



# SONOMA COUNTY MENTAL HEALTH BOARD

## Minutes of August 21, 2019



This Meeting:  
Finley Center, Person Senior Wing,  
2060 W. College Avenue, Santa Rosa, CA 95401

Minutes are posted in draft form and after approval at [www.sonoma-county.org/mhboard](http://www.sonoma-county.org/mhboard)  
Email: [dhs-mhb@sonoma-county.org](mailto:dhs-mhb@sonoma-county.org)

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

### CALL TO ORDER

Meeting called to order at 5:00 PM by Chair Kathy Smith

### ROLL CALL

**Present:** Kathy Smith, District 5      Preston Pierre, District 1      Patricia Gray, District 1  
Bob Cobb, District 4      Dick Kirk, District 1      Diane Nelson, District 2  
Robert Hales, District 5      Peter McAweeney, District 4

**Excused:** Sherry Weyers, District 5; Fran Adams, District 2; Mary Ann Swanson, District 2; Shellie Hadley, District 3

**SRJC PEERS Coalition Representative:** Maria Arreguin (present)

**Sonoma County DHS, Behavioral Health Division:** Bill Carter (SCBH Director); Melissa Ladrech, MHSA Coordinator; and Bruce Robbins, MHSA.

**Community Members:** There were 40 plus community member who attended this meeting.

### 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](mailto: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](mailto:Rhonda.Darrow@sonoma-county.org)).
- 3) Please direct all your questions to the Chair.

### APPROVAL OF MINUTES

MHB Draft Minutes from 5/21/19 (Peter McAweeney—motioned, Dick Kirk—second motion, and no abstentions); 6/18/19 (Dick Kirk—first motion, Peter McAweeney—second motion and Peter McAweeney, Dick Kirk and Robert Hales abstained); and 7/16/19 (Dick Kirk—first motion, Robert Hales—second motion and Peter McAweeney—abstained), were all approved.

**Note:** These meeting minutes are transcribed from a digital recording. Sections have been edited to increase clarity, where the speaker was readily available to modify the language; however, other sections have not been edited and may include unintended errors resulting from the transcription process.

**SPECIAL PRESENTATION:** *Mental Health Services Act (MHSA) Annual Update for 2019-2020 and Program Report for 2017-2018* (Melissa Ladrech)

*(Please see attached PowerPoint slides)*

**Melissa Ladrech:** Thank you very much. My name is Melissa Ladrech, and I am the new MHSA coordinator. I am really happy to see everyone here today. I would first like to thank the Mental Health Board for hosting our public hearing after the 30-day public review of the new MHSA plan. We are here to provide feedback to the Mental Health Board about the MHSA Annual Plan, and we have a few copies here, and hopefully you have all had a chance to look at it and review it.

We posted on the MHSA Plan on our website on July 19<sup>th</sup>, and we distributed to everyone who has signed up to receive MHSA updates, including the newsletter. We sent a link to the plan to the MHSA contractors, the MHSA Steering and Stakeholder Committees and any other individual who indicated that they were interested, as well as the Chambers of Commerce and the Petaluma Healthcare District. We delivered hard copies to all of the Sonoma County libraries, Finley Center, Wellness and Advocacy Center, Interlink Self-Help Center, Brookwood, and Vet Connect. It is also posted on our MHSA and Behavioral Health websites. So, it is very available. All the comments, etc. are going to be directed to the Mental Health Board tonight; and I am going to take my cues from the MHB Chair. You are going to have an opportunity to address the Mental Health Board. If you would like to address the Mental Health Board and you do not have a number, you can talk to Rhonda. She can get you hooked up with a number.

We are going to be recording the meeting. We will have the recording transcribed so there will be a public record of it and that will be posted on the website as well. We may make changes to the plan and update it based on any substantive recommendations that we receive tonight. I would like to remind you if you did not sign in, to make sure that you do. So please do sign in and again thank you for being here tonight.

Our agenda is a brief overview of the MHSA Annual Update for Fiscal Year 2019 -2020. The fiscal year started in July. We are also going to do a brief overview of the MHSA Program report for Fiscal 2017-2018. Each of the annual updates looks at the year we are going into, and then it looks, not at the year that just happened, but the year before that where we have some data from. Here is the brief update on the Mental Health Services Act plan update for FY 19-20.

These are the changes that have happened this year:

