



SONOMA COUNTY MENTAL HEALTH BOARD Minutes of

May 16, 2023

**This Meeting:
Finley Center; Cypress Room**



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

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

This meeting's Zoom webinar audio recording will also be posted on the Mental Health Board web page as an attachment to these minutes.

CALL TO ORDER

Meeting called to order at 5:07 p.m. by Peterson Pierre

ROLL CALL

Present:

Michael Reynolds, District 2	Mary Ann Swanson, District 2 (via Zoom)
Michelle "Missy" Jackson, District 1	Connie Petereit, District 4
Bob Cobb, District 4	Peterson Pierre, District 1
Nicole LeStrange, District 5	Anabel Nygaard, District 3 (via Zoom)
Michael Johnson, District 3 (via Zoom)	

Excused: None

Absent: Betzy Chavez, District 1
Vanessa Nava, District 5
Peter McAweeney, District 4

County of Sonoma DHS, Behavioral Health Division: Jan Cobaleda-Kegler

Community Members: Kenia Leon, Nicole Nativida, Elizabeth Vermilyea, Mary Frances Walsh, , Kathy Smith, Becky Ennis, Leslie Petersen, Sharon Fujier, Eric Lofchie, Erika Khole

ANNOUNCEMENTS /PUBLIC INTRODUCTIONS & COMMENTS

- 1) You may submit agenda items for consideration prior to the Executive Committee meeting, normally held on the first Wednesday of each month, 10:30 AM to Noon. Email or call MHB clerk (707) 565-3476, DHS-MHB@sonoma-county.org to verify the next meeting date.
- 2) At this time, there are two (2) vacancies in District 2 (Rabbitt) and (1) vacancy in District 5. If you are interested in serving on the Board, please contact MHB Clerk (707) 565-4850, DHS-MHB@sonoma-county.org.
- 3) Please direct all your questions to the Chair.

APPROVAL OF MINUTES

Board approved April 2023 minutes

CONSUMER AFFAIRS REPORT

Eve Harstad; PEER Education Program Manager; County Community Services

Update: Just hired a new instructor to take over the training which will really free up her time as she learns about the budget and hiring of 12 PEER Support Specialists. She's been in communication with Dave Kiff, DHS Health & Human Services discussing how she can support interns at the Ventura encampment. Paulette Hall, who is in the Transitions Program did a walkthrough and is talking about getting a PEER Support specialist to offer a group class. Eve is looking into an application so that they can become a Medical PEER Certified Training Provider.

PUBLIC COMMENTS:

Erika Klohe, the Regional Director of Buckelew Programs over Sonoma & Napa spoke about how to reach In response, which is by calling the help line at 707- 575-HELP. This has expanded to offer both pre and post assistance with crisis. With further funding for the crisis intervention plan, they'll be treat pre and post vention, individual or family. They will do telehealth or in person, whatever is needed.

Eric Lofchie, Mental Health Chief at Santa Rosa City Schools has therapists working in most schools screening for psychiatric crisis and he just wanted to shout out to the In Response team for being so incredibly helpful. They come with and without law enforcement in teams of three.

MHB CHAIR'S REPORT:

At this time we have two (2) vacancies in District 2 (Rabbitt) and (1) vacancy in District 5. Sarah Reidenbach unfortunately had to resign to deal with personal reasons at this time.

Peterson Pierre and Bob Cobb did a site visit at the Wellness & Advocacy Center earlier in the day. They met with their Director, had a nice tour, however there were no attendees present since it was after hours. The attitude of staff was impressive, and they seem to have a lot of longevity.

MENTAL HEALTH BOARD APPRECIATION: County of Sonoma MHSA Team; Accepted by Melissa Ladrech

SPECIAL PRESENTATION – Mary-Frances Walsh – NAMI

NAMI has a small Grant to try and raise awareness of Tardive Dyskinesia – a disorder that causes involuntary physical movements. Many medications can cause this if used for a prolonged period of time. Risk factors are age (over 55) and also those who use substances. Many people are embarrassed from these movements, and withdrawal socially. Diagnosis is by an M.D. There is a pdf with information at the end of these minutes. (Please see informational flyer at the end of the minutes)

BEHAVIORAL HEALTH DIRECTOR'S REPORT/BH FISCAL UPDATE/MENTAL HEALTH SYSTEM: *Dr. Jan Cobaleda-Kegler or Designee Sonoma County's Mental Health Services Act [MHSA] newsletter is available at the link <http://www.sonoma-county.org/health/about/pdf/mhsa/>.*

There is a lot of change going on in Behavioral Health and she feels it is good changes, and is hopeful they will bring life to our system. Specifically, high staff vacancy rates, recruitment and retention issues and we are tackling this on several fronts.

