



SONOMA COUNTY MENTAL HEALTH BOARD

Minutes of June 18, 2019



This Meeting:

Bayside Church, 3175 Sebastopol Road, Santa Rosa, CA
95407

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

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

CALL TO ORDER

Meeting called to order at 5:14 PM by Chair Designee, Sherry Weyers

ROLL CALL

Present: Kathy Smith, District 5 Preston Pierre, District 1 Fran Adams, District 2
Bob Cobb, District 4 Sherry Weyers, District 5 Shellie Hadley, District 3

Excused: Patricia Gray, District 1; Dick Kirk, District 1; Robert Hales, District 5; Diana Nelson, District 2;
Mary Ann Swanson, District 2; Peter McAweeney, District 4

SRJC PEERS Coalition Representative: *On Summer Break*

Sonoma County DHS, Behavioral Health Division: Bill Carter (SCBH Director); Sid McColley (Section Manager of Acute and Forensic Services); Melissa Ladrech (MHSA and WET Coordinator); Wendy Wheelwright (Quality Assurance Manager); Bruce Robbins (MHSA Analyst).

Community Members: There were about 50 community members, most spoke during the public hearing.

ANNOUNCEMENTS /PUBLIC INTRODUCTIONS & COMMENTS

- 1) You may submit agenda items for consideration prior to the Executive Committee meeting, normally held on the first Wednesday of each month, 10:30 AM to Noon. Email or call MHB clerk Rhonda Darrow (565-4850), Rhonda.Darrow@sonoma-county.org to verify the next meeting date.
- 2) There are vacancies in Districts 1, 3 and 4. If you are interested in serving on the Board, please contact Rhonda Darrow (565-4850, Rhonda.Darrow@sonoma-county.org).
- 3) Please direct all your questions to the Chair.

APPROVAL OF MINUTES

MHB Draft Minutes from 5/21/19 were not approved due to not being a quorum of MHB members—to be presented at next meeting in Guerneville on July 16th.

Voting of MHB Executive Committee Officers

Voting could not be held due to not being a quorum of MHB members—to be done at the meeting in Guerneville on July 16th meeting.

CONSUMER AFFAIRS REPORT – Kate Roberge, Consumer Education Coordinator of the Consumer Relations Program of Goodwill Industries (kroberge@gire.org), and/or Guests

(See Special Presentation/Public Hearing below)

SPECIAL PRESENTATION/PUBLIC COMMENT: *Sonoma County Behavioral Health Division Organization Structure, Funding Sources, Including Mental Health Services Act (MHSA) (Bill Carter)*

(Please see attached PowerPoint slides – Sonoma County Mental Health Board MHSA Public Hearing, June 18, 2019)

Bill Carter: Green highlighted in green programs in the presentation are the programs where there were big changes in the budget and just by way of background, we started with an \$8 million shortfall.

Since we met last, the Board of Supervisors went through a week of budget hearings last week. They heard from all the departments and the public; and they made decisions about making county funds available to some of the departments to cover the reduction of some of the proposed cuts that we offered. Specifically in mental health, the biggest & most concerning cut we proposed the elimination of \$3.8 million of board and care residential care facility payments. This would have a devastating impact, but it was a necessary proposal because we had no other money to offer up for cutting. So, the Community Development Commission has worked with us to make housing vouchers available so there is about \$1.4 million in housing vouchers that are going to become available to clients of the behavioral health programs. That would cover some of that proposed cuts and then the Board of Supervisors reinstated \$2.65 million to cover the residential costs.

The Board of Supervisors also dedicated \$1.3 million to retain all of the peer and family support contracts that we proposed for elimination absent Board of Supervisors' support. So, this is the money they added back. Cuts that stayed in the proposed cuts that we made would remain reductions. It was also reduced; so they were able to reinstate part of the money but not all of the money. The Crisis Stabilization Unit is going to be reduced from 16 beds to 12 beds. CAPE, which is a school crisis response team, has been eliminated and the Workforce Education and Training activities we had were eliminated, as were 5.5 positions that were vacant at the time of the budget hearings. So, these are the reductions that stick.

See the presentation re: the details re: budget decisions.

In summary, the most significant changes for FY 19-20 follow:

- Increasing the Youth & Family Service System: Additional resources are necessary to meet state and federal mandates.
- Increasing investment in Full Service Partnership in Adult Services. – The Adult Full Service Partnership Team is a new unit. There are staffing increases to Older Adult & Transition Age Youth FSPs as well. Originally proposed to address the proposed elimination of Adult Services Team, this was an effort to address the loss of case management services to 500 individuals. The program is retained, per BOS decision, in response to the fact that FSP will allow individuals to leave or avoid institutional care and live independently in the community.
- Retention of Peer & Family Run services – The BOS provided two years of funding to retain these programs.
- Proposed cuts to Outreach and Engagement, Workforce Education and Training and the CSU were implemented as proposed.

There are some projects that have been on hold pending decisions about the budget. We need to relook at them and reconsider whether or not we have opportunities to keep them alive. These include:

- Operational funding for the Peer Respite Program that will allow us to utilize the CHFFA facility grant. We will need to look at MHSA and other funding sources to see if we can get that program back on track.
- Sonoma County also has the Access Project. This is an IBM partnership with Sonoma County. This involves all of the county agencies and is designed to share data and information to improve services to the community. There is a need for more support for that project moving forward, as well. In the MHSA area, we have innovations planning and implementation.

- We have an application in for a MH Diversion Program, for which we will need operation funding as well.

