

**Sonoma County**  
**Mental Health Board Minutes**  
**Nov 15, 2011**  
**Norton West Wing Conference Room, Santa Rosa**

**NEW:** [www.sonoma-county.org/mhboard](http://www.sonoma-county.org/mhboard)

(Minutes are posted in draft form and after approval)

Email: [dhs-mhb@sonoma-county.org](mailto:dhs-mhb@sonoma-county.org)

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

**CALL TO ORDER**

Meeting called to order at 5:03 PM by Doug Stephens, Chair

**ROLL CALL**

**Present:** Maureen Casey, Ron Miller, Kathy Smith, Doug Stephens, Mary Ann Swanson, Jenny Webley

**Absent:** Lyndal-Marie Armstrong, Rochelle Torre, Sherry Weyers, Ivan Anderson (Leave of Absence)

**Public:** Rosemary Milbrath, Ron Shaw (NAMI); Karen Theobald (pending MHB member); Megan Rooney (WCCS/FSA); Katrin Ciaffa (Buckelew); Laurie Petta (Goodwill); Kevin Murphy (Interlink);

**Board of Supervisors Liaison to the MHB:** Mike McGuire (absent)

**Sonoma County Mental Health:** Mike Kennedy, Director; John Kolhoven, Section Manager; Hank Hallowell, Patient Rights Advocate; Virginia Meyer, clerk to the MHB

**ANNOUNCEMENTS /PUBLIC INTRODUCTIONS & COMMENTS**

- 1) Welcome to our final meeting of 2011. The January 17<sup>th</sup> meeting will be held in the town of Sonoma, location to be determined.
- 2) Currently there are vacancies in Districts 2 (Petaluma), and 4 (North County). Karen Theobald will be appointed on Dec 6th to represent District 5 (West County). If you live in one of the districts with openings and are interested in serving on the Board, please contact Hank Hallowell, who is here tonight (565-4978 or [Hank.Hallowell@sonoma-county.org](mailto:Hank.Hallowell@sonoma-county.org)). These contacts are also listed in the minutes in the packets available at the back of the room.
- 3) You may submit agenda items for consideration prior to the Executive Board meeting, normally held on the first Wednesday of each month, 10:30 to Noon. The next scheduled meeting is December 7<sup>th</sup>. Email or call MHB clerk Virginia Meyer (565-4850), [Virginia.Meyer@sonoma-county.org](mailto:Virginia.Meyer@sonoma-county.org)

**APPROVAL OF MINUTES**

Minutes of Oct 18<sup>th</sup> 2011 were approved unanimously, with one abstention.

**SPECIAL PRESENTATION** – *Harder+Company Community Research – Michelle Magee and Audrey Bangi*

[Please also see handout on website] [www.harderc.com](http://www.harderc.com)

Harder+Company gave an overview of the company's experience conducting evaluations for large scale county initiatives since it was founded in 1986. Harder+Company has designed and implemented county-wide evaluations for many Bay Area county clients including San Francisco City/County, and Marin, Solano, and Santa Clara Counties.

Michelle and Audrey discussed the Mental Health Services Act (MHSA) 2010-2011 Evaluation, which uses multiple methods to describe the impact MHSA funding is having on clients, consumers and the system of services throughout the county. This is the first year of a three-year evaluation process that involves Behavioral Health (Mental Health and Alcohol & Other Drugs Services) staff, Harder+Company, Community Action Partnership of Sonoma County (CAP-SC), and CSS and PEI staff. The Harder evaluation team prepared a summary presentation of findings from first year of the MHSA evaluation, which included a web survey administered to Mental Health Division staff and MHSA funded contractors engaged in the Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) components of the MHSA plan.

The Mental Health Services Act, as Proposition 63, a 1% tax on taxable incomes of \$1 million or more, was passed by California voters in November of 2004 to effect a "transformation" in the way mental health services are delivered. Since 2005, Harder has been doing needs assessment and community planning, hosting or co-hosting over 70 public meetings

across Sonoma County to solicit ideas from consumers and their families, homeless service providers, ethnicity-specific service providers, criminal justice, First Five Commission, Veterans groups, foster care agencies, law enforcement agencies, education and social agencies, schools, peer mental health providers, and more. Input from these stakeholders helped identify gaps and barriers to be addressed; this survey looked at what is changing and how the system is transforming. The five MHSA guiding principles served as a foundation for the survey: 1) Wellness, including concepts of recovery and resilience; 2) cultural competence; 3) client/family system for older adults and other target populations; 4) integrated service for clients, consumers, and family members; 5) community collaboration.

In total, 24 CSS and PEI agencies participated in the survey; Michelle will provide an electronic copy of the full report with all the agency names, for posting on our website. In addition, 59 individuals participated, including 12 executive directors of programs, 34 program coordinators, and 12 line staff. This enabled Harder to average the responses from diverse sources rather than relying on one person's opinion.

