

Sonoma County Department of Health Services/Mental Health Division
Mental Health Services Act (MHSA) Implementation Progress Report
July 1, 2007 – June 30, 2008

Introduction

Developing a Community-Driven Plan

In order to develop new services that truly represented the desires and needs of the Sonoma County community, the Mental Health Services Act (MHSA) planning process was envisioned as an open participatory process that included the perspectives of mental health consumers, family members, community agencies and providers. The planning process was designed to follow four guiding principles:

- Be inclusive and representative
- Be transparent and easy for all participants to understand
- Be collaborative and in partnership with consumers, families and the community
- Include broad participation from diverse groups throughout Sonoma County

Hearing from the Community

The Sonoma County planning team used the following strategies to encourage the active participation of all community members interested in and/or affected by the MHSA:

- **Continuous Outreach** – Consumer, family member, provider and Mental Health Division partners publicized opportunities to participate in planning throughout every phase of planning through direct outreach and media.
- **Open Participation** – Community members were welcome to join planning committees or workgroups at any time. Meetings were structured to incorporate new voices into the prioritization process and allow individuals to be involved as much or as little as they wanted.
- **Outside Facilitators** – Planning meetings were facilitated by outside consultants with experience in community planning to ensure that all priorities were developed independently of the Mental Health Division and that every individual voice had equal weight in developing priorities for new services.
- **Stakeholder Recommendations** – Through open discussions, small and large group brainstorming, and large group synthesis of ideas, participants developed a common set of priorities and made recommendations for new services.

The Planning Process

Identify Priorities

Community members participated in committee meetings to identify the key community issues that result from untreated mental illness, most pressing service needs for people living with mental illness, priority subpopulations, and recommended new services.

Specific initiatives which were identified during the community planning process over the past 36 months, and/or emerged from the stakeholder input process during February and March, 2007. Detailed descriptions of these initiatives are attached. All proposed services were expansions of approved MHSA/CSS programs. These proposed enhancements and expansions were submitted to DMH for approval to be funded under Sonoma County's additional CSS funding for 2007-08 and unexpended CSS funding and One Time funding.

Five stakeholder input meetings were held in the winter of 2007 with three of the meetings held in the evening in regional areas. Stakeholder participation included: 83 consumers, 35 family members and 92 community providers and other interested community members. The following consistent themes emerged:

- Provide training for law enforcement and developing partnerships with law enforcement entitled, as well as including community involvement in law enforcement training and curriculum development.
- Support family education and family services, including supportive services for parents, caregivers, and family members.
- Support education for parents, teachers and schools.
- Develop new mental health services for individuals with co-occurring disorders.
- Enhance mental health services in regional areas: Guerneville, Petaluma, Sebastopol and Sonoma.

Recommending New Services

Community participants recommended funding for one new full service partnership and a total of six new service contracts that included:

- Integrated Dual Diagnosis Treatment program
- Contract With Sonoma County NAMI to provide Family Education Services
- Community Mental Health Centers (Regional CMHC's)
- Crisis Intervention Training (CIT) for law enforcement personnel

MHSA Program/Services Implementation

The Sonoma County Community Services and Supports (CSS) Three Year Plan was approved on June 30, 2006 and implementation activities began immediately. This report covers activities from July 1, 2007 through June 30, 2008. This report will highlight the successes and challenges in implementing Sonoma County's CSS Three Year Program during the past fiscal year. It was posted on the website (www.sonoma-county.org/mhsa) for 30 days public comments and a public hearing was held at the Mental Health Board meeting on 11/18/08. Public comment was given and incorporated into this final version.

MHSA Progress Report Summary

Family Advocacy Support and Treatment Team (FASTT) (5 - 12 year olds)

County staff members and the community-based Sunny Hills Children's Services form this team. Capacity is 40 with **current enrollment at 36**.

Transition Age Youth (TAY) Intensive Services

This program provides intensive services for TAY ages 18 - 25 years. The community-based program, Social Advocates for Youth (SAY) is providing transitional housing services. Buckelew Programs is providing supportive employment services and supported housing services. Capacity is 30 with **current enrollment at 32**.

Forensic Assertive Community Treatment (FACT) and Mental Health Court Program

County partners with Buckelew Programs to provide housing for FACT clients. Capacity is 50 with **current enrollment at 35**.

Integrated Recovery Team

The Integrated Dual Diagnosis Program (IDDT) is for adults with co-occurring disorders (mental illness and substance abuse). This new team **serves 125 individuals** and is a partnership between Sonoma County Mental Health staff and community partners.

Community Intervention Program

Staff continue to provide outreach in the community. Contracts have been executed with community agencies serving the homeless, individuals with substance abuse issues, and Federally Qualified Health Centers serving ethnic minorities. The program has **provided 7,663 contacts** during FY 07-08. A contact can include any of a number of services such as: psychiatric intervention, crisis intervention in the community, therapy at a contract agency, case management, information and referral, group treatment, and so on.

Community Mental Health Centers

Mental Health services and supports is now **provided to 327 individuals** at Community Mental Health Centers (CMHCs) based in the cities of Guerneville, Cloverdale, Petaluma, and the city of Sonoma. Staff also provide enhanced services in Sebastopol and Healdsburg for the first time in the history of Sonoma County Mental Health.

Consumer Operated/Driven Services

An **average of 16 members** attend the Wellness Center daily; an **average of 17 members** attend the Empowerment Center daily. Newly hired positions include nine consumers: 6.15 fte at the Wellness and Advocacy Center, two new positions at the Interlink Self Help Center, three positions at the Russian River Empowerment Center, and one consumer was hired on the FACT Team. Also, seven consumer interns are working at the Wellness and Advocacy Center.

Older Adult Services

Mental Health hired a half-time position to liaison with Human Services Adult and Aging Services. A collaboration has been formed and services have been contracted through Family Services Agency, Jewish Family Services, and the Council on Aging who are providing peer-based support services for Older Adults with serious mental illness. Services have been **provided to 132 older adults**.

Implementation and Evaluation Activities

Harder+Company Community Research, (www.hardenco.com) continues to work with us on implementation, planning, and evaluation activities. They will also help us coordinate meetings with the community to identify new housing projects for mentally ill consumers here in Sonoma County.

Employment services are being provided through **Human Services' Job Link program** which served 31 SMI individuals. Also, services were contracted out to **Buckelew Programs** to provide a **Supportive Employment** services to 75 consumers. **NAMI Sonoma County** has held six twelve-week series of classes for family members throughout the county, with an average of twenty people per class. We have held weekly support groups for family members, varying from two to twelve people each week. We are averaging 246 phone calls per month and of those, an average of 134 calls are Warm Line calls and the remainder, 108, are general information calls. We have held 10 general meetings with speakers that served an average of 35 people each, for a total of 350. The new MHSA-funded **Family Service Coordinator** provided direct service to 45 individuals and information to 85 persons at presentations/meetings.

Family Advocacy, Support, and Treatment Team

The County of Sonoma CCS program for children is called the **Family Advocacy, Support, and Treatment Team (FASTT)**. Based on the community planning process the original intent of our team was to serve 5 - 12 year olds who are at risk of out of home placement, stepping down from residential, at imminent risk of psychiatric hospitalization, or those children that have not responded to traditional services and are in need of more intensive treatment and case management. We found that loading the program with 5 to 12 year olds was a slow process and we expanded the entrance criteria to children ages 5 to 16. Enrollee's must also meet the twelve month "pre-enrollment" requirements established by the designers of the Mental Health Services Act. The FASTT program is enrollee based and designed to serve 40 children, and their families, who meet the criteria for our program.