- A couple of changes that happened with our community services and supports component which is the largest component. That is comprised of 76% of the funding we receive. Full Service Partnerships, receives half of the money from that component. It is pretty substantial, and that is where we offer treatment. The philosophy behind that treatment is a whatever-it-takes approach--really a kind of a wraparound services that are very recovery oriented. We have made two changes with that section. We have added an Adult Full Service Partnership. This is a new program, and this is really exciting to me because we did not have an adult program that did not have involvement with criminal justice or a substance use disorder. The two adult programs we had were in FACT, a diversion program for folks that had involvement with the criminal justice system, and we had integrated recovery for individuals with a co-occurring substance use diagnosis. They are both wonderful teams, but if you are an adult with acute symptoms but you do not have the involvement with the criminal justice system or a co-occurring substance use disorder, there was not an FSP team for you to be a part of. We also have augmented our Family Advocacy Stabilization Support Team (FASST). The FASST team is our FSP team for youth. We have expanded the capacity. They should be able to serve 154 people this year--that is what we are anticipating. In the Adult Full Service Partnership, we are anticipating to serve 100 people or so.
- Under the Community Services and Supports, the general systems development subcomponent, this was really impacted; and I know a number of people in this room were impacted by some changes

here. Because our Department of Health Services was faced with a budget deficit for Fiscal Year 2019-2020, this had come up in a number of other Mental Health Board meetings that we have had. The primary factor contributing to the short fall was the failure of State revenue to keep pace with local services and needs. As a part of balanced budget proposals in the first round of review, the Department proposed cutting services that were restored by the County Board of Supervisors in the final budget. The restorations included “Board & Care” services and Peer & Family Run Services. Relative to the latter the Board provided two years of funding for Buckelew’s Community Family Services, Goodwill’s Wellness and Advocacy Center and Petaluma Peer Recovery Center, West Coast Community Services’ Russian River Empowerment Center and Crisis Support.

- Community Service & Supports includes Outreach and Engagement. This component includes the Whole Person Care Program, outreaches to people experiencing homelessness or are very close to homelessness and are experiencing mental health issues. That team had unspent funds, so we rolled that forward so there is a budget increase. Then Human Services Department’s JobLink and Sonoma County Indian Health Project’s community programs are both receiving funding again from the Board of Supervisors, as opposed to Mental Health Services Act funding.
- Under Prevention and Early Intervention (PEI), the Crisis Assessment, Prevention and Education (CAPE) team has been reduced over the last couple of years with the budget problems, and we have eliminated that program this last year. The Workforce Education and Training Coordinator position is no longer being funded, but the MHSA Coordinator, that is myself, is performing the essential responsibilities.

The FY 2019-2020 MHSA Expenditure Plan outlines the budget. We estimate receiving \$24 million in MHSA funds from the state in this fiscal year. This year's budget includes, earned Federal Financial Participation (FFP), which is drawn down when we provide Medi-Cal billable services. We are never sure exactly how much we are going to get and how much we will be billing, so we conservatively estimated that, and we want to make sure that if there are shortfalls in the FFP that there are enough funds to pay for the programming that we have planned.

There is not a current Innovation Project, and the Innovation Component has \$2,270,000 in unspent funds. I will be giving you an update on that in just a moment.

The current Prudent Reserve is just over \$900,000. We are not able to access those funds without permission from the Mental Health Services Oversight and Accountability Commission. They are held aside to provide funding in a time of economic decline.

There are several new projects that we are working on in FY 2019-20. A few people in the room are involved with the Innovation subcommittee of the MHSA Steering Committee which is in the process of providing an opportunity for organizations to apply for Innovation funding. There is a handout on Innovation 2020 right here that talks about the schedule of community outreach and education meetings that we will be doing in September to let people know about the opportunity to apply for Innovation funds. It is a great opportunity to find out more. We will be going over the application, what the scoring criteria is, and what the rules are developed by the Oversight and Accountability Commission. We will talk about what is an Innovation project, and we have a “Frequently Asked Question” section also that we will be continuing to update. There will be a lot of information available and we will be in five different locations. You can go to any location. If you are thinking of applying, definitely go to one of the meetings.

We are also doing capacity assessment to prepare for the three-year planning for the 2020/2023 timeframe and that is going to include system mapping, key informant interviews, focus groups, and a large community survey. We are really trying to gain a clear understanding of the gaps in our system so we can then go forward and plan well for the next three years.

Now this part is really talking about the outcomes for 2017-18 and just a brief overview. Community Services and Supports is the biggest component that provides enhanced mental health services for children and adults that have severe mental illness. This is in the plan, and it gives a quick look at what the outcomes were on six major items with the Full Service Partnerships. The 6 outcome measures are homelessness, emergency shelter use, group homes, incarcerations, psychiatric hospitalizations and mental health emergency events. The last three are on the next line. You can see that across the board there are really dramatic reductions. The first category is homelessness. For transitional aged youth, the 18 to 25 year-olds, that are homelessness, homelessness was down in the first year of treatment by 75%. At 2 years, down by 92%. For adults, the first year of treatment down by 56 % and after 2 years down by 65%. Older adults the first year of treatment down by 50% and after 2 years 80%. This indicates very significant reductions in homelessness once an individual was involved with our Full Service Partnership services. Pretty much across the board, we are seeing significant reductions in these outcome measures. There are some plans out here on the table that you can take a look at or look at the link online.

Other Community Services and Supports, the Full Service Partnership services served 418 people. The Full Service Partnerships are designed to have very low caseloads so the people can receive wraparound services and move towards recovery.

The General Systems Development was able to serve over 3,500 people, the Outreach and Engagement served over 5,600 individual and then the Goodwill's Workforce Education Training Program has served over 250. For the last three there may be duplicated numbers in there.