You all will see this year what comes out of the MHSA Steering Committee's requests for ideas about innovation projects that you would like to see funded. This will be out of innovation funding and then we do the three-year planning process this year. We will be talking to folks and collecting information that will be the basis of a report that will guide the next three years for MHSA funding. Now is the time for public comment. I am happy to answer any questions, as well, you might have about this business. Take it away.

MHB Member: You are welcome to step forward to start the questions.

MHB Member: Okay, so, let's start with the Board. Does anyone have any questions or comments?

Bill Carter: Yeah, so to the degree we have one-time money in our budget now. We have to figure out what to do about that, that going forward. In some cases, some of the solutions that were found this year are ongoing solutions, so that's been a benefit. So, up to \$1.4 million in housing support from the CDC is ongoing funding, so that's new money that the Behavioral Health System has not had for support, so that is a good thing. The Board also identified some of the add backs as ongoing funding that can be available from the Board and those are also additions that are going to benefit as ongoing, but we are in the process right now of taking stock of all of this and identifying where is there a kind of limited funding and how do we address that.

MHB Member: Well I, I actually would just like to say how much better it looks than when we started. So it is not everything that everybody needs, but it certainly is an improvement from the first go-around.

MHB Member: I am very happy with the add backs and express my appreciation publicly to the Board of Supervisors for all of the hard work that they went through to make this happen, and I know that the County staff is also grateful .

MHB Member: When I said this is getting a lot better, I am very happy that the peer and wellness centers are going to be able to keep providing their needed services to the community.

Honor Jackson: We are Community Baptist Church Collaborative, and we have four programs, Safe Harbor, Saturday Academy, Village Project and Bridge to the Future Rights of Passage. The Safe Harbor project provides music as relief and stress prevention music. We provide calming, relaxing sounds of music, outreach to churches, city groups, healthcare providers, individuals throughout Sonoma County. Our outreach strategies include community outreach through in-service education programs, sacred music series events, health forums, information packets to healthcare providers and our weekly stress prevention class. We propose to serve 200 to 300 members of the community through in-office sessions and live sacred music series events and health fairs. We conduct a minimum of four quarterly live sacred music service events. We will provide individual office services as needed and this is a year-round program. We also have the Saturday Academy and Village Project, who have worked together for youth from 5 through 18. The Saturday Academy and the Village Project will provide faith-based targeted educational programs to enhance life skills, self-esteem, personal growth, coping skills and knowledge of community resources. Our target age groups are 5 to 12 for the Village Project and 13 to 18 for the Saturday Academy. Service will be provided to a diverse cultural population in Sonoma County; however, our outreach and program design will primarily focus on the African American community. Outreach strategies include presentation to specific groups, other churches, social services, healthcare providers, community events, fairs and schools. In addition, this is a year-round program. Bridge to the Future Rights of Passage program. It is an 8-month program for youth, 14 to 18—that is the teen years, high-school years. This program uses adult mentors, civic and community leaders, elected officials, volunteers and curriculum specialists to provide youth with life skills, such as self-esteem, team building, wellness, nutrition, etiquette, cultural awareness, time management, financial awareness, career planning, public speaking, college preparation, exploration and community service. These skills, in turn, will assist youth into a successful transition for the future and adulthood in a culturally diverse community. Activities and/or workshops consist of monthly 3-hour sessions and field trips to practice acquired skills. Bridge to the Future Rights of Passage program year begins in September and continues monthly through April. In April, we have a

formal actual graduation ceremony presentation and welcoming of the participants to the community is hosted at a local venue. Rights to passage is a community education model that is structured around an established curriculum. We also provide for our youth and for the community with QPR training, as well as a mental health. The African American mental health conference will be providing as well. We do a number of things but, again, we have four programs and hopefully will be continued. Thank you.

Lee Turner: The collaborative and I just want to thank the Sonoma County Behavioral Health Services for helping us to be able to deal with some of the cultural issues that don't get dealt with in the larger context of our numbers. We just wanted to say we appreciate all of the support that you've given us to this point in time and again, thank you from myself and my deputy director of the program.

Vivian Sedney: My name is Vivian Sedney and as a consumer and an advocate with Corinne Camp Advocacy Network of Sonoma County, I would like to thank the Mental Health Board for their support with their collective votes against the budget proposed last month. I would also like to thank the Board of Supervisors for their listening to the people in and those involved with the mental health community, hearing about what our needs were. I would also like to say that it has been a hard process this whole time. I think it has been hard for everybody involved in the process. It has been hard, and I think that the receiving of money for the board and cares and peer-run centers will allow us to look forward to utilizing those. I think, though, in the future, it would be great to have more future mental health stakeholders involved initially in the process, rather than in the end of the process. I would like to thank everybody for being involved in this whole evolution that we have experienced. Thank you.