While all agencies reported having both English and Spanish-speaking staff, 92% of them offer services in English, and 75% offer services in Spanish. Fifty-four per cent reported having Spanish-speaking staff at the management level. These results reveal that services are offered primarily in English and Spanish, which is compatible with staff and the populations served.

Diverse populations are served across all 24 agencies. Ninety-six per cent reported serving Latinos; 92% serve Whites; 58% serve African Americans; 58% serve Native Americans; and 50% of agencies serve Asians. In addition, resources are shared with agencies fluent in other languages, and recruitment is ongoing for staff from more racial and ethnic cultures.

In keeping with the goal of bringing services to the community, providers see clients in a broad range of locations. Because transportation factors heavily in the accessibility quotient, 75% of providers see clients in programs' headquarters or satellite facilities. Fifty-four per cent report using another program's facilities, such as homeless shelters, drug use programs, or health clinics. Fifty per cent go to clients' homes, while 42% go to schools. Thirty-eight per cent go to public spaces such as community fairs, and 13% see clients in faith-based institutions.

Another goal of the MHSA planning process was to get services into outlying communities. Although services are still concentrated in the population center of Santa Rosa, more rural communities are being served, even if by single agencies. Annapolis, Stewart's Point, and Fort Ross are far from Santa Rosa, but now have MHSA-funded services.

Making services participant-centered is a core principle of the MHSA and a value reinforced during the MHSA planning process. The findings are consistent with the intent of this principle of involving beneficiaries of services in the planning, design, and delivery of those services. Eighty-three per cent of PEI-funded agencies rely on consumer-provided feedback as they work with clients to identify needs and preferences. [The full report has more information on the types of needs and preferences.] Seventy-five per cent of CSS-funded programs report working with consumers to identify their needs and preferences. Only 42% of funded agencies report working with family members to identify their needs and preferences, which may reflect that, for a variety of reasons, it's not unusual for adult clients to choose not to include family in their treatment plan.

Findings were presented on barriers that prevent access to services which include the community's lack of awareness of the early warning signs of mental health problems, lack of information about MHSA-funded services, lack of transportation services, long waiting lists (related to funding), and the stigma surrounding mental health issues.

A board member recalled that during the planning process, stakeholders placed a high priority on families being asked to participate in their loved ones' care.

Additions suggested for the next survey include asking how many programs do consumer satisfaction surveys, and how many consumers are employed by agencies.

MHSA-funded programs reported they would like training focused on revenue enhancement through a variety of funding sources, in order to build a strong system; on enhancing community awareness of services; on better serving diverse cultural and racial/ethnic populations, and on providing peer support.

Mike and DHS Director Rita Scardaci are planning a Close to Home article in the Press Democrat, to make people aware of the broad variety of mental health services available in Sonoma County. This will include the psychiatric inpatient unit that's set for an early 2012 opening.

The next section of the presentation described the results of a series of focus groups with clients receiving services from Prevention and Early Intervention contractors. Michelle and Audrey explained that the focus group selection criteria were designed to collect information from underserved populations including racial/ethnic populations, LGBTQI/Two-Spirit

[Native American term] communities, and residents of outlying areas. They were tasked with determining how lives are changing under MHSA. This year, Prevention is the topic; next year, Consumer Experience will be examined.

A variety of outreach methods is used by PEI programs, from word-of-mouth among participants and agency staff to community events and announcements in the media - including newspapers, radio stations, email, and on websites. Program participants surveyed agreed that program locations and hours were convenient; 83% of agencies surveyed are open weekdays and evenings, and 58% are open on weekends. Transportation availability limits accessibility in some cases.

One hundred per cent of focus group respondents agreed that PEI services were culturally and linguistically appropriate.

Among the benefits cited by participants is increased knowledge about the signs of potential mental health problems, positive changes in their ability to manage stress, and a sense of community. Barriers mentioned include difficulty getting to and from PEI programs located in Santa Rosa, the limited operating hours of public transportation, and the stigma surrounding mental health resources. Stigma is a major issue.

The evaluation also administered a Levels of Collaboration Survey to contractors. This survey uses a scale that defines three types of interaction among agencies: 1) Networking, the most common type among the responding agencies, where all decisions are made independently; 2) Coordination, with some shared decision-making; and 3) Collaboration, where decision-making is done jointly. MHB members suggested future surveys label the graphics with agencies' names. The Evaluation Team explained that the contractors did receive maps that were labeled with agency names. The intention of the collaboration survey is to support learning and to stimulate discussion among contractors on ways to enhance interactions.

Next Steps include sharing findings with BH staff and community contractor staff on Friday November 18<sup>th</sup>, implementing the Year 2 Staff and Contractors Survey, conducting Year 2 focus groups with CSS and Consumer-Operated services program participants, improving data collection and reporting, and preparing the MHSA Annual Progress Report for the state.

