



MOVING FORWARD



WELLNESS • RECOVERY • RESILIENCE



SONOMA COUNTY MENTAL HEALTH SERVICES ACT (MHSA) / BEHAVIORAL HEALTH SERVICES ACT (BHSA) DRAFT FY 2025-2026 ANNUAL PLAN UPDATE WITH FY 2023-2024 PROGRAM REPORT



TABLE OF CONTENTS

County Compliance Certification	4
County FiscalAccountability Certification	5
Message from the Behavioral Health Director	6
Meet Our MHSA Team	7
Executive Summary	8
Purpose of this Document	8
History of MHSA	8
The Five Components of MHSA.....	10
FY 25-26 MHSA Changes and Impacts.....	11
Introduction	13
Description of Sonoma County	13
Medi-Cal Beneficiaries and Threshold Languages	15
Community Program Planning Process (CPPP)	16
Community Program Planning.....	16
MHSA Steering Committee	17
Community Program Planning Workgroup.....	18
CPP Listening Sessions	20
Stakeholder Participation.....	25
Life Worth Living: Suicide Prevention Alliance	30
Additional Stakeholder Outreach.....	34
The Public Review and Public Hearing Process.....	35
Sonoma County’s FY 2025 – 2026 Annual Program Plan Update	37
MHSA transition to BHSA and Behavioral Health Transformation	37
Overview of the Behavioral Health Services Act	39
Timeline for Implementation	40
Sonoma County Behavioral Health Division Gap Analysis	40
Significant Changes to FY 25-26	40
The Community Services and Support (CSS) Plan for FY 25-26	40
Prevention and Early Intervention (PEI) Plan for FY 25-26.....	44

TABLE OF CONTENTS

Innovation (INN) Plan for FY 25-26	46
Workforce, Education and Training (WET) Plan for FY 25-26.....	54
Capital Facilities and Technological Needs (CFTN) Plan for FY 24-25	58
No Place Like Home	59
No Place Like Home (NPLH) Background.....	59
Population to be Served	60
NPLH in Sonoma County.....	60
MHSA Expenditure Plan	63
Sonoma County’s FY 2025 – 2026 MHSA Expenditure Plan	63
Sonoma County’s FY 2023-2024 MHSA Program Report.....	64
FY 2023-2024 Community Services and Support (CSS) Programs Report.....	73
Full Service Partnership Programs (FSPs)	103
General Systems Development (GSD) Programs.....	115
Outreach and Engagement (OE) Programs	140
Sonoma County Annual PEI Report 2023-2024.....	145
Prevention Programs	146
Early Intervention Programs.....	155
Prevention & Early Intervention Programs.....	160
Stigma and Discrimination Reduction	165
Access and Linkage to Treatment Programs.....	170
Suicide Prevention Programs.....	175
Outreach for Increasing Recognition of Early Signs of Mental Illness	178
Sonoma County Innovation (INN) Report FY 2023-2024	179
FY 23-24 Annual Innovation Report: Instructions Not Included: Dads Matter	318
FY 23-24 Annual Innovation Report: Nuestra Cultura Cura	318
FY 23-24 Annual Innovation Report: Unidos Por Nuestro Bienestar	424
FY 23-24 Annual Innovation Report: New Parent TLC	401
FY 23-24 Annual Innovation Report: Early Psychosis Learning Health Care Network	407
FY 23-24 Annual Innovation Report: Sonoma County Electronic Health Record.....	424

TABLE OF CONTENTS

FY 2023-2024 Workforce, Education and Training (WET) Program Report	188
FY 2023-2024 Capital Facilities and Technological Needs (CFTN) Report	197
Appendices.....	199
Santa Rosa Junior College QPR Report	444
FY 23-24 Sonoma MHSA Community Program Planning Listening Sessions Report.....	523
FY 23-24 MHSA Sonoma Newsletters.....	529
May is Mental Health Month 2024 Events Calendar	539
May is Mental Health Month 2024 Event Flyers	539
Suicide Prevention Month 2024 Events Calendar	539
Suicide Prevention Month 2024 Event Flyers	539
Sonoma County CalMHSA's Impact Statement for FY 23-24	539
FY 2024 – 2029 Sonoma County Suicide Prevention Strategic Plan	539
FY 2024 – 2029 Sonoma County Suicide Prevention Budget	539

INTENTIONALLY LEFT BLANK

INTENTIONALLY LEFT BLANK

MESSAGE FROM THE BEHAVIORAL HEALTH DIRECTOR



sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

Jennifer Solito – Interim Director

Jan Cobaleda-Kegler, PsyD – Division Director

Message from the Behavioral Health Services Director – MHSa Annual Updated plan 2025-2026

Dear MHSa Community Members and Supporters

Welcome to Sonoma County Behavioral Health Services Division's Mental Health Services Act (MHSa) Annual Program and Expenditure Plan update for FY 2025 to 2026. Fiscal year 2025-2026 will mark the third year of our current MHSa Three-Year Plan, FY 2023 to 2026. This annual update continues the work initiated in the Three-Year Plan.

My heartfelt thanks to all who have contributed to and participated in our Community Planning Process and numerous stakeholder group meetings. Working together we continue to build healthy, resilient, and responsive systems of care that support our clients, families, and staff.

We continue to work on strengthening and expanding our networks of care to serve our most vulnerable clients, repair our impacted system, and build a community of practice. A commitment to trauma informed care threads through this annual update as we prioritize system transformation with initiatives begun in the first year of the Three-Year Plan:

- Increasing staffing at critical access and entry points in our system of care.
- Developing a comprehensive training program for staff and contractors to improve our skills and the services we provide our clients.
- Building out a continuum of housing supports for our most vulnerable clients.

FY 2025-2026 will be a year of Behavioral Health Transformation as we make our transition from Mental Health Services Act, MHSa, to Behavioral Health Services Act, BHSA, to implement the directives of Proposition One, passed in March 2024. These changes provide us with an opportunity to refresh and improve our system of care by broadening our service delivery to include much needed housing supports for our unhoused clients and chronically homeless BH clients as well as develop critical substance use disorder treatment services. The stakeholder process and planning will help guide us through this transformation to help us determine the best and wisest use of our resources.

This current plan embodies the spirit of MHSa, soon-to-be BHSA: wellness, collaboration, recovery, and healing practices. I am deeply grateful for the supports that MHSa/BHSA provides our communities and for all the work that all of you do.

Warm regards,

Jan Cobaleda-Kegler, PsyD, BH Division Director





WELLNESS • RECOVERY • RESILIENCE



Iridian Jimenez Onofre | Senior Office Assistant



Melissa Ladrech, LMFT | BHSA Coordinator

MEET THE STAFF



Fabiola Espinosa | BHSA Analyst



Lisa Nosal, LMFT | Cultural Responsiveness, Inclusion & Training Coordinator

MHSA STAFF



Purpose of this Document

As per the California Welfare and Institutions Code (WIC) Title 9, Section 331 the Sonoma County 2025-2026 Mental Health Services Act (MHSA) Plan Update provides stakeholders with:

- The Plan Update and Expenditure Plan for Fiscal Years (FY) 2025-2026.
- The Annual Program Report for FY 2023-2024 that includes the program outcomes, activities, services, and programs funded through MHSA for FY 2023-2024.

History of MHSA



In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA), placing a one percent tax on personal income above \$1 million to be used to expand mental health services. In FY 25-26, it is estimated that over \$2.5 billion in MHSA funds will be collected statewide, and it is estimated that Sonoma County will receive approximately \$30 million. MHSA funds are not guaranteed, and the amount of MHSA funds that the County of Sonoma Department of Health Services Behavioral Health Division (DHS-BHD) receives varies each year.

The passage of Proposition 63 created the first opportunity in many years for California to increase funding, personnel, and other resources to support county mental health programs and monitor progress toward statewide goals for:

Five colored boxes representing target populations: Youth (purple), Transition Age Youth (orange), Adults (green), Older Adults (blue), and Families (dark green).

The MHSA addresses a broad continuum of prevention, early intervention, service needs, and the necessary infrastructure, technology and training elements that will effectively support this system.



Proposition 1 (Senate Bill 326): Prop 1 was passed on the March 2024 ballot. The passage of Prop 1 has set in motion a significant level of change for the MHSA funding stream and for Sonoma County Behavioral Health Division. Prop 1 will create significant changes to MHSA. Prop 1 has two major components related to providing mental health care and drug and/or alcohol treatment to people, as well as providing housing for individuals with behavioral health challenges. Under Prop 1 MHSA will become Behavioral Health Services Act (BHSA) beginning on July 1, 2026.

BHSA is part of Behavioral Health Transformation (BHT). BHT aims to Modernizing behavioral health to improve accountability, increase transparency, and expand the capacity of behavioral health care facilities. Behavioral Health Transformation is the effort that will implement Proposition 1. Behavioral Health Transformation complements and builds on California's other major behavioral health initiatives including, but not limited to:

-  Behavioral Health Services Act (BHSA)
-  California Advancing and Innovating Medi-Cal (CalAIM)
-  California Behavioral Health Community-Based Organization Networks of Equitable Care and Treatment (BH-CONNECT)
-  Children and Youth Behavioral Health Initiative (CYBHI)
-  Medi-Cal Mobile Crisis (Mobile Support Team)
-  988 expansion
-  Behavioral Health Continuum Infrastructure Program (BHCIP).

You can learn more about Behavioral Health Transformation here:

<https://www.dhcs.ca.gov/BHT/Pages/home.aspx>

The Five Components of MHSA

MHSA consists of five funding components, each of which addresses specific goals for priority populations, key community mental health needs, and age groups that require special attention. The programs and services of this report will be presented in the context of these components.

Community Services and Supports (CSS) – 76% of MHSAs funds

Provides funds for direct services to individuals with severe mental illness. There are three subcomponents under CSS:

- **Full Service Partnerships (FSPs)** provide wrap-around services or “whatever it takes” services to clients with the most serious mental health impairments. (*A majority of CSS funds are to be expended on FSPs.*)
- **General System Development (GSD)** provides funds to improve the mental health service delivery system.
- **Outreach and Engagement (OE)** is designed to reach, identify, and engage unserved individuals and communities in the mental health system and reduce disparities.

Prevention and Early Intervention (PEI) – 19% of MHSAs funds

Targets individuals of all ages prior to the onset of mental illness.

Innovation (INN) – 5% of MHSAs funds

Funds new approaches that increase access to unserved and/or underserved communities, promotes interagency collaboration, and improves the quality of services.

Workforce, Education and Training (WET)¹

Provides funding to improve and build the capacity of the mental health workforce to meet the needs of unserved and underserved populations, and provide linguistically and culturally relevant services.

Capital Facilities and Technological Needs (CFTN)²

Provides funding for building projects and increasing technological capacity to improve mental health service delivery.

FY 2025-2026 MHSAs Changes and Impacts

The following table highlights additions and substantial changes to MHSAs funded programs from the FY 22-23 Annual Plan Update and Expenditure Plan (FY 22-23 Plan Update) to the FY 23-26 Three-Year Plan and Expenditure Plan (FY 23-26 Plan).

¹ Pursuant to WIC Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

² Ibid.

Draft FY 23-26 MHSA Changes and Impacts

Changes	Impacts
Community Services and Supports	
Full Service Partnership (FSP) teams:	
<p>The FSP teams provide wrap-around services to clients in our system of care with the most serious mental health impairments and the majority of the Community Services and Supports funds must be allocated to the FSP teams.</p>	
<p>Buckelew Tamayo Village Program will be providing supportive housing for the Transitional Age Youth (TAY) Full Service Partnership clients. This program provides youth between 18 and 25 years old access to stable housing alongside comprehensive mental health services.</p>	<p>The addition of Buckelew’s Tamayo Village Program for TAY FSP will cost \$166,894 and will assist ten clients annually to transition into independent living.</p>
<p>Full Service Partnership for Unhoused program will not be implemented. The FSP for Unhoused was in the FY 24-25 MHSA Plan Update, however due to limited resources and strategic planning for Behavioral Health Services Act the Division is not able to start the program</p>	<p>The Division will not add a seventh Full Service Partnership Program to the continuum of care. This program was budgeted at \$1.7 million annually. Since the program has not started, the impact will be minimal.</p>
Prevention and Early Intervention (PEI)	
<p>Aldea’s SOAR (Supportive Outreach and Access to Resources) program provides comprehensive and evidence based treatment for individuals experiencing first episode psychosis. Aldea utilizes a coordinated specialty care model with a focus on early intervention, medication management, individual and group therapy, family education and supported employment and education services to promote recovery and minimize the impact of the illness.</p>	<p>Aldea’s SOAR program will assist up to 30 individuals with braided funding that includes \$100,000 in PEI funds annually.</p>

Introduction

MHSA Background

The Mental Health Services Act (MHSA) creates local mental health systems that are client and family member driven, focused on wellness and resiliency, hold a vision in which recovery is possible, and deliver culturally

competent and linguistically appropriate services. MHSA aims to facilitate change along a continuum of care that helps identify emerging mental illness and prevents it from becoming severe, to providing treatment for children, transition age youth, adults, and older adults through supporting mental health recovery.

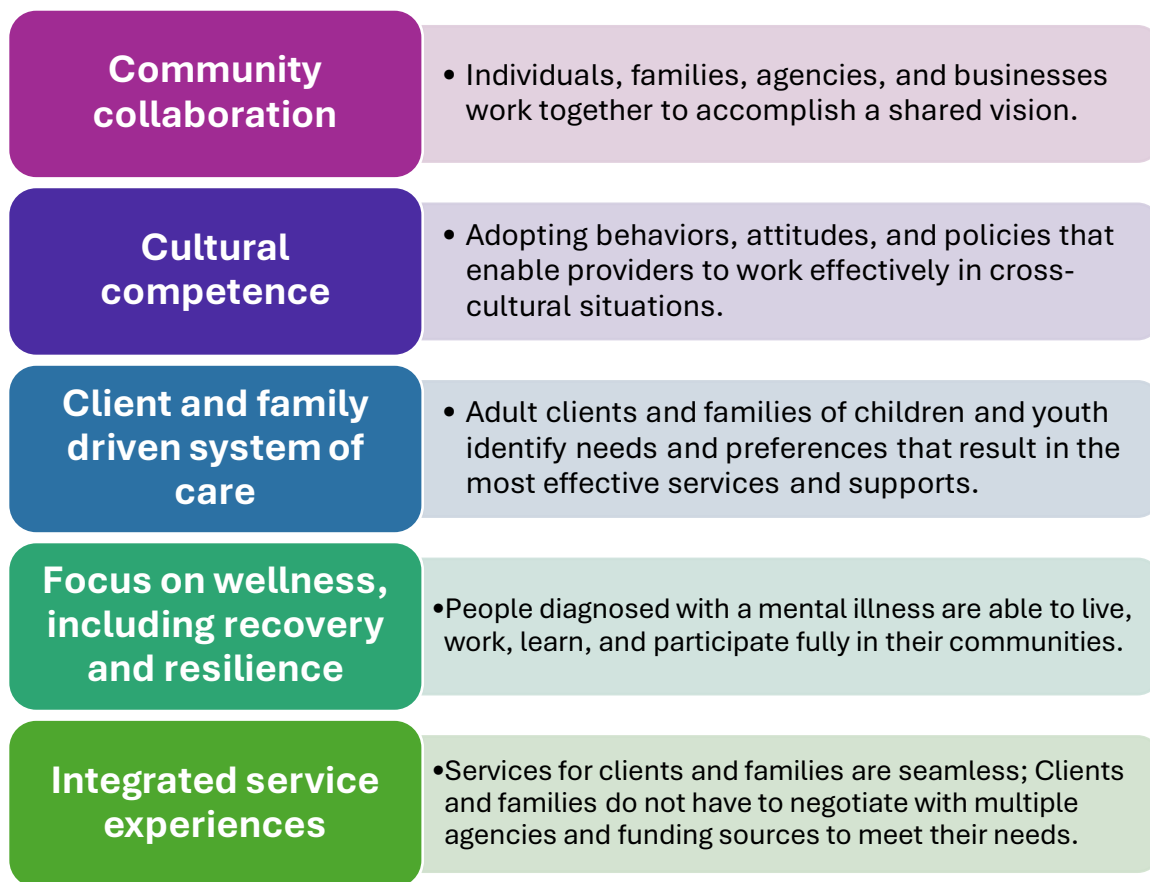
Since the passage of MHSA in 2004, the County of Sonoma Department of Health Services Behavioral Health Division (DHS-BHD) has undertaken an ongoing, robust community planning process for each MHSA component. The process began in FY 05-06 to plan for the implementation of the Community Services and Supports (CSS) component of MHSA. In FY 06-07, Sonoma County, along with community stakeholders, began to identify Workforce, Education and Training (WET) needs. In FY 07-08, the MHSA housing plan was funded. In FY 09-10, the Prevention and Early Intervention (PEI) Community Planning Process began. In FY 10-11, Sonoma's Capital Facilities and Technology Needs (CFTN) plan was finalized; and in FY 11-12, the initial plan for Innovation was finalized.

Each of these planning processes involved countless stakeholders throughout Sonoma County. The stakeholders participated in various capacities, such as in community planning meetings, as questionnaire respondents, advisory committee members, focus group participants, request for proposal review panels, etc. These processes required a tremendous commitment of time and skill that demonstrates the thought and care that went into each plan. These plans have ultimately resulted in the development of essential programs, activities, and services that make up Sonoma County's current behavioral health continuum of care.

MHSA Today

Today, Sonoma County has a well-developed behavioral health system of care. It has been implemented in phases and now runs as a full continuum of care. MHSA services, activities, and programs are reviewed and approved by Sonoma County stakeholders each year. For more information on programs and services taking place during FY 23-24, please see the Annual Program Report section of this document on Page XX.

MHSA has provided Sonoma County the opportunity to enhance new partnerships and to strengthen continuing partnerships with community-based organizations and has supported inclusion of the voices of more clients, family members, and unserved and underserved populations in the planning and implementation of mental health activities, programs, and services. Therefore, Sonoma County residents now have a more accessible, integrated, comprehensive, and compassionate behavioral health system of care. The system of care was founded on and continues to develop in concert with the MHSA Guiding Principles cited below:



MHSA defines four client age groups to reflect the different mental health needs associated with a person’s age, and counties are directed to provide age-appropriate services for each:

- **Children:** 0-15 years
- **Transition Age Youth (TAY):** 16-25 years
- **Adults:** 26-59 years
- **Older Adults:** 60 years and older

Additionally, MHSA intends to serve individuals who are historically unserved or underserved by the public mental health care system. The California Code of Regulations defines these individuals as follows:

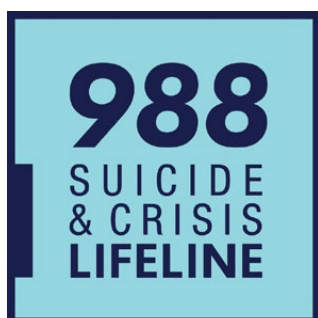
- **Unserved.** “Individuals who may have serious mental illness and/or serious emotional disturbance and are not receiving mental health services. Individuals who may have had only emergency or crisis-oriented contact with and/or services from the County may be considered unserved.”
- **Underserved.** “Individuals who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services but are not provided the necessary or appropriate opportunities to support their recovery, wellness, and/or resilience.”

Sonoma County recognizes the historical disparities in access and quality of care that additional populations in the county have experienced, thus including them into the unserved and underserved definition. One common factor that contributes to these disparities is language barriers which prohibit people from engaging in services

available only in English. Cultural backgrounds also influence individuals' experiences of mental health treatment; some practices are more effective to engage people in services or provide effective treatment for one culture than for others. Additionally, individuals experiencing poverty, individual and institutional discrimination based on race, ethnicity, gender identity, or sexual orientation may be more likely to face difficulty navigating the system of care. Finally, lack of transportation, geography and location affect access and utilization of services.

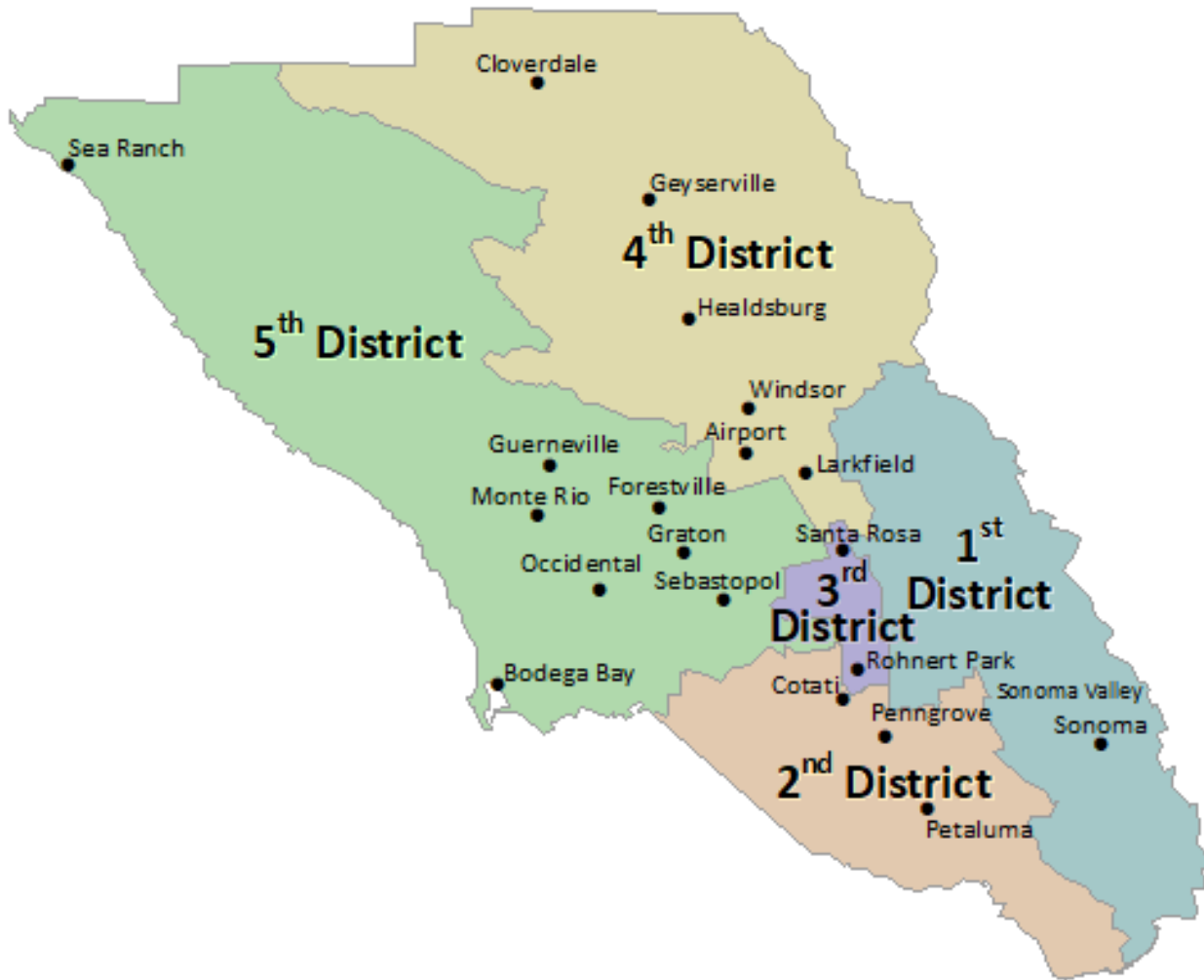
The theme for this year's plan is "Moving Forward." We are navigating a time of change and uncertainty, with shifts in national leadership and the ongoing implementation of the Behavioral Health Services Act. Despite these challenges, we are committed to moving forward and making progress. Life is full of change, and together, we can help improve our collective future.

The cover features photos from three "Connection is Prevention" events held in September in Santa Rosa, Cloverdale, and Sonoma Valley. These events, aimed at promoting suicide prevention and fostering community connection, highlight our dedication to supporting mental health initiatives. Additionally, the cover includes images from the Innovation Forum held in November, where leaders from Community-Based Organizations gathered to collaborate and share insights. You can find more information about these innovative projects on pages XX.



If you or someone you know
needs support now,
call or text **988**
or
chat **988lifeline.org**

DESCRIPTION OF SONOMA COUNTY



Sonoma County which is located in the San Francisco Bay Area, approximately 50 miles north of San Francisco. The estimated population is 481,812³. This is a decrease of 1.4% since the confirmed census count of 2020. A medium, urban-rural county of 1,576 square miles with 76 miles of Pacific Ocean coastline, Sonoma County is known for its Mediterranean climate that supports an agricultural industry including vineyards producing world class wine. The County's major industries listed by highest number of civilians employed are: healthcare and social assistance, retail trade, and manufacturing.⁴ The top employers are Kaiser Permanente, Sutter Medical Center of Santa Rosa, St. Joseph Health System, and Graton Resort & Casino.

Santa Rosa is the county's most populous city with 177,181 people (U.S. Census Bureau, 2022 estimate), and it is home to over one-third of county residents. Santa Rosa is also the County seat, including the

³ US Census, Sonoma County, California. <https://www.census.gov/quickfacts/fact/table/sonomacountycalifornia/PST045222>

⁴ Data USA: Sonoma County, CA. <https://datausa.io/profile/geo/sonoma-county-ca#:~:text=In%202021%2C%20Sonoma%20County%2C%20CA,%2491%2C607%2C%20a%206.31%25%20increase.>

offices of the Department of Health Services, Behavioral Health Division's (DHS-BHD) main campus. Beyond Santa Rosa, the major population centers are Petaluma (pop. 58,652) and Rohnert Park (pop. 44,326) to the south, and Windsor to the north (pop. 25,789). (U.S. Census Bureau, 2022 estimates) Sonoma County is geographically dispersed with limited public transportation and bicycle and pedestrian infrastructure which can make it challenging for individuals living in more rural areas, along the coast and for those without a personal vehicle to access other areas in the county.

In 2022, 60.6% of residents identified as White, non-Hispanic with 28.9% identifying as Hispanic or Latinx, the County's largest and fastest growing minority population.⁵ The County's poverty rates vary significantly by ethnicity with disparities affecting the Latinx community in particular. While Hispanic or Latinx residents represented almost 30% of the population, this group accounted for 40% of Sonoma County's Medi-Cal beneficiaries in 2021.⁶ Additionally, there are an estimated 27,000 undocumented residents in the County. Of those, 12,000 or 44% are estimated to speak English less than "very well," suggesting possible linguistic isolation for this population.⁷ Individuals who are undocumented and/or linguistically isolated experience unique challenges accessing medical, transportation, and social services.

The County is also home to five federally recognized Native American tribes, including the Cloverdale Rancheria of Pomo Indians of California, the Dry Creek Rancheria Band of Pomo Indians, the Federated Indians of Graton Rancheria, the Kashia Band of Pomo Indians of the Stewarts Point Rancheria, and the Lytton Band of Pomo Indians. Native Americans make up only 2.3% of the County's total population and about 1% of Medi-Cal beneficiaries. According to US Census, in 2022 the Asian/Native Hawaiian/Pacific Islander population represented 5.4% of the total population and African American/Blacks represented 2.2%. Although these percentages are relatively small, the diverse culture and language differences can reduce access as well as the quality of services available—particularly for individuals with lower levels of income.

Finally, Sonoma County is aging. The 65+ age group was the fastest growing between 2010 and 2021 with its population increasing from 14% to 21.9% (rate of 55.5% growth). The share of population that is 0-4 years old decreased from 5.8% in 2010 to 4.65 in 2022 as did the 5 – 9 year -old population, from 19% to 16.5% for the same years.⁸ This data trend has serious implications for service delivery needs for the elderly and economic impacts for school districts. The intersectionality of race, age, economics, language spoken, and gender have deep implications on access to housing, services, and healthcare.

Sonoma County's median household income has increased to \$99,266 (U.S. Census Bureau, est. 2022), and the percentage of County residents living in poverty has decrease slightly from 9.1% to 8.9% in the past year. The unemployment rate has ticked up a bit in the past year, reported at 4.2% in March 2024 by the Labor Market Information Division, California Employment Development Department.

⁵ USA Facts, Our Changing Population: Sonoma County, California. <https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/california/county/sonoma-county/>

⁶ California Department of Health Care Services (2018). Medi-Cal Enrollees and Beneficiaries. <https://www.dhcs.ca.gov/dataandstats/statistics/Pages/Medi-Cal-Certified-Eligibles.aspx>

⁷ Profile of the Unauthorized Population, Sonoma County, CA. Migration Policy Institute. <https://www.migrationpolicy.org/data/unauthorized-immigrant-population/county/6097>

⁸ USA Facts, Our Changing Population: Sonoma County, California. <https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/california/county/sonoma-county/>

In 2021, 61.4% of the housing units in Sonoma County were occupied by their owner.⁹ The remaining 38.6% of the population has encountered increasing rents over the past five years. Overall, median asking rents in Sonoma County have increased by 20% between 2021 and 2023.¹⁰ This rent burden disproportionately impacts Black and Latino residents.

MEDI-CAL BENEFICIARIES AND THRESHOLD LANGUAGES

In 2022, the number of eligible Medi-Cal beneficiaries increased as it has been over the last several years, however, the number of members served decreased in 2022. The number of people eligible for Medi-Cal in Sonoma County in 2022 was 138,617, according to the most recent External Quality Report released on FY 2023-24.¹¹ The report states that 3,052 beneficiaries were served by the Mental Health Plan. However, the overall penetration rate is low, at 2.20% as compared to the statewide average of 3.96%. The following table analyzes the penetration rate of those eligible as compared to those served by race/ethnicity:

Race/Ethnicity	Annual Eligible	Beneficiaries Served	Penetration Rate MHP	Penetration Rate State
African-American	2,181	91	4.17%	7.08%
Asian/Pacific Islander	4,200	48	1.14%	1.91%
Hispanic/Latino	54,332	651	1.20%	3.51%
Native American	1,336	31	2.32%	5.94%
Other	39,502	939	2.38%	3.57%
White	37,068	1,292	3.49%	5.57%

The penetration rate is lower than statewide in every race/ethnicity category. However, there has been a positive upward trend in penetration rate for African-American and Native Americans since 2020. BHD Youth and Family Services increased the penetration rate for Latino youth and their families in 2023-2024.

The threshold language in Sonoma County continues to be Spanish with 13.87%, almost one out of seven members served identify Spanish as their primary language. California’s Department of Health Care Services (DHCS) defines “Threshold Language” as a language identified as the primary language, as indicated on the Medi-Cal Eligibility Data System (MEDS), of 3,000 beneficiaries or 5% of the beneficiary population – whichever is lower – in an identified geographic area, per Title 9, CCR Section 1810.410(a)(3).

The presence of Spanish as the threshold language in means that Medi-Cal services in Sonoma County need to provide:

⁹ *ibid*

¹⁰ State of Housing in Sonoma County, Generation Housing, 2023.

¹¹ FY 2022-23 Medi-Cal Specialty Behavioral Health External Quality Review, Sonoma Final Report. Behavioral Health Concepts, Inc. February 2023.

- **Language assistance services:** Interpretation services, translated materials, and bilingual staff to ensure accessibility to non-English speaking beneficiaries.
- **Culturally competent care:** Health providers are encouraged to be culturally sensitive, offering care that respects the linguistic and cultural needs of their patients.

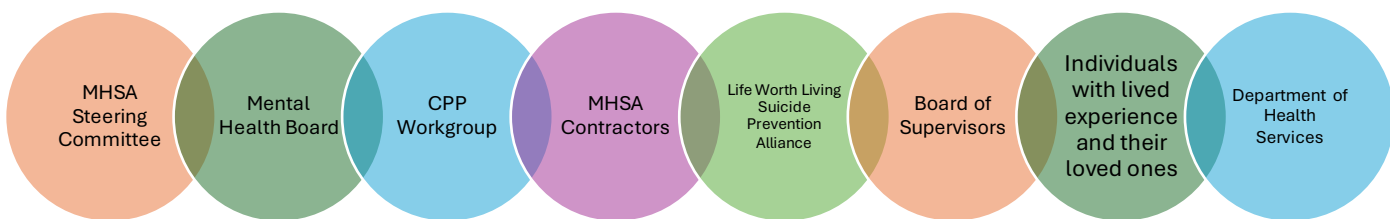


COMMUNITY PROGRAM PLANNING PROCESS



Over the years, Sonoma County has refined the system and structure for the Mental Health Services Act (MHSA) Community Program Planning Process (CPPP) as a basis for developing the Three-Year Program and Expenditure Plans, Annual Plan Updates and other MHSA initiatives including Innovation proposals.

This structure is anchored by the MHSA Steering Committee and adheres to the California Code of Regulations (CCR) § 3200.270 and CCR § 3200.300 to ensure that stakeholders reflect the diversity of the county’s demographics, including, but not limited to geographic location, age, gender, and race/ethnicity. The CPPP also utilizes the Community Program Planning (CPP) Workgroup, Department of Health Services, Cultural Responsiveness Committee, Mental Health Board, Board of Supervisors, individuals with lived experience, family members, MHSA contractors, mental health providers, community committees, and all other stakeholders. The chart below illustrates the Stakeholder groups.



MHSA Steering Committee

The current composition of the MHSA Steering Committee includes representation from individuals with lived experience, family members, the Mental Health Board, education, health, law enforcement, housing, veterans, 0-5 year olds and their caregivers, transitional age youth, and LGBTQ+.

The Steering Committee has a total of 27 members after conducting a recruitment. New members are provided in-depth training covering MHSA history, regulations, Sonoma’s CPPP, current expenditure plan, MHSA funded programs, and expectations for participation. Sonoma County offers stipends to participants that are not attending meetings as part of their job to encourage full participation.

In FY 2024-2025 the Steering Committee engaged in timely discussions about mental health in the county, assessed the FY 23-24 Listening Session Report, reviewed the Life Worth Living Suicide Prevention Strategic Plan, reviewed the FY 25-26 MHSA Plan, and discussed implementation of the Behavioral Health Services Act.

The MHSA Steering Committee meeting minutes can be found on the Sonoma County Department of Health Services, Behavioral Health Division MHSA website at <https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/behavioral-health/about-us/mental-health-services-act>

MHSA Steering Committee members for 2024-2054 are listed in the table below.

Name	Representation
Allison Murphy	0-5 year olds, mothers and caregivers
Amanda Lopez	Veterans Affairs
Becky Ennis	Mental Health provider, family member
Christy Davila	Mental Health Provider
Denise Johnson	Older Adults
Dory Escobar	Community Health Consultant, DEI Expert
Ellisa Reiff	Disabilities
Erika Klohe	Provider, lived mental health experience, family member
Fabiola Espinosa	BHSA Analyst, Family member, Latina
Fletcher Skerrett	Law Enforcement
Gregory Fearon	Behavioral Health Board
Jan Cobaleda-Kegler	Behavioral Health Director
Jeane Erlenborn	Education, transition age youth
Julie Kawahara	MHSA Consultant and DEI Expert

Katie Bivin	Youth and Behavioral Health School Partnership
KT Swan	Provider, lived mental health experience, family member
Kimi Barbosa	LGBTQI+ Community
Lisa Nosal	Cultural Responsiveness, Inclusion & Training Coordinator
Mandy Corbin	Education
Maricarmen Reyes	Family member
Mary-Frances Walsh	NAMI, Family member
Melissa Ladrech	BHSA Coordinator, Family Member
Michael Gause	Ending Homelessness
Michael Johnson	Mental Health Board, lived mental health experience
Paula Glodowski Valla	Human Services Department
Robin Phoenix	Lived mental health experience, Homeless Services
Sandra Uribe	0–5-year-olds and caregivers
Saskia Garcia	Provider, family member, lived mental health experience

The Steering Committee convened four times in FY 2024-2025. The dates and topics of the meetings are in the chart with all of the stakeholder meetings on page XX.

Community Program Planning Workgroup

A powerful force leading CPPP is the Community Program Planning (CPP) Workgroup, a subcommittee of the MHSA Steering Committee. The CPP Workgroup is comprised of MHSA Steering Committee members and additional diverse stakeholders from the community at-large.

When the CPP Workgroup was established in 2020, it was determined that the purpose of the Workgroup is to support community engagement of local stakeholders to obtain input on the development of the county’s MHSA Three-year plans and Annual Updates. More specifically, the CPP Workgroup established the following goals:



Expand the community's knowledge of the public mental health system, specifically MHSa funded programs and services.



Strengthen community partnerships and relationships with diverse representation.



Expand and strengthen partnership and relationships with clients and family members.



Increase the engagement of community representatives in existing and emerging CPP opportunities.

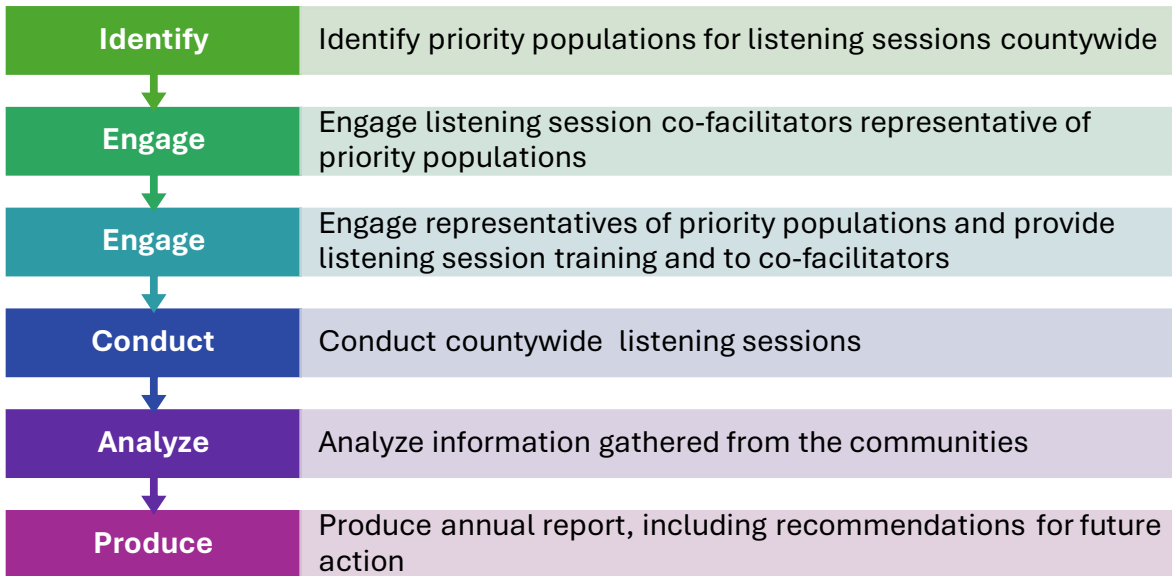
CPP Workgroup members:

Name	Representation/Organization
Barbosa, Kimi	Positive Images LGBTQI +
Escobar, Dory	Community Health Consultant, DEI Expert
Espinosa, Fabiola	MHSA Analyst, Family Member
Erlenborn, Jeane	Education, transition age youth
Garcia, Saskia	Sonoma Connect
Gutierrez, Angelina	Sonoma County Indian Health Project
Johnson, Michael	Mental Health Board, lived experience
Kawahara, Julie	MHSA Consultant, DEI Expert, family member
Klohe, Erika	Provider, lived mental health experience, family member
Ladrech, Melissa	MHSA Coordinator, family member
Manieri, Stephanie	Latino Service Providers
Murphy, Meghan	Provider
Onofre, Iridian	MHSA Senior Office Assistant
Reynolds, Michael	Mental Health Board, lived experience
Rogers, Michele	0-5-year-olds and caregivers
Rogers, Tina	CPP Listening Session co-facilitator
Swan, KT	Mobile Crisis Response, lived experience, family member
Turner, Lee	Community Baptist Collaborative

The CPP Workgroup was aware that most of the stakeholder input was from current clients, individuals, and organizations involved that were already involved with the Behavioral Health Division. The Workgroup wanted to expand the stakeholders to include voices that MHSa hadn't heard from in the past.

In 2022, the CPP Workgroup decided to conduct Listening Sessions with diverse populations that have been historically unserved and underserved, the listening sessions

CPP Listening Sessions Project Phases:



The workgroup selected 16 populations to find out more about their perceptions of local mental health support and services, what services are available, and what is still needed.

FY 2022-2023	FY 2023-2024	FY2024-2025
African American/Black	African American/Black Youth <i>(postponed)</i>	African American/Black Youth
Asian American/Pacific Islander (AAPI)	Agricultural Workers	AAPI (focus on PI)
Latinx Youth (immigrant & US-born)	Asian American/Pacific Islander Youth	Native
Latinx Adults (immigrant) – Sonoma Valley	Native (central County)	Unhoused Women
Latinx Adults (immigrant) – Cloverdale	Native (coastal) <i>(postponed)</i>	Veterans
Latinx Adults (low-wage earners) – Guerneville	People with Physical Disabilities <i>(postponed)</i>	LGBTQI (with intersectional marginalized identities)
LGBTQIA	Transitional Age Youth <i>(suspended)</i>	People with Physical Disabilities

Older Adults	Unhoused Adults (<i>postponed</i>)	
--------------	--------------------------------------	--

Within these populations, individuals and organizations were identified by Dory Escobar, the Listening Session consultant. The consultant and CPP Workgroup members identified co-facilitators for the selected populations. Once the co-facilitators were identified, they participated in an orientation and a comprehensive training. The co-facilitators are compensated with a stipend for attending training, outreach, and the listening sessions. An outline of this training is illustrated below.

Orientation	Facilitation Training
<ul style="list-style-type: none"> ○ Project Overview & Context ○ MHSA 101 ○ Listening Session Groups ○ Health & Safety ○ Role of Co-facilitators ○ Administrative Tasks/Forms ○ Team Meetings ○ Zoom Tips 	<ul style="list-style-type: none"> ○ Guiding Principles ○ Listening Session Questions ○ Participant Recruitment ○ Facilitation Skills ○ Sessions Planning & Prep ○ Interpretation of Results ○ Developing Recommendations

The listening session questions used were adapted from the California Mental Health Services Oversight & Accountability Commission for Transitional Age Youth listening sessions that were conducted in 2022. The co-facilitators found that the questions were very relevant to each one of the populations being engaged. The Sonoma County MHSA listening sessions co-facilitators used the following questions for this project:

What are the most critical mental health needs of people in your community today?

Has the need for support increased, decreased, or stayed the same in the past year compared to previous years?

How and where do people find that support? What barriers do they face in trying to get the help they need?

Who often gets overlooked when it comes to making mental health services available to your community?

Which types of organizations do folks go to when in need of mental health support or services and why?

What are the most important characteristics of an organization that advocates for and serves the behavioral health needs of your community?

What else should we know about the mental health needs of people in your community?

Qualitative data was captured through transcripts of the audio recordings of the listening sessions, along with co-facilitator notes. A review of the transcripts revealed emerging themes in each listen session, as well as themes that were common to several or all the groups. A simple thematic table was composed for each listening session, followed by a identification of common themes. As a community-based participatory project, the engagement of community representatives to serve as listening session co-facilitators was key.

Key Takeaways from FY 22-23 and FY 23-24

When comparing the two years of data collected through community-based listening sessions, significant and common themes emerged:

Findings	FY 22-23	FY 23-24
There is a need for more culturally aware and relevant services	X	X
Cultural or familial norms and stigma related to behavioral health have an impact on how services are perceived, accessed and received.	X	X
Increased behavioral health concerns including isolation, depression and stress associated with the COVID-19 pandemic, natural disasters, economics, racism and discrimination.	X	X
Intergenerational trauma is experienced in diverse populations in Sonoma County and is discussed or addressed to varying degrees and in different ways.	X	X
The value of safe spaces for building community and mutual support is recognized and desired.	X	X

Recommendations

Build upon and continue the series of community-led listening sessions with historically and currently isolated or marginalized communities and their organizations to support socially and emotionally safe spaces like the listening sessions and talking circles.

MHSA Symposium can be organized in conjunction with Mental Health Awareness month in May to inform and gather feedback from stakeholders on the project, institutionalize these conversations and convert recommendations into action.

In partnership with the communities and populations, normalize conversations about behavioral health and educate children, youth, and adults how to talk about feelings.

Explore opportunities to support representative cultural groups and tribes to establish and maintain behavioral health wellness spaces through small MHSA Prevention and Early Intervention Community Grants

Continue to participate in countywide efforts to understand and address the behavioral health-related needs of children and youth.

Progress on Recommendations:

Based on the recommendations of the listening sessions, the Division is working on two initiatives:

1. **Mini Grants:** The division is investing in community grants with technical and administrative support from CalMHSA. CalMHSA assists county behavioral health departments in administering grants to local organizations for providing mental health early intervention services to their communities. These Time-Limited Community Driven Prevention and Early Intervention grants will help to improve access to early intervention programs, linkages mental health resources, and culturally relevant healing and wellness activities for unserved and underserved groups.

Grants provide funding to community-based organizations in providing mental health Prevention and Early Intervention (PEI) services to communities throughout (county).

Grants focus on the following MHSA PEI component funding categories:

- Outreach
- Prevention
- Stigma and Discrimination Reduction
- Suicide Prevention

Total Grant allocation: \$570,000

- Awards are from \$15,000-\$100,000



Healing Grants: Provide community events for BIPOC, LGQBTQIA+ Communities, Holistic Healing, and Healing Circles

- Total Amount \$195,000

General PEI Grant Funding

- Total Amount
- \$375,000

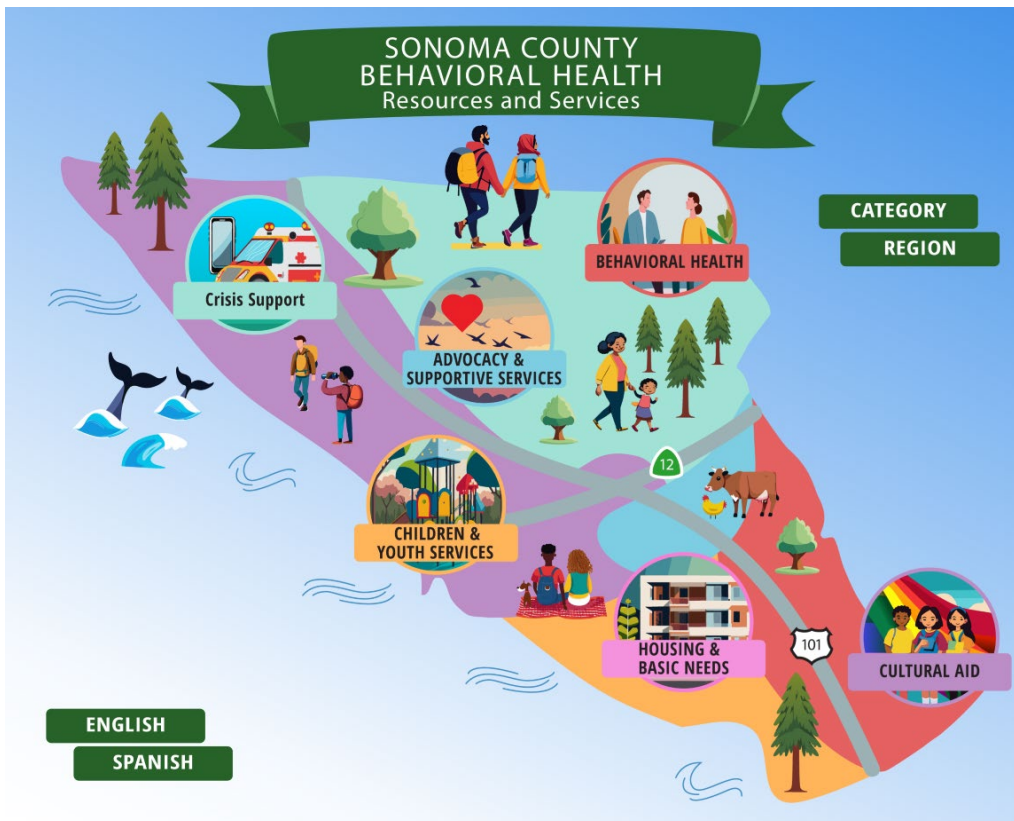
Provide community events for BIPOC, LGQBTQIA+ Communities, Holistic Healing, and Healing Circles

General PEI Grant Funding

Organizations that are eligible for grants:

- Non-profit agencies
- Faith-based organizations
- Schools
- Tribes
- Other entities that are dedicated to carrying out diverse community engagement efforts

2. **Interactive digital Resource Map:** The Division is nearly finished developing an interactive and bilingual Behavioral Health and Basic Needs Resource Map. The map will be posted on the division's website, and the map will also be printed out with a QR code that connects to the online map. We greatly appreciate the creativity of Michael Johnson, a stakeholder, Steering Committee and Life Worth Living Alliance member with lived mental health experience in designing the map.



3. The CPP Workgroup is organizing and hosting a May Listening Session Forum on May 7th, 2025. Leaders from the communities that were involved in the Listening sessions along with other stakeholders will be invited to attend and participate. The forum will include:
- Listening Session Report Summary
 - Break out groups
 - Lunch
 - Entire group discussion

The dates and topics of the CPP meetings are in the chart with all the stakeholder meetings on page XX.

Stakeholder Committee meetings

The MHSA Stakeholder Meetings are developed with and co-facilitated by the members of the CPP Workgroup. One goal for stakeholder engagement is to build the capacity for community members to have a foundation of knowledge about Sonoma’s MHSA planning and actively participate in promoting wellness and shaping access to quality services for a diverse population seeking mental health services.

These meetings are well attended, and the includes a one hour discussion about the transition from MHSA to BHSA and briefing on regulations, updates on programs and the new Annual Update or Three-year Plan, funding, and dedicated time for break-out sessions with discussions on Listening Session themes, stakeholder feedback is documented and considered in future decision-making. The dates and topics of the meetings are in the chart below with all the stakeholder meetings.

Overall Community Program Planning Process for Sonoma County’s MHSA Calendar:

July 1, 2024 – June 30, 2025

Date	Location	Stakeholder Group	Topics Discussed
Jul 1	Santa Rosa	MHSA Contractors: Anti-Racist Results Based Accountability –	<ul style="list-style-type: none"> • Stop the erasure of historically marginalized communities. • Use demographic data to disrupt inequity. • Maintain data transparency. • Take responsibility for outcomes and commit to doing better.
Jul 11	Santa Rosa	All Stakeholders	<ul style="list-style-type: none"> • County podcast in Spanish and English about Youth Mental Health
Aug 8	Virtual	Connection is Prevention (CIP) Cloverdale providers of	<ul style="list-style-type: none"> • Planning event • Developing event “passport”

		behavioral health services and supports	<ul style="list-style-type: none"> • Gathering providers to table to table at event
Aug 13	Santa Rosa and virtual	Connection is Prevention (CIP) Santa Rosa providers of behavioral health services and supports	<ul style="list-style-type: none"> • Planning event • Developing event “passport” • Gathering providers to table at event
Aug 13	Santa Rosa and virtual	Life Worth Living (LWL): Sonoma County Suicide Prevention Alliance	<ul style="list-style-type: none"> • Updates • September is Suicide Prevention Month: • New structure of LWL Alliance
Aug 14	Santa Rosa and virtual	MHSA Steering Committee	<ul style="list-style-type: none"> • Updates • September is Suicide Prevention Month • Discussion
Aug 20	Santa Rosa and virtual	Connection is Prevention (CIP) Santa Rosa providers of behavioral health services and supports	<ul style="list-style-type: none"> • Planning event • Developing event “passport” • Activities • Raffle items
Aug 21	Virtual	Connection is Prevention (CIP) Sonoma Valley providers of behavioral health services and supports	<ul style="list-style-type: none"> • Planning event • Developing event “passport” • Activities • Raffle items • Swag bags
Aug 27	Santa Rosa and virtual	Connection is Prevention (CIP) Santa Rosa providers of behavioral health services and supports	<ul style="list-style-type: none"> • Planning event • Developing event “passport” • Activities • Raffle items • Swag bags
Aug 28	Virtual	Connection is Prevention (CIP) Sonoma Valley providers of behavioral health services and supports	<ul style="list-style-type: none"> • Planning event • Finalizing passports • Swag bags
Sep 7	Santa Rosa Old Court House Square	All Stakeholders	<ul style="list-style-type: none"> • Connection is Prevention (CIP) event • Community Building • Resource fair • Paletas • Raffles
Sep 10	Santa Rosa and virtual	Connection is Prevention (CIP) Santa Rosa providers of	<ul style="list-style-type: none"> • Wrap up • What went well

		behavioral health services and supports	<ul style="list-style-type: none"> • Changes for next year
Sep 12	Virtual	Connection is Prevention (CIP) Cloverdale providers of behavioral health services and supports	<ul style="list-style-type: none"> • Wrap up • What went well • Changes for next year
Sep 21	Cloverdale Plaza	All Stakeholders	<ul style="list-style-type: none"> • Connection is Prevention (CIP) event • Community Building • Resource fair • Paletas • Raffles
Sep 25	Hanna Center, Sonoma Valley	Connection is Prevention (CIP) Sonoma Valley providers of behavioral health services and supports	<ul style="list-style-type: none"> • Connection is Prevention (CIP) event • Community Building • Resource fair • Tacos and Ice Cream • Raffles
Oct 9	Virtual	Connection is Prevention (CIP) Cloverdale providers of behavioral health services and supports	<ul style="list-style-type: none"> • Wrap up • What went well • Changes for next year
Oct 10	Petaluma	Mental Health Board Public Hearing for the Draft FY 24-25 MHSA Annual Update & Expenditure Plan	<ul style="list-style-type: none"> • MHSA History & Local Review Process • Program Report for FY 22-23 • Draft FY 24-25 MHSA Annual Update • Expenditure Plan • BHSA/BHT • Public Comment Period
Nov 6	Santa Rosa	All Stakeholders	<ul style="list-style-type: none"> • Innovation Forum
Nov 12	Santa Rosa and virtual	Life Worth Living (LWL): Sonoma County Suicide Prevention Alliance	<ul style="list-style-type: none"> • Updates • Connection is Prevention • Training Plan Workgroup
Nov 13	Santa Rosa and virtual	MHSA/BHSA Steering Committee	<ul style="list-style-type: none"> • Behavioral Health Continuum Infrastructure Program (BHCIP) • Updates • Two Year Transition from MHSA to BHSA
Jan 15	Santa Rosa and virtual	BHSA Community Program Planning (CPP) Workgroup	<ul style="list-style-type: none"> • Listening Sessions Report • BHSA Implementation • Large Stakeholder Community Listening Session Forum • Mini Grants
Feb 5	Santa Rosa and virtual	MHSA/BHSA Steering Committee	<ul style="list-style-type: none"> • MHSA to BHSA Transition • BREAK • Draft BHSA Gap Analysis

			<ul style="list-style-type: none"> • Large Stakeholder Community Listening Session Forum • Community PEI Grants
Feb 11	Santa Rosa and virtual	Life Worth Living (LWL): Sonoma County Suicide Prevention Alliance	<ul style="list-style-type: none"> • Review Strategic Plan Budget • Review Draft Training Plan • View Tell My Story and Discuss
Mar 14	List serv and email	All Stakeholders	<ul style="list-style-type: none"> • Post Draft FY 25-26 Plan Update and Expenditure Plan and FY 23-24 Program Report
Mar 19	Santa Rosa and virtual	BHSA Community Program Planning (CPP) Workgroup	<ul style="list-style-type: none"> • Review Draft FY 25-26 Plan Update and Expenditure Plan and FY 23-24 Program Report • Public Comment • Plan MHSA Listening Session Forum
Apr 8	Santa Rosa	All Stakeholders	<ul style="list-style-type: none"> • Review Draft FY 25-26 Plan Update and Expenditure Plan and FY 23-24 Program Report <p>MHSA Transition to BHSA</p>
Apr 15	Cloverdale and virtual	Behavioral Health Board Public Hearing	<ul style="list-style-type: none"> • Review Draft FY 25-26 Plan Update and Expenditure Plan and FY 23-24 Program Report • MHSA Transition BHSA • Public Comments
May 6	Santa Rosa and virtual	Board of Supervisors	<ul style="list-style-type: none"> • Review and approval of Draft FY 25-26 Plan Update and Expenditure Plan and FY 23-24 Program Report
May 7	Santa Rosa	All Stakeholders	BHSA Community Program Planning Presents: MHSA Listening Session Forum
May 13	Santa Rosa	Life Worth Living (LWL): Sonoma County Suicide Prevention Alliance	<ul style="list-style-type: none"> • Sonoma Suicide Data Report • RFP for Training Plan
May 14	Santa Rosa and virtual	MHSA/BHSA Steering Committee	<ul style="list-style-type: none"> • MHSA Transition to BHSA • BHT Policy Manuals • Capacity Assessment • Focus on Housing
May 29	Santa Rosa	All Stakeholders	Grand Opening Celebration of the Youth and Family Latinx Clinic
June	Santa Rosa	MHSA Contractors	<ul style="list-style-type: none"> • Anti-Racist Results Based Accountability • Quarterly Reporting • Preparing for BHSA

NOTE: The events in the grey rows are scheduled and have not occurred yet.

Life Worth Living: Sonoma County Suicide Prevention Alliance



In 2022, Jan Cobaleda-Kegler, Behavioral Health Director, convened a time limited Suicide Prevention Alliance to develop a Sonoma County Suicide Prevention Strategic Plan. Because Sonoma County has a suicide rate that is significantly higher than the state average, Sonoma is being provided technical assistance from Striving for Zero Suicide Prevention Learning Collaborative Technical Assistance Team.

The coalition recruited members from a broad spectrum of community and government organizations that are concerned about suicide prevention. Members have participated in collaborative meetings, reviewing suicide related data, information gathering activities, and prioritization of activities. The Alliance has accomplished the following in FY 2024-2025:

Finalized the **Sonoma County Suicide Prevention Strategic Plan**

Hosted Three annual suicide prevention month events throughout the County: **Connection is Prevention**

Developed Suicide Prevention Strategic Training Plan



The table below lists the Life Worth Living Alliance members:

NAME	Organization/Representation
Ali Soto	Sonoma County Office of Education, Transition Age Youth
Amanda Lopez	Veterans Affairs
Christina Nihil	Buckelew, Suicide Prevention
Citlaly Martinez	Humanidad
Cristian Gutierrez	Latino Service Providers
Erika Klohe	Provider, Buckelew, lived experience, family member
Fabiola Espinosa	MHSA Analyst, family member

Fletcher Skerrett	Law Enforcement
Imelda Vera	Humanidad
Jan Cobaleda-Kegler	Behavioral Health Division Director
Jeane Erlenborn	Santa Rosa Junior College, Transition Age Youth
Jenny Mercado	Department of Health Services, Epidemiology
Katie Bivin	Behavioral Health School Based Program and Medication Support Manager, youth
Leslie Petersen	Hanna Center
Lisa Nosal	Cultural Responsiveness, Inclusion & Training Coordinator
Marikarmen Reyes	Family member
Mary Champion	Sonoma County Office of Education
Mary-Francis Walsh	NAMI, family member
Melissa Ladrech	MHSA Coordinator, family member
Michael Johnson	Mental Health Board, lived experience
Michael Reynolds	Mental Health Board, lived experience
Michael Schemmel	Law Enforcement, Coroner's Office
Rebekah Pope	Sonoma County Office of Education
Sarahi Hernandez	Latino Service Providers

Shelly Niesen-Jones	Kaiser, healthcare, provider
Shriya Ambre	Buckelew, Suicide Prevention
Steve Diamond	Buckelew, Suicide Prevention

Additional Stakeholder Outreach

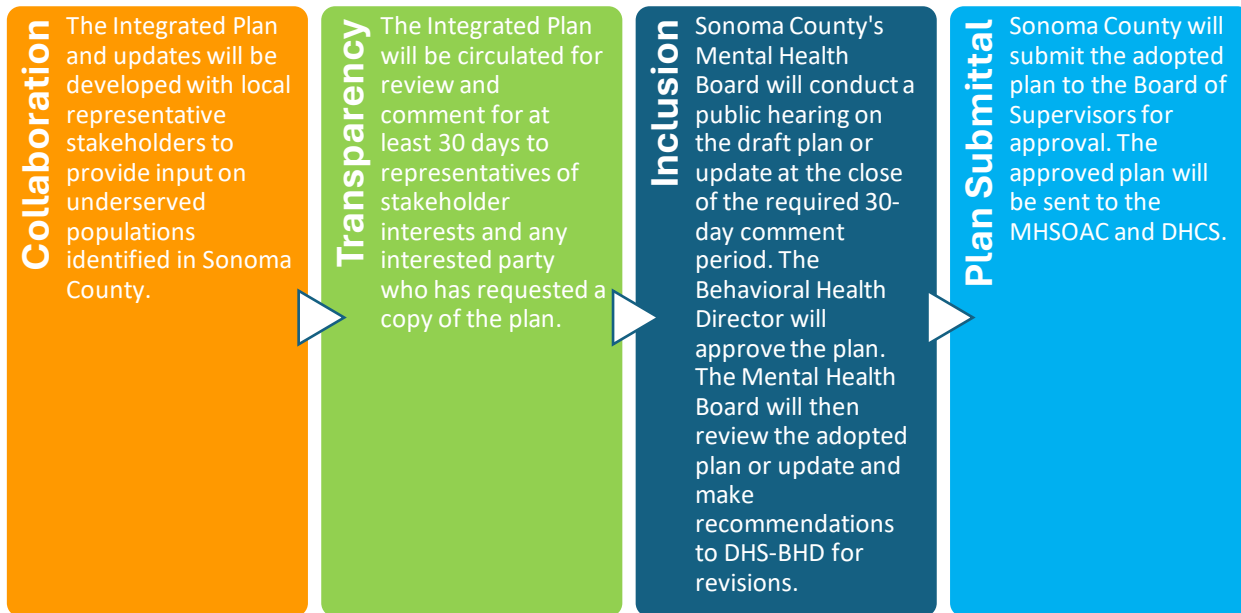
DHS-BHD also publishes an MHSA Newsletter, featuring relevant MHSA news, information, and events. A hard copy version of the newsletter is produced every 3-4 months and is shared with a variety of community groups and stakeholders, including the Mental Health Board, Sonoma County Board of Supervisors, DHS-BHD program managers, and contractors. An archive of the newsletter PDFs is available on the MHSA website. An email version of the newsletter is produced and sent out every 3-4 months. People can subscribe to the email newsletter via the MHSA website at:

See Appendix 1 on Page XX for the MHSA newsletters distributed during FY 2024-2025.

The Public Review and Public Hearing Process

Per Title 9, CCR Section 3315, Sonoma County has conducted a local review process for the community to review and comment on the FY 2024-2025 MHSA Annual Plan Update and Expenditure Plan.

Graphic 1: The Public Hearing Process



Sonoma County’s Draft FY 2025-2026 MHSA Annual Plan Update and Expenditure Plan was posted and emailed for public review on March 17, 2025. DHS-BHD requested that stakeholders review the draft Plan Update and submit comments and questions before April 15, 2025 to:

Melissa Ladrech, LMFT, BHSA Coordinator
Sonoma County Department of Health Services
Behavioral Health Division
2227 Capricorn Way, Suite 207
Santa Rosa, CA 95407 or email at: MHSA@sonoma-county.org

The 30-day comment period will culminated in a final public hearing for the FY 2025-206 MHSA Annual Plan Update on April 15, 2024 hosted by the Behavioral Health Board.

Substantive comments from the Behavioral Health Board and Public Comments:

Analysis of substantive comments:

MHSA Annual Plan Update Distribution and/or Public Hearing Outreach to Stakeholders for 2025-2026

Date	Action
3/14	Post draft MHSA Plan on DHS, BHD, MHSA, and Mental Health Board web pages
3/14	Sent notice via email to 2500+ MHSA Update subscribers
3/17	Email Mental Health Board, MHSA Steering Committee, MHSA Stakeholder Committee, MHSA Contractors, and Staff Contact List with link to draft Plan
4/15	Public Hearing with Mental Health Board and Stakeholders
5/6	Board of Supervisors reviews and finalizes MHSA Annual Plan Update

The items in grey font have not occurred yet. Once the FY 2025-2026 MHSA Annual Plan Update and Expenditure Plan is adopted by the Sonoma County Board of Supervisors on May 6, 2025, DHS-BHD will send the approved plan to DHCS and the MHSOAC to remain on file for review and evaluation purposes by June 5, 2025.

SONOMA COUNTY'S FY 2025 – 2026 PROGRAM PLAN UPDATE

Mental Health Services Act (MHSA) FY 25-26 Annual Plan Update

Sonoma County Department of Health Services, Behavioral Health Division (DHS-BHD) is pleased to present this Mental Health Services Act (MHSA) Annual Program Plan Update for Fiscal Year (FY) 2025-2026 (25-26) and this FY 25-26 Annual Plan is an update to the FY 2023-2026 Three Year Plan. The MHSA Annual Plan for FY 25-26 has been developed in collaboration with MHSA stakeholders as detailed in the Community Program Planning section on pages XX-XX. This Annual Plan Update (“The Plan”) describes MHSA funded programs including: the program description, numbers to be served, and the monies allocated to these programs. The program outcomes for FY 23-24 can be found in the FY 23-24 Program Report along with the FY 21-24 Three-year PEI Report that follows the FY 25-26 Expenditure Plan. The content of this Plan includes:

- MHSA transition to Behavioral Health Services Act (BHSA) and Behavioral Health Transformation (BHT)
- Summary of Gap Analysis
- Changes to the FY 23-26 Three-Year Plan
- Detailed description of MHSA programs and services planned for FY 25-26 by component:
 - Community Services and Supports (CSS) modifications
 - Prevention and Early Intervention (PEI) modifications
 - Innovation project updates
 - Workforce Education and Training (WET) Plan Update
 - Capital Facilities and Technology Needs (CFTN) Plan Update

MHSA transition to BHSA and Behavioral Health Transformation (BHT)

In recent years, California has undertaken historic efforts to re-envision the state’s publicly funded mental health and substance use disorder (SUD) services, with a special focus on county-administered specialty mental health and substance use disorder services. In March 2024, voters approved Proposition 1 to reform the Mental Health Services Act (MHSA) and fund needed behavioral health facility infrastructure through a general obligation bond. The efforts to implement Proposition 1 are referred to as Behavioral Health Transformation (BHT).

The primary goals of BHT are to:

- improve access to care
- increase accountability and transparency for county-administered behavioral health services
- expand the capacity of behavioral health care facilities in California

Under BHT, county reporting will be uniform across the state to allow for comprehensive and transparent reporting of the Behavioral Health Services Act funding in relation to all public local, state, and federal behavioral health funding. BHT builds upon and aligns with nine other major behavioral health initiatives in California. The other initiatives are listed below with hyperlinks:

- [California Advancing and Innovating Medi-Cal \(CalAIM\) initiative](#)
- [Behavioral Health Community-Based Organization Networks of Equitable Care and Treatment \(BH-CONNECT\)](#)
- [Children and Youth Behavioral Health Initiative \(CYBHI\)](#),
- [Medi-Cal Mobile Crisis services](#),
- [Behavioral Health Bridge Housing](#)

- [Community Assistance, Recovery, and Empowerment \(CARE\) Act](#),
- [Lanterman-Petris-Short Conservatorship](#)
- [988 expansion](#)
- [Behavioral Health Continuum Infrastructure Program \(BHCIP\)](#).

California continues to face behavioral health challenges impacted by many factors, including but not limited to the lack of affordable housing and increasing homelessness, the behavioral health workforce shortage, a youth mental health crisis, an older adult mental health crisis, and a shortage of culturally responsive and diverse care. Many of these challenges make it difficult for individuals to navigate California’s behavioral health care delivery systems and access services at the right time and in the right place.

Bond

In addition to reforming the MHSA, Proposition 1 includes the Behavioral Health Infrastructure Bond Act of 2023. This bond authorizes \$6.38 billion to build new behavioral health treatment beds and supportive housing units to help serve more than 100,000 people annually. This investment creates new, dedicated housing for people experiencing or at risk of homelessness who have behavioral health needs, with a dedicated investment to serve veterans. These settings will provide Californians experiencing behavioral health conditions with places to stay while safely stabilizing, healing, and receiving ongoing support.

Behavioral Health Continuum Infrastructure Program

In 2021, DHCS was authorized to establish the Behavioral Health Continuum Infrastructure Program (BHCIP) and award \$2.1 billion in funding to construct, acquire, and expand properties and invest in mobile crisis infrastructure related to behavioral health. DHCS has been releasing these funds through multiple grant rounds targeting various gaps in the state’s behavioral health facility infrastructure.

The Behavioral Health Bond Act of 2023 leverages the success of BHCIP and authorizes DHCS to award up to \$4.4 billion for BHCIP competitive grants. Please refer to the [BHCIP webpage](#) for the latest information.

- Sonoma County has applied to build four 16 bed units and a 40 bed SUD residential facility co-located on the same site. The Department will be informed if the application was successful in May 2025 by the Department of Health Care Services.

Overview of the Behavioral Health Services Act

The Behavioral Health Services Act (BHSA) is the first major structural reform of the Mental Health Services Act (MHSA) since it was passed in 2004. The MHSA imposed a 1% tax on personal income over \$1 million. Counties receive these funds monthly to provide community-based mental health services. The MHSA was designed to serve individuals with serious mental illness (SMI) and individuals that may be at risk of developing serious mental health conditions. The MHSA created a broad continuum of prevention, early intervention, innovative programs, services, and infrastructure, technology, and training elements. MHSA has been a crucial resource to increase access to mental health services for all eligible populations.

The reforms within the BHSA expand the types of behavioral health supports available to Californians who are eligible for services and are in need by focusing on historical gaps and emerging policy priorities. BHSA is also designed to support clients with more acute conditions. The key opportunities for transformational change within the BHSA include:

1. Reaching and Serving High Need Priority Populations

- Restructures funding allocations for the BHSA program components by focusing allocations on the areas of most significant need among Californians, including individuals across the lifespan at risk of or experiencing justice and system involvement, homelessness, and institutionalization.
- Prioritizes early intervention, especially for children and families, youth, and young adults, to provide early linkage to services and prevent mental health conditions, co-occurring disorders, and substance use disorders from becoming severe and/or disabling.
- Prioritizes serving individuals experiencing homelessness or at risk of homelessness, especially individuals and families experiencing long-term homelessness. The BHSA dedicates revenue for counties to assist those with severe behavioral health needs to be housed and provides a path to long-term recovery.
- Updates Full Service Partnerships (FSP) requirements to better serve individuals with the most significant needs by requiring FSP programs to include specified, evidence-based delivery models, community-defined evidence practices, and standardized levels of care.

2. Increasing Access to Substance Use Disorder Services, Housing Interventions, and Evidence-Based and Community-Defined Practices, and Building the Behavioral Health Workforce

- Expands the categories of services that may be funded with BHSA dollars to include treatment for substance use disorders, regardless of the presence of a co-occurring mental health condition.
- Provides ongoing funding for counties to assist people living with significant mental health conditions, substance use disorder needs and co-occurring behavioral health needs with housing.
- Increases investments in the behavioral health workforce including efforts to support more culturally, linguistically, and age-appropriate care by building a more representative workforce that reflects the community.
- Requires implementation of specified evidence-based and community-defined evidence practices to improve outcomes for youth and adults with complex behavioral health conditions including Assertive Community Treatment (ACT) for adults, High Fidelity Wraparound for youth and families.

3. Focusing on Outcomes, Transparency, Accountability, and Equity

- Requires counties to complete a county Integrated Plan for behavioral health services and outcomes, which will include information on all local behavioral health funding and services, including Medi-Cal and non-Medi-Cal specialty behavioral health programs and funding streams.
- Requires counties to complete an annual county Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR) to provide public visibility into county spending, disparities, and results.
- Utilizes data through the lens of health equity to identify racial, ethnic, age, gender, and other demographic disparities and inform disparity reduction efforts.

BHSA has redesigned the MHSAs fund components. MHSAs fund three primary components:

Component	Percentage of funds	Conditions of funding
-----------	---------------------	-----------------------

Community Services and Supports:	76%	The majority of funds are to be spent on Full Service Partnerships
Prevention and Early Intervention	19%	The majority of funds are to be spent on individuals \leq 25 years old and or their caregivers
Innovation	5%	Requires local stakeholder engagement and approval from Mental Health Service Oversight and Accountability Commission

Below are the BHSA components:

Component	Percentage of funds	Conditions of funding
Full Service Partnership	35%	Must provide evidence based treatment that DHCS stipulates
Behavioral Health Services and Support	35%	51% of funds are to be spent on Early Intervention, and 51% of Early Intervention funds are to be spent on clients that are 25 years and younger.
Housing	30%	50% of funds are to be spent on chronically homeless that have behavioral health challenges.

Timeline for Implementation

2024–2026	<ul style="list-style-type: none"> Expanding Stakeholders and contract with Mission Consulting
Q1 2025	<ul style="list-style-type: none"> Analysis of current system needs and funding Develop and Post FY 25-26 MHSA Annual Update
Q 2 & 3 2025	<ul style="list-style-type: none"> Develop scaffolding of the FY 26-29 Three Year Integrated Plan (IP)
Q4 2025	<ul style="list-style-type: none"> Develop and Release Request for Proposals (RFP) for components: BHSS, Housing, and FSP.
Q1 2026	<ul style="list-style-type: none"> Refine and finalize FY 26-29 Integrated Plan
Q2 2026	<ul style="list-style-type: none"> Finalize BHSA Contracts Post FY 26-29 BHSA Integrated 3 Year Plan BOS reviews and approved Integrated 3 Year Plan
July 1, 2026	<ul style="list-style-type: none"> Implement BHSA

Final MHSA Reporting Timeline:

Report	Due Date
FY 23-24 Annual Revenue and Expenditure Report	January 31, 2025 (completed)
FY 25-26 MHSA Annual Plan Update, Expenditure Plan, and FY 23-24 Program Report	June 30, 2025
FY 24-25 Annual Revenue and Expenditure Report	January 31, 2026 (completed)
FY 24-25 Program Report	June 30, 2026
FY 25-26 Annual Revenue and Expenditure Report	January 31, 2027 (completed)
FY 25-26 Program Report	June 30, 2027

Mission Consulting:

The Department of Health Services, Behavioral Health Division has contracted with Mission Consulting to assist in the transition from MHSA to BHSA. Mission Consulting is a public sector management consulting firm that helps California's leaders elevate organizational performance for the past 30 years. They have performed hundreds of projects for dozens of state and local agencies.

Project management and BHSA implementation support

- Ongoing communication to stakeholders and project lead

High-level Gap Analysis

- Current Environment
- Future Environment
- Identifying gaps, recommended activities, and implementation plan

Support DHS in managing and performing activities for BHSA transition.

- Research and analysis of BHSA requirements, alternative approaches, best practices
- Stakeholder engagement
- Strategic advisory services
- Facilitating and documenting DHS decision-making
- Further support DHS in managing and performing select activities in support implementation of BHSA

Capacity Assessment

- Overseeing project; facilitating Steering Committee meetings,
- Data and documentation review, key informant interviews, and system mapping
- Data collection and analysis, focus groups, community survey, data analysis, and sharing of initial findings
- Develop draft and final Capacity Assessment

Summary Sonoma County Behavioral Health Division Gap Analysis

Challenges in Sonoma County:

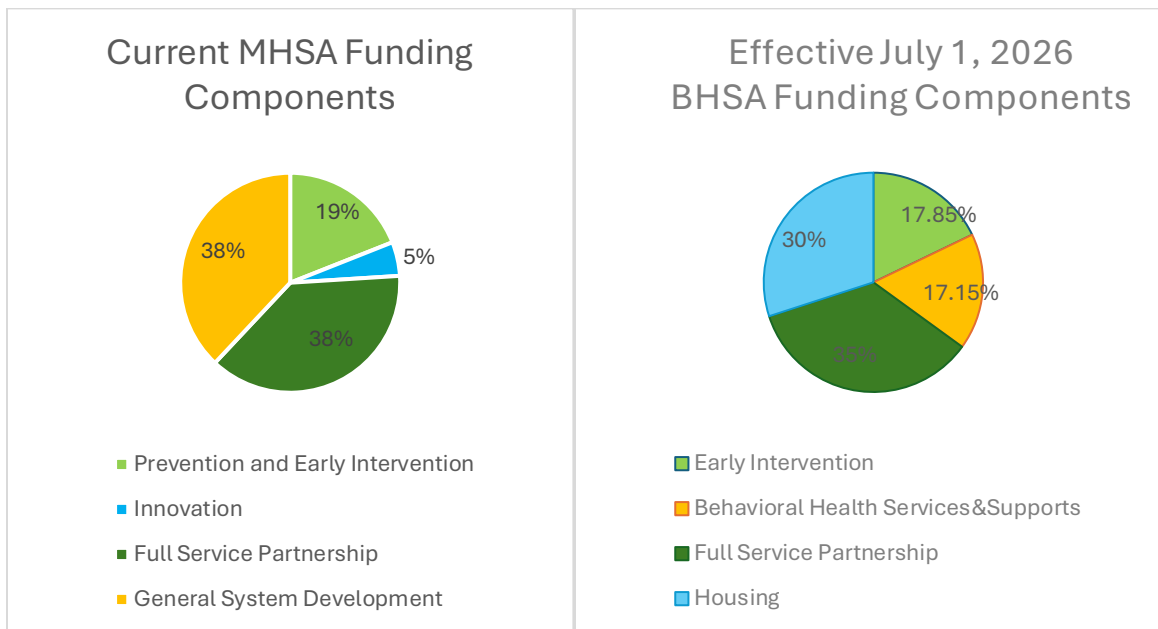
Despite recent progress, health disparities persist, particularly among rural and minority communities in areas such as food security, education, and housing.

- The homeless rate has sharply increased due to economic pressures, housing affordability issues, behavioral health needs, and an aging population.
- Funding for behavioral health comes from multiple sources, including Measure O (local tax), Realignment revenue, federal/state grants, and MHSA funds.

Transition from MHSA to BHSA

Proposition 1 (2024) established the Behavioral Health Services Act (BHSA), replacing MHSA. BHSA shifts funding priorities toward:

- Housing solutions for individuals with severe behavioral health needs.
- Integrated mental health and substance use disorder treatment.
- Better care coordination in alignment with BH-CONNECT, CalAIM, and CARE Court.



Sonoma must restructure programs, ensure compliance, and align services with BHSAs requirements before the July 1, 2026 implementation. Key Strategies for a Successful Transition:

- Expand Housing Interventions – Address chronic homelessness and integrate behavioral health support with housing solutions.
- Workforce Development – Fill critical vacancies and improve training in evidence-based practices, leveraging state workforce initiatives.
- Enhance Early Intervention – Strengthen early intervention efforts for at-risk populations, especially youth.
- Align Behavioral Health Funding & Programs – Conduct a review of expenditures to ensure alignment with BHSAs, CalAIM, and BH-CONNECT.

- Implement a Clear Communication Strategy – Inform DHS staff, providers, and community members about BHSA changes and engage stakeholders in the transition process.

Sonoma County is at a critical turning point in reshaping its behavioral health system. While workforce shortages and shifting funding priorities pose challenges, strategic planning, community engagement, and system-wide coordination can ensure a smooth transition to BHSA. By prioritizing housing, workforce development, and improved service coordination, Sonoma County can enhance behavioral health support and improve outcomes for its residents.

Significant changes to The Plan for FY 25-26

As outlined in the FY 25-26 Expenditure Plan, the County anticipates receiving \$30 million in new MHSA (Mental Health Services Act) funding, contributing to a total budget of \$45.4 million for FY 25-26.

It is crucial to utilize MHSA funds within three years, as per MHSA regulations (WIC Title 9 Section 5847), which state that any funds not spent within this timeframe must be reverted to the state. Since the inception of the Act, the County has not had to revert any MHSA funds. Before the implementation of the Behavioral Health Services Act (BHSA), the County plans to preserve funds to complete the two remaining Innovation projects. Additionally, the Department, in collaboration with stakeholders, will carefully consider how to allocate any remaining MHSA funds across the BHSA components, which include Full Service Partnerships, Housing, and Behavioral Health Services and Supports.

The division is employing strategic planning as it approaches BHSA implementation. The following key strategies are being implemented:

- Transfer the maximum allowable amount of Community Services and Support funds to Workforce, Education and Training, as well as Capital Facilities and Technology Needs, in order to set aside funds for future needs and extend the life of the available funds.
- Maintain and enhance six Full Service Partnership programs.
- Conserve the fund balance to direct any unspent funds toward programs and components under the BHSA. This approach will provide the Division with greater flexibility as it moves forward with BHSA implementation.

Here are the significant changes and impacts for FY 25-26 for CSS:

Changes	Impacts
Community Services and Supports	
Full Service Partnership (FSP) teams: The FSP teams provide wrap-around services to clients in our system of care with the most serious mental health impairments and the majority of the Community Services and Supports funds must be allocated to the FSP teams.	
Bucklew Tamayo Village Program will be providing supportive housing for the Transitional Age Youth (TAY) Full Service Partnership clients. This program provides youth between 18 and 25 years old access to	The addition of Buckelew’s Tamayo Village Program for TAY FSP will cost \$166,894 and will assist ten clients annually to transition into independent living.

stable housing alongside comprehensive mental health services.	
Full Service Partnership for Unhoused program will not be implemented. The FSP for Unhoused was in the FY 24-25 MHSA Plan Update, however due to limited resources and strategic planning for Behavioral Health Services Act the Division is not able to start the program	The Division will not add a seventh Full Service Partnership Program to the continuum of care. This program was budgeted at \$1.7 million annually. Since the program has not started, the impact will be minimal.

Sonoma County's FY 2025 – 2026 Annual CSS Program Plan Update

The following table provides the estimated cost per client for FY 25-26 CSS Programs:

Program	Estimated # to be served	Children and Youth (0-15)	Transition Age Youth (16-25)	Adults (26-59)	Older Adults (60+)	Estimated MHSA cost per person (\$)
Forensic Assertive Community Treatment (FACT) Team						
County of Sonoma Department of Health Services Behavioral Health Division (DHS-BHD)	60	0	4	50	6	16938
Buckelew Programs - FACT - Independent Living Skills (ILS) [contractor]						
Buckelew Programs - FACT - Supplemental Patch for Unlicensed Supportive Housing Units						
Family Advocacy, Stabilization & Support Team (FASST)						
DHS-BHD	288	132	156	0	0	9187
Alternative Family Services [contractor]						
Seneca (SMHS for FASST Clients)[contractor]						
Community Aciton Partnership(formerly Lifeworks) (SMHS for FASST Clients)[contractor]						
Community Action Partnership(formerly Lifeworks) TBS for FASST Clients[contractor]						
TLC Child & Family Services (SMHS for FASST Clients)[contractor]						
Integrated Recovery Team (IRT)						
DHS-BHD	63	0	2	54	7	14285
Older Adult Intensive Team (OAIT)						

DHS-BHD	64	0	0	0	64	11015
Transition Age Youth (TAY) Team						
DHS-BHD	45	35	10	0	0	27854
Buckelew Programs - TAY - Sonoma County Independent Living (SCIL) [contractor]						
Buckelew Programs - TAY- Tamayo Village [contractor]						
Buckelew Programs - TAY- Tamayo Village (Augmented Services @ Unlicensed Shelter [contractor]						
On The Move - VOICES [contractor]						
Adult Full Service Partnership (AFSP)						
DHS-BHD	60	0	0	60	0	29935
Telecare ACT [contractor]	35	0	10	25	0	24931
Buckelew - Family Service Coordination - system navigation, education and support [contractor]	324	1	14	108	201	1018
Wellness & Advocacy Center - WCCS [contractor]	552	0	45	403	104	1383
Russian River Empowerment Center - WCCS [contractor]	75	0	0	50	25	2466
Petaluma Peer Recovery Center - WCCS [contractor]	32	0	5	22	5	2601
Interlink - WCCS [contractor]	210	0	10	150	50	683
National Alliance on Mental Illness (NAMI) Sonoma County - Family-based Education, Advocacy and Support (FEAS) [contractor]	1725	0	169	1556	1280	131
General Systems Development (GSD)						
DHS-BHD Mobile Support Team (MST)	200	20	35	65	40	18289
DHS-BHD Collaborative Treatment and Recovery Team (CTRT)	220	0	40	149	31	741
CTRT System Navigation - Buckelew [contractor]						
DHS-BHD Community Mental Health Centers	300	0	35	225	40	6968
Senior Peer Support - Council on Aging for Seniors [contractor]	50	0	0	0	50	1871
Senior Peer Counseling West County Community Services [contractor]	33	0	3	26	4	2436
Sonoma County Human Services Department (HSD) - Job Link [contractor]	18	0	3	13	2	2599
Crisis Support - WCCS [contractor]	65	5	10	35	15	171

DHS-BHD Medication Support Services for Adult Programs	320	0	19	215	86	15408
DHS-BHD Medication Support Services for Youth Programs	213	99	114	0	0	10394
Alternative Family Services [contractor]	30	20	10	0	0	5130
Siyon Clinical Research [contractor]	161	0	21	105	35	4534
Outreach and Engagement (OE)						
DHS-BHD Whole Person Care (WPC)	77	0	3	63	11	17357
Sonoma County Indian Health Project - Community Programs [contractor]	234	77	66	87	4	386

PREVENTION AND EARLY INTERVENTION (PEI) PLAN FOR FY 25-26

Here are the significant changes and impacts to Community Services and Supports Programs for FY 25-26:

Changes	Impacts
Prevention and Early Intervention (PEI)	
Aldea’s SOAR (Supportive Outreach and Access to Resources) program provides comprehensive and evidence based treatment for individuals experiencing first episode psychosis. Aldea utilizes a coordinated specialty care model with a focus on early intervention, medication management, individual and group therapy, family education and supported employment and education services to promote recovery and minimize the impact of the illness.	Aldea’s SOAR program will assist up to 30 individuals with braided funding that includes \$100,000 in PEI funds annually.

Sonoma County’s FY 2024 – 2025 Three Annual Program Plan Update

The following table provides the estimated cost per client for FY 24-25 PEI Programs:

Program	Estimated # to be served	Children and Youth (0-15)	Transition Age Youth (16-25)	Adults (26-59)	Older Adults (60+)	Estimated MHA cost per person (\$)
PEI Programs - Prevention						
Action Network [contractor]	161	80	6	58	17	415
Community Baptist Church Collaborative [contractor]	179	30	26	94	30	747

Sonoma County Human Services Department - Older Adult Collaborative [contractor]	2500	0	0	0	2500	111
Sonoma County Indian Health Project [contractor]	236	81	45	110	0	189
PEI Programs - Prevention & Early Intervention						
La Luz [contractor]	460	60	40	307	53	191
Latino Service Providers of Sonoma County [contractor]	260	18	81	151	10	459
Positive Images [contractor]	311	57	53	91	110	365
PEI Programs - Early Intervention						
California Parenting Institute dba Child Parent Institute (CPI) [contractor]	83	53	7	19	4	2658
CAPE (BH School Partnership)RFP [contractor TBD]	TBD	N/A	N/A	N/A	N/A	TBD
La Luz [contractor]						
Seneca [contractor]	110	70	40	0	0	4545
Aldea - First Episode Psychosis [contractor]	14	1	12	1	0	7143
Early Learning Institute (ELI) [contractor]	1522	573	52	867	30	32
PEI Programs - Stigma & Discrimination Reduction						
Santa Rosa Junior College [contractor]	1067	0	924	143	0	209
PEI Programs - Suicide Prevention						
Buckelew Programs - North Bay Suicide Prevention Program [contractor]	2993	178	184	2160	471	60
PEI Programs - Access and Linkage to Treatment						
DHS-BHD Youth Access Team	400	238	162	0	0	1865791
DHS-BHD Adult Access Team	713	0	123	506	84	1873631
OPTUM - MOU County of Contra Costa, Marin, San Mateo [contractor]						
PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness						
Crisis Intervention Training (CIT) with Law Enforcement Personnel	60	0	0	60	0	504

INNOVATION (INN) PLAN FOR FY 24-25

Novel, creative and/or ingenious mental health practices/approaches that are expected to contribute to learning, which are developed within communities through a process that is inclusive and representative, especially of unserved and underserved individuals. Innovation pilot programs are time limited, and MHSa regulation (9 CCR § 3910.010) requires that the end date is not more than five years from the start date of the Innovative Project.

