"We're All In This Together"

Sonoma County
Mental Health Services Act (MHSA)

Three-Year Integrated Program and Expenditure Plan for 2020-2023

And Annual Program Report for 2018-2019

WELLNESS • RECOVERY • RESILIENCE

sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

WELLNESS • RECOVERY • RESILIENCE

Acknowledgements: Capacity Assessment and corresponding research was completed by Resource Development Associates (RDA).

Table of Contents

County Compliance Certification 6
County Fiscal Accountability Certification 7
Message from the Behavioral Health Director 8
Executive Summary 9
Purpose of this Document 9
History of MHSA 9
The Five Components of MHSA 10
Highlights of the MHSA Program and Expenditure Plan for FY 20-23 11
Projected MHSA Revenue for FY 20-21 11
Introduction 12
MHSA Background 12
MHSA Today 12
Description of Sonoma County 15
Demographics 16
Economics 17
Medi-Cal Beneficiaries and Threshold Languages 18
Community Program Planning Process (CPPP) 20
MHSA Steering Committee 20
Stakeholder Participation 22
Community Program Planning Process Calendar – April 2019 - June 2020 23
Additional Stakeholder Outreach 26
The Public Review and Public Hearing Process 26
Capacity Assessment 28
Capacity Assessment Process 28
Capacity Assessment Methods 32
Project Launch and Discovery 32
Data Collection and Analysis 34
Data Collection 35
Community Focus Group Participants by Organization Type 36
Community Key Informant Interview Participants by Organization Type 36
Data Analysis 37
Capacity Assessment Summary 39

System of Care 39
Youth and Family Services 41
Adult and Older Adult Services 42
Capacity Assessment Findings 42
Underserved Populations 43
System Entry and Appointments 43
Consumer Satisfaction 43
Increased Utilization of Crisis Services and Overstays 44
Service Determination and Levels of Care 44
System Cost 45
Value of Peer Providers 45
Stakeholder Participation 45
Recommendations and Response 46
MHSA Three-Year Integrated Program Work Plan for FY 20-23 48
MHSA Expenditure Plan for FY 20-23 71
MHSA Annual Program Report for FY 18-19 101
Community Services and Supports (CSS) 102
Full Service Partnerships (FSPs) 102
General Systems Development (GSD) 116
Outreach and Engagement (OE) 140
Prevention and Early Intervention (PEI) 147
Promotion 147
Prevention 148
Early Intervention 163
Outreach for Increasing Recognition of Early Signs of Mental Illness 172
Access and Linkage to Treatment 173
Stigma and Discrimination Reduction 173
Suicide Prevention 176
Innovation (INN) 179
Capital Facilities and Technological Needs (CFTN) 179
Workforce Education and Training (WET) 180
Appendix 1 – FY 18-19 MHSA Newsletters 189
Appendix 2 – Youth Mental Health System Map 198

Appendix 3 – Adult Mental Health System Map 200
Appendix 4 – CalMHSA Sonoma County Impact Statement FY 18-19..... 202
Appendix 5 – 0-5 Collaborative Evaluation Brief FY 18-19 210
Appendix 6 – SRJC QPR Outcomes Report FY 18-19..... 217
Appendix 7 – SRJC “Movies for Mental Health” Evaluation Summary 4/11/19..... 222
Appendix 8 – FY 18-19 Behavioral Health Trainings..... 230
Appendix 9 – EPLHCN Statewide Collaborative (Sonoma County appendix)..... 234

County Compliance Certification

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Sonoma

Local Mental Health Director	Program Lead
Name: Barbie Robinson, MPP, JD, CHC Telephone Number: 707.565.4777 E-mail: barbie.robinson@sonoma-county.org	Name: Bill Carter, LCSW Telephone Number: 707.565.5157 E-mail: Bill.Carter@sonoma-county.org
County Mental Health Mailing Address:	Sonoma County Department of Health Services 1450 Neotomas Avenue, Suite 200 Santa Rosa, CA 95405

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 June 9, 2020.

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.

Barbie Robinson
Local Mental Health Director/Designee (PRINT)

Barbie L. Robinson 6/30/2020
Signature Date

County: Sonoma County

Date: June 30, 2020

County Fiscal Accountability Certification

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Sonoma

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

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Barbie Robinson, MPP, JD, CHC	Name: Erick Roeser
Telephone Number: 707.565.4777	Telephone Number: 707.565.3295
E-mail: barbie.robinson@sonoma-county.org	E-mail: Erick.Roeser@sonoma-county.org
Local Mental Health Mailing Address: Sonoma County Department of Health Services 1450 Neotomas Avenue, Suite 200 Santa Rosa, CA 95405	

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.

Barbie Robinson, MPP, JD, CHC — Local Mental Health Director (PRINT)
Signature — Date: 6/30/2020

I hereby certify that for the fiscal year ended June 30, 2020, 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 Dec. 10, 2019 for the fiscal year ended June 30, 2019. I further certify that for the fiscal year ended June 30, 2020, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Erick Roeser — County Auditor Controller / City Financial Officer (PRINT)
Signature — Date: 7/1/2020

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

Message from the Behavioral Health Director

I write this sitting in an office that is almost empty in the middle of a weekday, breathing through a homemade mask. The changes to the world are radical and ongoing. Local behavioral health services look little like they did in early March 2020, and Sonoma County's planning for the community behavioral health system is on an indeterminate hold.

"Unprecedented" is a familiar adjective these days. Our efforts to save our lives, the lives of those we love and the community, are affecting the economy terribly, to degrees not yet fully measured. At the end of this emergency, the Sonoma County Behavioral Health system, like much of our community, will be changed in ways that we cannot foresee, except that they will be profound and for the worse, at least for some time.

This is disconcerting, and makes it difficult to know what to do next . . . where to go. This report contains valuable information that will guide our planning efforts, but our situation is too unsettled to know in what ways. What is not in question, however, are the values and priorities that will drive Sonoma County's efforts as we rebound from this most recent disaster. Our commitment to supporting the Recovery of our friends, family members and neighbors, who live with mental illness and emotional disturbance will remain constant. It will be stronger. It will be a familiar comfort during uncertain times to come. While we may not know what we will be doing differently in the year ahead, we can be confident that we will use our energies and resources to join with individuals who have severe mental illness or serious emotional disturbance, to support their efforts to live meaningful lives – to live in Recovery.

Sincerely,

Bill Carter, LCSW

Executive Summary

Purpose of this Document

As per the California Welfare and Institutions Code (WIC) Title 9, Section 331 the Sonoma County 2020-2023 Mental Health Services Act (MHSA) Three-Year Integrated Program and Expenditure Plan provides stakeholders with:

1. A current capacity assessment of the system of care and Three-Year Integrated Program and Expenditure Plan for 2020-2023.
2. The Annual Program Report for FY 18-19 reports on the activities, services, and programs funded through MHSA and their outcomes for FY 18-19.

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 19-20, it is estimated that over $2 billion in MHSA funds will be collected statewide, and it is estimated that Sonoma County will receive over $23 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:

Youth	Transition Age Youth	Adults	Older Adults	Families

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.

Workforce, Education and Training (WET)[1]

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

Capital Facilities and Technological Needs (CFTN)[2]

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

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

Highlights of the MHSA Program and Expenditure Plan for FY 20-23

During the preparation of this plan, the county, state and world are fighting the COVID-19 pandemic. The pandemic is taking lives, jeopardizing public safety and creating undetermined economic effects. Once the economic impacts are understood, this plan may be in need of revisions. The following table highlights the substantial changes to MHSA funded programs from the FY 19-20 Annual Update to the Program and Expenditure Plan for FY 20-23:

Changes	Impact
New contractor for Peer Services previously provided by Goodwill Industries of the Redwood Empire (GIRE)	West County Community Services was awarded the contract to assume all of the former GIRE Peer Services. The annual funding amount remains the same.
MHSA funding for Peer Services has been restored.	In FY 20-23, all of the Peer Services are being funded exclusively with MHSA Community Services and Supports General System Development funds. The annual funding amount remains the same.
Whole Person Care (WPC) Pilot Program will end on December 31, 2020.	The State is developing a new program to replace WPC beginning on January 1, 2021. It is anticipated that the new program will have lower overall expenditures.
Expanding 32-hour Crisis Intervention Training (CIT) for Law Enforcement	DHS and Probation are working together to offer two CIT trainings in 20-21. In FY 22-23, DHS-BHD will provide one CIT annually for Probation. CIT will be funded with Prevention and Early Intervention Outreach for Increasing Recognition of Early Signs of Mental Illness dollars. The budgeted expenditure for each Probation CIT is $3,250.
DHS-BHD is developing seven potential Innovation Projects.	The seven potential projects are being refined and will complete the Community Program Planning Process (CPPP). Once the CPPP has been completed, the projects will be submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for approval. The programs can be implemented after the MHSOAC approval. The Expenditure Plan for FY 20-21 includes $2,517,065 in MHSA Innovation dollars for these projects.

Projected MHSA Revenue for FY 20-21

Prior to the pandemic outbreak, Sonoma County estimated that it will receive approximately $25 million in MHSA revenue in FY 20-21.

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 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 18-19, please see the Annual Program Report section of this document on Page 101.

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:

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

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

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

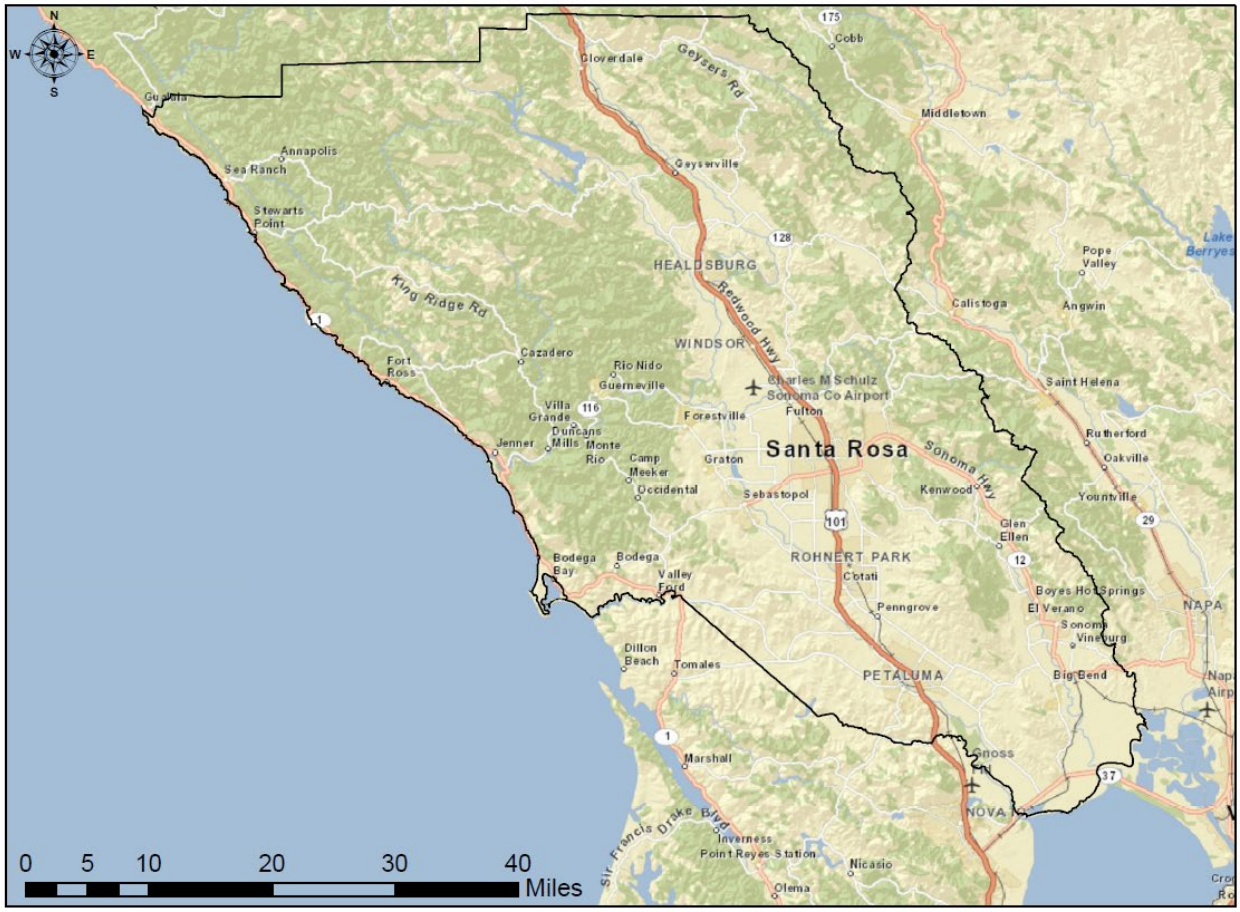
Additionally, MHSA intends to serve individuals who are historically unserved or underserved by the public mental health care system. The California Code of Regulations defines these individuals as follows:

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

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

Description of Sonoma County

Sonoma County has a population of 499,942 people across a region of 1,576 square miles.[3] While most residents in the county have economic security, about 10% of the population have an income below the Federal Poverty Level (FPL).[4] With the high cost of living in the county, there are likely additional residents without the ability to meet their basic needs (i.e., food, clothing, shelter, transportation, health care, etc.). One in four county residents (122,962) were enrolled in Medi-Cal in 2018 with an income at or below 138% FPL.[5] These residents rely on the Sonoma County government (County) for support with a number of social services and health care needs, including mental health services for individuals with serious mental illness.



Santa Rosa, the county's most populous city with 177,586 people, is home to over one-third of county residents, is the County seat, and is home to the Behavioral Health Division (DHS-BHD)

[3] U.S. Census Bureau. (2018). Quick Facts, Sonoma county, California. Retrieved from https://www.census.gov/quickfacts/fact/table/sonomacountycalifornia

[4] Ibid.

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

main campus.[6] Beyond Santa Rosa, the main population centers are Petaluma (population 61,917) and Rohnert Park (population 43,753) to the south, and Windsor to the north (population 27,849).[7] Sonoma County is geographically dispersed with limited public transit and bicycle and pedestrian infrastructure. It can therefore be challenging for individuals living in more rural areas and those without a personal vehicle. This is particularly true for residents enrolled in Medi-Cal and can make it difficult to access services.

Demographics

In 2018, 87% of residents identified as White with 27% identifying as Hispanic or Latinx, the county's largest minority population.[8] The county's poverty rates vary significantly by ethnicity with disparities affecting the Latinx community in particular. While Hispanic or Latinx residents were about a quarter of the population, this group accounts for over 40% of Sonoma County's Medi-Cal beneficiaries in 2018.[9]

The county is also home to five federally recognized Native American tribes, including the Cloverdale Rancheria of Pomo Indians of California, the Dry Creek Rancheria Band of Pomo Indians, the Federated Indians of Graton Rancheria, the Kashia Band of Pomo Indians of the Stewarts Point Rancheria, and the Lytton Band of Pomo Indians.[10] Native Americans make up just over 2% of the county's total population and about 1% of Medi-Cal beneficiaries.[11]

Over 25% of Sonoma County households speak a language other than English at home, of which about 19% speak Spanish – the county's only threshold language.[12] About 11% of residents speak English less than "very well," suggesting possible linguistic isolation for this population.[13] Additionally, there are an estimated 38,500 undocumented residents in the county.[14] Individuals that are undocumented and/or linguistically isolated may experience unique challenges accessing medical, transportation, and social services. If services are limited by

[6] U.S. Census Bureau. (2018). *Quick Facts, Santa Rosa city, California*. Retrieved from https://www.census.gov/quickfacts/fact/table/santarosacitycalifornia/

[7] U.S. Census Bureau. (2018). *Quick Facts, Petaluma city, California; Rohnert Park city, California; Windsor town, California.* Retrieved from https://www.census.gov/quickfacts/fact/table/petalumacitycalifornia,rohnertparkcitycalifornia,windsortowncalifornia/

[8] U.S. Census Bureau. (2018). *Quick Facts, Sonoma county, California*.

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

[10] County of Sonoma. (2019). *Tribal affairs.* Retrieved from http://sonomacounty.ca.gov/CAO/Public-Reports/Legislative-Program/Tribal-Affairs/

[11] U.S. Census Bureau. (2018). *Quick Facts, Sonoma county, California*. Retrieved from https://www.census.gov/quickfacts/fact/table/sonomacountycalifornia

[12] U.S. Census Bureau, American Fact Finder. (2018). *Occupied housing units, 2013-2017 American Community Survey 5-year estimates*. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_B25106&prodType=table

[13] U.S. Census Bureau. (2018). *Selected social characteristics on the United States, California.* Retrieved from https://data.census.gov/cedsci/table?d=ACS%205-Year%20Estimates%20Data%20Profiles&table=DP02&tid=ACSDP5Y2017.DP02&y=2017&g=0400000US06_0500000US06097&lastDisplayedRow=146

[14] Hayes, J. & Hill, L. (2017). *Undocumented immigrants in California.* Retrieved from https://www.ppic.org/content/pubs/jtf/JTF_UndocumentedImmigrantsJTF.pdf

language, it can reduce access as well as the quality of services available – particularly for individuals with lower levels of income.

Economics

The county's major industries include agriculture, healthcare, hospitality, and manufacturing. The top employers are Kaiser Permanente, Sutter Medical Center of Santa Rosa, St. Joseph Health System, and Graton Resort & Casino.[15] Like many California counties, Sonoma was severely affected by the economic recession that began in 2008. The unemployment rate jumped to over 11% in 2010, but has since dropped to just over 3%.[16] Today, just over 9% of county residents live in poverty, about half of California's rate of 19%.[17] The median household income is $71,796.[18]

While many Sonoma County residents have bounced back after the recession, rising housing costs continue to be a key driver of economic instability. Over 50% of Sonoma County residents who rent their homes and over 30% of residents who own their homes experience housing-cost burden (i.e., spend 30% or more of their household income on rent or mortgage).[19] Historic chronic underbuilding of housing created a disparity between supply and demand and limited the growth potential of the county's economy.[20] Housing costs and underbuilding have the greatest impact on individuals and families with less financial security or who are experiencing home instability, furthering disparities already present.

Economic challenges in Sonoma County were exacerbated by the 2017 Sonoma Complex Fires and the recent 2019 Kincade Fire. The Complex Fires burned over 112,000 acres, destroyed over 5,000 homes, and took 24 lives. One in six households reported lost wages or employment and one in ten households reported an increase in housing or rent costs as a direct result of the fires.[21] Approximately 2.5% of Sonoma's total housing units were lost in the fires, leading the county to require a total of 26,000 new units by 2020 to account for employment growth, fire losses, and overcrowding.[22] The county was better prepared for the Kincade Fire and, fortunately, it was less impactful. However, the fire burned over 77,000 acres, forced almost 200,000 people to evacuate, and affected the county for weeks.[23]

The fires also had enduring mental health impacts across the county. The Sonoma County community experienced individual and collective trauma, with 40% of households reporting traumatic experiences such as being separated from a family member or suffering a significant

[15] County of Sonoma. (2019). *Industry sectors.* Retrieved from http://sonomaedb.org/Why-Sonoma-County/Industry-Sectors/
[16] State of California, Employment Development Department. (2019). *Sonoma county profile*. Retrieved from https://www.labormarketinfo.edd.ca.gov/cgi/databrowsing/localAreaProfileQSResults.asp?selectedarea=Sonoma+County&selectedindex=49&menuChoice=localAreaPro&state=true&geogArea=0604000097&countyName=
[17] U.S. Census Bureau. (2018). *Quick Facts, Sonoma county, California*.
[18] Ibid.
[19] Ibid.
[20] Beacon Economics. (2018). *Sonoma county complex fires: Housing and fiscal impact report*. Los Angeles, CA: Thornberg, Kleinhenz, & Meux.
[21] Epidemiology and Assessment Unit. (2019*). 2018 Sonoma county rapid needs assessment*. [PowerPoint slides].
[22] Beacon Economics. (2018).
[23] Alexander, K. (2019, November2). Sonoma's Kincade Fire was different – no one died. Here's why. *San Francisco Chronicle*. Retrieved from https://www.sfchronicle.com

disaster-related illness or injury.[24] Some experienced quality of life changes associated with post-traumatic stress disorder, depression, and anxiety. Fifty-nine percent of households reported at least one member experienced anxiety and/or fear and 24% reported at least one member experienced depression or hopelessness.[25] Vulnerable populations, such as individuals enrolled in Medi-Cal and those with a serious mental illness, are disproportionately impacted by these events as they add to their cumulative trauma. The county saw an increase in the number of people seeking mental health assistance as a result of the fires, many for the first time. DHS-BHD deployed over 120 staff to provide services, resources, and act as Disaster Workers, and the County was subsequently awarded disaster relief grants and funds to support mental health assistance and training activities.[26]

In FY 17-18 and FY 18-19, the County of Sonoma Department of Health Services, including DHS-BHD, faced significant budget deficits.[27] To address the issue, the DHS-BHD engaged in a system redesign, a hiring freeze and general reduction in staff levels, program cuts, and the elimination of some MHSA contracts.[28] The type and amount of services the County was able to provide were impacted, unfortunately during a time of higher need in the county. Moving forward, the County intends to more conservatively estimate revenues and expenditures in the MHSA expenditure plans, and the DHS budget more broadly, to account for financial shortfalls and ensure sufficient funds exist to pay for planned programming.[29]

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:

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%**

[24] Epidemiology and Assessment Unit. (2019).
[25] Ibid.
[26] Ibid.
[27] Sonoma County DHS-BHD. (2019). *MHSA 2018-2019 Plan Update & Annual Update for 2016-2017*. Sonoma, CA.
[28] Ibid.
[29] Ibid.

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

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

Community Program Planning Process (CPPP)

Sonoma County has established a system and structure for a community-engaged planning process as a basis for developing the Three-Year Program and Expenditure Plans and actions taken under MHSA governance. This structure is anchored with an MHSA Steering Committee and includes the Mental Health Board, community committees and advisory councils, community stakeholders, and contractors. California Code of Regulations, Title 9 states that counties must ensure that stakeholders reflecting the diversity of the demographics of the county, including, but not limited to, geographic location, age, gender, and race/ethnicity, have the opportunity to participate in the CPP process (CCR § 3300).

MHSA Steering Committee

In December of 2018, DHS-BHD invited community members to submit applications for appointment to the MHSA Steering Committee. Over 50 applications were received and reviewed by staff using a criterion to assure diverse representation of consumers (people with lived experience), family members, ethnic and age diversity, veterans, LGBTQ+, and diverse industry sectors per CCR § 3200.270 and CCR § 3200.300. Twenty-five members were initially selected and received in-depth training on MHSA history, regulations, current programs and the 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/.

In April and June 2019, the MHSA Steering Committee established two subcommittees:

1. Innovation Subcommittee
2. Capacity Assessment Subcommittee

The Innovation Subcommittee had the primary charge of determining a community planning process for soliciting Innovation ideas and proposals; supporting the community solicitation process; and reviewing community Innovation proposals using a selection-criteria resulting in recommendations for funding. The Capacity Assessment Subcommittee was responsible for advising the consulting firm, Resource Development Associates (RDA) on the capacity assessment process, including stakeholders to interview, development of survey questions, outreach for community engagement, recruiting for focus groups and reviewing preliminary findings. The chart below contains the past and current list of Steering Committee members, noting those that participated in one or both subcommittees.

Name	Subcommittee	Representation
Claudia Abend	(New member Jan 2020)	Consumer, Family member
Mechelle Buchignani		Law Enforcement
Gene Calhoun	(Resigned 2019)	Social Services, Youth, African American
Jessica Carroll	(New member Jan 2020)	Consumer, LGBTQ+, MH, Social Services
Stephanie Chandler	Capacity Assessment, Innovation	Healthcare
Sophie Marie Clifford	(New member Jan 2020)	Consumer, Latina, LGBTQ+, MH/SA
Mandy Corbin		Family Member, Education
Brandon Cutting		Law Enforcement
Christy Davila	Innovation (Resigned 2019)	Social Services
Angie Dillon-Shore	Capacity Assessment	0-5, LGBTQ, First 5 Sonoma
Jeane Erlenborn	(New member Jan 2020)	Education
Michael Gause	(Resigned 2019)	Housing, homeless
Cynthia Kane Hyman	(New member Jan 2020)	Education
Ozzy Jimenez		LGBTQ, Latino, Business, philanthropy
Erika Klohe	Innovation, Capacity Assessment	Family Member, Healthcare, MH
Claire McDonell	(New member Jan 2020)	Family Member, TAY, Education
John Mackey	Capacity Assessment	Veterans, Healthcare
Debbie Mason	Innovation (Resigned 2019)	Philanthropy

Name	Subcommittee	Representation
Shannon McEntee	(New member Jan 2020)	Consumer, TAY
Mike Merchen	(New member Jan 2020)	Family Member, Law Enforcement
Allison Murphy		Family Member, 0-5 years
Ernesto Olivares	Capacity Assessment	Latino, Social Services
Matt Perry		Law Enforcement
Jill Ravitch	(Resigned 2019)	Law Enforcement
Ellisa Reiff		Disabilities
Kate Roberge	(New member Jan 2020)	Consumer, Peer, Disabilities, Workforce
Andy Salas	(Resigned 2019)	Law Enforcement
Kurt Schweigman	Capacity Assessment, Innovation	Native American, Healthcare, MH/SA
Karen Silver	(Resigned 2019)	Law Enforcement
Kathy Smith	Innovation	Family member, Mental Health Board
Susan Standen	Innovation	Consumer, MH peers
Angela Struckmann		Family Member, Social Services
Katie Swann	(New member Jan 2020)	Family Member, LGBTQ+, TAY, MH
Jacqueline Torres	(Resigned 2019)	TAY, Latina, HealthAction Sonoma Valley
Katie Tunstall Lunatti	(Resigned 2019)	HealthAction Cloverdale
Sam Tuttleman	Innovation, Capacity Assessment	Family member
Carol Faye West	(New member Jan 2020)	Consumer, Family member, Peer

Stakeholder Participation

Additional stakeholder participation has been through public meetings of the MHSA Stakeholder Group comprised of consumers and community members expressing interest in MHSA. Stakeholder meetings were held on August 2019 and January 2020 to present updates on both the Innovation and Capacity Assessment activities of the past year. In addition, updates were provided to the Mental Health Board, Health Action committees, and DHS-BHD contractors. Specific community engagement processes were conducted in strategic geographic

locations throughout the county in promoting and soliciting the Innovation Projects and in developing the Capacity Assessment study.

The chart below indicates the ongoing opportunities for community updates, community input and discussion with the public.

Community Program Planning Process Calendar – April 2019 - June 2020

Date	Location	Stakeholder Group	Topics Discussed
4/22/19	Santa Rosa	MHSA Steering Committee	Reviewed MHSA Innovation regulations and Toolkit; recruited Innovation Subcommittee members; discussed county priorities/needs
5/14/19	Santa Rosa	MHSA Coordinator, MHSA Consultant, Innovation Subcommittee	First meeting: review roles/responsibilities, calendar, review and prioritize community needs/gaps in mental health services. Determine data required to substantiate need.
6/12/19	Santa Rosa	MHSA Coordinator, MHSA Consultant, Innovation Subcommittee	Adopt community engagement model to solicit program models that address needs/gaps.
7/10/19	Santa Rosa	MHSA Coordinator, MHSA Consultant, Innovation Subcommittee	Develop Innovation application and evaluation criteria for proposals
8/14/19	Santa Rosa	MHSA Coordinator, MHSA Consultant, Innovation Subcommittee	Review and approve final application and evaluation criteria for community submissions/applications
8/19/19	Santa Rosa	All Stakeholders	Announce Innovation opportunity to public, post Innovation application, evaluation criteria, FAQs and Community Outreach meetings calendar on Department website
8/21/19	Santa Rosa	Mental Health Board Public Hearing, All Stakeholders	Review progress on Innovation project update report
9/4/19	Guerneville	All Stakeholders	Community Outreach on Innovation Opportunity

Date	Location	Stakeholder Group	Topics Discussed
9/4/19	Sonoma	All Stakeholders	Community Outreach on Innovation Opportunity
9/9/19	Santa Rosa	MHSA Steering Committee	Innovation Subcommittee provide Innovation project update report to Steering Committee including: application, scoring criteria, FAQs; community outreach and important dates
9/11/19	Santa Rosa	All Stakeholders	Community Outreach on Innovation Opportunity
9/11/19	Petaluma	All Stakeholders	Community Outreach on Innovation Opportunity
9/13/19	Healdsburg	All Stakeholders	Community Outreach on Innovation Opportunity
Oct-Dec 2019	Entire County	All Stakeholders	Capacity Assessment: • System Mapping • Key Informant Interviews • Focus Groups • Community Surveys • Data Analysis
12/2/19	Santa Rosa	MHSA Steering Committee	MHSA Steering Committee Members recruiting additional members, Innovation Projects recommendations, New Subcommittee for Three-Year Planning Process
12/12/19	Santa Rosa	BH Director, DMT, MHSA Team and RDA	Preliminary Findings Capacity Assessment Discussion
12/17/19	Santa Rosa	MHSA Contractors	MHSA Updates, Capacity Assessment Preliminary Findings, Three-Year Planning meetings/calendar, Innovation Updates, Quarterly reporting
12/18/19	Santa Rosa	MHSA Steering Committee Capacity Assessment Subcommittee	Preliminary Findings of Capacity Assessment Discussion

Date	Location	Stakeholder Group	Topics Discussed
1/6/20	Santa Rosa	MHSA Steering Committee	Capacity Assessment Findings and Outline for CPP process and calendar for MHSA Three-Year Program and Expenditure Plan FY 20-23
1/14/20	Petaluma	Community Health Initiative for Petaluma Area	MHSA Updates, Capacity Assessment Preliminary Findings, Three-Year Planning meetings/calendar and Innovation Updates
1/16/20	Santa Rosa	MHSA Stakeholders	MHSA Updates, Capacity Assessment Preliminary Findings, Three-Year Planning meetings/calendar, Innovation Updates
2/18/20	Santa Rosa	Mental Health Board All Stakeholders	Capacity Assessment Process and Findings, review CPPP calendar, Innovation update and record feedback
3/4/20	Santa Rosa	DHS BHD Staff	MHSA Updates, Capacity Assessment Preliminary Findings, Three-Year Planning meetings/calendar, Innovation Updates
4/1/20	WebEx	Orientation for New Members of MHSA Steering Committee	Review MHSA regulations and provide updates on Capacity Assessment process and findings, Innovation, Three-Year Planning Process and CPPP calendar
4/7/20	WebEx	Three-Year Planning (formerly Capacity Assessment) Subcommittee	Review Draft MHSA Three-Year Program and Expenditure Plan for FY 20-23, record feedback
4/13/20	WebEx	MHSA Steering Committee	Review Draft MHSA Three-Year Program and Expenditure Plan for FY 20-23, record feedback
4/27/20	Entire County	All	Post Final Draft of MHSA Three-Year Program and Expenditure Plan FY 20-23
5/27/20	Zoom	General public, stakeholders, contractors	Mental Health Board Public Hearing

Date	Location	Stakeholder Group	Topics Discussed
6/9/20	Virtual	General public, stakeholders, contractors	Board of Supervisors Review and Approval

Additional Stakeholder Outreach

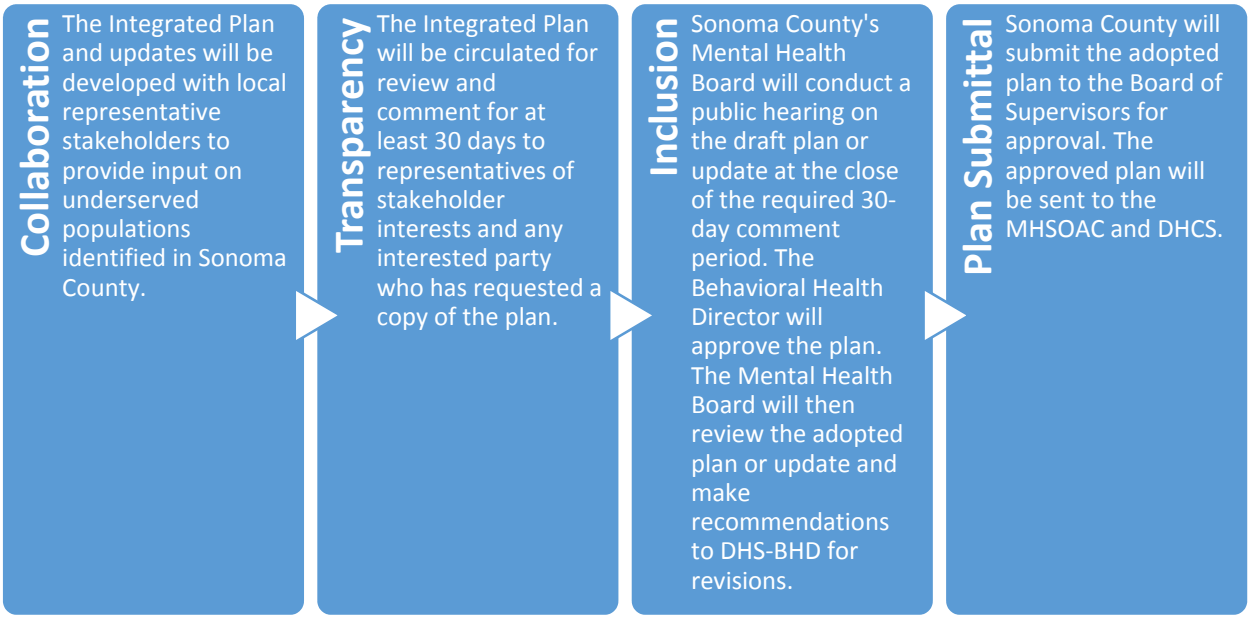
DHS-BHD also publishes an MHSA Newsletter, featuring relevant MHSA news, information, and events. A hard copy version of the newsletter is produced every 2-3 months and is shared with a variety of community groups and stakeholders, including the Mental Health Board, Sonoma County Board of Supervisors, 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 189 for the MHSA newsletters distributed during FY 18-19.

The Public Review and Public Hearing Process

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

Graphic 1: The Public Hearing Process



Sonoma County's Draft MHSA Three-Year Program and Expenditure Plan was posted and emailed for public review on April 27, 2020. Initially, five public meetings in strategic geographic

locations throughout the county were planned to present the draft Plan and notify the community of the 30-day comment period. Due to the COVID-19 pandemic, a Zoom meeting (an online meeting that allows you to virtually meet with other people while maintaining social distancing) was held in May 2020 to review the draft Three-Year Plan and receive feedback from stakeholders. DHS-BHD requested that stakeholders review the draft Three-Year Plan and submit comments and questions before May 27, 2020 to:

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

The 30-day comment period culminated in a final virtual public hearing for the MHSA Three-Year Plan FY 20-23 on May 27, 2020 at the Mental Health Board meeting.

The Public Hearing for the draft MHSA Three-Year Plan FY 20-23 took place at the virtual Sonoma County Mental Health Board Meeting on May 27, 2020 at 5:00 p.m. (on Zoom). The public was welcomed and over 55 individuals attended. Attendees included community members, service providers, family members, and individuals with lived mental health experience. The feedback received during the public comment period did not represent substantive changes in the content of this report nor services provided to the public.

The minutes for the 5/27/20 Mental Health Board Meeting can be found at the following URL: https://sonomacounty.ca.gov/Mental-Health-Board/Calendar/Mental-Health-Board-Meeting-May-27-2020/

MHSA Three-Year Plan Distribution and/or Public Hearing Outreach to Stakeholders for 2020

Date	Action
4/27	Post draft MHSA Plan on DHS, BHD, MHSA, and Mental Health Board web pages
4/27	Email Mental Health Board, MHSA Steering Committee, MHSA Stakeholder Committee, MHSA Contractors and Staff Contact List with link to draft Plan
4/29	Send notice via email to 2000+ MHSA Update subscribers
5/27	Public Hearing with Mental Health Board and Stakeholders
6/9	Board of Supervisors reviews and adopts final MHSA Three-Year Plan

The MHSA Three-Year Program and Expenditure Plan for FY 20-23 was adopted by the Sonoma County Board of Supervisors on June 9, 2020. DHS-BHD sent the approved plan to DHCS and the MHSOAC to remain on file for review and evaluation purposes on July 6, 2020.

Capacity Assessment

A county capacity assessment is required by MHSA as part of California counties' Program and Expenditure Plans, for Annual Updates and Three-Year Plans. The County must conduct and submit an assessment of the mental health needs in the community for those who qualify for MHSA services. In particular, the County shall identify the number of consumers across age groups by gender, race/ethnicity, and other demographics and use these findings to analyze any population disparities.[30] Stakeholders and community members should be included in both the MHSA assessment and planning process.

In the summer of 2019, the Sonoma County DHS-BHD contracted Resource Development Associates (RDA) to assess the effectiveness, structure, quality, and impact of their MHSA-funded system of care. A primary purpose of this assessment is to prepare for and inform the Community Program Planning (CPP) process for the Three-Year MHSA Program and Expenditure Plan for FY 20-23. The assessment team was tasked with exploring the current landscape of MHSA-funded services and what has been accomplished, and the opportunities to address service gaps and remaining community needs.

This assessment, formally titled, Sonoma County MHSA FY2016-2019 Capacity Assessment, includes the following sections:

- **Overview of the capacity assessment process,** data collection activities that took place in the County from July 2019 through November 2019, and analytical methods. DHS-BHD's assessment process built upon the meaningful involvement and participation of mental health consumers, family members, County staff, providers, and many other stakeholders.

- **Description of Sonoma County's public mental health system** including MHSA components and the two service systems – Youth and Family Services and Adult and Older Adult Services. The consumer populations served by these systems and programs are presented as well.

- **Assessment of mental health needs and current capacity** that identifies both strengths and opportunities to improve the mental health service system in Sonoma County. The findings and recommendations presented here will be used by DHS-BHD in their upcoming MHSA service plan for FY 20-23.

Capacity Assessment Process

Resource Development Associates' (RDA) assessment process was supported by DHS-BHD personnel, including Bill Carter, Behavioral Health Division Director; Melissa Ladrech, Mental Health Services Act (MHSA) Coordinator and Workforce, Education and Training (WET) Coordinator; Bruce Robbins, Program Planning and Evaluation Analyst; Julie Kawahara, MHSA Planning consultant; and the MHSA Steering Committee and Capacity Assessment

[30] WIC § 3300

Subcommittee. The capacity assessment process was divided into three phases: 1) Project Launch and Discovery, 2) Data Collection and Analysis, and 3) Reporting and Dissemination.

Phase I July-August 2019 Project Launch and Discovery	Phase II August-October 2019 Data Collection and Analysis	Phase III November-December 2019 Reporting and Dissemination
• Kick-off Meeting • Context and Background Information Gathering • Systems of Care Mapping • Preliminary Impressions • Capacity Assessment Subcommittee Meetings	• Focus Groups and Interviews Survey • Consumer and Service Utilization Data Analysis • Financial Analysis • Capacity Assessment Subcommittee and Steering Committee Meetings	• Initial Findings Presentation to Capacity Assessment Subcommittee • MHSA Capacity Assessment Report • Presentation to Steering Committee

The capacity assessment provided the community with many opportunities to share their experiences with the Sonoma County mental health system in order to ensure that any recommendations made in this assessment were community-driven and responsive to their needs. Stakeholders across the county had an opportunity to express their opinion of the current Sonoma County mental health system and their suggestions for future improvements.

The capacity assessment process included a variety of stakeholders reflective of the geographic and cultural diversity of Sonoma County including groups listed in MHSA regulations and the Welfare and Institution Code.[31] This included representatives from the following groups:

- Adults and Seniors with Lived Experience
- Family Members
- DHS-BHD staff, managers, and senior leadership
- Community Mental Health Service Providers
- Law Enforcement Agencies
- Education Agencies
- Social Service Agencies
- Veterans and Veterans Organizations
- Providers of Alcohol and Drug Services
- Health Care Organizations

[31] Per the MHSOAC, WIC § 5848 states that each Annual Update shall 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; Other important interests (e.g., individuals served or targeted by Prevention and Early Intervention (PEI) services and individuals expected to benefit from INN projects). CCR § 3300 further includes: Representatives of unserved and/or underserved populations and family members of unserved/underserved populations, as defined in CCR § 3200.300 and CCR § 3200.310; Stakeholders that reflect the diversity of the demographics of the county, including but not limited to, geographic location, age, gender, and race/ethnicity; Clients with serious mental illness and/or serious emotional disturbance, and their family members.

The capacity assessment process leveraged a number of existing meetings whenever possible, including the Community Corrections Partnership monthly meeting and the local National Alliance on Mental Illness chapter's weekly drop-in family member support group.

Overall, **550 people participated in the capacity assessment** – 77 attended focus groups, 447 completed the survey, 16 engaged in system of care discussions, and 10 participated in interviews. There were 302 community surveys completed in their entirety, including demographic forms, and 145 completed partially. Fifty-nine focus group participants at least partially completed demographic forms and all key informant interviewees fully completed demographic forms. Table 1 presents the total number of participants in each activity. Demographic information presented here represents all stakeholders who completed that question in the demographic form. Therefore, the number of respondents may differ across the figures and information presented below.

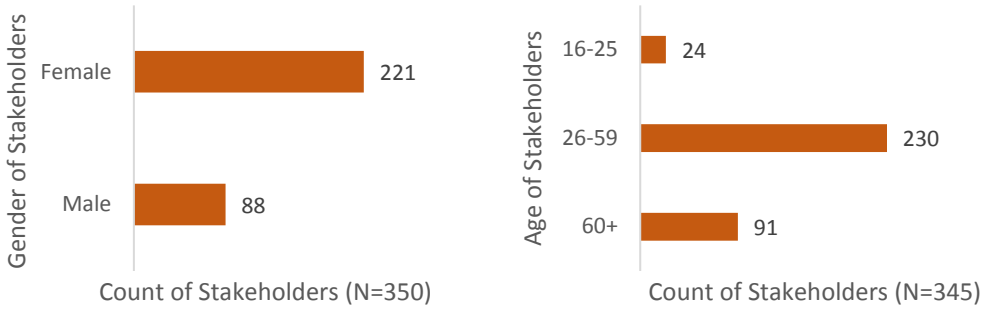
Table 1. Data Collection Activities and Participants

Activity	Date Range	Total Participants
Preliminary Context Interviews	August - September 2019	3
System of Care Discussions	August 2019	16
Key Informant Interviews	September - October 2019	7
Focus Groups	October - November 2019	77
Community Survey	September 23 - November 16, 2019	447
Total Participants		**550**

Of the stakeholders for which demographic data was available, **64% were aged 26-59**, 25% were aged 60 or older, and 7% were 16-25 years of age. **Sixty-three percent of community stakeholders identified as female** and 25% identified as male. Additionally, **68% identified as White/Caucasian** and 16% as Hispanic/Latino, 10% of whom were Mexican/Mexican-American/Chicano.[32] **Most capacity assessment participants lived in Santa Rosa (54%)**, followed by Petaluma (9%), Rohnert Park (7%), and Sebastopol (7%).

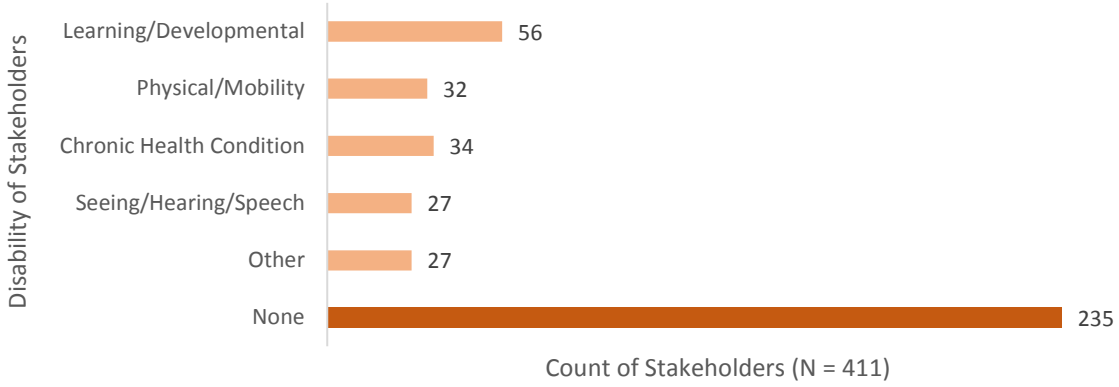
[32] Other responses were excluded due to the small number of individuals to protect participant confidentiality.

Figure 1. Number of Stakeholders Participating in Capacity Assessment by Gender and Age



As part of Sonoma County's data collection efforts to reach minority and underrepresented populations, stakeholder participation demographic forms included questions regarding gender identity and sexual orientation as well as veteran and disability status. **Sixty-two percent of stakeholders identified as heterosexual or straight**, 18% declined to answer, and 7% each identified as either bisexual or gay or lesbian. **Eighty-nine percent of community stakeholders did not identify as veterans**. Fourteen percent reported a mental (i.e., learning disability, developmental disability, dementia) disability; 8% each reported a physical/mobility disability or chronic health condition; and 7% each reported difficulty seeing, hearing, or having speech understood; or another disability.