Some of the exciting things that are going on –

4/18 – Presentation to the BOS our plan for the Drug Organized Medical delivery system. The plan was approved, and we can begin implementation. The process takes about a year, but once we have this implemented it will really change how we intervene with those who have drug and substance abuse issues. It represents a paradigm shift at how we look at people who struggle with drug addiction and alcoholism. Usually you'd get into trouble with the law, and the law would then say the person needs treatment.

5/2 – Mental Health Forum held by the BOS and BH. 250 people attended in person and online. There were 4 panels: SUDS, MH & Wellness in Youth & children, Suicide prevention and crisis services, and the last one was Workforce development issues. This panel has decided to get together quarterly to share the latest ideas, or what is or isn't working, etc.

Today, Jan and a few others presented the current status of our mobile crisis team to the Board. There are 3 teams, currently, the SAFE team in Petaluma, In response in Santa Rosa and our mobile support team which provides services to the entire county. The State requirements are that the units be available 24/7; 365 days, and be made up of (1) licensed person, the other does not have to be licensed. The state also wants us to have a Crisis Hotline to triage the calls, and dispatch teams. This should not involve law enforcement. We are still figuring out how we are going to do this. In Response does have a public number set up now, which gets passed on to 911. We have a deadline to be up and running by the end of this year.

The MHSA plan is ready to be presented to the public. Everyone will get to hear this plan at our June MHB meeting.

SPECIAL PRESENTATION – Melissa Ladrech LMFT; Section Manager for DHS MHSA

PowerPoint presentation attached at end of minutes



2023-5-16 MHB
Public Hearing MHS

BOARD AND PUBLIC COMMENTS/CONCERNS/ACCOMPLISHMENTS:

Elizabeth Vermilyea, Deputy Director at the Child Parent Institute – Addressed the new MHSA funding, the important issues that may change the funding as proposed by Governor Newsome. Specifically, diverting funds from prevention and early intervention into addressing homelessness, a very important issue, however according to Dr. Bruce Perry, a noted child trauma and early mental health specialist, providing pregnant persons with safety, security, stability, and support is the best inoculation against future outcomes like homelessness and substance abuse in the next generation. Please safeguard these funds.

About Tardive Dyskinesia

What Is Tardive Dyskinesia (TD)?

Prolonged use of certain mental health medicines (antipsychotics) may cause an involuntary movement disorder known as TD.¹⁻⁴ It is characterized by uncontrollable, abnormal, and repetitive movements of the face, torso, and/or other body parts.^{3,4} This can include hand or foot movements, rocking of the torso, lip smacking, grimacing, tongue protrusion, facial movements, or blinking, as well as puckering and pursing of the lips.²⁻⁴ TD is a chronic condition that is unlikely to improve without treatment.^{1,4}

What Causes TD?

Prolonged use of antipsychotics is thought to result in too much dopamine activity in the brain, which could lead to uncontrolled body movements known as TD.^{3,4} These medicines may have been prescribed to treat one of the following conditions^{3,4}:

- Depression
- Bipolar disorder
- Schizoaffective disorder
- Schizophrenia

Other prescription medicines used to treat upset stomach, nausea, and vomiting may also cause TD.

How Common Is TD?

TD affects approximately **600,000 people in the U.S.**^{1,5}

Approximately **70%, or 7 out of 10 patients living with TD, have not yet been diagnosed.**⁶

What Are Risk Factors for TD?



Older Age (55+)⁷



Substance Use Disorder⁸



Being postmenopausal⁹

What is the possible impact of TD?

TD can impact patients physically, socially, and emotionally.¹⁰ Patients may^{3,10-13}:



Experience difficulties with daily activities due to uncontrolled movements of TD



Feel embarrassed or judged by others



Withdraw from society and isolate themselves

How Is TD Diagnosed?

It is important that people who are taking antipsychotic medication be monitored for drug-induced movement disorders (DIMDs), such as TD. Screenings for DIMDs should include a physical assessment using a tool, such as the Abnormal Involuntary Movement Scale exam, and visual examination of the body.^{2,14} This can help diagnose DIMDs and determine next steps to finding the right treatment plan.

The American Psychiatric Association 2020 guidelines for the treatment of schizophrenia recommend screening for TD at least every¹⁴:

6 months
in high-risk
patients

and

12 months
for others at risk
of developing TD

Visit TalkAboutTD.com to download the [Doctor Discussion Guide](#) to show the exact location of movements during a doctor visit.

