male	52.3%	
Female	47.7%	

Sexual Orientation	Percentage	
Unknown	52.3%	
Heterosexual	45.5%	
Another orientation	2.3%	

Alliance Medical Center (CIP contractor)

In FY 17-18, Alliance Medical Center provided the following types of service, with an emphasis on underserved ethnic and cultural populations:

- Psychiatric consultation, training and education to primary care providers and other providers in the clinics
- Time limited face-to-face psychiatric services, including medication support



This program was discontinued in FY 18-19.

Total number served in FY 17-18 (aggregate of quarterly reports): **39**

FY 17-18 Demographics:

Age	Percentage
26 to 59	73.9%
60+	17.4%
16 to 25	7.9%
0 to 15	0.8%

Race/Ethnicity	Percentage
White	73.9%
Multiple categories	26.1%

Language	Percentage
English	88.4%
Multiple categories	11.6%

Gender	Percentage
Female	59.3%
Male	39.4%
Another gender identity	1.2%

Performance Outcomes/Notable Accomplishments in FY 17-18:

Significant support to patients with severe mental illness has been provided, allowing for patients to avoid hospitalization and instead improve and remain in their community.



In FY 17-18, the Drug Abuse Alternatives Center (DAAC) provided a mental health specialist to deliver the following services:

- Screening of Turning Point Residential Treatment residents for mental health and substance use challenges
- Brief interventions
- Referral to co-occurring disorder groups
- Substance use and mental health education
- Coordination of care with other health providers

This program was discontinued in FY 18-19.

Total number served in FY 17-18 (aggregate of quarterly reports): **329**

FY 17-18 Demographics:

Age	Percentage	
26 to 59	72.3%	
16 to 25	26.1%	
60+	1.5%	

Race/Ethnicity	Percentage	
White	62.9%	
Multi	14.9%	
Hispanic	14.0%	
African American	4.9%	
Multiple categories	2.1%	
Missing data	0.9%	
Other	0.3%	

Language	Percentage	
English	92.1%	
Spanish	7.9%	

Gender	Percentage	
Male	70.2%	
Female	29.2%	
Another gender identity	0.6%	

[Performance Outcomes/Notable Accomplishments in FY 17-18:](#)

In FY 17-18, **138** clients successfully completed treatment in this program.

All clients were seen in Co-occurring Group, meeting 4 times a week. Groups were 1.5 hours in length. Group curriculum was based on Dialectical Behavioral Therapy (DBT) Skills Training, which is endorsed by the Association for Addiction Professionals (NAADAC) as the number one most effective treatment for individuals with co-occurring Substance Abuse Disorders and Developmental Trauma-based Mental Health conditions. In addition, the MHSA-funded Mental Health Specialist co-facilitated the weekly Meditation Group, averaging 15 clients a week.

Some clients were also seen in one-to-one sessions, varying from 1 to 9 times per client. Clients seen individually completed the Adverse Childhood Experiences (ACEs) quiz and K-6 self-assessment instrument.

Clients completing program were referred to after-care resources including:

- Interlink Self-Help Center, including its numerous 12-step and other support groups
- Wellness and Advocacy Center
- DBT & iRest Groups at Brookwood Health Services
- State Department of Rehabilitation
- Various Federally Qualified Health Centers (FQHCs) in the county
- Goodwill Industries of the Redwood Empire

- CP DAAC Outpatient Services
- Veterans Resource Center
- St. Joseph's Mental Health IOP
- Russian River Empowerment Center
- COTS

Petaluma People Services Center (CIP contractor)



In FY 17-18, Petaluma People Services Center (PPSC) co-located mental health services for 26 hours per week at the COTS Mary Isaak Center (MIC), serving as a mental health provider on the client-centered, coordinated care team. PPSC participated in a shelter-based, interdisciplinary team designed to assist with rapid evaluation and brief treatment of patients with a wide range of psychiatric disorders, to improve the ability of shelter staff to manage these disorders, and

to provide referrals. They provided psycho-educational groups and outreach activities to homeless people.

PPSC discontinued this program in FY 18-19.

Total number served in FY 17-18 (aggregate of quarterly reports): **865**

FY 17-18 Demographics:

Age	Percentage
26 to 59	91.0%
60+	5.9%
16 to 25	2.5%
0 to 15	0.3%
Declined to state	0.2%

Race/Ethnicity	Percentage
White	91.8%
Hispanic	3.6%
Multiple categories	1.8%
African American	1.7%
Multi	0.8%
Declined to state	0.2%

Language	Percentage
English	99.9%
Another language	0.1%

Gender	Percentage
Male	50.8%
Female	48.8%
Another gender identity	0.5%

[Performance Outcomes/Notable Accomplishments in FY 17-18:](#)

In FY 17-18, PPSC offered an average of three ongoing open groups a week at various times (morning and afternoon). Multiple methods were utilized, focusing on safety, trauma-informed care and harm reduction. Services also included Cognitive Behavioral Therapy (CBT) interventions to promote change in daily routine and behavior. Case managers at MIC mandated participation in groups as part of the individual action plans. Residents were involved in creating plans in their group as a means of fostering self-guided behavioral plans. Groups included:

- **Seeking Safety Group:** Formulated as an open group meeting on a weekly basis. Consisted of an empirically validated program focusing on Cognitive Behavioral Therapies and interventions that served to assist residents in attaining safety from the effects of trauma and substance abuse.
- **Good Morning Group:** Open-ended group that focused on mindfulness based practices - particularly relaxation, self-control, and affect regulation. Promoted self-care and responsibility for ones feelings, behaviors and actions.
- **Safe Healing and Learning Family Group:** Open ended group. The number of people in the shelter determined attendance at any given time. Group attendance averaged around five people a week. The group focused on communication and parent/child dynamics - particularly around communication. Group also focused on relaxation and play therapy integrated with the needs of the children.

PPSC also provided ongoing short term individual sessions and support focused on harm reduction and solution-focused planning.

Santa Rosa Community Health Centers (CIP contractor)

In FY 17-18, this program utilized an outreach strategy designed 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. Santa Rosa Community Health Centers (SRCHC) provided:



- Psychiatry and associated nursing case management services
- Integrated health services between SRCHC’s mental health and medical services
- A strengthened bi-directional referral process and collaboration between 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

Populations served included underserved populations, specifically undocumented Latinos and individuals who did not have health care coverage.

This program was eliminated in FY 18-19.

Total number served in FY 17-18 (aggregate of quarterly reports): **253**

FY 17-18 Demographics:

Age	Percentage
26 to 59	60.1%
0 to 15	14.6%
16 to 25	13.4%
60+	11.9%

Race/Ethnicity	Percentage
White	62.1%
Hispanic	22.1%
Multiple categories	7.5%
Declined to state	5.9%
Other	2.0%
Multi	0.4%

Language	Percentage
English	87.0%
Spanish	11.9%
Other	1.2%

Gender	Percentage
Male	58.5%
Female	41.5%

Performance Outcomes/Notable Accomplishments in FY 17-18:

The team of psychiatrists actively provided didactics for the Family Medicine Residency program, and continued to develop a more comprehensive mental health curriculum. This program continued to present training materials on the safe management of high-risk medications to primary care staff and trainees at SRCHC. Training also expanded to nursing staff and Family Nurse Practitioner (FNP) residents.

In FY 17-18, this program provided **541** individual psychiatric consultations to clients.

Patients on therapeutic medications received nurse case management services that helped support their mental health outcomes, which was critical for monitoring adherence to treatment plans and their medication regimens. It was very effective for SRCHC to have their Registered Nurse (RN) case management team work in tandem with their County liaison and care coordinator. This was particularly important with linking transitioning services. The SRCHC team began working with Beacon for support around managing step-ups and step-downs for Medi-Cal patients transitioning between SRCHC and the County.

Sonoma County Indian Health Project – Community Programs (CIP contractor)



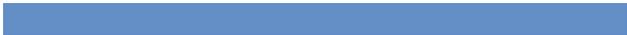
The purpose of this program is to help directly address barriers to access to behavioral health care within the Native American community in Sonoma County. Sonoma County Indian Health Project (SCIHP) will expand mental health services delivery to provide a coordinated system of care to its patients in a manner that increases the availability of integrated mental health, medical, and other social services, and enhances the quality of health care services available with an emphasis on services to underserved ethnic and cultural populations served by SCIHP.

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

In FY 19-20, this program will not utilize MHSA funding, but will continue through other funding sources.

Total number served in FY 17-18 (aggregate of quarterly reports): **317**

[FY 17-18 Demographics:](#)

Age	Percentage	
26 to 59	64.7%	
16 to 25	16.1%	
60+	11.7%	
0 to 15	7.6%	

Race/Ethnicity	Percentage	
Native American	92.1%	
White	4.7%	
Multiple categories	1.6%	
Multi	1.3%	
Missing data	0.3%	

Language	Percentage	
English	100.0%	

Gender	Percentage	
Female	65.6%	
Male	34.4%	

Performance Outcomes/Notable Accomplishments in FY 17-18:

In FY 17-18, there was increased support to SCIHP Primary Care Physicians (PCPs) to treat psychiatric issues from mild to moderate levels of need through psychiatric consultation from County psychiatrists. PCPs leaned more heavily on ASW/LCSWs to provide behavioral supports, outside referrals and consultation. There was an increased quantity of referrals made by SCIHP to the DHS-BHD Access Team, Crisis Stabilization Unit (CSU), and Roseland Pediatrics. This fiscal year saw increased staff satisfaction (LCSW/ASW and Medical PCP) with clearer roles and responsibilities in referral and case management. ASWs oriented more patients to utilize therapeutic tools for symptoms they previously treated primarily with medications.

Measure	Number
# of clients that received psychotherapy services	163
# of referrals and follow-up that were made to Roseland Pediatrics psychiatry services for adolescents	29
# of adult referrals made to Brookwood Health Center or DHS-BHD Access Team	17
# of clients that were provided psychiatric evaluation and medication management	155
# of visits for psychiatric services	348

West County Health Centers (CIP contractor)



Russian River Health Center (RRHC), a clinic of West County Health Centers (WCHC), is designated as a Federally Qualified Health Center in western Sonoma County. RRHC provides primary care, mental health, and dental care to people in the lower Russian River area.

In FY 17-18, the Mental Health Services Act provided funding for a Licensed Clinical Social Worker (LCSW) for RRHC. The purpose of the LCSW at RRHC was to increase access to mental health services to populations identified at high need. These populations included people who:

- Were in geographically isolated communities

- Identified as members of the LGBTQQI community
- Were homeless

This program was eliminated in FY 18-19.

Total number served in FY 17-18 (aggregate of quarterly reports): **342**

FY 17-18 Demographics:

Age	Percentage
26 to 59	61.7%
60+	28.1%
16 to 25	8.5%
0 to 15	1.8%

Race/Ethnicity	Percentage
White	89.5%
Multiple categories	4.7%
Declined to state	2.9%
Multi	1.2%
Other	0.9%
Missing data	0.9%

Language	Percentage
English	99.1%
Another language	0.6%
Missing data	0.3%

Gender	Percentage
Female	62.2%
Male	34.9%
Another gender identity	2.9%

Performance Outcomes/Notable Accomplishments in FY 17-18:

In FY 17-18, WCHC provided crisis resolution services to mentally ill clients. Initial contacts were made through warm hand-offs, screenings, telephone, and referral by providers and staff. These patients were seen for crisis intervention, assessment, information and referral, and ongoing services.

WCHC also provided case management/short term counseling for homeless persons (or those that were potentially homeless) with a history of mental illness. The WCHC provider worked with the primary care providers, members of the care teams, the homeless health care team, and outside partners to ensure access to care, continuity of care, and appropriate follow-up. Crisis and ongoing services included such areas as managing and improving health/chronic conditions, intervention to address symptoms of trauma, interpersonal or family stressors, housing crises, and mood disorders.

Measure	Number
# of initial contacts for crisis resolution services	89
# of visits provided for case management/short term counseling	1,177

Sonoma County Human Services Department – Job Link (CIP contractor)



Job Link provides job search and career development services to Sonoma County residents. Partnering with education, economic development, education and other workforce agencies across the community, Job Link provides workshops, labor market information, monthly job fairs, individualized career prep, and access to money for re-training. The target population for this contract is individuals living with severe and persistent mental illness that are referred by the County of Sonoma Department of Health Services Behavioral Health Division (DHS-

BHD). Job Link supervises qualified staff to serve DHS-BHD clients and provides pre-employment and employment services and other informational groups related to employment to these clients.

In FY 19-20, this program will not utilize MHSA funding, but will continue through other funding sources.

Total number served in FY 17-18 (aggregate of quarterly reports): **313**

FY 17-18 Demographics:

Age	Percentage
26 to 59	57.2%
60+	24.6%
16 to 25	18.2%

Race/Ethnicity	Percentage	
White	70.0%	
Hispanic	10.9%	
Multiple categories	7.7%	
African American	7.3%	
Multi	4.2%	

Language	Percentage	
English	94.6%	
Another language	5.4%	

Gender	Percentage	
Male	53.4%	
Female	46.0%	
Another gender identity	0.6%	

[Performance Outcomes/Notable Accomplishments in FY 17-18:](#)

Job Link offers approximately 20 workshops a month to Job Link clients. Workshops focus on: job search skills, interview skills, resume, soft skills, social media, ex-offender support, obtaining employment in recovery, and self-confidence. The Job Search Preparation and Training (JSPT) workshops are designed to be challenging for the clients. The facilitator and the Job Link counselors provide intensive support for the clients while they are enrolled in the class. It is anticipated that clients will be job-ready when they complete all 7 classes.

Job Link has established a single point of contact for homeless and at-risk clients, many of whom are experiencing mental health issues. This Program Coordinator performs the role greeting these clients and assisting them in engaging with services and resources and also attends monthly Community Development Commission (CDC) Workforce Development Committee meetings to coordinate with other service providers.

Job Link staff have knowledge and experience working with clients regarding their Social Security Insurance (SSI) and Social Security Disability Insurance (SSDI) applications. They assist clients with the initial application and follow the case through the appeal process. Staff will advise clients if they should obtain an attorney to assist them during the hearing phase of the appeal process.

DHS-BHD Older Adult Mental Health Outreach Liaison

In FY 17-18, in collaboration with the Sonoma County Human Services Department’s Adult and Aging Division, the DHS-BHD Older Adult Team identified older adults, age 60 and older, who showed symptoms of depression, serious mental illness, and/or suicidal thinking and provided in-home assessments and care coordination with the DHS-BHD Older Adult Mental Health Outreach Liaison. From peer support to in-home counseling to Specialty Mental Health services, older adults who were interested in receiving support were offered a warm handoff to the appropriate level of care. This partnership enabled older adults the opportunity to live healthier, more connected and fulfilling lives. The DHS-BHD Older Adult Mental Health Outreach Liaison position was vacant in FY 18-19 and is vacant entering FY 19-20.

Total unique clients served in FY 17-18: **58**

FY 17-18 Demographics:

Age	Percentage
60+	100.0%

Race	Percentage
White	91.4%
Another race	6.9%
Unknown	1.7%

Ethnicity	Percentage
<i>(Data suppressed because of small cell counts)</i>	

Language	Percentage
English	100.0%

Gender	Percentage
Male	62.1%
Female	36.2%
Another gender identity	1.7%

Sexual Orientation	Percentage
Unknown	79.3%
Heterosexual	17.2%
Another orientation	3.4%

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

Programs shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness:

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

NOTE: This section of the document contains the initial Three-Year Prevention and Early Intervention Evaluation Report required in WIC Title 9 CCR Section 3560.020. This initial evaluation report includes data from FY 16-17 and 17-18, as per regulations.

Promotion

Activities that focus on public education campaigns for mental health advocacy

California Mental Health Services Authority (CaMHSA)



Many California counties collectively pool local Prevention and Early Intervention (PEI) funds through the California Mental Health Services Authority (CaMHSA) to support the ongoing implementation of the Statewide PEI Project. The Statewide PEI Project is publicly known as Each Mind Matters: California's Mental Health Movement, which represents an umbrella name and vision to amplify individual efforts from the county and other organizations that are taking place across California under a united movement to reduce stigma and discrimination and prevent suicides. The Project provides trainings, presentations, outreach, technical assistance,

dissemination of hardcopy promotional materials, mini-grants and sponsorships, and the Directing Change student film contest.

Performance Outcomes/Notable Accomplishments in FY 16-17 (PEI Evaluation):

In FY 16-17, **21** local county agencies, schools and organizations received outreach materials, a training, technical assistance or a presentation about stigma reduction, suicide prevention and/or student mental health through the collective efforts of all programs implemented under the Statewide PEI Project. Local partners included County agencies, K-12 and school systems, colleges and universities and community based organizations (CBOs).

Trainings: Five (**5**) trainings were provided to **1,108** individuals at community organizations during the 16-17 program year. These trainings included:

- Kognito Suicide Prevention and Mental Health trainings
- School-Based Trainings
- Directing Change Judges Training
- Suicide Prevention Media Messaging Training
- California Community College Student Mental Health Trainings

Presentations: Presentations and conferences to increase knowledge around stigma reduction and suicide prevention were given to over **700** people through “Each Mind Matters”, NAMI’s “Health 101” and NAMI’s “Ending the Silence” presentations.

Outreach/Events: Utilizing the materials from “Each Mind Matters” outreach was provided to approximately **1,000** college students at Santa Rosa Junior College (SRJC) through the Active Mind Chapter events and The Foundation for Junior Colleges.

Newsletters: Seven (**7**) County mental health partner organizations subscribed to the monthly “Each Mind Matters Insiders Newsletter” and received relevant resources and upcoming events to get involved in California’s Mental Health Movement.



Programs implemented under the Statewide PEI Project received numerous accolades from community members who benefitted from these programs. Quotes from local service recipients include:

"My son has depression. My husband died of suicide. All this is good to share with the public. Information is power." - Participant in MH101 Presentation at NAMI Sonoma County

"Items like the proclamation template (in the Suicide Prevention Week Toolkit) are the exact tools that we as a county need to support our efforts." - Amy Faulstich, Sonoma County MHSA Coordinator

For a full report on FY 16-17 activities, see the CalMHSA impact statement in Appendix 4 on page 201.

Performance Outcomes/Notable Accomplishments in FY 17-18 (PEI Evaluation):

In FY 17-18, **6** local county agencies, schools and organizations received outreach materials, a training, technical assistance or a presentation about stigma reduction, suicide prevention and/or student mental health through the collective efforts of all programs implemented under the Statewide PEI Project. Once again, local partners included County agencies, K-12 and school systems, and colleges and universities. The information below provides a comprehensive summary of activities completed during FY 17-18.

Presentations: Two **(2)** Presentations were provided by the EMM Team during the 17-18 year to staff at Sonoma County Behavioral Health, Sonoma County Public Health, and to **40** participants attending the “Challenges of Youth 2018” conference hosted by Sonoma County Office of Education.

Outreach/Events: Outreach was provided to **200** people during the “Challenges of Youth 2018” Sonoma County conference. Approximately **200** counselors, resource staff and principals attended the conference that focused on youth resiliency including bullying, suicide prevention, trauma informed care, and violence prevention.

Technical Assistance: During FY 17-18, the EMM Team provided TA and assistance to Sonoma County Behavioral Health and Sonoma County Indian Health Project regarding national suicide data and modifications to outreach materials.

Dissemination of Hardcopy Materials: Between July 1, 2017 and June 30, 2018, a total of **19,021** physical, hardcopy materials across Each Mind Matters programs and initiatives were disseminated throughout Sonoma County. This included:

- **6,988** Lime Green Promotional Materials
- **8,558** EMM Educational Materials
- **2,420** Know the Signs Educational Materials
- **1,055** Directing Change



Mini Grants and Sponsorships: During FY 17-18 sponsorships of \$250 and \$500 along with toolkits were awarded to the Integrative Medical Clinic Foundation and California Community Colleges Mental Health and Wellness Student Ambassadors.

Media: In Sonoma County, the following news outlets reported on these activities during FY 17-18:

KSRO-FM: Interview: Does Netflix’s “13 Reasons Why” benefit or burden those suffering through thoughts of suicide?

<http://www.ksro.com/2018/05/18/interview-does-netflixs-13-reasons-why-benefit-or-burden-those-suffering-through-thoughts-of-suicide/>

Accolades from community members: Quotes from local service recipients included:

“Thank you for this information. I have sent this to one of our epidemiologists and they are very interested in this data.” - Sonoma County Department of Health Services employee

“I sent these resources [Self Care and Disaster Resources] out to our contractors and staff today. We are all pretty wiped out, but I am so proud of the work we all have been doing, it’s been heartbreaking and inspiring. Thank you always for your support of Sonoma County and for sending these valuable resources when we needed them most.” - Mental Health Services Act Coordinator, Sonoma County Department of Health Services Behavioral Health Division

For a full report on FY 17-18 activities, see the CalMHSA impact statement in Appendix 5 on page 211.

Prevention

A set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. The goal of this Program is to bring about mental health including reduction of the applicable negative outcomes listed in Welfare and Institutions Code Section 5840, subdivision (d) as a result of untreated mental illness for individuals (see page 105) and members of groups or populations whose risk of developing a serious mental illness is greater than average and, as applicable, their parents, caregivers, and other family members.

Action Network – Across Ages and Cultures



A bi-county (Mendocino and Sonoma Counties), substance use, violence prevention coalition committed to strengthening culturally, ethnically, and linguistically diverse youth, families, seniors and the community as a whole through education, direct support services and advocacy. Targets for the program are at-risk and high-risk children, adults, and seniors primarily from Native American Pomo, Hispanic (English and Spanish speaking), Caucasian, and mixed heritage families living in Sonoma County.

Total number served in FY 17-18 (aggregate of quarterly reports): **344**

FY 17-18 Demographics:

Age	Percentage
60+	66.3%

Age	Percentage	
0 to 15	21.5%	
26 to 59	10.8%	
16 to 25	1.5%	

Race/Ethnicity	Percentage	
White	79.7%	
Hispanic	13.4%	
Multi	3.5%	
Other race/ethnicity	3.5%	

Language	Percentage	
English	88.4%	
Spanish	10.5%	
Other language	1.2%	

Gender	Percentage	
Female	63.1%	
Male	36.9%	

[Performance Outcomes/Notable Accomplishments in FY 16-17 \(PEI Evaluation\):](#)

During FY 16-17, Action Network and Coastal Seniors provided mental health outreach and education, assessments, home visiting and youth mentoring to Native youth and adults living on the North Coast. Key outcomes included:

- Implementation of **12** mental health education sessions to seniors on issues of Alzheimer’s disease, memory care, depression and stress.
- Implementation of a suicide prevention forum for seniors
- Provision of home visiting and support to homebound seniors
- **100%** of families served became aware of the Learning through Plan services.
- **90%** of families at the Kashia Pomo Indian Reservation were made aware of program services.
- **100%** of families participating in Bright Beginnings reported they were “quite satisfied” with the program.

Mental health education on dementia, memory loss, and stress were provided to seniors through local senior centers. The materials provided to clients are designed to clarify what dementia is, including causes, symptoms, diagnosis, treatment and prevention. At the mental health education sessions, clients were given the opportunity to ask questions about the topic to broaden their knowledge of the subject. Handouts provided at the memory loss sessions

discussed different forms of exercises that could help a senior improve their memory. The handouts provided at the stress-related sessions, discussed how being aware of stress is an important aspect of mental health for people of all ages, and focused on long-term stress, ways to manage stress, and what to do if feeling overwhelmed.

Parents of youth participants were informed about mental health, substance abuse, suicide prevention, tutoring, health insurance, food stamps, etc. All families became aware of the Learning through Plan services.

90% of families that participated in Community Outreach became aware of Action Network's programs such as: Triple P parenting classes, access to Mental Health, Early Learning programs, tutoring and mentoring, English as a second language, counseling, and anger management.

[Performance Outcomes/Notable Accomplishments in FY 17-18 \(PEI Evaluation\):](#)

During FY 17-18, over **100** youth and **200** adult clients were served through the Action Network and Coastal Seniors programs. Some of the notable accomplishments during this time include:

- QPR training completed in Spanish and English
- Three (**3**) mental health forums to educate high-risk population on suicide signs and risks and to provide local support resources
- **3** community outreach sessions reaching **150** individuals
- ASQ-SE screening and follow up counseling for over **60** Kashia children ages 3-5 years
- Tutoring sessions for high-risk youth

Outreach was provided by Action Network on mental health services and supports through community outreach sessions, a quarterly newsletter, local newspapers and local radio.

Kashia children were screened at the Kashia preschool and received weekly counseling by an on-site behavioral health specialist. Families of preschool children received assessment and referrals to local behavioral health and other mental health services and supports.

Mental health education on dementia, memory loss, and stress were provided to seniors through local senior centers.

Sonoma County Indian Health Project – Aunties and Uncles Project

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

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



Total number served in FY 17-18 (service contacts - duplicated): **2,520**

FY 17-18 Demographics:

Age	Percentage
16 to 25	57.0%
Unknown	24.2%
0 to 15	18.7%

Race/Ethnicity	Percentage
Native American	84.3%
Unknown	14.1%
Hispanic/Latino	1.0%
White	0.5%
Another race/ethnicity	0.1%

Language	Percentage
Unknown	81.0%
English	18.8%
Other	0.2%

Gender	Percentage
Female	48.8%
Male	27.9%

Gender	Percentage
Unknown	23.3%

Performance Outcomes/Notable Accomplishments in FY 16-17 (PEI Evaluation):

During FY 16-17, the program provided outreach, support and cultural revitalization to Native children and young adults ages 0-25. The majority of clients, were between the ages of 16 and 25 years. In partnership with MHS funding, SCIHP Behavioral Health staff were able to take their next step in outreach to underserved tribes. Notable accomplishments during this period included:

- Aunties and Uncles staff organized and facilitated a weekly summer youth program at the Kashia reservation’s Community Center. 14 youth attended a four-week program which provided traditional arts instruction to middle-school aged youth.
- SCIHP Behavioral Health staff led a presentation on traditional regalia facilitating positive social interaction, bridge building and stigma reduction between mental health staff and the Kashia community.
- All SCIHP BH staff attended SCIHP’s 2nd Annual Memorial Gathering and made themselves available for one-on-one sessions during that time. The majority of the 225 Native people who attended the gathering had lost someone to suicide, experienced a recent death in their community, or were there to support a loved one. The event represents a yearly opportunity for the community to heal together, build resiliency, create new relationships and increase the visibility and acceptance of SCIHP’s mental health services.

Performance Outcomes/Notable Accomplishments in FY 17-18 (PEI Evaluation):

During FY 17-18, the SCIHP programs continued to provide outreach, support and cultural revitalization to Native children and young adults. Notable accomplishments during this time include:

- Over **500** community members were reached through outreach strategies regarding community education and tutoring.
- **172** community members received Suicide PEI training
- **12** community members became certified in “Safe Talk” and “Suicide Talk”
- Over **900** clients received PHQ2s
- Over **500** clients received PHQ9s
- Six (**6**) “Talking Circles” were held with native youth at two local high schools
- **25** youth received tutoring support
- **6** new “Aunties and Uncles” were recruited

“Auntie” and “Uncle” mentors introduced themselves to students during After-School Tutoring. The purpose of the introduction was to initiate a twice a month program facilitated by the Aunties and Uncles that will included life skills and cultural revitalization.

Behavioral health was supported through family nights with themes such as “Honoring our Children”. At these family nights, staff LCSWs implemented activities to address mental wellness such as educating parents on how to praise their kids more and criticize them less. They also led youth activities such as teaching emotional literacy through a theatre-based modality.

Community Baptist Church Collaborative



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

- Village Project: A weekly program for children ages 8-13 using a faith-based curriculum that focuses on character building.
- Saturday Academy: A weekly program that features topics of importance to youth of the church and the community.
- Rites of Passage: An eight month program predominantly for youth ages 14-18. This program uses adult mentors (civic and community leaders, elected officials, etc.) to provide youth with life skills to assist with a successful transition into adulthood.
- Safe Harbor Project: Facilitated by African American peers that represent an at-risk population to assist people in dealing with ‘life-disrupting’ events, and to provide education, support and referral using music therapy, gardening, etc.

Total number served in FY 17-18 (service contacts - duplicated): **3,832**

FY 17-18 Demographics:

Age	Percentage	
26 to 59	38.2%	
16 to 25	25.3%	
0 to 15	22.6%	
60+	8.7%	
Unknown	5.2%	

Race/Ethnicity	Percentage	
African American/Black	59.6%	
White	11.8%	
Native American	10.4%	
Hispanic/Latino	6.9%	
Unknown	5.5%	
Multi-Racial	4.6%	
Other	1.3%	

Language	Percentage	
English	90.0%	
Unknown	5.2%	
Other	3.1%	
Spanish	1.7%	

Gender	Percentage	
Female	54.5%	
Male	40.2%	
Unknown	5.2%	

Performance Outcomes/Notable Accomplishments in FY 16-17 (PEI Evaluation):

During FY 16-17, the Program provided training and support services to teens and young adults. Notable accomplishments of the CBC Collaborative during this period included:

- Implementation of QPR (Question, Persuade, Refer) Training for Community Baptist Church Programs. The workshop goals are as follows:
 - Enhance general awareness about suicide
 - Teach the myths and facts about suicide
 - Introduce the warning signs of suicidal thinking and behavior

- Teach three basic intervention skills that can help avert the tragedy of suicide.
- Facilitation of the QPR Certified Gatekeeper Workshops
- Implementation of the Mental Health First Aid (MHFA) Training
- Hosted the African-American Mental Health Conference, “Out of the Darkness to Become the Light” for **75** community and church members. Presenters discussed experiences of the African Americans struggling with mental health and substance use issues, and the effects of discrimination and racism.
- Safe Harbor Project (SHP) offered “Music as Relief” at The Sam Jones Homeless Shelter which is part of Catholic Charities. SHP was invited to perform live music during the dinner hour providing stress reduction. Safe Harbor also performed at the 2017 CIBHS California Cultural Competence Summit in Santa Rosa.

Performance Outcomes/Notable Accomplishments in FY 17-18 (PEI Evaluation):

During FY 17-18, the Program continued to provide training, outreach and support services to teens and young adults. Notable accomplishments during this period included:

- **22** Students completed the 8-month Rites of Passage program
- Implementation of QPR (Question, Persuade, Refer) Training for Community Baptist Church Programs.

The Safe Harbor Project successfully implemented **10** music events targeting young adults.

The Saturday Academy provided weekly workshops to teens on life skills as well as mentoring to youth, ages 7-18, twice weekly.

Latino Service Providers of Sonoma County



Latino Service Providers (LSP) was founded in 1989 by Latino leaders in education, government, and the social service sectors. LSP is currently comprised of over 1,400 members from neighborhood and community groups, mental health programs, public and private health service providers, education, law enforcement, immigration and naturalization agencies, social service agencies, community based organizations, city and county governments, criminal

justice systems, and the business community.

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



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

Total number served in FY 17-18 (service contacts - duplicated): **138,955***

**Includes weekly newsletters sent out to approximately 1,400 people*

FY 17-18 Demographics:

Age	Percentage
Unknown	65.6%
26 to 59	23.5%
16 to 25	7.5%
60+	2.0%
0 to 15	1.0%
Declined to state	0.5%

Race/Ethnicity	Percentage
Hispanic/Latino	55.6%
White	28.4%
Unknown	13.1%
Asian/Pacific Islander	1.1%
Multi-Racial	0.7%
African American/Black	0.3%
Native American	0.3%
Other	0.3%
Declined to state	0.2%

Language	Percentage
Unknown	51.2%

Language	Percentage	
English	34.3%	
Spanish	13.3%	
Other	1.1%	
Declined to state	0.1%	
Chinese	0.1%	

Gender	Percentage	
Female	70.7%	
Male	19.9%	
Unknown	9.2%	
Declined to state	0.1%	
Transgender	0.1%	

[Performance Outcomes/Notable Accomplishments in FY 16-17 \(PEI Evaluation\):](#)

During FY 16-17, LSP provided mental health outreach and education to Latino, bilingual and bicultural service providers, students and community members. Notable accomplishments included:

- Implementation of the “Mi Futuro” Symposium
- Distribution of over **200** bicultural E-Newsletters to members to help increase their knowledge of community and mental health services in Sonoma County.
- Completion of twelve (**12**) 90-minute partnership meetings focused on raising awareness of and access to mental health programs and services.
- Developed and submitted a list of behavioral health workforce development contacts at Bay Area colleges, universities and community colleges to the Behavioral Health Division of Sonoma County.

Over **300** students and young participants between the ages of 16-30 attended the “Mi Futuro” symposium which introduced them to the field of behavior health and primary healthcare through hands-on interactive labs and intimate workshops. The workshops focused on mental health, access to financial aid, mentoring and internships, and careers in behavioral health (mental health and substance abuse bilingual service providers). The event helped raise community awareness of the need for a bilingual mental health workforce. Keynote speakers from UC Davis Center for Reducing Disparities and the Gang Prevention Partnership, along with 28 exhibitors were involved in the day-long event.

LSP’s E-Newsletter has been a consistent source for information exchange within the Latino community and has seen an increase in information coming in for various resources, community events and job and volunteer opportunities. LSP always carries a new member sign in sheet and talks about their newsletter at every community event and monthly meeting.

The LSP attends the North Bay Collaborative meetings in order to raise awareness and network/collaborate with other counties workforce and agencies interested in growing a bilingual workforce.

Performance Outcomes/Notable Accomplishments in FY 17-18 (PEI Evaluation):

During FY 17-18, LSP continued to provide mental health outreach and education to Latino, bilingual and bicultural service providers, students and community members. Notable accomplishments included:

- Conducting twelve **(12)** 90-minute partnership meetings focused on raising awareness of and access to, mental health programs and services.
- Distributing **85** E-Newsletters (Bicultural resource Newsletters) resulting in **32,522** impressions
- Maintaining website for member communication
- Conducting media outreach using Spanish radio, TV, print.
- Conducting presentations at the following community events and meetings:
 - Sonoma Valley Health Fair 8/12/17
 - Los Cien Annual Event 8/25/17
 - Immigration Policy and Services Community Meeting 8/28/17
 - Sonoma State Job and Intern Fair 8/31/17
 - Sonoma County Library Presentation 9/15/17
 - Sabores de Wine Country 9/18/17
 - Immigration Policy and Services Community Meeting 9/20/17
- Participating in North Bay Collaborative meetings

Pre/post surveys indicated that **90%** of presentation participants, “feel comfortable” referring family members and clients, to the agencies introduced by the LSP. Over **90%** of participants reported “feeling comfortable” to partner and collaborate with the “host” agencies, and telling others about the services and program.

LSP attended several community events throughout the year and had a booth at all events with incentives for children and bilingual (English/Spanish) resources and information promoting healthy living efforts. The face to face appearances in the community resulted in a rise in membership signups.

Positive Images



Positive Images (PI) is an agency in Sonoma County serving the unique needs of lesbian, gay, bisexual, transgender, queer, plus (LGBTQ+) youth ages 12 to 24. For the past 25 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 LGBTQ+ youth of color ages 12-24 and their parents and caregivers. The purpose of this work is to reduce disparities in access to mental health services by decreasing stigma focusing on the LGBTQ + population.

Total number served in FY 17-18 (service contacts - duplicated): **6,101**

FY 17-18 Demographics:

Age	Percentage	
Unknown	56.3%	
16 to 25	32.1%	
0 to 15	5.0%	
26 to 59	3.6%	

Age	Percentage
60+	2.9%
Declined to state	0.03%

Race/Ethnicity	Percentage
Unknown	54.9%
White	31.4%
Hispanic/Latino	8.1%
Multi-Racial	2.9%
Declined to state	1.2%
Multiple categories	0.9%
African American/Black	0.3%
Asian/Pacific Islander	0.3%

Language	Percentage
<i>(Not consistently collected)</i>	

Gender	Percentage
Unknown	52.1%
Transgender	30.0%
Female	13.1%
Male	4.8%

[Performance Outcomes/Notable Accomplishments in FY 16-17 \(PEI Evaluation\):](#)

During FY 16-17, Positive Images provided mental health outreach and support services to LGBTQ+ youth clients and collaborated with behavioral health providers. Notable accomplishments included:

- Outreach to over **500** people
- Staff participation at eight (**8**) community events
- Worked collaboratively with numerous trauma-informed care providers
- Implementation of weekly support groups averaging **30** members per week
- Bi-weekly Trans Youth support groups

During FY 16-17, PI completed over **20** panels reaching over **500** people and included: instructors, counselors, medical professionals, students, and community service providers. The panels addressed gender and sexuality, along with social constructs around what it means to be male or female. These panels also discussed the mental health issues in regards to LGBTQ+ young people. Accompanying these panels were resources for participants to use in their places of work.

Throughout the fiscal year, the average attendance of members within the PI support groups was **35**. Approximately **90%** of members are Trans, non-binary, gender non-conforming, or genderqueer identified. Referrals were made by group leaders to wrap around services for those members experiencing higher level of crisis situations.

Performance Outcomes/Notable Accomplishments in FY 17-18 (PEI Evaluation):

During FY 17-18, Positive Images continued to provide mental health outreach and support services to LGBTQ+ youth clients and to collaborate with behavioral health providers. Notable accomplishments included:

- **10** outreach events, reaching over **500** people
- Implementation of weekly support groups averaging **19-32** members per week
- Implementation of Educational presentations to **1,286** individuals to increase understanding of the LGBTQ+ community
- Training of **21** Peer Educators on the following topics:
 - Active Listening
 - Suicide Prevention
 - Depression and Anxiety
 - Providing Effective Feedback
 - Making Referrals
- **32** referrals to community resources and supports

Throughout FY 17-18, PI saw its membership and participation in support groups increase. Thursday Night LGBTQ+ Support Group meetings had an average of **38.2** members, with an average of **2.62** new members attending the support group each week during Q4. In Q4, an Art Jam Support Group was implemented on a weekly basis that focused on peer support and community building through creative expression. Q4 saw hosting of **13** new Art Jams with an average of **5.4** members attending each meeting.

