DRAFT

FY 2026 - 2029 Behavioral Health Services Act (BHSA) Integrated Plan
Sonoma County

- This document is a working draft of the FY 2026-2029 BHSA Integrated Plan. Certain sections are currently under review by section managers, and content may be revised based on feedback, operational considerations, and final policy decisions.

- In addition, some elements of this plan may change pending the County's decision regarding participation in BH CONNECT.

- We welcome and value stakeholder and community feedback to help inform the final plan. Please send feedback to: BHSA@sonomacounty.gov

2026 - 2029 Integrated Plan
Sonoma County

The Behavioral Health Services Act (BHSA) requires counties to submit three-year Integrated Plans (IPs) for Behavioral Health Services and Outcomes. For related policy information, refer to **3.A. Purpose of the Integrated Plan**.

TABLE OF CONTENTS

GENERAL INFORMATION

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to 3.A. General Information.

County, City, Joint Powers, or Joint Submission
County

Entity Name
Sonoma County

Behavioral Health Agency Name
Sonoma County Department of Health Services, Behavioral Health Division

Behavioral Health Agency Mailing Address
2227 Capricorn Way Santa Rosa, CA 95407

Primary Mental Health Contact

Name
Jan Cobaleda-Kegler

Email
jan.cobaleda-kegler@sonomacounty.gov

Phone
707-565-5157

Secondary Mental Health Contact

Name
David Evans

Email
david.evans@sonomacounty.gov

Phone
707-565-4935

Primary Substance Use Disorder Contact

Name
Will Gayowski

Email
will.gayowski@sonomacounty.gov

Phone
707-565-6075

Secondary Substance Use Disorder Contact

Name
Cammie Noah

Email
cammie.noah@sonomacounty.gov

Phone
707-565-7472

Primary Housing Interventions Contact

Name
Desiree Ohlstrom

Email
desiree.ohlstrom@sonomacounty.gov

Phone
707-565-4096

Compliance Officer for Specialty Mental Health Services (SMHS)

Name
Masha McCarthy

Email
masha.mccarthy@sonomacounty.gov

Compliance Officer for Drug Medi-Cal Organized Delivery System (DMC-ODS) Services

Name
Masha McCarthy

Email
masha.mccarthy@sonomacounty.gov

Behavioral Health Services Act (BHSA) Coordinator

Name
Melissa Ladrech

Email
melissa.ladrech@sonomacounty.gov

Substance Abuse and Mental Health Services Administration (SAMHSA) liaison

Name
Bruce Robbins

Email
bruce.robbins@sonomacounty.gov

Quality Assurance or Quality Improvement (QA/QI) lead

Name
Christina Marlow

Email
christina.marlow@sonomacounty.gov

Medial Director

Name
Michael Quach

Email
michael.quach@sonomacounty.gov

COUNTY BEHAVIORAL HEALTH SYSTEM OVERVIEW

Please provide the city/county behavioral health system (inclusive of mental health and substance use disorder) information listed throughout this section. The purpose of this section is to provide a high-level overview of the city/county behavioral health system's populations served, technological infrastructure, and services provided. This information is intended to support city/county planning and transparency for stakeholders. The Department of Health Care Services recognizes that some information provided in this section is subject to change over the course of the Integrated Plan (IP) period. All data should be based on FY preceding the year plan development begins (i.e., for 2026-2029 IP, data from FY 2023-2024 should be used).

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to 3.E.2 General Requirements.

Populations Served by County Behavioral Health System

Includes individuals that have been served through the county Medi-Cal Behavioral Health Delivery System and individuals served through other county behavioral health programs. Population-level behavioral health measures, including for untreated behavioral health conditions, are covered in the Statewide Behavioral Health Goals section and County Population-Level Behavioral Health Measure Workbook. For related policy information, refer to 2.B.3 Eligible Populations and 3.A.2 Contents of the Integrated Plan.

Children and Youth

In the table below, please report the number of children and youth (under 21) served by the county behavioral health system who meet the criteria listed in each row. **Counts may be duplicated as individuals may be included in more than one**

Table 5. Number of Children and Youth Served

Criteria	Number of Children and Youth Under Age 21

Received Medi-Cal Specialty Mental Health Services (SMHS)	**1095**
Received at least one substance use disorder (SUD) individual-level prevention and/or early intervention service	**52**
Received Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS) services	**64**
Received mental health (MH) and SUD services from the mental health plan (MHP) and DMC county or DMC-ODS plan	**21**
Accessed the Early Psychosis Intervention Plus Program, pursuant to Welfare and Institutions Code Part 3.4 (commencing with section 5835), Coordinated Specialty Care, or other similar evidence-based practices and community-defined evidence practices for early psychosis and mood disorder detection and intervention programs	**16**
Were chronically homeless or experiencing homelessness or at risk of homelessness	**10**
Were in the juvenile justice system	**76**
Have reentered the community from a youth correctional facility	**59**
Were served by the Mental Health Plan and had an open child welfare case	**247**
Were served by the DMC County or DMC-ODS plan and had an open child welfare case	**11**
Have received acute psychiatric care	**140**

Adults and Older Adults

In the table below, please report the number of adults and older adults (21 and older) served by the county behavioral health system who meet the criteria listed in each row. **Counts may be duplicated as individuals may be included in more than one category**.

Table 6. Adults and Older Adults Served

Criteria	Number of Adults and Older Adults
Were dual-eligible Medicare and Medicaid members	**560**
Received Medi-Cal SMHS	**2646**
Received DMC or DMC-ODS services	**1460**
Received MH and SUD services from the MHP and DMC county or DMC-ODS plan	**179**
Were chronically homeless, or experiencing homelessness, or at risk of homelessness	**520**
Experienced unsheltered homelessness	**520**
Moved from unsheltered homelessness to being sheltered (emergency shelter, transitional housing, or permanent housing)	**00**
Of the total number of those who moved from unsheltered homelessness to being sheltered, how many transitioned into permanent housing	**00**
Were in the justice system (on parole or probation and not currently incarcerated)	**624**
Were incarcerated (including state prison and jail)	**746**
Reentered the community from state prison or county jail	**624**

Received acute psychiatric services	**562**

Input the number of persons in designated and approved facilities who were Admitted or detained for 72-hour evaluation and treatment rate
4017

Admitted for 14-day and 30-day periods of intensive treatment
833

Admitted for 180-day post certification intensive treatment
0

Please report the total population enrolled in Department of State Hospital (DSH) Lanterman-Petris-Short (LPS) Act programs
6

Please report the total population enrolled in DSH community solution projects (e.g., community-based restoration and diversion programs)
11

Of the data reported in this section, are there any areas where the county would like to provide additional context for DHCS's understanding?
No

Please describe the local data used during the planning process
The data for 14-day and 30-day periods of intensive treatment provided by Santa Rosa Behavioral Health Hospital was erroneous. The County is working with the hospital to provide the Department of Health Care Services (DHCS) with accurate data.

Certain data elements requested cannot currently be reported by Sonoma County. For example, information related to homelessness cannot be fully addressed because the County's Electronic Health Record does not capture all of the specific classifications being requested, nor does it allow for reliable distinction among categories such as individuals experiencing unsheltered homelessness or transitions from unsheltered to sheltered settings. Sonoma County is actively

exploring options to improve how this information is collected within the electronic health record (EHR). In addition, available data related to individuals with involvement in the justice system is limited and not comprehensive.

If desired, provide documentation on the local data used during the planning process (optional)

County Behavioral Health Technical Infrastructure

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to 6.C.1 Promoting Access to Care Through Efficient Use of State and County Resources Introduction.

Does the county behavioral health system use an Electronic Health Record (EHR)?
Yes

Please select which of the following EHRs the county uses
Smartcare

County participates in a Qualified Health Information Organization (QHIO)?
No

Application Programming Interface Information

Counties are required to implement Application Programming Interfaces (API) in accordance with Behavioral Health Information Notice (BHIN) 22-068 and federal law.

Please provide the link to the county's API endpoint on the county behavioral health plan's website
https://urldefense.com/v3/__https:/fhir-calmhsa-provider.ehn-prod.net/fhir/swagger-ui/?page=Location__;!!IJLa0CrXIHAf!Q11UpAthQGbkdC5S1wRVm20QqqOqzm4X8bDZ_Qvxs0vHvDMQ3xX3UaaDWGV8LTnrXk_jCJLM8Qziyjg9CHwhJy-JSIHF5XG8DA$but

Does the county wish to disclose any implementation challenges or concerns with these requirements?

No

Counties are required to meet admission, discharge, and transfer data sharing requirements as outlined in the attachments to BHINs 23-056, 23-057, and 24-016. Does the county wish to disclose any implementation challenges or concerns with these requirements?
No

County Behavioral Health System Service Delivery Landscape

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to 6.C.1 Promoting Access to Care Through Efficient Use of State and County Resources Introduction.

Substance Abuse and Mental Health Services Administration (SAMHSA) Projects for Assistance in Transition from Homelessness (PATH) Grant

Will the county participate in SAMHSA's PATH Grant during the Integrated Plan period?
No

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Community Mental Health Services Block Grant (MHBG)

Will the county behavioral health system participate in any MHBG set-asides during the Integrated Plan period?
Yes

Please select all set asides that the county behavioral health system plans to participate in under the MHBG
Discretionary/Base Allocation,
First Episode Psychosis Set-Aside

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)

Will the county behavioral health system participate in any SUBG set asides during the Integrated Plan period?
Yes

Please select all set-asides that the county behavioral health system participates in under SUBG
Discretionary
Adolescent/Youth Set-Aside
Perinatal Set-Aside
Primary Prevention Set-Aside

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
Yes

Please describe these challenges or concerns:
Department of Health Care Services audit and monitoring requirements can slow program expansion by creating significant administrative burden. For example, if the County wanted to use discretionary funding to support multiple Sober Living Environments (SLEs), the County would be required to develop and maintain a separate monitoring plan for each SLE, even when individual contracts are small.

Opioid Settlement Funds (OSF)

Will the county behavioral health system have planned expenditures for OSF during the Integrated Plan period?
Yes

Please check all set asides the county behavioral health system participates in under OSF Exhibit E
Address The Needs of Criminal Justice-Involved Persons

Connect People Who Need Help to The Help They Need (Connections to Care)
Leadership, Planning, and Coordination,
Prevent Misuse of Opioids
Prevent Overdose Deaths and Other Harms (Harm Reduction)
Support People in Treatment and Recovery
Treat Opioid Use Disorder (OUD)
Training

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
Yes

Please describe these challenges or concerns
Current definitions are too restrictive in requiring an Opioid Use Disorder (OUD) diagnosis. With the exception of marijuana and alcohol, the opioid epidemic is impacting most illicit drug use, often through fentanyl contamination. As a result, the County is unable to use Opioid Settlement Funds (OSF) to place an individual whose primary substance use is amphetamines into an OSF-funded Sober Living Environment (SLE), even though many people who use methamphetamine have likely been exposed to fentanyl, often unintentionally and without their knowledge.

Bronzan-McCorquodale Act
The county behavioral health system is mandated to provide the following community mental health services as described in the Bronzan-McCorquodale Act (BMA).
a. Case Management
b. Comprehensive Evaluation and Assessment
c. Group Services
d. Individual Service Plan
e. Medication Education and Management
f. Pre-crisis and Crisis Services
g. Rehabilitation and Support Services
h. Residential Services
i. Services for Homeless Persons
j. Twenty-four-hour Treatment Services
k. Vocational Rehabilitation

In addition, BMA funds may be used for the specific services identified in the list below. Select all services that are funded with BMA funds:
Not Applicable

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Public Safety Realignment (2011 Realignment)
The county behavioral health system is required to provide the following services which may be funded under the Public Safety Realignment (2011 Realignment)
a. Drug Courts
b. Medi-Cal Specialty Mental Health Services, including Early Periodic Screening Diagnostic Treatment (EPSDT)
c. Regular and Perinatal Drug Medi-Cal Services
d. Regular and Perinatal DMC Organized Delivery System Services, including EPSDT
e. Regular and Perinatal Non-Drug Medi-Cal Services

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Medi-Cal Specialty Mental Health Services (SMHS)
The county behavioral health system is mandated to provide the following services under SMHS authority (no action required).
a. Adult Residential Treatment Services
b. Crisis Intervention
c. Crisis Residential Treatment Services
d. Crisis Stabilization
e. Day Rehabilitation
f. Day Treatment Intensive
g. Mental Health Services
h. Medication Support Services
i. Mobile Crisis Services
j. Psychiatric Health Facility Services
k. Psychiatric Inpatient Hospital Services
l. Targeted Case Management
m. Functional Family Therapy for individuals under the age of 21

n. High Fidelity Wraparound for individuals under the age of 21
o. Intensive Care Coordination for individuals under the age of 21
p. Intensive Home-based Services for individuals under the age of 21
q. Multisystemic Therapy for individuals under the age of 21
r. Parent-Child Interaction Therapy for individuals under the age of 21
s. Therapeutic Behavioral Services for individuals under the age of 21
t. Therapeutic Foster Care for individuals under the age of 21
u. All Other Medically Necessary SMHS for individuals under the age of 21

Has the county behavioral health system opted to provide the specific Medi-Cal SMHS identified in the list below as of June 30, 2026?
CSC for FEP
FACT
ACT

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Drug Medi-Cal (DMC)/Drug Medi-Cal Organized Delivery System (DMC-ODS)

Select which of the following services the county behavioral health system participates in
DMC-ODS Program

Drug Medi-Cal Organized Delivery System (DMC-ODS)
The county behavioral health system is mandated to provide the following services as a part of the DMC-ODS Program (DHCS currently follows the guidance set forth in the American Society of Addiction Medicine (ASAM) Criteria, 3rd Edition). (no action required)
a. Care Coordination Services
b. Clinician Consultation
c. Outpatient Treatment Services (ASAM Level 1)
d. Intensive Outpatient Treatment Services (ASAM Level 2.1)
e. Medications for Addiction Treatment (MAT), Including Narcotics Treatment Program (NTP) Services
f. Mobile Crisis Service
g. Recovery Services

h. Residential Treatment services (ASAM Levels 3.1, 3.3., 3.5)
i. Traditional Healers and Natural Helpers
j. Withdrawal Management Services
k. All Other Medically Necessary Services for individuals under age 21 for individuals under age 21
l. Early Intervention for individuals under age 21

Has the county behavioral health system opted to provide the specific Medi-Cal SUD services identified in the list below as of June 30, 2026?
Enhanced Community Health Worker (CHW) Services
IPS Supported Employment
Peer Support Services

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
Yes

Please describe these challenges or concerns
Costs for ASAM Levels 3.7 are extremely high and our hospital partner we are in talks with is not even certified. Even if certified the reimbursement is far less than the cost of the service.

Care Transitions

Has the county implemented the state-mandated Transition of Care Tool for Medi-Cal Mental Health Services (Adult and Youth)?
Yes

Does the county's Memorandum of Understanding include a description of the system used to transition a member's care between the member's mental health plan and their managed care plan based upon the member's health condition?
No

STATEWIDE BEHAVIORAL HEALTH GOALS

All fields must be completed unless marked as optional. You don't need to finish everything at once-your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to, please see 3.E.6 Statewide behavioral health goals

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Population-Level Behavioral Health Measures

The statewide behavioral health goals and associated population-level behavioral health measures must be used in the county Behavioral Health Services Act (BHSA) planning process and should inform resource planning and implementation of targeted interventions to improve outcomes for the fiscal year(s) being addressed in the IP. For more information on the statewide behavioral health goals, please see the Policy Manual Chapter 2, Section C.

Please review your county's status on each population-level behavioral health measure, including the primary measures and supplemental measures for each of the 14 goals. All measures are publicly available, and counties are able to review their status by accessing the measures via DHCS-provided instructions and the County Population-Level Behavioral Health Measure Workbook.

As part of this review, counties are required to evaluate disparities related to the six priority statewide behavioral health goals. Counties are encouraged to use their existing tools, methods, and systems to support this analysis and may also incorporate local data sources to strengthen their evaluation.

Please note that several Phase 1 measures include demographic stratifications – such as race, sex, age, and spoken language – which are included in the prompts below. Counties may also use local data to conduct additional analyses beyond these demographic categories.

For related policy information, refer to E.6.1 Population-level Behavioral Health Measures.

Marked page as complete

Priority statewide behavioral health goals for improvement

Counties are required to address the six priority statewide behavioral health goals in this section. Cities should utilize data that corresponds to the county they are located within. As such, the City of Berkeley should use data from Alameda County and Tri-City should use data from Los Angeles County. For related policy information, refer to E.6.2 Primary and Supplemental Measures.

Access to care: Primary measures

Specialty Mental Health Services (SMHS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2023

How does your county status compare to the statewide rate?

For adults/older adults
Below

For children/youth
Below

What disparities did you identify across demographic groups or special populations?
Gender
Race or Ethnicity

Non-Specialty Mental Health Services (NSMHS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2023

How does your county status compare to the statewide rate?

For adults/older adults
Above

For children/youth
Above

What disparities did you identify across demographic groups or special populations?
Gender

Drug Medi-Cal (DMC) Penetration Rates for Adults and Children & Youth (DHCS), FY 2022 – 2023

How does your county status compare to the statewide rate?

For adults/older adults
Not Applicable

For children/youth
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Drug Medi-Cal Organized Delivery System (DMC-ODS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2022 – 2023

How does your county status compare to the statewide rate?

For adults/older adults
Not Applicable

For children/youth
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Access to care: Supplemental Measures

Initiation of Substance Use Disorder Treatment (IET-INI) (DHCS), FY 2023

How does your county status compare to the statewide rate?
Below

What disparities did you identify across demographic groups or special populations?
No disparities Data Available

Access to care: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

In Sonoma County, FY2021 data on Specialty Mental Health Services (SMHS) penetration rates show clear disparities across racial and ethnic groups. Black residents had the highest penetration rate, exceeding 5%, more than double the overall county average of 2.4%. Individuals categorized under "Unknown Race/Ethnicity" also had relatively high rates, close to 5%. White residents fell just above the county average at around 3%, while "Other Race/Ethnicity" groups were slightly below at about 2.8%. In contrast, Alaskan Native or American Indian residents accessed services at lower rates, around 1.7%, and both Asian or Pacific Islander and Hispanic residents experienced the lowest penetration rates, each close to 1%. These patterns highlight significant inequities in access to specialty mental health care.

In Sonoma County, FY2022 data on Non-Specialty Mental Health Services (NSMHS) penetration rates by sex show notable differences in access. Adult females had a penetration rate of 19.3%, well above the county average of 16.2%. In contrast, adult males accessed services at a significantly lower rate of 12.4%, falling well below the county average. This gap suggests that men are underutilizing available mental health services compared to women, pointing to potential barriers such as stigma, cultural expectations, or service delivery models that may be less responsive to men's needs.

Access to care: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may increase your county's level of access to care. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes

The County will strengthen access to care through targeted systems, programs, and partnership investments informed by SmartCare data, CHIP and CHA, penetration rates, and disparity data. To address access measures below the statewide average, the County will improve timely assessment, referral, and engagement by strengthening coordination, standardizing intake and referral pathways, and improving linkage between access points and ongoing services. The County will support youth through the school-based CAPE (Crisis Assessment, Prevention, and Education) Team is in partnership with Sonoma County Office of Education.
To reduce disparities for Latinx and BIPOC populations, the County will expand the county run Latinx Clinic, expand bilingual and bicultural staffing, release RFPs for a Latinx Youth Wellness & Advocacy Program, an Early Intervention program with Community-Defined Best Practices for BIPOC Populations, and implement a countywide behavioral health resource map in English and Spanish. These efforts respond to data showing lower utilization and poorer outcomes among communities of color and individuals with limited English proficiency.

With the implementation of DMC-ODS in December 2024, access to substance use disorder treatment is expanding across levels in the continuum of care,, including residential, withdrawal management, outpatient, and medication assisted treatment through providers such as Siyan SUD Outpatient Program, Pura Vida Outpatient Program, The Lakes Outpatient Program, Center Point DAAC Redwood Empire Addictions Program, Muir Wood, Buckelew Orenda, the Dr. Sushma D. Taylor Recovery Center, Santa Rosa Treatment Center, and additional outpatient programs countywide.

The County will also strengthen partnerships with peer and family support organizations, older adult collaboratives, justice involved programs, and youth prevention providers. Ongoing review through the Quality Improvement Committee will guide data driven improvements to access and equity.

Please identify the category or categories of funding that the county is using to address the access to care goal
BHSA Behavioral Health Services and Support (BHSS)
BHSA Full Services Partnership (FSP)
1991 Realignment
2011 Realignment
State General Fund

Federal Financial Participation (SMHS, Drug Medi-Cal/Drug Medi-Cal Organized Delivery System (DMC/DMC-ODS)
Community Mental Health Block Grant (MHBG)
Substance Use Block Grant
Other

Please describe other
Local tax: Measure O and Opioid Settlement Funds

Homelessness: Primary measures

People Experiencing Homelessness Point-in-Time Count (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region?
Above

What disparities did you identify across demographic groups or special populations?
Age
Gender
Race or Ethnicity
Sex
Other

Please describe other
Gender/Sexuality

Homeless Student Enrollment by Dwelling Type, California Department of Education (CDE), 2023 - 2024

How does your county status compare to the statewide rate?
Below

What disparities did you identify across demographic groups or special populations?
Race or Ethnicity
Spoken Language

Homelessness: Supplemental Measures

PIT Count Rate of People Experience Homelessness with Severe Mental Illness, (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region?
Below

What disparities did you identify across demographic groups or special populations? **No Disparities Data Available**

PIT Count Rate of People Experience Homelessness with Chronic Substance Abuse, (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region?
Below

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

People Experiencing Homelessness Who Accessed Services from a Continuum of Care (CoC) Rate (BCSH), 2023 (This measure will increase as people access services.)

How does your local CoC's rate compare to the average rate across all CoCs?
Below

What disparities did you identify across demographic groups or special populations?
Gender
Race or Ethnicity

Homelessness: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

In the County's 2024 Point-in-Time (PIT) Count, striking disparities emerge in rates of homelessness by race and ethnicity. American Indian or Alaska Native residents experience the highest rate by far, at 455 per 10,000, nearly nine times the overall county rate of 52 per 10,000. Black residents also face disproportionately high homelessness at 226 per 10,000, over four times the county average. Native Hawaiian or Other Pacific Islander residents experience homelessness at 142 per 10,000, while individuals identifying with multiple races report 89 per 10,000. In contrast, Hispanic/Latina/o (51 per 10,000), White (42 per 10,000), and Asian or Asian American (23 per 10,000) residents fall below or near the county average. These figures highlight severe racial inequities in housing stability, with Native and Black communities experiencing homelessness at alarmingly high rates compared to other groups.

In the Sonoma PIT Count, 66% of survey participants identified as male, 32% identified as female, and 2% identified as another gender. Among the female respondents, less than 1% indicated that they were currently pregnant. Over three-fifths of survey respondents were over the age of 41. The age group with the most respondents was 41-50 years old. Persons identifying as LGBTQ+ (lesbian, gay, bisexual, gender non-conforming, transgender, or queer) are overrepresented in the population experiencing homelessness when compared to the general population: as of 2018, 5.6% of the US population Identified as LGBT. According to the 2024 Sonoma Homeless Survey, eight percent (8%) of survey respondents identified as LGBTQ, down from 20% in 2023.

The data shows significant racial and ethnic disparities in people experiencing homelessness who accessed services from the CoC rate. American Indian/Alaska Native individuals have by far the highest service utilization rate at 381 per 10,000, followed by Black residents at 324 per 10,000 far above the overall county rate of 69. Native Hawaiian or Pacific Islanders also experience higher-than-average utilization at 176 per 10,000. In contrast, Hispanic/Latina/e/o residents (80 per 10,000) are close to the countywide rate, while White residents (68 per 10,000) fall slightly below it. Asian or Asian American residents have the lowest utilization rate, at just 13 per 10,000. These differences highlight that Native and Black communities in Sonoma County are disproportionately experiencing homelessness and accessing related services, while Asian communities appear significantly underrepresented in the system, raising questions about both inequitable risks of homelessness and potential barriers to accessing services. In Sonoma County, homeless service utilization in 2024 shows a gender disparity:

cisgender men access services at a higher rate (87 per 10,000) compared to cisgender women (68 per 10,000).

Homelessness: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of homelessness in the population experiencing severe mental illness, severe SUD, or co-occurring conditions. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

Beginning July 1, 2026, Sonoma County will strengthen coordinated housing and behavioral health initiatives to reduce homelessness among individuals with severe mental illness and or severe substance use disorders. These efforts are informed by local data, including the Point in Time Count, SmartCare, the Community Health Improvement Plan, and the Community Health Assessment, align with the Behavioral Health Services Act, and address areas where outcomes lag behind statewide averages, including housing retention for individuals with high behavioral health acuity and persistent racial disparities.

By July 2026, the Homelessness Division will become a section within the Behavioral Health Division, enabling closer alignment of planning, funding, and service delivery to reduce fragmentation and improve coordination across outreach, treatment, and housing.

The County will continue to support No Place Like Home permanent supportive housing and targeted transitional housing, including Mickey Zane Place, Eliza's Village, Behavioral Health Bridge Housing at Arrowood, and recovery oriented options such as Buckelew Hope Village Sober Living and Women's Recovery Services Transitional Housing.