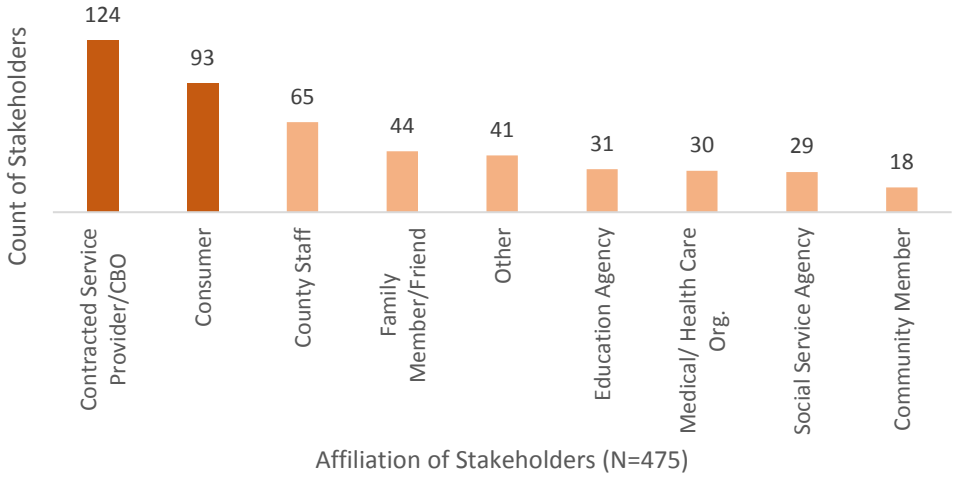
Figure 2. Number of Stakeholders Participating in Capacity Assessment by Type of Disability



Among the various stakeholder groups represented in the annual update process, **the largest group identified as community members (26%)**, followed by behavioral health services consumers (20%), and County staff (14%). However, when combined, **consumers and their family members or friends made up the largest proportion of participants (29%)**. As displayed in Figure 3, 9% each identified as having another connection to behavioral health services, 7% were affiliated with an education agency, and 6% each were affiliated with either a social service agency or medical or health care organization.[33]

[33] Another connection to behavioral health services, or other, includes law enforcement and veteran organizations.

Figure 3. Number of Stakeholders Participating in Capacity Assessment by Affiliation



Capacity Assessment Methods

The assessment team carried out a set of information-gathering activities, engaging stakeholders and the community throughout the process in order to ensure that the assessment reflected their experiences and suggestions. From the data collected, **RDA conducted a mixed-methods analysis of qualitative and quantitative data to understand the successes, challenges, and gaps of Sonoma County's public mental health system.** The key questions the capacity assessment aimed to answer were:

- **Structure:** What is the current state of the specialty mental health system? What programs and services are available, for whom, in which geographic regions, and at what capacity? How does the current system compare to what is expected in a public mental health system in similar counties?
- **Process:** How do people move through the system? What are the strengths and barriers?
- **Resources:** How are resources invested? Do they align with stated system priorities and the community's needs?

The methodological approach was iterative, refining questions and findings throughout the assessment, and multi-level, assessing trends and findings at the system-, program-, and individual-level. This framework allowed RDA to identify trends and synthesize findings across the County system and ensure validity with targeted questions and refinement of findings. Assessment activities are described in detail below.

Project Launch and Discovery

RDA embarked on a process of initial data gathering activities to build a foundation of knowledge and materials from which to guide the assessment process and specific areas of inquiry. RDA first developed a shared understanding of the project's vision, goals, and work plans, and gathered further background knowledge on the landscape of the MHSA-funded

system of care. Activities during this phase included meeting with DHS-BHD staff, reviewing existing reports and documentation, and conducting three key informant interviews with DHS-BHD leadership and stakeholders' familiar with behavioral health services in the county. RDA met with DHS-BHD staff from each system of care to map the existing services and discuss the processes that support access, engagement, and participation in mental health services as well as transitions between these programs.

Context Interviews: RDA staff conducted three interviews with members of DHS-BHD leadership and on the Mental Health Board (MHB) in the county. These interviews provided an understanding of the types and levels of services in each system of care, the process for accessing and transitioning between programs, and the resources for mental health available in the county. The purpose of these interviews was to learn about the landscape of mental health services from a high-level as well as historical perspective. The interviews were used as a tool to facilitate discussion of changes to the system, impacts of recent events in the county and DHS-BHD, conceptualize gaps and needs of the current system, and any potential or planned modifications to the current system. Interviews were conducted with:

- Bill Carter, Director of Behavioral Health Division
- Kathy Smith, Local Mental Health Board member
- Susan Castillo, Patient Care Analyst

Document Review: In addition to the firsthand data collected through Focus Groups and Key Informant Interviews, RDA conducted a review of existing County documents to supplement insights gained through stakeholder engagement activities.

Discussion Groups with County Staff and Systems Mapping: RDA staff conducted discussion groups with key County staff from each system of care to discover ways in which the existing mental health system could be strengthened to better support consumers with the highest levels of mental health need. Participants were asked to reflect on what works well in the current system, mental health service gaps, how consumers move through the system, level of care determination, and recommendations for what they would like to see in an ideal system. DHS-BHD staff who participated in these meetings were:

Table 2. DHS-BHD Staff Discussion Participants

Name	Position
Helene Barney	Adult Access, Residential, Transportation, Transitional Recovery, and Hospital Liaison Program Manager
Katie Bivin	Youth Access, Youth Medication Support, and Youth Outpatient Program Manager
Bill Carter	Behavioral Health Division Director
Amy Colville	Older Adult Team and Integrated Recovery Team Manager

Name	Position
Kimia Ghassemy	Family Advocacy Stabilization & Support Team and Transition Age Youth Team Manager
Amy Howard	Former Adult Criminal Justice System Support Manager
Phyllis King	Foster Youth and Juvenile Justice Program Manager
Melissa Ladrech	MHSA Coordinator
Cruz Lopez	Whole Person Care Manager
Sid McColley	Adult Services Section Manager
Stephanie Meyler	Crisis Stabilization Unit Manager
Kathleen Spence	Community Mental Health Centers Manager

Findings from this discussion group supported RDA's creation of maps of the Youth and Adult systems of care.

Based on all of the information gathered during this phase, RDA prepared a list of key areas to focus on during the subsequent data collection and analysis phase. RDA's preliminary impressions were presented to the Capacity Assessment Subcommittee and DHS-BHD leadership. The context and understanding of Sonoma County's mental health system led to the following refined and targeted questions:

- How do consumers **move through the system**? Why do some appear to be "stuck"?
- Which consumers are using **acute and residential services**? How does this compare to other counties?
- What is the **staffing model** of providers? How does that affect consumers and resources?
- Which populations are **underrepresented** in the system? Are these voices being heard?

Data Collection and Analysis

RDA used a mixed-methods approach (i.e., both qualitative and quantitative data collection tools) to conduct the capacity assessment, which maximizes validity by allowing for the examination of the same phenomenon in different ways (e.g., triangulation).[34] RDA utilized data from multiple sources, including document review, interviews, focus groups, surveys, electronic health records data, and financial data. Utilizing a mixed-method approach provided RDA the flexibility to fill in gaps in the available information, to use triangulation to strengthen the validity of estimates, and to provide different perspectives on complex, multi-dimensional phenomena.[35]

[34] Frechtling, J., & Sharp, L. (1997). *User-friendly handbook for mixed method evaluations*. National Science Foundation. Retrieved from http://www.nsf.gov/pubs/1997/nsf97153/start.htm

[35] Bamberger, B., Rao, R., & Woolcock, M. (2010). *Using mixed methods in monitoring and evaluation*. The World Bank, p. 11. Retrieved from: http://www-wds.worldbank.org/servlet/WDSContentServer/WDSP/IB/2010/03/23/000158349_20100323100628/Rendered/PDF/WPS5245.pdf

Data Collection

The data collection process included the following components:

Consumer and Service Utilization Data: RDA collected data from DHS-BHD on consumers who received DHS-BHD services during the three-year period from July 1, 2016 - June 30, 2019. Consumer information, including demographics, was collected to describe the specialty mental health population in Sonoma County. Programmatic and service information was collected to identify which services and levels of care were being utilized by consumers. Service data also included financial information on County expenditures and Medi-Cal reimbursement. These data were obtained through the County's electronic health record, Avatar, as well as Sonoma Web Infrastructure for Treatment Services and MHSA Quarterly Reports from contracted providers.

Countywide Survey: To include input from a wide range of stakeholders, particularly those who would not be able to attend the in-person focus groups, RDA designed and administered a community survey. The survey ran from September 23 - November 16, 2019 and was available in both English and Spanish. This anonymous survey included both closed- and open-text questions to gather data on respondents' demographics and relationships to MHSA services; perceptions of program quality, appropriateness for community need, timeliness, accessibility, and staffing; and thoughts regarding outstanding community mental health needs, population-specific needs, service strengths, and service weaknesses or areas for growth. The survey was available online, where most participants responded, and in paper form at various community locations including DHS-BHD waiting areas and mental health peer resource centers in the county. RDA established and maintained the online survey and related database via a secure online platform, Survey Gizmo, and DHS-BHD distributed and collected paper surveys from physical locations and submitted them to RDA for data entry and analysis.

Focus Group Discussions and Key Informant Interviews: To gather a more in-depth understanding of program activities, community impact, perceived service strengths, weaknesses, and outstanding mental health needs, RDA convened ten focus groups and conducted seven interviews with key informants. DHS-BHD, the MHSA Steering Committee, and Capacity Assessment Subcommittee worked with RDA to generate a list of potential groups and individuals using the key stakeholder groups identified in MHSA regulations.[36] DHS-BHD leadership, staff from local community-based organizations, and committee members conducted recruitment for the focus groups, making special efforts to reach target populations and communities throughout Sonoma County. Focus groups were advertised to providers and community leaders via emails explaining the purpose of the meetings. DHS-BHD connected RDA

[36] Per the MHSOAC, WIC § 5848 states that each Annual Update shall 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; Other important interests (e.g., individuals served or targeted by Prevention and Early Intervention (PEI) services and individuals expected to benefit from INN projects). CCR § 3300 further includes: Representatives of unserved and/or underserved populations and family members of unserved/underserved populations, as defined in CCR § 3200.300 and CCR § 3200.310; Stakeholders that reflect the diversity of the demographics of the county, including but not limited to, geographic location, age, gender, and race/ethnicity; Clients with serious mental illness and/or serious emotional disturbance, and their family members.

with the key informants with RDA conducting further outreach to each individual via email. To better understand the differences between the consumer and provider experience with the mental health system of care, RDA created unique focus group and interview protocols for each of these groups.

Summarized in the tables below are the list of organizations that participated in a focus group or key informant interview and the population they represent in the community.

Community Focus Group Participants by Organization Type

Focus Group Population	Host Organization/Meeting	Total Participants
Adult consumers	Wellness and Advocacy Center	9
Older adult consumers	Wellness and Advocacy Center	2
Family members	National Alliance on Mental Illness (NAMI)	7
Homeless consumers	Committee on the Shelterless (COTS)	15
TAY population	VOICES	6
Latinx community	Latino Service Providers (LSP)	9
Parents of youth consumers	Social Advocates for Youth (SAY)	1
Justice Stakeholders	Community Corrections Partnership	15
Behavioral health providers	Child Parent Institute (CPI)	6
Healthcare service providers	St. Joseph Health	7

Community Key Informant Interview Participants by Organization Type

Participant	Organization	Population Represented
Sean Bolan	Wellness and Advocacy Center	Adult and older adult consumers
Eric Lofchie	Santa Rosa City Schools	Students and school staff
Mark Orlando	Veterans Service Office	Veterans
Alison Whitemore	Sonoma County Indian Health Project	Native American community
Jessica Carroll	Positive Images	LGBTQ+ community
Christy Davila	West County Community Services	Outlying Areas – Consumers
Stephanie Chandler	Redwood Community Health Coalition	Outlying Areas – Providers

Data Analysis

RDA triangulated quantitative and qualitative findings to identify trends in the strengths, needs, challenges, and opportunities of the behavioral health system. RDA conducted causal analysis by first identifying challenges and then exploring potential root causes or facilitator of challenges. This process was iterated multiple times to thoroughly investigate the overall needs of the behavioral health system.

RDA employed a multi-dimensional framework for analyzing, interpreting, and synthesizing findings at the system, program, and individual levels. RDA used **system-level** analysis to synthesize findings and identify trends related to the broader system, including the MHSA structure, local culture and history, stewardship, and integration of service provision across the system. RDA analyzed data related to specific programs to identify findings at the **program-level**, including trends related to population served, provision of behavioral health services, and challenges and opportunities observed in specific programs. RDA employed a **consumer-level** perspective to identify and describe trends related to consumer experience of care and utilization of services, including trends related to population characteristics and how consumers access services, navigate the behavioral health system, and move through different levels of care. **This multi-pronged approach allowed RDA to conduct targeted data collection and analysis in order to investigate specific emerging trends, resulting in a comprehensive understanding of the needs of the system at multiple levels.**

To analyze the quantitative data (e.g., consumer and service utilization data, financial data, and survey responses), RDA used descriptive statistics to examine frequencies and ranges. These data were analyzed at both the consumer- and episode-level as well as aggregated to the program and system levels. RDA analyzed service and consumer data from July 2016 to June 2019 to describe service utilization trends in the DHS-BHD system of care. After understanding these trends, RDA further examined the quantitative data to assess:

- **Length of stay:** RDA determined the length of each episode and compared lengths across similar programs to identify trends. These were also compared to expected lengths of stay for those programs and any overstays were highlighted.
- **Transition between programs:** In order to understand how clients move through levels of care, particularly for crisis and residential services, RDA examined consumers' next episodes following particular programs.
- **High utilizers:** RDA identified consumers as high utilizers if they had four or more CSU visits.
- **Service costs:** RDA analyzed service costs through the billable and unbillable expenses identified at the service level. Total billable and unbillable costs were determined by program and fiscal year. The potential lost revenue (i.e., the amount of unbillable services which could potentially have been reimbursed through Medi-Cal) was also calculated by program and year.

For each of these analyses, RDA then analyzed service utilization and consumer profile data to characterize the consumer population and identify trends in their service utilization patterns

(e.g., Did a particular population represent a significant proportion of overstays at the CSU?). Additionally, the survey data were analyzed to understand how the majority of consumers, their loved ones, providers, and community respondents viewed the services available in the county.

This needs assessment is centered on FY 18-19 and provides a snapshot of behavioral health service provision trends. RDA examined data from FY 16-17 and FY 17-18 and found similar patterns over these three years. **Most data presented in the Capacity Assessment is from FY 18-19** as it represents the most up-to-date data and reflects many recent changes in the County and Behavioral Health Division (e.g., Complex Fires, budget challenges).

To analyze the qualitative data, RDA transcribed the focus group and key informant interview (KII) participant responses, and used **content analysis to create and analyze emerging themes**. Content analysis refers to a process by which qualitative data is systematically classified and coded. Themes from the focus groups and KIIs were analyzed, along with the open-text responses to the countywide survey, to identify the commonalities and differences in consumer and provider experiences. In order to acknowledge the different participant experiences of consumers and providers with the mental health system of care, RDA first grouped these themes separately and then compared across perspectives.

Once each data source was analyzed, RDA reviewed the findings collectively as a team to understand where there were multiple data sources suggesting a similar finding and there was disagreement prompting additional analysis to fully understand. Multiple internal meetings were held to synthesize findings from multiple angles, as described above. During team meetings, team members discussed specific findings and trends, indicated the source of information, method of data collection, limitations of methodology, relevant time frame, specific population to which the finding relates, and the context of the finding.

As the assessment team began to formulate findings for each research question, emerging themes were identified that led to additional questions and points for further research. This iterative process of data analysis was repeated throughout this project: sharing findings, allowing findings and questions to emerge from the data, and going back to the data to explore these questions. The emerging set of findings were discussed and iterated with DHS-BHD and the Capacity Assessment Subcommittee for further validation and refinement. **This iterative process produced a comprehensive study with multiple layers of analyses and findings.**

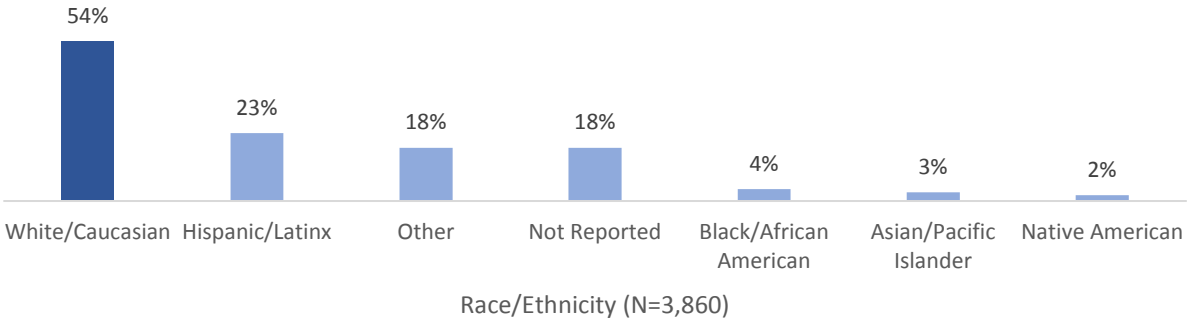
Capacity Assessment Summary

Sonoma County offers a variety of MHSA-funded mental health services for children, transition age youth, adults, and older adults. The County public behavioral health system, through the Behavioral Health Division (DHS-BHD), is intended to support the crisis and general mental health needs of individuals with severe mental illness who are on Medi-Cal, uninsured, or otherwise cannot afford services on their own. Services are provided directly by DHS-BHD or through partnerships with community-based agencies. Dedicated services are available for youth and families, adults, and older adults. Services include assessment, case planning and management, crisis intervention, medication support, therapy, rehabilitation, full-service partnership, and assertive community treatment. The Capacity Assessment Summary is divided into three sections: 1) System of Care, 2) Capacity Assessment Findings and 3) Recommendations.

System of Care

The Sonoma County behavioral health system offers services across the spectrum of mental health severity, from high-intensity crisis and residential treatment to recovery-focused community-based programs. In fiscal year 2018-2019, the system **directly served almost 4,000 unique consumers** and reached an additional 10,000 consumers through peer, prevention and early intervention, and outreach services.[37] During this time, **the majority of BHD consumers were White/Caucasian** (54%), followed by Hispanic (23%), and other (18%). Race and ethnicity data was not reported for 18% of consumers.

Figure 4. Race/Ethnicity of DHS-BHD Consumers in FY 18-19[38]



[37] Data from these programs is limited as most programs do not track details on the individuals they engage. These numbers represent estimates and are likely double-counting individuals.
[38] Ethnicity is reported separately from race, therefore the numbers in this figure do not sum to 100%.

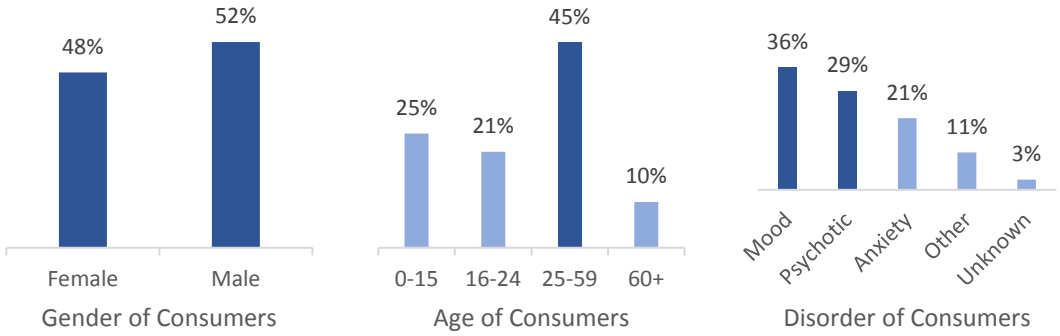
Sonoma County Consumers FY 18-19

Consumers Served: **3,860**

Expenses: **$93,561,935**

MHSA-funded services have allowed for **individuals of all ages** to access necessary and intensive mental health services to promote recovery and increased quality of life. The majority of DHS-BHD consumers were **adults between the ages of 25 and 59**, followed by children ages zero to 15, transition age youth ages 16-24, and older adults aged 60 or older. The service population was **evenly split across genders**, with 48% of consumers identifying as female and 52% identifying as male in FY 18-19. MHSA services also supported consumers with a variety of diagnosis. During that period the **majority of consumers were diagnosed with a mood or psychotic disorder**, followed by anxiety, other, or unknown disorders. Figure 5 below presents this demographic information for consumers during FY 18-19.

Figure 5. Gender, Age, and Disorder of DHS-BHD Consumers in FY 18-19, N=3,680



There exists a high level of need among consumers in Sonoma County compared to other California counties. Many residents used crisis services through the Crisis Stabilization Unit (CSU), inpatient hospitals, and emergency departments. In FY 18-19, about 2,000 consumers went to the **Crisis Stabilization Unit (CSU) over 2,500 times**, and many stayed longer than the expected 24-hour period. Similarly, about one-fourth and up to more than half of **adult consumers stayed longer than expected in unlocked short-term and long-term residential treatment programs**. Stakeholders also noted that there was **a high prevalence of serious mental illness in the jails**, with over 40% of inmates having a mental health issue.

The California External Quality Review Organization (CalEQRO), Behavioral Health Concepts (BHC), found a **high level of psychotic disorder (29%) among Medi-Cal beneficiaries in Sonoma County** compared to California residents overall (16%).[39] The county also has a large proportion of people who are unhoused. The 2019 Point-in-Time Homeless County found that **2,951 individuals were unhoused, 21,000 individuals were unstably housed, there was an almost 20% increase in the number of youth experiencing homelessness**, and there was a significant

[39] CalEQRO, BHC. (2019). FY 2018-19: Medi-Cal specialty mental health external quality review: Sonoma MHP final report. Emeryville, CA.

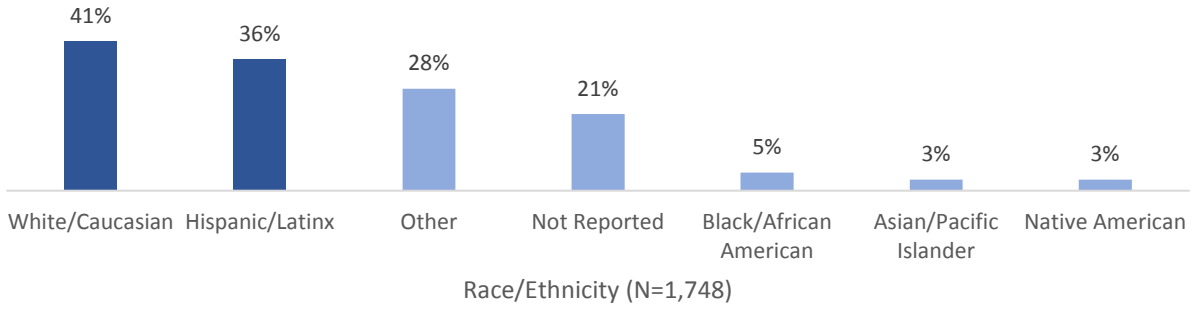
increase in the number of people living in vehicles.[40] Some housing data was available through DHS-BHD, however, over a third of consumers did not report their residency limiting the validity of analysis using this data.

Existing service providers express the challenge in meeting these increasing demands, resulting in a greater number of people with mental health needs seeking crisis intervention, being incarcerated, and being placed in services out-of-county. Providers termed this a **"vicious cycle" where those in crisis end up in the emergency room or at the CSU where they may be discharged without a referral for follow-up services and end up back in these facilities or incarcerated**. This high level of need places a strain on both consumers and the mental health system.

Youth and Family Services

In order to effectively address the high level and diversity of needs amongst county residents, Sonoma County's behavioral health services are divided into two systems of care: Youth and Family Services and Adult Services. In FY 18-19, **Youth and Family Services served 1,748 unique consumers. The majority were White/Caucasian (41%)**, followed by Hispanic (36%), and Other (28%). Race/ethnicity was unknown for 21% of consumers.

Figure 5. Race/Ethnicity of Youth and Family DHS-BHD Consumers in FY 18-19[41]



Overall, the Youth and Family Services system is well set-up to provide services to children and transitional age youth. There are also dedicated teams of justice department and foster care staff who provide important service connections. The system is currently undergoing a transitional period, after restructuring and developing new contracts with providers. The County's mental health system for youth and families is captured in a service system map as Appendix 2 on Page 198.

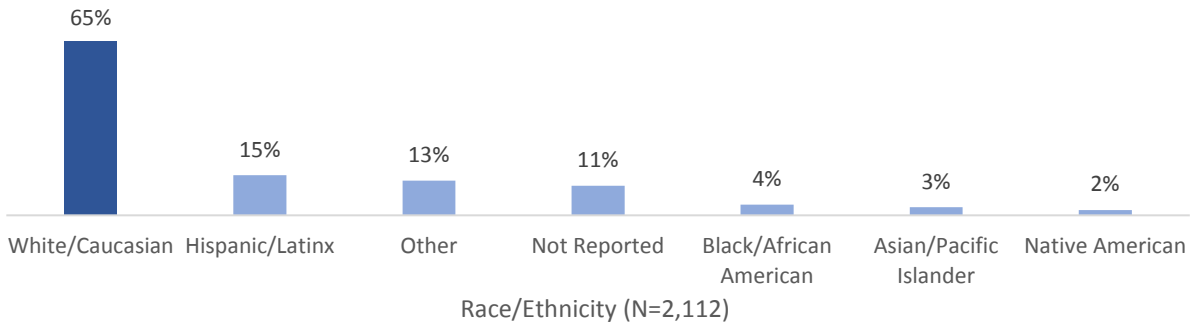
[40] Home Sonoma County. (2019). Sonoma County 2019 Point-in-Time Homeless Count Shows Reduction in Countywide Homelessness. Retrieved from https://sonomacounty.ca.gov/CDC/Press-Releases/Sonoma-County-2019-Point-in-Time-Homeless-Count-Shows-Reduction-in-Countywide-Homelessness/

[41] Ethnicity is reported separately from race, therefore the numbers in this figure do not sum to 100%.

Adult and Older Adult Services

In FY 18-19, **Adult and Older Adult Services served 2,112 unique consumers. The majority were White/Caucasian (65%)**, followed by Hispanic (13%), and Other (11%). Race/ethnicity information was unknown for 15% of consumers.

Figure 6. Race/Ethnicity of Adult and Older Adult DHS-BHD Consumers in Fiscal Year 2018-2019[42]



The Adult and Older Adult Services system has many beneficial programs and services available. A high proportion of crisis and residential beds are available, and although budget challenges led to a reduction in CSU beds, the planned 16-bed Psychiatric Health Facility (PHF) opening in 2020 will soon allow the system to serve additional consumers. The County's mental health system for adults and older adults is captured in a service system map as Appendix 3 on Page 200.

Capacity Assessment Findings

The Sonoma County 2016-2019 MHSA Capacity Assessment found that Sonoma County's public mental health system was, overall, well setup with the appropriate services at suitable capacity for the population. Consumers were by-in-large satisfied with the services they received and providers were dedicated to supporting consumers' recovery. With appropriate programs and committed providers, Sonoma County's mental health system has a strong foundation which the Behavioral Health Division (DHS-BHD) is continuing to build upon.

Despite these strengths, the capacity assessment found some challenges and barriers within the system identifying opportunities for improvement. The general findings discovered in the Capacity Assessment process can be categorized under eight headings:

1. Underserved Populations
2. System Entry and Appointments
3. Consumer Service Satisfaction
4. Increased Utilization of Crisis Services
5. Service Determination and Levels of Care
6. System Cost
7. Value of Peer Providers

[42] Ethnicity is reported separately from race, therefore the numbers in this figure do not sum to 100%.

8. Stakeholder Participation

Underserved Populations

Certain populations experienced service limitations and barriers to access within Sonoma County's behavioral health system. Cultural competence is an MHSA value, and while the County has made efforts to reach some unserved and underserved populations, deeper and more targeted efforts are possible.

- **Latinx/Hispanic consumers made up just over a tenth of adult consumers while they made up over one third of youth consumers.** Latinx/Hispanic youth, on the other hand, were overrepresented in a variety of programs.
- **Latinx population is over-represented in Medi-Cal enrollment.** Latinx population is 42% of the Medi-Cal population, but only 27% of the general population.
- **Both consumers and providers noted difficulties accessing or supplying services in Spanish.** This is particularly true for clinical services more than prevention services.
- **Services were also limited for Native American communities and individuals who identify as LGBTQ+.** Effective PEI programs exist for both of these groups. However, either due to lack of clinical services or stigma, utilization rates for both populations are low.
- **Native American consumers were also overrepresented in locked long-term residential treatment.** In FY 18-19, they made up 7% of program episodes compared to only 2% of the MHSA population.

System Entry and Appointments

- **Stakeholders reported the challenges in identifying how to access services in a timely manner.** Family members, consumers and providers all have limited knowledge of appropriate and available services and programs.
- **Almost 50% of loved ones and 40% of consumers felt it was difficult to get an appointment when needed.** Stakeholders noted that the budget changes, staff turnover, changing programs, and restructures made it difficult to connect with services.
- **Almost 20% of consumers reported that the most challenging part of their mental health needs is the long wait times for appointments.** The long wait times can be particularly difficult for those with high acuity, who may often need an immediate intervention.

Consumer Satisfaction

- **The majority of people were satisfied with the behavioral health services they received**. About 75% of stakeholders felt that it was very or mostly true that the mental health services they or their loved one received were helpful and almost 85% felt that it was very or mostly true that mental health services were focused on the belief that they or their loved one could get better.

- **Stakeholders reported positive outcomes as a result of receiving behavioral health services.** These included better relationships with significant others; being connected to assistance for basic needs and engagement in meaningful/productive activities.
- **Stakeholders emphasized that their care provider was dedicated, caring, and supportive.** Many discussed wonderful relationships that went above and beyond their expectations. The professional dedication and enthusiasm was particularly commendable, given the challenges these providers experience over the last few years.

Increased Utilization of Crisis Services and Overstays

- **About 50% of all DHS-BHD consumers accessed the CSU**. In FY 18-19, about 2,000 consumers went to the CSU over 2,600 times, which accounted for 25% of all episodes during that period. The service delays described above may have led to an increased use of crisis services.
- **41% of CSU episodes resulted in a consumer staying longer than the expected 24-hour period** and a tenth of individuals stayed for over 72-hours.
- **Across FY 16-19, CSU stays cost an average of $2,852 per person per day and a total of $45,125,866**. Expenses during FY 18-19 were almost $20 million. A Psychiatric Health Facility (PHF) will open in this year and should help provide more space as well as move consumers from the CSU.
- **The Sonoma County behavioral health system also experienced high utilization of locked, long-term residential treatment facilities**. There were 162 episodes in FY 18-19, among whom 38% (61) stayed for longer than the expected nine months and 30% stayed for over one year. Overstays in residential facilities and other programs may have created service delays for new consumers, potentially leading them to rely more heavily on crises services in the absence of more long-term stabilizing opportunities.
- **In FY 18-19, almost 60% of episodes in unlocked short-term residential (CRT) programs lasted for 14 days or more, with 15% of consumers staying over 30 days.**

Service Determination and Levels of Care

- **Some consumers remain in services for longer than expected while others were not referred to subsequent treatment opportunities**.
- **Some consumers also delayed services or cycled in and out of the same levels of care**. Stakeholders also did not know where to go for more minor, less severe mental health challenges. This led some to wait to seek support until the individual was at a crisis point.
- **Once in crisis, stakeholders heavily relied on the CSU for assistance**. After CSU services, care transitions were misaligned for some consumers.
- **Although the County provides oversight in service utilization, there is a lack of a universal standardized process in place to assess if a client needs to be "stepped up or down", or if a client is in the appropriate level of care**. This decreases the County's ability to manage demand and adjust capacity as a system to ensure that those with the highest level of need receive services.

- **Providers voiced an interest in creating more collaborations to holistically support consumers across the system**. For example, the Collaborative of Trans-Affirming Therapists was developed in response to the lack of appropriate providers for the LGBTQ+ community, particularly for Trans-identifying consumers.

System Cost

- **Consumer overstays at the CSU resulted in over $12,500,000 unbillable services and a potential revenue loss of over $6 million.** Unbillable expenses at the CSU made up almost 40% of all unbillable DHS-BHD services and over 60% of the CSU's total costs for services.[43]
- **Longer term acute and high level services were also costly for the County and were not reimbursable through Medi-Cal.[44]** In FY 18-19, there were 162 locked inpatient episodes with a total service cost over $8 million. There were over 450 episodes for board and care facilities, many of which were augmented out-of-county programs, costing the County over $10 million.
- **Having the appropriate staffing balance could not only decrease system costs, but also shift the culture by promoting recovery and stepping down of services.** The County's high reliance on clinicians is valuable and necessary. However, clinicians are expensive to staff and in Sonoma County were often undertaking tasks better suited for a non-clinical staff member such as peer provider or mental health worker.

Value of Peer Providers

- **Stakeholders, particularly consumers, consistently expressed that support from individuals with lived experience was empowering.** They noted that peers offered a different dynamic and level of care than could be achieved by clinicians or staff alone.
- **Almost all peer providers were located in discrete programs** rather than integrated within DHS-BHD programs. Consumers, as well as providers, expressed an interested in having peer-led programs at all levels of care.

Stakeholder Participation

- **Stakeholders noted increased transparency and communication among DHS-BHD.** Providers were appreciative of the increased transparency on decisions regarding the budget and the increase in opportunities to participate in the process.
- **Stakeholders noted improvements in the MHSA community program planning process, including the MHSA Steering Committee, the MHSA Stakeholder Committee, Innovation process and the Capacity Assessment process.** However, improvements can be made to engage consumers and those with lived experienced, youth and parents of minor children, and older adults and seniors.

[43] Non-treatment housing services, such as board and cares, made up the next largest proportion (33%) of unbillable services. None of these services qualify for Medi-Cal reimbursement.
[44] Some services may potentially be reimbursable through Medi-Cal, but almost all service costs were paid by County without reimbursement.

Recommendations and Response

Based on these findings, the recommendation coming forth from the Capacity Assessment focuses on improving the internal structure and culture of the County's mental health system.

- **Standardize the reauthorization process for continued program enrollment with increased utilization review from the County.** This oversight and structured process would increase consumers' movement through the system thereby ensuring consumers have access to the appropriate services to support their recovery. It will also decrease subjectivity that can arise through implicit bias and benign stigma and reduce inappropriate use of higher levels of care.

While there are certainly consumers who will require longer than typical enrollment in programs and services, it is the goal of a recovery-focused system to move consumers to lower levels of care when appropriate.

In an effort to improve access to care and service transitions, **the County adopted a drop-in Access Clinic** in hopes of connecting people to appropriate services before they experience a crisis. Furthermore, DHS BHD increased their oversight and utilization review and will be developing a County-led level of care determination process with clear policies and procedures for how consumers move through the system. Once in place, providers will be better equipped to make objective referrals. With greater oversight from the County, DHS-BHD programs and contracted providers would have clear expectations regarding referrals, enrollments, and when to "step up" or "step down" consumers. The County has already begun measures to improve flow and access and developing new contracts with providers. By continuing and building upon these efforts, DHS-BHD can further support consumers' recovery, improve cost-effectiveness, and further support providers.

- **Integrate peers into programs and explore creating a more balanced staffing model.** Peer providers bring their lived experience into their work, which promotes a recovery focus and decreases benign stigma. By integrating peers and other non-clinical staff, the County can create a more comprehensive staffing model that provides both increased support to consumers and decreased costs for DHS-BHD.

DHS-BHD recognizes the value of peer providers that are integrated into the continuum of programs and services. Currently, peer services are stand-alone entities and are very successful in engagement and positive outcomes. In the upcoming year, DHS-BHD will prioritize the work with providers in the system to identify areas where peers can be integrated into the service delivery system both to improve quality of service and to effectively utilize resources.

- **Increase representation from those with lived experience in all aspects of the MHSA process.** As with peers, consumers and family members provide a unique and necessary perspective for guiding these community-based mental health programs. Greater involvement from these groups would keep the process grounded in support of consumers, their recovery, and the community's needs.

DHS-BHD began a new application process for the MHSA Steering Committee in January 2020 in response to seven resignations. The County conducted a targeted recruitment to encourage greater participations from those underrepresented, particularly individuals with lived experience. Ten additional members have been selected to join the MHSA Steering Committee, bringing a total of 27 members, of which 26% are self-disclosed consumers and 41% are self-disclosed family members. Having the perspective of those with lived experience can help to combat any benign stigma or implicit bias that may exist in the Steering Committee and corresponding sub-committees.

- **Develop culturally competent services for underserved communities, particularly Latinx individuals.** By increasing culturally specific treatment programs, DHS-BHD will provide more appropriate and beneficial services to currently un- and underserved populations in the county. There is a clear need to increase the services available in Spanish, but it is also necessary to ensure that these services are offered in a culturally appropriate and competent way for the communities being served.

In the fall of 2019, Sonoma County conducted a community-based solicitation for Innovation Projects that will initiate in FY 20-21. One of the Innovation Projects that is being developed for MHSOAC approval is the Nuestra Cultural Cura Social Innovation Lab that will be implemented by On the Move in collaboration with four other Latinx serving organizations: Humanidad Therapy & Education Services, Latino Service Providers, Raizes Collective and North Bay Organizing Project. This project is essentially a community-engagement based effort to identify and pilot mental health interventions originating from and designed by Latinx community members. (See additional details in the Program Plan section on Page 48.)

MHSA Three-Year Integrated Program Work Plan for FY 20-23

The MHSA Three-Year Integrated Program Work Plan for FY 20-23 (Program Plan) has been developed in collaboration with MHSA stakeholders and is based on the recent Capacity Assessment (http://sonomacounty.ca.gov/Health/Behavioral-Health/PDF/Sonoma-County-MHSA-FY-2016-2019-Capacity-Assessment---January-2020/). DHS-BHD is facing a budget deficit in FY 20-21 and an increase in expenditures due to cost of living adjustments. The department has thoughtfully considered how to utilize its limited resources to best serve the community with feedback from stakeholders and the findings from the Capacity Assessment. In order to mitigate the impact of the budget deficit on MHSA programs, the department is utilizing a higher percentage of MHSA funding for FY 20-23 than in previous years. The source of the annual additional $1.5M in the Expenditure Plan for FY 20-23 is the MHSA unspent fund balance.

In addition to the DHS-BHD budget deficit, the county, state and the world are in unprecedented and uncertain times due to the COVID-19 pandemic. During the preparation of this plan, California's residents are practicing social distancing and are under a shelter-in-place order. Only essential services are operating to prevent the transmission and spread of the virus and to keep our communities safe, healthy and to save lives. In addition to the public health concerns, this pandemic is also having unknown economic impacts that will likely effect health and mental health budgets in the county, state and nationally for years to come. Unemployment claims have dramatically increased, and the MHSA Monthly Apportionments have declined significantly. This means that it is impossible to predict the MHSA revenues for FY 20-21 and beyond. The DHS-BHD Expenditure Plan is based on the available information at this writing, and the Expenditure Plan may need to be adjusted as this global crisis unfolds.

These are very challenging times and many of the DHS staff and contractors are courageously providing essential services for our clients as they respond to this public health emergency. The department is very grateful for all of these efforts. Sonoma County continues to demonstrate the amazing strength of the community, and the community is unyieldingly committed to assisting those in need of services.

The table on the next page lists the substantial changes from the Three-Year Program Work Plan for FY 17-20 and the Annual Update for FY 19-20:

Changes	Background	Impact
New contractor for Peer Services previously provided by Goodwill Industries of the Redwood Empire (GIRE)	GIRE decided to discontinue Peer Services as of June 30, 2020. In February of 2020, DHS-BHD developed a Request For Proposals (RFP) to identify an alternative provider.	West County Community Services was awarded the contract to assume all of the former GIRE Peer Services as of July 1, 2020. The annual funding amount remains the same.
MHSA funding for Peer Services has been restored.	Due to budget deficits in FY 19-20, Peer Services were in jeopardy of losing funding. The Board of Supervisors provided bridge funding to the department to sustain Peer Services.	In FY 20-23, all of the Peer Services are being funded exclusively with MHSA Community Services and Supports General Systems Development funds. The annual funding amount remains the same.
Whole Person Care (WPC) Pilot Program will end on December 31, 2020.	The State is developing a new program to replace WPC.	The new program will serve the same population and provide outreach, crisis service, brief treatment and referrals for unsheltered individuals with mental health issues beginning on January 1, 2021. It is anticipated that the new program will have lower overall expenditures.
Expanding 32-hour Crisis Intervention Training (CIT) for Law Enforcement	In FY 19-20, a limited number of probation officers were invited to join the Law Enforcement CIT that is a collaboration between the Sheriff's Department and DHS-BHD. The probation officers found the training very valuable, and the participating officers recommend that all officers have the opportunity to participate in CIT. The Probation Department requested CIT training for their probation officers.	DHS and Probation are working together to offer two CIT trainings in 2020 to train the majority of probation officers. Starting in FY 22-23, DHS BHD will provide one CIT annually for Probation. CIT will be funded with Prevention and Early Intervention Outreach for Increasing Recognition of Early Signs of Mental Illness dollars. The budgeted expenditure for each Probation CIT is $3,250 and up to 30 officers will be trained in each 32-hour course.

No Place Like Home Update

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

The County of Sonoma can access these funds through both competitive and non-competitive allocations. Two proposal were submitted January 2019 in Round 1 of competitive funding, and both proposals passed the threshold review. The two projects, Caritas Homes and DanCo Permanent Supportive Housing, have completed 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.

- **Caritas Homes:** Caritas Homes Phase 1 (Burbank Housing): This 64-unit project will feature 30 NPLH units awarded funds from Round 1. The project is nearly entitled, with plans to present a finalized Environmental Impact Report (EIR) to the city of Santa Rosa in the spring of 2020. This project is in need of some additional financing. The CDC anticipates the project will close on financing in the fall and commence construction before the end of 2020.

- **DanCo Communities Permanent Supportive Housing:** The College Avenue Permanent Supportive Housing project consisting of 52 units includes 25 NPLH units awarded funds from Round 1. The project is fully funded, and the project received a 9% tax credit award in Round 2. The project also recently received an award of 8 Project Based Vouchers from the City of Santa Rosa Housing Authority. The projected closing date for all financing is April 13, 2020. Construction will commence immediately following closing, with planned occupancy in 2021.

The following Program Plan (as well as the Annual Program Report for FY 18-19 beginning on Page 101) are presented within the five MHSA Service Components: Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Workforce, Education and Training (WET), and Capital Facilities and Technological Needs (CFTN). For program descriptions, see the Annual Program Report section on Page 101.

