



## SONOMA COUNTY MENTAL HEALTH BOARD Minutes of

June 20, 2023

This Meeting:

The Hub at the Wellness Center



Minutes are posted in draft form and after approval at [www.sonoma-county.org/mhboard](http://www.sonoma-county.org/mhboard)

Email: [dhs-mhb@sonoma-county.org](mailto: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 5:03 p.m. by Peterson Pierre

### ROLL CALL

#### Present:

Michael Reynolds, District 2

Bob Cobb, District 4

Nicole LeStrange, District 5 (via Zoom)

Mary Ann Swanson, District 2 (via Zoom)

Peterson Pierre, District 1

Anabel Nygaard, District 3

**Excused:** None

#### Absent:

Betzy Chavez, District 1

Vanessa Nava, District 5

Michelle "Missy" Jackson, District 1

Connie Petereit, District 4

Michael Johnson, District 3

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

**Community Members: In person:** Kenia Leon, Nicole Nativida, Mary Frances Walsh, , Kathy Smith, Leslie Petersen, Honor Jackson, Michelle Davis, Christellanos, Charles Asher, Tracy Lyons; **Via Zoom:** Eve Harstad, "Betsey" (no last name provided), Lupe Catalan, Saraisable Virgen, Arturo Uribe, Claudia Abend, Flash Welch, Helen Giovacchini, Marie C de Manieu, Nancy Offner, "Eric" (no last name provided)

### 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](mailto:DHS-MHB@sonoma-county.org) to verify the next meeting date.
- 2) At this time, there are two (2) vacancies in District 2 (Rabbitt), (1) vacancy in District 4, (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](mailto:DHS-MHB@sonoma-county.org).
- 3) Please direct all your questions to the Chair.

## **APPROVAL OF MINUTES**

Board could not approve May minutes due to lack of quorum

## **CONSUMER AFFAIRS REPORT**

Eve Harstad; PEER Education Program Manager; County Community Services

Update: The PEER Training program has all positions filled with the exception of one paid internship. The Wellness and Advocacy Center has exceeded its requirements for all of their deliverables and daily members served. Interlink has also met all of its deliverables. The KBBF radio show is tonight, and they are speaking a lot about the PEER Services in Sonoma County. Hoping to hire more Spanish speaking employees. We have our new cohort starting for the PEER Education Training on July 11 and have started interviewing for that. Eve shared a story about someone she interviewed today that speaks to how much teamwork goes on between PEER support and the Mental health and Behavioral Health services that Sonoma County provides. Her story was that they relocated to Sonoma County in 2017 and their house was one of the houses burned down in the fires. This led to a series of events that left her homeless and using substances to cope; she suffered job loss and all the things that can happen to a person. This woman got help from each and every one of the services that we talk about in Sonoma County, and it was so heartwarming to know she was getting the support she needed. During the process she recognized that now isn't the right time for her to do the training because she needs more self-care. She'll continue work with her sponsor from AA and the County Services she's been getting.

## **MHB CHAIR'S REPORT:**

At this time, we have two (2) vacancies in District 2 (Rabbitt), (1) in District 4 and (1) vacancy in District 5.

Peterson shared that during our last Executive Committee Meeting we discussed Board Members not following Brown Laws, specifically attending in person and at the requirement to attend at least six meetings, or 60% of the 10 meetings per year. Prior to being removed from the Board due to lack of participation, Peterson will write to them first and find out why they cannot attend. If they are unable or unwilling to meet this obligation, he will contact the corresponding District Supervisor to let them know of the opening. Michael Reynolds followed this by requesting to speak about the opening in District 5. Nicole and he have strategized about recruiting for diversity on the board. They contacted Tracy Lyons who will have the recruitment flyer translated in Spanish. Also discussed the possibility of having translation services offered at meetings.

**MENTAL HEALTH BOARD APPRECIATION:** County of Sonoma SUDS Team; Accepted by Melissa Struzzo virtually, and delivered to her desk by Melissa Ladrech

**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/>.

Will keep this short as there two big agenda items this evening that will fill our time.

There is so much going on in Behavioral Health right now. Aside from all the new Medi-Cal proposals and Cal Aim, the new Electronic Health record goes live July 1<sup>st</sup>. 500 people have been trained this past week. This system should greatly reduce time once everyone is used to it. Payment reform is of course included in all of these changes.

We are in a triennial audit this week. They look at all kinds of things such as access to services, care services, our network adequacy, etc. They will review charts tomorrow and then we'll get our grade come Thursday.