Learn more about TD, living with TD, and how to treat TD by visiting
TalkAboutTD.com

References:
1. Cloud LJ, Zutshi D, Factor SA. Tardive dyskinesia: therapeutic options for an increasingly common disorder. *Neurotherapeutics*. 2014;11(1):166-176. doi:10.1007/s13311-013-0222-5 **2.** Guy W. ECDEU Assessment Manual for Psychopharmacology. Revised 1976. Rockville, MD: National Institute of Mental Health; 1976. **3.** Task Force on Tardive Dyskinesia. Tardive Dyskinesia: A Task Force Report of the American Psychiatric Association. Washington, DC: American Psychiatric Association; 1992. **4.** American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Arlington, VA: American Psychiatric Association; 2013;712. **5.** Data on File. Neurocrine Biosciences. **6.** Data on File. Neurocrine Biosciences. **7.** Woerner MG, Alvir JM, Saitz BL, Lieberman JA, Kane JM. Prospective study of tardive dyskinesia in the elderly: rates and risk factors. *Am J Psychiatry*. 1998;155(11):1521-1528. doi:10.1176/ajp.155.11.1521 **8.** Miller DD, McEvoy JP, Davis SM, et al. Clinical correlates of tardive dyskinesia in schizophrenia: baseline data from the CATIE schizophrenia trial. *Schizo Res*. 2005;80(1):33-43. doi:10.1016/j.schres.2005.07.034 **9.** Seeman MV. Interaction of sex, age, and neuroleptic dose. *Compr Psychiatry*. 1983;24(2):125-128. doi:10.1016/0010-440x(83)90100-1 **10.** Ascher-Svanum H, et al. Tardive dyskinesia and the 3-year course of schizophrenia: results from a large, prospective, naturalistic study. *J Clin Psych*. 2008;69(10):1580-1588. doi:10.4088/jcp.v69n1008 **11.** Boumans CE, de Mooij KJ, Koch PA, van 't Hof MA, Zitman FG. Is the social acceptability of psychiatric patients decreased by orofacial dyskinesia? *Schizophr Bull*. 1994;20(2):339-344. doi:10.1093/schbul/20.2.339 **12.** Citrome L. Clinical management of tardive dyskinesia: five steps to success. *J. Neural Sci*. 2017;383:199-204. doi:10.1016/j.jns.2017.11.019 **13.** Yassa R. Functional impairment in tardive dyskinesia: medical and psychosocial dimensions. *Acta Psychiatrica Scandinavica*. 1989;80(1):64-67. doi:10.1111/j.1600-0447.1989.tb01301 **14.** Keepers G. A. (2021). The American Psychiatric Association Practice Guideline for the Treatment of Patients With Schizophrenia. *American Journal of Psychiatry*. Published September 1, 2020. Accessed December 1, 2022. <https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2020.177501>

Mental Health Services Act Public Hearing Hosted by The Mental Health Board

Melissa Ladrech, LMFT
MHSA Coordinator

5/15/2023



WELLNESS • RECOVERY • RESILIENCE



1

AGENDA

Highlights of the Mental Health Services Act (MHSA) Three-Year Plan & Expenditure Plan for 2023-2026

- MHSA Overview
- Mental Health Funding
- DRAFT Budget Expansion
- Expenditure Plan
- No Place Like Home Update

Highlights of the MHSA Annual Program Report for 2021-2022

5

Mental Health Services Act Components

Component	Acronym	% of Funds
Community Services & Supports	CSS	76%
Prevention & Early Intervention	PEI	19%
Innovation	INN	5%
Workforce, Education & Training	WET	Funded by CSS
Capital Facilities & Technology Needs	CFTN	Funded by CSS

5/15/2023

3

5 MHSA Components

Component	% of Funding	Sub-components
Community Services and Supports (CSS)	76% FSPs are to receive the majority of the CSS allocation WET, CFTN can be funded under CSS, as determined by the following additional funding guidelines: Up to 20% of the average year total of MHSA funds can be allocated from CSS to WET, CFTN, and a prudent reserve.	Full Service Partnerships General Service Development Outreach and Engagement
Prevention and Early Intervention (PEI)	19% Ages 0-25 should receive the majority of the PEI allocation	Prevention Early Intervention Recognition of Signs of Mental Illness Access and Linkage to Treatment Stigma & Discrimination Reduction Suicide Prevention
Innovation (INN)	5%	None
Workforce, Education and Training (WET)	Funding from CSS	None
Capitol Facilities and Technological Needs (CFTN)	Funding from CSS	None