Prevention and Early Intervention (PEI) is the next largest component with about 19% of the funding. These are programs that prevent mental illness from becoming severe and disabling emphasizing improvement on timely access to services for underserved populations. Under Prevention, over 50,000 service contacts were created for Early Intervention and over 4,500 people were served and in stigma and discrimination reduction there were nearly 2,000 service contacts. The North Bay Suicide Prevention Hotline received over 4,600 calls from Sonoma County alone.

Innovation supports novel mental health practices or approaches, which are developed within communities through a process that is inclusive, that are expected to contribute to learning. We are reporting on the Mobile Support Team, and it was our last Innovation project. Mobile Support Team in 2017-18 served 390 unique individuals, nearly 400 people and had a total of 1,041 encounters.

We also provide crisis intervention training for law enforcement to help them understand the needs of folks that are having mental health issues. About 25% of calls that law enforcement goes out on have a mental health component. Since the inception of the program 19 trainings have been conducted with over 550 Sonoma County law enforcement individuals attending. The county is making a lot of progress with helping our law enforcement to have a deeper understanding of some of the mental health issues that law enforcement may encounter on a call and how they can do to respond in a way that can be really helpful. Also law enforcement works in tandem with our Mobile Support Team.

Now we are ready for the public comment period. Each person will have three minutes to speak. If you need a number, please raise your hand. Please stand up and see Rhonda to get a number. We are going to ask that

five people line up at a time. Bruce is going to manage the timeframe for you and will let you know if you are out of time.

## **PUBLIC COMMENTS/CONCERNS/ACCOMPLISHMENTS**

Kate Roberge: My name is Kate Roberge. I am the program manager for Goodwill's Peer Education and Training Program. I am a peer. Our program's primary purpose is to train people with mental health challenges to provide support to others with similar lived experience. Those with this training are called peer support specialists. They help their peers by providing resources, lending a listening ear and supporting them through times of difficulty and crisis. Our training consists of a three-and a half-month class in peer support, during which we cover topics such as ethics, community, suicide prevention, crisis de-escalation, trauma-informed care, drug and alcohol addiction, cultural responsiveness and many others. Our class graduates are offered internships in various community agencies, where they work for four months practicing their skills. After their internships, class graduates are assisted in search for work as peer support specialists. Currently, we have graduates who work at the Wellness and Advocacy Center, Interlink Self-Help Center, Petaluma Peer Recovery Center, the Russian River Empowerment Center, Creekside, Aurora Hospital and Buckelew programs. Peer support is a vital and essential element of the continuum of care in our county. There are no alternatives or substitutes for what peer support specialists provide. A peer can understand what it is like to have a mental health challenge in a way that other mental health providers cannot. Peer support promotes wellness and recovery, and alleviates crisis. Many people with mental health challenges are afraid to access traditional mental health services; peer providers offer an alternative. Currently, Senate Bill 10, aimed at legislating peer certification statewide is in committee and is expected to go to the governor for signature within the next several weeks. Once peer certification becomes law, there will be an even greater need for the type of training we provide. During this spring's budget crisis, our program was threatened with elimination. I would like to thank Sonoma County Behavioral Health for having the vision to reconsider and keep our Mental Health Services Act funding in place. The loss of the Peer Education and Training Program would have been a blow to our mental health community. Thank you!

Sean Bolan: I'm Sean Bolan, Program Manager of the Wellness and Advocacy Center, a program of Goodwill-Redwood Empire and it has been quite the year for us at Wellness. We had over 40,000 incidents of service recorded for the year. This includes over 9,000 total attendance in peer support groups, nearly 5,000 total attendance in socialization activities, nearly 3,500 one-to-one peer support sessions, over 3,600 total attendance in our art program, and over 3,000 total attendance in our computer lab. We had over 300 new members sign up and had an average daily attendance of 62 for the year. We were able to serve our community at this scale because of a vision of an integrated behavioral health campus with peer support centralized as a core component of the support every behavioral health campus with peer support centralized as a core component of the support every behavioral health client could access. During an incredibly difficult budget process in 2018, the county decided to invest in peer support, expanded our hours of operation, and moved us to the heart of its new campus at The Lakes. This choice paid off immediately. According to data gathered in the Quality Improvement Committee, when Wellness moved to The Lakes campus near the Crisis Stabilization Unit, there was a significant decrease in CSU overstays resulting in an estimated 2.5 million dollars in reduced costs annually. By April, the center was operating at nearly full capacity; and we had our busiest month. We had an average daily attendance of 72 people, we signed up 42 new members, facilitated 97 support groups, held 44 socialization activities, and served 406 unique individuals. Also in April, the proposed budget cuts were announced and, despite the vision put forward the previous year and the growth of the program, all MHSa funding was withdrawn from this program. Thanks to a massive advocacy effort, our funding is temporarily restored for two years using one-time-use funds value in the services offered at Wellness, then a more sustainable solution must be found and perhaps it is as simple as restoring MHSa funding. At a recent MHSa Stakeholder Committee Meeting, we learned that there is an estimated 6 million

dollars in unspent MHSA CSS funding for this next fiscal year. My hope is that efforts will be made to restore funding to successful programs which exceeded contract goals and have been shown to save money in associated crisis services during the next three-year-planning process. The need has not diminished. Today we had our One Year Celebration and “We are Still Here” barbecue with 101 people in attendance. Last Thursday, we had 90 people with just our regular group schedule. Thank you!

