

Sonoma County Behavioral Health Board Minutes of

Tuesday, March 17, 2026



Santa Rosa
Room
1450
Neotomas,
Santa Rosa,
CA. 95403

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

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

CALL TO ORDER

Start time – 5:02 pm

ROLL CALL

Present:

Brad Katuna; Dist. 2
Kathleen Miller; Dist. 1
Lindsey Morrison; Dist. 4
Jason Reid; Dist. 5
Alexandra Jacobs; Dist. 5
Peterson Pierre; Dist. 1
Angelina Grab; Dist. 2
Don O'brien; Dist. 2

Absent:

N'game Gray; Dist. 3
Gregory Fearon; Dist. 4
Becky Ennis; Dist. 3
Dr. Jan Cobaleda-Kegler

CHAIR READING OF: "The Behavioral Health Board – Who We Are"

BHB CHAIR'S REPORT:

Board Member Openings by District:

- (1) Vacancies in District 1 (Hermosillo)
- (0) Vacancy in District 2 (Rabbitt)
- (1) Vacancy in District 3 (Coursey)
- (1) Vacancies in District 4 (Gore)
- (1) 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.

BHB Chairs Report: Peterson Pierre- Gave a chance for public impute and reminded the public that the board was under no obligation to answer questions or offer resolutions to any questions or comments.

Approval of minutes from February meeting. Angelina moved to approve and Jason moved to second the motion.

Ad hoc Committee is needed for Site Visits- Angelina, Jason and Don volunteered to head up this committee with Angelina leading. Updating documentation for site visits as well as identifying areas that the board could visit will be part of the committee's tasks.

Alexandra shared that she and Gregory met on March 3rd- Discussed where the timeline for the integrated plan as well as the annual report, they collected information for this report.

PUBLIC COMMENT: Mary Frances- raised concerns about Governor Newsom's proposed budget changing the mandate for Medi-Cal reimbursement of crisis services from mandatory to optional, which could risk reducing these services despite their current 24-7 countywide availability.

Melissa Ladrech- At the request of the Behavioral Health Board, copies of the Behavioral Health Services Act draft have been dropped off at libraries around the county.

Jenny Hellman, chair of the Aging and Disability Commission, inquiring about the public comment period. It was confirmed that the 30-day public comment period starts on April 20th, with a public hearing scheduled for the Behavioral Health Board meeting on May 19th.

MENTAL HEALTH BOARD APPRECIATION: (No award given this month)

PUBLIC COMMENT:

BEHAVIORAL HEALTH DIRECTOR'S REPORT/BH FISCAL UPDATE/MENTAL HEALTH SYSTEM: Dr. Jan Cobaleda-Kegler- Behavioral Health Board Director -No report as Jan was absent.

**See attached slides*

PUBLIC COMMENT

SPECIAL PRESENTATION: - Christina Marlow-QAPI (Quality Assessment Performance Improvement) What it Means to Operate SMHS & DMC-ODS Plans

Chris explained the complex infrastructure required to operate these systems, including quality oversight, compliance, and data monitoring. The discussion covered key responsibilities such as guaranteeing access to services, maintaining provider networks, and adhering to regulatory requirements. Marlowe also outlined the importance of the Quality Assessment and Performance Improvement (QAPI) unit in ensuring compliance and implementing performance improvement projects. The conversation ended with an overview of how these operations impact the board's role in informed oversight.

PUBLIC COMMENT:

*See attached slides

SPECIAL PRESENTATION: Gabriel Kaplan-

Gabriel Kaplan discussed funding streams for behavioral health services, including MHSA and BHSA revenues, and how these funds are distributed across different programs. He presented an update on the county's housing plans, outlining how \$11.4 million would be allocated for various housing interventions. The board also addressed concerns about potential changes to Medicaid eligibility under the new federal budget, which could impact access to services for some residents. Additionally, there was discussion about the need to establish an upper committee for site visits and the importance of tracking data on emergency room visits for individuals with behavioral health issues.

The focus was on fund balances and revenue distribution rules for MHSA and BHSA programming. The discussion explained that while there are specific requirements for distributing funds across FSP, BHSS, and housing (with 35% and 30% allocations respectively), there is flexibility in how MHSA fund balances are initially distributed before being subject to BHSA requirements. The presentation detailed how payment reform has improved the process of collecting Medi-Cal reimbursements for behavioral health services, moving from a cost-reimbursement model to a fee-for-service system with standardized rates based on provider type, service intensity, and location costs.

PUBLIC COMMENT:

*See attached slides

What It Means to Operate SMHS & DMC-ODS Plans

A Brief Overview For The Behavioral Health Board
March 17, 2026
Christina Marlow, LMFT, QAPI Section Manager

Why This Overview Matters

Many community members and stakeholders are unaware that the County operates two Medi-Cal managed care plans (SMHS & DMC-ODS)

These plans carry extensive federal and state compliance, reporting, and quality requirements

Understanding these obligations strengthens the Board's oversight, advocacy, and decision-making

QAPI is the mechanism that ensures we meet these obligations and continuously improve system performance

1

2

What is SMHS?