Brief descriptions of FY 25-26 Innovation projects can be found in the following pages:

Category	Project Information
Organization	DHS-BHD, Felton, and Behavioral Health Outcomes Data Services (BHODS)
Project	Crossroads to Hope
Total Project Budget	\$2,500,000
Brief Description	Crossroads to Hope will provide transitional housing to individuals with serious mental health concerns who have been diverted from the criminal justice system. Peer support specialists with lived mental health and criminal justice involvement will provide supportive services to clients along with the DHS-BHD Mental Health Diversion team.
Innovation	Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite
Primary Purpose	<ul style="list-style-type: none">• Increase access to unserved or underserved groups• Increase quality of mental health services, including better outcomes
Population to be served	<ul style="list-style-type: none">• 12-20 adults annually• Serves individuals with serious mental health concerns referred by probation and the courts
Learning Goals	<ol style="list-style-type: none">1. Does providing peer supervised transitional housing with ACT reduce recidivism?2. Does supervised transitional housing with ACT reduce recidivism for diverted?

Need in Sonoma The County has seen a significant increase in the number of individuals with mental health and substance use issues entering the criminal justice system in recent years. County jail data for 2017 showed that 479 inmates (45.5% of the jail population) were mental health involved. In 2018, this number increased to 513, (46.5%). The most recent figure for April 17, 2019, indicates 520 inmates (47%) are involved with mental needs.



Category	Project Information
Organization	DHS-BHD & California Mental Health Services Authority (CalMHSA)
Project	Semi-Statewide Enterprise Health Record
Total Project Budget	\$5,526,045
Brief Description	CalMHSA is currently partnering with 20+ California Counties – collectively responsible for over half of the state’s Medi-Cal beneficiaries – to enter into a Semi-Statewide Enterprise Health Record project. This project is unique in that it engages counties to collaboratively design a lean and modern EHR to meet the needs of counties and the communities they serve both now and into the intermediate future. Optimizing EHR platforms used by providers to meet their daily workflow needs can enhance their working conditions, increase efficiencies, and reduce burnout. This increased efficiency translates into more time to meet the needs of Californians with serious behavioral health challenges, while improving overall client care and increasing provider retention
Innovation	Introduces a new practice or approach to the overall mental health system, including prevention and early intervention
Primary Purpose	<ul style="list-style-type: none"> • Promotes interagency and community collaboration related to mental health services or supports or outcomes. • Increase quality of mental health services, including better outcomes.
Population to be served	<ul style="list-style-type: none"> • Serves Behavioral Health Care System clients and their families.

- Learning Goals**
1. Using a Human Centered Design approach, identify the design elements of a new Enterprise Health Record to improve California’s public mental health workforce’s job effectiveness, satisfaction, and retention.
 2. Implement a new EHR that is more efficient to use, resulting in a projected 30% reduction in time spent documenting services, thereby increasing the time spent providing direct client care.
 3. Implement a new EHR that facilitates a client-centered approach to service delivery, founded upon creating and supporting a positive therapeutic alliance between the service provider and the client.

Need in Sonoma Sonoma County, like many California Counties, has struggled with implementing Federal and State requirements, with our current EHR vendors and systems. The Division has minimal resources to administer our systems, and lack technical expertise in modification, enhancement, implementation and maintenance of our EHR systems.

Sonoma County’s FY 2025 – 2026 Annual Program Plan Update

The following table provides the estimated cost per client for FY 25-26 INN Projects:

Program	Estimated # to be served	Children and Youth (0-15)	Transition Age Youth (16-25)	Adults (26-59)	Older Adults (60+)	Estimated MHSA cost per person (\$)
Crossroads to Hope (Peer Program Provider) - Felton Institute[contractor]	12	0	1	10	1	642969
Crossroads to Hope (Evaluation Consultant) - Behavioral Health Outcomes Data Services[contractor]						
CalMHSA Electronic Health Record[contractor]	N/A	N/A	N/A	N/A	N/A	N/A

WORKFORCE, EDUCATION AND TRAINING (WET) PLAN FOR FY 24-25

Pursuant to WIC Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.”

Cultural Responsiveness, Inclusion and Training Coordinator

The Sonoma County Behavioral Health Cultural Responsiveness, Inclusion & Training Coordinator (CRIT) position is responsible for ensuring behavioral health services are provided in a culturally responsive manner to the diversity of our clientele, and that our diverse staff are supported and respected in their work. This oversight involves participation in several cross-cutting areas in the division including:

- Policy Development: ensuring division policies are nondiscriminatory and inclusive.
- Workforce, Education, and Training: diversifying the incoming behavioral health workforce and supporting its ability to care for diverse clients, including developing strategies for recruitment, hiring, on-boarding, training, support, and retention practices and ensuring the current behavioral health workforce is appropriately attending to the needs of our diverse clientele.
- Program Design and Development: participation in program design and development to control for bias and ensure equity and cultural relevance in service provision.
- Leadership Development: Strengthening management and administrative performance.

Workforce, Education and Training Activities

- The goal of our Workforce, Education, and Training (WET) Activities is to create and maintain a robust comprehensive training program, including evidence-based clinical practices and culturally responsive frameworks, to make Sonoma County Behavioral Health an attractive place to work and to promote wellness and meaning for our diverse clients. To better support these goals, WET hopes to add a full-time clinical specialist role to support this program in the future.

The Cultural Responsiveness, Inclusion & Training Coordinator will manage training programs and community events to further DHS-BHD’s goals in the following Domains: System Level Support, Career Pathways and Pipeline Program, Staff Skill Development, and Workforce Diversification.

Domain	Programs/events/goals
System Level Support	<ul style="list-style-type: none">• Accreditation (BRN, CAMFT, CCAPP)
Career Pathways	<ul style="list-style-type: none">• Pipeline Programs• Career & Internship Fairs
Staff Skill Development	<ul style="list-style-type: none">• Staff Development Trainings

WET Activities

- Strength Model Care Management: an evidence-based practice demonstrating positive outcomes in the areas of psychiatric hospitalization, competitive employment, education, and a range of quality-of-life indicators.

System Level Support

Accreditation

The Division will continue to maintain accreditation through the Board of Registered Nursing (BRN), the California Association of Marriage and Family Therapists (CAMFT) and California Consortium of Addiction Programs and Professionals (CCAPP) for the license types listed below, and provides Continuing Education Units (CEUs) for these license types:

BRN	CAMFT	CCAPP
<ul style="list-style-type: none">• Licensed Vocational Nurse (LVN)• Licensed Psychiatric Technician (LPT)• Registered Nurse (RN)• Public Health Nurse (PHN)• Nurse Practitioner (NP)• Psychiatric Nurse Practitioner (PNP)	<ul style="list-style-type: none">• Licensed Clinical Social Worker (LCSW)• Licensed Marriage and Family Therapist (LMFT)• Licensed Professional Clinical Counselor (LPCC)• Licensed Educational Psychologist (LEP)	<ul style="list-style-type: none">• Registered Alcohol Drug Technician (RADT)• Certified Alcohol Drug Counselor I (CADC-I)• Certified Alcohol Drug Counselor II (CADC-II)• Licensed Advanced Alcohol Drug Counselor (LAADC)• Licensed Advanced Alcohol Drug Counselor Supervisor (LAADC-S)

Career Pathways and Pipeline Program

The Cultural Responsiveness, Inclusion & Training Coordinator will continue the Internship and Traineeship program to assist staff in obtaining clinical licensure and to develop pipeline programs with participating universities. This includes a Group Clinical Supervision and Educational Outreach Events.

Pipeline Program

As part of the Pipeline Program, the Cultural Responsiveness, Inclusion & Training Coordinator will participate in several community career events at both the high school and college level. Focus will be given to encouraging Latinx/Latine and bilingual students to consider Behavioral Health as a career option.

Participating Universities:

Program Category	Participants
Nursing Programs	<ul style="list-style-type: none">• Sonoma State University (SSU)• Santa Rosa Junior College (SRJC)

Program Category	Participants
Social Work Programs	<ul style="list-style-type: none"> • California State Long Beach • San Francisco State University (SFSU) • Humboldt State • San Jose State University • University of Southern California • Berkeley
MFT Programs	<ul style="list-style-type: none"> • SSU • University of San Francisco • SFSU
Mental Health Worker Programs	<ul style="list-style-type: none"> • SSU • SRJC
Peer Provider Programs	<ul style="list-style-type: none"> • Wellness and Advocacy Center • Interlink Self-Help Center

Workforce, Education, and Training Activities

The goal of our Workforce, Education, and Training (WET) Activities is to create and maintain a robust comprehensive training program, including evidence-based clinical practices and culturally responsive frameworks, to make Sonoma County Behavioral Health an attractive place to work and to promote wellness and meaning for our diverse clients. To better support these goals, Sonoma County hopes to add a full-time clinical specialist role to support this program in the future.



WET Activities	Trainings
Staff Skill Development	<ul style="list-style-type: none"> • Staff Development Trainings

<p>Comprehensive training Program</p>	<p>Evidence-Based Practices:</p> <ul style="list-style-type: none"> • Strengths Model Care Management <ul style="list-style-type: none"> • Family Systems • EMDR • CBT for Psychosis • Cognitive Behavioral Social Skills Training <ul style="list-style-type: none"> • DBT • Trauma-Focused CBT • Assertive Community Treatment <ul style="list-style-type: none"> • Harm Reduction • Trauma Informed Systems <ul style="list-style-type: none"> • CBT for Depression • Seeking Safety • Peer-Based Supports (WRAP, Transformative Mutual Aid Practices) <ul style="list-style-type: none"> • Psychopharmacology for Non-Medical Staff <ul style="list-style-type: none"> • Motivational Interviewing
<p>Culturally Responsive Practices</p>	<ul style="list-style-type: none"> • Incorporating and working with peers in the workforce <ul style="list-style-type: none"> • Cultural humility • Special concerns for LGBTQIA+ clients • Adapting Evidence-Based Systems to Community Need, “Fidelity vs Fit”

Sonoma County’s FY 2025 – 2026 Annual Program Plan Update

The following table provides the estimated cost per client for FY 25-26 WET funded programs:

Program	Estimated # to be served	Children and Youth (0-15)	Transition Age Youth (16-25)	Adults (26-59)	Older Adults (60+)	Estimated MHSA cost per person (\$)
Ethnic Services, Inclusion and Training Coordinator	N/A	N/A	N/A	N/A	N/A	N/A
DHS-BHD WET Activities	N/A	N/A	N/A	N/A	N/A	N/A
0.5 FTE Senior Office Assistant (SOA)	N/A	N/A	N/A	N/A	N/A	N/A
WET Clinical Specialist	N/A	N/A	N/A	N/A	N/A	N/A
Student Intern Stipends	N/A	N/A	N/A	N/A	N/A	N/A
West County Community Services - Peer Education and Training [contractor]	33	0	3	26	4	4707
CAL MHSA workforce participation agreement	N/A	N/A	N/A	N/A	N/A	N/A

Capital Facilities and Technological Needs (CFTN)²

This component works towards the creation of facilities that are used for the delivery of MHSA services to mental health clients and their families, or for administrative offices. Funds may also be used to support an increase in peer-support and consumer-run facilities, development of community-based settings, and the development of a technological infrastructure for the mental health system to facilitate the highest quality and cost-effective services and supports for clients and their families.

In 22-23 DHS-BHD implemented the SmartCare Innovation project. Eventually SmartCare will be the only electronic health record for the division. During the next 5-7 years as each phase of SmartCare is implemented, the division will be reducing the use of Avatar, SWITS and DCAR. It is estimated that the division will need to maintain Avatar through 2029 to ensure a seamless transition. The following projects will be funded through CFTN in FY 23-26:

Provider	Project	Description
NetSmart	Avatar Electronic Health Record (EHR)	Implementing fully integrated Electronic Health Record
FEI	Sonoma Web Infrastructure for Treatment Services (SWITS)	Database for tracking demographics and outcomes
A.J. Wong, Inc.	Data Collection Assessment and Reporting (DCAR)	Database for client CANS (Child and Adolescent Needs and Strengths) and ANSA (Adult Needs and Strength Assessment) assessments, reassessment and closing assessments

The following table provides the estimated cost per client for FY 25-26 CFTN funded programs:

Program	Estimated # to be served	Children and Youth (0-15)	Transition Age Youth (16-25)	Adults (26-59)	Older Adults (60+)	Estimated MHSA cost per person (\$)
Avatar Electronic Health Record (EHR) - Netsmart[contractor]	N/A	N/A	N/A	N/A	N/A	N/A
Sonoma Web Infrastructure for Treatment Services (SWITS) - FEI [contractor]	N/A	N/A	N/A	N/A	N/A	N/A
Data Collection and Reporting (DCAR) - AJW [contractor]	N/A	N/A	N/A	N/A	N/A	N/A

NO PLACE LIKE HOME

No Place Like Home

Background Information

On July 1, 2016, Governor Brown signed landmark legislation enacting the No Place Like Home (NPLH) program to dedicate up to \$2 billion in bond proceeds to invest in the development of permanent supportive housing for persons who need mental health services and are experiencing homelessness, chronic homelessness, or who are at risk of chronic homelessness. The bonds are repaid by funding from the Mental Health Services Act (MHSA). In November 2018 voters approved Proposition 2, authorizing the sale of up to \$2 billion of revenue bonds and the use of a portion of Proposition 63 taxes for the NPLH program.



Purpose

To acquire, design, construct, rehabilitate, or preserve permanent supportive housing for persons who are experiencing homelessness, chronic homelessness or who are at risk of chronic homelessness, and who need mental health services.

Population to be Served

Adults with serious mental illness; or children with severe emotional disorders and their families; and persons who require—or are at risk of requiring—acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention because of a mental disorder with symptoms of psychosis, suicidality, or violence and who are homeless, chronically homeless, or at risk of chronic homelessness.

The definition of “at risk of chronic homelessness” includes persons who are at high risk of long-term or intermittent homelessness, including persons with mental illness exiting institutionalized settings with a history of homelessness prior to institutionalization, and transition age youth experiencing homelessness or with significant barriers to housing. For more information about NPLH please follow this link:

<https://www.hcd.ca.gov/grants-funding/active-funding/nplh.shtml>





CARITAS HOMES 1

NPLH in Sonoma County



Playground at Orchard

The picture above, of Caritas Homes, is the most recently completed NPLH funded project in Sonoma County to open and provide supportive housing for the population to be served. The table below, provided by Sonoma’s Community Development Commission, lists the NPLH projects in Sonoma County. Sage Commons opened in 2022, and Orchard Commons, which is for families, opened in 2023.

Information on the NPLH projects including the sponsor, name of the project, total units, designated NPLH units, the target population for the units, and current status.

Project Sponsor	Project Name	Project City	Total Project Units	NPLH Units	Population	Current Status
Danco Communities	Sage Commons	Santa Rosa	54	29	Single adults	Opened April 2022
Danco Communities	Orchard Commons	Santa Rosa	45	15	Families	Opened February 2023
Burbank Housing Development Corp.	Caritas Homes Phase 1 64 total units 22 NPLH with project based vouchers	Santa Rosa	128	30	Single adults, seniors, veterans, and families	Opened August 2023
Mid-Pen Housing	Petaluma Blvd. North	Petaluma	40	13	Single adults and small families	Opening in Fall 2023

Supportive Housing Services for NPLH Residents:

The County, Sage Commons, Orchard Commons and Caritas Homes are providing supportive housing services for NPLH residents to help ensure that residents can make a smooth transition from no housing, temporary or insecure housing into long-term permanent housing.

DHS-BHD in partnership with Danco, Burbank Housing and Catholic Charities is providing supportive services to individuals who have been certified as eligible prospective tenants in NPLH-funded units. These services focus on three areas:

1. Move-In Process
2. Ongoing Tenancy and Lease Violation Intervention
3. Eviction Prevention

Move-In Process

- Assist the NPLH tenants with the leasing process.
- Meet with incoming tenants at the time of move-in.
- Orient new tenants to the services available on-site and provide them with information on community resources.

- Offer tenants the opportunity to participate in supportive services and receive mental health services.

Ongoing Tenancy

- Conduct needs assessments, develop recovery focused service plans, and establish appropriate linkage to community-based services such as health care, child care, alcohol and other substance use treatment, education and/or employment services, self-help groups, and other services essential for achieving and maintaining independent living.
- Provide mental health services including assessment, individual and group therapy, rehabilitative groups, case management, crisis intervention, medication support, and psychiatric services as needed and agreed upon by the NPLH tenant.
- Facilitate community-building activities for NPLH tenants when possible (i.e., educational workshops, trainings, garden projects, support groups, discussion groups, volunteer opportunities) to establish peer support systems.

Lease Violation Interventions and Eviction Prevention

- Help NPLH tenants to understand and meet their obligations with respect to NPLH tenant agreements and community rules.
- Establish plans to help tenants obtain the appropriate support and services they need to maintain their permanent housing in times of crisis.

MHSA EXPENDITURE PLAN

FY 2025-2026



A summary of Sonoma County's MHSA estimated funding and expenditures for FY 2025 - 2026.

MHSA Expenditure Plan for FY 25-26

FY 25-26 Estimated Funding and Expenditures Summary

Category/Program	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs
Estimated FY 2025/2026 Funding					
Estimated Unspent Funds from Prior Fiscal Years	21,371,346	10,768,810	2,890,056		
Estimated New FY 2025/2026 Funding	22,656,515	6,040,976	1,633,764		
Transfer in FY 2025/2026	(4,561,870)			2,280,935	2,280,935
Access Local Prudent Reserve in FY 2025/26					
Estimated Available Funding for FY 2025/26	39,465,991	16,809,786	4,523,820		
Estimated FY 2025/26 Expenditures	33,270,349	7,524,387	1,301,448	1,003,749	621,073
Estimated FY 2025/26 Unspent Fund Balance	6,195,642	9,285,399	3,222,372	1,277,186	1,659,862

Estimated Local Prudent Reserve Balance	
Estimated Local Prudent Reserve Balance on June 30, 2025	944,981
Contributions to the Local Prudent Reserve in FY 2025/26	0
Distributions from the Local Prudent Reserve in FY 2025/26	0
Estimated Local Prudent Reserve Balance on June 30, 2026	944,981

FY 25-26 Estimated Community Services and Supports (CSS) Funding and Expenditures

Category/Program	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
Forensic Assertive Community Treatment (FACT) Team						
County of Sonoma Department of Health Services Behavioral Health Division (DHS-BHD)	1,819,077	832,294	961,396			25,387
Bucklew Programs - FACT - Independent Living Skills (ILS) [contractor]	135,881	109,286	26,595			
Bucklew Programs - FACT - Supplemental Patch for Unlicensed Supportive Housing Units [contractor]	74,679	74,679				
Family Advocacy, Stabilization & Support Team (FASST)						
DHS-BHD	3,618,594	2,151,590	1,300,950			166,054
Alternative Family Services [contractor]	50,000	50,000				
Seneca (SMHS for FASST Clients) [contractor]	200,000	145,781	54,219			
Community Action Partnership (formerly Lifeworks) -- - SMHS for FASST Clients [contractor]	100,000	53,551	46,449			
Community Action Partnership (formerly Lifeworks) - - TBS for FASST Clients [contractor]	49,000	49,000				
TLC Child & Family Services (SMHS for FASST Clients) [contractor]	196,000	196,000				
Integrated Recovery Team (IRT)						
DHS-BHD	1,446,831	899,925	426,920			119,986
Older Adult Intensive Team (OAIT)						
DHS-BHD	915,394	704,934	190,729			19,731

Category/Program	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Transition Age Youth (TAY) Team						
DHS-BHD	903,702	714,187	186,681			2,834
Bucklew Programs - TAY - Sonoma County Independent Living (SCIL) [contractor]	145,576	108,930	36,646			
Bucklew Programs - TAY- Tamayo Village [contractor]	116,524	116,524				
Bucklew Programs - TAY- Tamayo Village (Augmented Services @ Unlicensed Shelter [contractor]	47,976	47,976				
On The Move - VOICES [contractor]	265,812	265,812				
Adult Full Service Partnership (AFSP)						
DHS-BHD	1,944,141	1,796,076	355			147,710
Telecare ACT [contractor]	1,697,860	872,585	825,275			
Bucklew - Family Service Coordination - system navigation, education and support [contractor]	329,965	329,965				
Wellness & Advocacy Center - WCCS [contractor]	763,164	763,164				
Russian River Empowerment Center - WCCS [contractor]	184,942	184,942				
Petaluma Peer Recovery Center - WCCS [contractor]	83,232	83,232				
Interlink - WCCS [contractor]	444,477	143,435				301,042
National Alliance on Mental Illness (NAMI) Sonoma County - Family-based Education, Advocacy and Support (FEAS) [contractor]	226,608	226,608				
Housing Fund for FSP						
Housing Funds	1,000,000	1,000,000				
Non-FSP Programs						
General Systems Development (GSD)						

DHS-BHD Mobile Support Team (MST)	4,958,819	3,657,827	46,000			1,254,992
DHS-BHD Collaborative Treatment and Recovery Team (CTRT)	979,669	79,411	900,258			
CTRT System Navigation - Buckelew [contractor]	445,534	83,630	203,191			158,713
DHS-BHD Community Mental Health Centers	2,583,873	1,996,787	437,827			149,259
Senior Peer Support - Council on Aging for Seniors [contractor]	93,531	93,531				
Senior Peer Counseling - West County Community Services [contractor]	80,382	80,382				
Sonoma County Human Services Department (HSD) - Job Link [contractor]	46,775	46,775				
Crisis Support - WCCS [contractor]	11,142	11,142				
DHS-BHD Medication Support Services for Adult Programs	7,940,439	4,930,607	2,796,720			213,112
DHS-BHD Medication Support Services for Youth Programs	3,395,010	2,213,887	1,130,567			50,556
Alternative Family Services [contractor]	200,000	153,911	46,089			
Siyan Clinical Research [contractor]	1,250,000	729,908	520,092			
Outreach and Engagement (OE)						
DHS-BHD Whole Person Care (WPC)	1,786,099	1,336,492	437,792			11,815
Sonoma County Indian Health Project - Community Programs [contractor]	90,288	90,288				
CSS Annual Planning	523,926	523,926				
CSS Administration	5,452,819	5,321,369				131,450
CSS MHA Housing Program Assigned Funds	0	0				0
Total CSS Program Estimated Expenditures	46,597,741	33,270,349	10,574,751	0	0	2,752,641

FY 25-26 Estimated Prevention and Early Intervention (PEI) Funding and Expenditures

Category/Program	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
Action Network [contractor]	66,848	66,848				
Community Baptist Church Collaborative [contractor]	133,694	133,694				
Sonoma County Human Services Department - Older Adult Collaborative [contractor]	278,095	278,095				
Sonoma County Indian Health Project [contractor]	44,566	44,566				
PEI Programs - Prevention & Early Intervention						
La Luz [contractor]	36,967	36,967				
Latino Service Providers of Sonoma County [contractor]	119,210	119,210				
Positive Images [contractor]	113,640	113,640				
PEI Programs - Early Intervention						
California Parenting Institute dba Child Parent Institute (CPI) [contractor]	220,594	220,594				
CAPE (BH School Partnership) RFP [contractor TBD]	200,000	200,000				
La Luz [contractor]	51,049	51,049				
Seneca [contractor]	2,050,000	500,000	1,022,696			527,304
Aldea - First Episode Psychosis [contractor]	200,000	100,000	100,000			
PEI Programs - Stigma & Discrimination Reduction						
Santa Rosa Junior College [contractor]	222,822	222,822				
PEI Programs - Suicide Prevention						
Bucklew Programs - North Bay Suicide Prevention Program [contractor]	178,258	178,258				
PEI Programs - Access and Linkage to Treatment						

DHS-BHD Youth Access Team	2,333,733	1,865,603	433,094			35,036
DHS-BHD Adult Access Team	3,668,118	1,873,526	1,721,768			72,824
OPTUM - MOU County of Contra Costa, Marin, San Mateo [contractor]	150,000	150,000				
PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness						
Crisis Intervention Training (CIT) with Law Enforcement Personnel	30,250	30,250				
PEI Annual Planning	136,085	136,085				
PEI Administration	985,661	981,485				4,176
PEI Assigned Funds (CalMHSA Statewide PEI Project)	172,673	172,673				
Total PEI Program Estimated Expenditures	11,441,285	7,524,387	3,277,558			639,340

FY 25-26 Estimated Innovation (INN) Funding and Expenditures

INN Projects	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Crossroads to Hope (Peer Program Provider) - Felton Institute [contractor]	641,520	641,520				
Crossroads to Hope (Evaluation Consultant) - Behavioral Health Outcomes Data Services [contractor]	17,382	17,382				
CalMHSA Electronic Health Record [contractor]	642,546	642,546				
INN Annual Planning						
INN Administration						
Total INN Program Estimated Expenditures	1,301,448	1,301,448				

FY 25-26 Estimated Workforce, Education and Training (WET) Funding and Expenditures

WET Programs	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Ethnic Services, Inclusion and Training Coordinator	313,474	313,474				
DHS-BHD WET Activities	500,000	360,531				139,469
0.5 FTE Senior Office Assistant (SOA)	16,908	16,908				
West County Community Services - Peer Education and Training [contractor]	155,323	155,323				0
WET Annual Planning	13,608	13,608				
WET Administration	144,323	143,905				418
Total WET Program Estimated Expenditures	1,143,636	1,003,749	0	0	0	139,887

FY 25-26 Estimated Capital Facilities and Technological Needs (CFTN) Funding and Expenditures

CFTN Programs/Projects	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Avatar Electronic Health Record (EHR) - Netsmart[contractor]	500,000	500,000				
Sonoma Web Infrastructure for Treatment Services (SWITS) - FEI [contractor]	2,200	2,200				
Data Collection and Reporting (DCAR) - AJW [contractor]	38,875	38,875				
CFTN Annual Planning	6,804	6,804				
CFTN Administration	73,403	73,194				209
Total CFTN Program Estimated Expenditures	621,282	621,073				209



WELLNESS • RECOVERY • RESILIENCE



MOVING FORWARD

SONOMA COUNTY MENTAL HEALTH SERVICES ACT (MHSA) FY 2023-2024 PROGRAM REPORT



SONOMA COUNTY MHSA ANNUAL PROGRAM REPORT



Summary report and highlights from MHSA funded programs in FY 2023-2024

Notes about the Data in the Report:

Data De-identification

In order to ensure the protection of personally identifiable information, some data in this section of the report have been suppressed or “masked” to prevent re-identification (e.g. “Data suppressed due to small cell counts”, “Multiple categories”) as per California Department of Health Care Services (DHCS) Data De-identification Guidelines.

CANS/ANSA Data

"CANS" stands for "Child and Adolescent Needs and Strengths," while "ANSA" stands for "Adult Needs and Strengths Assessment"; both are clinical assessment tools used to evaluate an individual's needs and strengths, with CANS focused on children and adolescents, and ANSA used for adults, essentially serving as the adult version of CANS, allowing for comprehensive service planning and monitoring across different age groups within behavioral health services.

Both CANS and ANSA cover similar domains, but specific questions may vary depending on the age group, including areas like:

- Basic needs
- Safety
- Mental health symptoms
- Family functioning
- Social skills
- Education/employment
- Legal issues

CANS/ANSA data score refers to a numerical rating assigned to an individual based on their needs and strengths assessed through these respective tools, with higher scores generally indicating greater need for intervention in specific areas, while lower scores represent areas of strength that can be leveraged in treatment planning; both systems typically use a scale from 0 (no need/significant strength) to 3 (immediate/intensive action needed).

SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL COMMUNITY SERVICES AND SUPPORT (CSS) REPORT



COMMUNITY SERVICES AND SUPPORTS (CSS)

Programs provide direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet the criteria set forth in Welfare and Institutions Code (W&I Code) section 5600.3.

FULL-SERVICE PARTNERSHIP PROGRAMS (FSPs)

Full-Service Partnership programs are designed specifically for children who have been diagnosed with severe emotional disturbances and for transition age youth, adults and seniors who have been diagnosed with a severe mental illness that would benefit from an intensive service program.

The foundation of FSPs is utilizing a “whatever it takes” approach to help individuals on their path to recovery and wellness. FSPs embrace client-driven services and supports, with each client choosing services based on individual needs. Unique to FSP programs are a low staff-to-client ratio, a 24/7 crisis availability, and a team approach that is a partnership between mental health staff and consumers. Embedded in Full-Service Partnerships is a commitment to deliver services in ways that are culturally and linguistically responsive and appropriate.

In FY 23-24, there were over ___ unique clients served by Sonoma County FSPs.



SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL COMMUNITY SERVICES AND SUPPORT (CSS) REPORT

The CSS component is the largest of all five MHSA components. Funding is used to provide direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet the criteria set forth in Welfare and Institutions Code (W&I Code) section 5600.3.



PROGRAM INFORMATION

Program Name: Forensic Assertive Community Treatment (FACT) Team

Population served: Sonoma County adult offenders with serious mental illness.

Website:

www.sonomacounty.ca.gov/Health/Behavioral-Health/Adult-Services/Forensic-Assertive-Community-Treatment-Team/

Phone: (707) 565-4850

Program location:

12227 Capricorn Way, Suite 207
Santa Rosa, CA 95407

PROGRAM DESCRIPTION:

Sonoma County Department of Health Services' Behavioral Health's Forensic Assertive Community Treatment Team (FACT) serves adult offenders with Serious Mental Illness (SMI) by providing a community-based treatment team as an alternative to incarceration.

In FY 23-24, this program included contracted services from:
Buckelew Programs – Independent Living Skills (ILS) (housing)
Buckelew Programs – Supplemental Patch for Unlicensed Supportive Housing Units

PERFORMANCE OUTCOMES:

Insert least three of the following:

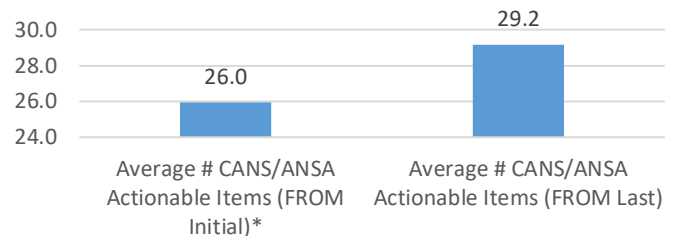
- Your anti-racist results-based accountability performance measures
- Notable client outcomes from surveys
- Program accomplishments from FY 23-24
- Other data or noteworthy program successes including quotes from clients or staff.

FY 2023-2024

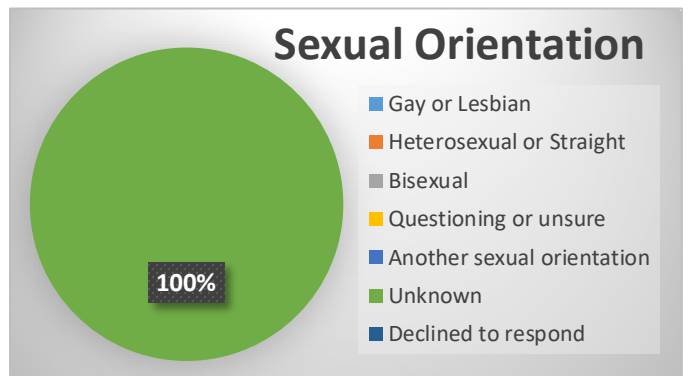
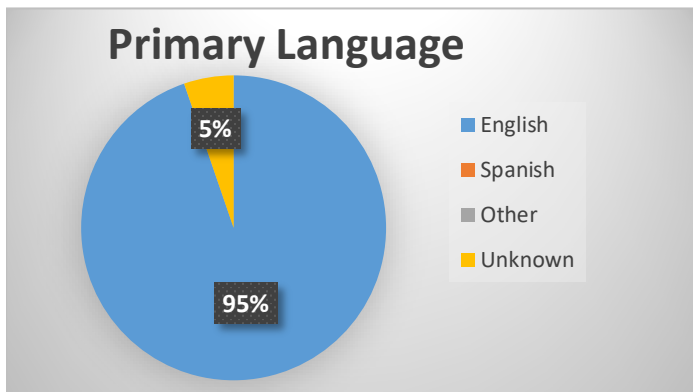
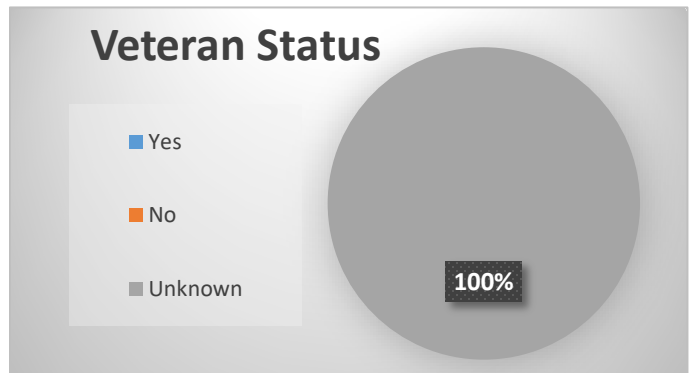
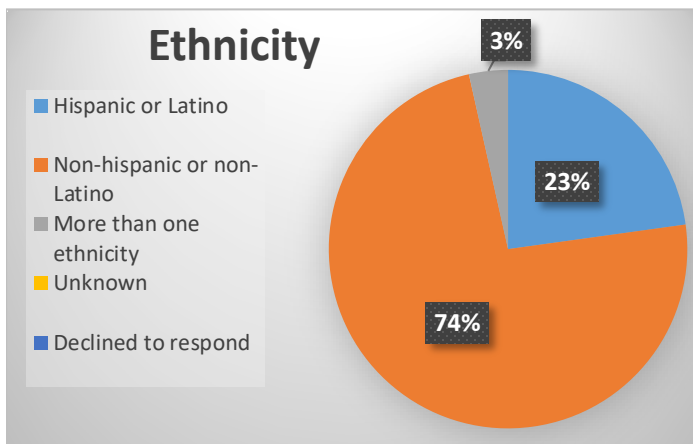
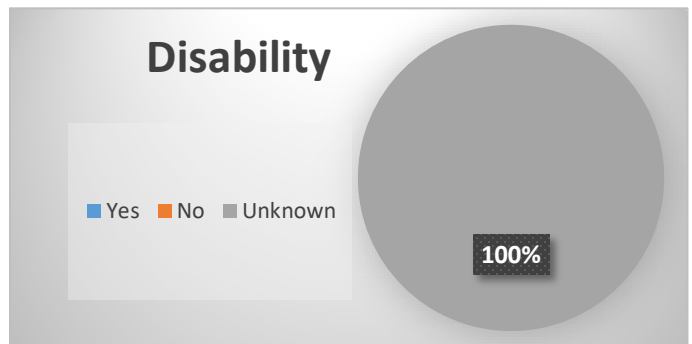
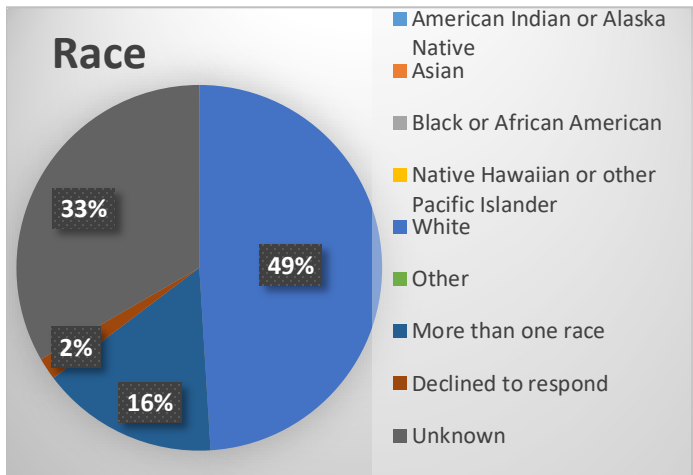
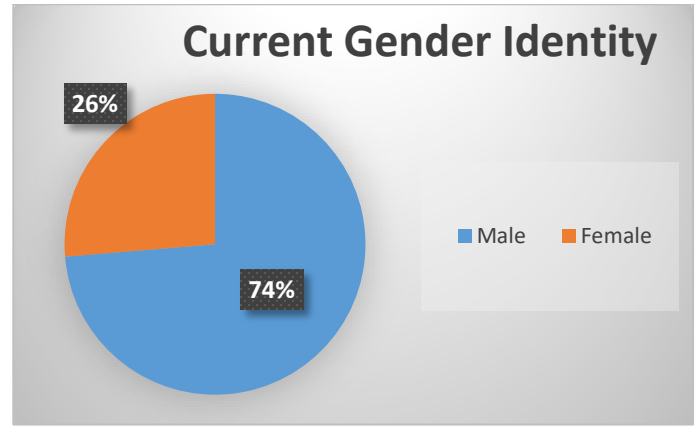
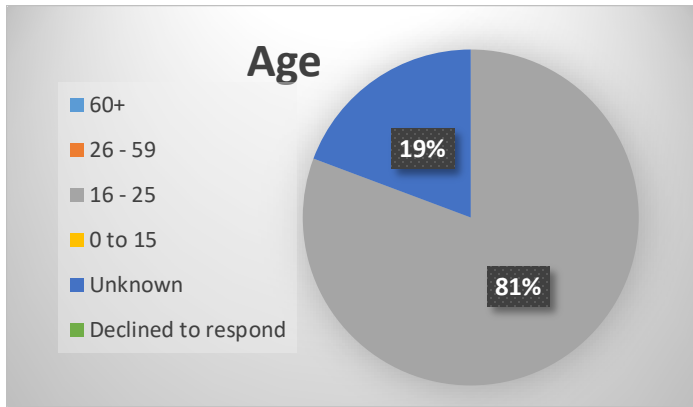
PROGRAM STATISTICS

- **Total number of clients served:** 57
- **Total unique clients that were also served by Buckelew FACT-ILS in FY 22-23:** 27

FY 22 - 24 Forensic Assertive Community Treatment Team FSP ANSA Outcome Data



FY 2023-2024 Program Demographics:



SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL COMMUNITY SERVICES AND SUPPORT (CSS) REPORT

FY 2023-2024 CSS Service Category: Full Service Partnership

The CSS component is the largest of all five MHSA components. Funding is used to provide direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet the criteria set forth in Welfare and Institutions Code (W&I Code) section 5600.3.



PROGRAM INFORMATION

Program Name: Forensic Assertive Community Treatment (FACT) Team
Population served: Sonoma County youth ages 5-18.
Website: www.sonomacounty.ca.gov/Health/Behavioral-Health/Youth-Services
Phone: (707) 565-4850
Program location: 12227 Capricorn Way Santa Rosa, CA 95407

FY 2023-2024 PROGRAM STATISTICS

- Total number of unique clients served:
- Total unique clients that were also served by contracted providers in FY 22-23:
-

PROGRAM DESCRIPTION:

FASST is an intensive enrollee-based program that serves high-risk Seriously Emotionally Disturbed (SED) children (ages 5-18) who have not responded to traditional levels of service.

In FY 23-24, this program included contracted services from:

- Seneca
- Lifeworks
- Social Advocates for Youth (SAY)

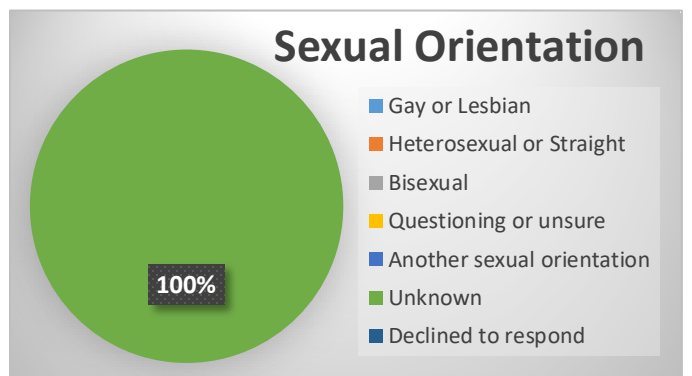
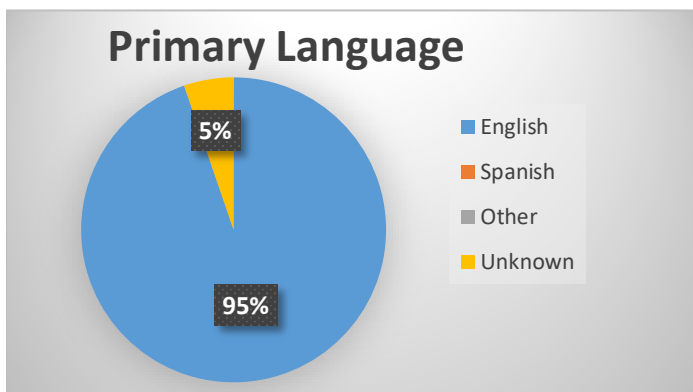
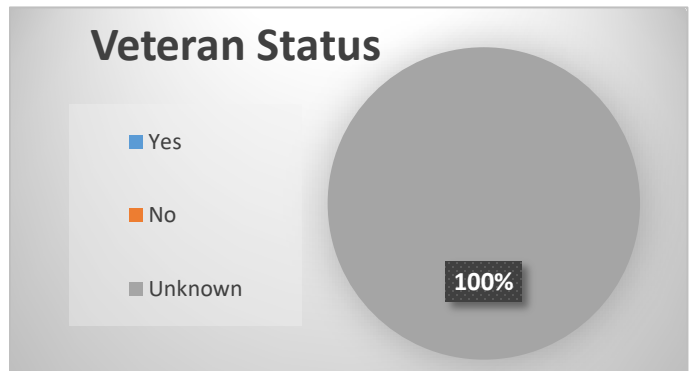
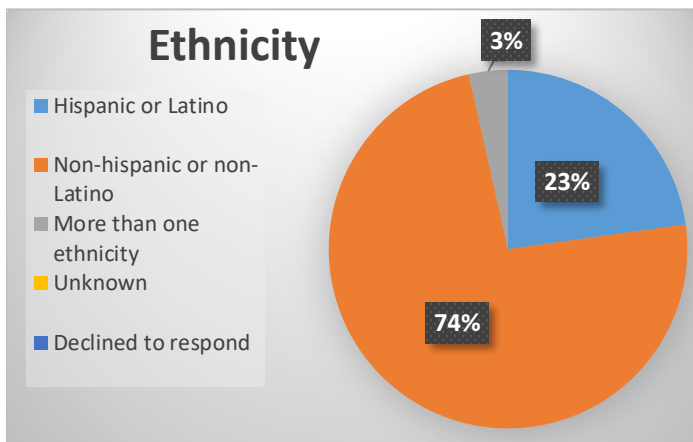
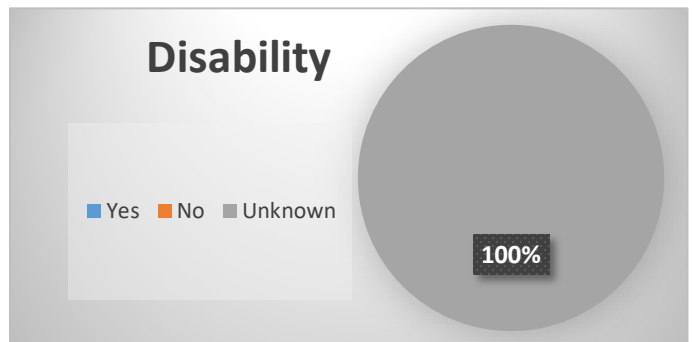
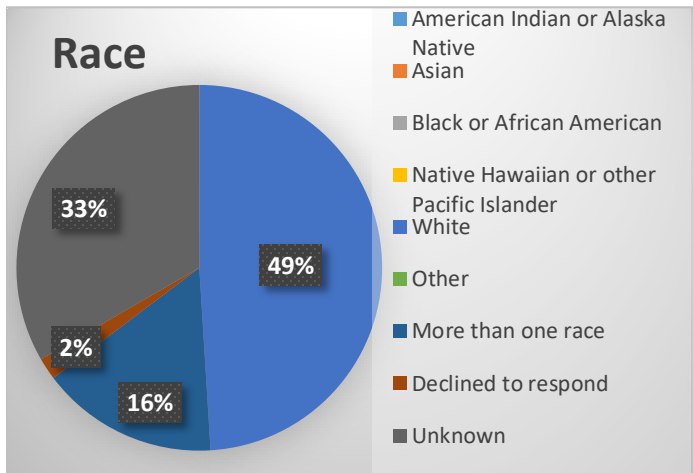
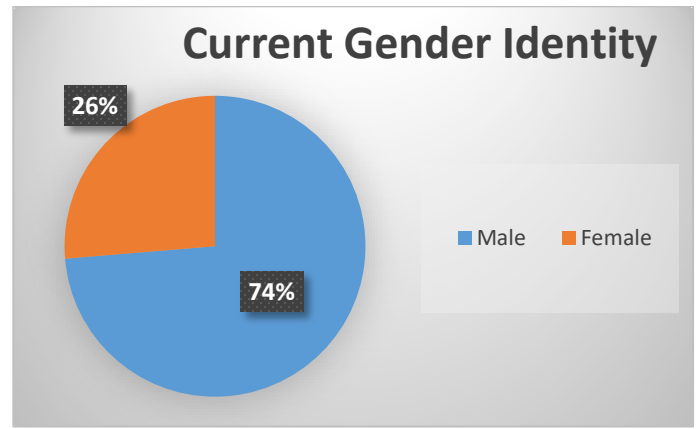
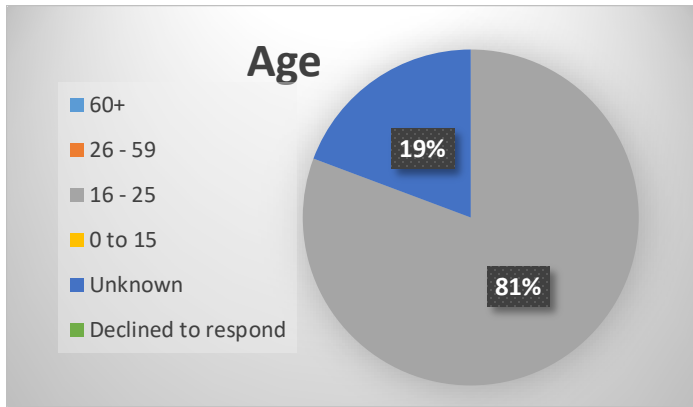
PERFORMANCE OUTCOMES:

Insert least three of the following:

- Your anti-racist results-based accountability performance measures
- Notable client outcomes from surveys
- Program accomplishments from FY 23-24
- Other data or noteworthy program successes including quotes from clients or staff.



FY 2023-2024 Program Demographics:



SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL COMMUNITY SERVICES AND SUPPORT (CSS) REPORT

FY 2023-2024 Service Category: Full Service Partnership Services

The CSS component is the largest of all five MHSA components. Funding is used to provide direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet the criteria set forth in Welfare and Institutions Code (W&I Code) section 5600.3.

PROGRAM INFORMATION

Program Name: Integrated Recovery Team (IRT)
Population served: Sonoma County adults with serious mental illness and substance use disorders
Website:
<https://sonomacounty.ca.gov/Health/Behavioral-Health/Integrated-Health-Team>
Phone: (707) 565-4850, however, to request mental health services call: (707) 565-6900



PROGRAM DESCRIPTION:

Sonoma County's Integrated Recovery Team (IRT) serves adults with serious and persistent mental illness and co-occurring substance use disorders, who currently do not receive comprehensive services.

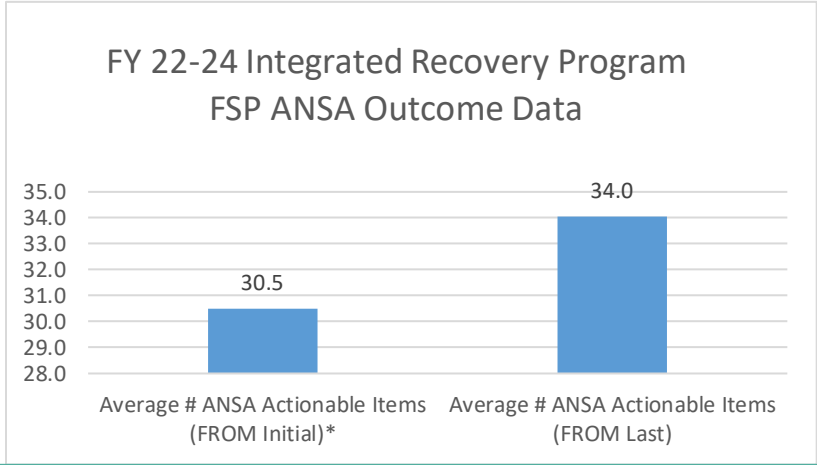
IRT uses an integrated treatment approach that addresses mental health and substance use conditions at the same time to ensure better overall health outcomes. Treatment focuses on the stages of change, utilizing a harm reduction approach, and motivational interviewing.

Services include: Pharmacological treatment, case management, self-help groups run by peers, family education, housing and employment services, and aftercare services.

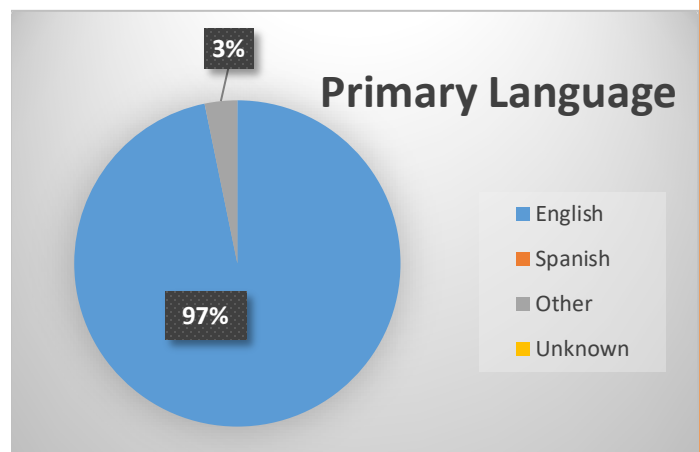
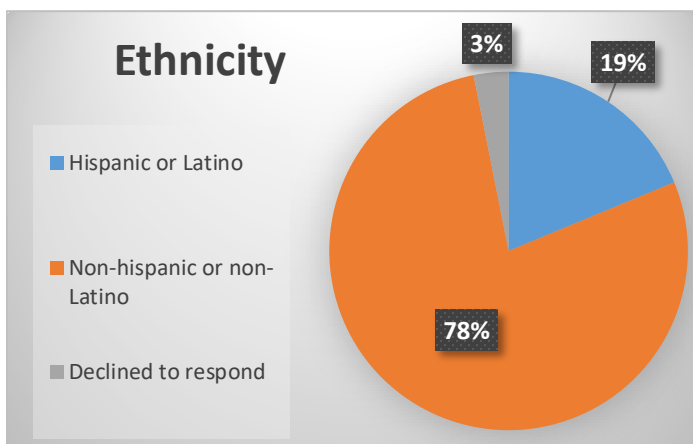
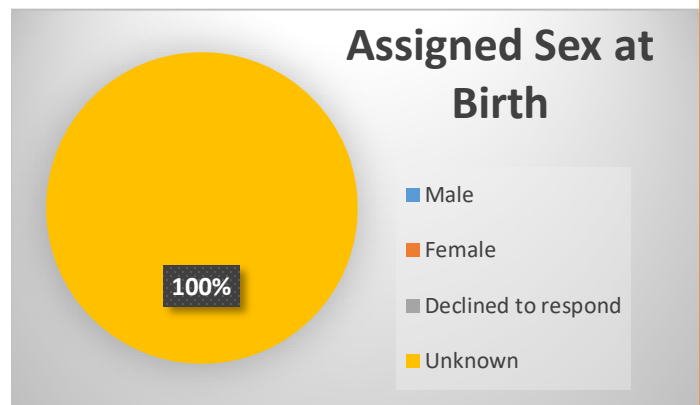
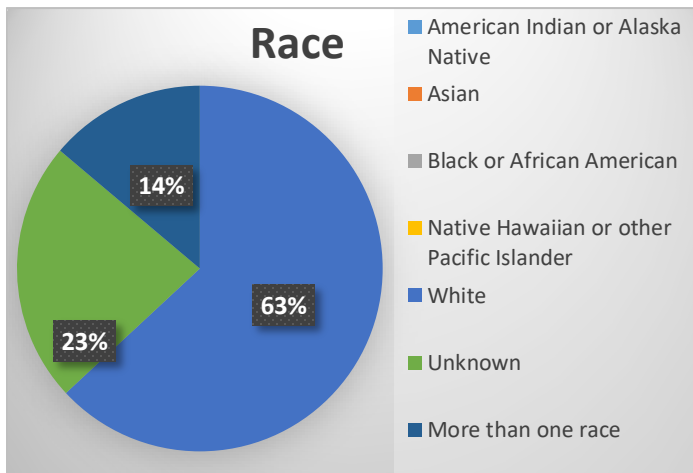
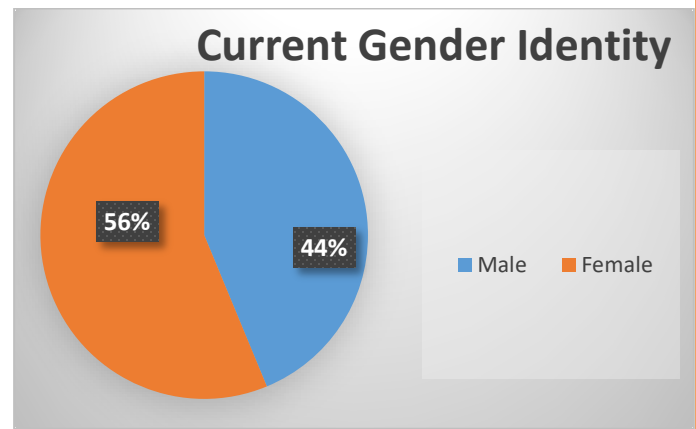
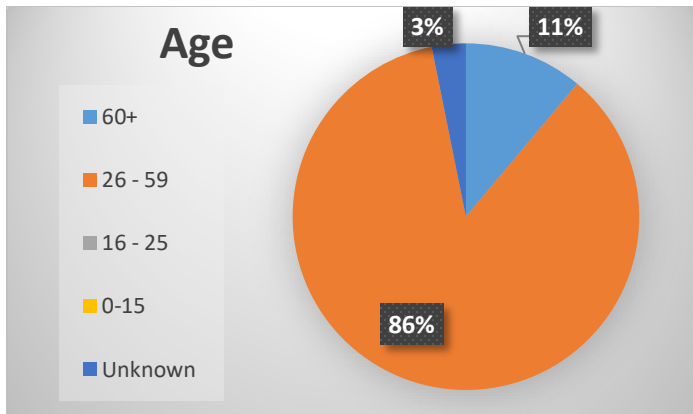
FY 2023-2024 PROGRAM STATISTICS

- **Total number of unique clients served: 63**

PERFORMANCE OUTCOMES & ACCOMPLISHMENTS:



FY 2023-2024 Program Demographics:



SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL COMMUNITY SERVICES AND SUPPORT (CSS) REPORT

The CSS component is the largest of all five MHSA components. Funding is used to provide direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet the criteria set forth in Welfare and Institutions Code (W&I Code) section 5600.3.

PROGRAM DESCRIPTION:

Sonoma County's Older Adult Intensive Team OAIT provides intensive, integrated services for older adults with serious mental illness coupled with more complex medical conditions requiring close coordination between mental health and primary or specialty medical providers. Includes contracted services from the following community partners:

- West County Community Services – Senior Peer Counseling
- Council on Aging – Senior Peer Support

Services Include:

- Medication education, monitoring, and delivery.
- Case management.
- Referrals.
- Visiting clients when hospitalized (either medically or psychiatrically) and facilitating communications between the medical and psychiatric staff for care and follow-up planning.
- Transportation services, including attending important doctor's appointments, having routine laboratory work, and participating in community-offered services to reduce isolation.

PERFORMANCE OUTCOMES:

Insert least three of the following:

- Your anti-racist results-based accountability performance measures
- Notable client outcomes from surveys
- Program accomplishments from FY 23-24
- Other data or noteworthy program successes including quotes from clients or staff.

PROGRAM INFORMATION

Program Name: Older Adult Intensive Team (OAIT)

Population served: Sonoma County adults ages 60 and older with serious mental illness coupled with more complex medical conditions requiring close coordination between mental health and primary or specialty medical providers

Website:

<https://sonomacounty.ca.gov/Health/Behavioral-Health/Older-Adult-Team>

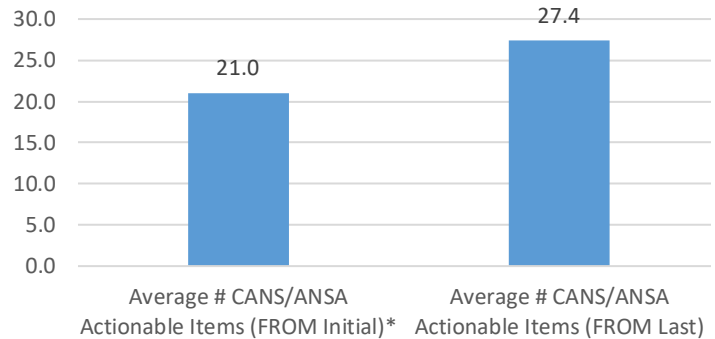
Phone: 707) 565-4850, however, to request mental health services call: (707) 565-6900

FY 2023-2024

PROGRAM STATISTICS

- **Total number of unique clients served: 64**
- **Total unique clients that were also served by contracted providers in FY 23-24: NEED**

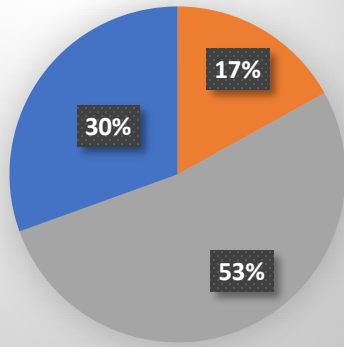
Older Adult Intensive FSP ANSA Outcome Data



FY 2023-2024 Program Demographics: NEED

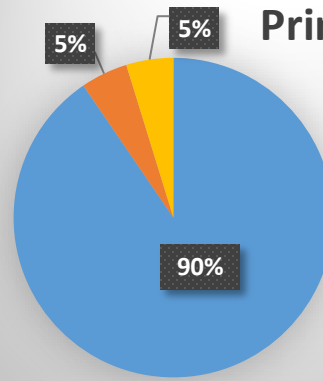
Age

- 60+
- 26 - 59
- 16 - 25
- 0-15
- Unknown



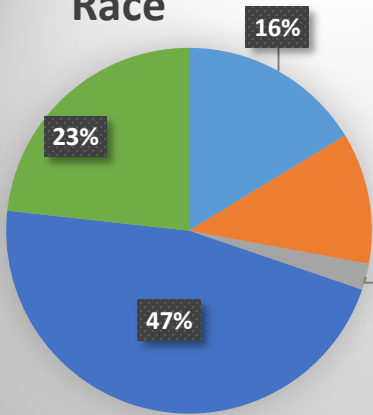
Primary Language

- English
- Spanish
- Other
- Unknown
- Declined to respond



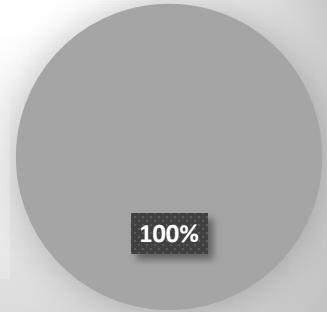
Race

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Unknown



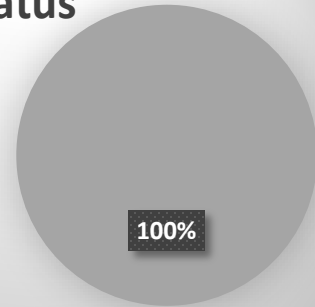
Disability

- Yes
- No
- Unknown



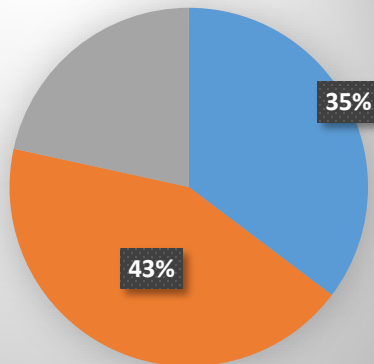
Veteran Status

- Yes
- No
- Unknown



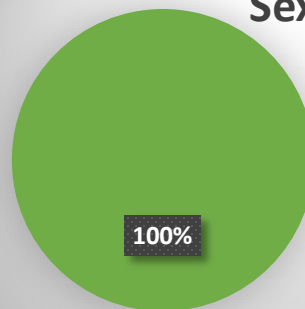
Ethnicity

- Hispanic or Latino
- Non-hispanic or non-Latino
- Declined to respond



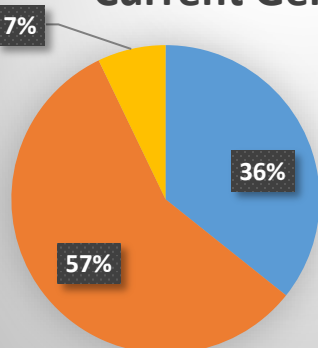
Sexual Orientation

- Gay or Lesbian
- Heterosexual or Straight
- Bisexual
- Questioning or unsure
- Another sexual orientation
- Unknown
- Declined to respond



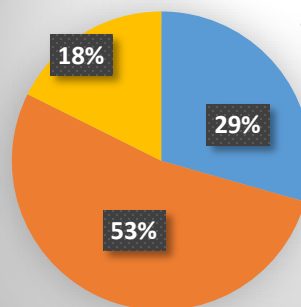
Current Gender Identity

- Male
- Female
- Unknown
- Transgender



Assigned Sex at Birth

- Male
- Female
- Declined to respond
- Unknown



SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL COMMUNITY SERVICES AND SUPPORT (CSS) REPORT

The CSS component is the largest of all five MHSA components. Funding is used to provide direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet the criteria set forth in Welfare and Institutions Code (W&I Code) section 5600.3.

PROGRAM DESCRIPTION:

Sonoma County's TAY Team is an intensive, integrated service program for Transition Age Youth (ages 18-25), providing mental health services, intensive case management, housing support services, and independent living skills.

Individuals are:

- Aging out of children's mental health services, and are at risk of homelessness, hospitalization, or incarceration.
- Aging out of Child Welfare.
- Leaving placement.
- Experiencing First Episode Psychosis.

Includes contracted services from the following community partners:

- Buckelew Programs – Sonoma County Independent Living (TAY-SCIL) (housing)
- Social Advocates for Youth (SAY) – Tamayo Village (housing)
- VOICES Youth Center (peer support and mentoring)

Services include:

- Mental health services
- Intensive case management
- Housing and employment support services
- Independent living skills

PERFORMANCE OUTCOMES:

Insert least three of the following:

- Your anti-racist results-based accountability performance measures
- Notable client outcomes from surveys
- Program accomplishments from FY 23-24
- Other data or noteworthy program successes including quotes from clients or staff.

PROGRAM INFORMATION

Program Name: Transition Age Youth (TAY) Team

Population served: Sonoma County youth ages 18-25 diagnosed with a serious and persistent mental illness and their families.

Website:

<https://sonomacounty.ca.gov/Health/Behavioral-Health/Transition-Age-Youth-Team/>

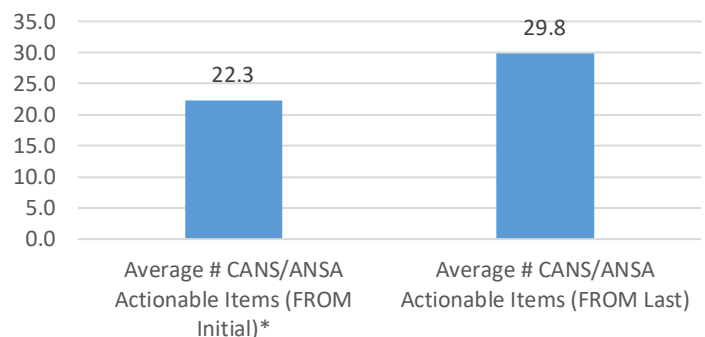
Phone: 707) 565-4850, however, to request mental health services call: (707) 565-6900

FY 2023-2024

PROGRAM STATISTICS

- **Total number of unique clients served: 77**
- **Total unique clients that were also served by contracted providers in FY 23-24:**

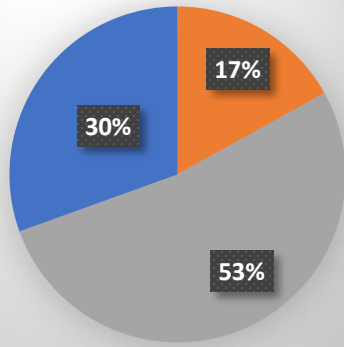
FY 22-24 Transitional Age Youth FSP CANS/ANSA Outcome Data



FY 2023-2024 Program Demographics: NEED

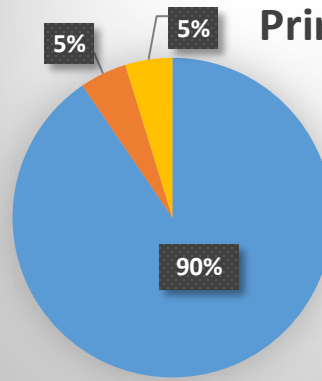
Age

- 60+
- 26 - 59
- 16 - 25
- 0-15
- Unknown



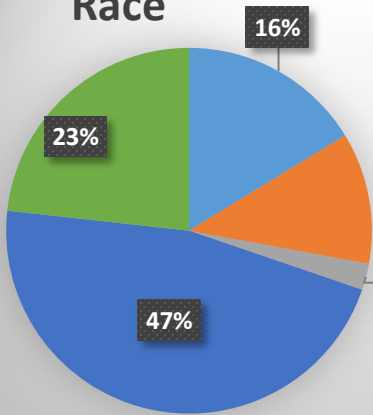
Primary Language

- English
- Spanish
- Other
- Unknown
- Declined to respond



Race

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Unknown



Disability

- Yes
- No
- Unknown

100%

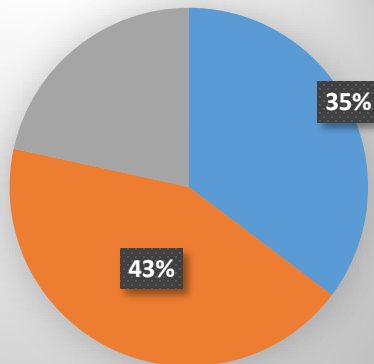
Veteran Status

- Yes
- No
- Unknown

100%

Ethnicity

- Hispanic or Latino
- Non-hispanic or non-Latino
- Declined to respond



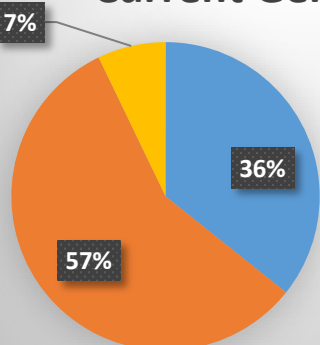
Sexual Orientation

- Gay or Lesbian
- Heterosexual or Straight
- Bisexual
- Questioning or unsure
- Another sexual orientation
- Unknown
- Declined to respond

100%

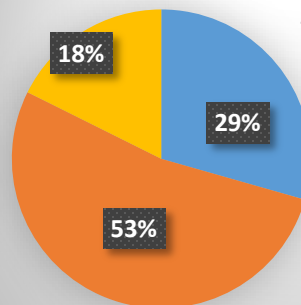
Current Gender Identity

- Male
- Female
- Unknown
- Transgender



Assigned Sex at Birth

- Male
- Female
- Declined to respond
- Unknown





SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL COMMUNITY SERVICES AND SUPPORT (CSS) REPORT

The CSS component is the largest of all five MHSA components. Funding is used to provide direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet the criteria set forth in Welfare and Institutions Code (W&I Code) s



PROGRAM INFORMATION

Program Name: The Alchemy Project

Population served: Transitional Aged Youth ages 18-26 in Sonoma County with severe and persistent mental illness through Sonoma County Behavioral Health

Website: www.voicesyouthcenter.org

Phone: (707) 579-4327

Program location:

VOICES Youth Center
714 Mendocino Ave.
Santa Rosa, CA > 95401

PROGRAM DESCRIPTION:

- The Alchemy Project works in tandem with SCBH TAY team to provide thorough and intensive case management.
- The Alchemy Project meets with youth on a weekly, bi-weekly and/or as needed basis.
- The Alchemy Project is based in VOICES Youth Center and promotes resourceful connection for Alchemy enrolled youth to participate in VOICES Youth Center activities, workshops and access to resources.
- The Alchemy Project provides connection to community and development of pro-social skills through monthly outings, weekly wellness groups, and various events within VOICES Youth center and out in the community with like-minded peers.

FY 2023-2024 PROGRAM STATISTICS

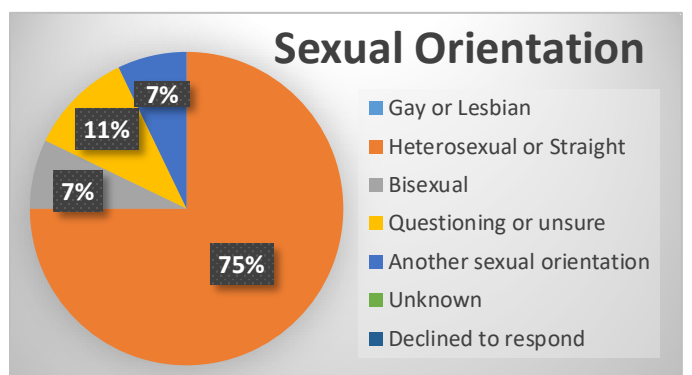
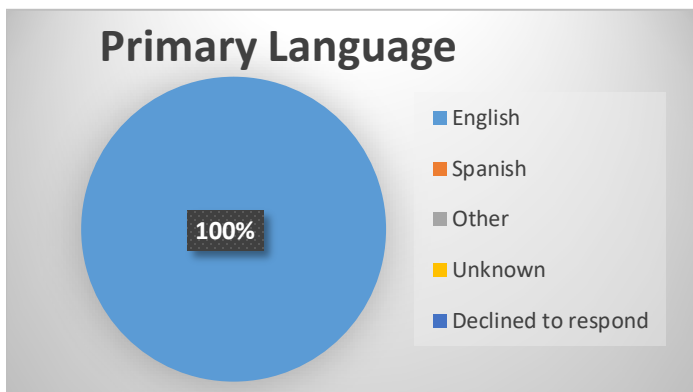
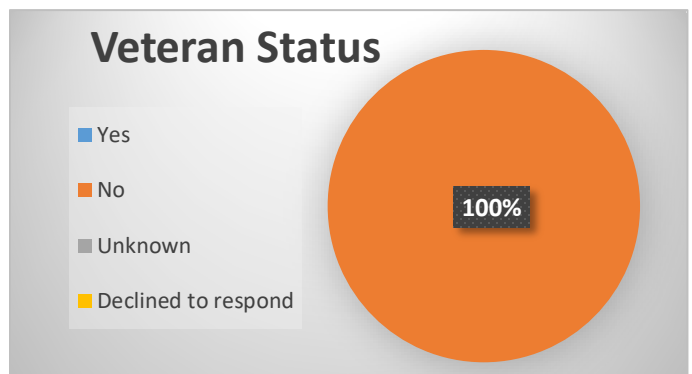
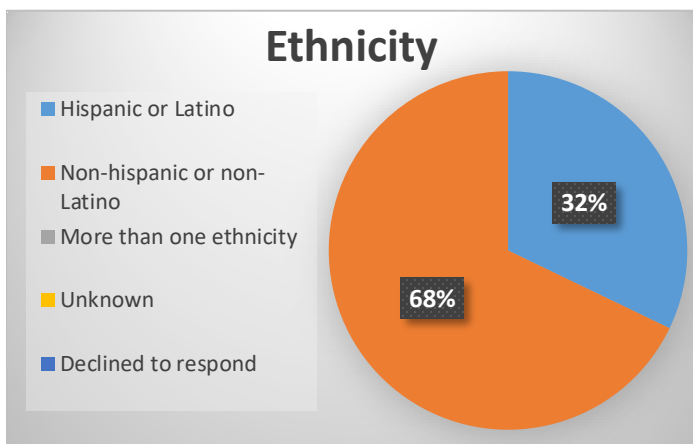
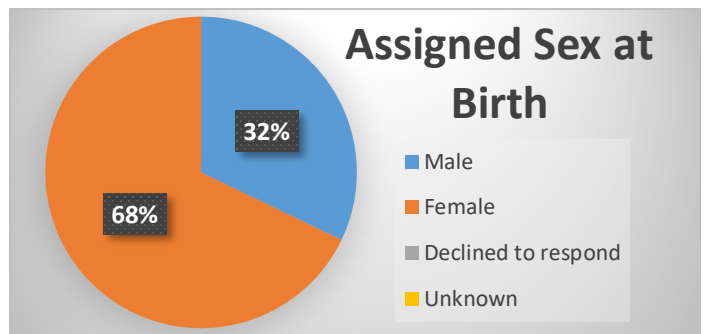
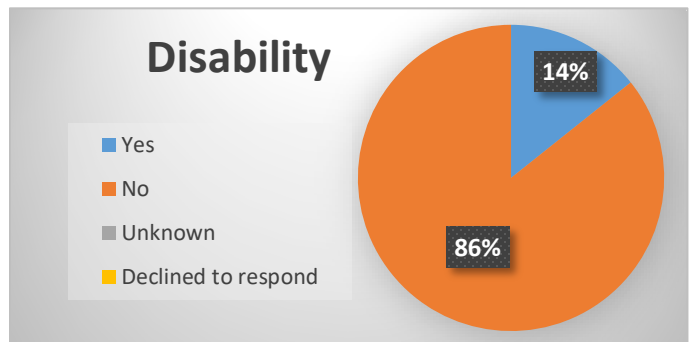
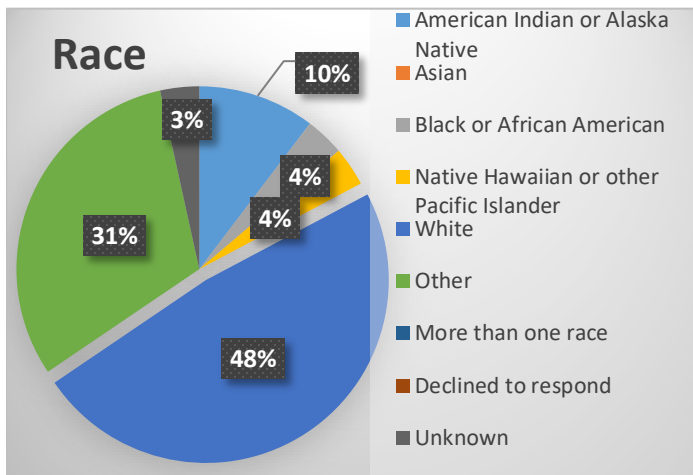
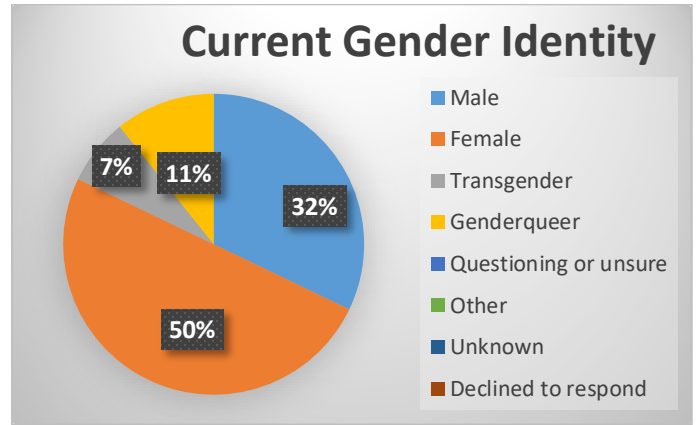
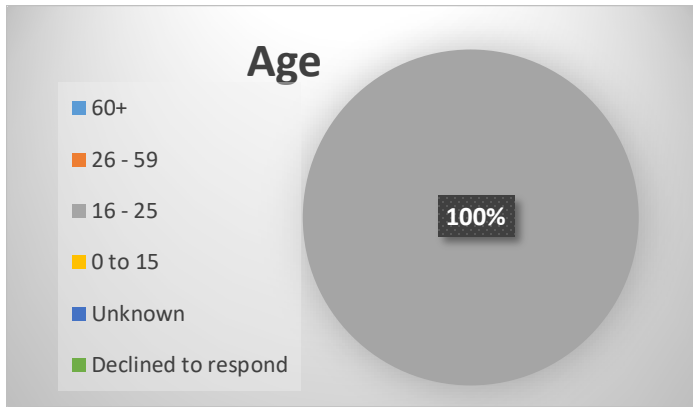
- **Total number of clients served: 28**
- **Total number of encounters: 784**
- **Approximate numbers reached through outreach: 1741**

PERFORMANCE OUTCOMES:

- 75% Youth in the Alchemy Project program reported feeling more connected to their community, having a better understanding of their mental health, and more comfortable asking for help when needed, according to youth surveys.
- 100% Alchemy Project youth were supported in housing, education, career development, health and safety, daily living skills, financial resources, and leadership development.
- "Alchemy staff are easy to ask for help. I know if I ask they will help me or figure out who can help me". "It is easier to ask for help because the environment feels more open".



FY 2023-2024 Program Demographics:



SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL COMMUNITY SERVICES AND SUPPORT (CSS) REPORT

The CSS component is the largest of all five MHSA components. Funding is used to provide direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet the criteria set forth in Welfare and Institutions Code (W&I Code) section 5600.3.

PROGRAM INFORMATION

Program Name: Adult Full Service Partnership (AFSP)

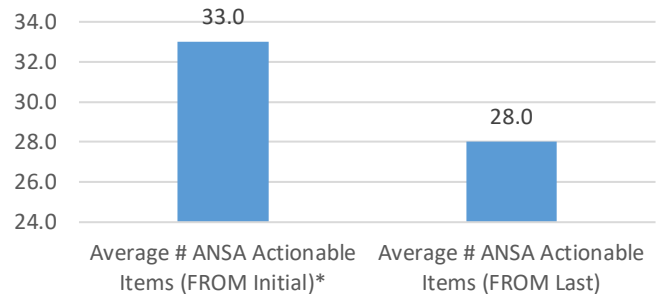
Target Population: adults from 26-59 years old with severe and persistent mental illness and at risk of institutionalization, homelessness, incarceration, or psychiatric in-patient services



FY 2023 – 2024 PROGRAM STATISTICS & PERFORMANCE OUTCOMES

- **Total number of clients served: 3**

FY 22-24 DHS-BHD Adult FSP ANSA Outcome Data



PROGRAM DESCRIPTION:

AFSP is a new FSP which will provide intensive services for adults from 26-59 years old with severe and persistent mental illness and at risk of institutionalization, homelessness, incarceration, or psychiatric in-patient services. Every AFSP client will participate in the development of a treatment plan focused on wellness and recovery. Low caseloads of no more than 20 clients will be maintained.

The AFSP team is made up of mental health professionals who work in partnership with the clients they serve to explore individual mental health wellness and recovery using a “whatever it takes” approach to case management. The treatment team is available to provide crisis services to the client, and services can be provided to individuals in their homes, the community, and other locations. Peer and caregiver support are available. Embedded in Full-Service Partnerships is a commitment to deliver services in ways which are culturally and linguistically competent and appropriate.

NOTE: Due to the low number of clients, client demographics will not be displayed to protect the client's identity.

SONOMA COUNTY MHSA ANNUAL PROGRAM REPORT FY 2023 - 2024

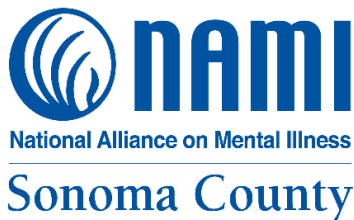
COMMUNITY SERVICES AND SUPPORTS (CSS)

Programs provide direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet the criteria set forth in Welfare and Institutions Code (W&I Code) section 5600.3.

General Systems Development (GSD)

A service category of the CSS component used to improve the County's mental health service delivery system for all clients and/or to pay for specified mental health services and supports for clients, and/or when appropriate their families.





SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL COMMUNITY SERVICES AND SUPPORT (CSS) REPORT

The CSS component is the largest of all five MHSA components. Funding is used to provide direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet the criteria set forth in Welfare and Institutions Code (W&I Code) section 5600.3.



PROGRAM INFORMATION

Program Name:

NAMI Sonoma County

Population served: Individuals and families affected by mental illness

Website: www.namisoco.org

Phone: (866) 960-6264

Program location:

182 Farmers Lane #202, Santa Rosa, CA 95405

Social Media:

@namisoco

@namisonoma

PROGRAM DESCRIPTION:

We help individuals and families whose lives are affected by mental illness to build better lives through education, support and advocacy, and by raising public awareness. Our classes and support groups are led by NAMI-trained peers (family members and individuals in recovery) who have been there and use their lived experience to benefit others. We work to ensure that all in our community facing mental health challenges know how to access critical mental health resources and supports. Our programs services are free of cost to participants and focus on building practical skills, empathy, and access to non-judgmental, safe support.

- **Warmline** (866-960-6264 | info@namisoco.org): A non-emergency lifeline providing support, local resource information and referrals, by phone or email.
- **NAMI Family Support Group:** For family members, significant others and friends, on Zoom or in-person.
- **NAMI Connection Support Group:** For individuals in recovery, on Zoom.
- **NAMI Family-to-Family:** An 8-week education program shown to significantly improve coping and problem-solving abilities of the people closest to a person with serious mental health challenges.
- **NAMI Peer-to-Peer:** An 8-week education program for adults living with mental health challenges, focused on recovery and self-care.
- **Mental Health Presentations:** Tailored presentations that build awareness of mental health conditions, early warning signs, and local resource information, for community organizations, schools and employee groups.
- **QPR Suicide Prevention Training:** A practical training to empower anyone, to respond confidently to someone who may be at risk of a suicidal crisis.

FY 2023-2024

PROGRAM STATISTICS

Encounters	8,738 through NAMI Programs 5,763 through Presentations
Warmline	1,584 Contacts 744 New Callers 36 MST Family Referrals
Support Group Attendees (duplicated)	1,175 Connection Attendees 700 Family Support Group

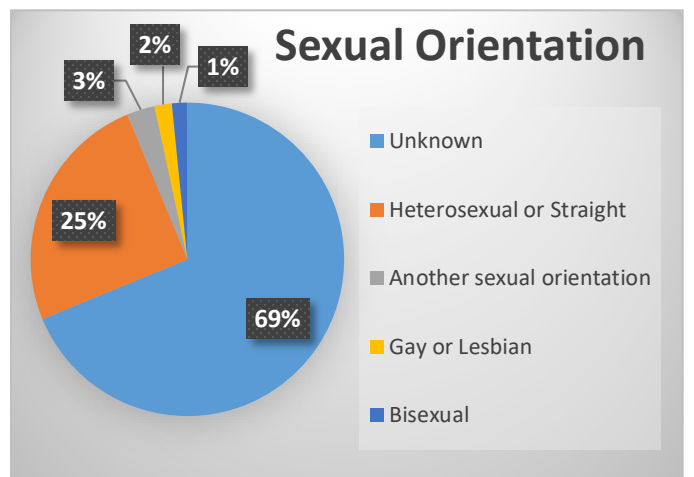
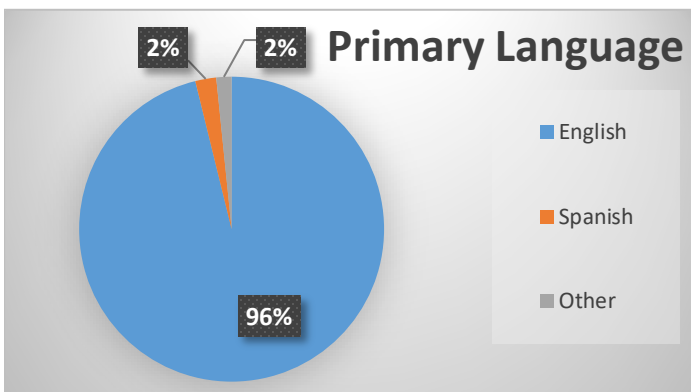
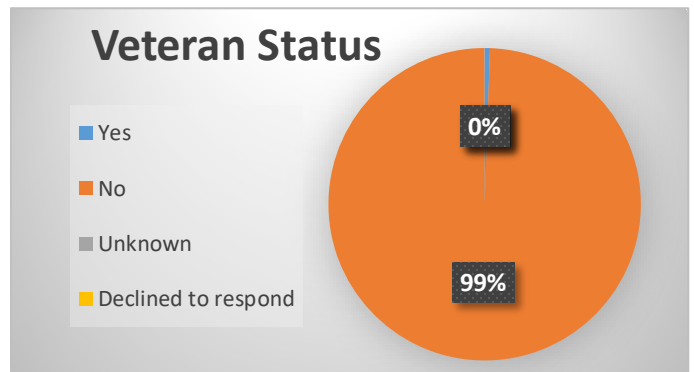
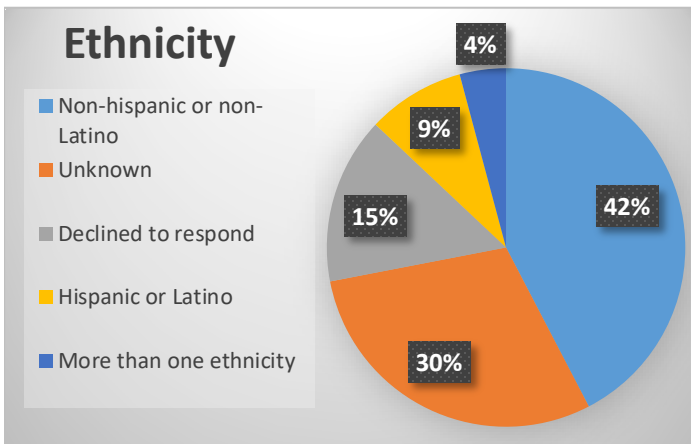
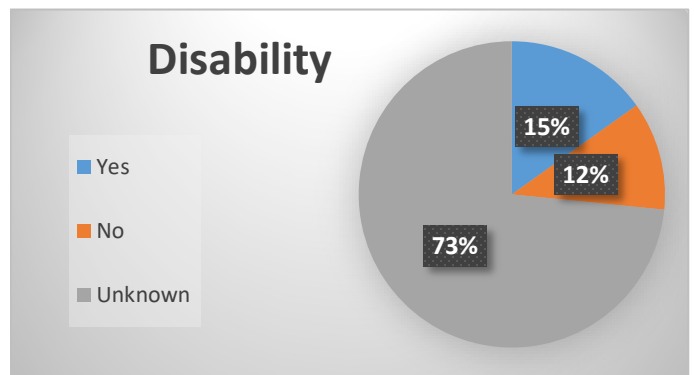
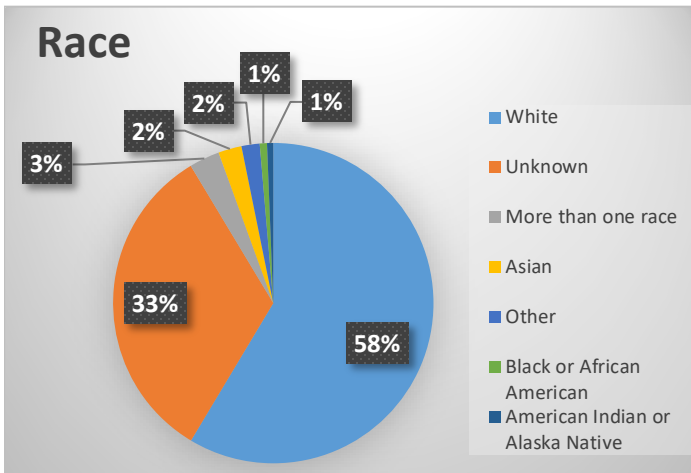
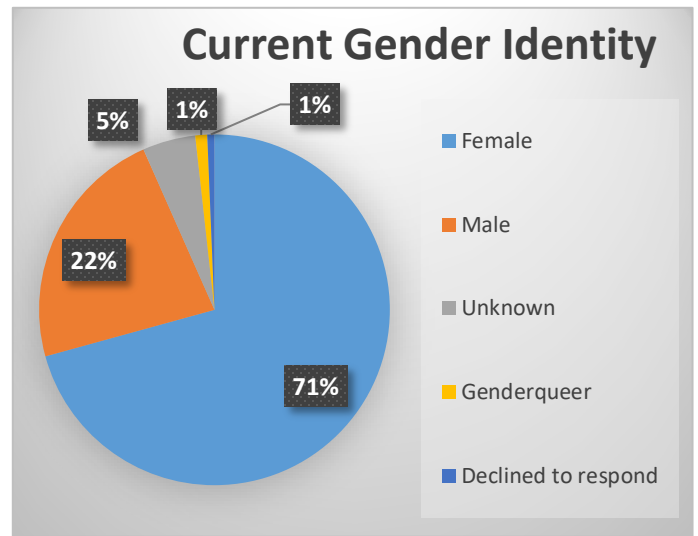
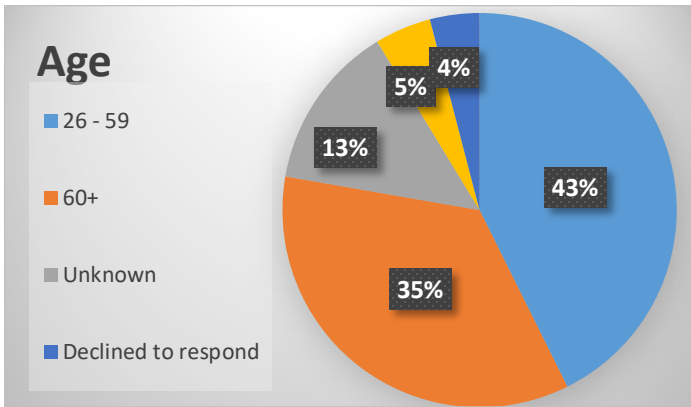
PERFORMANCE OUTCOMES

100% NAMI Family-to-Family graduates agreed: The program was helpful to them; they learned new information; and would recommend the program to others.

