The California Institute for Mental Health (CiMH) 2008 – 2009 Performance Report provides program and financial information that enables the CiMH Board, California Mental Health Directors Association, California State Department of Mental Health, the Oversight and Accountability Commission, the various granting institutions and stakeholders, including consumers, family members, providers, local boards and commissions, and others to assess the performance of the Institute relative to its mission and stewardship of the resources entrusted.
TABLE OF CONTENTS

Welcome
Message from the President/CEO .................................................................5
From the Chair of the Board of Directors ..................................................6
CiMH Vision, Mission, and Values .................................................................7

CiMH Activity Typology
CiMH Activity Goals ....................................................................................8
CiMH Activity Methods ................................................................................9
Levels of Evaluation of CiMH Activities .....................................................9

Continuum of Care
CalMEND – Phase 2 ..................................................................................12
COJAC (Co-Occurring Joint Action Council) .............................................12
Collaborative Care Training and Technical Assistance Plan .....................12
Full Service Partnership Knowledge Exchange Networks (KEN) ...............13
Full Service Partnership Promising Practices .........................................13
Medical Directors Leadership Training ....................................................14
MHSA Coordinator KENs and Regional MHSA Training .........................14
MHSA – Focused Training for Mental Health Board and Commission (MHB/C) Members .................................................................14
MHSA – Quality Improvement Training for MHB/C Members ...................14
MHSA – Transformational Change Pilot and Ongoing Replication of Promising Practices .................................................................15
Primary Care, Mental Health, and Substance Use Integration Policy Initiative .................................................................15
Small County Consultation ......................................................................16
Transformative Care Planning ..................................................................16
Crosscutting Values ...................................................................................16

Evaluation and Research: Values-Driven Evidence-Based Practice
California Evidence-Based Practices Implementation Report .....................17
California Gang Reduction, Intervention, Prevention Program ..................17
Cathie Wright Technical Assistance Center for Children’s System of Care ....18
Development of Ongoing Evaluation to Determine Effectiveness of Contract Activities .................................................................19
Functional Family Therapy .......................................................................19
Incredible Years – NIMH – Improving Therapist Fidelity During EBP Implementation .................................................................19
Indicators, Data, Evaluation, and Accountability (IDEA) Project ..................20
Los Angeles Evidence Based Practice Project/Response to Katie A Lawsuit ..................................................................................21
Los Angeles County Services Outcomes ...................................................21
Multi-dimensional Treatment Foster Care ................................................21
NIMH – Community Development Team (CDT) Grant “Cal 40” ..............21
The CiMH Trauma Informed Child Welfare and Children’s Mental Health Services .................................................................22
Therapeutic Behavioral Services (TBS) Training and Technical Assistance Project .................................................................22
Teaching Pro-Social Skills (TPS) Utilizing Aggression Replacement Training Curriculum .................................................................22
Trauma-Focused Cognitive-Behavioral Therapy Implementation Project ........22
Crosscutting Values ...................................................................................23

Finance and Infrastructure
CMHDA Information Technology Project ..................................................24
County Treatment Coalition .....................................................................25
MHSA Housing ................................................................. 25
Crosscutting Values ........................................................... 25

**Prevention and Early Intervention (PEI)**
Los Angeles County PEI Planning Project ........................................ 26
PEI E-Learning Tutorials ............................................................ 26
PEI Knowledge Exchange Network (KEN) .................................... 26
PEI Needs Assessment, Analysis, Education and Training/Technical Assistance ......................................................... 26
Santa Clara PEI Planning ............................................................ 27
Ventura PEI Planning ................................................................. 27
Crosscutting Values ................................................................ 27

**Reducing Disparities and Cultural Inclusion**
CBO Capacity Building ............................................................. 28
Los Angeles County Cultural Formulations of Wellness, Resiliency, and Recovery ................................................................. 28
Promotores in Mental Health ....................................................... 28
Voices: Multicultural Perspectives on Mental Health.................... 29
Crosscutting Values ................................................................ 29

**Workforce Development**
Administration Superior Regional Partnership/Glenn County .......... 30
Another Kind of Valor ................................................................ 30
CiMH Leadership Institute ......................................................... 30
Central Regional Partnership/Placer County .................................. 30
Colusa Workforce, Education and Training (WET) ......................... 30
E-Learning ............................................................................. 31
Greater Bay Area Mental Health & Education Workforce Collaborative ................................................................. 31
Regional Workforce Collaborative State Implementation (five regions) ................................................................. 31
Workforce: General Support ...................................................... 32
Working Well Together ............................................................. 32
Crosscutting Values ................................................................ 33

**Finances and Operations**
Highlights from the Year ........................................................... 34
Financial Summary .................................................................... 34
Fiscal Administration .................................................................. 34
CiMH Funding Sources ............................................................. 35
Revenue by Source .................................................................... 35

**CiMH/CMHDA Annual Conferences** ........................................ 36

**CiMH Board of Directors** ....................................................... 38

**CiMH Organization** ............................................................... 42

**CiMH Operations Team** ........................................................ 47

**Appendix A**
CiMH Values-Driven Evidence-Based Practice Implementation Projects: EBP Development Teams ...... 48
MESSAGE FROM THE PRESIDENT/CEO

This last year has been another year of excitement and challenging work at CiMH. While our entire state struggles with budget problems of unique and terrible dimensions, the need for effective mental health services has never been greater. Counties have experienced severe cuts to safety net programs just when more people need social services, income support, and health care. We recognize that we are fortunate to have the Mental Health Services Act funds to support transformative services, but we also know that these funds will be significantly reduced over the next few years. And, core funding for services continues to erode. CiMH has faced our own budget difficulties as discussed by our Board Chair, Dr. J.R. Elpers, on the following pages.

In the midst of this challenging time, CiMH continues to strive toward excellence in our services, and assisting programs and providers to strive toward excellence. In this effort, we have focused on our internal structures this year. While our mission remains constant, the environment and the needs of our customers are dynamic and changing. It is incumbent on us to be flexible, nimble, and yet accountable as we address the needs of California’s mental health system. We also desire to be in constant learning mode, enhancing our ability to learn, and to learn from the work in the field. As such, we have developed a matrix management structure. This structure continues to be developed, and will no doubt change regularly. This structure provides for more flexibility and responsibility for project leads, and permits staff to work on projects across our system.

We continue to celebrate the spirit of the California Mental Health Services Act and to support the efforts of transformation in our counties and their providers. In spite of the pressures of budget problems, the will to transform remains strong. The growing numbers of clients and family members employed within the work force is a significant factor in changing attitudes and work activities. The phrase “nothing about us without us” has taken on new meaning. The growth and success of Full Service Partnerships to assist the most vulnerable among us to go from the streets to a meaningful life is alone worth celebrating. And, we participate around the state with consumer and family groups, counties, and providers in the challenge of finding culturally competent ways of working with populations that struggle to find their way in this civilization, while maintaining their cultural identity. We are sensitive to this issue as we work on the implementation of evidence based practices. We work with providers to understand the “fit” of a practice with specific populations including ethnic groups, and assist providers with appropriate adaptations. We measure the impact of the evidence based practice on the populations to ensure cultural appropriateness and contribute to the learning we all need. We are also excited about the possibilities of community defined evidence, and working to move these practices into promising and evidence based.

It would be easy in these difficult times to feel overwhelmed and stymied in our efforts to work towards excellence. However, the strength of our clients, family members, providers and counties is inspiring. We join with them in our commitment to wellness, recovery, resiliency, and welcoming communities for all.

— Sandra Naylor Goodwin, Ph.D., MSW, President/CEO

J.R. Elpers, M.D., and Sandra Naylor Goodwin, Ph.D.,MSW
FROM THE CHAIR OF THE BOARD OF DIRECTORS

As everyone needing services from or working in the California public mental health service system is well aware, this fiscal year has not been easy. CIIMH is no exception. Two “stop work” orders have disrupted work flow and fouled up budgets. Yet, due to the diligence of staff and strong leadership of the President/CEO, objectives were met and our support of the system has been maintained.

Internally a great deal has been done to strengthen the organization for what will undoubtedly be continuing challenges for the next several years. With the assistance of an organizational consultant, a new, more responsive organizational structure was developed and endorsed by the Board. Staff and the Board together have developed a new strategic plan, and reframed our vision and list of core values. A scorecard for organizational performance will allow better assessment of performance. Due to the outstanding leadership of my predecessor, Jay Mahler, spirituality is now recognized as a core component of recovery, resulting in a work plan and very successful CMHDA/county-funded Spirituality conferences in both the North and South ends of the state. Finally, staff is to be congratulated on the continuing string of clean audits.

With the addition of some very impressive new members, the Board of Directors is much more diversified and better prepared to meet the upcoming challenges. We look forward to a successful future.

—J.R. Elpers, M.D., Chair, CIIMH Board of Directors
CiMH PURPOSE, VISION AND VALUES

In April 2009, the CiMH Board of Directors met at a planning retreat to develop a new strategic plan. Under the strategic planning model used by CiMH, our strategic focus is composed of our purpose, core values and vision. These three elements provide CiMH its ongoing focus and direction. The second part of the strategic plan, composed of goals, objectives and action steps, details the specific changes that we intend to implement. The third part of the strategic plan contains our performance measures and targets.

The Board approved the following:

Our Purpose

CiMH works to improve mental health systems and services in California to promote wellness and improve client outcomes.

Our Vision

CiMH envisions a future in which consumer and family choice, clinician expertise and empirical and practice-based evidence drive services to assure quality care leading to positive outcomes. In this future, diverse approaches to scientific investigation are valued, including practice-based evidence and cultural accommodations or adaptations. CiMH provides leadership and support to mental health systems and their partners in creating positive outcomes for all ethnic, linguistic, cultural communities, and other unserved or underserved populations. This means that CiMH works with counties, state and national organizations, academic/research organizations and foundations to document, address, reduce or eliminate disparities. These efforts focus on the particular strengths of CiMH in translating (and bridging the gap between) research and implementation in local systems of care as well as supporting the development and study of effective practices.

CiMH envisions a future that eliminates the stigma and discrimination associated with mental health care. Effective initiatives speak not only to the stigma and discrimination people with psychiatric disabilities experience, but also to the very particular needs and experiences of distinct populations, including ethnic, racial, rural and cultural populations, as well as sexual orientation and gender identification.

CiMH’s vision is of a community-based mental health system that is continuously improving, in which staff development is ongoing, innovation is welcomed, and consumers and family members and their needs are central to all decisions.

Core Values

- Customer Responsiveness
- Hope, Wellness, Resiliency, and Recovery
- Cultural and Linguistic Inclusion
- Empirically Informed Approaches
- Financial Sustainability
- Innovation
- Quality Workplace

Measures of success tied to the core values are in the Performance Scorecard. CiMH will publish the scorecard on its Web site to share our progress implementing our core values.
CiMH ACTIVITY TYPOLOGY

The California Institute for Mental Health (CiMH) conducts a variety of activities. This proposed CiMH Activity Typology is designed to support planning and monitoring of the training and technical assistance, policy development, and evaluation and research services that CiMH provides.

CiMH classifies its activities by three variables:

1. Goal(s)
2. Methods
3. Levels of evaluation

Each of these variables has a set of elements described below. The three variables come together in different combinations depending upon the activity. However, all combinations of goals, methods and approaches to evaluation are not available. For example, in some cases one or more of the possible Goals cannot be met by a particular Method of activity. Moreover, not all available combinations are preferable. For example, an activity may provide opportunity for several levels of evaluation, but only one may be preferred. The elements for each variable follow:

### CiMH activity goals:

- **Information dissemination** – These activities disseminate information, usually regarding policies and/or practices.
- **Changing attitudes and/or beliefs** – These activities promote particular positions, practices, or policies. They are designed to influence the audience by supporting the change in attitudes and/or beliefs, in a manner that encourages them to adopt the position, practice, or policy promoted.
- **Changing system operation** – These activities support system change. Activities are part of a process of system change that is measurable and/or observable.
- **Changing policy** – These activities support changes in policy, and/or efforts to change policy.
- **Changing practices** – These activities support the adoption of particular practices.
- **Determining effectiveness of system operation and practices** – These activities assess and/or measure the effectiveness of particular practices.