Sean Kelson: Hello, everyone. Great to see you! We make it through Fiscal Year 18-19. Hurray! I think. I am Sean Kelson, the Program Manager at Goodwill-Redwood Empire that oversees the Petaluma Peer Recovery Center which was MHSA funded. Thank you for your support and funding. I am very proud of this small and mighty program which continues to be an import part of many lives. We provide groups, one-to-one support, resource navigation and more in this south county location.

Some comments last year were:

“Having PPRC, as a safe place to go to, helps me get out of bed in the morning.”

“PPRC is one of very few places I can go and be myself.”

“I feel much better. I get the help I need to learn to communicate.”

“I can practice being with other people and how to talk to them.”

“The peer center gives me a purpose in life.”

It is always heartwarming to hear the effect PPRC has on the lives of its members.

The budget crisis had quite an impact on the peer community, especially participants in services positioned to be cut. This crisis inspired many to get more involved in advocating for themselves and others. This also elicited a lot of fear, eroded trust, and has left many of us in the peer community quite shaken.

Some quotes from this last quarter included:

“The community collage we did together about hope for the future helped me remember I am not alone and helped me think about what I can do for myself to feel more positive.”

“I am proud to be part of the letter-writing campaign that helped to save the funding to keep the peer centers open.”

“I was really scared that the peer centers were going to have to close.”

“How long will you be able to keep the center open?”

“How long will the new funding last?”

Conversation, including during socialization events, often focused on fear about services being lost. This left many feeling more stressed and needing a break from all the budget crisis information. We made sure that we actively coordinated the space at PPRC, at times hosting an advocacy discussion group in one room, playing a game in another room and providing one-to-one support as needed. We made it through, and as I said many of us are still shaken. I want to thank you, our Mental Health Board, the Board of Supervisors, Sonoma County Behavioral Health Division and all in our community that helped save these services. I have heard a lot of agreement in our community, from participants to County Behavioral staff, that restoring MHSA funding to the peer centers is desired. What steps can we take to do this and again realign the MHSA funds with the spirit of MHSA? I hope we as a community can figure this out together and build rather than further erode trust in our peer community. I also hope we can make it clear that peer services and peer lives matter as much as we have said they do. Please let us know what we can do to make this happen. Thank you!

Laurie Petta: Hello. I am Laurie Petta, and I am the Director of Behavior Health Services for Goodwill Redwood Empire. I will start with, for over 12 years, we have been fulfilling a promise of mental health services and proving true peer family services with the funding promising to the community to transform mental health services by including peer and family voices in all aspects of that transformation. Peer providers

who have long been in recovery have been supporting others who are working on their own recovery. They demonstrate every day the ability to take control over one's own mental health. The centers provide critical connectivity for many of our members, but especially those living on the streets, such as access to computers and phones to connect with family members, services, doctors, and the myriad of other resources and services needed for life and recovery. Navigating the complex world of services is critical to resolving the homelessness crisis. Every day at the peer centers, support providers work one on one with members to resolve the issues that are keeping people out of housing. These services are in the heart of MHSA, and the funding in this county is deeply concerning. I am grateful to the Board of Supervisors for funding the programs for the next two years, and I sincerely hope the Behavioral Health Division fulfills its promise to reestablish MHSA funding for those programs by Year Three of the new MHSA Plan. I want to close by thanking the Mental Health Board for its support. We were deeply touched. That was vocal, very vocal support of the peer and family programs, and I appreciate the letter and individual efforts that were put forth to the Board of Supervisors in support of saving these programs, and all the voices that came together worked. So, thank you. I also want to thank Behavioral Health for the many years of collaborations and support for peer services. It is a relationship I hope we are able to restore and grow in the coming years. Thank you.

