Sonoma County Behavioral Health Board Minutes of

Tuesday, October 21, 2025

Petaluma Community Center
320 N McDowell Blvd, Petaluma, CA. 94954

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

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

CALL TO ORDER

Start time – 5:16 pm

ROLL CALL

Present:

Kathleen Miller: District 1
Alexandra Jacobs; District 5
Peterson Pierre; District 1
Gregory Fearon; District 4
Angelina Grab; District 2
Don O'brien; District 2
Dr. Jan Cobaleda-Kegler; SCBH Liaison

Absent:
N'game Gray; District 3
Becky Enis; District 3

CHAIR READING OF: "The Behavioral Health Board – Who We Are"- *Not read due to late start to the meeting*

BHB CHAIR'S REPORT:

Board Member Openings by District:
(1) Vacancies in District 1 (Hermosillo)
(0) Vacancy in District 2 (Rabbitt)
(1) Vacancy in District 3 (Coursey)
(2) Vacancies in District 4 (Gore)
(2) Vacancies in District 5 (Hopkins)

If you are interested in serving on the Board, please complete an application at: https://sonoma-county.granicus.com/boards/w/808bd6e42edf8e0f/boards/36909

Please direct all questions to the Chair. We are particularly in need of consumers or family members of those that have lived experience.

BHB Chairs Report: Peterson Pierre

*Treasury Report- The board has $4,092.32
*BHB website continues to be updated to reflect new board members, meeting minutes and agendas.
*The board addressed challenges with member attendance, communication, and orientation, agreeing to improve processes and communicate concerns to the county board of supervisors. They discussed meeting locations, voting on a motion to establish a central location.
*Board members spoke about frustrations in receiving communications regarding meeting agendas, cancelations, meeting locations, orientations, and communication between the Board of Supervisors and the Behavioral Health Board.
*Board asked the Chair to contact the Board of Supervisors again regarding the Behavioral Health Board's role. Peterson agreed to send out an email to all board members before submitting to the Board of Supervisors.
*Retreat – The Executive Committee is planning a retreat for February 14, 2026, and is hoping to get more information on the Brown Act as it has changed.
*All BHB meetings will now be at 1450 Neotomas in the Santa Rosa Conference room starting in November.
*Alexandra Jacobs was elected as Co-Chair of the Behavioral Health Board.

PUBLIC COMMENT: Public comments were made regarding email communications as not everyone is receiving communications from the Behavioral Health Board.
Public requested written meeting minutes will also be added to the BHB website.

MENTAL HEALTH BOARD APPRECIATION: (No award given this month)

PUBLIC COMMENT:

BEHAVIORAL HEALTH DIRECTOR'S REPORT/BH FISCAL UPDATE/MENTAL HEALTH SYSTEM: Dr. Jan Cobaleda-Kegler

Dr. Jan presented an update on behavioral health, noting a reduction in staff vacancy from 28% to 10% over the past two years and expressing gratitude that their services were not currently impacted by the federal shutdown. Melissa, the Behavioral Health Services Act Coordinator, was introduced to present the integrated plan, but the transcript ends before her presentation begins.

**See attached slides*

PUBLIC COMMENT:

SPECIAL PRESENTATION: Melissa Ladrech- Behavioral Health Services Act Coordinator-

The meeting discussed the allocation of Behavioral Health Services Act funds, with $38 million estimated for 2026-29. The funds will be split between full-service partnerships (35%), housing initiatives (30%), and behavioral health services and supports (35%), with 51% dedicated to early intervention and 49% to behavioral health services. The housing component will focus on chronically homeless individuals with serious behavioral health issues, supporting

programs like Eliza's Village and Mickey Zane's Place, while also developing a mental health rehab center and psychiatric health facility. The discussion highlighted concerns about the integration of these funds with other programs like opioid realignment and Measure O, as well as the need to develop a comprehensive budget for all departmental funds.

The meeting discussed the complexities of housing programs and the potential benefits of consolidating information after a merger with Homeless Services. DHS explained the current structure of behavioral health programs, including crisis residential care, long-term care, and various living spaces, as well as the planned consolidation of these services. The discussion also covered the three components of the behavioral health system: full-service partnerships, which account for 35% of funds, and behavioral health supports and services, including community mental health centers and specialized programs for youth, adults, and older adults. The conversation ended with plans to fund new initiatives such as a Latinx youth wellness program and a peer provider training program.

The meeting discussed various behavioral health programs and initiatives, including the LGBTQ+ wellness program, Latinx clinic, and mobile support teams. DHS explained the preparation of a proposal for non-Medi-Cal billing programs and outlined the structure of Medi-Cal contracts managed by section managers. The discussion touched on community-defined practices and the need for cultural responsiveness in mental health services. The meeting also covered the Integrated Plan, a unified 3-year plan for mental health and substance use services, which will incorporate multiple funding sources and programs. DHS emphasized the importance of collaboration with other county departments, such as First Five and the Child Health and Child Care Commission, to ensure coordinated services for children and families.

The meeting focused on behavioral health goals and disparities in access to care across different demographic groups in the county. DHS presented data showing that the county's mental health service penetration rates are below the state average, particularly for certain racial and ethnic groups. They discussed challenges such as stigma, language barriers, and small population sizes affecting access to services. The county has implemented various programs to address these disparities, including access teams, crisis assessment in schools, whole-person care outreach, and partnerships with community-based organizations.