All of us have been impacted by the global COVID pandemic, then several devastating fires and floods prior to this. We're trying to work on healing ourselves and our providers. Of course, staffing is a huge priority, but we are not alone in this struggle. Probation education, child welfare, it's everywhere. We will have a job fair mid to late August, and will try to streamline the process of hiring, as well as some other recruitment processes.

After we get past July 1, we have to get busy planning our mobile crisis benefit. Sonoma is unique because we have several mobile crisis teams out in the community. We have our own mobile team in Behavioral Health, we partner with InResponse in Santa Rosa, and then the SAFE Teams in Rohnert Park, Petaluma and Cotati. One thing that they've done is that they are 24/7, which is the goal of a mobile crisis benefit. Jan's vision is we will have to work "all for one and one for all".

### **BOARD AND PUBLIC COMMENTS/CONCERNS/ACCOMPLISHMENTS:**

Mary Francis Welsh asked the question following Jan's update on the Mobile Crisis Team as to whether one must have to be on Medi-Cal to receive this benefit. This has come up before, and the answer is – we don't have the answer yet. The stakeholder group will have to decide this and clarify this. InResponse and SAFE does go out and provide services with those that do not have Medi-Cal.

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

See attached PowerPoint at end of these minutes

#### **Questions and comments:**

Juan Torres: Wants to speak directly around the proposed shift of funding. He is excited to see that PEI is part of the budget because after seeing the governor's team proposed shifting, he has been concerned. He sees a storm that is brewing with our young adults and families, and if PEI was taken away we might be addressing the homeless situation now, but in the future it would be even larger.

Christine (last name inaudible): She was just at a family services meeting with Buckelew, and it was suggested that she come to this meeting. Her son was conserved three years ago and is working with a case manager. Prior to COVID he suffered a psychotic relapse and was placed at a facility in Novato. Just after COVID, his case was impacted greatly due to lack of available and consistent services. She was not able to visit him., and ultimately he was not able to stay there. He was then shifted to Fremont with Crestwood, then to Synergy in Rancho Cordova. In the last three years he has gone downhill. He has a bed, but he is not being cared for. Housing that heals is not just a bed. She's trying to get him out, but it's tough because there is no place for him to come back to. He is compliant, he takes medication, he is ghostlike and disconnected. She just wants to get him back home. There is therapy services at Synergy, but their services are radically inconsistent.

Helen Giovacchini: Also the mother of a 33 year old mentally ill son. She's been dealing with her situation with him for 17 years. She has been going through Buckalew as well as Sonoma County Mental Health Services. At this point he is living on the street, and I'm sure street drugs are part of living on the street. He does get food with Catholic Charities so he's making his way around the city. She's grateful to be here and here what is being done. She does feel it will be difficult to get him in the program. He was in the FACT program and was very successful in that program, but as soon as he graduated, he took himself off of medication and the trajectory was to be on the street again. She is grateful for all the programs in Santa Rosa and has hope that he will find his way. He needs to want the help. As a parent, it's a helpless place to be.

## **SPECIAL PRESENTATION - Supervisor Lynda Hopkins**

A few updates on initiatives that she is spearheading. One of these is (inaudible) a non-profit in the lower Russian River area. West County call centers CEO' gathered in the community and identified some of the key areas. Of course mental health was on the top of everyone's list so they are working on a couple of items around creating community and togetherness from both a social and physical infrastructure perspective. Things like community designed parks that would have spaces for people to gather and come together which could potentially provide a really critical supported resource for youth and families. As Dr. Jan mentioned, our communities have been through so much. It is appreciated that fires and severe floods were also mentioned, because those were real things that the community of Russian River had to experience. While trying to recover from one thing after another and then a severe slide in the same year which leads/led to nervousness, anxiety and mental health issues. The other is looking into the kind of early childhood, actually starting at birth. Lack of access to community services is another concern for those in the Russian River community. They don't have easy access to grants being in an incorporated area. Needs to build capacity in the community to achieve more programs, as the park specific ideas mentioned that were to be referred to. She addressed the awarding of the opioid settlement that was awarded following litigation. Guerneville is at the epicenter of fatalities and addiction, followed by Rohnert Park. She would like to look at regional solutions and get people on board.

Note from board clerk: I tried the best I could to capture the topics and issues that were addressed by Supervisor Hopkins. Her enthusiasm and speed of talking did make some challenges in interpreting what was said. Please visit our website and refer to the video presentation once posted to listen and catch anything I may have missed.