Linda Picton: Good evening. My name is Linda Picton. I go by Ant Buddy sometimes, and I am still struggling with my vision loss. I did some notes, but I do have trouble reading my own writing. So anyway I did not want to miss out on the most important thing I want to talk about, and that is the fact that I never in my wildest dreams think that I would be in a place like that, and I am. I just wanted to be celebrating this year as 20 years that I was in the summer in 1999, at the same time I was attending classes at Santa Rosa Junior College and working at Interlink. You know, a number of different things. I thought that had arrived, and I thought I am going to complete a degree, and I can finally make a difference because I have gotten my life together. I thought I had a momentum to make a difference, and I was in every group I could find. Reluctantly, I attended all the MHSA focus groups that I could find, which would result in a more plans and surveys seeking volunteers and peer input. I wore myself out. You know, you can only go to so many volunteer venues. You get to the end of the line, and they say well, we are not doing it that way anymore. So, go back to the beginning. So while I was in integrated care and innovated services, I feel like I have been dismembered and treated like a cadaver on a sled. Over the last year, I had heart surgery. A year ago, I was in the hospital and the weird thing is, that, because I did not have a primary care doctor, I guess nobody really noticed that I was in heart failure, and I got sent down to Daly City and spent six weeks prior to that in Seton Medical Center. They force treated me with psychiatric medications and I knew if I did not behave myself that I was not getting out of there. I decided to take the drugs. Every time they tried to shove them down my throat, I just said I will take them, but it is against my will. I was force treated, and I was taken from the Crisis Stabilization Center by ambulance. They did not tell me until I was swept out of the ambulance. I thought I was going for heart surgery, and they said oh, no, you're going to Daly City. It is going to be an hour and 45 minute ride, and they said, you will be able to look out the window all the way down, but I could only look out the back window. I feel like I have been lied to a lot along the way, which is what I wanted to bring up there. Well, anyway, I do not smoke. I have never smoked and had an opportunity to be in a smoke-free environment facility with 14 other people. They do not smoke, and even though now they have changed that, in the last six months, they have dramatically changed it. They still smoke in the backyard. If I hang my clothes on the line or whatever, they are smoked-infused, and the food is not so great. I guess the point, if I can sum it up, that they only do what is beneficial financially to them. That it is a private facility, and it is certainly not affected by MHSA funding. I'll just end there. If I can ask one other question. Transportation is an issue, and the last bus that goes close to my house left at 4:00 PM, so if anybody is going over by the fairgrounds, I would appreciate a ride.

Jeane Erlenborn: Hello. My name is Jeane Erlenborn. I work with Student Health Services at Santa Rosa Junior College. We have had funding through MHSA for the past nine years. I just want to give you an update of what we have been doing to reduce stigma and raise awareness on campus. Just this morning, I talked to a class of

about 40 brand new students. It was their first week on campus. An instructor said I want you to come to first week. In the past, I have had to come the last week, but I want them to know right away that depression and anxiety. It is common for students here and to know about the resources. So, that is part of what we are doing--increasing the conversation, letting students know that this is a campus where we talk about mental health and we support those that are struggling with their mental health. We also did some Mental Health First Aid trainings over the summer to train student leaders on both the Petaluma and Santa Rosa Campus. Even if they are not working for Student Health, they might be doing success coaching or doing a tutorial center, and it is good for them to have some skills, as well. One of the PEERS' workshops that we did last spring that was really impactful was showing movies for mental health. We showed some short films and then had discussions. We had over 100 students show up, filled our Student Activity Center. In the evaluations, 90 % of students reported it helped and reduced stigma around mental health, and 60 % said it increased the chance that they would reach out for help. Here are a few quotes from students, too. A student said, "It made me feel less alone. Excellent, enlightening, super good at normalizing and destigmatizing." We have a new location, which is wonderful. The PEERS Program is located where the Student Psychological Services office is. Now, we are right smack in the middle of campus, right on the quad. We are currently in the Main Student Equity Office. It might be a new name and location really matters. I feel like it is showing our administration how important it is--that mental health, mental health awareness is right in the center of campus. We have a National College Health Assessment we do every three years. We get a lot of great data out of that. The last one was in the spring, and we found that, even though depression and anxiety rates seem to be going up on campus, the suicide attempts have gone down. We hope part of that is the work we are doing--providing QPR Suicide Prevention trainings throughout the classrooms. We also saw that 50 % of students on campus have said that they have received information about depression and anxiety. Having almost 20,000 students on campus, that is pretty good. You know, we still have a ways to go, but over the last nine years, it has come up quite a bit. Also, it is wonderful to have Maria. Over the years, we have had different PEERS representatives and they actually sit on the Mental Health Board. So, thank you for being so welcoming, for everything.

Kathleen Connolly: Hello. This feels weird. I have not done this in a long time. I am a mom. My name is Kathleen Connolly. I have a dual-diagnosis son, and he has been that way for 12 years. We have had many, many trips to Crisis Stabilization Unit (CSU) where they stabilize them for 24 to 36 hours. They would let him go. He is homeless. He has nowhere to go. Then he is back at CSU for another 24 to 48 hours. It has got to be costing the county. If I went back and researched all my son's ambulance trips, Marin General hospitalizations, and CSU, it is just incredible to me that for the past 12 years, it has led to Sunday nights where we did not let him in our apartment. Our house burned down in the Tubbs Fire, and he cannot be at our apartment building because he is basically a nuisance and people are scared of him. So, he was knocking on the door. We would not let him in. He broke down the door. Now he is in the Sonoma County Adult Detention Facility charged with a felony in a cell for 23 hours a day. They let him out one hour a day for some fresh air. I just feel like Crisis Stabilization Unit is wonderful. I am grateful for them, but I feel like there has to be more follow up and more follow through. I mean, the past 12 years have been a real big nightmare. Also, the other thing I wanted to talk about is how he was sent to a Crisis Residential Unit (CRU), which is wonderful. It is run Progress Foundation. They are great people, but when you are dealing with someone with dual diagnosis, you cannot give them all that freedom to be able to leave. There needs to be more residential compound facilities, at least until they can get stable and get on their feet. I know probably 90 % of the Santa Rosa Police Department because they have all been to my house and now my apartment. They are mostly (80 %) very well trained, and I appreciate the help that they have given me. Thank you for being here. I did not know you existed, and I appreciate you taking the time to listen.