The meeting discussed Sonoma County's efforts to address mental health care access, including screening for depression and anxiety through the Older Adult Collaborative and plans for a request for proposal to support BIPOC communities with coordinated specialty care for first-episode psychosis. The funding categories for addressing care access were outlined, with behavioral health services, full-service partnerships, realignment money, federal financial participation, and Measure O highlighted as key sources. Kathleen raised concerns about the long wait times for mental health care and requested more clarity on navigating the system, which DHS acknowledged as a common issue and suggested exploring concrete pathways for individuals through future meetings.

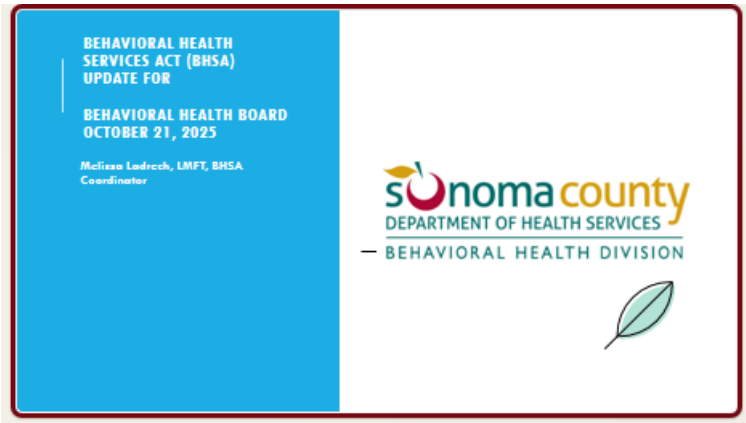
**See attached slides*

SPECIAL PRESENTATION:

PUBLIC COMMENT:

WRAP-UP

Presentation by Melissa Ladrech- BHSA Update



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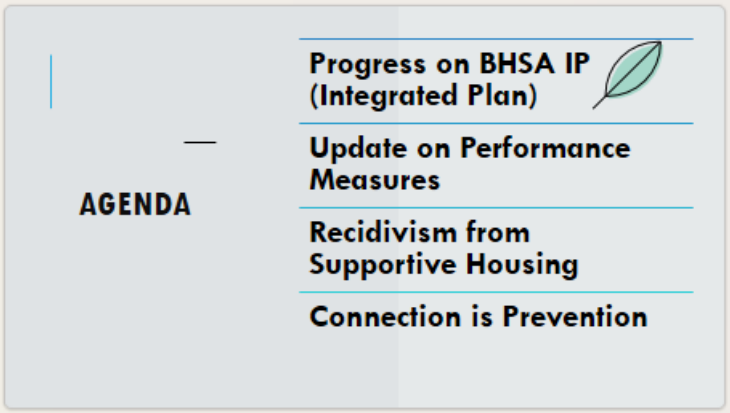

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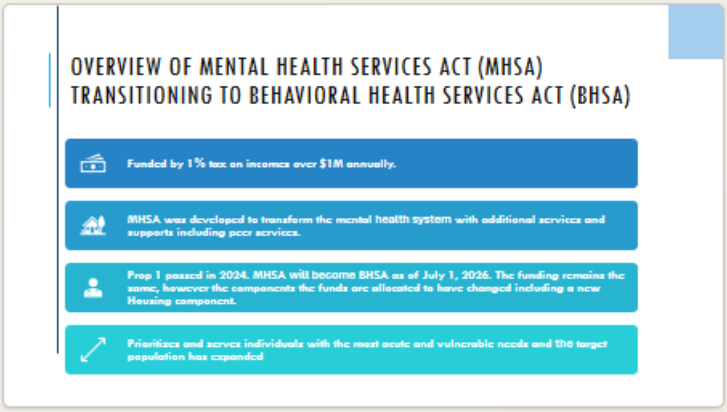

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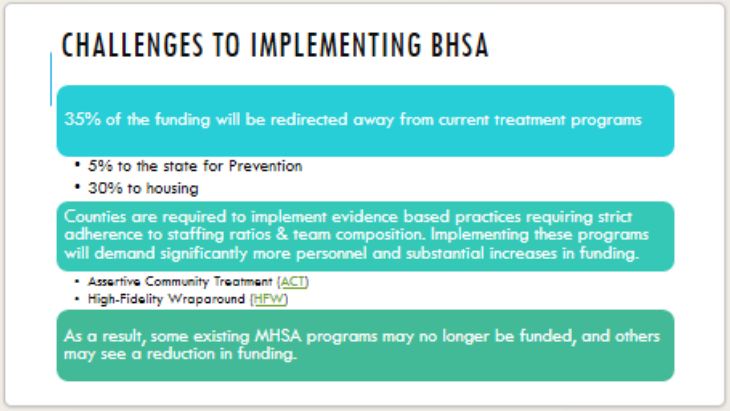

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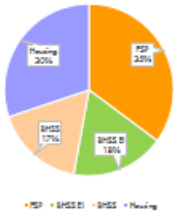
BHSA FUNDS

