



# MOVING FORWARD



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## 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



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# 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





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Iridian Jimenez Onofre | Senior Office Assistant



Melissa Ladrech, LMFT | BHSA Coordinator

# MEET THE STAFF



Fabiola Espinosa | BHSA Analyst



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# 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:

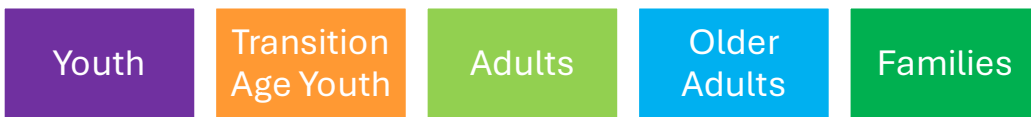
- The Plan Update and Expenditure Plan for Fiscal Years (FY) 2025-2026.
- The Annual Program Report for FY 2023-2024 that includes the program outcomes, activities, services, and programs funded through MHSA for FY 2023-2024.

## 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:




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 MHSA 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 MHSA funds

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

## Innovation (INN) – 5% of MHSA 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)<sup>1</sup>

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)<sup>2</sup>

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

## FY 2025-2026 MHSA Changes and Impacts

The following table highlights additions and substantial changes to MHSA 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).

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<sup>1</sup> 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.

<sup>2</sup> Ibid.

## Draft FY 23-26 MHSA Changes and Impacts

Changes	Impacts
<b>Community Services and Supports</b>	
<b>Full Service Partnership (FSP) teams:</b>	
<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><b>Buckelew Tamayo Village</b> 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><b>Full Service Partnership for Unhoused</b> 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>
<b>Prevention and Early Intervention (PEI)</b>	
<p><b>Aldea’s SOAR</b> (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>
<b>Workforce, Education and Training (WET)</b>	
<p>No changes</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.

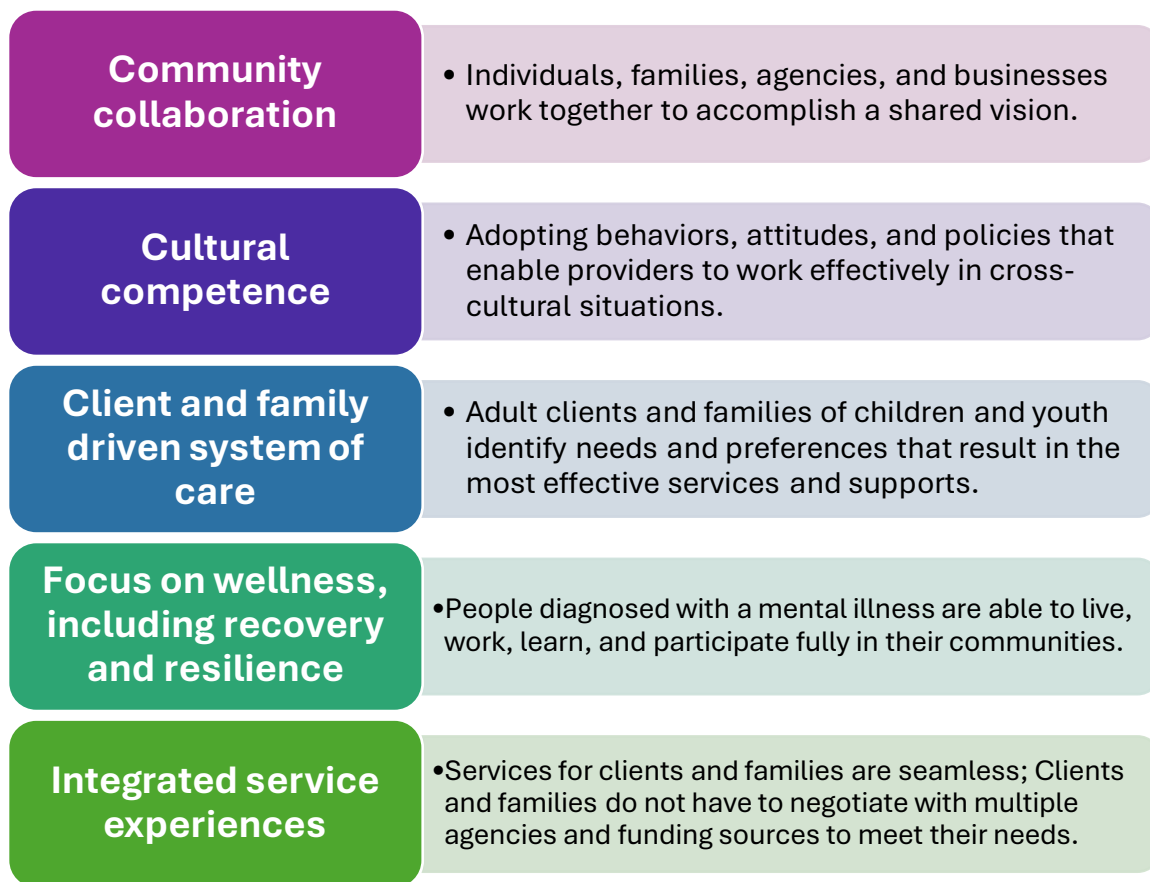
Since the passage of MHSA in 2004, the County of Sonoma Department of Health Services Behavioral Health Division (DHS-BHD) has undertaken an ongoing, robust community planning process for each MHSA component. The process began in FY 05-06 to plan for the implementation of the Community Services and Supports (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 21-22, 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 Safe Spaces for Your Mental Health. In an often challenging world, having a safe space to go to is incredibly important for maintaining good mental health. A safe space is a place—physical or virtual—you can go to relax and recharge. A judgment-free zone where you can let your guard down and truly be yourself.

On the cover four of the Division's MHSA funded programs that offer safe spaces for mental health highlighted: Positive Images, VOICES, West County Community Services Wellness and Advocacy Center. You can find more information about these programs on pages XX.



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

Your surroundings impact your mental health, and it is important to take a moment to consider your surroundings. Do you feel safe? Does your home support you, both physically and mentally? Where a person is born, lives, learns, works, plays, and gathers, as well as their economic stability and social connections, are part of what is called “social determinants of health” (SDOH). The more these factors work in your favor means you are more likely to have better mental well-being.

There are steps you can take to change your space and protect your well-being.

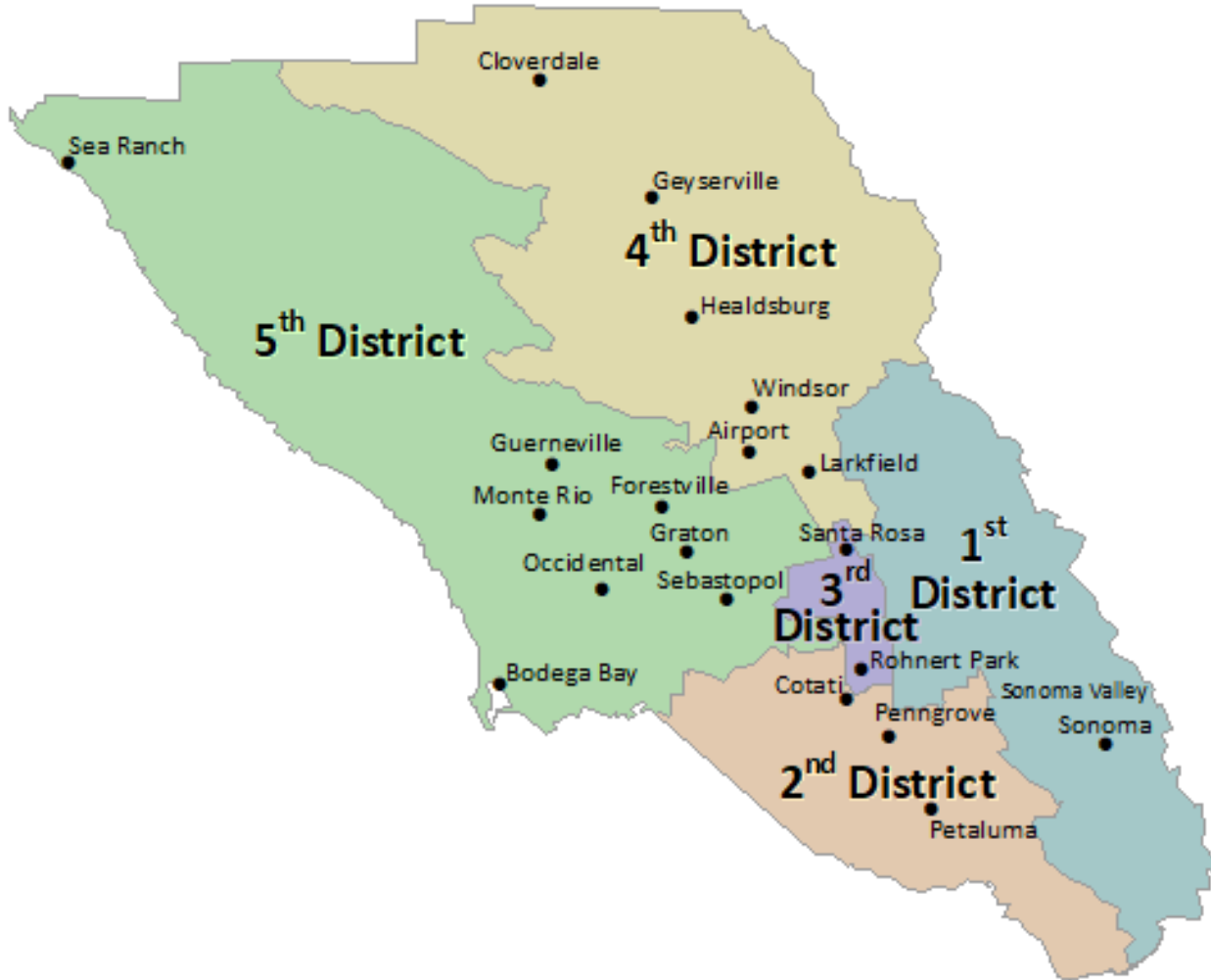
- Make your place a stress-free sanctuary: Consider keeping your space tidy, sleep-friendly, and well-ventilated. Surround yourself with items that help you feel calm and positive. Put up pictures of people you love and play some of your favorite music.
- Finding spaces (such as a community center or peer wellness centers) where you can be safe and comfortable.
- Try a traditional support group
- Create bonds with your neighborhood and community: Get to know the people living around you, join or start neighbors' groups.
- Connect with nature: Hike in a forest, sit in a city park, bring a plant inside, or keep the shades open to absorb natural light.

The world around us can be both positive and negative – bringing joy and sadness, hope and anxiety. Everyone can build a life worth living in a safe space.

Learn more with Mental Health America's 2023 Mental Health Month toolkit, which provides free, practical resources, such as how an individual's environment impacts their mental health, suggestions for making changes

to improve and maintain mental well-being, and how to seek help for mental health challenges. Go to <https://mhanational.org/mental-health-month> to learn more.

## 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 481,812<sup>3</sup>. 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.<sup>4</sup> The top employers are Kaiser Permanente, Sutter Medical Center of Santa Rosa, St. Joseph Health System, and Graton Resort & Casino.

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

<sup>4</sup> 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.>



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 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.<sup>5</sup> 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.<sup>6</sup> 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.<sup>7</sup> 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.<sup>8</sup> 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

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<sup>5</sup> 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/>

<sup>6</sup> 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>

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

<sup>8</sup> 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/>

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.

In 2021, 61.4% of the housing units in Sonoma County were occupied by their owner.<sup>9</sup> 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.<sup>10</sup> 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.<sup>11</sup> 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).

<sup>9</sup> *ibid*

<sup>10</sup> State of Housing in Sonoma County, Generation Housing, 2023.

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

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

- **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.

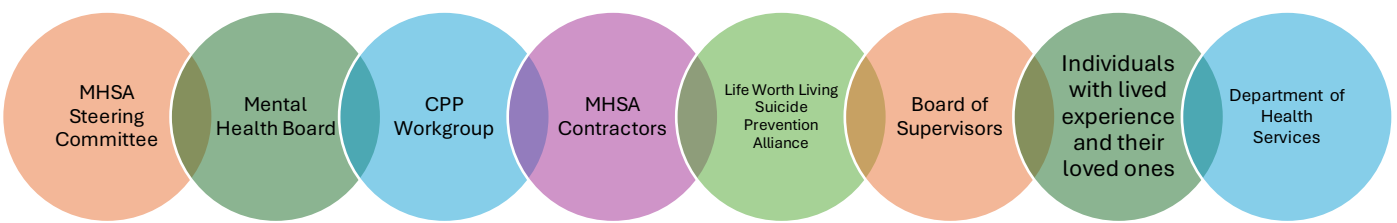


# COMMUNITY PROGRAM PLANNING PROCESS



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
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.

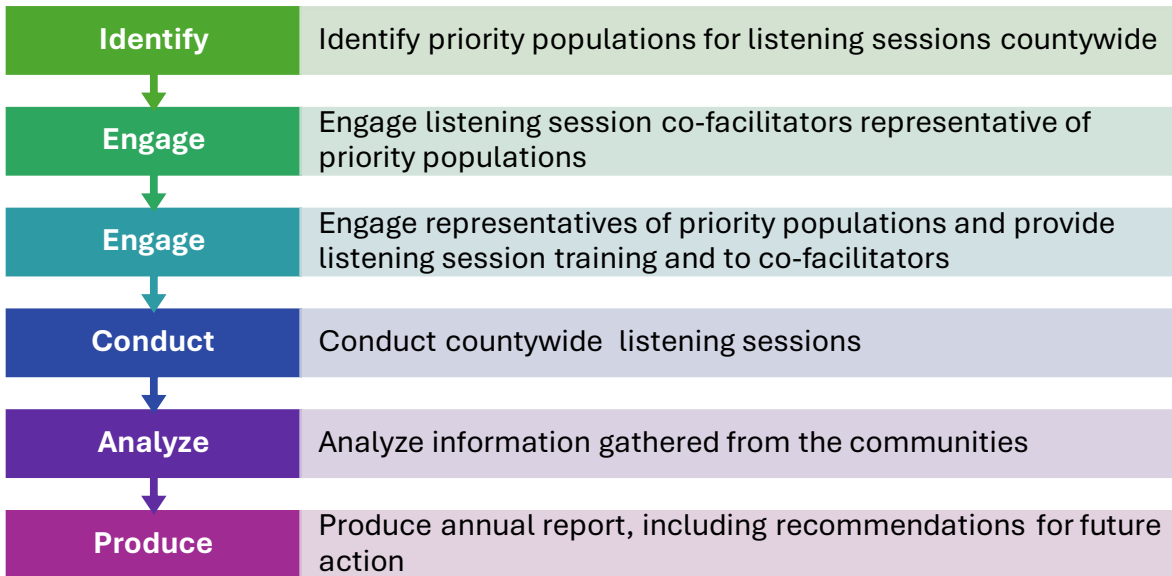
### CPP Workgroup members:

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



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

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:



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

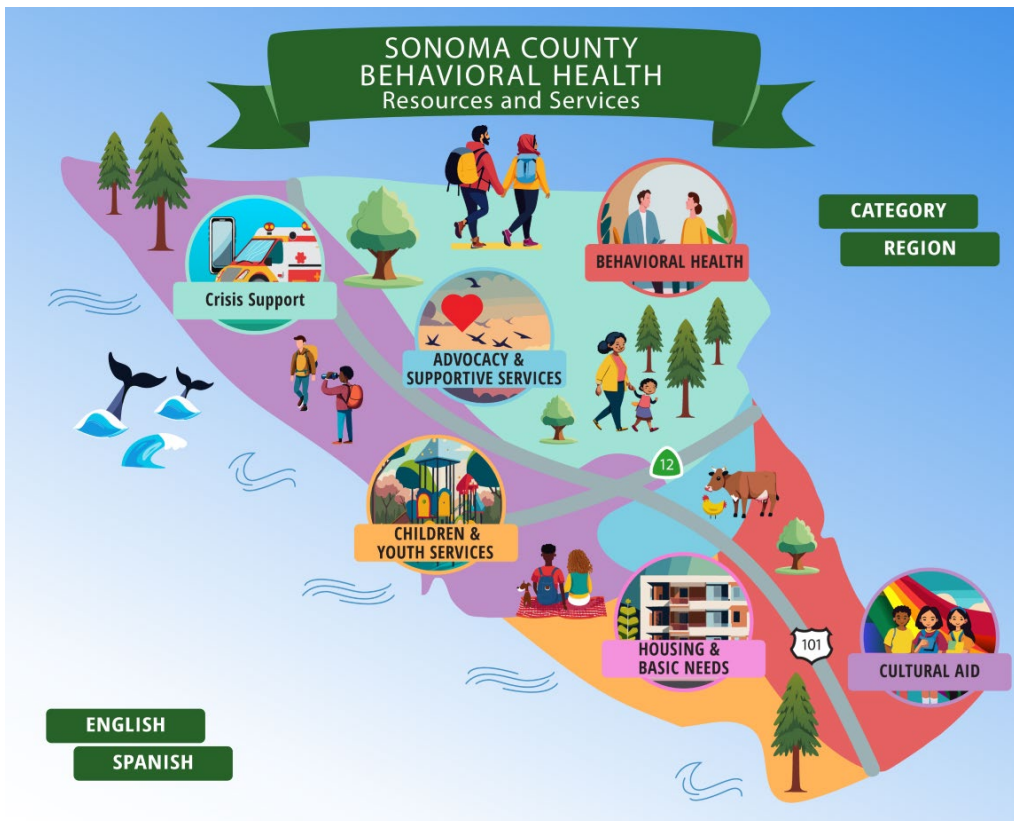
Provide community events for BIPOC, LGQBTQIA+ Communities, Holistic Healing, and Healing Circles

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 7<sup>th</sup>, 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"> <li>• Stop the erasure of historically marginalized communities.</li> <li>• Use demographic data to disrupt inequity.</li> <li>• Maintain data transparency.</li> <li>• Take responsibility for outcomes and commit to doing better.</li> </ul>
Jul 11	Santa Rosa	All Stakeholders	<ul style="list-style-type: none"> <li>• County podcast in Spanish and English about Youth Mental Health</li> </ul>
Aug 8	Virtual	Connection is Prevention (CIP) Cloverdale providers of	<ul style="list-style-type: none"> <li>• Planning event</li> <li>• Developing event “passport”</li> </ul>

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

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

			<ul style="list-style-type: none"> <li>• Community PEI Grants</li> </ul>
Feb 11	Santa Rosa and virtual	Life Worth Living (LWL): Sonoma County Suicide Prevention Alliance	<ul style="list-style-type: none"> <li>• Review Strategic Plan Budget</li> <li>• Review Draft Training Plan</li> <li>• View Tell My Story and Discuss</li> </ul>
Mar 14	List serv and email	All Stakeholders	<ul style="list-style-type: none"> <li>• Post Draft FY 25-26 Plan Update and Expenditure Plan and FY 23-24 Program Report</li> </ul>
Mar 19	Santa Rosa and virtual	BHSA Community Program Planning (CPP) Workgroup	<ul style="list-style-type: none"> <li>• Review Draft FY 25-26 Plan Update and Expenditure Plan and FY 23-24 Program Report</li> <li>• Public Comment</li> <li>• Plan MHSA Listening Session Forum</li> </ul>
Apr 8	Santa Rosa	All Stakeholders	<ul style="list-style-type: none"> <li>• Review Draft FY 25-26 Plan Update and Expenditure Plan and FY 23-24 Program Report</li> </ul> <p>MHSA Transition to BHSA</p>
Apr 15	Cloverdale and virtual	Behavioral Health Board Public Hearing	<ul style="list-style-type: none"> <li>• Review Draft FY 25-26 Plan Update and Expenditure Plan and FY 23-24 Program Report</li> <li>• MHSA Transition BHSA</li> <li>• Public Comments</li> </ul>
Apr 22	Santa Rosa and virtual	Board of Supervisors	<ul style="list-style-type: none"> <li>• Review and approval of Draft FY 25-26 Plan Update and Expenditure Plan and FY 23-24 Program Report</li> </ul>
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"> <li>• Sonoma Suicide Data Report</li> <li>• RFP for Training Plan</li> </ul>
May 14	Santa Rosa and virtual	MHSA/BHSA Steering Committee	<ul style="list-style-type: none"> <li>• MHSA Transition to BHSA</li> <li>• BHT Policy Manuals</li> <li>• Capacity Assessment</li> <li>• Focus on Housing</li> </ul>
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"> <li>• Anti-Racist Results Based Accountability</li> <li>• Quarterly Reporting</li> <li>• Preparing for BHSA</li> </ul>
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 Coboleda-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

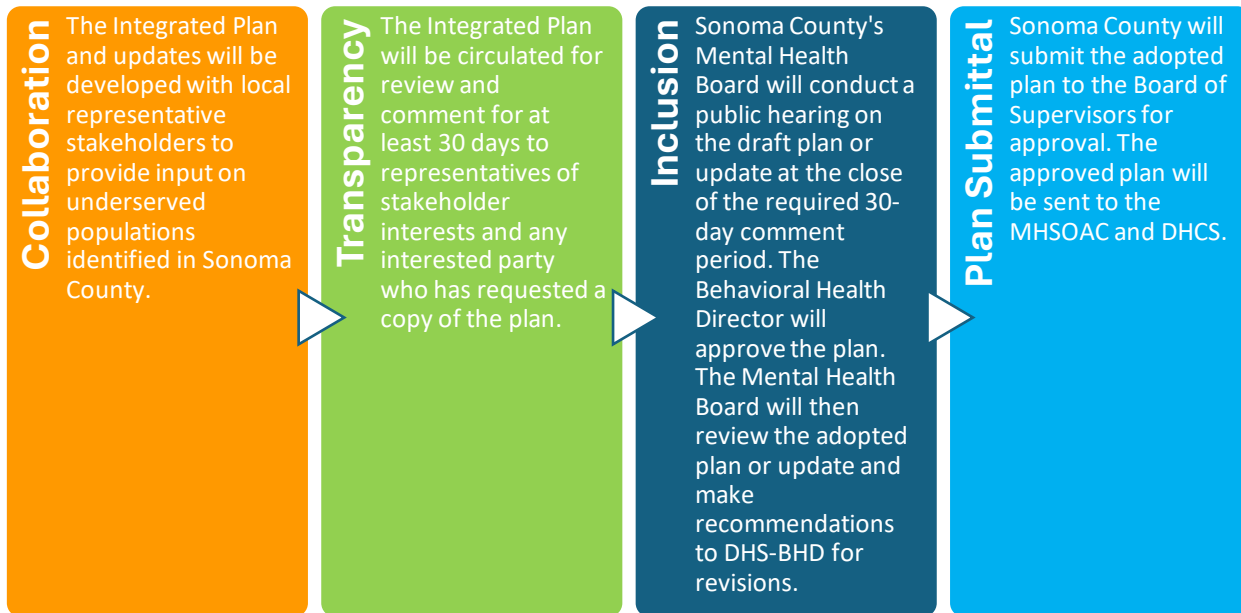
DHS-BHD also publishes an MHSA Newsletter, featuring relevant MHSA news, information, and events. A hard copy version of the newsletter is produced every 3-4 months and is shared with a variety of community groups and stakeholders, including the Mental Health Board, Sonoma County Board of Supervisors, 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](mailto: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
4/22	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 April 22, 2025**, DHS-BHD will send the approved plan to DHCS and the MHSAOAC to remain on file for review and evaluation purposes by **May 22, 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
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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 ≤ 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"> <li>Expanding Stakeholders and contract with Mission Consulting</li> </ul>
Q1 2025	<ul style="list-style-type: none"> <li>Analysis of current system needs and funding</li> <li>Develop and Post FY 25-26 MHSA Annual Update</li> </ul>
Q 2 & 3 2025	<ul style="list-style-type: none"> <li>Develop scaffolding of the FY 26-29 Three Year Integrated Plan (IP)</li> </ul>
Q4 2025	<ul style="list-style-type: none"> <li>Develop and Release Request for Proposals (RFP) for components: BHSS, Housing, and FSP.</li> </ul>
Q1 2026	<ul style="list-style-type: none"> <li>Refine and finalize FY 26-29 Integrated Plan</li> </ul>
Q2 2026	<ul style="list-style-type: none"> <li>Finalize BHSA Contracts</li> <li>Post FY 26-29 BHSA Integrated 3 Year Plan</li> <li>BOS reviews and approved Integrated 3 Year Plan</li> </ul>
July 1, 2026	<ul style="list-style-type: none"> <li>Implement BHSA</li> </ul>

## Final MHSA Reporting Timeline:

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

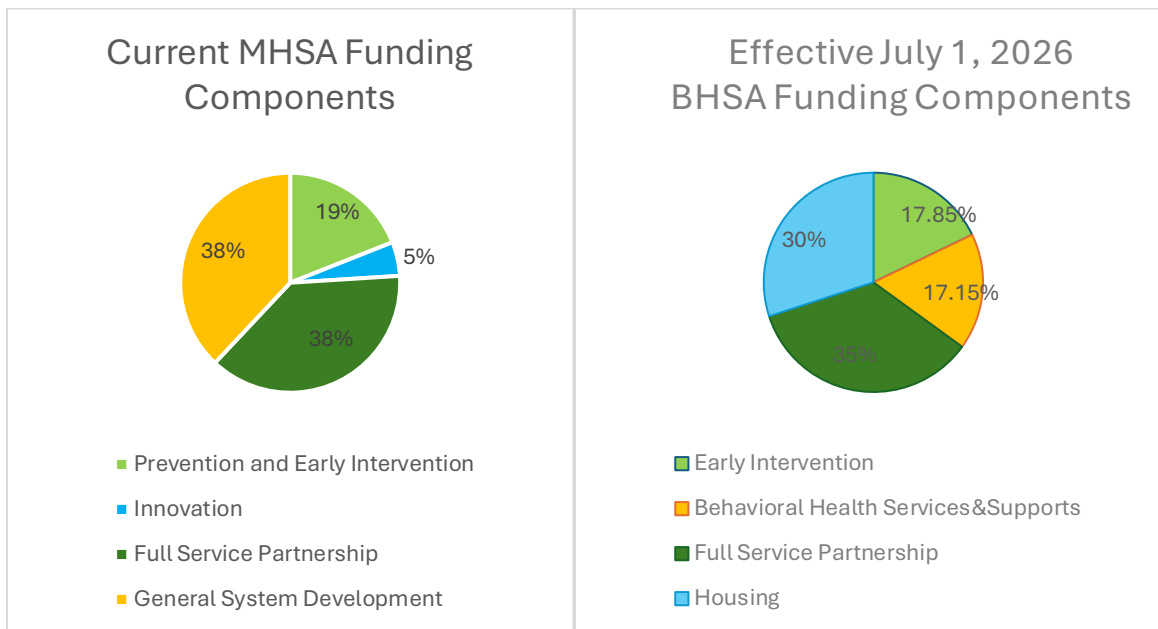
Despite recent progress, health disparities persist, particularly among rural and minority communities in areas such as food security, education, and housing.

- 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 BHSA 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 BHSA, 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 detailed in the FY 25-26 Expenditure Plan, the County is estimating receiving \$30 million in new MHSA funds. The Expenditure Plan details a total budget of \$47.7 million for FY 24-25, and this is the largest MHSA budget the County has ever developed.

Given the It is paramount to spend MHSA funds within three years because MHSA regulations (WIC Title 9 Section 5847) state that any funds allocated to a county that have not been spent within three years shall revert to the state. The County has not reverted any MHSA funds since the Act’s inception. However, BHSA does not state what will happen to County MHSA fund balances when BHSA is implemented. As the County anticipates the implementation of BHSA, and the lack of clarity in BHSA about the disposition of existing fund balance at the time of BHSA implementation, the County has decided to spend down fund balance. The additional funding is going towards contract increases with prescribers, Mobile Support Team expansion, new housing project and a new Full Service Partnership for unhoused individuals with serious mental health challenges. Here are the significant changes and impacts for FY 24-25:

Changes	Impacts
<b>Community Services and Supports</b>	
<b>Full Service Partnership (FSP)teams:</b>	
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.	
The Buckelew Tamayo Village program is a supportive housing initiative specifically designed for Transition 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, tailored to address the unique challenges faced during this life stage, including potential, substance abuse, or recent diagnoses of mental illness. it aims to help young adults transition into independent living and full participation in society by providing housing, case management, and mental health support within a community setting.	The addition of this Buckelew program for TAY FSP clients \$166,894 will assist 10 clients annually to transition into independent living and full participation in society by providing housing, case management, and mental health support within a community setting.

**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:

<b>Program</b>	<b>Estimated # to be served</b>	<b>Children and Youth (0-15)</b>	<b>Transition Age Youth (16-25)</b>	<b>Adults (26-59)</b>	<b>Older Adults (60+)</b>	<b>Estimated MHSA cost per person (\$)</b>
<b>Forensic Assertive Community Treatment (FACT) Team</b>						
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						
<b>Family Advocacy, Stabilization &amp; Support Team (FASST)</b>						
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]						
<b>Integrated Recovery Team (IRT)</b>						
DHS-BHD	63	0	2	54	7	14285
<b>Older Adult Intensive Team (OAIT)</b>						
DHS-BHD	64	0	0	0	64	11015
<b>Transition Age Youth (TAY) Team</b>						
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]						
<b>Adult Full Service Partnership (AFSP)</b>						
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
<b>General Systems Development (GSD)</b>						
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
Siyan Clinical Research [contractor]	161	0	21	105	35	4534
<b>Outreach and Engagement (OE)</b>						
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
<b>Prevention and Early Intervention (PEI)</b>	
Aldea Aldea's "First Episode Psychosis" treatment, often referred to as their "SOAR" program, is a comprehensive, community-based approach to supporting individuals experiencing their first episode of psychosis, utilizing 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, all aimed at promoting recovery and minimizing the impact of the illness.	Aldea's SOAR program will assist 10-30 individuals with braided funding including \$100,000 annually from PEI and billing Medi-Cal.

## 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 MHSA cost per person (\$)
<b>PEI Programs - Prevention</b>						
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
<b>PEI Programs - Prevention &amp; Early Intervention</b>						
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
<b>PEI Programs - Early Intervention</b>						
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
<b>PEI Programs - Stigma &amp; Discrimination Reduction</b>						
Santa Rosa Junior College [contractor]	1067	0	924	143	0	209
<b>PEI Programs - Suicide Prevention</b>						
Buckelew Programs - North Bay Suicide Prevention Program [contractor]	2993	178	184	2160	471	60
<b>PEI Programs - Access and Linkage to Treatment</b>						
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]						
<b>PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness</b>						
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 current 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"><li>• Increase access to unserved or underserved groups</li><li>• Increase quality of mental health services, including better outcomes</li></ul>
Population to be served	<ul style="list-style-type: none"><li>• 12-20 adults annually</li><li>• Serves individuals with serious mental health concerns referred by probation and the courts</li></ul>
Learning Goals	<ol style="list-style-type: none"><li>1. Does providing peer supervised transitional housing with ACT reduce recidivism?</li><li>2. Does supervised transitional housing with ACT reduce recidivism for diverted?</li></ol>

**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"> <li>• Promotes interagency and community collaboration related to mental health services or supports or outcomes.</li> <li>• Increase quality of mental health services, including better outcomes.</li> </ul>
Population to be served	<ul style="list-style-type: none"> <li>• Serves Behavioral Health Care System clients and their families.</li> </ul>

- 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"><li>• Accreditation (BRN, CAMFT, CCAPP)</li></ul>
Career Pathways	<ul style="list-style-type: none"><li>• Pipeline Programs</li><li>• Career &amp; Internship Fairs</li></ul>
Staff Skill Development	<ul style="list-style-type: none"><li>• Staff Development Trainings</li></ul>

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

### 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"><li>• Sonoma State University (SSU)</li><li>• Santa Rosa Junior College (SRJC)</li></ul>

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

### 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"> <li>• Staff Development Trainings</li> </ul>

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

## 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)<sup>2</sup>

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	<b>Sage Commons</b>	Santa Rosa	54	29	Single adults	Opened April 2022
Danco Communities	<b>Orchard Commons</b>	Santa Rosa	45	15	Families	Opened February 2023
Burbank Housing Development Corp.	<b>Caritas Homes</b> 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

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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
<b>Estimated FY 2025/2026 Funding</b>					
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		
<b>Estimated FY 2025/26 Expenditures</b>	33,270,349	7,524,387	1,301,448	1,003,749	621,073
<b>Estimated FY 2025/26 Unspent Fund Balance</b>	6,195,642	9,285,399	3,222,372	1,277,186	1,659,862

<b>Estimated Local Prudent Reserve Balance</b>	
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
<b>FSP Programs</b>						
<b>Forensic Assertive Community Treatment (FACT) Team</b>						
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				
<b>Family Advocacy, Stabilization &amp; Support Team (FASST)</b>						
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				
<b>Integrated Recovery Team (IRT)</b>						
DHS-BHD	1,446,831	899,925	426,920			119,986
<b>Older Adult Intensive Team (OAIT)</b>						
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
<b>Transition Age Youth (TAY) Team</b>						
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				
<b>Adult Full Service Partnership (AFSP)</b>						
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				
<b>Housing Fund for FSP</b>						
Housing Funds	1,000,000	1,000,000				
<b>Non-FSP Programs</b>						
<b>General Systems Development (GSD)</b>						



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			
<b>Outreach and Engagement (OE)</b>						
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				
<b>CSS Annual Planning</b>	523,926	523,926				
<b>CSS Administration</b>	5,452,819	5,321,369				131,450
<b>CSS MHA Housing Program Assigned Funds</b>	0	0				0
<b>Total CSS Program Estimated Expenditures</b>	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
<b>PEI Programs - Prevention</b>						
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				
<b>PEI Programs - Prevention &amp; Early Intervention</b>						
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				
<b>PEI Programs - Early Intervention</b>						
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			
<b>PEI Programs - Stigma &amp; Discrimination Reduction</b>						
Santa Rosa Junior College [contractor]	222,822	222,822				
<b>PEI Programs - Suicide Prevention</b>						
Bucklew Programs - North Bay Suicide Prevention Program [contractor]	178,258	178,258				
<b>PEI Programs - Access and Linkage to Treatment</b>						

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				
<b>PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness</b>						
Crisis Intervention Training (CIT) with Law Enforcement Personnel	30,250	30,250				
<b>PEI Annual Planning</b>	136,085	136,085				
<b>PEI Administration</b>	985,661	981,485				4,176
<b>PEI Assigned Funds (CalMHSA Statewide PEI Project)</b>	172,673	172,673				
<b>Total PEI Program Estimated Expenditures</b>	11,441,285	7,524,387	3,277,558			639,340

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

<b>INN Projects</b>	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated INN Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
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				
<b>INN Annual Planning</b>						
<b>INN Administration</b>						
<b>Total INN Program Estimated Expenditures</b>	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
<b>WET Annual Planning</b>	13,608	13,608				
<b>WET Administration</b>	144,323	143,905				418
<b>Total WET Program Estimated Expenditures</b>	<b>1,143,636</b>	<b>1,003,749</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>139,887</b>

### 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				
<b>CFTN Annual Planning</b>	6,804	6,804				
<b>CFTN Administration</b>	73,403	73,194				209
<b>Total CFTN Program Estimated Expenditures</b>	<b>621,282</b>	<b>621,073</b>				<b>209</b>





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/](http://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:

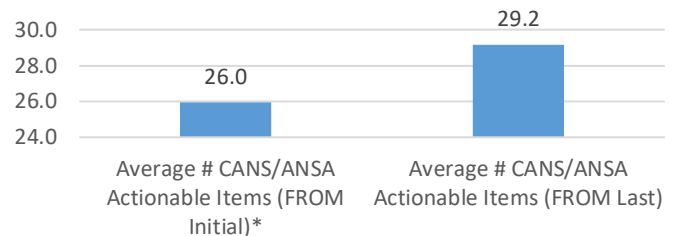
- Your anti-racist results-based accountability performance measures
- Notable client outcomes from surveys
- Program accomplishments from FY 23-24
- Other data or noteworthy program successes including quotes from clients or staff.