To improve housing access and placement rates below statewide benchmarks, the County will invest $2 million annually beginning in FY 2026–29 in housing assistance for rental subsidies, deposits, utilities, and housing navigation. PIT

and HMIS data show that upfront housing costs and limited navigation support are key barriers to housing exits.

The County will strengthen outreach through the Whole Person Care team, align pathways from outreach to housing, and continue coordination with Continuum of Care funding. Sonoma County will also provide match funding for Behavioral Health Continuum Infrastructure Program Round 2, including a psychiatric health facility and peer respite services to reduce cycles of crisis and homelessness.

Please identify the category or categories of funding that the county is using to address the homelessness goal
BHSA BHSS
BHSA FSP
BHSA Housing Interventions
2011 Realignment
Other

Please describe other
Innovation Funds, Measure O, Federal/HUD CoC, State HHAP

Institutionalization
Per 42 CFR 435.1010, an institution is "an establishment that furnishes (in single or multiple facilities) food, shelter, and some treatment or services to four or more persons unrelated to the proprietor." Institutional settings are intended for individuals with conditions including, but not limited to, behavioral health conditions.
Care provided in inpatient and residential (i.e., institutional) settings can be clinically appropriate and is part of the care continuum. Here, institutionalization refers to individuals residing in these settings longer than clinically appropriate. Therefore, the goal is not to reduce stays in institutional settings to zero. The focus of this goal is on reducing stays in institutional settings that provide a Level of Care that is not – or is no longer – the least restrictive environment. (no action)

Institutionalization: Primary Measures

Inpatient administrative days (DHCS) rate, FY 2023
How does your county status compare to the statewide rate/average?

For adults/older adults

Not Applicable

For children/youth
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Institutionalization: Supplemental Measures

Involuntary Detention Rates, FY 2021 – 2022
How does your county status compare to the statewide rate/average?

14-day involuntary detention rates per 10,000
Above

30-day involuntary detention rates per 10,000
Above

180-day post-certification involuntary detention rates per 10,000
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Conservatorships, FY 2021 – 2022
How does your county status compare to the statewide rate/average?

Temporary Conservatorships
Above

Permanent Conservatorships
Above

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

SMHS Crisis Service Utilization (Crisis Intervention, Crisis Residential Treatment Services, and Crisis Stabilization) (DHCS), FY 2023

Increasing access to crisis services may reduce or prevent unnecessary admissions to institutional facilities

How does your county status compare to the statewide rate/average?

Crisis Intervention

For adults/older adults
Below

For children/youth
Below

Crisis Residential Treatment Services

For adults/older adults
Above

For children/youth
Not Applicable

Crisis Stabilization

For adults/older adults
Above

For children/youth
Below

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Institutionalization: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

No Disparities Data Available

Santa Rosa Behavioral Health Hospital (SRBHH), formerly SRBHH, has reported its 14-day and 30-day involuntary detention rates data, which was submitted prior to FY 2023–24. It appears that there has been a significant overcount of holds due to differences in the reporting methodology.

Before FY 2023–24, SRBHH submitted data that tracked daily totals for each hold type, which likely reflected the total number of patients on that hold type each day, rather than the number of new holds written. In FY 2023–24, SRBHH transitioned to a fillable PDF format form provided by DHCS, requiring the reporting of each individual hold type, resulting in more accurate counts.

The discrepancy is evident in FY 2023–24, where the data reports 3,287 14-day holds (5250s), while the PDF report shows only 458, a difference of nearly seven-fold.

This discrepancy appears to be a result of the earlier reporting methodology, and it is expected that this issue will resolve itself in future dashboard cycles, likely within the next 3–4 years as more accurate data from FY 2024–25 is incorporated into the rolling dashboards. In the meantime, the Department of Health Services, Behavioral Health Division (DHS-BHD) is working closely with SRBHH to submit corrected data for past periods.

Institutionalization: Cross-Measure Questions

What additional local data do you have on the current status of institutionalization in your county? (Example: utilization of Mental Health Rehabilitation Center or Skilled Nursing Facility-Special Treatment Programs)

No additional data is available.

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's rate of institutionalization. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform

new programs, services, partnerships or initiatives the count is implementing (e.g., enhancing crisis response services targeting a sub-population in which data demonstrates they have poorer outcomes)

To reduce the county's rate of institutionalization and address measures where our status is below the statewide average or median, Sonoma County is planning to strengthen and implement several key programs and initiatives beginning July 1, 2026. These efforts aim to provide more community-based care, enhance access to supportive services, and reduce reliance on institutional placements. The initiatives are designed to meet the specific needs of high-risk subpopulations identified through local data and to improve the overall behavioral health system's outcomes.

Behavioral Health Bridge Housing will continue to be a pivotal initiative. This program provides individuals experiencing homelessness and behavioral health challenges with temporary, stable housing paired with supportive services. Data indicating the high correlation between homelessness and higher rates of institutionalization informs this program. By offering bridge housing, the County aims to prevent unnecessary hospitalizations and other institutional placements, helping individuals stabilize in the community.

Crossroads to Hope, a community-based program, will also be strengthened. This initiative targets individuals who have historically faced barriers to accessing mental health care, such as those with co-occurring substance use disorders. Data showing higher institutionalization rates among this group has led to the expansion of services that offer immediate access to care and wraparound services, addressing both mental health and social determinants of health.

The Psychiatric Health Facility (PHF) will focus on enhancing diversionary programs to prevent unnecessary admissions. The county will also develop a Peer Respite facility, offering a non-clinical alternative to hospitalization for individuals in crisis. Peer respite data shows that individuals often have better outcomes when treated by peers in a less institutional environment, which directly supports efforts to reduce institutionalization rates.

The Mobile Support Team will be expanded to provide on-site, immediate behavioral health interventions in the community. This team, equipped with mental health professionals and peer support specialists, responds to crises in real time, preventing individuals from being transported to emergency rooms or

psychiatric facilities. Our data indicates that individuals who engage with mobile support services are less likely to require institutional care and show improved long-term stability.

The County will strengthen the school-based CAPE (Crisis Assessment, Prevention, and Education) team to reduce unnecessary institutionalization by ensuring that behavioral health crises are resolved in community settings whenever possible and do not result in avoidable hospitalization. CAPE will emphasize rapid assessment, brief intervention, and direct linkage to appropriate ongoing services, including proactive follow-up after crisis encounters to support stabilization in the community. This approach is particularly responsive to local needs, as data indicate a high number of youths experiencing crisis who do not transition into ongoing care and are therefore at increased risk of future institutional involvement.

The Whole Person Care program will continue to integrate physical, behavioral, and social care for high-needs individuals. By focusing on comprehensive, coordinated care, this program targets gaps in the system where individuals often slip through, leading to higher institutionalization rates. Data has shown that people with multiple health conditions and no clear care coordination are more likely to end up in psychiatric or medical facilities.

FEP SOAR (Supportive Outreach and Access to Resources) will be a critical component in supporting First Episode Psychosis (FEP) individuals. This program uses a coordinated specialty care model that provides early, intensive intervention for individuals experiencing their first psychotic episode. Our data indicates that early intervention significantly reduces long-term institutionalization and improves outcomes, so the expansion of FEP SOAR services will be a priority, particularly for youth and young adults.

Care Court, in alignment with state initiatives, will work to divert individuals with severe mental health conditions away from the criminal justice system and institutional care, offering court-ordered treatment plans and services to reduce incarceration and hospitalization rates. Data suggests that individuals who receive coordinated, court-supervised treatment are less likely to experience repeated institutionalization.

Lastly, Transitional Recovery services will support individuals exiting institutional settings, such as psychiatric hospitals, by providing intensive wraparound services to help them reintegrate into the community. By offering housing, mental health services, and peer support, this program will address the data indicating that individuals often cycle back into institutional care due to inadequate community reintegration supports.

These programs are all aligned with Sonoma County's efforts to reduce institutionalization by offering more robust community-based options for care. Through partnerships with local providers, peer specialists, and county health teams, we aim to create an integrated care system that supports individuals in their communities rather than relying on institutional settings. Additionally, data collected from current program participants, including discharge records, behavioral health assessments, and housing outcomes, informs ongoing program development and ensures that our strategies are targeted to the populations most at risk for institutionalization.

These collective efforts, designed to address gaps in care and support individuals throughout their treatment journey, will contribute to a significant reduction in institutionalization rates by providing individuals with the resources and services they need to thrive outside of institutional settings.

Please identify the category or categories of funding that the county is using to address the institutionalization goal

BHSA BHSS
1991 Realignment
Federal Financial Participation (SMHS, DMC/DMC-ODS)
MHBG
Other

Please describe other

MHSA Innovation, Measure O, BHBH Grant, Felony IST Growth Cap Penalty Fund

Justice-Involvement: Primary Measures

Arrests: Adult and Juvenile Rates (Department of Justice), Statistical Year 2023

How does your county status compare to the statewide rate/average?

For adults/older adults
Above

For juveniles
Above

What disparities did you identify across demographic groups or special populations?
Age
Sex
Race or Ethnicity

Justice-Involvement: Supplemental Measures

Adult Recidivism Conviction Rate (California Department of Corrections and Rehabilitation (CDCR)), FY 2019 – 2020

How does your county status compare to the statewide rate/average?
Below

What disparities did you identify across demographic groups or special populations?
Race or Ethnicity

Incompetent to Stand Trial (IST) Count (Department of State Hospitals(DSH)), FY 2023

Note: The IST count includes all programs funded by DSH, including, state hospital, Jail Based Competency Treatment (JBCT), waitlist, community inpatient facilities, conditional release, community-based restoration and diversion programs. However, this count excludes county-funded programs. As such, individuals with Felony IST designations who are court-ordered to county-funded programs are not included in this count.

How does your county status compare to the statewide rate/average?
Above

What disparities did you identify across demographic groups or special populations?
No Disparities Data Availabl

Justice-Involvement: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

The 2024 Sonoma County arrest data shows stark inequities across race, ethnicity, sex, and age. Black residents are disproportionately impacted, with an arrest rate of 11,444 per 100,000, more than four times higher than Hispanic residents (3,408 per 100,000) and nearly five times higher than White residents (2,382 per 100,000). When broken down further by sex, the disparities become even more extreme: Black males face an arrest rate of 17,318 per 100,000, the highest among all groups, while Black females also face disproportionate rates at 4,789 per 100,000, far higher than white (1,290) and Hispanic women (1,134). Hispanic males (5,566 per 100,000) and white males (3,551 per 100,000) also show elevated rates compared to their female counterparts, though still far below the levels experienced by Black men.

Age patterns highlight additional disparities, with arrest rates peaking among adults ages 30–39 (6,305 per 100,000) and ages 20–29 (5,171 per 100,000). Rates then drop considerably among older adults, falling to 2,978 for those ages 40–69 and just 211 for those 70 and older. These findings reveal that Black residents, particularly Black men, and younger adults are disproportionately entangled in the criminal justice system in Sonoma County, pointing to deep racial and age-based inequities in arrests.

The adult recidivism conviction rate data show clear racial disparities. Black adults have the highest recidivism rate at 42.9 percent, followed by white adults at 34.5 percent, while Hispanic adults have the lowest rate at 30.2 percent. This pattern indicates that Black adults are disproportionately impacted by repeat convictions compared to other racial groups.

Justice-Involvement: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of justice-involvement for those living with significant behavioral health needs. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services,

partnerships or initiatives the count is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

Sonoma County is actively working to reduce the rate of institutionalization and address disparities in behavioral health through a variety of programs and initiatives, many of which are designed to support individuals involved with the criminal justice system and those with complex behavioral health needs. These efforts are aligned with the Sonoma County Stepping Up Committee's goal to divert individuals from unnecessary incarceration or institutional care by improving access to behavioral health services and promoting alternative approaches.

Care Court is one of the key initiatives designed to connect individuals with severe mental health disorders to treatment instead of incarceration. This program focuses on those with untreated behavioral health issues and criminal justice involvement, ensuring they are connected with court-ordered behavioral health services, which research shows can reduce recidivism and institutionalization.

The Crossroads to Hope Innovation program is another crucial initiative addressing the needs of individuals with serious behavioral health disorders and have been diverted from the criminal justice system. By providing housing and wraparound services, Crossroads aims to reduce the risk of hospitalization or jail time, which often results from untreated behavioral health disorders.

To further address institutionalization, the Department of State Hospitals (DSH) plays a role in both short- and long-term care needs for individuals with severe mental health issues. Sonoma County works closely with DSH to ensure a smooth transition from institutional care back into the community with ongoing support, reducing the likelihood of readmission or involvement with the criminal justice system.

The Jail InReach Program is a critical initiative that connects individuals who are incarcerated with mental health services before they are released. By identifying behavioral health needs and connecting inmates with appropriate treatment, the program helps prevent re-entry into both the justice system and institutional care, ensuring individuals are stabilized in the community.

BH Bridge Housing is an essential component in preventing homelessness and its associated risks, including institutionalization. This program offers temporary housing for individuals transitioning from institutional care or incarceration, with behavioral health services that facilitate recovery and reintegration into society.

FACT (Forensic Assertive Community Treatment) FSP (Full Service Partnership) provides intensive case management and treatment services to individuals with serious mental illness, often those who are at risk of hospitalization or homelessness. This program aims to keep individuals out of institutional settings by providing holistic, person-centered care, including housing support, and community reintegration.

Mental Health Diversion programs, including Specialty Court Programs like the Mental Health Diversion Court and Behavioral Health Court, are designed to divert individuals with mental health conditions from incarceration and institutionalization by offering treatment alternatives. These courts provide individuals the opportunity to receive mental health treatment while avoiding the long-term consequences of incarceration and the risk of institutionalization.

The Justice Mental Health Collaboration Project (Pre-trial Mental Health Release) focuses on identifying individuals with behavioral health issues early in the judicial process. This project facilitates pre-trial release with mental health treatment instead of detention, particularly for individuals whose mental health issues contribute to their involvement in the criminal justice system.

AB 109, a program that facilitates the release of nonviolent offenders back into the community, includes intensive supervision and mental health support services. Sonoma County ensures that individuals who are released under AB 109 have access to behavioral health care, housing, and case management, which decreases the need for institutional care and incarceration.

Finally, New Hope For Youth provides services for young people involved with the justice system, focusing on behavioral health and trauma-informed care. This program works to divert youth from detention and ensure that they receive services in the community to prevent future institutionalization.

Sonoma County also utilizes the Sonoma County DUI Program to provide treatment services for individuals arrested for driving under the influence. The

program focuses on addressing substance use disorders to reduce the likelihood of future arrests, hospitalization, or involvement with the justice system.

These programs, while designed to serve a broad range of individuals, also specifically aim to address disparities in mental health and behavioral health outcomes, particularly among marginalized groups. For example, individuals from communities of color and homeless populations often face higher rates of incarceration and institutionalization. Crossroads to Hope and FACT FSP provide targeted services for these populations, ensuring they receive appropriate behavioral health care, housing, and social support.

Disparities in access to care are also addressed by programs like Care Court, which targets individuals who are at risk of becoming institutionalized due to untreated mental health disorders, ensuring they receive the necessary court-ordered treatment and support services, rather than facing incarceration or hospitalization.

Please identify the category or categories of funding that the county is using to address the justice-involvement goal
BHSA FSP
BHSA Housing Interventions
2011 Realignment
Federal Financial Participation (SMHS, DMC/DMC-ODS)
SUBG
Other

Please describe other
AB 109 Community Correction Partnership, MHSA Innovation, Department of State Hospitals, Prop 47 Jail InReach Program, BH Bridge Housing Grant, Felony IST Growth Cap, Opioid Settlement Funds

Removal Of Children from Home: Primary Measures

Children in Foster Care (Child Welfare Indicators Project (CWIP)), as of January 2025

How does your county status compare to the statewide rate?
Below

What disparities did you identify across demographic groups or special populations?
Age
Sex

Removal Of Children from Home: Supplemental Measures

Open Child Welfare Cases SMHS Penetration Rates (DHCS), 2022

How does your county status compare to the statewide rate?
Below

What disparities did you identify across demographic groups or special populations?
Age
Race or Ethnicity
Sex

Child Maltreatment Substantiations (CWIP), 2022

How does your county status compare to the statewide rate?
Below

What disparities did you identify across demographic groups or special populations?
Age
Race or Ethnicity

Removal Of Children from Home: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
In Sonoma County, the 2022- 2025 foster care data highlights significant age- and sex-based disparities. Infants under the age one are the most overrepresented, with a foster care placement rate of 614 per 100,000, far higher than the countywide average of 454. By contrast, placement rates decline for school-aged children, with rates of 385 per 100,000 for ages three to five, 334 for ages 11 to 15, 337 for ages 18 to 21, and the lowest rate of 269 for ages six to 10. These patterns

show that the youngest children face the greatest vulnerability for removal into foster care, while middle childhood appears to carry somewhat lower risk.

When examined by sex at birth, disparities are also present. Female children have a foster care placement rate of 374 per 100,000, compared to 339 per 100,000 for males. Both groups fall below the countywide average of 454, suggesting that the higher county rate is largely driven by the youngest age groups rather than differences by sex. Overall, Sonoma County's data underscores that infants are especially at risk of entering foster care, while sex differences, though present, are less pronounced than age-related disparities.

The 2021 Sonoma County data on open child welfare cases receiving specialty mental health services reveals sharp disparities across race, age, and sex. Hispanic children (21.8%) and those identified as "Other" (21.4%) accessed services at rates close to the countywide average of 23.4%, but Black and white children had suppressed rates of just 1%, suggesting very limited access to needed care or small population counts that mask inequities. Age differences are also pronounced: older youth ages 18–20 had the highest penetration rate at 32.4%, indicating greater service engagement as they transition to adulthood, while children ages 6–11 also accessed services at relatively higher levels (21.7%). By contrast, younger children were far less likely to receive services, with only 7.7% of children ages 3–5 and just 1% of infants (0–2) and adolescents ages 12–17 engaged in SMHS care.

Gender patterns show smaller differences, with females (24.5%) accessing services at slightly higher rates than males (22.3%). Overall, the data highlight that while older youth and some racial groups are connecting to services, Black and white children, very young children, and adolescents remain significantly underserved within Sonoma County's child welfare system.

The 2024 Sonoma County data on child maltreatment substantiation highlights important age- and race-based disparities. Infants under the age one are at dramatically higher risk, with a substantiation incidence rate of 9.9 per 1,000—more than three times the overall county rate of 3.0. Rates drop significantly among older children, with 3.3 per 1,000 for ages three to five, 3.1 for ages one to two, 2.7 for ages 16 to 17, 2.6 for ages six to ten, and the lowest rate of 2.2 for ages 11 to 15. This pattern underscores the heightened vulnerability of infants,

who are far more likely than older children to be the subject of substantiated maltreatment reports.

When broken down by race and ethnicity, Latino children have the highest substantiation rate at 3.6 per 1,000, slightly above the county average, while white children are just below the average at 2.8 per 1,000. In contrast, Asian or Pacific Islander, Black, and Native American children all have suppressed rates of 0.1, and children identified as multi-race are reported at 0.0. These suppressed rates may reflect small population sizes or underreporting, but they also raise questions about potential inequities in how maltreatment is identified, substantiated, or recorded across different racial and ethnic groups.

Overall, the data show that infants and Latino children are disproportionately impacted by substantiated maltreatment in Sonoma County, revealing critical age- and race-based inequities in child protection outcomes.

Removal Of Children from Home: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may increase your county's level of access to care. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes.

Beginning July 1, 2026, the Latinx Clinic will expand culturally and linguistically responsive services for families involved in or at risk of child welfare involvement, with a focus on caregivers of infants and young children. Enhancements include strengthened referral pathways with Youth and Family Support Services FSP and Child Welfare Services, increased family education and advocacy supports, and coordination with Youth Access Teams, Mobile Support Teams, and Crisis Assessment, Prevention, and Education (CAPE) to divert families from crisis-driven removals.

To further reduce removals, Sonoma County will align these initiatives with a broader continuum of services beginning July 1, 2026, 0–5 early childhood programs, Adult FSP, Telecare, Integrated Recovery Teams, Collaborative

Treatment and Recovery Teams (CTRT), family support services, peer wellness centers, and partnerships with Seneca Family Agencies for foster youth. Additional supports include Dependency Drug Court, Drug Free Babies, and a new Housing Assistance Program to address housing instability as a driver of child welfare involvement.

Sonoma County's planned July 1, 2026 enhancements directly respond to local data showing disproportionate foster care placement and maltreatment among infants and Latino children, as well as gaps in early access to specialty mental health services. By strengthening the FASST FSP, expanding the Latinx Clinic, and coordinating across behavioral health, child welfare, and community partners, the County aims to reduce unnecessary child removals, improve equity, and support safe family preservation.

Please identify the category or categories of funding that the county is nusing to address the removal of children from home goal
BHSA BHSS
BHSA FSP
BHSA Housing Interventions
1991 Realignment
2011 Realignment
Federal Financial Participation (SMHS, DMC/DMC-ODS)
MHBG
Other

Please describe other
Measure O

Untreated Behavioral Health Conditions: Primary Measures

Follow-Up After Emergency Department Visits for Substance Use (FUA-30), 2022
How does your county status compare to the statewide rate/average?

For the full population measured
Below

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Follow-Up After Emergency Department Visits for Mental Illness (FUM-30), 2022

How does your county status compare to the statewide rate/average?

For the full population measured

Above

What disparities did you identify across demographic groups or special populations?

No Disparities Data Available

Untreated Behavioral Health Conditions: Supplemental Measures

Adults that needed help for emotional/mental health problems or use of alcohol/drugs who had no visits for mental/drug/alcohol issues in past year(CHIS), 2023

How does your county status compare to the statewide rate?

For the full population measured

Above

What disparities did you identify across demographic groups or special populations?

Race or Ethnicity

Untreated Behavioral Health Conditions: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis.

In Sonoma County, more than half of adults (55.6%) who needed help for emotional or mental health problems or substance use had no visits for behavioral health care in 2023, reflecting widespread unmet need. When broken down by race, adults of two or more races had the highest rate of unmet need, with about two-thirds going without care. White adults followed at just under 50%, while Latino adults were slightly lower, and Asian adults had the lowest rate of unmet need at around 30%. Data for American Indian/Alaska Native, Black, and Native Hawaiian/Pacific Islander adults were suppressed, likely due to small sample sizes. These findings show that while unmet behavioral health needs affect all communities, adults of two or more races in Sonoma County are

especially likely to go without care, highlighting deep inequities in access and service utilization.

Untreated Behavioral Health Conditions: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of untreated behavioral health conditions. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

Beginning July 1, 2026, Sonoma County will strengthen and implement a coordinated set of access, outreach, crisis, and capacity initiatives intended to reduce the County's level of untreated behavioral health conditions. These actions are informed by local 2023 data showing that 55.6% of adults who needed help for emotional/mental health problems or substance use had no behavioral health visits, indicating substantial unmet need.

The County's outcomes are below statewide averages for timely access and treatment engagement Sonoma County's FY 2026–29 approach prioritizes: faster entry to care, crisis diversion and early intervention, and treatment capacity expansion so that individuals who are identified can be placed quickly into the right level of care.

Sonoma County will strengthen Youth and Adult Access Teams to reduce the "no visit" rate by improving the front door to services. The Access Teams will incorporate targeted engagement strategies for sub-populations highlighted by the 2023 data, particularly adults of two or more races, who have the highest unmet need by using culturally responsive communication, and navigation supports to reduce drop-off between identification and first appointment.

The County will strengthen CAPE to reduce untreated conditions by ensuring that crises lead to engagement rather than missed opportunities. CAPE will emphasize rapid assessment, brief intervention, and direct linkage to ongoing treatment, including follow-up contacts after crisis encounters. This is particularly relevant to local needs given the high percentage of youth with no service visits despite need.

Sonoma County will expand Whole Person Care strategies that address outreach to unhoused individuals with serious behavioral health challenges. This approach is intended to improve treatment initiation and continuity for individuals who are historically less likely to access care.

The County will strengthen Coordinated Specialty Care (CSC) with a specific focus on outreach and early identification, to reduce untreated early psychosis and related conditions. Enhancements will include community-based outreach, partnership referral pathways, and active follow-up to engage individuals who may otherwise not present for traditional outpatient care.

To address inequities in access and utilization, Sonoma County will implement and strengthen targeted initiatives including: Latinx Youth Outreach and Advocacy (RFP), to reduce cultural/linguistic barriers and increase early engagement for youth and families; LGBTQ+ Outreach (RFP), to address stigma, improve trust and safety in services, and increase linkage to affirming care; Best Practices for BIPOC Communities (RFP language), requiring culturally responsive service delivery, and community partnership strategies to improve engagement among underserved groups.

While the 2023 adult unmet-need measure highlights especially high unmet need among adults of two or more races, these targeted approaches reflect the County's broader equity strategy: improving access for communities that face structural and cultural barriers to initiating care, including populations where local data are suppressed but inequities are still a concern.

Sonoma County will implement Comprehensive Services for 0–5 to reduce untreated conditions by intervening earlier with young children and caregivers. Early childhood and family-centered interventions reduce escalation of behavioral health needs over time and support caregiver stability, both of which improve overall treatment engagement and reduce downstream crisis utilization.

The Peer Wellness Centers are an engagement point for residents who are not accessing traditional care, directly responsive to the high "no visit" rate. Peer services offer relationship-based support, coaching, and navigation that can move individuals from ambivalence or mistrust into active treatment and can be particularly effective for those who have repeatedly disengaged.