FY 26-27 BHSA Components
Implements 7/1/2026



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BHSA FUNDS: IF WE RECEIVE $38M IN FY 26-29, THEN THE HOUSING COMPONENT WILL RECEIVE $11.4M

Component	% of Funding	$	Requirements
Housing	30%	$11.4M	• 50% Housing for chronically homeless • Up to 25% for Capital Development • Other housing solutions

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DRAFT BHSA HOUSING FUNDS ANNUAL FUNDING FOR FY 26-29

Type of program	Provider	Amount	Funding Requirements
Housing for chronically homeless	Homelessness Section: Eliza's Village Mickey Zane Place	$4.5M	Housing for chronically homeless (50% of Housing Component)
Bridge Housing for clients w BH challenges that are chronically homeless, and transitioning from IMDs and detention facilities	BHD Arrowwood with 80 beds	$1.5M	Can be used to provide operational supports including maintenance, security and food.
Mental Health Rehab Center (16) Peer Respite (8) Psychiatric Health Facility (8-16)	BHCIP II grant to build transitional housing with a total of 32-40 beds	$2.2M	Capital development (up to 25% of Housing component)
Rental subsidies/vouchers (including continuation of MCP Transitional Rent)	CBO to administer the distribution of funds based	$2M	For a combination of unhoused clients and chronically homeless clients

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FULL SERVICE PARTNERSHIPS

Forensic Assertive Community Treatment (FACT)- DHS-BHD
FACT - Independent Living Skills [contractor]
FACT - Supplemental Patch for Unlicensed Supportive Housing Units [contractor]
Family Advocacy, Stabilization & Support Team (FASST) DHS-BHD
Youth Therapy [contractor]
Wrap Around support for youth [contractor]
Youth Therapy
TBS FASST Clients [contractor]
SMHS for FASST Clients [contractor]
Integrated Recovery Team (IRT) DHS-BHD
Older Adult Intensive Team (OAIT) DHS-BHD

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FULL SERVICE PARTNERSHIPS

Transition Age Youth (TAY) Team DHS-BHD
TAY - Living Skills [contractor]
TAY- Housing [contractor]
TAY- Augmented Services @ Unlicensed Shelter [contractor]
Support Services for TAY [contractor]
Adult Full Service Partnership (AFSP) DHS-BHD
Assertive Community Treatment (ACT) [contractor]
Family Support Services [contractor]
Peer Wellness Centers - [contractor]
Family and client Education and Support Program

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DHS-BHD Community Mental Health Centers
LatinX Youth Wellness and Advocacy Program [contractor]
Youth therapy and case management [contractor]
Behavioral Health Peer Training Program[contractor]
Adult Therapy and Case Management [contractor]
DHS-BHD Crisis Intervention Training (CIT) with Law Enforcement Personnel

DRAFT BEHAVIORAL HEALTH SERVICES AND SUPPORTS

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DHS-BHD Youth Access Team
First Episode Psychosis [contractor]
Wrap around services for foster youth [contractor]
CAPE (BH School Partnership)RFP [contractor TBD]
Youth Therapy [contractor]
Community Defined Best Practice for BIPOC community [contractor]
Comprehensive Early Childhood Development & Behavioral Support Services for 0-5 [contractor]
LGBTQ+ Wellness & Support Program[contractor]

BEHAVIORAL HEALTH SERVICES AND SUPPORTS (BHSS) EARLY INTERVENTION

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DHS-BHD LatinX Clinic
DHS-BHD Mobile Support Team (MST)
DHS-BHD Adult Access Team
DHS-BHD Collaborative Treatment and Recovery Team (CTRT)
CTRT System Navigation - [contractor]
DHS-BHD Whole Person Care (WPC)
Older Adult Collaborative [HSD]
Suicide Prevention Hotline & Training Program [contractor]

BEHAVIORAL HEALTH SERVICES AND SUPPORTS EARLY INTERVENTION

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Component	Service Title	Annual Budget
FSP	Transition Age Youth (TAY) Support Services for TAY Full-Service Partnership Program (TAY-FSP)	$265,000.00
FSP	Family Support Coordination Program	$250,000.00
FSP	Peer Wellness Center(s)	$1,145,000
FSP	Family & Client Education Support Program	$200,000.00
BHSS	Latinx Youth Wellness & Advocacy Program	$100,000.00
BHSS	Behavioral Health Peer Training Program	$155,000.00
BHSS	Early Intervention: Community-Defined Best Practices for BIPOC Populations	$50,000.00
BHSS	Comprehensive Early Childhood Development & Behavioral Support Services for 0-5	$200,000.00
BHSS	LGBTQ+ Wellness & Support Program	$100,000.00
BHSS	24/7 Suicide Prevention Hotline and Program	$180,000.00
Housing	Behavioral Health Housing Assistance Program	$1,000,000.00

DRAFT BHSA FUNDED RELEASE FOR PROPOSAL (RFP) NON MEDI-CAL

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WHAT IS THE BHSA INTEGRATED PLAN (IP)?