### FY 2023-2024

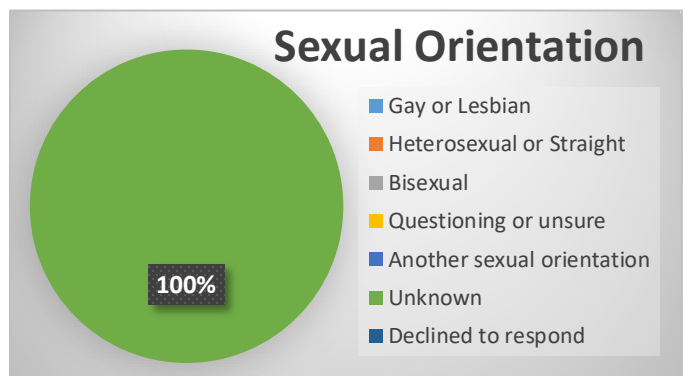
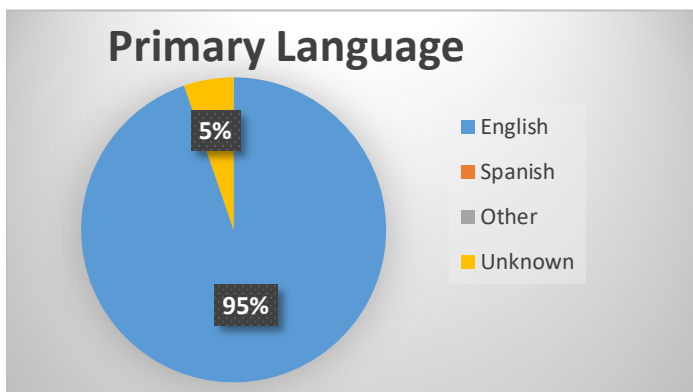
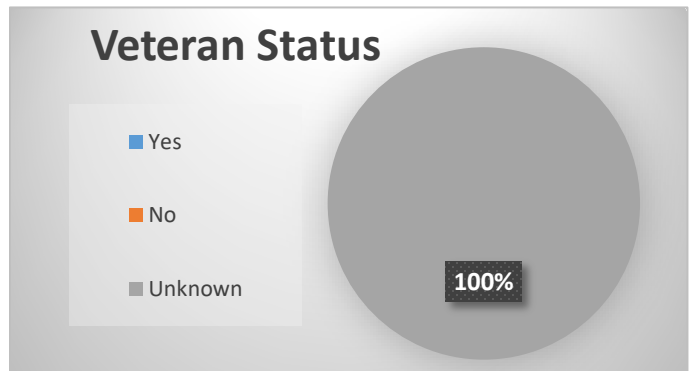
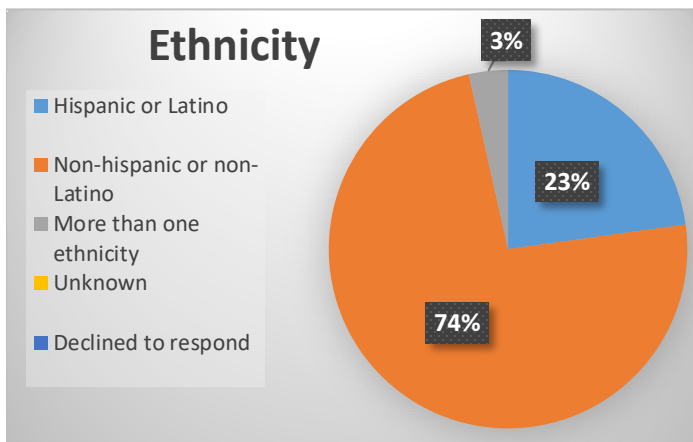
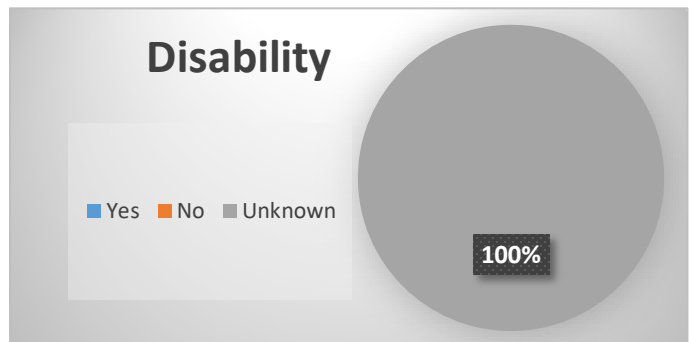
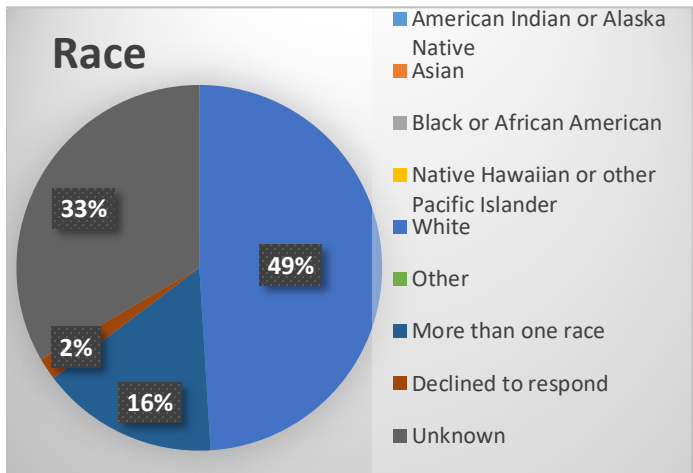
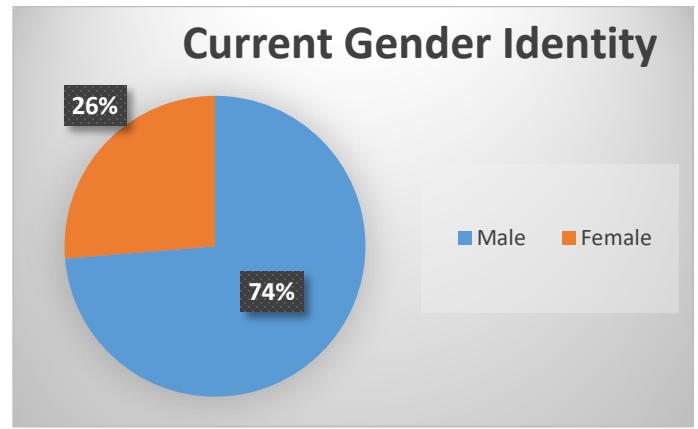
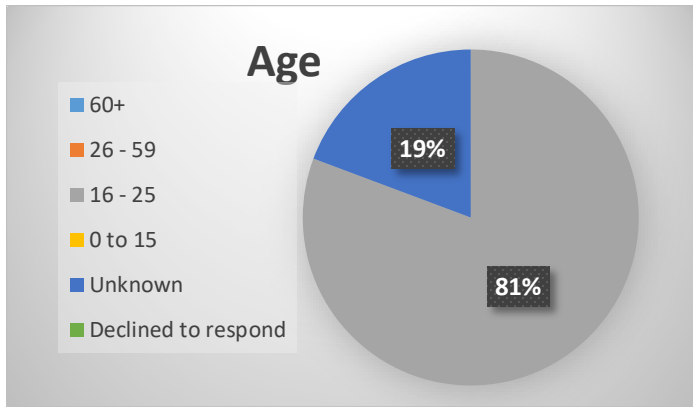
### PROGRAM STATISTICS

- **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](http://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)

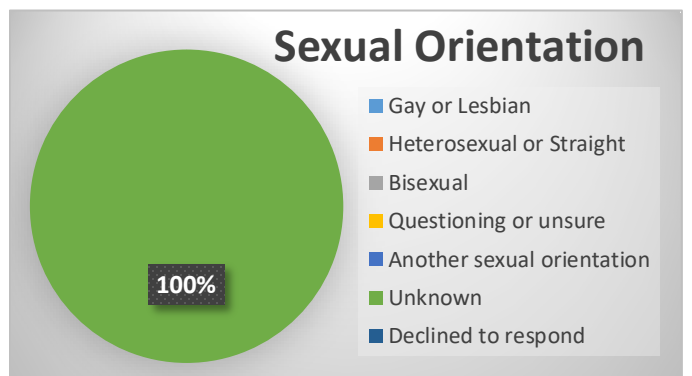
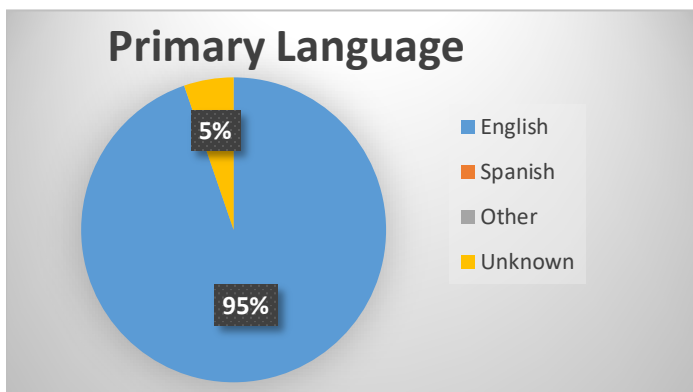
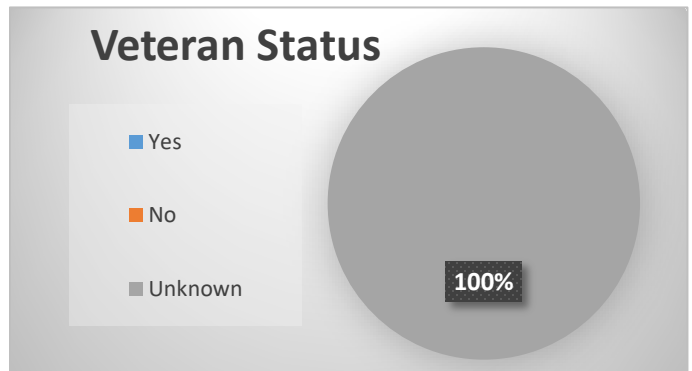
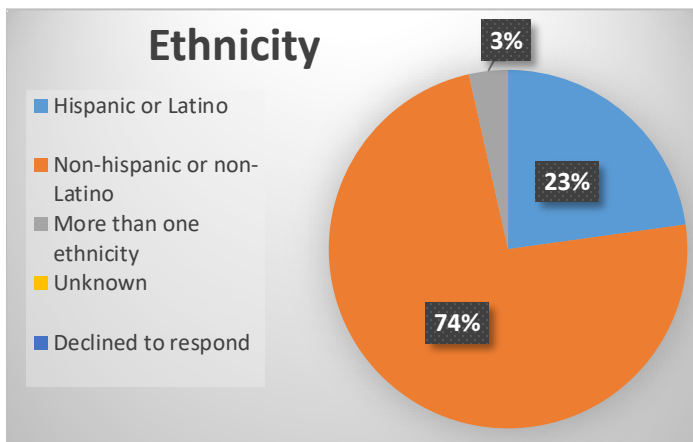
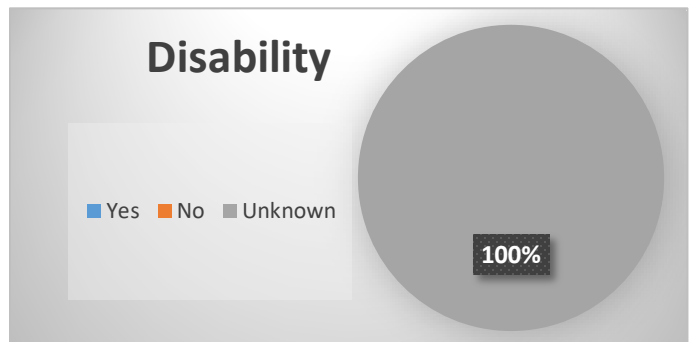
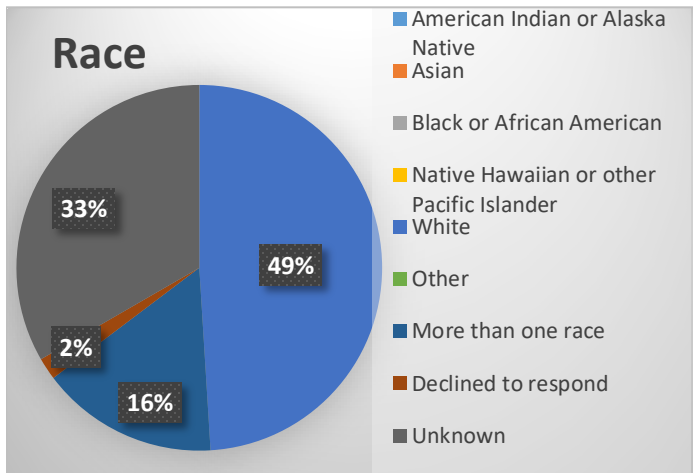
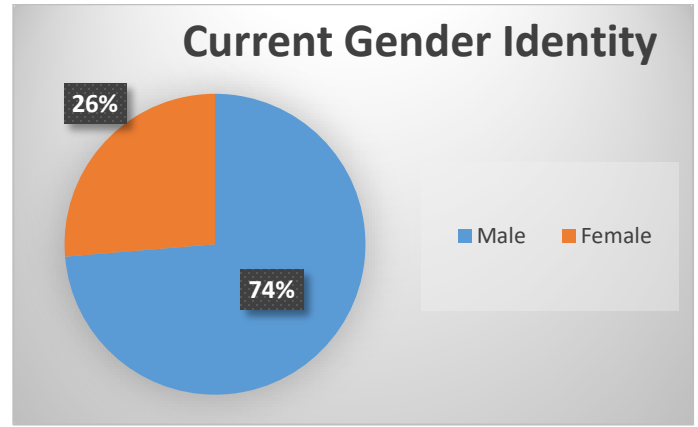
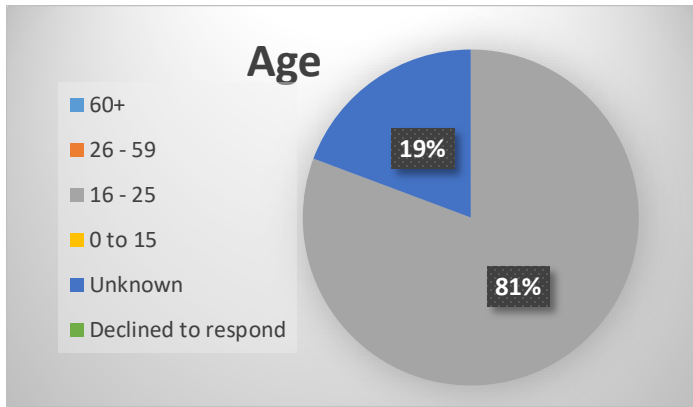
### PERFORMANCE OUTCOMES:

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.

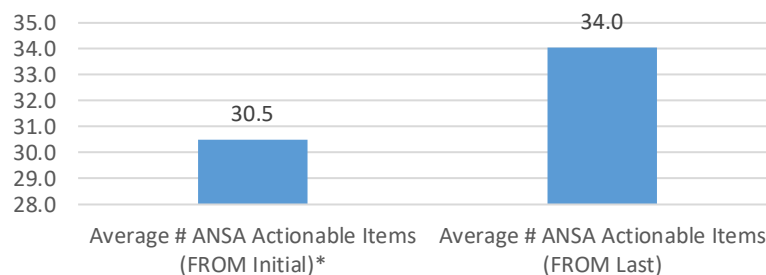
**Services include:** Pharmacological treatment, case management, self-help groups run by peers, family education, housing and employment services, and aftercare services.

### PERFORMANCE OUTCOMES & ACCOMPLISHMENTS:

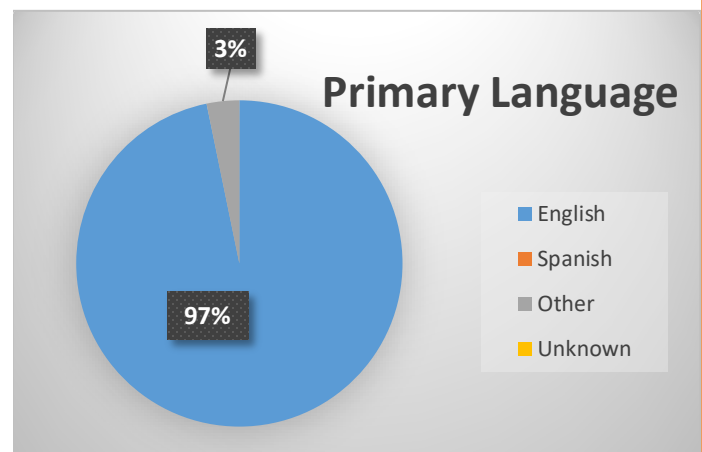
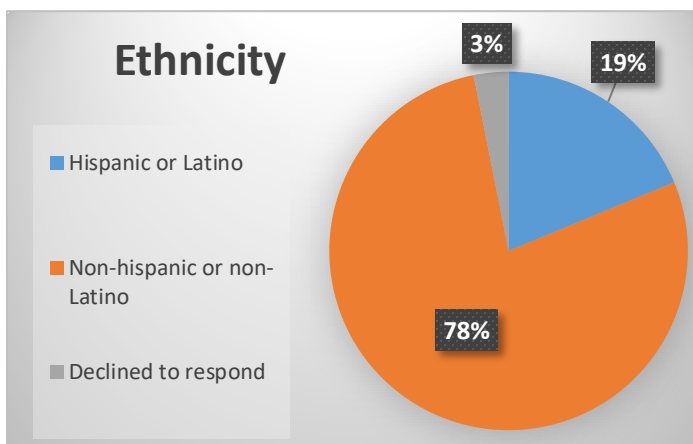
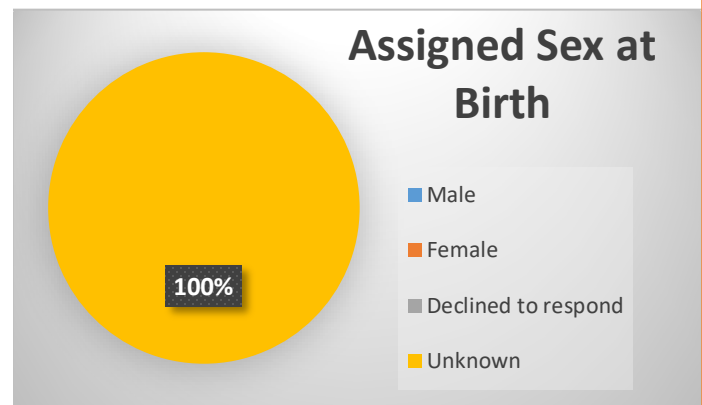
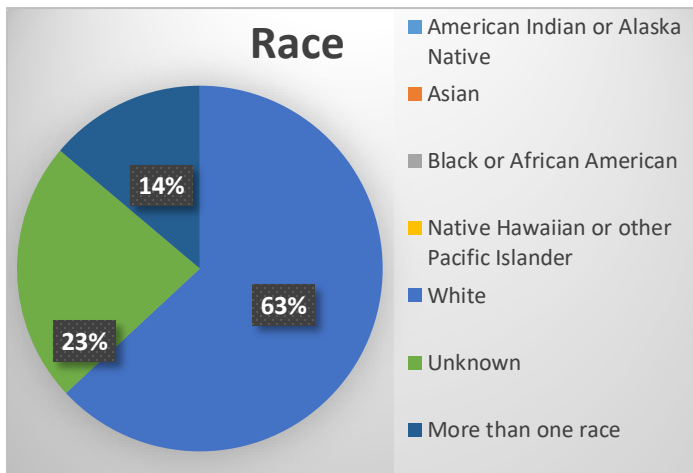
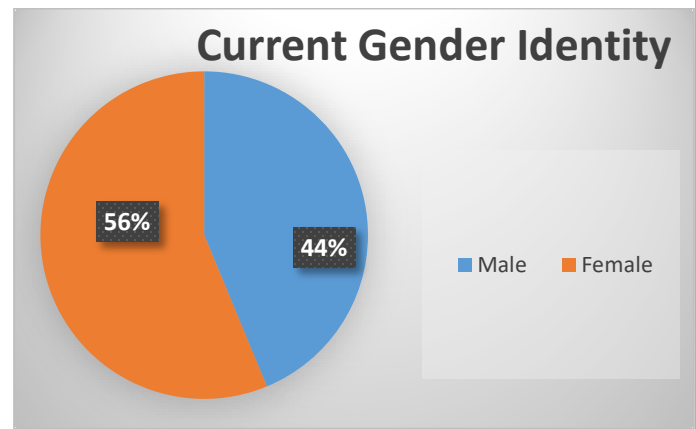
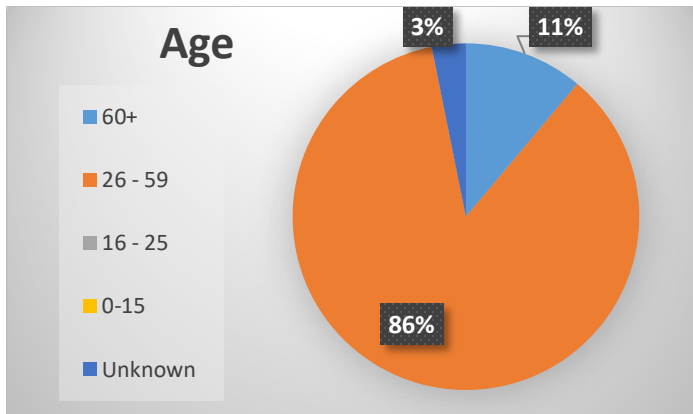
### FY 2023-2024 PROGRAM STATISTICS

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

FY 22-24 Integrated Recovery Program  
FSP 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 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>

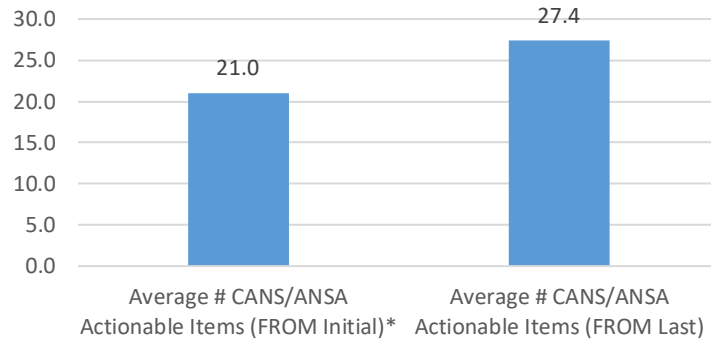
**Phone:** 707) 565-4850, however, to request mental health services call: (707) 565-6900

### FY 2023-2024

### PROGRAM STATISTICS

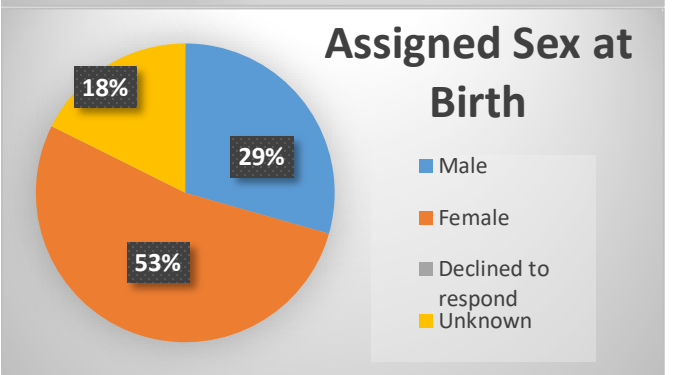
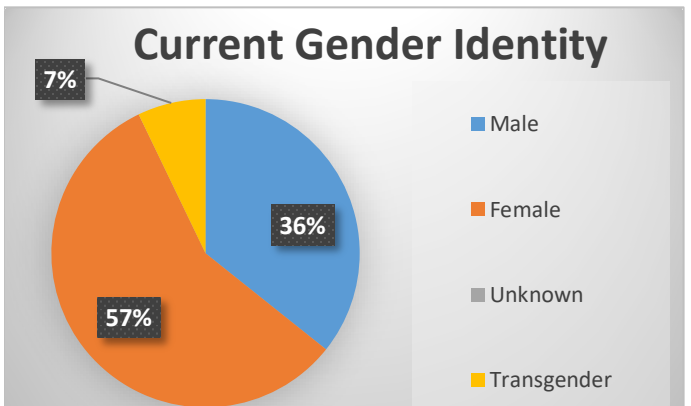
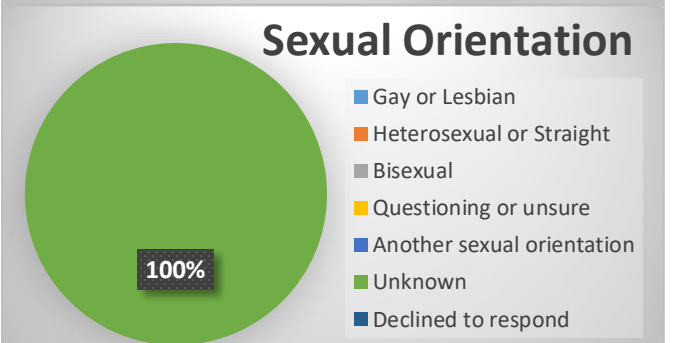
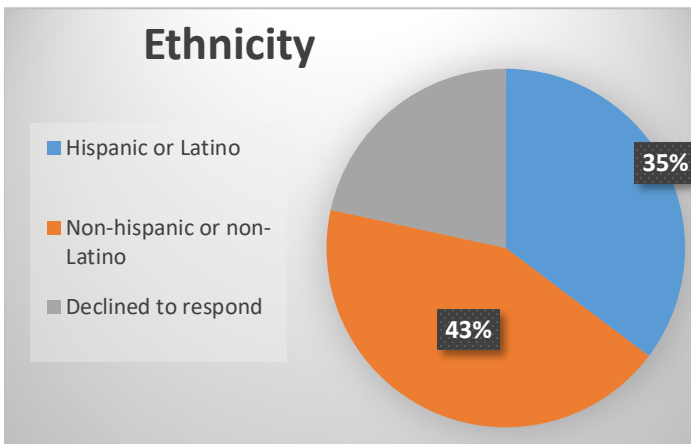
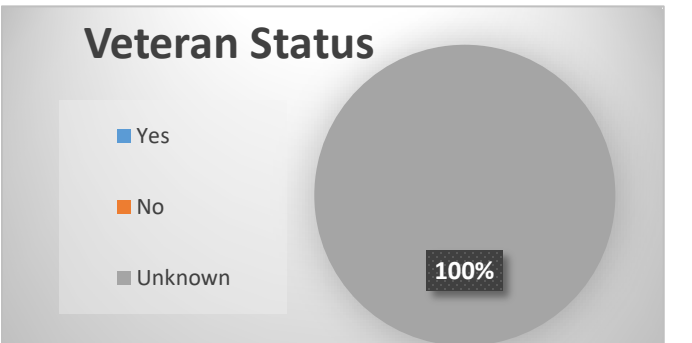
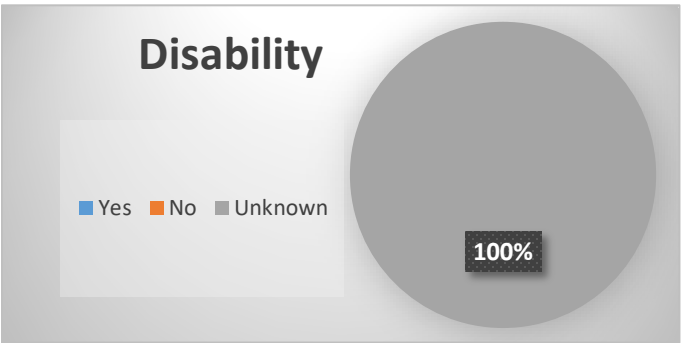
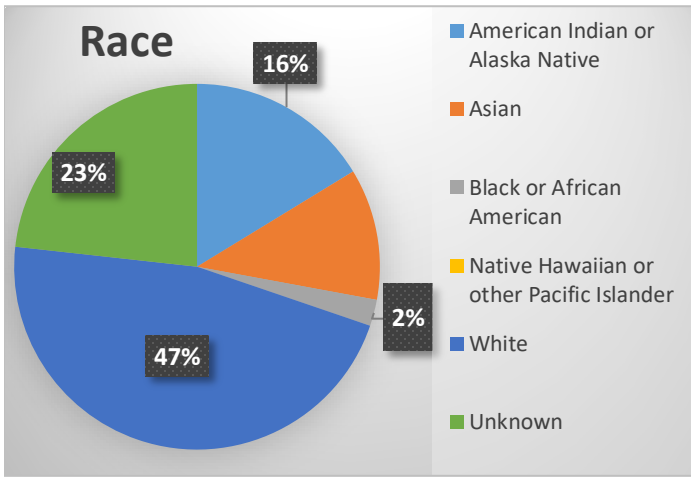
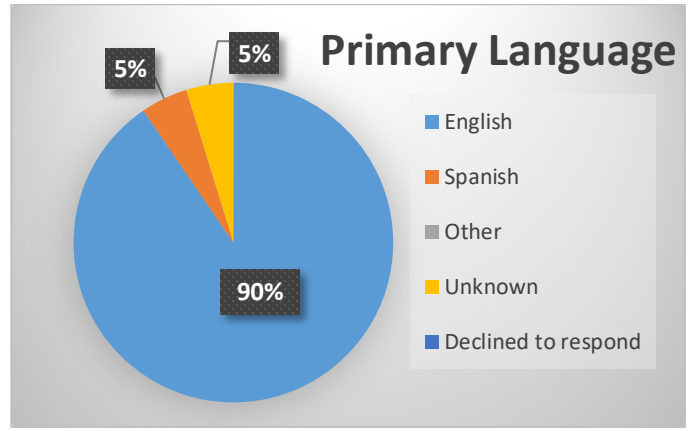
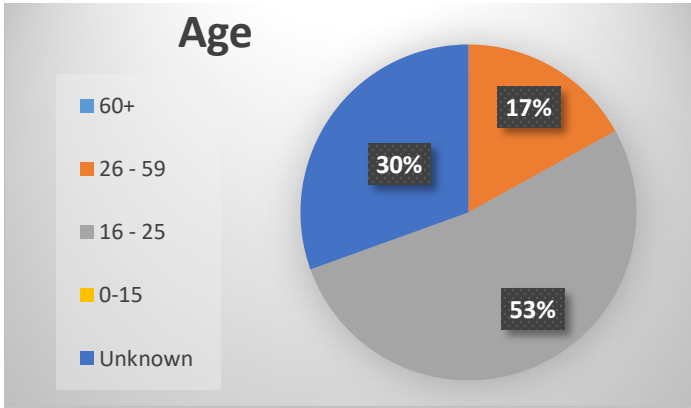
- **Total number of unique clients served: 64**
- **Total unique clients that were also served by contracted providers in FY 23-24: NEED**

Older Adult Intensive FSP ANSA Outcome Data





# FY 2023-2024 Program Demographics: NEED



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/>

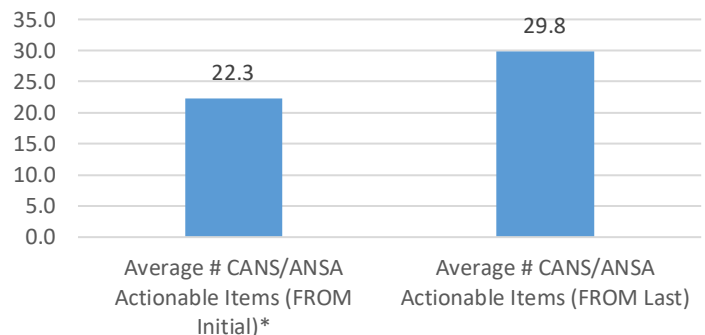
**Phone:** 707) 565-4850, however, to request mental health services call: (707) 565-6900

### 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:**

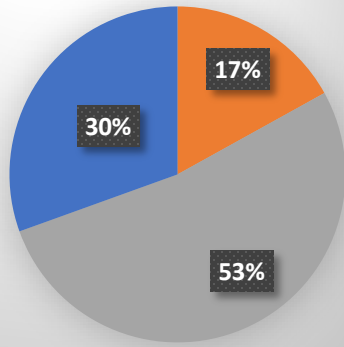
FY 22-24 Transitional Age Youth FSP CANS/ANSA Outcome Data



# FY 2023-2024 Program Demographics: NEED

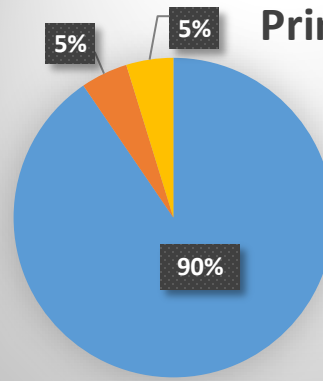
## Age

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



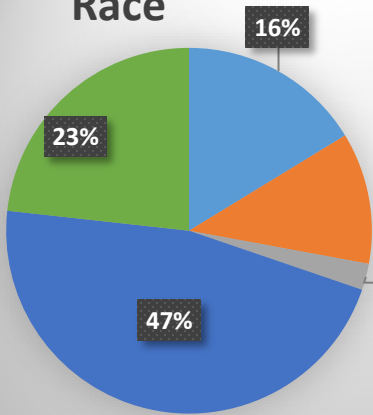
## Primary Language

- 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%

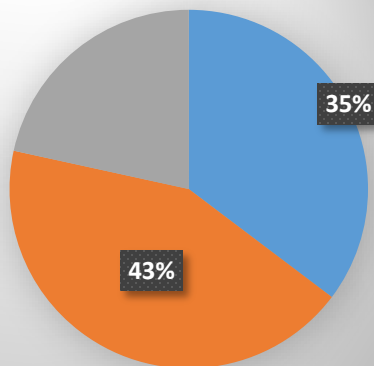
## Veteran Status

- Yes
- No
- Unknown

100%

## Ethnicity

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



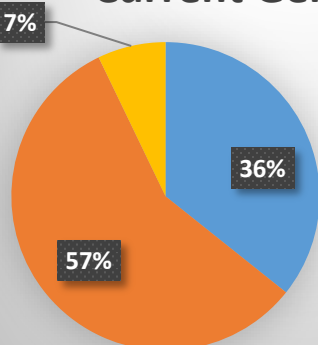
## Sexual Orientation

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

100%

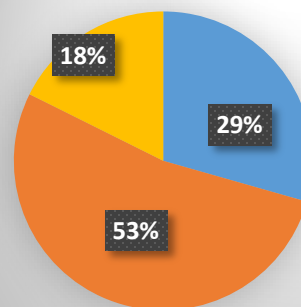
## Current Gender Identity

- 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](http://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

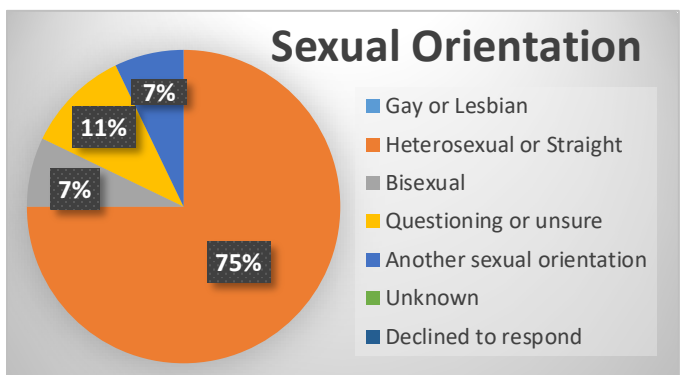
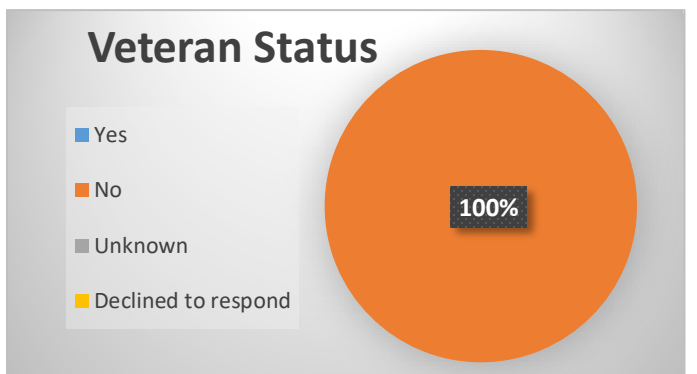
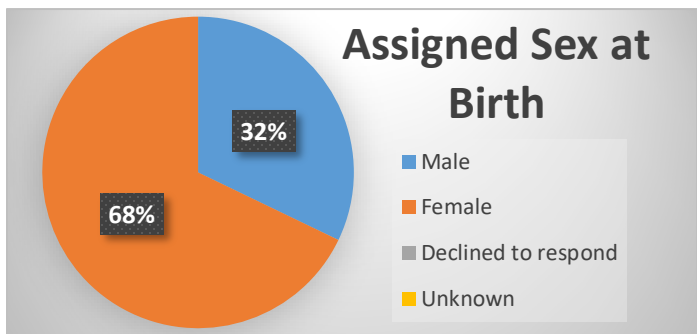
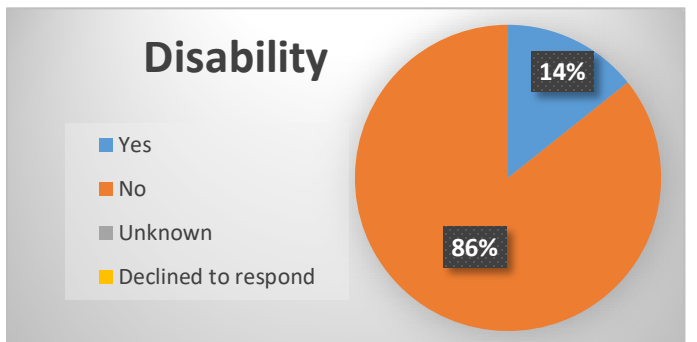
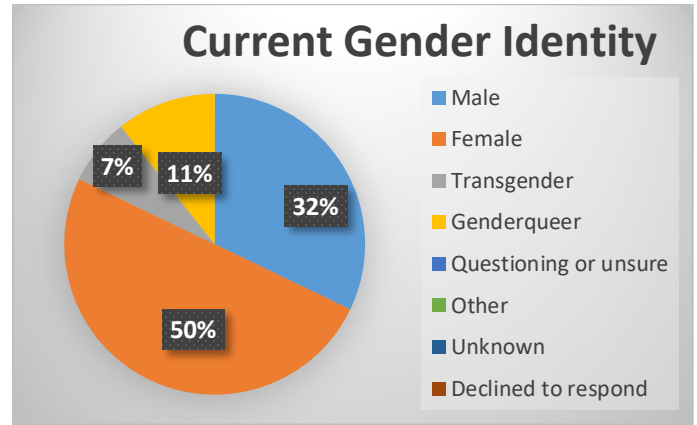
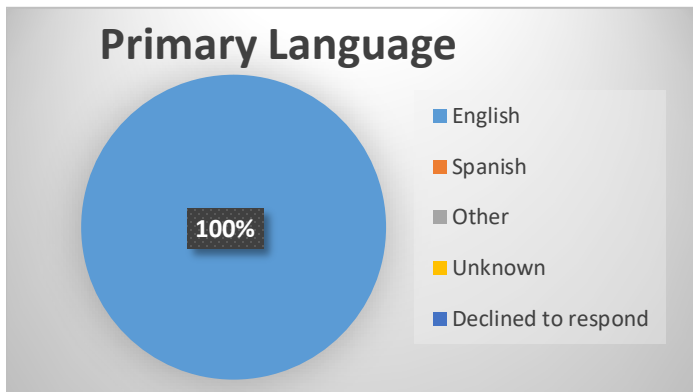
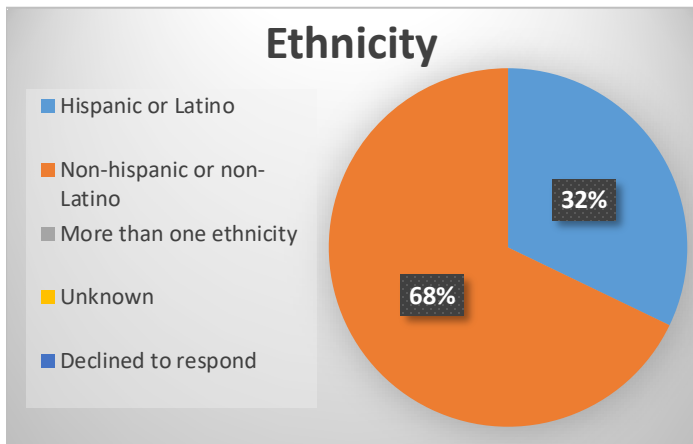
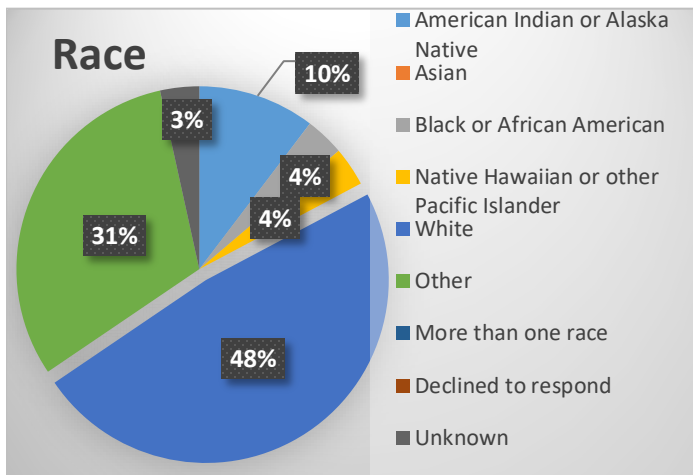
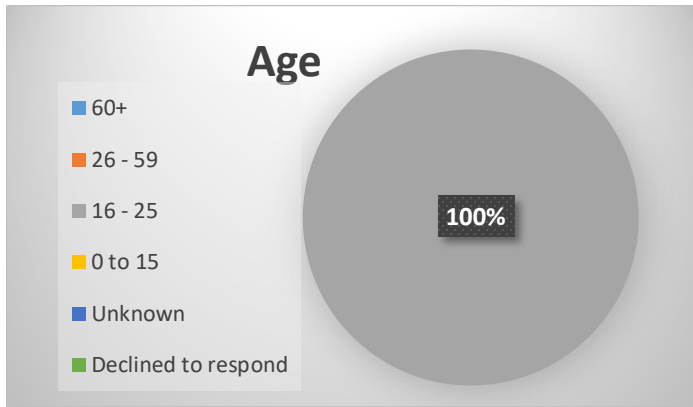
- **Total number of clients served: 28**
- **Total number of encounters: 784**
- **Approximate numbers reached through outreach: 1741**

### 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

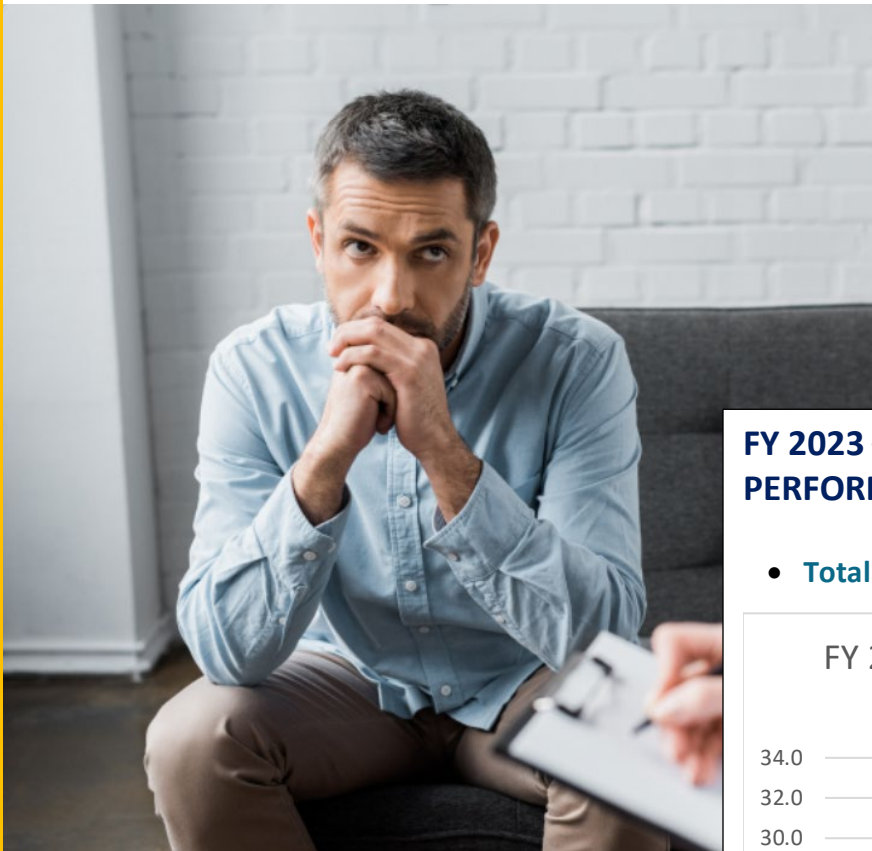
## FY 2023-2024 ANNUAL COMMUNITY SERVICES AND SUPPORT (CSS) REPORT

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)