### CiMH activity methods:

- Training
- Publications and multi-media products
- Convening
- Planning or problem-solving processes
- Technical assistance
- Implementation activities
- Evaluation and research

### Levels of evaluation of CiMH activities:

- Project-level evaluation
- Participant-level evaluation
- System or service-level evaluation
CiMH activity methods:

- **Training** – Trainings are self-contained events in which a predetermined set of information is presented to a particular target audience. Training activities can be one-time events, a series of multiple events, or multiple events offered at one time, such as a conference. Training can be didactic or experiential. Training activities can provide professional networking opportunities – formal (receptions, etc.) and informal (breaks, etc) – that benefit participants.

- **Publications and multi-media products** – These products include manuals, monographs, newsletters, CDs, DVDs, and materials presented in other media formats. The content is, of course, predetermined.

- **Convening** – CiMH organizes and hosts events in which key stakeholders in a particular area come together. These events support the dissemination of information, as well as relationship building and collaboration that can lead to shared goals and objectives to be incorporated into larger projects.

- **Planning or problem-solving processes** – CiMH designs and facilitates a process that results in problem identification, solution development, planning and, in some cases, plan implementation. These activities include the analysis of problems or areas of interest, usually culminating in a series of recommendations or findings. In most of these activities CiMH convenes a group of experts and/or stakeholders in the project area. Plans, recommendations, and findings that result are often agreed upon and supported by identified stakeholders and participants in the project. These activities can provide professional networking opportunities – formal (receptions, etc.) and informal (breaks, etc.) – that benefit participants.

- **Technical assistance** – Technical assistance can be conducted by one or more contacts designated to assist sites, individuals, and/or groups reach a goal. Unlike training, technical assistance does not encompass predetermined presentation of particular information. Technical assistance is individualized and tailored to meet the needs of the site or individual. Interactions are organic and unstructured or less structured than in technical training sessions.

- **Implementation activities** – These activities directly support the implementation of a system change or practice. Dissemination activities are usually long-term activities that include a combination of all of the activity methods – including training, technical assistance, planning processes, and evaluation. The intention of dissemination activities is to change the behavior of a set of individuals and/or system function. These activities may incorporate professional networking opportunities – formal (receptions, peer-to-peer information exchange, etc.) and informal (breaks, etc) – that benefit participants.

- **Evaluation and research** – These activities are designed to measure the effectiveness of a system, practice, or project.

Levels of evaluation of CiMH activities:

- **Project-level evaluation** – This level of evaluation reports on the delivery of the project. It can be done by CiMH or an independent evaluator, and will include information such as process status and confirmation of deliverables.

- **Participant-level evaluation** – This level of evaluation measures the impact of the CiMH activity on the participants. This evaluation usually includes a participant self-report on satisfaction, knowledge or skill uptake, and/or change in attitudes and/or beliefs.

- **System or service-level evaluation** - CiMH measures and reports data regarding specific changes in system functioning, service delivery and/or client outcomes that can be attributed to the activity.

The following examples illustrate how this typology may be used:

1) **MHSA telecast** – This activity was designed to present information that can enable counties to submit successful CSS MHSA applications. The goal of this activity is information dissemination alone, because the sole purpose of the event is to provide data that counties need. The method was **training**, because this was a self-
contained event that offered a predetermined set of information. This project could be evaluated at the project level, describing, for example, what took place, and at the participant level, measuring satisfaction and/or information uptake. However, this training is not sufficient to directly bring about large-scale behavior or system change.

2) **MHSA PEI overview** – This is a training activity introducing the audience to key concepts and information regarding Prevention and Early Intervention, including planning requirements and guidelines related to MHSA PEI allocations. As such, a goal is information dissemination. Factual information is strategically presented to also resolve questions and misunderstandings that participants may have regarding the field of prevention, particularly as it contrasts with mental health treatment. The approach of using information to dispel misperceptions and anticipate misunderstandings, followed by describing how prevention is related to mental health treatment, can change attitudes and beliefs. While achieving this goal is a step toward achieving change in behavior, it is not sufficient to bring about change alone. In addition to standard project-level evaluation, participant evaluation can measure the degree to which participants have increased understanding, and/or changed their opinions about Prevention and Early Intervention.

3) **Addressing Challenges – Out-of-County Foster Care project** – This activity is designed to convene a set of stakeholders, to build a consensus set of recommendations to improve access to Medi-Cal Mental Health for foster children placed outside of their Medi-Cal home county. The activity disseminated information to the participants to assure they have the knowledge necessary to contribute; however, the primary goal of the project was changing policy. The processes included training and planning and problem-solving processes. The levels of evaluation could include project level (describing the process and completed deliverables), and participant level (participant satisfaction).

4) **MTFC Development Team** – This project directly supports the implementation of this evidence-based practice. This project utilizes a combination of all or most of the activity methods, strategically designed to overcome barriers to implementation and support local efforts to adopt MTFC. The strategic use of a variety of methods with goal of changing practice designates this as an implementation activity. Implementation activities can be evaluated at all levels, but must include a service or system evaluation that measures change at the local level.
### CiMH Activity Typology Applied

#### VALUES
- Consumer Centered/Driven
- Eliminating Cultural/Ethnic Disparities
- Community Collaboration

#### VALUES
- Family Driven
- Wellness Recovery Resilience
- Integrated Service Experience including Co-Occurring Disorders

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#### CMH Activity Typology

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<th>Changing Practices</th>
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**Key:**
- Project: Project Level Evaluation
- Particip: Participant Level Evaluation
- Sys/Ser: System/Service Level Evaluation

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*Helping You Make the Difference*
CalMEND – Phase II

CalMEND has the primary goal of improving health outcomes, while managing costs for persons with serious mental illness (SMI) or serious emotional disorders (SED) who are served by state of California departments or agencies. The comprehensive care management support envisioned will emphasize achievement and maintenance of wellness and recovery and the integration of publicly funded medical and mental health services to foster improved health outcomes. All activities and program components are consistent with Mental Health Services Act (MHSA) goals and objectives, philosophies, practices, and performance measurement standards.

**CalMEND objectives are as follows:**

1. To improve health outcomes for persons with SMI or SED and co-occurring chronic medical disorders through improved integration of services to persons with SMI or SED in primary care settings.
2. To assist in improving the efficacy and effectiveness of services provided in the specialty mental health system.
3. To improve the quality of care afforded to persons with SMI or SED in state human service systems other than the Department of Health Care Services (DHCS) or the Department of Mental Health (DMH).
4. To support client recovery, resilience, rehabilitation and maintenance of wellness in the community by emphasizing and facilitating client and family participation in the development and implementation of all CalMEND activities/products, and in the conduct and management of clinical services delivered to peers.
5. To identify reimbursement strategies and develop reimbursement mechanisms to support proposed changes to the care system for persons with SMI or SED, with or without co-occurring medical disorders.
6. To develop and or support appropriate research for CalMEND.

**Target Audience:**

- Public mental health provider organizations

COJAC (Co-Occurring Joint Action Council)

In 2005, California participated in SAMHSA’s COD National Policy Academy in Washington, D.C. That meeting brought together state participants to develop an action plan to improve services for individuals with co-occurring alcohol and other drug and mental health conditions. The California State Department of Mental Health, California Department of Alcohol and Drug Programs, the California Mental Health Directors Association and County Alcohol & Drug Program Administrators Association of California, providers, and other agencies developed COJAC to implement the action plan. In addition to participation by the CiMH president and CEO on the COJAC, CiMH has contracted to provide staff support to the committee.

**Target Audience:**

- County staff
- State departments
- Trade associations

**Collaborative Care Training and Technical Assistance Plan**

This Collaborative Care Training and Technical Assistance (TTA) Plan is designed to support implementation of holistic healthcare services (physical, mental and substance use healthcare) with a particular focus on improving services for individuals with mental health and/or co-occurring substance use problems currently being served or at risk of requiring public mental health system services.

The TTA Plan is intended to build upon emerging best practices at the national level as well as initiatives that are already underway in California. Key initiatives that will support the TTA Plan include: the Integrated Behavioral Health Project (IBHP), CalMEND and CMHDA/County-Level Integration Initiatives. The TTA Plan also will build on the relationship between CiMH and the National Council for Community Behavioral Healthcare Resource Center for Primary Care and Behavioral Health Collaboration.

The Collaborative Care TTA Plan will build
organizational capacity to plan for and deliver collaborative services in a partnership between primary care, mental health and substance use services. The project will:

1. Build clinical capacity of individual providers/practitioners regarding collaborative care models and tools.
2. Build infrastructure to support the collaborative care model (e.g., documentation methods, information sharing, finances, administrative arrangements).
3. Build continuous learning/TTA through linking with California-based and national initiatives, best practice and research findings.

**Target Audience:**
- Mental health/behavioral health directors
- Medical directors
- Administrative staff
- Provider agencies
- Consumers
- Family members
- Other stakeholders

**Full Service Partnership Knowledge Exchange Networks (KEN)**

Full service partnerships (FSPs) comprise 51 percent of all county funding for their MHSA Community Services and Supports program. The role of the FSP program supervisor is pivotal in program implementation, daily operations, sustainability, and ultimate success of FSPs in improving outcomes for clients of California’s mental health system. KENs for FSP supervisors are organized and facilitated by CiMH in order to ensure the FSP supervisors have the opportunity for:

1. Peer-to-peer knowledge exchange and shared problem solving;
2. Identification of local-level policy issues that require regional or state involvement to resolve;
3. Dissemination of statewide policy decisions that impact FSPs;
4. Identification of training needs and provision of expert-driven training and technical assistance to support ongoing FSP implementation;
5. Identification of culturally specific interventions to include in FSPs.

**Intended outcomes of KENs include:**

1. Participants will increase their awareness and understanding of FSP key constructs (community collaboration; cultural and linguistic competence; client-/family-driven mental health system; wellness and resilience; integrated service experiences for clients and their families) and be able to translate these into an operational framework at the program level.
2. Increase consistency in FSP implementation across counties and regions.
3. Identify emerging effective practices within FSPs that can be further evaluated and promoted by DMH and CiMH.

**Target Audience:**
- FSP supervisors (supervise line staff providing services to clients funded by FSP MHSA funding)

**Full Service Partnership Promising Practices**

This project is intended to provide focused training opportunities for all local staff, contractors and other local partners involved in FSP service delivery. This project will include completion of a report identifying areas for research and an FSP Implementation Tool Kit that offers training modules in promising practices for the following topic identified by FSP KEN participants, such as:

1. Implementation issues;
2. Procedural guidelines for FSP;
3. Implementing EBP within or alongside FSPs;
4. Addressing needs of ethnic communities;
5. Addressing needs of women and children;
6. Financing FSPs
   a). Use of flex funds
   b). Medi-Cal billing for FSP services
   c). Establishing appropriate costs per slot that are consistent through the state.

**Target Audience:**
- FSP supervisors are primary target
Secondary targets include:
- MHSA coordinator
- Mental health directors
- Clinic and program managers
- Partner agency representatives

Medical Directors Leadership Training

The Medical Director’s Leadership Series was designed to provide training and technical assistance for county mental health medical directors and physician staff. The goals for this activity include:

1. The development and promotion of physician leadership in system transformation, clinical practice and quality improvement towards a recovery and wellness vision.
2. The development of an ongoing active knowledge exchange network addressing administrative/management and clinical issues for county medical directors and their staff.

