

California Institute for Mental Health



**Performance Report
2007–2008**



Cover art "Faces of Freedom"
by Ronnie Wynn, Client and Artist
San Francisco, CA



The California Institute for Mental Health (CiMH) 2007 – 2008 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.

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MESSAGE FROM THE EXECUTIVE DIRECTOR

It is a pleasure and an adventure to work with the exciting team at CiMH. Our incredible staff members are always seeking, discovering, and implementing the cutting edge of our work to support California's mental health system in its transformation. We have indeed been fortunate that the passage of the Mental Health Services Act so clearly matches the CiMH vision and values. This voter proposition has provided impetus to our work and targeted funding for counties and their partner agencies to act on this agenda.

This has been a year of change in many ways. We experienced the excitement of a barrier-breaking election year – with an African American and a woman leading the way running for the presidency. A part of the agenda in the presidential campaign has been health-care reform, front and center. Our own state, California, came close to health-care reform and universal coverage, only to be derailed by an unprecedented budget deficit. The need to resolve the budget dilemma consumed our state leaders, and the consequences of the deficit to counties have created a difficult climate for transformation. However, counties, providers, advocates, consumers, and family members have continued to hold the vision and the will to continue, even in this difficult time.

At CiMH, we are fortunate to be a part of this work, and to help lead the way for system change – to bridge the gap between current and emerging policy and practice. We continually seek the creative innovations occurring around our state and the nation, and to bring the innovations to the larger system. While we believe that providing information dissemination and training are important, these activities are not sufficient to bring about sustained system change. One of our most successful system change efforts has involved working in collaboratives of peers over time on targeted issues. Our model for implementation of high-fidelity, evidence-based practices – the Community Development Team – is the subject of studies that are under way and funded by the National Institute of Mental Health. We are very pleased to have the opportunity for this empirical study of our unique method of bringing science to service.

Strongly committed to cultural competence, CiMH utilizes an overarching strategy in our work with evidence-based practices to help providers operationalize cultural competency.

In all the practices we promote, we explicitly look for cultural accommodations or adaptations to the practices or programs. Once a practice or program has been adopted, we ask the provider(s) to consider who is to be served, including age, gender, and culture. Next, technical assistance is provided to help engage the target population with culturally specific strategies designed to increase access and utilization and to help providers look at cultural accommodations or adaptations to the practice being delivered. Coaching and consultation focuses on these accommodations or adaptations. Finally, we work to build the capacity for evaluation so providers can better answer these questions: “Is it working?” “For whom is it working?”

We are now seeking to better understand community-determined evidence for practices that support cultural communities. This past year we formed an advisory group of *promotores* organizations to develop a policy paper analyzing opportunities presented by the MHSA to support the work of *promotores* in mental health and to recommend ways in which to incorporate their activities in county mental health services. The Advisory Group has recommended that the paper include a discussion of the challenges that many Latinos face in California, in order to provide some context for the work of *promotores* in these communities. We believe the work with the *promotores* will help us develop similar relationships and understanding with other cultural community groups.

And finally, as an organization, CiMH is seeking internal structures that better support our work and our customers, increase our learning, and provide accountability. During this next year we will be exploring new ways of organizing our work, our management structure, our internal and external communications, and, most important, our ability to respond to and serve our customers – counties, community agencies, providers, consumers, and family members.

— Sandra Naylor Goodwin, Ph.D., MSW,
Executive Director

FROM THE PRESIDENT AND PRESIDENT-ELECT OF THE BOARD OF DIRECTORS

The past year has been both exciting and difficult for CiMH. We've found it exciting because of the tremendous array of activities we have undertaken, primarily to improve the quality of mental health services provided in California and to facilitate the implementation of the Mental Health Services Act. Our working relationship with the California Mental Health Directors Association (CMHDA) has remained strong while we have worked to extend our training and development assistance to a wider range of providers. The difficulties have been primarily related to the California state budget problems and to contract suspensions and changes in the California Department of Mental Health (California DMH) contracting procedures subsequent to an audit. Fortunately, due to the outstanding efforts of our Executive Director, Dr. Sandra Naylor Goodwin, and a wide array of well-intentioned folks, these difficulties have been largely resolved. However, we remain concerned that the continuing California state budget problem still threatens the stability of not only CiMH, but

also of the entire state community mental health system.

We are extremely fortunate to have a staff composed of *exceptional* individuals who work very well together and with the Board of Directors, enabling the agency to function smoothly. The board ranks have been filled out with a group of individuals who reflect diversity in racial and ethnic composition as well as in their backgrounds and interests. We have to thank our Nominating Committee Chair, Gladys Lee, for her fine efforts. I am pleased and honored to work with all of our creative and dedicated board members.

Jay Mahler, President, CiMH Board of Directors and Consumer Relations Manager, Alameda County

J. R. Elpers, M.D., President-Elect, CiMH Board of Directors



CiMH Board of Directors President Jay Mahler is pictured here at a MindFreedom strategy conference at Highlander. (Photo by Tom Olin.)



J. R. Elpers, M.D., CiMH Board of Directors President-elect

CiMH VISION, MISSION AND VALUES

The California Institute for Mental Health (CiMH) was established in 1993 to “promote quality mental health services through training, technical assistance, research and policy development.” It was the specific intent of the local mental health directors who founded CiMH that it would work collaboratively with all mental health system stakeholders. The commitment to collaboration is reflected in the membership of the Board of Directors that includes consumers, family members, public interest representatives, as well as county mental health directors.

The spirit of collaboration and partnership is also reflected in CiMH policies. These policies include a multi-stakeholder planning process for training activities, and policies supporting consumer and family member participation. CiMH is funded through a variety of sources, including private funds; charitable foundations; county, state and federal contracts; grants; fees; and product sales.

In October 2007, the Board of Directors affirmed a strategic plan to guide the future actions of CiMH.

Strategic Plan

Vision: California communities, in partnership with local mental health service systems, successfully advance hope, wellness, resilience, recovery, and full social integration for all adults, children and families.

Mission: To promote excellence and innovation in California’s Mental Health system through a broad range of partnerships and collaborations, education and training, technical assistance, consultation, evaluation and research.

Overarching goals:

California’s Mental Health system...

- has an appropriate and diverse workforce, which includes consumer and family members;
- is recognized as the national leader in the provision of culturally competent mental health services that lead to elimination of disparities;
- has a competent workforce that is continuously improving and adopting sound practices;
- helps persons with psychiatric disabilities to experience full social inclusion;
- actively works to eliminate discrimination or stigma.

CiMH...

- has long-term financial viability and stability to support a diverse and competent staff that can effectively and efficiently provide the state, counties, providers, consumers and family members with strategies for change and achieving excellence; and

CiMH works to develop and implement strategies that

- build a mental health workforce that is ethnically and culturally diverse;
- build a mental health workforce that includes consumers and family members;
- create frameworks to decrease disparities in mental health care;
- facilitate partnerships and alliances on local, state, national and international levels that increase and share knowledge and activities to effectively reduce disparities and promote excellence and innovation;
- build a mental health workforce with the skills and abilities to promote recovery and resiliency;
- incorporate quality improvement and data-driven methods of change management and implementation;
- consistently promote community inclusion by actively combating stigma and discrimination;
- strengthen existing business partnerships, create new business opportunities and diversify funding consistent with the CiMH goals and values.

In 1993, with the inception of CiMH, the Board of Directors set the following values to guide CiMH work:

CiMH Values

- ◆ Consumers, family members, providers, and policymakers must work in partnership to assure that services enhance each individual's integrity and dignity.
- ◆ Healthy communities are measured by the extent to which persons with psychiatric disabilities can lead meaningful and productive lives free of stigma and discrimination.
- ◆ Mental health systems must be culturally and linguistically competent in order to be effective.
- ◆ All people, regardless of resources, must have access to necessary mental health services.
- ◆ Mental health systems must be organizations in which people are valued, safe, eager to work, and which funders are proud to support.
- ◆ Excellence in mental health services is grounded in capacity building and support to local systems and their partners.
- ◆ Collaboration of the mental health system with the community and with other human services is essential to the resilience, recovery, and wellness of adults and children with mental illness and emotional disturbance.

- ◆ Mental health systems must be accountable, cost effective, and must achieve positive outcomes.
- ◆ The California mental health system must reflect and promote the values and needs of individual consumers, families and local mental health systems.
- ◆ Scientific information must be utilized in mental health system planning and service delivery with a focus on positive consumer outcomes. Evidence-based practices are relevant only when various levels of scientific evidence and stakeholder values are factored together.

CiMH Goals

- Utilize constituent partnerships throughout CiMH activities to promote integrity and dignity, eliminate stigma and discrimination, and promote community involvement in mental health and wellness;
- Work to build healthy communities and reduce stigma and discrimination by supporting resilience, recovery, and self-determination for people with psychiatric disabilities;
- Support the continuous development of a mental health system that sustains effective practices for people who are diverse in race, culture, ethnicity, language, gender, sexual orientation, disability, and life span;

- Promote a mental health system that is accountable and that enhances providers' knowledge and skills of effective outreach, engagement, treatment, support, and retention practices;
- Support the on-going training and recruitment of culturally competent human resources who are dedicated to improving quality in the workplace;
- Identify priority areas for trainings, technical assistance, research, and policy analysis that impact and improve the local mental health systems;
- Maintain, develop, and strengthen partnerships with the community and other human services to define and enhance shared values and goals and to collaborate in the development of CiMH projects;
- Assist mental health systems and their partners, with continuous quality improvement (CQI) through the dissemination and diffusion of effective programs and practices;
- Improve local mental health service systems and their partners by actively participating in national initiatives;
- Provide research, training, technical assistance, and policy development that has a strong base of evidence and reflects CiMH values.