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 20-23:

FSP Program (DHS-BHD)	Estimated # to be served in FY 20-21	Children and Youth (0-15)	Transition Age Youth (16-25)	Adults (26-59)	Older Adults (60+)	Estimated MHSA cost per person in FY 20-21
Family Advocacy, Stabilization & Support Team (FASST)*	200	105	95	0	0	$12,001
Transition Age Youth (TAY) Team*	70	0	70	0	0	$9,041
Forensic Assertive Community Treatment (FACT)*	70	0	3	64	3	$6,768
Integrated Recovery Team (IRT)	150	0	0	144	11	$6,032
Adult Full Service Partnership (AFSP)*	100	0	0	100	0	$10,581
Older Adult Intensive Team (OAIT)	60	0	0	0	60	$12,730

**Includes contracted services*

General System Development (GSD)

The County may develop and operate programs to provide mental health services to clients specified in WIC Section 5600.3 (a-c), and, when appropriate, the clients' families. The following are the County's GSD programs for FY 20-23:

Provider/Program	Estimated # to be served in FY 20-21	Children and Youth (0-15)	Transition Age Youth (16-25)	Adults (26-59)	Older Adults (60+)	Estimated MHSA cost per person in FY 20-21
National Alliance on Mental Illness (NAMI) - Family-based Education, Advocacy and Support	5,164 (service contacts)	0	416	2,142	2,605	$39
Buckelew Programs - Family Service Coordination	1,499 (service contacts)	0	26	669	804	$52
West County Community Services (WCCS) - Wellness and Advocacy Center	41,564 (service contacts)	0	2,734	32,267	6,563	$16
WCCS - Petaluma Peer Recovery Center	5,068 (service contacts)	0	421	3,827	820	$15
WCCS - Russian River Empowerment Center	4,834 (service contacts)	0	45	4,386	403	$34
DHS-BHD - Mobile Support Team*	300	36	63	147	53	$4,111
DHS-BHD - Collaborative Treatment and Recovery Team*	185	0	25	143	18	$3,832
Council on Aging - Senior Peer Support	477 (service contacts)	0	0	0	477	$176

Provider/Program	Estimated # to be served in FY 20-21	Children and Youth (0-15)	Transition Age Youth (16-25)	Adults (26-59)	Older Adults (60+)	Estimated MHSA cost per person in FY 20-21
WCCS - Senior Peer Counseling	326 (aggregate of quarterly reports)	0	0	0	326	$221
Sonoma County Human Services Department (HSD) - Job Link	379 (service contacts)	0	66	204	109	$178
WCCS - Crisis Support	229 (service contacts)	66	26	94	44	$44

**Includes contracted services*

Outreach and Engagement (OE)

The County may develop and operate outreach programs/activities for the purpose of identifying unserved individuals who meet the criteria of WIC Sections 5600.3 (a), (b) or (c) in 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 20-23:

Provider/Program	Estimated # to be served in FY 20-21	Children and Youth (0-15)	Transition Age Youth (16-25)	Adults (26-59)	Older Adults (60+)	Estimated MHSA cost per person in FY 20-21
DHS-BHD - Whole Person Care*	1,200	0	100	842	258	$1,887
Sonoma County Indian Health Project (SCIHP) - Community Programs	346 (service contacts)	26	35	196	89	$234

**Includes contracted services*

Prevention and Early Intervention (PEI)

Programs that prevent mental illnesses from becoming severe and disabling, emphasizing improvement on timely access to services for underserved populations, including access to services. The majority of PEI expenditures should go to programs addressing the needs of individuals who are ages 0-25. The following are the County's PEI programs for FY 20-23 (grouped by required service categories):

Service Category	Provider/Program	Estimated # to be served in FY 20-21	Children and Youth (0-15)	Transition Age Youth (16-25)	Adults (26-59)	Older Adults (60+)	Estimated MHSA cost per person in FY 20-21
Promotion*	California Mental Health Services Authority (CalMHSA) – Statewide PEI Program	N/A (not applicable)	N/A (not applicable)	N/A (not applicable)	N/A (not applicable)	N/A (not applicable)	N/A (not applicable)
Prevention	Action Network - Across Ages and Cultures	676 (aggregate of quarterly reports)	120	5	36	515	$101
Prevention	SCIHP - PEI Program	718	403	315	0	0	$29
Prevention	Community Baptist Church Collaborative - PEI Programs	2,390 (service contacts)	674	594	822	300	$60
Prevention	Latino Service Providers of Sonoma County - PEI Program	73,641 (service contacts, including weekly email newsletters)	2,349	18,275	49,078	3,938	$1.15

Service Category	Provider/Program	Estimated # to be served in FY 20-21	Children and Youth (0-15)	Transition Age Youth (16-25)	Adults (26-59)	Older Adults (60+)	Estimated MHSA cost per person in FY 20-21
Prevention	Positive Images - PEI Program	6,125 (service contacts)	2,006	2,651	1,150	317	$17
Prevention	Sonoma County HSD (& subcontractors) - Older Adult Collaborative	3,251 (aggregate of quarterly reports)	0	0	0	3,251	$75
Early Intervention	First 5 Sonoma County (& subcontractors) - 0-5 Collaborative	1,647	681	102	570	294	$187
Access and Linkage to Treatment	DHS-BHD - Youth Access Team	395	299	96	0	0	$1,919
Access and Linkage to Treatment	DHS-BHD - Adult Access Team	889	0	162	621	105	$1,276
Stigma and Discrimination Reduction	Santa Rosa Junior College - People Empowering Each other to Realize Success	1,064 (service contacts)	3	668	355	39	$188
Suicide Prevention*	Buckelew Programs - North Bay Suicide Prevention Program	4,333 (calls received)	171	547	2,408	1,207	$37

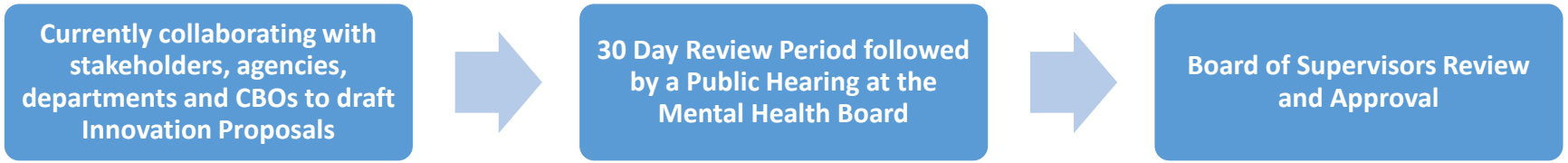
Service Category	Provider/Program	Estimated # to be served in FY 20-21	Children and Youth (0-15)	Transition Age Youth (16-25)	Adults (26-59)	Older Adults (60+)	Estimated MHSA cost per person in FY 20-21
Outreach for Increasing Recognition of Early Signs of Mental Illness	Crisis Intervention Training (CIT) with Law Enforcement Personnel	112	N/A (not available)	N/A (not available)	N/A (not available)	N/A (not available)	$174

**These service categories are not required*

Innovation (INN)

Novel, creative and/or ingenious mental health practices/approaches that are expected to contribute to learning, which are developed within communities through a process that is inclusive and representative, especially of unserved and underserved individuals. Innovation pilot programs are time limited, and MHSA regulation (9 CCR § 3910.010) requires that the end date is not more than five years from the start date of the Innovative Project.

The Innovation Projects listed in the table below are currently in development, and the projects do not have Mental Health Service Oversight and Accountability Commission (MHSOAC) approval at this time. DHS-BHD is intending to implement the programs listed in the table below once the Innovation project approval process diagramed in the flow chart below is completed. The department is anticipating implementation of the projects in FY 20-21.



Provider(s)/Program	Estimated # to be served in FY 20-21	Children and Youth (0-15)	Transition Age Youth (16-25)	Adults (26-59)	Older Adults (60+)	Estimated MHSA cost per person in FY 20-21
DHS-BHD - ACCESS (Accessing Coordinated Care and Empowering Self Sufficiency) Sonoma - Diversion Cohort	100	0	25	50	25	$9,924
Sonoma County Human Services Department & Santa Rosa Community Health Clinics - Collaborative Care Enhanced Recovery Project (CCERP)	75	0	0	50	25	$4,442
DHS-BHD & TBD - Diversion Transitional Housing	20	0	5	12	3	$5,903
Buckelew, Aldea Children and Family Services, On the Move and UC Davis - Early Psychosis Learning Health Care Network (EP LHCN): Elizabeth Morgan Brown One Mind ASPIRe Program of Sonoma County	276	50	126	75	25	$573
Early Learning Institute - Instructions Not Included (INI) Dads Matter	150	0	50	100	0	$1,532
On the Move, La Plaza, Humanidad, Raizes Collective and Latino Service Providers - Nuestra Cultura Cura Social Innovations Lab	166	20	40	80	26	$1,479
First 5 Sonoma County - New Parent TLC	450	0	100	300	50	$310

DHS-BHD's last Innovation program was the Mobile Support Team (MST) with funding ending in June 2018. During FY 18-19, DHS-BHD did not have an active Innovation program. Even in the absence of an Innovation program, counties must allocate 5% of funding to Innovation programs. If counties do not utilize the Innovation funds within three years of receiving the funds from the State, the funds can revert back to the State (9 CCR § 3900-3910.015). In order to avoid fund reversion, DHS-BHD started two Community Program Planning paths to develop new Innovation projects in 2019 for 2020 implementation.

1. Stakeholder input and community need for additional diversion programs
2. Community solicitation and application process

The first path evolved from input from stakeholders including representatives from: Sonoma County (SC) Public Defenders, SC Human Services Department, SC Community Development Commission, SC Probation, SC Sheriff's Department, SC District Attorney Office and individuals with lived mental health experience and previous criminal justice involvement. These stakeholders identified two Innovation projects that assist with diverting individuals with lived mental health experience from criminal justice involvement. These two projects: ACCESS Sonoma and Diversion Transitional Housing build upon existing efforts to improve access and are supported by the data findings of the recently completed Capacity Assessment.

Community Solicitation and Application Process

The second path of Community Solicitation and Application for Innovation Projects worked with diverse stakeholders on the MHSA Steering Committee to develop a process that successfully solicited Innovation project applications from the community. DHS-BHD initiated a community application process for new Innovation projects with the support of the MHSA Steering Committee and the Committee's Innovation subcommittee. The Innovation subcommittee members were responsible for the following:

1. Determining a community engagement process for the Innovation Project 2020
2. Assuring the regulations, defined parameters and principles of the MHSA Innovation are adhered to in the process
3. Supporting the selection of the Innovation Project(s) that address the County's prioritized need/gaps

The following chart documents the work of the MHSA Steering Committee and the Innovation Subcommittee through FY 18-19 and FY 19-20.

Fiscal Year 2018-2019

Date	Who	Action
4/22/19	MHSA Steering Committee	Reviewed MHSA Innovation regulations and Toolkit; recruited Innovation Subcommittee members; discussed county priorities/needs
5/14/19	MHSA Coordinator, MHSA Consultant, Innovation Subcommittee	First meeting: review roles/responsibilities, calendar, review and prioritize community needs/gaps in mental health services. Determine data required to substantiate need.

Date	Who	Action
6/12/19	MHSA Coordinator, MHSA Consultant, Innovation Subcommittee	Adopt community engagement model to solicit program models that address needs/gaps.

Fiscal Year 2019-2020

Date	Who	Action
7/10/19	MHSA Coordinator, MHSA Consultant, Innovation Subcommittee	Develop Innovation application and evaluation criteria for proposals
8/14/19	MHSA Coordinator, MHSA Consultant, Innovation Subcommittee	Review and approve final application and evaluation criteria for community submissions/applications
8/19/19	MHSA Coordinator	Announce Innovation opportunity to public, post Innovation application and evaluation criteria on Department website.
8/21/19	Mental Health Board Public Hearing MHSA Coordinator	Review progress on Innovation project update report
9/9/19	MHSA Steering Committee	Innovation Subcommittee provide Innovation project update report to Steering Committee including: application, scoring criteria, FAQs; community outreach and important dates
9/4/19-9/13/19	MHSA Coordinator, MHSA Consultant, Innovation Subcommittee	Conduct five community meetings in strategic geographic locations to share Innovation project guidelines, application and evaluation criteria with interested community members
10/18/19	Community	Deadline for Innovation applications
10/25/19 & 11/8/19	MHSA Coordinator, MHSA Consultant, Innovation Subcommittee	Review and score Innovation applications, two meetings held to discuss scores and rank proposals, developed recommendation for funding based on ranking
12/2/19	MHSA Steering Committee	Innovation Subcommittee recommendation for funding to MHSA Steering Committee and BHD administration.

Date	Who	Action
2/18/20	Sonoma County Mental Health Board Public Meeting MHSA Coordinator	Review Innovation project process and top ranking projects

The Innovation application was released to the community on July 19, 2019 and had a posted deadline of October 18, essentially giving the community a 60-day period to review and develop an application for Innovation funding. The application and scoring criteria are available at http://sonomacounty.ca.gov/WorkArea/DownloadAsset.aspx?id=2147578009 and http://sonomacounty.ca.gov/WorkArea/DownloadAsset.aspx?id=2147578008. Email notices were sent out to all MHSA Stakeholders, MHSA Steering Committee members, and DHS-BHD contractors. In addition, announcements were made at all stakeholder meetings and flyers distributed to be available in public places. To educate the public on Innovation and MHSA requirements, review the application and evaluation criteria, and address any questions from the community, five community presentations were held in strategic geographic locations as noted below.

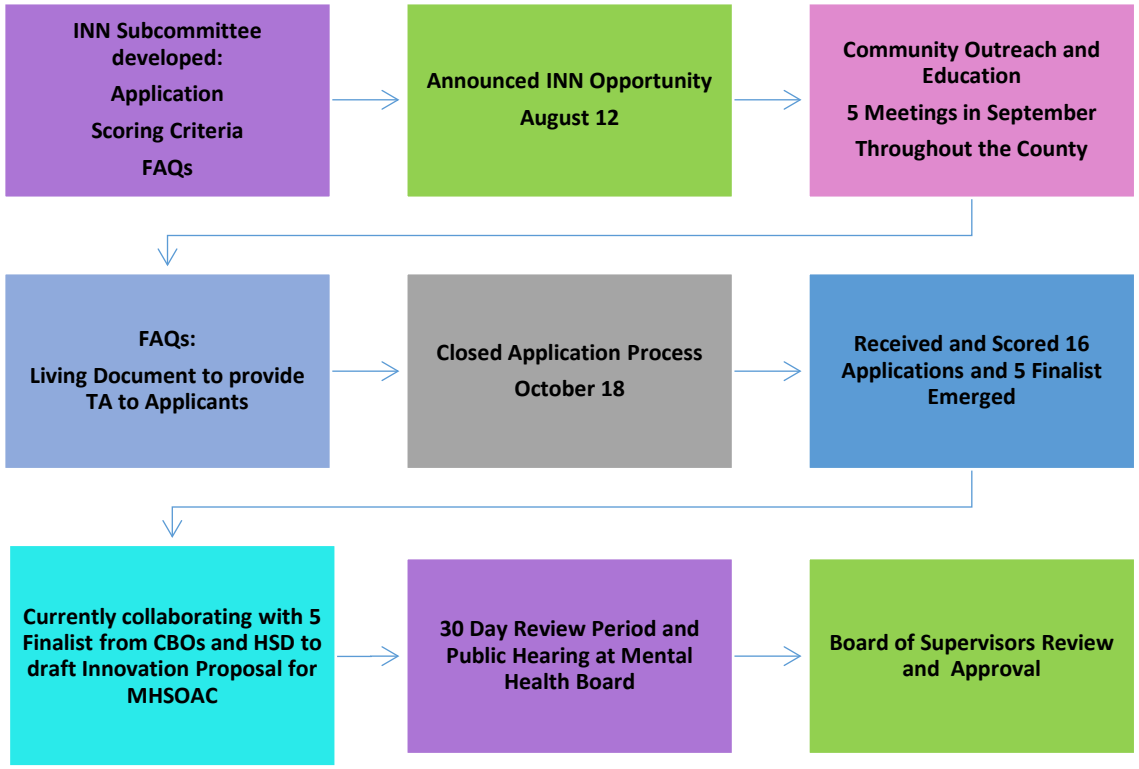
Date/Time	Location
Wednesday, September 4, 2019 **10:30a – 12:30pm**	Guerneville Regional Library 14107 Armstrong Woods Rd, Guerneville
Wednesday, September 4, 2019 **2:30 – 5:30pm**	Sonoma Valley Regional Library 755 West Napa Street, Sonoma
Wednesday, September 11, 2019 **9 – 11am**	DHS Administration 1425 Neotomas Ave, Santa Rosa
Wednesday, September 11, 2019 **1 – 3pm**	Petaluma Health District 1425 N. McDowell Blvd, Rm 100, Petaluma
Friday, September 13, 2019 **1 – 3pm**	Healdsburg Library 139 Piper St, Healdsburg

An Innovation 2020 FAQ was established to note questions and corresponding responses recorded at the community presentations. Furthermore, an email address (SonomaInnovation2020@gmail.com) was set up for community members to submit questions at

their convenience. To promote transparency and equity in information, the FAQ was updated as a living document on the County's website and sent out to all who attended and signed in at a community meeting.

A total of 16 Innovation applications were received by October 18. The Innovation Subcommittee MHSA Steering Committee reviewed and scored all of the applications on October 25 and November 8. The top five scoring applications were presented to the MHSA Steering Committee and DHS for review and approval to continue to proceed with the projects on December 2.

Once the Innovation finalists were selected, the MHSA team and the Community Based Organizations collaborated to develop draft proposals for each project to submit to the MHSOAC. The flow chart below describes the Innovation process:



The following seven pages contain brief descriptions of the Innovation finalists:

Category	Information
Organization	**Department of Health Services Behavioral Health Division (DHS-BHD)**
Project	**ACCESS (Accessing Coordinated Care and Empowering Self Sufficiency) Sonoma - Integrated Case Management System: Diversion Cohort**
Total Project Budget	$992,428
Brief Description	ACCESS Sonoma Integrated Case Management System will utilize the Watson Care Manager to review all of a client's health, social services, housing, and justice information that exists in the unified Connect360 Database, and create a case conceptualization profile of the client. The technology will then search for information from case studies and published articles about traditional and emerging treatment options and interventions for those with severe mental illness complicated by other factors. These treatment, intervention and case management options will then be matched to the case conceptualization profile of the client and presented to Interdepartmental Multi-Disciplinary Team (IMDT) members as recommendations or considerations for care plan or treatment options.
Innovation	ACCESS Sonoma Integrated Case Management System will utilize the Watson Care Manager with a different population, individuals with serious mental health issues and criminal justice involvement that are not incarcerated and are receiving treatment in DHS-BHD's FACT FSP.
Primary Purpose	• Increase the quality of mental health services, including measured outcomes • Promoting interagency and community collaboration related to Mental Health Services or outcomes.
Population to be served	• 100 adults • Focus on reducing recidivism for felony and misdemeanant persons being diverted from jails who experience behavioral health challenges • Clients receiving treatment from DHS-BHD's FACT FSP
Learning Goals	1. Can cognitive technology provide more useful insights into the client's overall condition and psychosocial needs than a traditional assessment? 2. Can the technology use that information to accurately and efficiently provide quality treatment options that would not have been presented in a traditional treatment plan?
Need in Sonoma	In Sonoma County jails, 64% of people experience mental illness, 68% have a substance abuse disorder. Individuals with mental health challenges and/or substance use disorders are in need of evidence based treatment that targets their specific diagnosis in order to reduce recidivism.

Category	Information
Organization	**Buckelew in partnership with Aldea Children & Family Services and On the Move/VOICES and UC Davis**
Project	**Early Psychosis Learning Health Care Network: Elizabeth Morgan Brown One Mind ASPIRe Program of Sonoma County**
Total Project Budget	$474,181 (leverages startup funds from One Mind Foundation)
Brief Description	Early Psychosis Learning Health Care Network (EP LHCN) will be the first treatment program specifically for youth psychosis in Sonoma County. This project will be part of the Statewide Early Psychosis Learning Collaborative (a Mental Health Services Oversight and Accountability Commission's [MHSOAC] Incubator Project) as approved by the MHSOAC. Aldea is already participating in the collaborative (Incubator) in Napa and Solano counties.
Innovation	Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
Primary Purpose	• Increase access to unserved or underserved groups • Increase quality of mental health services, including better outcomes • Promote interagency collaboration related to Mental Health Services or supports • Increase access to mental health services
Population to be served	• Youth and adults ages 12 – 30 who have onset of psychosis within the past two years or attenuated psychotic symptoms or recent deterioration in youth with a parent/sibling with psychotic disorder. • Outreach and Education - 200 individuals annually • Screenings – 60 annually • Assessment – 16 annually • Treatment (group, behavioral training, medication management, case management) – 40 annually • Supported Education/Employment – 80% of clients
Learning Goals	1. Will a collaborative approach of combining the expertise and reach of three organizations significantly enhance the outcomes of an Early Psychosis Intervention Program? 2. Will enhancing the Parent Partner component of the Early Psychosis Intervention Program improve family outcomes?
Need in Sonoma	Addresses a lack of services for youth and young adults experience first-time early psychosis

(For more information, see Appendix 9 on Page 234 or http://sonomacounty.ca.gov/Health/Behavioral-Health/PDF/Early-Psychosis-Learning-Health-Care-Network-Statewide-Collaborative/

Category	Information
Organization	**DHS-BHD and CBO (TBD)**
Project	**Diversion Transitional Housing**
Total Project Budget	$354,151
Brief Description	The County of Sonoma proposes to expand access to community mental health, substance use disorder, and trauma treatment as an alternative to incarceration, by developing facility space for both housing and service delivery to individuals who are being diverted to the community from the County jail. A facility which includes space for six transitional housing beds, used to provide jail diversion for both misdemeanants and felons in the criminal justice system who are facing mental health and substance use disorder challenges. The facility will utilize peer supervision to ensure the safety of residents and the community. The facility will also house two Assertive Community Treatment (ACT) teams that will provide services to individuals in the transitional housing facility, as well as other individuals in the community.
Innovation	Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite
Primary Purpose	• Increase access to unserved or underserved groups • Increase quality of mental health services, including better outcomes
Population to be served	• 12-20 adults annually • Serves individuals with serious mental health concerns referred by probation and the courts
Learning Goals	1. Does providing peer supervised transitional housing with ACT reduce recidivism? 2. Does supervised transitional housing with ACT reduce recidivism for diverted?
Need in Sonoma	The County of Sonoma has seen a significant increase in the number of individuals with mental health and substance use issues entering the criminal justice system in recent years. County jail data for 2017 showed that 479 inmates (45.5% of the jail population) were mental health involved. In 2018, this number increased to 513, equal to 46.5% of the jail population. The most recent figure for April 17, 2019, indicates 520 inmates (47%) are involved with mental health services, with 246 (47.3%) of this group identified as having acute mental illness, and 117 (22.5%) determined to be seriously mentally ill.

Category	Information
Organization	**Early Learning Institute**
Project	**Instructions Not Included (INI) - Dads Matter**
Total Project Budget	$689,360
Brief Description	Home visiting program for first time fathers combining three curricula: Promoting First Relationships, Partners for a Health Baby, and Nurturing Fathers with enhancements from Dad's Matter, Adverse Childhood Experiences (ACEs) and depression screening and lessons learned from National Father's Initiative.
Innovation	Makes a change to an existing practice in the field of mental health, including but not limited to application to a different population.
Primary Purpose	• Increase access to unserved or underserved group. • Promote interagency collaboration related to Mental Health Services or supports.
Population to be served	• 450 first time Dads, likely working so weekend and evening hours will be offered. • Possible low-income, home renters, mid-20s to mid-30s in age • 54% estimated to be Spanish speaking in the home. • County-wide
Learning Goals	1. What 3-5 key strategies are most effective in the engagement of fathers to participate in and complete visits 1-5 of the INI home visitation program. 2. What key community resources (or lack thereof) are utilized by fathers based on results of their Edinburgh Postnatal Depression Scale (EPDS) screening? 3. What key resources (or lack thereof) are utilized by father based on the results of their ACES screening? 4. How can we best serve 1st time fathers, especially those who score low-average, or below-average on the Nurturing Skills Competency Scale (NSCS)?
Need in Sonoma	Home visiting programs for first time mothers are prevalent in Sonoma County and demonstrated positive outcomes. However, no programs address or support the screening for mental health of first-time fathers. Addresses 0-5 year old prevention (intergenerational ACEs), and suicide prevention.

Category	Information
Organization	**First 5 Sonoma County**
Project	**New Parent TLC**
Total Project Budget	$418,185
Brief Description	"Gatekeeper" training for early intervention of maternal and paternal mental health issues, preventing progression of more serious depression and/or suicide by parents and reducing the exposure of infant ACEs resulting from parental depressions and associated disruption of optimal infant brain development.
Innovation	Makes a change to an existing practice in the field of mental health, including by not limited to, application to a different population.
Primary Purpose	• Increase access to unserved or underserved groups • Promote interagency collaboration related to Mental Health Services or supports *New Parent TLC* seeks to address the lack of screening, identification, and necessary referrals for parents with unidentified and untreated parental depression from pregnancy through the first 12-months after birth. In addition, the project will promote community collaboration among nontraditional points of entry for individuals needing mental health support, developing a public health education movement encouraging possible policy change.
Population to be served	• Up to 100 childcare sites, seven faith communities, 3-5 large employers, and seven cosmetology providers to be trained • Reaching up to 500-2000 mothers and 250 fathers who are not engaged in any other parental/newborn home visiting program • Spanish-speaking, lower-income population, county-wide
Learning Goals	1. Does training nontraditional gatekeepers in Question Persuade Refer (QPR) model result in appropriate referrals for parental depression? 2. Does training nontraditional gatekeepers in QPR model prevent parental suicide? 3. Does training nontraditional gatekeepers in QPR model prevent infant exposure to ACEs as a result of untreated parental depression?
Need in Sonoma	0-5 prevention and early intervention, unserved/underserved group (new fathers/mothers), suicide prevention

Category	Information
Organization	**Sonoma County Human Services Department, Adult and Aging Division in partnership with Santa Rosa Community Health Clinics**
Project	**Collaborative Care Enhanced Recovery Project (CCERP)**
Total Project Budget	$999,558
Brief Description	Combines an established short-term intervention with 9-months of in-home case management, resulting in positive impacts for adults from 50 - 64 years old with depression.
Innovation	Makes a change to an existing practice in the field of mental health, including but not limited to application to a different population.
Primary Purpose	• Increase access to unserved or underserved groups • Increase quality of mental health services, including better outcomes • Promote interagency collaboration related to Mental Health Services or supports • Increase access to mental health services
Population to be served	• Up to 225 clients, ages 50 - 64 years over three years • Focus on Latinx/Spanish speaking adults • Central Santa Rosa as in partnership with SRCH Lombardi, Vista and Brookwood campuses
Learning Goals	1. For adults 50 – 64 years old, whose depression symptoms improve with the existing 12-week Collaborative Care Model (CoCM) intervention, are these improvements sustained over the course of an additional nine-month case management period? 2. For adults 50 – 64 years old, whose depression symptoms improve with the existing CoCM 12-week intervention plus 9-months of case management, is there an improvement in appropriate health care utilization? 3. For Latinx/Spanish Speaking adults 50 – 64 years old who receive the CCERP intervention, are there sustained depression symptom improvements and improvements in appropriate health care utilization?
Need in Sonoma	Addresses a population age group 50-64 years olds that is in the gap years (older than TAY, younger than elders) and at higher risk for suicide than the general population, and Latinx/Spanish Speaking (underserved group) with integrated health model combined with in-home case management. Suicide prevention for mature adults. (Note: 4 out of the 5 SMART Train suicide deaths in 2019 involved adults between the ages of 50-64)

Category	Information
Organization	**On the Move/VOICES in partnership with La Plaza, Humanidad, Raizes Collective, Latino Service Providers, and North Bay Organizing Project**
Project	Nuestra Cultura Cura Social Innovations Lab
Total Project Budget	$736,585
Brief Description	A partnership of community organizations will engage a diverse cohort (The Team) from the Latinx communities to determine root causes of mental health stigma and inaccessibility for their communities. A facilitator will support the Team in determining a strategic direction with specific actions to address defined issues. Resources will be provided for the Team members by the various CBO partners.
Innovation	Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
Primary Purpose	• Increase access to unserved or underserved groups • Increase quality of mental health services, including better outcomes • Promote interagency collaboration related to Mental Health Services or supports • Increase access to mental health services The Social Innovations Lab will create more culturally relevant mental health strategies that will reduce depression and anxiety and promote cultural protective factors.
Population to be served	• The Team is composed of 20 diverse individuals from four communities: West County, Sonoma Valley, Healdsburg and Southwest Santa Rosa • Community engagement from a variety of sectors: Intergenerational, faith-based, artists, cultural practitioners, academics and research, public and nonprofit sectors • Reach up to 500 Spanish-speaking community members in four communities
Learning Goals	1. What are the root cause of the unique mental health challenges faced by the Latinx community in Sonoma County? 2. What culturally-specific interventions and language will reduce stigma around mental health among Latinos and increase cultural protective factors that lead to mental health? 3. Can the current clinically-driven mental health system be influenced to adopt and fund culturally-specific experimental interventions deemed successful or promising?
Need in Sonoma	Lack of culturally responsive mental health services for Latinx/Spanish speakers; geographically based w/ localized services and improve low Latinx Mental Health Penetration Rate

Workforce, Education and Training (WET)[45]

The goal of the WET component is to develop a diverse workforce. Individuals with lived mental health experience and DHS BHD staff and contractors are given training to promote wellness and other positive mental health outcomes. WET funds are also used to promote and expand the cultural responsiveness of DHS BHD. The following programs and activities will be funded through WET in FY 20-23:

Provider/Program	Estimated # to be served in FY 20-21	Children and Youth (0-15)	Transition Age Youth (16-25)	Adults (26-59)	Older Adults (60+)	Estimated MHSA cost per person in FY 20-21
West County Community Services - Peer Education and Training	195 (aggregate of quarterly reports)	0	12	145	38	$715
DHS-BHD (and contractors) - WET activities	350	N/A	25	275	50	N/A (not utilizing MHSA funds)

Capital Facilities and Technological Needs (CFTN)[46]

This component works towards the creation of facilities that are used for the delivery of MHSA services to mental health clients and their families, or for administrative offices. Funds may also be used to support an increase in peer-support and consumer-run facilities, development of community-based settings, and the development of a technological infrastructure for the mental health system to facilitate the highest quality and cost-effective services and supports for clients and their families. The following projects will be funded through CFTN in FY 20-23:

[45] 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.
[46] Ibid.

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

MHSA Expenditure Plan for FY 20-23

FY 20-21 Estimated Funding and Expenditures Summary

Category	Community Services & Supports	Prevention & Early Intervention	Innovation	Workforce Education & Training	Capital Facilities & Technological Needs	Prudent Reserve
A. Estimated FY 20-21 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	6,097,486	2,383,795	2,108,375	0	0	
2. Estimated New FY 20-21 Funding	19,120,301	4,780,075	1,257,915			
3. Transfer in FY 20-21[47]	(1,323,215)			154,308	1,168,907	0
4. Access Local Prudent Reserve in FY 20-21	0	0				0
5. Estimated Available Funding for FY 20-21	23,894,572	7,163,870	3,366,290	154,308	1,168,907	
B. Estimated FY 20-21 MHSA Expenditures	15,092,567	3,925,847	2,517,065	154,308	1,168,907	
C. Estimated FY 20-21 Unspent Fund Balance	8,802,005	3,238,023	849,225	0	0	

D. Estimated Local Prudent Reserve Balance	Amount
1. Estimated Local Prudent Reserve Balance on June 30, 2020	944,981
2. Contributions to the Local Prudent Reserve in FY 20-21	0
3. Distributions from the Local Prudent Reserve in FY 20-21	0
4. Estimated Local Prudent Reserve Balance on June 30, 2021	944,981

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

FY 20-21 Estimated Community Services and Supports (CSS) Funding and Expenditures

Category/Program	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
Forensic Assertive Community Treatment (FACT) Team						
Department of Health Services Behavioral Health Division (DHS-BHD)	986,298	422,689	498,128	0	0	65,481
Buckelew Programs - FACT - Independent Living Skills (ILS) [contractor]	160,908	51,104	109,804	0	0	0
Family Advocacy, Stabilization & Support Team (FASST)						
DHS-BHD	2,493,603	1,803,128	642,597	0	0	47,878
Seneca Family of Agencies [contractor]	245,000	109,637	135,363	0	0	0
Lifeworks of Sonoma County [contractor]	150,000	67,380	82,620	0	0	0
Social Advocates for Youth (SAY) [contractor]	245,000	245,000	0	0	0	0
TBD - FASST supportive services [contractor]	175,000	175,000	0	0	0	0
Integrated Recovery Team (IRT)						
DHS-BHD	1,246,267	904,837	332,632	0	0	8,798
Older Adult Intensive Team (OAIT)						
DHS-BHD	985,345	763,800	216,026	0	0	5,519
Transition Age Youth (TAY) Team						

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	701,690	520,720	168,228	0	0	12,742
Buckelew Programs - TAY - Sonoma County Independent Living (SCIL) [contractor]	100,811	40,113	60,698	0	0	0
SAY - Tamayo Village [contractor]	164,500	72,051	92,449	0	0	0
VOICES [contractor]	238,587	0	0	0	0	238,587
Adult Full Service Partnership (AFSP)						
DHS-BHD	1,398,570	1,058,140	333,541	0	0	6,889
TBD [contractor]	1,256,882	0	456,500	0	400,000	400,382
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	199,450	0	0	0	3,948
Buckelew Programs - Family Service Coordination [contractor]	77,993	77,993	0	0	0	0
West County Community Services (WCCS) - Interlink Self Help Center [contractor]	396,277	0	0	0	0	396,277
WCCS - Wellness and Advocacy Center [contractor]	685,000	685,000	0	0	0	0
WCCS - Petaluma Peer Recovery Center [contractor]	74,706	74,706	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
WCCS - Russian River Empowerment Center [contractor]	166,000	166,000	0	0	0	0
DHS-BHD Mobile Support Team (MST)	1,339,440	981,972	0	0	0	357,468
Support Our Students (SOS) Community Counseling - MST Internship Program [contractor]	212,672	206,942	0	0	0	5,730
WCCS - MST Peer Support Specialist [contractor]	44,533	44,533	0	0	0	0
DHS-BHD Collaborative Treatment and Recovery Team (CTRT)	617,534	108,889	494,676	0	0	13,969
Buckelew Programs - CTRT System Navigation [contractor]	600,000	600,000	0	0	0	0
DHS-BHD Community Mental Health Centers	2,454,583	1,167,959	1,222,343	0	0	64,281
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	67,500	0	0	0	0
WCCS - Crisis Support [contractor]	10,000	10,000	0	0	0	0
Outreach and Engagement (OE)						
DHS-BHD Whole Person Care (WPC)	1,882,033	1,471,358	0	0	0	410,675

Category/Program	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Alexander Valley Healthcare WPC [contractor]	126,029	63,014	0	0	0	63,015
Alliance Medical Center WPC [contractor]	85,000	42,500	0	0	0	42,500
Drug Abuse Alternatives Center WPC [contractor]	136,500	68,250	0	0	0	68,250
WCCS WPC Peer Outreach Worker #1 [contractor]	89,500	89,500	0	0	0	0
Petaluma Health Care District WPC Peer Outreach Worker [contractor]	98,362	49,181	0	0	0	49,181
Petaluma Health Center WPC [contractor]	161,300	80,650	0	0	0	80,650
Reach for Home WPC Peer Outreach Worker [contractor]	86,417	43,209	0	0	0	43,208
Santa Rosa Community Health Centers WPC [contractor]	201,414	100,707	0	0	0	100,707
Sonoma County HSD WPC [contractor]	150,000	107,629	0	0	0	42,371
Sonoma County Probation Department WPC [contractor]	27,500	13,750	0	0	0	13,750
Sonoma Valley Community Health Center WPC [contractor]	93,280	46,640	0	0	0	46,640
WCCS WPC Peer Outreach Worker #2 [contractor]	75,337	37,669	0	0	0	37,668
West County Health Centers WPC [contractor]	100,425	50,212	0	0	0	50,213

Category/Program	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Sonoma County Indian Health Project - Community Programs [contractor]	81,040	81,040	0	0	0	0
CSS Planning	77,038	53,538	0	0	0	23,500
CSS Administration	1,913,077	1,913,077	0	0	0	0
CSS MHSA Housing Program Assigned Funds	0	0	0	0	0	0
Total CSS Program Estimated Expenditures	**23,038,449**	**15,092,567**	**4,845,605**	**0**	**400,000**	**2,700,277**

FY 20-21 Estimated Prevention and Early Intervention (PEI) Funding and Expenditures

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

Category/Program	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
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]	308,169	308,169	0	0	0	0
Access and Linkage to Treatment						
DHS-BHD Youth Access Team	1,962,365	758,163	1,039,507	102,560	0	62,135
DHS-BHD Adult Access Team	2,021,049	1,134,341	733,695	0	0	153,013
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						
Buckelew Programs - North Bay Suicide Prevention Program [contractor]	160,000	160,000	0	0	0	0
Outreach for Increasing Recognition of Early Signs of Mental Illness						
Crisis Intervention Training (CIT) with Law Enforcement Personnel	19,500	19,500	0	0	0	0
PEI Planning	20,140	13,997	0	0	0	6,143
PEI Administration	500,117	500,117	0	0	0	0

Category/Program	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Assigned Funds (CalMHSA Statewide PEI Project)	167,644	167,644	0	0	0	0
Total PEI Program Estimated Expenditures	**6,022,900**	**3,925,847**	**1,773,202**	**102,560**	**0**	**221,291**

FY 20-21 Estimated Innovation (INN) Funding and Expenditures

Category/Program	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
DHS-BHD - ACCESS (Accessing Coordinated Care and Empowering Self Sufficiency) Sonoma - Diversion Cohort	971,754	971,754	0	0	0	0
Early Learning Institute - Instructions Not Included (INI) - Dads Matter	230,382	230,382	0	0	0	0
Buckelew, Aldea Children & Family Services, On the Move and UC Davis - Early Psychosis Learning Health Care Network (EP LHCN) - Elizabeth Morgan Brown One Mind ASPIRe Program of Sonoma County	187,148	187,148	0	0	0	0
On the Move, La Plaza, Humanidad, Raizes Collective and Latino Service Providers - Nuestra Cultura Cura Social Innovations Lab	278,071	278,071	0	0	0	0

Category/Program	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Sonoma County Human Services Department & Santa Rosa Community Health Clinics - Collaborative Care Enhanced Recovery Project (CCERP)	319,866	319,866	0	0	0	0
First 5 Sonoma County - New Parent TLC	164,773	164,773	0	0	0	0
DHS-BHD & TBD - Diversion Transitional Housing	150,000	150,000	0	0	0	0
INN Planning	8,423	5,854	0	0	0	2,569
INN Administration	209,215	209,215	0	0	0	0
Total INN Program Estimated Expenditures	**2,519,632**	**2,517,063**	**0**	**0**	**0**	**2,569**

FY 20-21 Estimated Workforce, Education and Training (WET) Funding and Expenditures

Category/Program	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
West County Community Services - Peer Education and Training [contractor]	139,414	139,414	0	0	0	0
DHS-BHD WET Activities	20,000	0	0	0	0	20,000
WET Planning	583	405	0	0	0	178
WET Administration	14,489	14,489	0	0	0	0

Category/Program	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Total WET Program Estimated Expenditures	174,486	154,308	0	0	0	20,178

FY 20-21 Estimated Capital Facilities and Technological Needs (CFTN) Funding and Expenditures

Category/Program	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Technological Needs Projects						
Avatar Electronic Health Record (EHR) – Netsmart	1,032,034	1,032,034	0	0	0	0
Sonoma Web Infrastructure for Treatment Services (SWITS) - FEI	2,000	2,000	0	0	0	0
Data Collection and Reporting (DCAR) – AJW	35,000	35,000	0	0	0	0
CFTN Planning	3,913	2,724	0	0	0	1,189
CFTN Administration	97,149	97,149	0	0	0	0
Total CFTN Program Estimated Expenditures	1,170,096	1,168,907	0	0	0	1,189

FY 21-22 Estimated Funding and Expenditures Summary[48]

Category	Community Services & Supports	Prevention & Early Intervention	Innovation	Workforce Education & Training	Capital Facilities & Technological Needs	Prudent Reserve
A. Estimated FY 21-22 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	8,802,005	3,238,023	849,225	0	0	
2. Estimated New FY 21-22 Funding	19,120,301	4,780,075	1,257,915			
3. Transfer in FY 21-22[49]	(1,323,380)			154,330	1,169,050	0
4. Access Local Prudent Reserve in FY 21-22	0	0				0
5. Estimated Available Funding for FY 21-22	26,598,926	8,018,098	2,107,140	154,330	1,169,050	
B. Estimated FY 21-22 MHSA Expenditures	15,095,388	3,923,322	1,347,911	154,330	1,169,050	
C. Estimated FY 21-22 Unspent Fund Balance	11,503,538	4,094,776	759,230	0	0	

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

[48] Some cost of living adjustments are expected in FY 21-22 but are not reflected here. Revenue and expenditure estimates will be revised in the Annual Update for FY 21-22.
[49] Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

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

Category/Program	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
Forensic Assertive Community Treatment (FACT) Team						
Department of Health Services Behavioral Health Division (DHS-BHD)	986,298	422,689	498,128	0	0	65,481
Buckelew Programs - FACT - Independent Living Skills (ILS) [contractor]	160,908	51,104	109,804	0	0	0
Family Advocacy, Stabilization & Support Team (FASST)						
DHS-BHD	2,493,603	1,803,128	642,597	0	0	47,878
Seneca Family of Agencies [contractor]	245,000	109,637	135,363	0	0	0
Lifeworks of Sonoma County [contractor]	150,000	67,380	82,620	0	0	0
Social Advocates for Youth (SAY) [contractor]	245,000	245,000	0	0	0	0
TBD - FASST supportive services [contractor]	175,000	175,000	0	0	0	0
Integrated Recovery Team (IRT)						
DHS-BHD	1,246,267	904,837	332,632	0	0	8,798
Older Adult Intensive Team (OAIT)						
DHS-BHD	985,345	763,800	216,026	0	0	5,519
Transition Age Youth (TAY) Team						

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	701,690	520,720	168,228	0	0	12,742
Buckelew Programs - TAY - Sonoma County Independent Living (SCIL) [contractor]	100,811	40,113	60,698	0	0	0
SAY - Tamayo Village [contractor]	164,500	72,051	92,449	0	0	0
VOICES [contractor]	238,587	0	0	0	0	238,587
Adult Full Service Partnership (AFSP)						
DHS-BHD	1,398,570	1,058,140	333,541	0	0	6,889
TBD [contractor]	1,256,882	0	456,500	0	400,000	400,382
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	199,450	0	0	0	3,948
Buckelew Programs - Family Service Coordination [contractor]	77,993	77,993	0	0	0	0
West County Community Services (WCCS) - Interlink Self Help Center [contractor]	396,277	0	0	0	0	396,277
WCCS - Wellness and Advocacy Center [contractor]	685,000	685,000	0	0	0	0
WCCS - Petaluma Peer Recovery Center [contractor]	74,706	74,706	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
WCCS - Russian River Empowerment Center [contractor]	166,000	166,000	0	0	0	0
DHS-BHD Mobile Support Team (MST)	1,339,440	981,972	0	0	0	357,468
Support Our Students (SOS) Community Counseling - MST Internship Program [contractor]	212,672	206,942	0	0	0	5,730
WCCS - MST Peer Support Specialist [contractor]	44,533	44,533	0	0	0	0
DHS-BHD Collaborative Treatment and Recovery Team (CTRT)	617,534	108,889	494,676	0	0	13,969
Buckelew Programs - CTRT System Navigation [contractor]	600,000	600,000	0	0	0	0
DHS-BHD Community Mental Health Centers	2,454,583	1,167,959	1,222,343	0	0	64,281
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	67,500	0	0	0	0
WCCS - Crisis Support [contractor]	10,000	10,000	0	0	0	0
Outreach and Engagement (OE)						
DHS-BHD Whole Person Care (WPC)	1,882,033	1,471,358	0	0	0	410,675

Category/Program	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Alexander Valley Healthcare WPC [contractor]	126,029	63,014	0	0	0	63,015
Alliance Medical Center WPC [contractor]	85,000	42,500	0	0	0	42,500
Drug Abuse Alternatives Center WPC [contractor]	136,500	68,250	0	0	0	68,250
WCCS WPC Peer Outreach Worker #1 [contractor]	89,500	89,500	0	0	0	0
Petaluma Health Care District WPC Peer Outreach Worker [contractor]	98,362	49,181	0	0	0	49,181
Petaluma Health Center WPC [contractor]	161,300	80,650	0	0	0	80,650
Reach for Home WPC Peer Outreach Worker [contractor]	86,417	43,209	0	0	0	43,208
Santa Rosa Community Health Centers WPC [contractor]	201,414	100,707	0	0	0	100,707
Sonoma County HSD WPC [contractor]	150,000	107,629	0	0	0	42,371
Sonoma County Probation Department WPC [contractor]	27,500	13,750	0	0	0	13,750
Sonoma Valley Community Health Center WPC [contractor]	93,280	46,640	0	0	0	46,640
WCCS WPC Peer Outreach Worker #2 [contractor]	75,337	37,669	0	0	0	37,668
West County Health Centers WPC [contractor]	100,425	50,212	0	0	0	50,213

Category/Program	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Sonoma County Indian Health Project - Community Programs [contractor]	81,040	81,040	0	0	0	0
CSS Planning	79,859	56,359	0	0	0	23,500
CSS Administration	1,913,077	1,913,077	0	0	0	0
CSS MHSA Housing Program Assigned Funds	0	0	0	0	0	0
Total CSS Program Estimated Expenditures	**23,041,270**	**15,095,388**	**4,845,605**	**0**	**400,000**	**2,700,277**

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

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

Category/Program	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
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]	308,169	308,169	0	0	0	0
Access and Linkage to Treatment						
DHS-BHD Youth Access Team	1,962,365	758,163	1,039,507	102,560	0	62,135
DHS-BHD Adult Access Team	2,021,049	1,134,341	733,695	0	0	153,013
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						
Buckelew Programs - North Bay Suicide Prevention Program [contractor]	160,000	160,000	0	0	0	0
Outreach for Increasing Recognition of Early Signs of Mental Illness						
Crisis Intervention Training (CIT) with Law Enforcement Personnel	16,250	16,250	0	0	0	0
PEI Planning	20,865	14,722	0	0	0	6,143
PEI Administration	500,117	500,117	0	0	0	0

Category/Program	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Assigned Funds (CalMHSA Statewide PEI Project)	167,644	167,644	0	0	0	0
Total PEI Program Estimated Expenditures	**6,020,375**	**3,923,322**	**1,773,202**	**102,560**	**0**	**221,291**

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

Category/Program	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
DHS-BHD - ACCESS (Accessing Coordinated Care and Empowering Self Sufficiency) Sonoma - Diversion Cohort	20,674	20,674	0	0	0	0
Early Learning Institute - Instructions Not Included (INI) - Dads Matter	227,639	227,639	0	0	0	0
Buckelew, Aldea Children & Family Services, On the Move and UC Davis - Early Psychosis Learning Health Care Network (EP LHCN) - Elizabeth Morgan Brown One Mind ASPIRe Program of Sonoma County	143,517	143,517	0	0	0	0
On the Move, La Plaza, Humanidad, Raizes Collective and Latino Service Providers - Nuestra Cultura Cura Social Innovations Lab	254,088	254,088	0	0	0	0