Linda Picton: Well, thank you. I also want to thank the county and, and everyone who worked so hard to restore the services that do exist, but what is interesting to me is that I still find a lot of people who have never heard of the Mental Health Services Act. I, for one, have worked really hard on getting people to sign petitions and getting put on the ballot and in the old days, we have talked about it. It was a way to transform the mental health system and a lot of us just were really unhappy with the medical model, where you get a diagnosis and then you get treatment. That is maybe a little bit what I want to talk about and serious and persistent ailments that affect everybody and all you have to do is turn on the news and you get a sense that a whole lot of people need mental health care before it comes to the place where they have a diagnosis that is based on their behaviors. So, I just want to remind everyone that was supposed to be peer supported and community-based care. I think treatment was the word, but I would rather use care so that it extends to all walks of life. Well, we talked about silos, so that there are not silos that people have to function within the different agencies. Whatever I know now, my vision loss is a real critical issue for me. So one of the things was transportation, and I never dreamed that I would be at this place in my life and be unable to even ride my bicycle. You know I cannot ride anymore. I have an I.D. card. I cannot drive. I would be crazy to ride my bike, you know, with the traffic and the road conditions the way they are because I almost fell down the steps here because I could not see the steps. I could not see the steps, so I just would like to ask for more community-based care and maybe more activities that could grow out of the Wellness Center and other agencies. You know, there is only so many support groups you can go to and I am getting so much help. I am going to the Wellness Center almost every day since the weather has been nice enough to be out and I really benefit from being there, but I would like to be able to go and maybe create some relationships, where I could get back to volunteering again because I am good at that. I am good at volunteering. It is hard to pay the bills and volunteer but I just am trying to deal with health issues that I have. I want to do some more things in the community like riding my bike to the Wellness Center. I just went there yesterday, and I know different agencies have applied for MHSA funding and to make sure that we do not have overlap. That's one of the things I see, also. There's a lot of overlap that Kaiser has and St. Joseph's has their program and sometimes people are left in the cracks and I would like to see some efforts to eliminate and just back to more care. More care rather than waiting for people to get to the point where they really need the intervention and have it be more integrated into the community. So I think that is all I will say and hope I do not fall when you turn around. So thanks. Thanks a lot.

Sean Kelson: Hello. Good evening, good to see you all. I am Sean Kelson, program manager of Interlink Self-Help Center, and I also oversee the Petaluma Peer Recovery Center or PPRC, which has been funded from its inception with grant money. At PPRC, staff involved with training to the peer support training, offered through the peer specialist education training program, provide groups and classes, one-to-one support, socialization activities, help with navigation and more. We are the youngest one and small but mighty and continuing to grow and in this fiscal year's first quarter,

accessing one-to-one peer support in person and over the phone with 71 per month in the first quarter. We are just open three days a week and 168 averaging per month in the third quarter. Many participate in group craft activities, which generate a lot of really deep discussions, including how hard the holidays can be. Participants share and strategized around how to politely refuse alcohol and still participate with family and others and how best to move forward towards healthier mutually responsible relationships in general. A lot of times, it is like “Oh, these are just feel-good programs” but people are really doing some really incredible deep, deep work in these groups and in these centers. Some of the quotes we had from feedback we got were in this fiscal year: “I am learning so much here. I should have come here first.” “I’ve been feeling sad, so sad for so long. It feels good to finally be feeling better and I can practice being with other people and how to talk to them.” I want to acknowledge how difficult and confusing the past few months have been and thank the Board here, the Board of Supervisors, Sonoma County Behavioral Health and our peers, peer providers and our community at large--all the different people coming from all different places, doctors, you know, stepping up and helping to educate the community about the value of evidence-based practice of peer support, how it saves lives, money, has no waiting list and we need more, not less. Last week, before the finalization of the budget, a wise colleague and friend pointed out to me that on a precipice is often where we evolve and as a result of this process, we have evolved as a community, you know, and as a result of this overdue education piece and communities do not have epiphanies without help. I am still trying to wrap my head around the spirit and legalities of MHSA funding and hope to be demystified in the future and am grateful that we have funding and some time to better understand MHSA and other funding potential if needed. I want to thank you again for all your support and advocacy and, and our entire community as well. I look forward to seeing what we can build further on the stronger foundation of knowledge that has been shored up. Thank you.

Susan Keller: Good evening. My name is Susan Keller. I am the director of the Community Network, and I have been here before. I want to thank you first of all for unanimously, as a board, taking a position last month to send a letter to the Board of Supervisors opposing the cuts to the peer programs, family programs and board and care. That was a critically important turn-key thing that you did. I saw the letter and I just want to say how powerful that was and so important and hopeful in the future that you might somehow be able to do that upstream before the preliminary budget is presented and passed and gone to the Board. So tonight, I wanted to express concern too about the lack of transparency in the whole process. It was very traumatic to the community how this was done and to not learn anything about it until it was the preliminary budget presented in public to the Board of Supervisors. I think that this Board should consider policies that you could adopt and recommend to guide the staff so that the subject process does not so severely impact the particular programs and those they serve which is what we have over these past few months and all the community reaction that resulted. It is so commendable that the people that came out and gave testimony to the Board of Supervisors. It was just awesome that happened so anyway. I would urge that you review policies that are in place that let this come down the way that it did and see what you can do in the future to lessen the negative impacts in the preliminary budget process and what you can do to move this upstream a bit and engage the community better. Then the last thing I wanted to say is about those valid initiatives. The Board of Supervisors has approved a contract for near a half a million dollars for a board initiative to look into a valid initiative rather for homeless and mental health funding, and I believe the report by the consultants is due maybe at the end of the year. It would be really good to have that on this agenda so that the community could learn what that is about and, again, thanks for what you are doing and for the consideration.

Kate Roberge: First I wanted to thank the Board. You listened to our community and you had our back during this terrible time. Thank you for your resolution to the Board of Supervisors asking that peer services be continued. Now that we know that our programs have been spared. It is our time for our community to pick up the pieces because this whole episode was harmful and damaging. People lived in fear that they would lose their support, that no one would be there for them when they needed it. They faced the probability that their community would be torn apart. That level of pressure and pain was devastating to our community. I hope this never happens again. I hope that we will all do whatever is in our power to never let this happen again. Thank you.

Lana Zientek: My name is Lana and I am a member of the mental health community. I would just like to take this opportunity to thank you.