Saraisabel Virgen: Good afternoon. My name is Saraisabel Virgen, and I am with Latino Service Providers (LSP). Here is the update from last fiscal year. LSP was able to connect and engage with over 3,175 individuals

and members of the community regarding resources, events, and information about mental health. LSP was able to facilitate 11 monthly meetings, increasing knowledge of culturally and linguistically appropriate mental health services with other organizations throughout Sonoma County. We were able to maintain an electronic newsletter which was sent out--48 newsletters for the year. Each newsletter is provided with mental health services, educational services, scholarships, workshops, childcare services, support services, employment services, et cetera. LSP's newsletter has been a great resource for information exchanged within our community. LSP's newsletter has grown and is distributed to more than 1,700 members. Also, we noticed that social media plays a huge part of our primary way to engage with our community and for our community. We acknowledge that the Latino presence was lacking during community events and acknowledged that it was due to a political change. We used our newsletter to share information on how to better inform the community. LSP was able to participate in a total of 22 events. We shared resources and information promoting mental health to our community in both English and in Spanish, providing items to promote self-care and a self-care station. Also, one of our events that was just established last fiscal year was our Stomp-the-Stigma event. Stomp-the-Stigma was hosted by and was in collaboration with LSP and other organizations within Sonoma County, as well as Sonoma State organizations. The goal of this event was to promote mental health awareness, sexual assault therapy, and education services and resources available to students and all in Sonoma County. LSP hosted a table for students to create their own self-care kits for finals week. We had approximately 100 individuals attend this event. We would want to continue this event for next year and the years to follow. Lastly, I would just like to thank the Mental Health Board and all those who continue to support advocating for amazing mental health services. Thank you.

Lana Zientek: Hello. My name is Lana Zientek, and I am a proud member of the mental health peer community. Your support and interests provide knowledge, and experience emotional, spiritual, or practical support to each other. It refers to relationships that supports and encourage reciprocal relationships. Peer support is another form of support and that the source of support is a similar and fundamental right. The relationship is one of equality. A peer is in a position to offer support by virtue of relevant experience. He or she has been there, done that, and can relate to others who are in similar situations. I have received so much support and care at the peer-run centers. They ask what is right with you, not what is wrong with you. It is collective wisdom. They have encouraged creativity and have been a place to feel connected. Since being a part of the centers, my self-confidence and self-esteem have grown. The centers have changed my life, and I now have a life worth living. I am happy, content, and self-assured. I feel confident and ready to face today's challenges. Peer programs are an intricate part of our community. I would ask for your support in reinstating MSHA funding for peer centers programs. Thank you.

Mary-Frances Walsh: Good evening. My name is Mary-Frances Walsh. I am from NAMI Sonoma County. I am the executive director. NAMI stands for National Alliance on Mental Illness, and we are the local affiliate for Sonoma County. I am here to talk a little bit about how Mental Health Services Act funds have helped NAMI in the last years. First, they help us to help families who are affected by mental health challenges, and they also support our work to raise awareness and understanding of mental illness through presentations in classrooms, to employers and to local businesses. The MSHA dollars that we get are tiny. I want to say that. There are three of us full time, and then we use students to supplement our work and volunteers to help us carry out the NAMI programs. Our programs include a bilingual Warm Line, and that helps callers learn what steps they might be able to take if they have a loved one with a serious mental health condition who is refusing care, who has been arrested or is homeless. They do not know where to turn. They do not know what to do. We have support groups for family members who are just simply overwhelmed by the day-to-day stress that comes with supporting somebody with a serious and persistent mental illness, especially if somebody cannot function independently and then their family needs to be there for them. We have a Spanish-speaking support group for family members. We have family-to-family classes that we offer so parents and significant others of people with conditions like schizophrenia or bipolar disorder or major depression can take a course. It is an evidence-

based course where they learn very practical knowledge about major mental health conditions. They get tools for coping better with the challenges. They get help with communication tools, and they get some very practical knowledge about how to be prepared in the event of a mental health crisis and what to do. We bring presentations to school groups, as I said. So, we have "Ending the Silence," which is a presentation designed for middle and high school students which teaches them the signs and symptoms of mental illness and what to do if they recognize them in themselves or with someone else. We have In Our Own Voice, and that's where we have someone who lives with a mental health condition share their personal story. It gives a human face to the mental illness, and it gives people an opportunity to ask questions that they may not otherwise have an opportunity to ask. We take part in crisis intervention training for law enforcement and first responders so that we make them aware that there are resources for families and how NAMI can help. We reach out to families who have been referred to us by the goal support team. We try to connect with them to see if there is something that we can do to help them support their loved ones. So, I wanted to say thank you for the funding. We really appreciate it, and we also work, I think, quite well with Sonoma County Behavioral Health and a lot of the community organizations that are doing great work as well. Thank you.