Category/Program	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Sonoma County Human Services Department & Santa Rosa Community Health Clinics - Collaborative Care Enhanced Recovery Project (CCERP)	332,602	332,602	0	0	0	0
First 5 Sonoma County - New Parent TLC	114,107	114,107	0	0	0	0
DHS-BHD & TBD - Diversion Transitional Housing	150,000	150,000	0	0	0	0
INN Planning	4,715	2,146	0	0	0	2,569
INN Administration	103,138	103,138	0	0	0	0
Total INN Program Estimated Expenditures	**1,350,480**	**1,347,911**	**0**	**0**	**0**	**2,569**

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

Category/Program	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
West County Community Services - Peer Education and Training [contractor]	139,414	139,414	0	0	0	0
DHS-BHD WET Activities	20,000	0	0	0	0	20,000
WET Planning	605	427	0	0	0	178
WET Administration	14,489	14,489	0	0	0	0

Category/Program	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Total WET Program Estimated Expenditures	**174,508**	**154,330**	**0**	**0**	**0**	**20,178**

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

Category/Program	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Technological Needs Projects						
Avatar Electronic Health Record (EHR) – Netsmart	1,032,034	1,032,034	0	0	0	0
Sonoma Web Infrastructure for Treatment Services (SWITS) - FEI	2,000	2,000	0	0	0	0
Data Collection and Reporting (DCAR) – AJW	35,000	35,000	0	0	0	0
CFTN Planning	4,056	2,867	0	0	0	1,189
CFTN Administration	97,149	97,149	0	0	0	0
Total CFTN Program Estimated Expenditures	**1,170,239**	**1,169,050**	**0**	**0**	**0**	**1,189**

FY 22-23 Estimated Funding and Expenditures Summary[50]

Category	Community Services & Supports	Prevention & Early Intervention	Innovation	Workforce Education & Training	Capital Facilities & Technological Needs	Prudent Reserve
A. Estimated FY 22-23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	11,503,538	4,094,776	759,230	0	0	
2. Estimated New FY 22-23 Funding	19,120,301	4,780,075	1,257,915			
3. Transfer in FY 22-23[51]	(1,323,388)			154,331	1,169,057	0
4. Access Local Prudent Reserve in FY 22-23	0	0				0
5. Estimated Available Funding for FY 22-23	29,300,451	8,874,851	2,017,145	154,331	1,169,057	
B. Estimated FY 22-23 MHSA Expenditures	15,095,533	3,923,360	1,290,701	154,331	1,169,057	
C. Estimated FY 22-23 Unspent Fund Balance	14,204,918	4,951,491	726,444	0	0	

D. Estimated Local Prudent Reserve Balance	Amount
1. Estimated Local Prudent Reserve Balance on June 30, 2022	944,981
2. Contributions to the Local Prudent Reserve in FY 22-23	0
3. Distributions from the Local Prudent Reserve in FY 22-23	0
4. Estimated Local Prudent Reserve Balance on June 30, 2023	944,981

[50] Some cost of living adjustments are expected in FY 22-23 but are not reflected here. Revenue and expenditure estimates will be revised in the Annual Update for FY 22-23.
[51] Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

FY 22-23 Estimated Community Services and Supports (CSS) Funding and Expenditures

Category/Program	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
Forensic Assertive Community Treatment (FACT) Team						
Department of Health Services Behavioral Health Division (DHS-BHD)	986,298	422,689	498,128	0	0	65,481
Buckelew Programs - FACT - Independent Living Skills (ILS) [contractor]	160,908	51,104	109,804	0	0	0
Family Advocacy, Stabilization & Support Team (FASST)						
DHS-BHD	2,493,603	1,803,128	642,597	0	0	47,878
Seneca Family of Agencies [contractor]	245,000	109,637	135,363	0	0	0
Lifeworks of Sonoma County [contractor]	150,000	67,380	82,620	0	0	0
Social Advocates for Youth (SAY) [contractor]	245,000	245,000	0	0	0	0
TBD - FASST supportive services [contractor]	175,000	175,000	0	0	0	0
Integrated Recovery Team (IRT)						
DHS-BHD	1,246,267	904,837	332,632	0	0	8,798
Older Adult Intensive Team (OAIT)						
DHS-BHD	985,345	763,800	216,026	0	0	5,519
Transition Age Youth (TAY) Team						

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	701,690	520,720	168,228	0	0	12,742
Buckelew Programs - TAY - Sonoma County Independent Living (SCIL) [contractor]	100,811	40,113	60,698	0	0	0
SAY - Tamayo Village [contractor]	164,500	72,051	92,449	0	0	0
VOICES [contractor]	238,587	0	0	0	0	238,587
Adult Full Service Partnership (AFSP)						
DHS-BHD	1,398,570	1,058,140	333,541	0	0	6,889
TBD [contractor]	1,256,882	0	456,500	0	400,000	400,382
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	199,450	0	0	0	3,948
Buckelew Programs - Family Service Coordination [contractor]	77,993	77,993	0	0	0	0
West County Community Services (WCCS) - Interlink Self Help Center [contractor]	396,277	0	0	0	0	396,277
WCCS - Wellness and Advocacy Center [contractor]	685,000	685,000	0	0	0	0
WCCS - Petaluma Peer Recovery Center [contractor]	74,706	74,706	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
WCCS - Russian River Empowerment Center [contractor]	166,000	166,000	0	0	0	0
DHS-BHD Mobile Support Team (MST)	1,339,440	981,972	0	0	0	357,468
Support Our Students (SOS) Community Counseling - MST Internship Program [contractor]	212,672	206,942	0	0	0	5,730
WCCS - MST Peer Support Specialist [contractor]	44,533	44,533	0	0	0	0
DHS-BHD Collaborative Treatment and Recovery Team (CTRT)	617,534	108,889	494,676	0	0	13,969
Buckelew Programs - CTRT System Navigation [contractor]	600,000	600,000	0	0	0	0
DHS-BHD Community Mental Health Centers	2,454,583	1,167,959	1,222,343	0	0	64,281
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	67,500	0	0	0	0
WCCS - Crisis Support [contractor]	10,000	10,000	0	0	0	0
Outreach and Engagement (OE)						
DHS-BHD Whole Person Care (WPC)	1,882,033	1,471,358	0	0	0	410,675

Category/Program	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Alexander Valley Healthcare WPC [contractor]	126,029	63,014	0	0	0	63,015
Alliance Medical Center WPC [contractor]	85,000	42,500	0	0	0	42,500
Drug Abuse Alternatives Center WPC [contractor]	136,500	68,250	0	0	0	68,250
WCCS WPC Peer Outreach Worker #1 [contractor]	89,500	89,500	0	0	0	0
Petaluma Health Care District WPC Peer Outreach Worker [contractor]	98,362	49,181	0	0	0	49,181
Petaluma Health Center WPC [contractor]	161,300	80,650	0	0	0	80,650
Reach for Home WPC Peer Outreach Worker [contractor]	86,417	43,209	0	0	0	43,208
Santa Rosa Community Health Centers WPC [contractor]	201,414	100,707	0	0	0	100,707
Sonoma County HSD WPC [contractor]	150,000	107,629	0	0	0	42,371
Sonoma County Probation Department WPC [contractor]	27,500	13,750	0	0	0	13,750
Sonoma Valley Community Health Center WPC [contractor]	93,280	46,640	0	0	0	46,640
WCCS WPC Peer Outreach Worker #2 [contractor]	75,337	37,669	0	0	0	37,668
West County Health Centers WPC [contractor]	100,425	50,212	0	0	0	50,213

Category/Program	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Sonoma County Indian Health Project - Community Programs [contractor]	81,040	81,040	0	0	0	0
CSS Planning	80,004	56,504	0	0	0	23,500
CSS Administration	1,913,077	1,913,077	0	0	0	0
CSS MHSA Housing Program Assigned Funds	0	0	0	0	0	0
Total CSS Program Estimated Expenditures	**23,041,415**	**15,095,533**	**4,845,605**	**0**	**400,000**	**2,700,277**

FY 22-23 Estimated Prevention and Early Intervention (PEI) Funding and Expenditures

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

Category/Program	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
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]	308,169	308,169	0	0	0	0
Access and Linkage to Treatment						
DHS-BHD Youth Access Team	1,962,365	758,163	1,039,507	102,560	0	62,135
DHS-BHD Adult Access Team	2,021,049	1,134,341	733,695	0	0	153,013
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						
Buckelew Programs - North Bay Suicide Prevention Program [contractor]	160,000	160,000	0	0	0	0
Outreach for Increasing Recognition of Early Signs of Mental Illness						
Crisis Intervention Training (CIT) with Law Enforcement Personnel	16,250	16,250	0	0	0	0
PEI Planning	20,903	14,760	0	0	0	6,143
PEI Administration	500,117	500,117	0	0	0	0

Category/Program	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Assigned Funds (CalMHSA Statewide PEI Project)	167,644	167,644	0	0	0	0
Total PEI Program Estimated Expenditures	**6,020,413**	**3,923,360**	**1,773,202**	**102,560**	**0**	**221,291**

FY 22-23 Estimated Innovation (INN) Funding and Expenditures

Category/Program	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
DHS-BHD - ACCESS (Accessing Coordinated Care and Empowering Self Sufficiency) Sonoma - Diversion Cohort	0	0	0	0	0	0
Early Learning Institute - Instructions Not Included (INI) - Dads Matter	231,839	231,839	0	0	0	0
Buckelew, Aldea Children & Family Services, On the Move and UC Davis - Early Psychosis Learning Health Care Network (EP LHCN) - Elizabeth Morgan Brown One Mind ASPIRe Program of Sonoma County	143,517	143,517	0	0	0	0
On the Move, La Plaza, Humanidad, Raizes Collective and Latino Service Providers - Nuestra Cultura Cura Social Innovations Lab	204,427	204,427	0	0	0	0

Category/Program	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Sonoma County Human Services Department & Santa Rosa Community Health Clinics - Collaborative Care Enhanced Recovery Project (CCERP)	346,089	346,089	0	0	0	0
First 5 Sonoma County - New Parent TLC	114,107	114,107	0	0	0	0
DHS-BHD & TBD - Diversion Transitional Housing	150,000	150,000	0	0	0	0
INN Planning	4,523	1,954	0	0	0	2,569
INN Administration	98,768	98,768	0	0	0	0
Total INN Program Estimated Expenditures	**1,293,270**	**1,290,701**	**0**	**0**	**0**	**2,569**

FY 22-23 Estimated Workforce, Education and Training (WET) Funding and Expenditures

Category/Program	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
West County Community Services - Peer Education and Training [contractor]	139,414	139,414	0	0	0	0
DHS-BHD WET Activities	20,000	0	0	0	0	20,000
WET Planning	606	428	0	0	0	178
WET Administration	14,489	14,489	0	0	0	0

Category/Program	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Total WET Program Estimated Expenditures	**174,509**	**154,331**	**0**	**0**	**0**	**20,178**

FY 22-23 Estimated Capital Facilities and Technological Needs (CFTN) Funding and Expenditures

Category/Program	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Technological Needs Projects						
Avatar Electronic Health Record (EHR) – Netsmart	1,032,034	1,032,034	0	0	0	0
Sonoma Web Infrastructure for Treatment Services (SWITS) - FEI	2,000	2,000	0	0	0	0
Data Collection and Reporting (DCAR) – AJW	35,000	35,000	0	0	0	0
CFTN Planning	4,063	2,874	0	0	0	1,189
CFTN Administration	97,149	97,149	0	0	0	0
Total CFTN Program Estimated Expenditures	**1,170,246**	**1,169,057**	**0**	**0**	**0**	**1,189**

MHSA Annual Program Report for FY 18-19

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.[52]

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[52] 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 18-19, there were **405** 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 18-19 (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			↓ 67% After 1 year ↓ 83% After 2 years	↓ 56% After 1 year ↓ 72% After 2 years	↓ 56% After 1 year ↓ 78% After 2 years
Emergency Shelter Use			↑ 22% After 1 year ↓ 67% After 2 years	↓ 8% After 1 year ↓ 22% After 2 years	↓ 33% After 1 year ↓ 50% After 2 years
Group Homes & Community Treatment			↓ 20% After 1 year ↓ 100% After 2 years		
Arrests			↓ 74% After 1 year ↓ 100% After 2 years	↓ 88% After 1 year ↓ 90% After 2 years	↓ 100% After 1 year ↓ 67% After 2 years
Psychiatric Hospitalization		↓ 100% After 1 year	↓ 76% After 1 year ↓ 91% After 2 years	↓ 68% After 1 year ↓ 73% After 2 years	↓ 10% After 1 year ↓ 30% After 2 years
Mental Health Emergency Events		↓ 85% After 1 year	↓ 69% After 1 year ↓ 90% After 2 years	↓ 72% After 1 year ↓ 81% After 2 years	↓ 36% After 1 year ↓ 55% 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 who have not responded to traditional levels of service.

In FY 18-19, this program included contracted services from:

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

Total unique clients served in FY 18-19: **59**
Total unique clients that were also served by Sunny Hills Services in FY 18-19: **51**

FY 18-19 Demographics:

Age	Percentage
0 to 15	**52.5%**
16 to 25	47.5%

Race	Percentage
White	**54.2%**
Other race	37.3%
Black/African-American	3.4%

Race	Percentage
Multiple categories	3.4%
Not reported	1.7%

Ethnicity	Percentage
Not Hispanic	**45.8%**
Hispanic/Latino	**45.8%**
Not reported	6.8%
Unknown	1.7%

Language	Percentage
English	**49.2%**
Not reported	47.5%
Other language	3.4%

Gender	Percentage
Female	**62.7%**
Male	37.3%

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)
- Social Advocates for Youth (SAY) – Tamayo Village (housing)
- VOICES Youth Center (peer support and mentoring)

Total unique clients served in FY 18-19: **53**
Total unique clients that were also served by Buckelew TAY-SCIL in FY 18-19: **12**
Total unique clients that were also served by SAY Tamayo Village in FY 18-19: **12**

Total unique clients that were also served by VOICES in FY 18-19: **45**

FY 18-19 Demographics:

Age	Percentage
16 to 25	**83.0%**
26 to 59	17.0%

Race	Percentage
White	**60.4%**
Other Race	22.6%
Multiple categories	9.4%
Black/African-American	7.5%

Ethnicity	Percentage
Not Hispanic	**54.7%**
Hispanic/Latino	37.7%
Unknown	7.5%

Language	Percentage
English	**94.3%**
Other language	3.8%
Not reported	1.9%

Gender	Percentage
Male	**60.4%**
Female	37.7%
Another gender identity	1.9%

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 18-19: **66**
Total unique clients that were also served by Buckelew FACT-ILS in FY 18-19: **18**

FY 18-19 Demographics:

Age	Percentage
26 to 59	**90.9%**
60+	4.5%
16 to 25	4.5%

Race	Percentage
White	**80.3%**
Other race	12.1%
Multiple categories	7.6%

Ethnicity	Percentage
Not Hispanic	**74.2%**
Hispanic/Latino	13.6%
Unknown	6.1%
Not reported	6.1%

Language	Percentage
English	**90.9%**
Not reported	7.6%
Other language	1.5%

Gender	Percentage
Male	**66.7%**
Female	33.3%

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 18-19: **152**

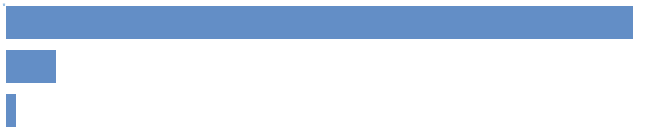
FY 18-19 Demographics:

Age	Percentage
26 to 59	**92.8%**
60+	7.2%

Race	Percentage
White	**80.3%**
Multiple categories	9.2%
Other race	7.9%
Not reported	2.6%

Ethnicity	Percentage
Not Hispanic	**77.6%**
Hispanic/Latino	8.6%
Not reported	8.6%
Unknown	5.3%

Language	Percentage
English	**91.4%**
Not reported	7.2%
Other language	1.3%



Gender	Percentage
Male	**61.8%**
Female	38.2%

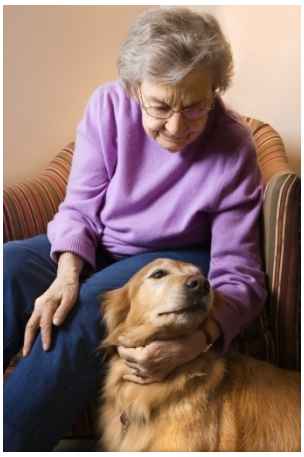
Adult Full Service Partnership (AFSP)

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.

The AFSP will begin services in FY 19-20.

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 (only active through Calendar Year 2018)

Total unique clients served in FY 18-19: **79**

FY 18-19 Demographics:

Age	Percentage
60+	**100.0%**

Race	Percentage
White	**92.41%**
Multiple categories	6.33%
Not reported	1.27%

Ethnicity	Percentage
Not Hispanic	**88.6%**
Unknown	3.8%
Hispanic/Latino	3.8%
Not reported	3.8%

Language	Percentage
English	**98.7%**
Not reported	1.3%

Gender	Percentage
Female	**58.2%**
Male	41.8%

Council on Aging – Senior Peer Support

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

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

Total number served in FY 18-19 (aggregate of quarterly reports): **96**

FY 18-19 Demographics:

Age	Percentage
60+	**100.0%**

Race/Ethnicity	Percentage
White	**93.8%**
Multiple categories	6.3%

Language	Percentage
English	**100.0%**

Gender	Percentage
Female	**77.1%**
Male	21.9%
Declined to state	1.0%

Performance Outcomes/Notable Accomplishments in FY 18-19:

- Number of COA website Pageviews: Approximately **70,000**

- Number of new clients assessed: **31**
- Number of Sonoma Seniors Today newspapers that go out monthly: **8,500**
- Average number of fliers that go out quarterly with every case manager: **300**

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.

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

Total number served in FY 18-19 (aggregate of quarterly reports): **326**

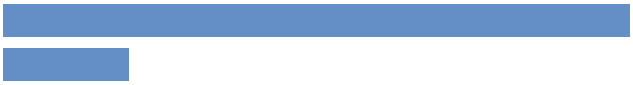
FY 18-19 Demographics:

Age	Percentage
60+	**100.0%**

Race/Ethnicity	Percentage
White	**91.2%**
Hispanic	4.9%
Multiple categories	2.1%
Multi	0.9%
Another race/ethnicity	0.9%

Language	Percentage
English	**99.7%**
Another language	0.3%

Gender	Percentage
Female	**83.4%**
Male	16.6%



Performance Outcomes/Notable Accomplishments in FY 18-19:

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

Statement	% that Strongly Agree or Agree
I enjoy volunteering as a Senior Peer Counselor.	96%
I have learned a lot of mental health issues through the peer counseling training and supervision.	93%
I feel that I have received enough support from the WCCS staff.	96%
My participation in SPC has helped me gain insight into my own life and issues.	92%
My life is enhanced through my participation in the SPC program.	93%
I believe my input and ideas for making the SPC program stronger are valued and utilized.	85%

Ranking of components of the SPC program:

Component	Extremely valuable	Valuable	Neutral	Not useful
Group supervision for seeing clients 1:1	48%	52%	0%	0%
Group supervision for group facilitators	71%	29%	0%	0%
Training	62%	38%	0%	0%
Small group discussion/sharing/active listening	42%	31%	27%	0%
Availability of WCCS staff for consultation	77%	23%	0%	0%

Quotes from Senior Peer Counselors (SPCs):

The best thing about being a SPC is:

- "Helping seniors cope with problems relative to our aging"

- "Connecting with people truly. Learning to listen to understand and follow them on their path. Joy of connections with clients and staff."
- "I enjoy the camaraderie of the group. While I don't know everyone well, I have spent time with a number of people in the group and feel a strong connection with them. I also enjoy the wide range of clients I've had over the years, some easy and some not so easy, but all have allowed me to reflect on my own aging process and circumstances. I am grateful for the opportunity to share in their lives and help them find something positive that enables them to keep going."

Other comments:

- "This is a remarkable program addressing needs of underserved population. I'm proud to be part of it, and appreciate our supervisors (a lot!!) and the services we provide."
- "I basically feel this program is really great. I feel that all to most volunteers are high quality, very caring people. The training provided once per month is generally very relevant and I feel Vicki and Melissa are up on the groups need/desire for training in areas related to seniors. I like the current format where individual SPCs discuss the closings with clients. That has been really revealing. Excellent trainings (last few especially)."

Jewish Family and Children's Services – Caring Connections

Jewish Family and Children's Services
OF SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES
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 18-19 (aggregate of quarterly reports): **8**

FY 18-19 Demographics:

(Data suppressed due to small cell counts)

Performance Outcomes/Notable Accomplishments in FY 18-19:

Volunteers worked one-on-one with their clients to achieve client-centered goals. A majority of CC clients identified greater community involvement as a general goal. Unique and specific goals included:

- Increase comfort in visiting and using main Santa Rosa library
- Increase familiarity with and eventual use of Bennett Valley Senior Center
- Increase knowledge and use of local no/low cost food sources
- Hire a 'good fit' In Home Supportive Services (IHSS) worker
- Identify, refer and schedule community no cost mental health provider (peer counseling/older adult counselor/Medicare therapist)
- Identify 1-2 community venues where client can play piano to an audience once every 2-3 months

One client expressed that their participation in the CC program has given them increased feelings of hope, excitement and gratitude.

General Systems Development (GSD)

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

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

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

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

Total number served in FY 18-19 (aggregate of quarterly reports): **2,397**

FY 18-19 Demographics:

Age	Percentage
60+	**47.0%**
26 to 59	38.6%

Age	Percentage
16 to 25	7.5%
Missing data	4.1%
Declined to state	2.8%

Race/Ethnicity	Percentage
White	**70.2%**
Multi	9.8%
Hispanic	8.7%
Missing data	6.7%
African American	1.4%
Declined to state	1.3%
Asian	0.9%
Native American	0.7%
Multiple categories	0.4%

Language	Percentage
English	**95.8%**
Spanish	4.0%
Missing data	0.1%
Another language	0.04%

Gender	Percentage
Female	**63.0%**
Male	33.4%
Transgender	2.1%
Missing data	1.2%
Declined to state	0.3%
Another gender identity	0.04%

Performance Outcomes/Notable Accomplishments in FY 18-19:

- Number of new families referred to NAMI by MST: Over **57**
- Number of new incoming calls received by the Warmline: Over **318**
- Number of follow-up calls made to check on previous Warmline callers: Over **368**
- Number of Family Support Group sessions: Over **35**
- Number of *Familia a Familia* (Spanish speaking) sessions: Over **8**
- Educational presentations for Community-Based Organizations: **41**
- Community mental health awareness events: **26**

- Mental health education presentations to high school students or parents, teachers and school personnel: **18**

During FY 18-19, NAMI presentations included, but were not limited to, the following:

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

Buckelew Programs – Family Service Coordination (FSC)

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

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

In FY 19-20, this program will not utilize MHSA funding, but will continue through other funding sources. Starting in FY 20-21, this program will again utilize MHSA funding.

Total number served in FY 18-19 (aggregate of quarterly reports): **614**

FY 18-19 Demographics:

Age	Percentage
Missing data	**52.9%**
60+	25.2%
26 to 59	21.0%

Age	Percentage
16 to 25	0.8%

Race/Ethnicity	Percentage
Missing data	**55.5%**
White	32.6%
Multiple categories	3.9%
Multi	3.4%
Hispanic	2.6%
Other	2.0%

Language	Percentage
Missing data	**55.0%**
English	44.0%
Other language	1.0%

Gender	Percentage
Missing data	**51.8%**
Female	34.4%
Male	13.8%

Performance Outcomes/Notable Accomplishments in FY 18-19:

In FY 18-19, FSC received and made contact with 83 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 **(100%)**
- At-risk behavior **(88%)**
- Hospitalization **(88%)**
- Homelessness **(79%)**
- Incarceration **(67%)**

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	73
West County Care and Share in Sebastopol	18
Family Resource Clinic (with bilingual support)	72
A Safe Place to Land Support Group	11
Petaluma Family Education and Support	28

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

Category	Goal	Target %	18-19 %
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%	**94%**
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%	**100%**
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%	**88%**

Category	Goal	Target %	18-19 %
Education and Support	Families will report always or often engaging in additional support groups.	50%	**86%**
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%	**99%**
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%	**92%**
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%	**88%**

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.

Starting 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 18-19 (aggregate of quarterly reports): **202**

FY 18-19 Demographics:

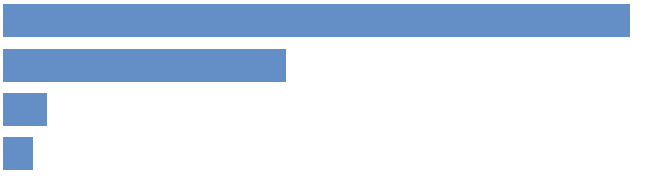
Age	Percentage
26 to 59	**63.9%**
60+	30.7%
16 to 25	3.0%
Declined to state	2.0%
Missing data	0.5%

Race/Ethnicity	Percentage
White	**75.7%**
Multiple categories	8.9%
Multi	6.4%
Other	5.0%
Declined to state	2.5%
Missing data	1.5%

Language	Percentage
English	**89.1%**
Declined to state	4.0%
Another language	3.5%

Language	Percentage
Missing data	3.5%

Gender	Percentage
Male	**63.9%**
Female	28.7%
Another gender identity	4.5%
Declined to state	3.0%



Performance Outcomes/Notable Accomplishments in FY 18-19:

Measure	Total Number
# of in house or outside socialization/recreational activities	370
# of attendees of in house or outside socialization/recreational activities	3,211
# of outreach or educational presentations	68
# of attendees of outreach or educational presentations	1,023
# of peer counseling sessions	13,824
# of attendees of support, education, information and creativity groups	11,666
# of individual integrated mental health and substance abuse sessions	4,357
# of group integrated mental health and substance abuse sessions	472
# of Warmline calls answered	953
# of linkages to services	933

Socialization/recreational activities included:

- Music Groups
- Art Journaling
- Movies
- Raffles
- Birthday Celebrations
- Comedy Improv Groups
- Game Days
- Karaoke Groups
- Ice Cream Socials
- Holiday Meals/Celebrations
- Barbecues
- Meditation Groups
- Bingo

- TED Talks
- Walks

Quotes from Interlink members:

- "Provides a drug and alcohol [free] and emotionally safe environment with many self-enriching groups and activities"
- "It has helped me understand myself and others better. Provides opportunities to meet other people."
- "Interlink is a place where I see all people treated with respect, giving us the tools to move through life."
- "Three years clean and sober because of staff teaching me I was worth it"
- "All these centers are vital. I'm a huge proponent of this Center and the peer movement. Thank you!"

Goodwill Industries of the Redwood Empire – Wellness and Advocacy Center

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

In FY 19-20, this program will not utilize MHSA funding, but will continue through other funding sources. Starting in FY 20-21 this program will once again utilize MHSA funding.

Total service contacts in FY 18-19: **41,564**
(Demographics below are for new members)

FY 18-19 Demographics:

Age	Percentage
26 to 59	**75.9%**
60+	15.4%

Age	Percentage
16 to 25	6.4%
Declined to state	1.6%
Missing data	0.6%

Race/Ethnicity	Percentage
White	**58.8%**
Multi	17.7%
Hispanic	7.1%
African American	5.1%
Declined to state	3.9%
Multiple categories	3.9%
Another race/ethnicity	3.2%
Missing data	0.3%

Language	Percentage
English	**78.5%**
Missing data	14.5%
Declined to state	3.5%
Another language	3.5%

Gender	Percentage
Male	**54.0%**
Female	41.8%
Declined to state	2.3%
Another gender identity	1.6%
Missing data	0.3%

Performance Outcomes/Notable Accomplishments in FY 18-19:

Measure	Total Number
# of computer lab participants	3,042
# of arts and crafts program participants	3,615
# of speaker's group participants	174
# of self-help support groups	921
# of attendees of self-help support groups	9,282

Measure	Total Number
# of job search and employment readiness classes	42
# of attendees of job search and employment readiness classes	486
# of individual peer support sessions	3,489
# of social activities	385
# of attendees of social activities	3,847
# of outreach presentations/activities	138

Peer-led support groups included:

- Peer Support Group
- Walking through Depression
- Visions and Voices
- Empowering Ourselves Toward Success
- Healing Through Writing,
- Self-Advocacy
- I am More Than
- Tools 4 Recovery
- Empowering Ourselves Toward Success
- Healing Through Writing
- Apoyo Mutuo
- Brightside
- End of Year Blues

The Wellness and Advocacy Center moved on August 3, 2018 to 2245 Challenger Way, Suite 104 and reopened on August 13, 2018 as part of the new Hub. At the conclusion of the fiscal year, the Center had successfully doubled nearly every aspect of the program including attendance, individual peer support, number of groups, and total instances of service.

A stakeholder focus group about the Center was conducted and responses included:

- "A home away from home"
- "A resource, so when County clients are discharged, they have resources to reintegrate into the community"
- "Helps curb isolation and loneliness"
- "Has safety, which is something members are grateful for"

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. Starting in FY 20-21 this program will once again utilize MHSA funding.

Total number served in FY 18-19 (aggregate of quarterly reports): **241**

FY 18-19 Demographics:

Age	Percentage
26 to 59	**75.5%**
60+	16.2%
16 to 25	8.3%

Race/Ethnicity	Percentage
White	**55.6%**
Asian	16.6%
Hispanic	13.7%
Multiple categories	8.3%
Missing data	2.9%
Declined to state	1.2%
Multi	0.8%
Another race/ethnicity	0.8%

Language	Percentage
English	**82.6%**
Spanish	8.3%
Declined to state	7.1%
Another language	2.1%

Gender	Percentage
Female	**51.5%**
Male	48.1%
Missing data	0.4%

Performance Outcomes/Notable Accomplishments in FY 18-19:

- Number of attendees of Peer Support and Education Groups: **1,016**
- Number of lecture/forum participants: **154**
- Number of workshop/art room participants: **156**
- Number of socialization activity participants: **1,217**
- Number of outreach events: **75**
- Number of attendees of outreach events: **1,005**

Groups included:

- Calming Our Anxiety
- SMART Goals
- Emotional Balance
- Advocacy
- Positive Thinking
- Health Wealth and Happiness
- TED Talks
- Setting Boundaries
- Depression/Bipolar support group

Activities included:

- Decorating bird houses
- Torn paper mural
- Adult coloring pages
- Collage
- Rubber stamping
- Affirmation cards
- Painting small home accessories
- Clay modeling
- Spin art

Quotes from PPRC members:

- "PPRC is one of very few places I can go and be myself."
- “I have been feeling so bad for so long it feels good to finally be feeling better. I really enjoy coming here. I like to take the class materials home and read them over a couple more times."

- “Having PPRC as a safe place to go to helps me get out of bed in the morning."
- “I am always in the driver’s seat - I get to decide for myself what works for me.”
- “The peer center is somewhere I can talk about my problems and work on possible solutions - I always feel better when I get to share my concerns with someone who is willing to listen to me.”

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 MHSA funding, but will continue through other funding sources. Starting in FY 20-21 this program will once again utilize MHSA funding.

Total number served in FY 18-19 (aggregate of quarterly reports): **138**

FY 18-19 Demographics:

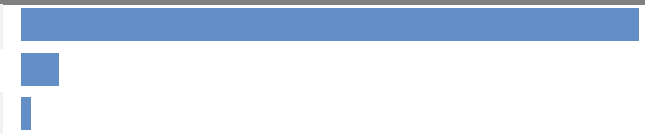
Age	Percentage
26 to 59	**71.0%**
Missing data	21.7%
60+	6.5%
16 to 25	0.7%

Race/Ethnicity	Percentage
White	**73.2%**
Missing data	21.1%
Multiple categories	5.6%

Language	Percentage
English	**97.1%**
Missing data	2.9%

Gender	Percentage
Male	**48.6%**

Gender	Percentage
Female	47.8%
Missing data	2.9%
Another gender identity	0.7%



Performance Outcomes/Notable Accomplishments in FY 18-19:

RREC conducts many groups, activities, workshops and/or seminars each week that allow members to build their tools and skills in the areas of mental and behavioral health. These include staff led, volunteer led and member led groups that approach mental and behavioral health from mental, physical, emotional and spiritual aspects. Members report an increased ability to effectively address the daily and recurring challenges related to mental and behavioral health, including reduced stress, reduced frequency and intensity of depression and/or anxiety and increased satisfaction in their relationships. This has allowed some to gain employment, find housing, and make strides in addressing their addictions or mending relationships.

Socialization is a major part of RREC, as many or most who are chronically challenged by behavioral health issues face stigmatization within their family and the larger community. RREC provides a safe place for them to come and be with others who face the same stigma and gain support from each other. Clients report that having RREC as a place to come allows them to feel accepted in ways that they do not feel anywhere else in their life. By coming to RREC, they are able to relax and relieve the stress that comes from consistent stigmatization and prejudice that they face in their day-to-day life. By building relationships with those with whom they feel safe, they are able to practice and implement relational skills that translate into their relationships outside of RREC.

Since several members have challenges that go beyond the scope of mental and behavioral health, RREC has developed an extensive resource library and network within the community in order to refer them to the appropriate agency to address their additional needs. Many members utilize referrals for medical, housing and employment. RREC has successfully connected members to the crisis counseling clinic, West County Health Center, Catholic Charities Coordinated Entry, as well as other WCCS programs for employment and housing.

In FY 18-19, RREC began providing monthly field trips for members where they can spend time in nature, visit art galleries and museums, or otherwise enjoy time out in the community. Excitement about the field trips continues to grow and members report greater desire to be out in the community together. One great benefit is to take RREC's "safe place" out into the community where members can have interaction with the larger community. By building these positive associations, RREC intends to grow members' comfort level in integrating into social and employment environments.

In FY 18-19, RREC began a newsletter that allowed for informing the community of the program and the services provided, in order to build awareness. In addition, it allows a place for members to share their writings, art, and stories of their life with the larger community.

Members report that it is a great encouragement to have an opportunity to showcase their talents as well as telling their story in a way that informs others.

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 MHSA funding transitioned from the Innovation component to the Community Services and Supports (CSS) component.

Total unique clients served by MST in FY 18-19: **350**
Total number of encounters conducted by MST in FY 18-19: **920**

FY 18-19 Demographics:

Age	Percentage
26 to 59	**47.1%**
16 to 25	20.3%
60+	17.1%
0 to 15	11.7%
Unknown	3.7%

Race	Percentage
Unknown	**52.7%**
White	33.5%
Other	5.1%
Multiple categories	5.1%
Multi-Racial	3.7%

Ethnicity	Percentage
Unknown	**53.7%**
Not Hispanic	37.7%
Hispanic/Latino	8.3%
Declined to state	0.3%

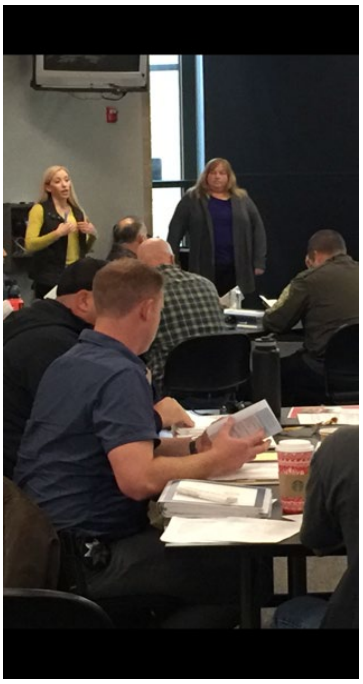
Language	Percentage
English	**91.7%**
Unknown language	6.9%
Another language	1.1%
Not collected	0.3%

Gender	Percentage
Female	**50.6%**
Male	48.3%
Another gender identity	0.9%
Unknown	0.3%

Sexual Orientation	Percentage
Unknown	**78.6%**

Sexual Orientation	Percentage
Heterosexual	18.9%
Another orientation	1.4%
Declined to state	1.1%

Crisis Intervention Training (CIT) for Law Enforcement Personnel



A key approach for crisis response is to develop strategies to train community members to recognize signs and symptoms of mental illness and how to effectively intervene when a crisis occurs.

In March 2008, the Sonoma County Sheriff's Office partnered with 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 2019, DHS-BHD has conducted **21** Crisis Intervention Trainings with over **600** Sonoma County law enforcement personnel, including officers from Sonoma County Sheriff's Office, California Highway Patrol, and police departments from Santa Rosa, Petaluma, Cotati, Rohnert Park, Sonoma Valley, Sebastopol, Cloverdale, Windsor, Healdsburg, and Santa Rosa Junior College. Sonoma County Regional Park Rangers, Dispatchers, and Probation Officers have also participated in this training.

In FY 20-21, the Crisis Intervention Training for Law Enforcement Personnel will be funded by the Prevention and Early Intervention component.

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 18-19:

In FY 18-19, SOS provided monthly trainings on various relevant mental and behavioral health topics. Trainings included:

- "Treating Trauma Masters Series" - The online video training series includes video and audio trainings on understanding and treating trauma, from leading PTSD researchers and treatment providers.
- "Skills of Psychological Recovery" – Staff reported:
    - "I found the SPR technique to be very practical and essential when working with individuals who have experienced a traumatic event."

    - "For me, the biggest take away was that I should choose one skill to work on in a session. As I work with the client on this skill I should be mindful of taking them through the steps slowly so that the client can easily take in the information and retain it."
- SOS Annual All Staff Orientation – Staff reported:
    - "This training gave me a great overview of the organization and provided me tools and clear expectations for working with the clients we serve."
- "Trauma and Skills for Working with Trauma" – Feedback from staff:
    - "I now have new tools to use with clients."
    - "I'll be better at picking up on triggers and be able to help dissociated clients downregulate."

Goodwill Industries of the Redwood Empire – Peer Support Program

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

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

In FY 18-19, services for this contract began in June 2019.

Collaborative Treatment and Recovery Team (CTRT)

The CTRT accepts referrals from the Sonoma County Adult Access Team for clients who are new to the DHS-BHD system and have urgent mental health needs, but who do not meet "target population" criteria for ongoing DHS-BHD services. These individuals can be safely served in other community settings once their urgent needs have been addressed. CTRT services are provided for up to one year, depending on client need. The Care Coordinators' primary role is to frequently re-assess clients' needs, update the client plan, and refer clients to System Navigation to address the specific needs of the clients. All providers work off of a single DHS-BHD client plan. Includes contracted services from:

- Buckelew Programs – System Navigation

Total unique clients served in FY 18-19: **157**

FY 18-19 Demographics:

Age	Percentage
26 to 59	**77.1%**
16 to 25	13.4%
60+	9.6%

Race	Percentage
White	**62.4%**
Other race	15.3%
Not reported	14.6%
Multiple categories	7.6%

Ethnicity	Percentage
Not Hispanic	**54.8%**
Hispanic/Latino	21.7%
Not reported	15.9%
Unknown	7.6%

Language	Percentage
English	**87.9%**
Not reported	8.3%
Other language	3.8%

Gender	Percentage
Female	**63.1%**
Male	36.3%
Another gender identity	0.6%

West County Community Services – Crisis Support/Resources on the River

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 MHSA funding, but will continue through other funding sources. Starting in FY 20-21 this program will once again utilize MHSA funding.

Total number served in FY 18-19 (aggregate of quarterly reports): **188**

FY 18-19 Demographics:

Age	Percentage
26 to 59	**41.0%**
0 to 15	28.7%
60+	19.1%
16 to 25	11.2%

Race/Ethnicity	Percentage
White	**83.0%**
African American	7.4%
Hispanic	7.4%
Multi	1.6%
Another race/ethnicity	0.5%

Language	Percentage
English	**93.1%**
Spanish	6.9%

Gender	Percentage
Female	**66.0%**
Male	34.0%

Performance Outcomes/Notable Accomplishments in FY 18-19:

- WCCS helped three elder adults who have been persistently and chronically homeless for over 20 years get deposit money to move into permanent supportive housing.
- WCCS paid deposits for two adults to move from permanent supportive housing to homes of their own.
- WCCS helped a mentally ill client keep her housing of 14 years by paying an outstanding utility bill. Her apartment manager was threatening to evict her if not paid.
- WCCS paid back rent for a grandmother raising her grandson. Her deck was unsafe and she had to pay for repairs and was unable to pay rent that month. The park manager was requiring her to fix her deck under threat of eviction.
- This client is a single parent of three children. Her children are living with their grandmother because she has a traumatic brain injury from domestic violence. She was living at a safe house after a long stay in hospital. She found a unit for herself and live-in care giver because her HUD voucher came in. WCCS was able to advocate for her with

the landlord and get her a deposit so she could rent this unit where her children are able to walk for a visit.

- WCCS helped a single father of three children. His partner left suddenly. She provided half their income. He was able to get a higher paying job and find another roommate but he got one month behind on his rent. WCCS was able to pay his back rent and enable him to stay in his home and his children to stay at their schools.
- A single mom who lives in a trailer had her floor fall in. She used her rent money to pay for materials and labor to repair her floor. She got behind on her rent as a result. WCCS paid her back rent so she could keep her home.
- 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

Sonoma County Human Services Department – Job Link

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

In FY 19-20, this program will not utilize MHSA funding, but will continue through other funding sources. Starting in FY 20-21 this program will once again utilize MHSA funding.

Total number served in FY 18-19 (aggregate of quarterly reports): **292**

FY 18-19 Demographics:

Age	Percentage
26 to 59	**53.8%**

Age	Percentage
60+	28.8%
16 to 25	17.5%

Race/Ethnicity	Percentage
White	**70.2%**
Hispanic	17.1%
Multiple categories	6.8%
Multi	5.8%

Language	Percentage
English	**94.2%**
Another language	5.8%

Gender	Percentage
Male	**50.0%**
Female	**50.0%**

Performance Outcomes/Notable Accomplishments in FY 18-19:

Job Link offers approximately 12 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. Client evaluations of workshops indicate **90%** satisfaction with content and facilitation.

Job Link has established a single point of contact for homeless and at-risk clients receiving General Assistance, 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.

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.

Adult Access Team

In FY 18-19, the Access Team became the Adult Access Team and the Youth Access Team. The Adult Access Team improves access to mental health services for adult residents of Sonoma County. Individuals seeking care are able to quickly receive a mental health screening and, when needed, assessment and treatment planning and/or referral for appropriate levels of care to the network of mental health services available throughout the county. While the primary purpose of the Adult Access Team is to assist the Medi-Cal beneficiary into care, the Adult Access Team also provides links to other community resources for any caller.

Starting in FY 19-20, the Adult Access Team will be funded through the Prevention and Early Intervention component.

Total number of clients that were screened by Adult Access Team phone clinicians in FY 18-19: **889**

Total unique clients that were assessed through the Adult Access Team in FY 18-19: **658**

FY 18-19 Demographics:

Age	Percentage
26 to 59	**69.9%**
16 to 25	18.2%
60+	11.9%

Race	Percentage
White	**62.5%**
Other Race	17.5%
Not reported	10.9%
Black/African-American	3.6%
Multiple categories	3.0%
American Indian	2.4%

Ethnicity	Percentage
Not Hispanic	**60.0%**
Hispanic/Latino	21.7%
Not reported	14.7%
Unknown	3.5%

Language	Percentage
English	**79.9%**
Not reported	16.0%
Other language	4.1%

Gender	Percentage
Female	**50.6%**
Male	49.1%
Another gender identity	0.3%

Whole Person Care (WPC)

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

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

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

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

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

Total unique clients served by WPC in FY 18-19: **1,331***
Total number of encounters conducted by WPC in FY 18-19: **9,113***
**Includes contracted services*

FY 18-19 Demographics:

Age	Percentage
26 to 59	**68.5%**
60+	21.0%
16 to 25	8.1%
Unknown	1.7%
0 to 15	0.8%

Race	Percentage
Unknown	**61.0%**
White	27.5%
Multi-Racial	5.2%
Multiple categories	2.1%
Black/African-American	2.1%
Native American	1.3%
Declined to state	0.8%

Ethnicity	Percentage
Unknown	**63.3%**
Not Hispanic	27.9%
Hispanic/Latino	8.2%
Declined to state	0.6%

Language	Percentage
English	**83.9%**
Unknown language	12.8%

Language	Percentage
Spanish	2.9%
Multiple categories	0.3%
Not collected	0.1%

Gender	Percentage
Male	**55.3%**
Female	44.0%
Another gender identity	0.4%
Unknown	0.3%

Sexual Orientation	Percentage
Unknown	**83.6%**
Heterosexual	14.4%
Multiple categories	1.3%
Another orientation	0.5%
Declined to state	0.3%

Community Mental Health Centers (CMHCs)

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

- Guerneville
- Cloverdale
- Petaluma
- Sonoma

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

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

Total unique clients served in FY 18-19: **293** (286 Treatment, 7 Outreach)*
**There may be some duplication between these two subsets.*

FY 18-19 Demographics (Treatment):

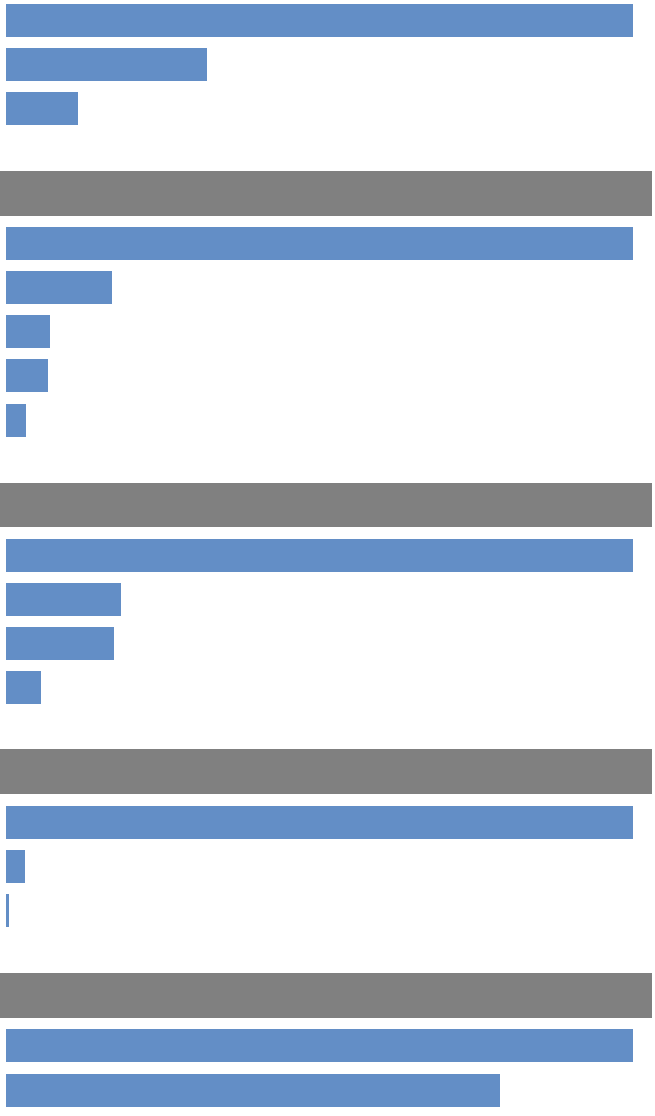
Age	Percentage
26 to 59	**69.6%**
60+	22.4%
16 to 25	8.0%

Race	Percentage
White	**74.8%**
Other race	12.6%
Multiple categories	5.2%
Black/African-American	4.9%
Not reported	2.4%

Ethnicity	Percentage
Not Hispanic	**71.0%**
Hispanic/Latino	12.9%
Not reported	12.2%
Unknown	3.8%

Language	Percentage
English	96.9%
Other language	2.8%
Not reported	0.3%

Gender	Percentage
Male	**55.9%**
Female	44.1%



FY 18-19 Demographics (Outreach):

Data suppressed due to small cell counts.