*I gained compassion for my loved one's illness.
I am not feeling as much blame. No more shame.
I learned to see the person, not the illness.
I learned that it's OK to set boundaries.
I learned the importance of self-care and caring for my spouse and other children.
There is nothing like being with others who get it.
NAMI programs are so worth it.
NAMI's support is life changing.*



FY 2023-2024 Program Demographics:



SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL COMMUNITY SERVICES AND SUPPORT (CSS) REPORT

FY 2023-2024 Service Category: General Service Development

The CSS component is the largest of all five MHSA components. Funding is used to provide direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet the criteria set forth in Welfare and Institutions Code (W&I Code) section 5600.3.



PROGRAM DESCRIPTION:

Sonoma County's Mobile Support Team (MST) is a partnership with the Santa Rosa Police Department, Sebastopol Police Department, Cotati Police Department, Rohnert Park Police Department, Petaluma Police Department, Santa Rosa Junior College District Police, and the Sonoma County Sheriff's Office, and Support Our Student (SOS) MST Interns. MST provides field-based support to requesting law enforcement officers responding to a behavioral health crisis.

We are staffed by licensed mental health clinicians, certified substance abuse specialists, post-graduate registered interns, mental health consumers, and family members who:

- Receive specialized field safety training by law enforcement partners.
- Are available during peak activity hours and days as informed by ongoing data review and coordination with law enforcement agencies.
- Participate in law enforcement shift briefings to maintain open communication.

When MST responds and the scene is secured, staff provides mental health and substance use disorders interventions to individuals experiencing a behavioral health crisis, including an evidence-based assessment that assists in determining if the individual should be placed on an involuntary hold.

MST provides crisis intervention, support, and referrals to medical and social services as needed.

FY 2023-2024 PROGRAM STATISTICS

- **Total number of unique clients served:**

PROGRAM INFORMATION

Program Name: Mobile Support Team (MST)

Population served: Santa Rosa, Windsor, Rohnert Park, Cotati, Petaluma, Sonoma Valley, Guerneville (Triage Grant funded service area), Forestville (Triage Grant funded service area), Sebastopol (Triage Grant funded service area)

Website:
<https://sonomacounty.ca.gov/Health/Behavioral-Health/Community-Response-and-Engagement/Mobile-Support-Team>

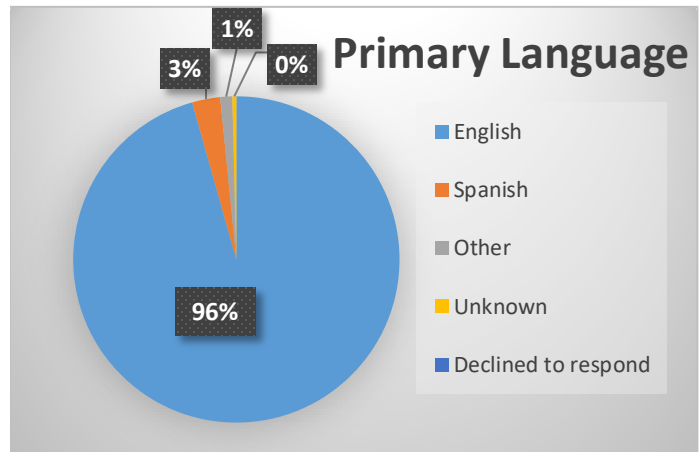
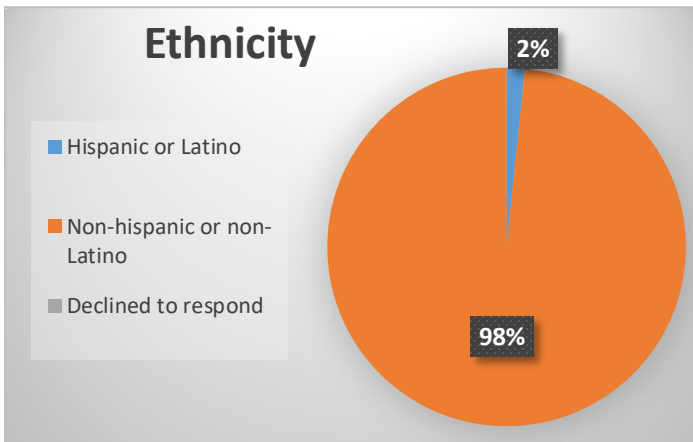
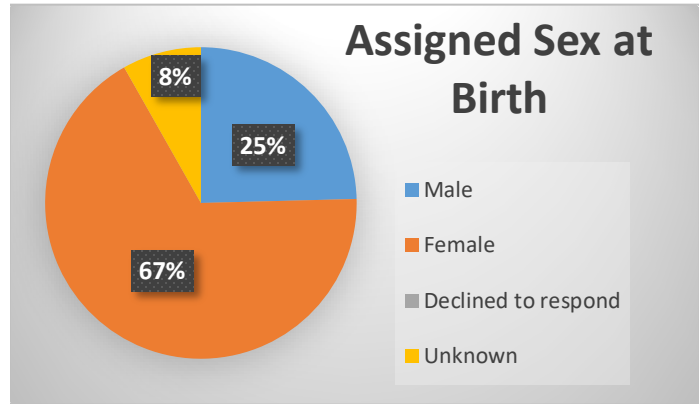
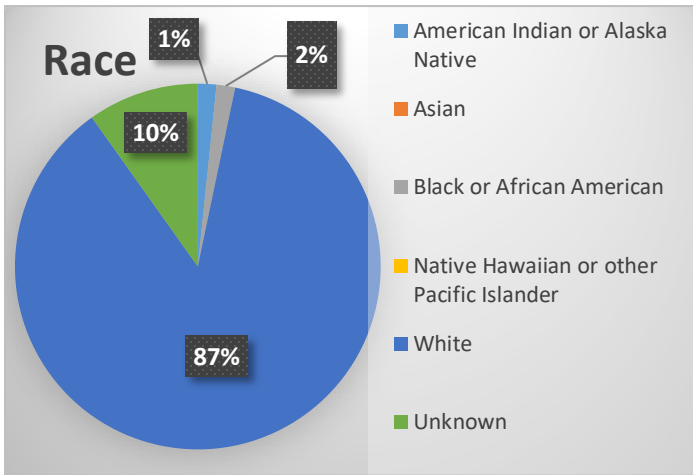
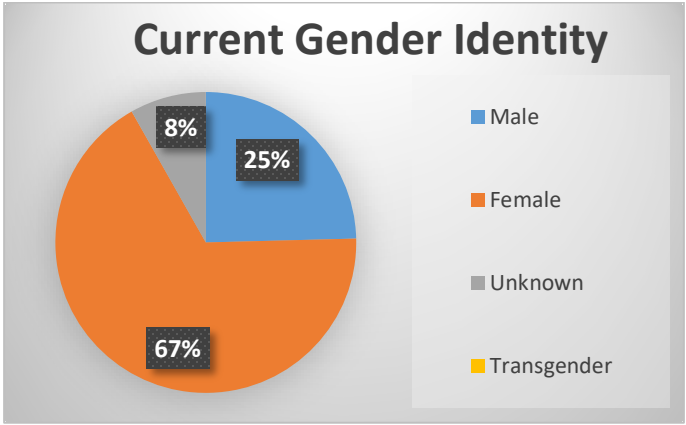
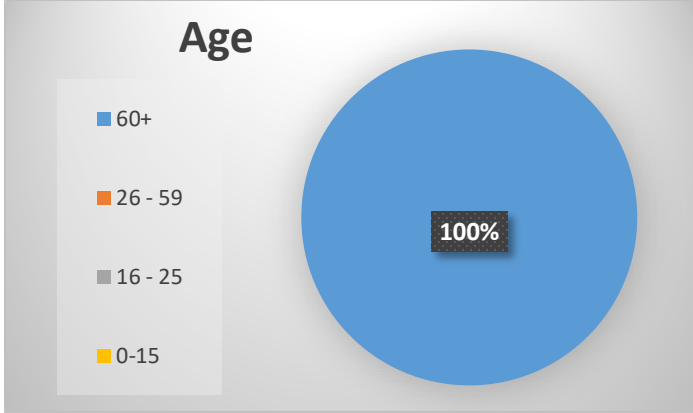
Phone: (707) 565-4850
 To request services: (707) 565-6900

PERFORMANCE OUTCOMES & ACCOMPLISHMENTS:

Add



FY 2023-2024 Program Demographics: NEED



SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL COMMUNITY SERVICES AND SUPPORT (CSS) REPORT

The CSS component is the largest of all five MHSA components. Funding is used to provide direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet the criteria set forth in Welfare and Institutions Code (W&I Code) section 5600.3.



PROGRAM INFORMATION

Program Name: DHS-BHD Collaborative Treatment and Recovery Team (CTRT)

Population served: Adults in Sonoma County who are new to behavioral health services.

For services call: (707) 565-6900

Program Goals:

- Engage clients in obtaining independent housing from homelessness.
- Assists clients with the creation of a safety plan.
- Refer clients to Buckelew Programs for assistance with understanding and navigating the Mental Health System on their own.

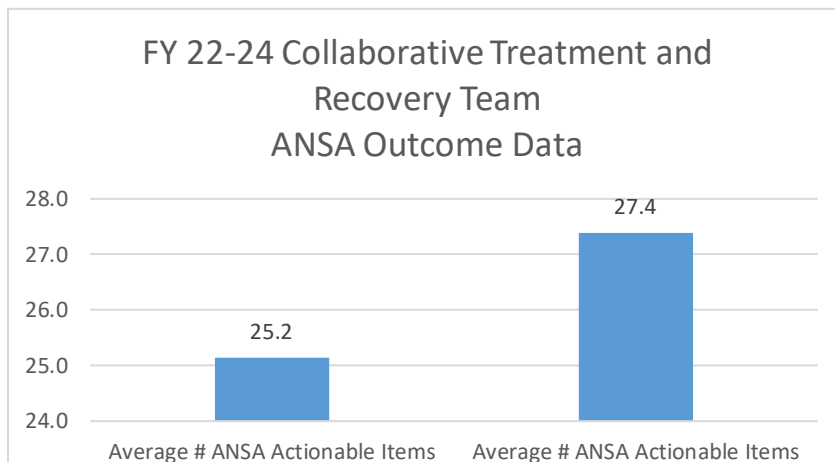
FY 2023-2024 PROGRAM STATISTICS

- **Total number of unique clients served:**

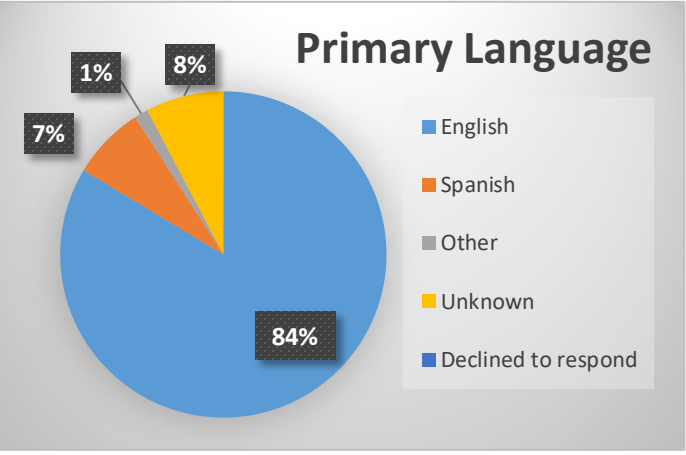
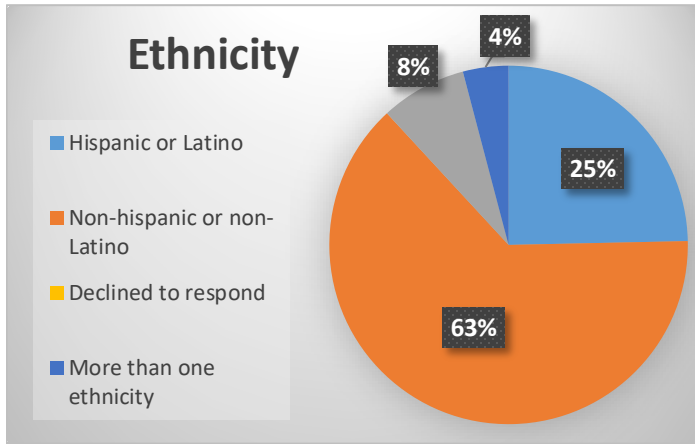
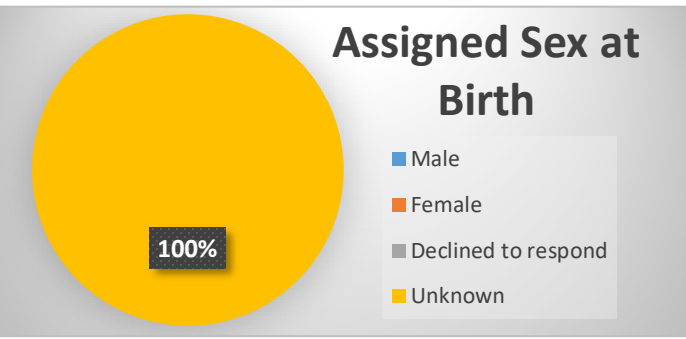
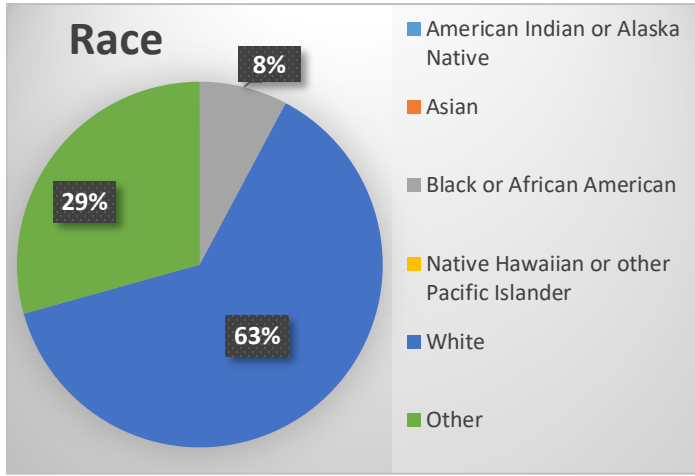
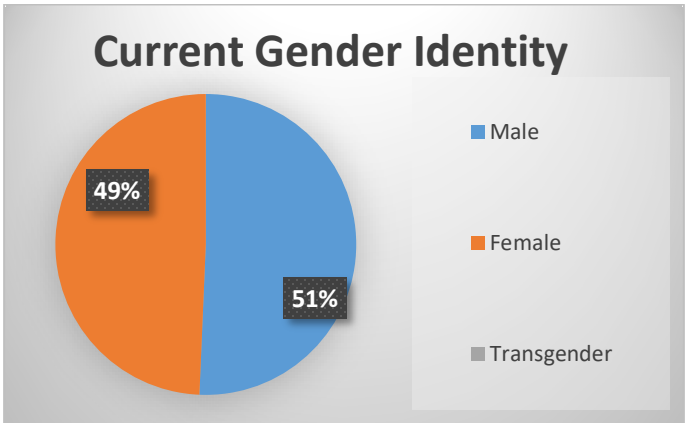
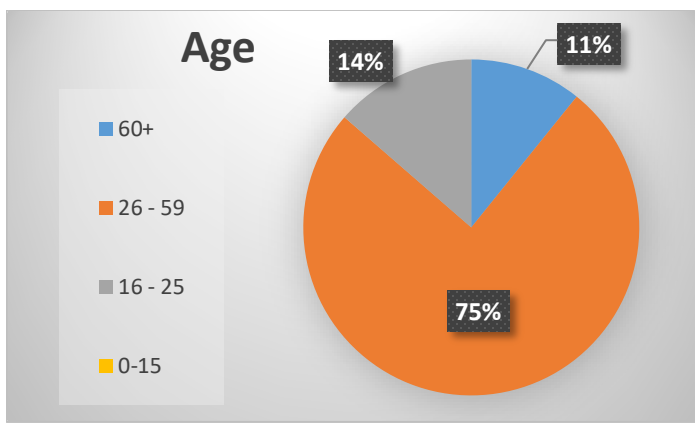
PROGRAM DESCRIPTION:

DHS-BHD Collaborative Treatment and Recovery Team CTRT's goal is to empower adult individuals who are new to behavioral health services by assisting them to gain competencies in system navigation, access to community resources and supports and providing education about mental illness. This team works in concert with Buckelew's CTRT, embodying a collaborative and recovery-oriented approach.

PERFORMANCE OUTCOMES & ACCOMPLISHMENTS:



FY 2023-2024 Program Demographics:



SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL COMMUNITY SERVICES AND SUPPORT (CSS) REPORT

FY 2023-2024 Service Category: Full Service Partnership Services

The CSS component is the largest of all five MHSA components. Funding is used to provide direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet the criteria set forth in Welfare and Institutions Code (W&I Code) section 5600.3.



PROGRAM INFORMATION

Program Name: Community Mental Health Centers (CMHCs)

Population served: Sonoma County adults living in four regionally-based areas of: Guerneville, Cloverdale, Petaluma, and Sonoma

Website:

<https://sonomacounty.ca.gov/Health/Behavioral-Health/Community-Mental-Health-Centers>

Phone: For services call: (707) 565-6900

PROGRAM DESCRIPTION:

The Community Mental Health Centers (CMHCs) are primarily aimed at providing access for underserved populations, including providing culturally and linguistically appropriate services to locally underserved racially and ethnically diverse communities, and homeless individuals with mental illness, in four regionally-based areas of Sonoma County:

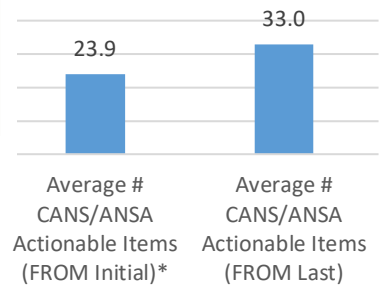
- Guerneville
- Cloverdale
- Petaluma
- Sonoma

The service teams are linked to the larger adult systems of care but focus on providing services and supports in the smaller communities where they are located. Services are available through collaborations between each CMHC and community-based providers, law enforcement agencies, and local Federally Qualified Health Centers (FQHCs).

FY 2023-2024 PROGRAM STATISTICS

- **Total number of unique clients served: 295**

FY 22-24 CHMC Guerneville CANS/ANSA Outcome Data



PERFORMANCE OUTCOMES:

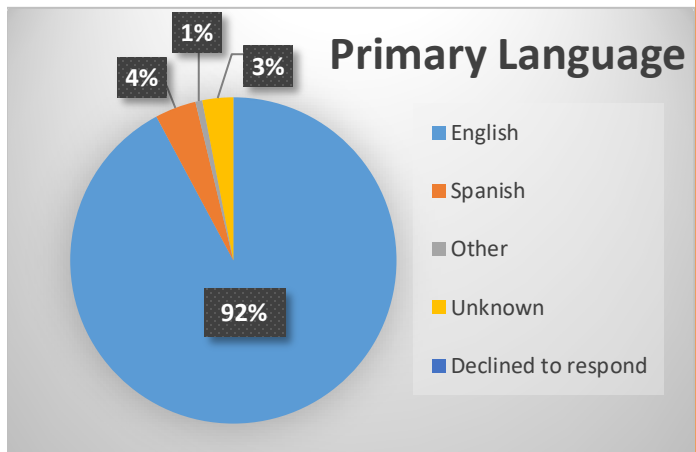
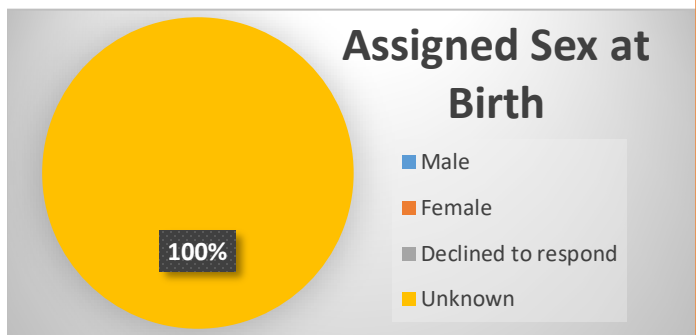
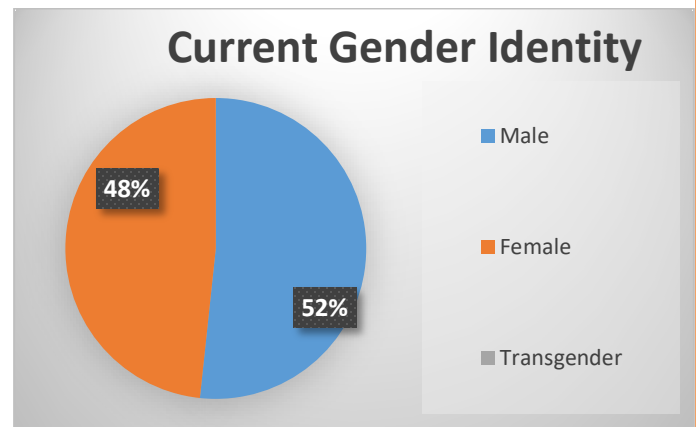
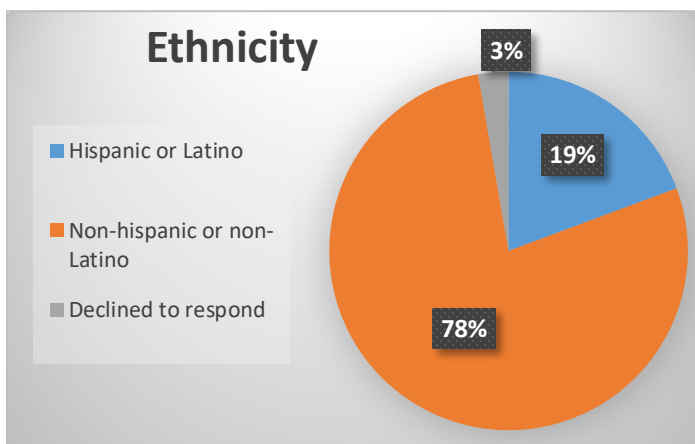
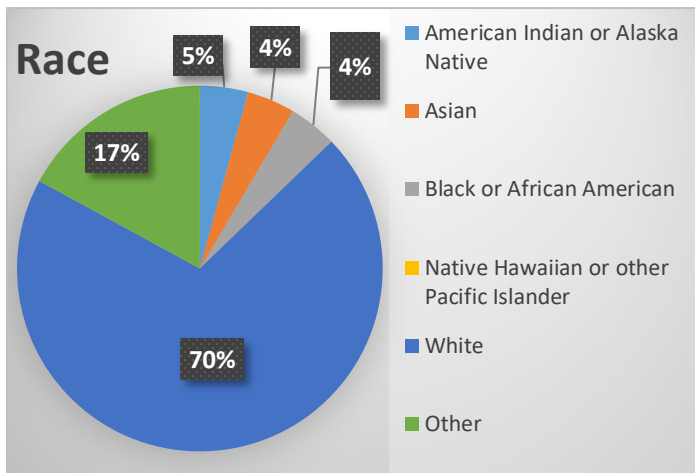
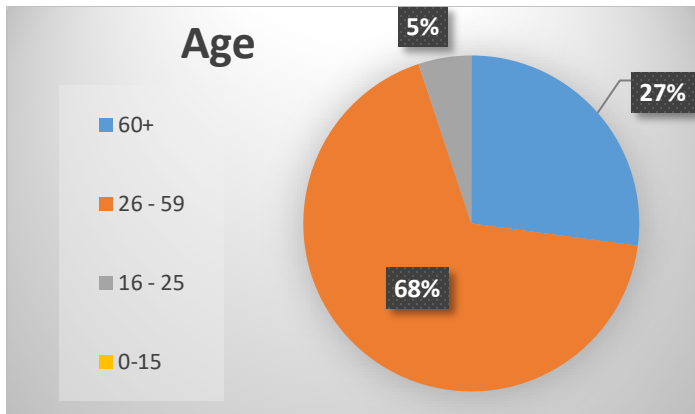
FY 22-24 CHMC Cloverdale CANS/ANSA Outcome

FY 22-24 CHMC Petaluma CANS/ANSA Outcome Data

FY 22-24 CHMC Sonoma CANS/ANSA Outcome Data



FY 2023-2024 Program Demographics:





SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL COMMUNITY SERVICES AND SUPPORT (CSS) REPORT

The CSS component is the largest of all five MHSA components. Funding is used to provide direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet the criteria set forth in Welfare and Institutions Code (W&I Code) section 5600.3.



PROGRAM INFORMATION

Program Name: Council on Aging Senior Peer Support
Population served: Sonoma County Adults, 60+
Website: www.councilonaging.com
Phone: (707) 525-0143 ext. 119
Program location: 130 Kawana Springs Rd., Santa Rosa, CA 95403
Social Media: @SonomaCOA @councilonaging.sonoma

FY 2023-2024 PROGRAM STATISTICS

- **Total number of clients served:** 50
- **Total number of encounters:** 550
- **Approximate numbers reached through outreach:** 25,000+

PROGRAM DESCRIPTION:

The Senior Peer Support program provides confidential, no-cost assistance to older adults in Sonoma County facing mental health challenges related to aging. Trained community volunteers, under the supervision of a Licensed Clinical Supervisor, are "matched" with peers dealing with issues such as mood disorders, the loss of a spouse, illness-related stress, isolation, or other life transitions. Over 12-week sessions, volunteers offer emotional support, guidance, and empathy. We actively promote the program through Sonoma Seniors Today magazine, flyers, social media, the COA website, and community events to ensure it reaches those who need it most.

PERFORMANCE OUTCOMES:

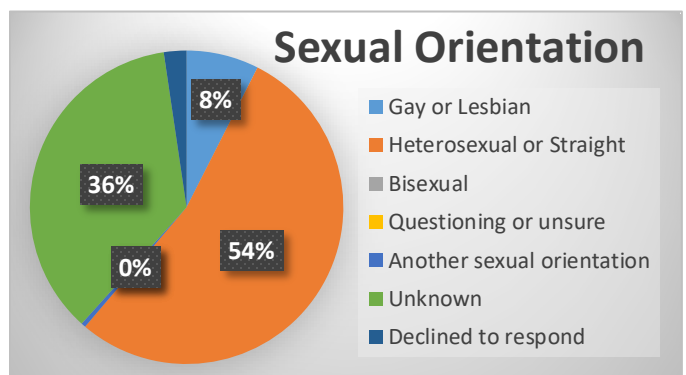
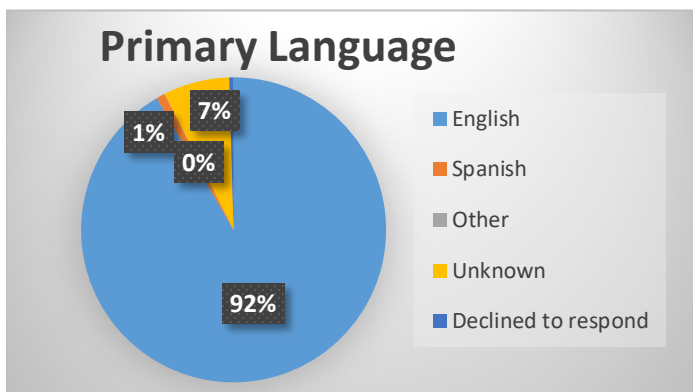
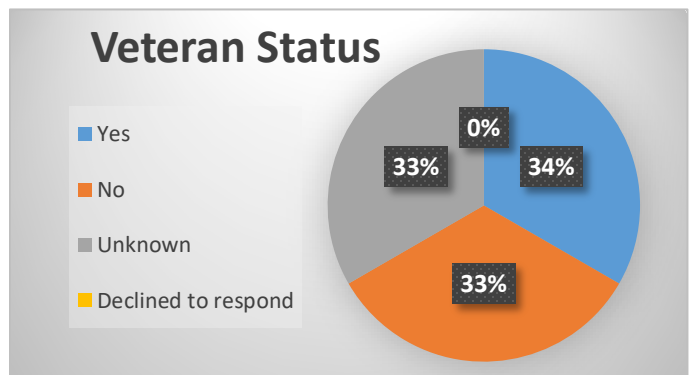
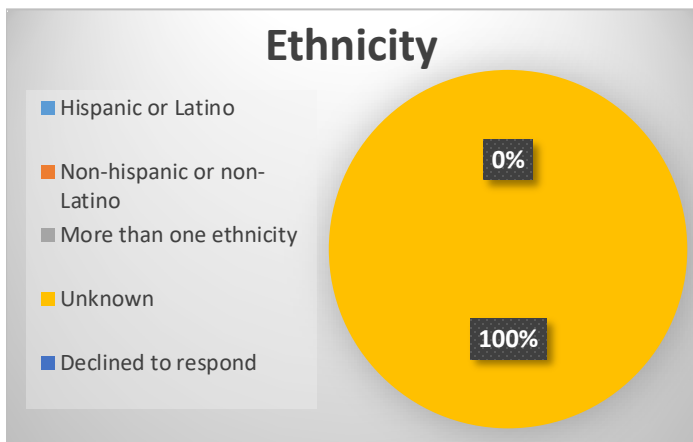
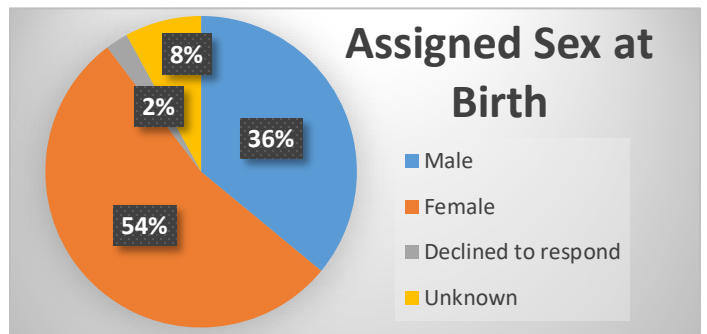
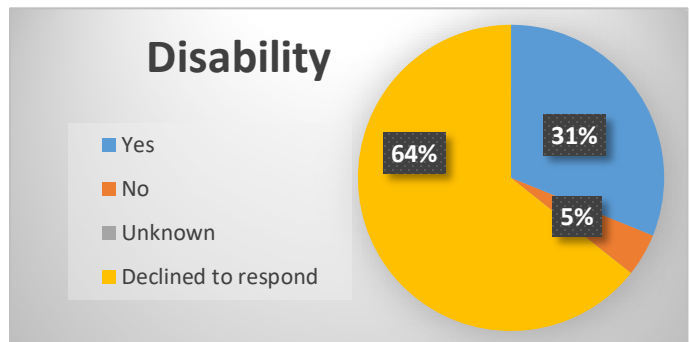
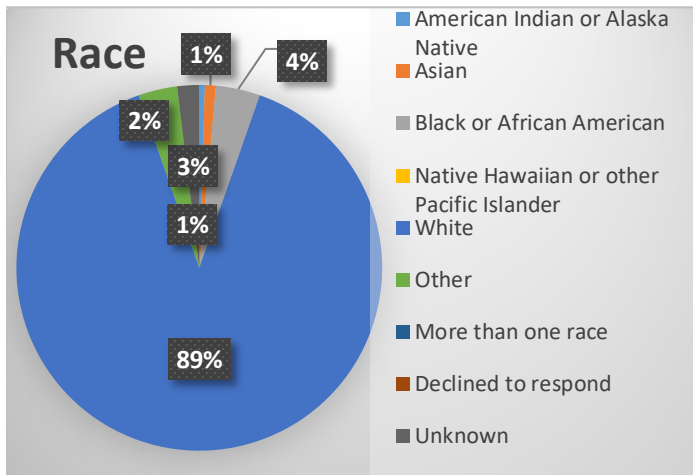
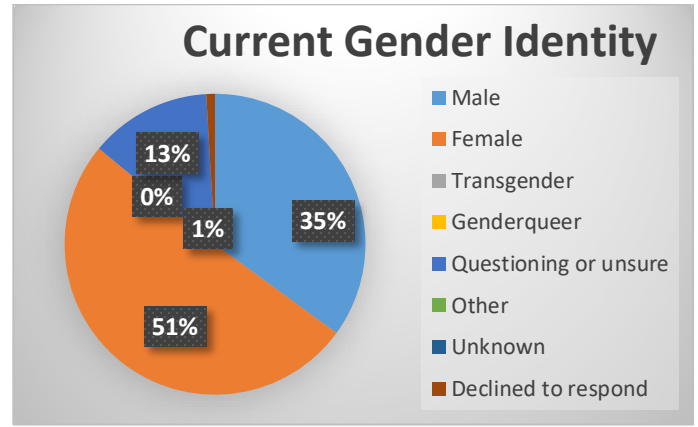
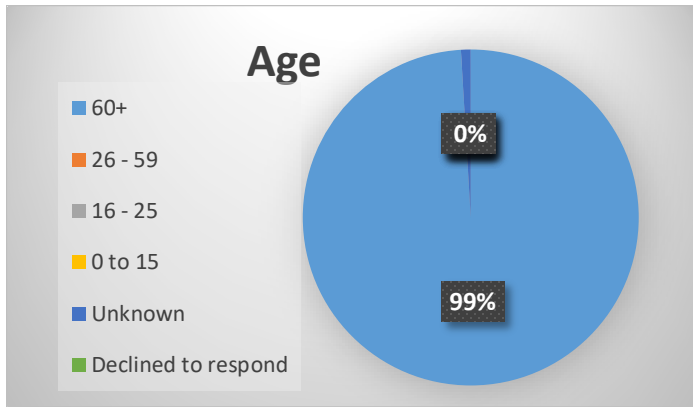
In 2023-2024, the Council on Aging (COA) faced significant challenges when we lost two Licensed Clinical Supervisors, impacting our ability to provide consistent support to clients. In response, we partnered with an independent Licensed Clinical Social Worker (LCSW) who helped maintain volunteer services during this transitional period. In April 2024, we welcomed Chris Rairdon, a new LCSW, to our team. Chris quickly adapted to his role and launched Senior Peer Support services with our volunteers, ensuring we continued meeting our clients' needs. A major accomplishment was in mid-September, Chris led his first Volunteer Senior Peer Support (SPS) training, where nine volunteers were trained, increasing our total volunteer count to 12. Chris then began matching clients on a waitlist with these new volunteers. Seasoned volunteers' mentor new volunteers and two Peer Support Supervision meetings held by Chris have been created to accommodate the 14 volunteers with clients. We are excited to continue making a meaningful impact in our community through this program.

A quote from a client: "She was the best, most encouraging, most supportive person! We had a wonderful relationship, right from the start, but she always made it abundantly clear that we had a mission, and that clarity contributed to me getting the most out of our time together by keeping me on track and directing me forward.

Sometimes one smile, or one positive word, can make a world of difference and helps to turn things around!"



FY 2023-2024 Program Demographics:





SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL COMMUNITY SERVICES AND SUPPORT (CSS) REPORT

The CSS component is the largest of all five MHSA components. Funding is used to provide direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet the criteria set forth in Welfare and Institutions Code (W&I Code) section 5600.3.



PROGRAM INFORMATION

Program Name: Family Service Coordination-Buckelew Programs
Population served: Sonoma County families and allies, supporting a loved one with a mental or behavioral health challenge.

Website:
www.buckelew.org/services/sonoma-county/family-services-coordination/

Phone: (707) 571-8452
Program location:
2235 Mercury Way #107
Santa Rosa, CA 95407

Social Media:
www.facebook.com/BuckelewPrograms
www.instagram.com/BuckelewPrograms

PROGRAM DESCRIPTION:

The Family Service Coordination program works with families, friends, caregivers, and allies who are supporting an adult loved one with behavioral health challenges. FSC walks with families and allies through individualized and group support, system navigation, providing education about mental health and substance use challenges, connects individuals and families with community resources and supports, and reducing stigma through community education. All Family Service Coordination services are free of charge to anyone living in Sonoma County.

FY 2023-2024 PROGRAM STATISTICS

- **Total number of clients served:** 324
- **Total number of encounters:** 1129
- **Approximate numbers reached through outreach:** 9037

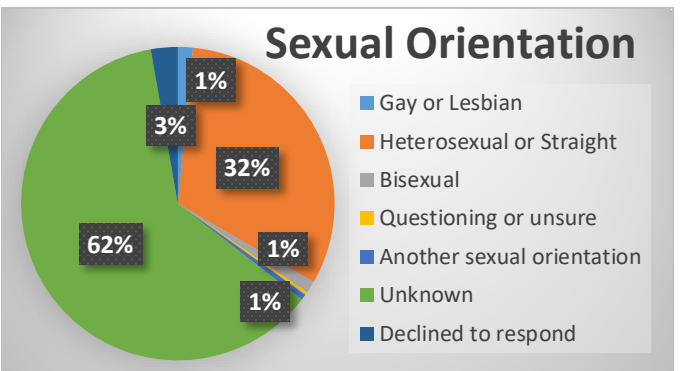
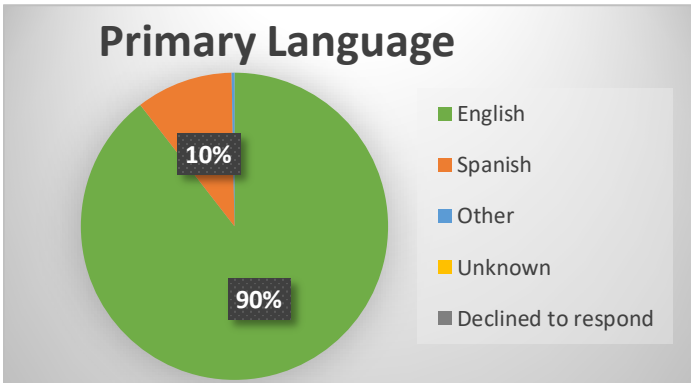
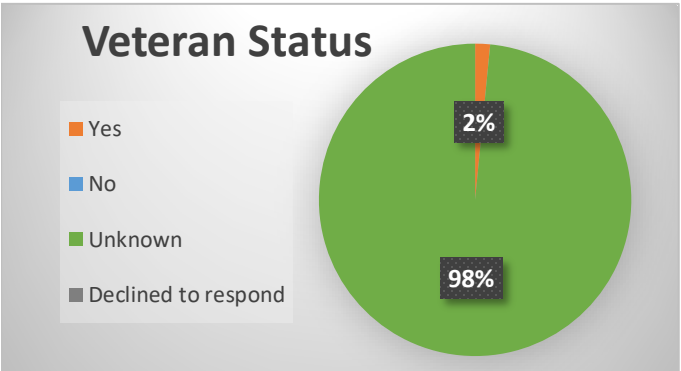
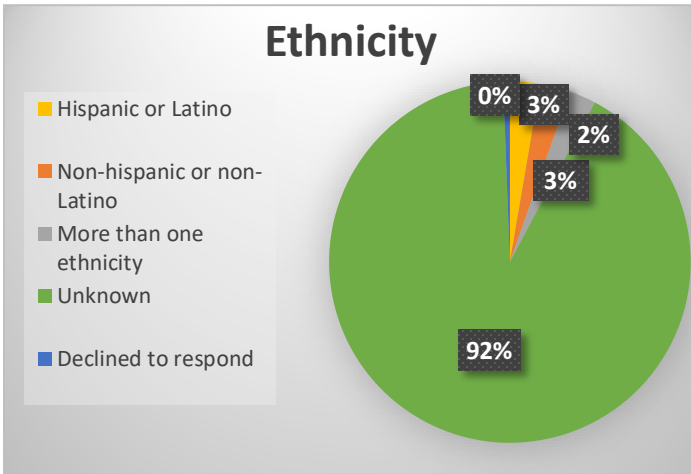
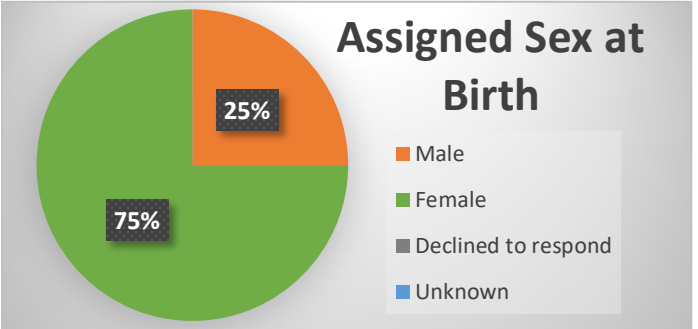
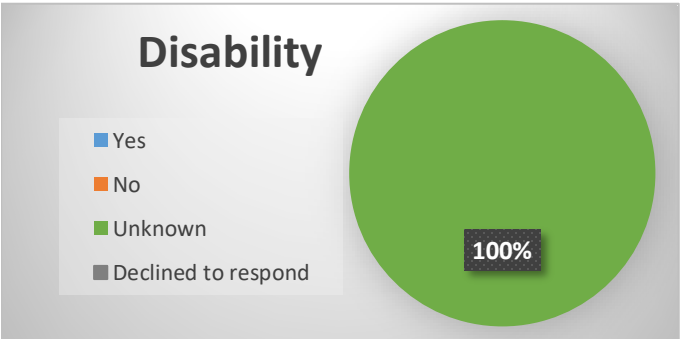
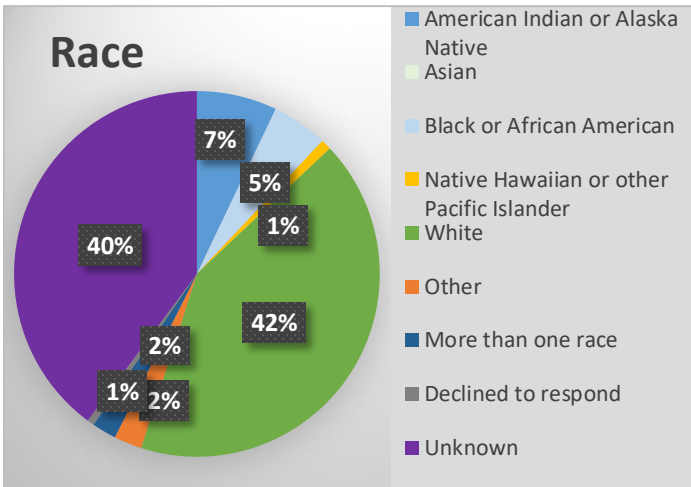
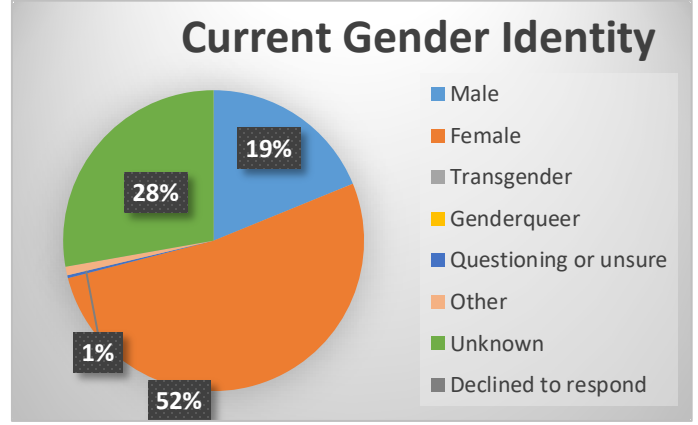
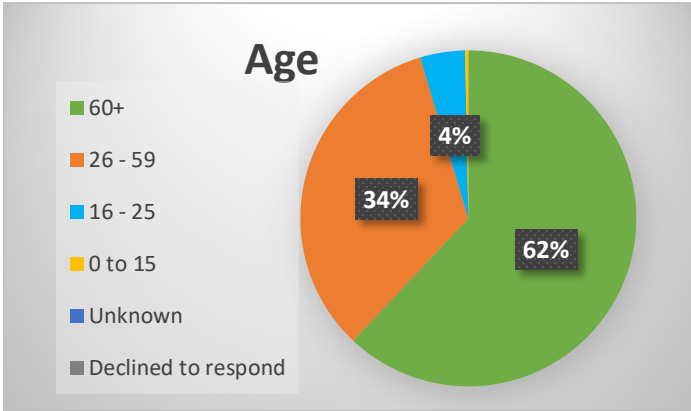
PERFORMANCE OUTCOMES:

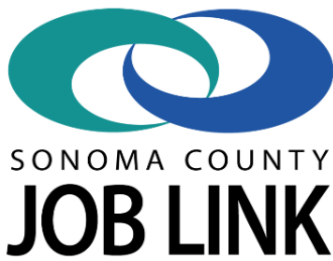
Family and Allies reported following:

- 95% of families have reported excellent or good understanding of Sonoma County's Health System, i.e. how to access primary care, therapist, and psychiatrist
- 95% of families reported accessing 1 or more resources for themselves
- 94% of families reported accessing 2 or more resources for their loved one
- 100% of families reported strongly agree or agree that they have a sense of increased hope and empowerment for their family member's well-being



FY 2023-2024 Program Demographics:





SONOMA COUNTY
JOB LINK

A proud partner of America's Job
Center of CaliforniaSM network.

SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL COMMUNITY SERVICES AND SUPPORT (CSS) REPORT

FY 2023-2024 CSS Service Category: i.e. Full Service Partnership Services, Outreach and Engagement Services

The CSS component is the largest of all five MHSA components. Funding is used to provide direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet the criteria set forth in Welfare and Institutions Code (W&I Code) section 5600.3.



PROGRAM INFORMATION

Program Name:

Sonoma County Job Link

Population served: Adults, Youth, and Employers in Sonoma County

Website: www.joblinksonoma.org

Phone: (707) 565-5550

Program location:

2227 Capricorn Way, Ste 100
Santa Rosa, CA 95407

Social Media:

[@SonomaCountyJobLink](https://www.facebook.com/SonomaCountyJobLink)

[@JobLinkSonoma](https://twitter.com/JobLinkSonoma)

PROGRAM DESCRIPTION:

Sonoma County Job Link/AJCC is a One-Stop Career Center comprised of multiple Workforce Service Providers and Partners working together connecting Job Seekers, Employers, and the Community to create a thriving Sonoma County economy. Job Link provides employment services including a Resource Center; Computer Lab; and Navigators and Counselors who assist with resume and interview prep, help with education and training, finding a job, or starting a career.

PERFORMANCE OUTCOMES:

During fiscal year 2023-2024, Job Link provided essential job search services to a wide range of job seekers in Sonoma County. Job Link had 615 customers who visited the One-Stop in person during that fiscal year. The ability to once again offer in-person services allowed these visitors to access job postings, workshops, use the computer lab, obtain information for resources from our navigators, and be connected to other agencies such as EDD, DOR, etc. In addition to these in-person services, 394 participants were enrolled and received direct employment counseling and career services from Job Link counselors throughout the fiscal year. Job Link's referral process to obtain referrals from the Behavioral Health Division specifically for individuals with serious mental illness saw 18 individuals receive Job Link services. Some of these individuals found employment, and gained job readiness skills.

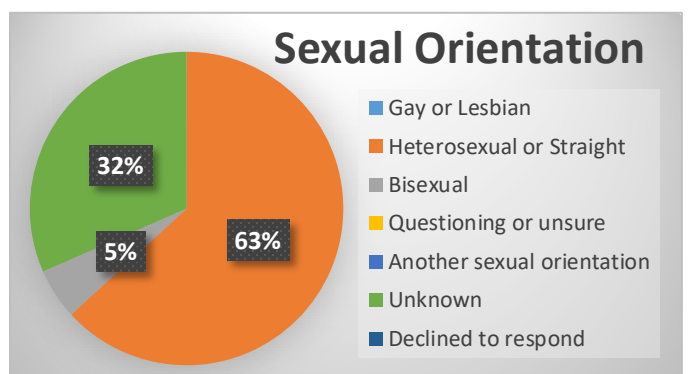
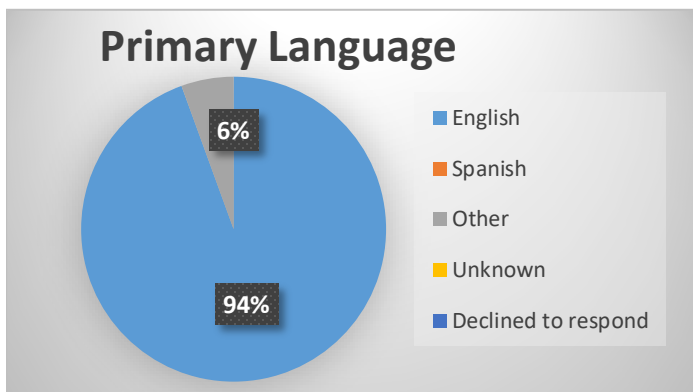
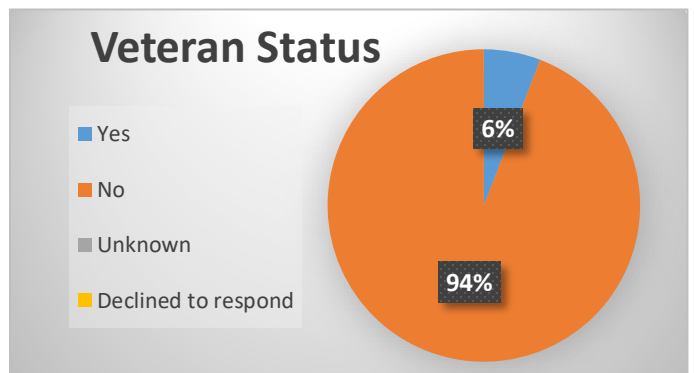
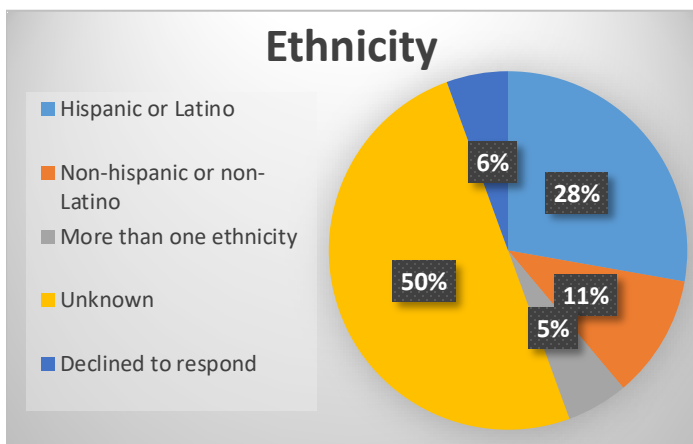
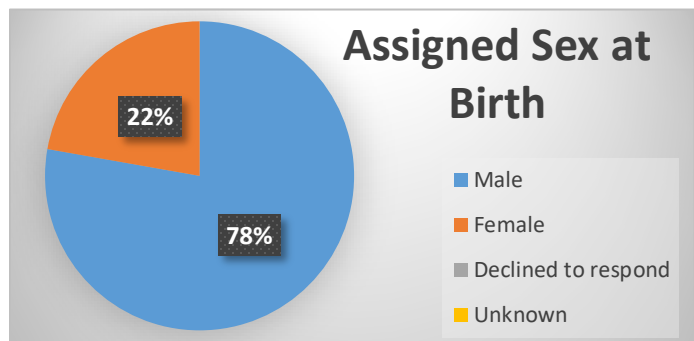
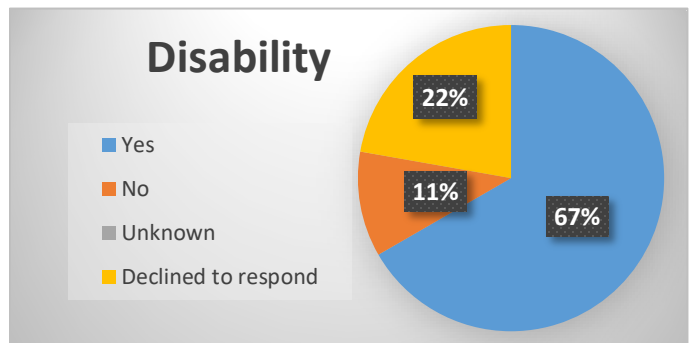
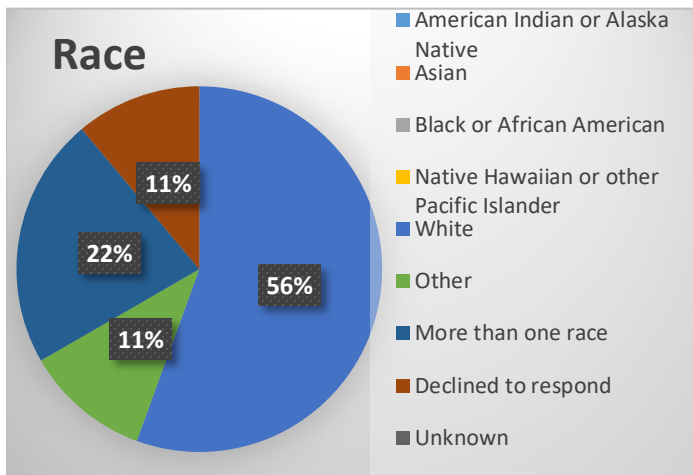
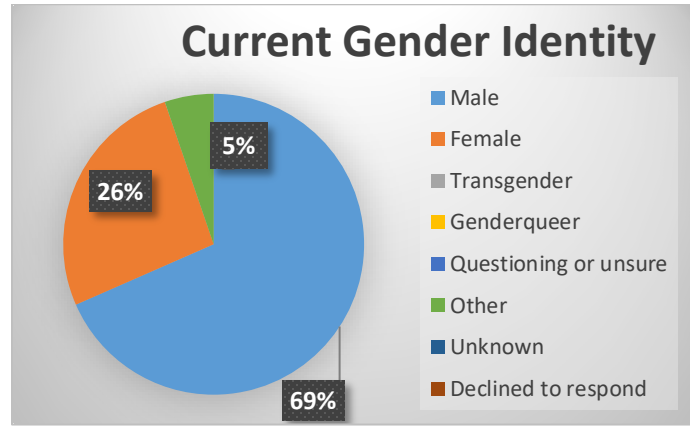
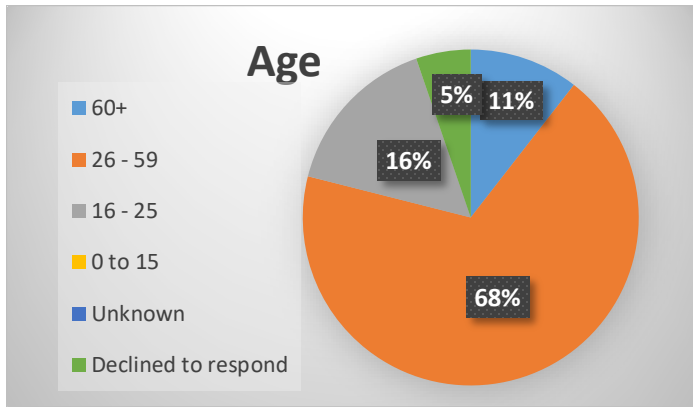
FY 2023-2024

PROGRAM STATISTICS

- **Total number of clients served:** 18
- **Total number of encounters:** 115
- **Approximate numbers reached through outreach:** 212



FY 2023-2024 Program Demographics:





SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL COMMUNITY SERVICES AND SUPPORT (CSS) REPORT

The CSS component is the largest of all five MHSA components. Funding is used to provide direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet the criteria set forth in Welfare and Institutions Code (W&I Code) section 5600.3.



PROGRAM INFORMATION

Program Name: Wellness and Advocacy Center

Population served: Adults with mental health challenges.

Phone: (707) 565 - 7800

Program location: 2245 Challenger Way # 104 Santa Rose, CA 95407

Social Media:

WWW.facebook.com/wellnessandadvocacv.org

FY 2023-2024

PROGRAM STATISTICS

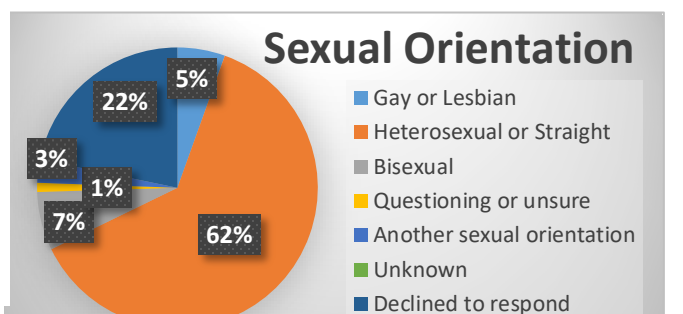
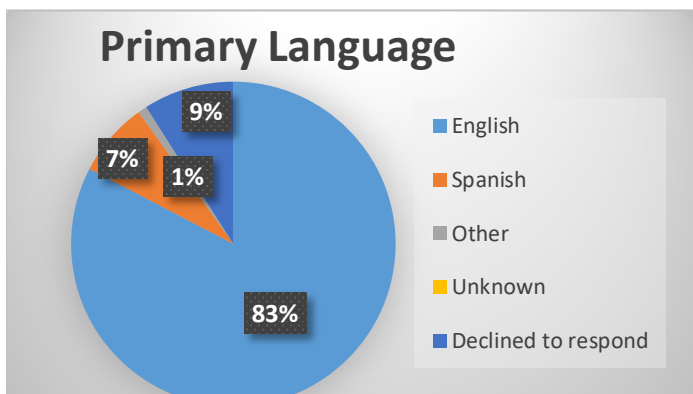
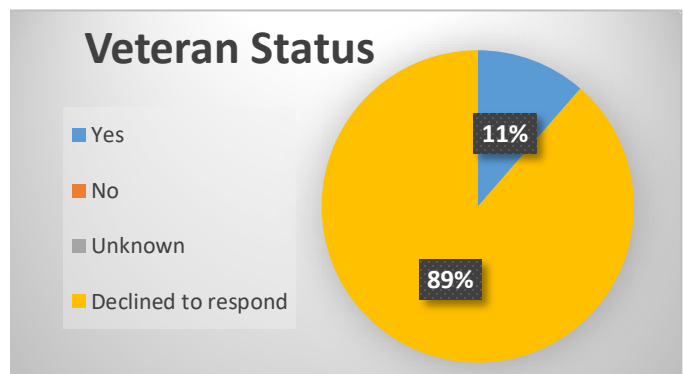
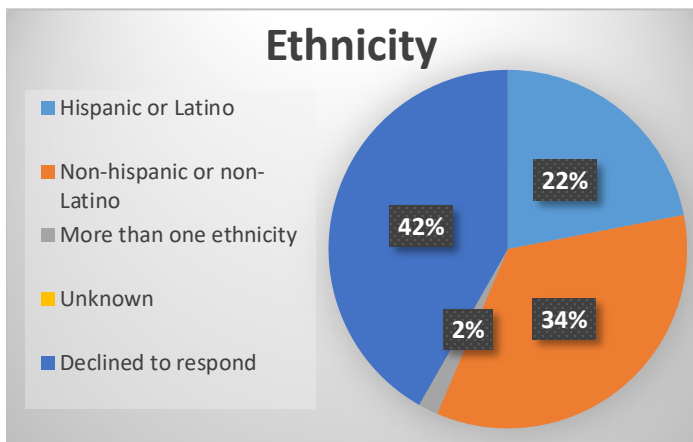
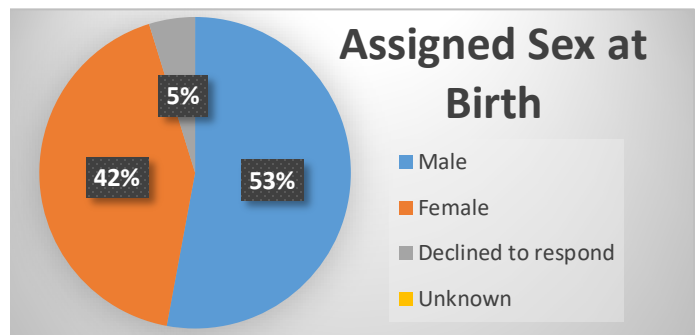
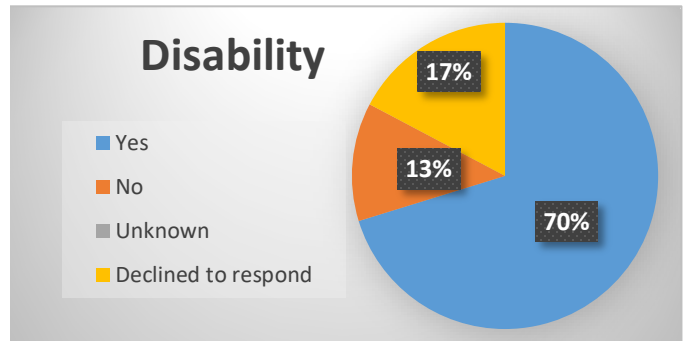
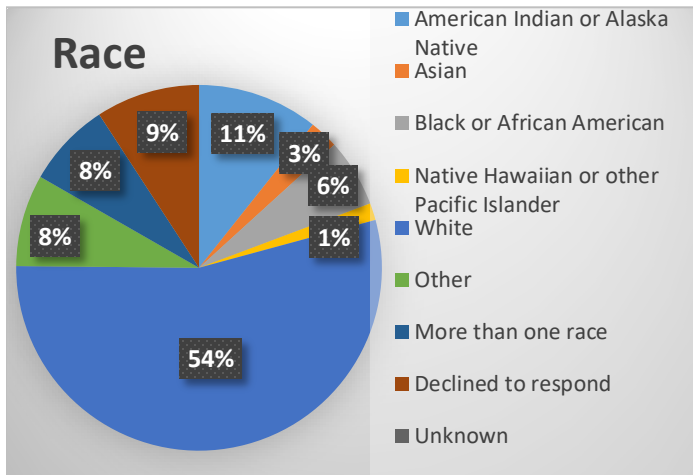
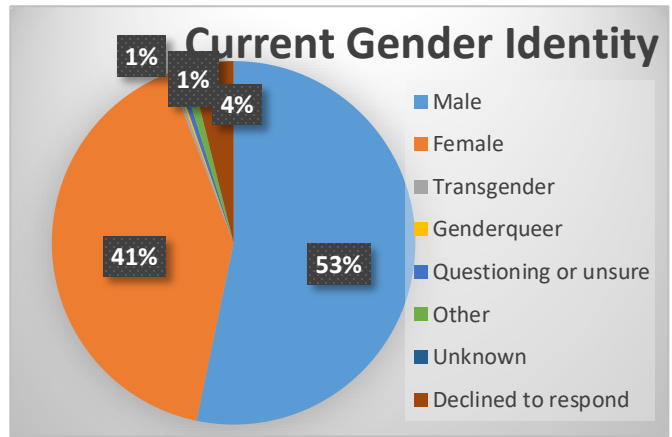
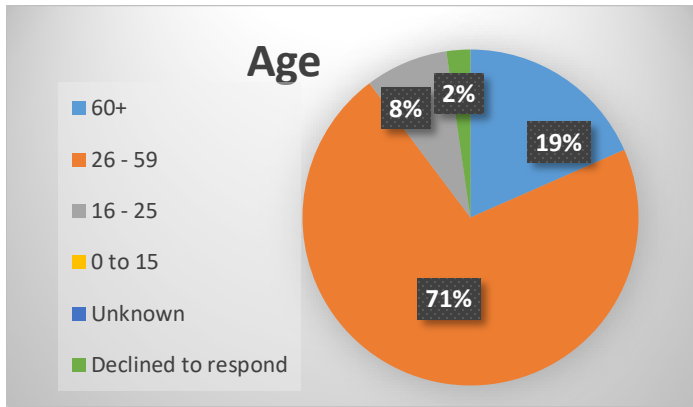
- **Total number of clients served:** 565
- **Total number of encounters:** 31,219
- **Approximate numbers reached through outreach:** 6609

PROGRAM DESCRIPTION: The Wellness and Advocacy Center is a peer run, self-help drop in center for those facing mental health challenges. We have a strong recovery orientation focusing on programs and services fostering hope and empowerment within a safe community. Through the sharing of others' personal journey, connections made and support groups, individuals often learn new skills, gain confidence and learn to advocate for themselves which fosters the ability to manage difficulties and current challenging situations, enabling individuals to take control of their lives, to live their best, most meaningful lives. All of our services are free and include, Individual Peer Support, Self-Help Groups, Socialization Activities, Career/Computer Lab, Resource Navigation, Showers, Laundry, Clothing Closet, Music, daily Art & Crafts for individual, creative expression and more.

PERFORMANCE OUTCOMES: The Wellness and Advocacy Center continues to be a well-utilized support for many who are underserved in our community with mental or behavioral health challenges. In FY 23-24, the center incorporated a stronger practice/policy for Diversity, Equity and Inclusion to further expand on providing equal access to opportunities and resources for people who might otherwise be excluded or marginalized. Our client surveys revealed a strong sense of community and an overall feeling of 'safety' within our center. In FY 23-24 the center provided 13,423 1:1 peer support sessions and our peer support and educational group attendance totaled 12,797 for the fiscal year.



FY 2023-2024 Program Demographics:





SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL COMMUNITY SERVICES AND SUPPORT (CSS) REPORT

FY 2023-2024 CSS Service Category: General System Development

The CSS component is the largest of all five MHSA components. Funding is used to provide direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet the criteria set forth in Welfare and Institutions Code (W&I Code) section 5600.3.



PROGRAM INFORMATION

Program Name: Petaluma Peer Recovery Center (PPRC)
Population served: Adults facing their mental and/or behavioral health challenges
Website: petalumapr.org
Phone: (707) 565-1299
Program location: 5350 Old Redwood Highway; Suite 600, Petaluma, CA
Social Media: Petaluma Peer Recovery Center WCCS

PROGRAM DESCRIPTION:

The Petaluma Peer Recovery Center (PPRC) is a peer run and managed program dedicated to supporting self-empowerment of adults with behavioral health challenges through peer support and education. We provide a number of opportunities for connection including one-to-one and group support, monthly forums, socialization activities and help with resource navigation. We have instruments and art and craft supplies for group and individual creative pursuits. We offer in person support onsite and warmline services during our open hours on Mondays, Wednesdays and Thursdays. We also reach out to and collaborate with other community organizations.

FY 2023-2024

PROGRAM STATISTICS

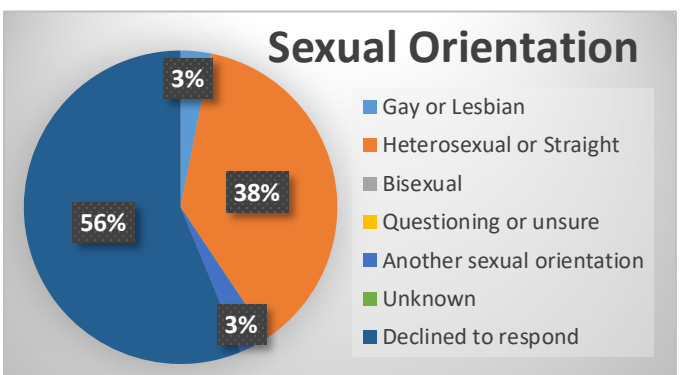
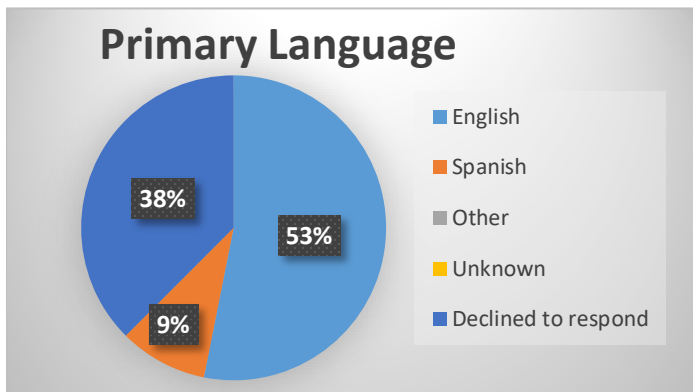
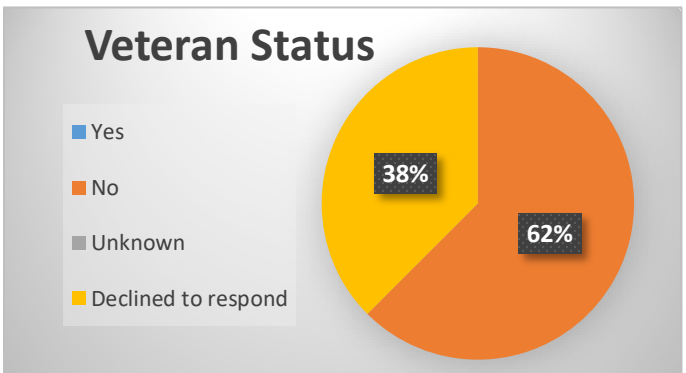
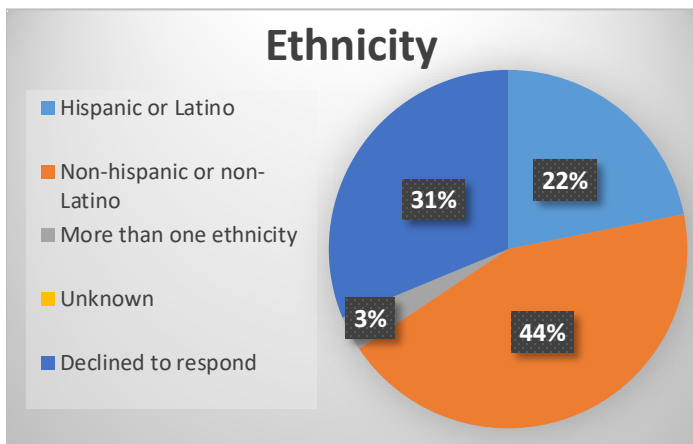
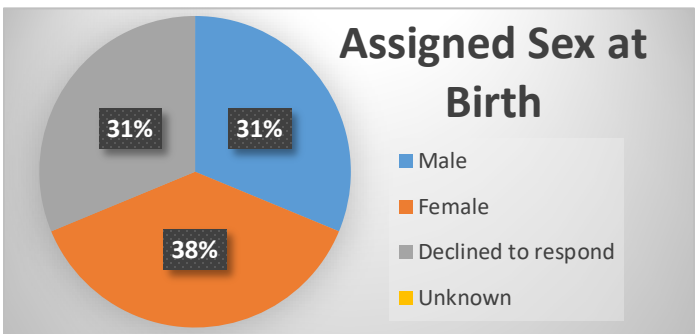
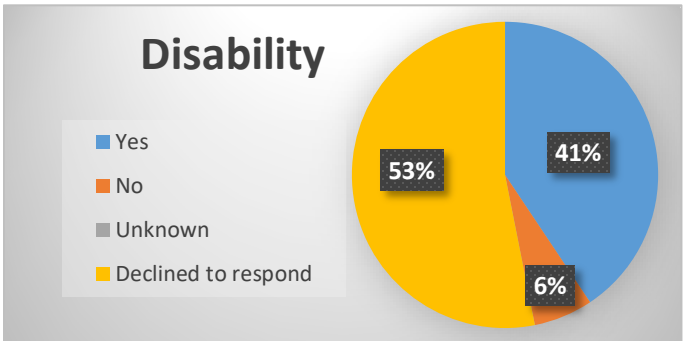
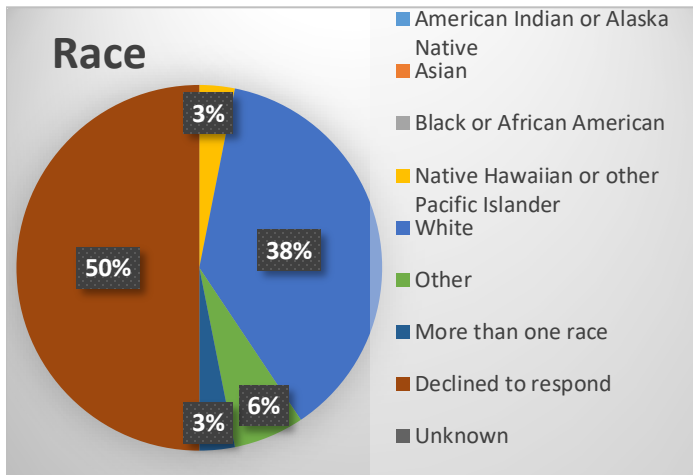
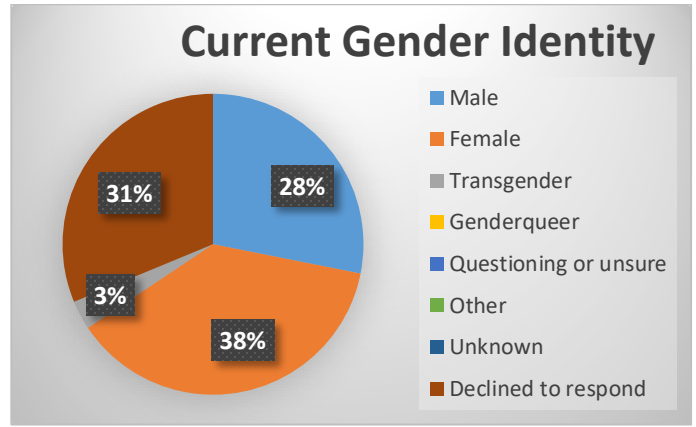
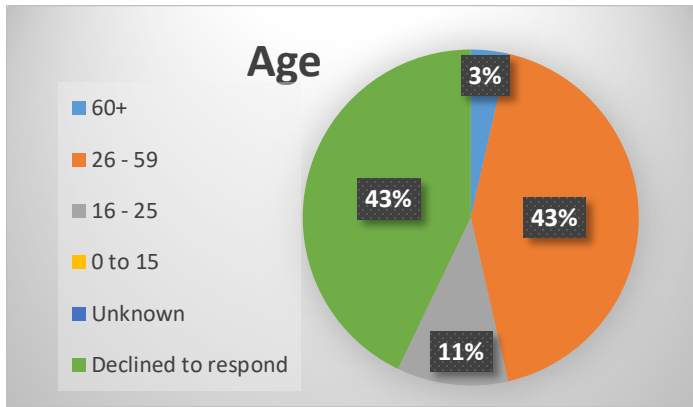
- **Total number of clients served:** 32
- **Total number of encounters:** 1982
- **Approximate numbers reached through outreach:** 1645

PERFORMANCE OUTCOMES:

We averaged 33 warmline calls per month and 30 one to one in person sessions per month robustly supporting connection and a sense of community to participants in person and virtually. Comments from participants this year included "It's good to feel connected." "I feel heard when I'm here." "The center gives me a sense of purpose." "PPRC has helped me feel confident enough to start my job search." "The reason I always take home our group notes is that I re-read them several times." PPRC program manager sits on the Community Health Initiative of the Petaluma Area substance abuse and mental health workgroup where he initiated his Invite... Sobriety social marketing communication. Petaluma Blue Zones heard him speaking about Invite... Sobriety during a radio interview on KPFA's Pushing Limits show. He was subsequently contacted by Petaluma Blue Zones and, at their request, met with them along with the Blue Zones National alcohol and drug policy makers at PPRC, and provided info to support local and national awareness efforts. PPRC assistant manager was interviewed on KBBF this year, raising awareness of our services to the community.



FY 2023-2024 Program Demographics:





SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL COMMUNITY SERVICES AND SUPPORT (CSS) REPORT

FY 2023-2024 CSS Service Category: General System Development

The CSS component is the largest of all five MHSA components. Funding is used to provide direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet the criteria set forth in Welfare and Institutions Code (W&I Code) section 5600.3.



PROGRAM INFORMATION

Program Name: Russian River Empowerment Center

Population served: Adults facing mental and/or behavioral health challenges

Website: www.westcountyservices.org

Phone: (707)-823-1640 X207

Program location: 9925 Main St. Monte Rio CA 95462

Social Media: <http://www.facebook.com/THE.RREC>

PROGRAM DESCRIPTION:

The Empowerment Center is a peer operated, self help center sponsored by WCCS for people with chronic behavioral health challenges.

Our activities, classes and groups are provided by our trained Peer Staff who identify as having lived experience with mental health struggles. We share what we have learned during our own individual journeys to support each other in strengthening our mental health.

PERFORMANCE OUTCOMES:

The Empowerment Center facilitates groups, activities and workshops that provide opportunities to learn and build skills in particular areas of mental wellness.

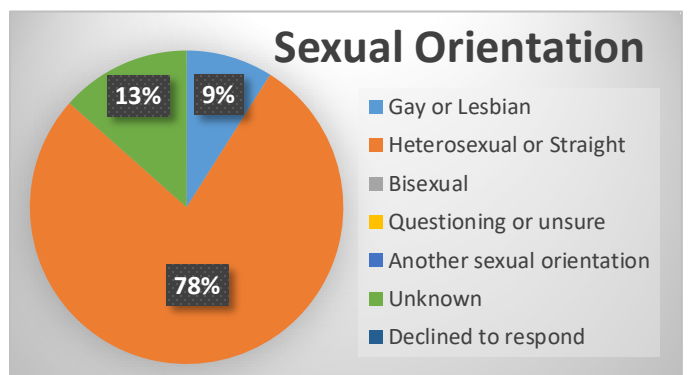
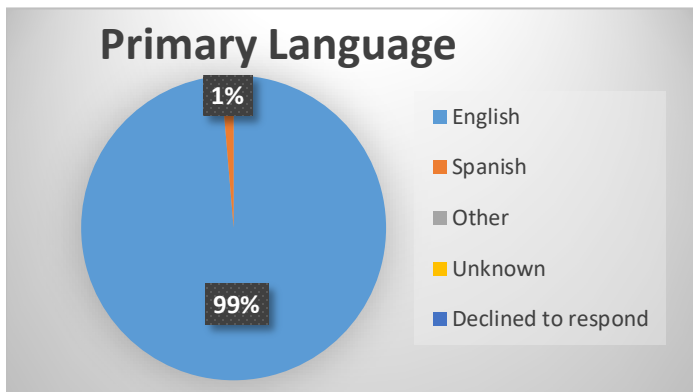
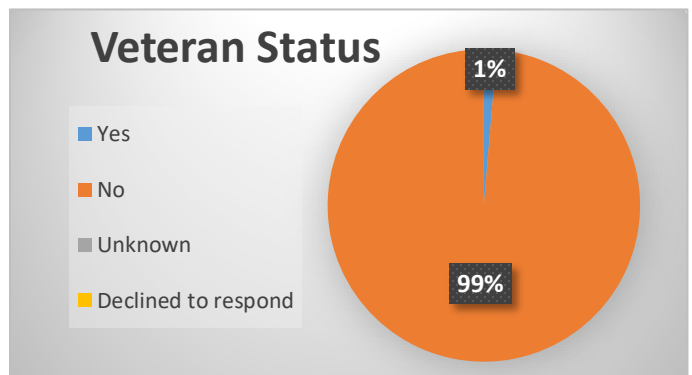
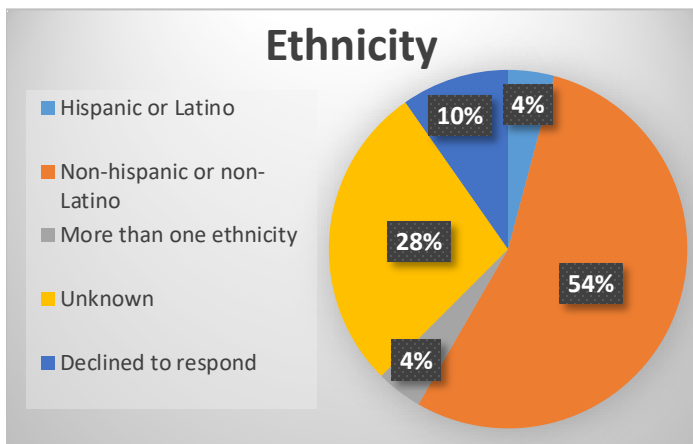
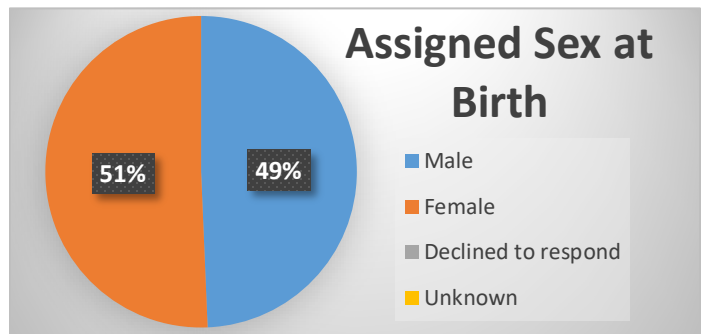
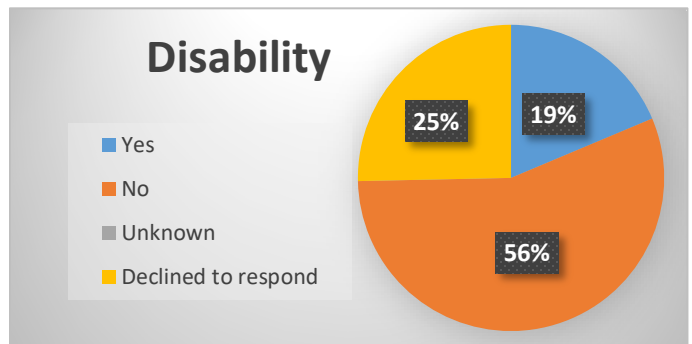
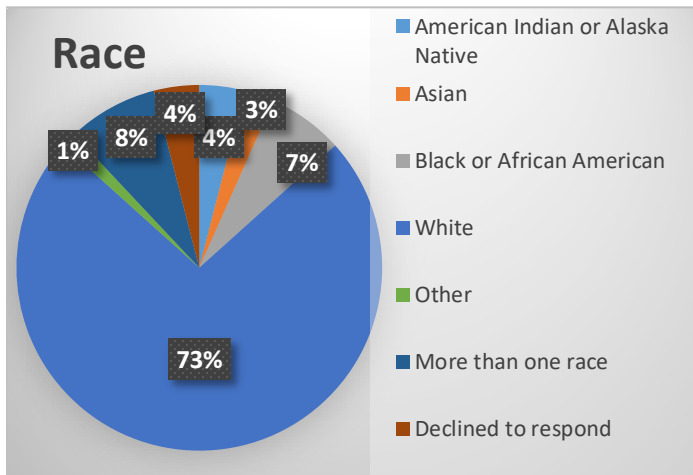
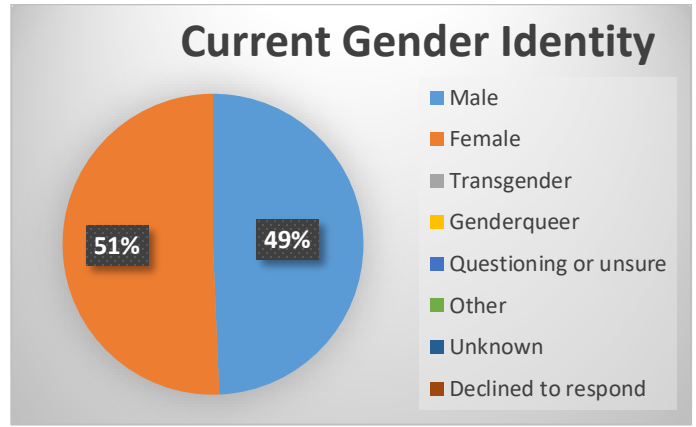
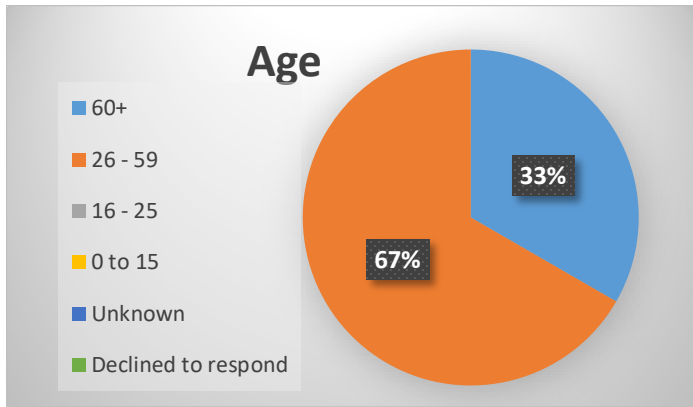
The Empowerment Center also provides a shuttle service and a warmline that offers support and resource information. It has been reported by members that participating in our offerings has assisted them with their mental health recovery and has also created an inclusive environment for all to interact with staff and other members.

FY 2023-2024 PROGRAM STATISTICS

- **Total number of clients served:** 75
- **Total number of encounters:** 856
- **Approximate numbers reached through outreach:** 900



FY 2023-2024 Program Demographics:



SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL COMMUNITY SERVICES AND SUPPORT (CSS) REPORT

FY 2023-2024 Service Category: Full Service Partnership Services

The CSS component is the largest of all five MHSA components. Funding is used to provide direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet the criteria set forth in Welfare and Institutions Code (W&I Code) section 5600.3.



PROGRAM INFORMATION

Program Name: DHS-BHD Medication Support Services for Adult Programs

Population served: Adults (18 years and older) in Sonoma County who meet Medi-Cal guidelines for Target Population. Clients must be referred through the Access team after an Adult Needs and Strengths Assessment.