An LGBTQ+ Summit was attended by **226** youth and adults. The Summit was a one-day conference to increase awareness and visibility of the LGBTQ+ community. The Summit included speaker narratives, panels and interactive breakout sessions.

Ongoing outreach engagements by PI included: radio presence on OutBeat Radio, social media campaigns, newsletters, resource sharing, and the PI website.

Throughout FY 17-18, PI participated in community collaborative efforts to build connections within Sonoma County. Collaborations with community members and trauma informed care providers offered new opportunities of visibility for the LGBTQ+ community in Sonoma County.

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



- Council on Aging (COA)
- Jewish Family and Children’s Services (JFCS) (through Calendar Year 2018)
- Petaluma People Services (PPSC)
- West County Community Services (WCCS)

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

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

Total number served in FY 17-18 (aggregate of quarterly reports): **3,276**

FY 17-18 Demographics:

Age	Percentage	
60+	100.0%	

Race/Ethnicity	Percentage	
White	73.9%	
Hispanic	13.5%	
Asian	3.2%	
African American	2.7%	
Other	2.2%	
Native American	1.6%	
Missing data	1.3%	
Multi	0.7%	
Declined to state	0.5%	
Pacific Islander	0.4%	

Language	Percentage
English	83.3%
Spanish	10.5%
Other	4.4%
Missing data	1.3%
Declined to state	0.5%

Gender	Percentage
Female	67.2%
Male	32.4%
Missing data	0.3%
Another gender identity	0.03%
Declined to state	0.03%

[Performance Outcomes/Notable Accomplishments in FY 16-17 \(PEI Evaluation\):](#)

During FY 16-17, the OAC provided outreach, screening, referral, home visiting and other support services to clients ages 60+. Notable Accomplishments include:

- **3,206** depression screenings
- **544** referrals to Mental Health Services
- **440** referrals made to community resources
- **1,469** home visits
- **1,313** support calls

During this period, the OAC was able to significantly exceed all of its outcome targets for Outreach (**143%**), Screening (**145%**), Mental Health Referrals (**234%**), Home Visiting (**394%**), Phone Calls (**221%**), and Community Resource Referrals (**169%**).

[Performance Outcomes/Notable Accomplishments in FY 17-18 \(PEI Evaluation\):](#)

During FY 17-18, the OAC continued to provide outreach, screening, referral, home visiting and other support services to clients aged 60+. Notable accomplishments included:

- **3,304** depression screenings
- **612** referrals to Mental Health Services
- **488** referrals made to community resources
- **1,633** home visits
- **1,231** support calls

During FY 17-18, the OAC was once again successful in reaching over **100%** of its goals for referrals, counseling, screening and home visiting. Clients whose screenings indicated

depression, were referred to a mental health liaison, who connected them with therapy, crisis intervention and peer support.

Project SUCCESS+



The Sonoma County Project SUCCESS+ (Schools Using Coordinated Community Efforts to Strengthen Students) Collaborative was formed to ensure the development and coordination of a countywide prevention and early intervention system of care for adolescents at 16 mainstream and alternative high schools in Sonoma County. Project SUCCESS is an evidence-based student assistance program which was listed as Tier 1 for the Sonoma County Upstream Investments Initiative Portfolio. Enhancements were added to the model with developer input (as Project SUCCESS+) to address a broader spectrum of behavioral health issues, with increasing emphasis on 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.

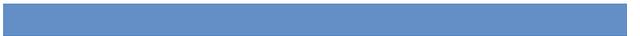
This program was discontinued in FY 18-19.

Total unique individuals served in FY 17-18: **1,013**

FY 17-18 Demographics:

Age	Percentage
16 to 25	57.6%
0 to 15	42.2%
Missing data	0.3%

Race/Ethnicity	Percentage	
White	48.5%	
Hispanic	33.9%	
Native American	3.8%	
Multi	3.7%	
African American	2.7%	
Other	2.3%	
Missing data	1.8%	
Asian	1.5%	
Pacific Islander	1.3%	
Declined to state	0.7%	

Language	Percentage	
English	86.2%	
Spanish	10.7%	
Missing data	1.9%	
Other	1.1%	
Declined to state	0.2%	

Gender	Percentage	
Female	51.1%	
Male	48.2%	
Another gender identity	0.5%	
Missing Data	0.2%	

[Performance Outcomes/Notable Accomplishments in FY 16-17 \(PEI Evaluation\):](#)

During FY 16-17, Project SUCCESS+ provided school and community-based mental health education to students, teachers and parents. Notable accomplishments during this time included:

Implementation of the Prevention Education Series (PES) to **2,710** students. This school-based series presented student information on the following:

- Mental Health Promotion
- Resiliency Stress/Coping Skills
- SOD Risks and Prevention
- “The Other Side of Cannabis” and Marijuana Prevention

Survey data from all participating schools during FY 16-17 revealed that **2,134** of the 2,710 students participating in PES (**78.7%**) reported increasing their knowledge of either Alcohol and Other Drug (AOD) or mental health issues.

School-wide Prevention Activities:

- **54** activities
- **8,755** participants

Parent Engagement Activities:

- **22** activities
- **1,675** participants
- **90%** of parents/guardians completing surveys showed in-creased knowledge of the mental health/AOD prevention topic presented (or about the PS+ program)
- **89%** surveyed showed increased confidence in being able to apply what they learned or in discussing the topic with their children

School Staff Presentations:

- **24** activities
- **641** participants
- **87%** of staff completing surveys showed increased knowledge of the mental health/AOD prevention topic presented (or about the PS+ program)
- **75%** surveyed showed increased confidence in being able to apply what they learned

Overall, **996** participants received individual level interventions and **784** students received individual screenings. **389** students participated in at least three group level interventions. The focus of groups included: Anger Management, Health and Wellness, Coping Skills, Stress and Anxiety Reduction, Social Skills and Study Skills.

[Performance Outcomes/Notable Accomplishments in FY 17-18 \(PEI Evaluation\):](#)

During FY 17-18, Project SUCCESS+ continued to provide school and community-based mental health education to students, teachers and parents. Notable accomplishments during this time included:

School-wide Prevention Activities:

- **69** activities
- **24,045** encounters

Parent Engagement Activities:

- **16** activities
- **976** participants
- **93%** of parents/guardians completing surveys showed in-creased knowledge of the mental health/AOD prevention topic presented (or about the PS+ program)

- **89%** surveyed showed increased confidence in being able to apply what they learned or in discussing the topic with their children

School Staff Presentations:

- **13** activities
- **372** participants
- **89%** of staff completing surveys showed increased knowledge of the mental health/AOD prevention topic presented (or about the PS+ program)
- **82%** surveyed showed increased confidence in being able to apply what they learned

Overall, **901** participants received individual level interventions and **859** students received individual screenings. **277** students participated in at least three group level interventions. The focus of groups included: Anger Management, Health and Wellness, Coping Skills, Stress and Anxiety Reduction, Social Skills and Study Skills.

Santa Rosa Community Health Centers (SRCHC) – Early Childhood Education

In FY 17-18, the goals of the Early Childhood Education program were to:

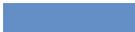
- Ensure earlier access to mental health services, lower the incidence of mental illness and suicide, enhance wellness and resilience, and reduce stigma and discrimination in Sonoma County for children from early childhood through the school years
- Engage children, youth and their parents prior to the development of serious mental illness or serious emotional disturbances and alleviate the need for additional mental health services, or 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)



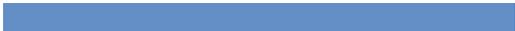
This program was discontinued in FY 18-19.

Total number served in FY 17-18 (aggregate of quarterly reports): **184**

FY 17-18 Demographics:

Age	Percentage	
26 to 59	45.7%	
0 to 15	37.5%	
16 to 25	9.8%	
60+	7.1%	

Race/Ethnicity	Percentage	
Hispanic	66.3%	
White	28.3%	
Multiple categories	3.8%	
Other	1.1%	
Declined to state	0.5%	

Language	Percentage	
Spanish	54.9%	
English	45.1%	

Gender	Percentage	
Female	65.8%	
Male	34.2%	

[Performance Outcomes/Notable Accomplishments in FY 16-17 \(PEI Evaluation\):](#)

During FY 16-17, SRCHC provided bilingual (English/Spanish) parenting support and behavioral health education and outreach to youth and adults. Notable accomplishments during this time included:

- Expansion of Triple P to the Vista Family Health Center
- Implementation of two, Triple P Spanish-language series at Roseland Pediatrics
- Integration of Triple P into medical visits within the Lombardi Clinic
- Parent self-report of increased confidence in utilizing new parenting strategies
- Increase in PCIT enrollment throughout area preschools

Throughout the year, Santa Rosa Community Health Centers attended numerous community mental health provider meetings, including the Teen Health Advisory Coalition, Latino Service Providers meeting, Partnership Operations Team (formerly Mayor’s Gang Task Force), and the Homeless Youth Task Force.

Behavioral health education and service information was provided to youth through school presentations at Elsie Allen High School, Amarosa High School, Ridgway High School, Wright School, Piner High School, Northwest Prep, a conference put on by M.E.Ch.A., and Sonoma

County Office of Education's Special Education. School presentations included mental health services information.

At its Elsie Allen Health Center, based at Elsie Allen High School, SRCHC provided a Coping Skills Group that is a once a week drop-in co-education group, as well as Yoga for Teens twice a week.

A Teen Advocacy Group (TAG) met weekly throughout the year, providing youth support in Life Skills, including having a presentation from Verity, HIV/AIDS 101, yoga, a presentation by Redwood Credit Union, and the Women's Study Program, among others.

[Performance Outcomes/Notable Accomplishments in FY 17-18 \(PEI Evaluation\):](#)

During FY 17-18, SRCHC provided bilingual (English/Spanish) parenting support and behavioral health education and support to Latino youth and adults. Notable accomplishments during this time included:

Implementation of bilingual support groups including:

- Mujeres Unidas – An empowerment support group for women who have experienced violent or coercive relationships.
- Cuidense Bien – A Spanish-language stress-management support group that pairs with somatic therapy (yoga) to help with stress-related emotional and/or physical complaints.
- Yoga Familiar – Same as above group but including children older than 10. Taught mostly in Spanish but welcoming English speakers as well.
- Teen Group – A support group for teens held at Elsie Allen Teen Clinic

The wildfires in early October disrupted all services across Santa Rosa Community Health. With the loss of its largest campus (Vista), almost all non-clinical services were put on hold or moved out of their locations in order to serve the pressing medical and mental health needs of its patients. Vista Campus served 24,000 of its 50,000 patients and was the work home for 180 employees.

During the first quarter in which the fire took place, SRCHC managed to fit 2.5x the usual number of staff and patients into its oldest clinic, Lombardi, in an effort to keep patients treated and our staff employed. Despite the disruption, SRCHC maintained 80 – 90% of its capacity.

One accomplishment in the mental health sphere was creating space for individual therapy in former program offices at the Dental Campus. No group rooms were available anywhere.

One of the results of the October fires, was that SRCHC ceased to offer Triple P classes to clients. Many of the providers who were trained in Triple P continued to utilize the principles

and the tip sheets. Lombardi Clinic offered clients a Triple P-informed drop-in group appointment in Spanish for parenting support.

At its Pediatrics clinic, SRCHC therapists received training in Circle of Security, another method of parenting support that is more easily tailored to the primary care setting.

Throughout the year, SRCH presented the evidence-based curriculum Making Proud Choices in Santa Rosa high schools and youth-serving agencies. In Quarter 4 alone, the agency reached over **500** youth and transition-age youth (TAY) between the ages of 14-24 in seven **(7)** high schools.

A workbook was created and distributed to youth through Making Proud Choices that includes local resources for health, behavioral health, and mental health, including warm and hot lines, such as Trans Lifeline and Verity (a local sexual assault support agency).

Alexander Valley Healthcare



Alexander Valley Healthcare implemented and supported the Pediatric Screening Checklist (PSC) to promote prevention, detection, and intervention of mental and/or emotional disorders in children ages 5-18. The PSC was administered in the exam room by support staff in preparation for the physician. If the PSC was positive, the clinician pursued a brief interview of the child’s major areas of functioning (school, family, activities, friends, and mood). If the brief interview supported the PSC findings, the clinician would then decide whether a referral for behavioral health services was indicated.

This program was discontinued in FY 18-19.

Total number served in FY 17-18: **3,694**

FY 17-18 Demographics (by Age):

Number screened	Percentage	
12-19 years	53.0%	
5-11 years	47.0%	

Number seen by BH*	Percentage	
5-11 years	52.4%	
12-19 years	47.6%	

*Number of children seen by Alexander Valley Healthcare’s Behavioral Health staff (psychologist or LCSW)

Performance Outcomes/Notable Accomplishments in FY 16-17 (PEI Evaluation):

- Screening of **3,561** children and teens
- Mental health referrals made to **291** children and teens

Performance Outcomes/Notable Accomplishments in FY 17-18 (PEI Evaluation):

- Screening of **3,694** children and teens
- Mental health referrals made to **563** children and teens

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



Goodwill
Redwood Empire

The Peer Warmline Connection of Sonoma County program provided compassionate and culturally appropriate services to consumers of mental health services. The Warmline was a peer-run program that was administratively

controlled and operated by mental health consumers and emphasized self-help as its operational approach. The focus of the Warmline was to provide a telephone connection for people with mental health challenges who were isolated in their homes, felt the need to speak with another consumer about a variety of issues related to their mental health and/or were requesting information about a County resource in or out of the mental health system. The Warmline provided individuals with the opportunity to talk through their situations, vent their feelings, or make a connection that reduced their feelings of isolation.

This program was discontinued in FY 18-19.

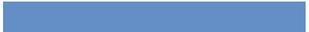
Total number served in FY 17-18 (service contacts - duplicated): **3,175**

FY 17-18 Demographics:

Age	Percentage
Unknown	41.7%
26 to 59	28.0%
60+	22.5%
Declined to state	7.1%
16 to 25	0.7%

Race/Ethnicity	Percentage	
White	37.2%	
Unknown	32.6%	
Hispanic/Latino	12.0%	
Declined to state	7.1%	
Asian/Pacific Islander	4.3%	
African American/Black	3.6%	
Multi-Racial	2.4%	
Native American	0.7%	
Other	0.03%	

Language	Percentage	
English	49.9%	
Unknown	41.8%	
Declined to state	7.1%	
Another language	1.3%	

Gender	Percentage	
Unknown	41.8%	
Male	30.6%	
Female	20.3%	
Declined to state	7.1%	
Another gender identity	0.2%	

Performance Outcomes/Notable Accomplishments in FY 16-17 (PEI Evaluation):

During FY 16-17, Goodwill’s Warmline provided telephone support, connection and resources to community members facing mental health challenges. Notable accomplishments included:

- Approximately **30-35%** of callers to the Warmline reported that they would have otherwise utilized the ER/CSU or mental health provider if the Warmline had not available to them
- **36%** of callers reported they would not have called anyone else
- Close to **100%** of callers reported feeling “somewhat” to “much less” isolated following their call.

The Warmline continued to expand as a viable option for people seeking support, connection to resources or just someone to talk to. The past year saw a dramatic reduction in the need for crisis response among callers. Need was being shifted from mental health mental providers

(**23.6%**) and friends and family (**18.2%**). The Warmline seemed to be alleviating some of the community impact on mental health services, therefore reducing costs.

Performance Outcomes/Notable Accomplishments in FY 17-18 (PEI Evaluation):

During FY 17-18, Goodwill’s Warmline continued to provide telephone support, connection and resources to community members facing mental health challenges. Notable accomplishments included:

- Approximately **25%** of callers to the Warmline reported that they would have otherwise utilized the ER/CSU or mental health provider if the Warmline had not available to them
- Close to **100%** of callers reported feeling “somewhat” to “much less” isolated following their call.
- A new peer support operator was hired, trained, and began answering calls in the beginning of February. Call volumes began to increase and less calls went unanswered.

Warmline staff report a steady base of repeat callers who have made the Warmline part of their support system. Nearly **100%** of callers who answered the pre/post survey indicated that they felt “somewhat” to “much more” supported following each of their call sessions.

There was a dramatic reduction during FY 17-18 in the number of callers who reported that they might have called the ER or CSU instead of the Warmline. This may indicate that many callers were turning to the Warmline before they were in crisis, thereby reducing the need for crisis response in the community. All this would indicate that callers were often utilizing the Warmline as an alternative to other mental health services.

NAMI Sonoma County – Family Based Advocacy and Support Services for CAPE & TAY Teams



In FY 17-18, the National Alliance on Mental Illness (NAMI) Sonoma County partnered with the County’s Transition Age Youth (TAY) and Crisis Assessment, Prevention and Education (CAPE) teams and, utilizing the NAMI Warmline model,

provided follow-up and guidance to family members and caregivers who had a child (age 16-25) experiencing a mental health challenge.

This program was discontinued in FY 18-19.

Total number served in FY 17-18 (aggregate of quarterly reports): **48**

FY 17-18 Demographics:

Age	Percentage	
26 to 59	68.8%	
Missing data	20.8%	
60+	8.3%	
16 to 25	2.1%	

Race/Ethnicity	Percentage	
Hispanic	43.8%	
White	25.0%	
Missing data	22.9%	
Multiple categories	6.3%	
Multi	2.1%	

Language	Percentage	
English	70.8%	
Spanish	27.1%	
Missing data	2.1%	

Gender	Percentage	
Female	70.8%	
Male	20.8%	
Missing data	8.3%	

[Performance Outcomes/Notable Accomplishments in FY 16-17 \(PEI Evaluation\):](#)

During FY 16-17, NAMI Sonoma County provided family based advocacy, education and support services to families & caregivers of family members experiencing first onset of a serious psychiatric illness. NAMI services include Warmline calls, support groups and educational classes for families. NAMI services include telephone support, family support groups, peer support groups, educational classes and community referrals. Notable accomplishments included:

- Service to **75** new families referred by the Crisis Assessment, Prevention and Education (CAPE) team and **14** new families were referred from the TAY team.
- **89** individuals and their families were provided **465** services by NAMI including telephone support, family support groups and/or community referrals
- Top community referrals included: mental health services, community support for family and youth and mental health educational resources.

The NAMI Peer and Family Support Manager receives referrals after the CAPE team has been in contact with an individual and family in crisis or from clinicians of the TAY program to provide additional support and resources to the families that are receiving TAY services.

Performance Outcomes/Notable Accomplishments in FY 17-18 (PEI Evaluation):

During FY 17-18, NAMI Sonoma County provided follow-up education, support and referrals to individuals and their families facing mental health crisis. NAMI services include telephone support, family support groups, peer support groups, educational classes and community referrals. Notable accomplishments included:

- Service to **47** new families referred by the Crisis Assessment, Prevention and Education (CAPE) team
- **47** individuals and their families were provided **335** services by NAMI including telephone support, support groups and/or community referrals.
- After engaging with NAMI, approximately **40%** of families indicated that their family member was no longer in crisis.
- Top community referrals included: mental health services, community support for family and youth and educational resources

Upon contact, staff referred family members to NAMI Sonoma County's Signature Programs: Family Support Groups (offered in English), Family-to-Family educational classes (offered in English), and Connection Support Groups (for peers). They also provided referrals to resources in the community beyond NAMI's programs as appropriate.

NAMI provided referrals for parents, stepparents, guardians, foster parents, and grandparents of individuals facing mental health challenges. Upon referral, NAMI staff reached out to the designated family members to offer them educational information related to mental health and to provide support through empathetic listening.

Depending on need, NAMI provided three to four sessions with the individual referred. All referred families were encouraged to reach out to NAMI as needed.

Early Intervention

Treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the applicable negative outcomes listed in Welfare and Institutions Code Section 5840, subdivision (d) that may result from untreated mental illness (see page 105).

Crisis Assessment, Prevention and Education (CAPE) Team

In FY 17-18, the CAPE Team provided services targeting transition age youth (16-25) at risk of or experiencing first onset of mental illness. The CAPE Team was staffed by County of Sonoma Department of Health Services Behavioral Health Division (DHS-BHD) licensed and license-eligible mental health clinicians. Services were located in Sonoma County high schools and Santa Rosa Junior College. The CAPE Team provided:

- Mobile response in schools by licensed mental health clinicians with youth who may have been 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



This program was reduced in FY 18-19 to only provide mobile response to youth in Sonoma County high schools that were experiencing a mental health crisis and to participate on crisis teams at Santa Rosa Junior College, Family Justice Center, VOICES and Positive Images. The program was eliminated beginning in FY 19-20.

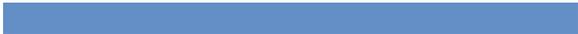
Total number of unique clients served in FY 17-18 (client-level services): **379**

Total number of individuals receiving QPR (Question, Persuade, Refer) suicide prevention training in FY 17-18: **2,516**

FY 17-18 Demographics:

Age	Percentage	
16 to 25	57.3%	
0 to 15	40.9%	
26 to 59	1.1%	
Unknown	0.8%	

Race	Percentage	
White	37.2%	
Unknown	27.9%	
Other	13.6%	
Multi-Racial	10.8%	
Asian/Pacific Islander	4.5%	
Native American	3.0%	
Black/African-American	2.8%	
Declined to state	0.3%	

Ethnicity	Percentage	
Not Hispanic	45.1%	
Hispanic/Latino	41.7%	
Unknown	12.9%	
Declined to state	0.3%	

Language	Percentage	
English	96.6%	
Another language	2.6%	
Unknown language	0.8%	

Gender	Percentage	
Female	59.6%	
Male	37.7%	
Another gender identity	1.8%	
Unknown	0.8%	

Sexual Orientation	Percentage	
Unknown	50.4%	
Heterosexual	35.9%	
Another orientation	6.3%	
Bisexual	5.3%	
Declined to state	2.1%	

[Performance Outcomes/Notable Accomplishments in FY 16-17 \(PEI Evaluation\):](#)

During FY 16-17, the CAPE Team provided crisis intervention to youth and young adults and behavioral health training and education to students, teachers and other service professionals working with youth and crisis intervention. Notable accomplishments included:

- **512** unduplicated clients served
- **2,180** encounters with clients
- **4,413** trained in QPR (Question, Persuade, Refer)

The CAPE Team was staffed by Sonoma County Behavioral Health licensed and license-eligible mental health clinicians who provide crisis response and training health mental health issues at fifteen Sonoma County high schools, two colleges, and two CBOs.

During FY 16-17, the CAPE Team provided the following training at area high schools, colleges and CBOs:

- 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
- YMHFA (Youth Mental Health First Aid) - For adults assisting young people

QPR trainees consistently report a significant increase in their knowledge of areas such as facts concerning suicide prevention, warning signs of suicide, how to ask someone about suicide, and information about local resources for help with suicide, among others.

For the full QPR outcomes report for FY 16-17, see Appendix 6 on page 219.

[Performance Outcomes/Notable Accomplishments in FY 17-18 \(PEI Evaluation\):](#)

During FY 17-18, the CAPE Team continued to provide crisis intervention to youth and young adults and behavioral health training and education to students, teachers and other service professionals working with youth and crisis intervention. Notable accomplishments included:

- **2,516** trained in QPR (Question, Persuade, Refer)
- **38.1%** point increase in participant knowledge of suicide and suicide prevention following implementation of QPR
- **23.6%** point increase in participants who report post-training that they will “always” intervene when they suspect suicidality

Pre/post surveys of QPR participants indicates significant increases in participants knowledge of suicide and suicide prevention including knowledge of “warning signs”, knowledge of local suicide prevention resources and comfort with talking about suicide. While only **17.7%** of QPR training participants indicated a “high” level of knowledge and understanding of suicide and

suicide prevention prior to receiving QPR, this percentage increased to **55.8%** following the training.

For the full QPR outcomes report for FY 17-18, see Appendix 7 on page 224.

Early Childhood Mental Health (0-5) Collaborative



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

- Child Parent Institute
- Early Learning Institute
- Petaluma People Services Center
- Jewish Family and Children’s Services (program ended in FY 16-17)

Performance Outcomes/Notable Accomplishments in FY 16-17 (PEI Evaluation):

During FY 16-17, MHSAs-PEI 0-5 achieved several key goals at the program level. Notable accomplishments included:

- **Over 1,000 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.
- **Decrease in children exhibiting difficult behaviors:** Children in families receiving Triple P Levels 4 and 5 showed substantial improvement, exhibiting a decrease in difficult behaviors as measured by the ECBI.
- **More than 480 children were screened and referred for further assessment:** MHSAs-PEI 0-5 grantees used the ASQ-3 and ASQ:SE-2 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 guide families to resources.

An evaluation of the four grantees completed by Learning For Action in March 2018 (see Appendix 9 on page 236), identified the following opportunities for strengthening the 0-5 Collaborative:

- **Leverage the knowledge of ACEs and trauma-informed care to support community recovery efforts:** With experience training community partners, grantees can continue to support trauma-informed practices to ensure families and children are supported. As families recover from the wildfires, grantees continue to provide referrals and connections to community partners to improve family functioning and resiliency.
- **Seek innovative funding:** As community needs continue to shift, funding is needed to sustain the delivery of effective services. In partnership with First 5, MHSA grantees can leverage the collaborative to identify and pursue additional sources of funding to continue meeting the needs of children and families in Sonoma County.
- **Continue to support addressing families' unmet basic needs before connecting with treatment services:** Grantees are well-connected to community support services to improve family stability, and can help to connect families with the supports they need to meet urgent needs and relieve key stressors in their lives.

Performance Outcomes/Notable Accomplishments in FY 17-18 (PEI Evaluation):

During FY 17-18, MHSA-PEI 0-5 achieved several key goals at the program level. Notable accomplishments included:

- **1,647** children and parents received MHSA-PEI 0-5 services
- **808** children screened/rescreened for developmental delays
- **75** parents/caregivers participated in services for Perinatal Mood Disorder
- **471** parents/caregivers participated in Triple P Level 2 Seminars and Level 3 Discussion Groups and Primary Care Consultations
- **82** parents/caregivers participated in Triple P Level 4/5 Individual Services
- **57** parents/caregivers and children participated in the PEAS program

In Spring 2018, First 5 Sonoma County and MHSA grantees supported recovery efforts following the wildfires in Sonoma County. The agencies observed behavioral impacts in families and developmental regressions in children in the aftermath of the fires. Rates of child abuse or neglect increased by 35% in the 12 months after the fire, and 44% of early care and education providers noted increased anxiety and fears in children.

“Families have been under a lot of stress because of relocation,” shared one of the MHSA grantee staff. “Our services have helped families feel they have some strategies to deal with stress.”

Additionally, the wildfires exacerbated the homelessness and housing instability crisis in the County. MHSA grantees' commitment to providing accessible services has meant going to where families are, including into shelters. MHSA grantees offered crisis counseling, resource navigation, and disaster preparedness and recovery education to affected families. First 5 Sonoma County supported these fire-recovery efforts by: providing grants to organizations serving fire-affected families; facilitating resource distribution; organizing trauma response trainings; and creating space in the Collaborative meetings for providers to discuss, align, and coordinate their efforts. One example of the support that First 5 Sonoma County provided was

a trauma-informed training for parents and providers about how to best meet children’s emotional and behavioral needs and support parents after the fires.

For more information, see the FY 17-18 Evaluation Brief in Appendix 10 on page 276.

Child Parent Institute – 0-5 Collaborative



The Child Parent Institute (CPI) participates in a community continuum of care, which includes screening, intervention, and support strategies, serves children and caregivers, and establishes a framework for success beyond a single program or strategy. CPI provides:

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

Total number served in FY 17-18 (aggregate of quarterly reports): **508**

FY 17-18 Demographics:

Age	Percentage
0 to 15	43.7%
26 to 59	26.2%
Missing data	21.1%
16 to 25	8.9%
60+	0.2%

Race/Ethnicity	Percentage
Hispanic	52.6%
White	21.5%
Missing data	18.1%
Multiple categories	3.3%
Multi	3.0%
Declined to state	1.0%
Other	0.6%

Language	Percentage
English	50.2%
Spanish	43.9%
Missing data	4.3%
Other	1.6%

Gender	Percentage
Female	52.6%
Male	45.9%
Missing data	1.6%

Performance Outcomes/Notable Accomplishments in FY 16-17 (PEI Evaluation):

During FY 16-17, the Child Parent Institute provided screening, intervention, and support strategies, for children and caregivers. Notable accomplishments included:

- **152** families received Triple P services
- **40** families received Level 3 Triple P services
- **112** families received Levels 4/5
- **4** families received Level 5
- **34** children received periodic developmental and social emotional screening
- **6** children were referred for further assessment

- **49** women were identified with Perinatal Mood Disorder (PMD) and were provided case management and treatment services
- **10** high risk families received brief consultations and were referred appropriately for mental health services

Performance Outcomes/Notable Accomplishments in FY 17-18 (PEI Evaluation):

During FY 17-18, the Child Parent Institute provided screening, intervention, and support strategies, for children and caregivers. Notable accomplishments included:

- **12** families received Level 3 Triple P services
- **97** families received Level 4 Triple P services
- **5** families received Level 5 Triple P services
- **69** women received perinatal mood disorder services

Early Learning Institute – 0-5 Collaborative

The Early Learning Institute’s Watch Me Grow (WGM) program will serve families of children ages birth through five across Sonoma County by:

- Providing comprehensive screenings to at-risk children who would otherwise not receive them
- Providing case management and referral assistance to families of children ages 0-5 for whom a screening identifies potential problems



Total number served in FY 17-18 (aggregate of quarterly reports): **2,653**

FY 17-18 Demographics:

Age	Percentage
0 to 15	41.0%
26 to 59	32.8%
Missing data	19.6%
16 to 25	6.3%
60+	0.2%

Race/Ethnicity	Percentage
Hispanic	57.8%
White	31.4%
Multi	3.5%

Race/Ethnicity	Percentage
Missing data	2.5%
Other	2.2%
Asian	1.0%
Native American	0.9%
African American	0.7%

Language	Percentage
English	57.4%
Spanish	41.5%
Missing data	0.6%
Other	0.5%

Gender	Percentage
Female	52.5%
Male	47.5%

[Performance Outcomes/Notable Accomplishments in FY 16-17 \(PEI Evaluation\):](#)

During FY 16-17, the Early Learning Institute (ELI) provided comprehensive screening for at-risk children, case management and referral, mental health support and positive parenting education. Notable accomplishments included:

- **418** children were given a periodic developmental and social emotional screening for the first time, using ASQ 3 and ASQ-S/E
- **434** children were rescreened
- **394** at risk families received case management and/or facilitated referrals
- **987** families received support/information to access services (navigation services)
- **44** individuals received either Triple P services, or Parenting Education and Support (PEAS), or both
- **72%** of individuals receiving PEAS services reported a decrease in score on the Parental Stress Index

ELI and the WMG program work with a variety of community partners each year to help implement screenings. They have worked in collaboration with Redwood Community Health Coalition, and CAP Sonoma to help them implement a screening program and/or assist in how to navigate abnormal screening results towards community programs.

ELI sees itself as a bridge between systems. As one of the few programs in the community that cross the medical/developmental/mental health boundaries, they receive referrals from each of these domains, and make referrals out to each of the domains.

Performance Outcomes/Notable Accomplishments in FY 17-18 (PEI Evaluation):

During FY 17-18, the Early Learning Institute (ELI) continued to provide comprehensive screening for at-risk children, case management and referral, mental health support and positive parenting education. Notable accomplishments included:

- **2,587** services provided to children and families
- **401** children were given a periodic developmental and social emotional screening for the first time, using ASQ 3 and ASQ-S/E
- **536** children were rescreened
- **373** at risk families received case management and/or facilitated referrals
- **876** families received referrals and information on accessing services

Screenings, facilitated referrals and re-screens are an integral part of ELI and the WMG program. It builds cohesiveness to systems of care that generally run in different arenas. Screenings are a great first step into the social-emotional and developmental health of a child. Referrals to potential programs is the second step. This allows the child and family to work on areas that the child may need support around. The re-screening is the "icing on the cake;" it allows for follow-through. Did the service get followed-up on, did the parent find it helpful? Does the family need additional supports?

The system of care for young children can be complex. A referral may come to WMG from the doctor's office for behavioral concerns. The screening may reveal that the child has a speech delay and is acting out due to not being understood. The facilitated referral may then be to Early Start or the school district for an evaluation. The re-screen in turn, may show that the behaviors decreased when the child started talking, or that there continues to be some behavioral concerns, and a referral to mental health or parent education can be made. Medical, developmental, educational and behavioral health systems all have different requirements to qualify for services, different funding sources, and different HIPAA regulations. Helping families navigate the variety of systems and following-up with the families is a strength of the WMG program.

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



The Jewish Family and Children's Services (JFCS) Parents Place program provided a range of services that addressed the psycho-social and early intervention needs of Sonoma County children 0-5 who exhibited challenging behaviors that were difficult to understand or manage, and that could lead to difficulties at home, school or in the community. This program also provided early intervention educational services to parents and caregivers to ameliorate the

problems in the children.

This program ended in FY 16-17.

Total number served in FY 16-17 (aggregate of quarterly reports): **501**

Performance Outcomes/Notable Accomplishments in FY 16-17 (PEI Evaluation):

During FY 16-17, JFCS provided comprehensive psychological assessment, developmental and emotional screening and positive parenting education. Notable accomplishments included:

- **9** psychological assessments completed for children 0-5
- **15** Level 2 Triple P seminars offered (**138** attendees)
- **111** families received Level 3, 4, or 5 Triple P services
- **89** individuals served in Level 3 Triple P Discussion Groups
- **9** individuals served in Level 3 Individual Sessions
- **13** individuals served in Level 4 or 5 Triple P services
- **3** children received developmental and social/emotional screening, using ASQ-3 and ASQ:SE-2

Petaluma People Services Center – 0-5 Collaborative



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

Total number served in FY 17-18 (aggregate of quarterly reports): **175**

FY 17-18 Demographics:

Age	Percentage	
0 to 15	60.0%	
26 to 59	32.0%	
16 to 25	5.1%	
60+	2.9%	

Race/Ethnicity	Percentage	
Hispanic	87.4%	
White	8.0%	
Multiple categories	3.4%	
Other	1.1%	

Language	Percentage	
Spanish	84.6%	
English	15.4%	

Gender	Percentage	
Female	61.7%	
Male	37.7%	
Missing data	0.6%	

Performance Outcomes/Notable Accomplishments in FY 16-17 (PEI Evaluation):

During FY 16-17, Petaluma Peoples Services Center provided social/emotional and developmental screening, referral and treatment services for perinatal mood disorder (PMD), and positive parenting education through Triple P. Notable accomplishments included:

- **27** children received social/emotional and developmental screening, using ASQ-3 or ASQ:SE-2
- **47** individuals received Triple P services, including **7** individuals in Level 4 Group Sessions and **37** individuals in Level 4 or 5 Individual Sessions
- **1** woman received treatment services for (PMD)

Performance Outcomes/Notable Accomplishments in FY 17-18 (PEI Evaluation):

During FY 17-18, PPSC continued to provide social/emotional and developmental screening, referral and treatment services for perinatal mood disorder (PMD), and positive parenting education through Triple P. Notable accomplishments included:

- **8** Level 2 Triple P seminars implemented

- **121** parents/caregivers attended Level 2 Triple P seminars
- **34** parents/caregivers attended Level 3 Triple P groups
- **114** parents/caregivers received Level 4/5 individual sessions

Outreach for Increasing Recognition of Early Signs of Mental Illness

A process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness

The requirements for this category are fulfilled by elements of programs from the Community Services and Supports component – in particular, the Mobile Support Team and the Crisis Intervention Training (CIT) conducted biannually with local law enforcement personnel.

Access and Linkage to Treatment

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

In FY 18-19, the Youth and Adult Access Teams became funded by the Prevention and Early Intervention component, meeting the requirements of this category.

Stigma and Discrimination Reduction

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



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

Total number served in FY 17-18 (service contacts - duplicated): **1,989**

FY 17-18 Demographics:

Age	Percentage
Unknown	44.4%
16 to 25	38.7%
26 to 59	15.0%
60+	1.0%
Declined to state	0.8%
0 to 15	0.2%

Race/Ethnicity	Percentage
Unknown	44.3%
White	21.9%
Hispanic/Latino	18.6%
Asian/Pacific Islander	4.7%
Multi-Racial	4.7%
African American/Black	3.1%
Native American	1.4%
Declined to state	0.8%
Other	0.7%

Language	Percentage
Unknown	51.2%
English	39.8%
Spanish	6.8%
Other	1.4%
Multiple categories	0.5%
Declined to state	0.4%

Gender	Percentage
Unknown	43.9%
Female	34.0%
Male	21.2%
Declined to state	0.7%
Another gender identity	0.3%

[Performance Outcomes/Notable Accomplishments in FY 16-17 \(PEI Evaluation\):](#)

During FY 16-17, the Santa Rosa Junior College (SRJC) Crisis Intervention Resource Team (CIRT) and its PEERS network of student interns worked with Student Health Services’ staff in addressing priority needs of SRJC students through QPR (Question, Persuade, Refer) suicide prevention training, outreach activities, psycho educational classroom interventions, individual assessments, referrals and widespread community collaboration with mental health providers and other supports. Notable accomplishments included:

- **436** students and staff received QPR Suicide Prevention training
- **432** students received anonymous online mental health screenings
- **469** students attended a PEERS workshop.
- PEERS hosted an Each Mind Matters event on each campus during the month of May, engaging **50** students on the Petaluma campus, and **152** in Santa Rosa.

- PEERS hosted suicide prevention advocate Kevin Berthia as a guest speaker for their October PEERS workshop. **275** students, staff and community members gathered to hear his inspiring story. Community agencies and on campus support groups tabled at the event to share resources with attendees.
- **360** students attended the PEERS-designed and hosted 4th annual Wellness Fair
- PEERS hosted a Mental Health Networking Breakfast in February, which was attended by **28** mental health service providers.
- **346** students attended “Student Health & Success”

PEERS workshop topics included gender roles, substance abuse, and social connection.

Each Mind Matters included hands on activities within the 7 Realms of Wellness. At the workshop, community partners and a variety of campus clubs came together to provide students with tips and resources on how to support self-care and wellness. The Student Health & Success presentation reviewed the signs and symptoms of stress, anxiety, and depression, and covers resources and support available to the students.