Sonoma County Indian Health Project – Community Programs

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

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

In FY 19-20, this program will not utilize MHSA funding, but will continue through other funding sources. Starting in FY 20-21 this program will once again utilize MHSA funding.

Total number served in FY 18-19 (aggregate of quarterly reports): **254**

FY 18-19 Demographics:

Age	Percentage
26 to 59	**56.7%**
60+	25.6%
16 to 25	10.2%
0 to 15	7.5%

Race/Ethnicity	Percentage
Native American	**82.3%**

Race/Ethnicity	Percentage
White	9.1%
Hispanic	7.1%
Multiple categories	1.6%

Language	Percentage
English	**100.0%**

Gender	Percentage
Female	**70.5%**
Male	29.5%

Performance Outcomes/Notable Accomplishments in FY 18-19:

In FY 18-19, **448** patient visits received psychotherapy services as part of the SCIHP Behavioral Health (BH) Department integration with the Medical Department. The BH Department integration is a patient-centered approach in which behavioral health and medical providers work together to provide care to improve patients' wellness. The LCSW/ASW functions as a consultant to, and core member of, the primary care team. The LCSW/ASW's role is to identify, treat, triage and manage primary care patients with medical and/or behavioral health problems.

DHS-BHD Older Adult Mental Health Outreach Liaison

In prior fiscal years, 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 the position remains vacant.

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

Promotion

Activities that focus on public education campaigns for mental health advocacy

California Mental Health Services Authority (CalMHSA)

In FY 18-19, **38** California 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 (EMM): 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.

Funding to the Statewide PEI Project supported programs such as:

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

- Building the capacities of schools to address mental health, stigma reduction and suicide prevention

Performance Outcomes/Notable Accomplishments in FY 18-19:

In FY 18-19, **8** 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).

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: **161**

Technical Assistance (TA): An EMM Navigation Team provided regular communication in the form of in-person meetings and TA emails covering a range of topics with practical tools and information. During FY 18-19, **27** TA emails covered topics such as Suicide Prevention, Promoting Healthy Workplaces, SanaMente, May is Mental Health Month, and more. Technical Assistance consultations included:

- The EMM Team responded to a request from Sonoma County Indian Health Project and customized and printed the Know the Signs poster for their Native American Community.
- The EMM Team met over the phone with Sonoma County to review a poster from Know the Signs for the Native community that was adapted from a previous version created for Lake County. The EMM Team reviewed specific logos and other items included on the poster, and Sonoma County approved the poster for distribution. Copies of the poster were shared with the Sonoma County Indian Health Project for distribution at a suicide prevention awareness event in September.

For a full report on FY 18-19 activities, see the CalMHSA impact statement in Appendix 4 on Page 202.

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 18-19 (aggregate of quarterly reports): **676**

FY 18-19 Demographics:

Age	Percentage
60+	**76.2%**
0 to 15	17.8%
26 to 59	5.3%
16 to 25	0.7%

Race/Ethnicity	Percentage
White	**82.0%**
Hispanic	16.0%
Multiple categories	1.8%
Declined to state	0.3%

Language	Percentage
English	**85.5%**
Spanish	14.5%

Gender	Percentage
Female	**68.3%**
Male	30.5%
Missing data	1.2%

Performance Outcomes/Notable Accomplishments in FY 18-19:

Some of the most notable accomplishments during FY 18-19 included:

- Action Network hosted a Mental Health Awareness First Aid Training class that was attended by community members and various other nonprofit personnel.
- There were over 200 playgroup session help this quarter.
- The Triple P Positive Parenting program encouraged parents to bring up parenting issues and discuss topics of concern. Parents were satisfied with this program as many made social connections, received supportive community resources, and experienced positive emotional philosophies and behaviors.
- Two mental health articles were submitted to the local paper (The Independent Coast Observer).
- Action Network community newsletters addressing mental health were sent out to community members and posted on the Action Network website.
- Action Network's Facebook page continued to frequently feature mental health content throughout the fiscal year.
- Community members were provided information about mental health and community resources at a number of events including
    - Pay and Take days
    - Town Hall
    - Health Faire
    - Citizenship sessions
    - Almost Fringe Festival in Point Arena
    - Fundraiser night at Gualala Hotel
    - Cinco de Mayo
    - Native American Day
    - And many more!
- A great number of local children, youth and parents received mental health screenings and parents were provided advice on positive parenting, strategies and socialization.
- Mental health education was provided to seniors, with topics such as:
    - Managing Stress
    - Preventing Suicide in Older Adults
    - 10 Early Signs and Symptoms of Alzheimer's
- Over 400 home visits were provided to Sonoma County seniors by subcontractor Coastal Seniors. Seniors who are homebound are given the opportunity to let volunteers know their needs in order to help them stay aging in place at their own home. The visit also provides the senior with socialization and interaction, which helps to lift their spirits. During the visits, volunteers are able to quickly assess whether a senior they are visiting is experiencing depression. If depression is suspected, it is reported to the Coastal Seniors office and they follow up with referrals or information on their other services that can help the senior recover.

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

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

Total number served in FY 18-19 (service contacts - duplicated): **1,104**

FY 18-19 Demographics:

Age	Percentage
Unknown	**55.4%**
0 to 15	27.5%
16 to 25	17.0%

Race/Ethnicity	Percentage
Native American	**65.9%**
Unknown	34.1%

Language	Percentage
English	**98.3%**
Unknown	1.7%

Gender	Percentage
Unknown	**84.0%**
Female	9.1%
Male	6.9%

Performance Outcomes/Notable Accomplishments in FY 18-19:

During FY 18-19, the SCIHP programs continued to provide outreach, support and cultural revitalization to Native children and young adults. Notable accomplishments during this time included:

- Many students from the previous year returned for the After-School Tutoring program. The tutor was able to build relationships through checking in with students individually and playing team games. Students in tutoring were also invited to attend wellness gatherings and events provided by SCIHP.
- At the Superhero Health Fair at SCIHP in August, departments provided information on prevention and services to the community. Interactive wellness activities were held at each department table. Community members were encouraged to visit all stations to familiarize with staff and receive incentives.
- Family Fun Night on August 10 brought the community together. It featured a presentation from SCIHP's former ASW, Erika Klohe, on help and support for community members impacted in any way by the October wildfires. The event included activities & crafts for youth, a potluck dinner and traditional Pomo dancing.
- The Annual Memorial Gathering on September 15 took place at Ya-Ka-Ama Indian education development. A total of 287 adults and children attended. The focus was to bring awareness of youth suicide and offer resources to tribal community members. Along with suicide prevention education resources that were made available, 3 local Pomo dance groups participated in offering traditional song and dance. Three dynamic traditional guest speakers shared messages of encouragement, resilience, and hope for families. SCIHP LCSW, Sarah Thibault, facilitated a wellness activity for youth.
- A SafeTalk suicide prevention training for behavioral health staff was facilitated by Deborah Kawkeka from California Indian Health Board (CRIHB) for increased awareness of signs and symptoms of mental illness and suicide prevention and intervention.
- A Native Wellness Institute Youth Leadership Curriculum was implemented and co-facilitated with a Restorative Health Specialist at Piner High School. The topics included making healthy decisions based on personal values and building skills in developing a personal vision. The workshop involved an icebreaker, lecture, talking circle and a group activity.

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 18-19 (service contacts - duplicated): **2,390**

FY 18-19 Demographics:

Age	Percentage
26 to 59	**34.4%**
0 to 15	28.2%
16 to 25	24.9%
60+	12.6%

Race/Ethnicity	Percentage
African American/Black	**65.1%**
Native American	12.8%
Hispanic/Latino	11.4%
White	9.2%
Multi-Racial	1.1%
Multiple categories	0.3%

Language	Percentage
English	**97.9%**
Spanish	2.1%

Gender	Percentage
Female	**56.8%**
Male	43.2%

Performance Outcomes/Notable Accomplishments in FY 18-19:

Notable accomplishments during FY 18-19 included:

- **16** students completed the 8-month Rites of Passage program. The program celebrated its 19th graduating class. The graduation ceremony was attended by **220** parents, friends and supporters. All of the graduates were presented with congratulations and recognition awards from state and local dignitaries.
- Safe Harbor Project (SHP) presented its "Music As Relief" for the 49th Annual Juneteenth Celebration in Sonoma County. This event was held at Martin Luther King Jr. Park in Santa Rosa.
- SHP presented its "Music As Relief" at two events at the Arlene Francis Center during Black History Month, as well as its annual Wellness & Music Festival in August
- Saturday Academy provides **12** workshops per month. Every Wednesday from 6:30 to 8:00 P.M., the program provides a faith-based life skills training for teens. Each Tuesday and Thursday, the program provides a tutorial, mentoring and life skills training for youth ages 7-18.
- A QPR (Question, Persuade, Refer) suicide prevention training was conducted by the Saturday Academy program.
- Over **40** children and youth from ages 5 to 12 took part in the Village Project character-building program

Latino Service Providers of Sonoma County

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

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

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

Total number served in FY 18-19 (service contacts - duplicated): **73,641***
**Includes weekly newsletters sent out to approximately 1,600 people*

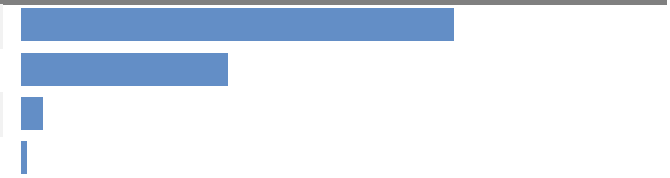
FY 18-19 Demographics:

Age	Percentage
Unknown	**60.9%**
26 to 59	25.7%
16 to 25	9.6%
60+	2.1%
0 to 15	1.2%
Declined to state	0.5%

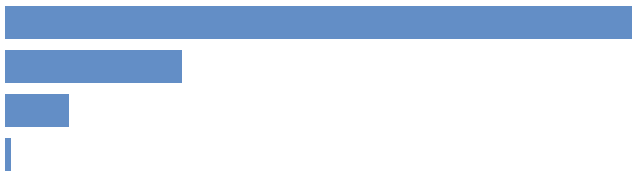
Race/Ethnicity	Percentage
Hispanic/Latino	**57.4%**
White	28.6%
Unknown	9.1%
Multi-Racial	1.8%
Other	1.1%
Asian/Pacific Islander	0.9%
Declined to state	0.6%
African American/Black	0.3%
Native American	0.2%

Language	Percentage
Unknown	**48.5%**

Language	Percentage
English	33.4%
Spanish	16.0%
Other	1.6%
Declined to state	0.4%



Gender	Percentage
Female	**71.7%**
Male	20.3%
Unknown	7.3%
Declined to state	0.7%
Transgender	0.1%



Performance Outcomes/Notable Accomplishments in FY 18-19:

During FY 18-19, LSP continued to provide mental health outreach and education to Latinx, bilingual and bicultural service providers, students and community members. Notable accomplishments included:

- Conducted eleven **(11)** 90-minute partnership meetings focused on raising awareness of and access to, mental health programs and services. Meeting hosts included:
    - Child Parent Institute
    - Early Learning Institute
    - Petaluma Health Center
    - Center for Well-Being
    - Hanna Institute
    - Testimonios Project
- Distributed **50** E-Newsletters (bicultural resource newsletters) resulting in over **80,000** impressions
- Conducted media outreach via the LSP website, social media (Facebook and Instagram), and their "Y Que" blog
- Conducted outreach at the following community events and meetings:
    - Mochilada en Roseland
    - Agricultural Worker Wellness Day
    - Teen Resource Fair
    - SSU Service and Internship Fair
    - Sabores de Wine Country
    - SRJC Community Resource Fair
    - Fiesta de Independencia
    - Binational Health Forum
    - SRJC Wellness Fair
    - Latino Health Forum

- Windsor Wellness Fair
- Community Posada & Winter Celebration
- Mi Futuro Symposium
- C/T TAY: Radio Show
- SCOE: EL Parent Leadership Institute
- Roseland Leadership Academy Career Fair
- Cesar Chavez Festival
- Stomp the Stigma
- DELAC Fiesta
- Mente Sana, Cuerpo Sano Mini-Conference and Resource Fair
- St. Joseph's Mental Health Awareness at Hospitals tabling campaign
- Get Care Health Fair: Reducing Youth Homelessness

LSP 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, bi- sexual, 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 18-19 (service contacts - duplicated): **6,125**

FY 18-19 Demographics:

Age	Percentage
Unknown	**48.0%**
16 to 25	22.5%
0 to 15	17.0%
26 to 59	9.8%
60+	2.7%

Race/Ethnicity	Percentage
Unknown	**54.2%**
White	33.3%
Hispanic/Latino	5.6%
Multi-Racial	3.3%
Asian/Pacific Islander	1.1%
Declined to state	0.8%
Other	0.6%
African American/Black	0.5%
Native American	0.5%

Language	Percentage
Unknown	**77.4%**
English	16.0%
Another language	6.5%

Gender	Percentage
Unknown	**48.2%**
Transgender	35.3%
Female	11.9%
Male	4.5%
Declined to state	0.03%

Performance Outcomes/Notable Accomplishments in FY 18-19:

During FY 18-19, Positive Images continued to provide mental health outreach and support services to LGBTQ+ youth and to collaborate with behavioral health providers. Notable accomplishments included:

Measure	Total Number
# of Thursday Night LGBTQ+ Support Group sessions	50
# of attendees of Thursday Night LGBTQ+ Support Group sessions (duplicated)	1,626
# of Art Jam Support Group sessions	44
# of attendees of Art Jam Support Group sessions (duplicated)	118
# of Tutoring Tuesday Support Group sessions	21
# of attendees of Tutoring Tuesday Support Group sessions (duplicated)	83
# of Friday Night LGBTQ+ 20s & 30s Support Group sessions	13
# of attendees of Friday Night LGBTQ+ 20s & 30s Support Group sessions (duplicated)	171
# of Social Saturday Support Group sessions	9
# of attendees of Social Saturday Support Group sessions (duplicated)	73
# outreach events that Positive Images hosted or participated in	21
# of individuals reached at outreach events (duplicated)	1,995
# of referrals made to members	128
# of educational trainings	28
# of individuals reached at educational trainings (duplicated)	968
# of Leadership Team training sessions	96
# of participants in Leadership Team training sessions (duplicated)	793

The Art Jam Support Group is a weekly Support Group that focuses on peer support and community building through creative expression. Tutoring Tuesday is a weekly Support Group that focuses on education. Social Saturday is a monthly Support Group that focuses on peer support through social activities. The Friday Night LGBTQ+ 20s & 30s Support Group, which began in October 2018, is an exact replica of the Thursday Night Youth Support Group, but serves folks who are on the older end of Positive Images' 12-24 age spectrum.

Outreach events included:

- Brew Community Event
- Here Project
- BBQueer
- Alliance Teen Health Fair
- SRJC National Coming Out Day Festival
- Queercoming
- Sonoma County Diversity and Inclusivity Summit

- Sonoma County Pride events
- Voices Pride events
- Fit for Equality Wine Country Marathon
- Multiple tabling events at local high schools and colleges

Other avenues of consistent outreach engagements included radio presence on OutBeat Radio, social media campaigns, newsletters, resource sharing, and the Positive Images website. Positive Images also participated in community collaborative efforts to build connections within Sonoma County. Collaborations with community members and other agencies/coalitions has offered new opportunities of visibility for the LGBTQ+ community in Sonoma County.

Referrals were made to members to organizations such as:

- Verity
- SOS Counseling
- Forestville Teen Clinic
- West County Health Centers
- Santa Rosa Community Health
- Santa Rosa Community Health Gender Clinic
- Bay Area Legal Aid
- CA Rural Legal Assistance
- Interlink Self-Help Center
- Kaiser AA
- Kaiser Psychiatry Department
- YMCA
- Face to Face
- PFLAG
- Planned Parenthood

Educational trainings were presented to a mixture of college, high school and middle school faculty, students, parents, and community members. These trainings educated audiences about the LGBTQ+ community while also increasing awareness and expanding visibility of Positive Images and the services they offer.

Leadership Team training topics included:

- Mental Health and Wellness Education
- Suicide Prevention Resources
- Effective Communication
- Public Speaking
- Advocacy and Support
- Providing appropriate feedback
- Conflict Resolution
- Accountability
- Confidence Building

- Critical Thinking and Problem Solving
- Organization and Time Management
- Group Facilitation
- Event Planning
- Building Community

Sonoma County Human Services Department – Older Adult Collaborative

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

- Council on Aging (COA)
- 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 18-19 (aggregate of quarterly reports): **3,251**

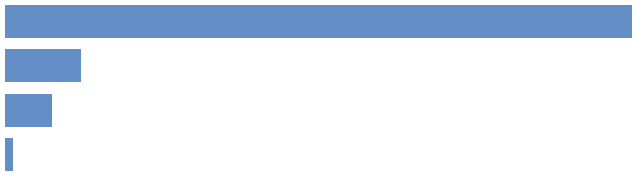
FY 18-19 Demographics:

Age	Percentage
60+	**99.7%**
Missing data	0.3%

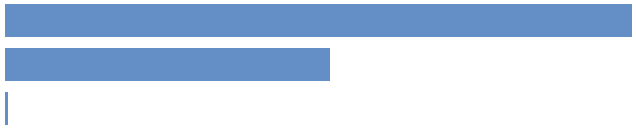
Race/Ethnicity	Percentage
White	**73.5%**
Hispanic	13.0%
Asian	4.0%

Race/Ethnicity	Percentage
Another race/ethnicity	3.1%
African American	2.9%
Native American	1.5%
Missing data	0.7%
Multi	0.6%
Pacific Islander	0.5%
Declined to state	0.1%

Language	Percentage
English	**82.8%**
Spanish	10.0%
Another language	6.1%
Missing data	1.1%
Declined to state	0.03%



Gender	Percentage
Female	**65.6%**
Male	34.0%
Missing data	0.31%
Another gender identity	0.1%



Performance Outcomes/Notable Accomplishments in FY 18-19:

During FY 18-19, the OAC continued to provide outreach, screening, referral, home visiting and other support services to clients aged 60+. Notable accomplishments included:

Measure	Total Number
# of seniors offered depression screenings	3,230
# of seniors screened for depression	2,684
# screened positive for depression	525
# screened negative for depression	2,159
# of seniors that chose an Activity Goal	85
# of these seniors showed improvement	47
# seniors referred for Mental Health Services	279
# of seniors that received Home Visits and Phone Calls	1,543

Measure	Total Number
# of seniors referred to Community Resources	589
# of seniors that received counseling	44
# of counseling sessions	192
# of counseling sessions that were provided in the home	176

During FY 18-19, the OAC was successful in reaching over **100%** of its goals for offering screenings, conducting screenings, seniors choosing an Activity Goal, Mental Health Services referrals, seniors receiving counseling, counseling sessions, and in-home counseling sessions.

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 18-19, the CAPE Team provided mobile response to youth in Sonoma County high schools that were experiencing a mental health crisis. CAPE also participated on crisis teams at Santa Rosa Junior College, Family Justice Center, VOICES and Positive Images. The CAPE program was eliminated beginning in FY 19-20.

Total number of unique clients served in FY 18-19 (client-level services): **32**

FY 18-19 Demographics:

Age	Percentage
16 to 25	**78.1%**
0 to 15	21.9%

Race	Percentage
Multiple categories	**45.5%**
White	36.4%
Unknown	18.2%

Ethnicity	Percentage
Hispanic/Latino	**56.3%**
Not Hispanic	37.5%
Unknown	6.3%

Language	Percentage
English	**93.8%**
Another language	6.3%

Gender	Percentage
Female	**43.8%**
Male	**43.8%**
Another gender identity	12.5%

Sexual Orientation	Percentage

Suppressed due to small cell counts

Early Childhood Mental Health (0-5) Collaborative

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

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

Performance Outcomes/Notable Accomplishments in FY 18-19:

During FY 18-19, the Collaborative achieved several key goals at the program level. Notable accomplishments included:

- **1,201** children aged 0-5 received services
- **1,875** parents/caregivers received services
- **1,006** developmental and social-emotional screenings & re-screenings conducted

- **218** referrals for further assessment for children for whom a screening identifies potential delays
- **69** women with or at risk for perinatal mood disorder received home visits
- **25** Triple P (Positive Parenting Program) Level 2 seminars focused on parenting advice
- **58** Triple P Level 3 discussion groups and services focused on specific parenting skills training
- **205** Triple P Levels 4/5 sessions focused on broad parenting skills training and intensive family intervention
- **460** calls were made to the Watch Me Grow One-Call Navigation Line

MHSA agencies offered their core services in Spanish, which bolstered Hispanic/Latinx participation. The majority of those served under the Collaborative are Hispanic/Latinx, and 43% spoke Spanish as their primary home language. Over half (59%) of parents/caregivers who received MHSA services were female, and MHSA agencies have begun to pilot programs that intentionally engage fathers.

Other important outcomes included:

Children exhibit fewer and less intensive difficult behavior - Triple P is an evidence-based intervention aimed to improve parent-child relationships. Families who participated in the higher intensity, one-on-one, Triple P Levels 4/5 services completed the Eyberg Child Behavior Inventory (ECBI) assessment, which measures the frequency and intensity of behavior problems in children. Between July 2018 and June 2019, 102 families completed the ECBI assessment before and after the Triple P program. Following participation in Triple P Levels 4/5 services, children exhibited less frequent problem behavior (measured by the Intensity Score) and parents and caregivers experienced a decrease in the extent to which they perceived their child's behavior as a problem (measured by the Problem Score).

Parents experience fewer negative parent-child interactions - Families who participated in Triple P Levels 4/5 services also completed the Protective Factors Survey (PFS), a tool that measures changes in family's protective factors, including family resiliency and parenting/child development knowledge, both key components of Triple P services. A total of 162 families completed the PFS assessment before and after participating in the Triple P program. In all domains of the survey related to parent-child interactions, families demonstrate statistically significant improvement from pre to post.

- **61%** of parents increased their adaptive skills and strategies for times of crisis
- **40%** of parents increased their knowledge of how to help their child learn
- **36%** of parents decreased their perception of their child's behavior as intended to upset them
- **34%** of parents lose control less frequently when they discipline their child
- **28%** of parents increased their practice of praising their child for good behavior

Women with Perinatal Mood Disorder experience decreased levels of depression and anxiety - Mothers with perinatal mood disorders (PMD) receive home visits from MHSA agencies and

participate in a program that promotes bonding with one's baby and strategies for pregnant women and new moms to cope with stress. Of the 69 women who received PMD services during FY 18-19, seven women began and completed services during that time, as well as completed a pre-and post-assessment. Following treatment, women experienced decreased levels of depression and anxiety. Though the sample size was too small to reliably test for statistical significance, the data show a positive decline in high-risk scores and a smaller proportion of women above the clinical cutoff after participating in the program.

Quotes from Collaborative agencies:

"Our focus is the nexus between infant and parent, prenatal, 0-2 – we framed it as early relational health. […] Not only is it important to look at that from a funding point of view, but how we're integrating services [to emphasize] the importance of parent resiliency and well-being for infant development."

-First 5 Sonoma County

"[We received] a CPS referral for a single mother with 3 children… The mother reported fights, temper tantrums, and crying. [She] felt depressed, exhausted, and did not know what to do… [After Triple P], there was a noticeable difference in how the mother managed her children and an increase in the family's quality of life. The mother was able to plan activities with confidence that her children would not misbehave or act out."

-MHSA Agency

"Our services are about working with the parent, giving them the information and tools, so they can have a better relationship with their families."

-MHSA Agency

"Our focus has been on the population who have been afraid to come in to get the other services we offer. When they come in, we can tell them about all the things we do. Without the partnership we wouldn't be able to do the work. It's important to have those relationships. … We receive a lot of referrals from [our Collaborative partners], which helps us connect with those other families we might miss otherwise."

-MHSA PEI 0-5 Agencies

For more information, see the 0-5 Collaborative Evaluation Brief for FY 18-19 in Appendix 5 on Page 210.

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 18-19 (aggregate of quarterly reports): **512**

FY 18-19 Demographics:

Age	Percentage
0 to 15	**41.6%**
26 to 59	29.3%
Missing data	15.8%
16 to 25	12.3%
60+	1.0%

Race/Ethnicity	Percentage
Hispanic	**60.0%**
White	16.2%
Missing data	16.0%
Multi	4.1%
African American	3.1%
Other	0.6%

Language	Percentage
Spanish	**52.0%**
English	45.3%
Missing data	1.6%
Other language	1.2%

Gender	Percentage
Female	**56.8%**
Male	42.0%
Missing data	1.2%

Performance Outcomes/Notable Accomplishments in FY 18-19:

During FY 18-19, the Child Parent Institute provided screening, intervention, and support strategies for children and caregivers. Notable accomplishments included:

- **25** parents/caregivers received Level 3 Triple P services (unduplicated)
- **68** parents/caregivers received Level 4 Triple P services (unduplicated)
- **14** parents/caregivers received Level 5 Triple P services (unduplicated)
- **69** women received perinatal mood disorder services (unduplicated)

Success story from CPI:

"One of the mothers we served during this reporting period was a single mom with three young children, including a 10-month-old child. She had recently moved to Sonoma County and she did not have any family in the area. She had many challenges during her pregnancy and was in need of many resources, including housing, food assistance and diapers for her two youngest children. She began participating in our In-home Support Services and met weekly with one of our parent educator. Our parent educator worked with her on Positive Parenting strategies and managing stress. They also build this mom's resources, by providing essential items like food bank information, enrollment in CalFresh and free diapers.

The mother talked to our parent educator about feeling less stress and her desire to return to work because after applying some Triple P tools she now believed she could balance work and her family. She also described her need to build a new community in Sonoma County. Mom was encouraged to do so, and with this encouragement, she began applying for part-time work, which she found! This added to her growing her support system and her family contentedness. Mom shared that the tools she learned and the support she felt changed her perspective about being a single working mom, and she now knows she is capable of it."

Early Learning Institute – 0-5 Collaborative

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

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

Total number served in FY 18-19 (aggregate of quarterly reports): **2,785**

FY 18-19 Demographics:

Age	Percentage
0 to 15	**37.6%**
26 to 59	33.5%
60+	21.1%
16 to 25	5.1%
Missing data	2.8%

Race/Ethnicity	Percentage
Hispanic	**51.4%**
White	33.6%
Multi	5.4%
Declined to state	2.2%
African American	2.1%
Missing data	2.0%
Multiple categories	1.6%
Native American	1.1%
Asian	0.6%

Language	Percentage
English	**60.1%**
Spanish	38.0%
Missing data	0.8%
Another language	0.8%
Declined to state	0.3%

Gender	Percentage
Female	52.1%
Male	47.8%
Missing data	0.1%

Performance Outcomes/Notable Accomplishments in FY 18-19:

During FY 18-19, 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:

- **406** children received social/emotional and development screening
- **568** children re-screened
- **207** children referred for further assessment
- **490** families received case management or facilitated referrals
- **460** parents/caregivers received support/information to access services via One-Call Navigator Services (over **1,000** with all sources of contact for the Navigator)

Watch Me Grow (WMG) is one of the only on-going programs in Sonoma County that follows children and their families, in their home, up to kindergarten. Early Start ends at age three. The school start at age three. Public Health programs end by two for most clients. Parent education classes, social play groups, etc. are often short term programs. WMG can often be the one consistent factor through these various transitions for families. Here is a case that demonstrates the value of consistent screenings and supports for children and their families:

"I.H. was initially referred to the Watch Me Grow program by North Bay Regional Center (NBRC). I.H.'s mother was a NBRC client, but at 4 months of age, I.H. did not qualify for Early Start services.

WMG screened I.H. at 4, 10 and 16 months of age. At 16 months, he began showing delays in his development and we referred him back to NBRC for evaluations. This time, he qualified for Early Start, and continued on with those services until he turned 3 years old. WMG continued to screen I.H. for social-emotional skills while he participated in Early Start.

Shortly after he turned 3, WMG referred the family for parent education services to help his mother learn to work with his behaviors. I.H. transitioned from Early Start to a special education preschool program to address his developmental and behavioral needs. He received speech therapy and behavioral supports while in the classroom.

I.H. has now turned 5 and will be moving on to a kindergarten placement. He has completed his 10th screening though WMG, which showed a minor speech concern and mildly increased social emotional score. His mother reports that he will be in a regular kindergarten class and will retain a behaviorist 2 times per week. The screener was thrilled to see I.H. speaking in full

sentences with mild articulation concerns, and to see how far his mother has come in learning to work with her son over the last 5 years.

Mom expressed her gratitude towards the WMG program and the Screener. Mom shared that she felt heard and supported through all these challenging transitions."

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, and Triple P mental health services to families of children 0-5.

Total number served in FY 18-19 (aggregate of quarterly reports): **181**

FY 18-19 Demographics:

Age	Percentage
0 to 15	**62.4%**
26 to 59	36.5%
16 to 25	1.1%

Race/Ethnicity	Percentage
Hispanic	**96.1%**
White	3.9%

Language	Percentage
Spanish	**85.6%**
English	12.7%
Another language	1.7%

Gender	Percentage
Female	**54.1%**
Male	45.9%

Performance Outcomes/Notable Accomplishments in FY 18-19:

During FY 18-19, PPSC continued to provide social/emotional and developmental screening and positive parenting education through Triple P. Notable accomplishments included:

- **8** Level 2 Triple P seminars held
- **126** parents/caregivers attended Level 2 Triple P seminars
- **5** Level 3 Triple P discussion group sessions held
- **86** parents/caregivers attended Level 3 Triple P discussion groups
- Over **20** parents/caregivers received Level 3 individual sessions
- Over **120** parents/caregivers received Level 4/5 individual sessions

Success story from PPSC:

"Client Information: Single mother of two children ages 1 year and 2 years. Mom receiving services, however, continued concerns over speech, potty-training, nutrition/eating issues and stress of caring for two small children.

Presenting Problems: Mother expressed concern that 2 year old appears to be delayed in speech, difficulties with potty-training and unable to get her daughter to eat healthy/new foods. Mother feeling that the needs of both were causing significant stress and she was not always able to handle the situation in a positive, appropriate manner.

Intervention: Parent educator worked with mother in the home over the course of 8 individual sessions. The level 3 standard was implemented as the Tip Sheets provided the easiest, most thorough interventions for the mother. Mother reported that she understood and felt that she could implement the interventions easily into her daily routine. At closing visit, mother reported improvements in all areas, feeling less stressed, daughter responding to positive reinforcements and doing well being potty-trained. She also felt that daughter was eating better and appearing healthier. Mother happy with results and case closed as services in this area were no longer needed."

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 were fulfilled in FY 18-19 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.

Beginning in FY 20-21, the CIT for law enforcement personnel will be funded by the Prevention and Early Intervention component.

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.

Youth Access Team

In FY 18-19, the Access Team became the Adult Access Team and the Youth Access Team. The Youth Access Team improves access to mental health services for residents of Sonoma County under the age of 18. Individuals seeking care are able to quickly receive a mental health screening and, when needed, assessment and treatment planning and/or referral for appropriate levels of care to the network of mental health services available throughout the county. While the primary purpose of the Youth Access Team is to assist the Medi-Cal beneficiary into care, the Youth Access Team also provides links to other community resources for any caller.

Total number of clients screened by Youth Access Team phone clinicians in FY 18-19: **575**

Total unique clients assessed through the Youth Access Team in FY 18-19: Approximately **104**

FY 18-19 Demographics:

Due to data collection issues, demographic information is not available for the Youth Access Team for FY 18-19.

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.

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

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.

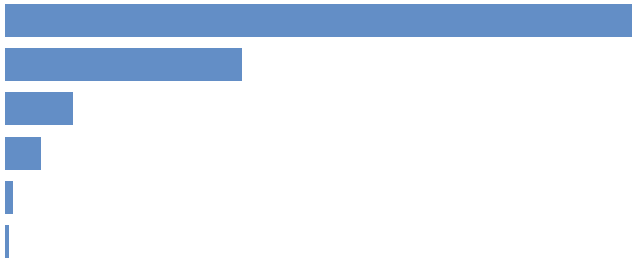
Total number served in FY 18-19 (service contacts - duplicated): **1,064**

FY 18-19 Demographics:

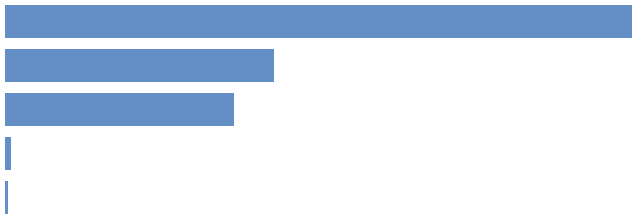
Age	Percentage
16 to 25	**49.5%**
26 to 59	26.3%
Unknown	20.0%
60+	2.9%
Declined to state	1.0%
0 to 15	0.2%

Race/Ethnicity	Percentage
White	**34.3%**
Hispanic/Latino	24.9%
Unknown	11.4%
Multi-Racial	8.7%
Asian/Pacific Islander	7.0%
Other	5.5%
African American/Black	4.9%
Native American	1.8%
Declined to state	1.4%

Language	Percentage
English	**64.0%**
Unknown	24.2%
Spanish	7.0%
Other	3.7%
Multiple categories	0.8%
Declined to state	0.5%



Gender	Percentage
Female	**55.4%**
Male	23.7%
Unknown	20.2%
Another gender identity	0.5%
Declined to state	0.3%



Performance Outcomes/Notable Accomplishments in FY 18-19:

During FY 18-19, 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:

- **13** QPR (Question Persuade Refer) suicide prevention trainings conducted with **342** students and staff attending. After the training, attendees rated their knowledge of suicide in the following areas as "medium" or "high":
    - Facts concerning suicide prevention – **94%**
    - Warning signs of suicide – **91%**
    - How to ask someone about suicide – **95%**
    - Overall level of understanding about suicide and suicide prevention – **91%**
- For more information on the outcomes of SRJC's QPR trainings, see Appendix 6 on Page 217.
- "Student Health & Success" presentation taught to **16** classes, reaching **1,346** students. This workshop reviews the signs and symptoms of stress, anxiety, and depression, and covers resources and support available to the students.
- **267** students completed an online mental health screening, on such topics as:
    - Depression
    - Anxiety
    - Bipolar disorder
    - Disordered eating
    - PTSD

    - Alcohol
- Students who screened positive in online mental health screenings were referred to seek further assistance at Student Psychological Services.
- PEERS hosted an Each Mind Matters event on each campus during the month of May. They offered resources on mental health, Each Mind Matters swag, and fun activities to engage students during this stressful time of the year. Comfort dogs, art projects, and build your own stress kits were some of the activities offered. The PEERS engaged 50 students on the Petaluma campus, and 150 in Santa Rosa.
- **1,486** unique visitors to the Student Health 101 online magazine
- PEERS regularly update their Facebook page with tips and resources for positive mental health. They also provide content and videos for a weekly #WellnessWednesday post on the SRJC FB page.
    - PEERS Facebook page has **374** followers
    - SRJC FB page has **16,676** followers

In April the PEERS hosted 'Movies for Mental Health' and **113** students attended. PEERS collaborated with the Student Nurses Club, Student Success Coaches, and Student For Recovery to invite an engaged and diverse audience to view the short films and participate in lively discussions. After the films and discussion there was a panel of SRJC students that talked about their lived experience with mental health challenges. For a detailed summary of the evaluations of this event, see Appendix 7 on Page 222.

In FY 18-19, Student Health Services Staff presented to **3** different departments reaching **58** faculty and staff. These presentations varied in length & focus, but always included information on how to recognize, support, and report (if needed) a student in distress. Mental Health First Aid training was provided to **15** staff members from CalWorks, EOPS, and Foster Care Support Programs. All presentations promoted the new online tool to report a student of concern to the Crisis Intervention Resource Team (CIRT). During the academic year, Student Health Services received **98** online reports for a student of concern. The CIRT team followed up with each report to connect students with appropriate resources.

Suicide Prevention

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

Buckelew Programs – North Bay Suicide Prevention Program

The North Bay Suicide Prevention (NBSP) Hotline of Sonoma County, a program of Buckelew Programs, provides 24/7 suicide prevention and crisis telephone counseling. 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 18-19 (total number of calls received): **4,333**

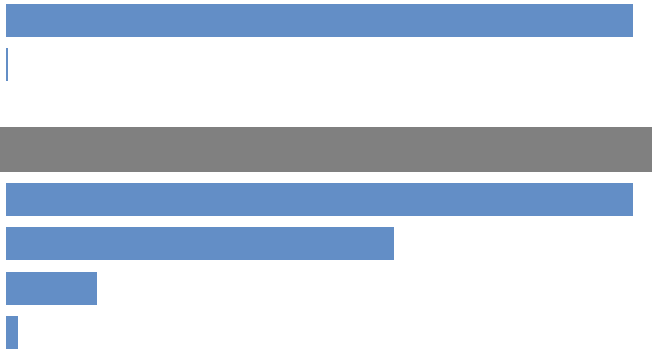
FY 18-19 Demographics:

Age	Percentage
26 to 59	**47.4%**
60+	23.8%
Unknown	14.7%
16 to 25	10.8%
0 to 15	3.4%

Race/Ethnicity	Percentage
Unknown	**61.1%**
White	27.3%
African American/Black	9.0%
Hispanic/Latino	1.3%
Native American	0.6%
Asian/Pacific Islander	0.5%
Multi-Racial	0.1%

Language	Percentage
English	**99.8%**
Multiple categories	0.2%

Gender	Percentage
Female	**56.1%**
Male	34.7%
Transgender	8.1%
Unknown	1.0%
Another gender identity	0.05%



Performance Outcomes/Notable Accomplishments in FY 18-19:

During FY 18-19, 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:

- **12** voluntary rescues for emergency calls from Sonoma callers who were actively suicidal or in acute crisis and requested rescue
- **355** "Third Party" callers made calls from Sonoma or were concerning Sonoma residents
- **1,861** estimated unduplicated callers from Sonoma County
- **4,333** estimated calls from Sonoma County
- **3** NBSP Hotline training classes were conducted during the program year resulting in **13** new volunteers

Two hotline volunteers are monitored with formal evaluation each quarter. Call reports are reviewed daily for quality assurance purposes with feedback given to volunteers as needed. Staff provides supervision to volunteers on a regular basis. Debriefing after calls is an important activity for the counselor's sake and also for the team approach of volunteers. The evaluation process provides collaboration on goals for customer service/client relations, intervention skills, written skills, and team work.

Innovation (INN)

Novel, creative and/or ingenious mental health practices/approaches that are expected to contribute to learning, which are developed within communities through a process that is inclusive and representative, especially of unserved and underserved individuals

In FY 18-19, DHS-BHD did not have any projects/programs funded through the Innovation component. For a list of Innovation projects currently in development that are anticipated to be implemented in FY 20-21, see Page 62.

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 18-19, the following projects were funded under the CFTN component:

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

Workforce Education and Training (WET)

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

Goodwill Industries of the Redwood Empire – Peer Education and Training (PET) Program

The Peer Education and Training (PET) Program provides workforce development opportunities with a peer perspective to support system transformation and a recovery vision that is consumer-driven and holistic in its services and supports.

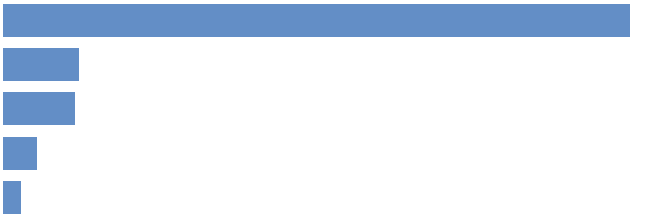
PET collaborates with the community to create awareness of opportunities for involvement in transformation activities to increase knowledge of, and participation in the development and provision of mental health services. Additionally, the program recruits, engages, supervises and supports consumers as volunteers and interns in mental health agencies and organizations. PET provides education, employment, promotion of mental health system transformation through peer participation in quality improvement activities, and expands awareness of mental health recovery to all segments of the mental health community.

Total number served in FY 18-19 (aggregate of quarterly reports): **195**

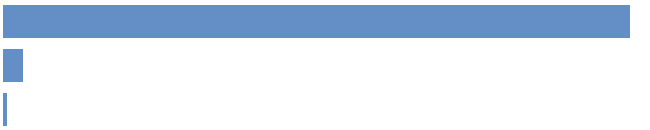
FY 18-19 Demographics:

Age	Percentage
26 to 59	**72.8%**
60+	19.0%
16 to 25	6.2%
Declined to state	1.5%
Missing data	0.5%

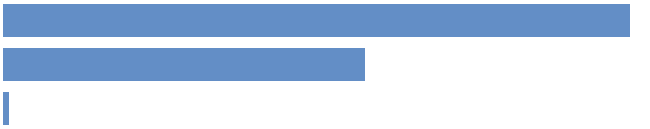
Race/Ethnicity	Percentage
White	**75.9%**
African American	9.2%
Multiple categories	8.7%
Multi	4.1%
Declined to state	2.1%



Language	Percentage
English	**96.4%**
Another language	3.1%
Declined to state	0.5%



Gender	Percentage
Female	**63.1%**
Male	36.4%
Another gender identity	0.5%



Performance Outcomes/Notable Accomplishments in FY 18-19:

Measure	Total Number
# of students trained in mental health recovery and resiliency, communication, boundaries, codependency, co-occurring disorders, stigma, cultural responsiveness, crisis intervention and suicide prevention, emotional literacy, compassion fatigue and job satisfaction, Wellness Recovery Action Plan, PTSD, trauma-informed care, self-care, advocacy, community resources, employment in the mental health workforce, and more	Over 15
# of Peer Support Specialist Training graduates enrolled in internships	14
# 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	24
# sessions of peer employee support group	32
# of attendees of presentations on peer employment and educational opportunities	39

Measure	Total Number
# of mental health providers trained on peer issues	37
# of attendees of mental health recovery presentations	48

DHS-BHD Workforce Education and Training (WET) Activities

In FY 18-19, the WET Coordinator managed several training programs and community events to further DHS-BHD's goals in the following Domains: System Level Support, Career Pathways and Pipeline Program, Staff Skill Development, and Workforce Diversification.

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

System Level Support

Accreditation

At the onset of FY 18-19, 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
•Licensed Vocational Nurse (LVN) •Licensed Psychiatric Technician (LPT) •Registered Nurse (RN) •Public Health Nurse (PHN) •Nurse Practitioner (NP) •Psychiatric Nurse Practitioner (PNP)	•Licensed Clinical Social Worker (LCSW) •Licensed Marriage and Family Therapist (LMFT) •Licensed Professional Clinical Counselor (LPCC) •Licensed Educational Psychologist (LEP)	•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	• Sonoma State University (SSU) • Santa Rosa Junior College (SRJC)
Social Work Programs	• California State Long Beach • San Francisco State University (SFSU) • Humboldt State • San Jose State University • University of Southern California • Berkeley
MFT Programs	• SSU • University of San Francisco • SFSU
Mental Health Worker Programs	• SSU • SRJC
Peer Provider Programs	• Wellness and Advocacy Center • Interlink Self-Help Center

Career & Internship Fairs

The WET Coordinator engaged in outreach through internship and career fairs at Santa Rosa Junior College, Sonoma State University, and University of San Francisco.