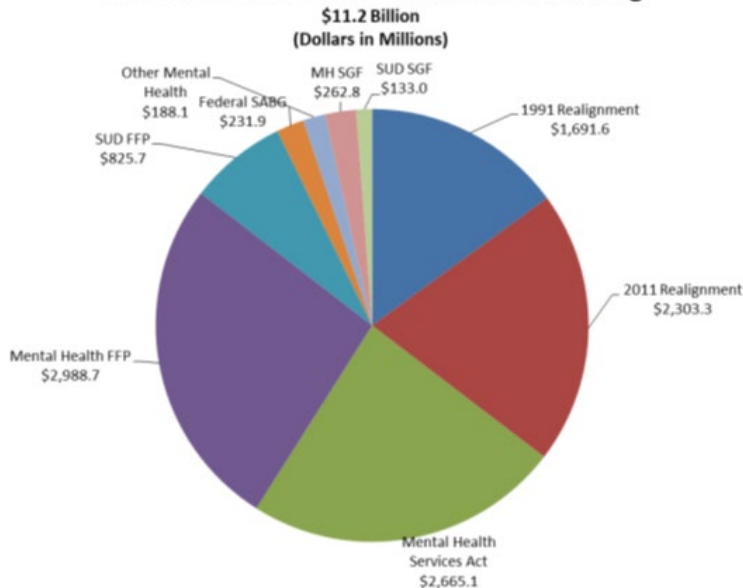
MHSA Core Guiding Principles

- Community Collaboratio**
 - Individuals, families, agencies, and businesses work together to accomplish a shared vision.
- Cultural Competence**
 - Adopting behaviors, attitudes, and policies that enable providers to work effectively in crosscultural situations.
- Wellness Focus: Recovery and Resilience**
 - People diagnosed with a mental illness are able to live, work, learn, and participate fully in their communities
- Client & Fam Driven Mental Health Services**
 - Adult clients and families of children and youth identify needs and preferences that result in the most effective services and supports.
- Integrated Service Experience**
 - Services for clients and families are seamless; Clients and families do not have to negotiate with multiple agencies and funding sources to meet their needs.

5/15/2023

5

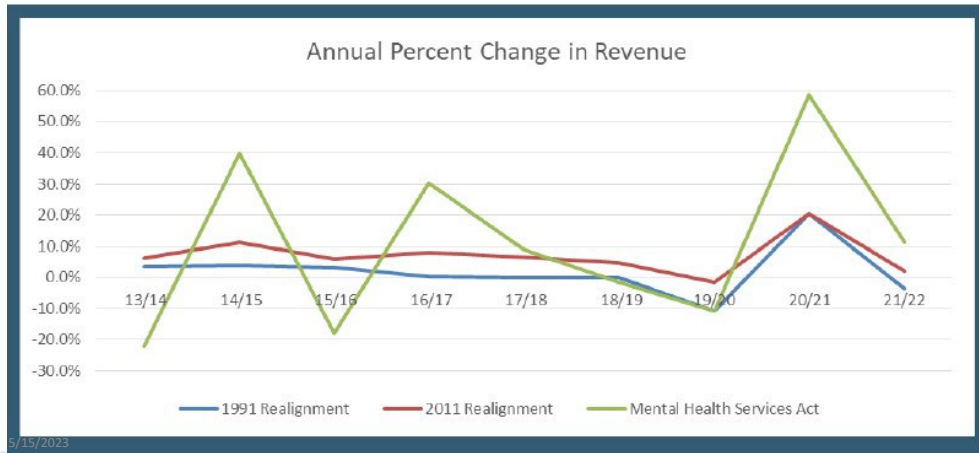
FY22-23 Estimated Behavioral Health Funding