Phone:
For services call: (707) 565-6900

FY 2023-2024 PROGRAM STATISTICS

- **Total number of unique clients served: 320**

PROGRAM DESCRIPTION:

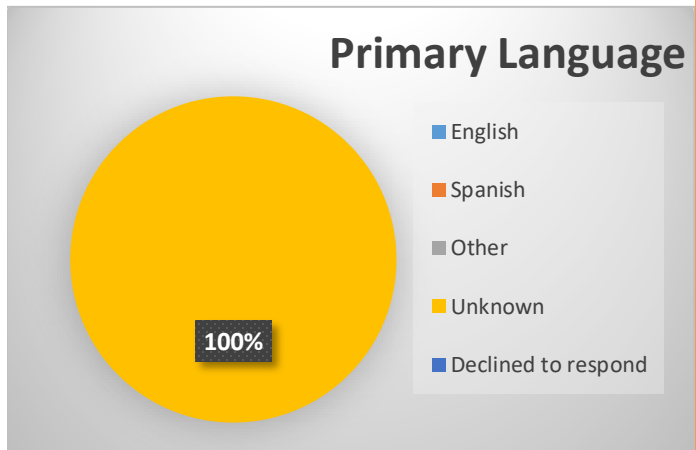
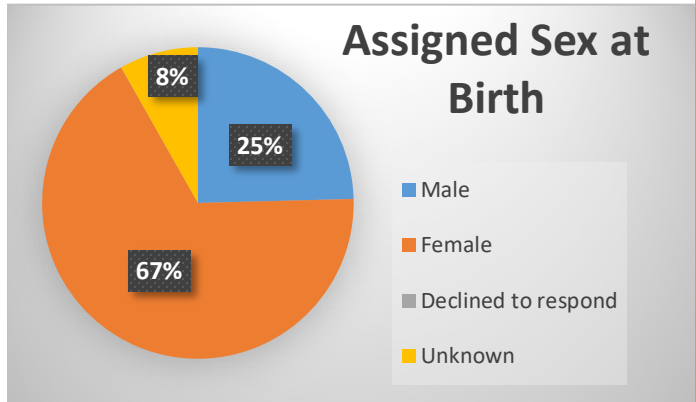
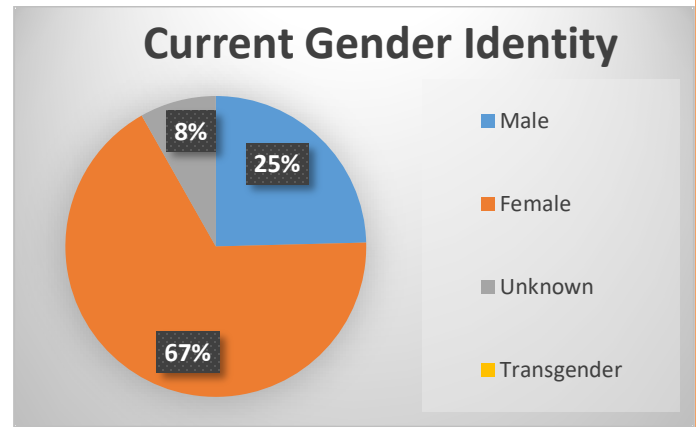
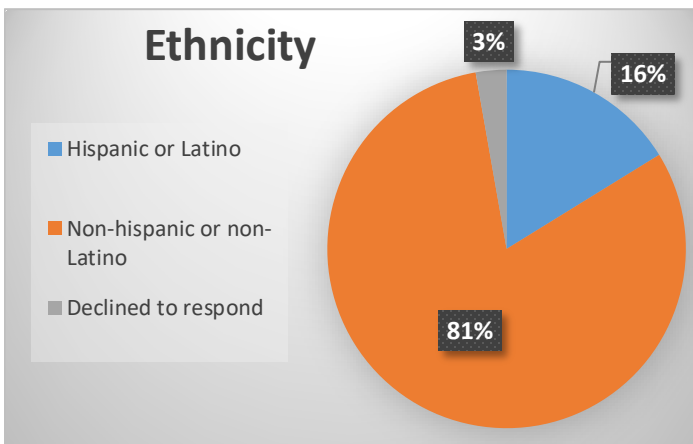
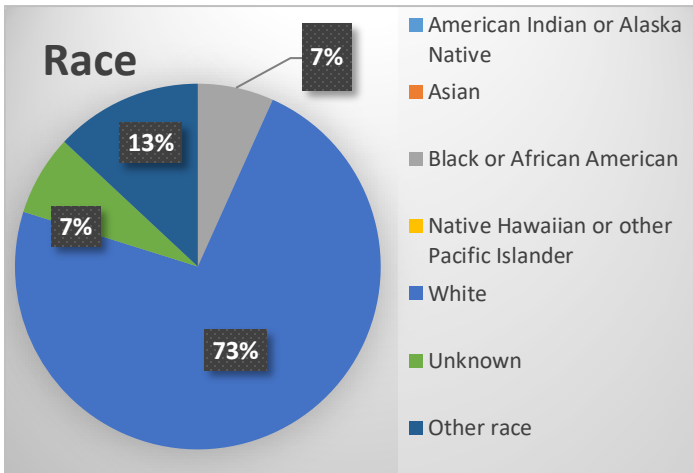
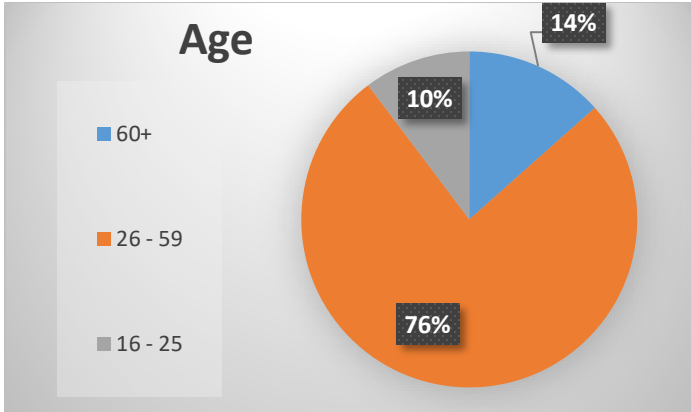
Describe The Adult Medication Support Service (Med Support) provides psychiatric and medication services to residents of Sonoma County who meet Medi-Cal guidelines for Target Population. Clients are referred to Med Support from the SCBH Access team, after a thorough assessment using the Adult Needs and Strengths Assessment has shown that the client requires this level of care. Med Support clients are linked to psychiatric services and receive psychiatric assessments and treatment, including psychiatric RN support, medication management, monitoring, and coordination. In cases where the Med Support clients are open to other SCBH mental health programs, Med Support staff coordinates care as necessary with the client's primary SCBH case manager. Periodically, staff from the Med Support program may provide other specialty mental health services, including case management, mental health services, and crisis intervention on an as needed basis.

PERFORMANCE OUTCOMES:

CANS/ANSA data not available at the time of the report.



FY 2024-2024 Program Demographics: NEED



SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL COMMUNITY SERVICES AND SUPPORT (CSS) REPORT

The CSS component is the largest of all five MHSA components. Funding is used to provide direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet the criteria set forth in Welfare and Institutions Code (W&I Code) section 5600.3.



PROGRAM INFORMATION

Program Name: DHS-BHD Youth Medication Support Service (Youth Med Support)

Population served: Youth in Sonoma County who meet Medi-Cal guidelines for Target Population. Clients must be referred through the Access team after a Child and Adolescent Needs and Strengths (CANS).

Phone: (707) 565-6900

PROGRAM DESCRIPTION:

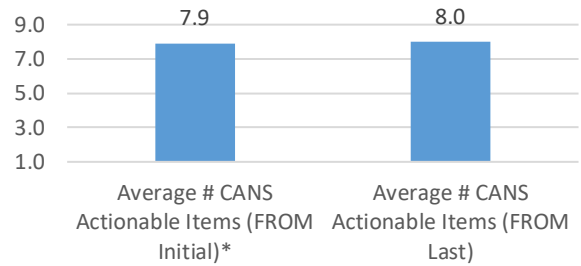
The Youth Medication Support Service (Youth Med Support) is a separate outpatient program which provides psychiatric and medication services to Sonoma County youth who meet Medi-Cal guidelines for Target Population. Clients are referred to Med Support from the SCBH Access team, after a thorough assessment using the Child and Adolescent Needs and Strengths (CANS) has shown that the client requires this level of care. Youth Med Support clients are linked to psychiatric services and receive psychiatric assessments and treatment, including psychiatric RN support, medication management, monitoring, and coordination. In cases where the Youth Med Support clients are open to other SCBH mental health programs, Youth Med Support staff coordinates care as necessary with the youth's primary SCBH case manager. Periodically, staff from the Youth Med Support program may provide other specialty mental health services, including case management, mental health services, and crisis intervention on an as needed basis.

PERFORMANCE OUTCOMES:

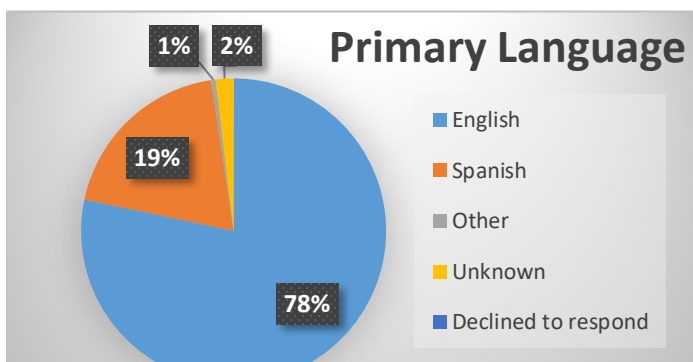
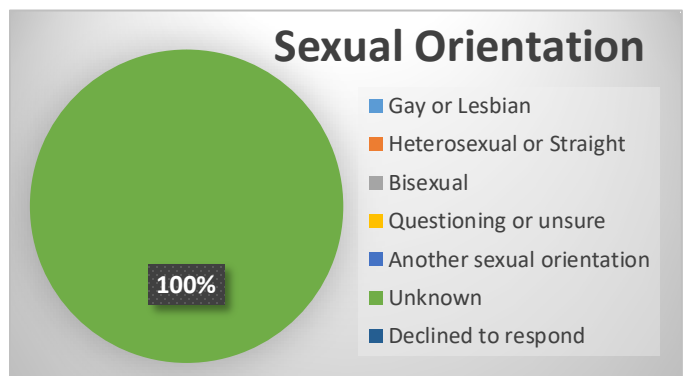
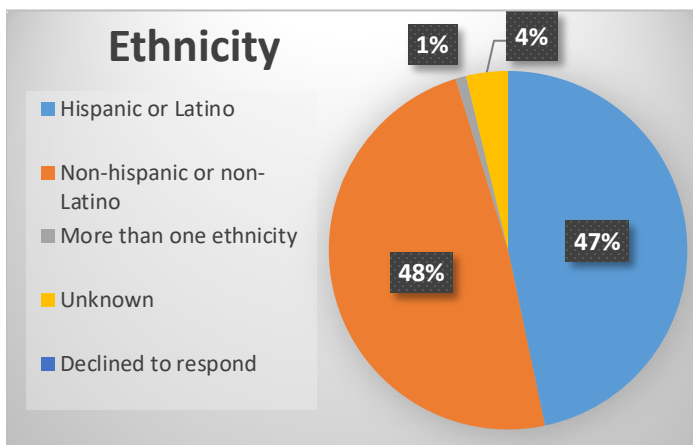
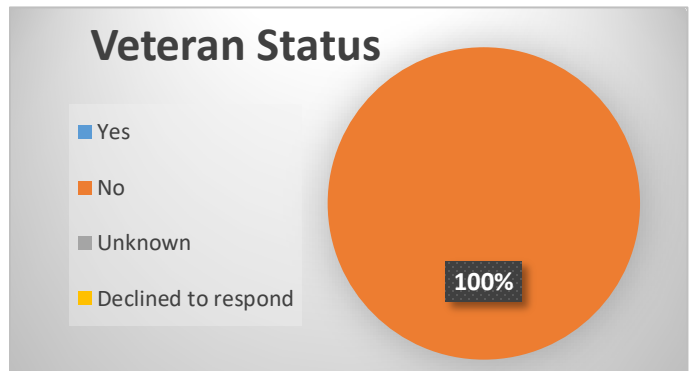
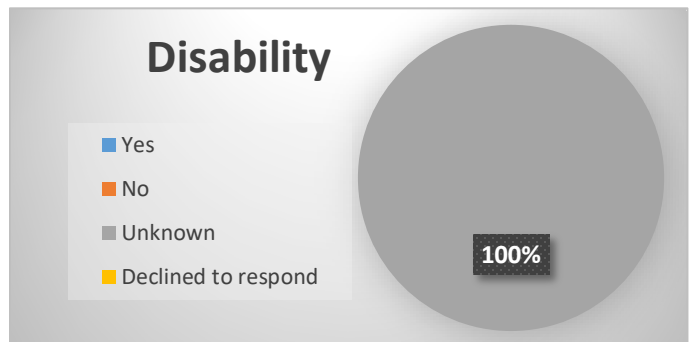
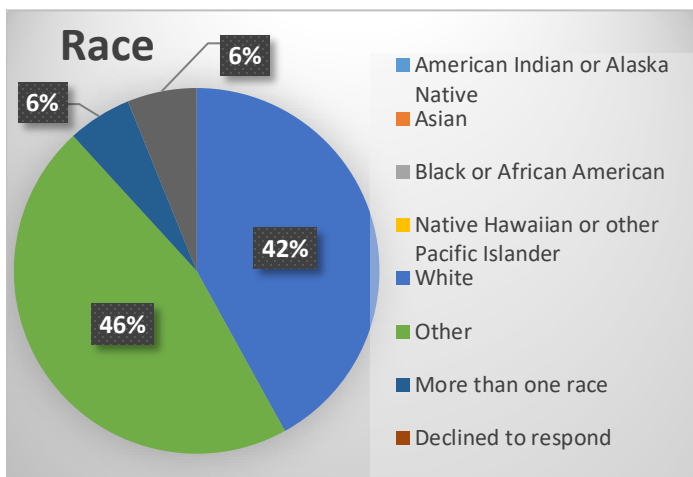
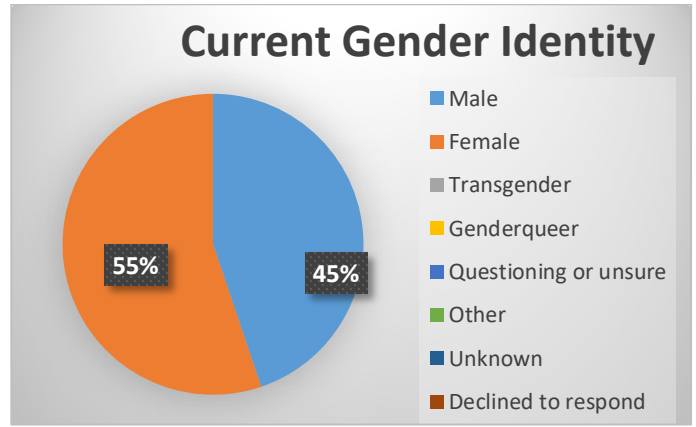
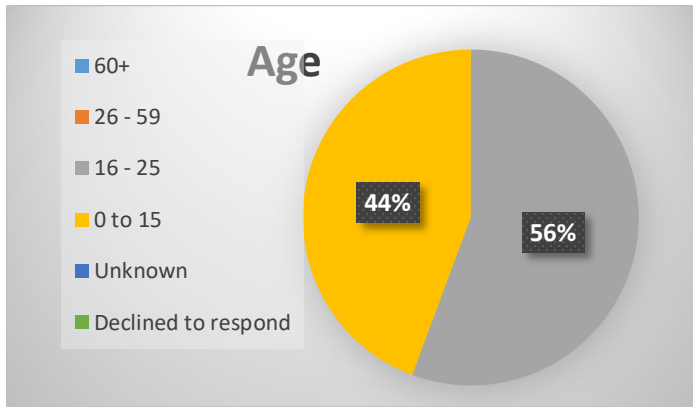
FY 2023-2024 PROGRAM STATISTICS

- **Total number of clients served: 212**

Youth Med Support FSP CANS Outcome Data



FY 2023-2024 Program Demographics:





MHSA Program: Project RAIN

SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL COMMUNITY SERVICES AND SUPPORT (CSS) REPORT

The CSS component is the largest of all five MHSA components. Funding is used to provide direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet the criteria set forth in Welfare and Institutions Code (W&I Code) section 5600.3.

PROGRAM DESCRIPTION:

- Aims to fill service gaps in access to quality psychiatric care for vulnerable populations
- Provides outpatient therapy, mental health rehabilitation services, targeted case management, and crisis intervention
- Services available in English and Spanish
- Hours of operation: 8:30 AM to 5:00 PM
- Utilizes a culturally competent and multidisciplinary approach to meet the unique needs of underserved populations
- Committed to an integrated Recovery and Medical Model, ensuring personalized and timely care
- Promotes recovery, improves functioning, and empowers clients to achieve personal wellness and life goals



PROGRAM INFORMATION

Program Name: Project RAIN
Population served: Adults in Sonoma County
Website: www.sivanresearch.org
Phone: 707-206-7268
Program location: 480 Tesconi Circle, Suite B, Santa Rosa, CA 95401
Social Media: Facebook, Instagram, LinkedIn

PERFORMANCE OUTCOMES:

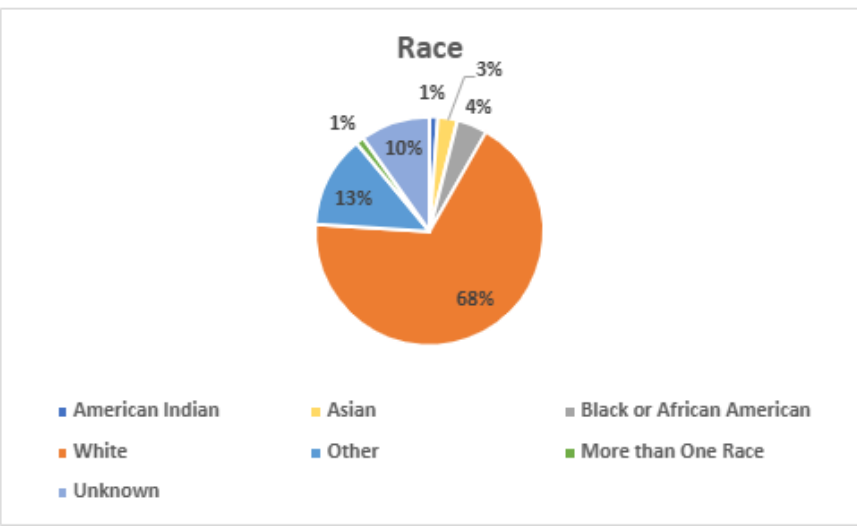
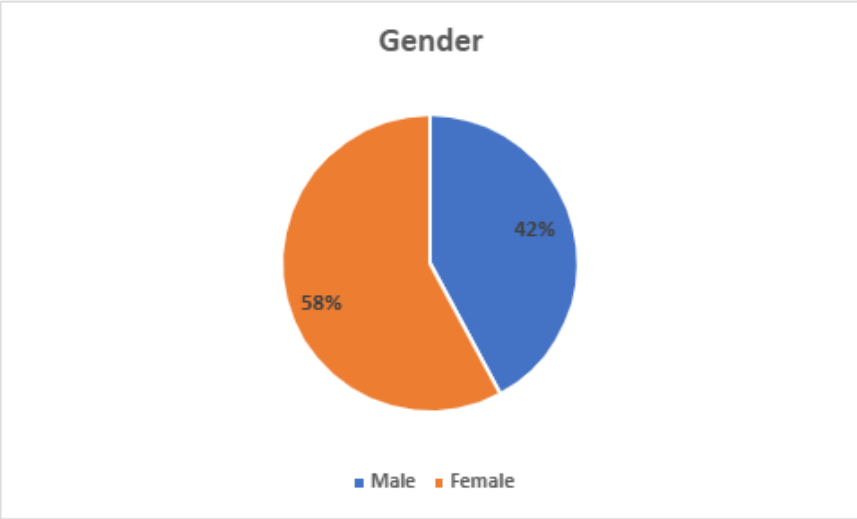
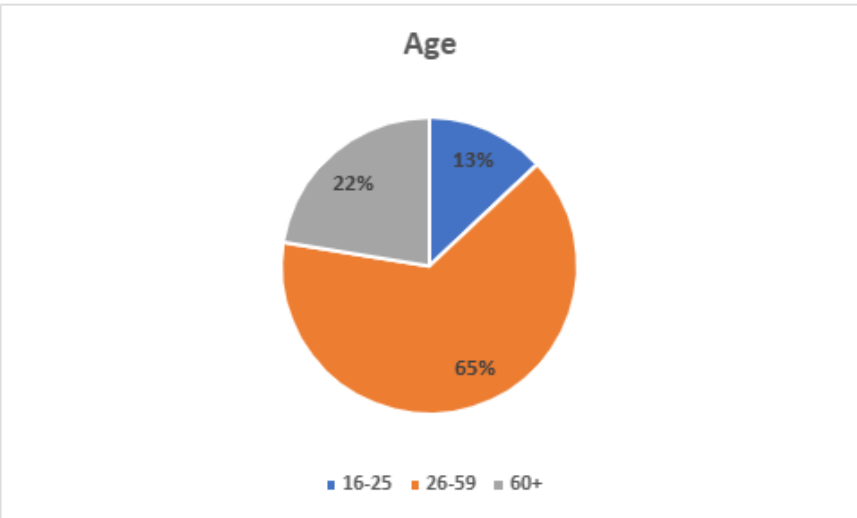
- Provided clients with over 1,000 services within the first year of Project RAIN
- Increased staffing to address the case management and therapy needs of Sonoma County Medi-Cal clients
- Hired bilingual Spanish-speaking therapists and case managers to assist Spanish-speaking-only clients
- Achieved excellent rates of retention of clients for continued service provision

**FY 2023-2024
PROGRAM STATISTICS**

- **Total number of clients served:** 161
- **Total number of encounters:** 1389
- **Approximate numbers reached through outreach:** N/A



FY 2023-2024 Program Demographics:



SONOMA COUNTY MHSA ANNUAL PROGRAM REPORT FY 2023 – 2024

COMMUNITY SERVICES AND SUPPORTS (CSS)

Programs provide direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet the criteria set forth in Welfare and Institutions Code (W&I Code) section 5600.3.

Outreach and Engagement (OE)

A service category of the CSS component used to fund activities to reach, identify, and engage unserved individuals and communities in the mental health system and reduce disparities identified by the County.



SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL COMMUNITY SERVICES AND SUPPORT (CSS) REPORT

The CSS component is the largest of all five MHSA components. Funding is used to provide direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet the criteria set forth in Welfare and Institutions Code (W&I Code) section 5600.3.

PROGRAM DESCRIPTION:

Sonoma County's Whole Person Care (WPC) program includes outreach and engagement services, short term recuperative care services, and intensive case management services. Outreach and engagement services center around identifying clients, building trust, providing informed consent and collecting clients' data sharing permissions, completing comprehensive assessments and screenings to identify medical, behavioral health, social service, housing needs and eligibility for intensive care management services.

Placed-based outreach and engagement teams are strategically located throughout Sonoma County in high-density cities, as well as geographically remote, and typically underserved, areas to find and enroll participants in the field. WPC Pilot staff also actively partner with and take referrals from community partners, who typically encounter potential WPC's target population, such as:

- Hospitals, community health centers, emergency departments
- Local law enforcement agencies, jail, probation
- Community-based service organizations
- Shelters, supportive low-income housing projects, medic respite programs Self-refer into the program

PERFORMANCE OUTCOMES:

Insert least three of the following:

- Your anti-racist results-based accountability performance measures
- Notable client outcomes from surveys
- Program accomplishments from FY 23-24
- Other data or noteworthy program successes including quotes from clients or staff.

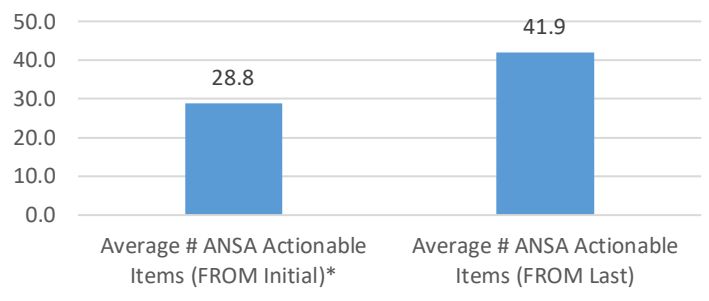
PROGRAM INFORMATION

Program Name: Whole Person Care (WPC)
Population served: Sonoma County residents who are experiencing homelessness or at-risk of homelessness and have a mental health condition with a chronic physical health condition.
Phone: (707) 565-4811, referral form required.

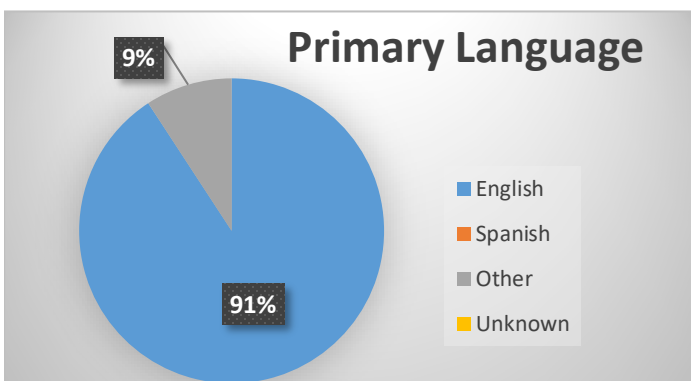
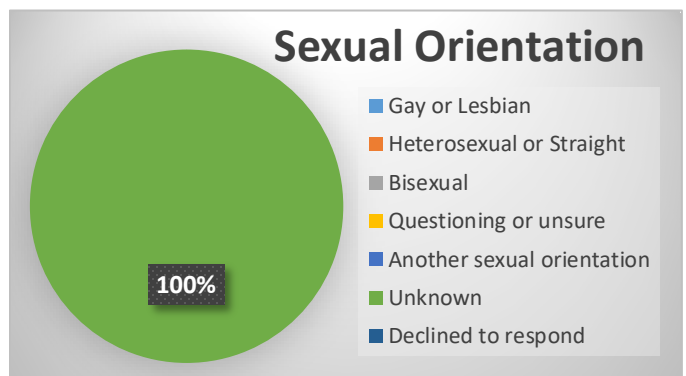
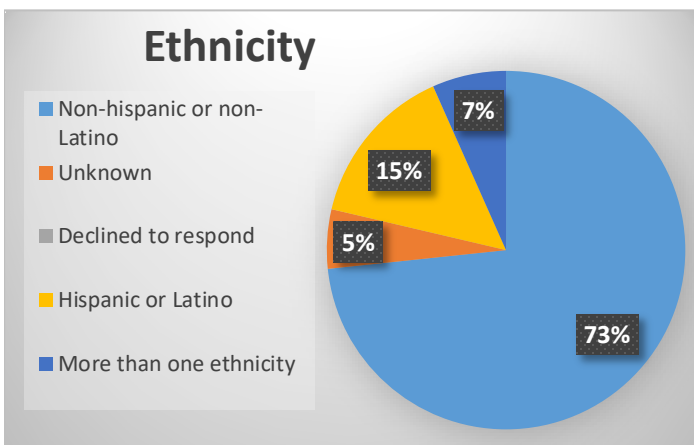
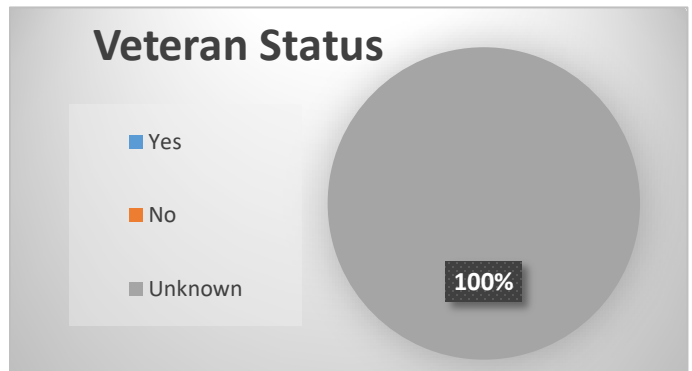
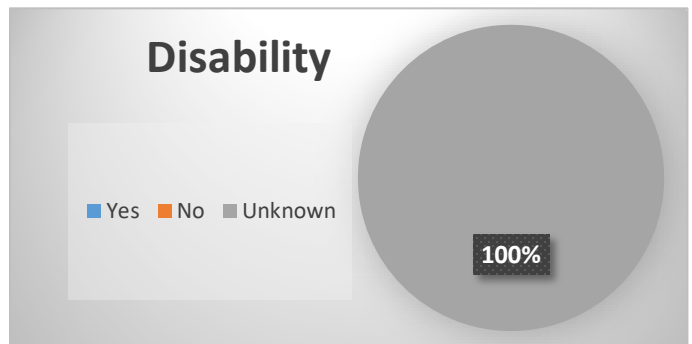
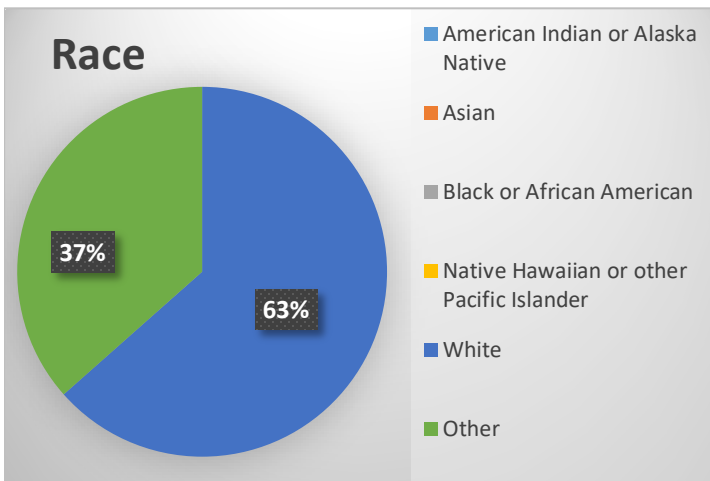
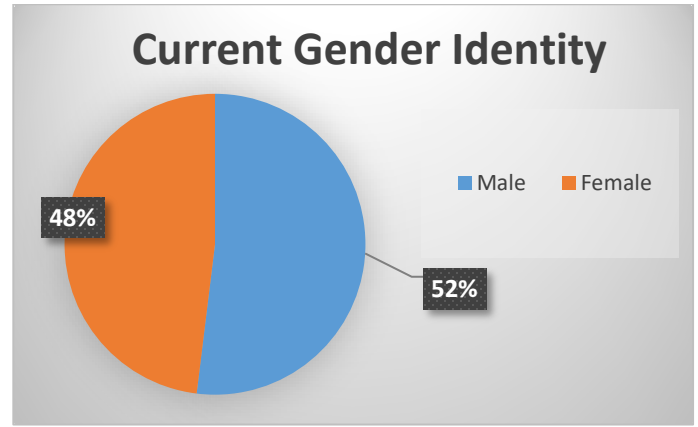
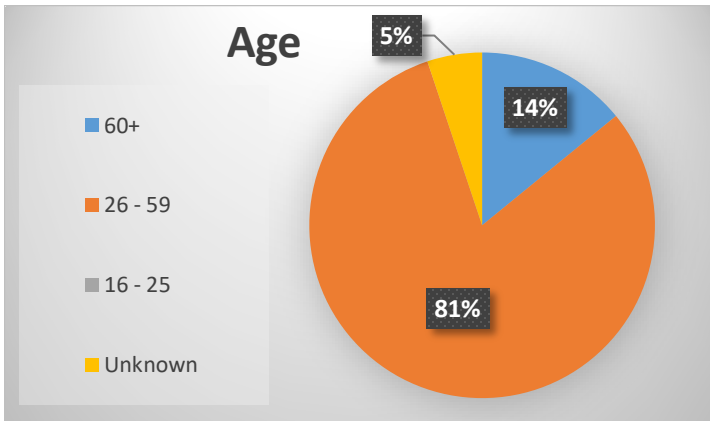
FY 2023-2024 PROGRAM STATISTICS

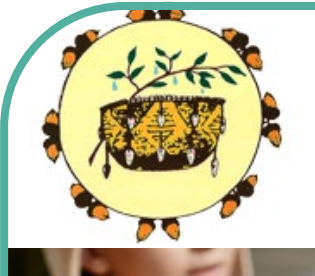
- **Total number of unique clients served:** 77
- **Total unique clients that were also served by contracted providers in FY 23-24:** unknown

FY 22-24 Whole Person Care FSP ANSA Outcome Data



FY 2023-2024 Program Demographics:





SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL COMMUNITY SERVICES AND SUPPORT (CSS) REPORT

FY 2023-2024 CSS Service Category: i.e. Full Service Partnership Services, Outreach and Engagement Services

The CSS component is the largest of all five MHSA components. Funding is used to provide direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet the criteria set forth in Welfare and Institutions Code (W&I Code) section 5600.3.



PROGRAM INFORMATION

Program Name: Sonoma County Indian Health Project
Population served: Native population in Sonoma County, CA
Website: www.scihp.org
Phone: (707) 521-4550
Program location: Santa Rosa, CA

FY 2023-2024 PROGRAM STATISTICS

- **Total number of clients served:** 235
- **Total number of encounters:** 821
- **Approximate numbers reached through outreach:** 357

PROGRAM DESCRIPTION:

Sonoma County Indian Health Project (SCIHP) provides community outreach and direct behavioral health services for the Native Community. SCIHP provides community engagement by participating in community events as well as providing health fairs and educational opportunities for the community. With a low barrier approach to therapy services, SCIHP provides therapy through evidence based best practices as well as community defined evidence practices to provide individualized, patient centered behavioral health services.

PERFORMANCE OUTCOMES:

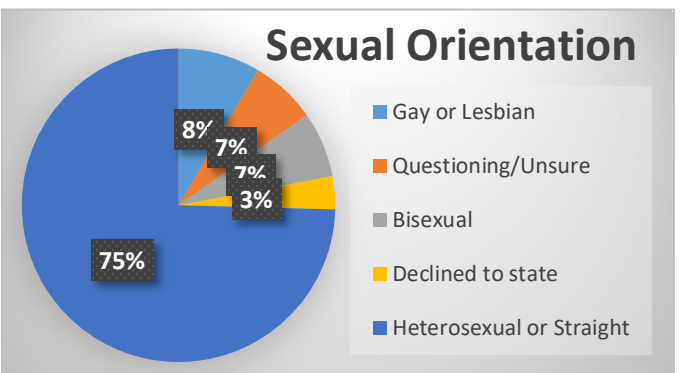
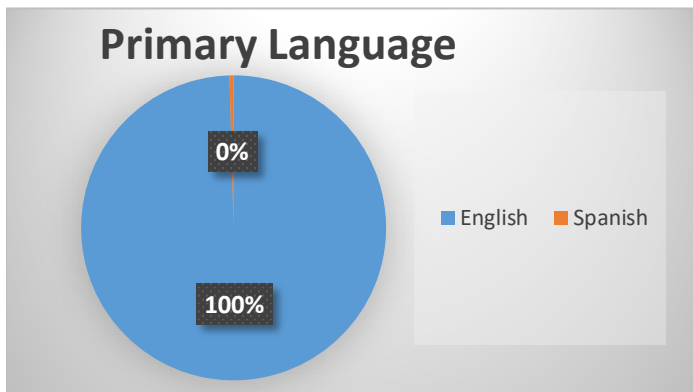
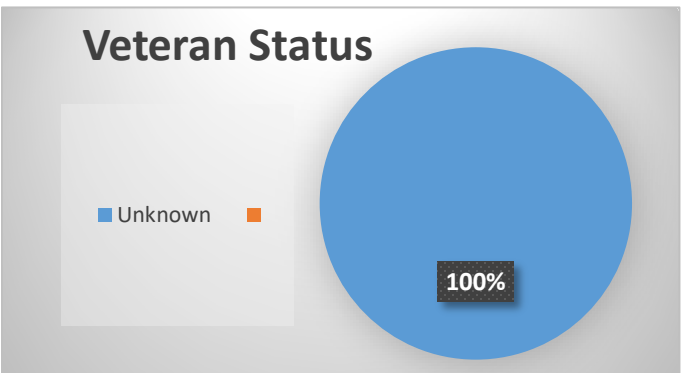
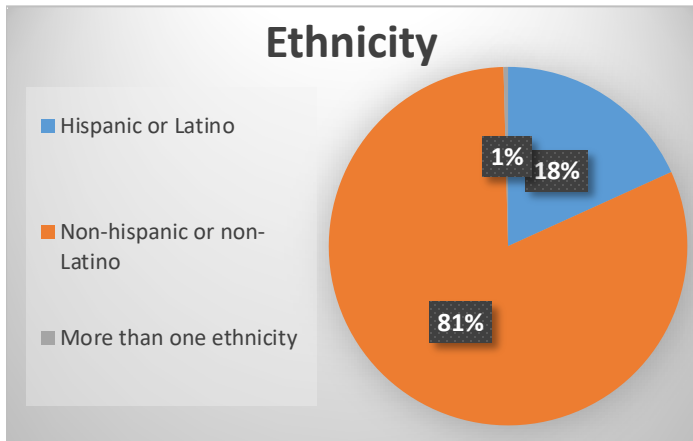
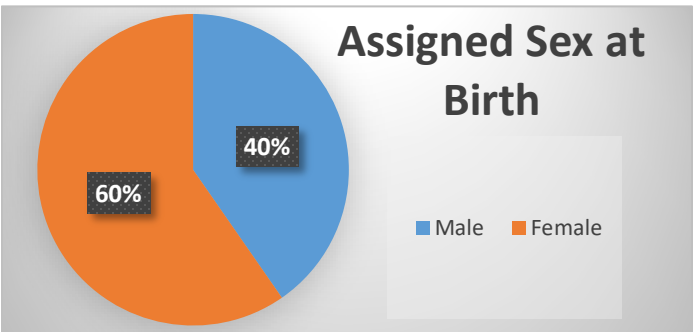
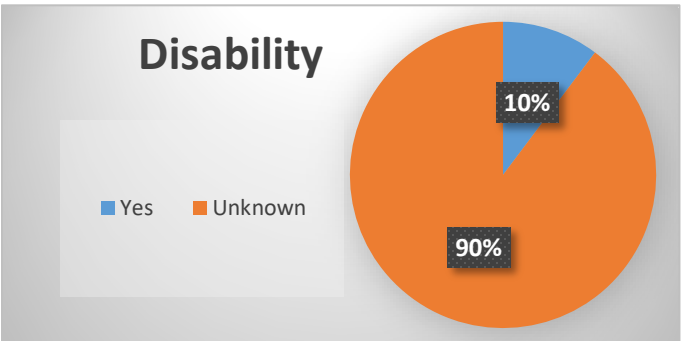
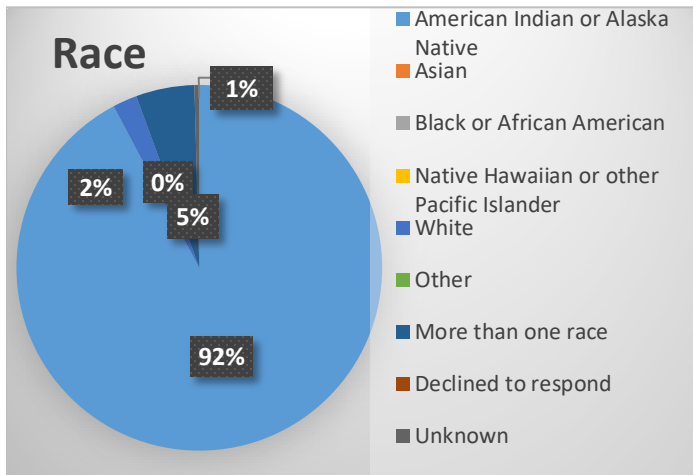
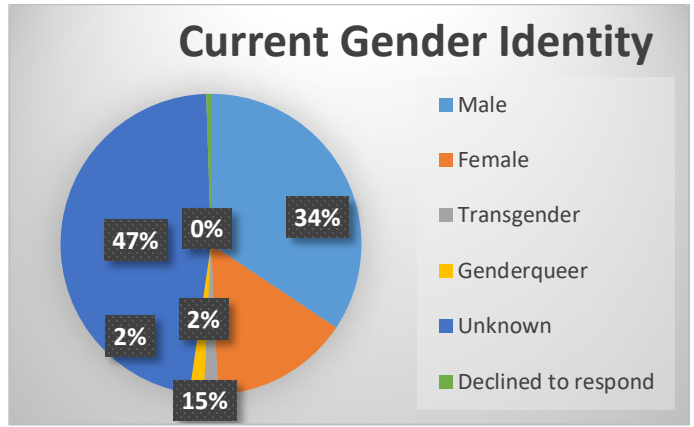
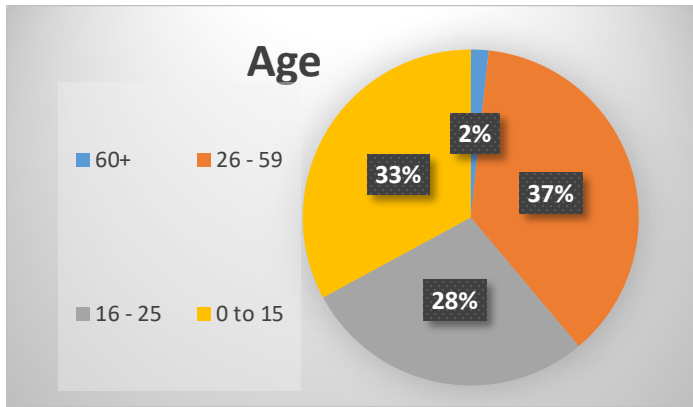
Through this year, SCIHP has been able to increase capacity for patients by increasing the number of providers on the behavioral health team. This has significantly reduced the waitlist and therefore wait times, especially for high need patients. We have had success integrating into the medical department providing warm hand offs and direct access to therapy for those who need it the most.

SCIHP provides behavioral health services to Native Americans and those in a Native Household, populations that are disproportionately impacted by healthcare disparities due to current and historical trauma, geographical barriers, and funding shortages. 94% of direct Behavioral Health services are to those who identify as Native American. By providing culturally appropriate care to the Native population, SCIHP places anti-racism at the foundation of our services.

Our program funded LCSW has a full caseload and is the primary behavioral health clinician for youth and transitional age youth in our organization. This provider has developed and cultivated relationships within the community and organization, providing a stable and trusting environment for youth therapeutic services.



FY 2023-2024 Program Demographics:



SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL PREVENTION & EARLY INTERVENTION (PEI) REPORT



SONOMA COUNTY MHSA ANNUAL PROGRAM REPORT FY 2023 - 2024

Prevention and Early Intervention (PEI)

Programs that prevent mental illnesses from becoming severe and disabling, emphasizing improvement on timely access to services for underserved populations. Programs shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness:

- Suicide Incarcerations
- School failure or dropout
- Unemployment
- Prolonged suffering
- Homelessness
- Removal of children from their homes



On pages XX of the Sonoma MHSA Annual Plan Update there is description of how the County ensures that staff and stakeholders are involved in the Community Program Planning process, informed about, and understand the purpose and requirements of the Prevention and Early Intervention Component required by Title 9 California Code of Regulations, Section 3300.

Additionally, in the same section there is a description of how the County's meaningfully involves community stakeholders in all phases of the Prevention and Early Intervention Component of the Mental Health Services Act, including program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations.

Prevention

A set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. The goal of this Program is to bring about mental health including reduction of the applicable negative outcomes listed in Welfare and Institutions Code Section 5840, subdivision (d) as a result of untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average and, as applicable, their parents, caregivers, and other family members.



SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL PREVENTION & EARLY INTERVENTION (PEI) REPORT

Programs that prevent mental illnesses from becoming severe and disabling, emphasizing improvement on timely access to services for underserved populations. Programs shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness: suicide, incarcerations, school failure or dropout, unemployment, homelessness, removal of children from their homes, and prolonged suffering.



PROGRAM INFORMATION

Program Name: Community Baptist Church Collaborative
Population served: Ages 4-70, Sonoma County, Predominantly African American, Multi-Cultural
Website: cbcsr.org
Phone: (707) 483-7211, (707) 546-0744
Program location: 1620 Sonoma Ave., Santa Rosa, Ca.
Social Media: www.facebook.com/CBCSR1620

PROGRAM DESCRIPTION:

- THE VILLAGE PROJECT AND SATURDAY ACADEMY are weekly programs for children ages 7-11 (Village Project) and 12-18 (Saturday Academy) using faith-based curriculum focused on character building and resiliency. Topics include perseverance, leadership, African American history and representation in the bible, as well as physical and mental health topics. Support is offered through mentoring and tutoring.
- SAFE HARBOR PROJECT (SHP) increases well-being, reduces stress, and strengthens community through music and vibro-acoustic techniques. SHP produces four large events annually at African American cultural events, health and wellness fairs. Significant outreach to African Americans and other residents is through a 24/7 internet radio station (KSHP Mood Music) with music intended to increase wellbeing, and programming including mental health Public Service Announcements, interviews, speakers, and resources.
- MENTAL HEALTH TRAINING AND SPEAKER SERIES conducted four events annually to reduce stigma, increase mental health awareness and support, and increase the cultural competency of the mental health system. Our staff, leaders, mentors, volunteers and the community at large attend these trainings. Topics include QPR suicide prevention training, the African American Mental Health Conference, Martin Luther King celebration and Juneteenth festival.

FY 2023-2024

PROGRAM STATISTICS

- **Total clients served:** 179
- **Total encounters:**
- **Approximate numbers reached through outreach:** 4750

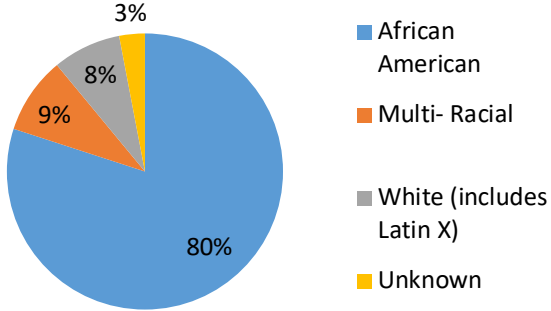
PERFORMANCE OUTCOMES:

- 40 community members attended the May 2024 Mental Health Conference.
- 91% of MH conference participants reported increase in knowledge about mental health.
- 94% of MH conference participants rated a greater confidence in reaching out for help on personal issues.
- 88% reported a greater ability to recognize when someone may have mental health challenges.
- Three additional workshops were held on Mental Health, Nutrition, and Physical Health. The workshops on mental health and nutrition were rated most beneficial by 42% of participants.

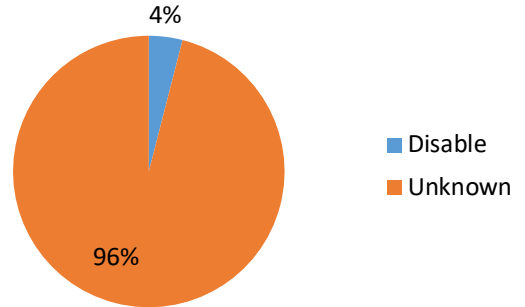


FY 2023-2024 Program Demographics:

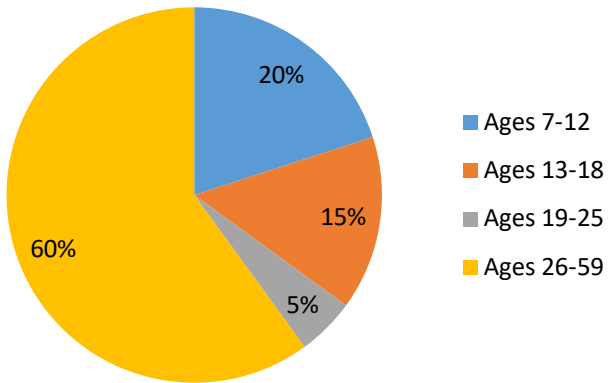
Race



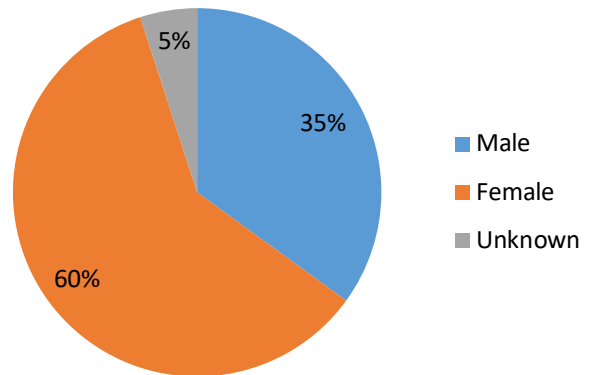
Disability



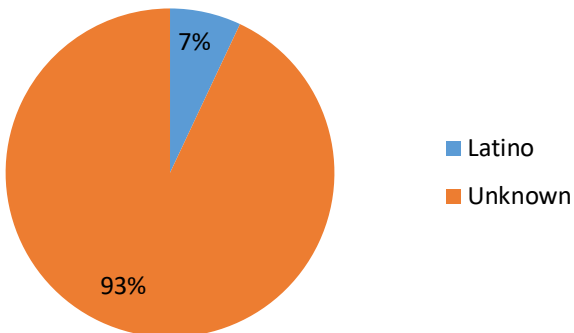
Ages



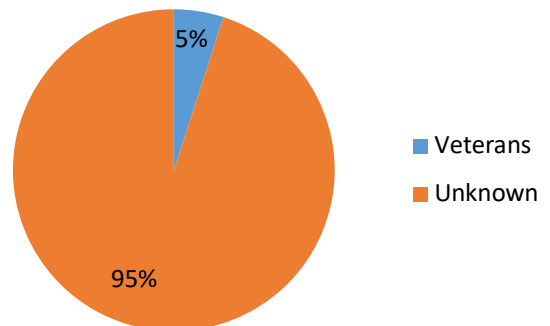
Gender



Ethnicity



Veteran Status





SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL PREVENTION & EARLY INTERVENTION (PEI) REPORT

FY 2023-2024 PEI Initiative: Prevention and Early Intervention

Programs that prevent mental illnesses from becoming severe and disabling, emphasizing improvement on timely access to services for underserved populations. Programs shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness: suicide, incarcerations, school failure or dropout, unemployment, homelessness, removal of children from their homes, and prolonged suffering.



PROGRAM INFORMATION

Program Name:
 Sonoma County Human Services:
OLDER ADULT COLLABORATIVE
 Reducing Depression in Older Adults
Population served: Older adults (60+)
Phone: (707) 565-6465
Program location:
 Sonoma County, CA

PROGRAM DESCRIPTION:

The **Older Adult Collaborative (OAC)** is a three-agency collaborative between Sonoma County Human Services Department (Adult & Aging Division), Petaluma People Services Center, and West County Community Services.

The OAC initiative incorporates depression screening, education, and early intervention into existing older adult programming such as case management. OAC utilizes the evidence-based depression intervention Healthy IDEAS (Identifying Depression & Empowering Activities for Seniors), while also referring clients to mental health services.

FY 2023-2024

PROGRAM STATISTICS

- **Total number of clients served:** 2500
- **Total number of encounters:** 4816
- **Approximate numbers reached through outreach:** N/A

PERFORMANCE OUTCOMES:

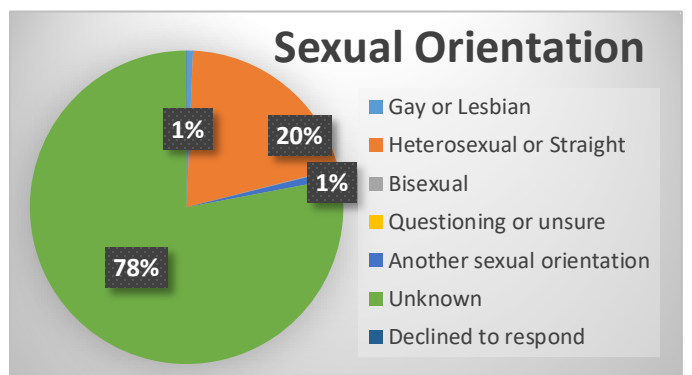
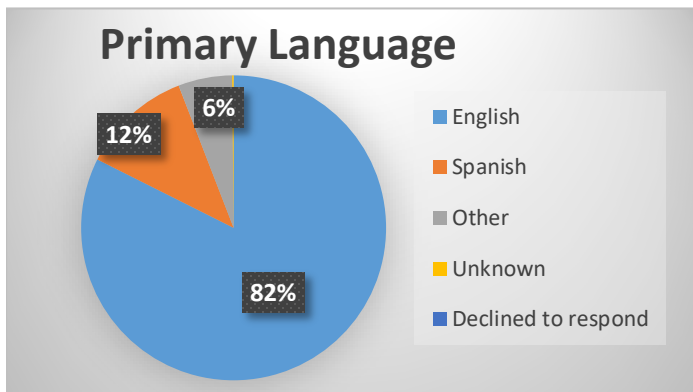
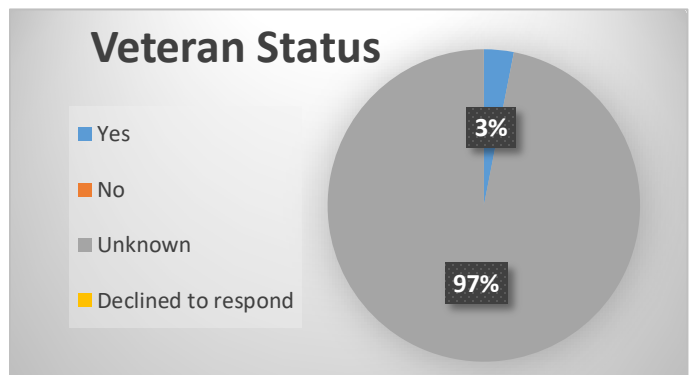
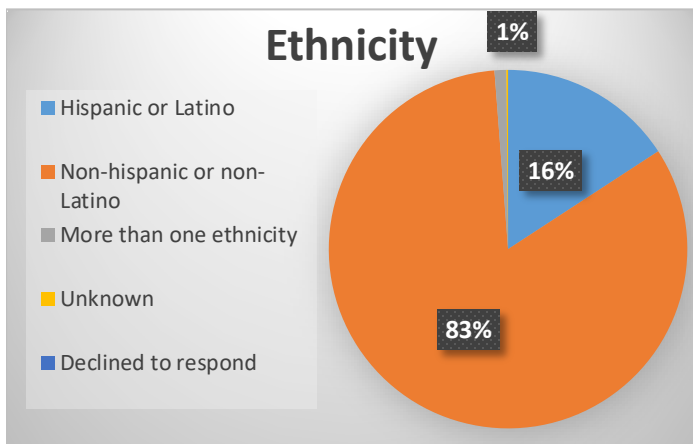
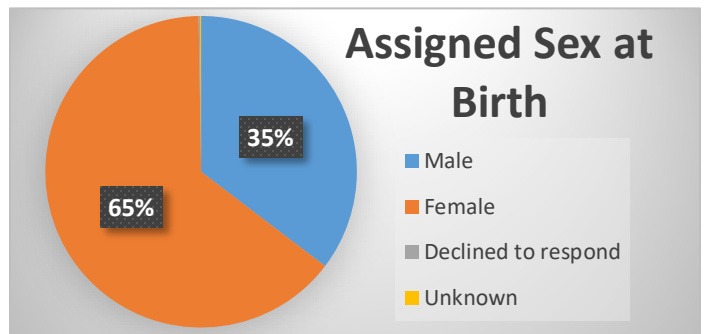
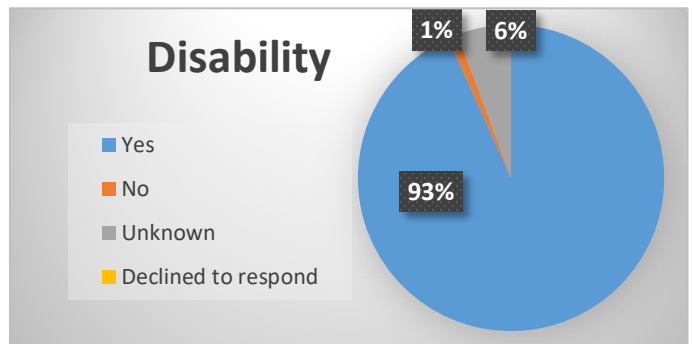
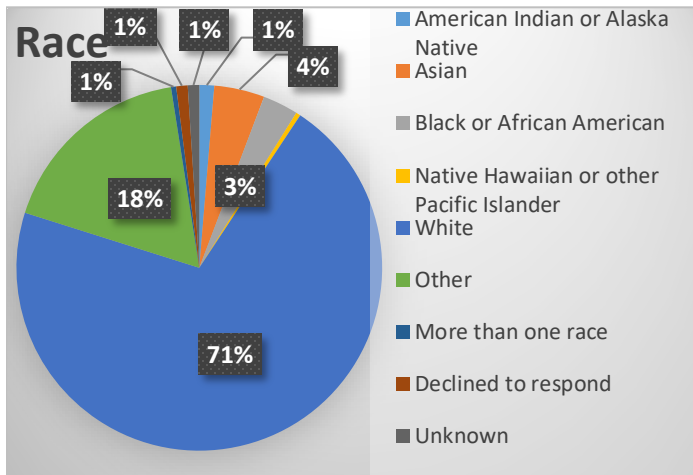
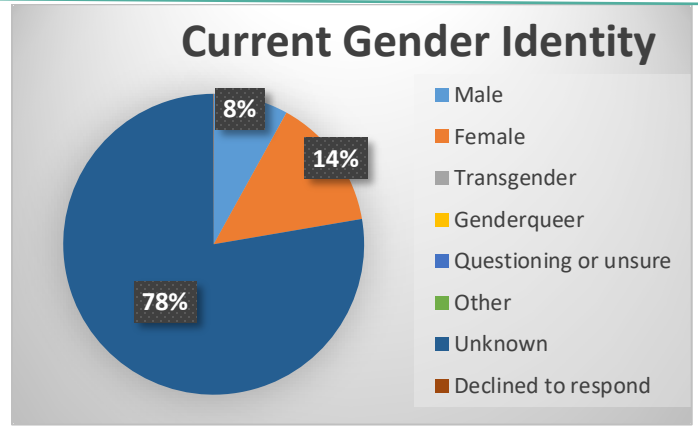
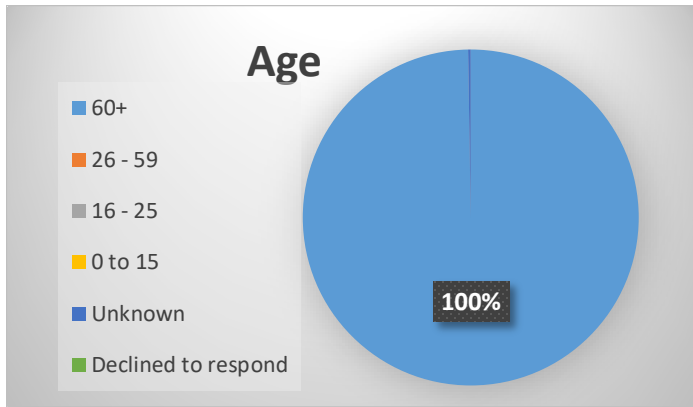
Depression screening and intervention: The Older Adult Collaborative (OAC) offered depression screening to **3416** older adults in the 2023-2024 Fiscal Year. Of the older adults who screened positive for depression (based on PHQ-9 scores), **73%** were engaged in the Healthy Ideas intervention. **152** older adults engaged in the Healthy Ideas Intervention showed improvement in their depression symptoms.

Program accomplishments: Collectively, the OAC partners had a goal of providing 748 referrals to community resources. We exceeded this goal by **36%**, and of the **748** referrals to community resources, **220** referrals were connecting clients to Mental Health services or counseling.

Other items: HSD has resumed facilitation of a Peer Support meeting for the core staff of the OAC partners that are delivering client services. The format is topic/discussion and offers an opportunity to strengthen and reinforce case management skills as well as collaborate with peers.



FY 2023-2024 Program Demographics:



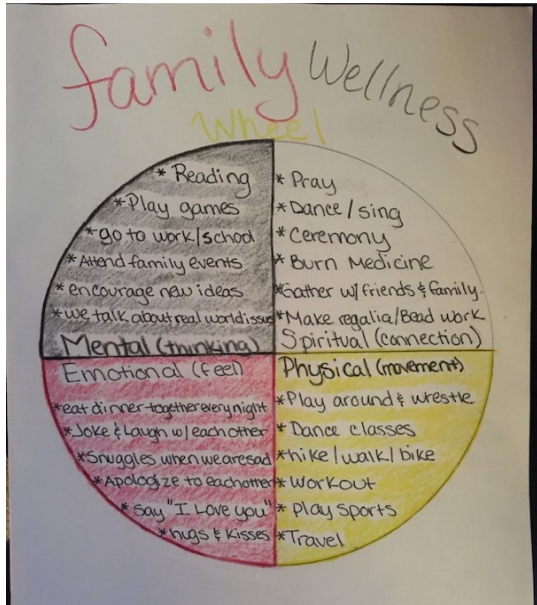


SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL PREVENTION & EARLY INTERVENTION (PEI) REPORT

Programs that prevent mental illnesses from becoming severe and disabling, emphasizing improvement on timely access to services for underserved populations. Programs shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness: suicide, incarcerations, school failure or dropout, unemployment, homelessness, removal of children from their homes, and prolonged suffering.



PROGRAM INFORMATION

Project Name: Sonoma County Indian Health Project: Gathering of Native Americans (GONA)

Population served: Native Americans of all ages in Sonoma County

Website: www.scihp.org

Phone: (707) 521-4550

Project location: SCIHP, 144 Stony Point Road, Santa Rosa, Ca 95401

Social Media: facebook.com/SCIHP

FY 2023-2024 PROGRAM STATISTICS

- **Total number of clients served:** 325
- **Total number of encounters:** 8110
- **Approximate numbers reached through outreach:** 2027

PROGRAM DESCRIPTION:

The Gathering of Native Americans (GONA) Project aims to strengthen Native American identity and culture through the teaching of four indigenous worldview themes: Belonging, Mastery, Interdependence, and Generosity so that community members can increase resiliency and positive mental, emotional and spiritual health. The interactive, community-based process can be intergenerational or be specific for any age group. Typically lasting a one to two days, our GONA brings together our Native Community with a focus on cultural strengths, behavioral health wellness, and reducing mental health stigma and disparities.

SCIHP offers a minimum of two GONAs annually and is well received by the local Native community.

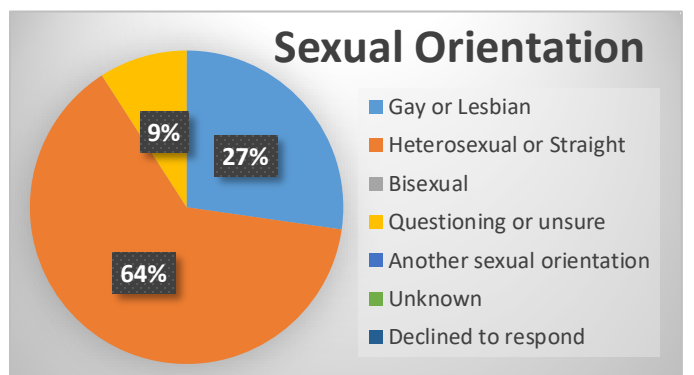
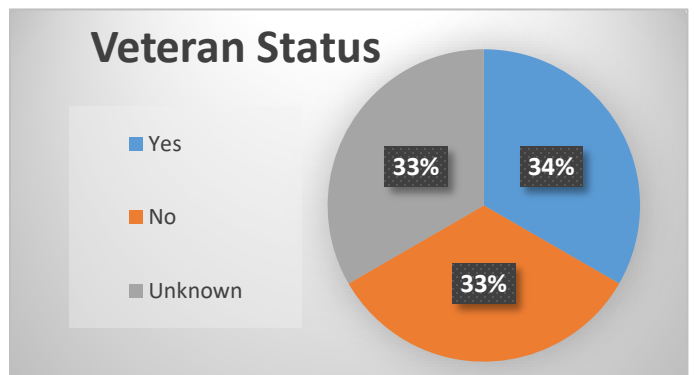
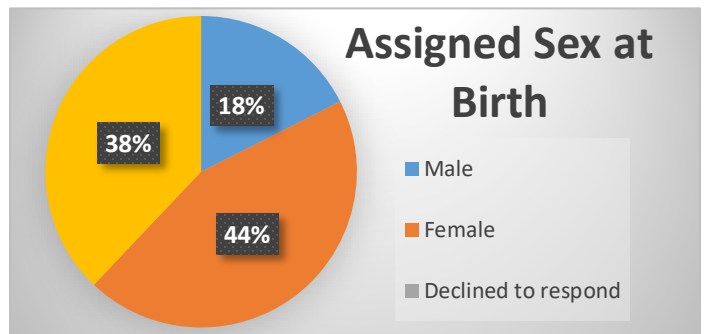
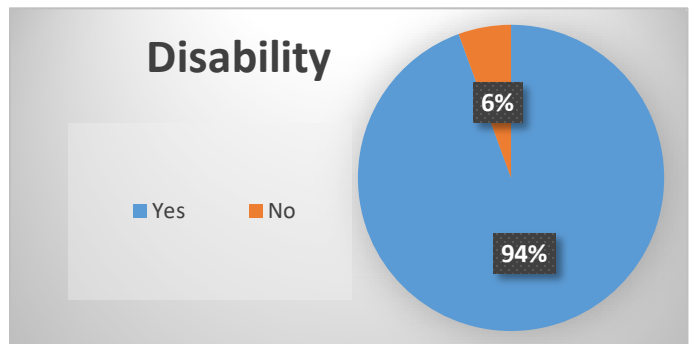
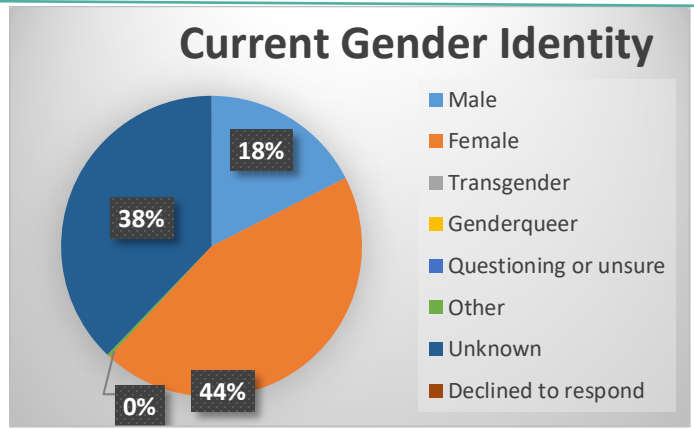
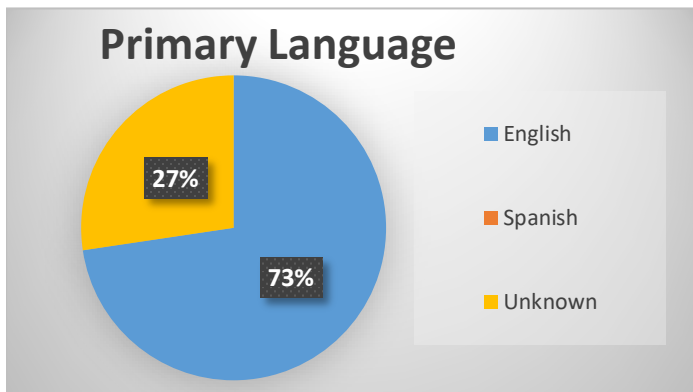
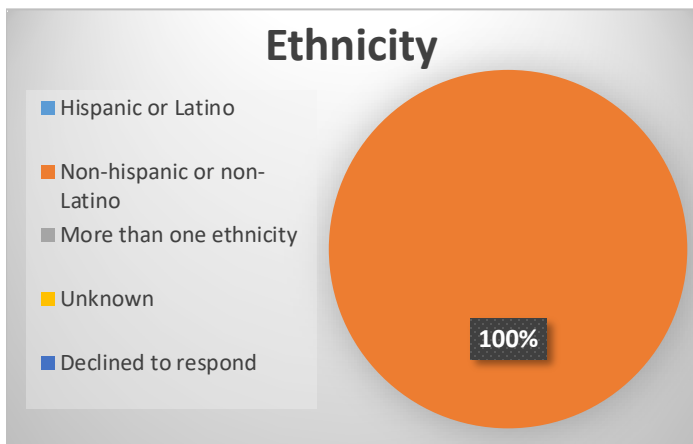
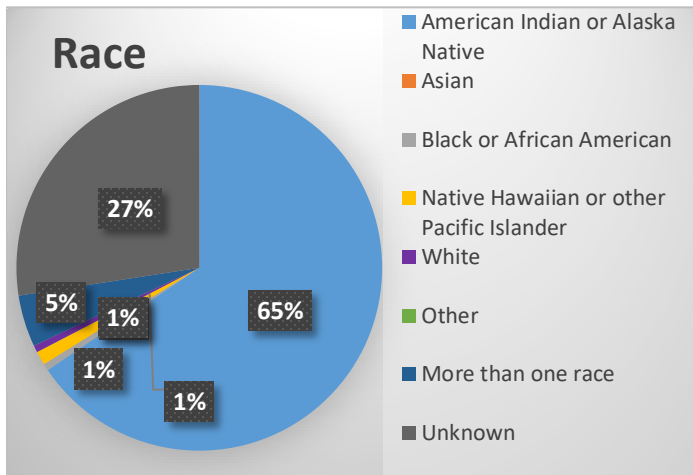
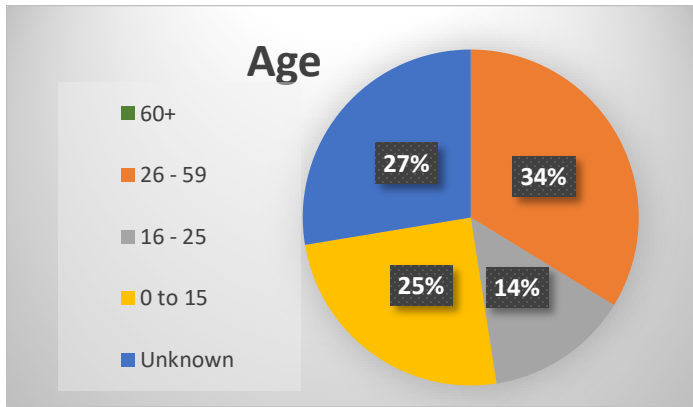
PERFORMANCE OUTCOMES:

100% of participants communicated positive feedback, including:

What did you love about attending the GONA?

- "Attending the GONA helps me feel connected and closer to my culture. I can't wait for more, ad to learn new ways to heal."
- "I was happy to see kids of all ages working together to accomplish our goals in the GONA. We all worked as a team and helped the younger ones understand that it took all of us to finish our mini project."

FY 2023-2024 Program Demographics:





La Luz Center Your Health, Your Community



FY 2023-2024 PEI Initiative: Prevention, Early Intervention, Stigma & Discrimination Reduction, OR Suicide

Programs preventing mental illnesses from becoming severe and disabling, emphasizing improvement on timely access to services for underserved populations. Programs will emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness: suicide, incarcerations, school failure or dropout, unemployment, homelessness, removal of children from their homes, and prolonged suffering.



PROGRAM INFORMATION

Program Name:

Your community, Your Health /
Tu Comunidad, Tu Salud

Population served:

Latinos and low-income
individuals and families

Website:

www.laluzcenter.org

Phone:

(707) 938-5131

Program location:

17560 Greger St.
Sonoma, CA 95476

Social Media:



FY 2023-2024

PROGRAM STATISTICS

- **Total number of clients served: 273**
- **Total number of encounters: 1,375**
- **Approximate numbers reached through needs outreach: 3,606**
- **150 families referred, linked and guided through their mental health need.**

PROGRAM DESCRIPTION:

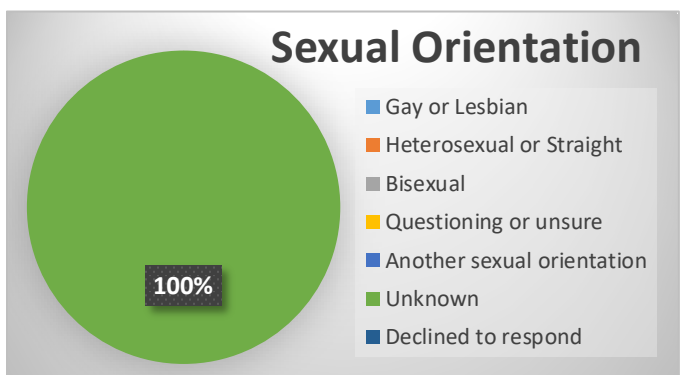
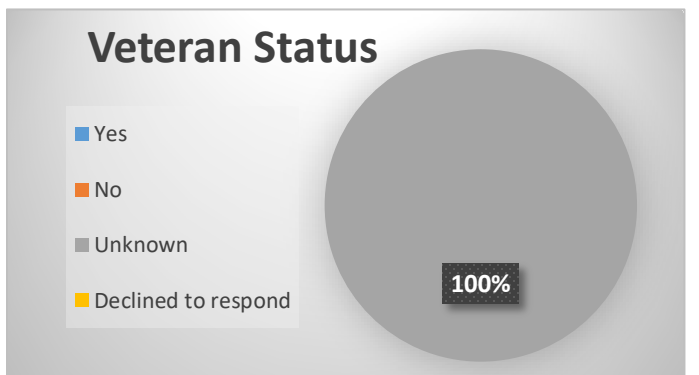
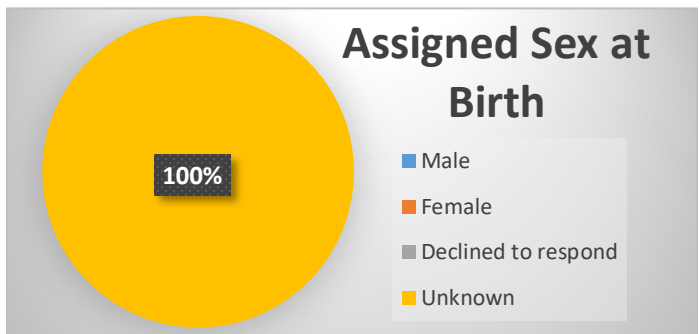
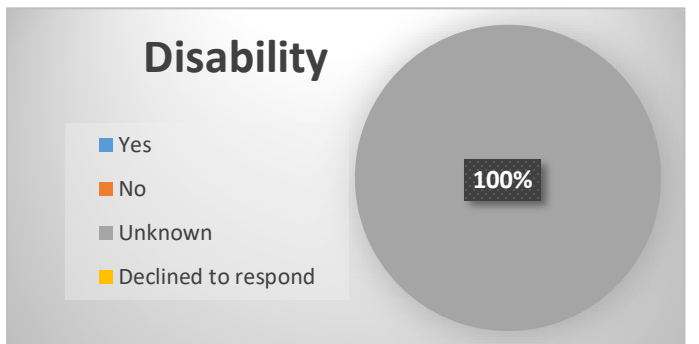
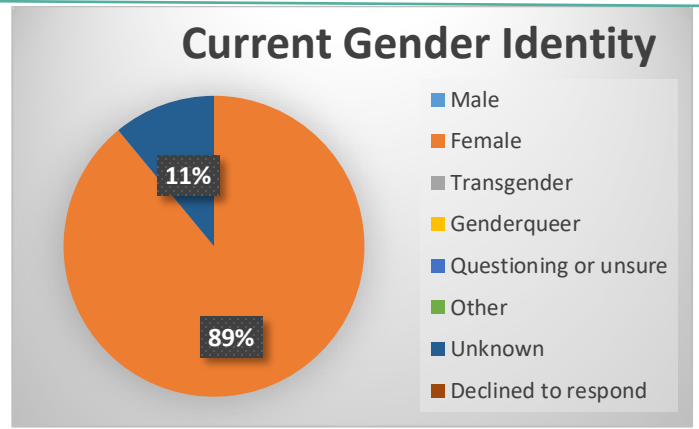
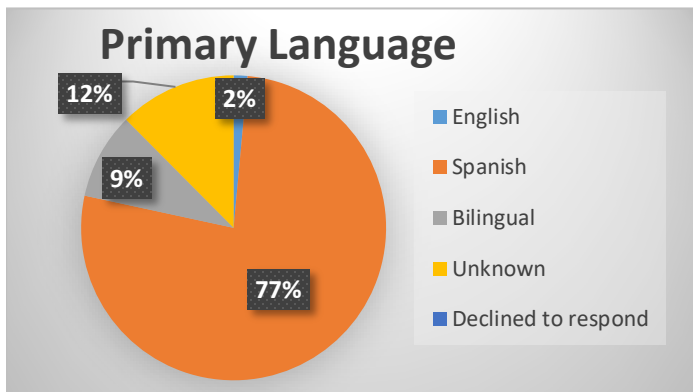
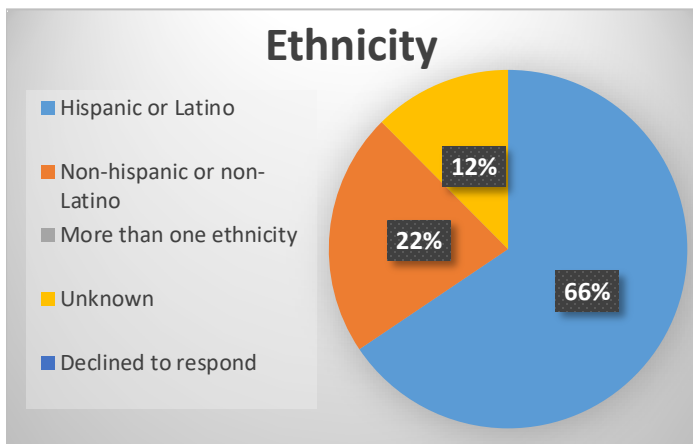
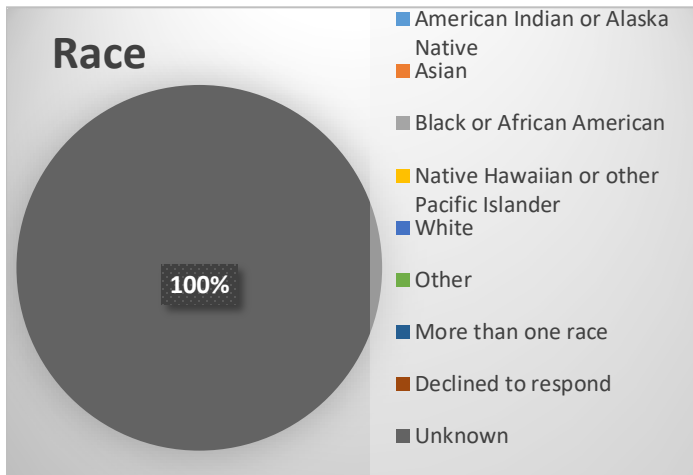
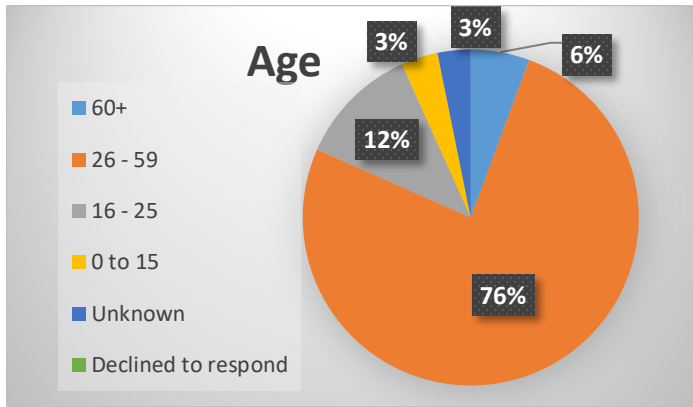
La Luz Center’s Your Community, Your Health/Tu Comunidad, Tu Salud addresses the mental health needs of the Sonoma Valley Latino community by working to reduce risk factors for developing a potentially serious mental illness, build protective factors and improve timely access to mental health services. Our program is designed to prevent the onset of stress, anxiety, and depression through education and wrap-around model We aim to offer something for all ages and in a family friendly manner. For support and the latest free classes or workshops please call 707-938-5131.

PERFORMANCE OUTCOMES:

- 90% of participants report feeling better off, post class participation.
- 85% of Your Health/Tu Comunidad, Tu Salud program participants reported increased confidence in their ability to manage their stress
- 45% of individuals reached by Promotoras received assistance and/or referrals to services.
- 80% of clients attended 4+ wellness classes in a quarter.



FY 2023-2024 Program Demographics:



SONOMA COUNTY MHSA ANNUAL PROGRAM REPORT FY 2023-2024

Prevention and Early Intervention (PEI)

Programs that prevent mental illnesses from becoming severe and disabling, emphasizing improvement on timely access to services for underserved populations. Programs shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness:

- Suicide Incarcerations
- School failure or dropout
- Unemployment
- Prolonged suffering
- Homelessness
- Removal of children from their homes

Early Intervention

A set Treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the applicable negative outcomes listed in Welfare and Institutions Code Section 5840, subdivision (d) that may result from untreated mental illness.





LATINO
 Service Providers
FY 2023-2024

MHSA Program: Latino Service Providers

SONOMA COUNTY'S
MOVING FORWARD

Program Demographics: **FY 2023-2024 ANNUAL PREVENTION & EARLY INTERVENTION (PEI) REPORT**

Programs that prevent mental illnesses from becoming severe and disabling, emphasizing improvement on timely access to services for underserved populations. Programs shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness: suicide, incarcerations, school failure or dropout, unemployment, homelessness, removal of children from their homes, and prolonged suffering.

PROGRAM DESCRIPTION:

Latino Service Providers (LSP) is a community-focused nonprofit organization in Sonoma County dedicated to supporting and empowering the Latino community through education, advocacy, and culturally relevant programs. We provide a wide range of services, including:

- **Youth Promotores Program:** A leadership development program for Latino youth (ages 16-24), where participants are trained to become community health advocates, providing peer support and resources to their peers.
- **Resource Navigation:** We connect individuals and families with vital resources such as housing assistance, food programs, health services, and mental health support.
- **Community Newsletters:** We publish bilingual newsletters featuring essential resources, event updates, and success stories to keep the community informed.

Muchas gracias y por favor mas eventos así. Necesitamos bastante apoyo los Latinos para la salud mental, que busquemos ayuda sin vergüenza. [Thank you very much, and please, more events like this. We Latinos need a lot of support for mental health, so we can seek help without shame.]
 ~ Stomp the Stigma attendee, 2024

PROGRAM INFORMATION

Program Name: Latino Service Providers
Population served: Latinx population and allies in Sonoma County.
Website: www.latinoserviceproviders.org
Phone: (707) 837-9577
Program location:
 1000 Apollo Way Suite 185 Santa Rosa CA 95407
Social Media: @LatinoServiceProviders

FY 2023-2024
PROGRAM STATISTICS

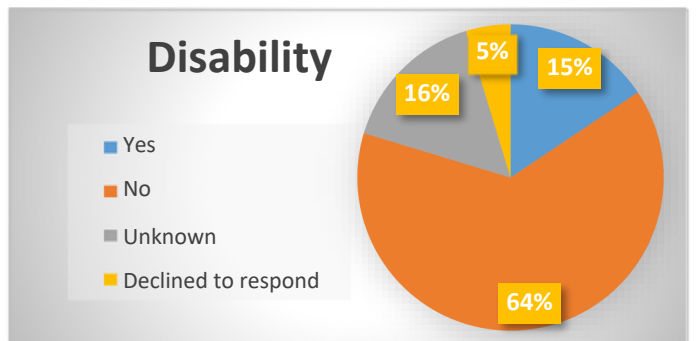
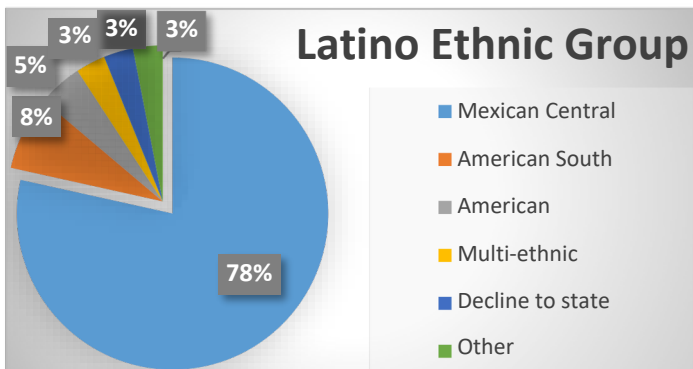
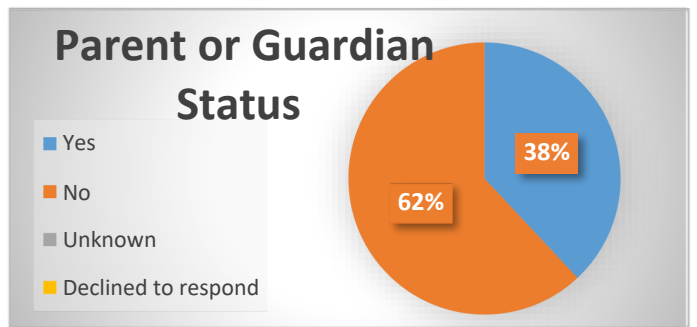
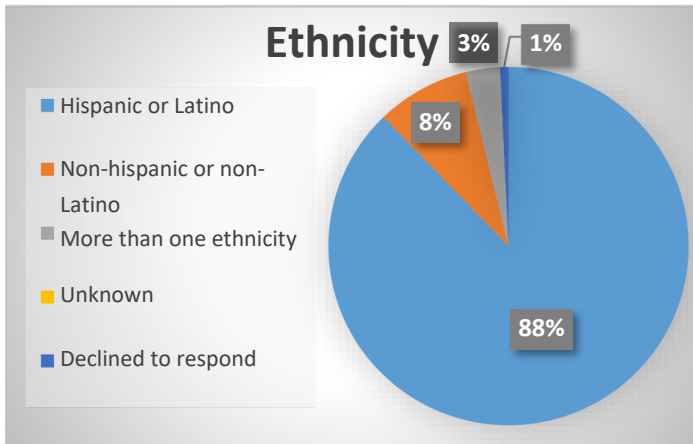
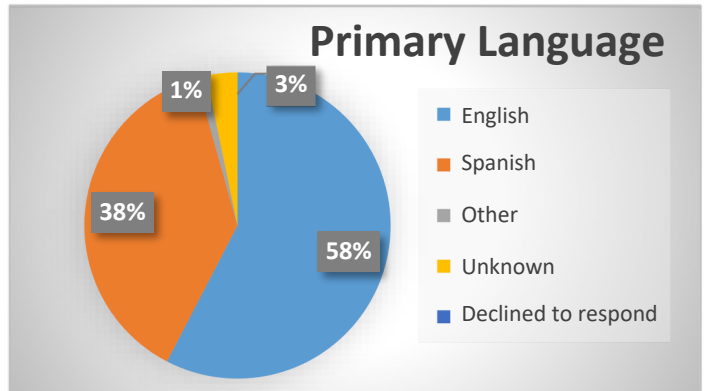
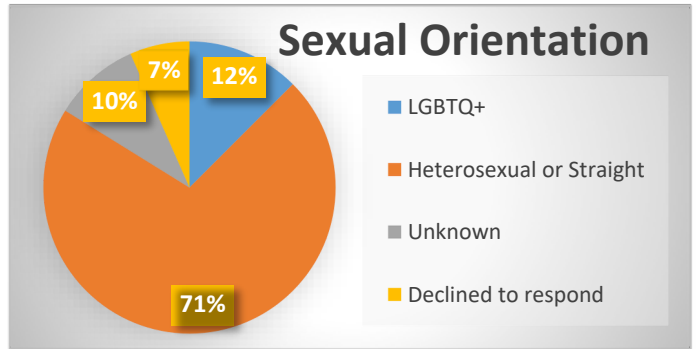
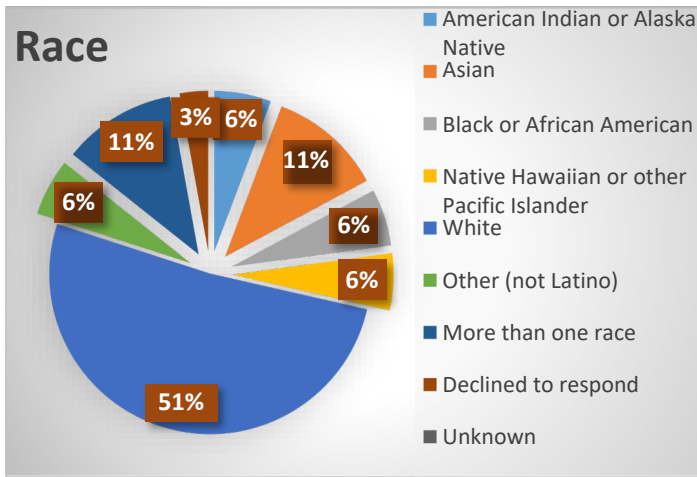
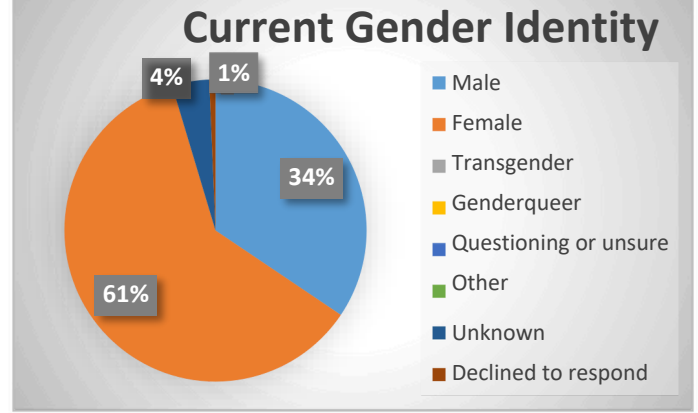
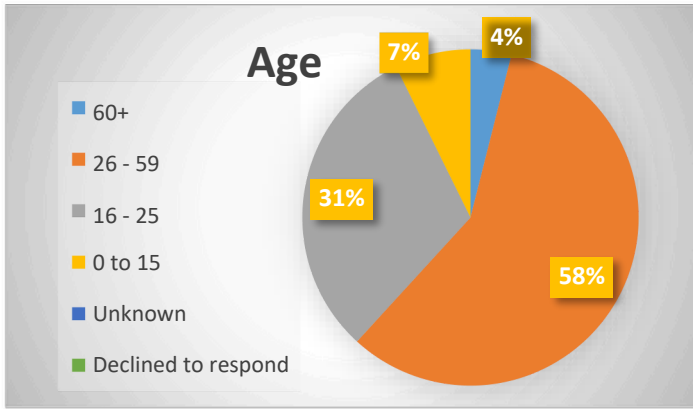
- **Total number of clients served:** 260
- **Total number of encounters:** 10,000
- **Approximate numbers reached through outreach:** 6,300

PERFORMANCE OUTCOMES:

- RBA metric: *How much?* Number of Youth Promotores enrolled in program via MHSA dollars: 14
- RBA metric: *How well?* Percent of Youth Promotores who participated in paid trainings: 84%
- RBA metric: *Better off?* Percent of Youth Promotores willing to seek professional counseling for themselves if they were struggling: 73% at pre versus 88% at post (13 percentage point increase)
- Monthly meeting notable outcome: 67% of attendees felt more comfortable referring clients to the organization, and 58% would be more likely to seek services for themselves or a family member if needed.
- Outreach notable outcome: 38,954 e-newsletter opens 2,590 Click rate



FY 2023-2024 Program Demographics:



**POSITIVE
IMAGES**

SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL PREVENTION & EARLY INTERVENTION (PEI) REPORT

Programs that prevent mental illnesses from becoming severe and disabling, emphasizing improvement on timely access to services for underserved populations. Programs shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness: suicide, incarcerations, school failure or dropout, unemployment, homelessness, removal of children from their homes, and prolonged suffering.