Licensure Support

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).

Staff Skill Development

Staff Development Trainings

Date	Title	CEUs	Presenter(s)	Audience
Aug 1, 2018	Staff Development: Navigating System Change: Team Building and Connection	1.5	Wendy Wheelwright, LMFT	*Recommended Training for all SCBH Staff*
Oct 3, 2018	Staff Development: Patients' Rights Advocacy: History, Process and Resources	1.5	Bill SmithWaters Frank SmithWaters; SmithWaters Group	*Mandatory for all Clinical Staff*
Oct 10, 2018	5150 – Review of 5150's and Other Legal Holds in Mental Health	3.0	Michael Kozart, MD, PhD; Sonoma County Mental Health Medical Director	*Open to Licensed and License Eligible Clinicians*
Oct 25, 2018 Oct 30, 2018 Oct 31, 2018	EM Coding for Medi-Cal Billing	1.0	Wendy Wheelwright, LMFT	*Psychiatric Providers*
Dec 5, 2018	Staff Development: The Human Side of Change	2.5	Ric Giardina; Workforce Development Manager, County of Sonoma	*All Staff Welcome*
Jan 15, 2019	5150 – Review of 5150's and Other Legal Holds in Mental Health	2.5	Bill SmithWaters Frank SmithWaters; SmithWaters Group	*Open to Licensed and License Eligible Clinicians at Aurora Behavioral Health Hospital*
Jan 25, 2019	5150 – Review of 5150's and Other Legal Holds in Mental Health	2.5	Bill SmithWaters Frank SmithWaters; SmithWaters Group	*Open to Licensed and License Eligible Clinicians*

Date	Title	CEUs	Presenter(s)	Audience
Feb 6, 2019	Staff Development: Law & Ethics	3.5	Linda Garrett, JD; Garrett Consulting Group, LLC	*Required Training for all Clinical Staff, including clerical and administration*
Feb 6, 2019	Supportive Interventions: Crisis Communication and Containment	8.0	Melissa Gary Julian Romero	*CSU staff*
Mar 5, 2019	5150 – Review of 5150's and Other Legal Holds in Mental Health	2.5	Bill SmithWaters Frank SmithWaters; SmithWaters Group	*Open to Licensed and License Eligible Clinicians at Aurora Behavioral Health Hospital*
Mar 6, 2019	Staff Development: Safety in the Office and De-escalation Techniques	2.5	Hector Alvarez, Founder Alvarez Associates	*Required Training for all Staff, including clerical and administration*
Apr 2, 2019	5150 – Review of 5150's and Other Legal Holds in Mental Health	2.5	Bill SmithWaters Frank SmithWaters; SmithWaters Group	*Open to Licensed and License Eligible Clinicians*
Apr 3, 2019	Staff Development: Suicide Risk Assessment and Safety Planning	2.0	Katie Bivin, LMFT Melissa Ladrech, LMFT Karin Sellite, LCSW	*Mandatory for Managers, Clinical Specialists, BH Clinicians, BH Interns and Senior Client Support Specialists*
Apr 15-18, 2019	Crisis Intervention Training (CIT)	32	Various presenters – see attached	*Sonoma County Law Enforcement*
Apr 25, 2019	5150 – Review of 5150's and Other Legal Holds in Mental Health	2.5	Bill SmithWaters Frank SmithWaters; SmithWaters Group	*Open to Licensed and License Eligible Clinicians*
Apr 26, 2019	AMSR: Assessing & Managing Suicide Risk	6.0	Melissa Ladrech, LMFT	*Open to Behavioral Health Professionals*

Date	Title	CEUs	Presenter(s)	Audience
May 1, 2019	Staff Development: LGBTQ Mental Health Training	2.0	Jessie Hankins, LGBTQ Connections Jessica Carrol, Positive Images	*Required Training for All Staff, including clerical and administration*
May 7, 2019	AMSR: Assessing & Managing Suicide Risk	6.0	Melissa Ladrech, LMFT	*Open to Behavioral Health Professionals*
May 17, 2019	Older Adult Depression: An Integrated Approach to Improving Outcomes through Collaborative Care	3.0	Ladson Hinton, MD; UC Davis Patrick Arbore, Ed.D., Center for Elder Suicide Prevention Todd Finnemore, Psy.D.; West County Health Centers	*Open to Behavioral Health Professionals*
May 28, 2019	5150 – Review of 5150's and Other Legal Holds in Mental Health	2.5	Bill SmithWaters Frank SmithWaters; SmithWaters Group	*Open to Licensed and License Eligible Clinicians at Santa Rosa Veteran's Administration*
Jun 4, 2019	5150 – Review of 5150's and Other Legal Holds in Mental Health	2.5	Bill SmithWaters Frank SmithWaters; SmithWaters Group	*Open to Licensed and License Eligible Clinicians*
Jun 5, 2019	Staff Development: Recovery in Action, a Peer Perspective	2.5	Sean Bolan, Wellness and Advocacy Center Sean Kelson, Interlink Self-Help Center Kate Roberge, Goodwill Susan Standen, Advocate/Consultant	*Recommended for all SCBH Staff*
Jun 7, 2019	Intervening Early in Psychosis: Outreach, Assessment and CBTp Informed Interventions	6.0	Kate V. Hardy, Psy.D.	*Open to Behavioral Health Professionals*

For a full listing of all trainings conducted, see FY 18-19 Behavioral Health Trainings in Appendix 8 on Page 230.

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.

Assessing and Managing Suicide Risk (AMSR)

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

Workforce Diversification

Mi Futuro Event

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

Continued 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, and the work continued into FY 18-19. The CCP Program has made a significant impact on community wellness and recovery post-Wildfire. 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 18-19 MHSA Newsletters

sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

WELLNESS • RECOVERY • RESILIENCE

Mental Health Services Act Newsletter

41st Edition, September 7, 2018

Suicide Prevention Issue

Working Together to Prevent Suicide

Suicide Prevention Week September 9 - 15, 2018 World Suicide Prevention Day September 10, 2018

EachMind MATTERS KNOW THE SIGNS suicideispreventable.org

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. 9-15, 2018)** 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.

SUICIDE IS AN IMPORTANT COMMUNITY HEALTH PROBLEM

About 75 Sonoma County residents die by suicide each year. This devastating number does not represent the depth of the problem because for every person who dies, there are many more who think about, plan, or try to take their own life. Each life lost to suicide also creates a deep and lasting ripple effect within families and communities. We can prevent suicide, and everyone has a role to play to support those at risk.

SUICIDE CONTRIBUTES TO A LOWER LIFE EXPECTANCY AND HIGHER RATES OF PREMATURE DEATH THROUGHOUT SONOMA COUNTY [1]

- Suicide is the 4th leading cause of premature death.[2]
- Suicide occurs in all Sonoma County communities.
- 3 out of 4 suicide deaths are among men.
- White, non-Hispanics have the highest suicide death rate of all racial/ethnic groups.
- The Sonoma County suicide death rate was 13.4 per 100,000 people, statistically higher than California (10.4 per 100,000).[3]

SUICIDE IS PREVENTABLE.

Together, we can prevent suicide, and many organizations and people in Sonoma County are working on suicide prevention. For example, the **Sonoma County Department of Health Services (DHS)** supports the **North Bay Suicide Prevention Hotline** and the **Know the Signs** campaign. DHS has also trained thousands of Sonoma County high schoolers in an evidence-based approach to identify people at risk of suicide & refer them to help, and supports proper disposal of unused medications & initiatives to prevent adverse childhood experiences.

IF YOU'RE WORRIED ABOUT SOMEONE WHO MAY BE AT RISK OF SUICIDE

KNOW THE SIGNS

DHS 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 support.

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.

(continued on page 2)

NOT ALONE: FILM SCREENING & COMMUNITY DISCUSSION ON TEEN SUICIDE PREVENTION

Tuesday, 9/18/18
5:30-6:45pm | Special pre-screening benefit reception
7-8pm | Film Screening - General Admission - $20
8:15-9:15pm | Community Discussion
Finley Center, 2060 West College Ave, Santa Rosa
Benefit reception - $50 (includes film & community forum)

Driven by a desire to understand why her best friend killed herself at 16, local filmmaker, Jacqueline Monetta invites fellow teens who are suffering to share their emotional struggles. Through her intimate one-on-one interviews, Jacqueline and the audience learn about depression, anxiety, self-harm, suicide attempts, getting help and treating mental health issues.

The special pre-screening reception benefits Buckelew Programs' **Suicide Prevention Hotline**. Meet Kiki Goshay, producer/director of Not Alone and Kali, one of the students from the film, in an intimate setting with fine wine and local fare. Following the film, the community discussion features Kiki, Kali, and Tamara Player, CEO of Buckelew Programs.

Tickets available at: http://bit.ly/SpreventionSR2

LOCAL SCREENING OF "SUICIDE: THE RIPPLE EFFECT" DOCUMENTARY

Tuesday, 9/18/18, 7:00pm
Third Street Cinema,
620 Third St, Santa Rosa

At age 19, Kevin Hines attempted to take his life by jumping from the Golden Gate Bridge. Seventeen years later, he still struggles with many of the same symptoms that led him to attempt to take his life, but he is on a mission to use his story to help others stay alive.

Kevin takes a journey to better understand the ripple effects his suicide attempt had on his family, friends, & the first responders who helped save him. He's also working to shine light on inspirational individuals, families, & organizations who are using personal pain to help others find the hope they need to heal. Tickets ($11) available at: http://bit.ly/2JUqFOs

PROMOTING SUICIDE PREVENTION & AWARENESS AT COPPERFIELD'S BOOKS

Saturday, 9/29/18, 7-8:30pm
Copperfield's Books, 775 Village Court, Santa Rosa

Buckelew Programs is proud to support a free 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. For more information: www.copperfieldsbooks.com/event/lee-daniel-kravetz-0

(continued from page 1)

- 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.

ADDITIONAL SUICIDE PREVENTION RESOURCES AND TOOLS

For anyone struggling: trained, compassionate people are ready to listen to you.

- Call anytime: 1-800-273-8255 or text to 741741 for English or en Español: 1-888-628-9454 for the **National Suicide Prevention Lifeline**.
- Or call the **North Bay Suicide Prevention Hotline** at 1-855-587-6373.

The **National Alliance on Mental Illness (NAMI) Sonoma County** is a grassroots family, client and community member organization, dedicated to improving the lives of people with mental health challenges and the lives of their families and friends. https://namisonomacounty.org/

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's theme is *"Working Together to Prevent Suicide"*. www.eachmindmatters.org/spw2018

The **Directing Change Program & Film Contest** encourages young people in grades 7-12 and/or ages 14-25 to create 60-second films about suicide prevention and mental health. Encourage young people to submit a film to the contest or host a local screening. To view and download films and find several suicide prevention resources for schools and young people, visit www.DirectingChangeCA.org.

SONOMA COUNTY INDIAN HEALTH PROJECT'S MEMORIAL GATHERING

Saturday, 9/15/18, 10am-7pm
Ya-Ka-Ama, 7465 Steve Olsen Lane, Forestville

Gather with community to celebrate wellness & honor your loved ones. Food will be provided! Pictures for memorial table are welcomed. Dance groups, speakers, & fun activities for the kids! For more information, call **(707) 521-4582**. Event funded by the CA Department of Public Health, Native American Reducing Disparities Project, Aunties & Uncles Program to help prevent suicide in the Native community.

6TH ANNUAL SANTA ROSA OUT OF THE DARKNESS COMMUNITY WALK

When you walk in the **Out of the Darkness Walks**, you join the effort with hundreds of thousands of people to raise awareness and funds that allow the **American Foundation for Suicide Prevention (AFSP)** to invest in new research, create educational programs, advocate for public policy, & support survivors of suicide loss. This year's **Santa Rosa Community Walk** will take place on **October 6, 2018** at **Howarth Park**! Registration/check-in begins at 8am & the walk program will begin at 10am. For more information, to register, or to donate, go to: www.afsp.org/santarosa

SONOMA COUNTY SIGNS GOLD RESOLUTION RECOGNIZING SUICIDE PREVENTION WEEK

The **Sonoma County Board of Supervisors** will be presenting a Gold Resolution proclaiming the Week of September 9 through September 15, 2018 as **Suicide Prevention Week** on Tuesday, September 11. The Gold Resolution will be accepted by **Tamara Player**, Executive Director of Buckelew Programs; **Sarah Chapman**, Program Manager of the North Bay Suicide Prevention Hotline of Sonoma County; **Wendy Wheelwright** (DHS staff), Project Manager for the California HOPE Project; and **Mary-Frances Walsh**, Executive Director of National Alliance on Mental Illness (NAMI) Sonoma County. The event will take place at the Board of Supervisors Chambers on September 11, 2018 at 11:15 a.m.

INTERLINK'S 3RD ANNUAL RECOVERY RESOURCE FAIR

Friday, 9/28/18, 1-2:30pm
Interlink Self-Help Center, 1033 4th Street, Santa Rosa

Please join **Interlink Self-Help Center** as they celebrate that recovery in all of its forms is possible! Meet representatives from Buckelew Programs, Project Hope, Pura Vida, Behavioral Health Coop, Wellness and Advocacy Center, National Alliance on Mental Illness (NAMI), Santa Rosa Community Health Centers, California Human Development, Santa Rosa Treatment Program, Santa Rosa Junior College (SRJC) Students for Recovery, the new Sonoma County Office of Patients' Rights team, & more! For more information, please call **(707) 546-4481**.

BEHAVIORAL HEALTH CAMPUS

The **Sonoma County Department of Health Services (DHS)** will relocate its Santa Rosa-based Behavioral Health programs to a single campus that allows for multiple services & increased accessibility in the most populous area of the County.

A **Behavioral Health Campus** will improve service quality, according to DHS Director Barbie Robinson. The Department will be able to provide additional support for those with complex needs improve access and ease of use for patients in recovery from mental illness or substance abuse disorders. Two integrated service centers are planned in Guerneville and Petaluma as well. To speak with a clinician, make an appointment, or secure medication, please contact your case manager directly or call the front desk at (707) 565-4900.

Behavioral Health Services Moving to 2225-2255 Challenger Way in Santa Rosa:

- Adult Mental Health Services moved to 2235 and 2245 Challenger Way July 31, 2018.
- Substance Use Disorders (SUDs) moved to 2255 Challenger Way July 31, 2018.
- Goodwill Industries of Redwood Empire (GIRE) Wellness Center moved to 2245 Challenger Way August 3, 2018.

Additional moves are scheduled in the fall for the following programs:

- Mobile Support Team (MST)
- Crisis Assessment & Prevention Education (CAPE) program
- Whole Person Care program (formerly Community Intervention Program)
- Driving Under the Influence (DUI) program
- Youth and Family program

*[1] All data are from DHS's **Sonoma County Summary Measures of Health Report**. https://sonomacounty.ca.gov/Health/Press-Releases/First-Ever-Summary-Measures-of-Health-Report/*

[2] Premature death is defined as years of potential life lost before age 75 (YPLL-75), a commonly used public health metric.

[3] 2014-2016 age-adjusted data.

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

sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

WELLNESS • RECOVERY • RESILIENCE

Mental Health Services Act
Newsletter

42nd Edition, October 5, 2018

Mental Health Awareness Week

First Week of October

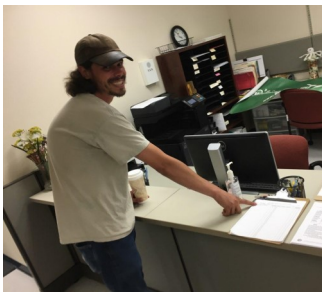
Mental Health Awareness Week (MHAW) is an annual event where advocates across the nation come together to spread awareness about the importance of mental health and to speak out against the stigma around mental illness. Thanks to the efforts of the **National Alliance on Mental Illness (NAMI)** in 1990, the U.S. Congress established the first full week in October for the observance. This year, MHAW takes place from October 7-13.

MENTAL HEALTH AWARENESS WEEK TOOLKIT

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

THE WELLNESS AND ADVOCACY CENTER HOLDS AN OPEN HOUSE AT ITS NEW LOCATION AT THE SONOMA COUNTY BEHAVIORAL HEALTH HUB



Wellness and Advocacy Center, 2245 Challenger Way, Suite #104, Santa Rosa

On August 3, 2018, the **Wellness and Advocacy Center** moved to its new location at 2245 Challenger Way, Suite #104, Santa Rosa. At this new "Hub", the Wellness Center will be co-located with Sonoma County Behavioral Health and other services. The new site features expanded hours, with the Center now being open Mon-Fri 10am-4pm (except Wed 10am-3pm). Community members, family, friends, and providers joined together on September 27th at the Wellness Center Open House to celebrate the new facility.

The Wellness and Advocacy Center is a program of Goodwill-Redwood Empire with funding from Sonoma County Department of Health Services Behavioral Health Division - Mental Health Services Act. For more information, call (707) 565-7800, or visit: www.wellnessandadvocacy.org/

Pictured above: Sean Bolan, 2245 Challenger Way, Sean Kelson

SONOMA COUNTY SUPERVISORS SIGN GOLD RESOLUTION RECOGNIZING SUICIDE PREVENTION WEEK

On Tuesday, September 11, the **Sonoma County Board of Supervisors** presented a Gold Resolution proclaiming the week of September 9 through September 15, 2018 as **Suicide Prevention Week**.

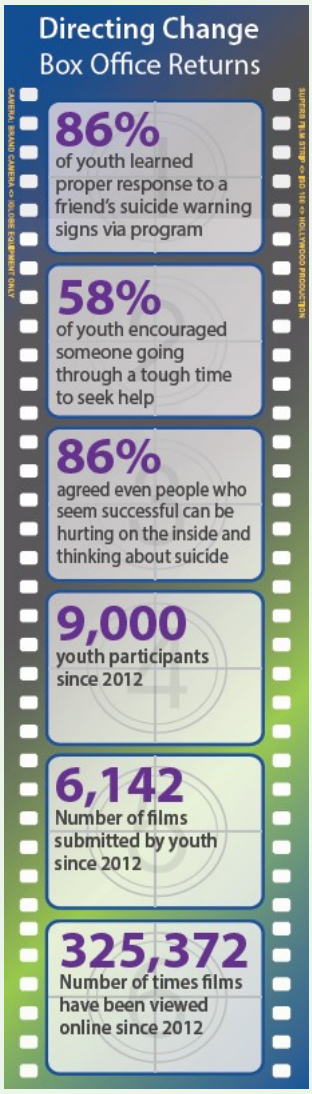
The Gold Resolution was accepted by **Tamara Player**, Executive Director of Buckelew Programs; **Sarah Chapman**, Program Manager of the North Bay Suicide Prevention Hotline of Sonoma County; **Wendy Wheelwright** (Sonoma County Department of Health Services staff), Project Manager for the California HOPE Project; and **Mary-Frances Walsh**, Executive Director of National Alliance on Mental Illness (NAMI) Sonoma County.

SONOMA COUNTY BEHAVIORAL HEALTH CONTRACTS WITH SMITHWATERS GROUP FOR PATIENT RIGHTS ADVOCACY (PRA) SERVICES

The SmithWaters Group
Providing Mental Health Advocacy Services
Sonoma County Office of Patients' Rights

The **SmithWaters Group**, a professional Patient Rights Advocate (PRA) organization, has been hired by Sonoma County Behavioral Health to manage its PRA services going forward.

The SmithWaters Group consists of **Frank and Bill SmithWaters** and **Jackie Shephard**, who collectively possess more than five decades of experience providing PRA services for Napa, Lake and Sacramento counties. PRA duties will include: oversight over the Lanterman-Petris-Short (LPS) Certification Hearing process; grievance response from clients, staff and community members; mandated PRA audits; PRA & LPS trainings; and quarterly and annual reports of Patients' Rights Services. Frank, Bill, and Jackie can be contacted on the PRA Line at **(707) 565-4978**.



The **Directing Change Program & Film Contest** encourages young people to learn about suicide prevention, mental health, and how to support a friend in an innovative way: a film contest. Researching these topics, applying knowledge to the making of the film, and thinking deeply about impacting the opinions of others requires a level of involvement that has lasting impact.

For Youth ages 14-25 or in grades 7-12:
Win cash, get recognized and use your creativity to make a difference.

For Schools and Organizations:
Trainings to support AB 2246, parent workshops, lesson plans, and educational resources.

For Everyone:
View and download hundreds of free films and public service announcements.

Submission Categories:

- Suicide Prevention
- Mental Health Matters
- Animated Short
- Through the Lens of Culture

Submissions are due **MARCH 1st** every year.

Visit www.DirectingChangeCA.org

Funded by counties through the Mental Health Services Act (Prop 63) and administered by the California Mental Health Services Authority (CalMHSA), an organization of county governments working to improve mental health outcomes for individuals, families and communities.

UPCOMING MOVES TO THE NEW BEHAVIORAL HEALTH CAMPUS

Sonoma County Behavioral Health is continuing its phased relocation of services to the new **Behavioral Health Campus** at the Lakes Corporate Center in Santa Rosa.

- ***September*** - Whole Person Care (2255 Challenger Way); Behavioral Health Program Support & Special Projects (2227 Capricorn Way)
- ***October*** - Youth and Family Services (2227 Capricorn Way); Mobile Support Team (2255 Challenger Way)

FIRE AND ICE: RECOVERY AND RESILIENCE - THE 26TH ANNUAL LATINO HEALTH FORUM

Thursday, November 1, 2018, 7:30am-4:30pm
Sonoma State University Student Center Grand Ballroom
1801 East Cotati Ave, Rohnert Park
Cost: $100 (the day of the event, price will go up $25)
CEUs for Nurses & MFTs/LCSWs (additional $25)

Over the past 25 years, the **Latino Health Forum** has seen firsthand the increase of the Latino Population in Sonoma County. The demand for the culturally relevant education provided at the conference is greater than ever. The Latino Health Forum is one of the most educational and informative Latino health care events in Northern California.

The goals of the Latino Health Forum continue to be to inform healthcare professionals about the most relevant problems facing the Latino population and the community at large in Sonoma County, to encourage and inspire students and individuals to pursue careers in health and medicine and to facilitate networking among health care providers.

The Latino Health Forum is proud to continue as an academic conference. For the past 25 years, the Forum has offered BRN continuing education units to health professionals. They provide registration scholarships to high school and college level students to expose them to the many career choices available in the health and social service field.

Who should attend?

- Health Care Professionals & Administrators
- Community Health Care Workers & Promotores de Salud
- Students (High School & College)
- Teachers and School Administrators
- Government Representatives
- Community Leaders
- Community Members
- Health Care Advocates

For more information and to register:
www.latinohealthforum.org

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Newsletter Content: Amy Faulstich; Design: Bruce Robbins

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DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

WELLNESS • RECOVERY • RESILIENCE

Mental Health Services Act Newsletter

43rd Edition, December 28, 2018

Mobile Support Team Expanding Services to West County and Sonoma Valley on January 15

The Sonoma County **Mobile Support Team (MST)** is a crisis response program that exclusively supports local law enforcement when responding to individuals who may be experiencing a mental health crisis. MST aims to provide support, link individuals to needed resources, decrease negative outcomes of law enforcement contacts, increase the safety of law enforcement and individuals in crisis, and connect individuals to the lowest level of care that will meet their needs.

MST consists of both licensed mental health clinicians and certified substance abuse disorders counselors that respond to calls alongside law enforcement that are mental health and/or substance use related. MST staff provide assessment, resources, and referrals to members of the community as well as following up with individuals to help them connect with the services they need. The expansion of MST to West County and Sonoma Valley ensures residents have an accessible and equal system of care regardless of where one lives in the County.

MST currently works in Windsor, Santa Rosa, Rohnert Park, Cotati, and Petaluma, and takes calls from Sonoma County Sheriff's Office, Santa Rosa Police Department, Santa Rosa Junior College District Police, Rohnert Park Police Department, Cotati Police Department, and Petaluma Police Department. On January 15, 2019 MST will expand its services to include Kenwood, Glen Ellen, Boyes Hot Springs, Sonoma, Sebastopol, Graton, Forestville, Rio Nido, and Guerneville.

Since its inception, MST has improved response to individuals in emergency mental health crises in Sonoma County and has helped individuals experiencing behavioral health emergencies from mental illness or from using drugs and alcohol. MST represents real progress in the County's efforts to increase public safety and provide more positive outcomes for families and community members when confronted with behavioral health emergencies. MST is a model for crisis intervention that allows those experiencing behavioral health emergencies to get the much needed services, which reduces strain on law enforcement when responding to such call and prevents individuals in crises from impacting the jail system.

For more information about MST click here:

https://sonomacounty.ca.gov/Health/Behavioral-Health/Community-Response-and-Engagement/Mobile-Support-Team/

MHSA Public Hearing Held on 12/5/18

A **Public Hearing** was hosted by the Mental Health Board on 12/5/18 to review the **Draft Mental Health Services Act (MHSA) 2018-19 Plan Update and Annual Update for 2016-17**. The hearing was well attended, with a number of community members, providers, and those receiving MHSA services taking the opportunity to deliver public comment to the Board. The MHSA Plan is now scheduled to go the Board of Supervisors for their approval in January.

Behavioral Health Contractors Convening

DHS Director Barbie Robinson (center right) hears concerns from contracted providers.

The Department of Health Services (DHS) hosted the **Behavioral Health Contractors Convening** on November 27 at the Glaser Center in Santa Rosa.

The purpose of this convening was to provide contracted providers with an update on recent changes within the DHS Behavioral Health Division. The meeting also served to solicit feedback from the contractor community regarding communications and inform

(continued on page 2)

Apply Now to Serve on the MHSA Steering Committee

The **Sonoma County Mental Health Services Act (MHSA) Steering Committee** will lead the community in creating a comprehensive, integrated, culturally responsive system of mental health services that promotes resilience, recovery, wellness and stigma-free integration into the fabric of the community.

The primary role of the Steering Committee will be to assure that the recommended MHSA Plan:

- Reflects local needs and priorities
- Contains the appropriate balance of services within available resources
- Meets the criteria and goals established by the State Mental Health Services Oversight and Accountability Commission (MHSOAC)

To apply, go to www.sonoma-county.org/mhsa and scroll down to the Steering Committee menu and click on the MHSA Steering Committee Member Application link. The last day to submit an application is **January 4, 2019**.

Bill Carter to Lead Behavioral Health Division

The Sonoma County Department of Health Services (DHS) has selected Bill Carter, LCSW, as its new Behavioral Health Division Director after a competitive recruitment process.

Carter, a state recognized expert in mental health, brings a wealth of experience from Napa County, where he served the past four years as the Mental Health Director of the Napa County Health and Human Services Agency. He was the agency's compliance officer the four years prior.

"I am eager and excited at the opportunity to work in Sonoma County. I believe in the work that our behavioral health clinicians do every day and will seek opportunities to enhance the system of care through operational and fiscal supports to ultimately better serve our clients and community," said Carter.

Carter has more than 30 years of experience in mental health and social services programming as a provider and administrator for both private and public sectors. He was an administrator at the California Institute for Mental Health (CIMH) from 1998 to 2010, designing and implementing program improvements and leading efforts to circulate evidence-based practices in the field.

(continued from page 1)

attendees of the Department's commitment to fulfilling its mandated core services. The meeting also addressed changes to ways the Division and contracted providers can work together.

It was attended by nearly 70 and was well appreciated by those who participated. More such meetings are planned throughout 2019.

DHS Behavioral Health Division staff listen to contracted providers in a break-out session.

Upcoming Each Mind Matters Webinars

Is Suicide Preventable? (2/12/19 at 1 p.m.)
Comprehensive suicide prevention approaches, including postvention after suicide, and how to maintain energy and hope when the going gets tough.
https://register.gotowebinar.com/register/6632742715152024065

Community Engagement for May is Mental Health Awareness Month (3/26/19 at 1 p.m.)
Introduces the 2019 Each Mind Matters Toolkit and features Mental Health Awareness Month activities and strategies.
https://register.gotowebinar.com/register/4358905389909356546

Suicide Prevention Week 2019: Tools, Activity Ideas and Resources (6/18/19 at 1 p.m.)
Materials available to support your suicide prevention efforts during National Suicide Prevention Awareness Week (September 6-12, 2019), World Suicide Prevention Day (September 10), and throughout the month and year.
https://register.gotowebinar.com/register/3620069001064801 30

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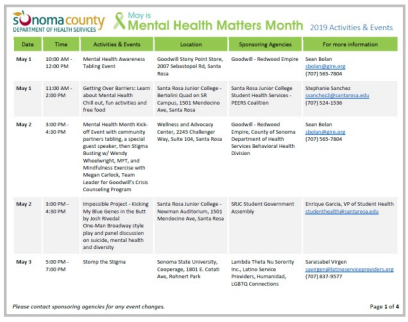
sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

WELLNESS • RECOVERY • RESILIENCE

Mental Health Services Act
Newsletter
44th Edition, May 1, 2019

Every May, Sonoma County comes together to raise awareness about mental health. In Sonoma County, approximately seven percent of the population lives with a serious mental illness. Each year, 20 percent of Sonoma County residents will experience a mental health issue that impacts their ability to function effectively in some area of their life.


sonoma county DEPARTMENT OF HEALTH SERVICES — May is Mental Health Matters Month 2019 Activities & Events

Date	Time	Activities & Events	Location	Sponsoring Agencies	For more information
May 1	10:00 AM - 12:00 PM	Mental Health Awareness Tabling Event	Goodwill Stony Point Store, 2007 Sebastopol Rd, Santa Rosa	Goodwill - Redwood Empire	Sean Belan sbelan@gire.org (707) 565-7804
May 1	11:00 AM - 2:00 PM	Getting Over Barriers: Learn about Mental Health: Chill out, fun activities and free food	Santa Rosa Junior College - Bertolini Quad on SR Campus, 1501 Mendocino Ave, Santa Rosa	Santa Rosa Junior College Student Health Services - PEERS Coalition	Stephanie Sanchez ssanchez2@santarosa.edu (707) 524-1536
May 2	3:00 PM - 4:00 PM	Mental Health Month Kick-off Event with community partners tabling, a special guest speaker, then Stigma Busting w/ Wendy Wheelwright, MFT, and Mindfulness Exercise with Megan Carlock, Team Leader for Goodwill's Crisis Counseling Program	Wellness and Advocacy Center, 2245 Challenger Way, Suite 104, Santa Rosa	Goodwill - Redwood Empire, County of Sonoma Department of Health Services Behavioral Health Division	Sean Belan sbelan@gire.org (707) 565-7804
May 2	3:00 PM - 4:30 PM	Impossible Project - Kicking My Blue Genes in the Butt by Josh Rivedal One-Man Broadway style play and panel discussion on suicide, mental health and diversity	Santa Rosa Junior College - Newman Auditorium, 1501 Mendocino Ave, Santa Rosa	SRJC Student Government Assembly	Enrique Garcia, VP of Student Health studenthealth@santarosa.edu
May 3	5:00 PM - 7:00 PM	Stomp the Stigma	Sonoma State University, Cooperage, 1801 E. Cotati Ave, Rohnert Park	Lambda Theta Nu Sorority Inc., Latino Service Providers, Humanidad, LGBTQ Connections	Saraisabel Virgen saraisabel@latinoserviceproviders.org (707) 837-9577

Please contact sponsoring agencies for any event changes. Page 1 of 4

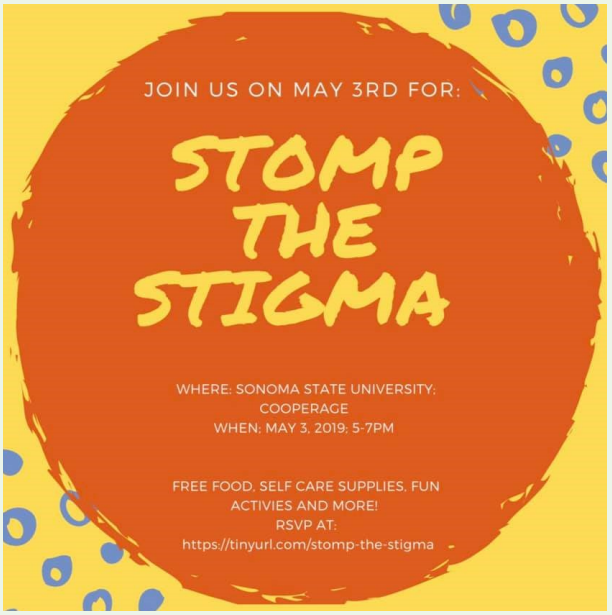
Through increased outreach efforts and other opportunities during **Mental Health Matters Month**, the County of Sonoma Department of Health Services Behavioral Health Division, in collaboration with community partners, emphasizes the importance and effectiveness of increasing awareness of mental health services and decreasing stigma by hosting a variety of activities and events. This year's **Activity & Event Calendar** can be downloaded at the following link:

http://sonomacounty.ca.gov/Health/News/May-is-Mental-Health-Matters-Month-2019/

The theme for this year's Mental Health Matters Month is "Strength in Community". The **Each Mind Matters** campaign encourages everyone to start conversations, listen openly to one another and support a loved one with mental health challenges. For Mental Health Matters Month tools and resources go to:

www.eachmindmatters.org/may2019/

Stomp the Stigma



May 3, 2019, 5:00 p.m. - 7:00 p.m.
Sonoma State University - Cooperage
1801 East Cotati Ave, Rohnert Park

The goal of this event is to promote mental health awareness and resources available to students in Sonoma County. Students will be provided a free meal, an opportunity to practice self-care and to create self-care kits right before finals week! All students and allies are welcome!

The schedule includes:

- Opening performance
- Keynote speaker (Barbie Robinson, MPP, JD, CHC, Director of County of Sonoma Department of Health Services)
- Workshops, Panel, Resource Fair & Activities

Presented by Latino Service Providers, Lambda Theta Nu, Humanidad Therapy and Education Services and LGBTQ Connection. RSVP for the event here:
https://tinyurl.com/stomp-the-stigma

Mi Futuro - My Future is in Healthcare Careers 2019

On January 11, 2019, over 400 students from 22 high schools attended the fourth annual **Mi Futuro Symposium**, a highly-anticipated event that complements workforce development programs in the county by highlighting healthcare careers and educational pathways for promising young professionals.

In addition, Mi Futuro promotes mental health wellness among participants and has an underlying message of social justice, addressing healthcare disparities, and the lack of workforce diversity. The theme of this year's conference was "Compassion and Profession". Speakers included:

- Elizabeth Camacho, a Sonoma State pre-nursing student
- Rebecca Taylor-Ford, Kaiser RN, DNP
- Dr. Ellen Barnett of the Integrative Medical Clinic
- Keynote Speaker, Belinda Hernandez-Arriaga, LCSW and Assistant Professor at USF, who passionately encouraged students to be bold, embrace their culture, and follow their dreams

Afternoon workshops offered practical information on financial aid for college, finding mentors and internships, career pathways, suicide prevention, and holistic approaches to health and wellness. For more details on the curriculum, visit: www.MiFuturoNorCal.org

Step Up to the Plate with Each Mind Matters!

Each Mind Matters (EMM) will be hitting the road this May and stopping at baseball stadiums across California to host mental health awareness events during games for Mental Health Matters Month.

Join EMM and their partners for a fun-filled day to watch your favorite baseball team in action, view EMM's new public service announcement on the Jumbotron, sit in a dedicated lime green section, and visit the EMM outreach table.

Step up to the plate for mental health awareness by wearing lime green gear as well as your favorite team colors to show your support! Games include:

- San Francisco Giants: Wednesday, May 15th at 12:45pm vs. Toronto Blue Jays
- Sacramento River Cats: Friday, May 24th at 7:05pm vs. Salt Lake Bees
- Oakland A's: Saturday, May 25th at 1:07pm vs. Seattle Mariners

For more information, visit: www.eachmindmatters.org/action-items/baseballtickets2019/

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Appendix 2 – Youth Mental Health System Map

Sonoma County Behavioral Health Division - Youth Mental Health System

General Population

CRISIS & EMERGENCY SERVICES

HOSPITALS IN SONOMA COUNTY

- Crisis Stabilization Unit — 12 per day
- Healdsburg District Hospital
- Kaiser Permanente Santa Rosa
- Petaluma Valley Hospital
- Santa Rosa Memorial Hospital
- Sonoma Valley Hospital
- Sonoma Specialty Hospital
- Sutter Santa Rosa Regional Hospital
- Out-of-county hospitals
- Mobile Support Team — 403 total served

PARENT | CHILD / YOUTH

ACCESS & CARE COORDINATION

Hospital Liaison Team

Screening / assessment

Youth Access Team — 359

INPATIENT & RESIDENTIAL PROGRAMS

Social Advocates for Youth Housing Programs

SHORT-TERM SHELTER

- Coffee House Teen Shelter — YOUTH (12-17) & THEIR FAMILIES
- Short-Term Emergency Shelter — YOUTH (18-24)

SUPPORTIVE HOUSING

- Tamayo Village — FORMER FOSTER YOUTH AND YOUNG ADULTS EXPERIENCING HOMELESSNESS
- Buckelew Independent Living — COMMUNITY, INDIVIDUAL OR SHARED HOUSING

TRANSITIONAL HOUSING PLACEMENT PLUS

- TLC Child & Family Services — 16

SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAMS

- St. Vincent's School for Boys (MARIN COUNTY)
- Victor Residential
- Greenacres
- Valley of the Moon

INTENSIVE OUTPATIENT PROGRAMS

FULL SERVICE PARTNERSHIPS

- Family Advocacy, Stabilization, & Support Team (FASST) — 154
- Transition Age Youth (TAY) Team — 58

INTENSIVE SERVICES FOSTER CARE (ISFC)

- Alternative Family Services
- TLC Children's Services

WRAPAROUND SERVICES

- Seneca Family of Agencies

OUTPATIENT PROVIDERS (GENERAL POPULATION & FOSTER CARE YOUTH)

OUTPATIENT CLINICS

- LifeWorks of Sonoma County
- Seneca Family of Agencies
- Social Advocates for Youth (SAY)

PEER & FAMILY PROVIDERS (GENERAL POPULATION & FOSTER CARE YOUTH)

PEER & SOCIAL GROUPS (YOUTH & FAMILIES)

- Buckelew Programs
- NAMI Sonoma County
- PEERS Coalition (Santa Rosa Junior College)
- Social Advocates for Youth (SAY)
- VOICES Youth Center

Foster Care

HUMAN SERVICES

- Human Services Department
- Valley of the Moon
- Presumptive Transfers (Out of County)

Screening / assessment

Foster Youth Team

Juvenile Justice

Court can refer to Youth Access Team

Juvenile Court / Probation

- Juvenile Hall — 1.5
- Probation Camp — 0.75
- Juvenile Sex Offender Services (JSO) — 3

YOUTH PREVENTION PROGRAMS

- Across Ages and Cultures (Action Network)
- Aunties & Uncles (SCIHP)
- Community Baptist Church Collaborative
- First 5 Sonoma County
- Latino Service Providers of Sonoma County
- North Bay Suicide Prevention Program (Buckelew Programs)
- Positive Images

LEGEND

SERVICE DOMAIN

PROGRAM TYPE

- Program / Contracted Provider
- Program in development

- # Full-Time Clinical Staff
- # Client Capacity
- Referral Pathway

COLOR CODES

- Behavioral Health Division (BHD) Programs
- BHD Contracted Providers
- Human Services Programs
- Health and Hospitals
- Justice Agencies

created by Resource Development Associates | December 2019 RDA

Appendix 3 – Adult Mental Health System Map

Sonoma County Behavioral Health Division - Adult Mental Health System

General Population

OUTREACH, INTAKE, & REFERRAL

NON-CRISIS SERVICES

- Access Team — 1,500
- Whole Person Care — 1,100
  HOMELESS OUTREACH SERVICES
- Hospital Liaison Team
- Older Adult Collaborative — 3,276

CRISIS SERVICES

- Crisis Stabilization Unit — 12 per day
- Mobile Support Team — 403 total served

EMERGENCY DEPARTMENTS IN SONOMA COUNTY

- Healdsburg District Hospital
- Kaiser Permanente Santa Rosa
- Petaluma Valley Hospital
- Santa Rosa Memorial Hospital
- Sonoma Valley Hospital
- Sonoma Specialty Hospital
- Sutter Santa Rosa Regional Hospital

RESIDENTIAL FACILITIES, INPATIENT PROGRAMS, & SUPPORTIVE HOUSING SERVICES

LOCKED SHORT-TERM FACILITIES

- Psychiatric Health Facility
- *Out-of-county facilities*

LOCKED LONG-TERM FACILITIES

- Creekside
- IMD/MHRC
- *Out-of-county facilities*

CRISIS RESIDENTIAL TREATMENT (Unlocked Short-Term)

- Progress Sonoma
- Harstad House

ADULT RESIDENTIAL TREATMENT (Unlocked Long-Term)

- A Step Up
- E-Street
- Parker Hill Place

SUPPORTIVE HOUSING PROGRAMS

- Manor House (Buckelew Programs)
- McBride Apartments (Buckelew Programs)
- No Place Like Home
- Board and Care Facilities
- *Scattered Site Vouchers*

INTENSIVE OUTPATIENT PROGRAMS

FULL SERVICE PARTNERSHIPS (FSP)

- Adult Team — 100
- Older Adult Intensive Team — 128
- Integrated Recovery Team — 155

OTHER SPECIALITY PROGRAMS

- Telecare Assertive Community Treatment — 79

OUTPATIENT PROVIDERS

COMMUNITY MENTAL HEALTH CENTERS — 363

- Guerneville CMHC
- Cloverdale CMHC
- Petaluma CMHC
- Sonoma CMHC

OUTPATIENT TEAMS

- Adult Services Team
- Adult Medication Support Team

PEER & FAMILY PROVIDERS

PEER-RUN PROGRAMS

- Petaluma Peer Recovery Project
- Buckelew Programs
- Wellness & Advocacy Center
- Interlink Self-Help Center
- Russian River Empowerment Center
- NAMI Sonoma County

CARE TRANSITIONS & STEP-DOWNS

- Transitional Recovery Team
- Federally Qualified Health Centers

TIME-LIMITED ADVANCED OUTPATIENT CARE

- Collaborative Treatment & Recovery Program

Forensic Services

PRE-TRIAL SERVICES

COMPETENCY RESTORATION

- Community-based Competency Restoration
- Jail-based Competency Restoration (Wellpath)
- Hospital-based Competency Restoration

- Jail-based Behavioral Health (EMBEDDED MENTAL HEALTH CLINICIAN) — 1
- 2 Diversion Program — 19

COURT PROGRAMS

- Mental Health Court

POST-PLEA SERVICES

- Probation Services (EMBEDDED MENTAL HEALTH CLINICIANS) — 3
- Forensic Assertive Community Treatment (FACT) FSP Team (Buckelew Housing) — 3 — 50

LEGEND

- SERVICE DOMAIN
- PROGRAM TYPE
- Program / Contracted Provider
- Program in Development

COLOR CODES

- Behavioral Health Division (BHD) Programs
- BHD Contracted Providers
- Health and Hospitals
- Interagency County Collaborations
- Justice Agencies

Full-Time Clinical Staff # Client Capacity

ADULT PREVENTION PROGRAMS

- Across Ages and Cultures (Action Network)
- Community Baptist Church Collaborative
- Latino Service Providers of Sonoma County
- North Bay Suicide Prevention Program (Buckelew Programs)

created by Resource Development Associates | December 2019 RDA

Appendix 4 – CalMHSA Sonoma County Impact Statement FY 18-19

SONOMA COUNTY

Sonoma County contribution to the Statewide PEI Project in FY 2018-2019: $161,971.20

The Statewide PEI Project: Achieving More Together

In Fiscal Year 2018-2019, 38 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 2018-2019

Funding to the Statewide PEI Project supported programs such as:

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

Statewide achievements in FY 2018-2019

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 2018-2019 include:

- Over 400,000 Lime Green Ribbons disseminated throughout the state
- Over 1 million hardcopy materials were disseminated in counties, schools, and CBOs
- Over $94,000 in mini-grant funds were provided to CBOs, NAMI affiliates, Active Minds Chapters and Community Colleges to host community outreach events utilizing Each Mind Matters resources and messaging
- The Directing Change Program received over 1,000 videos submissions from over 150 schools across California, engaging over 3,600 students
- Nearly 10 new Each Mind Matters culturally adapted resources were developed
- 27 news broadcasts, news articles and radio reports discussed programs implemented by the Statewide PEI Project
- Over 600 county agencies, schools, local and statewide organizations across California were touched by programs implemented by the Statewide PEI Project

Funded by counties through the voter-approved Mental Health Services Act (Prop 63).