## **SPECIAL PRESENTATION – Melissa Struzzo; SUD Services Section Manager**

Please see attached Slide show at the end of these minutes

### **Questions and comments:**

Q. Nancy Offner – Why was Sonoma County so slow to get into the waiver?

A. Melissa – There are a lot of factors that go into having to opt in. It's a huge shift within the system of care itself. Some of the challenges are more pronounced staff shortages. The first step was just getting started, and then the fires and the pandemic hit hard so a set back was definitely felt. But the good news is we are back on track. We will submit to the state in July. It takes about a year to do all the shifts in the system to launch, so the goal is live in July 2024. We have already started on some of the initiatives and we'll continue to get closer and closer.

Q. Michael Reynolds -Any updates on the expansion of the Orinda Center?

A. Melissa – As you know, there was an effort looking at some community infrastructure grants that were being made available through the DHS – funds that were shifted from the COVID funding. Capital projects, buildings facilities, etc. Initial application submitted to the state was regarding youth treatment options. A facility to house a youth SUD facility as well as a CSU for young adults. Unfortunately, competition was huge and we didn't get those funds at round 4 but were encouraged by the state to submit again for round 5. After further focus group studies we identified the largest gap in our system was around youth and treatment. Based on this information, we ended up shifting and having to move a little bit. With regards to a sober center, we have added an additional Friday Night Live Chapter, and are working with West County Health Center Teen Clinic and other agencies as well to assist with this.

Meeting adjourned 7:03 p.m

Mental Health Services Act  
Public Hearing  
Tuesday, June 20,  
2023 Hosted by The Mental  
Health Board

Melissa Ladrech, LMFT  
MHSA Coordinator



WELLNESS • RECOVERY • RESILIENCE



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AGENDA

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

- MHSA Overview
- DRAFT Budget Expansion
- Expenditure Plan

Highlights of the MHSA Annual Program Report for 2021 -2022

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## 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

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### Governor Newsom Behavioral Health Reform

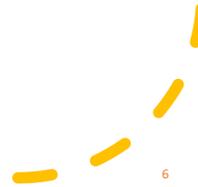
MODERNIZATION OF MHSA



## Context for Modernization of MHSa

6/29/2023

- MHSa will be 20 years old in 2024
- Unspent MHSa dollars and increasing MHSa revenue
- Other aspects of the Behavioral Health System are changing
- Counties support more flexibility in spending components
- Governor's focus on reducing homelessness



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## GOVERNOR'S ANNOUNCEMENT March 19, 2023

<p><b>Authorize New General Bond \$3-\$5B for Fall 2024 ballot</b></p>	<p>Fund unlocked community behavioral health supportive residential settings including for individuals with serious mental health challenges and homeless vets</p>
<p><b>Modernize MHSa for Fall 2024 ballot</b></p>	<p>Themes around the need to update the Act and prioritize spending for the most vulnerable and references to homeless encampments</p>
<p><b>Statewide Enhancement of Fiscal Transparency &amp; Accountability Entire Behavioral Health System</b></p>	<p>Increased accountability across all public and private payers for behavioral health</p>

6/29/2023

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# MODERNIZATION OF MHPA

## Modification from 5 Components to 3 Categories New

Housing Category

Talking Point: \$1 billion in new and ongoing housing investments

Standalone FSP Category

“Other” Category

## Additional Reforms to MHPA

Use MHPA as last dollar for Medi-Cal match

Broaden the target population to include those with SUD only conditions

Restructuring of MHPOAC

Additional Transparency & Accountability **Acknowledged**

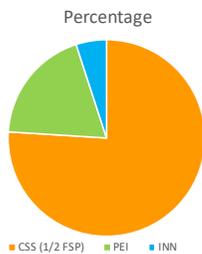
**need for workforce**

**Many components will require 2024 Ballot initiative**

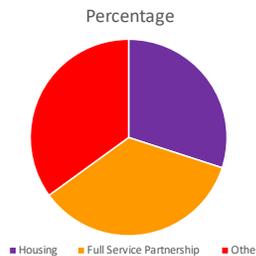
**Multi-year implementation starting in July 2025**

## MHPA Components

Current Allocation



Proposed Allocation



6/29/2023

## Housing Interventions and Support

- Dedicate 30% in local MHPA funding for housing interventions for people living with serious mental illness/serious emotional disturbance **and/or** substance use disorder who are experiencing homelessness. 30% is approximately \$1 billion but will vary.
- Funding could be used for full spectrum of housing services and supports, rental subsidies, operating subsidies, and nonfederal share for Medi-Cal covered services, including clinically enriched housing. It also could be used to further the California Behavioral Health Community-Based Continuum Demonstration.
- Funding may also be used for capital development projects, subject to DHCS limits

6/29/2023

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# Broaden Target Population

Authorize	Increase	Require
Authorize MHA funding to provide treatment and services to individuals who have a debilitating substance use disorder (SUD) but do not have a co-occurring mental health disorder.	Increase access to SUD services for individuals with moderate and severe SUD.	Require counties to incorporate SUD prevalence and local unmet need data into spending plans. Use data to inform and develop accountability to improve the balance of funding for SUD.