Target Audience:
- County mental health medical directors
- County physician staff

MHSA Coordinator KENs and Regional MHSA Training

The California Institute for Mental Health (CiMH) will continue arranging and facilitating quarterly face-to-face knowledge exchange network (KEN) meetings and other monthly conference calls for MHSA coordinators in four geographical regions (Superior, Central, Bay Area, and Southern). These meetings specifically support the MHSA coordinators charged with implementing MHSA programs locally. They provide shared learning opportunities for the coordinators, who are able to hear from other counties about various MHSA implementation strategies and discuss with a DMH representative ongoing questions that emerge. The purpose of the MHSA Regional KENs is to:

1. Outreach to MHSA coordinators.
2. Provide peer-to-peer knowledge exchange and shared problem solving.
3. Identification of local-level policy issues that require regional or state involvement to resolve.
4. Dissemination of statewide policy decisions that impact MHSA implementation.
5. Identification of training needs and provision of expert-driven training and technical assistance to support ongoing MHSA-integrated implementation.
6. Respond to individual and regional network training and technical assistance requests.
7. Facilitate re-occurring monthly conference calls for information updates.
8. Facilitate full-day quarterly regional meetings for training and technical assistance.

CiMH conducts regional round trainings for MHSA staff and stakeholders on topics relevant to MHSA implementation. Trainings have focused on specific components and stakeholder inclusion.

Target Audience:
- MHSA coordinators

MHSA – Focused Training for Mental Health Board and Commission (MHB/C) Members

CiMH provides regional/statewide trainings annually to county/local mental health board and commission members on MHSA topics, including the roles and responsibilities of the boards/commissions with regard to MHSA implementation. The project involves planning, materials preparation, securing trainers, and conducting 1.5
day trainings. The training for FY 08-09 is statewide; trainings for FY 09-10, FY 10-11 and FY 11-12 are regional.

Target Audience:
- County/local mental health board and commission members

MHSA – Quality Improvement Training for Mental Health Board and Commission (MHB/C) Members

CiMH has developed a workbook and a curriculum for a day-long training for local mental health boards/commissions regarding how to use data for continuous quality improvement of public mental health services. CiMH is piloting these materials and will be providing the trainings to each of the mental health boards/commissions (MHB/C) within a multi-county process (in most cases, four counties at a time). Content of the trainings include: Concepts of accountability, oversight, and continuous quality improvement – and how data are important to MHB/C oversight roles; Concepts such as variables, hypotheses and causal relationships that promote critical thinking; Descriptions of statewide data collection and reporting systems: Performance Indicators; Data analysis and interpretation; Limitations of data; and Use of data examples and exercises to illustrate concepts and assist MHB/Cs in developing required responses to quality improvement questions posed by the California Mental Health Planning Council.

Target Audience:
- County/local mental health board and commission members

MHSA – Transformational Change Pilot and Ongoing Replication of Promising Practices

Using the Learning Collaboration Model, CiMH provides technical assistance to counties for integration/collaboration between mental health systems and local communities. Technical assistance addresses how to involve community stakeholders in the development of mental health systems and services, and promote community ownership in addressing community mental health issues. The project includes the development of individual county project designs and resulting technical assistance activities, inter-county training events, and reports documenting project summaries and lessons learned.

Target Audience:
- County mental health departments and their community partners

Primary Care, Mental Health, and Substance Use Integration Policy Initiative (IPI)

The goal of this project (IPI) is to develop a report that will serve as a resource that can inform and influence key California policy makers. The report not only provides findings, but also a set of recommendations, clear strategies, and action plans. Together these can lead to improvements in access, quality of care and outcomes for people with both health and behavioral health needs through increased effectiveness at the interface between primary and behavioral health care. In addition, the report will serve to inform the state’s health care reform activities on the appropriate inclusion of behavioral healthcare.

Target Audience:
- Practitioners and policy makers in health care and behavioral health policy

May Chan
Small County Consultation

This program provides MHSA-related training and technical assistance to small counties on topics unique to the small county experience. Topics may include distance education, full-service partnerships (FSPs), working with consumer and family members stakeholders, collaboration, working with tribal groups, working with other ethnic/cultural groups, fiscal reporting, information technology, levels of care, recovery-oriented services, reducing use of 24-hour care. Technical assistance will include on-site trainings and consultation, phone consultation, webinars, regional meetings, and a one-day training at the Annual Small County Directors Meeting.

Target Audience:
- Small county directors and staff
- Stakeholders

Transformative Care Planning

Transformative Care Planning is a project that provides training and support for implementation of person-centered treatment planning for all ages. It will be available statewide. The curriculum addresses strengths-based, person-centered culturally competent assessments, formulations, service plans and documentation.

Community learning collaboratives of six to eight counties will be convened for periods of one year. Up to three collaboratives can be convened at any one time. The project includes training of direct service staff, supervisors and trainers, and on-going consultation. It also provides regular consultation addressing administrative challenges to implementation.

Target Audience:
- County and contractor staff, including direct service staff, supervisors, trainers, and quality assurance staff

Crosscutting Values

To support CiMH’s commitment to Cultural Inclusion, Recovery and Resiliency, Evidence-based Thinking and Consumer/Family Member/Key Stakeholder Inclusion, projects address each of these areas:

Cultural Inclusion
- CalMEND – Phase II
- COJAC
- Collaborative Care Training and Technical Assistance Plan
- Full Service Partnership Knowledge Exchange Networks
- Full Service Partnership Promising Practices
- Medical Directors Leadership Training
- MHSA Coordinator KENs and Regional MHSA Training
- Primary Care, Mental Health and Substance Use Integration Policy Initiative
- Small County Consultation
- Transformative Care Planning (MRR)

Recovery and Resiliency
- CalMEND – Phase II
- COJAC
- Collaborative Care Training and Technical Assistance Plan
- Full Service Partnership Knowledge Exchange Networks
- Full Service Partnership Promising Practices
- Medical Directors Leadership Training
- MHSA Coordinator KENs and Regional MHSA Training
- MHSA – Focused Training for Mental Health Board and Commission (MHB/C) Members
- MHSA – Quality Improvement Training for Mental Health Board and Commission (MHB/C) Members
- MHSA – Transformational Change Pilot and Ongoing Replication of Promising Practices
- Primary Care, Mental Health and Substance Use Integration Policy Initiative
- Small County Consultation
- Transformative Care Planning (MRR)

Evidence-Based Thinking
- CalMEND – Phase II
- COJAC
- Collaborative Care Training and Technical Assistance Plan
Full Service Partnership Knowledge Exchange Networks
Full Service Partnership Promising Practices
MHSA Coordinator KENs and Regional MHSA Training
Primary Care, Mental Health and Substance Use Integration Policy Initiative
Small County Consultation

Consumer, Family Member, and Key Stakeholder Inclusion
CalMEND – Phase II
Collaborative Care Training and Technical Assistance Plan
Full Service Partnership Knowledge Exchange Networks

EVALUATION AND RESEARCH: VALUES-DRIVEN EVIDENCE-BASED PRACTICE

California Evidence-Based Practices Implementation Report
This project is designed to create a summary and analysis of evidenced-based practice (EBP) implementation efforts in county mental health departments in California. CiMH-supported implementation efforts now include nine practices with high levels of empirical support, with one or more practices established with model adherence in 36 counties, that include approximately 200 EBP practice teams across the state. An informal review of other state efforts finds that this represents one of the largest EBP efforts in the nation.

CiMH proposes to complete a report regarding the status of EBP implementation in the mental health system in California. The purpose of this analysis is to create a record of the status of EBP implementation for policy makers and children’s services stakeholders. This record will serve to educate those who may be unaware of progress made to date, articulate the benefits accrued as well as those to be realized if this effort continues and grows, and describe the barriers to be addressed to assure that gains made to date are sustained and advanced.

Target Audience:
County mental health departments
Private non-profit community-based organizations
State Mental Health Department
Legislators and child/youth/family advocates
Other state and county child and family service agencies

California Gang Reduction, Intervention, Prevention Program – (CalGRIP) Aggression Replacement Training and Technical Assistance Project
This project supports the model adherent implementation of Aggression Replacement
Training® curriculum. This is a skills-based intervention for children and adolescents who are at-risk of conduct problems that can be designed for implementation in a variety of settings by paraprofessional staff. Practitioners learn how to lead groups for the three components of the practice: Skillstreaming, Anger-Control Training, and Moral Reasoning groups.

CiMH is pleased to be able to offer Aggression Replacement Training® though its agreement with Educational & Treatment Alternatives, Inc., a licensed provider of Aggression Replacement Training®.

**Target Audience:**
- County probation departments

### Cathie Wright Technical Assistance Center for Children’s System of Care (CWTAC)

The purpose of this contract is to support the operation of the Cathie Wright Technical Assistance Center (CWTAC), which provides training, consultation, and technical assistance to support county-level activities related to the Children’s System of Care (CSOC). The focus of assistance is at the local level, generally starting with county mental health departments, but including as necessary, other key children’s service agencies, e.g., child welfare, health, probation, education, alcohol and drug programs. FY 08-09 projects reflected Department of Mental Health (DMH) established priorities: Permanency, juvenile justice, and co-occurring disorders. Much of CWTAC work is focused upon supporting the establishment and sustainability of model adherent implementation of empirically supported practices.

**Target Audience:**
- County mental health departments
- Community-based provider organizations
- County welfare departments
- County probation departments
Development of Ongoing Evaluation to Determine Effectiveness of Contract Activities

CiMH is to contract with an independent evaluator to determine the effectiveness of the CiMH contract deliverables/technical assistance activities with respect to the implementation of MHSA (primarily the Community Services and Supports Component). The evaluator is to conduct an evaluation, titled, “Evaluating the Impact of MHSA Training and Technical Assistance Activities – A Value-Driven, Comprehensive Approach,” and to explore possible ways of strengthening the evaluation strategy for use in ongoing CiMH efforts related to MHSA implementation.

**Target Audience:**
- CiMH
- DMH
- Other interested stakeholders

Functional Family Therapy (FFT)

CiMH is supporting the model adherent implementation of Functional Family Therapy (FFT). FFT is an outcome-driven, prevention and early intervention program for youth who have demonstrated the entire range of maladaptive, acting-out behaviors and related syndromes. FFT requires as few as eight to 12 hours of direct service time for youth and their families, and no more than 26 hours for the most severe problem situations.

Target Audience:
- County mental health departments
- Private non-profit community-based organizations
- County probation departments
- Child welfare departments

Incredible Years–NIMH–Improving Therapist Fidelity During EBP Implementation

This National Institute of Mental Health’s five-year grant is studying the process of how “real-world” agencies adopt and implement an evidence-based practice (EBP). CiMH is partnering with Carolyn Webster-Stratton (developer of Incredible Years) and her colleagues at the University of Washington, and the Child and Adolescent Services Research Center in San Diego, on this Incredible Years Implementation and Research Project.
The project is designed to support and evaluate the adoption of Incredible Years (IY), an evidence-based practice that has demonstrated effectiveness in improving the behavior of young children with or at-risk of oppositional and conduct behavior problems. Incredible Years has demonstrated effectiveness in improving parenting and school performance, and reducing conduct problems. The project will implement the Incredible Years BASIC Parent Training with high-need populations, such as families involved in CalWORKS and child welfare. Agencies will be randomly assigned to one of two different training and technical assistance conditions. Parents of children who have need will be randomly assigned to one of three conditions: 1) IY with practitioners who have received enhanced training and technical assistance based upon CiMH models, 2) IY with practitioners who have received the standard training now offered by IY Inc., or 3) Usual care.

**Target Audience:**
- Child welfare
- Children’s mental health early childhood service providers
- Implementation research field

**Indicators, Data, Evaluation, and Accountability (IDEA) Project**

IDEA is currently funded as part of MHSA Contract Activity #9: Support Roll-Out of MHSA Components – specifically technology. Information systems’ support for performance/accountability reporting is critical. The California Mental Health Directors Association (CMHDA) has developed the Indicators, Data, Evaluation and Accountability (IDEA) Committee as a means of working to address the accountability needs with respect to Mental Health Services Act (MHSA) and the mental health system as a whole. The first steps outlined by the IDEA Committee are to better understand county/local perspectives with respect to the outcomes/accountability issue, and to determine what information (data) individual counties obtain that could be aggregated across counties or used in a collective way. In order to achieve these first steps, CMHDA is partnering with the California Institute for Mental Health (CiMH) to visit and conduct informal interviews/discussion sessions with the following representative counties: Alameda, Humboldt, Lake, Los Angeles, Monterey, Orange, Riverside, San Bernardino, San Diego, San Francisco, Santa Clara, Stanislaus, and Tehama. Interview results will be compiled and analyzed to determine critical accountability issues from the county perspective, and to describe similarities in county reporting. Results will provide a foundation for IDEA Committee strategic planning and recommendations for moving forward with regard to mental health system accountability and supporting information technology systems.