- A unified public three-year plan for mental health and substance use services in each county
- Encompasses all Behavioral Health programs and funding sources into one plan with the aim of improving coordination, efficiency, and service delivery
- The programs must meet specific requirements, including Housing, Full Service Partnerships, and Early Intervention & support improving the Behavioral Health Measures
- Department of Health Care Services developed a template for all counties to complete

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THE INTEGRATED PLAN AND THE EXPENDITURE AND PROGRAM PLAN FOR BHSA FUNDS

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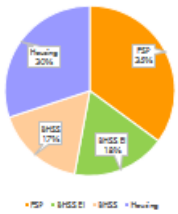
BHSA FUNDS

FY 26-27 BHSA Components Implements 7/1/2026



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INTEGRATED PLAN (IP) SECTIONS:

- Funding Transfer Requests
- County Behavioral Health System Overview
- County Behavioral Health System Service Delivery
- Drug Medi-Cal
- Statewide Behavioral Health Goals
- Behavioral Health Services Act Funded Programs
- Community Planning Process Stakeholder Engagement

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STATE BEHAVIORAL HEALTH GOALS:

DEPARTMENT OF HEALTH SERVICES IS DIRECTING COUNTY BEHAVIORAL HEALTH TO COLLABORATE WITH COUNTY AND COMMUNITY PARTNERS TO IMPROVE THESE MEASURES:

1. Access to Care
2. Homeless-ness
3. Institutional-ization
4. Justice Involve-ment
5. Removal of Children from Home
6. Untreated Behavioral Health Conditions
7. Suicide

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DHCS ASKS COUNTIES TO:

- Compare measure to the statewide rate
- Disparities in Sonoma County for this measure by race
- Disparities in Sonoma County for this measure by sex
- Disparities in Sonoma County for this measure by age
- Describe what programs, services the county is planning to implement to improve the measure
- Funding categories the county is using to address the goal

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INFORMATION AND DATA RESOURCES

DHCS Behavioral Health Transformation: https://www.dhcs.ca.gov/BHT/Pages/Resources.aspx

CalMHSA Data Dashboards: https://www.calmhsa.org/data-explainer-series/

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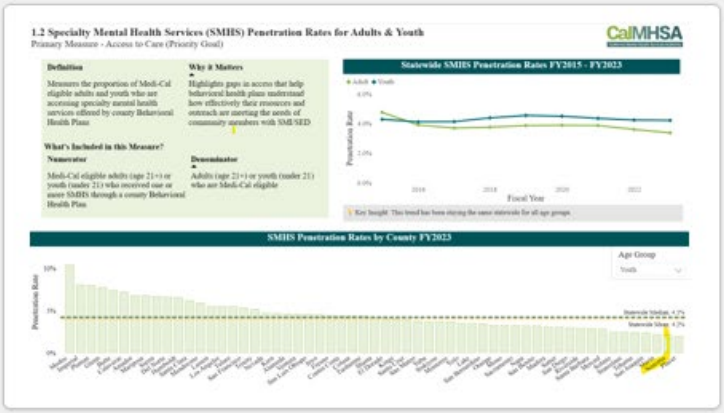

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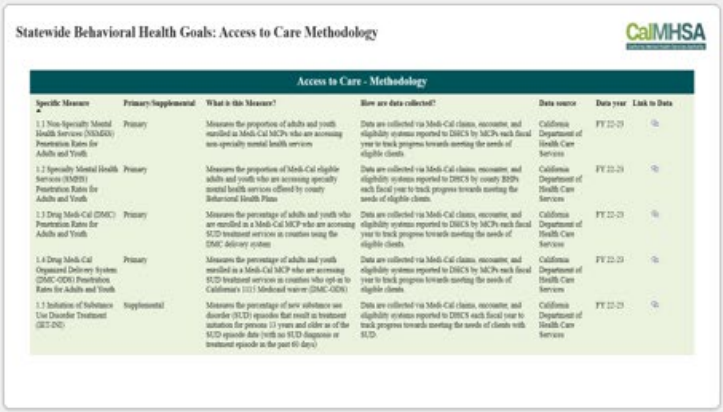

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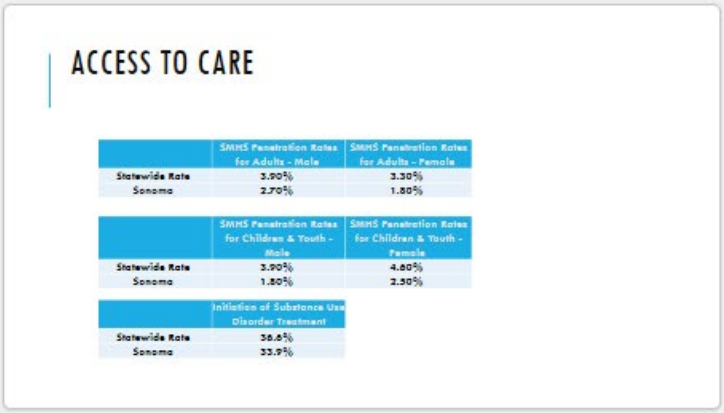