PROGRAM INFORMATION

Program Name: Positive Images
Population served: LGBTQIA+ Community
Website: www.posimages.org
Phone: (707) 568-5830
Program location: 200 Montgomery Drive Suite C Santa Rosa CA 95404
Social Media: IG @positiveimages
 Facebook: PosImages
 TikTok: @positive.images

FY 2023-2024 PROGRAM STATISTICS

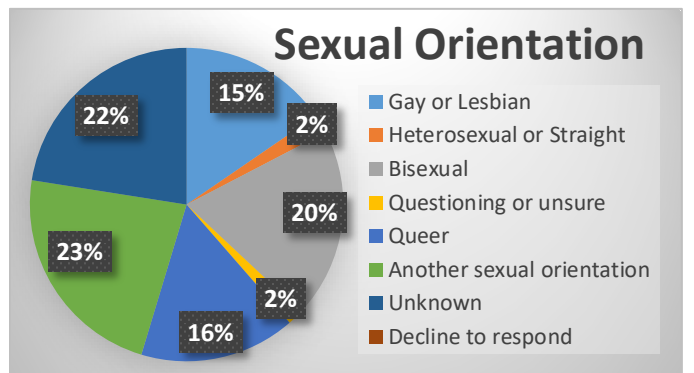
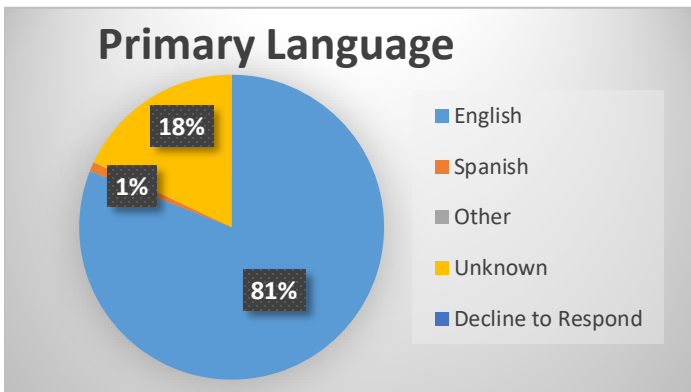
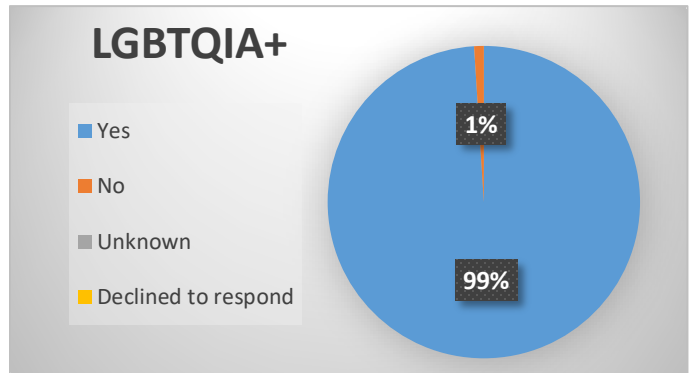
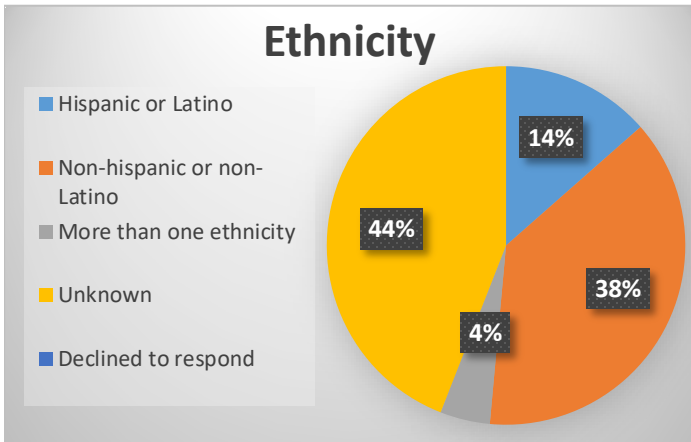
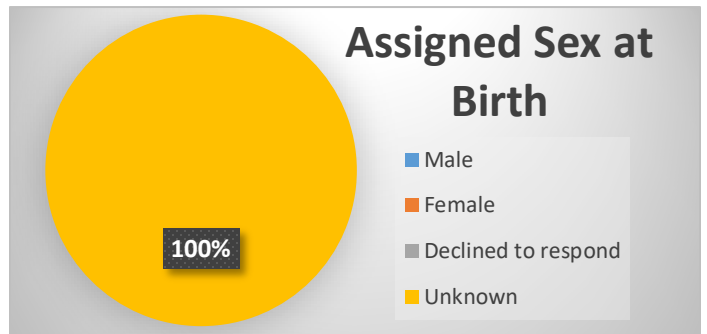
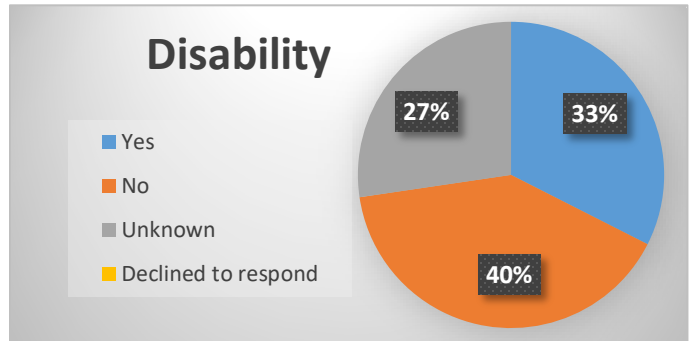
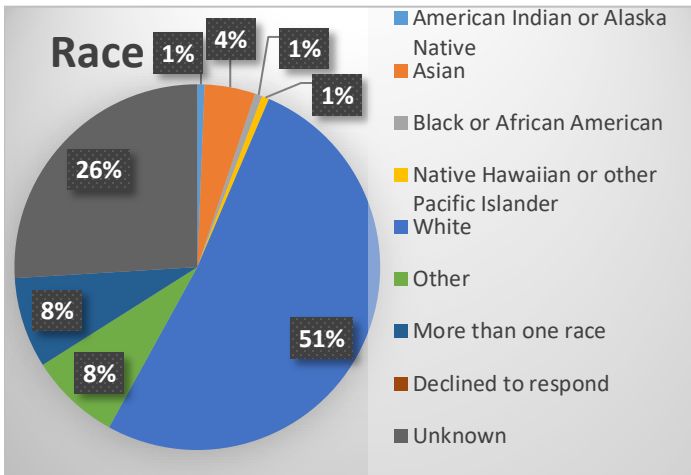
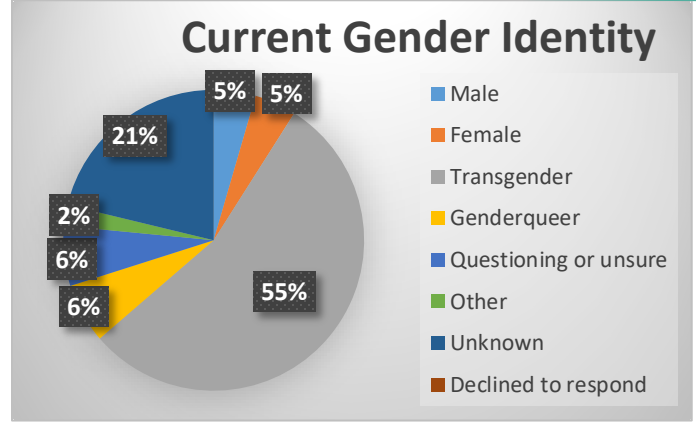
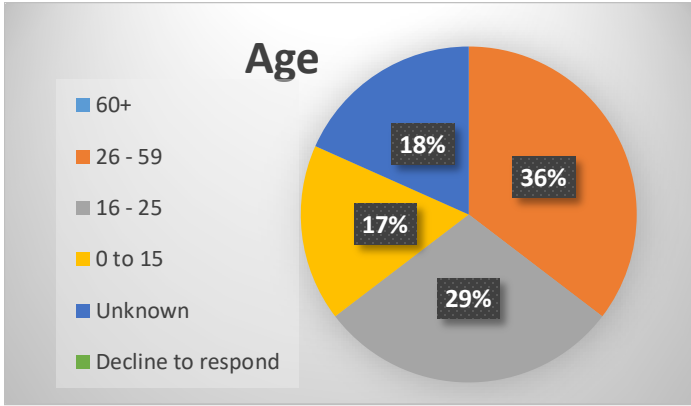
- **Total number of clients served:** 311
- **Total number of encounters:** 1425
- **Approximate numbers reached through outreach:** 7220

PROGRAM DESCRIPTION: Positive Images is an LGBTQIA+ Community Center of Sonoma County. We provide support to the North Bay's LGBTQIA+ population, with an emphasis on identities and individuals at the margins – including transgender and nonbinary individuals, LGBTQIA+ people of color, Latiné families, neurodivergent people, and disabled people. We are dedicated to providing essential services that encompass mental health support, advocacy, and education. We offer Peer-Run Mental Health Support Groups, Leadership Development Program, LGBTQIA+ Cultural Conscious Trainings, Resources and Referrals to affirming behavioral health resources, and Community Outreach and Engagement Activities. Our programs are designed to reduce risk factors, build protective factors, as well as address and promote recovery.

PERFORMANCE OUTCOMES: Since Positive Images was established in 1990, we have been a cornerstone in our community, providing a safe, affirming, and welcoming space for the LGBTQIA+ community. Over the last three decades, PI has served thousands of community members and has been instrumental in building, developing, and nurturing a strong and resilient local LGBTQIA+ community. In the 23/24 Fiscal Year, our MHSA programs hosted 99 Peer-Run Mental Health Support Groups and 99 Leadership Development Sessions, trained 720 individuals in LGBTQIA+ Cultural Conscious Trainings, and participated in 34 Outreach Events reaching over 6,000 people. In 23/24 our Support Groups served 311 individuals, with 90% of individuals attending two or more groups each quarter. 100% of survey respondents reported an increase in feelings of connectedness after participating. Participants in our programs consistently report increases in life satisfaction, self-acceptance, self-esteem, and self-advocacy.



FY 2023-2024 Program Demographics:



SONOMA COUNTY MHSA ANNUAL PROGRAM REPORT FY 2022 - 2023

Prevention and Early Intervention (PEI)

Programs that prevent mental illnesses from becoming severe and disabling, emphasizing improvement on timely access to services for underserved populations. Programs shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness:

- Suicide Incarcerations
- School failure or dropout
- Unemployment
- Prolonged suffering
- Homelessness
- Removal of children from their homes



Prevention & Early Intervention

A set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. The goal of this Program is to bring about mental health including reduction of the applicable negative outcomes listed in Welfare and Institutions Code Section 5840, subdivision (d) as a result of untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average and, as applicable, their parents, caregivers, and other family members.

A set Treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the applicable negative outcomes listed in Welfare and Institutions Code Section 5840, subdivision (d) that may result from untreated mental illness.

SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL PREVENTION & EARLY INTERVENTION (PEI) REPORT



Programs that prevent mental illnesses from becoming severe and disabling, emphasizing improvement on timely access to services for underserved populations. Programs shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness: suicide, incarcerations, school failure or dropout, unemployment, homelessness, removal of children from their homes, and prolonged suffering.



PROGRAM INFORMATION

Program Name: Early Intervention
Population served: Families with children 0-5 in Sonoma County at risk for mental health issues.
Website: www.calparents.org | www.cpiespanol.org
Phone: (707) 585-6108
Program location: 3650 Standish Ave. Santa Rosa, CA
Social Media: [Facebook](#) | [Instagram](#) | [LinkedIn](#) | [Twitter](#)

FY 2023-2024 PROGRAM STATISTICS

- **Total number of clients served:** 83
- **Total number of encounters:** 801
- **Approximate numbers reached through outreach:** 34,478

PROGRAM DESCRIPTION:

- Screening & Assessment for Perinatal Anxiety & Depression, In-home Parent Education & Support, Individual & Group Counseling
- Resource navigation and closed loop referrals
- CPI's programs and services are trauma-informed, community-focused, evidence-based, and merited as best practice. We specialize in serving children and families from prenatal to age 5

PERFORMANCE OUTCOMES:

- 94% of those served in this program showed improvement on the protective factors:
 - Parental Resilience, Social Connections, Knowledge of Parenting & Child Development, Concrete Supports, and Social Emotional Intelligence of Children

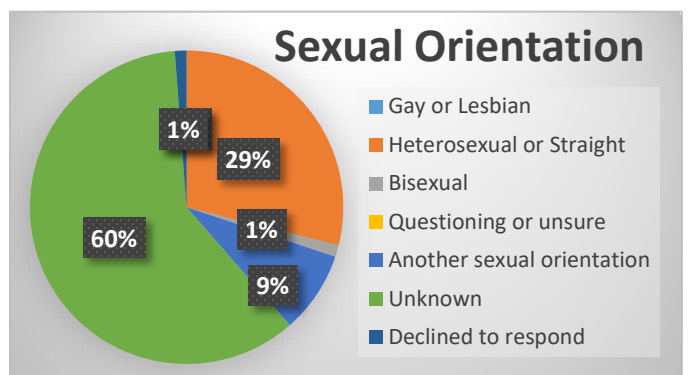
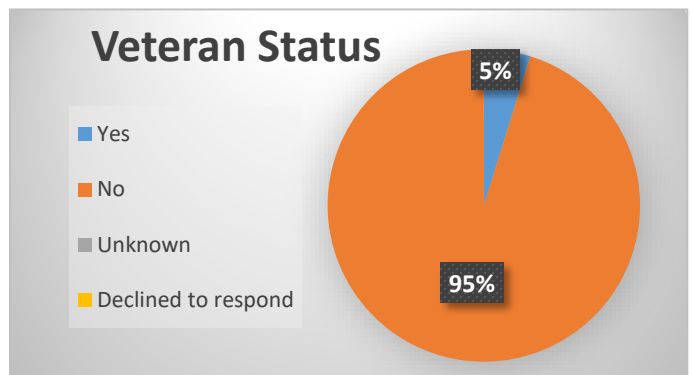
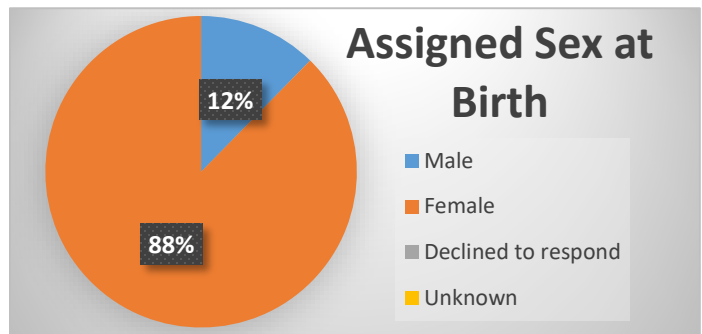
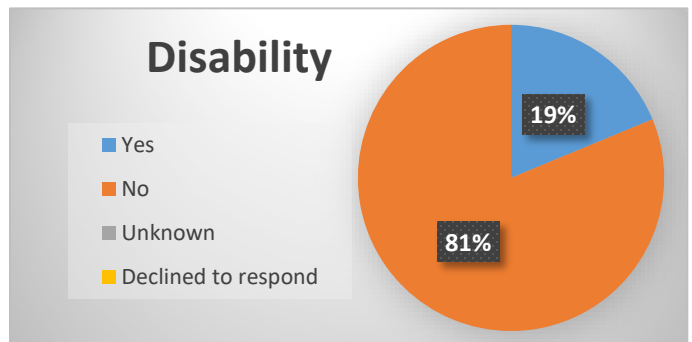
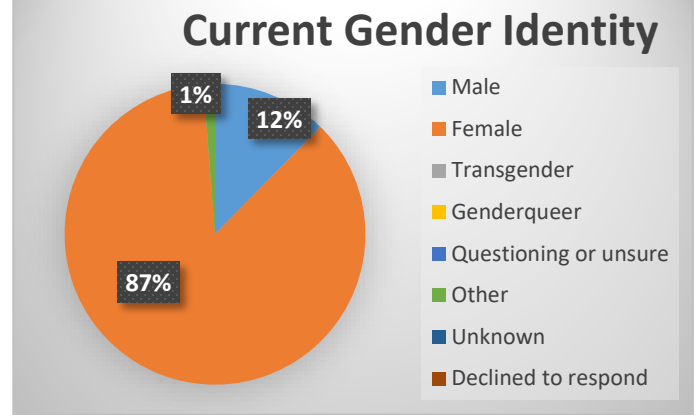
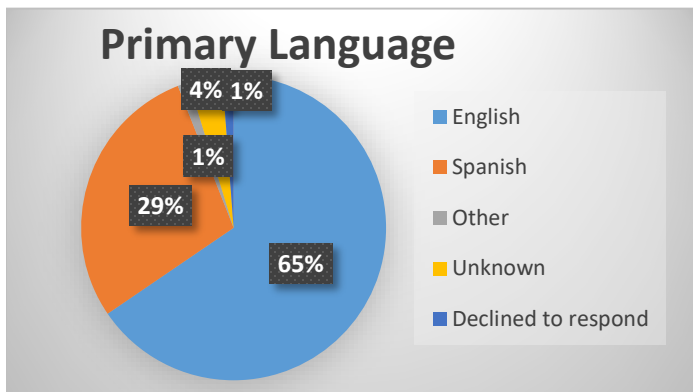
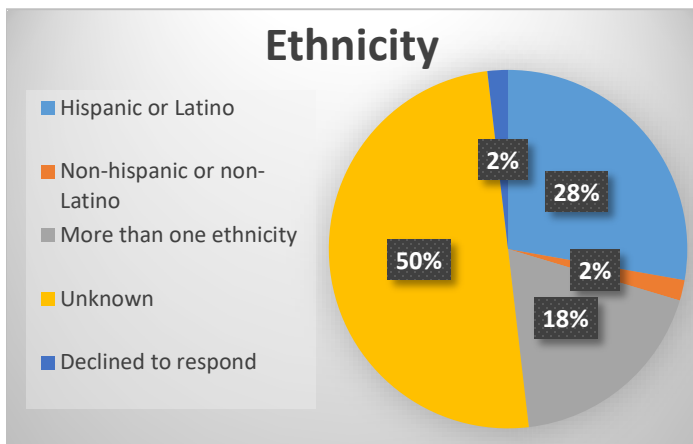
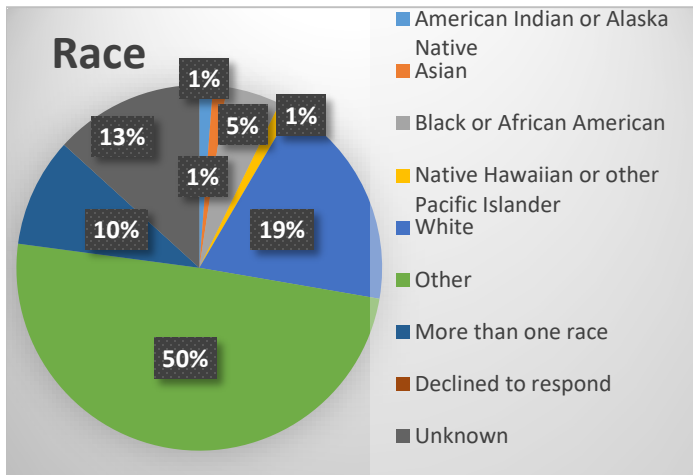
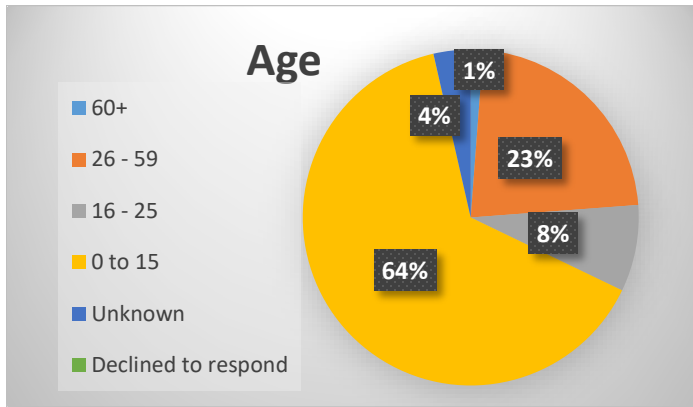
Carrie* met with a therapist in the Perinatal Mood Disorder program for 3 months to help with stress and anxiety following a traumatic pregnancy and birth of her child. She completed the Mothers and Babies curriculum. With her therapist, they worked on increasing regulation skills, building back up self-care habits that had fallen away in recent months, and managing her own anxiety/frustration. At closing - Carrie told her therapist she has been more regulated emotionally when she interacts with her children, isn't "stuffing" her feelings down anymore, and that she has been able to have more positive social connections with her friends and support system.

Alma* was struggling with her daughter's tantrums and aggressive behavior like hitting and biting. By working with a parent educator in her home, Alma learned to use praise and ignore minor undesirable behaviors and has been more understanding of her daughter's difficulty regulating behavior. The yelling in the house has stopped, and her daughter is better able to express her feelings and needs knowing mom will be responsive and loving.

*not actual name



FY 2023-2024 Program Demographics:





SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL PREVENTION & EARLY INTERVENTION (PEI) REPORT

FY 2023-2024 PEI Initiative: Prevention, Early Intervention, Stigma & Discrimination Reduction, OR Suicide

Programs that prevent mental illnesses from becoming severe and disabling, emphasizing improvement on timely access to services for underserved populations. Programs shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness: suicide, incarcerations, school failure or dropout, unemployment, homelessness, removal of children from their homes, and prolonged suffering.



PROGRAM INFORMATION

Program Name: Watch Me Grow

Population served: Children birth to 5 in Sonoma County

Website: www.earlylearninginstitute.com

Phone: (707) 591-0170

Program location:

Serving All of Sonoma County

Services are offered in home, virtually or at the ELI center in Santa Rosa, based on family preference.

FY 2023-2024

PROGRAM STATISTICS

- **Total number of clients served:** 573 Children screened, 949 Caregivers
- **Total number of encounters:** 573
- **Approximate numbers reached through outreach:** 7000

PROGRAM DESCRIPTION:

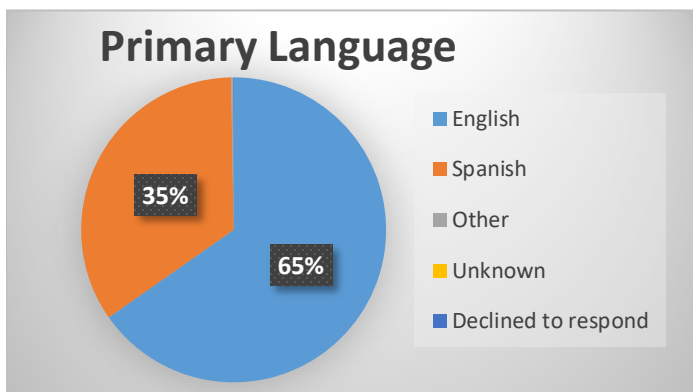
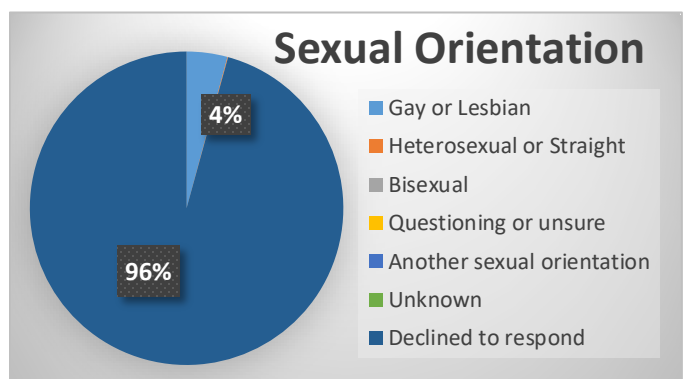
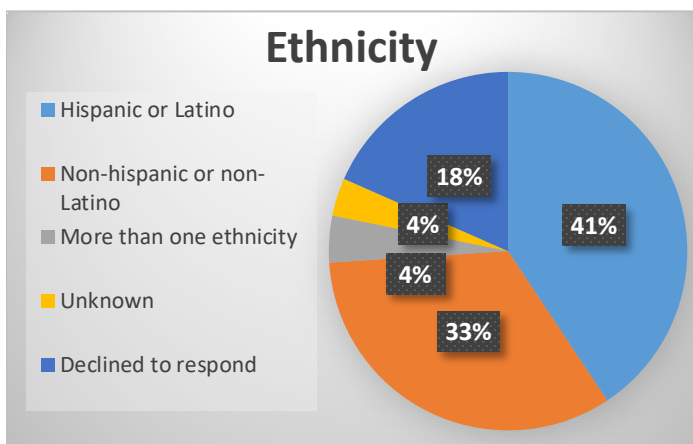
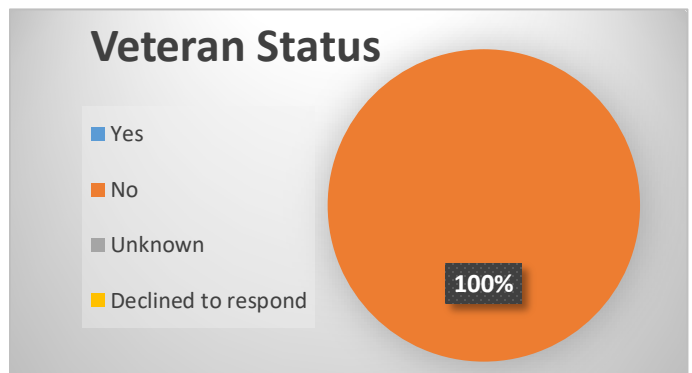
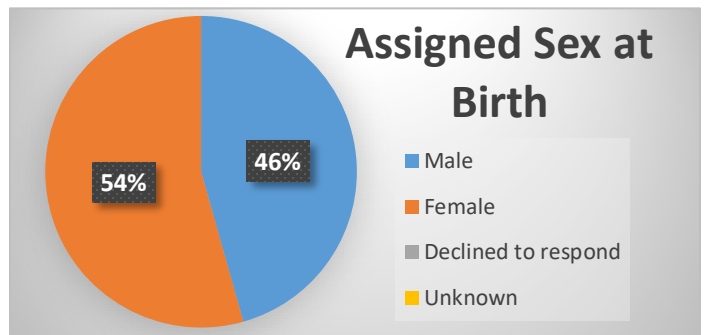
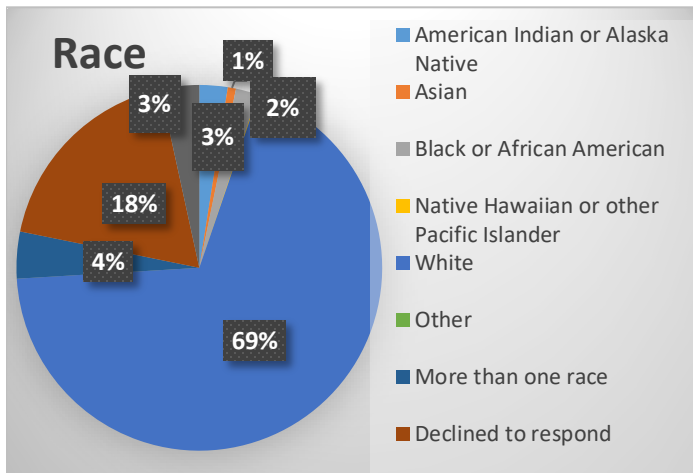
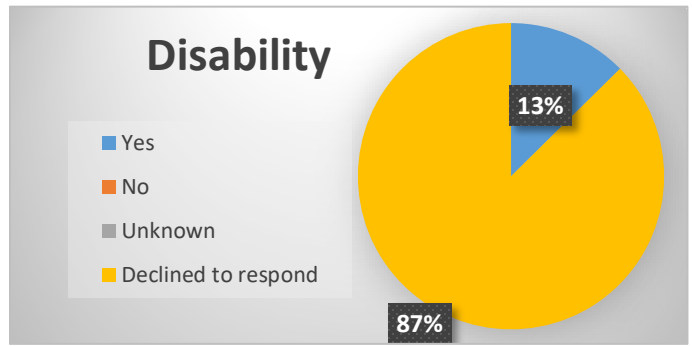
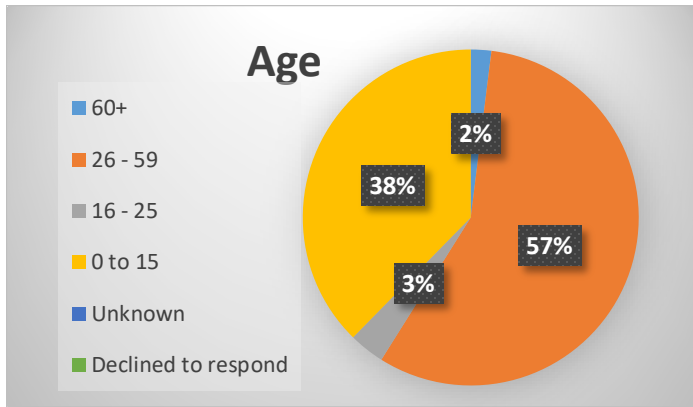
Watch ME Grow is a unique program that provides free social emotional and developmental screenings to young children in Sonoma County. Parents learn valuable information about how to foster their child's social and developmental skills and they learn about community programs, with referrals to services when needed. Anyone with concerns about a child is encouraged to call the WMG program. This is a "One Stop Shop" that will help parents and professionals navigate the various complex systems of care for children.

PERFORMANCE OUTCOMES:

- Watch Me Grow staff screened 573 children for the fiscal year.
- We made 164 referrals for further assessments.
- 98% of referrals are made within 5 business days of receiving parent permission
- As we move past COVID, families are beginning to refer for screenings because of social-emotional concerns at a higher rate than pre-pandemic, especially for those whose children are approaching school age. This has led to more families accepting referrals for parent education and behavioral health assessments than ever before.
- Families are also more accepting of the Learn the Signs Act Early app.



FY 2023-2024 Program Demographics:



SONOMA COUNTY MHSA ANNUAL PROGRAM REPORT FY 2023 – 2024

Prevention and Early Intervention (PEI)

Programs that prevent mental illnesses from becoming severe and disabling, emphasizing improvement on timely access to services for underserved populations. Programs shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness:

- Suicide Incarcerations
- School failure or dropout
- Unemployment
- Prolonged suffering
- Homelessness
- Removal of children from their homes

Stigma & Discrimination

The County's direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families.





SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL PREVENTION & EARLY INTERVENTION (PEI) REPORT

FY 2023-2024 PEI Initiative: Prevention, Early Intervention, Stigma & Discrimination Reduction, OR Suicide

Programs that prevent mental illnesses from becoming severe and disabling, emphasizing improvement on timely access to services for underserved populations. Programs shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness: suicide, incarcerations, school failure or dropout, unemployment, homelessness, removal of children from their homes, and prolonged suffering.



PROGRAM INFORMATION

Program Name: SRJC Student Health Services, Mental Wellness Program

Population served: SRJC students with a focus on TAY (16-25)

Website: shs.santarosa.edu

Phone: (707) 527-4445

Program location:

Santa Rosa 1501 Mendocino Ave.
Santa Rosa, CA 95401

Petaluma 680 Sonoma Mountain Pkwy, Petaluma, CA 94954

Social Media:

@srjcpeers

@ Student Health PEERS at SRJC

PROGRAM DESCRIPTION:

The Mental Wellness Program at SRJC uses a comprehensive approach to promote mental health and reduce stigma on campus. Faculty trainings on recognizing and responding to students with mental health challenges, Mental Health First Aid Trainings, QPR suicide prevention workshops, mental health presentations in classrooms and orientations, PEER led workshops, social media, online mental health screenings and outreach events are strategies used to ensure that the SRJC community knows that Mental Health Matters.

PERFORMANCE OUTCOMES:

- Launched a new outreach program about co-occurring disorders including how to use Narcan & mental health resources. Reached 329 students in spring semester. 99% of students agreed they are more aware of community/campus resources for mental health, 99% agreed they increased knowledge about Narcan and how to use it. "This presentation taught me how to save someone's life" "Phenomenal information that is in a non-judgmental nature of the services offered" "I am willing to go to student health center for more support as well as free therapy"
- During Suicide Prevention Month the PEERS hosted a screening of the S Word with a panel discussion. We also worked with facilities to have 988 signs installed on all campuses. 122 signs (61 in English and 61 in Spanish) were installed both indoor and outdoor in strategic locations.
- PEERS offered workshops in our new dorm on campus to connect students to key resources. Events included Narcan training, QPR Suicide prevention, Safe Sex Trivia, hands-on activities and phone-free community building time to foster greater connection.

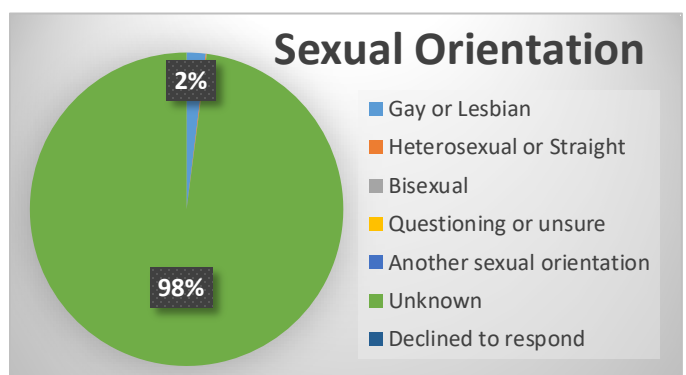
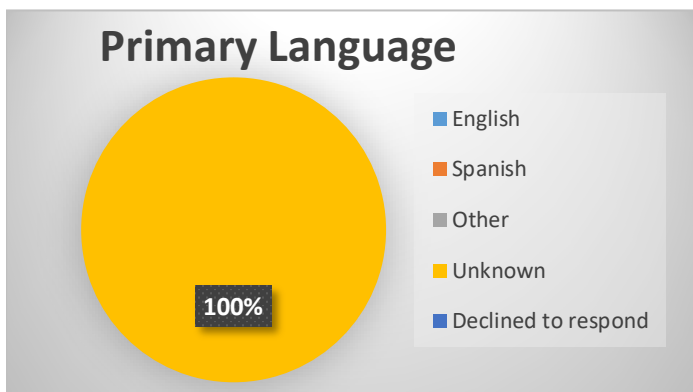
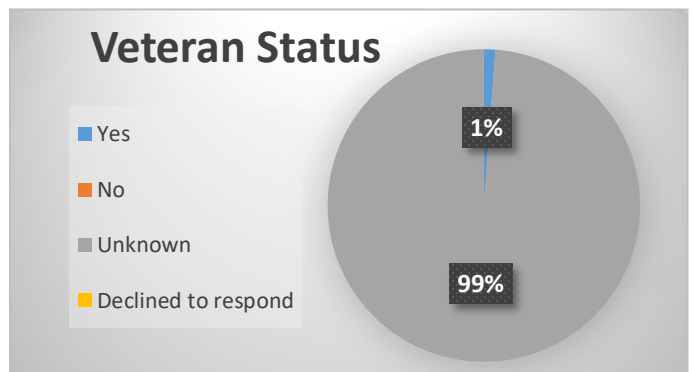
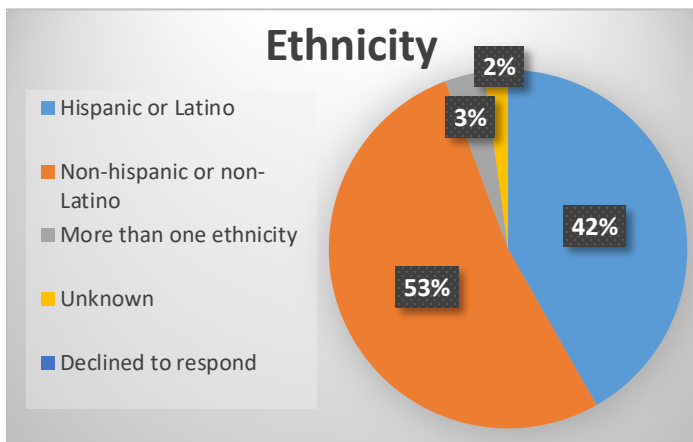
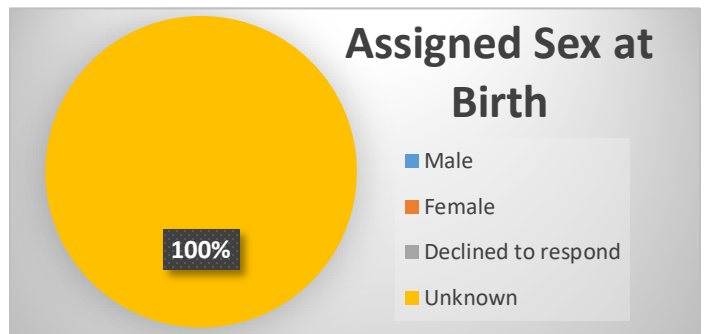
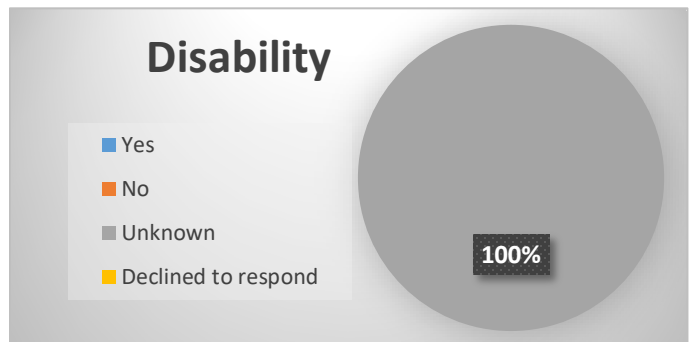
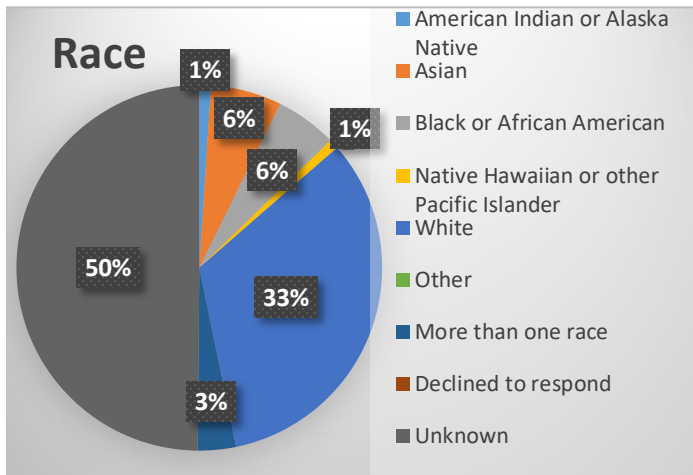
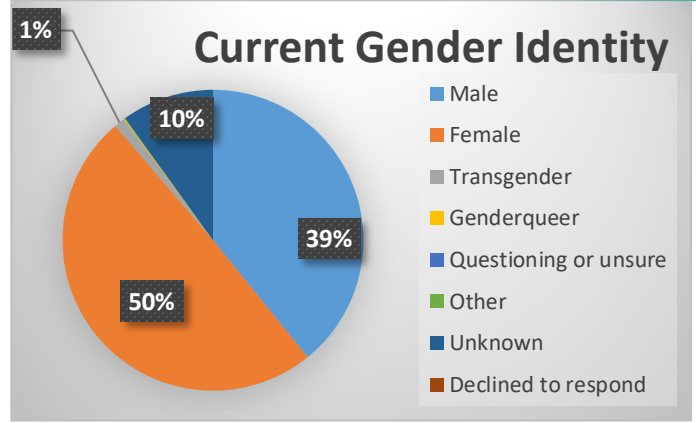
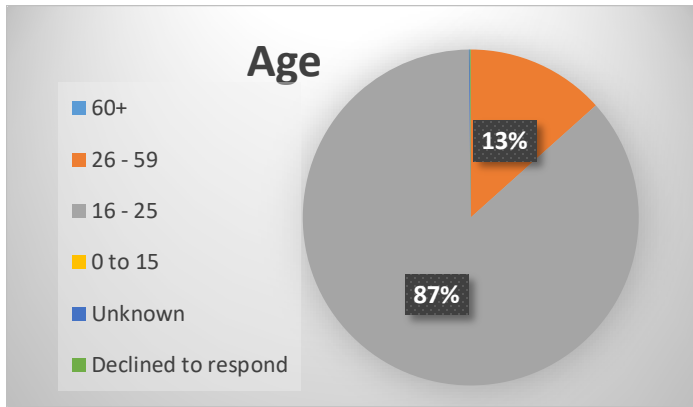
FY 2023-2024

PROGRAM STATISTICS

- **Total number of clients served:** 1067
- **Total number of followers:**
 - 1,184 PEERS Instagram
 - 515 PEERS Facebook
- **Approximate numbers reached through outreach:** 9067



FY 2023-2024 Program Demographics:



SONOMA COUNTY MHSA ANNUAL PROGRAM REPORT FY 2023 – 2024

Prevention and Early Intervention (PEI)

Programs that prevent mental illnesses from becoming severe and disabling, emphasizing improvement on timely access to services for underserved populations. Programs shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness:

- Suicide Incarcerations
- School failure or dropout
- Unemployment
- Prolonged suffering
- Homelessness
- Removal of children from their homes

Access and Linkage

A set of related activities to connect children with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, and adults and seniors with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, as early in the onset of these conditions as practicable, to medically necessary care and treatment, including, but not limited to, care provided by county mental health programs.



Programs that prevent mental illnesses from becoming severe and disabling, emphasizing improvement on timely access to services for underserved populations. Programs shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness: suicide, incarcerations, school failure or dropout, unemployment, homelessness, removal of children from their homes, and prolonged suffering.

PROGRAM INFORMATION

Program Name: Suicide Prevention
Population served: All Demographics in Sonoma, Marin, Mendocino, Napa, and Lake County
Website: buckelew.org
Phone: (415) 457-6964
Program location: Novato, CA
Social Media: @buckelewprograms



PROGRAM DESCRIPTION:

Buckelew Programs is the largest provider of comprehensive mental health and addiction services in the North Bay for those would otherwise not have access. Our main areas of impact include Suicide Prevention, Counseling, Service Navigation, Substance Use, and Supportive Housing.

Our Suicide Prevention Program operates 988, a free and confidential 24/7 crisis hotline for anyone experiencing suicidal thought and/or emotional distress. We also provide Support Groups for those that have lost someone to suicide. Our outreach and education coordinators provide evidence-based suicide prevention education to schools, workplaces, media, clinics, non-profits, and others by trained facilitators that can present in both English and Spanish.

To learn more about our call center, watch this video: <https://youtu.be/qzMmJyTURMM?si=Qe1tNENhxAaOdx9Y>

PERFORMANCE OUTCOMES:

- Buckelew Programs raised \$21,155 at the 3rd Annual Petaluma Tattoo for Buckelew Fundraiser, bringing the three-year total to \$43,956.
- We supported 189 individuals of all ages through our SOS Groups
- 40 hours total of Suicide Prevention Trainings, reaching 678 participants.
- Our lifelines answered over 22,000 calls during the year -- a 30% increase in call volume compared to FY 22-23. 2,840 calls were from Sonoma County.
- Over 99.7% of calls were successfully deescalated on the phone.

FY 2023-2024

OUTREACH PROGRAM STATISTICS

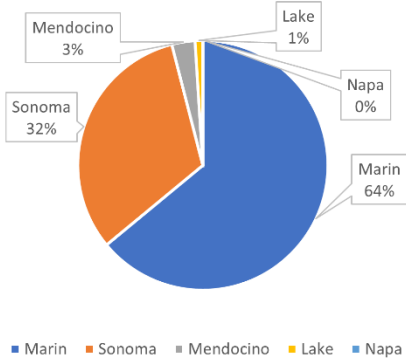
- **Total number of clients served:** 678
- **Total number of encounters:** 2,137
- **Approximate numbers reached through outreach:** 6,500 for All Counties Served

What do our participants enjoy from our Suicide Prevention Trainings?

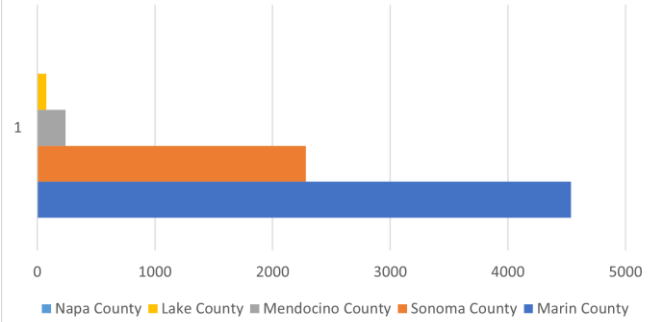
- "Incredible job of presenting the warning signs, 988 specifics"
- "Very informative and engaging, age appropriate"

FY 2023-2024 988 Lifeline Call Data for All Counties Served

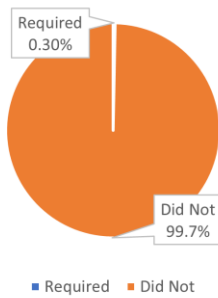
Call Volume 2023 (988 Launch)



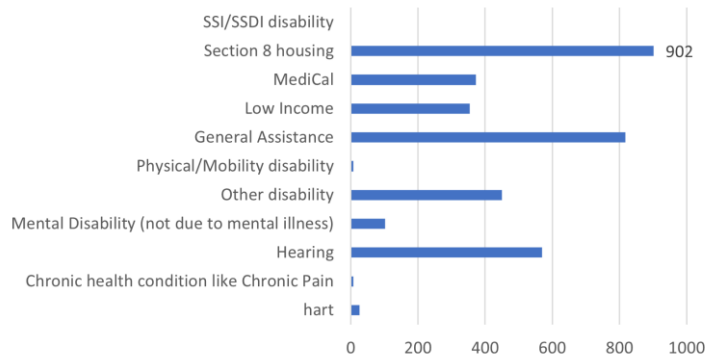
Call Distribution 2023 (988 Launch)



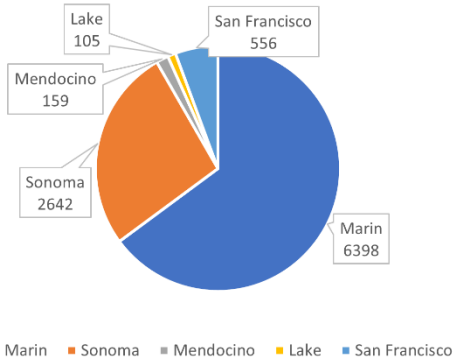
Calls Not Requiring In-Person Dispatch 2023 (988 Launch)



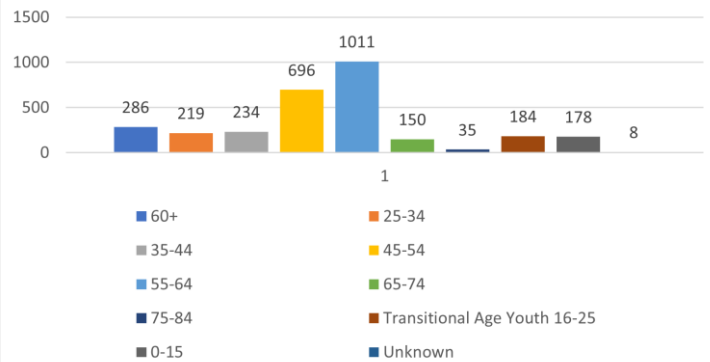
Caller Demographics: Disability Type



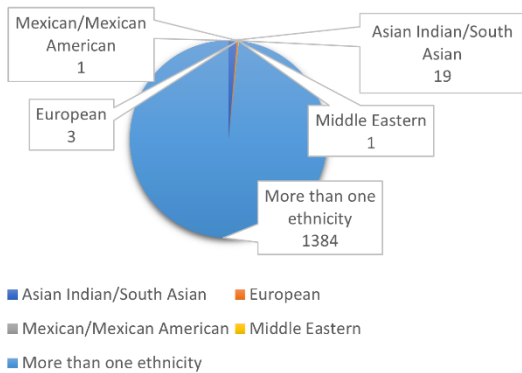
Projected Call Data for FY 2024



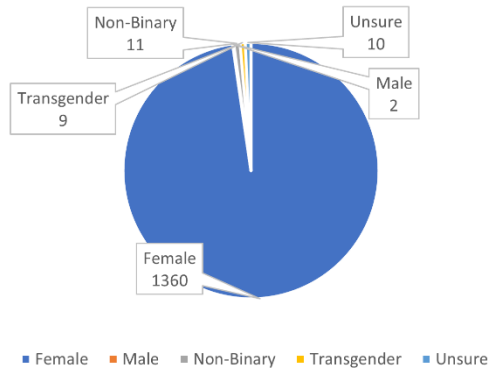
Caller Demographics: Age Range



Caller Demographics: Ethnicity



Caller Demographics: Gender



SONOMA COUNTY MHSA ANNUAL PROGRAM REPORT FY 2023-2024

Prevention and Early Intervention (PEI)

Programs that prevent mental illnesses from becoming severe and disabling, emphasizing improvement on timely access to services for underserved populations. Programs shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness:

- Suicide Incarcerations
- School failure or dropout
- Unemployment
- Prolonged suffering
- Homelessness
- Removal of children from their homes

Suicide Prevention

Organized activities that the County undertakes to prevent suicide as a consequence of mental illness.





SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL PREVENTION & EARLY INTERVENTION (PEI) REPORT

Programs that prevent mental illnesses from becoming severe and disabling, emphasizing improvement on timely access to services for underserved populations. Programs shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness: suicide, incarcerations, school failure or dropout, unemployment, homelessness, removal of children from their homes, and prolonged suffering.



PROGRAM INFORMATION

Program Name: Prevention Services
Population served: 0-65, underserved populations in NW Sonoma County
Website: www.actionnetwork.net
Phone: (707) 882-1691
Program location: Northwest Rural Sonoma County
Social Media: IG @thecenter_actionnetwork

FY 2023-2024 PROGRAM STATISTICS

- **Total number of clients served:** 162
- **Total number of encounters:** NA
- **Approximate numbers reached through outreach:** 2000

PROGRAM DESCRIPTION:

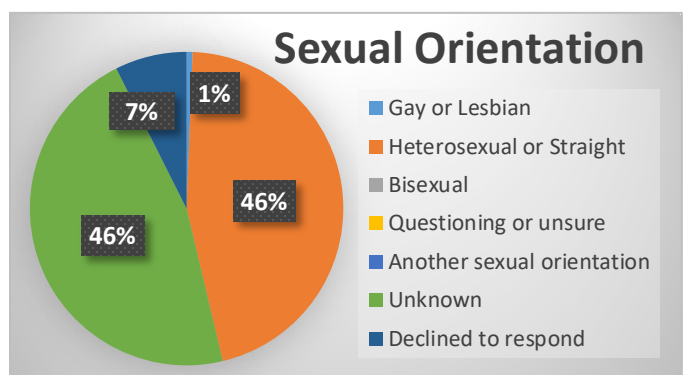
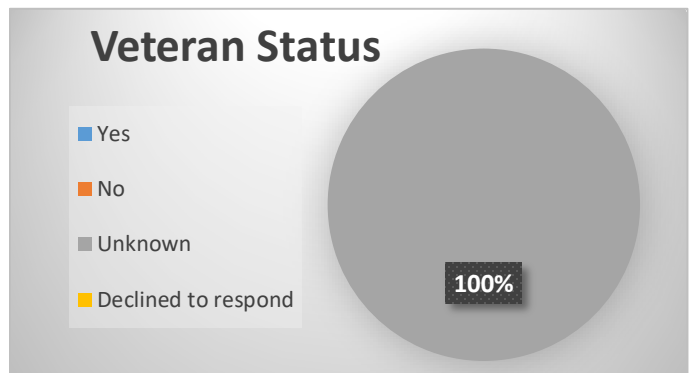
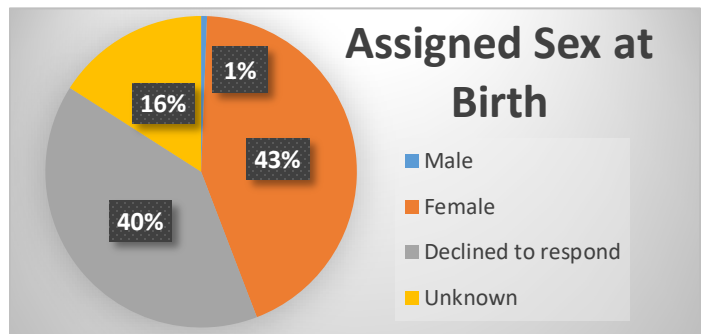
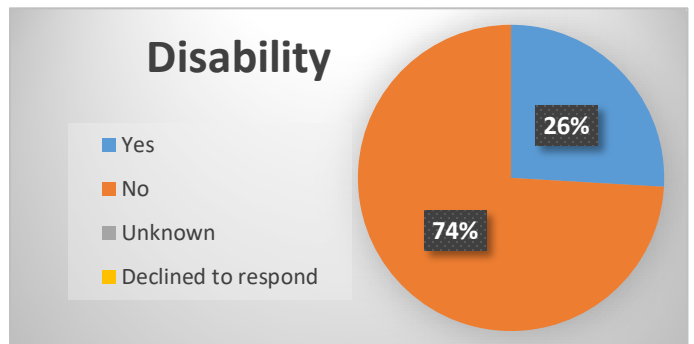
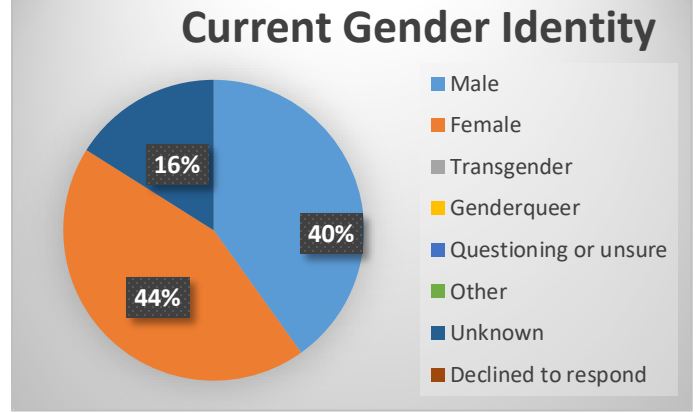
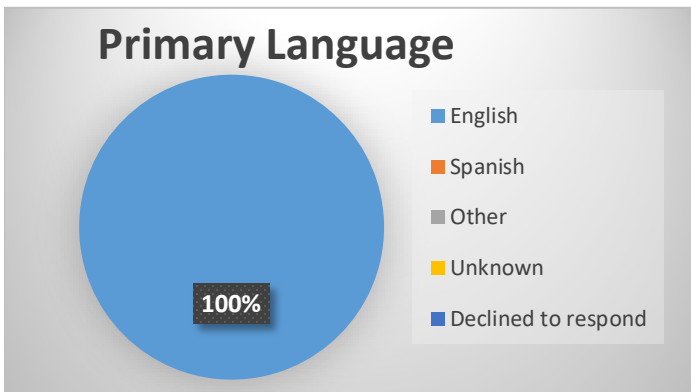
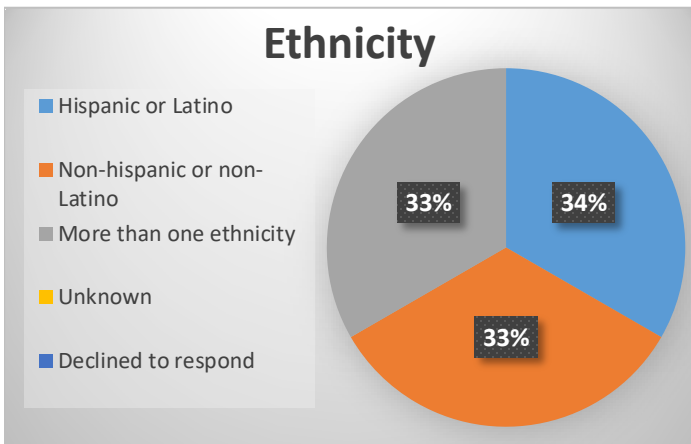
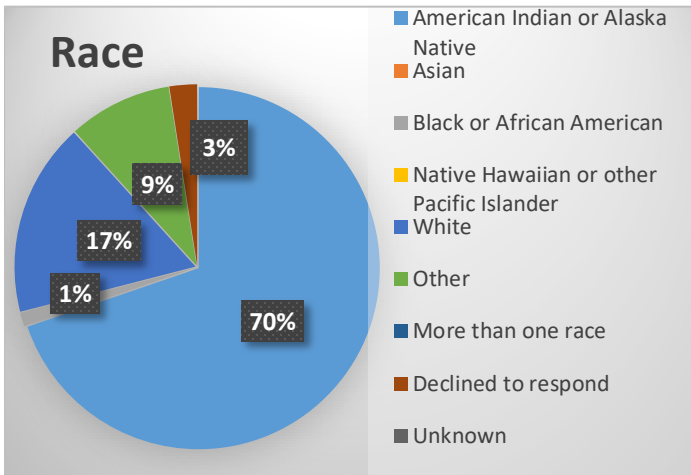
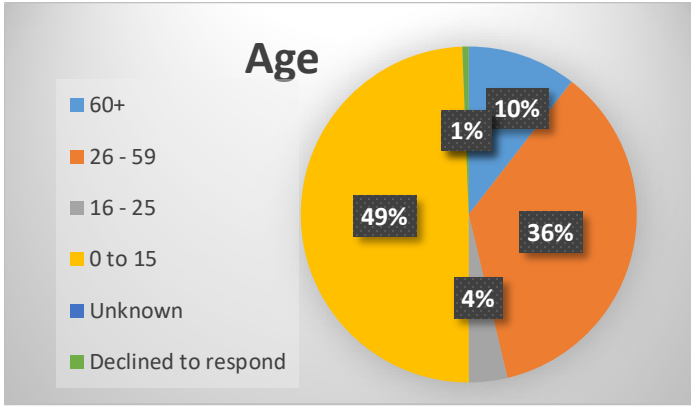
Outreach services to rural northern Sonoma County residents ages 0-65+. Action Network provides mobile outreach services to Kasha Rancheria on a bi-weekly basis delivering resources such as diapers & formula, clothing and personal hygiene supplies, food, grocery gift certificates, referrals for social services or other needs, and mental health check-ins to set goals with clients and track progress throughout the year. A new monthly program of Bingo gatherings began this year in Aug 2023, occurring at the Kasha Community Center. This program intends to bring together community members for prevention of substance use and mental health disorders.

PERFORMANCE OUTCOMES:

- 100% of Mobile Outreach services met the needs of families that are some of the most underserved in Sonoma County at the Kasha Rancheria in FY 23-24.
- 100% of mental health check-ins are woven into every visit and being able to see the family home and current state of living, allows staff to respond and deliver in a meaningful way.
- One-on-one relationship building continues with consistency, communication, and reliability.
- Consistent outreach to Kasha community lead to an additional program to be delivered for FY24-25 at Kasha School for classroom & cultural learning, behavioral support and teacher/administrative support. One client shared "I feel more supported and connected to my community."



FY 2023-2024 Program Demographics:



SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL INNOVATION (INN) REPORT



SONOMA COUNTY MHSA ANNUAL PROGRAM REPORT FY 2023 – 2024

Innovation (INN)

Novel, creative and/or ingenious mental health practices/approaches that are expected to contribute to learning, which are developed within communities through a process that is inclusive and representative, especially of unserved and underserved individuals.

In FY 22-23, DHS-BHD had xx projects funded through the Innovation component.



The INN component funds projects designed to test time-limited new or changing mental health practices that have not yet been demonstrated as effective. The purpose of the INN component is to infuse new, effective mental health approaches into the mental health system, both for the originating county and throughout California. These projects may focus on increasing access to underserved groups, increasing the quality of services including measurable outcomes, promoting interagency and community collaboration, or increasing access to mental health services.



PROJECT INFORMATION

Project Name: Crossroads to Hope (C2H)

Population served: Insert info here (age range, geographic area, etc.)

Website: [Felton C2H Program Info](#)

Phone: (707) 123-4567

Project location: Santa Rosa, CA

Social Media Links:



FY 2023-2024

PROJECT STATISTICS

- **Total number of clients served:** 8
- **Total number of encounters:** 778
- **Approximate numbers reached through outreach:** 408

PROJECT DESCRIPTION:

Please include the following (if applicable):

- The Crossroads to Hope program, funded by MHSA Innovation, provides peer-led, community-based support and mental health services within a 6-month transitional housing setting to help individuals at risk of criminal justice involvement to achieve recovery, stability, and self-sufficiency.
- Our goals include reducing the risk of future criminal justice involvement through improved decision-making, mental health stability, and resource navigation, and enhancing participants' stability and independence across key life domains including employment, income, housing, and life skills.
- We conducted outreach and engagement by collaborating with community partners, probation departments, and the Community Peer Advisory Council (CPAC), reaching over 400 individuals and providing participants with transportation, support services, and recreational activities.

FY 2023-2024 PERFORMANCE OUTCOMES:

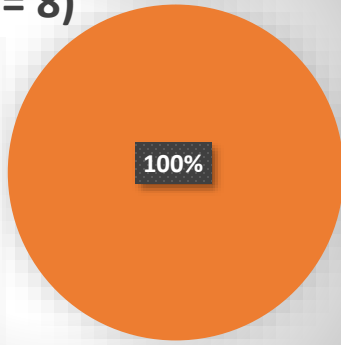
- Notable outcomes include: **High Satisfaction:** 100% of surveyed participants reported being highly satisfied with the program, with some expressing a preference for the Crossroads to Hope model over traditional services, **Successful Transitions:** Three (3) participants graduated from the program, securing stable housing and continuing to engage in community activities, and **Positive Impact of Peer Support:** Survey feedback highlights the value participants place on peer-led support in fostering recovery and engagement.
- Developed an 8-week program covering topics like healthy eating, financial literacy, and goal setting to support participants' well-being and self-sufficiency.
- Two peer support staff successfully completed certification to become Certified Peer Providers, aligning with industry standards and enhancing service quality.



FY 2023-2024 Project Demographics:

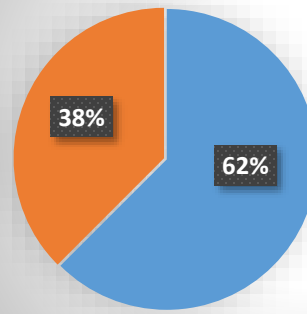
Age (n = 8)

- 60+
- 26 - 59
- 16 - 25
- 0 to 15
- Unknown
- Declined to respond



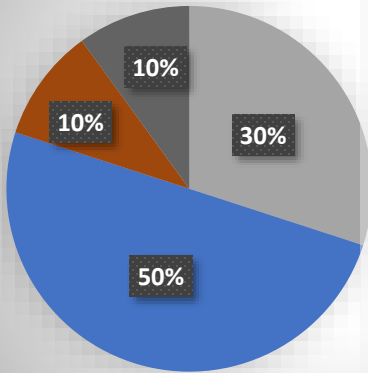
Current Gender Identity (n = 8)

- Male
- Female
- Transgender
- Genderqueer
- Questioning or unsure
- Other
- Unknown
- Declined to respond



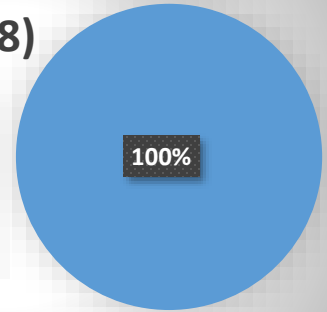
Race (n = 8)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other
- More than one race
- Declined to respond
- Unknown



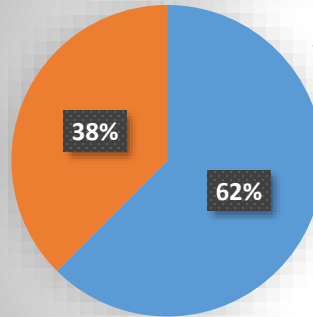
Disability (n = 8)

- Yes (Intellectual or mental disability)
- No
- Unknown



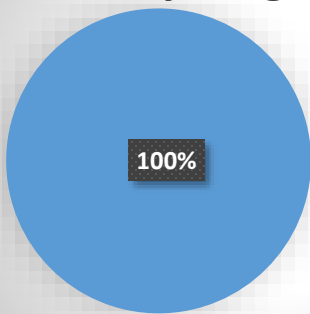
Assigned Sex at Birth (n = 8)

- Male
- Female
- Declined to respond
- Unknown



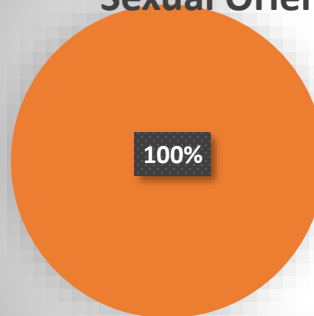
Primary Language (n = 8)

- English
- Spanish
- Other
- Unknown
- Declined to respond



Sexual Orientation (n = 8)

- Gay or Lesbian
- Heterosexual or Straight
- Bisexual
- Questioning or unsure
- Another sexual orientation
- Unknown
- Declined to respond





SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL INNOVATION (INN) REPORT

The INN component funds projects designed to test time-limited new or changing mental health practices that have not yet been demonstrated as effective. The purpose of the INN component is to infuse new, effective mental health approaches into the mental health system, both for the originating county and throughout California. These projects may focus on increasing access to underserved groups, increasing the quality of services including measurable outcomes, promoting interagency and community collaboration, or increasing access to mental health services.



PROGRAM INFORMATION

Program Name: Instructions Not Included

Population served: Families with an infant who are not enrolled in another HV program.

Website: www.earlylearninginstitute.com

Phone: (707) 591-0170

Program location:

Serving All of Sonoma County

Services are offered in home, virtually or at the ELI center in Santa Rosa, based on family preference.

FY 2023-2024

PROJECT STATISTICS

- **Total number of clients served:** 102
- **Total number of encounters:** 321
- **Approximate numbers reached through outreach:** 8000

PROJECT DESCRIPTION:

The Early Learning Institute's Instructions Not Included (INI) program provides up to 5, FREE home visits - or virtual visits if preferred, with a father/partner-friendly format. The experienced INI staff helps answer questions around infant development, adjusting to life as parents, infant safety, and social emotional well-being. Assistance is given for needed resources or referrals. INI will also provide information regarding the challenges associated with Perinatal Mood Disorder and resources available to help those who are struggling.

FY 2023-2024 PERFORMANCE OUTCOMES:

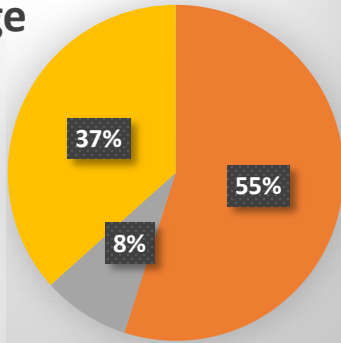
- 95% of families enrolled in INI will complete, or be on track to complete, all home visits in the series.
- Fathers are participating in the INI visits and 60% are completing the PMD.
- 82% of the families that received referrals reported high satisfaction with the navigation support they received from the INI staff.
- Successful grant to California Department of Health Care Services! INI will be included in an expanded home visiting program, using Parents As Teachers as the evidence-based curriculum.



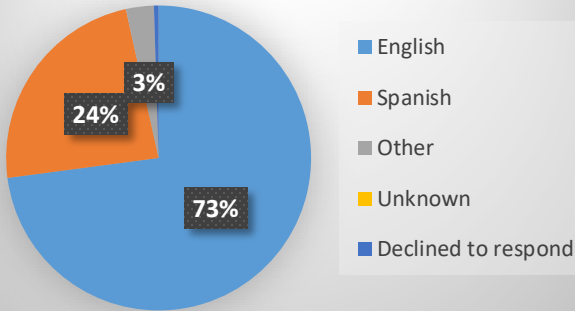
FY 2023-2024 Project Demographics:

Age

- 60+
- 26 - 59
- 16 - 25
- 0 to 15
- Unknown
- Declined to respond

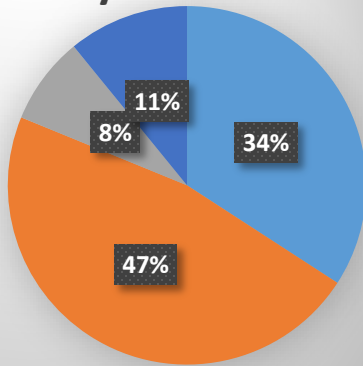


Primary Language



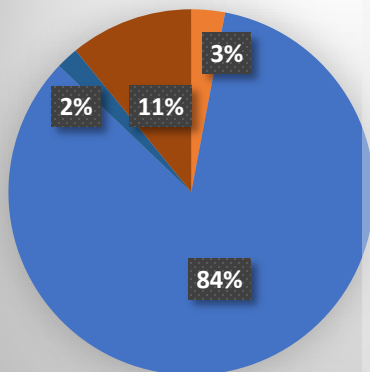
Ethnicity

- Hispanic or Latino
- Non-hispanic or non-Latino
- More than one ethnicity
- Unknown
- Declined to respond



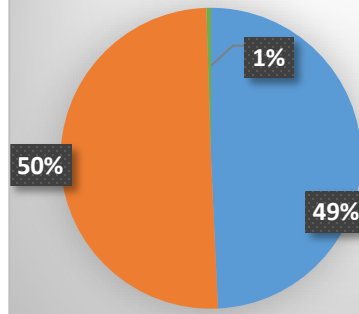
Race

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other
- More than one race
- Declined to respond
- Unknown



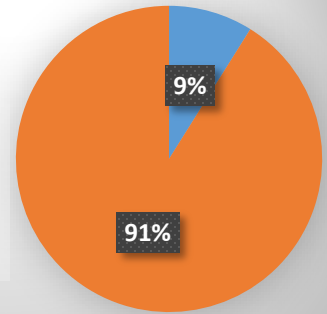
Current Gender Identity

- Male
- Female
- Transgender
- Genderqueer
- Questioning or unsure
- Other
- Unknown
- Declined to respond



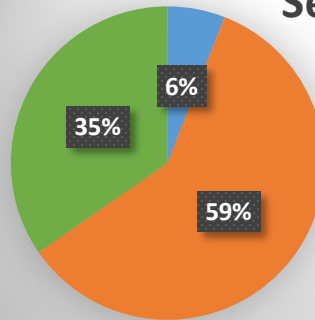
Disability

- Yes
- No
- Unknown
- Declined to respond



Sexual Orientation

- Gay or Lesbian
- Heterosexual or Straight
- Bisexual
- Questioning or unsure
- Another sexual orientation
- Unknown
- Declined to respond



Significant Findings



The biggest barrier to availability of PMD support has been finding a provider the family **could afford** to see.

The second reason families did not access the support offered was due to the **availability** of slots when the family was available, specifically late afternoon, evenings or weekends.

First time a Home Visitor initiated a discussion of a potential referral, about 50% of families/Caregivers choose to wait, indicating that they feel they can take care of the presenting issue on their own. Upon further discussion, at subsequent visits, Caregivers typically end up agreeing that they really could use the support and accept the referral.

Changes that were made to the project

Visit schedule has been made more flexible to account for referrals made when the infant is older. Infant screening still takes place right around the 1st birthday.



Accepting referrals of older infants – up to a year old.
Accepting referrals from families who are in process of enrolling in another home visiting service but have not yet started.



SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL COMMUNITY SERVICES AND SUPPORT (CSS) REPORT

FY 2023-2024 CSS Service Category: i.e. Full Service Partnership Services, Outreach and Engagement Services

The CSS component is the largest of all five MHSA components. Funding is used to provide direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet the criteria set forth in Welfare and Institutions Code (W&I Code) section 5600.3.



PROGRAM INFORMATION

Program Name: Aldea SOAR
Population served: Youth & Adults (ages 12-30) who have experienced the onset of full threshold psychosis within the past five years or are clinically high risk (of any duration) for developing psychosis
Website: <https://www.aldeainc.org/>
Phone: (707) 224-8266
Program location: 2455 Bennett Valley Rd., Suite B209, Santa Rosa, CA 95404
Social Media: @AldeaInc (Instagram)

FY 2023-2024 PROGRAM STATISTICS FOR SONOMA COUNTY OFFICE

- **Total number of clients assessed:** 14
- **Total number of clients treated:** 11
- **Approximate numbers reached through outreach:** 170

PROGRAM DESCRIPTION:

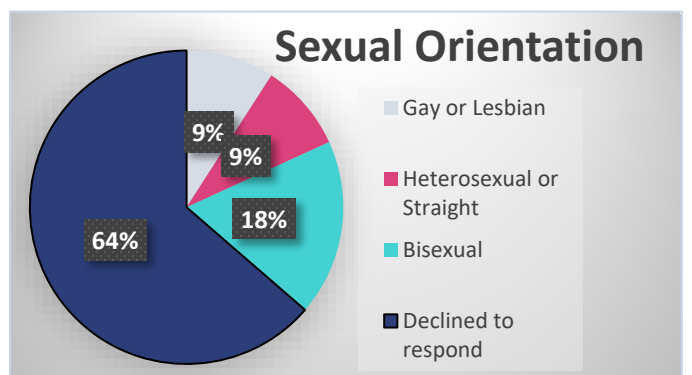
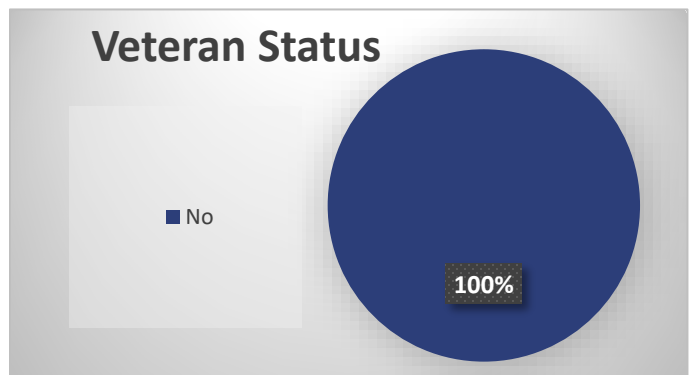
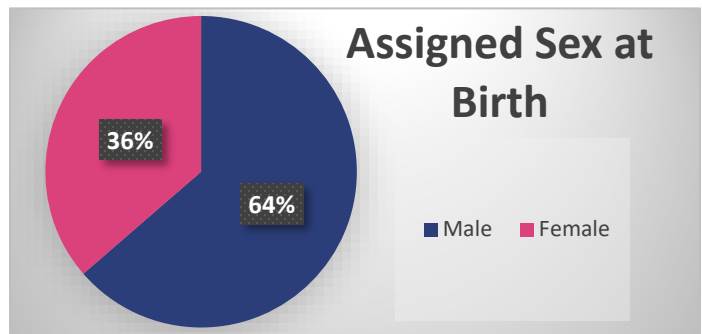
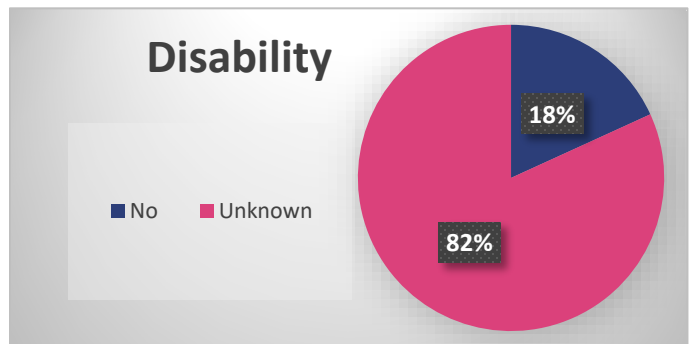
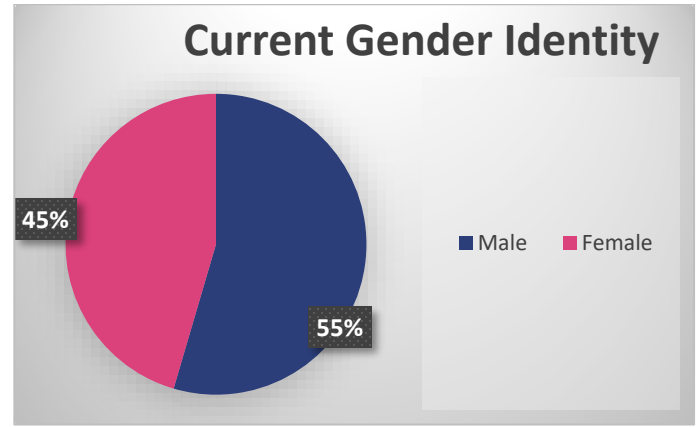
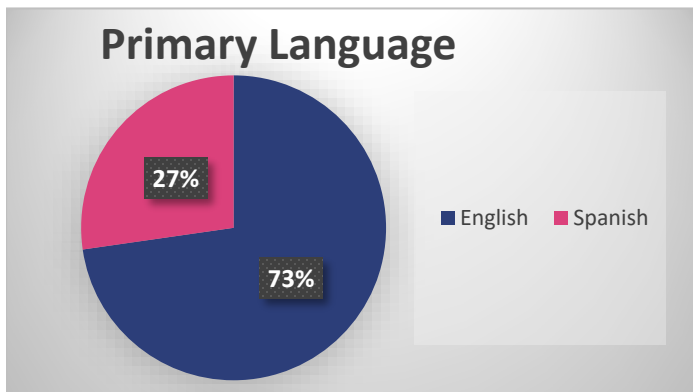
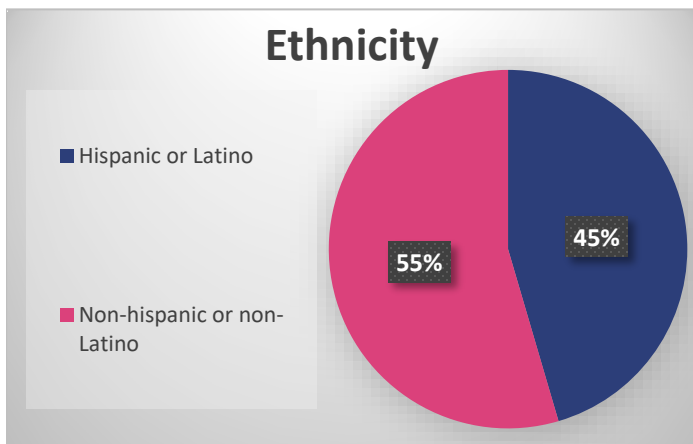
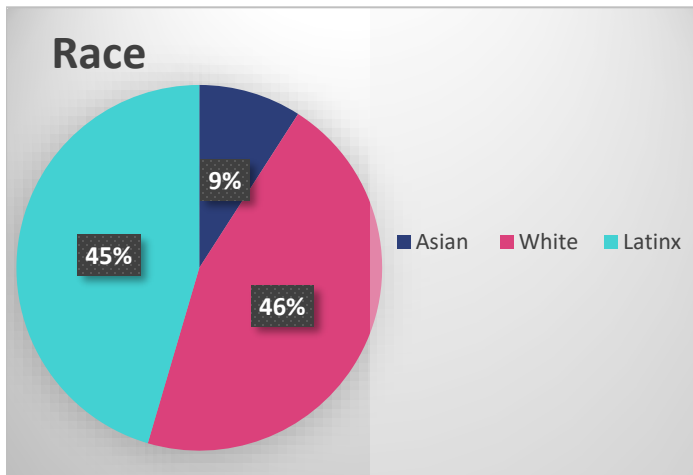
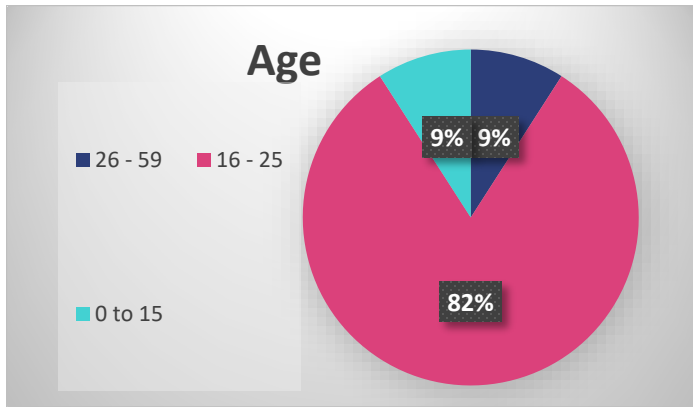
- Aldea's Coordinated Specialty Care (CSC) program, *SOAR*, is an evidence-based, recovery-oriented, team approach to treating early psychosis that promotes easy access to care and shared decision making among specialists, family members, and the person experiencing psychosis or at high risk of developing psychosis.
- Services provided include comprehensive psychiatric assessment and medication management; case management, psychoeducation, crisis management, and problem solving; individual psychotherapy; Family & Peer groups; support from the Family & Peer Partners; and Supported Education and Employment.
- Our SOAR program is enhancing access through expanded outreach efforts and structured assessment tools that streamline intake processes. We actively collaborate with community partners and prioritize family engagement to strengthen support networks. We now serve individuals experiencing psychosis within their first five years of onset, expanded from our previous two-year window, allowing us to serve a broader range of community members who can benefit from early intervention.

PERFORMANCE OUTCOMES:

- Our program implements anti-racist accountability through systematic tracking of equitable access, service outcomes, and client experiences across racial and ethnic groups. We monitor demographic metrics, assess service effectiveness across populations, and regularly evaluate feedback to identify and address any disparities in care delivery.
- When we aggregated our CANS data for all 3 SOAR clinics, we learned that approximately 95% of our youth came into care with severe symptoms of psychosis, an average of (65%) suffered from depression and/or anxiety, and a large number of youth (close to 60%) struggled with life functioning skills, including but not limited to social connections, school achievement, and sleep. At the end of SOAR treatment, our youth showed vast improvements in all noted categories including (60%+) improvements in psychosis symptoms, (50%-70%) improvements in depression, anxiety, and social functioning skills.
- SOAR has expanded to become a fully-staffed Coordinated Specialty Care program with the addition of a Peer Partner. Our team growth includes multiple internal promotions and fully-trained leadership, enhancing our capacity to provide expert psychosis assessment and treatment training within our program. Broadening our eligibility requirements have increased referrals, leading to a higher percentage of individuals served for the upcoming Fiscal Year.



FY 2023-2024 Program Demographics:





Human Services Department



Santa Rosa COMMUNITY HEALTH
All of us. For all of you.

SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL INNOVATION (INN) REPORT

The INN component funds projects designed to test time-limited new or changing mental health practices that have not yet been demonstrated as effective. The purpose of the INN component is to infuse new, effective mental health approaches into the mental health system, both for the originating county and throughout California. These projects may focus on increasing access to underserved groups, increasing the quality of services including measurable outcomes, promoting interagency and community collaboration, or increasing access to mental health services.

PROJECT INFORMATION

Project Name: Unidos por Nuestro Bienestar (aka 'Unidos')
Population served: Latinx older adults age 50+
Phone: (707) 547-2220
Project location: Santa Rosa Community Health in Roseland

unidos

POR NUESTRO BIENESTAR

El objetivo del programa es en apoyar a personas de 50 años o más, a mejorar su sentido de bienestar con atención colaborativa conjunto a su clínica de salud médica



PROJECT DESCRIPTION:

Sonoma County Human Services Department, Adult & Aging Division (A&A) and Santa Rosa Community Health (SRCH)-Lombardi Campus set-out to test an innovative modification to an evidence-based depression intervention known as the Collaborative Care Model (CoCM) that integrates physical and behavioral health services in a primary care setting. We extended the 3-month intervention to a full year and delivered care through a bilingual/bicultural team comprised of primary and behavioral healthcare providers at the health center and an A&A social worker embedded at the clinic who also conducted home a telephonic visits. Unidos intentionally engaged Latinx patients ages 50+ served at SRCH and extended eligibility to those who screen positive for mild (vs. moderate) depression to engage clients who under-report their depression due to stigma, taboo, or shame.

Projects Primary Goals: 1) Determine if extending the duration of home-based care from 12 weeks to 12 months results in sustained improvement in depression symptoms; and 2) Demonstrate the intervention's effectiveness for the Hispanic/Latinx population.