Speaker: I would just like to take this opportunity and thank my peers and community for their heartfelt commitment to ensure that the peer and family budget be renewed. I would also like to thank the Mental Health Board and Board of Supervisors for their sincere and heartfelt support. Lastly, I would like to say that I am very proud to be a member of this peer community. We are strong and empowered.

Anita LaFollette: Thank you for hearing me. I wanted to also let you know and thank you for supporting the mental health community in the way that you did. I am surprised and really relieved because there are so many people that have mental challenges out on the streets and so this is great. I did want to alert you to another problem. I have it from substantially good sources that RJA is not being to health services. I have experience of knowing someone who was put in jail and they, though they were picked up on a 5150, had a warrant for their arrest so they put them in jail instead and they never got any mental health services. They said this because I called and asked if they were getting mental health services, and the jail personnel told me that they certainly are taking care of this person. When they got out, they said the most they ever had as far as suicidal prevention was that they were a pickup for a 5150, was asked how are they were doing. That is not appropriate. So in response to this, I noticed that there was an opening for a job in the jail. I applied for that job and went for an interview because I have that license. The gal said to me that they do not have a staff at night, and they do not have a staff that would – three shifts were available – and one of the shifts was 11:00 to 7:00 and the others are in the evening, I cannot remember, so she admitted to me (this was a gal, her name was Katie) that she works for the jail, that she often does double shifts and she loves to serve the community. I do not think anyone can get good mental health services through someone working double shifts. I am just alerting you to the fact the jail is supposed to be providing mental health services, especially when they get to a 5150, but I do not think that is happening. I can give you statistics if you would like to look into this.

Alec Nordschow: Hello, I am Alec Nordschow. I am a concerned citizen. I come before you today to express my deepest concern about these budget cuts to Sonoma County's mental health program. Aside from my general concern for the well-being of all members of our local community, I also have friends and family who rely on the services provided by the mental health program. It is my understanding that the proposed budget cuts would reduce funding to programs aimed at preventing mental health emergencies. While crisis care in lockdown facilities would be unaffected by cuts, this seems to be unsustainable; and it seems like it could quickly result in inundating the crisis stabilization units with patients whose mental health emergencies might otherwise be prevented, if there were not cuts to the prevention program. I believe there will be more mental health patients in hospitals and jails. It seems that the best course of action would be to find alternative funding for mental health crisis prevention from agencies and institutions that are not being affected by budget cuts. I have been led to believe that Sonoma County Community Health Centers are well funded. Perhaps they could take a better role in mental health. Another option could be for hospitals to buy beds at the mental health crisis stabilization unit that could possibly provide some more funding to them while preventing hospitals to lose revenue due to patients in mental health crisis taking up resources that could otherwise be allocated to essentially paying customers. As far as I can tell, Sonoma County is in a state of emergency due to homelessness at the moment, and I feel that any cuts to services and mental health prevention will exacerbate that problem so I would like to see solutions to these problems to ensure that the members of our community can get the help that they need.

Carol West: Hi, I'm Carol West and would like to say thank you very much for saving our peer and family services. I would also like to say how traumatic it has been and would like to reiterate essentially that the funding we have is for a year or maybe 18 months, if we're lucky. So, now what will happen next? I think that what we realized that if we were going to do our services that our peers need a place for the peer community to share information. We realized that if we were going to keep services going, we were going to use that network. Yes, I would like to say thank you but that we need to get help with current information to make sure that we do not go through the same situation again.

Susan Standen: My name is Susan Standen. I also want to thank you. I have been talking to a lot of people in a lot of counties that have faced similar things lately and I realized how lucky the mental health community is to have a Mental Health Board like you. They are often at odds with the consumer community. I do not know if you know that and so I realized how lucky we are to have you as an ally. You guys have listened to us in the past and you showed up. You did your job, and you know, sad to say, that does not happen as much as it should these days so I really appreciate it. As other people have been pointing out, this was really hard for me and my community to go through. I would like, if possible, for you to put it on your calendar to have a plan so that we, the peer and family services and the WET

programs can get really seated as MHSA budget. There's a reason for this. If you have read MHSA law, it is meant for programs like ours. It is not meant for case management. Specifically, the Department of Health Services is not business as usual. MHSA was created so that county money could go to traditional county-funded programs for mental health. That is what it is meant for and MHSA was meant for transformative services. You guys have heard this before, right? I'm not saying anything new, but I do want to state for the record that I personally object to the redirection of MHSA funds for the family and peer-run programs. Then I recommend that the Wellness Center and the other peer centers and programs to continue to be funded by MHSA, and I propose that we need now to determine how to continue this funding, particularly before that. I want to remind folks that I represent the centuries of neglect of people like myself, who were not heard and not listened to and MHSA was for those who needs this funding. This is a way that we can actually have a voice being in programs and us to have a community and feel better and construct our lives again so thank you for being such a great ally. Keep up the good work. Help us with planning for the future. Thanks.

Sean Bolan: Hi, I'm Sean Bolan. I am the program manager of the Wellness and Advocacy Center. I would first like to thank the Board members for writing a letter for support in opposition of those cuts. I wanted to thank all of the peers and allies that showed up at the Board of Supervisors, who wrote letters, really spoke up for these services to exist because there is still a need in this county. It really does deserve MHSA funding. Welfare and Institutions Code 5813.5 Section D is that planning for services shall be consistent with the philosophy, principles and practices of the recovery vision for mental health consumers. Part 1 is for concepts key to recovery for individuals of mental illness, hope, personal empowerment, respect, social connections, self-responsibility, self-determination, to promote consumer operated services as a way to support recovery, to reflect the cultural, ethnic and racial diversity of mental health consumers and to plan for each consumer's individual needs. I understand that very tough budgetary decisions had to be made, yet I believe that it is important not just to follow the letter of the law but the full spirit and intent. So, I again want to thank everyone who spoke up for these services to exist, and I hope that we continue to in the future. Thank you.