**Target Audience:**
- County directors
- CMHDA
Los Angeles Evidence-Based Practice Project/Response to Katie A Lawsuit

This project is designed to support the implementation of a series of evidence-based practices that will improve outcomes for children and youth served in the Los Angeles foster care system. These practices include: Multidimensional Treatment Foster Care, Functional Family Therapy, Multisystemic Therapy, Incredible Years, and Trauma-Focused Cognitive-Behavioral Therapy.

**Target Audience:**
- Los Angeles County Department of Mental Health
- Los Angeles County community-based organizations
- Los Angeles Department of Child and Family Services

Los Angeles County Services Outcomes

This project measures outcomes each year for CalWORKs mental health participants in Los Angeles County programs for homeless families. There are six programs, and approximately 300 participants are part of the outcome study each year. In 2009, retrospective data and a phone survey were used to measure outcomes two to five years after the initial admission.

**Target Audience:**
- DMH and DPSS policy makers.

Multi-Dimensional Treatment Foster Care (MTFC)

This project supports the model adherent implementation of MTFC and originally included 10 sites. MTFC is the only out-of-home treatment model that has very strong research support, and is effective with adolescents who are demonstrating or at-risk of conduct problems.

**Target Audience:**
- County mental health departments
- Private non-profit community-based organizations
- County probation departments
- County social service departments

NIMH–Community Development Team (CDT) Grant “Cal 40”

This five-year federal National Institute for Mental Health grant – Community Development Teams (CDT) to Scale-up MTFC in California or “Cal 40” – is designed to test the effectiveness of the CDT as a strategy for helping “real-world” service systems successfully implement all evidence-based mental health practice. This project is a collaborative of CiMH, The Center for Research to Practice in Eugene, Oregon, and the College of Public Health at the University of South Florida.

**Target Audience:**
- Juvenile probation, child welfare and children’s mental health service providers
- Implementation research field
The CiMH Trauma Informed Child Welfare and Children’s Mental Health Services (TI CWS CMH Services)

This project is a collaboration between the Child and Family Policy Institute of California, CalSWEC, the Chadwick Center Rady Children’s Hospital – San Diego, and the National Child Traumatic Stress Center Network. It provides support for the implementation of research-informed child welfare training and evidence-based mental health services – trauma-focused cognitive behavioral therapy (TF CBT) – for children negatively impacted by trauma. The collaboration of Child Welfare and Children’s Mental Health will result in system and service improvements for the very vulnerable population of children who experience a wide variety of trauma, which has a negative impact upon their emotional and psychological development.

**Target Audience:**
- **County mental health departments**
- **Private non-profit community-based organizations**
- **Child welfare departments**

Therapeutic Behavioral Services (TBS) Training and Technical Assistance Project

This project is designed to develop and deliver training and technical assistance activities in support of the state’s response to the settlement of the “Emily Q” lawsuit. CiMH works under the direction of the Department of Mental Health (DMH) to create products and activities consistent with the “Nine Point Plan” which is guiding the settlement process focused upon increasing access to and utilization of TBS, as well as improve quality of TBS.

**Target Audience:**
- **County mental health departments**
- **TBS provider organizations**
- **State and county “partners” – child welfare, probation, education, etc.**

Teaching Pro-Social Skills (TPS) Utilizing Aggression Replacement Training Curriculum

This project supports the model adherent implementation of teaching pro-social skills (TPS) utilizing Aggression Replacement Training® curriculum. This is a skills-based intervention for children and adolescents who are at-risk of conduct problems. One of the advantages of Aggression Replacement Training® is the ability to be designed for implementation in any setting by paraprofessional staff. Practitioners learn how to lead groups for the three components of the practice: Skillstreaming, Anger-Control Training, and Moral Reasoning groups.

CiMH is pleased to be able to offer Aggression Replacement Training® though its agreement with Educational & Treatment Alternatives, Inc., a licensed provider of Aggression Replacement Training®.

**Target Audience:**
- **County mental health departments**
- **Private non-profit community-based organizations**
- **County probation departments**

Trauma-Focused Cognitive-Behavioral Therapy Implementation Project

This project supports the model adherent implementation of trauma-focused cognitive-behavioral therapy (TF CBT) for children and adolescents. This empirically supported approach treats children who have experienced trauma and/or have post-traumatic stress disorder (PTSD). TF-CBT is a clinic-based, short-term mental health treatment that involves individual sessions with the child and parent as well as joint sessions with the child and non-offending parent, targeting children (ages 4 to 18) who have significant behavioral or emotional problems that are related to traumatic life events. The model combines trauma-sensitive interventions with cognitive-behavioral therapy. Children and parents are provided knowledge and skills related to (1) processing the trauma; (2) managing distressing thoughts, feelings, and
behaviors; and (3) enhancing safety, parenting skills, and family communication.

**Target Audience:**
- County mental health departments
- Private non-profit community-based organizations
- Child welfare departments

**Crosscutting Values**
To support CiMH’s commitment to Cultural Inclusion, Recovery and Resiliency, Evidence-based Thinking and Consumer/Family Member/Key Stakeholder Inclusion, projects address each of these areas:

**Cultural Inclusion**
- Development of Ongoing Evaluation to Determine Effectiveness of Contract Activities
- NIMH–Community Development Team (CDT) Grant “Cal 40”
- California Evidence-Based Practices Implementation Report
- Cathie Wright Technical Assistance Center for Children’s System of Care (CWTAC)
- Multi-Dimensional Treatment Foster Care (MTFC)
- Incredible Years–NIMH–Improving Therapist Fidelity during EBP Implementation

**Recovery and Resiliency**
- Development of Ongoing Evaluation to Determine Effectiveness of Contract Activities
- Los Angeles County Services Outcomes
- NIMH–Community Development Team (CDT) Grant “Cal 40”
- Therapeutic Behavioral Services Training and Technical Assistance Project
- California Evidence-Based Practices Implementation Report
- Cathie Wright Technical Assistance Center for Children’s System of Care (CWTAC)
- Functional Family Therapy (FFT)
FINANCE AND INFRASTRUCTURE

CMHDA Information Technology Project
The CMHDA Information Technology (IT) Project is currently funded as part of MHSA Contract Activity #9: Support Roll-Out of Mental Health Services Act (MHSA) Components. This work is being done in response to CMHDA’s and counties’ requests for assistance with MHSA technology roll-out. The work has included research, assessment and technical assistance with regard to general health information infrastructure, as well as information systems’ support for performance/accountability reporting.

CiMH is providing technical assistance to the CMHDA IT Committee on MHSA technology implementation and how potential American Recovery and Reinvestment Act (ARRA) funds might be leveraged to support county/local electronic health record (EHR) and other technology infrastructure/health information exchange (reporting) implementations.

CiMH staff is participating on the California Health and Human Services (CHHS) Agency’s Regional Extension Centers workgroup, and is keeping current on national ARRA developments, in order to provide documentation, meeting/webcast presenters, and other information pertinent to county mental health IT implementations (e.g., information on federal grants, loans from the federal Office of the National Coordinator, Medicaid incentives for EHR adoption and potential penalties associated with lack of EHR adoption.

CiMH is engaging in CHHS and national meetings/information dissemination activities in order to bring CMHDA and counties information on the ARRA HITECH fund availability and process – so that county MHSA technology dollars might be supplemented toward EHR adoption.

On behalf of counties, CiMH is also exploring the feasibility of county performance reporting/accountability data submission within a continuity of care health information exchange and warehouse infrastructure design.
**Target Audience:**
- County directors
- CMHDA

**County Treatment Coalition**
Develop template for recovery-oriented, culturally competent treatment plan that can be inserted into county electronic health records (EHR). A coalition of counties and their consultants (experts in adult and children services, person-centered planning and cultural competence) will develop the content for a template for recovery-oriented culturally competent treatment plan. A consultant will be contracted to develop the template that individual counties can give to their EHR vendors. Beginning in 2008-09, the collaborative launched a sub-region for San Benito, Santa Cruz, and Monterey County.

**Target Audience:**
- County system of care
- County quality improvement
- County information technology

**MHSA Housing**
CiMH, Corporation for Supportive Housing (CSH) and consultants are working in concert with the Department of Mental Health to assure that counties have the tools and resources necessary to be active, collaborative players in the development of MHSA housing services. The scope of work for this project is to assess and build county capacity, and to provide training and technical assistance to move counties toward successful applications for the MHSA Housing Program.

**Target Audience:**
- Counties

**Crosscutting Values**
To support CiMH’s commitment to Cultural Inclusion, Recovery and Resiliency, Evidence-based Thinking and Consumer/Family Member/Key Stakeholder Inclusion, projects address each of these areas:

**Cultural Inclusion**
- None

**Recovery and Resiliency**
- County Treatment Coalition
- MHSA Housing

**Evidence-Based Thinking**
- None

**Consumer, Family Member, and Key Stakeholder Inclusion**
- CMHDA Information Technology (IT) Project
- County Treatment Coalition
- MHSA Housing
PREVENTION AND EARLY INTERVENTION (PEI)

Los Angeles County PEI Planning Project

The CiMH Los Angeles County Prevention and Early Intervention (LA PEI) Project is designed to support the final steps in the LA PEI planning process. CiMH will adapt existing materials to complete an LA PEI Evidence-based Practices and Promising Practices Resource Guide, establish criteria for and review programs considered to be “community-defined evidence,” provide training to planning work groups and analyze qualitative and quantitative data collected in a larger process, to recommend PEI practices and programs to consider in developing the eight service area and one Los Angeles County PEI Plans.

Target Audience:
- County mental health departments
- Private non-profit community-based organizations

PEI E-Learning Tutorials

E-learning courses will allow counties and other stakeholders to gain knowledge and online instruction about prevention and early intervention strategies. This tool will be particularly effective for rural communities and other areas with limited access. These will capture important highlights from various training events and may be used for new employee orientation and stakeholder education. CiMH shall develop PEI e-learning courses and make them available online with links to the Department of Mental Health Web site. Topics shall be selected and developed with appropriate stakeholder input.

Target Audience:
- County staff and partners involved in PEI implementation

PEI Knowledge Exchange Network (KEN)

CiMH arranges and facilitates monthly conference calls and quarterly face-to-face Knowledge Exchange Network (KEN) meetings to specifically support PEI coordinators and other county staff with implementation of local MHSA PEI programs. The quarterly meetings occur in four geographical regions (Superior, Central, Bay Area, and Southern) and provide focused training and technical assistance as well as opportunities for shared learning. CiMH also hosts Web-based knowledge exchange via a PEI online clearinghouse and a listserv so PEI coordinators can access and share information regarding program and policy development.

To the extent possible, the PEI KEN is coordinated with other MHSA regional efforts.

Target Audience:
- County PEI coordinators

PEI Needs Assessment, Analysis, Education and Training/Technical Assistance

In conjunction with the Department of Mental Health, CiMH will provide program and policy analysis, staff support, education and training to California Mental Health Directors Association (CMHDA) executive staff, governing board and membership (county mental health departments) and their partners to work more effectively in the implementation of the MHSA Prevention and Early Intervention component.
Activities include staff support to the CMHDA PEI Committee, identification and analysis of key PEI policy issues, training and technical assistance to county PEI staff and their agency/community partners, developing, disseminating and maintaining PEI resources, including a Web-based clearinghouse, and providing webcasts on PEI best practices.

**Target Audience:**
- County staff and partners involved in PEI implementation

**Santa Clara PEI Planning**
CiMH is providing training to members of the Department of Mental Health, regarding PEI state guidelines, key mental health needs, and priority populations. CiMH training and technical assistance also will address evidence-based practices and their implementation, as well as PEI principles and practices, and facilitating planning groups.

CiMH will conduct workshops to assist PEI strategy workgroups to develop PEI projects, including recommending methods for developing focused and measureable PEI projects, and orienting each work group to evidence-based practices applicable to their sector and/or PEI project.

