



SONOMA COUNTY MENTAL HEALTH BOARD Minutes of

May 21, 2024

The Hub at 2245 Challenger Way

Santa Rosa, CA



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

Start time – 5:06 p.m.

ROLL CALL

Present:

Michael Reynolds
Bob Cobb
Graham Thomas
Peterson Pierre
Connie Petereit
Brad Katuna (late; went to Finely Center)
Irene Aguilar (via Zoom)
Kathleen Miller
Gregory Fearon

Absent:

Denia Candela (was not given enough notice after taking oath of office)
Michael Johnson
Vanessa Nava

PEERS Coalition Representative; SRJC: Valeria Corona (absent)

County of Sonoma DHS, Behavioral Health Division: Jan Cobaleda-Kegler (present, Via Zoom)

COMMUNITY MEMBERS:

In person: Kathy Smith, Daren Reed, Mary Frances Walsh

Via Zoom: Eve Harstad, Suzanne Winters

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) APPROVAL OF MINUTES – February, March & April – Quorum present and approved

3) **ANNOUNCEMENTS /PUBLIC INTRODUCTIONS & COMMENTS**

New member, Kathleen Miller questioned the rules in the Brown Act and why the board is not following them with regards to meeting in person and still being able to vote. Michael Reynolds corrected her with the actual rules, which limit Zoom attendance by board members to travel or illness, and limits to two times per year.

Kathleen then stated that she is not comfortable driving on the freeways at night. The MHB application clearly states the following: It is required that board members attend all scheduled meetings in person throughout their term of service. "Applications are signed and acknowledged prior to submittal. If appointed, you agree to attend all scheduled meetings in person as required." Upon appointment, members also receive a copy of the current ByLaws, which cover specifics on attendance as well.

4) **CONSUMER AFFAIRS REPORT** – Eve Harstad; Wellness & Advocacy Center

Board Member Gregory Fearon pointed out that when reading the events, there is no way to capture what is actually happening and when. Board member Graham Thomas concurred, as did attendee Mary Frances Walsh of NAMI. Moving forward, Eve will either share her calendar over Zoom, and send to me to attach to the minutes each month.

Gregory also requested that all future meeting dates are posted for the year.



Consumer Report
May 21st 2024.pdf

5) **MHB CHAIR'S REPORT:**

Board Member Openings by District:

- (0) Vacancies in District 1
- (1) Vacancy in District 2 (Rabbitt)
- (1) Vacancy in District 3 (Coursey)
- (0) Vacancies in District 4 (Gore)
- (0) Vacancies in District 5 (Hopkins)

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

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

Vice Chair Michael Reynolds announced that literally a few hours ago, he was offered and accepted a promotion as Peer Division Director at WCCS. This comes literally moments before the formal vote for 2024 Elections was to be held, and therefore, he must withdraw his nomination for Chair. Michael must also resign from the MHB effective May 31, 2024 as his new duties will not permit him time to be a member. He does, however, intend on attending meetings whenever he can, just as an attendee. Huge THANK YOU to Michael for all he has done these past few years.

This announcement changed the course of the Elections portion of the meeting. After a very lengthy discussion, however, the board voted unanimously to elect the following to hold positions effective July 1, 2024:

- Connie Peteriet: Chair
- Graham Thomas: Vice Chair
- Irene Aguilar: CALBHB/C Representative

MENTAL HEALTH BOARD APPRECIATION: Presented to Dr. Jan Cobaleda-Kegler, Director of Behavioral Health, in honor of her two years with the County and all the amazing work she has done.

SRJC PEER REPORT: - No report this month or for the summer; Valeria has advised that she will be transferring next quarter and is in her final weeks. Susan will reach out to SRJC in the Fall Semester.

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

Distributed Measure O pamphlets- it's a wonderful recap of all programs supported and funded by Measure O for FY 22/23. Gregory Fearon, Board Member and Measure O Oversight Committee member stated that we receive about 32 million dollars each year. We did not spend all the money in the first or second year, and have a huge balance. Chair Shirley Zane and he jumped all over the committee stating we had to get this money out to schools. In FY 24/25, we are trying to get it out the door. We will use a lot more than 30 million this year.