To reduce untreated conditions, Sonoma County will expand capacity where system constraints contribute to delays and disengagement by partnering with hospitals and residential treatment providers to coordinate care and enable more timely placements, supported by a 50% increase in residential treatment and withdrawal management beds.

This capacity expansion directly targets a common driver of untreated conditions: individuals are identified and motivated for care, but placement delays lead to relapse, crisis recurrence, or complete disengagement.

Where Sonoma County performs below statewide averages on access and engagement indicators, the County's July 1, 2026 approach is designed to close gaps through:

A strengthened front door (Access Teams) to reduce the share of residents with need who have no visit;

Low-barrier engagement (peer wellness and outreach programs) to reach those least likely to initiate care—especially adults of two or more races identified by local data as having the highest unmet need;

Crisis-to-care pathways (CAPE, hospital partnerships, follow-up protocols) so acute events translate into ongoing treatment rather than missed connections;

Capacity increases (inpatient and residential/withdrawal management beds) to reduce wait times and treatment delays that contribute to untreated conditions; and

Equity-focused outreach and culturally responsive service requirements (Latinx youth, LGBTQ+, and BIPOC best practices) to reduce disparities in utilization and engagement.

Together, these FY 2026-2029 program enhancements are specifically designed to reduce Sonoma County's high level of untreated behavioral health conditions, while using local disparity data to prioritize outreach and engagement strategies for populations experiencing the greatest barriers to care.

Please identify the category or categories of funding that the county is using to address the untreated behavioral health conditions goal
BHSA BHSS
BHSA FSP
1991 Realignment
2011 Realignment
MHBG
Other

Please describe other
Measure O

Additional statewide behavioral health goals for improvement

Please review your county's status on the remaining eight statewide behavioral health goals using the primary measure(s) to compare your county to the statewide status and review the supplemental measure(s) for additional insights in the County Performance Workbook. These measures should inform the overall strategy and where relevant, be incorporated into the planning around the six priority goals.

In the next section, the county will select AT LEAST one goal from below for which your county is performing below the statewide rate/average on the primary measure(s) to improve on as a priority for the county.

For related policy information, refer to E.6.2 Primary and Supplemental Measures.

Care Experience: Primary Measures

Perception of Cultural Appropriateness/Quality Domain Score (Consumer Perception Survey (CPS)), 2024
How does your county status compare to the statewide rate/average?

For adults/older adults
Below

For children/youth
Below

Quality Domain Score (Treatment Perception Survey (TPS)), 2024
How does your county status compare to the statewide rate/average?

For adults/older adults
Not Applicable

For children/youth
Not Applicable

Engagement In School: Primary Measures
Twelfth Graders who Graduated High School on Time (Kids Count), 2022

How does your county status compare to the statewide rate/average?
Same

Engagement In School: Supplemental Measures

Meaningful Participation at School (California Health Kids Survey (CHKS)), 2023
How does your county status compare to the statewide rate/average?
Below

Student Chronic Absenteeism Rate (Data Quest), 2022
How does your county status compare to the statewide rate/average?
Same

Engagement In Work: Primary Measures

Unemployment Rate (California Employment Development Department (CA EDD)), 2023
How does your county status compare to the statewide rate/average?
Below

Engagement In Work: Supplemental Measures

Unable to Work Due to Mental Problems (California Health Interview Survey (CHIS)), 2023
How does your county status compare to the statewide rate/average?

Below

Overdoses: Primary Measures

All Drug-Related Overdose Deaths (California Department of Public Health (CDPH)), 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Below

For adults/older adults
Not Applicable

For children/youth
Not Applicable

Overdoses: Supplemental Measures

All-Drug Related Overdose Emergency Department Visits (CDPH), 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Below

For adults/older adults
Not Applicable

For children/youth
Not Applicable

Prevention And Treatment of Co-Occurring Physical Health Conditions: Primary Measures

Adults' Access to Preventive/Ambulatory Health Service & Child and Adolescent Well-Care Visits (DHCS), 2022

How does your county status compare to the statewide rate/average?

For adults (specific to Adults' Access to Preventive/Ambulatory Health Service)
Above

For children/youth (specific to Child and Adolescent Well-Care Visits)
Above

Prevention And Treatment of Co-Occurring Physical Health Conditions: Supplemental Measures

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications & Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing (DHCS), 2022

How does your county status compare to the statewide rate/average?

For adults/older adults (specific to Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications)
Below

For children/youth (specific to Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing)
Above

Quality Of Life: Primary Measures

Perception of Functioning Domain Score (CPS), 2024
How does your county status compare to the statewide rate/average?

For the full population measured
Not Applicable

For adults/older adults
Not Applicable

For children/youth
Not Applicable

Quality Of Life: Supplemental Measures

Poor Mental Health Days Reported (Behavioral Risk Factor Surveillance System (BRFSS)), 2024

How does your county status compare to the statewide rate/average?

For the full population measured

Above

Social Connection: Primary Measures

Perception of Social Connectedness Domain Score (CPS), 2024

How does your county status compare to the statewide rate/average?

For the full population measured

Not Applicable

For adults/older adults

Not Applicable

For children/youth

Not Applicable

Social Connection: Supplemental Measures

Caring Adult Relationships at School (CHKS), 2023

How does your county status compare to the statewide rate/average?

Above

Suicides: Primary Measures

Suicide Deaths, 2022

How does your county status compare to the statewide rate/average?

For the full population measured

Above

Suicides: Supplemental Measures

Non-Fatal Emergency Department Visits Due to Self-Harm, 2022
How does your county status compare to the statewide rate/average?

For the full population measured
Above

For adults/older adults
Above

For children/youth
Above

County-selected statewide population behavioral health goals

For related policy information, refer to **3.E.6 Statewide Behavioral Health Goals**. Based on your county's performance or inequities identified, select at least one additional goal to improve on as a priority for the county for which your county is performing below the statewide rate/average on the primary measure(s). For each county-selected goal, provide the information requested below.
Suicides

Suicides

Please describe why this goal was selected
Sonoma County is prioritizing suicide prevention as a key goal because local rates are significantly higher than the statewide average. In 2022, Sonoma's suicide death rate was 16.0 per 100,000, compared to the California statewide rate of 11.0 and a statewide median of 12.1. These numbers place Sonoma well above many other counties, underscoring the urgent need for targeted prevention and mental health interventions. Suicide is a preventable outcome of mental health crises, and focusing on this goal reflects the county's commitment to reducing avoidable deaths, addressing gaps in crisis services, and ensuring that vulnerable populations receive the support they need. By focusing on suicide prevention, Sonoma County aims to save lives and strengthen community well-being.

What disparities did you identify across demographic groups or priority populations among the Additional Statewide Behavioral Health Goals? For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

The 2022 Sonoma County suicide data reveals clear disparities by both age and sex. The overall county suicide death rate was 16.0 per 100,000, but some groups faced much higher risks. Adults ages 45 to 64 had the highest age-adjusted suicide rate at 23.8 per 100,000, followed by older adults ages 65 to 84 at 20.1 per 100,000. Adults ages 25 to 44 were closer to the county average, at 16.4 per 100,000. This pattern indicates that middle-aged and older adults are particularly vulnerable to suicide in Sonoma County.

Differences by sex are even more pronounced. Males had a suicide death rate of 25.4 per 100,000, four times higher than females, who had a rate of just 6.2 per 100,000. This stark gap mirrors national trends showing men are at far greater risk of suicide deaths, underscoring the importance of targeted prevention and intervention efforts. Overall, the data highlight that suicide disproportionately impacts men and middle-to-older age groups in Sonoma County.

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may improve your county's level of Suicides and refer to any data that was used to make this decision (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

Sonoma County will strengthen and align a comprehensive set of suicide prevention, crisis response, and treatment initiatives to improve suicide-related outcomes across the lifespan, with particular focus on populations experiencing disproportionately high risk. These efforts are guided by local suicide mortality data, and system performance indicators that demonstrate the need for earlier identification, targeted prevention, faster access to care, and sustained engagement following crisis.

The 2022 Sonoma County suicide data reveal significant disparities by age and sex. While the overall county suicide death rate was 16.0 per 100,000, adults ages 45–64 experienced the highest rate at 23.8 per 100,000, followed by older adults ages 65–84 at 20.1 per 100,000, indicating elevated risk among middle-aged and

older adults. Adults ages 25–44 were closer to the county average at 16.4 per 100,000.

Disparities by sex are even more pronounced. Males experienced a suicide death rate of 25.4 per 100,000, four times higher than females at 6.2 per 100,000. These patterns mirror national trends and underscore the need for targeted, gender-responsive prevention strategies, as well as interventions that address social isolation, substance use, untreated mental illness, and life stressors that disproportionately affect men and older adults.

This data informed Sonoma County's decision to prioritize suicide prevention strategies that combine community-based prevention, crisis response, and long-term treatment and recovery supports, with particular attention to adults in midlife and older adulthood and to men who experience the highest mortality risk.

Sonoma County's suicide prevention efforts are anchored in the Sonoma County Suicide Prevention Strategic Plan and coordinated through the Life Worth Living Suicide Prevention Alliance, which convenes behavioral health, public health, education, justice partners, healthcare providers, community-based organizations, and individuals with lived experience. The County will strengthen this coordinated framework to ensure prevention, crisis response, and treatment services function as an integrated continuum.

Community-level prevention and early identification will continue through Suicide Prevention Training Program, Connection is Prevention events, and the Suicide Prevention Hotline. These efforts are designed to reduce stigma, increase recognition of warning signs—particularly among men and middle-aged adults—and expand pathways to help for individuals who may not otherwise engage in behavioral health services. Data showing that many individuals who die by suicide have limited recent contact with care which reinforces the importance of these broad, upstream strategies.

To improve outcomes for individuals experiencing acute suicide risk, Sonoma County will strengthen the full crisis continuum including enhanced coordination among the Mobile Support Team (MST), Access Team, Crisis Assessment, Prevention, and Education (CAPE), Crisis Stabilization Unit, Crisis Residential Units, and BH Bridge Housing.

These services provide timely assessment, crisis intervention, and safe alternatives to incarceration or unnecessary hospitalization. Strengthening these pathways is particularly important for middle-aged and older adults, who may present later in crisis and are at higher risk of lethal outcomes, and for men, who are more likely to die by suicide despite often having fewer prior treatment contacts.

Suicide prevention will be further embedded across all treatment teams, recognizing that suicide risk frequently co-occurs with serious mental illness, substance use disorders, chronic health conditions, and social stressors. This includes coordination across Community Mental Health Clinics, Collaborative Treatment and Recovery Teams, and Whole Person Care team that address behavioral health needs.

Full Service Partnership (FSP) programs—including FASST, Transition Age Youth FSP, Adult FSP, Integrated Recovery Team, and the Older Adult Intensive Team—are central to this strategy. These programs provide intensive, long-term, relationship-based services for individuals at highest suicide risk, including adults with repeated crises and older adults experiencing isolation or functional decline. Local data showing elevated suicide rates among adults ages 45–64 and 65–84 directly informed the emphasis on strengthening services for these age groups.

The Sonoma County DUI Program is also incorporated into the County's suicide prevention strategy, reflecting evidence that substance use and impaired judgment are strongly associated with suicide risk, particularly among adult males, who experience both higher DUI involvement and higher suicide mortality.

Sonoma County will continue to strengthen Peer Centers and family and client education and support services, which reduce isolation and promote sustained engagement following crisis. Peer and family supports are especially important for men and older adults who may be less likely to seek traditional services but benefit from relationship-based, non-clinical support.

Sonoma County will advance a coordinated, data-informed suicide prevention strategy that directly responds to local disparities showing disproportionately high suicide rates among men and middle-aged and older adults. Through strengthened community prevention, crisis response, treatment continuity, and

recovery supports aligned under the Life Worth Living Suicide Prevention Alliance and the County's Suicide Prevention Strategic Plan, Sonoma County aims to reduce suicide deaths and ensure timely, equitable, and effective support for residents most at risk.

Please identify the category or categories of funding that the county is using to address this goal

BHSA BHSS
BHSA FSP
1991 Realignment
Federal Financial Participation (SMHS, DMC/DMC-ODS)
MHBG
SUBG
Other

Please describe other

Sonoma County General Fund, Measure O, Client Fees

COMMUNITY PLANNING PROCESS

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 3.B Community Planning Process.

Stakeholder Engagement

For related policy information, refer to 3.B.1 Stakeholder involvement

Please indicate the type of engagement used to obtain input on the planning process

County outreach through social media
County outreach through townhall meetings
Focus group discussions
Key informant interviews with subject matter experts
Meeting(s) with county
Provided data to county
Survey participation
Training, education, and outreach related to community planning
Workgroups and committee meetings
Other

Please specify the other strategies that demonstrate the meaningful partnerships with stakeholders

Engaged with stakeholders via listserv that contains approximately 2,500 subscribers

Include date(s) of stakeholder engagement for each type of engagement

Type of engagement	Engagement date
Survey participation	03/03/2025
Other	07/11/2025
Workgroups and committee meetings	01/15/2025
Meeting(s) with county	01/23/2025
Workgroups and committee meetings	02/05/2025
Workgroups and committee meetings	02/11/2025
Meeting(s) with county	02/25/2025

Workgroups and committee meetings	**03/19/2025**
Training, education, and outreach related to community planning	**04/04/2025**
Workgroups and committee meetings	**04/08/2025**
Training, education, and outreach related to community planning	**04/15/2025**
Workgroups and committee meetings	**04/16/2025**
Meeting(s) with county	**04/23/2025**
Workgroups and committee meetings	**05/13/2025**
Workgroups and committee meetings	**05/14/2025**
Workgroups and committee meetings	**05/25/2025**
Workgroups and committee meetings	**05/30/2025**
Workgroups and committee meetings	**06/02/2025**
Training, education, and outreach related to community planning	**06/03/2025**
Workgroups and committee meetings	**06/16/2025**
Training, education, and outreach related to community planning	**6/17/2025**
Workgroups and committee meetings	**06/18/2025**
Training, education, and outreach related to community planning	**06/18/2025**
Workgroups and committee meetings	**06/30/2025**
Workgroups and committee meetings	**07/01/2025**
Workgroups and committee meetings	**07/09/2025**
Workgroups and committee meetings	**07/16/2025**
Key informant interviews with subject matter experts	**07/16/2025**
Workgroups and committee meetings	**07/28/2025**
County outreach through townhall meetings	**07/22/2025**
County outreach through townhall meetings	**07/30/2025**
Workgroups and committee meetings	**08/12/2025**
Focus group discussions	**08/12/2025**
Workgroups and committee meetings	**08/13/2025**
Provided data to county	**09/10/2025**
Focus group discussions	**08/22/2025**
Workgroups and committee meetings	**10/08/2025**
Workgroups and committee meetings	**10/10/2025**

Workgroups and committee meetings	**10/21/2025**
Provided data to county	**10/29/2025**
Workgroups and committee meetings	**12/02/2025**
Workgroups and committee meetings	**12/09/2025**
Workgroups and committee meetings	**12/10/2025**
Key informant interviews with subject matter experts	**01/07/2026**
Workgroups and committee meetings	**01/28/2026**
Workgroups and committee meetings	**02/10/2026**
Workgroups and committee meetings	**02/11/2026**

Please list specific stakeholder organizations that were engaged in the planning process. Please do not include specific names of individuals

Aldea
Behavioral Health Board
Buckelew
CalMHSA
CBHDA
Child Parent Institute
City of Healdsburg
City of Petaluma
City of Rohnert Park Housing and Homeless
City of Santa Rosa
City of Sebastopol
City of Windsor
Cloverdale Senior Center
Commission on the Status of Women
Community Baptist Collaborative
Community Support Network
COTS
Council on Aging
Counseling and Psychological Services at Sonoma State U
Early Learning Institute
Felton Institute
First 5 Sonoma County
Hanna Center
HomeFirst
Human Services Department, Foster

Kaiser Permanente
Latino Service Providers
Mother Care
NAMI
Partnership Health Plan
Petaluma Health Center
Petaluma Mayor's Office
Petaluma People Services Center
Positive Images
Providence
Raizes Collective
Santa Rosa Behavioral Health Hospital
Santa Rosa Community College
Siyan Clinical Research
Sonoma Connect
Sonoma County Behavioral Health Division
Sonoma County Board of Supervisors
Sonoma County Homeless Services Division
Sonoma County Human Services Adult and Aging
Sonoma County Human Services CPS
Sonoma County Office of Education
Sonoma County Probation
Sonoma County Public Defender
Sonoma County Public Heath Division
Sonoma County Sheriffs Department
Sonoma County Superior Court
The Living Room
Veterans Affairs
VOICES
West County Community Services

What are the five most populous cities in counties with a population greater than 200,000 (Cities submitting IP independently are not required to collaborate with other cities) (Population and Housing Estimates for Cities, Counties, and the State)

	City name
1	Santa Rosa
2	Petaluma
3	Rohnert Park

4	**Windsor**
5	**Healdsburg**

Were you able to engage all required stakeholders/groups in the planning process?
No

If not, which required stakeholder/groups were you unable to engage in the planning process?
Disability insurers
Labor representative organizations

Disability insurers
Attempted but did not receive a response

Labor representative organization
Attempted but did not receive a response

Please describe and provide documentation (such as meeting minutes) to support how diverse stakeholder viewpoints were incorporated into the development of the Integrated Plan, including any community-identified strengths, needs, and priorities.
Sonoma County Behavioral Health (SCBH) incorporated diverse stakeholder viewpoints into the development of the FY 2026–2029 Behavioral Health Services Act (BHSA) Integrated Plan through a comprehensive and inclusive Community Program Planning (CPP) process. This process engaged a broad range of stakeholders, including the BHSA Steering Committee, the Community Program Planning (CPP) Workgroup, the Life Worth Living Suicide Prevention Alliance, the Behavioral Health Board, countywide Town Halls conducted in both English and Spanish, specialized housing focus groups, and community surveys. Meeting minutes, summaries, and survey results from these activities document how community-identified strengths, needs, and priorities directly informed each component of the Integrated Plan.
The BHSA Steering Committee provided foundational guidance during the transition from the Mental Health Services Act (MHSA) to BHSA. Members requested clear explanations of new funding categories, implementation timelines, and emerging state requirements. They raised concerns about funding volatility, the three-year reversion timeline, and restrictions on the use of BHSA housing funds. Steering Committee members emphasized community priorities related to housing stability, crisis stabilization, wraparound services, and

sustained case management. Their input led SCBH to establish a dedicated Housing Workgroup, enhance communication materials, and ensure outreach efforts reflected racial, cultural, geographic, and lived-experience diversity. The Committee also emphasized transparency in the use of data and encouraged expanded engagement with historically underserved communities.

The CPP Workgroup played a central role in shaping the design and implementation of Listening Sessions across Sonoma County. Members stressed the importance of culturally relevant, community-defined approaches, including deeper qualitative questioning, expanded outreach, and accessible materials for diverse racial, ethnic, linguistic, and geographic populations. They identified barriers such as cultural stigma, intergenerational trauma, and lack of clarity around existing data sources. Their feedback informed the tailoring of Town Halls and outreach strategies to better meet the needs of specific communities.

The Life Worth Living Suicide Prevention Alliance contributed critical expertise on suicide trends and prevention strategies. Members recommended strengthening real-time data-sharing systems, expanding hospital participation, and collecting more detailed demographic and occupational data to better identify risk patterns. They emphasized the need for follow-up supports for youth and families, trauma-informed approaches to address workforce burnout, and expanded access to evidence-based and community-based suicide prevention training. These recommendations directly informed the Integrated Plan's suicide prevention and early intervention strategies.

Countywide Town Halls provided direct community input on system strengths and gaps. Participants identified the need for stronger cross-system coordination among behavioral health, housing, transportation, and social services. They emphasized prioritizing services for Latinx and undocumented residents, LGBTQ+ communities (particularly transgender and nonbinary individuals), older adults, and individuals with functional or cognitive challenges. Community members highlighted the importance of culturally responsive, community-rooted practices, building trust in county systems, and increasing transparency in funding decisions and program requirements. Peer-to-peer models were consistently identified as effective strategies for improving access and strengthening trust.

At the recommendation of the Steering Committee, SCBH conducted Housing Focus Groups in August and September 2025 with individuals who had lived experience of homelessness and behavioral health challenges. Participants identified safety concerns, lack of privacy in shelters, inconsistent rule enforcement, barriers to consistent case management, and insufficient supports

for individuals with serious mental illness. They recommended trauma-informed housing environments, enhanced onsite clinical and peer services, expanded outreach teams, and practical supports such as dog kennels to support employment access. Participants also identified transportation, digital access, and documentation barriers, recommending monthly bus passes, free internet access at service sites, and assistance obtaining identification, Medi-Cal, and mobile phones. These insights directly shaped priorities for integrated housing and behavioral health service models, expanded case management, strengthened peer workforce roles, and improved transportation and digital access supports. SCBH is collaborating with the County's Homelessness Division to integrate these recommendations into BHSA-funded transitional housing programs at Eliza's Village and Micky Zane Place beginning July 2026.

Across all engagement activities, stakeholders consistently emphasized the value of culturally grounded and lived-experience perspectives. Community members called for strengthening the SCBH Latinx Clinic, expanding culturally rooted early intervention programs, investing in peer-led wellness centers, and hiring staff with lived experience. Stakeholders highlighted the importance of trauma-informed, disability-sensitive approaches and the need to evaluate both evidence-based and community-created practices. There was strong support for improving data systems, integrating quantitative and qualitative measures, and ensuring outcomes reflect community-defined success.

Through this extensive and collaborative planning process, the FY 2026–2029 BHSA Integrated Plan reflects the priorities identified by Sonoma County's diverse communities. These include expanding housing-linked behavioral health supports; strengthening crisis response and early intervention services; investing in culturally grounded and peer-led models; improving real-time data and response systems; and enhancing transparency and communication. Input gathered through meetings, focus groups, surveys, and listening sessions directly informed the Plan's strategies, and SCBH remains committed to continued stakeholder engagement throughout implementation.

Upload File (optional)

2026-5-14 BHSA Steering Com Minutes and PPT.pdf
10.21.25 BHB Minutes Zoom webinar.pdf

Local Health Jurisdiction (LHJ)

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes.

Did the county work with its LHJ on the development of the LHJ's recent Community Health Assessment (CHA) and/or Community Health Improvement Plan (CHIP)? Additional information regarding engagement requirements with other local program planning processes can be found in Policy Manual Chapter 3, Section B.2.3.
Yes

Please describe how the county engaged with LHJs, along with Medi-Cal managed care plans (MCPs), across these three areas in developing the CHA and/or CHIP: collaboration, data-sharing, and stakeholder activities.
Attended key CHA and CHIP meetings as requested; Served on CHA and CHIP governance structures and/or subcommittees as requested.

Did the county utilize the County-LHJ-MCP Collaboration Tool provided via technical assistance?


Collaboration

Please select how the county collaborated with the LHJ
Attended key CHA and CHIP meetings as required
Served on CHA and CHIP governance structures and/or subcommittees as requested.

Data-Sharing

Data-Sharing to Support the CHA/CHIP

Select Statewide Behavioral Health Goals that were identified for data-sharing to support behavioral health-related focus areas of the CHA and CHIP
Access to Care
Homelessness
Institutionalization
Overdoses

Suicides
Other

Please describe
Findings from 2023 Mental Health Forum, FY 22-23 MHSA Listening Report

Was data shared?
Yes

Data-Sharing from MCPS and LHJs to Support IP development

Select Statewide Behavioral Health Goals that were identified for data-sharing to inform IP development
Suicides

Was data shared?
Yes

Stakeholder Activities

Select which stakeholder activities the county has coordinated for IP development with the LHJ engagement on the CHA/CHIP. Please note that although counties must coordinate stakeholder activities with LHJ CHA/CHIP processes (where feasible), the options below are for illustrative purposes only and are not required forms of stakeholder activity coordination (e.g., counties do not need to conduct each of these activities)
Collaborated with LHJ to identify shared stakeholders that are key for both the IP and CHA/CHIP process.
Collaborated on joint surveys, focus groups, and/or interviews that can be used to inform both the IP and CHA/CHIP.
Co-hosted community sessions, listening tours, and/or other community events that can be used to strengthen stakeholder engagement for both the IP and CHA/CHIP.

Most Recent Community Health Assessment (CHA), Community Health Improvement Plan (CHIP) or Strategic Plan

Has the county considered either the LHJ's most recent CHA/CHIP or strategic plan in the development of its IP? Additional information regarding engagement requirements with other local program planning processes can be found in Policy Manual Chapter 3, Section B.2.3

Yes

Provide a brief description of how the county has considered the LHJ's CHA/CHIP or strategic plan when preparing its IP.

Sonoma County considered the Local Health Jurisdiction's Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), and broader Public Health strategic priorities throughout the development of this Integrated Plan. The CHA/CHIP identified behavioral health, suicide prevention, substance use, housing stability, and health equity as critical community need, each of which aligns closely with BHSA priorities. These findings informed our gap analysis, stakeholder engagement questions, priority-setting discussions, and development of BHSA-funded strategies. By grounding the Integrated Plan in the LHJ's data and community-validated priorities, Sonoma County ensures alignment across public health and behavioral health systems, reduces duplication of efforts, and strengthens coordinated, population-level approaches to improving health and wellbeing.

Medi-Cal Managed Care Plan (MCP) Community Reinvestment

For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes.