Denise Carpenter: Hi, my name is Denise Carpenter; and I want to thank the Board for their support. I also want to say thank you to peers and all the peers who took the initiative to help prevent the peer-run programs being threatened again. I grew up in a very abusive family. I was traumatized my whole life. I do not know how I made it to 38. I saw more in one lifetime than anybody should ever see. I had to watch 14 people die right in front of me in 2 seconds when I was only 15 and even worse than that and on and on and on. I was traumatized my whole life, continuously. I could not understand why this kept happening with me. I thought if there was a God, God really must hate me because all I had every night was nightmares. All I could hear was everybody screaming and everything that happened to me. I never understood any of it, until I went to a peer support class. All the questions I had my whole life were answered in that class. For 30 years in the mental health system, I have learned a lot. I have learned what every diagnosis was, how to talk to everybody with that diagnosis, how to treat each other with respect and dignity, and I learned a lot without even knowing that I was learning a lot. When I took a peer support class, I just got stronger. I had severe anxiety and panic attacks for 20 years. I could not do anything. I could not go into a grocery store. I could not drive around my car. I could not take my kids to school. When I got into the mental health system, they told me I was gravely disabled; and I would never get better. But I am standing right here better because I took the peer support class, and it made me stronger. I no longer have anxiety. Anxiety is just fear. Everybody has a story. Everybody's story needs to be heard. Everybody needs to be listened to for them to get better. The only one that can really understand is our peers and peer support specialists. If there are no more peer support specialists or peer support classes, nobody is going to get help anymore. Nobody is going to get better anymore. I mean this cannot happen again. Please. Thank you.

Claudia Abend: I am Claudia Abend. I am a registered nurse, for starters. I have a son that has impacted my life with severe mental illness. He is at this time in jail. He has been in jail for two years, counting the time they took to get him to Napa State Hospital for about seven months. He was incompetent many times in jail, and I am really concerned about their mental treatment in jail. He was out for about two days before Mother's Day and ended up back in because he had a violation of probation. His story, his journey is just impeccable. When he was first arrested, he did a violent action against his family. We have a restraining order and everything. The main thing we wanted was treatment for him all the time. We never had that back. We kept fighting for them to seek treatment for him. For his first seven and a half months in jail, they kept saying he was competent and then he was not. It took him two and a half months to deem him incompetent and get to Napa State Hospital. That is a long time. I do not know why it took that long. In the meantime,

he is in the F Module in the jail. This is a person with a diagnosis, a schizoaffective disorder, schizoaffective bipolar type, chronic. In jail, getting out for an hour every day and supposedly getting mental health treatment. Tell me this is not appropriate. I cannot believe they can even call it mental health treatment, but this is a common thing in the Sonoma County Jail. Forty percent of these inmates have mental health problems. I have met many of them. They now have a support group for the families. All of them have children or relatives that have mental health problems and supposedly getting treatment. They do have various stages of treatment for the competency program that is there. I do not think it started when my son was first at the jail. They only have so many people they can have, so finally, when he came back from Napa State Hospital, he was in court and that took forever. Finally, they sent him to the FACT program. It took, what can I say? He had a meltdown. It took FACT another two months to tell us he is too ill for our program. Then it took another time he was incompetent again. They had to run through the competency program in jail again. It was not a competency program--it was medications. Of course, he has an illness; and I am being told now, since he is back in jail for violating his probation. They let him out, going through the mental health probation, with no place to live. That is the worst thing they can do to a mental health patient. There was no plan. I think there needs to be something done. I do not know if it can come from you guys. He is in jail, going through more competency and come out for 45 minutes or an hour each day out of his cell. He is worse than he was when he went in--severely worse. He is, what I would call, gravely disabled; and they are not hearing me. They do not want to refer him to be conserved. I do not know in God's name how to do it, but he really needs to go that path. He cannot figure that out on the street. Anyway, just something you should know. This is not just an isolated incident. I am sorry to say.

Derek Spikerman: Well, like just hearing these stories, more so that last one really hit me hard. My name is Derek Spikerman. I work with Buckelew Programs so we have a program which does a tremendous job. I hope that she gets the help that she needs, but I want to just say that I really appreciate you guys stepping up. I read recent articles about what is happening on the board and the cuts and then some programs being restored, thank God. The Buckelew Programs, including our family service program, do a tremendous job and can continue doing the work because there are a lot of families that I work with that need the support. Besides the clients that we meet, we have this kind of wraparound with each other. You cut that off, then it is cutting off the lifeblood of the relationship that we have with our members and their families. So I just want to acknowledge that, and I want to also say something about the peer programs and everything. We have a couple peer providers that I just want to say how important all the different peer programs there are--the Wellness Center and to all the other ones around the county. I would love to see one more up north.