Dr. Jan . stated that here has been a lot of negative press about the fund balance, which paints a negative picture of departmental services. However, it also shows fiscal restraint which was important because if you look at the budget of what we spend Measure O on, some of these services are extremely expensive. Long Term Care Facilities that are not locked, our PHF, the psychiatric Health Facility at West Village as examples. Measure O also supports our Crisis Stabilization unit which is right next door, and has funded our MST. So actually, she is very thankful have this Measure O money. As referenced before, the 24/7 Mobile Crisis Team was mandated by the state yet no funds were provided. We are almost 100% live with our MST. Next year will reflect 13 million spent, which is what the voters wanted to see, and makes the Oversight Committee very happy.

There will be an RFP going out later in the summer to spend down more of this money. Providers in the community will be able to submit proposals to et some of that money to do some programming in the community. The other thing we will be using Measure O money for is the Behavioral Health Schools partnership. We will grow teams in the various cities as we go.

SPECIAL PRESENTATION – Dr. Jan Cobaleda-Kegler now presenting on several BH Topics that have all been happening simultaneously. Bridge Housing, Care Court, SB 43 and the MST update. There will be another program that is very exciting on the horizon, but she will go into that another time. It is called BH-Connect. If we can opt into it and participate, it would be really good for our system. It has to do with working for for services for people who are in what we call the “high end service delivery center” (they end up in hospital), then are released back into the community, so it's all about that.

Attached at the end of these minutes are the Power Points she presented.

Meeting adjourned: 7:16pm

Respectfully submitted by:

Susan Sarfaty

Mental Health Board Secretary

Bridge HOUSING/CARE COURT SLIDES:



BRIDGE HOUSING UPDATE

5/21/2024

INTERIM HOUSING

Behavioral Health(BH) clients with severe mental illness and/or co-occurring substance use disorder (SUD) issues

Temporary shelter for homeless adults with mental illness who are willing to receive treatment as well as for their minor children

6 to 12 months stay

Enhanced supports to help homeless BH clients to quickly exit to permanent housing.

POPULATIONS SERVED

CARE Court participants

Clients in recovery undergoing SUD treatment

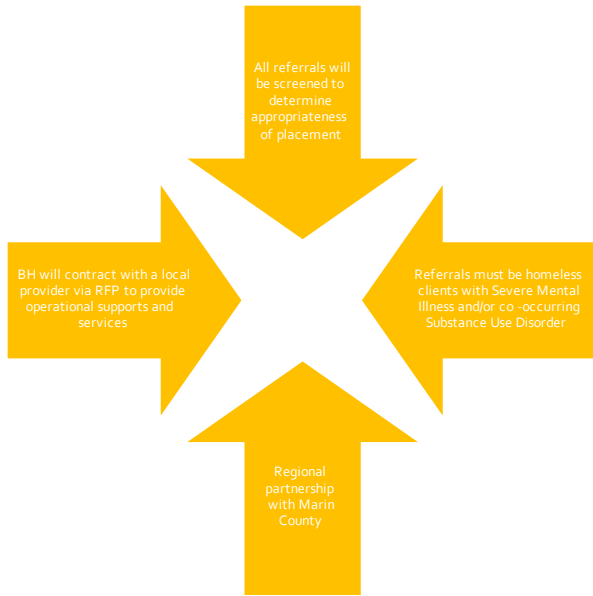
Clients discharging from jail, hospitals, long term locked care facilities, the Sonoma Co Psychiatric Health Facility(PHF), the Crisis Stabilization Unit(CSU), Crisis Residential

Youth transitioning out of foster care

Any BH client struggling with homelessness

BRIDGE HOUSING SERVICES





BEHAVIORAL HEALTH HOUSING COORDINATOR WILL PROVIDE "GATEKEEPING"



BRIDGE HOUSING PLAN

- DHCS Behavioral Health Bridge Housing (BHBH) application submitted April 2023
- Application approved. Contract executed.
- BHBH Plan submitted January 16, 2024
- Plan includes: 440 Arrowood, Santa Rosa – 71 beds
- Currently completing renovations and preparing for occupancy.
- RFP for site services provider to be released in the coming weeks.
- Tentative opening day –
-
-