5/15/2023

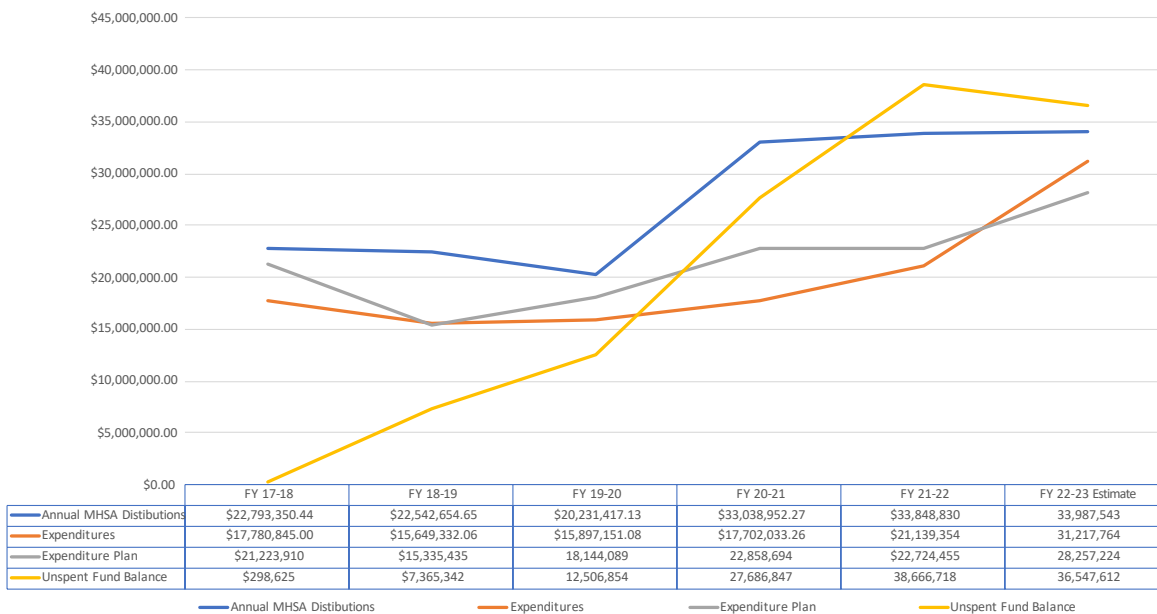
7

California Mental Health Funding Volatility of MHSAs Revenue



5/15/2023

Sonoma MHSAs Distributions, Expenditures and Fund Balance from 2017

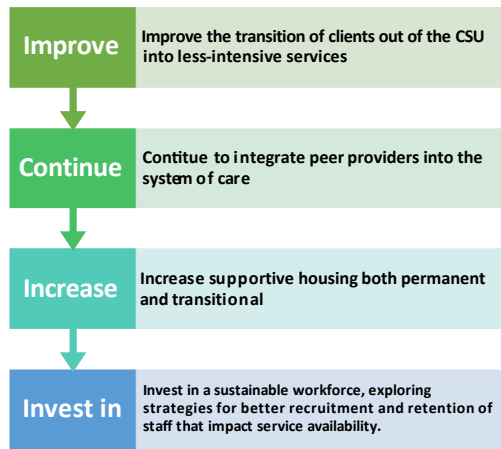


5/15/2023

9

MHSAs Draft
FY 23-26 Three
Year Plan

Key Findings from Recent Stakeholder Input & Capacity Assessment



5/15/2023

11

Moving Forward: Based on the recent capacity assessment and stakeholder input, the not yet approved **Draft MHPA FY 23-26 Three Year Plan** includes the following additions:

5/15/2023

- Integrate 12 new peer providers into county run teams to improve capacity, reduce wait times and improve outcomes
- Provide housing stipends, Flex Funds, & client engagement and incentives to increase client stability and improve outcomes
- Increase capacity in rural and outlying areas with 3 mobile clinics
- Increase housing capacity by creating additional permanent and supportive housing beds for individuals with serious mental health challenges
- Invest in workforce with Comprehensive Evidence Based Training program, stipends for interns & dedicated clinical supervision

Expansion Moving Forward: Draft MHPA FY 23 -26 additions to Expenditure	TOTAL MHPA Annual Cost
12 Peer Providers: including 1 Peer Supervisor (PCA)	\$1,700,000 +
3 Mobile Clinics/RVs	\$1,500,000
For FSP clients Housing stipend, Flex Funds, Client Engagement and Incentives	\$4,773,750
Permanent & Transitional Supportive Housing	\$6,000,000
1 PEI Coordinator	\$200,000
4 Care Navigators	\$540,000
1 First Episode Psychosis Outreach	\$155,000
1 WET Clinical Specialist	\$200,000
20 Student Intern Stipends	\$200,000
Comprehensive Training Program	\$500,000
6% COLA for MHPA Contractors	\$434,050
TOTAL	\$16,202,800

DRAFT MHSA FY 23-24 Expenditure Plan

	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs
Estimated FY 2023/24 Funding					
Estimated Unspent Funds from Prior Fiscal Years	25,892,760	9,178,767	3,097,819	0	0
Estimated New FY 23/24 Funding	23,194,606	5,798,651	1,528,970	0	0
Transfer in FY 2023/24a/	(2,607,095)	0	0	1,635,738	971,357
Access Local Prudent Reserve in FY 2023/24	0	0	0	0	0
Estimated Available Funding for FY 2023/24	46,480,271	14,977,418	4,626,789	1,635,738	971,357
Estimated FY 2023/24 MHSA Expenditures	42,783,357	6,664,547	2,613,428	1,635,738	971,357
Estimated FY 2023/24 Unspent Fund Balance	3,696,914	8,312,871	2,013,361	0	0