Next Speaker: I am representing Cloverdale and Healdsburg because I got people up there that have to schlep all the way down if they can, but I want to tell you that it really has been a huge impact and I am not just talking about the people on the ground that are actually using those every day. The ones that actually get things from those programs, like the person who talked about going through the peer advocacy program who graduated from that. I had one who was a client and who is now one of our partners. I heard someone earlier talk about this in detail. I saw someone at the congregation that I went a couple days ago. He is at my congregation, my church. He went through that program as a huge mental health advocate. He is no longer doing that anymore. He is working in the private sector. There are many stories like this, all over the place. I heard this person I used to work with a couple years ago who is now a huge advocate, a few minutes ago. I just want to tell you as a peer, I mean, as a director/provider, that as peer providers, we appreciate it, and like people said, we do not want to have this continue every single year. I am not saying that the people who make the decisions have it easy. They have to look at a lot of different programs, and it is really hard to make those cuts. But look at what is successful and what works. The person talking about the jail system, I cannot tell you how many people have to come out of the jail. I thank God there are peer programs. There are consumers that are out there, beside ourselves, that are directors, but we cannot do it alone. Thank God, they are out there because if they were not, what do they have when they get out of jail? What do they have when they get out of hospitals? I mean, we do not even have the hospital care that we used to have. When they come out, they are coming out in some other hospital. They do not even know who they are dealing with or where to go once they are back at home or in some facility. Thank God for the Wellness Center. Thank God. They will have a place to go that is safe and that will give them the support they need. I just want to say that just reminding yourselves it is not just a place that we fund, but it is a change in life. It is a recovery process that continues going and you hear stories like tonight that are real stories about real people that keep that growing. I just want to keep doing what I am doing and support everybody that already is doing the work of a peer and the family service because then you got so much. I really appreciate it. Thank you.

Brandy Evans: I am Brandy Evans. I am the president and CEO of Goodwill Redwood Empire. I wanted to take a moment and thank all of you for all the service that you provide to the mental health community. It is very important, and as a representative of Goodwill, obviously, I am very pleased that we could do a partnership with you on that; but I also want to take a chance to publicly acknowledge the Board of Supervisors. I understand that the work they have to do balancing the budget is difficult, as we all do, right? And I just want to say thank you to them, and I also want to take a moment to publicly acknowledge Bill Carter. Thank you for your partnership. We could not have done this without you. And lastly, I would like to acknowledge the peer population, using their collective voice to educate and encourage. Thanks to all of the staff members. I know that they really appreciate your support. On behalf of Goodwill Behavioral Health Unit, I want to affirm our cooperation in the coming months to create a deeper understanding of the MHSA funding, as well as Sonoma County's future plans to support these much needed services.

Next Speaker: This has been a very emotional ride for all of us. I know it has been for you and the community. Thank you again for your service.

Robin Bowen: All right, thank you. I am Robin Bowen, and I am the executive director of the Child Parent Institute and I am here to be the voice for 0-5 services, so I want to thank you for your continued support of the 0-5 services that our collaborative provides in Sonoma County through the prevention and early intervention funding of the Mental Health Services Act. I appreciate all your help. I appreciate the staff here at Behavioral Health, the Board of Supervisors, and I really want to shout out to all the millionaires in California for paying your taxes, so to make this happen. So specifically at the California Parent Institute, our piece of the collaborative is to work in the perinatal mood disorder work in the county. About 20 to 25 percent of all mothers who give birth are diagnosed with depression. It impacts not only the mom, but it also impacts the baby and that baby is likely to be depressed. Recently, there have been studies to show that in the United States, maternal depression is the Number One cause of death in our country in people giving birth. It is no longer the actual medical causes of giving birth. It is actually the depression because women commit suicide and that happens here in Sonoma County, as well. So through our funding, we are able to provide peer support and behavioral health services to women who are referred to us with perinatal disorder. We are able to reduce maternal death through that work and also reduce the number of ACEs that children receive growing up in that household. ACE just stands for adverse childhood experiences. We additionally provide in the ages 0-5 population, Triple P, which is positive parenting work for families, and it is an evidence-based program that is listed on our screening as a Tier 1. Those program outcomes have shown to decrease child abuse and neglect in our community, as well as decreasing children exhibiting difficult behaviors and a decrease in difficult parent-child interactions. All the work that we do in this program, after we provide those services to the parents, we know there is a child in Sonoma County going to bed happier at night and so I appreciate the work and thank you very much.

Next Speaker: All right, I was just nervous. I was just going to say if you are going to fund case managers, maybe they should all have to take the peer support class taught by my teachers too because they do not understand us either. Maybe if they did, they would learn a lot more. I do not know what education they had to get their job, but they are working in the wrong profession. But, I know that they would never become peer supports because they are not special, I guess. But at least, if they took that class, they would understand a lot more. Even, they do not even have to take a test. I do not think they could pass it anyway but maybe they could understand a lot more and be more compassionate and understanding that people do get better and can go on and take care of themselves and help other people. Thank you.

Next Speaker: Hi, my name is Shawn. I am a clinician and I am licensed. I work for Telecare. I want to thank you guys for fighting to prevent the devastating cuts that were proposed about a month ago. It is my understanding that there are still going to be some places that are affected.

Next Speaker: Like CSU will be cut from 16 to 12 beds, and I think we still need to be focused on creating solutions for things like that. I recently reached out to people who are administrators in hospitals and asked them if they would consider buying those beds because they have already done it. It takes a lot of resources for an ER to serve the mental health--someone in a mental health crisis. They have a doctor, they have nurses and they have a sitter, and so I do not know if anyone from a hospital is here tonight. I know how we can save some of those beds and the CSU is already impacted and our ERs are already impacted. I do want to thank you guys, again, for the work that you did to prevent the

cuts to the wellness centers. We talked about that case manager and the importance of that. Case managers have no resources to refer people to so I just want to say I agree with everyone here. We need to continue to think for the future and preserve those resources that case managers need today.