Please list the Managed Care Plans (MCP) the county worked with to inform the MCPs' respective community reinvestment planning and decision-making processes

Partnership Health Plan and Kaiser

Which activities in the MCP Community Reinvestment Plan submissions address needs identified through the Behavioral Health Services Act community planning process and collaboration between the county, MCP, and other stakeholders on the county's Integrated Plan?

The reinvestment plan is being developed.

COMMENT PERIOD AND PUBLIC HEARING

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to B.3 Public Comment and Updates to the Integrated Plan.

Comment Period and Public Hearing

For related policy information, refer to B.3 Public Comment and Updates to the Integrated Plan.

Date the draft Integrated Plan (IP) was released for stakeholder comment
4/6/2026

Date the stakeholder comment period closed
5/6/2026

Date of behavioral health board public hearing on draft IP
5/19/2026

Please provide proof of a public posting with information on the public hearing. Please select the county's preferred submission modality
Link

Please provide the link to the public posting
IN PROGRESS

If the county uses an existing landing page or other web-based location to publicly post IPs for comment, please provide a link to the landing page (optional)
IN PROGRESS

File Upload
IN PROGRESS

Please select the process by which the draft plan was circulated to stakeholders

Public Posting
Email outreach
Other

Attach email
IN PROGRESS

Please specify the other process the draft plan was circulated to stakeholders
Engaged with stakeholders via listserv that contains approximately 2,500 subscribers.

Please describe stakeholder input in the table below. Please add each stakeholder group into their own row in the table
Table 7. Stakeholder Input
IN PROGRESS

Please describe any substantive recommendations made by the local behavioral health board that are not included in the final Integrated Plan or update. If no substantive revisions were recommended by stakeholders during the comment period, please input N/A
IN PROGRESS

COUNTY BEHAVIORAL HEALTH SERVICES CARE CONTINUUM

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress.

County Behavioral Health Services Care Continuum

The Behavioral Health Care Continuum is composed of two distinct frameworks for substance use disorder and mental health services. These frameworks are used for counties to demonstrate planned expenditures across key service categories in their service continuum. Questions on the Behavioral Health Care Continuum are in the Integrated Plan Budget Template.

IN PROGRESS

COUNTY PROVIDER MONITORING AND OVERSIGHT

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to 6.C.2 Securing Medi-Cal Payment.

Medi-Cal Quality Improvement Plans

Cities submitting their Integrated Plan independently from their counties do not have to complete this section or Question 1 under All BHSA Provider Locations.

For Specialty Mental Health Services (SMHS) or for integrated SMHS/Drug Medi-Cal Organized Delivery System (DMC-ODS) contracts under Behavioral Health Administrative Integration, please upload a copy of the county's current Quality Improvement Plan (QIP) for State Fiscal Year (SFY) 2026-2027

Does the county operate a standalone DMC-ODS program (i.e., a DMC-ODS program that is not under an integrated SMHS/DMC-ODS contract)?
No

Contracted BHSA Provider Locations

As of the date this report is submitted, please provide the total number of contracted Behavioral Health Services Act (BHSA) provider locations offering non-Housing services for SFY 2025-26. I.e., BHSA-funded locations that are (i) not owned or operated by the county, and (ii) offer BHSA services other than Housing Interventions services. (A provider location should be counted if it offers both Housing Interventions and mental health (MH) or substance use disorder services (SUD); provider location that contracts with the county to provide both mental health and substance use disorder services should be counted separately.)

Table 8. Contracted BHSA Provider Locations Offering Non-Housing Services

Services Provided	Number of contracted BHSA provider locations
Mental Health (MH) services only	**20**
Substance Use Disorder (SUD) services only	**0**
Both MH and SUD services	**1**

Among the county's contracted BHSA provider locations, please identify the number of locations that also participate in the county's Medi-Cal Behavioral Health Delivery System (BHDS) (including SMHS and Drug MC/DMC-ODS) for SFY 2025-26

Table 9. Contracted BHSA Provider Locations that Participate in Medi-Cal BHDS

Services Provided	Number of contracted BHSA provider locations
SMHS only	**8**
DMC/DMC-ODS only	**0**
Both SMHS and DMC/DMC-ODS systems	**0**

All BHSA Provider Locations

For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes.

Among the county's BHSA funded SMHS provider locations (county-operated and contracted) that offer services/Levels of Care that may be covered by Medi-Cal MCPs as non-specialty mental health services (NSMHS), what percentage of BHSA funded SMHS providers contract with at least one MCP in the county for the delivery of NSMHS? (optional)
Note: DHCS will provide each county with a list of their SMHS providers that also contract with MCPs. Counties will then calculate a final percentage after excluding SMHS providers that do not offer any services that may be covered as NSMHS.

To maximize resource efficiency, counties must, as of July 1, 2027, require their BHSA providers to (subject to certain exceptions)

a. Check whether an individual seeking services eligible for BHSA funding is enrolled in Medi-Cal and/or a commercial health plan, and if uninsured, refer the individual for eligibility screening
b. Bill the Medi-Cal Behavioral Health Delivery System for covered services for which the provider receives BHSA funding; and
c. Make a good faith effort to seek reimbursement from Medi-Cal Managed Care Plans (MCPs) and commercial health plans for covered services for which the provider receives BHSA funding

Does the county wish to describe implementation challenges or concerns with these requirements?
No

Counties must monitor BHSA-funded providers for compliance with applicable requirements under the Policy Manual, the county's BHSA contract with DHCS, and state law and regulations. Effective SFY 2027-2028, counties must (1) adopt a monitoring schedule that includes periodic site visits and (2) preserve monitoring records, including monitoring reports, county-approved provider Corrective Action Plans (CAPs), and confirmations of CAP resolutions. Counties shall supply these records at any time upon DHCS's request. DHCS encourages counties to adopt the same provider monitoring schedule as under Medi-Cal: annual monitoring with a site visit at least once every three years. For providers that participate in multiple counties' BHSA programs, a county may rely on monitoring performed by another county.

Does the county intend to adopt this recommended monitoring schedule for BHSA-funded providers that:

Also participate in the county's Medi-Cal Behavioral Health Delivery System? (Reminder: Counties may simultaneously monitor for compliance with Medi-Cal and BHSA requirements)
Yes

Do not participate in the county's Medi-Cal Behavioral Health Delivery System?
Yes

BEHAVIORAL HEALTH SERVICES ACT/FUND PROGRAMS

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress.

Behavioral Health Services and Supports (BHSS)

For related policy information, refer to 7.A.1 Behavioral Health Services and Supports Expenditure Guidelines

General

Please select the specific Behavioral Health Services and Supports (BHSS) that are included in your plan

Adult and Older Adult System of Care (non-FSP)
Early Intervention Programs (EIP)
Outreach and Engagement (O&E)
Workforce, Education and Training (WET)
Capital Facilities and Technological Needs (CFTN)

Adult and Older Adult System of Care (Non-Full Service Partnership (FSP)) Program #1

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

Please select the service types provided under Program

Mental health services
Supportive services

Please describe the specific services provided

Sonoma County Community Mental Health Centers (CMHCs) are regionally based service teams designed to improve access to specialty mental health services for underserved populations, consistent with the goals of the Behavioral Health Services Act (BHSA). CMHCs prioritize outreach, engagement, and treatment for

individuals who experience barriers to care, including racially and ethnically diverse communities, individuals requiring culturally and linguistically appropriate services, and people experiencing homelessness with mental illness.

CMHCs operate in four geographically distinct areas of Sonoma County: Guerneville, Cloverdale, Petaluma, and Sonoma, to ensure services are delivered close to where people live. While each CMHC is linked to the County's broader adult system of care, teams are community-focused and tailored to the unique needs of their local service areas.

Services are provided through strong collaborations with community-based organizations, law enforcement partners, and local Federally Qualified Health Centers (FQHCs). These partnerships support BHSA priorities by promoting coordinated, integrated, and equitable care; reducing disparities; and improving engagement and outcomes for individuals with serious mental health needs in smaller and historically underserved communities.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Table 11. Number of Individuals in the Adult and Older Adult Systems of Care (Non-FSP) Served During the Plan Period by Year

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	**295**
FY 2027 – 2028	**295**
FY 2028 – 2029	**295**

Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care
Based on clients served from FY 23-24.

Adult and Older Adult System of Care (Non-Full Service Partnership (FSP)) Program #2

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add" button. For

related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

Please select the service types provided under Program

Mental health services
Support services

Please describe the specific services provided

Siyan Clinical Research – Project RAIN (Resources, Assessment, Intensive Case Management, Navigation) is an Adult Therapy and Case Management program designed to address critical service gaps in access to quality psychiatric and behavioral health care for vulnerable and underserved populations in Sonoma County. The program provides outpatient therapy, mental health rehabilitation services, targeted case management, and crisis intervention to adults with significant mental health needs.

Project RAIN offers services in both English and Spanish and operates Monday through Friday from 8:30 a.m. to 5:00 p.m. The program employs a culturally competent, multidisciplinary approach to effectively engage individuals from diverse backgrounds, including Medi-Cal beneficiaries and those who face barriers to accessing care.

The program is grounded in an integrated Recovery and Medical Model that ensures services are personalized, timely, and coordinated to meet each client's unique needs. Through this approach, Project RAIN promotes recovery, improves overall functioning, and empowers clients to achieve personal wellness goals and greater stability in their lives.

Since its launch, Project RAIN has demonstrated strong performance outcomes, providing more than 1,000 services within its first year of operation. The program expanded staffing to meet growing demand for therapy and case management services among Sonoma County Medi-Cal clients and hired bilingual Spanish-speaking therapists and case managers to better serve Spanish-speaking-only individuals. Project RAIN has also achieved excellent client retention rates, supporting continuity of care and sustained engagement in services.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Table 11. Number of Individuals in the Adult and Older Adult Systems of Care (Non-FSP) Served During the Plan Period by Year

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	**161**
FY 2027 – 2028	**161**
FY 2028 – 2029	**161**

Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care

Based on clients served from FY 23 – 24

Adult and Older Adult System of Care (Non-Full Service Partnership (FSP)) Program #3

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

Please select the service types provided under Program

Supportive services

Please describe the specific services provided

Crisis Intervention Training (CIT) is a Behavioral Health Services Act (BHSA)–aligned training program for local law enforcement and first responders in Sonoma County. The program supports BHSA goals by strengthening cross-system collaboration, promoting early identification and intervention, and improving equitable responses to individuals experiencing mental health crises, including those with potentially severe and disabling mental illness.

CIT is conducted biannually and focuses on engaging and educating first responders in trauma-informed, recovery-oriented, and culturally responsive approaches to crisis response. The training equips law enforcement and emergency personnel with practical tools, knowledge, and access to behavioral health resources that enhance safe de-escalation, appropriate referral, and

diversion from unnecessary emergency department visits or incarceration when clinically appropriate.

Through structured learning and direct engagement, participants build awareness of local behavioral health services and strengthen coordination with community-based providers. Site visits and tours of mental health and community-based organizations are incorporated to foster relationships, improve system navigation, and increase understanding of available behavioral health supports. This integrated approach advances BHSA priorities by improving continuity of care, reducing disparities, and promoting effective community-based crisis response across Sonoma County.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Table 11. Number of Individuals in the Adult and Older Adult Systems of Care (Non-FSP) Served During the Plan Period by Year

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	**50**
FY 2027 – 2028	**50**
FY 2028 – 2029	**50**

Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care
Based on CIT's past participation data.

Early Intervention (EI) Programs #1

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3, but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs.

Program or service name
Alternative Family Services (AFS) Therapy Clinic

Please select which of the three EI components are included as part of the program or service

Access and Linkage: Assessments
Access and Linkage: Referrals
Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide.

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

Yes

Please select the EBPs and CDEPs that apply

Mobile Response and Stabilization Services (MRSS)
Motivational Enhancement Therapy (MET) / Motivational Interviewing
Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
Triple P – Positive Parenting Program (Triple P)

Please provide the name of the EBPs and the CDEPs that apply

Wisdom Pathways Reparative Parenting Approach
Core Practice Model (CPM)

Please describe intended outcomes of the program or service

Alternative Family Services (AFS) Therapy Clinic provides Specialty Mental Health Services to children and youth ages 0–20 in Sonoma County who meet medical necessity criteria. The program aligns with BHSA Early Intervention outcomes by reducing mental health symptoms, improving functioning, strengthening protective factors, and preventing escalation to higher levels of care.

AFS delivers trauma-informed, family-centered services that promote emotional regulation, resilience, and stability within family systems. Clients receiving services demonstrate measurable reductions in trauma-related and mental health symptoms, improved behavioral and emotional functioning, and increased success in school and community settings. Caregivers experience enhanced parenting skills, engagement, and capacity to support their child's mental health needs.

Core services include individual, family, and group therapy; rehabilitation; plan development; Intensive Home-Based Services (IHBS); and Targeted Case Management, including Intensive Care Coordination (ICC). Services are delivered by a multidisciplinary team of licensed clinicians, associates, and paraprofessionals who collaborate with families, Child and Family Teams, schools, and community partners to ensure coordinated care.

Ongoing CANS/ANSA assessments guide treatment planning, monitor progress, and support timely transitions to lower levels of care. Through these coordinated, outcome-driven services, AFS promotes reduced mental health symptoms, improved functioning, strengthened family relationships, increased protective factors, and prevention of escalation to higher levels of care, enabling children, youth, and families to achieve long-term stability and resilience.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Table 12. Estimated Number of Individuals Served in Early Intervention Programs by Plan Year

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	**30**
FY 2027 – 2028	**30**
FY 2028 – 2029	**30**

Please describe any data or assumptions the county used to project the number of individuals served through EI programs
Projected Number of Individuals Served is based on FY 23-24 data (clients served).

Early Intervention (EI) Programs #2

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3, but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs.

Program or service name
Community-Defined Best Practices for BIPOC Populations Program (RFP)

Please select which of the three EI components are included as part of the program or service
Outreach
Access and Linkage: Referrals
Treatment Services and Supports: Other

Please specify "other" type of Treatment Services and Supports
Indicated prevention, early intervention, and strengths-based culturally responsive services using a Community-Defined Best Practices (CDBP) approach.

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs
Yes

Please select the EBPs and CDEPs that apply
A.C.O.R.N Youth Wellness Program
Alternatives for Families: A Cognitive-Behavioral Therapy (AF-CBT)
Aunties and Uncles Program

Please provide the name of the EBPs and CDEPs that apply
This has not been determined yet. This program is currently in the request-for-proposal (RFP) process, so the specific EBPs and CDEPs have not yet been finalized, but they are expected to be defined by July 1, 2026.

Please describe intended outcomes of the program or service
Sonoma County's Community-Defined Best Practices (CDBP) program (currently in RFP) will provide culturally and linguistically responsive early intervention

behavioral health services for Black, Indigenous, Latinx, and other communities of color. The program will serve children and youth from populations that experience behavioral health disparities and barriers to traditional care.

The program aligns with BHSA Early Intervention goals by aiming to: Reduce untreated behavioral health conditions: Youth will demonstrate improved emotional regulation, decreased trauma and stress-related symptoms, and enhanced overall behavioral health; Improve functioning: participants will show better social, school, and community engagement through peer-to-peer health promotion, culturally facilitated support groups, and strengths-based wellness activities; Strengthen protective factors: through traditional and culturally rooted practices, talking circles, and family engagement enhance resilience, coping skills, and family functioning; Prevent escalation to higher levels of care: Early, culturally responsive interventions aim to reduce crises, suicide risk, and the need for intensive or restrictive services.

Program activities may include: culturally affirming workshops, presentations, and community events highlighting cultural strengths; training on suicide prevention, behavioral health awareness, and access to culturally responsive services; and peer, family, and community engagement that fosters holistic wellness. Outreach and education efforts increase awareness, engagement, and utilization of behavioral health resources, with warm referrals to Sonoma County services.
Through these coordinated, culturally grounded services, the program seeks to reduce behavioral health disparities, prevent crises, and promote long-term stability, resilience, and wellness for BIPOC children, youth, families, and communities.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Table 12. Estimated Number of Individuals Served in Early Intervention Programs by Plan Year

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	**126**
FY 2027 – 2028	**126**
FY 2028 – 2029	**126**

Please describe any data or assumptions the county used to project the number of individuals served through EI programs

Projected number of Individuals served through this Community-Defined Best Practices (CDBP) BIPOC program is based on similar programs/services from FY 23-24 data.

Early Intervention (EI) Programs #3

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3, but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs.

Program or service name

Mobile Support Team (MST)

Please select which of the three EI components are included as part of the program or service

Access and Linkage: Screenings
Access and Linkage: Assessments
Access and Linkage: Referrals

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

Yes

Please select the EBPs and CDEPs that apply

Mobile Crisis, including use of tools such as the Columbia Suicide Severity Rating Scale or the Stanley-Brown Safety Plan
Mobile Response and Stabilization Services (MRSS)

Please provide the name of the EBPs and CDEPs that apply

Mobile Response and Stabilization Services (MRSS)

Please describe intended outcomes of the program or service

The Mobile Support Team (MST) is Sonoma County Behavioral Health's countywide, 24/7 behavioral health crisis response program and is a core component of the County's Behavioral Health Services Act (BHSA) Early Intervention (EI) continuum. MST is designed to advance BHSA goals by promoting early access to services, timely intervention, and prevention of more serious mental health and substance use conditions, including the avoidance of unnecessary hospitalization, justice system involvement, and long-term impairment.

MST provides immediate, community-based crisis response through a centralized Crisis Call Center and multidisciplinary Mobile Crisis Response Teams. The Crisis Call Center offers real-time crisis screening, triage, and consultation, ensuring individuals and families receive the right level of care at the right time. When in-person support is needed, Mobile Crisis Response Teams, comprised of behavioral health clinicians, alcohol and other drug counselors, and senior client support specialists respond countywide to provide on-scene assessment, de-escalation, safety planning, and 5150 evaluations when appropriate. Services are available to individuals of all ages, regardless of insurance status, and are delivered in the least restrictive, most clinically appropriate setting. MST teams may respond independently or in coordination with law enforcement when safety concerns require a co-response.

Consistent with BHSA Early Intervention priorities, MST emphasizes prevention, early identification of emerging behavioral health needs, and rapid linkage to care. The program facilitates follow-up services, secure transportation, and warm handoffs to Crisis Stabilization Units, hospitals, outpatient behavioral health and substance use treatment, and other community-based supports. MST collaborates closely with local partners, including SAFE and inRESPONSE, to ensure a coordinated, equitable, and culturally responsive "no wrong door" crisis response system across Sonoma County.

The intended outcomes of the Mobile Support Team program align with BHSA goals and include: early identification and stabilization of behavioral health crises; reduced severity and duration of crises through timely intervention;

prevention of escalation to higher levels of care; decreased reliance on emergency departments, inpatient hospitalization, and law enforcement; improved access to behavioral health services for underserved and uninsured populations; increased continuity of care through effective linkage and follow-up; and enhanced safety and well-being for individuals, families, and the broader community. Through these outcomes, MST supports BHSA's overarching goal of promoting wellness, recovery, and resilience while reducing the long-term impact of untreated behavioral health conditions.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Table 12. Estimated Number of Individuals Served in Early Intervention Programs by Plan Year

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	**399**
FY 2027 – 2028	**399**
FY 2028 – 2029	**399**

Please describe any data or assumptions the county used to project the number of individuals served through EI programs
Projected Number of Individuals Served is based on FY 23-24 data (clients served)
Early Intervention (EI) Programs #4

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3, but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs.

Program or service name

Collaborative Treatment and Recovery Team (CTRT)

Please select which of the three EI components are included as part of the program or service

Access and Linkage: Assessments
Treatment Services and Supports: Other

Please specify "other" type of Treatment Services and Supports

CTRT offers recovery-oriented education, self-advocacy support, system navigation skills, and collaborative care planning to adults who are new to behavioral health services. Unlike programs that focus on crisis intervention or a specific diagnosis, such as first episode psychosis, CTRT emphasizes early engagement and individualized support to help participants effectively navigate the behavioral health system. These activities are best categorized under "Other" treatment services and supports, as they foster participant empowerment, active involvement in care, recovery, and continuity of services, all of which align closely with the core goals of BHSA Early Intervention: promoting wellness, preventing the escalation of behavioral health challenges, and supporting long-term recovery and resilience.

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

No

Please describe intended outcomes of the program or service

The Collaborative Treatment and Recovery Team (CTRT) is a Sonoma County Behavioral Health Early Intervention (EI) program designed to support adults who are new to the behavioral health system by providing timely, coordinated, and recovery-oriented assistance. Consistent with the Behavioral Health Services Act (BHSA) Early Intervention goals, CTRT focuses on early engagement, reducing barriers to care, and preventing the escalation of behavioral health needs by helping individuals successfully access and navigate services at the beginning of their treatment journey.

CTRT provides individualized guidance, education, and practical support to help participants understand their behavioral health needs, available treatment options, and the structure of Sonoma County's behavioral health system. Through a collaborative approach, the program promotes self-advocacy, shared

decision-making, and the development of system navigation skills, empowering participants to actively engage in care planning and make informed choices about their recovery. Education about mental illness is provided to participants and their families to increase understanding of symptoms, treatment approaches, and strategies for managing mental health challenges.

Working in partnership with local community-based contractors, CTRT strengthens access and linkage to community-based resources and support networks, including outpatient behavioral health services, housing, social services, and peer supports. This collaborative model enhances continuity of care, reduces service fragmentation, and ensures warm handoffs to appropriate ongoing supports. Services are person-centered, culturally responsive, and tailored to the unique needs and goals of each participant.

The intended outcomes of CTRT align with BHSA EI priorities and include increased engagement and retention in behavioral health services; improved understanding of mental health and treatment options; enhanced self-advocacy and independent system navigation skills; reduced barriers to accessing care and community resources; and improved coordination across service providers. Through early intervention and supportive linkage, CTRT aims to prevent symptom escalation, reduce the need for crisis or higher levels of care, and promote recovery, independence, and meaningful community participation. Collectively, these outcomes support BHSA's overarching goal of promoting wellness, resilience, and recovery while reducing the long-term impact of untreated or emerging behavioral health conditions.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Table 12. Estimated Number of Individuals Served in Early Intervention Programs by Plan Year

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	**220**

FY 2027 – 2028	**220**
FY 2028 – 2029	**220**

Please describe any data or assumptions the county used to project the number of individuals served through EI programs
Projected Number of Individuals Served is based on FY 23-24 data (clients served).

Early Intervention (EI) Programs #5

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3, but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs.

Program or service name
Crisis Assessment, Prevention, and Education (CAPE) Program

Please select which of the three EI components are included as part of the program or service
Access and Linkage: Assessments
Access and Linkage: Screenings
Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs
Yes

Please select the EBPs and CDEPs that apply
Mobile Response and Stabilization Services (MRSS)

Please provide the name of the EBPs and CDEPs that apply
Mobile Response and Stabilization Services (MRSS)

Please describe intended outcomes of the program or service

The Crisis Assessment, Prevention, and Education (CAPE) program is a Sonoma County Behavioral Health Early Intervention (EI) initiative that provides comprehensive behavioral health support directly within schools, colleges, and community partner sites. Operating on high school campuses across the county, as well as at Santa Rosa Junior College and Sonoma State University, CAPE brings licensed and license-eligible mental health clinicians to youth in their learning environments. The program offers screening and assessment for at-risk youth, mobile crisis response, and peer- and family-based support, while also providing education and training to students, school staff, families, and community partners to recognize early warning signs of mental health challenges, suicide risk, and other behavioral health concerns. By collaborating closely with school counseling services, health centers, crisis intervention teams, and family support organizations, CAPE creates a coordinated, prevention-focused system of care that strengthens connections across Sonoma County's educational and community settings.

CAPE aligns with BHSA Early Intervention goals by emphasizing the early identification of emerging behavioral health needs, preventing the escalation of crises, increasing access to appropriate supports, and promoting resilience and wellness among youth. Through proactive screening, thorough assessment, crisis response, and educational outreach, the program works to reduce the long-term impact of untreated behavioral health conditions while fostering recovery-oriented, community-based care.

The intended outcomes of CAPE include the early identification and assessment of at-risk youth to enable timely intervention, the prevention of behavioral health crises and reduction of suicide risk, and increased awareness and knowledge among students, families, and school staff about mental health challenges and available resources. The program also seeks to improve engagement with appropriate behavioral health services and support networks, enhance coordination among schools, colleges, and community partners, and promote recovery, resilience, and well-being by fostering self-advocacy, coping skills, and supportive environments. Overall, CAPE advances BHSA EI goals by reducing barriers to care, facilitating early intervention, and strengthening community-based prevention and support systems for youth behavioral health.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Table 12. Estimated Number of Individuals Served in Early Intervention Programs by Plan Year

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	**0**
FY 2027 – 2028	**0**
FY 2028 – 2029	**0**

Please describe any data or assumptions the county used to project the number of individuals served through EI programs
Need to get from CAPE team

Early Intervention (EI) Programs #6

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3, but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs.

Program or service name
Seneca WRAP Program

Please select which of the three EI components are included as part of the program or service
Access and Linkage: Assessments
Access and Linkage: Referrals
Treatment Services and Supports: Other

Please specify "other" type of Treatment Services and Supports
Seneca WRAP provides family-centered, strengths-based care coordination, advocacy, skill-building, and support, which are not diagnosis-specific or crisis-

focused but aim to promote engagement, resilience, and stability. These individualized treatment and support activities fit under "Other" treatment services and supports.