Implementation and Services

To date we have served 52 clients. FASTT services delivered thus far beyond the typical County mental health services include: social skills and rehabilitative groups, DVD's provided to family members on how to parent a child with reactive attachment disorder or PTSD. Psycho educational work books for both the child and their caregiver regarding depression, anger management, and the cognitive behavioral treatment of anxiety. Sunny Hills was successful in bringing a bi lingual case manager as a member of FASTT and this has increased our capacity to meet the needs of the Latino clients we serve. To date we have worked with 8 families in which the parent was mono-lingual Spanish speaking.

Successes

During FY 07-08 FASTT created a collaborative partnership with the local psychiatric emergency services unit and have been able to collaborate "after hours" about FASTT clients that have presented at the emergency services unit. The FASTT client's use of our 24/7 crisis

service has diverted additional contacts with the local psychiatric emergency services unit and prevented possible psychiatric hospitalizations.

FASTT has been successful in reducing the number of psychiatric hospital days when comparing pre-enrollment data to the clients receiving FASTT services during 2007. Pre-enrollment hospital days for all FASTT clients were 191 days. For all clients receiving FASTT services from 1/1/07-12/31/07 there were only 31 hospital days. In short, a 84% reduction in psychiatric hospital days is a significant accomplishment.

**FASST CQI Data 2007
Hospitalizations**

Time period	Number of clients	Hospital days
1/01/07-6/30/07		
Pre FASST enrollment	6	86
FASST enrollment	4	26
7/1/07-12/31/07		
Pre FASST enrollment	7	105
FASST enrollment	2	12
Total 1/1/07-12/31/07		
Pre FASST enrollment	13	191
FASST enrollment	6	38

Residential Treatment

Time Period	Residential days
1/01/07-12/30/07	
Pre FASST enrollment	664
FASST enrollment	63

Spanish bilingual services have been provided to 16 % of the FASTT cases thus far. The vast majority of FASTT cases are open to the Human Services Department and effective collaboration has been established among County agencies.

Challenges

We found that loading the program with 5 to 12 year olds was a slow process and we expanded the entrance criteria to children ages 5 to 16.

Transitional Age Youth Program

In FY 07 – 08 Sonoma County's Transitional Age Youth (TAY) program quickly filled to capacity and a bit beyond. We continue to serve youth from all over Sonoma County, providing mental health services and assistance with housing, education, employment, socialization, and community integration.

Implementation and Services

The TAY program is currently slightly over capacity with 32 members. By the end of 2008 we will have three members graduate from the program due to turning 26. We have been planning this transition intensively with these members, and learning from them what structures we need to have in place to support our graduates. Some of the ideas for graduation that have come out of planning sessions involving both staff and members include pulling back on services as the time of graduation approaches to provide a more gradual transition, and providing volunteer mentoring opportunities for graduates. These mentoring opportunities would benefit newer and younger members by allowing them to learn from someone who has successfully completed the program, as well as giving our graduates a little continued contact with the program.

Our partnerships continue with Buckelew Programs and Social Advocates for Youth. These agencies continue to provide housing resources for our members, as well as support, instruction and coaching in independent living skills, increasing and improving social interactions, and accessing community resources. With client and staff input we plan and implement group gatherings monthly. These include group volunteer activities at local non-profit agencies, a monthly BBQ, and trips to local and bay area attractions and activities. We have also started to work with the TAY Coordinator at our local consumer-run Wellness and Advocacy Center, and we plan to begin regular activities there, including computer classes, art classes, sports activities, meals, and participation in the weekly music jam session.

Successes and Challenges

The TAY program has spent significant time this fiscal year reaching out to the community for connections and support. We have had some successes in these areas, and are encouraged to continue. We have created an excellent partnership with our local NAMI chapter. In addition to supporting several of our members through the NAMI Peer-to-Peer training class, several of our members volunteer regularly at the NAMI office. NAMI has also been helpful in obtaining donated items for members moving into their own apartments.

The TAY program has also been searching for opportunities to volunteer in our community. Many of our members appreciate the chance to become involved in this type of activity. We have become regular volunteers at a local animal shelter/farm, as well as finding several thrift stores and food banks where we can contribute our time. We also have had members participate in our local PEI planning process, and our IT planning process.

TAY staff hosted a "Family Night" this past fiscal year to give families the chance to come meet staff, ask questions about the program, and give their ideas and input. This was well-received, and resulted in closer working relationships between staff and families. Some members also attended this event, and were able to talk about their experience in the program. Due in part to this Families Night, family members have gotten involved in our first annual picnic and our first annual awards ceremony.

The awards ceremony was combined with a holiday dinner. Members and their families attended, ate a wonderful meal prepared in part by our members, their families, and our staff, and shared their ideas about the program. We acknowledged and awarded each member for their accomplishments during the year, highlighting moves towards greater independence, continuing education, volunteering, employment and working towards decreasing the harmful effects of substance use. The dinner was a great success, and helped to promote a feeling of community in the program.

We continue to be challenged by the complex nature of the issues faced by our clients. Substance use is an on-going challenge, and one which we tackle from many angles. We seek out training around substance use, we offer resources for those members looking to reduce or eliminate their use, and we encourage peers to support each other in becoming educated and making well-informed decisions around substances. We hosted a training on the effects of substance use and psychiatric medications that was open to staff and members.

Finances have been another challenge facing the program. Many of our members have no source of income when they come to us. Activities designed to increase income, such as benefits application assistance and employment assistance, take time, and members are sometimes stuck with no income for months. Creative approaches to this issue include limited rent subsidies at Tamayo House, reconnecting with family as a possible temporary source of support, and finding free food and housing/shelter as an interim measure.

Overall, the TAY program is a very successful, exciting, and highly in-demand program. Perhaps our biggest challenge has been the continuing waves of referrals! We would love to expand and be able to welcome and work with more members. We truly believe that our program will be able to provide opportunities to members that may help them avoid perhaps years of struggle, homelessness, and pain that they might otherwise have experienced without an intensive team by their side.

Forensic Assertive Community Treatment Program

Implementation and Services

The Forensic Assertive Community Treatment Program (FACT) continues to enroll clients in order to meet the target number of 50. We currently have 35 clients enrolled. Since July 2007 to the present, we have interviewed and assessed 108 clients. Out of that number of referrals, 31 cases have not been resolved for various reasons. We have accepted 28 clients and denied 36 because they did not meet the criteria for a severe and persistent mental illness (SPMI), were considered to be too dangerous or were a poor candidate for probation. We have discharged 11 clients because they have either opted out of the program or were dropped due to consistent non-compliance with treatment or inability to follow FACT probation terms and conditions. One client has successfully completed FACT.

In the past year, FACT has facilitated 15 groups being held weekly and facilitated by FACT staff. There are two Dialectical Behavioral Therapy Groups, Medication Education, two Men's Therapy Groups, Interpersonal Skills, Improving Cognitive Functioning, two Women's Therapy Groups, Relapse Prevention, Smart Recovery, Anger Management, Criminal Offender's Group and two YMCA Exercise Groups. Each client is enrolled in approximately 4 groups per week. In addition, we have community members coming to the clinic to facilitate Alcoholics Anonymous and Advocacy Groups. Clients also participate in the Drug Abuse Alternative Center (DAAC) which is a community-based drug treatment program.