Next Speaker: I just wanted to bring your attention to a law that could possibly help people go to more of a positive reinforcement treatment plan rather than waiting until they impact and become negative and end up in our justice system, called Laura's law. This, I'm not sure how, board can, go through the supervisors or the voters, but I know it is a funding thing but other counties have done it in the North Bay or in San Francisco and Los Angeles.

Kathy Smith read a letter from Renee Cicerone: "I regret terribly that I cannot attend this evenings Board Meeting. As a client of Sonoma County Behavioral Health, I believe my voice is perhaps one of the most important to be heard tonight as I believe I speak on behalf of many. The walls are crumbling down upon us. Those of you that exit the office at 5:00 pm and leave your voicemail on may not feel the absolute gravity of the situation, but those of us that are left behind do. The word on the street is, and I quote, "The County is falling apart." Both a Buckelew worker and my Lomi therapist said those exact words to me. This was of course in response to my complaints and frustration with the care I am receiving. One example, just one, Wednesday, I called in a refill to my pharmacy as I wanted to make sure I had it for the weekend. Thursday, I called my pharmacy, they had not heard from the Dr. I called the doctor's office (I still do not have a case worker). A total of three times on Thursday followed up by twice Friday morning speaking to a nurse and leaving voicemails. Friday at 4:30 pm I arrive home from work, surprised there is no prescription waiting for me. I call my pharmacy, they inform me that they have not yet heard back from my Dr. Frantic, as it is Friday at 4:30 pm I phone my doctor and receive the polite email stating they are open until 5. Earlier in the week my Buckelew worker passed on a number to me of someone who may or may not be my new case manager. So I gave that number a try, in desperate need of my med for the weekend. Well, voicemail again I leave yet another frantic voicemail introducing myself and explaining the problem. It's now about 4:45. I decide to use all resources I have and call CSU. I speak to a nurse there who takes my number and tells me he will call me back. The clock is ticking. My blood pressure rising. I started this journey Wednesday. At 4:55 CSU phones me back to tell me there is no doctor on duty which I found unbelievable in itself. So, defeated, I phone my pharmacy to ask them to go ahead and delivery what they could. To all of our surprise, an approval had just come in, she was very happy to inform me. This story has a happy ending. I am not sure what part of my voodoo ritual actual got the results. I am higher functioning then some of my peers. Some cannot stand on their head and hold their breath as I was forced to do to get their medication. Criminal. It is Tuesday afternoon, the person or supposed " case manager "I left the voice mail for regarding my medication Friday at 4:10 has never even called me back to introduce himself, or follow up, check in about my medication. The message I get...He could care less. How would you read it? My psychiatrist has cancelled two appointments booking me with an appointment four weeks out. No effort to get me in to see him sooner. I have not seen him in months and this seems to be just fine. My job is to call every day in hopes there is a cancellation, which I do. Thank you for your time. I know it is valuable and this email long. I am concerned for others, as sometimes voices are not always heard. I was the one with my fist in the air that marched to City Hall for equal rights in my twenties. I will never put that fist down."

The Mental Health Board members each thanked everyone for all of their hard work.

OTHER REPORTS (INCLUDING CALBHBC Report – Sherry Weyers and Others

This is the link to California Association of Local Behavioral Health Boards and Commissions website:

<http://www.calbhbc.org/>

No reports given at this meeting.

Meeting adjourned at 6:41 p.m.

Respectfully submitted, Rhonda Darrow, Mental Health Board Clerk

ABBREVIATIONS & ACRONYMS

5150	Declared to be a danger to self and/or others
AB3632	Assembly Bill - State-mandated MH services for seriously emotionally disturbed youth - discontinued by State
ACA	Affordable Care Act