Practice-based/community-defined evidence work TBD.

**Target Audience:**
- Santa Clara Department of Mental Health
- Stakeholders participating in the PEI planning process

**Ventura PEI Planning**
CiMH will support the beginning of the implementation of Phase II of PEI. This will include: consultation on timeline development, training requirements for PEI projects, coordination of training, consultation regarding rolling out programs, and oversight to ensure fidelity to evidence-based practice (EBP) models as identified in the plan.

Implementation planning will be completed consisting of meetings/conference calls with administrators and managers from Ventura County Behavioral Health staff (VCBH) and/or community providers specific to each recommended EBP program model, corresponding training protocol, and implementation tasks.

Clinical training will be arranged/provided specific to each model by national training centers/consultants. The clinical training protocols will vary according to the complexity of the models being taught, but will always include initial clinical training, one or more booster trainings, consultation conference calls, and adherence reviews/monitoring.

**Target Audience:**
- Ventura County PEI stakeholders, with an emphasis upon Ventura County Behavioral Health staff

**Crosscutting Values**
To support CiMH’s commitment to Cultural Inclusion, Recovery and Resiliency, Evidence-based Thinking and Consumer/Family Member/Key Stakeholder Inclusion, projects address each of these areas:

**Cultural Inclusion**
- Los Angeles County PEI Planning Project
- PEI E-Learning Tutorials
- PEI Needs Assessment, Analysis, Education and Training/TA
- Ventura PEI Planning
- PEI KEN
- Santa Clara PEI Planning

**Recovery and Resiliency**
- PEI E-Learning Tutorials
- PEI Needs Assessment, Analysis, Education and Training/TA
- Ventura PEI Planning
- PEI KEN
- Santa Clara PEI Planning
**Evidence-Based Thinking**
- Los Angeles County PEI Planning Project
- PEI E-Learning Tutorials
- PEI Needs Assessment, Analysis, Education and Training/TA
- Ventura PEI Planning
- PEI KEN
- Santa Clara PEI Planning

**Consumer, Family Member, and Key Stakeholder Inclusion**
- PEI E-Learning Tutorials
- PEI Needs Assessment, Analysis, Education and Training/TA
- Ventura PEI Planning
- PEI KEN
- Santa Clara PEI Planning

**REDUCING DISPARITIES AND CULTURAL INCLUSION**

**CBO Capacity Building**
Capacity Building for Cultural/Ethnic Community-Based Organizations (CBO) is an MHSA program that provides training and technical assistance to increase the capacity of ethnic/culturally focused community-based organizations and counties to successfully partner and contract to implement MHSA activities. A group of key community-based organizations and county stakeholders functions as a project advisory committee to assess needs and develop plans for regional trainings. This project also includes the provision of technical assistance and training and facilitation of phone and Web-based knowledge exchange networks to provide ongoing technical assistance and support.

**Target Audience:**
- Ethnically and culturally-focused CBOs and county staff

**Los Angeles County Cultural Formulations of Wellness, Resiliency, and Recovery**
The purpose of this project is to obtain cultural viewpoints of wellness, resiliency, and recovery in under-represented ethnic communities. It also provides guidance to staff on how to address the wellness, resiliency, and recovery needs of the diverse communities they serve. The findings and recommendations have been compiled in a final report that will be made available as a resource for county staff.

**Target Audience:**
- County program managers

**Promotores in Mental Health**
The Promoting Latino Access Now (PLAN) project promotes a system-wide quality-focused adoption of a proven strategy for increasing Latino access, building the capacity of *promotores* (health promoters in communities they serve) and mental health providers in California to work together to increase access to mental health services for Latinos.

Our primary project activity is the development and dissemination of a *Promotores* in Mental Health Policy Paper.

**Target Audience:**
- Mental health providers, administrators, supervisors, communities

Khani Gustafson
Voices: Multicultural Perspectives on Mental Health

The Department of Mental Health contracted with CiMH to produce four videos portraying culturally specific perspectives on mental illness, healing, and recovery. The four-DVD set includes a discussion guide and features the unique cultural voices of the Hmong, Native American, African American, and Latino communities. Individuals, families, and community members share their experience with mental illness and their recovery journey. Providers and community advocates discuss the challenges of overcoming stigma and barriers to accessing culturally appropriate interventions and support. The DVD set can be utilized as a tool for training, outreach, and dialogue by service providers, administrators, supervisors, communities, and support networks. It will be available in hard copy and on the CiMH Web site.

Target Audience:
- Mental health providers, administrators, supervisors, communities

Crosscutting Values
To support CiMH’s commitment to Cultural Inclusion, Recovery and Resiliency, Evidence-based Thinking and Consumer/Family Member/Key Stakeholder Inclusion, projects address each of these areas:

Cultural Inclusion
- CBO Capacity Building
- Los Angeles County Cultural Formulations of Wellness, Resiliency, and Recovery
- Promotores in Mental Health
- Voices: Multicultural Perspectives on Mental Health

Recovery and Resiliency
- Los Angeles County Cultural Formulations of Wellness, Resiliency, and Recovery
- Promotores in Mental Health
- Voices: Multicultural Perspectives on Mental Health

Evidence-Based Thinking
- Promotores in Mental Health

Consumer, Family Member, and Key Stakeholder Inclusion
- Los Angeles County Cultural Formulations of Wellness, Resiliency, and Recovery
**WORKFORCE DEVELOPMENT**

**Administration Superior Regional Partnership/Glenn County**

These funds, held in trust for the region at Glenn County, are administered through CiMH to hire and supervise the regional coordinator, contract with university foundations, trainers, and other services as needed on behalf of the regional partnership, and to process travel and other expense reimbursements the region incurs.

**Target Audience:**
- Superior regional directors
- MHSA and Workforce Education and Training (WET) coordinators
- Public education (post secondary)
- Workforce boards
- Public mental health providers

**Another Kind of Valor**

*Another Kind of Valor* is a video and training project. The video depicts several vignettes of soldiers experiencing post-traumatic stress disorder (PTSD) from the war in Iraq and potential clinical interventions to support the returning veterans and their families. The vignettes, supporting materials, and training enable direct service staff in all public settings to sensitize other providers and the public to the impact of service in a war setting. Those participating in this project are better prepared to work effectively with returning veterans.

**Target Audience:**
- Trainers of direct service staff who work with returning veterans and supervisors

**CiMH Leadership Institute (LI)**

Established in 2001, the Leadership Institute (LI) is a leadership development program designed to create a learning community that promotes values-based, strong, and effective leadership among county and non-profit community mental health agency leaders. The LI course content is based on recommendations from mental health directors, participant and alumni feedback and current state-of-the-art research and practice in leading complex organizations. The LI brings together a nationally recognized faculty of teachers and practitioner/mentors in an intensive nine-day training seminar for a maximum of 36 participants. The format encourages the development of networks among participants to support their ongoing work. The Leadership Institute is a collaborative partnership between CiMH and the University of Southern California Capital Center, School of Policy, Planning, and Development.

**Target Audience:**
- California county mental health directors, deputy directors and those in leadership/management positions in county mental health or community-based non-profit agencies.
- Leaders/emerging leaders with backgrounds reflective of the diversity of California’s communities and individuals with experience as clients and/or family members are particularly encouraged.

**Central Regional Partnership/Placer County**

These funds, held in trust for the region at Placer County, are administered through CiMH to hire and supervise the regional coordinator, contract with university foundations, trainers, and other services as needed on behalf of the regional partnership, and to process travel and other expense reimbursements the region incurs.

**Target Audience:**
- Central regional directors
- MHSA and Workforce Education and Training (WET) coordinators
- Public education (post secondary)
- Workforce boards
- Public mental health providers

**Colusa WET**

CiMH is partnering with the Colusa County Department of Behavioral Health to develop a student loan repayment program designed to build
a strong, stable and diverse workforce within the department. The project will serve:

“…employees participating in training and educational endeavors that are directly linked to addressing occupational shortages related to critical skills needed in language proficiency, licenses, positions that require advanced degrees, underrepresentation of racial/ethnic cultural and linguistic groups in our county workforce.”

—Colusa County MHSA WET Plan #10)

CiMH will participate in the development of application forms and processes, provision of technical assistance and management of the application process for financial incentives as described in the Colusa Workforce Education and Training plan. CiMH will conduct applicant reviews and recommend selection to county, based on interviews and review of applications.

**Target Audience:**
- Colusa county workforce

**E-Learning**

CiMH will be developing e-learning modules as listed in the MHSA contract with DMH and other sources. As CIMH capacity increases, it will market to counties for e-learning projects, as well. E-learning projects are developed and posted on the CiMH Web site. They will also be on the Trilogy Web site, once developed. Each module goes through an extensive stakeholder review process.

**Target Audience:**
- County mental health staff

**Greater Bay Area Mental Health & Education Workforce Collaborative**

The Greater Bay Area Mental Health & Education Collaborative (the Collaborative) represents a unique partnership among the 13 Greater Bay Area county mental health systems, educators, consumers and family members, public agency partners, and interested stakeholders who seek to develop, expand, and support a culturally competent, diverse, and recovery- or resiliency-oriented public mental health workforce. Strategic goals include establishment of an educational pipeline from high school through graduate school; educational curricula relevant to the needs of consumers and clients of the public mental health system; increased consumer and family member employment in the public mental health system, as well as a recovery- or resiliency-oriented, culturally competent workforce. The Collaborative serves as a model for regional partnerships developed through the Mental Health Services Act Workforce Education & Training Regional Partnership funding.

Beginning in 2008-09, the Collaborative launched a sub-region for San Benito, Santa Cruz, and Monterey County.

**Target Audience:**
- County mental health systems
- Educational institutions (high school, community college, four-year and graduate programs)
- Consumers
- Family members
- Trainers
- Students

**Regional Workforce Collaborative State Implementation (five regions)**

This project is designed to form and support the regional workforce partnerships across the state. CiMH provides resources and technical assistance to regional coordinators. Through interaction with all the regions, this project identifies national, statewide, and regional trends and shares best practices. The project also maintains a Web site for each region.
Target Audience:
- County mental health directors
- Workforce Education and Training (WET) coordinators
- Post secondary education
- Community partners in five regions

Workforce: General Support

In conjunction with DMH, CiMH will provide program and policy analysis, staff support, education and training to county mental health departments and their partners to work more effectively in the implementation of the MHSA Workforce Education and Training (WET) component. CiMH will analyze and identify key policy issues related to the MHSA WET component. CiMH will review, analyze, and provide input to DMH regarding proposed MHSA WET component requirements, such as guidelines, regulations, and requests for proposals (RFP)s. CiMH will also identify local-level policy issues and concerns that require regional or state involvement to resolve.

CiMH will provide technical assistance to counties through statewide conference calls, site visits, and regional trainings.

Target Audience:
- County mental health directors
- MHSA coordinators
- WET coordinators

Working Well Together

Working Well Together (WWT) is a collaborative of four statewide client, family, parent/caregiver and mental health training and technical assistance organizations: California Network of Mental Health Clients, NAMI California, United Advocates for Children and Families and the California Institute for Mental Health. The WWT Training and Technical Assistance Center supports the vision of the Mental Health Services Act (MHSA) – to transform systems to be client- and family-driven – by supporting the sustained development of client, family member and parent/caregiver employment within every level of the public mental health workforce.

The Working Well Together Training and Technical Assistance Center improves the abilities of county and county-contracted public mental health agencies, throughout California, to assess their readiness to initiate or expand a client, family member, and parent/caregiver workforce. WWT offers a variety of training and technical assistance services to county mental health agencies to ensure they can strategically plan to recruit, hire, train, support, and retain a multicultural consumer, family member, and parent/caregiver workforce.