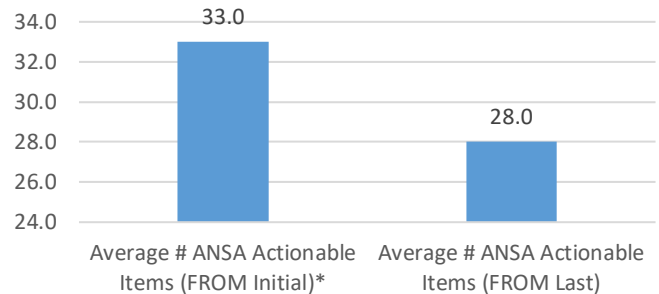
**Target Population:** adults from 26-59 years old with severe and persistent mental illness and at risk of institutionalization, homelessness, incarceration, or psychiatric in-patient services



### 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

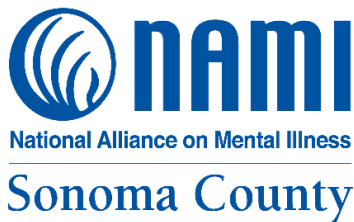
## COMMUNITY SERVICES AND SUPPORTS (CSS)

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](http://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](mailto: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

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

### PERFORMANCE OUTCOMES

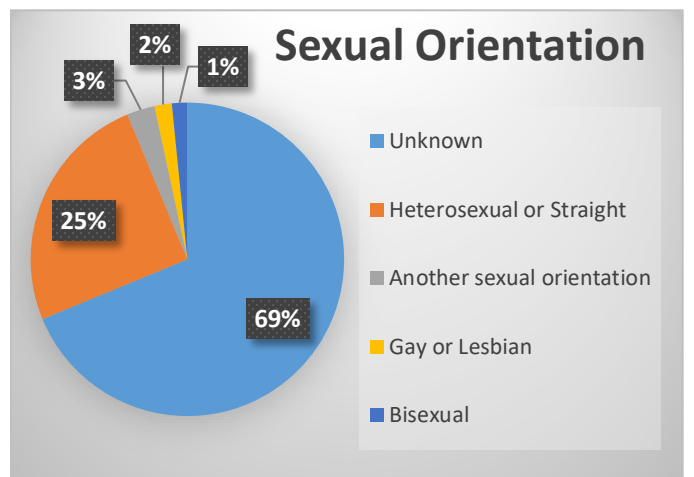
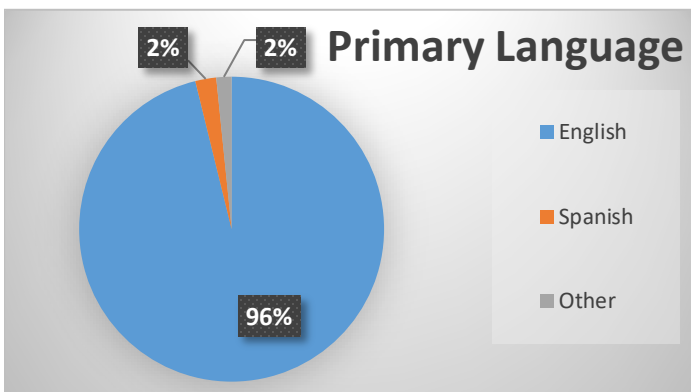
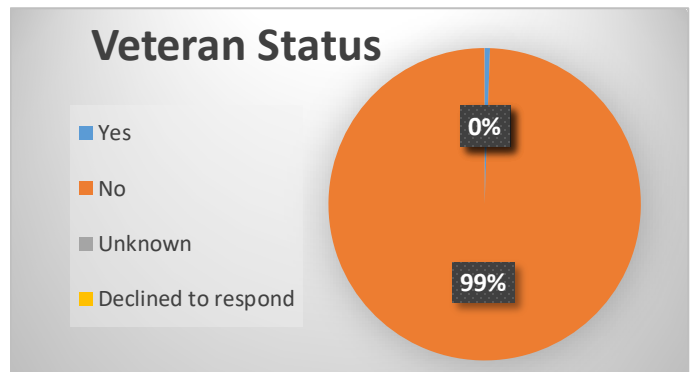
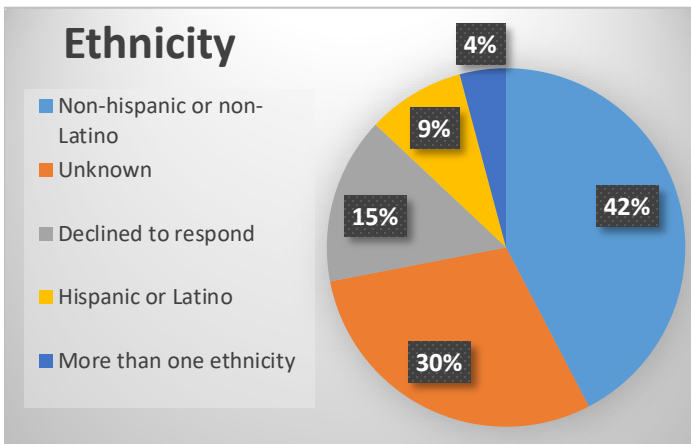
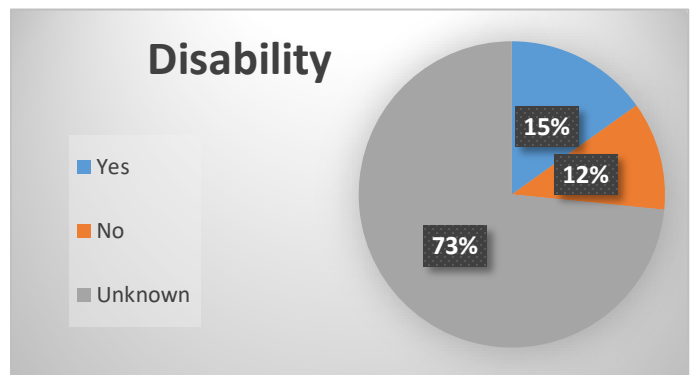
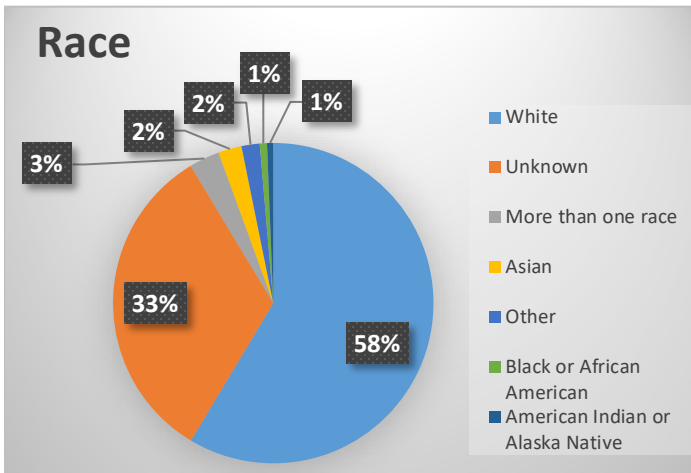
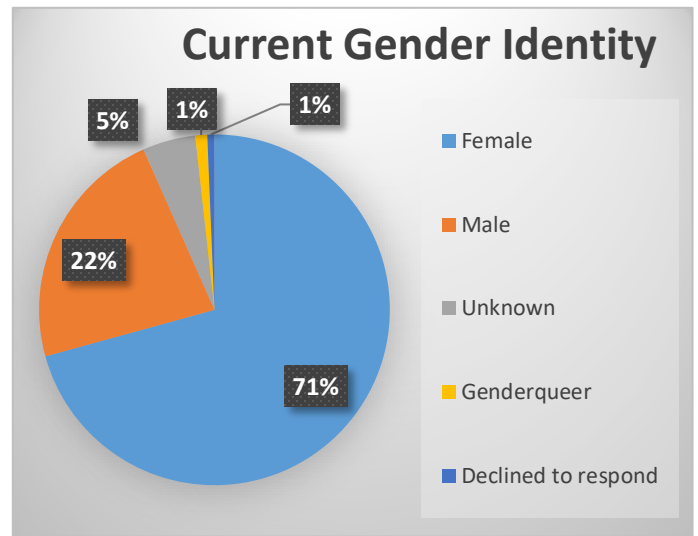
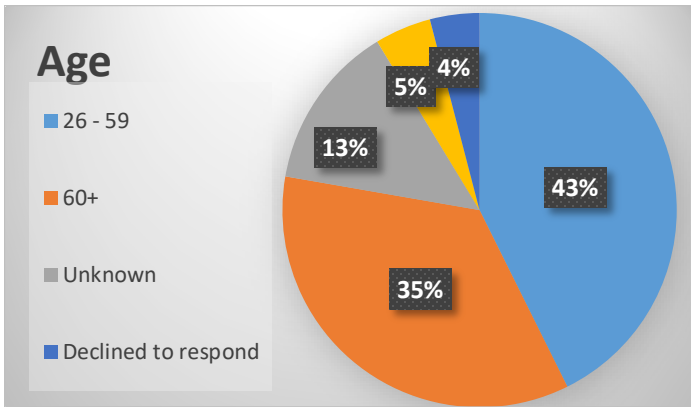
**100% NAMI Family-to-Family graduates agreed:** The program was helpful to them; they learned new information; and would recommend the program to others.

*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>

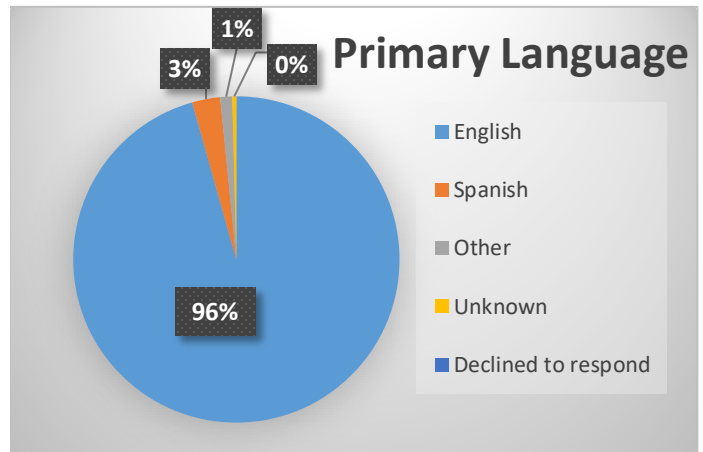
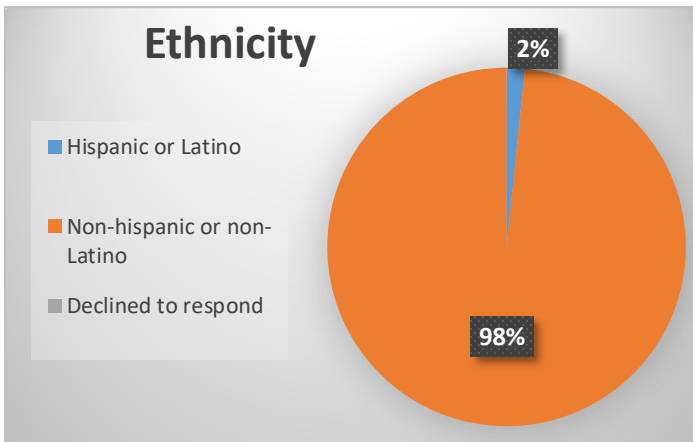
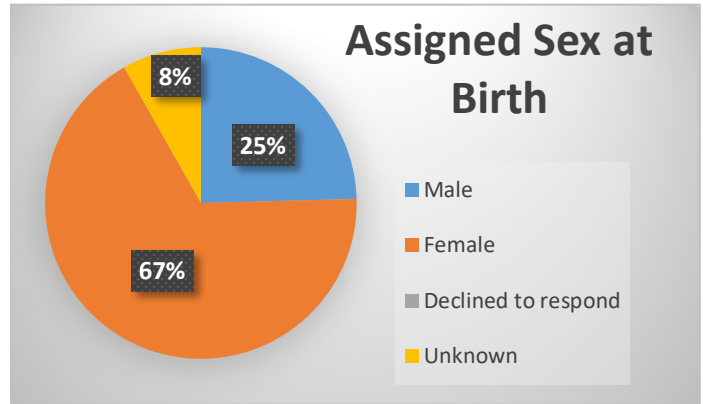
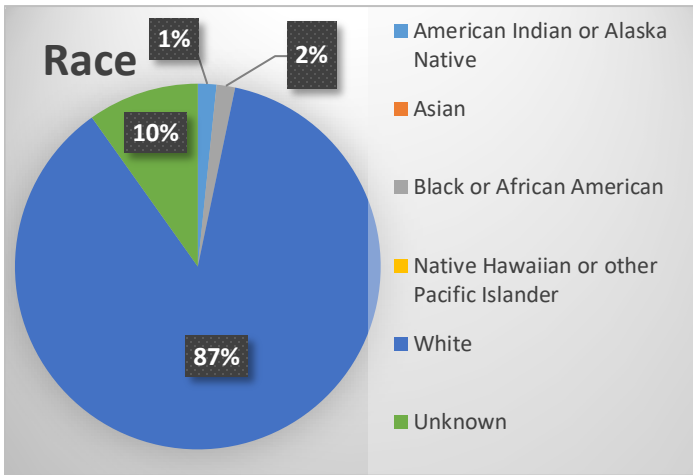
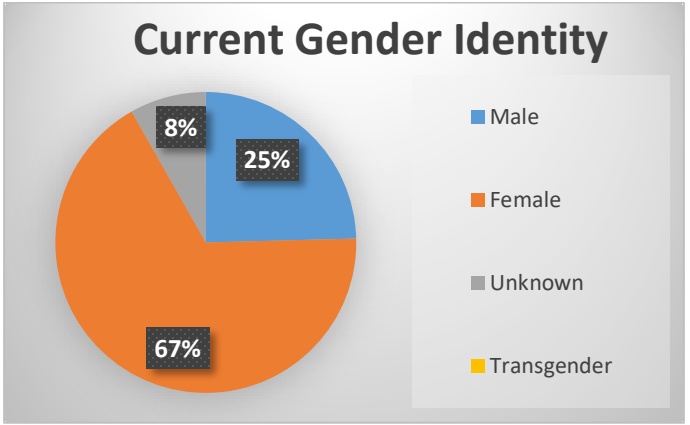
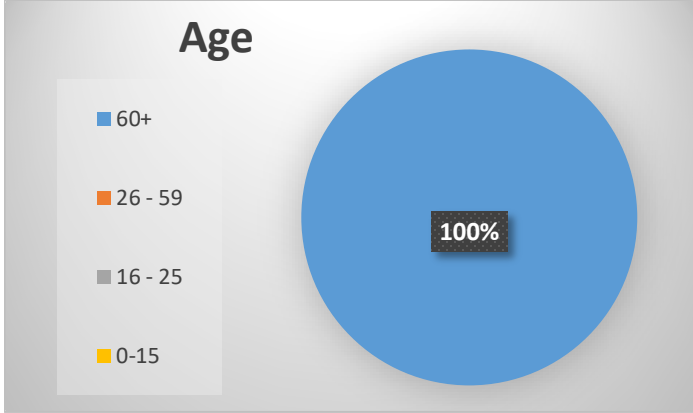
**Phone:** (707) 565-4850  
To request services: (707) 565-6900

### 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.

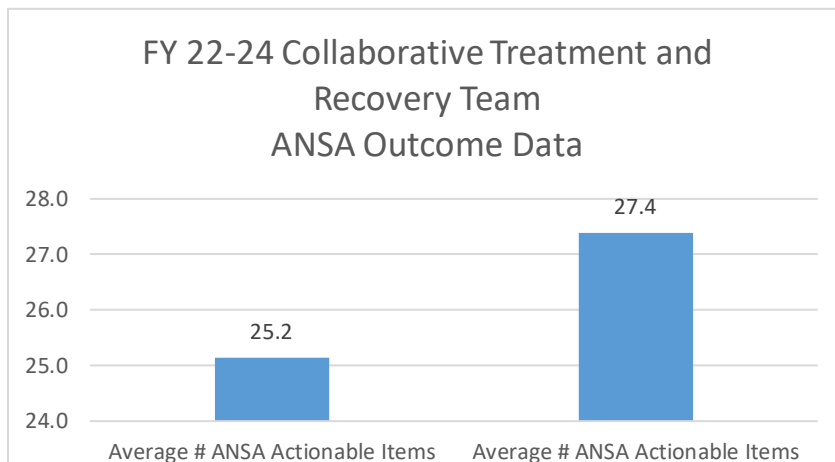
### FY 2023-2024 PROGRAM STATISTICS

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

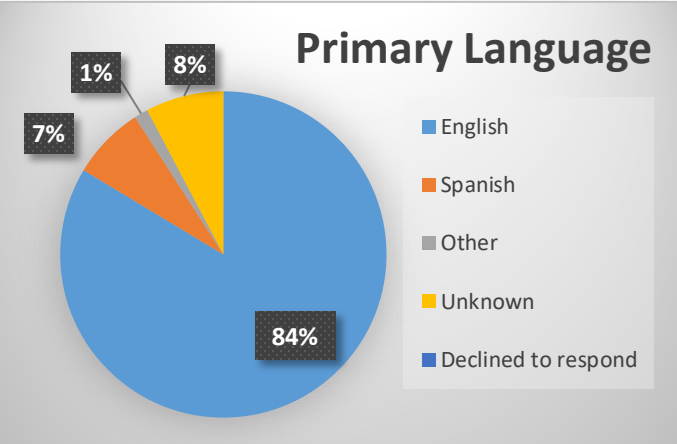
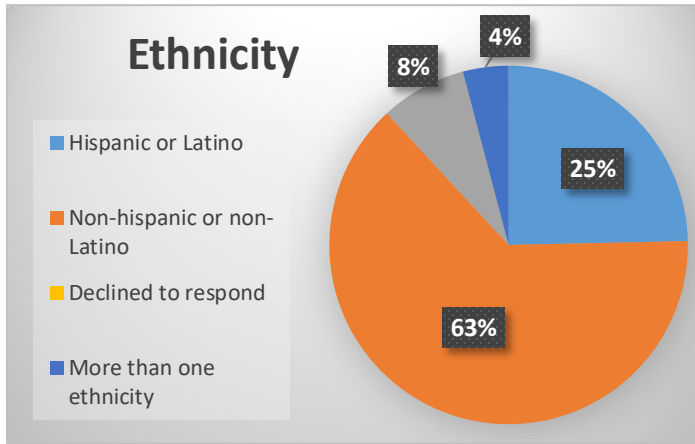
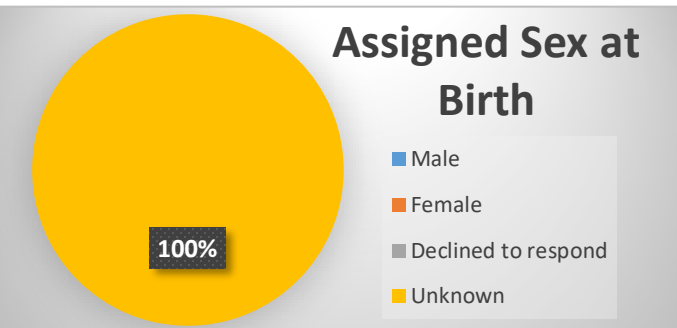
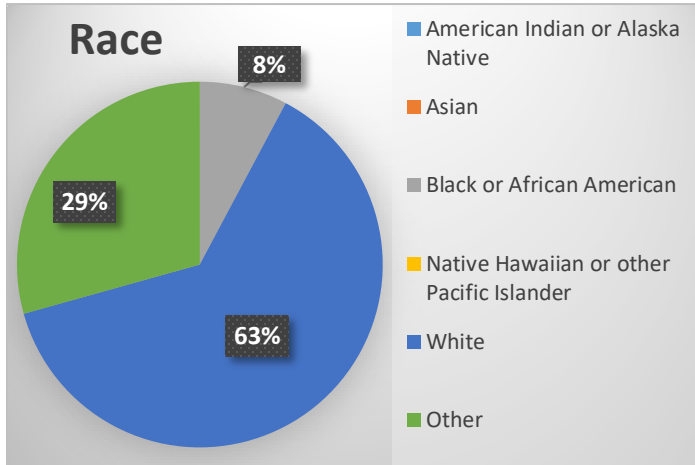
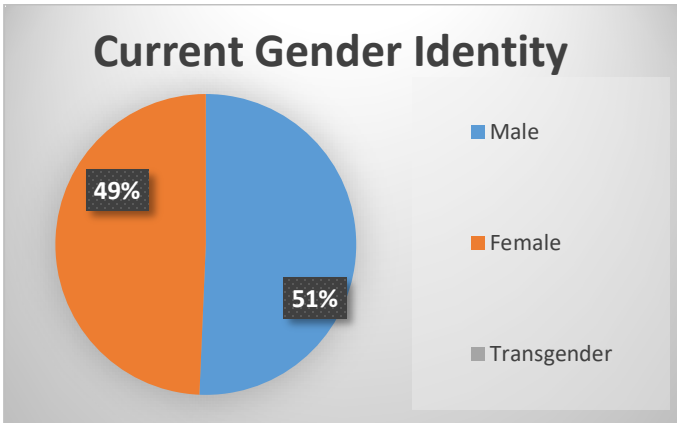
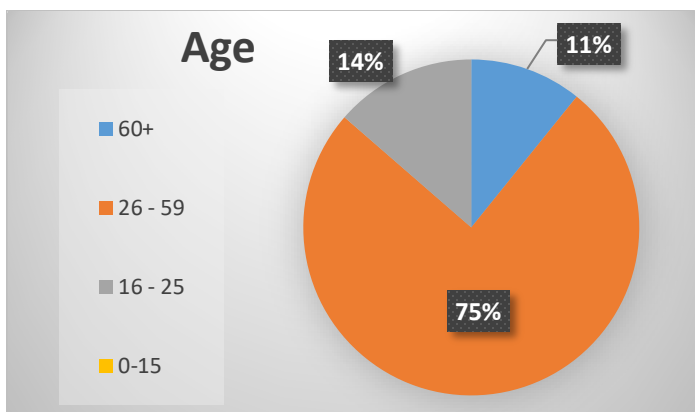
### PROGRAM DESCRIPTION:

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:

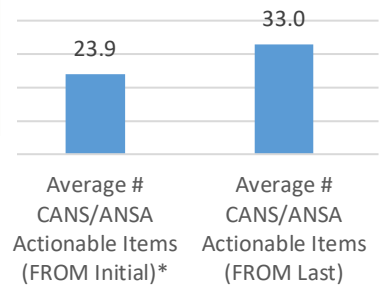
- Guerneville
- Cloverdale
- Petaluma
- Sonoma

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:**

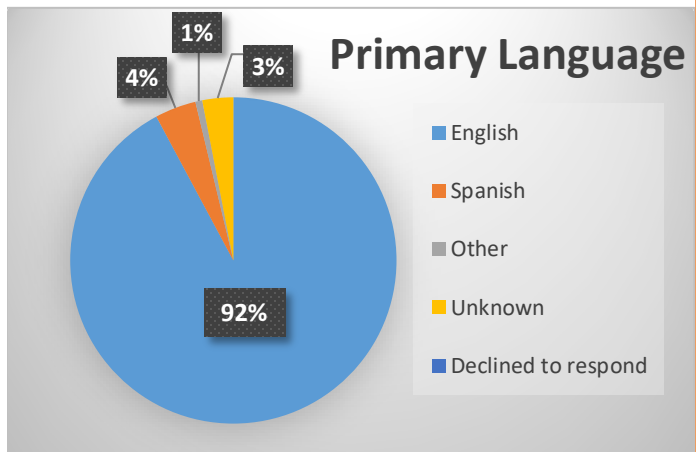
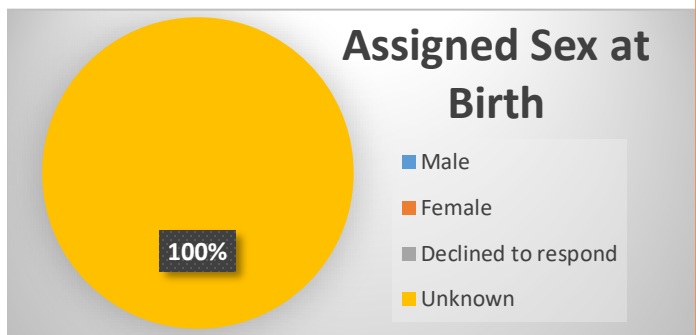
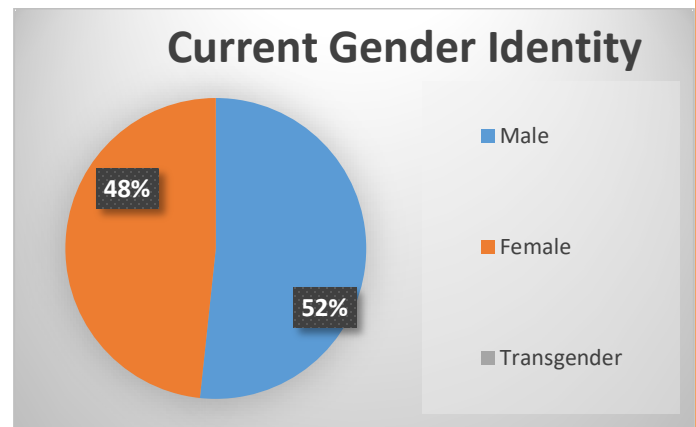
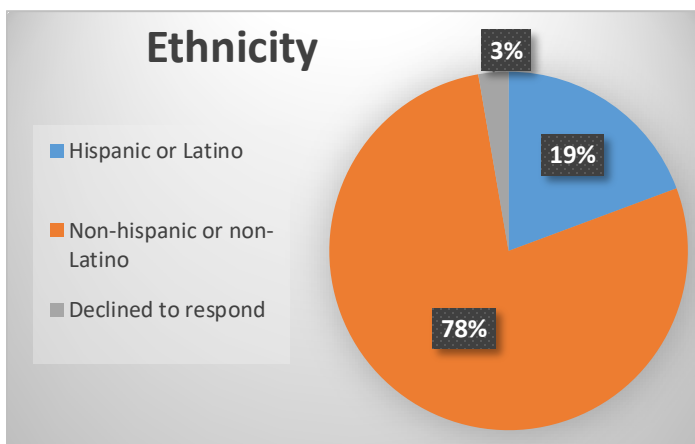
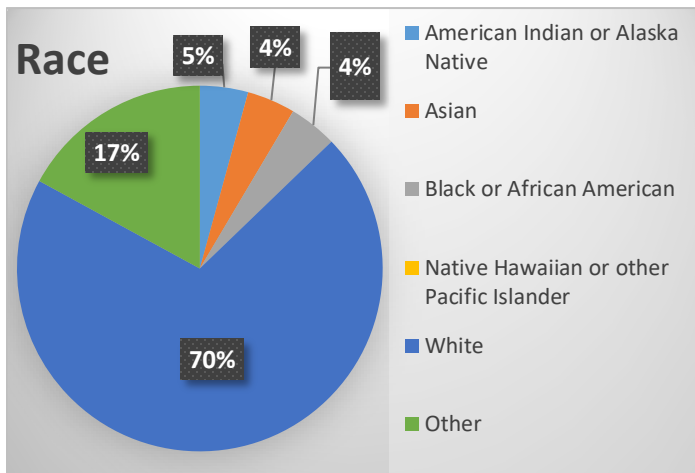
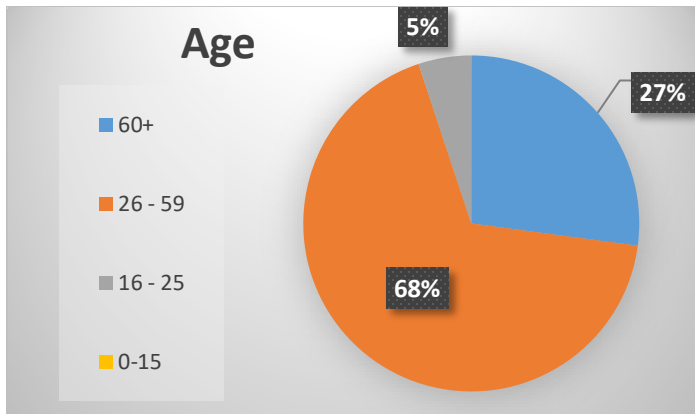
FY 22-24 CHMC Cloverdale CANS/ANSA Outcome

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](http://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.

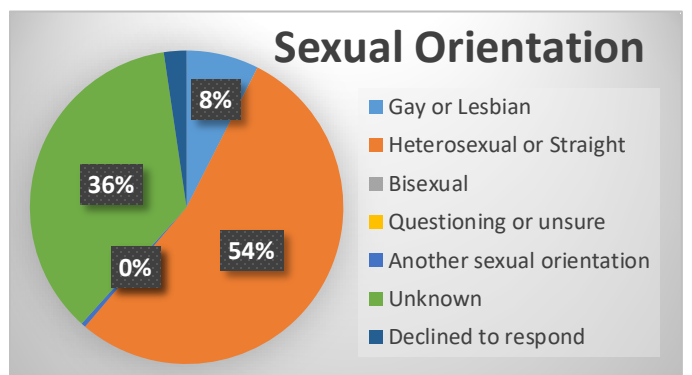
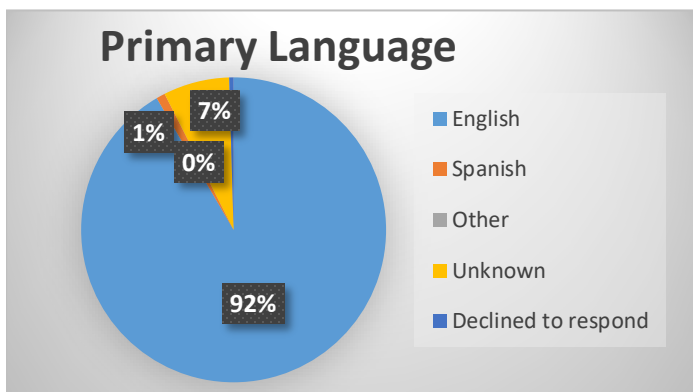
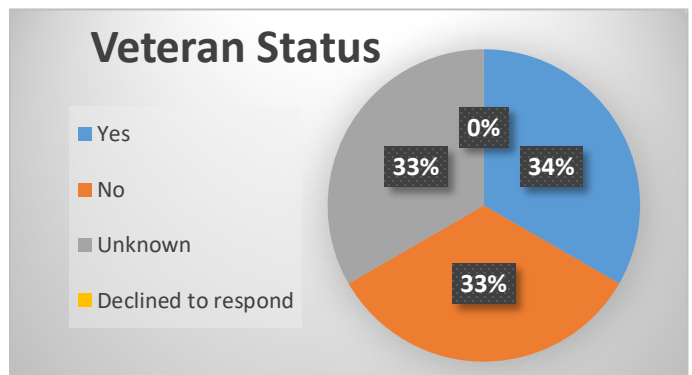
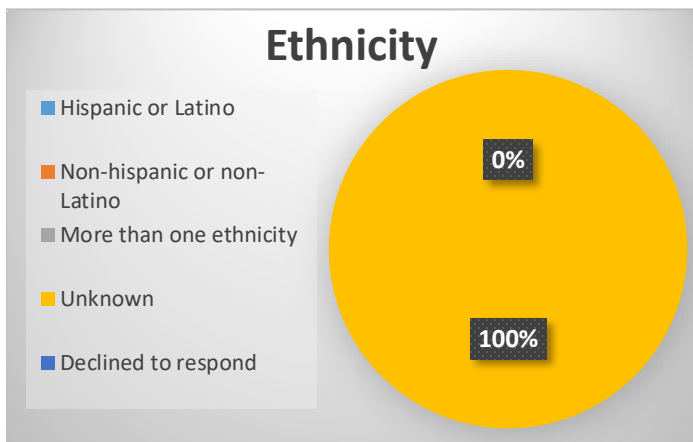
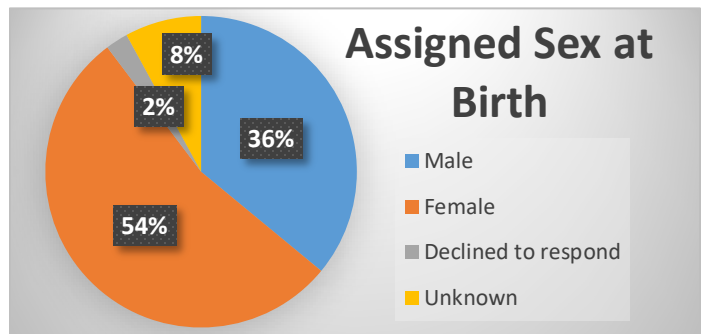
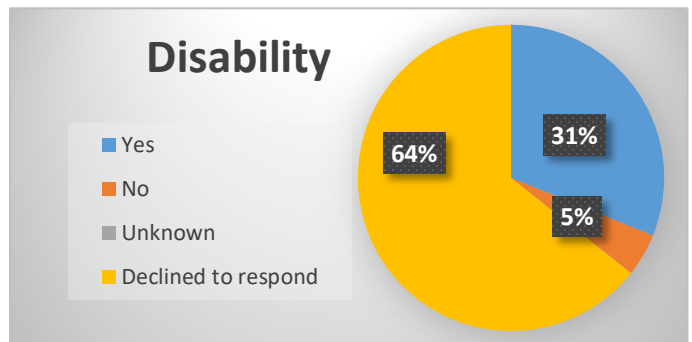
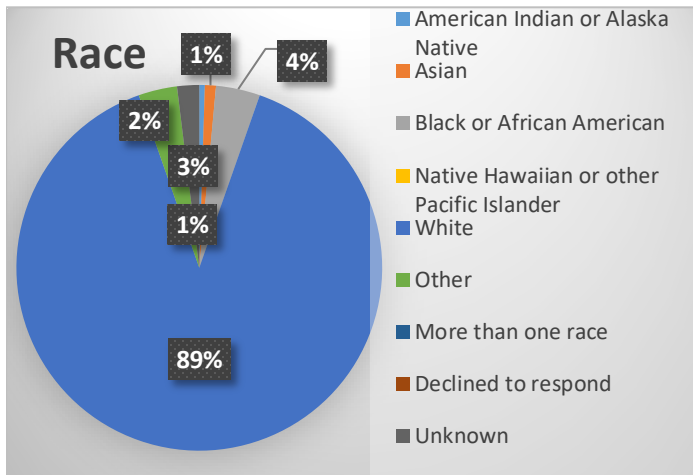
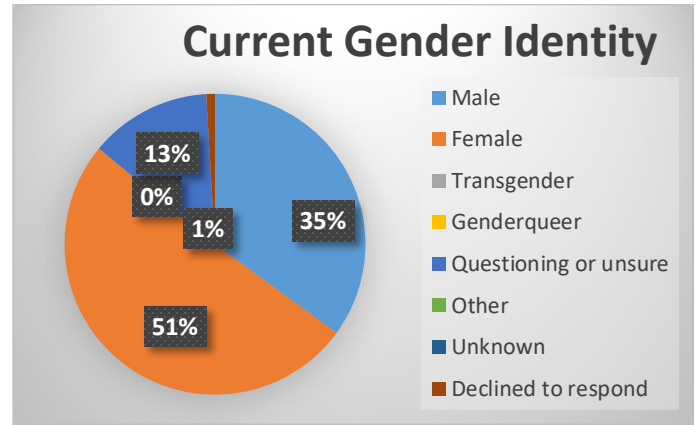
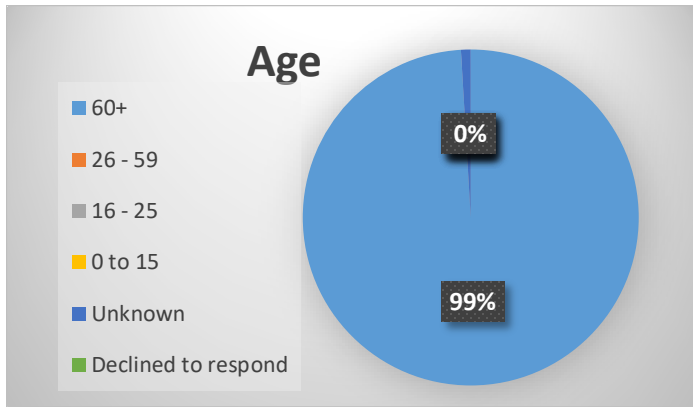
A quote from a client: "She was the best, most encouraging, most supportive person! We had a wonderful relationship, right from the start, but she always made it abundantly clear that we had a mission, and that clarity contributed to me getting the most out of our time together by keeping me on track 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/](http://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](https://www.facebook.com/BuckelewPrograms)  
[www.instagram.com/BuckelewPrograms](https://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

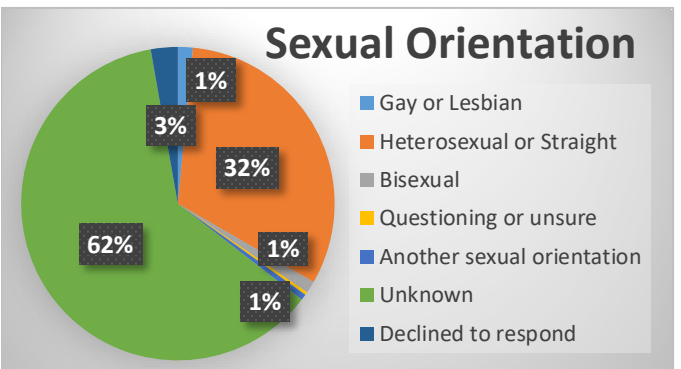
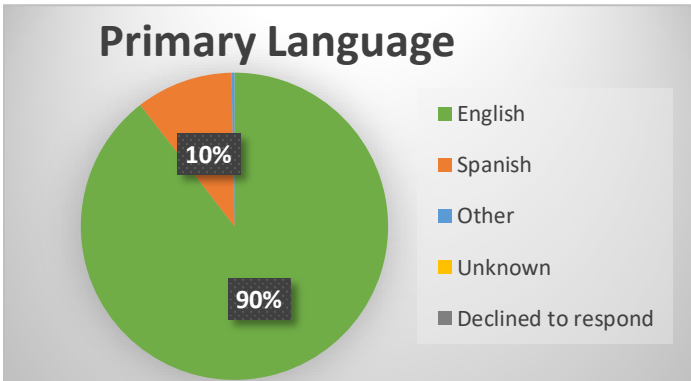
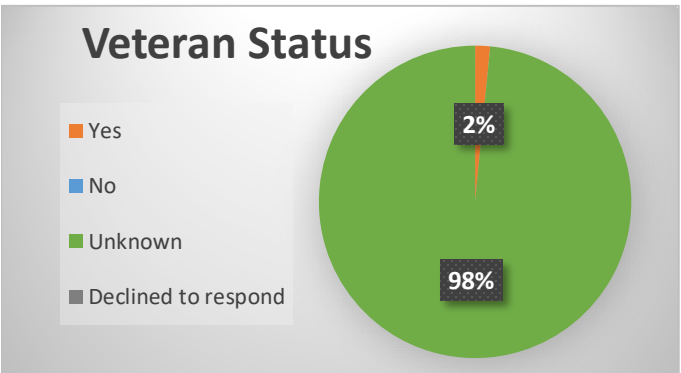
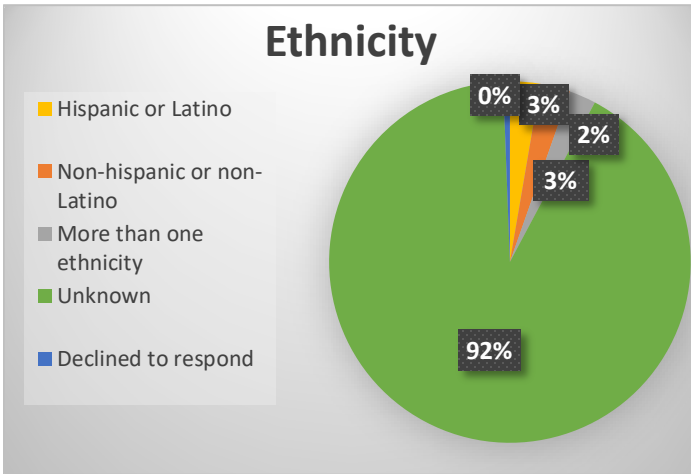
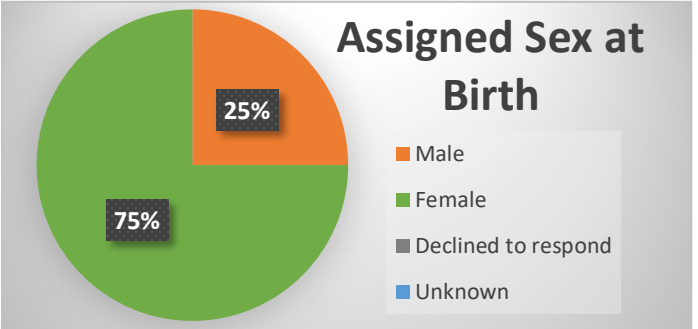
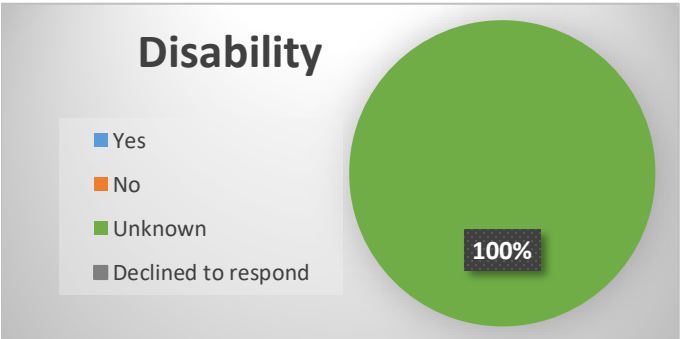
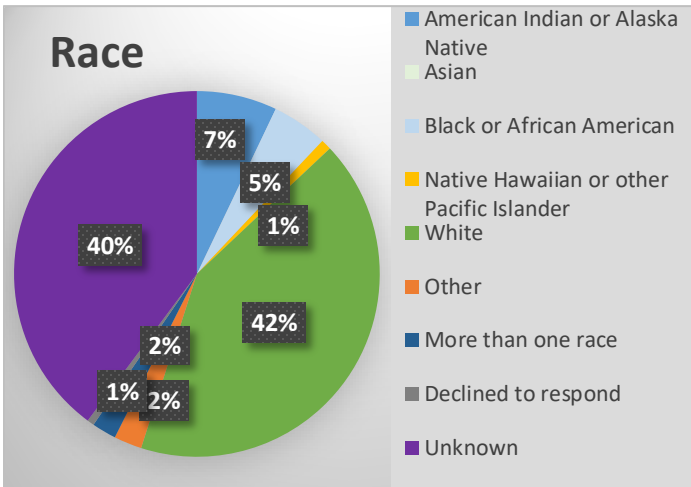
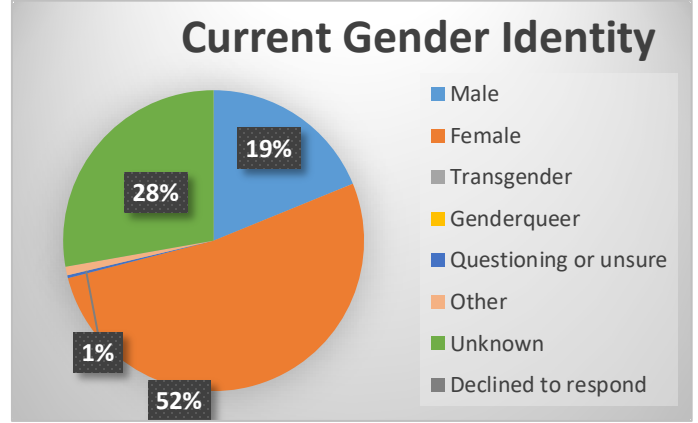
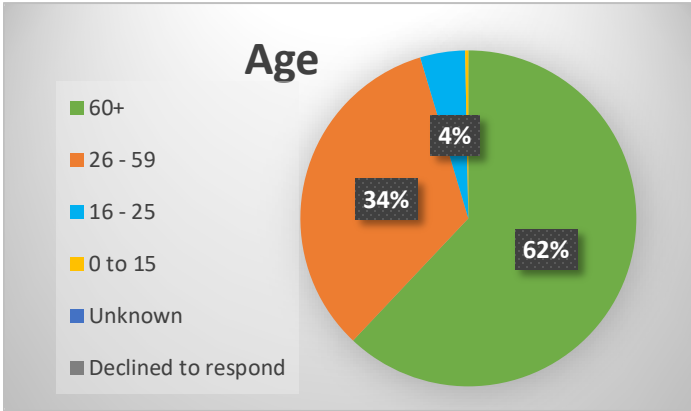
### PERFORMANCE OUTCOMES:

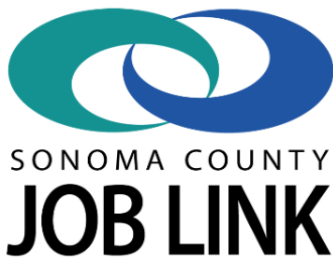
Family and Allies reported following:

- 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 California<sup>SM</sup> network.