15

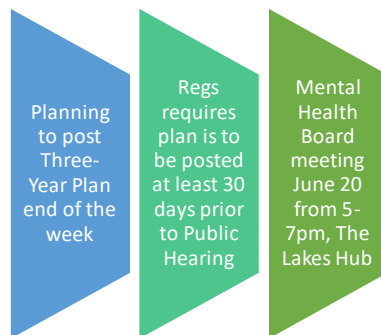
5/15/2023

NPLH Housing Projects

Project Sponsor	Project Name	Project City	Total Project Units	NPLH Units	Current Status
Danco Communities	Sage Commons	Santa Rosa	53	26	Opened April 2022
Danco Communities	Orchard Commons	Santa Rosa	45	10	Opened January 2023
Burbank Housing Development Corp.	Caritas Home, Phase 1	Santa Rosa	212	30	Opening Summer 2023
Burbank Housing Development Corp.	Petaluma River Place Apartments	Petaluma	50	15	Pending
Mid-Pen Housing	Petaluma Blvd. North	Petaluma	40	15	MOU completed

16

Posting Plan & Mental Health Board Meetings and 2 Public Hearings

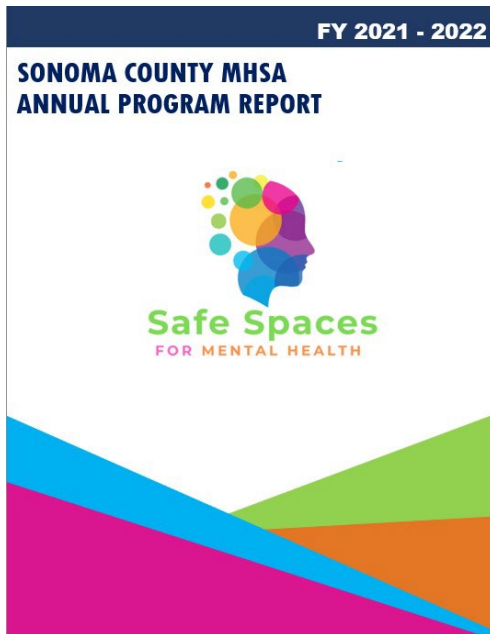


18

MHSA Annual Program Report FY 21-22

SONOMA COUNTY MHSA ANNUAL PROGRAM REPORT

Summary report and highlights from MHSA funded programs in FY 2021-2022

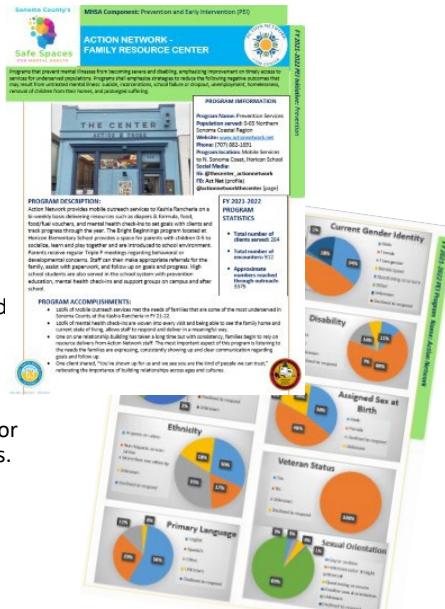


Notes about the Data in the Report:

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.

What's in the MHSA Annual Program Report section for FY 21-22?

- A report from each FY 2122 MHSA funded program.
- Each report may include:
 - Program information
 - Program descriptions
 - Numbers of individuals served
 - Program outcomes
 - Demographic information
 - Program accomplishments
 - Client or staff stories, quotes or notable changes or challenges.



Community Services & Supports in FY 2122

Type of Sub-component	Name of Program	Ages	Numbers
Full Service Partnerships	Family Advocacy, Stabilization and Support Team (FASST)	0-20	457
	Transition Age Youth Team (TAY)	18-25	66
	Forensic Assertive Community Treatment (FACT) Team	18+	64
	Integrated Recovery Team (IRT)	18+	107
	Older Adult Intensive Team (OAIT)	60+	68
General System Development (GSD)	DHS-BHD Collaborative Treatment and Recovery Team	18+	365
	DHS-BHD Community Mental Health Centers	18+	295
	DHS-BHD Mobile Support Team (MST)	All	193
	Buckelew Programs- CTRT System Navigation	16+	295
	Buckelew Programs- Family Service Coordination	16+	1,301
	Council on Aging - Senior Peer Support	60+	55
	National Alliance on Mental Illness (NAMI)	16+	5,529
	Sonoma County Human Services Department Job Link	18+	10
	Telecare ACT	18+	60
	West County Community Services (WCCS) - Senior Peer Counseling	55+	80
	WCCS - Crisis Support	All	67
WCCS - Peer Centers	16+	809	
Outreach & Engagement (OE)	DHS-BHD Whole Person Care (WPC)	16+	1,406
	Sonoma County Indian Health Project- Community Programs	18+	162
Total			11,322