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs
Yes

Please select the EBPs and CDEPs that apply
A.C.O.R.N Youth Wellness Program

Please provide the name of the EBPs and CDEPs that apply
High-Fidelity Wraparound

Please describe intended outcomes of the program or service
The Seneca WRAP (Wraparound) program is a family-centered, strengths-based initiative designed to support children, youth, and families facing complex behavioral health, emotional, and social challenges that put them at risk of out-of-home placement or instability in their current placement. WRAP offers a highly individualized approach in which a dedicated team, including the child or youth, family members, behavioral health professionals, and community supports, collaboratively develops and implements a comprehensive care plan tailored to each family's unique needs, goals, and cultural strengths. Emphasizing family voice, empowerment, and shared decision-making, the program ensures services are relevant, culturally responsive, and grounded in the lived experiences of participants. Staff provide intensive care coordination, advocacy, and support to help families access behavioral health services, housing, educational resources, and community programs. By working within the family's natural home environment, school, and community, WRAP fosters skill-building, strengthens relationships, enhances resilience and self-sufficiency, and supports long-term stability, with the overarching aim of preventing unnecessary placement outside the home and reducing reliance on restrictive care.

The intended outcomes of the Seneca WRAP program focus on improving family functioning, stability, and overall well-being. WRAP seeks to increase engagement with behavioral health and community supports, enhance family and youth coping skills, and strengthen protective factors that support resilience and

sustainable functioning. By facilitating access to appropriate services, advocating for family needs, and coordinating care across multiple systems, the program aims to reduce behavioral health symptoms, prevent placement disruptions, and promote positive social, educational, and behavioral outcomes for children and youth. Families participating in WRAP are expected to experience greater stability in home placements, improved communication and problem-solving within the family unit, and enhanced capacity to navigate systems of care independently over time.

The Seneca WRAP program aligns closely with key goals of the Behavioral Health Services Act (BHSA) Early Intervention (EI) framework. BHSA EI prioritizes early engagement, prevention of condition escalation, increased access to services, and support for recovery and wellness goals that WRAP advances by identifying and intervening with youth and families at critical moments of need. WRAP's individualized, strengths-based approach supports early linkage to behavioral health services and community resources before challenges escalate into crises that require higher-level care. The program's emphasis on family empowerment, skill-building, and culturally responsive planning promotes sustained engagement in care and contributes to long-term recovery, resilience, and self-advocacy. By reducing barriers to care, enhancing coordination across systems, and fostering supportive, stable home environments, WRAP embodies BHSA EI priorities to mitigate the long-term impacts of untreated behavioral health challenges and promote wellness across the lifespan.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Table 12. Estimated Number of Individuals Served in Early Intervention Programs by Plan Year

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	**110**
FY 2027 – 2028	**110**
FY 2028 – 2029	**110**

Please describe any data or assumptions the county used to project the number of individuals served through EI programs
Projected Number of Individuals Served is based on FY 24-25 data (clients served).

Early Intervention (EI) Programs #7

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3, but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs.

Program or service name
Department of Health Services, Behavioral Health Division (DHS-BHD) Youth Access Program

Please select which of the three EI components are included as part of the program or service
Access and Linkage: Screenings
Access and Linkage: Assessments
Access and Linkage: Referrals

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs
Yes

Please select the EBPs and CDEPs that apply
Screening, Brief Intervention, Referral to Treatment (SBIRT)

Please provide the name of the EBPs and CDEPs that apply
Referral to Treatment (SBIRT)

Please describe intended outcomes of the program or service
The Youth Access program is Sonoma County Behavioral Health's first point of contact for youth and families seeking mental health services. Serving individuals

up to age 20, the program offers screening, assessment, and referral services to ensure that youth are connected to the appropriate level of care, whether through Specialty Mental Health Services (SMHS) or Federally Qualified Health Centers (FQHCs). Referrals to Youth Access come from psychiatric hospitals, managed care providers, FQHCs, or directly from families via the Main Access Line. Using structured tools such as the California CANS 50, clinicians assess behavioral health needs, determine the appropriate setting for treatment, and develop service plans that reflect youth and family preferences, including language and provider gender. Youth Access also provides case management, supports connection to community-based services, and coordinates care until discharge for those qualifying for ongoing SMHS.

The intended outcomes of the Youth Access program focus on ensuring timely and appropriate access to behavioral health services. These outcomes include early identification of youth behavioral health needs, accurate assessment and triage to the right level of care, and effective linkage to services that support treatment and recovery. By facilitating smooth referrals and care coordination, the program aims to reduce delays in service, enhance family and youth engagement, and improve overall behavioral health outcomes.

The Youth Access program aligns closely with BHSA Early Intervention (EI) goals by promoting early identification and assessment of emerging behavioral health needs, facilitating access to appropriate services, and supporting recovery-oriented engagement before challenges escalate. By providing a structured intake, screening, and referral process, Youth Access reduces barriers to care, ensures youth and families are connected to timely and culturally responsive services, and strengthens continuity of care within the behavioral health system. Through these efforts, the program embodies BHSA EI priorities of preventing the progression of behavioral health conditions, enhancing access to recovery-oriented services, and supporting youth and families in achieving improved well-being and resilience.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Table 12. Estimated Number of Individuals Served in Early Intervention Programs by Plan Year

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	**400**
FY 2027 – 2028	**400**
FY 2028 – 2029	**400**

Please describe any data or assumptions the county used to project the number of individuals served through EI programs

Projected number of individuals served is based on FY 24-25 data (clients served).

Early Intervention (EI) Programs #8

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in **Policy Manual Chapter 7, Section A.7.3**, but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to **7.A.7 Early Intervention Programs**.

Program or service name

Sonoma County Behavioral Health Division Adult Access Program

Please select which of the three EI components are included as part of the program or service

Access and Linkage: Screenings
Access and Linkage: Assessments
Access and Linkage: Referrals

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

No

Please describe intended outcomes of the program or service

The Sonoma County Behavioral Health Division Adult Access Team serves as the initial point of contact for individuals seeking mental health services through Sonoma County's Behavioral Health Division. Individuals may self-refer by calling or visiting the Access offices at 2225 Challenger Way, as outlined on the Division's website. The Access Team is available 24 hours a day, 7 days a week to answer questions and initiate the intake process.

Individuals may also be referred to the Access Team as a step-up in care from one of the County's Federally Qualified Health Centers (FQHCs) or following discharge from a psychiatric hospital. The Department of Health Services, Behavioral Health Division (DHS-BHD) monitors all Sonoma County residents admitted to psychiatric hospitals and ensures they receive an Access assessment within seven business days of discharge.

An Access Team Screener evaluates each individual's level of mental health need, schedules an assessment appointment, and connects clients to appropriate community resources. The Access assessment includes a structured set of questions designed to evaluate functioning across multiple life domains and determine how mental health symptoms impact daily functioning. The Adult Access Team uses the Adult Needs and Strengths Assessment (ANSA) to determine the appropriate level of care and assignment to a treatment team.

While individuals await placement with a long-term treatment team and case manager, the Access Team provides short-term, limited case management focused on crisis response and urgent needs. This may include crisis intervention services or assistance with immediate housing concerns.

A warm handoff between the Access clinician and the assigned long-term clinician occurs within seven days of team placement. Once ongoing services begin, care is provided by the long-term case manager, allowing the Access Team to maintain timely access, assessments, and intake services for new clients.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Table 12. Estimated Number of Individuals Served in Early Intervention Programs by Plan Year

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Full Service Partnership Program

DHCS will provide counties with information to complete the estimated fields for eligible population and practitioners/teams needed for each EBP. The estimated numbers of teams/practitioners reflect the numbers needed to reach the entire eligible population (i.e., achieve a 100 percent penetration rate), and DHCS recognizes that counties will generally not be able to reach the entire eligible population, in consideration of BHSA funding availability. These projections are not binding and are for planning purposes only. In future guidance, DHCS will provide more information on the number of teams counties must implement to demonstrate compliance with BHSA FSP requirements. For related policy information, refer to 7.B.3 Full Service Partnership Program Requirements and 7.B.4 Full Service Partnership Levels of Care

Please review the total estimated number of individuals who may be eligible for each of the following Full Service Partnership (FSP) services (consistent with the Service Criteria in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) **Evidence-Based Practice (EBP) Policy Guide**, the **Policy Manual Chapter 7, Section B**, and forthcoming High Fidelity Wraparound (HFW) Medi-Cal Guidance): Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT), Full Service Partnership (FSP) Intensive Case Management (ICM), HFW and Individual Placement and Support (IPS) Model of Supported Employment). Please input the estimates provided to the county in the table below

Table 16. Estimated Number of Individuals Eligible for Full Service Partnership Services

Total Adult FSP Eligible Population	**Estimates**
Number of Medi-Cal Enrolled Individuals	**973**
Number of Uninsured Individuals	**128**
Number of Total FSP Eligible Individuals with Some Justice-System Involvement	**383**

Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT) Eligible Population

Please input the estimates provided to the county in the table below

Table 17. Estimated Number of Individuals Eligible for ACT

ACT Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	**137**
Number of Uninsured Individuals	**18**

Table 18. Estimated Number of Individuals Eligible for FACT

FACT Eligible Population (ACT with Justice-System Involvement)	Estimates
Number of Medi-Cal Enrolled Individuals	**68**
Number of Uninsured Individuals	**9**

Table 19. Estimated Number of Teams Needed to Serve Total Eligible Population

ACT/FACT Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	**30**
Number of Teams Needed to Serve Total Eligible Population	**3**

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and Full-Time Equivalents (FTEs) (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTEs) to provide ACT and FACT over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and Technical Assistance (TA) to assist counties with completing these fields.

Table 20. Total Number of ACT and FACT Practitioners and Teams

IN PROGRESS

Full Service Partnership (FSP) Intensive Case Management (ICM) Eligible Population

Please input the estimates provided to the county in the table below

Table 21. Estimated Number of Individuals Eligible for FSP ICM and Estimated Number of Teams Needed to Serve Total Eligible Population

FSP ICM Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	**768**
Number of Uninsured Individuals	**101**

FSP ICM Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	**35**
Number of Teams Needed to Serve Total Eligible Population	**7**

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTEs) to provide FSP ICM over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and TA to assist counties with completing these fields.

Table 22. Total Number of FSP ICM Practitioners and Teams
IN PROGRESS

High Fidelity Wraparound (HFW) Eligible Population

Please input the estimates provided to the county in the table below

Note: HFW guidance is forthcoming; DHCS will provide these estimates in accordance with HFW guidance.

Table 23. Estimated Number of Individuals Eligible for HFW and Estimated Number of Teams Needed to Serve Total Eligible Population

HFW Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	000
Number of Uninsured Individuals	000

HFW Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	000
Number of Teams Needed to Serve Total Eligible Population	000

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide HFW over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and TA to assist counties with completing these fields.

Table 24. Total Number of HFW Practitioners and Teams
IN PROGRESS

Individual Placement and Support (IPS) Eligible Population

Please input the estimates provided to the county in the table below

Table 25. Estimated Number of Individuals Eligible for IPS and Estimated Number of Teams Needed to Serve Total Eligible Population

IPS Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	1445
Number of Uninsured Individuals	190

IPS Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	103
Number of Teams Needed to Serve Total Eligible Population	41

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide IPS over this Integrated Plan period, by fiscal year.

Table 26. Total Number of IPS Practitioners and Teams
IN PROGRESS

Full Service Partnership (FSP) Program Overview
Please provide the following information about the county's BHSA FSP program

Will any of the estimated number of practitioners the county plans to utilize (provided above) be responsible for providing more than one EBP?
Yes

Please describe how the estimated practitioners will provide more than one EBP
Sonoma County is actively working on training efforts to ensure practitioners are equipped to deliver more than one evidence-based practice (EBP). This includes cross-training staff in multiple EBPs, such as Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT), to ensure sufficient capacity and flexibility to respond to changing service needs and demands within Full Service Partnership (FSP) programs.

Please describe how the county is employing a whole-person, trauma-informed approach, in partnership with families or an individual's natural supports
Sonoma County employs a whole-person, trauma-informed approach by investing in workforce development, equity initiatives, and leadership practices that strengthen partnerships with families and individuals' natural supports. Staff receive ongoing training in trauma-informed care, peer-led services, and evidence-based modalities to address behavioral health, physical health, and social needs in a coordinated, person-centered way. Collaboration with families, caregivers, and other natural supports is central to recovery and wellness.

To support staff amid challenges like budget uncertainty and staffing pressures, Sonoma County prioritizes trauma-informed leadership. The Principles into Practice series provides reflective spaces for staff to explore trauma-informed

principles at personal, team, and system levels to foster mutual support, trauma-informed supervision, and staff retention.

The County has also launched a department-wide Equity Circle, opened a Latinx Clinic, and trained staff on equity foundations, while continuing to identify ways to integrate trauma-informed and equity-centered practices across DHS-BHD programs and services.

Please describe the county's efforts to reduce disparities among FSP participants

Sonoma County is dedicated to reducing disparities among Full-Service Partnership (FSP) participants through targeted outreach, culturally responsive services, and equity-focused program design. The County actively monitors participation and outcomes across demographic groups to identify and address gaps in access, engagement, and service delivery.

Community Mental Health Centers (CMHCs) provide outreach, engagement, and outpatient specialty mental health services to adults across four regionally based areas of the County. In addition to serving geographically isolated adults with serious mental illness, CMHCs support individuals who are homeless, those with co-occurring substance use disorders, and racially and ethnically diverse communities that have historically been underserved. Sonoma County has also implemented initiatives to hire more bilingual and culturally responsive staff and opened a dedicated Latinx Clinic to better serve the Latinx community.

FSP participants are encouraged to utilize FSP-funded Peer Wellness Center(s) (currently under RFP) for peer support and advocacy services and have access to the Client & Family Support Program, which provides behavioral health navigation, education, outreach, and support to strengthen caregiving and improve access to services. For Transition Age Youth (TAY), the TAY Full-Service Partnership Program (TAY-FSP) (currently under RFP) offers wraparound services, including engagement, independent living supports, linkage to care, and access to education, career, mentoring, and housing resources. Families are connected to the Family & Client Education Support Program (currently under RFP), providing education, advocacy, and peer support through workshops, peer-to-peer support, and outreach to strengthen resilience and system navigation.

Workforce development, including trauma-informed care, cultural humility, and peer-led approaches, further supports equitable engagement and care. Together, these strategies aim to remove barriers, enhance access, and ensure all FSP

participants, and their families have equitable opportunities for recovery, wellness, and meaningful community integration.

Select which goals the county is hoping to support based on the county's allocation of FSP funding

Access to care
Homelessness
Institutionalization
Justice involvement
Removal of children from home
Untreated behavioral health conditions
Care experience
Engagement in school
Engagement in work
Overdoses
Prevention of co-occurring physical health conditions
Quality of life
Social connection
Suicides

Please describe what actions or activities the county behavioral health system is doing to provide ongoing engagement services to individuals receiving FSP ICM

Sonoma County Behavioral Health provides ongoing engagement to individuals receiving Full-Service Partnership (FSP) Intensive Case Management (ICM) through personalized, flexible, and culturally responsive strategies. Case managers and FSP teams maintain frequent, proactive contact with participants through in-person visits, phone check-ins, and digital communication to promote continuity of care, trust, and sustained engagement. Sonoma County is actively working to hire additional staff in order to maintain low staff-to-client ratios, which supports individualized, intensive, and relationship-based care.

FSP participants are encouraged to access FSP-funded Peer Wellness Center(s) (currently under RFP), which offer peer support, advocacy, and opportunities for social connection. The Client & Family Support Program provides ongoing behavioral health navigation, education, outreach, and support to participants and their families, strengthening caregiving and improving access to services. Transition Age Youth (TAY) participants receive enhanced engagement through the TAY Full-Service Partnership Program (TAY-FSP) (currently under RFP), which

delivers wraparound services including independent living supports, linkage to care, and access to education, career, mentoring, and housing resources.

Engagement efforts are further strengthened through trauma-informed and culturally responsive practices, including initiatives to hire bilingual staff, support practitioners with lived experience, and provide peer-led services. These strategies ensure that FSP ICM participants remain actively connected to services, supported in their recovery, and engaged in meaningful community integration.

Ongoing engagement services is a required component of ACT, FACT, IPS, and HFW. Please describe any ongoing engagement services the county behavioral health system will provide beyond what is required of the EBP (optional)

IN PROGRESS

Please describe how the county will comply with the required FSP levels of care (e.g., transition FSP ICM teams to ACT, stand up new ACT teams and/or stand up new FSP ICM teams, etc.)

Sonoma County is assessing current Full-Service Partnership (FSP) Intensive Case Management (ICM) teams to determine readiness for transition to Assertive Community Treatment (ACT) where clinically appropriate. This assessment includes evaluation of caseload size, staffing ratios, service intensity, and participant acuity. Where feasible, the County will transition existing FSP ICM teams to ACT models to ensure individuals with the highest needs receive the appropriate level of multidisciplinary, field-based care.

Program expansion and restructuring will be guided by data on service utilization, outcomes, and equity considerations to ensure access to the required level of care across Sonoma County. While the County remains committed to expanding services and reducing caseloads, funding limitations and challenges in hiring and retaining qualified staff continue to affect the pace and scale of implementation.

To support compliance with FSP requirements, Sonoma County will prioritize workforce development, including training in ACT fidelity, trauma-informed care, cultural responsiveness, and team-based service delivery. Ongoing quality improvement and fidelity monitoring will ensure programs meet required FSP levels of care while balancing fiscal realities and workforce capacity and

maintaining person-centered, recovery-oriented services that promote housing stability, wellness, and community integration.

Please indicate whether the county FSP program will include any of the following optional and allowable services
No

Primary substance use disorder (SUD) FSPs
No

Outreach activities related to enrolling individuals living with significant behavioral health needs in an FSP (activities that fall under assertive field-based initiation of substance use disorder treatment services will be captured separately in the next section)
IN PROGRESS

Other recovery-oriented services
No

If there are other services not described above that the county FSP program will include, please list them here. For team-based services, please include number of teams. If no additional FSP services, use "N/A"
N/A

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible children and youth in the development of the county's FSP program (e.g., review data, engage with stakeholders, analyze research, etc.) who are:

In, or at-risk of being in, the juvenile justice system
To ensure that Sonoma County's Full-Service Partnership (FSP) program addressed the unique needs of eligible children and youth who are in, or at risk of being in, the juvenile justice system, Sonoma County's Behavioral Health Division engaged in a comprehensive, multi-faceted planning and development process. This included review of local and state-level data on juvenile justice involvement, behavioral health needs, and service utilization, as well as analysis of disparities related to race, ethnicity, and geography.

The County engaged a broad range of stakeholders including juvenile justice partners, the Sonoma County Office of Education, Child Welfare Services,

community-based organizations such as VOICES (a youth-led, peer-driven program for transition-age youth with severe mental health challenges), and Behavioral Health providers from the TAY FSP team to better understand system gaps, barriers to engagement, and opportunities for early intervention. Input was gathered through stakeholder meetings, BHSA Steering Committee and stakeholder forums, and cross-system collaborations such as Sonoma County's Stepping Up Committee. These activities highlighted the complex and intersecting needs of justice-involved and at-risk youth, including trauma exposure, family disruption, housing instability, and unmet behavioral health needs.

Insights from this planning process informed the development of FSP services that emphasize intensive, wraparound, and youth-centered approaches. Programs are designed to be trauma-informed, culturally responsive, and developmentally appropriate, with a strong focus on engagement, family involvement, and coordination with education and child-serving systems. Ongoing stakeholder engagement, data review, and quality improvement processes continue to guide implementation, ensuring FSP services remain responsive to the evolving needs of justice-involved children and youth while promoting diversion, stability, recovery, and long-term positive outcomes.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)

To ensure that Sonoma County's Full-Service Partnership (FSP) program addressed the unique needs of eligible children and youth who identify as Lesbian, Gay, Bisexual, Transgender, Queer, and Plus (LGBTQ+), the Department of Health Services – Behavioral Health Division (DHS-BHD) engaged in a comprehensive, multi-faceted planning and development process. The County reviewed available behavioral health, utilization, and disparities data related to LGBTQ+ children and youth, and incorporated findings from stakeholder surveys, community discussions, and system planning efforts to identify service gaps, barriers to engagement, and areas for improvement.

The County engaged a broad range of stakeholders to ensure LGBTQ+ perspectives were meaningfully represented in FSP program design. This included collaboration with Positive Images, an LGBTQIA+ community center providing mental health support, advocacy, and education, which participated in BHSA Steering Committee meetings, the Suicide Prevention Alliance, and other stakeholder forums. Input was also gathered through BHSA stakeholder meetings

and cross-system discussions to better understand the behavioral health needs, trauma experiences, and service access challenges faced by LGBTQ+ children and youth.

Insights from this engagement informed the development of FSP services that are trauma-informed, culturally responsive, and youth-centered, with an emphasis on affirming care, family engagement when appropriate, and coordination with community-based supports. Ongoing stakeholder engagement, data review, and quality improvement activities continue to guide implementation, ensuring that FSP services remain responsive to the evolving needs of LGBTQ+ children and youth and support equity, safety, and positive behavioral health outcomes.

In the child welfare system

To ensure that Sonoma County's Full-Service Partnership (FSP) program addressed the unique needs of eligible children and youth who are in, or at risk of being in, the child welfare system, the DHS-BHD engaged in a comprehensive, multi-faceted planning and development process. The County reviewed behavioral health and child welfare data, distributed stakeholder surveys, and engaged in cross-system planning through stakeholder meetings and workgroups to better understand service gaps, barriers to engagement, and the complex needs of children and youth involved in child welfare. Key informant interviews were conducted with subject matter experts from Child Protective Services, Behavioral Health, and other child-serving systems to inform program design.

Input was also gathered through Sonoma County's BHSA Steering Committee and BHSA stakeholder meetings, as well as community forums, to ensure diverse perspectives were represented. These activities provided critical insights into the behavioral health needs, trauma exposure, and service coordination challenges faced by children and youth in the child welfare system. Findings from this process guided the development of FSP services that are trauma-informed, culturally responsive, and youth-centered, with a strong emphasis on family engagement, care coordination, and collaboration with child welfare partners.

This approach ensures that FSP services integrate intensive behavioral health supports with education, social services, and other natural supports, aligning with BHSA Early Intervention goals to prevent the onset or escalation of mental health conditions, reduce self-harm and suicide risk, and promote resilience,

stability, and long-term recovery for children and youth involved in the child welfare system.

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible adults in the development of the county's FSP (e.g., review data, engage with stakeholders, analyze research, etc.) who are

Older adults

To ensure that Sonoma County's Full-Service Partnership (FSP) program addressed the unique needs of eligible older adults, the County engaged in a comprehensive planning process that included review of behavioral health utilization data, demographic trends, and service outcomes. DHS-BHD worked closely with Sonoma County's Older Adult Intensive Team (OAIT) to gather data and input on BHSA services, service gaps, and the behavioral health needs of older adults.

Stakeholder input was gathered through surveys, workgroups, and BHSA Steering Committee and stakeholder meetings, along with key informant interviews with Human Services Department and aging services partners. To ensure older adult perspectives were represented, the County partnered with the Council on Aging and included their participation on the BHSA Steering Committee.

These efforts informed the development of trauma-informed, age-appropriate FSP services that integrate behavioral health supports with care coordination, social connection, and community-based resources. This approach aligns with BHSA Early Intervention goals to reduce isolation, prevent escalation of mental health conditions, and promote recovery, resilience, and quality of life for older adults.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)

To ensure Sonoma County's Full-Service Partnership (FSP) program addressed the unique needs of LGBTQ+ adults, DHS-BHD conducted a multi-faceted planning process, reviewing behavioral health utilization and disparities data and gathering input through surveys, community discussions, and system planning.

Stakeholders, including Positive Images, a local LGBTQIA+ community center participated in BHSA Steering Committee meetings, the Suicide Prevention Alliance, and other forums to provide expertise on mental health needs, trauma,

and access barriers. Additional input was collected through BHSA stakeholder meetings and cross-system discussions.

These insights informed the development of trauma-informed, culturally responsive, and adult-centered FSP services emphasizing affirming care, participant choice, and coordination with community supports. Ongoing stakeholder engagement, data review, and quality improvement continue to ensure FSP services remain responsive to the evolving needs of LGBTQ+ adults and promote equity, safety, and positive behavioral health outcomes.

In, or are at risk of being in, the justice system

To ensure that Sonoma County's Full-Service Partnership (FSP) program addressed the unique needs of eligible adults who are in, or at risk of being in, the justice system, Sonoma County's Behavioral Health Division engaged in a comprehensive, multi-faceted planning and development process. This included review of local and state-level data on justice system involvement, behavioral health needs, and service utilization among adults, as well as analysis of disparities related to race, ethnicity, and geography.

The County engaged a broad range of stakeholders including staff from the County's Forensic Assertive Community Treatment (FACT) team, Adult FSP's Teams, Wellness Center staff, Substance Use Disorder (SUD) Team, community-based organizations like West County Community Centers, NAMI, Latino Service Providers, Buckelew, Sherrif's Office, and other stakeholders to better understand system gaps, barriers to engagement, and opportunities for intervention. Input was gathered through stakeholder meetings, BHSA Steering Committee and stakeholder forums, focus group discussions held at the Wellness Centers, and cross-system collaborations such as Sonoma County's Stepping Up Committee. These activities highlighted the complex and intersecting needs of justice-involved and at-risk adults, including trauma exposure, housing instability, co-occurring substance use, and unmet behavioral health needs.