Susan Keller: Good evening. I am Susan Keller, Executive Director of the Community Network Journey Project, and I am dedicated to improving quality of life for people living with serious illness or nearing the ending of life. We have started in a leadership role here in Sonoma County and in California for a few decades now doing this work. My connection to MHSA contractors and Behavioral Health Division is by way of work I have been doing with the Behavioral Health Advanced Directives Planning integration pilot. This pilot was started by Behavioral Health Division with the Older Adult Team a few years ago and then expanded out into the peer community through pilot testing of new materials we created in training of staff which was created with the Older Adult Team engagement. Kate Roberge and Sean Kelson worked along with us almost from the get-go providing peer perspective, great insight, and guidance all along the way. We recently completed the peer pilot expansion plan through extensive peer community interaction. A new Peer Pilot Leadership Counsel has been organized to help with expansion plan funding and implementation including Saint Joseph's, Department of Rehabilitation, and of peer leaders, among others. This model would not exist if not for the participation and support of many of the programs that receive MHSA funding. I would like to especially recognize Laurie Petta, Goodwill's Behavioral Health Director for her ongoing support, not only through her participation but also by supporting her peer program managers to serve in a leadership roles for creation and growth of this program. Laurie, I am sure going to miss you. In closing, I want to again request that the Sonoma County Behavioral Health Division would study carefully what happened leading up to the preliminary budget that the Department of Health Services and Behavioral Health Division directors presented to the Board of Supervisors mid-April. As you know, that proposed budget sent shockwaves through all MHSA funding community programs causing terrible trauma to staff and clients alike. Surely, there must be a more equitable, inclusive, transparent way to create a preliminary budget then what was done this year regarding distribution of MHSA funding. This board should take the lead making certain that MHSA funding stripped from community peer and family programs be restored with MHSA funding into the future. It is wonderful that the Board has since stepped up and filled the terrible gap when this funding was reallocated. However, it is critically important that MHSA be restored to those amazing programs historically dependent on MHSA funding to exist. In the years ahead, please restore MHSA funding to peer and family programs so dependent on that funding for their existence and peace of mind. Thank you.

Linda Millspaugh: Hi, my name is Linda Millspaugh, and I have a family member with schizophrenia. I found tremendous support through the NAMI organization and their family support. There are several of us here tonight. Every week, I find people going through exactly the same thing I am trying to help my child, trying to navigate a very complicated system, and I am very grateful for NAMI. I am also grateful for CIT training, for the Mobile Support Tea,, for all the peer groups, and all the groups in Sonoma County that come together really with a caring attitude to help people with mental illness. Thank you. I hear every Thursday at the Family

Support Group problems that people have, especially the reduction in number of beds at CSU. The fact that CSU is a revolving door, and the fact that the limited hospital beds even for many of us whose children have insurance and pay. There is still this very limited ability. I hear concerns about residential facilities, even for those who have money and can pay. I hear about the limited discharge services for those mentally-ill prisoners who are going to be found competent or let go on the streets and return again and again into either the emergency room or the police jail situation. I hear about the difficulty in getting stewardships for children and adults, children as well, especially when you are told that facility 10 or 20 times is not enough. You need to be admitted to a psychiatric hospital 30, 40, or 50 times, and even then it is difficult. All of these need money, obviously. I think what I want most to say is that there is a group out there that is maybe untapped. You know, parents who are willing to advocate if they only knew how to do it. If we could come together and help, I got involved while listening to what was happening to our supervisors and realized on a 3/2 vote--so much depended on three people, and you know there are more of us out there who would be willing to help if we knew how to do it. If there is a way that we could offer support, there should be a way to help us find a way to help you. Thank you so much for having this meeting. I appreciate it.

Sheila Robinson: Hi, I am Sheila Robinson, and I am a mother of a client of Sonoma County Behavioral Health. I feel like I should start at the end of my quickly jotted notes based on what Linda said. I need to thank you for what you are doing. None of us know what this world is like until it happens to someone, our self or someone in our family or a friend or neighbor--absolutely no idea. We only have the idea when we were children of watching cartoons and saw the little men in white jackets come. That was it. But suddenly, it happened to my son. Now for a little history. I spent 20 years in Lake County raising my first three children. We all moved down here so our children could have more job opportunities and better schools. My fourth child was six years old when we moved here. As he got older and little bekownst to me, he was smoking pot after high school a little bit. It seemed he had a bad reaction and suddenly three days later, he is at Telecare in Oakland. He had gotten paranoid on pot. Now, we realize there are improvements in diagnosing. They let people come down off pot before they give them a diagnosis and to see what can work. But in any case, it is interesting. He was diagnosed in 2011. So for the last 8 years, I have seen a great change in the system. We moved down here in 1997, and so we have been here 20 years. He is 30 now and in our process, I want to give kudos, great kudos to the CSU. The first few years, we were with Kaiser. He was young. He was under my work insurance, and there was a feeling that there was no support. I just want to say what you are doing and your work and assuring everything is covered with a budget is fabulous. The way that the county has developed when he was 26 and he was off my insurance, he was able to get on Medi-Cal and qualified for CSU. The caseworkers there, gave total support—that is the secret. Because of CIT, MST, three out of four hospitalizations were voluntary for him because of the Mobile Support Team. Everything is the absolute necessity of support for everybody, lack of isolation, NAMI. He is in the jail system now. The jail has monthly support groups. I will finish. I thank you for this opportunity. I just think that if we can think outside the box and continue with everything we can do, it makes a society better. We cannot ignore this. Thank you.