CALIFORNIA BEHAVIORAL HEALTH REFORMS IMPACTING COUNTY BEHAVIORAL HEALTH (2022-2024)

New Medi-Cal Benefits

- 24/7 Mobile Crisis Services
- 90-Day Jail In-Reach
- Peer Support Specialists (option)
- Contingency Management (option)
- Mental Health IMD (option)
- Community Health Workers (option)
- First Episode Psychosis (BHSA)
- ACT/FACT (BHSA)
- Evidence Based Practices (BHSA)
- Supported Employment (BHSA)
- Housing (BHSA)
- Enhanced Care Management*
- Community Supports (option)*

Program/Quality Reforms

- BH Payment Reform
- BH Eligibility Criteria
- Mental Health & SUD Plan Integration
- Documentation Reform
- BH Quality Incentive Program
- Comprehensive Quality Strategy

- CPT Coding
- Fiscal Reporting (BHSA)
- Outcomes Accountability (BHSA)
- FSP Levels of Care (BHSA)
- SB 525 Min Wage
- Centers of Excellence
- Network Adequacy
- Cultural Competence Plan Reform

Children & Youth Behavioral Health Initiative

- School-Linked Fee Schedule
- FFPSA
- AB 2083
- OYCR
- Incentive Pool

Infrastructure (Treatment & Housing)

- Behavioral Health Continuum Infrastructure Program (\$2.2 billion)
- \$6.2 billion bond (BHSA)
- No Place Like Home
- Community Care Expansion (CCE)
- Workforce Funding
- Data Exchange

LPS & Crisis Continuum

- SB 43 Grave Disability Criteria
 - Involuntary SUD
 - New medical and personal safety
 - AB 2275
 - AB 2242
- 988
- Cohort 1 in 2023
- Cohort 2 in 2024

Housing/Homelessness

- BHSA Housing Category
- Behavioral Health Bridge Housing

Department of State Hospitals

- Community Based Restoration
- Diversion
- Growth Cap/Penalties

New Initiatives

- CARE Court

Parity

- Commercial Plan Contracting Requirement (BHSA)



CARE COURT SENATE BILL SB 1338

Community Assistance,
Recovery and
Empowerment Act

CARE COURT A NEW FRAMEWORK

It will provide community-based behavioral health services and supports to Californians living with untreated schizophrenia spectrum or other psychotic disorders through a new civil court process

A proposed framework to deliver mental health and substance use disorder services to the most severely impaired Californians who often languish—suffering homelessness or incarceration—without the treatment they desperately need

It will connect a person in crisis with a "court-ordered" CARE Plan for up to 12 months, with the possibility to extend for an additional 12 months

UPSTREAM DIVERSION
PREVENTS MORE RESTRICTIVE CONSERVATORSHIPS
OR
INCARCERATION
PRESERVES SELF -DETERMINATION & COMMUNITY LIVING

Evidence demonstrates that many people can stabilize—begin healing—and exit homelessness in less restrictive, community-based care setting

SB 1338 believes individuals who have historically suffered tremendously on the streets or during avoidable incarceration can be successfully stabilized and supported in the community with the right clinical team and housing plan that incorporates the new advances in treatment models and the new longer acting antipsychotic treatments

CARE Court could be appropriate: 1) following a short-term involuntary hospital hold (72 hours/5150 or 14 days/5250), 2) after an arrest, or 3) safely diverting from a criminal proceeding

WHO IS ELIGIBLE?

18 years old or older

Diagnosis of schizophrenia spectrum disorder or other psychotic ailments in that class as defined by the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM V) not currently stabilized by treatment

Additionally, the person must be deteriorating substantially and "unlikely to survive safely in the community without supervision," or at risk of a relapse or deterioration that would result in "grave disability or serious harm to the person or others."

WHAT IS THE PLAN AND THE PROCESS?