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:**

Sonoma County Job Link

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

**Website:** [www.joblinksonoma.org](http://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.

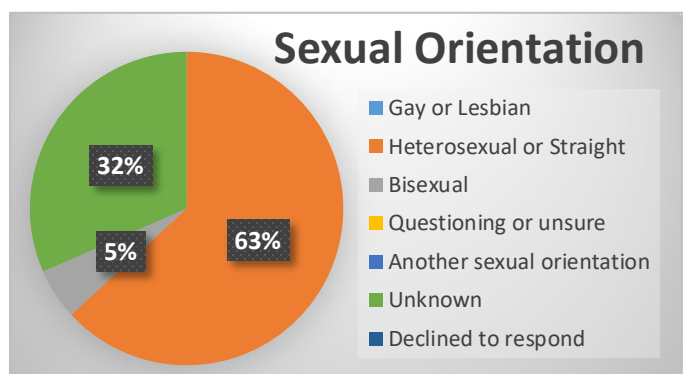
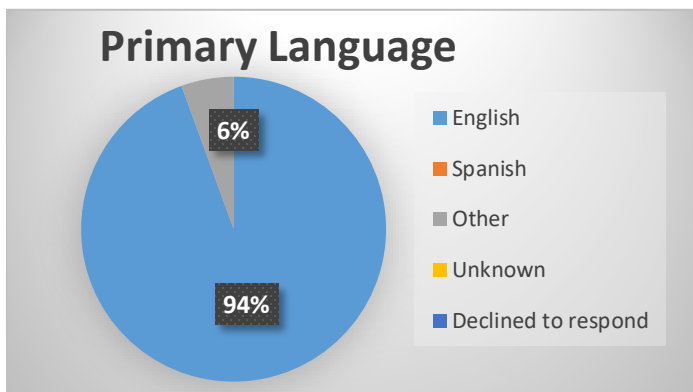
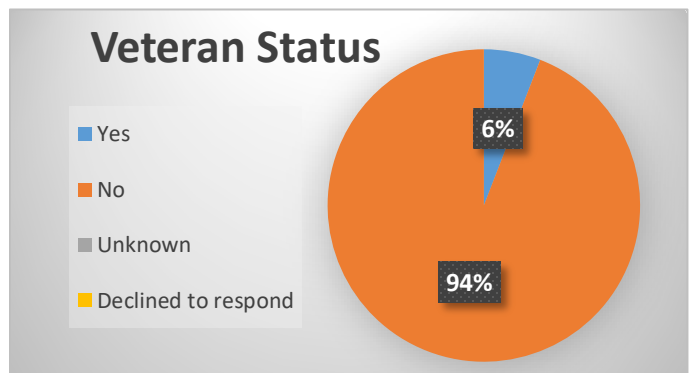
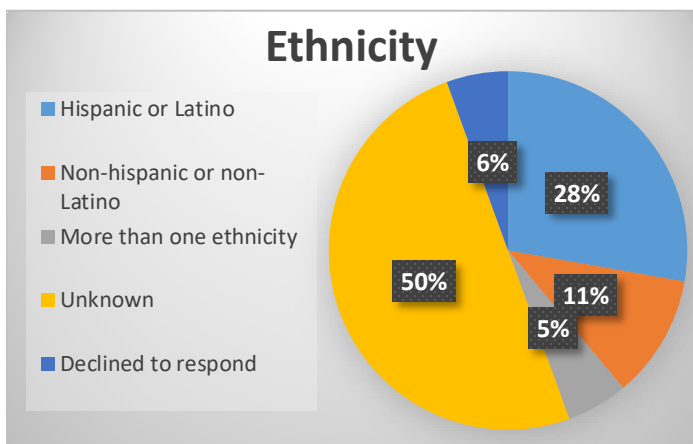
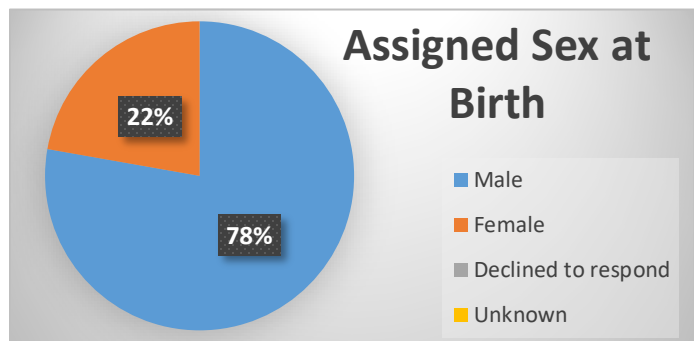
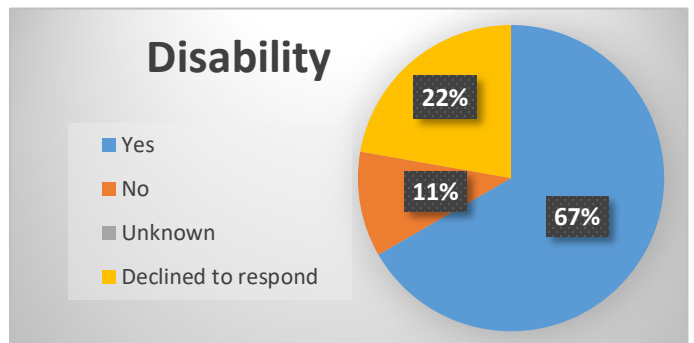
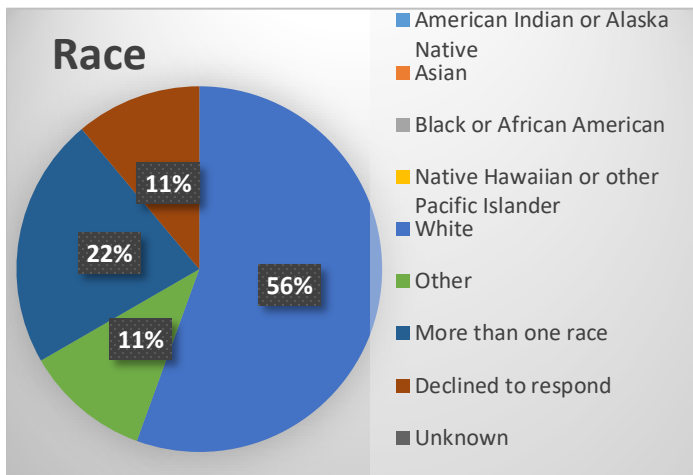
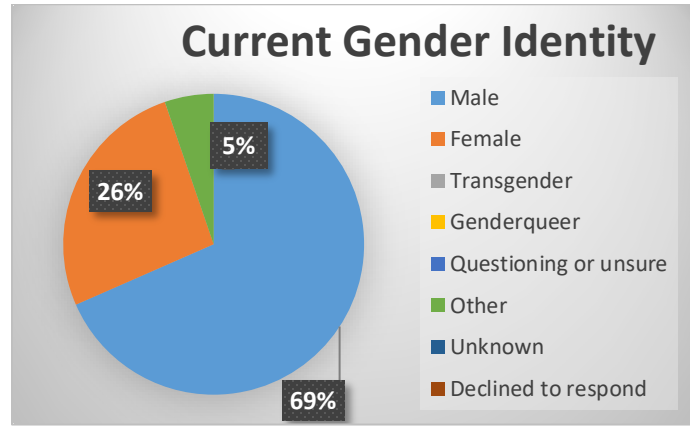
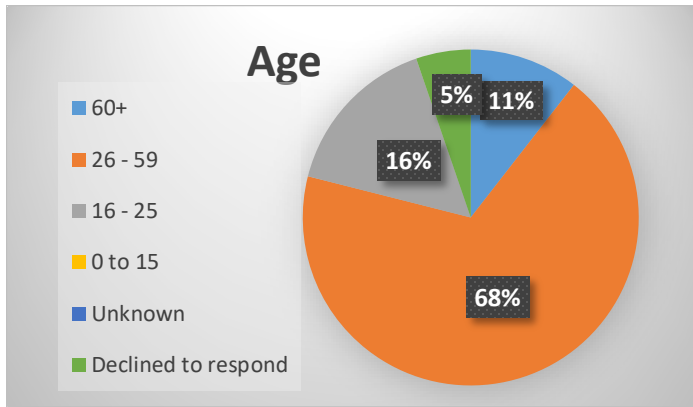
## FY 2023-2024

### 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](http://WWW.facebook.com/wellnessandadvocacv.org)

### FY 2023-2024

### PROGRAM STATISTICS

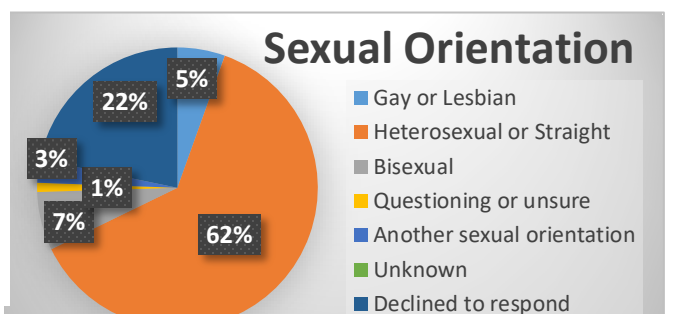
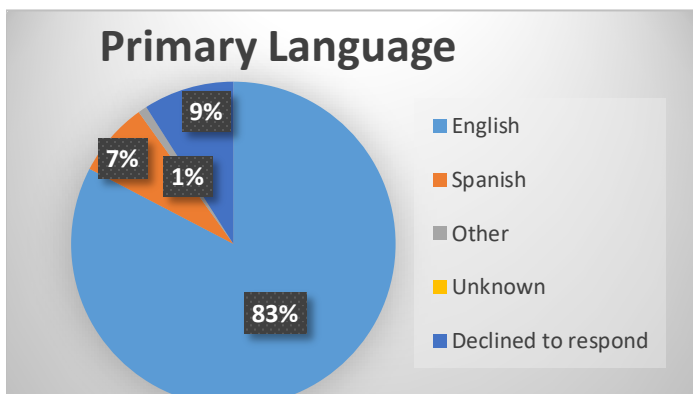
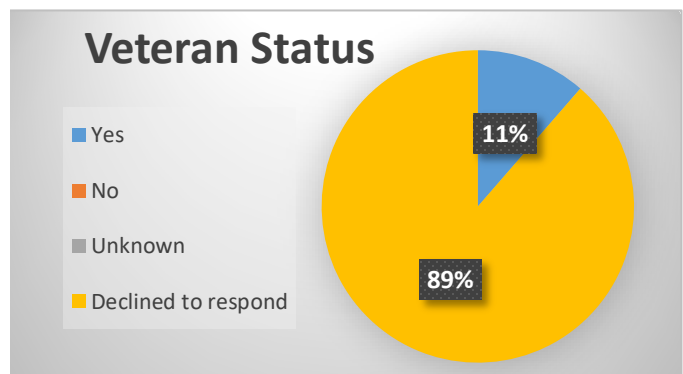
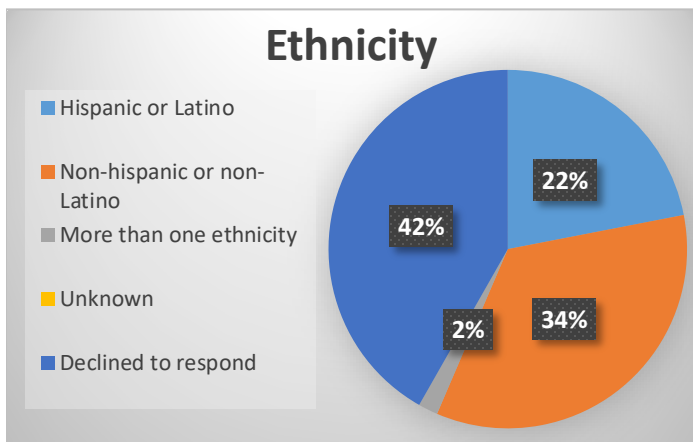
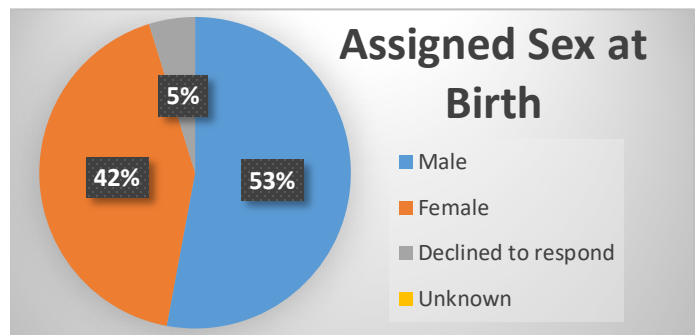
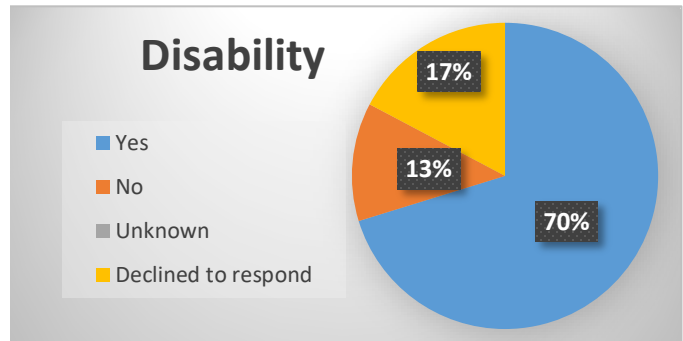
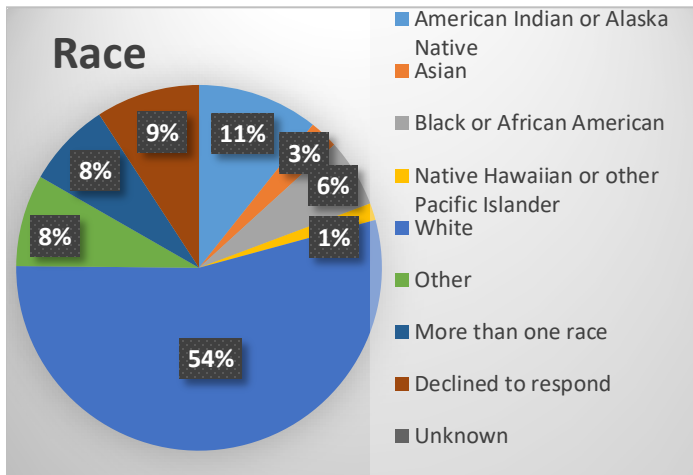
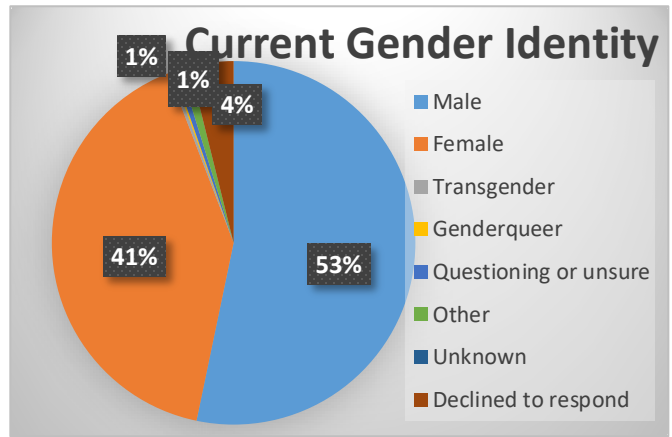
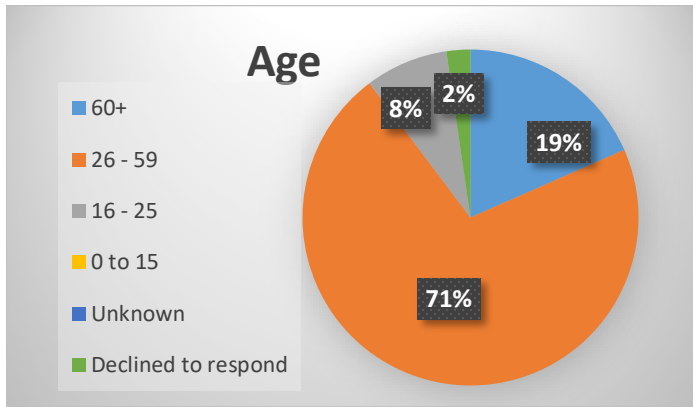
- **Total number of clients served:** 565
- **Total number of encounters:** 31,219
- **Approximate numbers reached through outreach:** 6609

**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](http://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

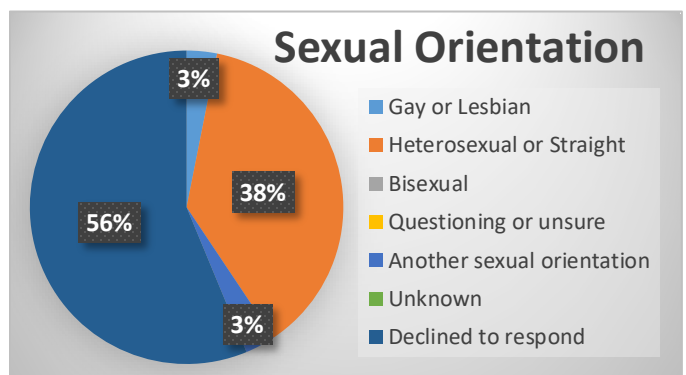
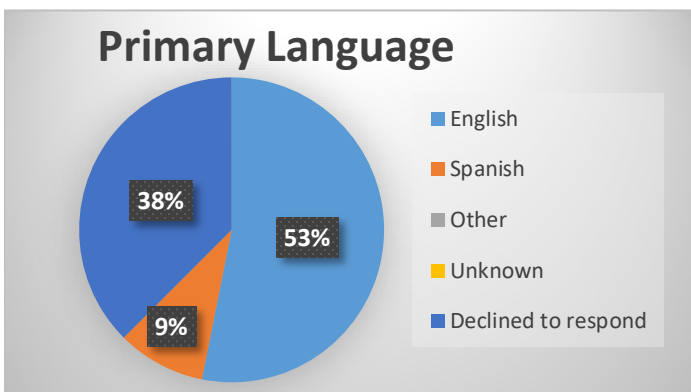
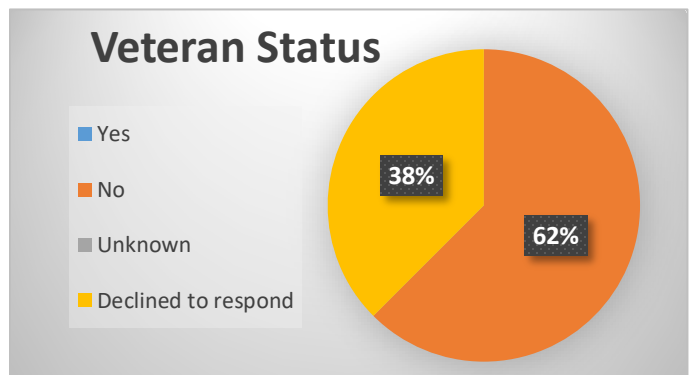
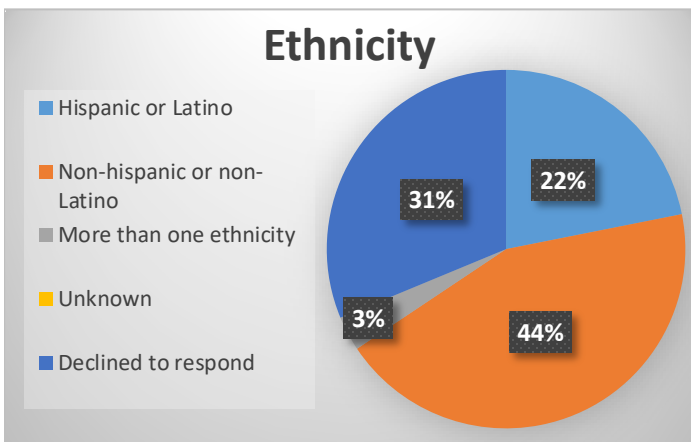
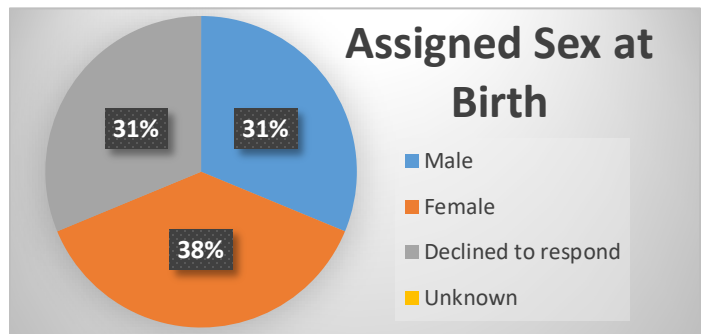
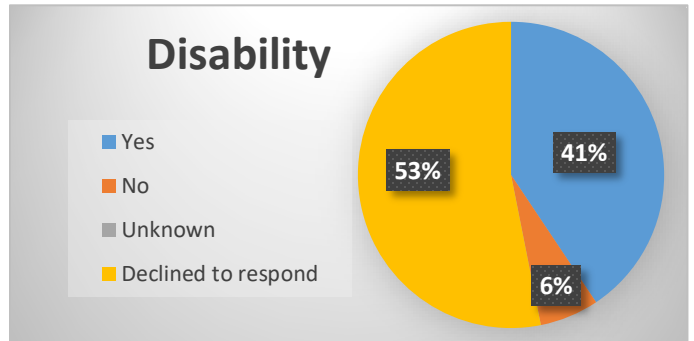
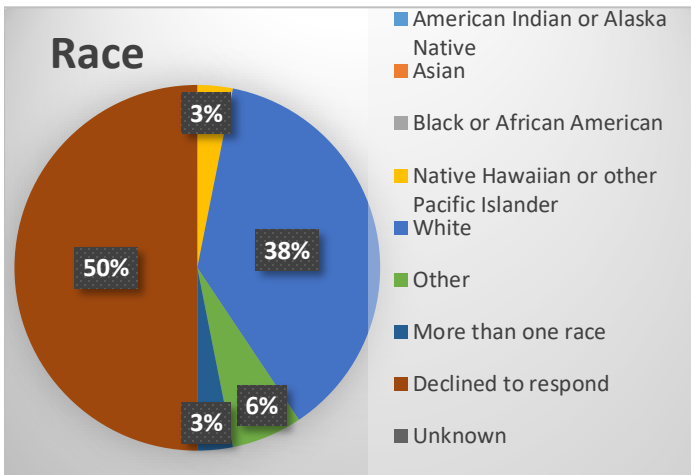
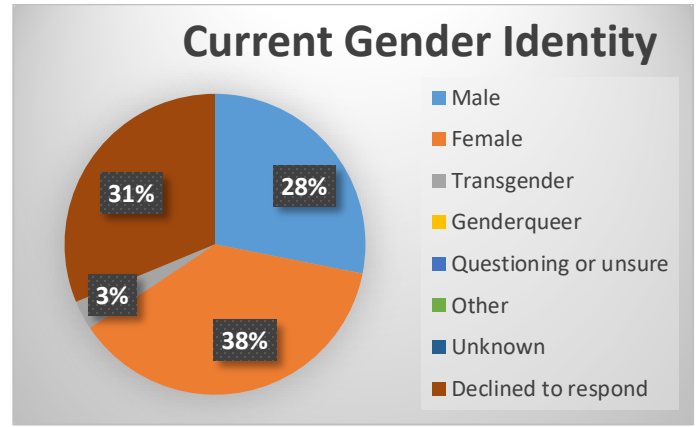
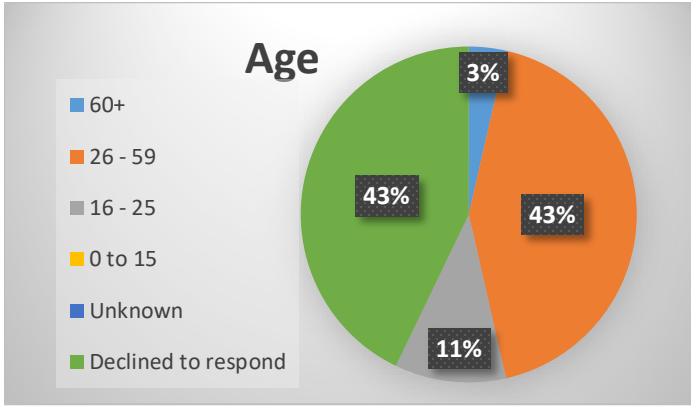
### PERFORMANCE OUTCOMES:

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](http://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.

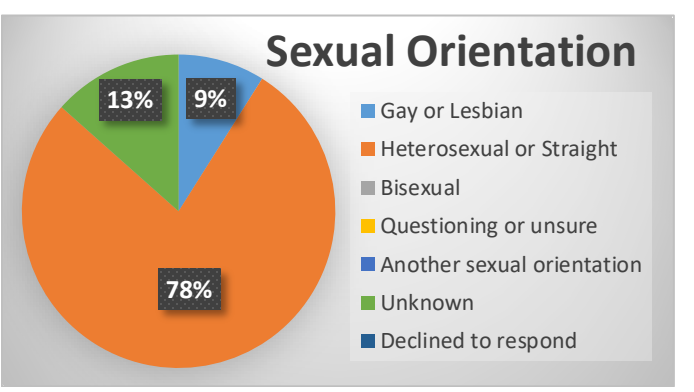
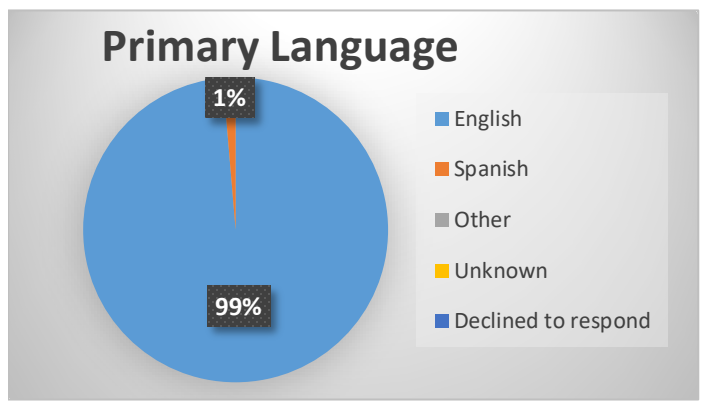
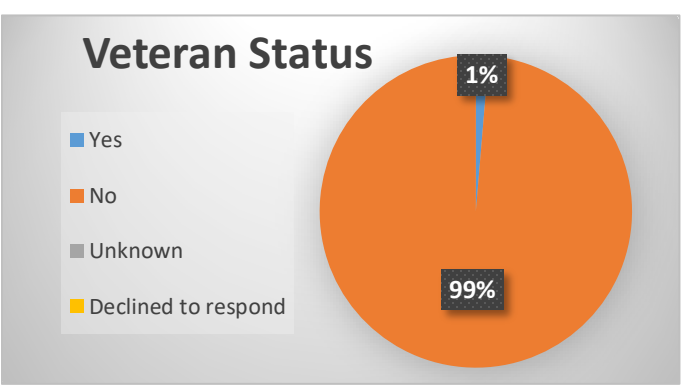
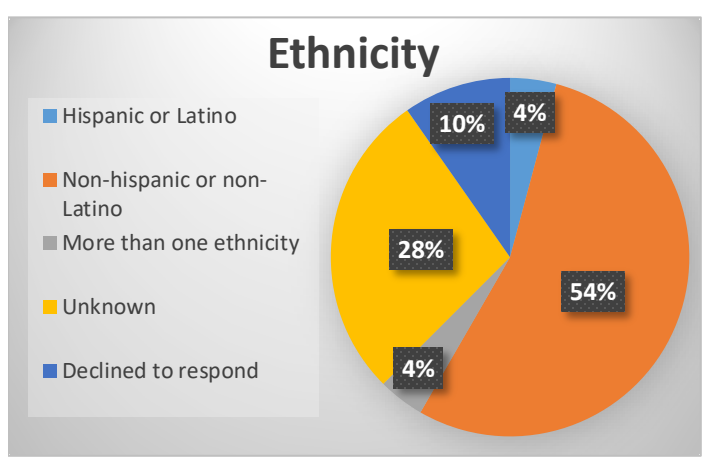
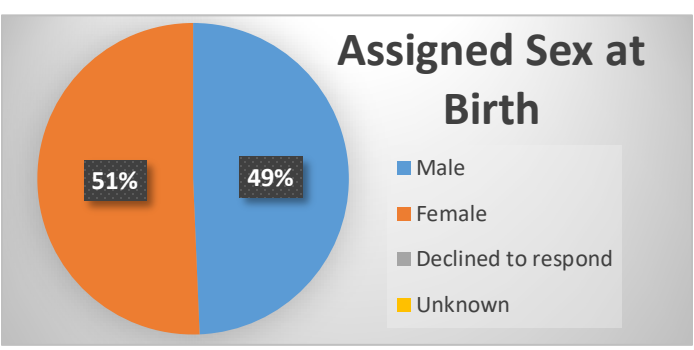
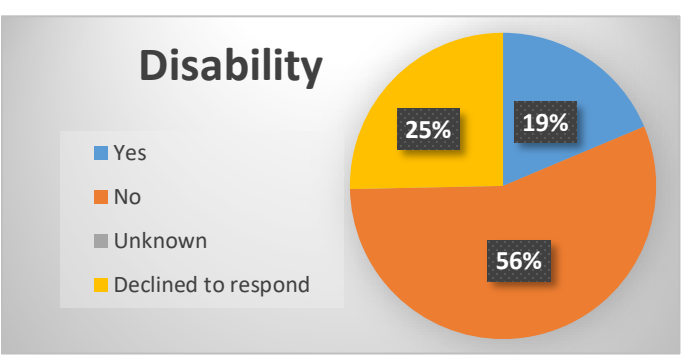
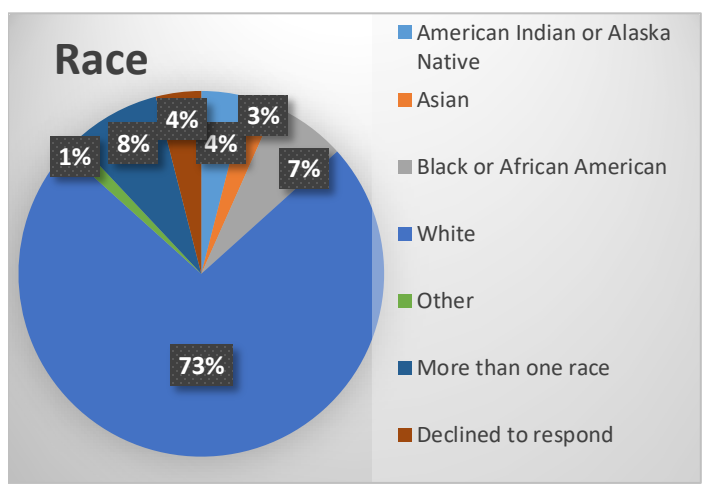
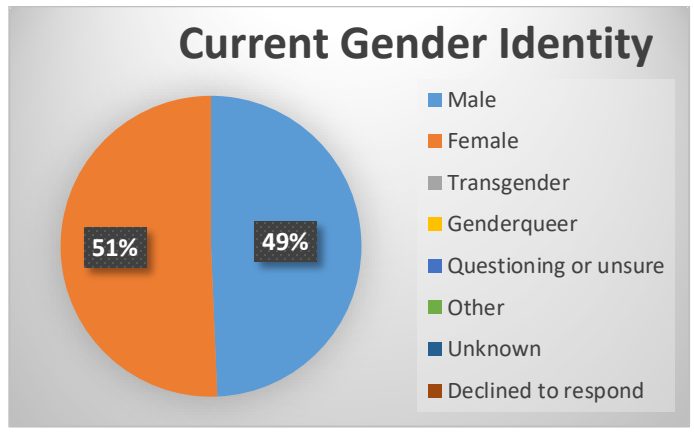
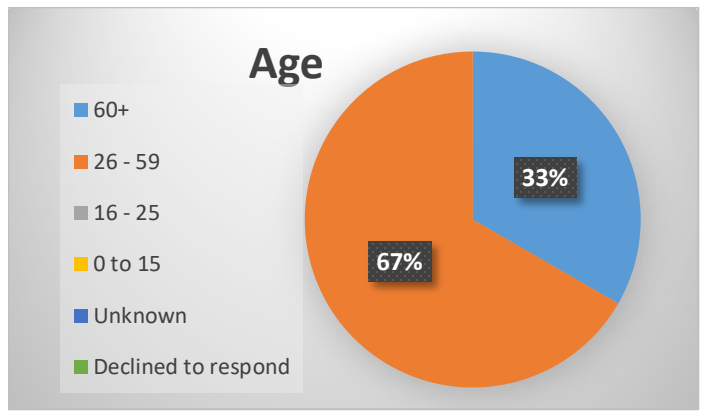
## FY 2023-2024