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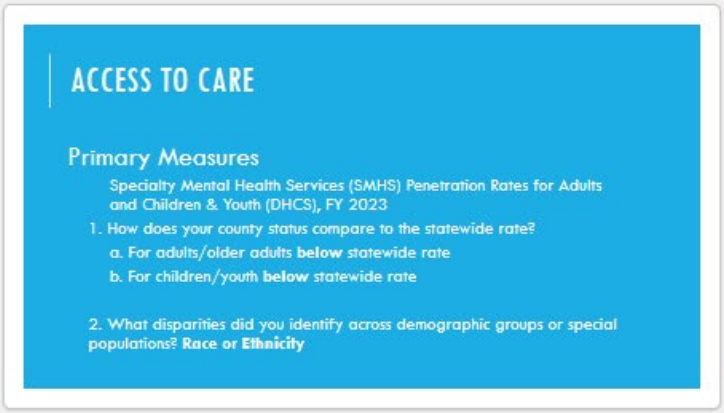

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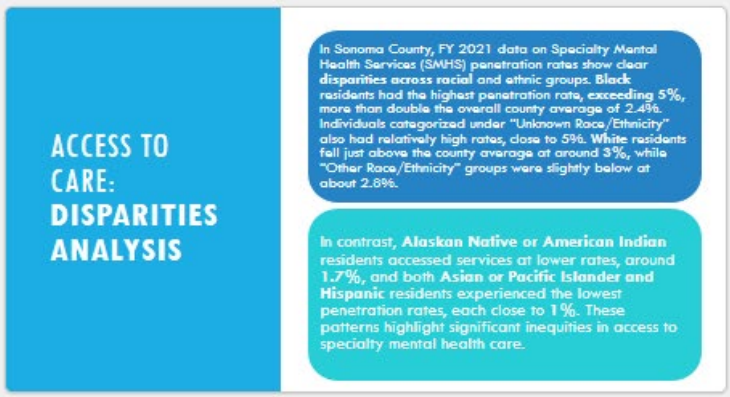

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HOMELESSNESS

	PIT Count Rate of People Experiencing Homelessness (Rate per 10,000)
Statewide Rate	48.0
Sonoma	52.3

	PIT Count Rate of People Experiencing Homelessness w SMI (Rate per 10,000)
Statewide Rate	11.5
Sonoma	9.8

	PIT Count Rate of People Experiencing Homelessness with SUD (Rate per 10,000)
Statewide Rate	11.0
Sonoma	8.9

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Primary Measure:

People Experiencing Homelessness Point-in-Time Count (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

1. How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region? **Above the statewide rate**

2. What disparities did you identify across demographic groups or special populations? **Age, Gender, Race or Ethnicity, Sex, and Other: Gender/Sexuality**

HOMELESSNESS

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2024 Point-in-Time (PIT) Count, disparities emerge in rates of homelessness by race and ethnicity.

- **American Indian or Alaska Native** residents experience the **highest rate** at **455 per 10,000**, nearly **nine times** the
- **Black** residents also face disproportionately high homelessness at **226 per 10,000**, **over four times** the county average.
- **Native Hawaiian or Other Pacific Islander** residents experience homelessness at **142 per 10,000**, while individuals identifying with **multiple races** report **89 per 10,000**.
- Hispanic/Latina/o at **51** per 10,000
- White at **42** per 10,000
- Asian or Asian American at **23** per 10,000

HOMELESSNESS: DISPARITY ANALYSIS

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HOMELESSNESS: DISPARITY ANALYSIS

Race/Ethnicity:

These figures highlight severe racial inequities in housing stability, with Native and Black communities experiencing homelessness at alarmingly high rates compared to other groups.

Gender:

66% of survey participants identified as **male**

32% identified as **female**

2% identified as another gender.

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Over **60%** of survey respondents were **over the age of 41.**

The age group with the most respondents was 41-50 years old.

Persons identifying as **LGBTQ+** are overrepresented in the population experiencing homelessness when compared to the general population: as of 2018, 5.6% of the US population identified as LGBT. According to the 2024 Sonoma Homeless Survey, eight percent (8%) of survey respondents identified as LGBTQ, down from 20% in 2023.

HOMELESSNESS: DISPARITY ANALYSIS

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Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement that may reduce your county's level of homelessness in the population experiencing severe behavioral health conditions.

- Mickey Zane Place
- Elias's Village
- BH Bridge Housing at Arrowood
- Continued support for Crossroads to Hope and No Place Like Home
- Rental subsidies and Continue MCP Transitional Rent Program
- Match funds for BHCIP grant; psychiatric health facility; peer respite; mental health rehab center
- Whole Person Care: Outreach and engagement

HOMELESSNESS:

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INSTITUTIONALIZATION

	Inpatient Administrative Days	Inpatient Administrative Days
	Male	Female
Statewide Rate	N/A	N/A
Sonoma	N/A	N/A

	Temporary Conservatorship Rates per 10,000
Statewide Rate	0.7
Sonoma	1.8

	Permanent Conservatorship Rates per 10,000
Statewide Rate	2.8
Sonoma	5.3

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JUSTICE-INVOLVEMENT

	Arrests: Adults, Rate per 100,000	Arrests: Juveniles Adjusted, Rate per 100,000
Statewide Rate	2,440.2	371.5
Sonoma	3,256.0	634.9

	Adult Recidivism Conviction Rate
Statewide Rate	41.9%
Sonoma	38.7%

	Incompetent to Stand Trial (IST) Count, Rate per 100,000
Statewide Rate	14.3
Sonoma	22.2

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JUSTICE-INVOLVEMENT

Primary Measures is **Arrests:** Adult and Juvenile Rates (Department of Justice), Statistical Year 2023

1. How does your county status compare to the statewide rate/average?

- For adults/older adults: **above**
- For juveniles: **above**

2. What disparities did you identify across demographic groups or special populations?

- **Age**
- **Race or Ethnicity**
- **Sex**

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JUSTICE-INVOLVEMENT DISPARITIES

The 2024 Sonoma County arrest data shows stark inequities across race, ethnicity, sex, and age.