Carol West: My name is Carol West, and I would just like to thank you. I am a peer support specialist. I went through the training through Goodwill that has given me a lot of personal skills to address my own personal recovery and also to help with family members that I have been kind of a primary caregiver to. I would like to thank you very much for your letter. I believe it was very influential in helping us to get the MSHA replacement funding. We were devastated when we thought we had to close our doors. I think there were many things. At a very personal level, we were going to miss our friends and our colleagues, but I think at a regional level, we were really felt that we were going to lose a network of people who are incredibly active in supporting each other and being involved in the various organizational and decision-making parties for the mental health services in Sonoma County. One of the things that did really impact us was when we thought we were going to lose our peer centers. I think Interlink would have been okay because they had a separate funding source, but the Petaluma Peer Recovery Center, the Wellness and Advocacy Center, West County Community, and

Bucklew services would not have only lost the services they were providing, but we would have lost a lot of the people that have been involved over many years who really know the system and are connected with each other to help bring the information that we need to make decisions that are going to be what we need as consumers. So, moving forward. My biggest concern is that our money will be for 18 months, almost 2 years if we can stretch it, and that there is a promise to possibly reinstate the MSHA funding in 3 years. The problem is if we shut our doors for five minutes, the restart process is almost impossible. We lose people to other jobs. We lose our location, our physical space. We lose momentum. We would lose the trust of the people that come to our services. So, a big thank you. We are very grateful but still very anxious, as 18 months can go past really quickly.

Serino Spann: There are many of you here. How many of you slept in a f--- park last night like I did? How many of you know what it is like to be homeless, to be on Medicaid or to conduct yourself in a vacuum, which people take it seriously--that they will take him seriously, thinking that he knows what it is like for these people out there. Oh, yes I will conduct myself in a fashion that you will understand what it means to lay your neck down and because you are worried about being killed. You are worried about being killed, your home girl, home people. No, I'm 24th at the Mission, but what I did was I trained with Bruce Lee; and I got my life together in check. And then I studied psychiatry. Yes, I did. And realized it is indicated as a holistic formula. The psychiatrist. So, people stop being scared, just like I did. The psychiatrist stopped me. Freaked out about the formula because you are not going to take enough drugs in that pharmacopeia and be like me. I just take several. And what I want everyone to understand is that we are a family of mental-health-concerned people, who are concerned, like Sean. We will work with these guys. They are scared. I am scared. I might be like many people. I do not want that, but I am going to leave you with this. I think having a home should be a basic right. You having a home is paramount to mental wellness. Thank you.

Bob Cobb, MHB Member: I just wanted to make an announcement. There are flyers on the table relating to next month's Mental Health Board meeting. There will be a special section within that. It is community forum. It is the title is *Suicide and the Elderly: Risks and Prevention*. There is enough flyers there. It is a community-focused forum, not specifically for a clinician. So, if you are from your agencies or anyone you know, family members, anyone who might be at risk, people who work with them, people who encounter elders, in their daily jobs, maybe like Meals on Wheels drivers, or whenever. Anybody that might be helpful to learn some of the cues, some of the indications that the elderly might be at risk and what to do about that. We are hoping to address this often ignored demographic. I would like to invite you to attend next month's meeting and, if you want to take flyers that you can use, please post them wherever and pass them onto your clients who might be available to attend this event. I just wanted to make you aware of it. Thank you. It is also on a Wednesday, September 18--the day after the normal meeting would be scheduled. It is on September 18, a Wednesday. So, make a note; and it will be in this same room. Thank you.

Melissa Ladrech: If I may, Kathy, piggyback on that. There is also a calendar that you can check that has suicide prevention month activities that we are having in Sonoma County. It will show how to register for the events. You are welcome to take one of those. If you receive the MHSA newsletter, there is going to be one out shortly within a week that will include a link to all of this information, as well, so that you can really support our community.

Dick Kirk, MHB Member: The Mental Health Board will be restarting its mandate to do site visits of Sonoma County Behavioral Health programs and contractors. One site visit next week. We have been working towards this for some time.

Kathy Smith, MHB Chair: Thank you for Melissa for presenting. Anybody from the public have anything else they would like to say? Okay. So, thank you. And I am going to call the meeting adjourned.

Meeting adjourned at 6:48 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
CHFFA	California Health Facilities Financing Authority
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 Guilicos-Juvenile Hall
LGBQQT	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)
WCCS	West County Community Services
WCHC	West County Health Centers
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