There are two forensic programs housed in the same clinic, the Conditional Release Program (CONREP) and the FACT program. The purpose of this is to be able to utilize staff and clients in assisting one another in various areas. One of these areas is in developing a mentoring program, pairing FACT clients with clients in CONREP. Newly enrolled FACT clients or those individuals requiring more assistance are given the opportunity to work with a client that can

help them manage various activities of daily living. Many of the FACT clients have a difficult time socializing and developing structure in their lives. It is anticipated that this will both enhance the quality of their lives and help them to become more productive members of society.

FACT currently has four homes that are supported through Buckelew Services. Each home houses three clients. Two of these homes have been added in the past year and are specifically for clients who have been chronically homeless. Because these are HUD funded, client's rental rate is a third of their income. All clients in the program are housed in safe and sober environments and many of the clients are obtaining permanent housing that will remain once they are discharged from FACT.

FACT has been up and running for approximately two years. Many of the clients are now at the point where they have started to attend classes at the Santa Rosa Junior College (SRJC) or have begun to work part-time. Many more have expressed an interest in working and going to school now that their psychiatric symptoms have been ameliorated and they are stable in their living environments.

Staffing of FACT is complete after hiring the final member of the treatment team as a Client Support Specialist. This position is held by an ex-consumer of the mental health system. He carries a caseload of six clients, facilitates numerous groups and assists clients in obtaining financial resources.

Many projects are being developed to improve the clinic and provide clients an opportunity to work together and create a pleasing environment. Currently Client's are contributing their own art work for the walls and client art is being solicited from different agencies as well.

Successes

FACT had its first graduation from the program. Because the majority of clients have never graduated from school or any other program, a formal ceremony was conducted with cap and gown, a procession and party. All of the clients attended to support their peer in this transition.

Fact has developed a good working relationship with various agencies throughout the county. The majority of FACT clients attend DAAC groups. Good communication and a relay of information have been developed between both agencies. FACT is working closely with other mental health programs to ensure that when clients leave the program that they continue to receive appropriate mental health services. Other mental health professionals in county mental health have volunteered to help facilitate some of the groups and provide individual therapy. Clients are being referred to the State Department of Vocational Rehabilitation to assist them in finding productive and meaningful work. Many clients are utilizing educational programs to gain their GED through Lewis Adult School and SRJC for career development. To promote physical and emotional health, clients are working out at the YMCA for a minimal fee.

Clinically, clients are developing their own social and support network with one another. They are now at the point where they are able to provide honest and relevant feedback to one another. They are taking better care of their physical health and are connected with primary care physicians to attend to their physical well-being.

FACT was nominated for the Heroes in the Fight program sponsored by the National Alliance on Mental Illness. This year FACT was selected out of approximately 100 teams throughout the county to be recognized for providing exemplary care and dedication to those affected by SPMI.

Challenges

- ☞ Reaching the target number of 50 clients and maintaining that number.
- ☞ Resolving conflicting opinions and agendas between mental health, probation, attorneys and the court.
- ☞ Managing the length of time to resolve legal matters so that clients can enter into the program.
- ☞ Establishing financial benefits in a timely manner.
- ☞ Legal decisions that affect client's ability to participate in the program for the duration of the program.

Integrated Recovery Team

Implementation and Services

The Integrated Recovery Team formed in April 2008. Prior to that time we went through an intensive process of identifying clients with serious and persistent mental illness (SPMI) and co-occurring substance use disorders across the mental health division who were being underserved in their programs because they were not receiving substance abuse treatment as part of their services. Through this process we were able to identify 125 clients requiring intensive integrated dual diagnosis services, allowing for immediate enrollment of all participants.

The Integrated Recovery Team is a multidisciplinary team with a 1.0 FTE program manager, 0.5 FTE psychiatrist, 2.0 FTE psychiatric nurses, 3.0 FTE LCSW/MFTs, 3.6 FTE Senior Client Support Specialists, and 1.0 FTE Client Support Assistant, giving us a client to staff ratio of 11.8 to 1 (excluding the psychiatrist). Four of our staff have extensive past experience in the substance abuse field, and all self-selected to be a part of the team and had already embraced a recovery orientation. The team models its services on both the "California Version IDDT Fidelity Scale" and on the "Dual Recovery Minimum Guidelines for Adult Full Service Partnerships, February 2007". The team met off-site for a day of team development to assure all staff understand the models to which we are striving. All staff have attended trainings in the Stages of Change, Motivational Interviewing (MI), and use of the Payoff Matrix. Further training is in the planning stage for experiential MI training and for dual diagnosis counseling skill development.

The Integrated Recovery Team conducts several groups: The Support and Sobriety Group is open to any Integrated Recovery Team member at any stage of change, and has didactic, cognitive-behavioral, symptom management, and peer support components. The Sanctuary Group is for women with co-occurring substance abuse and PTSD and is based on Liza Najavits's Seeking Safety model. The Pathways group is for members who want to explore the idea of employment, and has guest speakers and field trips to employment placement programs. The Dual Recovery group is a peer support group run by our staff member who is in recovery from dual diagnoses. We plan also to implement a family psychoeducation and support group.

Other services include: Assertive outreach, engagement, and harm-reduction approaches to those consumers in precontemplation; intensive medication management and support by our nurses, either in our clinic or in the community as needed; medical case management by our nurses to address the multiple health problems which accompany SPMI and substance use; and intensive client planning and case management to assure housing, financial, social, legal, employment, and skill development needs are met. The team is collaborating with A Step Up, a 9-month residential program for consumers with dual diagnosis, and is developing a relationship with a room and board operator who is willing to offer “wet” and “damp” housing to consumers in our program in exchange for an increase in support and services by our staff for those residents.

Successes and Challenges

The Integrated Recovery Team has successfully engaged almost all of our clients into regular contacts and treatment. A handful of clients have moved out of county, but have been replaced through the mental health division’s referral process, so that we have been able to make room on the team for those referrals we agree need intensive dual diagnosis services. The team was able to celebrate a significant success early on: We have on our team a long time consumer of mental health services who no one felt they could help with her very significant alcohol dependence, who was showing signs of liver failure, and who many were already grieving. Through daily team problem solving and intensive contacts, we were able to assist her through medical detox and psychiatric stabilization, and then into the dual diagnosis residential program. At the time of this writing she proudly reports having received her two month chip from Alcoholics Anonymous. This success has given staff confidence of their abilities and reaffirmation that there is always hope, even when problems are very entrenched.

The team is eager to be able to look at outcome data, which is in the initial stages of collection. We will be analyzing data on consumer hospitalizations, visits to psychiatric emergency services, days in jail, days in housing and employment, and trips to the emergency room. Additionally, we are using the “TCU Drug Screen II”, a subjective drug and alcohol use reporting tool, and hope to demonstrate a decrease in reported substance abuse on an annual basis.

Some of the challenges we face are inherent in beginning an intensive team “fully loaded”. Our consumers have so many immediate needs that staff find it difficult to take the time to do the training, reflection, and re-learning necessary to use new and novel approaches in their work. The team struggles, as is expected, with the line between doing “whatever it takes” and “enabling”, but through challenging each other to thoroughly discuss clinical issues and improve team communication are becoming very creative and effective in their approaches.

<h3>Community Intervention Program</h3>
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This is the first complete fiscal year that the Community Intervention Program (CIP) has been in operation. In the spirit of MHSA, we continue to provide outreach and engagement services to underserved populations and have formed strong collaborative relationships with over 20 community agencies serving individuals with mental illness. As we have become better known in the community, our collaboration has expanded to include other agencies such as the library, social services agencies, VA offices. Although these agencies serve the population at large, they have requested our assistance to provide some training to their staff when dealing with clients who suffer from serious mental illness.