Insights from this planning process informed the development of FSP services that emphasize intensive, wraparound, and adult-centered approaches. Programs are designed to be trauma-informed, culturally responsive, and person-centered, with a strong focus on engagement, care coordination, and integration with community and justice system supports. Ongoing stakeholder engagement, data review, and quality improvement processes continue to guide implementation,

ensuring FSP services remain responsive to the evolving needs of justice-involved adults while promoting diversion, stability, recovery, and long-term positive outcomes.

Assertive Field-Based Substance Use Disorder (SUD) Questions

For related policy information, refer to 7.B.6 Assertive Field-Based Initiation for Substance Use Disorder Treatment Services

Please describe the county behavioral health system's approach and timeline(s) to support and implement assertive field-based initiation for SUD treatment services program requirements by listing the existing and new programs (as applicable) that the county will leverage to support the assertive field-based SUD program requirements and provide the current funding source, BHSA service expansion, and the expected timeline for meeting programmatic requirements to expand existing programs and/or stand up new initiatives before July 1, 2029. Counties should include programs not funded directly or exclusively by BHSA dollars. Additional information regarding assertive field-based initiation for SUD treatment services can be found in the BHSA Policy Manual Chapter 7, Section B.6.

Existing Programs for Assertive Field-Based SUD Treatment Services
Targeted outreach

Existing programs

Drug Abuse Alternatives Center (DAAC) – Opioid Settlement Funds Grant Contract, and DMC-ODS contract
West County Community Health Center (WCHC) – FQHC grant contracts and DMC
Santa Rosa Community Health Center (SRCH) – FQHC grant contract
-ODS contract
Santa Rosa Treatment Program (SRTP) OTP / NTP

Program descriptions

DAAC:

Mobile Narcotic Treatment Program/Opioid Treatment Program (NTP/OTP) Vehicle: The provider is in the process of securing a U.S. Drug Enforcement Administration (DEA) inspection for its mobile Narcotic Treatment Program/Opioid Treatment Program (NTP/OTP) vehicle, which will be affiliated with its existing brick-and-mortar clinic. Approval and implementation are projected by the end of May 2026. The mobile unit will serve key locations that

support individuals experiencing homelessness, including The Living Room, Mary Isaak Center, and Catholic Charities shelter sites, and will also provide services at local residential treatment facilities to expand access to Medication-Assisted Treatment (MAT). The mobile unit will not dispense methadone, but it will offer other U.S. Food and Drug Administration (FDA)-approved MAT medications and will prescribe and administer medication in the field, return to sites weekly, and support linkage to the brick-and-mortar DAAC REAP NTP/OTP facility.

Outreach Van ("WOW Van"): The outreach van will provide data-driven outreach in the community to advance racial equity, regional equity, and other priorities identified through public health data analysis. The van is currently operating in the community, and additional grant funding prior to July 1, 2026 will support procurement of a new vehicle and the addition of a dedicated outreach manager to expand services. The WOW Van serves encampments and other areas with high rates of substance use disorder and provides syringe exchange services, safer use supplies (including pipes), naloxone, and fentanyl test strips. It will also expand services to more geographically distant areas such as Cloverdale and Healdsburg, improving regional access to MAT and harm reduction services.

<u>WCHC:</u>
Partnering contracts with WCHC. These contracts leverage public health data for overdose and ED visits identifying West County, in particular the Russian River area as an area of focus. This area is the highest geographic need in terms of regional equity for overdose support. WCHC is enhancing SUD treatment infrastructure and rapid access to MAT by developing a peer workforce pipeline, developing new rapid referral processes for MAT to establish same day treatment and access, funding a portion of addiction medicine fellowship doctors, and engaging in targeted outreach. Extensive outreach in rural areas with members that are unable to make it to the clinic sites and meet persons where they are in the community is part of the effort.

<u>SRCH:</u>
A partnering contract with SRCH and Sonoma County Department of Health Services (DHS) funding a special populations SUD case manager and providing some funding for addiction medicine fellowship doctor. In addition to street medicine team and addiction fellowship work that is funded also includes outreach to other hospitals, jails, unsheltered, recently, post incarceration

discharges, and youth populations as an area of focus for SUD. The funded case manager deploys alongside street medicine and all sites in the community and works to coordinate complex referrals for buprenorphine inductions, enrollment, retention, and also supports harm reduction services. Harm reduction services include prescribing clean syringes, accepting disposal, fentanyl test strips, dispensing Naloxone. Mobile clinics at shelters also provide STI testing, wound care, and other medical services. This contract leverages public health data for overdose deaths and ED visits being among the highest in region in terms of volume and in terms of identified regional equity needs.

Street Medicine Team (Both SRCH and WCHC programs partnership and County funding):

Mobile clinics and street medicine clinics in rotation at key areas including:

- **Sam Jones Hall (Homeless Shelter): 2x / week**
- **Eliza's Village (Homeless Shelter): 1x / week**
- **Mickey Zane (Homeless Shelter): 2x / Month**
- **Sage Commons (Permanent Supportive Housing) 2x / month**
- **Saint Vincent De Paul Commons (Permanent Supportive Housing) 2x / month**
- **Catholic Charities Drop-in Center (Homeless Services Center) Parking Lot: 1x / week**
- **Street medicine clinic pilot: rotating locations typically 1x / week**

Prescribers will go out in the community at areas unsheltered persons gathered in cities, encampments, and even meeting individual persons whenever appointment slots are not being utilized. Providers can do same day prescription of MAT medications and case managers can assist to access a prescription that day when clinically indicated. They will titrate and monitor doses appropriately and provide services at these sites or in the community and work toward getting members in stabile settings and transferring to services a brick and mortar location either at the FQHC or an OTP / NTP program.

Addiction Medicine Fellowship Addiction Spots (Both SRCH and WCHC programs partnership and County funding) (Addiction Medicine Fellowship)

- **Sutter Santa Rosa Regional Hospital (Inpatient Medicine Attending/Addiction Medicine Consultation Service)**
- **Santa Rosa Community Health - Vista Campus (New Beginnings, Precepting)**

- **Santa Rosa Community Health - Caritas Campus (Primary Care, homeless outreach and MAT clinics)**
- **Santa Rosa Community Health - Lombardi Campus (MAT clinic)**
- **West County Health Center - Third Street House (Healthcare for the Homeless)**
- **West County Health Center - Russian River Health Center (Psychiatry)**
- **Drug Abuse Alternative Center - DAAC REAP (Community-based MAT/methadone treatment)**

A hospital liaison case manager meets monthly with substance use navigators and local SUD providers and addiction medicine fellows. In many cases addiction medicine fellow start medications in the hospital / ED setting and then see them in local sites in the community in their normal site rotation. This promotes better continuity of services for members needing care.

Current funding source

Measure O funding: a Sonoma County tax to fund behavioral health services for WCHC & SRCH programs
Opioid Settlement Funds: DAAC and WCHC programs
DMC Funding: DAAC REAP and SRTP (NTP / OTP sites)

BHSA changes to existing programs to meet BHSA requirements

At this time, the Sonoma County Department of Health Services (DHS) cannot provide or guarantee same-day access to medication for opioid use disorder with methadone through a Narcotic Treatment Program/Opioid Treatment Program (NTP/OTP). DHS will work to leverage and strengthen partnerships with contracted NTP/OTP providers, including the Drug Abuse Alternatives Center, Recovery and Prevention (DAAC REAP) program and Santa Rosa Treatment Program (SRTP), to move toward meeting these requirements. DHS plans to engage providers through quarterly contract meetings for the remainder of the fiscal year and conduct additional planning discussions to support implementation prior to the June 30, 2029 deadline.

In addition, current grant-funded work with Federally Qualified Health Centers (FQHCs) includes developing improved referral processes and case management supports that will help expedite access to methadone through local NTP/OTP

programs. While specific intake or structural changes within the NTP/OTP programs have not yet been finalized, DHS will continue working with providers to implement necessary system improvements and achieve compliance by the 2029 deadline.

Expected timeline of operation

The County anticipates meeting all program requirements no later than **June 30, 2029**. The mobile **Narcotic Treatment Program (NTP)** operated through the Drug Abuse Alternatives Center (DAAC) Recovery, Engagement, and Access Program (REAP) has a projected launch date of **May 2026**, expanding field-based access to treatment services. Enhancements to DAAC's mobile outreach van will be implemented during the current fiscal year, with continued process refinements planned for **Fiscal Year 2026–27** to optimize service delivery and outreach effectiveness.
All grant-funded initiatives include sustainability plans designed to support ongoing operations, with the goal of achieving full program sustainability prior to **June 30, 2029**.

Mobile-field based programs

Existing programs

Drug Abuse Alternatives Center (DAAC) – Opioid Settlement Funds Grant Contract, and DMC-ODS contract

Program descriptions

DAAC:
Mobile NTP / OTP vehicle: In process of having their mobile NTP/OTP vehicle which is affiliated with their NTP/OTP brick and mortar inspected by DEA. Projected approval and implementation by end of May 2026. This mobile NTP / OTP unit will serve key locations that provide homeless services such as The Living Room, Mary Isaak Center, and Catholic Charities shelter locations. It will provide services at local residential treatment facilities as well to expand MAT access further. The mobile unit will not include Methadone but will include other FDA approved MAT medications. The unit will prescribe and administer medication in the field, revisit sites on a weekly basis, and ultimately connect to the brick and mortar DAAC REAP NTP / OTP facility. Outreach Van ("WOW Van")

DAAC's outreach van ("WOW Van") conducts data-driven outreach throughout the community to advance racial equity, regional equity, and overdose prevention, informed by public health data analysis. The outreach van is currently operating in the community; however, new grant funding beginning prior to July 1, 2026 will support the purchase of a new vehicle and the addition of an Outreach Manager, allowing the program to expand its reach and capacity.

The van serves locations where people experiencing homelessness and individuals with high Substance Use Disorder (SUD) prevalence are present. Services include:

- **Syringe exchange and safe disposal**
- **Distribution of sterile supplies (e.g., pipes)**
- **Naloxone distribution**
- **Fentanyl test strips**

The outreach van also extends services to more geographically distant communities, including Cloverdale and Healdsburg, improving regional equity in access to MAT and harm reduction services.

West County Health Centers (WCHC)

The County maintains partnering contracts with West County Health Centers (WCHC) that leverage public health data on overdose incidents and emergency department visits. Data identify West County—particularly the Russian River area—as the highest geographic area of need for overdose prevention and treatment access.

- **Through these contracts, WCHC is:**
- **Expanding SUD treatment infrastructure**
- **Increasing rapid access to MAT through same-day referral and initiation pathways**

- **Developing a peer workforce pipeline**
- **Supporting addiction medicine fellowship physicians**
- **Conducting targeted outreach in rural and underserved areas**

A core component of this effort includes mobile and community-based outreach for individuals unable to travel to clinic sites, ensuring services are delivered where people live and congregate.

Santa Rosa Community Health (SRCH)

The County partners with Santa Rosa Community Health (SRCH) and the Sonoma County Department of Health Services (DHS) to fund a Special Populations Substance Use Disorder Case Manager and to partially support Addiction Medicine Fellowship physicians.

In addition to SRCH's street medicine teams and fellowship-supported clinical services, this partnership focuses on outreach to:

- **Other hospitals**
- **Jails and post-incarceration discharge populations**
- **Unsheltered individuals**
- **Youth populations**

The funded case manager deploys alongside street medicine teams and across community sites to coordinate complex referrals for:

- **Buprenorphine induction**
- **Enrollment and retention in treatment**
- **Harm reduction services**

- **Harm reduction services include:**
- **Prescribing and distributing sterile syringes**
- **Safe syringe disposal**
- **Fentanyl test strips**
- **Naloxone distribution**

Mobile clinics at shelters also provide sexually transmitted infection (STI) testing, wound care, and other basic medical services. This contract targets areas with some of the highest overdose death rates and emergency department utilization in the region, addressing significant regional equity gaps.

Street Medicine Teams

(Joint partnership between SRCH, WCHC, and County funding)

Street medicine and mobile clinics rotate through key locations across the County, including:

- **Sam Jones Hall (Homeless Shelter): twice weekly**
- **Eliza's Village (Homeless Shelter): once weekly**
- **Mickey Zane Place (Homeless Shelter): twice monthly**
- **Sage Commons (Permanent Supportive Housing): twice monthly**

St. Vincent de Paul Commons (Permanent Supportive Housing): twice monthly

Catholic Charities Drop-In Center Parking Lot: once weekly

Street medicine clinic pilot: rotating locations, typically once weekly

Prescribers also conduct outreach in areas where unsheltered individuals gather, including encampments and individual community locations, particularly when clinic appointment slots are unused. Providers are able to:

Conduct same-day MAT prescribing when clinically indicated

Initiate and titrate medications

Monitor treatment in community settings

Case managers assist individuals in accessing prescriptions the same day and work toward transitioning participants into stable treatment settings, ultimately linking them to Federally Qualified Health Centers (FQHCs) or NTP/OTP brick-and-mortar programs.

Addiction Medicine Fellowship Training Sites

(Joint SRCH and WCHC partnership with County funding)

Addiction Medicine Fellowship placements include:

- **Sutter Santa Rosa Regional Hospital (Inpatient Medicine and Addiction Consultation Service)**
- **Santa Rosa Community Health – Vista Campus (New Beginnings, clinical precepting)**
- **Santa Rosa Community Health – Caritas Campus (Primary care, homeless outreach, MAT clinics)**
- **Santa Rosa Community Health – Lombardi Campus (MAT clinic)**
- **West County Health Centers – Third Street House (Health Care for the Homeless)**

West County Health Centers – Russian River Health Center (Psychiatry services)

Drug Abuse Alternatives Center – DAAC REAP Program (Community-based MAT and methadone treatment)

A hospital liaison case manager meets monthly with substance use navigators, SUD providers, and addiction medicine fellows. In many cases, fellowship physicians initiate MAT during inpatient or emergency department encounters and then continue care at community-based sites during their regular rotations, improving continuity of care and treatment retention.

Current funding source

Measure O funding: a Sonoma County tax to fund behavioral health services for WCHC & SRCH programs
Opioid Settlement Funds: WCHC programs

BHSA changes to existing programs to meet BHSA requirements

Primary BHSA changes being implemented to meet program requirements include leveraging Public Health data analysis to expand services into more geographically distal areas, advancing regional equity, and increasing targeted outreach to priority populations to promote racial equity. These efforts align with BHSA expectations for data-driven service planning and outreach.

While the outreach van is already operational, a revised deployment schedule and new grant performance metrics will be implemented prior to June 30, 2026, with full implementation occurring during Fiscal Year 2026–27 to ensure alignment with data-driven requirements.

Expected timeline of operation

The deployment schedule and new grant performance metrics will be implemented prior to June 30, 2026, with full implementation occurring during Fiscal Year 2026–27 to ensure alignment with data-driven requirements.

Open-access clinics

Existing programs

Drug Abuse Alternatives Center (DAAC) – Opioid Settlement Funds Grant Contract, and DMC-ODS contract
Santa Rosa Community Health Center (SRCH) – FQHC grant contract

West County Community Health Center (WCHC) – FQHC grant contracts and DMC-ODS contract

Program descriptions

Drug Abuse Alternatives Center (DAAC)
Recovery, Engagement, and Access Program (REAP)

Opioid Treatment Program / Narcotic Treatment Program (OTP/NTP)
The DAAC Recovery, Engagement, and Access Program operates a licensed Opioid Treatment Program / Narcotic Treatment Program that provides methadone and other Food and Drug Administration (FDA)-approved Medication-Assisted Treatment (MAT) medications. The program also offers on-site syringe exchange and additional harm reduction services to reduce overdose risk and support engagement in treatment.

Santa Rosa Community Health (SRCH)
Caritas Campus

(Primary Care, Homeless Outreach, and MAT Clinics)
Services at the Santa Rosa Community Health Caritas Campus include:

First-come, first-served drop-in services

Scheduled appointments

Full-scope primary care services

Medication-Assisted Treatment (MAT) services

Lombardi Campus

(MAT Clinic)
Services at the Santa Rosa Community Health Lombardi Campus include:

First-come, first-served drop-in services

Scheduled appointments

Full-scope primary care services

Medication-Assisted Treatment (MAT) services

West County Health Centers (WCHC)
Third Street House

(Health Care for the Homeless)
Services at the West County Health Centers Third Street House include:

- **First-come, first-served drop-in services**
- **Primary care services**
- **Behavioral health services**
- **Medication-Assisted Treatment (MAT) services, provided two to three days per week**

Current funding source

Measure O funding: a Sonoma County tax to fund behavioral health services for WCHC & SRCH programs
Opioid Settlement Funds: WCHC programs

BHSA changes to existing programs to meet BHSA requirements

Sonoma county leverages funding in contractual relationships that support addiction medicine both at brick and mortar FQHC locations with SRCH and WCHC as well as at their rotating clinics in the community at key shelter and housing sites. While Sonoma meets the current requirements it will look to expand access points and the reduce the time to access services at NTP / OTP settings with existing contracted partners DAAC and Santa Rosa Treatment Program (SRTP) Sonoma's second OTP / NTP site.

Expected timeline of operation

The Department of Health Services (DHS) will meet all program requirements no later than June 30, 2029. The mobile Narcotic Treatment Program (NTP) operated through the Drug Abuse Alternatives Center (DAAC) Recovery, Engagement, and

Access Program (REAP) is projected to launch in May 2026, expanding field-based treatment capacity. Enhancements to DAAC's mobile outreach van will be implemented during the current fiscal year, with additional process refinements planned for Fiscal Year 2026–27 to optimize service delivery and performance. All grant-funded initiatives include sustainability plans designed to support ongoing operations, with the objective of achieving full program sustainability prior to June 30, 2029.

New Programs for Assertive Field-Based SUD Treatment Services
Targeted outreach

New programs

The Drug Abuse Alternatives Center (DAAC) outreach van ("WOW Van") expansion represents an enhancement to an existing program, while the mobile Narcotic Treatment Program / Opioid Treatment Program (NTP/OTP) services are new program additions.

Program descriptions

DAAC Outreach Van "WOW Van"

Outreach Van "WOW Van": the outreach van will serve data drive outreach locations in the community to support racial equity, regional equity, and other needs as identified by public health data analysis. The outreach van is current operating in the community but grant funding starting prior to July 1st 2026 will provide a new van and a new outreach manager to further the work. The van serves homeless locations and other high SUD areas and will provide syringe exchange services, clean materials for using such as pipes, Naloxone, and test fentanyl test strips. It will also reach more distal community areas such as Cloverdale and Healdsburg furthering regional equity for access to MAT and harm reduction services.

DAAC:

Mobile NTP / OTP vehicle: In process of having their mobile NTP/OTP vehicle which is affiliated with their NTP/OTP brick and mortar inspected by DEA. Projected approval and implementation by end of May 2026. This mobile NTP / OTP unit will serve key locations that provide homeless services such as The Living Room, Mary Isaak Center, and Catholic Charities shelter locations. It will provide services at local residential treatment facilities as well to expand MAT access further. The mobile unit will not include Methadone but will include other

FDA approved MAT medications. The unit will prescribe and administer medication in the field, revisit sites on a weekly basis, and ultimately connect to the brick and mortar DAAC REAP NTP / OTP facility.

Planned funding

Measure O funding: a Sonoma County tax to fund behavioral health services for WCHC & SRCH programs
Opioid Settlement Funds: DAAC and WCHC programs
DMC Funding: DAAC REAP and SRTP (NTP / OTP sites)

Planned operations

The Department of Health Services (DHS), in partnership with the Drug Abuse Alternatives Center (DAAC), will operate an expanded mobile outreach and treatment model designed to increase access to harm reduction services and medications for addiction treatment for individuals with substance use disorders (SUD), particularly those experiencing homelessness and those residing in geographically underserved areas.
Program Overview
The DAAC Outreach Van ("WOW Van") builds upon an existing mobile outreach program by implementing a data-driven deployment strategy informed by Public Health analysis to advance racial equity, regional equity, and targeted engagement of high-need populations. Grant funding secured prior to July 1, 2026, will support the acquisition of a new outreach vehicle and the addition of an Outreach Manager to strengthen operational capacity, enhance coordination, and improve performance monitoring.
The outreach van will provide field-based harm reduction services at locations with elevated overdose risk and SUD prevalence, including encampments, shelters, and other community sites. Services include:

- **Syringe exchange and safe disposal**
- **Distribution of sterile use supplies**
- **Naloxone distribution and overdose prevention education**
- **Fentanyl test strips**
- **Engagement and linkage to treatment**

Deployment will expand into more geographically distal communities, including Cloverdale and Healdsburg, to reduce regional disparities in access to harm reduction and treatment services.
Mobile Narcotic Treatment Program

DAAC is currently completing federal inspection of its mobile Narcotic Treatment Program / Opioid Treatment Program (NTP/OTP) unit with the Drug Enforcement Administration, with projected approval and implementation by May 2026. The mobile unit is affiliated with DAAC's licensed brick-and-mortar Recovery, Engagement, and Access Program (REAP) NTP/OTP facility and will expand field-based access to Food and Drug Administration (FDA)-approved medications for addiction treatment, excluding methadone.

The mobile NTP/OTP will:

- **Initiate and administer medications in community settings**
- **Provide weekly site-based follow-up**
- **Deliver services at homeless service locations including The Living Room, Mary Isaak Center, and Catholic Charities shelters**
- **Serve residential treatment facilities to improve continuity of care**
- **Link participants to ongoing treatment at the DAAC REAP site**

This model supports rapid access to treatment and strengthens care transitions from outreach to structured services.

Funding and Sustainability

Program operations will be supported through a blended funding strategy including:

- **Measure O funding to support behavioral health service expansion**
- **Opioid Settlement Funds to enhance outreach and treatment infrastructure**
- **Drug Medi-Cal (DMC) reimbursement supporting DAAC REAP and Sonoma Treatment and Recovery Programs (SRTP) NTP/OTP services**

All funding sources include sustainability planning, with the objective of maintaining ongoing operations beyond initial implementation.

Implementation Timeline

DHS will meet all program requirements no later than June 30, 2029.

Key milestones include:

- **FY 2025–26: Acquisition of the new outreach van, onboarding of the Outreach Manager, completion of DEA inspection, and launch of the mobile NTP/OTP (projected May 2026).**
- **FY 2026–27: Full operational implementation, including refined deployment schedules, strengthened referral pathways, and performance monitoring.**
- **FY 2027–29: Program maturation, ongoing evaluation, and sustainability stabilization.**

Performance Monitoring

DHS will monitor program effectiveness through regular review of service utilization, outreach penetration into high-need areas, linkage to treatment rates,

and timeliness of medication access. Deployment strategies will continue to be informed by Public Health data to ensure resources are directed toward populations and regions with the greatest need.

Expected timeline of implementation

- **FY 2025–26: Acquisition of the new outreach van, onboarding of the Outreach Manager, completion of DEA inspection, and launch of the mobile NTP/OTP (projected May 2026).**
- **FY 2026–27: Full operational implementation, including refined deployment schedules, strengthened referral pathways, and performance monitoring.**
- **FY 2027–29: Program maturation, ongoing evaluation, and sustainability stabilization.**

Mobile-field based programs

New programs

IN PROGRESS

Program descriptions

IN PROGRESS

Planned funding

IN PROGRESS

Planned operations

IN PROGRESS

Expected timeline of implementation

IN PROGRESS

Open-access clinics

New programs

No additional programs or clinic sites are planned at this time; however, Sonoma County will continue to collaborate with West County Health Centers (WCHC), Santa Rosa Community Health (SRCH), and Drug Abuse Alternatives Center

(DAAC) and may develop additional sites or program expansions in the future based on demonstrated community need and funding availability.

Program descriptions
N/A

Planned funding
N/A

Planned operations
N/A

Expected timeline of implementation
N/A

Medications for Addiction Treatment (MAT) Details

Please describe the county's approach to enabling access to same-day medications for addiction treatment (MAT) to meet the estimated population needs before July 1, 2029.

Describe how the county will assess the gap between current county MAT resources (including programs and providers) and MAT resources that can meet estimated needs
Sonoma County is working to strengthen partnerships with its contracted Federally Qualified Health Center (FQHC) providers, Santa Rosa Community Health (SRCH) and West County Health Centers (WCHC).

Sonoma County's approach to meeting same-day Medication-Assisted Treatment (MAT) access requirements includes targeted investments in addiction medicine fellowship positions, street medicine teams, and community-based outreach services delivered in partnership with SRCH, Drug Abuse Alternatives Center (DAAC), and WCHC, as described in prior sections. Through these combined efforts, the County is currently able to support prescribing and same-day access to MAT medications across multiple regions and service locations.

A known system gap remains in the rapidity of access to methadone treatment through Narcotic Treatment Program / Opioid Treatment Program (NTP/OTP) services. Same-day methadone initiation continues to be challenging, and this limitation will persist even with the implementation of the planned mobile NTP/OTP unit, as the mobile service will not dispense methadone.

Sonoma County will continue to monitor and assess gaps in same-day MAT access through ongoing coordination with FQHC partners SRCH and WCHC, and with contracted NTP/OTP providers DAAC and Santa Rosa Treatment Program (SRTP). The County will track timeliness of care using data from the electronic health record system, specifically measuring the time between an initial request for services and treatment initiation, with a target average access time of one day or less.