Prevention and Early Intervention Programs FY 21 -22

Type of Program	Name of Program	Population of Focus	Number Served in FY 21-22	Outreach in FY 21-22
Prevention	Action Network Community	Rural: Northwest County	264	912
	Baptist Church Collaborative	African American	179	211,508
	Latino Service Providers	Latino	268	22,876
	Positive Images	LGBTQI	196	1,001
	Sonoma County Indian Health Project	Native American Older	28	1,000
	Older Adult Collaborative	Adults	2,926	
Early Intervention	Child Parent Institute	0-5 years old and their caregivers	311	12,143
	Early Learning Institute		1646	50,000+
Access and Linkage to Treatment	DHS-BHD Adult Access Team	18 years old and older	446	
	Youth Access Team	0-18	402	
Stigma & Discrimination	Santa Rosa Junior College	Transitional Aged Youth 16-25 years old	468	1,697
Suicide Prevention	Buckelew's North Bay Suicide Prevention Program	General Population	2,321	5,493
Total for PEI			9,455	288,994

Meeting adjourned 6:58 p.m

Respectfully submitted by:

Susan Sarfaty
Mental Health Board Secretary

ABBREVIATIONS & ACRONYMS

5150	Declared to be a danger to self and/or others
AB3632	Assembly Bill - State-mandated MH services for seriously emotionally disturbed youth - discontinued by State
ACA	Affordable Care Act
ACL	All County Letter
ACT	Assertive Community Treatment (program run by Telecare)
ANSA	Adult Needs and Strengths Assessment – a “tool” for determining which services are needed by each particular adult client
AODS	Alcohol and Other Drugs Services – now a part of the Mental Health Division and called SUDS
ART	Aggression Replacement Therapy
BHD	Behavioral Health Division (Sonoma County)
CADPAAC	County Alcohol and Drug Program Administrators’ Association of California
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CalEQRO	California External Quality Review Organization
CALMHB/C	California Association of Local Mental Health Boards & Commissions - comprised of representatives from many MHBs in the State
CANS	Child, Adolescent Needs and Strengths (Assessment) – helps determine which services are needed by each child client
CAPE	Crisis Assessment, Prevention, and Education Team; goes into the schools when called to intervene in student mental health matters
CAPSC	Community Action Partnership-Sonoma County
CARE	California Access to Recovery Effort
CBT	Cognitive Behavioral Therapy
CCAN	Corinne Camp Advocacy Network - Peers involved in mental health advocacy
CDC	Sonoma County Community Development Commission
CDSS	California Department of Social Services
CFM	Consumer and Family Member
CFR	Code of Federal Regulations
CFT	Child Family Team
CHD	California Human Development

CHFFA	California Health Facilities Financing Authority
CIP	Community Intervention Program
CIT	Crisis Intervention Training (4-day training for law enforcement, to help them identify and respond to mental health crisis situations)
CMHC	Community Mental Health Centers, Located in Petaluma, Guerneville, Sonoma, and Cloverdale (part of SCBH))
CMHDA	California Mental Health Directors Association
CMHL	SCBH's Community Mental Health Lecture series - open to the public - usually takes place monthly
CMS	Centers for Medicare and Medicaid Services
CMSP	County Medical Services Program - for uninsured, low-income residents of the 35 counties participating in the State program
CONREP	Conditional Release Program (State-funded, SCBH-run, but will be turned over to the State 6/30/14)
CPS	Child Protective Service
CPS (alt)	Consumer Perception Survey (alt)
CRU	Crisis Residential Unit (aka Progress Sonoma-temporary home for clients in crisis, run by Progress Foundation)
CSU	Crisis Stabilization Unit (Sonoma County Behavioral Health's psychiatric emergency services at 2225 Challenge Way, Santa Rosa, CA 95407)
CSAC	California State Association of Counties
CSN	Community Support Network (contract Provider)
CSS	Community Services and Support (part of Mental Health Services Act-MHSA)
CWS	Child Welfare Services
CY	Calendar Year
DAAC	Drug Abuse Alternatives Center
DBT	Dialectical Behavioral Therapy
DHCS	(State) Department of Health Care Services (replaced DMH July 1, 2011)
DHS	Department of Health Services (Sonoma County)
DPI	Department of Program Integrity
DSRIP	Delivery System Reform Incentive Payment
EBP	Evidence-basis Program or Practice
EHR	Electronic Health Record
EMR	Electronic Medical Record
EPSDT	Early and Periodic Screening, Diagnosis and Treatment (Children's Full Scope Medi-Cal to age 21)
EQRO	External Quality Review Organization (annual review of our programs by the State)
FACT	Forensic Assertive Community Treatment
FASST	Family Advocacy Stabilization, Support, and Treatment (kids 8-12)
FQHC	Federally Qualified Health Center
FY	Fiscal Year
HCB	High-Cost Beneficiary
HIE	Health Information Exchange
HIPPA	Health Insurance Portability and Accountability Act
HIS	Health Information System