PROVIDE CARE AND PREVENT INSTITUTIONALIZATION

[HTTPS://WWW.CHHS.CA.GOV/WP-CONTENT/UPLOADS/2022/09/CARE-COURT-FAQ_WEB-1.PDF](https://www.chhs.ca.gov/wp-content/uploads/2022/09/CARE-COURT-FAQ_WEB-1.PDF)

- **INITIATING A TREATMENT PLAN.** A family member, behavioral health provider, or first responder, etc. petitions a judge to order an evaluation of an adult with an untreated psychotic disorder (such as schizophrenia) who is in severe need of treatment and, in some cases, housing.
- **CLINICAL EVALUATION ORDERED BY JUDGE** after a reasonable likelihood of meeting the criteria is found. The judge appoints a legal counsel (public defender) and the participant may choose a volunteer CARE Supporter. The Supporter helps the CARE participant understand the options available in the program so the recipient can make decisions with as much autonomy as possible. The court reviews the clinical evaluation and if the individual meets criteria the court orders the development of a CARE Plan.
- **THE CARE PLAN** developed by the participant, county behavioral health, and the CARE Supporter can include behavioral health treatment, medication, substance abuse treatment, social services, and housing specific to the individual's needs.
- **COURT FOLLOW UP AND MONITORING THE PLAN** The court may issue orders necessary to support the CARE recipient in accessing housing and services, including sanctions on providers and local governments agencies if they fail to provide court-ordered services or treatment. The court will hold regular status hearings as needed throughout this process

CARE COURT DETAILS

CARE Court applies only to a small distinct group of adults struggling with under or untreated Schizophrenia spectrum and other psychotic disorders who meet criteria

CARE Court differs Mental Health LPS Conservatorship. It does not include custodial settings or long term involuntary medications.

CARE Court provides a new CARE Supporter role to empower the individual in directing their care

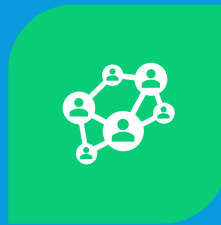
The CARE Plan is no longer than 12 or, if extended, 24 months

An individual who does not participate in the courtordered CARE Plan may be subject to additional court hearing(s). If a participant can not successfully complete a CARE Plan, they may be referred the Court for a Conservatorship.

IMPLEMENTATION TIMELINE



1. FIRST COHORT: SEVEN COUNTIES IMPLEMENTED OCTOBER 1, 2023.



GLENN, ORANGE, RIVERSIDE, SAN DIEGO, STANISLAUS, TUOLUMNE, AND CITY/COUNTY OF SAN FRANCISCO



2. SECOND COHORT: REMAINDER OF COUNTIES TO IMPLEMENT NO LATER THAN DECEMBER 1, 2024.

SONOMA COUNTY IMPLEMENTATION TIMELINE
DECEMBER 2024

Initial planning funds were issued to the Second Cohort Counties. Sonoma County received \$300K to begin planning.

Preliminary meetings have been held with the County CAO's office. Department of Health Services (DHS) is taking the lead on planning.

Workgroup to be formed to include: DHS, Probation, Public Defender, District Attorney, and the Courts.

DHS will be conducting stakeholder meetings for input into the plan.

DHS-Behavioral Health will develop a Care Court Cohort to case manage the referrals for this population.

More information will be forthcoming as the planning kicks into high gear.

DRUG MEDICAL DELIVER SYSTEM SLIDES (ODS)

Sonoma County DHS
Drug Medi-Cal Organized
Delivery System (ODS)
Application

Background

- ▶ DHS requested Board of Supervisors approval for Sonoma County to apply to expand its Substance Use Disorder (SUD) service system in 2023.
- ▶ In 2015, the California Dept of Health Care Services (DHCS) offered counties the opportunity to expand SUD services by transitioning from Drug Medi-Cal (DMC) State Plan systems to DMC Organized Delivery Systems (ODS).
- ▶ DMC ODS is designed to bring SUD services in line with the types & amount of Medi-Cal Mental Health Services, including improved integration of SUD & MH.
- ▶ 37 counties representing 96% of the Medi-Cal population have transitioned to DMC ODS. Sonoma is currently a DMC State Plan.
- ▶ *Note: The state is also instituting a number of new requirements for all counties under the new Parity Rule. The Board will receive staffing requests associated with these separate mandates as well.*

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DMC State Plan vs. DMC ODS

- ▶ As a DMC State Plan county, Sonoma currently offers 9 services, while DMC ODS increases the types of services to 15.