Performance Outcomes/Notable Accomplishments in FY 17-18 (PEI Evaluation):

During FY 17-18, the Santa Rosa Junior College (SRJC) Crisis Intervention Resource Team (CIRT) and its PEERS network of student interns continued to work with Student Health Services’ staff in addressing priority needs of SRJC students through QPR training, outreach activities, psycho educational classroom interventions, individual assessments, referrals and widespread community collaboration with mental health providers and other supports. Notable accomplishments included:

- Implementation of **19** QPR trainings
- Students who received the QPR training, reported a **67%** point increase in their knowledge of suicide prevention
- **94%** of students completing QPR, strongly agreed or agreed that they are more aware of community/campus resources that support physical and/or mental health following the training
- Implementation of **19** “Student Health and Success” presentations made on campus
- **313** students successfully completed online mental health screenings.
- Student Health Services presented mental health education workshops to **13** different SRJC departments, reaching **177** faculty and staff

Students who screened positive for depression, anxiety, disordered eating, bipolar or PTSD, were referred to seek further assistance at Student Psychological Services.

Suicide Prevention

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



The North Bay Suicide Prevention (NBSP) Hotline of Sonoma County, a program of Bucklew Programs, provides 24/7 suicide prevention and crisis telephone counseling. The Hotline’s highly trained and supervised phone counselors provide crisis prevention and intervention to people in distress and/or their family and friends. Counselors help to enhance the callers’ coping and problem-solving skills, giving people in crisis alternatives to violence to themselves or others and relief from the profound isolation of crisis, loss and/or chronic mental illness. Accredited by the American Association of Suicidology, the Hotline has been part of the National Suicide Prevention Lifeline (a toll free national number that connects callers to their closest certified crisis line) since its inception in 2005. The NBSP Hotline responds to calls from Sonoma County made to the National Lifeline.

Total number served in FY 17-18 (total number of calls received): **4,610**

FY 17-18 Demographics:

Age	Percentage
26 to 59	57.7%
60+	14.6%

Age	Percentage	
Missing data	11.9%	
16 to 25	11.6%	
0 to 15	4.2%	

Race/Ethnicity	Percentage	
Missing data	57.7%	
White	30.5%	
African American	9.2%	
Hispanic	1.7%	
Asian	0.5%	
Native American	0.3%	
Multi	0.1%	
Other	0.04%	

Language	Percentage	
English	99.9%	
Another language	0.1%	

Gender	Percentage	
Female	46.0%	
Male	43.9%	
Transgender	8.4%	
Missing data	1.7%	

Performance Outcomes/Notable Accomplishments in FY 16-17 (PEI Evaluation):

During FY 16-17, the NBSP Hotline provided assessment, support and referrals to individuals in crisis or experiencing depression, anxiety, anger and other emotions for which they sought assistance. Notable accomplishments included:

- **14** callers, assessed as suicidal emergencies, received intensive intervention through an emergency response team
- **60%** of callers experienced a reduction in the intensity of their emotions after speaking with a NBSP hotline volunteer
- Three (**3**) NBSP training classes were implemented during the program year resulting in **20** new volunteers

All callers to the NBSP Hotline were given a pre/post-test at the beginning and end of their calls to measure feeling intensity and identify appropriate next steps. An analysis of unduplicated call surveys, revealed a positive trend for the majority of callers. The remaining **40%** of callers

showed no change in emotional intensity. A possible explanation is that some repeat callers are anxious but not in a state of severe emotional distress. For these callers, contact with the hotline provides them with the support necessary to prevent further decompensation.

Volunteers are monitored with formal evaluation. The evaluation process provided collaboration on goals for customer service/client relations, intervention skills, written skills, and team work. Staff provides supervision to volunteers on a regular basis.

Performance Outcomes/Notable Accomplishments in FY 17-18 (PEI Evaluation):

During FY 17-18, the NBSP Hotline continued to provide assessment, support and referrals to individuals in crisis or experiencing depression, anxiety, anger and other emotions for which they sought assistance. Notable accomplishments included:

- Nine **(9)** callers, assessed as suicidal emergencies, received intensive intervention through an emergency response team
- **45%** of callers experienced a reduction in the intensity of their emotions after speaking with a NBSP hotline volunteer
- Three **(3)** NBSP training classes were implemented during the program year resulting in **18** new volunteers

The analysis of unduplicated call surveys, revealed that approximately **45%** of callers experienced a reduction in the intensity of their emotions after speaking with a NBSP Hotline volunteer. The remaining **55%** indicated no change in intensity level.

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

Mobile Support Team (MST)



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

In FY 18-19, MST's MHSAs funding transitioned from the Innovation component to the Community Services and Supports (CSS) component. See Appendix 2 on page 183 for the final MST Innovation evaluation report.

Total unique clients served by MST in FY 17-18: **390**

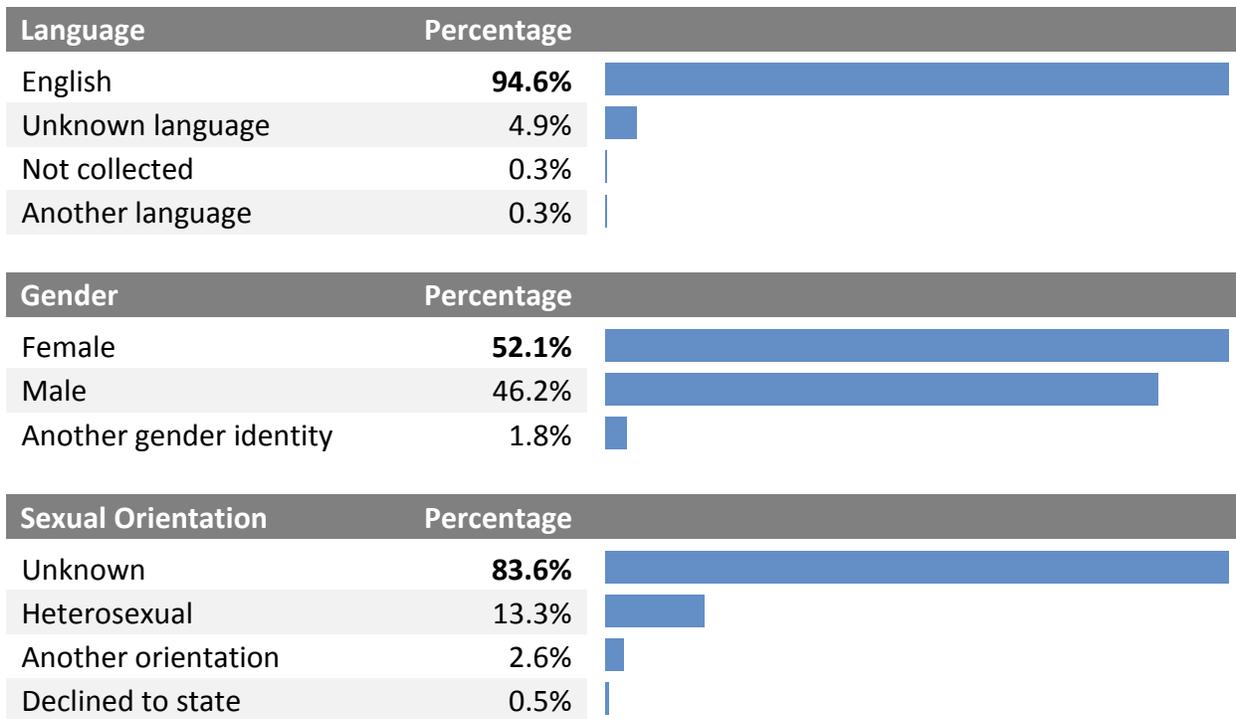
Total number of encounters conducted by MST in FY 17-18: **1,041**

FY 17-18 Demographics:

Age	Percentage	
26 to 59	43.1%	
16 to 25	22.8%	
0 to 15	17.4%	
60+	13.3%	
Unknown	3.3%	

Race	Percentage	
Unknown	46.6%	
White	38.8%	
Other	5.8%	
Multiple categories	4.5%	
Multi-racial	4.3%	

Ethnicity	Percentage	
Unknown	50.3%	
Not Hispanic	39.2%	
Hispanic/Latino	10.5%	



Crisis Intervention Training (CIT) for Law Enforcement Personnel



A key approach for crisis response is to develop strategies to train community members to recognize signs and symptoms of mental illness and how to effectively intervene when a crisis occurs.

In March 2008, the Sonoma County Sheriff's Office partnered with the County of Sonoma Department of Health Services Behavioral Health Division (DHS-BHD) to conduct the first Crisis Intervention Training (CIT) Academy for Law Enforcement. The 4-day (32-hour) training academy is designed to increase officers' skills to intervene with mental health consumers, individuals with substance use issues, and individuals in crisis. The CIT Academy goals are to:

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

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

CIT is conducted by specially trained law enforcement personnel, mental health professionals, mental health consumers and family advocates. The training includes identification of types of mental illness, verbal skills for de-escalation of potentially violent situations, specifics on suicide intervention, and a mental health system overview.

Through 2018, DHS-BHD has conducted **19** Crisis Intervention Trainings with over **550** 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.

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



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

Performance Outcomes/Notable Accomplishments in FY 17-18:

In FY 17-18, SOS provided monthly trainings on various relevant mental and behavioral health topics. Trainings included:

- How to work w/AOD (Alcohol and Other Drug) clients who are actively using chemicals by utilizing Motivational Enhancement Therapy
- Understanding the effects of trauma and disabilities on youth and how to work effectively with these populations
- Vicarious trauma
- Sexual issues in counseling
- Working with clients using Sandplay therapy
- Privilege and biases
- Positive parenting
- Grief recovery method
- LGBTQ resources and working with the LGBTQ community

Some feedback on the various trainings:

- “Great connections and info between theory and practical application of trauma informed interventions”
- “Helpful and pertinent material”
- “Applicable tools to utilize with clients”
- "This will help me working with all my trauma clients, not just adolescents.”
- “It will help in responding to students who were affected by the fire.”
- “I felt validated, cared for, better connected w/ my work community. Very useful handouts to forward along!”
- “Greater empathy and understanding, and fuller perspective when working with individuals and couples around the topic of sex”
- “It provides another method to add to my tool belt which contributes to my competence level; helps me become a more well-rounded clinician.”
- “Having a better understanding of how a client's history has been impacted by these privilege and biases”

SOS continued to hold monthly meetings for the MST interns that were facilitated by Julie Waters. These meetings were essential in providing team members a space to check-in about different issues and work on ways to improve services. This was also a time for interns to talk about trainings or any other extra support they may have required to perform their jobs at a high level.

Goodwill Industries of the Redwood Empire – Peer Support Program

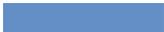
The purpose of the Goodwill Industries of the Redwood Empire (GIRE) Peer Support Program was for mental health consumers to provide other mental health consumers with support. The Peer Support Specialist provided assistance to the following people:

- Mental health consumers who were identified by the Mobile Support Team and agreed to peer support services
- Mental health consumers who had contact with the Crisis Stabilization Unit

Total number served in FY 17-18 (aggregate of quarterly reports): **104**

FY 17-18 Demographics:

Age	Percentage
26 to 59	56.7%
Missing data	38.5%
16 to 25	3.8%
60+	1.0%

Race/Ethnicity	Percentage	
Missing data	55.8%	
White	29.8%	
Multiple categories	14.4%	

Language	Percentage	
English	61.5%	
Missing data	38.5%	

Gender	Percentage	
Female	42.3%	
Male	40.4%	
Missing data	17.3%	

[Performance Outcomes/Notable Accomplishments in FY 17-18:](#)

In FY 17-18, the Peer Support Specialist (PSS) supported over **44** peers by telephone. During these calls, PSS provided emotional support, peer counseling, referral to community resources, and assistance in navigating services. Referral services included housing, counseling, substance use treatment, employment, day centers, food, legal assistance, and transition age youth services.

The PSS met with over **50** peers in person and provided the same services as indicated above for telephone consultations.

Capital Facilities and Technological Needs (CFTN)

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

In FY 17-18, CFTN projects were funded under the Community Services and Supports (CSS) component and included:

- Avatar electronic health record (Netsmart)
- Sonoma Web Infrastructure for Treatment Services (SWITS) (FEI)

Information on these expenditures can be found in the FY 17-18 Annual Revenue and Expenditure Report at:

- <http://sonomacounty.ca.gov/WorkArea/DownloadAsset.aspx?id=2147570645> (see “Technology” program under CSS tab)

Workforce Education and Training (WET)

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

DHS-BHD Workforce Education and Training (WET) Activities

In FY 17-18, the WET Coordinator managed several training programs and community events to further DHS-BHD's goals in the following Domains: System Level Support, Career Pathways and Pipeline Program, Staff Skill Development – Evidence-Based Practices, Community Collaboration, and Workforce Diversification.

Domain	Programs/events/goals
System Level Support	<ul style="list-style-type: none">• Accreditation (BRN, CAMFT, CCAPP)
Career Pathways	<ul style="list-style-type: none">• Clinical Intern Support Program• Pipeline Programs• Career & Internship Fairs
Staff Skill Development	<ul style="list-style-type: none">• Dialectical Behavior Therapy (DBT)• Staff Development Trainings
Community Collaboration	<ul style="list-style-type: none">• Suicide Prevention• Youth Mental Health Academy
Workforce Diversification	<ul style="list-style-type: none">• Mi Futuro Event

[System Level Support](#)

[Accreditation](#)

At the onset of FY 17-18, BHD maintained accreditation through the Board of Registered Nursing (BRN), the California Association of Marriage and Family Therapists (CAMFT) and California Consortium of Addiction Programs and Professionals (CCAPP) for the license types listed below, and provides Continuing Education Units (CEUs) for these license types:

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

Career Pathways and Pipeline Program

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

Pipeline Program

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

Participating Universities

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

Program Category	Participants
MFT Programs	<ul style="list-style-type: none"> • SSU • University of San Francisco • SFSU
Mental Health Worker Programs	<ul style="list-style-type: none"> • SSU • SRJC
Peer Provider Programs	<ul style="list-style-type: none"> • Wellness and Advocacy Center • Interlink Self-Help Center

[Career & Internship Fairs](#)

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

[Licensure Support](#)

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

[Clinical Licensure Exam Support](#)

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

[Group Clinical Supervision](#)

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

[Master Clinical Supervision Series \(MCSS\)](#)

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

[Staff Skill Development](#)

Evidence Based Practices

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

DBT (Dialectical Behavior Therapy)

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

Staff Development Trainings

DHS-BHD conducted nine (9) Staff Development trainings during FY 17-18, covering a wide variety of topics, such as:

- Cultural responsiveness
- Compliance
- Staff stress management
- Documentation
- Law and ethics

For a full listing of all trainings conducted, see the FY 17-18 WET Training Calendar in Appendix 8 on page 229.

Community Collaboration

Suicide Prevention

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

Assessing and Managing Suicide Risk (AMSR)

AMSR is a one-day training workshop for behavioral health professionals. The 6.5-hour training program is based on the latest research and designed to help participants provide safer suicide care. AMSR presents five of the most common dilemmas faced by providers and the best practices for addressing them. DHS-BHD has dedicated trainers providing this training to 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). DHS-BHD has certified QPR instructors delivering the training county-wide to high schools, community providers, and law enforcement.

[Youth Mental Health Academy](#)

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

[Workforce Diversification](#)

[Mi Futuro Event](#)



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

[Response to Sonoma Complex Fires](#)

[Crisis Counseling Program \(CCP\)](#)

The Sonoma County WET Coordinator implemented Sonoma County's CCP Program immediately following the Sonoma Complex Fires in 2017. The CCP Program has made a significant impact on community wellness and recovery post-Wildfire. During the Regular Service Program (RSP) Phase, Sonoma CCP Counselors delivered over 29,000 services to over 36,000 program participants. The success of the program was greatly enhanced by supportive community collaborations.

Sonoma CCP conducted extensive outreach and data collection to assess emerging community needs. Four high-risk populations were identified:

- Older Adults
- Latino Community
- Families with Young Children
- People with Prior Trauma/Substance/Mental Health Issues

Sonoma CCP designed targeted outreach and educational materials for these groups. The Sonoma CCP Program has successfully partnered with Sonoma County Board of Supervisors to be an active presence in the District Block Captain meetings. The affected neighborhoods have organized themselves into smaller units with block captains who meet weekly to discuss rebuilding needs and share resources. California HOPE counselors attend every meeting to support the survivors and help them navigate resources and services for their friends and neighbors. Additionally, Sonoma County set up an Office of Recovery and Resilience, which has been an integral partner in the effectiveness of the CCP program.

Appendix 1 – FY 17-18 MHSA Newsletters



WELLNESS • RECOVERY • RESILIENCE

Suicide Prevention Month 2017

#BeThe1To Know the Signs. Find the Words. Reach Out.



Each Mind Matters: California's Mental Health Movement supports that suicide prevention matters!

RESOURCES & TOOLS FOR SUICIDE PREVENTION MONTH - SEPTEMBER 2017!

In support of **National Suicide Prevention Awareness Week** (September 10-16) and **World Suicide Prevention Day** (September 10), **Each Mind Matters: California's Mental Health Movement (EMM)** is excited to share materials and resources that can assist you in planning activities and events in your county and community. This year EMM is encouraging a special focus on men in the middle years and have provided a range of tools including a data briefing, hand-outs, a presentation and a drop-in article to support outreach to this population.

Additionally, the **EMM 2017 Suicide Prevention Week Toolkit** includes:

- General Suicide Prevention Tools including social media posts, a drop-in article, proclamation template and banner graphics
- Coaster and Coffee Sleeve Activity
- Gun Shop Activity (joining suicide prevention and firearm communities around the common goal of keeping people who may be at risk of suicide safe)
- Messaging about Suicide Prevention
- Involving Young People with tools including a drop-in article about 13 Reasons Why, school-based activity and a "13 Reasons Why Not" activity tip sheet

The toolkit can be found at: www.eachmindmatters.org/spw2017/

RESOURCES AND GUIDANCE ON "13 REASONS WHY"

The Netflix series titled "**13 Reasons Why**" has created significant concern within the suicide prevention community throughout the country. The concern around the show centers on the potential for the contagion effect, which could increase suicide risk among those already at risk for suicide.



The **California Mental Health Services Authority (CaIMHSA)** has developed a number of strategies and resources to encourage caring and compassionate conversations on this important issue and to engage a new movement of young Californians who can prevent suicide among their peers.

www.calmhsa.org/wp-content/uploads/2017/05/CaIMHSA-Response-13-Reasons-Why.pdf

The **Jed Foundation** and **Suicide Awareness Voices of Education (SAVE)** drafted the following talking points to assist parents, teachers, and other gatekeepers in talking to youth about suicide as it relates to the situational drama that unfolds in "13 Reasons Why":



www.save.org/wp-content/uploads/2017/04/13RW-Talking-Points-Final_v6.pdf

Continued on Page 2

EARLY CHILDHOOD MENTAL HEALTH SUMMIT TO BE HELD IN SANTA ROSA ON SEPTEMBER 28, 2017



Thursday, September 28, 2017
9:00 am - 4:30 pm
Flamingo Conference Resort
2777 4th Street, Santa Rosa

Learn and network with others working, caring & advocating for children prenatally to 5 years and their families. Topics include:

- Integrating early childhood mental health concepts into home visits and early childcare settings
- Perinatal mood disorders and substance abuse
- Healing trauma and developing self-regulation
- Using sensory strategies to support relationships

\$25 Registration Fee (continental breakfast & lunch included). CEUs available. Register at:

www.regonline.com/earlychildhoodmentalhealthsummit

"EACH MIND MATTERS" WEBINAR SERIES

Over 175 individuals attended the 8/8/17 suicide prevention skill-building webinar, "**Men and Means**". This webinar provided information about suicide and suicide prevention among men, including strategies and resources for reaching men and their helpers (friends, family, coworkers), reducing access to lethal means, and more. This was the first webinar in the **Each Mind Matters (EMM) Webinar Series** for Fiscal Year 17-18. The recording and slides can be found here:

www.emmresourcecenter.org/resources/suicide-prevention-skills-building-men-and-means

Mark your calendars for the remaining webinars for this fiscal year (registration links will be forthcoming):

- September 12th, 1-2pm: *Youth Engagement*
- October 10th, 1-2pm: *EMM Resource Center overview*
- February 13th, 1-2pm: *SanaMente Resources for Spanish-language audiences*
- March 13th, 1-2pm: *SanaMente May is Mental Health Month toolkit*

Continued from Page 1

The National Association of School Psychologists (NASP) created "Considerations for Educators", which features cautions, guidance for educators and families, safe messaging for students, and additional resources.



www.nasponline.org/resources-and-publications/resources/school-safety-and-crisis/preventing-youth-suicide/13-reasons-why-netflix-series-considerations-for-educators



The Suicide Prevention Resource Center (SPRC) assembled a comprehensive list of the most common questions from parents, schools, media, and community leaders, with resources to help talk about the series and suicide risk and prevention.

www.sprc.org/13-reasons-why

INTRODUCING THE NEW "EACH MIND MATTERS" RESOURCE CENTER!



Did you know that Each Mind Matters has resources in Korean? Are you looking for a suicide prevention data report and don't know where to look?

RESOURCE CENTER

Each Mind Matters (EMM) is excited to announce their new online

Resource Center! This website organizes all the resources and materials that have been developed through Each Mind Matters initiatives, including:

- Know The Signs
- Directing Change
- Walk In Our Shoes
- SanaMente
- Reconozca Las Senales
- Ponte En Mis Zapatos

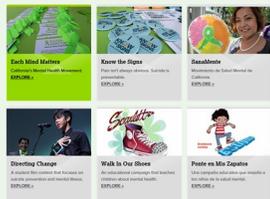
Browse Collections



It includes resources from data and reports to outreach materials, marketing materials, guides, toolkits, and more.

The Each Mind Matters Resource Center is designed to make it easy to find what you are looking for. There is a search box where you can search by keyword (like the subject or language) and an "Advanced Search" option with additional search filters. If you prefer to browse through the resources, you can click on *Initiatives* or *Collections* at the top of the page.

Explore Our Initiatives



All the resources and materials shared through the Each Mind Matters Resource Center are available free for you to download and use for the purposes of mental health stigma reduction, mental health promotion, and suicide prevention in the state of California. They can also be accessed through your mobile device while you are on the go.

With all EMM's resources and materials available in one place, EMM hopes that this new tool will aid in your prevention efforts. EMM will continue to add resources to the website, so check back for updates and new materials at:

www.emmresourcecenter.org

SONOMA COUNTY BOARD OF SUPERVISORS APPROVES MHSA THREE-YEAR PLAN & ANNUAL UPDATE

On July 11, 2017, the Sonoma County Board of Supervisors approved the 2017-2020 Mental Health Services Act (MHSA) Three-Year Integrated Plan and Annual Update for 2015-2016. The final plan can be viewed at the following link:



www.sonoma-county.org/health/about/pdf/mhsa/2017-2020-MHSA-integrated-plan.pdf

SEPTEMBER IS ALSO NATIONAL RECOVERY MONTH!



Every September, the Substance Abuse and Mental Health Services Administration (SAMHSA) sponsors Recovery Month to increase awareness and understanding of mental and substance use disorders and celebrate the people who recover. This year's theme is **Join the Voices for Recovery: Strengthen Families and Communities**. This theme highlights the value of family and community support throughout recovery and invites individuals in recovery and their family members to share their personal stories and successes in order to encourage others.

Each year, Recovery Month creates a toolkit to help individuals and organizations increase awareness of the power of recovery. The kit provides tips and resources for planning Recovery Month events and distributing information in communities across the nation. The toolkit is available at the following link: www.recoverymonth.gov/toolkit

21.7M People

2.3M Treated

SUBSTANCE USE PREVALENCE IN THE U.S.



21.7 million people aged 12 or older needed substance use treatment. 2.3 million (10.8%) received treatment at a specialty facility in the past year.*

*For data sources, methodology, and additional statistics, visit: www.recoverymonth.gov/sites/default/files/toolkit/2017-data-visualizations.pdf

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 Content: Amy Faulstich; Design: Bruce Robbins

#BeThe1To

Know the Signs. Find the Words. Reach Out.

Suicide Prevention Week September 10-16, 2017 World Suicide Prevention Day September 10, 2017



Each Mind Matters: California's Mental Health Movement supports that suicide prevention matters!

SEPTEMBER IS NATIONAL SUICIDE PREVENTION MONTH

The September issue of the Mental Health Services Act (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. 10-16, 2017)** 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.

SUICIDE PREVENTION RESOURCES AND TOOLS



Each Mind Matters has created a **Suicide Prevention Week Toolkit** to make it easy for you to get involved and raise awareness in your community. This year they offer a special focus on men in the middle years with a range of tools to support outreach to this population.

www.eachmindmatters.org/spw2017

The **American Association of Suicidology (AAS)** has created a comprehensive **Media and Information Kit** that includes fact sheets, templates, and ideas for planning events:

www.suicidology.org/about-aas/national-suicide-prevention-week



The **National Council for Suicide Prevention (NCSP)** has launched the **Take 5 to Save Lives** campaign. Take 5 encourages everyone to take 5 minutes out of their day and complete five action items on

September 10: Learn the warning signs, Do your part, Practice self-care, Reach out, and Spread the word.

www.take5tosavelives.org

The **Know the Signs** campaign encourages community members to know the warning signs of suicide, find the words to offer support to someone, and reach out to local resources.

www.suicideispreventable.org/



#BeThe1To is the **National Suicide Prevention Lifeline's** message for National Suicide Prevention Month and beyond, spreading the word about actions we can all take to prevent suicide.

www.bethe1to.com

5TH 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, ad-

voocate 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 7, 2017** at **Howarth Park!** Registration/check-in begins at 8:30am and the walk program will begin at 9:30am. For more information, to register, or to donate, go to: www.afsp.org/santarosa

ASSESSING & MANAGING SUICIDE RISK (AMSR) TRAINING

9/12/17, 8:15am-5:00pm

Sonoma County Department of Health Services
Rotunda Conference Room
3313 Chanate Road, Santa Rosa



"Assessing & Managing Suicide Risk (AMSR)" is a one-day, research-based workshop for behavioral health professionals on assessing

suicide risk, planning treatment, and managing the ongoing care of the at-risk client.

This training is co-sponsored by **Sonoma County Behavioral Health** and the **Suicide Prevention Resource Center (SPRC)**. SPRC is providing 6.5 continuing education credits available from NASW, NBCC, APA, LMFT, LCSW and Continuing Medical Education Credits (CME). Facilitator: Serina Torres, LMFT. Space is limited. Register at:

www.eventbrite.com/e/amr-assessing-and-managing-suicide-risk-tickets-37038467052

UPCOMING "EACH MIND MATTERS" WEBINARS

Tuesday, September 12, 2017, 1-2pm

Suicide Prevention: Engaging Youth in Schools & Communities
attendee.gotowebinar.com/register/6049936672722505219

Tuesday, October 10, 2017, 1-2pm

Each Mind Matters (EMM) Resource Center 101: Free Online Mental Health Resources for Diverse Audiences
attendee.gotowebinar.com/register/3023054828734266115

View all previous EMM webinars, presentations, and other resources at: www.emmresourcecenter.org

“THE HEALTH AND UNITY OF OUR COMMUNITY”: THE 25TH ANNIVERSARY LATINO HEALTH FORUM

Thursday, October 5, 2017, 7:30am-4:30pm

Sonoma State University, Student Center Grand Ballroom

1801 East Cotati Ave, Rohnert Park

Cost: \$80 before September 9th, \$110 thereafter

CEUs for Nurses and MFTs/LCSWs (additional \$25 - no partial credit)



The **Latino Health Forum** is one of the most educational and informative Latino health care events in Northern California. The Forum strives to inform professionals about some of the most relevant issues facing the Latino population as well as to enhance the availability and quality of health services.

The Forum is proud to continue as an academic conference. For the past 24 years, BBS and BRN continuing education units have been offered to health professionals. The Forum provides registration scholarships to high school and college level students to expose them to the many career choices available in the health and social service fields.

For more information and to register:

www.latinohhealthforum.org

**THE SANTA ROSA VIOLENCE PREVENTION PARTNERSHIP PRESENTS
“TIPPING THE SCALE: OUR ROLE IN BUILDING RESILIENCY”**

Tuesday, September 19, 2017, 7:15am-3:30pm

Finley Community Center - Auditorium

2060 West College Ave, Santa Rosa

Cost: \$30 (includes continental breakfast & lunch)

CEUs for LMFTs, LCSWs & LPCs (6 hours)

The **9th Annual Gang Prevention Seminar** will be focused on resiliency information, practices, and resources. You'll hear personal testimonials, the science behind resiliency building, as well as learn more about resources in our community for yourself and those you serve. For more information & registration:

www.eventbrite.com/e/tipping-the-scale-our-role-in-building-resiliency-tickets-36733979321?aff=es2



INTERLINK SELF-HELP CENTER CELEBRATES NATIONAL RECOVERY MONTH!

September 2017 is the 28th Annual **National Recovery Month!** This year's theme is "Join the Voices for Recovery: Strengthen Families and Community". Goodwill Industries of the Redwood Empire's **Interlink Self-Help Center** will be hosting several recovery projects, movies and celebrations in honor and support of those in Mental Health and/or Addiction Behavioral Recovery.

The 2nd Annual **Recovery Resource Fair (Sept. 15, 2017, 1-2:30pm)** celebrates that recovery in all of its forms is possible. A variety of local service providers will be speaking on their services and tabling at this event.



Join Interlink on **Sept. 22, 2017 at 1pm** for a free screening of **“CRAZYWISE”**, a documentary that explores what can be learned from people around the world who have turned their psychological crisis into a positive transformative experience.

The events listed above take place at 1033 4th St, Santa Rosa and are open to the adult public. For more details on these and other events at Interlink, as well as membership information, call (707) 546-4481.



NORTH BAY TRANSLIFE COMMUNITY CONFERENCE

The 3rd annual, one-day **TRANSLIFE Community Conference** on **Saturday, October 21, 2017**, will continue its success bringing together Transgender and Gender Non-Conforming (TGNC) people from North Bay counties to increase connections, share information, and expand individual self-advocacy and knowledge.

For more information, visit:

www.translifeconference.org

NATURAL HIGHS: SUPPORTING TEENS IN MAKING HEALTHY CHOICES

Tuesday, September 26, 2017, 6:30-8pm

Petaluma Community Center

320 McDowell Blvd., Petaluma



The adolescent brain is uniquely vulnerable to risk-taking and addiction, both potential outcomes of binge drinking and drug use. As a clinical psychologist and national youth speaker, Dr. Matt Bellace uses humor to convey his message about healthy choices and natural highs. Don't miss this

FREE educational event!

OUT OF THE SHADOWS: A COLLECTION OF TRANSFORMATIVE ART

August 18 - October 5, 2017

Steele Lane Community Center

415 Steele Lane, Santa Rosa, CA



The **Sonoma County Mental Wellness Art Collaborative** is hosting **“Out of the Shadows”**, an exhibit for members of Telecare Sonoma ACT, Buckelew Programs, and Community Support Network. Out of the Shadows showcases the talent of visual artists and those

who work in the performing arts.

The mission of the Collaborative is to support the creative work of people the agencies serve, acknowledge their artistic contributions, and foster an alliance between community-based mental health service providers. The Collaborative values the artistic impact that their members have within the community and recognizes that adversity can inspire creativity.

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 Content: Amy Faulstich; Design: Bruce Robbins

Mental Health Awareness Week

First Week of October

Mental Health Awareness Week (MHAW) is an annual event where advocates across the nation come together to spread awareness about the importance of mental health and to speak out against the stigma around mental illness. Thanks to the efforts of the **National Alliance on Mental Illness (NAMI)** in 1990, the U.S. Congress established the first full week in October for the observance. This year, MHAW takes place from October 1-7. **Each Mind Matters (EMM)** has put together a list of some simple ways you can take part:

MENTAL HEALTH AWARENESS WEEK TOOLKIT



**We Believe
Each Mind Matters**

Visit the **Each Mind Matters Resource Center** to find several mental health resources as well as tools to help you spread the word in your community. The toolkit has posters, brochures and activities that are ready to be downloaded and shared, as well as a series of videos that you can post on social media.

<http://emmresourcecenter.org/resources/mental-health-awareness-week-toolkit>

PIN ON A LIME GREEN RIBBON & SHOUT IT OUT ON SOCIAL

Lime green is the color of mental health awareness. Wear the lime green ribbon and hand some out to your friends and colleagues to show your support and start conversations about mental health wherever you go. Wear a ribbon, take a photo and share it on social media to encourage others!

If you need help with starting a conversation on social media, EMM has a social media guide especially for MHAW, with prewritten posts that you can copy, paste and share.

www.eachmindmatters.org/wp-content/uploads/2017/09/MHAW-2017-Social-Media-Guide.pdf

NATIONAL DAY WITHOUT STIGMA



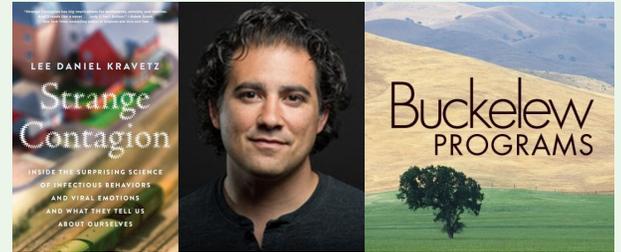
After the close of Mental Health Awareness Week, join EMM partner **Active Minds** for **National Day Without Stigma** on October 9.

This falls on the eve of World Mental Health Day and the purpose of the National Day Without Stigma is to

eliminate the shame and discrimination surrounding mental health disorders by creating communities of understanding, support, and help-seeking. Head over to the Active Minds website to learn more and to download tools to participate.

www.activeminds.org/our-programming/awareness-campaigns/national-day-without-stigma

PROMOTING SUICIDE PREVENTION & AWARENESS AT COPPERFIELD'S BOOKS



Friday, October 20, 2017, 7-9pm

Copperfield's Books, 775 Village Court, Santa Rosa

Buckelew Programs is proud to support a community panel and discussion on suicide prevention and awareness. Sharing excerpts from his recent book, *Strange Contagion*, **Lee Daniel Kravetz** will also moderate a panel of professionals and experts in suicide prevention. The panel includes:

- *Laishacarol Prondzinski*: Counselor for Buckelew's Sonoma Transition Age Youth Program (TAY)
- *Katie Swan*: Family Service Coordinator for Buckelew Programs Sonoma
- *Nicole Wiecks*: Volunteer at the North Bay Suicide Prevention Hotline

Please join Buckelew for this informative and intimate evening and learn strategies to interrupt negative social contagions and replace them with positive contagions promoting balance and well being. For more information: <http://bit.ly/2k4S3Nv>

PREVENTING TOXIC STRESS IN EARLY CHILDHOOD FOR HEALTH, SOCIAL-EMOTIONAL WELLNESS & RESILIENCE



Thursday, October 5, 2017, 6-8pm

Glaser Center, 547 Mendocino Avenue, Santa Rosa

Common Sense Kids Action and **First 5 Sonoma County** present a free public discussion on preventing toxic stress in young children. Parents, educators, healthcare professionals, and the general public are invited to attend. A panel of experts will present advances and findings in the prevention of toxic stress in young children, positive outcomes for brain development, and general health that can result from screenings and preventive measures. Community resource fair, refreshments, onsite free childcare (limited by appt.) available at the event. Register at:

<http://bit.ly/SonomaRightStart>

The Sixth Annual
Directing Change
 Program and Film Contest



CALLING ALL YOUNG FILMMAKERS AND CHANGE AGENTS!
 MAKE A DIFFERENCE AND WIN CASH PRIZES BY CREATING SHORT FILMS THAT WILL BE USED TO RAISE AWARENESS AND HELP YOUNG PEOPLE ACROSS CALIFORNIA.

SUBMISSION CATEGORIES:
 SUICIDE PREVENTION • MENTAL HEALTH MATTERS • THROUGH THE LENS OF CULTURE • ANIMATED SHORT • SANA MENTE

SUBMISSIONS ARE DUE MARCH 1, 2018
 Visit www.DirectingChangeCA.org for contest rules & educational resources.

THE HEALTH AND UNITY OF OUR COMMUNITY: THE 25TH ANNIVERSARY LATINO HEALTH FORUM ON OCTOBER 5TH



The **Latino Health Forum** is one of the most educational and informative Latino health care events in Northern California. The Forum strives to inform professionals about some of the most relevant issues facing the Latino population as well as to enhance the availability and quality of health services.

The Forum is proud to continue as an academic conference. For the past 24 years, BBS and BRN continuing education units have been offered to health professionals. The Forum provides registration scholarships to high school and college level students to expose them to the many career choices available in the health and social service fields.

Thursday, October 5, 2017, 7:30am-4:30pm
Sonoma State University, Student Center Grand Ballroom
1801 East Cotati Ave, Rohnert Park; Cost: \$110
CEUs for Nurses and MFTs/LCSWs (additional \$25 - no partial credit)

For more information and to register: www.latinohhealthforum.org

EACH MIND MATTERS RESOURCE CENTER 101 WEBINAR - 10/10/17 1-2pm

This webinar will provide an overview of the new **Each Mind Matters Resource Center** & free resources for diverse communities. Join the webinar to:

- Learn how to use Initiatives, Collections, and Advanced Search options to discover a wide variety of mental health, stigma reduction, suicide prevention, and student mental health resources
- Understand how to use social media to promote mental health & suicide prevention
- Hear expert marketing presenters share specific tips and techniques to make powerful and effective social media messages and posts

Register here: register.gotowebinar.com/register/3023054828734266115

WELCOME TO JUSTINE ARENANDER, SC-BHD'S NEW PROJECT SUCCESS+ COORDINATOR



Justine Arenander, MSW is the new Health Information Specialist II who will be working on both the MHSA-funded Project SUCCESS+ program in the high schools as well as substance use prevention projects within the Sonoma County Behavioral Health Division (SC-BHD). She was formerly Project Director at University of California, San Francisco (UCSF), where she managed clinical research studies in the fields of Health Psychology and Addiction Medicine, exploring the psychological and physiological impact of chronic stress and opioid use disorder.