During quarterly meetings with contracted partners, Sonoma County will review outreach effectiveness, referral pathways, and field-based service delivery to:

Improve timeliness of methadone access where feasible

Strengthen consistency of same-day MAT initiation

Expand successful same-day connections for non-methadone MAT medications

The County will also monitor program capacity and census levels for NTP/OTP providers through electronic health record data and required reporting from contracted FQHC partners.

If monitoring identifies ongoing gaps—particularly related to methadone access—Sonoma County will evaluate opportunities to leverage Opioid Settlement Funds to strengthen delivery systems and address unmet need. Additional funding may be deployed during Fiscal Year 2028–29 if access requirements are not fully met prior to that period.

Select the following practices the county will implement to ensure same day access to MAT
IN PROGRESS

What forms of MAT will the county provide utilizing the strategies selected above?
Buprenorphine
Methadone
Naltrexone

Housing Interventions

Planning

For related policy information, refer to 7.C.3 Program priorities and 7.C.4 Eligible and priority populations

System Gaps

Please identify the biggest gaps facing individuals experiencing homelessness and at risk of homelessness with a behavioral health condition who are Behavioral Health Services Act (BHSA) eligible in the county. Please use the following definitions to inform your response: No gap – resources and connectivity available; Small gap – some resources available but limited connectivity; Medium gap – minimal resources and limited connectivity available; Large gap – limited or no resources and connectivity available; Not applicable – county does not have setting and does not consider there to be a gap. Counties should refer to their local Continuum of Care (CoC) Housing Inventory Count (HIC) to inform responses to this question.

Supportive Housing
Medium Gap

Apartments, including master-lease apartments
Medium Gap

Single and multi-family homes
Large Gap

Housing in mobile home communities
Medium Gap

(Permanent) Single room occupancy units
Large Gap

(Interim) Single room occupancy units
Medium Gap

Accessory dwelling units, including junior accessory dwelling units
Large Gap

(Permanent) Tiny homes
Large Gap

Shared housing
Large Gap

(Permanent) Recovery/sober living housing, including recovery-oriented housing
Medium Gap

(Interim) Recovery/sober living housing, including recovery-oriented housing
Large Gap

Assisted living facilities (adult residential facilities, residential facilities for the elderly, and licensed board and care)
Large Gap

License-exempt room and board
Large Gap

Hotel and Motel stays
Large Gap

Non-congregate interim housing models
Medium Gap

Congregate settings that have only a small number of individuals per room and sufficient common space (does not include behavioral health residential treatment settings)
Medium Gap

Recuperative Care
Medium Gap

Short-Term Post-Hospitalization housing
Medium Gap

(Interim) Tiny homes, emergency sleeping cabins, emergency stabilization units

Medium Gap

Peer Respite
Large Gap

Permanent rental subsidies
Large Gap

Housing supportive services
Medium Gap

What additional non-BHSA resources (e.g., county partnerships, vouchers, data sharing agreements) or funding sources will the county behavioral health system utilize (local, state, and federal) to expand supply and/or increase access to housing for BHSA eligible individuals?

To expand housing supply and increase access to housing for BHSA-eligible individuals, Sonoma County plans to leverage a combination of local, state, and federal funding sources, as well as cross-system partnerships. Locally, the County will utilize Measure O funding to support housing stability initiatives and increase access to housing for individuals with behavioral health needs. At the state and federal levels, Sonoma County will braid funding sources to strengthen housing capacity and improve long-term housing outcomes.

The County will leverage Medi-Cal Managed Care Plans (MCPs) to provide transitional rent and housing-related supports that help individuals exit homelessness and stabilize in housing. CalAIM funding will be used to expand access to housing and support services, with a focus on increasing housing retention and reducing returns to homelessness for individuals with significant behavioral health needs. In addition, Sonoma County will utilize the Behavioral Health Bridge Housing (BHBH) Program to expand the supply of transitional housing, rental subsidies, and Sober Living Environment (SLE) subsidies, supporting individuals as they transition to permanent housing.

Through the strategic alignment of these non-BHSA funding sources, partnerships, and programs, Sonoma County will strengthen its housing continuum and improve access, stability, and long-term housing outcomes for BHSA-eligible individuals.

How will BHSA Housing Interventions intersect with those other resources and supports to strengthen or expand the continuum of housing supports available to BHSA eligible individuals?

BHSA Housing Interventions will be strategically aligned with existing local, state, and federal housing resources to strengthen and expand Sonoma County's continuum of housing supports for BHSA-eligible individuals. BHSA funding will be used to fill critical gaps that emerge when time-limited housing resources end, including the conclusion of the six-month transitional rent subsidies provided through Medi-Cal Managed Care Plans and the planned sunset of the Behavioral Health Bridge Housing (BHBH). By sustaining and scaling housing supports that have demonstrated effectiveness, BHSA will help ensure continuity of care and prevent housing instability for individuals with behavioral health needs.

BHSA funds will be leveraged to provide flexible housing assistance, including rental subsidies, security deposits, and other housing-related costs that often create barriers to housing stability or lead to returns to homelessness. These interventions will complement existing housing and homelessness response systems by supporting individuals as they transition from interim or bridge housing into permanent housing and by stabilizing those at risk of losing housing due to financial or behavioral health challenges.

Through this coordinated approach, BHSA Housing Interventions will strengthen the overall housing continuum by bridging short-term and long-term resources, increasing housing retention, and ensuring that BHSA-eligible individuals remain connected to behavioral health services and supports. This alignment will promote long-term housing stability, reduce homelessness, and support recovery and wellness across Sonoma County's behavioral health system.

What is the county behavioral health system's overall strategy to promote permanent housing placement and retention for individuals receiving BHSA Housing Interventions?

Sonoma County's behavioral health system's overall strategy to promote permanent housing placement and retention for individuals receiving BHSA Housing Interventions is grounded in a Housing First, person-centered, and recovery-oriented approach that integrates housing with behavioral health services and supportive resources. The County prioritizes rapid access to permanent housing while minimizing barriers to entry and ensuring individuals remain connected to ongoing mental health and substance use supports.

To strengthen system coordination and improve housing outcomes, Sonoma County is aligning the Homelessness Division more closely with Behavioral Health, creating a more integrated and cohesive approach to housing and behavioral health service delivery. This alignment supports shared planning, coordinated funding strategies, and streamlined service pathways for individuals with complex behavioral health and housing needs. The behavioral health system also works in close partnership with Managed Care Plans, housing providers, and community-based organizations to align BHSA Housing Interventions with the broader homelessness response system.

In addition, Sonoma County has released a Request for Proposals (RFP) for a Housing Interventions Administrator, which will be contracted to support implementation of BHSA Housing Interventions. This administrator will assist with coordinating housing interventions, supporting clients and housing providers, managing landlord engagement, and ensuring effective delivery of housing-related supports. The role is intended to strengthen system capacity, improve coordination across programs, and enhance housing placement and retention outcomes for BHSA-eligible individuals.

Individuals receiving BHSA Housing Interventions are supported through housing navigation, care coordination, and tenancy-sustaining services that address both behavioral health needs and practical barriers to housing stability. Flexible financial supports, including rental assistance, security deposits, and move-in costs, are used to facilitate timely placement into permanent housing and prevent housing loss.

To promote long-term retention, Sonoma County emphasizes ongoing engagement in behavioral health treatment, trauma-informed and culturally responsive services, and coordination across systems, including primary care, substance use services, and social supports. Data sharing, continuous monitoring, and cross-system collaboration are used to track housing outcomes, identify risks to housing stability, and intervene early when challenges arise. Through this integrated strategy, Sonoma County aims to increase permanent housing placements, reduce returns to homelessness, and support sustained recovery, stability, and wellness for BHSA-eligible individuals.

What actions or activities is the county behavioral health system engaging in to connect BHSA eligible individuals to and support permanent supportive housing (PSH) (e.g.,

rental subsidies for individuals residing in PSH projects, operating subsidies for PSH projects, providing supportive services to individuals in other permanent housing settings, capital development funding for PSH)?

Sonoma County's behavioral health system promotes permanent housing placement and retention for individuals receiving BHSA Housing Interventions through a Housing First, person-centered, and recovery-oriented approach that integrates housing with behavioral health and supportive services. The County prioritizes rapid access to permanent housing while minimizing barriers and ensuring ongoing connection to mental health and substance use supports. To strengthen coordination and outcomes, Sonoma County is aligning the Homelessness Division more closely with Behavioral Health, creating a more cohesive and integrated housing and behavioral health system. The County also partners with Managed Care Plans, housing providers, and community-based organizations to align BHSA Housing Interventions with the broader homelessness response system.

In addition, Sonoma County has released an RFP for a Housing Interventions Administrator to support implementation of BHSA Housing Interventions. The contracted administrator will assist clients and housing providers, coordinate housing supports, strengthen landlord engagement, and enhance housing placement and retention outcomes for BHSA-eligible individuals. BHSA Housing Interventions include housing navigation, care coordination, tenancy-sustaining services, and flexible financial assistance such as rental support, security deposits, and move-in costs to prevent housing loss.

BHSA funds help support a range of county-run and contracted housing programs. Eliza's Village, a county-operated interim housing and support site, provides shelter, services, and pathways toward permanent housing for people transitioning out of unsanctioned encampments through the Coordinated Entry process, ensuring BHSA-eligible clients can access tenant-based vouchers. Similarly, Mickey Zane Place in Santa Rosa serves medically vulnerable or high-needs individuals experiencing homelessness, providing wrap-around services including case management, health support, and assistance accessing benefits. Behavioral Health Bridge Housing at Arrowood provides interim housing coupled with behavioral health treatment for individuals experiencing homelessness and serious behavioral health challenges, supporting stabilization and transition to permanent housing. Opportunity House, operated by Community Support

Network, is a short-term residential program offering up to 60 days of housing and behavioral health support for homeless or at-risk BHSA clients.

Independent and Supported Living Services are available to BHSA clients through programs like Sonoma County Independent Living (SCIL), which assists adults with complex behavioral health needs in gaining and maintaining independent housing through case management. Intensive Case Management programs support individuals transitioning from hospital or institutional settings into community living with supportive services. The county also partners with the Felton Institute to operate Crossroads to Hope, a transitional housing program in Santa Rosa serving individuals with justice involvement and significant mental health needs.

Through this network of housing options, rental and operating supports, and integrated behavioral health services, Sonoma County aims to increase permanent housing placements, reduce returns to homelessness, and promote long-term stability, recovery, and wellness for BHSA-eligible individuals.

Please describe how the county behavioral health system will ensure all Housing Interventions settings provide access to clinical and supportive behavioral health care and housing services

Sonoma County's behavioral health system ensures that all Housing Interventions settings provide access to clinical and supportive behavioral health care through an integrated, person-centered approach. BHSA-funded programs, including interim, transitional, and permanent supportive housing—are linked with Behavioral Health teams and community providers to deliver on-site or easily accessible mental health and substance use services.

Care is coordinated through Housing Navigation, Case Management, and Intensive Case Management programs, connecting residents to therapy, peer support, tenancy-sustaining services, and other behavioral health supports. All housing programs are integrated into the Coordinated Entry system, which prioritizes individuals with the greatest needs, ensures equitable access, and links housing placements with appropriate behavioral health services.

To maintain quality and consistency, Sonoma County is working on standardized protocols, trauma-informed and culturally responsive practices, and cross-

system communication. Training and technical assistance are provided to housing staff to support recovery-oriented care.

Eligible Populations

Please describe how the county behavioral health system will identify, screen, and refer individuals eligible for BHSA Housing Interventions

Sonoma County's behavioral health system identifies BHSA-eligible individuals through Behavioral Health programs, homelessness outreach, shelters, hospitals, Coordinated Entry, and community partners. Once identified, individuals are screened using a standardized tool to assess housing stability, behavioral health needs, and risk factors for homelessness, with screenings available in multiple languages and accessible formats. Eligible individuals are then referred to appropriate BHSA Housing Interventions, including Bridge Housing, permanent supportive housing, or Independent and Supported Living programs, with case managers providing housing navigation, clinical support, and tenancy-sustaining services. Referrals and placements are coordinated across behavioral health, homelessness services, and community-based providers, and outcomes are monitored to ensure equitable access, timely placement, and long-term housing stability.

Will the county behavioral health system provide BHSA-funded Housing Interventions to individuals living with a substance use disorder (SUD) only?

Yes

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible children and youth in the development of the county's Housing Interventions services (e.g., review data, engage with stakeholders, analyze research, etc.) who are:

In, or at-risk of being in, the juvenile justice system

To ensure that Sonoma County's Housing Interventions addressed the unique needs of children and youth who were in, or at risk of being in, the juvenile justice system, the Behavioral Health system undertook a comprehensive, multi-faceted planning process. This included conducting a countywide housing gap analysis, distributing stakeholder surveys, hosting a Housing Workgroup Committee, facilitating several housing-focused group discussions, and conducting key informant interviews with subject matter experts from the Human Services

Department and Child Protective Services. In addition, two townhall meetings were held, and input was gathered through the BHSA Steering Committee, BHSA stakeholder meetings, and participation in Sonoma County's Stepping Up Committee. These activities provided a rich understanding of the housing needs, barriers, and service gaps faced by justice-involved youth, as well as strategies to enhance equity, cultural competence, and accessibility.

Behavioral Health used these insights to guide the design of Housing Interventions that linked stable housing with behavioral health, substance use, education, and social supports, ensuring services were trauma-informed, culturally responsive, and youth-centered. This approach aligned with BHSA Early Intervention goals to prevent the onset or escalation of mental health conditions, reduce suicide and self-harm, and promote resilience and recovery. Continuous engagement, feedback, and quality improvement processes were implemented to ensure that interventions remained effective, responsive, and aligned with the evolving needs of justice-involved children and youth.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)

To ensure that Sonoma County's Housing Interventions addressed the unique needs of eligible children and youth who identify as Lesbian, Gay, Bisexual, Transgender, Queer, and Plus (LGBTQ+), DHS-BHD engaged in a comprehensive, multi-faceted planning process. The county conducted a housing gap analysis, distributed stakeholder surveys, hosted a Housing Workgroup Committee, and facilitated several housing-focused group discussions. Key informant interviews were conducted with subject matter experts from the Homelessness Division and Child Protective Services to better understand systemic barriers and service gaps. The county also held two townhall meetings and gathered input through the BHSA Steering Committee and BHSA stakeholder meetings.

To ensure LGBTQ+ perspectives were represented, the county invited Positive Images, an LGBTQIA+ community center established to provide mental health support, advocacy, and education to participate in the BHSA Steering Committee, Suicide Prevention Alliance, and Housing Workgroup. These meetings provided rich insights into the housing and behavioral health needs of LGBTQ+ youth, informed strategies to enhance equity, cultural responsiveness, and accessibility, and supported the integration of trauma-informed and youth-centered approaches into Housing Interventions.

In the child welfare system

To ensure that Sonoma County's Housing Interventions addressed the unique needs of eligible children and youth who are in, or at risk of being in, the child welfare system, the Behavioral Health system engaged in a comprehensive, multi-faceted planning process. The county conducted a housing gap analysis, distributed stakeholder surveys, hosted a Housing Workgroup Committee, and facilitated several housing-focused group discussions. Key informant interviews were conducted with subject matter experts from the Homelessness Division and Child Protective Services to better understand systemic barriers, service gaps, and the unique needs of youth involved in child welfare. The county also held two townhall meetings and gathered input through the BHSA Steering Committee and BHSA stakeholder meetings.

These activities provided rich insights into the housing and behavioral health needs of children and youth involved in the child welfare system and informed strategies to enhance equity, cultural responsiveness, and accessibility. The findings guided the integration of trauma-informed, youth-centered approaches into Housing Interventions, ensuring that services linked housing stability with behavioral health, education, and social supports in ways that align with BHSA Early Intervention goals to prevent the onset or worsening of mental health conditions, reduce self-harm and suicide risk, and promote resilience and recovery.

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible adults in the development of the county's Housing Interventions services (e.g., review data, engage with stakeholders, analyze research, etc.) who are

Older adults

To ensure that Sonoma County's Housing Interventions addressed the unique needs of older adults, the County engaged in a comprehensive, multi-faceted planning process. The DHS-BHD conducted a housing gap analysis, distributed stakeholder surveys with support from DHS-BHD's Older Adult Intensive Team to help promote and increase participation, hosted a Housing Workgroup Committee, and facilitated several housing-focused group discussions. Additionally, staff conducted site visits and contracted consultants to facilitate focus groups at local homeless shelters and temporary housing sites to better understand the lived experiences and needs of older adults experiencing housing

instability. Key informant interviews were conducted with subject matter experts from the Human Services Department to identify systemic barriers, service gaps, and the specific housing and behavioral health needs of older adults. The county also held two townhall meetings and gathered input through the BHSA Steering Committee and BHSA stakeholder meetings.

To ensure the perspectives of older adults were fully represented, the county invited the Council on Aging, a local non-profit organization providing services to seniors aged 60 and older in Sonoma County to participate in the BHSA Steering Committee. Council on Aging brings expertise in senior housing, behavioral health, and community support, serving a county population that includes over 137,000 older adults, many of whom will rely on supportive services as the population ages.

These activities provided valuable insights into the housing and behavioral health needs of older adults and informed strategies to enhance equity, accessibility, and cultural responsiveness. The findings guided the integration of trauma-informed and age-appropriate approaches into Housing Interventions, ensuring services link housing stability with behavioral health supports, social engagement, and other essential resources. This approach aligns with BHSA Early Intervention goals to prevent the onset or escalation of mental health conditions, reduce isolation and risk of harm, and promote resilience, recovery, and quality of life for older adults.

In, or are at risk of being in, the justice system

To ensure that Sonoma County's Housing Interventions addressed the unique needs of adults who were in, or at risk of being in, the justice system, the Sonoma County's DHS-BHD undertook a comprehensive, multi-faceted planning process. This included conducting a countywide housing gap analysis, distributing stakeholder surveys, hosting a Housing Workgroup Committee, facilitating several housing-focused group discussions, and hiring consultants to conduct focus groups at local homeless shelters to better understand the lived experiences and needs of justice-involved adults. Key informant interviews were conducted with subject matter experts from the Human Services Department to identify systemic barriers, service gaps, and housing challenges. In addition, two townhall meetings were held, and input was gathered through the BHSA Steering Committee and BHSA stakeholder meetings, as well as participation in Sonoma County's Stepping Up Committee. These activities provided a rich understanding

of the housing and behavioral health needs, barriers, and gaps faced by justice-involved adults, and informed strategies to enhance equity, cultural competence, and accessibility.

DHS-BHD used these insights to guide the design of Housing Interventions that linked stable housing with behavioral health, substance use, social supports, and other essential services, ensuring programs were trauma-informed, culturally responsive, and adult-centered. This approach aligns with BHSA goals to prevent the onset or escalation of mental health conditions, reduce suicide and self-harm, and promote resilience and recovery. Continuous engagement, feedback, and quality improvement processes were implemented to ensure that interventions remained effective, responsive, and aligned with the evolving needs of justice-involved adults.

In underserved communities

To ensure that Sonoma County's Housing Interventions addressed the unique needs of eligible adults from underserved communities, DHS-BHD engaged in a comprehensive, equity-focused planning process. The county conducted a countywide housing gap analysis and reviewed available and disaggregated data to identify disparities impacting adults from underserved populations, including individuals experiencing homelessness, communities of color, LGBTQ+ individuals, older adults, individuals with serious mental illness, and those with co-occurring substance use conditions. Stakeholder surveys were distributed to gather input from service providers and community partners serving underserved adult populations, and a Housing Workgroup Committee was convened to identify systemic barriers, service gaps, and equity challenges in housing access.

To elevate lived experience and community voice, the county facilitated multiple housing-focused group discussions and hired consultants to conduct focus groups at local homeless shelters, prioritizing engagement with adults from underserved communities. Key informant interviews were conducted with subject matter experts from the Human Services Department and the Homelessness Division to better understand cross-system challenges related to housing instability, behavioral health access, and service coordination. The county also held two townhall meetings delivered in both English and Spanish to ensure meaningful participation from linguistically diverse communities. Additional input was gathered through the BHSA Steering Committee and BHSA stakeholder meetings.

These activities provided critical insight into the housing and behavioral health needs, barriers, and disparities experienced by adults from underserved communities. Behavioral Health used these findings to inform the development of Housing Interventions that integrate stable housing with behavioral health care, substance use services, and supportive services in culturally responsive, trauma-informed, and accessible ways. This approach aligned with BHSA goals to prevent the onset or escalation of mental health conditions, reduce suicide and self-harm, address inequities in access and outcomes, and promote recovery, stability, and long-term wellness for adults from historically underserved communities.

Local Housing System Engagement

How will the county behavioral health system coordinate with the Continuum of Care (CoC) and receive referrals for Housing Interventions services?

Sonoma County's Homeless Coalition, led by the County Department of Health Services, coordinates regional planning, policy, and housing funding for homelessness. Behavioral Health actively engages in CoC planning, data sharing, and partnerships like HomeFirst to prioritize vulnerable populations for permanent supportive, rapid rehousing, and interim housing. Through strategic planning and shared HMIS data, Behavioral Health and the CoC work together to improve coordinated entry, expand support services, and align healthcare with homelessness solutions.

Please describe the county behavioral health system's approach to collaborating with the local CoC, Public Housing Agencies, Medi-Cal managed care plans (MCPs), Enhanced Care Management (ECM) and Community Supports providers, as well as other housing partners, including existing and prospective PSH developers and providers in your community in the implementation of the county's Housing Interventions

Local CoC

Sonoma County's Homeless Coalition, led by the County Department of Health Services, coordinates regional planning, policy, and housing funding for homelessness. Behavioral Health actively engages in CoC planning, data sharing, and partnerships like Home First to prioritize vulnerable populations for permanent supportive, rapid rehousing, and interim housing. Through strategic planning and shared HMIS data, Behavioral Health and the CoC work together to

improve coordinated entry, expand support services, and align healthcare with homelessness solutions.

Public Housing Agency

Sonoma County collaborates closely with local Public Housing Agencies, including the Sonoma County Housing Authority, to integrate housing subsidies and vouchers with behavioral health support services. Through Coordinated Entry and cross system planning, individuals with behavioral health needs are connected to appropriate PHA resources. Joint planning ensures that affordable housing programs align with behavioral health priorities, helping those with the highest needs access housing, while ongoing coordination across human services, housing authorities, and CoC governance supports this alignment.

MCPs

The Sonoma County Behavioral Health system collaborates closely with Partnership HealthPlan of California and Kaiser Permanente, the Medi-Cal managed care plans serving county residents, to coordinate health, behavioral health, and housing supports. The County meets regularly with both MCPs to strengthen partnerships and align with a current focus on enhancing collaboration around transitional rent supports. These efforts include improving referral tracking processes, increasing effective utilization of MCP benefits, and jointly monitoring housing stability and health outcomes. This coordinated approach ensures the effective integration of Medi-Cal, behavioral health, and housing systems to better serve individuals experiencing or at risk of homelessness in Sonoma County.

ECM and Community Supports Providers

Sonoma County's Behavioral Health system collaborates closely with Enhanced Care Management (ECM) and Community Supports providers to ensure coordinated, person-centered care for individuals with complex behavioral health, medical, and housing needs. Through regular cross-system meetings, we're working towards an enhanced referral system to align treatment plans with housing stabilization goals. Community Supports providers deliver housing transition, tenancy sustaining services, and short-term housing assistance that complement behavioral health treatment and recovery supports. The County emphasizes shared care planning, clear communication, and data-informed coordination to improve referral tracking, maximize use of Medi-Cal benefits, and

monitor housing stability and health outcomes, ensuring seamless integration of Medi-Cal, behavioral health, and housing services in Sonoma County.

Other (e.g., CalWORKS/TANF housing programs, child welfare housing programs, PSH developers and providers, etc.) (optional)
N/A

How will the county behavioral health system work with Homekey+ and supportive housing sites to provide services, funding, and referrals that support and house BHSA eligible individuals?
Sonoma County Behavioral Health works closely with Homekey+ and other supportive housing sites to provide coordinated services, funding, and referrals that support and house BHSA-eligible individuals. Sonoma County's Behavioral Health Division will continue partner with housing operators at Homekey-funded sites like Elderberry Commons to prioritize individuals with significant behavioral health needs for housing stability. Through Coordinated Entry's referral pathway, Behavioral Health programs, and Medi-Cal partners ensure timely access to housing and services. Funding will be braided across Behavioral Health resources, Medi-Cal benefits, and housing funds to support ongoing case management, tenancy-sustaining services, and care coordination. The County will collaborate with site operators, Enhanced Care Management, and Community Supports providers to track referrals, coordinate services, and monitor housing stability and health outcomes, ensuring that Homekey+ and supportive housing sites effectively serve BHSA-eligible individuals and support long-term housing stability.

Did the county behavioral health system receive Homeless Housing Assistance and Prevention Grant Program (HHAP) Round 6 funding?
Yes

How will the county coordinate the use of HHAP dollars to support the housing needs of BHSA eligible individuals in your community?
Sonoma County will coordinate the use of HHAP dollars to support the housing needs of BHSA-eligible individuals through a braided funding approach that aligns homelessness and behavioral health resources. HHAP funds will primarily support housing-focused case management and tenancy support services, while BHSA funding will be leveraged to cover complementary housing-related costs such as security, property management, building maintenance, food supports,

and other operational needs that help stabilize placements. In addition, available capital and operating funds will be used to make targeted building improvements, increasing habitability and occupancy for BHSA-eligible residents.