CONSIDER THIS TIME

For if at this moment you feel free,
But feel confined when you look at me.
I claim no reason for this to be,
For you only know what I can't see.

I'm only a mirror for your reflection,
You make your own rules and find a connection.
And if you pause to consider affection,
Yours' is your own love, seeking direction.

I do not know what my actions can do,
My thoughts, I know, are surrounded by you.
With all of the old and all of the new,
I look at life from a different view.

If you were the reason, and I was the why,
I would be the seasons, and you'd be the sky.
For without each other we can only try,
Imagine, spring in heaven, passing us by.

I believe in you, I know because I care,
I receive from you, emotions that you bare.
Maybe I'm wrong, but I think I'll take the dare,
I'd be a fool to deny, feelings that you share.

At this time, with no beginning or end,
I'll open the door, for you to come in.
An invitation, I'd like to extend,
You're welcome in my heart, you are my friend.

I think you know I can't close the door,
When you are around I search no more.
The peace of your presence I adore,
And you my friend are what friends are for.

BY BRIAN K. FRASER, SANTA BARBARA, CA

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 performs.

CiMH classifies its activities by three variables:

1. Goals
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, some combinations of goals, methods. 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.
- ◆ **Changing policy** – These activities support changes in policy, and/or efforts to change policy.
- ◆ **Changing practices**– These activities support the adoption of particular practices and programs.
- ◆ **Determining effectiveness of system operation and practices** – These activities assess and/or measure the effectiveness of particular practices and programs.

CiMH activity methods:

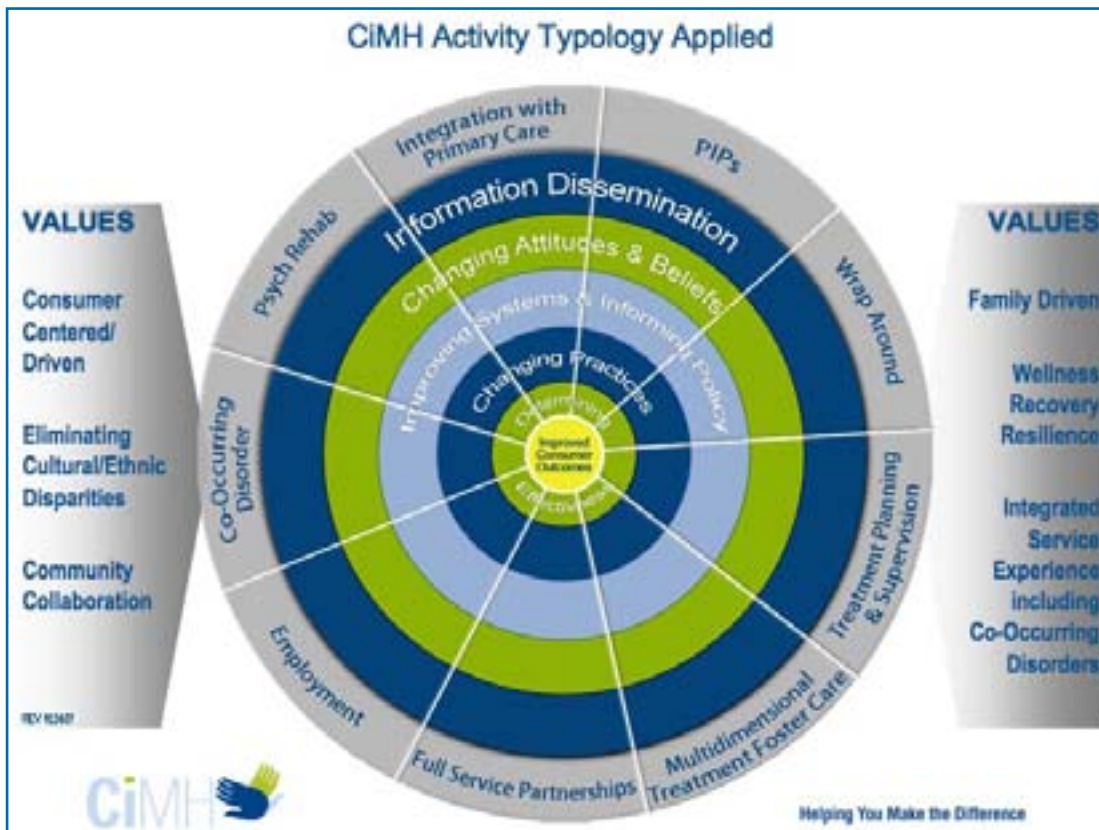
- ◆ **Training** – Trainings are self-contained events in which a predetermined set of information is presented to a particular target audience. Training activities can be one-time events, a series of multiple events, or multiple events offered at one time, such as a conference. Training can be didactical or experiential.
- ◆ **Publications and multi-media products** – These products include manuals, monographs,

CiMH activity goals:	CiMH activity methods:	Levels of evaluation of CiMH activities:
<ul style="list-style-type: none"> • Information dissemination • Changing attitudes and/or beliefs • Changing system operation • Changing policy • Changing practices • Determining effectiveness of system operation and services 	<ul style="list-style-type: none"> • Training • Publications and multi-media products • Convening • Planning or problem-solving processes • Technical assistance • Implementation activities • Evaluation and research 	<ul style="list-style-type: none"> • Project-level evaluation • Participant-level evaluation • System or service-level evaluation

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.

- ◆ **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.
- ◆ **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 about 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.



"Ocean Beach" by Joan Powers
Vida Nueva, Central Santa Barbara County

MHSA Media Project

CiMH worked with A Vision International to produce up to four videos focused on four ethnic and cultural communities (API, Latino/a, AA, and Native American) and, at the request of the California DMH, a fifth video may be added with an LGBT focus. Videos, which will be available on the Web, will serve as a resource for staff and stakeholder education and outreach on the topics of access and service provision to ethnic and cultural communities, as well as on strategies to improve services. Further, the videos constitute excellent tools for staff training and community discussions.

Status: active

*Activity goals: information dissemination;
changing attitudes and beliefs*

Wraparound (MHSA)

Wraparound is a comprehensive approach to community-based services for children and youth with emotional and behavioral health-care needs. In order to develop individualized plans that are driven by the perspective of the family, a specific set of values, elements, and principles must first be in place. This project supports training, technical assistance and monitoring to assure the high fidelity implementation of Wraparound. A growing body of research suggests that Wraparound implemented with attention to model adherence results in improved outcomes for children and families. MHSA funds allocated by the California DMH support this project, which is part of a larger initiative by CiMH to promote the adoption of evidence-based practices.

Status: term of contract

Activity goal: changing practices

Making Recovery Real (MHSA)

This train-the-trainer series presents a consumer-directed service plan that incorporates recovery and cultural competence into the planning document itself. Issues such as medical necessity, collaborating with clients and family members, identifying individualized resources, and identifying goals, barriers, objectives, and interventions are the principal plan components addressed. The intention

of this training series is to help attendees acquire the knowledge and ability to explain the major components of a service plan, and to understand how service plans can be used as clinical tools that also meet reimbursement criteria. Because this is an introduction, rather than a skills training session, attendees discuss ways in which to incorporate recovery principles into service plans; learn ways in which to identify and include cultural concerns into service plans; and begin to discuss perceived barriers that can interfere with implementation of this format of service planning. All CiMH Centers are involved in this collaboration.

Status: active

Activity goals: changing attitudes and beliefs

MHSA Coordinator Regional Knowledge Exchange Networks (KEN)

The county MHSA Coordinator regional meetings (KENs) are based on the success of the AB 2034 training and technical assistance process that includes regional coordinator meetings and highly developed content trainings in supportive housing, employment, supervising to outcomes, and other topics. Information dissemination, training, problem solving, and mutual support are the primary purposes of these meetings.

Status: active

Activity goal: information dissemination

Regional Training III/MHSA

The current round of trainings focuses on managing the stakeholder involvement in the ongoing processes of developing MHSA-related services. All CiMH centers are involved in this collaboration.

Status: active

Activity goal: changing attitudes

Full Service Partnership (FSP) Technical Assistance and Training (MHSA)

The Full Service Partnership trainings promoted a common understanding of the intent of this service element of Community Services and Supports, and provided counties with practical examples of best practices and implemented programs in California.

Ongoing technical assistance is being conducted for individuals and groups of counties. All CiMH centers are involved in this collaboration.

Status: active

Activity goals: information dissemination; changing attitudes and beliefs; changing system operation; changing practices

Transformational Change Learning Collaborative (CLC) (MHSA)

CiMH collaborates with John Ott, a community and organizational change consultant, to lead learning collaboratives that focus on the relationship between recovery and community. Participating counties have begun developing a broad array of community partnerships and other capacities to:

- ◆ Support action by communities to promote wellness and recovery for all of their members.
- ◆ Assess whether larger community or collective dynamics are contributing to the incidence of mental illness in the community, and help initiate activities to respond to these larger dynamics.

All CiMH centers are involved in this collaboration.