Services

The services are provided by county staff at community-based service sites and health centers where underserved and difficult to reach populations are already receiving other services. In addition, the county has developed several contracts for mental health and/or psychiatric services with different community agencies. These agencies include homeless service centers and shelters, Federally Qualified Health Centers (FQHCs), alcohol and drug programs, and crisis response with law enforcement agencies in the field.

CIP activities are now fully implemented according to the County-approved CSS Plan. CIP was created to provide outreach and engagement services to underserved and difficult to reach populations and provide a coordinated response related to the need for **Homeless Services, Co-Occurring Disorder Services, Ethnic Minority Services, and Crisis Response Services.**

Services to Homeless and Co-Occurring Disorder

The program has excelled in community collaboration with agencies serving the homeless. CIP provides regularly scheduled outreach and engagement visits, from daily to once a week, to: seven Sonoma County shelters, three Homeless Service centers, two Soup kitchens, and the Santa Rosa Free Clinic which operates twice a week and is staffed by a CIP psychiatrist and other staff.

Similarly, we have formed strong partnerships with Orenda, the County's alcohol and substance abuse program; and the Drug Abuse Alternatives Center, one of the largest drug and alcohol abuse treatment organizations in Northern California. One of our psychiatrists spends a full day at each agency. This service has made a great difference in the lives of many clients who suffer from a co-occurring disorder; and the staff at these agencies are receiving psychiatric support and increasing their expertise in dealing with this challenging population.

Services to Ethnic Minorities

CIP has 2.5 FTE's to offer bilingual and /bicultural services; two staff to serve the large Latino population and one to serve the also-proportionately large Southeast Asian population.

Given that Sonoma County's FQHCs already effectively serve ethnic minorities, we have developed very successful partnerships with them to enhance mental health services to these populations. During the CSS community planning process, the county's FQHCs stated that their highest service need was for psychiatric support. We currently provide various levels of psychiatric support at five FQHCs and the Santa Rosa Free Clinic. By partnering with these agencies, we are better able to serve this population. For instance, 75% of the overall patient population at Southwest Health Center is Latino. At Alliance Medical Center, 85% of the overall patient population is Latino. And, the Sonoma County Indian Health Project serves primarily Native Americans. While the main focus of CIT is to provide psychiatric support to these clinics, we also provide funding for contracts to provide mental health services at some of these clinics.

By partnering with the FQHCs, we have been able to provide substantial outreach and engagement services to underserved populations, while improving access to medical services for our SPMI clients and improved access to SCMH services to under-served populations.

Crisis Response

Although we are not a crisis response team, we are responding very effectively to mental health crisis in the community during business hours. In addition to calls from individuals in the

community, we receive calls from agencies such as the library, Interlink (consumer run agency), NAMI, Drop in Centers, and social service agencies.

One of our most successful partnerships has been with the Downtown Enforcement Unit of the SRPD. One of our staff is always available to respond to police calls and we have a monthly meeting with them to discuss difficult cases.

Community Response

In order to keep the community informed and to receive feedback we maintain regular visits to numerous community agencies and attend monthly collaborative meetings, such as the Latino Service Providers, Mental Health Coalition of Sonoma County, the South County Mental Health Collaborative and the Sonoma County Task Force for the Homeless. In addition, a consulting agency is currently conducting a survey with 15 agencies who receive CIP services.

Number of Unduplicated Clients seen and Total Number of Contacts

The following table indicates the number of unduplicated clients, by ethnicity, seen by CIP and contract staff in 2007-2008. It also includes the total number of contacts CIP and the contract agencies have made during this fiscal year.

	White	Latino	N. A.	M. E.	A.A.	Asian	Other	Totals
CIP	887	155	80	55	65	57	23	1322
Contract	216	102	40	4	4		3	369
Totals	1103	257	120	59	69	57	26	1691
Percentage	65.2%	15.1%	7%	3.5%	4%	3.4%	1.5%	99.7%
Total number of contacts A contact can include any of a number of services such as: psychiatric intervention, crisis intervention in the community, therapy at a contract agency, case management, information and referral, group treatment, etc.								7,663

Summary

In general, this has been a very rewarding and successful year. We have developed strong relationships and partnerships with numerous community agencies and we continue to very creatively expand our services to provide support to community agencies who deal with individuals suffering from mental illness.

Our main challenge continues to be encountering so many individuals in the community with some mental illness and numerous other problems and not having the resources to provide ongoing services.

Perhaps what exemplifies most the impact that CIP is having in the community is the creation of "Sonoma County Vet Connect" a service for veterans that currently involves 9 organizations coming together once a week to serve veterans. The service began in Santa Rosa and has already expanded to Guerneville with immediate plans to offer services in Petaluma and Sonoma. This service was initiated by one of our staff who became aware of the many needs of our homeless veterans and with creativity and commitment pulled together many agencies and initiated this service. The service began on May 13, 2008 and to this date has provided services to 162 unduplicated veterans with a total of 367 contacts.

Community Mental Health Centers

Overview

Over the past fiscal year, Sonoma County Mental Health has been able to expand services throughout Sonoma County with the implementation of the Mental Health Services Act. Service expansion includes localized services sites scattered throughout the County, collaboration and coordination of referral and care with local community clinics, easier access for mental health services, closer relationships with community providers, law enforcement, homeless shelters, and hospital emergency rooms and ongoing opportunities to network and educate the community.

Such expansion has allowed Sonoma County Mental Health services more accessible and more responsive to Sonoma County residents.

Implementation for Services

With the funding from Mental Health Services Act (MHSA), Sonoma County Mental Health (SCMH) was able to open Community Mental Health Centers (CMHC) the more rural and inaccessible areas of Sonoma County. Since moving to Guerneville, Cloverdale, Sonoma, and Petaluma, CMHCs have brought 17 staff, psychiatrists, psychiatric nurses, licensed social workers and para-professional to the outlying areas. These staff provide access to care by offering intake, referral and assessment to people who request psychiatric services and comprehensive outpatient psychiatric services to people with severe and persistent mental illness.

Furthermore, MHSA has also funded psychiatric services to other community healthcare providers in the outlying areas. Recognizing the unique needs of each community, MHSA has offered flexibility to meet the needs of each community.

Service Provision

During Fiscal Year 07/08, CMHCs have provided intake, referral, assessment, and comprehensive outpatient psychiatric services to people with severe and persistent mental illness to the outlying areas of Sonoma County.

In order to make services more accessible to people in the outlying areas in Sonoma County, CMHCs field requests for services from a variety of sources. People who requests services are initially screened for urgent need and if urgent need is determined, referrals are made accordingly. However, for people who are inquiring about ongoing psychiatric services an intake is administered to determine eligibility for services, types of services requested, insurance type, history of psychiatric illness, etc.

In cases where a client does not qualify for specialty care, CMHC staff provide clients with local community referrals. Over the past year some of the referrals include no or low cost counseling, referrals to community clinics, in home support services, substance abuse services and treatment, brain injury services, North Bay Regional Center, Adults and Aging, domestic violence services including Victim Witness, etc.

Based upon intake information, licensed CMHC clinicians will provide an in-depth diagnostic assessment. This assessment assists the clinician in determining the nature of the psychiatric complaint and appropriate services. In some cases the assessment process will take place over a period of time and may involve some brief case management toward stabilization. At times assessments may include an appointment with CMHC psychiatrist.