## 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:

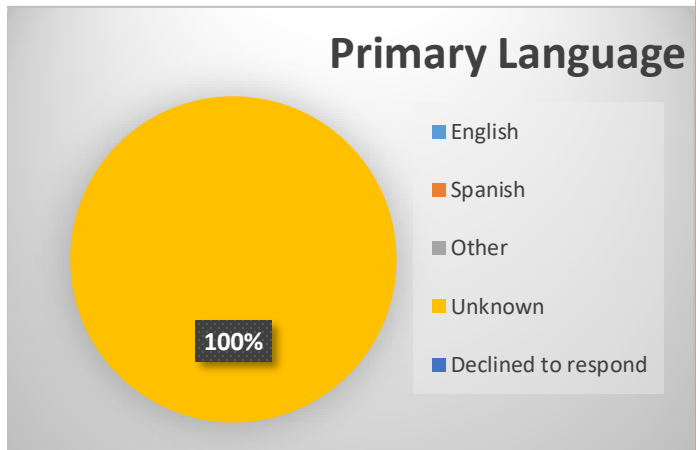
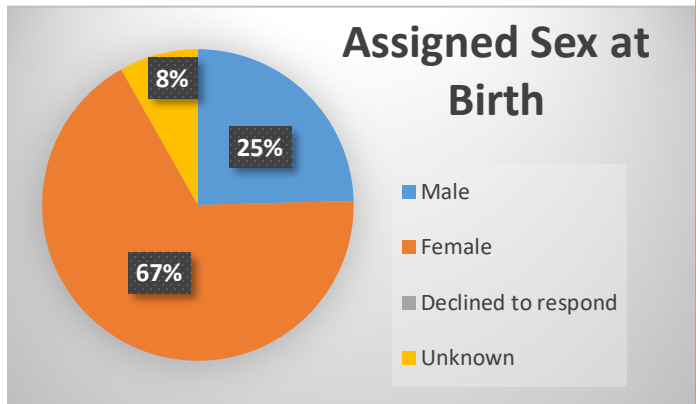
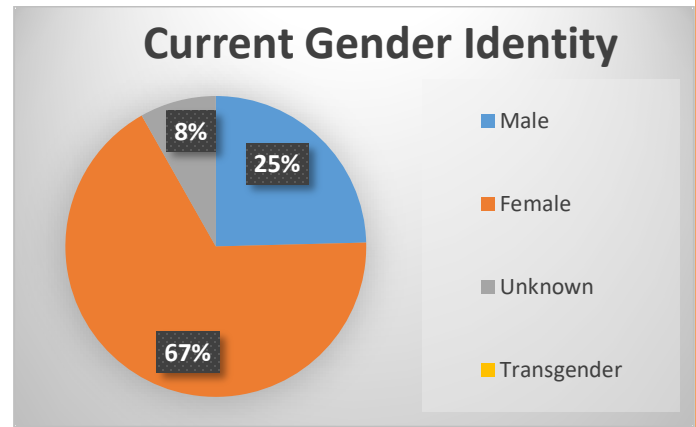
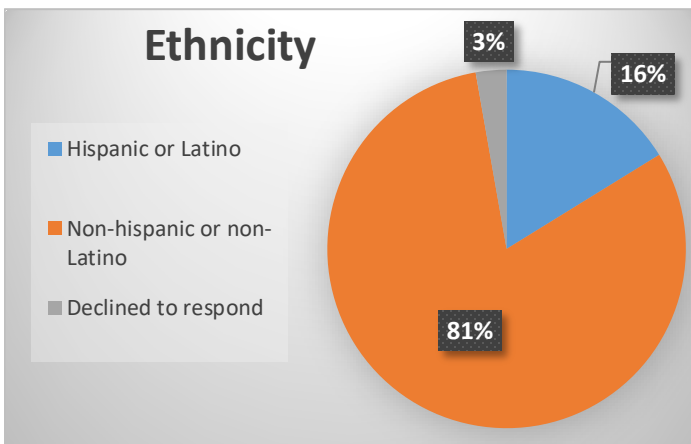
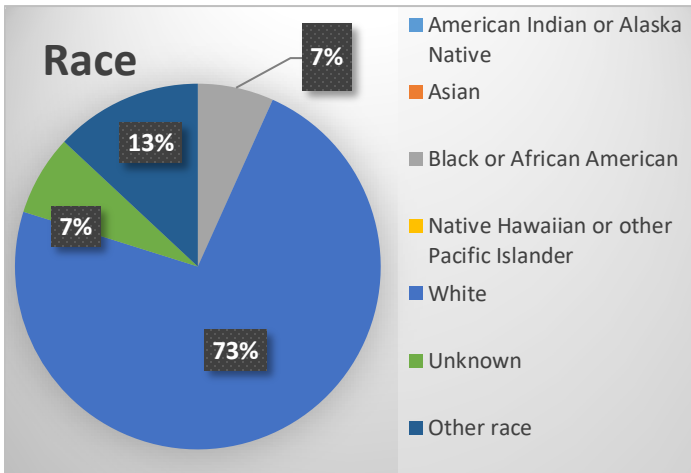
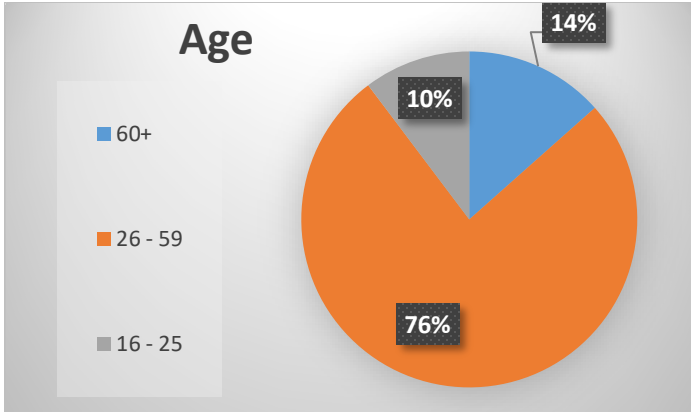
Describe The Adult Medication Support Service (Med Support) provides psychiatric and medication services to residents of Sonoma County who meet Medi-Cal guidelines for Target Population. Clients are referred to Med Support from the SCBH Access team, after a thorough assessment using the Adult Needs and 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:**

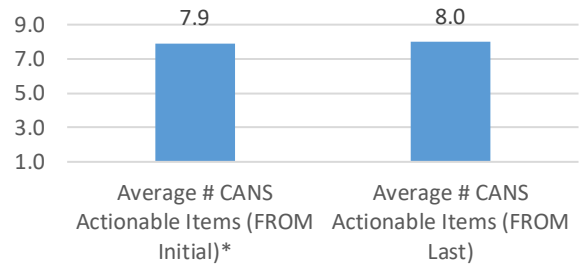
The Youth Medication Support Service (Youth Med Support) is a separate outpatient program which provides psychiatric and medication services to Sonoma County youth who meet Medi-Cal guidelines for Target Population. Clients are referred to Med Support from the SCBH Access team, after a thorough assessment 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:**

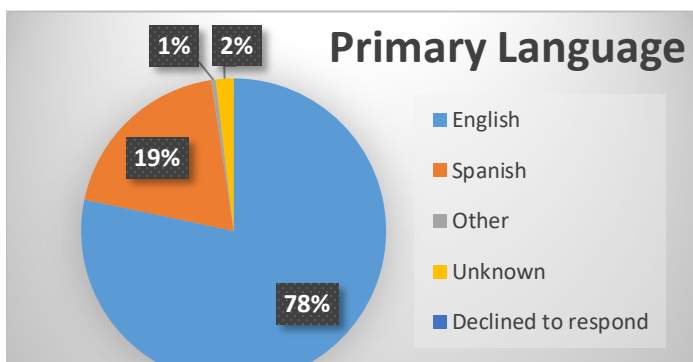
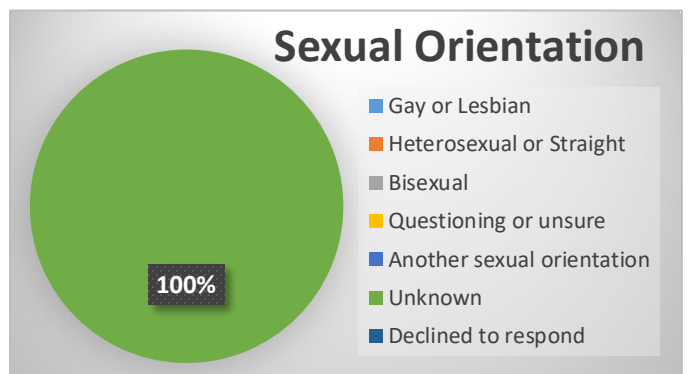
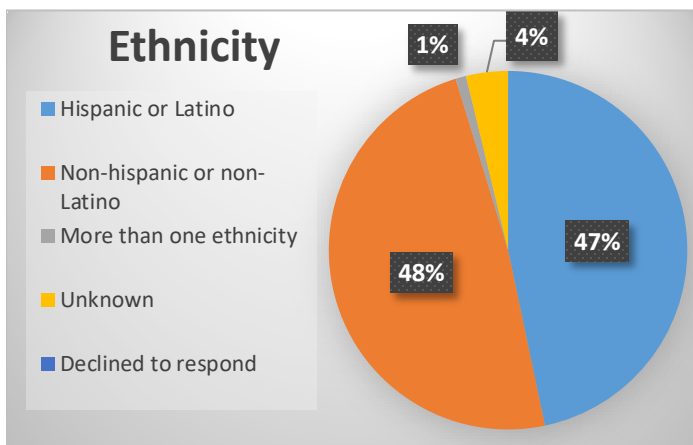
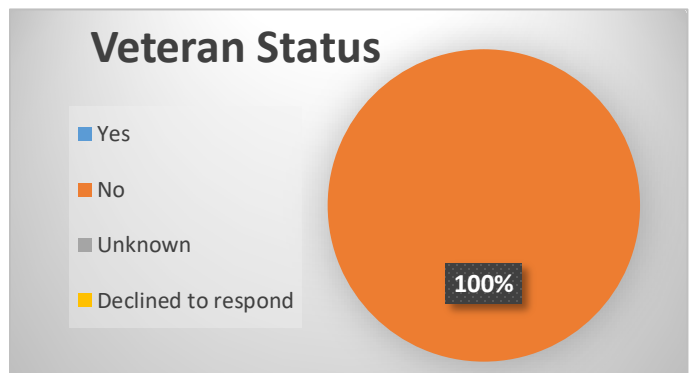
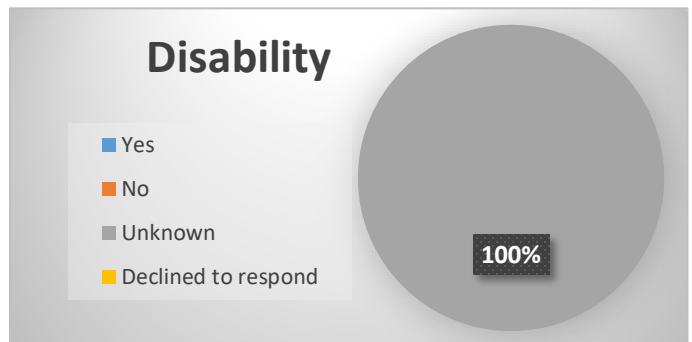
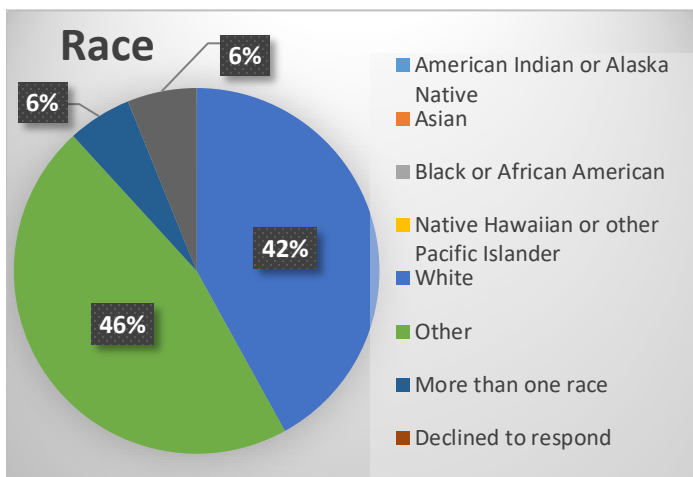
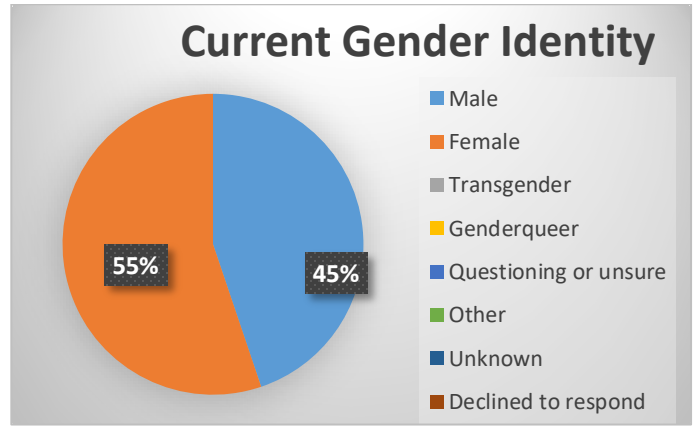
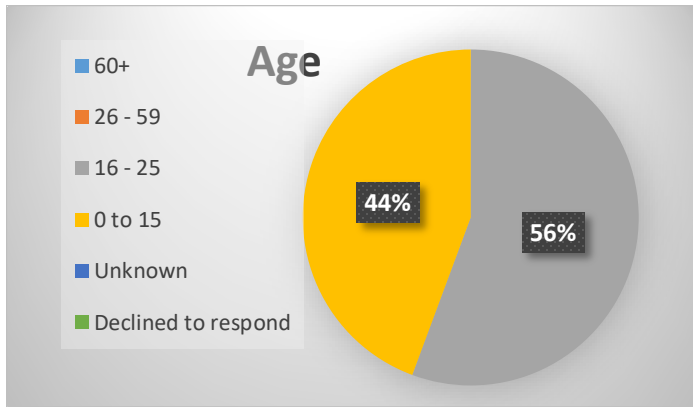
**FY 2023-2024 PROGRAM STATISTICS**

- **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](http://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

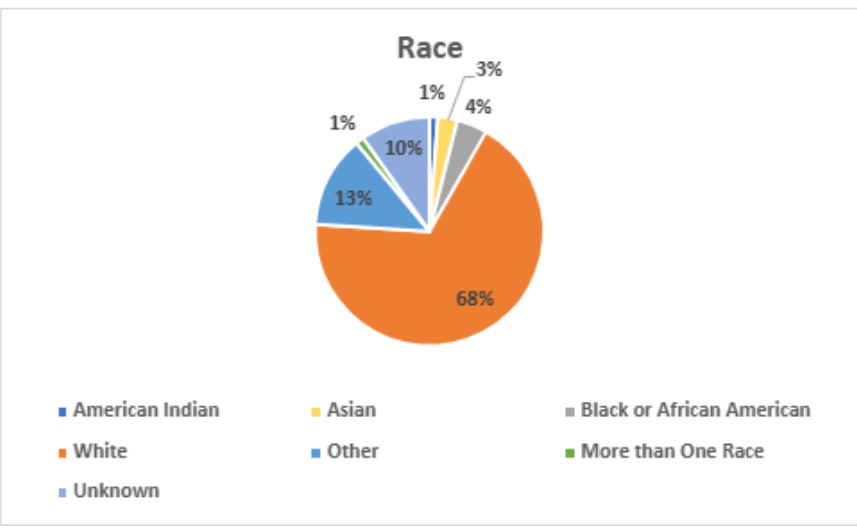
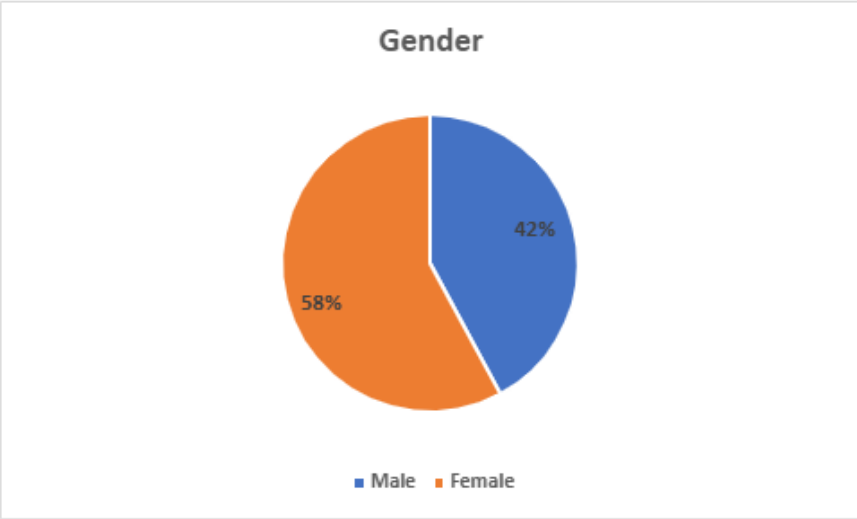
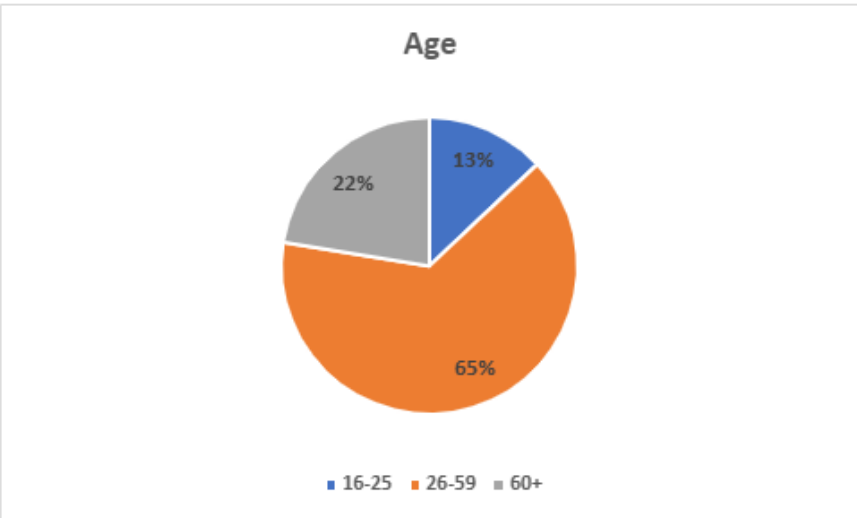
**FY 2023-2024  
PROGRAM STATISTICS**

- **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.

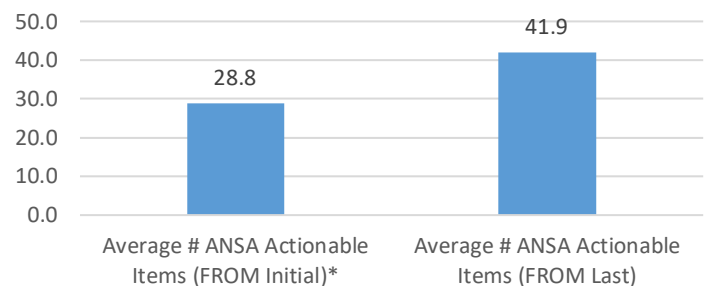
**Phone:** (707) 565-4811, referral form required.

### FY 2023-2024

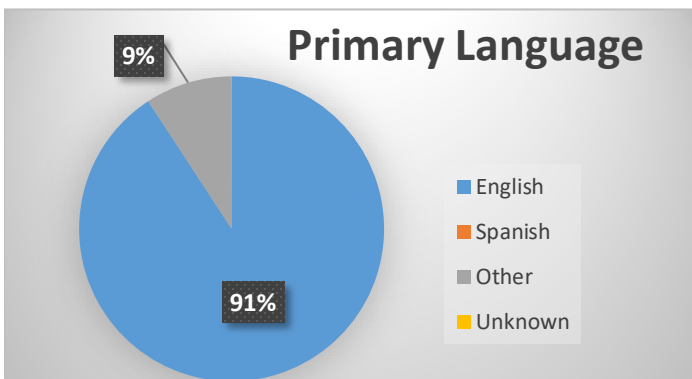
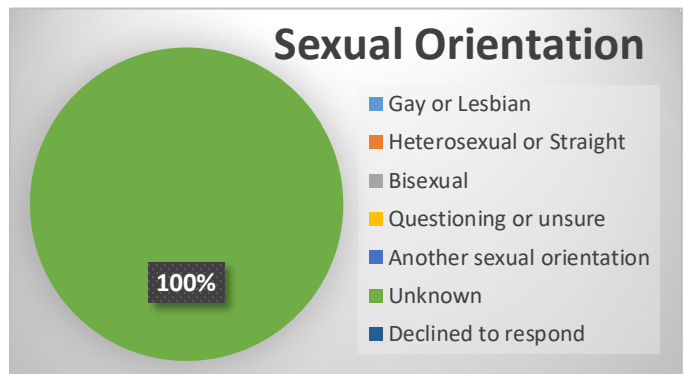
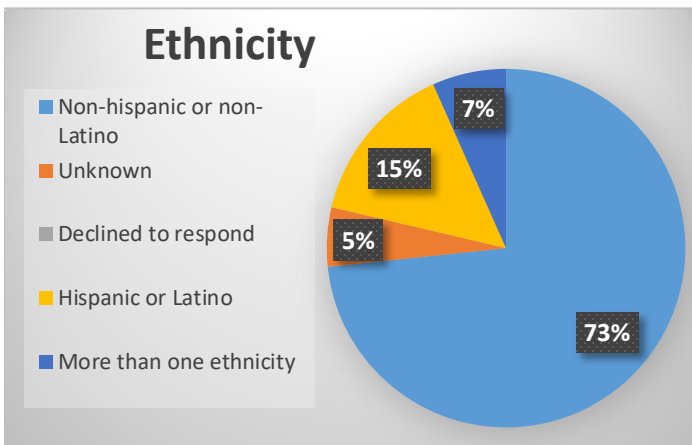
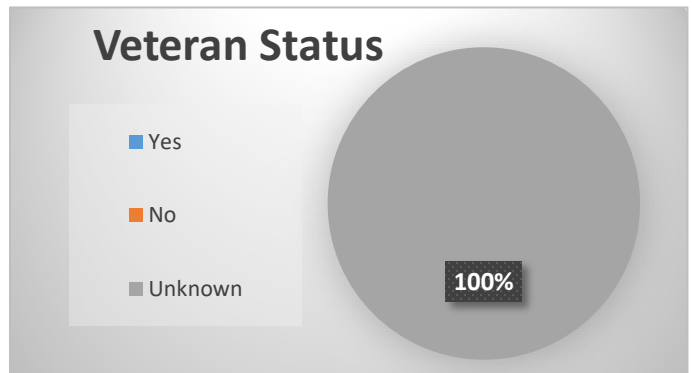
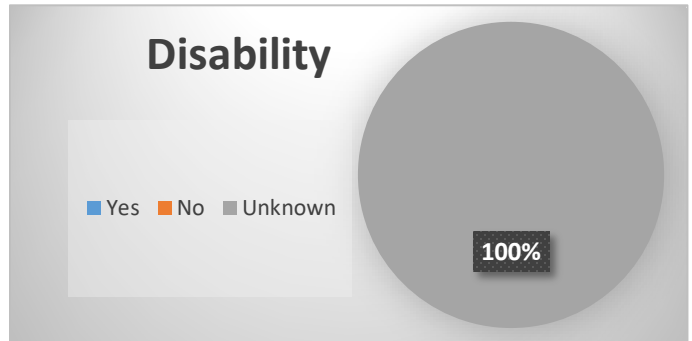
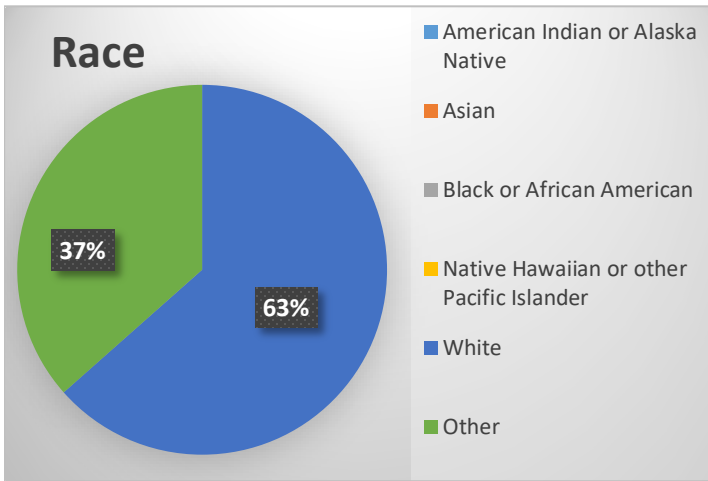
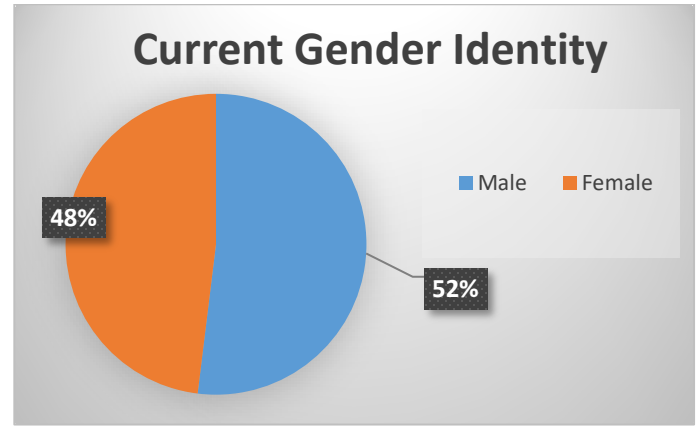
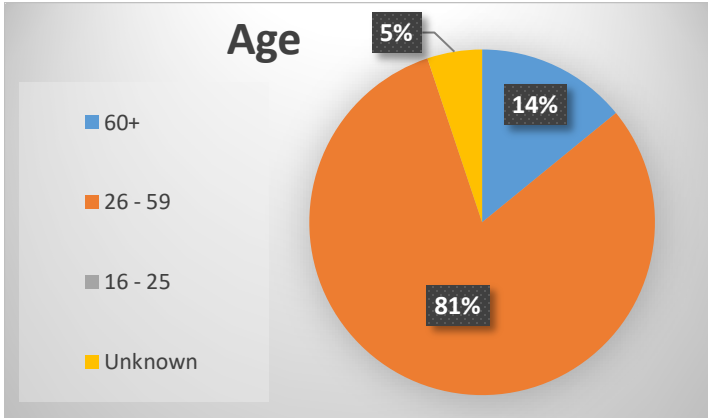
### PROGRAM STATISTICS

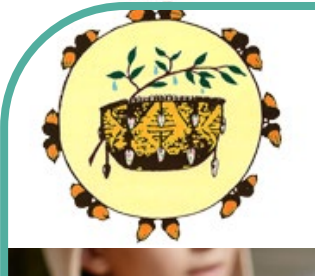
- **Total number of unique clients served:** 77
- **Total unique clients that were also served by contracted providers in FY 23-24:** unknown

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](http://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:

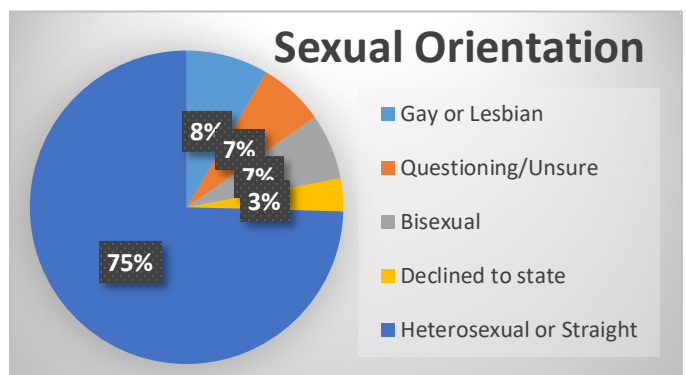
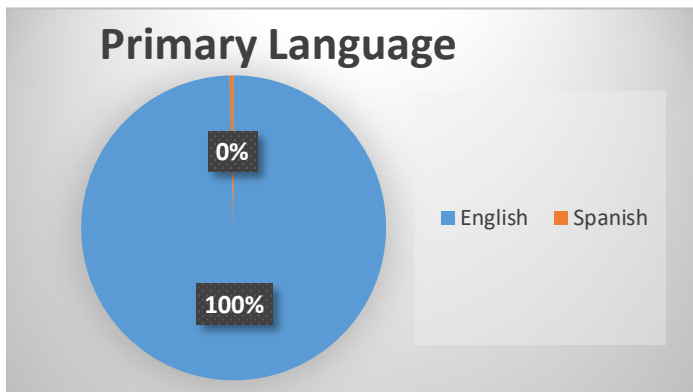
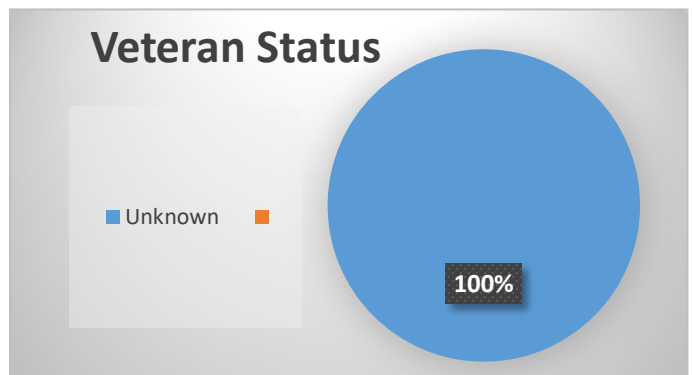
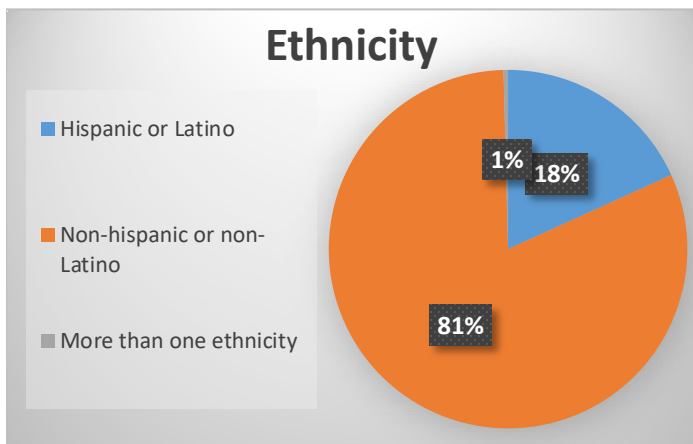
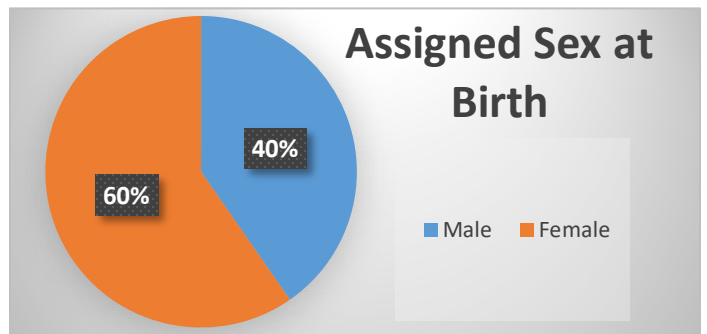
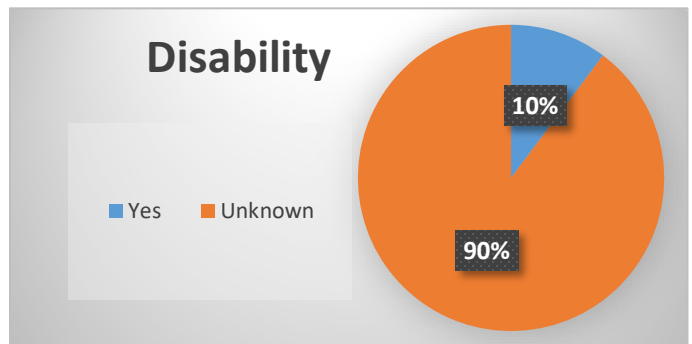
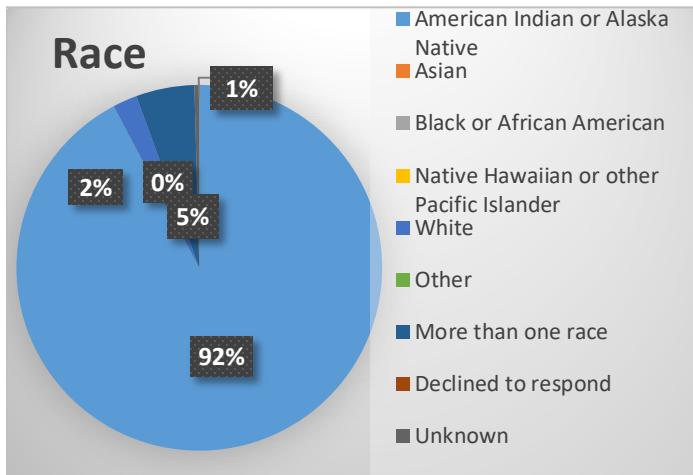
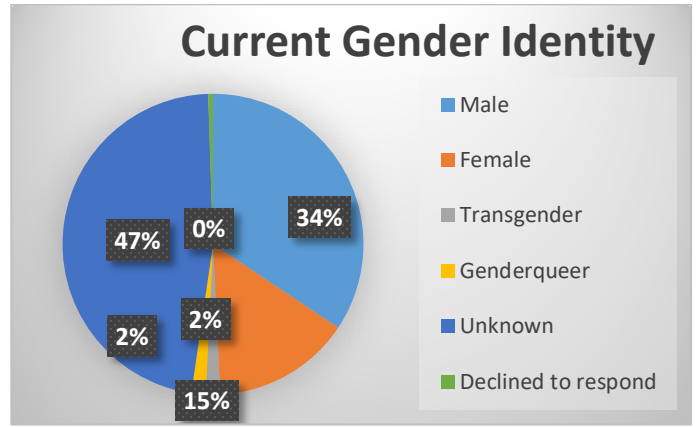
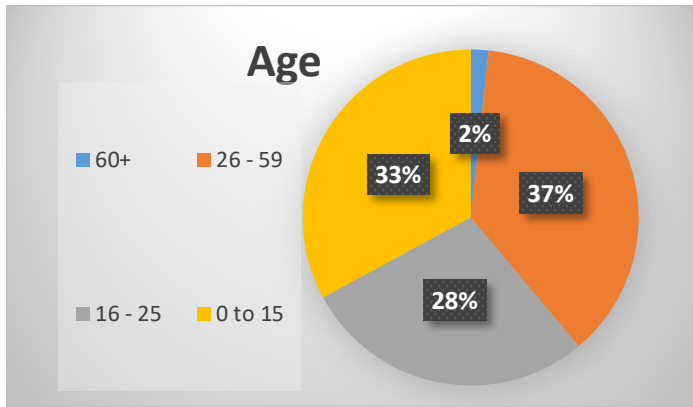
Through this year, SCIHP has been able to increase capacity for patients by increasing the number of providers on the behavioral health team. This has significantly reduced the waitlist and therefore wait times, especially for high need patients. We have had success integrating into the medical department 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](http://cbcsr.org)  
**Phone:** (707) 483-7211, (707) 546-0744  
**Program location:** 1620 Sonoma Ave., Santa Rosa, Ca.  
**Social Media:** [www.facebook.com/CBCSR1620](https://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

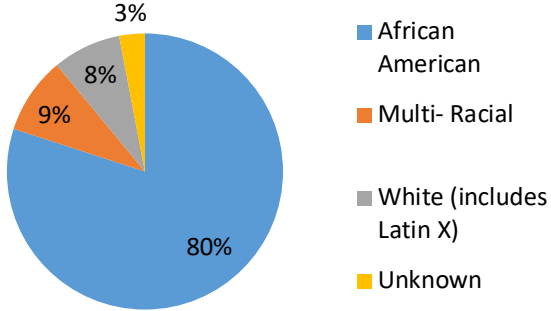
### PERFORMANCE OUTCOMES:

- 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.

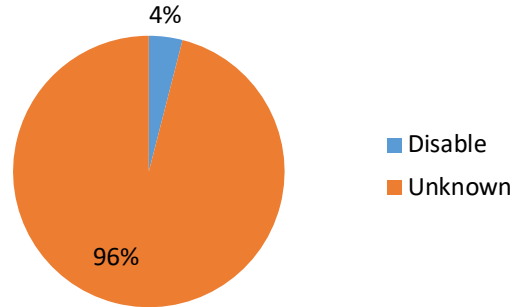


# FY 2023-2024 Program Demographics:

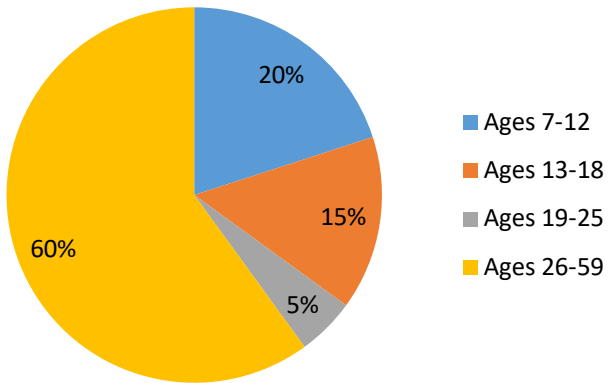
### Race



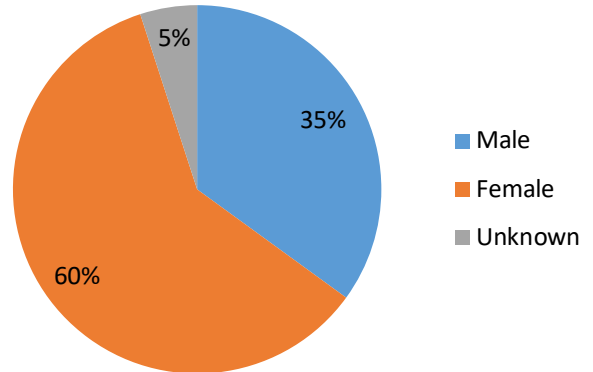
### Disability



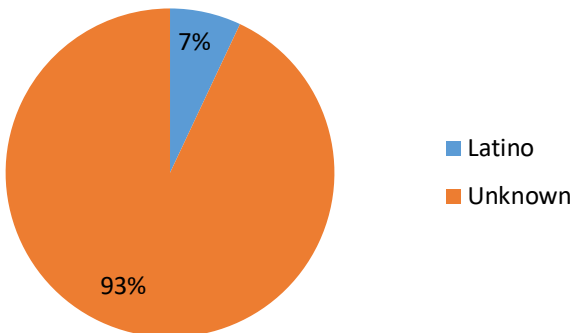
### Ages



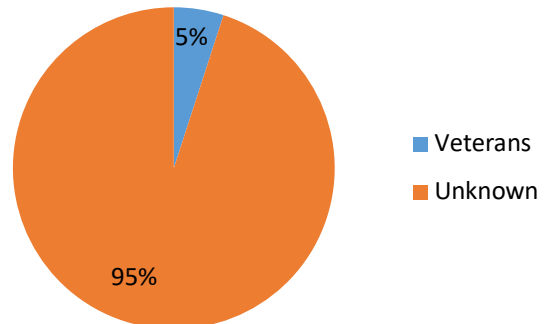
### Gender



### 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:

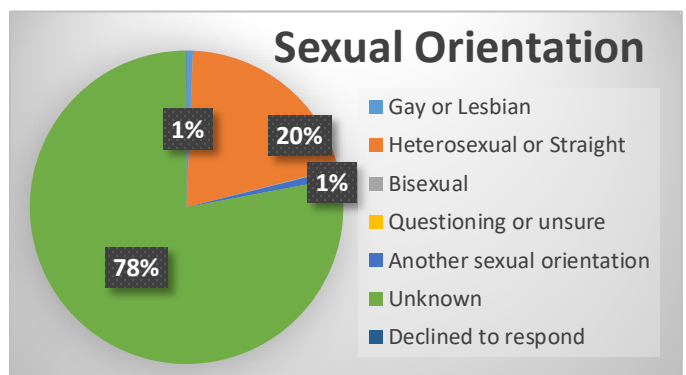
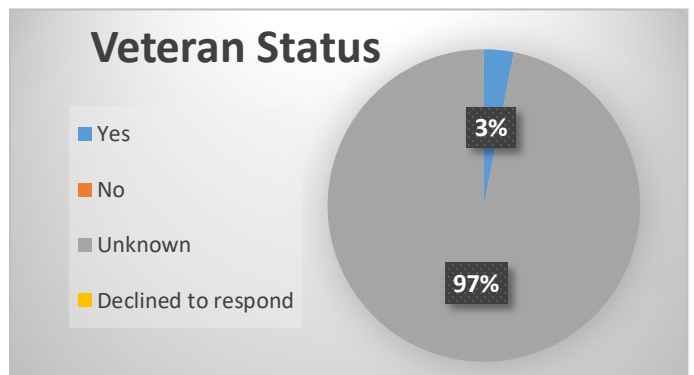
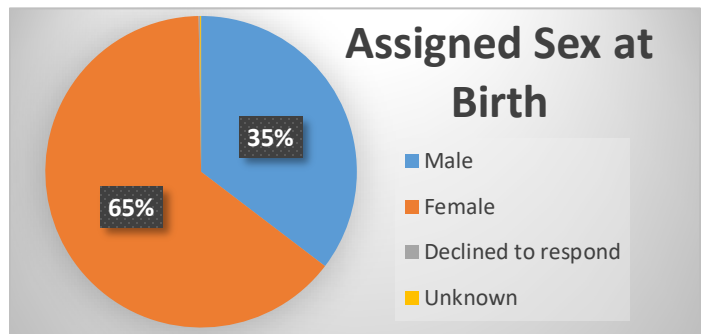
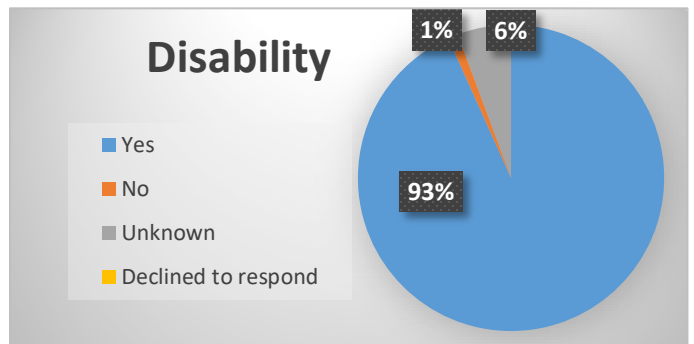
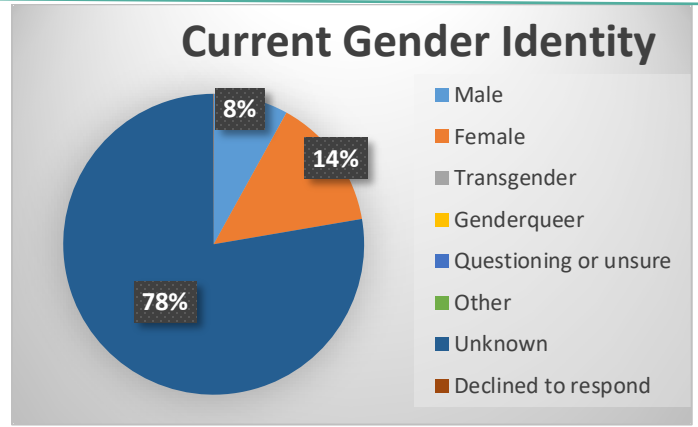
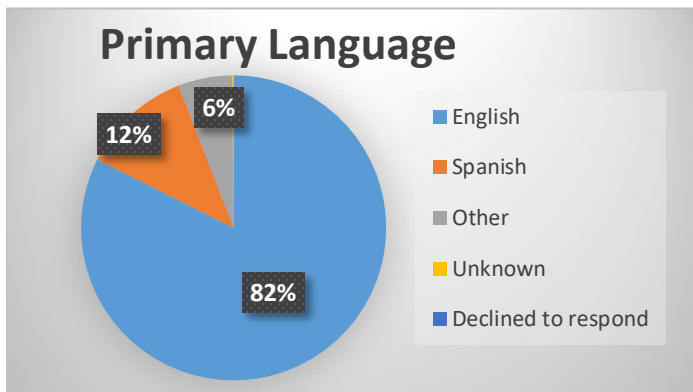
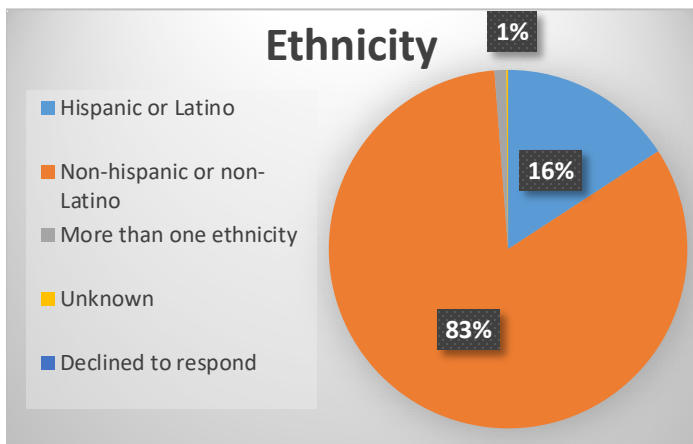
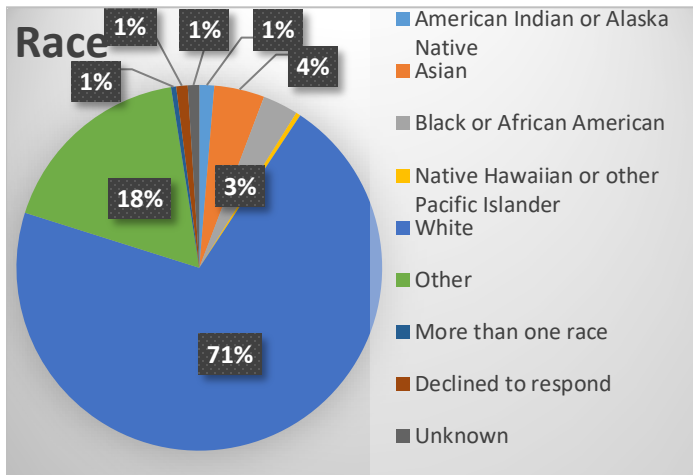
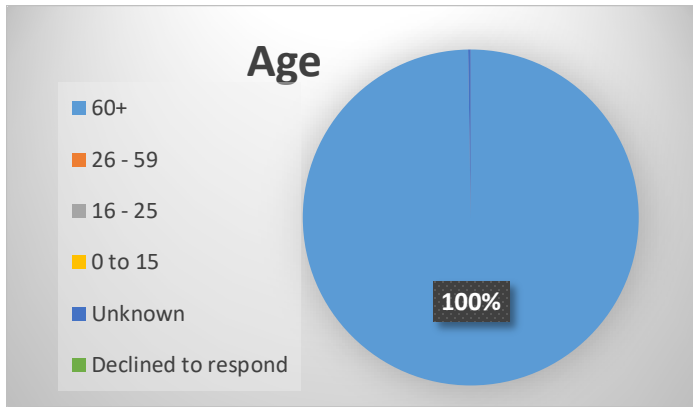
**Depression screening and intervention:** The Older Adult Collaborative (OAC) offered depression screening to **3416** older adults in the 2023-2024 Fiscal Year. Of the older adults who screened positive for depression (based on PHQ-9 scores), **73%** were engaged in the Healthy Ideas intervention.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