Status: active

Activity goal: changing practices

Financial Training (MHSA)

CiMH in collaboration with CMHDA contracted with a consultant to develop and implement training about MHSA funding and how it will integrate into the current cost report system. The training evaluates parameters by which counties can track and report on use of MHSA funds.

Status: active

Activity goal: information dissemination

Housing Program Training and Technical Assistance (MHSA)

CiMH works with and subcontracts with the Corporation for Supportive Housing to perform needs assessment, capacity building, and planning, training and technical assistance for counties

in development of their MHSA housing plans. Specifically, the project encompasses project-based technical assistance, the Opening New Doors (OND) Supportive Housing Institute, statewide in-person meetings, and regional phone meetings in which MHSA housing coordinators and local/rural small-county housing consultants participate.

Status: active

Activity goal: changing practices

MH Advisory Board/Commission Regional Training (MHSA)

Four regional trainings that are held each year focus on MHSA overall planning, understanding the role of local boards in the planning and public hearing process, implementation issues, and orientations for new board and commission members.

Status: active

Activity goals: information dissemination; changing attitudes and beliefs

MHSA, Capacity Building, Prevention, and Early Intervention Project

This project is designed to coordinate CiMH MHSA activities in order to strengthen organizational capacity and provide system-changing training and technical assistance. The objectives are to develop a “theory of change” model, to conduct trainings on prevention and early intervention for stakeholders, and to design an evaluation to assess the value of CiMH MHSA training and technical activities for counties and other stakeholders.

Status: active

Activity goals: changing system operation; information dissemination

Regional Partnerships to Support Education, Training, and Workforce Development (MHSA)

CiMH is helping to develop and implement five regional partnerships throughout California. A regional partnership is an ongoing forum or “hub” for county mental health departments, community-

based agencies, education and training entities, consumers and family members, state agencies, and other community partners responsible for developing local workforce education and training resources. The California DMH has contracted with CiMH to support the development of regional workforce partnerships by:

1. Identifying the geographic partnership regions
2. Assessing each region's needs and partnership readiness
3. Expanding the involvement of educational institutions
4. Increasing the participation of consumers, family members, and culturally diverse organizations and individuals in workforce development efforts

Status: active

Activity goals: information dissemination; changing attitudes and beliefs

MHSA Workforce, Education, and Training

This project encompasses program and policy analysis and staff support services for CMHDA staff members, the CMHDA Governing Board, and counties regarding workforce development. CiMH staff members also perform services for the CMHDA Training and Education Committee. In addition, CiMH conducts meetings and conference calls with MHSA WET coordinators for the primary purpose of sharing, mutual support, and bringing in content experts on timely and critical topics.

Status: active

Activity goals: information dissemination; changing attitudes and beliefs

Medical Director Leadership Development (MHSA)

CiMH launched an anticipated 18-month training series for county mental health medical directors in May 2007. The series began with a one-day training session on 360-degree leadership evaluation and team development, followed by a one-day joint conference with the county mental health directors focused on issues related to mental health transformation, recovery, and leadership. Follow-up sessions have been designed to improve leadership skills and abilities. This activity is conducted in collaboration with the Center for Multicultural Development.

Status: active

Activity goals: information dissemination; changing attitudes and beliefs

Small-County Consultation (MHSA)

CiMH staff and consultants provided

- ◆ Training and technical assistance to small counties on MHSA fiscal cost reporting
- ◆ Consultation to help tribes with relevant aspects of MHSA
- ◆ Assistance in CSS plan development
- ◆ A review of the literature for Rural Mental Health Evidence-Based Practices
- ◆ Counties with a template to use for submission of their MHSA Prevention and Early Intervention Plans
- ◆ Facilitation for training at a small-county retreat

Status: active

Activity goals: information dissemination; changing attitudes and beliefs

CENTER FOR MULTICULTURAL DEVELOPMENT

Matthew Mock, Ph.D., Director ,
Center for Multicultural Development (CMD)

Highlights from the year

- ◆ Promoted culturally focused practices by initiating collaboration with promotores agencies or providers, and by encouraging them to identify promising practices in developing promotores services for local mental health systems
- ◆ Provided technical assistance for an evidence-based practice, Multi-Dimensional Family Therapy that has cultural evidence and effectively responds to co-occurring disorders for teenagers and their families
- ◆ Infused a cultural competence perspective throughout the curriculum of the Making Recovery Real training program
- ◆ Promoted best practices in mental health-criminal justice collaboration through training and the development of a learning collaborative for Crisis Intervention Teams/Program (CIT)

THE YEAR IN REVIEW:

Los Angeles County Department of Mental Health – Wellness, Recovery, Resilience

The goal of this project is to identify culturally congruent constructions of the concepts of wellness, recovery, and resilience among selected underrepresented ethnic populations (UREPs) in Los Angeles County. All CiMH centers are involved in this collaboration.

Status: active
Activity goals: changing attitudes and beliefs

Mental Health and Law Enforcement Collaborative Partnerships/MIOCR

The California DMH contracted with CiMH to conduct a series of training and technical assistance sessions for county law enforcement and mental

health collaborative programs, including Mentally Ill Offenders Crime Reduction (MIOCR) grant process. Activities include Teaching Pro Social Skills Development Team training for juvenile programs; a Crisis Intervention Teams-Programs Community Learning Collaborative for adults; and other informational and training events.

Status: active
Activity goals: changing system operation; changing practices

MHSA Media Project

CiMH worked with A Vision International to produce up to four videos focused on four ethnic and cultural communities (API, Latino/a, AA, and Native American) and, at the request of the California DMH, a fifth video may be added with an LGBT focus. Videos, which will be available on the Web, will serve as a resource for staff and stakeholder education and outreach on the topics of access and service provision to ethnic and cultural communities, as well as on strategies to improve services. Further, the videos constitute excellent tools for staff training and community discussions.

Status: active
Activity goals: information dissemination; changing attitudes and beliefs

Multi-Dimensional Family Therapy (MDFT)

This project, led by the CiMH Center for Multicultural Development, supports the model adherent implementation of MDFT in eight sites. This practice was selected by a set of interested counties, because it was developed, researched, and shown to be effective among Latino and African-American adolescents and families. This is an effective practice for youth of multiple cultural backgrounds who are demonstrating or are at risk of developing conduct problems.

Status: active
Activity goal: changing practices

Promotores White Paper

The CMD's Promoting Latino Access Now (PLAN) project encourages county mental health departments to adopt the use of promotores as a proven strategy for increasing Latino access to health services. CiMH is also supporting adoption of promotores practices by developing a "white paper" documenting the use of promotores in mental health, with an emphasis on prevention and early intervention. The project was supported by the California Endowment.

Status: active

Activity goals: information dissemination; changing policy

Reducing Disparities Learning Collaborative

The project sponsors county-tailored training and technical assistance in a multi-county, peer-to-peer process designed to reduce disparities in mental health services through the use of continuous quality improvement (CQI) techniques. Representatives of counties come together to learn and share specific methodologies and offer support as they develop and implement projects to address disparities, using a continuous quality improvement framework.

Status: active

Activity goal: changing system operation

Spirituality and Mental Health

The goal of this initiative is to support the public mental health system in California and to acknowledge and recognize spirituality as an element of wellness and recovery as a core value of multicultural sensitivity. The initiative strives to develop meaningful ties with faith-based organizations and acknowledge their role as resource networks of natural support within communities. The Center for Special Projects collaborates on this project.

Status: active

Activity goals: changing system operation; changing policy; and information dissemination

INDIVIDUAL COUNTY PROJECTS AND ACTIVITIES:

Contra Costa County Prevention and Early Intervention

CiMH is conducting prevention and early intervention specific training, and offering technical assistance to support the community planning process in Contra Costa County.

Status: active

Activity goal: information dissemination

San Bernardino County Recovery and Development of Local Cultural Competence Capacity

This project focuses on development of wellness and recovery tools, and local implementation training for cultural competence, including the hiring and retention of consumers and family members.

Status: active

Activity goals: changing attitudes and beliefs

Los Angeles County Recovery

The purpose of this project is to obtain cultural viewpoints of wellness, recovery, resiliency of underrepresented ethnic communities. This analysis included key informants, and community focus groups were involved and will be presented in a final paper.

Status: active

Activity goals: information dissemination; changing attitudes and beliefs

Yolo County Prevention and Early Intervention

CiMH, through a contract, is providing technical assistance to the community planning process in Yolo County.

Status: active

Activity goal: changing system operation

CENTER FOR CHILD AND FAMILY SERVICES

Bill Carter, LCSW, Deputy Director

Highlights from the year:

- ◆ An expansion of evidence-based practices implementation among counties and community-based agencies that have discovered the value of investing their own resources for examination of current practices, with resulting improvements in client outcomes.
- ◆ Model adherent implementation of evidence-based practices has increased over the past eight years to include:
 - 9 evidence-based practices
 - 34 counties with one or more practices
 - 48 community-based agencies with one or more practices

THE YEAR IN REVIEW:

Addressing Challenges – Foster Care (Zellerbach)

This project brings necessary stakeholders together to identify barriers to and develop solutions for the barriers that inhibit foster children placed outside of their county of jurisdiction from accessing specialty mental health services. This project is supported by the Zellerbach Family Foundation.