In addition to her research background, she also has experience providing social work services to older adults and veterans in both primary care and inpatient psychiatric settings. A Sonoma County native, Justine is excited at the opportunity of contributing to health promotion efforts within her community. Welcome to the SC-BHD team, Justine!

5TH ANNUAL SANTA ROSA OUT OF THE DARKNESS COMMUNITY WALK ON OCTOBER 7TH



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, ad-

vocate 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 7, 2017** at **Howarth Park!** Registration/check-in begins at 8:30am and the walk program will begin at 9:30am. For more information, to register, or to donate, go to: www.afsp.org/santarosa

NORTH BAY TRANSLIFE COMMUNITY CONFERENCE - 10/21/17



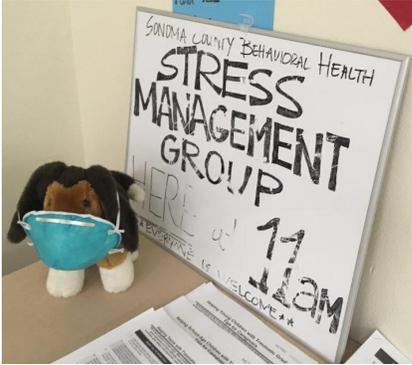
The 3rd annual, one-day **TRANSLIFE Community Conference** on **Saturday, October 21, 2017**, will continue its success bringing together Transgender and Gender Non-Conforming (TGNC) people from North Bay counties to increase connections, share information, and expand individual self-advocacy and knowledge. For more information, visit:

www.translifeconference.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 Content: Amy Faulstich; Design: Bruce Robbins

#SonomaStrong - The Road to Recovery



Behavioral Health Division table at Petaluma Fairgrounds Evacuation Shelter

The loss and tragedy Sonoma County has experienced during the October Firestorm has been unimaginable. Yet the determination and strength of first responders, who tirelessly fought to protect life and serve the community, is equally amazing. Along with so many of our community partners, Sonoma County employees, deployed as Disaster Service Workers have been working hard to respond during this emergency.

The Behavioral Health Division will continue to work hard to support the community as we work through the changes this disaster has brought and start to recover. Thank you so much to all of you for your dedication and commitment to keeping Sonoma County strong!

SAMHSA'S DISASTER DISTRESS HELPLINE

The **Disaster Distress Helpline** from the **Substance Abuse and Mental Health Services Administration (SAMHSA)** is a 24/7, 365-day-a-year, national hotline dedicated to providing immediate crisis counseling for people who are experiencing emotional

distress related to any natural or human-caused disaster. This toll-free, multilingual, and confidential crisis support service is available to all residents in the United States and its territories. Stress, anxiety, and other depression-like symptoms are common reactions after a disaster. Call **1-800-985-5990** or text **TalkWithUs to 66746** to connect with a trained crisis counselor.

DisasterDistress.samhsa.gov

TAKING CARE OF OURSELVES AND OTHERS

It is always essential to take care of your mental health, but especially during times of tragedy. Supporting caregivers and encouraging them to practice **"self-care"** sustains their ability to serve victims of disaster. Self-care includes activities and practices that you can engage in on a regular basis to reduce stress and to maintain and enhance your short and long term health and well-being.

The University of Buffalo's School of Social Work has created a **"Self-Care Starter Kit"** featuring self-assessments, planning guides, exercises and activities that will help you begin your journey towards self-care.

<https://socialwork.buffalo.edu/resources/self-care-starter-kit.html>

People can experience a wide range of emotions during and after a disaster or traumatic event. There's no right or wrong way to feel. However, it's important to find healthy ways to cope when these events happen. SAMHSA has assembled a number of coping tips for people who have experienced traumatic events and disasters.

www.samhsa.gov/find-help/disaster-distress-helpline/coping-tips



Just like with our physical health, maintaining our mental health is essential to living a happy, healthy life. Fortunately, there are many mental health resources available to **veterans** that help ease the transition into civilian life and provide support for mental health challenges that emerged before, during, or after active duty.



The **Veterans Crisis Line** (also known as the **Military Crisis Line**) is a 24/7 national

crisis line accessible via telephone, text, or online chat, offering free confidential support to veterans, service members and their loved ones. **Dial 1-800-273-8255 and Press 1.**

For a "one-stop" website for answers to military life questions including information on deployment and transition from the military; family and relationships; education; employment; on and off base living; financial; legal; health and wellness visit: www.militaryonesource.mil/

For additional mental health resources for veterans, visit: www.eachmindmatters.org/mental-health/veterans/

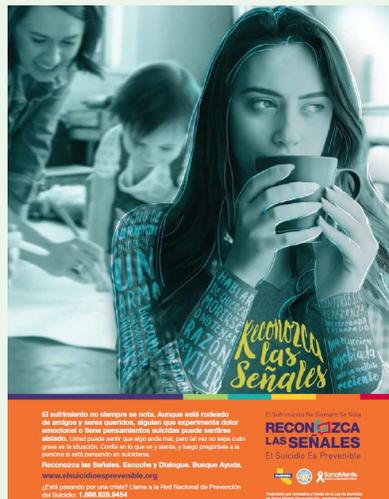
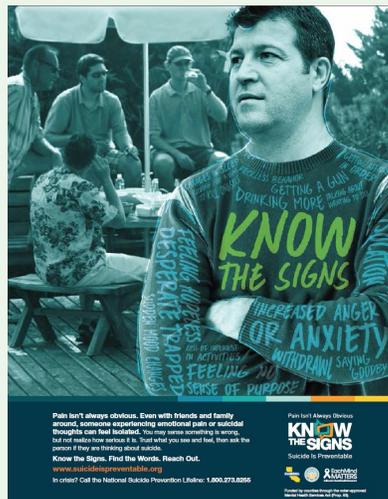


NAMI SONOMA COUNTY: OPEN AND HERE TO HELP

Like the **#SonomaStrong** community, the team at **NAMI (National Alliance on Mental Illness) Sonoma County** has been deeply saddened by the losses created by the wildfires, incredibly grateful for the determination and skill shown by the firefighters, law enforcement and utility workers who came to the rescue, and awestruck by the outpouring of support for those in need. NAMI staff members and office were unharmed, which means that they are in a position to add their voices and resources to assist those in need.

The **NAMI Warmline (866-960-6264)** is available 9am-5pm, M-F. Call or send a text message. Send an email to Warmline@namisoco.org. Or visit www.namisoco.org to use instant messaging ("Chat Now"). The Warmline can provide information, referrals, support, and suggestions and comments.

NEW "KNOW THE SIGNS" SUICIDE PREVENTION POSTERS



The **Know the Signs Campaign** is pleased to present refreshed and updated materials to help further its mission of increasing knowledge and awareness of warning signs, how to talk about suicide, and accessing local resources for support.

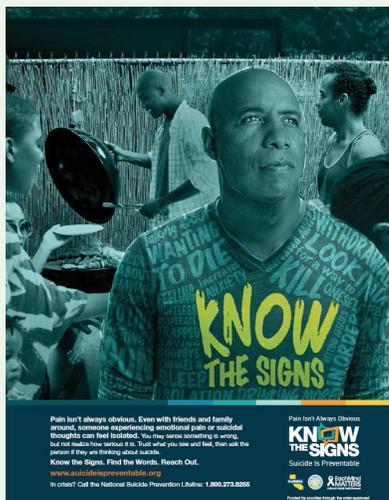
In a collaborative process, subject matter experts and community stakeholders were engaged to update the overall look and feel of the Know the Signs campaign. In addition, the National Opinion Research Center (NORC) at the University of Chicago was enlisted to test different concepts. To read the final report, visit:

emmresourcecenter.org/resources/know-signs-concept-testing-final-report

You can find low resolution electronic or print ready versions of the posters on the Each Mind Matters Resource Center:

English Language Posters: emmresourcecenter.org/resources/know-signs-suicide-prevention-posters

Spanish Language Poster: emmresourcecenter.org/resources/know-signs-suicide-prevention-posters-spanish



The 2018 Directing Change Program and Film Contest

YOUNG PEOPLE ARE INVITED TO CREATE 30-SECOND FILMS ABOUT MENTAL HEALTH IN SPANISH WHICH WILL BE ELIGIBLE TO WIN UP TO \$1,000 IN PRIZES AND RECOGNITIONS. FILMS WILL BE USED TO PROMOTE MENTAL HEALTH IN CALIFORNIA'S SPANISH-SPEAKING COMMUNITIES.

SUBMISSIONS ARE DUE MARCH 1, 2018

Visit www.DirectingChangeCA.org for contest rules & educational resources.

"MI FUTURO: MY FUTURE IS IN HEALTHCARE CAREERS" - THE NORTH BAY'S YOUTH HEALTHCARE SYMPOSIUM



Theme: "PEER TO PEER - RESILIENCE IN TRAUMA"

Friday, January 19, 2018, 9:30am-4:45pm
Student Center Grand Ballroom, Sonoma State University
1801 E. Cotati Ave, Rohnert Park

Latino Service Providers and Sonoma State University, in cooperation with community healthcare providers, educators, and sponsors invite you to a Healthcare & Career Symposium for youth: **"Mi Futuro"**.

This symposium is offered to all youth, ages 16-30. However, the symposium targets Latino & Native American youth and is culturally sensitive to the unique Latino patient-care needs of Northern California.

The event will expose youth to career opportunities in mental and primary health, raise awareness of mental health stigmas in the Latino & Native American community, and explore the impact of mental health in primary healthcare and the community beyond.

Registration is free, but limited to 400 students and accompanying teachers. For more information or to register, visit: mifuturonorcal.org

SAVE THE DATE - 4/12/18 CONFERENCE



Thursday, April 12, 2018, 8am-1pm
SCOE, 5340 Skylane Boulevard, Santa Rosa

Keynote speaker **Christian Moore** will present 10 tools to help conference participants foster resilience in even the most unmotivated students. These tools work with students in one-on-one, small group, or classroom settings. Participants will gain skills to deliver the life-changing power of resilience to students of any background and learning style.

This free event is a combined effort of four Sonoma County agencies including the Sonoma County Office of Education (SCOE), the Santa Rosa Violence Prevention Partnership, Community Action Partnership, and Sonoma County Behavioral Health Services.

For more information or to sign up: scoe.org/youth

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.

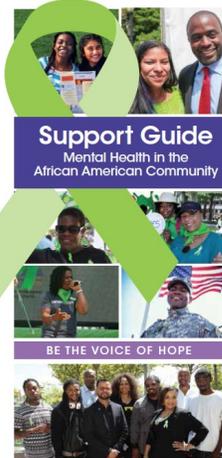
Newsletter Content: Amy Faulstich; Design: Bruce Robbins

NATIONAL BLACK HISTORY MONTH - RESOURCES TO SUPPORT MENTAL HEALTH



National Black History Month, celebrated in February each year, is a time to recognize the central role African Americans have played in U.S. history, and to recognize and celebrate their achievements. A focus on mental health and wellness is an important component in these efforts, to ensure that African Americans in our community have culturally responsive mental health information and resources available to them. Many key resources are available through Each Mind Matters (EMM), California's Mental Health Movement.

- Find all of EMM's resources for African American communities at: <https://emmresourcecenter.org/collection/african-american>
- Find a curated collection of materials selected for Black History Month at: <https://emmresourcecenter.org/collection/black-history-month>
- The double-sided **Support Guide** details the tools available to members of the African American community who are looking to improve their mental health. <https://emmresourcecenter.org/resources/support-guide-mental-health-african-american-community>
- The **Know The Signs** suicide prevention poster encourages African American community members to learn about the warning signs of suicide and reach out to someone they are concerned about. <https://emmresourcecenter.org/resources/know-signs-suicide-prevention-posters>



MENTAL HEALTH friendly COMMUNITIES

Building Mental Health Friendly Communities... one congregation at a time

- The **Mental Health Friendly Communities** program addresses mental health stigma and resource access by providing culturally focused trainings and resources that directly speak to the mental health issues facing the African-American community in faith-based settings. <https://emmresourcecenter.org/resources/mental-health-friendly-communities-brochure>
- View **personal story vignettes** of hope, recovery and resiliency from the perspective of African American communities at: www.eachmindmatters.org/stories/?story_category=african-american-stories&story_tag=&story_type

- 60-second PSA videos created by youth for youth from the **Directing Change** program featuring African American youth.
 - ◆ Not Alone: https://youtu.be/R8G_FxZOWLM
 - ◆ Pain Never Lasts: <https://www.youtube.com/watch?v=tAB94H4-E54>

SUPPORTING PARENTS & CHILDREN AFTER A DISASTER



Saturday, March 3, 2018, 10am-12pm
Early Learning Institute, 311 Professional Center Dr, Rohnert Park
Speaker: Dr. Vanessa Cobham, University of Queensland, Australia

The recent fires have had a profound and lasting impact on the entire Sonoma County community, including its youngest residents. Parents and providers may be unsure about how to best respond to questions, emotions, and behavior following the fires. Please join us for a presentation and discussion on how we can best support parents and their children.

The FREE training will cover:

- How to manage children's emotions and behavior after a fire
- Answering children's questions
- Why some children are more affected than others
- Common triggers that may cause distress
- What you can do to help support parents

Space is limited. RSVP online at:

calparents.org/afterdisaster

Sponsored by: Child Parent Institute, First 5 Sonoma County, Early Learning Institute, Triple P Positive Parenting Program



SUBMISSIONS ARE DUE MARCH 1, 2018.

CALLING ALL YOUNG FILMMAKERS AND CHANGE AGENTS!

MAKE A DIFFERENCE AND WIN CASH PRIZES BY CREATING SHORT FILMS THAT WILL BE USED TO RAISE AWARENESS AND HELP YOUNG PEOPLE ACROSS CALIFORNIA.

SUBMISSION CATEGORIES:

SUICIDE PREVENTION • MENTAL HEALTH MATTERS • THROUGH THE LENS OF CULTURE • ANIMATED SHORT • SANA MENTE

Visit www.DirectingChangeCA.org for contest rules & educational resources.

“MI FUTURO: MY FUTURE IS IN HEALTHCARE CAREERS” HOLDS ANOTHER IMPACTFUL YOUTH HEALTHCARE SYMPOSIUM



Latino Service Providers and Sonoma State University, in cooperation with community healthcare providers, educators, and sponsors, held its third annual Healthcare & Career Symposium for youth (**Mi Futuro**) on January 19, 2018 at Sonoma State University.

Over 400 young healthcare career hopefuls from over 20 high schools gathered together with healthcare professionals at the standing-room-only event that informs, motivates, and compels youth to consider careers in the behavioral health and primary healthcare fields. Speakers at this year's convention included:

- Dr. Kirk Pappas, Physical Medicine & Rehabilitation Physician at Kaiser Permanente
- Professor Rachel Guerrero, Director of Center for Reducing Health Disparities, UC Davis
- Dr. Lisa Vollendorf, Provost/Executive VP, Sonoma State University
- Dr. Mary Kay Rudolph, Senior VP of Academic Affairs and Assistant Superintendent, Santa Rosa Junior College

While the symposium is offered to all youth, ages 16-30, the event targets Latino & Native American youth and is culturally sensitive to the unique Latino patient-care needs of Northern California.

Students attended informative presentations that delivered insight into career pathways, educational programs, and financial aid opportunities. Passionate speakers stressed the importance of cultural and linguistic responsiveness and how resiliency and courage play an integral part in mental health wellness within the youth community.

For more information about the symposium, visit www.mifuturonorcal.org/.



Sonoma County Behavioral Health's Wendy Wheelwright leads the Mental Health Trauma Assessment Station at Mi Futuro 2018

EACH MIND MATTERS MINI-GRANT OPPORTUNITY FOR SCHOOLS!

Each Mind Matters is excited to announce the release of its **2018 School Mini-Grant Application!** This is an opportunity for schools to build California's Mental Health Movement by hosting their own mental health awareness events on their school campus during **Mental Health Awareness Month** in May. This grant opportunity is open to student-run clubs on high school or college campuses in California. Applications are due **March 16, 2018**. For more information, visit: www.eachmindmatters.org/action-items/2018studentminigrant/

PROJECT SUCCESS+ PARENT SUPPORT MEETING AT RANCHO COTATE HIGH SCHOOL

Tuesday, February 20, 2018, 6-7:30pm
Rancho Cotate High School Library, 5450 Snyder Lane, Rohnert Park

Project **SUCCESS+** hosts a parent support meeting at **Rancho Cotate High School** entitled "Give Peace a Chance: Self-Care in the Midst of Chaos". Project **SUCCESS+** is a school-based, MHS-funded program that works to reduce the factors that put students at risk for substance misuse and mental health challenges while working to enhance the factors that will protect students from these risks.

For more information, please contact Flash Welch at (707) 792-4755.

ADVANCE HEALTH CARE DIRECTIVE WORKSHOP

Thursdays, February 22 & March 8, 2018, 1-3pm
Jewish Family and Children's Services (JFCS)
1360 North Dutton Ave, Suite C, Santa Rosa
Cost: \$50 (covers both sessions)



No one is too young or too healthy to prepare for the unexpected. In this two-part workshop, you can ask yourself "What matters most?" and give your loved ones the gift of a specific plan that honors your wishes.

Get an overview of what an **Advance Directive of Health Care** includes, and receive help creating and completing a document that addresses your wishes. At the completion of the two-day workshop you will leave with a notarized advance directive.

To register for the events, visit:

www.eventbrite.com/e/its-about-how-you-live-advance-health-care-directive-workshop-tickets-41977612168

MENTAL HEALTH RESILIENCY FORUM

Thursday, February 22, 2018
6pm (Resource and Services Fair); 7-9pm (Forum)
Glaser Center, 547 Mendocino Ave, Santa Rosa
Spanish translation will be available



Our community has gone through a traumatic experience. The fires affected every one of us. We invite you to a **Mental Health Resiliency Forum** to learn about available services and resources, and hear expert panelists speak on trauma and how to foster

well-being during this difficult time.

Ask questions. Get help. You are not alone in this.

Hosted by Sonoma County Supervisors Shirlee Zane and Lynda Hopkins, with special guest, Congressman Mike Thompson

EACH MIND MATTERS 2017-18 WEBINAR SERIES CONCLUDES

The **Each Mind Matters (EMM) Webinar Series** is designed to provide a deeper understanding of mental health awareness, stigma and discrimination reduction, suicide prevention strategies, & EMM materials that are available to support your work.

March 13, 2018, 1-2 pm: **Learning Exchange: Community Engagement for May is Mental Health Awareness Month**

Register at:

attendee.gotowebinar.com/register/7333185489592972803

If you missed the earlier webinars in the series, you can access recordings and download the presentations at:

<https://emmresourcecenter.org/>

For more information about MHS 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 Content: Amy Faulstich; Design: Bruce Robbins

May is Mental Health Matters Month

Mental Health Matters Month is a time to help raise the community's awareness about mental health and wellness and encourage people to support others around them. Encourage everyone to reach out, speak up, take part and join the movement this May!

EACH MIND MATTERS/SanaMente OFFER FULLY BILINGUAL TOOLKIT FOR "MAY IS MENTAL HEALTH MATTERS MONTH"



Each Mind Matters and SanaMente are excited to announce the release of their **2018 May is Mental Health Matters Month Toolkit!** With the theme of *"Deeper Connections: From Small Talk to Real Talk,"* they're focusing on strengthening social support networks, which research suggests can contribute to a healthier, happier life. Additionally, they are excited to offer their first fully bilingual toolkit in English and Spanish, aligned with their efforts to better reach California's diverse Latino population through **SanaMente: el Movimiento de Salud Mental de California.**

This year's toolkit features:

- a new Ribbon Wall Activity
- the Mental Health Support Guide
- Mental Health Matters Month Poster
- Lime Green Ribbon Cards & Wristbands

This year's toolkit also features business size Message Cards that provide inspirational messages to share with others. A total of 10 designs are provided: two bilingual, four in English and four in Spanish. View and download the electronic toolkit here:

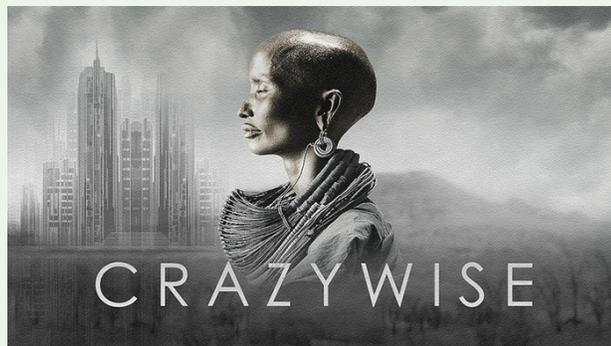


www.eachmindmatters.org/May2018/

And if you missed the Each Mind Matters webinar about the toolkit and examples of how other county and community agencies are celebrating Mental Health Awareness Month, you can view the slides and recording here:

<https://emresourcecenter.org/resources/learning-exchange-tips-tools-mental-health-matters-month>

FREE SCREENING OF DOCUMENTARY "CRAZYWISE"



Thursday, May 3, 2018

Resource Fair: 4-5pm

Film: 5-7pm (seating for film is on a first come, first served basis)

Glaser Center - 547 Mendocino Avenue, Santa Rosa

Goodwill Industries of the Redwood Empire and Sonoma County Behavioral Health invite you to an evening of engagement and discovery. The traditional wisdom of indigenous cultures often contradicts modern views about a mental health crisis. The documentary **CRAZYWISE** explores what can be learned from people around the world who have turned their psychological crisis into a positive transformative experience. Producer Phil Borges explores the growing severity of the mental health crisis in the United States dominated by biomedical psychiatry.

- Meet a representation of community partners dedicated to furthering mental health and spiritual wellbeing
- Browse the Wellness and Advocacy Center Art Program Sale featuring the handcrafted work of local artists
- Enjoy light refreshments from the Good Eats Kitchen training program

FREE SCREENING AND Q&A PANEL OF "NOT ALONE"



Wednesday, May 9, 2018, 7pm

Boulevard 14 Cinema, 200 C Street, Petaluma

The **Commission on the Status of Women in Sonoma County** presents a FREE community screening of **"Not Alone"**, a film about teen depression and suicide. A Q&A panel with experts in the field will follow the screening.

RECOVERY DISCOVERY FAIR: FOR THOSE IN THE COMMUNITY WHO ARE RECOVERING FROM THE SONOMA WILDFIRES



Saturday, May 19, 2018

Resource Fair: 1-4pm

Presentation: 2-3pm (seating is on a first come, first served basis)

651 Yolanda Avenue, Santa Rosa

Goodwill-Redwood Empire is opening its doors on Saturday, May 19th for an afternoon of learning about the many resources that are available to those in the community who are recovering from the Sonoma wildfires. This is an opportunity to meet Crisis Counselors from the **California H.O.P.E.** Crisis Counseling Assistance and Training Program and to listen to an informative presentation on Trauma and Recovery by **Wendy Wheelwright**, MFT. Enjoy light refreshments from the Good Eats Kitchen training program.

Presented by Goodwill-Redwood Empire, Sonoma County Behavioral Health & California Helping Outreach Possibilities Empowerment (H.O.P.E.)

For additional information, please contact Laurie Petta at 707-523-0550 or lpetta@gire.org

RUSSIAN RIVER EMPOWERMENT CENTER PRESENTS "COMMUNITY THREADS" - A FASHION AND ART SHOW "FUN D'RAISER"



Saturday, May 12, 2018

Show: 1-2pm

Hors d'oeuvres & Artist Reception: 2-3pm

Guerneville Community Church, 14520 Armstrong Woods Rd, Guerneville

West County Community Services' **Russian River Empowerment Center** presents "Community Threads Fun d'Raiser", a fashion show extraordinaire blending together local creations, original music, and poetry.

Tickets are \$20. Available at:

West County Community Services, 16390 Main St, Guerneville and The Empowerment Center, 14520 Armstrong Woods Rd, Guerneville

Contact: Miller Phoenix, 707-604-7264, miller.phoenix@westcountyservices.org

"STILL MY PERSON": A YEARLY EVENT FOR CHILDREN, TEENS & THEIR FAMILIES TO REMEMBER SOMEONE WHO HAS DIED



Saturday, May 19, 2018, 1-4pm

Hospice of Petaluma, 416 Payran Street, Petaluma

The event is free of charge, donations are welcome.

St. Joseph Health Hospice Services presents "Still My Person", a yearly event for children, teens, and their families to remember someone who has died. Ages 5-17 are welcome, whether the death happened recently or a while ago. All are encouraged to bring an object or photo for the group memory table. Children must be accompanied by an adult. Se habla español.

Registration: Please call Gina Carini at (707) 568-1094

Individual, child and family grief support is available from St. Joseph Health Hospice Services at all three of their office locations in Petaluma, Santa Rosa and Healdsburg.



Wednesday, May 23, 2018, 9:30am-2pm

East Side, Capitol Building, Sacramento

This is a free event!

Join **Each Mind Matters** and their partner **Mental Health America of California** at **Mental Health Matters Day** in Sacramento! Keynote speaker **Darryl "DMC" McDaniels** from **Run DMC** will share his story of lived experience of mental health challenges. Prepare for outdoor seating by bringing folding chairs, blankets, and other picnic seating.

Contact: info@mhac.org

To register online: <https://goo.gl/vWTDwJ>

For more information: www.mentalhealthmattersday.org

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 Content: Amy Faulstich; Design: Bruce Robbins

RECENT CELEBRITY DEATHS CAN HELP START ESSENTIAL CONVERSATIONS

NATIONAL
SUICIDE PREVENTION
LIFELINE™
1-800-273-TALK
www.suicidepreventionlifeline.org

Fans and followers of Kate Spade and Anthony Bourdain are in shock these last few weeks, mourning their unexpected deaths. Suicide among such well-known, talented, and apparently successful individuals reminds us that public personas often conceal personal struggles. Although most people who die by suicide are not famous, they too may be masking their despair, feelings of inadequacy, or hopelessness. Additionally, their relationship problems, financial concerns, or health issues may contribute to feeling overwhelmed.

For anyone struggling - trained, compassionate people are ready to listen to you: Call anytime: **1-800-273-8255** or text to **741741**. [En Espanol: **888-628-9454**]

At the same time, these well-publicized deaths are motivating many individuals to begin to reveal their own struggles to their friends—on social media and in personal conversations. These are essential steps to help overcome the isolation that often accompanies suicidal feelings and such revelations can be responded to with compassion and understanding.

Sonoma County Behavioral Health encourages you to reach out to any of your friends, family and co-workers who may be having difficulty coping. Visit www.suicideispreventable.org to **know the signs, find the words** to start a conversation with someone you are concerned about, and to find resources you can **reach out** to for help and support. Check the Each Mind Matters **“Say This Not That”** tip sheet (<https://bit.ly/2pk1pUn>) for more advice. Pain isn't always obvious: know the signs, find the words and reach out.

SUICIDE PREVENTION RESOURCES

EachMind MATTERS
California's Mental Health Movement

A network of hundreds of organizations and thousands of individuals working to advance mental health issues in California.

www.EachMindMatters.org

A statewide social marketing campaign intended to educate Californians how to recognize the warning signs of suicide, how to find the words to have a direct conversation with someone in crisis and where to find professional help and resources.

www.suicideispreventable.org

SPRC
SUICIDE PREVENTION RESOURCE CENTER

Provides technical assistance, training, and materials to increase the knowledge & expertise of suicide prevention practitioners & other professionals serving people at risk for suicide.

www.sprc.org

Promotes suicide as a research discipline, public awareness programs, public education and training for professionals and volunteers.

<http://suicidology.org/>

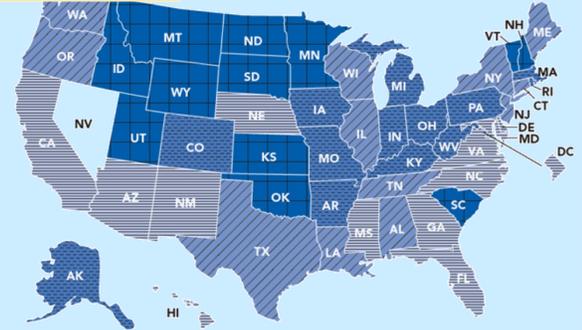
Pain Isn't Always Obvious

KNOW THE SIGNS

Suicide Is Preventable

AA
AMERICAN ASSOCIATION OF SUICIDOLOGY

Suicide rates rose across the US from 1999 to 2016.



SOURCE: Centers for Disease Control and Prevention (CDC) National Vital Statistics System; CDC Vital Signs, June 2018

www.cdc.gov/media/releases/2018/p0607-suicide-prevention.html

LOCAL SUICIDE PREVENTION RESOURCES

Sonoma County Department of Health Services Behavioral Health Division provides resources for people and their loved ones that are experiencing depression and/or thoughts of suicide. The **North Bay Suicide Prevention Hotline** is a toll-free, confidential 24/7 suicide prevention hotline (**1-855-587-6373**) that will connect you with a trained crisis counselor.

If you or someone you know is having a mental health crisis you can get help 24 hours a day, seven days a week by calling Sonoma County's 24-hour Emergency Mental Health Hotline: **(800) 746-8181**. To find out more about how to access mental health resources in Sonoma County, call **(707) 565-6900** or **(800) 870-8786** or visit the Behavioral Health website:

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

24 HOUR HOTLINE
NORTH BAY SUICIDE PREVENTION
HOTLINE OF SONOMA COUNTY
1 855 587 6373
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.

Appendix 2 – Mobile Support Team (MST) Final Innovation Evaluation Report



WELLNESS • RECOVERY • RESILIENCE



Final Evaluation
of the
Mobile Support Team (MST)
Innovation Project
May 2012-June 2018

"We are the face of Behavioral Health. We are the first ones they meet. We humanize, educate, and familiarize. We are a very positive face of Sonoma County Behavioral Health" – MST Staff Member

"On the worst day of their lives, we are there to help them." – MST Staff Member

Submitted by: Sonoma County

The Sonoma County Mobile Support Team

Background

In 2006, mobile crisis support was identified as a priority during the Mental Health Services Act (“MHSA”) Community Services and Supports (CSS) public community planning process. The community stakeholder’s desire was to improve outcomes for people facing a mental health crisis in Sonoma County by avoiding unnecessary arrests, involuntary psychiatric holds, and confrontations with law enforcement, injuries, or deaths. Through implementing crisis intervention services that provide safety planning, referral and linkage, 24 hour access to voluntary detox and crisis stabilization, etc. it was hypothesized that the Mobile Support Team (“MST”) could help reduce the likelihood of costly and unnecessary psychiatric hospitalizations, and usage of local hospital emergency rooms (ERs).

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

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

MST is staffed by licensed mental health clinicians, certified substance abuse specialists, post-graduate registered interns, mental health consumers and family members. MST staff receives specialized field safety training by law enforcement partners. MST operates during peak activity hours and days as informed by ongoing data review and coordination with law enforcement agencies. MST staff participates in law enforcement shift briefings to maintain open communication. MST staff responds in the field to law enforcement requests to behavioral health crises. Once the scene is secured, MST provides mental health and substance use disorders interventions to individuals experiencing a behavioral health crisis, including an evidence-based MST 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 to mental health consumers and mental health consumers’ family members to help link community members to ongoing care and treatment to mitigate future crisis.

Problem Addressed

DHS-BHD provides a number of strategies to improve crisis response in Sonoma County; however, law enforcement agencies have shouldered the entire burden of responding to individuals experiencing a behavioral health crisis. Despite efforts to identify at-risk individuals and improve the capacity of law enforcement agencies to provide crisis response, community members, including consumers and family

members, were voicing their concern that the response strategies did not lead to the best possible outcomes. The MST model provided the community with the opportunity to test a new, innovative approach to increase the quality of services for people in distress, by integrating consumers and families as core members of a mobile crisis support team.

Through DHS-BHD, MST has supported a number of strategies to ensure that individuals experiencing a behavioral health crisis are provided with the most appropriate services and supports, including providing crisis intervention training and recurring referral meetings with local law enforcement, and the production and dissemination of brochures to consumers and family members so they have the information they need to contact law enforcement for a behavioral health crisis.

Changes to the Model Since Inception

Initial funding for MST provided for coverage in Sonoma County's largest population centers - Santa Rosa, through Windsor. Due to its success working in its original catchment areas, the MST was asked to expand to work with other law enforcement agencies throughout Sonoma County to respond to individuals experiencing a mental health crisis in those jurisdictions. The additional personnel, funded through the Investment in Mental Health Wellness Act of 2013 (SB 82 Triage Grant) (March 2014 - June 2018) expanded mobile crisis services to the cities of Cotati, Rohnert Park, and Petaluma, increasing residents' access to these crisis services and decreasing the impact of mental health and/or substance use crisis calls on law enforcement. MST Triage expansion funded 2.0 FTE Clinical Staff, 2.0 FTE of contracted Post-Graduate Intern support, a 0.5 FTE Peer Support Specialist, and 0.5 Family Member.

In January 2015, MST Triage staff co-located in DHS-BHD's Community Mental Health Center in Petaluma. MST staff began to attend briefings with law enforcement agencies in Petaluma, Rohnert Park and Cotati on a weekly or semi-weekly basis.

Evaluation Methodology

This evaluation examined individuals served through MST since its inception on September 1, 2012 through June 30, 2018. Because of the limited amount of outcome data available at this time, the evaluation focuses instead on implementation and qualitative data derived from the following sources:

Implementation Data:

Program data was pulled from two different sources and analyzed according to two different time periods. Data on clients and services from September 2012-May 2015 was pulled from a Microsoft Access data base, and data on clients and services from November 2015 through June 2018 was pulled from the SWITS (Sonoma Web Infrastructure for Treatment Services) database. Because the program data from each database differ, their results are presented separately. Data from both time periods includes demographic and service data including: service calls from law enforcement and other referring parties, demographic information on all individuals served by MST, referrals made at the time of service and number of calls that resulted in 5150.

Stakeholder Interviews and Focus Groups:

DHS-BHD collected direct stakeholder input on MST through a series of structured interviews and focus groups with MST staff, Sonoma County sheriff's deputies, and community service providers. The interview and focus group protocol included open-ended questions regarding participant's perceived strengths and challenges of the MST program and approach, perceived impact on providers and clients, and recommendations for program enhancement. Key findings from each of these interviews and focus groups are listed below.

Limitations on the data

A number of challenges placed significant limitations on the outcome data available for analysis. These included:

- Lack of access to ER admission and other area hospital data
- Lack of comparison data regarding 5150 holds prior to implementation of MST
- Inability to share data with HSD and other service partners

Beginning in November 2015, DHS-BHD implemented a new Electronic Health Record (EHR). Prior to the implementation of an EHR, data on MST outreach services, including crisis services had been collected on various spreadsheets, Access databases, etc., making tracking and analysis of outcomes difficult. The input of data into the SWITS system made it possible to look at all of the demographic and service data in one place. Because of this, data prior to 2015 and after 2015 are analyzed separately.

The original evaluation design included a comparison of the number of hospital admissions for clients before and after implementation of MST. It was hypothesized that partnering with local hospital emergency departments to provide medical screenings within the County's Crisis Stabilization Unit (CSU) could reduce the volume of emergency behavioral health services provided in the hospital emergency department. However, because DHS-BHD was not able to gain access to hospital data during this pilot phase, this analysis could not be completed.

Demographic and Service Data

Below is a summary of all of the demographic and service data available for the periods of September 2012 to June 2018. They are presented separately due to the types of data available for each period of service.

September 2012-June 2015

From September 2012 through June 2015, MST received 1,180 crisis calls from the Santa Rosa Police Department (SRPD), Sonoma County Sheriff's Office, and Santa Rosa Junior College District Police regarding individuals confronting a mental health crisis. MST provided these clients and their families 1,135 referrals to supportive wraparound services, including referrals to mental health and family support programs and Alcohol and Other Drug (AOD) recovery sponsored by the National Alliance on Mental

Illness (NAMI) Sonoma County, Buckelew Programs and local detox facilities and Alcoholics/Narcotics Anonymous (AA/NA) chapters. They also referred 313 clients during this period to a Peer Support Program sponsored by Goodwill Industries of the Redwood Empire. The Peer Support Specialists at the Petaluma Peer Recovery Project provided a safe place that was populated by fellow mental health consumers and was conducive to recovery. Through the peer support program, MST clients were offered support groups focused on life skills, relaxation and self-therapeutic techniques for recovery. Homeless clients were provided access into shelter, and long-term residential treatment programs. For clients facing domestic violence issues, the Peer Specialists collaborated with case managers to provide additional support.

Review of the data during this period reveals positive trends in call outcomes. Between 9/2012-6/2015, only 23% (n=437) of all service calls resulted in law enforcement or MST staff placing a client on a psychiatric hold (“5150”).

July 2015-June 2018

From July 2015-July 2018, MST staff served 1,264 individuals. Of those served, approximately one half (48%) were between the ages of 26-69. A large majority, (43%) of consumers identified themselves as White, and 17% self-identified as Hispanic/Latino. Full demographic characteristics of the MST consumers served between 5/2015-6/2018 are detailed below.

Table: MST Consumers (July 2015-June 2018)

Demographic Characteristics:

Age

Age (N-1264)	%	N
0 to 15	11%	144
16 to 25	23%	288
26 to 59	48%	606
60+	14%	182
Unknown	3%	44

Demographic Characteristics:

Gender, Race and Ethnicity

Gender (N-1264)	%	N
Female	51%	640
Male	48%	610
Transgender	1%	3

Demographic Characteristics: Gender, Race and Ethnicity

Race (N-1264)	%	N
White	43%	543
Black/African American	3%	41
Asian/Pacific Islander	3%	19
Multi-Racial	5%	40
Unknown/Other/Declined	49%	621

Ethnicity (N-1264)	%	N
Hispanic/Latino	17%	136
Not Hispanic/ Latino	83%	570
Unknown	45%	555

Review of SWITS data during this period reveals positive trends in both call activities and call outcomes. Between 5/2015-6/2018, 1096 calls were made to MST by law enforcement and other referring partners. It is encouraging to note that only 301 or (27%) of the calls to MST resulted in police or MST issuing a 5150. In over half of these 5150 outcomes (N=165), clients and their families were also provided with family support, behavioral health (BH) support or other resources by MST.

