

**Mental Health Services Act (MHSA) Performance Contract Review Report
Sonoma County Program Review
February 10-11, 2020**

FINDING #1: Sonoma County lacked an assessment of its capacity to implement the proposed programs and services in their approved FY 2017-20 Three-Year Program and Expenditure Plan (Plan). (California Code of Regulations, Title 9, § 3650(a)(5)).

Recommendation #1: The County shall provide an assessment of its capacity to implement proposed programs/services and address all components of Cal. Code Regs., tit 9, § 3650(a)(5) in the approved FY 2020-23 Plan and each subsequent Plan thereafter.

FINDING #2: Sonoma County did not report the estimated number of clients the County plans to serve in each Full Service Partnership (FSP) targeted age group in the approved FY 2017-20 Plan. (Cal. Code of Regs., tit. 9, § 3650(a)(3)).

Recommendation #2: The County shall report the number of FSP clients the County plans to serve in each age group: children (0-15), transitional age youth (16-25), adult (26-59), and older adult (60 and older) for each fiscal year of the approved FY 2020-23 Plan and each subsequent Plan thereafter.

FINDING #3: Sonoma County lacked evidence of a validated method used to measure changes in attitudes, knowledge, and/or behavior related to mental illness of seeking mental health services for each Prevention and Early Intervention (PEI) Stigma and Discrimination Reduction Program in the approved FY 2017-20 Plan and FY 2018-19 Annual Update (Update). (Cal. Code of Regs., tit. 9, §§ 3750(d); 3755(f)(3)).

Recommendation #3: The County shall select and include documentation of the validated measure(s) used for each PEI Stigma and Discrimination Reduction Program and address all components of Cal. Code of Regs., tit. 9, §§ 3750(d), 3755(f) in their approved FY 2020-23 Plan and/or Update and thereafter.

SUGGESTED IMPROVEMENTS

Item #1: MHSA Transparency and Consistency

Suggested Improvement #1: Department of Health Care Services (DHCS) recommends program names and service categories detailed in the approved Plan and Update match the program names and service categories in the Annual Revenue and Expenditure Report (ARER). The ARER should be consistent with the budget in the approved Plan and Update. If the program or service did not occur, report the program or service on the ARER and indicate zero expenditures.

Item #2: Community Program Planning Process (CPPP) Development

Suggested Improvement #2a: DHCS recommends the County update their CPPP policy and procedure to include the designated position(s) responsible for the overall CPPP and CPPP training of County staff and stakeholders.

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Suggested Improvement #2b: DHCS recommends the County compare stakeholder and County demographics to ensure desired participation of target populations in the CPPP and to determine whether stakeholders (i.e. Steering and Stakeholder Committee) reflect the diversity of the demographics of the County, including but not limited to geographic location, age, gender, race, and unserved and/or underserved populations. DHCS recommends the County include this comparison of both stakeholder demographics and overall County demographics within the approved Plan and Updates.

Item #3: MHSA Policies and Procedures

Suggested Improvement #3a: DHCS recommends the County develop FSP specific policies and procedures that include, but is not limited to identification of FSP eligibility criteria, position(s) that serve as the Personal Service Coordinator (PSC)/single point of contact for FSP clients, process for ensuring that a PSC or other qualified individual known to the client/family is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hours interventions, cultural competency requirements for PSCs and requirements for Individual Services and Support Plans (ISSP)/Client Plans/Treatment Plans.

Suggested Improvement #3b: DHCS recommends the County update their MHSA Issue Resolution policy and procedure to include types of MHSA issues to be resolved in this process: access to mental health services, inconsistency between approved MHSA plan and program implementation, the local community program planning process and appropriate use of MHSA funds.

Suggested Improvement #3c: DHCS recommends the County provide training on MHSA Issue Resolution policies and procedures to all behavioral health employees and service providers involved in the complete delivery of services to recipients of MHSA programs. Additionally, DHCS recommends the County maintain documentation of training to staff and service providers.

CONCLUSION

The Department of Health Care Services' MHSA Monitoring Unit conducted an onsite review of Sonoma County Behavioral Health MHSA Program on February 10-11, 2020. Sonoma County strengths include a knowledgeable and dedicated MHSA team with strong ties to community stakeholders and providers, and law enforcement. The County has recently focused on redesign of their Behavioral Health System resulting in improved processes and outcomes; such as reduction in time to complete client assessments allowing clients to be served in a timely manner. County challenges include budget-cuts, competitive salaries for healthcare professionals, impact of community natural disasters, and limited affordable housing.