Target Audience:
- County and county-contracted agencies, as well as community organizations/stakeholders.
Crosscutting Values

To support CiMH’s commitment to Cultural Inclusion, Recovery and Resiliency, Evidence-based Thinking and Consumer/Family Member/Key Stakeholder Inclusion, projects address each of these areas:

Cultural Inclusion
- Greater Bay Area Mental Health & Education Workforce Collaborative
- Workforce: General support
- Working Well Together

Recovery and Resiliency
- Administration Superior Regional Partnership/Glenn County
- Another Kind of Valor
- Central Regional Partnership/Placer County
- E-Learning
- Greater Bay Area Mental Health & Education Workforce Collaborative
- Regional Workforce Collaborative State Implementation (five regions)
- Workforce: General support
- Working Well Together

Evidence-Based Thinking
- CiMH Leadership Institute (LI)
- E-Learning
- Workforce: General support

Consumer, Family Member, and Key Stakeholder Inclusion
- Administration Superior Regional Partnership/Glenn County
- Another Kind of Valor
- Central Regional Partnership/Placer County
- CiMH Leadership Institute (LI)
- Colusa WET
- E-Learning
- Greater Bay Area Mental Health & Education Workforce Collaborative
- Regional Workforce Collaborative State Implementation (five regions)
- Workforce: General support
- Working Well Together
FINANCES AND OPERATIONS

Fatima Hessabi, Assistant Controller

Highlights from the year

- Restructured the finance team with more responsibilities given to the Assistant Controller. Contracted with a part-time consultant Controller to replace Director of Finance position.
- Restructured HR and Administration by contracting with an HR consultant and increasing the responsibilities of the Executive Assistant to include HR duties.

Financial summary

As of June 30, 2009, California Institute for Mental Health maintained a strong financial position. General fund unrestricted net assets total $1,582,628, an increase of $78,324 (5.2 percent) from June 30, 2008. Working capital (current assets less current liabilities) as of June 30, 2009 was $2,781,545, which reflects a continuing high level of liquidity for the organization. Unrestricted net assets as of June 30, 2009 total $2,289,329, an increase of $395,043 (20.9 percent) from the previous year.

Revenue for the years ended June 30, 2009, and June 30, 2008, was $10.3 million and $9.7 million, respectively, a 6.2 percent increase. Revenue sources and recognition policy are described below.

Revenues from government grants and contracts are recognized when qualifying expenses are incurred. Grants from private foundations are treated as contributions and recognized in full when received or unconditionally promised. Revenue from conferences and trainings are recognized when earned.

Currently, the organization is carefully navigating through the State budget crisis. New sources of revenue are being investigated to minimize revenue concentration risk with the State, and a new contract structure has been adopted with the State to ensure program objectives and outcomes are achieved and fiscal accountability maintained. Many of the organization’s contracts with the State are now deliverable based contracts.

CiMH also enters into fee-for-service agreements with other government and business entities; CiMH anticipates accelerated revenue growth over the next several years from such arrangements.

Fiscal administration

The California Institute for Mental Health performs fiscal administration services for a variety of organizations, including:

- **Regional centers**: A work group on services to people with both developmental disabilities and psychiatric disabilities focuses on improving collaborative services. Limited funds are managed for specific programs that respond to these concerns.
- **Therapeutic behavioral health services**: As a result of a lawsuit, certain children were entitled to specific services to help them live outside institutions. CiMH manages funds to support these services.
- **County mental health and behavioral health services**: CiMH manages funds for several counties for specified purposes, including student stipends, contracts, and consulting. CiMH also manages funds for groups of counties collaborating on a single purpose.

Agnes Hess, Brook Yciano and Susan Gibbons
CiMH FUNDING SOURCES

Alameda County
California County Mental Health Departments
California Department of Health Care Services
California Department of Mental Health
The California Endowment
California HealthCare Foundation
Center for Mental Health Services – SAMHSA
Center for Research to Practice
Fresno County
Glenn County
Humboldt County
Los Angeles County
Marin County
Monterey County
Placer County
Riverside County
Sacramento County
San Bernardino County
San Joaquin County
San Mateo County
Santa Clara County
Solano County
Stanislaus County
University of California, Berkeley
University of Washington
Ventura County
Yolo County
Zellerbach Family Foundation

REVENUE BY SOURCE

2008-2009

52%

6%

7%

26%

2%

7%

Private Foundations, Non-Profits, and Universities
Fee for Service Contracts
CA Counties
Conference Related
Other Revenue Types
State of California
CiMH/CMHDA ANNUAL CONFERENCES

California Information Management Conference and Exposition: Addressing the Needs of Mental Health, Alcohol and other Drug Programs

This conference focuses on the practical and policy aspects of informatics as applied to behavioral health care. The audience consists primarily of managers from county behavioral health departments and the treatment provider organizations that contract with them. This annual conference has been held for the past nine years, and CiMH plans to continue presenting it in response to steadily growing interest and attendance.

05-06 attendance: 300
06-07 attendance: 378
07-08 attendance: 407
08-09 attendance: 359

Cultural Competence Summit

This conference was formed to address multilingual and multicultural issues that affect the field of mental health. Presentation topics include reduction and elimination of cultural, ethnic, racial and linguistic disparities; the importance of culture and language in administration, policy development, program development, clinical services, medications, access, outreach, retention and training; managed care; and ways in which to share information about cultural competence in order to enhance the existing knowledge, skills and practices of the various county mental health systems in California.

05-06 attendance: 598
06-07 attendance: 821
07-08/08-09 attendance: 755
(due to fire, the conference was rescheduled to 08/09)

California Mental Health Policy Forum

This forum is a twice-annual meeting of mental health and behavioral health-care administrators and individuals who influence and create county, statewide and national policy that relates to mental health and substance use services and infrastructure. The forums focus on new and emerging policy issues, and present updates on pertinent local, state, and federal developments; resource information; discussions about model programs and policies, and problem solving.

2/06 attendance: 266
9/06 attendance: 224
2/07 attendance: 309
9/07 attendance: 287
2/08 attendance: 249
9/08 attendance: 222
02/09 attendance: 219
09/09 attendance: 254

Housing and Homeless Coordinators Meeting

The annual Housing and Homeless Coordinators meeting is held each July or August. The planning committee – consisting of staff from CiMH, California DMH, the Corporation for Supportive Housing (CSH), California Network of Mental Health Clients (CNMHC), Housing California, county mental health agency administrators, and CBOs – determines the training topics.

05-06 attendance: 121
06-07 attendance: 173
07-08 attendance: 130
**Older Adult Conference**

The Older Adult Conference is an annual conference sponsored by the California Mental Health Directors Association’s Older Adult System of Care Committee. The conference program includes local, state, and federal updates; resource information; research; model programs; and problem solving for older adults experiencing mental illness.

- **05-06 attendance:** 193
- **06-07 attendance:** 262
- **07-08 attendance:** 212
- **08-09 attendance:** (conference happening in December 2009)

**Rose Jenkins Conference**

The Rose Jenkins Conference is an annual event established by the California Mental Health Directors Association’s Children’s System of Care Committee. The conference is designed to present information regarding children’s services, with a special focus upon the integration of children’s mental health services with health, social services, juvenile probation, education, alcohol and other drug services, and other partner agencies. The conference also has focused upon presenting current research in children’s services, with an emphasis on the implementation of evidence-based practices.

- **05-06 attendance:** 210
- **06-07 attendance:** 230
- **07-08 attendance:** 238
- **08-09 attendance:** (conference happening in December 2009)
CiMH BOARD OF DIRECTORS

Officers

J.R. Elpers, M.D. (Chair), is a professor of clinical psychiatry, emeritus, with the UCLA School of Medicine. He obtained his basic and medical education at Indiana University, interned at Orange County Medical Center in California, and took his residency in psychiatry at the New York State Psychiatric Institute/Presbyterian Hospital (Columbia University). Dr. Elpers also obtained an M.S. degree in administrative medicine from the Columbia University School of Public Health. After two years at the National Institute of Mental Health, he returned to California in 1970 as a deputy director of the Orange County Mental Health Program. He was chief of the Orange County Mental Health Department before becoming director of mental health for Los Angeles County in 1978. In 1984, Dr. Elpers left L.A. County and joined the faculty at UCLA, teaching and developing public mental health programs at the Harbor-UCLA Medical Center.

Larry Poaster, Ph.D. (Chair Elect), Dr. Poaster was the mental health director in Stanislaus County for 25 years, and now has a consulting practice. As mental health director, he was actively involved as a statewide leader in the public mental health field and was president of the California Conference of Mental Health Directors. He served twice as president of the California Mental Health Directors Association. He now is the governor’s appointee on the Mental Health Services Act Oversight and Accountability Commission.

Jay Mahler (Past Chair) is Alameda County Behavioral Health Care Services consumer relations manager. He has been an activist in the mental health consumer survivor movement since 1972, and was one of the founders of Mental Health Consumer Concerns of Contra Costa. He’s been a member of the California Network of Mental Health Clients since 1983 and has participated in numerous boards, including the Department of Mental Health Citizens Advisory Council and the Lieutenant Governor’s Task Force for the Seriously Mentally Ill.

Mark Refowitz, LCSW (Secretary/Treasurer), has been the director of behavioral health services for the Orange County Health Care Agency since January 2004. He previously was the mental health director for San Diego County for three years. He has an extensive résumé of leadership positions in public mental health that include an appointment as assistant commissioner for mental health for the state of Massachusetts. As a member of the senior staff of the Federal Receiver, he was appointed to transform the Community Mental Health system in Washington, DC. Refowitz came to California in 1998 to start a geriatric medical group that cared for frail elderly clients who resided in nursing homes. He is the immediate past president of the California Mental Health Directors Association, and past chair of the California and national County Behavioral Health Directors Forensic Committee.

Members

Sergio Aguilar-Gaxiola, M.D., Ph.D., is professor of Internal Medicine, School of Medicine, University of California, Davis. He is the founding director of the Center for Reducing Health Disparities at UC Davis Health System and the director of Community Engagement of the UCD Clinical Translational Science Center (CTSC). He just completed a four-year term as a member of the National Advisory Mental Health Council (NAMHC), National Institute of Mental Health (NIMH). He is the coordinator for Latin America and the Caribbean of the WHO World Mental Health (WMH) Consortium. He just completed a two-year term as chair of the Board of Directors of Mental Health America (MHA; formerly the National Mental Health Association), a steering committee and research scientist member of the National Hispanic Science Network on Drug Abuse (NHSNDA), and a member of the National Latino Healthcare Task Force. His research includes cross-national comparative epidemiologic research on patterns and correlates of mental disorders, substance abuse, and health conditions. His applied research program has focused on identifying unmet health and mental needs and associated risk and protective factors and reducing health and mental disparities in underserved populations and health care quality improvement. Lately, he has been very active
translating health and mental health research results into practical information for individuals, families, service administrators, and policy makers to inform health policy decisions and guide program development at the local, national, and international level.

**Wayne Clark, Ph.D.,** has experience totaling 28 years with the San Francisco Health Department, of which he spent 15 years as director of the Substance Abuse Division and 10 years as assistant director of Mental Health Programs. For the past six years, he has been director of the Behavioral Health Division of the Monterey County Health Department. He has been principal investigator and co-researcher on 15 state and federal Health and Human Services (HHS) program and service grants. Areas of investigation have included a clinical trial on acupuncture detoxification; prevention approaches for HIV and high-risk populations; dissemination of drug treatment research findings; public policy analysis; prevention interventions; and models of supportive housing. While in San Francisco, he was elected the president of County Alcohol and Drug Program Administrators Association of California (ACADPAAC), and now is the president elect of California Mental Health Directors Association (CMHDA).

**Clayton Chau** has been working for the Orange County Health Care Agency Behavioral Health Services since 1999. He works a quarter time, providing services to the transitional age youth through the Program in Assertive Community Treatment. The remainder of his work focuses on providing training to county employees, consumers, community members and other human services providers in Orange County in their process of transforming Orange County Public Mental Health System to the Recovery Model. He obtained his M.D. degree from the University of Minnesota, and a Ph.D. in clinical psychology from Chelsea University. He finished his psychiatry residency at UCLA followed by a fellowship with the National Institute of Mental Health in the area of substance abuse and HIV. Dr. Chau has conducted training in the areas of cultural competency, veterans health, homelessness and mental health policy. He co-hosts a weekly television show that broadcasts internationally in the Vietnamese television and world wide Web network. He is also an assistant clinical professor of psychiatry at UC Irvine School of Medicine.