Provision of BH, medical and social service supports in lieu of automatic psychiatric hospitalization is evident in the number and type of referrals made to clients through MST. The table below reveals that from November 2015 through June 2018, 155 referrals were made to housing services, and 2,109 referrals were made to mental health services and supports (including Peer Support).

Table: Number and Type of Referrals Made (11/1/15-6/30/18)

MST Service Referrals Out	Referrals
Housing Services	155
Mental Health Services (including 215 Peer Support)	2109
Other Support Services (Adult protective, Family, Detox, etc.)	712
Total	2976

During this same period, MST staff made an additional 712 referrals to wraparound support services for MST clients and their families. This included 139 referrals to substance abuse treatment and recovery

services, and 220 referrals to family members requiring their own support. Family members who agreed to engage with services were contacted by NAMI and Buckelew and offered ongoing telephone support and were provided classes and support groups for understanding and supporting both their loved ones and themselves.

Findings from Key Informant Interviews and Focus Groups

One focus group was conducted with MST staff and two focus groups were conducted with Sonoma County sheriff's deputies collaborating with MST. An additional key informant interview with an important community partner (NAMI) was also conducted. Feedback from all respondents revealed the following universal beliefs:

1. Staff and community provider satisfaction with MST is high.
2. Providers and law enforcement credit the MST program with enhancing provider/law enforcement collaboration and effectiveness in working with individuals experiencing a mental health crisis.
3. The provision of critical services and supports provided through MST can decrease the severity and re-occurrence of mental health crises.
4. An expansion in MST service hours and service locations is needed to meet community needs.

Below are the themes that emerged in each of the individual focus groups and interviews regarding the perception of program strengths, program challenges, and opportunities to enhance the program in the future. They are divided by findings related to MST Staff, Law Enforcement and Community Partners.

MST Staff Findings

One 60-minute focus group was conducted with 9 members of MST. Their responses included the following perceptions regarding Program Strengths, Program Challenges and Opportunities for Program Enhancement:

Perceptions Regarding Program Strengths:

Staff perceived that one of the key program strengths was that it benefitted, MST staff, MST clients and MST partners. Their comments included:

- A multi-staff response allows for additional input when deciding on 5150 status
- Basing the program inside the community (versus County offices) has resulted in the following benefits:
 - Deeper understanding amongst MST providers of co-occurring disorders
 - Ability to work with family, friends and neighbors to support clients and follow through with referrals
- Working with the CSU Team provides team members insight into continuity of care

- Collaboration with law enforcement has resulted in several positive outcomes for BH clients:
 - Reduction of stigma related to mental health crises among law enforcement
 - Approach towards behavioral health clients progressing from punitive to more empathetic
 - Willingness of law enforcement to reach out to MST for consultation

“They (law enforcement) have welcomed us into their world. We can all do what we need to do.”

Perceptions Regarding Program Challenges:

The majority of comments regarding challenges focused on issues within the larger mental health system, rather than on MST itself. They included:

- Inconsistent admission criteria at the CSU and conflicting protocol between hospitals and the CSU (re co-occurring medical and mental health issues) has resulted in additional work for MST staff when transporting clients

“There is often a misunderstanding whether patients should be taken to the CSU or the ER. Especially with dementia or with autistic children. The regulations of each conflict with each other and the police look to us to make the decision.”

- Inability to share information on clients with community referral partners can result in clients falling through the cracks
- Shortage of psychiatric facility beds and rehab beds can result in recidivism while clients wait for placement

Perceptions Regarding Opportunities for Enhancement:

Staff respondents focused on the need for more resources in order to provide extended hours of service and coverage in the County “hot spots”. Their suggestions included:

- Expanding MST service hours from 12 noon – 12 AM will provide needed support to law enforcement to better meet nighttime calls.
- Allow MST staff to resume overtime work to avoid backlog and complete new cases in an efficient and timely manner

“Because we are not allowed to work overtime, we are not able to close the loop on several calls and have to start all over the next day. This means we can’t respond to new calls and we back up the entire system.”

Law Enforcement Findings

Two focus groups were conducted with a total of 9 Sheriff's deputies. Below is a summary of their feedback

Perceptions Regarding Program Strengths:

Law enforcement respondents were overwhelmingly positive about the benefit of MST and focused on MST's unique training, approach and resources as the primary keys to their success. Their comments included:

- MST is willing to be of help no matter what the situation or what the "ask":

"Even when we call a 5150, I will email the MST to follow up with the family. They never say 'no'. They are very positive."

"They play well in our world. We have mutual respect."

- Due to their ability to quickly gain client trust, members of MST have been particularly effective at intervening with juvenile clients and clients who have experienced sexual violence and abuse:

"People in crisis get better service from the MST. They need softer treatment and we (deputies) don't have the time."

"I remember a female juvenile who had run away. She was afraid of men from her past experience. The MST knew that and brought a female provider."

- Involving MST has reduced the amount of time law enforcement personnel have to spend on mental health crises calls:

"Their (the MST's) primary job is mental health. Our primary job is law enforcement. We are not efficient at solving mental health crises"

"When the MST is involved, we are not seeing the same people again and again."

"They (the MST) shift the burden of mental health issues off of law enforcement."

- MST's knowledge of substance abuse issues and treatment prevents the unnecessary arrest of drug-involved clients:

"They know who she is, what her meds are and what they need to do."

"They take the civil liability off of our shoulders"

Perceptions Regarding Program Challenges:

The majority of challenges identified by law enforcement focused on the need to expand MST's resources in order to meet the significant community need. Comments included:

- The need for MST availability during the majority of "busy time" for mental health calls (5PM-2AM)
- The need to cover West County and the Russian River where there are a significant amount of mental health calls
- The need to provide weekend hours

When asked about what happens when MST is unavailable, deputies responded that they often make unnecessary arrests or else are forced to walk away, leaving mental health clients without any follow up:

"If I can't identify the criteria for a 5150, I have to walk away."

"Going into the field without MST means going out without all of the tools."

Perceptions Regarding Opportunities for Enhancement

Law enforcement respondents shared the belief with MST respondents that the Team would be more effective if it was given additional resources to expand its service areas and hours of operation. Their suggestions included:

- Being open during "swing shift"
- Being "on call" outside of normal business hours
- Being pro-active regarding intercepting mental health clients in the community, before they rise to a criminal call.

Community Partner Findings

One interview was conducted with a representative from the National Alliance on Mental Illness (NAMI)-Sonoma County. NAMI, which regularly receives referrals from MST for family member education and support and which sends a representative to MST weekly team meetings to share referral outcomes. Below are her responses:

Perceptions Regarding Program Strengths:

- Families are in great need of the NAMI referrals made by MST
- NAMI and MST work in close collaboration

Perceptions Regarding Program Challenges:

- Health Insurance Portability and Accountability Act (HIPAA) regulations make it very difficult for MST to share any of their client data. The result is a lost opportunity for follow up by community referral partners

“It’s a one way reporting relationship. Our contact can share what has happened, but the MST can only listen. We need to look at legally what we can and cannot share.”

Perceptions Regarding Opportunities for Enhancement

When asked what the program could do to increase its effectiveness, the NAMI representative listed two areas of potential improvement:

- Educate the public about MST services and allow members of the public to circumvent law enforcement and contact MST directly during a mental health crisis:

“In Santa Clara and San Mateo the public can request the MST during the 911 call. Here it is totally at the request of law enforcement. We need to be more proactive regarding training the public to be conscious of what to do during a mental health crisis.

“Would be great to let the public know they exist and could prevent future crisis.”

- Look into the possibility of developing Memorandums of Understanding (MOUs) with key referral partners to identify opportunities for sharing data and ensuring a closed-loop referral system:

Cultural Competence

Since its inception in 2012, MST has been dedicated to developing and sustaining a culturally competent team of behavioral health specialists. They have done this through training, culturally based recruitment and culturally sensitive service development provision.

Each year of program implementation, Sonoma County Behavioral Health has provided training to MST staff and community partners to develop the knowledge and skills necessary to provide culturally competent behavioral health support.

In addition, MST utilized a culturally based approach to team recruitment (e.g., recruiting consumers, family, mental health and AODS staff who are culturally and linguistically diverse, collaborating with other partners to strengthen cultural competence). Since its inception, MST has worked to ensure that all its services are culturally based and culturally sensitive. To do this, the Team developed appropriate protocols and language when following up with clients and their families and when reflecting upon project protocols and individual cases.

The following cultural responsiveness trainings were provided for the MST staff from 2012 to 2018:

- Spiritual Competency
- History of Transgender Medicine
- Client Culture and Recovery
- HIV Impact on Sex, Sexuality and Relationships

- Historical Trauma in the Native American Community
- UnDocutrauma: Power, Privilege & Oppression
- Peers in the Workforce
- Unpacking Gender
- Releasing Hope Sexuality in the Context of Mental Health
- Working with Latino Communities
- Peer Perspective
- Gender and Sexuality
- Connecting After Sonoma Complex Fires

Stakeholder Contributions

The Innovation (INN) component planning for Sonoma County was a process which included stakeholder meetings and began with convening the INN Community Advisory Committee to conduct an extensive review of stakeholder feedback and input collected and documented throughout the sequenced implementation of prior MHS components. The INN Community Planning Process involved review of broad-based community input provided by diverse stakeholders from across Sonoma County including consumers and family members, representatives from underserved racial/ethnic populations, particularly the Latino and African American communities. Comprehensive and inclusive stakeholder processes for Community Services and Supports (CSS), Prevention and Early Intervention (PEI), and Workforce Education and Training (WET) resulted in extensive input and feedback on community issues, which continue to include barriers to increasing access to underserved groups; improving the quality of services; promoting collaboration with DHS-BHD and among community providers; and increasing access to services.

In addition to documented feedback from prior MHS community planning process, the INN Advisory Committee reviewed feedback from consumer advocacy groups and provider groups representing underserved communities that have been established, in part, as a result of MHS planning, to provide continuous feedback and input into MHS funded projects and processes.

The INN Community Advisory Committee was convened in February 2010. At the first meeting the Committee was reminded of the intent of the Innovation component by reviewing Innovation guidelines, funding priorities and project definitions. The subsequent discussion focused on potential innovation projects that were responsive to community needs and simultaneously would contribute to learning in Sonoma County, and could make a contribution to mental health system transformation in California. The Committee reviewed the extensive feedback documented from all past stakeholder meetings in order to identify those issues which remained unresolved and had not generated project solutions that met the community need. Specifically those issues included: access to services for underserved groups, particularly communities of color and consumers who were isolated based on where in the county they lived; early morbidity for consumers living with Serious and Persistent Mental Illness (SPMI) based on untreated physical health conditions; and continued lethal incidence (often high-profile and very public) during law enforcement crisis response to consumers experiencing a mental health crisis. The INN

Community Advisory Committee reached unanimous agreement on a set of projects to put forward in the INN plan that would contribute to learning and to informing Sonoma County mental health practice.

Strategies For Ongoing Funding

Beginning on July 1, 2018, MST began receiving funding through the MHSA Community Services and Supports (CSS) component. In January of 2019, the program began services through an SB 82 Triage Grant award to increase the geographic regions MST could serve. The Triage Grant will continue until November 30, 2021.

Evaluation Considerations

As was noted in the evaluation of the Triage grant, there is room for more robust evaluation activities moving forward, particularly with regard to the impact of MST. Future evaluations would benefit from assessing additional core MST outcomes, such as the tracking of follow-up referral access, and changes in emergency health service and psychiatric hospitalization rates as a result of MST.

As electronic health record implementation continues to progress, tracking referral follow-ups and inpatient psychiatric hospitalizations will become increasingly feasible and reliable. Due to DHS-BHD's limited access to hospital data, tracking emergency service outcomes will require partnerships with local hospital emergency departments. Future evaluations would also benefit from an ongoing and regular process for receiving feedback from the MST participants.

Appendix 3 – Innovation Project Timeline



WELLNESS • RECOVERY • RESILIENCE

Process and timeline for implementing new Innovation Projects (2019-2020)

Tasks	June 2019	July 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020
Preparation for Process <ul style="list-style-type: none"> • Adopt framework for Innovation (INN) Project development • Develop submittal request/INN Project Proposal Form • Finalize scoring criteria (50% of score for Innovation, 50% of score for Implementation) • Create template for project description • Review tasks/timeline • Develop resource list of data resources and FAQs • Develop community outreach plan including locations, outreach strategies, presentation outline, subcommittee and Steering Committee support 											
<ul style="list-style-type: none"> • Present tasks/timeline, Submittal Request, Scoring Criteria and Community Outreach Plan to the MHSA Steering Committee and MH Advisory Board • Obtain Steering Committee support 											

Tasks	June 2019	July 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020
Community Meeting/Pre-Application Meeting <ul style="list-style-type: none"> • Outreach to potential applicants at geographically accessible locations (North, Sonoma Valley, South and West County) • Engage Health Action Workgroups • Conduct MHSA INN 101 for potential applicants to <ul style="list-style-type: none"> ○ Explain innovation funding, ○ Review process, templates and scoring criteria, ○ Provide opportunity for community input, e.g. identifying underserved/unserved populations and ○ Answer questions/offer technical assistance 											
Idea Submission: Agency and Community Ideas <ul style="list-style-type: none"> • Support agencies and/or community representatives with technical assistance as requested • Innovation Project plans submitted for scoring 											
Review Plans and Scoring <ul style="list-style-type: none"> • Recruit scoring committee members: non-conflicted community members and MHSA staff/providers • BHD team conducts initial review for administrative qualifications and requirements • Scoring committee review and score Innovation Project plans • Request additional information from project if necessary 											

Tasks	June 2019	July 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020
Recommendation for funding <ul style="list-style-type: none"> Recommend projects for funding to MHSA Steering Committee Begin drafting Innovation Project 											
Public review of Plan <ul style="list-style-type: none"> Post Innovation Project for public review (30 day) Conduct public hearing in coordination with MH Advisory Board 											
Approval of Plan <ul style="list-style-type: none"> Submission and review by Board of Supervisors Submission and review by MHSOAC 											
Contracts <ul style="list-style-type: none"> Award contracts Begin services 											

Appendix 4 – CalMHSA FY 16-17 Impact Statement



WELLNESS • RECOVERY • RESILIENCE



California Mental Health Services Authority
Statewide Prevention & Early Intervention (PEI) Project

FY 2016-2017 Reach and Impact in Sonoma County

Sonoma County contribution to the Statewide PEI Project in FY 2016-2017: \$109,200.00

The Statewide PEI Project: Achieving More Together

In Fiscal Year 2016-2017, 41 counties collectively pooled local Prevention and Early Intervention (PEI) funds through the California Mental Health Services Authority (CalMHSA) to support the ongoing implementation of the Statewide PEI Project. The Statewide PEI Project is publicly known as *Each Mind Matters: California's Mental Health Movement*, which represents an umbrella name and vision to amplify individual efforts from the county and other organizations that are taking place across California under a united movement to reduce stigma and discrimination and prevent suicides.

Strategies of the Statewide PEI Project in Fiscal Year 2016-2017

In Fiscal Year 2016-2017, funding to the Statewide PEI Project supported programs such as maintaining and expanding public awareness and education campaigns, creating new outreach materials for diverse audiences, providing technical assistance and outreach to county agencies, schools and community based organizations, providing mental health/stigma reduction trainings to diverse audiences, engaging youth through the Directing Change program, and building the capacities of schools to address mental health, stigma reduction and suicide prevention.

Outcomes to Date

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

- 15.4% more Californians exposed to Each Mind Matters turn to help for mental health challenges.
- Over 50% of Californians were exposed to Know the Signs.
- Individuals exposed to the Know the Signs campaign report higher levels of confidence to intervene with someone at risk for suicide.¹
- The Know the Signs campaign was rated by experts to be aligned with best practices and be one of the best media campaigns on the subject.²

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

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

- Students exposed to the Walk In Our Shoes website demonstrate significantly higher knowledge of mental health.³
- 63% of teachers and administrators who saw the Walk In Our Shoes performance started a conversation about mental health in the classroom.⁴
- 87% of students have a better understanding of mental illness and suicide after participating in Directing Change.⁵
- 97% of students who participated in Directing Change pledged to support a friend with a mental health challenge.⁶
- 87% of those who completed the Kognito training report that they are better prepared to identify, approach and refer students exhibiting signs of psychological distress.⁷
- 66% of California Community College faculty who completed Kognito training report an increase in the number of conversations they had with other faculty and staff about students that they were concerned about.⁸

Statewide achievements in FY 2016-2017

The effects of the Statewide PEI Project go beyond county lines. Influencing all Californians in the message of Each Mind Matters is critical for creating a culture of mental health and wellness regardless of where individuals live, work or play. Key statewide achievements of the Statewide PEI Project in FY 2016-2017 include:

- Reaching the milestone of disseminating over 1 million lime green ribbons
- Over 1 million hardcopy materials were disseminated in counties, schools, and CBOs
- Over 450 people attended the inaugural Each Mind Matters webinar series
- Over \$250,000 in mini-grant funds were provided to CBOs, NAMI affiliates, Active Minds Chapters and Community Colleges to host community outreach events utilizing Each Mind Matters resources and messaging
- The Directing Change Program received over 480 videos submissions from over 100 schools across California, engaging over 1,300 students
- Over 25 new Each Mind Matters culturally adapted resources were developed
- Over 70 news broadcasts, news articles and radio reports discussed programs implemented by the Statewide PEI Project
- Nearly 700 county agencies, schools, local and statewide organizations across California were touched by programs implemented by the Statewide PEI Project

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

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

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

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

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

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

Accolades from community members

Programs implemented under the Statewide PEI Project received numerous accolades from community members who benefit from these programs. A few local examples include:

"My son has depression. My husband died of suicide. All this is good to share with the public. Information is power." - Participant in MH101 Presentation at NAMI Sonoma County

"Items like the proclamation template (in the Suicide Prevention Week Toolkit) are the exact tools that we as a county need to support our efforts." Amy Faulstich, Sonoma County

Projected Outcomes of the Statewide PEI Project

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

Projected 10 year outcomes:

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

Projected 20 year outcomes:

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

The information below provides a comprehensive summary of activities that were implemented by CalMHSA Statewide PEI Project contractors and their subcontractors in 2016-2017:

- RSE
- The Directing Change Program and Film Contest
- Each Mind Matters Outreach & Engagement
- NAMI California



- Active Minds
- California Community Colleges Student Mental Health Program
- RAND Corporation

Organizations Reached

In FY 2016-2017, **21** local county agencies, schools and organizations received outreach materials, a training, technical assistance or a presentation about stigma reduction, suicide prevention and/or student mental health through the collective efforts of all programs implemented under the Statewide PEI Project. These include:

County agencies

- Sonoma County Department of Health Services

K-12 Schools and School Systems

- | | |
|--|--|
| <ul style="list-style-type: none"> • Windsor High School • Analy High School • El Molina High School • Rancho Cotate High School • Sonoma Valley High School • San Antonio High School | <ul style="list-style-type: none"> • Cloverdale High School • Casa Grande High School • Sonoma Mountain Alternative High School • Petaluma High School • Laguna High School • Santa Rosa High School |
|--|--|

Colleges & Universities

- Santa Rosa Junior College

Local Community Based Organizations

- | | |
|---|--|
| <ul style="list-style-type: none"> • NAMI Sonoma County • CHOPs Teen Center • Counsel on Aging • Graton Labor | <ul style="list-style-type: none"> • Lilliput Children's Services • At Home Nursing • Latino Service Providers of Sonoma County |
|---|--|

Training, Presentations and Outreach

Trainings, presentations and other forms of in-person outreach provide additional skills and knowledge to communities about stigma reduction and suicide prevention. Multitudes of individuals were reached through trainings, presentations and various outreach efforts with stigma reduction, suicide prevention

and student mental health messages, resources, tools and materials through the collective efforts of all programs implemented under the Statewide PEI Project. These include:

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

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

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

- **Each Mind Matters Conferences and Presentations**
 - Conferences receiving Each Mind Matters presentations: Sonoma County "The Many Faces of Youth Mental Health: Fostering Solutions, Resiliency and Hope" conference

- **NAMI Mental Health 101 Presentations:** In person presentations that give individuals an opportunity to learn about mental illness through presentations, personal testimonies and videos that represent a variety of cultures, beliefs and values
 - Total number of people in attendance: 105
 - Organizations receiving the presentation: Kaiser Hospital; San Antonio High School; Sonoma Valley High School; Cloverdale High School; Windsor High School; Counseling on Aging; Lilliput Children's Services; Graton Labor; NAMI Sonoma volunteers
- **NAMI Ending the Silence Presentations:** In-school presentations for students to learn about mental illness directly from family members and individuals living with mental illness themselves
 - Total number of students in attendance: 607
 - Schools receiving the presentation: Analy High School; San Antonio High School; El Molina High School; Laguna High School; Petaluma High School; Sonoma Mountain Alternative School; Casa Grande High School; CHOPS Teen Center; Santa Rosa High School; At Home Nursing

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

- **Active Minds Chapter Events:** Active Minds Chapters utilized Each Mind Matters materials and messaging to host outreach events on their higher education campuses
 - Total estimated number of attendees: 670
 - Campuses where the event took place: Santa Rosa Junior College
- **Community College Outreach Events:** The Foundation for California Community Colleges and their local campuses conduct mental health outreach to campuses utilizing Each Mind Matters materials and messaging
 - Total estimated number of attendees: 230
 - Campuses where the event took place: Santa Rosa Junior College

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

- **Each Mind Matters Insiders Newsletter:** A monthly electronic newsletter created specifically for service providers that provides information about relevant resources, upcoming events and opportunities for providers to get involved in California's Mental Health Movement.
 - Total number of Each Mind Matters Insider Newsletter Subscribers: 7
 - Organizations subscribed: County of Sonoma; Adult and Aging; Sonoma County Behavioral Health; Sonoma County Juvenile Hall Mental Health.

Technical Assistance

Technical assistance (TA) is provided by all Statewide PEI Project contractors, each targeting a different audience. Technical assistance includes providing crisis support, capacity building, guidance, and resource navigation on stigma reduction, suicide prevention and student mental health. It also includes building and maintaining a statewide network of providers and organizations who collaborate and learn from each other to implement more effective efforts and reach broader audiences. In addition, an Each Mind Matters Resource Navigation Team provides regular communication in the form of in person meetings and TA emails covering a range of topics with practical tools and information. During the FY 2016-2017, sixteen TA emails covered topics such as the Suicide Prevention and Mental Health Awareness Month Toolkits, Veteran's Mental Health, Supporting PEI Efforts in Schools and others. During FY 2016-2017, specific TA consultations included:

- **TA to counties**
 - Technical Assistance Support included support data support; additional outreach materials as requested; and monthly technical assistance calls to discuss and support activities for May is Mental Health Month.
- **TA to NAMI affiliates and programs**
 - Total technical assistance consultations: 4
 - NAMI Affiliates receiving Technical Assistance: NAMI Sonoma County
- **TA to Active Minds Chapters**
 - Total technical assistance consultations: 5
 - Campuses receiving Technical Assistance: Santa Rosa Junior College
 - Total number of new Active Minds Chapters that resulted from TA: Santa Rosa Junior College

Dissemination of Hardcopy Materials

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

- **Each Mind Matters Promotional Items:** 7,052
- **Each Mind Matters Educational Materials:** 4,807
- **SanaMente Materials:** 2,044

- **Know the Signs/El Suicidio Es Prevenible Educational Materials:** 11,215
- **Directing Change Materials:** 361
- **Walk In Our Shoes/Ponte En Mis Zapatos Materials:** 220
- **California Community College Student Mental Health Program Materials:** 4,240

Mini-Grants and Sponsorships

As a part of the Statewide PEI Project, mini-grants and sponsorships are awarded to local community based organizations, schools, and clubs/chapters/affiliates to grow the Each Mind Matters movement across the state through increasing reach and dissemination, and implementing community events and activities. Mini-grants and sponsorships awarded in FY 2016-2017 include:

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

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

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

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

Directing Change

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

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

Media

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

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

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

Appendix 5 – CalMHSA FY 17-18 Impact Statement



WELLNESS • RECOVERY • RESILIENCE

SONOMA COUNTY

Sonoma County contribution to the Statewide PEI Project in FY 2017-2018: \$161,971.20

The Statewide PEI Project: Achieving More Together

In Fiscal Year 2017-2018, 46 counties collectively pooled local Prevention and Early Intervention (PEI) funds through the California Mental Health Services Authority (CalMHSA) to support the ongoing implementation of the Statewide PEI Project. The Statewide PEI Project is publicly known as *Each Mind Matters: California's Mental Health Movement*, which represents an umbrella name and vision to amplify individual efforts from the county and other organizations that are taking place across California under a united movement to reduce stigma and discrimination and prevent suicides.

Strategies of the Statewide PEI Project in Fiscal Year 2017-2018

In Fiscal Year 2017-2018, funding to the Statewide PEI Project supported programs such as maintaining and expanding public awareness and education campaigns, creating new outreach materials for diverse audiences, providing technical assistance and outreach to county agencies, schools and community based organizations, providing mental health/stigma reduction trainings to diverse audiences, engaging youth through the Directing Change program, and building the capacities of schools to address mental health, stigma reduction and suicide prevention.

Statewide achievements in FY 2017-2018

The effects of the Statewide PEI Project go beyond county lines. Influencing all Californians in the message of Each Mind Matters is critical for creating a culture of mental health and wellness regardless of where individuals live, work or play. Key statewide achievements of the Statewide PEI Project in FY 2017-2018 include:

- Over 350,000 Lime Green Ribbons disseminated throughout the state
- Nearly 1 million hardcopy materials were disseminated in counties, schools, and CBOs
- Over \$170,000 in mini-grant funds were provided to CBOs, NAMI affiliates, Active Minds Chapters and Community Colleges to host community outreach events utilizing Each Mind Matters resources and messaging
- The Directing Change Program received over 740 videos submissions from over 150 schools across California, engaging over 2,400 students
- Nearly 10 new Each Mind Matters culturally adapted resources were developed
- Over 30 news broadcasts, news articles and radio reports discussed programs implemented by the Statewide PEI Project
- Over 400 county agencies, schools, local and statewide organizations across California were touched by programs implemented by the Statewide PEI Project

A horizontal bar composed of several colored segments: yellow, orange, purple, blue, teal, green, and grey.

Accolades from community members

Programs implemented under the Statewide PEI Project received numerous accolades from community members who benefit from these programs. A few local examples include:

“Thank you for this information. I have sent this to one of our epidemiologists and they are very interested in this data.” Sonoma County Department of Health Services employee

“I sent these resources [Self Care and Disaster Resources] out to our contractors and staff today. We are all pretty wiped out, but I am so proud of the work we all have been doing, it’s been heartbreaking and inspiring. Thank you always for your support of Sonoma County and for sending these valuable resources when we needed them most.” Mental Health Services Act Coordinator, Sonoma County Department of Health Services Behavioral Health Division

Projected Outcomes of the Statewide PEI Project

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

Projected 10-year outcomes:

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

Projected 20-year outcomes:

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



The information below provides a comprehensive summary of activities that were implemented by CalMHSA Statewide PEI Project contractors and their subcontractors in 2017-2018:

- RSE
- The Directing Change Program and Film Contest
- Each Mind Matters Outreach & Engagement
- NAMI California
- Active Minds
- California Community Colleges Student Mental Health Program
- RAND Corporation

Organizations Reached

In FY 2017-2018, 6 local county agencies, schools and organizations received outreach materials through the collective efforts of all programs implemented under the Statewide PEI Project. These include:

County Agencies:

- Department of Health Care Services,
Sonoma County Behavioral Health
Division

K-12 Schools and School Systems:

- Challenges of Youth 2018 Sonoma County
conference hosted by Sonoma County
Office of Education

Colleges and Universities:

- Santa Rosa Junior College

Local Community Based Organizations:

- Active Minds at Santa Rosa Junior College
- Integrative Medical Clinic Foundation
- NAMI Sonoma County

Training, Presentations and Outreach

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

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

- The EMM Team attended a meeting with staff from the Sonoma County Behavioral Health Division and Public Health Division to present on best-practices for implementing community-based suicide prevention strategies. (YSM, 1.9.2018)



- The EMM Team presented on EMM resources focused on youth suicide prevention at the Challenges of Youth 2018 Sonoma County conference hosted by Sonoma County Office of Education. Forty participants attended the one-hour presentation that was conducted in conjunction with Amy Faulstich, Mental Health Services Act Coordinator for Sonoma County and Karin Sellite, Client Care Manager for Sonoma County. (YSM, 4.12.2018)

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

- Challenges of Youth 2018 Sonoma County conference
 - The EMM Team hosted a resource table at the Challenges of Youth 2018 Sonoma County conference hosted by Sonoma County Office of Education. Approximately 200 counselors, resource staff and principals attended the conference that focused on youth resiliency including bullying, suicide prevention, trauma informed care, and violence prevention. (YSM, 4.12.2018)
 - Total number of people in attendance: 200

Technical Assistance

Technical assistance (TA) is provided by all Statewide PEI Project contractors, each targeting a different audience. Technical assistance includes providing crisis support, capacity building, guidance, and resource navigation on stigma reduction, suicide prevention and student mental health. It also includes building and maintaining a statewide network of providers and organizations who collaborate and learn from each other to implement more effective efforts and reach broader audiences. In addition, an Each Mind Matters Resource Navigation Team provides regular communication in the form of in person meetings and TA emails covering a range of topics with practical tools and information. During the FY 2017-2018, 33 TA emails covered topics such as the Suicide Prevention and Mental Health Awareness Month Toolkits, Self-Care and Coping with Crisis, Means Restrictions, Strategies to collaborate with Native Communities and others. During FY 2017-2018 specific TA consultations included:

TA to Counties:

- Technical Assistance Support included:
 - The EMM Team responded to an inquiry from Sonoma County Behavioral Health regarding questions with call volume data provided by the National Suicide Prevention Lifeline and answered question the demographic and geographic data collected. (YSM, 11.14.17)
 - The EMM Team responded to a request from Sonoma County to review and modify the SanaMente webinar PowerPoint for a youth meeting to be held 3.1.2018. The EMM

Team provided suggestions for modification and answered questions about SanaMente resources. (YSM, 2.23.208)

TA to CBOS

- Technical Assistance Support included:
 - The EMM Team fielded and responded to a request from Sonoma County Indian Health Project for customization of the Know the Signs poster for Native Communities that had previously been created for the Pomo Tribe in Lake County. The EMM Team communicated with Sonoma County Department of Health Services to confirm support of the request. The EMM Team requested and received the appropriate logos based on response from Health Services and sent the request on for processing. (YSM, 6.15.18)

Dissemination of Hardcopy Materials

Between July 1, 2017 and June 30, 2018, a total of **19,021** physical, hardcopy materials across Each Mind Matters programs and initiatives were disseminated throughout Sonoma County. In addition, county contacts received numerous emails to access and share resources electronically via the Each Mind Matters Resource Center (www.emmresourcecenter.org).

- 6,988 Lime Green Promotional Materials
- 8,558 EMM Educational Materials
- 2,420 Know the Signs Educational Materials
- 1,055 Directing Change

In the following languages:

- 14,097 English
- 4,924 Spanish

Mini Grants and Sponsorships

As a part of the Statewide PEI Project, mini-grants and sponsorships are awarded to local community-based organizations, schools, and clubs/chapters/affiliates to grow the Each Mind Matters movement across the state through increasing reach and dissemination, and implementing community events and activities. Mini-grants and sponsorships awarded in FY 2017-2018 include:

- **Each Mind Matters SanaMente Sponsorship:** The selected organizations targeted diverse Latino sub-populations including families, at-risk children, students, survivors of violence, older adults, and new immigrants, as well as general Latino populations; each of these below received \$250 sponsorship and two toolkits of free materials.
 - Total Funding amount granted: \$250

- Recipients: Integrative Medical Clinic Foundation
- **California Community Colleges Mental Health and Wellness Student Ambassadors Sponsorship:**
This sponsorship supported the Foundation's AmeriCorps Program to plan events and activities for May.
 - Total Funding amount granted: Santa Rosa Junior College
 - Recipients: \$500

Directing Change

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

- Total number of films submitted: 2
- Schools, organizations and colleges/universities that submitted videos: Latino Service Providers, Santa Rosa High School
- Total number of youths participating: 11

Web Activity

- Sessions: 151
- % first time visits: 57%
- New users: 86

Media

Activities implemented under the Statewide PEI Project received significant media attention in FY 2017-2018. In Sonoma County, the following news outlets reported on these activities:

KSRO-FM: *Interview: Does Netflix's "13 Reasons Why" Benefit Or Burden Those Suffering Through Thoughts Of Suicide?* <http://www.ksro.com/2018/05/18/interview-does-netflixs-13-reasons-why-benefit-or-burden-those-suffering-through-thoughts-of-suicide/>

Appendix A: Statewide Outcomes to Date

Outcomes to Date

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

- 15.4% more Californians exposed to Each Mind Matters turn to help for mental health challenges.
- Over 50% of Californians were exposed to Know the Signs.
- Individuals exposed to the Know the Signs campaign report higher levels of confidence to intervene with someone at risk for suicide.¹
- The Know the Signs campaign was rated by experts to be aligned with best practices and be one of the best media campaigns on the subject.²
- Students exposed to the Walk In Our Shoes website demonstrate significantly higher knowledge of mental health.³
- 63% of teachers and administrators who saw the Walk In Our Shoes performance started a conversation about mental health in the classroom.⁴
- 87% of students have a better understanding of mental illness and suicide after participating in Directing Change.⁵
- 97% of students who participated in Directing Change pledged to support a friend with a mental health challenge.⁶
- 87% of those who completed the Kognito training report that they are better prepared to identify, approach and refer students exhibiting signs of psychological distress.⁷
- 66% of California Community College faculty who completed Kognito training report an increase in the number of conversations they had with other faculty and staff about students that they were concerned about.⁸

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

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

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

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

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

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

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

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

Appendix 6 – FY 16-17 QPR Outcomes Report



WELLNESS • RECOVERY • RESILIENCE

QPR Training Outcomes Report - Date Range

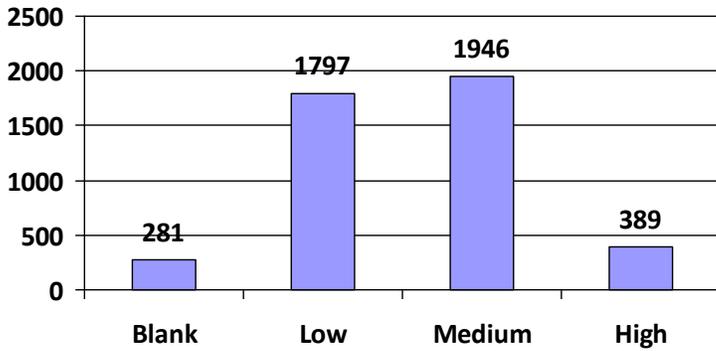
Report Range: 7/1/2016 to 6/30/2017

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

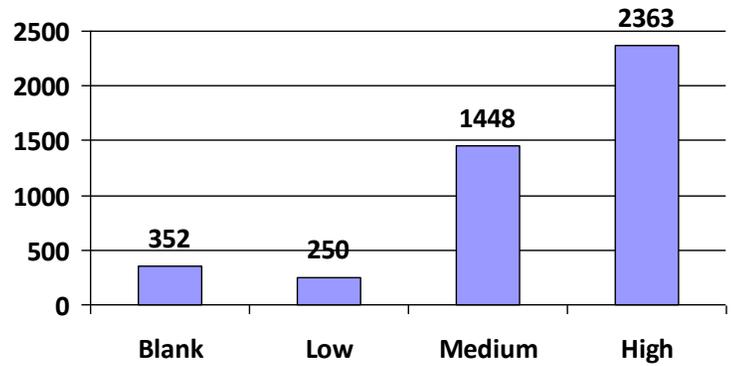
How would you rate your knowledge of suicide in the following areas?