To strengthen system coordination and improve housing outcomes, Sonoma County is aligning the Homelessness Division more closely with Behavioral Health, creating a more integrated and cohesive approach to housing and behavioral health service delivery. This alignment supports shared planning, coordinated funding strategies, and streamlined service pathways for individuals with complex behavioral health and housing needs. The behavioral health system also works in close partnership with Managed Care Plans, housing providers, and community-based organizations to ensure BHSA Housing Interventions are fully aligned with the broader homelessness response system, maximizing resources and improving access to stable, supportive housing.

BHSA Housing Interventions Implementation

The following questions are specific to BHSA Housing Interventions funding (no action needed). For more information, please see 7.C.9 Allowable expenditures and related requirements

Rental Subsidies (Chapter 7. Section C.9.1)

The intent of Housing Interventions is to provide rental subsidies in permanent settings to eligible individuals for as long as needed, or until the individual can be transitioned to an alternative permanent housing situation or rental subsidy source. (no action needed)

Is the county providing this intervention?
Yes

Is the county providing this intervention to chronically homeless individuals?
Yes

How many individuals does the county behavioral health system expect to serve with rental subsidies under BHSA Housing Interventions on an annual basis?
The County Behavioral Health system expects to serve at least 25 individuals annually with rental subsidies under BHSA Housing Interventions. In the first year, a smaller number is anticipated as program implementation and operational processes are established. As the program matures, the County plans to expand capacity to serve additional individuals, ensuring participants achieve stable

housing, sustained engagement in behavioral health services, and improved health and wellness outcomes.

How many of these individuals will receive rental subsidies for permanent housing on an annual basis?
150

How many of these individuals will receive rental subsidies for interim housing on an annual basis?
200

What is the county's methodology for estimating total rental subsidies and total number of individuals served in interim and permanent settings on an annual basis?
BHSA rental subsidies are a newer resource, Sonoma County anticipates serving a smaller number of individuals in the initial year, with capacity increasing over time as programs and referral pathways are fully implemented. The County's methodology for estimating total rental subsidies and the total number of individuals served on an annual basis is based on projected transitions and utilization across existing behavioral health and housing programs.

Estimates incorporate individuals transitioning from Peer Respite and Behavioral Health Bridge Housing programs into interim or permanent housing; participants in permanent housing settings supported through the expanded Flex Pool; and individuals completing their initial six months of Managed Care Plan–funded housing supports who may continue to receive rental assistance through BHSA. Projections are informed by historical program throughput, expected lengths of stay, unit availability, and anticipated transitions to longer-term housing stability. As implementation progresses, Sonoma County will refine estimates using actual utilization data and ongoing system performance monitoring.

For which setting types will the county provide rental subsidies?
Non-Time-Limited Permanent Settings: Supportive housing
Non-Time-Limited Permanent Settings: Apartments, including master-lease apartments Non-Time-Limited Permanent Settings: Single and multi-family homes
Non-Time-Limited Permanent Settings: Housing in mobile home communities
Non-Time-Limited Permanent Settings: Single room occupancy units
Non-Time-Limited Permanent Settings: Accessory dwelling units including Junior Accessory Dwelling Units

Non-Time-Limited Permanent Settings: Tiny Homes
Non-Time-Limited Permanent Settings: Shared housing
Non-Time-Limited Permanent Settings: Recovery/Sober Living housing, including recovery-oriented housing,
Non-Time-Limited Permanent Settings: Assisted living (adult residential facilities, residential facilities for the elderly, and licensed board and care)
Non-Time-Limited Permanent Settings: License-exempt room and board
Non-Time-Limited Permanent Settings: Other settings identified under the Transitional Rent benefit
Time Limited Interim Settings: Non-congregate interim housing models
Time Limited Interim Settings: Congregate settings that have only a small number of individuals per room and sufficient common space (not larger dormitory sleeping halls) [134](does not include behavioral health residential treatment settings)
Time Limited Interim Settings: Short-Term Post-Hospitalization housing
Time Limited Interim Settings: Tiny homes, emergency sleeping cabins, emergency stabilization units
Time Limited Interim Settings: Peer respite
Time Limited Interim Settings: Other settings identified under the Transitional Rent benefit

Will this Housing Intervention accommodate family housing?
Yes

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding
Sonoma County's BHSA Housing Interventions are designed to promote housing stability, recovery, and wellness for individuals with behavioral health needs. BHSA funds will be used for rental subsidies and short-term or transitional housing supports, tenancy-sustaining services such as eviction prevention and housing navigation, and placement in supportive housing, including permanent supportive housing and rapid rehousing. Additionally, the County will fund a contractor to administer, monitor, and track housing vouchers, subsidies, and housing supports, ensuring effective implementation, oversight, and outcomes for participants.

Will the county behavioral health system provide rental assistance through project-based (tied to a particular unit) or tenant-based (tied to the individual) subsidies?

Project-based
Tenant-based

How will the county behavioral health system identify a portfolio of available units for placing BHSA eligible individuals, including in collaboration with other county partners and as applicable, Flex Pools (e.g., Master Leasing)? Please include partnerships and collaborative efforts your county behavioral health system will engage in
Sonoma County's behavioral health system will identify a portfolio of available units for BHSA-eligible individuals through close collaboration with the Continuum of Care (CoC), Permanent Supportive Housing providers, and other homelessness system partners. Behavioral Health staff will participate in CoC meetings, coordinated entry, and case conferencing to track unit availability and align placements with system priorities.

As applicable, the County will also leverage Flex Pool strategies, including master leasing, to expand housing options and reduce barriers to placement. These efforts are supported by partnerships with housing providers, community-based organizations, housing authorities, and Managed Care Plans to ensure timely access to appropriate interim and permanent housing for individuals with complex behavioral health needs.

Total number of units funded with BHSA Housing Interventions per year
300

Please provide additional details to explain if the county is funding rental subsidies with BHSA Housing Interventions that are not tied to a specific number of units (optional)
N/A

Operating Subsidies (Chapter 7, Section C.9.2)

Is the county providing this intervention?
Yes

Is the county providing this intervention to chronically homeless individuals?
Yes

Anticipated number of individuals served per year
450

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding

In Sonoma County, BHSA Housing Operating Subsidies are used to support the ongoing operational costs of housing programs serving individuals with behavioral health needs. These funds help cover expenses such as staff salaries for on-site supportive services, utilities, maintenance, insurance, security, and other costs necessary to operate housing programs safely and effectively. Operating subsidies are applied to permanent supportive housing, transitional housing, and interim housing programs, ensuring that residents not only have stable housing but also access to integrated behavioral health services. By providing reliable operational funding, these subsidies support program sustainability, housing stability, and positive recovery and wellness outcomes for Sonoma County residents.

For which setting types will the county provide operating subsidies?

Non-Time-Limited Permanent Settings: Supportive Housing
Non-Time-Limited Permanent Settings: Apartments, including master-lease apartments
Non-Time-Limited Permanent Settings: Single and multi-family homes
Non-Time-Limited Permanent Settings: Housing in mobile home communities
Non-Time-Limited Permanent Settings: Single room occupancy units
Non-Time-Limited Permanent Settings: Accessory dwelling units, including Junior Accessory Dwelling Units
Non-Time-Limited Permanent Settings: Shared housing
Non-Time-Limited Permanent Settings: Recovery/Sober Living housing, including recovery-oriented housing
Non-Time-Limited Permanent Settings: Assisted living (adult residential facilities, residential facilities for the elderly, and licensed board and care)
Non-Time-Limited Permanent Settings: License-exempt room and board
Non-Time-Limited Permanent Settings: Other settings identified under the Transitional Rent benefit
Time Limited Interim Settings: Hotel and motel stays
Time Limited Interim Settings: Non-congregate interim housing models
Time Limited Interim Settings: Congregate settings that have only a small number of individuals per room and sufficient common space (not larger dormitory sleeping halls) [134] (does not include behavioral health residential treatment settings)

Time Limited Interim Settings: Short-Term Post-Hospitalization housing
Time Limited Interim Settings: Tiny homes, emergency sleeping cabins, emergency stabilization units
Time Limited Interim Settings: Other settings identified under the Transitional Rent benefit

Will this be a scattered site initiative?
Yes

Will this Housing Intervention accommodate family housing?
No

Total number of units funded with BHSA Housing Interventions per year
213
Please provide additional details to explain if the county is funding operating subsidies with BHSA Housing Interventions that are not tied to a specific number of units (optional)
N/A

Landlord Outreach and Mitigation Funds (Chapter 7, Section C.9.4.1)

Is the county providing this intervention?
Yes

Is the county providing this intervention to chronically homeless individuals?
Yes

Anticipated number of individuals served per year
300

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding
Sonoma County plans to use BHSA Housing Interventions funding to support landlord outreach and mitigation activities that expand housing options for BHSA-eligible individuals. We anticipate using these funds for outreach to engage and recruit landlords, provide education about available supports, and reduce perceived risks associated with renting to tenants with complex behavioral health needs.

Sonoma County plans to allocate funds to cover costs such as unit damage, unpaid rent, vacancy loss, and other tenant-related expenses not covered by security deposits. In addition, incentives and holding fees will also be part of mitigation costs to increase landlord participation, improve unit availability, and support housing stability.

Total number of units funded with BHSA Housing Interventions per year
150

Please provide additional details to explain if the county is providing landlord outreach and mitigation funds with BHSA Housing Interventions that are not tied to a specific number of units (optional)
N/A

Participant Assistance Funds (Chapter 7, Section C.9.4.2)

Is the county providing this intervention?
Yes

Is the county providing this intervention to chronically homeless individuals?
Yes

Anticipated number of individuals served per year
300

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding
In Sonoma County, BHSA Participant Assistance Funds provide short-term, flexible support to help individuals with behavioral health needs achieve and maintain housing stability while engaging in services. Funds may be used for security deposits, first month's rent, moving expenses, transportation, or essential household items. These funds will be administered by a contractor in coordination with our DHS-BHD teams to ensure long-term housing retention, stability, and improved behavioral health outcomes.

Housing Transition Navigation Services and Tenancy Sustaining Services (Chapter 7, Section C.9.4.3)

Pursuant to Welfare and Institutions (W&I) Code section 5830, subdivision (c)(2), BHSA Housing Interventions may not be used for housing services covered by Medi-Cal MCP. Please select Yes only if the county is providing these services to individuals who are not eligible to receive the services through their Medi-Cal MCP (no action needed)

Is the county providing this intervention?
Yes

Is the county providing this intervention to chronically homeless individuals?
Yes

Anticipated number of individuals served per year
300

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding
Sonoma County will use BHSA Housing Interventions funding to provide Housing Transition Navigation Services and Housing Tenancy Sustaining Services for BHSA-eligible individuals, including those not eligible through Medi-Cal Managed Care Plans. Services will align with allowable Community Supports activities while operating outside Medi-Cal eligibility and provider requirements when funded by BHSA.

Housing Transition Navigation Services will support individuals in locating, securing, and moving into housing, while Housing Tenancy Sustaining Services will focus on maintaining housing stability through tenant education, lease compliance support, coordination with property managers, and early intervention to prevent housing loss. To implement these services, Sonoma County has released a Request for Proposals (RFP) to contract with a provider experienced in delivering housing navigation and tenancy sustaining services, ensuring capacity and alignment with the County's behavioral health and homelessness systems.

Housing Interventions Outreach and Engagement (Chapter 7, Section C.9.4.4)

Is the county providing this intervention?
No

Please explain why the county is not providing this intervention
We're prioritizing the BHSS funding for outreach and engagement, the 7% allowed is not sufficient.

Anticipated number of individuals served per year
0

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding
N/A

Capital Development Projects (Chapter 7, Section C.10)

Counties may spend up to 25 percent of BHSA Housing Interventions on capital development projects. Will the county behavioral health system use BHSA Housing Interventions for capital development projects?
Yes

Is the county providing this intervention to chronically homeless individuals?
Yes

How many capital development projects will the county behavioral health system fund with BHSA Housing Interventions?
2

Capital Development Project #1

Capital Development Project Specific Information
Please complete the following questions for each capital development project the county will fund with BHSA Housing Interventions

Name of Project
BCHIP

What setting types will the capital development project include?
Time Limited Interim Settings: Peer respite

Capacity (Anticipated number of individuals housed at a given time)

8

Will this project braid funding with non-BHSA funding source(s)?
Yes

Total number of units in project, inclusive of BHSA and non-BHSA funding sources
16

Total number of units funded with Housing Interventions funds only
0

Please provide additional details to explain if the county is funding capital development projects with BHSA Housing Interventions that are not tied to a specific number of units (optional)

Anticipated date of unit availability (Note: DHCS will evaluate unit availability date to ensure projects become available within a reasonable timeframe)
6/12/2028

Expected cost per unit (Note: the BHSA Housing Intervention portion of the project must be equal to or less than $450,000)
350000

Have you utilized the “by right” provisions of state law in your project?
Yes

Other Housing Interventions

If the county is providing another type of Housing Interventions not listed above, please describe the intervention (optional)
N/A

Is the county providing this intervention to chronically homeless individuals? (optional)
No

Anticipated number of individuals served per year (optional)
0

Continuation of Existing Housing Programs

Please describe if any BHSA Housing Interventions funding will be used to support the continuation of housing programs that are ending (e.g., Behavioral Health Bridge housing)

Sonoma County plans to use BHSA Housing Interventions funding to support the continuation of Behavioral Health Bridge Housing (BHBH), which is scheduled to conclude in 2027. BHSA funding will help sustain housing and supportive services for individuals with significant behavioral health needs as these time-limited programs wind down, to the extent resources are available. This approach is intended to minimize service disruptions, promote housing stability, and ensure continuity of care for Medi-Cal–eligible clients during and after the transition from expiring BHBH programs.

Relationship to Housing Services Funded by Medi-Cal Managed Care Plans

For more information, please see 7.C.7 Relationship to Medi-Cal Funded Housing Services

Which of the following housing-related Community Supports is the county behavioral health system an MCP-contracted provider of?

Housing Transition Navigation Services
Housing Deposits
Housing Tenancy and Sustaining Services
Short-Term Post-Hospitalization Housing
Transitional Rent

For which of the following services does the county behavioral health system plan to become an MCP-contracted provider of?

Housing Transition Navigation Services

Yes

When does the county behavioral health system plan to become an MCP-contracted provider?

1/1/2022

Housing Deposits

Yes

When does the county behavioral health system plan to become an MCP-contracted provider?
1/1/2022

Housing Tenancy and Sustaining Services
Yes

When does the county behavioral health system plan to become an MCP-contracted provider?
1/1/2022

Short-Term Post-Hospitalization Housing
Yes

When does the county behavioral health system plan to become an MCP-contracted provider?
1/1/2025

Recuperative Care
No

Day Habilitation
No

Transitional Rent
Yes

When does the county behavioral health system plan to become an MCP-contracted provider?
1/1/2026

How will the county behavioral health system identify, confirm eligibility, and refer Medi-Cal members to housing-related Community Supports covered by MCPs (including Transitional Rent)?
Sonoma County Behavioral Health will coordinate closely with Medi-Cal Managed Care Plans (Kaiser Permanente and Partnership HealthPlan of California) to ensure eligible Medi-Cal members are identified and referred to housing-related Community Supports, including Transitional Rent. MCPs will be responsible for

identifying members with housing needs and initiating referrals to Sonoma County's housing programs.

The County is currently developing a warm, coordinated, and efficient referral policy and procedure that aligns with CalAIM-required referral and care coordination processes. This policy and procedure will emphasize timely communication, confirmation of Medi-Cal eligibility, and seamless handoffs between MCPs and County programs to ensure members receive appropriate housing supports without disruption to care.

Please describe coordination efforts and ongoing processes to ensure the county behavioral health contracted provider network for Housing Interventions is known and shared with MCPs serving your county

Sonoma County Behavioral Health maintains ongoing coordination with Medi-Cal Managed Care Plans (MCPs), including Kaiser Permanente and Partnership HealthPlan of California, to ensure the County's contracted provider network for Housing Interventions is known, current, and accessible. The County shares updated provider network information through regular interagency meetings, operational workgroups, and written communications, including provider lists and referral guidance.

Ongoing processes include routine updates to MCP contacts when contracts are added or modified, collaborative review of referral workflows, and coordination on eligibility criteria and service capacity. Sonoma County Behavioral Health also engages MCPs in continuous quality improvement efforts to address referral volume, access, and service alignment. Regular communication with MCP care teams will ensure that they have the necessary information to make timely and appropriate referrals for BHSA Housing Interventions.

Does the county behavioral health system track which of its contracted housing providers are also contracted by MCPs for housing-related Community Supports (provided in questions #1 and #2 above)?

No

What processes does the county behavioral health system have in place to ensure Medi-Cal members living with significant behavioral health conditions do not experience gaps in service once any of the MCP housing services are exhausted, to the extent resources are available?

Sonoma County Behavioral Health has processes in place to promote continuity of care for Medi-Cal members with significant behavioral health conditions when MCP-provided housing services are exhausted, to the extent resources are available. Through the use of Interdisciplinary Multidisciplinary Team (IMDT) meetings, the County collaborates with MCPs, housing providers, and behavioral health providers to proactively plan for transitions, identify ongoing needs, and coordinate next steps prior to the conclusion of MCP housing services.

The County works closely with its contracted behavioral health and housing providers to align service planning, explore available housing and supportive service options, and ensure warm handoffs occur whenever possible. Additionally, Sonoma County Behavioral Health is developing a formal policy and procedures that outline roles, responsibilities, and coordination processes to support continuity of services, including escalation pathways and communication protocols, to minimize service gaps and support sustained recovery and housing stability.

Flexible Housing Subsidy Pools

Flexible Housing Subsidy Pools ("Flex Pools") are an effective model to streamline and simplify administering rental assistance and related housing supports. DHCS released the Flex Pools TA Resource Guide that describes this model in more detail linked here: Flexible Housing Subsidy Pools - Technical Assistance Resource. Please reference the TA Resource Guide for descriptions of the Flex Pool model and roles referenced below including the Lead Entity, Operator, and Funder.

For related policy information, refer to 7.C.8 Flexible Housing Subsidy Pools.

Is there an operating Flex Pool (or elements of a Flex Pool, which includes (1) coordinating and braiding funding streams, (2) serving as a fiscal intermediary, (3) identifying, securing, and supporting a portfolio of units for participants, and/or (4) coordinating with providers of housing supportive services) in the county (please refer to DHCS' Flex Pools TA Resource Guide)?
Yes

Is the county behavioral health system participating in or planning to participate in the Flex Pool?
Yes

What role does the county behavioral health system have or plan to have in the Flex Pool?

Funder
Housing Supportive Services Provider

What organization is serving as the Operator?

Sonoma County has released a Request for Proposals (RFP) to identify an organization to serve as the Operator of the Flexible Housing Subsidy Pools. The operator will be determined through the RFP process in accordance with County procurement requirements.

Does the county plan to administer some or all Housing Interventions funds through or in coordination with the Flex Pool?

Yes

Which Housing Interventions does the county plan to administer through or in coordination with the Flex Pool?

Rental Subsidies
Landlord Outreach and Mitigation Funds
Participant Assistance Funds

Please describe any other roles and functions the county behavioral health system plans to take to support the operations or launch and scaling of a Flex Pool in addition to those described above

In addition to the roles and functions described above, Sonoma County Behavioral Health will support the launch and scaling of the Flexible Housing Subsidy Pool by leading planning, coordination, and oversight activities. The County will release a Request for Proposals (RFP) to identify an operator for the Flex Pool and will provide contract management and performance monitoring once an operator is selected.

Sonoma County Behavioral Health will help facilitate coordination with Medi-Cal Managed Care Plans, behavioral health providers, and housing partners; support alignment with CalAIM requirements; and assist with the development of policies, procedures, and referral workflows to ensure effective implementation and ongoing operations of the Flex Pool.

Behavioral Health Services Fund: Innovative Behavioral Health Pilot and Projects

For each innovative program or pilot provide the following information. If the county provides more than one program, use the “Add additional program” button. For related policy information, refer to 7.A.6 Innovative Behavioral Health Pilots and Projects.

Does the county’s plan include the development of innovative programs or pilots?
No

WORKFORCE STRATEGY

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 6.C.2 Securing Medi-Cal Payment.

Maintain an Adequate Network of Qualified and Culturally Responsive Providers

The county must ensure its county-operated and county-contracted behavioral health workforce is well-supported and **culturally and linguistically responsive** with the population to be served. Through existing Medi-Cal oversight processes, the Department of Health Care Services (DHCS) will assess whether the county:

Maintains and monitors a network of providers that is sufficient to provide adequate access to services and supports for individuals with behavioral health needs; and

Meets **federal and state standards** for timely access to care and services, considering the urgency of the need for services.

The county must **ensure** that Behavioral Health Services Act (BHSA)-funded providers are qualified to deliver services, comply with nondiscrimination requirements, and deliver services in a culturally competent manner. Effective FY 2027-2028, DHCS encourages counties to require their BHSA providers to comply with the same standards as Medi-Cal providers in these areas (i.e. requiring the same standards regardless of whether a given service is reimbursed under BHSA or Medi-Cal), as described in the Policy Manual.

Does the county intend to adopt this recommended approach for BHSA-funded providers that also participate in the county's Medi-Cal Behavioral Health Delivery System?

Yes

Does the county intend to adopt this recommended approach for BHSA-funded providers that do not participate in the county's Medi-Cal Behavioral Health Delivery System?
Yes

Build Workforce to Address Statewide Behavioral Health Goals

For related policy information, refer to **3.A.2 Contents of Integrated Plan** and **7.A.4 Workforce Education and Training**

Assess Workforce Gaps

What is the overall vacancy rate for permanent clinical/direct service behavioral health positions in the county (including county-operated providers)?
Enter a Percent value
9%

Upload any data source(s) used to determine vacancy rate (optional)

For county behavioral health (including county-operated providers), please select the **five positions** with the greatest vacancy rates
Licensed Clinical Social Worker
Licensed Marriage and Family Therapist
Licensed Professional Clinical Counselor
Psychiatrist
Substance Use Disorder Counselor

Please describe any other key workforce gaps in the county
While our nursing Full-Time Equivalent (FTE) allocations are less impacted, the leanness of the allocations for Registered Nurses (RNs) often affects our Crisis Stabilization Unit's ability to remain open, especially overnight, due to vacations, illness, or other absences.

How does the county expect workforce needs to shift over the next three fiscal years given new and forthcoming requirements, including implementation of new evidence-based practices under Behavioral Health Transformation (BHT) and Behavioral Health

Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT)?

The new and forthcoming requirements under Behavioral Health Transformation (BHT) and Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) are expected to increase demand for a larger and more specialized workforce. Given our current staff are already managing high caseloads and Sonoma County faces financial constraints in funding Behavioral Health services, we anticipate significant challenges in meeting these workforce demands. As a result, participation in some of the opt-in Evidence-Based Practice (EBP) opportunities may be limited unless additional resources or staffing support become available.

Address Workforce Gaps

If the county is planning to leverage the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce initiative to address workforce gaps including for FSP and CSC for FEP, such as through applying for and/or encouraging providers to apply for the following BH-CONNECT workforce programs, please specify below.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Scholarship Program?

No

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Student Loan Payment Program?

No

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Recruitment and Retention Program?

No

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Community-Based Provider Training Program?

No

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Residency Program?

No

Please describe any other efforts underway or planned in the county to address workforce gaps aside from those already described above under Behavioral Health Services Act Workforce, Education, and Training

The Behavioral Health Division (BHD) addresses workforce gaps through a mix of intentional approaches. 1) In the past 24 months, BHD has collaborated with Human Resources to reduce the BHD vacancy rate from 28% to a low of 8% circa December 2025. 2) BHD is supporting staff growth and mobility by encouraging and supporting staff returning to school to earn bachelor's and master's degrees, certificates, licenses, and continuing education credits. And 3) a mix of Affinity groups are in place to provide spaces for staff to meet with peers. These groups allow for discussions on career growth, peer-to-peer support, retention, and help create a sense of belonging.

BUDGET AND PRUDENT RESERVE

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see **6.B.3 Local Prudent Reserve**.

Budget and Prudent Reserve

Download and complete the budget template using the button below before starting this section

Please upload the completed **budget** template

Please indicate how the county plans to spend the amount over the maximum allowed prudent reserve limit for each component if the county indicated they would allocate excess prudent reserve funds to a given Behavioral Health Services Act component in Table Nine of the budget template

Behavioral Health Services and Supports (BHSS)

IN PROGRESS

Full Service Partnership (FSP)

IN PROGRESS

Housing Interventions

IN PROGRESS

Enter date of last prudent reserve assessment

IN PROGRESS

Please describe how the use of excess prudent reserve funds drawn down from the local prudent reserve aligns with the goals of the Integrated Plan

BHSS

IN PROGRESS

FSP

IN PROGRESS

Housing Intervention

IN PROGRESS

PLAN APPROVAL AND COMPLIANCE

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 3.A.1 Reporting Period

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Behavioral health director certification

Download and complete the behavioral health director certification template using the button below before starting this section

IN PROGRESS

County administrator or designee certification

Download and complete the county administrator or designee certification template using the button below before starting this section

IN PROGRESS

Board of supervisor certification

For final submission, download and complete the board of supervisor certification template using the button below before starting this section

IN PROGRESS