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 following information provides a comprehensive summary of activities that were implemented by CalMHSA Statewide PEI Project contractors and their subcontractors in 2018-2019:

CONTRACTOR NAME:	CONTRACTOR STRATEGY:
RSE	• Disseminate existing EMM materials • Create EMM materials, including May is Mental Health Month toolkit • Maintain EMM family of websites • Propose strategic statewide media buys to reach diverse populations
The Directing Change Program and Film Contest	• Inspire youth to create a 60-second Public Service Announcement video to prevent suicide or help change minds about mental health • Disseminate materials • Train judges • Implement awards ceremony • Provide mini-grants
Your Social Marketer (YSM)	• Provide technical assistance and resource navigation to contributing counties • Provide training • Disseminate materials
NAMI California	• Provide sponsorships and mini-grants • Disseminate materials • Coordinate and expand NAMI on Campus High School Clubs
Active Minds	• Technical assistance and support to Active Minds chapters • Provide training & presentations • Provide mini-grants • Provide outreach & engagement
Foundation for California Community Colleges (FCCC)	• Engage students • Provide mini-grants and sponsorships • Disseminate materials • Maintain CCC Health & Wellness project website • Provide training and technical assistance
RAND Corporation	• Provide expertise and strategic to CalMHSA • Provide evaluation
Each Mind Matters (EMM) Outreach & Engagement	• Provide outreach and engagement • Disseminate materials • Create strategic opportunities
The Social Changery	• Provide technical assistance and resource navigation to community-based organizations • Provide outreach and engagement • Disseminate materials • Provide mini-grants and sponsorships

Organizations Reached

In FY 2018-2019, **8** 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

- Sonoma Valley High School

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
- Sonoma County Library
- LifeWorks 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:

- **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: 161

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 2018-2019, twenty-seven TA emails covered topics such as the Suicide Prevention, Promoting Healthy Work places, SanaMente, May is Mental Health Month and more. During FY 2018-2019, specific TA consultations included:

TA to Counties:

- Technical Assistance Support included:
    - The EMM Team responded to a request from Sonoma County Indian Health Project and customized and printed the Know the Signs poster for their Native American Community. (YSM, 8.16.18)
    - The EMM Team met over the phone with **Sonoma County** to review a poster from Know the Signs for the Native community that was adapted from a previous version created for Lake County. The EMM Team reviewed specific logos and other items included on the poster, and Sonoma County approved the poster for distribution. Copies of the poster are to be shared with the Sonoma County Indian Health Project for distribution at a suicide prevention awareness event in September (YSM, 8.7.2018)

TA to Schools

- Total technical assistance consultations: 1

Directing Change

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

- Total number of films submitted: 1
- Total number of youths participating: 5

Web Activity

- Sessions: 131

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]
- "Evidence Supports Social Marketing of Mental Health Treatment: California's Mental Illness Stigma Reduction Campaign" a paper by Dr. Rebecca Collins of RAND which evaluates Each Mind Matters, was accepted by the American Journal of Public Health (AJPH) and published in June 2019. Read here: https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2019.305129

[1] https://www.rand.org/pubs/research_reports/RR1134.html
[2] https://www.rand.org/pubs/research_reports/RR818.html
[3] http://walkinourshoes.org/content/NORCReportonWIOSWebsite.pdf
[4] http://walkinourshoes.org/content/NORCReportonWIOSWebsite.pdf
[5] http://www.directingchangeca.org/wp-content/uploads/CalMHSA%20DC%20Eval%20Report.pdf
[6] http://www.directingchangeca.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 5 – 0-5 Collaborative Evaluation Brief FY 18-19

First 5 Sonoma County: Highlights from the Mental Health Services Act Prevention and Early Intervention 0-5 Programs FY2018-19

April 2020

Prepared by: LEARNING for ACTION

How does MHSA-PEI 0-5 support Early Childhood Mental Health?

Early relational health refers to the earliest relational interactions between an infant and caregiver that lays the foundation for a child's health, learning, and social well-being. The First 5 Sonoma County Commission has long supported this concept, investing in efforts that support both children *and* their families, recognizing that the parent-child relationship (and the health and well-being of the parent/caregiver) is interrelated with the child's well-being. The Commission and its local partners are committed to investing in early childhood mental health, focusing on services that support both infant and maternal health.

> Our focus is the **nexus between infant and parent**, prenatal, 0-2 – we framed it as **early relational health**. [...] Not only is it important to look at that from a funding point of view, but how we're integrating services [to emphasize] **the importance of parent resiliency and well-being for infant development**.
>
> *– First 5 Sonoma County*

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 services for children prenatal to five and their families (MHSA-PEI 0-5). These services support children and their caregivers by:

- Preventing and reducing the impact of Adverse Childhood Experiences (ACEs) and promoting resiliency;
- Increasing awareness of perinatal mood and anxiety disorders (PMDs) and identifying and treating women with perinatal mood and anxiety disorders; and
- Identifying developmental and social-emotional concerns and delays, and helping link families to resources.

MHSA provides direct funding to three MHSA-PEI 0-5 grantees, while First 5 Sonoma County provides coordination, education, and training to support the agencies' capacity to operate collaboratively as a system of care. Specifically, First 5 Sonoma County:

- Convenes bi-monthly MHSA collaborative meetings and encourages the grantees to leverage the partnership to strengthen the supports in the county for early childhood mental health.
- Funds and coordinates Positive Parenting Program (Triple P) training for mental health professionals for the MHSA-PEI 0-5 grantees to provide Triple P Levels 2 through 5 services.
- 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.

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 2018 and June 2019.

The Sonoma County Mental Health Services Act Prevention and Early Intervention 0-5 Collaborative

The Collaborative includes: **Child Parent Institute** (CPI), **Early Learning Institute** (ELI), and **Petaluma People Services Center** (PPSC).

40 years child parent institute

early learning institute

PETALUMA PEOPLE SERVICES CENTER

The three MHSA agencies are part of a coordinated and collaborative effort to provide a continuum of care that supports positive mental health outcomes for parents and their children. The collaborative uses a collective impact model, operating as a learning community and cohort of providers who work together to provide a system of care for children prenatal to five and their families.

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

The three MHSA agencies – Child Parent Institute, Early Learning Institute, and Petaluma People Service – provide the following services, ranging from low-intensity supports for a broad segment of the population to high-intensity services for parents and children with acute needs.

Screenings

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

1006 Developmental and social-emotional **screenings & re-screenings** conducted

Case Management & Referrals

Case management and referrals for children for whom a screening identifies potential delays.

218 **Referrals** for further assessment

490 **Case management** and facilitated referrals

Parent Support

Positive Parenting Program (Triple P) services to strengthen parent-child relationships and build parents' knowledge and skills. Triple P Levels 2-5 range in intensity, from general parenting advice in a group to more intensive, one on one interventions for parents and children with acute needs. Home visits for women living with or at risk for Perinatal Mood Disorder (PMD).

25 **Triple P Level 2 seminars** focused on parenting advice

58 **Triple P Level 3 discussion groups and services** focused on specific parenting skills training

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

69 Women with or at risk for perinatal mood disorder received **home visits**

Linkages to Services & Referrals

One call navigation line, operated by ELI's Watch Me Grow program, that connects families to services in the community, and makes referrals to mental health and developmental services as needed

1000+ **Contacts** with the Watch Me Grow One-Call Navigation Line

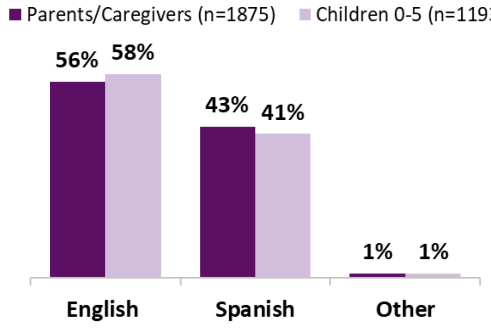
MHSA agencies offer their core services in English and Spanish, which bolsters Hispanic/Latino participation. The majority of those served under MHSA-PEI 0-5 are Hispanic/Latino, and 43% speak Spanish as their primary home languages. Over half (59%) of parents/caregivers who receive MHSA services are female, and MHSA agencies have begun to pilot programs that intentionally engage fathers.

Total Served in FY 2018-19

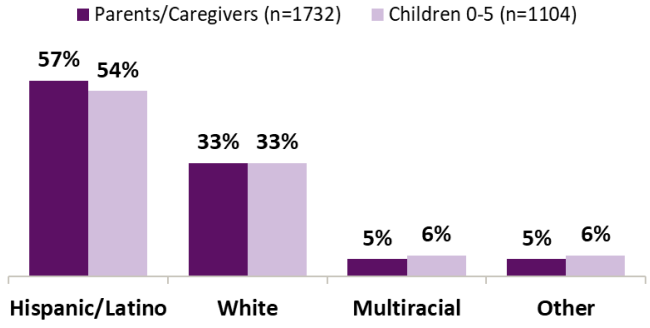
1201 Children 0-5

1875 Parents/Caregivers

Primary Language of Parents and Children Served in FY 2018-19



Race/Ethnicity of Parents and Children Served in FY 2018-19



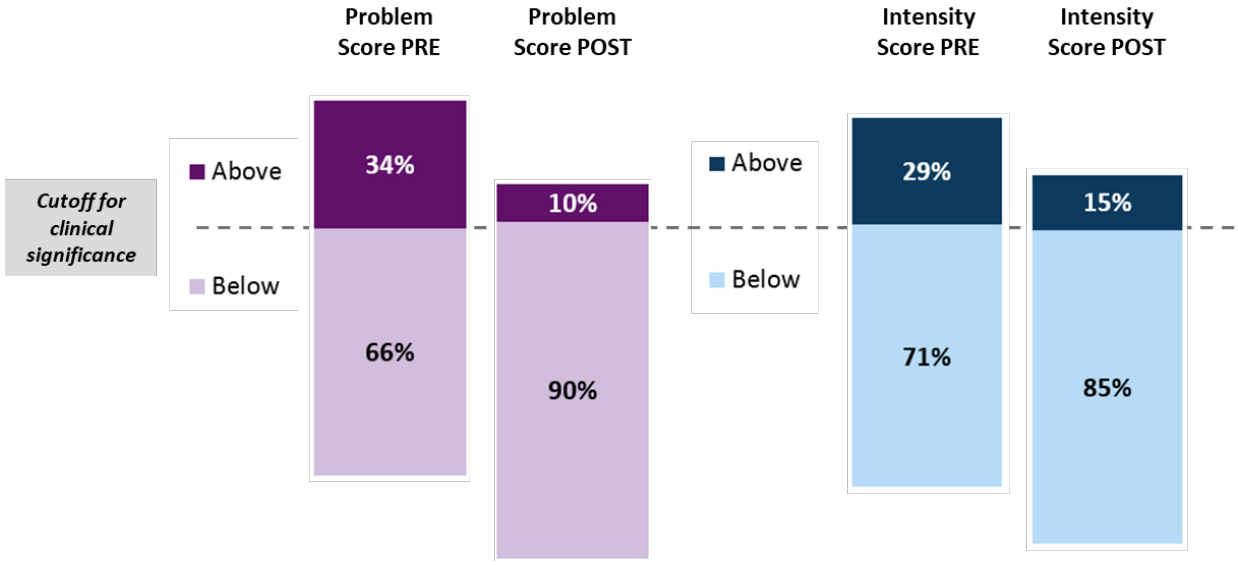
How are MHSA-PEI 0-5 services making a difference for children and families?

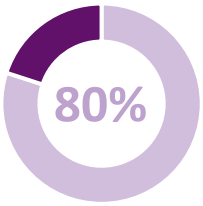
Children exhibit fewer and less intensive difficult behavior

Triple P is an evidence-based intervention aimed to improve parent-child relationships. Families who participated in the higher intensity, one-on-one, Triple P Levels 4/5 services completed the Eyberg Child Behavior Inventory (ECBI) assessment, which measures the frequency and intensity of behavior problems in children. Between July 2018 and June 2019, 102 families completed the ECBI assessment before and after the Triple P program. Following participation in Triple P Levels 4/5 services, children exhibited less frequent problem behavior (measured by the Intensity Score) and parents and caregivers experienced a decrease in the extent to which they perceived their child's behavior as a problem (measured by the Problem Score).

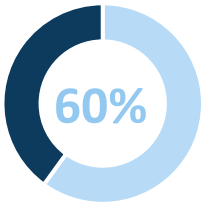
Problem Score: The percentage of families with a Problem Score above the clinical cutoff significantly decreased after participating in Triple P. In general, 73 of 102 (72%) children demonstrated an improved Problem Score. Of the 35 children above the cutoff at pre, 33 (94%) showed improvement and 28 (80%) improved enough to move below the cutoff at post.

Intensity Score: The percentage of families with an Intensity Score above the clinical cutoff significantly decreased after participating in Triple P. In general, 77 of 101 (76%) children demonstrated an improved Intensity Score. Of the 30 children above the cutoff at pre, 28 (93%) showed improvement and 18 (60%) improved enough to move below the cutoff at post.





of children ***above*** the cutoff at pre- are ***below*** the cutoff at post



of children ***above*** the cutoff at pre- are ***below*** the cutoff at post

[We received] a CPS referral for a single mother with 3 children… The mother reported fights, temper tantrums, and crying. [She] **felt depressed, exhausted, and did not know what to do**… [After Triple P], there was a noticeable difference in how the mother managed her children and an **increase in the family's quality of life.** The mother was able to plan activities with confidence that her children would not misbehave or act out.

– MHSA Agency

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

Parents experience fewer negative parent-child interactions

Families who participated in Triple P Levels 4/5 services also completed the Protective Factors Survey (PFS), a tool that measures changes in family's protective factors, including family resiliency and parenting/child development knowledge, both key components of Triple P services. A total of 162 families completed the PFS assessment before and after participating in the Triple P program. Survey results for Parenting and Child Development scores show comparatively lower rates of improvement among families than in previous years, however improvement is still statistically significant in all domains of the survey related to parent-child interactions.

> Our services are about **working with the parent**, giving them the information and tools, so they can have a better relationship with their families.
>
> *– MHSA Agency*

Families Improved Their Family Functioning and Resiliency Scores

61% Of parents increased their adaptive skills and strategies for times of crisis

Families Improved Their Knowledge of Parenting and Child Development

40% Of parents increased their knowledge of how to help their child learn

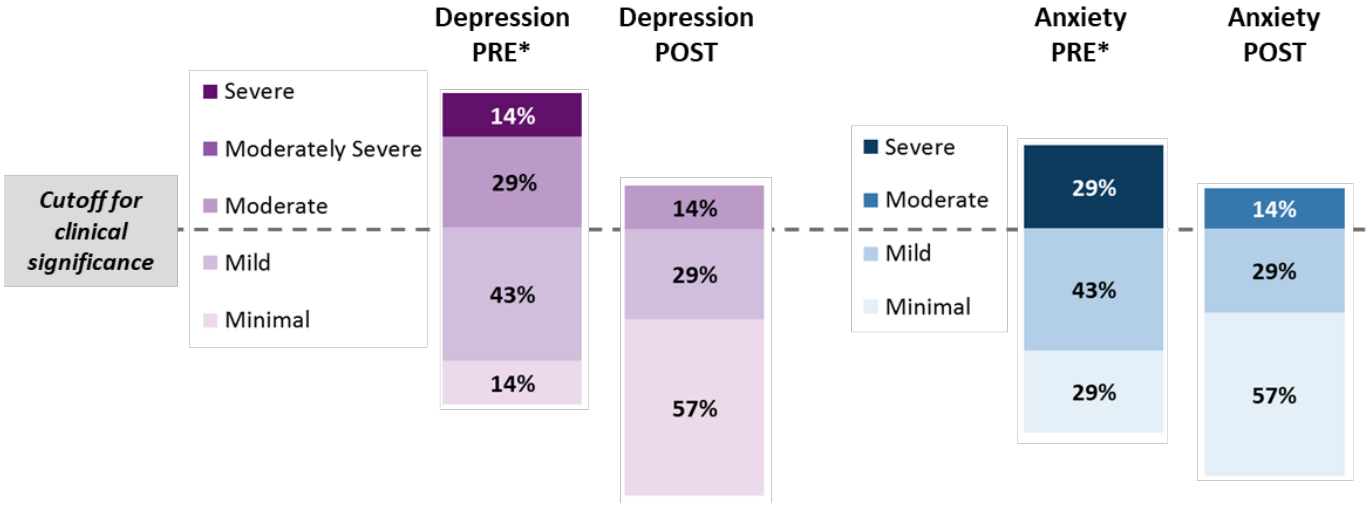
36% Of parents decreased their perception of their child's behavior as intended to upset them

34% Of parents lose control less frequently when they discipline their child

28% Of parents increased their practice of praising their child for good behavior

Women with Perinatal Mood Disorder experience decreased levels of depression and anxiety

Mothers with perinatal mood disorders (PMD) receive home visits from MHSA agencies and participate in a program that promotes bonding with one's baby and strategies for pregnant women and new moms to cope with stress. Of the 69 women who received PMD services during FY 2018-19, seven women began and completed services during that time, as well as completed a pre- and post-assessment. Following treatment, women experienced decreased levels of **depression** and **anxiety**, as illustrated in the graphic below. Though the sample size to too small to reliably test for statistical significance, the data show a positive decline in high-risk scores and a smaller proportion of women above the clinical cutoff after participating in the program.



**The sum of percentages is greater than 100% due to rounding*

What are the priorities for the MHSA-PEI 0-5 Collaborative?

Investing in early relational health is a key priority for supporting children 0-5 and families, given its prevention focus and multi-generational approach. First 5 Sonoma County and the MHSA PEI 0-5 Collaborative are at the forefront of modeling interventions that promote and support early relational health. They identity the following three priority next steps in their ongoing efforts to support this work in Sonoma County.

- **Support families to navigate the system of care.** The Collaborative has helped to create a coordinated system of care for children 0-5 and their families. Yet, as one agency explains, families do not know about the system until they need something for their child. Collaborative members want to ensure that families can easily access the system whenever needs arise, and that starts with ensuring service providers are easily able to refer them through one point of contact. Making sure those clear channels of communication and connection are in place across the whole system is a key priority.

- **Strengthen the Collaborative structure.** The Collaborative brings together a diverse perspective of experiences and voices all working in partnership to provide coordinated care to children and families, yet there are more agencies providing or connecting with early relational health services within that system of care. Increasing the number of partners in the Collaborative will further strengthen the level of coordination across service providers in the county, as well as broaden funding streams and support efforts to improve navigation for families. Additionally, Collaborative members are interested in figuring out more opportunities to intentionally coordinate work across the system.

- **Explore opportunities to align resources with the need in the community for early childhood mental health services.** Collaborative agencies want to increase their staff capacity to provide Triple P services to parents in more rural parts of the county that lack services. But, as one Collaborative member notes, the current budget does not allow their agency to provide community-level trainings across the county. First 5 and other funders in Sonoma County should explore ways to increase service provider capacity to serve those parts of the community with the greatest need.

> Our focus has been on **the population who have been afraid to come in** to get the other services we offer. When they come in, we can tell them about all the things we do.
>
> Without **the partnership** we wouldn't be able to do the work. It's important to have those relationships. … We receive a lot of referrals from [our Collaborative partners], which **helps us connect with those other families we might miss otherwise**.
>
> *- MHSA PEI 0-5 Agencies*

About This Brief

Learning for Action (LFA), the local evaluator for First5 Sonoma County, conducted data management and analysis procedures using the Statistical Package for the Social Sciences (SPSS). LFA ran frequencies and descriptive statistics for MHSA clients' demographics and the Eyberg Child Behavior Inventory (ECBI), Protective Factors Survey (PFS), Patient Health Questionnaire (PHQ-9) (depression), and Generalized Anxiety Disorder (GAD-7) (anxiety) assessment results. LFA also ran statistical analyses to explore differences in clients' assessment scores pre and post program participation. Analysis results of the pre and post assessments that are statistically significant ($p<.05$) are called out as significant in the narrative of the report.

Appendix 6 – SRJC QPR Outcomes Report FY 18-19

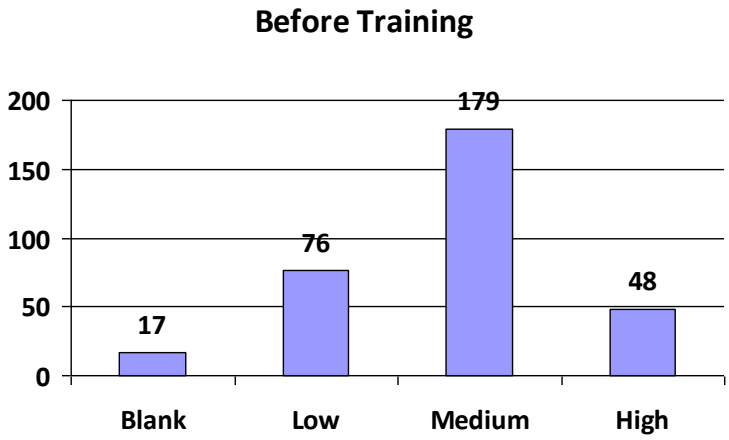
QPR Training Outcomes Report - Date Range

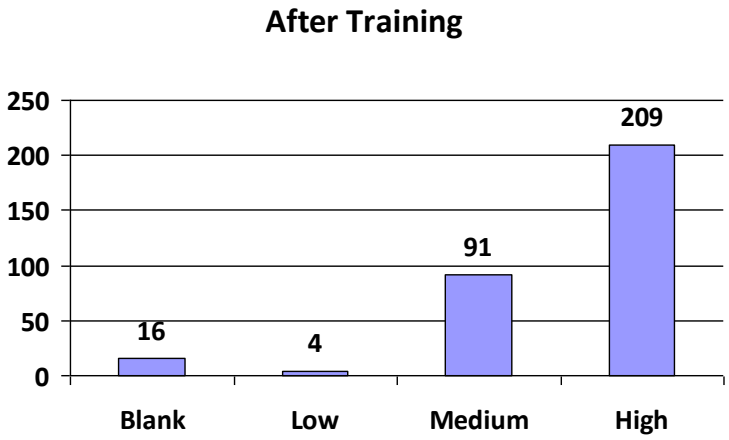
Report Range: 7/1/2018 to 6/30/2019

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

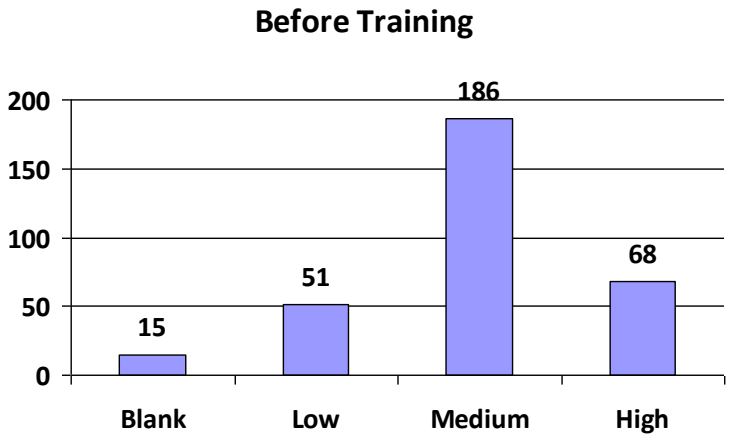
How would you rate your knowledge of suicide in the following areas?

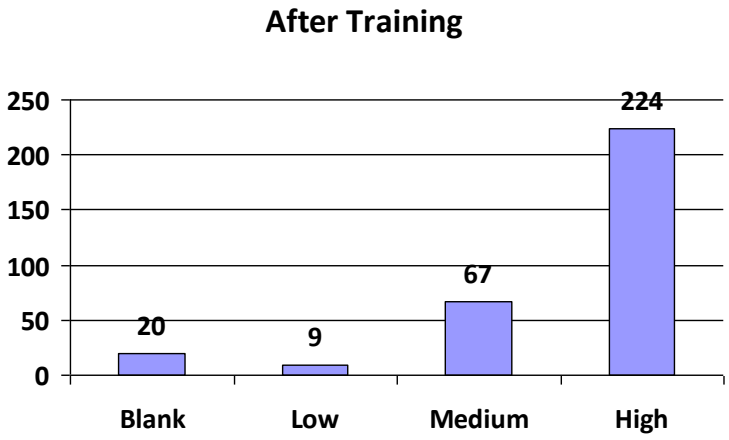
Facts concerning suicide prevention:



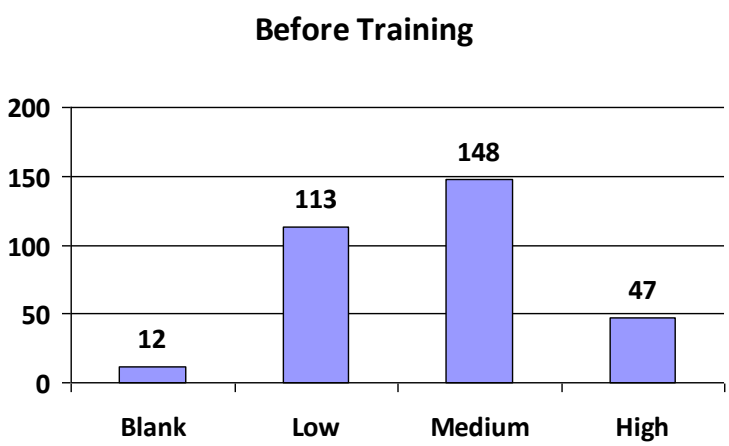


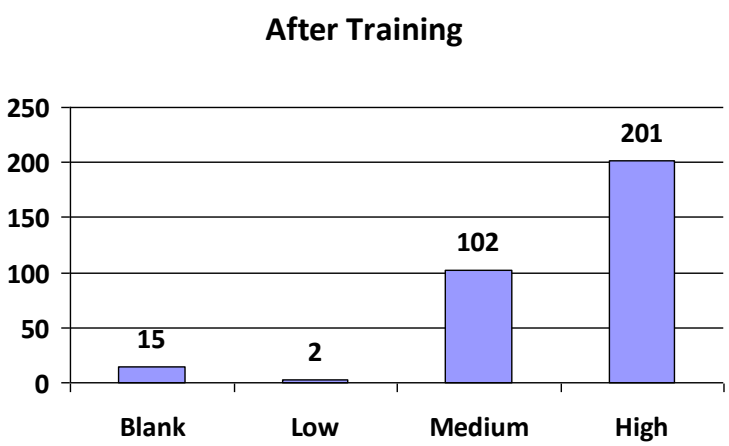
Warning signs of suicide:



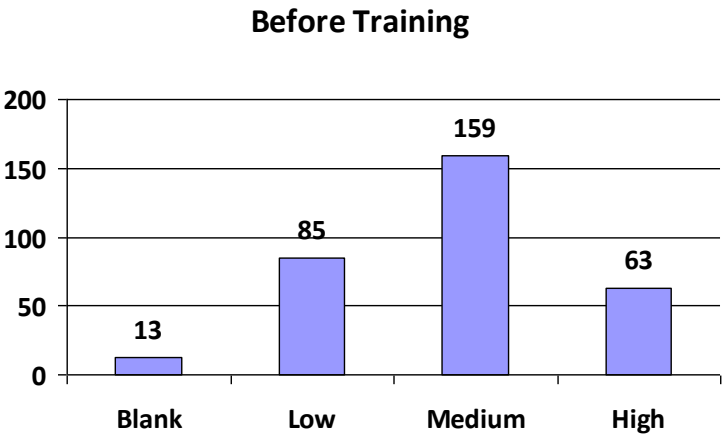


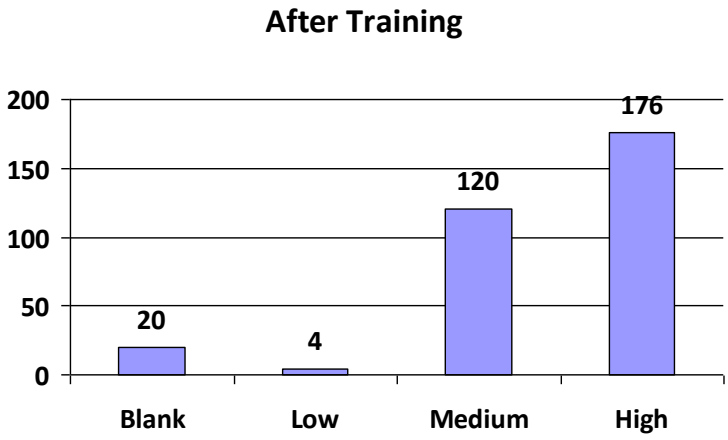
How to ask someone about suicide:



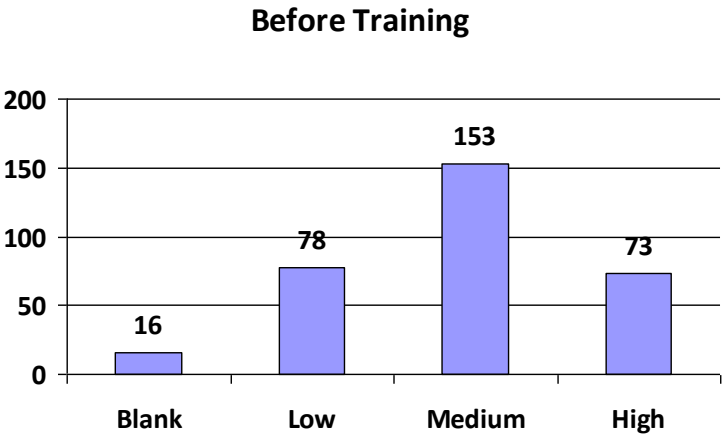


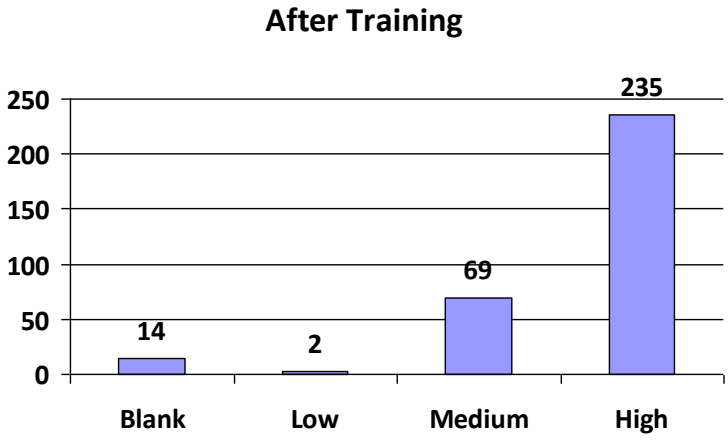
Persuading someone to get help:



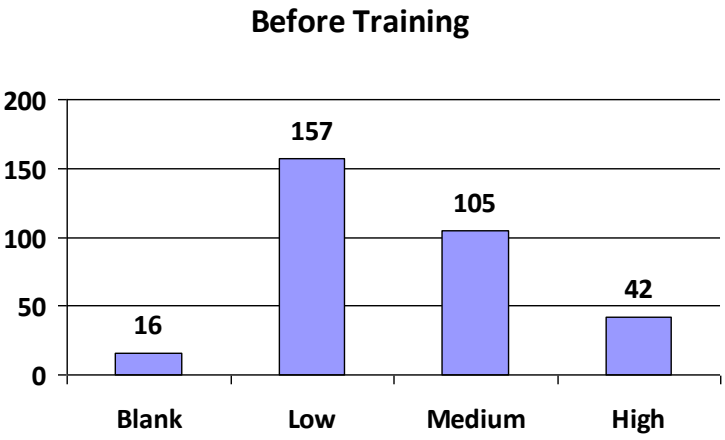


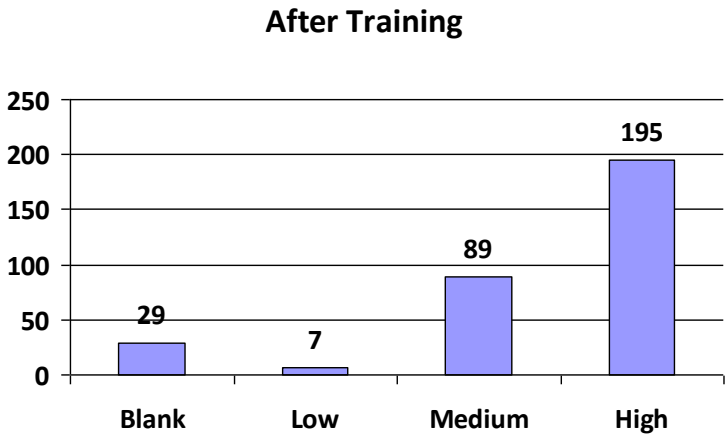
How to get help for someone:



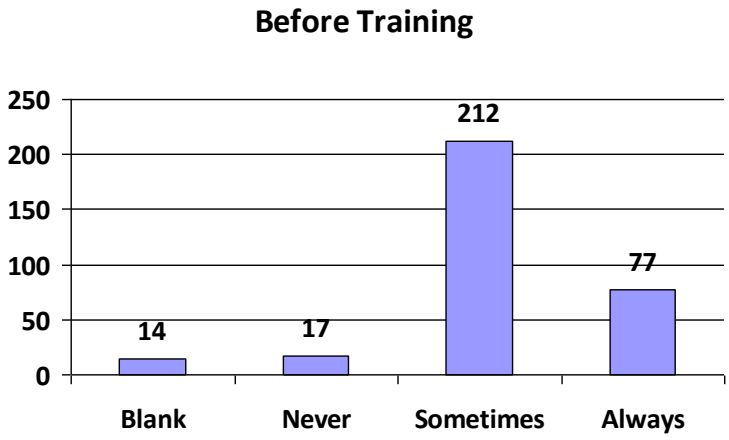


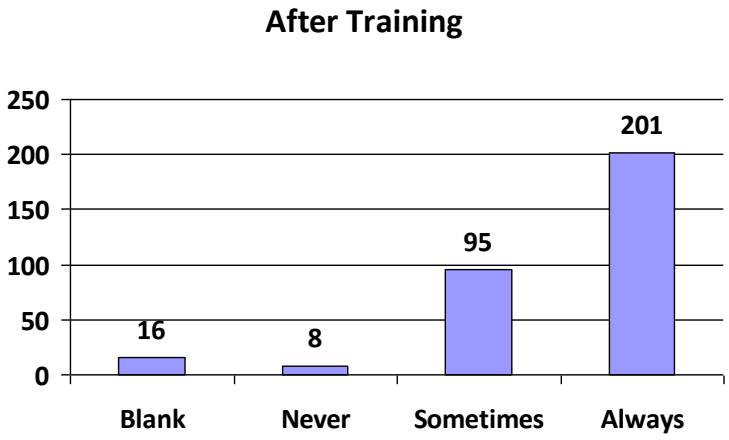
Information about local resources for help with suicide:



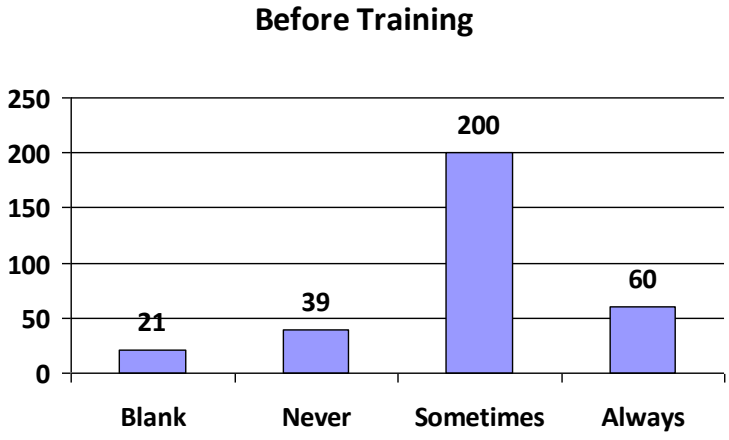


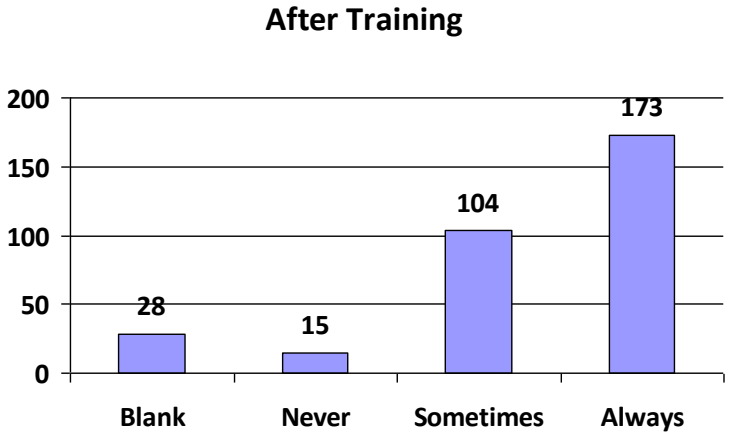
Do you feel that asking someone about suicide is appropriate?



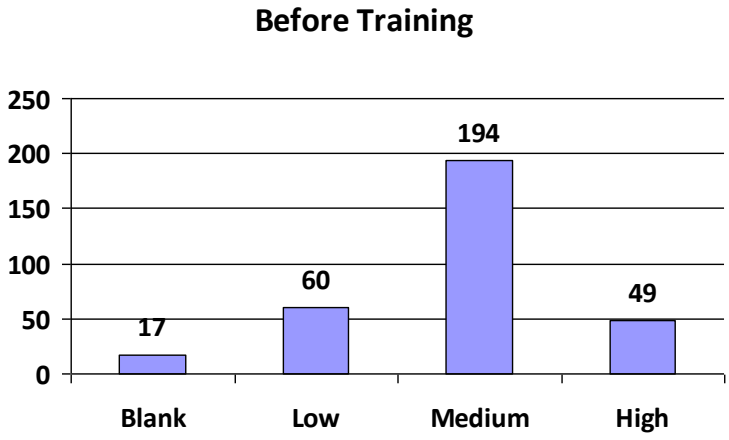


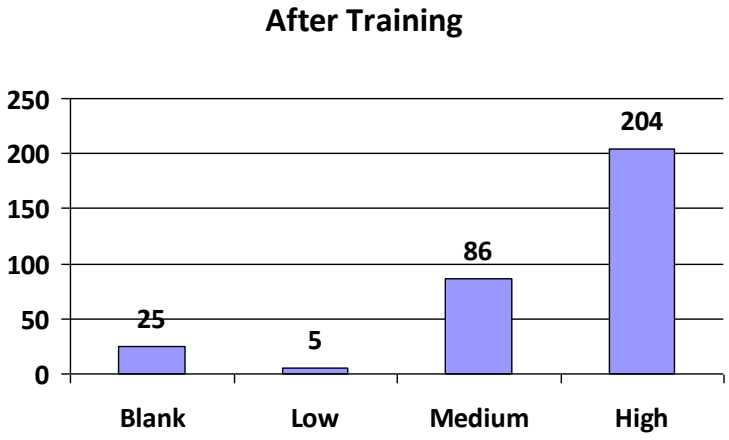
Do you feel likely to ask someone if they are thinking of suicide?



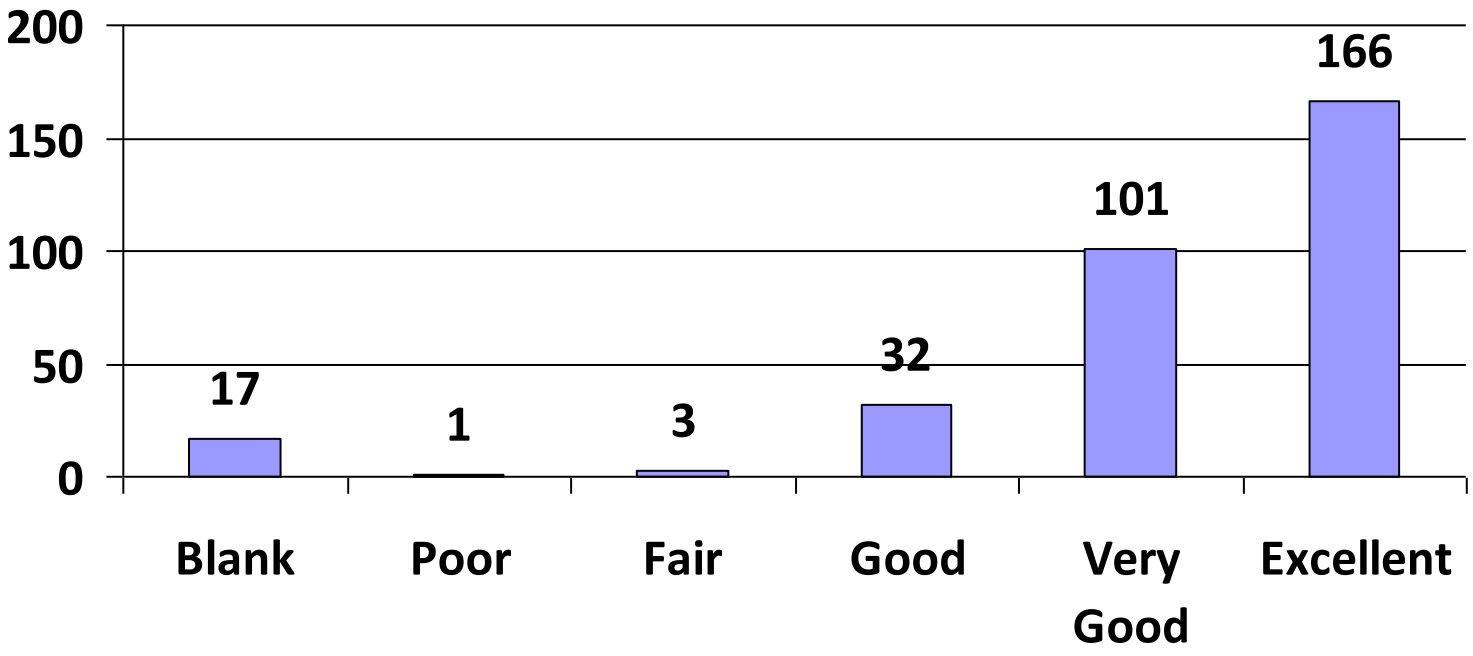


Please rate your level of understanding about suicide and suicide prevention:

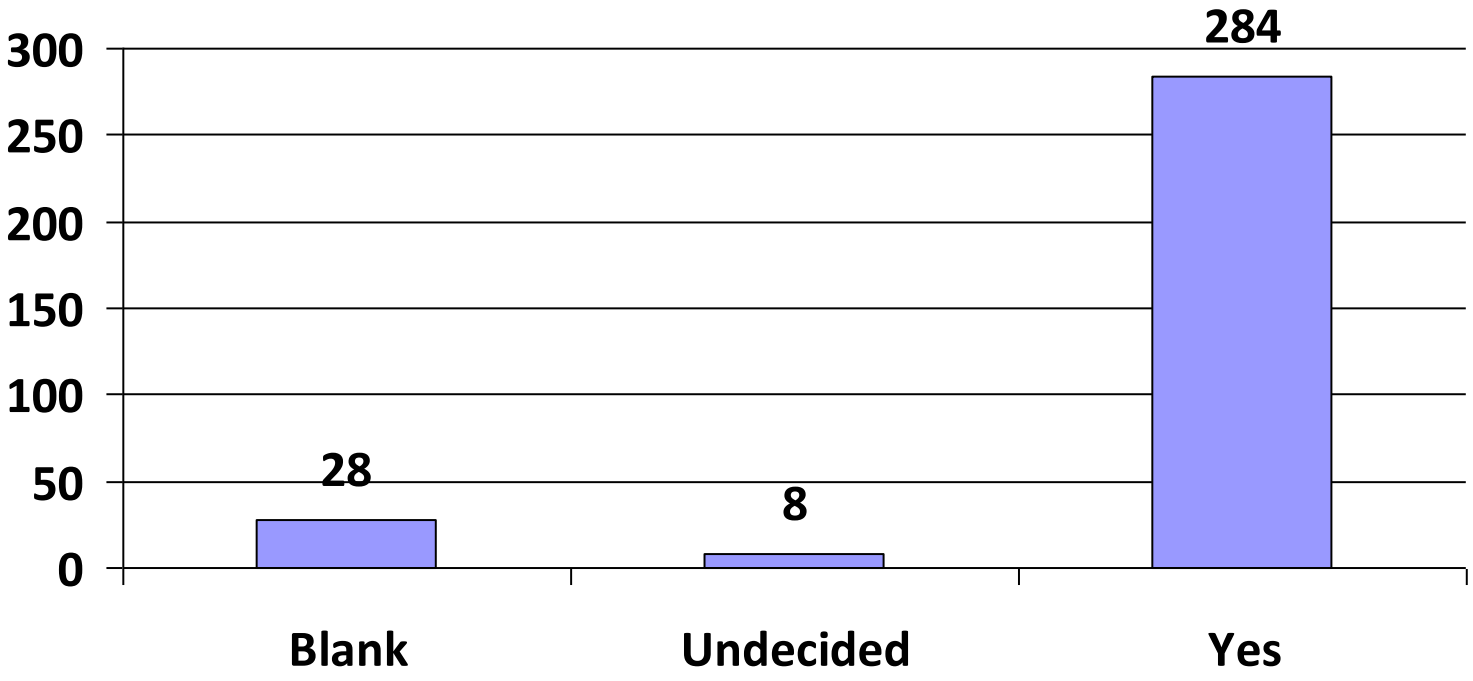




Please provide your OVERALL rating of the quality of this training:



Would you recommend QPR training to others?