ACL	All County Letter
ACT	Assertive Community Treatment (program run by Telecare)
ANSA	Adult Needs and Strengths Assessment – a “tool” for determining which services are needed by each particular adult client
AODS	Alcohol and Other Drugs Services – now a part of the Mental Health Division and called SUDS
ART	Aggression Replacement Therapy
BHD	Behavioral Health Division (Sonoma County)
CADPAAC	County Alcohol and Drug Program Administrators’ Association of California
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CalEQRO	California External Quality Review Organization
CALMHB/C	California Association of Local Mental Health Boards & Commissions - comprised of representatives from many MHBs in the State
CANS	Child, Adolescent Needs and Strengths (Assessment) – helps determine which services are needed by each child client
CAPE	Crisis Assessment, Prevention, and Education Team; goes into the schools when called to intervene in student mental health matters
CAPSC	Community Action Partnership-Sonoma County
CARE	California Access to Recovery Effort
CBT	Cognitive Behavioral Therapy
CCAN	Corinne Camp Advocacy Network - Peers involved in mental health advocacy
CDC	Sonoma County Community Development Commission
CDSS	California Department of Social Services
CFM	Consumer and Family Member
CFR	Code of Federal Regulations
CFT	Child Family Team
CHD	California Human Development
CIP	Community Intervention Program
CIT	Crisis Intervention Training (4-day training for law enforcement, to help them identify and respond to mental health crisis situations)
CMHC	Community Mental Health Centers, Located in Petaluma, Guerneville, Sonoma, and Cloverdale (part of SCBH))
CMHDA	California Mental Health Directors Association
CMHL	SCBH’s Community Mental Health Lecture series - open to the public - usually takes place monthly
CMS	Centers for Medicare and Medicaid Services
CMSP	County Medical Services Program - for uninsured, low-income residents of the 35 counties participating in the State program
CONREP	Conditional Release Program (State-funded, SCBH-run, but will be turned over to the State 6/30/14)
CPS	Child Protective Service
CPS (alt)	Consumer Perception Survey (alt)
CRU	Crisis Residential Unit (aka Progress Sonoma-temporary home for clients in crisis, run by Progress Foundation)
CSU	Crisis Stabilization Unit (Sonoma County Behavioral Health’s psychiatric emergency services at 2225 Challenge Way, Santa Rosa, CA 95407)
CSAC	California State Association of Counties
CSN	Community Support Network (contract Provider)
CSS	Community Services and Support (part of Mental Health Services Act-MHSA)
CWS	Child Welfare Services
CY	Calendar Year
DAAC	Drug Abuse Alternatives Center
DBT	Dialectical Behavioral Therapy
DHCS	(State) Department of Health Care Services (replaced DMH July 1, 2011)
DHS	Department of Health Services (Sonoma County)
DPI	Department of Program Integrity
DSRIP	Delivery System Reform Incentive Payment
EBP	Evidence-basis Program or Practice
EHR	Electronic Health Record
EMR	Electronic Medical Record
EPSDT	Early and Periodic Screening, Diagnosis and Treatment (Children’s Full Scope Medi-Cal to age 21)
EQRO	External Quality Review Organization (annual review of our programs by the State)
FACT	Forensic Assertive Community Treatment
FASST	Family Advocacy Stabilization, Support, and Treatment (kids 8-12)
FQHC	Federally Qualified Health Center
FY	Fiscal Year
HCB	High-Cost Beneficiary
HIE	Health Information Exchange
HIPPA	Health Insurance Portability and Accountability Act
HIS	Health Information System
HITECH	Health Information Technology for Economic and Clinical Health Act
HSD	Human Services Department
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
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)
IT	Information Technology
JCAHO	Joint Commission on Accreditation of Healthcare Organizations - accredits hospitals & other organizations
LEA	Local Education Agency
LG	Los Guillicos-Juvenile Hall
LGBQQT1	Lesbian/Gay/Bisexual/Queer/Questioning/Transgender/Intersexed (also LGBTQ)
LOS	Length of Stay
LSU	Litigation Support Unit
M2M	Mild-to-Moderate
MADF	Main Adult Detention Facility (Jail)
MDT	Multi-Disciplinary Team
MHB	Mental Health Board
MHBG	Mental Health Block Grant
MHFA	Mental Health First Aid
MHP	Mental Health Plan
MHSA	Mental Health Services Act
MHSD	Mental Health Services Division (of DHCS)
MHSIP	Mental Health Statistics Improvement Project
MHST	Mental Health Screening Tool
MHWA	Mental Health Wellness Act (SB 82)
MOU	Memorandum of Understanding
MRT	Moral Reconciliation Therapy
MST	Mobile Support Team - gets called by law enforcement to scenes of mental health crises
NAMI	National Alliance on Mental Illness
NBSPP	North Bay Suicide Prevention Project
NOA	Notice of Action
NP	Nurse Practitioner
OSHPD	Office of Statewide Health Planning and Development - the building department for hospitals and skilled nursing facilities in state
PA	Physician Assistant
PAM	Program Assessment Matrix Work Group
PATH	Projects for Assistance in Transition from Homelessness
PC 1370	Penal Code 1370 (Incompetent to Stand Trial, by virtue of mental illness)
PCP	Primary Care Provider (medical doctor)
PES	Psychiatric Emergency Services – (open 24/7 for psychiatric crises - 3322 Chanate Road)
PEI	Prevention and Early Intervention (part of Mental Health Services Act-MHSA)
PHF	Psychiatric Health Facility
PHI	Protected Health Information
PHP	Parker Hill Place - Telecare's transitional residential program in Santa Rosa
PHP	Partnership Health Plan
PIHP	Prepaid Inpatient Health Plan
PIP	Performance Improvement Project
PM	Performance Measure
PPP	Triple P - Positive Parenting Program
PPSC	Petaluma People Services Center
QA	Quality Assurance
QI	Quality Improvement
QIC	Quality Improvement Committee
QIP	Quality Improvement Policy (meeting)
QIS	Quality Improvement Steering (meeting)
RCC	Redwood Children's Center
RFP	Request for Proposals (released when new programs are planned and contractors are solicited)
RN	Registered Nurse
RRC	Russian River Counselors
ROI	Release of Information
SAR	Service Authorization Request
SB	Senate Bill
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SCBH	Sonoma County Behavioral Health
SCOE	Sonoma County Office of Education
SDMC	Short-Doyle Medi-Cal

SED	Seriously Emotionally Disturbed
SELPA	Special Education Local Planning Area
SMHS	Specialty Mental Health Services
SMI	Seriously Mentally Ill
SNF (Sniff)	Skilled Nursing Facility
SOP	Safety Organized Practice
SPMI	Serious Persistent Mental Illness (or Seriously Persistently Mentally Ill)
SUDs	Substance Use Disorders Services (formerly AODS)
SWITS	Sonoma Web Infrastructure for Treatment Services
TAY	Transition Age Youth (18-25)
TBS	Therapeutic Behavioral Services
TFC	Therapeutic Foster Care
TSA	Timeliness Self-Assessment
VOMCH	Valley of the Moon Children's Home
WET	Workforce Education and Training (part of MHSA)
WPC	Whole Person Care
WRAP	Wellness Recovery Action Plan
WRAP (alt)	Working to Recognize Alternative Possibilities (alt)
Wraparound	Community-based intervention services that emphasize the strengths of the child and family
YS/Y&F	Youth Services/Youth & Family (Sonoma County Behavioral Health)
YSS	Youth Satisfaction Survey
YSS-F	Youth Satisfaction Survey-Family Version