**Denise Hunt, R.N., MFT,** began her career with Stanislaus County Behavioral Health and Recovery Services in 1975 as a mental health worker in the locked psychiatric hospital. As she pursued her education in nursing and counseling, she gained experience as a mental health emergency services counselor, a nurse in the psychiatric hospital, and
an outpatient group and individual therapist. She served as older adult services chief and public guardian, and as assistant director for Behavioral Health and Recovery Services. She was named Stanislaus County behavioral health director in 2005. Hunt is co-chair of the Older Adult System of Care Committee for the California Mental Health Directors Association (CMHDA) and is a governing board member of that organization. She is a member of the Stanislaus County Children and Families Commission, the Stanislaus County Children’s Council, and the California State University, Stanislaus, College of Human and Health Sciences Advisory Board.

Gladys C. Lee, LCSW, is the mental health district chief of the Planning, Outreach and Engagement Division for the Los Angeles County Department of Mental Health (LACDMH). She oversees the Mental Health Services Act (MHSA) planning activities, which include the stakeholders’ process, cultural competence, and outreach and engagement with underserved populations. Before returning to county service, Lee spent 23 years working in a variety of leadership positions at Pacific Clinics, a major contract provider in Southern California. As vice president of Pacific Clinics, she administered recovery, housing, vocational and self-help programs, and had program development responsibilities for CalWORKs and the Asian Pacific Family Center. She also served two terms as treasurer of the California Council of Community Mental Health Agencies.

Carol Maria Lopez is a mother of two sons, one of whom has been diagnosed with schizoaffective disorder, difficulties of which he has experienced for several years. She is a veteran of the United States Air Force, in which she served as an emergency medical technician (EMT) for five years. For more than 20 years, Lopez has been working for Catholic Healthcare West (CHW) and proudly serves as a family advocate for eight girls. Currently working within Sacramento County Youth Detention Facility, she ensures that the juvenile justice institution’s mental health team policy and procedures are developed in consideration of the needs of youths and their families. Lopez actively participates in the Mental Health Services Act (MHSA) Workforce Education and Training forums and related workgroups. She’s a member of the CHW Behavioral Health Quality Assurance Committee, and received the Family Advocate of the Year Award in 2002 from the Sacramento Chapter of the Mental Health Association.

Nancy Peña, Ph.D., began her career as the mental health director of a community-based agency specializing in health and mental health services for the Spanish-speaking community of downtown San Jose. In 1984, she began working in the Santa Clara County Mental Health Department, Acute Psychiatric Services unit. In 1992, Dr. Peña became director of the newly formed Children and Family Services Division. In 1998, she was appointed deputy director of the county’s Mental Health Department and, in December 2000, she became director of mental health. The Santa Clara County Mental Health Department is the fifth largest county mental health system in the state. Dr. Peña subsequently was appointed to the State Performance Evaluation Advisory Committee, a 20-member committee that is advising the California Department of Mental Health on performance measures for the new Mental Health Services Act (MHSA). She also serves as co-chair of the statewide Children’s System of Care Committee of the Mental Health Directors Association. In November 2007 she assumed the role of president of California Mental Health Directors Association (CMHDA).

Alfred Rowlett is chief operating officer for Turning Point Community Programs, which joined in 1981 as a rehabilitation counselor. Alfred (Al) earned a bachelor of arts degree from Ottawa University in Kansas, a masters in business administration from Golden Gate University in San Francisco, a masters in social work from California State University, Sacramento, and he is a licensed clinical social worker and a certified psychiatric rehabilitation practitioner. Al has facilitated numerous committees, trainings, and programs in the area of cultural diversity and equity in an effort to assist practitioners, teachers, and community members of the Sacramento area and surrounding communities. Al is a current member of the United States Psychiatric Rehabilitation Association (USPRA) and Sacramento County Division of Mental Health Cultural Competency committees. He also served as an adjunct professor at Los Rios Community College District’s Training Source for two years.
Al participated by means of a Lucent Foundation grant in the Minnesota Inclusiveness Program, Parents and Community Leaders Inclusiveness Training. The mission of the Minnesota Inclusiveness Program (MIP) is to create processes for educators, parents, and community members to ensure effective and empowering education for all people in all their diversity. The Minnesota Inclusiveness Program exists to develop, support, and oversee projects that serve as a resource to individual efforts to meet the needs of a diverse population. The ultimate focus of all of MIP’s efforts is to educate. The Minnesota SEED Project (Seeking Educational Equity and Diversity) replicates the National SEED Project on Inclusive Curriculum co-directed by Dr. Peggy McIntosh and Emily Style. Minnesota was the first state to establish a branch of the National SEED Project. The SEED Project is a very straight-forward, effective and efficient model of staff development: It prepares leaders to bring colleagues together over a period of time to engage in reading, journaling, interaction, conversations and reflection with one another about ways to change education, beginning with themselves.

**Patricia Ryan, M.P.A.,** is executive director of the California Mental Health Directors Association (CMHDA). Since November 2004, she has been representing and advocating for local mental health departments on issues related to their role in implementation of Proposition 63 – the Mental Health Services Act. Before joining CMHDA, Ryan served for nine years as vice president for behavioral health and governance at the California Hospital Association (CHA). She served as legislative assistant to two members of Congress – Rep. Tom Lantos (D-CA) and Rep. Richard Ottinger (D-NY). After leaving Capitol Hill, she worked as assistant director of government relations for the American Psychiatric Association, and then was associate director of congressional affairs for the National Association of Psychiatric Health Systems.

**Marvin Southard, D.S.W.,** is director of the Los Angeles County Department of Mental Health, the largest public mental health system in the country, serving more than 206,000 clients annually. Among other honors, he was named 2006 Social Worker of the Year by the National Association of Social Workers – California Chapter. Dr. Southard is past president of the California Mental Health Directors Association and is a commissioner on the Los Angeles County Children and Families First – First 5 LA Commission. He has served as an associate clinical professor at the UCLA School of Medicine, Department of Psychiatry and Biobehavioral Sciences; as a senior fellow in public policy at the UCLA School of Public Policy and Social Research; and as a clinical associate professor of psychiatry and behavioral sciences at the USC Keck School of Medicine.

**Richard Van Horn** is president of Mental Health America (MHA) of Los Angeles. Under his leadership, MHA designed the MHA Village, which has emerged as a national model for integrated services. His commitment to client-run services is reflected in MHA’s sponsorship of Project Return Peer Support Network, one of California’s premier self-help programs. Van Horn completed a leave of absence from MHA during which he served as principal consultant to the Mental Health Services Oversight and Accountability Commission. He has served on workforce development and outcomes committees at the state level. Among his honors, Van Horn was recognized by the American Psychiatric Association – Southern California affiliate; National Association of Social Workers – California; California Network of Mental Health Clients; California Community Foundation; and Mental Health America.

**Gail Zwier Villanueva, Ph.D.** has worked for Health and Human Services in the frontier county of Inyo since 1993. Her first job there was in the capacity of coordinator for the Perinatal Program for woman with addictions and their children. She became the behavioral health director in 1997 and oversees the various behavioral health programs as part of an integrated health and human services agency. In this capacity, she works to incorporate recovery principles into all aspects of services. She is also an adjunct faculty member for Cerro Coso Community College and was instrumental in the development of the Human Services Certificate program which was launched in 2000 and is now offered to four campus settings in the Eastern Sierra through interactive television.
CiMH Executive Team and Staff

Sandra Naylor Goodwin, Ph.D., MSW
President and CEO

Sandra Naylor Goodwin, who in 1993 became the founding executive director of CiMH, has 30 years of professional experience in administration, treatment, and service methodologies, and in planning and policy development at the county and state levels. Dr. Goodwin is developing a strategy for implementation activities, training and technical assistance to support the Mental Health Services Act (Proposition 63), which California voters passed in November 2004. The MHSA focuses on transformation of mental health services, by concentrating on recovery, resiliency, cultural competency, and reduction of disparities. As principal consultant to the Assembly Health Committee of the California Legislature, Dr. Goodwin was influential in development of several pieces of fiscal and program reform legislation, including mental health realignment, Medi-Cal consolidation, California Mental Health Master Plan requirements, and California compliance with the ADA. Dr. Goodwin previously was a practicing clinician and director of mental health and alcohol and drug abuse for Placer County. She holds a B.A. degree from California State University, Long Beach; an MSW degree from West Virginia University; and a Ph.D. degree in clinical psychology from the Professional School of Psychology.

Bill Carter, LCSW
Chief Operating Officer

Bill Carter has served since 1998 as the CiMH deputy director and chief operating officer, the duties of which included management of the CiMH Center for Child and Family Services and the Cathie Wright Technical Assistance Center to Children’s System of Care. Mr. Carter has broad experience in child, adolescent and family mental health services. He has worked extensively in child and adolescent psychiatric hospitals, and in residential treatment, education and outpatient settings in which he has had clinical and administrative responsibilities. Mr. Carter has been instrumental in developing the

Vicki V. Smith, MSW, CPRP
Deputy Director

Vicki V. Smith is the director for adult and older adult services for CiMH. She coordinates activities that support counties and the state in implementation of the Mental Health Services Act (MHSA), including technical assistance, policy development activities, and training. Ms. Smith has developed the training and technical assistance for AB 2034; and developed and coordinated training and technical assistance to bolster California’s highly innovative and successful integrated services for people with psychiatric disabilities who are homeless. Previously, she served as CEO of a nonprofit community-based mental health provider agency, and as president of the Certification Commission for Psychiatric Rehabilitation for the United States Psychiatric Rehabilitation Association. Ms. Smith holds an MSW degree with specialization in community organization from the University of Michigan, Ann Arbor.

Gale Bataille, MSW
Interim Deputy Director and Center for Multicultural Development

Gale Bataille, MSW, an emeritus county mental health director, now works as an independent consultant with CiMH and the California Mental Health Directors Association. Since fall 2008, she has served as acting interim deputy director for the CiMH division that includes the Center for Multicultural Development and as the CiMH principal consultant for the CiMH Mental Health Leadership Institute offered annually through a partnership with USC. She retired as mental health director for San Mateo County in January 2008, after working in the early 1980s in Solano and Contra Costa counties as mental health director and assistant director. Ms. Bataille has been active in state policy issues with the California Mental Health Directors Association and the California Institute for
Mental Health, and has served on the boards and as president of both organizations. She has been a fellow since 1994 with ACMHA: The College for Behavioral Leadership.

**Constance B. Gustafson, MSW**

*Associate*

Khani Gustafson is an associate with the Center for Multicultural Development at CiMH. Ms. Gustafson previously was a manager with Stanislaus County Behavioral Health and Recovery Services, and was the executive director of the Stanislaus County Children’s Council. She specializes in reducing disparities by working on projects designed to improve access and quality of care and services affecting minority groups. She received her master’s degree in social work from California State University, Stanislaus.

**Pam Hawkins**

*Associate*

Pam Hawkins is an associate with CiMH specializing in the dissemination and implementation of evidence-based mental health practices for children and their families. She previously was the program director for the Advocacy Program at United Advocates for Children of California (UACC), and has monitored state and national legislative developments and California public policy trends that relate to children with mental health-care needs and their families. Ms. Hawkins earned her bachelor’s degree in organizational leadership from Chapman University.

**Tannel House, MFT**

*Associate*

Tannel House brings a rich and diverse background to her position as an associate with the Children’s Team at the California Institute for Mental Health. A Southern California resident, she earned her bachelor’s degree in sociology from California State University, Northridge, and a master’s degree in counseling in marriage and family therapy from California State University, Fullerton. After becoming a marriage and family therapist intern, she acquired more than 16 years of experience and multi-disciplinary skills in facilitating substance abuse treatment and domestic violence classes; conducting individual, family, couples and group therapy for dual diagnosis to adults, adolescents and developmentally delayed individuals; and providing intensive social services to individuals and their families. She maintains a strong commitment to public health and safety.