Appendix 7 – SRJC “Movies for Mental Health” Evaluation Summary 4/11/19

ART WITH IMPACT

Movies for Mental Health

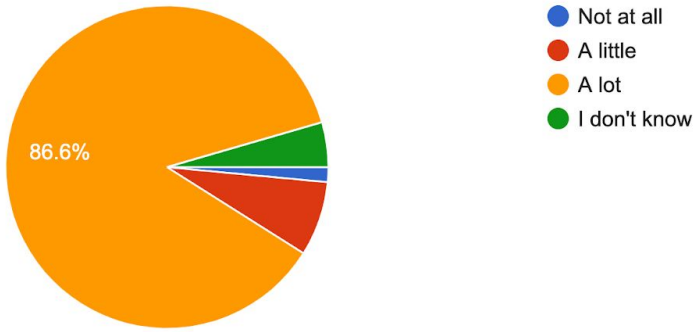
Post-Workshop Evaluations

Santa Rosa Junior College
April 11, 2019

Number of attendees: 90
Number of evaluations: 67

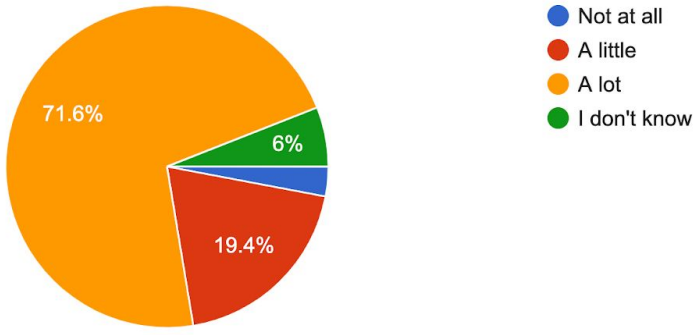
In your opinion, did this event create awareness of mental health issues?

67 responses



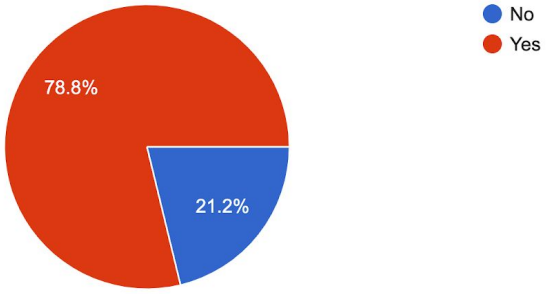
In your opinion, did this event reduce stigma related to mental illness?

67 responses



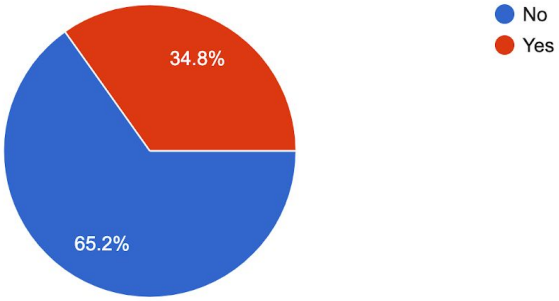
Did you know about your school's counseling services before this event?

66 responses



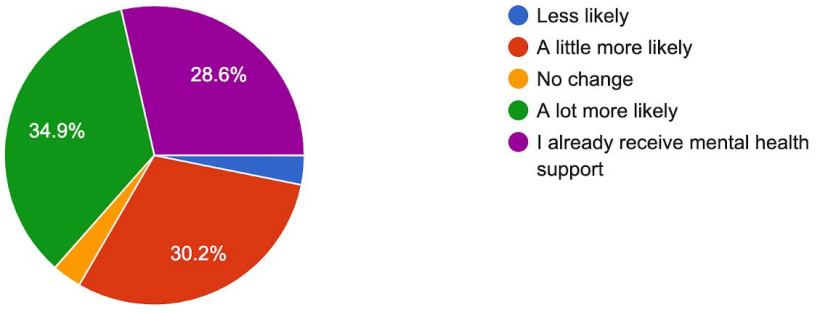
Did you know about the Mental Health Services Act (Prop. 63) before this event?

66 responses



After this event, are you more or less likely to seek support for your mental health?

63 responses



What type of mental health support do you think would be most useful to you?	
On-campus MH support	**27**
Off-campus MH support	**18**
Traditional / spiritual	**15**
Family	**15**
Friends	**18**
Professors / mentors	**11**
The arts / creativity	**24**
Fitness / physical activity	**27**
Online resources	**10**
Other: Peers	**1**

How did you hear about this event?	
Friend	**6**
Professor / class	**25**
Student group	**5**
Email	**3**
Online / Facebook	**2**
Posters / flyers	**15**
Other	**8**

What was your main takeaway? (Highlights: see raw data for full list)
The need for a stronger positive voice for mental health You never know who may be suffering from mental problems just by looking at them I'm not alone How strong our community is Remembering to have empathy

Movies (x2)
You don't need to deal with it alone
That mental illness looks different for everyone
Powerful, honest, resilient
Keeping the conversation open. Being there for others but not overwhelming myself
I now know that SRJC provides mental health assistance
Not all mental illnesses are obvious or the same
Mental wellness is a component of mental health
We are WORTH help
Something we need to talk more about / normalize
Super super well done! Very interesting and inspiring
We need to speak up and out about mental health; also, acceptance of others is HUGE

If you were telling a friend about this workshop, you would describe it as:

(Highlights: see raw data for full list)

Awesome way to destigmatize mental illness through film and discussion
Informative, healing
Eye-opening, helpful
Uplifting
An opportunity to see how mental health is throughout our community
Enlightening, helpful, moving
It was good. Loved the movies. Found them all touching
Supportive, safe, interactive
Powerful, moving, informational
Worthwhile, educational, relatable even if you don't have a mental health problem
An informational event to spread awareness and seek help
De-stigmatizing thing we are usually scared to discuss
Relatable, relevant, real, important
Interactive, supportive, inspiring, positive
Excellent, enlightening - super good at normalizing and de-stigmatizing
Made me feel less alone
Uplifting, inspiring, emotion-provoking, feel that I am with my tribe FINALLY

How might you use what you learned today?

(Highlights: see raw data for full list)

Listen better
Remember to take care of myself
Be more aware of the mental health issues going on around me
Just remembering to let people and loved ones know that they have people here for them
I will nurture the little girl in me
In conversations with family, friends, even strangers
Reach out for help
Better strengthens me to pursue the help i'm getting myself to reach out for
An awareness of mental health and compassion for others suffering
Make connections; build a support network
Be more open and talk about my journey with mental health

What are the biggest barriers to your mental wellness and/or receiving mental health support?

(Highlights: see raw data for full list)

Time (x5)
Denial (x4)
Stigma (x4)
Feeling alone
Anxiety/fear (x2)
Not wanting to leave my house
Unable to speak up for myself
Misinformation
Money (x4)
The cost/insurance and stigma by mental health providers
"Toughing it out"
Doubt that there is help for me
Fear, judgmental feeling like you will not be taken seriously
Understanding that i had a problem
Money and comfortability around people I don't know
Thought I am responsible for my well being
Transportation
The idea that i can just rely on self-reliance and i don't need support
Not seeing it as big a deal as it may be
My barriers have been hanging in there waiting for meds to work; also fear of seeming weak

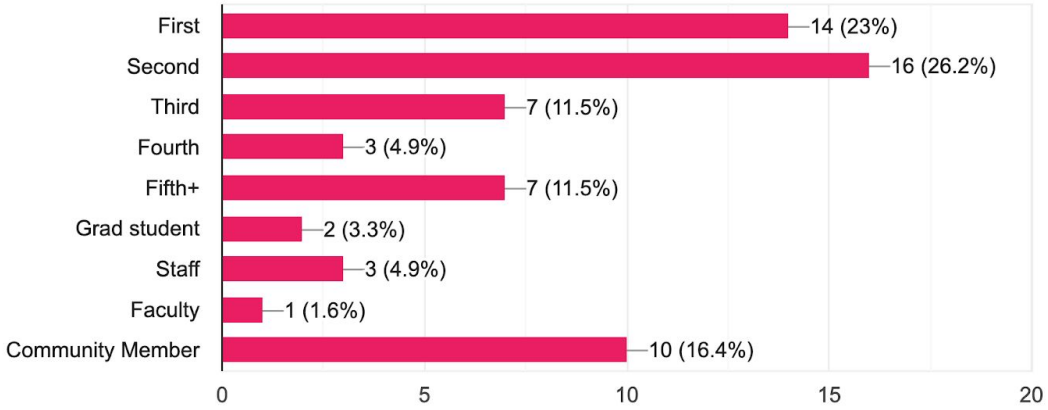
How can we improve this event in the future?

It was great (x13)
Lead speaker could have introduced himself better. a little more of seth's personal story would allow the audience to connect
Better seating for handicapped
Structure talking points, provide resources, reduce audience interaction
Dogs were great. Please bring them back!
It was great. Make it bigger
Audience needs microphone. A little more prepared, knowledgeable about technology
Petting pets in a different room
Time management
More informational presentation to classes and videos were great
More time (6)
More / better food (x2)
Bring in suicide survivors/ spread awareness about mental illness with suicide
How to help a person - what not to say to a person with mental illness
More talk about variety. Give us more solid info, less talk from audience
Unsure--maybe put out sugar for the tea/coffee :)
Present the therapy dogs
Do it again next year! :)
More discussion time after movie
Perhaps more outreach
Allow more time for the wonderful students to speak -- share lived experience

Major	
Advocacy	**2**
Anthropology	**2**
AODS	**3**
Autos	**1**
Biology	**2**
Communications	**1**
Community Health	**1**
Computer Technology	**1**
Film	**1**
GED-phse	**1**
Graphic Design	**1**
Human Services	**10**
Humanities	**2**
Kinesiology	**1**
Nursing	**1**
Political Science	**1**
Psychology	**5**
Restaurant Management	**1**
Social Work	**2**
Sociology	**2**

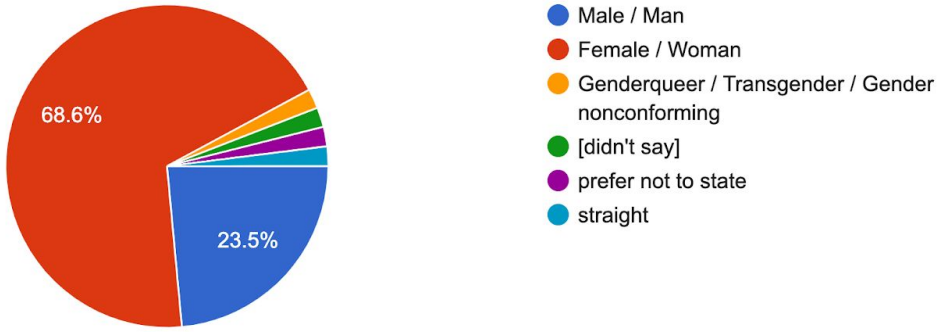
Year

61 responses



Gender Identity

51 responses



Race / Ethnicity		
Asian / Asian-American	**2**	**4%**
Black / African / African-American	**2**	**4%**
Hispanic / Latinx	**12**	**22%**
White / Caucasian	**29**	**54%**
Multiracial	**9**	**17%**

Appendix 8 – FY 18-19 Behavioral Health Trainings

FY 18-19 Behavioral Health Trainings

DATE	TITLE	TIME	PRESENTER(S)	AUDIENCE
Jul 28 & 29, 2018	Wildfire Survivor Mental Health Training: Skills for Psychological Recovery (SPR) Training	12	Dr. Doug Walker Dr. Patricia Watson	*Behavioral Health Practitioners*
Aug 1, 2018	Staff Development: Navigating System Change: Team Building and Connection	1.5	Wendy Wheelwright, LMFT	*Recommended Training for all SCBH Staff*
Sep 9, Sep 10, 2019	Crisis Counseling Assistance (CCP) Mid-Program Training	7.0	Wendy Wheelwright, LMFT	*CCP Collaborative Team*
Oct 3, 2018	Staff Development: Patients' Rights Advocacy: History, Process and Resources	1.5	Bill SmithWaters Frank SmithWaters; SmithWaters Group	*Mandatory for all Clinical Staff*
Oct 10, 2018	5150 – Review of 5150's and Other Legal Holds in Mental Health	3.0	Michael Kozart, MD, PhD; Sonoma County Mental Health Medical Director	*Open to Licensed and License Eligible Clinicians*
Oct 25, 2018 Oct 30, 2018 Oct 31, 2018	EM Coding for Medi-cal Billing	1.0	Wendy Wheelwright, LMFT	*Psychiatric Providers*
Dec 3-4, 2018	Crisis Counseling Assistance (CCP) – Skills for Psychological Recovery (SPR)	12	Robert Macy, PhD, DMT	*CCP Collaborative Team*
Dec 5, 2018	Staff Development: The Human Side of Change	2.5	Ric Giardina; Workforce Development Manager, County of Sonoma	*All Staff Welcome*
Jan 11, 2019	Mi Futuro	All day		*16-30 year olds*
Jan 11, 2019	Crisis Counseling Assistance (CCP) Advanced Treatment Consideration	3.0	Matthew Vasquez, PhD.	*CCP Collaborative Team*
Jan 15, 2019	5150 – Review of 5150's and Other Legal Holds in Mental Health	2.5	Bill SmithWaters Frank SmithWaters; SmithWaters Group	*Open to Licensed and License Eligible Clinicians at Aurora Behavioral Health Hospital*

DATE	TITLE	TIME	PRESENTER(S)	AUDIENCE
Jan 25, 2019	5150 – Review of 5150's and Other Legal Holds in Mental Health	2.5	Bill SmithWaters Frank SmithWaters; SmithWaters Group	*Open to Licensed and License Eligible Clinicians*
Feb 6, 2019	Staff Development: Law & Ethics	3.5	Linda Garrett, JD; Garrett Consulting Group, LLC	*Required Training for all Clinical Staff, including clerical and administration*
Feb 6, 2019	Supportive Interventions: Crisis Communication and Containment	8.0	Melissa Gary Julian Romero	*CSU staff*
Feb 25, 2019	Crisis Counseling Assistance (CCP) CA Hope – Imagine You	3.0	Wendy Wheelwright, LMFT	*CCP Collaborative Team*
Mar 5, 2019	5150 – Review of 5150's and Other Legal Holds in Mental Health	2.5	Bill SmithWaters Frank SmithWaters; SmithWaters Group	*Open to Licensed and License Eligible Clinicians at Aurora Behavioral Health Hospital*
Mar 6, 2019	Staff Development: Safety in the Office and De-escalation Techniques	2.5	Hector Alvarez, Founder Alvarez Associates	*Required Training for all Staff, including clerical and administration*
Apr 2, 2019	5150 – Review of 5150's and Other Legal Holds in Mental Health	2.5	Bill SmithWaters Frank SmithWaters; SmithWaters Group	*Open to Licensed and License Eligible Clinicians*
Apr 3, 2019	Staff Development: Suicide Risk Assessment and Safety Planning	2.0	Katie Bivin, LMFT Melissa Ladrech, LMFT Karin Sellite, LCSW	*Mandatory for Managers, Clinical Specialists, BH Clinicians, BH Interns and Senior Client Support Specialists*
Apr 15-18, 2019	Crisis Intervention Training (CIT)	32	Various presenters – see attached	*Sonoma County Law Enforcement*
Apr 25, 2019	5150 – Review of 5150's and Other Legal Holds in Mental Health	2.5	Bill SmithWaters Frank SmithWaters; SmithWaters Group	*Open to Licensed and License Eligible Clinicians*
Apr 26, 2019	AMSR: Assessing & Managing Suicide Risk	6.0	Melissa Ladrech, LMFT	*Open to Behavioral Health Professionals*

DATE	TITLE	TIME	PRESENTER(S)	AUDIENCE
May 1, 2019	Staff Development: LGBTQ Mental Health Training	2.0	Jessie Hankins, LGBTQ Connections Jessica Carrol, Positive Images	*Required Training for All Staff, including clerical and administration*
May 7, 2019	AMSR: Assessing & Managing Suicide Risk	6.0	Melissa Ladrech, LMFT Serina Sanchez, LMFT	*Open to Behavioral Health Professionals*
May 17, 2019	Older Adult Depression: An Integrated Approach to Improving Outcomes through Collaborative Care	3.0	Ladson Hinton, MD; UC Davis Patrick Arbore, Ed.D., Center for Elder Suicide Prevention Todd Finnemore, Psy.D.; West County Health Centers	*Open to Behavioral Health Professionals*
May 28, 2019	5150 – Review of 5150's and Other Legal Holds in Mental Health	2.5	Bill SmithWaters Frank SmithWaters; SmithWaters Group	*Open to Licensed and License Eligible Clinicians at Santa Rosa Veteran's Administration*
Jun 4, 2019	5150 – Review of 5150's and Other Legal Holds in Mental Health	2.5	Bill SmithWaters Frank SmithWaters; SmithWaters Group	*Open to Licensed and License Eligible Clinicians*
Jun 5, 2019	Staff Development: Recovery in Action, a Peer Perspective	2.5	Sean Bolan, Wellness and Advocacy Center Sean Kelson, Interlink Self-Help Center Kate Roberge, Goodwill Susan Standon, Advocate/Consultant	*Recommended for all SCBH Staff*
Jun 7, 2019	Intervening Early in Psychosis: Outreach, Assessment and CBTp Informed Interventions	6.0	Kate V. Hardy, Psy.D.	*Open to Behavioral Health Professionals*

Appendix 9 – Early Psychosis Learning Health Care Network Statewide Collaborative (Sonoma County appendix)

Appendix VI: Sonoma County

County Contact and Specific Dates

- Primary County Contact (Name, Email, Phone):
  - Melissa Ladrech, Project Manager/MHSA Coordinator
  - Melissa.Ladrech@Sonoma-County.org
  - Office: 707.565.4909 Mobile: 707.387.2691
- Proposed date for posting for local 30-day Public Review and Comment Period:
  - Monday, April 27, 2020 – Wednesday, May 27, 2020
- Proposed date for posting for local MH Board hearing:
  - Wednesday, May 27, 2020
- Proposed date to send to MHSOAC
  - Monday, June 1, 2020
- Proposed date of BOS review and approval:
  - Tuesday, June 9, 2020

Description of the Local Need Add

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).[2] 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.[3] 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.

Psychotic illness is a major public health issue, devastating individuals, families and society. Although the causes are not completely understood, the first psychotic episode typically occurs in youth and young adults. Hallucinations and delusions are characteristic features of psychosis, but it can also result in a lack of motivation, inability to think clearly, tremendous social stigma, and high rates of substance abuse and homelessness, often leading to suicide. Locally, the recent MHSA Capacity Assessment, 2016-2019 for Sonoma County reported a gap in community knowledge in how to access the mental health system of care, potentially creating delays for those in need. Some family members reported feeling "lost" at the initial stage of their loved one's mental illness. They were often leading the process and were unsure if they should seek services and did not know who to ask for support with such a major decision. Sometimes this resulted in **waiting to seek help until their loved one experienced a crisis**, which they felt could be prevented by having more education about mental illness and information on the resources available. For those that knew they wanted to access services, many reported not knowing where to go to learn about Sonoma County's behavioral health system generally, or specific services and providers. Some stakeholders reported taking a long time to figure out what steps to take to help their loved one and noted the adverse emotional impact of not being able to provide immediate support.[4]
The service delays described above may have led to an increased use of crisis services. There exists a high level of need among consumers in Sonoma compared to other California counties. Many

[2] 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
[3] 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/
[4] Research Development Associates, Sonoma County Mental Health Services Act FY 2016-2019 Capacity Assessment.

residents used crisis services through the Crisis Stabilization Unit (CSU), inpatient hospitals, and emergency departments. In fiscal year 2018-2019, about 2,000 consumers went to the **Crisis Stabilization Unit (CSU) over 2,500 times**, and many stayed longer than the expected 24-hour period.[5] Additionally, the California External Quality Review Organization (CalEQRO), Behavioral Health Concepts (BHC), found a **high level of psychotic disorder (29%) among Medi-Cal beneficiaries in Sonoma County** compared to California residents overall (16%).[6]

Based on an average incidence of psychotic illness of 272 per 100,000 people each year, approximately 434 Sonoma County residents are estimated to experience a first psychotic episode each year.[7] However, presently there are no Coordinated Specialty Care programs or similarly modeled services in Sonoma County for youths.[8] This need statement came from a request for proposal recently released by the One Mind organization. Through a partnership with Kaiser Permanente and the Elizabeth Morgan Brown Memorial Fund, One Mind requested proposals to establish a treatment program in Sonoma County aimed at promoting recovery in youth at risk for or living with early-stage psychotic illnesses, such as schizophrenia, bipolar disorder, or major depressive disorder with psychotic features. The Elizabeth Morgan Brown Memorial Fund was created by David and Seong Brown to honor the memory of their daughter, Elizabeth, who took her own life at the age of 19 after years of battling depression and anxiety.

When surveyed by the California Behavioral Health Planning Council for the 2018 Sonoma County Data Book, county behavioral health representatives identified underserved populations and unmet mental health needs. Among them were pre-crisis and crisis services for children, youth and young adults. In addition, a variety of barriers were cited: lack of specialized professional expertise, geographic access and lack of transportation, and lack of language and cultural competencies. Finally, the community identified the need for case management, rehabilitation and vocational services.

The lack of early psychosis intervention services in Sonoma County and the inconsistency of mental health services across counties was highlighted in 2019 when Sonoma County resident, Brighid FitzGibbon's son, Evan, entered a catatonic state. Acute psychosis had hit suddenly a few weeks earlier, toward the end of fall semester of his sophomore year at Bard College. Gripped by terrifying delusions, his body began to shut down. Brighid and her husband rushed their 20-year-old son to a Sonoma County hospital, where they live. An acquaintance told them of a promising program for young people experiencing early psychosis. The family quickly discovered the program didn't exist in their county.[9]

With an established need for an early psychosis intervention program in Sonoma County, it follows suit that providing a program that incorporates best practices, is implemented with fidelity and has a strong data collection and evaluation plan is ideal. Sonoma County, in partnership with Buckelew Programs, Aldea Children and Family Services, On the Move/VOICES seeks to join the Early Psychosis Learning Health Care Network collaborative led by University of California, Davis. While there are currently 30 active programs providing early psychosis (EP) services across 26 counties, there is no uniformity across the state in EP service implementation. To address this issue, the innovative Early Psychosis Learning Collaborative's goal is to create a unified network of CA EP providers to standardize best practices and support knowledge-sharing[10].

[5] Ibid
[6] CalEQRO, BHC. (2019). FY 2018-19: Medi-Cal specialty mental health external quality review: Sonoma MHP final report. Emeryville, CA.
[7] Radigan, M., Gu, G., Frimpong, E. Y., Wang, R., Huz, S., Li, M., ... & Dixon, L. (2019). A new method for estimating incidence of first psychotic diagnosis in a Medicaid population. Psychiatric Services, 70(8), 665-673.
[8] Research Development Associates, Sonoma County Mental Health Services Act FY 2016-2019 Capacity Assessment.
[9] June 23, 2019, 'Treatment for Psychosis – and Other Mental Illness – Differs Drastically from the County of Lost Coast Outpost'; Vaaju.com
[10] Memorandum from MHSOAC to MHSA Coordinators, March 2019.

Description of the Response to the Local Need

Through a collective impact partnership, the Elizabeth Morgan Brown One Mind ASPIRe Program of Sonoma County strives to pool resources to improve health outcomes for Sonoma County's youth. Buckelew is the lead agency in this collaborative project bringing together three organizations: Buckelew Programs, Aldea Children and Family Services, and On the Move/VOICES. Together we will establish the first ever treatment program for youth psychosis in Sonoma County. Collectively, we have the necessary experience to provide direct mental health services, case management, outreach, education, and support services. We are also seeking to participate in one of the innovation projects, the Statewide Early Psychosis Learning Collaborative. Our partner, Aldea Children and Family Services, is already a member of the Collaborative through their Early Psychosis Intervention Programs in Solano and Napa Counties, and we plan to bring Sonoma County into it with this new project.

Buckelew Programs has a Medi-Cal certified site in Sonoma County that is open and operational, and for this program will provide Supported Education and Employment (SEE) Services, Parent Partner, Family Support, and participate in all outreach activities. Buckelew has a long history of serving youth, has close collaborative relationships with many youth serving organizations, and provides Family Service Coordination for families of individuals experiencing mental Illness. This program provides essential navigational skills to family members, offering support and resources, especially when families are first confronted with a loved one's diagnosis. Families often need immediate support, compassion, and a knowledgeable person to help them access the appropriate level of service. This is key to ensure youth are engaged in treatment at the onset of symptoms and not in the midst of a crisis. We seek to create a system that is not a "fail first" system, but one that identifies and provides intervention early on in the course of a diagnosis.

Aldea has trained with UC Davis since February of 2014 in the Early Diagnosis and Preventive Treatment (EDAPT) Program model of treatment and is an experienced provider of the SOAR EDAPT program in Solano and Napa Counties. With their knowledge and clinical expertise, they will be responsible for Comprehensive Eligibility Assessment, Comprehensive Psychiatric Assessment, Intensive Case Management, Psychoeducation, Supported Education and Employment, Medication Management, Individual and Family Psychotherapy using Cognitive Behavioral Therapy, and Groups, such as Multi-Family (problem solving), and Substance Abuse Management. Aldea has 5-years of experience working with UC Davis on EDAPT programs.

VOICES/On the Move will provide Peer Advocate Support and multi-family group support. VOICES Sonoma boasts ten-years of experience engaging diverse, transition-age youth in comprehensive services. During this time, VOICES has worked to develop a strong partnership with the Behavioral Health Division and the Family, Youth & Services Division of Sonoma County Human Services. In 2016, VOICES began providing the Alchemy Project in Sonoma County for youth identified as having a serious mental disorder, and adults 18-25 who have had First Episode Psychosis and are at imminent risk of decompensation.

A secondary, but no less crucial, element in our proposed collaborative project is the enhancement of the Parent Partner component of the program. A Parent Partner is a clinically supervised paraprofessional who has raised a child with a mental, emotional, or behavioral disorder. They understand the challenges that come with raising children with special needs. The purpose of the Parent Partner is to provide active, hands-on peer support to parents/caregivers of youth receiving services. The Parent Partner also works collaboratively with program staff to support systems of change by increasing family involvement and decreasing unintentional bias about parents. The Parent Partner component of the program will be enhanced through the increase of staff time.

The population to be served by this program are individuals at increased risk or in the early stages of a psychotic disorder as well as their family members, caregivers, or other support persons. Individuals are ages 12-30 years old, with any of the following criteria: onset of psychosis within the past two years OR attenuated psychotic symptoms (of any duration) OR recent deterioration in youth

with a parent/sibling with psychotic disorder. We also serve Mood/Bipolar Disorder with attenuated psychotic symptoms of any duration OR fully psychotic features with onset in the past two years. The program is expected to serve approximately 300 individuals per year. It is anticipated that approximately 200 individuals will participate in education and outreach activities; 60 individuals will participate in screening; 40 individuals will undergo a complete assessment and 40 individuals will be provided treatment services and 80% of the individuals enrolled as clients in the program will be provided employment and education services. These numbers are based on our partner agency Aldea's experience with providing early psychosis intervention in Solano County, a count of a similar size.

Cultural & Linguistic Competency

The Sonoma County Mental Health Services Act (MHSA) Program and Expenditure Plan Annual Update for 2019-2020 And Annual Program Report for 2017-2018 states:

"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. 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. This increase has cultural and linguistic implications with regards to designing effective governmental programs and community-based initiatives."

The need for linguistically and culturally competent services is clearly illustrated by the percentage of Latino/Hispanic Medi-Cal enrollees in Sonoma County. The 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:

Of a total of 129,596 enrollees, 53,672 (or 41.4%) were Latino/Hispanic, followed by 46,153 (or 35.6%) White. The remaining numbers were comprised of Asian/Pacific Islander (4,899 or 3.8%), African American (2,438 or 1.9%), Native American (1,675 or 1.3%), and 20,760 (or 16%) "Other".[11]

Based on this data, 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).

Buckelew Programs' goal is to effectively and equitably serve every client, regardless of race, spiritual beliefs, ethnicity, national origin, gender, age, sexual orientation, cultural beliefs, language, socio-economic status or degree of acculturation, and will tailor program services to meet the cultural and linguistic needs of each client.

The Elizabeth Morgan Brown One Mind ASPIRe Program of Sonoma County will be consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the National CLAS Standards) which are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate services. This approach includes hiring and retention practices to establish and maintain a diverse workforce, by ensuring there are qualified bilingual staff and/or interpreters in its services delivery for appropriate evaluation, diagnosis, treatment, and referral to additional services. All written informational materials and treatment plans

[11] Sonoma County Mental Health Services Act (MHSA) Program and Expenditure Plan Annual Update for 2019-2020 And Annual Program Report for 2017-2018

are available in the County's threshold language of Spanish for Spanish preferred clients and/or family members. *LanguageLine*© interpretation services are available at all Buckelew program sites. To ensure cultural competence at the individual employee level, Buckelew works with employees to increase their awareness of their own cultural values and how that may affect work with clients and colleagues. This includes understanding there are differences among cultural groups and being aware of their own personal stereotypes and biases. Buckelew works closely with employees to assist them in acquiring the ability and skills to engage with clients from different cultures, and encourages them to explore personal understanding, stereotypes and ideas in order to evaluate how he/she could be more effective working in a diverse community. Respect and openness allow clients to share their beliefs, values, and cultural orientation so that staff can provide the best services possible.

At the organizational level, leadership treat staff with the same respect for cultural diversity as is expected of service to diverse clients. For the Elizabeth Morgan Brown One Mind ASPIRe Program of Sonoma County, Buckelew will establish a cultural competence committee that includes a wide variety of membership; they will use the demographic information collected to evaluate how effectively the organization's structure is reflecting the community and the client.

Additionally, a minimum of four hours per year of cultural competency training is required for Buckelew staff. Buckelew Programs' cultural competency committee is currently working on a training plan that will deepen and expand our offerings in this area to include opportunities to learn from culturally diverse community partners in our service area as well as incorporate learning and development opportunities in regular staff meetings.

Description of the Local Community Planning Process

In 2019, Sonoma County initiated a new round of Innovation projects with the support of the MHSA Steering Committee and the Committee's Innovation subcommittee. The Innovation subcommittee were responsible for the following:

1. Determining a community engagement process for the Innovation Project 2020;
2. Assuring the regulations, defined parameters and principles of the MHSA Innovation are adhered to in the process;
3. Support the selection of the Innovation Project(s) that address the county's prioritized need/gaps.

The following chart documents the work of the MHSA Steering Committee and the Innovation Subcommittee through Fiscal Years 2018-2019 and 2019-2020.

Date	Who	Action
Fiscal Year 2018-2019		
Apr 22	MHSA Steering Committee	Reviewed MHSA Innovation regulations and Toolkit; recruited Innovation Subcommittee members; discussed county priorities/needs
May 14	MHSA Coordinator, MHSA Consultant, Innovation Subcommittee	First meeting: review roles/responsibilities, calendar, review and prioritize community needs/gaps in mental health services. Determine data required to substantiate need.
Jun 12	MHSA Coordinator, MHSA Consultant, Innovation Subcommittee	Adopt community engagement model to solicit program models that address needs/gaps.
Fiscal Year 2019-2020		
Jul 10	MHSA Coordinator, MHSA Consultant,	Develop Innovation application and evaluation criteria for proposals

	Innovation Subcommittee	
Aug 14	MHSA Coordinator, MHSA Consultant, Innovation Subcommittee	Review and approve final application and evaluation criteria for community submissions/applications
Aug 19	MHSA Coordinator	Announce Innovation opportunity to public, post Innovation application and evaluation criteria on Department website.
Aug 21	Mental Health Board Public Hearing MHSA Coordinator	Review progress on Innovation project update report
Sep 9	MHSA Steering Committee	Innovation Subcommittee provide Innovation project update report to Steering Committee including: application, scoring criteria, FAQs; community outreach and important dates
Sep 4 – 13	MHSA Coordinator, MHSA Consultant, Innovation Subcommittee	Conduct five community meetings in strategic geographic locations to share Innovation project guidelines, application and evaluation criteria with interested community members
Oct 18	Community	Deadline for Innovation applications
Oct 25 & Nov 8	MHSA Coordinator, MHSA Consultant, Innovation Subcommittee	Review and score Innovation applications, two meetings held to discuss scores and rank proposals, developed recommendation for funding based on ranking
Dec 2	MHSA Steering Committee	Innovation Subcommittee recommendation for funding to MHSA Steering Committee and BHD administration.
Feb 18	Sonoma County Mental Health Board Public Meeting MHSA Coordinator	Review Innovation project process and top ranking projects
Mar 4	DHS-BHD Staff	Review Innovation project process and top ranking projects

The community Innovation application inviting community members and providers to submit innovative project proposals to address mental health challenges in Sonoma County was released on July 19 and had a posted deadline of October 18, essentially giving the community a 60-day period to review and develop an application for Innovation funding. Email notices were sent out to all MHSA Stakeholders, MHSA Steering Committee members, and BHD contractors. In addition, announcements were made at all stakeholder meetings and flyers distributed to be available in public places. To educate the public on Innovation and MHSA requirements, review the application and evaluation criteria and address any questions from the community five community presentations were held in strategic geographic locations as noted below.

Date/Time	Location
Wednesday, September 4, 2019 10:30a – 12:30pm	Guerneville Regional Library 14107 Armstrong Woods Rd. **Guerneville**

Wednesday, September 4, 2019 2:30 – 5:30pm	Sonoma Valley Regional Library 755 West Napa Street **Sonoma**
Wednesday, September 11, 2019 9 – 11am	DHS Administration 1425 Neotomas Ave. **Santa Rosa**
Wednesday, September 11, 2019 1 – 3pm	Petaluma Health District, 1425 N. McDowell Blvd., Rm 100 **Petaluma**
Friday, September 13, 2019 1 – 3pm	Healdsburg Library 139 Piper St. **Healdsburg**

An Innovation 2020 FAQ was established to note questions and corresponding responses recorded at the community presentations. Furthermore, an email address SonomaInnovation2020@gmail.com was set up for community members to submit questions at their convenience. To promote transparency and equity in information, the FAQ was updated as a living document on the County's website and sent out to all who attended and signed in at a community meeting.
The proposed 30-day Public Review and Comment Period for the DHS-BHD Innovation Proposal in the UC Davis EP LHCN Collaborative is anticipated to take place from Monday, April 27, 2020 – Wednesday, May 27, 2020. MHP staff is holding a public hearing at the May meeting of the Sonoma County Mental Health Board on Wednesday, May 27, 2020 from 5-7 pm in compliance with California Code of Regulations (CCR) 3315(a)(b). During the public review/comment period, the Division's Proposed Innovation Project participation in the UC Davis EP LHCN Collaborative will be posted to community bulletin boards, libraries and emailed to all MHSA stakeholders. It will also be posted to the DHS-BHD's website, and available to all interested parties upon request. All community stakeholders will be invited to participate in the public review/comment process.

Total Budget Request by Fiscal Year:

Total budget by fiscal year for the county collaborative portion of the costs.

	FY 20/21	FY 21/22	FY 22/23	FY 23/24	TOTAL
Total County Contribution to Collaborative	$159,274	$128,747	$132,390	$54,900	$475,311

Budget Narrative for LHCN and Evaluation:

The costs for the LHCN and Evaluation component of the project are described below. Unlike the initial five counties who established the LHCN, the costs for Sonoma county to join the project are not proportional based on the size of their county. Instead, the costs outlined below are based on the added expenses needed to cover activities for one additional program to join the LHCN. Therefore, the budget narrative is different from the one in the main proposal.

Personnel

The total personnel cost for the county portion of the evaluation and learning healthcare network component at UC Davis is $118,073 over 4 fiscal years. This includes $81,913 for salaries and $36,160 for benefits. Personnel will include:

- Tara Niendam, Ph.D. The PI of the project with part time effort for the duration of the project.

- Joy Melnikow, M.D., M.PH., co-investigator with an expertise in healthcare policy, research, and cost effectiveness evaluation with part time effort for the duration of the project.
- Laura Tully, Ph.D., co-investigator with expertise in mobile health platforms and clinical training with part time effort for the duration of the project.
- Valerie Tryon, Ph.D. A project coordinator with part time effort for the duration of the project.
- Andrew Padovani, Ph.D., biostatistician with part time effort for the duration of the project.
- Brooke Herevia, A research administrator with part time effort for duration of the project.
- TBN, One part-time research assistants for years 1-4.

The personnel costs include a 3% annual salary escalation for cost-of-living increases. Fringe benefits are calculated using UC Davis' federally negotiated rate agreement. Rates are applied by title code and fiscal year.

Supplies

The total cost for supplies will be $12,510. This will include project supplies handheld tablet devices for the Sonoma county program, including replacements (8 devices initially, 1 replacement per year over 4 years, $600 per device). Additional supply funds will cover software for project staff, stakeholder meeting costs, mobile hotspot subscription for the site, miscellaneous project supplies (copies, folders, etc.), and translation services.

Travel

Travel costs will total $7,200 over the course of the project. The majority of travel costs are for site visits to the program over 4 years. Travel for consultants is also included for Years 1-4. The remaining travel costs will go toward conference travel for dissemination of results for Years 1-4.

Subcontracts

The project budgets for a subcontract with UCSF to perform the fidelity assessment in Sonoma county. Subcontract costs will total $14,572.

Consultation

The budget includes costs of multiple consultants. The first is Don Addington, M.D. from University of Calgary. He will provide expertise on fidelity assessment. The second consultant is Sonya Gabrielian, M.D. from UCLA. She will provide consultation on risk factors for homelessness. We will add additional funds Quorum Technologies for application development and support in Years 1-4. These costs to Quorum Technologies will include consultation to provide guidance in the development of the app's user interface to improve the consumer and provider experience with the app and will total $50,000 over the duration of the project.

Other Costs

Other costs will include subject and staff payments for taking surveys and participating in focus groups. We will pay clients and staff in Sonoma during Years 1-4. We have budgeted $500 per year for clients and $500 per year for staff. We will also include $550 in funds to contribute to costs for the annual executive meeting and site visits for Years 1-4.

Indirect Costs

Indirect costs are calculated at the MHSOAC's published rate of 15% of Total Cost, totaling $34,559.

Total Cost

The total cost for the LHCN and Evaluation Budget from County INN funding will be $244,964.

Budget by Fiscal Year and Specific Budget Category for LHCN and Evaluation

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)						
EXPENDITURES						
		7/1/20-6/30/21	**7/1/21-6/30/22**	**7/1/22-6/30/23**	**7/1/23-6/30/24**	**1/1/19-12/31/23**
PERSONNEL COSTS (salaries, wages, benefits)		**FY 20/21 (12 mo)**	**FY 21/22 (12 mo)**	**FY 22/23 (12 mo)**	**FY 23/24 (12 mo)**	**TOTAL**
1.	Salaries	$19,580	$20,167	$20,771	$21,395	$81,913
2.	Benefits	$8,256	$8,757	$9,292	$9,855	$36,160
3.	Indirect Costs	$4,912.24	$5,104.24	$5,305.24	$5,514.71	$20,836
4.	Total Personnel Costs	$32,748	$34,028	$35,368	$36,765	$138,909
OPERATING COSTS		**FY 20/21 (12 mo)**	**FY 21/22 (12 mo)**	**FY 22/23 (12 mo)**	**FY 23/24 (6 mo)**	**TOTAL**
5.	Direct Costs					
6.	Indirect Costs					
7.	Total Operating Costs					
NONRECURRING COSTS (equipment, technology)		**FY 20/21 (12 mo)**	**FY 21/22 (12 mo)**	**FY 22/23 (12 mo)**	**FY 23/24 (6 mo)**	**TOTAL**
8a.	Direct Costs (Supplies)	$7,890	$1,490	$1,490	$1,640	$12,510
8b.	Direct Costs (Travel)	$1,800	$1,800	$1,800	$1,800	$7,200
8c.	Direct Costs (Other Directs)	$1,250	$1,100	$1,100	$1,100	$4,550
9.	Indirect Costs	$1,930.59	$774.71	$774.71	$801.18	$4,281
10.	Total Operating Costs	$12,871	$5,165	$5,165	$5,341	$28,541
CONSULTANT COSTS/ CONTRACTS (clinical training, facilitator, evaluation)		**FY 20/21 (12 mo)**	**FY 21/22 (12 mo)**	**FY 22/23 (12 mo)**	**FY 23/24 (6 mo)**	**TOTAL**
11a.	Direct Costs (Subawards)	$14,572	$0	$0	$0	$14,572
11b.	Direct Costs (Consultants & App)	$20,875	$10,875	$10,875	$10,875	$53,500
12.	Indirect Costs	$3,683.82	$1,919.12	$1,919.12	$1,919.12	$9,441
13.	Total Consultant Costs	$39,131	$12,794	$12,794	$12,794	$77,513
OTHER EXPENDITURES (please explain in budget narrative)		**FY 20/21 (12 mo)**	**FY 21/22 (12 mo)**	**FY 22/23 (12 mo)**	**FY 23/24 (6 mo)**	**TOTAL**
14.						
15.	Total Other Expenditures					
BUDGET TOTALS:						
Personnel (salaries and benefits)		$27,836	$28,924	$30,063	$31,250	$118,073
Direct Costs (consultation, nonrecurring costs)		$46,387	$15,265	$15,265	$15,415	$92,332
Indirect Costs (15% TC)		$10,527	$7,798	$7,999	$8,235	$34,559
TOTAL INNOVATION BUDGET		**$84,750**	**$51,987**	**$53,327**	**$54,900**	**$244,964**

Budget Narrative for County Specific Needs:

Buckelew as the lead agency will leverage the One Mind grant funding and the Sonoma County Innovations funding to open and operate the Elizabeth Morgan Brown One Mind ASPIRe clinic. We will utilize a portion of the innovation funding- $230K to augment the staffing of the clinic to support implementation of this project. The last year of the budget 23/24 is blank as there are only enough funds available to support the first three years. The intent of partners is to continue to seek additional funding via philanthropic, foundation and statewide grants to augment the 23/24 budget.

Budget by Fiscal Year and Specific Budget Category for County Specific Needs

PERSONNEL COSTS (salaries, wages, benefits)		**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
1.	Salaries	67,750	69,783	71,876		209,409
2.	Direct Costs					
3.	Indirect Costs	6,774	6,977	7,187		20,938
4.	Total Personnel Costs	74,524	76,760	79,063		**230,347**
OPERATING COSTS		**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
5.	Direct Costs					
6.	Indirect Costs					
7.	Total Operating Costs					
NONRECURRING COSTS (equipment, technology)		**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
8.						
9.	Total Non-recurring Costs					
CONSULTANT COSTS/ CONTRACTS (clinical training, facilitator, evaluation)		**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
10.	Direct Costs					
11.	Indirect Costs					
12.	Total Consultant Costs					
OTHER EXPENDITURES (please explain in budget narrative)		**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
13.						
14.	Total Other Expenditures					
Personnel (line 1)		67,750	69,783	71,876		209,409
Direct Costs (add lines 2, 5 and 11 from above)						
Indirect Costs (add lines 3, 6 and 12 from above)		6,774	6,977	7,187		20,940
Non-Recurring costs (line 10)						
Other expenditures (line 16)						
TOTAL INNOVATION BUDGET		74,524	76,760	79,063		**230,347**

Budget Narrative for Total Budget Context- Expenditures by Funding Source and Fiscal Year:
Buckelew Programs was awarded a grant from the One Mind Foundation to support the development of an Early Psychosis Intervention program in Sonoma County. Buckelew is the lead agency in this

award and has chosen to partner with two other community-based organizations- Aldea and On the Move Bay Area- to deliver the Coordinated Specialty Care Model to Sonoma County residents. The grant total is $1.35 million dollars from December 2019 and ends on July 31st, 2022. This grant will be utilized to open and operate the Elizabeth Morgan Brown One Mind ASPIRe program in Santa Rosa. As part of this initiative, Buckelew as the lead agency is applying for partnership in the Early Psychosis Learning Health Care Network Statewide Collaborative and utilizing MHSA Innovation funding to support this partnership. We will utilize the $230,347 to augment the CSC clinic as the costs to operate exceed the One Mind grant. By blending the Innovation funding and One Mind grant, we plan to continue to operate this program with additional philanthropic support in conjunction with EPI-Cal funding.

Total Budget Context- Expenditures by Funding Source and Fiscal Year:

A.	**Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
1.	Innovative MHSA Funds	$74,524	$76,760	$79,063		4230,347
2.	Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other Funding					
6.	**Total Proposed Administration**	$74,524	$76,760	$79,063		$230,347
B.	**Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
1.	Innovative MHSA Funds	$84,750	$51,987	$53,327	$54,900	$244,964
2.	Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other Funding					
6.	**Total Proposed Evaluation**	**$84,750**	**$51,987**	**$53,327**	**$54,900**	**$244,964**
C.	**Estimated TOTAL mental health expenditures for the entire duration of this INN Project by FY & the following funding sources:**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
1.	Innovative MHSA Funds	$159,274	$128,747	$132,390	$54,900	$475,311
2.	Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other Funding					
6.	**Total Proposed Expenditures**	$159,274	$128,747	$132,390	$54,900	$475,311