For those people who are determined to need comprehensive outpatient psychiatric services CMHC provide medication evaluation, prescription and monitoring crisis intervention, medication support: injections, communications with pharmacies, coordination with labs, medication set up and delivery, assist with medical treatment procurement, housing assistance, coaching with activities of daily living, referral to vocational and educational services, benefits procurement, socialization and transportation.

During the past fiscal year CMHCs have provided intake, referral, assessment, and comprehensive outpatient psychiatric services at services sites listed below to the following number of people:

	Guerneville	Petaluma	Sonoma Valley	Cloverdale/Healdsburg
Intake	63	63	4	55
Referral to community resources	53	15	0	3
Assessment	15	55	4	25
Opened	10	45	4	22
Comprehensive Psychiatric Services – FY07/08				
Total Open	108	131	40	48

Community Collaboration

Over the past fiscal year CMHCs have developed special relationships with the Federally Qualified Health Centers, Community Clinics, and Rural Health Centers, homeless shelters, law enforcement, and hospital emergency rooms in order to increase accessibility and coordinate care.

Health Centers

Service implementation, referrals, collaboration, and coordination of care vary depending on the need and flow of the individual clinics. At some clinic sites Sonoma County Mental Health staff is co-located at the Health Centers. In some clinics MHSa has provided support for clinics to hire their own staff to provide care and coordinate with SCMh. In all cases regular meetings with the health centers and SCMh staff take place to discuss coordination of client care, referrals, and consultation to the staff of these organizations.

- Petaluma Health Center (PHC): SCMh staff meet with PHC Director of Behavioral Health monthly to discuss referrals of clients who are suspected to be SPMI. The referrals from PHC directly from this meeting.
- Sonoma Valley Community Health Center (SVCHC): SCMh staff will meet monthly to develop a referral process between SVCHC. As that gets worked out, SCMh psychiatrist will provide direct consultation to the medical staff at SVCHC.

- West County Health Services -Russian River Health Center (RRHC) and Occidental Health Center (OAHC): SCMH staff meet monthly with the medical staff at RRHC. During this meeting staff discuss referrals between the organizations, clients in common, and SCMH psychiatrist offers consultations. SCMH also provides funds for RRHC to hire a social worker who works closely with SCMH staff. SCMH works directly with OAHC staff as needed.
- Alliance Health Center (AHC) - Healdsburg: SCMH provides funding for a psychiatrist at AHC. The psychiatrist provides both direct service and consultation to other medical providers in the Clinic. SCMH out-stations a licensed staff person 1 day per week at the clinic to provide intake, referral, assessment and brief case management for clients seen at the clinic who are SPMI.
- Alexander Valley Regional Medical Center - Cloverdale (AVRMC): SCMH staff meets directly with the AVRMC Medical Director and Director of Behavioral Health monthly to discuss clients in common, referrals between the organizations. SCMH psychiatrist also provides direct consultation to the medical staff at the Clinic as needed.

Homeless Shelters

CMHCs have developed relationships homeless programs in the greater Sonoma Co. We are available on an as needed basis to meet within 24 hours with clients shelter staff identifies as potentially meeting target population. SCMH staff meet with shelter staff to provide training on mental health issues and behavior management.

- Wallace House (Cloverdale): SCMH staff go to Wallace House periodically when there is someone there who might be target population. Shelter staff call SCMH staff directly to request an assessment. If the client is not SPMI, SCMH staff will provide very brief case management services to the client.
- Sonoma Overnight Support Inc. – Haven House (Sonoma Valley): This is a new shelter and we are developing our relationship with them. As we work through our relationship, CMHCs will make arrangements to do an assessment on site if someone is identified as in need of support and may possibly need on going services.
- Mary Isaak Center (Petaluma): CMHC staff provide a timely assessment for a client who they have already identified as SPMI
- Guerneville Winter Shelter: discussions about service provision from SCMH will be discussed beginning in August 2008

Law Enforcement

Over the past year, SCMH staff have held quarterly meetings with police departments from Cloverdale and Petaluma. In the next fiscal year SCMH will develop outreach strategies with law enforcement for residents who may fall through service cracks. SCMH is still in the process of developing our relationships with law enforcement in the outlying areas.

Emergency Rooms

SCMH management have met with emergency room administrators and staff, at the hospitals throughout the County. These hospitals include, Petaluma Valley Hospital, Sonoma Valley Hospital, Palm Drive Hospital in Sebastopol, serving the West County/Guerneville area and Healdsburg Hospital serving the North County.

As a result of these meetings ER medical staff now understand how to work with SCMH to coordinate care and for mutual clients and how to better access our psychiatric emergency services (PES) for clients who may need that level of intervention. SCMH CMHC and PES managers will meet quarterly with ER staff to ensure smooth coordination of services.

Community Involvement

At times there are special community events and meetings in the community, SCMh staff will be asked to attend or staff some of these events. These opportunities to connect, network and educate the community are important opportunities to educate the community on mental health services, remind providers how to access services, learn about programs and services to refer SCMh clients, and problem solve any issues that may have occurred. Below is a list of events and meetings CMHC staff attended in FY 07/08:

- Vet Connect – Guerneville, Sonoma Valley; Vet Connect is a informally affiliated group of concerned veterans who are interested in helping other veterans. Vet Connect sponsors bi-weekly ‘resource fairs’ that bring veteran’s service organizations directly to the veterans. CMHC staff provide support at these fairs as well as offer services to those who may need them. Participants include Veteran’s Administration, Veteran’s Service Organization, North Bay Veteran’s Resource Center.
- Concilio – Boyes Hot Springs – Concilio is sponsored by La Luz, a community multi-service center focused on meeting the needs of the Latino population in Sonoma Valley. Concilio brings together service providers monthly to discuss their programs and provides networking and community education opportunities to service providers in the area. A partial list of participants include, Sonoma Valley Hospital, Sonoma Valley Community Health Center, Sonoma Valley Community Center, La Luz, CA Rural Legal Assistance, Sonoma Overnight Support Inc. CA Highway Patrol, Boys and Girls Club, YMCA, Sonoma Library.
- West County Interagency Collaborative – Guerneville – West County Interagency Collaborative is a monthly meeting that brings together local service providers to network and educate each other about our services. Participants include, West County Community Services (a multi-service non-profit organization) including staff from the Empowerment Center (a local MhSA funded consumer driven peer program), River to Coast Child Care Center, River Counselors, Face to Face (HIV service provider, West County Health Services, Drug Abuse Alternative Program, National Alliance for the Mentally Ill, and Buckelew Programs, Mental Health Coalition
- Petaluma Mental Health Collaborative – This meeting is sponsored by Petaluma Health Care District and is health every other month. The purpose of this meeting is for local providers to network, educate and update each other of mental health services in the Petaluma area. Partial list of participants includes: Petaluma Health Care District, Petaluma Health Center, Petaluma People Services, Petaluma Police Department, Buckelew Programs, National Alliance for the Mentally Ill, Petaluma Valley Hospital, and private local mental health professionals including psychiatrists and therapists.
- Multi-disciplinary Team Meeting – This is monthly meeting in Cloverdale called together by the police chief of Cloverdale Police Department. The purpose of these meeting is for local providers to network, educate and update each other about programs in the community. Partial list of participants includes, Wallace House, Alexander Valley Regional Medical Center, Cloverdale PD, Human Services staff, school district staff
- Russian River Interfaith Coalition – This is a monthly meeting of faith-based ministers and other community members who are interested in assisting the homeless into services, especially housing.
- Mental Health Coalition – Safety Net Committee – This meeting is monthly and is sponsored by the Mental Health Coalition. The purpose of the Safety Net Committee is to convene and facilitate dialogs between service providers and the general public for creating a seamless continuum of care and to map out service and issues for residents along the continuum of mental health issues. A partial list of participants include, Family Service Agency, Santa Rosa Junior College – Student Health Services, Goodwill

Consumer Operated/Driven Services

Wellness and Advocacy Center

Having been open now for over a year, the Wellness and Advocacy Center has been growing both in clients and in programs. During the period from July 2007 and June 2008, 341 new members joined the Center, with an average of 500 people utilizing services on a monthly basis.