Status: phase 1

Activity goal: changing policy

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

The purpose of this contract is to support the Cathie Wright Technical Assistance Center (CWTAC) for training, consultation, and technical assistance to improve county-level activities related to the Children's System of Care (CSOC). The focus of assistance is at the local level, including multiple child and family servicing agencies—child welfare, health, probation, education, alcohol and drug programs. FY '07-08 projects focused upon

California DMH established priorities: permanency, juvenile justice, and co-occurring disorders.

Status: active

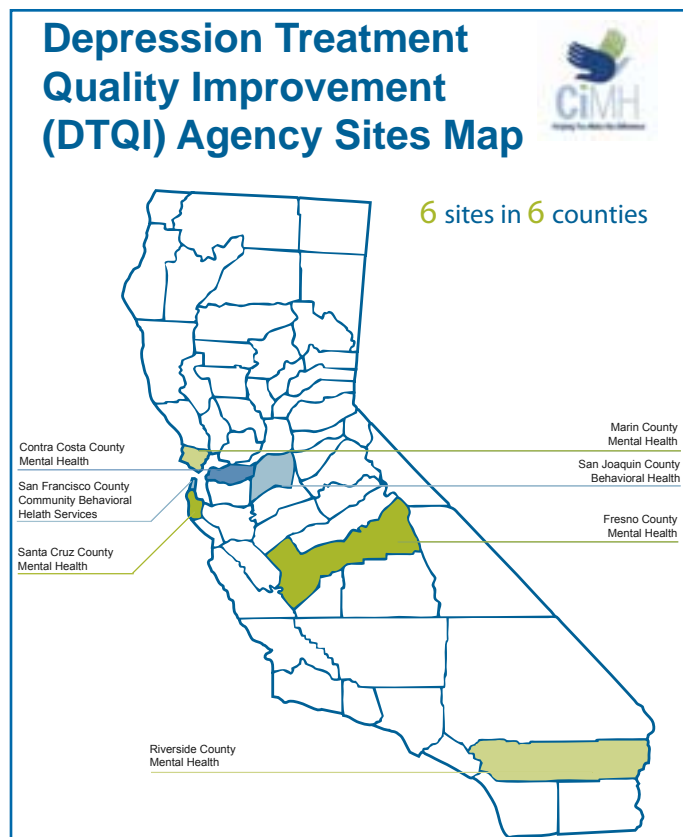
Activity goals: information dissemination; changing attitudes and beliefs; changing system operations; changing policy; changing practices; and determining effectiveness of system operation and services

Depression Treatment Quality Improvement (DTQI)

This project supports the model adherent implementation of DTQI within seven county mental health departments. This project utilizes cognitive-behavioral therapy with quality improvement processes to provide effective treatment for depression in adolescents and young adults.

Status: active

Activity goal: changing practices



Functional Family Therapy (FFT) Agency Sites Map



29 teams in 13 counties



Years) and her colleagues at the University of Washington, and the Child and Adolescent Services Research Center in San Diego, on an Incredible Years Implementation and Research Project.

The project is designed to support and evaluate the adoption of Incredible Years, an evidence-based practice that has demonstrated effectiveness in improving the behavior of young children who have or are at risk of developing behavioral problems. Incredible Years has demonstrated effectiveness in improving parenting and school performance, and reducing conduct problems.

The project implements the Incredible Years BASIC Parent Training with high-need populations, such as families involved in CalWORKS and child welfare. Agencies are randomly assigned to either of two different training and technical assistance conditions. Parents of children who have need are 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

Functional Family Therapy (FFT)

CiMH is supporting the model adherent implementation of Functional Family Therapy (FFT). FFT is an outcome-driven intervention program for youth who have behavioral or conduct problems. FFT requires as few as 8–12 hours of direct service time for youth and their families, and no more than 26 hours for the most severe problem situations.

Status: active

Activity goal: changing practices

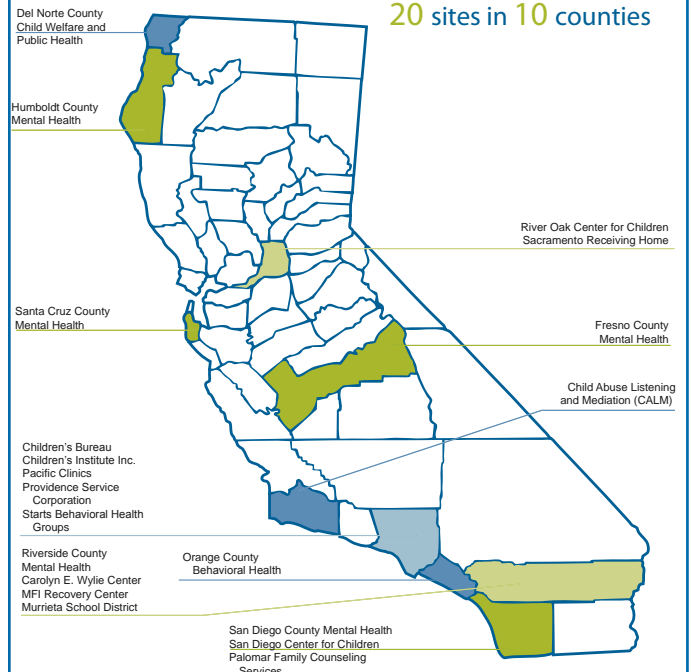
Incredible Years – NIMH Grant Supports Improving Therapist Fidelity During EBP Implementation

A National Institute of Mental Health (NIMH) five-year grant is underwriting a study of the ways in which real-world agencies adopt and implement an evidence-based practice. CiMH is partnering with Carolyn Webster-Stratton (developer of Incredible

INCREDIBLE YEARS (IY) Agency Sites Map



20 sites in 10 counties



the standard training now offered by IY Inc.; or 3) usual care.

Status: active

Activity goals: changing practices, research and evaluation

Los Angeles Excellence-Base System Katie A. Project

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 County foster care system. These practices include Multidimensional Treatment Foster Care, Functional Family Therapy, Multisystemic Therapy, Incredible Years, and Trauma-Focused Cognitive-Behavioral Therapy.

Status: active

Activity goals: changing system operation; changing practices

Multi-Dimensional Treatment Foster Care (MTFC)

This project, which supports the model adherent implementation of MTFC. 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 developing conduct problems.

Status: active

Activity goal: changing practices

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

This project is a five-year National Institute of Mental Health grant, designed to test the effectiveness of the CiMH Community Development Team (CDT) as a strategy for helping real-world service systems successfully implement evidence-based mental health practices. 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.

Status: active

Activity goal and method: changing practices; research and evaluation



Outcome-Focused Learning Collaborative

This project was developed to help seven counties work more efficiently by using existing databases to understand organizational infrastructure, change, and impact on outcomes.

Status: complete

Activity method: research and evaluation

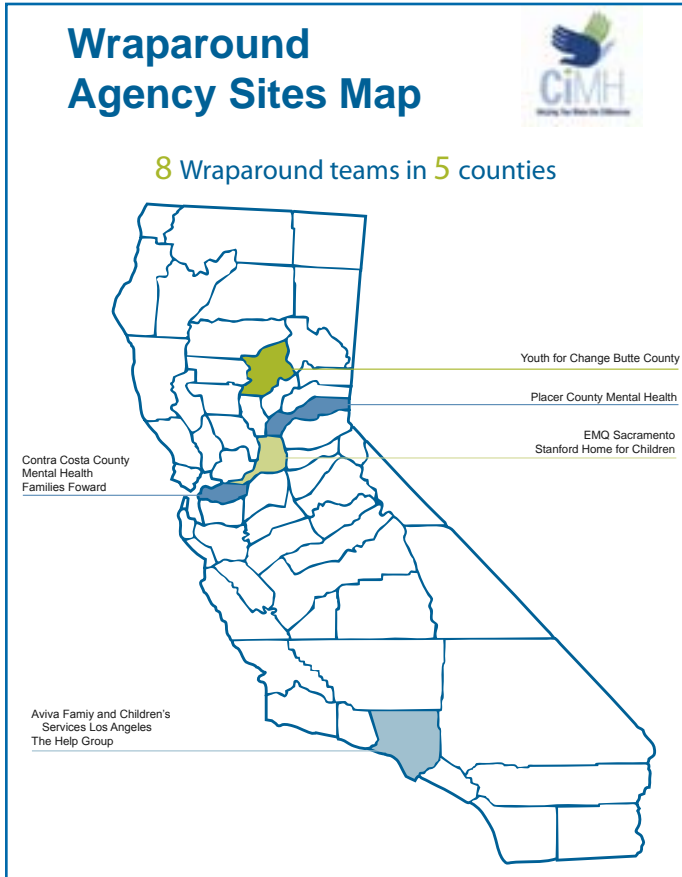
Trauma-Focused CBT

This project is a collaboration between the Child and Family Policy Institutes, CalSWEC, the Chadwick Center Rady Children's Hospital – San Diego, and the National Child Traumatic Stress Center Network. It supports the implementation of research-informed child welfare training and evidence-based mental health services for children impacted by trauma. The collaboration

of local Child Welfare and Children’s Mental Health agencies will result in system and service improvements for the very vulnerable population of children who experience a wide variety of trauma that can significantly impair their emotional and psychological development.

Status: active

Activity goal: changing practices



Wraparound

Wraparound is a comprehensive approach to community-based services for children and youth with emotional and behavioral health-care needs. In order to develop individualized plans that are driven by the perspective of the family, a specific set of values, elements, and principles must first be in place. This project supports training, technical assistance and monitoring to assure the high fidelity implementation of Wraparound. A growing body of research suggests that Wraparound implemented with attention to model adherence

results in improved outcomes for children and families. MHSA funds allocated by the California DMH support this project, which is part of a larger initiative by CiMH to promote the adoption of evidence-based practices.