Black residents are disproportionately impacted:

- **Black residents** arrest rate of **11,444 per 100,000**
- **Hispanic** residents arrest rate **3,408** per 100,000
- **White** residents arrest rate **2,382** per 100,000.

When broken down further by sex, the disparities become even more extreme:

- **Black males** face an arrest rate of **17,318** per 100,000, the highest among all groups
- **Black** females also face disproportionate rates at **4,789** per 100,000, far higher than white (1,290) and Hispanic women (1,134). Hispanic males (5,566 per 100,000) and white males (3,551 per 100,000) also show elevated rates compared to their female counterparts, though still far below the levels experienced by Black men.

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JUSTICE-INVOLVEMENT DISPARITIES

Age patterns highlight additional disparities, with arrest rates peaking among adults **ages 30–39** (6,305 per 100,000) and ages 20–29 (5,171 per 100,000). Rates then drop considerably among older adults, falling to 2,978 for those ages 40–69 and just 211 for those 70 and older. These findings reveal that Black residents, particularly Black men, and younger adults are disproportionately entangled in the criminal justice system in Sonoma County, pointing to deep racial and age-based inequities in arrests.

The **adult recidivism** conviction rate data show clear racial disparities.

Black adults have the highest recidivism rate at **42.9%**,

White adults at **34.5%**,

Hispanic adults have the lowest rate at **30.2%**.

This pattern indicates that Black adults are disproportionately impacted by repeat convictions compared to other racial groups.

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REMOVAL OF CHILDREN FROM HOME

	Children in Foster Care, Rate per 100,000
Statewide Rate	527.5
Sonoma	454

	Open Child Welfare Case SMHS Penetration Rates
Statewide Rate	43.0%
Sonoma	25.7%

	Child Maltreatment Substantiations, Incidence per 1000 Children
Statewide Rate	5.7
Sonoma	2.9

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REMOVAL OF CHILDREN FROM HOME

Primary Measure: **Children in Foster Care (Child Welfare Indicators Project (CWIP))**, as of January 2025

1. How does your county status compare to the statewide rate? **below**

2. What disparities did you identify across demographic groups or special populations?

Age and **Sex**

Open Child Welfare Cases SMHS Penetration Rates

3. How does your county status compare to the statewide rate? **below**

2. What disparities did you identify across demographic groups or special populations?

Age, Race or Ethnicity, and Sex

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The foster care data highlights significant age- and sex-based disparities. **Infants ≤ 1** are the most overrepresented, with a foster care placement rate of **614** per 100,000, far higher than the countywide average of **454**.

AGE	Placements per 100,000
Infant	614
1-2	445
3-5	385
6-10	269
11-15	334
16-17	431
18-21	337

REMOVAL OF CHILDREN FROM HOME: DISPARITIES ANALYSIS

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REMOVAL OF CHILDREN FROM HOME: DISPARITIES ANALYSIS ON **CASES RECEIVING SPECIALTY MENTAL HEALTH SERVICES** (SMHS)

The 2021data on open child welfare cases receiving SMHS reveals sharp disparities across race, age, and sex.

Countywide average of 25.7%

Hispanic children 21.8%

"Other" 21.4%

Black and white children had suppressed rates of just 1%, suggesting very limited access to needed care or small population counts that mask inequities.

Penetration Rate	RACE/ETHNICITY
Hispanic	21.8
Other	21.4%
Black	1%
White	1%

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REMOVAL OF CHILDREN FROM HOME: DISPARITIES ANALYSIS ON **MALTREATMENT SUBSTANTIATION**

The 2024 Sonoma County data on child maltreatment substantiation highlights important age- and race-based disparities. The county rate is 2.9 per 1,000.

Infants have a rate of 9.9 per 1,000—more than three times the overall rate

This pattern underscores the heightened vulnerability of infants, who are far more likely than older children to be the subject of substantiated maltreatment reports.

AGE	Maltreatment Substantiation per 1,000
Infant	9.9
1-2 yrs	3.1
3-5 yrs	3.3
6-10 yrs	2.6
11-15 yrs	2.2
16-17 yrs	2.7

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REMOVAL OF CHILDREN FROM HOME: DISPARITIES ANALYSIS ON **MALTREATMENT SUBSTANTIATION**

Latino children rate at **3.6** per 1,000

White children rate at **2.8** per 1,000

Asian or Pacific Islander, Black, and **Native American** children all have suppressed rates of **0.1** per 1,000

Multi-race children are reported at 0.0 per 1,000

These suppressed rates may reflect small population sizes or underreporting, but they also raise questions about potential inequities in how maltreatment is identified, substantiated, or recorded across different racial and ethnic groups.

Overall, the data show that infants and Latino children are disproportionately impacted by substantiated maltreatment in Sonoma County, revealing critical age- and race-based inequities in child protection outcomes.