Our Career/Computer Lab has been very successful. During the last year, fifteen members became employed. There are currently 100 members actively seeking employment and vocational information. The Computer Lab has also offered an array of popular workshops, including Resume and Cover Letter Writing, Job Search, Benefits Planning, Secrets of a Good Job Interview as well as Job Link/Featured Employer orientation, a Money Start/Financial planning training and How to Find Affordable Housing in Sonoma County. We have an average of 200 people accessing Career and Computer Lab services on a monthly basis.

Center Membership has positively received monthly educational forums.

We have speakers from a number of community agencies such as Department of Rehabilitation, Community Resources for Independence, Disability Rights California (formerly Protection and Advocacy, Inc.), NAMI, and United Against Sexual Assault. Dr. Gary Bravo also facilitated a Forum on Spirituality and Mental Health, and Peggy Parlee from Goodwill taught a workshop on how to write your Own Personal Mission Statement.

The Center's Speakers' Bureau, Stamp out Stigma, made presentations to Santa Rosa Junior College, transitional age youth at the Arts and Ethics Academy and Youthbuild. Although the youth audience was initially challenging, several individuals expressed appreciation for the presentations and were glad to know more about Mental illness.

The Art Studio held three in-house shows this past year and our Artists have enjoyed successful sales. Three Center artists and our Art Director also traveled to Sacramento to participate in the 5th Annual Integrated Service Providers Conference and Consumer Art Show. Additionally, four Center artists also took part in the National Arts Council Annual Art Show at the Finely Center. We have witnessed a surge of growth in the arts program this year and are encouraged by a variety of emerging talent.

Wellness Community Garden – Our gardening project has blossomed this year, producing a harvest of lettuce, tomatoes, beans, carrots, radishes and more. Center members are experiencing the delight of organic produce and have enjoyed working together, preparing the soil, planning and caring for the produce. Community donations have been generous, from compost, soil and plants. The Center held a successful weekend cactus sale, which brought in nearly \$150.00.

Self Help Groups: Center members have reported the value received from a number of popular groups: Better Self Esteem, Women's and Men's Groups, Grupo De Apoyo para la Salud Mental en espanol and Knitting and Crocheting have held consistent appeal.

Stress Reduction and Hypnotherapy: Two local hypnotherapists have been providing group and individual sessions since April 2008. Appointment sheets are filled rapidly.

Kitchen Cooking Classes: Our kitchen serves meals three times a week and members participate in preparing and serving meals. In addition to the preparation, meal times are a source of fellowship and community building and receive consistently positive feedback.

Crisis Intervention Training (C.I.T.): Our staff was happy to welcome the Santa Rosa Police and Sheriffs' departments and felt that the Program Tour was a good first step in facilitating better understanding between Mental Health clients and the Police.

New Programs

Our Transitional Age Youth program was started in July 2008 to help this age group make the transition to adulthood and more independence. Our group has seen success in eliciting self-expression and camaraderie in the youth. Our goal is to foster improved socialization skills and self esteem. We want to add a cooking class to teach cooking meals on a budget and more social events to further independent living skills. Outreaching to the County's transitional age youth program, Buckelew Programs, NAMI and Tomayo House has created the seeds of collaboration and we hope to see expansion and growth of this program in the coming year.

Targeted Education: Our Speakers Bureau is expanding its educational capacity by providing topic-driven presentations. We hope to reach a broader audience by addressing such areas as Mental Health and the family issues, Mental Health and the Criminal Justice system, mental health and education and more.

Challenges

- Reduced staff hours and insufficient funding has been noticed specifically in our Art Program. Lack of funding creates difficulty in making presentable and saleable pieces of art.
- Outreach and transportation from the outlying areas present another challenge, which we are trying to strategize about now as well as posting bus routes and a small map on updated brochures for those who have told us the Center is hard to find.
- Training new facilitators and existing staff in facilitation skills, self help modalities and other mental health topics are areas we hope to address in the coming year.

Russian River Empowerment Center

The Empowerment Center recently celebrated a very successful one year anniversary. We now have over 70 members and an average attendance of 12 members per day.

We offer a variety of support groups, socialization activities and workshops, including: 1) How to use Cognitive Behavioral techniques to change old stories into life-affirming new stories; 2) Writing/Journaling Group; 3) Mood Disorders Group; 4) Stress Management Group; 5) Lunch Club; 6) Art as Transformation; and, our most recent addition is 7) Men's Support Group – open topic support for men only.

The excerpts (listed below in italics) are from a story a member wrote and shared at the writing/journaling group last week. This story truly speaks to the success of the Empowerment Center.

I heard about the Russian River Empowerment Center (RREC) from my new therapist shortly after my arrival to this little community. He told me the Center was a place where I could go to groups, get help and/or support from my peers, make new friends, and, ultimately, learn new ways in which to empower myself and enhance my life.

I was immediately greeted by Deanne, one of the three peer group counselors who staff the center, the amicable, lively, dark-haired woman made me feel at ease right away. After introducing me to Jess, the kind, soft-spoken program coordinator of the RREC, she gave me the "Grand Tour" as she explained its general functions.

I felt excited, happy and never much relieved as we completed the half hour intake application for me to become a member. As Deanne handed me my membership card, I knew I had taken the first step toward something that would, literally, change my life.

I can't write about my new awareness and growth as a result of my involvement with the RREC without mentioning member friendships, I've made several new friends whom I feel closer to than I do my own family. I now have brothers and sisters of all ages and backgrounds who I can share with at any given moment. Whether I'm happy, sad, depressed or glad, or am simply feeling alone and want to talk a mere phone call will bring a friend to my rescue. Whether I'm excited about an accomplishment or need a shoulder to cry on, there is always someone there for me. My friends are one of the primary reasons why I go to the Center.

As the Empowerment Center evolves so do the challenges – the one that raises the most concern is staff burnout. Our Clinical Supervisor is currently assessing the needs for staff development and conducting workshops on healthy boundaries & self care. Please feel free to contact me if you have any more questions.

Interlink Self Help Center

A Year at Interlink

Our first big party of the year happened in October for Halloween. We had a high attendance, despite the fact that Geoff D. scared everyone in his gorilla suit. In November Annie O., one of our Team Leaders, helped the members celebrate Thanksgiving by bring in a roast chicken dinner with all the trimmings. Annie donated her time and the meal to the Center's members.

In December, we had our annual Christmas Party. Once again, Goodwill Industries donated wrapped gifts. We also were able to purchase movie passes for all the members thanks to our generous donors over the year, as well as buy a few practical items for the members. It was a big event with over 120 people here. The big thing for everyone, as it is every year, was the opportunity to get a wrapped gift from Santa (played by our favorite "Santa," Brian H. who doubles as our Environment Team Leader).