FY 2023-2024 PROJECT STATISTICS

- **Total number of clients served:** 15
- **Total number of encounters:** 80
- **Approximate numbers reached through outreach:** 70

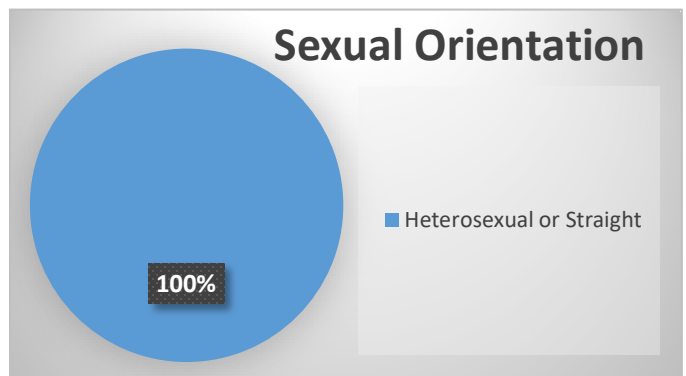
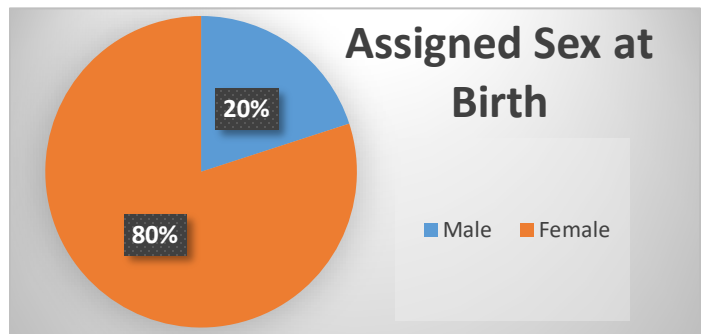
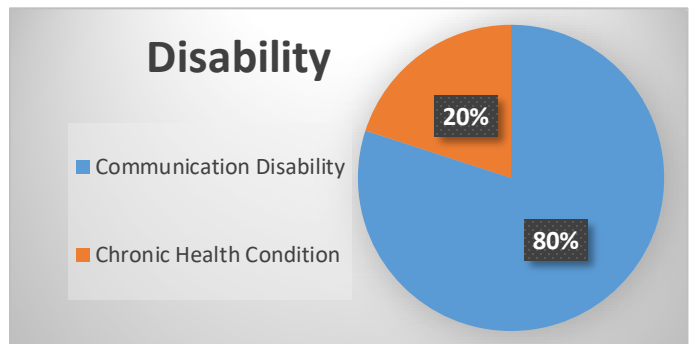
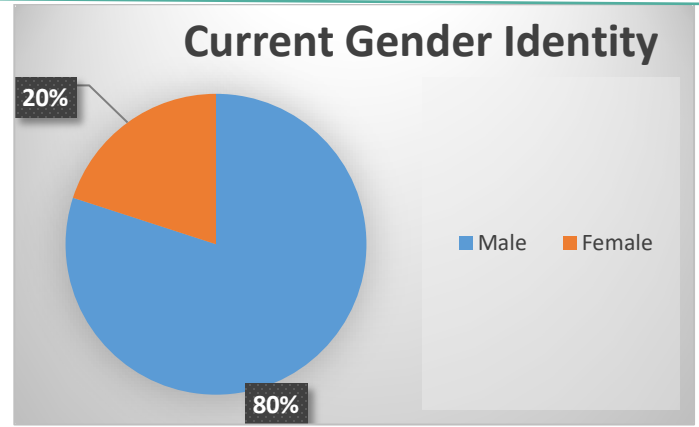
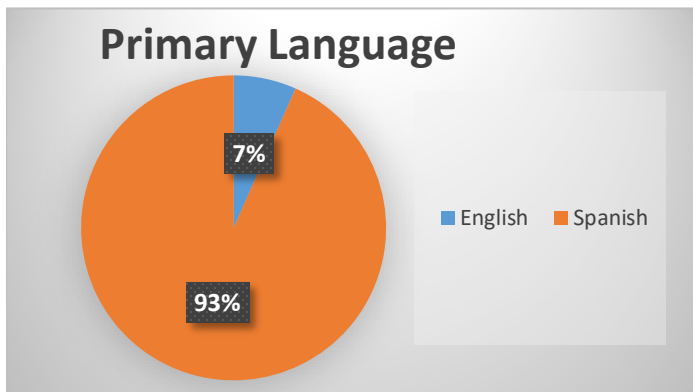
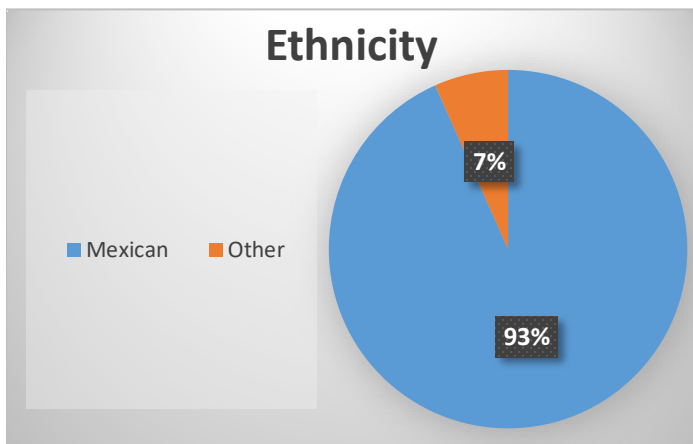
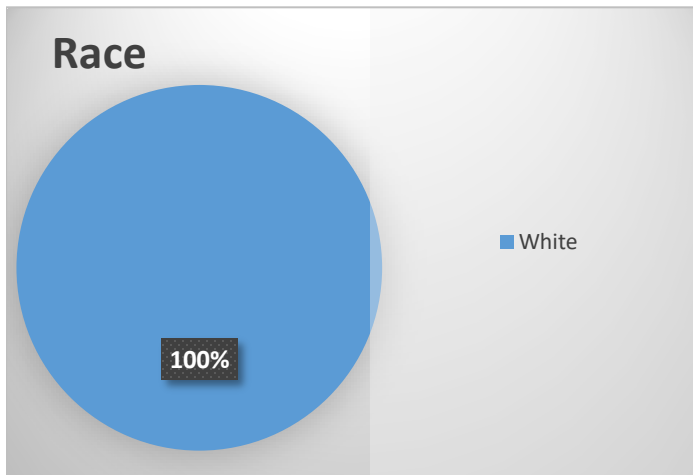
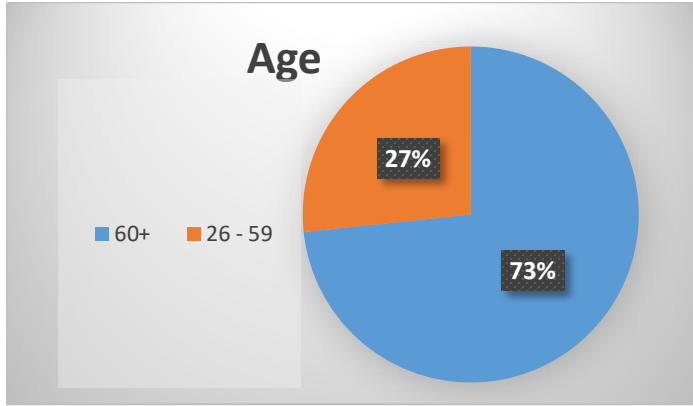
FY 2023-2024 PERFORMANCE OUTCOMES:

In our final year of operations, Unidos por Nuestro Bienestar:

- Served 15 unduplicated clients, with over half completing the full 12 months of Unidos services
- 7 of the 8 clients who completed the program self-reported improved mental health status based on PHQ-9 score (e.g., moved from moderate to mild depression)
- As one client shared: 'Your positivity has increased my optimism and has helped me organize my life... Programs like yours should always be around for those of us who need the help.'



FY 2023-2024 Project Demographics:





SONOMA COUNTY'S MOVING FORWARD

FY 2023-2024 ANNUAL INNOVATION (INN) REPORT

The INN component funds projects designed to test time-limited new or changing mental health practices that have not yet been demonstrated as effective. The purpose of the INN component is to infuse new, effective mental health approaches into the mental health system, both for the originating county and throughout California. These projects may focus on increasing access to underserved groups, increasing the quality of services including measurable outcomes, promoting interagency and community collaboration, or increasing access to mental health services.



PROJECT INFORMATION

Project Name: Nuestra Cultura Cura Social Innovations Lab
Population served: Sonoma County, Latine, All ages, Spanish Speaking
Website: www.laplazanc.org
Phone: (707) 393.8700
Project location: 1221 Farmers Lane, Santa Rosa Ca 95401
Social Media: Instagram - @nuestra_cultura_cura

PROJECT DESCRIPTION:

Innovations Project is a project designed to support processes and practices that envision a more equitable, trauma-response, and culturally rooted team. The innovations Team consists of practitioners from La Plaza, Latino Service Providers, Humanidad, the North Bay Organizing Project, Botanical Bus, and Positive Images. The Project moved away from the Innovations traditional model of attending to team and community deficiencies. Instead, it focused on the Innovation's Team and community shared goals, strengths, assets, and resilience.

FY 2023-2024 PERFORMANCE OUTCOMES:

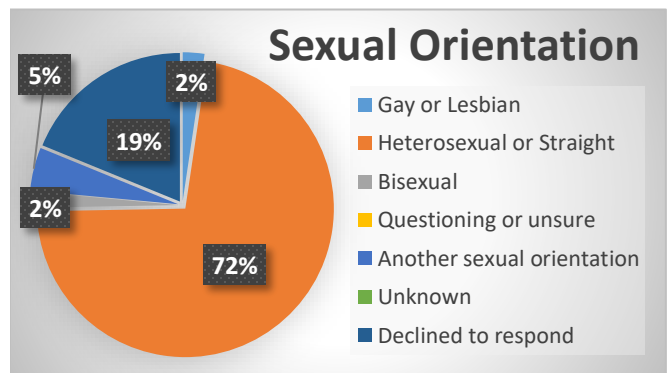
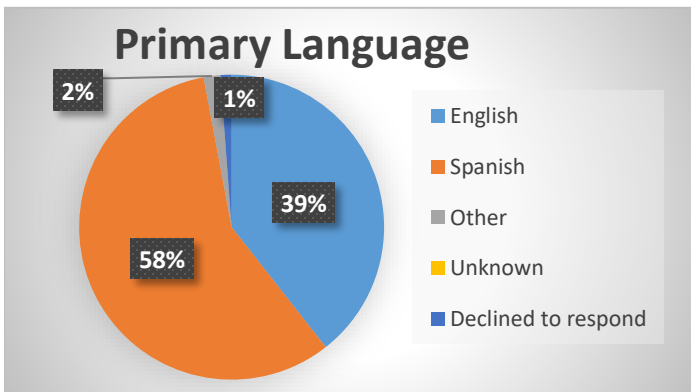
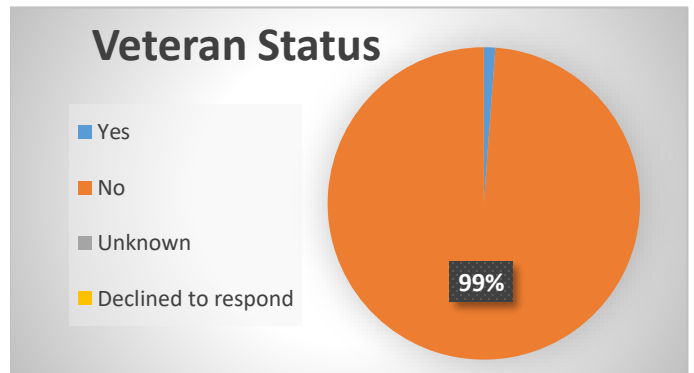
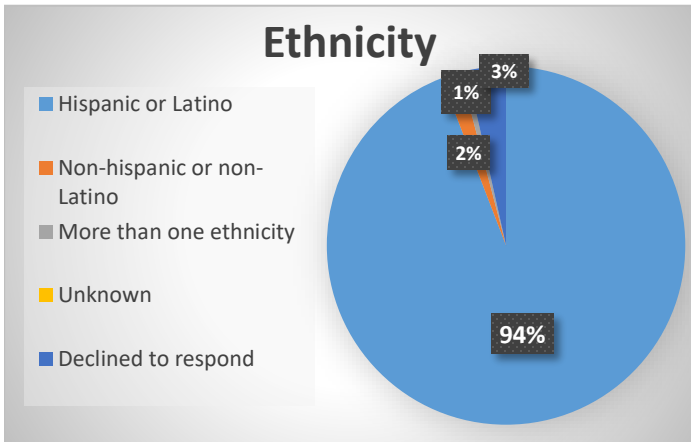
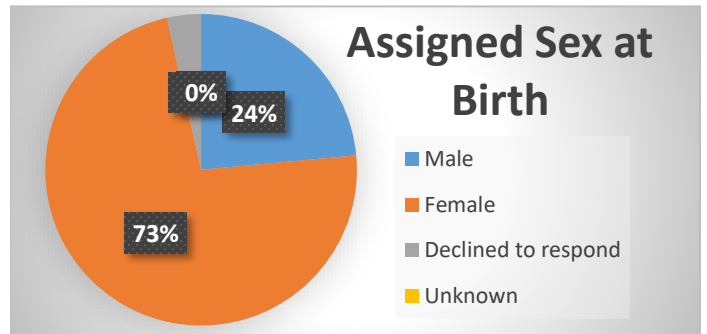
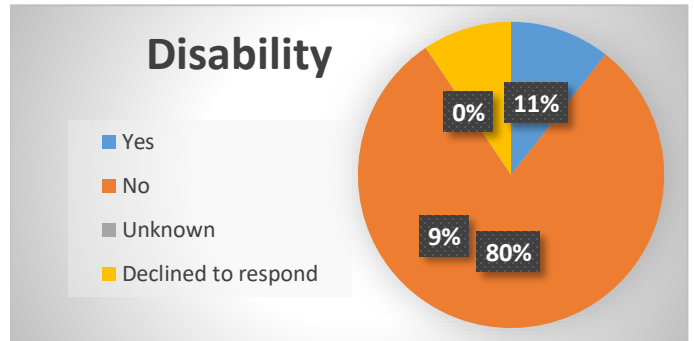
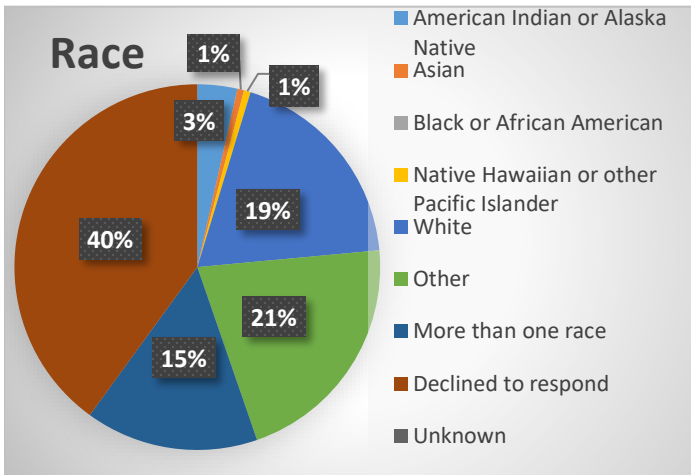
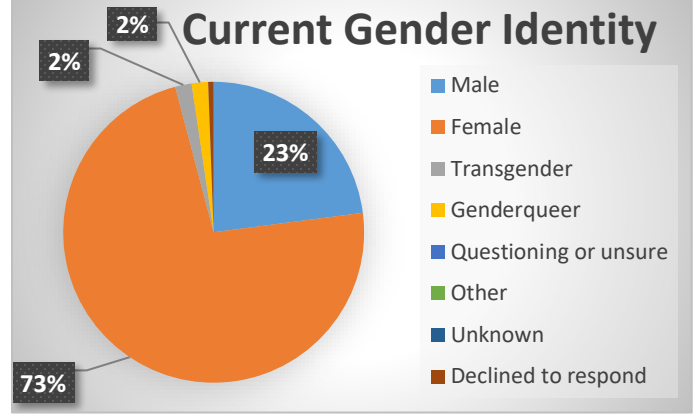
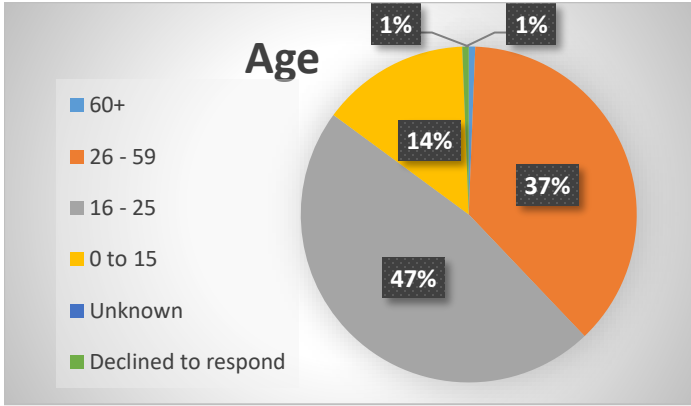
Evaluation results showed that 88% participants experienced growth in self-care knowledge, emotional well-being, and community connection. Thematic analyses highlighted key themes, including personal growth, community support, and practical application of wellness skills. Notably, participants expressed significant interest in continued access to culturally specific workshops, affirming that such community-centered, culturally sensitive approaches met critical needs in the Latine community.

FY 2023-2024

PROJECT STATISTICS

- **Total number of clients served:** 170
- **Total number of encounters:** 231
- **Approximate numbers reached through outreach:** 643

FY 2023-2024 Project Demographics:



SONOMA COUNTY'S

MOVING FORWARD

FY 23-24 ANNUAL WORKFORCE EDUCATION AND TRAINING (WET) REPORT

SONOMA COUNTY MHSA ANNUAL PROGRAM REPORT FY 2023 – 2024

Workforce Education and Training (WET)

The goal of the WET component is to develop a diverse workforce. Individuals with lived mental health experience and DHS BHD staff and contractors are given training to promote wellness and other positive mental health outcomes. WET funds are also used to promote and expand the cultural responsiveness of DHS BHD.





SONOMA COUNTY'S

MOVING FORWARD

FY 2023-2024 ANNUAL COMMUNITY SERVICES AND SUPPORT (CSS) REPORT

FY 2023-2024 CSS Service Category: General System Development

The CSS component is the largest of all five MHSA components. Funding is used to provide direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet the criteria set forth in Welfare and Institutions Code (W&I Code) section 5600.3.

PROGRAM INFORMATION

Program Name: Peer Education and Training Program

Population served: Adults in Sonoma County facing mental/behavioral health challenges

Website: www.westcountyservices.org

Phone: (707) 565-7807

Program location:

2245 Challenger Way #104
Santa Rosa Ca 95401

FY 2023-2024

PROGRAM STATISTICS

- **Total number of clients served:**33
- **Total number of encounters:**112
- **Approximate numbers reached through outreach:** 1988



PROGRAM DESCRIPTION:

The Peer Education and Training Program (PET) seeks to transform the mental health system to a more recovery-oriented model based on a Peer model of support. PET provides education and training to those with lived mental health experience, or Peers, who are seeking to become Peer Support Specialists.

In addition, PET provides presentations and trainings on Peer services to a variety of public and private mental health organizations to promote understanding and inclusion of Peer Support throughout continuum of care network.

PERFORMANCE OUTCOMES:

Program Development and Growth

Successfully onboarded Hope Rogers as the new PET program instructor, who co-instructed Cohort #24 and brought valuable expertise to the program. Integrated Articulate 360 as the new platform for curriculum delivery, enhancing participant engagement and learning outcomes.

Enhanced Accessibility and Outreach

Dedicated link on the WCCS website increased program interest and application volume. Hosted a successful informational orientation for Cohort #25, with 24 interested participants attending, marking a significant boost in outreach efforts. Published the first edition of *Peer Voices*, providing a community-focused resource to amplify peer perspectives.

Internship and Employment Success

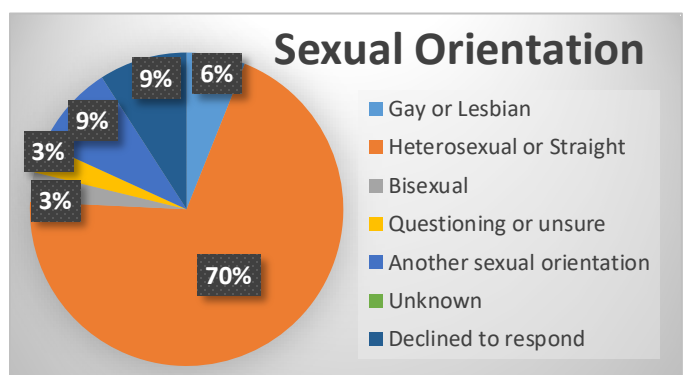
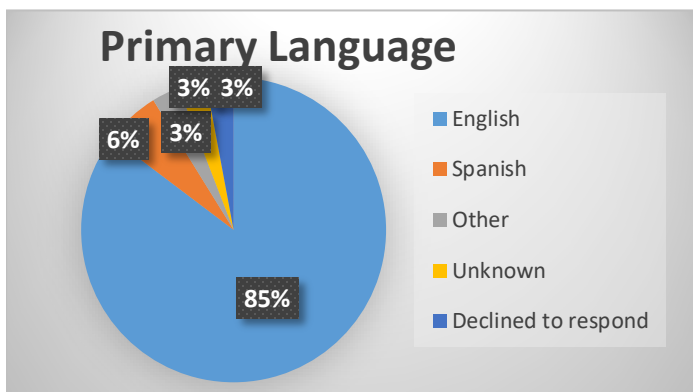
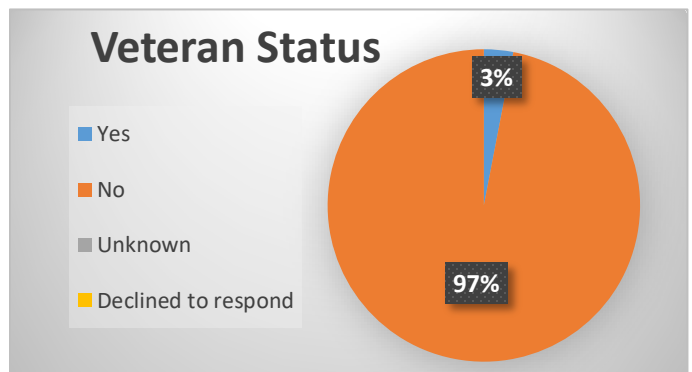
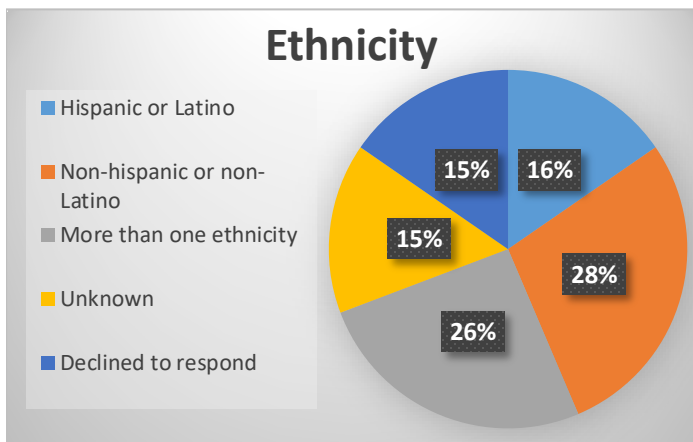
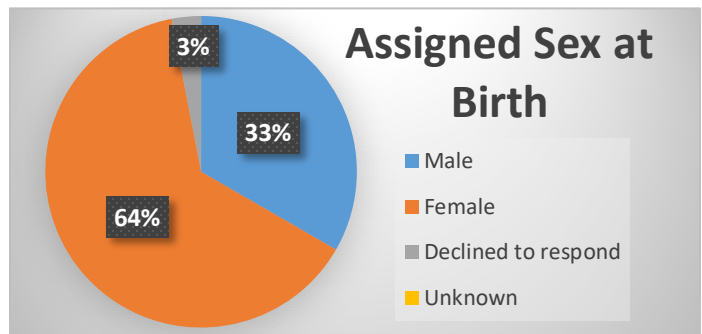
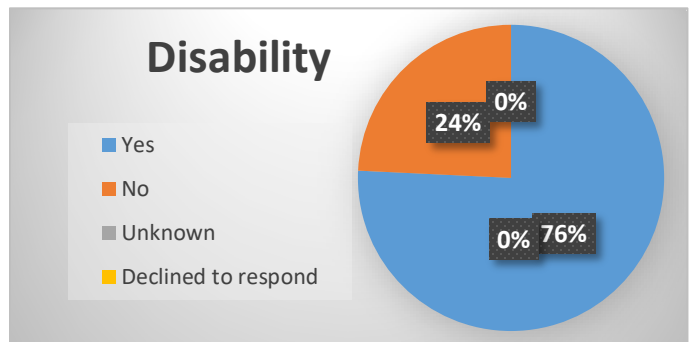
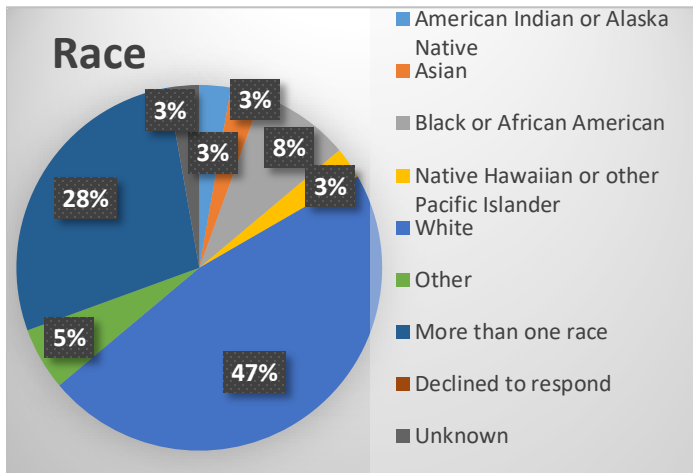
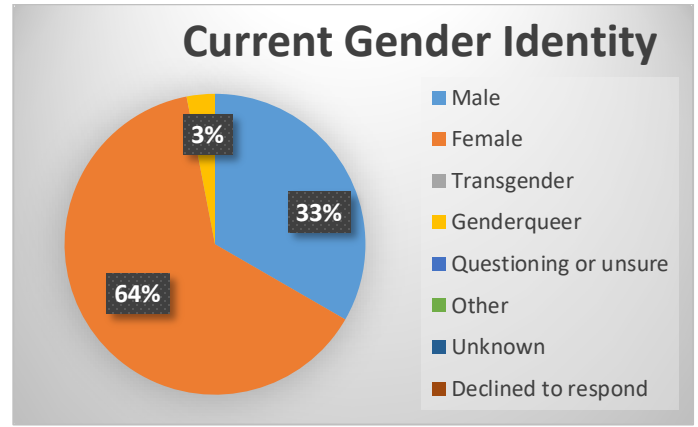
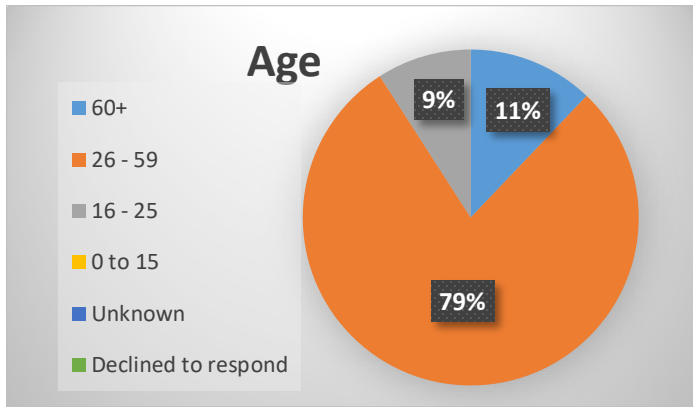
Four students completed their 160-hour internships, with one additional student beginning theirs. One intern transitioned from completing their internship at the FACT program to securing employment at Progress House. Continued mentorship and support for graduating participants and interns, ensuring ongoing professional growth.

Additional Efforts:

- Progressed on the Medical/California Certified Peer Support curriculum and provider application development.
- Revived the Peer Support Specialist Support Group, now scheduled to resume twice weekly via Zoom in the next quarter.



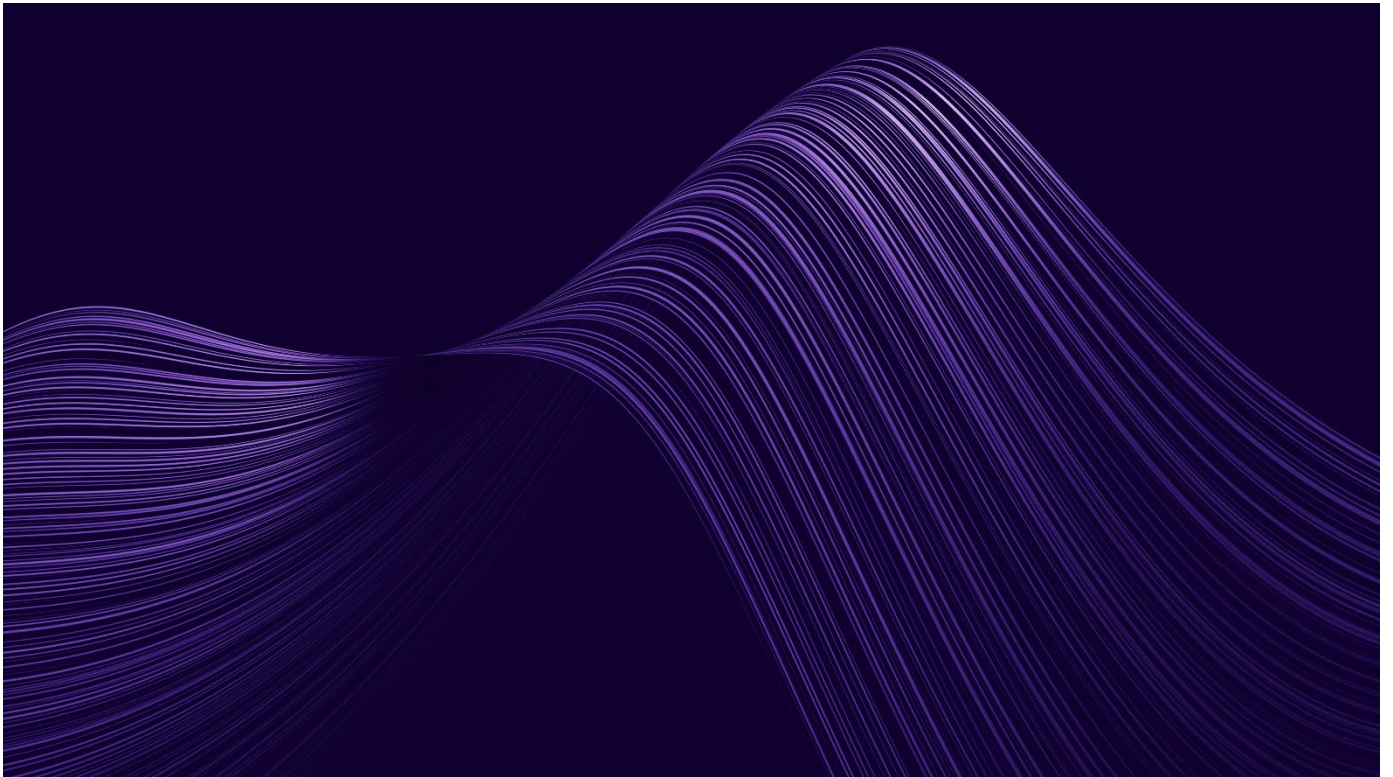
FY 2023-2024 Program Demographics:



SONOMA COUNTY'S

MOVING FORWARD

FY 23-24 ANNUAL CAPITAL FACILITIES & TECHNOLOGICAL NEEDS (CFTN) REPORT



SONOMA COUNTY MHSA ANNUAL PROGRAM REPORT FY 2023-2024

Capital Facilities and Technological Needs (CFTN)

Works towards the creation of facilities that are used for the delivery of MHSA services to mental health clients and their families, or for administrative offices. Funds may also be used to support an increase in peer-support and consumer-run facilities, development of community-based settings, and the development of a technological infrastructure for the mental health system to facilitate the highest quality and cost-effective services and supports for clients and their families.

In FY 23-24, the following projects were funded under the CFTN component:

Provider	Project	Description
NetSmart	Avatar electronic health record (EHR)	Implementing fully integrated Electronic Health Record
FEI	Sonoma Web Infrastructure for Treatment Services (SWITS)	Database for tracking demographics and outcomes
A.J. Wong, Inc.	Data Collection Assessment and Reporting (DCAR)	Database for client CANS (Child and Adolescent Needs and Strengths) and ANSA (Adult Needs and Strengths Assessment) assessments, reassessment and closing assessments

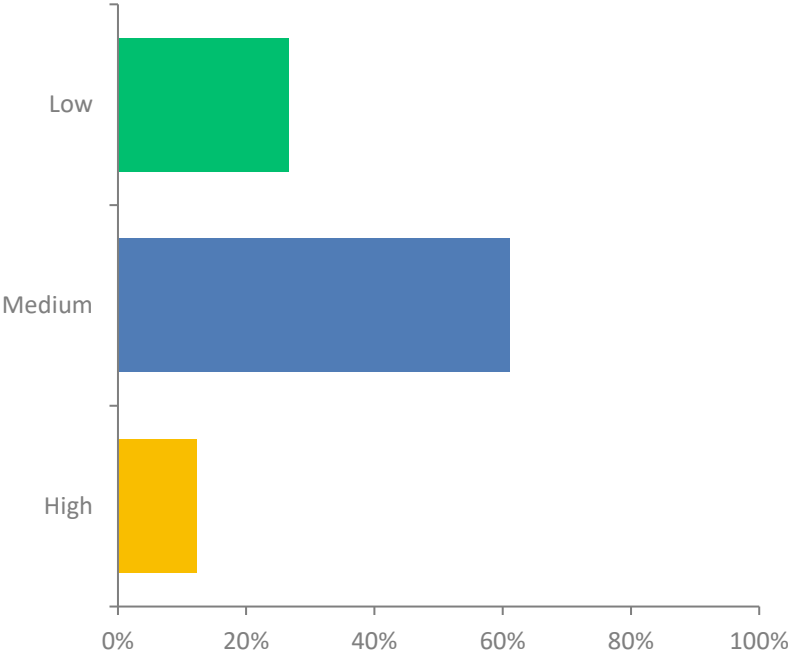


SRJC QPR Outcome Data 2023-2024

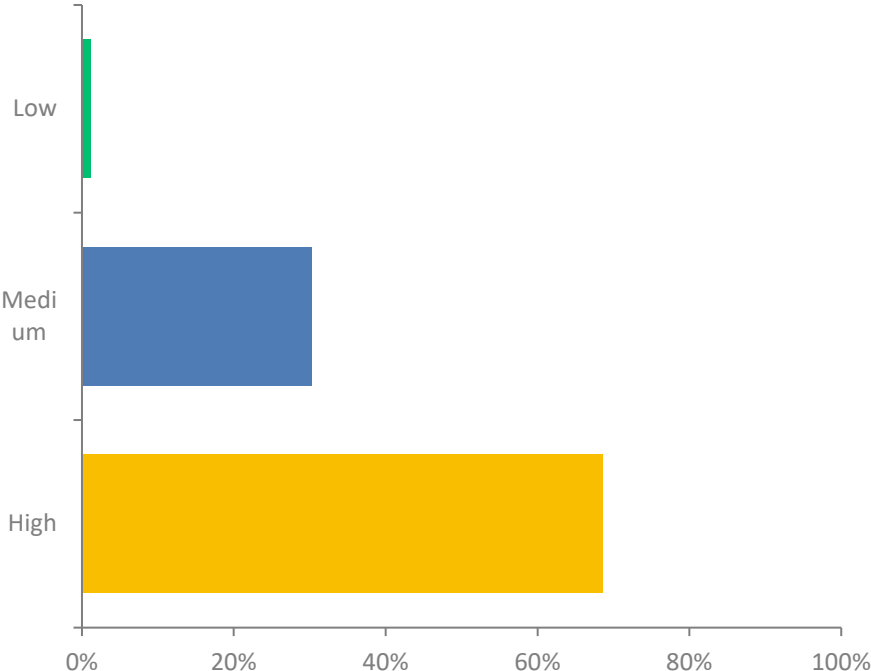
How would you rate your knowledge of suicide in the following area?

Facts concerning suicide prevention:

Pre Training



Post Training

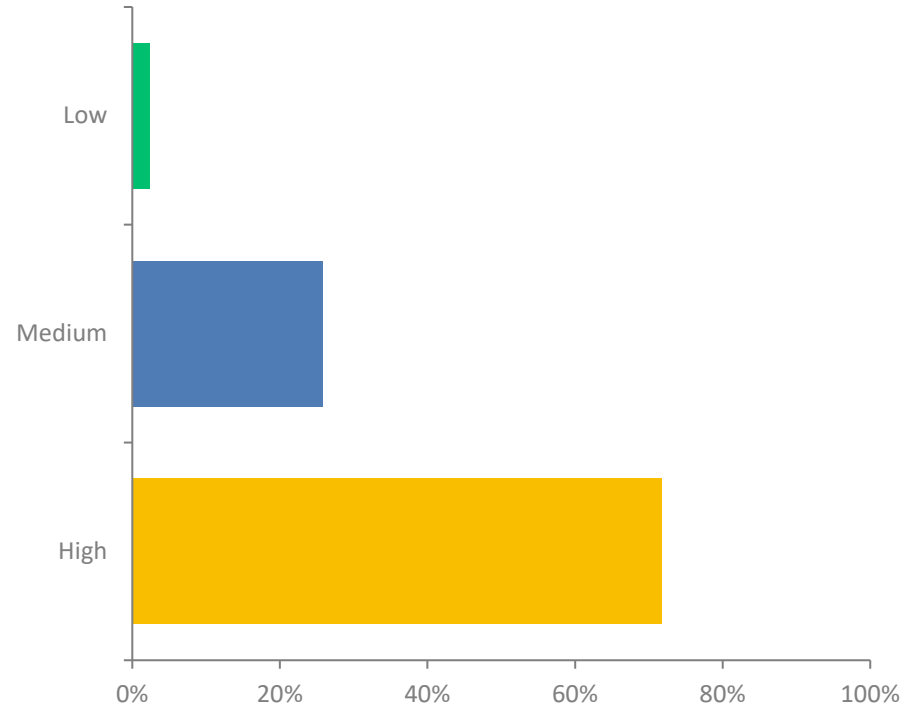
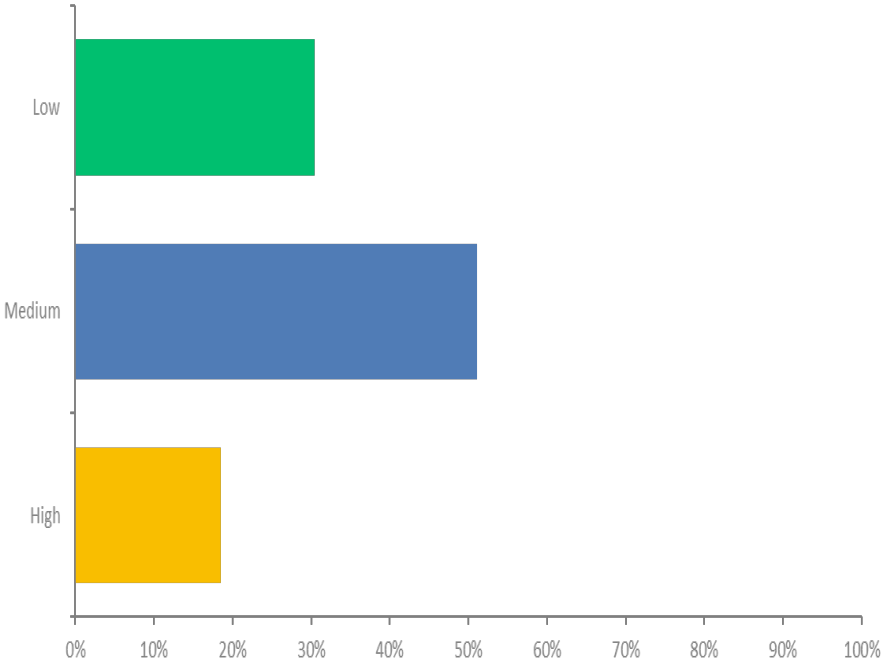


How would you rate your knowledge of suicide in the following area?

Warning signs of suicide:

Pre Training

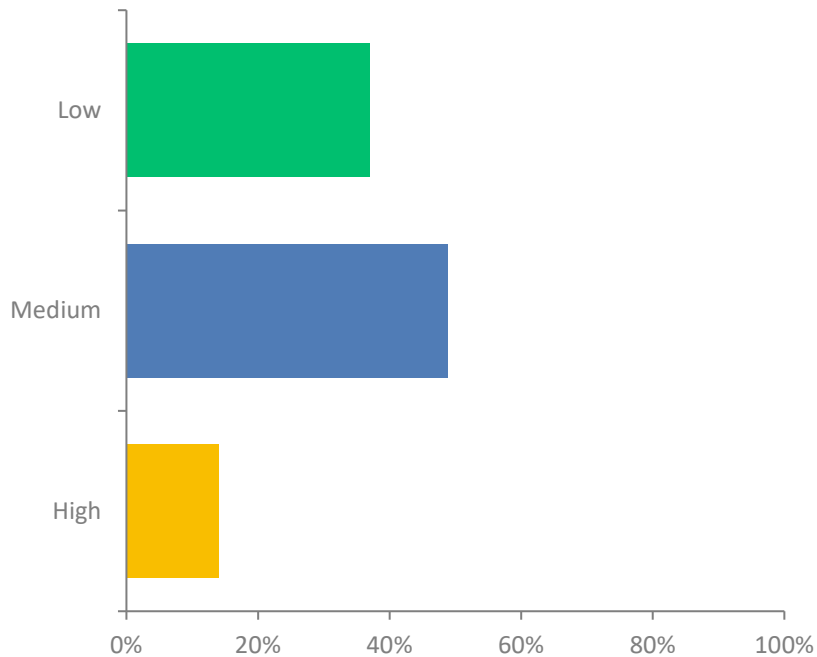
Post Training



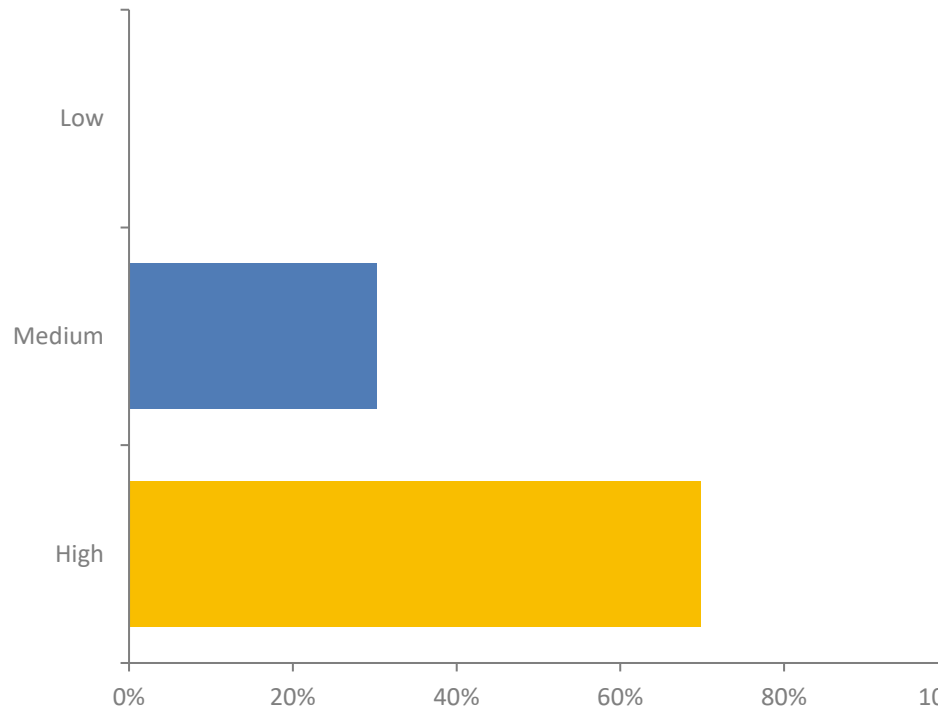
How would you rate your knowledge of suicide in the following area?

How to ask someone about suicide:

Pre Training

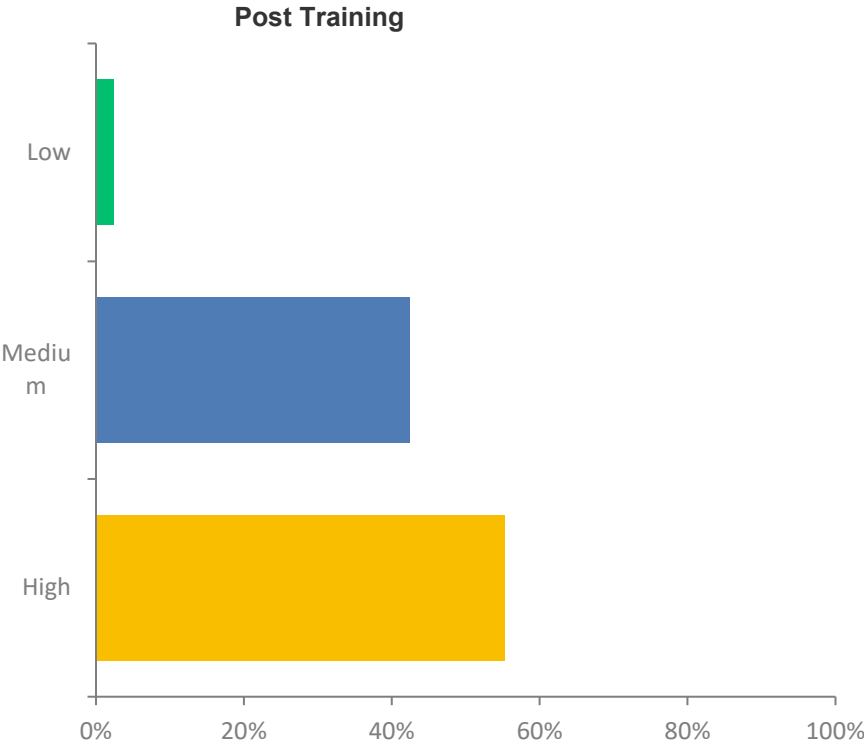
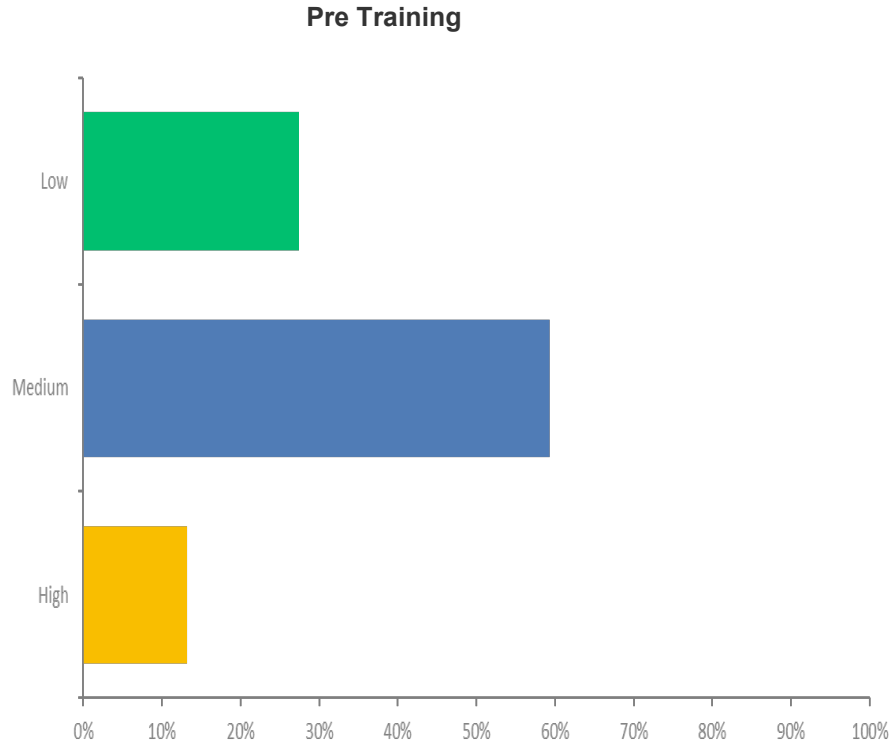


Post Training



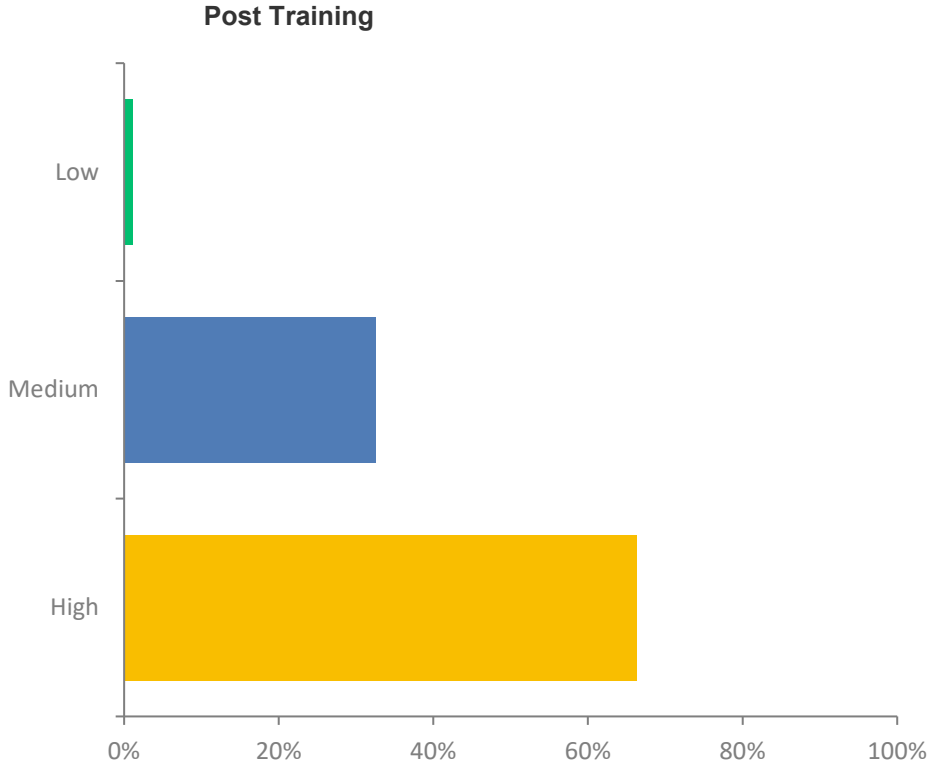
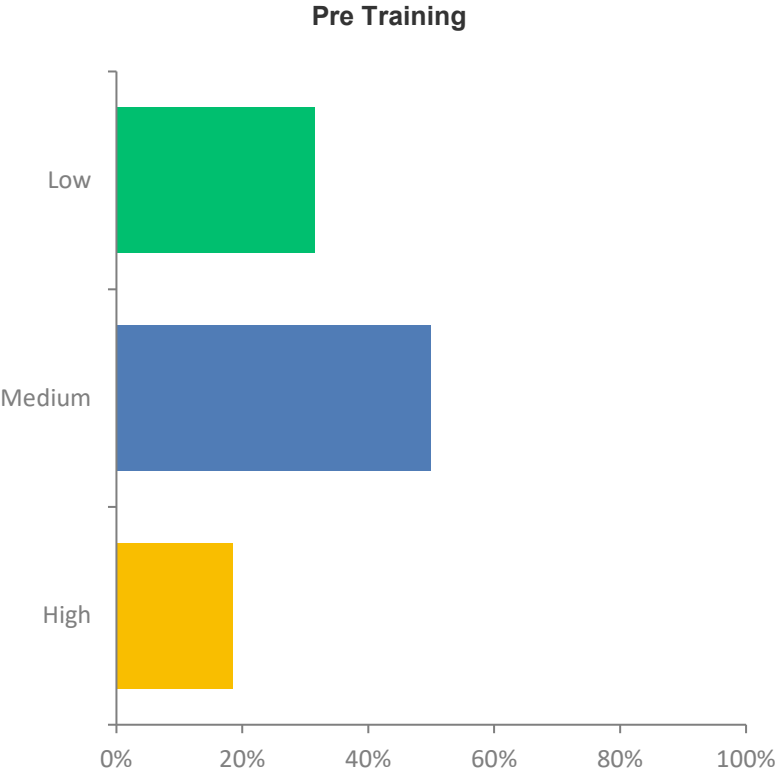
How would you rate your knowledge of suicide in the following area?

Persuading someone to get help:



How would you rate your knowledge of suicide in the following area?

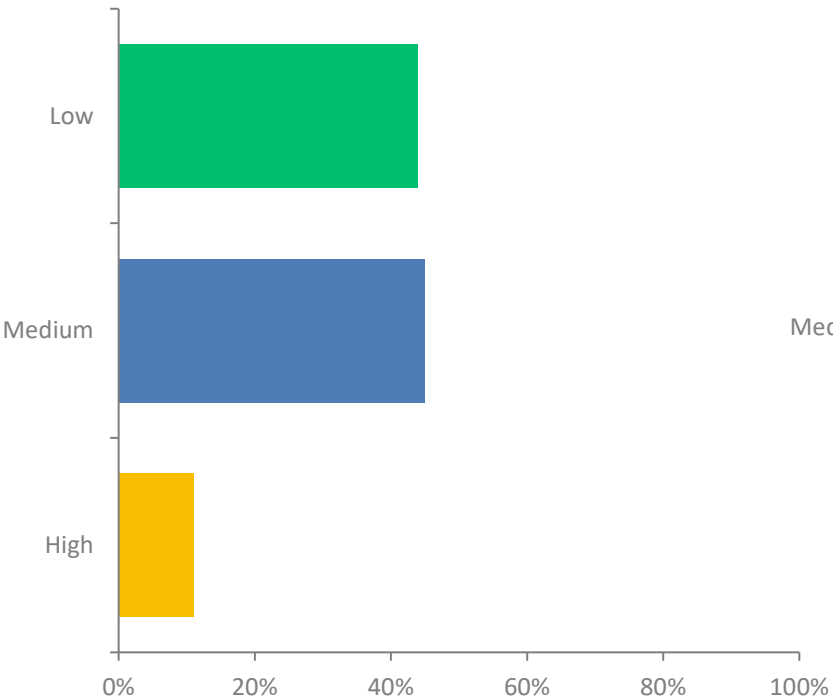
How to get help for someone:



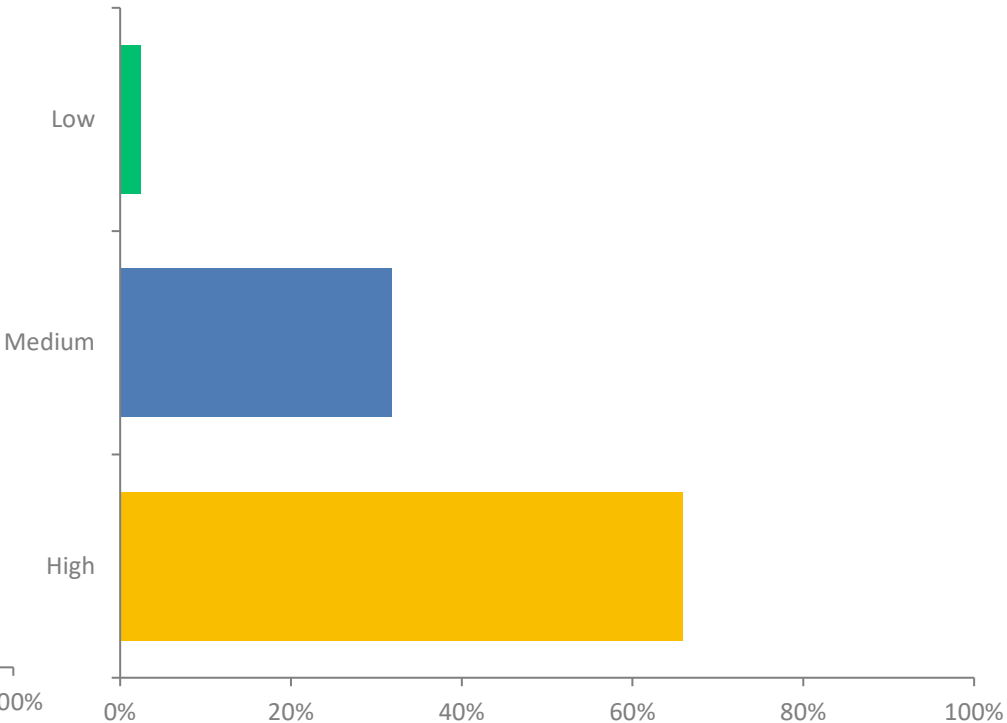
How would you rate your knowledge of suicide in the following area?

Information about local resources for help with suicide:

Pre Training

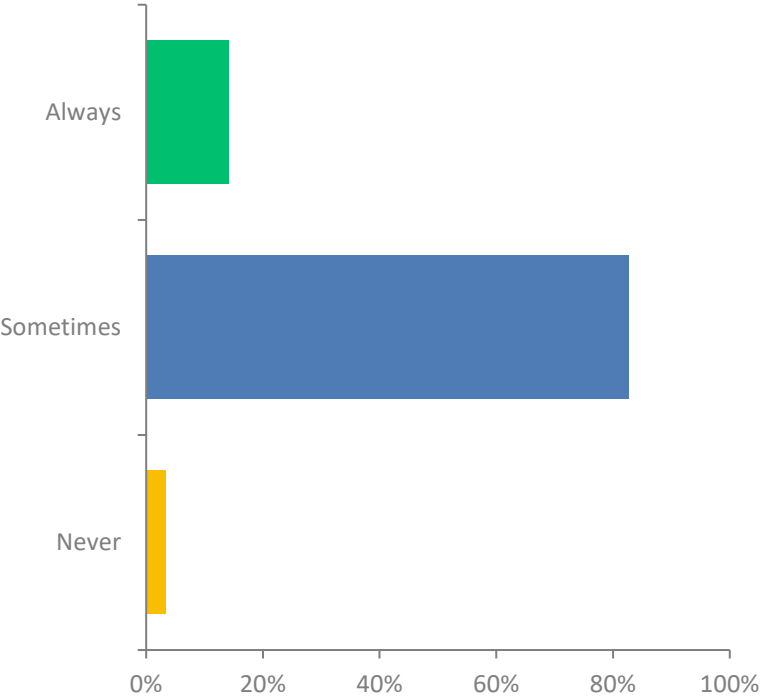


Post Training

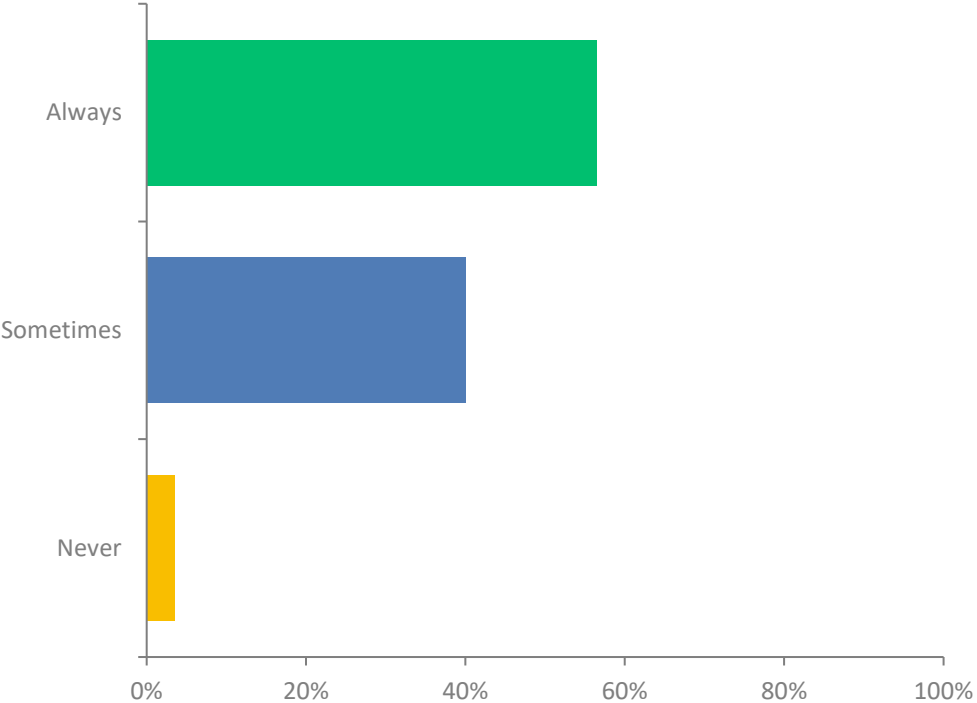


Do you feel likely to ask someone if they are thinking of suicide?

Pre Training

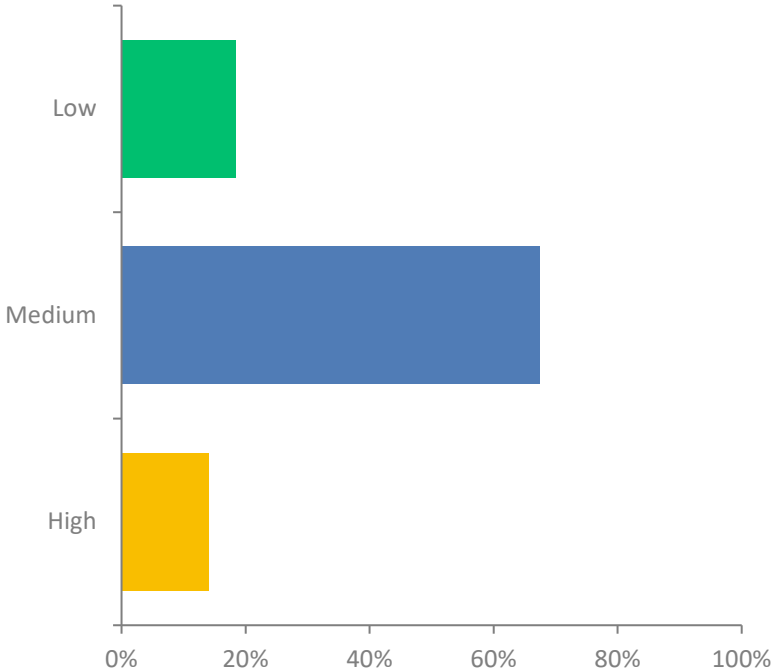


Post Training

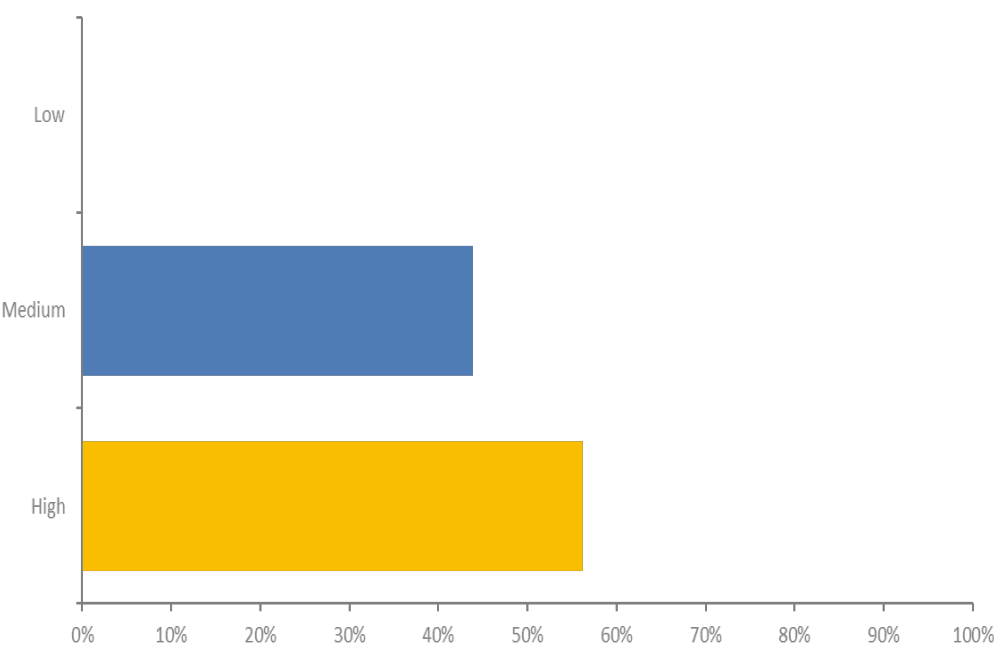


Please rate your level of understanding about suicide and suicide prevention:

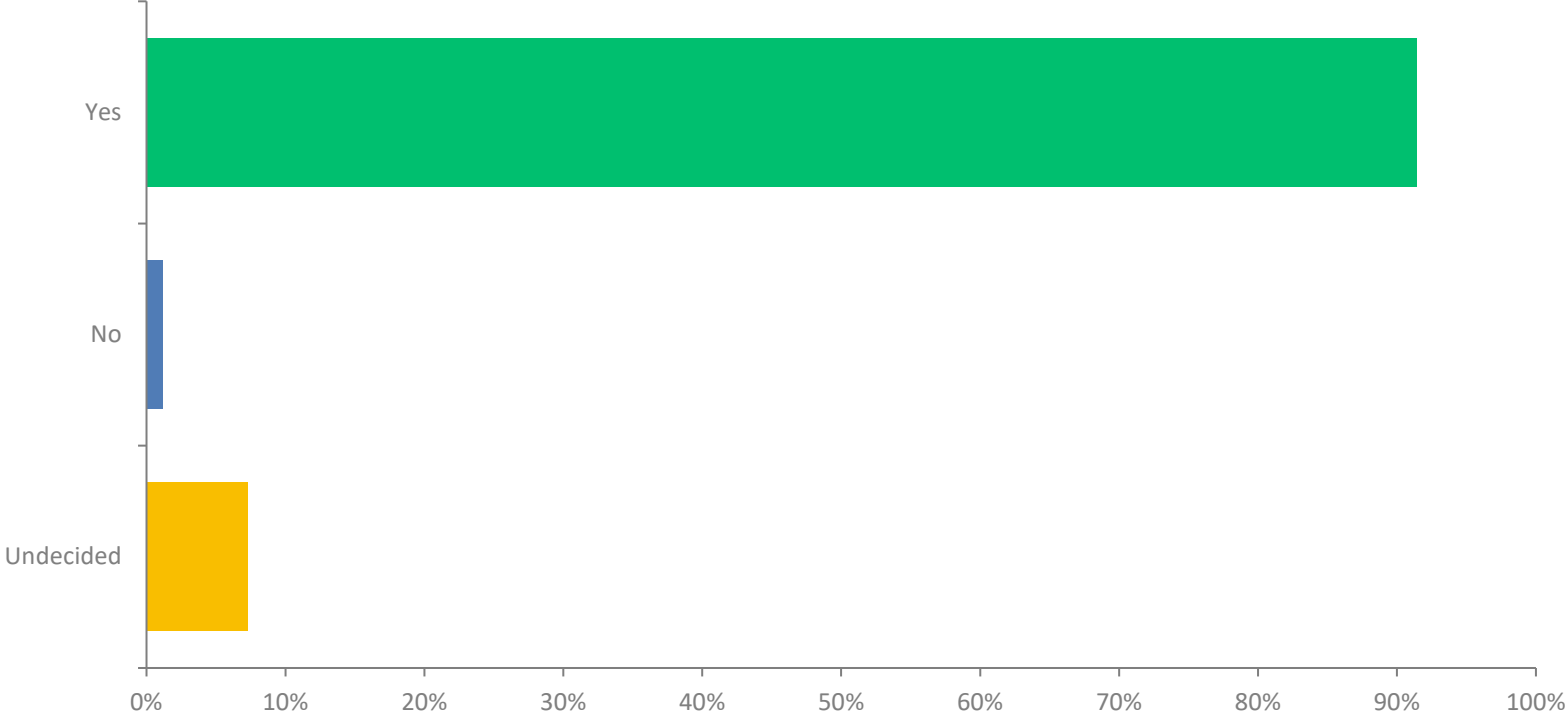
Pre Training



Post Training



Would you recommend QPR training to other?



Sonoma County MHSA Listening Sessions

FY 2023-2024 Annual Report

“...we talk, and we heal, and we come together, and we grow.”
(Native American participant)

**Prepared for Sonoma County Dept. Health Services-
Behavioral Health Division by Coaction Institute**
August 2024

Acknowledgements

This project is the result of the progressive efforts of Sonoma County's Mental Health Services Act Community Program Planning Workgroup, who went above and beyond in the development of a strategic plan to deepen engagement with the County's diverse communities experiencing behavioral health inequities. In bringing that plan to life, the heart and soul of the project lies with the community leaders and activists who stepped forward as co-facilitators to engage their communities in these important conversations. We would like to recognize their hard work and thank them for their contributions to the effort: Mina Newman, Tina Rogers, Grace Villafuerte, Jerry Thao, Mar Rivas, Victoria Amador, Brijit Aleman, and Lisa Diaz-McQuaid.

Sonoma County's MHSA Listening Sessions coordinating team includes Melissa Ladrech, MHSA Coordinator, Fabiola Espinosa, MHSA Analyst, Julie Kawahara, MHSA Consultant, and Dory Escobar, Executive Director of Coaction Institute. The project also had the support of Jeaneen Bullard, MPH Candidate at the University of San Francisco.

Table of Contents

Background	1
Project Process	4
FY23-24 Findings	8
Key Takeaways	11
Recommendations	14

Background

In 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA established a one percent income tax on personal income over \$1 million for the purpose of funding behavioral health systems and services in California. To effectively transform the behavioral health system, MHSA creates a broad continuum of prevention, early intervention, innovative programs, services, and infrastructure, technology, and training elements. State legislation requires that each County establish a Community Programming Planning (CPP) process that is specific to MHSA funding. The CPP recognizes that community members are critical partners in creating an equitable community practice that inspires a cultural shift in which the voices of people in Sonoma County from all backgrounds are heard, acknowledged, and utilized in creating a system of behavioral health care funded by MHSA. Sonoma County's CPP Workgroup's 2022 Strategic Plan expanded upon its original mandate to establish a process whereby these community voices are elevated and incorporated into MHSA program planning.

The Sonoma County Office of Equity states that "Equity is an outcome whereby you can't tell the difference in critical markers of health, well-being, and wealth by race or ethnicity, and a process whereby we explicitly value the voices of people of color, low income, and other underrepresented and underserved communities who identify solutions to achieve that outcome." In alignment, the Department of Health Services Behavioral Health Division appointed a new Diversity, Equity and Inclusion (DEI) Development Manager to ensure division policies and practices are non-discriminatory and inclusive, promote the diversification of a behavioral health workforce, ensure equity and cultural relevance in program services, and strengthen management and administrative performance relative to DEI.

The Sonoma County Community Program Planning workgroup, comprised of stakeholders, has adopted the following statements as foundational guiding principles in developing a sustainable, inclusive community engagement plan responsive to MHSA and the broader public behavioral health system:

- **Transformation:** We have the right to a public behavioral health system that embraces the Recovery Model of Care and is fully committed to all General Standards for programs and services set forth by the MHSA.
- **Information:** We have the right to full transparency in our public behavioral health system.
- **Education:** We have the right to fully understand the meaning and implications of facts and data relevant to our public behavioral health system.

- **Representation:** We have the right to competent and adequate representation when important decisions are made in our public behavioral health system.
- **Participation:** We have the right to shape policy and meaningfully participate in all important programming and funding decisions in our public behavioral health system.
- **Consideration:** We have the right to submit grievances to our public behavioral health system, to have our grievances acknowledged, and to receive thorough and timely responses to our grievances.

The purpose of the Sonoma County CCP workgroup is to establish a process whereby community voices are elevated and incorporated into MHSA program planning for the behavioral health system. This workgroup is comprised of a diverse group of individuals interested in developing strategies and taking action to engage a broader community than themselves. The CPP's vision is that all people from various cultural backgrounds and languages have accessible opportunities to influence how MHSA funding support behavioral health programs and services in a system of care that is people centered and community driven. Community members in Sonoma County are acknowledged as critical partners in creating an equitable community practice that inspires a cultural shift in which the voices of people in Sonoma County from all backgrounds are heard, acknowledged, and utilized in creating a system of behavioral health care funded by MHSA.

The Sonoma County CPP's mission is to increase community input into program planning decision making by establishing regular, timely, meaningful, safe, culturally appropriate opportunities for (1) deep listening, (2) free exchange of ideas, and (3) determining action based on those ideas. Results should be demonstrated by policies, procedures and program outcomes of the community service programs funded by the MHSA plan. The following values guide the CPP's efforts:

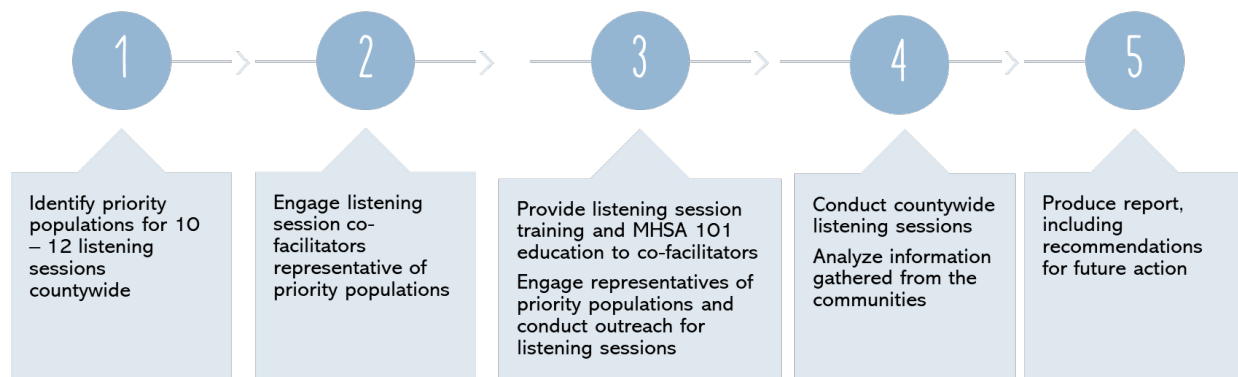
- Practice deep listening: Listen to learn, listen to understand, listen without judgement.
- Be strategic: Leveraging community and financial resources, respond to opportunities expediently, plan for long-term impact
- Recognize and support community resilience: Encourage healthy communities to work collectively for greater impact, acknowledge historical trauma, self-determination
- Promote community voice in all decision making: Respect and honor individual expertise about their needs and solutions, Focus on strengths and aspirations
- Act with transparency: Make the purpose, expectations, and impacts of stakeholder participation explicit.

- Be inclusive: Commit to diverse multicultural and unserved, underserved and
- inappropriately served populations, Share responsibility and accountability
- Utilize the MHPA principles as foundational guidance
- Build capacity of community members: advocate for meaningful stakeholder participation, promote public education and training in CPP activities
- Conduct multiple methods of outreach: Dedicate efforts to increase accessibility

Project Process

Incorporating Community-Based Participatory Research (CBPR) practices into a local community program planning process strengthens and assures that the voices of consumers, family members, and stakeholders are represented in decisions, actions, and results of the planning process. CBPR involves a partnership between researchers and community members in all aspects of the process: defining the research questions, deciding who participates, how the data is collected and analyzed, and determining how to share the findings. CBPR has been shown to provide an opportunity to build greater trust between institutions and the community, explore the depth of local knowledge and perceptions, empower community members toward self-determination, and improve health equity within a system of care.

Initiated in FY 2022-23, this project took place in five phases:



Phase I focused on identifying the populations most likely to experience inequities in behavioral health status and access to and utilization of behavioral health services and programs. It became clear that it would be impossible to engage in one year with all the people whose voices needed to be heard, and so a two-year plan was developed. Some of the population groups were still quite diverse and the team recognized the benefits of both targeted groups with strong affinity and more diverse groups that still share some identity. Multiple listen sessions with Latinx participants were planned for FY 2022-2023 given the size of and diversity within that population in Sonoma County and the unmet needs and behavioral health inequities identified in recent local assessments. During Phase I of the project the following population groups were prioritized for engagement over two years:

FY 2022-2023	FY 2023-2024
African American/Black	African American/Black Youth (<i>postponed</i>)
Asian American/Pacific Islander	Agricultural Workers
Latinx Youth (immigrant & US-born)	Asian American/Pacific Islander Youth
Latinx Adults (immigrant) – Sonoma Valley	Native (central County)
Latinx Adults (immigrant) – Cloverdale	Native (coastal) (<i>postponed</i>)
Latinx Adults (low-wage earners) – Guerneville	People with Physical Disabilities (<i>postponed</i>)
LGBTQIA	Transitional Age Youth (<i>suspended</i>)
Older Adults	Unhoused Adults (<i>postponed</i>)

During Phase II of the project, with recommendations from the CPP members and support from community-based organizations, fifteen participants representing the priority populations for FY22-23 were recruited to work in pairs as co-facilitators. During Phase III the co-facilitators received orientation about MHSA, including its history, purpose and structures on state and County levels. This was followed by training for the listening sessions, which included the following topics:

Project Orientation

- Project Overview & Team Building
- FY22-23 Listening Session Groups
- Health & Safety for In-Person Activities
- Co-Facilitator Expectations
- Review of Administrative Forms
- Team Meetings Overview and Scheduling
- Zoom Tips

Facilitator Training

- Introduction
- Guiding Principles
- Listening Session Questions
- Participant Recruitment
- Facilitation Skills
- Planning and Preparation of Listening Sessions
- Interpretation of Input & Recommendations
- Understanding Secondary Traumatization

The listening session questions used were an adaptation of those developed by the California Mental Health Services Oversight & Accountability Commission for Transitional Age Youth listening sessions conducted in 2022. Upon review, the co-facilitators found that they were relevant to each one of the populations to be engaged. The only modifications made to the question was to translate them for the Spanish-speaking groups. The Sonoma County MHSA listening sessions co-facilitators used the following questions for this project:

- 1) What are the most critical mental health needs of people in your community today?
- 2) Has the need for support increased, decreased, or stayed the same in the past year compared to previous years?
- 3) How and where do people find that support? What barriers do they face in trying to get the help they need?
- 4) Who often gets overlooked when it comes to making mental health services available to your community?
- 5) Which types of organizations do folks go to when in need of mental health support or services and why?
- 6) What are the most important characteristics of an organization that advocates for and serves the behavioral health needs of your community?
- 7) What else should we know about the mental health needs of people in your community?

After completing the training, the co-facilitators planned their listening sessions and worked with community partners to conduct targeted outreach to potential participants. Each listening session was limited to a maximum of fifteen participants, to ensure that the listening sessions would be comfortable and safe spaces, and that every voice in the room could be heard. In addition to recruitment, co-facilitators addressed all the logistical issues for their sessions. Groups were conducted fully in English or in Spanish, and though initially considered in the project, language interpretation was unnecessary. Food and stipends were provided to the participants to thank them and recognize the value of their contributions. Monthly facilitation team meetings began during Phase III and continued through Phase IV to monitor progress, celebrate successes, troubleshoot challenges, and process what the co-facilitators were hearing from the communities.

The listening sessions were conducted during Phase IV. The sessions were audio-recorded to ensure that the participants' input was not lost. Before launching into the dialogue, participants in each session were presented with the purpose and process of the listening session and asked for their verbal consent for participation in the session and for the audio recording. One hundred

percent of the participants gave their consent to participate and to be recorded. In the case of the Latinx Youth listening session, a written consent form for parents of minors was explained and obtained by the facilitators.

The final phase of the project for FY 2022-2023, Phase V, was the analysis and interpretation of the data collected in Phase IV, as well as formulation of recommendations made by the facilitation team to the Sonoma County MHSA CPP and MHSA Coordinator for future project implementation. Periodic updates were provided throughout the project to Sonoma County's MHSA Steering Committee and the CPP.

Qualitative data was captured through transcripts of the audio recordings of the listening sessions, along with facilitator notes taken during their sessions. A review of the transcripts revealed emerging themes in each listen session, as well as themes that were common to several or all the groups. A simple thematic table was composed for each listening session, followed by an identification of common themes. As a community-based participatory project, the engagement of community representatives to serve as listening session facilitators was key and they were trained and supported to lead their own groups. In some cases, technical issues and lack of experience in documenting listening sessions led to incomplete or missing transcripts. Therefore, some data has been supplemented with notes of listening session facilitators and observers and is included as a paraphrase of what was said by participants. For a more detailed description of the Listening Sessions project's background and development, please review the FY2022 - 2023 report posted on the Sonoma County website: [MHSA Listening Sessions FY22-23 Report](#).

Plans established in the project's first year, FY22-23, were modified to keep the project moving forward in the face of a variety of challenges encountered. Community engagement and transformative systems change is not a linear process and building upon the previous year's learnings and success does not ensure an increase in outcomes. This is reflected in the work of the MHSA Listening Sessions project team during Fiscal Year 2023-2024. The World Health Organization and others have described the effect of post-pandemic fatigue in which people are more likely to experience psychosocial and mental fragility after years of being stressed and hyper-alert. This together with the phenomenon of compassion fatigue that impacts many community activists may be reflected in the implementation of the current year's project (but cannot be known for certain without further exploration and research). While not limited to the MHSA Listening Sessions, this team understands the importance of collective reflection and

strategizing on how to understand and address this, for which conversations have begun and will inform plans for the subsequent years.

In addition to listening sessions with the populations mentioned above, targeted dissemination of findings from the first two years of listening sessions will be conducted during FY24-25. Facilitated conversations with community leaders representing and serving these populations will share what's been done and learned from the participants, provide opportunities to get feedback on the project and get direction from the communities on future efforts.

FY 2023-24 Findings

In keeping with the two-year plan developed in fiscal year 2022-23, the following populations were identified for engagement in FY 2023-24:

- Black youth
- Latine agricultural worker families
- AAPI residents
- LGBTQI residents
- Unhoused women and
- Native American residents.

Four listening sessions were conducted during FY 2023-24, one with Spanish-speaking agricultural worker families (3 participants), one with Asian American Pacific Islander young adults and adults (13 participants), and two sessions with young adult and adult Native participants (13 participants). Multiple challenges were experienced by project team members, community partners, and residents that resulted in delayed and rescheduled listening sessions for Black youth, unhoused women and LGBTQI residents. Highlights of what was heard and learned in these sessions can be found below.

Sustained and Sustainable Culturally Relevant Care

Participants in all the listening sessions highlighted the need for behavioral health support that is grounded in understanding of and respect for their cultural beliefs, practices and needs.

"...the whole point of therapy is wanting to be understood, but when you're having to break down everything and express something very intimate, but they still don't understand you, what's the point?"

AAPI resident

Many mentioned the importance of providers who are representative of their own cultural background, but it's complex. An AAPI resident said that because of the diversity within the Asian Pacific Islander community, there's no guarantee that an Asian therapist would be able to relate to their history and experience. There are cultural and language differences, different experiences in their ancestral or home country, reasons for migrating, etc. In this case, the resident stated that cultural awareness and respect may be found with providers from a different ethnic or cultural group, but even in those cases it continues to be essential. Participating agricultural worker families also highlighted the critical importance of Spanish-language services and resources.



"We build these beautiful programs, beautiful culturally traditional programs, but then when the money is not there..."

Native resident

Native participants participating in listening sessions believe strongly that their history and cultural beliefs and practices make it critical to have Native behavioral health programs and providers. They not only would like to see more Native people with lived experience with behavioral health concerns being hired to serve other Native people, but also advocate for developing systems that assure ongoing funding for tribes to support their people. Understanding that there will always be non-Native people serving their communities, the participants also noted the importance of supporting Native people to provide education about their culture and needs.

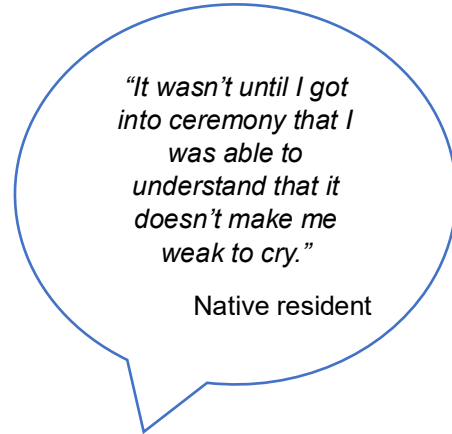
Cultural and Familial Norms

Once again, listening session participants noted that certain cultural and familial norms, both spoken and unspoken, can hinder acknowledging and talking about emotions and behavioral health-related concerns.



"My parents immigrated from the Philippines and...their main goal was survival...I think they would consider it a luxury to even talk about feelings..."

AAPI participant



"It wasn't until I got into ceremony that I was able to understand that it doesn't make me weak to cry."

Native resident

AAPI participants spoke of traditions and expectations that one refrain from discussing mental health concerns in order to "save face." Likewise, Native participants noted that many people in their communities are not taught how to discuss emotions, nor are they encouraged to do so.

Discrimination and Isolation

Stress and trauma associated with racism or other forms of discrimination, interpersonal or socio-political violence, migration experiences, natural disasters, or other causes can be internalized and expressed as anger, irritability, anxiety, sleep disturbances, and mistrust and inability to bond with others. Participants in all the listening sessions mentioned discrimination and social isolation as a contributing factor to the behavioral health concerns seen in their families and communities. The consequences of the discriminatory and marginalizing experiences manifest differently in different populations.

"...growing up I became isolated...we hardly ever talked to other Asian communities...we never reached out."

AAPI resident

AAPI participants noted that not only are they isolated from the mainstream, but also from Asians of different cultures within the community. This is not always imposed from outside the AAPI community but may also be a norm passed down within families to protect themselves from perceived threats or challenges.

The historic and current trauma experienced by Native people in this country and in this County is in part expressed through increased levels of violence. Native participants participating in the listening sessions noted that significantly higher levels of violence, substance abuse, and other issues that can be associated with the tribes' traumatic experiences past and present. Their insights are reflected in an extensive study and report published in 2012 by the California Pan-Ethnic Health Network ([Native Vision report](#)) and, sadly, the dynamics and their consequences are still all too present in the lives of the State's Native people.

"..educate, raise awareness and help people understand what that [violence] truly means and how it impacts people and generations."

Native resident

Intergenerational Trauma

"Growing up, my mom was always depressed and that transfers to my sister and then to me, too..."

AAPI resident

Another theme that was repeated this year is intergenerational trauma. Participants spoke of the experience of intergenerational trauma and about its influence on their behavioral health. Unresolved trauma experienced by previous generations can repeat and be expressed in generations that follow.

Housing and Economic Insecurity

Participating agricultural worker families frequently mentioned the toll that housing and economic insecurity takes on their own and their community’s behavioral health. Not only are their working conditions precarious and sometimes unsafe, but they are also often paid in cash and the lack of formal paystubs excludes them from access to some reduced-cost or free programs requiring them for enrollment. So, despite great need and significant vulnerabilities, there are limited services available they can access without out-of-pocket expenses beyond their means.

“[We need] shelters that allow people to burn medicine inside instead of telling them to go outside.”

Native resident

Native listening session participants noted that while there may be temporary shelters available for unhoused participants in the community, their people – especially their Elders, do not like to go to them. Not only are their culturally practices not supported, but they may be prohibited. An even deeper reason for lack of accessing local shelters must be more widely understood and acknowledged by service providers. As expressed by one participant referring to Native Elders, “They don’t want to go to the shelters because they don’t want a White savior.”

Key Takeaways from FY22-23 and FY23-24

👥 When comparing the two years of data collected through community-based listening sessions, significant and common themes emerge:

Findings	FY22-23	FY23-24
There is a need for more culturally aware and relevant services	X	X
Cultural or familial norms and stigma related to behavioral health have an impact on how services are perceived, accessed and received.	X	X
Increased behavioral health concerns including isolation, depression and stress associated with the COVID-19 pandemic, natural disasters, economics, racism and discrimination.	X	X
Intergenerational trauma	X	X

The need for more formal and informal peer support	X	
The value of safe spaces for building community and mutual support is recognized and desired	X	X
Access to services, including the lack of knowledge of resources, the lack of cultural and linguistic appropriate services, and lack of available services that are geographically close to isolated populations (decentralized services)	X	

👥 Psychological stress experienced on personal, inter-personal, and community levels:

FY22-23

- Facilitators who are representative of the listening session participants are at increased risk of experiencing and conflating primary and secondary trauma and need ongoing support.
- Social isolation, stress, anxiety, and depression increased in recent years in all populations represented in the project. Participants identified the pandemic, fires, interpersonal violence, racism, and recent political divisiveness as contributing factors.