**ACTION ITEM** None tonight.

**BOARD PLANNING** None tonight

**REPORT OF BEHAVIORAL HEALTH DIVISION DIRECTOR** *Mike Kennedy, MFT*

Mike said the focus this week is on filling staff vacancies. Ninety applicants were interviewed yesterday and today, and 25 of those are returning tomorrow for a final interview. It was a good, diverse group, some of whom will be joining the Mobile Support Team (MST) when it launches in 2012. One applicant has experience on Los Angeles' MST.

In addition twenty candidates were interviewed for vacant program manager positions. We hope to have everyone notified before the holidays. [Mandatory Time Off for most County employees is from December 23<sup>rd</sup> through January 2<sup>nd</sup>.]

We're working more with interns from SSU, and from Sacramento State's MSW program. Some are bilingual and bicultural, and if we employ them, they get their tuition paid through MHSA as part of the move to help counties "grow their own" and develop a more diverse workforce.

The Wellness Center kitchen remodel is finally approved. Goodwill will be supervising the cooking program there.

Counties throughout the state are approving plans for the Non-[violent], Non-[sexual], Non-[serious] population and post-release parolees. Last week our Supervisors approved the plan for more services for in-custody individuals, and for a Day Reporting Center for those released out into the community. Many counties are devoting funding to staff but not to services; but we're adding services and medication funding, plus substance use treatment. This has been a collaborative process in our county, with Probation, the Sheriff, and the District Attorney's office working with us.

Some inmates are being released from prison without medications and without communication regarding health needs. Also, there's great concern about Veterans with PTSD in prisons, and the need for them to be identified upon release. Mark Gale, a State NAMI member, now sits on a regular conference call and has the chance to give his input on these matters.

Mike is planning a *Close to Home* column in the Press Democrat regarding the accomplishments of the MHSA: Over 300 law enforcement professionals completing Crisis Intervention Training; the CAPE team going into the schools when called to a crisis situation involving students; the Mobile Support Team, launching in early 2012 and consisting of licensed professionals and peers, working with law enforcement who are called to mental health crisis situations; the

FACT team that works with offenders who have mental health challenges, to keep them out of jail; the Mental Health Court, which diverts offenders to programs such as FACT, rather than putting them into the revolving door of the criminal justice system.

Occupy Santa Rosa has drawn many marginal people out from under bridges, so Mike, Dr. Kozart, Mario Guerrero, and Ted Fox have visited the site to offer help.

At the moment, we're fairly confident that our finances are in balance and that vacancies can be filled with Mental Health and AOD staff. Of course, if Europe goes under or if the State diverts MHSA dollars, we can't predict what will happen. We're trying to be conservative and live within our means while filling long-held vacancies.

## **MH SYSTEMS TRANSFORMATION**

*Sonoma County's Mental Health Services Act [MHSA] page is at [www.sonoma-county.org/mhsa](http://www.sonoma-county.org/mhsa)*

*The State's MHSA page is at [http://www.dmh.ca.gov/Prop\\_63/MHSA/default.asp](http://www.dmh.ca.gov/Prop_63/MHSA/default.asp)*

*Denise Hunt, RN, MSN, Acute and Forensics Section Manager* – The electronic census at PES is working well, monitoring services, timeliness, etc. We're recruiting for an MFT/LCSW Specialist to do clinical supervision in PES, and we have a new bilingual LVN in the jail.

The Corrections group is busy, with managers making recommendations for the out-of-custody individuals. The jail is making changes, with more intensive programming and intensive follow-up after suicide attempts.

*John Kolhoven, Youth and Family Services and some Adult Programs Section Manager* – John recognized audience member Karen Theobald, a former colleague who will be appointed to the MHB on December 6<sup>th</sup>. He also acknowledged Megan Rooney, part of the Children's Collaborative.

NAMI honored Karin Sellite, TAY program manager, at the November 1<sup>st</sup> Youth and Family Symposium.

Over the last several months, John has been thankful for hardworking staff. Caseloads are large, and we've brought back some retired folks to help shoulder the load. Staff are excitedly anticipating the arrival of new colleagues.

We continue to work on the adult algorithm and to collaborate with Human Services folks.

Mike said there was a meeting today with a group focused on children aged 0-3 in foster care, which in Sonoma County is 150 kids. We want to intervene before problems show up.