The first month of 2008 brought the rains to Sonoma County. Winter months are especially difficult for many of our members who are homeless. As can be seen by our demographics, we now have over 60% of our membership who do not have a home. We gave out many sleeping bags and even more blankets in January and February. We lost our original Drug and Alcohol Counselor, Asghar Ehsan at the end of December. He took a job with the Sonoma County FACT Team. Asghar had started the Co-Occurring Disorders Program for Interlink and we were

sad to say goodbye, though we were proud to have helped to train a good drug and alcohol counselor for the county. His position here took a while to fill so he did work some Saturdays for us on a temporary on-call basis.

In February Alexia and Nancy, our Peer Counseling Team Leaders, attended the California Network of Mental Health Client's Forum in Sacramento. They met with many other consumers and attended workshops on subjects relevant to issues such as Peer Support Specialists (Peer Counselors), the Mental Health Services Act and how it is being implemented in other counties, and other consumer concerns.

In March, we hired a new drug and alcohol counselor, Quinton Kruse. He brought a more formal training to the Center and new ideas for engaging this population. Quinton is attempting to find the place for peer-oriented drug and alcohol programs that will offer the best of the self-help and recovery model to the issues of substance abuse. Quinton is a Relapse Prevention Specialist and is working on utilizing his skills and knowledge in this area to integrate the complex issues of individuals who have a psychiatric disorder along with "opportunistic" substance abuse versus true drug addiction. Quite often, we find members who started out self-medicating for their psychological problems and then developed further problems from this practice. It is difficult to untwine the two issues, so we are searching for methods that will address both in a peer setting. Many of the members here, if they can get away from the substance abuse, then still need to deal with the psychological problems. Some find that when they can substitute whatever substance they are misusing with healthier ways of coping, their lives become much fuller and easier and often their psychiatric symptoms lessen if not disappear altogether. All these considerations have been identified and treatment methods have been established but never in the context of a peer-run program. This is our main objective with the Co-occurring Disorders Program at Interlink.

April and May brought warmer weather. In April, I was asked to participate on the consumer panel for the first Community Intervention Training that Sonoma County Mental Health Department provided for law enforcement personnel. A second training was held in June and I also participated. This is a positive step towards a better relationship between Mental Health, consumers and law enforcement. Hopefully, it will yield a more productive interaction for police and consumers of mental health services and their families. This will take time but at least steps are in place and there is a dialogue starting to happen.

At the end of May, I attended a CASRA Conference in San Mateo. This was a very informative conference and I was able to make some constructive contacts. I am hoping to send someone from Interlink to the CASRA Conference that is to take place in the fall. The conferences, workshops and trainings are vital to the development of Interlink and to its staff. They give us the opportunity to learn about new methods and new programs, and ways to improve not only ourselves but also the services we provide. They challenge us to assess how we are doing our jobs and how we can improve the way we deliver services to our members. They expose us to new directions and ideas. And most of all they give us a chance to network with others in the field and help maintain a sense of community and excitement about our goals and mission. I would like to see this opportunity expand to consumers beyond just staff. It brings vitality and growth to the consumer movement itself and helps to empower those who attend. This will have to be done through other means, as it is not part of Interlink's goals at this time.

June brought the beginning of summer and we started to have more outside activities. On June 15th, we rented a bus and Claire, our Activities Team Leader, took about 20 members to Armstrong Woods for a day of hiking, walking and just relaxing. They also had a picnic. All returned tired but happy with their day in the woods. Claire has worked hard to provide activities

for the members this past year. Outings like this one to Armstrong Woods are difficult to do because of the cost of transportation. We can only rent a bus about once every quarter because these outings usually require close to \$1,000 out of our budget each time. Claire has been innovative in finding ways to do small outings that members can easily reach by walking or taking a bus. For Memorial Day, we worked with the Wellness and Advocacy Center in putting on a barbeque at Franklin Park. The Wellness and Advocacy Center offered their shuttle bus to help transport members from Interlink as well as from Chanate. The Memorial Day Picnic is a traditional event that Interlink has been doing with Creekside Psychiatric Hospital for many years. Creekside brings their people over in their van and usually Interlink members have had to walk, bike or take a bus to the park. So the assistance of the Wellness van was greatly appreciated.

In June we also had a Focus Group to talk about the Saturday program. Our main goal was to get the input from people who attend the groups on Saturday. It provided us with some good information and suggestions. All the participants agreed that Dual Recovery Anonymous was the most beneficial group offered on Saturdays. We had some suggestions about incorporating more activities into the other groups such as Living Clean and Sober. One of the ideas that came out of the group was to offer at least one recreational activity a month on a Saturday.

All in all, this has been a good year for Interlink and its members. We were open a total of 316 days. It may have been a little rough for the staff at the start of the fiscal year, but I feel that member services did not suffer. This is a very dedicated and hard working staff and they do a difficult job. We have a unique setting in which we work. Our members are at many different stages in their recovery. We deal with a lot of basic survival issues for many members. For some of our members we are their main support in dealing with their emotional and psychological needs. We refer a great deal to other agencies and organizations but Interlink is their basic support. We try to meet every member where they are.

One of the most productive collaborations to have developed for us over the past year is that which we have with the Community Intervention Program. The people from Sonoma County Mental Health who work on that team have become true partners with Interlink. They have worked with us in every way with sincere mutual respect and made what we are trying to do a great deal easier.

MHSA Funded Co-Occurring Disorders Program

Interlink's co-occurring disorders program began about two years ago when Asghar E, became our first Consumer Drug and Alcohol Counselor. This program has added a new dimension to our services. We are making a focused and concerted effort to help those of our members who have a substance abuse issue. Quinton Kruse, who took over Asghar's job last March, is an experienced drug and alcohol counselor. He has been working hard to incorporate our over-all mission of self-help, mutual support and empowerment into his groups and individual counseling. Expecting total abstinence from many of these members is sometimes unrealistic. Quinton has brought in some methods of harm reduction and the SMART (Self-Management and Recovery Techniques) Program in addition to the traditional AA approach. Quinton also has made our Dual Recovery Anonymous group a little more structured. He has done a wonderful job of promoting DRA to other organizations and programs and we now have a group of people from Turning Point, a drug recovery program, attending every Friday. Since the majority of people here are not court ordered, we have to think of other ways to get them into the recovery groups.

The focus group that we did in June pointed out some problems we were having with the program (which we call the Saturday Program because it enabled us to open on Saturdays). People seem to be asking for more interaction in the groups and for more activities to be incorporated. We are working on providing this. This is a difficult program to run because we have so many people at different places in their recovery process. However, I do see progress in many of our members. It is always extremely rewarding when someone really works on trying to improve his or her life. When a member comes back and tells us they've been clean and sober for a substantial length of time and that it all started here with our support, it makes any frustration or discouragement disappear.

Our statistics that pertain to this program are imbedded in the total statistics reported and attached to this report. Of note are the following:

Number of peer counseling sessions regarding addiction or substance abuse (Mental Health/Substance Abuse Sessions for Year)	219
Total number of Integrated Mental Health/Substance Abuse Groups (Integrated Mental Health/Substance Abuse Groups/Year)	632
Total number of individuals who attended MHSA groups (Individual Mental Health/Substance Abuse Sessions/Year)	294

Older Adult Team Peer Support Program

The fiscal year 2007-08 brought forth tremendous collaborative effort and unity among interagency partners who receive MHSA funding to improve the quality of life of seniors with severe mental disorders. Enhanced peer support programs leading to greater client satisfaction can be attributed to the sharing of knowledge and expertise in trainings, community resources, assessment tools, and program operations, as well as joint problem solving among Family Service Agency, Jewish Family and Children Services, Council on Aging, and the Adult and Aging Division in Sonoma County Human Services Department.