Current DMC State Plan Services	Additional DMC-ODS Services
<ul style="list-style-type: none"> • Assessment • Group Counseling • Individual Counseling • Medical Psychotherapy • Medication Services • Medications for Addiction Treatment (MAT) [AKA MAT for Opioid Use Disorders (OUD)] • Patient Education • Peer Support Services • SUD Crisis Intervention Services 	<ul style="list-style-type: none"> • Expanded Narcotic Treatment Programs • Withdrawal Management Services • Recovery Services • Care Management • Physician Consultation • Options for Partial Hospitalization & additional medication assisted treatment

3

Growth Estimates

A set of comparable counties experienced the following growth:

- ▶ Overall System Growth
 - Service Volume - 47% to 262%
 - Billing Amounts - 127% to 427%
 - Clients - 10% to 137%

- ▶ New Revenue
 - Federal Financial Participation (FFP) - 132% to 445%
 - State General Fund (SGF) - 358% to 1,556%

- ▶ Notes:
 - Very small baselines account for the high rates of growth
 - County variability (i.e. - size, M-Cal pop characteristics, etc.) account for wide ranges of growth

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Growth Estimates - Finance

- ▶ Estimated annual revenue & county contribution increases under DMC ODS:

% Increase State General Fund (SGF) Revenue	Amount State General Fund (SGF) Increase	% Increase Federal Financial Participation (FFP) Revenue	Amount Federal Financial Participation (FFP) Increase	% Increase County Match Contribution	Amount County Match Increase
594%	\$774,944	177%	\$3,693,090	76%	\$766,345

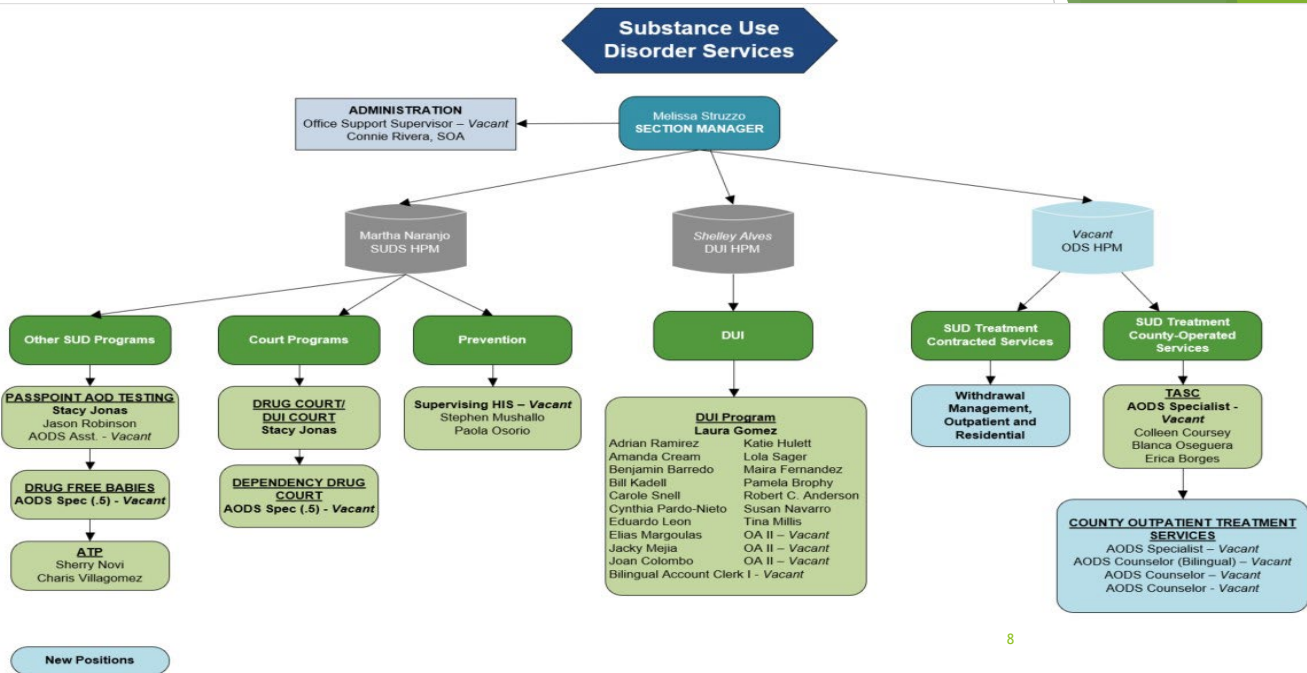
Note: Extrapolated from data from county most similar to Sonoma County.