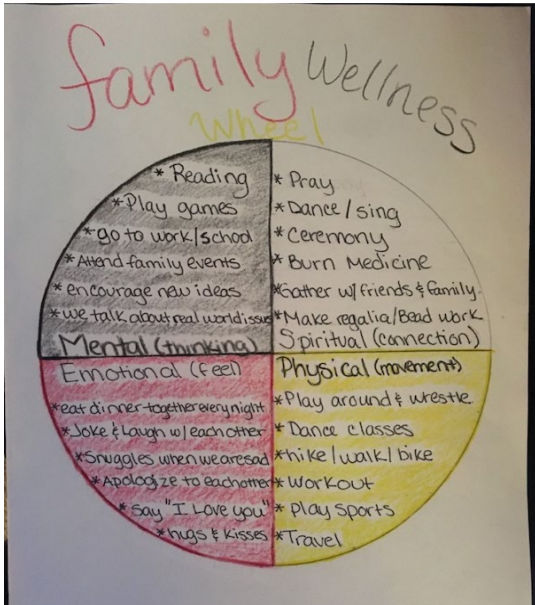


SONOMA COUNTY'S

# 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](http://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.

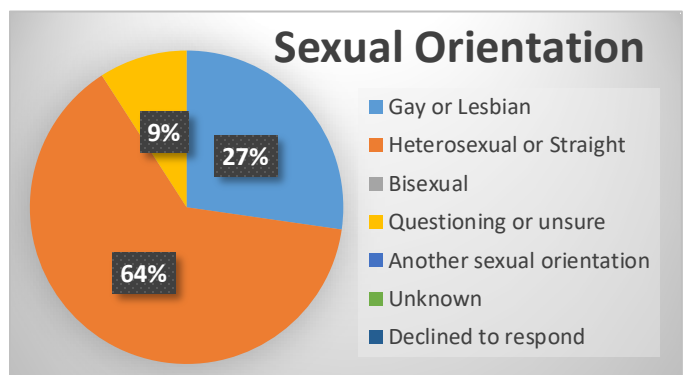
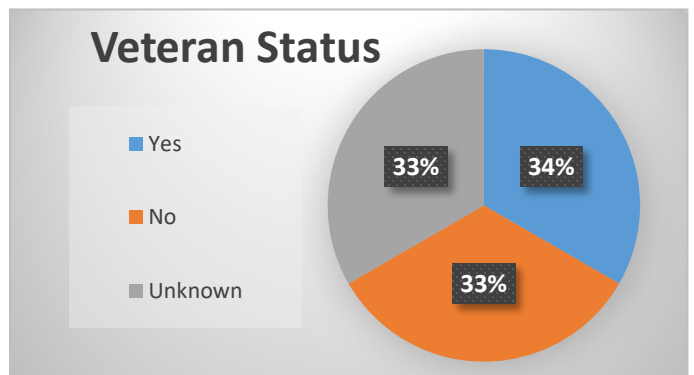
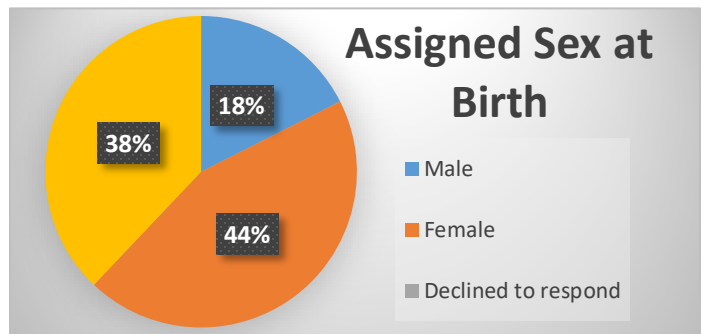
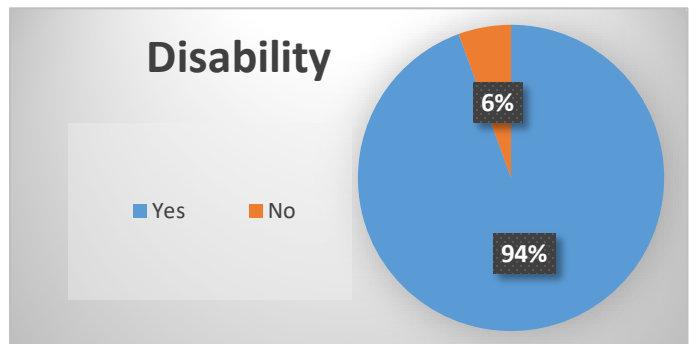
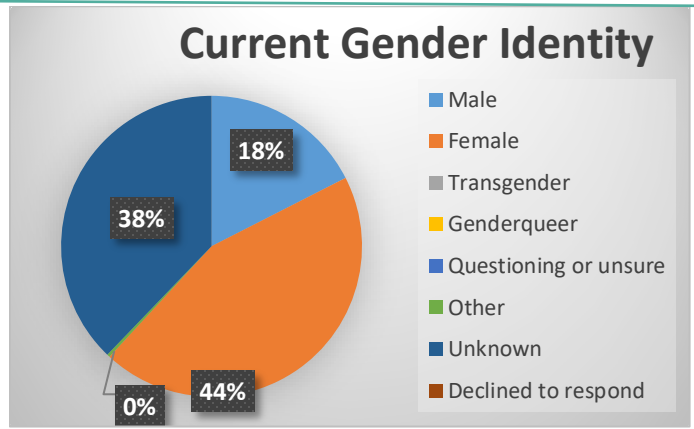
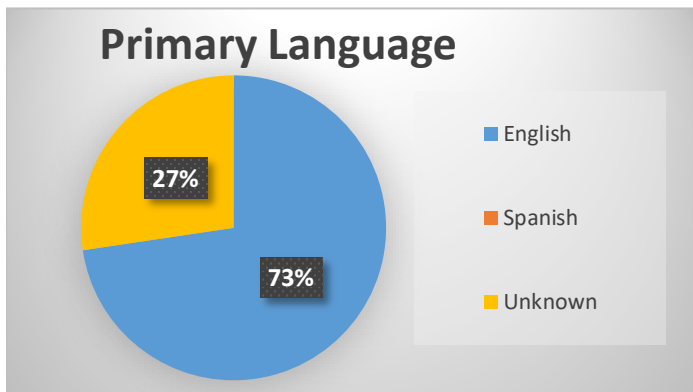
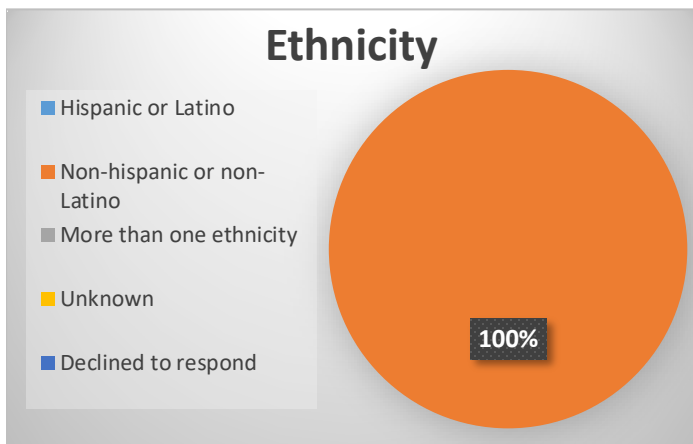
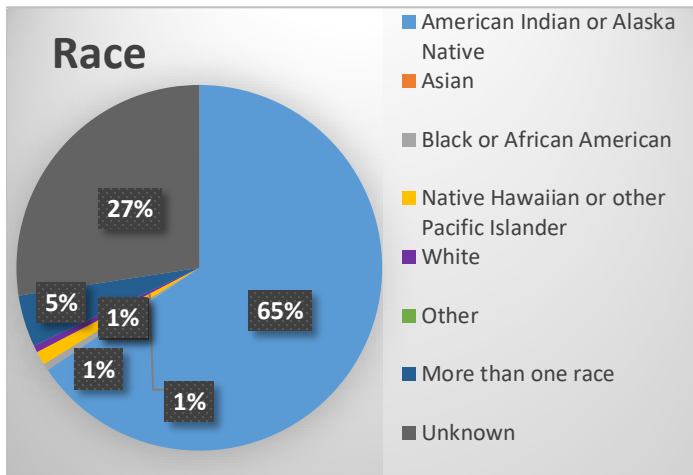
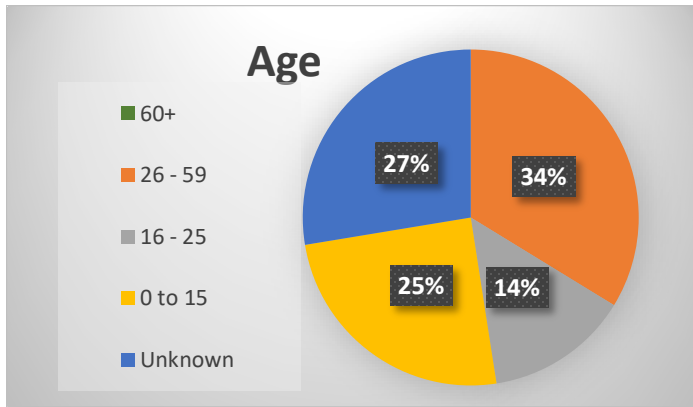
### PERFORMANCE OUTCOMES:

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](http://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:

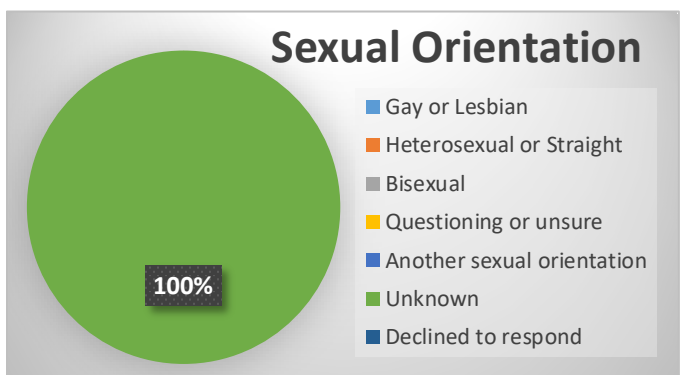
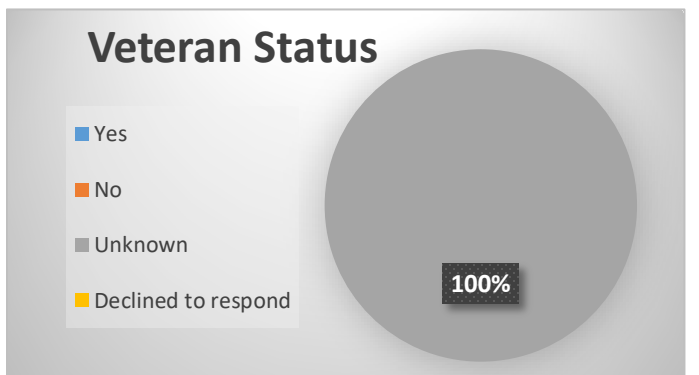
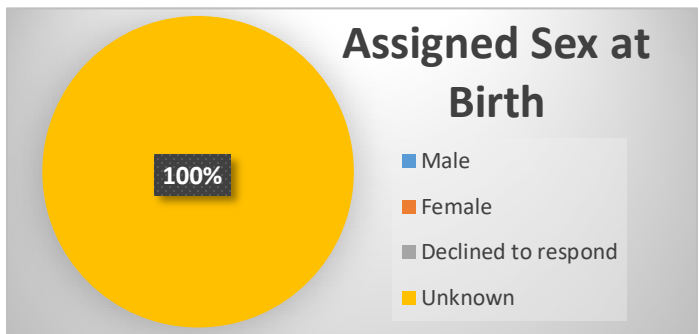
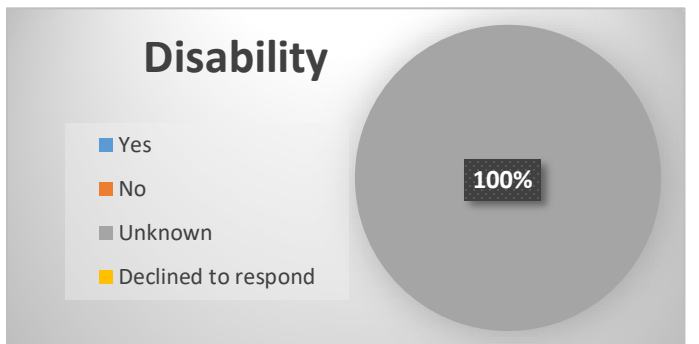
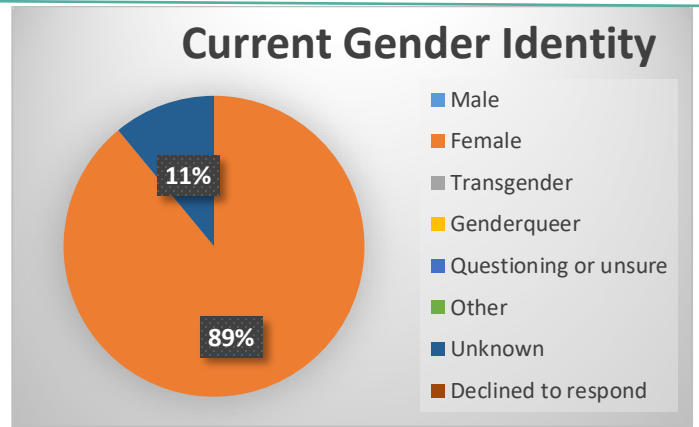
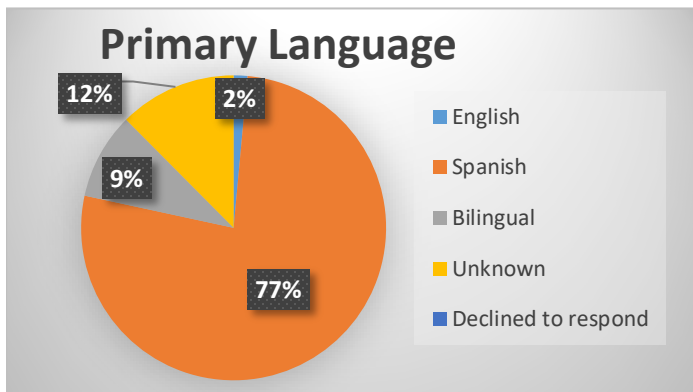
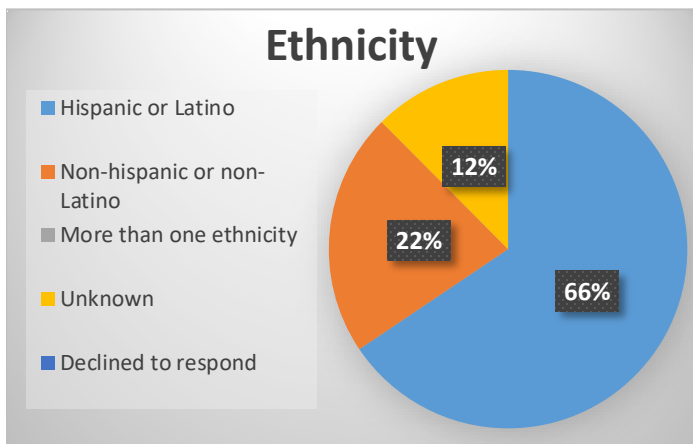
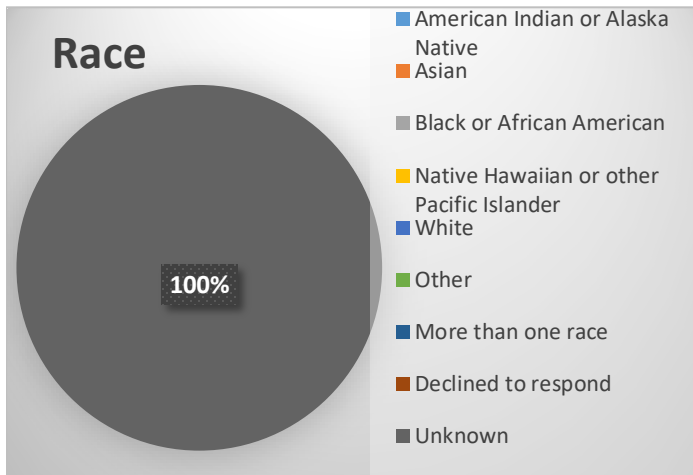
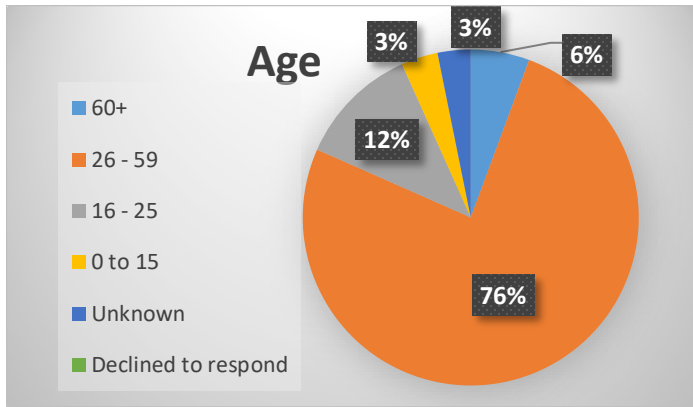
La Luz Center’s Your Community, Your Health/Tu Comunidad, Tu Salud addresses the mental health needs of the Sonoma Valley Latino community by working to reduce risk factors for developing a potentially serious mental illness, build protective factors and improve timely access to mental health services. 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](http://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

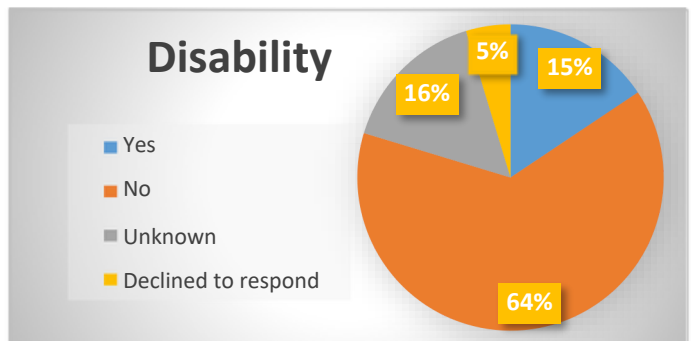
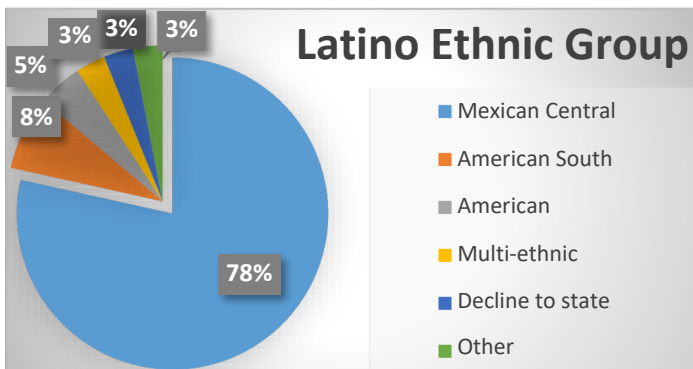
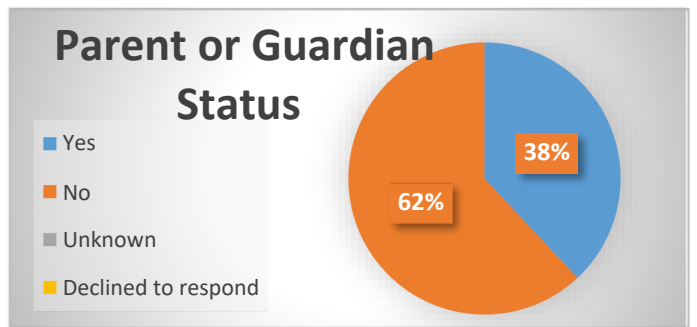
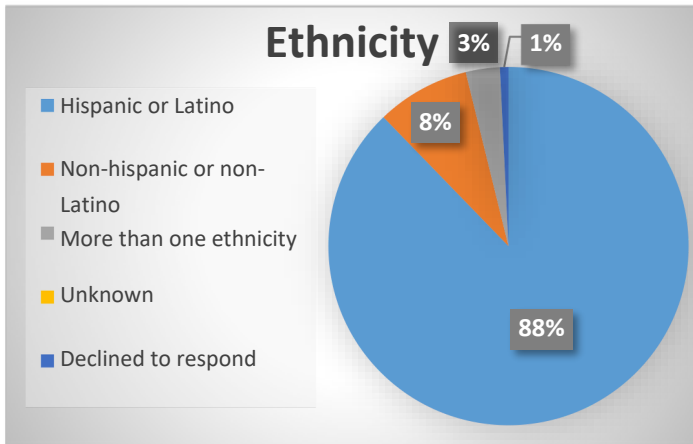
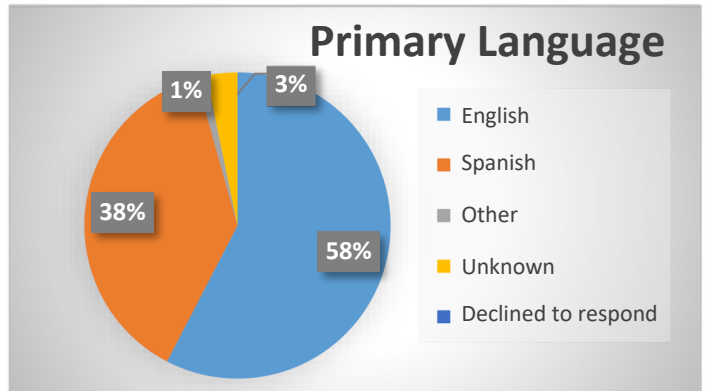
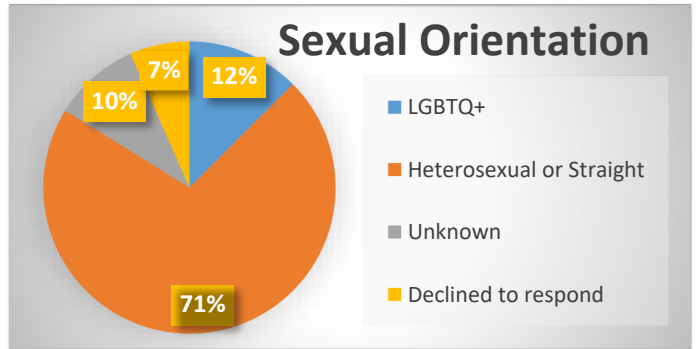
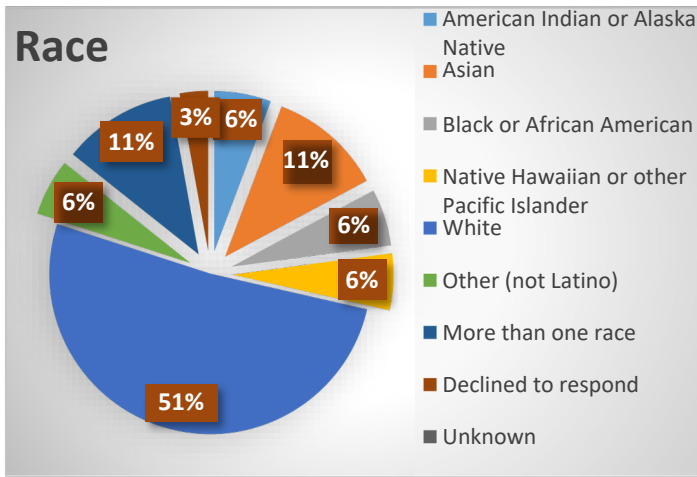
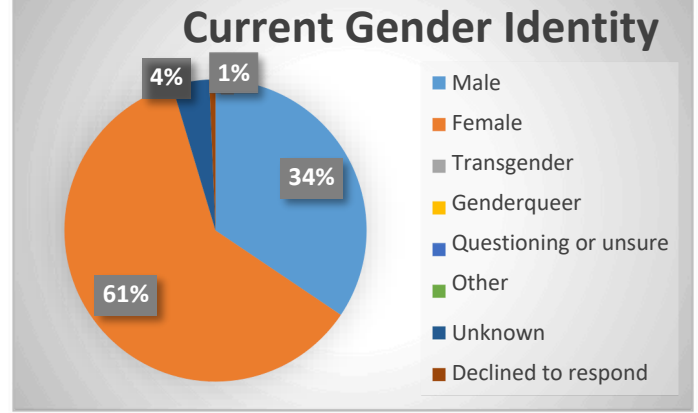
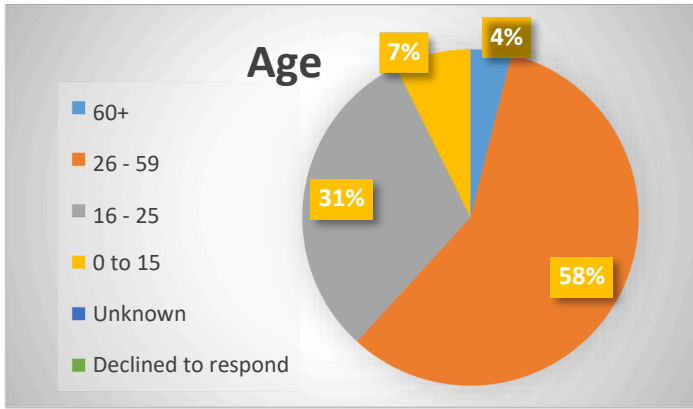
- Total number of clients served:** 260
- Total number of encounters:** 10,000
- Approximate numbers reached through outreach:** 6,300

### 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](http://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

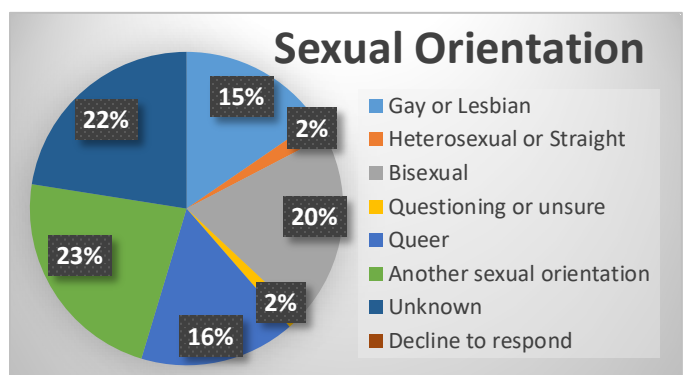
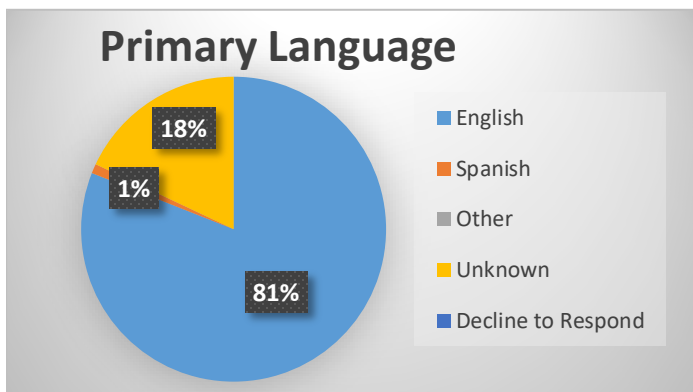
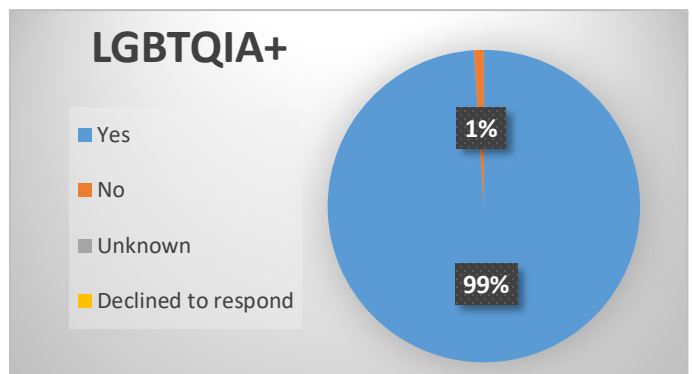
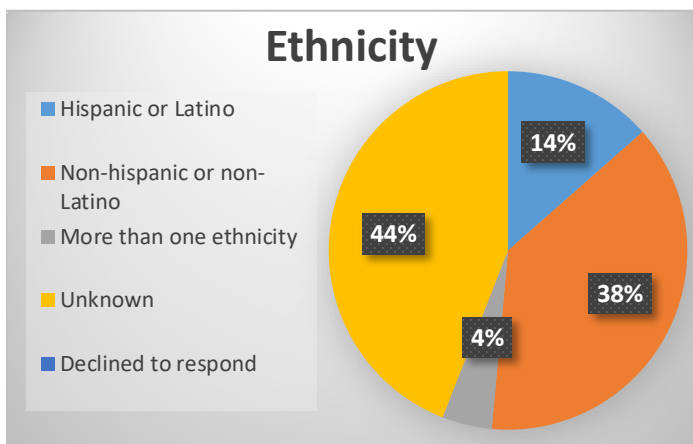
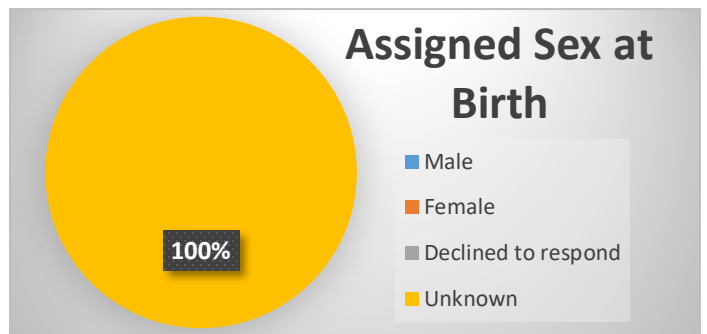
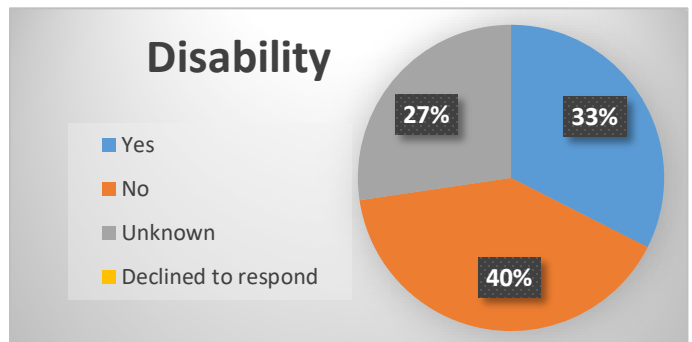
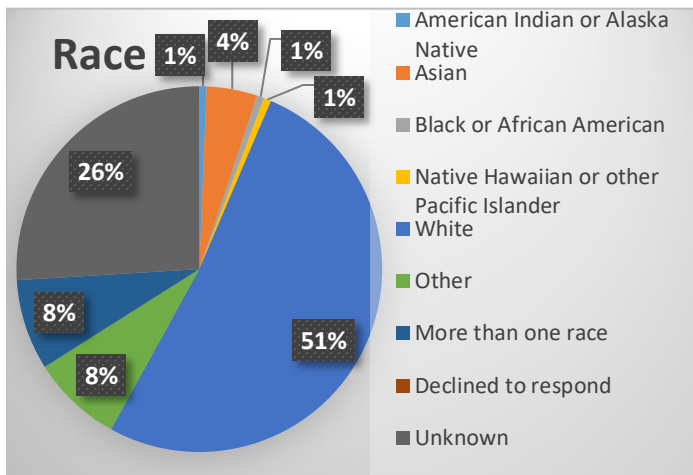
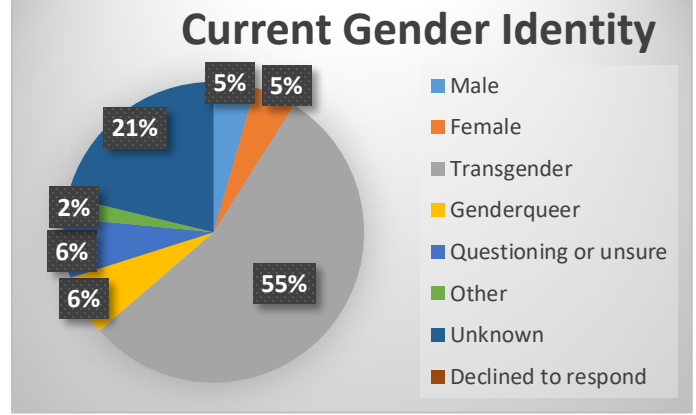
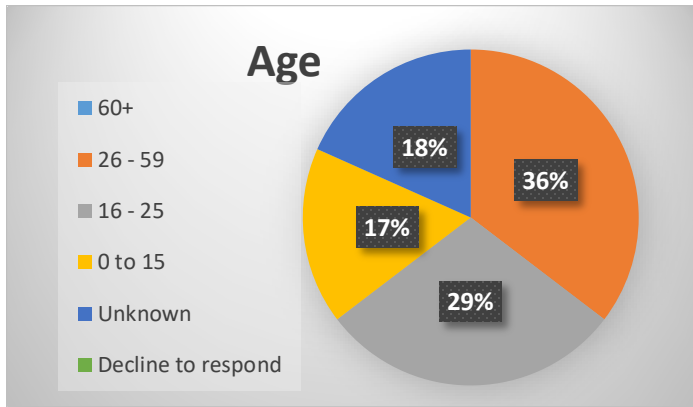
- **Total number of clients served:** 311
- **Total number of encounters:** 1425
- **Approximate numbers reached through outreach:** 7220

**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.

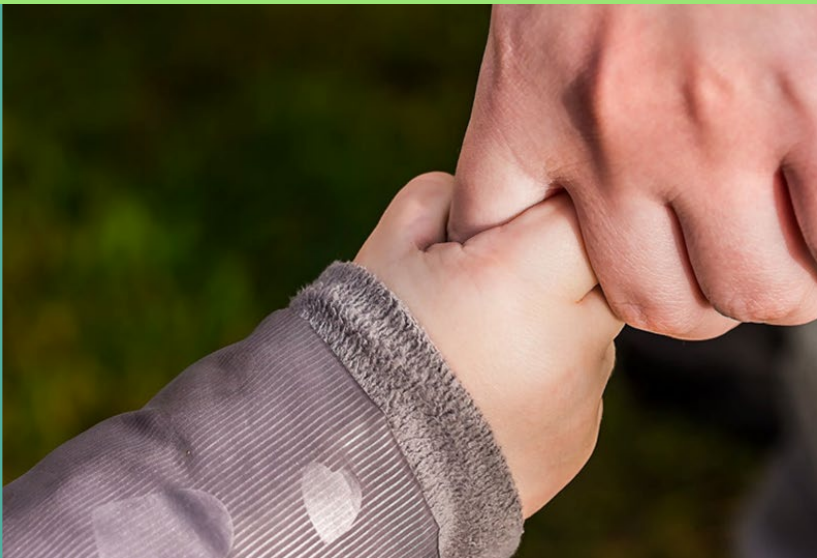
SONOMA COUNTY'S

# 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](http://www.calparents.org) | [www.cpiespanol.org](http://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