The role of the MHSA Older Adult Liaison has contributed largely to the success of improved communication and solidarity among program partners. Although only half time, the liaison position is a vital link in assisting with the coordination and development of the different peer support programs. An additional key function of the liaison is to assess and process referrals, most often from IHSS, MSSP, Linkages (Human Services Department programs) for peer support counseling, as well as for mental health services. The liaison often provides brief case management in situations where additional support and assessment for appropriate linkage to mental health or other services is indicated. The liaison assists with educating social workers and other program staff regarding community resources, and is available to consult regarding potential referrals. The Older Adult Mental Health Services Act Liaison received 33 referrals from IHSS for brief case management; 6 of these cases were referred onto the Older Adult Team for SCMH. The 6 that were referred to OAT are examples of successfully capturing the underserved target population.

Agency Updates 2007-08:

Council on Aging: COA now has a clinical supervisor for their senior peer support program, who works 25 hour/week. Focus for the year 2007/2008 has been directed towards recruitment and training of community volunteers, and broadening the referral market.

COA has trained over 22 new senior support volunteers this past year, with a potential for eight more volunteers who are currently in the training phase. When this current training is complete, there will be approximately 15-18 active Senior Peer Support volunteers. Each volunteer receives an initial 24 hours of training, and an average of 2 additional hours of training per month. Required educational and training topics identify the psychological disorders and issues facing aging adults. New trainings continue to focus on the primacy of the relationship between client and volunteer rather than diagnostic labels. Interactions center upon support and connection at an empathetic level to encourage self confidence and independent activity.

Volunteers average:

- 30 hours per month with face-to-face home visits.
- 6 hours per month with phone calls to clients
- 8 hours per month writing progress notes & keeping records
- 5 hours per month under clinical supervision
- 8 hours per month of available training
- Total time for volunteer service delivery and training averages approximately 66 hours a month or 892 hours annually.

The COA Senior Peer Support Program served over 33 clients for the 2007-2008 fiscal year. The broadening referral base includes Kaiser, APS, MSSP, Linkages, COA case management, self, family, and Older Adult Services, Sonoma County Mental Health. Currently there are 16 active clients which would not be served by any other programs within COA were it not for the Senior Peer Support Program. Success is measured by pre-post surveys administered to the clients during their first meeting with the clinical supervisor and after their final visit with the volunteer.

Family Service Agency: To differentiate between an already established senior peer counseling community program, FSA refers to their MHSA funded peer support program to seniors with severe mental disorders as the “Plus” program. Recruitment for this program was less of a barrier, due to many of their volunteers in their original program were interested in working with this special population. These volunteers had already received training; a 14 week, 49 hour curriculum in topics related to aging and counseling (communication skills, confidentiality, anger management, dementia, elder abuse reporting, and more). There are currently 11 active Plus volunteers, who receive individual supervision on an “as needed” basis. Training opportunities are provided by program staff in the FSA, by the other MHSA agency participants, and other community trainings such as the monthly community lectures provided by SCMH.

The FSA Plus Program serves approximately 34 clients at this time, including the addition of 19 clients for the fiscal year 2007-08. Referrals are coming from a larger market base than from a year ago, and include: Older Adult Services Sonoma County Mental Health, Council on Aging, Sutter VNA, Gentiva, Kaiser, and self. The clinical supervisor at FSA Plus Program conducts an initial assessment with each client in order to appropriately match the client with a volunteer peer counselor. Program staff consistently evaluate strategies to improve the program effectiveness. Tools utilized to assess outcomes of services include a revised progress note, client satisfaction survey, and a pre and post client feedback instrument.

Client evaluation outcomes for the 2007-08:

- 100% reported feeling less lonely because of peer counseling
- 75% reported quality of life had improved because of involvement in peer counseling
- 100% reported peer counselor was friendly and courteous
- 100% reported they felt comfortable talking with a peer counselor
- 75% reported a peer counselor met with him/her often enough
- 50% reported socializing more because of peer counseling
- 50% reported taking better care of their health because of involvement in peer counseling
- 50% reported their health has improved since began peer counseling.
- 25% reported feeling safer from abuse, violence or other harm because of involvement in peer counseling

Due to the collaborating effort with the other agencies that are part of MHSA funding (Jewish Family and Children's Services, Council on Aging), many clients have been able to be linked to a volunteer in one of their programs once they have completed sessions in FSA. This provides needed support on a more long term basis, and greater client satisfaction.

Jewish Family & Children's Services: The Jewish Family and Children's Services' Senior at Home program developed the Senior Companion Plus (SCP) program, funded by MHSA to serve seniors with severe mental disorders. Although the program is geared towards decreasing isolation through social contact, some brief case management has evolved in many of the client cases. With active supervision by the SAH (Seniors-at-Home) coordinator, along with any assigned professional case managers, volunteers have assisted with reuniting clients with estranged family members, developed a therapeutic art program, and investigated housing options.

Twenty six clients received SCP services during the fiscal year 2007-08. Referrals were generated from Older Adult Team Sonoma County Mental Health, Linkages, In Home Support Services, Kaiser Permanente, and local religious groups. There were 4 clients who received senior peer counseling from family Service Agency or Council on Aging, and then received a SCP volunteer through JFCS/SAH.

Twenty four volunteers were recruited and trained, with 21 continuing to provide SCP services. Many venues were used for recruitment, including notices in the Press Democrat, ongoing advertising in religious publications, an ad in the Bohemian newspaper, and a flyer in the CAMFT monthly publication. In addition, there were flyers and /or staff present at several fairs and community events.

Training for Volunteers include bimonthly supervision meetings, in- house trainings (topics of elder abuse, suicide assessment and intervention, activities for challenged seniors, and ageism), and coordinated, collaborative trainings with Family Service Agency, and Council on Aging (dementia, depression, delirium, substance abuse in seniors, challenging situations with clients, and socio-cultural issues that affect mentally ill seniors).

Success of the SCP program is assessed by a short survey initially administered at intake, then every six months thereafter. All program participants for the fiscal year 2007-08 showed an improvement in having good social interactions after 6 months. The majority of participants also indicated an increased positive attitude about their lives, and a small majority reported a decrease in anxiety symptoms.

One of the biggest ongoing challenges for the SCP program is having enough volunteers, despite ongoing, numerous recruitment efforts. Most volunteers request only one client at a

time, which makes it difficult to meet referral demands. Clients on waiting lists are often seen at least monthly by the SAH coordinator to provide support until a SCP volunteer is assigned. Other difficulties center on clinical issues such as severe mental or physical challenges, or a client's resistance to the weekly social visit. Interventions resolving these conflicts require creative ingenuity (e.g., weekly outings to the Starbucks or the grocery store), and clinical support from the SAH coordinator.

Conclusion: Older Adult Services MHSA Peer Support Program 2007-08

Successes:

- 1) Improved communication and collaboration among the community partners
- 2) Development of training programs to assist volunteers with peer support counseling of this specialized population
- 3) More defined role of MHSA Older Adult Liaison
- 4) Broader referral base
- 5) Development of tools to track and monitor progress

Challenges:

- 1) Meeting supply (volunteers) and demand (referrals)
- 2) Recruitment and Retention of Volunteers
- 3) Continuing to broaden referral base
- 4) Managing services for upcoming fiscal year with reduced funding
- 5) Seeking ways to encompass wider age range and more culturally diversified population.