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UNTREATED BEHAVIORAL HEALTH CONDITIONS

	F/U After ED Visit for SUD 2022
Statewide Rate	28.8%
Sonoma	25.1%

	F/U After ED Visit for Mental Illness
Statewide Rate	38.2%
Sonoma	42.9%

	% Adults needing help for MH or SUD w no ED visits 2023 and no visit to professional
Statewide Rate	48.4%
Sonoma	55.6%

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UNTREATED BEHAVIORAL HEALTH CONDITIONS

Primary Measures: Follow-Up After Emergency Department Visits for **Substance Use** (FUA-30), 2022

1. How does your county status compare to the statewide rate/average? **below**
2. What disparities did you identify across demographic groups or special populations?

No Disparities Data Available

Follow-Up After Emergency Department Visits for **Mental Illness** (FUM-30), 2022

1. How does your county status compare to the statewide rate/average? **above**
2. What disparities did you identify across demographic groups or special populations?

No Disparities Data Available

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UNTREATED BEHAVIORAL HEALTH CONDITIONS

Adults that needed help for emotional/mental health problems or use of alcohol/drugs who had no visits for mental/drug/alcohol issues in past year (CHIS), 2023

1. How does your county status compare to the statewide rate/average? **above**
2. What disparities did you identify across demographic groups or special populations? **Race or Ethnicity**

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UNTREATED BEHAVIORAL HEALTH CONDITIONS

The prevalence of serious mental illness varied by income, with much higher rates of mental illness for both children and adults in families with incomes below 100% of the federal poverty level.

Close to 2/3s of adults with a mental illness and 2/3s of adolescents with major depressive episodes did not get treatment.

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ADULTS THAT NEEDED HELP FOR MENTAL HEALTH PROBLEMS OR USE OF ALCOHOL/DRUGS W/ NO VISITS FOR MH OR SUD ISSUES IN PAST YEAR (CHIS), 2023

How does your county status compare to the statewide rate/average? **above**

2. What disparities did you identify across demographic groups or special populations? **Race or Ethnicity**

Disparities Analysis: More than half of adults (55.6%) who needed help for MH problems or SU had no visits for behavioral health care in 2023, reflecting widespread unmet need.

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ADULTS THAT NEEDED HELP FOR MENTAL HEALTH PROBLEMS OR USE OF ALCOHOL/DRUGS W/ NO VISITS FOR MH OR SUD ISSUES IN PAST YEAR (CHIS), 2023

By race, adults of two or more races had the highest rate of unmet need, with 66% going without care.

White adults at just under 50%, and Latino adults were slightly lower

Asian adults had the lowest rate of unmet need at around 30%.

Data for American Indian/Alaska Native, Black, and Native Hawaiian/Pacific Islander adults were suppressed, likely due to small sample sizes.

These findings show that while unmet behavioral health needs affect all communities, adults of two or more races in Sonoma County are especially likely to go without care, highlighting deep inequities in access and service utilization.

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SUICIDES

Suicide Deaths	2022	2023	2024
	Suicide Deaths, Rate per 100,000		
Statewide Rate	11.0	10.3	
Sonoma	16.0	14.5	14.1

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Meeting adjourned: 7:14 p.m.

Respectfully submitted by: Sabta Trujillo

ABBREVIATIONS & ACRONYMS

5150	Declared to be a danger to self and/or others
AB3632	Assembly Bill - State-mandated MH services for seriously emotionally disturbed youth - discontinued by State
ACA	Affordable Care Act
ACL	All County Letter
ACT	Assertive Community Treatment (program run by Telecare)
ANSA	Adult Needs and Strengths Assessment – a "tool" for determining which services are needed by each individual adult client
ART	Aggression Replacement Therapy
BHD	Behavioral Health Division (Sonoma County)
CADPAAC	County Alcohol and Drug Program Administrators' Association of California
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CalEQRO	California External Quality Review Organization

CALMHB/C	California Association of Local Mental Health Boards & Commissions - comprised of representatives from many MHBs in the State
CANS	Child, Adolescent Needs and Strengths (Assessment) – helps determine which services are needed by each child client
CAPE	Crisis Assessment, Prevention, and Education Team; goes into the schools when called to intervene in student mental health matters
CAPSC	Community Action Partnership-Sonoma County
CARE	California Access to Recovery Effort
CBT	Cognitive Behavioral Therapy
CCAN	Corinne Camp Advocacy Network - Peers involved in mental health advocacy
CDC	Sonoma County Community Development Commission
CDSS	California Department of Social Services
CFM	Consumer and Family Member
CFR	Code of Federal Regulations
CFT	Child Family Team
CHD	California Human Development
CHFFA	California Health Facilities Financing Authority
CIP	Community Intervention Program
CIT	Crisis Intervention Training (4-day training for law enforcement, to help them identify and respond to mental health crisis situations)
CMHC	Community Mental Health Centers, Located in Petaluma, Guerneville, Sonoma, and Cloverdale (part of SCBH))
CMHDA	California Mental Health Directors Association
CMHL	SCBH's Community Mental Health Lecture series - open to the public - usually takes place monthly
CMS	Centers for Medicare and Medicaid Services
CMSP	County Medical Services Program - for uninsured, low-income residents of the 35 counties participating in the State program
CONREP	Conditional Release Program (State-funded, SCBH-run, but will be turned over to the State 6/30/14)
CPS	Child Protective Service
CPS (alt)	Consumer Perception Survey (alt)
CRU	Crisis Residential Unit (aka Progress Sonoma-temporary home for clients in crisis, run by Progress Foundation)
CSU	Crisis Stabilization Unit (Sonoma County Behavioral Health's psychiatric emergency services at 2225 Challenge Way, Santa Rosa, CA 95407)
CSAC	California State Association of Counties
CSN	Community Support Network (contract Provider)
CSS	Community Services and Support (part of Mental Health Services Act-MHSA)
CWS	Child Welfare Services
CY	Calendar Year
DAAC	Drug Abuse Alternatives Center
DBT	Dialectical Behavioral Therapy
DHCS	(State) Department of Health Care Services (replaced DMH July 1, 2011)
DHS	Department of Health Services (Sonoma County)
DPI	Department of Program Integrity