HITECH	Health Information Technology for Economic and Clinical Health Act
HSD	Human Services Department
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
IHT	Integrated Health Team (medical and MH services for adults)
IPU	Inpatient Psychiatric Unit
IRT	Integrated Recovery Team (for those with mental illness + substance use issues)
IMDs	Institutes for Mental Disease (residential facilities for those unable to live on their own)
INN	Innovation (part of MHSA)
IT	Information Technology
JCAHO	Joint Commission on Accreditation of Healthcare Organizations - accredits hospitals & other organizations
LEA	Local Education Agency
LG	Los Guilicos-Juvenile Hall
LGBQQTI	Lesbian/Gay/Bisexual/Queer/Questioning/Transgender/Intersexed (also LGBTQ)
LOS	Length of Stay
LSU	Litigation Support Unit
M2M	Mild-to-Moderate
MADF	Main Adult Detention Facility (Jail)
MDT	Multi-Disciplinary Team
MHB	Mental Health Board
MHBG	Mental Health Block Grant
MHFA	Mental Health First Aid
MHP	Mental Health Plan
MHSA	Mental Health Services Act
MHSD	Mental Health Services Division (of DHCS)
MHSIP	Mental Health Statistics Improvement Project
MHST	Mental Health Screening Tool
MHWA	Mental Health Wellness Act (SB 82)
MOU	Memorandum of Understanding
MRT	Moral Reconciliation Therapy
MST	Mobile Support Team - gets called by law enforcement to scenes of mental health crises
NAMI	National Alliance on Mental Illness
NBSPP	North Bay Suicide Prevention Project
NOA	Notice of Action
NP	Nurse Practitioner
OSHPD	Office of Statewide Health Planning and Development - the building department for hospitals and skilled nursing facilities in state
PA	Physician Assistant
PAM	Program Assessment Matrix Work Group
PATH	Projects for Assistance in Transition from Homelessness
PC 1370	Penal Code 1370 (Incompetent to Stand Trial, by virtue of mental illness)
PCP	Primary Care Provider (medical doctor)
PES	Psychiatric Emergency Services – (open 24/7 for psychiatric crises – 2225 Challenger Way, Santa Rosa, CA 95407)

PEI	Prevention and Early Intervention (part of Mental Health Services Act-MHSA)
PHF	Psychiatric Health Facility
PHI	Protected Health Information
PHP	Parker Hill Place - Telecare's transitional residential program in Santa Rosa
PHP	Partnership Health Plan
PIHP	Prepaid Inpatient Health Plan
PIP	Performance Improvement Project
PM	Performance Measure
PPP	Triple P - Positive Parenting Program
PPSC	Petaluma People Services Center
QA	Quality Assurance
QI	Quality Improvement
QIC	Quality Improvement Committee
QIP	Quality Improvement Policy (meeting)
QIS	Quality Improvement Steering (meeting)
RCC	Redwood Children's Center
RFP	Request for Proposals (released when new programs are planned and contractors are solicited)
RN	Registered Nurse
RRC	Russian River Counselors
ROI	Release of Information
SAR	Service Authorization Request
SB	Senate Bill
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SCBH	Sonoma County Behavioral Health
SCOE	Sonoma County Office of Education
SDMC	Short-Doyle Medi-Cal
SED	Seriously Emotionally Disturbed
SELPA	Special Education Local Planning Area
SMHS	Specialty Mental Health Services
SMI	Seriously Mentally Ill
SNF (Sniff)	Skilled Nursing Facility
SOP	Safety Organized Practice
SPMI	Serious Persistent Mental Illness (or Seriously Persistently Mentally Ill)
SUDs	Substance Use Disorders Services (formerly AODS)
SWITS	Sonoma Web Infrastructure for Treatment Services
TAY	Transition Age Youth (18-25)
TBS	Therapeutic Behavioral Services
TFC	Therapeutic Foster Care
TSA	Timeliness Self-Assessment
VOMCH	Valley of the Moon Children's Home
WET	Workforce Education and Training (part of MHSA)
WCCS	West County Community Services
WCHC	West County Health Centers
WPC	Whole Person Care

WRAP	Wellness Recovery Action Plan
WRAP (alt)	Working to Recognize Alternative Possibilities (alt)
Wraparound	Community-based intervention services that emphasize the strengths of the child and family
YS/Y&F	Youth Services/Youth & Family (Sonoma County Behavioral Health)
YSS	Youth Satisfaction Survey
YSS-F	Youth Satisfaction Survey-Family Version