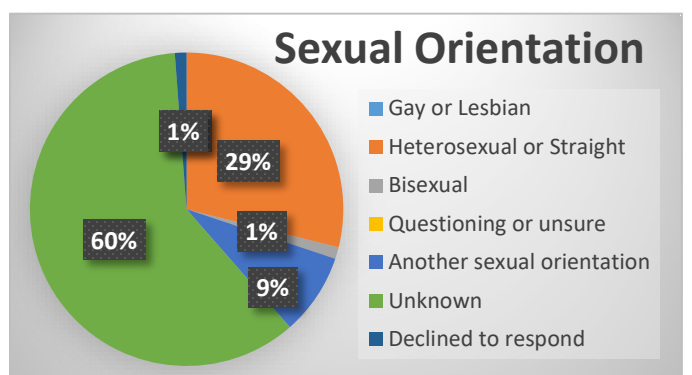
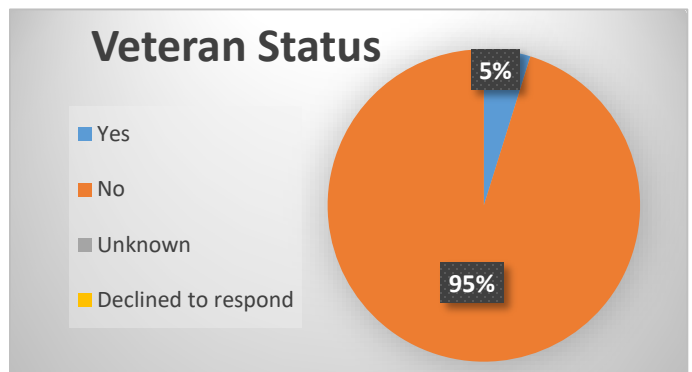
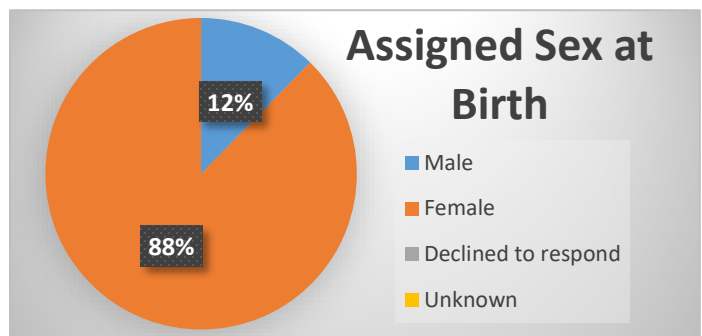
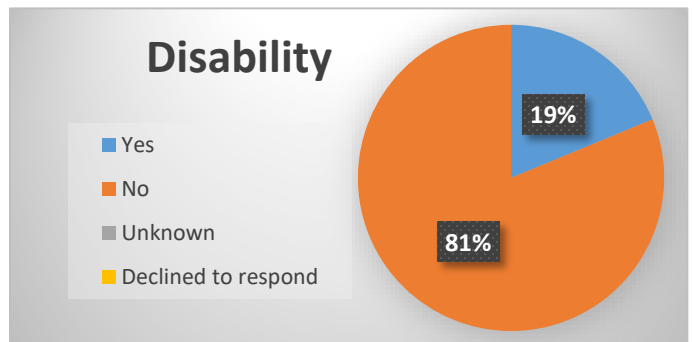
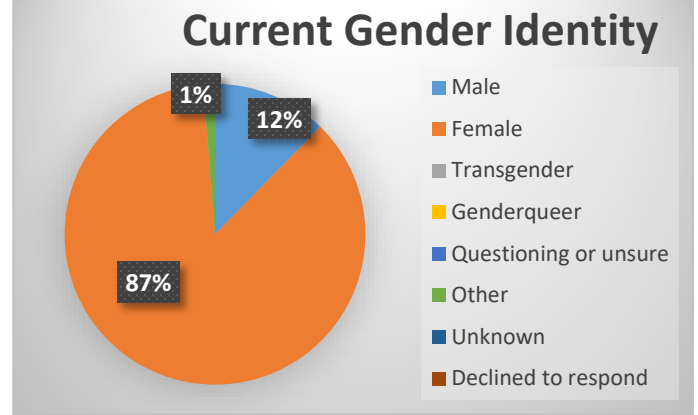
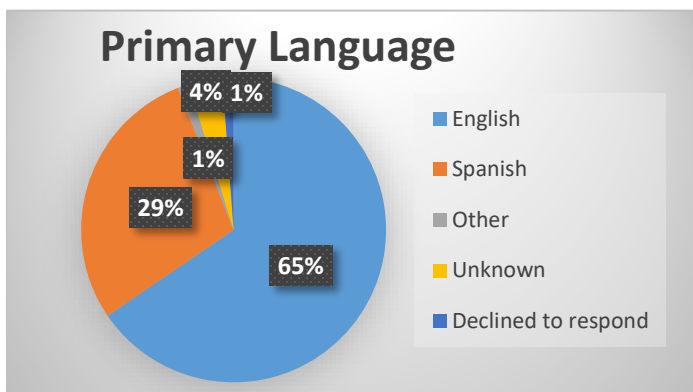
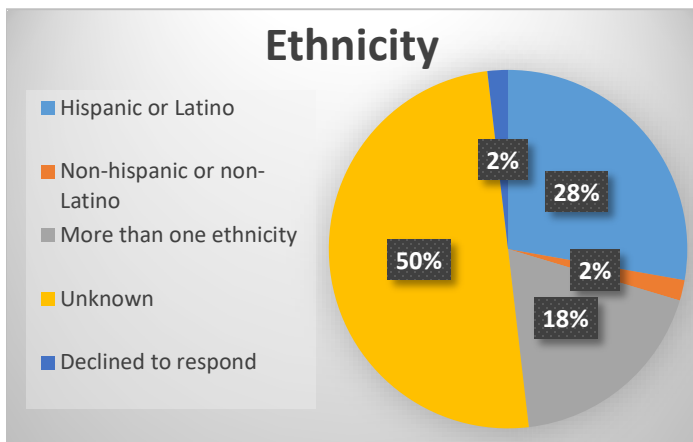
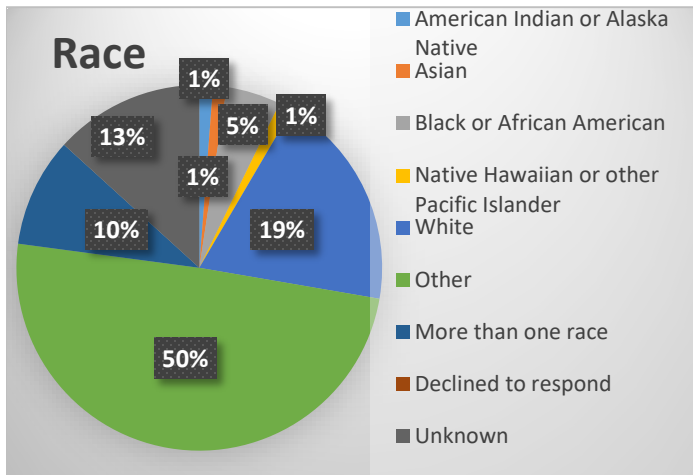
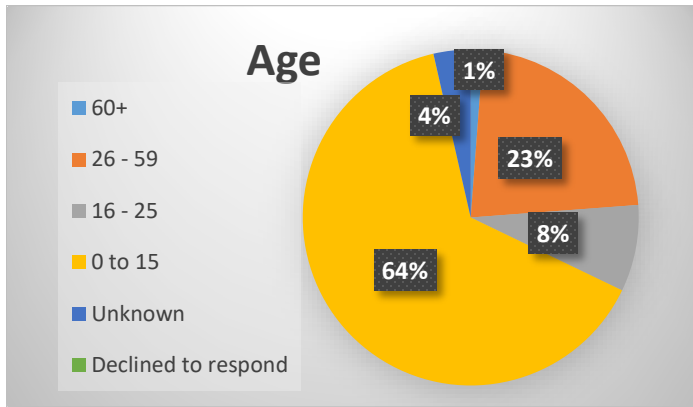
Carrie\* met with a therapist in the Perinatal Mood Disorder program for 3 months to help with stress and anxiety following a traumatic pregnancy and birth of her child. She completed the Mothers and Babies curriculum. With her therapist, they worked on increasing regulation skills, building back up 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

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](http://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:

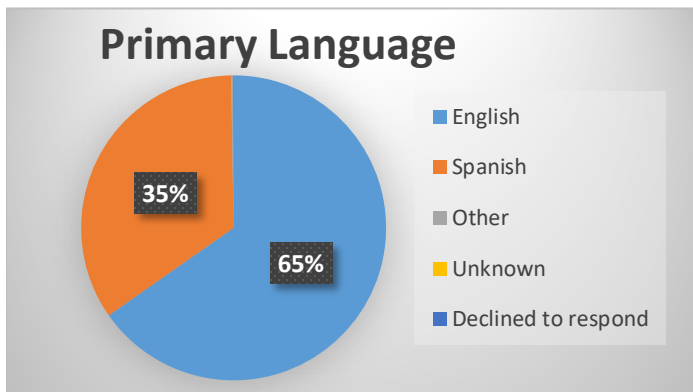
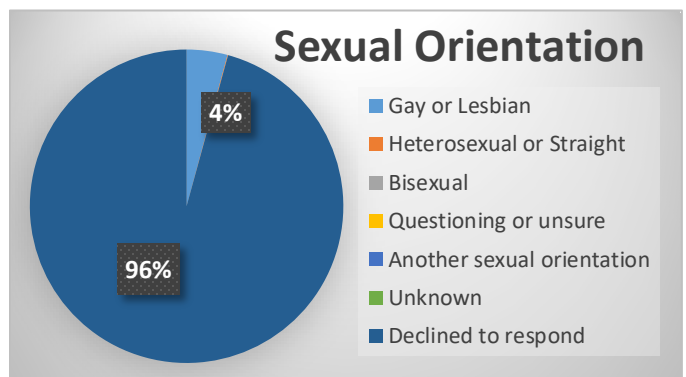
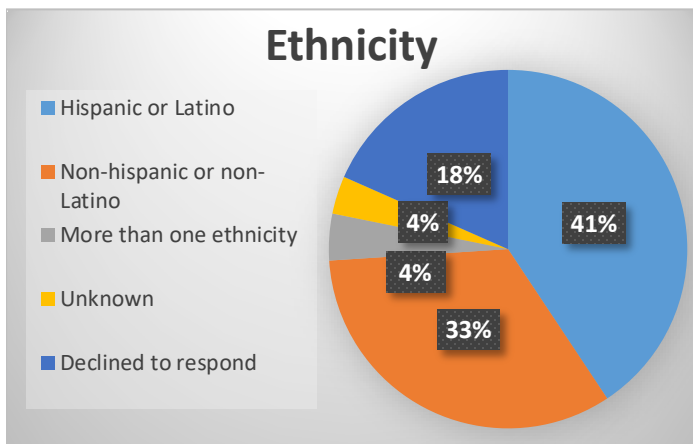
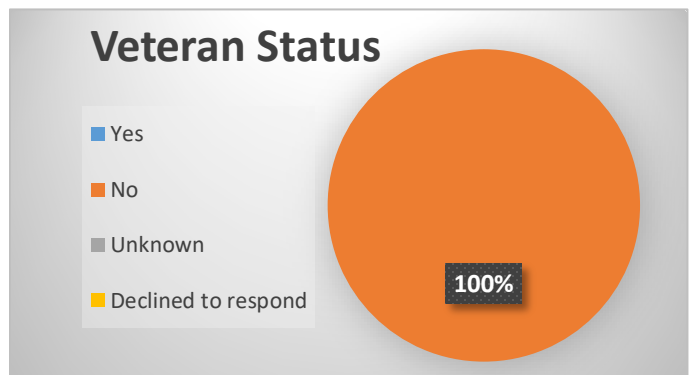
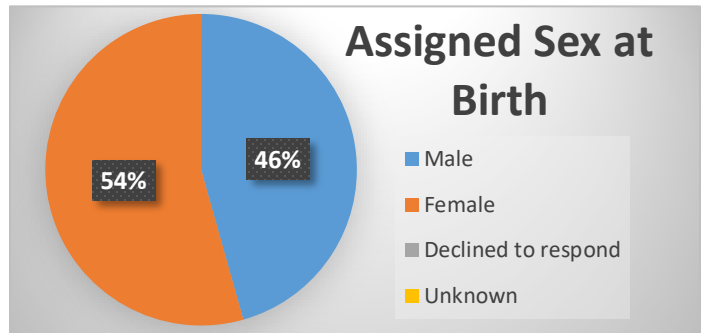
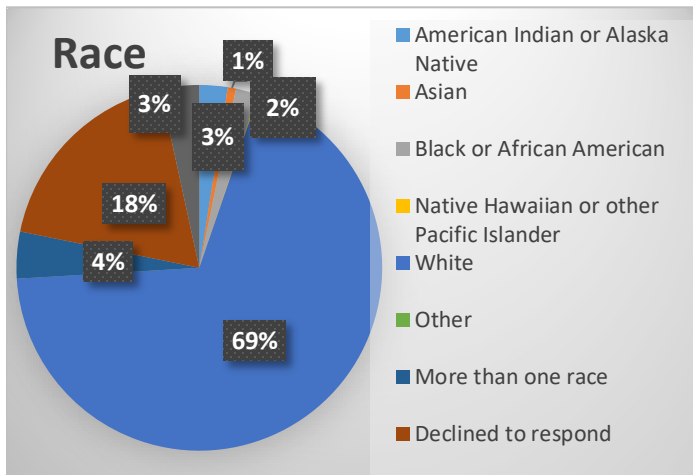
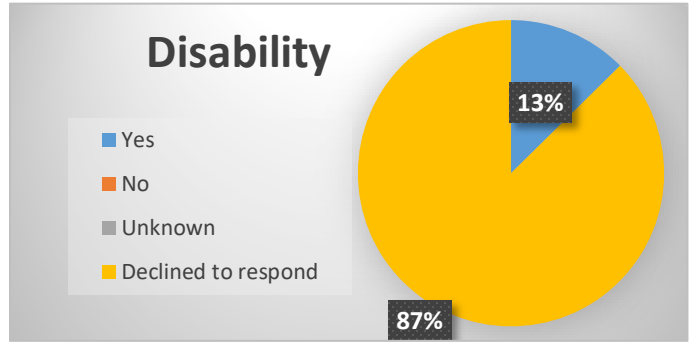
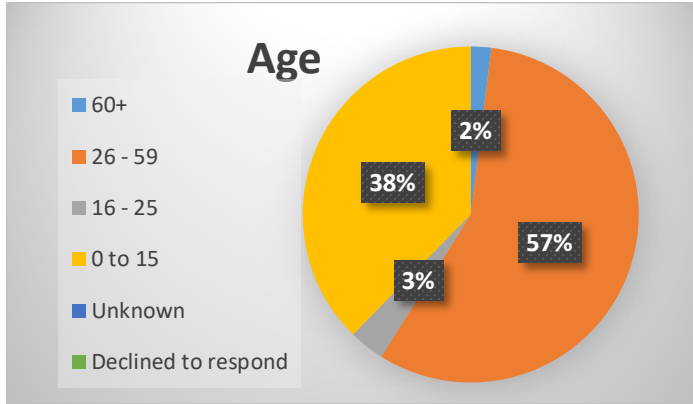
Watch ME Grow is a unique program that provides free social emotional and developmental screenings to young children in Sonoma County. Parents learn valuable information about how to foster their child's social and developmental skills and they learn about community programs, with referrals to services 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](https://shs.santarosa.edu)

**Phone:** (707) 527-4445

**Program location:**

<b>Santa Rosa</b>	1501 Mendocino Ave. Santa Rosa, CA 95401
<b>Petaluma</b>	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.

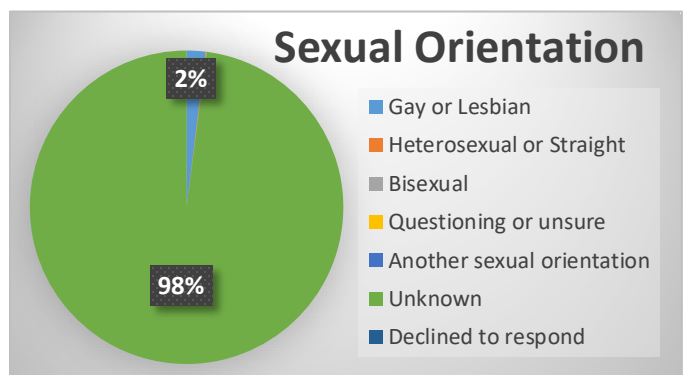
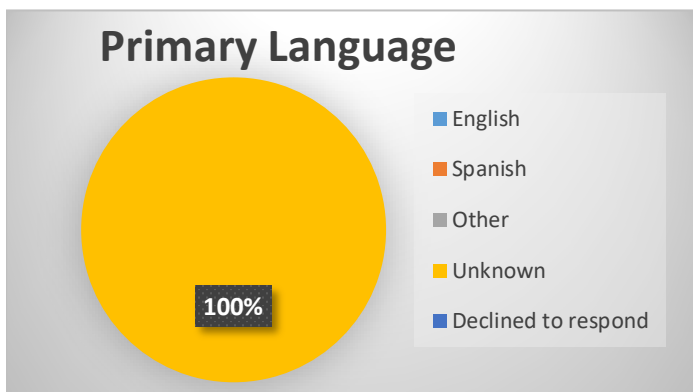
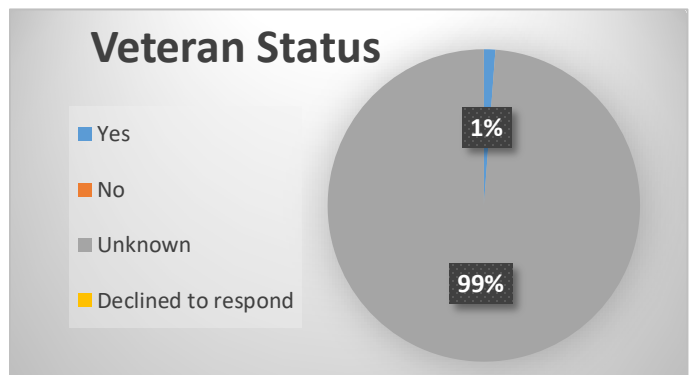
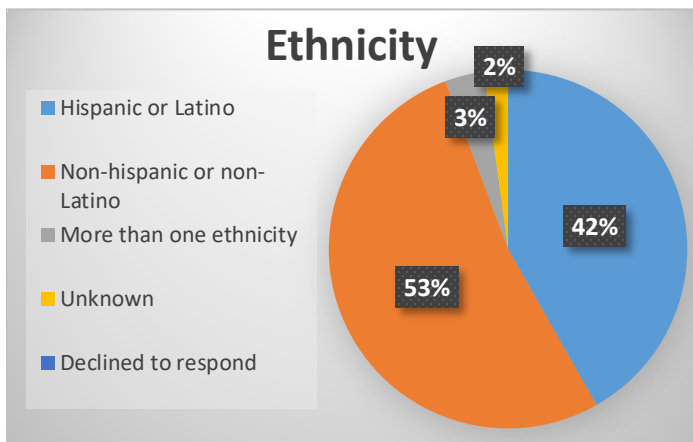
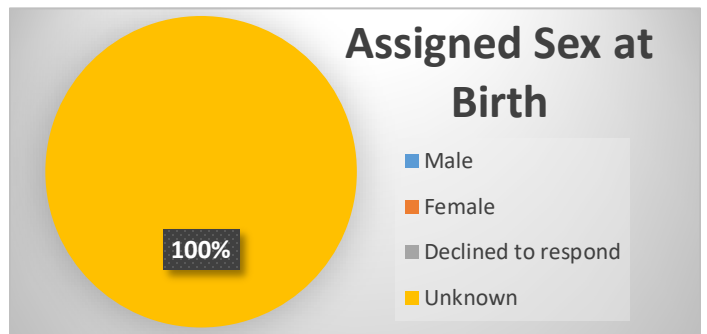
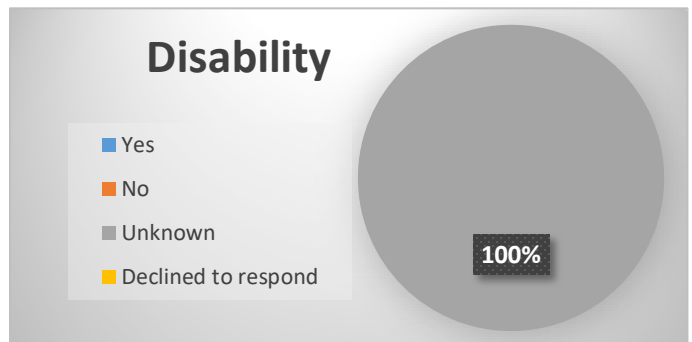
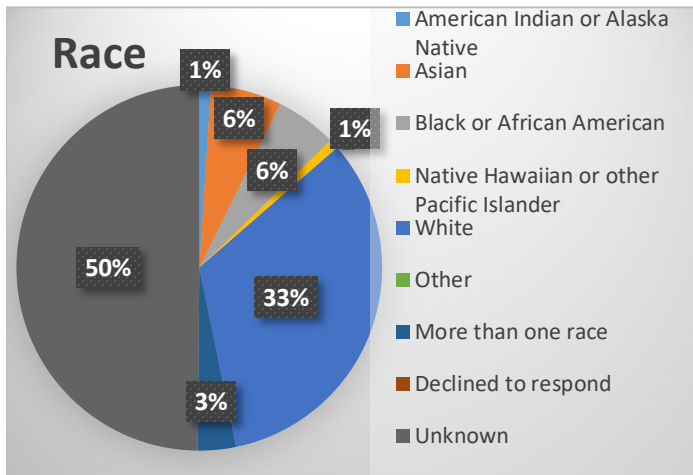
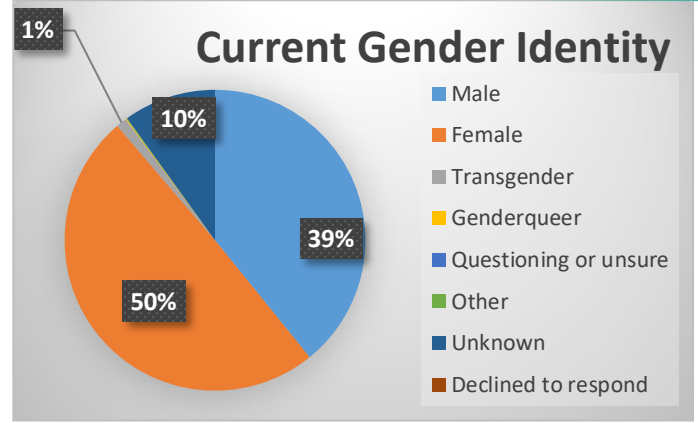
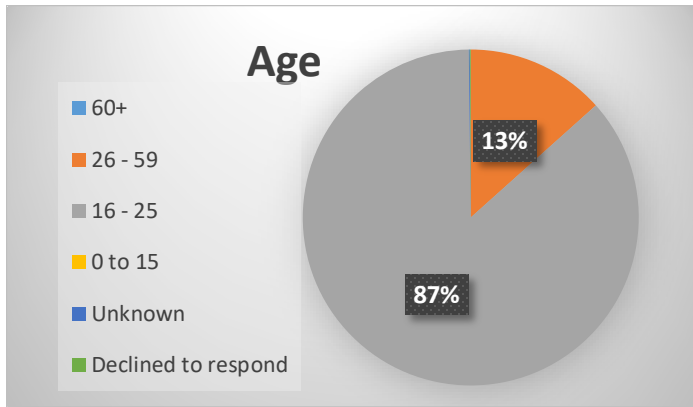
### FY 2023-2024

#### 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](http://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

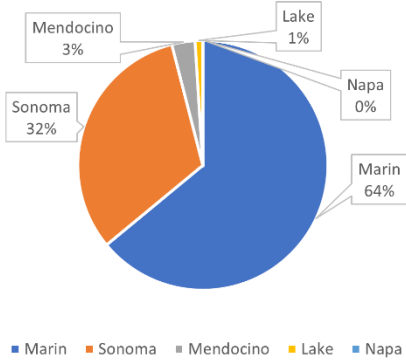
- **Total number of clients served:** 678
- **Total number of encounters:** 2,137
- **Approximate numbers reached through outreach:** 6,500 for All Counties Served

### What do our participants enjoy from our Suicide Prevention Trainings?

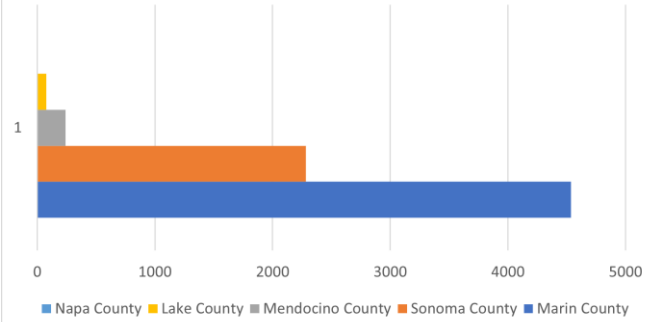
- "Incredible job of presenting the warning signs, 988 specifics"
- "Very informative and engaging, age appropriate"

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

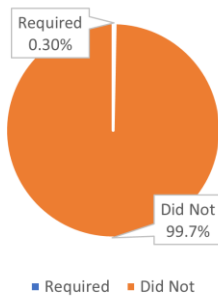
Call Volume 2023 (988 Launch)



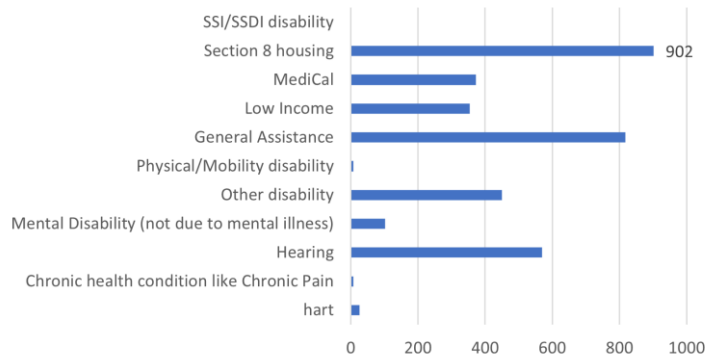
Call Distribution 2023 (988 Launch)



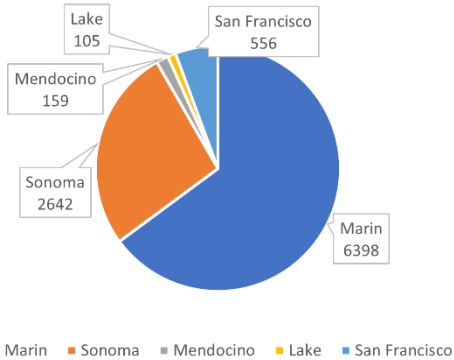
Calls Not Requiring In-Person Dispatch 2023 (988 Launch)



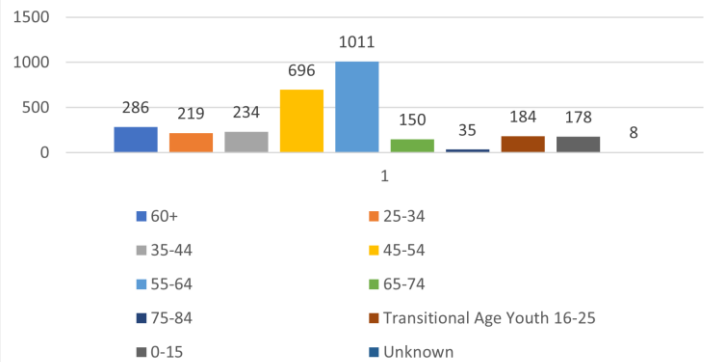
Caller Demographics: Disability Type



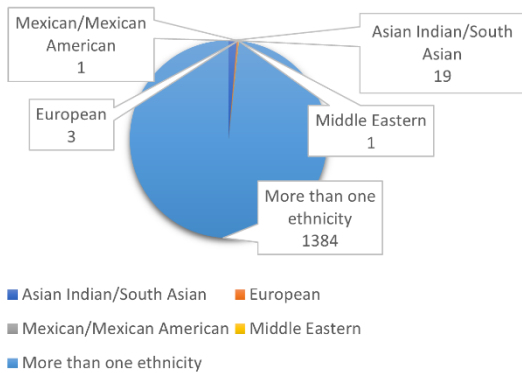
Projected Call Data for FY 2024



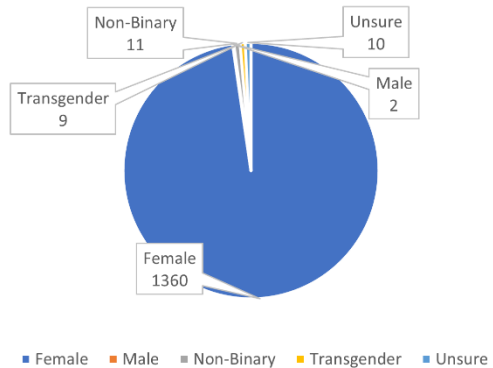
Caller Demographics: Age Range



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](http://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:

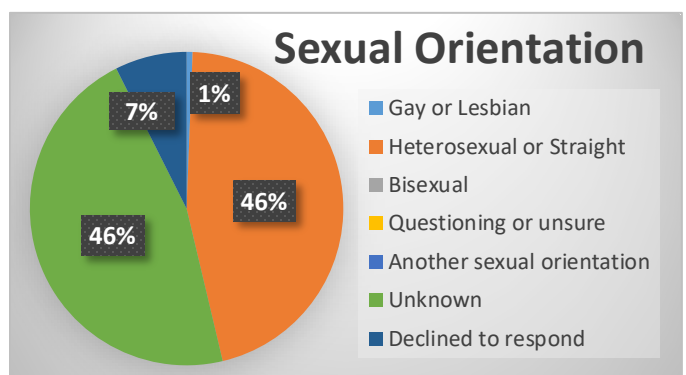
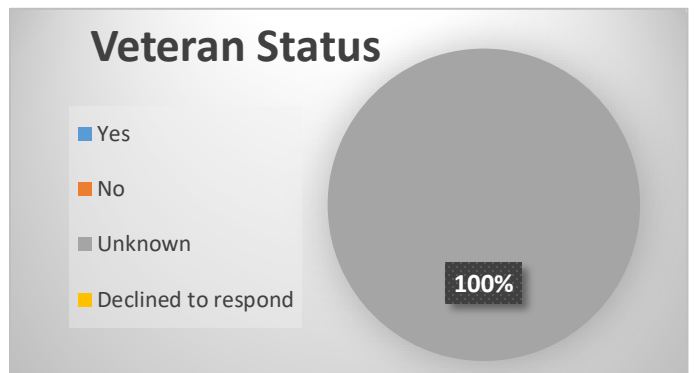
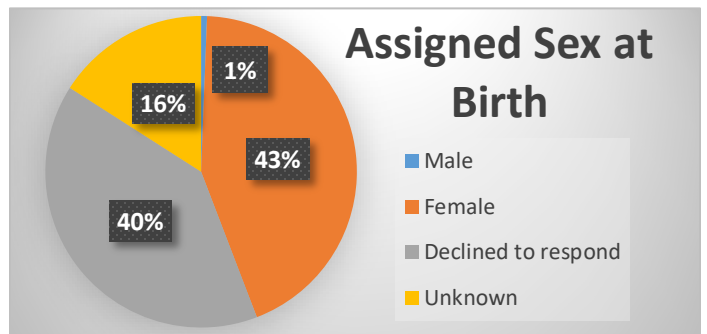
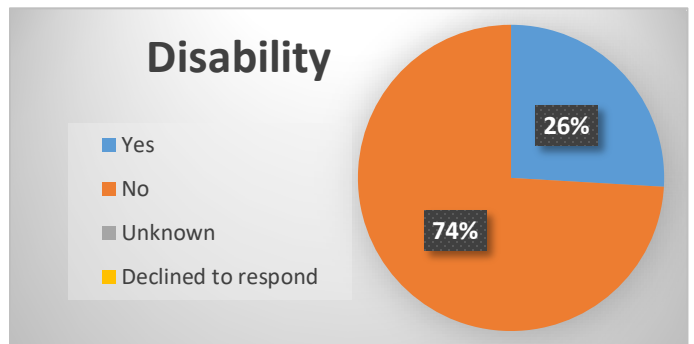
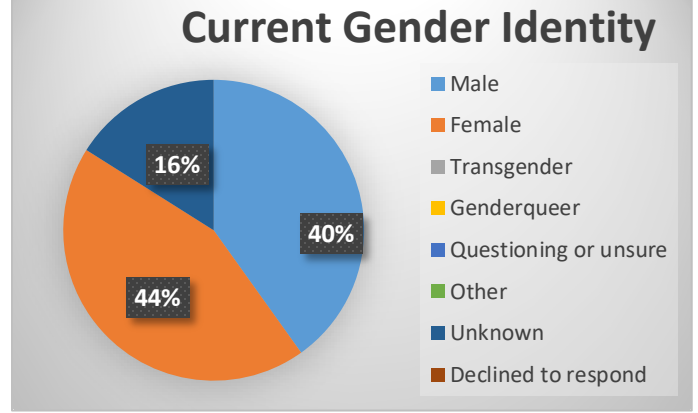
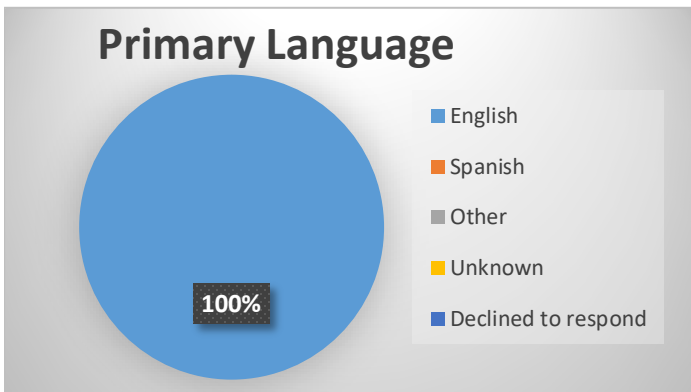
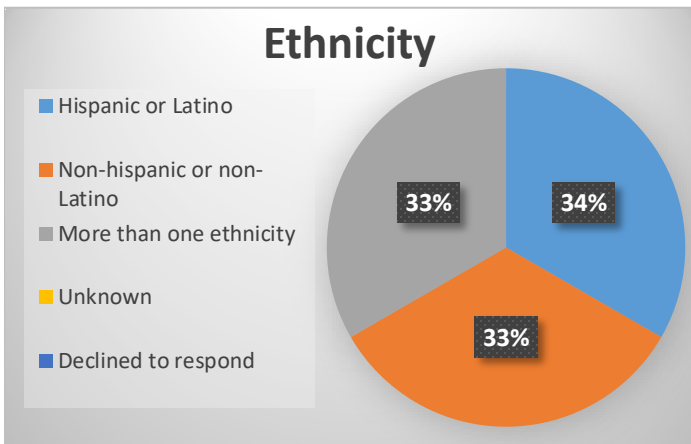
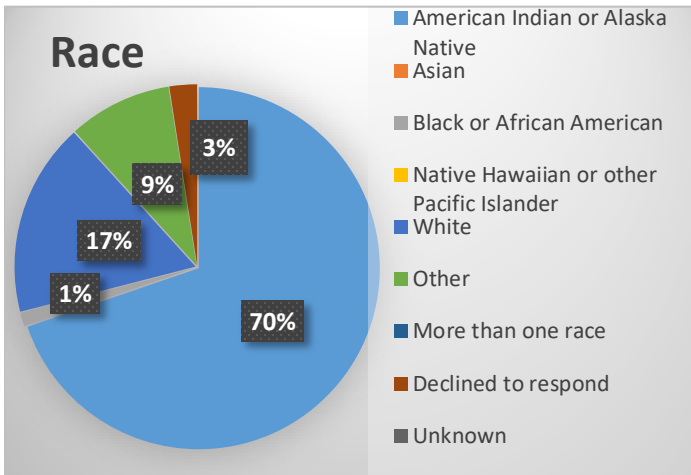
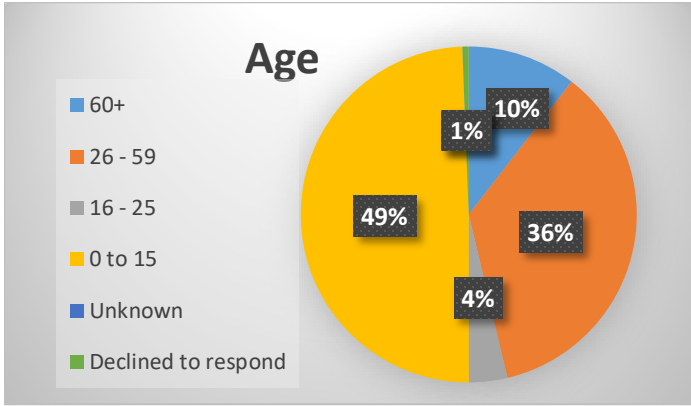
Outreach services to rural northern Sonoma County residents ages 0-65+. Action Network provides mobile outreach services to Kasha Rancheria on a bi-weekly basis delivering resources such as diapers & formula, clothing and personal hygiene supplies, food, grocery gift certificates, referrals for social 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:

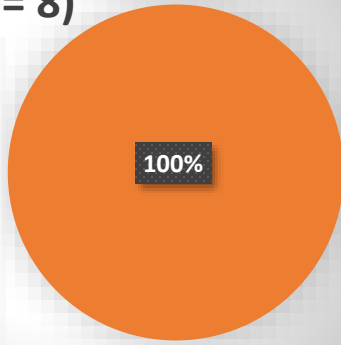
- Notable outcomes include: **High Satisfaction:** 100% of surveyed participants reported being highly satisfied with the program, with some expressing a preference for the Crossroads to Hope model over traditional services, **Successful Transitions:** Three (3) participants graduated from the program, 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:

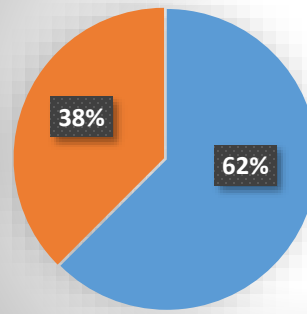
### Age (n = 8)

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



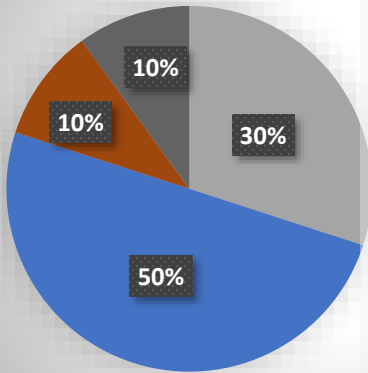
### Current Gender Identity (n = 8)

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



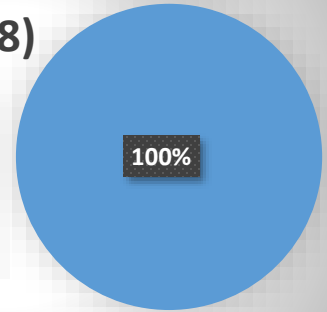
### Race (n = 8)

- 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



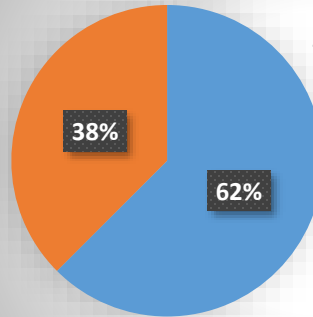
### Disability (n = 8)

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



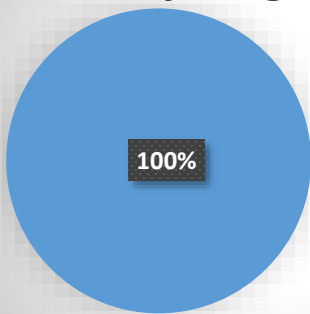
### Assigned Sex at Birth (n = 8)

- 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](http://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.