Status: term of contract

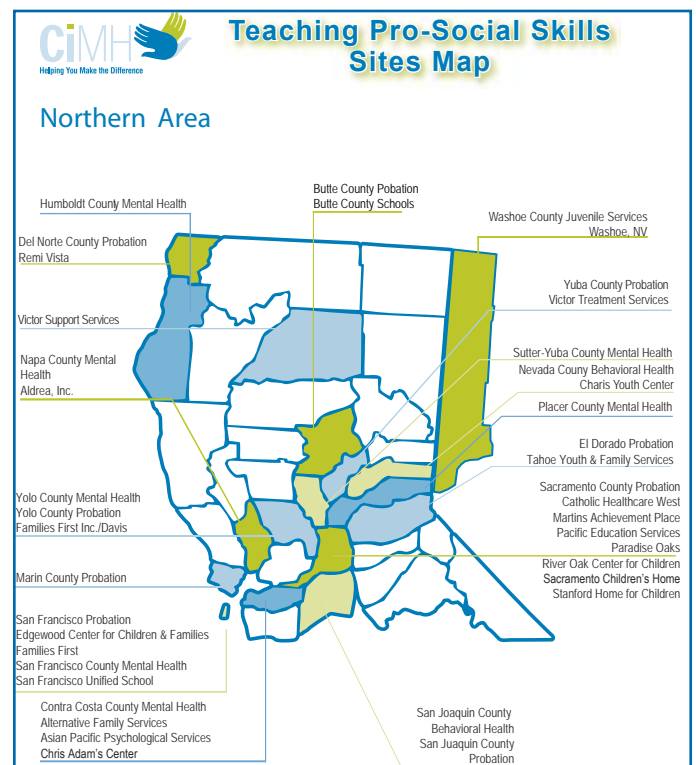
Activity goal: changing practices

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

This project supports the model adherent implementation of ARTTM. This is a skills-based intervention for children and adolescents who are at risk of developing conduct problems. One of the advantages of ARTTM is its ability to be designed for implementation in any setting by paraprofessional staff, including community-based and correctional settings.

Status: active

Activity goal: changing practices





institutional settings. This practice has strong empirical support for its effectiveness in reducing conduct and behavior problems, and promoting prosocial skills. Its design renders it a flexible practice that can be implemented as a prevention or intervention service, and incorporated in a wide variety of service settings.

Status: active

Activity goal: changing practices

San Francisco County Prevention and Early Intervention (PEI)

CiMH participated in community stakeholder trainings, in which it furnished information about the field of prevention, California DMH PEI Guidelines, and research findings about prevention approaches and practices.

Status: complete

Activity goal: Information dissemination

San Francisco County Incredible Years Training

CiMH supported the development and initiation of a project to implement Incredible Years (IY) in multiple settings in San Francisco County. IY has very strong empirical support as a prevention and intervention practice for young children at risk for or demonstrating behavior problems.

Status: complete

Activity goal: changing practices

Sonoma County First 5 Commission PEI

CiMH has participated in county prevention and early intervention planning activities, bringing training and technical assistance associated with the field of prevention, California DMH PEI Guidelines, and research findings about prevention approaches and practices.

Status: complete

Activity goal: information dissemination

INDIVIDUAL COUNTY PROJECTS AND ACTIVITIES:

Placer County Prevention and Early Intervention (PEI)

CiMH participated in community stakeholder education and planning processes for the development of the Placer County MHS Prevention and Early Intervention Plan. CiMH contributed technical advisers with expertise in the field of prevention, knowledge of California DMH PEI Guidelines, and understanding of research associated with prevention approaches and practices.

Status: complete

Activity goal: changing system operation

San Bernardino County Probation Teaching Pro-Social Skills

CiMH is supporting the implementation of Aggression Replacement Training and Teaching Prosocial Skills in San Bernardino County probation

CENTER FOR ADULT, OLDER ADULT SERVICES

Vicki V. Smith, MSW, CRPR, Director

Highlights from the year:

- ◆ Initiated training and technical assistance for Full Service Partnerships (FSP)
- ◆ Worked with five regions to develop regional partnerships for workforce training and education

THE YEAR IN REVIEW:

AB 2034 Training

CiMH conducted trainings on integrated services, supportive housing, supervision, housing development, outreach and engagement, employment, and recovery-oriented services. Trainings were for AB 2034 coordinators, direct-service staff, consumers, family members, and staff from collaborating services — e.g., law enforcement and housing development agencies. Consultants facilitated regional line staff discussions. AB 2034 program coordinators met quarterly in each region to share strategies for program implementation. Best practices for AB 2034 programs were identified and compiled, and were distributed beginning in the latter half of 2008. An advisory committee consisting of state staff, coordinators for pilot counties, CiMH staff, and consumers met regularly to review and recommend trainings and technical assistance for the counties. The committee also planned the annual Integrated Services Conference. The membership of this committee will be expanded, and it will serve subsequently as the advisory committee for the FSP Training and Networks.

Status: active

Activity goal: changing practices

Performance Improvement Projects (PIPs)

Pursuant to the Managed Care requirements, MHPs are required to conduct two PIPs annually. Eighteen

counties designed and implemented a small-county, multi-county PIP to recommend ways in which to reduce rehospitalizations. The participants analyzed data, discussed topics, designed the PIP, confirmed data elements, identified and began interventions, and collected baseline and initial data. Based on the success of the first cohort, a group of 17 (including medium and large) counties formed a second cohort using the format and protocol developed by the first cohort.

Status: ongoing

Activity goals: changing practices; information and dissemination

MH Advisory Board/Commission Individual County Consultation

A few counties each year receive a series of individual consultations on specific board issues. This project aimed to assess local issues and provide targeted consultation and training as needs dictated.

Status: complete

Activity goals: information dissemination; changing attitudes and beliefs

Older Adult Outcome-Based Treatment Planning (OBTP)

Older Adult Outcome-Based Treatment Planning is designed to increase the quality of home- and community-based care of older persons with mental disorders by substantially improving clinical tools. The methodology consists of a comprehensive and integrated, step-by-step system to assess client needs, and plan services and treatment. The goal is to develop the ability to measure outcomes of treatment at regular intervals, and to use electronic records to link diagnoses and appropriate treatment. Several counties are exploring interest in creation of a community development team to support implementation of the practice.

Status: active

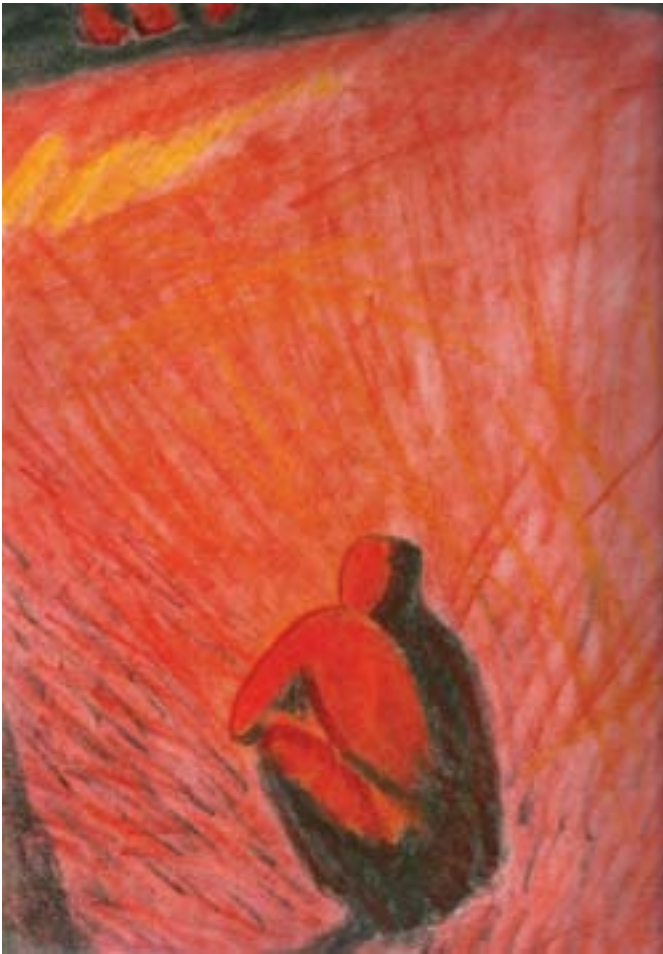
Activity goal: changing practices

“Olmstead” Project

CiMH supports implementation of the Illness and Management of Recovery evidence-based practice within Los Angeles County’s system of care for Institutions for Mental Disease (IMD), county liaisons to IMDs, and providers that serve people when they leave IMDs. The evidence-based practice improves discharge planning and community integration. In the future, the project includes implementation of the practice in another county and in one of its IMDs in order to achieve maximum community integration for residents of IMDs upon discharge.