Facts concerning suicide prevention:

Before Training

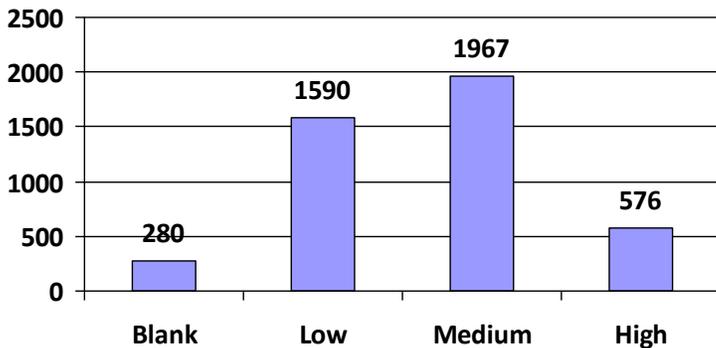


After Training

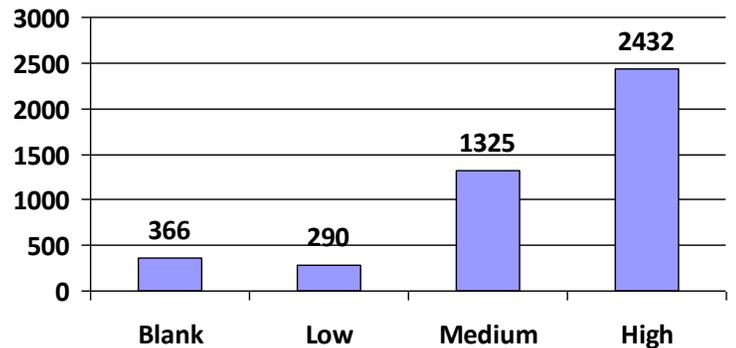


Warning signs of suicide:

Before Training

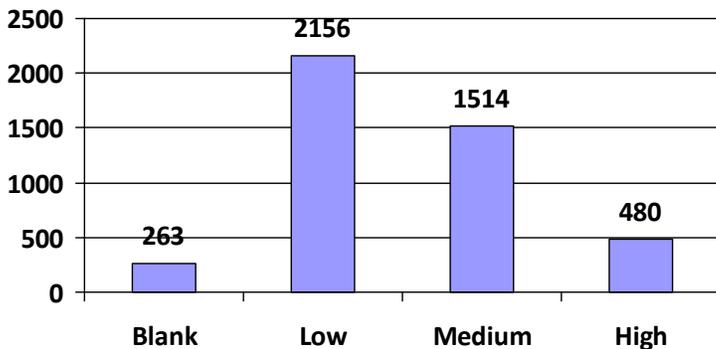


After Training

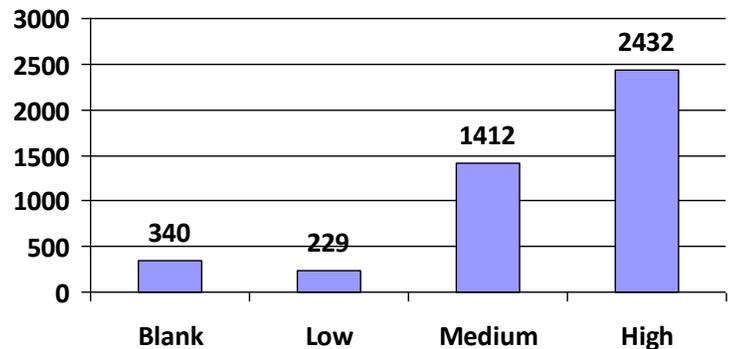


How to ask someone about suicide:

Before Training

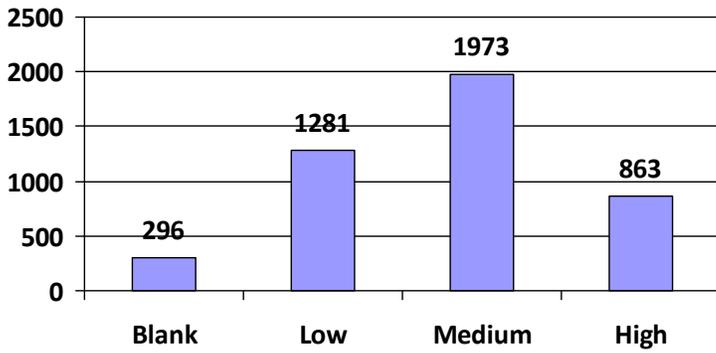


After Training

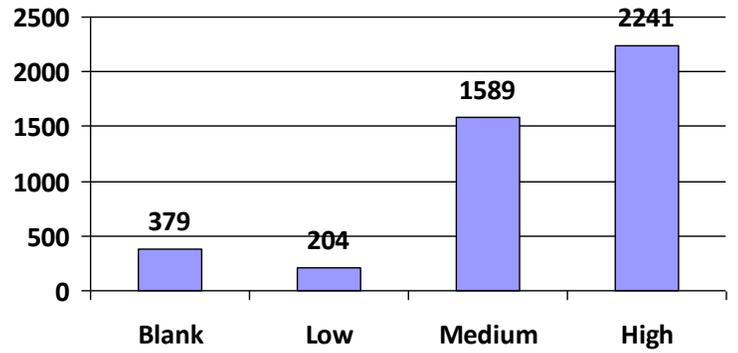


Persuading someone to get help:

Before Training

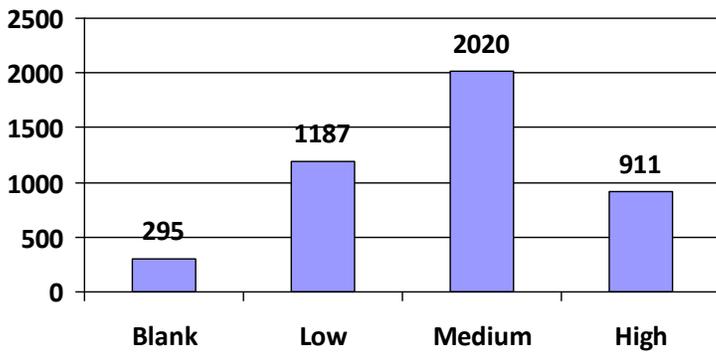


After Training

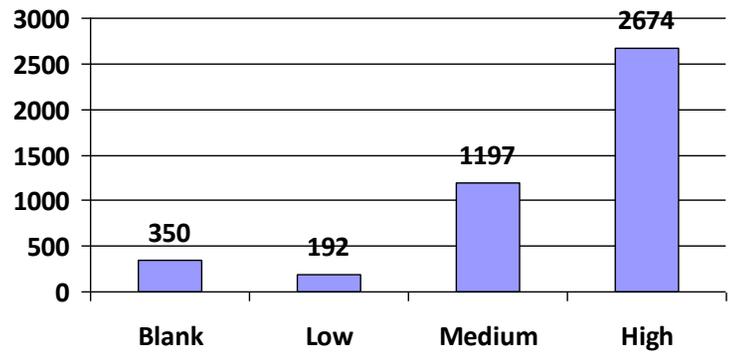


How to get help for someone:

Before Training

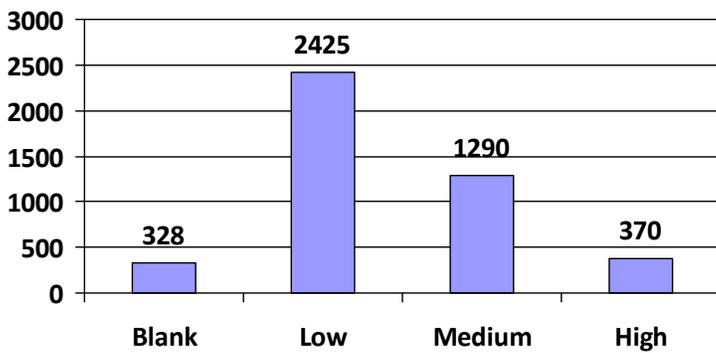


After Training

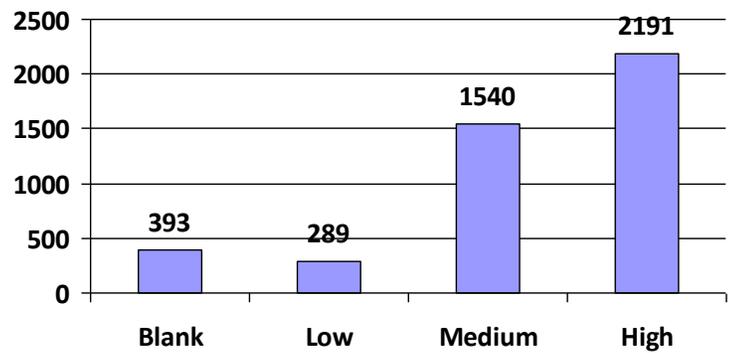


Information about local resources for help with suicide:

Before Training

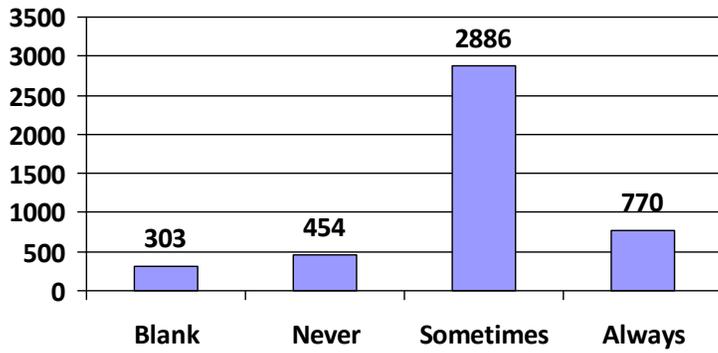


After Training

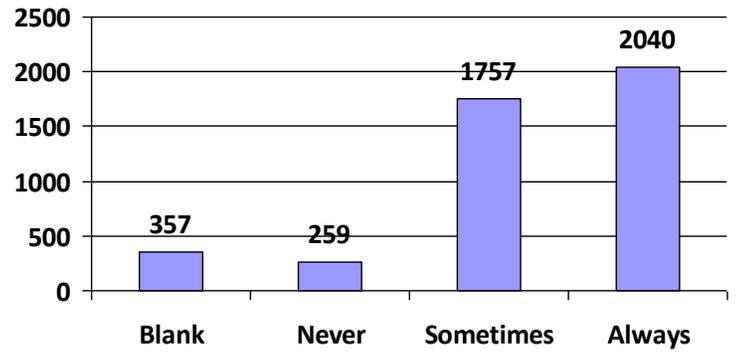


Do you feel that asking someone about suicide is appropriate?

Before Training

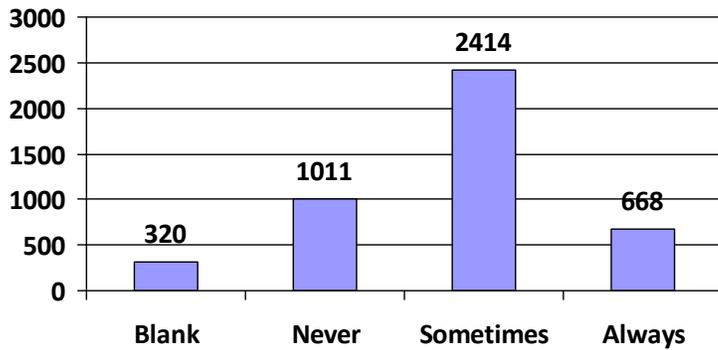


After Training

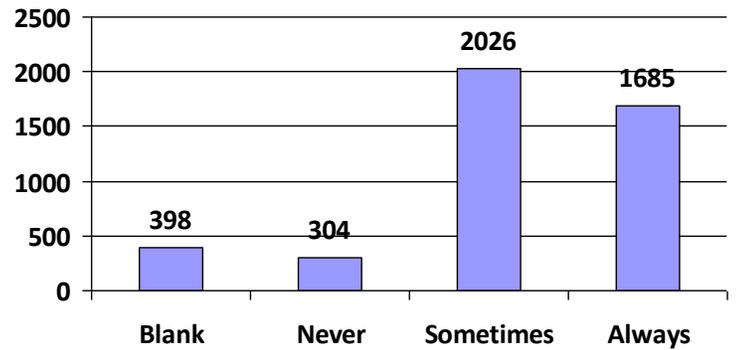


Do you feel likely to ask someone if they are thinking of suicide?

Before Training

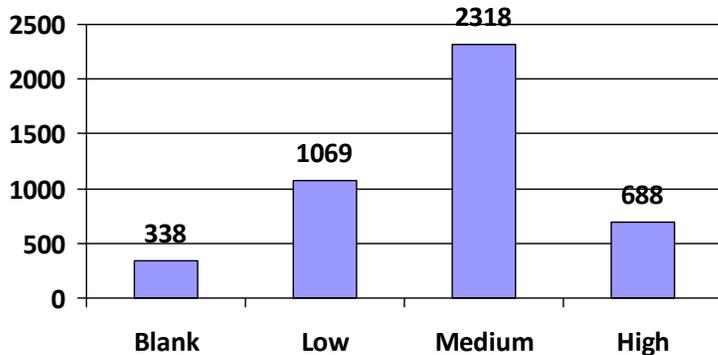


After Training

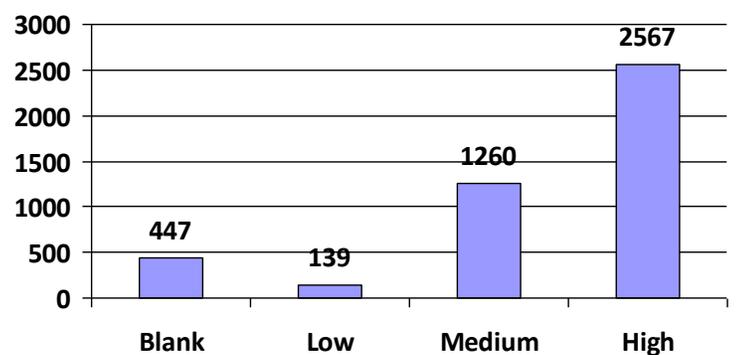


Please rate your level of understanding about suicide and suicide prevention:

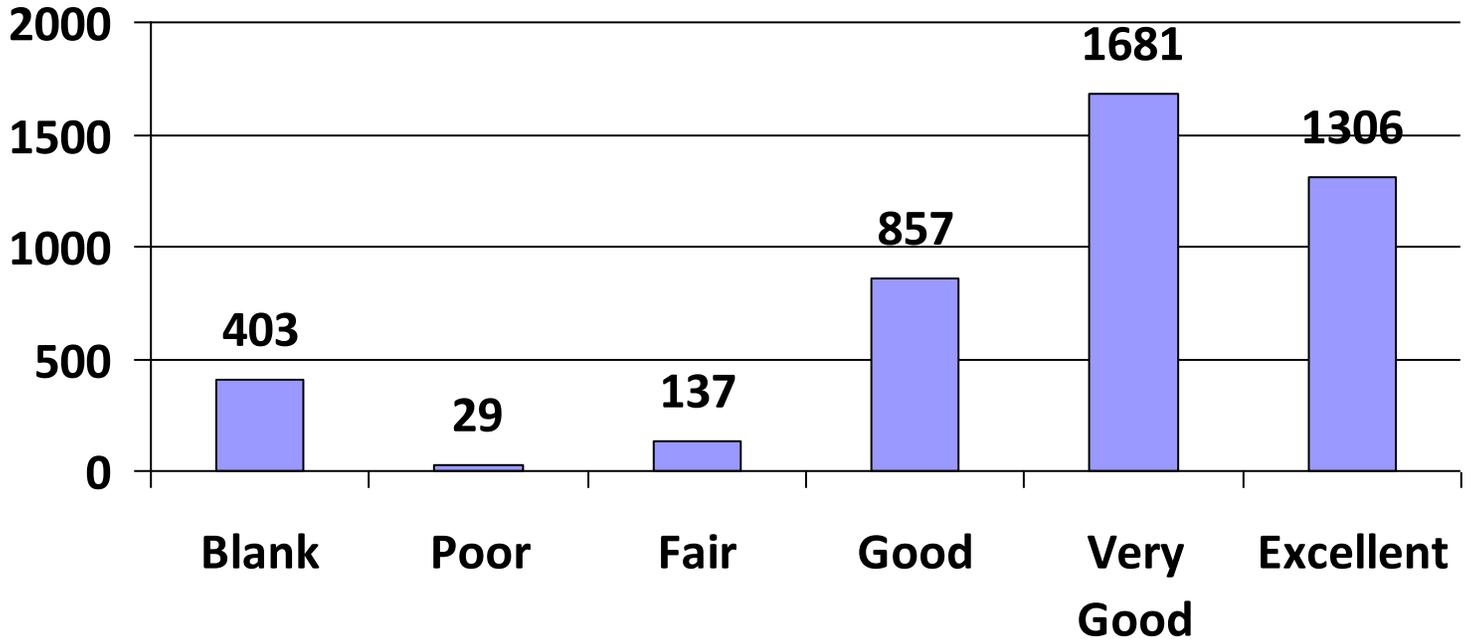
Before Training



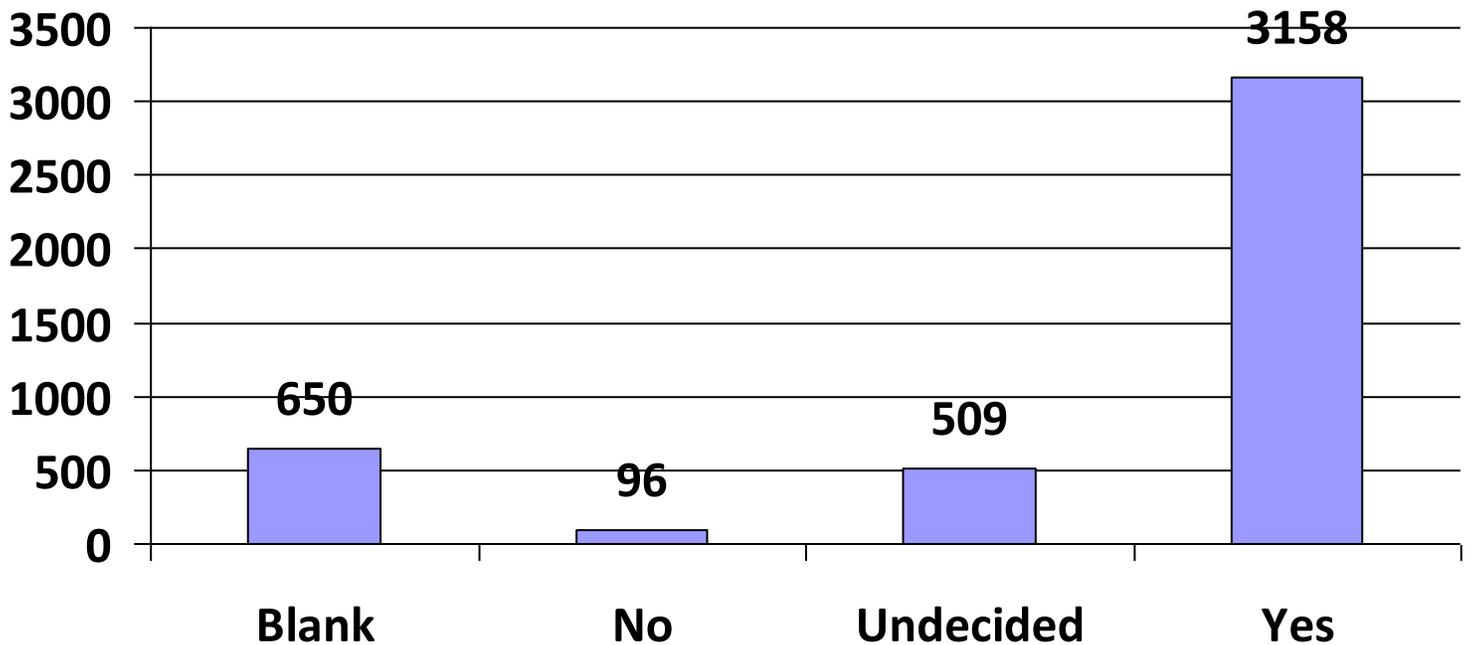
After Training



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



Would you recommend QPR training to others?



Appendix 7 – FY 17-18 QPR Outcomes Report



WELLNESS • RECOVERY • RESILIENCE

QPR Training Outcomes Report - Date Range

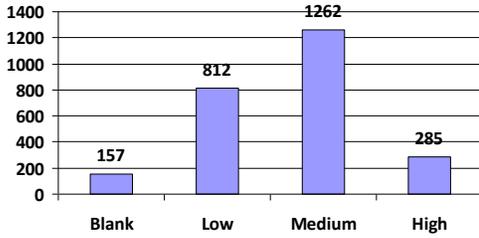
Report Range: 7/1/2017 to 6/30/2018

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

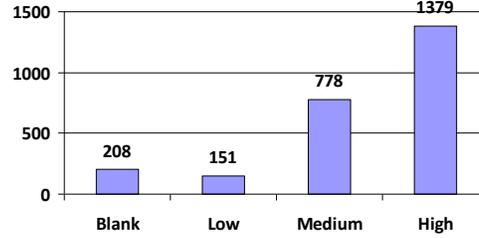
How would you rate your knowledge of suicide in the following areas?

Facts concerning suicide prevention:

Before Training

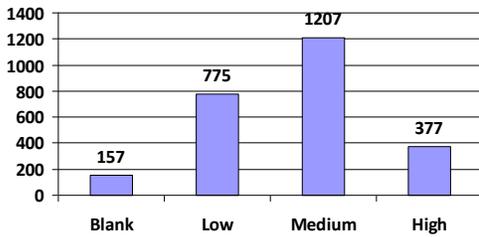


After Training

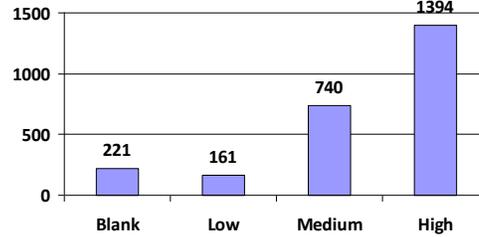


Warning signs of suicide:

Before Training

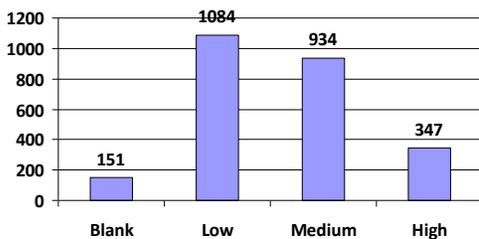


After Training

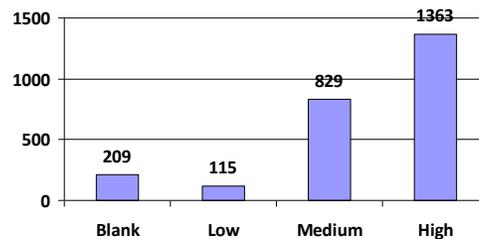


How to ask someone about suicide:

Before Training

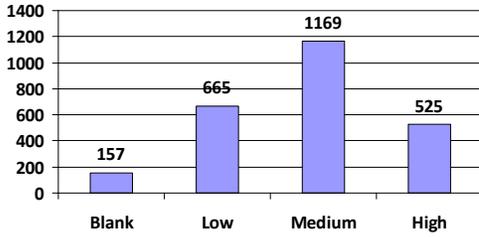


After Training

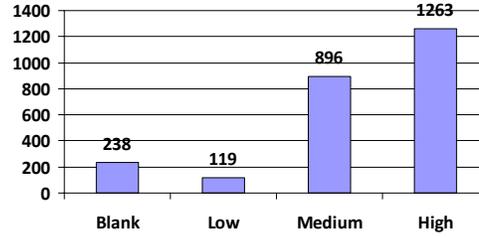


Persuading someone to get help:

Before Training

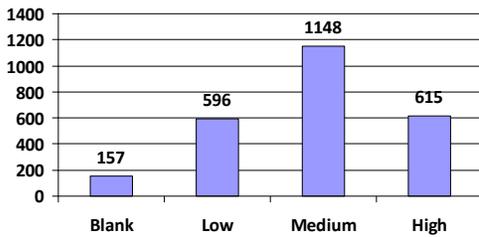


After Training

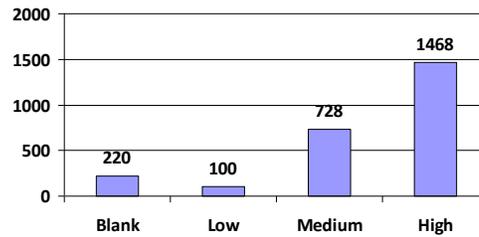


How to get help for someone:

Before Training

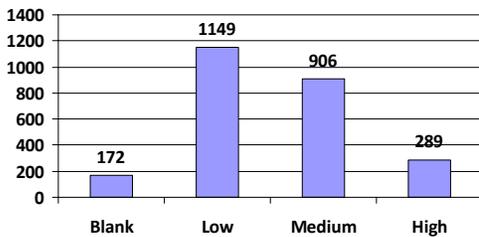


After Training

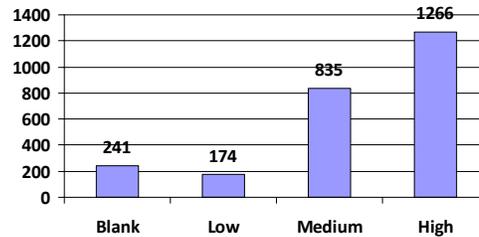


Information about local resources for help with suicide:

Before Training

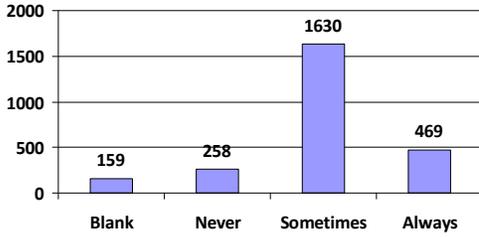


After Training

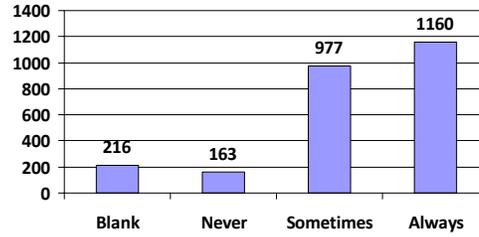


Do you feel that asking someone about suicide is appropriate?

Before Training

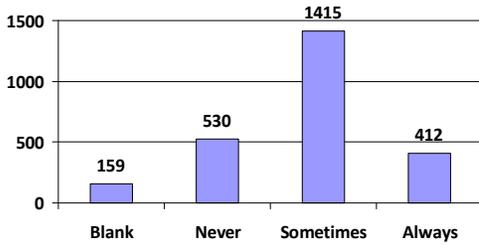


After Training

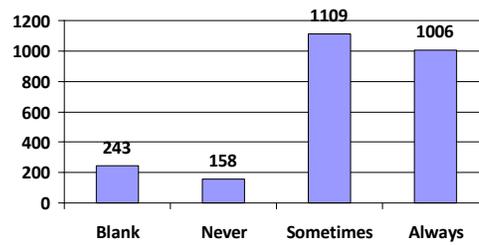


Do you feel likely to ask someone if they are thinking of suicide?

Before Training

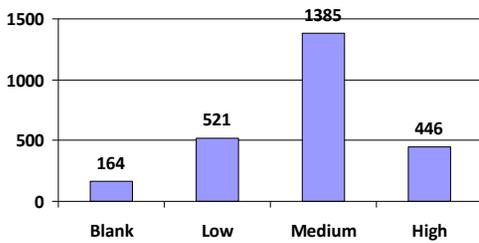


After Training

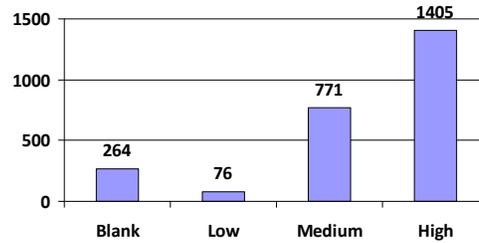


Please rate your level of understanding about suicide and suicide prevention:

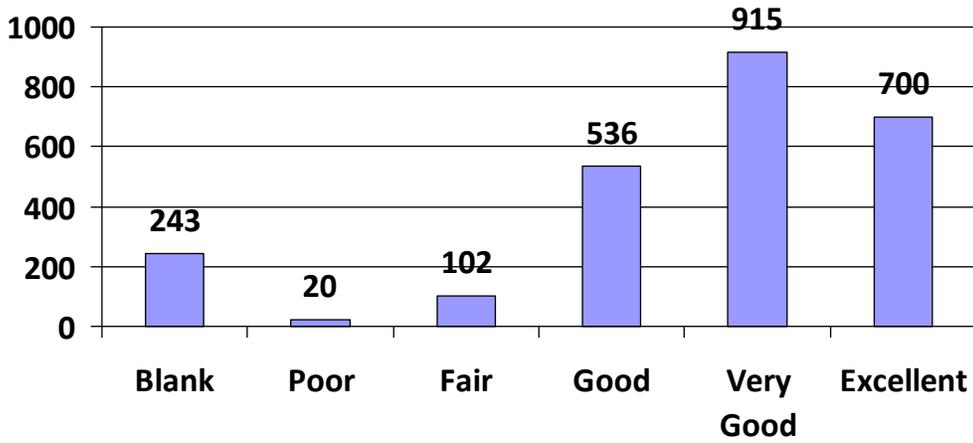
Before Training



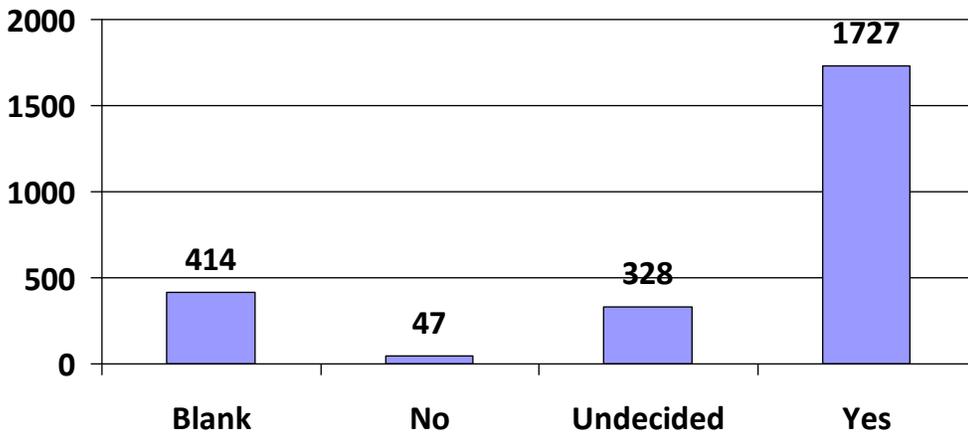
After Training



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



Would you recommend QPR training to others?



Appendix 8 – FY 17-18 WET Training Calendar



WELLNESS • RECOVERY • RESILIENCE

FY 17-18 WET TRAINING CALENDAR

Date	Training Topic	Type of Training	CEUs	Target Audience
Jul 10	Youth Mental Health Academy: System Overview	Specialty: System Navigation Youth and Family Services	8.0	Open to Community Providers, Teachers, Law Enforcement, Families, Peers, and Interested Public working with Youth
Jul 10	DBT Facilitator Training: Consultation Session 7A	Specialty: Evidence-Based Practice	1.0	Selected Staff: DBT Skill Group Facilitators
Jul 10	Master Clinical Supervision Series: Session X	Specialty: Clinical Supervision	1.5	Health Managers and Clinical Specialists
Jul 11	Youth Mental Health Academy: Youth Mental Health First Aid	Specialty: Trauma Informed Care	8.0	Open to Community Providers, Teachers, Law Enforcement, Families, Peers, and Interested Public working with Youth
Jul 11	Youth Mental Health Academy: AMSR	Specialty: Trauma Informed Care	8.0	Open to Licensed and License-eligible Clinicians working with Youth
Jul 12	Youth Mental Health Academy: Community Resources	Specialty: System Navigation	8.0	Open to Community Providers, Teachers, Law Enforcement, Families, Peers, and Interested Public working with Youth
Jul 13	Youth Mental Health Academy: Trauma	Specialty: Trauma Informed Care	8.0	Open to Community Providers, Teachers, Law Enforcement, Families, Peers, and Interested Public working with Youth
Jul 13	DBT Facilitator Training: Consultation Session 7B	Specialty: Evidence-Based Practice	1.0	Selected Staff: DBT Skill Group Facilitators
Jul 14	Youth Mental Health Academy: Crisis Services	Specialty: Crisis Intervention	8.0	Open to Community Providers, Teachers, Law Enforcement, Families, Peers, and Interested Public working with Youth
Jul 17	DBT Facilitator Training: Didactic Session 8A	Specialty: Evidence-Based Practice	1.5	Selected Staff: DBT Skill Group Facilitators
Jul 20	DBT Facilitator Training: Didactic Session 8B	Specialty: Evidence-Based Practice	1.5	Selected Staff: DBT Skill Group Facilitators
Jul 24	DBT Facilitator Training: Consultation Session 8A	Specialty: Evidence-Based Practice	1.0	Selected Staff: DBT Skill Group Facilitators
Jul 27	DBT Facilitator Training: Consultation Session 8B	Specialty: Evidence-Based Practice	1.0	Selected Staff: DBT Skill Group Facilitators

Date	Training Topic	Type of Training	CEUs	Target Audience
Jul 27	Cultural Responsiveness Committee: Patients' Rights	Specialty: Patients' Rights	1.5	All Staff Welcome
Jul 31	DBT Facilitator Training: Didactic Session 9A	Specialty: Evidence-Based – Supervision	1.5	Selected Staff: DBT Skill Group Facilitators
Aug 2	Staff Development: Working with Gender-Expansive and Transgender People	Staff Development: Cultural Responsiveness	2.0	Mandatory All Staff (including clerical/admin)
Aug 3	DBT Facilitator Training: Didactic Session 9B	Specialty: Evidence-Based – Supervision	1.5	Selected Staff: DBT Skill Group Facilitators
Aug 7	DBT Facilitator Training: Consultation Session 9A	Specialty: Evidence-Based Practice	1.0	Selected Staff: DBT Skill Group Facilitators
Aug 8	Team Training YFS: Client Planning	Team Training: Documentation	1.0	YFS Staff
Aug 10	DBT Facilitator Training: Consultation Session 9B	Specialty: Evidence-Based Practice	1.0	Selected Staff: DBT Skill Group Facilitators
Aug 14	DBT Facilitator Training: Didactic Session 10A	Specialty: Evidence-Based Practice	1.5	Selected Staff: DBT Skill Group Facilitators
Aug 14	Team Training Access: Documentation	Team Training: Documentation	1.5	Access Team Staff
Aug 17	DBT Facilitator Training: Didactic Session 10B	Specialty: Evidence-Based Practice	1.5	Selected Staff: DBT Skill Group Facilitators
Aug 21	DBT Facilitator Training: Consultation Session 10A	Specialty: Evidence-Based Practice	1.0	Selected Staff: DBT Skill Group Facilitators
Aug 24	DBT Facilitator Training: Consultation Session 10B	Specialty: Evidence-Based Practice	1.0	Selected Staff: DBT Skill Group Facilitators
Aug 28	DBT Facilitator Training: Didactic Session 11A	Specialty: Evidence-Based Practice	1.5	Selected Staff: DBT Skill Group Facilitators
Aug 28	Team Training Access: Documentation	Team Training: Documentation	1.5	Access Team Staff
Aug 31	DBT Facilitator Training: Didactic Session 11B	Specialty: Evidence-Based Practice	1.5	Selected Staff: DBT Skill Group Facilitators
Sep 6	Staff Development: Field Safety	Staff Development Best Practices	2.0	Mandatory All Staff (not clerical/admin)
Sep 11	DBT Facilitator Training: Consultation Session 11A	Specialty: Evidence-Based Practice	1.0	Selected Staff: DBT Skill Group Facilitators

Date	Training Topic	Type of Training	CEUs	Target Audience
Sep 11	Master Clinical Supervision Series: Session XI	Specialty: Clinical Supervision	1.5	Health Managers and Clinical Specialists
Sep 14	DBT Facilitator Training: Didactic Session 12A	Specialty: Evidence-Based Practice	1.0	Selected Staff: DBT Skill Group Facilitators
Sep 18	Contractor Training Seneca: Working with Law Enforcement	Team Training: System Navigation	1.5	Selected Staff: DBT Skill Group Facilitators
Sep 20	DBT Facilitator Training: Didactic Session 12B	Specialty: Evidence-Based Practice	1.0	Seneca Staff
Sep 21	DBT Facilitator Training: Consultation Session 12A	Specialty: Evidence-Based Practice	1.5	Selected Staff: DBT Skill Group Facilitators
Sep 25	DBT Facilitator Training: Consultation Session 12B	Specialty: Evidence-Based Practice	1.0	Selected Staff: DBT Skill Group Facilitators
Sep 28	CMHL: SMART Recovery	Community Training: Substance Recovery	1.0	Selected Staff: DBT Skill Group Facilitators
Sep 28	DBT Facilitator Training: Didactic Session 13A	Specialty: Evidence-Based Practice	1.5	Staff and Public welcome
Oct 2	Staff Development: Privacy, Security, & Compliance	Staff Development: Compliance	1.5	Selected Staff: DBT Skill Group Facilitators
Oct 4	DBT Facilitator Training: Didactic Session 13B	Specialty: Evidence-Based Practice	2.0	Mandatory All Staff (including clerical/admin)
Oct 5	BHD NEO: System Overview	Orientation: System Navigation	1.5	Selected Staff: DBT Skill Group Facilitators
Oct 5	DBT Facilitator Training: Didactic Session 12A	Specialty: Evidence-Based Practice	4.0	New Employees: BHD
Oct 9	Sonoma-Complex Fires			
Oct 17	CCP: Working with People Emotionally Impacted by Disaster	Emergency Response: Best Practices	1.0	Selected Staff: Site Re-entry Disaster Workers
Oct 18	CCP: Working with People Emotionally Impacted by Disaster	Emergency Response: Best Practices	1.0	Selected Staff: Site Re-entry Disaster Workers
Oct 19	CCP: Working with People Emotionally Impacted by Disaster	Emergency Response: Best Practices	1.0	Selected Staff: Site Re-entry Disaster Workers

Date	Training Topic	Type of Training	CEUs	Target Audience
Oct 20	CCP: Working with People Emotionally Impacted by Disaster	Emergency Response: Best Practices	1.0	Selected Staff: Site Re-entry Disaster Workers
Nov 1	CCP: SCOE Special Session; Trauma Informed Care	Emergency Response: Trauma Informed Care	2.0	School Counselors & School Psychologists
Nov 6	CCP: Working with People Emotionally Impacted by Disaster	Emergency Response: Best Practices	1.0	Selected Staff: Site Re-entry Disaster Workers
Nov 7	CCP: Working with People Emotionally Impacted by Disaster	Emergency Response: Best Practices	1.0	Selected Staff: Human Services Emergency Workers
Nov 7	CCP: Psych First Aid	Emergency Response: Best Practices	5.0	Selected Staff: CCP Counselors
Nov 8	Staff Development: Connecting after Sonoma-Complex Fires	Staff Development: Staff Stress Management	2.0	All Staff welcome
Nov 8	CCP: Working with People Emotionally Impacted by Disaster	Emergency Response: Best Practices	1.0	Selected Staff: Site Re-entry Disaster Workers
Nov 9	CCP: Working with People Emotionally Impacted by Disaster	Emergency Response: Best Practices	1.0	Selected Staff: Site Re-entry Disaster Workers
Nov 13	Master Clinical Supervision Series: Session XII	Specialty: Clinical Supervision	1.5	Health Managers and Clinical Specialists
Nov 14	CCP: Trauma Informed Care	Emergency Response: Trauma Informed Care	2.0	Centerpoint DAAC staff
Nov 15	CCP: Core Content Training	Emergency Response: Best Practices	8.0	CCP Staff
Nov 16	CCP: Core Content Training	Emergency Response: Best Practices	8.0	CCP Staff
Nov 21	CCP: Disaster Impact Training	Emergency Response: Best Practices	1.0	EH Staff
Nov 27	CCP: Skills for Psychological Recovery	Emergency Response: Best Practices	8.0	CCP Staff
Nov 28	CCP: Trauma Informed Care 101	Emergency Response: Best Practices	4.0	CCP Staff
Nov 28	CCP: Trauma Informed Care 102	Emergency Response: Best Practices	4.0	CCP Staff

Date	Training Topic	Type of Training	CEUs	Target Audience
Nov 30	CCP: Trauma Interventions for Children	Emergency Response: Best Practices	1.5	CPI Staff
Dec 5	CCP: Skills for Psychological Recovery	Emergency Response: Best Practices	8.0	CCP Staff
Dec 6	Staff Development: Documentation	Staff Development: Documentation	2.0	Mandatory All Staff (not clerical/admin)
Dec 7	CCP: Skills for Psychological Recovery	Emergency Response: Best Practices	8.0	CCP Staff
Dec 12	CCP: Recovery for Older Adults	Community: Psychological First Aid	2.0	Oakmont Residents
Dec 20	Team Training: Individual DBT in FACT Programs	Team Training: Evidence Based Practice	1.5	FACT Staff
Dec 20	CCP: Staff Debriefing	Emergency Response: Staff Self Care	1.5	All Staff Emergency Workers welcome
Dec 20	CCP: Staff Debriefing	Emergency Response: Staff Self Care	1.5	All Staff Emergency Workers welcome
Dec 21	CCP: Staff Debriefing	Emergency Response: Staff Self Care	1.5	All Staff Emergency Workers welcome
Dec 21	CCP: Staff Debriefing	Emergency Response: Staff Self Care	1.5	All Staff Emergency Workers welcome
Jan 8	Master Clinical Supervision Series: Session XI Wendy Wheelwright	Specialty: Clinical Supervision	1.5	Managers, Supervisors, Specialists
Jan 10	Staff Development: Documentation Audrey Boggs and QA Team	Staff Development: Documentation	2.5	Mandatory All Staff (not clerical/admin)
Jan 11	CCP: Psychological First Aid Wendy Wheelwright	Community: Psychological First Aid	1.5	Restorative Community Collaborative
Jan 11	Contractor Training: Assessment Wendy Wheelwright	Contractor: Assessment	1.5	CPI Staff
Jan 24	Team Training FACT: Individual DBT in Forensic Programs Wendy Wheelwright	Team Training: Evidence Based Practices	1.0	FACT staff

Date	Training Topic	Type of Training	CEUs	Target Audience
Jan 24	Contractor Training: CANS Wendy Wheelwright	Contractor: Assessment	3.0	PPSC staff
Jan 25	Cultural Responsiveness Committee: Opioid Epidemic Claudia Zbinden	Specialty: Substance Use	2.0	All staff welcome
Jan 25	Contractor Training: Working with Chronic Crisis Wendy Wheelwright	Contractor: Best Practices	1.5	Face-2-Face staff
Jan 30	CCP: Disaster Recovery Wendy Wheelwright & Michael Kessler	Community: Psychological First Aid	1.0	Santa Rosa City School teachers, counselors, and admin
Feb 7	Staff Development: Law & Ethics Linda Garrett	Staff Development: Law & Ethics	6.0	Mandatory Clinical Staff
Feb 8	Contractor Training: Trauma Wendy Wheelwright	Contractor: Trauma Informed Care	2.0	Peer Support Staff
Feb 21	Contractor Training: Working with Chronic Crisis Wendy Wheelwright	Contractor: Best Practices	3.0	Youth Contractor Residential Staff
Mar 7	Staff Development: Peer Perspective Susan Standen, Amy Breckenridge, Sean Kelson	Staff Development: Cultural Responsiveness	2.0	Mandatory All Staff (including clerical and admin)
Mar 15	Contractor Training: CANS Carol Rankin	Contractor: Assessment	1.5	CPI Staff
Apr 4	Staff Development: Stress Management and Self-Care Wendy Wheelwright, Laura Porter	Staff Development: Staff Stress Management	2.0	All staff welcome
Jun 6	Staff Development: Cultura Cura, UndocuTrauma in Latino Communities Belinda Hernandez Arriaga	Staff Development: Cultural Responsiveness	2.0	Mandatory All Staff (including clerical and admin)

Appendix 9 – FY 16-17 O-5 Collaborative Evaluation Report



WELLNESS • RECOVERY • RESILIENCE



First 5 Sonoma County Program Evaluation Report 7/1/2016 - 6/30/2017

Mental Health Services Act: Prevention and Early Intervention (0-5)

March 2018

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.