*Susan Castillo, MHSA Coordinator* – CalMHSA Statewide Prevention and Early Intervention (PEI) focused on suicide prevention will fund a six-county collaboration for a suicide hotline. There are not enough calls from any one county to have a certified crisis center in each county among Sonoma, Mendocino, Lake, Marin, Solano, and Humboldt counties. This regional crisis center suicide prevention hotline is run by Family Services Agency in Marin County. They have over 35 years experience managing a suicide prevention hotline and are an accredited crisis center. Part of the funding will support a Sonoma County Suicide Prevention Advisory Committee, for which we have already been working on recruitment for this committee. Susan has arranged a Special Presentation to the MHB in February 2012.

One of the ideas that resulted from our community planning process was to have a consumer-run warm line. This will be discussed in more detail at the Sonoma County Suicide Prevention Advisory Committee.

## **REPORT FROM THE CHAIR**

### **OTHER REPORTS**

None tonight.

## **BOARD DISCUSSION / PUBLIC COMMENTS**

Rosemary Milbrath thanked those who participated in the very successful Youth Symposium at SCOE on November 1<sup>st</sup>.

Ron Miller announced that Sherry Weyers' husband passed away unexpectedly.

Meeting adjourned at 6:59 PM

Respectfully submitted,

*Virginia Meyer*, Mental Health Board Clerk

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## ABBREVIATIONS & ACRONYMS

5150	Declared to be a danger to self and/or others
AB3632	Assembly Bill - State-mandated MH services for seriously emotionally disturbed youth
ACT	Assertive Community Treatment (run by Telecare)
ANSA	Adult Needs and Strengths Assessment – a “tool” for determining which services are needed by each particular adult client
AODS	Alcohol and Other Drugs Services – now a part of the Mental Health Division
CANS	Child, Adolescent Needs and Strengths Assessment – helps determine which services are needed by each child client
CAPE	Crisis Assessment, Prevention, and Education Team; goes into the schools when called to intervene
CHD	California Human Development
CIP	Community Intervention Program
CIT	Crisis Intervention Training (for law enforcement)
CMHC	Community Mental Health Centers (SCMH)
ConREP	Conditional Release Program (State-funded)
CR	Crisis Residential (aka Progress Sonoma-temporary home for clients in crisis, run by Progress Foundation )
CS	Crisis Stabilization – within PES - see PES (up to 23 hours)
CSN	Community Support Network (contract Provider)
CSS	Community Services and Support (part of Mental Health Services Act-MHSA)
DAAC	Drug Abuse Alternatives Center
DHCS	(State) Department of Health Care Services (replacing DMH July 1, 2011)
DHS	Department of Health Services (Sonoma County)
DMH	State Department of Mental Health in Sacramento
EPSDT	Early Periodic Screening, Diagnosis & Treatment (Children’s MediCal)
FACT	Forensic Assertive Community Treatment
FASST	Family Advocacy Stabilization, Support, and Treatment (kids 8-12)
FQHC	Federally Qualified Health Center
HSD	Human Services Department
IHT	Integrated Health Team (medical and MH services for adults)
IPU	Inpatient Psychiatric Unit
IRT	Integrated Recovery Team (for those with mental illness + substance use issues)
IMDs	Institutes for Mental Disease (residential facilities for those unable to live on their own)
INN	Innovation (part of MHSA)
LG	Los Guilucos-Juvenile Hall
LBGQQTI	Lesbian/Gay/Bisexual/Queer/Questioning/Transgender/Intersexed (also LGBT)
MADF	Main Adult Detention Facility (Jail)
MHB	Mental Health Board
MHD	Mental Health Division (Sonoma County)
MHSA	Mental Health Services Act
MST	Mobile Support Team
NAMI	National Alliance on Mental Illness
PC1370	Penal Code 1370 (Incompetent to Stand Trial, by virtue of mental illness)
PES	Psychiatric Emergency Services – open 24/7 for psychiatric crises - 3322 Chanate Road
PEI	Prevention and Early Intervention (part of Mental Health Services Act-MHSA)
PPSC	Petaluma People Services Center
QI	Quality Improvement - Marty Marcus and Wendy Sanders
QIP	Quality Improvement Policy (meeting)
QIS	Quality Improvement Steering (meeting)
QIC	Quality Improvement Committee (meeting)
RCC	Redwood Children’s Center
RCL	Rate Classification Level (12, 13, 14 - group home designations)
RFP	Request For Proposals (released when new programs are planned and contractors are solicited)
SCMH	Sonoma County Mental Health
SCOE	Sonoma County Office of Education
SELPA	Special Education Local Plan Area
SPMI	Serious Persistent Mental Illness (or Seriously Persistently Mentally Ill)
SYC	Sierra Youth Center
TAY	Transition Age Youth (18-25)
VOMCH	Valley of the Moon Children’s Home
WET	Workforce Education and Training (part of MHSA)
WRAP	Working to Recognize Alternative Possibilities
WRAPAROUND	Community-based intervention services that emphasize the strengths of the child and family
YS/Y&F	Youth Services/Youth & Family (Sonoma County Mental Health)