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FTE's Required to Administer the DMC-ODS

Div/Unit/Tea	Board	Job-Classification /	FY 23-24
m	Date	Position	FTE Cost
- Batch-01	5/9/2023	DMC-ODS	
		- 0880-XXX4-PPEA QAPI PPEA	1.00 \$163,300
		- 0880-XXX5-PPEA QAPI PPEA	1.00 \$163,300
		- 2420-XXX1-PTCA Compliance Analyst (PCA)	1.00 \$240,000
		- 2683-0001-AODS AODS Counselor	1.00 \$166,000
		- 2683-0002-AODS AODS Counselor	1.00 \$166,000
		- 2683-0003-AODS AODS Counselor (bilingual)	1.00 \$166,000
		- 2634-XXX1-HLT Health Program Manager	1.00 \$217,100
		- 2684-XXX1-AODS AODS Specialist	1.00 \$172,700
		DMC-ODS Total	8.00 \$1,454,400
	5/9/2023 Total		8.00 \$1,454,400
Batch-01 Total			8.00 \$1,454,400
- Batch-02	5/9/2023	Admin	
		- 0003-XXX2-SOA SOA, APSS-BH	1.00 \$121,800
		- 0810-XXX2-AA Admin-Aide, DHS-IT	1.00 \$141,500
		- 0826-XXX5-DA Dept. Analyst, Finance-RMU	1.00 \$153,700
		- 0404-XXX1-ACCT Accounting Tech., Finance-RMU	1.00 \$134,700
		Admin Total	4.00 \$551,700
		QAPI	
		- 2503-XXX1-BHCL BH Clinical Specialist	1.00 \$198,000
		- 2503-XXX2-BHCL BH Clinical Specialist	1.00 \$198,000
		- 0826-XXX6-DEPT QAPI Dept. Analyst	1.00 \$186,100
		QAPI Total	3.00 \$582,100
	5/9/2023 Total		7.00 \$1,133,800
Batch-02 Total			7.00 \$1,133,800
Grand Total			15.00 \$2,588,200

ODS Org Chart - Substance Use Disorder Section (SUDS)



Estimated Timeline

Sonoma County DHS ODS Implementation													
	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
Implementation Plan													
Submit Application to DHCS													
Negotiate Application with DHCS													
Application Final													
Readiness Review & Network Certification													
CPOMB notifies MPF mailbox of preliminary IP approval & county POC													
MPF Liaison verification & completion of MPF forms & OOCR contracts													
Intergovernmental Agreement													
DHCS & OLS draft IA boilerplate & review with DHS													
DHS secures BOS approval of IA													
ODS Goes Live													

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Risks & Challenges

- ▶ Additional County Funds are necessary to draw down State & Federal dollars.
 - ▶ 2011 Realignment
 - ▶ Measure O
 - ▶ Local county funds
- ▶ Current work force shortages will challenge DHS & the community-based organizations (CBOs) that contract to provide services.
- ▶ Local service capacity in all areas, including residential services, will have to increase significantly.
- ▶ Maintaining adequate revenue production will be key for DHS & CBOs.