FY23-24

- Stressed community bandwidth encountered in this year’s work is reflective of post-pandemic fatigue being experienced globally.
- Project participants in both the previous and the current years perceive that social isolation, stress, anxiety, and depression increased in recent years

👥 Stigma

FY22-23

- Stigma and cultural or familial traditions can impede accessing help when needed. This is common to different cultural groups. Each one identifies it as an issue unique to them, suggesting that along with cultural-specific spaces for dialogue and mutual support for behavioral health, intergroup dialogue would also be supportive of building connectedness and mutual support.

FY23-24

- Stigma and cultural or familial traditions can impede talking about behavioral health and looking for help when needed. This year, it was mentioned by both Native and Asian/Pacific Islander participants participating in the listening sessions.

🌸 Access to timely, sensitive, and culturally relevant services and programs

FY22-23

- More culturally aware and age-specific outreach and community education about available services is needed.
- There is a need for greater access to services before behavioral health concerns become a crisis, not only prevention, but widely available early intervention services for all income levels.
- Decentralized (beyond Santa Rosa) and more culturally aware and relevant services and providers are needed to increase access and utilization by diverse populations.
- Regardless of population, services need to be provided by organizations and individuals who are welcoming; authentically interested in and respectful of people's concerns, experiences, and perspectives; nonjudgmental; empathic; compassionate; and trustworthy.
- In some cases, participants stated there are no services available in their community or in their preferred language when, in fact, there are. Regardless of that fact, their perception is of great importance and indicates a need for improved culturally aware and relevant outreach, education, and information about services and how to access them.

FY23-24

- Participants are hoping for structural and systemic changes to address marginalization and support sustained funding for culturally relevant programs and services provided within their own communities.

🌸 Intergenerational Trauma

FY23-24

- Intergenerational trauma is experienced in diverse populations in Sonoma County and is discussed or addressed to varying degrees and in different ways.

FY23-24

- Participants continue to identify intergenerational trauma as an important issue that needs to be addressed through dialogue, education and services specific to the cultural history and reality of each population.

Other Takeaways

FY22-23

- Culturally relevant peer support is critical, in some cases increased since the start of the pandemic and needs to be supported and expanded.

FY23-24

- The behavioral health needs of youth were identified as a concern by listening session participants, with some highlighting the importance of adults learning how to listen to and believe youth when they try to share their concerns.
- There is diversity within the populations engaged in this project and the intersectionality of people's identities and vulnerabilities suggests the need for both culturally specific and diverse spaces that promote community and behavioral health.
- Cultural healing practices need to be respected and supported throughout Sonoma County's diverse populations.

Recommendations

1. Build upon and continue the series of community-led listening sessions with historically and currently isolated or marginalized populations throughout Sonoma County. To normalize and sustain dialogue about behavioral health-related topics and concerns, expand the number of community representatives trained and supported to engage participants in the dialogue and facilitate the sessions.
2. Look for opportunities to assist communities and their organizations to support socially and emotionally safe spaces like the listening sessions, talking circles, support groups, cultural and artistic groups, and other formats as defined by the communities themselves. One idea to explore for operationalizing this recommendation is to provide MHSA mini-grants to support community efforts

3. Inform conversations about the wellbeing and needs of populations in Sonoma County by engaging community leaders, activists and organizations in the listening session project and the lessons learned from its participants and facilitators. An MHSA Symposium can be organized in conjunction with Mental Health Awareness month in May to inform and gather feedback from stakeholders on the project, institutionalize these conversations and convert recommendations into action.
4. In partnership with the communities and populations, normalize conversations about behavioral health and educate children, youth, and adults how to talk about feelings and support others to do the same.
5. Explore opportunities to support representative cultural groups and tribes to establish and maintain behavioral health wellness spaces. Expand the reach of these spaces by supporting the education by cultural leaders of professionals and paraprofessionals such as peer providers serving Sonoma County's diverse populations regarding the cultural history, beliefs, and practices of their people.
6. Continue to participate in countywide efforts to understand and address the behavioral health-related needs of children and youth.



Sonoma County MENTAL HEALTH SERVICES ACT Newsletter

SEPTEMBER 2024 | 55TH EDITION

Suicide Prevention Month

Love Over Loneliness

Loneliness and isolation pose significant risks to our health and well-being. Loneliness is a quiet struggle that can lead to deep emotional pain. When someone feels very lonely, they may also feel hopeless and depressed. Even people who have not had mental health issues may experience suicidal thoughts and actions due to loneliness.

The US Surgeon General reports that the US has a “loneliness epidemic.” But he also says we can overcome this challenge by **“strengthening our connections and relationships. Our individual relationships are an untapped resource—a source of healing hiding in plain sight.”**

What is the remedy for the “loneliness epidemic?” And how can we lower Californians’ risk for suicide?

The answer is social connection. Interaction. Sharing love.

Did you know that our brains release chemicals vital to our health and well-being when we feel a connection with another person, such as a family member, friend, or romantic partner? Petting a dog or receiving a high five from a friend can also work.

We can make a big difference for our community simply by recognizing when someone is lonely and reaching out to them. Simple acts of kindness or a conversation can be the turning point for someone who’s feeling alone.

During Suicide Prevention month, let’s focus on spreading “Love Over Loneliness.” By building strong connections and supporting each other, we can make others feel valued and cared for. Reach out to those who may be struggling. Let them know they are not alone. Consider asking them to go for a walk or get coffee, or just catch up over the phone. **Check out Sonoma County events happening in September on page 2.**

Together, we can help prevent suicide with the power of love and connection.



How to help someone who is struggling:

- **Know the Signs:** Most people who are considering suicide show some warning signs or signals of their intentions. Learn to recognize these warning signs and how to respond to them by visiting the Know the Signs web site (www.suicideispreventable.org).
- **Find the Words:** If you are concerned about someone, ask them directly if they are thinking about suicide. This can be difficult to do, but being direct provides an opportunity for them to open up and talk about their distress and will not suggest the idea to them if they aren’t already thinking about it. The “Find the Words” section of the Know the Signs web site (www.suicideispreventable.org) suggests ways to start the conversation.
- **Reach Out:** You are not alone in this. Before having the conversation, become familiar with some resources to offer to the person you are concerned about. Visit the Reach Out section of the Know the Signs web site (www.suicideispreventable.org) to identify where you can find help for your friend or loved one.

Connection is Prevention, Take action in September!

Join us at a Connection is Prevention event to learn about community resources, enjoy family-friendly activities, food, and enter for a chance to win fun prizes!

- **Saturday, September 21st** 10am – 1pm at the Cloverdale Plaza in Cloverdale. Click [HERE](#) for flyer in English. Click [HERE](#) for flyer in Spanish.
- **Thursday, September 26th** 4pm – 6pm at the Hanna Center in Sonoma, CA. Click [HERE](#) for flyer in English. Click [HERE](#) for flyer in Spanish.

Check out our suicide prevention awareness month calendar for additional community events, trainings, support groups and more happening this September in Sonoma County [HERE!](#)



Creating hope through action.

JOIN US FOR A CHANCE TO WIN PRIZES!

at

Connection is Prevention

Saturday, September 7th
Santa Rosa, CA

Saturday, September 21st
Cloverdale, CA

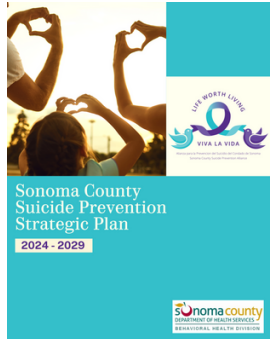
Wednesday, September 25th
Sonoma, CA

Life Worth Living, Sonoma County's Suicide Prevention Alliance, invites you to connect with your community to learn about **mental health resources, volunteer opportunities, enjoy family-friendly activities, music, and food. Come have fun and enter to win cool prizes** like a bike, an annual Sonoma County Regional Parks pass, a solar powered lantern, and more!

www.sonomacounty.ca.gov/LifeWorthLiving

Sonoma County's Suicide Prevention Strategic Plan

Sonoma County's Behavioral Health Division is very proud to share the **Draft Sonoma County FY 2024-2029 Suicide Prevention Strategic Plan**. This plan was developed with a group of concerned behavioral health providers, individuals with lived mental health experience, individuals who have lost a loved one to suicide and other interested stakeholders. This group is **Life Worth Living: Sonoma County Suicide Prevention Alliance**. Life Worth Living conducted resource mapping, recruited important partners, reviewed Sonoma's suicide data and developed a plan to work towards reducing suicide deaths in Sonoma County



Sonoma County
Suicide Prevention
Strategic Plan
2024 - 2029

sonoma county
BEHAVIORAL HEALTH DIVISION

The Suicide Prevention Strategic Plan was posted on July 19, 2024 presented at various stakeholder meetings and is scheduled for review and approval by Sonoma County Board of Supervisors on September 18, 2024.

To learn more about A Life Worth Living: Suicide Prevention Alliance or to get involved email life-worth-living-suicide-prevention@sonoma-county.org

VOLUNTEERS NEEDED

Looking for mature compassionate men and women that are dedicated to providing support to seniors in need.

Volunteers provide weekly, one-on-one visits at the senior's home to assist clients to address their self-identified goals, while seeking to foster a sense of connection, empowerment, self-efficacy and self confidence. Training for this volunteer position will begin in September.

Interested in making a difference?
Call Leigh Galton
Volunteer Coordinator
707-525-0143 x121
lgalten@councilonaging.com

988
SUICIDE & CRISIS LIFELINE

Call or text 988 to reach the 988 Lifeline
988Lifeline.org



FC

Mobile Support Team (MST) Expansion

What is MST and MST's role in our community?

MST, Mobile Support Team, is the Sonoma County Behavioral Health crisis response services program. MST is a group of dedicated, caring professionals providing support to individuals and families experiencing a behavioral health crisis. They have been responding to crises on location in the community since 2012. Their services have expanded this last year in location and hours to better serve our community and changed our response model to be able to respond to a larger variety of behavioral health crisis without law enforcement.

How does MST work? What and how are services provided?

MST is comprised of a Crisis Call Center and Two-Person Multidisciplinary Mobile Crisis Response Teams. The new MST Crisis Call Center is able to take calls directly from the community at 1-800-746-8181. The Call Center is staffed by MST 24/7. Staff are able to offer support over the phone and to send a crisis response team to the crisis location when needed.

Mobile Crisis Response Teams are professionals - Behavioral Health Clinicians, Alcohol & Other Drug Counselors, or Senior Client Support Specialists. They can:

- Provide de-escalation, safety planning, crisis assessment, 5150 assessment, and follow-up for all calls;
- Respond without Law Enforcement to mental health and substance use calls where there is no safety concern for the individual or the team;
- Securely transport individuals to the CSU or hospitals;
- Co-respond with Law enforcement when there is a safety concern and when requested by Law Enforcement.

MST mobile crisis response teams are available to provide on-scene support 24/7 and our call center will coordinate with other crisis response teams to ensure a 'no wrong door' approach to providing county-wide crisis services.

When and where is MST available?

MST is available countywide, 24 hours per day, seven days per week. Our call center collaborates with SAFE and inRESPONSE dispatches for individuals experiencing crises in their coverage areas.

Who does MST serve?

MST serves all ages, anyone in Sonoma County who is experiencing a behavioral health crisis, regardless of insurance coverage.

How does MST differ to other mobile crisis teams like In Response?

MST is the Sonoma County Behavioral Health's Crisis response team that includes our county wide, 24/7 crisis call center, field response team and we provide the clinicians to the inRESPONSE. inRESPONSE is a City of Santa Rosa program and is a multi agency collaborative to provide behavioral health crisis response to the city limits of Santa Rosa. MST is a part of this collaborative by providing the behavioral health clinician to the response team.

What is the impact of the MST expansion?

Crisis Response services that were previously only available to select parts of the county, for limited hours in most places, are now available throughout the entire county 24/7.

MST now provides a single crisis phone number, 1-800-746-8181, where people anywhere in Sonoma County can be connected to in-person crisis services 24/7. MST is now able to respond without Law Enforcement whenever it is safe to do so. For more information on MST click [HERE](#).



Mayo es el Mes de la Importancia de la Salud Mental

CALENDARIO DE EVENTOS

Como parte del movimiento continuo de salud mental en California, la campaña Toma Acción por la Salud Mental está diseñada para ayudarte a hacer un chequeo, aprender más y obtener apoyo para tu propia salud mental o la de alguien que te importa.

Entrando en el mes de mayo, nos estamos preparando para apoyar nuestros esfuerzos locales para destacar la importancia del cuidado de la salud mental y reducir el estigma como parte del Mes de Concienciación sobre la Salud Mental. Es un momento para permitir que nuestra comunidad aprenda más al respecto y sobre los recursos disponibles en nuestra comunidad.

En mayo, la División de Salud Mental del Condado de Sonoma y nuestros socios comunitarios están patrocinando muchos eventos para apoyar el bienestar mental. Encuentra el enlace a nuestro calendario de eventos en línea [AQUÍ](#).



¡Asiste a nuestra próxima reunión del Comité de MHSA!

Estás invitado a asistir a nuestra reunión del Comité de Partes Interesadas de MHSA. Esta reunión está abierta a cualquier persona interesada en el Sistema de Atención de Salud Conductual del Condado de Sonoma. Se presentarán actualizaciones de MHSA y eventos actuales, con la oportunidad de compartir tus pensamientos e ideas relacionados con MHSA.

Cuando: Martes, Junio 18
12pm - 2pm

Donde: North Coast Builders Exchange
1030 Apollo Way, Santa Rosa, CA 95407

Se proporcionará almuerzo para aquellos que se registren con anticipación. Para registrarte, haz clic [AQUÍ](#). Si tienes preguntas o necesitas más información, envía un correo electrónico a MHSA@sonoma-county.org. ¡Gracias!

4 COSAS QUE PROBABLEMENTE ESTÉN AFECTANDO TU SALUD MENTAL, Y 4 COSAS QUE PUEDES HACER AL RESPETO

Aunque estamos familiarizados con cómo las relaciones y el trabajo pueden afectar la salud mental, es fácil pasar por alto la influencia de factores más amplios. Aquí hay cuatro elementos que a menudo se pasan por alto y que pueden estar afectándote:

- **Eventos actuales:** Desde crisis globales hasta cobertura noticiosa gráfica, la constante avalancha de información puede afectar el bienestar mental.
- **Soledad:** La soledad afecta a más de la mitad de los adultos en Estados Unidos, lo que conduce a un aumento en los riesgos de ansiedad y depresión.
- **Tecnología:** Si bien la tecnología ofrece conectividad, también genera ansiedad a través de la exposición constante a noticias angustiantes y a la cultura de comparación en las redes sociales.
- **Factores Sociales:** El estado económico, las condiciones de vida y el acceso a recursos impactan significativamente en la salud mental.

Estrategias de Afrontamiento:

- **Encuentra tu Sistema de Apoyo:** Rodéate de personas que brinden empatía y comprensión.
- **Establece Límites Tecnológicos:** Fija límites en el tiempo frente a la pantalla para reducir el estrés causado por la conectividad constante.
- **Aboga por el Cambio:** Canaliza tus preocupaciones en acción involucrándote en causas que te importan. L
- **Descubre Habilidades de Afrontamiento Saludables:** Experimenta con diversas técnicas hasta encontrar lo que funciona para ti.

five mental health tips for the week



RESULTADOS E IMPACTOS DE LA PROPOSICIÓN 1 DEL BHS

La Proposición 1 SB-326 (Senate Bill 326) ha sido aprobada por los votantes de California. La Proposición 1 cambia el nombre de la Ley de Servicios de Salud Mental (MHSA) a la Ley de Servicios de Salud Conductual (BHS). Aunque la ley dicta que los cambios principales se implementarán gradualmente durante varios años, ya estamos trabajando para asegurar que los cambios apoyen a nuestros clientes. El 1 de julio de 2026, las nuevas asignaciones de fondos entrarán en vigencia y estaremos trabajando con las partes interesadas para determinar cómo Sonoma implementará la nueva ley BHS.

La proposición 1 tiene dos componentes principales:

1. Cambia la Ley de Servicios de Salud Mental (MHSA) que fue aprobada por los votantes en 2004, con un enfoque en cómo se puede utilizar el dinero de la ley.

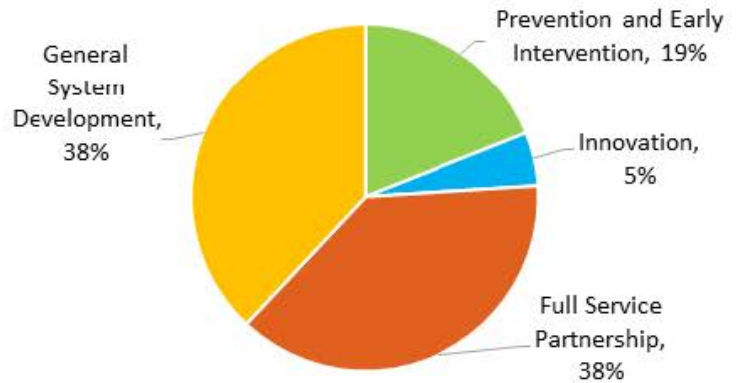
Cambios en la Financiación de la MHSA:

- La Proposición 1 no hace cambios en la cantidad de dinero recaudado a través del impuesto de la MHSA (ahora BHS), pero el dinero se utilizará de manera diferente.
- La Proposición 1 cambiará la forma en que los condados pueden usar los dólares de la BHS para permitir que los condados utilicen los fondos para tratar trastornos por uso de sustancias.
- La BHS crea un nuevo requisito de que el 30% de los fondos asignados al Condado de Sonoma deben gastarse en intervenciones de vivienda para personas con desafíos de salud conductual.
- Los condados no recibirán fondos adicionales bajo la Proposición 1 para servicios previamente financiados por la MHSA; por lo tanto, habrá menos dinero disponible para servicios que no sean de vivienda bajo la BHS, habrá menos recursos para programas de prevención, tratamiento ambulatorio de salud mental y esfuerzos de divulgación.
- La Proposición 1 aumenta la asignación de dólares de la MHSA (ahora BHS) al estado del 5% al 10%. Esto traslada aproximadamente \$140 millones de dólares anuales de los condados al estado.

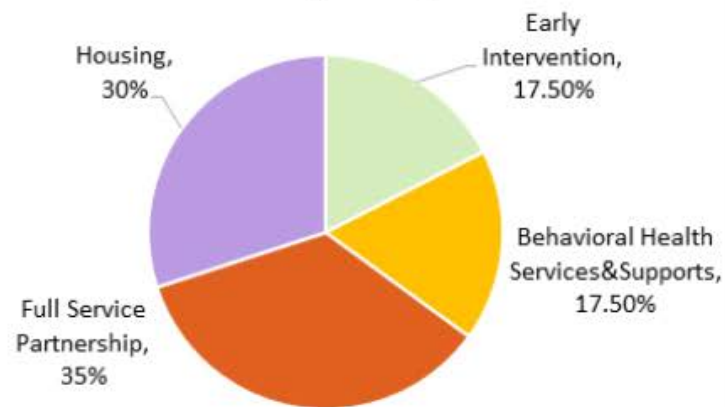
2. Aprueba un bono de \$6.4 mil millones para construir (1) más lugares para atención de salud mental y tratamiento de drogas o alcohol y (2) más viviendas para personas con desafíos de salud mental, drogas o alcohol.

Vivienda: El financiamiento del bono financiará la construcción de nueva infraestructura de ladrillos y mortero para alojar y tratar a los clientes de salud conductual del condado. Muchos de los clientes de salud conductual del Condado de Sonoma están recibiendo tratamiento a pesar de no tener vivienda permanente o refugio, y poder proporcionar a más de nuestros clientes un espacio seguro para vivir mientras reciben tratamiento es una oportunidad bienvenida para construir sobre los muchos caminos hacia la recuperación.

MHSA Funding Components



BHS Funding Components



PLAN Y REPORTE DE MHSA

Lee la Actualización del Plan MHSA para el año fiscal 2024-2025 y el Informe del Programa para el año fiscal 2022-2023 del Condado de Sonoma, que se publicará en mayo en el sitio web del [DHS-BHD](#). Esta publicación es proporcionada por el Departamento de Servicios de Salud del Condado de Sonoma, División de Salud Conductual (DHS-BHD), y estará disponible durante al menos 30 días. La Junta de Salud Mental del Condado de Sonoma organizará la Audiencia Pública de MHSA el 18 de junio de 2024 a las 5pm en el Centro Comunitario Finley y todos están invitados a asistir.

Para obtener más detalles sobre cómo asistir a las Reuniones de la Junta de Salud Mental, haz clic [AQUÍ](#).





May is Mental Health Matters Month

CALENDAR OF EVENTS

As part of California's ongoing mental health movement, the Take Action for Mental Health campaign is designed to help you check in, learn more, and get support for your own mental health or the mental health of someone you care about.

Heading into the month of May, we're gearing up to support our local efforts to shine a light on the importance of behavioral health care and reducing stigma as part of May is Mental Health Awareness Month. It's a time to let our community learn more about it and about the resources in our community.

In May, the Sonoma County Behavioral Health Division and our community partners are sponsoring many events to support mental wellness. Find the link to our online calendar of events [HERE](#)



Attend our next MHSA Stakeholder Committee Meeting!

You are invited to attend our MHSA Stakeholder Committee meeting. This meeting is open to anyone with an interest in Sonoma County's Behavioral Health System of care. MHSA updates and current events will be presented, with an opportunity to share your thoughts and ideas related to MHSA.

WHEN: Tuesday, June 18th
12pm - 2pm

WHERE: North Coast Builders Exchange
1030 Apollo Way, Santa Rosa, CA 95407

Lunch will be provided for those who register in advance. To register click [HERE](#). For questions or more information email MHSA@sonoma-county.org. Thank you!

4 THINGS LIKELY AFFECTING YOUR MENTAL HEALTH, AND

4 THINGS YOU CAN DO ABOUT IT

While we're familiar with how relationships and work can impact mental health, it's easy to overlook the influence of broader factors. Here are four often-overlooked elements that may be affecting you:

- **Current Events:** From global crises to graphic news coverage, the constant barrage of information can take a toll on mental well-being
- **Loneliness:** Surprisingly pervasive, loneliness affects over half of U.S. adults, leading to increased risks of anxiety and depression.
- **Technology:** While technology offers connectivity, it also breeds anxiety through constant exposure to distressing news and social media's comparison culture.
- **Social Drivers:** Economic status, living conditions, and access to resources significantly impact mental health.

Coping Strategies:

- **Find Your Support System:** Surround yourself with individuals who provide empathy and understanding.
- **Set Tech Boundaries:** Establish limits on screen time to reduce stress from constant connectivity.
- **Advocate for Change:** Channel your concerns into action by getting involved in causes that matter to you.
- **Discover Healthy Coping Skills:** Experiment with various techniques until you find what works for you, whether it's mindfulness exercises, creative pursuits, or physical activities.

five mental health tips for the week

Monday Make a list of 5 things you're grateful for today.	Tuesday Practice positive affirmations.	Wednesday Start a conversation about mental health.
Thursday Stay hydrated!	Friday Take a break from screens (phone, computer, etc).	

BHSA PROP 1 RESULTS AND IMPACTS

Proposition 1: SB-326 (Senate Bill 326) has been approved by California voters. Proposition 1 renames the Mental Health Services Act (MHSA) to the Behavioral Health Services Act (BHSA). While the law dictates that major changes will be phased in over several years, we are already working to ensure that the changes will support our clients. On July 1, 2026 the new funding allocations become effective, and we will be working with stakeholders to determine how Sonoma will implement BHSA.

Proposition 1 has two major components:

1. Changes the Mental Health Services Act (MHSA) that was passed by voters in 2004, with a focus on how the money from the Act can be used.

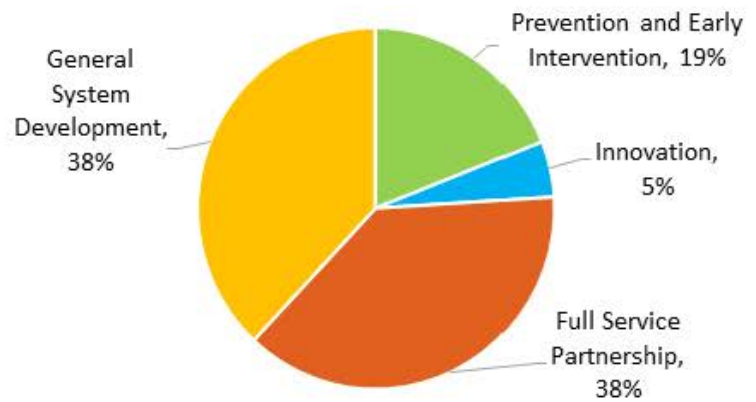
MHSA Funding Changes:

- Prop 1 makes no changes to the amount of money collected through the MHSA (now BHSA) tax, but the money would be used differently.
- Prop 1 will change how counties can use BHSA dollars to allow counties to use the funds to treat individuals with substance use only disorders.
- BHSA creates a new requirement that 30% of funds allocated to Sonoma County must be spent on housing interventions for people with behavioral health challenges.
- Counties will not receive additional funding under Prop 1 for services previously funded by MHSA; therefore, less money will be available for non-housing services under BHSA, there will be fewer resources for prevention programs, outpatient mental health treatment, and outreach efforts.
- Prop 1 increases the allocation of MHSA (now BHSA) dollars to the state from 5% to 10%. This shifts roughly \$140 million of money annually from the counties to the state.

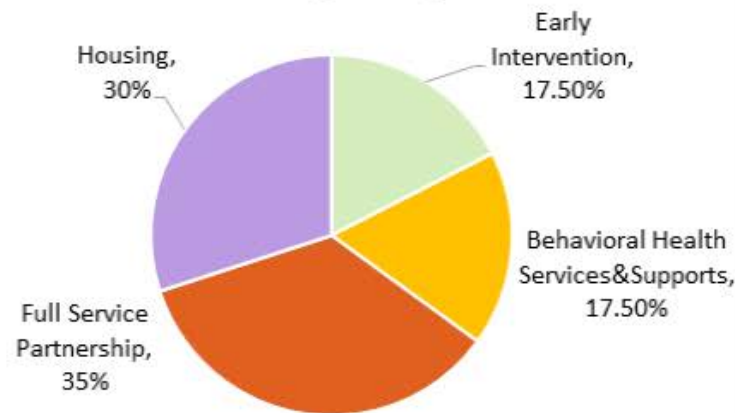
2. Approves a \$6.4 billion bond to build (1) more places for mental health care and drug or alcohol treatment and (2) more housing for people with mental health, drug, or alcohol challenges.

Housing: Bond funding will finance the building of new bricks and mortar infrastructure to house and treat county behavioral health clients. Many of Sonoma County's behavioral health clients are receiving treatment despite not having permanent housing or shelter, and being able to provide more of our clients a safe space to live while they receive treatment is a welcome opportunity to build on the many paths to recovery.

MHSA Funding Components



BHSA Funding Components



MHSA PLAN & REPORT

Read Sonoma County's MHSA Plan Update for FY 2024-2025 and Program Report for FY 2022-2023 which will be posted in May on the DHS-BHD website [HERE](#). This publication is brought to you by the County of Sonoma Department of Health Services Behavioral Health Division (DHS-BHD) and will be posted for at least 30 days. The Sonoma County Mental Health Board will host the MHSA Public Hearing on June 18, 2024 at 5pm at Finley Community Center and everyone is welcome to attend.

For more details on how to attend the Mental Health Board Meetings click [HERE](#).





MAY IS MENTAL HEALTH AWARENESS MONTH



COMMUNITY HEALING CIRCLE *LIMITED SPACE

Wednesday, May 1, 2024 | 4:00PM-6:30PM

Location: Corazon Healdsburg, RM #5, 1557 Healdsburg Ave, Healdsburg, CA

Come join our Bilingual community healing circle, a nurturing environment to share, heal, and grow together. (Únase a nuestro círculo de curación comunitario, un entorno enriquecedor para compartir, sanar y crecer juntos).

To RSVP or for more information call: (707) 615-4567

SPONSORED BY SONOMA COUNTY BEHAVIORAL HEALTH

5.01.24

WCCS RESOURCE FAIR & MOBILE SUPPORT TEAM'S PRESENTATION

Thursday, May 2, 2024 1:30PM-4:30PM

Location: Glaser Center, 547 Mendocino Ave, Santa Rosa, CA

Resource Fair before and after presentations from the 3 mobile crisis units in Sonoma County.

For more information or RSVP Contact: michael.reynolds@westcountyservices.org

5.02.24

SONOMA COUNTY HUMAN RACE

Thursday, May 4, 2024 | 7:00AM-11:30AM

Location: Old Court House Square, Downtown Santa Rosa, CA

Fundraising event for North Bay nonprofits. Organized by Center for Volunteer & Nonprofit Leadership.

For more information: Hana Casita, hcasita@namisoco.org

5.04.24

MENTAL HEALTH PANEL PRESENTATION

Thursday, May 4, 2024 | 11:00AM-12:00PM

Location: Flouracity, Geyserville, CA

Open House Event open to the public for this professional development company, featuring a Mental Health Panel.

For more information: Mary-Frances Walsh, mfwalsh@namisoco.org

5.04.24



QUESTION, PERSUADE, REFER: SUICIDE PREVENTION TRAINING

Wednesday, May 8, 2024 | 3:00PM-5:00PM

Location: Sonoma County Office of Education, 5340 Skylane Blvd, Santa Rosa CA

Participants will learn the warning signs of mental distress and a potential suicide crisis. They will learn to recognize someone at risk for suicide, how to intervene, and how to connect that person to appropriate resources.

To register: [click here](#) or call 707-524-2816

For more information: [Click here](#)

IN THE MIND OF THE YOUTH PROMOTORS "WHAT DOES SELF-CARE LOOK LIKE FOR YOU"

Wednesday, May 8, 2024 | 6:30PM-8:30PM

Location: Latino Service Providers, 1000 Apollo Drive, Suite 185, Santa Rosa CA

Youth Promoters will poll others during April's monthly meeting and ask what they do for self-care and incorporate answers in their May podcast.

For more information: [Click here](#)

ENDING THE SILENCE PRESENTATION

Thursday, May 9, 2024 | 9:00AM-2:00PM

Location: Sonoma Valley High School

NAMI Ending the Silence presentations for students in six school periods.

For more information contact: Nick Fierro, nfierro@namisoco.org

PREGUNTAS, PERSUADIR, REFERIR: CAPACITACIÓN DE PREVENCIÓN DE SUICIDIO

Jueves 9 de mayo 2024 | 9:30AM-11:30AM

Ubicación: Oficina de Educación del Condado de Sonoma, 5340 Skylane Blvd, Santa Rosa

Los participantes aprenderán a identificar señales de alerta de angustia mental y una posible crisis de suicidio. Aprenderán cómo reconocer a una persona que está en riesgo de suicidio, cómo intervenir, y cómo referir a esta persona a los recursos apropiados.

Para registrarse: [clic aquí](#) o llame al 707-524-2816 -- Para más información: [clic aquí](#)

HOW OUR WORLD AFFECTS OUR MENTAL HEALTH FORUM

Thursday, May 9, 2024 | 2:00PM-3:00PM

Location: Wellness and Advocacy Center, 2245 Challenger Way #104, Santa Rosa CA

Discussion on how current events, loneliness, technology, social media, and other worldviews can play a role in our mental health.

For more information contact: danette.alander@westcountyservices.org (707)565-7800



ART FOR THE HEART MENTAL HEALTH PAINT DAY

Thursday, May 9, 2024 | 5:30PM-7:00PM

Location: Latino Service Providers, 1000 Apollo Drive, Suite 185, Santa Rosa CA

This will be the last meeting date where Youth Promotors will create works of art that represent their current mental health.

5.09.24

ENDING THE SILENCE PRESENTAION

Friday, May 10, 2024 | 9:00AM-2:00PM

Location: Sonoma Valley High School

NAMI Ending the Silence presentations for students in six school periods.

For more information contact: Nick Fierro, nfierro@namisoco.org

5.10.24

SUICIDE AWARENESS TRAINING

Friday, May 10, 2024 | 2:00PM-3:00PM

Location: DAAC Centerpoint, 2403 Professional Drive, Santa Rosa, CA

Training for DAAC staff on accessing follow-up care for clients screened at risk.

For more information contact: Mary-Frances Walsh, mfwalsh@namisoco.org

5.10.24

STOMP THE STIGMA

Saturday, May 11, 2024 | 10:00AM-2:00PM

Location: Old Railroad Square, Satna Rosa, CA

Mental Health Awareness Day targeted towards all communities, but specifically for students to practice self-care during finals week!

For more information contact: Magalli Larque mlarque@latinoserviceproviders.org

5.11.24

INCLUSION FESTIVAL

Saturday, May 11, 2024 | 11:00AM-6:00PM

Location: Petaluma Community Center, 320 N McDowell Blvd, Petaluma, CA

The Inclusion Festival is a vibrant nonprofit music and arts event dedicated to honoring people with disabilities, their friends, families, and allies

For more information contact: Nick Fierro, nfierro@namisoco.org or [Click here](#)

5.11.24

SCBH FAMILY EDUCATION AND SUPPORT GROUP

Monday, May 13, 2024 | 4:00PM-6:00PM

Location: Zoom

Monthly support group to increase the understanding of mental illness and to receive support.

For group inquiries, contact: Nicole Natividad - NicoleN@Buckelew.org - (707) 494-0762

RSVP for the Zoom link contact: Marisabel Mendoza - MarisabelM@Buckelew.org - (707) 513-5135

5.13.24



MINDFUL MOVEMENT SESSION *LIMITED SPACE

Tuesday, May 14, 2024 | 12:00PM-1:00PM

Location: SRJC - Petaluma Campus, Quad Area, 680 Sonoma Mnt. Pkwy, Petaluma, CA,

Lead workshop on Guided Mindfulness to help students build stress reduction skills

For more information contact: Jeane Erlenborn, jerlenborn@santarosa.edu

SPONSORED BY SONOMA COUNTY BEHAVIORAL HEALTH

MENTAL HEALTH IN OLDER ADULTS PRESENTATION

Tuesday, May 14, 2024 | 2:00PM-3:30PM

Location: Silvercrest Senior Living Residence, 1050 3rd St, Santa Rosa, CA

For more information contact: Nick Fierro, nfierro@namisoco.org

NAMI PRESENTATION

Tuesday, May 14, 2024 | 6:00PM-7:00PM

Location: Silvercrest Senior Living Residence, 1050 3rd St, Santa Rosa, CA

Introduction to Addiction Studies Class, Santa Rosa Junior College

For more information contact: Mary-Frances Walsh, mfwalsh@namisoco.org

MINDFUL GUIDED ART SESSION *LIMITED SPACE

Wednesday, May 15, 2024 | 4:00PM-6:00PM

Location: La Luz Center, 17560 Greger St, Sonoma, CA

Join us for a bilingual exploration during Mental Health Month, delving into the connection between art and mental well-being. (Durante el mes de mayo se celebra la Salud Mental, ahondando en la conexión entre el arte y el bienestar mental.)

To RSVP or for more information call: (707) 938-5131

SPONSORED BY SONOMA COUNTY BEHAVIORAL HEALTH

CROOKED BEAUTY FILM SCREENING

Thursday, May 16, 2024 12:30PM-1:30PM

Location: Interlink Self-Help Center, 1033 4th Street, Santa Rosa, CA

Artistic chronicle of Jacks McNamara's courageous journey from psych ward inpatient to co-founder of Icarus Project.

Contact: sean.kelson@westcountyservices.org or call 707-546-4481 ext 801

MAY IS MENTAL HEALTH AWARENESS FORUM

Tuesday May 16, 2024 | 2:00PM-3:00PM

Location: Wellness and Advocacy Center, 2245 Challenger Way #104, Santa Rosa, CA

Sharing our mental health narratives

For more information: danette.alander@westcountyservices.org or (707)565-7800



5.17.24

MINDFUL GUIDED NATURE WALK *SPACE IS LIMITED

Friday, May 17, 2024 | 10:00AM-1:00PM

Location: Armstrong Redwoods, 17000 Armstrong Woods, Rd, Guerneville, CA

Join us for a guided nature walk, blending hiking with mental rejuvenation, to shed stress and elevate mood in the calming embrace of Mother Nature, welcoming all levels of experience.

To RSVP or for more information: [Click Here](#)

5.17.24

POTLUCK GATHERING FOR THOSE WHO SERVE OUR COMMUNITY

Friday, May 17, 2024 | 2:00PM-4:00PM

Location: Buckelew Programs, 2235 Mercury Way, Suite 107, Santa Rosa, CA

Gather with other service providers for connection and fellowship. We'll explore how we stay passionate about service work and ways to rekindle the spark when it dims. Bringing a potluck dish is optional

To RSVP Contact: Marisabel Mendoza at MarisabelM@Buckelew.org or (707) 513-5135

5.18.24

MENTAL HEALTH PANEL PRESENTATION

Saturday, May 18, 2024 | TBD

Location: Sally Tomatoes, 1100 Valley House Dr, Rohnert Park, CA

Rotary District Conference - for Rotary members in Northern CA

For more information contact: Mary-Frances Walsh, mfwalsh@namisoco.org

5.20.24

APOYO EMOCIONAL: SUICIDE PREVENTION

Monday, May 20, 2024 | 5:00PM-6:30PM

Location: Latino Service Providers, 1000 Apollo Drive, Suite 185, Santa Rosa CA

About suicide, risk and protective factors, and resources available for youth.

For more information: Cristian Gutierrez at mcgutierrez@latinoserviceproviders.org

5.23.24

THE SCIENCE OF ARTFUL AGING *SPACE IS LIMITED

Thursday, May 23, 2024 | 12:00PM-1:00PM

Location: Council on Aging Office, 30 Kawana Springs Rd, Santa Rosa, CA

Dr. Todd Finnemore is a local geropsychologist who specializes in issues of aging, life transitions, and medical-legal decision-making capacity assessments. Dr. Finnemore serves individuals, caregivers, families, and various health care, social service, and legal professionals in his work.

RSVP Contact: 707-525-0143 ext. 119 or djohnson@councilonaging.com

5.23.24

BUILDING ONES MENTAL HEALTH TOOLBOX

Thursday, May 23, 2024 | 2:00PM-3:30PM

Location: Wellness and Advocacy Center, 2245 Challenger Way #104, Santa Rosa, CA

Sharing the diversity of lived experience's tools that you use to help support your mental wellbeing.

For more information: danette.alander@westcountyservices.org or (707)565-7800



5.23.24

APOYANDO NUESTRA COMUNIDAD

Jueves 23 de mayo 2024 | 4:30PM-6:00PM

Ubicación: Buckelew Programs, 2235 Mercury Way, Suite 107, Santa Rosa, CA

Venga a conocer los recursos comunitarios ofrecidos en el condado de Sonoma que pueden ayudarlo a usted y a los miembros de su familia.

Para más información: Jennifer, Navegadora del Sistema al 707-292-3289 |

JenniferV@Buckelew.org

5.23.24

UNDERSTANDING AND SUPPORTING YOUTH DEPRESSION - ENTENTIENDO LA DEPRESIÓN EN JÓVENES Y NIÑOS Y CÓMO APOYARLOS

Thursday, May 23, 2024 | 5:00PM-6:00PM

Location: Virtual

Bilingual Virtual work shop for parents and caregivers, Participants will learn to identify signs of depression in youth, what caring adults can do to help, and local resources (Los participantes aprenderán a identificar síntomas y señales de depresión en jóvenes y niños, y como ayudar)

To register: click [here](#) or call 707-524-2816

For more information: [Flyer](#)

5.23.24

NAMI ENDING THE SILENCE PRESENTATION

Thursday, May 23 2024 | 4:30PM

Location: Sally Tomatoes, 1100 Valley House Dr, Rohnert Park, CA

Featuring a NAMI Ending the Silence video presentation and young adult speaker sharing her experience overcoming OCD.

For more information contact: Mary-Frances Walsh, mfwalsh@namisoco.org

5.23.24

UNDERSTANDING AND SUPPORTING YOUTH DEPRESSION - ENTENTIENDO LA DEPRESIÓN EN JÓVENES Y NIÑOS Y CÓMO APOYARLOS

Thursday, May 23, 2024 | 5:00PM-6:00PM

Location: Virtual

Bilingual Virtual work shop for parents and caregivers, Participants will learn to identify signs of depression in youth, what caring adults can do to help, and local resources (Los participantes aprenderán a identificar síntomas y señales de depresión en jóvenes y niños, y como ayudar)

To register: click [here](#) or call 707-524-2816

For more information: [Flyer](#)

5.23.24

NAMI ENDING THE SILENCE PRESENTATION

Thursday, May 23 2024 | 4:30PM

Location: Sally Tomatoes, 1100 Valley House Dr, Rohnert Park, CA

Featuring a NAMI Ending the Silence video presentation and young adult speaker sharing her experience overcoming OCD.

For more information contact: Mary-Frances Walsh, mfwalsh@namisoco.org



COMMUNITY BAPTIST CHURCH COLLABORATIVE'S ANNUAL AFRICAN AMERICAN MENTAL HEALTH CONFERENCE

Saturday, May 25 2024 | 11:00AM-1:00PM

Location: Community Baptist Church, 1620 Sonoma Ave, Santa Rosa, CA

"Mental Health Best Practices for Athletes"

To register contact: Honor@nflretiredplayers.net

5.25.24

MINDFUL GUIDED ART SESSION *SPACE IS LIMITED

Monday, May 28, 2024 | 1:00PM-4:00PM

Location: Finley Community Center, 2060 W College Ave, Santa Rosa, CA

Engaging in art and mindfulness exercises to promote relaxation, self-discovery, and connection, welcoming artists of all levels to unwind, connect, and leave refreshed and inspired.

To RSVP or for more information: [Click Here](#)

SPONSORED BY SONOMA COUNTY BEHAVIORAL HEALTH

5.28.24

HEALING VOICES - FILM SCREENING

Thursday, May 30, 2024 | 10:30AM-12:00PM

Location: Petaluma Peer Recovery Center, 5350 Old Redwood HWY, #600, Petaluma, CA

Explores the experience commonly labeled as 'psychosis' through the stories of real-life individuals.

For more information: jennifer.rougeau@westcountyservices.org or (707) 565-1299

5.30.24

HEALING VOICES - FILM SCREENING

Thursday, May 30, 2024 | 11:30AM-1:00PM

Location: Interlink Self-Help Center, 1033 4th Street, Santa Rosa, CA

Explores the experience commonly labeled as 'psychosis' through the stories of real-life individuals

For more information: sean.kelson@westcountyservices.org or 707-546-4481 ext 801

5.30.24

VOICES MAY BBQ

Thursday, May 30, 2024 | 4:00PM-6:00PM

Location: VOICES Youth Programs, 714 Mendocino Ave, Santa Rosa, CA

Community BBQ. All are welcome, no age restrictions, providers and receivers of services. Free food. Resources for all. Prizes and activities for those who choose to participate.

For more information contact: Lauren (707)579-4327 or Lauren@voicesyouthcenter.org

5.30.24

LANGUAGE & EMPOWERMENT COMMUNITY FORUM

Friday, May 31, 2024 | 1:30PM-2:30PM

Location: Interlink Self-Help Center, 1033 4th Street, Santa Rosa, CA

Training to support creating and maintaining transformative environments in our lives and/or work. Recipients and providers of services encouraged to attend.

For more information: sean.kelson@westcountyservices.org or 707-546-4481 ext 801

5.31.24



MAY IS MENTAL HEALTH AWARENESS MONTH



COMMUNITY HEALING CIRCLE *LIMITED SPACE

Wednesday, May 1, 2024 | 4:00PM-6:30PM

Location: Corazon Healdsburg, RM #5, 1557 Healdsburg Ave, Healdsburg, CA

Come join our Bilingual community healing circle, a nurturing environment to share, heal, and grow together. (Únase a nuestro círculo de curación comunitario, un entorno enriquecedor para compartir, sanar y crecer juntos).

To RSVP or for more information call: (707) 615-4567

SPONSORED BY SONOMA COUNTY BEHAVIORAL HEALTH

5.01.24

PREGUNTAS, PERSUADIR, REFERIR: CAPACITACIÓN DE PREVENCIÓN DE SUICIDIO

Jueves 9 de mayo 2024 | 9:30AM-11:30AM

Ubicación: Oficina de Educación del Condado de Sonoma, 5340 Skylane Blvd, Santa Rosa

Los participantes aprenderán a identificar señales de alerta de angustia mental y una posible crisis de suicidio. Aprenderán cómo reconocer a una persona que está en riesgo de suicidio, cómo intervenir, y cómo referir a esta persona a los recursos apropiados.

Para registrarse: [clic aquí](#) o llame al 707-524-2816 -- Para más información: [clic aquí](#)

5.09.24

MINDFUL GUIDED ART SESSION *LIMITED SPACE

Wednesday, May 15, 2024 | 4:00PM-6:00PM

Location: La Luz Center, 17560 Greger St, Sonoma, CA

Join us for a bilingual exploration during Mental Health Month, delving into the connection between art and mental well-being. (Durante el mes de mayo se celebra la Salud Mental, ahondando en la conexión entre el arte y el bienestar mental.)

To RSVP or for more information call: (707) 938-5131

SPONSORED BY SONOMA COUNTY BEHAVIORAL HEALTH

5.15.24



MAY IS MENTAL HEALTH AWARENESS MONTH



APOYO EMOCIONAL: SUICIDE PREVENTION

Monday, May 20, 2024 | 5:00PM-6:30PM

Location: Latino Service Providers, 1000 Apollo Drive, Suite 185, Santa Rosa CA

About suicide, risk and protective factors, and resources available for youth.

For more information: Cristian Gutierrez at mcgutierrez@latinoserviceproviders.org

5.20.24

APOYANDO NUESTRA COMUNIDAD

Jueves 23 de mayo 2024 | 4:30PM-6:00PM

Ubicación: Buckelew Programs, 2235 Mercury Way, Suite 107, Santa Rosa, CA

Venga a conocer los recursos comunitarios ofrecidos en el condado de Sonoma que pueden ayudarlo a usted y a los miembros de su familia.

Para más información: Jennifer, Navegadora del Sistema al 707-292-3289 |

JenniferV@Buckelew.org

5.23.24

UNDERSTANDING AND SUPPORTING YOUTH DEPRESSION - ENTENTIENDO LA DEPRESIÓN EN JÓVENES Y NIÑOS Y CÓMO APOYARLOS

Thursday, May 23, 2024 | 5:00PM-6:00PM

Location: Virtual

Bilingual Virtual work shop for parents and caregivers, Participants will learn to identify signs of depression in youth, what caring adults can do to help, and local resources (Los participantes aprenderán a identificar síntomas y señales de depresión en jóvenes y niños, y como ayudar)

To register: click [here](#) or call 707-524-2816

For more information: [Flyer](#)

5.23.24



**THIS EVENT IS FREE
& OPEN TO ALL!**



Cloverdale **CONNECTION IS PREVENTION**

Join Life Worth Living, Sonoma County's Suicide Prevention Alliance to promote mental health well-being through meaningful and fun interactions, connect with community-based organizations and learn about available opportunities and services. Let's focus on the power of human connections in preventing mental health challenges!

Saturday, September 21, 2024

10:00am - 1:00pm

Cloverdale Plaza,

122 N Cloverdale Blvd, Cloverdale, CA 95425



Food Vendors



Fun Activities!



Resource Fair



Community Building

FOR MORE INFORMATION, SCAN THE QR CODE WITH YOUR SMART PHONES CAMERA



[HTTPS://TINYURL.COM/2S3D63JZ](https://tinyurl.com/2S3D63JZ)



CONTACT US FOR MORE INFORMATION
MHSA@sonoma-county.org



sonoma county
DEPARTMENT OF HEALTH SERVICES
Behavioral Health Division



**¡ESTE EVENTO ES GRATUITO
Y ABIERTO PARA TODOS!**



Cloverdale **CONEXIÓN ES PREVENCIÓN**

“Únete a la Alianza para la Prevención del Suicidio del Condado de Sonoma, Viva La Vida, para promover el bienestar de la salud mental a través de interacciones útiles y divertidas. Conéctate con organizaciones comunitarias y descubre las oportunidades y servicios disponibles. ¡Enfoquémonos en el poder de las conexiones humanas para prevenir los desafíos de la salud mental!”

sábado 21 de septiembre, 2024

10:00am - 1:00pm

Cloverdale Plaza,

122 N Cloverdale Blvd, Cloverdale, CA 95425



Vendedores de Comida



Actividades Divertidas



Feria de Recursos



Construcción de Comunidad

PARA MÁS INFORMACIÓN,
ESCANEA EL CÓDIGO QR CON LA
CÁMARA DE TU TELÉFONO
INTELIGENTE.



[HTTPS://TINYURL.COM/2S3D63JZ](https://tinyurl.com/2S3D63JZ)



CONTÁCTANOS PARA MÁS INFORMACIÓN
MHSA@sonoma-county.org



sonoma county
DEPARTMENT OF HEALTH SERVICES
Behavioral Health Division



SALUD MENTAL DEL CONDADO DE SONOMA Y SUS COLABORADORES

CONEXIÓN ES PREVENCIÓN

ESTÁS INVITADO A SER PARTE DE ALGO EXTRAORDINARIO A TRAVÉS DE "LA CONEXIÓN ES PREVENCIÓN." JUNTOS, HAGAMOS LA DIFERENCIA MEJORANDO NUESTRO BIENESTAR MENTAL MEDIANTE EL PODER DE LA CONEXIÓN. ÚNETE A NOSOTROS PARA CONSTRUIR UNA COMUNIDAD MÁS COMPASIVA, DONDE TODOS SE SIENTAN APOYADOS Y VALORADOS.

MIÉRCOLES, 25 DE SEPTIEMBRE DE 2024

4:00PM - 6:00PM

HANNA CENTER

17000 ARNOLD DRIVE, SONOMA CA 95476

¡EVENTO GRATUITO Y TODOS SON BIENVENIDOS!



ACTIVIDADES LLENAS DE DIVERSIÓN



FORTALECIMIENTO COMUNITARIO



FERIA DE RECURSOS



COMIDA Y ¡HELADO GRATIS!



¡GANA PREMIOS!

PARA MÁS INFORMACIÓN, ESCANEE EL CÓDIGO QR CON LA CÁMARA DE SU SMARTPHONE.



<https://tinyurl.com/4z8cwjjw>



Hanna Center

**CONTÁCTENOS PARA MÁS INFORMACIÓN:
MHS@SONOMA-COUNTY.ORG**





**SONOMA COUNTY BEHAVIORAL
HEALTH & PARTNERS**

CONNECTION IS PREVENTION

YOU ARE INVITED TO BE A PART OF SOMETHING EXTRAORDINARY THROUGH "CONNECTION IS PREVENTION." TOGETHER, LET'S MAKE A DIFFERENCE BY ENHANCING OUR MENTAL WELL-BEING THROUGH THE POWER OF CONNECTION. JOIN US IN BUILDING A MORE COMPASSIONATE COMMUNITY WHERE EVERYONE FEELS SUPPORTED AND VALUED.

FREE EVENT & OPEN TO ALL!



FUN-FILLED ACTIVITIES



COMMUNITY BUILDING



RESOURCE FAIR



FOOD & FREE ICE-CREAM!



WIN PRIZES !!

**FOR MORE INFORMATION, SCAN
THE QR CODE WITH YOUR SMART
PHONES CAMERA**



<https://tinyurl.com/4z8cwjjw>

WEDNESDAY, SEPTEMBER 25, 2024

4:00PM - 6:00PM

HANNA CENTER

17000 ARNOLD DRIVE, SONOMA CA 95476



Hanna Center

**CONTACT US FOR MORE INFORMATION
MHS@SONOMA-COUNTY.ORG**





SALUD MENTAL DEL CONDADO DE SONOMA Y SUS COLABORADORES

CONEXIÓN ES PREVENCIÓN

ESTÁS INVITADO A SER PARTE DE ALGO EXTRAORDINARIO A TRAVÉS DE "LA CONEXIÓN ES PREVENCIÓN." JUNTOS, HAGAMOS LA DIFERENCIA MEJORANDO NUESTRO BIENESTAR MENTAL MEDIANTE EL PODER DE LA CONEXIÓN. ÚNETE A NOSOTROS PARA CONSTRUIR UNA COMUNIDAD MÁS COMPASIVA, DONDE TODOS SE SIENTAN APOYADOS Y VALORADOS.

MIÉRCOLES, 25 DE SEPTIEMBRE DE 2024

4:00PM - 6:00PM

HANNA CENTER

17000 ARNOLD DRIVE, SONOMA CA 95476

¡EVENTO GRATUITO Y TODOS SON BIENVENIDOS!



ACTIVIDADES LLENAS DE DIVERSIÓN



FORTALECIMIENTO COMUNITARIO



FERIA DE RECURSOS



COMIDA Y ¡HELADO GRATIS!



¡GANA PREMIOS!

PARA MÁS INFORMACIÓN, ESCANEE EL CÓDIGO QR CON LA CÁMARA DE SU SMARTPHONE.



<https://tinyurl.com/4z8cwjjw>



Hanna Center

**CONTÁCTENOS PARA MÁS INFORMACIÓN:
MHS@SONOMA-COUNTY.ORG**





Alianza para la Prevención del Suicidio del Condado de Sonoma
Sonoma County Suicide Prevention Alliance

Creating hope through action.

Let's build a
LIFE WORTH LIVING
together

Life Worth Living, Sonoma County's Suicide Prevention Alliance invites you to connect with your community to learn about available resources and opportunities, enjoy family-friendly activities, try new food, have fun and win cool prizes!

Join us at this year's Connection is Prevention Events



Connection is Prevention in Santa Rosa
Saturday, September 7, 2024
Old Courthouse Square 10am - 1pm



Connection is Prevention in Cloverdale
Saturday, September 21, 2024
Cloverdale Plaza 10am - 1pm



Connection is Prevention in Sonoma
Thursday, September 26, 2024
Hanna Center 4pm - 6pm



For a list of trainings, events, and more information scan the QR code.

If you or someone you know needs help now,
call or text 988



September is suicide prevention awareness month.





The PEI Project: Achieving More Together to Support Californians

Fiscal Year 2023-24 Impact

Participating California counties pool local Prevention and Early Intervention (PEI) funds through the California Mental Health Services Authority (CalMHSA) to support the ongoing implementation of the PEI Project statewide. The PEI Project consists of a series of campaigns designed to raise awareness about mental health needs, reduce stigma, prevent suicides and promote mental wellness.

In 2021, CalMHSA, following direction from its Board of Directors, began reimagining the next phase of its PEI Project, which led to the creation of *Take Action for Mental Health*. This multi-faceted statewide public awareness initiative encourages individuals to take proactive steps for their own mental health and the mental health of others through three key pillars: **Check In**, which promotes staying connected and engaged in conversations about well-being; **Learn More**, which emphasizes the importance of mental health education to reduce stigma and increase understanding; and **Get Support**, which encourages individuals to seek professional help or access community resources to address mental health challenges.

The PEI Project's impact extends beyond county lines, spreading the message of *Take Action for Mental Health* throughout California. This statewide effort is essential for fostering a culture of mental wellness, regardless of where people live, work or play. In FY 2023-24, the project focused on diversity, equity and inclusion, with a particular emphasis on supporting marginalized communities. Key initiatives included:

- **Juneteenth** micro-campaign
- Collaborations with streetwear designer and influencer **Khano Ngo** for the AAPI community
- Support for **Transgender Day of Remembrance** and **Pride Month**

Statewide Achievements in FY 2023-24

The *Take Action 4 Mental Health* campaign disseminated both physical and digital materials for key events, including:

- **Mental Health Awareness Month** (May)
- **Juneteenth**

CHECK IN

LEARN MORE

GET SUPPORT





- **Pride Month** (July)
- **Suicide Prevention Week and Month** (September)
- **Winter Wellness** (December-January)

Outreach to Youth and Young Adults

The PEI Project continues to prioritize outreach to younger populations, with approximately **61.67% of support provided to individuals under 25 years old** (as defined by Title 9 Regulations). Below are the estimates for outreach and program evaluation within this demographic:

- **Outreach:** 55% of participants are under 25 years old (social media); 55% toolkits and collateral
- **Evaluation:** 65% of individuals served are under 25

Paid Media Impact

The PEI Project achieved significant reach through paid media efforts, with the following key metrics:

- **Total:** 9,134,360
 - General Market: 5,360,571
 - Hispanic Market: 1,081,843
 - LGBTQIA+ and BIPOC Communities: 2,691,946
- **Total Reach:** 1,694,234
 - General Market: 1,112,970
 - Hispanic Market: 338,420
 - LGBTQIA+ and BIPOC Communities: 603,552

Organic Social Media Impact

The PEI Project saw notable impact through organic social media with the following key metrics:

- **Total Reach:** 16,119
- **Total Engagement:** 484 (likes, reposts, views, mentions)

[CHECK IN](#)

[LEARN MORE](#)

[GET SUPPORT](#)





Take Action Website Metrics

The *Take Action for Mental Health* website has become a key resource for individuals seeking mental health information and tools:

- **Sessions:** 105,558
- **Resources Downloaded:** 9,133

September 2023 – Suicide Prevention Week: Suicide Prevention Activation Kit

The **Suicide Prevention Activation Kit** provides a range of resources to support individuals and organizations in raising awareness during **National Suicide Prevention Awareness Week** and throughout the year. Key materials in the kit include:

- Guides for creating **social media posts**
- **Infographics** for awareness campaigns
- **Activity Tip Sheets** for community engagement
- **Downloadable posters** tailored for diverse communities

These resources aim to help individuals recognize warning signs, initiate meaningful conversations, and connect with local suicide prevention resources. The goal of the kit is to empower everyone to take action and promote the importance of suicide prevention.

Website Activity During Suicide Prevention Week:

- **Sessions:** 5,246
- **Resources Downloaded:** 1,124

These metrics highlight the active engagement and utilization of the resources during **Suicide Prevention Awareness Week**.

December 2023 – Winter Wellness

The **Winter Wellness Digital Toolkit** offers resources designed to help individuals maintain their mental well-being during the colder months. This toolkit addresses the unique challenges of winter, including **seasonal affective disorder (SAD)** and isolation. It includes practical materials such as:

[CHECK IN](#)

[LEARN MORE](#)

[GET SUPPORT](#)





- **Wellness tips** for managing winter-related stress
- **Activity guides** to promote engagement and connection
- **Social media content** to raise awareness and encourage self-care

These resources support individuals in prioritizing self-care, staying connected, and engaging in positive activities that promote mental health during the winter season.

Resource Link: [Winter Wellness Archives - Take Action for Mental Health](#)

May 2024 – May is Mental Health Matters Month

The **May is Mental Health Matters Month 2024 Toolkit** includes essential resources to raise awareness and promote mental health during **Mental Health Matters Month** in May. The toolkit contains:

- **Social media content**
- **Educational resources**
- **Activity ideas**

These resources are designed to reduce stigma, increase understanding, and encourage open conversations about mental health. They equip individuals and organizations with the tools to engage communities, raise awareness, and create a supportive environment for mental well-being, with a focus on inspiring action year-round.

Website Campaign Results:

- **Sessions:** 67,218 (14.5x increase month-over-month compared to April 2024)
- **Resources Downloaded:** 1,930 (Nearly 2x increase month-over-month compared to April 2024)

A specialized landing page for this campaign generated **48,216 sessions**, and the paid media campaign drove **86%** of the total website traffic in May.

Link to Resources: [May is Mental Health Matters Month Archives - Take Action for Mental Health](#)

CHECK IN

LEARN MORE

GET SUPPORT





June 2024 – Pride Month

The **Pride Digital Toolkit** provides resources to support mental health and well-being within the **LGBTQIA+ community** during Pride Month and beyond. The toolkit includes:

- **Social media content**
- **Educational materials**
- **Activity ideas**

These resources promote inclusivity, reduce stigma, and celebrate LGBTQIA+ identities. The goal is to create supportive environments, raise awareness about mental health challenges, and crucial resources.

Link to Resources: [PRIDE Month Archives - Take Action for Mental Health](#)

June 2024 – Juneteenth

The **Juneteenth Digital Toolkit** promotes mental wellness and raises awareness about the significance of **Juneteenth**, which celebrates the emancipation of enslaved African Americans. The toolkit includes:

- **Social media content**
- **Activity ideas**
- **Educational resources**

These materials encourage conversations, foster unity, and support mental health in Black communities, emphasizing both historical reflection and contemporary issues.

Link to Resources: [Juneteenth Archives - Take Action for Mental Health](#)

CHECK IN

LEARN MORE

GET SUPPORT



5





LIFE WORTH LIVING

VIVA LA VIDA

Alianza para la Prevencion del Suicidio del Condado de Sonoma
Sonoma County Suicide Prevention Alliance

Sonoma County Suicide Prevention Strategic Plan

2024 - 2029

Dedication

This strategic plan is dedicated to residents of Sonoma County who have been touched by suicide: through experiencing suicidal thoughts, by a suicide attempt, as a loss survivor, or as a provider of care and support for individuals impacted by suicide. Together, we can make a difference by preventing the tragedy of suicide in our community as well as helping one another to create a life worth living.

You Are Not Alone

Please remember that help is available through local and national resources. If you or someone you care about is in emotional distress or thinking about suicide, help and support are available from a wide variety of services. For help identifying local resources, call 211.



The next pages have many of these services, focused on helping our community members safely navigate a crisis and find support.

Contact us: Life-Worth-Living-Suicide-Prevention@sonoma-county.org

Sonoma County Crisis Resources

988: Suicide Prevention & Crisis Lifeline (Answered locally by Bucklew Programs)

Call or text 988 from any phone in the U.S.

Chat online at www.988lifeline.org

Free, confidential, 24 hours a day, 7 days a week;

TTY: 1-800-799-4889



Sonoma County Mobile Support Team (MST)



Call 1 800-746-8181 to talk to our 24 hour a day, 7 days a week call center staff who can connect you with an in field crisis response team if needed.

The MST is staffed by licensed mental health clinicians, certified substance abuse specialists, post-graduate registered interns, mental health consumers, and family members.

When MST responds and the scene is secured, staff provides mental health and substance use disorders interventions to individuals experiencing a behavioral health crisis, including an evidence-based assessment, crisis intervention, support, and referrals to medical and social services as needed. Follow-up services are provided by community members with personal mental health experience to help link community members to ongoing support.

Sonoma County Behavioral Health - Crisis Stabilization Unit & Crisis Line:

707-565-4970



2225 Challenger Way Santa Rosa, CA 95407
The Crisis Stabilization Unit (CSU) provides 24 hours, 7 day-a-week crisis intervention, assessment, medication, and up to 23 hours of supportive care for individuals in an acute mental health crisis. Services are available for children, youth, adults, and their families. Referrals are made to Crisis Residential Services or inpatient mental health facilities for those needing a higher level of psychiatric inpatient care.

Substance Use Treatment Services - County of Sonoma Treatment Services for Adults:
<https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/behavioral-health/services/substance-use-disorder-services/adult-sud-treatment>

Substance Use Disorder Provider Directory:
<https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/behavioral-health/services/substance-use-disorder-services/adult-sud-treatment>

ADDITIONAL RESOURCES:

For teens, call **TEEN LINE** at **800-852-8336** or text TEEN to **839863**

For transgender people, call the **Trans Lifeline** at **877-565-8860**

For Veterans, dial **988 and then press 1** or text **838255**

For law enforcement personnel, call the **COPLINE** at **800-267-5463**

For other first responders, call the **Fire/EMS Helpline** at **888-731-FIRE (3473)**

For non-emergency emotional support, call **Peer-Run Warmline** at **855-845-7415** or chat online at: mentalhealthsf.org/peer-run-warmline



Table of Contents

Call to Action.....	5
Life Worth Living: Sonoma County Suicide Prevention Alliance Charter.....	8
Why Diversity, Equity and Inclusion Matter in Suicide Prevention.....	10
How to Use This Plan.....	13
A Comprehensive Approach to Suicide Prevention & Creating a Life Worth Living.....	14
Building Shared Knowledge.....	15
Stigma, Myths, and Misconceptions.....	19
Risk Factors, Protective Factors, and Warning Signs.....	21
Using Data for Effective Suicide Prevention Planning.....	24
Strategies, Objectives, and Activities.....	38
Strategy 1: Increase visibility and accessibility of behavioral health support and treatment resources.....	39
Strategy 2: Enhance connectedness and protective factors at the individual, family, and community level.....	42
Strategy 3: Provide culturally responsive, evidence-based and/or best practices suicide prevention training and education to Sonoma County residents.....	45
Strategy 4: Empower community members and service providers to use lethal means safety strategies to create safe environments for themselves and others.....	48
Strategy 5: Assist behavioral health providers to develop uniform policies and procedures to screen for suicide risk and connect to care in the least restrictive setting possible.....	50
Strategy 6: Promote effective suicide-related care and follow-up supports for individuals at high risk of suicide and their families.....	53
Strategy 7: Connect suicide loss survivors to timely and effective resources and supports.....	54
From Planning to Implementation.....	57
Alliance Members and Partners.....	58
Appendix A - Guiding Documents & Reports.....	60

A Letter from the Sonoma County Department of Health Services,



Dear Residents of Sonoma County,

In Sonoma County, we are struggling as a community with a public mental health crisis. A global pandemic, preceded by several devastating fires and floods, traumatized, and impacted our communities. Our increasing suicide rates are a part of this somber trend. In response, Sonoma County Behavioral Health Services Department invited community members, stakeholders, and service providers to join us in creating the “Life Worth Living: Sonoma County Suicide Prevention Alliance” which, in turn, developed this Suicide Prevention Strategic Plan.

Our goal with this strategic plan is to reduce suicides and suffering while building meaningful connections for our community; helping one another to find reasons for hope, healing, and connection. The Life Worth Living Alliance includes a wide variety of people from our community, dedicated to reducing suicides by offering hope to those of every culture, gender, and socioeconomic group across their lifespans. It is with deep appreciation to the Alliance that we thank them for their dedication to this cause and their tenacity during this process. Their input and collaborative spirit have made this possible. We believe that “connection is prevention”. Together we can create positive change. We know that by offering support and connection to those struggling with depression and suicidal thoughts, we can prevent suicide. The strategic aims and related activities in this plan were developed by reviewing local data, and examining local resources, strengths, and gaps, as well as stakeholder surveys. Our strategies are also aligned with California’s Strategic Plan for Suicide Prevention, *Striving for Zero*.

The Life Worth Living Alliance’s purpose is to promote help and hope to everyone at risk or affected by suicide, understanding that this touches each of our lives. It is our hope that this strategic plan will help support the efforts of the Alliance and make a meaningful impact on the communities we serve.

Thank you.

Sincerely,

Jan Cobaleda-Kegler

Call to Action: All of Us Must Play a Role in Suicide

Organizations and individuals throughout Sonoma County are invited to join our collective effort to combat suicide and its devastating consequences. With the support and partnership of individuals, agencies, and organizations, we can prevent suffering and suicide, together. No single individual, organization or sector can succeed alone in putting the strategies in this strategic plan into action. We invite all community members to look at this plan to see where they fit in, and we hope that you will be inspired to get involved and take action to create a suicide-safer community.

At work, at home, at school, and in our community -- anyone and everyone can help:

- **Learn the warning signs of suicide and steps to take if you are concerned for yourself or someone you care about.**
 - For more information visit: www.suicideispreventable.org/
 - If you notice signs of suicide, talk to the person about your concerns and ask directly: “Are you thinking about suicide or feeling that life may not be worth living?” Communicating openly about suicide and asking about suicide has been shown to be lifesaving. It encourages people to seek help, promotes a sense of belonging, and connects people to care.
 - Encourage someone who is thinking of suicide to call the Suicide & Crisis Lifeline at 988 or reach out to another resource. You can also call 988 to learn more about how to help.
- **Use best practice language.** Whether you are a member of the media, designing a brochure, posting on social media, or simply conversing with a friend on suicide-related matters, you can help reduce the negative impact of stigma around suicide by following best practices:
 - Read about language and stigma in this plan and work to apply these principles in your daily life. Visit [https://theactionalliance.org/messaging_or https://suicidepreventionmessaging.org/](https://theactionalliance.org/messaging_or_https://suicidepreventionmessaging.org/).
 - Help educate others in your community, workplace, school, and home life about stigma and person-first language.
- **Promote, support, and participate in suicide prevention training and presentations.**
 - Search for in-person and virtual training opportunities and resources.
 - Ask for a presentation for your school, organization, or workplace.

- **Support suicide prevention in the workplace.**

- Strive for personnel, paid time off, and employee assistance policies and practices that promote employee and workplace behavioral health before, during, or after a crisis.
- Provide and/or promote employee and manager training on suicide prevention, intervention, and means safety.
- Prepare your workplace to be able to respond to a suicide attempt or loss by developing awareness of community resources that can be shared with employees.
- Normalize conversations about behavioral health; promote awareness of helpful resources such as 988, the National Suicide & Crisis Lifeline.

- **Reduce access to lethal means for suicide.**

Means safety is about limiting a person's access to means by which they may cause themselves harm. This is a practical, lifesaving approach to prevent suicide by making the environment safer for someone who is or may become suicidal, as well as after a suicide attempt.

- Participate in Counseling on Access to Lethal Means or other trainings for means safety.
- Visit **strivingforsafety.org** to learn more about means safety steps anyone can take, including:
 - Keeping medications securely stored; disposing of unused, unwanted, or expired medications.
 - Reviewing the steps to respond to a suspected drug overdose.
 - Keeping guns securely stored and learning about local laws/options for firearm storage outside the home.

- **Get involved in the Life Worth Living: Sonoma County Suicide Prevention Alliance.**

This Alliance is open to the public and meets regularly to coordinate suicide prevention efforts across Sonoma County, advance best practices, support implementation of this strategic plan, and host community awareness events.

To learn more, email: Life-Worth-Living-Suicide-Prevention@sonoma-county.org



Participants in the 1st Annual Connection is Prevention Event in September 2023.

SONOMA COUNTY SUICIDE PREVENTION ALLIANCE CHARTER



Alianza para la Prevencion del Suicidio del Condado de Sonoma
Sonoma County Suicide Prevention Alliance

The Life Worth Living Alliance: Sonoma County Suicide Prevention Alliance (Life Worth Living Alliance) is a County-wide initiative funded by the Sonoma County Board of Supervisors and led by the Department of Health Services, Behavioral Health Division. The group forming this alliance began meeting in the fall of 2022 and continues to meet monthly, organizing special events and ongoing activities throughout the year. The heart of the group is its strong collaboration with key community partners, including broad representation and involvement from community stakeholders and service providers. The group includes community members with lived experience (individuals with behavioral health challenges and suicidal ideation and attempts), County staff, community organizations, education, behavioral health providers, Veterans Affairs, and public partners across key settings. Everyone in Sonoma County is invited and encouraged to share feedback and contribute ideas to planning and implementing the Alliance’s suicide prevention efforts.

MISSION:

Work collaboratively to create a community where anyone impacted by suicide is supported when and where they need it. We envision a community with robust and diverse supports, where members feel connected to others and strive to help one another to build a life worth living.

PURPOSE:



GUIDING PRINCIPLES:

While striving to prevent suicide, we also want to support our fellow community members in helping one another to create a life worth living, to safely navigate crises, and to find support. To do this, we aim to follow these principles our work:



WORKING AGREEMENTS:

- To make our work effective, equitable, and harmonious
- Respect different opinions and value all contributions and feedback.
- Accept that agreement and consensus on every detail isn't a requirement.
- Respect what the group and the community as a whole wants/needs.
- Commit to and follow a structured process for our meetings.
- Respect each person's different experience(s), learning, and comfort level.
- Encourage authenticity and connection.
- Engage in brave and honest conversations to bring about meaningful change.
- Acknowledge that we do not all share all the same values and priorities.
- Promote individual self-care and encourage each other to seek support when needed.

In addition to the Strategies outlined in the Plan, the Alliance will work to:

- Maintain an alliance that represents the diversity of our community; provide leadership to establish and continue partnerships necessary to reduce suicidal behavior.
- Prioritize input from individuals with life experience around suicide ideation, attempts, and loss; strive to ensure that planning processes are accessible to them.

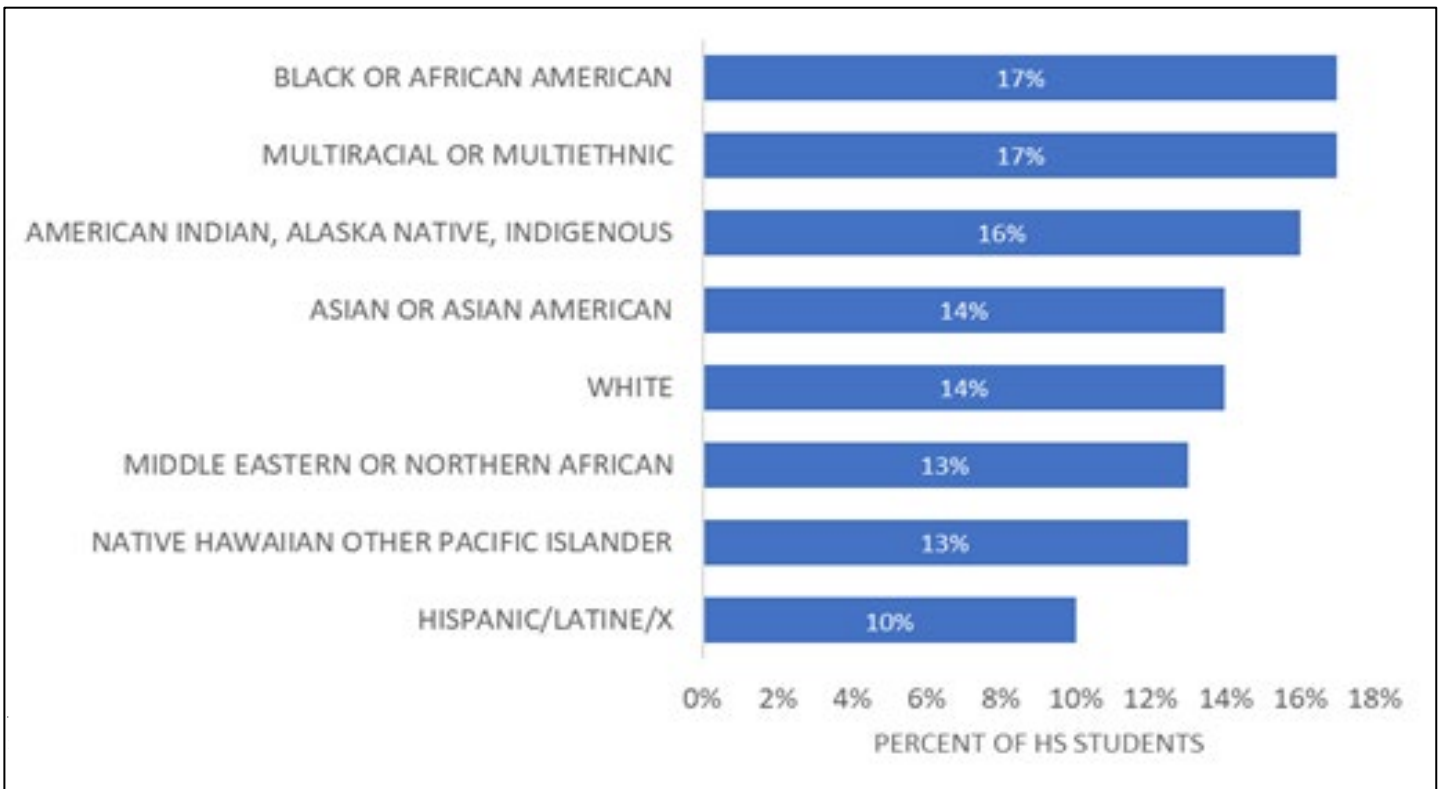
- Identify ways to integrate existing suicide prevention, intervention, and survivor supports into local programs and activities. Aim to prioritize collective impact and avoid duplicating efforts.

Why Diversity, Equity, and Inclusion Matter in Suicide Prevention

The values of Diversity, Equity, and Inclusion (DEI) are particularly relevant to developing a plan to prevent suicide, as specific populations are disproportionately impacted by suicide. Socio-economic challenges, discrimination, and policies rooted in racism, place these groups at higher risk for behavioral health conditions that may escalate, leading to suicidal behaviors.

The County Board of Supervisors unanimously approved a proclamation to designate racism as a public health crisis in 2024, placing racial equity at the forefront of county policies and services¹. This declaration came at a time in which county data indicate that suicidal ideation and death by suicide is on the rise in Sonoma County for African/Black Americans, Latinx, and LGBTQ+ populations.

The 2018-2022 Youth Truth Survey revealed that a higher percentage of African American/Black, Multiracial, and Native American/Indigenous youth in Sonoma County reported experiencing suicidal ideation compared with their peers. When the data on suicide ideation was examined further, by sexual orientation and gender/transgender, the percentage of self-reported suicide ideation was even higher.



According to the Youth Truth survey, 28-30% of students who self-reported suicide ideation identified as gay, lesbian, or bi-sexual. Transgender and non-binary youth represented even larger percentages (39% and 34%) of self-reported suicidal ideation.

Another troubling trend, documented by the California Department of Health Care Access and Information, reported the overall rate for **non-fatal emergency room visits** in Sonoma County doubled in the five-year period (2016-2021), from 225 to 473 per 100,000. Sonoma County's rate is also significantly higher than the state rate of 277 per 100,000.

Rates for non-fatal emergency room visits with suicide ideation have also risen. This is concerning for the African American/Black, White, and Hispanic/Latinx communities, as their rates doubled or nearly doubled since 2016. However, rates for **non-fatal emergency room visits for suicide attempts** decreased for African American/Blacks while rates for Whites and Hispanic/Latinx trended slightly upward.

Concerningly, the number of deaths by suicide among Hispanic/Latinx people in Sonoma County more than doubled between 2016 and 2022 (from 7 deaths in 2016 to 16 deaths in 2022). These deaths were predominantly among males, between the ages of 25 – 44, a trend observed throughout California.

The County Department of Health Services – Behavioral Health Division has partnerships with several community organizations that serve the Hispanic/Latinx, African American/Black, and Indigenous communities through an array of behavioral health prevention, early intervention, and/or treatment programs, including:

- Community Baptist Collaborative
- County of Sonoma Human Service Department - *Unidos Por Nuestro Bienestar*
- La Luz
- Latino Service Providers
- On the Move - *Nuestra Cultura Cura*
- Sonoma County Indian Health Project - Aunties and Uncles & Community Programs

In 2023, the Behavioral Health Division conducted a series of ten Listening Circles to learn more about the behavioral health needs of county residents. Four sessions were held with Hispanic/Latinx community members (including immigrant- and U.S.-born youth and adults) in Sonoma Valley, Cloverdale, and Guerneville, as well as LGBTQ+, African American/Black, and Asian community members. The key findings of the Listening Sessions were that these community members identified discrimination as a significant threat to behavioral health and wellbeing. They noted an increase in stress and depression linked to the multiple natural disasters, the 2020 pandemic, and the rising cost of living. In addition, isolation and loneliness were mentioned as a high-need priority and most participants said they were not aware of behavioral health support services.



HOW TO USE THIS PLAN

Community members (individuals, families, and organizations) and service providers are encouraged to use this plan as a guide to actions they can take to help prevent suicide in Sonoma County.

Background: Explains why a comprehensive approach to suicide prevention, intervention, and postvention, is needed to make meaningful and sustainable change.

Data: Shows the impact of suicide on Sonoma County residents, including population groups that are disproportionately impacted by suicide, helping identify where prevention efforts should be focused.

Strategies & Activities: Provides an overview of prioritized prevention efforts and considerations for their implementation; community members, organizations and service providers are encouraged to focus on aspects of most interest and/or relevance to them.

A note on language: The alliance values the lived experience and choices of all people, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, disability, geographic location, or socioeconomic circumstances. To reflect this, an effort was made to use inclusive, person-first language throughout this plan. Despite these efforts, specific terminology or language may be unintentionally offensive or stigmatizing to some individuals or populations. Language is subjective, and the meaning and use of language changes over time.



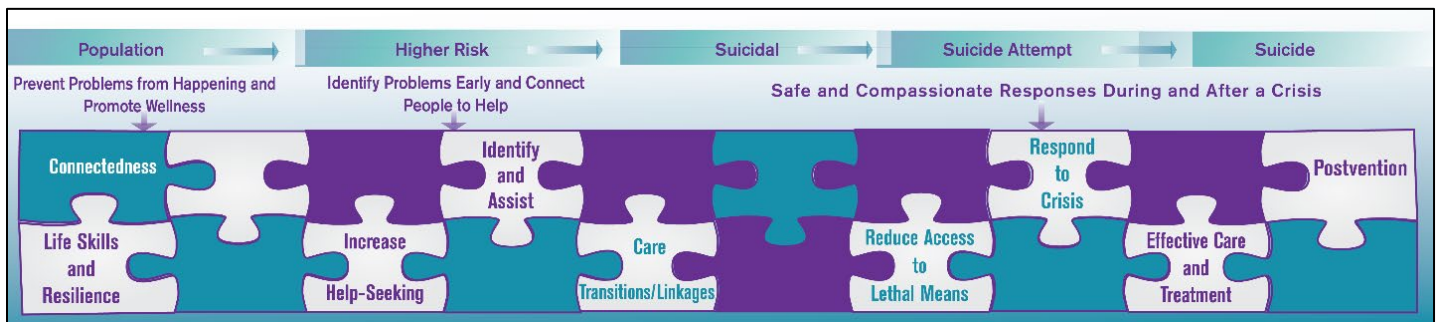
The plan's terminology is intended to reduce stigma faced by communities and populations disproportionately impacted by suicide. Our hope is to communicate in a manner that reflects a vision for a collective, inclusive, and respectful approach to suicide prevention in our community.

Supervisor Chris Coursey presenting a Proclamation to our Behavioral Health Division Director Jan Cobaleda-Kegler for Suicide Prevention

Background: Why a Comprehensive Approach to Suicide Prevention is Needed

Public Health Model: Suicide is a complex public health problem involving many factors. Effective suicide prevention requires a combination of strategies at the individual, community, and population levels to prevent problems from occurring in the first place and to provide access to effective care and support when problems do occur. Programs that have taken this approach to suicide prevention have demonstrated reductions in suicidal behaviors, as well as other negative outcomes.

The Suicidal Crisis Path Model: This approach to suicide prevention offers a framework (see below) for conceptualizing the different stages of suicide as a public health problem, from strategies to prevent a crisis in the first place to after-care following a suicide attempt or death. It helps align suicide prevention strategies and considerations with each stage along this crisis pathway. ²



In the graphic above, the Suicide Crisis Path is paired with the nine strategies adapted from the Suicide Prevention Resource Center. Each can be advanced through an array of possible activities (i.e., programs, policies, practices, and services).

Social Ecological Model: The Social Ecological Model helps to systematically consider the different levels of influence that contribute to an individual's health behaviors. Within this model, there are interactions between individual, interpersonal, organizational, community, and public policy factors that influence risk, as well as factors that prevent suicidal behavior. The model helps when identifying and describing how factors at multiple levels impact the possible risk of suicide.

² Based on Suicide Prevention Resource Center Comprehensive Approach to Suicide Prevention and the Suicidal Crisis Path Model developed by Lezine, D.A. & Whitaker. N.J., published in Fresno County's Community-Based Suicide Prevention Strategic Plan, 2018



Graphic above: Social Ecological Model.

Building Shared Knowledge about Suicide

Definitions:

Definitions and key concepts for prevention of suicidal behaviors reflect a broad continuum of risk and include: desire to die; suicidal ideation; suicide attempt planning; suicide attempt; and death by suicide. The Centers for Disease Control and Prevention (CDC) uses the term **self-directed violence** to describe a range of violent behaviors that can be fatal or non-fatal, suicidal, or non-suicidal; suicide itself is defined as “death caused by self-directed injurious behavior with any intent to die as a result of the behavior.”

Behavioral Health: Behavioral health includes the emotions and behaviors that affect your overall well-being. Behavioral health services include both mental health and substance use.

Crisis Lines: Provide immediate support and facilitate referrals to medical and mental health care, and community support services. Trained crisis counselors provide support and promote problem-solving and coping skills via phone, text or online chat for individuals experiencing emotional or psychological distress.

Continuity of Care/Follow-Up Supports: The weeks and months following a suicide attempt are frequently ones with elevated risk, in particular the days following discharge and before outpatient visits are scheduled. Additionally, as many as half of initial follow-up behavioral health appointments are not completed. Follow-up interventions, also known as “postvention,” are implemented after discharge from a hospital emergency department, hospital, or other behavioral health crisis care setting. Along with attempt or loss survivor support groups, and access to clinicians trained in suicide risk, postvention strategies that have shown promise in preventing future suicide attempts.

Crisis Residential Services: Provides voluntary, community-based care for individuals who have experienced a behavioral mental health crisis; a less-restrictive, supportive alternative to psychiatric hospitalization. Staff often include peer support specialists with lived experience of mental illness, including suicide thoughts or attempts.

Crisis Stabilization Services: Provides short-term care (up to 23 hours) for individuals in an acute behavioral health crisis; makes referrals to crisis residential or inpatient psychiatric facilities for those needing longer-term inpatient care.

Interrupted Suicide Attempt: self-directed potentially injurious behavior effort to with any intent to die that is stopped by the person attempting self-harm, or by another individual prior to fatal injury. This can occur at any point during the act, such as after the initial thought or after the behavior has started.

Mobile Crisis Teams: Provide de-escalation, assessment, and connections to care or support services for individuals experiencing a behavioral health crisis, wherever the individual is at (home, school, work or in the community). Their main objectives are to provide a timely response, assess the individual’s needs and when possible, resolve the immediate crisis situation when more intensive care is not needed.

Preparatory Acts: Preparation toward making a suicide attempt, taken before potential

for harm has begun. This can include any action beyond a verbalization or thought, such as purchasing a firearm or preparing for one's death by suicide by giving away belongings.

Self Harm or Non-suicidal self-injury is behavior that is self-directed and deliberately results in injury or the potential for injury to oneself, with no evidence - implicit or explicit - of suicidal intent.

Suicide Attempt: a non-fatal, self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury and starts with the first action taken with any intent of suicide.

Suicidal Ideation: Having some desire to die or thinking about engaging in suicidal behavior. Suicidal ideation can be passive or active. If active, it may include: a method without intent to die or plan; a method and intent to die, but no plan; or a method, intent, and plan.

Warm Lines: Provide mental health support and/or resource information, often staffed by individuals with lived experience, but not intended for emergency situations.

The Role of Stigma in Suicide Prevention

Stigma refers to negative attitudes and beliefs about people with behavioral health needs, which may include mental health conditions, substance use disorders, or co-occurring substance use and behavioral health challenges. The severity of needs range from mild to moderate emotional or psychological distress to diagnosable illnesses and disorders.

Stigma not only discourages people from seeking professional help, but also can prevent individuals, families, and communities from connections with meaningful support. Stigma also impacts the reporting and recording of suicidal behaviors, including the circumstances leading up to a suicide (such as a previous attempt or death by suicide in the family). Consequently, prevention efforts are stymied by the underreporting of suicidal behavior.

Stigmatizing language that this strategic plan took care to avoid includes phrases such as: *committed* suicide; *successfully* completed suicide, *suicidal* person, *unsuccessful* or *failed* suicide attempt, and *mentally ill*.

Language Matters

The suicide prevention community is trying to clarify the ways we all refer to actions related to suicide to better support help-seeking behavior among those that are at risk. Historically, it has been commonplace to describe someone ending their own life as the individual having “committed suicide.” Consider what first comes to mind when you hear the word “commit?” Crime? Sin? Just the use of the word “commit” can carry an enormous amount of stigma and shame, preventing people from reaching out for the support they need.

Instead, it is recommended to use “died by suicide.” This phrase can’t be distorted and simply states the fact without placing shame or guilt on the individual or survivors of suicide loss. Another phrase to consider is “successful” versus “unsuccessful” to describe suicide attempts. There is no success or failure when it comes to suicide. These events should simply be referred to as a suicide death or a suicide attempt.

Through small changes in our own thinking and language, and through use of safe and effective messaging practices, we can all become leaders in changing the conversation about suicide in our communities, for the better.