SMHS provides specialty services to Medi-Cal beneficiaries with significant mental health needs

Operates under a federal waiver that grants counties authority to function as Mental Health Plans (MHPs)

Requires clinical determinations of medical necessity, ongoing utilization review, and quality monitoring

County is responsible for both direct service delivery and oversight of contracted providers

Compliance includes timely access, documentation standards, client rights protections, and reporting to DHCS

What is DMC-ODS?

DMC-ODS establishes a structured continuum of substance use disorder (SUD) services under Medi-Cal

Requires ASAM-aligned levels of care and care coordination across programs

Counties must oversee provider networks, quality, documentation, and timely access to SUD treatment

Operates under a federal waiver that expands covered services and beneficiary protections

QAPI plays a central role in monitoring outcomes, follow-up rates, and continuity of care

Core Responsibilities of SMHS & DMC-ODS Plans

Ensure	Ensure timely access to medically necessary mental health and SUD services
Maintain	Maintain adequate provider networks across service types, geography, and languages
Operate	Operate systems for utilization management, clinical quality oversight, and care coordination
Conduct	Conduct monitoring activities, documentation audits, grievance, adverse events, and evidence tracking
Submit	Submit extensive reporting to DHCS, including access, timeliness, network adequacy, and encounter data
Implement	Implement corrective actions and Performance Improvement Projects to address identified gaps

5

1991 Realignment: Core county mental health funding from dedicated state revenues; supports mandated MH services when Medi-Cal doesn't cover or as non-federal match for covered services.

2011 Realignment: Shifted additional responsibilities (including SUD) to counties.

Medi-Cal Federal Financial Participation (FFP): Federal match that reimburses allowable Medi-Cal claims; strict documentation and medical necessity rules apply.

MHSA: 1% tax on incomes >\$1M; funds PEI, CDS, Innovation, WET, and capital/tech initiatives; not a backfill for core Medi-Cal plan obligations.

State General Fund (SGF): Targeted appropriations for specific initiatives (e.g., crisis services or pilots).

Block Grants (SUBG, MHBC) & One-Time Grants: Federal/state grants with strict categories and reporting; often time-limited with closeout requirements.

Funding Streams We Manage

6

Regulatory Framework

Federal Medicaid managed care & waiver conditions: Quality systems, beneficiary protections, data/reporting obligations (e.g., 42 CFR parts 438; grievance/appeal process).

State DHCS contracts & Information Notices: County IGAs for SMHS and DMC-ODS plus DHCS guidance that updates operational requirements.

California regulations (Title 9, W&I Code): Define medical necessity, timeliness, documentation, and quality requirements for MHP and DMC-ODS operations.

Operational implications: Access line responsiveness; appointment timeliness; grievance/appeal tracking; chart review; EGRO participation; corrective actions.

Our Contracts with DHCS

SMHS & DMC-ODS IGAs define plan obligations: Access, quality oversight, beneficiary protections, provider credentialing, network adequacy, and data/reporting.

Quality infrastructure required: Annual QI Work Plan, QIC governance, monitoring activities, and Performance Improvement Projects (PIPs).

Audit & review: Participation in EGRO; DHCS audits; mandatory CAPs when deficiencies are found.

Practical outcome: Counties must operate like health plans—payer, regulator, and system administrator—simultaneously.

Why We Need a QAPI Section



Required by DHCS contracts & federal/state regulations; QAPI is not optional.



Operationalizes quality & compliance: monitor access, timeliness, documentation, outcomes, grievances/appeals, medication practices.



Drives PIPs and system improvements: current focus includes follow-up after ED visits (FUM) and continuity of MOUD care (POD).



Supports equity and workforce: penetration-rate goals, language capacity, vacancy/retention monitoring, peer services expansion.

What DHCS Requires from QAPI

Annual Quality Improvement Work Plan: documents objectives, monitoring activities, measures, and governance structure.

Performance Improvement Projects (PIPs): one clinical and one non-clinical; current emphasis on FUM; related continuity measures include POD.

Monitoring & Reporting: access and timeliness; beneficiary experience (CPS/TPS); documentation/claim accuracy; outcomes (CANS/ANSA, CalOMS).

Credentiaing & Network Adequacy: committee structures and annual submissions; capacity monitoring tied to timeliness and enrollment.

EGRO & CAPs: participation in external reviews; corrective actions when deficiencies are identified; track and demonstrate improvement.

What This Means for the Board

- ▶ **Informed oversight:** Understand plan obligations to ask targeted questions and support compliance.
- ▶ **Data-driven decisions:** Use QAPI metrics (access, timeliness, outcomes, equity, workforce) to guide priorities.
- ▶ **Resource alignment:** Recognize how funding streams and regulations shape what the plan must deliver.
- ▶ **Partnership for improvement:** Support PIPs, CAPs, and initiatives that strengthen continuity of care and system capacity.