Status: active

Activity goals: change attitudes and beliefs; changing practice



“A Place in My Mind, 2003”

by Adam Martinez, Jefferson Transitional Programs, Peer Support and Resource Service Center, Perris, CA

Transition-Aged Youth Activities

This project encompassed presentation of a series of five daylong training sessions in each region of the state. Youths were involved in planning the content of the day and in each presentation. Topics included discussion about what the youths want in services, methods of engagement, and co-occurring disorders and trauma. Each day’s presentation included a segment reserved for sharing resources among attendees. Additional funds enabled production of a video focusing on six youths who had been in the foster care system and had used mental health services. In collaboration with Michael Pritchard, CiMH facilitated the discussion with the youths. Steve Gatlin was the videographer and editor. In the video, each youth told her or his story, critiqued the services they received, and offered suggestions about how to better meet the needs of youth.

Status: complete

Activity goal: information dissemination; changing attitudes and beliefs; changing practices

Bay Area Mental Health Education Workforce Collaborative

The collaborative represents a unique partnership among public mental health providers, 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 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 elsewhere; and, a recovery- or resiliency-oriented, culturally competent workforce. This is a one-of-a-kind partnership in California that serves as a model for regional partnerships developed through the MHSA throughout the state. CiMH

supports this groundbreaking effort by Bay Area county behavioral and mental health departments.

Status: active

Activity goals: information dissemination; changing attitudes and beliefs

Working Well Together (WWT)

Working Well Together (WWT) is a four-agency collaboration formed to conduct training and offer technical assistance to counties, private providers, and consumer and family members. WWT also promotes hiring and retention of consumer and family members. It helps the counties in integrating consumer and family leaders and organizations within the county leadership team. This project is intended to help consumers and family members develop the leadership skills necessary to perform direct services and initiate system change in

consumer- and family member-driven services. The four agencies are:

- ◆ United Advocates for Children and Families
- ◆ California Network of Mental Health Clients
- ◆ NAMI CA
- ◆ CiMH

Status: active

Activity goal: changing attitudes and beliefs; changing practices

INDIVIDUAL COUNTY PROJECTS AND ACTIVITIES:

L.A. Workforce

This project was designed to assist Los Angeles County with workforce inventory, mapping of the inventory, and workforce development planning.

Status: complete

Activity goal: changing system operation

CENTER FOR SPECIAL PROJECTS

Neal Adams, M.D., MPH,
Director, Center for Special Projects

Highlights from the year:

- ◆ Convened an interactive session with the county mental health directors focused on issues related to mental health transformation, recovery, and leadership
- ◆ Through the CalMEND Project, worked with both the California Department of Health Care Services and California DMH to continue the design of a care management system based on the principles of recovery
- ◆ Began the development of a focused initiative on the interface of behavioral and primary health care
- ◆ Continued to expand the online art gallery with updated resources and more galleries
- ◆ Provided technical assistance to various counties regarding several calls for artwork, which were distributed by the Recovery Arts Program

THE YEAR IN REVIEW:

Another Kind of Valor

Another Kind of Valor is a DVD/CD learning system that introduces viewers to the struggles that lie ahead for veterans returning from war zones, and for their families. Intended for clients and counselors, Another Kind of Valor presents a series of nine carefully crafted 15- to 20-minute docudrama video vignettes that probe the typical pre-war, battleground, and post-deployment experiences of combat veterans. This production reveals clues about when and how an individual's exposure to powerful trauma alters life forces that depart from our society's agreed-upon concept of reality and acceptable norms of behavior and existence. A structured interactive CD leads a review and opens a discussion about avenues that can be pursued to improve circumstances of affected individuals and help support their healing.

CiMH produced this video learning system in collaboration with the Center for Adult, Older Adult Services, and MHSA.

Status: active

Activity goals: multimedia activity; information dissemination; change attitudes and beliefs

CalMEND

CalMEND is developing and testing a comprehensive, cost-effective, and efficient care management program that emphasizes achievement and maintenance of wellness and recovery in adults and older adults with serious mental illness, and in children with serious emotional disturbances. CalMEND developed a program design and associated tools and supports to help provider organizations to consistently and reliably provide services that are: 1) person-centered, safe, effective, efficient, timely, and equitable; 2) promote wellness and recovery; and 3) fully incorporates shared decision making that involves consumers, family members, and providers. These guides and tools are designed to be readily adopted in diverse public, private, and community settings as a means of re-engineering current services and operations. All CiMH centers collaborate on this activity.

Status: active

Activity methods: planning and problem solving; implementation activity

COJAC (Co-Occurring Disorders Joint Action Committee)

COJAC was formed as a result of California's participation in SAMHSA's COD National Policy Academy meeting in early 2005 in Washington, D.C. That meeting brought together state participants who developed an action plan. The California DMH, California Department of Alcohol and Drug Programs, the CMHDA and CADPAAC, providers, and other agencies developed COJAC to implement the action plan. In addition to participation by the CiMH executive director on the COJAC, CiMH has contracted to provide staff support to the committee.

Status: active

Activity goals: changing system operation; changing practices

Interface Between Primary Care and Behavioral Health Care in California: Prevention and Early Intervention and Saving Lives

Participants in this project are beginning to develop a set of recommendations for key California policy makers to improve the interface between primary and behavioral health care, thus improving the health outcomes of people with co-occurring mental and physical health disorders. This project grew out of the February 2007 California Mental Health Policy Forum, which focused on this topic.

Status: active

Activity goal: changing policy

Leadership Institute

Now in its sixth year, the Leadership Institute is a leadership development program designed to teach leaders strategies to confront and overcome the difficulties and obstacles associated with leading public mental health systems and services. The content is based on recommendations from directors and others about critical knowledge and skills needed to lead a complex mental health organization. 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 School of Policy, Planning, and Development.

Status: active

Activity goals: changing systems and practice

Medical Director Leadership Development (MHSA)

CiMH launched an anticipated 18-month training series for county mental health medical directors in May 2007. The series began with a one-day training session on 360-degree leadership evaluation and team development, followed by a one-day joint conference with the county mental health directors focused on issues related to mental health

transformation, recovery, and leadership. Follow-up sessions have been designed to improve leadership skills and abilities. This activity is conducted in collaboration with the Center for Multicultural Development.

Status: active

Activity goals: information dissemination; changing attitudes and beliefs

Petris Evaluation Project

CiMH is a partner with the Nicholas C. Petris Center of the University of California, Berkeley, School of Public Health in this project, which is designed to review the impact of the Mental Health Services Act at both the individual client level as well as in the local mental health plan and service delivery system. The project is a three-year study funded by the California Healthcare Foundation. This project collaborates with all CiMH centers.

Status: active

Activity method: evaluation and research

Recovery Arts Program

This program supports recovery through gaining or regaining identification as an artist, enhancing artistic skills, promoting art as employment, and promoting community integration. The program has successfully:

- ◆ Developed and implemented a community integration project with the Fine Arts Museums of San Francisco
- ◆ Developed a training project for potential artists in recovery to create action plans to use their artistic talents as a hobby, healing tool, or a career path
- ◆ Displayed recovering artists' work at the California State Capitol during May as Mental Health Month
- ◆ Utilized Internet resources to develop a new line of greeting cards and mugs featuring recovering artists' artwork
- ◆ Promoted recovering artists' work at the CiMH/CMHDA meetings and offices
- ◆ Displayed recovering artists' work on the CiMH Online Gallery, which is used to showcase

the creations of clients with limited art opportunities

- ◆ Added a list of resources to the program's Web page, including affordable e-learning tools for artists

CiMH has furnished technical assistance in response to many calls from counties seeking to display their clients' artwork.

Status: active
Activity goals: information dissemination; changing attitudes and beliefs

INDIVIDUAL COUNTY PROJECTS AND ACTIVITIES:

Small-County Consultation (MHSA)

CiMH staff and consultants provided

- ◆ Training and technical assistance to small counties on MHSA fiscal cost reporting
- ◆ Consultation to help tribes with relevant aspects of MHSA
- ◆ Assistance in CSS plan development
- ◆ A review of the literature for Rural Mental Health Evidence-Based Practices
- ◆ Counties with a template to use for submission of their MHSA Prevention and Early Intervention Plans
- ◆ Facilitation for training at a small-county retreat

Status: active
Activity goals: information dissemination; changing attitudes and beliefs

Los Angeles County Services Outcomes

This project measures outcomes each year for CalWORKs mental health participants in Los Angeles County. In the coming year, Los Angeles will mount a demonstration project based on the CiMH CalWORKs Project recommendations. As part of this project, CiMH also will conduct an evaluation of the demonstration project.

Status: active
Activity method: evaluation and research

Los Angeles Homeless

This separate component of the Los Angeles County Outcomes contract measures outcomes for a demonstration project serving homeless CalWORKs families in which one parent has a mental health problem. This is an interagency project, mandated by the Los Angeles County Board of Supervisors, and operated in conjunction with the county departments of mental health and social services, and the Los Angeles Homeless Services Authority.