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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.

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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	Child Parent Institute (CPI), Early Learning Institute (ELI), Jewish Family and Children's Services (JFCS), Petaluma People Services Center (PPSC)
Term of Grant	July 1, 2016 – June 30, 2017
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: Integrate Systems and Effect Policy Change to Better Serve Children and Families
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
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 Perinatal Mood Disorder (PMD) among identified/treated women Children whose screenings show developmental/social-emotional delays are referred for further assessment
First 5 Funding Amount	First 5 Sonoma County 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-2): Evidence-Based Practice PMD: 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 program level. Achievements include:

- Over 1,000 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.
- Decrease in children exhibiting difficult behaviors:** Children in families receiving Triple P Levels 4 and 5 showed substantial improvement, exhibiting a decrease in difficult behaviors as measured by the ECBI.
- More than 480 children were screened and referred for further assessment:** MHSA-PEI 0-5 grantees used the ASQ-3 and ASQ:SE-2 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 guide families to resources.

Opportunities and Emerging Challenges

- Leverage the knowledge of ACEs and trauma-informed care to support community recovery efforts:** With experience training community partners, grantees can continue to support trauma-informed practices to ensure families and children are supported. As families recover from the wildfires, grantees continue to provide referrals and connections to community partners to improve family functioning and resiliency.
- Seek innovative funding:** As community needs continue to shift, funding is needed to sustain the delivery of effective services. In partnership with First 5, MHSA grantees can leverage the collaborative to identify and pursue additional sources of funding to continue meeting the needs of children and families in Sonoma County.
- Continue to support addressing families' unmet basic needs before connecting with treatment services:** Grantees are well-connected to community support services to improve family stability, and can help to connect families with the supports they need to meet urgent needs and relieve key stressors in their lives.

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 families and children from before birth to age five. The four MHSA grantees including Child Parent Institute (CPI), Early Learning Institute (ELI), Jewish Family and Children's Services (JFCS), and Petaluma People Services Center (PPSC) work together to build a continuum of care that includes screening, interventions, and support strategies for children and their families.² These services and supports occur at a critical time early in a child's life when the foundation for sound mental health is built. MHSA grantees' work is rooted in the science of adverse childhood experiences (ACEs)³, and aims to reduce children's exposure to ACEs as well as to prevent the transmission of ACEs across generations. Because of the natural alignment of goals between MHSA and First 5, the two organizations have partnered to support the four MHSA-PEI 0-5 grantees. Sonoma County's Department of Health, Behavioral Health Division Mental Health Services Act provides direct funding to grantees for services, while First 5 provides coordination, evaluation, and training support.⁴

One of the ways in which First 5 helps to facilitate coordination and collaboration among the MHSA grantees is by convening bi-monthly MHSA collaborative meetings. In collaborative meetings, MHSA-PEI 0-5 grantees meet to discuss coordination of their work, referral capacity, challenges, and best practices. The collaborative also works to identify ways to integrate the work of early childhood mental health providers and build an effective system of early childhood social-emotional health. The MHSA collaborative provides a setting where these four agencies can convene and reflect on their efforts to provide services for children and families in Sonoma County.

As an evaluation partner, First 5 assists grantees in developing their specific Scope of Work, identifying program and process outputs, and targets associated with outcome measures for delivered services. First 5 provides ongoing feedback and support as grantees report on service provision throughout the year via quarterly progress reports. First 5 Sonoma County also funds intervention services for children whose screenings reveal developmental or social-emotional delays.

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

- Parent education and intervention services using Triple P—Positive Parenting Program, levels 2, 3, 4, and 5 (described in more detail below);
- Developmental and social emotional screenings of children 0-5, using the Ages and Stages Questionnaire (ASQ-3) and the ASQ Social-Emotional (ASQ:SE-2);
- Further assessment or referral for services to children with identified concerns;
- Re-screening children at age-appropriate intervals;
- One-Call Navigator to link callers with the appropriate services for families with children birth to 5;
- Psychological assessments as needed;
- Case management for children in at-risk families for whom a developmental or social-emotional screening identifies potential delays;
- Education and support for parents of children with special needs;
- Identifying women with Perinatal Mood Disorder (PMD);
- Referrals, case management, and treatment for women identified with PMD; and
- Mental health services for families with mental health concerns of either parent or child (beyond PMD).

Of the services listed above, the two that account for the majority of services provided by MHSA-PEI 0-5 grantees are Triple P parent education services and developmental and social emotional screenings for children 0-5. Grantees focus on providing screening services to young children for a variety of developmental and social-emotional delays using the ASQ-3 and ASQ:SE-2. MHSA-PEI 0-5 grantees target a variety of groups for each of the mental health services they provide.

Triple P – Positive Parenting Program

Triple P – Positive Parenting Program® is a multi-level evidence-based⁵ 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:⁶

- 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.” First 5 Sonoma County was the pilot site for the Stay Positive program in the U.S. The program currently includes 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 coordinates 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.

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 2016, 243 Sonoma County children ages 0-5 had substantiated reports of child abuse or neglect at a rate of 8.0 substantiated cases per 1,000 children.⁷ 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.⁸ 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.⁹ 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.¹⁰ Sonoma County had 5,158 births in 2016,¹¹ meaning that nearly 1,000 Sonoma County women could have experienced pregnancy-related mood disorders in that year alone. Infants with untreated depressed mothers are at an increased risk for child abuse and neglect.¹² 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.¹³ Untreated 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 2006-2008.¹⁴ Sonoma County has 30,482 persons under age six,¹⁵ which suggests that more than 4,500 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% of nine-month-olds with developmental delays and only 12% of 24-month-olds with developmental delays receive early intervention services.¹⁶
- **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.¹⁷

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.¹⁸ 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.¹⁹ 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.²⁰ 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.** 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.²¹ 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.²⁰ 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.²² Furthermore, epigenetic research has shown that toxic stress can alter the way in which genes are expressed, and whether or not they are expressed at all.^{23,24} 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.²⁵ 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.²⁶
- **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.²⁷ Untreated early maternal depression is associated with "adverse cognitive and emotional infant development."²⁸ Children of depressed mothers exhibit poor mental and motor development, low interpersonal functioning, and behavioral problems.²⁹ 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.³⁰ Effects for the child are long-lasting; untreated 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.^{31, 32} There is increasing evidence that maternal depression is linked to a child's risk of developing depression or other emotional disorders later in life.³³ Research shows that remission of maternal depression is associated with decreases in children's problem behaviors and psychiatric symptoms.³⁴ 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.³⁵ Valid, reliable screening instruments are able to identify developmental delays 70-80% of the time.³⁶
- **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.³⁷ 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.³⁶

- **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 intervention 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.³⁸

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.³⁹ 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.⁴⁰ 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.⁴¹ Additional research shows that Triple P will pay for itself if it averts less than 1.5% of conduct disorder cases.⁴²
- **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.⁴³ 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.⁴⁴ 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.⁴⁵ Additionally, treating maternal depression supports positive outcomes for child development and stable home environments, which also generate cost savings, as described below.
- **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.⁴⁶ Children who participate in interventions before kindergarten are more likely to graduate from high school, live independently, and avoid teen pregnancy and violent crime.⁴⁷ 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.⁴⁶ Up to 67% of behavioral and physical problems that cause adults to seek social services could be attributable to ACEs.⁴⁸ 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.⁴⁹

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. First 5 and LFA also co-facilitated a group conversation with grantees, where CPI, ELI, and PPSC shared reflections about successful program implementation and factors influencing current community needs.
- **Triple P data and reports:** Cricket Mitchell 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.⁵⁰ 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 third consecutive year in fiscal year 2016-17. 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, measureable outcomes, and accompanying targets. The Pathway can be found in Appendix B following this report.

III. Reaching the Target Population

The MHSA-PEI plan summarizes the target populations for its services as follows:

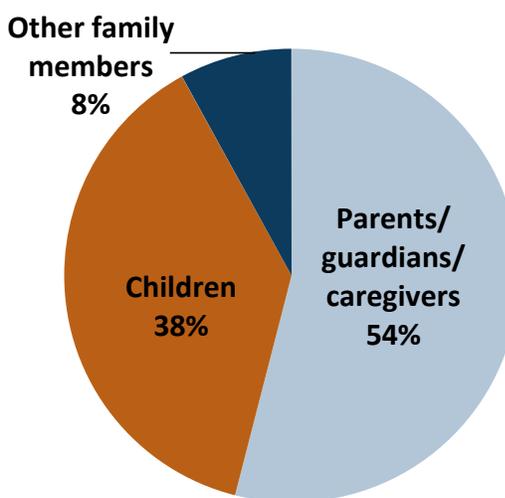
The target populations for PEI funding support are at-risk children ages 0-5 in Sonoma County and their parents/caregivers. These at-risk populations include children in stressed families—especially those with parents and caregivers with depression, including perinatal mood disorders, and other forms 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.⁵¹

Number Served

Exhibit 1 summarizes the populations served by all four of the MHSA-PEI 0-5 grantees during FY 2016-17. A recorded total of 2,755 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 2016-17
(n=2,755)



Race, Ethnicity, and Language of Participants

As summarized in Exhibits 2 and 3, the majority of the parents/caregivers and children served under MHSA-PEI 0-5 in FY2016-17 are Hispanic/Latino. This has consistently been the case for the last two years that data has been collected for the program.

Exhibit 2. Ethnicity of Parents/ Caregivers Served in FY 2016-17
(n=1,486)

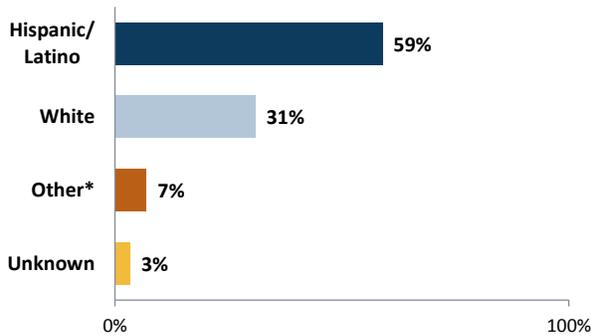
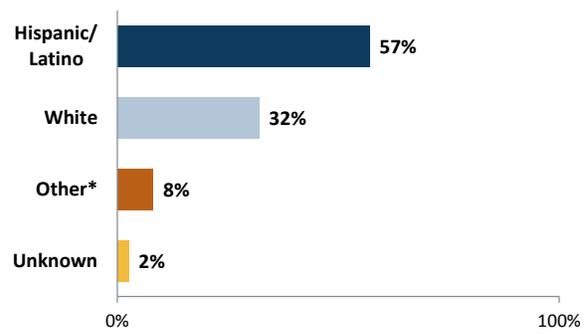


Exhibit 3. Ethnicity of Children 0-5 Served in FY 2016-17
(n=1,037)



*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.

Nearly half of MHSA-PEI 0-5 parents/caregivers and children speak Spanish as their primary language (Exhibits 4 and 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 MHSA-PEI 0-5 grantees.

Exhibit 4. Primary Language of Parents/ Caregivers Served in FY 2016-17
(n=1,486)

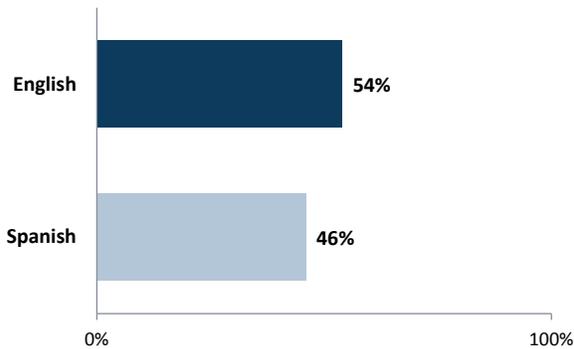
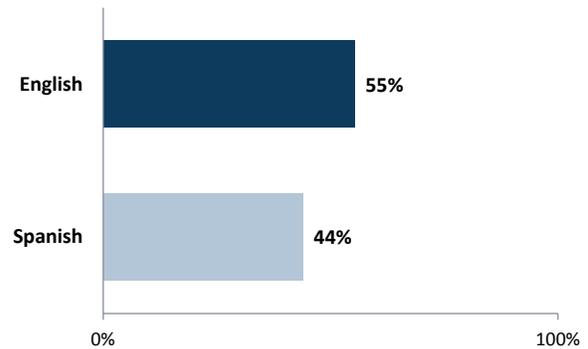


Exhibit 5. Primary Language of Children 0-5 Served in FY 2016-17
(n=1,037)



Special Needs Population

Of the 1,037 children served by MHSA-PEI 0-5 programs from July 1, 2016, to June 30, 2017, a total of 794 (77%) were reported to have special needs.⁵² The vast majority of these children were served through ELI's Watch Me Grow program.

IV. Progress Achieved

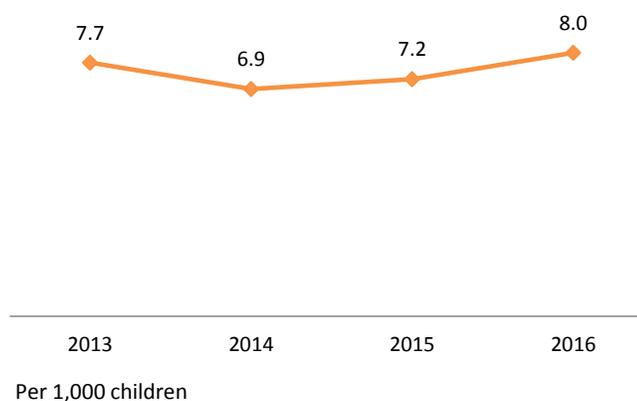
This report is intended to summarize progress achieved from July 1, 2016 to June 30, 2017 and related program implementation and improvement considerations. As of the time of this report in early 2018, the context in which families, children, and providers operate in Sonoma County has shifted dramatically. The traumatic October 2017 wildfires in the North Bay, and in Sonoma County in particular, drastically impact the needs of families and children, and the context in which MHSA-PEI 0-5 grantees and other providers deliver services. Although this report summarizes results achieved prior to the fires, the recommendations are considered within the current context of shifting community needs. This is an important consideration as the collaborative and collective community work to rebuild after the fires.

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 fluctuated slightly since 2013. In 2013, the rate was 7.7 per 1,000 children and further decreased to 6.9 in 2014. Most recently, from January-December 2016, the rate of substantiated reports of child abuse and neglect increased to 8.0 per 1,000 children.⁵³ However, this rate has consistently remained below California's statewide rate which, during the same time period, was 13.2 per 1,000 children.

Exhibit 6. Rate of Substantiated Reports of Child Abuse and Neglect for Children under Six Years of Age



- **Recurrence of substantiated reports of child abuse and neglect.** The recurrence of substantiated reports of child abuse and neglect for children under age six was 6.8% (17 of 250) in 2012 and decreased in 2015 to 3.8% (8 of 210).⁵⁴ From July-December 2016, reoccurrence increased to 6.8% (5 of 74). 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 somewhat 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 declined to 3.3 in 2015 and then up in 2016 to 3.6 per 1,000 children in Sonoma County.⁵⁵ For comparison, California's rate of out-of-home placements for children under six years of age was 6.8 per 1,000 children in 2016.

Overall, trends for these rates show slight increases in substantiated reports of child abuse and neglect, reoccurrence, and out-of-home placements. Over the four-year period, we see similar fluctuations in rates for each of the three outcomes – there is a pattern with a slight dip in 2014 and 2015 and then back up by 2016. Sonoma County’s rates remain below the state average. Grantees and First 5 continue to monitor rates of child abuse and neglect in order to understand the evolving community landscape. Considering in particular, what might we learn from the trend we are seeing across these rates? What factors might be contributing to these changes and how can that help inform the need for interventions and services?

Grantee-Level Outcomes

While implementing the MHSA-PEI 0-5 program during the 2016-17 fiscal year, the four grantees contributed to progress on three core outcomes as targeted in the First 5 Sonoma County Strategic Plan and the MHSA-PEI 0-5 Pathway to Results:¹

- 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 ² 07/01/2016 – 06/30/2017							
Core Program Outcome	Intervention Linked to Outcome	Specific Target	Actual Results			Progress Toward Target	
			2014-15	2015-16	2016-17		
Decrease in children exhibiting difficult behaviors ⁵⁶	Triple P Services, Levels 4/5	40% of children will show positive reliable change on the ECBI Intensity subscale ⁵⁷	36% (10 of 28)	56% (31 of 55)	71% (22 of 31)	⊕ 178%	
		40% of children will show positive reliable change on the ECBI Problem subscale ⁵⁸	50% (14 of 28)	53% (29 of 55)	79% (26 of 33)	⊕ 198%	
Decrease in negative parent-child interactions	Triple P Services, Levels 4/5	Parents show improvement from the pre-test to post-test on the PFS Family Functioning/Resiliency subscale	34% (12 of 35)	22% (13 of 58)	3% (1 of 31)	NA ³	
		Parents show improvement from the pre-test to post-test on the PFS Social Connections subscale	26% (9 of 35)	21% (12 of 58)	17% (5 of 30)	NA	
		Parents show improvement from the pre-test to post-test on the PFS Concrete Support subscale	14% (5 of 35)	14% (8 of 58)	8% (2 of 25)	NA	
		Parents show improvement from the pre-test to post-test on the PFS Nurturing and Attachment subscale	14% (5 of 35)	15% (8 of 54)	8% (2 of 24)	NA	
		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. ⁵⁸	26% (9 of 35)	36% (21 of 58)	17% (5 of 30)	NA
			I know how to help my child learn.	57% (20 of 35)	50% (29 of 58)	53% (16 of 30)	NA
			My child misbehaves just to upset me. ⁶⁰	34% (12 of 35)	38% (22 of 58)	60% (18 of 30)	NA
			I praise my child when he/she behaves well.	39% (13 of 33)	43% (23 of 54)	47% (14 of 30)	NA
When I discipline my child, I lose control. ⁶⁰	41% (14 of 34)		33% (18 of 54)	63% (19 of 30)	NA		

¹ MHSA-PEI 0-5 Pathway to Results in Appendix B provides a complete overview of the program's measureable outcomes and accompanying targets.

² Progress toward FY16-17 targets is measured using the following definition: ⊖ *Not Achieved* (more than 5 numeric or percentage points below target); ⊜ *On Track/Achieved* (0-5 numeric or percentage points below target); ⊕ *Exceeded* (1-5+ numeric or percentage points above target).

³ This is the third year the PFS measure was used; specific targets for outcomes related to PFS have not been set.

Progress Achieved toward Core Outcomes²

07/01/2016 – 06/30/2017

Core Program Outcome	Intervention Linked to Outcome	Specific Target	Actual Results			Progress Toward Target
			2014-15	2015-16	2016-17	
Increase in children deemed at risk for developmental or social-emotional delays who are referred for follow-up assessments	Periodic developmental & social emotional screening	300 children will be screened	364 children screened	359 children screened	482 children screened	 161%
	At-risk children referred for further assessment	At least 110 children will be referred for assessment	200 children referred	204 children referred	292 children referred	 265%

Overall, 2016-17 results are evidence of significant progress towards achieving the three core outcomes for MHSA prevention and early intervention programs. Children in families receiving Triple P Levels 4 and 5 showed substantial improvement, exhibiting a decrease in difficult behaviors as measured by the ECBI. Parents and caregivers demonstrated an increase in knowledge of parenting and child development as measured by the *Protective Factors Survey*. Most notably, grantees collectively screened 482 children at risk for development or social emotional delays and referred 292 children. Screenings are a critical step to ensure children receive targeted services or referrals to support their development and social-emotional health.

When I first called to request services, I was **desperate and frustrated**. My son was acting out of control and I didn't know what to do. It was a relief to know there was **assistance available** and working with you has **turned things around** so much for us.

-CPI Triple P Parent

Child behavioral outcomes are showing substantial improvement as measured by the ECBI.⁵⁹

Seventy-one percent of children exhibited positive reliable change from pre-treatment to post-treatment in the frequency of problem behaviors as measured by the Intensity subscale and parent/caregiver observations of a child's behavior. 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.⁶⁰ Seventy-nine 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. After targeted support through Triple P services, children are exhibiting fewer problem behaviors, and the frequency of behaviors decreased as well. Since 2014-15, grantees delivering Levels 4 and 5 collectively exceeded one or both of these targets; most recently grantees far exceeded targets at nearly twice the expected rate.

Three years of *Protective Factors Survey* data indicate that the measures of "Knowledge of Parenting and Child Development" may best capture the change we would expect to see among parents receiving Triple P services. Grantees now have three years of PFS data for parents participating in Triple P Levels 4 and 5. When protective factors are present, the overall well-being of children and families is improved. While a small percentage of parents showed improvement this year on each of the subscales (Family Functioning/Resiliency, Social Connections, Concrete Support, and Nurturing/Attachment), we see the most consistent improvement on items measuring parent's Knowledge of Parenting and Child Development. These items closely relate to the type of change one would expect

to see as a result of Triple P services – how parents are interacting with their child and interpreting their child’s behavior.

Grantees far exceeded goals for screening and rescreening children at risk of developmental or social-emotional delays.

Screenings and referrals contribute to children’s growth and healthy development by supporting providers to connect families with necessary services and interventions. Grantees provide critical services in this area to strengthen the early childhood mental health system by connecting the most vulnerable children and families to appropriate services. Grantees collectively screened 482 children at risk for developmental and social-emotional delays. Additionally, agencies far surpassed the goal for providing referrals for additional screening when necessary: 292 children received referrals for further assessments, far exceeding the target of 110. Agencies report that other organizations in the county—including medical providers, schools, and health centers—are increasingly completing screenings, likely the result of trainings from grantees.

I am **very thankful the PEAS program exists.**
I knew I was not alone and my feelings were normal.

-ELI PEAS Parent

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 07/01/2016 – 06/30/2017				
Agency	Program Outcome	Specific Target	Actual Results	Progress Toward Target
CPI	Provide Triple P services	100 families will receive the following appropriate Triple P services:	152 families received services	152%
		- Level 3: 30 families will receive services	40 families served	133%
		- Levels 4/5: 70 families will receive Level 4 (10 of the 70 Level 4 families will also receive Level 5)	112 families served with Levels 4/5 (4 families received Level 5)	160%
	Periodic developmental and social emotional screening, using ASQ-3 and ASQ-SE 2	Children not already screened will be screened and referred for further assessment as needed	34 children screened and referred as needed	NA
		10 children will be referred for further assessment and/or services	6 children referred for further assessment	60%
	Identify women with PMD and provide case management & treatment	40 women will be identified and treated	49 women received services	123%
	Provide mental health consultations/services for high risk families	20 families will receive brief consultations, referred appropriately for mental health services	10 families received consultations/services	50%
ELI	Periodic developmental and social emotional screening, using ASQ-3 and ASQ:SE-2	300 children will be screened	418 children screened for the first time	139%
		350 children will be rescreened	434 children rescreened	124%
		100 children will be referred for further assessment and/or services	286 children referred for further assessment and/or services	286%
	Case management for children in at-risk families for whom a screening identifies potential problems	240 families will receive case management and/or facilitated referrals	394 families served	164%
	Navigation services	100 families will receive support/information to access services	987 families served	987%
	Provide PEAS parent support or Triple P or both	40 individuals will receive either PEAS or Triple P, or both	44 individuals received services	110%
	Provide PEAS parent support or Triple P or both	50% of individuals receiving PEAS services will report a decrease in score on the Parental Stress Index	72% (27 of 38)	

Additional Progress Achieved 07/01/2016 – 06/30/2017

Agency	Program Outcome	Specific Target	Actual Results	Progress Toward Target
				144%
JFCS	Provide Triple P services	Level 2: 23 total Seminars will be offered	15 seminars offered	⊖ 54%
		Level 2: 180 attendees to seminars	138 attendees	⊖ 77%
		75 families will receive the following appropriate Triple P services:	111 families served	⊕ 148%
		- Level 3 Individual Sessions: 40 individuals will receive services	9 individuals served	⊖ 23%
		- Level 3 Discussion Groups: 15 individuals will participate	89 individuals served	⊕ 593%
		- Levels 4 or 5: 10 individuals will receive Levels 4 or 5	13 individuals served	⊕ 130%
	Provide psychological assessments for children 0-5	5 assessments will be completed	9 assessments completed	⊕ 180%
Developmental and social emotional screening, using ASQ-3 and ASQ:SE-2	Children not already screened before referral to JFCS will receive ASQ-3 & ASQ:SE-2 screening	3 children screened with ASQ-3 / ASQ:SE-2	☑ NA	
PPSC	Provide Triple P services	Level 2: 6 Level 2 Seminar Series will be offered	1 Level 2 Seminar Series offered	⊖ 16%
		Level 2: 27 attendees to seminars	5 attendees	⊖ 19%
		70 individuals will receive the appropriate level of Triple P services	47 individuals received services, which includes: - 3 individuals in Level 3 Individual - 7 individuals in Level 4 Group Sessions - 37 individuals in Level 4 or 5 Individual Sessions	⊖ 67%
	Periodic developmental and social emotional screening, using ASQ-3 or ASQ:SE-2	Children not already screened before referral to PPSC will receive ASQ-3 & ASQ:SE-2 screening	27 children screened	☑ NA
Provide screening, referral, and treatment services for Perinatal Mood Disorder	9 women will receive screenings	0 woman screened	⊖ 0%	

Additional Progress Achieved 07/01/2016 – 06/30/2017

Agency	Program Outcome	Specific Target	Actual Results	Progress Toward Target
		4 women will receive treatment	1 woman received treatment	 25%
	Provide screening, referral, and treatment services for Perinatal Mood Disorder	3 women will be referred to Primary Care provider or other care provider	0 women received referrals	 0%
		65% of women will move below the clinical cut-off score (10) on the post EPDS	0% (0 of 1)	 NA

Results on these additional program outcomes show that three providers (CPI, ELI, and JFCS) met or far exceeded nearly all of their targets. PPSC nearly met targets for delivering Triple P services but did not meet targets for delivery of PMD services to women. PPSC attributes this to other community providers meeting this need, resulting in fewer referrals to their organization for PMD services.

Efforts to Sustain the Early Childhood Mental Health System

Evaluation results indicate that grantees are on well on track or exceeding many of the program outcomes that will help to ensure the healthy development of children and families, and support and strengthen family resiliency. Grantees share that several factors have contributed to their ability to successfully implement MHSA services, all of which will be important for sustaining a coordinated and effective early childhood mental health system:

- **Increased support for perinatal mood disorder (PMD) services has built the system’s capacity to provide critical services shown to improve mental health outcomes.** As noted earlier, treatment for perinatal mood disorders supports mothers’ and children’s health. Perinatal mood disorder services focus on mother-infant attachment in the early months and support the development of parental resilience. Research shows that detecting and treating PMD is an intervention that can improve maternal and child well-being and mental health outcomes. Increasing agencies’ capacity to provide services that address PMD is, thus, an important prevention-based strategy that will strengthen the system’s ability to serve mothers and children. In 2017, CPI received additional funding from First 5 to deliver Mothers and Babies, a program that promotes healthy mood management and supports new and pregnant mothers in coping with stress. Mothers and Babies is designed to be delivered by providers from a variety of educational and professional levels, including clinic and community-based workers. Employing a curriculum that can be offered by a wider range of providers than the curriculum previously in place supports CPI to serve more women. The additional funding has allowed CPI to continue this program and deliver PMD services to more women.

- **Investment in the Developmental Screenings and Early Intervention Systems Pilot increased provider capacity to deliver screenings and referrals.** With the targeted and strategic assistance of First 5 and support from MHSA-PEI 0-5 grantees, provider capacity to complete screenings is increasing in Sonoma County. First 5 funded the Developmental Screening and Early Intervention Systems Pilot program to train and support providers at Federally Qualified Health Centers (FQHCs) in completing ASQ-3 screenings. MHSA grantees continue to lead efforts that build and strengthen system level capacity to deliver screenings. As a result of this initiative, providers and staff members have increased awareness and understanding about the need to consistently track and use evidence based screening tools. ELI coordinated in-person ASQ-3 trainings at local health centers to increase staff knowledge and comfort with using the tool to screen and score results. Prior to this pilot

initiative, standardized evidence-based screening tools were used at some but not all of the FQHCs. The pilot initiative allowed Redwood Community Health Coalition to develop referral resources that standardize and simplify the referral process, leading to an increase in referrals, screenings, and calls to the ELI navigator.

- **Early Learning Institute’s Navigation Services provide critical system coordination support for providers and families.** The One Call Navigator services provided by ELI served nearly 1,000 families. Through the Navigation warmline, 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 warmline 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 in discussion around early developmental and social emotional screenings and connecting children to services. Thanks to an additional grant from First 5, this is the second year that full-time Navigation support was feasible. Demand continues 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.

I am thankful for your visit and for **providing me with more resources** where people can help me, what a beautiful program.

-ELI Watch Me Grow Parent

- **MHSA grantees integrate and support the education of adverse childhood experiences (ACEs) and trauma-informed care in Sonoma County.** A variety of county-wide ACEs and Trauma-Informed Care initiatives support the ongoing work of First 5 and grantee agencies to expand and strengthen community awareness of ACEs. In recent years, Sonoma County has emerged as a nationally visible leader in ACEs and trauma-informed care. For example, the Sonoma County ACEs Connection is a coalition of community members and agencies including public health, substance abuse treatment, education, early childhood, community-based organizations, medical clinics, and mental health agencies including the MHSA grantees. The coalition aims to bring together the community to prevent, heal, and treat ACEs while promoting resiliency. The MARC (Mobilizing Action for Resilient Communities) initiative grant was awarded to Sonoma County to provide trainings for providers on ACEs and trauma informed care. The MARC project sought to support communities to foster solutions to prevent ACEs and become models of innovative efforts to promote resilience. With the help of the Sonoma County ACEs Connection, grantees integrate knowledge of trauma-informed care into their work and have a strong commitment to raise awareness of ACEs and resiliency in the community.
- **The MHSA collaborative strengthens the effectiveness and sustainability of Sonoma County’s early childhood mental health system.** MHSA-PEI 0-5 grantees are key partners in the Early Childhood Mental Health system of care. The collective efforts of grantees to deliver effective services, train providers, and identify community needs support the coordinated system of early childhood mental health in Sonoma County. Agencies regularly engage in outreach, training, and partnership efforts. Examples of these efforts include: participation in the Santa Rosa Community Health Center resource fair to promote screenings within the community; activities with the Perinatal Mental Health Partnership; meetings with the Teen Parent Collaborative; and representation on the Breastfeeding Coalition. The collaborative also serves as an educator, building awareness among community partners in recognizing early childhood mental health as a priority. Grantees participated in organizing and planning the Summit on Early Childhood Mental Health in September 2017, titled

“Building Relationships to Support Families in Times of Stress.” More than 200 community members and experts across a number of sectors attended, including public health, education, child welfare, health, behavioral and mental health, early childhood education centers, and community-based organizations. In the months prior to the event, grantees organized resources, promoted the event, designed workshops, and arranged speakers. The event aimed to ensure participants:

1. Expanded their understanding of early childhood mental health as the capacity to form close relationships, manage and express emotions, and explore the environment and learn;
2. Recognized the importance of early relationships in promoting optimal brain development paving the way for social emotional, cognitive skills and communication throughout the lifetime; and
3. Built additional skills to support young children and their families in healing from trauma and building resilience.

V. Learning for Action: Building on Successes and Lessons Learned

Grantees achieved several program-level outcomes that ensure the healthy development of children and contribute to supportive relationships and strengthening family resiliency. Agencies exceeded most 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 480 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. MHSA-PEI 0-5 grantees’ efforts support the effective design and delivery of prevention, intervention, and treatment services that build a strong foundation for young children.

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 considerations point to opportunities that MHSA-PEI 0-5 grantees can explore, in partnership with First 5 staff, to sustain effective practices, streamline services, address emerging challenges, and maximize the impact of grantees’ critical efforts to address the mental health needs of Sonoma County’s children and families.

- **Leverage knowledge of adverse childhood experiences (ACEs) and trauma-informed care to support community recovery efforts.** The substantial county-wide efforts to educate various sectors, providers, and community organizations about trauma-informed care will likely support the community in the months and years to come. As families and children continue to recover from the traumatic events of the wildfires, grantees can support trauma-informed practices and ensure that those who need referrals know how to access services. There is an opportunity to leverage the work of the ACEs Connection and put into practice what it means to be a trauma-informed community.
- **Seek innovative funding sources through the MHSA collaborative and partnerships.** Strong evaluation results demonstrate grantees are exceeding and far exceeding targets and the demand for services indicate a need for evidence-based mental health services in the county. Some of these needs are still unknown, as Sonoma County agencies continue to assess emerging mental health service needs in the months after the wildfires. However, grantees are anticipating a major shift in MHSA-PEI 0-5 funding that will likely not support the extent of the need. Although MHSA-PEI 0-5 funding for FY 2016-17 remained relatively stable, at the time of this report, grantees have been notified of a potential decline in funding for 2018. The collaborative provides a supportive venue in which to brainstorm and discuss alternative methods of funding. Grantees continue to leverage the

collaborative as a place to strategize and identify innovative sources of funding in an effort to sustain services and supports delivered.