Effective Messaging:

When it comes to suicide prevention, the terms, phrases and words we use can have a significant impact on the way messages are received. Messages, delivered through person-to-person conversations, presentations, data reports, outreach materials, etc. can encourage someone to seek help and reach out, or they can push people further from the support they need.

It is recommended to always evaluate any information you are sharing through a safety lens. Ask yourself: If a vulnerable individual who is thinking about suicide hears your conversation or sees your outreach materials, video, remarks or media coverage, how will it make them feel? Will it encourage them to feel hopeful and seek help, or will it increase their feelings of pain? How will your message be received by individuals who have lost a loved one to suicide?

The following guidelines are adapted from the Action Alliance on Suicide Prevention Framework for Successful Messaging (<https://suicidepreventionmessaging.org/>):

- Educate the audience on warning signs and, if appropriate, different ways people can get involved in local suicide prevention efforts.
- Use person-first language. For example, use **someone experiencing thoughts of suicide**; don't use suicidal.
- Focus on prevention and hope by using images and words that show people being supported, not suffering alone.
- Explain the complexity of suicide and avoid oversimplifying. It's natural to want to answer the "why" involved in a suicide, but there is usually not one event that is "the cause" of a suicide attempt or death.
- When discussing "risk factors" it is important to also include "protective factors" such as positive supports, connections, access to treatment and services, peers, equitable and anti-racist policies, and systems.
- Avoid sharing information about or images of means (e.g. weapons or medications) that could be used during a suicide attempt.
- Always provide a suicide prevention resource such as a crisis line.

Myths and Misconceptions

Myths and misconceptions about suicide also hinder prevention efforts. Below are common examples of these myths and the facts associated with each, based on research.

MYTH: Most suicides are impulsive and happen without warning.

FACT: Over 70 percent of people who die by suicide communicated their plans to someone, prior to death. Planning, including obtaining the means by which to attempt suicide and identifying a location, often happens well before the attempt. Most suicides

are preceded by warning signs, such as communicating the desire to die, having no reason to live, or feeling like being a burden.

MYTH: People who want to die are determined and there is no changing their minds.

FACT: Over 90 percent of people who were interrupted during a suicide attempt do not go on to die by suicide at another location or by other methods.

Research suggests that those at risk for suicide often show great ambivalence about the desire to die or live and express a high degree of suffering. The accounts of attempt-survivors suggest that many people are relieved to have lived through an attempt and regain their desire to live. This fact highlights the opportunity to intervene by separating a person at risk from lethal means for a suicide attempt.

MYTH: Talking about suicide with a person at risk will plant the seed for thoughts of suicide, increasing risk.

FACT: Communicating openly about suicide and asking about risk has been shown to be lifesaving. It encourages people to seek help, promotes a sense of belonging, and connects people to care.



Risk Factors, Protective Factors, and Warning Signs

Protective Factors are characteristics, including the absence of risk factors, that may make suicidal behavior more likely to occur. These may include connectedness to community, culture, spirituality or faith, and problem-solving skills, as well as access to health care, behavioral health care, social support, and the safe storage of lethal means such as guns and medications. Follow-up connections made by service providers and caregivers, after care for suicidal behavior or an attempt, are another form of protective factor.

Protective factors exist at many levels: individual, interpersonal, organizational, community, and in the form of public policy. They include but are not limited to the following:

- Life skills, especially during stressful events and life changes (including problem-solving and coping skills, ability to adapt to change)
- Coping skills and resource acquisition after previous suicidal behavior
- Cultural or religious beliefs that prohibit or discourage suicide
- High self-esteem and sense of worth
- Strong quality of life and sense of life purpose
- High sense of belongingness
- Connectedness to family or family of choice
- Genuine support from family or family of choice
- Relationships that affirm sexual orientation and gender identity
- Access to effective, affirmative health and behavioral health care
- Connectedness to neighborhood, community, or social group
- Religious affiliation or spiritual community membership



Left Pic: Danza Azteca group blessing at the 1st Annual Connection is Prevention Event in September 2023.

Right Pic: Artwork with hopeful and positive messages, created by participants at Connection is Prevention event.



Risk Factors are characteristics that, based on data, may make suicidal behavior more likely to occur, while protective factors are characteristics that make suicidal behavior less likely.

Suicide prevention efforts are effective when they target high-risk settings or risk factors that can be modified, such as by increasing screening and access to services for depression and other needs. Risk can be elevated during times of acute or lasting transition, such as a job loss, marital status change, hospitalization, housing change, and military service discharge or post-service-deployment. Risk appears to be additive – the more factors, the higher the risk – and it cuts across demographic, economic, social, and cultural boundaries.

Major risk factors for suicide are prior suicide attempt; substance use disorder; mood disorder, such as depression; access to lethal means; and physical health needs.

Suicide risk factors exist across the individual, interpersonal, organizational, community, and public policy level, including and not limited to:

- Prior suicide attempt(s)
- Thoughts of suicide with intent and planning (especially intense, pervasive, difficult-to-control thoughts); perceiving few reasons for living
- Demographic factors (male sex, indigenous or white ethnicity, middle to older age)
- Unmet acute or persistent physical health and behavioral health needs, including chronic pain, disability, substance use, and mood disorders
- Access to lethal means and gun ownership, especially having unlocked guns in the home
- Social isolation and low sense of belongingness
- Unstable mood or sleeping patterns, including insomnia and nightmares
- Hospitalization or incarceration
- Financial or employment problems
- End of a relationship or marriage, including by death or divorce
- Relationship dissatisfaction and problems, including abuse, unstable, or conflictual relationships
- Lack of access to appropriate and affirmative health and behavioral health care
- Disconnection from culture and cultural practices
- Cultural beliefs or institutions that promote social isolation
- Sensationalistic media coverage, especially for youth
- Behavioral health stigma and discrimination

Warning Signs are behaviors that *may* indicate acute risk for suicide. The behaviors below cannot predict a suicidal behavior, but they are important to be aware of. Suicide warning signs can also look different for different individuals and may be subtle.

Speaking directly with the person, sharing the behaviors you are noticing, and asking if they are related to thoughts of suicide are powerful steps everyone can take.

If you notice the signs above in yourself or another person, please do not wait. Reach out for help by calling or texting 988, the National Suicide and Crisis Lifeline (available 24/7 365 days a year).

Warning signs may include:

- Communicating a wish to die or plans to attempt suicide
- Having thoughts of suicide that are intense, pervasive, or difficult to control
- Looking for a way to kill oneself, such as searching online or obtaining a gun
- Giving away possessions
- Drafting notes indicating intent or desire for suicide
- Communicating feeling hopeless, having no reason to live
- Communicating feelings of guilt, shame, or self-blame
- Communicating feelings of being trapped or in unbearable pain
- Communicating being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly or engaging in risky activities
- Insomnia, nightmares, and irregular sleeping
- Withdrawing or feeling isolated
- Communicating or exhibiting anxiety, panic or agitation
- Appearing sad or depressed or exhibiting changes in mood
- Showing rage or uncontrolled anger or communicating seeking revenge

Using Data for Effective Suicide Prevention Planning

A comprehensive approach to suicide prevention requires telling a comprehensive story about suicide and suicide prevention in our communities. Data is one source of information that helps support: a common understanding of the problem, develop long term goals for suicide prevention, and set priorities. Everything cannot be changed at once; however, gathering, reviewing, and taking consideration of local data allows us to:

- Provide context to local issues of suicide
- Dispel misconceptions and raise awareness about how suicide impacts us all
- Focus effort where the problem is most severe
- Identify risk and protective factors in order to select interventions
- Persuade funders, policy and decisionmakers to invest in and prioritize suicide prevention efforts
- Evaluate and measure change over time

The Limitations of Data

Data does not tell the entire story and can be biased based on the design of research or in its analysis. Data has been used to perpetuate inequalities, leaving out groups who may be disproportionately impacted by suicide or other negative public health outcomes. When used for the purpose of advancing inclusion and equity, data can also be a powerful tool to help us get a more complete view of what is needed for suicide prevention.

By pairing data with deep listening, we can get answers to important questions, like "Who is not at the table? Whose voice is not yet being heard?" Additionally, resource mapping of programs, trainings, services, supports, and community strengths and needs can help us assess what can be built on and what gaps need to be filled.

Data on Progress and Programs

In addition to local data on suicide and suicide related behavior, the Alliance is dedicated to sharing information that shows how Sonoma residents are seeking help and helping one another to navigate suicidal crises and find support. In the future, this information will be a component of our annual report on suicide prevention in Sonoma County. Highlights of recent successes include:

QPR (Question, Persuade, Refer) Suicide Prevention Training through Sonoma County Office of Education:

- From August 2022 to May 2023, 3,127 residents were trained in QPR (Question, Persuade, Refer) suicide prevention training through Sonoma County Office of Education; (this includes 2,300 students, 394 educators, and 43 community members).
- Trainings were provided at 9 high schools, 4 middle schools, and 2 continuation schools
- Staff trainings were provided at 11 schools, with parent nights in English and Spanish in 2 districts

In 2022-2023, Sonoma County Office of Education's Behavioral Health and Wellbeing team also provided:

- Individual counseling (over 300 students), crisis counseling, and classroom lessons across 20 school districts.
- Teacher consultation and professional development focusing on equitable and healing-centered practices (Youth Mental Health First Aid, suicide risk screening, supporting school-based youth mental health, supporting LGBTQ youth, trauma-responsive classroom interventions etc.) provided to over 2,000 educators, school based mental health providers, school counselors, parents, and community members.
- 16 youth-focused events supporting 670 students including a Youth Advisory Council.
- Three Latino Service Providers *Pro Promotores* interns were trained to host peer listening sessions on youth mental health topics. The synthesized student responses and shared recommendations during a *Conversations in Community* event for over 500 educators and community members, before introducing speaker Dr. Nadine Burke Harris.

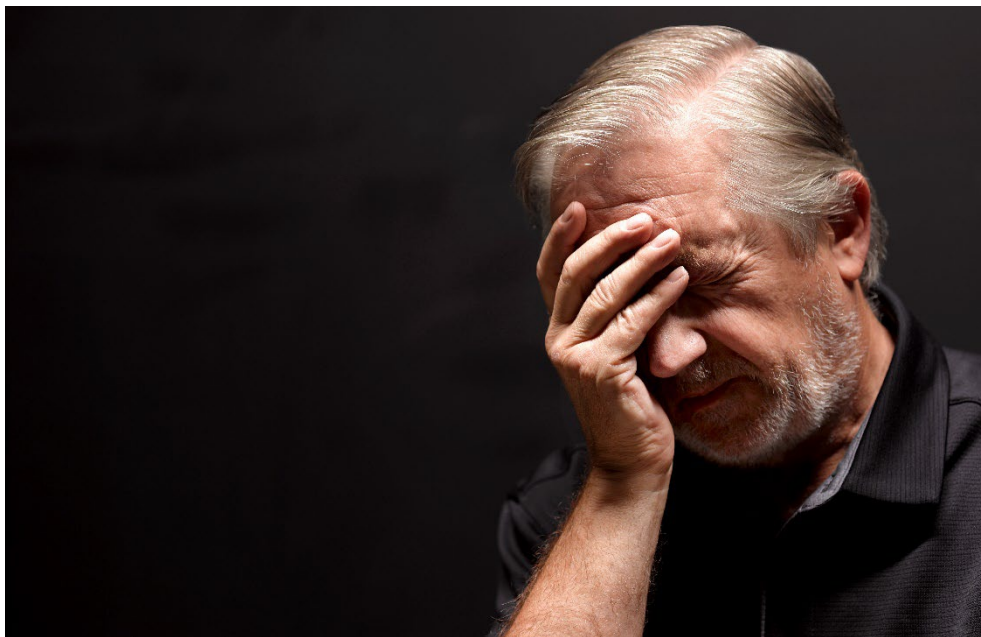
Sonoma County Suicide Prevention Alliance: Life Worth Living (through 2024):

- The coalition recruited members from a broad spectrum of community and government organizations that are concerned about suicide prevention. Members have participated in collaborative meetings, reviewing suicide related data, information sharing, and collaborative planning.
- Developed the Alliance name, charter, and logo. Alliance name and logo were developed by Alliance members with lived mental health experience.
- Participated in statewide Striving for Zero Strategic Planning Learning Collaborative
- Hosted inaugural annual suicide prevent month event: Connection is Prevention
- Hosted two Survivors of Suicide remembrance events
- Developed draft Sonoma County Suicide Prevention Strategic Plan

Local Suicide Related Data

Three main sources of statistical data are available that can support prevention planning:

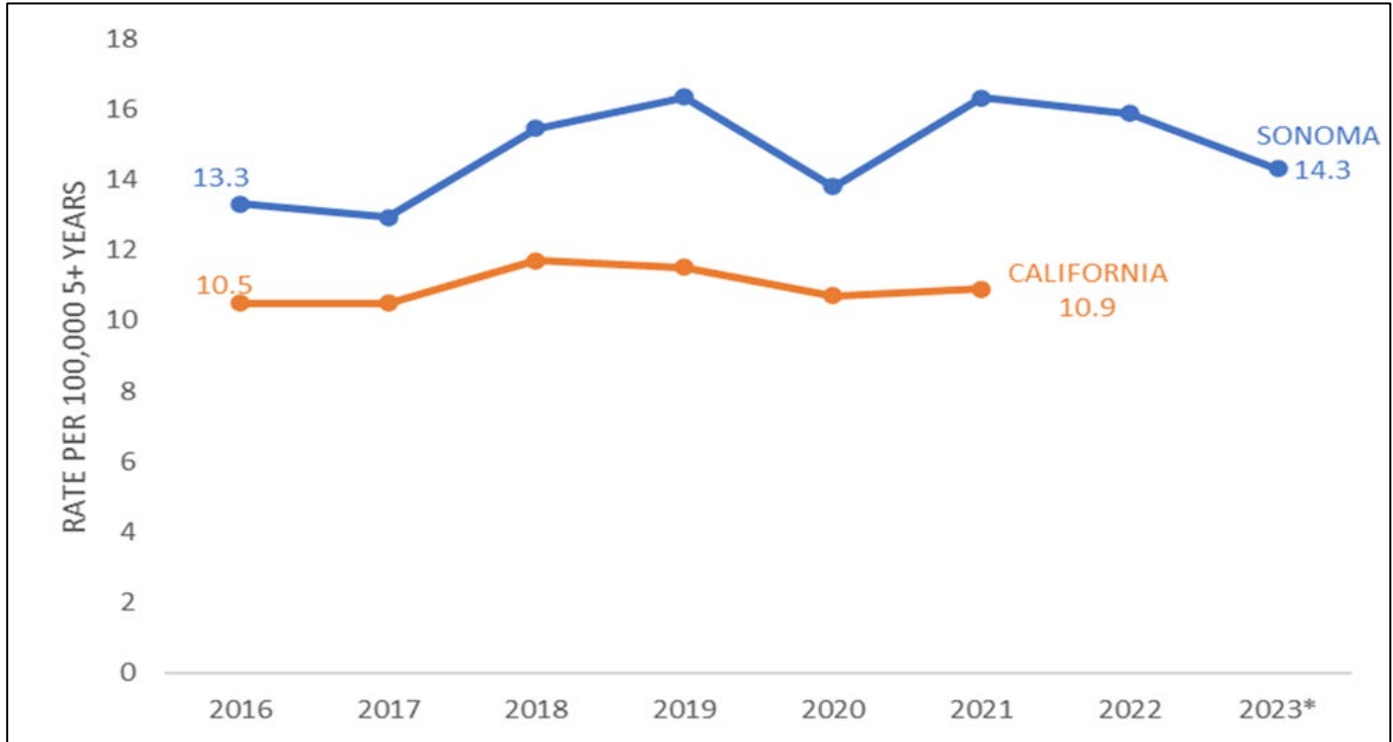
- **Mortality** refers to deaths that were confirmed to be suicide. Occasionally, deaths that may have been suicide are not reported as such because the coroner or medical examiner is not able to establish suicidal intent. In many jurisdictions, the threshold, or criteria to meet classification for a suicide is very high. Sources for this data include Coroners/Medical Examiners and public health and vital statistics agencies.
- **Morbidity** refers to nonfatal, *intentional* self-injuries. It is important to note that there are many hurdles to overcome for intentional injuries and suicide attempts to be recorded correctly such as (1) disclosure by patient, (2) recording by medical team, and (3) accurate or appropriate injury classification code assigned in a data system by staff. This data is helpful to gain an understanding of the prevalence of suicide attempts, but it is important to note that the actual number of suicide attempts in a community is likely to be higher, as this data does not include attempts that were not treated medically, sources include hospitals and Emergency Departments.
- **Suicidal ideation** refers to thinking about or wanting to take one's own life. Typically, this is self-reported data that is gathered through risk assessment or screening tools administered by health care or other providers or from surveys administered by phone or within specific settings, such as schools.



Suicide Deaths

Suicide Deaths in Sonoma County

Table 1: (Suicide death rates, people 5 years and older, 2016-2023).³



*Rates are preliminary and are age-adjusted to the 2000 US standard

Each year in Sonoma County about 73 people 5 years and older die by suicide. The suicide death rate in Sonoma County is significantly higher than the California rate and appears to be increasing while the state rate remains relatively flat.

While suicide can impact anyone, certain populations are at disproportionate risk. For example, Sonoma County data from 2016-2023 shows that suicide death rates are^{4*}:

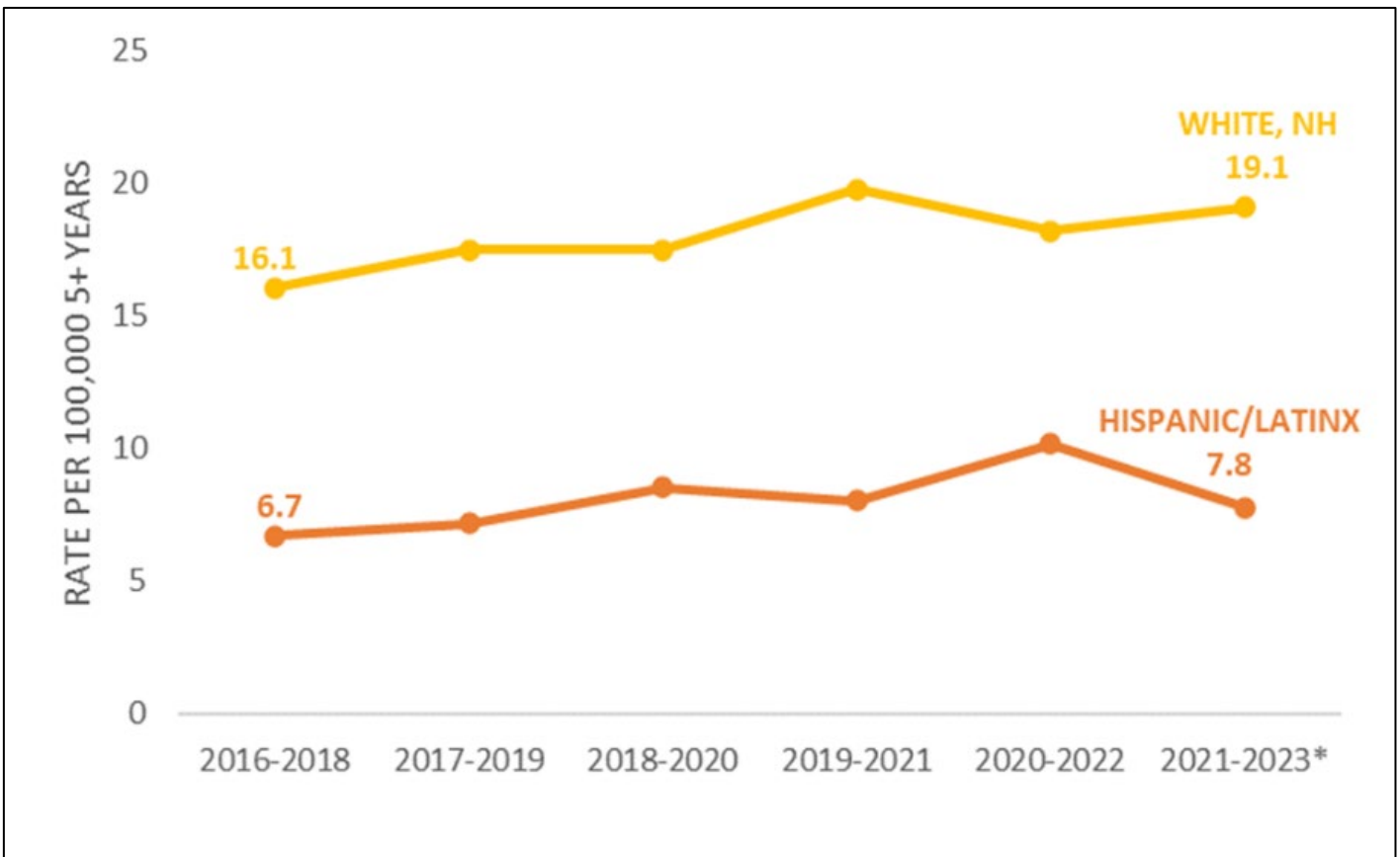
- Higher and increasing among men while decreasing among women.
- Increasing for adults aged 35-44 and over 75 years and decreasing among adults ages 55-64 years.
- Higher among persons experiencing homelessness.

³ Source: California Department of Public Health, California Comprehensive Death File, 2016-2023; note that as of this publication 2023 data is preliminary)

⁴ *Data not Shown

Suicide death rates by race/ethnicity

Table 2: (Suicide death rates by race/ethnicity, people 5+ years, 2016-2023).⁵



*Rates are preliminary and are age-adjusted to the 2000 US standard population

Source: CDPH, CCDF, 2016-2023

The suicide death rate remains higher among White, non-Hispanic people in Sonoma County and continue to increase. The suicide death rate among Hispanic/Latinx people in the county has also increased with the number of deaths from suicide more than doubling from 2016 to 2022.

⁵ Source: California Department of Public Health, California Comprehensive Death File, 2016-2023; note that as of this publication 2023 data is preliminary)

Suicide death rates by availability of resources

The Healthy Places Index is a measure of the social and economic resources in a geographical area that are needed to support health and wellbeing.

This measure assigns a score to each census tract in the state based on the amount of social and economic resources the residents of these areas have. Lower quartile areas have the fewest resources and higher quartile areas have the most resources.

Table 3: Suicide death rates by availability of resources in different parts of Sonoma County (Healthy Places Index Quartile, people 5 years and older, 2016-2023)

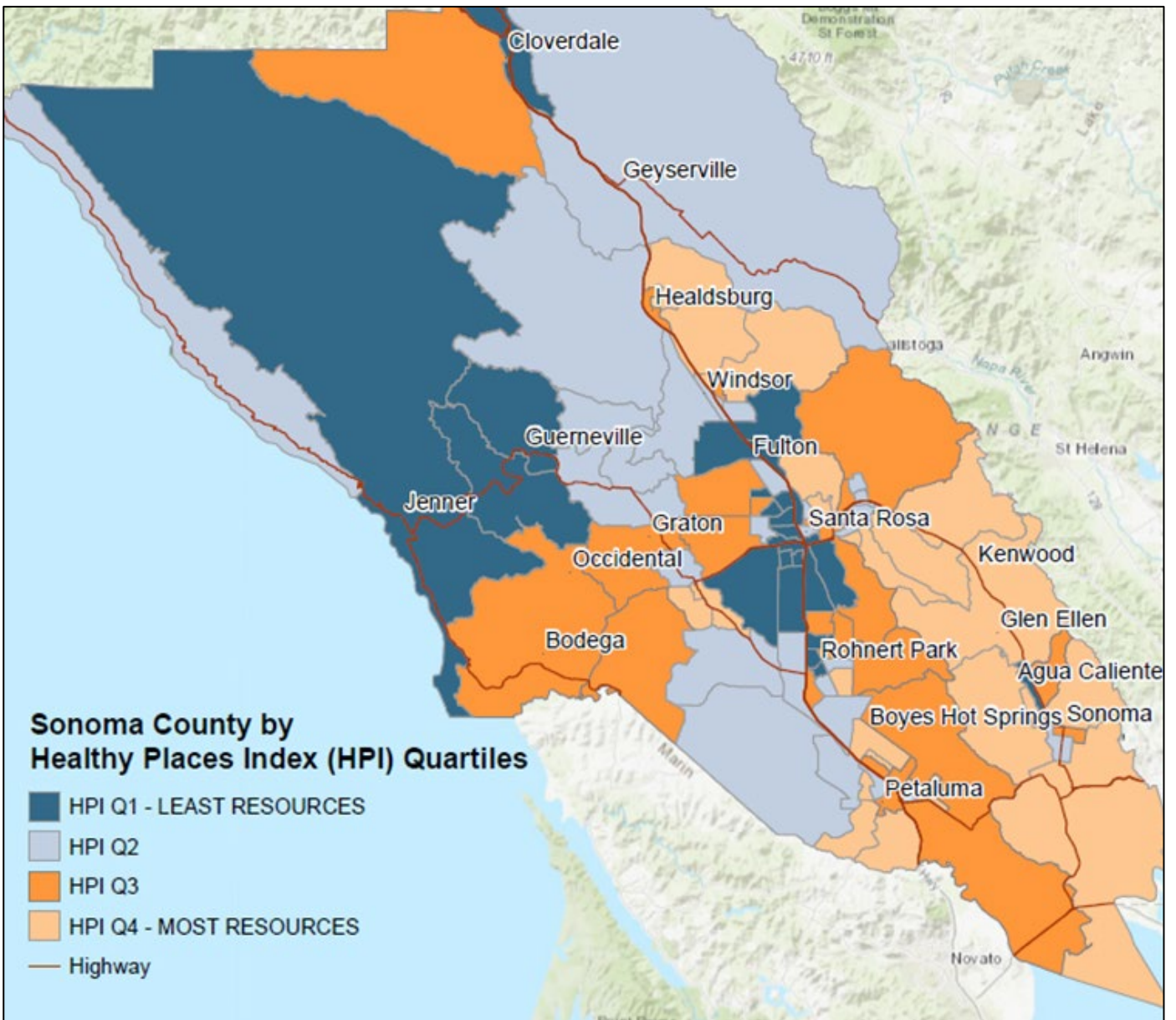
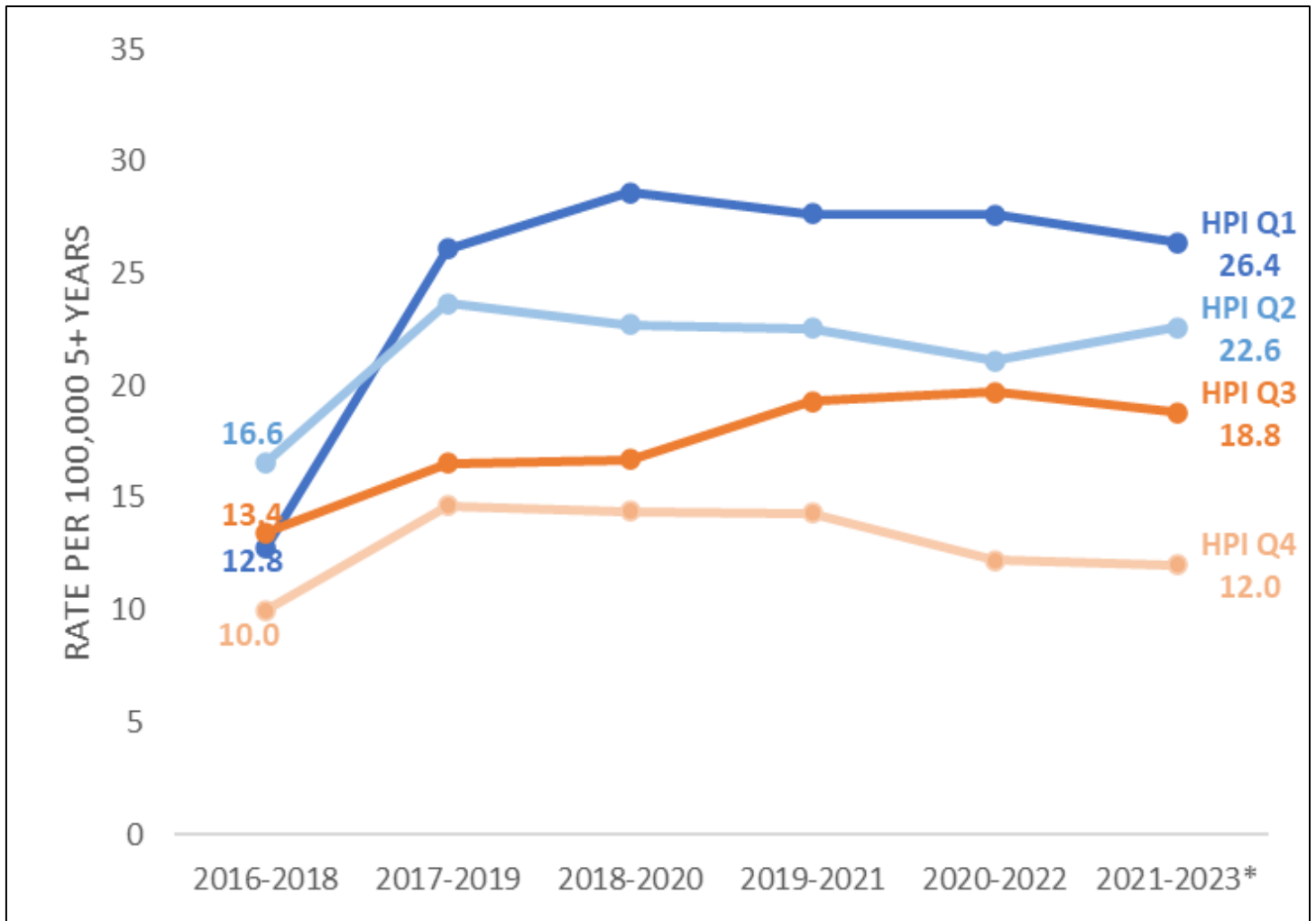


Table 4: (Suicide death rates by HPI Quartiles, people 5+ years, 2016-2023)⁶.

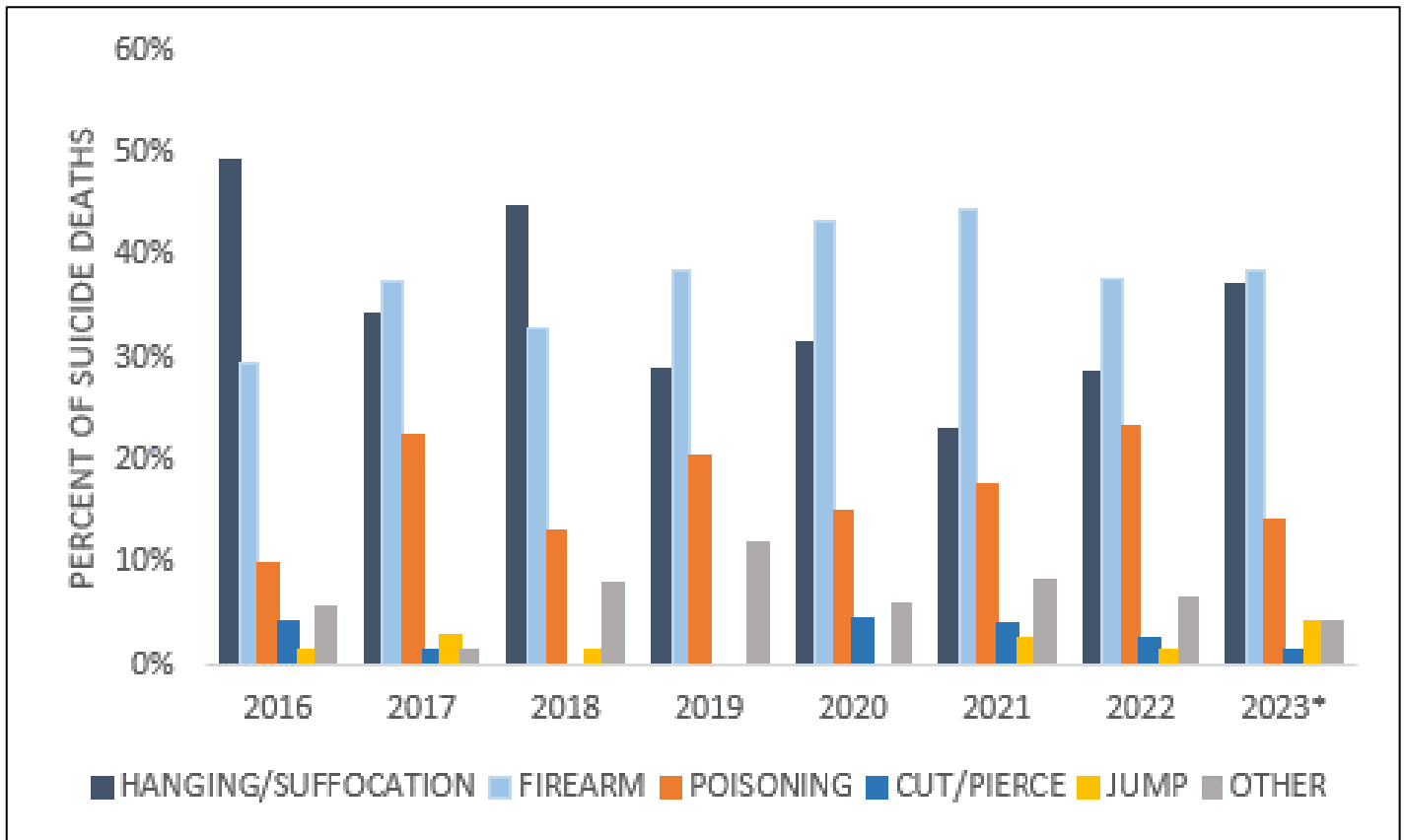


Suicide death rates are **highest** among people living in the **lowest resourced census tracts** (HPI quartile 1) and have increased at a steeper rate than for other, more resources areas.

⁶ Source: California Department of Public Health, California Comprehensive Death File, 2016-2023; note that as of this publication 2023 data is preliminary)

Suicide deaths by method

Table 5: (Suicide deaths by method 2016-2023 Sonoma County)⁷



From 2016-2023, suicide deaths by hanging/suffocation and firearms were most common, with fluctuations in other categories.

The means that are used in a suicide attempt may have a significant impact on whether the person survives. Information about suicide means can help inform our local means safety strategies and activities.

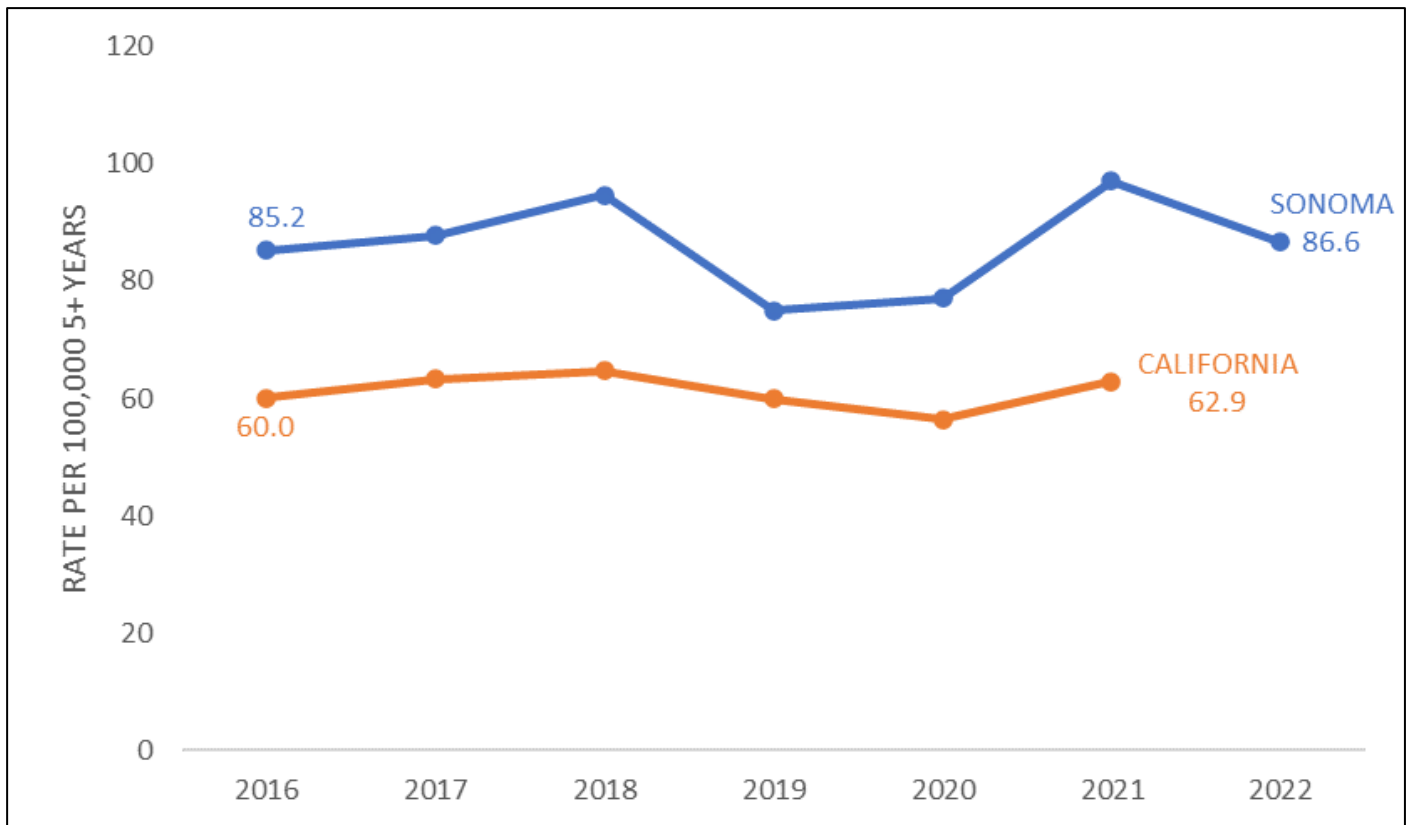
To learn more about means safety for everyone, please visit <https://strivingforsafety.org/>.

⁷ Source: California Department of Public Health, California Comprehensive Death File, 2016-2023; note that as of this publication 2023 data is preliminary)

Self-Harm and Suicide Attempts

Emergency Department visit rates for non-fatal self-harm

Table 6: ED visit rates for non-fatal self-harm/suicide attempt, people 5+ years, Sonoma County and California, 2016-2022.⁸



The Emergency Department (ED) visit rate for non-fatal self-harm in Sonoma County is higher than the state rate.

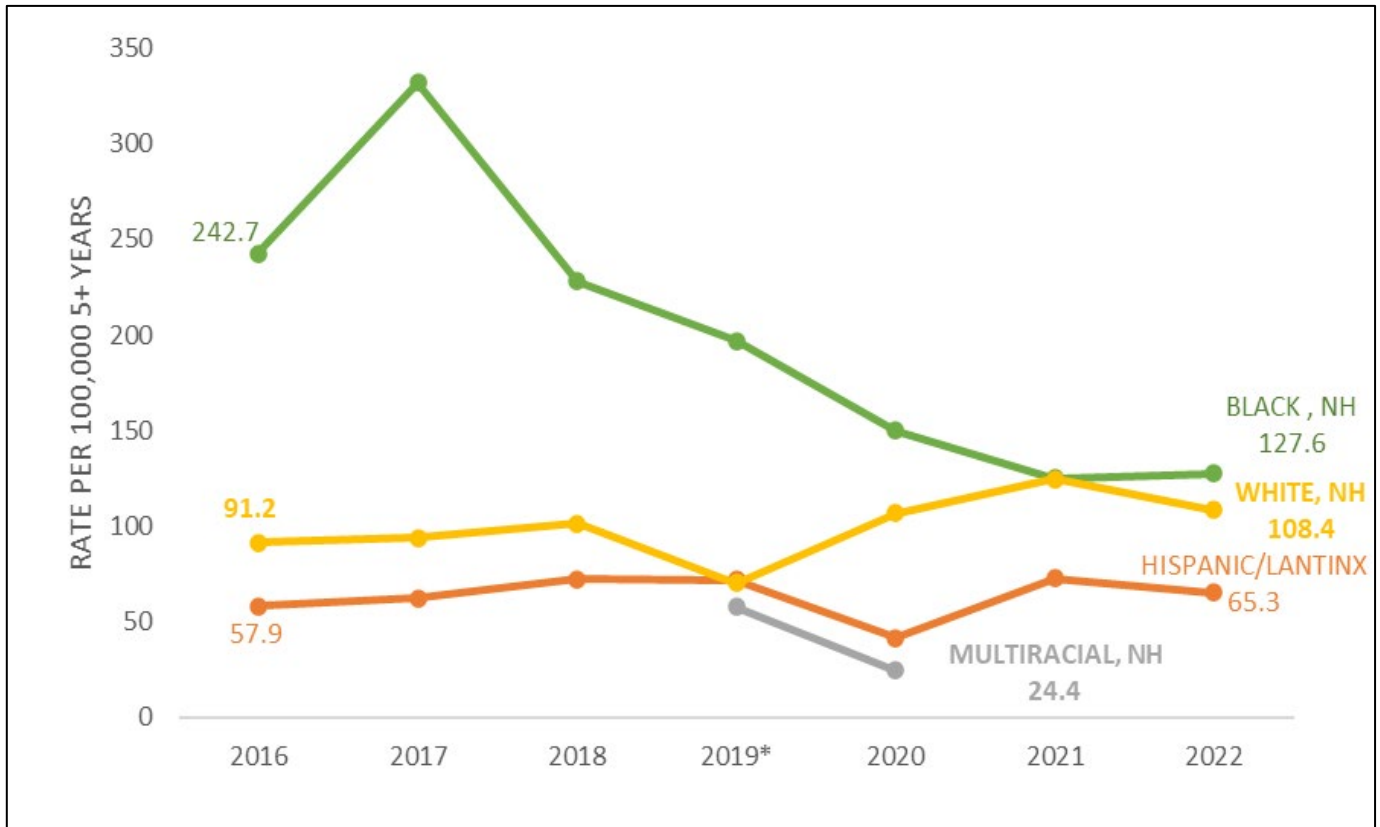
Just as certain populations may experience disproportionate risk for suicide, non-fatal self-harm or suicide attempt data shows certain groups of individuals have, on average, higher rates. It is worth noting that the groups disproportionately represented in non-fatal self-harm or suicide attempt data are different than those for suicide death. This includes the following differences*:

- Rates are higher among females than males.
- The age group with the highest rates is young adults aged 10-24 years.
- The most common means for self-harm is cutting/piercing, followed by poisoning.

⁸ J Source: CA HCAI, CA ED Visit Data, 2016-2022

Emergency Department visit rates for non-fatal self-harm by race/ethnicity

Table 7: ED visit rates for non-fatal self-harm/suicide attempt by race/ethnicity, people 5+ years, Sonoma County and California, 2016-2022.⁹ Note: Race classifications changed to include multiracial.



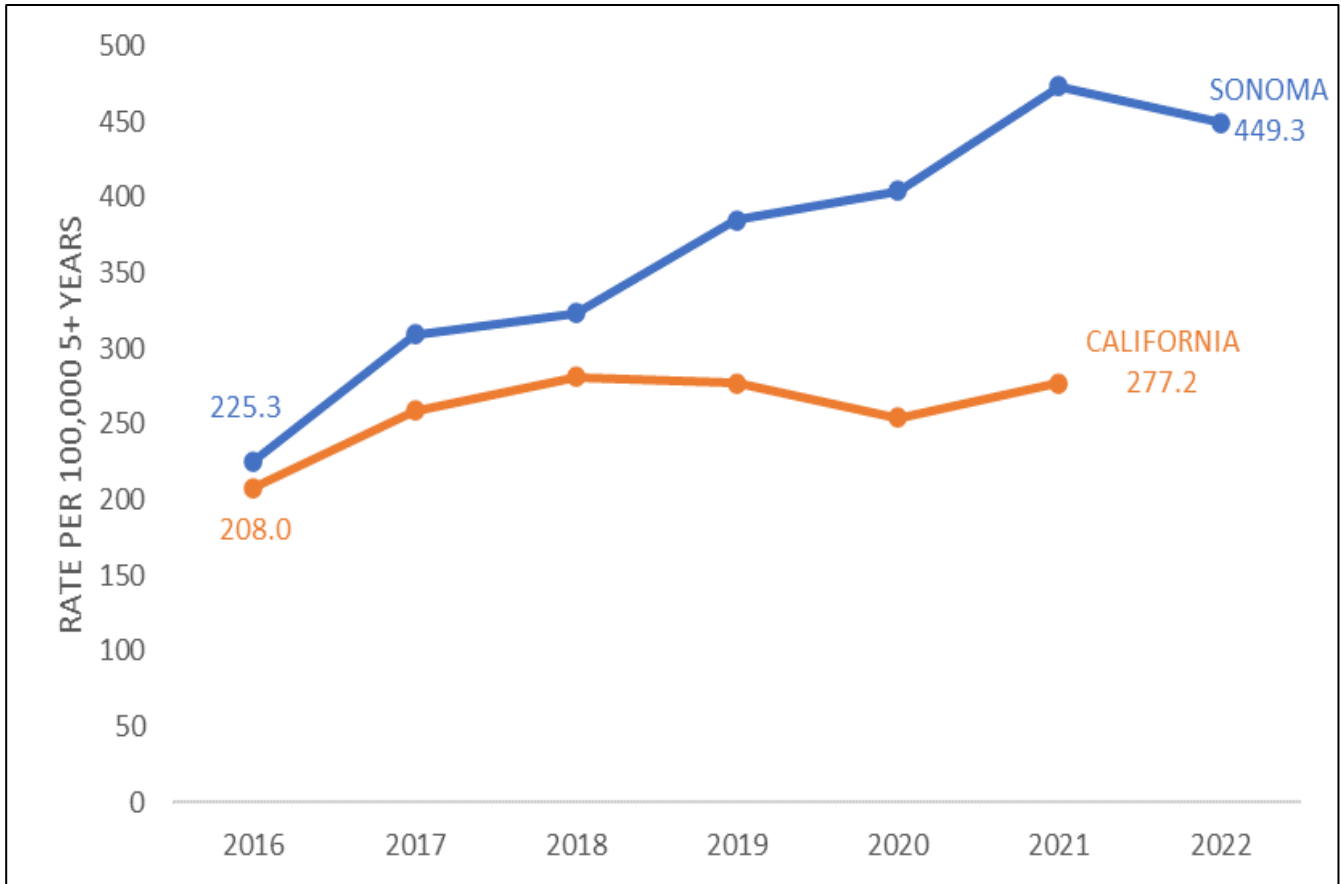
Emergency Department visit rates for non-fatal self-harm/suicide attempts have increased among Hispanic/Latinx people in Sonoma County. Rates among Black people in Sonoma County decreased by more than 50% in the past 6 years.

⁹ Source: CA HCAI, CA ED Visit Data, 2016-2022

Self-Reported Suicidal Ideation

Emergency Department self-reported suicide ideation rates

Table 8: ED visit rates with suicide ideation, people 5+ years, Sonoma County and California, 2016-2022.¹⁰



Suicide ideation is increasing throughout the state. Sonoma County ED visit rates with suicide ideation have almost doubled in the past 7 years, a much steeper increase than for California.

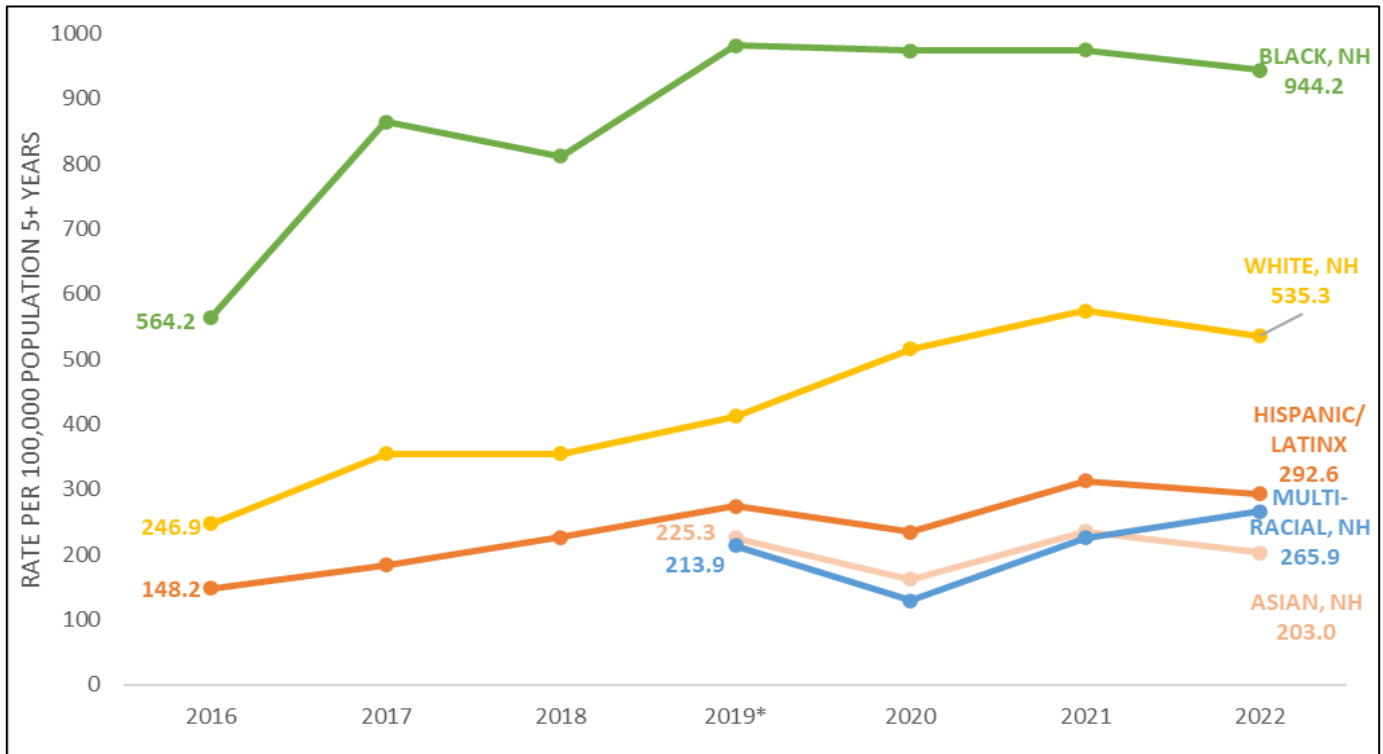
Between 2016-2022, the rate for ED visits with suicide ideation in Sonoma County:

- Doubled for both males and females.
- Was highest among youth ages 10-18 years, but has increased among most age groups, particularly children aged 5-14 years

¹⁰ Source: CA HCAI, CA ED Visit Data, 2016-2022

Emergency Department Self-reported suicide ideation rates by race/ethnicity

Table 9: ED visit rates with suicide ideation by race/ethnicity, people 5+ years, Sonoma County and California, 2016-2022¹¹; Note: Race classifications changed to include multi-racial and disaggregated Asian/Pacific Islander

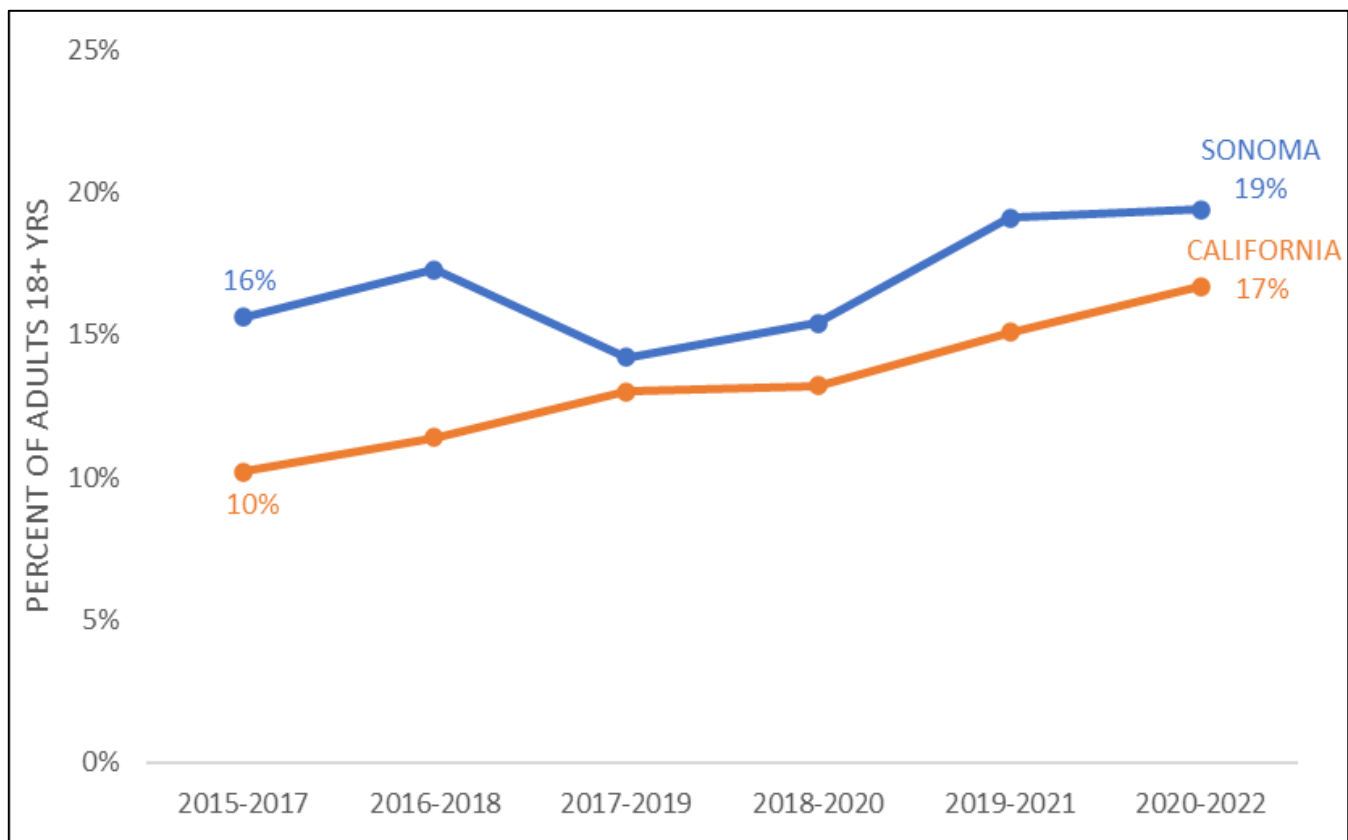


Between 2016-2022, the rate increased for most race/ethnic groups, doubled for Black, White, and Hispanic/Latinx residents, and was significantly higher among Black residents in Sonoma County, compared to any other racial/ethnic group.

Suicide Ideation among adults

¹¹ Source: CA HCAI, CA ED Visit Data, 2016-2022

Table 10: Percent of adults 18 years and over that reported they ever seriously thought about attempting suicide (California Health Interview Survey, 2015-2022)¹²



The prevalence of self-reported suicidal ideation is higher in in Sonoma County than in California as a whole and is trending towards an increase:

- Self-reported suicidal ideation is increasing for both males and females.
- Prevalence is higher among Black, Multiracial/multiethnic, American Indian or Alaska Native and Indigenous youth than among their peers.
- The percent of adults who report suicide ideation has increased in the past 6 years, while the percent of students who report seriously considering attempting suicide has held relatively steady.

However, the prevalence of suicide ideation among students varies drastically by sexual orientation, gender identity, and transgender status, including the following:

¹² Source: California Health Interview Survey 2015-2022

- Bisexual and gay or lesbian students were more than three times as likely to report suicide ideation than straight students (30% compared to 8%);
- Non-binary or gender non-conforming students were about three times more likely to report suicide ideation than male or female identifying students (34% compared to 9% for males and 14% for females); and,
- Transgender students were more than three times more likely to report suicide ideation than students who don't identify as transgender (39% compared to 11%).

Using Data to Inform Suicide Prevention

Obtaining and reviewing data can help us answer these and other questions to inform our work:

- Who is attempting suicide?
- Who is dying by suicide?
- How long does it take for survivors of suicide loss to access support?
- What care transitions exist? How well are these working? What can be improved?
- What community strengths can support suicide prevention efforts? What are the gaps?

Together with our community program, education, and public health partners, the Life Worth Living Alliance will:

- Develop a plan to collect local data around suicide ideation, attempts, loss, and help-seeking.
- Develop a consistent way to review and discuss this data to inform our efforts.
- Use this data to produce and distribute a public-facing annual report to inform community members and partners on local suicide trends, as well as prevention progress.

The Core of the Suicide Prevention Strategic Plan:

Strategies, Objectives, and Activities

This strategic plan organizes the major goals and action items into a three-tiered structure:

- **Strategies** are longer-term priorities to guide the Life Worth Living Alliance and community partners in carrying out the mission of preventing deaths by suicide in the county.
- **Objectives** are core goals in policy implementation, program development, cross-systems collaboration, and community outreach and engagement. Objectives are intended to be collaborative efforts among public agencies, community-based organizations, service providers, and community members. For each objective, there is a list of **recommended partners** whose participation can help advance progress.
- **Activities** are programs, services, collaborative ventures, and planning efforts undertaken to meet objectives.
- In addition, each strategy includes **performance measures** that can be used to measure progress towards goals.



Left: Danza Azteca performing at the 1st Annual Connection is Prevention Event in September 2023.

Sonoma County's Core Strategies At-A-Glance



Strategy 1: Increase visibility and accessibility of behavioral health support and treatment resources.

Strategy 2: Enhance connectedness and protective factors at the individual, family, and community level.

Strategy 3: Provide culturally responsive, evidence-based and/or best practice suicide prevention trainings and education to Sonoma County residents

Strategy 4: Empower community members and service providers to use lethal means safety information and strategies to create safe environments for themselves and others.

Strategy 5: Assist behavioral health providers to develop uniform policies and procedures to screen for suicide risk and connect to care in the least restrictive setting possible.

Strategy 6: Promote effective suicide-related care and follow-up supports for individuals at high risk and their families.

Strategy 7: Connect suicide loss survivors to timely and effective resources and supports.

Strategy 1: Increase visibility and accessibility of behavioral health support and treatment resources.

Because of the stigma surrounding suicide, individuals experiencing suicidal ideation often do not volunteer their thoughts to caregivers. Individuals with thoughts of suicide need to be asked directly about suicidal thoughts to disclose their thoughts. Uniform suicide screening across healthcare systems can enable early intervention for suicidal behavior.

Many individuals who die by suicide have had recent contact with their healthcare providers before their deaths, yet they did not receive linkage to behavioral healthcare.

To bridge this gap, the Life Worth Living Alliance recommends the establishment of community guidelines that create visible, easily accessible pathways to access services for those at risk of suicide. These include: a centralized online behavioral health / crisis support resource hub, provider referral networks, and best practice protocols for 988 and 911 dispatchers. Additionally, it is imperative that local media be aware of best practices for reporting on suicide to improve awareness of community resources and reduce the possibility of contagion suicides.

Strategy 1: Increase visibility and accessibility of behavioral health support and treatment resources.

Short-Term Goal: Develop and disseminate a web-based behavioral health / crisis support community resource map by July 1, 2025.

Objectives:

- 1.1: Develop a suicide prevention awareness campaign that destigmatizes suicide, encourages behavioral health help-seeking, and promotes messaging that suicide is preventable.
- 1.2: Ensure that public messaging about suicide prevention is provided in a variety of modalities and languages to reach diverse community populations.
- 1.3: Plan outreach and engagement activities that raise public awareness of behavioral health resources.
- 1.4: Raise awareness of disparities in accessing behavioral health resources and identify strategies to remedy disparities.

Recommended Activities:

- Build a community behavioral health/crisis support resource map.
- Seek input from diverse community members/groups and behavioral health providers on creating an effective public awareness campaign.
- Develop a public awareness campaign centered around this community resource map.
- Evaluate reach of public awareness campaign annually.

Potential Partners:

- Sonoma County Behavioral Health
- Buckelew Suicide Prevention Hotline
- 211 / Findhelp.org
- Libraries
- Hospitals & Healthcare Systems
- Behavioral Health Providers
- Federally Qualified Community Health Centers
- Community-based Behavioral Health Organizations
- Local Farmer's Markets
- Community Health/Wellness Fairs
- School Districts
- Faith-based communities
- Law Enforcement Agencies
- Community Foundations
- Chambers of Commerce
- Board of Supervisors
- City Councils
- Sonoma County Indian Health
- Veterans Administration & Support Services

Potential Performance Measures:

- Number of unique individuals visiting the Suicide Prevention page on the Behavioral Health Website.
- Number of clicks based on analytics of the Suicide Prevention page on Behavioral Health Website.
- Number of respondents that report increase in awareness of suicide prevention resources.

Strategy 2: Enhance connectedness and protective factors at the individual, family, and community level.

According to one predominant theory of suicide, known as the Interpersonal Theory for Suicide, three components must align to predict risk for suicide or a serious suicide attempt: thwarted belongingness, perceived burdensomeness, and acquired capability for lethal self-injury. Thwarted belongingness is described as a state of “unmet need to belong.” Both the theory and extensive research indicate that *people have a fundamental need to belong* and that, when that need is thwarted, it increases risk.

This theory is backed by a comprehensive study published in 2023 by the U.S. Surgeon General, titled *Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General’s Advisory on the Healing Effects of Social Connection and Community*. In this study Surgeon General Dr. Vivek H. Murthy lays out the clear evidence for how our lack of connection is leading to a mental and physical health epidemic.

Perhaps the most notable statement in the report relates directly to suicidality and self-harm: ***“Social isolation is arguably the strongest and most reliable predictor of suicidal ideation, attempts, and lethal suicidal behavior among samples varying in age, nationality, and clinical severity.”***

Surgeon General Murthy goes on to say *“We are called to build a movement to mend the social fabric of our nation. It will take all of us - individuals and families, schools and workplaces, health care and public health systems, technology companies, governments, faith organizations, and communities... It will require reimagining the structures, policies, and programs that shape a community to best support the development of healthy relationships.”*

While businesses, organizations, and agencies are essential in the efforts to reduce suicidality through stronger community connection, individual relationships and connections are the key to combating loneliness and isolation.

Strategy 2: Enhance connectedness and protective factors at the individual, family, and community level.

Short-Term Goal:

By July 1, 2026, there will be a 20% increase of activities and programs that promote protective factors in place.

Objectives:

2.1: Raise awareness of the importance and impact of connection as a protective factor and component of wellness.

2.2: Empower and equip community members and organizations with resources, opportunities, and tools to build and strengthen connections.

2.3: Identify and promote services that build resilience and positive attachments between children, youth, their families, older adults, and social supports in their community.

2.4: Promote communication and connection of organizations and agencies across diverse settings and communities to strengthen and widen the network of support.

Recommended Activities:

- Host annual Connection is Prevention Wellness Fair
- Host central web resource (connectionisprevention.com)
- Develop a "Connection is Prevention" public awareness campaign
- Promote and support school-based initiatives to increase awareness of support
- Promoting connection opportunities for Resource Providers
- Faith-based Mental Health Summit

Potential Partners:

- Board of Supervisors
- City Councils
- Municipal Advisory Committees
- Sonoma County Libraries
- Sonoma County Regional and City Parks
- Health Care Providers and Clinics
- Behavioral Health Clinicians
- Peer Service Providers
- Mobile Crisis Support Teams
- Schools, Colleges and Universities
- Youth Organizations
- Foster Care Organizations
- Faith-based Communities
- Community Based Organizations
- Recovery Organizations
- Santa Rosa Junior College and Sonoma State University
- Media Outlets, including print and radio

Potential Performance Measures:

- Baseline survey
- Youth Truth Survey
- Number of schools, community organizations, and other entities participating in Suicide Prevention Week and Month activities (annual count)

Strategy 3: Provide culturally responsive, evidence-based and/or best practices suicide prevention trainings and education to Sonoma County residents.

In Sonoma County, there is widespread community interest in suicide prevention training and education programs. There are many evidence-based suicide prevention trainings available for service providers, behavioral health practitioners, and community members. Some providers in the county already offer these trainings. This strategic aim includes coordinating these local efforts, strengthening coordination across trainers and settings, and expanding offerings as needed.

Training that is available for gatekeepers and wider audiences of community members will equip Sonoma residents with the skills and knowledge to initiate conversations about suicide, to recognize the warning signs of suicide, and to provide initial support to those who may be contemplating suicide.

We envision a future where suicide prevention trainings are as common in workplaces and community settings as first aid trainings, where suicide prevention is routinely and regularly discussed in school and community settings, and where the right community members have the right training to provide help to their clients, loved ones, and fellow community members. A community trained to recognize the signs of suicide and offer knowledge of support services will significantly increase collective protective factors and the sense of connectedness.



Strategy 3: Provide culturally responsive, evidence-based and/or best practices suicide prevention trainings and education to Sonoma County residents.

Short-Term Goal:

By July 1, 2025, Sonoma will implement a comprehensive Suicide Prevention Training Plan.

Objectives:

3.1: Convene stakeholders with subject matter expertise to develop a culturally responsive Suicide Prevention Training Plan.

3.2: Develop a request for proposal and identify a contractor to implement and coordinate the training plan, which incorporates existing trainers and organizations providing trainings throughout Sonoma County.

3.3: Advocate for ongoing training and support for service providers on best practices for culturally competent suicide risk assessments, management, intervention, means safety, and ongoing care for individuals at risk of suicide.

Recommended Activities:

Form Training Subcommittee and identify lead via Request for Proposals (RFP):

- Map and identify existing evidence-based and best practice trainings
 - QPR
 - Mental Health First Aid
 - Youth Mental Health First Aid
 - Columbia Suicide Severity Rating Scale (C-SSRS)
 - Stanley-Brown Safety Plan
 - Risk Assessment
 - Counseling on Access to Lethal Means
- Map and identify existing trainers and training resources and needs
- Identify trainings to address populations disproportionately impacted by suicide
- Develop and facilitate collaboration of trainers; includes incorporating suicide prevention trainings being conducted by organizations in the County currently.
- Train agencies, organizations, businesses, family members, and community members that work with groups disproportionately affected by suicide (as prioritized by data) to recognize signs of suicide, utilize means safety strategies, and appropriately intervene.

Potential Partners:

- Life Worth Living (LWL) Alliance
- Training Providers:
 - NAMI (National Alliance on Mental Illness) Sonoma County
 - Sonoma County Office of Education
 - Behavioral Health Division
 - Veterans Administration
 - SRJC
 - Buckelew
 - Kaiser
- Key Settings or Partners to Participate In Trainings:
 - Sonoma State University

Potential Performance Measures:

- Number of individuals trained
- Pre- and post- training questionnaires re: change in knowledge of warning signs
- Survey measuring community awareness of suicide prevention resources.



Strategy 4: Empower community members and service providers to use lethal means safety information and strategies to create safe environments for themselves and others.

Suicide prevention efforts often focus on why people attempt suicide and aim to reduce suicidal thoughts and attempts. However, how a person attempts suicide—in particular, the method used—can determine whether those individual lives or dies.

Suicidal behavior is often method-specific, and a person's choice of means is driven by multiple factors. These factors are critical because crises involving suicidal behavior tend to be short-term and transient and are characterized by ambivalence about the wish to die or stay alive. Reducing access to lethal means has proven to be one of the most effective and evidence-based strategies for suicide prevention. The Harvard T.H. Chan School of Public Health's Means Matter campaign emphasizes the six key points of understanding why means reduction efforts important:

- **Many suicide attempts occur with little planning during a short-term crisis.** While some suicides are the result of deliberate planning, many people who attempt or die by suicide decide to do so in an hour or less of consideration. Reducing access to common lethal means can deter some individuals from impulsive suicidal self-directed violence.
- **Intent alone does not determine whether or not an attempt will be lethal; means also matter.** Reducing easy access to highly lethal methods of suicide can save lives, especially among individuals with a high intent to die by suicide during brief episodes.
- **90% of people who make a suicide attempt will not go on to die by suicide in their lifetime⁴⁸.** The high rate of long-term survival among survivors of a suicide attempt support the understanding that many suicidal crises are short-lived, even if there are underlying, longer-term factors behind shorter-term crises
- **Access to firearms is a risk factor for suicide.** Scientifically validated studies have unilaterally demonstrated that access to firearms is associated with increased suicide risk in the United States
- **Reducing access to lethal means saves lives.** Research demonstrates the effectiveness of efforts in lethal means reduction, in the United States and internationally. Combined with

practices that reduce the likelihood that individuals experience behavioral health crises, lethal means reduction is critical to preventing suicide.

Strategy 4: Empower community members and service providers to use lethal means safety information and strategies to create safe environments for themselves and others.

Short-Term Goal:

By July 1, 2026, there will be a 30% increase of community member awareness about means safety.

Objectives:

4.1: Establish a Means Safety Implementation Workgroup to partner with stakeholders in key community settings and implement strategies.

4.2: Develop and utilize means safety messaging campaigns and distribute practical tools and resources to empower community members.

Recommended Activities:

- Review data to inform efforts.
- Consult with key stakeholders to map existing activities
- Distribution of personal safes, cable/trigger locks, and other practical tools
- Public campaigns for means safety messaging
- Identify and promote existing means safety training

Potential Partners:

- Firearm ownership associations and retailers
- Pharmacists
- Opioid or SA/SUDS providers or coalitions
- Law enforcement
- Hospitals and Health Care organizations
- Veterans Administration
- Vet Connect
- Professional mental health associations

Potential Performance Measures:

- Number of lockboxes distributed.
- Number of individuals trained in Counseling on Access to Lethal Means

Strategy 5: Assist behavioral health care settings to develop uniform procedures to screen for suicide risk and connect to care in the least restrictive setting possible.

Screening tools can identify people at risk for suicide, warning signs, risks, and appropriate interventions. Crisis and support services can assist with assessing suicide risk and connection to available services that benefit the diverse range of people in need of help.

The Columbia-Suicide Severity Rating Scale (C-SSRS) along with the Stanley and Brown Safety Planning Intervention prioritize evaluation of the intensity of suicidal ideation as well as evaluation of suicidal behavior.

The greatest utility of a safety plan is connecting individuals to community support and care providers in the least restrictive setting.

These tools used in combination are considered best practices. The tools utilize a person-centered, collaborative, and transparent approach. Therefore the Alliance advocates for the adoption of the C-SSRS and Stanley Brown Safety Planning Intervention in behavioral health and community settings.

Learn more about the Columbia Suicide Severity Rating Scale and Safety Planning Intervention by visiting <https://cssrs.columbia.edu/> and <https://suicidesafetyplan.com/>.

Strategy 5: Assist behavioral health care settings to develop uniform procedures to screen for suicide risk and connect to care in the least restrictive setting possible.

Short-Term Goal:

Survey and assess the use of the CSSRS and Stanley and Brown Safety Plan in behavioral health settings throughout Sonoma County by July 1, 2025.

Objectives:

5.1: Map and evaluate the continuum of crisis services available through private and public resources and identify strengths and gaps.

5.2: Promote the use of best practices in suicide risk assessment and management for those who screen positive for risk in health, behavioral health, education, and criminal justice settings.

5.3: Promote clear methods of collaboration and communication between crisis service providers and other systems of care.

Recommended Activities

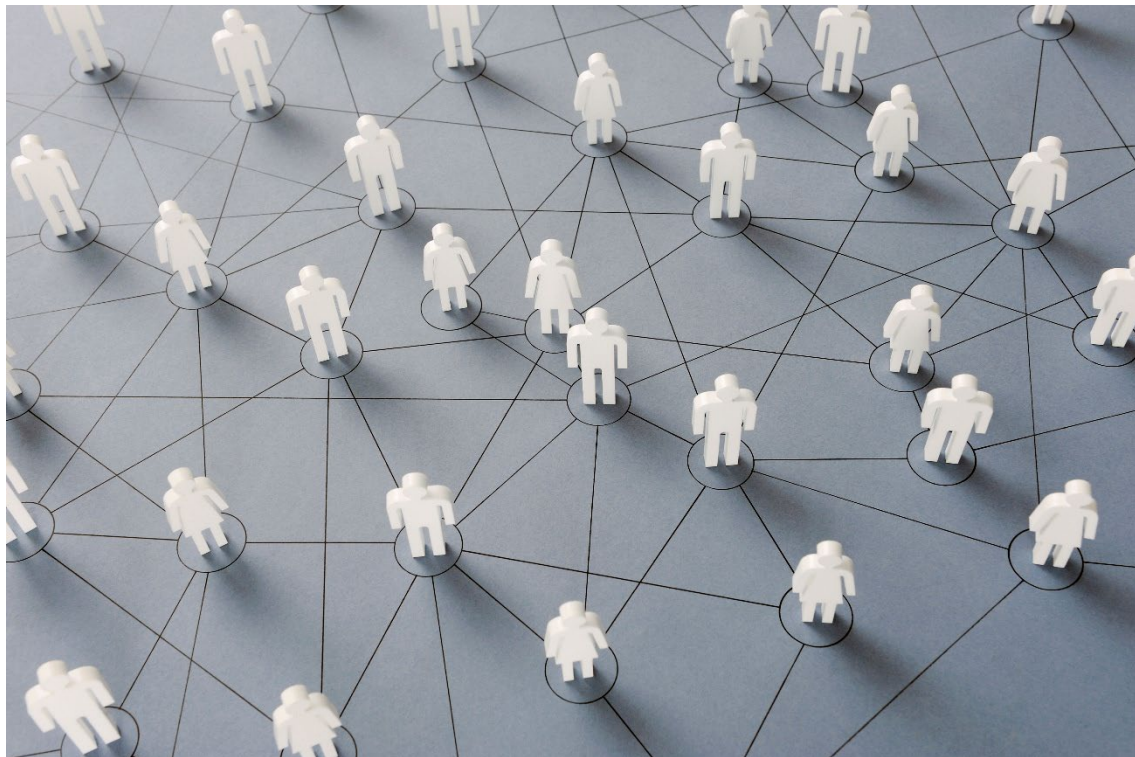
- Survey, System Resources
- Disseminate information on available crisis services resources to health, and behavioral healthcare partners.
- Convene crisis service providers regularly to share information, build collaboration, and identify/address gaps.
- MOUs or other information-sharing agreements
- Provide or support training on the Columbia Suicide Severity Rating Scale (C-SSRS), Stanley Brown Safety Plan, and other evidence-based tools.

Potential Partners:

- Behavioral Health
- Hospitals
- Community Clinics
- Crisis Stabilization Unit
- Mobile Crisis Support Teams
- Redwood Empire Association of Marriage and Family Therapists
- Redwood Empire - National Association of Social Workers
- Redwood Psychological Association
- Sonoma State - Nursing and MH MA Programs

Potential Performance Measures:

- Number of individuals enrolled in trainings on using the CSSRS and Stanley and Brown Safety Plan
- Number of individuals that successfully completed the CSSRS and Stanley and Brown Safety Plan training
- Percentage of individuals that reported confidence in using the CSSRS and Stanley and Brown Safety Plan following the training



Strategy 6: Promote effective suicide-related care and follow-up supports for individuals after a suicidal crisis.

Best practices research indicates that implementing “bridge” or “transition” services within and between service providers and clinics can significantly increase the likelihood that a patient will link to outpatient care.

Ideally timely services and supports are available to people experiencing suicidal behavior, especially attempted suicides. Behavioral health and substance providers need to be equipped to help those at risk and trained to deliver care that reflects best practices. For example, low-cost, high-impact post hospitalization postcards and referral services are effective strategies for preventing future suicidal behavior and must be a standard component of aftercare following hospital or emergency department discharge.

Strategy 6: Promote effective suicide-related care and follow-up supports for individuals at high risk and their families.

Short-Term Goal: Develop resources to support individuals after a suicidal crisis by July 1, 2026.

Objectives:

- 6.1: Include information, education, and training resources on best practices for supporting an individual at high risk of suicide in the online resource map
- 6.2: Promote safe behavioral health discharge practices and transition of care for individuals at high risk of suicide and their loved ones.
- 6.3 Establish a postcard distribution project for individuals following a suicidal crisis

Recommended Activities:

- Identify and create resources to support individuals after a suicidal crisis.
- Advocate conducting warm hand-offs when a client is transitioning between providers.
- Create content for postcards to send to individuals following a suicidal crisis.

Potential Partners:

- Inpatient and outpatient physical health and behavioral health providers
- Schools, Colleges, and Universities
- Faith based communities

Potential Performance Measures:

- Number of hospitals, clinics, and providers that implement standardized follow-up contact procedures.
- Number of clients who were sent caring postcards following discharge.
- Number of schools that implement standard reentry protocols for returning students

Strategy 7: Connect suicide loss survivors to timely and effective resources and supports.

It can be traumatic for Individuals who experience a loved one's death by suicide. In addition to grief stemming from the loss, survivors of suicide loss frequently experience complicated emotions, including shame, guilt, anger, resentment, loss, and sadness. For many, the first few weeks and months after a death are filled with details and practical considerations. The deeper impacts may not be felt for months, or even years. Long term suicide loss survivors report intermittent and recurring periods of worsening grief.

It is estimated that approximately 50% of people will experience a suicide loss at some point in their life. Supportive interventions conducted after a suicide, also known as postvention, can reduce negative effects of exposure to suicide and facilitate the process of healing from a suicide loss.

Postvention includes the range of supports and services a community offers as an intentional response after a suicide death has occurred. Strategies range from immediate response after a death to options for ongoing support. The goal is to promote healing and support to individuals, groups and communities impacted by a suicide death. Many suicide loss

survivors benefit from connecting with others who have experienced a suicide loss to share strategies for coping and healing.

Strategy 7: Connect suicide loss survivors to timely and effective resources and supports.

Short-Term Target: Develop LOSS outreach materials (for referral by providers) and packet of support resources for survivors and distribute to community providers by 2025.

Objectives:

7.1: Identify resources to support survivors of suicide loss in healing and finding support.

7.2: Raise awareness of and promote access to existing loss survivor supports.

7.3: Create opportunities for connection and healing amongst loss survivors.

Recommended Activities

- Map out existing grief and suicide loss support resources.
- Host one annual event in November to raise awareness regarding suicide loss.
- Develop and distribute culturally responsive bereavement resources.
- Promote community postvention planning in key community settings.

Potential Partners:

- Peers/those with lived experience of suicide loss
- Sheriff's Office, Coroners Office, Law Enforcement Chaplaincy (unexpected tragedy)
- Bay Area Chapter American Foundation of Suicide Prevention
- First responders
- Funeral directors
- Faith-based communities
- Buckelew - Survivors of Suicide (SOS) online
- NAMI (National Alliance on Mental Illness)
- Behavioral Health provider organizations
- Sonoma County Resiliency Collaborative
- County Office of Education

Potential Performance Measures:

- Suicide loss support resources distributed
- Number of people who attend survivor support meetings or events
- Number of individuals receiving supportive services for processing suicide loss



From Planning to Implementation

Creating a strategic plan results in change when the strategies, objectives, and goals in the plan are implemented, evaluated, and adapted over time to meet the shifting needs of the community. Success depends on supportive partnerships with and active participation from a wide range of individuals, agencies, and organizations.

Following the adoption of the Sonoma County Suicide Prevention Strategic Plan, the Life Worth Living: Sonoma County Suicide Prevention Alliance, along with Sonoma County Behavioral Health and community partners, will use an implementation framework to develop action plans and next steps for each area, as well as to refine how progress and success will be measured and reported in each Annual Report.

If you are interested in getting involved or would like more information, please contact:

Life-Worth-Living-Suicide-Prevention@sonoma-county.org



Members of the Alliance sharing a meal, successes, and ideas at the December 2023 Potluck.

With Gratitude

Thank you to our Suicide Prevention Alliance membership for your compassion, dedication, and care in creating this plan to guide and support our local activities.

At the time of publish, these individuals represented the membership of the Life Worth Living: Sonoma County Suicide Prevention Alliance:

Name	Organization/Representation
Alethea Larson	The Living Room, unhoused
Ali Soto	Sonoma County Office of Education, Transition Age Youth
Amanda Lopez	Veterans Affairs
April Reza	Sonoma County Office of Education, Transition Age Youth
Carly Memoli	Consultant
Christina Nihil	Buckelew, Suicide Prevention
Citlaly Martinez	Humanidad
Cristian Gutierrez	Latino Service Providers
Deepali Sansi	Buckelew, Suicide Prevention
Erika Klohe	Provider, Buckelew, lived experience, family member
Fabiola Espinosa	MHSA Analyst, family member
Fletcher Skerrett	Law Enforcement
Gabriel Kaplan	Public Health
Imelda Vera	Humanidad
Jan Cobaleda-Kegler	Behavioral Health Division Director
Jeane Erlenborn	Santa Rosa Junior College, Transition Age Youth

Jenny Mercado	Department of Health Services, Epidemiology
Juan Torres	Humanidad, provider
Justin Haugen	Law Enforcement, Coroner's Office
Katie Bivin	Behavioral Health School Based Program and Medication Support Manager, youth
Leslie Petersen	Hanna Center
Lisa Nosal	Cultural Responsiveness, Inclusion & Training Coordinator
Marikarmen Reyes	Family member
Mary Champion	Sonoma County Office of Education
Mary-Francis Walsh	NAMI, family member
Meghan Murphy	Buckelew, Family Services Coordination
Melissa Ladrech	MHSA Coordinator, family member

Michael Johnson	Mental Health Board, lived experience
Michael Reynolds	West County Community Services, lived experience
Michael Schemmel	Law Enforcement, Coroner's Office
Rebekah Pope	Sonoma County Office of Education
Sandra Black	Consultant
Sarahi Hernandez	Latino Service Providers
Shelly Niesen-Jones	Kaiser, healthcare, provider
Shriya Ambre	Buckelew, Suicide Prevention
Steve Diamond	Buckelew, Suicide Prevention
Susan Standen	Peer at large, lived experience

The Sonoma County Suicide Prevention Strategic Plan Workgroup

We would also take this opportunity to highlight the Strategic Plan Workgroup that diligently and tirelessly drafted the Strategic Plan with input and feedback from the Alliance.

Name	Organization
Carly Memoli	Consultant, Striving for Zero Learning Collaborative
Fabiola Espinosa	Sonoma County Department of Health Services, Behavioral Health Division
Mary Champion	Sonoma County Office of Education
Mary-Francis Walsh	NAMI
Melissa Ladrech	Sonoma County Department of Health Services, Behavioral Health Division
Michael Reynolds	West County Community Services
Rebekah Pope	Sonoma County Office of Education
Shelly Niesen-Jones	Kaiser

APPENDIX A – GUIDING DOCUMENTS AND REPORTS

The following resources include recommendations and resources to support communities in creating and using strategic plans and cooperative efforts for suicide prevention. The Life Worth Living: Sonoma County Suicide Prevention Alliance referred to many of these in the creation of this plan.

Transforming Communities: Key elements for the implementation of comprehensive community-based suicide prevention published by the National Action Alliance for Suicide Prevention:

www.theactionalliance.org/sites/default/files/transformingcommunitiespaper.pdf

National Guidelines for Child and Youth Behavioral Health Crisis Care:

<https://store.samhsa.gov/product/national-guidelines-child-and-youth-behavioral-health-crisis-care/pep22-01-02-001>

Preventing Suicide: A Technical Package of Policy, Programs, and Practices:

www.cdc.gov/violenceprevention/pdf/suicidetechnicalpackage.pdf

Striving for Zero, California's Strategic Plan for Suicide Prevention – Mental Health Services Oversight and Accountability Commission:

https://mhsoac.ca.gov/sites/default/files/Suicide%20Prevention%20Plan_Final.pdf

Striving for Zero Learning Collaborative Resource Page:

<https://mhsoac.ca.gov/initiatives/suicide-prevention/collaborative/>

National Action Alliance for Suicide Prevention: <https://theactionalliance.org/>

The 2018 CDC Vital Signs report: www.cdc.gov/vitalsigns/suicide/index.html

[https://www.citinternational.org/resources/Best%20Practice%20Guide/CIT%20guide%20desktop%20printing%202019_08_16%20\(1\).pdf](https://www.citinternational.org/resources/Best%20Practice%20Guide/CIT%20guide%20desktop%20printing%202019_08_16%20(1).pdf)

Community Readiness Manual on Suicide Prevention in Native Communities:

https://www.samhsa.gov/sites/default/files/tribal_tta_center_2.3.b_commreadinessmanual_final_3.6.14.pdf

Know the Signs – California Mental Health Service Authority:

<https://www.suicideispreventable.org/>

Roadmap to the Ideal Crisis System: https://www.thenationalcouncil.org/wp-content/uploads/2022/02/042721_GAP_CrisisReport.pdf

One Size Does Not Fit All: Making Suicide Prevention and Interventions Equitable for Diverse Communities:

<https://www.suicideispreventable.org/events.php>

Community Program Planning Listening Session Report 2023

Crisis Now: <https://crisisnow.com/>

CIT-Crisis Intervention International

Suicide Prevention Strategic Plan Budget FY 2024 - 2027

Year:	2024-2025	2025-2026	2026-2027
Strategy 1: Web-based behavioral health community resource map			
County ISD Web Team Contract	2500	1500	1000
Map development stipend	500	500	500
Printing & Advertising	500	500	350
TOTAL MHSA Annual Amounts:	3500	2500	1850

**MHSA funding used; project is also part of MHSA's workplan*

Strategy 2: Annual Connection is Prevention Wellness Fair & Awareness Campaign			
Insurance	500	500	550
Public restrooms	1255	1275	1300
Stage	1400	1450	1500
Sound system	500	550	600
Raffle items	800	900	1000
Awareness Campaign & Advertising	1000	1050	1100
Food (paletas, discount on food)	4000	4200	4500
Activities & Stipends	4000	4000	4500
TOTAL Strategy 2 Annual Amounts:	13455	13925	15050

Total Wellness Fair & Awareness Campaign

Strategy 3: Annual Community Training (RFP)			
Staffing costs (includes benefits)	120000	120000	126000
Start up costs	10000		
Train the Trainer Costs	10000		
PR & Mental Health First Aid & AMSR)	20000	10000	10000
Materials	10000	8000	8000
Venue	3000	3000	3000
Food	5000	5500	6000
Travel	2000	1500	1500
Indirect Costs	16800	16800	17640
TOTAL Strategy 3 Annual Amounts:	196800	164800	172140

Total Annual Community Training

Strategy 4: Means safety messaging campaign & Annual Training			
Trainer(s)/Speaker(s)	0	0	0
Venue	600	600	600
Food	1000	1000	1000
Marketing Materials	0	0	0
Training Materials	Included in strategy 3		
TOTAL Strategy 4 Annual Amounts:	1600	1600	1600

Total Means Safety Annual Training

Strategy 5: Training in local healthcare settings

Trainer			Includ
Materials		1000	1000
Food		2000	2000
TOTAL Strategy 5 Amount:		3000	3000
Total Training/support in local			
Strategy 6: Postcard distribution project for individuals following a suicidal crisis			
Materials		1400	1400
Food		1000	1000
TOTAL Strategy 6 Amount:		2400	2400
Total Postcard distribution pro			
Strategy 7: Connect suicide loss survivors to timely and effective resources and supports.			
Materials & Printing		4000	2100
TOTAL Strategy 7 Amount:		4000	2100
Total suicide loss survivor broc			

29	
Total Allocated Funds	
1,000,000	
2027-2028	2028-2029
1000	1000
500	500
350	350
1850	1850
TOTAL MHSA**	11550
lan	
550	600
1325	1350
1550	1600
650	700
1100	1200
1150	1200
4800	5000
4500	5000
15625	16650
ss Campaign:	74705

126000	129780
10000	10000
8000	8000
3000	3000
6500	7000
1500	1500
17640	19467
172640	178747
ing (RFP):	885127

0	0
600	600
1000	1000
0	0
1600	1600
ining & Campaign:	8000

--	--

ed in startegy 3	
1000	1000
2000	2068
3000	3068
healthcare:	12068
1400	1400
1000	1000
2400	2400
ject:	9600
2150	2250
2150	2250
hure:	10500