DSRIP	Delivery System Reform Incentive Payment
EBP	Evidence-basis Program or Practice
EHR	Electronic Health Record
EMR	Electronic Medical Record
EPSDT	Early and Periodic Screening, Diagnosis and Treatment (Children's Full Scope Medi-Cal to age 21)
EQRO	External Quality Review Organization (annual review of our programs by the State)
FACT	Forensic Assertive Community Treatment
FASST	Family Advocacy Stabilization, Support, and Treatment (kids 8-12)
FQHC	Federally Qualified Health Center
FY	Fiscal Year
HCB	High-Cost Beneficiary
HIE	Health Information Exchange
HIPPA	Health Insurance Portability and Accountability Act
HIS	Health Information System
HITECH	Health Information Technology for Economic and Clinical Health Act
HSD	Human Services Department
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
IHT	Integrated Health Team (medical and MH services for adults)
IPU	Inpatient Psychiatric Unit
IRT	Integrated Recovery Team (for those with mental illness + substance use issues)
IMDs	Institutes for Mental Disease (residential facilities for those unable to live on their own)
INN	Innovation (part of MHSA)
IT	Information Technology
JCAHO	Joint Commission on Accreditation of Healthcare Organizations - accredits hospitals & other organizations
LEA	Local Education Agency
LG	Los Guilicos-Juvenile Hall
LGBQQTI	Lesbian/Gay/Bisexual/Queer/Questioning/Transgender/Intersexed (also LGBTQ)
LOS	Length of Stay
LPS	Lanterman Petris Short (Conservatorship)
LSU	Litigation Support Unit
M2M	Mild-to-Moderate
MADF	Main Adult Detention Facility (Jail)
MDT	Multi-Disciplinary Team
MHB	Mental Health Board
MHBG	Mental Health Block Grant
MHFA	Mental Health First Aid
MHP	Mental Health Plan
MHSA	Mental Health Services Act
MHSD	Mental Health Services Division (of DHCS)
MHSIP	Mental Health Statistics Improvement Project
MHST	Mental Health Screening Tool
MHWA	Mental Health Wellness Act (SB 82)

MOU	Memorandum of Understanding
MRT	Moral Re-conation Therapy
MST	Mobile Support Team - gets called by law enforcement to scenes of mental health crises
NAMI	National Alliance on Mental Illness
NBSPP	North Bay Suicide Prevention Project
NOA	Notice of Action
NP	Nurse Practitioner
OSHPD	Office of Statewide Health Planning and Development - the building department for hospitals and skilled nursing facilities in state
PA	Physician Assistant
PAM	Program Assessment Matrix Work Group
PATH	Projects for Assistance in Transition from Homelessness
PC 1370	Penal Code 1370 (Incompetent to Stand Trial, by virtue of mental illness)
PCP	Primary Care Provider (medical doctor)
PES	Psychiatric Emergency Services – (open 24/7 for psychiatric crises – 2225 Challenger Way, Santa Rosa, CA 95407)
PEI	Prevention and Early Intervention (part of Mental Health Services Act-MHSA)
PHF	Psychiatric Health Facility
PHI	Protected Health Information
PHP	Parker Hill Place - Telecare's transitional residential program in Santa Rosa
PHP	Partnership Health Plan
PIHP	Prepaid Inpatient Health Plan
PIP	Performance Improvement Project
PM	Performance Measure
PPP	Triple P - Positive Parenting Program
PPSC	Petaluma People Services Center
QA	Quality Assurance
QI	Quality Improvement
QIC	Quality Improvement Committee
QIP	Quality Improvement Policy (meeting)
QIS	Quality Improvement Steering (meeting)
RCC	Redwood Children's Center
RFP	Request for Proposals (released when new programs are planned, and contractors are
solicited RN	Registered Nurse
RRC	Russian River Counselors
ROI	Release of Information
SAR	Service Authorization Request
SB	Senate Bill
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SCBH	Sonoma County Behavioral Health
SCOE	Sonoma County Office of Education
SDMC	Short-Doyle Medi-Cal
SED	Seriously Emotionally Disturbed
SELPA	Special Education Local Planning Area
SMHS	Specialty Mental Health Services

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