10

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
ART	Aggression Replacement Therapy
BHD	Behavioral Health Division (Sonoma County)
CADPAAC	County Alcohol and Drug Program Administrators’ Association of California
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CalEQRO	California External Quality Review Organization
CALMHB/C	California Association of Local Mental Health Boards & Commissions - comprised of representatives from many MHBs in the State
CANS	Child, Adolescent Needs and Strengths (Assessment) – helps determine which services are needed by each child client
CAPE	Crisis Assessment, Prevention, and Education Team; goes into the schools when called to intervene in student mental health matters
CAPSC	Community Action Partnership-Sonoma County
CARE	California Access to Recovery Effort
CBT	Cognitive Behavioral Therapy
CCAN	Corinne Camp Advocacy Network - Peers involved in mental health advocacy
CDC	Sonoma County Community Development Commission
CDSS	California Department of Social Services
CFM	Consumer and Family Member
CFR	Code of Federal Regulations
CFT	Child Family Team
CHD	California Human Development
CHFFA	California Health Facilities Financing Authority
CIP	Community Intervention Program
CIT	Crisis Intervention Training (4-day training for law enforcement, to help them identify and respond to mental health crisis situations)
CMHC	Community Mental Health Centers, Located in Petaluma, Guerneville, Sonoma, and Cloverdale (part of SCBH))
CMHDA	California Mental Health Directors Association
CMHL	SCBH’s Community Mental Health Lecture series - open to the public - usually takes place monthly
CMS	Centers for Medicare and Medicaid Services
CMSP	County Medical Services Program - for uninsured, low-income residents of the 35 counties participating in the State program
CONREP	Conditional Release Program (State-funded, SCBH-run, but will be turned over to the State 6/30/14)
CPS	Child Protective Service

CPS (alt)	Consumer Perception Survey (alt)
CRU	Crisis Residential Unit (aka Progress Sonoma-temporary home for clients in crisis, run by Progress Foundation)
CSU	Crisis Stabilization Unit (Sonoma County Behavioral Health's psychiatric emergency services at 2225 Challenge Way, Santa Rosa, CA 95407)
CSAC	California State Association of Counties
CSN	Community Support Network (contract Provider)
CSS	Community Services and Support (part of Mental Health Services Act-MHSA)
CWS	Child Welfare Services
CY	Calendar Year
DAAC	Drug Abuse Alternatives Center
DBT	Dialectical Behavioral Therapy
DHCS	(State) Department of Health Care Services (replaced DMH July 1, 2011)
DHS	Department of Health Services (Sonoma County)
DPI	Department of Program Integrity
DSRIP	Delivery System Reform Incentive Payment
EBP	Evidence-basis Program or Practice
EHR	Electronic Health Record
EMR	Electronic Medical Record
EPSDT	Early and Periodic Screening, Diagnosis and Treatment (Children's Full Scope Medi-Cal to age 21)
EQRO	External Quality Review Organization (annual review of our programs by the State)
FACT	Forensic Assertive Community Treatment
FASST	Family Advocacy Stabilization, Support, and Treatment (kids 8-12)
FQHC	Federally Qualified Health Center
FY	Fiscal Year
HCB	High-Cost Beneficiary
HIE	Health Information Exchange
HIPPA	Health Insurance Portability and Accountability Act
HIS	Health Information System
HITECH	Health Information Technology for Economic and Clinical Health Act
HSD	Human Services Department
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
IHT	Integrated Health Team (medical and MH services for adults)
IPU	Inpatient Psychiatric Unit
IRT	Integrated Recovery Team (for those with mental illness + substance use issues)
IMDs	Institutes for Mental Disease (residential facilities for those unable to live on their own)
INN	Innovation (part of MHSA)
IT	Information Technology
JCAHO	Joint Commission on Accreditation of Healthcare Organizations - accredits hospitals & other organizations
LEA	Local Education Agency
LG	Los Guilicos-Juvenile Hall
LGBQQTI	Lesbian/Gay/Bisexual/Queer/Questioning/Transgender/Intersexed (also LGBTQ)

LOS	Length of Stay
LPS	Lanterman Petris Short (Conservatorship)
LSU	Litigation Support Unit
M2M	Mild-to-Moderate
MADF	Main Adult Detention Facility (Jail)
MDT	Multi-Disciplinary Team
MHB	Mental Health Board
MHBG	Mental Health Block Grant
MHFA	Mental Health First Aid
MHP	Mental Health Plan
MHSA	Mental Health Services Act
MHSD	Mental Health Services Division (of DHCS)
MHSIP	Mental Health Statistics Improvement Project
MHST	Mental Health Screening Tool
MHWA	Mental Health Wellness Act (SB 82)
MOU	Memorandum of Understanding
MRT	Moral Reconation 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