- **Continue to remain aware of shifting landscape and immigration-related pressures that may impact service provision.** Grantees observe families of immigrant status may be reluctant to access services; families fear receiving services will make them identifiable to government agencies. Families may also delay receiving services in fear of immigration-related concerns. Agencies are supporting families as much as possible through these issues in an effort to prioritize the safety and well-being of families while addressing the need for services. There may be a decline in the provision of services for immigrant families as a result of these fears. Grantees and community partners should continue to monitor this need and strategize on ways they may help to mitigate barriers to families in need of services. For example, grantee organizations may consider providing training to staff to ensure all staff members understand how to engage with families on this topic, and how to refer families to the supports and protections to which they are entitled.
- **Continue to support addressing families' unmet basic needs before connecting with treatment services.** While the focus to date has been on developing parenting skills, there is a need now more than ever to step back and check in with parents about basic needs (e.g. food, housing, legal services). As families recover from the wildfires, they are in need of support that goes beyond the scope of MHSA services, but that must be addressed before mental health treatment is possible. Although PFS is not designed to be a clinical tool, the survey may be useful in equipping agencies and First 5 with findings that have implications for connecting families to additional resources and community partners. Survey results can be used to assist agencies in identifying family needs and areas where support would improve family functioning and resiliency. MHSA grantees are well-connected to community support services to improve family stability, and can help to connect families with the supports they need to meet urgent needs and relieve key stressors in their lives.
- **Expand efforts to attract bilingual specialists and build the service provider workforce.** Several agencies report difficulty retaining bilingual and bicultural specialists and Masters level clinicians. This presents a challenge for grantees and impacts their ability to effectively serve the large Spanish-speaking population of families and children in Sonoma County. Agencies are actively trying to recruit and retain more bilingual providers; however there is a high need to strengthen a pipeline or pathway into mental health service careers.

Evaluation Next Steps

LFA recommends that grantees revisit evaluation targets in context of shifting needs and new data. As the provider landscape and community needs continue to shift, grantees can work with First 5 and evaluators to adjust evaluation targets. Grantees should work with First 5 and evaluators to adjust evaluation targets based on what we've learned from the data to date and our expectations of the work going forward in light of major changes in funding and service provision.

Grantees, in collaboration with other Sonoma County partners, can also continue to identify how to best use the Protective Factors Survey as a measure of program effectiveness. For example, setting reasonable yet aspirational targets on the Knowledge of Parenting and Child Development items (as three years of data have shown the most consistent improvement on these items) will enhance the tool's utility for assessing and serving the needs of children and families. Additionally, First 5 can be a valuable partner in identifying areas where tools can strengthen providers' capacity to build protective factors among families and caregivers, and which items of the PFS to prioritize.

* * *

As a result of the collective work of MHSA grantees in Sonoma County, children and families are supported in an early childhood mental health 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 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-PEI 0-5 grantees provide and reflect their ongoing commitment to address these critical needs of children and families in the future.

VI. Endnotes

- 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 Sonoma County Department of Health Services, Mental Health Division Mental Health Services Act, Prevention and Early Intervention Plan. Retrieved: http://www.sonoma-county.org/health/about/pdf/mhsa/pei_plan.pdf
- ³ SAMHSA (2016). Retrieved from <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>
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- ⁵⁰ 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.
- ⁵¹ http://www.mhsoac.ca.gov/Counties/PEI/docs/PEIplans/Sonoma_PEI.pdf [Accessed 1/15/15]
- ⁵² First 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.
- ⁵³ UC Berkeley’s CSSR database. Retrieved from http://cssr.berkeley.edu/ucb_childwelfare/RecurAlleg.aspx.
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- ⁵⁶ 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.
- ⁵⁷ LFA, CIBHS, and First 5 worked together to determine a realistic, accurate target for ECBI results. These targets are realistic and reflect outcomes typically seen in research studies that also use a Reliable Change Index to measure progress on the ECBI. (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) For discussion of the Eyberg Child Behavior Inventory (ECBI) and the Parenting Scale, see Appendix D.
- ⁵⁸ Items were reverse scored to reflect strength based responses.
- ⁵⁹ ECBI results are from clients who completed Triple P Levels 4/5 and have pre/post ECBI data. See Appendix A.
- ⁶⁰ 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, see Appendix D.

VII. Appendices

- A. CMC: Triple P Positive Parenting Program Results**
- 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 Results



Triple P Positive Parenting Program – First 5 Sonoma L4/5 Outcome Data for MHSA-Funded Families (ECBI data revised 3/9/18)

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 2016-2017: The ECBI outcomes are based on 43 clients who completed L4/5 within four provider organizations:

- **Child Parent Institute** (28 completed; 23-25 have pre/post ECBI outcome data)
- **Jewish Family and Children’s Services** (4 completed; 0 have pre/post ECBI outcome data)
- **Petaluma People Services Center** (11 completed; 8 have pre/post ECBI outcome data)

	Percent Improvement [‡] from the Average Pre-Score to the Average Post- Score	Effect Size Estimate [‡] (Cohen’s d)	Percent of Clients Showing Reliable Change [‡] from Pre- to Post-		
			Positive Change	No Change	Negative Change
Eyberg Child Behavior Inventory (ECBI)					
Intensity Raw Score	30.4%* (n=31) [pre=136.0]	1.13	71.0% (n=22)	22.6% (n=7)	6.5% (n=2)
Problem Raw Score	68.7%* (n=33) [pre=16.5]	1.28	78.8% (n=26)	15.2% (n=5)	6.1% (n=2)

[‡]Please see Appendix B. 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=31)	48.4% (n=15)	73.3% (n=11)
Problem Raw Score (n=33)	60.6% (n=20)	95.0% (n=19)

[‡]Please see Appendix B. for a description of the Eyberg Child Behavior Inventory.

FY 2016-2017: The PFS outcomes are based on 43 clients who completed L4/5 within four provider organizations:

- **Child Parent Institute** (28 completed; 23-24 have pre/post PFS outcome data)
- **Jewish Family and Children’s Services** (4 completed; 0 have pre/post PFS outcome data)
- **Petaluma People Services Center** (11 completed; 1-7 have pre/post PFS outcome 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	2.2% (n=31) [pre=5.4]	.12	3.2% (n=1)	80.6% (n=25)	16.1% (n=5)
Social Emotional Support Scale Score	5.4% (n=30) [pre=5.4]	.24	16.7% (n=5)	76.7% (n=23)	6.7% (n=2)
Concrete Support Scale Score	16.4% (n=25) [pre=4.7]	.46	8.0% (n=2)	88.0% (n=22)	4.0% (n=1)
Nurturing and Attachment Scale Score	7.9%* (n=24) [pre=6.0]	.68	8.3% (n=2)	87.5% (n=21)	4.2% (n=1)

[±]Please see Appendix B. 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. FY2016-2017 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=43)

	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=30)	2.70 (±1.4)	2.43 (±1.7)	-9.9%	16.7%
13. I know how to help my child learn. (n=30)	5.37 (±1.4)	6.17 (±0.7)	14.9%*	53.3%
14. My child misbehaves just to upset me. (n=30)	4.70 (±1.7)	5.37 (±1.9)	14.2%	60.0%
15. I praise my child when he/she behaves well. (n=30)	5.57 (±1.8)	6.57 (±0.7)	18.0%*	46.7%
16. When I discipline my child, I lose control. (n=30)	5.17 (±1.6)	6.07 (±1.0)	17.4%*	63.3%

Note1: Percent of clients improved indicates the proportion that have a post rating that is more positive, or favorable, 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 0-5 (MHSA-PEI 0-5): Pathway to Results

Organizations: Child Parent Institute (CPI), Early Learning Institute (ELI), Jewish Family and Children Services (JFCS), Petaluma People Services Center (PPSC)

Grant Period: July 1, 2016 – June 30, 2017

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)					
A. Screening <i>(CPI, PPSC)</i>	<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 	
B. Intervention – PMD case management, psychotherapy, referral to medical provider <i>(CPI, PPSC)</i>	<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><i>(CPI, PPSC, ELI, JFCS)</i></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
<p>D. Other education and early intervention programs</p>	<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 	
<p>III. Social/Emotional Screening of Children</p>					
<p>E. Periodic developmental and social emotional screening (ELI, PPSC, CPI)</p>	<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 – screen children who are referred to CPI and have not already been screened ➤ 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 2016-17						
		Child Parent Institute	Early Learning Institute	Jewish Family & Children's Services	Petaluma People Services Center	Total
Total Served	Parents/Guardians/ Primary Caregivers	244	1,183	19	40	1,486
	Children	190	794	11	42	1,037
	Other Family Members Served	167	25		40	232
	Total Population Served	601	2,002	30	122	2,755
Parent/ Caregiver's Ethnicity	Hispanic/Latino	158	684	4	37	883
	White	69	377	13	3	462
	Multi-racial	1	44	2		47
	Asian	1	14			15
	Black/ African-American	3	12			15
	Alaska Native/ American Indian	1	7			8
	Pacific Islander		1			1
	Other		15			15
Parent/ Caregiver's Primary Language	Spanish	129	522		37	688
	English	112	659	19	3	793
	Other		2			2
	Unknown	3				3
Child's Ethnicity	Hispanic/Latino	120	435		37	592
	White	54	266	9	5	334
	Multi-racial	3	42	2		47
	Black/ African-American	2	13			15
	Other		4			4
	Alaska Native/ American Indian	1	8			9
	Asian	1	9			10
	Pacific Islander					0
Child's Primary Language	English	97	462	11	4	574
	Spanish	91	331		38	460
	Other					0
Special Needs Children			794			794

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 10 – FY 17-18 0-5 Collaborative Evaluation Brief



WELLNESS • RECOVERY • RESILIENCE

Introduction

Early childhood mental health is a critical component of healthy development and wellbeing, and foundations laid during this formative time period set the course for success in later life. First 5 Sonoma County and local service providers are committed to investing in early mental health and to promoting awareness of this crucial aspect of development throughout the broader community.

The County of Sonoma Department of Health Service's Behavioral Health Division allocates a portion of its Mental Health Services Act (MHSA) funding for Prevention and Early Intervention to provide services to children prenatal to five and their families (MHSA-PEI 0-5). MHSA provides direct funding to three MHSA-PEI 0-5 grantees, while First 5 Sonoma County supports their efforts by providing coordination, evaluation, and training services. With support from its local evaluator, Learning for Action, First 5 Sonoma County collects evaluation data from grantees to capture program accomplishments and inform ongoing efforts. This brief summarizes MHSA PEI 0-5 grantee accomplishments between July 2017 and June 2018.

The MHSA-PEI 0-5 program aims to build a continuum of care that includes screening, interventions, and support strategies for children prenatal to five and families.

Why are MHSA-PEI 0-5 services needed?

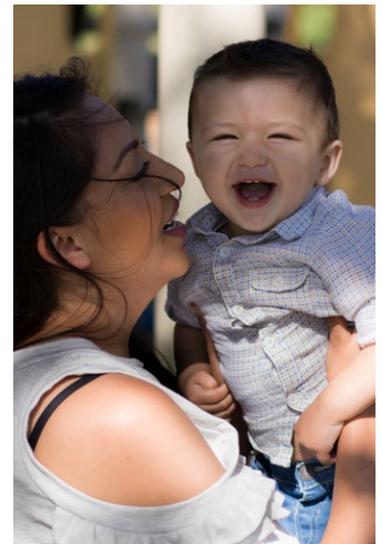


MHSA prevention and early intervention services occur at a critical time early in a child's life when the foundation for sound mental health is built. Children's earliest experiences and relationships shape the architecture of their developing brains. Disruptions in this developmental process can impair a child's capacities for learning and relating to others, with lifelong implications. Working with children at an early age helps build a child's social-emotional development and ability to learn which contributes to lifelong positive developmental and mental health outcomes.

MHSA-PEI 0-5 services support caregivers and their children in the following ways:

Preventing and reducing the impact of Adverse Childhood Experiences (ACEs) and promoting resiliency: Early exposure to ACEs can impact a child's developing brain and lead to lifelong problems with health, wellness, and learning. Research indicates that the more ACEs a child experiences, the greater the risk for adult chronic disease and mental health issues.¹ Preventing, identifying, and treating early exposures to ACEs has the potential to have wide ranging positive mental health and developmental consequences for children.

Increasing awareness of perinatal mood and anxiety disorders (PMDs) and identifying and treating women with perinatal mood and anxiety disorders: Living with a mother who is mentally ill or severely depressed is an ACE that can impact a child's future wellbeing. Living with a mother who is depressed, particularly in the first three years of life when the brain is developing rapidly, can negatively alter a child's brain and stress response and have long-lasting behavioral effects for the child.² Effectively detecting and treating PMD is an intervention that can improve maternal and child well-being and mental health outcomes.

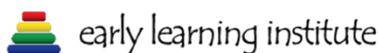




Identifying developmental and social-emotional concerns and delays and helping link families to resources: Nationwide, the majority of young children with socio-emotional and developmental delays do not receive services. Many young children are not screened for delays and of those who are identified with developmental delays, only 9% of nine-month olds and 12% of 24-month olds nationwide receive early intervention services.³ Timely screening, identification, and intervention of developmental or social-emotional delays are more efficient and effective than remediation later in life. Furthermore, education for parents of children with developmental and social-emotional challenges can help improve their relationships and their ability to provide better childcare.

MHSA-PEI 0-5 Program Description

Three agencies are part of a collaborative effort to provide a continuum of care to support positive mental health outcomes for parents and their children. First 5 Sonoma County provides coordination, education, and training to support the agencies' capacity to operate collaboratively as a system of care.

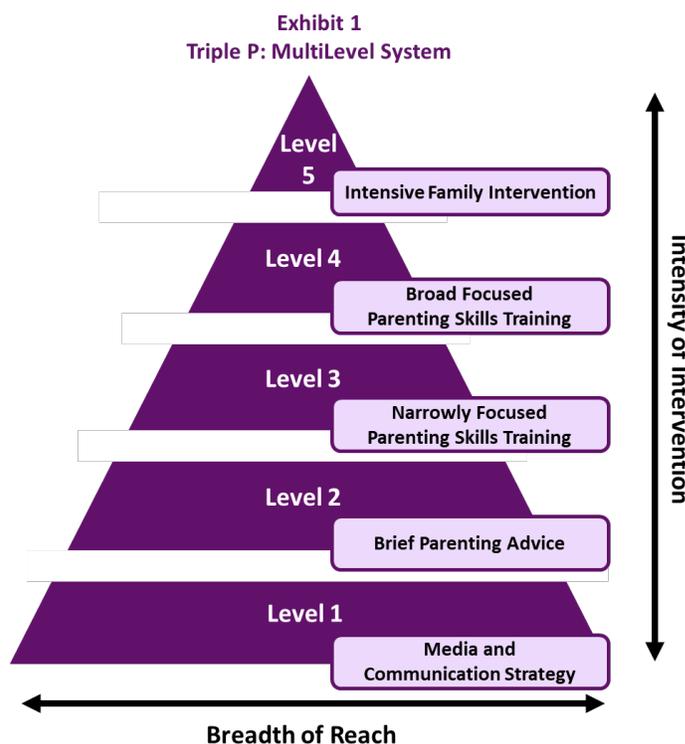


Sonoma County's Department of Health, Behavioral Health Division Mental Health Services Act provides direct funding to three grantees: **Child Parent Institute (CPI)**, **Early Learning Institute (ELI)**, and **Petaluma People Services Center (PPSC)**. The agencies provide the following services, ranging from low-intensity services for a broad segment of the population to high-intensity services for parents and children with the most acute needs, as part of a comprehensive prevention and early intervention (PEI) program:

Screenings: Developmental and social-emotional screenings of at-risk children who would otherwise not receive them, using the Ages and Stages Questionnaire (ASQ) and the ASQ Social-Emotional. Identifying women with Perinatal Mood Disorder (PMD).

Case Management and Referrals: Case management and referrals for children for whom a screening identifies potential delays and for women living with or at risk for PMD.

Parent Support: Parent support through the Parent Education and Support (PEAS) program and Triple P—Positive Parenting Program. Triple P is a suite of services of increasing intensity, ranging from general parenting advice to more intensive interventions for parents and children with more acute needs (see Exhibit 1⁴). MHSA grantees offer Triple P Levels 2-5, which aim to strengthen the relationship between the parent and child and build parents' knowledge, skills, and confidence. Through the PEAS program, grantees provide up to six weekly one-to-one parent support for families of young children receiving developmental services. Services are provided in English and Spanish and in the parent's home or the office.



Coordinating Sonoma County’s MHSA-PEI 0-5 Work

FIRST 5 Sonoma County provides the following supports and services to help providers align their work and operate in partnership as a comprehensive system of care for early childhood social-emotional and behavioral health.

Coordination

First 5 Sonoma County facilitates collaboration among the MHSA grantees by convening bi-monthly MHSA collaborative meetings and supporting the grantees to leverage the partnership to strengthen the supports in the county for early childhood mental health.

Training Support

First 5 Sonoma County funds and coordinates Triple P training for mental health professionals for the MHSA-PEI 0-5 grantees to provide Triple P Levels 2 through 5 services.

Evaluation

First 5 Sonoma County assists grantees in developing their specific Scope of Work, identifying program and process outputs, and setting targets associated with outcome measures for the services they deliver.

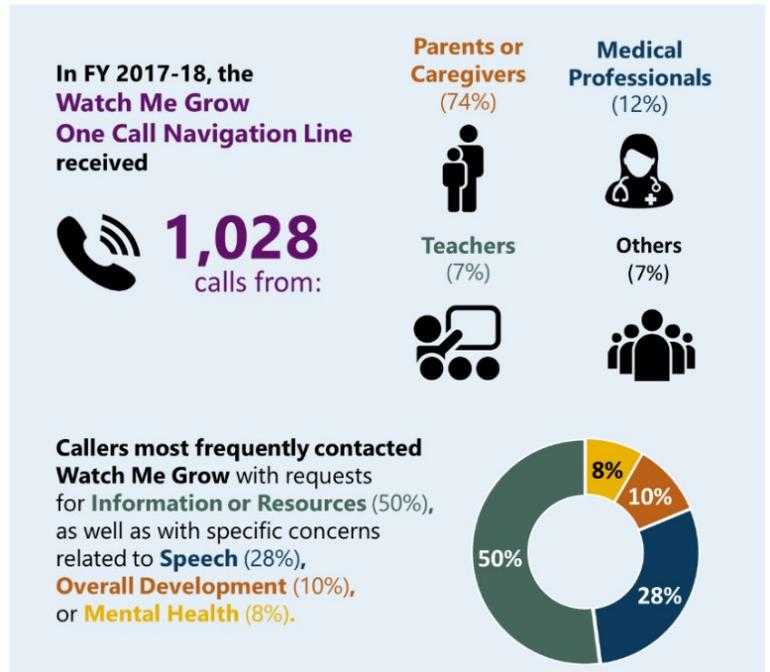
COORDINATING FIRE RECOVERY EFFORTS

In Spring 2018, First 5 Sonoma County and MHSA grantees supported recovery efforts following the wildfires in Sonoma County. The agencies observed behavioral impacts in families and developmental regressions in children in the aftermath of the fires. Rates of child abuse or neglect increased by 35% in the 12 months after the fire, and 44% of early care and education providers noted increased anxiety and fears in children.⁵ “Families have been under a lot of stress because of relocation,” shared one of the MHSA grantee staff. “Our services have helped families feel they have some strategies to deal with stress.” Additionally, the wildfires exacerbated the homelessness and housing instability crisis in the County. MHSA grantees’ commitment to providing accessible services has meant going to where families are, including into shelters. MHSA grantees offered crisis counseling, resource navigation, and disaster preparedness and recovery education to affected families. First 5 Sonoma County supported these fire-recovery efforts by: providing grants to organizations serving fire-affected families; facilitating resource distribution; organizing trauma response trainings; and creating space in the Collaborative meetings for providers to discuss, align, and coordinate their efforts. One example of the support that First 5 Sonoma County provided was a trauma-informed training for parents and providers about how to best meet children’s emotional and behavioral needs and support parents after the fires.



IMPROVED LINKAGES TO SERVICES

The Watch Me Grow (WMG) program, operated by Early Learning Institute (ELI) plays a critical role supporting **collaboration and cohesion across the local system of care for serving young children’s developmental and behavioral health needs.** WMG provides social and developmental screenings to children, connects families to services in the community, and makes referrals to mental health or developmental services as needed. Identifying developmental or social-emotional challenges early and connecting children with appropriate supports is important for long-term development and well-being. However, with a range of service providers, varying eligibility requirements, and complex reimbursement models, the process of getting connected to the right resources can be challenging for families, as well as confusing for referring providers. The WMG program operates a One Call Navigation Line, that provides information and resources to families and service providers throughout the community.



As a single resource for childhood development and mental health needs for the county, WMG supports families and providers with information, screening, and referrals, helping to ensure that families get connected with appropriate services and supports.

As First 5 Sonoma County seeks to invest in systems change efforts and to align with efforts at the state and national level, the work that ELI offers through WMG positioned Sonoma County well to become a Help Me Grow Affiliate. Help Me Grow (HMG) is a national system approach for promoting optimal child development through early identification, referral, and linkage. Leveraging the structure and services in place through WMG, Sonoma County became a HMG affiliate in 2017, with ELI serving as the Centralized Access Point (CAP). Becoming a HMG affiliate, and the organizing efforts of First 5 Sonoma County to bring partners together, have further elevated conversation locally about the critical importance of supporting optimal development and mental health for the County’s youngest residents.

*We want to promote wellness in early childhood mental health, and address concerning behaviors. [Part of that is] differentiating a developmental delay from a social-emotional deficit or emerging problem. [When there are concerns,] **how can we get these kids into services as soon as possible?** That’s how WMG was born. **We know the system really well, and we can connect them.***

MHSA Grantee

Who MHSA-PEI 0-5 Collaborative Serves

In FY 17-18, a total of 1,647 parents and children ages 0-5 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.

Exhibit 2 summarizes the populations served by the three MHSA-PEI 0-5 grantees during FY 2017-18. The majority of the parents/caregivers and children served under MHSA-PEI 0-5 are Hispanic/Latino. Exhibit 3 shows that 60% of parents and 43% of children ages 0-5 speak Spanish as their primary language. Grantees offer services in Spanish, including the parent education through Triple P, which has bolstered Hispanic/Latino participation.

From July 2017 to June 2018:

- 808** Children were screened and/or rescreened for developmental delays
- 75** Parents/caregivers participated in services for Perinatal Mood Disorder
- 471** Parents/caregivers participated in Triple P Level 2 Seminars and Level 3 Discussion Groups and Primary Care Consultations
- 82** Parents/caregivers participated in Triple P Level 4/5 Individual Services
- 57** Parents/caregiver and children participated in the PEAS program

In addition to other services/individuals served not listed here, totaling

1647 Children and parents received MHSA-PEI 0-5 services

Exhibit 2: Race/Ethnicity of Parents and Children Served in FY 2017-18

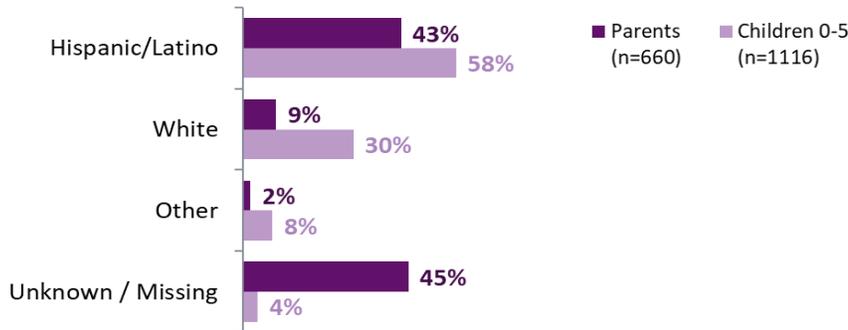
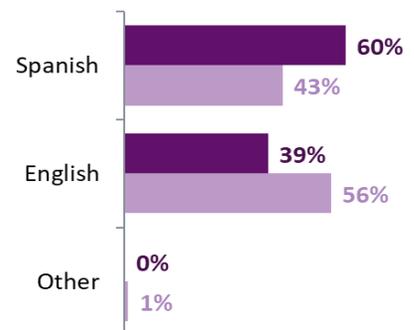


Exhibit 3: Primary Language of Parents and Children Served in FY 2017-18



MHSA-PEI 0-5 Accomplishments



OUTCOME: Decrease in children exhibiting difficult behaviors

INTERVENTION: Triple P services, Levels 4/5. Triple P is an evidence-based, cost-effective intervention aimed to improve parent-child relationship. Individual outcomes are measured for families who participate in the higher intensity, one-to-one Triple P Levels 4/5 services. In fiscal year 2017-2018, 31 clients completed Triple P Levels 4/5 and were eligible to complete pre/post assessments.

RESULTS: Following participation in Triple P Levels 4/5 services, children exhibit less frequent problem behavior, and caregivers experience a decrease in the extent to which they perceive their child's behavior as problematic (measured by the ECBI⁶ Intensity Score and Problem Score, respectively; n=18-19).



of children show positive reliable change on the **ECBI Intensity subscale**



of children show positive reliable change on the **ECBI Problem subscale**



OUTCOME: Decrease in negative parent-child interactions

INTERVENTION: Triple P services, Levels 4/5.

RESULT: Parents who participate in Triple P Levels 4 and 5 experience statistically significant improvement in both domains of the *Protective Factor Survey* (PFS)⁷ that relate to parent-child interactions. 31% of parents show positive reliable change on the Family Functioning/ Resiliency scale and 8% of parents show positive reliable change on the Nurturing and Attachment scale. Additionally, parents increase their knowledge of parenting and child development, as shown in Exhibit 4 below. (n=11-13).

Exhibit 4: Clients Who Improved Their Knowledge of Parenting and Child Development Items

Parents *increased* their...

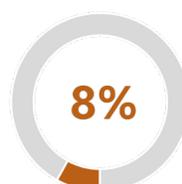


Knowledge of how to help their child learn



Practice of praising their child for good behavior

Parents *decreased* their...



Experience of not knowing what to do as a parent



Interpretation of their child's behavior as intended to upset them



Experience of losing control when disciplining their child

COST SAVINGS

In addition to their potential positive impact on health outcomes, prevention and early intervention strategies benefit health systems by reducing costs in the long-run. A 2017 Cost-Benefit Analysis conducted by Research Development Associates for Sonoma County found Triple P implementation offers significant cost savings for the County.⁸ 67% of behavioral and physical problems that cause adults to seek social services could be attributable to ACEs.⁹ Reducing the number of ACEs children are exposed to has the potential to decrease service needs and generate savings for the health, education and social services sector.

*Two years of Triple P Implementation offer up to **\$840,666** in cost savings for Sonoma County*



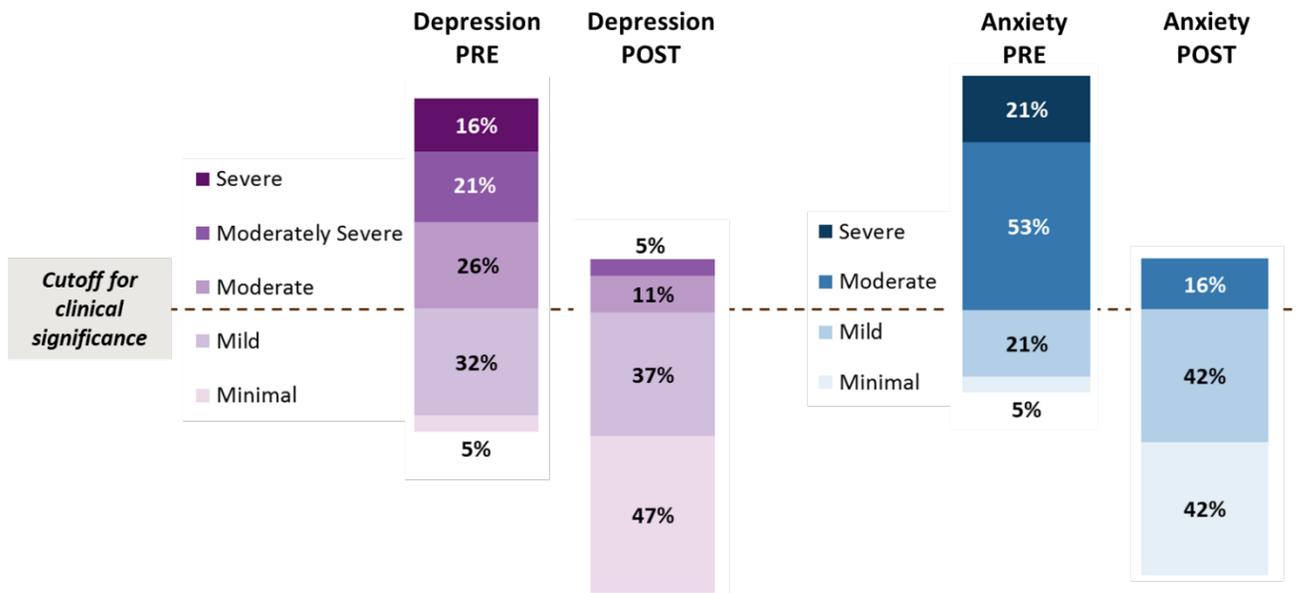
OUTCOME: Decrease in Perinatal Mood Disorder among identified/treated women

INTERVENTION: Screenings, referrals, case management, and treatment for women with Perinatal Mood Disorder (PMD).

RESULT: 75 parents received services for PMD. Of those who began and completed services during FY 17-18, 19 completed pre and post assessments. The findings reveal decreased levels of **depression** and **anxiety** following treatment, and as demonstrated in Exhibit 5. **The differences between their “pre” and “post” scores are statistically significant** ($p < .001$). The data show a decline in high-risk scores, with a smaller proportion of clients being above the clinical cut-off after participating in the program. The results suggest that Mothers & Babies, in combination with other mental health supports, is effectively supporting women in managing their depression and anxiety, helping to treat and reduce their symptoms, and supporting the long-term mental health and development of their children.

“
If you're depressed...you want to be smiling at your baby but you just don't have the energy to do it... If we can go in and help her right away, that sets her up to think 'I can be a good mom and I can have a good outcome.'
 ”
 MHSA Grantee

Exhibit 5: Changes in Clients' Depression (PHQ-9) and Anxiety (GAD-7) Scores



OUTCOME: Increase in children deemed at risk for developmental or social-emotional delays who are referred for follow-up assessments

INTERVENTION: Developmental & social-emotional screenings. Referrals of at-risk children for assessment.

RESULTS: Grantees conducted screenings and made appropriate referrals, as shown in the figures to the right. Early identification and intervention for developmental and social-emotional delays contribute to children's healthy growth and ensure families are connected to necessary services and interventions.

In FY 17-18, grantees collectively provided **427 screenings** and **510 rescreenings** for **808 children** at risk for developmental and social-emotional delays and **referred 221 children for further assessment**

WHAT'S NEXT

As the MHSA-PEI 0-5 grantees continue their work, below are some considerations for their ongoing efforts.

- **Continue to monitor trends in the community and coordinate services to ensure optimal response for families in need.** Trends in community level data, as well as anecdotal experiences of grantees point to greater incidence of family violence, as families deal with trauma and stress in the aftermath of the fires. Grantees should continue to keep a finger on the pulse of community-level trends, working in partnership to strategize about community-level response to family needs and troubleshoot challenging cases, providing the most comprehensive possible supports to families experiencing trauma.
- **Continue efforts to build a collaborative system of care that facilitates early identification and connections to services for families.** Grantees have made great strides in establishing connections between agencies for screening and referrals and increasing awareness in the community about early identification and early intervention for children with developmental needs. Building upon these successes, the MHSA grantees can focus their efforts and enhance partnerships where needed to ensure that families' experiences of navigating the system of care can be as seamless as possible.
- **Continue efforts to gather data that demonstrate outcomes of prevention and early intervention services.** Data that speak to the positive results for children and caregivers who participate in MHSA-PEI 0-5 services are important for making a compelling case for ongoing investments in these services. There are inherent challenges in obtaining pre and post data, including difficulty reaching caregivers for follow up. In addition to funding for services, MHSA grantees also require resources to support evaluation efforts to invest adequately in obtaining outcome data, particularly for the highest intensity service recipients. Having sufficient resources for evaluation and opportunities to strategize within the collaborative about how to boost response rates, will support grantees' ability to communicate the value of the services they provide.



IN THEIR WORDS

“

When my son Jack was about 4-5 months old... I knew something was wrong. I struggled to get out of bed, to take care of my kids, to take care of basic needs for myself. My postpartum time with my son was isolating and miserable. At a time when I was supposed to be enjoying this sweet new life I couldn't cope. Having [a therapist] come to my home has been life changing. I don't feel so alone, depressed or isolated anymore. **I feel like I have some tools to work through some more challenging aspects of being a mother to a small child. I wish this level of postpartum care was something offered to new moms when they get discharged from the hospital or birth center.** Having someone guide me through a difficult time with compassion and understanding AND without having to leave my home with my baby is something I will be forever grateful for.

MHSA-PEI 0-5 Client

”



“

We received a call from a parent who was looking for a play group for her daughter. She was looking to find a place where she could learn to play with other children as she had never been able to play with children due to cancer and her chemotherapy... We connected her to play groups in the community and...to the Watch Me Grow program for a screening. The young girl had spent so much time in the hospital receiving treatments, that her motor skills and play skills were behind. With activities provided to the family by the screener, **the child was able to catch up in her development, and her social skills blossomed with the ability to interact with other children.**

MHSA Grantee

”

“

We are so grateful to [the Watch Me Grow] program - **not only have you seen [my daughter] since she was a baby, but [you have been] following her progress the whole time.** That's just incredible.

MHSA-PEI 0-5 Client

”

¹ 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.

² 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.

³ Feinberg, et al. (2011). *The Impact of Race on Participation in Part C Early Intervention Services*. Journal of Developmental & Behavioral Pediatrics 32:284-291.

⁴ Prinz, R. (2014) *Scaling Family-Focused Preventive Interventions: The Triple P System*. Presentation at the workshop on Strategies for Scaling Tested and Effective Family-Focused Preventive Interventions to Promote Children's Cognitive, Affective, & Behavioral Health, Washington, DC.

⁵ First 5 Sonoma County Brief: Sonoma Strong, Promoting Child and Family Resiliency During Challenging Times.

⁶ The Eyberg Child Behavior Inventory (ECBI) measures child-related outcomes.

⁷ The two PFS subscales reported are those that are most closely aligned with the intended impact of Triple P services.

⁸ Cost-Benefit Analyses for Sonoma County- Triple P. Developed by Research Development Associates.

⁹ Chapman D.P. et al. (2007) *Adverse childhood events as risk factors for negative mental health outcomes*. Psychiatric Annals. 37(5):359-364.

Appendix 11 – Sonoma County’s Calculation of Maximum Local Prudent Reserve Level (as per DHCS Info Notice 19-017)



WELLNESS • RECOVERY • RESILIENCE

**MENTAL HEALTH SERVICES ACT
PRUDENT RESERVE ASSESSMENT/REASSESSMENT**

County/City: Sonoma County

Fiscal Year: 2018-2019

Local Mental Health Director

Name: William J. Carter

Telephone: (707)565-5157

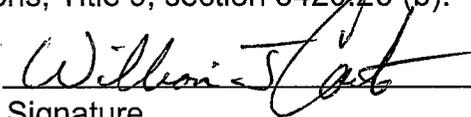
Email: Bill.Carter@sonoma-county.org

I hereby certify¹ under penalty of perjury, under the laws of the State of California, that the Prudent Reserve assessment/reassessment is accurate to the best of my knowledge and was completed in accordance with California Code of Regulations, Title 9, section 3420.20 (b).

William J. Carter

Local Mental Health Director (PRINT NAME)

Signature



Date

6-25-19

¹Welfare and Institutions Code section 5892 (b)(2)

Sonoma County's Calculation of Maximum Local Prudent Reserve Level

Sonoma County - Behavioral Health Prudent Reserve review:

Per info notice 19-017 dated March 20, 2019 the County must assess/reassess the level of prudent reserve. This reserve shall not exceed 33% of the average CSS revenue received in the previous 5 years. Reassessment must occur every 5 years.

Fiscal Yr	Jul	Aug	Sept	Oct	Nov	Dec
FY 13-14	\$ 1,661,924.16	\$ 1,325,604.89	\$ 766,520.01	\$ 1,046,672.03	\$ 860,354.58	\$ 555,197.12
FY 14-15	\$ 1,855,664.72	\$ 4,997,913.91	\$ 762,010.30	\$ 1,179,712.23	\$ 981,841.04	\$ 650,397.86
FY 15-16	\$ 2,217,439.59	\$ 795,648.02	\$ 819,737.28	\$ 1,392,408.46	\$ 1,006,168.30	\$ 793,991.30
FY 16-17	\$ 2,240,545.78	\$ 4,833,230.86	\$ 954,898.69	\$ 1,803,423.26	\$ 682,588.99	\$ 785,463.39
FY 17-18	\$ 2,204,326.79	\$ 4,735,291.62	\$ 1,051,448.66	\$ 1,448,513.59	\$ 1,141,862.10	\$ 846,282.74

Fiscal Yr	Jan	Feb	Mar	Apr	May	Jun
FY 13-14	\$1,049,843.97	\$2,534,778.06	\$505,054.53	\$576,547.82	\$2,156,281.08	\$822,131.03
FY 14-15	\$1,266,652.64	\$2,812,368.57	\$562,261.82	\$689,016.40	\$2,584,335.70	\$969,333.82
FY 15-16	\$1,357,017.22	\$2,975,185.07	\$602,152.70	\$714,372.45	\$1,666,178.70	\$1,840,685.59
FY 16-17	\$1,338,137.32	\$3,242,775.78	\$515,694.91	\$905,237.61	\$2,246,976.65	\$1,216,312.91
FY 17-18	\$1,633,807.90	\$4,084,827.87	\$454,935.85	\$903,575.30	\$2,672,592.24	\$1,270,881.84

Fiscal Yr	Total distribution	CSS portion (76%)	5 yr average (divided by 5)	Prudent Reserve limit (33%)
FY 13-14	\$13,860,909.28	-	-	-
FY 14-15	\$19,311,509.01	-	-	-
FY 15-16	\$16,180,984.68	-	-	-
FY 16-17	\$20,765,286.15	-	-	-
FY 17-18	\$22,448,346.50	-	-	-
Total	\$92,567,035.62	\$70,350,947.07	\$14,070,189.41	\$4,643,162.51

Sonoma County Behavioral Health Estimated Prudent Reserve as of June 30, 2019 is: **\$962,861**