9

10



MHSA TO BNSA REVENUE DISTRIBUTION

MHSA Revenue	\$38,091,929.00	100%
Housing Interventions	\$11,427,578.70	30%
50% Chronically Homeless	\$5,713,789.35	
Full Service Partnerships (FSP)	\$13,332,175.15	35%
Behavioral Health Services and Supports (BHSS)	\$13,332,175.15	35%
51% of BHSS for Early Intervention	\$6,799,409.33	51% of above
51% of Early Intervention for >25	\$3,467,698.76	51% of above

MHSA FUND BALANCES

DRAFT MHSA Total Projected Expenditures, Revenue and Fund Balance - All Funds
FY 2023-24 Actual Through FY 2025-26 Estimated/Projected
Updated: 9/22/25

MHSA Summary	FY 2019-20 Actuals	FY 2020-21 Actuals	FY 2021-22 Actuals	FY 2022-23 Actuals	FY 2023-24 Actuals	FY 2024-25 Actuals	FY 25/26 Projected	FY25/26 Q2 Projected	FY26/27 Estimated
Beginning Fund Balance	7,256,438	12,307,086	27,929,763	38,629,768	35,961,230	47,556,086	62,861,592	62,861,592	49,802,132
Revenue	23,236,895	34,971,307	33,228,803	22,023,851	46,335,051	45,028,088	33,361,063	33,361,063	33,361,063
Expense Reductions	17,920,166	18,345,048	22,580,461	26,950,419	35,418,889	28,336,768	45,371,553	45,371,553	45,371,553
Net Increase/Decrease	\$2,573,167	\$8,033,345	(2,633,505)	(5,307,461)	16,877,402	14,247,406	(17,750,008)	(17,750,008)	(17,750,008)
Ending Fund Balance	12,307,086	27,929,768	38,629,768	35,961,230	47,556,086	62,861,592	49,802,132	49,802,132	49,802,132

Total Full Service Partnership (FSP) Funding

	Year 1	Year 2	Year 3
Total Estimated Full Service Partnership Funding Received (BNSA Funds)	\$13,438,719	\$13,438,719	\$13,438,719
Transfers into Full Service Partnership component from Local Prudent Reserve	\$-	\$-	\$-
Total Estimated Full Service Partnership Funding Allocated (MHSA - Unspent Carryover Funds)	\$3,000,000	\$2,500,000	\$2,500,000
Total Estimated Full Service Partnership Funding (BNSA + MHSA Funds)	\$16,438,719	\$15,938,719	\$15,938,719

Total Behavioral Health Services and Supports (BHSS) Funding

	Year 1	Year 2	Year 3
Total Estimated Behavioral Health Services and Support Funding Received (BNSA Funds)	\$13,438,719	\$13,438,719	\$13,438,719
Transfers into Behavioral Health Services and Support component from Local Prudent Reserve	\$-	\$-	\$-
Total Estimated Behavioral Health Services and Support Funding Allocated (MHSA - Unspent Carryover Funds)	\$8,629,156	\$5,000,000	\$5,000,000
Total Estimated Behavioral Health Services and Support Funding (BNSA + MHSA Funds)	\$22,067,875	\$18,438,719	\$18,438,719

Total Housing Interventions Funding (1)

	Year 1	Year 2	Year 3
Total Estimated Housing Intervention Funding Received (BNSA Funds)	\$11,518,902	\$11,518,902	\$11,518,902
Transfers into Housing Intervention component from Local Prudent Reserve	\$-	\$-	\$-
Total Estimated Housing Intervention Funding Allocated (MHSA - Unspent Carryover Funds)	\$3,000,000	\$2,500,000	\$2,500,000
Total Estimated Housing Intervention Funding (BNSA + MHSA Funds)	\$14,518,902	\$14,018,902	\$14,018,902

Table Three: Projected Annual Expenditures by County BH Funding Source

Total Annual Projected Expenditures	(Year One)	(Year Two)	(Year Three)
BNSA	\$51,925,526	\$49,925,526	\$49,925,526
1991 Realignment (Bronzan-McCorquodale Act)	\$22,532,366	\$23,552,532	\$23,552,532
2011 Realignment (Public Safety Realignment)	\$22,993,223	\$24,292,679	\$24,292,679
State General Fund	\$1,584,125	\$1,584,125	\$1,584,125
FFP (SMHS, DMC/DMC-ODS, NSMHS)	\$62,456,395	\$62,456,395	\$62,456,395
Projects for Assistance in Transition from Homelessness (PATH)	\$-	\$-	\$-
Community Mental Health Block Grant (MHBG)	\$384,918	\$384,918	\$384,918
Substance Use Block Grant (SUBG)	\$2,696,789	\$2,696,789	\$2,696,789
Commercial Insurance	\$-	\$-	\$-
County General Fund	\$539,440	\$539,440	\$539,440
Opioid Settlement Funds	\$4,654,433	\$4,515,394	\$4,515,394

WRAP-UP

Meeting adjourned: 7:00 p.m.

Respectfully submitted by: Sabta Trujillo

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 individual 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 - accredit 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 Re-connection 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