Status: active
Activity method: evaluation and research

Ventura County Behavioral Health WFE&T Project Management

CiMH provided project management support to help the Ventura County Behavioral Health Department develop a Workforce Education and Training Plan to be submitted to DMH for MHSA funding. This project management included support for:

- ◆ Formation of the core project team
- ◆ Development of a project plan
- ◆ Completion of a needs assessment
- ◆ Analysis of findings, and identification of priority needs and areas of concern
- ◆ Formation of a project team with relevant stakeholder participation
- ◆ Identification of objectives based on priority needs and areas of concern
- ◆ Identification of programmatic approaches to achieve these objectives
- ◆ Uniting of these recommended programmatic activities into a single, coherent set of plans
- ◆ Development of a budget for the recommended activities

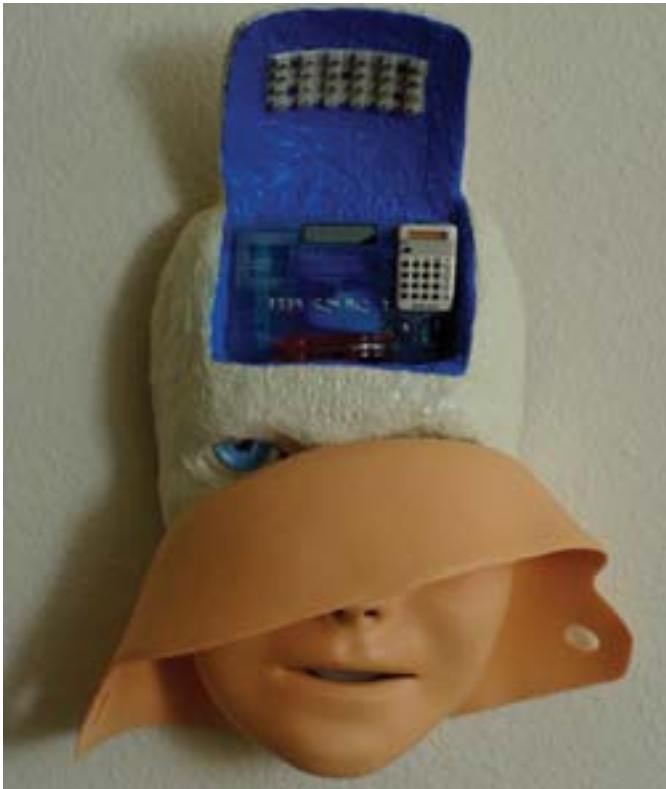
Status: active
Activity goals: planning and problem-solving; implementation activities

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 eight 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



"Mask Android" by Steven Kilner
Ventura County Behavioral Health,
Alcohol & Drug Programs, Mental Health Services

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 attendance: 755

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

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

Integrated Services Conference

The Integrated Services Conference is an annual conference of AB 2034 staff and other individuals, including those who have developed Full Service Partnerships under the Mental Health Services Act. The program includes sharing of research, resources, model programs, systems, and problem solving. The focus is on integrated services, including recovery-oriented services, employment, housing, outreach and engagement, and program administration.

05-06 attendance: 435
06-07 attendance: 327
07-08 attendance: 254

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

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



“Love Circle” by Joann Cortez, client and artist Sutter-Yuba Mental Health Services

Financial Summary

FINANCES AND OPERATIONS

Bill Atlas, Director, Finance and Administration

Highlights from the year:

- ◆ Developed new finance team and promoted a new assistant controller
- ◆ Developed IT team capacity
- ◆ Added a position for human resources and office manager
- ◆ Prepared, in the financial summary, a synopsis of the year's fiscal status, including a graphical depiction of revenues and expenditures.

Financial Summary

As of June 30, 2008, California Institute for Mental Health maintains a strong financial statement. General fund unrestricted net assets total \$1,894,285, a decrease of \$291,928 from June 30, 2007. Working capital (current assets less current liabilities) as of June 30, 2008 is \$2,036,449, which reflects a continuing high level of solvency for the organization.

Revenue for the years ended June 30, 2008, and June 30, 2007, was \$10.2 million and \$9.7 million, respectively. Revenue sources are described below.

Expenditures for program activities are representative of revenue sources, although program expenses incurred from foundation and nonprofit revenue sources may be incurred in fiscal years subsequent to revenue recognition.

In FY 08/09, the organization is adjusting to changes required to deal with the state government budget crisis. New sources of funding are being investigated, and a new contract structure had been adopted to better suit the state's complex needs. Many state government contracts are being drawn on a deliverable basis. Through the development of a fee-for-service structure for specific services, CiMH hopes to accelerate growth over the next several years.

Fiscal Administration

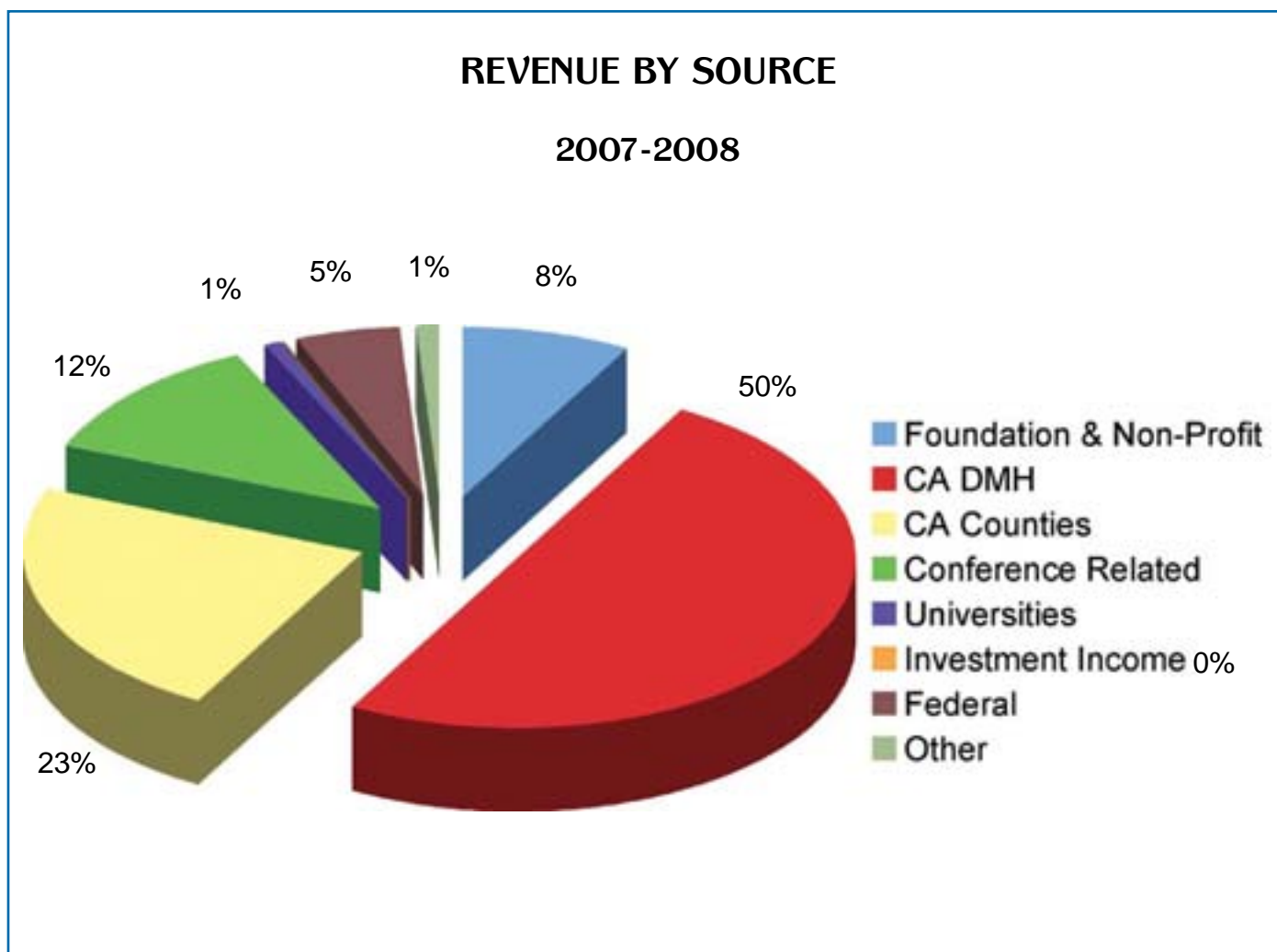
The California Institute for Mental Health performs fiscal administration services for a variety of organizations, including:

- ◆ **California Women's Mental Health Policy Council:** This is a statewide non-partisan membership organization, with a mission to ensure effective, gender-specific culturally appropriate mental health services for women and girls. The council achieves its mission through collaborative training, research, and advocacy. The council conducts specialized "Any Door is the Right Door" training for collaborations of mental health, alcohol and other drug and domestic violence counseling and treatment providers. The council also is sponsoring a "Local Champions" project to organize local groups to advocate on behalf of gender-specific needs and services.
- ◆ **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.

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
 Children’s Hospital Los Angeles
 California Wellness Foundation
 Delmarva Foundation
 Janssen Pharmaceuticals Inc.
 Humboldt County
 Kaiser Foundation
 Los Angeles County

Marin County
 National Institute of Mental Health
 Monterey County
 Placer County
 Sacramento County
 San Bernardino County
 San Joaquin County
 San Mateo County
 Santa Cruz County
 Stanislaus County
 University of California, Berkeley
 University of Washington
 Walter S. Johnson Foundation
 Zellerbach Family Foundation



Officers

Jay Mahler (president) 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.

J.R. Elpers, M.D. (president elect), 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.

James J. Kelly, Ph.D. (past president), is the provost and executive vice president of Menlo College in Atherton, California, and the president-elect of the National Association of Social Workers. He earned a postdoctoral clinical fellowship in psychiatry from the UCLA Sepulveda Veterans Administration Hospital; a Ph.D. from Brandeis University in Waltham, Mass.; an MSSW degree at the University of Tennessee; and a B.S. degree from Edinboro University of Pennsylvania. Dr. Kelly is a recent past president of the California Institute for Mental Health, and founding editorial board member of the *Journal of Women and Aging*. A former consultant to the United Nations, he is a strong advocate for social justice.