6/29/2023

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## CONCERNS

Availability of Medi-Cal match

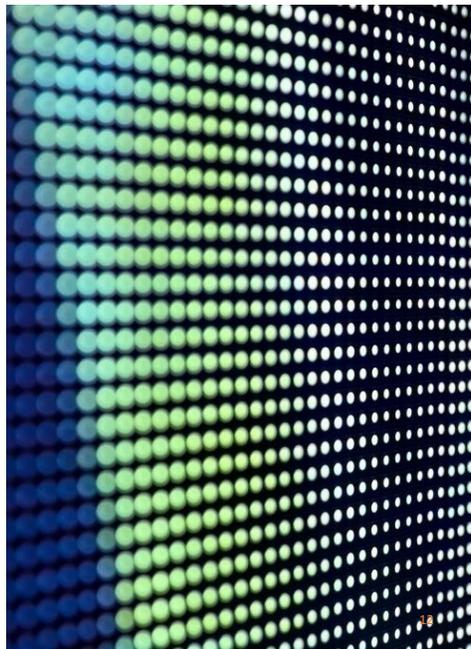
Funding for Prevention and Early Intervention

Funding for equity initiatives serving BIPOC, LGBTQ, an immigrant populations with services not reimbursable under Medi-Cal

Diverting treatment dollars to fund housing

Creating competition for scarce funding with new SUD funding opportunities

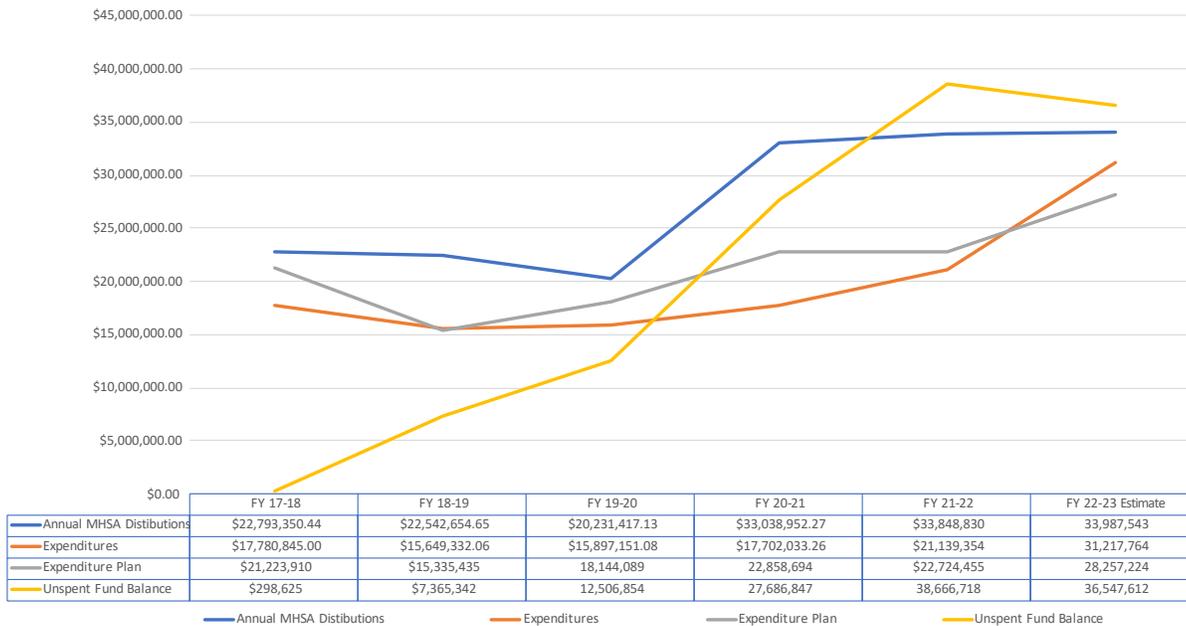
6/29/2023



For questions and inquiries, contact:  
BehavioralHealthTaskForce@chhs.ca.gov

PG. 14

Sonoma MHA Distributions, Expenditures and Fund Balance from 2017



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**PDF OF POWER POINT PRESENTATION –Melissa Struzzo SUD Services Section Manager**



MHAB-meeting-OD  
S-Prez-6-20-23.pdf

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 Techonology
JCAHO	Joint Commission on Accreditation of Healthcare Organizations - accredits hospitals & other organizations
LEA	Local Education Agency
LG	Los Guilicos-Juvenile Hall
LGBQQT	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 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