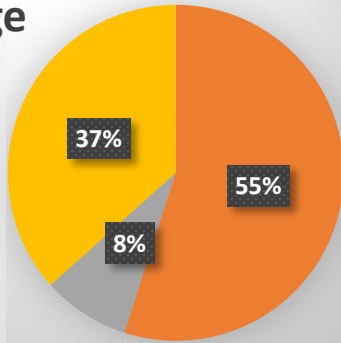




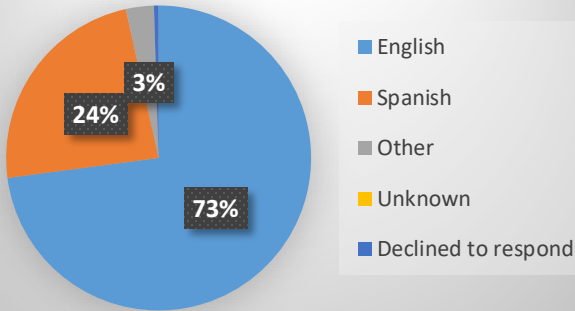
# FY 2023-2024 Project Demographics:

## Age

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

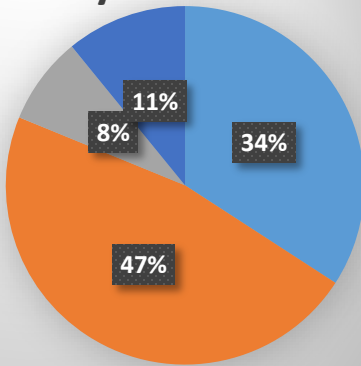


## Primary Language



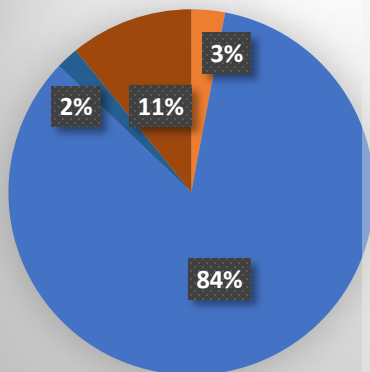
## Ethnicity

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



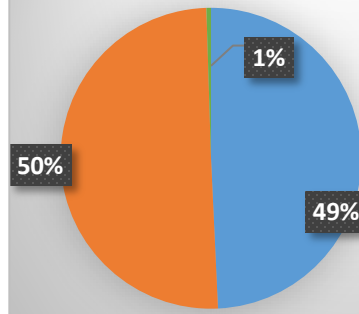
## Race

- 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



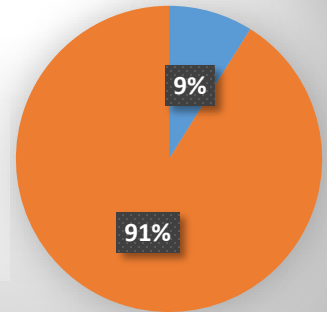
## Current Gender Identity

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



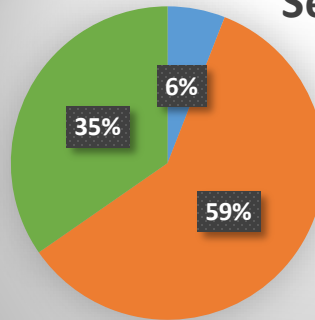
## Disability

- 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 1<sup>st</sup> 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:

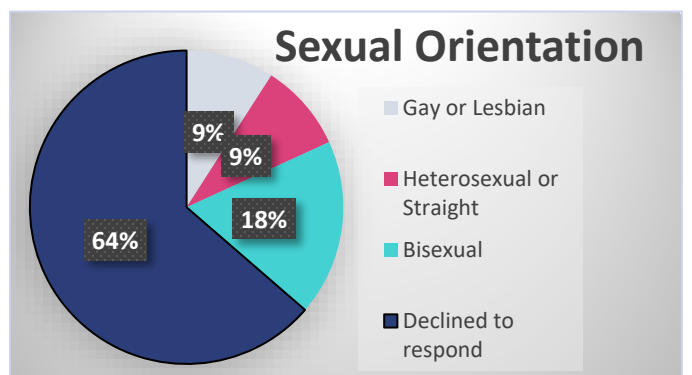
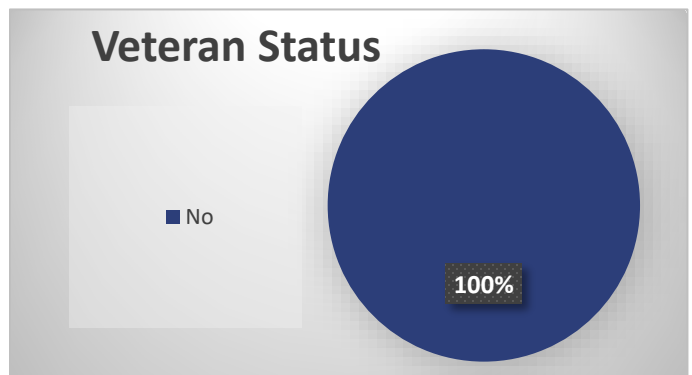
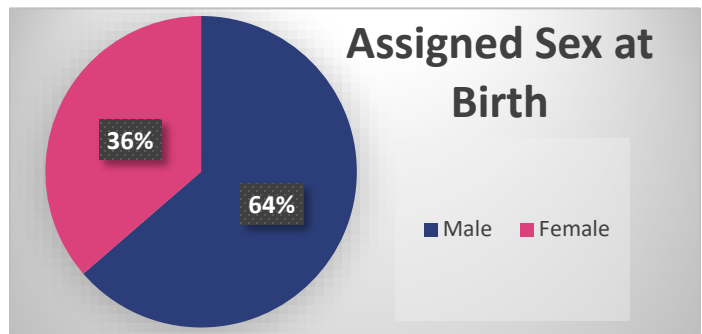
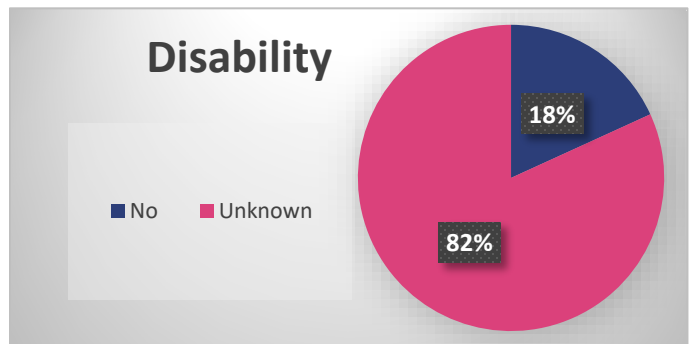
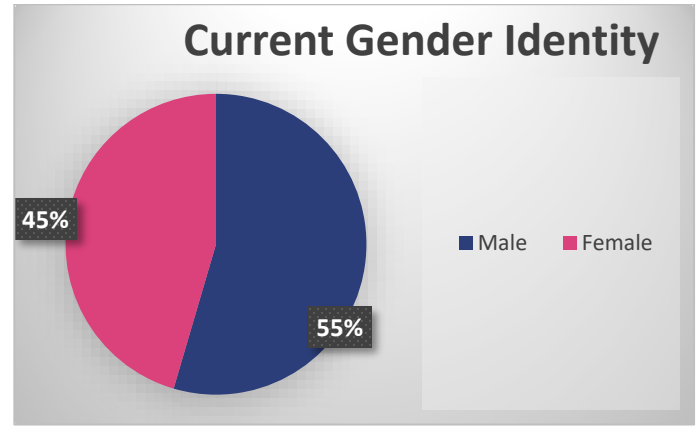
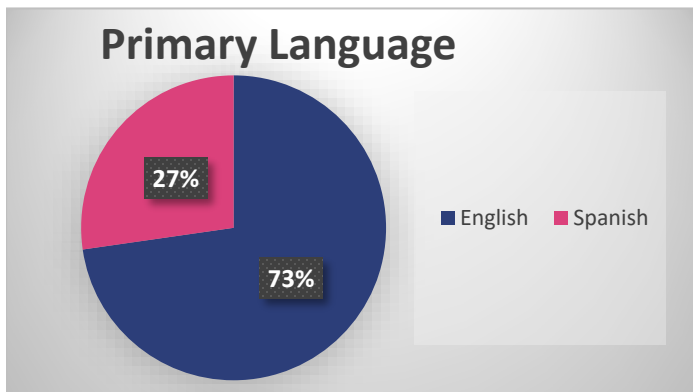
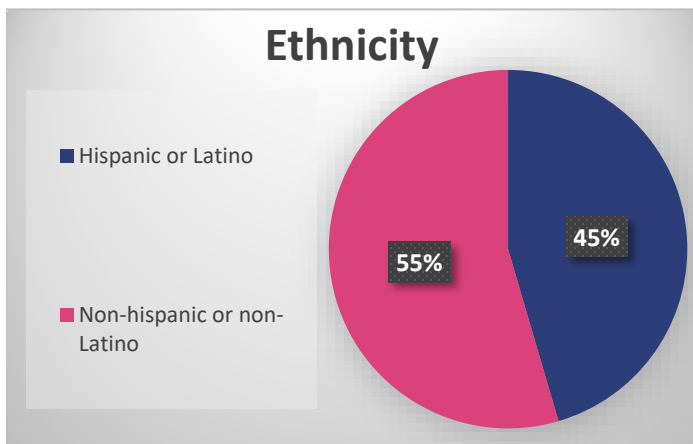
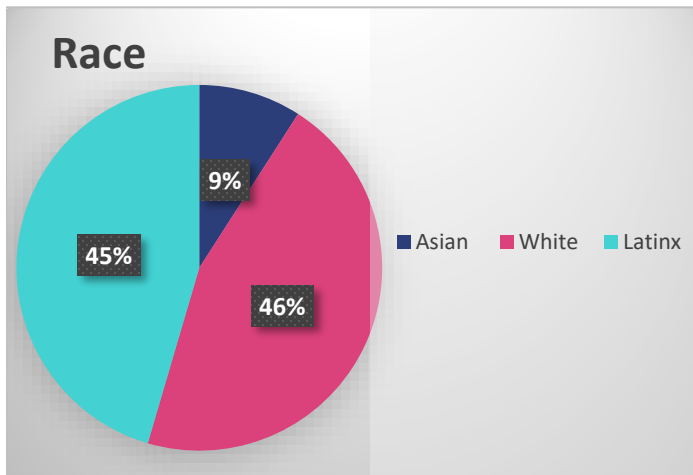
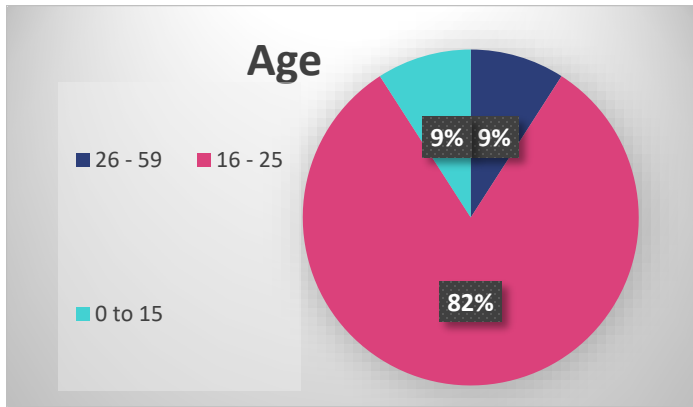
- Aldea's Coordinated Specialty Care (CSC) program, *SOAR*, is an evidence-based, recovery-oriented, team approach to treating early psychosis that promotes easy access to care and shared decision making among specialists, family members, and the person experiencing psychosis or at high risk of developing 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

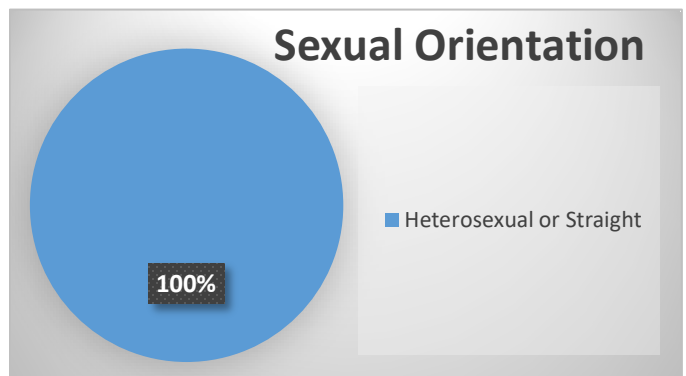
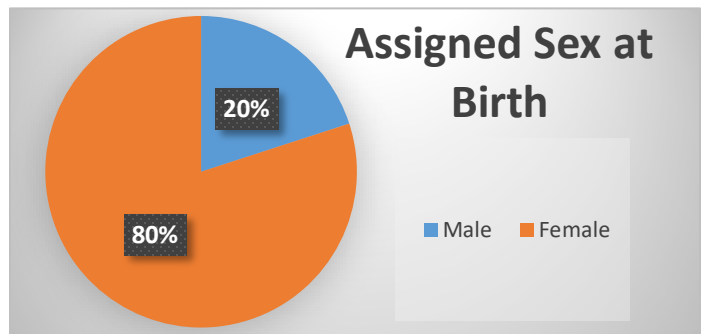
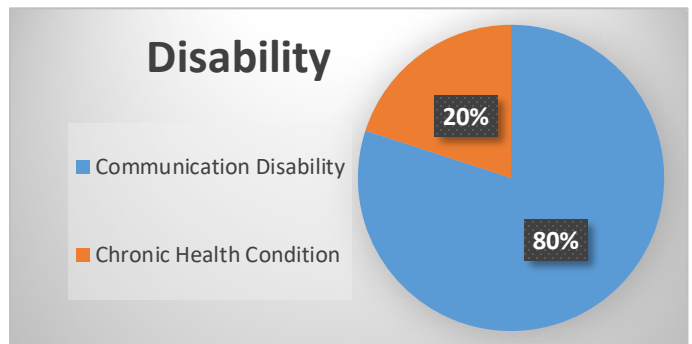
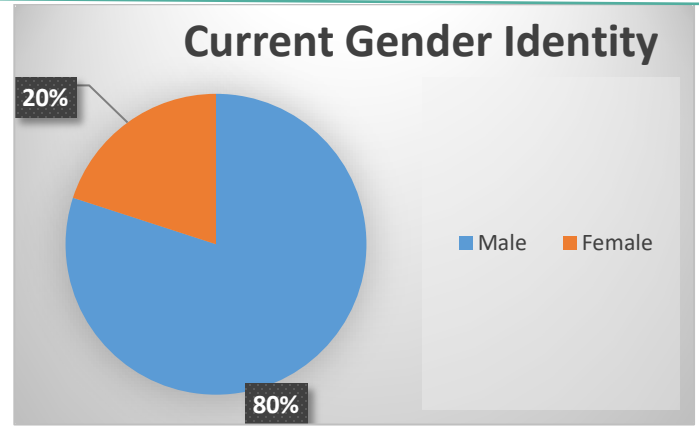
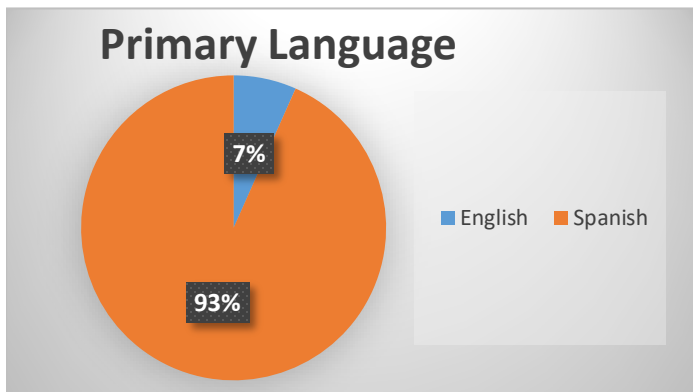
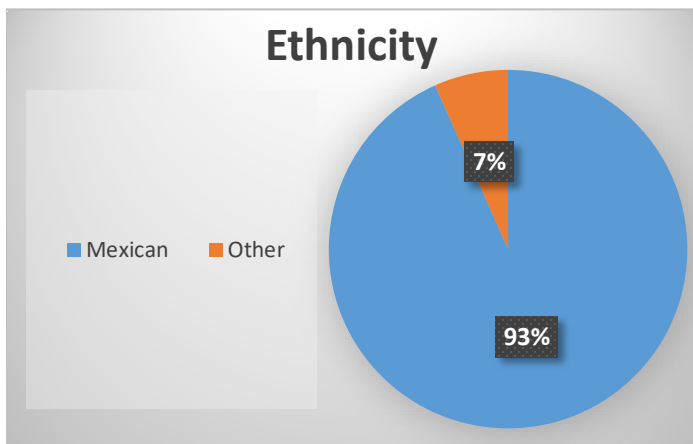
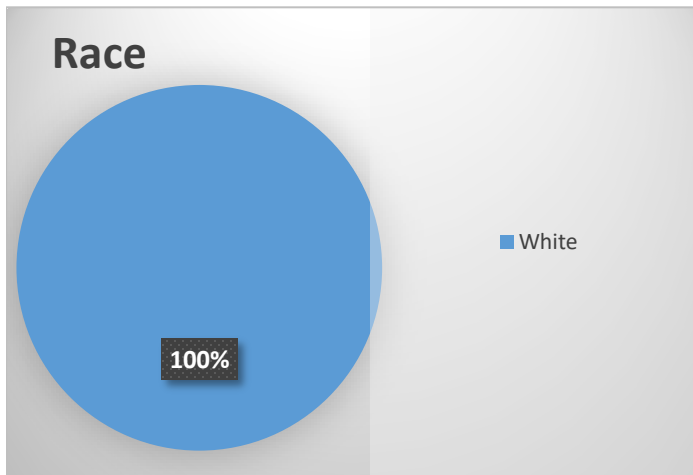
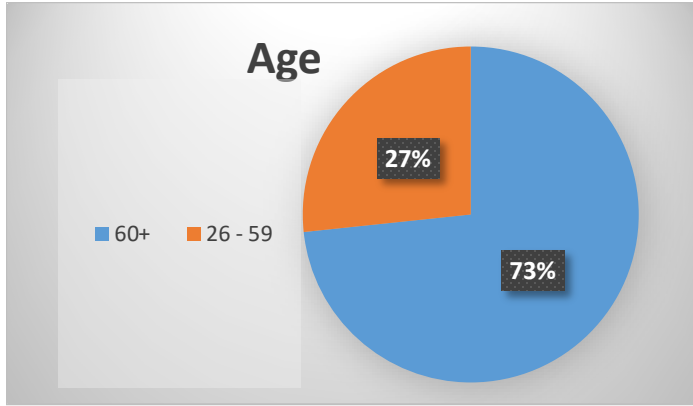
### FY 2023-2024 PERFORMANCE OUTCOMES:

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](http://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.

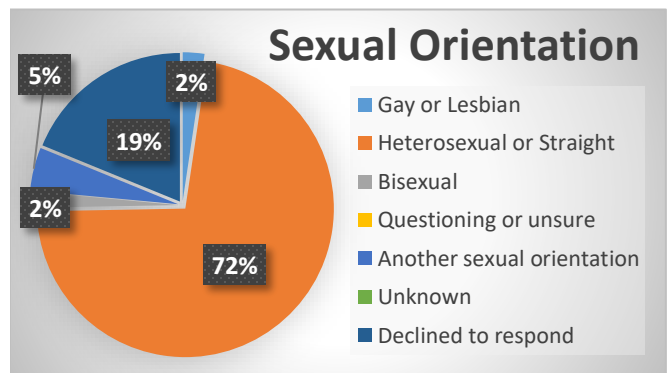
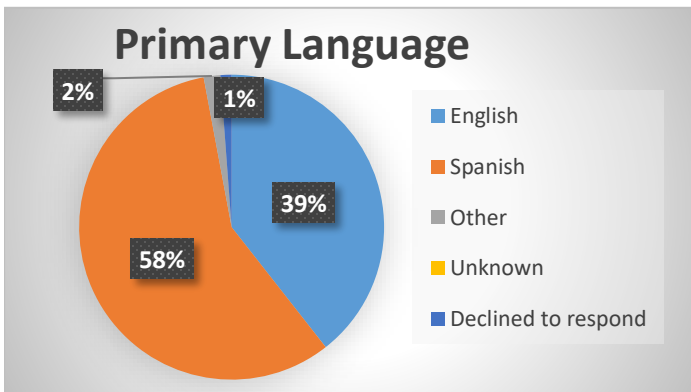
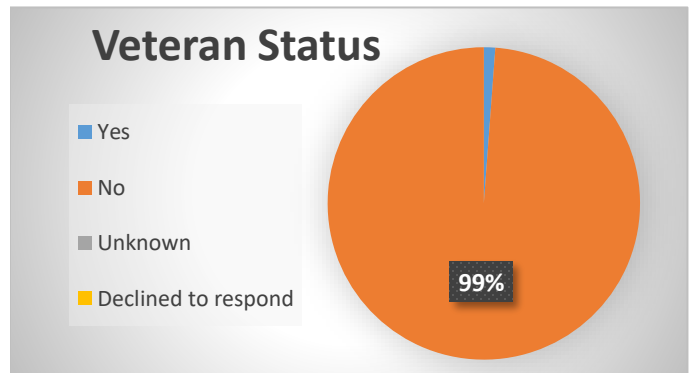
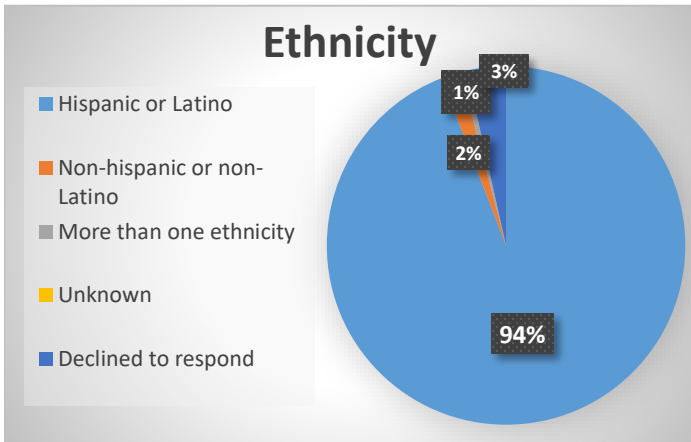
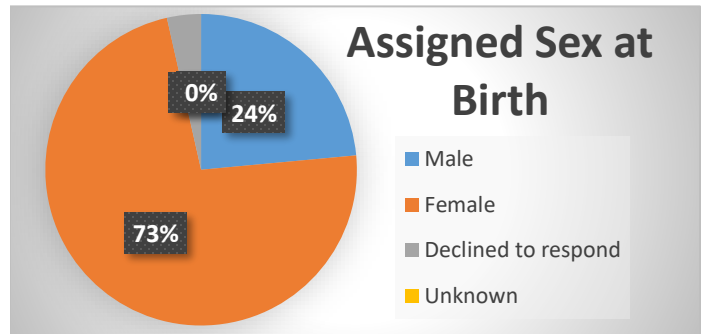
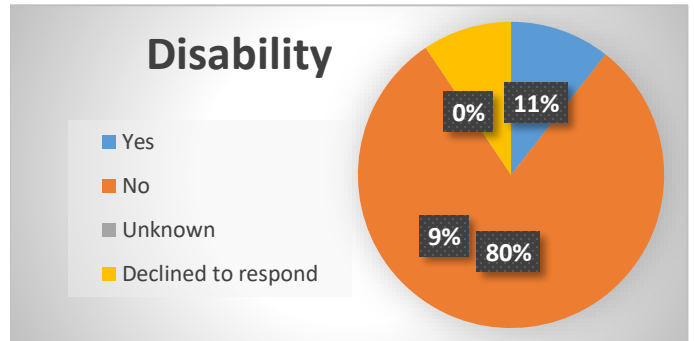
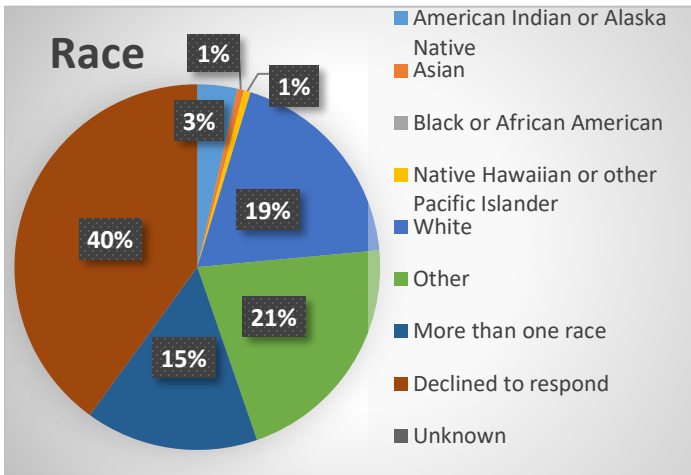
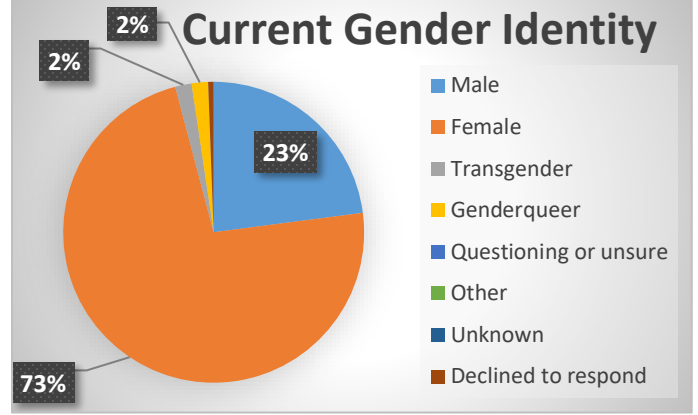
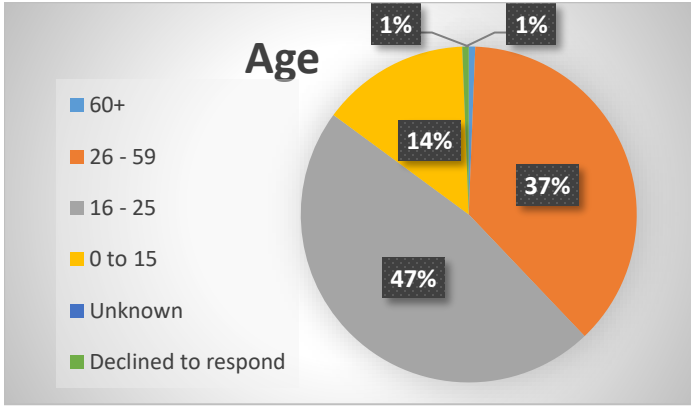
### FY 2023-2024 PROJECT STATISTICS

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

### 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 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](http://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

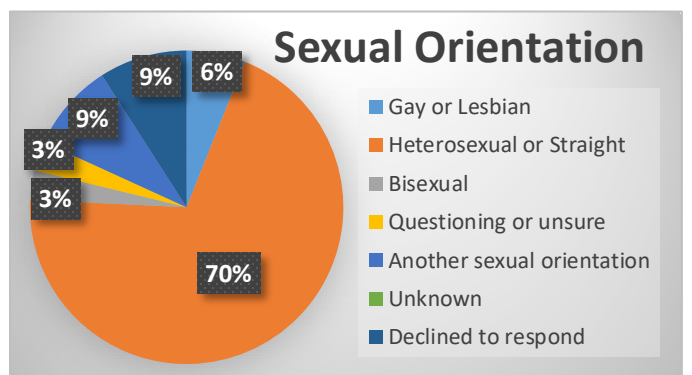
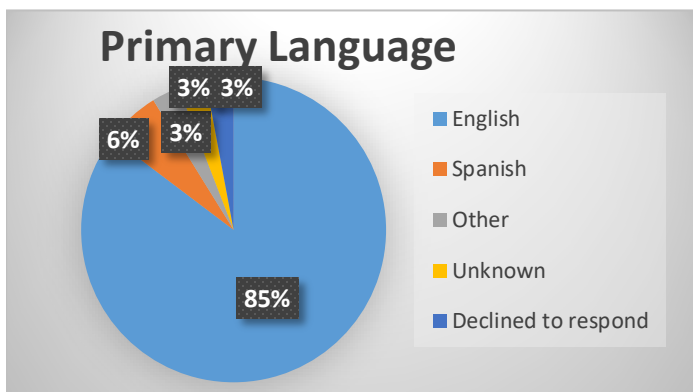
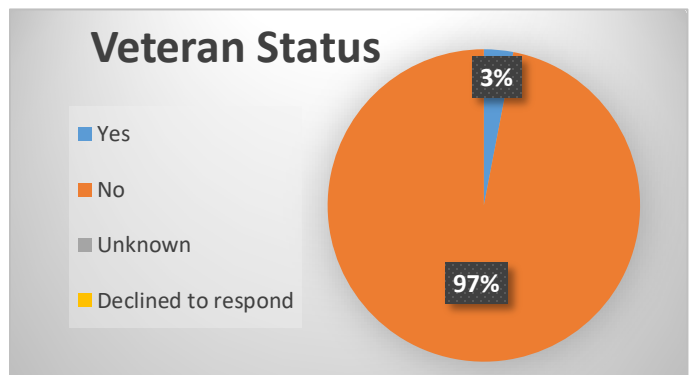
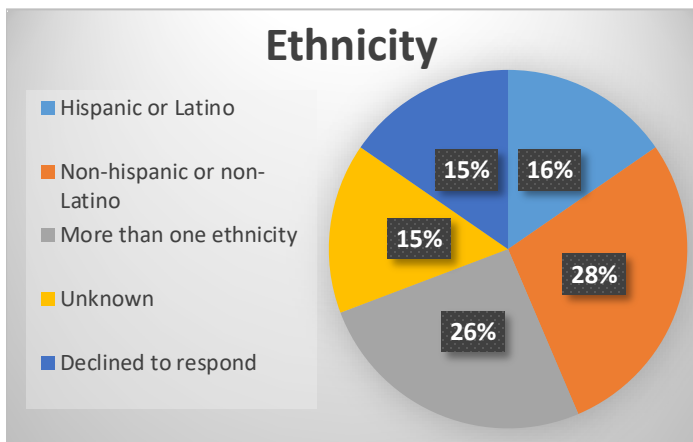
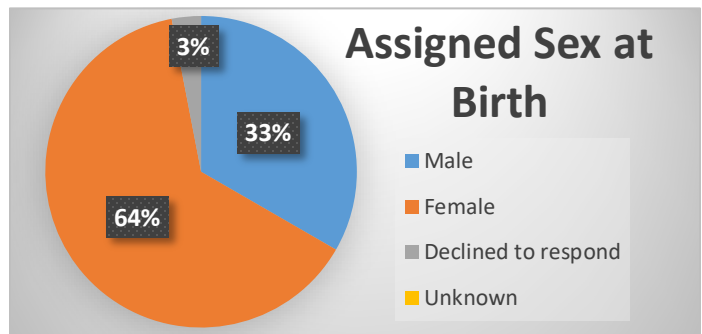
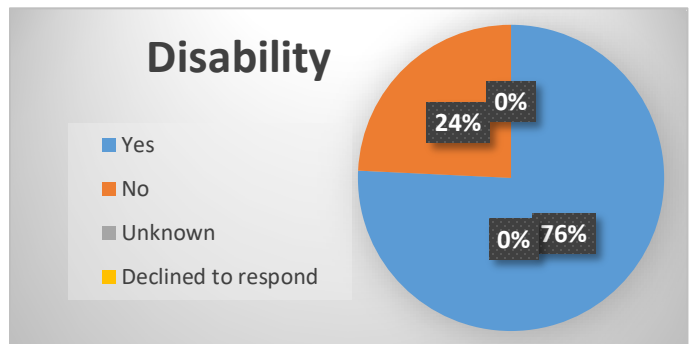
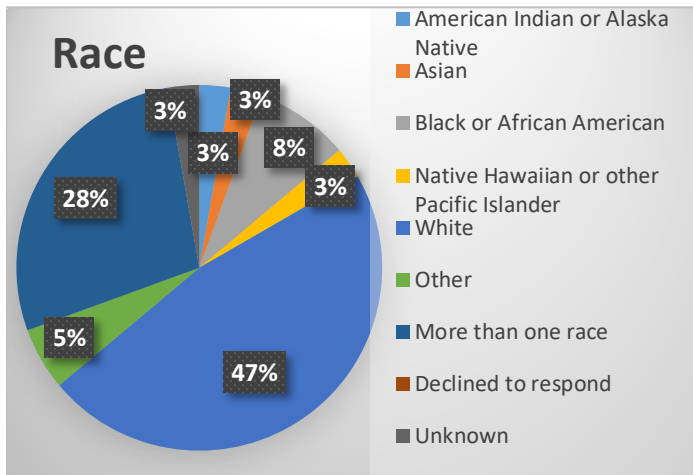
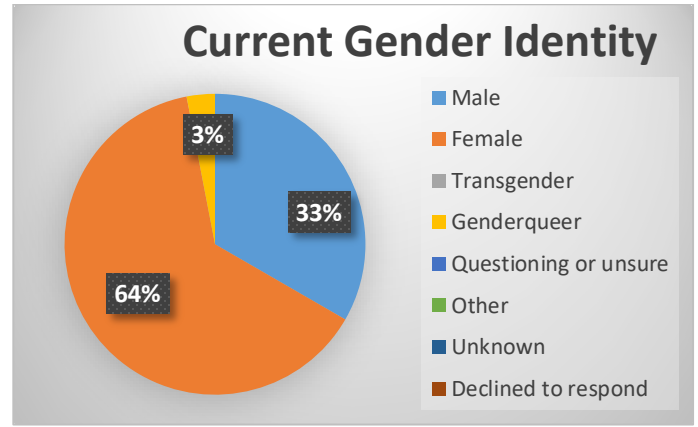
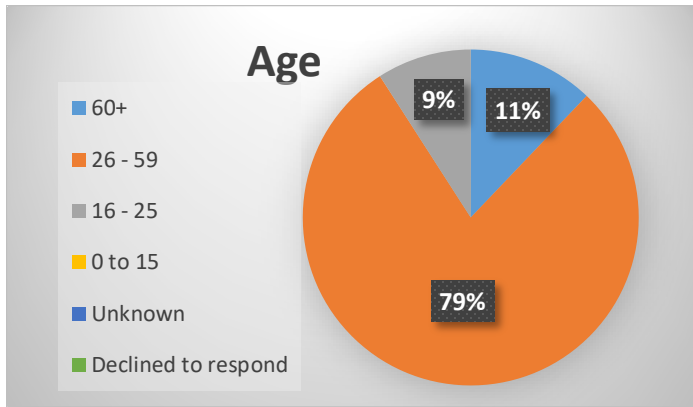
Four students completed their 160-hour internships, with one additional student beginning theirs. One intern transitioned from completing their internship at the FACT program to securing employment at Progress House. Continued mentorship and support for graduating participants and interns, ensuring ongoing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



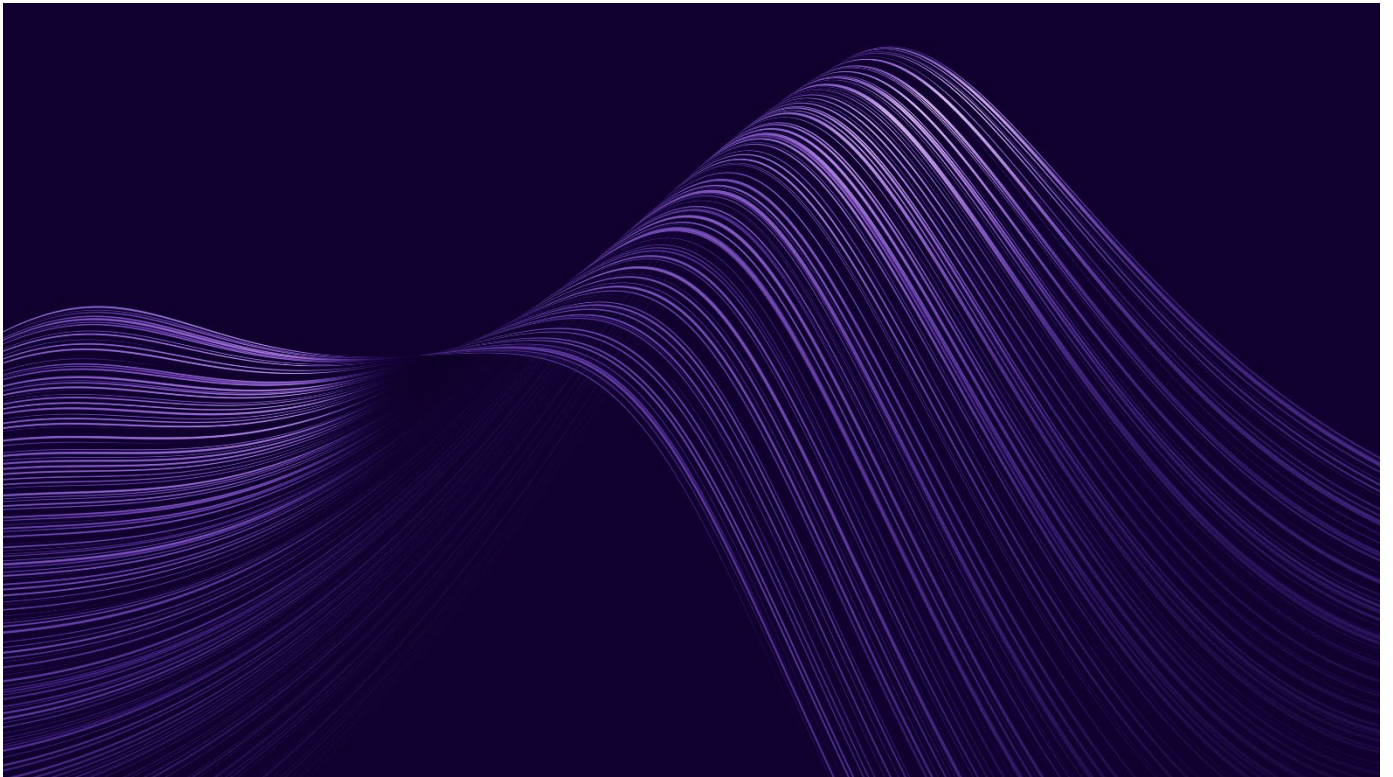
## FY 2023-2024 Program Demographics:



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







## 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**

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- **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)

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### *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:

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- **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](#)

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## 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](#)

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# **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.

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## 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.

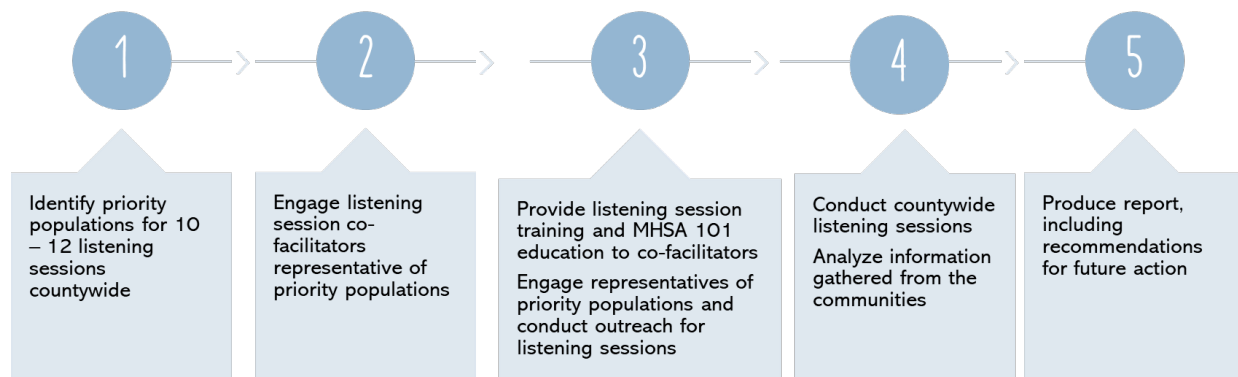


- Be inclusive: Commit to diverse multicultural and unserved, underserved and
- inappropriately served populations, Share responsibility and accountability
- Utilize the MHPA principles as foundational guidance
- Build capacity of community members: advocate for meaningful stakeholder participation, 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.

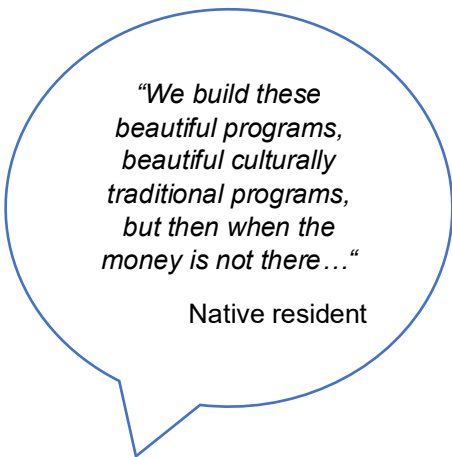
### **Sustained and Sustainable Culturally Relevant Care**

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.

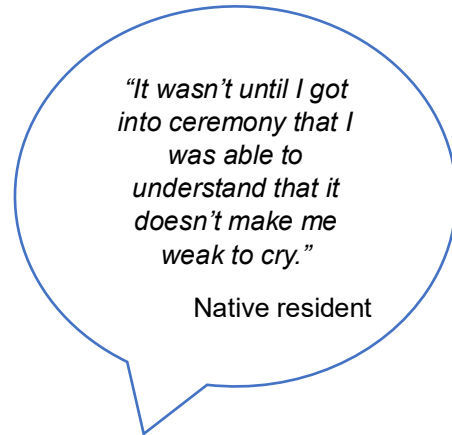
### **Cultural and Familial Norms**

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.