Larry Poaster, Ph.D., is the secretary-treasurer of the CiMH Board of Directors, for which he previously served as president. 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.

Members

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 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 CADPAAC, and now is the president elect of CMHDA.

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 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 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 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.

Rudy Lopez, MSW, MPA, began his career in mental health as a social work student intern in 1972 in southeastern San Diego. He graduated from San Diego State University with an MSW degree in 1973

and again in 1993 with an MPA degree. Throughout his career, Lopez has focused on providing mental health services to ethnic populations. He served in a variety of positions before becoming mental health director for Imperial County in 1986. In 1999, he became the behavioral health director for San Bernardino County, and he has had the privilege and honor to serve as the chair of the Ethnic Services Committee of the California Mental Health Directors Association for the past 10 years. After completing more than 30 years of service, he retired from San Bernardino County in 2004, but he remains the chair of the county's Ethnic Services Committee, which is his passion. He is a member of the California Department of Mental Health's Cultural Competence Advisory Committee.

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 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 CMHDA.

Mark Refowitz, LCSW, 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.

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 in issues related to their role in implementation of Proposition 63 – the Mental Health Services Act. Before joining CMHDA,



“Homeless Children”
by Cynthia Manuszak, Family Member
Fresno County Department of Behavioral Health,
Fresno, CA

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, DSW, 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 of Los Angeles (MHA). 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.

CiMH Executive Team and Staff

Sandra Naylor Goodwin, Ph.D., MSW

Executive Director

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

Deputy Director, Center for Child and Family Services and the Cathie Wright Technical Assistance Center

Bill Carter has served since 1998 as the CiMH deputy director, the duties of which include 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 values-driven, evidence-based practices initiative for CiMH, and continues to lead this activity. He holds a B.A. degree from San Francisco State University and an MSW degree from the University of California, Berkeley.

Matthew R. Mock, Ph.D.

Director, Center for Multicultural Development

Matthew R. Mock has served as the director of CiMH's Center for Multicultural Development (CMD). Key CMD projects include Adopting Culturally Competent Practices, California Brief Multicultural Curriculum Survey, the Interpreter Project, as well as support to the Cultural Competence Summit. Before joining CiMH, Dr. Mock was the director for Family, Youth and Children's Services of Berkeley Mental Health, an ethnic services manager, system-wide; director of the Cross Cultural Counseling Program, and professor at John F. Kennedy University. Dr. Mock is affiliated with several teaching programs, including the California School of Professional Psychology (CSPP), where he received his doctorate; California State University; Smith College; the University of California, Berkeley; and the Wright Institute in Berkeley. (Dr. Mock left his position as CMD director at the end of 2008. Gale Bataille is serving as the interim director.)

Vicki V. Smith, MSW, CPRP

Director, Center for Adults, Older Adults Services and MHSA

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.

Bill Atlas

Director, Finance and Operations

As CiMH's director of finance and administration since 2007, Bill Atlas manages all administration, human relations, IT and finance activities. His responsibilities encompass financial reporting activities for the organization, as well as cash flow, budgeting, contract management, and relationships with program sponsors, bankers and creditors. Mr. Atlas has more than 25 years of experience in finance and administration, including serving as chief financial officer for Nehemiah Corporation of America, a nonprofit Sacramento-based organization with an annual operating budget of \$150 million. He has a bachelor's degree in accounting and a bachelor's degree in business administration, with a concentration in behavioral management from the University of Houston, Texas.



"Arms for Hugging," colored pencil
by Veronica B. Vale, In Our Own Voice Coordinator,
NAMI, Pleasant Hill, CA

Neal Adams, M.D., MPH

Director, Center for Special Projects

Neal Adams, director of special projects, came to CiMH following four years as medical director for the California Department of Mental Health. At CiMH, Dr. Adams is responsible for a wide range of projects focused on quality improvement and systems transformation, including the CalMEND project, and is a mental health services research adviser to the UC Berkeley School of Public Health Petris Center's evaluation of MHSA implementation. Dr. Adams received a B.A. degree with honors from the University of California, Santa Cruz; an M.D. degree from Northwestern University; and an MPH degree from Harvard University. He completed his psychiatry residency at Stanford University, where he was a Robert Wood Johnson Clinical Scholar. Dr. Adams is the author of a well-respected book on person-centered mental health care and planning. He is a past president of the American College of Mental Health Administration, and is a Distinguished Fellow of the American Psychiatric Association.

Gale Bataille, MSW

Interim Director, Center for Multicultural Development

Gale Bataille, MSW, an emeritus county mental health director, now works as an independent consultant with the California Mental Health Directors Association and CiMH. Since fall 2008, she has served as acting interim director for the CiMH 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.

Beth Conley, MPA

Associate, Center for Adults, Older Adults Services and MHSA

Beth Conley's current projects include development and supervision of the MHSA Housing Program Training and Technical Assistance Program; chairing the ASOC Steering Training Committee (AB2034); working on the Annual Housing and Homeless Coordinator's Meeting; and multiple MHSA projects, including the Learning Collaborative on Community Integration. She earned her undergraduate degree from Butler University and her master's degree in public administration from the University of Southern California.

Ed Diksa, Sc.D.

Associate, Center for Adults, Older Adults Services and MHSA

Employed with CiMH since 1994, Ed Diksa has more than 20 years of experience advocating for and working with persons diagnosed with severe and persistent mental illness. His recent activities include projects to increase health, wellness, and community integration; providing outreach to persons with mental illness who are homeless; and developing complete systems of care. Dr. Diksa speaks and writes frequently on client-related aspects of the public mental health system. He received his doctorate of science degree in rehabilitation counseling from Boston University.

Constance B. Gustafson, MSW

Associate, Center for Multicultural Development

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, Center for Child and Family Services

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, Center for Child and Family Services

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, Center for Special Projects

Karin Kalk received her bachelor of arts degree in animal physiology from the University of 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, Center for Child and Family Services

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, where she held a variety of positions from line practitioner to senior manager. Ms. Marsenich received her B.A. 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.

Kimberly Mayer, MSSW

Project Manager, Regional Workforce Development, Center for Adults, Older Adults Services and MHSA

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.

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

Associate, Center for Multicultural Development

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, providing technical assistance to counties that are developing their plans for this component. 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 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. Dr. Rhett-Mariscal holds a B.A. degree in social anthropology from Harvard University, an M.A. degree in social anthropology from UC San Diego, an M.S. degree in marriage and family therapy from Cal Poly San Luis Obispo, and a Ph.D. degree in social anthropology from UC San Diego.

Sandy Rose

Associate, Center for Adults, Older Adults Services and MHSA

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 15 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 collaborates with CiMH experts in helping counties develop their MHSA Supportive Housing projects.

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, Center for Child and Family Services

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.

Toni Tullys, MPA

Project Director, Regional Workforce Development, Center for Adults, Older Adults Services and MHSA

Toni Tullys is the past project director for regional workforce development at the Center for Adults, Older Adults Services and MHSA, where she was responsible for establishing regional workforce partnerships between mental health and education across California. Her areas of expertise include facilitating multi-stakeholder processes, developing organizational networks and public-private partnerships, and strategic planning. She was the founding executive director of the Berkeley Alliance, a nonprofit partnership between the city of Berkeley, UC Berkeley, and the Berkeley Unified School District; vice president of Community Affairs for VNA and Hospice of Northern California; and the director of Community and Government Affairs

for Alta Bates Medical Center in Berkeley. Ms. Tullys began her career as a registered nurse before shifting into community affairs in 1990. She earned an MPA degree from USC, where she received the Women in Management Award, and she earned her bachelor of science degree from California State University, East Bay.

Alice J. Washington

Training, Policy, and Research Associate, Center for Special Projects

As a training, policy, and research associate in the Center for Special Projects at CiMH, Alice Washington 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 in 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. 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, MA

Project Director, Regional Workforce Development, Center for Adults, Older Adults Services and MHSA

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.



“Women’s Campfire” by Joseph Ferguson, Ventura County Behavioral Health, Alcohol & Drug Programs, Mental Health Services

CiMH OPERATIONS TEAM

Executive Director, 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

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
Center for Multicultural Development

Marie Bezdicek
Center for Child and Family Services

Tiffany Hill
Center for Adults, Older Adults Services and MHSA

Paula Main
Center for Adults, Older Adults Services and MHSA

Miles Murch
CalMEND Project, Center for Special Projects

Lucha Olguin
Center for Adults, Older Adults Services and MHSA

Erica Waterford
Center for Child and Family Services

Sheron Wright
Center for Adults, Older Adults Services and MHSA

Information Technology

Mike Adema
IT Manager

Mike Brailer
Web Administrator

Eric Hull
IT Consultant

Administrative Team

Abby Alvidrez
Administrative Assistant

Shannon Bell
Administrative Assistant

Irina Honchar
Receptionist



"Chaos of My Room"
by James Christiansen, Client and Artist
Mercenary Graphics, Stanislaus County, Modesto, CA



"Fishing for Love"

by Douglas Fincham, Client and Artist

Ventura County Behavioral Health Alcohol & Drug Programs
Mental Health Services



California Institute for Mental Health
2125 19th Street, 2nd Floor
Sacramento, CA 95818
(916) 556-3480 • www.cimh.org