**Karin Kalk, MHA**

*CalMEND Project Manager*

Karin Kalk received her bachelor of arts degree in animal physiology from the University of California, Berkeley, and a master of health administration from California State University, Stanislaus.
California, San Diego; her master’s degree in health administration from Duke University; and she has additional formal training in project management. She is a full-time consultant with the California Institute for Mental Health. Before entering the mental health field, Ms. Kalk was vice president and general manager of ForHealth Inc., a venture-capital funded company offering a specialized medical program for long-term care residents through full and partial risk arrangements with senior health plans. Before joining ForHealth, she was vice president for AHI Healthcare Systems, a publicly traded managed-care company serving more than 200,000 members throughout the country.

Lynne Marsenich, LCSW
Senior Associate

Lynne Marsenich, a senior associate with CiMH, focuses her work on helping public-sector service systems (e.g., mental health, child welfare and juvenile justice) deliver effective services for children, youth and families. She is the author of two CiMH monographs: Evidence-Based Practices in Mental Health Services for Foster Youth, and A Roadmap to Mental Health Services for Transition-Age Young Women: A Research Review. Before joining CiMH, Ms. Marsenich spent 20 years working for public and private nonprofit agencies serving children and families, in which she held a variety of positions from line practitioner to senior manager. Ms. Marsenich received her bachelor’s degree in psychology from Pitzer College, and an MSW degree from the University of Southern California; she now is working toward her Ph.D. degree in social work from USC.

Donna Matthews, MSW
Project Manager, Working Well Together

Donna Matthews brings a deep-seeded commitment to social justice and extensive experience in social services to her position as an associate with CiMH and project manager of the Working Well Together project. Ms. Matthews earned her bachelor’s degree in education and human services from the University of Massachusetts and her master’s degree in social work from California State University, Sacramento. Her background within mental health and social services spans more than 20 years and includes advocacy, community organizing, direct services provision, program management and public policy. Ms. Matthews has been privileged to serve adults and older adults re-entering the community during the early years of deinstitutionalization in Massachusetts, youth and families receiving public mental health services throughout California and, in particular, has expertise in addressing barriers to education and appropriate health care for lesbian, gay, bisexual and transgender (LGBT) youth. Foremost, she embraces a philosophy of community and consumer empowerment and collaboration, coupled with a pragmatic business sense.

Kimberly Mayer, MSSW
Project Manager, Regional Workforce Development

Kimberly Mayer, the project manager for the Greater Bay Area Mental Health and Education Workforce Collaborative, focuses on workforce development in the public mental health sector. Before Ms. Mayer joined CiMH in the fall of 2008, she served in several management positions with Contra Costa County Health Services, where she developed and implemented new programs and services in the Alcohol and Other Drug Services and Mental Health Divisions of the department. From 2004 to 2008 she was the county’s project manager for the Mental Health Services Act, and coordinated planning and implementation for new projects and strategies throughout Contra Costa County, including treatment services, supportive housing and workforce development. She had previously managed a grant writing consulting firm, working with municipalities nationwide. Ms. Mayer has a background in nonprofit and for-profit management, and has worked in and consulted to several human service organizations. She is on the advisory board of California State University, East Bay’s Department of Master of Social Work, and serves on the board of directors of Contra Costa Civic Theatre and the YWCA Berkeley-Oakland. She received her bachelor’s degree from the University of California, Berkeley, and her master’s degree in social work from Columbia University.

T. Stephanie Oprendek, Ph.D.
Senior Associate

Dr. Oprendek is currently a senior associate at the California Institute for Mental Health, where she is responsible for projects that focus on promoting excellence in mental health services. Project
activities include training and technical assistance to county mental health departments and providers, as well as research and policy development that support accountability demonstration and system transformation. Prior to this position, she served as chief of the Evaluation, Statistics and Support Branch at the California State Department of Mental Health. In that role, she designed performance measures and systems to demonstrate accountability, and to evaluate the public mental health system within a quality improvement framework. She was responsible for data support to administrative decision-making, including budget estimation and program policy. She has authored numerous evaluation and legislative reports, as well as concept documents focused on performance outcomes and supporting information technology solutions in the mental health field. She has presented at state and national conferences and meetings on similar topics, and was DMH’s program lead with regard to health information technology directions.

Will Rhett-Mariscal, Ph.D., M.S.
Associate

Will Rhett-Mariscal is an associate with the Center for Multicultural Development (CMD) at CiMH. Dr. Rhett-Mariscal has been the point person on prevention and early intervention at CiMH, working in concert with CiMH colleagues to provide technical assistance to counties on this component of the MHSA. He routinely collaborates with the California Mental Health Directors Association, the California Department of Mental Health, and the Mental Health Services Oversight and Accountability Commission to develop statewide trainings on prevention and early intervention. In his work at the CMD, Dr. Rhett-Mariscal helps promote cultural competence within publicly funded behavioral health systems, and seeks the elimination of disparities in mental health for racial and cultural communities. He recently worked with an advisory committee of technical experts to develop policy recommendations for partnering with Promotores in mental health and was the principal author of a policy paper presenting these recommendations, “Promotores in Mental Health in California and the Prevention and Early Intervention Component of the MHSA.” He draws upon his doctoral background in social anthropology and clinical experience in marriage and family therapy in his work, integrating the strengths of both fields.

Sandy Rose
Associate

Before joining CiMH in 2007, Sandy Rose spent seven years working for Caminar, a non-profit social rehabilitation agency. As the director of housing for that agency, she was instrumental in the development of Laurel Gardens, a 30-unit supportive housing project in Solano County. She also was responsible for the service coordination and supervision of this project. Ms. Rose is a graduate of the University of the Pacific and has a degree in psychology. She has spent the past 17 years working in the mental health field, in which she gained experience in crisis intervention, and in services for adults, older adults and transitional-aged youths. Ms. Rose served as lead staff for the Solano Affordable Housing Coalition; chair of the CAP Solano Tripartite Board; and vice chair for Community Action Partnership of Solano County. She was a member of the Vacaville Senior Roundtable; and served in various capacities for Solano County Adult Systems of Care, Solano County Quality Assurance Assessment team, and Solano County Housing Committee. Ms. Rose is the CiMH point person for the Mental Health Board and Commission meetings and trainings, in helping counties develop their MHSA Supportive Housing projects, and assists with the Planning Council trainings.

Adrienne Shilton, MPPA
Program Director for Workforce, Education and Training, California Mental Health Directors Association

As the California Mental Health Directors Association’s program director for workforce, education and training (WET) since 2007, Adrienne Shilton has played a critical role in development of the workforce California will need to transform its public mental health system and meet the needs of consumers long into the future. Ms. Shilton provides technical assistance to counties as they plan and implement their WET programs under the Mental Health Services Act (MHSA), and serves as an advocate for counties in the implementation of
the MHSA. After working as transportation policy analyst and advocate, Ms. Shilton joined the mental health movement in 2004, working on California’s landmark Proposition 63 (MHSA) campaign. After Proposition 63’s remarkable victory, she joined the California Council for Community Mental Health Agencies as the organization’s associate director. A graduate of Knox College, Ms. Shilton earned her bachelor’s degree in psychology with a minor in Spanish. She completed a master’s degree in public policy and administration at California State University, Sacramento, and served as an AmeriCorps Vista volunteer in 2001–2002, building affordable housing for underserved communities in California’s Central Valley.

**Todd Sosna, Ph.D.**  
*Senior Associate*

Todd Sosna is a senior associate at the California Institute for Mental Health, specializing in dissemination and implementation of evidence-based mental health practices. Dr. Sosna has been instrumental in the significant spread of evidence-based practices into approximately 200 sites for children throughout California. Before joining CiMH, Dr. Sosna was the assistant director of mental health for Santa Barbara County, for which he directed the children’s system of care and the mental health Medi-Cal managed care plan. He earned his bachelor of arts degree in psychology from Pitzer College, and his master’s and doctoral degrees in clinical psychology from Washington State University.

**Alice J. Washington**  
*Associate*

As an associate at CiMH, Alice Washington brings an integrated consumer perspective to her work. Alice has initiated and developed a variety of art projects designed to cultivate artistic talent, increase self-esteem and support recovery of persons with psychiatric disabilities. Her interests include continued development of wellness and recovery trainings for community integration and social networks. Ms. Washington earned a B.A. degree in sociology from Stanford University in 1988 and, most recently, received a certificate from the Penn Foster Career School in Art, as well as a Train-the-Trainers program certificate from California State University, Sacramento. Her current educational endeavors are graphic design and e-learning. She is a past member of the California Mental Health Planning Council, for which she served as the chair of the Quality Improvement Committee. In her role with the Planning Council, Alice assisted with writing the recovery language that is part of the Mental Health Services Act of 2004, at the request of consumers and family member advocates.

**Sabine Whipple, M.A.**  
*Project Director, Regional Workforce Development*

With a background in research, community collaboration, education, underserved populations and mental health policy, Sabine Whipple brings an excellent mix of talents to CiMH, where she is project director for workforce development. Ms. Whipple, who joined CiMH in the fall of 2008, received her undergraduate degree in sociology from California State University, Fullerton, where she gained her first experience with research and community organization. After receiving her teaching credential from Chapman College in Orange, she taught low-income, limited-English students in Santa Ana. As part of her work in education, Ms. Whipple trained other teachers in cooperative learning, science and math education. Additionally, she volunteered at the Cambodian Family Center in Santa Ana as a tutor and mentor to Southeast Asian youth and their families. As a graduate student, Ms. Whipple worked with incarcerated youth, ran domestic violence programs, and worked with schools to develop ways to give students better access to mental health services. After receiving her master’s degree from Alliant University, she began working in mental health policy at the Division of Mental Health in Washington State, where she participated in the transformation of the statewide public mental health system from a fee-for-service basis to a managed care system. Her experience in state-level policy analysis and development encompasses contracts management, research and data analysis, co-occurring disorders, and children’s mental health. Ms. Whipple’s work in King County in Washington State and Marin County in California includes directing children’s system of care, health and human services policy analysis, wraparound and homeless services.
CiMH OPERATIONS TEAM

President/CEO, Executive Management Team and Special Projects

Hope Alvidrez
Executive Assistant

CiMH Financial Team

Fatima Hessabi
Assistant Controller

Brook Yciano
Senior Accountant

Agnes Hess
Accounts Receivable Assistant

Susan Gibbons
Accounts payable Assistant

CiMH Conference Planning Team

Theresa Ferrini
Meeting Planning Department Manager

Michele Hastie
Conference Planner

James Hernandez
Conference Planning Assistant

Nancy Nitsch
Conference Planning Assistant

Program Support Specialists

May Chan
Marie Bezdicek
Tiffany Hill
Paula Main
Miles Murch
Lucha Olguin
Erica Waterford
Sheron Wright

Information Technology

Mike Adema
IT Manager

Mike Brailer
Web Administrator

Eric Hull
IT Consultant

Administrative Team

Abby Alvidrez
Administrative Assistant

Irina Eryomenko
Receptionist
## APPENDIX A

### CIMH VALUES-DRIVEN EVIDENCE-BASED PRACTICE IMPLEMENTATION PROJECTS: EBP DEVELOPMENT TEAMS

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California Institute for Mental Health Performance Report • 2008–2009

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Laura Ryan’s art has been a “gift of restoration” for her. Her childhood adventure and playtime was brief because she took care of her brother and sister after school and had a great deal of responsibility within her family.

She is “self taught,” although she has attended numerous workshops from artists whose work inspires her.

Using the tools of scrapbookers and rubberstampers, Laura Ryan opened a door to a variety of art projects and now inspires other individuals to explore their creative potential.

Ryan said, “I recently quit work, not because I planned it, but I couldn’t go another day. I went through a long period of self-doubt. When I go past all that, my art seemed to ‘take off.’ I’m enjoying life once again. This past year, I’ve was fortunate enough to be published in Cloth, Paper, Scissors and Somerset Gallery, Somerset Studio and Dorit Elsiha Mixed Media and Printmaking book. I was accepted in the juried Redlands Multi-Media Mini Show, and one of my collagraphs was chosen for display in the Riverside Art Museum at a show called Art Alive. Wow! Life is good.”